



2024 Zero cost-share medication list

Individual & Family plans

Applies to the following states:
AL, AZ, CO, FL, GA, IL, KS, LA,
MD, MI, MO, MS, NC, NJ, NM,
OH, OK, SC, TN, TX, VA, WA, WI



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Zero cost-share medication list

Your UnitedHealthcare Individual & Family plan covers certain medications at no cost to you when filled at a network pharmacy. Even if your plan has a deductible and you haven't met it, your cost-share is still \$0.

Applicable formulary requirements such as prior authorization or quantity limits may apply. To find if your medication has these requirements, view your Prescription Drug List (PDL) at myuhc.com/exchange.

Preventive medications

Your UnitedHealthcare Individual & Family plan covers certain preventive medications and supplements at no cost to you when filled at a network pharmacy.

Under the Affordable Care Act (ACA) of 2010, prescription and over-the-counter (OTC) preventive medications and supplements include:

- Aspirin to prevent preeclampsia during pregnancy
- Birth control (contraceptives)
- Bowel preparation for a colonoscopy needed for colon cancer screening
- Breast cancer preventive medications
- Fluoride to prevent dental cavities
- Folic acid to prevent birth defects
- Gonococcal Ophthalmia Neonatorum preventive medications
- Human Immunodeficiency Virus (HIV) infection pre-exposure preventive medications
- Statin medications to prevent cardiovascular events
- Tobacco cessation medications to help you quit smoking
- Vaccines

We follow recommendations by the U.S. Preventive Services Task Force, Health Resources and Services Administration, and Advisory Committee on Immunization Practices.

How do I use this list?

- Find medications by condition.
- Learn when medications are available at no cost to you. Some medications are available at no cost to you only when certain requirements are met. As noted in this list, we may need your health care provider to provide information about your medical condition to confirm that you meet the requirements to obtain the preventive medication at no cost.

What if my medication is not covered?

If your healthcare provider determines you need a preventive medication that is not covered on your PDL, your medication may still be available at no cost to you. Your healthcare provider can let us know your medication is medically necessary and provide information about your diagnosis and medication history to confirm that you meet the requirements to obtain the preventive medication at no cost.

How can my healthcare provider provide information for me to obtain a preventive medication at no cost?

Your healthcare provider can contact Optum Rx:

- Online: professionals.optumrx.com
- By phone: **1-800-711-4555**



If you need help, you can also start a request at myuhc.com/exchange or by calling the member services number on your ID card, and we can contact your healthcare provider for information to help process the request.

If your medication is approved and qualifies as a recommended preventive medication, you can receive your medication at no cost to you. If your medication does not qualify, you are responsible for the customary cost-share amount for your plan.

Aspirin to prevent preeclampsia during pregnancy

If you are pregnant, aspirin medications to prevent preeclampsia are available at no cost to you. To qualify, you must:

- Be at risk for preeclampsia during pregnancy, and
- Get a prescription for these products from your healthcare provider, even if the products are sold OTC.

ASPIRIN LOW CHW 81MG

ST JOSEPH CHW LOW 81MG

ASPIRIN LOW TAB 81MG EC

\$0 Copay for members ages 16-49 years.

Birth control (contraceptives)

Your plan covers birth control and emergency contraception, both prescription and OTC. View the Birth Control (Contraceptive) Drug List for details.

Bowel preparation for a colonoscopy needed for colon cancer screening

If you are preparing for a preventive colonoscopy, select preventive medications are available at no cost to you. Your PDL contains additional details on covered medications. To qualify, you must:

- Be between the ages of 45-75 and;
- You are using this for bowel preparation for a colonoscopy needed for colon cancer screening; and
- Get a prescription for these products from your healthcare provider, even if the products are sold OTC.

BISACODYL TAB 5MG EC

CITROMA SOL LEMONY

CLEARLAX POW

GAVILAX POW

GENTLELAX POW

GLYCOLAX POW 3350 NF

MAG CITRATE SOL LEMON

MIRALAX POW 3350 NF

POLYETH GLYC POW 3350 NF

\$0 Copay

GAVILYTE-C SOL

GAVILYTE-G SOL

GAVILYTE-N SOL FLAV PK

PEG-3350 SOL ELECTROL

PEG-3350/KCL SOL /SODIUM

\$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.

Breast cancer preventive medications

If you are at increased risk for breast cancer, these preventive medications are available at no cost to you. To qualify, you must:

- Be age 35 years or older, and
- Be at an increased risk for breast cancer, and
- Be at low risk for adverse medication effects.

ANASTROZOLE TAB 1MG

EXEMESTANE TAB 25MG

LETROZOLE TAB 2.5MG

RALOXIFENE TAB 60MG

TAMOXIFEN TAB 20MG

\$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention.



Fluoride preventive medications

Fluoride tablets, chewables, and drops are available at no cost to prevent dental cavities in children ages 0-16, if the water source is deficient in fluoride (does not include toothpaste or rinses).

FLUORIDE CHW 0.25MG F	NAFRINSE DRO 0.125MG	SOD FLUORIDE CHW 2.2MG
FLUORIDE CHW 1MG F	SOD FLUORIDE CHW 0.25MG F	SOD FLUORIDE DRO 0.5MG/ML
FLUORITAB DRO 0.125MG	SOD FLUORIDE CHW 0.5MG F	SOD FLUORIDE TAB 0.5MG F
NAFRINSE CHW 1MG F	SOD FLUORIDE CHW 1.1MG	SOD FLUORIDE TAB 1MG F

Folic acid preventive medications

If you are pregnant or may become pregnant, folic acid preventive medications are available at no cost to you. Get a prescription for these products from your healthcare provider, even if the products are sold OTC.

