



# Updates to your prescription benefits

Effective May 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.

|   |  |   |
|---|--|---|
| <br><b>Tier 1</b><br>Lowest-cost medications | <br><b>Tier 2</b><br>Mid-range cost | <br><b>Tier 3</b><br>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 |
|---------------------|-----------------|----------------|
| Contraceptive       | Averi           | Tier 3         |
| High blood pressure | Hemiclor        | 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 **May 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)                        |
|-----------------|---|--|
| Asthma          | Fluticasone Furoate<br>Ellipta (Arnuity Ellipta<br>authorized generic) <sup>3</sup> | Arnuity Ellipta, Qvar RediHaler                        |
| Cancer          | Nilotinib tartrate <sup>3,4,5</sup>   | nilotinib hydrochloride (generic Tasigna) <sup>6</sup> |

| Therapeutic use            | Medication name                                      | Alternative treatment option(s)   |
|----------------------------|--|---|
| Diabetes                   | Kirsty <sup>3,4</sup>                                | Humalog KwikPen, Insulin Lispro KwikPen/vial (unbranded Humalog), Lyumjev KwikPen   |
| Diabetes                   | Merilog/Merilog<br>Solostar <sup>3,4</sup>           | Humalog KwikPen, Insulin Lispro KwikPen/vial (unbranded Humalog), Lyumjev KwikPen   |
| Diabetes                   | Simplera Sensor <sup>3,4</sup>                       | Dexcom <sup>6</sup> , Freestyle Libre <sup>6</sup>  |
| Diabetes                   | Simplera System <sup>3,4</sup>                       | Dexcom <sup>6</sup> , Freestyle Libre <sup>6</sup>  |
| Endocrine disorders        | Demser (brand only) <sup>4</sup>                     | metyrosine (generic Demser) <sup>6</sup>  |
| Endocrine disorders        | Ravicti (brand only) <sup>4</sup>                    | glycerol phenylbutyrate (generic Ravicti) <sup>6</sup> , sodium phenylbutyrate (generic Buphenyl) <sup>6</sup>                          |
| Hereditary angioedema      | Ekterly <sup>3,4,5</sup>                             | icatibant (generic Firazyr) <sup>6</sup> , Berinert <sup>6</sup> , Ruconest <sup>6</sup>  |
| High blood pressure        | Epaned (brand only) <sup>4</sup>                     | enalapril oral solution (generic Epaned) <sup>6</sup>   |
| High blood pressure        | Lopressor tablet (brand only)                        | metoprolol (generic Lopressor)  |
| Infections                 | Dificid tablet (brand only)                          | fidaxomicin (generic Dificid) tablets   |
| Inflammatory conditions    | Leqselvi <sup>3,4,5</sup>                            | Litfulo <sup>6</sup> , Olumiant <sup>6</sup>  |
| Irritable bowel disease    | dicyclomine hydrochloride 40 mg <sup>3,5</sup>       | dicyclomine hydrochloride two of 20 mg (generic Bentyl)   |
| Mental health              | Bucapsol capsule <sup>3,5</sup>                      | bupirone (generic Buspar)   |
| Migraines                  | Symbravo <sup>3,5</sup>                              | meloxicam (generic Mobic) plus rizatriptan (generic Maxalt/Maxalt MLT)  |
| Muscle spasms              | Fleqsuvy (brand only) <sup>4</sup>                   | baclofen oral suspension (generic Fleqsuvy) <sup>6</sup>  |
| Neutropenia                | Rolvedon <sup>3</sup>                                | Neulasta, Udenyca   |
| Pain & inflammation        | Combogesic tablet <sup>3</sup>                       | OTC ibuprofen (e.g., Advil, Motrin), OTC acetaminophen (e.g., Tylenol)  |
| Pain & inflammation        | ibuprofen 300 mg <sup>3</sup>                        | ibuprofen (generic Motrin), naproxen tablets (generic Naprosyn, generic Anaprox DS), OTC ibuprofen (Advil/Motrin), OTC naproxen (Aleve) |
| Pain & inflammation        | Indocin rectal suppository (brand only) <sup>4</sup> | indomethacin rectal suppository (generic Indocin) <sup>6</sup>  |
| Pain & inflammation        | Indocin suspension (brand only) <sup>4</sup>         | indomethacin oral suspension (generic Indocin) <sup>6</sup>   |
| Pulmonary hypertension     | Tracleer tablet (brand only) <sup>4</sup>            | bosentan (generic Tracleer) <sup>6</sup>  |
| Pulmonary hypertension     | Yutrepia <sup>3,4</sup>                              | Tyvaso <sup>6</sup>   |
| Skin conditions            | Ala-Scalp <sup>5</sup>                               | hydrocortisone 2.5% topical lotion (generic Hytone)   |
| Skin conditions            | hydrocortisone 2% lotion <sup>5</sup>                | hydrocortisone 2.5% topical lotion (generic Hytone)   |
| Ulcers, heartburn & reflux | Nexium packet (brand only) <sup>4</sup>              | esomeprazole suspension (generic Nexium) <sup>6</sup>   |

