

# Update to your Prescription Drug List for Tennessee 2027 Individual & Family plans*

We are here to help you get ready for changes to your Prescription Drug List (PDL), renewing on 1/1/27.

We re-evaluate the PDL to help manage costs for both you and UnitedHealthcare. When making changes, we consider a medication's overall value, which is based on factors such as a medication's effectiveness, safety, cost, and the availability of alternative medications to treat the same or similar medical condition.

To view the complete list of all medications, visit the **2027 Prescription Drug List**

This guide will help you understand which medications are changing and if you need to talk to your health care provider before you refill your medication. You may experience a medication changing tiers or a medication no longer being covered. We also add medications to the PDL to give you more options.

You can access your coverage information by going to the following link or through your member portal: **member.uhc.com/myuhc.**

United Healthcare®

*Also referred to as UnitedHealthcare Individual & Family ACA Marketplace plans.

© 2026 United HealthCare Services, Inc. All Rights Reserved.

## Your plan

This is an overview of each tier on your plan.

| Tier | Cost-share | Includes |
|---|---|---|
| 1 | $0 | **$0 cost-share**<br>Medications available at no cost to you, which includes **preventive medications** |
| 2 | $ | **Lower cost-share**<br>Medications that offer the **highest overall value,** which includes **preferred generic** medications |
| 3 | $$ | **Mid-range cost-share**<br>Medications that provide **good overall value,** which includes **preferred brand-name** and **non-preferred generic** medications |
| 4 | $$$ | **Higher cost-share**<br>Medications that provide **lower overall value,** which includes **non-preferred brand-name** and **non-preferred generic** medications |
| 5 | $$$$ | **Highest cost-share**<br>Medications that provide the **lowest overall value,** which includes most **specialty** medications |

## Which medications are changing coverage that require me to take action before my first refill in 2027?

Find your medication in this list to learn about upcoming changes. If you find your medication in this list, review the next section called “What should I do if coverage of my medication is changing?” Depending on the type of change, we provide a list of other medication options when available. These are suggestions only. Only you and your health care provider can make decisions about how to manage your health.

© 2026 United HealthCare Services, Inc. All Rights Reserved.

## Medications moving to a higher tier

Medications moving to a higher tier are still covered by your plan, but may result in a higher cost share. Your plan covers other medications to treat your condition that may be a lower cost to you.

What you can do: To save money, ask your health care provider about other medication options.

| Medication | Lower-cost option(s) |
|---|---|
| Ubrelvy tablet 50mg | Please ask your health care provider |
| Ubrelvy tablet 100mg | Please ask your health care provider |

## Prior authorization requirements

These medications now require a prior authorization (PA) to be sure this medication is most appropriate for your condition. You need approval before you refill your prescription.

| Medication |
|---|
| Slynd tablet 4mg |

© 2026 United HealthCare Services, Inc. All Rights Reserved.

## Non-formulary

These medications are no longer covered by your plan. Your plan covers other medications to treat your condition.

| Medication | Lower-cost option(s) |
|---|---|
| Asmanex 14 AER 220mcg | Arnuity Ellipta, QVAR Redihaler |
| Asmanex 30 AER 110mcg | Arnuity Ellipta, QVAR Redihaler |
| Asmanex 30 AER 220mcg | Arnuity Ellipta, QVAR Redihaler |
| Asmanex 60 AER 220mcg | Arnuity Ellipta, QVAR Redihaler |
| Asmanex 120 AER 220mcg | Arnuity Ellipta, QVAR Redihaler |
| Asmanex Hfa AER 50mcg | Arnuity Ellipta, QVAR Redihaler |
| Asmanex Hfa AER 100 mcg | Arnuity Ellipta, QVAR Redihaler |
| Asmanex Hfa AER 200 mcg | Arnuity Ellipta, QVAR Redihaler |
| Averi tablet | Apri, Enskyce, Isibloom |
| Bosulif tablet 100mg | Bosutinib |
| Bosulif tablet 400mg | Bosutinib |
| Bosulif tablet 500mg | Bosutinib |
| Cimzia Kit 200mg | Please ask your health care provider |
| Drospirenone/Eth Estradiol/ Levo | Drospirenone/ethinyl Estradiol, Tydemy tablet |
| Edurant tablet 25mg | Rilpivirine |
| Ella tablet 30mg | Please ask your health care provider |
| Farxiga tablet 5mg | Dapagliflozin |
| Farxiga tablet 10mg | Dapagliflozin |
| Femlyv tablet 1mg/0.02mg | Aurovela 1/20, Galbriela, Junel 1/20, Larin 1/20 |
| Fycompa suspension 0.5mg/mL | Perampanel |
| Gemmily capsule 1/20 | Aurovela Fe 1/20, Blisovi 24 fe, Junel Fe 24, Larin 24 fe |
| Gleostine capsule 10mg | Lomustine |

© 2026 United HealthCare Services, Inc. All Rights Reserved.

