

Updates to your Prescription Drug List for New Mexico 2025 Individual & Family plans*

We are here to help you get ready for changes to your Prescription Drug List (PDL), renewing on 1/1/25.

We re-evaluate the PDL to help manage costs for both you and UnitedHealthcare. When making changes, we consider a medication’s overall value, which is based on factors such as a medication’s effectiveness, safety, cost, and the availability of alternative medications to treat the same or similar medical condition.

This guide will help you understand which medications are changing and if you need to talk to your healthcare provider before you refill your medication. You may experience a medication changing tiers or a medication no longer being covered. We also add medications to the PDL and move medications to lower tiers to give you more options.

You can access your coverage information by going to the following link or through your member portal: myuhc.com/exchange.

To view the complete list of all medications, visit the **2025 Prescription Drug List**

Your Plan

This is an overview of each tier on your [plan](#).

| Tier | Cost-share | Includes |
|------|------------|---|
| 1 | \$0 | \$0 Cost-share Medications available at no cost to you, which includes medications for preventive care, behavioral health, and sexually transmitted infections . |
| 2 | \$ | Lower cost-share Medications that offer the highest overall value , which includes preferred generic medications . |
| 3 | \$\$ | Mid-range cost-share Medications that provide good overall value , which includes preferred brand name and non-preferred generic medications . |
| 4 | \$\$\$ | Higher cost-shares Medications that provide good overall value , which includes preferred specialty medications . |
| 5 | \$\$\$\$ | Higher cost-shares Medications that provide lower overall value , which includes non-preferred brand name medications . |
| 6 | \$\$\$\$\$ | Highest cost-shares Medications that provide the lowest overall value , which includes non-preferred specialty medications . |

Commented [LH1]: Deleted sentence about tiers changing and added NM tier chart

*Also referred to as UnitedHealthcare Individual & Family ACA Marketplace plans



Medications added to the PDL

We are giving you more medication options to treat your condition by adding more medications to the PDL.

| Medication | Tier | Coverage Rules or Limits | Other Covered Products |
|--------------------|------|--------------------------|--|
| Breztri Aerosphere | 3 | QL | |
| Dexcom | 5 | PA, QL | |
| Emgality 100mg/ml | 3 | PA, QL | Aimovig is also Tier 3 (PA, QL) |
| Emgality 120mg/ml | 3 | PA, QL | Aimovig is also Tier 3 (PA, QL) |
| Freestyle Libre | 5 | PA, QL | |
| Nayzilam | 4 | PA, QL | |
| nebivolol | 2 | QL | |
| Rextovy | 1 | | Narcan & naloxone are also Tier 1 |
| Stiolto Respimat | 3 | QL | Bevespi Aerosphere is also Tier 3 (QL) |
| teriflunomide | 4 | PA, QL | |
| zolpidem ER | 3 | QL | |

Medications moving to a lower tier

These medications are moving to a lower tier. Using lower tier medications can help you pay the lowest out-of-pocket cost.

| Medication | Tier | Coverage Rules or Limits | Other Covered Products |
|--|------|--------------------------|------------------------|
| brimonidine ophthalmic soln. 0.15%, 0.2% | 2 | QL | |
| cyclosporine modified capsule, Gengraf capsule | 2 | | |
| lansoprazole capsules | 2 | QL | |
| mycophenolate mofetil capsule, tablet | 2 | | |
| Trelegy Ellipta | 3 | QL | |

Key: PA=Prior authorization QL=Quantity limit



Medications that require you to take action before your first refill in 2025

Find your medication in this list to learn about upcoming changes. Depending on the type of change, we provide a list of other medication options when available. These are suggestions only. Only you and your healthcare provider can make decisions about how to manage your health.

| Type of Change | What is happening? | What should I do? |
|----------------------------|---|--|
| Higher Tier | Medications moving to a higher tier are still covered by your plan but may result in a higher cost share. Your plan covers other medications to treat your condition that may be a lower cost to you. | To save money, ask your healthcare provider about other medication options. |
| Non-Formulary | These medications are no longer covered by your plan. Your plan covers other medications to treat your condition. | Ask your healthcare provider if covered medications may work for you. To continue taking your medication, you or your healthcare provider can ask us for a prior authorization or exception. If approved, your medication will be covered at the second highest tier. |
| Prior authorization | These medications now require a prior authorization (PA) to be sure this medication is most appropriate for your condition. You need approval before you refill your prescription. | To continue taking your medication, you or your healthcare provider can ask us for a prior authorization or exception. |
| Step Therapy | You must first try other covered medications used to treat your condition before you can get your medication covered. | Ask your healthcare provider if other covered medications may work for you. To continue taking your medication, you or your healthcare provider can ask us for a prior authorization or exception. |



| Type of Change | What is happening? | What should I do? |
|-----------------------|---|---|
| Quantity Limit | <p>Your drug has a new quantity limit or the limit has changed.</p> <p>Quantity limits are updated based on medical guidance and Food and Drug Administration (FDA) recommendations to ensure medications are used appropriately.</p> | <p>If you are taking a medication that exceeds the new quantity limit, you or your healthcare provider can ask us for an exception to cover the additional amount.</p> |
| Excluded | <p>These medications are no longer covered by your plan.</p> | <p>Ask your healthcare provider if covered medications may work for you.</p> <p>To continue taking your medication, you can pay the full cost of the prescription and the amount you pay will not count towards any deductible or out-of-pocket maximum you may have.</p> |

Note: If you are taking a single pill that contains multiple medications, your cost may be lower if you take your medication in separate pills instead of a single pill. For example, glipizide and metformin are available together in a single pill, but you may save money by taking glipizide and metformin in separate pills. Once your plan is active, you can price your medications at myuhc.com/exchange. If this saves you money, talk to your healthcare provider.

How can I get a medication that requires a prior authorization or an exception?