FA-8 CAP 800MCG	\$0 Copay
FOLIC ACID TAB 400MCG	
FOLIC ACID TAB 800MCG	

Gonococcal ophthalmia neonatorum preventive medication

The U.S. Preventive Service Task Force recommends prophylactic ocular topical erythromycin ointment administration for all newborns to prevent gonococcal ophthalmia neonatorum. Typically this medication is administered after birth in a hospital setting and covered under the medical benefit. If the birth of a newborn occurs outside of the hospital setting, administration of this medication after birth is still recommended and may be covered under the pharmacy benefit.

This medication is typically covered at the customary cost-share amount for your plan. However, it is available at \$0 cost-share for newborn babies 0-1 month of age. For parents trying to get this medication before the birth of the baby, your healthcare provider can request to get your child's medication covered at no cost to you.

ERYTHROMYCIN OINTMENT 5MG/GM	\$0 Copay once your healthcare provider confirms use is to prevent gonococcal ophthalmia neonatorum in newborns.
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Human Immunodeficiency Virus (HIV) infection preventive medications

If you have a higher chance to become infected with HIV but are not yet infected, these preventive medications are available at no cost to you. To qualify, you must:

- Be at high risk of HIV infection, and
- Use this medication to prevent HIV infection as preexposure prophylaxis (PrEP).

EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 200-300 MG	\$0 Copay once your healthcare provider confirms use is to prevent HIV as preexposure prophylaxis (PrEP) in individuals at high risk of HIV infection.
TENOFOVIR TAB 300MG	

Statin preventive medications

The U.S. Preventive Services Task Force recommends that adults without a history of cardiovascular disease (CVD)—symptomatic coronary artery disease or stroke—use a low-to-moderate-dose statin for the prevention of CVD events. To qualify, you must:

- Be age 40-75 years, and
- Have one or more cardiovascular risk factors (high cholesterol, diabetes, high blood pressure, or smoking), and
- Have an estimated 10-year risk of a cardiovascular event of 10% or greater.

ATORVASTATIN TAB 10MG	SIMVASTATIN TAB 5MG	\$0 Copay for members between ages 40 to 75 years
ATORVASTATIN TAB 20MG	SIMVASTATIN TAB 10MG	
LOVASTATIN TAB 10MG	SIMVASTATIN TAB 20MG	
LOVASTATIN TAB 20MG	SIMVASTATIN TAB 40MG	
LOVASTATIN TAB 40MG		
PRAVASTATIN TAB 10MG	PRAVASTATIN TAB 80MG	\$0 Copay for members between ages 40 to 75 years once your healthcare provider confirms risk of cardiovascular disease
PRAVASTATIN TAB 20MG	ROSUVASTATIN TAB 5MG	
PRAVASTATIN TAB 40MG	ROSUVASTATIN TAB 10MG	



Tobacco cessation medications

If you need help to quit smoking or using tobacco products, these preventive medications are available at no cost to you. To qualify, you must:

- Be age 18 years or older, and
- Get a prescription for these products from your healthcare provider, even if the products are sold OTC.

BUPROPION TAB 150MG SR	NICOTINE DIS 7MG/24HR	NICOTROL INH
NICODERM CQ DIS 14MG/24H	NICOTINE GUM 2MG	NICOTROL NS SPR 10MG/ML
NICODERM CQ DIS 21MG/24H	NICOTINE GUM 4MG	THRIVE GUM 2MG MINT
NICODERM CQ DIS 7MG/24HR	NICOTINE LOZ 2MG MINT	VARENICLINE TAB 0.5MG
NICORETTE GUM 2MG	NICOTINE LOZ 4MG MINT	VARENICLINE TAB 1MG
NICORETTE GUM 4MG	NICOTINE SYS KIT TRANSDER	
NICORETTE LOZ 2MG MINT	NICOTINE TD DIS 14MG/24H	
NICORETTE LOZ 4MG MINT	NICOTINE TD DIS 21MG/24H	

Vaccines

Your plan covers vaccines recommended by the Advisory Committee on Immunization Practices (ACIP). View your PDL at myuhc.com/exchange for a list of vaccines your plan covers. You can get vaccines from a healthcare provider, including a pharmacist. Ask a network pharmacy if they offer vaccines.

Additional medications

Your UnitedHealthcare Individual & Family plan covers additional medications at no cost to you when filled at a network pharmacy.

Category	Medication
Allergic reactions	epinephrine (generic EpiPen, generic EpiPen Jr)
	Symjepi
Asthma	albuterol HFA (generic ProAir HFA, generic Proventil HFA, generic Ventolin HFA)
	albuterol nebulized solution
	Ventolin HFA
Hypoglycemia (low blood sugar)	Baqsimi
	glucagon (generic Glucagon Kit)
	Gvoke
	Zegalogue
Opioid overdose	naloxone nasal spray (generic Narcan)
	Narcan

Bold type = Brand-name drug

[Plain type = Generic drug]





Need more information about your pharmacy drug coverage and costs?

Visit myuhc.com/exchange. You can also call the phone number on your member ID card. Health care providers can visit uhcprovider.com/exchange.

Medications are categorized by common therapeutic conditions in this reference guide for ease of reference only. These categories do not determine coverage for the medication for your condition. Your benefit plan determines how these medications may be covered for you. Where differences are noted, the benefit plan documents will govern coverage. This list may not be all-inclusive and is subject to change throughout the year. All brand-name medications are trademarks or registered trademarks of their respective owner.

