

## UnitedHealthcare - Pharmacy Benefit

### Supply Limits per copay

Last updated 2/25/2025 (For 3/1/2025 Effective Date)

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

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Medication Name	Supply Limit per copay	Overrides
Acanya - 1.2, 2.5%	50 grams	Yes
Aczone - 5, 7.5%	60 grams	Yes
Adrenaclick - 0.15, 0.3 mg	2 auto-injectors or 1 two pack (per copay)	No
Adzenys XR	31 tablets	No
Aemcolo	12 tablets	No
Afrezza	10 boxes	Yes
Airsupra	1 inhaler	No
Aklief	45 grams	Yes
Akynzeo	1 capsule	Yes
Alphagan P - 0.1, 0.15%	10 mL	No
Alrex ophthalmic	5 mL	No
Alinia - 100 mg	1 bottle	Yes
Alinia - 500 mg	6 tablets	Yes
Alsuma - 6 mg	2 kits	No
Altabax	15 grams	Yes
Altreno	45 grams	Yes
Amerge - 1, 2.5 mg	10 tablets	No
Amzeeq	30 grams	Yes
Analapram E kit with 1 oz tube and 30 single use kit	1 kit	Yes
Anzemet - 50 mg	6 tablets	Yes
ApexiCon E cream	30 grams	Yes
Apidra	7 vials or 25 pens/cartridges	Yes
Arazio	45 grams	Yes
Arixtra - 2.5, 5, 7.5 & 10 mg	30 syringes	No
Atopaderm	100 grams	No
Atralin 0.05% gel	45 grams	Yes
Auvi-Q	2 pens	No
Axert - 6.25, 12.5 mg	4 tablets	No
Azelex - 20%	30 grams	Yes
Azopt ophthalmic	10 mL	No
Bactroban - cream	15 grams	Yes
Bactroban - ointment	22 grams	Yes
Basaglar	25 pens	Yes
Baqsimi	2 devices	No
Benzamycin gel	23.3 grams (jar only)	Yes
Bepreve	5 mL	No
Betimol	5 mL	No

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Medication Name	Supply Limit per copay	Overrides
bimatoprost	2.5 mL (1 bottle)	No
Brexafemme	4 tablets	No
BromSite	5 mL	No
Bryhali	60 grams	Yes
Butorphanol NS	3 bottles (7.5ml)	No
Cabtreo	50 grams	Yes
Cambia - 50 mg packets	4 packets	No
Cequa	60 vials	No
Clenpiq	350 mL	No
Clindagel - 1%	75 mL	Yes
Clindamycin/benzoyl peroxide topical gel (generic Benzaclin)*	50 grams	Yes
Clindamycin gel	75 grams	Yes
Clobetasol (generic Temovate) gel	30 grams	Yes
Clobetasol E 0.05%	30 grams	Yes
Clobetasol shampoo (generic Clobex Shampoo)	118 mL	Yes
Clobetasol suspension	1 bottle	No
Clobex - cream	30 grams	Yes
Clobex - lotion	118 mL	Yes
Clobex - spray	59 mL	Yes
Clobex - shampoo	118 mL	Yes
Cloderm - 30, 75 gram pump	30 grams	Yes
Cloderm - 45, 90 gram tube	45 grams	Yes
Codeine / phenylephrine / promethazine	120 mL, maximum 360 mL/month	No
Codeine / promethazine	120 mL, maximum 360 mL/month	No
Combigan - 0.2% / 0.5% ophthalmic	5 mL	No
Cordran	120 grams or mL	Yes
Cordran SP	30 grams	Yes
Cordran Tape	1 package	Yes
Cosopt PF	60 single-use vials	No
Cutivate lotion	60 mL	Yes
Derma-Smoothe FS	118.28 mL	Yes
Desonate	60 grams	Yes
DesOwen cream & ointment	15 grams	Yes
DesOwen lotion	60 mL	Yes
Diabetic Lancing Device	1 device	No
Diastat - 2.5 mg/ Diastat AcuDial 10 & 20 mg	1 box (2 doses/box)	Yes
Differin - 0.1, 0.3% cream & gel	45 grams	Yes
Differin - 0.1% lotion	59 mL (2 oz)	Yes
Diflorasone diacetate	30 grams	Yes
Dovonex	60 grams	Yes
Dovonex Scalp Solution	60 mL	Yes

