

2021 Preventive Medication List for Consumer Driven Health Plans Expanded List

This is a list of **Preventive Medications** that may be covered under your plan. If your plan covers these Preventive Medications, your insurance benefit is applied before you meet your deductible.

Some medications may have other requirements or limits depending on your benefit plan and are noted below. To find out if a drug is covered, please check your plan benefits on the health plan's member website. Or, call the toll-free phone number on your health plan ID card. This list may not be all-inclusive. Brand and generic drugs may not always be available due to market changes.

CDH preventive drug lists may also be used with non-CDH plans

Effective January 1, 2021

Therapeutic Drug Classes	Requirements & Limits
Breast Cancer Prevention	
Anastrozole	
Arimidex	E
Aromasin	
Exemestane	
Fareston	
Femara	E
Letrozole	
Soltamox	E
Tamoxifen	
Toremifene	
Cardiovascular/Heart Disease: Blood Clot/Platelet Therapy	
Aggrenox	
Arixtra	
Aspirin-Dipyridamole	

Therapeutic Drug Classes	Requirements & Limits
Bevyxxa	
Brilinta	
Cilostazol	
Clopidogrel	
Coumadin	
Dipyridamole	
Effient	E
Eliquis	
Enoxaparin	
Fondaparinux	
Fragmin	
Heparin	
Jantoven	
Lovenox	E
Persantine	

Bold type = Brand-name drug

[Plain type = Generic drug]

E = May be excluded from coverage

¹Coverage is provided for oral formulations.

²SSRIs are included only for employer groups who have specifically requested coverage.

Therapeutic Drug Classes	Requirements & Limits	Therapeutic Drug Classes	Requirements & Limits
Plavix	E	Avalide	
Pletal		Avapro	
Pradaxa		Azor	E
Prasugrel		Benazepril	
Savaysa		Benazepril-Hydrochlorothiazide	
Ticlopidine		Benicar	E
Warfarin		Benicar HCT	E
Xarelto		Betaxolol ¹	
Zontivity		Bidil	
Cardiovascular/Heart Disease: High Blood Pressure		Bisoprolol	
Accupril		Bisoprolol-Hydrochlorothiazide	
Accuretic		Bumetanide	
Acebutolol		Bystolic	E
Aceon		Byvalson	
Adalat CC		Calan	
Afeditab		Calan SR	
Aldactazide		Candesartan	
Aldactone		Candesartan-Hydrochlorothiazide	
Aliskiren		Captopril	
Altace		Captopril-Hydrochlorothiazide	
Amiloride		Cardene SR	
Amiloride-Hydrochlorothiazide		Cardizem	E
Amlodipine		Cardizem CD	E
Amlodipine-Benazepril		Cardizem LA	E
Amlodipine-Olmesartan	E	Cardura	
Amlodipine-Olmesartan-Hydrochlorothiazide	E	Carospir	
Amlodipine-Valsartan		Cartia XT	
Amlodipine-Valsartan-Hydrochlorothiazide	E	Carvedilol	
Amturnide	E	Carvedilol ER	E
Atacand		Catapres	
Atacand HCT		Catapres TTS	
Atenolol		Chlorothiazide	
Atenolol-Chlorthalidone		Clonidine	
		Clonidine Patch	

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Therapeutic Drug Classes	Requirements & Limits	Therapeutic Drug Classes	Requirements & Limits
Clorpress		Felodipine ER	
Coreg		Fosinopril	
Coreg CR	E	Fosinopril-Hydrochlorothiazide	
Corgard		Furosemide	
Corzide		Guanfacine	
Covera HS		Hydralazine	
Cozaar		Hydrochlorothiazide	
Demadex		Hyzaar	
Dilacor XR		Indapamide	
Dilt CD		Inderal	
Dilt XR		Inderal LA	E
Diltia XT		Inderal XL	E
Diltiazem		Innopran XL	E
Diltiazem ER		Inspra	
Diltzac ER		Irbesartan	
Diovan	E	Irbesartan - Hydrochlorothiazide	
Diovan HCT	E	Isoptin SR	
Diuril		Isradipine	
Doxazosin		Kaspargo	
Dutoprol	E	Katerzia	
Dyazide		Labetalol	
Dynacirc CR		Lasix	
Dyrenium		Levatol	
Edarbi		Lisinopril	
Edarbyclor		Lisinopril-Hydrochlorothiazide	
Edecrin		Lopressor	
Enalapril		Lopressor HCT	
Enalapril-Hydrochlorothiazide		Losartan	
Epaned		Losartan-Hydrochlorothiazide	
Eplerenone		Lotensin	
Eprosartan		Lotensin HCT	
Ethacrynic Acid		Lotrel	
Exforge	E	Matzim LA	
Exforge HCT	E	Mavik	

