



2026 Zero cost-share medication list

Applies to the following states:

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

United
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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 coverage rules or limits such as prior authorization or quantity limits may apply. To find if your medication has these coverage rules, 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 get the preventive medication at no cost.

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.



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

ASPIRIN LOW CHW 81MG	\$0 Copay for members ages 15-49 years .
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, 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 health care provider, even if the products are sold OTC .

CLENPIQ SOL	\$0 Copay once your health care provider confirms use is to prepare for a preventive colonoscopy
GAVILYTE-C SOL	
GAVILYTE-G SOL	
PEG/NASUL/C/SOL NACL/POT	
PEG-3350 SOL ELECTROL	
PEG-3350/KCL SOL/SODIUM	
PLENVU SOL	
SODIUM/POTAS SOL MAGNESIU	
SUFLAVE SOL	

BISACODYL TAB 5MG EC	GENTLELAX POW	\$0 Copay
CITROMA SOL LEMONY	GLYCOLAX POW 3350 NF	
CLEARLAX POW	MAG CITRATE SOL LEMON	
CVS PURELAX POW	MIRALAX POW 3350 NF	
GAVILAX POW	POLYETH GLYC POW 3350 NF	

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	\$0 Copay for members 35 years and older once your health care provider confirms use is for breast cancer prevention .
EXEMESTANE TAB 25MG	
LETROZOLE TAB 2.5MG	
RALOXIFENE TAB 60MG	
TAMOXIFEN TAB 20MG	

Fluoride preventive medications

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	SOD FLUORIDE CHW 0.25MG	SOD FLUORIDE DRO 0.5MG/ML	\$0 Copay
FLUORIDE CHW 0.5MG	SOD FLUORIDE TAB 0.5MG		
FLUORIDE CHW 1MG	SOD FLUORIDE CHW 0.5MG F	SOD FLUORIDE TAB 1MG	

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

ERYTHROMYCIN OINTMENT 5MG/GM	\$0 Copay once your health care 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 increased risk of HIV infection, and
- Use this medication to prevent HIV infection as preexposure prophylaxis (PrEP) .

DESCOVY 200/25MG	\$0 Copay once your health care provider confirms use is to prevent HIV as preexposure prophylaxis (PrEP) in individuals at increased risk of HIV infection .
EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 200-300 MG	
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 10MG	\$0 Copay for members between ages 40 to 75 years
ATORVASTATIN TAB 20MG	SIMVASTATIN TAB 20MG	
ATORVASTATIN TAB 40MG	SIMVASTATIN TAB 40MG	
ATORVASTATIN TAB 80MG	SIMVASTATIN TAB 80MG	
SIMVASTATIN TAB 5MG		
FLUVASTATIN 20MG	PRAVASTATIN TAB 40MG	\$0 Copay for members between ages 40 to 75 years once your health care provider confirms risk of cardiovascular disease
FLUVASTATIN 40MG	PRAVASTATIN TAB 80MG	
LOVASTATIN TAB 10MG	ROSUVASTATIN TAB 5MG	
LOVASTATIN TAB 20MG	ROSUVASTATIN TAB 10MG	
LOVASTATIN TAB 40MG	ROSUVASTATIN TAB 20MG	
PRAVASTATIN TAB 10MG	ROSUVASTATIN TAB 40MG	
PRAVASTATIN TAB 20MG		

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

BUPROPION TAB 150MG SR	NICOTINE DIS 7MG/24HR	NICOTROL INH	\$0 Copay
NICODERM CQ DIS 7MG/24HR	NICOTINE LOZ 2MG MINT	THRIVE GUM 2MG MINT	
NICODERM CQ DIS 14MG/24H	NICOTINE GUM 2MG	VARENICLINE STARTER PACK	
NICODERM CQ DIS 21MG/24H	NICOTINE GUM 4MG	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) .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 .

Disease(s) prevented	Vaccine Name(s)
COVID	Updated COVID vaccines
Dengue	Dengvaxia
Diphtheria, Tetanus, and Pertussis (DTaP)	Daptacel, Infanrix
Diphtheria, Tetanus, Pertussis, and Polio	Quadracel, Kinrix
Diphtheria, Tetanus, Pertussis, Polio, and Haemophilus influenzae type b	Pentacel
Diphtheria, Tetanus, Pertussis, Polio, Hepatitis B, and Haemophilus influenzae type b	Vaxelis
Diphtheria, Tetanus, Pertussis, Hepatitis B, and Polio	Pediarix
Haemophilus influenzae type b	Pedvax, Acthib, Hiberix
Hepatitis A	Vaqta, Havrix
Hepatitis A & Hepatitis B	Twinrix
Hepatitis B	Recombivax HB, Engerix-B, Prehevbrio, Heplisav-B
Human Papillomavirus (HPV)	Gardasil 9
Influenza	Seasonal influenza vaccines
Measles, Mumps, and Rubella	Priorix, Proquad, M-M-R II

Disease(s) prevented/ Vaccine Name(s) continued on next page

Disease(s) prevented	Vaccine Name(s)
Meningitis	Menquadfi, Menveo, Penbraya, Penmenvy, Trumenba, Bexsero
Monkeypox & Smallpox	Jynneos
Pneumonia	Pneumovax 23/1, Prevnar 13, Pneumovax 23, Vaxneuvance, Prevnar 20, Capvaxive
Polio	IPOL Inactivated IPV
Respiratory Syncytial Virus (RSV)	Abrevxy, Abrysvo, Mresvia
Rotavirus	Rotarix, Rotateq
RSV	Enflonsia, Beyfortus
Shingles	Shingrix
Tetanus & Diphtheria	Tenivac, TDVAX
Tetanus, Diphtheria, and Pertussis (Tdap)	Adacel, Boostrix
Varicella	Varivax

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 .



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 .

All brand-name medications are trademarks or registered trademarks of their respective owners .

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, NJ, TN, and WY; Optimum Choice, Inc. in MD and VA; UnitedHealthcare Community Plan, Inc. in MI; 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 Benefits of Texas, Inc.; UnitedHealthcare of Texas, Inc.; UnitedHealthcare of Oregon, Inc. in WA; UnitedHealthcare of Wisconsin, Inc., and UnitedHealthcare Plan of the River Valley, Inc. in Iowa. Administrative services provided by United HealthCare Services, Inc. or their affiliates.