

2026 Preventive medications and your plan

Effective July 1, 2026



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 Optum Rx 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 Optum Rx member ID card. This list should be used as a reference and may not include all medications.

2026 Premium High Deductible Health Plan Preventive Generics Medication List

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Drug Name
Anti-Addiction / Substance Abuse Treatment Agents
bupropion hcl er (smoking det)
habitrol
nicotine gum mouth/throat gum 2 mg, 4 mg
nicotine gum mouth/throat lozenge 2 mg, 4 mg
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 gum 2 mg, 4 mg
nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg
nicotine policrilex
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
quit2
quit4
varenicline tartrate
varenicline tartrate (starter)
varenicline tartrate(continue)
Anticoagulants
dabigatran etexilate mesylate
enoxaparin sodium
fondaparinux sodium
heparin sodium (porcine)
heparin sodium (porcine) +rfid
heparin sodium (porcine) pf
jantoven
rivaroxaban
warfarin sodium oral

Drug Name
Antidepressants
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 succinate er
duloxetine hcl oral
escitalopram oxalate oral solution
escitalopram oxalate oral tablet
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
sertraline hcl oral
venlafaxine hcl
venlafaxine hcl er oral capsule extended release 24 hour
venlafaxine hcl er oral tablet extended release 24 hour
Antineoplastics - Drugs for Cancer
anastrozole oral
exemestane
letrozole oral
tamoxifen citrate oral
toremifene citrate
Antiplatelets
aspirin-dipyridamole er
cilostazol
clopidogrel bisulfate 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
dipyridamole oral
prasugrel hcl
ticagrelor
Antipsychotics - Drugs for Mood Disorders
aripiprazole
asenapine maleate
chlorpromazine hcl oral
clozapine
fluphenazine hcl oral
haloperidol lactate oral concentrate 2 mg/ml
haloperidol oral
loxapine succinate
lurasidone hcl
molindone hcl
olanzapine intramuscular
olanzapine oral
paliperidone er
quetiapine fumarate
quetiapine fumarate er
risperidone
risperidone microspheres er
thioridazine hcl oral
thiothixene
trifluoperazine hcl
ziprasidone hcl
ziprasidone mesylate
Antivirals
abacavir sulfate
abacavir sulfate-lamivudine
atazanavir sulfate
darunavir
efavirenz
efavirenz-emtricitab-tenofo df
efavirenz-lamivudine-tenofovir
emtricitabine
emtricitabine-tenofovir df

Drug Name
emtricitab-tenofovir df
etravirine
fosamprenavir calcium
lamivudine oral solution
lamivudine oral tablet 150 mg, 300 mg
lamivudine-zidovudine
lopinavir-ritonavir
maraviroc
nevirapine
nevirapine er
rilpivirine hcl
ritonavir
tenofovir disoproxil fumarate
zidovudine
Cardiovascular Agents - Drugs for Heart and Circulation Conditions
acebutolol hcl oral
aliskiren fumarate
amiloride hcl oral
amiloride-hydrochlorothiazide
amlodipine besylate oral
amlodipine besylate-benazepril hcl
amlodipine besylate-valsartan
amlodipine-atorvastatin
amlodipine-olmesartan
amlodipine-valsartan-hctz
atenolol oral
atenolol-chlorthalidone
atorvastatin calcium oral
benazepril hcl oral
benazepril-hydrochlorothiazide
betaxolol hcl oral
bisoprolol fumarate oral
bisoprolol-hydrochlorothiazide
bumetanide oral
candesartan cilexetil

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Drug Name	Drug Name
candesartan cilexetil-hctz	guanfacine hcl
captopril oral	hydralazine hcl oral
captopril-hydrochlorothiazide	hydrochlorothiazide oral
cartia xt	icosapent ethyl
carvedilol	indapamide
carvedilol phosphate er	irbesartan
chlorthalidone	irbesartan-hydrochlorothiazide
cholestyramine light	isosorb dinitrate-hydralazine
cholestyramine oral	isosorbide dinitrate
clonidine	isosorbide mononitrate
clonidine hcl oral	isosorbide mononitrate er
colesevelam hcl	isradipine
colestipol hcl	labetalol hcl oral
digoxin oral	lisinopril oral
diltiazem hcl er	lisinopril-hydrochlorothiazide
diltiazem hcl er beads	losartan potassium oral
diltiazem hcl er coated beads	losartan potassium-hctz
diltiazem hcl oral	lovastatin oral
dilt-xr	matzim la
doxazosin mesylate oral	methyldopa
enalapril maleate oral	metolazone
enalapril-hydrochlorothiazide	metoprolol succinate er
eplerenone	metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg
ethacrynic acid	metoprolol-hydrochlorothiazide
ezetimibe	metyrosine
ezetimibe-simvastatin	minoxidil oral
felodipine er	moexipril hcl
fenofibrate micronized	nadolol oral
fenofibrate oral	nebivolol hcl
fenofibric acid	niacin (antihyperlipidemic)
fluvastatin sodium	niacin er (antihyperlipidemic)
fluvastatin sodium er	niacor
fosinopril sodium	nicardipine hcl oral
fosinopril sodium-hctz	nifedipine er
furosemide oral	nifedipine er osmotic release
gemfibrozil oral	

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Drug Name	Drug Name
nifedipine oral	trandolapril-verapamil hcl er
nimodipine oral capsule	triamterene oral
nisoldipine er	triamterene-hctz
nitroglycerin sublingual	valsartan
nitroglycerin transdermal	valsartan-hydrochlorothiazide
nitroglycerin translingual	verapamil hcl er
olmesartan medoxomil oral	verapamil hcl oral
olmesartan medoxomil-hctz	Diabetes - Antidiabetic Agents
olmesartan-amlodipine-hctz	acarbose oral
omega-3-acid ethyl esters	glimepiride
perindopril erbumine	glipizide er
phenoxybenzamine hcl oral	glipizide ir
pindolol	glipizide-metformin hcl
pitavastatin calcium	glyburide
pravastatin sodium	glyburide-metformin
prazosin hcl oral	liraglutide
prevalite	metformin hcl er
propranolol hcl er	metformin hcl oral solution
propranolol hcl oral	metformin hcl oral tablet 1000 mg, 500 mg, 750 mg, 850 mg
quinapril hcl	miglitol
quinapril-hydrochlorothiazide	nateglinide
ramipril	pioglitazone hcl
ranolazine er	pioglitazone hcl-glimepiride
rosuvastatin calcium oral	pioglitazone hcl-metformin hcl
simvastatin oral	repaglinide
sotalol hcl (af)	saxagliptin hcl
sotalol hcl oral	saxagliptin-metformin er
spironolactone oral	Diabetes - Insulins
spironolactone-hctz	ADMELOG
telmisartan	ADMELOG SOLOSTAR
telmisartan-amlodipine	APIDRA SOLOSTAR
telmisartan-hctz	APIDRA VIAL
tiadylt er	BASAGLAR KWIKPEN
timolol maleate oral	FIASP
torseamide	FIASP FLEXTOUCH
trandolapril	

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Oral and self-injectable specialty medications may have limitations based on your plan benefit.

