

2023 Preventive Drug List for Consumer Driven Health Plans Core List

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.

Some medications may have other requirements or limits depending on your benefit plan and are noted below. To find out if a drug is covered, 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.

This list applies to UnitedHealthcare and Oxford medical plans. It is correct as of August 1, 2022 and is subject to change after this date. The next anticipated update will occur with the next PDL cycle.

CDH preventive drug lists may also be used with non-CDH plans

Effective January 1, 2023

Therapeutic Drug Classes	Requirements & Limits
Breast Cancer Prevention	
Anastrozole	
Arimidex	E
Aromasin	E
Exemestane	
Fareston	E
Femara	E
Letrozole	
Soltamox	E
Tamoxifen	
Toremifene	

Therapeutic Drug Classes	Requirements & Limits
Cardiovascular/Heart Disease: Blood Clot/Platelet Therapy	
Aggrenox	
Arixtra	E
Aspirin-Dipyridamole	
Bevyxxa	
Brilinta	
Cilostazol	
Clopidogrel	
Coumadin	
Dipyridamole	
Effient	E
Eliquis	

Bold type = Brand-name drug

[Plain type = Generic drug]

E = May be excluded from coverage or subject to prior authorization (sometimes referred to as precertification)

¹Coverage is provided for oral formulations

Therapeutic Drug Classes	Requirements & Limits	Therapeutic Drug Classes	Requirements & Limits
Enoxaparin		Amlodipine-Valsartan	
Fragmin		Amlodipine-Valsartan-Hydrochlorothiazide	E
Fondaparinux		Amturnide	E
Heparin		Atacand	E
Jantoven		Atacand HCT	E
Lovenox	E	Atenolol	
Persantine		Atenolol-Chlorthalidone	
Plavix	E	Avalide	E
Pletal		Avapro	E
Pradaxa		Azor	E
Prasugrel		Benazepril	
Savaysa		Benazepril-Hydrochlorothiazide	
Ticlopidine		Benicar	E
Warfarin		Benicar HCT	E
Xarelto		Betaxolol ¹	
Zontivity		Bidil	
Cardiovascular/Heart Disease: High Blood Pressure		Bisoprolol	
Accupril	E	Bisoprolol-Hydrochlorothiazide	
Accuretic		Bumetanide	
Acebutolol		Bystolic	E
Aceon		Byvalson	
Adalat CC		Calan	
Afedital		Calan SR	
Aldactazide		Candesartan	
Aldactone	E	Candesartan-Hydrochlorothiazide	
Aliskiren		Captopril	
Altace	E	Captopril-Hydrochlorothiazide	
Amiloride		Cardene SR	
Amiloride-Hydrochlorothiazide		Cardizem	E
Amlodipine		Cardizem CD	E
Amlodipine-Benazepril		Cardizem LA	E
Amlodipine-Olmesartan	E	Cardura	
Amlodipine-Olmesartan-Hydrochlorothiazide	E	Carospir	
		Cartia XT	

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Therapeutic Drug Classes	Requirements & Limits	Therapeutic Drug Classes	Requirements & Limits
Carvedilol		Enalapril-Hydrochlorothiazide	
Carvedilol ER	E	Epaned	
Catapres		Eplerenone	
Catapres TTS	E	Eprosartan	
Chlorothiazide		Ethacrynic Acid	
Clonidine		Exforge	E
Clonidine Patch		Exforge HCT	E
Clorpress		Felodipine ER	
Conjupri	E	Fosinopril	
Coreg	E	Fosinopril-Hydrochlorothiazide	
Coreg CR	E	Furosemide	
Corgard		Guanfacine	
Corzide		Hydralazine	
Covera HS		Hydrochlorothiazide	
Cozaar	E	Hyzaar	E
Demadex		Indapamide	
Dilacor XR		Inderal	
Dilt CD		Inderal LA	E
Dilt XR		Inderal XL	E
Diltia XT		Innopran XL	E
Diltiazem		Inspira	E
Diltiazem ER		Irbesartan	
Diltzac ER		Irbesartan-Hydrochlorothiazide	
Diovan	E	Isoptin SR	
Diovan HCT	E	Isradipine	
Diuril		Kapspargo	
Doxazosin		Katerzia	
Dutoprol	E	Labetalol	
Dyazide		Lasix	
Dynacirc CR		Levamlodipine (Conjupri authorized generic)	E
Dyrenium	E	Levatol	
Edarbi		Lisinopril	
Edarbyclor		Lisinopril-Hydrochlorothiazide	
Edecrin	E	Lopressor	
Enalapril			

