Updates to your prescription benefits

Effective January 1, 2027

Access 3-Tier PDL update summary

Within the Prescription Drug List (PDL), prescription drugs are grouped by tier. The tier indicates the cost and coverage level of a drug. Please reference the chart below as you review the following updates to the PDL.

$	$$	$$$
Tier 1 Lowest-cost medications	**Tier 2** Mid-range cost	**Tier 3** Highest-cost

Prescription drugs with new benefit coverage

The following drugs were previously not covered under most benefit plans and are now eligible for coverage.

Therapeutic use	Medication name	Tier placement
Glaucoma	Omlonti	**Tier 3**
High blood pressure	Lopressor 12.5 mg	**Tier 3**
High blood pressure	Metoprolol tartrate 12.5 mg (Lopressor authorized generic)	**Tier 3**
Pain	Tapentadol hydrochloride extended-release (Nucynta ER authorized generic)[6]	**Tier 3**

continued

Prescription drugs excluded from benefit coverage[1,2]

We evaluate prescription drugs based on their total value, including how a drug works, its safety, and how much it costs. When several drugs work in the same way, we may choose to exclude the higher-cost option. Effective **January 1, 2027**, the drugs listed below may be excluded from coverage or you may need to get a prior authorization. Sign into your online account to check which drugs your plan covers and if there are any actions you need to take.

Therapeutic use	Medication name	Alternative treatment option(s)
ADHD	Arynta oral solution[3]	amphetamine/dextroamphetamine extended-release 24hr (generic Adderall XR, generic Mydayis), dexmethylphenidate extended-release (generic Focalin XR), lisdexamfetamine dimesylate (generic Vyvanse), methylphenidate extended-release (generic Concerta, Metadate CD, Metadate ER, Ritalin LA)
Allergies	Desloratadine oral solution[3]	cetirizine chewable tablet, oral solution (generic Zyrtec), fexofenadine oral suspension (generic Allegra), levocetirizine oral solution (generic Xyzal), loratadine chewable tablet, oral syrup (generic Claritin)
Asthma	Beclomethasone HFA[3]	Arnuity Ellipta, QVAR RediHaler
Bowel preparations	Clenpiq[4]	polyethylene glycol powder (OTC Miralax), PEG-3350 (generic Golytely), Moviprep, Suflave, Sutab, Suprep
Bowel preparations	Plenvu	polyethylene glycol powder (OTC Miralax), PEG-3350 (generic Golytely), Moviprep, Suflave, Sutab, Suprep
Cancer	Bosulif tablet (brand only)[5]	bosutinib (generic Bosulif)[6]
Cholesterol/Lipid lowering	Lerochol[3,5]	Repatha
Cholesterol/Lipid lowering	Redemplo[3,5]	Tryngolza[6]
COPD	Atrovent HFA (brand only)	ipratropium bromide HFA (generic Atrovent HFA)
Diabetes	Zegalogue	glucagon (generic Glucagon Kit), Baqsimi, Gvoke
Fibromyalgia	Savella (brand only)	milnacipran (generic Savella)
Glaucoma	Lumigan 0.01% (brand only)	bimatoprost (generic Lumigan), latanoprost (generic Xalatan), travoprost (generic Travatan Z)
Heart disorders	Myqorzo[3,5]	beta-blocker (e.g., atenolol, bisoprolol, metoprolol, nadolol, propranolol), calcium channel blocker (i.e., diltiazem, verapamil), Camzyos[6]
Hemophilia	Jivi	Adynovate, Afstyla, Altuviiio, Eloctate
Hepatitis C	Epclusa pellet pack[5]	Ledipasvir/sofosbuvir (authorized generic for Harvoni)[6], Mavyret[6], Sofosbuvir/velpatasvir (authorized generic for Epclusa)[6]
Hepatitis C	Epclusa tablet (brand only)[5]	Ledipasvir/sofosbuvir (authorized generic for Harvoni)[6], Mavyret[6], Sofosbuvir/velpatasvir (authorized generic for Epclusa)[6]