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Medication Name	Supply Limit per copay	Overrides
Duobrii	100 grams	No
Dymista	0.125 mg (23 g)	No
Elestat ophthalmic	5 mL	No
Elidel	30 grams	Yes
Elyxyb	6 bottles	No
Emend - 40, 125 mg	1 capsule	Yes
Emend - 80 mg	2 capsules	Yes
Emend - Unit of Use Pack	1 pack	Yes
Emend powder for suspension	3 pouches	Yes
Enstilar Foam	60 grams	Yes
Epiduo	45 grams	Yes
Epiduo Forte	45 grams	No
EpiPen - 0.3 mg	2 autoinjectors	No
EpiPen Jr.	4 auto-injectors	No
Ergomar	5 tablets	No
Epsolay	30 grams	No
Eucrisa	60 grams	Yes
Eysuvis	1 bottle (8.3 mL)	No
Fiasp	7 vials	Yes
Fiasp Flex	25 cartridges	Yes
Flonase	1 bottle (16 mL or grams)	No
Flowtuss	120 mL, maximum 360 mL/month	No
Fluocinolone	15 grams	Yes
Fragmin - 10000 units/mL, 12500 units/0.5 mL, 15000 units/0.6 mL, 18000 units/0.72 mL, 2500 units/0.2 mL, 5000 units/0.2 mL, 7500 units/0.3 mL	10 syringes	Yes
Frova - 2.5 mg	4 tablets	No
Furoscix	4 cartridges	No
Gentamicin sulfate - ointment, cream	30 grams	Yes
Gentamicin sulfate - solution	15 grams	No
Glucagon/Glucagen	2 devices/boxes	No
Golytely	1 kit / 1 (4000 mL) bottle	No
Granisol - 2 mg/10 mL	2 bottles (60 mL)	Yes
Gvoke	2 syringes	No
Gvoke Hypopen	2 autoinjectors	No
Halog, 0.1% cream & ointment	30 grams	Yes
Halog, 0.1% solution	60 mL	Yes
Humalog	7 vials or 25 pens/cartridges	Yes
Humalog Mix 50/50	7 vials or 25 pens/cartridges	Yes
Humalog Mix 75/25	7 vials or 25 pens/cartridges	Yes
Humalog Tempo Pen	25 pens	Yes
Humulin	7 vials or 25 pens/cartridges	Yes

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Medication Name	Supply Limit per copay	Overrides
Humulin 70/30	7 vials or 25 pens/cartridges	Yes
Humulin N	7 vials or 25 pens/cartridges	Yes
Humulin R	7 vials	Yes
Humulin R U-500	7 vials or 25 pens	Yes
Hycamtin - 0.25 mg	15 capsules	Yes
Hycamtin - 1 mg	30 capsules	Yes
Hycofenix	120 mL, maximum 360 mL/month	No
Hydrocodone / Homatropine	120 mL, maximum 360 mL/month	No
Ibrance	21 capsules	No
Imitrex - 4 mg Syringe/injection	2 kits	No
Imitrex - 6 mg Syringe/injection	2 kits	No
Imitrex - 6 mg vials	4 vials	No
Imitrex Nasal Spray - 20 mg	6 spray bottles	No
Imitrex Nasal Spray - 5 mg	6 spray bottles	No
Imitrex Tablets - 25, 50 & 100 mg	10 tablets	No
Impeklo	68 grams	Yes
Impoiz	60 grams	Yes
Innohep	5 vials	Yes
Kenalog	63 grams	Yes
Ketoconazole 2% cream	30 grams	Yes
Klisyri	5 units	Yes
Kloxxado	2 devices	No
Krintafel	2 tablets	No
Lantus	7 vials or 25 pens/cartridges	Yes
Lexette	50 grams	Yes
Levemir	7 vials or 25 pens/cartridges	Yes
Libervant	2 doses	Yes
Lindane shampoo	60 mL	No
Livilix Pak	1 kit	No
Locoid lipocream	45 grams	Yes
Locoid lotion	59 mL	Yes
Lotemax solution	1 bottle (5 mL)	No
Lotemax SM	5 grams	No
Lotrisone	15 grams	Yes
Lovenox - 30, 40, 60, 80, 100, 120 & 150 mg	30 syringes	Yes
Lovenox - 300 mg	14 MDV	Yes
Luxiq - 50, 100 gram	50 grams	Yes
Lyumjev KwikPen - 100 units/mL, 200 units/mL	25 pens	Yes
Lyumjev Tempo Pen	25 pens	Yes
Maxalt/Maxalt MLT - 10 mg	10 tablets	No
Mephyton	5 tablets	Yes
Migranal	8 mL	No

