



Birth Control (Contraceptives) Drug List

Effective: January 1, 2025

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



Pharmacy drug list

Your UnitedHealthcare® Individual & Family plan covers birth control (contraceptives) at no cost to you. Even if your plan has a deductible and you haven't met it, your cost-share is still \$0 when filled at a network pharmacy. Applicable coverage rules or limits such as quantity limits may apply.



Over-the-counter birth control (contraceptives)

Over-the-counter birth control (contraceptives) are available for \$0 cost-share with your Individual & Family plan. Ask your pharmacy to submit a claim* to UnitedHealthcare.

Emergency Contraception

AFTERA TAB 1.5MG
AFTERPILL TAB 1.5MG
CURAE TAB 1.5MG
ECONTRA EZ TAB 1.5MG
ECONTRA OS TAB 1.5MG
HER STYLE TAB 1.5MG
LEVONORGESTR TAB 1.5MG
MY CHOICE TAB 1.5MG
MY WAY TAB 1.5MG
NEW DAY TAB 1.5MG
OPCICON TAB 1.5MG
OPTION 2 TAB 1.5MG
PLAN B TAB 1.5MG
REACT TAB 1.5MG
TAKE ACTION TAB 1.5MG

Pills

OPILL

Condoms

VARIETY OF OPTONS

Spermicides

ENCARE SUP 100MG
GYNOL II GEL 3%
VCF VAGINAL GEL CONTRACE
VCF VAGINAL MIS CONTRACP

Sponges

TODAY SPONGE MIS



Prescription birth control (contraceptives)

Cervical cap

FEMCAP MIS 22MM
FEMCAP MIS 26MM
FEMCAP MIS 30MM

Diaphragm

CAYA DPR
OMNIFLEX DPR
WIDE-SEAL DPR KIT 60
WIDE-SEAL DPR KIT 65
WIDE-SEAL DPR KIT 70
WIDE-SEAL DPR KIT 75
WIDE-SEAL DPR KIT 80
WIDE-SEAL DPR KIT 85
WIDE-SEAL DPR KIT 90
WIDE-SEAL DPR KIT 95

Emergency Contraception

ELLA TAB 30MG

Patch

NORELGE/ETHI DIS 150/35
TWIRLA DIS 120-30
XULANE DIS 150-35
ZAFEMY DIS 150/35

Ring

ANNOVERA MIS
ELURYNG MIS
ENILLORING MIS
ETONOGESTREL MIS ETHY EST
HALOETTE MIS

Shot/Injection

DEPO-SQ PROV INJ 104
MEDROXYPR AC INJ 150MG/ML

Spermicide

PHEXXI GEL



Prescription birth control (contraceptives)