Therapeutic use	Medication name	Alternative treatment option(s)
Hepatitis C	Harvoni pellet pack[5]	Ledipasvir/sofosbuvir (authorized generic for Harvoni)[6], Mavyret[6], Sofosbuvir/velpatasvir (authorized generic for Epclusa)[6]
Hepatitis C	Harvoni tablet (brand only)[5]	Ledipasvir/sofosbuvir (authorized generic for Harvoni)[6], Mavyret[6], Sofosbuvir/velpatasvir (authorized generic for Epclusa)[6]
High blood pressure	Sdamlo oral solution[3,5]	amlodipine (generic Norvasc), Norliqva[6]
HIV	Edurant (brand only)	rilpivirine (generic Edurant)
Inflammatory conditions	Humira[5,7]	Adalimumab-aaty (unbranded Yuflyma)[6], Adalimumab-adaz (unbranded Hyrimoz)[6], Amjevita[6]
Inflammatory conditions	Sotyktu[5]	Adalimumab-aaty (unbranded Yuflyma)[6], Adalimumab-adaz (unbranded Hyrimoz)[6], Amjevita[6], Bimzelx[6], Cimzia[6], Cosentyx[6], Enbrel[6], Icotyde[6], Otezla[6], Rinvoq[6], Skyrizi[6], Simponi[6], Starjemza[6], Steqeyma[6], Tremfya[6], Wezlana[6], Yesintek[6]
Inflammatory conditions	Xeljanz (brand only)[5]	tofacitinib (generic Xeljanz)[6]
Inflammatory conditions	Xeljanz XR (brand only)[5]	tofacitinib extended-release (generic Xeljanz XR)[6]
Low potassium	potassium chloride 40 mEq powder packet[3]	potassium chloride capsule, packet, or tablet (generic Klor-con, generic Micro-K)
Multiple sclerosis	Mavenclad (brand only)[5]	cladribine (generic Mavenclad)[6]
Muscle spasms	Ozobax DS (brand only)[5]	baclofen (generic Ozobax DS)[6]
Muscle spasms	Zanaflex 2 mg, 4 mg and 6 mg capsule (brand only)	tizanidine (generic Zanaflex)
Muscle spasms	Zanaflex 4 mg tablet (brand only)	tizanidine (generic Zanaflex)
Opioid withdrawal symptoms	Lucemyra (brand only)	lofexidine (generic Lucemyra)
Pain	Nucynta (brand only)	tapentadol (generic Nucynta)
Pain & inflammation	Zybic oral suspension[3]	meloxicam (generic Mobic)
Pulmonary arterial hypertension	Opsumit (brand only)[5]	macitentan (generic Opsumit)[6]
Pulmonary fibrosis	Ofev (brand only)[5]	nintedanib (generic Ofev)[6]
Skin conditions	Taclonex (brand only)	calcipotriene/betamethasone (generic Taclonex)
Weight loss	Saxenda (brand only)[5,8]	liraglutide (generic Saxenda)[5,8]
Weight loss	Wegovy tablet[3,5,8]	liraglutide (generic Saxenda)[5,8], Qsymia[5,8], Wegovy injection[5,8], Zepbound[5,8]

[1] Medication is typically excluded from coverage.

[2] Exclusion includes brand, generic and authorized generic products unless otherwise noted.

[3] Newly released medication which was excluded from coverage at the time of launch and will continue to be excluded from our pharmacy benefit.

[4] Covered for members under age 18.

[5] For plans that do not exclude these medications, step therapy or prior authorization may be required prior to coverage.

[6] Step therapy or prior authorization may be required prior to coverage.

[7] On January 1, 2026, Humira was excluded and allowed continuation of therapy. Effective January 1, 2027, Humira continuation of therapy coverage pathway will be removed.

[8] Weight loss medications are excluded from coverage under most benefit plans.

ATTENTION: Free language assistance services and free communications in other formats, such as large print, are available to you. Call the toll-free number on your member identification card. (TTY 711).

ማሳሰቢያ፦ አማርኛ (Amharic) የሚናገሩ ከሆነ፣ ነፃ የቋንቋ እገዛ አገልግሎቶች እና ነፃ ተግባቦቶች እንደ ትልቅ እትም ባሉ ሌሎች ቅርፀቶች ለእርስዎ ይገኛሉ። በአባልነት መታወቂያ ካርድዎ ላይ ያለውን ነፃ የስልክ ቁጥር ይደውሉ።

ملحوظة: اذا كنت تتحدث اللغة **العربية** (Arabic)، فإن خدمات المساعدة اللغوية المجانية والمساعدة المجانية بتنسيقات أخرى، مثل الأحرف الكبيرة، متاحة لك أيضًا. اتصل بالرقم المجاني الموجود على بطاقة هوية العضو الخاصة بك.

