

2025 Preventive Medication List for Consumer Driven Health Plans Core Plus 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 August 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, 2025

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

Therapeutic Drug Classes**Eliquis**

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**Therapeutic Drug Classes****Atacand HCT**

Atenolol

Atenolol-Chlorthalidone

Avalide**Avapro****Azor**

Benazepril

Benazepril-Hydrochlorothiazide

Benicar**Benicar HCT**Betaxolol¹**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 Patch

Bold type = Brand-name drug

[Plain type = Generic drug]

¹Coverage is provided for oral formulations

Therapeutic Drug Classes**Conjupri****Coreg****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

Therapeutic Drug Classes**Hyzaar**

Indapamide

Inderal**Inderal LA****Inderal XL****Innopran XL****Inspira**

Irbesartan

Irbesartan-Hydrochlorothiazide

Isradipine

Kapspargo**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

Bold type = Brand-name drug

[Plain type = Generic drug]

¹Coverage is provided for oral formulations

Therapeutic Drug Classes**Micardis****Micardis HCT****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**Therapeutic Drug Classes**

Spironolactone

Spironolactone Suspension

Spironolactone-Hydrochlorothiazide

Sular

Taztia XT

Tekturna**Tekturna HCT**

Telmisartan

Telmisartan-Amlodipine

Telmisartan-Hydrochlorothiazide

Tenoretic**Tenormin**

Terazosin

Thalitone**Tiazac**Timolol¹**Toprol XL**

Torsemide

Trandolapril

Trandolapril-Verapamil

Triamterene

Triamterene-Hydrochlorothiazide

Tribenzor

Valsartan

Valsartan-Hydrochlorothiazide

Valsartan Solution**Vaseretic****Vasotec**

Verapamil

Verapamil ER

Verelan**Verelan PM****Zestoretic****Bold type = Brand-name drug**

[Plain type = Generic drug]

¹Coverage is provided for oral formulations

Therapeutic Drug Classes**Zestril****Ziac****Cardiovascular/Heart Disease: High Cholesterol****Altoprev****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

Therapeutic Drug Classes**Lovaza****Nexletol****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****Depression: Selective Serotonin Reuptake Inhibitors (SSRIs)¹****Celexa**

Citalopram Tablets

Citalopram Capsules

Escitalopram

Fluoxetine

Fluoxetine Capsules

Fluvoxamine

Fluvoxamine Extended-Release

Bold type = Brand-name drug

[Plain type = Generic drug]

¹Coverage is provided for oral formulations

Therapeutic Drug Classes**Lexapro**

Paroxetine

Paroxetine Extended-Release

Paxil**Paxil CR****Pexeva****Prozac****Sertraline Capsules**

Sertraline Tablets

Zoloft**Diabetes: Diabetic Supplies****Accu-Chek Guide Meters****Accu-Chek Guide Test Strips**

Continuous Glucose Monitors

Contour Next EZ Meters**Contour Next Meters****Contour Next One Meters****Contour Next Test Strips**

Diabetic Testing - Lancets

Insulin Needles/Syringes

Omnipod 5 (Gen 5), Kits & Pods**OneTouch Ultra Test Strips****OneTouch Verio Meter****OneTouch Verio Test Strips****Diabetes: Insulin****Admelog, Admelog SoloStar****Afrezza****Apidra, Apidra SoloStar****Basaglar****Basaglar Tempo****Degludec FlexTouch****Fiasp, Fiasp FlexTouch****Therapeutic Drug Classes****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****Insulin Aspart Protamine/Insulin Aspart****Insulin Degludec****Insulin Glargine****Insulin Lispro****Insulin Lispro Jr.****Insulin Lispro Protamine/Insulin Lispro 75/25****Lantus****Levemir****Lyumjev****Lyumjev Tempo****Novolin 70/30****Novolin N****Novolin R****Novolog, Novolog FlexPen****Novolog Mix 70/30****Rezvoglar****Semglee****Soliqua****Toujeo****Tresiba****Bold type = Brand-name drug**

[Plain type = Generic drug]