Optum Rx, our Pharmacy Benefit Manager, processes prior authorization and exception requests on behalf of UnitedHealthcare Individual & Family plans. Contact your healthcare provider to submit a request. Healthcare providers can submit a request:

- **Online:** professionals.optumrx.com/prior-authorization.html
- **Phone:** 1-800-711-4555

The request should include the diagnosis, medication history, clinical justification, medical records/lab tests as needed and other supporting information. If information is missing, Optum Rx will contact your healthcare provider and request additional information. If you need help, you can also start a request at myuhc.com/exchange or by calling the member services number on your health plan ID card, and we can contact your healthcare provider for information to help process the request.

| Medication | Type of Change | Lower Cost Option(s) |
|----------------------------------|---------------------|---|
| ACD FORMULA SOL A | Excluded | Please ask your healthcare provider |
| AIMOVIJ INJ 140MG/ML | Prior Authorization | |
| AIMOVIJ INJ 70MG/ML | Prior Authorization | |
| ALFERON N INJ 5MU/ML | Non-Formulary | Please ask your healthcare provider |
| ALMOTRIPTAN TAB 12.5MG | Step Therapy | NARATRIPTAN HCL, RIZATRIPTAN BENZOATE, RIZATRIPTAN BENZOATE ODT, SUMATRIPTAN SPRAY, SUMATRIPTAN TAB |
| ALMOTRIPTAN TAB 6.25MG | Step Therapy | NARATRIPTAN HCL, RIZATRIPTAN BENZOATE, RIZATRIPTAN BENZOATE ODT, SUMATRIPTAN SPRAY, SUMATRIPTAN TAB |
| ALREX SUS 0.2% | Non-Formulary | FLUOROMETHOLONE, INVELTYS, LOTEMAX OINTMENT, LOTEMAX SM, LOTEPREDNOL SUS 0.5% |
| ALVESCO AER 160MCG | Step Therapy | ARNUIITY ELLIPTA, ASMANEX, QVAR REDIHALER |
| ALVESCO AER 80MCG | Step Therapy | ARNUIITY ELLIPTA, ASMANEX, QVAR REDIHALER |
| AMJEVITA INJ 10/0.2ML | Non-Formulary | Please ask your healthcare provider |
| AMJEVITA INJ 20/0.4ML | Non-Formulary | Please ask your healthcare provider |
| AMJEVITA INJ 40/0.8ML | Non-Formulary | Please ask your healthcare provider |
| AMLODIPINE/VALSARTAN 10-160MG | Higher Tier | AMLODIPINE, VALSARTAN |
| AMLODIPINE/VALSARTAN 10-320MG | Higher Tier | AMLODIPINE, VALSARTAN |
| AMLODIPINE/VALSARTAN TAB 5-160MG | Higher Tier | AMLODIPINE, VALSARTAN |
| AMLODIPINE/VALSARTAN TAB 5-320MG | Higher Tier | AMLODIPINE, VALSARTAN |
| ANGELIQ TAB 0.25-0.5 | Non-Formulary | CLIMARA PRO, ESTRADIOL/NORETHINDRONE, FYAVOLV |
| ANGELIQ TAB 0.5-1MG | Non-Formulary | CLIMARA PRO, ESTRADIOL/NORETHINDRONE, FYAVOLV |
| ANTICOAGULNT SOL SOD CITR | Excluded | Please ask your healthcare provider |
| ARTISS KIT 10ML | Excluded | Please ask your healthcare provider |
| ARTISS KIT 2ML | Excluded | Please ask your healthcare provider |
| ARTISS KIT 4ML | Excluded | Please ask your healthcare provider |
| ARTISS SOL 10ML | Excluded | Please ask your healthcare provider |
| ARTISS SOL 2ML | Excluded | Please ask your healthcare provider |
| ARTISS SOL 4ML | Excluded | Please ask your healthcare provider |
| AZELASTINE/FLUTICASON E SPRAY | Non-Formulary | AZELASTINE HCL, FLUTICASON E PROPIONATE |
| BALCOLTRA TAB 0.1-20 | Non-Formulary | LEVONORGESTREL/ETHI ESTRADIOL/FE |
| BENAZEPRIL/HCTZ TAB 10-12.5 | Higher Tier | BENAZEPRIL HCL, HYDROCHLOROTHIAZIDE, ENALAPRIL MALEATE/HCTZ, LISINAPRIL/HYDROCHLOROTHIAZIDE |
| BENAZEPRIL/HCTZ TAB 20-12.5 | Higher Tier | BENAZEPRIL HCL, HYDROCHLOROTHIAZIDE, ENALAPRIL MALEATE/HCTZ, LISINAPRIL/HYDROCHLOROTHIAZIDE |

| Medication | Type of Change | Lower Cost Option(s) |
|---------------------------------|----------------|---|
| BENAZEPRIL/HCTZ TAB 20-25MG | Higher Tier | BENAZEPRIL HCL, HYDROCHLOROTHIAZIDE, ENALAPRIL MALEATE/HCTZ, LISINOPRIL/HYDROCHLOROTHIAZIDE |
| BENAZEPRIL/HCTZ TAB 5-6.25 | Higher Tier | BENAZEPRIL HCL, HYDROCHLOROTHIAZIDE, ENALAPRIL MALEATE/HCTZ, LISINOPRIL/HYDROCHLOROTHIAZIDE |
| BETAMETHASONE VAL LOT 0.1% | Higher Tier | TRIAMCINOLONE ACETONIDE LOTION, MOMETASONE FUROATE |
| BETAMETHASONE VAL OIN 0.1% | Higher Tier | TRIAMCINOLONE ACETONIDE OINTMENT |
| BETAMETHASONE VALERATE CRE 0.1% | Higher Tier | TRIAMCINOLONE ACETONIDE CREAM |
| BREO ELLIPTA INH 100-25 | Non-Formulary | FLUTICASONE/SALMETEROL |
| BREO ELLIPTA INH 200-25 | Non-Formulary | FLUTICASONE/SALMETEROL |
| BREO ELLIPTA INH 50-25 | Non-Formulary | FLUTICASONE/SALMETEROL |
| BUTALBITAL/ASPIRIN/CAFFEINE CAP | Higher Tier | BUTALBITAL/APAP/CAFFEINE TAB |
| BUTORPHANOL SOL 10MG/ML | Higher Tier | Please ask your healthcare provider |
| CALCITONIN INJ 200/ML | Non-Formulary | ALENDRONATE TAB, CALCITONIN SALMON SPRAY, IBANDRONATE SODIUM, RISEDRONATE SODIUM |
| CALCITONIN INJ 400/2ML | Non-Formulary | ALENDRONATE TAB, CALCITONIN SALMON SPRAY, IBANDRONATE SODIUM, RISEDRONATE SODIUM |
| CANDESARTAN TAB 16MG | Higher Tier | IRBESARTAN, LOSARTAN POTASSIUM, OLMESARTAN MEDOXOMIL, VALSARTAN |
| CANDESARTAN TAB 32MG | Higher Tier | IRBESARTAN, LOSARTAN POTASSIUM, OLMESARTAN MEDOXOMIL, VALSARTAN |
| CANDESARTAN TAB 4MG | Higher Tier | IRBESARTAN, LOSARTAN POTASSIUM, OLMESARTAN MEDOXOMIL, VALSARTAN |
| CANDESARTAN TAB 8MG | Higher Tier | IRBESARTAN, LOSARTAN POTASSIUM, OLMESARTAN MEDOXOMIL, VALSARTAN |
| CELONTIN CAP 300MG | Non-Formulary | METHSUXIMIDE |
| CEPHALEXIN CAP 750MG | Non-Formulary | CEPHALEXIN CAP 500MG |
| CETRORELIX INJ 0.25MG | Non-Formulary | Please ask your healthcare provider |
| CETRORELIX KIT 0.25MG | Non-Formulary | Please ask your healthcare provider |
| CITRANATAL 90 DHA | Non-Formulary | PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX |
| CITRANATAL ASSURE | Non-Formulary | PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX |
| CITRANATAL BLOOM TAB | Non-Formulary | PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX |
| CITRANATAL CAP HARMONY | Non-Formulary | PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX |
| CITRANATAL CAP MEDLEY | Non-Formulary | PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX |

| Medication | Type of Change | Lower Cost Option(s) |
|-----------------------------|----------------|---|
| CITRANATAL MIS B-CALM | Non-Formulary | PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX |
| CITRANATAL PAK DHA | Non-Formulary | PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX |
| CLOMID TAB 50MG | Non-Formulary | Please ask your healthcare provider |
| CLOMIPHENE TAB 50MG | Non-Formulary | Please ask your healthcare provider |
| C-NATE DHA CAP 28-1-200 | Non-Formulary | PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX |
| COLCHICINE CAP 0.6MG | Non-Formulary | COLCHICINE TAB |
| COMBIPATCH DIS .05/.14 | Non-Formulary | CLIMARA PRO, ESTRADIOL/NORETHINDRONE, FYAVOLV |
| CONCEPT DHA CAP | Non-Formulary | PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX |
| CONCEPT OB CAP | Non-Formulary | PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX |
| CONDYLOX GEL 0.5% | Non-Formulary | PODOFILOX GEL |
| DEFLAZACORT SUS 22.75MG/ML | Non-Formulary | Please ask your healthcare provider |
| DEFLAZACORT TAB 18MG | Non-Formulary | Please ask your healthcare provider |
| DEFLAZACORT TAB 30MG | Non-Formulary | Please ask your healthcare provider |
| DEFLAZACORT TAB 36MG | Non-Formulary | Please ask your healthcare provider |
| DEFLAZACORT TAB 6MG | Non-Formulary | Please ask your healthcare provider |
| DELESTROGEN INJ 10MG/ML | Non-Formulary | ESTRADIOL VALERATE INJ 10MG/ML |
| DEPO-ESTRADIOL INJ 5MG/ML | Non-Formulary | ESTRADIOL VALERATE INJ 10MG/ML |
| DESLORATADINE TAB 5MG | Higher Tier | LEVOCETIRIZINE TAB |
| DESONIDE CRE 0.05% | Higher Tier | TRIAMCINOLONE ACETONIDE CREAM |
| DESONIDE OIN 0.05% | Higher Tier | TRIAMCINOLONE ACETONIDE OINTMENT |
| DEXAMETHASONE TAB 10-DAY | Non-Formulary | DEXAMETHASONE |
| DEXAMETHASONE TAB 13-DAY | Non-Formulary | DEXAMETHASONE |
| DEXAMETHASONE TAB 6-DAY | Non-Formulary | DEXAMETHASONE |
| DEXTENZA INSERT 0.4MG | Non-Formulary | DEXAMETHASONE SODIUM PHOSPHATE |
| DICLOFENAC TAB 100MG ER | Higher Tier | DICLOFENAC SODIUM DR, IBUPROFEN, MELOXICAM TAB, NAPROXEN IR |
| DIFICID SUS | Non-Formulary | VANCOMYCIN HYDROCHLORIDE |
| DIFICID TAB 200MG | Non-Formulary | VANCOMYCIN HYDROCHLORIDE |
| DILTIAZEM ER 12HR CAP 120MG | Higher Tier | AMLODIPINE, DILTIAZEM ER 24HR CAP, FELODIPINE ER, NIFEDIPINE ER, VERAPAMIL TAB ER |
| DILTIAZEM ER 12HR CAP 60MG | Higher Tier | AMLODIPINE, DILTIAZEM ER 24HR CAP, FELODIPINE ER, NIFEDIPINE ER, VERAPAMIL TAB ER |
| DILTIAZEM ER 12HR CAP 90MG | Higher Tier | AMLODIPINE, DILTIAZEM ER 24HR CAP, FELODIPINE ER, NIFEDIPINE ER, VERAPAMIL TAB ER |
| DILTIAZEM ER TAB 180MG | Higher Tier | AMLODIPINE, DILTIAZEM ER 24HR CAP, FELODIPINE ER, NIFEDIPINE ER, VERAPAMIL TAB ER |
| DILTIAZEM ER TAB 240MG | Higher Tier | AMLODIPINE, DILTIAZEM ER 24HR CAP, FELODIPINE ER, NIFEDIPINE ER, VERAPAMIL TAB ER |

