2026 Value Rx list for managing chronic conditions

Managing your health with preventive medications

The HSA Plan and HSA Plus Plan include special coverage for preventive medications. There is no copayment due for drugs on this list. That means you can get them at no cost to you.

A list of covered preventive medications begins on the next page

Medications are listed by therapeutic category. The list may change over time as drugs are sometimes removed from the market and new drugs (within the identified categories) become available. Not every dosage form prescribed will be covered. To confirm coverage, call us at **1-866-868-0139**, TTY **711**, 9 a.m.–9 p.m. ET, Monday–Friday. 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 health care provider, reach out to your health insurance provider.

Optum Rx®

Effective January 1, 2026, for HSA Plan and HSA Plus Plan

Table of Contents

Drug Name
Anti-Addiction / Substance Abuse Treatment Agents
bupropion hcl er (smoking det)
varenicline tartrate
varenicline tartrate (starter)
varenicline tartrate(continue)
Anticoagulants
argatroban intravenous solution 50 mg/50ml
bivalirudin trifluoroacetate intravenous solution reconstituted
dabigatran etexilate mesylate
ELIQUIS
ELIQUIS DVT/PE STARTER PACK
enoxaparin sodium
fondaparinux sodium
heparin (porcine) in nacl intravenous solution
heparin sod (porcine) in d5w
heparin sodium (porcine)
heparin sodium (porcine) pf
jantoven
PRADAXA ORAL CAPSULE
rivaroxaban
warfarin sodium oral
XARELTO
XARELTO STARTER PACK
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 10 mg/5ml
citalopram hydrobromide oral tablet
desvenlafaxine succinate er
duloxetine hcl oral
escitalopram oxalate oral solution 5 mg/5ml
escitalopram oxalate oral tablet
fluoxetine hcl oral capsule
fluoxetine hcl oral capsule delayed release
fluoxetine hcl oral solution
fluoxetine hcl oral tablet 10 mg, 60 mg
fluvoxamine maleate
fluvoxamine maleate er
mirtazapine oral
olanzapine-fluoxetine hcl
paroxetine hcl
paroxetine hcl er
sertraline hcl oral concentrate
sertraline hcl oral tablet
venlafaxine hcl
venlafaxine hcl er oral capsule extended release 24 hour
venlafaxine hcl er oral tablet extended release 24 hour 225 mg
Antiemetics - Drugs for Nausea and Vomiting
perphenazine oral
prochlorperazine
prochlorperazine edisylate injection
prochlorperazine maleate oral
Antineoplastics - Drugs for Cancer
anastrozole oral
exemestane
letrozole oral
tamoxifen citrate oral
toremifene citrate
Antiplatelets
aspirin-dipyridamole er
cilostazol
clopidogrel bisulfate oral
dipyridamole oral
prasugrel hcl
ticagrelor
Antipsychotics - Drugs for Mood Disorders
aripiprazole
asenapine maleate
chlorpromazine hcl injection
chlorpromazine hcl oral
clozapine

Drug Name
fluphenazine decanoate injection
fluphenazine hcl
haloperidol decanoate intramuscular
haloperidol lactate injection
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
APTIVUS
atazanavir sulfate
CABENUVA
CIMDUO
darunavir
DOVATO
EDURANT
EDURANT PED
efavirenz
efavirenz-emtricitab-tenofo df
efavirenz-lamivudine-tenofovir
emtricitabine
emtricitabine-tenofovir df
emtricitab-rilpivir-tenofov df

Drug Name
EMTRIVA ORAL SOLUTION
etravirine
EVOTAZ
fosamprenavir calcium
FUZEON
INTELENCE ORAL TABLET 25 MG
ISENTRESS
ISENTRESS HD
JULUCA
lamivudine oral solution 10 mg/ml
lamivudine oral tablet 150 mg, 300 mg
lamivudine-zidovudine
lopinavir-ritonavir
maraviroc
nevirapine
nevirapine er
NORVIR ORAL PACKET
PREZCOBIX
PREZISTA ORAL SUSPENSION
PREZISTA ORAL TABLET 150 MG, 75 MG
RETROVIR INTRAVENOUS
REYATAZ ORAL PACKET
ritonavir
RUKOBIA
SELZENTRY ORAL SOLUTION
SYMFI
tenofovir disoproxil fumarate
TRIUMEQ
TYBOST
VIRACEPT
VIREAD ORAL POWDER
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG
zidovudine
Cardiovascular Agents - Drugs for Heart and Circulation Conditions
acebutolol hcl oral
aliskiren fumarate

