

Caterpillar, Inc.

Consumer-Directed Health Plan (CDHP)

Preventive Drug List

The drugs on this list are not subject to the deductible for participants enrolled in the UHC Consumer Choice and UHC Consumer Max plans who fill their medication at a network pharmacy. Participants will pay the applicable copay or coinsurance for these drugs from the beginning of the plan year.

A			
	ALVESCO	BASAGLAR	candesartan
	AMARYL	benazepril hcl	candesartan hctz
acarbose	amiloride hcl	BENICAR	captopril
ACCOLATE	amiloride hctz	BENICAR HCTZ	captopril hctz
ACCUPRIL	amlodipine besylate	BETAPACE	CARDIZEM
ACCURETIC	amlodipine/benzapril	betaxolol hcl	CARDIZEM CD
acebutolol hcl	ANORO ELLIPTA	bisoprolol fumarate	CARDIZEM LA
ACTONEL	APIDRA VIAL	bisoprolol hctz	CARDURA
ACTOPLUS MET	ARIXTRA	BONIVA	CAROSPIR
ACTOS	ARAKODA	BREO ELLIPTA	cartia xt
ADLYXIN	ARNUITY INH	breyna	carvedilol
ADMELOG VIAL	ASMANEX	BRILINTA	CATAPRES
ADMELOG PEN	aspirin-dipyridam er	budesonide inh	CATAPRES-TTS
ADVAIR	ATACAND	bumetanide	CELEXA
AIRDUO RESPICLICK	ATACAND HCTZ	BYDUREON	chloroquine phosphate
albuterol hfa	atenolol	BYETTA	chlorthalidone
albuterol sulfate	atenolol/chlorthalidone		cholestyramine
albuterol sulfate er	atorvastatin calcium	C	cholestyramine light
albuterol sulfate neb	atovaquone/proguanil		cilostazol
ALDACTONE	ATROVENT HFA	CADUET	citalopram hbr
alendronate sodium	AVALIDE	CALAN	CLIMARA
allopurinol	AVAPRO	CALAN SR	clonidine hcl
ALTACE		calcitonin-salmon	clopidogrel
ALTOPREV	B	calcitriol	COARTEM

Generic name medications are in lowercase. Brand name medications are in uppercase. Generic medications are typically the most cost effective option.

Some strengths, dosage forms or compounded versions of medications may not be considered preventive or may not be covered under the prescription drug benefit. Requirements such as generics first, step therapy, prior authorization, and quantity limitations may apply. Also, certain preventive medications that are covered under the Affordable Care Act (ACA) are not subject to the deductible. Please see the Caterpillar Drug Formulary at [benefits.cat.com/Drug Formulary](http://benefits.cat.com/Drug%20Formulary), for more information on these, as well as applicable drug tier, copays, and coinsurance. Medications on this list may be subject to change.

In the event that the content of this document or any representations made by any person regarding the plan conflict with or are inconsistent with the provisions of the plan document, the provisions of the plan document are controlling. To the fullest extent permitted by law, Caterpillar reserves the right to amend, modify, suspend, replace or terminate any of its plans, policies or programs, in whole or in part, at any time and for any reason, by appropriate company action.

Effective February 1, 2024

Caterpillar: Confidential Green

Caterpillar, Inc.

Consumer-Directed Health Plan (CDHP)

Preventive Drug List

The drugs on this list are not subject to the deductible for participants enrolled in the UHC Consumer Choice and UHC Consumer Max plans who fill their medication at a network pharmacy. Participants will pay the applicable copay or coinsurance for these drugs from the beginning of the plan year.

