



# Updates to your prescription benefits

Effective September 1, 2026

## Access 3-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.

 <b>Tier 1</b> Lowest-cost medications	 <b>Tier 2</b> Mid-range cost	 <b>Tier 3</b> Highest-cost
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## 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
Mental health	Escitalopram 15 mg capsule	Tier 3

## Prescription drugs excluded from benefit coverage<sup>1,2</sup>

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 **September 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)
Cancer	Phyrago <sup>3,4</sup>	dasatinib (generic Sprycel) <sup>5</sup>
Cancer	Pomalyst (brand only) <sup>4</sup>	pomalidomide (generic Pomalyst) <sup>5</sup>
Cancer	Revlimid (brand only) <sup>4</sup>	lenalidomide (generic Revlimid) <sup>5</sup>

Therapeutic use	Medication name	Alternative treatment option(s)
Endocrine disorders	Palsonify <sup>3,4</sup>	octreotide (generic Sandostatin) <sup>5</sup> , Somavert <sup>5</sup>
Heart failure	Furoscix <sup>4,6</sup>	Enbumyst <sup>5</sup> , Lasix ONYU <sup>5</sup>
Hereditary angioedema	Dawnzera <sup>3,4</sup>	Andembry <sup>5</sup> , Haegarda <sup>5</sup> , Takhzyro <sup>5</sup>
Hormone replacement	EstroGel (brand only)	estradiol gel (generic EstroGel)
Inflammatory conditions	Tyenne autoinjector & prefilled syringe <sup>4</sup>	Actemra <sup>5</sup> , Avtozma <sup>5</sup>
Migraines	Brekiya <sup>3,4</sup>	dihydroergotamine (generic D.H.E., generic Migranal <sup>5</sup> )
Muscle spasms	tizanidine (generic Zanaflex) 8 mg capsule <sup>3</sup>	cyclobenzaprine tablet (generic Flexeril), chlorzoxazone (generic Parafon Forte DSC), methocarbamol (generic Robaxin), orphenadrine extended-release (generic Norflex), tizanidine tablet (generic Zanaflex)
Muscle spasms	Zanaflex 8 mg capsule <sup>3</sup>	cyclobenzaprine tablet (generic Flexeril), chlorzoxazone (generic Parafon Forte DSC) methocarbamol (generic Robaxin), orphenadrine extended-release (generic Norflex), tizanidine tablet (generic Zanaflex)

<sup>1</sup> Medication is typically excluded from coverage.

<sup>2</sup> Exclusion includes brand, generic and authorized generic products unless otherwise noted.

<sup>3</sup> Newly released medication which was excluded from coverage at the time of launch and will continue to be excluded from our pharmacy benefit.

<sup>4</sup> For plans that do not exclude these medications, step therapy or prior authorization may be required prior to coverage.

<sup>5</sup> Step therapy or prior authorization may be required prior to coverage.

<sup>6</sup> A clinical review may be available for coverage.

# Access 3-Tier PDL clinical programs update summary

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

## **PA** Prior authorization - new notification

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

<b>Therapeutic use</b>	<b>Medication name</b>
<b>Amyloidosis</b>	Vyndamax
<b>Cancer</b>	Besremi
<b>Cancer</b>	Fruzaqla
<b>Cancer</b>	Gomekli
<b>Cancer</b>	Inlyta
<b>Cancer</b>	Jakafi
<b>Cancer</b>	Koselugo
<b>Cancer</b>	Nexavar
<b>Cancer</b>	Rydapt
<b>Cancer</b>	Sutent
<b>Cancer</b>	Truqap pak
<b>Cancer</b>	Votrient
<b>Cancer</b>	Xospata
<b>Cardiomyopathy</b>	Attruby
<b>Gastrointestinal agents</b>	Vowst
<b>Hemophilia</b>	Hemlibra
<b>Hemophilia</b>	Hympavzi
<b>Hemophilia</b>	Qfitlia
<b>Hemophilia</b>	Rebinyn
<b>Inflammatory conditions</b>	Otezla XR
<b>Itching due to liver disease</b>	Livmarli
<b>Kidney disease</b>	Filspari
<b>Liver disease</b>	Doptelet Sprinkle
<b>Liver disease</b>	Rezdiffra
<b>Spinal muscular atrophy</b>	Evrysdi