Drug Name
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 tablet 10 mg, 5 mg
bisoprolol-hydrochlorothiazide
bumetanide
captopril oral
captopril-hydrochlorothiazide
cartia xt
carvedilol
chlorothiazide sodium
chlorthalidone
cholestyramine light
cholestyramine oral
clonidine hcl oral
colesevelam hcl oral tablet
colestipol hcl
digoxin injection
digoxin oral
diltiazem hcl er beads
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg
diltiazem hcl er oral capsule extended release 12 hour 60 mg, 90 mg
diltiazem hcl er oral capsule extended release 24 hour
diltiazem hcl intravenous

Drug Name
diltiazem hcl oral
dilt-xr
dobutamine hcl
dobutamine-dextrose
dopamine hcl intravenous
dopamine-dextrose
doxazosin mesylate oral
enalapril maleate oral tablet
enalaprilat
enalapril-hydrochlorothiazide
eplerenone
esmolol hcl intravenous solution 100 mg/10ml
esmolol hcl-sodium chloride
ethacrynate sodium
ethacrynic acid
ezetimibe
ezetimibe-simvastatin
felodipine er
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg
fenofibrate oral capsule 134 mg, 200 mg, 67 mg
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg
fenofibric acid oral capsule delayed release
fosinopril sodium
fosinopril sodium-hctz
furosemide injection
furosemide oral
gemfibrozil oral
guanfacine hcl
hydralazine hcl injection
hydralazine hcl oral
hydrochlorothiazide oral
icosapent ethyl
indapamide
irbesartan
irbesartan-hydrochlorothiazide
isosorb dinitrate-hydralazine

Drug Name
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg
isosorbide mononitrate
isosorbide mononitrate er
isradipine
labetalol hcl intravenous solution
labetalol hcl oral
lisinopril oral
lisinopril-hydrochlorothiazide
losartan potassium oral
losartan potassium-hctz
lovastatin oral
methyldopa
metolazone
metoprolol succinate er
metoprolol tartrate intravenous
metoprolol tartrate oral
metoprolol-hydrochlorothiazide
metyrosine
milrinone lactate
milrinone lactate in dextrose
minoxidil oral
moexipril hcl
nadolol oral
nebivolol hcl
NEXLETOL
NEXLIZET
niacin er (antihyperlipidemic)
nicardipine hcl in nacl intravenous solution
nicardipine hcl intravenous
nifedipine er
nifedipine er osmotic release
nifedipine oral
nimodipine oral capsule
nitroglycerin in d5w
nitroglycerin intravenous
nitroglycerin sublingual
nitroglycerin transdermal

Drug Name
nitroglycerin translingual
nitroprusside sodium
olmesartan medoxomil oral
olmesartan medoxomil-hctz
olmesartan-amlodipine-hctz
omega-3-acid ethyl esters
perindopril erbumine
phenoxybenzamine hcl oral
phentolamine mesylate injection
pindolol
pravastatin sodium
prazosin hcl oral
prevalite
propranolol hcl er
propranolol hcl intravenous
propranolol hcl oral
quinapril hcl
quinapril-hydrochlorothiazide
ramipril
ranolazine er
REPATHA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML
rosuvastatin calcium oral
simvastatin oral
sodium nitroprusside intravenous solution 25 mg/ml
sotalol hcl (af)
sotalol hcl oral
spironolactone oral tablet
spironolactone-hctz
TEKTURNA
telmisartan
telmisartan-amlodipine
tiadylt er
timolol maleate oral
torsemide
trandolapril

