

Individual Exchange plans: Pharmacy benefit coverage updates

Effective Jan. 1, 2024, for Michigan

Effective Jan. 1, 2024, we're making the following changes to the Prescription Drug List (PDL) for UnitedHealthcare Individual Exchange plan* of Michigan.

You can access plan-specific coverage information using our [PreCheck MyScript](#) tool in the UnitedHealthcare Provider Portal. These updates will appear in PreCheck MyScript on Jan. 1.

Tier updates

These medications will move to a higher tier, which may result in higher cost-sharing.

Medication	Lower-cost option(s)
ARMODAFINIL TAB 150 MG	MODAFINIL TAB
ARMODAFINIL TAB 200 MG	MODAFINIL TAB
ARMODAFINIL TAB 250 MG	MODAFINIL TAB
ARMODAFINIL TAB 50 MG	MODAFINIL TAB
BUPREN/NALOX SUB 2-0.5 MG	-
BUPREN/NALOX SUB 8-2 MG	-
BUPRENORPHIN SUB 2 MG	-
BUPRENORPHIN SUB 8 MG	-
LENVIMA CAP 12 MG	-
LENVIMA CAP 18 MG	-
LENVIMA CAP 20 MG	-
LENVIMA CAP 24 MG	-
LENVIMA CAP 8 MG	-
NALTREXONE TAB 50 MG	-

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

Tier updates (cont.)

Medication	Lower-cost option(s)
NP THYROID TAB 120 MG	LEVOTHYROXINE TAB; LEVOXYL; EUTHYROX; LEVO-T; UNITHROID
NP THYROID TAB 15 MG	LEVOTHYROXINE TAB; LEVOXYL; EUTHYROX; LEVO-T; UNITHROID
NP THYROID TAB 30 MG	LEVOTHYROXINE TAB; LEVOXYL; EUTHYROX; LEVO-T; UNITHROID
NP THYROID TAB 60 MG	LEVOTHYROXINE TAB; LEVOXYL; EUTHYROX; LEVO-T; UNITHROID
NP THYROID TAB 90 MG	LEVOTHYROXINE TAB; LEVOXYL; EUTHYROX; LEVO-T; UNITHROID
NUCYNTA ER TAB 100 MG	MORPHINE SULFATE ER TAB; TRAMADOL ER TAB
NUCYNTA ER TAB 150 MG	MORPHINE SULFATE ER TAB; TRAMADOL ER TAB
NUCYNTA ER TAB 200 MG	MORPHINE SULFATE ER TAB; TRAMADOL ER TAB
NUCYNTA ER TAB 250 MG	MORPHINE SULFATE ER TAB; TRAMADOL ER TAB
NUCYNTA ER TAB 50 MG	MORPHINE SULFATE ER TAB; TRAMADOL ER TAB
VIRT-NATE CAP DHA	VP-PNV-DHA CAP
XTAMPZA ER CAP 13.5 MG	MORPHINE SULFATE ER TAB
XTAMPZA ER CAP 18 MG	MORPHINE SULFATE ER TAB
XTAMPZA ER CAP 27 MG	MORPHINE SULFATE ER TAB
XTAMPZA ER CAP 36 MG	MORPHINE SULFATE ER TAB
XTAMPZA ER CAP 9 MG	MORPHINE SULFATE ER TAB

Prior authorization requirements

These medications will require prior authorization.

Medication
GUAIATUSS AC SYP 100-10/5
LEVORPHANOL TAB 2 MG
METHADONE CON 10 MG/ML
RUFINAMIDE SUS 40 MG/ML
SUCRALFATE SUS 1 GM/10 ML

Prior authorization requirements (cont.)

The following medications will require a prior authorization:

Medication

TRAMADOL HCL TAB 100 MG ER

TRAMADOL HCL TAB 200 MG ER

TRAMADOL HCL TAB 300 MG ER

New or updated quantity limits

These medications will have new or updated quantity limits.

Medication	Quantity limit
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N/A

N/A

Non-formulary

These medications will move to non-formulary status.

