

2020 Preventive Medication List for Consumer Driven Health Plans Federal Guided List

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

Effective September 1, 2020

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 health plan 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 May 1, 2020 and is subject to change after this date. The next anticipated update will occur with the next PDL cycle.

Therapeutic Drug Classes	Requirements & Limits
Cardiovascular/Heart Disease: High Blood Pressure	
Accupril	
Acebutolol	
Altace	
Atenolol	
Benazepril	
Betaxolol*	
Bisoprolol	
Bystolic	
Captopril	
Carvedilol	
Carvedilol ER	E
Coreg	

Therapeutic Drug Classes	Requirements & Limits
Coreg CR	E
Corgard	
Enalapril	
Epaned	
Fosinopril	
Inderal	
Inderal LA	E
Innopran XL	
Kaspargo	
Labetalol	
Lisinopril	
Lopressor	
Lotensin	

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)

*Coverage is provided for oral formulations

Therapeutic Drug Classes	Requirements & Limits
Metoprolol Succinate	
Metoprolol Tartrate	
Nadolol	
Perindopril	
Pindolol	
Prinivil	
Propranolol	
Qbrexelis	E
Quinapril	
Ramipril	
Tenormin	E
Timolol*	
Toprol XL	
Trandate	
Trandolapril	
Vasotec	E
Zestril	E
Cardiovascular/Heart Disease: High Cholesterol	
Altoprev	E
Atorvastatin	
Crestor	E
Ezallor Sprinkle	
Fluvastatin	
Fluvastatin ER	
Lescol XL	E
Lipitor	E
Livalo	E
Lovastatin	
Pravachol	
Pravastatin	
Rosuvastatin	
Simvastatin	

Therapeutic Drug Classes	Requirements & Limits
Simvastatin Suspension (Folipid Authorized Generic)	E
Zocor	
Zypitamag	E
Depression: Selective Serotonin Reuptake Inhibitors (SSRIs)	
Celexa	E
Citalopram	
Escitalopram	
Fluoxetine Capsules	
Fluoxetine 10 mg, 20 mg Tablets	
Fluoxetine 60 mg Tablets	E
Fluvoxamine	
Fluvoxamine Extended-Release	
Lexapro	E
Paroxetine	
Paroxetine Extended-Release	
Paxil	
Paxil CR	
Pexeva	
Prozac	E
Sertraline	
Zoloft	E
Diabetes: Diabetic Supplies	
Contour Next EZ Meters	
Contour Next Meters	
Contour Next One Meters	
Contour Next Test Strips	
Diabetic Testing - Lancets	
Insulin Needles/Syringes	
OneTouch Diabetic Meters	
OneTouch Diabetic Test Strips	

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Therapeutic Drug Classes	Requirements & Limits
Diabetes: Insulin	
Admelog, Admelog SoloStar	E
Afrezza	E
Apidra, Apidra SoloStar	E
Basaglar	E
Fiasp, Fiasp FlexTouch	E
Humalog	
Humalog Junior	
Humalog Mix 50/50	
Humalog Mix 75/25	
Humulin 50/50	
Humulin 70/30	
Humulin N	
Humulin R	
Insulin Lispro	E
Insulin Lispro Jr.	E
Insulin Lispro Protamine/Insulin Lispro 75/25	E
Lantus	
Levemir	E
Novolin 70/30	E
Novolin N	E
Novolin R	E
Novolog, Novolog FlexPen	E
Novolog Mix 70/30	E
Soliqua	
Toujeo	
Tresiba	E
Diabetes: Non-Insulin	
Acarbose	
ACTOplus Met	
ACTOplus Met XR	
Actos	E
Adlyxin	

Therapeutic Drug Classes	Requirements & Limits
Alogliptin	E
Alogliptin-Metformin	E
Alogliptin-Pioglitazone	E
Amaryl	
Avandia	
Bydureon	
Bydureon BCise	
Byetta	
Cycloset	
Diabeta	
Duetact	
Farxiga	E
Fortamet	E
Glimepiride	
Glipizide	
Glipizide ER	
Glipizide-Metformin	
Glucophage	
Glucophage XR	
Glucotrol	
Glucotrol XL	
Glucovance	
Glumetza	E
Glyburide	
Glyburide Micronized	
Glyburide-Metformin	
Glynase	
Glyset	
Glyxambi	
Invokamet	E
Invokamet XR	E
Invokana	E
Janumet	E

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Therapeutic Drug Classes	Requirements & Limits
Janumet XR	E
Januvia	E
Jardiance	
Jentadueto	
Jentadueto XR	
Kazano	
Kombiglyze XR	
Metformin	
Metformin ER (generic Fortamet)	E
Metformin ER (generic Glucophage XR)	
Metformin ER (generic Glumetza)	E
Miglitol	
Nateglinide	
Nesina	
Onglyza	
Oseni	
Ozempic	
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Pioglitazone-Glimepiride	
Pioglitazone-Metformin	
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Precose	
Qtern	E
Repaglinide	
Repaglinide-Metformin	
Riomet	
Riomet ER	
Rybelsus	
Segluromet	E
Starlix	
Steglatro	E
Steglujan	E
SymlinPen	
Synjardy	

Therapeutic Drug Classes	Requirements & Limits
Synjardy XR	
Tolbutamide	
Tradjenta	
Trijardy XR	
Trulicity	
Victoza	
Xigduo XR	E
Xultophy	E
Musculoskeletal: Osteoporosis	
Actonel	
Alendronate	
Atelvia	E
Binosto	E
Boniva	
Calcitonin (Salmon)	
Didronel	
Etidronate	
Evista	E
Fortical	
Ibandronate	
Miacalcin	
Raloxifene	
Risedronate	
Respiratory: Asthma/COPD	
Alvesco	E
Arnuity Ellipta	
Asmanex HFA	E
Asmanex Twisthaler	E
Budesonide Nebulized Solution	
Flovent Diskus	
Flovent HFA	
Pulmicort Flexhaler	
Pulmicort Nebulized Solution	E
QVAR Redihaler	E

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UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UT 84130

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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

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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.

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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.

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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 xov tooj 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 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 yánit'i'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shq'oodí 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.

For additional information:



Visit the member website listed on your health plan ID card to look up the price of drugs covered by your plan, find lower-cost options and more.



Call the toll-free phone number on your ID card to speak with a Customer Service representative.

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. 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 plans.

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