colchicine	dipyridamole	escitalopram oxalate	fluoxetine soln
COLCRYS	DIURIL	ESTRACE TABS	fluticasone-propionate
colesevelam	DIVIGEL	estradiol gel	fluticasone sal inh
COLESTID	DOTTI	estradiol tabs	fluticasone-salmeterol
colestipol hcl	doxazosin mesylate	estradiol td patch	fluticasone-vilanterol
COMBIVENT	doxercalciferol	ESTROGEL	fluvastatin
COREG	DUETACT	ethacrynic acid	fluvastatin xl
CORGARD	DULERA	EVAMIST	fondaparinux sodium
COZAAR	DYRENIUM	EVISTA	formoterol fumarate
CRESTOR		ezetimibe	FORTEO
cromolyn sodium	E		FOSAMAX
		F	fosinopril sodium
D	EDECRIN		fosinopril hctz
	EFFIENT	FARXIGA	FRAGMIN
dabigatran etexilate mesylate	ELIQUIS	febuxostat	furosemide tabs & soln
DALIRESP	ELIXOPHYLLIN	felodipine er	
DEPO-ESTRADIOL	enalapril maleate	fenofibrate	G
DIBENZYLIN	enalapril hctz	fenofibric acid	
diltiazem	enoxaparin sodium	FIASP PENFILL	gemfibrozil
diltiazem cd	ENTRESTO	FIASP PENS	glimepiride
diltiazem er	EPANED SOLN	FIASP VIALS	glipizide
DILT-XR	eplerenone	FLOVENT	glipizide er
DIOVAN	eprosartan mesylate	fluoxetine dr	glipizide xl
DIOVAN HCTZ	escitalopram	fluoxetine hcl	glipizide/metformin hcl

Generic name medications are in lowercase. Brand name medications are in uppercase. Generic medications are typically the most cost effective option.

Some strengths, dosage forms or compounded versions of medications may not be considered preventive or may not be covered under the prescription drug benefit. Requirements such as generics first, step therapy, prior authorization, and quantity limitations may apply. Also, certain preventive medications that are covered under the Affordable Care Act (ACA) are not subject to the deductible. Please see the Caterpillar Drug Formulary at [benefits.cat.com/Drug Formulary](https://benefits.cat.com/Drug_Formulary), for more information on these, as well as applicable drug tier, copays, and coinsurance. Medications on this list may be subject to change.

In the event that the content of this document or any representations made by any person regarding the plan conflict with or are inconsistent with the provisions of the plan document, the provisions of the plan document are controlling. To the fullest extent permitted by law, Caterpillar reserves the right to amend, modify, suspend, replace or terminate any of its plans, policies or programs, in whole or in part, at any time and for any reason, by appropriate company action.

Effective February 1, 2024

Caterpillar: Confidential Green

Caterpillar, Inc.

Consumer-Directed Health Plan (CDHP)

Preventive Drug List

The drugs on this list are not subject to the deductible for participants enrolled in the UHC Consumer Choice and UHC Consumer Max plans who fill their medication at a network pharmacy. Participants will pay the applicable copay or coinsurance for these drugs from the beginning of the plan year.

GLUCOTROL XL	ibandronate		LIPITOR
GLUCOMETERS	icosapent ethyl	J	lisinopril
glyburide	INCRUSE ELLIPTA		lisinopril hctz
glyburide micronized	indapamide	JANTOVEN	LOPID
glyburide/metformin	INDERAL LA	JARDIANCE	LOPRESSOR
GLYNASE	INDERAL XL		LOPRESSOR HCTZ
guanfacine hcl	INNOPRAN XL	K	losartan potassium
	INSPIRA		losartan potassium hctz
H	insulin aspart 70/30 vial	KATERZIA	LOTENSIN
	insulin aspart 70/30 pen		LOTENSIN HCTZ
heparin sodium	insulin aspart penfill	L	LOTREL
HUMALOG PEN	insulin aspart vial		lovastatin
HUMALOG 50/50 VIAL	insulin lispro vial	labetalol hcl	LOVENOX
HUMALOG 75/25 VIAL	insulin lispro jr kwikpen	lancets	
HUMALOG VIAL	insulin lispro pen	LANTUS SOLOSTAR	M
HUMULIN 70/30	insulin lispro prot pen	LANTUS VIAL	
HUMULIN N VIAL	INVOKAMET XR	LASIX	MALARONE
HUMULIN R VIAL	INVOKAMET	LESCOL XL	MATZIM LA
hydralazine hcl	INVOKANA	levalbuterol hcl	MAXZIDE
hydrochlorothiazide	ipratropium bromide	levalbuterol neb	MAXZIDE-25
HYZAAR	ipratropium/albuterol	levalbuterol tar hfa	mefloquine hcl
	irbesartan	LEVEMIR FLEXTOUCH	MENEST
I	irbesartan hctz	LEVEMIR VIAL	MENOSTAR
	isradipine	LEXAPRO	metformin hcl

Generic name medications are in lowercase. Brand name medications are in uppercase. Generic medications are typically the most cost effective option.

