



## Update to your Prescription Drug List for Florida 2026 Individual & Family plans\*

We are here to help you get ready for changes to your Prescription Drug List (PDL), renewing on 1/1/26.

We re-evaluate the PDL to help manage costs for both you and UnitedHealthcare. When making changes, we consider a medication's overall value, which is based on factors such as a medication's effectiveness, safety, cost, and the availability of alternative medications to treat the same or similar medical condition.

This guide will help you understand which medications are changing and if you need to talk to your health care provider before you refill your medication. You may experience a medication changing tiers or a medication no longer being covered. We also add medications to the PDL to give you more options.

You can access your coverage information by going to the following link or through your member portal: [member.uhc.com/myuhc](https://member.uhc.com/myuhc).

To view the complete list of all medications, visit the **2026 Prescription Drug List**

\*Also referred to as UnitedHealthcare Individual & Family ACA Marketplace plans.  
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Your plan

This is an overview of each tier on your plan.

| Tier | Cost-share | Includes                                                                                                                                                                      |
|------|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1    | \$0        | <b>\$0 cost-share</b><br>Medications available at no cost to you, which includes <b>preventive medications</b>                                                                |
| 2    | \$         | <b>Lower cost-share</b><br>Medications that offer the <b>highest overall value</b> , which includes <b>preferred generic</b> medications                                      |
| 3    | \$\$       | <b>Mid-range cost-share</b><br>Medications that provide <b>good overall value</b> , which includes <b>preferred brand-name</b> and <b>non-preferred generic</b> medications   |
| 4    | \$\$\$     | <b>Higher cost-share</b><br>Medications that provide <b>lower overall value</b> , which includes <b>non-preferred brand-name</b> and <b>non-preferred generic</b> medications |
| 5    | \$\$\$\$   | <b>Highest cost-share</b><br>Medications that provide the <b>lowest overall value</b> , which includes most <b>specialty</b> medications                                      |

Which medications are changing coverage that require me to take action before my first refill in 2026?

Find your medication in this list to learn about upcoming changes. If you find your medication in this list, review the next section called “What should I do if coverage of my medication is changing?” Depending on the type of change, we provide a list of other medication options when available. These are suggestions only. Only you and your health care provider can make decisions about how to manage your health.



Medications added to the PDL

We are giving you more medication options to treat your condition by adding more drugs to the PDL.

| Medication                 | Tier | Coverage rules or limits | Other covered products                     |
|----------------------------|------|--------------------------|--------------------------------------------|
| Brukinsa                   | 5    | PA, QL                   | Calquence and Imbruvica are also T5-PA, QL |
| Calquence                  | 5    | PA, QL                   | Brukinsa and Imbruvica are also T5-PA, QL  |
| Dabigatran                 | 3    | QL                       |                                            |
| Gilotrif                   | 5    | PA, QL                   |                                            |
| Kisqali                    | 5    | PA, QL                   | Ibrance and Verzenio are also T5-PA, QL    |
| Kisqali femara             | 5    | PA, QL                   | Ibrance and Verzenio are also T5-PA, QL    |
| Lynparza                   | 5    | PA, QL                   |                                            |
| Norditropin                | 4    | PA, QL                   | Omnitrope is also T4-PA, QL                |
| Novolog flexpen            | 1    | QL                       | Humalog and insulin lispro are also T1, QL |
| Novolog flexpen relion     | 1    | QL                       | Humalog and insulin lispro are also T1, QL |
| Novolog mix flexpen        | 1    | QL                       | Humalog and insulin lispro are also T1, QL |
| Novolog mix flexpen relion | 1    | QL                       | Humalog and insulin lispro are also T1, QL |
| Novolog mix vial           | 1    | QL                       | Humalog and insulin lispro are also T1, QL |
| Novolog mix vial relion    | 1    | QL                       | Humalog and insulin lispro are also T1, QL |
| Novolog penfill            | 1    | QL                       | Humalog and insulin lispro are also T1, QL |
| Tagrisso                   | 5    | PA, QL                   |                                            |
| Tolvaptan (generic samsca) | 4    | PA, QL                   |                                            |
| Truqap                     | 5    | PA, QL                   | Piqray is also T5-PA, QL                   |
| Xtandi                     | 5    | PA, QL                   | Erleada and Nubeqa are also T5-PA, QL      |

Medications moving to a lower tier

These medications are moving to a lower tier. Using lower-tier medications can help you pay the lowest out-of-pocket cost.

| Medication    | Tier | Coverage rules or limits |
|---------------|------|--------------------------|
| Tetrabenazine | 4    | PA, QL                   |



## Medications moving to a higher tier

Medications moving to a higher tier are still covered by your plan, but may result in a higher cost share. Your plan covers other medications to treat your condition that may be a lower cost to you.

