



2019 Preventive Drug List for Consumer Driven Health Plans Core List

Effective Jan. 1, 2019

This document is a list of **Preventive Medications** that may be covered under your benefit plan. If your plan includes these Preventive Medications, your insurance benefit is applied before you meet your deductible for the below drugs.

Some medications may have additional requirements or limits depending on your benefit plan and are noted below. To confirm your plan coverage for a specific drug, please view your plan benefits on your health plan's member website or call the toll-free phone number on your health plan ID card. This list is intended as a reference and may not be all-inclusive. Brand-name or generic availability may not be current due to changes in the market.

This list applies to members of UnitedHealthcare and Oxford medical plans. It is accurate as of Jan. 1, 2019 and is subject to change after this date. The next anticipated update will be July 1, 2019.

Therapeutic Drug Classes	Requirements & Limits
Breast Cancer Prevention	
Anastrozole	
Arimidex	E
Aromasin	
Exemestane	
Fareston	
Femara	E
Letrozole	
Soltamox	E
Tamoxifen	

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

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
Enoxaparin	
Fragmin	
Fondaparinux	
Heparin	
Jantoven	
Lovenox	
Persantine	
Plavix	E
Pletal	
Pradaxa	
Prasugrel	
Savaysa	
Ticlopidine	
Warfarin	
Xarelto	
Zontivity	
Cardiovascular/Heart Disease: High Blood Pressure	
Accupril	
Accuretic	
Acebutolol	
Aceon	
Adalat CC	
Afeditab	
Aldactazide	
Aldactone	
Altace	
Amiloride	
Amiloride-Hydrochlorothiazide	
Amlodipine	
Amlodipine-Benazepril	
Amlodipine-Olmesartan	E
Amlodipine-Olmesartan-Hydrochlorothiazide	E
Amlodipine-Valsartan	

Therapeutic Drug Classes	Requirements & Limits
Amlodipine-Valsartan-Hydrochlorothiazide	E
Amturnide	E
Atacand	
Atacand HCT	
Atenolol	
Atenolol-Chlorthalidone	
Avalide	
Avapro	
Azor	E
Benazepril	
Benazepril-Hydrochlorothiazide	
Benicar	E
Benicar HCT	E
Betaxolol*	
Bidil	
Bisoprolol	
Bisoprolol-Hydrochlorothiazide	
Bumetanide	
Bystolic	
Byvalson	
Calan	
Calan SR	
Candesartan	
Candesartan-Hydrochlorothiazide	
Captopril	
Captopril-Hydrochlorothiazide	
Cardene SR	
Cardizem	E
Cardizem CD	E
Cardizem LA	E
Cardura	
Carospir	
Cartia XT	

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Therapeutic Drug Classes	Requirements & Limits	Therapeutic Drug Classes	Requirements & Limits
Carvedilol		Enalapril-Hydrochlorothiazide	
Carvedilol ER	E	Epaned	
Catapres		Eplerenone	
Catapres TTS		Eprosartan	
Chlorothiazide		Ethacrynic Acid	
Clonidine		Exforge	E
Clonidine Patch		Exforge HCT	E
Clorpress		Felodipine ER	
Coreg		Fosinopril	
Coreg CR	E	Fosinopril-Hydrochlorothiazide	
Corgard		Furosemide	
Corzide		Guanfacine	
Covera HS		Hydralazine	
Cozaar		Hydrochlorothiazide	
Demadex		Hyzaar	
Dilacor XR		Indapamide	
Dilt CD		Inderal	
Dilt XR		Inderal LA	E
Diltia XT		Innopran XL	
Diltiazem		Inspra	
Diltiazem ER		Irbesartan	
Diltzac ER		Irbesartan-Hydrochlorothiazide	
Diovan	E	Isoptin SR	
Diovan HCT	E	Isradipine	
Diuril		Kaspargo	E
Doxazosin		Labetalol	
Dutoprol	E	Lasix	
Dyazide		Levatol	
Dynacirc CR		Lisinopril	
Dyrenium		Lisinopril-Hydrochlorothiazide	
Edarbi		Lopressor	
Edarbyclor		Lopressor HCT	
Edecrin		Losartan	
Enalapril		Losartan-Hydrochlorothiazide	

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

Therapeutic Drug Classes	Requirements & Limits
Prazosin	
Prestalia	E
Prinivil	
Procardia	
Procardia XL	
Propranolol	
Propranolol-Hydrochlorothiazide	
Qbrelis	E
Quinapril	
Quinapril-Hydrochlorothiazide	
Ramipril	
Reserpine	
Sectral	
Spirolactone	
Spirolactone-Hydrochlorothiazide	
Sular	
Tarka	
Taztia XT	
Tekturma	
Tekturma HCT	
Telmisartan	
Telmisartan-Amlodipine	E
Telmisartan-Hydrochlorothiazide	
Tenex	
Tenoretic	E
Tenormin	E
Terazosin	
Teveten	
Teveten HCT	
Thalitone	
Tiazac	
Timolol *	
Toprol XL	
Torsemide	

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

Therapeutic Drug Classes	Requirements & Limits
Fenofibrate 43, 50, 67, 130, 134, 150, 200 mg Capsule	E
Fenofibrate 40, 48, 120, 145 mg Tablet	E
Fenofibrate 54, 160 mg Tablet	
Fenofibric Acid	E
Fenoglide	E
Fibricor	E
Flolipid	
Fluvastatin	
Fluvastatin ER	
Gemfibrozil	
Lescol	
Lescol XL	E
Lipitor	E
Lipofen	E
Livalo	E
Lofibra	E
Lopid	
Lovastatin	
Lovaza	E
Mevacor	
Niacin Extended-Release	
Niacor	
Niaspan	
Omega-3 Acid Ethyl Esters	
Pravachol	
Pravastatin	
Prevalite	
Questran	
Questran Light	
Rosuvastatin	
Simvastatin	
Simvastatin/Ezetimibe	
Tricor	E

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Therapeutic Drug Classes	Requirements & Limits
Triglide	E
Trilipix	E
Vascepa	
Vytorin	E
Welchol	
Zetia	E
Zocor	
Zypitamag	E
Immunosuppressant: Organ Rejection	
Astagraf XL	E
Azasan	
Azathioprine	
Cellcept	E
Cyclosporine	
Envarsus XR	E
Gengraf	
Imuran	E
Mycophenolate	
Mycophenolic Acid	
Myfortic	E
Neoral	E
Prograf	E
Rapamune	E
Sandimmune	E
Sirolimus	
Tacrolimus	
Zortress	

Therapeutic Drug Classes	Requirements & Limits
Musculoskeletal: Osteoporosis	
Actonel	
Alendronate	
Atelvia	E
Binosto	E
Boniva	
Calcitonin (Salmon)	
Didronel	
Etidronate	
Evista	E
Forteo	
Fortical	
Fosamax	
Fosamax Plus D	
Ibandronate	
Miacalcin	
Raloxifene	
Risedronate	
Tymlos	
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	

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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

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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 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'íizí 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 health plan ID card to speak with a Customer Service representative.

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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