# 2026 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 January 1, 2026**

| 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** |
| **Eliquis** |

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

United Healthcare

| Therapeutic Drug Classes |
|---|
| Enoxaparin |
| **Fragmin** |
| Fondaparinux |
| Heparin |
| Jantoven |
| **Lovenox** |
| **Plavix** |
| **Pradaxa** |
| **Pradaxa Pak** |
| Prasugrel |
| Rivaroxaban |
| **Savaysa** |
| Ticagrelor |
| 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 |

| Therapeutic Drug Classes |
|---|
| **Arbli** |
| **Atacand** |
| **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 |

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

| Therapeutic Drug Classes |
|---|
| **Clonidine ER** |
| Clonidine Patch |
| **Conjupri** |
| **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 |
| **Hemiclor** |
| Hydralazine |
| Hydrochlorothiazide |

| Therapeutic Drug Classes |
|---|
| **Hyzaar** |
| Indapamide |
| **Inderal LA** |
| **Inderal XL** |
| **Innopran XL** |
| **Inspra** |
| **Inzirqo** |
| Irbesartan |
| Irbesartan-Hydrochlorothiazide |
| Isradipine |
| **Kapspargo** |
| **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** |

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[1]Coverage is provided for oral formulations

| Therapeutic Drug Classes |
|---|
| Minoxidil |
| Moexipril |
| Moexipril-Hydrochlorothiazide |
| Nadolol |
| Nadolol-Bendroflumethazide |
| 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 |

| Therapeutic Drug Classes |
|---|
| **Sular** |
| Taztia XT |
| **Tekturna** |
| Telmisartan |
| Telmisartan-Amlodipine |
| Telmisartan-Hydrochlorothiazide |
| **Tenoretic** |
| **Tenormin** |
| Terazosin |
| **Tezruly** |
| **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** |

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[1]Coverage is provided for oral formulations

| Therapeutic Drug Classes |
|---|
| **Cardiovascular/Heart Disease: High Cholesterol** |
| **Altoprev** |
| **Atorvaliq Suspension** |
| Atorvastatin |
| Cholestyramine |
| Cholestyramine Light |
| Choline Fenofibrate |
| Colesevelam Tablets, Powder for Suspension |
| **Colestid** |
| Colestipol |
| **Crestor** |
| **Ezallor Sprinkle** |
| Ezetimibe |
| **Ezetimibe/Rosuvastain** |
| Fenofibrate Capsule |
| Fenofibrate Tablet |
| Fenofibric Acid |
| **Fenoglide** |
| **Fibricor** |
| **Flolipid** |
| Fluvastatin |
| Fluvastatin ER |
| Gemfibrozil |
| Icosapent |
| **Lescol XL** |
| **Lipitor** |
| **Lipofen** |
| **Livalo** |
| **Lopid** |
| Lovastatin |
| **Lovaza** |
| **Nexletol** |

| Therapeutic Drug Classes |
|---|
| **Nexlizet** |
| Niacin Extended-Release |
| **Niacor** |
| Omega-3 Acid Ethyl Esters |
| Pitavastatin |
| Pravastatin |
| Prevalite |
| **Questran** |
| **Questran Light** |
| Rosuvastatin |
| Simvastatin |
| Simvastatin/Ezetimibe |
| **Tricor** |
| **Trilipix** |
| **Vascepa** |
| **Vytorin** |
| **Welchol** |
| **Zetia** |
| **Zocor** |
| **Zypitamag** |
| **Immunosuppressant: Organ Rejection** |
| **Astagraf XL** |
| **Azasan** |
| Azathioprine |
| **Cellcept** |
| Cyclosporine |
| **Envarsus XR** |
| Everolimus |
| Gengraf |
| **Imuran** |
| Mycophenolate |
| Mycophenolic Acid |

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[1]Coverage is provided for oral formulations

| Therapeutic Drug Classes |
|---|
| **Myfortic** |
| **Myhibbin** |
| **Neoral** |
| **Prograf** |
| **Rapamune** |
| **Sandimmune** |
| Sirolimus |
| Tacrolimus |
| **Zortress** |
| **Musculoskeletal: Osteoporosis** |
| **Actonel** |
| Alendronate |
| **Atelvia** |
| **Binosto** |
| **Bonsity** |
| Calcitonin (Salmon) |
| Etidronate |
| **Evista** |
| **Forteo** |
| **Fosamax** |
| **Fosamax Plus D** |
| Ibandronate |
| **Miacalcin** |
| Raloxifene |
| Risedronate |
| **Teriparatide** |
| Teriparatide |
| **Tymlos** |

| Therapeutic Drug Classes |
|---|
| **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]
[1]Coverage is provided for oral formulations

**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).

**ማሳሰቢያ፦ አማርኛ** (Amharic) የሚናገሩ ከሆነ፣ ነፃ የቋንቋ እገዛ አገልግሎቶች እና ነፃ ተግባቦቶች እንደ ትልቅ እትም ባሉ ሌሎች ቅርፀቶች ለእርስዎ ይገኛሉ። በአባልነት መታወቂያ ካርድዎ ላይ ያለውን ነፃ የስልክ ቁጥር ይደውሉ።

