

2026 Preventive Medication list for consumer-driven health plans (CDH)

This is a list of **Preventive Medications** that may be covered under your plan. If your plan covers these Preventive Medications, your insurance benefit is applied before you meet your deductible.

This list has most of the medications in each therapeutic class. Some of them may not be covered by your plan. To find out if a drug is covered or if utilization management programs, such as prior authorization and/or step therapy (referred to as First Start in New Jersey) programs apply, please check your health plan's member website or call the toll-free phone number on your member ID card. This may not be a full list. Brand and generic drugs may not always be available due to market changes.

CDH preventive drug lists may also be used with non-CDH plans

Effective January 1, 2026

Therapeutic Drug Classes
Breast Cancer Prevention
Anastrozole
Arimidex
Aromasin
Exemestane
Fareston
Femara
Letrozole
Soltamox
Tamoxifen
Toremifene

Therapeutic Drug Classes
Cardiovascular/Heart Disease: Blood Clot/Platelet Therapy
Arixtra
Aspirin-Dipyridamole
Brilinta
Cilostazol
Clopidogrel
Coumadin
Dabigatran
Dipyridamole
Effient

Bold type = Brand-name drug

[Plain type = Generic drug]

¹Coverage is provided for oral formulations.

²SSRIs are included only for employer groups who have specifically requested coverage.

Therapeutic Drug Classes	
Eliquis	
Enoxaparin	
Fondaparinux	
Fragmin	
Heparin	
Jantoven	
Lovenox	
Plavix	
Pradaxa	
Pradaxa Pak	
Prasugrel	
Rivaroxaban	
Savaysa	
Ticagrelor	
Ticlopidine	
Warfarin	
Xarelto	
Zontivity	
Cardiovascular/Heart Disease: High Blood Pressure	
Accupril	
Accuretic	
Acebutolol	
Aldactazide	
Aldactone	
Aliskiren	
Altace	
Amiloride	
Amiloride-Hydrochlorothiazide	
Amlodipine	
Amlodipine-Benazepril	
Amlodipine-Olmesartan	
Amlodipine-Olmesartan-Hydrochlorothiazide	
Amlodipine-Valsartan	

Therapeutic Drug Classes	
Amlodipine-Valsartan-Hydrochlorothiazide	
Arbli	
Atacand	
Atacand HCT	
Atenolol	
Atenolol-Chlorthalidone	
Avalide	
Avapro	
Azor	
Benazepril	
Benazepril-Hydrochlorothiazide	
Benicar	
Benicar HCT	
Betaxolol ¹	
Bidil	
Bisoprolol	
Bisoprolol-Hydrochlorothiazide	
Bumetanide	
Bystolic	
Candesartan	
Candesartan-Hydrochlorothiazide	
Captopril	
Captopril-Hydrochlorothiazide	
Cardizem	
Cardizem CD	
Cardizem LA	
Cardura	
Carospir	
Cartia XT	
Carvedilol	
Carvedilol ER	
Catapres TTS	
Chlorothiazide	

Bold type = Brand-name drug
[Plain type = Generic drug]

¹Coverage is provided for oral formulations

²SSRIs are included only for employer groups who have specifically requested coverage.



Therapeutic Drug Classes
Clonidine
Clonidine ER
Clonidine Patch
Conjupri
Coreg
Coreg CR
Cozaar
Dilt XR
Diltiazem
Diltiazem ER
Diovan
Diovan HCT
Diuril
Doxazosin
Dyrenium
Edarbi
Edarbyclor
Edecrin
Enalapril
Enalapril-Hydrochlorothiazide
Epaned
Eplerenone
Eprosartan
Ethacrynic Acid
Exforge
Exforge HCT
Felodipine ER
Fosinopril
Fosinopril-Hydrochlorothiazide
Furosemide
Guanfacine
Hemiclor
Hydralazine

