

2018 Generic preventive medications and your plan



Managing your health with preventive medications

Your pharmacy benefit plan includes special coverage for generic preventive medications. These drugs 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 directed by your health care provider can help you avoid serious illness and high health care costs.

Special coverage for generic preventive medications

Drugs on your plan's list of preventive medications are not subject to a deductible. You'll pay your copayment/coinsurance or nothing at all, depending on your plan. So you can save money and get the medications you need to help you live a healthier life.

Your plan only offers this special coverage for generic drugs on the preventive medication list. Preventive medications are a subset of products included within your plan's formulary, or list of prescription drugs, which tells you what medications your plan covers.

Please note that most medications on the Formulary are subject to a deductible. Generic preventive medications are an exception. To check the cost of any medication, refer to your benefit handbook or contact customer service at the toll-free member phone number on your benefit plan ID card.

Quality drives our decisions

Our committee of independent doctors and pharmacists meets regularly to review medications and consider how they should be covered by your pharmacy benefit plan. They also recommend which medications should be on your plan's list of generic preventive medications.

A list of generic preventive medications begins on the next page. Medications are listed by therapeutic category. Your specific plan may not cover all of the listed drugs. Please see your plan's formulary for coverage details. Oral and self-injectable Specialty medications are denoted by "SP" superscript and may be subject to limitations based on plan benefit design. For questions on injectable dose forms of preventive medications administered by your healthcare provider, please call the number on the back of your membership card for more information.

Generic medications by therapeutic category

ANTIPSYCHOTICS

aripiprazole
chlorpromazine
clozapine
fluphenazine
haloperidol
loxapine
molindone
olanzapine
olanzapine / fluoxetine
paliperidone ER
perphenazine
prochlorperazine
quetiapine
risperidone
thioridazine
thiothixene
trifluoperazine
ziprasidone

ASTHMA AND COPD

albuterol neb / syp / tab
albuterol ER
budesonide suspension
cromolyn nebulizer solution
ipratropium inhalation solution
ipratropium / albuterol
isoproterenol
levalbuterol neb
metaproterenol
montelukast
terbutaline
theochron CR
theophylline
theophylline CR / ER
zafirlukast

CANCER

anastrozole
exemestane ^{SP}
letrozole ^{SP}
raloxifene
tamoxifen

CARDIOVASCULAR/ HEART DISEASE

Anti-Anginal Agents

isosorb dinitrate
isosorbide dinitrate ER
isosorbide mononitrate
isosorbide mononitrate ER
minitran
nitroglycerin
nitro-time
petn

Anticoagulants

ASA/dipyrida
cilostazol
clopidogrel
dipyridamole
enoxaparin ^{SP}
fondaparinux ^{SP}
heparin
jantoven
prasugrel
ticlopidine
warfarin

Cardiac Glycosides

digitek
digox
digoxin

High blood pressure

acebutolol
afeditab CR
amiloride
amiloride / hctz
amlodipine
amlodipine / atorvastatin
amlodipine / benazepril
amlodipine / olmesartan
amlodipine / valsartan
atenol / chlorthalidone
atenolol
benazepril
benazepril / hctz
betaxolol
bisoprolol
bisoprolol / hctz
bumetanide
candesartan
candesartan / hctz
captopril
captopril / hctz
cartia xt
carvedilol
chlorothiazide
chlorthalidone
clonidine
dilt-XR
diltiazem
diltiazem CD
diltiazem ER
doxazosin
enalapril
enalapril / hctz
eprenone
eprosartan
ethacrynic acid
ezide

^{SP} Oral and self-injectable Specialty medications may be subject to limitations based on plan benefit design

* Where differences are noted between this Formulary and your benefit plan documents, the benefit plan documents will rule.

felodipine ER
 fosinopril
 fosinopril / hctz
 furosemide
 guanfacine
 hydralazine
 hydrochlorothiazide
 indapamide
 irbesartan
 irbesartan / hctz
 isradipine
 labetalol
 lisinopril
 lisinopril / hctz
 losartan
 losartan / hctz
 matzim LA
 methyclothiazide
 methyldopa
 methyldopa / hctz
 metolazone
 metoprolol
 metoprolol ER
 metoprolol / hctz
 minoxidil
 moexipril
 moexipril / hctz
 nadolol
 nadolol / bendroflumethiazide
 nicardipine
 nifediac CC
 nifedical XL
 nifedipine
 nifedipine ER
 nimodipine
 nisoldipine
 nisoldipine ER
 olmesartan
 olmesartan / aml / hctz
 olmesartan / hctz
 perindopril
 phenoxybenzamine
 pindolol
 prazosin hcl
 propranolol

