

2021 Preventive medications and your plan

Managing your health with preventive medications

Your pharmacy benefit plan includes special coverage for preventive medications. These medications help protect against or manage a medical condition, such as:

- Preventing blood clots and reducing the risk of a stroke
- Preventing heart disease and reducing high blood pressure
- Preventing osteoporosis
(a disease that leads to an increased risk of bone fracture)

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

In this drug list, brand-name medications are shown in UPPERCASE (for example, LANOXIN) and generic medications in lowercase (for example, digoxin).

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. It can save you money and get the medications you need to help you live a healthier life.

Preventive medications are a group of products in your plan's formulary which tells you what medications your plan covers.

Please note that most medications on the formulary have a deductible, but preventive medications do not. To check the cost of any medication, see your benefit handbook or contact customer service at the member phone number on your ID card.

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.

Quality drives our decisions

A group of doctors and pharmacists meets often to review medications and coverage under pharmacy benefit plans. They also suggest which medications should be on your plan's preventive medications list.

A list of covered preventive medications begins on the next page. Medications are listed by therapeutic category. For questions on injectable preventive medications administered by your doctor or healthcare provider, please call the number on your ID card.

2021 Preventive medication list

Expanded listing by therapeutic category

ANTIDEPRESSANTS

citalopram
escitalopram
fluoxetine
fluoxetine dr
fluvoxamine
fluvoxamine er
paroxetine
paroxetine er
PEXEVA
sertraline

ANTIPSYCHOTICS

ABILIFY MAINTENA †
ABILIFY MYCITE †
ADASUVE
aripiprazole
aripiprazole odt
ARISTADA †
ARISTADA INITIO †
CAPLYTA
chlorpromazine
clozapine
clozapine odt
CLOZARIL
compro
EQUETRO
FANAPT
FAZACLO
fluphenazine
GEODON
haloperidol
INVEGA
INVEGA SUSTENNA †
INVEGA TRINZA †
LATUDA
loxapine
molindone
NUPLAZID

olanzapine
olanzapine odt
olanzapine / fluoxetine
paliperidone er
perphenazine
PERSERIS †
prochlorperazine
quetiapine
quetiapine er
REXULTI
RISPERDAL CONSTA †
risperidone
risperidone odt
SAPHRIS
SYMBYAX
thioridazine
thiothixene
trifluoperazine
VERSACLOZ
VRAYLAR
ziprasidone
ZYPREXA RELPREVV †
ZYPREXA ZYDIS

ASTHMA AND COPD

ACCOLATE
ADVAIR DISKUS
ADVAIR HFA
albuterol sulfate
albuterol sulfate er
albuterol sulfate hfa
ANORO ELLIPTA
ARCAPTA NEOHALER
ARNUITY ELLIPTA
ATROVENT HFA
BREO ELLIPTA
BROVANA
budesonide sus
COMBIVENT RESPIMAT
cromolyn

DALIRESP
difil-g forte
ELIXOPHYLLIN
FLOVENT DISKUS
FLOVENT HFA
FLUTICASONE PROPIONATE/
SALMETEROL INH
fluticasone/salmeterol diskus
ipratropium
ipratropium / albuterol
isoproterenol aer
levalbuterol neb
LONHALA MAGNAIR
metaproterenol
montelukast
PEAKFLOW METERS†
PERFOROMIST
PULMICORT FLEXHALER
SEREVENT DISKUS
SPIRIVA HANDIHALER
SPIRIVA RESPIMAT
STIOLTO RESPIMAT
STRIVERDI RESPIMAT
SYMBICORT
terbutaline
THEO-24
theophylline
theophylline CR
theophylline ER
TRELEGY ELLIPTA
wixela inhub
XOPENEX NEB
XOPENEX CONCENTRATE
YUPELRI
zafirlukast
zileuton ER
ZYFLO
ZYFLO CR

^{SP} Oral and self-injectable Specialty medications may have limitations based on your plan benefit

[†] Where differences are noted between this formulary and your benefit plan documents, the benefit plan documents will rule

CANCER

anastrozole
AROMASIN
EVISTA
exemestane
FARESTON
FEMARA
letrozole
raloxifene
SOLTAMOX
tamoxifen
toremifene

