



# \$0 Preventive medications

Effective: January 1, 2026

**Applies to the following state(s):**  
Massachusetts

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

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ASPIRIN LOW CHW 81MG

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ASPIRIN LOW TAB 81MG EC

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## 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.

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BISACODYL TAB 5MG EC

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CITROMA SOL LEMONY

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CLEARLAX POW

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CLENPIQ SOL\*

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CVS PURELAX POW

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GAVILAX POW

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GAVILYTE-C SOL

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GAVILYTE-G SOL

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GENTLELAX POW

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GLYCOLAX POW 3350 NF

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GOLYTELY SOL

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MAG CITRATE SOL LEMON

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MOVIPREP SOL\*

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PEG-3350/KCL SOL/SODIUM

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PEG-3350 SOL ELECTROL

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PEG/NASUL/C/SOL NAACL/POT\*

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PLENVU SOL\*

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POLYETH GLYC POW 3350 NF

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SODIUM/POTAS SOL MAGNESIUM\*

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SUFLAVE SOL\*

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SUPREP BOWEL SOL PREP KIT\*

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\*\$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.

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ANASTROZOLE TAB 1MG

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EXEMESTANE TAB 25MG

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LETROZOLE TAB 2.5MG

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RALOXIFENE TAB 60MG

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TAMOXIFEN TAB 20MG

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## 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).

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FLUORIDE CHW 0.25MG

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FLUORIDE CHW 0.5MG

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FLUORIDE CHW 1MG

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SOD FLUORIDE CHW 0.25MG

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SOD FLUORIDE CHW 0.5MG

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SOD FLUORIDE CHW 1 MG

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SOD FLUORIDE DRO 0.5MG/ML

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SOD FLUORIDE TAB 0.5MG

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SOD FLUORIDE TAB 1MG

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## 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.

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FA-8 CAP 800MCG

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FOLIC ACID TAB 400MCG

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FOLIC ACID TAB 800MCG

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## 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

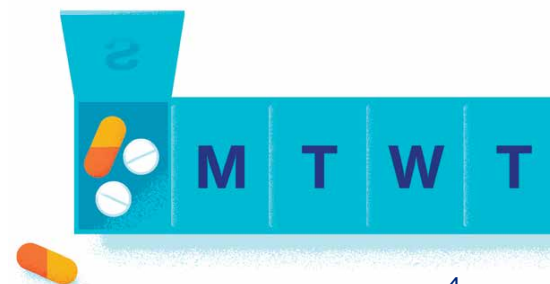
VIREAD TAB 150MG

VIREAD TAB 200MG

VIREAD TAB 250MG

VIREAD POWDER 40MG/GM

*\*Qualifying criteria do not apply for this medication*





## 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.

ATORVALIQ SUS 20MG/5ML*
ATORVASTATIN TAB 10MG*
ATORVASTATIN TAB 20MG*
EZALLORSPR CAP 5MG*
EZALLORSPR CAP10MG*
FLOLIPID SUS 20MG/5ML*
FLOLIPID SUS 40MG/5ML*
FLUVASTATIN CAP 20MG*
FLUVASTATIN CAP 40MG*
FLUVASTATIN TAB 80MG ER*
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 GUM 2MG
NICOTINE GUM 4MG

NICOTINE LOZ 2MG MINT
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](https://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](https://professionals.optumrx.com)**
- By phone: **1-800-711-4555**

If you need help, you can also start a request at **[myuhc.com/exchange](https://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](https://myuhc.com/exchange). You can also call the phone number on your health plan ID. Health care providers can visit [uhcprovider.com/exchange](https://uhcprovider.com/exchange).



To learn more about other no-cost benefits, check out otherflyers with information about your benefits by visiting [uhc.com](https://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.

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

UnitedHealthcare Individual & Family plans medical plan coverage offered by: UnitedHealthcare Insurance Company. Administrative services provided by United HealthCare Services, Inc. or their affiliates.