

2023 Preventive medications and your plan

Effective Jan. 1, 2023



Managing your health with preventive medications

Your pharmacy benefit plan includes special coverage for preventive medications.

The drugs on your plan's preventive medications list do not have a deductible. This means you'll pay your copayment/coinsurance or nothing at all, depending on your plan.

To check the cost of any medication, call the number on your member ID card, visit your plan's website on your member ID card, or log on to the Optum Rx app.

Potential savings with generic medications

To get the most from your benefits, ask your doctor if a generic medication is right for you. Generics normally cost less than brand medications, and the Food and Drug Administration (FDA) requires them to be just as safe and effective. Using generics may be required based on your plan benefit.

A list of covered preventive medications begins on the next page.

Medications are listed by therapeutic category. Where differences are noted between this list and your benefit plan documents, the benefit plan documents will rule.

For questions on injectable preventive medications administered by your doctor or healthcare provider, please call the number on your ID card. This list should be used as a reference and may not include all medications.

2023 Select HDHP preventive brand and generics medication list

Anti-Addiction / Substance Abuse Treatment Agents	3
Anticoagulants.....	3
Antidepressants	3
Antineoplastics - Drugs for Cancer.....	3
Antiplatelets	4
Antipsychotics - Drugs for Mood Disorders.....	4
Antivirals	4
Bipolar Agents - Drugs for Mood Disorders	5
Cardiovascular Agents - Drugs for Heart and Circulation Conditions	5
Diabetes - Antidiabetic Agents.....	8
Diabetes - Glucose Monitoring.....	8
Diabetes - Insulins	8
Electrolytes / Minerals / Metals / Vitamins.....	9
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer	10
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions	10
Hormonal Agents - Selective Estrogen Receptor Modifying Agents.....	10
Hormonal Agents - Sex Hormones and Birth Control	10
Immunological Agents - Drugs for Immune System Stimulation or Suppression.....	13
Metabolic Bone Disease Agents - Drugs for Osteoporosis	13
Metabolic Bone Disease Agents - Other	14
Miscellaneous Therapeutic Agents	14
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions	15

Drug name
Anti-Addiction / Substance Abuse Treatment Agents
APO-VARENICLINE
bupropion hcl er (smoking det)
habitrol
mini nicotine
NICODERM CQ
NICORETTE
NICORETTE MINI
NICORETTE STARTER KIT
nicotine gum
nicotine mini
nicotine mouth/throat gum 2 mg, 4 mg
nicotine mouth/throat lozenge 2 mg, 4 mg
nicotine polacrilex mini
nicotine polacrilex mouth/throat
nicotine step 1
nicotine step 2
nicotine step 3
nicotine transdermal kit 21-14-7 mg/24hr
nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr
nicotine transdermal system
NICOTROL
NICOTROL NS
px stop smoking aid
quit2
quit4
THRIVE
varenicline tartrate
Anticoagulants
ARIXTRA
dabigatran etexilate mesylate
ELIQUIS
ELIQUIS DVT/PE STARTER PACK
enoxaparin sodium
fondaparinux sodium
FRAGMIN
heparin sodium (porcine)
heparin sodium (porcine) pf
jantoven
LOVENOX
SAVAYSA

Drug name
warfarin sodium oral
XARELTO
XARELTO STARTER PACK
Antidepressants
APLENZIN
bupropion hcl er (sr)
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg
bupropion hcl oral
citalopram hydrobromide oral solution
citalopram hydrobromide oral tablet
DESVENLAFAXINE ER
desvenlafaxine succinate er
DRIZALMA SPRINKLE
duloxetine hcl oral
escitalopram oxalate oral
FETZIMA
FETZIMA TITRATION
fluoxetine hcl oral capsule
fluoxetine hcl oral capsule delayed release
fluoxetine hcl oral solution
fluoxetine hcl oral tablet
fluvoxamine maleate
fluvoxamine maleate er
mirtazapine oral
olanzapine-fluoxetine hcl
paroxetine hcl
paroxetine hcl er
PAXIL ORAL SUSPENSION
PEXEVA
REMERON
REMERON SOLTAB
sertraline hcl oral concentrate
sertraline hcl oral tablet
SYMBYAX
venlafaxine hcl
venlafaxine hcl er
Antineoplastics - Drugs for Cancer
anastrozole oral
AROMASIN
exemestane
FARESTON
FEMARA

Brand-name medications are shown in UPPERCASE (for example, CELEXA) and generic medications in lowercase (for example, citalopram).

