



Updates to your prescription benefits

Effective January 1, 2026

Essential 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
Lowest-cost medications



Tier 2 and 3
Mid-range cost



Tier 4
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
Sleep	Belsomra	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 **January 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)
Alzheimer's disease	Zunveyl ³	galantamine (generic Razadyne)
Asthma/COPD	Umeclidinium/Vilanterol (Anoro Ellipta authorized generic) ³	Anoro Ellipta

Therapeutic use	Medication name	Alternative treatment option(s)
Cancer	Danziten ^{3,4}	nilotinib (generic Tasigna) ⁵
Cancer	Ibrance ⁴	Kisqali ⁵ , Verzenio ⁵
Cancer	Tasigna (brand only) ⁴	nilotinib (generic Tasigna) ⁵
Diabetes	metformin 750 mg ³	metformin 500 mg, 1000 mg (generic Glucophage)
Diabetes	OneTouch meters ^{6,7}	Contour Next, Contour Plus Blue, Accu-Chek Guide
Diabetes	OneTouch test strips ^{6,7}	Contour Next test strips, Contour Plus Blue test strips, Accu-Chek Guide test strips
Endocrine disorders	Jynarque (brand only) ⁴	tolvaptan (generic Jynarque) ⁵
Endocrine disorders	Thiola (brand only)	tiopronin (generic Thiola)
Endocrine disorders	Thiola EC (brand only)	tiopronin delayed-release (generic Thiola EC)
Endocrine disorders	Venxxiva (brand only) ³	tiopronin delayed-release (generic Thiola EC)
Heart failure	Entresto (brand only) ⁴	sacubitril/valsartan (generic Entresto) ⁵
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
Inflammatory conditions	Humira ^{4,8}	Adalimumab-adaz (unbranded Hyrimoz) ⁵ , Amjevita ⁵
Inflammatory conditions	Imuldosa ^{3,4}	Steqeyma ⁵ , Wezlana ⁵ , Yesintek ⁵
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)
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	Fenopron ³	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)
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)
Sickle cell disease	Hydrea (brand only)	hydroxyurea (generic Hydrea)
Stroke & heart attack prevention	Brilinta (brand only)	ticagrelor (generic Brilinta)

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.

⁶ Includes OneTouch Ultra, Ultra 2, Ultra Blue, Verio, Verio Flex, Verio IQ, and Verio Reflect meters/test strips.

⁷ A clinical review may be available for coverage.

⁸ Members currently on therapy may be allowed to continue.

ማሳሰቢያ፡- አማርኛ (Amharic) የሚናገሩ ከሆኑ፣ ነፃ የቋንቋ እገዛ አገልግሎቶች እና ነፃ ተግባቦቶች እንደ ትልቅ እትም ባሉ ሌሎች ቅርፀቶች ለእርስዎ ይገኛሉ። በአባልነት መታወቂያ ካርድዎ ላይ ያለውን ነፃ የስልክ ቁጥር ይደውሉ።

দেখুন: আপন্থ যথ্ বাংলায় (Bengali-Bangala) কথা বঁ : , তাহঁ ঙ্গ্ মূঁ' ভাষা সহায়তা পঙ্ক্শবা এবং বড় মুদ্র্ ফ্রমতো অ: 'া: ফ্রম্ আঁ যোগাযোগগুঁ আপ: ফ্রজ: ঙ্গ্ মূঁ' উপ্ ক্। আপ: ফ্রস: সঁ ফ্রপঙ্ক্চয়প্ ফ্রকার্ডেফ্র্ 'া-ঙ্গ্ স্বত্র্ কর্:

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。

ATANSYON: Si w pale **Kreyòl Ayisyen (Haitian Creole)**, gen sèvis lang gratis ak komunikasyon nan lòt fòm la 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 क्लब 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 लागि उपलब्ध छन्। आफ्नो सदस्य पहिचान कार्डमा रहेको टोल फ्री नम्बरमा कल गर्नुहोस्।

بوجه: لکریه بدان وایسی (Persian-Farsi) صحبت می‌کند، خدمات پولکان کمک ربلی و لپیاطات
پولکان در والابه‌ای بکر، ملید حاب برر ک، در سیرس‌س‌ما هسید. دلس‌ما ره پولکان مدرج روی‌کار
س‌لرلی عصف‌س‌اریم‌اس 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

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.

موجود ہیں: اگر اب اردو (Urdu) ردائے تعلیم و ردائے کی معاوضہ خدمات اور دیگر وابستہ خدمات
مواطن اب، جسے درکار ہے، اب کلمہ مع سہولیات سے ممبرانہ کارڈ پر سے کھول وری
ممبر 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 and Oxford New York and New Jersey plans with a pharmacy benefit subject to the Essential 4-Tier PDL.

UnitedHealthcare® is a registered trademark owned by UnitedHealth Group, Inc. All branded medications are trademarks or registered trademarks of their respective owners. Please note not all PDL updates apply to all groups depending on state regulation, riders and SPDs.

Insurance coverage provided by or through UnitedHealthcare Insurance Company, UnitedHealthcare Insurance Company of New York, or Oxford Health Insurance, Inc. Oxford HMO products are underwritten by Oxford Health Plans (NJ), Inc. Administrative services provided by United HealthCare Services, Inc., UnitedHealthcare Service LLC, Oxford Health Plans LLC, or their affiliates.

7/25 ©2026 United HealthCare Services, Inc. WF18120508-K_2026 Essential 4-Tier PDL update summary