## Non-formulary (cont.)

| Medication | Lower-cost option(s) |
|---|---|
| Gleostine capsule 40mg | Lomustine |
| Gleostine capsule 100mg | Lomustine |
| Incruse Elpt Inhaler 62.5mcg | Spiriva Respimat, Tiotropium Bromide |
| Isentress tablet 400mg | Please ask your health care provider |
| Jentadueto tablet 2.5-500 | Saxagliptin/metformin ER |
| Jentadueto tablet 2.5-850 | Saxagliptin/metformin ER |
| Jentadueto tablet 2.5-1000 | Saxagliptin/metformin ER |
| Jentadueto tablet XR | Saxagliptin/metformin ER |
| Matronex tablet | M-natal Plus, Niva-plus, One Vite women's prenatal vitamin plus |
| Natazia tablet | Nortrel 7/7/7, Tri-lo-mili, Tri-sprintec |
| Neonatal Plus tablet 27-1mg | M-natal Plus, Niva-plus, One Vite women's prenatal vitamin plus |
| Neonatal tablet Complete | M-natal Plus, Niva-plus, One Vite women's prenatal vitamin plus |
| Neo-synalar cream | Fluocinolone cream |
| Nextstellis tablet 3-14.2mg | Drospir/ethi tablet 3-0.02mg, Drospir/ethi tablet 3-0.03mg |
| Nore/eth/fer capsule 1/20 | Aurovela Fe 1/20, Blisovi 24 fe, Junel Fe 24 |
| Ofev capsule 100mg | Nintedanib Esylate |
| Ofev capsule 150mg | Nintedanib Esylate |
| Opsumit tablet 10mg | Macitentan |
| PNV-DHA capsule docusate | M-natal Plus, Niva-plus, One Vite women's prenatal vitamin plus |
| Pomalyst capsule 1mg | Pomalidomide |
| Pomalyst capsule 2mg | Pomalidomide |
| Pomalyst capsule 3mg | Pomalidomide |

© 2026 United HealthCare Services, Inc. All Rights Reserved.

## Non-formulary (cont.)

| Medication | Lower-cost option(s) |
|---|---|
| Pomalyst capsule 4mg | Pomalidomide |
| Prenatrix tablet | M-natal Plus, Niva-plus, One Vite women's prenatal vitamin plus |
| Prenatryl tablet | M-natal Plus, Niva-plus, One Vite women's prenatal vitamin plus |
| Savella Mis titration pak | Milnacipran Titration pak |
| Savella tablet 12.5mg | Milnacipran tablet |
| Savella tablet 25mg | Milnacipran tablet |
| Savella tablet 50mg | Milnacipran tablet |
| Savella tablet 100mg | Milnacipran tablet |
| Simbrinza suspension 1-0.2% | Dorzolamide Hcl/timolol, Brimonidine/timolol |
| Taysofy capsule 1/20 | Aurovela Fe 1/20, Blisovi 24 fe, Junel Fe 24 |
| Thrombin-JMI solution 5000unit | Please ask your health care provider |
| Thrombin-JMI solution 20000unit | Please ask your health care provider |
| Tolmetin capsule 400mg | Diclofenac Sodium DR, Flurbiprofen, Ibuprofen, Naproxen IR |
| Tolmetin tablet 600mg | Diclofenac Sodium DR, Flurbiprofen, Ibuprofen, Naproxen IR |
| Tradjenta tablet 5mg | Saxagliptin |
| Twirla Dis 120-30 | Norelgestromin/ethinyl Estradiol, Xulane, Zafemy |
| Tyenne injection 162mg/0.9mL | Actemra, Avtozma |
| Tyvaso solution 0.6mg/mL | Please ask your healthcare provider |
| Vitathely tablet | M-natal Plus, Niva-plus, One Vite women's prenatal vitamin plus |
| Xeljanz solution 1mg/mL | Tofacitinib Soln |
| Xeljanz tablet 5mg | Tofacitinib IR |
| Xeljanz tablet 10mg | Tofacitinib IR |

© 2026 United HealthCare Services, Inc. All Rights Reserved.

## Non-formulary (cont.)

| Medication | Lower-cost option(s) |
|---|---|
| Xeljanz XR tablet 11mg | Tofacitinib ER |
| Xeljanz XR tablet 22mg | Tofacitinib ER |
| Xigduo XR tablet 10-500mg | Dapagliflozin/metformin ER |
| Xigduo XR tablet 10-1000 | Dapagliflozin/metformin ER |
| Xigduo XR tablet 2.5-1000 | Dapagliflozin/metformin ER |
| Xigduo XR tablet 5-500mg | Dapagliflozin/metformin ER |
| Xigduo XR tablet 5-1000mg | Dapagliflozin/metformin ER |
| Zegalogue injection 0.6/0.6 | Baqsimi, Glucagon Emergency kit, Gvoke |
| Zylet suspension 0.5-0.3% | Loteprednol/tobramycin |

## Exclusions

We'll no longer cover these medications.

| Medication |
|---|
| Cervidil Vaginal 10mg Insert |
| Eligard injection 7.5mg |
| Eligard injection 22.5mg |
| Eligard injection 30mg |
| Eligard injection 45mg |
| Methadone Con 10mg/mL |
| Methadose Con 10mg/mL |
| Neulasta injection 6/0.6mL |
| Prepidil gel 0.5mg/3g |
| Thrombin Kit 5000unit |
| Thrombin-JMI Kit 5000unit |
| Thrombin-JMI Kit 20000unit |
| Udenyca Onbo injection 6mg/0.6mL |

© 2026 United HealthCare Services, Inc. All Rights Reserved.