Drug Name
trandolapril-verapamil hcl er
triamterene oral
triamterene-hctz
valsartan oral tablet
valsartan-hydrochlorothiazide
VASCEPA
verapamil hcl er
verapamil hcl intravenous
verapamil hcl oral
Diabetes - Antidiabetic Agents
acarbose oral
FARXIGA
glimepiride oral tablet 1 mg, 2 mg, 4 mg
glipizide er
glipizide oral tablet 10 mg, 5 mg
glipizide-metformin hcl
glyburide micronized
glyburide oral
glyburide-metformin
GLYXAMBI
JANUMET
JANUMET XR
JANUVIA
JARDIANCE
JENTADUETO
JENTADUETO XR
liraglutide
metformin hcl er
metformin hcl oral solution
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg
miglitol
MOUNJARO
nateglinide
OZEMPIC
OZEMPIC (2 MG/DOSE)
pioglitazone hcl
pioglitazone hcl-glimepiride
pioglitazone hcl-metformin hcl
repaglinide
RYBELSUS
saxagliptin hcl
saxagliptin-metformin er
SOLIQUA
SYNJARDY
SYNJARDY XR
TRADJENTA
TRIJARDY XR
TRULICITY
XIGDUO XR
Diabetes - Glucose Monitoring
ACCU-CHEK FASTCLIX LANCET KIT
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT
ADJUSTABLE LANCING DEVICE
ADVANCED LANCING DEVICE
ADVOCATE LANCING DEVICE
ADVOCATE RAPID-SAFE LANCING
ADVOCATE SAFETY LANCETS 21G
ADVOCATE SAFETY LANCETS 23G
ADVOCATE SAFETY LANCETS 28G
AUTOLET II CLINISAFE
AUTOLET LANCING DEVICE
AUTOLET LITE CLINISAFE
AUTOLET LITE LANCING DEVICE
AUTOLET LITE STARTER PACK
AUTOLET MINI
AUTOLET PLATFORMS
AUTOLET PLUS
CARDIOCOM LANCING DEVICE
CAREONE ADVANCED LANCING DEV
CAREONE LANCET SUPER THIN 30G
CARESENS LANCETS 30G
CARETOUCH LANCING/EJECTOR
CARETOUCH TWIST MC LANCETS 30G
CHOSEN LANCETS 30G

Drug Name
CHOSEN LANCING DEVICE
CHOSEN SAFETY LANCETS 28G
COMFORT TOUCH LANCETS 31G
COMFORT TOUCH PLUS LANCETS 28G
COMFORT TOUCH PLUS LANCETS 30G
COMFORT TOUCH TWIST LANCET 30G
CONTOUR MONITOR
CONTOUR MONITOR
CONTOUR NEXT EZ KIT W/DEVICE
CONTOUR NEXT GEN MONITOR KIT W/DEVICE
CONTOUR NEXT LINK KIT W/DEVICE
CONTOUR NEXT MONITOR KIT W/DEVICE
CONTOUR NEXT ONE KIT
CONTOUR NEXT GEN TEST STRIPS
CONTOUR PLUS BLUE KIT W/DEVICE
CONTOUR PLUS TEST STRIP
CONTOUR TEST STRIPS
DEXCOM G6 RECEIVER
DEXCOM G6 SENSOR
DEXCOM G6 TRANSMITTER
DEXCOM G7 15 DAY SENSOR
DEXCOM G7 RECEIVER
DEXCOM G7 SENSOR
DIATHRIVE LANCING DEVICE
DROPLET GENTEEL LANCING DEVICE
DROPLET LANCING DEVICE
DROPLET PERSONAL LANCETS 30G
DROPSAFE ACTI-LANCE 23G
EASY MINI EJECT LANCING DEVICE
EASY MINI LANCING DEVICE
EASY TOUCH LANCING DEVICE
EMBRACE LANCING DEVICE/EJECTOR
EMBRACE PRESSURE ACTIVATED 21G
EMBRACE PRESSURE ACTIVATED 28G
ENLITE GLUCOSE SENSOR
FORA LANCING DEVICE
GENTEEL CONTACT TIPS (BLUE)

Drug Name
GENTEEL CONTACT TIPS (CLEAR)
GENTEEL CONTACT TIPS (GREEN)
GENTEEL CONTACT TIPS (ORANGE)
GENTEEL CONTACT TIPS (RAINBOW)
GENTEEL CONTACT TIPS (VIOLET)
GENTEEL CONTACT TIPS (YELLOW)
GENTEEL LANCING KIT (BLUE)
GENTEEL NOZZLES
GENTEEL PLUS LANCING (BLACK)
GENTEEL PLUS LANCING (PURPLE)
GENTEEL PLUS LANCING (WHITE)
GENTEEL PLUS LANCING DEV(BLUE)
GENTEEL PLUS LANCING DEV(PINK)
GLOBAL LANCING DEVICE
GOJJI LANCING DEVICE/CLEAR CAP
GUARDIAN 4 GLUCOSE SENSOR
GUARDIAN 4 TRANSMITTER
GUARDIAN LINK 3 TRANSMITTER
GUARDIAN REAL-TIME CHARGER
GUARDIAN REAL-TIME REPLACE PED
GUARDIAN REAL-TIME TEST PLUG
GUARDIAN SENSOR (3)
GUARDIAN SENSOR 3
HEALTHPRO LANCET 26G
HYPOLANCE AST LANCING
IHEALTH LANCING DEVICE
IN TOUCH LANCING DEVICE
INCONTROL ADV LANCING
INSULIN PEN NEEDLES
LANCETS
LANCETS 28G THIN
LANCETS 33G
LANCETS KIT
LANCETS SUPER THIN
LANCETS THIN
LANCETS ULTRATHIN 30G
LANCETS UNIVERSAL 21G
LANCETS UNIVERSAL 30G

