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Pharmacy | New York | Access FI PDL



**Prescription drug
list changes**
Effective February 1, 2026

Dear Valued Plan Participant:

We want to alert you about upcoming changes to the Prescription Drug List (PDL) for your plan.

These changes include copay costs or coverage requirements. Review the list of changes to learn if any of your medications will be impacted.

To help outline changes in cost or coverage, prescription drugs are grouped by tiers. A tier indicates the amount you pay when you fill a prescription. Please reference this chart as you review the changes to the PDL for your plan.



Tier 1

Lowest-cost medications



Tier 2

Mid-range cost



Tier 3

Highest-cost

Prescription drugs subject to exclusion or limited coverage^{1,2}

We evaluate prescription drugs based on their total value, including how a drug works and how much it costs. When several drugs work in the same way, we may choose to exclude or limit coverage of the higher-cost option. Effective **February 1, 2026**, the drugs listed below may be excluded or have limited coverage. You may need to get a prior authorization or try preferred alternative treatment options prior to the approval of coverage.

Sign into your online account to see if there are any actions you need to take.

Therapeutic use	Medication name	Alternative treatment option(s)
Alzheimer's disease	Zunveyl ³	galantamine (generic Razadyne)

United
Healthcare®

United
Healthcare®
Oxford

continued

Therapeutic use	Medication name	Alternative treatment option(s)
Asthma/COPD	Umeclidinium/Vilanterol (Anoro Ellipta authorized generic) ³	Anoro Ellipta
Blood clots	Pradaxa capsule (brand only)	dabigatran capsules (generic Pradaxa)
Cancer	Casodex (brand only)	bicalutamide (generic Casodex)
Cancer	Danziten ³	nilotinib (generic Tassigna)
Cancer	Sprycel (brand only)	dasatinib (generic Sprycel)
Cancer	Tassigna (brand only)	nilotinib (generic Tassigna)
Constipation	Motegrity (brand only)	lubiprostone (generic Amitiza), prucalopride (generic Motegrity), Linzess
COPD	Daliresp (brand only)	roflumilast (generic Daliresp)
Diabetes	glimepiride 3 mg ³	glimepiride 1 mg, 2 mg, 4 mg (generic Amaryl)
Diabetes	metformin 750 mg ³	metformin 500 mg, 1000 mg (generic Glucophage)
Diabetes	OneTouch meters ⁴	Contour Next, Contour Plus Blue, Accu-Chek Guide
Diabetes	OneTouch test strips ⁴	Contour Next test strips, Contour Plus Blue test strips, Accu-Chek Guide test strips
Diabetes	Victoza (brand only)	liraglutide (generic Victoza)
Endocrine disorders	Jynarque (brand only)	tolvaptan (generic Jynarque)
Endocrine disorders	Thiola (brand only)	tiopronin (generic Thiola)
Endocrine disorders	Thiola EC (brand only)	tiopronin delayed-release (generic Thiola EC)
Endocrine disorders	Venxxiva ³	tiopronin delayed-release (generic Thiola EC)
Eye pain & inflammation	Durezol (brand only)	difluprednate (generic Durezol)
Heart failure	Entresto (brand only)	sacubitril/valsartan (generic Entresto)
Hemophilia	Alhemo	Hemlibra, Qfitlia
Infections	Fulvicin P/G 165 mg ³	griseofulvin ultramicrosize 125 mg, 250 mg (generic Gris-Peg), itraconazole (generic Sporanox), terbinafine (generic Lamisil), ciclopirox (generic Penlac)
Infections	griseofulvin 165 mg (generic Fulvicin P/G) ³	griseofulvin ultramicrosize 125 mg, 250 mg (generic Gris-Peg), itraconazole (generic Sporanox), terbinafine (generic Lamisil), ciclopirox (generic Penlac)
Infections	metronidazole 125 mg ³	one half of metronidazole 250 mg
Infections	Sovuna ³	hydroxychloroquine (generic Plaquenil)
Inflammatory conditions	Humira ⁵	Adalimumab-adaz (unbranded Hyrimoz), Amjevita
Inflammatory conditions	Humira (manufactured by Cordavis) ³	Adalimumab-adaz (unbranded Hyrimoz), Amjevita
Inflammatory conditions	Imuldosa ³	Steqeyma, Wezlana, Yesintek
Inflammatory conditions	Otulf ³	Steqeyma, Wezlana, Yesintek
Inflammatory conditions	Pyzchiva ³	Steqeyma, Wezlana, Yesintek

