



\$0 Preventive medications

Effective: January 1, 2026

Applies to the following states:

AL, AZ, CO, FL, GA, IA, IL, IN, KS, LA, MD, MI, MO, MS, NE, NC, NJ, NM, NY, OH, OK, SC, TN, TX, VA, WA, WI, and WY

United
Healthcare®



Aspirin to prevent preeclampsia during pregnancy

If you are pregnant, aspirin medications to prevent preeclampsia are available at no cost to you.

To qualify for a \$0 copay, you must:

- Be a member between 15-49 years old
- Be at risk for preeclampsia during pregnancy
- Get a prescription for these products from your health care provider, even if the products are sold OTC

ASPIRIN LOW CHW 81MG

ASPIRIN LOW TAB 81MG EC



Birth control (contraceptives)

Your plan covers both prescription and OTC birth control and emergency contraception.

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, these medications are available at no cost to you.

To qualify for a \$0 copay, you must:

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

BISACODYL TAB 5MG EC

CITROMA SOL LEMONY

CLEARLAX POW

CLENPIQ SOL*

CVS PURELAX POW

GAVILAX POW

GAVILYTE-C SOL*

GAVILYTE-G SOL*

GENTLELAX POW

GLYCOLAX POW 3350 NF

MAG CITRATE SOL LEMON

MIRALAX POW 3350 NF

PEG-3350/KCL SOL/SODIUM*

PEG-3350 SOL ELECTROL*

PEG/NASUL/C/SOL NAACL/POT*

PLENVU SOL*

POLYETH GLYC POW 3350 NF

SODIUM/POTAS SOL MAGNESIU*

SUFLAVE SOL*

*\$0 copay once your health care 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 for a \$0 copay, you must:

- Be a member 35 years or older once your health care provider confirms use is for breast cancer prevention.
- Be at an increased risk for breast cancer
- Be at low risk for adverse medication effects.

ANASTROZOLE TAB 1MG

EXEMESTANE TAB 25MG

LETROZOLE TAB 2.5MG

RALOXIFENE TAB 60MG

TAMOXIFEN TAB 20MG



Fluoride to prevent dental cavities

Fluoride tablets and solutions 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

FLUORIDE CHW 0.5MG

FLUORIDE CHW 1MG

SOD FLUORIDE CHW 0.25MG

SOD FLUORIDE CHW 0.5MG F

SOD FLUORIDE DRO 0.5MG/ML

SOD FLUORIDE TAB 0.5MG

SOD FLUORIDE TAB 1MG



Folic acid to prevent birth defects

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 health care provider, even if the products are sold OTC.

FA-8 CAP 800MCG

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 health care provider can request to get your child's medication covered at no cost to you.

To qualify for a \$0 copay, you must:

- Get a health care provider to confirm the use is to prevent gonococcal ophthalmia neonatorum in newborns.

ERYTHROMYCIN OINTMENT 5MG/GM



Human Immunodeficiency Virus (HIV PrEP) 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.

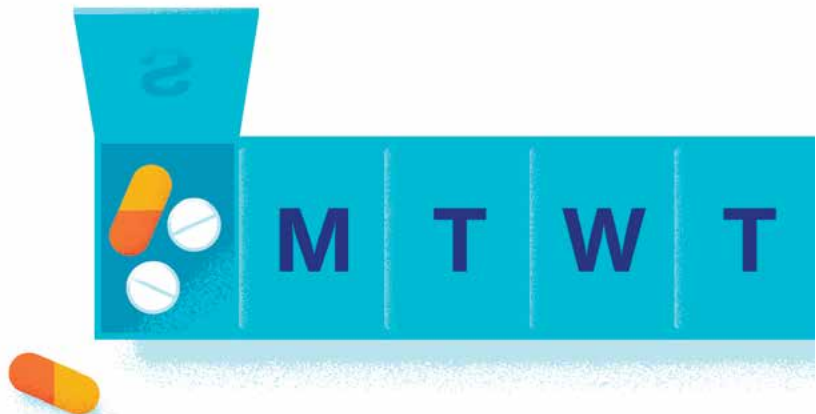
To qualify for a \$0 copay, you must:

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

DESCOVY 200/25MG

EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 200-300 MG

TENOFOVIR TAB 300MG





Statins to prevent cardiovascular events

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 for a \$0 copay, 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

ATORVASTATIN TAB 20MG

FLUVASTATIN 20MG*

FLUVASTATIN 40MG*

LOVASTATIN TAB 10MG*

LOVASTATIN TAB 20MG*

LOVASTATIN TAB 40MG*

PRAVASTATIN TAB 10MG*

PRAVASTATIN TAB 20MG*

PRAVASTATIN TAB 40MG*

PRAVASTATIN TAB 80MG*

ROSUVASTATIN TAB 5MG*

ROSUVASTATIN TAB 10MG*

SIMVASTATIN TAB 5MG

SIMVASTATIN TAB 10MG

SIMVASTATIN TAB 20MG

SIMVASTATIN TAB 40MG

*\$0 Copay for members between ages 40 to 75 years old once your health care provider confirms risk of cardiovascular disease



