

2025 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.

This list of drugs is the majority of medications within a 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 August 1, 2024 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, 2025

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

Eliquis

Bold type = Brand-name drug

[Plain type = Generic drug]

¹Coverage is provided for oral formulations

Therapeutic Drug Classes

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**Atacand HCT**

Atenolol

Therapeutic Drug Classes

Atenolol-Chlorthalidone

Avalide**Avapro****Azor**

Benazepril

Benazepril-Hydrochlorothiazide

Benicar**Benicar HCT**Betaxolol¹**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 ER

Clonidine Patch

Conjupri**Coreg****Bold type = Brand-name drug**

[Plain type = Generic drug]

¹Coverage is provided for oral formulations

Therapeutic Drug Classes**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

Hyzaar

Indapamide

Therapeutic Drug Classes**Inderal****Inderal LA****Inderal XL****Innopran XL****Inspira**

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

Micardis**Micardis HCT****Bold type = Brand-name drug**

[Plain type = Generic drug]

¹Coverage is provided for oral formulations

Therapeutic Drug Classes**Minipress**

Minoxidil

Moexipril

Moexipril-Hydrochlorothiazide

Nadolol

Nadolol-Bendroflumethazide

Nebivolol

Nexiclon XR

Niacardipine

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

Spironolactone

Spironolactone Suspension

Therapeutic Drug Classes

Spironolactone-Hydrochlorothiazide

Sular

Taztia XT

Tekturna**Tekturna HCT**

Telmisartan

Telmisartan-Amlodipine

Telmisartan-Hydrochlorothiazide

Tenoretic**Tenormin**

Terazosin

Thalitone**Tiazac**Timolol¹**Toprol XL**

Torsemide

Trandolapril

Trandolapril-Verapamil

Triamterene

Triamterene-Hydrochlorothiazide

Tribenzor

Valsartan

Valsartan-Hydrochlorothiazide

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

Verapamil

Verapamil ER

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

[Plain type = Generic drug]

¹Coverage is provided for oral formulations

Therapeutic Drug Classes

Cardiovascular/Heart Disease: High Cholesterol

Altoprev

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

Lovaza

Nexletol

Therapeutic Drug Classes

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

Immunosuppressant: Organ Rejection

Astagraf XL

Azasan

Azathioprine

Cellcept

Cyclosporine

Envarsus XR

Everolimus

Gengraf

Imuran

Mycophenolate

Mycophenolic Acid

Bold type = Brand-name drug

[Plain type = Generic drug]

¹Coverage is provided for oral formulations



Therapeutic Drug Classes

Myfortic

Myhibbin

Neoral

Prograf

Rapamune

Sandimmune

Sirolimus

Tacrolimus

Zortress

Musculoskeletal: Osteoporosis

Actonel

Alendronate

Atelvia

Binosto

Calcitonin (Salmon)

Etidronate

Evista

Forteo

Fosamax

Fosamax Plus D

Ibandronate

Miacalcin

Raloxifene

Risedronate

Teriparatide

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

Bold type = Brand-name drug

[Plain type = Generic drug]