Medication	Lower-cost option(s)
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AFINITOR TAB 10 MG

EVEROLIMUS TAB 10 MG

ALPHAGAN P SOL 0.1%

BRIMONIDINE SOL 0.15%

APOKYN INJ 10 MG/ML

APOMORPHINE INJ 30 MG/3 ML

AZOPT SUS 1% OP

BRINZOLAMIDE SUS 1%

BANZEL TAB 200 MG

RUFINAMIDE TAB 200 MG

BANZEL TAB 400 MG

RUFINAMIDE TAB 400 MG

BEPREVE DRO 1.5%

BEPOTASTINE DROP 1.5%

BERINERT INJ 500 UNIT

HAEGARDA

BIDIL TAB

ISOSORBIDE/HYDRALAZINE 20-37.5

BRIMONIDINE SOL 0.1%

BRIMONIDINE SOL 0.15%

BUT/APAP/CAF CAP

BUTALBITAL/APAP/CAFFEINE TAB

BUT/APAP/CAF
CAP CODEINE

BUTALBITAL/APAP/CAFFEINE TAB

CARBAGLU TAB 200 MG

CARGLUMIC TAB 200 MG

CAROSPIR SUS 25 MG/5 ML

SPIRONOLACTONE

Non-formulary (cont.)

These medications will move to non-formulary status.

Medication	Lower-cost option(s)
CHOLBAM CAP 250 MG	-
CHOLBAM CAP 50 MG	-
CIPRO (5%) SUS 250 MG/5	CIPROFLOXACIN SUSP 250/5 ML
CLINDESSE CRE 2%	CLINDAMYCIN VAGINAL; METRONIDAZOLE VAGINAL; VANDAZOLE
COMBIGAN SOL 0.2/0.5%	BRIMONIDINE/TIMOLOL SOL 0.2/0.5%
DABIGATRAN CAP 150 MG	ELIQUIS TAB; XARELTO TAB
DABIGATRAN CAP 75 MG	ELIQUIS TAB; XARELTO TAB
DALIRESP TAB 250 MCG	ROFLUMILAST TAB 250 MCG
DALIRESP TAB 500 MCG	ROFLUMILAST TAB 500 MCG
DENAVIR CRE 1%	PENCICLOVIR CRE 1%
DEXILANT CAP 30 MG DR	DEXLANSOPRAZOLE CAP 30 MG DR
DEXILANT CAP 60MG DR	DEXLANSOPRAZOLE CAP 60 MG DR
DUAKLIR AER 400/12	BEVESPI AER 9-4.8 MCG
DUEXIS TAB 800-26.6	IBUPROFEN/FAMOTIDINE 800-26.6
E.E.S. GRAN SUS 200/5 ML	ERYTHROMYCIN SUSP 200/5ML
EGRIFTA SV INJ 2 MG	-
ERYPED SUS 200/5 ML	ERYTHROMYCIN SUSP 200/5 ML
EVAMIST SPR 1.53 MG	ESTRADIOL WEEKLY PATCH
FANAPT PAK	OLANZAPINE IR TAB; QUETIAPINE IR TAB; RISPERIDONE IR TAB; ARIPIPRAZOLE IR TAB; VRAYLAR CAP
FANAPT TAB 10 MG	OLANZAPINE IR TAB; QUETIAPINE IR TAB; RISPERIDONE IR TAB; ARIPIPRAZOLE IR TAB; VRAYLAR CAP
FANAPT TAB 12 MG	OLANZAPINE IR TAB; QUETIAPINE IR TAB; RISPERIDONE IR TAB; ARIPIPRAZOLE IR TAB; VRAYLAR CAP
FANAPT TAB 1 MG	OLANZAPINE IR TAB; QUETIAPINE IR TAB; RISPERIDONE IR TAB; ARIPIPRAZOLE IR TAB; VRAYLAR CAP
FANAPT TAB 2 MG	OLANZAPINE IR TAB; QUETIAPINE IR TAB; RISPERIDONE IR TAB; ARIPIPRAZOLE IR TAB; VRAYLAR CAP

Non-formulary (cont.)

These medications will move to non-formulary status.