Drug Name
LANCETS UNIVERSAL 33G
LANCING DEVICE
LANCING SYSTEM DEVICE
LANZO
LEADER ADVANCED LANCING DEVICE
LITE TOUCH LANCING PEN
MICROLET NEXT LANCING DEVICE
MINI LANCING DEVICE
MINILINK REAL-TIME TRANSMITTER
MOBILE LANCETS 30G
NOVA SUREFLEX LANCING DEVICE
ONETOUCH DELICA PLUS LANCING
ONETOUCH DELICA SAFETY LANCING
ONETOUCH ULTRASOFT 2 LANCETS
OVAL TAPE
PARADIGM REAL-TIME TRANSMITTER
PERFECT POINT SAFETY LANCETS
PRO COMFORT SAFETY LANCETS 30G
PRODIGY LANCING DEVICE
PURE COMFORT LANCETS 30G
PX ADVANCED LANCING DEVICE
PX LANCETS MICROTHIN 33G
RELION LANCING DEVICE
RIGHTEST ALTERNATE SITE ADAPT
RIGHTEST GD500 LANCING DEVICE
SAFETY LANCET 30G/PRESSURE ACT
SAFETY LANCETS 23G
SAPS HEALTH PLUS LANCETS
SELECT-LITE LANCING DEVICE
SIMPLE DIAGNOSTICS LANCING DEV
SIMPLERA SENSOR
SIMPLERA SYNC SENSOR
SIMPLERA SYSTEM
SMART DIABETES VANTAGE LANCING
SOLUS V2 LANCING DEVICE
STERILE LANCETS 28G
STERILE LANCETS 30G
STERILE LANCETS 33G
SURE COMFORT LANCING PEN
TECHLITE LANCETS 26G
TODAYS HEALTH LANCING DEVICE
TRUE COMFORT SAFETY LANCETS
TRUEDRAW LANCING DEVICE
TWIST TOP LANCETS 30G
ULTI-LANCE AUTOMATIC
UNISTIK NORMAL
VERIFINE SAFE LANCET MINI 21G
VERIFINE SAFE LANCET MINI 23G
VERIFINE SAFE LANCET MINI 28G
VERIFINE SAFE LANCET MINI 30G
VERIFINE UNIVERSAL LANCETS 28G
VERIFINE UNIVERSAL LANCETS 30G
VERIFINE UNIVERSAL LANCETS 33G
VIVAGUARD LANCETS 30G
VIVAGUARD LANCING DEVICE
VIVAGUARD SAFETY LANCETS 28G
ZEVRX TWIST TOP LANCETS 30G
Diabetes - Insulins
ADMELOG
ADMELOG SOLOSTAR
APIDRA SOLOSTAR
APIDRA VIAL
AQ INSULIN SYRINGE
BASAGLAR KWIKPEN
BD ULTRA-FINE INSULIN SYRINGES 27.5G X 5/8" 2 ML, 27G X 1/2" 1 ML, 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 31G X 6MM 0.5 ML, U-100 1 ML
BD VEO INSULIN SYR ULTRAFINE
DROPSAFE SAFETY SYRINGE/NEEDLE
EASY TOUCH INSULIN BARRELS
EMBECTA INS SYR U/F 1/2 UNIT