CARDIOVASCULAR/ HEART DISEASE

Anti-Anginal Agents

DILATRATE SR
GONITRO
ISORDIL TITRADOSE
isosorbide dinitrate
isosorbide dinitrate ER
isosorbide mononitrate
isosorbide mononitrate ER
minitran
NITRO-BID
NITRO-DUR
nitroglycerin
nitroglycerin er
nitroglycerin lingual
nitroglycerin transdermal
NITROLINGUAL PUMPSPRAY
NITROMIST
nitro-time
petn
ranolazine er

Anticoagulants

AGGRENOX
ARIXTRA ^{SP}
aspirin/dipyridamole
BEVYXXA
BRILINTA
cilostazol
clopidogrel
COUMADIN
dipyridamole
DURLAZA

EFFIENT
ELIQUIS
enoxaparin ^{SP}
fondaparinux ^{SP}
FRAGMIN ^{SP}
heparin
jantoven
LOVENOX ^{SP}
PLETAL
PRADAXA
prasugrel
SAVAYSA
warfarin
XARELTO
ZONTIVITY

Cardiac Glycosides

digitek
digox
digoxin
LANOXIN

High Blood Pressure

ACCUPRIL
ACCURETIC
acebutolol
ADALAT CC
afeditab CR
ALDACTAZIDE
ALDACTONE
aliskiren
amiloride
amiloride / hctz
amlodipine
amlodipine / benazepril
amlodipine / valsartan
amlodipine / olmesartan
amlodipine / valsartan / hctz
ATACAND HCT
atenolol
atenolol/chlorthalidone
AVALIDE
benazepril
benazepril / hctz
BETAPACE
betaxolol tablet
BIDIL
bisoprolol
bisoprolol / hctz

BLOOD PRESSURE MONITORS †

bumetanide
BUMEX
BYSTOLIC
BYVALSON
CALAN
CALAN SR
candesartan
candesartan / hctz
captopril
captopril / hctz
CARDIZEM
CARDIZEM CD
CARDURA
CAROSPIR
cartia XT
carvedilol
carvedilol er
CATAPRES
chlorothiazide
chlorthalidone
clonidine
CORGARD
DEMADEX
DEMSEER
DIBENZYLINE
dilt-xr
diltiazem CD
diltiazem
diltiazem ER
DIURIL
doxazosin
DUTOPROL
DYRENIUM
EDARBI
EDARBYCLOR
EDECIN
enalapril
enalapril / hctz
EPANED
eplerenone
eprosartan
ethacrynic acid
ezide
felodipine ER
FIRST - ATENOLOL †
FIRST - METOPROLOL †
fosinopril
fosinopril / hctz
furosemide

^{SP} Oral and self-injectable Specialty medications may have limitations based on your plan benefit

† Where differences are noted between this formulary and your benefit plan documents, the benefit plan documents will rule

guanfacine
HEMANGEOL
hydralazine
hydrochlorothiazide
indapamide
INSPRA
irbesartan
irbesartan / hctz
isradipine
labetalol
lisinopril
lisinopril / hctz
LOPRESSOR
LOPRESSOR HCT
losartan potassium
losartan potassium / hctz
LOTENSIN
LOTENSIN HCT
matzim LA
MAXZIDE
MAXZIDE-25
methyclothiazide
methyldopa
methyldopa / hctz
metolazone
metoprolol er
METOPROLOL ER / HCTZ
metoprolol
metoprolol / hctz
MINIPRESS
minoxidil tablet
moexipril
nadolol
nadolol / bendroflumethiazide
nicardipine
nifedipine
nifedipine ER
nimodipine
nisoldipine ER
NYMALIZE
olmesartan
olmesartan / amlodipine / hctz
olmesartan / hctz
perindopril
phenoxybenzamine
pindolol
prazosin
PRESTALIA
PROCARDIA
PROCARDIA XL
propranolol

propranolol ER
propranolol / hctz
QBRELIS
quinapril
quinapril / hctz
ramipril
sotalol
SOTYLIZE
spironolactone
spironolactone / hctz
SULAR
TARKA
taztia XT
TEKTURNA
TEKTURNA HCT
telmisartan
telmisartan / amlodipine
telmisartan / hctz
TENORETIC
terazosin
tiadylt er
TIAZAC
timolol (tablet)
torsemide
trandolapril
trandolapril / verapamil er
triamterene
triamterene / hctz
TWYNSTA
valsartan
valsartan / hctz
VASERETIC
VASOTEC
VECAMYL
verapamil
verapamil ER
verapamil SR
VERELAN
VERELAN PM
ZESTORETIC
ZIAC

