

UnitedHealthcare - Pharmacy Benefit

Quantity Limits per duration

Last updated 8/15/2025 (For 9/1/2025 Effective Date)

The following is a comprehensive list of medications that have a duration quantity limit. Supply Limits establish the maximum quantity of drug that is covered in a copay or a specified timeframe.

Inclusion in this list does not indicate a drug is covered by a particular plan. Any drug may be subject to other requirements including but not limited to Exclude at Launch and or Review at Launch.

Medication Name	Quantity Limit per month	Overrides
Abilify Discmelt - 10, 15 mg tablets	31 tablets	Yes
Abilify Mycite - 2, 5, 10, 15, 20 & 30 mg	31 tablets	No
Abilify MyCite Starter Kit - 2, 5, 10, 15, 20 & 30 mg	30 tablets/365 days	Yes
Abilify MyCite Maintenance Kit - 2, 5, 10, 15, 20 & 30 mg	30 tablets	No
Abrilada	2 prefilled syringes/autoinjectors	Yes
Aciphex - 20 mg	31 tablets	Yes
Aciphex Sprinkle	31 capsules	No
Actemra/Actemra ACTpen (subcutaneous formulation)	4 syringes/autoinjectors	No
Acthar Gel / Purified Cortrophin Gel	4 vials	Yes
Acthar Gel SelfJect	21 injectors	No
Actimmune	17 vials	Yes
Actiq - 200, 400, 600, 800, 1200, & 1600 mcg	120 units	Yes
Actonel - 35 mg	4 tablets	No
Actonel - 150 mg	1 tablet	No
Actoplus Met - 15/500 & 15/850	93 tablets	No
Actos - 15, 30 & 45 mg	31 tablets	No
Adalimumab-fkjp - 20 mg/0.4 mL	2 prefilled syringes	No
Adalimumab-fkjp - 40 mg/0.8 mL	2 prefilled syringes/autoinjectors	Yes
Adapalene pads	28 pads	Yes
Adbry - 150 mg/mL (2-pack)	4 syringes	Yes
Adbry - 150 mg/mL (4-pack)	4 syringes	No
Adbry - 300 mg/2 mL	2 autoinjectors	Yes
Adbry - 300 mg/2 mL (2-pack)	2 autoinjectors	Yes
Adcirca - 20 mg	62 tablets	No
Adderall XR	62 capsules	No
Addyi	31 capsules	No
Adempas - 0.5, 1, 1.5, 2 & 2.5 mg	93 tablets	No
Adhansia - 25, 35 & 45 mg	31 capsules	Yes
Adhansia - 55, 70 & 85 mg	31 capsules	No
Advair Diskus - 100/50, 250/50 & 500/50	60 blisters	No
Advair HFA - 45/21, 115/21 & 230/21	1 inhaler	No
Alyftrek - 4 mg/20 mg/50 mg	84 tablets	No
Alyftrek - 10 mg/50 mg/125 mg	56 tablets	No
Afinitor - 2.5, 5 mg	31 tablets	No
Afinitor - 7.5, 10 mg	62 tablets	No
Afinitor - Disperz - 2, 3 mg	31 tablets	No
Afinitor - Disperz - 5 mg	31 tablets	Yes
Agamree	3 bottles	No
Aimovig - 70 mg/mL, 140 mg/mL	1 pen	No
Airduo Respiclick	1 inhaler	No
Ajovy	1 autoinjector/syringe	Yes
Albenza - 200 mg	124 tablets	No
Alecensa	240 capsules	No
Alhemo - 60 mg/1.5 mL	7 prefilled pens-injector	Yes
Alhemo - 150 mg/1.5 mL, 300 mg/3 mL	3 prefilled pens-injector	Yes
Alora - 0.025, 0.05 mg/day	8 patches	Yes
Alora - 0.075, 0.1 mg/day	8 patches	Yes
Alunbrig - 30 mg	120 tablets	No
Alunbrig - 90, 180 mg	30 tablets	No
Alunbrig Titration Pack	1 pack (30 tablets)/365 days	Yes
Alvesco - 80 mcg	1 canister	No
Alvesco - 160 mcg	2 canisters	No
Amitiza - 8 mcg	62 capsules	Yes
Amitiza - 24 mcg	62 capsules	No

UnitedHealthcare - Pharmacy Benefit

Quantity Limits per duration

Last updated 8/15/2025 (For 9/1/2025 Effective Date)

The following is a comprehensive list of medications that have a duration quantity limit. Supply Limits establish the maximum quantity of drug that is covered in a copay or a specified timeframe.

Inclusion in this list does not indicate a drug is covered by a particular plan. Any drug may be subject to other requirements including but not limited to Exclude at Launch and or Review at Launch.

Amjevita - 10, 20 mg (all products)	2 syringes	No
Amjevita - 40, 80 mg (all products)	2 syringes/autoinjectors	Yes
Amlodipine / Atorvastatin (generic Caduet)	31 tablets	No
Ampyra - 10 mg	60 tablets	No
Androderm - 2, 4 mg	31 patches	Yes
Androgel	2 pumps	Yes
Androgel - 1.62% 20.25 mg	31 packets	Yes
Androgel - 1.62% 40.5 mg	62 packets	Yes
Androgel - 2 x 75 g pump	1 package (2 pumps)	Yes
Androgel - 2.5 grams	30 packets	Yes
Androgel - 5 grams	60 packets	Yes
Anoro Ellipta	62 blisters	No
Annovera	1 vaginal ring per 327 days	No
Aplenzin - 174 mg	31 tablets	Yes
Aplenzin - 348, 522 mg	31 tablets	No
Apokyn	30 cartridges	No
Aptensio XR - 10, 15, 20, 30 40 & 50 mg	31 capsules	Yes
Aptensio XR - 60, 90 mg	31 capsules	No
Aqneursa	112 packets	No
Arakoda	16 tablets	No
Aranesp - 10, 25, 40, 60 & 200 mcg	4 vials/syringes	No
Aranesp - 100, 150, 300 & 500 mcg	2 vials/syringes	Yes
Arcalyst	4 vials/syringes	Yes
Arikayce	31 vials	No
Arnuity Ellipta	30 blisters	No
Asmanex / Asmanex HFA	1 device	No
Atelvia - 35 mg	4 tablets	No
Atripla	31 tablets	No
Atrovent HFA	2 inhalers	No
Attruby - 356 mg	124 tablets	No
Aubagio - 7 mg & 14 mg	30 tablets	No
Augtyro - 40 mg	240 capsules	No
Augtyro - 160 mg	60 capsules	No
Austedo - 6 mg	62 tablets	Yes
Austedo - 9, 12 mg	124 tablets	No
Austedo XR - 6, 12, 18, 24, 30, 36, 42 & 48 mg	30 tablets	No
Austedo XR - titration kit - 6 mg/12 mg/24 mg	42 tablets (1 kit)	No
Austedo XR - titration kit - 12 mg/18 mg/24 mg/30 mg	28 tablets (1 kit)	No
Auvelity	62 tablets	No
Avonex	4 pens/syringes	No
Ayvakit	31 tablets	No
Axiron - 30 mg actuation	2 pumps	Yes
Azstarys	31 capsules	No
Bafiertam	120 capsules	No
Balversa - 3 mg	93 tablets	No
Balversa - 4 mg	62 tablets	No
Balversa - 5 mg	31 tablets	No
Belbuca 150, 300, 450, 600, 750 & 900 mcg	62 films	No
Belbuca 75 mcg	62 films	Yes
Belsomra	31 tablets	No
Benlysta	4 syringes/autoinjectors	Yes
Benzaclin - 1-5% gel (clindamycin/benzoyl peroxide)*	50 grams	Yes
Benznidazole - 12.5 mg	720 tablets per 720 days	No
Benznidazole - 100 mg	124 tablets, max 240 tablets per 720 days	Yes
Berinert	12 vials	Yes
Besremi	2 syringes	No
Betaseron - 0.3 mg	14 vials	No
Bethkis	one box of 56 ampules per 56 days	No
Bevespi	1 inhaler	No
Bevyxxa	43 capsules per 365 days	Yes

UnitedHealthcare - Pharmacy Benefit

Quantity Limits per duration

Last updated 8/15/2025 (For 9/1/2025 Effective Date)

The following is a comprehensive list of medications that have a duration quantity limit. Supply Limits establish the maximum quantity of drug that is covered in a copay or a specified timeframe.

Inclusion in this list does not indicate a drug is covered by a particular plan. Any drug may be subject to other requirements including but not limited to Exclude at Launch and or Review at Launch.