Drug Name
EMBECTA INSULIN SYR ULTRAFINE
EMBECTA INSULIN SYRINGE
EMBECTA INSULIN SYRINGE U-100
EMBECTA INSULIN SYRINGE U-500
FIASP
FIASP FLEXTOUCH
FIASP PENFILL
FIASP PUMPCART
HUMALOG
HUMALOG JUNIOR KWIKPEN
HUMALOG KWIKPEN
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
INSULIN LISPRO
INSULIN LISPRO (1 UNIT DIAL)
INSULIN LISPRO JUNIOR KWIKPEN
INSULIN LISPRO PROT & LISPRO
INSULIN SYRINGES 25G X 5/8" 1 ML, 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 28G X 5/16" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 29G X 5/16" 0.5 ML, 29G X 5/16" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 15/64" 0.3 ML, 30G X 15/64" 0.5 ML, 30G X 15/64" 1 ML, 30G X 3/16" 0.5 ML, 30G X 3/16" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 1/2" 0.3 ML, 31G X 1/4" 0.3 ML, 31G X 1/4" 0.5 ML, 31G X 1/4" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 0.5 ML, 32G X 5/16" 1 ML, U-100 1 ML
LANTUS SOLOSTAR
LANTUS U-100 VIAL
LYUMJEV
LYUMJEV KWIKPEN
NOVOLIN 70/30 FLEXPEN
NOVOLIN 70/30 VIAL
NOVOLIN N FLEXPEN
NOVOLIN N VIAL
NOVOLIN R FLEXPEN
NOVOLIN R VIAL
NOVOLOG FLEXPEN
NOVOLOG MIX 70/30 FLEXPEN
NOVOLOG MIX 70/30 VIAL
NOVOLOG PENFILL
NOVOLOG U-100 VIAL
REZVOGLAR KWIKPEN
TOUJEO MAX SOLOSTAR
TOUJEO SOLOSTAR
ULTICARE INSULIN SYR 1/2 UNIT
ULTIGUARD SAFEPACK SYR/NEEDLE
VERIFINE INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer
esomeprazole magnesium oral packet
famotidine oral suspension reconstituted
misoprostol oral
omeprazole oral capsule delayed release
pantoprazole sodium intravenous
pantoprazole sodium oral tablet delayed release
sucralfate oral tablet
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions
bis subcit-metronid-tetracyc
bismuth/metronidaz/tetracyclin
gavilyte-c
gavilyte-g
gavilyte-n with flavor pack

Drug Name
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
PYLERA
TALICIA
VOQUEZNA DUAL PAK
VOQUEZNA TRIPLE PAK
Genitourinary Agents - Drugs for Prostate Conditions
terazosin hcl
Hormonal Agents - Selective Estrogen Receptor Modifying Agents
raloxifene hcl
Hormonal Agents - Sex Hormones and Birth Control
abigale
abigale lo
afirmelle
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
aviane
ayuna
azurette
balziva
blisovi 24 fe
blisovi fe 1.5/30

Drug Name
blisovi fe 1/20
briellyn
camila
camrese
camrese lo
charlotte 24 fe
chateal eq
CLIMARA PRO
cryselle-28
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
DUAVEE
elinest
emzahh
enpresse-28
enskyce
errin
estarylla
estradiol oral
estradiol transdermal
estradiol valerate intramuscular
estradiol-norethindrone acet
ethynodiol diac-eth estradiol
falmina
feirza 1.5/30
feirza 1/20
finzala
fyavolv
galbriela

Drug Name
gemmily
hailey 1.5/30
hailey 24 fe
hailey fe 1.5/30
hailey fe 1/20
heather
iclevia
incassia
introvale
isibloom
jaimiess
jasmiel
jencycla
jinteli
jolessa
joyeaux
juleber
junel 1.5/30
junel 1/20
junel fe
kaitlib fe
kalliga
kariva
kelnor 1/35
kurvelo
larin 1.5/30
larin 1/20
larin 24 fe
larin fe 1.5/30
larin fe 1/20
leena
lessina
levonest
levonorgest-eth est & eth est
levonorgest-eth estrad 91-day
levonorgest-eth estradiol-iron
levonorgestrel-ethinyl estrad
levonorg-eth estrad triphasic

Drug Name
levora 0.15/30 (28)
lojaimiess
loryna
low-ogestrel
lo-zumandimine
lutera
lyleq
lyllana
lyza
marlissa
meleya
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG
merzee
mibelas 24 fe
microgestin 1.5/30
microgestin 1/20
microgestin fe 1.5/30
microgestin fe 1/20
mili
mimvey
minzoya
mono-linyah
MYFEMBREE
NATAZIA
necon 0.5/35 (28)
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 oral tablet 0.25-35 mg-mcg
norgestimate-ethinyl estradiol triphasic
norlyroc

