

2025 Preventive Medication list for consumer-driven health plans (CDH)

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 has most of the medications in each therapeutic class. Some of them may not be covered by your plan. To find out if a drug is covered or if utilization management programs, such as prior authorization and/or step therapy (referred to as First Start in New Jersey) programs apply, please check your health plan's member website or call the toll-free phone number on your member ID card. This may not be a full list. Brand and generic drugs may not always be available due to market changes.

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

Effective September 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
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

Therapeutic Drug Classes
Atenolol
Atenolol-Chlorthalidone
Avalide
Avapro
Azor
Benazepril
Benazepril-Hydrochlorothiazide
Benicar
Benicar HCT
Betaxolol ¹
Bidil
Bisoprolol
Bisoprolol-Hydrochlorothiazide
Bumetanide
Bystolic
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

Bold type = Brand-name drug

[Plain type = Generic drug]

¹Coverage is provided for oral formulations



Therapeutic Drug Classes
Coreg
Coreg CR
Cozaar
Dilt XR
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
Inderal LA
Inderal XL

Therapeutic Drug Classes
Innopran XL
Inspra
Irbesartan
Irbesartan-Hydrochlorothiazide
Isradipine
Kapspargo
Katerzia
Labetalol
Lasix
Levamlodipine
Lisinopril
Lisinopril-Hydrochlorothiazide
Lopressor
Losartan
Losartan-Hydrochlorothiazide
Lotensin
Lotensin HCT
Lotrel
Matzim LA
Methyldopa
Methyldopa-Hydrochlorothiazide
Metolazone
Metoprolol 37.5, 75 mg
Metoprolol-Hydrochlorothiazide
Metoprolol Succinate
Metoprolol Tartrate
Micardis
Micardis HCT
Minoxidil
Moexipril
Moexipril-Hydrochlorothiazide
Nadolol
Nadolol-Bendroflumethazide

Bold type = Brand-name drug

[Plain type = Generic drug]

¹Coverage is provided for oral formulations



Therapeutic Drug Classes
Nebivolol
Nexiclon XR
Nicardipine
Nifedipine
Nifedipine ER
Nimodipine
Nisoldipine
Norliqva
Norvasc
Olmesartan
Olmesartan-Hydrochlorothiazide
Perindopril
Pindolol
Prazosin
Prestalia
Procardia XL
Propranolol
Propranolol-Hydrochlorothiazide
Qbrelis
Quinapril
Quinapril-Hydrochlorothiazide
Ramipril
Reserpine
Soanz
Spironolactone
Spironolactone Suspension
Spironolactone-Hydrochlorothiazide
Sular
Taztia XT
Tekturna
Telmisartan
Telmisartan-Amlodipine
Telmisartan-Hydrochlorothiazide

Therapeutic Drug Classes
Tenoretic
Tenormin
Terazosin
Thalitone
Tiazac
Timolol ¹
Toprol XL
Torsemide
Trandolapril
Trandolapril-Verapamil
Triamterene
Triamterene-Hydrochlorothiazide
Tribenzor
Tryvio
Valsartan
Valsartan-Hydrochlorothiazide
Valsartan Solution
Vaseretic
Vasotec
Verapamil
Verapamil ER
Verelan
Verelan PM
Zestoretic
Zestril
Cardiovascular/Heart Disease: High Cholesterol
Altoprev
Atorvaliq Suspension
Atorvastatin
Cholestyramine
Cholestyramine Light
Choline Fenofibrate
Colesevelam Tablets, Powder for Suspension

Bold type = Brand-name drug

[Plain type = Generic drug]

¹Coverage is provided for oral formulations



Therapeutic Drug Classes
Colestid
Colestipol
Crestor
Ezallor Sprinkle
Ezetimibe
Ezetimibe/Rosuvastatin
Fenofibrate Capsule
Fenofibrate Tablet
Fenofibric Acid
Fenoglide
Fibricor
Flolipid
Fluvastatin
Fluvastatin ER
Gemfibrozil
Icosapent
Lescol XL
Lipitor
Lipofen
Livalo
Lopid
Lovastatin
Lovaza
Nexletol
Nexlizet
Niacin Extended-Release
Niacor
Omega-3 Acid Ethyl Esters
Pitavastatin
Pravastatin
Prevalite
Questran
Questran Light

Therapeutic Drug Classes
Rosuvastatin
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
Myhibbin
Neoral
Prograf
Rapamune
Sandimmune
Sirolimus
Tacrolimus
Zortress

Bold type = Brand-name drug

[Plain type = Generic drug]

¹Coverage is provided for oral formulations



Therapeutic Drug Classes

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

Bold type = Brand-name drug

[Plain type = Generic drug]

¹Coverage is provided for oral formulations



Notice of Availability of Language Assistance Services and Alternate Formats

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

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

ملاحظة: إذا كنت تتحدث **اللغة العربية (Arabic)**، ستوفر لك خدمات المساعدة اللغوية المجانية والمراسلات

المجانية بتنسيقات أخرى، مثل الطباعة بأحرف كبيرة. اتصل بالرقم المجاني المدون على بطاقة تعريف العضو خاصتك.

ចំណាំ: ប្រសិនបើអ្នកនិយាយ**ភាសាខ្មែរ (Khmer)** សេវាជំនួយភាសាភាគតិចត្រូវបានផ្តល់ជូនដោយឥតគិតថ្លៃក្នុងទម្រង់ផ្សេងៗទៀត ដូចជាពុម្ពអក្សរធំ មានសម្រាប់អ្នក។ ទូរសព្ទមកលេខភាគតិចត្រូវបានផ្តល់ជូននៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នក។

请注意: 如果您说**中文 (Chinese)**，我们可以为您提供免费语言协助服务以及大字印刷本等其他格式的免费通信。请致电您的会员身份卡上的免付费电话号码。

請注意: 如果您說**中文 (Chinese)**，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 kominikasyon nan lòt fòm la 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 Sprachassistentendienste und kostenlose Kommunikation in anderen Formaten, wie zum Beispiel große Schrift, zur Verfügung. Rufen Sie die gebührenfreie Nummer auf Ihrer Mitgliedskarte an.

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, तो आपके लिए मुफ्त भाषा सहायता सेवाएँ और अन्य प्रारूपों में मुफ्त संचार, जैसे कि बड़े प्रिंट, उपलब्ध हैं। अपने सदस्य पहचान पत्र पर दिए गए टोल-फ्री नंबर पर कॉल करें।

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.

ATENSION: 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.

BAA'ÁKONÍNÍZIN: Diné (**Navajo**) saad bee yáníłti'go, t'áá jíík'eh saad bee áka'e'eyeed bee áka'anída'wo'í dóó nááná łahgo át'éego bee hadadilyaa bee ahxíł hane'í, díí nitsaago bee ak'eda'ashchínígíí, náhóló. Bee atah nil'íní ninaaltsoos nítł'izí bee nééhoziní bąąh t'áá hiik'eh bee hane'í námboo bee hodíilnih.

توجه: اگر به زبان **فارسی (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.

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.

FIIRO GAAR AH: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda bilaashka ah iyo isgaarsiino bilaash ah oo qaabab kale ah, sida far waaweyn, ayaa diyaar kuu ah. Ka wac lambarka wicitaanka bilaashka ah kaarkaaga aqoonsiga xubinta.

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.

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

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.