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Therapeutic Drug Classes	Requirements & Limits	Therapeutic Drug Classes	Requirements & Limits
Maxzide		Propranolol	
Methyclothiazide		Propranolol-Hydrochlorothiazide	
Methyldopa		Qbrelis	E
Methyldopa-Hydrochlorothiazide		Quinapril	
Metolazone		Quinapril-Hydrochlorothiazide	
Metoprolol 37.5, 75 mg	E	Ramipril	
Metoprolol Succinate		Reserpine	
Metoprolol Tartrate		Sectral	
Metoprolol-Hydrochlorothiazide		Spirolactone	
Micardis	E	Spirolactone-Hydrochlorothiazide	
Micardis HCT	E	Sular	
Microzide		Tarka	
Midamor		Taztia XT	
Minipress		Tekturna	
Minoxidil		Tekturna HCT	
Moexipril		Telmisartan	
Moexipril-Hydrochlorothiazide		Telmisartan-Amlodipine	E
Nadolol		Telmisartan-Hydrochlorothiazide	
Nadolol-Bendroflumethazide		Tenex	
Nicardipine		Tenoretic	E
Nifedipine		Tenormin	E
Nifedipine ER		Terazosin	
Nimodipine		Teveten	
Nisoldipine		Teveten HCT	
Norvasc	E	Thalitone	
Olmesartan		Tiazac	
Olmesartan-Hydrochlorothiazide		Timolol ¹	
Perindopril		Toprol XL	
Pindolol		Torsemide	
Prazosin		Trandate	
Prestalia	E	Trandolapril	
Prinivil		Trandolapril-Verapamil	
Procardia		Triamterene	
Procardia XL		Triamterene-Hydrochlorothiazide	

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Therapeutic Drug Classes	Requirements & Limits	Therapeutic Drug Classes	Requirements & Limits
Tribenzor	E	Fenofibric Acid	E
Twynsta	E	Fenoglide	E
Uniretic		Fibricor	E
Univasc		Flolipid	
Valsartan		Fluvastatin	
Valsartan-Hydrochlorothiazide		Fluvastatin ER	
Vaseretic	E	Gemfibrozil	
Vasotec	E	Lescol	
Verapamil		Lescol XL	E
Verapamil ER		Lipitor	E
Verelan		Lipofen	E
Verelan PM		Livalo	E
Zaroxolyn		Lofibra	E
Zebeta		Lopid	
Zestoretic	E	Lovastatin	
Zestril	E	Lovaza	E
Ziac		Mevacor	
Cardiovascular/Heart Disease: High Cholesterol		Nexletol	
Altoprev	E	Nexlizet	
Antara	E	Niacin Extended-Release	
Atorvastatin		Niacor	
Cholestyramine		Niaspan	
Cholestyramine Light		Omega-3 Acid Ethyl Esters	
Choline Fenofibrate	E	Pravachol	
Colesevelam Tablets, Powder for Suspension	E	Pravastatin	
Colestid		Prevalite	
Colestipol		Questran	
Crestor	E	Questran Light	
Ezallor Sprinkle		Rosuvastatin	
Ezetimibe		Simvastatin	
Fenofibrate 43, 50 , 67, 130, 134, 150, 200 mg Capsule	E	Simvastatin/Ezetimibe	
Fenofibrate 40, 48, 120 mg Tablet	E	Tricor	E
Fenofibrate 54, 145, 160 mg Tablet		Triglide	E
		Trilipix	E

