

2024 Preventive Drug List for Consumer Driven Health Plans Core List

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 of drugs includes majority of the medications within the covered therapeutic class. Some of these medications might be excluded from benefit coverage. To find out if a drug is covered or if 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 apply, please check your plan benefits on the health plan's member website or call the toll-free phone number on your member ID card. This list may not be all-inclusive. Brand and generic drugs may not always be available due to market changes.

This list applies to UnitedHealthcare and Oxford medical plans. It is correct as of January 1, 2024 and is subject to change after this date. The next anticipated update will occur with the next PDL cycle.

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

Effective January 1, 2024

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

Eliquis

Bold type = Brand-name drug

[Plain type = Generic drug]

¹Coverage is provided for oral formulations

Therapeutic Drug Classes
Enoxaparin
Fragmin
Fondaparinux
Heparin
Jantoven
Lovenox
Plavix
Pradaxa
Pradaxa Pak
Prasugrel
Savaysa
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
Amlodipine-Valsartan-Hydrochlorothiazide
Atacand
Atacand HCT
Atenolol

Therapeutic Drug Classes
Atenolol-Chlorthalidone
Avalide
Avapro
Azor
Benazepril
Benazepril-Hydrochlorothiazide
Benicar
Benicar HCT
Betaxolol ¹
Bidil
Bisoprolol
Bisoprolol-Hydrochlorothiazide
Bumetanide
Bystolic
Calan SR
Candesartan
Candesartan-Hydrochlorothiazide
Captopril
Captopril-Hydrochlorothiazide
Cardizem
Cardizem CD
Cardizem LA
Cardura
Carospir
Cartia XT
Carvedilol
Carvedilol ER
Catapres TTS
Chlorothiazide
Clonidine
Clonidine ER
Clonidine Patch
Conjupri
Coreg

Bold type = Brand-name drug

[Plain type = Generic drug]

¹Coverage is provided for oral formulations



Therapeutic Drug Classes
Coreg CR
Corgard
Cozaar
Demadex
Dilt XR
Diltia XT
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
Hydralazine
Hydrochlorothiazide
Hyzaar
Indapamide

Therapeutic Drug Classes
Inderal
Inderal LA
Inderal XL
Innopran XL
Inspira
Irbesartan
Irbesartan-Hydrochlorothiazide
Isradipine
Kaspargo
Katerzia
Labetalol
Lasix
Levamlodipine
Lisinopril
Lisinopril-Hydrochlorothiazide
Lopressor
Lopressor HCT
Losartan
Losartan-Hydrochlorothiazide
Lotensin
Lotensin HCT
Lotrel
Matzim LA
Maxzide
Methyldopa
Methyldopa-Hydrochlorothiazide
Metolazone
Metoprolol 37.5, 75 mg
Metoprolol-Hydrochlorothiazide
Metoprolol Succinate
Metoprolol Tartrate
Micardis
Micardis HCT

Bold type = Brand-name drug

[Plain type = Generic drug]

¹Coverage is provided for oral formulations



Therapeutic Drug Classes
Minipress
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
Prinivil
Procardia XL
Propranolol
Propranolol-Hydrochlorothiazide
Qbrelis
Quinapril
Quinapril-Hydrochlorothiazide
Ramipril
Reserpine
Soanz
Spironolactone
Spironolactone-Hydrochlorothiazide

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

Bold type = Brand-name drug

[Plain type = Generic drug]

¹Coverage is provided for oral formulations



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

Therapeutic Drug Classes
Nexlizet
Niacin Extended-Release
Niacor
Omega-3 Acid Ethyl Esters
Pravastatin
Prevalite
Questran
Questran Light
Rosuvastatin
Roszet
Simvastatin
Simvastatin/Ezetimibe
Tricor
Trilipix
Vascepa
Vytorin
Welchol
Zetia
Zocor
Zypitamag
Immunosuppressant: Organ Rejection
Astagraf XL
Azasan
Azathioprine
Cellcept
Cyclosporine
Envarsus XR
Everolimus
Gengraf
Imuran
Mycophenolate
Mycophenolic Acid
Myfortic

Bold type = Brand-name drug

[Plain type = Generic drug]

¹Coverage is provided for oral formulations



Therapeutic Drug Classes

Neoral

Prograf

Rapamune

Sandimmune

Sirolimus

Tacrolimus

Zortress

Musculoskeletal: Osteoporosis

Actonel

Alendronate

Atelvia

Binosto

Calcitonin (Salmon)

Etidronate

Evista

Forteo

Fosamax

Fosamax Plus D

Ibandronate

Miacalcin

Raloxifene

Risedronate

Teriparatide

Tymlos

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



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Online: UHC_Civil_Rights@uhc.com

Mail: Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UT 84130

You must send the complaint within 60 days of your experience. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again. If you need help with your complaint, please call the toll-free phone number listed on your member ID card, TTY **711**, Monday through Friday, 8 a.m. to 8 p.m., or at the times listed in your health plan documents.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

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**, **1-800-537-7697** (TDD)

Mail: U.S. Dept. of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, D.C. 20201

We provide free services to help you communicate with us, including letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the toll-free phone number listed on your member ID card, TTY **711**, Monday through Friday, 8 a.m. to 8 p.m., or at the times listed in your health plan documents.



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 معرف 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. لطفاً 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, 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 xovtooj hu deb dawb uas teev muaj nyob rau ntawm koj daim yuaj cim qhia tus kheej.

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ**ភាសាខ្មែរ(Khmer)**សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃដែលមាននៅលើអត្តសញ្ញាណប័ណ្ណរបស់អ្នក។

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 yánit'i'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shqódí ninaaltsoos nit'izí bee nééhozinígíí bine'déé' t'áá jíík'ehgo béésh bee hane'í bik'á'ígíí bee hodíílnih.

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.

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**

This plan includes plan participants for a self-funded plan administered by Oxford.

If you are not currently enrolled with UnitedHealthcare or Oxford for pharmacy benefit coverage, you may access your health plan's member website for additional information during your open enrollment period or you may contact your employer or health plan for additional information.

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.

This document applies to commercial group members of UnitedHealthcare and Oxford New York plans.

Insurance coverage provided by or through UnitedHealthcare Insurance Company of New York or Oxford Health Insurance, Inc. Administrative services provided by UnitedHealthcare Service LLC, Oxford Health Plans LLC, or their affiliates.