



Updates to your prescription benefits

Effective September 1, 2026

Advantage 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
Lowest-cost medications



Tier 2
Mid-range cost



Tier 3
Highest-cost

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 **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 ^{3,4}	dasatinib (generic Sprycel) ⁵
Cancer	Pomalyst (brand only) ⁴	pomalidomide (generic Pomalyst) ⁵
Cancer	Revlimid (brand only) ⁴	lenalidomide (generic Revlimid) ⁵

Therapeutic use	Medication name	Alternative treatment option(s)
Endocrine disorders	Palsonify ^{3,4}	octreotide (generic Sandostatin) ⁵ , Somavert ⁵
Heart failure	Furoscix ^{4,6}	Enbumyst ⁵ , Lasix ONYU ⁵
Hereditary angioedema	Dawnzera ^{3,4}	Andembry ⁵ , Haegarda ⁵ , Takhzyro ⁵
Hormone replacement	EstroGel (brand only)	estradiol gel (generic EstroGel)
Inflammatory conditions	Tyenne autoinjector & prefilled syringe ⁴	Actemra ⁵ , Avtozma ⁵
Mental health	Escitalopram 15 mg capsule ³	citalopram (generic Celexa), escitalopram (generic Lexapro)
Migraines	Brekiya ^{3,4}	dihydroergotamine (generic D.H.E., generic Migranal ⁵)
Muscle spasms	tizanidine (generic Zanaflex) 8 mg capsule ³	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 ³	cyclobenzaprine tablet (generic Flexeril), chlorzoxazone (generic Parafon Forte DSC), methocarbamol (generic Robaxin), orphenadrine extended-release (generic Norflex), tizanidine tablet (generic Zanaflex)

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 A clinical review may be available for coverage.

Advantage 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.

Therapeutic use	Medication name
Amyloidosis	Vyndamax ⁷

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	New quantity limit
Dry eye disease	Cequa 0.09% ⁸	60 vials per month
Dry eye disease	Restasis 0.05% ⁸	60 vials per month
Dry eye disease	Xiidra 5% ⁸	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

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 or in a specified time frame.

Therapeutic use	Medication name	Revised quantity limit
Dry eye disease	Miebo 1.3 gm/mL ⁸	1 bottle per month
Dry eye disease	Restasis Multidose 0.05% ⁸	1 bottle per month

⁷ If you already have a PA for this drug, there is no impact.

⁸ Supply limit already exists. Limit type is changing.

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 Advantage 3-Tier PDL.

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