High cholesterol

ALTOPREV
amlodipine / atorvastatin
ANTARA
atorvastatin
CADUET
cholestyramine
cholestyramine lite
colesevelam

colestipol
EZALLOR SPRINKLE
ezetimibe
ezetimibe / simvastatin
fenofibrate
fenofibrate micronized
fenofibric acid
fenofibric acid dr
FENOGLIDE
FIBRICOR
FLOLIPID
fluvastatin
fluvastatin er
gemfibrozil
JUXTAPID ^{SP}
LIPOFEN
LOPID
lovastatin
NEXLETOL
NEXLIZET
niacin (Rx only)
niacin ER
niacor
omega-3-acid ethyl esters
PRALUENT
pravastatin
prevalite
REPATHA
REPATHA SURECLICK
rosuvastatin
simvastatin
TRILIPIX
VASCEPA

CONTRACEPTIVES †

This section lists contraceptive categories. Please note that brands and generics are eligible dependent upon your benefit plan formulary.

CONTRACEPTIVE PATCH
CONTRACEPTIVE VAGINAL
RING
EMERGENCY CONTRACEPTIVES
IMPLANT CONTRACEPTIVE
INJECTABLE CONTRACEPTIVE
IUDs
ORAL CONTRACEPTIVES

^{SP} Oral and self-injectable Specialty medications may have limitations based on your plan benefit

[†] Where differences are noted between this formulary and your benefit plan documents, the benefit plan documents will rule

DIABETES

Insulin

AFREZZA
HUMALOG
HUMALOG JUNIOR KWIKPEN
HUMALOG KWIKPEN
HUMALOG MIX 50 / 50
HUMALOG MIX 50 / 50
KWIKPEN
HUMALOG MIX 75 / 25
HUMALOG MIX 75 / 25
KWIKPEN
HUMULIN 70 / 30
HUMULIN 70 / 30 KWIKPEN
HUMULIN N
HUMULIN N KWIKPEN
HUMULIN R
HUMULIN R U-500
LANTUS
LANTUS SOLOSTAR
TOUJEO MAX SOLOSTAR
TOUJEO SOLOSTAR

Non-insulin

acarbose
ACTOPLUS MET
ACTOPLUS MET XR
ACTOS
AMARYL
AVANDIA
BYDUREON
BYDUREON BCISE
BYDUREON PEN
BYETTA
chlorpropamide
CYCLOSET
CONTOUR MONITOR
CONTOUR NEXT MONITOR KIT
DUETACT
FARXIGA
glimepiride
glipizide
glipizide ER
glipizide XL
glipizide/metformin
GLUCOTROL
GLUCOTROL XL
GLUCOVANCE
glyburide

glyburide / metformin
glyburide micronized
GLYNASE
GLYSET
GLYXAMBI
JANUMET
JANUMET XR
JANUVIA
JARDIANCE
JENTADUETO
JENTADUETO XR
metformin
metformin ER (not mod or osm)
miglitol
nateglinide
OZEMPIC
pioglitazone
pioglitazone / metformin
pioglitazone / glimepride
PRANDIN
PRECOSE
repaglinide
repaglinide / metformin
RIOMET
RYBELSUS
SOLIQUA 100 / 33
STARLIX
SYMLINPEN
SYNJARDY
SYNJARDY XR
tolazamide
tolbutamide
TRADJENTA
TRULICITY
VICTOZA
XIGDUO XR
XULTOPHY

ESTROGENS

ACTIVELLA
ALORA
amabelz
ANGELIQ
CLIMARA PRO
COMBIPATCH
covaryx
covaryx HS
DIVIGEL
dotti
DUAVEE
eemt

eemt HS
ELESTRIN
esterified estrogens/
methitestosterone
esterified estrogens/
methitestosterone ds
esterified estrogens/
methitestosterone hs
estradiol
estradiol/norethindrone acetate
ESTROGEL
EVAMIST
FEMHRT LOW DOSE
fyavolv
jinteli
lopreeza
MENEST
MENOSTAR
mimvey
mimvey lo
MINIVELLE
norethindrone acetate/ethinyl
estradiol
PREFEST
PREMARIN
PREMPHASE
PREMPRO

GASTROINTESTINAL-ULCER DRUGS[†]