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| Medication | Type of Change | Lower Cost Option(s) |
|-------------------------------|----------------|---|
| DILTIAZEM ER TAB 300MG | Higher Tier | AMLODIPINE, DILTIAZEM ER 24HR CAP, FELODIPINE ER, NIFEDIPINE ER, VERAPAMIL TAB ER |
| DILTIAZEM ER TAB 360MG | Higher Tier | AMLODIPINE, DILTIAZEM ER 24HR CAP, FELODIPINE ER, NIFEDIPINE ER, VERAPAMIL TAB ER |
| DILTIAZEM ER TAB 420MG | Higher Tier | AMLODIPINE, DILTIAZEM ER 24HR CAP, FELODIPINE ER, NIFEDIPINE ER, VERAPAMIL TAB ER |
| DILTIAZEM TAB 120MG ER | Higher Tier | AMLODIPINE, DILTIAZEM ER 24HR CAP, FELODIPINE ER, NIFEDIPINE ER, VERAPAMIL TAB ER |
| DILTIAZEM TAB 240MG ER | Higher Tier | AMLODIPINE, DILTIAZEM ER 24HR CAP, FELODIPINE ER, NIFEDIPINE ER, VERAPAMIL TAB ER |
| DILTIAZEM TAB 300MG ER | Higher Tier | AMLODIPINE, DILTIAZEM ER 24HR CAP, FELODIPINE ER, NIFEDIPINE ER, VERAPAMIL TAB ER |
| DILTIAZEM TAB 360MG ER | Higher Tier | AMLODIPINE, DILTIAZEM ER 24HR CAP, FELODIPINE ER, NIFEDIPINE ER, VERAPAMIL TAB ER |
| DILTIAZEM TAB 420MG ER | Higher Tier | AMLODIPINE, DILTIAZEM ER 24HR CAP, FELODIPINE ER, NIFEDIPINE ER, VERAPAMIL TAB ER |
| DOXERCALCIFEROL CAP 0.5MCG | Non-Formulary | CALCITRIOL, PARICALCITOL CAP |
| DOXERCALCIFEROL CAP 1MCG | Non-Formulary | CALCITRIOL, PARICALCITOL CAP |
| DOXERCALCIFEROL CAP 2.5MCG | Non-Formulary | CALCITRIOL, PARICALCITOL CAP |
| DOXYLAMINE/PYRIDOXINE 10-10MG | Non-Formulary | Please ask your healthcare provider |
| DUAVEE TAB 0.45-20 | Non-Formulary | CLIMARA PRO, ESTRADIOL/NORETHINDRONE, FYAVOLV, RISEDRONATE SODIUM |
| DUET DHA 400 MIS 25-1-400 | Non-Formulary | PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX |
| DUET DHA MIS BALANCED | Non-Formulary | PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX |
| DUOBRII LOTION | Step Therapy | CALCIPOTRIENE/BETAMETHASONE |
| ELETRIPTAN TAB 20MG | Step Therapy | NARATRIPTAN HCL, RIZATRIPTAN BENZOATE, RIZATRIPTAN BENZOATE ODT, SUMATRIPTAN SPRAY, SUMATRIPTAN TAB |
| ELETRIPTAN TAB 40MG | Step Therapy | NARATRIPTAN HCL, RIZATRIPTAN BENZOATE, RIZATRIPTAN BENZOATE ODT, SUMATRIPTAN SPRAY, SUMATRIPTAN TAB |
| ELITE-OB TAB | Non-Formulary | PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX |
| EMFLAZA SUS 22.75MG/ML | Non-Formulary | Please ask your healthcare provider |
| EMFLAZA TAB 18MG | Non-Formulary | Please ask your healthcare provider |
| EMFLAZA TAB 30MG | Non-Formulary | Please ask your healthcare provider |
| EMFLAZA TAB 36MG | Non-Formulary | Please ask your healthcare provider |
| EMFLAZA TAB 6MG | Non-Formulary | Please ask your healthcare provider |
| ENBRACE HR CAP | Non-Formulary | PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX |

| Medication | Type of Change | Lower Cost Option(s) |
|----------------------------------|---|---|
| ENTYVIO INJ 108MG/0.68ML | Excluded | Please ask your healthcare provider |
| EPCLUSA PAK 150-37.5 | Non-Formulary | LEDIPASVIR/SOFOSBUVIR, SOFOSBUVIR/VELPATASVIR |
| EPCLUSA PAK 200-50MG | Non-Formulary | LEDIPASVIR/SOFOSBUVIR, SOFOSBUVIR/VELPATASVIR |
| EPCLUSA TAB 200-50MG | Non-Formulary | LEDIPASVIR/SOFOSBUVIR, SOFOSBUVIR/VELPATASVIR |
| EPCLUSA TAB 400-100 | Non-Formulary | LEDIPASVIR/SOFOSBUVIR, SOFOSBUVIR/VELPATASVIR |
| EPIFOAM AER 1% | Non-Formulary | HYDROCORTISONE LOTION 2.5%, HYDROCORTISONE OINTMENT |
| FEMRING MIS 0.05/24H | Non-Formulary | ESTRADIOL VAGINAL CREAM 0.01%, ESTRADIOL VAGINAL TAB, ESTRING, PREMARIN VAG CRE 0.625MG |
| FEMRING MIS 0.1MG/24 | Non-Formulary | ESTRADIOL VAGINAL CREAM 0.01%, ESTRADIOL VAGINAL TAB, ESTRING, PREMARIN VAG CRE 0.625MG |
| FESOTERODINE 4MG ER TAB | Step Therapy | OXYBUTYNIN CHLORIDE ER, OXYBUTYNIN IR TAB 5MG |
| FESOTERODINE 8MG ER TAB | Step Therapy | OXYBUTYNIN CHLORIDE ER, OXYBUTYNIN IR TAB 5MG |
| FIRVANQ SOL 25MG/ML | Non-Formulary | VANCOMYCIN HYDROCHLORIDE |
| FIRVANQ SOL 50MG/ML | Non-Formulary | VANCOMYCIN HYDROCHLORIDE |
| FLAREX SUS 0.1% OP | Non-Formulary | FLUOROMETHOLONE |
| FLEXICHAMBER MASK | Quantity Limit - Maximum of 2 spacers per 180 days | |
| FLOVENT DISKUS AER 100MCG | Non-Formulary | ARNUITY ELLIPTA, ASMANEX, QVAR REDIHALER |
| FLOVENT DISKUS AER 250MCG | Non-Formulary | ARNUITY ELLIPTA, ASMANEX, QVAR REDIHALER |
| FLOVENT DISKUS AER 50MCG | Non-Formulary | ARNUITY ELLIPTA, ASMANEX, QVAR REDIHALER |
| FLOVENT HFA AER 110MCG | Non-Formulary | ARNUITY ELLIPTA, ASMANEX, QVAR REDIHALER |
| FLOVENT HFA AER 220MCG | Non-Formulary | ARNUITY ELLIPTA, ASMANEX, QVAR REDIHALER |
| FLOVENT HFA AER 44MCG | Non-Formulary | ARNUITY ELLIPTA, ASMANEX, QVAR REDIHALER |
| FLUNISOLIDE SPR 0.025% | Higher Tier | FLUTICASONE PROPIONATE |
| FLUOCINOLONE CRE 0.01% | Higher Tier | TRIAMCINOLONE ACETONIDE CREAM |
| FLUOCINOLONE CRE 0.025% | Higher Tier | TRIAMCINOLONE ACETONIDE CREAM |
| FLUOCINOLONE OIN 0.025% | Higher Tier | TRIAMCINOLONE ACETONIDE OINTMENT |
| FLUTICASONE/VILANTEROL 100-25 | Non-Formulary | FLUTICASONE/SALMETEROL |
| FLUTICASONE/VILANTEROL 200-25 | Non-Formulary | FLUTICASONE/SALMETEROL |
| FML FORTE SUS 0.25% OP | Non-Formulary | FLUOROMETHOLONE |