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Therapeutic Drug Classes	Requirements & Limits	Therapeutic Drug Classes	Requirements & Limits
Vascepa		Thioridazine	
Vytorin	E	Thiothixene	
Welchol		Trifluoperazine	
Zetia	E	Vraylar	
Zocor		Versacloz	E
Zypitamag	E	Ziprasidone	
Central Nervous System: Mental Health		Zyprexa	E
Abilify, Abilify Mycite	E	Central Nervous System: Multiple Sclerosis	
Aripiprazole		Aubagio	
Caplyta		Avonex	
Chlorpromazine		Bafiertam	
Clozapine		Betaseron	
Clozaril		Copaxone	E
Fanapt		Extavia	E
FazaClo		Gilenya	
Fluphenazine		glatiramer acetate [Mylan only (generic Copaxone)]	
Geodon	E	Glatopa	
Haloperidol		Mavenclad	E
Invega	E	Mayzent	E
Latuda		Plegridy	
Loxapine		Rebif	
Molindone		Tecfidera	E
Olanzapine		Vumerity	E
Paliperidone ER		Zeposia	E
Perphenazine		Depression: Selective Serotonin Reuptake Inhibitors (SSRIs)²	
Quetiapine		Celexa	E
Quetiapine ER		Citalopram	
Rexulti		Escitalopram	
Risperdal	E	Fluoxetine Capsules	
Risperidone		Fluoxetine 10 mg, 20 mg Tablets	
Saphris		Fluoxetine 60 mg Tablets	E
Secuado	E	Fluvoxamine	
Seroquel	E		
Seroquel XR	E		

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Therapeutic Drug Classes	Requirements & Limits
Fluvoxamine Extended-Release	
Lexapro	E
Paroxetine	
Paroxetine Extended-Release	
Paxil	
Paxil CR	
Pexeva	E
Prozac	E
Sertraline	
Zoloft	E
Diabetes: Diabetic Supplies	
Accu-Chek Guide Meters	
Accu-Chek Guide Test Strips	
Contour Next EZ Meters	
Contour Next Meters	
Contour Next One Meters	
Contour Next Test Strips	
Diabetic Testing - Lancets	
Insulin Needles/Syringes	
OneTouch Diabetic Meters	
OneTouch Diabetic Test Strips	
Diabetes: Insulin	
Admelog, Admelog SoloStar	E
Afrezza	E
Apidra, Apidra SoloStar	E
Basaglar	E
Fiasp, Fiasp FlexTouch	E
Humalog	
Humalog Junior	
Humalog Mix 50/50	
Humalog Mix 75/25	
Humulin 50/50	
Humulin 70/30	
Humulin N	

Therapeutic Drug Classes	Requirements & Limits
Humulin R	
Insulin Aspart	E
Insulin Aspart Protamine/Insulin Aspart	E
Insulin Lispro	E
Insulin Lispro Jr.	E
Insulin Lispro Protamine/Insulin Lispro 75/25	E
Lantus	
Levemir	E
Lyumjev	E
Novolin 70/30	E
Novolin N	E
Novolin R	E
Novolog	E
Novolog Mix 70/30	E
Soliqua	
Toujeo	
Tresiba	E
Diabetes: Non-Insulin	
Acarbose	
ACTOplus Met	
ACTOplus Met XR	
Actos	E
Adlyxin	
Alogliptin	E
Alogliptin-Metformin	E
Alogliptin-Pioglitazone	E
Amaryl	
Avandia	
Bydureon	
Bydureon BCise	
Byetta	
Cycloset	
Diabeta	

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Therapeutic Drug Classes	Requirements & Limits	Therapeutic Drug Classes	Requirements & Limits
Duetact		Metformin Solution (generic Riomet)	
Farxiga	E	Miglitol	
Fortamet	E	Nateglinide	
Glimepiride		Nesina	
Glipizide		Onglyza	
Glipizide ER		Oseni	
Glipizide-Metformin		Ozempic	
Glucophage		Pioglitazone	
Glucophage XR		Pioglitazone-Glimepiride	
Glucotrol		Pioglitazone-Metformin	
Glucotrol XL		PrandiMet	
Glucovance		Prandin	
Glumetza	E	Precose	
Glyburide		Qtern	E
Glyburide Micronized		Repaglinide	
Glyburide-Metformin		Repaglinide-Metformin	
Glynase		Riomet	
Glyset		Riomet ER	
Glyxambi		Rybelsus	
Invokamet	E	Segluromet	E
Invokamet XR	E	Starlix	
Invokana	E	Steglatro	E
Janumet	E	Steglujan	E
Janumet XR	E	SymlinPen	
Januvia	E	Synjardy	
Jardiance		Synjardy XR	
Jentadueto		Tolbutamide	
Jentadueto XR		Tradjenta	
Kazano		Trijardy XR	
Kombiglyze XR		Trulicity	
Metformin		Victoza	
Metformin ER (generic Fortamet)	E	Xigduo XR	E
Metformin ER (generic Glucophage XR)		Xultophy	E
Metformin ER (generic Glumetza)	E		