<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> Medication is part of the High Value Exclusion Program.

<sup>6</sup> Step therapy or prior authorization may be required prior to coverage.

# 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 **May 1, 2026**.

## **MN** New medical necessity<sup>7</sup>

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                          |
|------------------------------|--|
| ADHD                         | Xelstrym transdermal patch               |
| ALS                          | Tiglutik suspension <sup>8</sup>         |
| Arrhythmias                  | Sotylize oral solution                   |
| Benign prostatic hypertrophy | Tezruly oral solution                    |
| Blood clots                  | Pradaxa pellet pack                      |
| Cancer                       | Imkeldi oral solution <sup>8</sup>       |
| Cancer                       | Xatmep oral solution                     |
| Chest Pain                   | Aspruzyo Sprinkle granules packet        |
| Cholesterol/Lipid lowering   | Atorvaliq suspension                     |
| Cholesterol/Lipid lowering   | Ezallor sprinkle capsule                 |
| Cholesterol/Lipid lowering   | Flolipid suspension                      |
| Diuretic                     | Inzirqo suspension                       |
| Elevated phosphate levels    | Renvela packet                           |
| High blood pressure          | Arbli oral suspension <sup>9</sup>       |
| High blood pressure          | Carospir suspension                      |
| High blood pressure          | Epaned oral solution                     |
| High blood pressure          | Katerzia oral suspension                 |
| High blood pressure          | Lopressor oral solution <sup>9</sup>     |
| High blood pressure          | Norliqva oral solution                   |
| High blood pressure          | Qbrelis oral solution                    |
| High blood pressure          | valsartan oral solution                  |
| Mental health                | chlorpromazine hydrochloride concentrate |
| Mental health                | Raldesy oral solution <sup>8</sup>       |
| Muscle spasms                | Fleqsuvy suspension                      |
| Muscle spasms                | Ozobax DS oral solution                  |
| Nausea & vomiting            | Syndros solution                         |

| Therapeutic use            | Medication name                      |
|----------------------------|--------------------------------------|
| Oral steroid               | Alkindi Sprinkle capsule             |
| Oral steroid               | Khindivi oral solution <sup>9</sup>  |
| Pain & inflammation        | Indocin suppository                  |
| Pain & inflammation        | Indocin suspension                   |
| Pain & inflammation        | Meloxicam suspension                 |
| Pain & inflammation        | Naprosyn suspension <sup>9</sup>     |
| Seizures                   | Zonisade oral suspension             |
| Seizures                   | Epronita oral solution               |
| Sickle cell disease        | Xromi oral solution <sup>8</sup>     |
| Thyroid replacement        | Ermeza oral solution                 |
| Thyroid replacement        | Tirosint-Sol oral solution           |
| Transplant                 | Prograf Granules packet              |
| Ulcers, heartburn & reflux | Nexium packet for suspension         |
| Ulcers, heartburn & reflux | Prevacid solutab ODT                 |
| Ulcers, heartburn & reflux | Zegerid powder packet for suspension |

