

# 2026 Vital Medication Program

This is a list of medications in the **Vital Medication Program**. If your plan elects to take part in this program, these medications will be available to you at a \$0 cost-share without having to meet your deductible. Please note, this list may not be all-inclusive, it is subject to change throughout the year. Some of the medications may have quantity limits and other clinical requirements. Visit the website listed on your plan's member ID card for the most up-to-date coverage.

| Therapeutic Drug Classes   | Requirements & Limits | Therapeutic Drug Classes | Requirements & Limits |
|--|-----------------------|--------------------------|-----------------------|
| <b>Asthma</b>  |                       |                          |                       |
| albuterol HFA (generic ProAir HFA, generic Proventil HFA, Ventolin HFA)                                | QL                    |                          |                       |
| albuterol nebulized solution (generic Proventil)   | QL                    |                          |                       |
| <b>Diabetes - Insulin<sup>1</sup></b>  |                       |                          |                       |
| <b>Humalog cartridge, KwikPen</b>  | QL                    |                          |                       |
| <b>Humalog Junior KwikPen</b>  | QL                    |                          |                       |
| <b>Humalog mix 50/50 KwikPen, vials</b>  | QL                    |                          |                       |
| <b>Humalog mix 75/25 KwikPen, vials</b>  | QL                    |                          |                       |
| <b>Humulin 70/30 KwikPen, vials</b>  | QL                    |                          |                       |
| <b>Humulin N KwikPen, vials</b>  | QL                    |                          |                       |
| <b>Humulin R KwikPen, vials</b>  | QL                    |                          |                       |
| <b>Insulin Lispro Junior KwikPen (unbranded Humalog Junior KwikPen)</b>                                | QL                    |                          |                       |
| <b>Insulin Lispro KwikPen, vials (unbranded Humalog)</b>   | QL                    |                          |                       |
| <b>Insulin Lispro Protamine/Insulin Lispro KwikPen Mix 75/25 (unbranded Humalog Mix 75/25 KwikPen)</b> | QL                    |                          |                       |
| <b>Lantus SoloStar, vials</b>  | QL                    |                          |                       |
| <b>Lyumjev KwikPen, vials</b>  | QL                    |                          |                       |
| <b>Toujeo Max SoloStar</b>   | QL                    |                          |                       |
| <b>Toujeo SoloStar</b>   | QL                    |                          |                       |
| <b>Hypoglycemia</b>  |                       |                          |                       |
| <b>Baqsimi</b>   | QL                    |                          |                       |
| glucagon (generic Glucagon Kit)  | QL                    |                          |                       |
| <b>Gvoke</b>   | QL                    |                          |                       |
| <b>Zeg掬ogue</b>  | QL                    |                          |                       |
| <b>Opioid overuse</b>  |                       |                          |                       |
| <b>Kloxxado nasal spray</b>  | QL                    |                          |                       |
| naloxone nasal spray (generic Narcan) <sup>2</sup>   | QL                    |                          |                       |
| naloxone injection (generic Narcan) <sup>1</sup>   | QL                    |                          |                       |
| <b>Narcan nasal spray<sup>2</sup></b>  | QL                    |                          |                       |
| <b>Opree</b>   | QL                    |                          |                       |
| <b>Rextovy</b>   | QL                    |                          |                       |
| <b>RiVive<sup>2</sup></b>  |                       |                          |                       |
| <b>Zimhi</b>   | QL                    |                          |                       |
| <b>Allergic reactions</b>  |                       |                          |                       |
| <b>Auvi-Q</b>  | QL                    |                          |                       |
| epinephrine (generic Adrenaclick, generic EpiPen)  | QL                    |                          |                       |
| epinephrine (generic EpiPen Jr)  | QL                    |                          |                       |

<sup>1</sup>Syringes and needles used for the administration of these Vital Medications may also be covered at \$0.

<sup>2</sup>Includes over-the-counter when processed through the pharmacy benefit at a participating pharmacy.

**Bold type = Brand-name drug**

[Plain type = Generic drug]

**QL = Quantity Limits**—Specifies the largest quantity of medication covered per copayment or in a defined period of time.



**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).

**ማስታወሻ:- አማርኛ (Amharic)** የሚኖገው ካሱ፣ እና የቁንቃ አገዛ አገልግሎቶች እና እና ተግባራዎች እና ተፈጻሚ ትልቅ አጥቃም በለ-ለለዎች ቅርወቶች ለእርስዎ ይገኘለ:: በአባልነት መታወቂያ ካርድዎች ላይ የለዎን እና የሰልክ ቅጽር 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:** ប្រសិនបើខ្មែរកិច្ចការយោងក្នុងខ្លួន (Cambodian-Mon-Khmer)  
សេវាជំនួយភាសាកិច្ចការខ្លួន និងការទំនាក់ទំនងភាសាកិច្ចការខ្លួនប្រជាប្រឈមទៅក្នុងប្រជាពល្យមក្សាត់ ហានសប្តាបន្ទាត់  
ទូរសព្ទបញ្ជាផលខ្លួនក្នុងការប្រើប្រាស់បណ្តុះបណ្តាល់សមាជិករបស់អ្នក។

**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 komunikasyon nan lòt fòma 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 Sprachassistenzdienste 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-ફી નંબર પર કોલ કરો.

**ધ્યાન દેં:** યदિ આપ હિંદી (Hindi) બોલતે હોએ, તો આપકે લિએ મુફ્ત ભાષા સહાયતા સેવાએ ઔર અન્ય પ્રારૂપો મેં મુફ્ત સંચાર, જૈસે કે બડે પ્રિન્ટ, ઉપલબ્ધ હોએ. અપને સદસ્ય પહોંચ પત્ર પર દિએ ગાએ ટોલ-ફી નંબર પર કોલ કરોએ.

**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.

**ATENSIÓN:** 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:** ລາວ ແລ້ວ ພາສາລາວ (Lao), ທ່ານສາມາດໃຊ້ບຳລິການຊ່ວຍເຫຼືອດ້ານພາສາພົກ ແລະ ການສື່ສານໃນຮູບແບບອື່ນໆພົກ, ເຊັ່ນ: ການຜົມຕົວທັງກອອນຂະໜາດໃຫຍ່. ໂທທາເບີໂທພົກຢູ່ທີ່ບັດປະຈຳຕົວສະມາຊຸກຂອງທ່ານ.

**ধ্যান দিনুহোস্:** যদি তপাঈ়লে নেপালী (Nepali) বোলনুহুন্ছ মনে, নিঃশুল্ক ভাষা সহায়তা সেવাহৰু র অন্য ঢাঁচাহৰুমা নিঃশুল্ক সংচারহৰু, জস্তৈ ঠুলো ছাপ, তপাঈ়কা লাগি উপলব্ধ ছন্ন। আপনো সদস্য পহিচান কার্ডমা রহেকো টোল ফী নম্বৰমা কল গৰ্নুহোস্ব।

**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 عضویتتان 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.

**ਪਿਆਨ ਦਿਓ** ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ (Punjabi) ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫ਼ਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਅਤੇ ਹੋਰ ਫਾਰਮੈਟਾਂ, ਜਿਵੇਂ ਕਿ ਵੱਡੇ ਪਿੰਟ, ਵਿੱਚ ਮੁਫ਼ਤ 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 безплатно користуватися послугами мовою підтримки, а також безплатно 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 فارمیس 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. Your benefit plan determines how these medications may be covered for you.

Where differences are noted between this reference guide and your benefit plan documents, the benefit plan documents will govern.

This document applies to commercial group members of UnitedHealthcare plans.

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