

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	Therapeutic Drug Classes
Cardiovascular/Heart Disease: High Blood Pressure	Coreg CR
Accupril	Enalapril
Acebutolol	Epaned
Altace	Fosinopril
Atenolol	Inderal LA
Benazepril	Inderal XL
Betaxolol	Innopran XL
Bisoprolol	Kaspargo
Bystolic	Labetalol
Captopril	Lisinopril
Carvedilol	Lopressor
Carvedilol ER	Lotensin
Coreg	Metoprolol Succinate

Bold type = Brand-name drug

[Plain type = Generic drug]

¹Coverage is provided for oral formulations

Therapeutic Drug Classes

Metoprolol Tartrate

Nadolol

Nebivolol

Perindopril

Pindolol

Propranolol

Qbrelis

Quinapril

Ramipril

Tenormin

Timolol¹

Toprol XL

Trandate

Trandolapril

Vasotec

Zestril

Cardiovascular/Heart Disease: High Cholesterol

Altoprev

Atorvaliq Suspension

Atorvastatin

Crestor

Ezallor Sprinkle

Fluvastatin

Fluvastatin ER

Lescol XL

Lipitor

Livalo

Lovastatin

Pravachol

Pravastatin

Rosuvastatin

Simvastatin

Zocor

Zypitamag

Therapeutic Drug Classes

Depression: Selective Serotonin Reuptake Inhibitors (SSRIs)

Celexa

Citalopram Capsules

Citalopram Tablets

Escitalopram

Fluoxetine

Fluvoxamine

Fluvoxamine Extended-Release

Lexapro

Paroxetine

Paroxetine Extended-Release

Paxil

Paxil CR

Pexeva

Prozac

Sertraline

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

Bold type = Brand-name drug

[Plain type = Generic drug]

¹Coverage is provided for oral formulations



Therapeutic Drug Classes**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 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

Therapeutic Drug Classes

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

Glimepiride

Glipizide

Glipizide ER

Glipizide-Metformin

Glucophage XR

Glucotrol XL

Glumetza

Glyburide

Glyburide Micronized

Glyburide-Metformin

Glyxambi

Invokamet

Invokamet XR

Invokana

Bold type = Brand-name drug

[Plain type = Generic drug]

¹Coverage is provided for oral formulations

Therapeutic Drug Classes
Janumet
Janumet XR
Januvia
Jardiance
Jentaduetto
Jentaduetto XR
Kombiglyze XR
Liraglutide
Metformin
Metformin ER
Metformin Solution
Miglitol
Mounjaro
Nateglinide
Onglyza
Ozempic
Pioglitazone
Pioglitazone-Glimepiride
Pioglitazone-Metformin
Qtern
Repaglinide
Repaglinide-Metformin
Riomet
Rybelsus
Saxagliptin
Saxagliptin-Metformin
Segluromet
Sitagliptin/Metformin
Steglatro
Steglujan
SymlinPen
Synjardy
Synjardy XR
Tolbutamide

Therapeutic Drug Classes
Tradjenta
Trijardy XR
Trulicity
Victoza
Xigduo XR
Xultophy
Zituvio
Zituvimet
Zituvimet XR
Musculoskeletal: Osteoporosis
Actonel
Alendronate
Atelvia
Binosto
Calcitonin (Salmon)
Etidronate
Evista
Ibandronate
Miacalcin
Raloxifene
Risedronate
Respiratory: Asthma/COPD
Alvesco
Arnuity Ellipta
Asmanex HFA
Asmanex Twisthaler
Budesonide Nebulized Solution
Flovent Diskus
Flovent HFA
Fluticasone Propionate Diskus
Fluticasone Propionate HFA
Pulmicort Flexhaler
Pulmicort Nebulized Solution
QVAR Redihaler

Bold type = Brand-name drug

[Plain type = Generic drug]

¹Coverage is provided for oral formulations



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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.

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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.

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UWAGA: Jeżeli mówisz po **polsku (Polish)**, udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

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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.

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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'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**

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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