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Medication Name	Supply Limit per copay	Overrides
Mirvaso	1 tube (30 g)	No
MoviPrep	1 kit	No
Mulpleta	7 tablets	No
Narcan Nasal Spray	2 devices	No
Nasonex	1 bottle (17 g)	Yes
Nayzilam	2 doses (1 box)	Yes
Neffy	2 nasal sprays	No
Neo Synalar	60 grams	Yes
Ninlaro	3 capsules	No
Nitrolingual Pump/spray	1 bottle (4.9 g) (60 sprays)	No
Novolin 70/30	7 vials	Yes
Novolin N	7 vials	Yes
Novolin R	7 vials	Yes
Novolin Flexpen	25 pens	Yes
Novolog	7 vials or 25 pens/cartridges	Yes
Novolog Mix	7 vials or 25 pens/cartridges	Yes
Nulytely	1 kit (4000 mL)	No
Nurtec - 75 mg	8 tablets	Yes
Nuzyra	30 tablets	No
Nyamyc	120 grams	No
Nystatin - cream/ointment	90 grams	No
Nystop	120 grams	No
Obredon	120 mL, maximum 360 mL/month	No
Olux & Olux E	50 grams	Yes
Omnaris - 50 mcg nasal spray	1 bottle (12.5 g)	No
Omnipod 5	10 pods	Yes
Onexton	50 grams	Yes
Onzetra Xsail	8 pouches	No
Opioids, long acting	Opioid Cumulative Dose: 180 MED	Yes
Opioids, short acting	Opioid Naïve: 7 day supply, less than 50 MED	Yes
Opzelura	240 grams	Yes
Oravig - 50 mg	14 tablets	No
Oxistat Cream	30 grams	Yes
Picato - 0.015%	1 carton of 3 unit dose tubes	Yes
Picato - 0.05%	1 carton of 2 unit dose tubes	Yes
Plenvu	1 box	No
Prednisolone	2 bottles (474 mL)	Yes
Prevpac	14 units	No
Proair Digihaler	1 inhaler	No
Proair HFA	1 inhaler	No
Proair Respiclick	1 inhaler	No

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Medication Name	Supply Limit per copay	Overrides
Protopic	30 grams	Yes
Proventil HFA	1 inhaler	No
Prudoxin	45 grams	Yes
Psorcon	30 grams	Yes
Qnasl & Qnasl Childrens	1 inhaler	No
Regranex	30 grams	Yes
Relpax - 20, 40 mg	4 tablets	No
Restasis - 0.05%	2 trays (60 vials)	No
Retin-A - 0.025, 0.05% cream	20 grams	Yes
Retin-A - 0.025, 0.01% gel	15 grams	Yes
Retin-A - 0.1% Cream	20 grams	Yes
Retin-A micro - 0.04, 0.1% gel	20 grams	Yes
Retin-A micro - 0.06, 0.08% gel	50 grams	Yes
Rextovy	1 package (2 devices)	No
Reyvow - 50 mg	4 tablets	No
Reyvow - 100 mg	8 tablets	No
Rezvoglar KwikPen	75 mL	Yes
Rhofade	30 grams	No
Rhopressa	2.5 mL	No
RiVive	2 devices	No
Rocklatan	2.5 mL	No
Ryaltris	1 spray bottle	No
Sancuso	1 patch	Yes
Santyl	90 grams	Yes
Sernivo	120 mL	Yes
Simbrinza	1 bottle (8 mL)	No
Sitavig	1 tablet	No
Sivextro	6 tablets	No
Solaraze	100 grams	Yes
Solosec	1 packet	No
Soolantra	45 grams	No
Sorilux Foam	0.005% (60 g)	Yes
Sprix	5 bottles	Yes
Sprycel - 20 mg	62 tablets	Yes
Sprycel - 50, 70, 100 & 140 mg	31 tablets	No
Sprycel - 80 mg	62 tablets	No
Suflave	2 doses (1 box)	No
Suprep	354 mL	No
Synalar	15 grams	Yes
Synalar topical solution	60 mL	Yes
Taclonex	60 grams	Yes
Taclonex Scalp	60 grams	Yes

