Update to your Prescription Drug List for Wisconsin 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.

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

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.**

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

Your plan

This is an overview of each tier on your plan.

Tier	Cost-share	Includes
1	$0	**$0 cost-share** Medications available at no cost to you, which includes **preventive medications**
2	$	**Lower cost-share** Medications that offer the **highest overall value,** which includes **preferred generic** medications
3	$$	**Mid-range cost-share** Medications that provide **good overall value,** which includes **preferred brand-name** and **non-preferred generic** medications
4	$$$	**Higher cost-share** Medications that provide **lower overall value,** which includes **non-preferred brand-name** and **non-preferred generic** medications
5	$$$$	**Highest cost-share** Medications that provide the **lowest overall value,** which includes most **specialty** 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%
DOXEPIN TAB 3MG	TRAZODONE HCL
DOXEPIN TAB 6MG	TRAZODONE HCL
DUOPA SUS 4.63-20	CARBIDOPA/LEVODOPA

Prior authorization requirements

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.

Medication
NITROFURANTOIN SUSP 25MG/5ML
ORPHENADRINE/ASPIRIN/CAFFEINE

Step therapy

You must first try other covered medications used to treat your condition before you can get your medication covered.

Medication	Alternative options
AMCINONIDE OIN 0.1%	MOMETASONE CREAM, TRIAMCINOLONE CREAM
DIFLORASONE CRE 0.05%	MOMETASONE CREAM, TRIAMCINOLONE CREAM

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 400MG	ESLICARBAZEPINE
APTIOM TAB 600MG	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 100MG	Please ask your health care provider
BOSULIF TAB 400MG	Please ask your health care provider
BOSULIF TAB 500MG	Please ask your health care provider
BRILINTA TAB 60MG	TICAGRELOR
BRILINTA TAB 90MG	TICAGRELOR
BUDESONIDE AER 2MG/ACT	CORTIFOAM, HYDROCORTISONE ENEMA
CLOMID TAB 50MG	CLOMIPHENE
COMPLERA TAB	EMTRICITABINE/RILPI TENOF DF TAB
COMPRO SUP 25MG	PROCHLORPERAZINE
CORDRAN 80X3 TAP 4MCG/CM	FLUTICASONE OIN 0.005%, MOMETASONE OINT, TRIAMCINOLONE CREA
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

Non-formulary (cont.)

Medication	Lower-cost option(s)
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
FLUOXETINE TAB 10MG	FLUOXETINE CAP
FLUOXETINE TAB 20MG	FLUOXETINE CAP
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
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
HUMIRA PEN KIT PS/UV	ADALIMUMAB-ADAZ, ADALIMUMAB-ADBM (BI), AMJEVITA (NUVAILA), HADLIMA
ISENTRESS TAB 400MG	Please ask your health care provider
JENTADUETO TAB 2.5-500	SAXAGLIPTIN, METFORMIN HCL 500MG
JENTADUETO TAB 2.5-850	SAXAGLIPTIN, METFORMIN HCL 850MG
JENTADUETO TAB 2.5-1000	SAXAGLIPTIN, METFORMIN HCL 1000MG
JENTADUETO TAB XR	SAXAGLIPTIN/METFORMIN ER
KIONEX SUS 15GM/60	SODIUM POLYSTYRENE SULFONATE
METAXALONE TAB 400MG	CYCLOBENZAPRINE TAB 10MG, METAXALONE TAB 800MG, METHOCARBAMOL TAB 500MG

Non-formulary (cont.)

Medication	Lower-cost option(s)
PROCTOFOAM AER HC 1%	HYDROCORTISONE CREAM 2.5%
PROCTOSOL HC CRE 2.5%	PROCTO-MED HC
PROCTOZONE CRE -HC 2.5%	PROCTO-MED HC
PROMACTA TAB 25MG	ELTROMBOPAG
PROMACTA TAB 50MG	ELTROMBOPAG
PROMACTA TAB 75MG	ELTROMBOPAG
PROMETHEGAN SUP 12.5MG	PROMETHAZINE SUPPOSITORY
PROMETHEGAN SUP 25MG	PROMETHAZINE SUPPOSITORY
REVLIMID CAP 5MG	LENALIDOMIDE
REVLIMID CAP 10MG	LENALIDOMIDE
REVLIMID CAP 15MG	LENALIDOMIDE
REVLIMID CAP 20MG	LENALIDOMIDE
REVLIMID CAP 25MG	LENALIDOMIDE
SAJAZIR INJ 30MG/3ML	ICATIBANT ACETATE
SPIRIVA CAP HANDIHLR	TIOTROPIUM BROMIDE
STELARA INJ 45MG/0.5ML	STEQEYMA, YESINTEK
STELARA INJ 90MG/ML	STEQEYMA INJ 90MG/ML, YESINTEK INJ 90MG/ML
STRIBILD TAB	Please ask your health care provider
TIMOLOL GEL-FORMING SOL 0.5% OP	TIMOLOL OPHTH SOL (NON-PF), BETAXOLOL OPHTH SOLN, CARTEOLOL
TIMOLOL MAL 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
LILETTA IUD 52MG
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.	Ask your health care provider if covered medications may work for you. 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.
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.	Ask your health care provider if covered medications may work for you. 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.
Prior author-ization	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.
Step therapy	You must first try other covered medications used to treat your condition before you can get your medication covered.	Ask your health care provider if other covered medications may work for you. To continue taking your medication, you or your health care provider can ask us for a prior authorization or exception.

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**
- **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** 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.

Need more information about your pharmacy drug coverage and costs?

Visit **myuhc.com/exchange.** You can also call the phone number on your health plan ID card. Health care providers can visit **uhcprovider.com/exchange.**

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

All branded medications are trademarks or registered trademarks of their respective owners.

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