Medication	Lower-cost option(s)
FANAPT TAB 4 MG	OLANZAPINE IR TAB; QUETIAPINE IR TAB; RISPERIDONE IR TAB; ARIPIPRAZOLE IR TAB; VRAYLAR CAP
FANAPT TAB 6 MG	OLANZAPINE IR TAB; QUETIAPINE IR TAB; RISPERIDONE IR TAB; ARIPIPRAZOLE IR TAB; VRAYLAR CAP
FANAPT TAB 8 MG	OLANZAPINE IR TAB; QUETIAPINE IR TAB; RISPERIDONE IR TAB; ARIPIPRAZOLE IR TAB; VRAYLAR CAP
FLUTICAS HFA AER 110 MCG	ARNUITY ELLIPTA; PULMICORT FLEXHALER; QVAR
FLUTICAS HFA AER 220 MCG	ARNUITY ELLIPTA; PULMICORT FLEXHALER; QVAR
FLUTICAS HFA AER 44 MCG	ARNUITY ELLIPTA; PULMICORT FLEXHALER; QVAR
GLUCAGEN INJ HYPOKIT	BAQSIMI; GLUCAGON EMERGENCY KIT; GVOKE; ZEGALOGUE
HETLIOZ CAP 20 MG	TASIMELTEON CAP 20 MG
HETLIOZ LQ SUS 4 MG/ML	TASIMELTEON CAP 20 MG
INDOCIN SUP 50 MG	INDOMETHACIN IR CAP
INDOMETHACIN SUP 50 MG	INDOMETHACIN IR CAP
INTELENCE TAB 100 MG	ETRAVIRINE TAB 100 MG
INTELENCE TAB 200 MG	ETRAVIRINE TAB 200 MG
KALETRA TAB 100-25 MG	LOPINAVIR/RITONAVIR TAB 100-25 MG
KALETRA TAB 200-50 MG	LOPINAVIR/RITONAVIR TAB 200-50 MG
KOMBIGLYZ XR TAB 2.5-1000	SAXAGLIPTIN/METFORMIN 2.5-1000 MG
KOMBIGLYZ XR TAB 5-1000 MG	SAXAGLIPTIN/METFORMIN 5-1000 MG
KOMBIGLYZ XR TAB 5-500 MG	SAXAGLIPTIN/METFORMIN 5-500 MG
LACRISERT MIS 5 MG OP	-
LAMICTAL ODT KIT	LAMOTRIGINE ODT KIT 25/50 MG
LAMICTAL ODT KIT	LAMOTRIGINE ODT KIT 50/100 MG
LANOXIN TAB 0.0625 MG	DIGOXIN TAB 0.0625 MG
LATUDA TAB 120 MG	LURASIDONE TAB 120 MG
LATUDA TAB 20 MG	LURASIDONE TAB 20 MG

Non-formulary (cont.)

These medications will move to non-formulary status.

Medication	Lower-cost option(s)
LATUDA TAB 40 MG	LURASIDONE TAB 40 MG
LATUDA TAB 60 MG	LURASIDONE TAB 60 MG
LATUDA TAB 80 MG	LURASIDONE TAB 80 MG
METHADOSE CON 10 MG/ML	METHADONE CON 10 MG/ML
METHADOSE SF CON 10 MG/ML	METHADONE CON 10 MG/ML
MIACALCIN INJ 200/ML	CALCITONIN INJ 200/ML
MIACALCIN INJ 400/2 ML	CALCITONIN INJ 200/ML
MILLIPRED TAB 5 MG	PREDNISOLONE TAB 5 MG
MOZOBIL INJ	-
NEUPRO DIS 2 MG/24 HR	PRAMIPEXOLE IR TAB; ROPINIROLE IR TAB
NEXAVAR TAB 200 MG	SORAFENIB TAB 200 MG
ONGLYZA TAB 2.5 MG	SAXAGLIPTIN TAB 2.5 MG
ONGLYZA TAB 5 MG	SAXAGLIPTIN TAB 5 MG
PACERONE TAB 200 MG	AMIODARONE TAB 200 MG
PAXIL SUS 10 MG/5 ML	PAROXETINE SUS 10 MG/5 ML
PERTZYE CAP 16000 U	CREON; ZENPEP
PERTZYE CAP 24000 U	CREON; ZENPEP
PERTZYE CAP 4000 UNIT	CREON; ZENPEP
PERTZYE CAP 8000 UNIT	CREON; ZENPEP
PHENYL BUTYRA POW SODIUM	-
PLEGRIDY INJ	BETASERON INJ
PLEGRIDY INJ PEN	BETASERON INJ
PLEGRIDY INJ STARTER	BETASERON INJ

Non-formulary (cont.)