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Therapeutic Drug Classes	Requirements & Limits	Therapeutic Drug Classes	Requirements & Limits
Lopressor HCT		Norvasc	E
Losartan		Olmesartan	
Losartan-Hydrochlorothiazide		Olmesartan-Hydrochlorothiazide	
Lotensin		Perindopril	
Lotensin HCT		Pindolol	
Lotrel	E	Prazosin	
Matzim LA		Prestalia	E
Mavik		Prinivil	
Maxzide		Procardia	
Methyclothiazide		Procardia XL	E
Methyldopa		Propranolol	
Methyldopa-Hydrochlorothiazide		Propranolol-Hydrochlorothiazide	
Metolazone		Qbrelis	
Metoprolol 37.5, 75 mg	E	Quinapril	
Metoprolol-Hydrochlorothiazide		Quinapril-Hydrochlorothiazide	
Metoprolol Succinate		Ramipril	
Metoprolol Tartrate		Reserpine	
Micardis	E	Sectral	
Micardis HCT	E	Soaanz	E
Microzide		Spironolactone	
Midamor		Spironolactone-Hydrochlorothiazide	
Minipress		Sular	
Minoxidil		Tarka	E
Moexipril		Taztia XT	
Moexipril-Hydrochlorothiazide		Tekturna	
Nadolol		Tekturna HCT	
Nadolol-Bendroflumethazide		Telmisartan	
Nebivolol	E	Telmisartan-Amlodipine	E
Nexiclon XR	E	Telmisartan-Hydrochlorothiazide	
Nicardipine		Tenex	
Nifedipine		Tenoretic	E
Nifedipine ER		Tenormin	E
Nimodipine		Terazosin	
Nisoldipine		Teveten	
Norliqva	E	Teveten HCT	

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Therapeutic Drug Classes	Requirements & Limits	Therapeutic Drug Classes	Requirements & Limits
Thalitone 15 mg	E	Choline Fenofibrate	E
Thalitone 25 mg		Colesevelam Tablets, Powder for Suspension	
Tiazac		Colestid	
Timolol ¹		Colestipol	
Toprol XL	E	Crestor	E
Torsemide		Ezallor Sprinkle	
Trandate		Ezetimibe	
Trandolapril		Ezetimibe/Rosuvastatin	E
Trandolapril-Verapamil		Fenofibrate 30, 43, 50, 67, 75, 90, 130, 134, 150, 200 mg Capsule	E
Triamterene		Fenofibrate 40, 48, 120 mg Tablet	E
Triamterene-Hydrochlorothiazide		Fenofibrate 54, 145, 160 mg Tablet	
Tribenzor	E	Fenofibric Acid	E
Twynsta	E	Fenoglide	E
Uniretic		Fibricor	E
Univasc		Flolipid	
Valsartan		Fluvastatin	
Valsartan-Hydrochlorothiazide		Fluvastatin ER	
Valsartan Solution	E	Gemfibrozil	
Vaseretic	E	Icosapent	E
Vasotec	E	Lescol	
Verapamil		Lescol XL	E
Verapamil ER		Lipitor	E
Verelan		Lipofen	E
Verelan PM		Livalo	E
Zaroxolyn		Lofibra	E
Zebeta		Lopid	
Zestoretic	E	Lovastatin	
Zestril	E	Lovaza	E
Ziac		Mevacor	
Cardiovascular/Heart Disease: High Cholesterol		Nexletol	
Altoprev	E	Nexlizet	
Antara	E	Niacin Extended-Release	
Atorvastatin		Niacor	E
Cholestyramine			
Cholestyramine Light			