propranolol ER
 propranolol / hctz
 quinapril
 quinapril / hctz
 ramipril
 reserpine
 sotalol
 sotalol AF
 spironolactone
 spironolactone / hctz
 taztia XT
 telmisartan
 telmisartan / amlodipine
 telmisartan / hctz
 terazosin
 timolol (tablet)
 torsemide
 trandolapril
 trandolapril / verapamil
 triamterene / hctz
 valsartan
 valsartan / hctz
 verapamil
 verapamil ER / SR

High cholesterol

atorvastatin
 cholestyramine
 cholestyramine lite
 colestipol
 ezetimibe
 ezetim/simva
 fenofibrate
 fenofibric
 fenofibric DR
 fluvastatin
 gemfibrozil
 lovastatin
 niacin ER (Rx)
 niacor
 omega-3-acid (Rx)
 pravastatin
 prevalite
 rosuvastatin
 simvastatin

CONTRACEPTIVES †

generic contraceptive patch
 generic emergency
 contraceptives
 generic injectable contraceptive
 generic oral contraceptives

DIABETES

Non-insulin

acarbose
 chlorpropamide
 glimepiride
 glipizide / metformin
 glipizide
 glipizide ER / XL
 glyburide
 glyburide / metformin
 glyburide micronized
 metformin
 metformin ER
 miglitol
 nateglinide
 pioglitazone
 pioglitazone / glimepiride
 pioglitazone / metformin
 repaglinide
 tolazamide
 tolbutamide

ESTROGENS

amabelz
 covaryx
 covaryx HS
 eemt
 eemt HS
 est estrogen mtest
 est estrogen mtest HS
 estra/noreth
 estrad val
 estradiol
 estrog/mtest
 estropipate
 fyavolv

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jevantique
jinteli
lopreeza
mimvey
mimvey lo
noreth/ethin

GASTROINTESTINAL-ULCER DRUGS †

cimetidine
esomeprazole
famotidine
lanso/amox/clarith
lansoprazole
misoprostol
nizatidine
omeppi
omepra/bicar
omeprazole
pantoprazole
ranitidine
sucralfate

HIV/AIDS

abacavir ^{SP}

abaca / lamivu ^{SP}
abacavir / lamivudine /
 zidovudine ^{SP}
didanosine ^{SP}
lamivudine ^{SP}
lamivudine / zidovudine ^{SP}
lopin / riton sol ^{SP}
nevirapine ^{SP}
nevirapine ER ^{SP}
stavudine ^{SP}
zidovudine ^{SP}

OSTEOPOROSIS

alendronate
calcitonin spray
etidronate
ibandronate
raloxifene
risedronate

SMOKING DETERRENTS †

buproban
bupropion
nicotine gum
nicotine lozenge
nicotine patch

TRANSPLANT

azathioprine
cyclosporine ^{SP}
cyclosporine modified ^{SP}
engraf ^{SP}
mycophenolate ^{SP}
mycophenolic DR ^{SP}
sirolimus ^{SP}
tacrolimus cap ^{SP}

VITAMINS & HEMATINICS

Pediatric vitamins with fluoride

Generic Products

Prenatal multivitamins with iron and folic acid

Generic Products

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This list is intended as a reference and may not be all-inclusive.
Brand or generic availability may not be current due to changes in the market.



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Preventive Standard Generics



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OptumRx 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:

OptumRx Civil Rights Coordinator
11000 Optum Circle
Eden Prairie, MN 55344

Phone: **1-800-562-6223**, TTY **711**
Fax: 855-351-5495
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

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.



Multi-language interpreter services

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

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

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

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

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

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

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 معترف العضوية.

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

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

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

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

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

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

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

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

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, आपको भाषा सहायता सेवाएं, निःशुल्क 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: បើសិនអ្នកនិយាយ**កម្ពុជា(Khmer)**សូមទាក់ទងយោងទៅលើលេខទូរស័ព្ទ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលើលេខទូរស័ព្ទដែលមាននៅលើអត្តសញ្ញាណប័ណ្ណរបស់អ្នក។

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 yániit'i'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shòqodí ninaaltsos nit'i'izí bee nééhozinígíí bine'déé' t'áá jíík'ehgo béésh bee hane'í biká'ígíí bee hodílnih.

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.