2023 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.

Some medications may have other requirements or limits depending on your benefit plan and are noted below. To find out if a drug is covered, 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, 2022 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, 2023

Therapeutic Drug Classes	Requirements & Limits
Breast Cancer Prevention	
Anastrozole	
Arimidex	E
Aromasin	E
Exemestane	
Fareston	E
Femara	E
Letrozole	
Soltamox	E
Tamoxifen	
Toremifene	

Therapeutic Drug Classes	Requirements & Limits
Cardiovascular/Heart Disease: Blood Clot/Platelet Therapy	
Aggrenox	
Arixtra	E
Aspirin-Dipyridamole	
Bevyxxa	
Brilinta	
Cilostazol	
Clopidogrel	
Coumadin	
Dipyridamole	
Effient	E
Eliquis	

Bold type = Brand-name drug
[Plain type = Generic drug]
E = May be excluded from coverage or subject to prior authorization (sometimes referred to as precertification)
[1]Coverage is provided for oral formulations

United Healthcare

Therapeutic Drug Classes	Requirements & Limits
Enoxaparin	
Fragmin	
Fondaparinux	
Heparin	
Jantoven	
Lovenox	E
Persantine	
Plavix	E
Pletal	
Pradaxa	
Prasugrel	
Savaysa	
Ticlopidine	
Warfarin	
Xarelto	
Zontivity	
Cardiovascular/Heart Disease: High Blood Pressure	
Accupril	E
Accuretic	
Acebutolol	
Aceon	
Adalat CC	
Afeditab	
Aldactazide	
Aldactone	E
Aliskiren	
Altace	E
Amiloride	
Amiloride-Hydrochlorothiazide	
Amlodipine	
Amlodipine-Benazepril	
Amlodipine-Olmesartan	E
Amlodipine-Olmesartan-Hydrochlorothiazide	E

Therapeutic Drug Classes	Requirements & Limits
Amlodipine-Valsartan	
Amlodipine-Valsartan-Hydrochlorothiazide	E
Amturnide	E
Atacand	E
Atacand HCT	E
Atenolol	
Atenolol-Chlorthalidone	
Avalide	E
Avapro	E
Azor	E
Benazepril	
Benazepril-Hydrochlorothiazide	
Benicar	E
Benicar HCT	E
Betaxolol[1]	
Bidil	
Bisoprolol	
Bisoprolol-Hydrochlorothiazide	
Bumetanide	
Bystolic	E
Byvalson	
Calan	
Calan SR	
Candesartan	
Candesartan-Hydrochlorothiazide	
Captopril	
Captopril-Hydrochlorothiazide	
Cardene SR	
Cardizem	E
Cardizem CD	E
Cardizem LA	E
Cardura	
Carospir	
Cartia XT	

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Therapeutic Drug Classes	Requirements & Limits
Carvedilol	
Carvedilol ER	E
Catapres	
Catapres TTS	E
Chlorothiazide	
Clonidine	
Clonidine Patch	
Clorpress	
Conjupri	E
Coreg	E
Coreg CR	E
Corgard	
Corzide	
Covera HS	
Cozaar	E
Demadex	
Dilacor XR	
Dilt CD	
Dilt XR	
Diltia XT	
Diltiazem	
Diltiazem ER	
Diltzac ER	
Diovan	E
Diovan HCT	E
Diuril	
Doxazosin	
Dutoprol	E
Dyazide	
Dynacirc CR	
Dyrenium	E
Edarbi	
Edarbyclor	
Edecrin	E

Therapeutic Drug Classes	Requirements & Limits
Enalapril	
Enalapril-Hydrochlorothiazide	
Epaned	
Eplerenone	
Eprosartan	
Ethacrynic Acid	
Exforge	E
Exforge HCT	E
Felodipine ER	
Fosinopril	
Fosinopril-Hydrochlorothiazide	
Furosemide	
Guanfacine	
Hydralazine	
Hydrochlorothiazide	
Hyzaar	E
Indapamide	
Inderal	
Inderal LA	E
Inderal XL	E
Innopran XL	E
Inspra	E
Irbesartan	
Irbesartan-Hydrochlorothiazide	
Isoptin SR	
Isradipine	
Kapspargo	
Katerzia	
Labetalol	
Lasix	
Levamlodipine (Conjupri authorized generic**)**	E
Levatol	
Lisinopril	