These medications will move to non-formulary status.

Medication	Lower-cost option(s)
PLEGRIDY PEN INJ STARTER	BETASERON INJ
PLERIXAFOR INJ 24/1.2 ML	-
PRADAXA CAP 110 MG	ELIQUIS TAB; XARELTO TAB
PRADAXA CAP 150 MG	ELIQUIS TAB; XARELTO TAB
PRADAXA CAP 75 MG	ELIQUIS TAB; XARELTO TAB
PREZISTA TAB 150 MG	DARUNAVIR TAB
PREZISTA TAB 600 MG	DARUNAVIR TAB 600 MG
PREZISTA TAB 75 MG	DARUNAVIR TAB
PREZISTA TAB 800 MG	DARUNAVIR TAB 800 MG
PROAIR RESPI AER	ALBUTEROL AER HFA; VENTOLIN HFA AER
RUCONEST INJ 2100 UNIT	HAEGARDA
SELZENTRY TAB 150 MG	MARAVIROC TAB 150 MG
SELZENTRY TAB 300 MG	MARAVIROC TAB 300 MG
SUPREP BOWEL SOL PREP KIT	SODIUM/POTASSIUM/MAGNESIUM SOL
SUTENT CAP 12.5 MG	SUNITINIB CAP 12.5 MG
SUTENT CAP 25 MG	SUNITINIB CAP 25 MG
SUTENT CAP 37.5 MG	SUNITINIB CAP 37.5 MG
SUTENT CAP 50 MG	SUNITINIB CAP 50 MG
SYMBICORT AER 160-4.5	BUDESONIDE/FORMOTEROL 160-4.5 MCG
SYMBICORT AER 80-4.5	BUDESONIDE/FORMOTEROL 80-4.5 MCG
TARGRETIN GEL 1%	BEXAROTENE GEL 1%
TAZORAC GEL 0.05%	TAZAROTENE GEL 0.05%
TAZORAC GEL 0.1%	TAZAROTENE GEL 0.1%
TIMOPTIC OCU SOL 0.25% OP	TIMOLOL SOLN (GENERIC TIMOPTIC)
TOVIAZ TAB 4 MG	FESOTERODINE 4 MG ER TAB

Non-formulary (cont.)

These medications will move to non-formulary status.

Medication	Lower-cost option(s)
TOVIAZ TAB 8 MG	FESOTERODINE 8 MG ER TAB
TRACLEER TAB 32 MG	BOSENTAN TAB
VIBERZI TAB 100 MG	ALOSETRON TAB
VIBERZI TAB 75 MG	ALOSETRON TAB
VIIBRYD TAB 10 MG	VILAZODONE TAB 10 MG
VIIBRYD TAB 20 MG	VILAZODONE TAB 20 MG
VIIBRYD TAB 40 MG	VILAZODONE TAB 40 MG
VIMPAT SOL 10 MG/ML	LACOSAMIDE SOL 10 MG/ML
VIZIMPRO TAB 15 MG	ERLOTINIB TAB; GEFITINIB TAB
VIZIMPRO TAB 30 MG	ERLOTINIB TAB; GEFITINIB TAB
VIZIMPRO TAB 45 MG	ERLOTINIB TAB; GEFITINIB TAB
VTOL LQ SOL	BUTALBITAL/APAP/CAFFEINE TAB
VYNDAQEL CAP 20 MG	-
VYVANSE CAP 10 MG	LISDEXAMFETAMINE CAP 10 MG
VYVANSE CAP 20 MG	LISDEXAMFETAMINE CAP 20 MG
VYVANSE CAP 30 MG	LISDEXAMFETAMINE CAP 30 MG
VYVANSE CAP 40 MG	LISDEXAMFETAMINE CAP 40 MG
VYVANSE CAP 50 MG	LISDEXAMFETAMINE CAP 50 MG
VYVANSE CAP 60 MG	LISDEXAMFETAMINE CAP 60 MG
VYVANSE CAP 70 MG	LISDEXAMFETAMINE CAP 70 MG
VYVANSE CHW 10 MG	LISDEXAMFETAMINE CHEW TAB 10 MG
VYVANSE CHW 20 MG	LISDEXAMFETAMINE CHEW TAB 20 MG
VYVANSE CHW 30 MG	LISDEXAMFETAMINE CHEW TAB 30 MG
VYVANSE CHW 40 MG	LISDEXAMFETAMINE CHEW TAB 40 MG