Biktarvy	31 tablets	No
Bimzelx - 160 mg/mL	1 syringe/autoinjector	No
Bimzelx - 320 mg/2 mL	1 syringe/autoinjector	Yes
Binosto	4 tablets	No
Bosulif - 50 mg	30 capsules	No
Bosulif - 100 mg	93 capsules/tablets	Yes
Bosulif - 400, 500 mg	31 tablets	No
Braftovi - 75 mg	186 capsules	No
Breo Ellipta	1 Inhaler	No
Breztri Aerosphere	1 inhaler	No
Brilinta	62 tablets	No
Brisdelle	31 capsules	No
Bronchitol	20 capsules	No
Brovana	60 nebulas (1 package)	No
Buprenorphine (generic Subutex) - 2 mg	93 tablets	No
Buprenorphine (generic Subutex) - 8 mg	93 tablets	Yes
Butalbital/Acet - 50/300 mg	186 capsules	No
Butalbital/Acet/Caffeine (Fioricet w/ Caffeine) - 50/500/40 mg & 50/325/40 mg	186 tablets	No
Butalbital/Acet/Caffeine (Fioricet w/ Caffeine) - 50/750/40 mg	155 tablets	No
Butalbital/Acet/Caffeine (Fioricet) - 50/650 mg	186 tablets	No
Butalbital/Acet/Caffeine/Codeine (Fioricet w/ Codeine)	186 capsules	No
Butrans - 5, 7.5, 10, 15 & 20 mcg/hr	4 patches	No
Brenzavvy	31 tablets	No
Brkinsa	124 capsules	No
Bydureon Bcise	4 single dose autoinjectors Two, one-month fills are required before a three-month fill is available if allowed.	No
Byetta - 5, 10 mcg	1 pen Two, one-month fills are required before a three-month fill is available if allowed.	No
Bylvay - 200, 400 mcg	60 capsules	No
Bylvay - 600 mcg	30 capsules	Yes
Bylvay - 1200 mcg	60 capsules	Yes
Cablivi	1 vial per day/58 vials per 120 days	Yes
Cabometyx	31 tablets	No
Calquence - 100 mg	60 tablets	Yes
Camzyos - 2.5, 5, 10 & 15 mg	30 capsules	No
Caplyta	30 capsules	No
Caprelsa - 100 mg	62 tablets	No
Caprelsa - 300 mg	31 tablets	No
Caverject - 10, 20 & 40 mcg	6 vials / kits	No
Cayston	1 kit (84 vials) per 56 days	No
Cetrotide	14 cartons	No
Chlorpromazine - 10, 25 mg	186 tablets	No
Chlorpromazine - 50, 100 mg	124 tablets	No
Chlorpromazine - 200 mg	62 tablets	Yes
Cholbam - 50 mg	124 capsules	No
Cholbam - 250 mg	124 capsules	Yes
Cialis - 10, 20 mg	15 tablets	No
Cialis - 2.5, 5 mg	31 tablets	No
Cibinqo - 50, 100 & 200 mg	30 tablets	No
Cimduo	31 tablets	No
Cimzia - 400 mg	1 carton	Yes
Cimzia - Starter Kit	1 kit	Yes
Cinryze	20 vials	Yes
Climara	4 patches	Yes
ClimaraPro - 0.045 mg estradiol/ 0.015 mg levonorgestrel	8 patches (28 days)	No

UnitedHealthcare - Pharmacy Benefit

Quantity Limits per duration

Last updated 8/15/2025 (For 9/1/2025 Effective Date)

The following is a comprehensive list of medications that have a duration quantity limit. Supply Limits establish the maximum quantity of drug that is covered in a copay or a specified timeframe.

Inclusion in this list does not indicate a drug is covered by a particular plan. Any drug may be subject to other requirements including but not limited to Exclude at Launch and or Review at Launch.

Cobenfy - 50, 100 & 125 mg	62 capsules	No
Cobenfy - starter pack	1 starter pack/year	Yes
CombiPatch	8 patches	No
Combivent Respimat	2 inhalers	No
Cometriq - 140 mg	124 capsules	No
Cometriq - 20, 100 mg	62 capsules	No
Cometriq - 60 mg	93 capsules	No
Complera	31 tablets	No
Concerta	62 tablets	No
Continuous Glucose Monitor - Guardian Transmitter Kit	1 transmitter kit/1 year	Yes
Continuous Glucose Monitor - Guardian Sensor	5 sensors/24 days	Yes
Continuous Glucose Monitor - Guardian Connect Transmitters	1 transmitter/1 year	Yes
Conzip - 100 mg	31 tablets	Yes
Conzip - 200, 300 mg	31 tablets	No
Copaxone	1 kit (30 vials)	No
Copiktra - 15, 25 mg	56 capsules	No
Corlanor - 5 mg/5 mL	620 mL	No
Corlanor	62 tablets	No
Cosentyx - 75 mg	1 prefilled syringe	No
Cosentyx - 150 mg (1 pack)	1 pen/syringe	Yes
Cosentyx - 150 mg (2 pack)	2 pens/syringes	Yes
Cosentyx UnoReady	1 autoinjector	Yes
Cotellic	63 tablets	No
Cotempla XR-ODT	31 tablets	Yes
Covid-19 Vaccine	1 vaccine series including booster	No
Crenessity - 50 mg	62 capsules	No
Crenessity - 100 mg	62 capsules	Yes
Crenessity - 50 mg/mL	4 bottles	Yes
Crestor - 5, 20 & 40 mg	31 tablets	No
Ctexli - 250 mg	93 tablets	No
Cuvrior	310 tablets	No
Cyltezo - starter pack	1 carton/year	Yes
Cyltezo - 10, 20 mg	2 syringes	No
Cyltezo - 40 mg	2 syringes/autoinjectors	Yes
Cystaran/Cystadrops	4 bottles (60 mL)	No
Daliresp - 250 mcg	31 tablets / 365 days	Yes
Daliresp - 500 mcg	31 tablets	No
Danziten - 71 & 95 mg	112 tablets	No
Dartisla ODT	62 tablets	Yes
Daurismo - 25 mg	60 tablets	No
Daurismo - 100 mg	60 tablets	No
Daybue	3720 mL	No
Daytrana - 10, 15, 20 & 30 mg	30 patches / 30 days	No
Dayvigo	31 tablets	No
Delstrigo	31 tablets	No
Depo-Provera	5 mL/365 days	No
Depo-SubQ Provera	3.25 mL/365 days	No
Descovy	31 tablets	No
Desvenlafaxine	31 tablets	No
Dexcom Monitoring System Receiver	1 monitor	No
Dexcom Monitoring System Transmitter	1 transmitter	No
Dexcom Monitoring System Sensors	3 sensors	No
Dexedrine - 5 mg	310 capsules	No
Dexedrine - 10 mg	155 capsules	No
Dexedrine - 15 mg	124 capsules	No
Dexilant - 30 mg	31 capsules	No
Dexilant - 60 mg	31 capsules	Yes
Diabetic Supplies - Insulin syringes	310 insulin syringes	Yes
Diabetic Supplies - Pen Needles	310 pen needles	Yes

UnitedHealthcare - Pharmacy Benefit

Quantity Limits per duration

Last updated 8/15/2025 (For 9/1/2025 Effective Date)

The following is a comprehensive list of medications that have a duration quantity limit. Supply Limits establish the maximum quantity of drug that is covered in a copay or a specified timeframe.

Inclusion in this list does not indicate a drug is covered by a particular plan. Any drug may be subject to other requirements including but not limited to Exclude at Launch and or Review at Launch.

Diabetic Test strips*	without insulin - 51 strips with insulin - 204 strips	Yes
Difcid - 40 mg/mL	136 mL/10 days	Yes
Difcid - 200 mg	20 tablets	No
Dihydrocodeine/Acet/Caffeine - 16 mg/356 mg/30 mg	348 tablets	No
Doptelet - 20 mg	60 tablets	No
Dovato	31 tablets	No
Drizalma - 40 mg	31 capsules	No
Drizalma - 20, 30 & 60 mg	62 capsules	No
Duac Gel	45 grams	Yes
Duaklir	1 inhaler	No
Duavee	30 tablets	No
Duetact - 30/2, 30/4 mg	31 tablets	No
Duexis - 800/26.6 mg	93 tablets	No
Dulera	1 canister	No
Dupixent - 100 mg	2 prefilled syringes/pen injectors	No
Dupixent - 200, 300 mg	2 prefilled syringes/pen injectors	Yes
Duragesic - 12.5, 25 mcg/hr	15 patches	Yes
Duragesic - 50, 75 & 100 mcg/hr	10 patches	Yes
Durlaza	31 capsules	No
Duvyzat	420 mL	No
Duzallo	31 tablets	No
Dyanavel XR Suspension	465 mL	Yes
Dyanavel XR	31 tablets	No
Edex - 10, 20 & 40 mcg	6 cartridges	No
Edluar - 5, 10 mg	31 tablets	No
Effient - 5, 10 mg	31 tablets	No
Ebglyss	1 autoinjector/prefilled syringe	Yes
Egrifta	31 vials	No
Eliquis - 2.5 mg	62 tablets	No
Eliquis - 5 mg	77 tablets	No
Ella - 30 mg	1 tablet/21 days	No
Emflaza - 6, 18, 30, 36 mg	31 tablets	No
Emflaza - 22.75 mg/mL	5 bottles	No
Emgality - 100 mg	3 syringes	No
Emgality - 120 mg	1 autoinjector/syringe	Yes
Empaveli - 1080 mg/20 mL	8 vials	No
Emverm	6 tablets/ 3 days	Yes
Enbrel	8 vials (2 cartons) or 8 prefilled syringes (2 cartons)	Yes
Enbrel - 25, 50 mg	4 autoinjectors, prefilled syringes or vials	Yes
Enbrel Mini/SureClick	4 cartridges (1 carton)	Yes
Endari	186 packets	No
Enspryng	1 syringe	Yes
Entadfi	31 capsules	No
Entresto - 6/6 mg	240 sprinkle capsules (pellets)	No
Entresto - 15/16 mg	240 sprinkle capsules (pellets)	Yes
Entresto - 24/26, 49/51 mg	62 tablets	Yes
Entresto - 97/103 mg	62 tablets	Yes
Entyvio Pen	2 pen injectors	No
Eohilia	1 box	No
Epclusa - 200-50, 400-100 mg	28 tablets & 84 tablets per 720 days	No
Epclusa - 150-37.5 mg	28 packets & 84 packets per 720 days	No
Epclusa - 200-50 mg	28 packets & 84 packets per 720 days	Yes
Epogen - 10,000 unit/mL (1 mL) vial, 20,000 unit (1 mL) vial & 40,000 unit (2 mL) vial	8 vials	No
Epogen - 2000, 3000 & 4000 units	12 mL	No
Epogen - 40,000 unit vial	4 mL	Yes
Epzicom	31 tablets	No
Erivedge	31 capsules	No
Erleada - 60 mg	120 tablets	No

UnitedHealthcare - Pharmacy Benefit

Quantity Limits per duration

Last updated 8/15/2025 (For 9/1/2025 Effective Date)

The following is a comprehensive list of medications that have a duration quantity limit. Supply Limits establish the maximum quantity of drug that is covered in a copay or a specified timeframe.

Inclusion in this list does not indicate a drug is covered by a particular plan. Any drug may be subject to other requirements including but not limited to Exclude at Launch and or Review at Launch.