ACIPHEX SPRINKLE
AXID
CARAFATE SUS
cimetidine
CYTOTEC
DEXILANT
esomeprazole magnesium
ESOMEPRAZOLE STRONTIUM
famotidine
FIRST-LANSOPRAZOLE [‡]
FIRST-OMEPRAZOLE [‡]
lansoprazole
lansoprazole odt
lansoprazole/amoxicillin/
clarithromycin
misoprostol
NEXIUM GRA
nizatidine
OMECLAMOX -PAK
omeprazole
pantoprazole

^{SP} Oral and self-injectable Specialty medications may have limitations based on your plan benefit

[†] Where differences are noted between this formulary and your benefit plan documents, the benefit plan documents will rule

pantoprazole dr
PEPCID
PRILOSEC
PROTONIX PAK
PYLERA
rabeprazole tab
sucralfate
TALICIA

HIV/AIDS

abacavir
abacavir / lamivudine
abacavir / lamivudine /
 zidovudine
APTIVUS
atazanavir
BIKTARVY
CIMDUO
COMBIVIR
COMPLERA
CRIXIVAN
DELSTRIGO
didanosine
DOVATO
EDURANT
efavirenz
efavirenz/lamivudine/tenofovir
EMTRIVA
EPIVIR
EPZICOM
EVOTAZ
fosamprenavir
FUZEON
GENVOYA
INTELENCE
INVIRASE
ISENTRESS
ISENTRESS HD
JULUCA
KALETRA
lamivudine
lamivudine / zidovudine
LEXIVA
lopinavir / ritonavir
nevirapine
nevirapine ER
NORVIR
ODEFSEY
PIFELTRO

PREZCOBIX
PREZISTA
RESCRIPTOR
RETROVIR
REYATAZ
ritonavir
SELZENTRY
stavudine
STRIBILD
SUSTIVA
SYMFI
SYMFI LO
SYMTUZA
tenofovir
TIVICAY
TRIUMEQ
TRIZIVIR
TROGARZO
TYBOST
VIDEX PEDIATRIC
VIDEX EC
VIRACEPT
VIRAMUNE
VIRAMUNE XR
VIREAD
ZERIT
ZIAGEN
zidovudine

OSTEOPOROSIS

ACTONEL
alendronate
ATELVIA
BINOSTO
BONIVA
calcitonin -salmon
etidronate di
EVENTITY ^{SP}
EVISTA
FORTEO ^{SP}
FOSAMAX
FOSAMAX + D
ibandronate
NATPARA ^{SP}
raloxifene
risedronate
risedronate dr
TYMLOS ^{SP}

SMOKING DETERRENENTS †

bupropion er
CHANTIX
NICODERM CQ
NICORETTE
nicotine gum / lozenge / patch
NICOTROL INH / NS
ZYBAN

TRANSPLANT †

ASTAGRAF XL ^{SP}
AZASAN
azathioprine
CELLCEPT ^{SP}
cyclosporine ^{SP}
cyclosporine modified ^{SP}
ENVARBUS XR ^{SP}
everolimus ^{SP}
engraf ^{SP}
IMURAN
mycophenolate ^{SP}
mycophenolic acid DR ^{SP}
MYFORTIC ^{SP}
NEORAL ^{SP}
PROGRAF ^{SP}
RAPAMUNE ^{SP}
SANDIMMUNE ^{SP}
sirolimus ^{SP}
tacrolimus ^{SP}
ZORTRESS ^{SP}

VITAMINS & ELECTROLYTES†

Pediatric vitamins with fluoride

(for example; POLY-VI-FLOR,
 tri-vit / fl)
generic products
BRAND NAME PRODUCTS

Prenatal multivitamins with iron and folic acid

*Brands and generics are eligible
 dependent upon your
 benefit plan formulary.*

^{SP} Oral and self-injectable Specialty medications may have limitations based on your plan benefit

† Where differences are noted between this formulary and your benefit plan documents, the benefit plan documents will rule

This list is 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.



[optumrx.com](https://www.optumrx.com)

OptumRx specializes in the delivery, clinical management and affordability of prescription medications and consumer health products. We are an Optum® company — a leading provider of integrated health services. Learn more at [optum.com](https://www.optum.com).

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.

©2020 Optum, Inc. All rights reserved. WF3429992-C_ORX_HDHP preventive Premium _09242020 82187C-072020

Preventive Premium