Updates to your prescription benefits

Effective January 1, 2026

Flex Base 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.

$	$$	$$$
Tier 1	**Tier 2**	**Tier 3**
Lowest-cost medications	Mid-range cost	Highest-cost

Prescription drugs moving to a higher tier

The following medications are moving to a higher tier. Medications may move from a lower tier to a higher tier when they are more costly and have available lower-cost options.

Therapeutic use	Medication name	Tier placement	Alternative treatment option(s)
Cancer	Ibrance[1]	**Tier 2 to Tier 3**	Kisqali[1], Verzenio[1]

Prescription drugs excluded from benefit coverage[2,3]

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[4,5]	galantamine (generic Razadyne)
Asthma/COPD	Umeclidinium/Vilanterol (Anoro Ellipta authorized generic)[4]	Anoro Ellipta

continued

Therapeutic use	Medication name	Alternative treatment option(s)
Cancer	Danziten[4,5,6]	nilotinib (generic Tasigna)[1]
Cancer	Tasigna (brand only)[6]	nilotinib (generic Tasigna)[1]
Diabetes	metformin 750 mg[4,5]	metformin 500 mg, 1000 mg (generic Glucophage)
Diabetes	OneTouch meters[7,8]	Contour Next, Contour Plus Blue, Accu-Chek Guide
Diabetes	OneTouch test strips[7,8]	Contour Next test strips, Contour Plus Blue test strips, Accu-Chek Guide test strips
Endocrine disorders	Jynarque (brand only)[6]	tolvaptan (generic Jynarque)[1]
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)[4]	tiopronin delayed-release (generic Thiola EC)
Heart failure	Entresto (brand only)[6]	sacubitril/valsartan (generic Entresto)[1]
Hemophilia	Alhemo[5,6,8]	Hemlibra[1], Qfitlia[1]
Infections	Fulvicin P/G 165 mg[4,5]	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)[4,5]	griseofulvin ultramicrosize 125 mg, 250 mg (generic Gris-Peg), itraconazole (generic Sporanox), terbinafine (generic Lamisil), ciclopirox (generic Penlac)
Infections	metronidazole 125 mg[4,5]	one half of metronidazole 250 mg
Inflammatory conditions	Humira[6,9]	Adalimumab-adaz (unbranded Hyrimoz)[1], Amjevita[1]
Inflammatory conditions	Imuldosa[4,6]	Steqeyma[1], Yesintek[1]
Mental health	Opipza oral film[4,5]	aripiprazole (generic Abilify), olanzapine (generic Zyprexa), quetiapine (generic Seroquel), risperidone (generic Risperdal), ziprasidone (generic Geodon)
Muscle spasms	metaxalone 640 mg[4,5]	cyclobenzaprine (generic Flexeril), chlorzoxazone (generic Parafon Forte DSC), metaxalone (generic Skelaxin), methocarbamol (generic Robaxin)
Neuropathic pain/Seizures	Gabarone[4,5]	gabapentin (generic Neurontin)
Neutropenia	Nypozi[4]	Nivestym, Zarxio
Pain	tramadol 75 mg[4,5]	tramadol 50 mg, 100 mg (generic Ultram)
Pain & inflammation	Fenopron[4,5]	ibuprofen (generic Motrin), naproxen tablets (generic Naprosyn, generic Anaprox DS), OTC iburofen (Advil/Motrin), OTC naproxen (Aleve)

Therapeutic use	Medication name	Alternative treatment option(s)
Rosacea	Emrosi[4,5]	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)
Sleep	Dayvigo	zolpidem (generic Ambien), zaleplon (generic Sonata), eszopiclone (generic Lunesta), Belsomra
Stroke & heart attack prevention	Brilinta (brand only)	ticagrelor (generic Brilinta)

[1] Step therapy or prior authorization may be required prior to coverage.

[2] Medication is typically excluded from coverage.