Refer to benefit plan documents to make sure listed medication is included in your benefit. Oral and self-injectable specialty medications may have limitations based on your plan benefit.

Drug name
letrozole oral
SOLTAMOX
tamoxifen citrate oral
toremifene citrate
Antiplatelets
aspirin-dipyridamole er
BRILINTA
cilostazol
clopidogrel bisulfate oral
dipyridamole oral
DURLAZA
EFFIENT
prasugrel hcl
ZONTIVITY
Antipsychotics - Drugs for Mood Disorders
ABILIFY MAINTENA
ABILIFY MYCITE MAINTENANCE KIT
ABILIFY MYCITE STARTER KIT
ADASUVE
aripiprazole
ARISTADA
ARISTADA INITIO
asenapine maleate
CAPLYTA
chlorpromazine hcl oral
clozapine
CLOZARIL
FANAPT
FANAPT TITRATION PACK
fluphenazine hcl oral
GEODON INTRAMUSCULAR
GEODON ORAL
haloperidol lactate oral
haloperidol oral
INVEGA
INVEGA HAFYERA
INVEGA SUSTENNA
INVEGA TRINZA
LATUDA
loxapine succinate
molindone hcl
NUPLAZID
olanzapine intramuscular

Drug name
olanzapine oral
paliperidone er
PERSERIS
quetiapine fumarate
quetiapine fumarate er
REXULTI
RISPERDAL CONSTA
risperidone
thioridazine hcl oral
thiothixene
trifluoperazine hcl
VERSACLOZ
VRAYLAR
ziprasidone hcl
ziprasidone mesylate
ZYPREXA RELPREVV
ZYPREXA ZYDIS
Antivirals
abacavir sulfate
abacavir sulfate-lamivudine
APTIVUS
atazanavir sulfate
BIKTARVY
CIMDUO
COMBIVIR
COMPLERA
DELSTRIGO
DOVATO
EDURANT
efavirenz
efavirenz-emtricitab-tenofovir
efavirenz-lamivudine-tenofovir
emtricitabine
emtricitabine-tenofovir df
EMTRIVA ORAL CAPSULE
EMTRIVA ORAL SOLUTION
EPIVIR
EPZICOM
etravirine
EVOTAZ
fosamprenavir calcium
FUZEON
GENVOYA

Brand-name medications are shown in UPPERCASE (for example, CELEXA) and generic medications in lowercase (for example, citalopram).

Refer to benefit plan documents to make sure listed medication is included in your benefit. Oral and self-injectable specialty medications may have limitations based on your plan benefit.

Drug name
INTELENCE ORAL TABLET 100 MG, 200 MG
INTELENCE ORAL TABLET 25 MG
ISENTRESS
ISENTRESS HD
JULUCA
KALETRA
lamivudine oral solution
lamivudine oral tablet 150 mg, 300 mg
lamivudine-zidovudine
LEXIVA ORAL SUSPENSION
LEXIVA ORAL TABLET
lopinavir-ritonavir
maraviroc
nevirapine
nevirapine er
NORVIR ORAL PACKET
NORVIR ORAL SOLUTION
NORVIR ORAL TABLET
ODEFSEY
PIFELTRO
PREZCOBIX
PREZISTA
RETROVIR ORAL
REYATAZ ORAL CAPSULE
REYATAZ ORAL PACKET
ritonavir
RUKOBIA
SELZENTRY ORAL SOLUTION
SELZENTRY ORAL TABLET 150 MG, 300 MG
SELZENTRY ORAL TABLET 25 MG, 75 MG
stavudine
STRIBILD
SUSTIVA
SYMFI
SYMFI LO
SYMTUZA
tenofovir disoproxil fumarate
TIVICAY
TIVICAY PD
TRIUMEQ
TRIUMEQ PD
TRIZIVIR
TYBOST