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Medication Name	Supply Limit per copay	Overrides
Targretin	60 grams	Yes
Tazorac - 0.05, 0.1% cream & gel	30 grams	Yes
Temovate - Cream, Ointment	30 grams	Yes
Temovate Scalp Solution	25 mL	Yes
Temovate-E	15 grams	Yes
Thalomid - 50 mg	28 capsules	No
Thalomid - 100 mg	28 capsules	No
Thalomid - 150 mg	56 capsules	No
Thalomid - 200 mg	56 capsules	No
Tibsovo	60 tablets	No
Tobrex Ointment	3.5 grams	No
Tobrex Solution	5 mL	No
Topicort Cream	60 grams	No
Topicort Ointment - 0.05%	60 grams	Yes
Tosymra	6 bottles	No
Toujeo Solostar / Toujeo Max Solostar	25 pens	Yes
Travatan Z	2.5 mL	No
Tresiba	7 vials	Yes
Tresiba Flex Touch	25 pens	Yes
Tretinoin - 10 mg	279 capsules	Yes
Treximet - 85/500 mg	9 tablets	No
Trezix	40 capsules	No
Trudhesa	4 inhalers	No
Tussionex	120 mL, maximum 360 mL/month	No
Tuxarin ER	10 tablets, maximum 30 tablets/month	No
Tykerb - 250 mg	186 tablets	Yes
Twynéo	30 grams	Yes
Ubrelvy	8 tablets	Yes
Ultracet	40 tablets	No
Ultravate	15 grams	Yes
Ultravate Lotion - 0.05%	60 grams	Yes
Upneeq	30 vials	No
Valchlor	120 grams	Yes
Valtoco	1 box (2 doses/box)	Yes
Valtrex - 1 gram	31 caplets	Yes
Valtrex - 500 mg	62 caplets	Yes
Vanatol LQ	180 mL	No
Vanos	30 grams	Yes
Varubi	2 tablets	Yes
Vectical	100 grams	Yes
Veltin - 1.2%/0.025% gel	30 grams	Yes

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Medication Name	Supply Limit per copay	Overrides
Ventolin HFA	1 inhaler	No
Verdeso	100 grams	Yes
Veregen	30 grams	Yes
Vfend - 200 mg	62 capsules	Yes
Vfend - 50 mg	124 tablets	Yes
Vfend - 40 mg suspension	300 mL	Yes
Vistogard	20 packets	No
Vtama	60 grams	No
Vyzulta	2.5 mL	No
Westcort	15 grams	Yes
Winlevi	60 grams	Yes
Wynzora	60 grams	Yes
Xaciato	1 tube (8 grams)	No
Xeloda - 150 mg	84 tablets	Yes
Xeloda - 500 mg	140 tablets	Yes
Xelpros	2.5 mL	No
Xepi	30 grams	Yes
Xhance	1 bottle	No
Xifaxan - 200 mg	9 tablets	Yes
Xiidra	60 vials	No
Xopenex - 0.31 mg/3mL, 0.63 mg/3 mL, 1.25 mg/3 mL & 1.25 mg/0.5 mL Solution	1 carton (30 vials)	No
Xopenex HFA	1 inhaler	No
Zavzpret	6 units (1 box)	No
Zegalogue	2 autoinjectors/prefilled syringes	No
Zembrace Symtouch	4 auto-injectors	No
Zerviate	60 vials	No
Zetonna Nasal Spray	1 inhaler (6.1 g)	No
Ziana - 1.2-0.25% gel	30 grams	Yes
Zilxi	30 grams	Yes
Zimhi	2 syringes	No
Zioptan	1 carton (30 unit of use droppers)	No
Zomig - 2.5 & 5 mg	4 tablets	No
Zomig Nasal Spray - 2.5, 5 mg	1 box (6 units)	No
Zomig ZMT - 2.5, 5 mg	4 tablets	No
Zonalon	45 grams	Yes
Zoryve - 0.3% cream/foam	60 grams	No
Zovirax cream	5 grams	No
Zovirax ointment	15 grams	Yes
Zutripro - 5 mg/4 mg/60 mg per 5 mL	120 mL, maximum 360 mL/month	No
Zyclara - 2.5%	1 tube (7.5 g)	Yes
Zyclara - 3.75%	28 packets	Yes



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Medication Name	Supply Limit per copay	Overrides
Zyclara - 3.75% Pump	1 tube (7.5 g)	Yes

\*Generic Benzaclyn (clindamycin/benzoyl peroxide) - only implemented on the Advantage PDL.