

2021 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 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 and Oxford medical plans. It is correct as of August 1, 2020 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 January 1, 2021

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

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)

¹Coverage is provided for oral formulations

Therapeutic Drug Classes	Requirements & Limits	Therapeutic Drug Classes	Requirements & Limits
Enoxaparin		Amlodipine-Valsartan	
Fragmin		Amlodipine-Valsartan-Hydrochlorothiazide	E
Fondaparinux		Amturnide	E
Heparin		Atacand	
Jantoven		Atacand HCT	
Lovenox	E	Atenolol	
Persantine		Atenolol-Chlorthalidone	
Plavix	E	Avalide	
Pletal		Avapro	
Pradaxa		Azor	E
Prasugrel		Benazepril	
Savaysa		Benazepril-Hydrochlorothiazide	
Ticlopidine		Benicar	E
Warfarin		Benicar HCT	E
Xarelto		Betaxolol ¹	
Zontivity		Bidil	
Cardiovascular/Heart Disease: High Blood Pressure		Bisoprolol	
Accupril		Bisoprolol-Hydrochlorothiazide	
Accuretic		Bumetanide	
Acebutolol		Bystolic	E
Aceon		Byvalson	
Adalat CC		Calan	
Afedital		Calan SR	
Aldactazide		Candesartan	
Aldactone		Candesartan-Hydrochlorothiazide	
Aliskiren		Captopril	
Altace		Captopril-Hydrochlorothiazide	
Amiloride		Cardene SR	
Amiloride-Hydrochlorothiazide		Cardizem	E
Amlodipine		Cardizem CD	E
Amlodipine-Benazepril		Cardizem LA	E
Amlodipine-Olmesartan	E	Cardura	
Amlodipine-Olmesartan-Hydrochlorothiazide	E	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		Inderal XL	E
Diltiazem		Innopran XL	E
Diltiazem ER		Inspira	
Diltzac ER		Irbesartan	
Diovan	E	Irbesartan-Hydrochlorothiazide	
Diovan HCT	E	Isoptin SR	
Diuril		Isradipine	
Doxazosin		Kapspargo	
Dutoprol	E	Katerzia	
Dyazide		Labetalol	
Dynacirc CR		Lasix	
Dyrenium		Levatol	
Edarbi		Lisinopril	
Edarbyclor		Lisinopril-Hydrochlorothiazide	
Edecrin		Lopressor	
Enalapril		Lopressor HCT	

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Therapeutic Drug Classes	Requirements & Limits	Therapeutic Drug Classes	Requirements & Limits
Losartan		Perindopril	
Losartan-Hydrochlorothiazide		Pindolol	
Lotensin		Prazosin	
Lotensin HCT		Prestalia	E
Lotrel		Prinivil	
Matzim LA		Procardia	
Mavik		Procardia XL	
Maxzide		Propranolol	
Methyclothiazide		Propranolol-Hydrochlorothiazide	
Methyldopa		Qbrelis	
Methyldopa-Hydrochlorothiazide		Quinapril	
Metolazone		Quinapril-Hydrochlorothiazide	
Metoprolol 37.5, 75 mg	E	Ramipril	
Metoprolol-Hydrochlorothiazide		Reserpine	
Metoprolol Succinate		Sectral	
Metoprolol Tartrate		Spironolactone	
Micardis	E	Spironolactone-Hydrochlorothiazide	
Micardis HCT	E	Sular	
Microzide		Tarka	
Midamor		Taztia XT	
Minipress		Tekturna	
Minoxidil		Tekturna HCT	
Moexipril		Telmisartan	
Moexipril-Hydrochlorothiazide		Telmisartan-Amlodipine	E
Nadolol		Telmisartan-Hydrochlorothiazide	
Nadolol-Bendroflumethazide		Tenex	
Nicardipine		Tenoretic	E
Nifedipine		Tenormin	E
Nifedipine ER		Terazosin	
Nimodipine		Teveten	
Nisoldipine		Teveten HCT	
Norvasc	E	Thalitone	
Olmesartan		Tiazac	
Olmesartan-Hydrochlorothiazide		Timolol ¹	

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Therapeutic Drug Classes	Requirements & Limits	Therapeutic Drug Classes	Requirements & Limits
Toprol XL		Colestipol	
Torsemide		Crestor	E
Trandate		Ezallor Sprinkle	
Trandolapril		Ezetimibe	
Trandolapril-Verapamil		Fenofibrate 43, 50, 67, 130, 134, 150, 200 mg Capsule	E
Triamterene		Fenofibrate 40, 48, 120 mg Tablet	E
Triamterene-Hydrochlorothiazide		Fenofibrate 54, 145, 160 mg Tablet	
Tribenzor	E	Fenofibric Acid	E
Twynsta	E	Fenoglide	E
Uniretic		Fibricor	E
Univasc		Flolipid	
Valsartan		Fluvastatin	
Valsartan-Hydrochlorothiazide		Fluvastatin ER	
Vaseretic	E	Gemfibrozil	
Vasotec	E	Lescol	
Verapamil		Lescol XL	E
Verapamil ER		Lipitor	E
Verelan		Lipofen	E
Verelan PM		Livalo	E
Zaroxolyn		Lofibra	E
Zebeta		Lopid	
Zestoretic	E	Lovastatin	
Zestril	E	Lovaza	E
Ziac		Mevacor	
Cardiovascular/Heart Disease: High Cholesterol		Nexletol	
Altoprev	E	Nexlizet	
Antara	E	Niacin Extended-Release	
Atorvastatin		Niacor	
Cholestyramine		Niaspan	
Cholestyramine Light		Omega-3 Acid Ethyl Esters	
Choline Fenofibrate	E	Pravachol	
Colesevelam Tablets, Powder for Suspension	E	Pravastatin	
Colestid		Prevalite	

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Therapeutic Drug Classes	Requirements & Limits
Questran	
Questran Light	
Rosuvastatin	
Simvastatin	
Simvastatin/Ezetimibe	
Tricor	E
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
Everolimus	
Gengraf	
Imuran	E
Mycophenolate	
Mycophenolic Acid	
Myfortic	E
Neoral	E
Prograf	
Rapamune	E

Therapeutic Drug Classes	Requirements & Limits
Sandimmune	E
Sirolimus	
Tacrolimus	
Zortress	
Musculoskeletal: Osteoporosis	
Actonel	
Alendronate	
Atelvia	E
Binosto	E
Boniva	
Calcitonin (Salmon)	
Didronel	
Etidronate	
Evista	E
Forteo	E
Fortical	
Fosamax	
Fosamax Plus D	
Ibandronate	
Miacalcin	
Raloxifene	
Risedronate	
Teriparatide	
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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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, निःशुल्क 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 yániit'igo, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shqoodí ninaaltsoos nit'izí bee nééhozinígíí bine'déé' t'áá jíík'ehgo béésh bee hane'í bik'áígíí bee hodíilnih.

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



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.

**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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