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Therapeutic Drug Classes	Requirements & Limits
Lisinopril-Hydrochlorothiazide	
Lopressor	
Lopressor HCT	
Losartan	
Losartan-Hydrochlorothiazide	
Lotensin	
Lotensin HCT	
Lotrel	E
Matzim LA	
Mavik	
Maxzide	
Methyclothiazide	
Methyldopa	
Methyldopa-Hydrochlorothiazide	
Metolazone	
Metoprolol 37.5, 75 mg	E
Metoprolol-Hydrochlorothiazide	
Metoprolol Succinate	
Metoprolol Tartrate	
Micardis	E
Micardis HCT	E
Microzide	
Midamor	
Minipress	
Minoxidil	
Moexipril	
Moexipril-Hydrochlorothiazide	
Nadolol	
Nadolol-Bendroflumethazide	
Nebivolol	E
Nexiclon XR	E
Nicardipine	
Nifedipine	
Nifedipine ER	

Therapeutic Drug Classes	Requirements & Limits
Nimodipine	
Nisoldipine	
Norliqva	E
Norvasc	E
Olmesartan	
Olmesartan-Hydrochlorothiazide	
Perindopril	
Pindolol	
Prazosin	
Prestalia	E
Prinivil	
Procardia	
Procardia XL	E
Propranolol	
Propranolol-Hydrochlorothiazide	
Qbrelis	
Quinapril	
Quinapril-Hydrochlorothiazide	
Ramipril	
Reserpine	
Sectral	
Soaanz	E
Spironolactone	
Spironolactone-Hydrochlorothiazide	
Sular	
Tarka	E
Taztia XT	
Tekturna	
Tekturna HCT	
Telmisartan	
Telmisartan-Amlodipine	E
Telmisartan-Hydrochlorothiazide	
Tenex	
Tenoretic	E

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Therapeutic Drug Classes	Requirements & Limits
Tenormin	E
Terazosin	
Teveten	
Teveten HCT	
Thalitone 15 mg	E
Thalitone 25 mg	
Tiazac	
Timolol[1]	
Toprol XL	E
Torsemide	
Trandate	
Trandolapril	
Trandolapril-Verapamil	
Triamterene	
Triamterene-Hydrochlorothiazide	
Tribenzor	E
Twynsta	E
Uniretic	
Univasc	
Valsartan	
Valsartan-Hydrochlorothiazide	
Valsartan Solution	E
Vaseretic	E
Vasotec	E
Verapamil	
Verapamil ER	
Verelan	
Verelan PM	
Zaroxolyn	
Zebeta	
Zestoretic	E
Zestril	E
Ziac	

Therapeutic Drug Classes	Requirements & Limits
Cardiovascular/Heart Disease: High Cholesterol	
Altoprev	E
Antara	E
Atorvastatin	
Cholestyramine	
Cholestyramine Light	
Choline Fenofibrate	E
Colesevelam Tablets, Powder for Suspension	
Colestid	
Colestipol	
Crestor	E
Ezallor Sprinkle	
Ezetimibe	
Ezetimibe/Rosuvastain	E
Fenofibrate 30, 43, 50, 67, 75, 90, 130, 134, 150, 200 mg Capsule	E
Fenofibrate 40, 48, 120 mg Tablet	E
Fenofibrate 54, 145, 160 mg Tablet	
Fenofibric Acid	E
Fenoglide	E
Fibricor	E
Flolipid	
Fluvastatin	
Fluvastatin ER	
Gemfibrozil	
Icosapent	E
Lescol	
Lescol XL	E
Lipitor	E
Lipofen	E
Livalo	E
Lofibra	E
Lopid	