¹Coverage is provided for oral formulations



Index

A				D	
Accupril.....	2	Bidil.....	2	Dabigatran.....	1
Accuretic.....	2	Binosto.....	6	Demadox.....	3
Acebutolol.....	2	Bisoprolol.....	2	Dilt XR.....	3
Actonel.....	6	Bisoprolol-Hydrochlorothiazide.....	2	Diltia XT.....	3
Aldactazide.....	2	Brilinta.....	1	Diltiazem.....	3
Aldactone.....	2	Bumetanide.....	2	Diltiazem ER.....	3
Alendronate.....	6	Bystolic.....	2	Diovan.....	3
Aliskiren.....	2			Diovan HCT.....	3
Altace.....	2	C		Dipyridamole.....	1
Altoprev.....	5	Calan SR.....	2	Diuril.....	3
Amiloride.....	2	Calcitonin (Salmon).....	6	Doxazosin.....	3
Amiloride-Hydrochlorothiazide.....	2	Candesartan.....	2	Dyrenium.....	3
Amlodipine.....	2	Candesartan-Hydrochlorothiazide.....	2		
Amlodipine-Benazepril.....	2	Captopril.....	2	E	
Amlodipine-Olmesartan.....	2	Captopril-Hydrochlorothiazide.....	2	Edarbi.....	3
Amlodipine-Olmesartan-Hydrochlorothiazide.....	2	Cardizem.....	2	Edarbyclor.....	3
Amlodipine-Valsartan.....	2	Cardizem CD.....	2	Edecrin.....	3
Amlodipine-Valsartan-Hydrochlorothiazide.....	2	Cardizem LA.....	2	Effient.....	1
Anastrozole.....	1	Cardura.....	2	Eliquis.....	1
Antara.....	5	Carospir.....	2	Enalapril.....	3
Arimidex.....	1	Cartia XT.....	2	Enalapril-Hydrochlorothiazide.....	3
Arixtra.....	1	Carvedilol.....	2	Enoxaparin.....	2
Aromasin.....	1	Carvedilol ER.....	2	Envarsus XR.....	5
Aspirin-Dipyridamole.....	1	Catapres TTS.....	2	Epaned.....	3
Astagraf XL.....	5	Cellcept.....	5	Eplerenone.....	3
Atacand.....	2	Chlorothiazide.....	2	Eprosartan.....	3
Atacand HCT.....	2	Cholestyramine.....	5	Ethacrynic Acid.....	3
Atelvia.....	6	Cholestyramine Light.....	5	Etidronate.....	6
Atenolol.....	2	Choline Fenofibrate.....	5	Everolimus.....	5
Atenolol-Chlorthalidone.....	2	Cilostazol.....	1	Evista.....	6
Atorvaliq Suspension.....	5	Clonidine.....	2	Exemestane.....	1
Atorvastatin.....	5	Clonidine ER.....	2	Exforge.....	3
Avalide.....	2	Clonidine Patch.....	2	Exforge HCT.....	3
Avapro.....	2	Clopidogrel.....	1	Ezallor Sprinkle.....	5
Azasan.....	5	Colesevelam Tablets, Powder for Suspension.....	5	Ezetimibe.....	5
Azathioprine.....	5	Colestid.....	5	Ezetimibe/Rosuvastatin.....	5
Azor.....	2	Colestipol.....	5		
		Conjupri.....	2	F	
B		Coreg.....	2, 3	Fareston.....	1
Benazepril.....	2	Coreg CR.....	3	Felodipine ER.....	3
Benazepril-Hydrochlorothiazide.....	2	Corgard.....	3	Femara.....	1
Benicar.....	2	Coumadin.....	1	Fenofibrate Capsule.....	5
Benicar HCT.....	2	Cozaar.....	3	Fenofibrate Tablet.....	5
Betaxolol.....	2	Crestor.....	5	Fenofibric Acid.....	5
		Cyclosporine.....	5	Fenoglide.....	5
				Fibricor.....	5



Flolipid.....	5
Fluvastatin.....	5
Fluvastatin ER.....	5
Fondaparinux.....	2
Forteo.....	6
Fosamax.....	6
Fosamax Plus D.....	6
Fosinopril.....	3
Fosinopril-Hydrochlorothiazide.....	3
Fragmin.....	2
Furosemide.....	3

G

Gemfibrozil.....	5
Gengraf.....	5
Guanfacine.....	3

H

Heparin.....	2
Hydralazine.....	3
Hydrochlorothiazide.....	3
Hyzaar.....	3

I

Ibandronate.....	6
Icosapent.....	5
Imuran.....	5
Indapamide.....	3
Inderal.....	3
Inderal LA.....	3
Inderal XL.....	3
Innopran XL.....	3
Inspra.....	3
Irbesartan.....	3
Irbesartan-Hydrochlorothiazide.....	3
Isradipine.....	3

J

Jantoven.....	2
---------------	---

K

Kapspargo.....	3
Katerzia.....	3

L

Labetalol.....	3
Lasix.....	3
Lescol XL.....	5
Letrozole.....	1

Levamlodipine.....	3
Lipitor.....	5
Lipofen.....	5
Lisinopril.....	3
Lisinopril-Hydrochlorothiazide.....	3
Livalo.....	5
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