Therapeutic use	Medication name	Alternative treatment option(s)
Inflammatory conditions	Selarsdi ³	Steqeyma, Wezlana, Yesintek
Inflammatory conditions	Stelara	Steqeyma, Wezlana, Yesintek
Inflammatory conditions	Ustekinumab (unbranded Stelara) ³	Steqeyma, Wezlana, Yesintek
Inflammatory conditions	Ustekinumab-aekn (unbranded Selarsdi) ³	Steqeyma, Wezlana, Yesintek
Inflammatory conditions	Ustekinumab-ttwe (unbranded Pyzchiva) ³	Steqeyma, Wezlana, Yesintek
Mental health	Opipza oral film ³	aripiprazole (generic Abilify), olanzapine (generic Zyprexa), quetiapine (generic Seroquel), risperidone (generic Risperdal), ziprasidone (generic Geodon)
Muscle spasms	metaxalone 640 mg ³	cyclobenzaprine (generic Flexeril), chlorzoxazone (generic Parafon Forte DSC), metaxalone (generic Skelaxin), methocarbamol (generic Robaxin)
Muscle weakness due to potassium levels	Keveyis (brand only)	dichlorphenamide (generic Keveyis)
Muscle weakness due to potassium levels	Ormalvi (brand only) ³	dichlorphenamide (generic Keveyis)
Nausea & vomiting	Marinol 2.5 mg (brand only)	dronabinol (generic Marinol)
Nausea & vomiting	Marinol 5 mg, 10 mg (brand only) ³	dronabinol (generic Marinol)
Nausea & vomiting	ondansetron 16 mg orally disintegrating tablet ³	ondansetron 4 mg, 8 mg orally disintegrating tablet
Neuropathic pain/Seizures	Gabarone ³	gabapentin (generic Neurontin)
Neutropenia	Nypozi ³	Nivestym, Zarxio
Pain	tramadol 75 mg ³	tramadol 50 mg, 100 mg (generic Ultram)
Pain & inflammation	Dolobid ³	diclofenac (generic Cataflam, Voltaren), diflunisal 500 mg (generic Dolobid), flurbiprofen (generic Ansaid), ibuprofen (generic Motrin), naproxen tablets (generic Naprosyn, generic Anaprox DS), OTC ibuprofen (Advil/Motrin), OTC naproxen (Aleve)
Pain & inflammation	Fenopron ³	ibuprofen (generic Motrin), naproxen tablets (generic Naprosyn, generic Anaprox DS), OTC ibuprofen (Advil/Motrin), OTC naproxen (Aleve)
Pain & inflammation	Kiprofen ³	diclofenac (generic Cataflam, Voltaren), flurbiprofen (generic Ansaid), ibuprofen (generic Motrin), naproxen tablets (generic Naprosyn, generic Anaprox DS), OTC ibuprofen (Advil/Motrin), OTC naproxen (Aleve)

Therapeutic use	Medication name	Alternative treatment option(s)
Pain & inflammation	tolmetin 400 mg (generic Tolectin)	diclofenac (generic Cataflam, Voltaren), flurbiprofen (generic Ansaid), ibuprofen (generic Motrin), naproxen tablets (generic Naprosyn, generic Anaprox DS), OTC ibuprofen (Advil/Motrin), OTC naproxen (Aleve)
Pain & inflammation	Tolectin 600 mg ³	diclofenac (generic Cataflam, Voltaren), flurbiprofen (generic Ansaid), ibuprofen (generic Motrin), naproxen tablets (generic Naprosyn, generic Anaprox DS), OTC ibuprofen (Advil/Motrin), OTC naproxen (Aleve)
Pulmonary hypertension	Opsynvi ³	tadalafil (generic Adcirca) with Opsumit
Rosacea	Emrosi ³	minocycline immediate-release capsules (generic Minocin), minocycline extended-release (generic Solodyn), doxycycline hyclate (generic Vibramycin), doxycycline monohydrate 50 mg and 100 mg (generic Monodox)
Seizures	Sabril tablet (brand only) ⁵	vigabatrin tablet (generic Sabril)
Sickle cell disease	Hydrea (brand only)	hydroxyurea (generic Hydrea)
Skin conditions	Hydrocortisone 2.5% solution (Texacort authorized generic) ³	Texacort
Sleep	Dayvigo	zolpidem (generic Ambien), zaleplon (generic Sonata), eszopiclone (generic Lunesta), Belsomra
Stroke & heart attack prevention	Brilinta (brand only)	ticagrelor (generic Brilinta)
Testosterone replacement	Undecatrex (Kyzatrex authorized generic) ³	testosterone 1.62% gel pump (generic AndroGel), Kyzatrex, Testim

Prescription drugs moving to a higher tier²

The following medications are moving to a higher tier. Medications may move from a lower tier to a higher tier when they are more costly and have available lower-cost options.

Therapeutic Use	Medication name	Tier placement	Alternative treatment option(s)
Cancer	Ibrance	Tier 2 to Tier 3	Kisqali, Verzenio

¹ Limited coverage or exclusion includes brand, generic and authorized generic products unless otherwise noted.

² Step therapy or prior authorization may be required prior to coverage.

³ Newly released medication which was excluded or had limited coverage at the time of launch and will continue to be excluded or have limited coverage under our pharmacy benefit.