Non-formulary (cont.)

These medications will move to non-formulary status.

Medication	Lower-cost option(s)
VYVANSE CHW 50 MG	LISDEXAMFETAMINE CHEW TAB 50 MG
VYVANSE CHW 60 MG	LISDEXAMFETAMINE CHEW TAB 60 MG
ZIOPTAN DRO 0.0015%	TAFLUPROST SOL 0.0015%
ZONTIVITY TAB 2.08 MG	CLOPIDOGREL TAB 75 MG

Exclusions

We'll no longer cover these medications.

Medication
ADRENALIN SOL 1:1000
ALENDRONATE TAB 5 MG
ALEVAMAX CRE
AMINOAM CAP RMS
AMINORELIEF CAP RMS
ANALPRAM HC CRE 2.5-1%
ANALPRM SNGL CRE HC 2.5-1
ANASPAZ TAB 0.125 MG
ANUCORT-HC SUP 25 MG
ANUSOL-HC SUP 25 MG
ARZOL SILVER MIS NITR APP
ASTRINGYN SOL 259 MG/GM
ATROPINE SUL OIN 1% OP
BALSAM PERU OIN CASTOR
BELLA/OPIUM SUP 16.2-30
BELLA/OPIUM SUP 16.2-60
BENZALKONIUM SOL 50%
BENZALKONIUM SOL NF

Exclusions (cont.)

We'll no longer cover these medications.

Medication
BENZEFOAM AER 5.3%
BENZEPRO AER 5.2%
BENZEPRO AER 9.7%
BENZEPRO LIQ 6.8%
BENZEPRO MIS 5.8%
BENZOIN TIN NF
BENZOIN CMPD TIN
BENZOYL PER AER 9.8%
BENZOYL PERX LIQ 6.9%
BORIC ACID GRA
BP WASH LIQ 2.5%
BP WASH LIQ 7%
CALCIFOL WAF
CALCIUM-FA WAF PLUS D
CEROVEL LOT 40%
CICLOPIROX KIT 8%
CLINPRO 5000 PST 1.1%
COAL TAR SOL 20%
CORTANE-B LOT
CORTIC-ND DRO
COVARYX TAB 1.25-2.5
COVARYX HS TAB
CYANOCOBALAM SOL 2000 MCG
CYTRA K GRA CRYSTALS
CYTRA-2 SOL

Exclusions (cont.)

We'll no longer cover these medications.

Medication
DEBACTEROL SOL 30-50%
DENTA 5000 CRE PLUS 2 PK
DENTAGEL GEL 1.1%
DERMAZENE CRE 1-1%
DRYSOL SOL 20%
EASYGEL GEL 0.4%
EASYGEL GEL 0.4% CHRY
EASYGEL GEL 0.4% CITR
EASYGEL GEL 0.4% MINT
EC-RX DHEA CRE 10%
EC-RX DHEA CRE 4%
ED-SPAZ TAB 0.125 MG
EEMT TAB 1.25-2.5
EEMT HS TAB
ENZOCLEAR AER 9.8%
EPINEPHRINE SOL 30/30 ML
ERGOCAL CAP 2500UNIT
EST ESTROGEN TAB MTEST HS
ESTROG/MTEST TAB 1.25-2.5
FAVIRAVIR TAB 200 MG
FEM PH GEL
FLORIVA DRO 0.25 MG
FLUORID SENS PST 1.1-5%
FLUORIDEX CON DLY REN
FLUORIDEX PST 1.1%

Exclusions (cont.)