What you can do: To save money, ask your health care provider about other medication options.

| Medication                    | Lower-cost option(s)                                               |
|-------------------------------|--------------------------------------------------------------------|
| Clobetasol sol 0.05%          | Fluticasone cre 0.05%, Mometasone cre 0.1%, Triamcinolone cre 0.1% |
| Complera tab                  | Emtricitabine/rilpi tenof df tab                                   |
| Doxepin tab 3mg               | Trazodone hcl                                                      |
| Doxepin tab 6mg               | Trazodone hcl                                                      |
| Nitrofurantoin macro cap 25mg | Nitrofurantoin monohydrate                                         |
| Timolol mal sol 0.5% op       | Timolol ophth sol (non-pf), Betaxolol ophth soln, Carteolol        |
| Varubi tab 90mg               | Aprepitant                                                         |

Non-formulary

These medications are no longer covered by your plan. Your plan covers other medications to treat your condition.

| Medication                    | Lower-cost option(s)                                               |
|-------------------------------|--------------------------------------------------------------------|
| Amjevita inj 40/0.4ml (amgen) | Adalimumab-adaz, Adalimumab-adbm (bi), Amjevita (nuvaila), Hadlima |
| Aptiom tab 200mg              | Eslicarbazepine                                                    |
| Aptiom tab 800mg              | Eslicarbazepine                                                    |
| Auryxia tab 210mg             | Ferric citra tab 210mg                                             |
| Besivance sus 0.6%            | Azasite, Ciprofloxacin sol 0.3% op, Ofloxacin dro 0.3% op          |
| Bosulif tab 400mg             | Please ask your health care provider                               |
| Brilinta tab 60mg             | Ticagrelor                                                         |
| Brilinta tab 90mg             | Ticagrelor                                                         |
| Ciloxan oin 0.3% op           | Ciprofloxacin op, Levofloxacin ophth soln, Moxifloxacin sol 0.5%   |
| Dexlansoprazole cap 30mg dr   | Esomeprazole caps, Lansoprazole caps, Omeprazole                   |
| Dexlansoprazole cap 60mg dr   | Esomeprazole caps, Lansoprazole caps, Omeprazole                   |
| Edarbi tab 40mg               | Losartan, Olmesartan, Valsartan tabs                               |
| Edarbi tab 80mg               | Losartan, Olmesartan, Valsartan tabs                               |
| Edarbyclor tab 40-12.5        | Irbesartan/hctz, Losartan/hctz, Olmesartan/hctz                    |
| Edarbyclor tab 40-25mg        | Irbesartan/hctz, Losartan/hctz, Olmesartan/hctz                    |
| Entresto tab 24-26mg          | Sacubitril/valsartan                                               |
| Entresto tab 49-51mg          | Sacubitril/valsartan                                               |
| Entresto tab 97-103mg         | Sacubitril/valsartan                                               |
| Equetro cap 200mg             | Carbamazepin cap 100mg er                                          |
| Humalog inj 100/ml            | Insulin lispro                                                     |
| Humira inj 40/0.4ml           | Adalimumab-adaz, Adalimumab-adbm (bi), Amjevita (nuvaila), Hadlima |
| Humira inj 40/0.8ml           | Adalimumab-adaz, Adalimumab-adbm (bi), Amjevita (nuvaila), Hadlima |



## Non-formulary (cont.)

| Medication                      | Lower-cost option(s)                                               |
|---------------------------------|--------------------------------------------------------------------|
| Humira pen inj 40/0.4ml         | Adalimumab-adaz, Adalimumab-adbm (bi), Amjevita (nuvaila), Hadlima |
| Humira pen inj 40mg/0.8ml       | Adalimumab-adaz, Adalimumab-adbm (bi), Amjevita (nuvaila), Hadlima |
| Humira pen inj 80/0.8ml         | Adalimumab-adaz, Adalimumab-adbm (bi), Amjevita (nuvaila), Hadlima |
| Humira pen kit cd/uc/hs         | Adalimumab-adaz, Adalimumab-adbm (bi), Amjevita (nuvaila), Hadlima |
| Jentaduetto tab 2.5-1000        | Saxagliptin, Metformin hcl 1000mg                                  |
| Jentaduetto tab xr              | Saxagliptin, Metformin er (glucophage xr)                          |
| Kionex sus 15gm/60              | Sodium polystyrene sulfonate                                       |
| Proctofoam aer hc 1%            | Hydrocortisone cream 2.5%                                          |
| Proctosol hc cre 2.5%           | Procto-med hc                                                      |
| Proctozone cre -hc 2.5%         | Procto-med hc                                                      |
| Promethegan sup 12.5mg          | Promethazine suppository                                           |
| Promethegan sup 25mg            | Promethazine suppository                                           |
| Revlimid cap 10mg               | Lenalidomide                                                       |
| Revlimid cap 25mg               | Lenalidomide                                                       |
| Spiriva cap handihlr            | Tiotropium bromide                                                 |
| Stelara inj 45mg/0.5ml          | Steqeyma, Yesintek                                                 |
| Stelara inj 90mg/ml             | Steqeyma inj 90mg/ml, Yesintek inj 90mg/ml                         |
| Timolol gel-forming sol 0.5% op | Timolol ophth sol (non-pf), Betaxolol ophth soln, Carteolol        |
| Tobradex oin 0.3-0.1%           | Zylet                                                              |
| Tradjenta tab 5mg               | Saxagliptin                                                        |
| Veltassa pow 8.4gm              | Lokelma                                                            |
| Veltassa pow 16.8gm             | Lokelma                                                            |