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Therapeutic Drug Classes	Requirements & Limits
Lovastatin	
Lovaza	E
Mevacor	
Nexletol	
Nexlizet	
Niacin Extended-Release	
Niacor	E
Niaspan	E
Omega-3 Acid Ethyl Esters	
Pravachol	E
Pravastatin	
Prevalite	
Questran	
Questran Light	
Rosuvastatin	
Roszet	E
Simvastatin	
Simvastatin-Ezetimibe	
Tricor	E
Triglide	E
Trilipix	E
Vascepa	E
Vytorin	E
Welchol	E
Zetia	E
Zocor	E
Zypitamag	E
Depression: Selective Serotonin Reuptake Inhibitors (SSRIs)[1]	
Celexa	E
Citalopram Tablets	
Citalopram Capsules	E
Escitalopram	
Fluoxetine Capsules	

Therapeutic Drug Classes	Requirements & Limits
Fluoxetine 10 mg, 20 mg Tablets	
Fluoxetine 60 mg Tablets	E
Fluvoxamine	
Fluvoxamine Extended-Release	
Lexapro	E
Paroxetine	
Paroxetine Extended-Release	
Paxil	E
Paxil CR	E
Pexeva	E
Prozac	E
Sertraline Capsules 150 mg, 200 mg	E
Sertraline Tablets	
Zoloft	E
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	
OneTouch Diabetic Meters	
OneTouch Diabetic Test Strips	
Diabetes: Insulin	
Admelog, Admelog SoloStar	E
Afrezza	E
Apidra, Apidra SoloStar	E
Basaglar	E
Fiasp, Fiasp FlexTouch	E
Humalog	
Humalog Junior	

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Therapeutic Drug Classes	Requirements & Limits
Humalog Mix 50/50	
Humalog Mix 75/25	
Humulin 50/50	
Humulin 70/30	
Humulin N	
Humulin R	
Insulin Aspart	E
Insulin Aspart Protamine/Insulin Aspart	E
Insulin Glargine	E
Insulin Lispro	E
Insulin Lispro Jr.	E
Insulin Lispro Protamine/Insulin Lispro 75/25	E
Lantus	
Levemir	E
Lyumjev	
Novolin 70/30	E
Novolin N	E
Novolin R	E
Novolog, Novolog FlexPen	E
Novolog Mix 70/30	E
Semglee	E
Soliqua	
Toujeo	
Tresiba	E
Diabetes: Non-Insulin	
Acarbose	
ACTOplus Met	
ACTOplus Met XR	
Actos	E
Adlyxin	
Alogliptin	E
Alogliptin-Metformin	E
Alogliptin-Pioglitazone	E

Therapeutic Drug Classes	Requirements & Limits
Amaryl	E
Avandia	
Bydureon	
Bydureon BCise	
Byetta	
Cycloset	
Diabeta	
Duetact	
Farxiga	E
Fortamet	E
Glimepiride	
Glipizide	
Glipizide ER	
Glipizide-Metformin	
Glucophage	
Glucophage XR	
Glucotrol	
Glucotrol XL	
Glucovance	
Glumetza	E
Glyburide	
Glyburide Micronized	
Glyburide-Metformin	
Glynase	
Glyset	
Glyxambi	
Invokamet	E
Invokamet XR	E
Invokana	E
Janumet	E
Janumet XR	E
Januvia	E
Jardiance	
Jentadueto	

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Therapeutic Drug Classes	Requirements & Limits
Jentadueto XR	
Kazano	
Kombiglyze XR	
Metformin	
Metformin 625 mg	E
Metformin ER (generic **Fortamet**)	E
Metformin ER (generic **Glucophage XR**)	
Metformin ER (generic **Glumetza**)	E
Metformin Solution (generic **Riomet**)	
Miglitol	
Mounjaro	
Nateglinide	
Nesina	
Onglyza	
Oseni	
Ozempic	
Pioglitazone	
Pioglitazone-Glimepiride	
Pioglitazone-Metformin	
PrandiMet	
Prandin	
Precose	
Qtern	E
Repaglinide	
Repaglinide-Metformin	
Riomet	E
Riomet ER	
Rybelsus	
Segluromet	E
Starlix	
Steglatro	E
Steglujan	E
SymlinPen	
Synjardy	

