

2024 Preventive Medication List

Expanded 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.

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]

¹Coverage is provided for oral formulations.

²SSRIs are included only for employer groups who have specifically requested coverage.

Therapeutic Drug Classes**Eliquis**

Enoxaparin

Fondaparinux

Fragmin

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**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

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 [Plain type = Generic drug]

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Therapeutic Drug Classes

Clonidine Patch

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

Therapeutic Drug Classes

Hydrochlorothiazide

Hyzaar

Indapamide

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 Succinate

Metoprolol Tartrate

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Therapeutic Drug Classes

Metoprolol-Hydrochlorothiazide

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

Therapeutic Drug Classes**Soanz**

Spironolactone

Spironolactone Suspension

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

Bold type = Brand-name drug
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Therapeutic Drug Classes**Zestoretic****Zestril****Ziac****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****Therapeutic Drug Classes**

Lovastatin

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****Central Nervous System: Mental Health****Abilify****Abilify Mycite**

Aripiprazole

Asenapine

Caplyta

Chlorpromazine

Clozapine

Clozaril**Bold type = Brand-name drug**
[Plain type = Generic drug]¹Coverage is provided for oral formulations²SSRIs are included only for employer groups who have specifically requested coverage.

Therapeutic Drug Classes**Fanapt****FazaClo**

Fluphenazine

Geodon

Haloperidol

Invega**Latuda**

Loxapine

Lurasidone

Lybalvi

Molindone

Olanzapine

Paliperidone ER

Perphenazine

Quetiapine

Quetiapine ER

Rexulti**Risperdal**

Risperidone

Saphris**Secuado****Seroquel****Seroquel XR**

Thioridazine

Thiothixene

Trifluoperazine

Vraylar**Versacloz**

Ziprasidone

Zyprexa

Central Nervous System: Multiple Sclerosis**Aubagio****Avonex****Therapeutic Drug Classes****Bafiertam****Betaseron**

Copaxone

Dimethyl Fumarate

Extavia

Fingolimod

Gilenya

Glatiramer Acetate

Glatopa

Kesimpta**Mavenclad****Mayzent****Plegridy****Ponvory****Rebif****Tascenso ODT****Tecfidera**

Teriflunomide

Vumerity**Zeposia****Depression: Selective Serotonin Reuptake Inhibitors (SSRIs)²****Celexa****Citalopram Capsules**

Citalopram Tablets

Escitalopram

Fluoxetine

Fluvoxamine

Fluvoxamine Extended-Release

Lexapro

Paroxetine

Paroxetine Extended-Release

Paxil

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Therapeutic Drug Classes
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
Fiasp Pumpcart
Humalog
Humalog Junior
Humalog Mix 50/50
Humalog Mix 75/25

Therapeutic Drug Classes
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 Mix 70/30
Rezvoglar
Semglee
Soliqua
Toujeo
Tresiba
Diabetes: Non-Insulin
Acarbose
ACTOplus Met
Actos
Alogliptin
Alogliptin-Metformin
Alogliptin-Pioglitazone

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Therapeutic Drug Classes

Amaryl

Brenzavvy**Bydureon BCise****Byetta****Cycloset****Duetact****Farxiga**

Glimepiride

Glipizide

Glipizide ER

Glipizide-Metformin

Glucophage XR**Glucotrol XL****Glumetza**

Glyburide

Glyburide Micronized

Glyburide-Metformin

Glynase**Glyxambi****Invokamet****Invokamet XR****Invokana****Janumet****Janumet XR****Januvia****Jardiance****Jentadueto****Jentadueto XR****Kazano****Kombiglyze XR**

Metformin

Metformin ER

Metformin Solution

Therapeutic Drug Classes

Miglitol

Mounjaro

Nateglinide

Nesina**Onglyza****Oseni****Ozempic**

Pioglitazone

Pioglitazone-Glimepiride

Pioglitazone-Metformin

Qtern

Repaglinide

Repaglinide-Metformin

Riomet**Rybelsus**

Saxagliptin

Saxagliptin-Metformin

Segluromet**Steglatro****Steglujan****SymlinPen****Synjardy****Synjardy XR**

Tolbutamide

Tradjenta**Trijardy XR****Trulicity****Victoza****Xigduo XR****Xultophy****HIV**

Abacavir

Abacavir-Lamivudine

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Therapeutic Drug Classes

Abacavir-Lamivudine-Zidovudine

Aptivus

Atazanavir

Atripla**Biktarvy****Cimduo****Combivir****Complera**

Darunavir

Delstrigo**Descovy**

Didanosine

Dovato**Edurant**

Efavirenz

Efavirenz-Emtricitabine-Tenofovir Disoproxil Fumarate

Efavirenz-Lamivudine

Emtricitabine

Emtricitabine-Tenofovir Disoproxil Fumarate

Emtriva**Epivir****Epzicom**

Etravirine

Evotaz

Fosamprenavir

Fuzeon**Genvoya****Intelence****Isentress****Isentress HD****Juluca****Kaletra**

Lamivudine

Lamivudine-Zidovudine

Therapeutic Drug Classes**Lexiva**

Lopinavir-Ritonavir

Maraviroc

Nevirapine

Nevirapine Extended-Release

Norvir Tablet**Odefsey****Pifeltro****Prezcobix****Prezista****Retrovir****Reyataz****Ritonavir****Rukobia****Selzentry**

Stavudine

Stribild**Sunlenca****Sustiva****Symfi****Symfi Lo****Symtuza**

Tenofovir

Tivicay**Tivicay PD****Triumeq****Triumeq PD****Trizivir****Truvada****Viracept****Viread****Vocabria****Ziagen**

Zidovudine

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Therapeutic Drug Classes**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****Fosamax****Fosamax Plus D**

Ibandronate

Miacalcin**Therapeutic Drug Classes**

Raloxifene

Risedronate

Teriparatide**Tymlos****Respiratory: Asthma/COPD****Accolate****Advair Diskus****Advair HFA****AirDuo Digihaler****AirDuo RespiClick****Airsupra**Albuterol HFA (generic **ProAir HFA**, **Proventil HFA**)**Albuterol HFA (Ventolin HFA authorized generic)**

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

Cromolyn

Daliresp**Bold type = Brand-name drug**
[Plain type = Generic drug]¹Coverage is provided for oral formulations²SSRIs are included only for employer groups who have specifically requested coverage.

Therapeutic Drug Classes

Duaklir Pressair

Dulera

Elixophyllin

Flovent Diskus

Flovent HFA

Fluticasone Diskus

Fluticasone HFA

Fluticasone/Salmeterol Diskus

Fluticasone/Salmeterol HFA

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

Singular

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

Yupelri

Xopenex HFA

Xopenex Nebulized Solution

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

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Glyburide-Metformin	8
Glynase	8
Glyxambi	8
Guanfacine	3

H

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Heparin	2
Humalog	7
Humalog Junior	7
Humalog Mix 50/50	7
Humalog Mix 75/25	7
Humalog Tempo	7
Humulin 50/50	7
Humulin 70/30	7
Humulin N	7
Humulin R	7
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Nondiscrimination notice and access to communication services

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)**, udostępniliśmy 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 kenyan. 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 shqódí 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 for pharmacy benefit coverage, you may access myuhc.com 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.