

# 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 is the majority of medications within a 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 March 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 September 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]

<sup>1</sup>Coverage 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<sup>1</sup>**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]

<sup>1</sup>Coverage 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 Suspension

**Therapeutic Drug Classes**

Spironolactone-Hydrochlorothiazide

**Sular**

Taztia XT

**Tekturna****Tekturna HCT**

Telmisartan

Telmisartan-Amlodipine

Telmisartan-Hydrochlorothiazide

**Tenoretic****Tenormin**

Terazosin

**Thalitone****Tiazac**Timolol<sup>1</sup>**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]

<sup>1</sup>Coverage is provided for oral formulations

**Therapeutic Drug Classes****Cardiovascular/Heart Disease: High Cholesterol****Altprev****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****Nexletol****Therapeutic Drug Classes****Nexlizet**

Niacin Extended-Release

**Niacor**

Omega-3 Acid Ethyl Esters

Pitavastatin

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

**Bold type = Brand-name drug**

[Plain type = Generic drug]

¹Coverage is provided for oral formulations



## Therapeutic Drug Classes

### **Myfortic**

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**

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

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**Bold type = Brand-name drug**

[Plain type = Generic drug]

<sup>1</sup>Coverage is provided for oral formulations



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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.

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**Online:** <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>  
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**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.

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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.

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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.

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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 kenyan. 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'izíí 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](http://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.

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