Therapeutic Drug Classes	Requirements & Limits
Synjardy XR	
Tolbutamide	
Tradjenta	
Trijardy XR	
Trulicity	
Victoza	
Xigduo XR	E
Xultophy	E
Immunosuppressant: Organ Rejection	
Astagraf XL	E
Azasan	
Azathioprine	
Cellcept	E
Cyclosporine	
Envarsus XR	E
Everolimus	
Gengraf	
Imuran	E
Mycophenolate	
Mycophenolic Acid	
Myfortic	E
Neoral	E
Prograf	
Rapamune	E
Sandimmune	E
Sirolimus	
Tacrolimus	
Zortress	E
Musculoskeletal: Osteoporosis	
Actonel	E
Alendronate	
Atelvia	E
Binosto	E
Boniva	E

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Therapeutic Drug Classes	Requirements & Limits
Calcitonin (Salmon)	
Didronel	
Etidronate	
Evista	E
Forteo	E
Fortical	
Ibandronate	
Miacalcin	
Raloxifene	
Risedronate	
Teriparatide	
Tymlos	
Respiratory: Asthma/COPD	
Accolate	
Accuneb	
Advair Diskus	
Advair HFA	
Albuterol HFA (generic **ProAir HFA, Proventil HFA**)	
Albuterol HFA (Ventolin HFA authorized generic**)**	E
AirDuo Digihaler	E
AirDuo RespiClick	E
Albuterol Nebulized Solution	
Albuterol Oral Tablet	
Alvesco	E
Aminophylline	
Anoro Ellipta	
Arformoterol Nebulized Solution	
ArmonAir Digihaler	E
ArmonAir RespiClick	E
Arnuity Ellipta	
Asmanex HFA	E
Asmanex Twisthaler	E
Atrovent HFA	

Therapeutic Drug Classes	Requirements & Limits
Bevespi Aerosphere	
Breo Ellipta	
Breztri Aerosphere	
Brovana	
Budesonide/Formoterol (Symbicort authorized generic**)**	E
Budesonide Nebulized Solution	
Combivent Respimat	
Cromolyn	
Daliresp	
Duaklir Pressair	E
Dulera	E
Duoneb	
Elixophyllin	
Flovent Diskus	
Flovent HFA	
Fluticasone (Flovent HFA authorized generic**)**	E
Fluticasone/Salmeterol Diskus	E
Fluticasone/Salmeterol RespiClick	
Fluticasone/Vilanterol (Breo Ellipta authorized generic**)**	E
Foradil	
Formoterol Nebulized Solution	
Gastrocrom	E
Incruse Ellipta	E
Ipratropium	
Ipratropium/Albuterol	
Levalbuterol HFA	
Levalbuterol Nebulized Solution	
Lonhala Magnair	E
Lufyllin	
Metaproterenol	
Montelukast	
Perforomist	

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Therapeutic Drug Classes	Requirements & Limits
ProAir Digihaler	E
Proair HFA	E
Proair RespiClick	E
Proventil HFA	E
Pulmicort Flexhaler	
Pulmicort Nebulized Solution	E
QVAR Redihaler	E
Serevent Diskus	
Singulair	E
Spiriva HandiHaler	
Spiriva Respimat	
Stiolto Respimat	
Striverdi Respimat	
Symbicort	
Terbutaline	
Theo-24	
Theophylline	
Theophylline/Guaifenesin	
Trelegy Ellipta	
Tudorza Pressair	E
Ventolin HFA	E
VoSpire ER	
Xopenex HFA	
Xopenex Nebulized Solution	E
Yupelri	
Zafirlukast	
Zyflo	
Zyflo CR	
Vitamins	
Pediatric Flouride 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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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

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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。

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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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ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते है, आपको भाषा सहायता सेबाएं, 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 xov tooj hu deb dawb uas teev muaj nyob rau ntawm koj daim yuaj cim qhia tus kheej.

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ**ភាសាខ្មែរ(Khmer)**សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃ ដែលមាននៅលើអត្តសញ្ញាណប័ណ្ណរបស់អ្នក។

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 yáníłti'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shǫǫdí ninaaltsoos nitł'izí bee nééhozinígíí bine'dęę' t'áá jíík'ehgo béésh bee hane'í biká'ígíí bee hodíilnih.

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. 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 and Oxford New Jersey plans.

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