

2026 Agent Quick Reference Guide

# Part D Formulary Changes



## 2026 Drug List (Formulary) Coverage Changes

We routinely evaluate prescription benefit coverage to help ensure we offer our members affordable and effective medication options. This summary highlights medication coverage updates for UnitedHealthcare Individual Medicare Advantage and Prescription Drug Plan formularies. These four formularies will be effective January 1, 2026, unless otherwise noted.

UnitedHealthcare Individual Medicare Advantage and Prescription Drug Plan Formularies as shown in the following pages:

- **MAPD:** Medicare Advantage Prescription Drug Plan (MAPD) for Non-SNP and D-SNP
- **C-SNP:** Chronic Special Needs Plan
- **Pref:** Preferred Standalone Prescription Drug Plan (PDP)
- **Saver:** Saver Standalone Prescription Drug Plan (PDP)

Please note that a checkmark under each column in the guide indicates that the corresponding formulary is affected by a change. Some drugs listed in this guide will not display as non-formulary or covered until November 3, 2025. **These drugs are in orange font.**

## Key 2026 Formulary Changes

### Formulary Additions



- Steqema and Yesintek - lower cost interchangeable biosimilars for Stelara
- Jubbonti - lower cost interchangeable biosimilar for Prolia
- Multiple lower cost generics

### Formulary Removals with Covered Alternatives



- Tresiba - long-acting insulin
- Humira - autoimmune agent; currently covering two lower cost interchangeable biosimilars (adalimumab-aaty and adalimumab-abdbm)

## What is Biosimilar?

A biosimilar product is a biological product that is highly similar to and has no clinically meaningful differences in terms of safety or effectiveness from an existing FDA-licensed (approved) reference product. An interchangeable biosimilar product is a biosimilar that meets additional FDA requirements and allows pharmacists to substitute the biosimilar for the reference product without a new prescription (subject to state laws), similar to how generic drugs are substituted for brand name drugs today.

For more information, view the comprehensive formularies at [uhc.com/medicare](http://uhc.com/medicare). Updates to the formularies are posted monthly.



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## 2026 Agent Quick Reference Guide

**Part D Formulary Changes****New Additions to the Drug List (Formulary)**

The following medications were not previously covered under some UnitedHealthcare Medicare Advantage and Prescription Drug Plans and are now eligible for coverage beginning January 1, 2026, unless otherwise noted.

Therapeuticuse	Medication	Tier	Formularies Impacted			
			MAPD	C-SNP	Pref.	Saver
Anti-Infective	Cresemba	Tier 5	✓	✓	✓	✓
	fosfomycin (generic Monurol)	Tier 4	✓	✓	✓	✓
	Nuzyra <sup>1</sup>	Tier 5	✓	✓	✓	✓
Autoimmune	Tyenne	Tier 5				✓
	Kineret	Tier 5	✓	✓	✓	✓
	Cibinquo	Tier 5				✓
	Ebglyss <sup>1</sup>	Tier 5	✓	✓	✓	
	Tremfya <sup>1</sup>	Tier 5	✓	✓	✓	✓
	Steqeyma 90 mg (Stelara Biosimilar) <sup>1</sup>	Tier 5	✓	✓	✓	✓
	Steqeyma 45 mg (Stelara Biosimilar) <sup>1</sup>	Tier 3	✓	✓	✓	✓
	Yesintek 90 mg (Stelara Biosimilar) <sup>1</sup>	Tier 5	✓	✓	✓	✓
Blood Disorders	Yesintek 45 mg (Stelara Biosimilar) <sup>1</sup>	Tier 3	✓	✓	✓	✓
	dabigatran (generic Pradaxa)	Tier 4	✓	✓		
	rivaroxaban 2.5 mg oral tablet(generic Xarelto 2.5 mg oral tablet )	Tier 3	✓	✓	✓	✓
Bone Health	Xarelto Oral Suspension	Tier 3	✓	✓	✓	✓
	Jubbonti (Prolia Biosimilar) <sup>1</sup>	Tier 4	✓	✓	✓	✓
	Wyost (Xgeva Biosimilar) <sup>1</sup>	Tier 5	✓	✓	✓	✓
Cardiology	tolvaptan (generic Samsca)	Tier 4	✓	✓	✓	✓
Dermatology	azelaic acid (generic Finacea)	Tier 4				✓
	Zoryve	Tier 4	✓	✓	✓	✓