Drug name
VIRACEPT
VIREAD ORAL POWDER
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG
VIREAD ORAL TABLET 300 MG
ZIAGEN
zidovudine
Bipolar Agents - Drugs for Mood Disorders
EQUETRO
Cardiovascular Agents - Drugs for Heart and Circulation Conditions
ACCUPRIL
ACCURETIC
acebutolol hcl oral
ALDACTAZIDE
ALDACTONE
aliskiren fumarate
ALTOPREV
amiloride hcl oral
amiloride-hydrochlorothiazide
AMLODIPINE BES+SYRSPEND SF
amlodipine besylate oral
amlodipine besylate-benazepril hcl
amlodipine besylate-valsartan
amlodipine-atorvastatin
amlodipine-olmesartan
amlodipine-valsartan-hctz
ANTARA
ASPRUZYO SPRINKLE
ATACAND HCT
atenolol oral
ATENOLOL+SYRSPEND SF
atenolol-chlorthalidone
atorvastatin calcium oral
AVALIDE
benazepril hcl oral
benazepril-hydrochlorothiazide
BETAPACE
BETAPACE AF
betaxolol hcl oral
BIDIL
bisoprolol fumarate oral
bisoprolol-hydrochlorothiazide
bumetanide oral

Brand-name medications are shown in UPPERCASE (for example, CELEXA) and generic medications in lowercase (for example, citalopram).

Refer to benefit plan documents to make sure listed medication is included in your benefit. Oral and self-injectable specialty medications may have limitations based on your plan benefit.

Drug name
BUMEX
CADUET
CALAN SR
candesartan cilexetil
candesartan cilexetil-hctz
captopril oral
CARDIZEM
CARDIZEM CD
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG
CARDURA
CAROSPIR
cartia xt
carvedilol
carvedilol phosphate er
chlorthalidone
cholestyramine light
cholestyramine oral
clonidine
clonidine hcl oral
colesevelam hcl
colestipol hcl
CORGARD
DEMSER
DIBENZYLINE
digitek
digoxin oral
diltiazem hcl er
diltiazem hcl er beads
diltiazem hcl er coated beads
diltiazem hcl oral
dilt-xr
DIURIL
doxazosin mesylate oral
DUTOPROL
DYRENIUM
EDARBI
EDARBYCLOR
EDECRIN
enalapril maleate oral
enalapril-hydrochlorothiazide
EPANED
eplerenone

Drug name
ethacrynic acid
EZALLOR SPRINKLE
ezetimibe
ezetimibe-simvastatin
felodipine er
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg
FENOFIBRATE MICRONIZED ORAL CAPSULE 30 MG, 90 MG
fenofibrate oral
fenofibric acid
FENOGLIDE
FIBRICOR
FLOLIPID
fluvastatin sodium
fluvastatin sodium er
fosinopril sodium
fosinopril sodium-hctz
furosemide oral
gemfibrozil oral
GONITRO
guanfacine hcl
HEMANGEOL
hydralazine hcl oral
hydrochlorothiazide oral
icosapent ethyl
indapamide
INSPRA
irbesartan
irbesartan-hydrochlorothiazide
ISORDIL TITRADOSE
isosorb dinitrate-hydralazine
isosorbide dinitrate
isosorbide mononitrate
isosorbide mononitrate er
isradipine
JUXTAPID
labetalol hcl oral
LANOXIN ORAL
LIPOFEN
lisinopril oral
lisinopril-hydrochlorothiazide
LOPID

Brand-name medications are shown in UPPERCASE (for example, CELEXA) and generic medications in lowercase (for example, citalopram).

Refer to benefit plan documents to make sure listed medication is included in your benefit. Oral and self-injectable specialty medications may have limitations based on your plan benefit.

Drug name
LOPRESSOR
losartan potassium oral
losartan potassium-hctz
LOTENSIN
LOTENSIN HCT
lovastatin oral
matzim la
MAXZIDE
MAXZIDE-25
metolazone
metoprolol succinate er
metoprolol tartrate oral
metoprolol-hydrochlorothiazide
metyrosine
MINIPRESS
minoxidil oral
moexipril hcl
nadolol oral
nebivolol hcl
NEXICLON XR
NEXLETOL
NEXLIZET
niacin (antihyperlipidemic)
niacin er (antihyperlipidemic)
niacor
nicardipine hcl oral
nifedipine er
nifedipine er osmotic release
nifedipine oral
nimodipine oral
nisoldipine er
NITRO-BID
NITRO-DUR
nitroglycerin sublingual
nitroglycerin transdermal
nitroglycerin translingual
NITROLINGUAL
NITROMIST
NITRO-TIME
NORLIQVA
NYMALIZE
olmesartan medoxomil oral
olmesartan medoxomil-hctz