Pill

AFIRMELLE TAB 0.1-0.02	ENSKYCE TAB	LEVONOR/ETHI TAB 0.1-20	PIMTREA TAB
ALTAVERA TAB	ERRIN TAB 0.35MG	LEVONOR/ETHI TAB ESTRADIO	PIRMELLA TAB 1/35
ALYACEN TAB 1/35	ESTARYLLA TAB 0.25-35	LEVORA-28 TAB 0.15/30	PIRMELLA TAB 7/7/7
ALYACEN TAB 7/7/7	ETHY ETH EST TAB 1-35	LILLOW TAB 0.15/30	PORTIA-28 TAB
AMETHIA TAB	ETHYNODIOL TAB 1-50	LO LOESTRIN TAB 1-10-10	PREVIFEM TAB
AMETHYST TAB 90-20MCG	FALMINA TAB	LOJAIMIESS TAB	RECLIPSEN TAB
APRI TAB	FAYOSIM TAB	LORYNA TAB 3-0.02MG	RIVELSA TAB
ARANELLE TAB	FEMYNOR TAB 0.25-35	LOW-OGESTREL TAB	SETLAKIN TAB
ASHLYNA TAB	FINZALA CHW FE 1/20	LO-ZUMANDIMI TAB 3-0.02MG	SHAROBEL TAB 0.35MG
AUBRA TAB 0.1-0.02	GEMMILY CAP 1/20	LUTERA TAB	SIMLIYA TAB 28 DAY
AUBRA EQ TAB 0.1-0.02	HAILEY TAB 1.5/30	LYLEQ TAB 0.35MG	SIMPESSE TAB
AUROVELA TAB 1.5/30	HAILEY 24 TAB FE	LYZA TAB 0.35MG	SPRINTEC 28 TAB 28 DAY
AUROVELA TAB 1/20	HAILEY FE TAB 1.5/30	MARLISSA TAB 0.15/30	SRONYX TAB
AUROVELA 24 TAB FE 1/20	HAILEY FE TAB 1/20	MERZEE CAP 1/20	SYEDA TAB 3-0.03MG
AUROVELA FE TAB 1.5/30	HEATHER TAB 0.35MG	MIBELAS 24 CHW FE	TARINA 24 FE TAB
AUROVELA FE TAB 1/20	ICLEVIA TAB	MICRGSTIN 24 TAB FE 1/20	TARINA FE TAB 1/20
AVIANE TAB	INCASSIA TAB 0.35MG	MICROGESTIN TAB 1.5/30	TARINA FE TAB 1/20 EQ
AYUNA TAB	INTROVALE TAB	MICROGESTIN TAB 1/20	TAYSOFY CAP 1/20
AZURETTE TAB	ISIBLOOM TAB	MICROGESTIN TAB FE 1/20	TILIA FE TAB
BALZIVA TAB	JAIMIESS TAB	MICROGESTIN TAB FE1.5/30	TRI FEMYNOR TAB
BLISOVI 24 TAB FE 1/20	JASMIEL TAB 3-0.02MG	MILI TAB 0.25/35	TRI-ESTARYLL TAB
BLISOVI FE TAB 1.5/30	JENCYCLA TAB 0.35MG	MONO-LINYAH TAB 0.25-35	TRI-LEGEST TAB FE
BLISOVI FE TAB 1/20	JOLESSA TAB	NATAZIA TAB	TRI-LINYAH TAB
BRIELLYN TAB	JOYEAX TAB 0.1-20	NECON TAB 0.5/35	TRI-LO TAB ESTARYLL
CAMILA TAB 0.35MG	JULEBER TAB	NEXTSTELLIS TAB 3-14.2MG	TRI-LO- TAB MARZIA
CAMRESE TAB	JUNEL 1.5/30 TAB	NIKKI TAB 3-0.02MG	TRI-LO- TAB SPRINTEC
CAMRESE LO TAB	JUNEL 1/20 TAB	NOR/EST/FF TAB 1.5/30	TRI-LO-MILI TAB
CAZIANP PAK	JUNEL FE TAB 1.5/30	NORA-BE TAB 0.35MG	TRI-MILI TAB
CHARLOTTE 24 CHW FE 1/20	JUNEL FE TAB 1/20	NORE/ETH/FER CAP 1/20	TRI-NYMYO TAB
CHATEAL TAB 0.15/30	JUNEL FE 24 TAB 1/20	NORE/ETH/FER CHW 0.4MG-35	TRI-SPRINTEC TAB
CHATEAL EQ TAB 0.15/30	KAITLIB FE CHW	NORETH/ETHIN CHW FE	TRIVORA-28 TAB
CRYSSELLE-28 TAB 28 TABS	KALLIGA TAB	NORETH/ETHIN CHW FE 1/20	TRI-VYLIBRA TAB
CYRED TAB	KARIVA TAB 28 DAY	NORETH/ETHIN TAB 1.5/30	TRI-VYLIBRA TAB LO
CYRED EQ TAB	KELNOR TAB 1/35	NORETH/ETHIN TAB 1/20	TULANA TAB 0.35MG
DASETTA TAB 1/35	KELNOR 1/50 TAB	NORETH/ETHIN TAB FE	TURQOZ TAB
DASETTA TAB 7/7/7	KURVELO TAB 0.15/30	NORETH/ETHIN TAB FE 1/20	TYBLUME CHW 0.1-0.02
DAYSEE TAB	LARIN TAB 1.5/30	NORETHINDRON TAB 0.35MG	TYDEMY TAB
DEBLITANE TAB 0.35MG	LARIN TAB 1/20	NORGEST/ETHI TAB 0.25/35	VELIVET PAK
DELYLA TAB 0.1-0.02	LARIN 24 TAB FE 1/20	NORGEST/ETHI TAB ESTRADIO	VESTURA TAB 3-0.02MG
DESO/ETHINYL TAB ESTRADIO	LARIN FE TAB 1.5/30	NORLYDA TAB 0.35MG	VIENVA TAB 0.1-20
DOLISHALE TAB 90-20MCG	LARIN FE TAB 1/20	NORLYROC TAB 0.35MG	VIORELE TAB
DROS/ETH EST TAB LEVOMEFO	LARISSIA TAB	NORTREL TAB 0.5/35	VOLNEA TAB
DROSPIR/ETHI TAB 3-0.02MG	LAYOLIS FE CHW	NORTREL TAB 1/35	VYFEMLA TAB 0.4-35
DROSPIR/ETHI TAB 3-0.03MG	LEENA TAB	NORTREL TAB 7/7/7	VYLIBRA TAB 0.25-35
DROSPIRE/ETH TAB ESTR/LEV	LESSINA TAB	NYLIA TAB 1/35	WERA TAB 0.5/35
ELINEST TAB	LEVO-ETH EST TAB 90-20MCG	NYLIA TAB 7/7/7	WYMZYA FE CHW 0.4MG-35
EMOQUETTE TAB	LEVONEST TAB	NYMYO TAB 0.25-35	ZOVIA 1/35 TAB
EMZAHH TAB 0.35MG	LEVONOR/ETHI TAB	OCELLA TAB 3-0.03MG	ZUMANDIMINE TAB 3-0.03MG
ENPRESSE-28 TAB	LEVONOR/ETHI TAB 0.1-0.02	PHILITH TAB 0.4-35	

Frequently asked questions



Which contraceptives are covered by my Individual & Family plan from UnitedHealthcare?

In addition to prescription and over-the-counter birth control, your plan's medical benefits cover the following at a \$0 cost-share:

- Intrauterine Devices (IUD) (Kyleena, Liletta, Mirena, Paragard, Skyla)
- Implantable Rod (Nexplanon)
- Shot/Injection (Medroxyprogesterone acetate)
- Surgical sterilization for women (having your tubes tied)

Your Individual & Family plan also covers sterilization surgery (vasectomy) for men and may be subject to member cost-sharing.



What if my drug is not covered?

If your healthcare provider (doctor, nurse practitioner, etc.) determines you need a medication that is not covered, they can let us know your medication is medically necessary and provide information about your diagnosis and medication history:

- Online: professionals.optumrx.com/prior-authorization
- 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 card, and we can contact your healthcare provider for information to help process the request.

If your medication is approved and you are using it for contraception, you will pay a \$0 cost-share. If you are using it to treat another medical condition, a cost-share may apply.



**By your side for
what matters.**



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 card. Healthcare providers can visit uhcprovider.com/exchange.



*In certain scenarios, your pharmacy may ask you to contact your healthcare provider for a prescription.

Always 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.

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, 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 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.