## Quantity Limit

A drug has a new quantity limit or the limit has changed.

| Medication | |
|---|---|
| Accu-Chek kit Softclix | Apexicon E cream 0.05% |
| Actimmune injection 2 MU/0.5 | Aprepitant capsule 80 mg |
| Actos tablet 15 mg | Aprepitant capsule 125 mg |
| Acyclovir cream 5% | Aprepitant pack 80 & 125 |
| Acyclovir ointment 5% | Aripiprazole tablet 10 mg ODT |
| Adalimu-Bwwd injection 40 mg/0.4 mL | Aripiprazole tablet 15 mg ODT |
| Adalimumab-Aaty kit 80/0.8 mL | Arixtra solution 2.5/0.5 |
| Adalimumab-Aaty kit 80 mg/0.8 mL | Arixtra solution 5.0/0.4 |
| Adalimumab-Adbm kit 40/0.8 mL | Arixtra solution 7.5/0.6 |
| Adalimumab-Adbm kit 40 mg/0.4 mL | Arixtra solution 10/0.8 |
| Adalimumab-Fkjp kit 40/0.8 mL | Austedo tablet 6 mg |
| Adapalene pad 0.1%Swab | Austedo XR tablet 24 mg |
| Aemcolo tablet 194 mg | Benzamycin gel |
| Agamree suspension 40 mg/mL | Besremi solution 500 mcg |
| Aimovig injection 70 mg/mL | Bethkis nebulizer solution 300/4 mL |
| Akynzeo capsule 300-0.5 mg | Bimatoprost solution 0.01% |
| Albendazole tablet 200 mg | Bimatoprost solution 0.01% OP |
| Alhemo injection 300/3 mL | Bimatoprost solution 0.03% |
| Alinia suspension 100 mg/5 mL | Bimzelx injection 160 mg/mL |
| Alinia tablet 500 mg | Blujepa tablet 750 mg |
| Almotriptan tablet 6.25 mg | Bosentan tablet 32 mg |
| Almotriptan tablet 12.5 mg | Bosulif capsule 50 mg |
| Alphagan P solution 0.15% | Bosulif capsule 100 mg |
| Amjevita injection 40/0.8 mL (Amgen USA) | Brekiya injection 1 mg/mL |
| Amjevita injection 40/0.8 mL (Amgen) | Brexafemme tablet 150 mg |
| Amphet/Dextro (Mydayis)12.5 mg ER | Brimonidine solution 0.15% OP |
| Amphet/Dextro (Mydayis)25 mg ER | Brimonidine solution 0.2% OP |

© 2026 United HealthCare Services, Inc. All Rights Reserved.

## Quantity Limit (cont.)

| Medication | |
|---|---|
| Brukinsa capsule 80 mg | Comfort Touc miscellaneous 33Gx5/32 |
| Bylvay capsule 200 mcg | Concerta tablet 18 mg |
| Bylvay capsule 400 mcg | Condoms miscellaneous |
| Bylvay capsule 600 mcg | Contrave tablet 8-90 mg |
| Bylvay capsule 1200 mcg | Cortrophin injection 40 units/0.5 mL |
| Byqlovi suspension 0.05%OP | Cortrophin injection 80 units/mL |
| Calcipotriene cream 0.005% | Cosentyx injection 150 mg/mL |
| Calcipotriene/Betamethasone ointment | Cosentyx Pen injection 150 mg/mL |
| Calcipotriene/Betamethasone suspension | Cotempla tablet 8.6 mg |
| Caverject injection 20 mcg | Cotempla tablet 17.3 mg |
| Caverject kit 20 mcg | Cotempla tablet 25.9 mg |
| Cayston inhalation 75 mg | Ctexli tablet 250 mg |
| Cetrorelix injection 0.25 mg | Daliresp tablet 250 mcg |
| Cetrorelix kit 0.25 mg | Dapagliflozin/Met ER tablet 5-1000 |
| Cetrotide kit 0.25 mg | Dasatinib tablet 50 mg |
| Chenodal tablet 250 mg | Dasatinib tablet 80 mg |
| Chlorpromazine tablet 10 mg | Deflazacort suspension 22.75 mg/mL |
| Chlorpromazine tablet 25 mg | Deflazacort tablet 6 mg |
| Chlorpromazine tablet 50 mg | Deflazacort tablet 18 mg |
| Chlorpromazine tablet 100 mg | Deflazacort tablet 30 mg |
| Chlorpromazine tablet 200 mg | Deflazacort tablet 36 mg |
| Clenpiq solution | Depo-Provera injection 150 mg/mL |
| Clobetasol suspension 0.05% | Dexedrine capsule 10 mg CR |
| Comfort Touc miscellaneous 31Gx4Mm | Dextroamphetamine capsule 10 mg ER |
| Comfort Touc miscellaneous 32Gx8Mm | Diazepam gel 2.5 mg |
| Comfort Touc miscellaneous 33Gx1/4" | Diazepam gel 10 mg |
| Comfort Touc miscellaneous 33Gx3/16 | Diazepam gel 20 mg |

© 2026 United HealthCare Services, Inc. All Rights Reserved.