Therapeutic Drug Classes
Hydrochlorothiazide
Hyzaar
Indapamide
Inderal LA
Inderal XL
Innopran XL
Inspira
Inzirqo
Irbesartan
Irbesartan - Hydrochlorothiazide
Isradipine
Kaspargo
Katerzia
Labetalol
Lasix
Levamlodipine
Lisinopril
Lisinopril-Hydrochlorothiazide
Lopressor
Losartan
Losartan-Hydrochlorothiazide
Lotensin
Lotensin HCT
Lotrel
Matzim LA
Methyldopa
Methyldopa-Hydrochlorothiazide
Metolazone
Metoprolol 375, 75 mg
Metoprolol Succinate
Metoprolol Tartrate
Metoprolol-Hydrochlorothiazide
Micardis

Bold type = Brand-name drug
[Plain type = Generic drug]

¹Coverage is provided for oral formulations

²SSRIs are included only for employer groups who have specifically requested coverage.



Therapeutic Drug Classes	
Micardis HCT	
	Minoxidil
	Moexipril
	Moexipril-Hydrochlorothiazide
	Nadolol
	Nadolol-Bendroflumethazide
	Nebivolol
Nexiclon XR	
	Nicardipine
	Nifedipine
	Nifedipine ER
	Nimodipine
	Nisoldipine
Norliqva	
Norvasc	
	Olmesartan
	Olmesartan-Hydrochlorothiazide
	Perindopril
	Pindolol
	Prazosin
Prestalia	
Procardia XL	
	Propranolol
	Propranolol-Hydrochlorothiazide
Qbrelis	
	Quinapril
	Quinapril-Hydrochlorothiazide
	Ramipril
	Reserpine
Soaanz	
	Spironolactone
	Spironolactone Suspension
	Spironolactone-Hydrochlorothiazide

Therapeutic Drug Classes	
Sular	
	Taztia XT
Tekturna	
	Telmisartan
	Telmisartan-Amlodipine
	Telmisartan-Hydrochlorothiazide
Tenoretic	
Tenormin	
	Terazosin
Tezruly	
Thalitone	
Tiazac	
	Timolol ¹
Toprol XL	
	Torsemide
	Trandolapril
	Trandolapril-Verapamil
	Triamterene
	Triamterene-Hydrochlorothiazide
Tribenzor	
Tryvio	
	Valsartan
	Valsartan-Hydrochlorothiazide
Valsartan Solution	
Vaseretic	
Vasotec	
	Verapamil
	Verapamil ER
	Verelan
Verelan PM	
Zestoretic	
Zestril	

Bold type = Brand-name drug
[Plain type = Generic drug]

¹Coverage is provided for oral formulations

²SSRIs are included only for employer groups who have specifically requested coverage.



Therapeutic Drug Classes
Cardiovascular/Heart Disease: High Cholesterol
Altoprev
Atorvaliq Suspension
Atorvastatin
Cholestyramine
Cholestyramine Light
Choline Fenofibrate
Colesevelam Tablets, Powder for Suspension
Colestid
Colestipol
Crestor
Ezallor Sprinkle
Ezetimibe
Ezetimibe/Rosuvastatin
Fenofibrate Capsule
Fenofibrate Tablet
Fenofibric Acid
Fenoglide
Fibricor
Flolipid
Fluvastatin
Fluvastatin ER
Gemfibrozil
Icosapent
Lescol XL
Lipitor
Lipofen
Livalo
Lopid
Lovastatin
Lovaza
Nexletol
Nexlizet

Therapeutic Drug Classes
Niacin Extended-Release
Niacor
Omega-3 Acid Ethyl Esters
Pitavastatin
Pravastatin
Prevalite
Questran
Questran Light
Rosuvastatin
Simvastatin
Simvastatin/Ezetimibe
Tricor
Trilipix
Vascepa
Vytorin
Welchol
Zetia
Zocor
Zypitamag
Central Nervous System: Mental Health
Abilify
Abilify Mycite
Aripiprazole
Asenapine
Caplyta
Chlorpromazine
Clozapine
Clozaril
Cobenfy
Fanapt
Fluphenazine
Geodon
Haloperidol

Bold type = Brand-name drug
[Plain type = Generic drug]

¹Coverage is provided for oral formulations

²SSRIs are included only for employer groups who have specifically requested coverage.