Some strengths, dosage forms or compounded versions of medications may not be considered preventive or may not be covered under the prescription drug benefit. Requirements such as generics first, step therapy, prior authorization, and quantity limitations may apply. Also, certain preventive medications that are covered under the Affordable Care Act (ACA) are not subject to the deductible. Please see the Caterpillar Drug Formulary at [benefits.cat.com/Drug Formulary](https://benefits.cat.com/Drug-Formulary), for more information on these, as well as applicable drug tier, copays, and coinsurance. Medications on this list may be subject to change.

In the event that the content of this document or any representations made by any person regarding the plan conflict with or are inconsistent with the provisions of the plan document, the provisions of the plan document are controlling. To the fullest extent permitted by law, Caterpillar reserves the right to amend, modify, suspend, replace or terminate any of its plans, policies or programs, in whole or in part, at any time and for any reason, by appropriate company action.

Effective February 1, 2024

Caterpillar: Confidential Green

Caterpillar, Inc.

Consumer-Directed Health Plan (CDHP)

Preventive Drug List

The drugs on this list are not subject to the deductible for participants enrolled in the UHC Consumer Choice and UHC Consumer Max plans who fill their medication at a network pharmacy. Participants will pay the applicable copay or coinsurance for these drugs from the beginning of the plan year.

metformin hcl er	NEXLETOL	O	PLAVIX
metformin sol	NEXLIZET		PRADAXA
methyldopa	niacin er tab	olmesartan medoxomil	PRALUENT
methyldopa hctz	NIASPAN	olmesartan medoxomil hctz	PRASUGREL
metolazone	nicardipine hcl	OMNIPOD 5	pravastatin sodium
metoprolol succinate er	nifedipine	OZEMPIC	prazosin hcl
metoprolol tartrate	nifedipine er		PRECOSE
metoprolol hctz	nimodipine	P	PREMARIN TABS
MIACALCIN	nisoldipine er		PREVALITE
MICARDIS	NORLIQVA	paricalcitol	primaquine phosphate
MICARDIS HCTZ	NORVASC	paroxetine cr	PRINIVIL
MICROZIDE	NOVOLIN 70/30 RELION	paroxetine er	PROAIR
miglitol	NOVOLIN 70/30 VIAL	paroxetine hcl	probenecid
MINIPRESS	NOVOLIN N RELION	PAXIL	probenecid/colchicine
MINIVELLE	NOVOLIN N VIAL	PAXIL CR	PROCARDIA XL
minoxidil	NOVOLIN R RELION	PAXIL SUSP	propranolol hcl
moexipril hcl	NOVOLIN R VIAL	PERFOROMIST	propranolol hcl er
montelukast sodium	NOVOLOG FLEXPEN	perindopril erbumine	propranolol hctz
	NOVOLOG 70/30 FLEXPEN	PEXEVA	PROZAC
N	NOVOLOG 70/30 VIAL	phenoxybenzamine	PROVENTIL HFA
	NOVOLOG PENFILL	pindolol	PULMICORT
nadolol	NOVOLOG RELION	pioglitazone hcl	PULMICORT FLEXHALER
nateglinide	NOVOLOG VIAL	pioglitazone/metformi	PULMOZYME
needles (insulin)		pioglitazone-glimepiride	

Generic name medications are in lowercase. Brand name medications are in uppercase. Generic medications are typically the most cost effective option.

Some strengths, dosage forms or compounded versions of medications may not be considered preventive or may not be covered under the prescription drug benefit. Requirements such as generics first, step therapy, prior authorization, and quantity limitations may apply. Also, certain preventive medications that are covered under the Affordable Care Act (ACA) are not subject to the deductible. Please see the Caterpillar Drug Formulary at [benefits.cat.com/Drug Formulary](https://benefits.cat.com/Drug-Formulary), for more information on these, as well as applicable drug tier, copays, and

In the event that the content of this document or any representations made by any person regarding the plan conflict with or are inconsistent with the provisions of the plan document, the provisions of the plan document are controlling. To the fullest extent permitted by law, Caterpillar reserves the right to amend, modify, suspend, replace or terminate any of its plans, policies or programs, in whole or in part, at any time and for any reason, by appropriate company action.

Effective February 1, 2024

Caterpillar: Confidential Green

Caterpillar, Inc.

Consumer-Directed Health Plan (CDHP)

Preventive Drug List

The drugs on this list are not subject to the deductible for participants enrolled in the UHC Consumer Choice and UHC Consumer Max plans who fill their medication at a network pharmacy. Participants will pay the applicable copay or coinsurance for these drugs from the beginning of the plan year.