# Quantity Limit (cont.)

| Medication | |
|---|---|
| Diclofenac capsule 25 mg | Emend pack 80 & 125 |
| Diclofenac tablet 25 mg | Emend suspension 125 mg |
| Diflorasone cream 0.05% | Emflaza suspension 22.75 mg/mL |
| Diflorasone ointment 0.05% | Emflaza tablet 6 mg |
| Dihydroergotamine spray 4 mg/mL | Emflaza tablet 18 mg |
| Dimethyl Fum capsule 120 mg DR | Emflaza tablet 30 mg |
| Drizalma capsule 30 mg DR | Emflaza tablet 36 mg |
| Drizalma capsule 40 mg DR | Emgality injection 120 mg/mL |
| Droplet Micr miscellaneous 34Gx9/64 | Enbumyst solution 0.5 mg/0.1 mL |
| Dupixent injection 200/1.14 | Enoxaparin injection 30/0.3 mL |
| Dupixent injection 200 mg | Enoxaparin injection 40/0.4 mL |
| Dupixent injection 300 mg/2 mL | Enoxaparin injection 60/0.6 mL |
| Durex miscellaneous Realfeel | Enoxaparin injection 80/0.8 mL |
| Easy Comfort miscellaneous 29Gx4Mm | Enoxaparin injection 100 mg/mL |
| Easy Touch miscellaneous 30g | Enoxaparin injection 120/0.8 mL |
| Edex kit 10 mcg | Enoxaparin injection 150 mg/mL |
| Edex kit 20 mcg | Enoxaparin injection 300/3 mL |
| Edex kit 40 mcg | Ensacove capsule 25 mg |
| Egrifta SV injection 2 mg | Enspryng injection |
| Ekterly tablet 300 mg | Enstilar aerosol |
| Eletriptan tablet 20 mg | Eohilia suspension 2 mg/10 mL |
| Eletriptan tablet 40 mg | Epogen injection 10000/mL |
| Eliquis tablet 1.5 mg | Epogen injection 20000/mL |
| Eliquis tablet 2 mg | Epsolay cream 5% |
| Eltrombopag powder 12.5 mg | Ergomar sublingual tablet 2 mg |
| Elyxyb solution 120/4.8 | Erlotinib tablet 25 mg |
| Emend capsule 80 mg | Erythromycin/Benzoyl gel 3-5% |

© 2026 United HealthCare Services, Inc. All Rights Reserved.

## Quantity Limit (cont.)

| Medication | |
|---|---|
| Esomeprazole Magnesium capsule 20 mg | Fotivda capsule 1.34 mg |
| Esomeprazole Magnesium capsule 40 mg | Fragmin injection 2500/0.2 |
| Estradiol gel 0.06% | Fragmin injection 2500/mL |
| Estrogel | Fragmin injection 5000/0.2 |
| Eucrisa ointment 2% | Fragmin injection 7500/0.3 |
| Eysuvis drops 0.25% | Fragmin injection 10000/mL |
| Fanapt tablet 1 mg | Fragmin injection 12500 units |
| Fanapt tablet 2 mg | Fragmin injection 15000 units |
| Fasenra Pen injection 30 mg/mL | Fragmin injection 18000 units |
| Fc2 Female miscellaneous Condom | Fragmin injection 95000 units |
| Fentanyl transdermal patch 37.5 mcg/Hr | Frova tablet 2.5 mg |
| Fentanyl transdermal patch 50 mcg/Hr | Frovatriptan tablet 2.5 mg |
| Fentanyl transdermal patch 62.5 mcg/Hr | Fyremadel solution 250 mcg/0.5 mL |
| Fentanyl transdermal patch 75 mcg/Hr | Gabapentin (Oncedaily) tablet 450 mg |
| Fentanyl transdermal patch 87.5 mcg/Hr | Gabapentin (Oncedaily) tablet 600 mg |
| Fentanyl transdermal patch 100 mcg/Hr | Galafold capsule 123 mg |
| Filsuvez gel 10% | Ganirelix injection 250 mcg/0.5 mL |
| Firazyr injection 30 mg/3 mL | Gavilyte-C solution |
| Flurandrenolide lotion 0.05% | Gavilyte-g solution |
| Follistim AQ injection 300 units | Gentamicin cream 0.1% |
| Follistim AQ injection 600 units | Gentamicin ointment 0.1% |
| Follistim AQ injection 900 units | Gentamicin solution 0.3% OP |
| Fondaparinux injection 2.5/0.5 | Gleevec tablet 400 mg |
| Fondaparinux injection 5/0.4 mL | Golytely solution |
| Fondaparinux injection 7.5 mg/0.6 mL | Gomekli capsule 1 mg |
| Fondaparinux injection 10/0.8 mL | Gralise tablet 450 mg |
| Fotivda capsule 0.89 mg | Gralise tablet 600 mg |

© 2026 United HealthCare Services, Inc. All Rights Reserved.

## Quantity Limit (cont.)

| Medication | |
|---|---|
| Hadlima injection 40/0.4 mL | Impavido capsule 50 mg |
| Hadlima Push injection 40/0.4 mL | Imuldosa injection 45 mg/0.5 mL |
| Harvoni pack 45-200 mg | Imuldosa injection 90 mg/mL |
| Harvoni tablet 45-200 mg | Ingrezza capsule 40-80 mg |
| Hulio injection 40/0.8 mL | Insulin Sryg miscellaneous 0.5 mL/27g |
| Hycamtin capsule 0.25 mg | Insulin Sryg miscellaneous 1 mL/32g |
| Hycamtin capsule 1 mg | Insulin Syrg miscellaneous 0.3/29g |
| Hydrocortisone Butyrate cream 0.1% | Insulin Syrg miscellaneous 0.3/30g |
| Hydrocortisone Valerate cream 0.2% | Insulin Syrg miscellaneous 0.3/31g |
| Hydromorphone tablet 8 mg ER | Insulin Syrg miscellaneous 0.5/28g |
| Hydromorphone tablet 16 mg ER | Insulin Syrg miscellaneous 0.5/29g |
| Hydromorphone tablet 32 mg ER | Insulin Syrg miscellaneous 0.5/31g |
| Ibrance capsule 75 mg | Insulin Syrg miscellaneous 0.5/32g |
| Ibrance capsule 100 mg | Insulin Syrg miscellaneous 0.5 mL/30g |
| Ibrance capsule 125 mg | Insulin Syrg miscellaneous 1 mL/27g |
| Ibrance tablet 75 mg | Insulin Syrg miscellaneous 1 mL/28g |
| Ibrance tablet 100 mg | Insulin Syrg miscellaneous 1 mL/29g |
| Ibrance tablet 125 mg | Insulin Syrg miscellaneous 1 mL/30g |
| Icatibant injection 30 mg/3 mL | Insulin Syrg miscellaneous 1 mL/31g |
| Imatinib tablet 400 mg | Insulin Syrg U500 miscellaneous 31Gx6Mm |
| Imbruvica suspension 70 mg/mL | Inveltys suspension 1% |
| Imcivree injection 10 mg/mL | Itraconazole capsule 100 mg |
| Imitrex injection 4 mg/0.5 | Jaythari suspension 22.75 mg/mL |
| Imitrex injection 6 mg/0.5 | Jaythari tablet 6 mg |
| Imitrex tablet 25 mg | Jaythari tablet 18 mg |
| Imitrex tablet 50 mg | Jaythari tablet 30 mg |
| Imitrex tablet 100 mg | Jaythari tablet 36 mg |