Therapeutic Drug Classes	
Invega	
Latuda	
Loxapine	
Lurasidone	
Lybalvi	
Molindone	
Olanzapine	
Opipza	
Paliperidone ER	
Perphenazine	
Quetiapine	
Quetiapine ER	
Rexulti	
Risperdal	
Risperidone	
Saphris	
Secuado	
Seroquel	
Seroquel XR	
Thioridazine	
Thiothixene	
Trifluoperazine	
Vraylar	
Versacloz	
Ziprasidone	
Zyprexa	
Central Nervous System: Multiple Sclerosis	
Aubagio	
Avonex	
Bafiertam	
Betaseron	
Copaxone	
Dimethyl Fumarate	

Therapeutic Drug Classes	
Extavia	
Fingolimod	
Gilenya	
Glatiramer Acetate	
Glatopa	
Kesimpta	
Mavenclad	
Mayzent	
Plegridy	
Ponvory	
Rebif	
Tascenso ODT	
Tecfidera	
Teriflunomide	
Vumerity	
Zeposia	
Depression: Selective Serotonin Reuptake Inhibitors (SSRIs)²	
Celexa	
Citalopram Capsules	
Citalopram Tablets	
Escitalopram	
Fluoxetine	
Fluvoxamine	
Fluvoxamine Extended-Release	
Lexapro	
Paroxetine	
Paroxetine Extended-Release	
Paxil	
Paxil CR	
Prozac	
Sertraline Capsules	
Sertraline Tablets	
Zoloft	

Bold type = Brand-name drug
[Plain type = Generic drug]

¹Coverage is provided for oral formulations

²SSRIs are included only for employer groups who have specifically requested coverage.



Therapeutic Drug Classes
Diabetes: Diabetic Supplies
Accu-Chek Guide Me Meters
Accu-Chek Guide Meters
Accu-Chek Guide Test Strips
Continuous Glucose Monitors
Contour Next EZ Meters
Contour Next Gen Meters
Contour Next Meters
Contour Next One Meters
Contour Next Test Strips
Contour Plus Blue Meters
Contour Plus Blue Test Strips
Diabetic Testing - Lancets
Insulin Needles/Syringes
Omnipod 5 (Gen 5), Kits & Pods
Diabetes: Insulin
Admelog, Admelog SoloStar
Afrezza
Apidra, Apidra SoloStar
Basaglar
Basaglar Tempo
Fiasp, Fiasp FlexTouch
Fiasp Pumpcart
Humalog
Humalog Junior
Humalog Mix 50/50
Humalog Mix 75/25
Humalog Tempo
Humulin 50/50
Humulin 70/30
Humulin N
Humulin R
Insulin Aspart

Therapeutic Drug Classes
Insulin Aspart Protamine/Insulin Aspart
Insulin Degludec, Insulin Degludec FlexTouch
Insulin Glargine
Insulin Lispro
Insulin Lispro Jr.
Insulin Lispro Protamine/Insulin Lispro 75/25
Lantus
Levemir
Lyumjev
Lyumjev Tempo
Merilog
Novolin 70/30
Novolin N
Novolin R
Novolog
Novolog Mix 70/30
Rezvoglar
Semglee
Soliqua
Toujeo
Tresiba
Diabetes: Non-Insulin
Acarbose
ACTOplus Met
Actos
Alogliptin
Alogliptin-Metformin
Alogliptin-Pioglitazone
Amaryl
Bexagliflozin
Brenzavvy
Bydureon BCise
Byetta

Bold type = Brand-name drug
[Plain type = Generic drug]

¹Coverage is provided for oral formulations

²SSRIs are included only for employer groups who have specifically requested coverage.