Erleada - 240 mg	30 tablets	No
Esbriet - 267 mg	279 capsules or tablets	No
Esbriet - 801 mg	93 tablets	No
Estring	1 ring/3 months (90 days)	Yes
Estrogel	1 metered pump (50 grams)	Yes
Evrysdi - 5 mg	30 tablets	No
Evrysdi - 60 mg/80 mL	1280 mL/180 days	No
Exalgo - 12 mg	62 tablets	No
Exalgo - 32 mg	Requires Supply Limit Review	No
Exalgo - 8, 16 mg	31 tablets	No
Extavia - 0.3 mg	15 vials	No
Fabhalta - 200 mg	62 capsules	No
Fabior	1 canister (50 grams)	Yes
Fanapt - 1 mg	86 tablets/365 days	Yes
Fanapt - 2 mg	56 tablets/365 days	Yes
Fanapt - 4, 6, 8, 10 & 12 mg	62 tablets	No
Fanapt - titration pack	1 pack (8 tablets)	No
Farxiga - 5, 10 mg	31 tablets	No
Fasenra - 10 mg	1 prefilled syringe every 2 months	Yes
Female Condoms	12 condoms	Yes
Femring	1 ring per 3 months (90 days)	Yes
Fentanyl Transdermal Patch - 37.5, 62.5 & 87.5 mcg/hr	10 patches	Yes
Fentora - 100, 200, 400, 600 & 800 mcg	120 tablets	Yes
Fetzima	31 capsules	No
Fetzima titration pak	28 capsules (1 titration pack)/365 days	No
Filspari	31 tablets	No
Filsuvez	19 tubes	Yes
Firazyr	6 syringes	Yes
Firdapse	300 tablets	No
Flovent Diskus - 50, 100 mcg	2 packages	No
Flovent Diskus - 250 mcg	4 packages	No
Flovent HFA - 44, 110 mcg	1 inhaler	No
Flovent HFA - 220 mcg	2 inhalers	No
Fluoxetine(generic Prozac) - 10 mg	31 tablets	Yes
Focalin XR - 30, 35 & 40 mg	31 capsules	No
Focalin XR - 5, 10, 15, 20 & 25 mg	62 capsules	No
Follistim AQ - 300 international	15 cartridges	Yes
Follistim AQ - 600 international	12 cartridges	Yes
Follistim AQ - 900 international	8 cartridges	Yes
Foradin Aerolizer	1 package (60 capsules)	No
Forfivo XL	31 tablets	No
Fortesta Gel	2-60 gram pumps	Yes
Fotivda	75 capsules	No
Freestyle Libre Sensors - 14 day reader, 2 day reader	1 reader	Yes
Freestyle Libre Sensors	2 sensors/21 days	Yes
Fruzaqla - 1 mg	84 capsules	No
Fruzaqla - 5 mg	21 capsules	No
Fulyzaq	62 tablets	No
Galafold	14 capsules (1 pack)	No
Ganirelix acetate	14 syringes	No
Gattex	31 vials	Yes
Gavreto	124 capsules	Yes
Genotropin - 12 mg	8 cartridges	Yes
Genotropin - 5 mg	18 cartridges	Yes
Genotropin Miniquick	28 cartridges	Yes
Genvoya	31 tablets	No
Gilenya - 0.25 mg	28 capsules	No
Gilenya - 0.5 mg	30 capsules	No

UnitedHealthcare - Pharmacy Benefit

Quantity Limits per duration

Last updated 8/15/2025 (For 9/1/2025 Effective Date)

The following is a comprehensive list of medications that have a duration quantity limit. Supply Limits establish the maximum quantity of drug that is covered in a copay or a specified timeframe.

Inclusion in this list does not indicate a drug is covered by a particular plan. Any drug may be subject to other requirements including but not limited to Exclude at Launch and or Review at Launch.

Gilotrif - 20, 30 & 40 mg	30 tablets	No
Gimoti	10.85 mL	No
Gleevec - 100 mg	180 tablets	No
Gleevec - 400 mg	30 tablets	Yes
Glyxambi	31 tablets	No
Gocovri 68.5 mg	31 capsules	No
Gocovri 137 mg	62 capsules	No
Gomekli - 1 mg tablet for suspension	168 tablets	No
Gomekli - 1 mg	42 capsules	No
Gomekli - 2 mg	84 capsules	No
Gralise - 300 mg	155 tablets per year	Yes
Gralise - 450, 600, 750 & 900 mg	62 tablets	No
Grastek	31 tablets	No
Hadlima/Hadlima Pushtouch - 40 mg/0.4 mL, 40 mg/0.8 mL	2 prefilled syringes/autoinjectors	Yes
Haegarda - 2000IU	24 vials	No
Haegarda - 3000IU	16 vials	Yes
Harvoni - 33.75 mg/150 mg (pellets)	28 packets of pellets and one course of treatment	Yes
Harvoni - 45 mg/200 mg (pellets)	28 packets of pellets and one course of treatment	Yes
Harvoni - 45 mg/200 mg (tablets)	28 tablets and one course of treatment	Yes
Harvoni - 90 mg/400 mg (tablets)	28 tablets and one course of treatment	Yes
Helidac	224 pills (14 blister cards) every 6 months	No
Hetlioz	31 capsules	No
Hetlioz LQ	158 mL	No
Horizant - 300 & 600 mg	62 tablets	No
Hulio - 20 mg/0.4 mL	2 prefilled syringes	No
Hulio - 40 mg/0.8 mL	2 prefilled syringes/autoinjectors	Yes
Humatrope - 12 mg	8 cartridges	Yes
Humatrope - 24 mg	4 cartridges	Yes
Humatrope - 5 mg	18 vials	Yes
Humatrope - 6 mg	15 cartridges	Yes
Humira - 10 mg	2 syringes or pens (1 carton)	No
Humira - 20 mg	2 syringes or pens (1 carton)	No
Humira - 40 mg	2 syringes or pens (1 carton)	Yes
Humira - 80 mg	2 pens	Yes
Humira Starter Kits	1 starter pack per 365 days	Yes
Hycamtin - 0.25 mg	20 capsules	Yes
Hycamtin - 1 mg	30 capsules	Yes
Hydrocodone/Acet (Liquicet) - 10-500 mg/15 mL	3712 mL	No
Hydrocodone/Acet (Vicodin) - 10/660 mg	187 tablets	No
Hydrocodone/Acet (Vicodin) - 2.5-167 mg/5 mL	3712 mL	No
Hydrocodone/Acet (Vicodin) - 5/500, 7.5/500 & 10/500 mg	248 tablets	No
Hydrocodone/Acet (Vicodin) - 7.5/650, 10/650 mg	190 tablets	No
Hydrocodone/Acet (Vicodin) - 7.5/750 mg	165 tablets	No
Hydrocodone/Acetaminophen - 10 mg/750 mg	165 tablets	No
Hydrocodone/Acetaminophen - 5 mg/400 mg, 7.5 mg/400 mg & 10 mg/400 mg	310 tablets	No
Hyftor	1 tube (10 g)	Yes
Hypavzi - 150 mg	4 autoinjectors	Yes
Hyrmoz - 10, 20 mg	2 syringes	No
Hyrmoz - 40, 80 mg	2 syringes/autoinjectors	Yes
Hyrmoz - Crohn's Disease & Ulcerative Colitis or Hidradenitis Suppurativa - Starter package - 80 mg/0.8 mL	3 autoinjectors	Yes
Hyrmoz - Crohn's Disease & Ulcerative Colitis or Hidradenitis Suppurativa - Starter package - 80 mg/0.4 mL, 40 mg/0.4 mL	3 autoinjectors	Yes
Hyrmoz - Pediatric Crohn's Disease - Starter package - 80 mg/0.8 mL	3 prefilled syringes	Yes
Hyrmoz - Pediatric Crohn's Disease - Starter package - 80 mg/0.8 mL, 40 mg/0.4 mL	2 prefilled syringes	Yes
Hysingla ER - 100, 120 mg	Requires Supply Limit Review	Yes

UnitedHealthcare - Pharmacy Benefit

Quantity Limits per duration

Last updated 8/15/2025 (For 9/1/2025 Effective Date)

The following is a comprehensive list of medications that have a duration quantity limit. Supply Limits establish the maximum quantity of drug that is covered in a copay or a specified timeframe.

Inclusion in this list does not indicate a drug is covered by a particular plan. Any drug may be subject to other requirements including but not limited to Exclude at Launch and or Review at Launch.

Hysingla ER - 20, 30, 40, 60 & 80 mg	31 tablets	Yes
Ibrance - 75, 100 & 125 mg	21 tablets	No
Ibsrela	62 tablets	No
Iclusig - 10, 15, 30 & 45 mg	31 tablet	No
Idacio	2 autoinjectors/prefilled syringes	Yes
Idacio - Crohn's Disease Starter Kit	2 pens (1 kit/year)	Yes
Idacio - Plaque Psoriasis Starter Kit	6 pens (2 kits/year)	Yes
Idhifa	30 tablets	No
Imbruvica - 70 mg	31 capsules	No
Imbruvica - 70 mg/mL Suspension	2 bottles (216 mL)	No
Imbruvica - 140 mg	124 capsules	No
Imbruvica - 280, 420 mg	31 tablets	No
Imcivree - 10 mg	9 mL	No
Impavido - 50 mg	84 capsules	Yes
Imvexxy - maintenance pack	8 inserts	No
Imvexxy - starter pack	18 inserts per 365 days	Yes
Inbrija	300 capsules	No
Increlex - 10 mg/mL (40 mg/vial)	13 vials	Yes
Incruse Ellipta	62 blisters	No
Infergen - 9, 15 mcg	30 vials or syringes	No
Ingressa - Starter Pack	1 kit/365 days	No
Ingrezza - 40 mg	30 capsules	Yes
Ingrezza - 60, 80 mg	30 capsules	No
Imkeldi - 80 mg	2 bottles	No
Inlyta - 1 mg	186 tablets	No
Inlyta - 5 mg	124 tablets	No
Inpefa - 200, 400 mg	31 tablets	No
Iqirvo	30 tablets	No
Inqovi	5 tablets	No
Inrebic	120 capsules	No
Intrarosa - 6.5 mg	28 inserts	No
Intermezzo - 1.75, 3.5 mg	31 tablets	No
Invega - 1.5, 3 & 9 mg	31 tablets	No
Invega - 6 mg	62 tablets	No
Invokamet	62 tablets	No
Invokamet XR	62 tablets	No
Invokana	31 tablets	No
Iressa	60 tablets	No
Isturisa - 1 mg	240 tablets	No
Isturisa - 5 mg	360 tablets	No
Itovebi - 3 mg	56 tablets	No
Itovebi - 9 mg	28 tablets	No
Ivermectin - 3 mg	20 tablets per 3 months	No
Iwilfin	248 tablets	No
Jakafi	62 tablets	No
Janumet - 50/500, 50/1000 mg	62 tablets	No
Janumet XR - 50/1000 mg	62 tablets	No
Janumet XR - 50/500, 100/1000 mg	31 tablets	No
Januvia - 25, 50 & 100 mg	31 tablets	No
Jardiance - 10, 25 mg	31 tablets	No
Jatenzo - 158, 198 mg	4 capsules	Yes
Jatenzo - 237 mg	2 capsules	Yes
Jaypirca - 50 mg	31 tablets	No
Jaypirca - 100 mg	93 tablets	No
Javygtor - 100 mg	496 tablets/packets	Yes
Javygtor - 500 mg	124 packets	Yes
Jentadueto - 2.5 mg/500 mg, 2.5 mg/850 mg, 2.5 mg/1000 mg	62 tablets	No
Jentadueto XR - 2.5/1000 mg	62 tablets	No
Jentadueto XR - 5/1000 mg	31 tablets	No

