

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
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 Patch
Conjupri

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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

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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
Soaanz	
	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

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[Plain type = Generic drug]

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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
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

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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

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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

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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

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[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

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Novolin N.....	6
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Nondiscrimination notice and access to communication services

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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 LU'U 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)**, udostępniliśmy 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, निःशुल्क 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។ 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 yániit'igo, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i. T'áá shqoqí ninaaltsoos nit'izí bee nééhozinígíí bine'déé' t'áá jíík'ehgo béésh bee hane'í bik'áígíí 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.

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 Jersey plans.

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