

2024 Preventive Medication List for Consumer Driven Health Plans Federal Guided 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.

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.

This list applies to UnitedHealthcare medical plans. It is correct as of March 1, 2024 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 September 1, 2024

Therapeutic Drug Classes

Cardiovascular/Heart Disease: High Blood Pressure

Accupril

Acebutolol

Altace

Atenolol

Benazepril

Betaxolol

Bisoprolol

Bystolic

Captopril

Carvedilol

Carvedilol ER

Coreg

Coreg CR

Therapeutic Drug Classes

Corgard

Enalapril

Epaned

Fosinopril

Inderal

Inderal LA

Inderal XL

Innopran XL

Kaspargo

Labetalol

Lisinopril

Lopressor

Lotensin

Metoprolol Succinate

Bold type = Brand-name drug

[Plain type = Generic drug]

¹Coverage is provided for oral formulations

| Therapeutic Drug Classes |
|---|
| Metoprolol Tartrate |
| Nadolol |
| Nebivolol |
| Perindopril |
| Pindolol |
| Prinivil |
| Propranolol |
| Qbrelis |
| Quinapril |
| Ramipril |
| Tenormin |
| Timolol ¹ |
| Toprol XL |
| Trandate |
| Trandolapril |
| Vasotec |
| Zestril |
| Cardiovascular/Heart Disease: High Cholesterol |
| Altoprev |
| Atorvaliq Suspension |
| Atorvastatin |
| Crestor |
| Ezallor Sprinkle |
| Fluvastatin |
| Fluvastatin ER |
| Lescol XL |
| Lipitor |
| Livalo |
| Lovastatin |
| Pravachol |
| Pravastatin |
| Rosuvastatin |
| Simvastatin |

| Therapeutic Drug Classes |
|--|
| Zocor |
| Zypitamag |
| Depression: Selective Serotonin Reuptake Inhibitors (SSRIs) |
| Celexa |
| Citalopram Capsules |
| Citalopram Tablets |
| Escitalopram |
| Fluoxetine |
| Fluvoxamine |
| Fluvoxamine Extended-Release |
| Lexapro |
| Paroxetine |
| Paroxetine Extended-Release |
| Paxil |
| Paxil CR |
| Pexeva |
| Prozac |
| Sertraline |
| Zoloft |
| Diabetes: Diabetic Supplies |
| Accu-Chek Guide Meters |
| Accu-Chek Guide Test Strips |
| 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 |

Bold type = Brand-name drug

[Plain type = Generic drug]

¹Coverage is provided for oral formulations



| Therapeutic Drug Classes |
|---|
| Diabetes: Insulin |
| Admelog, Admelog SoloStar |
| Afrezza |
| Apidra, Apidra SoloStar |
| Basaglar |
| Basaglar Tempo |
| Degludec FlexTouch |
| 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 Degludec |
| Insulin Glargine |
| Insulin Lispro |
| 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 |

| Therapeutic Drug Classes |
|------------------------------|
| 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 |
| Glimepiride |
| Glipizide |
| Glipizide ER |
| Glipizide-Metformin |
| Glucophage XR |
| Glucotrol XL |
| Glumetza |
| Glyburide |
| Glyburide Micronized |
| Glyburide-Metformin |
| Glynase |
| Glyxambi |
| Invokamet |
| Invokamet XR |

Bold type = Brand-name drug

[Plain type = Generic drug]

¹Coverage is provided for oral formulations



| Therapeutic Drug Classes |
|--------------------------|
| Invokana |
| Janumet |
| Janumet XR |
| Januvia |
| Jardiance |
| Jentadueto |
| Jentadueto XR |
| Kazano |
| Kombiglyze XR |
| Metformin |
| Metformin ER |
| Metformin Solution |
| Miglitol |
| Mounjaro |
| Nateglinide |
| Nesina |
| Onglyza |
| Oseni |
| Ozempic |
| Pioglitazone |
| Pioglitazone-Glimepiride |
| Pioglitazone-Metformin |
| Qtern |
| Repaglinide |
| Repaglinide-Metformin |
| Riomet |
| Rybelsus |
| Saxagliptin |
| Saxagliptin-Metformin |
| Segluromet |
| Steglatro |
| Steglujan |
| SymlinPen |
| Synjardy |
| Synjardy XR |

| Therapeutic Drug Classes |
|--------------------------------------|
| Tolbutamide |
| Tradjenta |
| Trijardy XR |
| Trulicity |
| Victoza |
| Xigduo XR |
| Xultophy |
| Zituvio |
| Musculoskeletal: Osteoporosis |
| Actonel |
| Alendronate |
| Atelvia |
| Binosto |
| Calcitonin (Salmon) |
| Etidronate |
| Evista |
| Ibandronate |
| Miacalcin |
| Raloxifene |
| Risedronate |
| Respiratory: Asthma/COPD |
| Alvesco |
| Arnuity Ellipta |
| Asmanex HFA |
| Asmanex Twisthaler |
| Budesonide Nebulized Solution |
| Flovent Diskus |
| Flovent HFA |
| Fluticasone Propionate Diskus |
| Fluticasone Propionate HFA |
| Pulmicort Flexhaler |
| Pulmicort Nebulized Solution |
| QVAR Redihaler |

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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 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 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 yániiti'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i. T'áá shqoqdí 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 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 plans.

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