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)
[1]Coverage is provided for oral formulations

United Healthcare

Therapeutic Drug Classes	Requirements & Limits
Enoxaparin	
Fragmin	
Fondaparinux	
Heparin	
Jantoven	
Lovenox	E
Persantine	
Plavix	E
Pletal	
Pradaxa	
Prasugrel	
Savaysa	
Ticlopidine	
Warfarin	
Xarelto	
Zontivity	
Cardiovascular/Heart Disease: High Blood Pressure	
Accupril	E
Accuretic	
Acebutolol	
Aceon	
Adalat CC	
Afeditab	
Aldactazide	
Aldactone	E
Aliskiren	
Altace	E
Amiloride	
Amiloride-Hydrochlorothiazide	
Amlodipine	
Amlodipine-Benazepril	
Amlodipine-Olmesartan	E
Amlodipine-Olmesartan-Hydrochlorothiazide	E

Therapeutic Drug Classes	Requirements & Limits
Amlodipine-Valsartan	
Amlodipine-Valsartan-Hydrochlorothiazide	E
Amturnide	E
Atacand	E
Atacand HCT	E
Atenolol	
Atenolol-Chlorthalidone	
Avalide	E
Avapro	E
Azor	E
Benazepril	
Benazepril-Hydrochlorothiazide	
Benicar	E
Benicar HCT	E
Betaxolol[1]	
Bidil	
Bisoprolol	
Bisoprolol-Hydrochlorothiazide	
Bumetanide	
Bystolic	E
Byvalson	
Calan	
Calan SR	
Candesartan	
Candesartan-Hydrochlorothiazide	
Captopril	
Captopril-Hydrochlorothiazide	
Cardene SR	
Cardizem	E
Cardizem CD	E
Cardizem LA	E
Cardura	
Carospir	
Cartia XT	

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Therapeutic Drug Classes	Requirements & Limits
Carvedilol	
Carvedilol ER	E
Catapres	
Catapres TTS	E
Chlorothiazide	
Clonidine	
Clonidine Patch	
Clorpress	
Conjupri	E
Coreg	E
Coreg CR	E
Corgard	
Corzide	
Covera HS	
Cozaar	E
Demadex	
Dilacor XR	
Dilt CD	
Dilt XR	
Diltia XT	
Diltiazem	
Diltiazem ER	
Diltzac ER	
Diovan	E
Diovan HCT	E
Diuril	
Doxazosin	
Dutoprol	E
Dyazide	
Dynacirc CR	
Dyrenium	E
Edarbi	
Edarbyclor	
Edecrin	E
Enalapril	

Therapeutic Drug Classes	Requirements & Limits
Enalapril-Hydrochlorothiazide	
Epaned	
Eplerenone	
Eprosartan	
Ethacrynic Acid	
Exforge	E
Exforge HCT	E
Felodipine ER	
Fosinopril	
Fosinopril-Hydrochlorothiazide	
Furosemide	
Guanfacine	
Hydralazine	
Hydrochlorothiazide	
Hyzaar	E
Indapamide	
Inderal	
Inderal LA	E
Inderal XL	E
Innopran XL	E
Inspra	E
Irbesartan	
Irbesartan-Hydrochlorothiazide	
Isoptin SR	
Isradipine	
Kapspargo	
Katerzia	
Labetalol	
Lasix	
Levamlodipine (Conjupri authorized generic**)**	E
Levatol	
Lisinopril	
Lisinopril-Hydrochlorothiazide	
Lopressor	

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Therapeutic Drug Classes	Requirements & Limits
Lopressor HCT	
Losartan	
Losartan-Hydrochlorothiazide	
Lotensin	
Lotensin HCT	
Lotrel	E
Matzim LA	
Mavik	
Maxzide	
Methyclothiazide	
Methyldopa	
Methyldopa-Hydrochlorothiazide	
Metolazone	
Metoprolol 37.5, 75 mg	E
Metoprolol-Hydrochlorothiazide	
Metoprolol Succinate	
Metoprolol Tartrate	
Micardis	E
Micardis HCT	E
Microzide	
Midamor	
Minipress	
Minoxidil	
Moexipril	
Moexipril-Hydrochlorothiazide	
Nadolol	
Nadolol-Bendroflumethazide	
Nebivolol	E
Nexiclon XR	E
Nicardipine	
Nifedipine	
Nifedipine ER	
Nimodipine	
Nisoldipine	
Norliqva	E

