



Updates to your prescription benefits

Effective September 1, 2025

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 excluded from benefit coverage^{1,2}

We evaluate prescription drugs based on their total value, including how a drug works 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, 2025**, 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 which drugs your plan covers and if there are any actions you need to take.

Therapeutic use	Medication name	Alternative treatment option(s)
Blood clots	Pradaxa capsule (brand only)	dabigatran capsules (generic Pradaxa)
Cancer	Casodex (brand only)	bicalutamide (generic Casodex)
Constipation	Motegrity (brand only) ³	lubiprostone (generic Amitiza) ⁴ , prucalopride (generic Motegrity) ⁴ , Linzess ⁴
Contraceptive	Femlyv ⁵	norethindrone/ethinyl estradiol 1 mg/20 mcg [Aurovela, Junel 1/20, Larin, Microgestin (generic Loestrin 1/20)]

Therapeutic use	Medication name	Alternative treatment option(s)
Diabetes	glimepiride 3 mg ⁵	glimepiride 1 mg, 2 mg, 4 mg (generic Amaryl)
Diabetes	Zituvimet XR ^{3,5}	linagliptin/metformin (generic Kombiglyze XR), Alogliptin/Metformin, Jentadueto
Hemophilia	Hypmavzi ^{3,5}	Hemophilia A: Hemlibra ⁴ , Advate, Kogenate FS, Kovaltry, Novoeight, Nuwiq. Hemophilia B: Benefix, Rixubis
Inflammatory conditions	Adalimumab-adbm (unbranded Cyltezo) - Quallent ^{3,5}	Adalimumab-adaz (unbranded Hyrimoz) ⁴ , Amjevita ⁴ , Humira ⁴
Inflammatory conditions	Otulf ^{3,5}	Steqeyma ⁴ , Yesintek ⁴
Inflammatory conditions	Pyzchiva ^{3,5}	Steqeyma ⁴ , Yesintek ⁴
Inflammatory conditions	Selarsdi ^{3,5}	Steqeyma ⁴ , Yesintek ⁴
Inflammatory conditions	Stelara ³	Steqeyma ⁴ , Yesintek ⁴
Inflammatory conditions	Ustekinumab-aekn (unbranded Selarsdi) ^{3,5}	Steqeyma ⁴ , Yesintek ⁴
Inflammatory conditions	Ustekinumab-stba (unbranded Stelara) ^{3,5}	Steqeyma ⁴ , Yesintek ⁴
Inflammatory conditions	Ustekinumab-stba (unbranded Steqeyma) ^{3,5}	Steqeyma ⁴ , Yesintek ⁴
Inflammatory conditions	Ustekinumab-ttwe (unbranded Pyzchiva) ^{3,5}	Steqeyma ⁴ , Yesintek ⁴
Inflammatory conditions	Wezlana ^{3,5}	Steqeyma ⁴ , Yesintek ⁴
Pain & inflammation	Dolobid ⁵	diclofenac (generic Cataflam, Voltaren), diflunisal 500 mg (generic Dolobid), flurbiprofen (generic Ansaïd), ibuprofen (generic Motrin), naproxen tablets (generic Naprosyn, generic Anaprox DS), OTC ibuprofen (Advil/Motrin), OTC naproxen (Aleve)
Seizures	Equetro	carbamazepine (generic Tegretol), carbamazepine extended-release (generic Carbatrol, generic Tegretol XR)
Seizures	Sabril tablet (brand only) ^{3,6}	vigabatrin tablet (generic Sabril) ⁴
Skin conditions	Hydrocortisone 2.5 % solution (Texacort authorized generic) ⁵	Texacort
Testosterone replacement	Undecatrex (Kyzatrex authorized generic) ^{3,5}	testosterone 1.62% gel pump (generic AndroGel) ⁴ , Kyzatrex ⁴ , Testim ⁴

¹ Medication is typically excluded from coverage.

² Exclusion includes brand, generic and authorized generic products unless otherwise noted.

³ For plans that do not exclude these medications, step therapy or prior authorization may be required prior to coverage.

⁴ Step therapy or prior authorization may be required prior to coverage.

⁵ Newly released medication which was excluded from coverage at the time of launch and will continue to be excluded from our pharmacy benefit.

⁶ Members currently on therapy may be allowed to continue.

Essential 4-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, 2025**.

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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 ⁷	1 pen-injector per month

⁷ Step therapy or prior authorization may be required for coverage.

Notice of Availability of Language Assistance Services and Alternate Formats

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

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

ملاحظة: إذا كنت تتحدث **اللغة العربية (Arabic)**، ستوفر لك خدمات المساعدة اللغوية المجانية والمراسلات

المجانية بتنسيقات أخرى، مثل الطباعة بأحرف كبيرة. اتصل بالرقم المجاني المدون على بطاقة تعريف العضو خاصتك.

ចំណាំ: ប្រសិនបើអ្នកនិយាយ**ភាសាខ្មែរ (Khmer)** សេវាជំនួយភាសាភាគតិចត្រូវបានផ្តល់ជូនដោយឥតគិតថ្លៃ និងការទំនាក់ទំនងភាគតិចត្រូវបានផ្តល់ជូនក្នុងទម្រង់ផ្សេងទៀត ដូចជាពុម្ពអក្សរធំ មានសម្រាប់អ្នក។ ទូរសព្ទមកលេខភាគតិចត្រូវបានផ្តល់ជូននៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នក។

请注意：如果您说**中文 (Chinese)**，我们可以为您提供免费语言协助服务以及大字印刷本等其他格式的免费通信。请致电您的会员身份卡上的免付费电话号码。

請注意：如果您說**中文 (Chinese)**，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 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.

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.

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.

BAA'ÁKONÍNÍZIN: Diné (**Navajo**) saad bee yáníłti'go, t'áá jíík'eh saad bee áka'e'eyeed bee áka'anída'wo'í dóó nááná łahgo át'éego bee hadadilyaa bee ahxíł hane'í, díí nitsaago bee ak'eda'ashchínígíí, náhóló. Bee atah nil'íní ninaaltsoos nítł'izí bee nééhoziní bąąh t'áá hiik'eh bee hane'í námboo bee hodíilnih.

توجه: اگر به زبان فارسی (**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 عضویت‌تان 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.

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.

FIIRO GAAR AH: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda bilaashka ah iyo isgaarsiino bilaash ah oo qaabab kale ah, sida far waaweyn, ayaa diyaar kuu ah. Ka wac lambarka wicitaanka bilaashka ah kaarkaaga aqoonsiga xubinta.

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.

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.

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