1. Added to coverage in 2025 and continue into 2026





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			MAPD	C-SNP	Pref.	Saver
Diabetes	Novolog (vial, Penfill, Flexpen)	Tier 3	✓	✓		✓
	Insulin Aspart (vial, Penfill, Flexpen)	Tier 3	✓	✓		✓
	Januvia	Tier 3				✓
	dapagliflozin (Authorized Generic Farxiga)	Tier 3	✓	✓	✓	✓
	Fiasp (vial, Penfill, Flexpen)	Tier 3	✓	✓	✓	✓
	Novolin R Flexpen	Tier 3	✓	✓		✓
	Rybelsus <sup>1</sup>	Tier 3				✓
	Omnipod disposable pump <sup>1</sup>	Tier 3				✓
Gastrointestinal	Ozempic <sup>1</sup>	Tier 3				✓
	mesalamine ER (generic Apriso)	Tier 3	✓	✓	✓	✓
	glycopyrrolate oral tablet (generic Robinul)	Tier 2	✓	✓		✓
	Voquezna, Voquezna Dual Pak, Voquezna Triple Pak	Tier 4	✓	✓	✓	✓
HIV Agents	Kaletra oral solution	Tier 4	✓	✓	✓	✓
Kidney	<b>tolvaptan (generic Jynarque)</b>	Tier 5	✓	✓	✓	✓
Liver Disease	Rezdifra	Tier 5	✓	✓	✓	✓
Movement Disorder	Austedo	Tier 5				✓
Multiple Sclerosis	Bafiertam	Tier 5	✓	✓	✓	
Pain and Inflammation	celecoxib (generic Celebrex)	Tier 3				✓
Psychiatry	Abilify Asimtufi <sup>1</sup>	Tier 5	✓	✓	✓	✓

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			MAPD	C-SNP	Pref.	Saver
Respiratory	Trikafta	Tier 5	✓	✓	✓	✓
	Winrevair	Tier 5	✓	✓	✓	✓
	Striverdi Respimat	Tier 3				✓
	Orenitram 0.125 mg <sup>1</sup>	Tier 4	✓	✓	✓	✓
	Orenitram (all other strengths) <sup>1</sup>	Tier 5	✓	✓	✓	✓
	Nucala <sup>1</sup>	Tier 5	✓	✓	✓	
Thyroid	Levo-T	Tier 3				✓
	Levoxyl	Tier 3				✓
	Synthroid	Tier 3				✓
	Unithroid	Tier 3				✓
Transplant	Astagraf XL	Tier 4	✓	✓	✓	✓
Woman's Health	estradiol gel 0.06% (generic Divigel)	Tier 4	✓	✓	✓	✓

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**Part D Formulary Changes****Down-Tiers to the Drug List (Formulary)**

The following medications will move to a lower tier on January 1, 2026.

Therapeuticuse	Medication	Tier Change	Formularies Impacted			
			MAPD	C-SNP	Pref.	Saver
Blood Disorders	fondaparinux 5mg, 7.5 mg, and 10 mg strengths (generic Arixtra)	Tier 5 to Tier 4	✓	✓	✓	✓
Women's Health	Oral Contraceptives (all products if covered on formulary)	Tier 4 to Tier 3	✓	✓	✓	✓

**Up-Tiers to the Drug List (Formulary)**

The following medications will move to a higher tier on January 1, 2026.