Therapeutic Drug Classes	Requirements & Limits
Norvasc	E
Olmesartan	
Olmesartan-Hydrochlorothiazide	
Perindopril	
Pindolol	
Prazosin	
Prestalia	E
Prinivil	
Procardia	
Procardia XL	E
Propranolol	
Propranolol-Hydrochlorothiazide	
Qbrelis	
Quinapril	
Quinapril-Hydrochlorothiazide	
Ramipril	
Reserpine	
Sectral	
Soaanz	E
Spironolactone	
Spironolactone-Hydrochlorothiazide	
Sular	
Tarka	E
Taztia XT	
Tekturna	
Tekturna HCT	
Telmisartan	
Telmisartan-Amlodipine	E
Telmisartan-Hydrochlorothiazide	
Tenex	
Tenoretic	E
Tenormin	E
Terazosin	
Teveten	
Teveten HCT	

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Therapeutic Drug Classes	Requirements & Limits
Thalitone 15 mg	E
Thalitone 25 mg	
Tiazac	
Timolol[1]	
Toprol XL	E
Torsemide	
Trandate	
Trandolapril	
Trandolapril-Verapamil	
Triamterene	
Triamterene-Hydrochlorothiazide	
Tribenzor	E
Twynsta	E
Uniretic	
Univasc	
Valsartan	
Valsartan-Hydrochlorothiazide	
Valsartan Solution	E
Vaseretic	E
Vasotec	E
Verapamil	
Verapamil ER	
Verelan	
Verelan PM	
Zaroxolyn	
Zebeta	
Zestoretic	E
Zestril	E
Ziac	
Cardiovascular/Heart Disease: High Cholesterol	
Altoprev	E
Antara	E
Atorvastatin	
Cholestyramine	
Cholestyramine Light	

Therapeutic Drug Classes	Requirements & Limits
Choline Fenofibrate	E
Colesevelam Tablets, Powder for Suspension	
Colestid	
Colestipol	
Crestor	E
Ezallor Sprinkle	
Ezetimibe	
Ezetimibe/Rosuvastain	E
Fenofibrate 30, 43, 50, 67, 75, 90, 130, 134, 150, 200 mg Capsule	E
Fenofibrate 40, 48, 120 mg Tablet	E
Fenofibrate 54, 145, 160 mg Tablet	
Fenofibric Acid	E
Fenoglide	E
Fibricor	E
Flolipid	
Fluvastatin	
Fluvastatin ER	
Gemfibrozil	
Icosapent	E
Lescol	
Lescol XL	E
Lipitor	E
Lipofen	E
Livalo	E
Lofibra	E
Lopid	
Lovastatin	
Lovaza	E
Mevacor	
Nexletol	
Nexlizet	
Niacin Extended-Release	
Niacor	E

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Therapeutic Drug Classes	Requirements & Limits
Niaspan	E
Omega-3 Acid Ethyl Esters	
Pravachol	E
Pravastatin	
Prevalite	
Questran	
Questran Light	
Rosuvastatin	
Roszet	E
Simvastatin	
Simvastatin/Ezetimibe	
Tricor	E
Triglide	E
Trilipix	E
Vascepa	E
Vytorin	E
Welchol	E
Zetia	E
Zocor	E
Zypitamag	E
Immunosuppressant: Organ Rejection	
Astagraf XL	E
Azasan	
Azathioprine	
Cellcept	E
Cyclosporine	
Envarsus XR	E
Everolimus	
Gengraf	
Imuran	E
Mycophenolate	
Mycophenolic Acid	
Myfortic	E
Neoral	E
Prograf	

Therapeutic Drug Classes	Requirements & Limits
Rapamune	E
Sandimmune	E
Sirolimus	
Tacrolimus	
Zortress	E
Musculoskeletal: Osteoporosis	
Actonel	E
Alendronate	
Atelvia	E
Binosto	E
Boniva	E
Calcitonin (Salmon)	
Didronel	
Etidronate	
Evista	E
Forteo	E
Fortical	
Fosamax	
Fosamax Plus D	
Ibandronate	
Miacalcin	
Raloxifene	
Risedronate	
Teriparatide	
Tymlos	
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	

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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 **http://www.hhs.gov/ocr/office/file/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.

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تنبيه: إذا كنت تتحدث **العربية (Arabic)**، فإن خدمات المساعدة اللغوية المجانية متاحة لك. الرجاء الاتصال على رقم الهاتف المجاني الموجود على معرّف 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.

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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。

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ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते है, आपको भाषा सहायता सेबाएं, 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 xov tooj 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 yáníłti'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shǫǫdí ninaaltsoos nitł'izí bee nééhozinígíí bine'dęę' t'áá jíík'ehgo béésh bee hane'í biká'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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