UnitedHealthcare - Pharmacy Benefit

Quantity Limits per duration

Last updated 8/15/2025 (For 9/1/2025 Effective Date)

The following is a comprehensive list of medications that have a duration quantity limit. Supply Limits establish the maximum quantity of drug that is covered in a copay or a specified timeframe.

Inclusion in this list does not indicate a drug is covered by a particular plan. Any drug may be subject to other requirements including but not limited to Exclude at Launch and or Review at Launch.

Joenja	62 tablets	No
Jornay	1 capsule	No
Journavx - 50 mg	30 tablets per course of treatment. One course of treatment per 90 days.	Yes
Jublia	4 mL per month	No
Juluca	31 tablets	No
Juxtapid - 5, 10 & 20 mg	31 capsules	No
Juxtapid - 30 mg	62 capsules	No
Jynarque - 15 & 30 mg	60 tablets	No
Jynarque - 15 mg & 15 mg therapy pack; 30 mg & 15 mg therapy pack; 45 mg & 15 mg therapy pack; 60 mg & 30 mg therapy pack; 90 mg & 30 mg therapy pack	56 tablets	No
Kadian - 10, 20 & 30 mg	62 capsules	Yes
Kadian - 50, 60 & 80 mg	31 capsules	Yes
Kadian - 100 mg	Requires Supply Limit Review	Yes
Kalydeco - 5.8, 13.4, 25, 50 & 75 mg	56 tablets/packets	No
Kalydeco - 150 mg	60 tablets	No
Kazano	62 tablets	No
Kerendia	30 tablets	No
Kerydin	10 mL per month	No
Kesimpta	1 syringe or pen	Yes
Ketoprofen - 25 mg	124 capsules	No
Ketoprofen - 50 mg	186 capsules	No
Ketoprofen ER - 200 mg	31 capsules	No
Keveyis	124 tablets	No
Kevzara - 150 & 200 mg	2 pens	No
Kineret	28 syringes	Yes
Kisqali - 200 mg (200 mg daily dose blister pack)	21 tablets	No
Kisqali - 200 mg (400 mg daily dose blister pack)	42 tablets	No
Kisqali - 200 mg (600 mg daily dose blister pack)	63 tablets	No
Kisqali Femara Co-pack - 200 mg	49 tablets (1 co-pack)	No
Kisqali Femara Co-pack - 400 mg	70 tablets (1 co-pack)	No
Kisqali Femara Co-pack - 600 mg	91 tablets (1 co-pack)	No
Kitabis Pak	1 box (56 ampules per 56 days)	No
Kombiglyze XR - 2.5/1000 mg	62 tablets	No
Kombiglyze XR - 5/500, 5/1000 mg	31 tablets	No
Korlym	124 tablets	No
Koselugo - 10 mg	224 capsules	No
Koselugo - 25 mg	112 capsules	No
Krazati	180 capsules	No
Kuvan - 100 mg	496 tablets or packets	Yes
Kuvan - 500 mg	124 packets	Yes
Kyzatrex - 100 mg	62 capsules	Yes
Kyzatrex - 150, 200 mg	124 capsules	Yes
Lagevrio	40 capsules	Yes
Lampit - 30 mg	270 tablets	No
Lampit - 120 mg	225 tablets	No
Latuda - 20, 40, 60 & 120 mg	31 tablets	No
Latuda - 80 mg	62 tablets	No
Lazcluze - 80 mg	60 tablets	No
Lazcluze - 240 mg	30 tablets	No
Lenvima - 4 mg	30 capsules	No
Lenvima - 8 mg	60 capsules	Yes
Lenvima - 10 mg	30 capsules	No
Lenvima - 12 mg	90 capsules	No
Lenvima - 14 mg	60 capsules	No
Lenvima - 18 mg	90 capsules	No
Lenvima - 20 mg	60 capsules	No
Lenvima - 24 mg	90 capsules	No

UnitedHealthcare - Pharmacy Benefit

Quantity Limits per duration

Last updated 8/15/2025 (For 9/1/2025 Effective Date)

The following is a comprehensive list of medications that have a duration quantity limit. Supply Limits establish the maximum quantity of drug that is covered in a copay or a specified timeframe.

Inclusion in this list does not indicate a drug is covered by a particular plan. Any drug may be subject to other requirements including but not limited to Exclude at Launch and or Review at Launch.

Letairis - 5, 10 mg	31 tablets	No
Levitra - 5, 10 & 20 mg	3 tablets	No
levorphanol	124 tablets	Yes
Lidocaine 0.05% ointment	1 tube (35.44g)	Yes
Lidoderm 5% patch	93 patches	No
Linzess	31 capsules	No
Liqrev - 10 mg/mL	186 mL	Yes
Litfulo	31 capsules	No
Livdelzi	30 capsules	No
Livalo - 1, 2 & 4 mg	31 tablets	No
Livmarli - 9.5 mg/mL	90 mL	No
Livmarli - 19 mg/mL	60 mL	No
Livmarli - 10, 15 & 30 mg	30 tablets	No
Livmarli - 20 mg	60 tablets	No
Livtency	124 tablets	Yes
Lodoco	31 tablets	No
Lofena	124 tablets	No
Lokelma - 5 gm	93 packets	No
Lokelma - 10 gm	31 packets	No
Lonsurf - 15 mg	100 tablets	No
Lonsurf - 20 mg	80 tablets	No
Lorbrena - 25 mg	93 tablets	No
Lorbrena - 100 mg	31 tablets	No
Lotronex - 0.5, 1 mg	62 tablets	No
Lucemyra	192 tablets per year	Yes
Lumakras - 120, 240 mg	62 tablets	No
Lumakras - 320 mg	93 tablets	No
Lumryz - 4.5, 6, 7.5 & 9 g	31 packets	No
Lumryz starter pack	28 packets	Yes
Luvox CR - 100, 150 mg	62 tablets	No
Lynparza	120 tablets	No
Lupkynis	180 capsules	No
Lybalvi - 5, 10, 15 & 20 mg	31 tablets	No
Lytgobi	4 packs	No
Mavenclad - 10 mg	40 tablets per 720 days	No
Mavyret	168 tablets per 720 days	Yes
Mavyret - oral pellets	155 packets	Yes
Mayzent - 0.25 mg	124 tablets	No
Mayzent - 0.25 mg starter pack	1 starter pack (7 tablets)	Yes
Mayzent - 1, 2 mg	30 tablets	No
Mayzent Starter Pack	1 starter pack per 365 days	Yes
Medtronic Sof-sensor	10 sensors	Yes
Mekinist - 0.5 mg	60 tablets	Yes
Mekinist - 2 mg	30 tablets	No
Mekinist - 0.05 mg/mL suspension	540 mL (6 bottles)	Yes
Mektovi	186 tablets	No
Menopur	186 vials	No
Menostar	4 patches	Yes
Mesalamine Enema	4 kits per 21 days	No
Mesalamine Suppository	31 suppository	No
Metadate CD - 10, 20, 30, 40 & 50 mg	62 capsules	No
Metadate CD - 60 mg	31 capsules	No
Metadate ER - 20 mg	155 tablets	No
methadone - 10 mg/5 mL	350 mL	Yes
methadone - 5 mg/5 mL	700 mL	Yes
methodone (generic Dolophine) - 10 mg	62 tablets	Yes
methodone (generic Dolophine) - 5 mg	124 tablets	Yes
Methadone Intensol	186 mL	Yes
Methadose	46 tablets	Yes

UnitedHealthcare - Pharmacy Benefit

Quantity Limits per duration

Last updated 8/15/2025 (For 9/1/2025 Effective Date)

The following is a comprehensive list of medications that have a duration quantity limit. Supply Limits establish the maximum quantity of drug that is covered in a copay or a specified timeframe.

Inclusion in this list does not indicate a drug is covered by a particular plan. Any drug may be subject to other requirements including but not limited to Exclude at Launch and or Review at Launch.