Drug name
olmesartan-amlodipine-hctz
omega-3-acid ethyl esters
perindopril erbumine
phenoxybenzamine hcl oral
pindolol
pravastatin sodium
prazosin hcl oral
PRESTALIA
prevalite
PROCARDIA XL
propranolol hcl er
propranolol hcl oral
QBRELIS
quinapril hcl
quinapril-hydrochlorothiazide
ramipril
ranolazine er
REPATHA
rosuvastatin calcium
simvastatin oral
sorine
sotalol hcl (af)
sotalol hcl oral
SOTYLIZE
spironolactone oral
spironolactone-hctz
SULAR
SURE RESULT O3D3 SYSTEM
taztia xt
TEKTURNA
TEKTURNA HCT
telmisartan
telmisartan-amlodipine
telmisartan-hctz
TENORETIC 100
TENORETIC 50
THALITONE
tiadylt er
TIAZAC
timolol maleate oral
torsemide
trandolapril
trandolapril-verapamil hcl er

Brand-name medications are shown in UPPERCASE (for example, CELEXA) and generic medications in lowercase (for example, citalopram).

Refer to benefit plan documents to make sure listed medication is included in your benefit. Oral and self-injectable specialty medications may have limitations based on your plan benefit.

Drug name
triamterene oral
triamterene-hctz
TRILIPIX
VALSARTAN ORAL SOLUTION
valsartan oral tablet
valsartan-hydrochlorothiazide
VASCEPA
VASERETIC
VASOTEC
VECAMEYL
verapamil hcl er
verapamil hcl oral
VERELAN
VERELAN PM
ZESTORETIC
ZIAC
Diabetes - Antidiabetic Agents
acarbose oral
ACTOPLUS MET
ACTOS
AMARYL
BYDUREON BCISE AUTOINJECTOR
BYETTA 10 MCG PEN
BYETTA 5 MCG PEN
CYCLOSET
DUETACT
FARXIGA
glimepiride
glipizide er
glipizide ir
glipizide xl
glipizide-metformin hcl
GLUCOTROL XL
glyburide micronized
glyburide oral
glyburide-metformin
GLYNASE
GLYXAMBI
JANUMET
JANUMET XR
JANUVIA
JARDIANCE
JENTADUETO

Drug name
JENTADUETO XR
metformin hcl er
metformin hcl ir
miglitol
MOUNJARO
nateglinide
OZEMPIC
OZEMPIC (2 MG/DOSE)
pioglitazone hcl
pioglitazone hcl-glimepiride
pioglitazone hcl-metformin hcl
PRECOSE
repaglinide
RIOMET
RYBELSUS
SOLQUA
SYMLINPEN 120
SYMLINPEN 60
SYNJARDY
SYNJARDY XR
TRADJENTA
TRIJARDY XR
TRULICITY
VICTOZA
XIGDUO XR
XULTOPHY
Diabetes - Glucose Monitoring
CONTOUR MONITOR
CONTOUR MONITOR
CONTOUR NEXT EZ KIT W/DEVICE
CONTOUR NEXT GEN MONITOR
CONTOUR NEXT LINK KIT W/DEVICE
CONTOUR NEXT MONITOR KIT W/DEVICE
CONTOUR NEXT ONE KIT
CONTOUR NEXT TEST STRIPS
CONTOUR TEST STRIPS
LANCETS
Diabetes - Insulins
AFREZZA
HUMALOG
HUMALOG JUNIOR KWIKPEN
HUMALOG KWIKPEN
HUMALOG MIX 50/50

Brand-name medications are shown in UPPERCASE (for example, CELEXA) and generic medications in lowercase (for example, citalopram).

Refer to benefit plan documents to make sure listed medication is included in your benefit. Oral and self-injectable specialty medications may have limitations based on your plan benefit.

Drug name
HUMALOG MIX 50/50 KWIKPEN
HUMALOG MIX 75/25
HUMALOG MIX 75/25 KWIKPEN
HUMULIN 70/30 KWIKPEN
HUMULIN 70/30 VIAL
HUMULIN N KWIKPEN
HUMULIN N VIAL
HUMULIN R U-500 KWIKPEN
HUMULIN R U-500 VIAL (CONCENTRATED)
HUMULIN R VIAL
LANTUS SOLOSTAR
LANTUS U-100 VIAL
LYUMJEV
LYUMJEV KWIKPEN
TOUJEO MAX SOLOSTAR
TOUJEO SOLOSTAR
Electrolytes / Minerals / Metals / Vitamins
adc/f (0.5mg/ml)
ATABEX EC
ATABEX OB
CITRANATAL B-CALM
C-NATE DHA
COMPLETE NATAL DHA
COMPLETENATE
CO-NATAL FA
CONCEPT DHA
CONCEPT OB
ELITE-OB
FLORIVA
FLORIVA PLUS
FOLIVANE-OB
INATAL GT
kosher prenatal plus iron
M-NATAL PLUS
multi-vitamin/fluoride
multivitamin/fluoride tablet chewable 0.25 mg oral (rx)
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.25 MG ORAL (RX)
multivitamin/fluoride tablet chewable 0.5 mg oral
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.5 MG ORAL
multivitamin/fluoride tablet chewable 1 mg oral

