

# 2024 Preventive Medication List for Consumer Driven Health Plans Core Plus 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.

This list applies to UnitedHealthcare and Oxford medical plans. It is correct as of December 1, 2023 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, 2024**

## Therapeutic Drug Classes

### Breast Cancer Prevention

Anastrozole

**Arimidex**

**Aromasin**

Exemestane

**Fareston**

**Femara**

Letrozole

**Soltamox**

Tamoxifen

Toremifene

## Therapeutic Drug Classes

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

**Arixtra**

Aspirin-Dipyridamole

**Brilinta**

Cilostazol

Clopidogrel

**Coumadin**

Dabigatran

Dipyridamole

**Effient**

**Bold type = Brand-name drug**

[Plain type = Generic drug]

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

**Therapeutic Drug Classes****Eliquis**

Enoxaparin

**Fragmin**

Fondaparinux

Heparin

Jantoven

**Lovenox****Plavix****Pradaxa****Pradaxa Pak**

Prasugrel

**Savaysa**

Ticlopidine

Warfarin

**Xarelto****Zontivity****Cardiovascular/Heart Disease: High Blood Pressure****Accupril****Accuretic**

Acebutolol

**Aldactazide****Aldactone**

Aliskiren

**Altace**

Amiloride

Amiloride-Hydrochlorothiazide

Amlodipine

Amlodipine-Benazepril

Amlodipine-Olmesartan

Amlodipine-Olmesartan-Hydrochlorothiazide

Amlodipine-Valsartan

Amlodipine-Valsartan-Hydrochlorothiazide

**Atacand****Therapeutic Drug Classes****Atacand HCT**

Atenolol

Atenolol-Chlorthalidone

**Avalide****Avapro****Azor**

Benazepril

Benazepril-Hydrochlorothiazide

**Benicar****Benicar HCT**Betaxolol<sup>1</sup>**Bidil**

Bisoprolol

Bisoprolol-Hydrochlorothiazide

Bumetanide

**Bystolic****Calan SR**

Candesartan

Candesartan-Hydrochlorothiazide

Captopril

Captopril-Hydrochlorothiazide

**Cardizem****Cardizem CD****Cardizem LA****Cardura****Carospir**

Cartia XT

Carvedilol

Carvedilol ER

**Catapres TTS**

Chlorothiazide

Clonidine

Clonidine Patch

**Bold type = Brand-name drug**

[Plain type = Generic drug]

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

**Therapeutic Drug Classes**

Conjupri

Coreg

Coreg CR

Corgard

Cozaar

Demadex

Dilt XR

Diltia XT

Diltiazem

Diltiazem ER

Diovan

Diovan HCT

Diuril

Doxazosin

Dyrenium

Edarbi

Edarbyclor

Edecrin

Enalapril

Enalapril-Hydrochlorothiazide

Epaned

Eplerenone

Eprosartan

Ethacrynic Acid

Exforge

Exforge HCT

Felodipine ER

Fosinopril

Fosinopril-Hydrochlorothiazide

Furosemide

Guanfacine

Hydralazine

Hydrochlorothiazide

**Therapeutic Drug Classes**

Hyzaar

Indapamide

Inderal

Inderal LA

Inderal XL

Innopran XL

Inspra

Irbesartan

Irbesartan-Hydrochlorothiazide

Isradipine

Kaspargo

Katerzia

Labetalol

Lasix

Levamlodipine

Lisinopril

Lisinopril-Hydrochlorothiazide

Lopressor

Lopressor HCT

Losartan

Losartan-Hydrochlorothiazide

Lotensin

Lotensin HCT

Lotrel

Matzim LA

Maxzide

Methyldopa

Methyldopa-Hydrochlorothiazide

Metolazone

Metoprolol 37.5, 75 mg

Metoprolol-Hydrochlorothiazide

Metoprolol Succinate

Metoprolol Tartrate

**Bold type = Brand-name drug**

[Plain type = Generic drug]