Therapeuticuse	Medication	Tier Change	Formularies Impacted			
			MAPD	C-SNP	Pref.	Saver
Gastrointestinal	dicyclomine oral tablet/capsule (generic Bentyl)	Tier 2 to Tier 4	✓	✓	✓	✓
	dicyclomine oral solution (generic Bentyl)	Tier 2 to Tier 4	✓	✓	✓	
	promethazine HCL 6.25mg/5mL oral solution (generic Phenergan)	Tier 3 to Tier 4	✓	✓	✓	
Genitourinary	tolterodine (generic Detrol)	Tier 3 to Tier 4	✓	✓	✓	
Pain and Inflammation	acetaminophen/codeine (generic Tylenol #3)	Tier 2 to Tier 3	✓	✓	✓	
		Tier 3 to Tier 4				✓
	hydrocodone/acetaminophen oral solution (generic Vicodin)	Tier 3 to Tier 4	✓	✓	✓	
Psychiatry	clonazepam (generic Klonopin)	Tier 2 to Tier 3	✓	✓	✓	✓
	temazepam 15mg and 30mg oral capsule (generic Restoril)	Tier 2 to Tier 3	✓	✓	✓	✓
	diazepam oral solution (generic Diazepam)	Tier 2 to Tier 4	✓	✓	✓	
	hydroxyzine HCL (generic Atarax)	Tier 3 to Tier 4	✓	✓	✓	
	hydroxyzine pamoate (generic Vistaril)	Tier 3 to Tier 4	✓	✓	✓	
	clorazepate (generic Tranxene)	Tier 3 to Tier 4	✓	✓	✓	
	desipramine (generic Norpramin and generic Sinequan)	Tier 3 to Tier 4	✓	✓	✓	
	nortriptyline oral capsule (generic Pamelor)	Tier 2 to Tier 4	✓	✓	✓	
		Tier 3 to Tier 4				✓
	nortriptyline oral solution (generic Pamelor)	Tier 2 to Tier 4	✓	✓	✓	





## 2026 Agent Quick Reference Guide

**Part D Formulary Changes****Non-Formulary Medications**

The following medications will be non-formulary effective January 1, 2026. Impacted members will receive a letter notifying them of the change as well as covered options. Please see our recommended alternative treatment options below.

<b>Therapeutic use</b>	<b>Non-Formulary Medication</b>	<b>Alternative treatment option(s)</b>	<b>Formularies Impacted</b>			
			MAPD	C-SNP	Pref.	Saver
<b>Allergies</b>	cyproheptadine oral tablet (generic Periactin)	levocetirizine oral tablet (generic Xyzal)	✓	✓	✓	✓
	cyproheptadine oral solution (generic Periactin)	levocetirizine oral solution (generic Xyzal)	✓	✓	✓	
	Dymista nasal spray	azelastine 0.1% nasal spray, fluticasone nasal spray	✓	✓	✓	
<b>Anti-Infective</b>	Ciloxan		✓	✓	✓	
	FML Forte	Alternatives vary by diagnosis, talk to provider to determine best option	✓	✓	✓	
	Tobradex ST		✓	✓	✓	
	Tobrex		✓	✓	✓	
<b>Autoimmune</b>	Immune Globulin products (IVIG): Alyglo, Asceniv, Bivigam, Flebogamma, Gammagard Liquid, Gammagard S/D, Gammaked, Gammaplex, Panzyga, Privigen	Gamunex, Octagam	✓	✓	✓	✓
	Jylamvo	methotrexate (generic Trexall)	✓	✓	✓	✓
	Orencia	Tyenne (Actemra Biosimilar)	✓	✓	✓	
	Berinert	Haegarda	✓	✓	✓	✓
	Humira	adalimumab-aaty (Humira Biosimilar) adalimumab-abdm (Humira biosimilar)	✓	✓	✓	
	Rasuvo	methotrexate	✓	✓	✓	✓
	Retacrit	Procrit, Aranesp	✓	✓	✓	✓
<b>Blood Disorders</b>	Tymlos	Teriparatide (generic Forteo), Bonsity				✓