© 2026 United HealthCare Services, Inc. All Rights Reserved.

## Quantity Limit (cont.)

| Medication | |
|---|---|
| Kesimpta injection 20/.4 mL | Libervant miscellaneous 5 mg |
| Ketoconazole cream 2% | Libervant miscellaneous 7.5 mg |
| Ketoprofen capsule 25 mg | Libervant miscellaneous 10 mg |
| Ketoprofen capsule 50 mg | Libervant miscellaneous 12.5 mg |
| Ketoprofen capsule 75 mg | Libervant miscellaneous 15 mg |
| Ketoprofen capsule 200 mg ER | Lidocaine ointment 5% |
| Kiprofen capsule 25 mg | Liraglutide injection 18 mg/3 mL |
| Kitabis pack nebulizer solution 300/5 mL | Locoid Lipo cream 0.1% |
| Krintafel tablet 150 mg | Lofena tablet 25 mg |
| Kygevvi powder 2 g/2 g | Lokelma pack 10 g |
| Kymbee tablet 6 mg | Lonsurf tablet 15-6.14 |
| Kymbee tablet 18 mg | Lonsurf tablet 20-8.19 |
| Kymbee tablet 30 mg | Lovenox injection 30/0.3 mL |
| Kymbee tablet 36 mg | Lovenox injection 40/0.4 mL |
| Lagevrio capsule 200 mg | Lovenox injection 60/0.6 mL |
| Lampit tablet 30 mg | Lovenox injection 80/0.8 mL |
| Lampit tablet 120 mg | Lovenox injection 100 mg/mL |
| Lancet device miscellaneous Adjust | Lovenox injection 120/0.8 |
| Lansoprazole capsule 30 mg DR | Lovenox injection 150 mg/mL |
| Lenalidomide capsule 20 mg | Lovenox injection 300/3 mL |
| Lenalidomide capsule 25 mg | Lumigan solution 0.01% |
| Levalbuterol nebulizer solution 0.31 mg | Maxalt tablet 10 mg |
| Levalbuterol nebulizer solution 0.63 mg | Maxalt-Mlt tablet 10 mg |
| Levalbuterol nebulizer solution 1.25/0.5 | Medroxyprogesterone injection 150 mg/mL |
| Levalbuterol nebulizer solution 1.25 mg | Mekinist solution 0.05 mg/mL |
| Levorphanol tablet 2 mg | Menopur injection 75 units |
| Levorphanol tablet 3 mg | Methadone solution 5 mg/5 mL |

© 2026 United HealthCare Services, Inc. All Rights Reserved.

## Quantity Limit (cont.)

| Medication | |
|---|---|
| Methadone solution 10 mg/5 mL | Nayzilam spray 5 mg |
| Methadone tablet 5 mg | Nexium capsule 20 mg |
| Methadone tablet 10 mg | Nexium capsule 40 mg |
| Methylphenidate (OSM) 18 mg ER | Nilotinib capsule 50 mg |
| Methylphenidate tablet 18 mg ER | Nitazoxanide tablet 500 mg |
| Miebo drops 1.3 g/mL | Novofine Aut miscellaneous 30Gx8Mm |
| Migranal spray 4 mg/mL | Novofine miscellaneous 32Gx6Mm |
| Morphine Sul capsule 30 mg ER | Novofine Pls miscellaneous 32Gx4Mm |
| Morphine Sul capsule 45 mg ER | Nucala injection 100 mg/mL |
| Morphine Sul capsule 50 mg ER | Nurtec tablet 75 mg ODT |
| Morphine Sul capsule 60 mg ER | Nuzyra tablet 150 mg |
| Morphine Sul capsule 75 mg ER | Nystatin cream 100000 |
| Morphine Sul capsule 80 mg ER | Nystatin ointment 100000 units |
| Morphine Sul capsule 90 mg ER | Nystatin ointment 100000 units/g |
| Morphine Sul capsule 100 mg ER | Olpruva pack 2 g |
| Morphine Sul capsule 120 mg ER | Olpruva pack 3 g |
| Morphine Sul tablet 30 mg ER | Olpruva pack 4 g |
| Morphine Sul tablet 60 mg ER | Olpruva pack 5 g |
| Moviprep solution | Oralair Chld sublingual tablet 100 IR |
| Ms Contin tablet 30 mg ER | Orlynvah tablet 500-500 |
| Ms Contin tablet 60 mg ER | Orudis capsule 75 mg |
| Mupirocin ointment 2% | Otulfi injection 45 mg/0.5 mL |
| Mydayis capsule 12.5 mg | Otulfi injection 90 mg/mL |
| Mydayis capsule 25 mg | Oxervate solution 20 mcg/mL |
| Naratriptan tablet 1 mg | Oxycontin tablet 10 mg CR |
| Naratriptan tablet 2.5 mg | Oxycontin tablet 15 mg CR |
| Nateglinide tablet 60 mg | Oxycontin tablet 20 mg CR |

© 2026 United HealthCare Services, Inc. All Rights Reserved.

