



Updates to your prescription benefits

Effective upon renewal

Access PDL benefit summary

Dear Valued Customer:

We are pleased to announce our **Access Prescription Drug List (PDL)** pharmacy benefit updates. Our PDL Management Committee carefully reviews and evaluates prescription medications to place them in tiers corresponding to their overall health care value. By managing pharmacy benefits responsibly, we are able to provide integrated pharmacy benefit solutions for our customers and affordable medications for our members. If you have questions regarding the PDL and benefit plan updates listed below, please contact your broker or a UnitedHealthcare representative.

Below is a list of PDL updates effective upon your renewal.

Medication name	Current benefit coverage	New benefit coverage
Adalimumab-adbm (unbranded Cyltezo) - Quallent	EAL ¹	Excluded ²
Ala-Scalp	3/4	Excluded ²
Alhemo	3/4	Excluded ²
Brilinta (brand only)	3/4	Excluded ²
Bucapsol capsule	EAL ¹	Excluded ²
Casodex (brand only)	3/4	Excluded ²
Combogesic tablet	EAL ¹	Excluded ²
Danziten	EAL ¹	Excluded ²
Dayvigo	3/4	Excluded ²
Demser (brand only)	3/4	Excluded ²
dicyclomine hydrochloride 40 mg	EAL ¹	Excluded ²
Dificid tablet (brand only)	3/4	Excluded ²
Dolobid	EAL ¹	Excluded ²

Medication name	Current benefit coverage	New benefit coverage
Ekterly	EAL ¹	Excluded ²
Emrosi	EAL ¹	Excluded ²
Entresto (brand only)	3/4	Excluded ²
Epaned (brand only)	3/4	Excluded ²
Equetro	3	3/4
Fenopron	EAL ¹	Excluded ²
Fleqsuvy (brand only)	3/4	Excluded ²
Fluticasone Furoate Ellipta (Arnuity Ellipta authorized generic)	EAL ¹	Excluded ²
Fulvicin P/G 165 mg	EAL ¹	Excluded ²
Gabarone	EAL ¹	Excluded ²
glimepiride 3 mg	EAL ¹	Excluded ²
griseofulvin 165 mg (generic Fulvicin P/G)	EAL ¹	Excluded ²
Humira	2	Excluded ²
Humira (manufactured by Cordavis)	EAL ¹	Excluded ²
Hydrea (brand only)	3/4	Excluded ²
hydrocortisone 2% lotion	1	Excluded ²
Hydrocortisone 2.5% solution (Texacort authorized generic)	EAL ¹	Excluded ²
Ibrance	2	3/4
ibuprofen 300 mg	EAL ¹	Excluded ²
Imuldosa	EAL ¹	Excluded ²
Indocin rectal suppository (brand only)	3/4	Excluded ²
Indocin suspension (brand only)	3/4	Excluded ²
Jynarque (brand only)	3/4	Excluded ²
Kirsty	EAL ¹	Excluded ²
Leqselvi	EAL ¹	Excluded ²
Lopressor tablet (brand only)	3/4	Excluded ²
Merilog	EAL ¹	Excluded ²
Merilog Solostar	EAL ¹	Excluded ²
metaxalone 640 mg	EAL ¹	Excluded ²
metformin 750 mg	EAL ¹	Excluded ²
metronidazole 125 mg	EAL ¹	Excluded ²
Motegrity (brand only)	3/4	Excluded ²
Nexium packet (brand only)	3/4	Excluded ²
Nilotinib tartrate	EAL ¹	Excluded ²
Nypozi	EAL ¹	Excluded ²