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

**Therapeutic Drug Classes****Micardis****Micardis HCT****Minipress**

Minoxidil

Moexipril

Moexipril-Hydrochlorothiazide

Nadolol

Nadolol-Bendroflumethazide

Nebivolol

**Nexiclon XR**

Nicardipine

Nifedipine

Nifedipine ER

Nimodipine

Nisoldipine

**Norliqva****Norvasc**

Olmesartan

Olmesartan-Hydrochlorothiazide

Perindopril

Pindolol

Prazosin

**Prestalia****Prinivil****Procardia XL**

Propranolol

Propranolol-Hydrochlorothiazide

**Qbrelis**

Quinapril

Quinapril-Hydrochlorothiazide

Ramipril

Reserpine

**Soanz****Therapeutic Drug Classes**

Spironolactone

Spironolactone Suspension

Spironolactone-Hydrochlorothiazide

**Sular**

Taztia XT

**Tekturna****Tekturna HCT**

Telmisartan

Telmisartan-Amlodipine

Telmisartan-Hydrochlorothiazide

**Tenoretic****Tenormin**

Terazosin

**Thalitone****Tiazac**Timolol<sup>1</sup>**Toprol XL**

Torsemide

Trandolapril

Trandolapril-Verapamil

Triamterene

Triamterene-Hydrochlorothiazide

**Tribenzor**

Valsartan

Valsartan-Hydrochlorothiazide

**Valsartan Solution****Vaseretic****Vasotec**

Verapamil

Verapamil ER

**Verelan****Verelan PM****Zestoretic****Bold type = Brand-name drug**

[Plain type = Generic drug]

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

**Therapeutic Drug Classes****Zestril****Ziac****Cardiovascular/Heart Disease: High Cholesterol****Atoprev****Antara****Atorvaliq Suspension**

Atorvastatin

Cholestyramine

Cholestyramine Light

Choline Fenofibrate

Colesevelam Tablets, Powder for Suspension

**Colestid**

Colestipol

**Crestor****Ezallor Sprinkle**

Ezetimibe

**Ezetimibe/Rosuvastain**

Fenofibrate Capsule

Fenofibrate Tablet

Fenofibric Acid

**Fenoglide****Fibricor****Flolipid**

Fluvastatin

Fluvastatin ER

Gemfibrozil

Icosapent

**Lescol XL****Lipitor****Lipofen****Livalo****Lopid**

Lovastatin

**Therapeutic Drug Classes****Lovaza****Nexleto****Nexlizet**

Niacin Extended-Release

**Niacor**

Omega-3 Acid Ethyl Esters

Pitavastatin

Pravastatin

Prevalite

**Questran****Questran Light**

Rosuvastatin

**Roszet**

Simvastatin

Simvastatin-Ezetimibe

**Tricor****Trilipix****Vascepa****Vytorin****Welchol****Zetia****Zocor****Zypitamag****Depression: Selective Serotonin Reuptake Inhibitors (SSRIs)<sup>1</sup>****Celexa**

Citalopram Tablets

**Citalopram Capsules**

Escitalopram

Fluoxetine

Fluoxetine Capsules

Fluvoxamine

Fluvoxamine Extended-Release

**Bold type = Brand-name drug**

[Plain type = Generic drug]

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

**Therapeutic Drug Classes****Lexapro**

Paroxetine

Paroxetine Extended-Release

**Paxil****Paxil CR****Pexeva****Prozac****Sertraline Capsules**

Sertraline Tablets

**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****Diabetes: Insulin****Admelog, Admelog SoloStar****Afrezza****Apidra, Apidra SoloStar****Basaglar****Basaglar Tempo****Degludec FlexTouch****Fiasp, Fiasp FlexTouch****Therapeutic Drug Classes****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 Aspart****Insulin Aspart Protamine/Insulin Aspart****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****Soliqua****Toujeo****Tresiba****Bold type = Brand-name drug**

[Plain type = Generic drug]

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

Therapeutic Drug Classes
<b>Diabetes: Non-Insulin</b>
Acarbose
<b>ACTOplus Met</b>
<b>Actos</b>
<b>Alogliptin</b>
<b>Alogliptin-Metformin</b>
<b>Alogliptin-Pioglitazone</b>
<b>Amaryl</b>
<b>Brenzavvy</b>
<b>Bydureon BCise</b>
<b>Byetta</b>
<b>Cycloset</b>
<b>Duetact</b>
<b>Farxiga</b>
Glimepiride
Glipizide
Glipizide ER
Glipizide-Metformin
<b>Glucophage XR</b>
<b>Glucotrol XL</b>
<b>Glumetza</b>
Glyburide
Glyburide Micronized
Glyburide-Metformin
<b>Glynase</b>
<b>Glyxambi</b>
<b>Invokamet</b>
<b>Invokamet XR</b>
<b>Invokana</b>
<b>Janumet</b>
<b>Janumet XR</b>
<b>Januvia</b>
<b>Jardiance</b>