## 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
Amyloidosis	Vyndamax
Cardiomyopathy	Attruby
Contraceptive	Slynd
Gastrointestinal agents	Vowst
Hemophilia	Hemlibra
Hemophilia	Hympavzi
Hemophilia	Qfitlia
Infertility	Cetrotide
Itching due to liver disease	Livmarli
Kidney disease	Filspari
Kidney disease	Tarpeyo
Liver disease	Rezdiffra
Mental health	Caplyta
Mental health	Lybalvi
Parkinson's disease	Duopa suspension
Spinal muscular atrophy	Evrysdi

## QL New quantity limits

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

Therapeutic use	Medication name	New quantity limit
Dry eye disease	Cequa 0.09% <sup>7</sup>	60 vials per month
Dry eye disease	Restasis 0.05% <sup>7</sup>	60 vials per month
Dry eye disease	Xiidra 5% <sup>7</sup>	60 vials per month
Diabetes supplies	Omnipod 5 Libre2 Plus G6 Intro Gen 5	1 kit per 2 years
Diabetes supplies	Omnipod 5 Dexcom G7G6 Pods (Gen 5)	10 pods (2 boxes) per copay

## 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
Cancer	Fruzaqla	Stivarga
Contraceptive	Slynd	Must have separate trials of one of the following: an estrogen/progestin containing contraceptive (e.g., norgestimate/ethinyl estradiol (generic OrthoCyclen), Yaz); a progestin-only contraceptive (norethindrone (e.g., generic Ortho Micronor))
Hemophilia	Qfitlia	Patient is not an appropriate candidate for Hympavzi
Mental health	Caplyta	Must try three of the following: aripiprazole, olanzapine, quetiapine IR or ER, risperidone, ziprasidone

## QL Revised quantity limits

The following medications have revised quantity limits. Quantity limits establish the maximum quantity of a drug that is covered per copay.

Therapeutic use	Medication name	Revised quantity limit
Dry eye disease	Miebo 1.3 gm/mL <sup>7</sup>	1 bottle per month
Dry eye disease	Restasis Multidose 0.05% <sup>7</sup>	1 bottle per month

<sup>7</sup> Supply limit already exists. Limit type is changing.



**ध्यान आपो:** 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 बड़े फ़ॉन्ट, उपलब्ध हैं। अपने सदस्य पहचान पत्र पर दिए गए टोल-फ़्री 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), ທ່ານສາມາດໃຊ້ບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາພາສີ ແລະ ການສື່ສານໃນຮູບແບບອື່ນໆພາສີ, ເຊັ່ນ: ການພິມຕົວອັກສອນຂະໜາດໃຫຍ່. ໂທຫາເບີໂທພາສີຢູ່ທີ່ບັດປະຈຳຕົວສະມາຊິກຂອງທ່ານ.

**ध्यान दिनु ास्:** यदि तपाईंले नेपाली (Nepali) बोल्नुहुन्छ भने, ंःशुल्क भाषा सहायता सेवाहरू र अन्य ढाँचाहरूमा ंःशुल्क संचारहरू, जस्तै ठूलो छाप, तपाईंका लाग्मा उपलब्ध छन्। आफ्नो सदस्य पहिचान कार्डमा रहेको टोल फ्री नम्बरमा कल गर्नुहोस्।

بوجه: لکریه زبان واپسی (Persian-Farsi) صحبت می‌کند، خدمات پولکان کمک ربلی و لپیاطاب  
پولکان در والابه‌ای بکر، ملسد حاب برر ک، در سبرس سما هسسد. دلس ماره پولکان مدرج روی کارب  
سبلی عصبوب ارسماس بکبب.

**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, ਜਿੰਨੇ ਵੀ 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.

موضوعات: اگر اب اردو (Urdu) ردا ۽ لہجہ صیغہ و ردا ۽ کی معاو ۽ خدمات اور بنکر ۱۹ ایس ایس ایس  
مواطنی اب، جسے دربارت، اب کلے معہ سے اب سے ملے ممبرس بلحاہی کارب ریسے کنفول 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 Access 3-Tier PDL.

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