

ACUTE CRITICAL DRUG AFFORDABILITY LIST

Your pharmacy benefit plan includes special coverage for Acute Critical medications. This is only applicable if obtained through pharmacy benefit. To check the cost of any medication, call the number on your member ID card, visit your plan's website on your member ID card, or log on to the Optum Rx app. 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.

For questions on injectable preventive medications administered by your doctor or healthcare provider, please call the number on your ID card. This list should be used as a reference and may not include all medications. 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.

ANTIDIABETIC AGENTS

ADMELOG
 ADMELOG SOLOSTAR
 APIDRA
 APIDRA SOLOSTAR
 BASAGLAR KWIKPEN
 FIASP
 FIASP FLEXTOUCH
 FIASP PENFILL
 FIASP PUMPCART
 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 (CONCENTRATED)
 HUMULIN R U-500 KWIKPEN
 INSULIN LISPRO
 INSULIN LISPRO JUNIOR KWIKPEN
 INSULIN LISPRO KWIKPEN
 INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN
 LANTUS
 LANTUS SOLOSTAR
 LYUMJEV
 LYUMJEV KWIKPEN
 NOVOLIN 70/30
 NOVOLIN 70/30 FLEXPEN
 NOVOLIN N
 NOVOLIN N FLEXPEN
 NOVOLIN R
 NOVOLIN R FLEXPEN
 NOVOLOG
 NOVOLOG FLEXPEN
 NOVOLOG MIX 70/30
 NOVOLOG MIX 70/30 PREFILLED FLEXPEN
 NOVOLOG PENFILL

REZVOGLAR KWIKPEN
 SOLIQUA 100/33
 TOUJEO MAX SOLOSTAR
 TOUJEO SOLOSTAR

ANTIHYPOGLYCEMIC AGENTS

BAQSIMI ONE PACK
 BAQSIMI TWO PACK
 GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR
 ZEGALOGUE

OPIATE ANTAGONISTS

KLOXXADO
 naloxone hcl
 naloxone hydrochloride
 NARCAN
 REXTOVY
 REVIVE

SYMPATHOMIMETIC (ADRENERGIC) AGENTS

albuterol sulfate
 albuterol sulfate hfa
 epinephrine

Brand-name medications are shown in UPPERCASE (for example, CELEXA) and generic medications in lowercase (for example, citalopram). Refer to benefit plan documents and/or formulary to make sure listed medication is included in your benefit. Where differences are noted between this formulary and your benefit plan documents, the benefit plan documents will rule.