Therapeutic Drug Classes
<b>Jentadueto</b>
<b>Jentadueto XR</b>
<b>Kazano</b>
<b>Kombiglyze XR</b>
Metformin
Metformin ER
Metformin Solution
Miglitol
<b>Mounjaro</b>
Nateglinide
<b>Nesina</b>
<b>Onglyza</b>
<b>Oseni</b>
<b>Ozempic</b>
Pioglitazone
Pioglitazone-Glimepiride
Pioglitazone-Metformin
<b>Qtern</b>
Repaglinide
Repaglinide-Metformin
<b>Riomet</b>
<b>Rybelsus</b>
Saxagliptin
Saxagliptin-Metformin
<b>Segluromet</b>
<b>Steglatro</b>
<b>Steglujan</b>
<b>SymlinPen</b>
<b>Synjardy</b>
<b>Synjardy XR</b>
Tolbutamide
<b>Tradjenta</b>
<b>Trijardy XR</b>

**Bold type = Brand-name drug**

[Plain type = Generic drug]

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



**Therapeutic Drug Classes**

Trulicity

Victoza

Xigduo XR

Xultophy

**Immunosuppressant: Organ Rejection**

Astagraf XL

Azasan

Azathioprine

Cellcept

Cyclosporine

Envarsus XR

Everolimus

Gengraf

Imuran

Mycophenolate

Mycophenolic Acid

Myfortic

Neoral

Prograf

Rapamune

Sandimmune

Sirolimus

Tacrolimus

Zortress

**Musculoskeletal: Osteoporosis**

Actonel

Alendronate

Atelvia

Binosto

Calcitonin (Salmon)

Etidronate

Evista

Forteo

**Therapeutic Drug Classes**

Ibandronate

Miacalcin

Raloxifene

Risedronate

Teriparatide

Tymlos

**Respiratory: Asthma/COPD**

Accolate

Advair Diskus

Advair HFA

Airsupra

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

AirDuo Digihaler

AirDuo RespiClick

Albuterol Nebulized Solution

Albuterol Oral Tablet

Alvesco

Aminophylline

Anoro Ellipta

Arformoterol Nebulized Solution

ArmonAir Digihaler

Arnuity Ellipta

Asmanex HFA

Asmanex Twisthaler

Atrovent HFA

Bevespi Aerosphere

Breo Ellipta

Breztri Aerosphere

Brovana

Budesonide/Formoterol

Budesonide Nebulized Solution

Combivent Respimat

**Bold type = Brand-name drug**

[Plain type = Generic drug]

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



**Therapeutic Drug Classes**

Cromolyn

**Daliresp****Duaklir Pressair****Dulera****Elixophyllin****Flovent Diskus****Flovent HFA****Fluticasone Diskus****Fluticasone HFA**

Fluticasone/Salmeterol Diskus

Fluticasone/Salmeterol RespiClick

**Fluticasone/Vilanterol Ellipta**

Formoterol Nebulized Solution

**Gastrocrom****Incruse Ellipta**

Ipratropium

Ipratropium/Albuterol

**Levalbuterol HFA**

Levalbuterol Nebulized Solution

**Lonhala Magnair**

Metaproterenol

Montelukast

**Perforomist****ProAir Digihaler****Proair HFA****Proair RespiClick****Proventil HFA****Pulmicort Flexhaler****Pulmicort Nebulized Solution****QVAR Redihaler**

Roflumilast

**Serevent Diskus****Singulair****Therapeutic Drug Classes****Spiriva HandiHaler****Spiriva Respimat****Stiolto Respimat****Striverdi Respimat****Symbicort**

Terbutaline

**Theo-24**

Theophylline

Theophylline/Guaifenesin

Tiotropium Handihaler

**Trelegy Ellipta****Tudorza Pressair****Ventolin HFA****Xopenex HFA****Xopenex Nebulized Solution****Yupelri****Zafirlukast****Zyflo****Vitamins**

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

**Bold type = Brand-name drug**

[Plain type = Generic drug]