Tobacco cessation medications to help you quit smoking

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

To qualify for a \$0 copay, you must:

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

BUPROPION TAB 150MG SR

NICODERM CQ DIS 7MG/24HR

NICODERM CQ DIS 14MG/24H

NICODERM CQ DIS 21MG/24H

NICORETTE GUM 2MG

NICORETTE GUM 4MG

NICORETTE LOZ 2MG MINT

NICORETTE LOZ 4MG MINT

NICOTINE DIS 7MG/24HR

NICOTINE LOZ 2MG MINT

NICOTINE GUM 2MG

NICOTINE GUM 4MG

NICOTINE LOZ 4MG MINT

NICOTINE SYS KIT TRANSDER

NICOTINE TD DIS 14MG/24H

NICOTINE TD DIS 21MG/24H

NICOTROL INH

THRIVE GUM 2MG MINT

VARENICLINE STARTER PACK

VARENICLINE TAB 0.5MG

VARENICLINE TAB 1MG



Vaccines

Your plan includes coverage for recommended vaccines to keep you healthy and protected. You can get vaccines from a health care provider, including a pharmacist. **[View your PDL](#)** to find vaccines your plan covers and find a network pharmacy that offers vaccines at **myuhc.com/exchange**.

Vaccine Name(s)	Disease(s) prevented
Abrexvy, Abrysvo, Mresvia	Respiratory Syncytial Virus (RSV)
Adacel, Boostrix	Tetanus, Diphtheria, and Pertussis (Tdap)
COVID vaccines (updated)	COVID
Daptacel, Infanrix	Diphtheria, Tetanus, and Pertussis (DTaP)
Dengvaxia	Dengue
Enflonsia, Beyfortus	RSV
Gardasil 9	Human Papillomavirus (HPV)
IPOLE Inactivated IPV	Polio
Jynneos	Monkeypox & Smallpox
Menquadfi, Menveo, Penbraya, Penmenveo, Trumenba, Bexsero	Meningitis
Pediarix	Diphtheria, Tetanus, Pertussis, Hepatitis B, and Polio
Pedvax, Acthib, Hiberix	Haemophilus influenzae type b
Pentacel	Diphtheria, Tetanus, Pertussis, Polio, and Haemophilus influenzae type b
Pneumovax 23/1, Prevnar 13, Pneumovax 23, Vaxneuvance, Prevnar 20, Capvaxive	Pneumonia
Priorix, Proquad, M-M-R II	Measles, Mumps, and Rubella
Quadracel, Kinrix	Diphtheria, Tetanus, Pertussis, and Polio
Recombivax HB, Engerix-B, Prehevbrio, Heplisav-B	Hepatitis B
Rotarix, Rotateq	Rotavirus
Seasonal influenza vaccines	Influenza
Shingrix	Shingles
Tenivac, TDVAX	Tetanus & Diphtheria
Twinrix	Hepatitis A & Hepatitis B
Vaqta, Havrix	Hepatitis A
Varivax	Varicella
Vaxelis	Diphtheria, Tetanus, Pertussis, Polio, Hepatitis B, and Haemophilus influenzae type b

Frequently asked questions



What if my medication is not covered?

If your health care 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 health care 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 get the preventive medication at no cost.



How can my health care provider provide information for me to get a preventive medication at no cost?

Your health care 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 health plan ID, and we can contact your health care 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.





Need more information about your pharmacy drug coverage and costs?

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

To learn more about other no-cost benefits, check out other flyers with information about your benefits by visiting uhc.com



Refer to your benefit plan materials to determine your coverage for medications and cost share. Where differences are noted, the benefit plan documents will govern.

UnitedHealthcare Individual & Family plans medical plan coverage offered by: UnitedHealthcare of Arizona, Inc.; Rocky Mountain Health Maintenance Organization Incorporated in CO; UnitedHealthcare of Florida, Inc.; UnitedHealthcare of Georgia, Inc.; UnitedHealthcare of Illinois, Inc.; UnitedHealthcare Insurance Company in AL, IN, KS, LA, MA, MO, NE, NH, NJ, NY, OR, SD, TN, and WY; Optimum Choice, Inc. in MD and VA; UnitedHealthcare Community Plan, Inc. in MI; UnitedHealthcare of Midlands, Inc. in ND; UnitedHealthcare of Mississippi, Inc.; UnitedHealthcare of New Mexico, Inc.; UnitedHealthcare of New York, Inc.; UnitedHealthcare of North Carolina, Inc.; UnitedHealthcare of Ohio, Inc.; UnitedHealthcare of Oklahoma, Inc.; UnitedHealthcare of South Carolina, Inc.; UnitedHealthcare of Texas, Inc.; UnitedHealthcare of Oregon, Inc. in WA; UnitedHealthcare of Wisconsin, Inc., and UnitedHealthcare Plan of the River Valley in Iowa. Administrative services provided by United HealthCare Services, Inc. or their affiliates.