[3] Exclusion includes brand, generic and authorized generic products unless otherwise noted.

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

[5] Medication is part of the High Value Exclusion Program.

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

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

[8] A clinical review may be available for coverage.

[9] Members currently on therapy may be allowed to continue.

Flex Base 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 **January 1, 2026**.

PA Prior authorization - new notification[10]

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

Therapeutic use	Medication name
Acne	Arazlo[11]
Pain	Ztlido Pad 1.8%
Rosacea	Mirvaso
Rosacea	Zilxi
Seizures	Rhofade
Sexual dysfunction	Osphena[12]
Skin conditions	Hyftor

MN New medical necessity[10]

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
Acne	Aklief[13]
COPD	Yupelri
Elevated potassium levels	Lokelma
Elevated potassium levels	Veltassa
Endometriosis	Orilissa
Heart failure	Corlanor
Heart failure	Entresto
Heart failure	Furoscix
Heart failure	Verquvo
Infections	Xdemvy
Infections	Xifaxan
Inflammatory conditions	Vtama
Irritable bowel disease	Viberzi
Migraine	Zavzpret
Pain	Belbuca[13]
Pain	Butrans[11,13]
Pain	Xtampza ER[13]

Therapeutic use	Medication name
Parkinson's disease	Nourianz
Seizures	Vimpat
Seizures	Xcopri
Sexual dysfunction	Stendra[12]
Sexual dysfunction	Addyi[12]
Sexual dysfunction	Vyleesi[12]
Testosterone replacement	Androgel[11]
Testosterone replacement	Fortesta[11]
Testosterone replacement	Testim
Testosterone replacement	testosterone 30 mg/ACT[11]
Testosterone replacement	Vogelxo[11]
Uterine bleeding	Myfembree
Uterine bleeding	Oriahnn

ST Step Therapy[10]

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
Cholesterol/Lipid lowering	Livalo1[11]	Must try three: atorvastatin (generic Lipitor), fluvastatin (generic Lescol), lovastatin (generic Mevacor), pravastatin (generic Pravachol), rosuvastatin (generic Crestor) or simvastatin (generic Zocor)
Cholesterol/Lipid lowering	Nexletol	Must try both: Zetia and high intensity statin therapy
Cholesterol/Lipid lowering	Nexlizet	Must try both: Zetia and high intensity statin therapy
Cholesterol/Lipid lowering	Zypitamag	Must try three: atorvastatin (generic Lipitor), fluvastatin (generic Lescol), lovastatin (generic Mevacor), pravastatin (generic Pravachol), rosuvastatin (generic Crestor) or simvastatin (generic Zocor)
Migraine	Zavzpret	Must try: one of the following: almotriptan (Axert), eletriptan (Relpax), frovatriptan (Frova), naratriptan (Amerge), rizatriptan (Maxalt/ Maxalt MLT), sumatriptan (Imitrex), zolmitriptan (Zomig/Zomig-ZMT) AND one of the following: sumatriptan (Imitrex) nasal spray, zolmitriptan (Zomig) nasal spray

Therapeutic use	Medication name	Step 1 medication
Skin conditions	Klisyri	Must try two: diclofenac 3% gel (generic Solaraze), topical fluorouracil (e.g. Carac, generic Efudex), imiquimod 5% (e.g. generic Aldara)
Ulcers due to H.pylori	Voquezna Dual Pak	One of the following: clarithromycin-based triple therapy, clarithromycin-based concomitant therapy OR bismuth quadruple therapy
Ulcers due to H.pylori	Voquezna Triple Pak	One of the following: clarithromycin-based triple therapy, clarithromycin-based concomitant therapy OR bismuth quadruple therapy

[10] Includes brand, generic and authorized generic products unless otherwise noted.

[11] May be excluded from coverage.

[12] Coverage is determined by the consumer's prescription drug benefit plan including step therapy or prior authorization.