# Exclusions

We'll no longer cover these medications.

| Medication         |
|--------------------|
| Kyleena iud 19.5mg |
| Mirena iud system  |
| Nexplanon imp 68mg |
| Paragard iud t380a |
| Skyla iud 13.5mg   |

What should I do if coverage of my medication is changing?

| Type of change      | What is happening?                                                                                                                                                                                    | What should I do?                                                                                                                                                                                                                                                                     |
|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Exclusion           | These medications are no longer covered by your plan.                                                                                                                                                 | <p>Ask your health care provider if covered medications may work for you.</p> <p>To continue taking your medication, you can pay the full cost of the prescription and the amount you pay will not count toward any deductible or out-of-pocket maximum you may have.</p>             |
| Higher tier         | Medications moving to a higher tier are still covered by your plan but may result in a higher cost share. Your plan covers other medications to treat your condition that may be a lower cost to you. | To save money, ask your health care provider about other medication options.                                                                                                                                                                                                          |
| Non-formulary       | These medications are no longer covered by your plan. Your plan covers other medications to treat your condition.                                                                                     | <p>Ask your health care provider if covered medications may work for you.</p> <p>To continue taking your medication, you or your health care provider can ask us for a prior authorization or exception. If approved, your medication will be covered at the second highest tier.</p> |
| Prior authorization | These medications now require a prior authorization (PA) to be sure this medication is most appropriate for your condition. You need approval before you refill your prescription.                    | To continue taking your medication, you or your health care provider can ask us for a prior authorization or exception.                                                                                                                                                               |

What should I do if coverage of my medication is changing? (cont.)

| Type of change  | What is happening?                                                                                                                                                                                                      | What should I do?                                                                                                                                                    |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Quantity limits | Your drug has a new quantity limit or the limit has changed. Quantity limits are updated based on medical guidance and Food and Drug Administration (FDA) recommendations to ensure medications are used appropriately. | If you are taking a medication that exceeds the new quantity limit, you or your health care provider can ask us for an exception to cover the additional amount.     |
| Rx to medical   | These are drug(s) that will no longer be covered under your pharmacy benefit, but may be covered under your medical benefit.                                                                                            | Talk to your health care provider to receive this drug through your medical benefit or to suggest other options for a drug that is covered by your pharmacy benefit. |

## How can I get a medication that requires a prior authorization or an exception?

Optum Rx, our Pharmacy Benefit Manager, processes prior authorization and exception requests on behalf of UnitedHealthcare Individual & Family plans. Contact your health care provider to submit a request. Health care providers can submit a request:

- **Online:** [professionals.optumrx.com/prior-authorization.html](https://professionals.optumrx.com/prior-authorization.html)

- **Phone:** 1-800-711-4555

The request should include the diagnosis, medication history, clinical justification, medical records/lab tests as needed and other supporting information. If information is missing, Optum Rx will contact your health care provider and request additional information. If you need help, you can also start a request at [myuhc.com/exchange](https://myuhc.com/exchange) or by calling the member services number on your health plan ID card, and we can contact your health care provider for information to help process the request. Submission of notice of medical necessity at least 30 days before the effective date of the formulary change will result in continuation of coverage at the existing level.



## Need more information about your pharmacy drug coverage and costs?

Visit [myuhc.com/exchange](https://myuhc.com/exchange). You can also call the phone number on your health plan ID card. Health care providers can visit [uhcprovider.com/exchange](https://uhcprovider.com/exchange).



Additional coverage requirements or limits such as quantity limits may apply.

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