Drug name
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 1 MG ORAL
multi-vitamin/fluoride/iron
NATALVIT
NEONATAL 19
NEONATAL COMPLETE ORAL TABLET 27-1 MG
NEONATAL PLUS
NESTABS
NIVA-PLUS
OB COMPLETE
OB COMPLETE/DHA
OBSTETRIX DHA
OBSTETRIX EC
OBSTETRIX ONE
ONE VITE WOMENS PLUS
pnv-dha
pnv-dha+docusate
pnv-omega
pnv-select
POLY-VI-FLOR ORAL SUSPENSION
POLY-VI-FLOR ORAL TABLET CHEWABLE
POLY-VI-FLOR/IRON
PREMESISRX
PRENA 1 TRUE
PRENA1
PRENA1 PEARL
PRENAISSANCE
PRENAISSANCE PLUS
PRENATABS RX
prenatal 19 oral tablet 29-1 mg
prenatal 19 oral tablet chewable
prenatal oral tablet 27-1 mg
prenatal plus
prenatal plus vitamin/mineral
prenatal vitamin plus low iron
PRENATAL-U
PRENATE AM
PRENATVITE PLUS
PRENATVITE RX
PROVIDA OB
QUFLORA FE PEDIATRIC
QUFLORA GUMMIES
QUFLORA PEDIATRIC

Brand-name medications are shown in UPPERCASE (for example, CELEXA) and generic medications in lowercase (for example, citalopram).

Refer to benefit plan documents to make sure listed medication is included in your benefit. Oral and self-injectable specialty medications may have limitations based on your plan benefit.

Drug name
RELNATE DHA
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG
SE-NATAL 19
TARON-C DHA
TARON-PREX
THRIVITE RX
TRICARE
TRINATAL RX 1
TRINATE
TRI-VI-FLOR
TRI-VI-FLORO
tri-vite/fluoride
VINATE DHA RF
VINATE II
VINATE ONE
virt-nate dha
virt-pn dha
VITAFOL STRIPS
vitamins acd-fluoride
VIVA DHA
WESCAP-C DHA
WESCAP-PN DHA
WESNATE DHA
WESTAB PLUS
ZATEAN-PN DHA
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer
CARAFATE ORAL SUSPENSION
cimetidine hcl
cimetidine oral
CYTOTEC
esomeprazole magnesium oral capsule delayed release
esomeprazole magnesium oral packet
ESOMEPRAZOLE STRONTIUM
famotidine oral suspension reconstituted
famotidine oral tablet 40 mg
famotidine tablet 20 mg oral (rx)
FIRST-LANSOPRAZOLE
FIRST-OMEPRAZOLE
lansoprazole oral
misoprostol oral
NEXIUM ORAL PACKET

Drug name
nizatidine
omeprazole oral capsule delayed release
OMEPRAZOLE+SYRSPEND SF ALKA
pantoprazole sodium oral
PEPCID
PRILOSEC
PROTONIX ORAL PACKET
rabeprazole sodium oral tablet delayed release
sucralfate oral
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions
amoxicill-clarithro-lansopraz
CLENPIQ
gavilyte-c
gavilyte-g
HELIDAC THERAPY
OMECLAMOX-PAK
peg 3350-kcl-na bicarb-nacl
peg-3350/electrolytes
peg-3350/electrolytes/ascorbat
peg-kcl-nacl-nasulf-na asc-c
peg-prep
PYLERA
SUPREP BOWEL PREP KIT
SUTAB
TALICIA
VOQUEZNA DUAL PAK
VOQUEZNA TRIPLE PAK
Hormonal Agents - Selective Estrogen Receptor Modifying Agents
EVISTA
OSPHENA
raloxifene hcl
Hormonal Agents - Sex Hormones and Birth Control
ACTIVELLA
afirmelle
ALORA
altavera
alyacen 1/35
alyacen 7/7/7
amabelz
amethia

Brand-name medications are shown in UPPERCASE (for example, CELEXA) and generic medications in lowercase (for example, citalopram).