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

# Index

A				C	
Acarbose.....	7	Apidra, Apidra SoloStar.....	6	Calan SR.....	2
Accolate.....	8	Arformoterol Nebulized Solution.....	8	Calcitonin (Salmon).....	8
Accu-Chek Guide Meters.....	6	Arimidex.....	1	Candesartan.....	2
Accu-Chek Guide Test Strips.....	6	Arixtra.....	1	Candesartan-Hydrochlorothiazide.....	2
Accupril.....	2	ArmonAir Digihaler.....	8	Captopril.....	2
Accuretic.....	2	Arnuity Ellipta.....	8	Captopril-Hydrochlorothiazide.....	2
Acebutolol.....	2	Aromasin.....	1	Cardizem.....	2
Actonel.....	8	Asmanex HFA.....	8	Cardizem CD.....	2
ACTOplus Met.....	7	Asmanex Twisthaler.....	8	Cardizem LA.....	2
Actos.....	7	Aspirin-Dipyridamole.....	1	Cardura.....	2
Admelog, Admelog SoloStar.....	6	Astagraf XL.....	8	Carospir.....	2
Advair Diskus.....	8	Atacand.....	2	Cartia XT.....	2
Advair HFA.....	8	Atacand HCT.....	2	Carvedilol.....	2
Afrezza.....	6	Atelvia.....	8	Carvedilol ER.....	2
AirDuo Digihaler.....	8	Atenolol.....	2	Catapres TTS.....	2
AirDuo RespiClick.....	8	Atenolol-Chlorthalidone.....	2	Celexa.....	5
Airsupra.....	8	Atorvaliq Suspension.....	5	Cellcept.....	8
Albuterol HFA (generic ProAir HFA, Proventil HFA).....	8	Atorvastatin.....	5	Chlorothiazide.....	2
Albuterol HFA (Ventolin HFA authorized generic).....	8	Atrovent HFA.....	8	Cholestyramine.....	5
Albuterol Nebulized Solution.....	8	Avalide.....	2	Cholestyramine Light.....	5
Albuterol Oral Tablet.....	8	Avapro.....	2	Choline Fenofibrate.....	5
Aldactazide.....	2	Azasan.....	8	Cilostazol.....	1
Aldactone.....	2	Azathioprine.....	8	Citalopram Capsules.....	5
Alendronate.....	8	Azor.....	2	Citalopram Tablets.....	5
Aliskiren.....	2	<b>B</b>		Clonidine.....	2
Alogliptin.....	7	Basaglar.....	6	Clonidine Patch.....	2
Alogliptin-Metformin.....	7	Basaglar Tempo.....	6	Clopidogrel.....	1
Alogliptin-Pioglitazone.....	7	Benazepril.....	2	Colesevelam Tablets, Powder for Suspension.....	5
Altace.....	2	Benazepril-Hydrochlorothiazide.....	2	Colestid.....	5
Altoprev.....	5	Benicar.....	2	Colestipol.....	5
Alvesco.....	8	Benicar HCT.....	2	Combivent Respimat.....	8
Amaryl.....	7	Betaxolol.....	2	Conjupri.....	3
Amiloride.....	2	Bevespi Aerosphere.....	8	Continuous Glucose Monitors.....	6
Amiloride-Hydrochlorothiazide.....	2	Bidil.....	2	Contour Next EZ Meters.....	6
Aminophylline.....	8	Binosto.....	8	Contour Next Meters.....	6
Amlodipine.....	2	Bisoprolol.....	2	Contour Next One Meters.....	6
Amlodipine-Benazepril.....	2	Bisoprolol-Hydrochlorothiazide.....	2	Contour Next Test Strips.....	6
Amlodipine-Olmesartan.....	2	Brenzavvy.....	7	Coreg.....	3
Amlodipine-Olmesartan- Hydrochlorothiazide.....	2	Breo Ellipta.....	8	Coreg CR.....	3
Amlodipine-Valsartan.....	2	Breztri Aerosphere.....	8	Corgard.....	3
Amlodipine-Valsartan- Hydrochlorothiazide.....	2	Brilinta.....	1	Coumadin.....	1
Anastrozole.....	1	Brovana.....	8	Cozaar.....	3
Anoro Ellipta.....	8	Budesonide Nebulized Solution.....	8	Crestor.....	5
Antara.....	5	Budesonide/Formoterol.....	8	Cromolyn.....	9
		Bumetanide.....	2	Cycloset.....	7
		Bydureon BCise.....	7	Cyclosporine.....	8
		Byetta.....	7		
		Bystolic.....	2		