¹Coverage is provided for oral formulations

Therapeutic Drug Classes**Diabetes: Non-Insulin**

Acarbose

ACTOplus Met**Actos****Alogliptin****Alogliptin-Metformin****Alogliptin-Pioglitazone****Amaryl****Bexagliflozin****Brenzavvy****Bydureon BCise****Byetta****Cycloset****Dapagliflozin****Dapagliflozin/Metformin****Duetact****Farxiga**

Glimepiride

Glipizide

Glipizide ER

Glipizide-Metformin

Glucophage XR**Glucotrol XL****Glumetza**

Glyburide

Glyburide Micronized

Glyburide-Metformin

Glynase**Glyxambi****Invokamet****Invokamet XR****Invokana****Janumet****Janumet XR****Therapeutic Drug Classes****Januvia****Jardiance****Jentaduetto****Jentaduetto XR****Kazano****Kombiglyze XR****Liraglutide**

Metformin

Metformin ER

Metformin Solution

Miglitol

Mounjaro

Nateglinide

Nesina**Onglyza****Oseni****Ozempic**

Pioglitazone

Pioglitazone-Glimepiride

Pioglitazone-Metformin

Qtern

Repaglinide

Repaglinide-Metformin

Riomet**Rybelsus**

Saxagliptin

Saxagliptin-Metformin

Segluromet**Sitagliptin/Metformin****Steglatro****Steglujan****SymlinPen****Synjardy****Synjardy XR****Bold type = Brand-name drug**

[Plain type = Generic drug]

¹Coverage is provided for oral formulations

Therapeutic Drug Classes

Tolbutamide

Tradjenta**Trijardy XR****Trulicity****Victoza****Xigduo XR****Xultophy****Zituvio****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****Therapeutic Drug Classes**

Calcitonin (Salmon)

Etidronate

Evista**Forteo**

Ibandronate

Miacalcin

Raloxifene

Risedronate

Teriparatide

Teriparatide

Tymlos**Respiratory: Asthma/COPD****Accolate****Advair Diskus****Advair HFA****Airsupra**Albuterol HFA (generic **ProAir HFA, Proventil HFA**)**Albuterol HFA (Ventolin HFA authorized generic)****AirDuo Digihaler****AirDuo RespiClick**

Albuterol Nebulized Solution

Albuterol Oral Tablet

Alvesco

Aminophylline

Anoro Ellipta

Arformoterol Nebulized Solution

ArmonAir Digihaler**Arnuity Ellipta****Asmanex HFA****Asmanex Twisthaler****Atrovent HFA****Bevespi Aerosphere****Breo Ellipta****Bold type = Brand-name drug**

[Plain type = Generic drug]

¹Coverage is provided for oral formulations

Therapeutic Drug Classes
Breztri Aerosphere
Brovana
Budesonide/Formoterol
Budesonide Nebulized Solution
Combivent Respimat
Cromolyn
Daliresp
Duaklir Pressair
Dulera
Elixophyllin
Flovent Diskus
Flovent HFA
Fluticasone Diskus
Fluticasone HFA
Fluticasone/Salmeterol Diskus
Fluticasone/Salmeterol RespiClick
Fluticasone/Vilanterol Ellipta
Formoterol Nebulized Solution
Gastrocrom
Incruse Ellipta
Ipratropium
Ipratropium/Albuterol
Levalbuterol HFA
Levalbuterol Nebulized Solution
Lonhala Magnair
Metaproterenol
Montelukast
Ohtuvayre
Perforomist
ProAir Digihaler
Proair HFA
Proair RespiClick
Proventil HFA

Therapeutic Drug Classes
Pulmicort Flexhaler
Pulmicort Nebulized Solution
QVAR Redihaler
Roflumilast
Serevent Diskus
Singulair
Spiriva HandiHaler
Spiriva Respimat
Stiolto Respimat
Striverdi Respimat
Symbicort
Terbutaline
Theo-24
Theophylline
Theophylline/Guaifenesin
Tiotropium Handihaler
Trelegy Ellipta
Tudorza Pressair
Ventolin HFA
Xopenex HFA
Xopenex Nebulized Solution
Yupelri
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



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Nondiscrimination notice and access to communication services

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If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator.

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 <https://www.hhs.gov/ocr/complaints/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 shqoqdí ninaaltsoos nit'i'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.

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