Drug Name
nortrel 0.5/35 (28)
nortrel 1/35 (21)
nortrel 1/35 (28)
nortrel 7/7/7
nylia 1/35
nylia 7/7/7
ocella
ORIAHNN
orquidea
philith
pimtrea
portia-28
PREMARIN ORAL
PREMPHASE
PREMPRO
reclipsen
rivelsa
rosyrah
setlakin
sharobel
simliya
simpesse
sprintec 28
sronyx
syeda
tarina 24 fe
tarina fe 1/20 eq
taysofy
tilia fe
tri-estarylla
tri-legest fe
tri-linyah
tri-lo-estarylla
tri-lo-marzia
tri-lo-mili
tri-lo-sprintec
tri-mili
tri-sprintec
tri-vylibra
tri-vylibra lo
turqoz
tydemy
valtya 1/50
velivet
vestura
vienva
viorele
volnea
vyfemla
vylibra
wera
wymzya fe
xarah fe
xelria fe
zovia 1/35 (28)
zumandimine
Immunological Agents - Drugs for Immune System Stimulation or Suppression
azathioprine oral
azathioprine sodium
cyclosporine modified
cyclosporine oral
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg
gengraf
mycophenolate mofetil hcl
mycophenolate mofetil intravenous
mycophenolate mofetil oral
mycophenolate sodium
mycophenolic acid
SANDIMMUNE INTRAVENOUS
sirolimus oral
tacrolimus oral
Metabolic Bone Disease Agents - Drugs for Osteoporosis
alendronate sodium oral solution

Drug Name
alendronate sodium oral tablet 10 mg, 35 mg, 70 mg
BONSITY
calcitonin (salmon) injection
calcitonin (salmon) nasal
ibandronate sodium
pamidronate disodium
PROLIA
risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg
risedronate sodium oral tablet delayed release
STOBOCLO
teriparatide solution pen-injector 560 mcg/2.24ml subcutaneous
TERIPARATIDE SOLUTION PEN-INJECTOR 560 MCG/2.24ML SUBCUTANEOUS
TYMLOS
zoledronic acid
Miscellaneous Therapeutic Agents
ACCU-CHEK LINKASSIST
ACCU-CHEK PLASTIC CARTRIDGE
ACCU-CHEK SPIRIT CARTRIDGE
ACCU-CHEK TENDER I SET 24"
ACCU-CHEK TENDER I SET 31"
ACCU-CHEK ULTRAFLEX INF SET
ACCU-CHEK ULTRAFLEX-1 INF SET
ADVOCATE INSULIN PEN NEEDLE
AMIGO INSULIN PUMP
AQINJECT PEN NEEDLE
ASSURE ID DUO PRO PEN NEEDLES
ASSURE ID PRO PEN NEEDLES
AUM INSULIN SAFETY PEN NEEDLE
AUM MINI INSULIN PEN NEEDLE
AUM PEN NEEDLE
AUM READYGARD DUO PEN NEEDLE
AUM SAFETY PEN NEEDLE
AUTOSOFT 30 INFUSION SET
AUTOSOFT 90 INFUSION SET
AUTOSOFT XC INFUSION SET

Drug Name
BD AUTOSHIELD DUO PEN NEEDLES
BD PEN NEEDLE MICRO ULTRAFINE
BD PEN NEEDLE MINI ULTRAFINE
BD PEN NEEDLE NANO ULTRAFINE
BD PEN NEEDLE ORIG ULTRAFINE
BD PEN NEEDLE SHORT ULTRAFINE
BD ULTRA-FINE PEN NEEDLES
COMFORT EZ PRO PEN NEEDLES
DROPLET MICRON
EMBECTA AUTOSHIELD DUO
EMBECTA PEN NEEDLE NANO
EMBECTA PEN NEEDLE NANO 2 GEN
EMBECTA PEN NEEDLE ULTRAFINE
EMBRACE PEN NEEDLES
ENLITE SERTER
EXTENDED INFUSION SET 23"/6MM
EXTENDED INFUSION SET 23"/9MM
EXTENDED INFUSION SET 32"/6MM
EXTENDED INFUSION SET 32"/9MM
EXTENDED RESERVOIR 3ML
GLUCOPRO SYR RES 3ML 22GX3/8"
ILET CONTACT DETACH 23" 6MM
ILET INFUSION-INSET 23" 6MM
ILET INFUSION-INSET 32" 6MM
ILET INSULIN PUMP
ILET STARTER - CONTACT DETACH
ILET STARTER KIT - INSET 23"
ILET STARTER KIT - INSET 32"
INCONTROL ULTICARE PEN NEEDLES
INSULIN PEN NEEDLES 29G X 10MM , 29G X 12.7MM , 29G X 12MM , 29G X 4MM , 29G X 5MM , 29G X 8MM , 30G X 5 MM , 30G X 6 MM , 30G X 8 MM , 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM , 33G X 8 MM
INSUPEN32G EXTR3ME
MINIMED 780G INSULIN PUMP
MINIMED MIO ADVANCE INFUSE SET

