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
Cardiovascular/Heart Disease: High Blood Pressure
Accupril
Acebutolol
Altace
Atenolol
Benazepril
Betaxolol
Bisoprolol
Bystolic
Captopril
Carvedilol
Carvedilol ER
Coreg

Therapeutic Drug Classes
Coreg CR
Enalapril
Epaned
Fosinopril
Inderal LA
Inderal XL
Innopran XL
Kapspargo
Labetalol
Lisinopril
Lopressor
Lotensin
Metoprolol Succinate

Bold type = Brand-name drug
[Plain type = Generic drug]
[1]Coverage is provided for oral formulations

Therapeutic Drug Classes
Metoprolol Tartrate
Nadolol
Nebivolol
Perindopril
Pindolol
Propranolol
Qbrelis
Quinapril
Ramipril
Tenormin
Timolol[1]
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

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[1]Coverage 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

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Therapeutic Drug Classes
Janumet
Janumet XR
Januvia
Jardiance
Jentadueto
Jentadueto 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

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[Plain type = Generic drug]
[1]Coverage 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)**، ستتوفر 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)** សេវាជំនួយភាសាឥតគិតថ្លៃ
និងការទំនាក់ទំនងឥតគិតថ្លៃក្នុងទម្រង់ផ្សេងទៀត ដូចជាពុម្ពអក្សរធំ មានសម្រាប់អ្នក។
ទូរសព្ទមកលេខឥតគិតថ្លៃនៅលើបណ្ណសម្គាល់សមាជិករបស់អ្នក។

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 fòma lo 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 Sprachassistenzdienste 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ア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 náánáłahgo át'éego bee hadadilyaa bee ahxił hane'í, díí nitsaago bee ak'eda'ashchínígíí, náhóló. Bee atah nil'íní ninaaltsoos nitł'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

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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