

2025 Preventive Drug List for Consumer Driven Health Plans Core List - Generic Only

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 of drugs is the majority of medications within a covered therapeutic class. Some of these medications might be excluded from benefit coverage. To find out if a drug is covered or if 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 apply, please check your plan benefits on the health plan's member website or call the toll-free phone number on your member ID card. This list may not be all-inclusive. 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 January 1, 2025

| Therapeutic Drug Classes | Therapeutic Drug Classes |
|--|--|
| Breast Cancer Prevention | Fondaparinux |
| Anastrozole | Heparin |
| Exemestane | Jantoven |
| Letrozole | Prasugrel |
| Tamoxifen | Ticlopidine |
| Toremifene | Warfarin |
| Cardiovascular/Heart Disease: Blood Clot/Platelet Therapy | Cardiovascular/Heart Disease: High Blood Pressure |
| Aspirin-Dipyridamole | Acebutolol |
| Cilostazol | Aliskiren |
| Clopidogrel | Amiloride |
| Dabigatran | Amiloride-Hydrochlorothiazide |
| Dipyridamole | Amlodipine |
| Enoxaparin | Amlodipine-Benazepril |
| | Amlodipine-Olmesartan |

¹Coverage is provided for oral formulations

Therapeutic Drug Classes

Amlodipine-Olmesartan-Hydrochlorothiazide
Amlodipine-Valsartan
Amlodipine-Valsartan-Hydrochlorothiazide
Atenolol
Atenolol-Chlorthalidone
Benazepril
Benazepril-Hydrochlorothiazide
Betaxolol¹
Bisoprolol
Bisoprolol-Hydrochlorothiazide
Bumetanide
Candesartan
Candesartan-Hydrochlorothiazide
Captopril
Captopril-Hydrochlorothiazide
Cartia XT
Carvedilol
Carvedilol ER
Chlorothiazide
Clonidine
Clonidine Patch
Dilt XR
Diltia XT
Diltiazem
Diltiazem ER
Doxazosin
Enalapril
Enalapril-Hydrochlorothiazide
Eplerenone
Eprosartan
Ethacrynic Acid
Felodipine ER
Fosinopril
Fosinopril-Hydrochlorothiazide

Therapeutic Drug Classes

Furosemide
Guanfacine
Hydralazine
Hydrochlorothiazide
Indapamide
Irbesartan
Irbesartan-Hydrochlorothiazide
Isradipine
Labetalol
Lisinopril
Lisinopril-Hydrochlorothiazide
Losartan
Losartan-Hydrochlorothiazide
Matzim LA
Methyldopa-Hydrochlorothiazide
Metolazone
Metoprolol 37.5, 75 mg
Metoprolol-Hydrochlorothiazide
Metoprolol Succinate
Metoprolol Tartrate
Minoxidil
Moexipril
Moexipril-Hydrochlorothiazide
Nadolol
Nadolol-Bendroflumethazide
Nebivolol
Nicardipine
Nifedipine
Nifedipine ER
Nimodipine
Nisoldipine
Olmesartan
Olmesartan-Hydrochlorothiazide
Perindopril