Drug Name	Drug Name
FIASP PENFILL	TOUJEO MAX SOLOSTAR
FIASP PUMPCART	TOUJEO SOLOSTAR
HUMALOG	Electrolytes / Minerals / Metals / Vitamins
HUMALOG JUNIOR KWIKPEN	classic prenatal
HUMALOG KWIKPEN	endur-acin
HUMALOG MIX 50/50 KWIKPEN	endur-amide
HUMALOG MIX 75/25	kosher prenatal plus iron
HUMALOG MIX 75/25 KWIKPEN	kpn prenatal
HUMULIN 70/30 KWIKPEN	multi prenatal
HUMULIN 70/30 VIAL	multivitamin w/fluoride
HUMULIN N KWIKPEN	multi-vitamin/fluoride
HUMULIN N VIAL	multivitamin/fluoride oral tablet chewable
HUMULIN R U-500 KWIKPEN	multi-vitamin/fluoride/iron
HUMULIN R VIAL	niacin er oral capsule extended release
INSULIN LISPRO	niacin er oral tablet extended release 1000 mg, 250 mg, 500 mg
INSULIN LISPRO (1 UNIT DIAL)	niacin oral capsule 100 mg
INSULIN LISPRO JUNIOR KWIKPEN	niacin oral tablet 100 mg, 250 mg, 50 mg, 500 mg
INSULIN LISPRO PROT & LISPRO	niacinamide er
LANTUS SOLOSTAR	niacinamide oral
LANTUS U-100 VIAL	pnv 27-ca/fe/fa
LYUMJEV	pnv prenatal plus multivit+dha
LYUMJEV KWIKPEN	pnv-dha
MERILOG	pnv-dha+docusate
MERILOG SOLOSTAR	pnv-omega
NOVOLIN 70/30 FLEXPEN	pnv-select
NOVOLIN 70/30 VIAL	prenatal
NOVOLIN N FLEXPEN	prenatal (w/iron & fa)
NOVOLIN N VIAL	prenatal + complete multi
NOVOLIN R FLEXPEN	prenatal 19
NOVOLIN R VIAL	prenatal adult gummy/dha/fa
NOVOLOG FLEXPEN	prenatal complete
NOVOLOG MIX 70/30 FLEXPEN	prenatal fa + dha + choline
NOVOLOG MIX 70/30 VIAL	prenatal formula a-free
NOVOLOG PENFILL	prenatal formula oral tablet 28-0.8 mg
NOVOLOG U-100 VIAL	
REZVOGLAR KWIKPEN	

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Oral and self-injectable specialty medications may have limitations based on your plan benefit.

Drug Name	Drug Name
prenatal forte	acid-pep maximum strength
prenatal gummies	cimetidine 200
prenatal gummies/dha & fa	cimetidine acid reducer
prenatal gummy	cimetidine hcl
prenatal multi +dha	cimetidine oral
prenatal multi+dha	dexlansoprazole
prenatal multivit plus folate	dual action complete oral tablet chewable 10-800-165 mg
prenatal multivitamin	esomeprazole
prenatal multivitamin plus dha	esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg
prenatal multivitamins	esomeprazole magnesium oral packet 10 mg, 2.5 mg, 20 mg, 40 mg, 5 mg
prenatal one daily	famotidine acid reducer
prenatal plus	famotidine max st
prenatal plus vitamin/mineral	famotidine maximum strength
prenatal vitamin and mineral	famotidine oral
prenatal vitamins	famotidine orig st
prenatal/folic acid	heartburn prevention
prenatal/folic acid+dha	heartburn relief max st
prenatal/iron	heartburn relief oral tablet 10 mg, 200 mg
prenatal+dha	lansoprazole oral
tri-vite/fluoride	misoprostol oral
ultra prenatal vit/min + dha	nizatidine
womens prenatal+dha	omep/sod bicarb
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer	omeprazole magnesium
acid controller	omeprazole oral capsule delayed release , 20.6 (20 base) mg
acid controller complete	omeprazole oral tablet delayed release
acid controller max st	omeprazole oral tablet delayed release dispersible
acid reducer + antacid	omeprazole-sod bicarbonate
acid reducer complete	omeprazole-sodium bicarb oral capsule 20-1100 mg
acid reducer max st oral tablet 20 mg	omeprazole-sodium bicarbonate capsule 20-1100 mg oral (otc)
acid reducer max strength oral tablet 20 mg	pantoprazole sodium oral
acid reducer maximum strength	
acid reducer oral capsule delayed release 15 mg, 20 mg, 20.6 (20 base) mg	
acid reducer oral tablet 10 mg, 200 mg	
acid reducer oral tablet delayed release 20 mg	

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Drug Name
rabeprazole sodium oral tablet delayed release
sucralfate oral
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions
amoxicill-clarithro-lansopraz
bis subcit-metronid-tetracyc
bismuth/metronidaz/tetracyclin
gavilyte-c
gavilyte-g
gavilyte-n with flavor pack
na sulfate-k sulfate-mg sulf
peg 3350-kcl-na bicarb-nacl
peg-3350/electrolytes
peg-3350/electrolytes/ascorbat
peg-kcl-nacl-nasulf-na asc-c
Hormonal Agents - Selective Estrogen Receptor Modifying Agents
raloxifene hcl
Hormonal Agents - Sex Hormones and Birth Control
abigale
abigale lo
afirmelle
aftera
altavera
alyacen 1/35
alyacen 7/7/7
amethyst
apri
aranelle
ashlyna
aubra eq
aurovela 1.5/30
aurovela 1/20
aurovela 24 fe
aurovela fe 1.5/30
aurovela fe 1/20

Drug Name
aviane
ayuna
azurette
balziva
blisovi 24 fe
blisovi fe 1.5/30
blisovi fe 1/20
briellyn
camila
camrese
camrese lo
charlotte 24 fe
chateal eq
cryelle
cyred eq
dasetta 1/35 (28)
dasetta 7/7/7
daysee
deblitane
delyla
desogestrel-ethinyl estradiol
dolishale
dotti
drospiren-eth estrad-levomefol
drospirenone-ethinyl estradiol
econtra one-step
elinest
eluryng
emzahn
enilloring
enskyce
errin
est estrogens-methyltest
est estrogens-methyltest hs
estarylla
estradiol oral

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Drug Name	Drug Name
estradiol transdermal	kelnor 1/35
estradiol valerate intramuscular	kurvelo
estradiol-norethindrone acet	larin 1.5/30
estrogens conjugated	larin 1/20
ethynodiol diac-eth estradiol	larin 24 fe
etonogestrel-ethinyl estradiol	larin fe 1.5/30
falmina	larin fe 1/20
feirza 1.5/30	lessina
feirza 1/20	levonest
finzala	levonorgest-eth est & eth est
fyavolv	levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 mg
galbriela	levonorgest-eth estradiol-iron
gemmily	levonorgestrel
hailey 1.5/30	levonorgestrel-ethinyl estrad
hailey 24 fe	levonorg-eth estrad triphasic
hailey fe 1.5/30	lojaimiess
hailey fe 1/20	loryna
heather	low-ogestrel
her style	lo-zumandimine
iclevia	luizza 1.5/30
incassia	luizza 1/20
introvale	lutra
isibloom	lyleq
jaimiess	lyllana
jasmiel	lyza
jencycla	marlissa
jinteli	medroxyprogesterone acetate intramuscular
jolessa	medroxyprogesterone acetate oral
joyeaux	meleya
juleber	mibelas 24 fe
junel 1.5/30	microgestin 1.5/30
junel 1/20	microgestin 1/20
junel fe	microgestin fe 1.5/30
kaitlib fe	microgestin fe 1/20
kalliga	mili
kariva	

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Oral and self-injectable specialty medications may have limitations based on your plan benefit.

Drug Name	Drug Name
mimvey	sharobel
minzoya	shewise
mono-linyah	simliya
my choice	simpesse
my way	sprintec 28
necon 0.5/35 (28)	syeda
new day	take action
nikki	tarina 24 fe
nora-be	tarina fe 1/20 eq
norelgestromin-eth estradiol	taysofy
norethin ace-eth estrad-fe	tilia fe
norethindrone acet-ethinyl est	tri-estarylla
norethindrone oral	tri-legest fe
norethindrone-eth estradiol	tri-linyah
norethin-eth estradiol-fe	tri-lo-estarylla
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	tri-lo-marzia
norgestimate-ethinyl estradiol triphasic	tri-lo-mili
norlyroc	tri-lo-sprintec
nortrel 0.5/35 (28)	tri-mili
nortrel 1/35 (21)	tri-sprintec
nortrel 1/35 (28)	tri-vylibra
nortrel 7/7/7	tri-vylibra lo
nylia 1/35	turqoz
nylia 7/7/7	tydemy
opcicon one-step	valtya 1/35
option 2	valtya 1/50
orquidea	velivet
philith	vestura
pimtrea	vienva
portia-28	viorele
progesterone oral	volnea
reclipsen	vyfemla
rivelsa	vylibra
rosyrah	wera
setlakin	wymzya fe
	xarah fe

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Oral and self-injectable specialty medications may have limitations based on your plan benefit.