Refer to benefit plan documents to make sure listed medication is included in your benefit. Oral and self-injectable specialty medications may have limitations based on your plan benefit.

Drug name
amethyst
ANGELIQ
ANNOVERA
apri
aranelle
ashlyna
aubra
aubra eq
aurovela 1.5/30
aurovela 1/20
aurovela 24 fe
aurovela fe 1.5/30
aurovela fe 1/20
aviane
ayuna
azurette
BALCOLTRA
balziva
BIJUVA
blisovi 24 fe
blisovi fe 1.5/30
blisovi fe 1/20
briellyn
camila
camrese
camrese lo
charlotte 24 fe
chateal
chateal eq
CLIMARA PRO
COMBIPATCH
COVARYX
COVARYX HS
cryselle-28
cyred
cyred eq
dasetta 1/35
dasetta 7/7/7
daysee
deblitane
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML
delyla

Drug name
DEPO-ESTRADIOL
DEPO-PROVERA
DEPO-SUBQ PROVERA 104
desogestrel-ethinyl estradiol
DIVIGEL
dolishale
dotti
drosipren-eth estrad-levomefol
drosiprenone-ethinyl estradiol
DUAVEE
EC-RX ESTRADIOL
EEMT
EEMT HS
ELESTRIN
elinest
ELLA
eluryng
emoquette
enpresse-28
enskyce
errin
est estrogens-methyltest
est estrogens-methyltest ds
est estrogens-methyltest hs
estarylla
estradiol oral
estradiol transdermal
estradiol valerate intramuscular
estradiol-norethindrone acet
ESTROGEL
ethynodiol diac-eth estradiol
etonogestrel-ethinyl estradiol
EVAMIST
falmina
fayosim
femynor
finzala
fyavolv
gemmily
hailey 1.5/30
hailey 24 fe
hailey fe 1.5/30
hailey fe 1/20

Brand-name medications are shown in UPPERCASE (for example, CELEXA) and generic medications in lowercase (for example, citalopram).

Refer to benefit plan documents to make sure listed medication is included in your benefit. Oral and self-injectable specialty medications may have limitations based on your plan benefit.

Drug name
heather
iclevia
incassia
introvale
isibloom
jaimiess
jasmiel
jencycla
jinteli
jolessa
juleber
junel 1.5/30
junel 1/20
junel fe
kaitlib fe
kalliga
kariva
kelnor 1/35
kelnor 1/50
kurvelo
KYLEENA
larin 1.5/30
larin 1/20
larin 24 fe
larin fe 1.5/30
larin fe 1/20
layolis fe
leena
lessina
levonest
levonorgest-eth est & eth est
levonorgest-eth estrad 91-day
levonorgestrel-ethinyl estrad
levonorg-eth estrad triphasic
levora 0.15/30 (28)
LILETTA (52 MG)
lojaimiess
loryna
LOSEASONIQUE
low-ogestrel
lo-zumandimine
lutra
lyleq

Drug name
lyllana
lyza
marlissa
medroxyprogesterone acetate intramuscular
MENEST
MENOSTAR
merzee
microgestin 1.5/30
microgestin 1/20
microgestin 24 fe
microgestin fe 1.5/30
microgestin fe 1/20
mili
mimvey
MINIVELLE
MIRCETTE
MIRENA (52 MG)
mono-lynyah
MYFEMBREE
NATAZIA
necon 0.5/35 (28)
NEXPLANON
nikki
nora-be
norethin ace-eth estrad-fe
norethindrone acet-ethinyl est
norethindrone oral
norethindrone-eth estradiol
norethindron-ethinyl estrad-fe
norethin-eth estradiol-fe
norgestimate-eth estradiol
norgestimate-ethinyl estradiol triphasic
norlyroc
nortrel 0.5/35 (28)
nortrel 1/35 (21)
nortrel 1/35 (28)
nortrel 7/7/7
NUVARING
nylia 1/35
nylia 7/7/7
nymyo
ocella
ORIAHNN

Brand-name medications are shown in UPPERCASE (for example, CELEXA) and generic medications in lowercase (for example, citalopram).

Refer to benefit plan documents to make sure listed medication is included in your benefit. Oral and self-injectable specialty medications may have limitations based on your plan benefit.