দেখুন: আপফ যফ **বাংলায়** (Bengali-Bangala) কথা র্ব : , তাহ্ব ফ্রী ভাষা সহায়তা পফ্রষেবা এবং বড় মুদ্র্ব ফ্রমতো অ: া: ফর্ম া্ব যোগাযোগগুফ্র আপ: াফ্রজ: ফ্রী র্মূ্ব উর্প ব্ধ। আপ: াফ্রস: র্সে ফ্রপফ্রচয়র্প ফ্রকার্ডেফ্রর্ি -ফ্রক : স্বফ্রেক করু:

ចំណាំ៖ ប្រសិនបើអ្នកនិយាយ**ភាសាខ្មែរ** (Cambodian-Mon-Khmer)
សេវាជំនួយភាសាឥតគិតថ្លៃ និងការទំនាក់ទំនងឥតគិតថ្លៃក្នុងទម្រង់ផ្សេងទៀត
ដូចជាពុម្ពអក្សរធំ មានសម្រាប់អ្នក។
ទូរសព្ទមកលេខឥតគិតថ្លៃនៅលើបណ្ណសម្គាល់សមាជិករបស់អ្នក។

請注意：如果您說**中文** (Chinese - Traditional)，您可以獲得免費語言協助服務和大字體等其他格式的免費通訊。請致電您的會員身份卡上的免付費電話號碼。

ATTENTION : Si vous parlez **français (French)**, des services d'assistance linguistique et des communications dans d'autres formats, notamment en gros caractères, sont mis à votre disposition gratuitement. Appelez le numéro gratuit figurant sur votre carte de membre.

ATANSYON: Si w pale **Kreyòl Ayisyen (Haitian Creole)**, gen sèvis lang gratis ak kominikasyon nan lòt fòma lo disponib, tankou sa ki enprime ak gwo lèt. Rele nimewo gratis ki sou kat idantifikasyon manm ou an.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlose Sprachassistenzdienste und kostenlose Kommunikation in anderen Formaten, wie zum Beispiel große Schrift, zur Verfügung. Rufen Sie die gebührenfreie Nummer auf Ihrer Mitgliedskarte an.

ΠΡΟΣΟΧΗ: Εάν μιλάτε **ελληνικά** (Greek), υπάρχουν διαθέσιμες δωρεάν υπηρεσίες γλωσσικής βοήθειας και δωρεάν επικοινωνία σε άλλες μορφοποιήσεις, όπως μεγάλα γράμματα. Καλέστε τον αριθμό χωρίς χρέωση στην κάρτα μέλους σας.

ધ્યાન આપો: જો તમે **ગુજરાતી (Gujarati)** બોલતા હો તો વિના મૂલ્યે ભાષાકીય મદદરૂપ સેવાઓ અને અન્ય ફોર્મેટમાં વિના મૂલ્યે સંચાર, જેમ કે મોટી વિન્ટ, તમારા માટે ઉપલબ્ધ છે. તમારા સભ્ય ઓળખ કાર્ડ પરના ટોલ-ફ્રી નંબર પર કૉલ કરો.

ध्यान दें: यदि आप **ि◌ंदी (Hindi)** बोलते हैं, तो आपके ल्लए मुफ्त भाषा सहायता सेवाएँ और अन्य प्रारूपों में मुफ्त संचार, जैसे व्क्क र्ब ` प्रिंट, उपलब्ध हैं। अपने सदस्य पहचान पत्र पर दिए गए टोल-फ्री नंबर पर कॉल करें।

LUS TSEEM CEEB: Yog tias koj hais **lus Hmoob (Hmong)**, muaj cov kev pab cuam txhais lus thiab muaj kev sib txuas lus pab dawb ua lwm hom ntawv, xws li luam ua ntawv loj rau koj. Thov hu rau tus xov tooj hu dawb ntawm koj daim npav ID.

ATENSION: No agsasaoka iti **Ilocano (Ilocano)**, magun-odmo dagiti libre a serbisio ti tulong iti pagsasao ken libre a komunikasion iti dadduma a pormat, kas iti dadakkel a letra. Tawagan ti awan-bayadna a numero a masarakan iti kard a pakabigbigam kas miembro.

ATTENZIONE: se parla **italiano (Italian)**, può usufruire di servizi di assistenza linguistica gratuiti e comunicazioni gratuite in altri formati, come ad esempio la stampa a caratteri grandi. Chiami il numero verde riportato sul Suo tesserino identificativo.

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や、拡大文字など他の形式での無料のコミュニケーションをご利用いただけます。会員証に記載されているフリーダイアルにお電話ください。

알림 사항: **한국어(Korean)**를 사용하시는 경우 무료 언어 지원 서비스와 대형 활자체 등 다른 형식으로 된 의사 소통 매체를 이용하실 수 있습니다. 회원 ID 카드에 나와 있는 무료 전화번호로 전화해 주십시오.

ໝາຍເຫດ: ຖ້າຫາກທ່ານເວົ້າ**ພາສາລາວ (Lao)**, ທ່ານສາມາດໃຊ້ບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາຟຣີ ແລະ ການສື່ສານໃນຮູບແບບອື່ນໆຟຣີ, ເຊ່ນ: ການພິມຕົວອັກສອນຂະໜາດໃຫຍ່.
ໂທຫາເບີໂທຟຣີຢູ່ທີ່ບັດປະຈຳຕົວສະມາຊິກຂອງທ່ານ.