Drug Name
xelria fe
xulane
zafemy
zovia 1/35 (28)
zumandimine
Immunological Agents - Drugs for Immune System Stimulation or Suppression
azathioprine oral
cyclosporine modified
cyclosporine oral
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg
gengraf oral capsule
mycophenolate mofetil oral
mycophenolate sodium
mycophenolic acid
sirolimus oral
tacrolimus oral
Metabolic Bone Disease Agents - Drugs for Osteoporosis
alendronate sodium oral solution
alendronate sodium oral tablet 10 mg, 35 mg, 70 mg
calcitonin (salmon) nasal
ibandronate sodium oral
risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg
risedronate sodium oral tablet delayed release
teriparatide
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions
albuterol sulfate hfa
albuterol sulfate inhalation
albuterol sulfate oral
arformoterol tartrate
BREO ELLIPTA
budesonide inhalation

Drug Name
cromolyn sodium inhalation
elixophyllin
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act
formoterol fumarate inhalation
ipratropium bromide inhalation
ipratropium-albuterol
levalbuterol hcl inhalation
montelukast sodium oral
roflumilast
terbutaline sulfate oral
theophylline er
theophylline oral
tiotropium bromide
wixela inhub
zafirlukast
zileuton er

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abigale lo.....	9	atorvastatin calcium.....	4	cholestyramine light.....	5
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acebutolol hcl.....	4	aurovela 1.5/30.....	9	cimetidine.....	8
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acid reducer max st.....	8	azathioprine.....	12	clonidine hcl.....	5
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amlodipine-olmesartan.....	4	calcitonin (salmon).....	12	diltiazem hcl er coated	
amlodipine-valsartan-hctz....	4	camila.....	9	beads.....	5
amoxicill-clarithro-		camrese.....	9	dilt-xr.....	5
lansopraz.....	9	camrese lo.....	9	dipyridamole.....	4
anastrozole.....	3	candesartan cilexetil.....	4	dolishale.....	9
APIDRA SOLOSTAR.....	6	candesartan cilexetil-hctz....	5	dotti.....	9
APIDRA VIAL.....	6	captopril.....	5	doxazosin mesylate.....	5
apri.....	9	captopril-		drosipren-eth estrad-	
aranelle.....	9	hydrochlorothiazide.....	5	levomefol.....	9
arformoterol tartrate.....	12	cartia xt.....	5	drosiprenone-ethinyl	
aripiprazole.....	4	carvedilol.....	5	estradiol.....	9
asenapine maleate.....	4	carvedilol phosphate er.....	5	dual action complete.....	8
ashlyna.....	9	charlotte 24 fe.....	9	duloxetine hcl.....	3
aspirin-dipyridamole er.....	3	chateal eq.....	9	econtra one-step.....	9

efavirenz.....	4	felodipine er.....	5	her style.....	10
efavirenz-emtricitab-tenofo		fenofibrate.....	5	HUMALOG.....	7
df.....	4	fenofibrate micronized.....	5	HUMALOG JUNIOR	
efavirenz-lamivudine-		fenofibric acid.....	5	KWIKPEN.....	7
tenofovir.....	4	FIASP.....	6	HUMALOG KWIKPEN.....	7
elinest.....	9	FIASP FLEXTOUCH.....	6	HUMALOG MIX 50/50	
elixophyllin.....	12	FIASP PENFILL.....	7	KWIKPEN.....	7
eluryng.....	9	FIASP PUMPCART.....	7	HUMALOG MIX 75/25.....	7
emtricitabine.....	4	finzala.....	10	HUMALOG MIX 75/25	
emtricitabine-tenofovir df.....	4	fluoxetine hcl.....	3	KWIKPEN.....	7
emtricitab-rilpivir-tenofov df...4		fluphenazine hcl.....	4	HUMULIN 70/30	
emzahn.....	9	fluticasone-salmeterol.....	12	KWIKPEN.....	7
enalapril maleate.....	5	fluvastatin sodium.....	5	HUMULIN 70/30 VIAL.....	7
enalapril-		fluvastatin sodium er.....	5	HUMULIN N KWIKPEN.....	7
hydrochlorothiazide.....	5	fluvoxamine maleate.....	3	HUMULIN N VIAL.....	7
endur-acin.....	7	fluvoxamine maleate er.....	3	HUMULIN R U-500	
endur-amide.....	7	fondaparinux sodium.....	3	KWIKPEN.....	7
enilloring.....	9	formoterol fumarate.....	12	HUMULIN R VIAL.....	7
enoxaparin sodium.....	3	fosamprenavir calcium.....	4	hydralazine hcl.....	5
enskyce.....	9	fosinopril sodium.....	5	hydrochlorothiazide.....	5
eplerenone.....	5	fosinopril sodium-hctz.....	5	ibandronate sodium.....	12
errin.....	9	furosemide.....	5	iclevia.....	10
escitalopram oxalate.....	3	fyavolv.....	10	icosapent ethyl.....	5
esomeprazole.....	8	galbriela.....	10	incassia.....	10
esomeprazole magnesium...8		gavilyte-c.....	9	indapamide.....	5
est estrogens-methyltest.....9		gavilyte-g.....	9	INSULIN LISPRO.....	7
est estrogens-methyltest		gavilyte-n with flavor pack....9		INSULIN LISPRO (1 UNIT	
hs.....	9	gemfibrozil.....	5	DIAL).....	7
estarylla.....	9	gemmily.....	10	INSULIN LISPRO JUNIOR	
estradiol.....	9, 10	gengraf.....	12	KWIKPEN.....	7
estradiol valerate.....	10	glimepiride.....	6	INSULIN LISPRO PROT &	
estradiol-norethindrone		glipizide er.....	6	LISPRO.....	7
acet.....	10	glipizide ir.....	6	introvale.....	10
estrogens conjugated.....	10	glipizide-metformin hcl.....	6	ipratropium bromide.....	12
ethacrynic acid.....	5	glyburide.....	6	ipratropium-albuterol.....	12
ethynodiol diac-eth		glyburide-metformin.....	6	irbesartan.....	5
estradiol.....	10	guanfacine hcl.....	5	irbesartan-	
etonogestrel-ethinyl		habitrol.....	3	hydrochlorothiazide.....	5
estradiol.....	10	hailey 1.5/30.....	10	isibloom.....	10
etravirine.....	4	hailey 24 fe.....	10	isosorb dinitrate-	
everolimus.....	12	hailey fe 1.5/30.....	10	hydralazine.....	5
exemestane.....	3	hailey fe 1/20.....	10	isosorbide dinitrate.....	5
ezetimibe.....	5	haloperidol.....	4	isosorbide mononitrate.....	5
ezetimibe-simvastatin.....	5	haloperidol lactate.....	4	isosorbide mononitrate er.....	5
falmina.....	10	heartburn prevention.....	8	isradipine.....	5
famotidine.....	8	heartburn relief.....	8	jaimiess.....	10
famotidine acid reducer.....	8	heartburn relief max st.....	8	jantoven.....	3
famotidine max st.....	8	heather.....	10	jasmiel.....	10
famotidine maximum		heparin sodium (porcine).....	3	jencycla.....	10
strength.....	8	heparin sodium (porcine)		jinteli.....	10
famotidine orig st.....	8	+rfid.....	3	jolessa.....	10
feirza 1.5/30.....	10	heparin sodium (porcine)		joyeaux.....	10
feirza 1/20.....	10	pf.....	3	juleber.....	10

