

# 2022 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 April 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 September 1, 2022**

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

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

**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)

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

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

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

Therapeutic Drug Classes	Requirements & Limits
Enalapril-Hydrochlorothiazide	
<b>Epaned</b>	
Eplerenone	
Eprosartan	
Ethacrynic Acid	
<b>Exforge</b>	E
<b>Exforge HCT</b>	E
Felodipine ER	
Fosinopril	
Fosinopril-Hydrochlorothiazide	
Furosemide	
Guanfacine	
Hydralazine	
Hydrochlorothiazide	
<b>Hyzaar</b>	E
Indapamide	
<b>Inderal</b>	
<b>Inderal LA</b>	E
<b>Inderal XL</b>	E
<b>Innopran XL</b>	E
<b>Inspra</b>	E
Irbesartan	
Irbesartan-Hydrochlorothiazide	
<b>Isoptin SR</b>	
Isradipine	
<b>Kaspargo</b>	
<b>Katerzia</b>	
Labetalol	
Lasix	
Levatol	
Lisinopril	
Lisinopril-Hydrochlorothiazide	
<b>Lopressor</b>	
<b>Lopressor HCT</b>	

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

Therapeutic Drug Classes	Requirements & Limits
Perindopril	
Pindolol	
Prazosin	
<b>Prestalia</b>	E
<b>Prinivil</b>	
<b>Procardia</b>	
<b>Procardia XL</b>	E
Propranolol	
Propranolol-Hydrochlorothiazide	
<b>Qbrelis</b>	
Quinapril	
Quinapril-Hydrochlorothiazide	
Ramipril	
Reserpine	
<b>Sectral</b>	
<b>Soaanz</b>	E
Spirolactone	
Spirolactone-Hydrochlorothiazide	
<b>Sular</b>	
<b>Tarka</b>	E
Taztia XT	
<b>Tekturna</b>	
<b>Tekturna HCT</b>	
Telmisartan	
Telmisartan-Amlodipine	E
Telmisartan-Hydrochlorothiazide	
<b>Tenex</b>	
<b>Tenoretic</b>	E
<b>Tenormin</b>	E
Terazosin	
<b>Teveten</b>	
<b>Teveten HCT</b>	
<b>Thalitone 15 mg</b>	E
<b>Thalitone 25 mg</b>	
<b>Tiazac</b>	

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Therapeutic Drug Classes	Requirements & Limits
Timolol <sup>1</sup>	
<b>Toprol XL</b>	E
Torsemide	
<b>Trandate</b>	
Trandolapril	
Trandolapril-Verapamil	
Triamterene	
Triamterene-Hydrochlorothiazide	
<b>Tribenzor</b>	E
<b>Twynsta</b>	E
<b>Uniretic</b>	
<b>Univasc</b>	
Valsartan	
Valsartan-Hydrochlorothiazide	
<b>Vaseretic</b>	E
<b>Vasotec</b>	E
Verapamil	
Verapamil ER	
<b>Verelan</b>	
<b>Verelan PM</b>	
<b>Zaroxolyn</b>	
<b>Zebeta</b>	
<b>Zestoretic</b>	E
<b>Zestril</b>	E
<b>Ziac</b>	
<b>Cardiovascular/Heart Disease: High Cholesterol</b>	
<b>Altoprev</b>	E
<b>Antara</b>	E
Atorvastatin	
Cholestyramine	
Cholestyramine Light	
Choline Fenofibrate	E
Colesevelam Tablets, Powder for Suspension	E
<b>Colestid</b>	

Therapeutic Drug Classes	Requirements & Limits
Colestipol	
<b>Crestor</b>	E
<b>Ezallor Sprinkle</b>	
Ezetimibe	
<b>Ezetimibe/Rosuvastain</b>	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
<b>Fenoglide</b>	E
<b>Fibracor</b>	E
<b>Flolipid</b>	
Fluvastatin	
Fluvastatin ER	
Gemfibrozil	
Icosapent	E
<b>Lescol</b>	
<b>Lescol XL</b>	E
<b>Lipitor</b>	E
<b>Lipofen</b>	E
<b>Livalo</b>	E
<b>Lofibra</b>	E
<b>Lopid</b>	
Lovastatin	
<b>Lovaza</b>	E
<b>Mevacor</b>	
<b>Nexletol</b>	
<b>Nexlizet</b>	
Niacin Extended-Release	
<b>Niacor</b>	E
<b>Niaspan</b>	E
Omega-3 Acid Ethyl Esters	
<b>Pravachol</b>	E
Pravastatin	

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Therapeutic Drug Classes	Requirements & Limits
Prevalite	
<b>Questran</b>	
<b>Questran Light</b>	
Rosuvastatin	
<b>Roszet</b>	E
Simvastatin	
Simvastatin/Ezetimibe	
<b>Tricor</b>	E
<b>Triglide</b>	E
<b>Trilipix</b>	E
<b>Vascepa</b>	E
<b>Vytorin</b>	E
<b>Welchol</b>	
<b>Zetia</b>	E
<b>Zocor</b>	E
<b>Zypitamag</b>	E
<b>Immunosuppressant: Organ Rejection</b>	
<b>Astagraf XL</b>	E
<b>Azasan</b>	
Azathioprine	
<b>Cellcept</b>	E
Cyclosporine	
<b>Envarsus XR</b>	E
Everolimus	
Gengraf	
<b>Imuran</b>	E
Mycophenolate	
Mycophenolic Acid	
<b>Myfortic</b>	E
<b>Neoral</b>	E
<b>Prograf</b>	
<b>Rapamune</b>	E
<b>Sandimmune</b>	E
Sirolimus	

Therapeutic Drug Classes	Requirements & Limits
Tacrolimus	
<b>Zortress</b>	E
<b>Musculoskeletal: Osteoporosis</b>	
<b>Actonel</b>	E
Alendronate	
<b>Atelvia</b>	E
<b>Binosto</b>	E
<b>Boniva</b>	E
Calcitonin (Salmon)	
<b>Didronel</b>	
Etidronate	
<b>Evista</b>	E
<b>Forteo</b>	E
<b>Fortical</b>	
<b>Fosamax</b>	
<b>Fosamax Plus D</b>	
Ibandronate	
<b>Miacalcin</b>	
Raloxifene	
Risedronate	
<b>Teriparatide</b>	
<b>Tymlos</b>	
<b>Vitamins</b>	
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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# Nondiscrimination notice and access to communication services

UnitedHealthcare® and its subsidiaries do not discriminate on the basis of race, color, national origin, age, disability or sex in their health programs or activities.

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](mailto: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.

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 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 kenyanam. 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 shqoodí ninaaltsoos nit'i'izí 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**

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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