Methergine	28 tablets/year	No
methylphenidate ER - 10 mg	186 tablets	Yes
methylphenidate ER - 72 mg	31 tablets	No
Miebo	3 mL	No
Minivelle	8 patches	Yes
Miplyffa - 47, 62, 93 & 124 mg	90 capsules	No
morphine sulfate ER (generic Avinza) - 120 mg	Requires Supply Limit Review	Yes
(morphine sulfate ER (generic Avinza) - 30, 45, 60, 75 & 90 mg	31 capsules	Yes
Motegrity	31 tablets	No
Mounjaro	4 pens Two, one-month fills are required before a three-month fill is available if allowed.	No
Movantik	31 tablets	No
MS Contin - 15, 30 mg	93 tablets	Yes
MS Contin - 60, 100 & 200 mg	Requires Supply Limit Review	Yes
Myalept	25 vials	Yes
Mycapssa - 20 mg	124 capsules	No
Mydayis - 12.5, 25 mg	31 capsules	Yes
Mydayis - 37.5, 50 mg	31 capsules	No
Myfembree	28 tablets	No
Nalocet	413 tablets	No
Natesto	3 pumps	Yes
Natpara	2 cartridges	No
Nemluvio	2 pens	Yes
Nerlynx	180 tablets	No
Nesina	31 tablets	No
Nexavar - 200 mg	124 tablets	No
Nexium - 5 mg	31 packets	No
Nexium - 40 mg	31 capsules / packets	Yes
Nexium - 2.5, 10 mg	31 packets	No
Nexium - 20 mg	31 capsules / packets	No
Nexletol	31 tablets	No
Nexlizet	31 tablets	No
Ngenla	4 pens	No
Nocdurna - 27.7 & 55.3 mcg	30 tablets	No
Norditropin Flex Pro - 10 mg	9 pens	Yes
Norditropin Flex Pro - 15 mg	6 pens	Yes
Norditropin Flex Pro - 5 mg	18 pens	Yes
Norditropin Flex Pro - 30 mg	3 pens	Yes
Northera - 100 mg	93 tablets	No
Northera - 200, 300 mg	186 tablets	No
Nourianz	31 tablets	No
Noxafil	630 mL	No
Nubeqa	120 tablets	No
Nucala	1 autoinjector/syringe per month	No
Nucynta - 50, 75 & 100 mg	186 tablets	No
Nucynta ER - 150, 200 & 250 mg	Requires Supply Limit Review	Yes
Nucynta ER - 50, 100 mg	62 tablets	No
Nuedexta	62 capsules	No
Nuplazid - 10 mg	31 tablets	No
Nuplazid - 34 mg	31 capsules	No
Nurtec	8 tablets	Yes
Nutropin - 10 mg	11 vials	Yes
Nutropin AQ - 10 mg/2 mL	9 cartridges	Yes
Nutropin AQ - 20 mg/2 mL	5 cartridges	Yes
Nutropin AQ NuSpin - 10 mg/2 mL	9 pens	Yes
Nutropin AQ NuSpin - 20 mg/2 mL	5 pens	Yes
Nutropin AQ NuSpin - 5 mg/2 mL	18 pens	Yes

UnitedHealthcare - Pharmacy Benefit

Quantity Limits per duration

Last updated 8/15/2025 (For 9/1/2025 Effective Date)

The following is a comprehensive list of medications that have a duration quantity limit. Supply Limits establish the maximum quantity of drug that is covered in a copay or a specified timeframe.

Inclusion in this list does not indicate a drug is covered by a particular plan. Any drug may be subject to other requirements including but not limited to Exclude at Launch and or Review at Launch.

Nuvigil - 50 mg	62 tablets	No
Nuvigil - 150, 200 & 250 mg	31 tablets	No
Ocaliva - 5 & 10 mg	30 tablets	No
Odactra	31 tablets	No
Odefsey	31 tablets	No
Odomzo	30 capsules	No
Ofev - 100, 150 mg	60 capsules	No
Ogsiveon - 50 mg	186 tablets	No
Ohtuvayre	150 mL	No
Ojemda - 100 mg	24 tablets	No
Ojemda - 25 mg/mL	96 mL	No
Olpruva - 2 & 3 gm	90 packets	No
Olpruva - 4, 5, 6 & 6.67 gm	180 packets	No
Olumiant	30 tablets	No
Omeclamox-Pak	80 capsules (1 carton of 10 administration cards) every 6 months	Yes
Omnipod 5 IntroKit	1 kit/2 years	No
Omnitrope - 10 mg/1.5 mL cartridge	9 cartridges	Yes
Omnitrope - 5 mg/1.5 mL cartridge	18 cartridges	Yes
Omnitrope - 5.8 mg	16 vials	Yes
OmvoH - 100 mg/mL	2 autoinjectors/prefilled syringes	No
OmvoH - 100 mg/mL & 200 mg/2 mL (1 box)	2 syringes/autoinjectors	No
Onyda XR	120 mL	No
Onureg - 200, 300 mg	14 tablets	No
Ongentys	31 capsules	No
Onglyza - 2.5, 5 mg	31 tablets	No
Opioids, long acting	Opioid Cumulative Dose: 180 MED	Yes
	Opioid Naïve: 7 day supply, less than 50 MED	
Opioids, short acting	Opioid Cumulative Dose: 180 MED	Yes
Opana - 10 mg	186 tablets	Yes
Opana - 5 mg	186 tablets	No
Opsumit - 10 mg	31 tablets	No
Opsynvi	30 tablets	No
Oralair	31 tablets	No
Oralair Starter Pack	3 tablets per 365 days	No
Orbivan	186 capsules	No
Orencia - 50 mg/0.4 mL	186 mL	No
Orencia - 87.5 mg/0.7 mL	4 syringes/autoinjectors	No
Orencia/Orencia Clickjet - 125 mg	4 syringes or autoinjectors	No
Orenitram - 0.125, 2.5 mg	186 tablets	No
Orenitram - 0.25, 1 & 5 mg	186 tablets	Yes
Orenitram Titration Kit	1 kit/365 days	No
Oriahnn	56 tablets	No
Orilissa - 150 mg	28 tablets	No
Orilissa - 200 mg	56 tablets	No
Orgovyx	31 tablets	Yes
Orkambi	112 tablets, 12 fills/year	No
Orkambi - packets	56 packets	No
Orladeyo	31 capsules	No
Orserdu - 86 mg	90 tablets	No
Orserdu - 345 mg	30 tablets	No
Oseni	31 tablets	No
Osphena - 60 mg	30 tablets	No
Otezla - 20, 30 mg	60 tablets	No
Otezla - 10, 20, 30 mg Starter Pack	1 starter pack per 365 days	No
Otulfli - 45 & 90 mg	1 prefilled syringe/3 months	Yes
Otrexup	4 prefilled syringes or pens	No
Oxaydo	372 tablets	No

UnitedHealthcare - Pharmacy Benefit

Quantity Limits per duration

Last updated 8/15/2025 (For 9/1/2025 Effective Date)

The following is a comprehensive list of medications that have a duration quantity limit. Supply Limits establish the maximum quantity of drug that is covered in a copay or a specified timeframe.

Inclusion in this list does not indicate a drug is covered by a particular plan. Any drug may be subject to other requirements including but not limited to Exclude at Launch and or Review at Launch.

Oxervate	56 vials per 365 days	Yes
Oxycodone/Acet (Percocet / Roxicet / Endocet) 5/500 mg, 7.5/500 & 10/500 mg	248 tablets	No
OxyContin - 10, 15, 20 & 30 mg	62 tablets	Yes
OxyContin - 40, 60 & 80 mg	Requires Supply Limit Review	Yes
oxymorphone ER (generic Opana ER) - 20, 30 & 40 mg	Requires Supply Limit Review	Yes
oxymorphone ER (generic Opana ER) - 5, 7.5, 10 & 15 mg	62 tablets	Yes
Ozempic - 2 mg/3 mL	1 pen Two, one-month fills are required before a three-month fill is available if allowed.	No
Ozempic - 4 mg/3 mL (1 mg injection)	1 pen Two, one-month fills are required before a three-month fill is available if allowed.	No
Ozempic - 8 mg/3 mL (2 mg injection)	1 pen Two, one-month fills are required before a three-month fill is available if allowed.	No
Palforzia Dose Escalation 1-3 Starter pack	7 capsules	No
Palforzia Dose Escalation 4-17 Starter pack	13 capsules	No
Palforzia Level 1 - 3 X 1 mg (3 mg dose)	1 pack (45 capsules)/13 days	No
Palforzia Level 2 - 6 X 1 mg (6 mg dose)	1 pack (90 capsules)/13 days	No
Palforzia Level 3 - 2 X 1 mg & 10 mg (12mg dose)	1 pack (45 capsules)/13 days	No
Palforzia Level 4 - 20 mg (20 mg dose)	1 pack (15 capsules)/13 days	No
Palforzia Level 5 - 2 X 20 mg (40 mg dose)	1 pack (30 capsules)/13 days	No
Palforzia Level 6 - 4 X 20 mg (80 mg dose)	1 pack (60 capsules)/13 days	No
Palforzia Level 7 - 20 mg & 100 mg (120 mg dose)	1 pack (30 capsules)/13 days	No
Palforzia Level 8 - 3 X 20 mg & 100 mg (160 mg dose)	1 pack (60 capsules)/13 days	No
Palforzia Level 9 - 2 X 100mg (200 mg dose)	1 pack (30 capsules)/13 days	No
Palforzia Level 10 - 2 X 20 mg & 2 X 100 mg (240 mg dose)	1 pack (60 capsules)/13 days	No
Palforzia Level 11 (Maintenance) - 300 mg	1 pack (30 capsules)/13 days	No
Palforzia Level 11 (Titration) - 300 mg	31 capsule	No
Palynziq - 2.5 mg	6 syringes	Yes
Palynziq - 10 mg	14 syringes	Yes
Palynziq - 20 mg	30 syringes	Yes
Paxil CR - 12.5 mg	31 tablets	Yes
Paxil CR - 25, 37.5 mg	62 tablets	No
Paxlovid	1 course of therapy/copay, 2 courses of therapy/year	Yes
PEG-Intron - 50, 80, 120 & 150 mcg	4 redipens	No
Pemazyre - 4.5, 9, 13.5 mg	31 tablets	No
Perforomist - 20 mcg/2 mL	1 carton (60 vials)	No
Pexeva - 10, 20 mg	31 tablets	Yes
Pexeva - 30 mg	62 tablets	No
Pexeva - 40 mg	31 tablets	No
Pheburane	8 bottles	No
Pirfenidone	93 tablets	No
Piqray - 200 mg	31 tablets	No
Piqray - 250, 300 mg	62 tablets	No
Plegridy - Starter Kit	2 pens or pre-filled syringes (1.0 mL)/300 days	No
Plegridy	2 syringes/month	No
Pomalyst - 1, 2, 3 & 4 mg	21 capsules	No
Ponvory - Starter Pack	1 starter pack	Yes
Ponvory - 20 mg	30 tablets	No
Pradaxa pak 20, 30, 40, 50 & 110 mg	124 packets	No
Pradaxa pak - 150 mg	62 packets	No
Pradaxa - 75, 110 & 150 mg	62 capsules	No
Praluent	2 pens/syringes	No
Prandin - 0.5, 1 mg	124 tablets	No
Prandin - 2 mg	248 tablets	No
Prevacid - 15 mg	31 capsules	No
Prevacid - 15 mg ODT	31 orally disintegrating tablets (ODT)	No
Prevacid - 30 mg	31 capsules	Yes

UnitedHealthcare - Pharmacy Benefit

Quantity Limits per duration

Last updated 8/15/2025 (For 9/1/2025 Effective Date)

The following is a comprehensive list of medications that have a duration quantity limit. Supply Limits establish the maximum quantity of drug that is covered in a copay or a specified timeframe.