Therapeutic Drug Classes
Cycloset
Dapagliflozin
Dapagliflozin/Metformin
Duetact
Farxiga
Glimepiride
Glipizide
Glipizide ER
Glipizide-Metformin
Glucophage XR
Glucotrol XL
Glumetza
Glyburide
Glyburide Micronized
Glyburide-Metformin
Glyxambi
Invokamet
Invokamet XR
Invokana
Janumet
Janumet XR
Januvia
Jardiance
Jentadueto
Jentadueto XR
Kombiglyze XR
Liraglutide
Metformin
Metformin ER
Metformin Solution
Miglitol
Mounjaro
Nateglinide

Therapeutic Drug Classes
Onglyza
Ozempic
Pioglitazone
Pioglitazone-Glimepiride
Pioglitazone-Metformin
Qtern
Repaglinide
Repaglinide-Metformin
Riomet
Rybelsus
Saxagliptin
Saxagliptin-Metformin
Segluromet
Sitagliptin/Metformin
Steglatro
Steglujan
SymlinPen
Synjardy
Synjardy XR
Tolbutamide
Tradjenta
Trijardy XR
Trulicity
Victoza
Xigduo XR
Xultophy
Zituvio
Zituvimet
Zituvimet XR
HIV
Abacavir
Abacavir-Lamivudine
Abacavir-Lamivudine-Zidovudine

Bold type = Brand-name drug
[Plain type = Generic drug]

¹Coverage is provided for oral formulations

²SSRIs are included only for employer groups who have specifically requested coverage.



Therapeutic Drug Classes
Aptivus
Atazanavir
Atripla
Biktarvy
Cimduo
Complera
Darunavir
Delstrigo
Descovy
Didanosine
Dovato
Edurant
Efavirenz
Efavirenz-Emtricitabine-Tenofovir Disoproxil Fumarate
Efavirenz-Lamivudine
Emtricitabine
Emtricitabine/Rilpivirine/Tenofovir
Emtricitabine-Tenofovir Disoproxil Fumarate
Emtriva
Epivir
Etravirine
Evotaz
Fosamprenavir
Fuzeon
Genvoya
Intelence
Isentress
Isentress HD
Juluca
Kaletra
Lamivudine
Lamivudine-Zidovudine
Lexiva

Therapeutic Drug Classes
Lopinavir-Ritonavir
Maraviroc
Nevirapine
Nevirapine Extended-Release
Norvir Tablet
Odefsey
Pifeltro
Prezcobix
Prezista
Retrovir
Reyataz
Ritonavir
Rukobia
Selzentry
Stavudine
Stribild
Sunlenca
Sustiva
Symfi
Symfi Lo
Symtuza
Tenofovir
Tivicay
Tivicay PD
Triumeq
Triumeq PD
Truvada
Viracept
Viread
Vocabria
Yeztugo
Ziagen
Zidovudine

Bold type = Brand-name drug
[Plain type = Generic drug]

¹Coverage is provided for oral formulations

²SSRIs are included only for employer groups who have specifically requested coverage.



Therapeutic Drug Classes
Immunosuppressant: Organ Rejection
Astagraf XL
Azasan
Azathioprine
Cellcept
Cyclosporine
Envarsus XR
Everolimus
Gengraf
Imuran
Mycophenolate
Mycophenolic Acid
Myfortic
Myhibbin
Neoral
Prograf
Rapamune
Sandimmune
Sirolimus
Tacrolimus
Zortress
Musculoskeletal: Osteoporosis
Actonel
Alendronate
Atelvia
Binosto
Calcitonin (salmon)
Etidronate
Evista
Forteo
Fosamax
Fosamax Plus D
Ibandronate

Therapeutic Drug Classes
Miacalcin
Raloxifene
Risedronate
Teriparatide
Teriparatide
Tymlos
Respiratory: Asthma/COPD
Accolate
Advair Diskus
Advair HFA
AirDuo RespiClick
Airsupra
Albuterol HFA
Albuterol Nebulized Solution
Albuterol Oral Tablet
Alvesco
Aminophylline
Anoro Ellipta
Arformoterol Nebulized Solution
Arnuity Ellipta
Asmanex HFA
Asmanex Twisthaler
Atrovent HFA
Bevespi Aerosphere
Bonsity
Breo Ellipta
Breztri Aerosphere
Brovana
Budesonide/Formoterol
Budesonide Nebulized Solution
Combivent Respimat
Cromolyn
Daliresp

Bold type = Brand-name drug
[Plain type = Generic drug]

¹Coverage is provided for oral formulations

²SSRIs are included only for employer groups who have specifically requested coverage.