Drug Name
MINIMED PUMP RESERVOIR 3ML
MINIMED QUICK SET INF SET 18"
MINIMED QUICK SET INF SET 23"
MINIMED QUICK SET INF SET 32"
MINIMED QUICK SET INF SET 43"
MINIMED QUICK-SERTER
MINIMED RESERVOIR 1.8ML
MINIMED RESERVOIR 3ML
MINIMED SILHOUETTE INF SET 32"
MINIMED SILHOUETTE INF SET 43"
OMNIPOD 5 DEXCOM INTRO KIT
OMNIPOD 5 DEXCOM PODS
OMNIPOD 5 LIBRE2 G6 INTRO G5
OMNIPOD 5 LIBRE PODS
OMNIPOD DASH INTRO KIT
OMNIPOD DASH PDM (GEN 4)
OMNIPOD DASH PODS
OMNIPOD POD PALS
PARADIGM SILHOUETTE COMBO 23"
PARADIGM SILHOUETTE COMBO 43"
PEN NEEDLE/5-BEVEL TIP
PEN NEEDLES
PENTIPS GENERIC PEN NEEDLES
PIP PEN NEEDLES 31G X 5MM
PIP PEN NEEDLES 32G X 4MM
PURE COMFORT SAFETY PEN NEEDLE
QUICK TOUCH INSULIN PEN NEEDLE
QUICK-SERTER INSERTION DEVICE
RAYA SURE PEN NEEDLE
SAFETY PEN NEEDLES
SEN-SERTER
SILHOUETTE 23" INFUSION SET
SILHOUETTE 43" INFUSION SET
SILHOUETTE INFUSION SET 18"
SIL-SERTER INSERTION DEVICE
SURE T INFUSION SET 18"/6MM
SURE T INFUSION SET 23"/10MM
SURE T INFUSION SET 23"/6MM

Drug Name
SURE T INFUSION SET 23"/8MM
SURE T INFUSION SET 32"/10MM
SURE T INFUSION SET 32"/6MM
SURE T INFUSION SET 32"/8MM
T:FLEX T:LOCK CARTRIDGE 4.8ML
T:SLIM X2 3ML CARTRIDGE
T:SLIM X2 BASAL-IQ PUMP
T:SLIM X2 CONTROL-IQ 7.7 PUMP
T:SLIM X2 CONTROL-IQ 7.8 PUMP
T:SLIM X2 INSULIN PMP BASAL6.4
T:SLIM X2 INSULIN PUMP
T:SLIM X2/BASAL-IQ/ACC/INSTR
T:SLIM X2/CONTROL-IQ/ACC/INSTR
TANDEM MOBI AUTOSOFT 30 KIT
TANDEM MOBI AUTOSOFT XC KIT
TANDEM MOBI AUTOSOFT30 14PK23"
TANDEM MOBI AUTOSOFTXC 14PK23"
TANDEM MOBI AUTOSOFTXC 14PK5"
TANDEM MOBI SYSTEM STARTER
TANDEM MOBI TRUSTEEL SUPP KIT
TANDEM T:SLIM ASFT 30 PK10 23"
TANDEM T:SLIM ASFT 30 PK14 23"
TANDEM T:SLIM ASFT XC PK10 23"
TANDEM T:SLIM ASFT XC PK14 23"
TANDEM T:SLIM TRUSTL PK10 23"
TECHLITE PLUS PEN NEEDLES
TRUE COMFORT SAFETY PEN NEEDLE
TRUSTEEL INFUSION SET
TWIIST REFILL KIT
TWIIST REFILL KIT/INFUSION SET
TWIIST STARTER KIT
ULTIGUARD SAFEPACK NEEDLE
UNIFINE OTC PEN NEEDLES
UNIFINE PROTECT PEN NEEDLE
UNIFINE ULTRA PEN NEEDLE
VARISOFT INFUSION SET
VERIFINE INSULIN PEN NEEDLE
VERIFINE PLUS PEN NEEDLE

Drug Name
V-GO 20
V-GO 30
V-GO 40
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions
ADVAIR HFA
AIRSUPRA
albuterol sulfate hfa
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION
albuterol sulfate oral syrup 2 mg/5ml
albuterol sulfate oral tablet
aminophylline
ANORO ELLIPTA
arformoterol tartrate
ARNUITY ELLIPTA
BREO ELLIPTA
BREZTRI AEROSPHERE
budesonide inhalation
COMBIVENT RESPIMAT
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
isoproterenol hcl injection
levalbuterol hcl inhalation
montelukast sodium oral
QVAR REDIHALER
roflumilast
SEREVENT DISKUS
SPIRIVA HANDIHALER
SPIRIVA RESPIMAT
STIOLTO RESPIMAT
STRIVERDI RESPIMAT
SYMBICORT
terbutaline sulfate injection
terbutaline sulfate oral
theophylline er
theophylline oral
TRELEGY ELLIPTA
wixela inhub
zafirlukast

U.S. Preventive Services Task Force A & B Recommendation Medications and Supplements[4]

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 tab	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, drop (not toothpaste, rinses)	Prevent dental cavities if water source is deficient in fluoride.