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Therapeutic use	Non-Formulary Medication	Alternative treatment option(s)	Formularies Impacted			
			MAPD	C-SNP	Pref.	Saver
<b>Constipation</b>	Motegrity	Linzess, lubiprostone, Trulance	✓	✓	✓	✓
<b>Dermatology</b>	doxepin 5% Cream (generic Prudoxin)	Alternatives vary by diagnosis, talk to provider	✓	✓		
	desoximetasone 0.05% cream	to determine best option	✓	✓	✓	✓
<b>Diabetes</b>	Tresiba	Lantus, Lantus Solostar, Toujeo Solostar, Toujeo Max Solostar	✓	✓		
	liraglutide (generic Victoza)	Trulicity, Ozempic, Mounjaro, Rybelsus				✓
	saxagliptin (generic Onglyza)	Januvia				✓
	saxagliptin/metformin ER (generic Kombiglyze XR)	Janumet XR				✓
	Cycloset	Glipizide, Metformin	✓	✓	✓	
<b>Gastrointestinal</b>	Anzemet	ondansetron (generic Zofran)	✓	✓		
	Dipentum	mesalamine (generic Apriso), sulfasalazine (generic Azulfidine)	✓	✓		
	diphenoxylate/atropine oral liquid (generic Lomotil)	loperamide (generic Imodium)	✓	✓	✓	
	esomeprazole oral packet (generic for Nexium oral packet)	esomeprazole oral capsule (generic Nexium)	✓	✓		
	glycopyrrolate oral solution (generic Robinul)	glycopyrrolate oral tablet (generic Robinul)	✓	✓	✓	
	meclizine 50 mg oral tablet (generic Antivert)	ondansetron (generic Zofran)	✓	✓	✓	✓
	Aralast NP		✓	✓		
<b>Genetic Disorder</b>	Zemaira	Prolastin-C	✓	✓		





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Therapeuticuse	Non-Formulary Medication	Alternative treatmentoption(s)	Formularies Impacted			
			MAPD	C-SNP	Pref.	Saver
<b>Gout</b>	colchicine oral capsule (generic Colcrys)	colchicine oral tablet (generic Colcrys), allopurinol (generic Zyloprim),	✓	✓	✓	✓
	Vumerity	Bafertam	✓	✓	✓	
<b>Multiple Sclerosis</b>	Mayzent	Bafertam, fingolimod (generic Gilenya), dimethyl fumarate (generic Tecfidera)	✓	✓		
<b>Muscle Relaxant</b>	cyclobenzabrine 7.5mg oral tablet (generic Flexeril)	tizanidine (generic Zanaflex)	✓	✓		
<b>Ophthalmic Agents</b>	Bromfenac 0.07%	Alternatives vary by diagnosis, talk to provider to determine best option	✓	✓	✓	✓
	butorphanol nasal solution (generic Stadol)		✓	✓	✓	
	diclofenac 1.3% patch (generic Flector)		✓	✓	✓	
<b>Pain and Inflammation</b>	hydromorphone oral solution (generic Dilaudid)	Alternatives vary by diagnosis, talk to provider to determine best option	✓	✓	✓	✓
	tramadol ER (generic Ultram ER)		✓	✓	✓	✓
	tramadol/acetaminophen (generic Ultracet)		✓	✓	✓	✓
	citalopram 30mg oral capsule	citalopram oral tablet, escitalopram	✓	✓	✓	✓
	chlor diazepoxide (generic Librium)		✓	✓	✓	✓
<b>Psychiatry</b>	imipramine pamoate (generic Tofranil-PM)	Alternatives vary by diagnosis, talk to provider to determine best option	✓	✓	✓	
	lorazepam intensol (generic Ativan)		✓	✓	✓	✓
	venlafaxine besylate 112.5mg ER oral tablet	venlafaxine hydrochloride oral capsule, desvenlafaxine	✓	✓	✓	✓





