

2022 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.

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 medical plans. It is correct as of January 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 May 1, 2022

Therapeutic Drug Classes	Requirements & Limits	Therapeutic Drug Classes	Requirements & Limits
Cardiovascular/Heart Disease: High Blood Pressure		Coreg CR	E
Accupril	E	Corgard	
Acebutolol		Enalapril	
Altace	E	Epaned	
Atenolol		Fosinopril	
Benazepril		Inderal	
Betaxolol		Inderal LA	E
Bisoprolol		Inderal XL	E
Bystolic	E	Innopran XL	E
Captopril		Kaspargo	
Carvedilol		Labetalol	
Carvedilol ER	E	Lisinopril	
Coreg	E	Lopressor	

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)

¹Coverage is provided for oral formulations

Therapeutic Drug Classes	Requirements & Limits
Lotensin	
Metoprolol Succinate	
Metoprolol Tartrate	
Nadolol	
Nebivolol	E
Perindopril	
Pindolol	
Prinivil	
Propranolol	
Qbrelis	
Quinapril	
Ramipril	
Tenormin	E
Timolol ¹	
Toprol XL	E
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	E
Pravastatin	
Rosuvastatin	
Simvastatin	

Therapeutic Drug Classes	Requirements & Limits
Zocor	E
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	E
Paxil CR	E
Pexeva	E
Prozac	E
Sertraline	
Zoloft	E
Diabetes: Diabetic Supplies	
Accu-Chek Guide Meters	
Accu-Chek Guide Test Strips	
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	
Diabetes: Insulin	
Admelog, Admelog SoloStar	E
Afrezza	E

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Therapeutic Drug Classes	Requirements & Limits	Therapeutic Drug Classes	Requirements & Limits
Apidra, Apidra SoloStar	E	Alogliptin-Metformin	E
Basaglar	E	Alogliptin-Pioglitazone	E
Fiasp, Fiasp FlexTouch	E	Amaryl	E
Humalog		Avandia	
Humalog Junior		Bydureon	
Humalog Mix 50/50		Bydureon BCise	
Humalog Mix 75/25		Byetta	
Humulin 50/50		Cycloset	
Humulin 70/30		Diabeta	
Humulin N		Duetact	
Humulin R		Farxiga	E
Insulin Glargine	E	Fortamet	E
Insulin Lispro	E	Glimepiride	
Insulin Lispro Jr.	E	Glipizide	
Insulin Lispro Protamine/Insulin Lispro 75/25	E	Glipizide ER	
Lantus		Glipizide-Metformin	
Levemir	E	Glucophage	
Lyumjev		Glucophage XR	
Novolin 70/30	E	Glucotrol	
Novolin N	E	Glucotrol XL	
Novolin R	E	Glucovance	
Novolog, Novolog FlexPen	E	Glumetza	E
Novolog Mix 70/30	E	Glyburide	
Semglee	E	Glyburide Micronized	
Soliqua		Glyburide-Metformin	
Toujeo		Glynase	
Tresiba	E	Glyset	
Diabetes: Non-Insulin		Glyxambi	
Acarbose		Invokamet	E
ACTOplus Met		Invokamet XR	E
ACTOplus Met XR		Invokana	E
Actos	E	Janumet	E
Adlyxin		Janumet XR	E
Alogliptin	E	Januvia	E

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Therapeutic Drug Classes	Requirements & Limits
Jardiance	
Jentadueto	
Jentadueto XR	
Kazano	
Kombiglyze XR	
Metformin	
Metformin ER (generic Fortamet)	E
Metformin ER (generic Glucophage XR)	
Metformin ER (generic Glumetza)	E
Metformin Solution (generic Riomet)	
Miglitol	
Nateglinide	
Nesina	
Onglyza	
Oseni	
Ozempic	
Pioglitazone	
Pioglitazone-Glimepiride	
Pioglitazone-Metformin	
PrandiMet	
Prandin	
Precose	
Qtern	E
Repaglinide	
Repaglinide-Metformin	
Riomet	E
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	E
Alendronate	
Atelvia	E
Binosto	E
Boniva	E
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® 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

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)**, udostępniłmy 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 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 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. 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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