⁴ Includes OneTouch Ultra, Ultra 2, Ultra Blue, Verio, Verio Flex, Verio IQ, and Verio Reflect meters/test strips.

⁵ Members currently on therapy may be allowed to continue.

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The Company complies with applicable civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). We do not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

We provide free aids and services to help you communicate with us. You can ask for interpreters and/or for communications in other languages or formats such as large print. We also provide reasonable modifications for persons with disabilities.

If you need these services, call the toll-free number on your member ID card. (TTY **711**).

If you believe that we failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can send a complaint to the Civil Rights Coordinator:

Mail: Civil Rights Coordinator

UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UTAH 84130

Email: UHC_Civil_Rights@uhc.com

If you need help with your complaint, please call the toll-free phone number listed on your ID card (TTY/RTT **711**). We are available Monday through Friday, 8 a.m. to 8 p.m. E.T.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Phone: [1-800-368-1019](tel:1-800-368-1019), [1-800-537-7697](tel:1-800-537-7697) (TDD)

Mail: U.S. Department of Health and Human Services

200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

Complaint forms are available at <http://hhs.gov/ocr/complaints/index.html>

This notice is available at: <https://www.uhc.com/legal/nondiscrimination-and-language-assistance-notices>.

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።

في احطه: اطلب المساعدة بالغة اللغة العربية (Arabic)، سوف يترك خدم ابال لمساعدته الى عونه الى محله
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দেখুন: আপক্ষ যক্ষ বাংলায় (Bengali-Bangala) কথা বঁ : , তাহঁ ঞ্ক্ষ মূর্ঁ ভাষা সহায়তা
পক্ষষবা এবং বড় মুর্ঁ ফ্রমতো অ: া: ফ্রম্ম াঁ যোগাযোগগুঁক্ষ আপ: ফ্রাজ: ঞ্ক্ষ মূর্ঁ
উপ ঞ্ক্ষ। আপ: ফ্রাস: সঁ ফ্রপক্ষয়পঁ ফ্রকার্ডেফ্রঁ া - ঞ্ক্ষ: স্বফ্রেকঁ কর:

ចំណាំ: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ (Cambodian-Mon-Khmer)
សេវាជំនួយភាសាគតិកត្តែ នឹងការទំនាក់ទំនងគតិកត្តែក្នុងទម្រង់ផ្សេងទៀត
ដូចជាពុម្ពអក្សរធំ មានសម្រាប់អ្នក។
ទូរសព្ទមកលេខគតិកត្តែនៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នក។

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 fòm 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
Sprachassistentendienste 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 કોલ કરો.

ध्यान दें: यदि आप हिंदी (Hindi) बोलते हैं, तो आपके लिए मुफ्त भाषा सहायता सेवाएँ और अन्य प्रारूपों में मुफ्त संचार, जैसे क्लर्क बॅ 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.

ATENSIÓN: 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ヤ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: ຖ້າຫາກທ່ານເວົ້າພາສາລາວ (Lao), ທ່ານສາມາດໃຊ້ບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາພາສາລາວ ແລະ ການສື່ສານໃນຮູບແບບອື່ນໆພາສາລາວ, ເຊັ່ນ: ການພິມຕົວອັກສອນຂະໜາດໃຫຍ່. ໂທຫາເບີໂທພາສາລາວທີ່ບັດປະຈຳຕົວສະມາຊິກຂອງທ່ານ.

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

بوجه: لکریه زبان **فارسی (Persian-Farsi)** صحبت می‌کند، خدمات پولکان کمک زبانی و لطیفات پولکان در والابه‌ای دیگر، ملید حاب برر ک، در سیرس‌س‌ما هسیدد. دلس‌ما ره پولکان مدرج روی‌کارب س‌طرلی عصفوب‌س‌اریم‌اس یکید.

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 ਿ ਤੁਸੀਂ **ਪੰਜਾਬੀ (Punjabi)** ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਅਤੇ ਹੋਰ ਫ਼ਾ ਮੈਟਾਂ, ਜਿੰਨ੍ਹਾਂ ਵਿੱਚੋਂ ਪ੍ਰਿੰਟ, ਵਿੱਚ ਮੁਫਤ ਸੰਚਾਰ ਉਪਲਬਧ ਹਨ। ਆਪਣੇ ਮੈਂਬਰ ਪਛਾਣ ਕਾਰਡ 'ਤੇ ਟੋਲ-ਫ੍ਰੀ ਨੰਬਰ 'ਤੇ ਕਾਲ ਕਰੋ।

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 หากคุณพูดภาษาไทย (Thai) ได้
คุณสามารถใช้บริการช่วยเหลือด้านภาษาฟรีและการสื่อสารในรูปแบบอื่น ๆ ฟรี เช่น
การพิมพ์ด้วยตัวอักษรขนาดใหญ่ โทรไปยังหมายเลขโทรศัพท์สำหรับสมาชิกตามบัตรประจำตัวของคุณ

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