Therapeutic Drug Classes	
Duaklir Pressair	
Dulera	
Elixophyllin	
Fluticasone Diskus	
Fluticasone HFA	
Fluticasone/Salmeterol Diskus	
Fluticasone/Salmeterol HFA	
Fluticasone/Salmeterol RespiClick	
Fluticasone/Vilanterol Ellipta	
Formoterol Nebulized Solution	
Gastrocrom	
Incruse Ellipta	
Ipratropium	
Ipratropium/Albuterol	
Levalbuterol HFA	
Levalbuterol Nebulized Solution	
Metaproterenol	
Montelukast	
Ohtuvayre	
Perforomist	
Proair RespiClick	
Pulmicort Flexhaler	
Pulmicort Nebulized Solution	
QVAR Redihaler	
Roflumilast	
Serevent Diskus	
Singulair	
Spiriva HandiHaler	
Spiriva Respimat	
Stiolto Respimat	
Striverdi Respimat	
Symbicort	
Terbutaline	

Therapeutic Drug Classes	
Theo-24	
Theophylline	
Theophylline/Guaifenesin	
Tiotropium Handihaler	
Trelegy Ellipta	
Tudorza Pressair	
Umeclidinium/Vilanterol	
Ventolin HFA	
Yupelri	
Xopenex HFA	
Xopenex Nebulized Solution	
Zafirlukast	
Zyflo	
Vitamins	
Pediatric Fluoride Preparations (for example: Florvite, Poly-Vi-Flor, Tri-Vi-Flor) - Brand Name and Generic Products	
Prenatal Vitamins (for example: Citranatal Assure, Prenate DHA, Stuartnatal) - Brand Name and Generic Products	

Bold type = Brand-name drug
[Plain type = Generic drug]

¹Coverage is provided for oral formulations

²SSRIs are included only for employer groups who have specifically requested coverage.



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).

ማሳሰቢያ፡- አማርኛ (Amharic) የሚናገሩ ከሆነ፣ ነፃ የቋንቋ እገዛ አገልግሎቶች እና ነፃ ተግባሮች እንደ ትልቅ እትም ባሉ ሌሎች ቅርፀቶች ለእርስዎ ይገኛሉ። በአባልነት መታወቂያ ካርድዎ ላይ ያለውን ነፃ የስልክ ቁጥር ይደውሉ።

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.

দেখুন: আপনি যদি বাংলায় (Bengali-Bangala) কথা বলেন, তাহলে বিনামূল্যে ভাষা সহায়তা পরিষেবা এবং বড় মুদ্রণের মতো অন্যান্য ফরম্যাটে যোগাযোগগুলি আপনার জন্য বিনামূল্যে উপলব্ধ। আপনার সদস্যের পরিচয়পত্রের কার্ডের টোল-ফ্রি নম্বরে কল করুন

ចំណាំ: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ (Cambodian-Mon-Khmer) សេវាជំនួយភាសាគតិកត្តា និងការទំនាក់ទំនងគតិកត្តាផ្គត់ផ្គង់សម្រាប់អ្នកដទៃ។ ដូចជាពុម្ពអក្សរធំ មានសម្រាប់អ្នក។ ចូរសម្របសម្រួលលេខគតិកត្តាដែលបណ្តាញសម្គាល់សមាជិករបស់អ្នក។

請注意： 如果您說中文 (Chinese - Traditional)，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.

ΠΡΟΣΟΧΗ: Εάν μιλάτε ελληνικά (Greek), υπάρχουν διαθέσιμες δωρεάν υπηρεσίες γλωσσικής βοήθειας και δωρεάν επικοινωνία σε άλλες μορφοποιήσεις, όπως μεγάλα γράμματα. Καλέστε τον αριθμό χωρίς χρέωση στην κάρτα μέλους σας.

ધ્યાન આપો: જો તમે ગુજરાતી (Gujarati) બોલતા હો તો વિના મૂલ્યે ભાષાકીય મદદરૂપ સેવાઓ અને અન્ય ફોર્મેટમાં વિના મૂલ્યે સંચાર, જેમ કે મોટી પ્રિન્ટ, તમારા માટે ઉપલબ્ધ છે. તમારા સભ્ય ઓળખ કાર્ડ પરના ટોલ-ફ્રી નંબર પર કોલ કરો.