june1 1.5/30.....	10	lyleq.....	10	nevirapine.....	4
june1 1/20.....	10	lyllana.....	10	nevirapine er.....	4
june1 fe.....	10	LYUMJEV.....	7	new day.....	11
kaitlib fe.....	10	LYUMJEV KWIKPEN.....	7	niacin.....	7
kalliga.....	10	lyza.....	10	niacin (antihyperlipidemic)....	5
kariva.....	10	maraviroc.....	4	niacin er.....	7
kelnor 1/35.....	10	marlissa.....	10	niacin er	
kosher prenatal plus iron.....	7	matzim la.....	5	(antihyperlipidemic).....	5
kpn prenatal.....	7	medroxyprogesterone		niacinamide.....	7
kurvelo.....	10	acetate.....	10	niacinamide er.....	7
labetalol hcl.....	5	meleya.....	10	niacor.....	5
lamivudine.....	4	MERILOG.....	7	nicardipine hcl.....	5
lamivudine-zidovudine.....	4	MERILOG SOLOSTAR.....	7	nicotine.....	3
lansoprazole.....	8	metformin hcl er.....	6	nicotine gum.....	3
LANTUS SOLOSTAR.....	7	metformin hcl ir.....	6	nicotine mini.....	3
LANTUS U-100 VIAL.....	7	methyl dopa.....	5	nicotine polacrilex.....	3
larin 1.5/30.....	10	metolazone.....	5	nicotine polacrilex mini.....	3
larin 1/20.....	10	metoprolol succinate er.....	5	nicotine policrilex.....	3
larin 24 fe.....	10	metoprolol tartrate.....	5	nicotine step 1.....	3
larin fe 1.5/30.....	10	metoprolol-		nicotine step 2.....	3
larin fe 1/20.....	10	hydrochlorothiazide.....	5	nicotine step 3.....	3
lessina.....	10	metyrosine.....	5	nicotine transdermal	
letrozole.....	3	mibelas 24 fe.....	10	system.....	3
levabuterol hcl.....	12	microgestin 1.5/30.....	10	nifedipine.....	6
levonest.....	10	microgestin 1/20.....	10	nifedipine er.....	5
levonorgest-eth est & eth		microgestin fe 1.5/30.....	10	nifedipine er osmotic	
est.....	10	microgestin fe 1/20.....	10	release.....	5
levonorgest-eth estrad 91-		miglitol.....	6	nikki.....	11
day.....	10	mili.....	10	nimodipine.....	6
levonorgest-eth estradiol-		mimvey.....	11	nisoldipine er.....	6
iron.....	10	minoxidil.....	5	nitroglycerin.....	6
levonorgestrel.....	10	minzoya.....	11	nizatidine.....	8
levonorgestrel-ethinyl		mirtazapine.....	3	nora-be.....	11
estrad.....	10	misoprostol.....	8	norelgestromin-eth	
levonorg-eth estrad		moexipril hcl.....	5	estradiol.....	11
triphasic.....	10	molindone hcl.....	4	norethin ace-eth estrad-fe...11	
liraglutide.....	6	mono-lynyah.....	11	norethindrone.....	11
lisinopril.....	5	montelukast sodium.....	12	norethindrone acet-ethinyl	
lisinopril-		multi prenatal.....	7	est.....	11
hydrochlorothiazide.....	5	multivitamin w/fluoride.....	7	norethindrone-eth estradiol.11	
lojaimiess.....	10	multivitamin/fluoride.....	7	norethin-eth estradiol-fe.....	11
lopinavir-ritonavir.....	4	multi-vitamin/fluoride.....	7	norgestimate-eth estradiol..11	
loryna.....	10	multi-vitamin/fluoride/iron.....	7	norgestimate-ethinyl	
losartan potassium.....	5	my choice.....	11	estradiol triphasic.....	11
losartan potassium-hctz.....	5	my way.....	11	norlyroc.....	11
lovastatin.....	5	mycophenolate mofetil.....	12	nortrel 0.5/35 (28).....	11
low-ogestrel.....	10	mycophenolate sodium.....	12	nortrel 1/35 (21).....	11
loxapine succinate.....	4	mycophenolic acid.....	12	nortrel 1/35 (28).....	11
lo-zumandimine.....	10	na sulfate-k sulfate-mg sulf...9		nortrel 7/7/7.....	11
luizza 1.5/30.....	10	nadolol.....	5	NOVOLIN 70/30 FLEXPEN..7	
luizza 1/20.....	10	nateglinide.....	6	NOVOLIN 70/30 VIAL.....	7
lurasidone hcl.....	4	nebivolol hcl.....	5	NOVOLIN N FLEXPEN.....	7
lutera.....	10	necon 0.5/35 (28).....	11	NOVOLIN N VIAL.....	7

NOVOLIN R FLEXPEN.....	7	pnv prenatal plus		rabeprazole sodium.....	9
NOVOLIN R VIAL.....	7	multivit+dha.....	7	raloxifene hcl.....	9
NOVOLOG FLEXPEN.....	7	pnv-dha.....	7	ramipril.....	6
NOVOLOG MIX 70/30		pnv-dha+docusate.....	7	ranolazine er.....	6
FLEXPEN.....	7	pnv-omega.....	7	reclipsen.....	11
NOVOLOG MIX 70/30		pnv-select.....	7	repaglinide.....	6
VIAL.....	7	portia-28.....	11	REZVOGLAR KWIKPEN.....	7
NOVOLOG PENFILL.....	7	prasugrel hcl.....	4	rilpivirine hcl.....	4
NOVOLOG U-100 VIAL.....	7	pravastatin sodium.....	6	risedronate sodium.....	12
nylia 1/35.....	11	prazosin hcl.....	6	risperidone.....	4
nylia 7/7/7.....	11	prenatal.....	7	risperidone microspheres	
olanzapine.....	4	prenatal (w/iron & fa).....	7	er.....	4
olanzapine-fluoxetine hcl.....	3	prenatal + complete multi.....	7	ritonavir.....	4
olmesartan medoxomil.....	6	prenatal 19.....	7	rivaroxaban.....	3
olmesartan medoxomil-		prenatal adult		rivelsa.....	11
hctz.....	6	gummy/dha/fa.....	7	roflumilast.....	12
olmesartan-amlodipine-		prenatal complete.....	7	rosuvastatin calcium.....	6
hctz.....	6	prenatal fa + dha + choline...	7	rosyrah.....	11
omega-3-acid ethyl esters....	6	prenatal formula.....	7	saxagliptin hcl.....	6
omep/sod bicarb.....	8	prenatal formula a-free.....	7	saxagliptin-metformin er.....	6
omeprazole.....	8	prenatal forte.....	8	sertraline hcl.....	3
omeprazole magnesium.....	8	prenatal gummies.....	8	setlakin.....	11
omeprazole-sod		prenatal gummies/dha & fa...	8	sharobel.....	11
bicarbonate.....	8	prenatal gummy.....	8	shewise.....	11
omeprazole-sodium bicarb...	8	prenatal multi +dha.....	8	simliya.....	11
omeprazole-sodium		prenatal multi+dha.....	8	simpesse.....	11
bicarbonate.....	8	prenatal multivit plus folate...	8	simvastatin.....	6
opcicon one-step.....	11	prenatal multivitamin.....	8	sirolimus.....	12
option 2.....	11	prenatal multivitamin plus		sotalol hcl.....	6
orquidea.....	11	dha.....	8	sotalol hcl (af).....	6
paliperidone er.....	4	prenatal multivitamins.....	8	spironolactone.....	6
pantoprazole sodium.....	8	prenatal one daily.....	8	spironolactone-hctz.....	6
paroxetine hcl.....	3	prenatal plus.....	8	sprintec 28.....	11
paroxetine hcl er.....	3	prenatal plus		sucrafate.....	9
peg 3350-kcl-na bicarb-		vitamin/mineral.....	8	syeda.....	11
nacl.....	9	prenatal vitamin and		tacrolimus.....	12
peg-3350/electrolytes.....	9	mineral.....	8	take action.....	11
peg-		prenatal vitamins.....	8	tamoxifen citrate.....	3
3350/electrolytes/ascorbat...	9	prenatal/folic acid.....	8	tarina 24 fe.....	11
peg-kcl-nacl-nasulf-na asc-		prenatal/folic acid+dha.....	8	tarina fe 1/20 eq.....	11
c.....	9	prenatal/iron.....	8	taysofy.....	11
perindopril erbumine.....	6	prenatal+dha.....	8	telmisartan.....	6
phenoxybenzamine hcl.....	6	prevalite.....	6	telmisartan-amlodipine.....	6
philith.....	11	progesterone.....	11	telmisartan-hctz.....	6
pimtree.....	11	propranolol hcl.....	6	tenofovir disoproxil	
pindolol.....	6	propranolol hcl er.....	6	fumarate.....	4
pioglitazone hcl.....	6	quetiapine fumarate.....	4	terbutaline sulfate.....	12
pioglitazone hcl-glimepiride..	6	quetiapine fumarate er.....	4	teriparatide.....	12
pioglitazone hcl-metformin		quinapril hcl.....	6	theophylline.....	12
hcl.....	6	quinapril-		theophylline er.....	12
pitavastatin calcium.....	6	hydrochlorothiazide.....	6	thioridazine hcl.....	4
pnv 27-ca/fe/fa.....	7	quit2.....	3	thiothixene.....	4
		quit4.....	3	tiadylt er.....	6