¹Coverage is provided for oral formulations



Therapeutic Drug Classes

Pindolol

Prazosin

Propranolol

Propranolol-Hydrochlorothiazide

Quinapril

Quinapril-Hydrochlorothiazide

Ramipril

Reserpine

Spironolactone

Spironolactone Suspension

Spironolactone-Hydrochlorothiazide

Taztia XT

Telmisartan

Telmisartan-Amlodipine

Telmisartan-Hydrochlorothiazide

Terazosin

Timolol¹

Torsemide

Trandolapril

Trandolapril-Verapamil

Triamterene

Triamterene-Hydrochlorothiazide

Valsartan

Valsartan-Hydrochlorothiazide

Verapamil

Verapamil ER

Cardiovascular/Heart Disease: High Cholesterol

Atorvastatin

Cholestyramine

Cholestyramine Light

Choline Fenofibrate

Colesevelam Tablet, Packet for Suspension

Colestipol

Ezetimibe

Fenofibrate Capsule

Therapeutic Drug Classes

Fenofibrate Tablet

Fenofibric Acid

Fluvastatin

Fluvastatin ER

Gemfibrozil

Icosapent

Lovastatin

Niacin Extended-Release

Omega-3 Acid Ethyl Esters

Pitavastatin

Pravastatin

Prevalite

Rosuvastatin

Simvastatin

Simvastatin/Ezetimibe

Immunosuppressant: Organ Rejection

Azathioprine

Cyclosporine

Everolimus

Gengraf

Mycophenolate

Mycophenolic Acid

Sirolimus

Tacrolimus

Musculoskeletal: Osteoporosis

Alendronate

Calcitonin (Salmon)

Etidronate

Ibandronate

Raloxifene

Risedronate

Teriparatide

Vitamins

Pediatric Fluoride Preparations (Generic Products)

Prenatal Vitamins (for example: Generic Products)

¹Coverage is provided for oral formulations



Index

| | | | | |
|--|--|--|--------------------------------------|----------------------------------|
| A | | Colesevelam Tablet, Packet for Suspension.....3 | I | |
| Acebutolol.....1 | | Colestipol.....3 | Ibandronate.....3 | |
| Alendronate.....3 | | Cyclosporine.....3 | Icosapent.....3 | |
| Aliskiren.....1 | | D | | Indapamide.....2 |
| Amiloride.....1 | | Dabigatran.....1 | Irbesartan.....2 | |
| Amiloride-Hydrochlorothiazide.....1 | | Dilt XR.....2 | Irbesartan-Hydrochlorothiazide.....2 | |
| Amlodipine.....1 | | Diltia XT.....2 | Isradipine.....2 | |
| Amlodipine-Benazepril.....1 | | Diltiazem.....2 | J | |
| Amlodipine-Olmesartan.....1 | | Diltiazem ER.....2 | Jantoven.....1 | |
| Amlodipine-Olmesartan- Hydrochlorothiazide.....1, 2 | | Dipyridamole.....1 | K | |
| Amlodipine-Valsartan.....1, 2 | | Doxazosin.....2 | L | |
| Amlodipine-Valsartan- Hydrochlorothiazide.....1, 2 | | E | | Labetalol.....2 |
| Anastrozole.....1 | | Enalapril.....2 | Letrozole.....1 | |
| Aspirin-Dipyridamole.....1 | | Enalapril-Hydrochlorothiazide.....2 | Lisinopril.....2 | |
| Atenolol.....2 | | Enoxaparin.....1 | Lisinopril-Hydrochlorothiazide.....2 | |
| Atenolol-Chlorthalidone.....2 | | Eplerenone.....2 | Losartan.....2 | |
| Atorvastatin.....3 | | Eprosartan.....2 | Losartan-Hydrochlorothiazide.....2 | |
| Azathioprine.....3 | | Ethacrynic Acid.....2 | Lovastatin.....3 | |
| B | | Etidronate.....3 | M | |
| Benazepril.....2 | | Everolimus.....3 | Matzim LA.....2 | |
| Benazepril-Hydrochlorothiazide.....2 | | Exemestane.....1 | Methyldopa-Hydrochlorothiazide.....2 | |
| Betaxolol.....2 | | Ezetimibe.....3 | Metolazone.....2 | |
| Bisoprolol.....2 | | F | | Metoprolol 37.5, 75 mg.....2 |
| Bisoprolol-Hydrochlorothiazide.....2 | | Felodipine ER.....2 | Metoprolol Succinate.....2 | |
| Bumetanide.....2 | | Fenofibrate Capsule.....3 | Metoprolol Tartrate.....2 | |
| C | | Fenofibrate Tablet.....3 | Metoprolol-Hydrochlorothiazide.....2 | |
| Calcitonin (Salmon).....3 | | Fenofibric Acid.....3 | Minoxidil.....2 | |
| Candesartan.....2 | | Fluvastatin.....3 | Moexipril.....2 | |
| Candesartan-Hydrochlorothiazide.....2 | | Fluvastatin ER.....3 | Moexipril-Hydrochlorothiazide.....2 | |
| Captopril.....2 | | Fondaparinux.....1 | Mycophenolate.....3 | |
| Captopril-Hydrochlorothiazide.....2 | | Fosinopril.....2 | Mycophenolic Acid.....3 | |
| Cartia XT.....2 | | Fosinopril-Hydrochlorothiazide.....2 | N | |
| Carvedilol.....2 | | Furosemide.....2 | Nadolol.....2 | |
| Carvedilol ER.....2 | | G | | Nadolol-Bendroflumethazide.....2 |
| Chlorothiazide.....2 | | Gemfibrozil.....3 | Nebivolol.....2 | |
| Cholestyramine.....3 | | Gengraf.....3 | Niacin Extended-Release.....3 | |
| Cholestyramine Light.....3 | | Guanfacine.....2 | Nicardipine.....2 | |
| Choline Fenofibrate.....3 | | H | | Nifedipine.....2 |
| Cilostazol.....1 | | Heparin.....1 | Nifedipine ER.....2 | |
| Clonidine.....2 | | Hydralazine.....2 | Nimodipine.....2 | |
| Clonidine Patch.....2 | | Hydrochlorothiazide.....2 | Nisoldipine.....2 | |
| Clopidogrel.....1 | | | | |