**D**

Dabigatran.....	1
Daliresp .....	9
Degludec FlexTouch.....	6
Demadex .....	3
Diabetic Testing - Lancets .....	6
Dilt XR.....	3
Diltia XT .....	3
Diltiazem.....	3
Diltiazem ER.....	3
Diovan.....	3
Diovan HCT .....	3
Dipyridamole.....	1
Diuril.....	3
Doxazosin.....	3
Duaklir Pressair .....	9
Duetact .....	7
Dulera .....	9
Dyrenium .....	3

**E**

Edarbi .....	3
Edarbyclor .....	3
Edecrin .....	3
Effient.....	1
Eliquis .....	2
Elixophyllin .....	9
Enalapril.....	3
Enalapril-Hydrochlorothiazide.....	3
Enoxaparin .....	2
Envarsus XR.....	8
Epaned .....	3
Eplerenone.....	3
Eprosartan .....	3
Escitalopram .....	5
Ethacrynic Acid.....	3
Etidronate .....	8
Everolimus.....	8
Evista .....	8
Exemestane .....	1
Exforge .....	3
Exforge HCT .....	3
Ezallor Sprinkle.....	5
Ezetimibe.....	5
Ezetimibe/Rosuvastain .....	5

**F**

Fareston .....	1
Farxiga.....	7
Felodipine ER.....	3

Femara.....	1
Fenofibrate Capsule.....	5
Fenofibrate Tablet .....	5
Fenofibric Acid.....	5
Fenoglide.....	5
Fiasp Pumpcart .....	6
Fiasp, Fiasp FlexTouch.....	6
Fibracor .....	5
Flolipid .....	5
Flovent Diskus .....	9
Flovent HFA.....	9
Fluoxetine .....	5
Fluoxetine Capsules.....	5
Fluticasone Diskus .....	9
Fluticasone HFA .....	9
Fluticasone/Salmeterol Diskus .....	9
Fluticasone/Salmeterol RespiClick .....	9
Fluticasone/Vilanterol Ellipta .....	9
Fluvastatin .....	5
Fluvastatin ER.....	5
Fluvoxamine .....	5
Fluvoxamine Extended-Release .....	5
Fondaparinux.....	2
Formoterol Nebulized Solution .....	9
Forteo .....	8
Fosinopril.....	3
Fosinopril-Hydrochlorothiazide.....	3
Fragmin.....	2
Furosemide .....	3

**G**

Gastrocrom .....	9
Gemfibrozil.....	5
Gengraf.....	8
Glimepiride.....	7
Glipizide.....	7
Glipizide ER.....	7
Glipizide-Metformin.....	7
Glucophage XR .....	7
Glucotrol XL .....	7
Glumetza .....	7
Glyburide.....	7
Glyburide Micronized.....	7
Glyburide-Metformin.....	7
Glynase.....	7
Glyxambi .....	7
Guanfacine.....	3

**H**

Heparin .....	2
---------------	---

Humalog .....	6
Humalog Junior .....	6
Humalog Mix 50/50.....	6
Humalog Mix 75/25.....	6
Humalog Tempo .....	6
Humulin 50/50 .....	6
Humulin 70/30 .....	6
Humulin N .....	6
Humulin R.....	6
Hydralazine .....	3
Hydrochlorothiazide.....	3
Hyzaar.....	3

**I**

Ibandronate.....	8
Icosapent .....	5
Imuran.....	8
Incruse Ellipta .....	9
Indapamide .....	3
Inderal.....	3
Inderal LA.....	3
Inderal XL.....	3
Innopran XL.....	3
Inspra.....	3
Insulin Aspart .....	6
Insulin Aspart Protamine/Insulin Aspart .....	6
Insulin Degludec.....	6
Insulin Glargine.....	6
Insulin Lispro.....	6
Insulin Lispro Jr.....	6
Insulin Lispro Protamine/Insulin Lispro 75/25 .....	6
Insulin Needles/Syringes.....	6
Invokamet.....	7
Invokamet XR.....	7
Invokana .....	7
Ipratropium.....	9
Ipratropium/Albuterol.....	9
Irbesartan .....	3
Irbesartan-Hydrochlorothiazide .....	3
Isradipine.....	3