**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.

**দেখুন**: আপনি যদি **বাংলায়** (Bengali-Bangala) কথা বলেন, তাহলে বিনামূল্যে ভাষা সহায়তা পরিষেবা এবং বড় মুদ্রণের মতো অন্যান্য ফরম্যাটে যোগাযোগগুলি আপনার জন্য বিনামূল্যে উপলব্ধ। আপনার সদস্যের পরিচয়পত্রের কার্ডের টোল-ফ্রি নম্বরে কল করুন

**ចំណាំ៖** ប្រសិនបើអ្នកនិយាយ**ភាសាខ្មែរ** (Cambodian-Mon-Khmer)
សេវាជំនួយភាសាឥតគិតថ្លៃ និងការទំនាក់ទំនងឥតគិតថ្លៃក្នុងទម្រង់ផ្សេងទៀត
ដូចជាពុម្ពអក្សរធំ មានសម្រាប់អ្នក។
ទូរសព្ទមកលេខឥតគិតថ្លៃនៅលើបណ្ណសម្គាល់សមាជិករបស់អ្នក។

**請注意**：如果您說**中文** (Chinese - Traditional)，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.

**ΠΡΟΣΟΧΗ**: Εάν μιλάτε **ελληνικά** (Greek), υπάρχουν διαθέσιμες δωρεάν υπηρεσίες γλωσσικής βοήθειας και δωρεάν επικοινωνία σε άλλες μορφοποιήσεις, όπως μεγάλα γράμματα. Καλέστε τον αριθμό χωρίς χρέωση στην κάρτα μέλους σας.

**ધ્યાન આપો:** જો તમે **ગુજરાતી (Gujarati)** બોલતા હો તો વિના મૂલ્યે ભાષાકીય મદદરૂપ સેવાઓ અને અન્ય ફોર્મેટમાં વિના મૂલ્યે સંચાર, જેમ કે મોટી પ્રિન્ટ, તમારા માટે ઉપલબ્ધ છે. તમારા સભ્ય ઓળખ કાર્ડ પરના ટોલ-ફ્રી નંબર પર કૉલ કરો.

**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.

**ໝາຍເຫດ**: ຖ້າຫາກທ່ານເວົ້າ**ພາສາລາວ (Lao)**, ທ່ານສາມາດໃຊ້ບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາຟຣີ ແລະ ການສື່ສານໃນຮູບແບບອື່ນໆຟຣີ, ເຊັ່ນ: ການພິມຕົວອັກສອນຂະໜາດໃຫຍ່.
ໂທຫາເບີໂທຟຣີຢູ່ທີ່ບັດປະຈຳຕົວສະມາຊິກຂອງທ່ານ.

**ध्यान दिनुहोस्**: यदि तपाईंले **नेपाली (Nepali)** बोल्नुहुन्छ भने, नि:शुल्क भाषा सहायता सेवाहरू र अन्य ढाँचाहरूमा नि:शुल्क संचारहरू, जस्तै ठूलो छाप, तपाईंका लागि उपलब्ध छन्।. आफ्नो सदस्य पहिचान कार्डमा रहेको टोल फ्री नम्बरमा कल गर्नुहोस्।

**توجه**: اگر به زبان **فارسی** (Persian-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.

**ਧਿਆਨ ਦਿਓ** ਜੇ ਤੁਸੀਂ **ਪੰਜਾਬੀ** (Punjabi) ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫ਼ਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਅਤੇ ਹੋਰ ਫਾਰਮੈਟਾਂ, ਜਿਵੇਂ ਕਿ ਵੱਡੇ ਪ੍ਰਿੰਟ, ਵਿੱਚ ਮੁਫ਼ਤ ਸੰਚਾਰ ਉਪਲਬਧ ਹਨ। ਆਪਣੇ ਮੈਂਬਰ ਪਛਾਣ ਕਾਰਡ 'ਤੇ ਟੋਲ-ਫ੍ਰੀ ਨੰਬਰ 'ਤੇ ਕਾਲ ਕਰੋ।

**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.

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).

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.

**โปรดทราบ** หากคุณ**พูดภาษาไทย** (Thai) ได้
คุณสามารถใช้บริการช่วยเหลือด้านภาษาฟรีและการสื่อสารในรูปแบบอื่น ๆ ฟรี เช่น
การพิมพ์ด้วยตัวอักษรขนาดใหญ่ โทรไปยังหมายเลขโทรฟรีสำหรับสมาชิกตามบัตรประจำตัวของคุณ

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**توجہ دیں**: اگر آپ **اردو (Urdu)** زبان بولتے ہیں تو زبان کی معاون خدمات اور دیگر فارمیٹس میں مواصلات، جیسے بڑے پرنٹ، آپ کے لیے مفت دستیاب ہیں۔ اپنے ممبر شناختی کارڈ پر دیئے گئے ٹول فری نمبر پر کال کریں۔

**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

This plan includes plan participants for a self-funded plan administered by Oxford.

If you are not currently enrolled with UnitedHealthcare or Oxford for pharmacy benefit coverage, you may access your health plan's member website 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.

This document applies to commercial group members of UnitedHealthcare and Oxford New York plans.

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