Updates to your prescription benefits

Effective May 1, 2026

Access 4-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	**Tier 2 and 3**	**Tier 4**
Lowest-cost medications	Mid-range cost	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
Contraceptive	Averi	**Tier 3**
High blood pressure	Hemiclor	**Tier 4**

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 **May 1, 2026**, 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 if there are any actions you need to take.

Therapeutic use	Medication name	Alternative treatment option(s)
Asthma	Fluticasone Furoate Ellipta (Arnuity Ellipta authorized generic)[3]	Arnuity Ellipta, Qvar RediHaler
Cancer	Nilotinib tartrate[3,4]	nilotinib hydrochloride (generic Tasigna)[5]

continued

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Therapeutic use	Medication name	Alternative treatment option(s)
Diabetes	Kirsty[3,4]	Humalog KwikPen, Insulin Lispro KwikPen/vial (unbranded Humalog), Lyumjev KwikPen
Diabetes	Merilog/Merilog Solostar[3,4]	Humalog KwikPen, Insulin Lispro KwikPen/vial (unbranded Humalog), Lyumjev KwikPen
Diabetes	Simplera Sensor[3,4]	Dexcom[5], Freestyle Libre[5]
Diabetes	Simplera System[3,4]	Dexcom[5], Freestyle Libre[5]
Endocrine disorders	Demser (brand only)[4]	metyrosine (generic Demser)[5]
Endocrine disorders	Ravicti (brand only)[4]	glycerol phenylbutyrate (generic Ravicti)[5], sodium phenylbutyrate (generic Buphenyl)[5]
Hereditary angioedema	Ekterly[3,4]	icatibant (generic Firazyr)[5], Berinert[5], Ruconest[5]
High blood pressure	Epaned (brand only)[4]	enalapril oral solution (generic Epaned)[5]
High blood pressure	Lopressor tablet (brand only)	metoprolol (generic Lopressor)
Infections	Dificid tablet (brand only)	fidaxomicin (generic Dificid) tablets
Inflammatory conditions	Leqselvi[3,4]	Litfulo[5], Olumiant[5]
Irritable bowel disease	dicyclomine hydrochloride 40 mg[3]	dicyclomine hydrochloride two of 20 mg (generic Bentyl)
Mental health	Bucapsol capsule[3]	buspirone (generic Buspar)
Migraines	Symbravo[3]	meloxicam (generic Mobic) plus rizatriptan (generic Maxalt/Maxalt MLT)
Muscle spasms	Fleqsuvy (brand only)[4]	baclofen oral suspension (generic Fleqsuvy)[5]
Neutropenia	Rolvedon[3]	Neulasta, Udenyca
Pain & inflammation	Combogesic tablet[3]	OTC ibuprofen (e.g., Advil, Motrin), OTC acetaminophen (e.g.,Tylenol)
Pain & inflammation	ibuprofen 300 mg[3]	ibuprofen (generic Motrin), naproxen tablets (generic Naprosyn, generic Anaprox DS), OTC ibuprofen (Advil/Motrin), OTC naproxen (Aleve)
Pain & inflammation	Indocin rectal suppository (brand only)[4]	indomethacin rectal suppository (generic Indocin)[5]
Pain & inflammation	Indocin suspension (brand only)[4]	indomethacin oral suspension (generic Indocin)[5]
Pulmonary hypertension	Tracleer tablet (brand only)[4]	bosentan (generic Tracleer)[5]
Pulmonary hypertension	Yutrepia[3,4]	Tyvaso[5]
Skin conditions	Ala-Scalp	hydrocortisone 2.5% topical lotion (generic Hytone)
Skin conditions	hydrocortisone 2% lotion	hydrocortisone 2.5% topical lotion (generic Hytone)
Ulcers, heartburn & reflux	Nexium packet (brand only)[4]	esomeprazole suspension (generic Nexium)[5]

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

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

Access 4-Tier PDL clinical programs update summary

Some prescription drugs may have programs or limits that apply. Below are the changes that will be effective **May 1, 2026**.