## Quantity Limit (cont.)

| Medication | |
|---|---|
| Oxycontin tablet 30 mg CR | Phentermine/Topiramate 3.75-23 |
| Oxycontin tablet 40 mg CR | Phentermine/Topiramate 7.5-46 |
| Oxycontin tablet 60 mg CR | Phentermine/Topiramate 11.25-69 |
| Oxycontin tablet 80 mg CR | Phentermine/Topiramate 15-92 |
| Oxymorphone tablet 30 mg ER | Phyrago tablet 50 mg |
| Oxymorphone tablet 40 mg ER | Phyrago tablet 80 mg |
| Palynziq injection 2.5/0.5 | Phytonadione tablet 5 mg |
| Palynziq injection 10/0.5 mL | Pilocarpine solution 1.25% OP |
| Palynziq injection 20 mg/mL | Pioglitazone tablet 15 mg |
| Paxlovid pack | Pivya tablet 185 mg |
| Paxlovid tablet 150-100 | Plegridy injection Starter |
| Paxlovid tablet 300-100 | Plegridy Pen injection Starter |
| Peg 3350/Electrolytes | Plenvu solution |
| Peg/Nasul/C/solution Nacl/Pot | Pomalidomide capsule 1 mg |
| Peg-3350/Nacl/Na Bicarbonate | Pomalidomide capsule 2 mg |
| Pen Needle miscellaneous 29Gx1/2" | Pomalidomide capsule 3 mg |
| Pen Needle miscellaneous 29Gx3/16 | Pomalidomide capsule 4 mg |
| Pen Needle miscellaneous 29Gx5/16 | Prednisolone solution 20 mg/5 mL |
| Pen Needles miscellaneous 29Gx1/2" | Prevacid capsule 30 mg DR |
| Pen Needles miscellaneous 31Gx1/4" | Procrit injection 10000/mL |
| Pen Needles miscellaneous 31Gx3/16 | Procrit injection 20000/mL |
| Pen Needles miscellaneous 31Gx5/16 | Procrit injection 40000/mL |
| Pentips miscellaneous 29Gx12Mm | Promacta powder 12.5 mg |
| Pentips miscellaneous 31Gx5Mm | Promethazine/Codeine solution 6.25-10 |
| Pentips miscellaneous 31Gx8Mm | Pyquvi suspension 22.75 mg |
| Pentips miscellaneous 32Gx4Mm | Pyzchiva injection 45 mg/0.5 mL |
| Pheburane miscellaneous 483/g | Pyzchiva injection 90 mg/mL |

© 2026 United HealthCare Services, Inc. All Rights Reserved.

# Quantity Limit (cont.)

| Medication | |
|---|---|
| Pyzchiva injection 90 mg/mL | Retin-A gel 0.01% |
| Qlosi solution 0.4% | Retin-A gel 0.025% |
| Qsymia capsule 3.75-23 mg | Revlimid capsule 20 mg |
| Qsymia capsule 7.5-46 mg | Revlimid capsule 25 mg |
| Qsymia capsule 11.25-69 mg | Rinvoq tablet 45 mg ER |
| Qsymia capsule 15-92 mg | Rizatriptan tablet 5 mg |
| Quick Touch miscellaneous 32Gx5Mm | Rizatriptan tablet 5 mg ODT |
| Quick Touch miscellaneous 33Gx8Mm | Rizatriptan tablet 10 mg |
| Quillichew chewable tablet 30 mg ER | Rizatriptan tablet 10 mg ODT |
| Qvar Redihaler aerosol 40 mcg | Roflumilast tablet 250 mcg |
| Relexxii tablet 18 mg ER | Rozlytrek capsule 100 mg |
| Relpax tablet 20 mg | Rozlytrek pack 50 mg |
| Relpax tablet 40 mg | Sajazir injection 30 mg/3 mL |
| Repaglinide tablet 0.5 mg | Samsca tablet 15 mg |
| Repaglinide tablet 1 mg | Sancuso transdermal patch 3.1 mg |
| Repatha injection 140 mg/mL | Saxenda injection 18 mg/3 mL |
| Repatha Sure injection 140 mg/mL | Scemblix tablet 40 mg |
| Restasis Mul emulsion 0.05% | Segluromet tablet 2.5-500 |
| Retacrit injection 2000 units | Selarsdi injection 45/0.5 mL |
| Retacrit injection 3000 units | Selarsdi injection 90 mg/mL |
| Retacrit injection 4000 units | Sitavig tablet 50 mg |
| Retacrit injection 10000 units | Sivextro tablet 200 mg |
| Retacrit injection 20000 units | Soaanz tablet 20 mg |
| Retacrit injection 40000 units | Soaanz tablet 40 mg |
| Retin-A cream 0.025% | Soaanz tablet 60 mg |
| Retin-A cream 0.05% | Sodium/Potassium/Magnesium solution |
| Retin-A cream 0.1% | Sohonos capsule 1 mg |

© 2026 United HealthCare Services, Inc. All Rights Reserved.