ticagrelor.....	4	womens prenatal+dha.....	8
tilia fe.....	11	wymzya fe.....	11
timolol maleate.....	6	xarah fe.....	11
tiotropium bromide.....	12	xelria fe.....	12
toremifene citrate.....	3	xulane.....	12
torse mide.....	6	zafemy.....	12
TOUJEO MAX		zafirlukast.....	12
SOLOSTAR.....	7	zidovudine.....	4
TOUJEO SOLOSTAR.....	7	zileuton er.....	12
trandolapril.....	6	ziprasidone hcl.....	4
trandolapril-verapamil hcl		ziprasidone mesylate.....	4
er.....	6	zovia 1/35 (28).....	12
triamterene.....	6	zumandimine.....	12
triamterene-hctz.....	6		
tri-estarylla.....	11		
trifluoperazine hcl.....	4		
tri-legest fe.....	11		
tri-linyah.....	11		
tri-lo-estarylla.....	11		
tri-lo-marzia.....	11		
tri-lo-mili.....	11		
tri-lo-sprintec.....	11		
tri-mili.....	11		
tri-sprintec.....	11		
tri-vite/fluoride.....	8		
tri-vylibra.....	11		
tri-vylibra lo.....	11		
turqoz.....	11		
tydemy.....	11		
ultra prenatal vit/min + dha...	8		
valsartan.....	6		
valsartan-			
hydrochlorothiazide.....	6		
valtya 1/35.....	11		
valtya 1/50.....	11		
varenicline tartrate.....	3		
varenicline tartrate (starter)...	3		
varenicline			
tartrate(continue).....	3		
velivet.....	11		
venlafaxine hcl.....	3		
venlafaxine hcl er.....	3		
verapamil hcl.....	6		
verapamil hcl er.....	6		
vestura.....	11		
vienva.....	11		
viorele.....	11		
volnea.....	11		
vyfemla.....	11		
vylibra.....	11		
warfarin sodium.....	3		
wera.....	11		
wixela inhub.....	12		

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LUS TSEEM CEEB: Yog tias koj hais **lus Hmoob (Hmong)**, muaj cov kev pab cuam txhais lus thiab muaj kev sib txuas lus pab dawb ua lwm hom ntawv, xws li luam ua ntawv loj rau koj. Thov hu rau tus xov tooj hu dawb ntawm koj daim npav ID.

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BAA'ÁKONÍNÍZIN: Diné (Navajo) saad bee yáníłti'go, t'áá jíík'eh saad bee áka'e'eyeed bee áka'anída'wo'í dóo nááná łahgo át'éego bee hadadilyaa bee ahxít hane'í, díí nitsaago bee ak'eda'ashchínígíí, náhóló. Bee atah nil'íní ninaaltsos nít'izí bee nééhoziní ɓąąh t'áá hiik'eh bee hane'í námboo bee hodíłnih.

توجه: اگر به زبان **فارسی (Farsi)** صحبت می‌کنید، خدمات رایگان کمک زبانی و ارتباطات رایگان در قالب‌های دیگر، مانند چاپ بزرگ، در دسترس شما هستند. با شماره رایگان مندرج روی کارت شناسایی عضویت‌تان تماس بگیرید.

UWAGA: Dla osób mówiących po **polsku (Polish)** dostępne są bezpłatne usługi pomocy językowej i bezpłatne komunikaty w innych formatach, takich jak duży druk. Prosimy zadzwonić pod bezpłatny numer podany na karcie identyfikacyjnej.

ATENÇÃO: se você fala **português (Portuguese)**, tem à sua disposição serviços gratuitos de assistência linguística e comunicações gratuitas em outros formatos, como caracteres grandes. Ligue para o número gratuito que se encontra no seu cartão de identificação de membro.

ВНИМАНИЕ! Если вы говорите на **русском языке (Russian)**, вам доступны бесплатные услуги языковой поддержки и бесплатные материалы в других форматах, например напечатанные крупным шрифтом. Звоните по бесплатному номеру телефона, указанному на вашей идентификационной карте участника.

FIIRO GAAR AH: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda bilaashka ah iyo isgaarsiino bilaash ah oo qaabab kale ah, sida far waaweyn, ayaa diyaar kuu ah. Ka wac lambarka wicitaanka bilaashka ah kaarkaaga aqoonsiga xubinta.

PAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika at libreng komunikasyon sa ibang mga format, tulad ng malalaking print. Tawagan ang walang bayad na numero na nasa iyong ID card ng miyembro.

LƯU Ý: Nếu quý vị nói **Tiếng Việt (Vietnamese)**, quý vị sẽ được cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí và các phương tiện trao đổi liên lạc miễn phí ở các định dạng khác, chẳng hạn như bản in chữ lớn. Gọi đến số điện thoại miễn phí có trên thẻ định danh thành viên của quý vị.

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.



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Preventive Premium



Preventive care medications

\$0 cost share medications and products^{1,2,3,5}

Effective July 1, 2026

Under the health reform law (Affordable Care Act), benefit plans must cover certain preventive care medications at 100% – without charging a copay, coinsurance or deductible.

These products include:

- U.S. Preventive Services Task Force A & B Recommendation medications
- Food and Drug Administration (FDA)-approved prescription and over-the-counter (OTC) birth control (contraceptives).
- Flu shot and other vaccines

In support of this law, Optum Rx is offering this updated list of no-cost preventive care medications.

You can use your Optum Rx member ID card to get the products on this list for no cost if they are:

- Prescribed by a health care professional
- Age- and condition-appropriate
- Filled at a network pharmacy

To find a network pharmacy, log on to [optumrx.com](https://www.optumrx.com), select **Pharmacy Locator** on the right hand side of the screen and enter your zip code or call the number on your Optum Rx member ID card. If you get these medications or products from an out-of-network pharmacy, you may have to pay the full cost for them.

Optum Rx[®]

U.S. Preventive Services Task Force A & B Recommendation Medications and Supplements⁴

A prescription is required to get these medications and supplements at no cost - even though most are available over-the-counter (OTC).

Medication/Supplement	Reason
OTC	
Aspirin - 81 mg	Prevent preeclampsia during pregnancy. (Ages up to 55 years)
Folic acid 400 & 800 mcg Prenatal vitamins with 400 - 800 mcg of folic acid	Prevent birth defects.
Bisacodyl delayed release tablet	Bowel preparation for colonoscopy needed for preventive colon cancer screening. Limit of two \$0-cost fills per year. (Ages 45 - 75 years)
Magnesium citrate solution	Bowel preparation for colonoscopy needed for preventive colon cancer screening. Limit of two \$0-cost fills per year. (Ages 45 - 75 years)
PEG 3350 (generic Miralax) Only the OTC product may be covered at \$0 cost share. The prescription version of this product may be covered with a copay or coinsurance depending on your plan.	Bowel preparation for colonoscopy needed for preventive colon cancer screening. Limit of two \$0-cost fills per year. (Ages 45 - 75 years)
Prescription	
Generic Colyte sold as: PEG-3350/electrolytes Gavilyte-C	Bowel preparation for colonoscopy needed for preventive colon cancer screening. Limit of two \$0-cost fills per year. (Ages 45 - 75 years)
Generic Golytely sold as: PEG-3350/electrolytes Gavilyte-G	Bowel preparation for colonoscopy needed for preventive colon cancer screening. Limit of two \$0-cost fills per year. (Ages 45 - 75 years)
Generic Nulytely sold as: PEG-3350 electrolytes	Bowel preparation for colonoscopy needed for preventive colon cancer screening. Limit of two \$0-cost fills per year. (Ages 45 - 75 years)
Fluoride chew tablets, drops (not toothpaste, rinses)	Prevent dental cavities if water source is deficient in fluoride.

Tobacco Cessation Medications⁴

If you need help to quit smoking or using tobacco products, these preventive medications are available at \$0 cost share. Up to 180 days of treatment are covered at no cost each year. Maximum daily dose quantity limits apply. To qualify, you need to:

- Be age 18 or older
- Get a prescription for these products from your doctor, even if the products are sold over-the-counter (OTC)
- Fill the prescription at a network pharmacy

OTC Medications

Nicotine replacement gum

Nicotine replacement lozenge

Nicotine replacement patch

Prescriptions

Bupropion sustained-release tablet

Varenicline tablet

These prescription medications are covered after members have tried:

1) One OTC nicotine product and 2) bupropion sustained-release separately.