We'll no longer cover these medications.

Medication
FLUORIMAX PST 5000
FLUORMX 5000 PST SENSITIV
FLURBIPROFEN TAB 50 MG
FOOD COLOR LIQ BLUE
FORMALDEHYDE SOL 10%
FORMALDEHYDE SOL 37%
GELFILM MIS OP
GLUTARALDEHY SOL 25%
GORDOFILM SOL
HALUCORT GEL
HC PRAMOXINE CRE 2.5-1%
HEMATINIC/FA TAB
HEMMOREX-HC SUP 25 MG
HEMMOREX-HC SUP 30 MG
HEMOCYTE-F TAB
HEPARIN LOCK INJ 100/ML
HEPARIN LOCK INJ 10 UNT/ML
HOMATROPAIRE SOL 5% OP
HYDRO 40 AER FOAM
HYDROC IODO CRE 1-1%
HYDROCORT AC SUP 25 MG
HYDROCORT AC SUP 30 MG
HYDROCORT/ CRE IODOQUIN
HYDROMORPHON SUP 3 MG
HYLATOPIC CRE PLUS

Exclusions (cont.)

We'll no longer cover these medications.

Medication
HYOPHEN TAB
HYOSCYAMINE DRO 0.125/ML
HYOSCYAMINE ELX 0.125/5
HYOSCYAMINE SUB 0.125 MG
HYOSCYAMINE TAB 0.125 MG
HYOSCYAMINE TAB 0.375 ER
HYOSCYAMINE TAB 0.375 SR
HYOSYNE DRO 0.125/ML
HYOSYNE ELX 0.125/5
HYOCYN SPR
INOVA KIT 4%
INOVA KIT 8%
INOVA 4/1 KIT ACNE CON
INOVA 8/2 KIT ACNE CON
IODINE SOL STRONG
IODINE TIN 2%
ISOXSUPRINE TAB 10 MG
ISOXSUPRINE TAB HCL 20 MG
JUST RIGHT PST 5000
K CITRATE SOL CITR ACD
K/NA CITRATE SOL CITR ACD
KERALAC CRE 47%
KERALYT KIT SCALP 6%
K-PHOS TAB
K-PHOS TAB NEUTRAL

Exclusions (cont.)

We'll no longer cover these medications.

Medication
K-PHOS TAB NO 2
LECITHIN GRA
LEVBIID TAB 0.375 ER
LEVSIN TAB 0.125 MG
LEVSIN/SL SUB 0.125 MG
ME/NAPHOS/MB TAB HYO 1
METHADONE TAB 40 MG
METHADOSE TAB 40 MG
METHENAM MAN TAB 1000 MG
METHENAM MAN TAB 1 GM
METHENAM MAN TAB 500 MG
METHYL SALIC LIQ
MONSELS FERR SOL SUBSULF
MORPHINE SUL SUP 10 MG
MORPHINE SUL SUP 20 MG
MORPHINE SUL SUP 30 MG
MORPHINE SUL SUP 5 MG
MUCOSITISRX POW
NA HYDROXIDE SOL 10%
NAFRINSE SOL DAILY
NAFRINSE DLY SOL /NEUTRAL
NAFRINSE WK SOL 0.2%
NITRO-TIME CAP 2.5 MG CR
NITRO-TIME CAP 6.5 MG CR
NITRO-TIME CAP 9 MG CR

Exclusions (cont.)

We'll no longer cover these medications.

Medication
NUCORT LOT 2%
NULEV TAB 0.125 MG
NUTRIDOX KIT
ORACIT SOL
OSCIMIN SUB 0.125 MG
OSCIMIN TAB 0.125 MG
OSCIMIN SR TAB 0.375 MG
PEG-PREP KIT
PHOSPHA 250 TAB NEUTRAL
PHOSPHASAL TAB
PHOSPHOROUS TAB
PHOSPHO-TRIN TAB 250 NEUT
PODOCON-25 SOL
POT HYDROXID SOL 5%
POT IODIDE SOL 1 GM/ML
POTABA CAP 500 MG
PRAMOSONE CRE 1-2.5%
PRAMOSONE OIN 1%
PRAMOSONE OIN 2.5%
PRAMOTIC DRO 1-0.1%
PRAMOX GEL 1%
PREVDNT 5000 GEL 1.1-5%
PREVDNT 5000 PST 1.1%
PREVIDENT CRE 5000 PLS
PREVIDENT GEL 1.1%

Exclusions (cont.)