**J**

Jantoven .....	2
Janumet.....	7
Janumet XR.....	7
Januvia .....	7
Jardiance.....	7
Jentaduetto .....	7



Jentadueto XR ..... 7

## K

Kapsargo..... 3

Katerzia..... 3

Kazano..... 7

Kombiglyze XR ..... 7

## L

Labetalol..... 3

Lantus..... 6

Lasix..... 3

Lescol XL..... 5

Letrozole..... 1

Levalbuterol HFA ..... 9

Levalbuterol Nebulized Solution ..... 9

Levamlodipine ..... 3

Levemir..... 6

Lexapro..... 6

Lipitor..... 5

Lipofen..... 5

Lisinopril..... 3

Lisinopril-Hydrochlorothiazide ..... 3

Livalo..... 5

Lonhala Magnair..... 9

Lopid..... 5

Lopressor ..... 3

Lopressor HCT ..... 3

Losartan ..... 3

Losartan-Hydrochlorothiazide ..... 3

Lotensin ..... 3

Lotensin HCT ..... 3

Lotrel..... 3

Lovastatin ..... 5

Lovaza ..... 5

Lovenox ..... 2

Lyumjev ..... 6

Lyumjev Tempo..... 6

## M

Matzim LA ..... 3

Maxzide..... 3

Metaproterenol ..... 9

Metformin ..... 7

Metformin ER..... 7

Metformin Solution..... 7

Methyldopa ..... 3

Methyldopa-Hydrochlorothiazide ..... 3

Metolazone ..... 3

Metoprolol 37.5, 75 mg ..... 3

Metoprolol Succinate..... 3

Metoprolol Tartrate..... 3

Metoprolol-Hydrochlorothiazide ..... 3

Miacalcin ..... 8

Micardis..... 4

Micardis HCT ..... 4

Miglitol ..... 7

Minipress..... 4

Minoxidil ..... 4

Moexipril..... 4

Moexipril-Hydrochlorothiazide..... 4

Montelukast ..... 9

Mounjaro ..... 7

Mycophenolate ..... 8

Mycophenolic Acid..... 8

Myfortic ..... 8

## N

Nadolol ..... 4

Nadolol-Bendroflumethazide ..... 4

Nateglinide ..... 7

Nebivolol ..... 4

Neoral ..... 8

Nesina..... 7

Nexiclon XR ..... 4

Nexletol..... 5

Nexlizet..... 5

Niacin Extended-Release ..... 5

Niacor ..... 5

Nicardipine..... 4

Nifedipine ..... 4

Nifedipine ER ..... 4

Nimodipine..... 4

Nisoldipine ..... 4

Norliqva ..... 4

Norvasc ..... 4

Novolin 70/30..... 6

Novolin N..... 6

Novolin R..... 6

Novolog Mix 70/30 ..... 6

Novolog, Novolog FlexPen ..... 6

## O

Olmesartan ..... 4

Olmesartan-Hydrochlorothiazide..... 4

Omega-3 Acid Ethyl Esters..... 5

Omnipod 5 (Gen 5), Kits & Pods..... 6

OneTouch Ultra Test Strips..... 6

OneTouch Verio Meter ..... 6

OneTouch Verio Test Strips ..... 6

Onglyza ..... 7

Oseni..... 7

Ozempic..... 7

## P

Paroxetine ..... 6

Paroxetine Extended-Release..... 6

Paxil ..... 6

Paxil CR..... 6

Pediatric Fluoride Preparations ..... 9

Perforomist ..... 9

Perindopril..... 4

Pexeva ..... 6

Pindolol..... 4

Pioglitazone ..... 7

Pioglitazone-Glimepiride ..... 7

Pioglitazone-Metformin ..... 7

Pitavastatin..... 5

Plavix..... 2

Pradaxa ..... 2

Pradaxa Pak..... 2

Prasugrel ..... 2

Pravastatin ..... 5

Prazosin..... 4

Prenatal Vitamins ..... 9

Prestalia..... 4

Prevalite..... 5

Prinivil ..... 4

ProAir Digihaler..... 9

Proair HFA ..... 8, 9

Proair RespiClick..... 9

Procardia XL ..... 4

Prograf ..... 8

Propranolol ..... 4

Propranolol-Hydrochlorothiazide..... 4

Proventil HFA ..... 8, 9

Prozac..... 6

Pulmicort Flexhaler ..... 9

Pulmicort Nebulized Solution..... 9

## Q

Qbrexis ..... 4

Qtern..... 7

Questran..... 5

Questran Light ..... 5

Quinapril..... 4