| Medication | Type of Change | Lower Cost Option(s) |
|-------------------------------------|---|---|
| FOSINOPRIL/HCTZ TAB 10/12.5MG | Higher Tier | FOSINOPRIL SODIUM, HYDROCHLOROTHIAZIDE, ENALAPRIL MALEATE/HCTZ, LISINOPRIL/HYDROCHLOROTHIAZIDE |
| FOSINOPRIL/HCTZ TAB 20/12.5MG | Higher Tier | FOSINOPRIL SODIUM, HYDROCHLOROTHIAZIDE, ENALAPRIL MALEATE/HCTZ, LISINOPRIL/HYDROCHLOROTHIAZIDE |
| FROVATRIPTAN TAB 2.5MG | Step Therapy | NARATRIPTAN HCL, RIZATRIPTAN BENZOATE, RIZATRIPTAN BENZOATE ODT, SUMATRIPTAN SPRAY, SUMATRIPTAN TAB |
| GLIPIZIDE/METFORMIN TAB 2.5-250M | Higher Tier | GLIPIZIDE, METFORMIN HCL 500MG, GLYBURIDE/METFORMIN |
| GLIPIZIDE/METFORMIN TAB 2.5-500M | Higher Tier | GLIPIZIDE, METFORMIN HCL 500MG, GLYBURIDE/METFORMIN |
| GLIPIZIDE/METFORMIN TAB 5- 500MG | Higher Tier | GLIPIZIDE, METFORMIN HCL 500MG, GLYBURIDE/METFORMIN |
| HARVONI PAK | Non-Formulary | LEDIPASVIR/SOFOSBUVIR, SOFOSBUVIR/VELPATASVIR |
| HARVONI PAK 45-200MG | Non-Formulary | LEDIPASVIR/SOFOSBUVIR, SOFOSBUVIR/VELPATASVIR |
| HARVONI TAB 45-200MG | Non-Formulary | LEDIPASVIR/SOFOSBUVIR, SOFOSBUVIR/VELPATASVIR |
| HARVONI TAB 90-400MG | Non-Formulary | LEDIPASVIR/SOFOSBUVIR, SOFOSBUVIR/VELPATASVIR |
| INSPIREASE DRUG DELIVERY SYSTEM | Quantity Limit - Maximum of 2 spacers per 180 days | |
| INSPIREASE RESERVOIR BAGS | Quantity Limit - Maximum of 2 spacers per 180 days | |
| INTRAROSA SUP 6.5MG | Excluded | Please ask your healthcare provider |
| INTRON A INJ 10MU | Non-Formulary | Please ask your healthcare provider |
| INTRON A INJ 50MU | Non-Formulary | Please ask your healthcare provider |
| IRESSA TAB 250MG | Non-Formulary | GEFITINIB |
| ISENTRESS POW 100MG | Non-Formulary | Please ask your healthcare provider |
| ISENTRESS TAB 400MG | Non-Formulary | Please ask your healthcare provider |
| ISOSORBIDE DINITRATE IR 40MG TAB | Non-Formulary | ISOSORBIDE DINITRATE TAB 20MG |
| KIONEX SUS 15GM/60 | Higher Tier | SODIUM POLYSTYRENE POWDER |
| KOSHR PRENAT TAB 30-1MG | Non-Formulary | PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX |
| LAMOTRIGINE KIT ODT | Non-Formulary | LAMOTRIGINE IR TAB |
| LAMOTRIGINE ODT KIT 25/50MG | Non-Formulary | LAMOTRIGINE IR TAB |

| Medication | Type of Change | Lower Cost Option(s) |
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| LAMOTRIGINE ODT KIT 50/100MG | Non-Formulary | LAMOTRIGINE IR TAB |
| LAMOTRIGINE STARTER KIT/BLUE | Non-Formulary | LAMOTRIGINE IR TAB |
| LAMOTRIGINE STARTER KIT/GREEN | Non-Formulary | LAMOTRIGINE IR TAB |
| LAMOTRIGINE STARTER KIT/ORANGE | Non-Formulary | LAMOTRIGINE IR TAB |
| LAMOTRIGINE TAB 100MG ODT | Non-Formulary | LAMOTRIGINE IR TAB |
| LAMOTRIGINE TAB 200MG ODT | Non-Formulary | LAMOTRIGINE IR TAB |
| LAMOTRIGINE TAB 25MG ODT | Non-Formulary | LAMOTRIGINE IR TAB |
| LAMOTRIGINE TAB 50MG ODT | Non-Formulary | LAMOTRIGINE IR TAB |
| LEUKINE INJ 250MCG | Non-Formulary | NEULASTA, ZARXIO |
| LIDOCAINE OIN 5% | Non-Formulary | LIDOCAINE/PRILOCAINE |
| LIRAGLUTIDE INJ 18MG/3ML | Non-Formulary | MOUNJARO, OZEMPIC, RYBELSUS, TRULICITY |
| LITHOSTAT TAB 250MG | Non-Formulary | Please ask your healthcare provider |
| LORTAB ELX 10-300MG | Non-Formulary | ACETAMINOPHEN/CODEINE, HYDROCODONE/ACETAMINOPHEN |
| LOTEPREDNOL SUS 0.2% | Non-Formulary | FLUOROMETHOLONE, INVELTYS, LOTEMAX OINTMENT, LOTEMAX SM, LOTE PREDNOL SUS 0.5% |
| MASK VORTEX | Quantity Limit - Maximum of 2 spacers per 180 days | |
| MAXIDEX SUS 0.1% OP | Non-Formulary | DEXAMETHASONE SODIUM PHOSPHATE |
| METHENAMINE TAB 1GM | Higher Tier | AMOXICILLIN/CLAVULANATE, CIPROFLOXACIN HCL, LEVOFLOXACIN, SULFAMETHOXAZOLE/TRIMETHOPRIM, TRIMETHOPRIM |
| METHITEST TAB 10MG | Non-Formulary | METHYLTESTOSTERONE |
| METOPROLOL/HCTZ TAB 100-25MG | Higher Tier | METOPROLOL TARTRATE, HYDROCHLOROTHIAZIDE, BISOPROLOL/HYDROCHLOROTHIAZIDE |
| METOPROLOL/HCTZ TAB 100-50MG | Higher Tier | METOPROLOL TARTRATE, HYDROCHLOROTHIAZIDE, BISOPROLOL/HYDROCHLOROTHIAZIDE |
| METOPROLOL/HCTZ TAB 50-25MG | Higher Tier | METOPROLOL TARTRATE, HYDROCHLOROTHIAZIDE, BISOPROLOL/HYDROCHLOROTHIAZIDE |
| MIRABEGRON TAB 25MG ER | Non-Formulary | OXYBUTYNIN, SOLIFENACIN SUCCINATE, DARIFENACIN HYDROBROMIDE ER, TOLTERODINE ER, TROSPIUM CHLORIDE ER |
| MIRABEGRON TAB 50MG ER | Non-Formulary | OXYBUTYNIN, SOLIFENACIN SUCCINATE, DARIFENACIN HYDROBROMIDE ER, TOLTERODINE ER, TROSPIUM CHLORIDE ER |
| MITIGARE CAP 0.6MG | Non-Formulary | COLCHICINE TAB |
| MOLINDONE TAB HCL 10MG | Non-Formulary | ARIPIRAZOLE IR TAB, OLANZAPINE IR TAB, QUETIAPINE IR, RISPERIDONE, ZIPRASIDONE HCL |