## Quantity Limit (cont.)

| Medication | |
|---|---|
| Sohonos capsule 1.5 mg | Sumatriptan injection 4 mg/0.5 mL |
| Sohonos capsule 2.5 mg | Sumatriptan injection 6 mg/0.5 mL |
| Sohonos capsule 5 mg | Sumatriptan spray 5 mg/ACT |
| Sohonos capsule 10 mg | Sumatriptan spray 20 mg/ACT |
| Solosec granules 2 g | Sumatriptan tablet 25 mg |
| Sovaldi pack 200 mg | Sumatriptan tablet 50 mg |
| Sovaldi tablet 200 mg | Sumatriptan tablet 100 mg |
| Sporanox capsule 100 mg | Sunitinib capsule 37.5 mg |
| Sporanox capsule Pulsepak | Suprep Bowel solution Prep |
| Sprix spray 15.75 mg | Sutab tablet |
| Sprycel tablet 50 mg | Sutent capsule 37.5 mg |
| Sprycel tablet 80 mg | Symbravo tablet 20-10 mg |
| Starjemza injection 45 mg/0.5 mL | Taclonex suspension |
| Starjemza injection 90 mg/mL | Tafinlar tablet 10 mg |
| Steglatro tablet 5 mg | Takhzyro injection 150 mg/mL |
| Stelara injection 45 mg/0.5 mL | Takhzyro injection 300/2 mL |
| Stelara injection 90 mg/mL | Talzenna capsule 0.25 mg |
| Stendra tablet 50 mg | Tarpeyo capsule 4 mg |
| Stendra tablet 100 mg | Tasigna capsule 50 mg |
| Stendra tablet 200 mg | Tecfidera capsule 120 mg |
| Steqeyma injection 45 mg/0.5 mL | Tegsedi injection 284/1.5 |
| Steqeyma injection 90 mg/mL | Tobi nebulizer solution 300/5 mL |
| Strensiq injection 18/0.45 mL | Tobi Podhaler capsule 28 mg |
| Strensiq injection 28/0.7 mL | Tobramycin nebulizer solution 300/4 mL |
| Strensiq injection 40 mg/mL | Tobramycin nebulizer solution 300/5 mL |
| Strensiq injection 80/0.8 mL | Tobramycin solution 0.3% OP |
| Suflave solution | Tobrex ointment 0.3% OP |

© 2026 United HealthCare Services, Inc. All Rights Reserved.

## Quantity Limit (cont.)

| Medication | |
|---|---|
| Tolvaptan tablet 15 mg | Valtoco liquid 15 mg |
| Tosymra solution 10 mg | Valtoco liquid 20 mg |
| Tracleer tablet 32 mg | Valtoco spray 5 mg |
| Tremfya injection 200/2 mL | Valtoco spray 10 mg |
| Tretinoin cream 0.025% | Valtrex tablet 1 g |
| Tretinoin cream 0.05% | Varubi tablet 90 mg |
| Tretinoin cream 0.1% | Venclexta tablet 10 mg |
| Tretinoin gel 0.01% | Venclexta tablet 100 mg |
| Tretinoin gel 0.025% | Veozah tablet 45 mg |
| Triamcinolone cream 0.1% | Vevye drops 0.1% |
| Trudhesa aerosol 0.725 mg | Vfend suspension 40 mg/mL |
| Tukysa tablet 50 mg | Victoza injection 18 mg/3 mL |
| Ubrelvy tablet 50 mg | Vigafyde solution 100 mg/mL |
| Ubrelvy tablet 100 mg | Vistogard pack 10 g |
| Ulticare miscellaneous 30Gx3/16 | Vitrakvi capsule 100 mg |
| Upneeq solution 0.1% | Voriconazole suspension 40 mg/mL |
| Ustekinumab solution Ttwe | Vowst capsule |
| Ustekinumab injection 45 mg/0.5 mL | Vuity solution 1.25% OP |
| Ustekinumab injection 90 mg/mL | Vybrique miscellaneous 25 mg |
| Ustekinumab-Aauz injection 45 mg/0.5 mL | Vybrique miscellaneous 50 mg |
| Ustekinumab-Aauz injection 90 mg/mL | Vybrique miscellaneous 75 mg |
| Ustekinumab-Aekn injection 45 mg/0.5 mL | Vybrique miscellaneous 100 mg |
| Ustekinumab-Aekn injection 90 mg/mL | Vyvgart injection Hytrulo |
| Ustekinumab-Ttwe injection 45 mg/0.5 mL | Vyzulta solution 0.024% |
| Vafseo tablet 150 mg | Wezlana injection 45 mg/0.5 mL |
| Vafseo tablet 300 mg | Wynzora cream |
| Valacyclovir tablet 1 g | Xaciato gel 2% |

© 2026 United HealthCare Services, Inc. All Rights Reserved.

