

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 May 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

Candesartan

Candesartan-Hydrochlorothiazide

Captopril

Captopril-Hydrochlorothiazide

Cardizem**Cardizem CD****Cardizem LA****Cardura****Carospir**

Cartia XT

Carvedilol

Carvedilol ER

Catapres TTS

Chlorothiazide

Clonidine

Clonidine Patch

Conjupri**Bold type = Brand-name drug**

[Plain type = Generic drug]

¹Coverage is provided for oral formulations.²SSRIs are included only for employer groups who have specifically requested coverage.

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
Inspira
Irbesartan
Irbesartan-Hydrochlorothiazide
Isradipine
Kaspargo
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]

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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**Timolol¹**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]

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Therapeutic Drug Classes
Colestid
Colestipol
Crestor
Ezallor Sprinkle
Ezetimibe
Ezetimibe/Rosuvastain
Fenofibrate Capsule
Fenofibrate Tablet
Fenofibric Acid
Fenoglide
Fibracor
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
Depression: Selective Serotonin Reuptake Inhibitors (SSRIs)²
Celexa
Citalopram Tablets
Citalopram Capsules
Escitalopram
Fluoxetine
Fluoxetine Capsules
Fluvoxamine
Fluvoxamine Extended-Release
Lexapro
Paroxetine
Paroxetine Extended-Release
Paxil
Paxil CR
Prozac
Sertraline Capsules
Sertraline Tablets
Zoloft
Diabetes: Diabetic Supplies
Accu-Chek Guide Meters
Accu-Chek Guide Test Strips

Bold type = Brand-name drug

[Plain type = Generic drug]

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Therapeutic Drug Classes

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

Fiasp, Fiasp FlexTouch

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 Degludec FlexTouch

Insulin Glargine

Insulin Lispro

Therapeutic Drug Classes

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

Diabetes: Non-Insulin

Acarbose

ACTOplus Met

Actos

Alogliptin

Alogliptin-Metformin

Alogliptin-Pioglitazone

Amaryl

Bexagliflozin

Brenzavvy

Bydureon BCise

Byetta

Cycloset

Dapagliflozin

Dapagliflozin/Metformin

Duetact

Farxiga

Bold type = Brand-name drug

[Plain type = Generic drug]

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Therapeutic Drug Classes

Glimepiride

Glipizide

Glipizide ER

Glipizide-Metformin

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

Glyburide

Glyburide Micronized

Glyburide-Metformin

Glyxambi**Invokamet****Invokamet XR****Invokana****Janumet****Janumet XR****Januvia****Jardiance****Jentadueto****Jentadueto XR****Kombiglyze XR**

Liraglutide

Metformin

Metformin ER

Metformin Solution

Miglitol

Mounjaro

Nateglinide

Onglyza**Ozempic**

Pioglitazone

Pioglitazone-Glimepiride

Therapeutic Drug Classes

Pioglitazone-Metformin

Qtern

Repaglinide

Repaglinide-Metformin

Riomet**Rybelsus**

Saxagliptin

Saxagliptin-Metformin

Segluromet**Sitagliptin/Metformin****Steglatro****Steglujan****SymlinPen****Synjardy****Synjardy XR**

Tolbutamide

Tradjenta**Trijardy XR****Trulicity****Victoza****Xigduo XR****Xultophy****Zituvio****Zituvimet****Zituvimet XR****Immunosuppressant: Organ Rejection****Astagraf XL****Azasan**

Azathioprine

Cellcept

Cyclosporine

Envarsus XR**Bold type = Brand-name drug**

[Plain type = Generic drug]

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Therapeutic Drug Classes
Everolimus
Gengraf
Imuran
Mycophenolate
Mycophenolic Acid
Myfortic
Myhibbin
Neoral
Prograf
Rapamune
Sandimmune
Sirolimus
Tacrolimus
Zortress
Musculoskeletal: Osteoporosis
Actonel
Alendronate
Atelvia
Binosto
Calcitonin (Salmon)
Etidronate
Evista
Forteo
Ibandronate
Miacalcin
Raloxifene
Risedronate
Teriparatide
Teriparatide
Tymlos
Respiratory: Asthma/COPD
Accolate
Advair Diskus

Therapeutic Drug Classes
Advair HFA
Airsupra
Albuterol HFA (generic ProAir HFA, Proventil HFA)
Albuterol HFA (Ventolin HFA authorized generic)
AirDuo RespiClick
Albuterol Nebulized Solution
Albuterol Oral Tablet
Alvesco
Aminophylline
Anoro Ellipta
Arformoterol Nebulized Solution
Arnuity Ellipta
Asmanex HFA
Asmanex Twisthaler
Atrovent HFA
Bevespi Aerosphere
Breo Ellipta
Breztri Aerosphere
Brovana
Budesonide/Formoterol
Budesonide Nebulized Solution
Combivent Respimat
Cromolyn
Daliresp
Duaklir Pressair
Dulera
Elixophyllin
Fluticasone Diskus
Fluticasone HFA
Fluticasone/Salmeterol Diskus
Fluticasone/Salmeterol RespiClick
Fluticasone/Vilanterol Ellipta
Formoterol Nebulized Solution

Bold type = Brand-name drug

[Plain type = Generic drug]

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Therapeutic Drug Classes

Gastrocrom

Incruse Ellipta

Ipratropium

Ipratropium/Albuterol

Levalbuterol HFA

Levalbuterol Nebulized Solution

Metaproterenol

Montelukast

Ohtuvayre

Perforomist

Proair RespiClick

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

Therapeutic Drug Classes

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]

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Micardis HCT.....	3
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Minoxidil.....	3
Moexipril.....	3
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Montelukast.....	9
Mounjaro.....	7
Mycophenolate.....	8
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Myfortic.....	8
Myhibbin.....	8

N

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Nadolol-Bendroflumethazide.....	3
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Novolin 70/30.....	6
Novolin N.....	6
Novolin R.....	6
Novolog Mix 70/30.....	6
Novolog, Novolog FlexPen.....	6

O

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Olmesartan.....	4
Olmesartan- Hydrochlorothiazide.....	4
Omega-3 Acid Ethyl Esters.....	5
Omnipod 5 (Gen 5), Kits & Pods.....	6
OneTouch Ultra Test Strips.....	6
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Nondiscrimination notice and access to communication services

UnitedHealthcare® and its subsidiaries do not discriminate on the basis of race, color, national origin, age, disability or sex in their health programs or activities.

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)**, udostępniłmy 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'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.

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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