| Medication | Type of Change | Lower Cost Option(s) |
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| MOLINDONE TAB HCL 25MG | Non-Formulary | ARIPRAZOLE IR TAB, OLANZAPINE IR TAB, QUETIAPINE IR, RISPERIDONE, ZIPRASIDONE HCL |
| MOLINDONE TAB HCL 5MG | Non-Formulary | ARIPRAZOLE IR TAB, OLANZAPINE IR TAB, QUETIAPINE IR, RISPERIDONE, ZIPRASIDONE HCL |
| MYRBETRIQ SUS 8MG/ML | Non-Formulary | OXYBUTYNIN CHLORIDE SYP |
| MYRBETRIQ TAB 25MG | Non-Formulary | OXYBUTYNIN, SOLIFENACIN SUCCINATE, DARIFENACIN HYDROBROMIDE ER, TOLTERODINE ER, TROSPIUM CHLORIDE ER |
| MYRBETRIQ TAB 50MG | Non-Formulary | OXYBUTYNIN, SOLIFENACIN SUCCINATE, DARIFENACIN HYDROBROMIDE ER, TOLTERODINE ER, TROSPIUM CHLORIDE ER |
| NAPROXEN/ESOMEPRAZOLE 375-20MG | Non-Formulary | ESOMEPRAZOLE CAP, NAPROXEN IR |
| NAPROXEN/ESOMEPRAZOLE 500-20MG | Non-Formulary | ESOMEPRAZOLE CAP, NAPROXEN IR |
| NATACHEW CHW | Non-Formulary | PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX |
| NATPARA INJ 100MCG | Non-Formulary | CALCITRIOL |
| NATPARA INJ 25MCG | Non-Formulary | CALCITRIOL |
| NATPARA INJ 50MCG | Non-Formulary | CALCITRIOL |
| NATPARA INJ 75MCG | Non-Formulary | CALCITRIOL |
| NESTABS DHA PAK | Non-Formulary | PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX |
| NESTABS TAB | Non-Formulary | PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX |
| NEVANAC SUS 0.1% OP | Non-Formulary | BROMFENAC 0.09%, DICLOFENAC SOL 0.1% OP, FLURBIPROFEN SODIUM, KETOROLAC TROMETHAMINE |
| NOCDURNA SUB 27.7MCG | Non-Formulary | Please ask your healthcare provider |
| NOCDURNA SUB 55.3MCG | Non-Formulary | Please ask your healthcare provider |
| NOCLOT-50 SOL ACD-A | Excluded | Please ask your healthcare provider |
| NUTROPIN AQ INJ 10MG/2ML | Non-Formulary | OMNITROPE |
| NUTROPIN AQ INJ 20MG/2ML | Non-Formulary | OMNITROPE |
| NUTROPIN AQ INJ NUSPIN 5 | Non-Formulary | OMNITROPE |
| NUZYRA TAB 150MG | Non-Formulary | DOXYCYCLINE MONOHYDRATE TAB, TETRACYCLINE CAP |
| NYMALIZE SOL | Non-Formulary | NIMODIPINE |
| OB COMPLETE CAP ONE | Non-Formulary | PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX |
| OB COMPLETE CAP PETITE | Non-Formulary | PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX |
| OB COMPLETE TAB | Non-Formulary | PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX |
| OB COMPLETE TAB PREMIER | Non-Formulary | PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX |

| Medication | Type of Change | Lower Cost Option(s) |
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| OB COMPLETE/ CAP DHA | Non-Formulary | PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX |
| OXICONAZOLE NITRATE CREAM | Non-Formulary | ECONAZOLE NITRATE |
| PENCICLOVIR CRE 1% | Non-Formulary | ACYCLOVIR OINT, FAMCICLOVIR, VALACYCLOVIR HCL |
| PIOGLITAZONE/GLIMEPIRIDE 30-2MG | Non-Formulary | GLIMEPIRIDE, PIOGLITAZONE HCL |
| PIOGLITAZONE/GLIMEPIRIDE 30-4MG | Non-Formulary | GLIMEPIRIDE, PIOGLITAZONE HCL |
| PNV-DHA CAP | Non-Formulary | PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX |
| PNV-OMEGA CAP | Non-Formulary | PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX |
| PNV-SELECT TAB | Non-Formulary | PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX |
| PRAMOSONE LOTION 1% | Non-Formulary | HYDROCORTISONE LOTION 2.5%, HYDROCORTISONE OINTMENT |
| PRAMOSONE LOTION 2.5% | Non-Formulary | HYDROCORTISONE LOTION 2.5%, HYDROCORTISONE OINTMENT |
| PRED MILD SUS 0.12% OP | Non-Formulary | FLUOROMETHOLONE, INVELTYS, LOTEMAX OINTMENT, LOTEMAX SM, LOTEPREDNOL SUS 0.5% |
| PREFEST TAB | Non-Formulary | CLIMARA PRO, ESTRADIOL/NORETHINDRONE, FYAVOLV |
| PREMPHASE TAB | Non-Formulary | CLIMARA PRO, ESTRADIOL/NORETHINDRONE, FYAVOLV |
| PRENA 1 TRUE MIS | Non-Formulary | PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX |
| PRENA1 CHW | Non-Formulary | PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX |
| PRENA1 PEARL CAP | Non-Formulary | PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX |
| PRENAISSANCE CAP | Non-Formulary | PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX |
| PRENAISSANCE CAP PLUS | Non-Formulary | PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX |
| PRENATE AM TAB 1MG | Non-Formulary | PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX |
| PRENATE CAP ENHANCE | Non-Formulary | PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX |
| PRENATE CAP PIXIE | Non-Formulary | PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX |
| PRENATE CAP RESTORE | Non-Formulary | PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX |
| PRENATE CHEW 0.6-0.4 | Non-Formulary | PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX |
| PRENATE DHA CAP | Non-Formulary | PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX |

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| Medication | Type of Change | Lower Cost Option(s) |
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| PRENATE MINI CAP | Non-Formulary | PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX |
| PRENATE TAB ELITE | Non-Formulary | PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX |
| PRIMACARE CAP | Non-Formulary | PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX |
| PULMICORT INH 180MCG | Non-Formulary | ARNUIITY ELLIPTA, ASMANEX, QVAR REDIHALER |
| PULMICORT INH 90MCG | Non-Formulary | ARNUIITY ELLIPTA, ASMANEX, QVAR REDIHALER |
| PYRIDIDIUM TAB 100MG | Non-Formulary | PHENAZOPYRIDINE |
| PYRIDIDIUM TAB 200MG | Non-Formulary | PHENAZOPYRIDINE |
| QUINAPRIL/HCTZ TAB 10-12.5MG | Higher Tier | QUINAPRIL HCL, HYDROCHLOROTHIAZIDE, ENALAPRIL MALEATE/HCTZ, LISINOPRIL/HYDROCHLOROTHIAZIDE |
| QUINAPRIL/HCTZ TAB 20-12.5MG | Higher Tier | QUINAPRIL HCL, HYDROCHLOROTHIAZIDE, ENALAPRIL MALEATE/HCTZ, LISINOPRIL/HYDROCHLOROTHIAZIDE |
| QUINAPRIL/HCTZ TAB 20-25MG | Higher Tier | QUINAPRIL HCL, HYDROCHLOROTHIAZIDE, ENALAPRIL MALEATE/HCTZ, LISINOPRIL/HYDROCHLOROTHIAZIDE |
| RABEPRAZOLE TAB 20MG | Higher Tier | OMEPRAZOLE, PANTOPRAZOLE TAB |
| RECTIV OIN 0.4% | Non-Formulary | NITROGLYCERIN OINTMENT |
| REDICHEW RX CHW | Non-Formulary | PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX |
| REVLIMID CAP 10MG | Non-Formulary | LENALIDOMIDE |
| REVLIMID CAP 15MG | Non-Formulary | LENALIDOMIDE |
| REVLIMID CAP 2.5MG | Non-Formulary | LENALIDOMIDE |
| REVLIMID CAP 20MG | Non-Formulary | LENALIDOMIDE |
| REVLIMID CAP 25MG | Non-Formulary | LENALIDOMIDE |
| REVLIMID CAP 5MG | Non-Formulary | LENALIDOMIDE |
| RHOFADE CRE 1% | Non-Formulary | AZELAIC ACID, BRIMONIDINE GEL, METRONIDAZOLE CREAM |
| RIMANTADINE TAB 100MG | Higher Tier | OSELTAMIVIR PHOSPHATE |
| RISEDRONATE TAB 150MG | Higher Tier | ALENDRONATE TAB, IBANDRONATE SODIUM |
| RISEDRONATE TAB 30MG | Higher Tier | ALENDRONATE TAB |
| RISEDRONATE TAB 35MG | Higher Tier | ALENDRONATE TAB |
| RISEDRONATE TAB 5MG | Higher Tier | ALENDRONATE TAB |
| ROSADAN CREAM 0.75% | Non-Formulary | METRONIDAZOLE CREAM |
| ROSADAN GEL 0.75% | Non-Formulary | METRONIDAZOLE GEL |
| ROSADAN GEL KIT 0.75% | Non-Formulary | METRONIDAZOLE GEL |
| SAVELLA MIS TITRATION PAK | Step Therapy | DULOXETINE CAP 20MG, GABAPENTIN (NEURONTIN), PREGABALIN |
| SAVELLA TAB 100MG | Step Therapy | DULOXETINE CAP 60MG, GABAPENTIN (NEURONTIN), PREGABALIN |
| SAVELLA TAB 12.5MG | Step Therapy | DULOXETINE CAP 20MG, GABAPENTIN (NEURONTIN), PREGABALIN |

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| Medication | Type of Change | Lower Cost Option(s) |
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| SAVELLA TAB 25MG | Step Therapy | DULOXETINE CAP 30MG, GABAPENTIN (NEURONTIN), PREGABALIN |
| SAVELLA TAB 50MG | Step Therapy | DULOXETINE CAP 60MG, GABAPENTIN (NEURONTIN), PREGABALIN |
| SELECT-OB CHEW | Non-Formulary | PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX |
| SELECT-OB+ PAK DHA | Non-Formulary | PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX |
| SEREVENT DISKUS AER 50MCG | Non-Formulary | ARFORMOTEROL TARTRATE, FORMOTEROL FUMARATE, STRIVERDI RESPIMAT |
| SEVELAMER TAB 400MG | Non-Formulary | SEVELAMER CARBONATE TAB |
| SEVELAMER TAB 800MG | Non-Formulary | SEVELAMER CARBONATE TAB |
| SILDENAFIL SUS 10MG/ML | Higher Tier | Please ask your healthcare provider |
| SILDENAFIL TAB 20MG | Higher Tier | Please ask your healthcare provider |
| SOD POLY SUL SUS 15GM/60ML | Higher Tier | SODIUM POLYSTYRENE POWDER |
| SPRYCEL TAB 100MG | Non-Formulary | DASATINIB |
| SPRYCEL TAB 140MG | Non-Formulary | DASATINIB |
| SPRYCEL TAB 20MG | Non-Formulary | DASATINIB |
| SPRYCEL TAB 50MG | Non-Formulary | DASATINIB |
| SPRYCEL TAB 70MG | Non-Formulary | DASATINIB |
| SPRYCEL TAB 80MG | Non-Formulary | DASATINIB |
| SUBVENITE STARTER KIT | Non-Formulary | LAMOTRIGINE IR TAB |
| SULFACETAMIDE LOT 10% | Higher Tier | CLINDAMYCIN PHOSPHATE, ERYTHROMYCIN |
| SUMATRIPTAN-NAPROXEN 85-500MG | Step Therapy | NARATRIPTAN HCL, RIZATRIPTAN BENZOATE, RIZATRIPTAN BENZOATE ODT, SUMATRIPTAN SPRAY, SUMATRIPTAN TAB |
| TAZORAC CRE 0.05% | Non-Formulary | CALCIPOTRIENE, TAZAROTENE |
| TEGLUTIK SUS 50/10ML | Non-Formulary | RILUZOLE |
| TELMISARTAN TAB 20MG | Higher Tier | IRBESARTAN, LOSARTAN POTASSIUM, OLMESARTAN MEDOXOMIL, VALSARTAN |
| TELMISARTAN TAB 40MG | Higher Tier | IRBESARTAN, LOSARTAN POTASSIUM, OLMESARTAN MEDOXOMIL, VALSARTAN |
| TELMISARTAN TAB 80MG | Higher Tier | IRBESARTAN, LOSARTAN POTASSIUM, OLMESARTAN MEDOXOMIL, VALSARTAN |
| TESTOSTERONE CYP INJ 100MG/ML | Prior Authorization | |
| TESTOSTERONE CYP INJ 200MG/ML | Prior Authorization | |
| TESTOSTERONE ENAN INJ 200MG/ML | Prior Authorization | |
| TEZSPIRE SOL 210MG | Excluded | DUPIXENT, XOLAIR |
| TIGLUTIK SUS 50/10ML | Non-Formulary | RILUZOLE |
| TISSEEL KIT 10ML | Excluded | Please ask your healthcare provider |
| TISSEEL KIT 2ML | Excluded | Please ask your healthcare provider |

