UnitedHealthcare

UnitedHealthcare - Pharmacy Benefit

Quantity Limits per copay

Last updated 10/27/2026 (For 11/1/2026 Effective Date)
The following is a comprehensive list of medications that have a copay quantity 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	Quantity Limit per copay	Overrides
Acanya - 1.2, 2.5%	50 grams per copay	Yes
Aczone - 5, 7.5%	60 grams per copay	Yes
Adrenaclick - 0.15, 0.3 mg	2 auto-injectors or 1 two pack (per copay)	No
Adzenys XR	31 tablets	No
Afrezza	10 boxes	Yes
Airsupra	1 inhaler per copay	No
Aklief	45 grams	Yes
Akynzeo	1 capsule	Yes
Albuterol HFA	1 inhaler per copay	No
Alphagan P - 0.1, 0.15%	10 mL per copay	No
Alrex ophthalmic	5 mL	No
Alinia - 500 mg	6 tablets	Yes
Altreno	45 grams	Yes
Amerge - 1, 2.5 mg	10 tablets per copay	No
Amzeeq - 4%	30 grams	Yes
Analapram E kit with 1 oz tube and 30 single use kit	1 kit	Yes
Anzemet - 50 mg	6 tablets	Yes
Anzupgo - 2%	60 grams	No
Apidra	7 vials or 25 pens/cartridges	Yes
Arazio	45 grams	Yes
Arixtra - 2.5, 5, 7.5 & 10 mg	30 syringes	No
Atralin 0.05% gel	45 grams	Yes
Auvi-Q	2 pens	No
Axert - 6.25, 12.5 mg	10 tablets per copay	No
Azelex - 20%	30 grams per copay	Yes
Azopt - 1% suspension	10 mL per copay	No
Bactroban - cream 2%	15 grams per copay	Yes
Bactroban - ointment 2%	22 grams per copay	Yes
Basaglar	25 pens	Yes
Baqsimi - 3 mg	2 intranasal devices per copay	No
Benzamycin gel - 3%/-5%	23.3 grams (1 jar) per copay	Yes
Bepreve - 1.5%	5 mL per copay	No
Betimol - 0.25%, 0.5% solution	5 mL per copay	No
Bimatoprost (generic Lumigan)	2.5 mL per copay	No
Blujepa	20 tablets per course of therapy	No
Brekiya	4 autoinjectors per copay	No
Brexafemme - 150 mg	4 tablets per copay	No

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Medication Name	Quantity Limit per copay	Overrides
BromSite	5 mL	No
Bryhali - 0.01%	60 grams per copay	Yes
Butorphanol Nasal Solution	3 bottles (7.5 mL)	No
Cabtreo	50 grams per copay	Yes
Cambia - 50 mg packets	4 packets	No
Cardamyst	1 box (2 bottles)	No
Clenpiq	350 mL	No
Cleocin T - 1%	75 grams per copay	Yes
Clindagel - 1%	75 mL per copay	Yes
Clindamycin/benzoyl peroxide topical gel (generic Benzaclin)*	50 grams per copay	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 per copay	Yes
Clobex - spray	59 mL per copay	Yes
Clobex - shampoo	118 mL per copay	Yes
Cloderm - 30, 75 gram pump	30 grams	Yes
Cloderm - 45, 90 gram tube	45 grams per copay	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 per copay	No
Cordran - lotion	120 mL per copay	Yes
Cordran Tape - 4 mcg	1 package per copay	Yes
Cosopt PF - 2%/0.5%	60 single-use vials per copay	No
Cutivate lotion - 0.05%	60 mL per copay	Yes
Desonate	60 grams per copay	Yes
Desowen cream & ointment	15 grams per copay	Yes
Desowen lotion	2 fl oz (59 mL) per copay	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
Diflorasone diacetate	30 grams	Yes
Dovonex - 0.005%	60 grams per copay	Yes
Dovonex Scalp Solution - 0.005%	60 mL per copay	Yes
Duobrii	100 grams	No
Dymista	1 bottle (23 g) per copay	No
Elestat ophthalmic - 0.05%	5 mL per copay	No
Elidel - 1%	30 grams per copay	Yes