Q		T	
	SAVAYSA		trandol/verapamil er
QBRELIS	SEREVENT DISKUS	tamoxifen citrate	TRELEGY ELLIPTA
QUALAQUIN	sertraline	taztia xt	TRESIBA
QUESTRAN	simvastatin	telmisartan	triamterene
QUESTRAN LIGHT	SINGULAIR	telmisartan hctz	TUDORZA PRESSAIR
quinapril hcl	SOLIQUA	TENORETIC	U
quinapril hctz	SOLTAMOX	TENORMIN	
quinine sulf	sorine	terazosin hcl	ULORIC
QVAR	sotalol hcl	terbutaline sulfate tab	
	SOTYLIZE	test strips (glucose)	V
R	SPIRIVA	THEO-24	
	spironolactone	theophylline sol	valsartan
raloxifene	spironolactone hctz	theophylline cr	valsartan hctz
ramipril	spironolactone susp	theophylline er	valsartan sol
repaglinide	STIOLTO RESPIMAT	theophylline sr	VASCEPA
REPATHA	STRIVERDI RESPIMAT	TIADYL ER	VASERETIC
RIOMET	SULAR	TIAZAC ER	VASOTEC
risedronate	SYMBICORT	timolol maleate tab	VENTOLIN HFA
ROCALTROL	SYMLIN	tiotropium bromide	verapamil hcl
roflumilast	SYNJARDY XR	TOPROL XL	verapamil hcl cr
rosuvastatin	SYNJARDY	torse mide	verapamil hcl er
	syringes insulin	TOUJEO	verapamil hcl sa
S		trandolapril	verapamil hcl sr

Generic name medications are in lowercase. Brand name medications are in uppercase. Generic medications are typically the most cost effective option.

Some strengths, dosage forms or compounded versions of medications may not be considered preventive or may not be covered under the prescription drug benefit. Requirements such as generics first, step therapy, prior authorization, and quantity limitations may apply. Also, certain preventive medications that are covered under the Affordable Care Act (ACA) are not subject to the deductible. Please see the Caterpillar Drug Formulary at [benefits.cat.com/Drug Formulary](https://benefits.cat.com/Drug%20Formulary), for more information on these, as well as applicable drug tier, copays, and coinsurance. Medications on this list may be subject to change.

In the event that the content of this document or any representations made by any person regarding the plan conflict with or are inconsistent with the provisions of the plan document, the provisions of the plan document are controlling. To the fullest extent permitted by law, Caterpillar reserves the right to amend, modify, suspend, replace or terminate any of its plans, policies or programs, in whole or in part, at any time and for any reason, by appropriate company action.

Caterpillar, Inc. Consumer-Directed Health Plan (CDHP) Preventive Drug List

The drugs on this list are not subject to the deductible for participants enrolled in the UHC Consumer Choice and UHC Consumer Max plans who fill their medication at a network pharmacy. Participants will pay the applicable copay or coinsurance for these drugs from the beginning of the plan year.

VERELAN	ZETIA
VERELAN PM	ZIAC
VICTOZA	ZOCOR
VIVELLE-DOT	ZOLOFT
	ZYLOPRIM
W	
warfarin sodium	
WELCHOL	
WIXELA INHUB	
X	
XARELTO	
XIGDUO	
XOPENEX	
Z	
zafirlukast	
ZEMPLAR	
ZESTORETIC	
ZESTRIL	

Generic name medications are in lowercase. Brand name medications are in uppercase. Generic medications are typically the most cost effective option.

Some strengths, dosage forms or compounded versions of medications may not be considered preventive or may not be covered under the prescription drug benefit. Requirements such as generics first, step therapy, prior authorization, and quantity limitations may apply. Also, certain preventive medications that are covered under the Affordable Care Act (ACA) are not subject to the deductible. Please see the Caterpillar Drug Formulary at [benefits.cat.com/Drug Formulary](https://benefits.cat.com/Drug%20Formulary), for more information on these, as well as applicable drug tier, copays, and coinsurance. Medications on this list may be subject to change.

In the event that the content of this document or any representations made by any person regarding the plan conflict with or are inconsistent with the provisions of the plan document, the provisions of the plan document are controlling. To the fullest extent permitted by law, Caterpillar reserves the right to amend, modify, suspend, replace or terminate any of its plans, policies or programs, in whole or in part, at any time and for any reason, by appropriate company action.