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| Medication | Type of Change | Lower Cost Option(s) |
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| TISSEEL KIT 4ML | Excluded | Please ask your healthcare provider |
| TISSEEL SOLUTION | Excluded | Please ask your healthcare provider |
| TOLTERODINE CAP 2MG ER | Higher Tier | OXYBUTYNIN, SOLIFENACIN SUCCINATE |
| TOLTERODINE CAP 4MG ER | Higher Tier | OXYBUTYNIN, SOLIFENACIN SUCCINATE |
| TOLTERODINE TAB 1MG | Higher Tier | OXYBUTYNIN, SOLIFENACIN SUCCINATE |
| TOLTERODINE TAB 2MG | Higher Tier | OXYBUTYNIN, SOLIFENACIN SUCCINATE |
| TRIAMTERENE CAP 100MG | Non-Formulary | AMILORIDE HCL, SPIRONOLACTONE |
| TRIAMTERENE CAP 50MG | Non-Formulary | AMILORIDE HCL, SPIRONOLACTONE |
| TRICITRASOL CON | Excluded | Please ask your healthcare provider |
| TRISTART DHA CAP | Non-Formulary | PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX |
| TRISTART ONE CAP 35-1-215 | Non-Formulary | PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX |
| TROSPIMUM CHL CAP 60MG ER | Step Therapy | OXYBUTYNIN CHLORIDE ER, OXYBUTYNIN IR TAB 5MG |
| TROSPIMUM CL TAB 20MG | Higher Tier | OXYBUTYNIN, SOLIFENACIN SUCCINATE |
| UCERIS AER 2MG/ACT | Non-Formulary | BUDESONIDE FOAM |
| VALCHLOR GEL 0.016% | Non-Formulary | Please ask your healthcare provider |
| VANDAZOLE GEL 0.75% | Higher Tier | METRONIDAZOLE VAGINAL |
| VASCEPA CAP 0.5GM | Non-Formulary | ICOSAPENT ETHYL |
| VASCEPA CAP 1GM | Non-Formulary | ICOSAPENT ETHYL |
| VECAMYL TAB 2.5MG | Non-Formulary | ACEBUTOLOL HCL, AMLODIPINE, ATENOLOL, BETAXOLOL HCL, BISOPROLOL FUMARATE |
| VELPHORO CHEW 500MG | Higher Tier | Please ask your healthcare provider |
| VICTOZA INJ 18MG/3ML | Non-Formulary | MOUNJARO, OZEMPIC, RYBELSUS, TRULICITY |
| VIRT-NATE DHA | Non-Formulary | PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX |
| VIRT-PN DHA | Non-Formulary | PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX |
| VITAFOL CAP ULTRA | Non-Formulary | PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX |
| VITAFOL FE+ CAP | Non-Formulary | PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX |
| VITAFOL GUMMIES | Non-Formulary | PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX |
| VITAFOL STRP MIS 1MG | Non-Formulary | PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX |
| VITAFOL-NANO TAB | Non-Formulary | PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX |
| VITAFOL-OB | Non-Formulary | PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX |
| VITAFOL-OB+DHA | Non-Formulary | PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX |
| VITAFOL-ONE | Non-Formulary | PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX |

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| Medication | Type of Change | Lower Cost Option(s) |
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| VITAMED MD CAP ONE RX | Non-Formulary | PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX |
| VITAPEARL CAP | Non-Formulary | PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX |
| VITATRUE MIS | Non-Formulary | PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX |
| YUPELRI SOL | Non-Formulary | ATROVENT HFA, INCRUSE ELLIPTA, IPRATROPIUM BROMIDE, SPIRIVA, TIOTROPIUM BROMIDE |
| ZATEAN-PN CAP DHA | Non-Formulary | PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX |
| ZOLMITRIPTAN TAB 2.5 MG ODT | Step Therapy | NARATRIPTAN HCL, RIZATRIPTAN BENZOATE, RIZATRIPTAN BENZOATE ODT, SUMATRIPTAN SPRAY, SUMATRIPTAN TAB |
| ZOLMITRIPTAN TAB 2.5MG | Step Therapy | NARATRIPTAN HCL, RIZATRIPTAN BENZOATE, RIZATRIPTAN BENZOATE ODT, SUMATRIPTAN SPRAY, SUMATRIPTAN TAB |
| ZOLMITRIPTAN TAB 5MG | Step Therapy | NARATRIPTAN HCL, RIZATRIPTAN BENZOATE, RIZATRIPTAN BENZOATE ODT, SUMATRIPTAN SPRAY, SUMATRIPTAN TAB |
| ZOLMITRIPTAN TAB 5MG ODT | Step Therapy | NARATRIPTAN HCL, RIZATRIPTAN BENZOATE, RIZATRIPTAN BENZOATE ODT, SUMATRIPTAN SPRAY, SUMATRIPTAN TAB |
| ZYMFENTRA INJ 120MG/ML | Excluded | Please ask your healthcare provider |



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