

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	beclomethasone dipropionate	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 May 1, 2026

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

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.

gemfibrozil	HUMULIN R 500	insulin lispro prot pen	LANTUS VIAL
glimepiride	hydralazine hcl	INVOKAMET XR	LASIX
glipizide	hydrochlorothiazide	INVOKAMET	LESCOL XL
glipizide er	HYZAAR	INVOKANA	levalbuterol hcl
glipizide xl		ipratropium bromide	levalbuterol neb
glipizide/metformin hcl	I	ipratropium/albuterol	levalbuterol tar hfa
GLUCOTROL XL		irbesartan	LEVEMIR FLEXTOUCH
GLUCOMETERS	ibandronate	irbesartan hctz	LEVEMIR VIAL
glyburide	INCRUSE ELLIPTA	isradipine	LEXAPRO
glyburide micronized	indapamide	J	LIPITOR
glyburide/metformin	INDERAL LA		lisinopril
GLYNASE	INDERAL XL	JANTOVEN	lisinopril hctz
guanfacine hcl	INNOPRAN XL	JARDIANCE	LOPID
	INSPRA		LOPRESSOR
H	insulin aspart 70/30 vial	K	LOPRESSOR HCTZ
	insulin aspart 70/30 pen		losartan potassium
heparin sodium	insulin aspart penfill	KATERZIA	losartan potassium hctz
HUMALOG PEN	insulin aspart vial	KERENDIA	LOTENSIN
HUMALOG 50/50 VIAL	insulin degludec		LOTENSIN HCTZ
HUMALOG 75/25 VIAL	insulin glargine 300 unit	L	LOTREL
HUMALOG VIAL	insulin glargine-yfgn		lovastatin
HUMULIN 70/30	insulin lispro vial	labetalol hcl	LOVENOX
HUMULIN N VIAL	insulin lispro jr kwikpen	lancets	
HUMULIN R VIAL	insulin lispro pen	LANTUS SOLOSTAR	M

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, 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.

MALARONE	montelukast sodium	NOVOLOG 70/30 FLEXPEN	phenoxybenzamine
MATZIM LA		NOVOLOG 70/30 VIAL	pindolol
MAXZIDE	N	NOVOLOG PENFILL	pioglitazone hcl
MAXZIDE-25		NOVOLOG RELION	pioglitazone/metformin
mefloquine hcl	nadolol	NOVOLOG VIAL	pioglitazone-glimepiride
MENEST	nateglinide		PLAVIX
MENOSTAR	needles (insulin)	O	PRADAXA
metformin hcl	NEXLETOL		PRALUENT
metformin hcl er	NEXLIZET	olmesartan medoxomil	PRASUGREL
metformin sol	niacin er tab	olmesartan medoxomil hctz	pravastatin sodium
methyldopa	NIASPAN	OMNIPOD 5	prazosin hcl
methyldopa hctz	nicardipine hcl	OZEMPIC	PRECOSE
metolazone	nifedipine		PREMARIN TABS
metoprolol succinate er	nifedipine er	P	PREVALITE
metoprolol tartrate	nimodipine		primaquine phosphate
metoprolol hctz	nisoldipine er	paricalcitol	PRINIVIL
MIACALCIN	NORLIQVA	paroxetine cr	PROAIR
MICARDIS	NORVASC	paroxetine er	probenecid
MICARDIS HCTZ	NOVOLIN 70/30 RELION	paroxetine hcl	probenecid/colchicine
MICROZIDE	NOVOLIN 70/30 VIAL	PAXIL	PROCARDIA XL
miglitol	NOVOLIN N RELION	PAXIL CR	propranolol hcl
MINIPRESS	NOVOLIN N VIAL	PAXIL SUSP	propranolol hcl er
MINIVELLE	NOVOLIN R RELION	PERFOROMIST	propranolol hctz
minoxidil	NOVOLIN R VIAL	perindopril erbumine	PROZAC
moexipril hcl	NOVOLOG FLEXPEN	PEXEVA	PROVENTIL HFA

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.

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.

PULMICORT	RIOMET	STIOLTO RESPIMAT	theophylline sr
PULMICORT FLEXHALER	risedronate	STRIVERDI RESPIMAT	TIADYL ER
PULMOZYME	rivaroxaban	SULAR	TIAZAC ER
	ROCALTROL	SYMBICORT	ticagrelor
Q	roflumilast	SYMLIN	timolol maleate tab
	rosuvastatin	SYNJARDY XR	tiotropium bromide
QBRELIS		SYNJARDY	TOPROL XL
QUALAQUIN	S	syringes insulin	torsemide
QUESTRAN			TOUJEO
QUESTRAN LIGHT	sacubitril-valsartan	T	trandolapril
quinapril hcl	SAVAYSA		trandol/verapamil er
quinapril hctz	SEREVENT DISKUS	tamoxifen citrate	TRELEGY ELLIPTA
quinine sulf	sertraline	taztia xt	TRESIBA
QVAR	simvastatin	telmisartan	triamterene
R	SINGULAIR	telmisartan hctz	TUDORZA PRESSAIR
	SOLIQUA	TENORETIC	
raloxifene	SOLTAMOX	TENORMIN	U
ramipril	sorine	terazosin hcl	
RELION NOVOLIN 70-30	sotalol hcl	terbutaline sulfate tab	ULORIC
FLEXPEN			
RELION NOVOLIN N	SOTYLIZE	test strips (glucose)	umeclidinium ellipta
FLEXPEN			
RELION NOVOLIN R	SPIRIVA	THEO-24	umeclidinium-vilanterol
FLEXPEN			
repaglinide	spironolactone	theophylline sol	
REPATHA	spironolactone hctz	theophylline cr	V
REZVOGLAR	spironolactone susp	theophylline er	

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.

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.

valsartan	WELCHOL
valsartan hctz	WIXELA INHUB
valsartan sol	
VASCEPA	X
VASERETIC	
VASOTEC	XARELTO
VENTOLIN HFA	XIGDUO
verapamil hcl	XOPENEX
verapamil hcl cr	
verapamil hcl er	Z
verapamil hcl sa	
verapamil hcl sr	zafirlukast
VERELAN	ZEMPLAR
VERELAN PM	ZESTORETIC
verquvo	ZESTRIL
VICTOZA	ZETIA
VIIBRYD	ZIAC
VIVELLE-DOT	ZOCOR
	ZOLOFT
W	ZYLOPRIM
warfarin sodium	

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.