



Updates to your prescription benefits

Effective May 1, 2025

Within the Prescription Drug List (PDL), prescription drugs are grouped by tier. The tier indicates the amount you pay when you fill a prescription. 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 moving to a higher tier

The following medications are moving to a higher tier. Medications may move to a higher tier when they are more costly and there are lower-cost or over-the-counter options available.

Therapeutic use	Medication name	Tier placement	Alternative treatment option(s)
Bowel prep	PEG 3350 powder	Tier 2 to Tier 3	OTC Miralax
Pain and inflammation	meclofenamate sodium (generic Meclomen)	Tier 1 to Tier 3	diclofenac (generic Cataflam, Voltaren), flurbiprofen (generic Ansaid), ibuprofen (generic Motrin), naproxen tablets (generic Naprosyn, generic Anaprox DS), OTC ibuprofen (Advil/Motrin), OTC naproxen (Aleve)

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 May 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)
Cancer	Sprycel (brand only) ³	dasatinib (generic Sprycel) ⁵
COPD	Daliresp (brand only)	roflumilast (generic Daliresp)
Diabetes	Victoza (brand only) ³	liraglutide (generic Victoza) ⁵
Diabetes	Zituvimet (Sitagliptin/Metformin) ^{3,4}	linagliptin/metformin (generic Kombiglyze XR), Alogliptin/Metformin, Jentadueto
Eye pain & inflammation	Clobetasol ophthalmic suspension ⁴	prednisolone (generic Pred Forte), loteprednol 0.5% ophthalmic suspension (generic Lotemax), Lotemax Ointment, Maxidex, Vexol
Eye pain & inflammation	Durezol (brand only)	difluprednate (generic Durezol)
Infections	Sovuna ⁴	hydroxychloroquine (generic Plaquenil)
Muscle spasms	baclofen 15 mg ⁴	baclofen 5 mg, 10 mg, 20 mg (generic Lioresal)
Muscle weakness due to potassium levels	Keveyis (brand only) ³	dichlorphenamide (generic Keveyis) ⁵
Muscle weakness due to potassium levels	Ormalvi (brand only) ^{3,4}	dichlorphenamide (generic Keveyis) ⁵
Nausea & vomiting	Marinol (brand only) ⁴	dronabinol (generic Marinol)
Nausea & vomiting	ondansetron 16 mg orally disintegrating tablet ⁴	ondansetron 4 mg, 8 mg orally disintegrating tablet (generic Zofran)
Pain and inflammation	Kiprofen ⁴	diclofenac (generic Cataflam, Voltaren), flurbiprofen (generic Ansaid), ibuprofen (generic Motrin), naproxen tablets (generic Naprosyn, generic Anaprox DS), OTC ibuprofen (Advil/Motrin), OTC naproxen (Aleve)
Pain and inflammation	Tolectin 600 mg ⁴	diclofenac (generic Cataflam, Voltaren), flurbiprofen (generic Ansaid), ibuprofen (generic Motrin), naproxen tablets (generic Naprosyn, generic Anaprox DS), OTC ibuprofen (Advil/Motrin), OTC naproxen (Aleve)
Pain and inflammation	tolmetin 400 mg (generic Tolectin)	diclofenac (generic Cataflam, Voltaren), flurbiprofen (generic Ansaid), ibuprofen (generic Motrin), naproxen tablets (generic Naprosyn, generic Anaprox DS), OTC ibuprofen (Advil/Motrin), OTC naproxen (Aleve)
Pulmonary hypertension	Opsynvi ^{3,4}	tadalafil (generic Addcirca) ⁵ with Opsumit ⁵
Ulcers, heartburn & reflux	nizatidine (generic Axid)	OTC Pepcid AC, OTC Tagamet HB, OTC Zantac 360

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

⁵ Step therapy or prior authorization may be required prior to coverage.

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, 2025.

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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
Duchenne muscular dystrophy	Emflaza 6 mg ⁶	31 tablets per month
Duchenne muscular dystrophy	Emflaza 18 mg ⁶	31 tablets per month
Duchenne muscular dystrophy	Emflaza 22.75 mg/mL ⁶	2 bottles per month
Duchenne muscular dystrophy	Emflaza 30 mg ⁶	31 tablets per month
Duchenne muscular dystrophy	Emflaza 36 mg ⁶	31 tablets per month

⁶ Medication is typically excluded from coverage.

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**

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