ध्यान दिनु होस्: यदि तपाईंले **नेपाली (Nepali)** बोल्नुहुन्छ भने, न्म:शुल्क भाषा सहायता सेवाहरू र अन्य ढाँचाहरूमा न्म:शुल्क संचारहरू, जस्तै ठूलो छाप, तपाईंका लाग्ग उपलब्ध छन्।. आफ्नो सदस्य पहिचान कार्डमा रहेको टोल फ्री नम्बरमा कल गर्नुहोस्।

توجه: اگر به زبان **فارسی** (Persian-Farsi) صحبت می‌کنید، خدمات زبانی کمک رایگان و مناسب در دسترس شما است. برای تماس با یکی از نمایندگان خدمات مشتریان، لطفاً با شماره تلفن رایگان روی کارت عضویت خود تماس بگیرید.

UWAGA: Dla osób mówiących po **polsku** (Polish) dostępne są bezpłatne usługi pomocy językowej i bezpłatne komunikaty w innych formatach, takich jak duży druk. Prosimy zadzwonić pod bezpłatny numer podany na karcie identyfikacyjnej.

ATENÇÃO: se você fala **português (Portuguese)**, tem à sua disposição serviços gratuitos de assistência linguística e comunicações gratuitas em outros formatos, como caracteres grandes. Ligue para o número gratuito que se encontra no seu cartão de identificação de membro.

ਦਿਆਨ ਦਿਓ ਿ ਤੁਸ਼ੀਂ **ਪੰਜਾਬੀ** (Punjabi) ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫ਼ਤ ਭਾਸ਼ਾ ਸ਼ਹਾਇਤਾ ਸ਼ੇਵਾਵਾਂ ਅਤੇ ਹੋ ਫਾ ਮੈਟਾਂ, ਿੰ ਵੇਂ ਕਿ ਵੱਡੇ ਪ੍ਰਿੰਟ, ਵਿੱਚ ਮੁਫ਼ਤ ਸ਼ੰਚਾ ਉਪਲਬਧ ਹਨ। ਆਪਣੇ ਮੈਂਬ ਪਛਾਣ ਕਾ ਡ 'ਤੇ ਟੋਲ-ਫ੍ਰੀ ਨੰਬ 'ਤੇ ਕਾਲ ਕ ।

ВНИМАНИЕ! Если вы говорите на **русском** языке **(Russian)**, вам доступны бесплатные услуги языковой поддержки и бесплатные материалы в других форматах, например напечатанные крупным шрифтом. Звоните по бесплатному номеру телефона, указанному на вашей идентификационной карте участника.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas y comunicaciones en otros formatos como letra grande, sin cargo, a su disposición. Llame al número gratuito que figura en su tarjeta de identificación de miembro. (TTY 711).

PAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika at libreng komunikasyon sa ibang mga format, tulad ng malalaking print. Tawagan ang walang bayad na numero na nasa iyong ID card ng miyembro.

โปรดทราบ หากคุณ**พูดภาษาไทย (Thai)** ได้
คุณสามารถใช้บริการช่วยเหลือด้านภาษาฟรีและการสื่อสารในรูปแบบอื่น ๆ ฟรี เช่น
การพิมพ์ด้วยตัวอักษรขนาดใหญ่ โทรไปยังหมายเลขโทรฟรีสำหรับสมาชิกตามบัตรประจำตัวของคุณ

ЗВЕРНІТЬ УВАГУ! Якщо ви розмовляєте **українською (Ukrainian)**, ви можете безоплатно користуватися послугами мовної підтримки, а також безоплатно отримувати інформаційні матеріали в інших форматах, як от набрані великим шрифтом. Телефонуйте на безкоштовний номер телефону, зазначений на вашій ідентифікаційній картці учасника.

توجہ دیں: اگر آپ **اردو (Urdu)** بولتے ہیں، تو آپ کے لیے زبان کی معاونت کی خدمات اور دیگر فارمیٹس میں مفت مواصلات، جیسے بڑے پرنٹ، آپ کے لیے مفت دستیاب ہیں۔ اپنے ممبر آئی ڈی کارڈ پر دیے گئے ٹول فری نمبر پر کال کریں۔

LƯU Ý: Nếu quý vị nói **Tiếng Việt (Vietnamese)**, quý vị sẽ được cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí và các phương tiện trao đổi liên lạc miễn phí ở các định dạng khác, chẳng hạn như bản in chữ lớn. Gọi đến số điện thoại miễn phí có trên thẻ định danh thành viên của quý vị.

Learn more

Call the toll-free phone number on your member ID card to speak with a Customer Service representative.

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

This document applies to commercial group members of UnitedHealthcare and Oxford New York and New Jersey plans with a pharmacy benefit subject to the Access 3-Tier PDL.