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Therapeuticuse	Non-Formulary Medication	Alternative treatmentoption(s)	Formularies Impacted			
			MAPD	C-SNP	Pref.	Saver
Respiratory	Bevespi Aerosphere	Anoro Ellipta, Stiolto Respimat	✓	✓	✓	
	formoterol fumarate (generic Performomist)	arformoterol tartrate (generic Brovana)	✓	✓	✓	✓
	Serevent Diskus	Striverdi Respimat				✓
Transplant	Envarsus XR	Astagraf XL	✓	✓	✓	✓
Woman's Health	Elestrin	estradiol gel 0.06% (generic Divigel)	✓	✓	✓	✓
	Femring	Estradiol, Estring, Premarin, YuvaFem	✓	✓	✓	
	Imvexxy	Estradiol, Estring, Premarin, YuvaFem	✓	✓	✓	





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**Part D Formulary Changes****Non-Formulary Medications with Generic Alternatives**

Many times, medications that are moved to non-formulary status are interchangeable at the pharmacy for their brand or generic equivalent, resulting in no member disruption. Letters will be sent to members for chronic medications to let them know of the generic equivalent.

Therapeuticuse	Non-Formulary Medication	Generic equivalent Alternative treatment option	Formularies Impacted			
			MAPD	C-SNP	Pref.	Saver
<b>Autoimmune</b>	Trexall	methotrexate	✓	✓	✓	
<b>Blood Disorders</b>	Brilinta	ticagrelor	✓	✓	✓	✓
	Promacta	eltrombopag	✓	✓	✓	✓
<b>Bone Density</b>	Forteo	teriparatide (generic Forteo)	✓	✓	✓	✓
<b>Cardiology</b>	<b>Entresto</b>	<b>sacubitril/valsartan</b>	✓	✓	✓	✓
	Lanoxin	digoxin	✓	✓	✓	
<b>Dementia</b>	Namzaric	memantine/donepezil ER	✓	✓	✓	✓
<b>Gastrointestinal</b>	Apriso ER	mesalamine ER	✓	✓	✓	✓
<b>Oncology</b>	Mesnex	mesna	✓	✓	✓	✓
	Purixan	mercaptopurine	✓	✓	✓	✓
	Tasigna	nilotinib	✓	✓	✓	✓
<b>Opioid Abuse</b>	Suboxone	buprenorphine/naloxone	✓	✓	✓	✓
<b>Seizure Agents</b>	Aptiom	eslicarbazepine	✓	✓	✓	✓





## 2026 Agent Quick Reference Guide

**Part D Formulary Changes****Discontinued Products**

The following medications are being discontinued by their manufacturer and will therefore be removed from the UnitedHealthcare Medicare Advantage and Prescription Drug Plan formularies.

Therapeuticuse	Non-Formulary Medication	Generic equivalent Alternative treatment option	Formularies Impacted			
			MAPD	C-SNP	Pref.	Saver
<b>Anti-Infective</b>	Noxafil oral suspension	posaconazole oral suspension (200mg/5mL and 40mg/mL)	✓	✓		
		posaconazole oral tablet	✓	✓	✓	✓
<b>Diabetes</b>	Humulin R U-500 vial	Humulin R U-500 Kwikpen	✓	✓	✓	✓
	Insulin aspart protamine/insulin aspart 70/30 vial, flexpen	Novolog Mix 70/30 vial, flexpen			✓	
	Insulin Aspart	Novolog	✓	✓	✓	✓
	Byetta	Trulicity, Ozempic, Mounjaro, Rybelsus	✓	✓	✓	
<b>Psychiatry</b>	Perseris	risperidone ER	✓	✓	✓	✓
<b>Respiratory</b>	Armonair Dihaler	Arnuity Ellipta	✓	✓	✓	
		fluticasone propionate HFA	✓	✓	✓	✓