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.

ໝາຍເຫດ: ຖ້າຫາກທ່ານເວົ້າພາສາລາວ (Lao), ທ່ານສາມາດໃຊ້ບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາພາສາລາວ ແລະ ການສື່ສານໃນຮູບແບບອື່ນໆພາສາລາວ, ເຊັ່ນ: ການພິມຕົວອັກສອນຂະໜາດໃຫຍ່. ໂທຫາເບີໂທພາສາລາວທີ່ບັດປະຈຳຕົວສະມາຊິກຂອງທ່ານ.

ध्यान दिनुहोस्: यदि तपाईंले नेपाली (Nepali) बोल्नुहुन्छ भने, निःशुल्क भाषा सहायता सेवाहरू र अन्य ढाँचाहरूमा निःशुल्क संचारहरू, जस्तै ठूलो छाप, तपाईंका लागि उपलब्ध छन्। आफ्नो सदस्य पहिचान कार्डमा रहेको टोल फ्री नम्बरमा कल गर्नुहोस्।

توجه: اگر به زبان فارسی (Persian-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 عضویتان 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.

ਧਿਆਨ ਦਿਓ ਜੇ ਤੁਸੀਂ **ਪੰਜਾਬੀ (Punjabi)** ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਅਤੇ ਹੋਰ ਫਾਰਮੈਟਾਂ, ਜਿਵੇਂ ਕਿ ਵੱਡੇ ਪ੍ਰਿੰਟ, ਵਿੱਚ ਮੁਫਤ ਸੰਚਾਰ ਉਪਲਬਧ ਹਨ। ਆਪਣੇ ਮੈਂਬਰ ਪਛਾਣ ਕਾਰਡ 'ਤੇ ਟੋਲ-ਫ੍ਰੀ ਨੰਬਰ 'ਤੇ ਕਾਲ ਕਰੋ।

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.

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).

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.

โปรดทราบ หากคุณพูดภาษาไทย (Thai) ได้
คุณสามารถใช้บริการช่วยเหลือด้านภาษาฟรีและการสื่อสารในรูปแบบอื่น ๆ ฟรี เช่น
การพิมพ์ด้วยตัวอักษรขนาดใหญ่ โทรไปยังหมายเลขโทรศัพท์สำหรับสมาชิกตามบัตรประจำตัวของคุณ

ЗВЕРНІТЬ УВАГУ! Якщо ви розмовляєте **українською (Ukrainian)**, ви можете безоплатно користуватися послугами мовної підтримки, а також безоплатно отримувати інформаційні матеріали в інших форматах, як от набрані великим шрифтом. Телефонуйте на безкоштовний номер телефону, зазначений на вашій ідентифікаційній картці учасника.

توجہ دیں: اگر آپ اردو (Urdu) زبان بولتے ہیں تو زبان کی معاون خدمات اور دیگر فارمیٹس میں مواصلات، جیسے بڑے پرنٹ، آپ کے لیے مفت دستیاب ہیں۔ اپنے ممبر شناختی کارڈ پر دیئے گئے ٹول فری نمبر پر کال کریں۔

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.

Learn more



Call the toll-free phone number on your member ID card to speak with customer service.



Visit the member website listed on your member ID card to look up the price of drugs covered by your plan, find lower-cost options and more.

**United
Healthcare**

Medications are categorized by common therapeutic conditions in this reference guide for ease of reference only. These categories do not determine coverage for the medication for your condition. Exclusions and utilization management programs, such as Prior Authorization - Notification, Prior Authorization - Medical Necessity and/or Step Therapy (referred to as First Start in New Jersey) programs may apply. Please refer to plan benefit documents. Review your benefit plan documents to see what medications are covered under your plan. Where differences are noted between this list and your benefit plan documents, the benefit plan documents will govern. Please refer to myuhc.com for information on specific drugs included in these programs or call the member phone number listed on your health plan ID card.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Health Plan coverage provided by or through a UnitedHealthcare company. Administrative services provided by United HealthCare Services, Inc. or its affiliates.