Drug name
PARAGARD INTRAUTERINE COPPER
philith
pimtrea
pirmella 1/35
pirmella 7/7/7
portia-28
PREFEST
PREMARIN ORAL
PREMPHASE
PREMPRO
QUARTETTE
reclipsen
rivelsa
setlakin
sharobel
simliya
simpesse
SKYLA
sprintec 28
sronyx
syeda
tarina 24 fe
tarina fe 1/20
tarina fe 1/20 eq
taysofy
TAYTULLA
tilia fe
tri femynor
tri-estarylla
tri-legest fe
tri-linyah
tri-lo-estarylla
tri-lo-marzia
tri-lo-mili
tri-lo-sprintec
tri-mili
tri-nymyo
tri-sprintec
trivora (28)
tri-vylibra
tri-vylibra lo
tyblume
tydemy

Drug name
velivet
vestura
vienva
viorele
volnea
vyfemla
vylibra
wera
wymzya fe
xulane
zafemy
zovia 1/35 (28)
zumandimine
Immunological Agents - Drugs for Immune System Stimulation or Suppression
ASTAGRAF XL
AZASAN
azathioprine oral
CELLCEPT
cyclosporine modified
cyclosporine oral
ENVARUSUS XR
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg
engraf
IMURAN
mycophenolate mofetil oral
mycophenolate sodium
MYFORTIC
NEORAL
PROGRAF ORAL
RAPAMUNE
SANDIMMUNE ORAL CAPSULE
SANDIMMUNE ORAL SOLUTION
sirolimus oral
tacrolimus oral
ZORTRESS
Metabolic Bone Disease Agents - Drugs for Osteoporosis
ACTONEL
alendronate sodium oral solution
alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg

Brand-name medications are shown in UPPERCASE (for example, CELEXA) and generic medications in lowercase (for example, citalopram).

Refer to benefit plan documents to make sure listed medication is included in your benefit. Oral and self-injectable specialty medications may have limitations based on your plan benefit.

Drug name
ATELVIA
BINOSTO
calcitonin (salmon) nasal
EVENITY
FOSAMAX
FOSAMAX PLUS D
ibandronate sodium oral
PROLIA
risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg
risedronate sodium oral tablet delayed release
TERIPARATIDE (RECOMBINANT)
TYMLOS
Metabolic Bone Disease Agents - Other
NATPARA
Miscellaneous Therapeutic Agents
3 SERIES BP MONITOR/WRIST
ADVANCED BP MONITOR
ADVOCATE ARM BPM
AEROGear ACTION ASTHMA KIT
AIRZONE PEAK FLOW METER
ASSESS PEAK FLOW METER
BLOOD PRESSURE
BLOOD PRESSURE CUFF MONITOR
BLOOD PRESSURE KIT
BLOOD PRESSURE MON/AUTO/WRIST
BLOOD PRESSURE MON/WRIST
BLOOD PRESSURE MONITOR
BLOOD PRESSURE MONITOR 3
BLOOD PRESSURE MONITOR AUTOMAT
BLOOD PRESSURE MONITOR DELUXE
BLOOD PRESSURE MONITOR DEVICE
BLOOD PRESSURE MONITOR KIT
BLOOD PRESSURE MONITOR/ARM
BLOOD PRESSURE MONITOR/PRM ARM
BLOOD PRESSURE MONITOR/WRIST
BLOOD PRESSURE SERIES 200
BLOOD PRESSURE UNIT
BP MONITOR WRIST
BREATHE EASE PEAK FLOW METER
CARETOUCH BP ARM MONITOR
CARETOUCH BP WRIST MONITOR
CARETOUCH SLIM BP WRIST MONITO