Medication name	Current benefit coverage	New benefit coverage
OneTouch Ultra 2 monitoring kit	1	Excluded ²
OneTouch Ultra Blue test strips	1	Excluded ²
OneTouch Ultra test strips	1	Excluded ²
OneTouch Verio monitoring kit	1	Excluded ²
OneTouch Verio Flex monitoring kit	1	Excluded ²
OneTouch Verio IQ monitoring kit	1	Excluded ²
OneTouch Verio Reflect monitoring kit	1	Excluded ²
OneTouch Verio test strips	1	Excluded ²
Opipza oral film	EAL ¹	Excluded ²
Otufi	EAL ¹	Excluded ²
Pyzchiva	EAL ¹	Excluded ²
Ravicti (brand only)	3/4	Excluded ²
Rolvedon	EAL ¹	Excluded ²
Sabril tablet (brand only)	3/4	Excluded ²
Selarsdi	EAL ¹	Excluded ²
Simplera Sensor	EAL ¹	Excluded ²
Simplera System	EAL ¹	Excluded ²
Symbravo	EAL ¹	Excluded ²
Tasigna (brand only)	3/4	Excluded ²
Tegretol oral suspension	3	3/4
Tegretol tablet	3	3/4
Thiola (brand only)	3/4	Excluded ²
Thiola EC (brand only)	3/4	Excluded ²
Tracleer tablet (brand only)	2	Excluded ²
tramadol 75 mg	EAL ¹	Excluded ²
Umeclidinium/vilanterol (Anoro Ellipta authorized generic)	EAL ¹	Excluded ²
Undecatrex (Kyzatrex authorized generic)	EAL ¹	Excluded ²
Ustekinumab (unbranded Stelara)	EAL ¹	Excluded ²
Ustekinumab-aekn (unbranded Selarsdi)	EAL ¹	Excluded ²
Ustekinumab-ttwe (unbranded Pyzchiva)	EAL ¹	Excluded ²
Venxxiva (brand only)	EAL ¹	Excluded ²
Wezlana	EAL ¹	Excluded ²
Yutrepia	EAL ¹	Excluded ²
Zunveyl	EAL ¹	Excluded ²

¹ The Exclude at Launch Program (EAL) enables us to immediately exclude upon launch a high-cost medication from benefit coverage, eliminating unnecessary costs for you and allowing appropriate clinical programs to be implemented which minimizes any disruption for your employees. For clients that do not participate in the Exclude at Launch Program, these medications will be placed on the highest tier.

² This medication is excluded for the majority of benefit plans. For customers not participating in exclusions, this medication may be covered in the highest tier.

Access PDL clinical programs benefit summary

Some prescription drugs may have programs or limits that apply. Below are the changes that will be effective upon renewal.

PA Prior authorization - new notification³

Prior authorization - notification requires additional clinical information to verify members benefit coverage.

Therapeutic use	Medication name
Acne	Arazlo ⁴

MN New medical necessity

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
Acne	Aklief ⁵
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
COPD	Yupelri
Diuretic	Inzirqo suspension
Elevated potassium levels	Lokelma
Elevated phosphate levels	Renvela packet
Elevated potassium levels	Veltassa
Endometriosis	Orilissa
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
Infections	Xifaxan
Irritable bowel disease	Viberzi

Therapeutic use	Medication name
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
Parkinson's disease	Nourianz
Seizures	Epronita oral solution
Seizures	Xcopri
Seizures	Zonisade oral suspension
Sexual dysfunction	Stendra ⁶
Sexual dysfunction	Addyi ⁶
Sexual dysfunction	Vyleesi ⁶
Skin conditions	Tazorac
Testosterone replacement	Androgel ⁴
Testosterone replacement	Fortesta ⁴
Testosterone replacement	Testim
Testosterone replacement	testosterone 30 mg/ACT ⁴
Testosterone replacement	Vogelxo ⁴
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
Uterine bleeding	Myfembree

ST New step therapy

The below medications are part of the step therapy program and have revised requirements. You must try one or more other medications before the medication below may be covered.