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Therapeutic Drug Classes	Requirements & Limits
HIV	
Abacavir	
Abacavir-Lamivudine	
Abacavir-Lamivudine-Zidovudine	
Aptivus	
Atazanavir	
Atripla	E
Biktarvy	
Cimduo	
Combivir	
Complera	
Crixivan	
Delstrigo	
Descovy	E
Didanosine	
Dovato	
Edurant	
Efavirenz	
Emtricitabine/Tenofovir Disoproxil Fumarate (generic Truvada)	
Emtriva	
Epivir	
Epzicom	E
Evotaz	
Fosamprenavir	
Fuzeon	
Genvoya	
Intelence	
Invirase	
Isentress	
Isentress HD	
Juluca	
Kaletra	
Lamivudine	

Therapeutic Drug Classes	Requirements & Limits
Lamivudine-Zidovudine	
Lexiva	
Lopinavir-Ritonavir	
Nevirapine	
Nevirapine Extended-Release	E
Norvir Tablet	E
Odefsey	
Pifeltro	
Prezcobix	
Prezista	
Rescriptor	
Retrovir	
Reyataz	E
Ritonavir	
Rukobia	
Selzentry	
Stavudine	
Stribild	
Sustiva	
Symfi	
Symfi Lo	
Symtuza	E
Temixys	E
Tenofovir	
Tivicay	
Tivicay PD	
Triumeq	
Trizivir	
Truvada	E
Videx	
Videx EC	
Viracept	
Viramune	E
Viramune XR	E

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Therapeutic Drug Classes	Requirements & Limits
Viread	E
Viteka	
Zerit	
Ziagen	
Zidovudine	
Immunosuppressant: Organ Rejection	
Astagraf XL	E
Azasan	
Azathioprine	
Cellcept E	
Cyclosporine	
Envarsus XR	E
Everolimus	
Gengraf	
Imuran	E
Mycophenolate	
Mycophenolic Acid	
Myfortic	E
Neoral	E
Prograf	
Rapamune	E
Sandimmune	E
Sirolimus	
Tacrolimus	
Zortress	
Musculoskeletal: Osteoporosis	
Actonel	
Alendronate	
Atelvia	E
Binosto	E
Boniva	
Calcitonin (salmon)	
Didronel	
Etidronate	

Therapeutic Drug Classes	Requirements & Limits
Evista	E
Forteo	E
Fortical	
Fosamax	
Fosamax Plus D	
Ibandronate	
Miacalcin	
Raloxifene	
Risedronate	
Teriparatide	
Tymlos	
Respiratory: Asthma/COPD	
Accolate	
Accuneb	
Advair Diskus	
Advair HFA	
AirDuo RespiClick	E
Albuterol HFA (generic ProAir HFA, Proventil HFA)	
Albuterol HFA (Ventolin HFA authorized generic)	E
Albuterol Nebulized Solution	
Albuterol Oral Tablet	
Alvesco	E
Aminophylline	
Anoro Ellipta	
ArmonAir RespiClick	E
Arnuity Ellipta	
Asmanex HFA	E
Asmanex Twisthaler	E
Atrovent HFA	
Bevespi Aerosphere	
Breo Ellipta	
Brovana	

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Therapeutic Drug Classes	Requirements & Limits
Budesonide/Formoterol (Symbicort Authorized Generic)	E
Budesonide Nebulized Solution	
Combivent Respimat	
Cromolyn	
Daliresp	
Duaklir Pressair	E
Dulera	E
Duoneb	
Elixophyllin	
Flovent Diskus	
Flovent HFA	
Fluticasone/Salmeterol Diskus	E
Fluticasone/Salmeterol RespiClick	
Foradil	
Gastrocrom	
Incruse Ellipta	E
Ipratropium	
Ipratropium/Albuterol	
Levalbuterol HFA	
Levalbuterol Nebulized Solution	
Lonhala Magnair	E
Lufyllin	
Metaproterenol	
Montelukast	
Perforomist	
ProAir Digihaler	E
Proair HFA	
Proair RespiClick	
Proventil HFA	
Pulmicort Flexhaler	
Pulmicort Nebulized Solution	E