Drug name
CARETOUCH VERSA BP ARM MONITOR
CLEVER CHOICE BP MONITOR/ARM
CLEVER CHOICE BP MONITOR/WRIST
CLEVER CHOICE PEAK FLOW METER
FORA P20 BP MONITOR SYSTEM
FORA TEST N' GO BP
GOJJI BLOOD PRESSURE MONITOR
HEALTH SENSE BP MONITOR
HEALTHSMART BP MONITOR/WRIST
H-E-B INCONTROL BP MONITOR
H-E-B INCONTROL DELUXE AUTO BP
H-E-B INCONTROL PREMIUM BP
KROGER BLOOD PRESSURE MONITOR
LUNG PERFORM PEAK FLOW METER
MANUAL BLOOD PRESSURE
MICROLIFE BLUETOOTH BP MONITOR
MICROLIFE BP MONITOR
MICROLIFE BPM1 BP MONITOR
MICROLIFE BPM2 BP MONITOR
MICROLIFE BPM3 DELUXE MONITOR
MICROLIFE BPM6 PREMIUM MONITOR
MICROLIFE DELUXE BP MONITOR
MICROLIFE DIGITAL PEAK FLOW
MICROLIFE WRIST BP MONITOR
MINI WRIGHT PEAK FLOW METER
OMRON 10 SERIES BP MONITOR
OMRON 3 SERIES BP MONITOR
OMRON 5 SERIES BP MONITOR
OMRON 7 SERIES BP MONITOR
OMRON WRIST BP MONITOR
PEAK A-I-R FLOW METER
PEAK AIR PEAK FLOW METER
PEAK FLOW METER UNIVERSAL RANG
PERSONAL BEST FULL RANGE
PIKO 1
POCKET PEAK FLOW METER
POCKETPEAK PEAK FLOW METER
PRO HEALTH MINI TALKING MONITR
PROCARE UPPER ARM BP MONITOR
PROCARE WRIST BP MONITOR
PURE COMFORT FLOW METER ADULT
PURE COMFORT FLOW METER CHILD
RELION BLOOD PRESSURE MONITOR

Brand-name medications are shown in UPPERCASE (for example, CELEXA) and generic medications in lowercase (for example, citalopram).

Refer to benefit plan documents to make sure listed medication is included in your benefit. Oral and self-injectable specialty medications may have limitations based on your plan benefit.

Drug name
RELION PREMIUM MONITOR
SELF-TAKING BLOOD PRESSURE
SERIES 100 BLOOD PRESSURE
SERIES 400 BLOOD PRESSURE
SERIES 400W BLOOD PRESSURE
SERIES 600 BLOOD PRESSURE
SERIES 600W BLOOD PRESSURE
SERIES 800 BLOOD PRESSURE
SPHYGMOMANOMETER
SURELIFE BP MONITOR/ARM
SURELIFE BP MONITOR/WRIST
TALKING SENSE BP MONITOR
TGT BLOOD PRESSURE MONITOR
TRUZONE PEAK FLOW METER
WRIST CUFF BP MONITOR
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions
ACCOLATE
ADVAIR DISKUS
ADVAIR HFA
albuterol sulfate hfa
albuterol sulfate inhalation
albuterol sulfate oral
ANORO ELLIPTA
arformoterol tartrate
ARNUITY ELLIPTA
ATROVENT HFA
BREO ELLIPTA
BREZTRI AEROSPHERE
budesonide inhalation
COMBIVENT RESPIMAT
cromolyn sodium inhalation

Drug name
DALIRESP
ELIXOPHYLLIN
FLOVENT DISKUS
FLOVENT HFA
formoterol fumarate inhalation
ipratropium bromide inhalation
ipratropium-albuterol
levalbuterol hcl inhalation
LONHALA MAGNAIR REFILL KIT
LONHALA MAGNAIR STARTER KIT
montelukast sodium oral
PERFOROMIST
PULMICORT FLEXHALER
SEREVENT DISKUS
SPIRIVA HANDIHALER
SPIRIVA RESPIMAT
STIOLTO RESPIMAT
STRIVERDI RESPIMAT
SYMBICORT
terbutaline sulfate oral
THEO-24
theophylline
theophylline er
TRELEGY ELLIPTA
XOPENEX NEB
XOPENEX CONCENTRATE
YUPELRI
zafirlukast
zileuton er
ZYFLO

Brand-name medications are shown in UPPERCASE (for example, CELEXA) and generic medications in lowercase (for example, citalopram).

Refer to benefit plan documents to make sure listed medication is included in your benefit. Oral and self-injectable specialty medications may have limitations based on your plan benefit.

Refer to benefit plan documents to make sure listed medication is included in your benefit. This list should be used as a reference and may not include all medications. Brand or generic availability may not be current because of market changes. Using generics may be required based on your plan benefit.

Quality drives our decisions

This list is maintained using expert opinions from the Optum Rx Clinical Services and Regulatory Affairs departments and by independent insights and reviews from the Pharmacy & Therapeutics Committee, external clinical consultants, and other clinical resources.

Your health is important. Taking preventive medications as prescribed by your doctor or healthcare provider can help you avoid serious illness and high healthcare costs.



All Optum trademarks and logos are owned by Optum, Inc. in the U.S. and other jurisdictions. All other trademarks are the property of their respective owners.

© 2023 Optum, Inc. All rights reserved. WF7820901-B 092322

Preventive Premium