Therapeutic use	Medication name	Step 1 medication
Cholesterol/Lipid lowering	Livalo ⁴	Must try three: atorvastatin (generic Lipitor), fluvastatin (generic Lescol), lovastatin (generic Mevacor), pravastatin (generic Pravachol), rosuvastatin (generic Crestor) or simvastatin (generic Zocor)
Cholesterol/Lipid lowering	Nexletol	Must try both: Zetia and high intensity statin therapy
Cholesterol/Lipid lowering	Nexlizet	Must try both: Zetia and high intensity statin therapy
Cholesterol/Lipid lowering	Zypitamag	Must try three: atorvastatin (generic Lipitor), fluvastatin (generic Lescol), lovastatin (generic Mevacor), pravastatin (generic Pravachol), rosuvastatin (generic Crestor) or simvastatin (generic Zocor)
Diabetes	Novolin N Flexpen Relion ⁷	Humulin N
Diabetes	Novolin R Flexpen Relion ⁷	Novolin R Flexpen Relion ⁷
Skin conditions	Klisyri	Must try two: diclofenac 3% gel (generic Solaraze), topical fluorouracil (e.g. Carac, generic Efudex), imiquimod 5% (e.g. generic Aldara)
Ulcers due to H.pylori	Voquezna Dual Pak	One of the following: clarithromycin-based triple therapy, clarithromycin-based concomitant therapy OR bismuth quadruple therapy
Ulcers due to H.pylori	Voquezna Triple Pak	One of the following: clarithromycin-based triple therapy, clarithromycin-based concomitant therapy OR bismuth quadruple therapy

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	New 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 ⁴	3 auto-injectors per year

QL Revised quantity limits

The following medications have revised quantity limits requirement for coverage.

Therapeutic use	Medication name	New quantity limit
Diabetes	Ozempic 2 mg/3 mL ⁸	1 pen-injector per month

³ Includes brand, generic and authorized generic products unless otherwise noted.

⁴ Typically excluded from coverage. For benefits that do not exclude, step therapy or prior authorization may be required.

⁵ Prior authorization may already be in place based on benefit design.

⁶ Coverage is determined by the consumer's prescription drug benefit plan including step therapy or prior authorization.

⁷ Typically excluded from coverage.

⁸ Step therapy or prior authorization may be required for 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 ተግባራዊነት እንደ ትልቅ እትም ባሉ ሌሎች ቅርፀቶች ለእርስዎ ይገኛሉ። በአባልነት መታወቂያ ካርድዎ ላይ ያለውን ነፃ የሰልክ ቁጥር ይደውሉ።

ملاحظة: إذا كنت تتحدث اللغة العربية (Arabic)، ستتوفر لك خدمات المساعدة اللغوية المجانية والمراسلات المجانية بتنسيقات أخرى، مثل الطباعة بأحرف كبيرة. اتصل بالرقم المجاني المدون على بطاقة تعريف العضو خاصتك.

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

ចំណាំ: ប្រសិនបើអ្នកនិយាយ**ភាសាខ្មែរ (Cambodian-Mon-Khmer)** សេវាជំនួយភាសាភាគតិចផ្លែ និងការទំនាក់ទំនងភាគតិចផ្លែក្នុងទម្រង់ផ្សេងទៀត ដូចជាពុម្ពអក្សរធំ មានសម្រាប់អ្នក។ ចូរសព្វមកលេខភាគតិចផ្លែនៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នក។

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.

ध्यान आपो: જો તમે ગુજરાતી (Gujarati) બોલતા હો તો વિના મૂલ્યે ભાષાકીય મદદરૂપ સેવાઓ અને અન્ય ફોર્મેટમાં વિના મૂલ્યે સંચાર, જેમ કે મોટી પ્રિન્ટ, 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 कि बड़े 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 दिनुहोस्: यदि तपाईंले नेपाली (Nepali) बोल्नुहुन्छ भने, निःशुल्क भाषा सहायता सेवाहरू र अन्य ढाँचाहरूमा निःशुल्क संचारहरू, जस्तै ठूलो छाप, तपाईंका लागि 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 ارتباطات رایگان در قالب‌های دیگر، مانند چاپ بزرگ، در دسترس شما هستند. با شماره رایگان مندرج روی کارت شناسایی عضویتان 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.

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ **ਪੰਜਾਬੀ (Punjabi)** ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਅਤੇ ਹੋਰ ਫਾਰਮੈਟਾਂ, ਜਿਵੇਂ ਕਿ ਵੱਡੇ 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 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.

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