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Therapeutic Drug Classes	Requirements & Limits	Therapeutic Drug Classes	Requirements & Limits
Niaspan	E	Rapamune	E
Omega-3 Acid Ethyl Esters		Sandimmune	E
Pravachol	E	Sirolimus	
Pravastatin		Tacrolimus	
Prevalite		Zortress	E
Questran		Musculoskeletal: Osteoporosis	
Questran Light		Actonel	E
Rosuvastatin		Alendronate	
Roszet	E	Atelvia	E
Simvastatin		Binosto	E
Simvastatin/Ezetimibe		Boniva	E
Tricor	E	Calcitonin (Salmon)	
Triglide	E	Didronel	
Trilipix	E	Etidronate	
Vascepa	E	Evista	E
Vytorin	E	Forteo	E
Welchol	E	Fortical	
Zetia	E	Fosamax	
Zocor	E	Fosamax Plus D	
Zypitamag	E	Ibandronate	
Immunosuppressant: Organ Rejection		Miacalcin	
Astagraf XL	E	Raloxifene	
Azasan		Risedronate	
Azathioprine		Teriparatide	
Cellcept	E	Tymlos	
Cyclosporine		Vitamins	
Envarsus XR	E	Pediatric Fluoride Preparations (for example: Florvite, Poly-Vi-Flor, Tri-Vi-Flor) - Brand Name and Generic Products	
Everolimus		Prenatal Vitamins (for example: Citranatal Assure, Prenate DHA, Stuartnatal) - Brand Name and Generic Products	
Gengraf			
Imuran	E		
Mycophenolate			
Mycophenolic Acid			
Myfortic	E		
Neoral	E		
Prograf			

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Index

A

Accupril	2
Accuretic	2
Acebutolol	2
Aceon	2
Actonel	6
Adalat CC	2
Afeditab	2
Aggrenox	1
Aldactazide	2
Aldactone	2
Alendronate	6
Aliskiren	2
Altace	2
Altoprev	5
Amiloride	2
Amiloride-Hydrochlorothiazide	2
Amlodipine	2
Amlodipine-Benazepril	2
Amlodipine-Olmesartan	2
Amlodipine-Olmesartan- Hydrochlorothiazide	2
Amlodipine-Valsartan	2
Amlodipine-Valsartan- Hydrochlorothiazide	2
Amturnide	2
Anastrozole	1
Antara	5
Arimidex	1
Arixtra	1
Aromasin	1
Aspirin-Dipyridamole	1
Astagraf XL	6
Atacand	2
Atacand HCT	2
Atelvia	6
Atenolol	2
Atenolol-Chlorthalidone	2
Atorvastatin	5
Avalide	2
Avapro	2
Azasan	6
Azathioprine	6
Azor	2

B

Benazepril	2
------------------	---

Benazepril-Hydrochlorothiazide	2
Benicar	2
Benicar HCT	2
Betaxolol	2
Bevyxxa	1
Bidil	2
Binosto	6
Bisoprolol	2
Bisoprolol-Hydrochlorothiazide	2
Boniva	6
Brilinta	1
Bumetanide	2
Bystolic	2
Byvalson	2

C

Calan	2
Calan SR	2
Calcitonin (Salmon)	6
Candesartan	2
Candesartan-Hydrochlorothiazide	2
Captopril	2
Captopril-Hydrochlorothiazide	2
Cardene SR	2
Cardizem	2
Cardizem CD	2
Cardizem LA	2
Cardura	2
Carospir	2
Cartia XT	2
Carvedilol	3
Carvedilol ER	3
Catapres	3
Catapres TTS	3
Cellcept	6
Chlorothiazide	3
Cholestyramine	5
Cholestyramine Light	5
Choline Fenofibrate	5
Cilostazol	1
Clonidine	3
Clonidine Patch	3
Clopidogrel	1
Clorpress	3
Colesevelam Tablets, Powder for Suspension	5
Colestid	5
Colestipol	5