Inclusion in this list does not indicate a drug is covered by a particular plan. Any drug may be subject to other requirements including but not limited to Exclude at Launch and or Review at Launch.

Prevacid - 30 mg ODT	31 ODT	Yes
Prevpac Consumer Pak	14 units	No
Pristiq	31 tablets	No
Procrit - 10,000 unit/mL (1 mL) vial, 20,000 unit (1 mL) vial, & 10,000 u/mL (2 mL) vial	8 mL	Yes
Procrit - 2000, 3000 & 4000 units	12 mL	No
Procrit - 40,000 unit vial	4 mL	Yes
Promacta - 12.5 mg	62 packets	No
Promacta - 25 mg	186 packets	No
Provigil - 100 mg	93 tablets	No
Provigil - 200 mg	62 tablets	No
Prozac Weekly	4 capsules	No
Pulmicort Flexhaler - 90, 180 mcg	2 inhalers	No
Pulmicort Respules - 0.25 mg	60 respules	No
Pulmicort Respules - 0.5 mg	60 respules	Yes
Pulmicort Respules - 1 mg	30 respules	Yes
Pulmozyme	60 nebulas	No
Pylera	120 capsules (10 blister cards) every 6 months	Yes
Pyrudynd - 5, 20 & 50 mg	56 tablets	No
Pyrudynd - 5 mg Taper Pack	1 pack (7 tablets)	No
Pyrudynd - 20 mg/5mg, 50 mg/20 mg Taper Pack	1 pack (14 tablets)	No
Pyzchiva - 45 & 90 mg	1 prefilled syringe/3 months	Yes
Qdolo	2480 mL	No
Qfitlia - 20 & 50 mg	1 prefilled pen/vial	No
Qelbree - 100 mg	31 capsule	Yes
Qelbree - 150 mg	62 capsules	No
Qelbree - 200 mg	93 capsules	No
Qinlock	93 tablets	Yes
Qlosi - 0.4%	30 vials	Yes
Qtern	31 tablets	No
Qulipta - 10, 30 & 60 mg	30 tablets	No
Quillichew	31 tablets	Yes
Quillivant XR - 5 mg/mL	360 mL	No
Quviviq - 25, 50 mg	31 tablets	No
QVAR Redihaler - 40 mcg	1 inhaler	No
QVAR Redihaler - 80 mcg	4 inhalers	No
Radicava ORS Starter Kit (14-day treatment cycle)	70 mL/year	No
Radicava ORS Kit (10-day treatment cycle)	50 mL/month	No
Ragwitek	31 tablets	No
Ravicti	22 bottles of 25 mL each	No
Rebif - 22, 44 mcg	12 syringes	No
Rebif - titration pack	1 pack	No
Recorlev	8 tablets	No
Rectiv	30 grams	No
Relistor Injection	31 syringes	No
Relistor Tablets	93 tablets	No
Repatha - 140 mg	2 syringes/pens	Yes
Repatha Pushtronex	1 system	Yes
Restasis MultiDose Vial	1 bottle (5.5 mL)	No
Retacrit - 2000, 3000, 4000 units/1 mL SDV	12 vials	No
Retacrit - 10000 units/1 mL SDV	8 vials	No
Retacrit - 40000 units/1 mL SDV	4 vials	Yes
Retevmo - 40 mg capsules	180 capsules	No
Retevmo - 80 mg capsules	120 capsules	No
Retevmo - 40 mg tablets	90 tablets	No
Retevmo - 80, 120 & 160 mg tablets	60 tablets	No
Revatio - 10 mg/mL	186 mL	Yes
Revatio - 20 mg	15 tablets	Yes
Revlimid - 2.5, 5, 10 & 15 mg	28 capsules	No

UnitedHealthcare - Pharmacy Benefit

Quantity Limits per duration

Last updated 8/15/2025 (For 9/1/2025 Effective Date)

The following is a comprehensive list of medications that have a duration quantity limit. Supply Limits establish the maximum quantity of drug that is covered in a copay or a specified timeframe.

Inclusion in this list does not indicate a drug is covered by a particular plan. Any drug may be subject to other requirements including but not limited to Exclude at Launch and or Review at Launch.

Revlimid - 20 & 25 mg	21 capsules	No
Revuforj - 25 mg	240 tablets	No
Revuforj - 110 mg	120 tablets	No
Revuforj - 160 mg	60 tablets	No
Relexxii	31 tablets	No
Rexulti	31 tablets	No
Reyvow - 50 mg	4 tablets	No
Reyvow - 100 mg	8 tablets	No
Rezdiffra	31 tablets	No
Rezlidhia	62 capsules	No
Rezurock	30 tablets	Yes
Rinvoq - 15, 30 mg	30 tablets	No
Rinvoq - 45 mg	84 tablets	Yes
Rinvoq LQ - 1 mg/mL	2 bottles (360 mL)	No
Ritalin LA - 10, 20 mg	155 capsules	No
Ritalin LA - 30 mg	93 capsules	No
Ritalin LA - 40 mg	62 capsules	No
Rivfloza - 80 mg/0.5 mL	2 vials	No
Rivfloza - 128 mg/0.8 mL, 160 mg/1 mL	1 prefilled syringes	No
Romvimza - 14, 20 & 30 mg	8 capsules	No
Roxybond - 5, 10, 15, 30 mg	372 tablets	No
Rozerem - 8 mg	31 tablets	No
Rozlytrek - 50 mg	84 pellets	No
Rozlytrek - 100 mg	90 capsules	No
Rozlytrek - 200 mg	90 capsules	No
Rubraca - 200 mg	124 tablets	No
Rubraca - 300 mg	124 tablets	No
Ruconest	8 vials	Yes
	30 tablets	
Rybelsus - 1.5, 3, 4, 7, 9 & 14 mg	Two, one-month fills are required before a three-month fill is available if allowed.	No
Rydapt - 25 mg	224 capsules	No
Ryzolt - 100 mg	31 tablets	Yes
Ryzolt - 200, 300 mg	31 tablets	No
Sabril	6 tablets/packets	Yes
Saizen - 5 mg	18 vials	Yes
Saizen - 8.8 mg	11 vials/cartridges	Yes
Samsca - 15 mg	30 tablets	Yes
Samsca - 30 mg	60 tablets	Yes
Saphris - 2.5, 5 & 10 mg	62 tablets	No
Savaysa	31 tablets	No
Savella - 25 mg	62 tablets	Yes
Savella - 12.5, 50, 100 mg	62 tablets	No
Savella - Titration Pack	1 pack	No
	5 pens	
Saxenda	Two, one-month fills are required before a three-month fill is available if allowed.	No
Scemblix - 20 mg	60 tablets	No
Scemblix - 40 mg	60 tablets	Yes
Scemblix - 100 mg	120 tablets	No
Secuado	31 patches	No
Seglentis	124 capsules	No
Segluromet	62 tablets	No
Selarsdi - 45 & 90 mg	1 syringe/3 months	Yes
Serevent diskus	1 diskus	No
Serostim - 4, 5 & 6 mg/vial	28 vials	No
Sertraline - 150, 200 mg	31 capsules	No
Signifor	62 ampules	No
Silenor - 3, 6 mg	31 tablets	No

UnitedHealthcare - Pharmacy Benefit

Quantity Limits per duration

Last updated 8/15/2025 (For 9/1/2025 Effective Date)

The following is a comprehensive list of medications that have a duration quantity limit. Supply Limits establish the maximum quantity of drug that is covered in a copay or a specified timeframe.

Inclusion in this list does not indicate a drug is covered by a particular plan. Any drug may be subject to other requirements including but not limited to Exclude at Launch and or Review at Launch.

Siliq	Loading dose 4 syringes followed by 2 syringes per month	Yes
Simlandi - 20 mg/0.2 mL	2 syringes	No
Simlandi - 40 mg/0.4 mL - 1-pen & 2-pen	2 autoinjectors	No
Simlandi - 80 mg/0.8 mL	2 syringes/autoinjectors	Yes
Simponi - 50 mg	1 syringe or autoinjector	No
Simponi - 100 mg	1 syringe or autoinjector	Yes
Skyclarys	90 capsules	No
Skyrizi - 75 mg	2 syringes / 90 days	Yes
Skyrizi - 150 mg	1 prefilled syringe or pen	Yes
Skyrizi - 180 mg	1 prefilled syringe/cartridge	No
Skyrizi - 360 mg	1 prefilled cartridge	No
Skytrofa	4 cartridges	No
Soaanz - 20 mg	31 tablets	No
Soaanz - 40, 60 mg	62 tablets	No
Sogroya - 5 mg/1.5 mL, 10 mg/1.5 mL	4 pen injectors	Yes
Sogroya - 15 mg/1.5 mL	4 pen injectors	No
Sohonos - 1, 1.5, 2.5, 5 mg	28 capsules	No
Sohonos - 10 mg	28 capsules	Yes
Soliqua	6 pens	No
Somavert - 10 mg	30 vials	Yes
Somavert - 15, 20, 25, 30 mg	30 vials	No
Sotyktu	30 tablets	No
Sovaldi - 150 mg pellets	28 packets of pellets	Yes
Sovaldi - 200 mg	28 tablets	Yes
Sovaldi - 200 mg pellets	28 packets of pellets	Yes
Sovaldi - 400 mg	28 tablets	Yes
Spevigo	2 prefilled syringes	No
Spiriva and Spiriva Respimat	1 carton (1 blister card)	No
Sporanox - 10 mg/mL	1800 mL/year	
Sporanox - 100 mg	180 capsules / year	Yes
Spravato	4 kits	Yes
Sprycel - 20 mg	62 tablets	No
Sprycel - 50, 70, 80, 100 & 140 mg	30 tablets	No
Starlix - 60, 120 mg	93 tablets	No
Staxyn - 10 mg	3 tablets	No
Steglatro	31 tablets	No
Steglujan	31 tablets	No
Stelara - 45, 90 mg	1 syringe/vial	Yes
Stendra	3 tablets	No
Steqeyma - 45 mg/0.5 mL, 90 mg/mL	1 syringe per 3 months	Yes
Stiolto Respimat	1 inhaler	No
Stivarga	84 tablets	Yes
Strattera - 10, 25 mg	93 capsules	No
Strattera - 18 mg	155 capsules	No
Strattera - 40 mg	62 capsules	No
Strattera - 60 mg	31 capsules	No
Strattera - 80, 100 mg	31 capsules	No
Strensiq - 18 mg/0.45 mL, 28 mg/0.7 mL, 40 mg/mL, 80 mg/0.08 mL	12 vials	Yes
Stribild	31 tablets	No
Striverdi Respimat	1 inhaler	No
Suboxone - 12 mg/3 mg	62 films	No
Suboxone - 2 mg/0.5 mg & 4 mg/1 mg	31 films	No
Suboxone - 8 mg/2 mg	93 films	Yes
Sunlenca - 300 mg	24 tablets/year	Yes
Sunosi	31 tablets	No
Sutent	31 capsules	No
Symbicort - 80/4.5, 160/4.5 mcg	1 inhaler	Yes