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Medication Name	Quantity Limit per copay	Overrides
Elyxyb - 120 mg/4.8 mL	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
Enbumyst - 0.5 mg/0.1 mL	12 nasal sprays per copay	No
Enstilar Foam	60 grams	Yes
Epiduo - 0.1%/2.5%	45 grams per copay	Yes
Epiduo Forte - 0.3%/2.5%	45 grams per copay	Yes
EpiPen - 0.3 mg	2 autoinjectors	No
EpiPen Jr.	4 auto-injectors	No
Ergomar - 2 mg	5 tablets	No
Epsolay	30 grams	No
Eucrisa - 2%	60 grams per copay	Yes
Eysuvis	1 bottle (8.3 mL)	No
Fiasp	7 vials	Yes
Fiasp Flex	25 cartridges	Yes
Flowtuss	120 mL, maximum 360 mL/month	No
Fluocinolone - 0.01%	15 grams per copay	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	10 tablets per copay	No
Furoscix - 80 mg/10 mL	4 cartridges per copay	No
Gentamicin sulfate - ointment, cream	30 grams per copay	Yes
Gentamicin sulfate - solution	15 grams	No
Glucagon Emergency Kit for Low Blood Sugar - 1 mg/mL	2 kits per copay	No
Golytely	1 kit / 1 (4000 mL) bottle	No
Granisol - 2 mg/10 mL	2 bottles (60 mL)	Yes
Gvoke - 1 mg/0.2 mL	2 prefilled syringes per copay	No
Gvoke Hypopen - 0.5 mg/0.1 mL, 1 mg/0.2 mL	2 prefilled autoinjector syringes per copay	No
Gvoke Kit - 1 mg/0.2 mL	2 vials per copay	No
Halog, 0.1% cream & ointment	30 grams	Yes
Halog, 0.1% solution	120 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
Humulin 70/30	7 vials or 25 pens/cartridges	Yes
Humulin N	7 vials or 25 pens/cartridges	Yes

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Medication Name	Quantity Limit per copay	Overrides
Humulin R	7 vials	Yes
Humulin R U-500	7 vials or 25 pens	Yes
Hycofenix	120 mL, maximum 360 mL/month	No
Hydrocodone / Homatropine	120 mL, maximum 360 mL/month	No
Imitrex - 4 mg injection cartridges	2 kits	No
Imitrex - 6 mg injection cartridges	2 kits	No
Imitrex - 6 mg vials	4 vials	No
Imitrex Nasal Spray - 5 mg	6 spray bottles	No
Imitrex Nasal Spray - 20 mg	6 spray bottles	No
Imitrex Tablets - 25, 50 & 100 mg	10 tablets	No
Impoyz - 0.025%	60 grams per copay	Yes
Innohep	5 vials	Yes
Kenalog	63 grams per copay	Yes
Ketoconazole 2% cream	30 grams per copay	Yes
Kirsty	7 vials/25 pens per copay	Yes
Klisyri - 1%	5 units per copay	Yes
Kloxxado - 8 mg/0.1 mL	2 devices per copay	No
Krintafel	2 tablets	No
Lantus	7 vials or 25 pens/cartridges	Yes
Lasix ONYU - 80 mg	4 cartridges per copay	No
Lexette - 0.05%	50 grams per copay	Yes
Libervant	2 doses	Yes
Lindane shampoo	60 mL	No
Locoid lipocream - 0.1%	45 grams per copay	Yes
Locoid lotion - 0.1%	59 mL per copay	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 per prescription	Yes
Lovenox - 300 mg	14 multidose vials per prescription	Yes
Luxiq	50 grams per copay	Yes
Lyumjev KwikPen - 100 units/mL, 200 units/mL	25 pens	Yes
Lyumjev Tempo Pen	25 pens	Yes
Maxalt/Maxalt MLT - 5 mg	10 tablets	No
Mephyton - 5 mg	5 tablets per copay	Yes
Merilog	7 vials per copay	Yes
Merilog Solostar	25 pens per copay	Yes
Migranal	8 mL	No
Mirvaso	1 tube (30 g)	No
MoviPrep	1 kit	No
Mulpleta - 3 mg	7 tablets per prescription	No
Narcan Nasal Spray - 4 mg/0.1 mL	2 devices per copay	No

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Medication Name	Quantity Limit per copay	Overrides
Nasonex - 50 mcg	2 bottles per copay	No
Nayzilam	2 doses (1 box)	Yes
Neffy	2 nasal sprays	No
Neo-Synalar	60 grams per copay	Yes
Ninlaro - 2.3, 3 & 4 mg	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 per copay	No
Nystatin - cream/ointment	90 grams per copay	No
Nystop	120 grams per copay	No
Obredon	120 mL, maximum 360 mL/month	No
Olux & Olux E	50 grams per copay	Yes
Omlonti - 0.002%	2.5 mL per copay	No
Omnaris - 50 mcg nasal spray	1 bottle (12.5 g)	No
Omnipod 5	10 pods	Yes
Onexton - 1.2%/3.75%	50 grams per copay	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
Opvee - 2.7 mg/0.1 mL	2 devices per copay	No
Opzelura	240 grams	Yes
Oravig - 50 mg	14 tablets per copay	No
Orlynvah - 500 mg	10 tablets per course of therapy	No
Oxistat cream - 1%	30 grams per copay	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 - 20 mg/5 mL	2 bottles (474 mL) per copay	Yes
Prevpac	14 units	No
Proair Respiclick	1 inhaler	No
Protopic - 0.1%, 0.03%	30 grams per copay	Yes
Prudoxin - 5%	45 grams per copay	Yes
Psorcon - 0.05%	30 grams per copay	Yes

