

Preferred Drug List update

2026 - 3rd quarter

The UnitedHealthcare Community Plan Preferred Drug List (PDL) is a list of prescription drugs covered by your health plan. It has recently been updated. To see which drugs are covered, find your PDL under the Pharmacies and Prescriptions section on myuhc.com. You can call the number on the back of your member ID card if you need help.

If you take one of the drugs below, ask your doctor if another drug will work for you. Your doctor may need to write a prescription for the new drug. If needed, your doctor can ask UnitedHealthcare Community Plan for a prior authorization. If the prior authorization is approved, we will continue to cover this drug.

Changes on July 1, 2026

Drugs added to the Preferred Drug List

Drug/Product Name	Comments
Clonidine topical patches	Indicated for the treatment of hypertension.
Loratadine chewable tablets	Indicated for the management of symptoms of seasonal allergies or perennial allergies, including allergic rhinitis.
Mirtazapine orally disintegrating tablet (ODT)	Indicated for the treatment of major depression.
Nystatin/ triamcinolone cream and ointment	Indicated for the treatment of skin fungus.

Changes to coverage within the Preferred Drug List

Drug/Product Name	Comments
Linezolid oral tablets	Indicated for various infections. Prior authorization is no longer required.
Linezolid suspension	Indicated for various infections. Suspension preferred for members < 12 years old. Prior authorization is required for members 12 and older.
Montelukast granules	Indicated for prophylaxis and chronic treatment of asthma as well as relief of symptoms of allergies. Prior authorization is required for members > 6 years old.
Praziquantel oral tablets	Indicated for the treatment of certain infections Prior authorization is no longer required.

Drugs removed from the Preferred Drug List

Drug/Product Name	Comments
BUT/APAP/CAF 50-325-40 mg oral capsules	Indicated for tension headaches and migraines. Alternatives include BUT/APAP/CAF tablets. Prior authorization is required.
Disopyramide oral capsules	Indicated for the treatment of documented, life-threatening arrhythmias such as sustained ventricular tachycardia. Alternatives include flecainide and amiodarone. Prior authorization is required.
Nucala® SC injection	Indicated for reactive and obstructive airway diseases. Alternatives include Xolair®, Fasenra®, and Dupixent® with prior authorizations. Prior authorization is required.
Perphenazine/ amitriptyline oral tablets	Indicated for the treatment of depression and schizophrenia in patients who have associated depressive symptoms. Alternatives include use of perphenazine and amitriptyline separately. Prior authorization is required.
Promethegan™ 50 mg suppositories	Indicated for the treatment of perennial/seasonal rhinitis, vasomotor rhinitis, allergic conjunctivitis, sedation (pre-postoperative/obstetric), motion sickness, and antiemetic. Alternatives include generic promethazine 12.5 mg and 25 mg. Prior authorization is required.
Trimethobenzamide oral capsules	Indicated for nausea/vomiting due to gastroenteritis or post-operative nausea/vomiting. Alternatives include meclizine and promethazine. Prior authorization is required.
SFRowasa® enema	Indicated for the treatment of mildly to moderately active ulcerative colitis, including ulcerative proctitis. Alternatives include generic mesalamine enema. Prior authorization is required.



Contact us

We're here to help make these changes as easy as possible. If you have any questions or need help, please call Member Services toll-free at **1-800-414-9025**. Thank you.

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ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-414-9025, TTY/PA RELAY 711.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-414-9025, TTY/PA RELAY 711.

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