UnitedHealthcare - Pharmacy Benefit

Quantity Limits per duration

Last updated 8/15/2025 (For 9/1/2025 Effective Date)

The following is a comprehensive list of medications that have a duration quantity limit. Supply Limits establish the maximum quantity of drug that is covered in a copay or a specified timeframe.

Inclusion in this list does not indicate a drug is covered by a particular plan. Any drug may be subject to other requirements including but not limited to Exclude at Launch and or Review at Launch.

Symbyax - 3/25, 6/50, 12/25 & 12/50 mg	31 capsules	No
Symbyax - 6/25 mg	31 capsules	Yes
Symdeko	56 tablets, 12 fills/year	No
Symfi	31 tablets	No
Symfi Lo	31 tablets	No
Symtuza	31 tablets	No
SymlinPen - 60, 120 mcg	4 pens	No
Symproic	31 tablets	No
Syndros	124 mL	Yes
Synjardy - 5 mg/500 mg, 5 mg/1000 mg, 12.5 mg/500 mg, 12.5 mg/1000 mg	62 tablets	No
Synjardy XR - 10/1000, 25/1000 mg	31 tablets	No
Synjardy XR - 5/1000, 12.5/1000 mg	62 tablets	No
Tabrecta - 150, 200 mg	124 tablets	No
Tadliq - 20 mg/5 mL	2 bottles	No
Tafinlar - 10 mg	420 tablets	Yes
Tafinlar - 50, 75 mg	120 capsules	No
Tagrisso	62 tablets	Yes
Takhzyro - 300 mg	2 mL (1 syringe)	Yes
Takhzyro - 150 mg	1 mL (1 syringe)	Yes
Talicia	168 capsules/180 days	No
Taltz - 20, 40 mg	1 prefilled syringe	Yes
Taltz - 80 mg	1 syringe/autoinjector	Yes
Talzenna - 0.1, 0.25, 0.35, 0.5, 0.75 & 1 mg	31 capsules	No
Takhzyro	1 vial	Yes
Tanzeum	4 pens	No
Tarceva - 25 mg	31 tablets	Yes
Tarceva - 100, 150 mg	31 tablets	No
Tarpeyo	124 capsules	No
Tascenso ODT - 0.25, 0.5 mg	30 tablets	No
Tasigna - 50 mg	120 capsules	No
Tasigna - 150, 200 mg	124 capsules	No
Tavalisse - 100, 150 mg	60 tablets	No
Tavneos - 10 mg	186 capsules	No
Tazverik	240 tablets	No
Tecfidera - 120 mg	56 capsules in 365 days	No
Tecfidera - 240 mg	60 capsules	No
Tecfidera - 120, 240 mg	60 capsules (1 starter pack) in 365 days	No
Tegsedi	4 syringes	No
Temixys	31 tablets	No
Tepmetko - 225 mg	62 tablets	No
Terbinex - 250 mg	3 kits/year	No
Testim - 1% cream*	2 cartons (60 tubes)	Yes
Testosterone 1%	90 packets	Yes
Tezspire	1 prefilled pen	No
Tibsovo - 250 mg	60 tablets	No
Tlando	124 capsules	Yes
TOBI	1 carton (56 ampules)/56 days	No
TOBI Podhaler	224 capsules (1 box)/56 days	No
Tracleer - 62.5, 125 mg	62 tablets	No
Tracleer - 32 mg	124 tablets	No
Tradjenta - 5 mg	31 tablets	No
Trelegy Ellipta	1 inhaler (62 blisters)	No
Tremfya - 100 mg	1 device/1 syringe/two months	Yes
Tremfya - 200 mg	1 syringe/pen	No
Tremfya - Crohn Induction Pack - 200 mg	2 pens/1 box	Yes
Trijardy XR - 5/2.5/1000 mg, 12.5/2.5/1000 mg	62 tablets	No
Trijardy XR - 10/5/1000 mg, 25/5/1000 mg	31 tablets	No
Trikafta	84 tablets	No

UnitedHealthcare - Pharmacy Benefit

Quantity Limits per duration

Last updated 8/15/2025 (For 9/1/2025 Effective Date)

The following is a comprehensive list of medications that have a duration quantity limit. Supply Limits establish the maximum quantity of drug that is covered in a copay or a specified timeframe.

Inclusion in this list does not indicate a drug is covered by a particular plan. Any drug may be subject to other requirements including but not limited to Exclude at Launch and or Review at Launch.

Trikafta - packets	56 packets	No
Triumeq	31 tablets	No
Triumeq PD	186 tablets	No
Trintellix - 20 mg	31 tablets	Yes
Trintellix - 5, 10 mg	31 tablets	No
Troxycya - 10/1.2, 20/2.4 & 30/3.6 mg	62 tablets	Yes
Troxycya - 40/4.8, 60/7.2 & 80/9.6 mg	Requires Supply Limit Review	Yes
Trulance	31 tablets	No
Truvada	31 tablets	No
Tryngolza - 80 mg/0.8 mL	1 autoinjector	No
Trulicity	4 pens Two, one-month fills are required before a three-month fill is available if allowed.	No
Truqap - 160, 200 mg	64 tablets	No
Truqap - 160 mg blister pack, 200 mg blister pack	64 tablets	No
Tudorza Pressair	1 device (60 metered doses)	No
Tukysa - 50 mg	300 tablets	No
Tukysa - 150 mg	120 tablets	No
Turalio	124 capsules	No
Twist - Starter kit	1 kit	No
Tyenne	4 syringes/autoinjectors	No
Tyrvaya	8.28 mL	No
Tyvaso Maintenance/Titration Kit	1 kit	No
Ubrelvy	8 tablets	Yes
Ukoniq	124 tablets	No
Ultram ER - 100 mg	31 tablets	Yes
Ultram ER - 200, 300 mg	31 tablets	No
Uptravi 200 mcg & 800 mcg Starter Pack	1 pack/365 days	Yes
Uptravi 200 mcg Starter Pack	1 pack/365 days	Yes
Uptravi 200, 400, 600, 800, 1000, 1200, 1400 & 1600 mcg	62 tablets	No
ustekinumab-ttwe - 45 & 90 mg	1 prefilled syringe/3 months	Yes
Vafseo - 150 mg	31 tablets	No
Vafseo - 300 mg	31 tablets	Yes
Valtoco - 5, 10, 15 & 20 mg	5 doses/month	Yes
Vanflyta	56 tablets	No
Vanrafia - 0.75 mg	30 tablets	No
Velsipity - 2 mg	30 tablets	No
Veltassa - 1 gm	124 packets	Yes
Veltassa - 8.4, 16.8 & 25.2 g	31 packets	Yes
Venclexta - 10 mg	14 tablets	Yes
Venclexta - 50 mg	28 tablets	No
Venclexta - 100 mg	120 tablets	Yes
Venclexta Starter Pack	1 pack/365 days	No
Venlafaxine ER - 150 mg	62 tablets	No
Venlafaxine ER - 225 mg	31 tablets	No
Venlafaxine ER - 37.5 mg	31 tablets	Yes
Venlafaxine ER - 75 mg	31 tablets	Yes
Veozah - 45 mg	30 tablets	No
Verkazia	120 vials	No
Verquvo - 2.5, 5 mg	31 tablets	Yes
Verquvo - 10 mg	31 tablets	No
Verzenio - 50, 100, 150 & 200 mg	56 tablets	No
Veveye	2 mL (1 bottle)	No
Viagra - 25, 50 & 100 mg	15 tablets	No
Viberzi	62 tablets	No
Vicodin / Vicodin ES / Vicodin HP	See Hydrocodone/Acetaminophen	-
Victoza (6 mg) - 2 pen pack	2 pens Two, one-month fills are required before a three-month fill is available if allowed.	Yes

UnitedHealthcare - Pharmacy Benefit

Quantity Limits per duration

Last updated 8/15/2025 (For 9/1/2025 Effective Date)

The following is a comprehensive list of medications that have a duration quantity limit. Supply Limits establish the maximum quantity of drug that is covered in a copay or a specified timeframe.

Inclusion in this list does not indicate a drug is covered by a particular plan. Any drug may be subject to other requirements including but not limited to Exclude at Launch and or Review at Launch.