Therapeutic Drug Classes	Requirements & Limits
QVAR Redihaler	E
Serevent Diskus	
Singular	E
Spiriva HandiHaler	
Spiriva Respimat	
Stiolto Respimat	E
Striverdi Respimat	
Symbicort	
Terbutaline	
Theo-24	
Theophylline	
Theophylline/Guaifenesin	
Trelegy Ellipta	
Tudorza Pressair	E
Ventolin HFA	
VoSpire ER	
Yupelri	
Xopenex HFA	
Xopenex Nebulized Solution	E
Zafirlukast	
Zyflo	
Zyflo CR	
Vitamins	
Pediatric Fluoride Preparations (for example: Florvite, Poly-Vi-Flor, Tri-Vi-Flor) - Brand Name and Generic Products	
Prenatal Vitamins (for example: Citranatal Assure, Prenate DHA, Stuartnatal) - Brand Name and Generic Products	

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Online: UHC_Civil_Rights@uhc.com

Mail: Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UT 84130

You must send the complaint within 60 days of your experience. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again. If you need help with your complaint, please call the toll-free phone number listed on your ID card, TTY **711**, Monday through Friday, 8 a.m. to 8 p.m., or at the times listed in your health plan documents.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Phone: Toll free **1-800-368-1019**, **1-800-537-7697** (TDD)

Mail: U.S. Dept. of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, D.C. 20201

We provide free services to help you communicate with us, including letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the toll-free phone number listed on your ID card, TTY **711**, Monday through Friday, 8 a.m. to 8 p.m., or at the times listed in your health plan documents.

Multi-language interpreter services

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Please call the toll-free phone number listed on your identification card.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說中文 (**Chinese**)，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

XIN LƯU Ý: Nếu quý vị nói tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

알림: **한국어(Korean)**를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

PAALALA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.

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تنبيه: إذا كنت تتحدث العربية (**Arabic**)، فإن خدمات المساعدة اللغوية المجانية متاحة لك. الرجاء الاتصال على رقم الهاتف المجاني الموجود على معرف العضوية.

ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

ATTENTION : Si vous parlez **français (French)**, des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

UWAGA: Jeżeli mówisz po **polsku (Polish)**, udostępniłmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

ATENÇÃO: Se você fala **português (Portuguese)**, contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.

ATTENZIONE: in caso la lingua parlata sia l'**italiano (Italian)**, sono disponibili servizi di assistenza linguistica gratuiti. Per favore chiamate il numero di telefono verde indicato sulla vostra tessera identificativa.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

注意事項：日本語(**Japanese**)を話される場合、無料の言語支援サービスをご利用いただけます。健康保険証に記載されているフリーダイヤルにお電話ください。

توجه: اگر زبان شما فارسی (**Farsi**) است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفاً با شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بگیرید.

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, आपको भाषा सहायता सेवाएं, नि:शुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

CEEB TOOM: Yog koj hais Lus **Hmoob (Hmong)**, muaj kev pab txhais lus pub dawb rau koj. Thov hu rau tus xovtooj hu deb dawb uas teev muaj nyob rau ntawm koj daim yuaj cim qhia tus kheej.

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ**ភាសាខ្មែរ(Khmer)**សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃដែលមាននៅលើអត្តសញ្ញាណប័ណ្ណរបស់អ្នក។

PAKDAAR: Nu saritaem ti **Ilocano (Ilocano)**, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyan. Maidawat nga awagan iti toll-free a numero ti telepono nga nakalista ayan iti identification card mo.

Díí BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yánit'i'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shqódí ninaaltsoos nit'izíí bee nééhozinígíí bine'déé' t'áá jíík'ehgo béésh bee hane'í bik'á'ígíí bee hodíílnih.

OGOW: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka telefonka khadka bilaashka ee ku yaalla kaarkaaga aqoonsiga.

Learn more.



Call the toll-free phone number on your health plan ID card to speak with a Customer Service representative.



Visit the member website listed on your health plan ID card to look up the price of drugs covered by your plan, find lower-cost options and more.

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If you are not currently enrolled with UnitedHealthcare for pharmacy benefit coverage, you may access myuhc.com for additional information during your open enrollment period or you may contact your employer or health plan for additional information.

Medications are categorized by common therapeutic conditions in this reference guide for ease of reference only. These categories do not determine coverage for the medication for your condition. Your benefit plan determines how these medications may be covered for you.

Where differences are noted between this reference guide and your benefit plan documents, the benefit plan documents will govern.

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