# Quantity Limit (cont.)

| Medication | |
|---|---|
| Xarelto tablet 15 mg | Zipsor capsule 25 mg |
| Xdemvy drops 0.25% | Zolmitriptan spray 2.5 mg |
| Xifaxan tablet 200 mg | Zolmitriptan spray 5 mg |
| Xifaxan tablet 550 mg | Zolmitriptan tablet 2.5 mg ODT |
| Xtampza ER capsule 9 mg | Zolmitriptan tablet 2.5 mg |
| Xtampza ER capsule 13.5 mg | Zolmitriptan tablet 5 mg |
| Xtampza ER capsule 18 mg | Zolmitriptan tablet 5 mg ODT |
| Xtampza ER capsule 27 mg | Zomig Nasal spray 2.5 mg |
| Xtampza ER capsule 36 mg | Zomig Nasal spray 5 mg |
| Xuriden powder 2 g | Zomig tablet 2.5 mg |
| Xyosted injection 50/0.5 | Zomig tablet 5 mg |
| Xyosted injection 75/0.5 | Zovirax cream 5% |
| Xyosted injection 100/0.5 | Zovirax ointment 5% |
| Xyvona tablet 2 mg | Zurzuvae capsule 20 mg |
| Xyvona tablet 3 mg | Zurzuvae capsule 25 mg |
| Yesintek injection 45 mg/0.5 mL | Zurzuvae capsule 30 mg |
| Yesintek injection 90 mg/mL | |
| Yusimry injection 40/0.8 mL | |
| Yutrepia capsule 79.5 mcg | |
| Yutrepia capsule 106 mcg | |
| Yuviwel injection 5.5 mg | |
| Zavzpret spray 10 mg | |
| Zembrace Sym injection 3/0.5 mL | |
| Zilbrysq injection 16.6 mg | |
| Zilbrysq injection 23 mg | |
| Zilbrysq injection 32.4 mg | |
| Zilxi aerosol 1.5% | |

© 2026 United HealthCare Services, Inc. All Rights Reserved.

## What should I do if coverage of my medication is changing?

| Type of change | What is happening? | What should I do? |
|---|---|---|
| **Exclusion** | These medications are no longer covered by your plan. | Ask your health care provider if covered medications may work for you.<br>To continue taking your medication, you can pay the full cost of the prescription and the amount you pay will not count toward any deductible or out-of-pocket maximum you may have. |
| **Higher tier** | Medications moving to a higher tier are still covered by your plan but may result in a higher cost share. Your plan covers other medications to treat your condition that may be a lower cost to you. | To save money, ask your health care provider about other medication options. |
| **Non-formulary** | These medications are no longer covered by your plan. Your plan covers other medications to treat your condition. | Ask your health care provider if covered medications may work for you.<br>To continue taking your medication, you or your health care provider can ask us for a prior authorization or exception. If approved, your medication will be covered at the second highest tier. |
| **Prior author-ization** | These medications now require a prior authorization (PA) to be sure this medication is most appropriate for your condition. You need approval before you refill your prescription. | To continue taking your medication, you or your health care provider can ask us for a prior authorization or exception. |

© 2026 United HealthCare Services, Inc. All Rights Reserved.

## What should I do if coverage of my medication is changing? (cont.)

| Type of change | What is happening? | What should I do? |
|---|---|---|
| **Quantity limits** | Your drug has a new quantity limit or the limit has changed. Quantity limits are updated based on medical guidance and Food and Drug Administration (FDA) recommendations to ensure medications are used appropriately. | If you are taking a medication that exceeds the new quantity limit, you or your health care provider can ask us for an exception to cover the additional amount. |
| **Rx to medical** | These are drug(s) that will no longer be covered under your pharmacy benefit, but may be covered under your medical benefit. | Talk to your health care provider to receive this drug through your medical benefit or to suggest other options for a drug that is covered by your pharmacy benefit. |
| **Step therapy** | You must first try other covered medications used to treat your condition before you can get your medication covered. | Ask your health care provider if other covered medications may work for you.<br>To continue taking your medication, you or your health care provider can ask us for a prior authorization or exception. |

© 2026 United HealthCare Services, Inc. All Rights Reserved.

## How can I get a medication that requires a prior authorization or an exception?

Optum Rx, our Pharmacy Benefit Manager, processes prior authorization and exception requests on behalf of UnitedHealthcare Individual & Family plans. Contact your health care provider to submit a request. Health care providers can submit a request:

- **Online: professionals.optumrx.com/prior-authorization.html**
- **Phone: 1-800-711-4555**

The request should include the diagnosis, medication history, clinical justification, medical records/lab tests as needed and other supporting information. If information is missing, Optum Rx will contact your health care provider and request additional information. If you need help, you can also start a request at **myuhc.com/exchange** or by calling the member services number on your health plan ID card, and we can contact your health care provider for information to help process the request.



## Need more information about your pharmacy drug coverage and costs?

Visit **myuhc.com/exchange.** You can also call the phone number on your health plan ID card. Health care providers can visit **uhcprovider.com/exchange.**




Additional coverage requirements or limits such as quantity limits may apply.

All branded medications are trademarks or registered trademarks of their respective owners.

UnitedHealthcare Individual & Family plans medical plan coverage offered by: UnitedHealthcare of Arizona, Inc.; Rocky Mountain Health Maintenance Organization Incorporated in CO; UnitedHealthcare of Florida, Inc.; UnitedHealthcare of Georgia, Inc; UnitedHealthcare of Illinois, Inc.; UnitedHealthcare Insurance Company in AL, IN, KS, LA, MO, NE, NH, NJ, NY, OR, SD, TN, and WY; Optimum Choice, Inc. in MD and VA; UnitedHealthcare Community Plan, Inc. in MI; UnitedHealthcare of Midlands, Inc. in ND; UnitedHealthcare of Mississippi, Inc.; UnitedHealthcare of New Mexico, Inc.; UnitedHealthcare of New York, Inc.; UnitedHealthcare of North Carolina, Inc.; UnitedHealthcare of Ohio, Inc.; UnitedHealthcare of Oklahoma, Inc.; UnitedHealthcare of South Carolina, Inc.; UnitedHealthcare of Texas, Inc.; UnitedHealthcare of Oregon, Inc. in WA; UnitedHealthcare of Wisconsin, Inc., and UnitedHealthcare Plan of the River Valley in Iowa. Administrative services provided by United HealthCare Services, Inc. or their affiliates.

© 2026 United HealthCare Services, Inc. All Rights Reserved.