Nicotrol nasal spray

Human Immunodeficiency Virus Preventive Medications⁴

For members who are at a higher risk of becoming infected with human immunodeficiency virus (HIV) but are not yet infected, these preventive medications are available at \$0 cost share. To qualify, a member must be at increased risk for first-time infection with HIV and the medication must be utilized for HIV pre-exposure prophylaxis (PrEP).

HIV PrEP medications currently available at \$0

Drug name

Emtricitabine-tenofovir disoproxil fumarate 200- 300mg tablet (generic Truvada) - Truvada available if unable to take generic

Tenofovir disoproxil fumarate 300mg tablet (generic Viread) - Viread available if unable to take generic

Apretude ER 600mg-3ml injection

Descovy 200-25mg tablet

If you have more questions about current coverage of HIV PrEP medications, please contact your Optum Rx representative.

Breast Cancer Preventive Medications⁴

For members who are at a higher risk for breast cancer but have not had breast cancer, these preventive medications are available at \$0 cost share. To qualify, a member must:

- Be age 35 or older
- Be at increased chance for the first occurrence of breast cancer – after risk assessment and counseling
- Obtain copay waiver

Most plans cover these medications at normal cost share for the treatment of breast cancer, to prevent breast cancer recurrence and for other indications. Your doctor must submit a Health Care Reform copay waiver review form to request \$0 cost share for primary prevention, if you meet the coverage criteria. If you qualify, you can receive these drugs at \$0 cost share for up to 5 years, minus any time you have been taking them for prevention.

Breast Cancer Medications (prescription)

Anastrozole tablet

Exemestane tablet

Raloxifene tablet

Tamoxifen tablet

Statin Preventive Medications⁴

The U.S. Preventive Service Task Force recommends that adults without a history of cardiovascular disease (CVD) – symptomatic coronary artery disease or stroke – use a statin for the primary prevention of CVD events in individuals who meet the following criteria:

- Are age 40-75, **and**
- Have one or more cardiovascular risk factors (high cholesterol, diabetes, hypertension, or smoking), **and**
- Have an estimated 10-year risk of a cardiovascular event of 10% or greater.

Statin Medications (prescription)

Lovastatin (generic Mevacor) - All strengths

Atorvastatin* (generic Lipitor) 10 & 20 mg (Copay waiver review required to confirm risk of CVD)

Pravastatin* (generic Pravachol) - All strengths (Copay waiver review required to confirm risk of CVD)

Rosuvastatin* (generic Crestor) 5 & 10mg (Copay waiver review required to confirm risk of CVD)

Simvastatin* (generic Zocor) 5, 10, 20 & 40 mg (Copay waiver review required to confirm risk of CVD)

*These medications are typically covered at the customary cost share amount for your plan. Your doctor must submit a Health Care Reform copay waiver review form to request \$0 cost share for primary prevention, if you meet the above coverage criteria.

Women's Health: Birth Control Products

For members who would like to consider family planning options, these preventive medications are available at \$0 cost share. A Health Care Reform copay waiver request form can be submitted by a member's provider to request \$0 cost share if the provider determines that a particular contraceptive is medically necessary but not on the contraceptive list.

Birth Control Caps & Diaphragms (Cervical)

Caya
Femcap
Omniflex
Wide-Seal

Combination Birth Control Pills

Four Phase Birth Control Pills:

Natazia

Generic Alesse & Levlite sold as:

Afirmelle
Aubra EQ
Aviane
Delyla
Falmina
Lessina
Levonor/Ethi
Lutera
Orsythia
Sronyx
Vienna

Generic Balcoltra sold as:

Joyeaux
Levonor/Ethi
Minzoya

Generic Beyaz sold as:

Drospire/Eth Estr/Lev

Generic Brevicon 0.5/35 & Modicon 0.5/35 sold as:

Necon 0.5/35
Nortrel 0.5/35
Wera 0.5/35

Generic Cyclessa Pak sold as:

Velivet Pak

Generic Demulen 1/35 sold as:

Ethy Eth Est 1/35
Kelnor 1/35
Valtya 1/35
Zovia 1/35

Generic Demulen 1/50 sold as:

Ethynodiol 1/50
Valtya 1/50

Generic Desogen-28 & Ortho-Cept sold as:

Apri
Cyred EQ
Enskyce
Isibloom
Juleber
Kalliga
Reclipsen
Solia

Generic Estrostep FE sold as:

Tilia FE
Tri-Legest FE
Xarah FE

Generic Femcon FE chewable sold as:

Nore/Eth/Fer CHW
Wymzya FE CHW
Xelria FE CHW

Generic Generess FE chewable sold as:

Galbriela CHW
Kaitlib FE CHW
Noreth/Ethin FE CHW

Generic Loestrin 24 FE sold as:

Aurovela 24 FE
Blisovi 24 FE
Hailey 24 FE
Junel 24 FE
Larin 24 FE
Tarina 24 FE

Generic Loestrin 1/20 sold as:

Aurovela 1/20
Junel 1/20
Larin 1/20
Luizza 1/20
Microgestin 1/20
Noreth/Ethin 1/20

Generic Loestrin 1.5/30 sold as:

Aurovela 1.5/30
Hailey 1.5/30
Junel 1.5/30
Larin 1.5/30
Luizza 1.5/30
Microgestin 1.5/30
Noreth/Ethin 1.5/30

Generic Loestrin FE 1/20 sold as:

Aurovela FE 1/20
Blisovi FE 1/20
Feirza 1/20
Hailey FE 1/20
Junel FE 1/20
Larin FE 1/20
Microgestin FE 1/20
Tarina FE 1/20 EQ

Generic Loestrin FE 1.5/30 sold as:

Aurovela FE 1.5/30
Blisovi FE 1.5/30
Feirza 1.5/30
Hailey FE 1.5/30
Junel FE 1.5/30
Larin FE 1.5/30
Microgestin FE 1.5/30
Nor/Est/FF 1.5/30

Generic Lo/Ovral-28 sold as:

Cryselle-28
Elinest
Low-Ogestrel
Turqoz

Generic LoSeasonique sold as:

Camrese Lo
Levonor/Ethi Estradiol
Lojaimiess

Generic Lybrel 90-20mcg sold as:

Amethyst 90-20mcg
Dolishale 90-20mcg
Levo-Eth Est 90-20mcg

Generic Minastrin 24 CHW FE sold as:

Charlotte 24 CHW FE
Finzala CHW FE
Mibelas 24 CHW FE
Noreth/Ethin CHW FE

Generic Mircette 28 Day sold as:

Azurette
Deso/Ethinyl Estradiol
Kariva
Pimtrex
Simliya
Viorele
Volnea

Generic Nordette-28 sold as:

Altavera
Ayuna
Chateal Eq
Kurvelo
Levonor/Ethi Estradiol
Levora-28
Marlissa
Portia-28

Generic Ortho-Cyclen sold as:

Estarylla
Mili
Mono-Linyah
Norgest/Ethi
Sprintec 28
Vylibra

For eligible prescriptions – you can get a 3-month supply of your medication mailed to you with no cost for standard shipping.

Women's Health: Birth Control Products continued

Generic Ortho-Novum 1/35 & Norinyl 1/35 sold as:

Alyacen 1/35
Dasetta 1/35
Necon 1/35
Nortrel 1/35
Nylia 1/35

Generic Ortho-Novum 7/7/7 sold as:

Alyacen 7/7/7
Dasetta 7/7/7
Nortrel 7/7/7
Nylia 7/7/7
Pirmella 7/7/7

Generic Ortho Tri-Cyclen sold as:

Norgest/Ethi Estradiol
Tri-Estaryll
Tri Femynor
Tri-Linyah
Tri-Mili
Tri-Sprintec
Tri-Vylibra
Trinessa

Generic For Ortho Tri-Cyclen Lo sold as:

Norgest/Ethi Estradiol
Tri-Lo-Estaryll
Tri-Lo-Marzia
Tri-Lo Mili
Tri-Lo-Sprintec
Tri-Vylibra Lo

Generic Ovcon-35 sold as:

Balziva
Briellyn
Philith
Vyfemla

Generic Quartette sold as:

Levonor/Ethi Estradiol
Rivelsa
Rosyrah

Generic Safyral sold as:

Dros/Eth Est Levomefo
Tydemy

Generic Seasonale sold as:

Iclevia
Introvale
Jolessa
Levonor/Ethinyl Estradiol
Setlakin

Generic Seasonique sold as:

Ashlyna
Camrese
Daysee
Jaimiess
Levonor/Ethi Estradiol
Simpesse

Generic Taytulla sold as:

Gemmily
Nore/Eth/Fer
Taysofy

Generic Tri-Norinyl sold as:

Aranelle

Generic Triphasil sold as:

Enpresse-28
Levonest
Levonor/Ethi
Trivora-28

Generic Yasmin 28 sold as:

Drospir/Ethi
Syeda
Zumandimine

Generic Yaz sold as:

Drospir/Ethi
Drospirenone/Ethy Est
Jasmiel
Lo-Zumandimine
Loryna
Nikki
Vestura

Progestin Only Birth Control Pills**Generic Ortho Micronor & Nor-QD sold as:**

Camila
Deblitane
Emzahh
Errin
Heather
Incassia
Jencycla
Lyleq
Lyza
Meleya
Nora-BE
Norethindrone
Norlyda
Norlyroc
Orquidea
Sharobel

Birth Control Rings (Vaginal)

Annovera
Generic NuvaRing sold as:
EluRyng
EnilloRing
Etonogestrel/Ethyl Estradiol
Haloette

Birth Control Patches (Transdermal)

Generic Ortho Evra sold as:
Norelge/Ethi Estradiol
Xulane
Zafemy

Birth Control Shots (Injection)

Generic Depo-Provera sold as:
Medroxyprogesterone 150 mg/ml

Emergency Birth Control

Ella

Over-The-Counter (OTC) Birth Control

(must have a prescription and get them from a network pharmacy for Optum Rx to cover the costs)

Contraceptive films
(e.g. VCF Vaginal)

Contraceptive foams
(e.g. VCF Vaginal Aer)
Contraceptive gels
(e.g. Gynol II, VCF Vaginal)

Contraceptive pills
Opill

Condoms:
Various OTC condoms (e.g., Durex, Kimono, Trustex)
FC2 Female

Generic emergency birth control
(e.g. Aftera, EContra OS, Levonorgestrel tablet, My Choice, My Way, New Day, Opcicon, Option 2, React, Take Action)

Today Sponge

Encare Suppository

Birth Control IUDs and Implants

Kyleena
Liletta
Mirena
Miudella
Nexplanon
Paragard
Skyla
(Some methods of birth control, such as IUDs and implants, may be available through your medical benefit and not your pharmacy benefit.)

For eligible prescriptions – you can get a 3-month supply of your medication mailed to you with no cost for standard shipping.

Immunizations⁶

Plans must provide coverage without cost sharing for immunizations that are included on the Centers for Disease Control and Prevention immunization schedule. Immunizations may be covered by your medical benefit and not your pharmacy benefit.

Many immunizations can be obtained on a walk-in basis by presenting the Optum Rx member ID card at the time of service. Members should review their benefit plan to determine coverage for immunizations.

Age restrictions or limitations may apply. Check with your network pharmacy for specific age and immunization requirements.

Flu Shots

Flu (Influenza)

Afluria	Flublok	FluMist
Fluad	Flucelvax	Fluzone High-Dose
Fluarix	Flulaval	Fluzone

Vaccines and other immunizing agents

COVID-19

Comirnaty, mNEXSPIKE, Nuvaxovid, Spikevax

Dengue

Dengvaxia

Haemophilus influenzae type B (HiB)

PedvaxHIB, ActHIB, Hiberix

Hepatitis A

Havrix, Vaqta

Hepatitis B

Engerix-B, Heplisav-B, Recombivax-HB

Hepatitis A/Hepatitis B

Twinrix

Human Papilloma Virus (HPV) – Vaccine prevents HPV related cancers

Gardasil 9

Measles, Mumps, Rubella

M-M-R II, PRIORIX

Meningococcal – Vaccine prevents meningitis

Bexsero, Menquadfi, Menveo, Penbraya, Penmenvy, Trumenba

Pneumococcal – Vaccine prevents pneumonia

Capvaxive, Pneumovax 23, Prevnar 20, Vaxneuvance

Poliovirus

Ipol

Respiratory Syncytial Virus (RSV)

Abrysvo, Arexvy, Beyfortus, Enflonsia, mRESVIA

Smallpox/Mpox

Jynneos

Tdap – Vaccine prevents tetanus, diphtheria, pertussis

Adacel, Boostrix

Td – Vaccine prevents tetanus and diphtheria

Tenivac

Varicella – Vaccine prevents chicken pox

Varivax

Zoster – Vaccine prevents shingles

Shingrix

Ask your employer or check your plan documents for your plan's specific coverage details.

Not all immunizations on this list are available at all network pharmacies. Contact your local network pharmacy to confirm immunization availability.

Frequently asked questions

Preventive Care Medications Coverage

What Preventive Care Medications are available at no cost?

Look at the list in this document, log on to **optumrx.com**, or call the number on your Optum Rx member ID card for a list of medications covered at \$0 cost share.

Please note, in order to get coverage at no cost for preventive care medications and products (including over-the-counter) you will need a prescription from your doctor.

What happens if a generic medication becomes available?

Prescription brand products may be replaced by newly launched FDA approved generic equivalents.

What if my doctor says I need a birth control product that is not on this list?

This list includes at least one form of birth control from each category of FDA-approved, -cleared and -granted contraceptives typically available through your pharmacy benefit. If your doctor prescribes birth control not on our list that is medically necessary, Optum Rx will cover that recommended drug or product at no cost to you through our Health Care Reform copay waiver review process. Just call the number on your Optum Rx member ID card, and ask how to get coverage.

Some methods of birth control, such as IUDs and implants, may be available through your **medical benefit** and not your pharmacy benefit.

Is my plan required to cover contraceptives?

Some plans may not have coverage for contraceptives if your employer elects a religious or moral exemption. Also, for employers who elect a religious or moral accommodation, Optum Rx may provide or arrange for separate contraceptive coverage for those employers' members as allowed by the health reform law.

If I'm at risk for preeclampsia during pregnancy, how can I get low-dose aspirin for no cost?

Low-dose or baby aspirin (81 mg) is available at no cost to pregnant women at risk for preeclampsia. If you are pregnant and at risk for preeclampsia, talk

to your doctor about whether low-dose aspirin can help. If so, your doctor can give you a prescription for low-dose aspirin which can be filled at no cost to you at a network retail pharmacy.

If I need to take preparation medications before a preventive colonoscopy, how can I get these for no cost?

If you are scheduled for a preventive colonoscopy, ask your doctor for a prescription for one of the no cost preparation medications. You can fill this prescription at a retail network pharmacy at no cost to you. Note: There is a limit of two \$0-cost fills per year.

What if my doctor prescribes a preparation medication for my preventive colonoscopy that is not on this list?

You can ask your doctor for a prescription for one of the medications on this list that your doctor feels would work for you. For some medical reasons, your doctor may decide you need a medication that is not on this list to prepare for your preventive colonoscopy. If so, you can request the medication you need by calling the number on your Optum Rx member ID card, and asking how to get coverage at no cost.

If you need a prescription medication to prepare for a colonoscopy that is **not preventive**, these medications may still be covered with a copayment or coinsurance.

How can I get preventive medications to help me stop using tobacco for no cost?

If you are age 18 or older and want to quit using tobacco products, talk to your doctor about medications that can help. If your doctor decides this therapy is right for you, they may prescribe a generic over-the-counter or prescription medication.

The tobacco cessation products on this list are available at no cost to you if they are:

- Prescribed by your doctor
- Filled at a network pharmacy
- Meet use and quantity guidelines

Frequently asked questions continued

If I'm at risk for HIV (Human Immunodeficiency Virus) but have not been infected, how can I get preventive drugs for \$0 cost share?

If you are a member not yet infected with HIV, talk to your doctor about your risk of getting HIV. If your doctor decides this treatment is appropriate for you, your doctor may offer to prescribe risk-reducing medications. When used for HIV PrEP, these medications are available at \$0 cost-share.

If I'm at risk for breast cancer but have not had it, how can I get preventive drugs for \$0 cost share?

If you are a member age 35 or older, talk to your doctor about your risk of getting breast cancer if you have not had it. If your doctor decides this treatment is appropriate for you, your doctor may offer to prescribe risk-reducing medications, such as raloxifene or tamoxifen. Your doctor must submit a Health Care Reform copay waiver review form to request \$0 cost share if you meet the coverage criteria.

