

# 2024 Preventive Medication List for Consumer Driven Health Plans Expanded Generic Only 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 includes majority of the medications within the 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, 2024**

## Therapeutic Drug Classes

### Breast Cancer Prevention

Anastrozole

Exemestane

Letrozole

Tamoxifen

Toremifene

### Cardiovascular/Heart Disease: Blood Clot/Platelet Therapy

Aspirin-Dipyridamole

Cilostazol

Clopidogrel

Dabigatran

Dipyridamole

Enoxaparin

Fondaparinux

## Therapeutic Drug Classes

Heparin

Jantoven

Prasugrel

Ticlopidine

Warfarin

### Cardiovascular/Heart Disease: High Blood Pressure

Acebutolol

Aliskiren

Amiloride

Amiloride-Hydrochlorothiazide

Amlodipine

Amlodipine-Benazepril

Amlodipine-Olmesartan

Amlodipine-Olmesartan-Hydrochlorothiazide

<sup>1</sup> Coverage is provided for oral formulations.

<sup>2</sup> SSRIs are included only for employer groups who have specifically requested coverage.

**Therapeutic Drug Classes**

Amlodipine-Valsartan

Amlodipine-Valsartan-Hydrochlorothiazide

Atenolol

Atenolol-Chlorthalidone

Benazepril

Benazepril-Hydrochlorothiazide

Betaxolol<sup>1</sup>

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

Furosemide

**Therapeutic Drug Classes**

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 Succinate

Metoprolol Tartrate

Metoprolol-Hydrochlorothiazide

Minoxidil

Moexipril

Moexipril-Hydrochlorothiazide

Nadolol

Nadolol-Bendroflumethazide

Nebivolol

Nicardipine

Nifedipine

Nifedipine ER

Nimodipine

Nisoldipine

Olmesartan

Olmesartan-Hydrochlorothiazide

Perindopril

Pindolol

<sup>1</sup> Coverage is provided for oral formulations.

<sup>2</sup> SSRIs are included only for employer groups who have specifically requested coverage.



**Therapeutic Drug Classes**

Prazosin

Propranolol

Propranolol-Hydrochlorothiazide

Quinapril

Quinapril-Hydrochlorothiazide

Ramipril

Reserpine

Spironolactone

Spironolactone-Hydrochlorothiazide

Taztia XT

Telmisartan

Telmisartan-Amlodipine

Telmisartan-Hydrochlorothiazide

Terazosin

Timolol<sup>1</sup>

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

Fenofibrate Tablet

**Therapeutic Drug Classes**

Fenofibric Acid

Fluvastatin

Fluvastatin ER

Gemfibrozil

Icosapent

Lovastatin

Niacin Extended-Release

Omega-3 Acid Ethyl Esters

Pravastatin

Prevalite

Rosuvastatin

Simvastatin

Simvastatin-Ezetimibe

**Central Nervous System: Mental Health**

Aripiprazole

Asenapine

Chlorpromazine

Clozapine

Fluphenazine

Haloperidol

Loxapine

Lurasidone

Molindone

Olanzapine

Paliperidone ER

Perphenazine

Quetiapine

Quetiapine ER

Risperidone

Thioridazine

Thiothixene

Trifluoperazine

Ziprasidone

<sup>1</sup> Coverage is provided for oral formulations.<sup>2</sup> SSRIs are included only for employer groups who have specifically requested coverage.

## Therapeutic Drug Classes

### Central Nervous System: Multiple Sclerosis

Dimethyl Fumarate

Fingolimod

Glatiramer

Glatopa

Teriflunomide

### Depression: Selective Serotonin Reuptake Inhibitors (SSRIs)<sup>2</sup>

Citalopram

Escitalopram

Fluoxetine

Fluoxetine Capsules

Fluvoxamine

Fluvoxamine Extended-Release

Paroxetine

Paroxetine Extended-Release

Sertraline

### Diabetes: Non-Insulin

Acarbose

Amaryl

Glimepiride

Glipizide

Glipizide ER

Glipizide-Metformin

Glyburide

Glyburide Micronized

Glyburide-Metformin

Metformin

Metformin ER

Metformin Solution

Miglitol

Nateglinide

Pioglitazone

Pioglitazone-Glimepiride

## Therapeutic Drug Classes

Pioglitazone-Metformin

Repaglinide

Repaglinide-Metformin

Tolbutamide

### HIV

Abacavir

Abacavir-Lamivudine

Abacavir-Lamivudine-Zidovudine

Atazanavir

Darunavir

Didanosine

Efavirenz

Efavirenz-Emtricitabine-Tenofovir Disoproxil Fumarate

Efavirenz-Lamivudine

Emtricitabine

Emtricitabine-Tenofovir Disoproxil Fumarate

Etravirine

Fosamprenavir

Lamivudine

Lamivudine-Zidovudine

Lopinavir-Ritonavir

Maraviroc

Nevirapine

Nevirapine Extended-Release

Ritonavir

Stavudine

Tenofovir

Zidovudine

### Immunosuppressant: Organ Rejection

Azathioprine

Cyclosporine

Everolimus

Gengraf

Mycophenolate

<sup>1</sup> Coverage is provided for oral formulations.

<sup>2</sup> SSRIs are included only for employer groups who have specifically requested coverage.



## Therapeutic Drug Classes

Mycophenolic Acid

Sirolimus

Tacrolimus

## Musculoskeletal: Osteoporosis

Alendronate

Calcitonin (Salmon)

Etidronate

Ibandronate

Raloxifene

Risedronate

## Respiratory: Asthma/COPD

Albuterol HFA (generic **ProAir HFA, Proventil HFA**)

Albuterol Nebulized Solution

Albuterol Oral Tablet

Aminophylline

Arformoterol Nebulized Solution

Budesonide

Cromolyn

Fluticasone/Salmeterol Diskus

Fluticasone/Salmeterol RespiClick

Formoterol Nebulized Solution

Ipratropium

Ipratropium/Albuterol

Levalbuterol Nebulized Solution

Metaproterenol

Montelukast

Roflumilast

Terbutaline

Theophylline

Theophylline/Guaifenesin

Zafirlukast

## Therapeutic Drug Classes

### Vitamins

Pediatric Fluoride Preparations (Generic Products)

Prenatal Vitamins (for example: Generic Products)

<sup>1</sup> Coverage is provided for oral formulations.

<sup>2</sup> SSRIs are included only for employer groups who have specifically requested coverage.



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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 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](https://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](https://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.