We'll no longer cover these medications.

Medication
PREVIDENT GEL 1.1% BER
PREVIDENT PST 1.1%
PREVIDENT SOL 0.2%
PROCORT CRE
PROCTOCORT SUP 30 MG
PYROGALL ACD OIN
REMIGEN CREA CRE
SALICYLIC AC LIQ 27.5%
SALICYLIC AC SOL 26%
SALICYLIC AC SOL 28.5% ER
SALIMEZ CRE 6%
SALVAX DUO KIT PLUS
SCALACORT DK KIT
SELENIUM SUL SHA 2.3%
SELRX SHA 2.3%
SF GEL 1.1%
SF 5000 PLUS CRE 1.1%
SILVER NITRA SOL 0.5%
SILVER NITRA SOL 10%
SILVER NITRA SOL 25%
SILVER NITRA SOL 50%
SOD CITRATE SOL CITR ACD
SOD FLUORIDE GEL 1.1-5%
SOD FLUORIDE PST 1.1%
SOD FLUORIDE SOL 0.2% MINT

Exclusions (cont.)

We'll no longer cover these medications.

Medication
SODIUM FLUOR CRE 1.1
SODIUM FLUOR CRE 5000 PLS
SODIUM FLUOR GEL 1.1%
SSKI SOL 1GM/ML
STRATA CTX GEL
STRATA MARK GEL
STRATA XRT GEL
SULF LIME SOL
SYMAX DUOTAB TAB
SYMAX-SL SUB 0.125 MG
SYMAX-SR TAB 0.375 MG
THROMBOGEN KIT 10000 UNT
THROMBOGEN SOL 10000 UNT
THROMBOGEN SOL 1000 UNIT
TRI-CHLOR LIQ 80%
TRICITRATES SOL
TURPENTINE SOL SPIRITS
ULTRASAL-ER SOL 28.5%
UMECTA MOUSS AER 40%
URAMAXIN GEL 45%
UREA CRE 40%
UREA CRE 41%
UREA CRE 45%
UREA CRE 47%

Exclusions (cont.)

We'll no longer cover these medications.

Medication
UREA LOT 40%
UREA NAIL GEL 45%
URELLE TAB
UREMEZ-40 CRE 40%
URETRON D/S TAB
URIN D/S TAB
URO-458 TAB
UROGESIC- TAB BLUE
USTELL CAP
UTIRA-C TAB
UTOPIC CRE 41%
VENELEX OIN
VILEVEV MB TAB 81MG
VIRASAL LIQ 27.5%
VIRT-PHOS TAB 250 NEUT
XOLEGEL KIT COREPAK
XOLEGEL DUO/ KIT HEAD & SHD
XOLEGEL DUO/ KIT XOLEX
ZACARE KIT KIT 4%
ZACARE KIT KIT 8%
ZACLIR LOT 8%
VILEVEV MB TAB 81 MG
VIRASAL LIQ 27.5%
VIRT-PHOS TAB 250 NEUT

Exclusions (cont.)

We'll no longer cover these medications.

Medication

XOLEGEL KIT COREPAK

XOLEGEL DUO/ KIT HEAD & SHD

XOLEGEL DUO/ KIT XOLEX

ZACARE KIT KIT 4%

ZACARE KIT KIT 8%

ZACLIR LOT 8%



Questions?

Please visit UHCprovider.com/exchanges. Or, chat with a live advocate 7 a.m.–7 p.m. CT from the [UnitedHealthcare Provider Portal](#). You can also contact UnitedHealthcare Provider Services at **877-842-3210**, TTY/RTT **711**, 7 a.m.–5 p.m. CT, Monday–Friday.

Additional coverage requirements or limits such as quantity limits may apply.

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