M

Matzim LA.....	3
Maxzide.....	3
Methyldopa.....	3
Methyldopa-Hydrochlorothiazide.....	3
Metolazone.....	3
Metoprolol 37.5, 75 mg.....	3
Metoprolol Succinate.....	3
Metoprolol Tartrate.....	3
Metoprolol-Hydrochlorothiazide.....	3
Miacalcin.....	6
Micardis.....	3
Micardis HCT.....	3
Minipress.....	4
Minoxidil.....	4
Moexipril.....	4
Moexipril-Hydrochlorothiazide.....	4
Mycophenolate.....	5
Mycophenolic Acid.....	5
Myfortic.....	6
Myhibbin.....	6

N

Nadolol.....	4
Nadolol-Bendroflumethazide.....	4
Nebivolol.....	4
Neoral.....	6
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

O

Olmesartan.....	4
Olmesartan-Hydrochlorothiazide.....	4
Omega-3 Acid Ethyl Esters.....	5

P

Pediatric Fluoride Preparations.....	6
Perindopril.....	4
Pindolol.....	4
Pitavastatin.....	5
Plavix.....	2
Pradaxa.....	2
Pradaxa Pak.....	2
Prasugrel.....	2
Pravastatin.....	5
Prazosin.....	4
Prenatal Vitamins.....	6
Prestalia.....	4
Prevalite.....	5
Prinivil.....	4
Procardia XL.....	4
Prograf.....	6
Propranolol.....	4
Propranolol-Hydrochlorothiazide.....	4

Q

Qbrelix.....	4
Questran.....	5
Questran Light.....	5
Quinapril.....	4
Quinapril-Hydrochlorothiazide.....	4

R

Raloxifene.....	6
Ramipril.....	4
Rapamune.....	6
Reserpine.....	4
Risedronate.....	6
Rosuvastatin.....	5
Roszet.....	5



S

Sandimmune.....	6
Savaysa	2
Simvastatin.....	5
Simvastatin/Ezetimibe.....	5
Sirolimus	6
Soanz.....	4
Soltamox.....	1
Spironolactone	4
Spironolactone Suspension	4
Spironolactone- Hydrochlorothiazide	4
Sular.....	4

T

Tacrolimus.....	6
Tamoxifen	1
Taztia XT.....	4
Tekturna.....	4
Tekturna HCT.....	4
Telmisartan	4
Telmisartan-Amlodipine.....	4
Telmisartan-Hydrochlorothiazide.....	4
Tenoretic.....	4
Tenormin.....	4
Terazosin.....	4
Teriparatide.....	6
Thalitone.....	4
Tiazac.....	4
Ticlopidine.....	2
Timolol.....	4
Toprol XL.....	4
Toremifene.....	1
Torsemide	4
Trandolapril.....	4
Trandolapril-Verapamil.....	4
Triamterene	4
Triamterene-Hydrochlorothiazide	4
Tribenzor.....	4
Tricor	5
Trilipix.....	5
Tymlos	6

U**V**

Valsartan.....	4
Valsartan Solution	4
Valsartan-Hydrochlorothiazide.....	4

Vascepa	5
Vaseretic.....	4
Vasotec.....	4
Verapamil	4
Verapamil ER.....	4
Verelan.....	4
Verelan PM.....	4
Vytorin.....	5

W

Warfarin.....	2
Welchol	5

X

Xarelto.....	2
--------------	---

Y**Z**

Zestoretic.....	4
Zestril.....	4
Zetia.....	5
Ziac.....	4
Zocor	5
Zontivity.....	2
Zortress	6
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
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 <https://www.hhs.gov/ocr/complaints/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'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. 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 for information on specific drugs included in these programs or call the member phone number listed on your health plan ID card.

This document applies to commercial group members of UnitedHealthcare and Oxford New York plans.

Insurance coverage provided by or through UnitedHealthcare Insurance Company of New York or Oxford Health Insurance, Inc. Administrative services provided by UnitedHealthcare Service LLC, Oxford Health Plans LLC, or their affiliates.