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Medication Name	Quantity Limit per copay	Overrides
Qnasl & Qnasl Childrens	1 inhaler	No
Relpax - 20, 40 mg	10 tablets per copay	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 - 4 mg	2 devices per copay	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 per copay	No
RiVive - 3 mg	2 devices per copay	No
Rocklatan	2.5 mL per copay	No
Ryaltris	1 bottle (31 g) per copay	No
Sancuso	1 patch	Yes
Santyl	90 grams per copay	Yes
Sernivo - 0.05%	120 mL per copay	Yes
Simbrinza	8 mL per copay	No
Sivextro	6 tablets	No
Solaraze - 3%	100 grams per copay	Yes
Solosec	1 packet	No
Soolantra	45 grams	No
Sorilux foam - 0.005%	120 grams per copay	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
Sutab	2 doses (24 tablets) per copay	No
Symbravo	9 tablets	No
Synalar - 0.025% cream, ointment	120 grams	No
Taclonex	60 grams	Yes
Taclonex Scalp	60 grams	Yes
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 - 0.05%	30 grams per copay	Yes

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Medication Name	Quantity Limit per copay	Overrides
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 - 0.05%	60 grams per copay	Yes
Topicort Cream - 0.25%	15 grams per copay	Yes
Topicort Gel - 0.05%	15 grams per copay	Yes
Topicort Ointment - 0.05%	60 grams per copay	Yes
Topicort Ointment - 0.25%	15 grams per copay	Yes
Tosymra	6 bottles	No
Toujeo Solostar / Toujeo Max Solostar	25 pens	Yes
Travatan Z	2.5 mL per copay	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
Triderm - 0.5%	15 grams per copay	Yes
Trudhesa	4 inhalers	No
Tussionex	120 mL, maximum 360 mL/month	No
Tuxarin ER	10 tablets, maximum 30 tablets/month	No
Twiist - Refill kit	1 kit	Yes
Twyneo	30 grams	Yes
Ubrelvy - 50, 100 mg	8 tablets	Yes
Ultravate Cream, Ointment - 0.05%	15 grams per copay	Yes
Ultravate Lotion - 0.05%	60 mL per copay	Yes
Upneeq	30 vials	No
Valchlor	120 grams	Yes
Vanatol LQ	180 mL	No
Vanos - 0.1%	30 grams per copay	Yes
Varubi - 90 mg	2 tablets per copay	Yes
Vectical - 3 mcg	100 grams per copay	Yes
Veltin - 1.2%/0.025% gel	30 grams	Yes
Ventolin HFA	1 inhaler per copay	No
Veregen - 15%	30 grams per copay	Yes
Vfend - 50 mg	124 tablets per copay	Yes
Vfend - 200 mg	62 tablets per copay	Yes

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Medication Name	Quantity Limit per copay	Overrides
Vistogard - 10 g	20 packets	No
Vtama - 1%	60 grams per copay	No
Vyzulta	2.5 mL per copay	No
Westcort - 0.2%	15 grams per copay	Yes
Winlevi - 1%	60 grams per copay	Yes
Wynzora	60 grams	Yes
Xaciato - 2%	1 tube (8 grams) per copay	No
Xelpros	2.5 mL	No
Xhance	1 bottle	No
Xifaxan - 200 mg	9 tablets	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) per copay	No
Xopenex HFA - 45 mcg	1 inhaler per copay	No
Zavzpret	6 units (1 box)	No
Zegalogue - 0.6 mg/mL	2 autoinjectors/prefilled syringes per copay	No
Zelsuvmi	1 box per copay	No
Zembrace Symtouch	4 auto-injectors	No
Zerviate - 0.24%	60 vials per copay	No
Ziana - 1.2-0.25% gel	30 grams	Yes
Zilxi	30 grams	Yes
Zimhi - 5 mg/0.5 mL	2 syringes per copay	No
Zioptan	1 carton (30 unit of use droppers) per copay	No
Zolymbus	30 single dose vials per copay	No
Zomig - 2.5 & 5 mg	10 tablets per copay	No
Zomig Nasal Spray - 2.5, 5 mg	1 box (6 units)	No
Zomig ZMT - 2.5, 5 mg	10 tablets per copay	No
Zonalon - 5%	45 grams per copay	Yes
Zoryve - 0.05% (cream), 0.15% (cream), & 0.3% (cream/foam)	60 grams	No
Zurnai, 1.5 mg/0.5 mL	2 autoinjector pens per copay	No
Zutripro - 5 mg/4 mg/60 mg per 5 mL	120 mL, maximum 360 mL/month	No
Zyclara - 2.5% Pump	7.5 g pump per copay	Yes
Zyclara - 3.75% Cream	1 box of 28 packets per copay	Yes
Zyclara - 3.75% Pump	7.5 g pump per copay	Yes

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

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