[13] Prior authorization may already be in place based on benefit design.

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).

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

ملحوظه: اذا كنت تتحدث اللغه **العربيه** (Arabic)، فان خدمات المساعده اللغويه متاحه لك بالمجان. اتصل بالرقم المجاني المذكور على بطاقه العضويه الخاصه بك.

দেখুন: আপনি যদি **বাংলায়** (Bengali-Bangla) কথা বলেন, তাহলে আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবা এবং বড় মুদ্রণের মতো অন্যান্য বিনামূল্যে যোগাযোগগুলি আপনার জন্য উপলব্ধ। আপনার সদস্য পরিচয়পত্রের পিছনে টোল-ফ্রি নম্বরে কল করুন।

ចំណាំ៖ ប្រសិនបើអ្នកនិយាយ**ភាសាខ្មែរ** (Cambodian-Mon-Khmer)
សេវាជំនួយភាសាឥតគិតថ្លៃ និងការទំនាក់ទំនងឥតគិតថ្លៃក្នុងទម្រង់ផ្សេងទៀត
ដូចជាពុម្ពអក្សរធំ មានសម្រាប់អ្នក។
ទូរសព្ទមកលេខឥតគិតថ្លៃនៅលើបណ្ណសម្គាល់សមាជិករបស់អ្នក។

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。

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 fòma lo 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 Sprachassistenzdienste 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 કૉલ કરો.

ध्यान दें: यदि आप **ि◌दी (Hindi)** बोलते हैं, तो आपके ल्◌ए मुफ्त भाषा सहायता सेवाएँ और अन्य प्रारूपों में मुफ्त संचार, जैसे क्क र्ब ` 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ア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: ຖ້າຫາກທ່ານເວົ້າ**ພາສາລາວ (Lao)**, ທ່ານສາມາດໃຊ້ບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາຟຣີ ແລະ ການສື່ສານໃນຮູບແບບອື່ນໆຟຣີ, ເຊ່ນ: ການພິມຕົວອັກສອນຂະໜາດໃຫຍ່.
ໂທຫາເບີໂທຟຣີຢູ່ທີ່ບັດປະຈຳຕົວສະມາຊິກຂອງທ່ານ.

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

توجه: اگر به زبان **فارسی** (Persian-Farsi) صحبت می‌کنید، خدمات زبانی کمک رایگان و تسهیلات برای برنامه‌های سلامت در دسترس شما هستند. برای صحبت با یک نماینده درخواست کمک زبانی را روی کارت شناسایی عضویت خود یادداشت کنید.

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 ਿ ਤੁਸ਼ੀਂ **ਪੰਜਾਬੀ** (Punjabi) ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫ਼ਤ ਭਾਸ਼ਾ ਸ਼ਹਾਇਤਾ ਸ਼ੇਵਾਵਾਂ ਅਤੇ ਹੋ ਫਾ ਮੈਟਾਂ, ਿੰ ਵੇਂ ਕਿ ਵੱਡੇ ਪ੍ਰਿੰਟ, ਵਿੱਚ ਮੁਫ਼ਤ ਸ਼ੰਚਾ ਉਪਲਬਧ ਹਨ। ਆਪਣੇ ਮੈਂਬ ਪਛਾਣ ਕਾ ਡ 'ਤੇ ਟੋਲ-ਫ੍ਰੀ ਨੰਬ 'ਤੇ ਕਾਲ ਕ ੇ।

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 หากคุณ**พูดภาษาไทย (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.

اردو (Urdu): اگر آپ اردو بولتے یا پڑھتے ہیں تو آپ کی معاونت خدمات اور مدد فراہم کرنے والے شعبہ جات تک مفت رسائی حاصل کر سکتے ہیں، جو آپ کی ترجیحی زبان میں ہیں۔ اپنے کارڈ کی پشت پر موجود ٹول فری نمبر 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 Flex Base 3-Tier PDL.

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