Conjupri	3
Coreg	3
Coreg CR	3
Corgard	3
Corzide	3
Coumadin	1
Covera HS	3
Cozaar	3
Crestor	5
Cyclosporine	6

D

Demadex	3
Didronel	6
Dilacor XR	3
Dilt CD	3
Dilt XR	3
Diltia XT	3
Diltiazem	3
Diltiazem ER	3
Diltzac ER	3
Diovan	3
Diovan HCT	3
Dipyridamole	1
Diuril	3
Doxazosin	3
Dutoprol	3
Dyazide	3
Dynacirc CR	3
Dyrenium	3

E

Edarbi	3
Edarbyclor	3
Edecrin	3
Effient	1
Eliquis	1
Enalapril	3
Enalapril-Hydrochlorothiazide	3
Enoxaparin	2
Envarsus XR	6
Epaned	3
Eplerenone	3
Eprosartan	3
Ethacrynic Acid	3
Etidronate	6
Everolimus	6
Evista	6



Exemestane	1
Exforge	3
Exforge HCT	3
Ezallor Sprinkle	5
Ezetimibe	5, 6
Ezetimibe/Rosuvastatin	5

F

Fareston	1
Felodipine ER	3
Femara	1
Fenofibrate 30, 43, 50, 67, 75, 90, 130, 134, 150, 200 mg Capsule	5
Fenofibrate 40, 48, 120 mg Tablet	5
Fenofibrate 54, 145, 160 mg Tablet	5
Fenofibric Acid	5
Fenoglide	5
Fibricor	5
Flolipid	5
Fluvastatin	5
Fluvastatin ER	5
Fondaparinux	2
Forteo	6
Fortical	6
Fosamax	6
Fosamax Plus D	6
Fosinopril	3
Fosinopril-Hydrochlorothiazide	3
Fragmin	2
Furosemide	3

G

Gemfibrozil	5
Gengraf	6
Guanfacine	3

H

Heparin	2
Hydralazine	3
Hydrochlorothiazide	3
Hyzaar	3

I

Ibandronate	6
Icosapent	5
Imuran	6
Indapamide	3
Inderal	3
Inderal LA	3
Inderal XL	3

Innopran XL	3
Inspra	3
Irbesartan	3
Irbesartan-Hydrochlorothiazide	3
Isoptin SR	3
Isradipine	3

J

Jantoven	2
----------------	---

K

Kapsargo	3
Katerzia	3

L

Labetalol	3
Lasix	3
Lescol	5
Lescol XL	5
Letrozole	1
Levamlodipine	3
Levatol	3
Lipitor	5
Lipofen	5
Lisinopril	3
Lisinopril-Hydrochlorothiazide	3
Livalo	5
Lofibra	5
Lopid	5
Lopressor	3, 4
Lopressor HCT	4
Losartan	4
Losartan-Hydrochlorothiazide	4
Lotensin	4
Lotensin HCT	4
Lotrel	4
Lovastatin	5
Lovaza	5
Lovenox	2

M

Matzim LA	4
Mavik	4
Maxzide	4
Methyclothiazide	4
Methyldopa	4
Methyldopa-Hydrochlorothiazide	4
Metolazone	4
Metoprolol 37.5, 75 mg	4
Metoprolol Succinate	4

Metoprolol Tartrate	4
Metoprolol-Hydrochlorothiazide	4
Mevacor	5
Miacalcin	6
Micardis	4
Micardis HCT	4
Microzide	4
Midamor	4
Minipress	4
Minoxidil	4
Moexipril	4
Moexipril-Hydrochlorothiazide	4
Mycophenolate	6
Mycophenolic Acid	6
Myfortic	6