Victoza (6 mg) - 3 pen pack	3 pens (requires trial of 2 pen pack) Two, one-month fills are required before a three-month fill is available if allowed.	No
Victrelis - 200 mg	336 capsules	No
Vigafyde - 100 mg	900 mL	Yes
Viibryd - 10 mg	31 tablets	Yes
Viibryd - 20, 40 mg	31 tablets	No
Viibryd Starter Kit - 40 mg	1 kit	No
Vioice - 50 mg	1 blister pack (28 tablets)	No
Vioice - 125 mg	1 blister pack (28 tablets)	No
Vioice - 200 mg/50	2 blister packs (56 tablets)	No
Vizimpro	31 tablets	No
Vimovo - 375/20, 500/20 mg	62 tablets	No
Vitrakvi - 100 mg	62 capsules	No
Vitrakvi - 25 mg	186 capsules	No
Vitrakvi - 20 mg/mL	300 mL	No
Vivelle-Dot - 0.025, 0.0375, 0.05, 0.075 & 0.1 mg	8 patches	Yes
Vivjova	18 capsules	No
Vivlodex	31 tablets	No
Vykat - 25 mg	120 tablets	No
Vykat - 75 mg	210 tablets	No
Vykat - 150 mg	90 tablets	No
Vogelxo Pump	4 pumps	Yes
Vogelxo Tubes & Packets	62 tubes/packets	Yes
Vonjo	124 capsules	No
Voranigo - 10 mg	62 tablets	No
Voranigo - 40 mg	31 tablets	No
Voquezna - 10 mg	31 tablets (1 course of therapy/year)	No
Voquezna - 20 mg	31 tablets (1 course of therapy/year)	Yes
Voquezna - Dual/Triple Pak	112 tablets/capsules (1 course of therapy)	No
Vosevi	84 tablets/720 days	No
Votrient - 200 mg	120 tablets	No
Vowst	12 capsules/year	Yes
Voxzogo	31 vials	No
Voydeya - 50 mg-100 mg	180 tablets	No
Voydeya - 100 mg	180 tablets	No
Vraylar 1.5 mg	31 capsules	Yes
Vraylar 3, 4.5 mg	31 capsules	No
Vraylar Titration Pack	1 pack/year	Yes
Vuity	2.5 mL	No
Vumerity	120 capsules	No
Vyalev	56 vials	No
Vyleesi	4 autoinjectors pens	No
Vyndaqel	124 capsules	No
Vyndamax	31 capsules	No
Vyvanse - 10, 20 & 30 mg	62 capsules/chewable tablets	No
Vyvanse - 40 mg	31 capsules/chewable tablets	No
Vyvanse - 50 mg	31 capsules/chewable tablets	No
Vyvanse - 60 mg	31 capsules/chewable tablets	No
Vyvanse - 70 mg	31 capsules	No
Wainua	1 autoinjector	No
Wakix	62 tablets	No
Wegovy - 0.25 mg/0.5 mL, 1 mg/0.5 mL, 1.7 mg/0.5 mL	4 pens Two, one-month fills are required before a three-month fill is available if allowed.	Yes
Wegovy - 1.7 mg/0.75 mL, 2.4 mg/0.75 mL	4 pens Two, one-month fills are required before a three-month fill is available if allowed.	No

UnitedHealthcare - Pharmacy Benefit

Quantity Limits per duration

Last updated 8/15/2025 (For 9/1/2025 Effective Date)

The following is a comprehensive list of medications that have a duration quantity limit. Supply Limits establish the maximum quantity of drug that is covered in a copay or a specified timeframe.

Inclusion in this list does not indicate a drug is covered by a particular plan. Any drug may be subject to other requirements including but not limited to Exclude at Launch and or Review at Launch.

Welireg	90 tablets	No
Wezlana - 45 mg/0.5 mL, 90 mg/mL	1 syringe per 3 months	Yes
Wezlana - 45 mg/0.5 mL	1 single dose vial per 3 moths	Yes
Winrevair - 45 mg & 60 mg - 1 kit (single dose vial)	1 kit (1 vial)	No
Winrevair - 45 mg & 60 mg (2 pack) - 1 kit (2 single dose vials)	1 kit (2 vials)	No
Xalkori - 20 mg	240 capsules	No
Xalkori - 50 mg	120 capsules	No
Xalkori - 150 mg	180 capsules	No
Xalkori - 200, 250 mg	120 capsules	No
Xarelto Starter Pack	1 pack/365 days	Yes
Xarelto - 1 mg/mL	620 mL	No
Xarelto - 2.5 mg	62 tablets	No
Xarelto - 10 mg	31 tablets	No
Xarelto - 15 mg	52 tablets for induction or 31 tablets for maintenance	No
Xarelto - 20 mg	31 tablets	Yes
Xatmep	124 mL	Yes
Xdemvy	1 bottle (10 mL)	No
Xelstrym	31 patches	No
Xeljanz	60 tablets	No
Xeljanz XR	30 tablets	Yes
Xeljanz Oral Solution	240 mL	No
Xermelo - 250 mg	84 tablets	No
Xifaxan - 550 mg	62 tablets	Yes
Xigduo XR - 5/500, 10/500 mg, 10/1000 mg	31 tablets	No
Xigduo XR - 2.5/1000 mg	31 tablets	Yes
Xigduo XR - 5/1000 mg	62 tablets	No
Xofluza - 40, 80 mg	1 tablet	Yes
Xolair - 75 mg	2 syringes/autoinjectors	No
Xolair - 150 mg	2 syringes/autoinjectors	No
Xolair - 300 mg	2 syringes/autoinjectors	Yes
Xolremdi	120 capsules	No
Xospata	93 tablets	No
Xphozah - 10, 20 & 30 mg	62 tablets	No
Xpovio - 40 mg once weekly pack	16 tablets	No
Xpovio - 40 mg twice weekly pack	8 tablets	No
Xpovio - 50 mg (100 mg once weekly pack)	8 tablets	No
Xpovio - 60 mg once weekly pack	4 tablets	No
Xpovio - 60 mg twice weekly pack	24 tablets	No
Xpovio - 80 mg once weekly pack	8 tablets	No
Xpovio - 80 mg twice weekly pack	32 tablets	No
Xtampza ER - 13.5, 18, 27 mg	62 capsules	Yes
Xtampza ER - 36 mg	Requires Supply Limit Review	Yes
Xtandi - 40 mg	120 capsules/tablets	Yes
Xtandi - 80 mg	60 tablets	Yes
Xultophy	5 pens (15 mL)	No
Xuriden - 2 g	30 packets	Yes
Xyosted	4 pens	Yes
Xyrem	540 mL	No
Xywav	540 mL	No
Yesintek - 45 mg/0.5 mL, 90 mg/mL	1 syringe per 3 months	Yes
Yesintek - 45 mg/0.5 ml	1 single dose vial per 3 months	Yes
Yonsa	124 tablets	No
Yorvipath	2 pens	No
Yupelri	31 vials	No
Yuflyma - 20 mg/0.2 mL	2 syringes	No
Yuflyma - 40 mg/0.4 mL	2 autoinjectors/prefilled syringes	Yes
Yusimry - 40 mg/0.8 mL	2 autoinjectors	Yes
Zegerid - 20, 40 mg	31 capsules/packets	Yes
Zejula - 100, 200 & 300 mg	31 tablets	No

UnitedHealthcare - Pharmacy Benefit

Quantity Limits per duration

Last updated 8/15/2025 (For 9/1/2025 Effective Date)

The following is a comprehensive list of medications that have a duration quantity limit. Supply Limits establish the maximum quantity of drug that is covered in a copay or a specified timeframe.

Inclusion in this list does not indicate a drug is covered by a particular plan. Any drug may be subject to other requirements including but not limited to Exclude at Launch and or Review at Launch.

Zelboraf - 240 mg	240 tablets	No
Zepatier	84 tablets per 720 days	Yes
Zepbound - 2.5 mg	4 autoinjectors Two, one-month fills are required before a three-month fill is available if allowed.	Yes
Zepbound - 5, 7.5, 10, 12.5, 15 mg	4 autoinjectors Two, one-month fills are required before a three-month fill is available if allowed.	No
Zeposia - 0.92 mg	30 capsules	No
Zeposia - 7-day starter pack	1 starter (7 capsules) kit per year	Yes
Zeposia - 28 capsule starter kit	1 starter (28 capsules) kit per year	Yes
Zeposia - 37 capsule starter kit	1 starter (37 capsules) kit per year	Yes
Zilbrysq - 16.6 mg/0.416 mL, 23 mg/0.574 mL, 32.4 mg/0.81 mL	28 syringes	No
Zipsor	124 capsules	No
Zituvimet XR - 50/500 mg, 50/1000 mg	62 tablets	No
Zituvimet XR - 100/1000 mg	31 tablets	No
Zituvio - 25, 50, 100 mg	31 tablets	No
Zohydro ER - 10, 15, 20, 30 & 40 mg	62 capsules	Yes
Zohydro ER - 50 mg	Requires Supply Limit Review	Yes
Zokinvy	5 capsules	Yes
Zolinza	124 capsules	No
Zolpidem Tartrate	31 capsules	No
Zolpimist	1 canister	No
Zomacton - 10 mg	9 vials	Yes
Zomacton - 5 mg	18 vials	Yes
Zontivity	31 tablets	No
ZTLido	93 patches	No
Zorbtive - 8.8 mg/vial	28 vials	No
Zubsolv - 0.7 mg/0.18 mg	31 tablets	Yes
Zubsolv - 1.4 mg/0.36 mg	93 tablets	No
Zubsolv - 2.9 mg/0.71 mg	31 tablets	No
Zubsolv - 5.7 mg/1.4 mg	93 tablets	Yes
Zubsolv - 8.6 mg/2.1 mg	62 tablets	No
Zubsolv - 11.4 mg/2.9 mg	62 tablets	No
Zurampic	31 tablets	No
Zurzuvae - 20, 25 mg	28 capsules/year	Yes
Zurzuvae - 30 mg	14 capsules/year	Yes
Zydelig - 100, 150 mg	60 tablets	No
Zykadia - 150 mg	90 tablets	No
Zymfentra - 2-syringe	1 kit (2 syringes)	No
Zymfentra - 1-pen	2 kits (2 autoinjector pens)	No
Zymfentra - 2-pen	1 kit (2 autoinjector pens)	No
Zytiga - 250 mg	124 tablets	No
Zytiga - 500 mg	62 tablets	No

*May be able to fill multiple times per month for additional copay