If I'm at risk for cardiovascular disease, how can I get statin medications at no cost to me?

If you are a member age 40-75, and at risk for cardiovascular disease, your doctor may offer to prescribe statin medications. Select statins are covered at no cost share for people who have certain risk factors for cardiovascular disease. Depending on the medication, your doctor may need to submit a Health Care Reform copay waiver review form to request \$0 cost share if you meet coverage criteria.

Will this drug list change?

Drug lists can and do change, so it's always good to check. You can find the most updated information by:

- Logging in to **optumrx.com**, or
- Calling the number on your Optum Rx member ID card.

Are the no cost preventive care medications available at both retail and home delivery pharmacies?

Preventive care medications are available at network retail pharmacies. Most are also available at the Optum® Home Delivery Pharmacy for plans with a home delivery benefit. For example, the Optum Home Delivery Pharmacy can mail a 3-month supply of your medication right to you with no cost for standard shipping. That means you can order 4 times a year instead of making 12 trips to pick up your medication. To start using home delivery, just call the number on your Optum Rx member ID card.

What if the health care reform law requirements for preventive care medication coverage change?

If the law requiring plans to provide preventive care medications at no cost changes, information on how your costs may change will be available to you by:

- Logging in to **optumrx.com**, or
- Calling the number on your Optum Rx member ID card.

1. Please note this list is subject to change.

2. Always refer to your benefit plan materials to determine your coverage for medications and cost share. Some medications may not be covered under your specific benefit. Where differences are noted, the benefit plan documents will govern.

3. All branded medications are trademarks or registered trademarks of their respective owners.

4. The listed age limits are based on U.S. Preventive Services Task Force Recommendations; coverage for additional populations may also apply as required.

5. If your pharmacy benefit plan is grandfathered under the ACA, these drugs may be covered at the normal cost share.

6. Not all vaccines on this list are available at all participating pharmacies. Members should contact their participating pharmacy of choice to confirm vaccine availability.

Notice of Availability of Language Assistance Services and Alternate Formats

ATTENTION: Free language assistance services and free communications in other formats, such as large print, are available to you. Call the toll-free number on your member identification card. TTY:711

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas y comunicaciones en otros formatos como letra grande, sin cargo, a su disposición. Llame al número gratuito que figura en su tarjeta de identificación de miembro. TTY: 711

ملاحظة: إذا كنت تتحدث **اللغة العربية (Arabic)**، ستتوفر لك خدمات المساعدة اللغوية المجانية والمراسلات المجانية بتنسيقات أخرى، مثل الطباعة بأحرف كبيرة. اتصل بالرقم المجاني المدون على بطاقة تعريف العضو خاصتك.

ចំណាំ: ប្រសិនបើអ្នកនិយាយ**ភាសាខ្មែរ (Khmer)** សេវាជំនួយភាសាភាគតិចត្រូវបានផ្តល់ជូនដោយឥតគិតថ្លៃក្នុងទម្រង់ផ្សេងទៀត ដូចជាពុម្ពអក្សរធំ មានសម្រាប់អ្នក។ ទូរសព្ទមកលេខភាគតិចត្រូវនៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នក។

请注意: 如果您说**中文 (Chinese)**，我们可以为您提供免费语言协助服务以及大字印刷本等其他格式的免费通信。请致电您的会员身份卡上的免付费电话号码。

請注意: 如果您說**中文 (Chinese)**，您可以獲得免費語言協助服務和大字體等其他格式的免費通訊。請致電您的會員身份卡上的免付費電話號碼。

ATTENTION: Si vous parlez **français (French)**, des services d'assistance linguistique et des communications dans d'autres formats, notamment en gros caractères, sont mis à votre disposition gratuitement. Appelez le numéro gratuit figurant sur votre carte de membre.

ATANSYON: Si w pale **Kreyòl Ayisyen (Haitian Creole)**, gen sèvis lang gratis ak kominikasyon nan lòt fòm lo disponib, tankou sa ki enprime ak gwo lèt. Rele nimewo gratis ki sou kat idantifikasyon manm ou an.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlose Sprachassistentendienste und kostenlose Kommunikation in anderen Formaten, wie zum Beispiel große Schrift, zur Verfügung. Rufen Sie die gebührenfreie Nummer auf Ihrer Mitgliedskarte an.

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, तो आपके लिए मुफ्त भाषा सहायता सेवाएँ और अन्य प्रारूपों में मुफ्त संचार, जैसे कि बड़े प्रिंट, उपलब्ध हैं। अपने सदस्य पहचान पत्र पर दिए गए टोल-फ्री नंबर पर कॉल करें।

LUS TSEEM CEEB: Yog tias koj hais **lus Hmoob (Hmong)**, muaj cov kev pab cuam txhais lus thiab muaj kev sib txuas lus pab dawb ua lwm hom ntawv, xws li luam ua ntawv loj rau koj. Thov hu rau tus xov tooj hu dawb ntawm koj daim npav ID.

ATENSION: No agsasaoka iti **Ilocano (Ilocano)**, magun-odmo dagiti libre a serbisio ti tulong iti pagsasao ken libre a komunikasion iti dadduma a pormat, kas iti dadakkel a letra. Tawagan ti awan-bayadna a numero a masarakan iti kard a pakabigbigam kas miembro.

ATTENZIONE: se parla **italiano (Italian)**, può usufruire di servizi di assistenza linguistica gratuiti e comunicazioni gratuite in altri formati, come ad esempio la stampa a caratteri grandi. Chiami il numero verde riportato sul Suo tesserino identificativo.

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や、拡大文字など他の形式での無料のコミュニケーションをご利用いただけます。会員証に記載されているフリーダイヤルにお電話ください。

알림 사항: 한국어(**Korean**)를 사용하시는 경우 무료 언어 지원 서비스와 대형 활자체 등 다른 형식으로 된 의사 소통 매체를 이용하실 수 있습니다. 회원 ID 카드에 나와 있는 무료 전화번호로 전화해 주십시오.

BAA'ÁKONÍNÍZIN: Diné (Navajo) saad bee yáníłti'go, t'áá jíík'eh saad bee áka'e'eyeed bee áka'anída'wo'í dóó nááná łahgo át'éego bee hadadilyaa bee ahxíł hane'í, díí nitsaago bee ak'eda'ashchíníí, náhóló. Bee atah nil'íní ninaaltsoos nítł'izí bee nééhoziní bąąh t'áá hiik'eh bee hane'í námboo bee hodiilnih.

توجه: اگر به زبان **فارسی (Farsi)** صحبت می‌کنید، خدمات رایگان کمک زبانی و ارتباطات رایگان در قالب‌های دیگر، مانند چاپ بزرگ، در دسترس شما هستند. با شماره رایگان مندرج روی کارت شناسایی عضویت‌تان تماس بگیرید.

UWAGA: Dla osób mówiących po **polsku (Polish)** dostępne są bezpłatne usługi pomocy językowej i bezpłatne komunikaty w innych formatach, takich jak duży druk. Prosimy zadzwonić pod bezpłatny numer podany na karcie identyfikacyjnej.

ATENÇÃO: se você fala **português (Portuguese)**, tem à sua disposição serviços gratuitos de assistência linguística e comunicações gratuitas em outros formatos, como caracteres grandes. Ligue para o número gratuito que se encontra no seu cartão de identificação de membro.

ВНИМАНИЕ! Если вы говорите на **русском языке (Russian)**, вам доступны бесплатные услуги языковой поддержки и бесплатные материалы в других форматах, например напечатанные крупным шрифтом. Звоните по бесплатному номеру телефона, указанному на вашей идентификационной карте участника.

FIIRO GAAR AH: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda bilaashka ah iyo isgaarsiino bilaash ah oo qaabab kale ah, sida far waaweyn, ayaa diyaar kuu ah. Ka wac lambarka wicitaanka bilaashka ah kaarkaaga aqoonsiga xubinta.

PAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika at libreng komunikasyon sa ibang mga format, tulad ng malalaking print. Tawagan ang walang bayad na numero na nasa iyong ID card ng miyembro.

LƯU Ý: Nếu quý vị nói **Tiếng Việt (Vietnamese)**, quý vị sẽ được cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí và các phương tiện trao đổi liên lạc miễn phí ở các định dạng khác, chẳng hạn như bản in chữ lớn. Gọi đến số điện thoại miễn phí có trên thẻ định danh thành viên của quý vị.



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