Quinapril-Hydrochlorothiazide ..... 4

QVAR Redihaler..... 9



**R**

Raloxifene .....	8
Ramipril .....	4
Rapamune.....	8
Repaglinide .....	7
Repaglinide-Metformin .....	7
Reserpine .....	4
Rezvoglar .....	6
Riomet .....	7
Risedronate.....	8
Roflumilast .....	9
Rosuvastatin .....	5
Roszet.....	5
Rybelsus.....	7

**S**

Sandimmune.....	8
Savaysa .....	2
Saxagliptin.....	7
Saxagliptin-Metformin.....	7
Segluromet.....	7
Semglee .....	6
Serevent Diskus.....	9
Sertraline Capsules.....	6
Sertraline Tablets.....	6
Simvastatin.....	5
Simvastatin-Ezetimibe.....	5
Singulair.....	9
Sirolimus.....	8
Soaanz.....	4
Soliqua.....	6
Soltamox .....	1
Spiriva HandiHaler.....	9
Spiriva Respimat .....	9
Spironolactone .....	4
Spironolactone Suspension .....	4
Spironolactone-Hydrochlorothiazide .....	4
Steglatro .....	7
Steglujan .....	7
Stiolto Respimat .....	9
Striverdi Respimat.....	9
Sular.....	4
Symbicort.....	9
SymlinPen .....	7
Synjardy.....	7
Synjardy XR.....	7

**T**

Tacrolimus.....	8
Tamoxifen .....	1

Taztia XT.....	4
Tekturna .....	4
Tekturna HCT.....	4
Telmisartan.....	4
Telmisartan-Amlodipine.....	4
Telmisartan-Hydrochlorothiazide.....	4
Tenoretic.....	4
Tenormin .....	4
Terazosin .....	4
Terbutaline .....	9
Teriparatide .....	8
Thalitone.....	4
Theo-24 .....	9
Theophylline.....	9
Theophylline/Guaifenesin.....	9
Tiazac .....	4
Ticlopidine.....	2
Timolol 4	
Tiotropium Handihaler .....	9
Tolbutamide .....	7
Toprol XL .....	4
Toremifene .....	1
Torsemide .....	4
Toujeo .....	6
Tradjenta .....	7
Trandolapril .....	4
Trandolapril-Verapamil.....	4
Trelegy Ellipta.....	9
Tresiba .....	6
Triamterene .....	4
Triamterene-Hydrochlorothiazide .....	4
Tribenzor .....	4
Tricor.....	5
Trijardy XR.....	7
Trilipix.....	5
Trulicity .....	8
Tudorza Pressair.....	9
Tymlos .....	8

**U****V**

Valsartan .....	4
Valsartan Solution .....	4
Valsartan-Hydrochlorothiazide.....	4
Vascepa.....	5
Vaseretic.....	4
Vasotec.....	4
Ventolin HFA .....	8, 9
Verapamil .....	4

Verapamil ER .....	4
Verelan.....	4
Verelan PM.....	4
Victoza .....	8
Vytorin .....	5

**W**

Warfarin .....	2
Welchol.....	5

**X**

Xarelto .....	2
Xigduo XR .....	8
Xopenex HFA .....	9
Xopenex Nebulized Solution .....	9
Xultophy.....	8

**Y**

Yupelri.....	9
--------------	---

**Z**

Zafirlukast .....	9
Zestoretic .....	4
Zestril .....	5
Zetia .....	5
Ziac .....	5
Zocor .....	5
Zoloft .....	6
Zontivity.....	2
Zortress .....	8
Zyflo .....	9
Zypitamag .....	5



# Nondiscrimination notice and access to communication services

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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](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)**, 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 ayang 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'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. 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](http://myuhc.com) for information on specific drugs included in these programs or call the member phone number listed on your health plan ID card.

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