## QL New quantity limits

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

| Therapeutic use         | Medication name  | Revised quantity limit     |
|-------------------------|--|----------------------------|
| Inflammatory conditions | Adalimumab-adaz<br>80 mg/0.8 mL <sup>10</sup>                    | 2 auto-injectors per month |
| Inflammatory conditions | Yuflyma CD/UC/HS<br>Starter Kit 80 mg/<br>0.8 mL <sup>9,11</sup> | 3 auto-injectors per year  |

## 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 |
|-----------------|--|-------------------|
| Diabetes        | Novolin N Flexpen<br>Relion <sup>9</sup> | Humulin N         |
| Diabetes        | Novolin R Flexpen<br>Relion <sup>9</sup> | Humulin R         |

<sup>7</sup> Includes brand, generic, and authorized generic products unless otherwise noted.

<sup>8</sup> For Flex Base plans WITH Specialty Bolt-On, PA may already be in place.

<sup>9</sup> Medication is typically excluded from coverage.

<sup>10</sup> Step therapy or prior authorization may be required prior to coverage.

<sup>11</sup> For plans that do not exclude these medications, step therapy or prior authorization may be required prior to coverage.

**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።

**في احطه:** انك ستجد ابداً مع الالعاب العربية (Arabic)، ستوفر لك خدمات المساعدة الى عوالم مختلفة  
**طلبكم لطلب ابداً مع الالعاب العربية** احري، مهل الاطاعة باحرف ليسر به صل الالعاب الى الابدو ،  
**بطلبكم الالعاب الى الابدو .**

**দেখুন:** আপক্ষ যক্ষ **বাংলায় (Bengali-Bangala)** কথা বর্ : , তাহঁে ঙ্গ মূর্ে ভাষা সহায়তা  
পঙ্কষবা এবং বড় মুর্ে ফ্রমতো অ: া: ফ্রমর্ া যোগাযোগগুর্গ আপ: ফ্রাজ: ঙ্গ মূর্ে  
উর্প ঙ্গ। আপ: ফ্রাস: সর্ে ফ্রপঙ্কয়র্র্ে ফ্রকার্ডেফ্রর্ া - ঙ্গ: ষফ্রেকর্ কর:

**ចំណាំ:** ប្រសិនបើអ្នកនិយាយ**ភាសាខ្មែរ (Cambodian-Mon-Khmer)**  
សេវាជំនួយភាសាភីតិក្តែ នឹងការទំនាក់ទំនងភីតិក្តែក្នុងទម្រង់ផ្សេងទៀត  
ដូចជាពុម្ពអក្សរធំ មានសម្រាប់អ្នក។  
ចូរសព្ទមកលេខភីតិក្តែនៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នក។

**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  
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.

**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), ທ່ານສາມາດໃຊ້ບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາພາສາລາວ ແລະ ການສື່ສານໃນຮູບແບບອື່ນໆພາສາລາວ, ເຊັ່ນ: ການພິມຕົວອັກສອນຂະໜາດໃຫຍ່. ໂທຫາເບີໂທພາສາລາວທີ່ບັດປະຈຳຕົວສະມາຊິກຂອງທ່ານ.

**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  
س سطرپلی عصفوبت اربماس 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 بکنر ۱۹ ایس ایس ایس  
مواطنی اب، جسے دربارت، اب کلے معہ سہا اب صیغہ ممبرس بلحاہی کارب ریسے کنفول وری  
ممبر کال کیس۔

**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 plans with a pharmacy benefit subject to the Flex Base 3-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. Administrative services provided by United HealthCare Services, Inc., UnitedHealthcare Service LLC, or their affiliates.

12/25 ©2026 United HealthCare Services, Inc. WF19682004-G\_2026 Flex Base 3-Tier PDL update summary