O

| | |
|--------------------------------------|---|
| Olmesartan | 2 |
| Olmesartan-Hydrochlorothiazide | 2 |
| Omega-3 Acid Ethyl Esters | 3 |

P

| | |
|---------------------------------------|------|
| Pediatric Fluoride Preparations | 3 |
| Perindopril | 2 |
| Pindolol | 2, 3 |
| Pitavastatin | 3 |
| Prasugrel | 1 |
| Pravastatin | 3 |
| Prazosin | 2, 3 |
| Prenatal Vitamins | 3 |
| Prevalite | 3 |
| Propranolol | 3 |
| Propranolol-Hydrochlorothiazide | 3 |

Q

| | |
|-------------------------------------|---|
| Quinapril | 3 |
| Quinapril-Hydrochlorothiazide | 3 |

R

| | |
|--------------------|---|
| Raloxifene | 3 |
| Ramipril | 3 |
| Reserpine | 3 |
| Risedronate | 3 |
| Rosuvastatin | 3 |

S

| | |
|--|---|
| Simvastatin | 3 |
| Simvastatin/Ezetimibe | 3 |
| Sirolimus | 3 |
| Spirolactone | 3 |
| Spirolactone Suspension | 3 |
| Spirolactone- Hydrochlorothiazide | 3 |

T

| | |
|---------------------------------------|---|
| Tacrolimus | 3 |
| Tamoxifen | 1 |
| Taztia XT | 3 |
| Telmisartan | 3 |
| Telmisartan-Amlodipine | 3 |
| Telmisartan-Hydrochlorothiazide | 3 |
| Terazosin | 3 |
| Teriparatide | 3 |

| | |
|---------------------------------------|---|
| Ticlopidine | 1 |
| Timolol | 3 |
| Toremifene | 1 |
| Torsemide | 3 |
| Trandolapril | 3 |
| Trandolapril-Verapamil | 3 |
| Triamterene | 3 |
| Triamterene-Hydrochlorothiazide | 3 |

U**V**

| | |
|-------------------------------------|---|
| Valsartan | 3 |
| Valsartan-Hydrochlorothiazide | 3 |
| Verapamil | 3 |
| Verapamil ER | 3 |

W

| | |
|----------------|---|
| Warfarin | 1 |
|----------------|---|

X**Y****Z**

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)**, 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, 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**

If you are not currently enrolled with UnitedHealthcare for pharmacy benefit coverage, you may access myuhc.com 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.

UnitedHealthcare does not indemnify employers for the application of these preventive medications or specific medications under the benefit plan and makes no assertions as to the compliance of the medications listed with IRS regulations.