N

Nadolol	4
Nadolol-Bendroflumethazide	4
Nebivolol	4
Neoral	6
Nexiclon XR	4
Nexletol	5
Nexlizet	5
Niacin Extended-Release	5
Niacor	5
Niaspan	6
Nicardipine	4
Nifedipine	4
Nifedipine ER	4
Nimodipine	4
Nisoldipine	4
Norliqva	4
Norvasc	4

O

Olmesartan	4
Olmesartan-Hydrochlorothiazide	4
Omega-3 Acid Ethyl Esters	6

P

Pediatric Fluoride Preparations	6
Perindopril	4
Persantine	2
Pindolol	4
Plavix	2
Pletal	2
Pradaxa	2
Prasugrel	2
Pravachol	6



Pravastatin	6
Prazosin.....	4
Prenatal Vitamins	6
Prestalia.....	4
Prevalite	6
Prinivil	4
Procardia.....	4
Procardia XL	4
Prograf.....	6
Propranolol	4
Propranolol-Hydrochlorothiazide.....	4

Q

Qbrelis	4
Questran.....	6
Questran Light	6
Quinapril.....	4
Quinapril-Hydrochlorothiazide	4

R

Raloxifene	6
Ramipril	4
Rapamune.....	6
Reserpine	4
Risedronate.....	6
Rosuvastatin	6
Roszet.....	6

S

Sandimmune.....	6
Savaysa	2
Sectral	4
Simvastatin.....	6
Simvastatin/Ezetimibe	6
Sirolimus.....	6
Soaanz.....	4
Soltamox	1
Spironolactone	4
Spironolactone- Hydrochlorothiazide	4
Sular.....	4

T

Tacrolimus.....	6
Tamoxifen.....	1
Tarka	4
Taztia XT.....	4
Tekturna	4
Tekturna HCT.....	4

Telmisartan.....	4
Telmisartan-Amlodipine.....	4
Telmisartan-Hydrochlorothiazide.....	4
Tenex	4
Tenoretic.....	4
Tenormin	4
Terazosin	4
Teriparatide	6
Teveten	4
Teveten HCT	4
Thalitone 15 mg.....	5
Thalitone 25 mg.....	5
Tiazac	5
Ticlopidine.....	2
Timolol.....	5
Toprol XL	5
Toremifene	1
Torsemide	5
Trandate	5
Trandolapril	5
Trandolapril-Verapamil	5
Triamterene	5
Triamterene-Hydrochlorothiazide	5
Tribenzor	5
Tricor.....	6
Triglide.....	6
Trilipix.....	6
Twynsta	5
Tymlos	6

U

Uniretic	5
Univasc.....	5

V

Valsartan	5
Valsartan Solution	5
Valsartan-Hydrochlorothiazide.....	5
Vascepa.....	6
Vaseretic.....	5
Vasotec.....	5
Verapamil	5
Verapamil ER	5
Verelan.....	5
Verelan PM.....	5
Vytorin	6

W

Warfarin	2
Welchol.....	6

X

Xarelto	2
---------------	---

Y

Z

Zaroxolyn.....	5
Zebeta	5
Zestoretic	5
Zestril	5
Zetia	6
Ziac	5
Zocor	6
Zontivity.....	2
Zortress	6
Zypitamag	6

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Room 509F, HHH Building
Washington, D.C. 20201

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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.

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។ សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃដែលមាននៅលើអត្តសញ្ញាណប័ណ្ណរបស់អ្នក។

PAKDAAR: Nu saritaem ti **Ilocano (Ilocano)**, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyan. 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 shq'oodí ninaaltsoos nit'izí bee nééhozinígíí bine'déé' t'áá jíík'ehgo béésh bee hane'í bik'á'ígíí 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.

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. Your benefit plan determines how these medications may be covered for you.

Where differences are noted between this reference guide and your benefit plan documents, the benefit plan documents will govern.

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

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