MN New medical necessity[6]

Medical necessity is a type of prior authorization that evaluates the clinical appropriateness of a medication, such as condition being treated, type of medication, frequency of use, and duration of therapy. The following medications will now require medical necessity for coverage.

Therapeutic use	Medication name
ADHD	Xelstrym transdermal patch
Arrhythmias	Sotylize oral solution
Blood clots	Pradaxa pellet pack
Cancer	Xatmep oral solution
Chest pain	Aspruzyo Sprinkle granules packet
Cholesterol/Lipid lowering	Atorvaliq suspension
Cholesterol/Lipid lowering	Ezallor Sprinkle capsule
Cholesterol/Lipid lowering	Flolipid suspension
Diuretic	Inzirqo suspension
Elevated phosphate levels	Renvela packet
High blood pressure	Carospir suspension
High blood pressure	Epaned oral solution
High blood pressure	Katerzia oral suspension
High blood pressure	Norliqva oral solution
High blood pressure	Qbrelis oral solution
High blood pressure	valsartan oral solution
Mental health	chlorpromazine hydrochloride concentrate
Muscle spasms	Fleqsuvy suspension
Muscle spasms	Ozobax DS oral solution
Nausea & vomiting	Syndros solution
Oral steroid	Alkindi Sprinkle capsule[7]
Pain & inflammation	Indocin suppository
Pain & inflammation	Indocin suspension
Pain & inflammation	Meloxicam suspension
Pain & inflammation	Naprosyn suspension[7]
Seizures	Zonisade oral suspension
Seizures	Epronita oral solution

Therapeutic use	Medication name
Thyroid replacement	Ermeza oral solution
Thyroid replacement	Tirosint-Sol oral solution
Transplant	Prograf Granules packet
Ulcers, heartburn & reflux	Nexium packets for suspension
Ulcers, heartburn & reflux	Prevacid Solutab ODT
Ulcers, heartburn & reflux	Zegerid powder packet for suspension[7]

QL New quantity limits

Quantity limits establish the maximum quantity of a drug that is covered per copay or in a specified time frame. The drugs below will now be part of the quantity limits program.

Therapeutic use	Medication name	Revised quantity limit
Inflammatory conditions	Adalimumab-adaz 80 mg/0.8 mL[8]	2 auto-injectors per month
Inflammatory conditions	Yuflyma CD/UC/HS Starter Kit 80 mg/ 0.8 mL[7,9]	3 auto-injectors per year

ST New step therapy

The medications below have a new or revised step therapy program. You must try one or more other medications before the medication below may be covered.

Therapeutic use	Medication name	Step 1 medication
Diabetes	Novolin N Flexpen Relion[7]	Humulin N
Diabetes	Novolin R Flexpen Relion[7]	Humulin R

[6] Includes brand, generic and authorized generic products unless otherwise noted.

[7] Medication is typically excluded from coverage.

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

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

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።

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

দেখুন: আপনি যদি **বাংলায়** (Bengali-Bangla) কথা বলেন, তাহলে বিনামূল্যে ভাষা সহায়তা পরিষেবা এবং বড় মুদ্রণের মতো অন্যান্য ফরম্যাটে যোগাযোগগুলি আপনার জন্য বিনামূল্যে উপলব্ধ। আপনার সদস্য পরিচয়পত্রের টোল-ফ্রি নম্বরে কল করুন।

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 ल्◌ए मुफ्त भाषा सहायता सेवाएँ और अन्य प्रारूपों में मुफ्त संचार, जैसे क्क 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 लाग्◌ा उपलब्ध छन्।. आफ्नो सदस्य पहिचान कार्डमा रहेको टोल फ्री नम्बरमा कल गर्नुहोस्।

توجه: اگر به زبان **فارسی** (Persian-Farsi) صحبت می‌کنید، خدمات رایگان کمک زبانی و مکاتبات با فرمت‌های جایگزین در دسترس شما هستند. شماره تلفن رایگان مندرج روی کارت شناسایی عضویت خود را 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

مواصلات، جیسے بڑے پرنٹ، آپ کے لیے مفت دستیاب ہیں۔ اپنے ممبر شناختی کارڈ پر دیئے 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 plans with a pharmacy benefit subject to the Access 4-Tier PDL.