Tobacco Cessation Medications[4]

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 inhaler
Nicotrol nasal spray

Human Immunodeficiency Virus Preventive Medications[4]

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 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 Medications[4]

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 Medications[4]

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
Vienva

Generic Balcoltra sold as:
Levonor/Ethi Estradiol
Joyeaux
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
Zovia 1/35

Generic Demulen 1/50 sold as:
Ethynodiol 1/50
Kelnor 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:
Noreth/Ethin FE
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
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
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
Noreth/Ethin 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
Pimtrea
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

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
Merzee
Nore/Eth/Fer
Taysofy

Generic Tri-Norinyl sold as:
Aranelle
Leena

Generic Triphasil sold as:
Enpresse-28
Levonest
Levonor/Ethi
Trivora-28

Generic Yasmin 28 sold as:
Drospir/Ethi
Ocella
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 IM

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.

Flu Shot and Immunizations

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.

Routine Immunizations[6]

Age restrictions or limitations may apply. Check with your network pharmacy for specific age, flu shot 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, Spikevax
Dengue Dengvaxia
Haemophilus influenzae type B (HiB) PedvaxHIB, ActHIB, Hiberix
Hepatitis A Havrix, Vaqta
Hepatitis B Engerix-B, Heplisav-B, PreHevbrio, 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, diptheria, pertussis Adacel, Boostrix
Td – Vaccine prevents tetanus and diptheria 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.

Language Assistance Services & Alternate Formats

This information is available in other formats like large print. To ask for another format, please call the telephone number listed on your health plan ID card.

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

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

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

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

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

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

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является русском (Russian). Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

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

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

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

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

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

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

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

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

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

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

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

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយភាសាខ្មែរ(Khmer)សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។
សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃ ដែលមាននៅលើអត្តសញ្ញាណប័ណ្ណរបស់អ្នក។

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

DÍÍ BAA'ÁKONÍNÍZIN: Diné (Navajo) bizaad bee yáníłti'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shǫǫdí ninaaltsoos nitł'izí bee nééhozinígíí bine'dęę' t'áá jíík'ehgo béésh bee hane'í biká'ígíí bee hodíilnih.

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

Nondiscrimination Notice and Access to Communication Services

Optum Rx and its family of affiliated Optum companies does not discriminate on the basis of race, color, national origin, age, disability, or sex in its health programs or activities.

We provide assistance free of charge to people with disabilities or whose primary language is not English. To request a document in another format such as large print or to get language assistance such as a qualified interpreter, please call the number located on the back of your prescription ID card, TTY 711. Representatives are available 24 hours a day, seven days a week.

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can send a complaint to

Optum Rx Civil Rights Coordinator
11000 Optum Circle
Eden Prairie, MN 55344
Phone: 1-800-562-6223, TTY 711

Email: Optum_Civil_Rights@Optum.com

If you need help filing a complaint, please call the number located on the back of your prescription ID card, TTY 711. Representatives are available 24 hours a day, seven days a week. You can also file a complaint directly with the U.S. Dept. of Health and Human services online, by phone, or by mail:
Online https://ocrportal.hhs.gov/ocr/portal/lobby.jsf
Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.
Phone: Toll-free 1-800-368-1019, 800-537-7697 (TDD)
Mail: U.S. Dept. of Health and Human Services. 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

Notice of Rights Under Federal Conscience and Anti-Discrimination Laws

Optum Rx and its family of affiliated Optum companies complies with applicable Federal conscience and anti-discrimination laws prohibiting exclusion, adverse treatment, coercion, or other discrimination against individuals or entities on the basis of their religious beliefs or moral convictions. You may have the right under Federal law to decline to perform, assist in the performance of, refer for, undergo, or pay for certain health care-related treatments, research, or services (such as abortion or assisted suicide, among others) that violate your conscience, religious beliefs, or moral convictions.

If you believe that Optum Rx or its family of affiliated Optum companies has failed to accommodate your conscientious, religious, or moral objection, or has discriminated against you on those grounds, you can file a conscience and religious freedom complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms and more information about Federal conscience and anti-discrimination laws are available at http://www.hhs.gov/conscience.