

$0 preventive prescriptions

You can count on $0 prescriptions to help keep your care affordable with your UnitedHealthcare® Individual & Family ACA Marketplace plan.

Questions? Call the number on your health plan ID or visit **myuhc.com/exchange** for 24/7 assistance.

Massachusetts

United Healthcare®

Covered medication list

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 CHEWABLE 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

BISACODYLTAB 5MG EC
CITROMA SOLUTION LEMONY
CLEARLAX POWDER
CLENPIQ SOLUTION*
CVS PURELAX POWDER
GAVILAX POWDER
GAVILYTE-C SOLUTION*
GAVILYTE-G SOLUTION*
GENTLELAX POWDER
GLYCOLAX 3350 NF
MAGNESIUM CITRATE SOLUTION LEMON
MIRALAX POWDER 3350 NF
ONELAX MAGNESIUM CITRATE SOLUTION
PEG/NASUL/C/SOL NACL/POT*
PEG-3350 ELECTROLYTE SOLUTION*
PEG-3350/KCL SOL/SODIUM*
PLENVU SOLUTION*
POLYETH GLYC POWDER 3350 NF
SODIUM/POTAS/MAGNESIUM SOLUTION*
SUFLAVE SOLUTION*

**$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

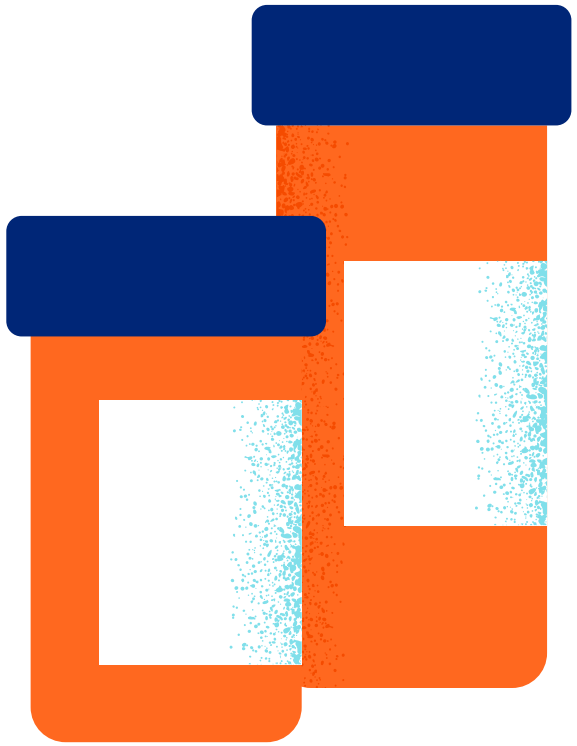
Fluoride tablets and solutions are available at no cost to prevent dental cavities in children ages 0-16, if the water source is deficient in fluoride (does not include toothpaste or rinses).

SODIUM FLUORIDE CHEW 0.25MG
SODIUM FLUORIDE CHEW 0.5MG
SODIUM FLUORIDE CHEW 1MG
SODIUM FLUORIDE DROPS 0.5MG/ML
SODIUM FLUORIDE TAB 0.5MG
SODIUM 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, but 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

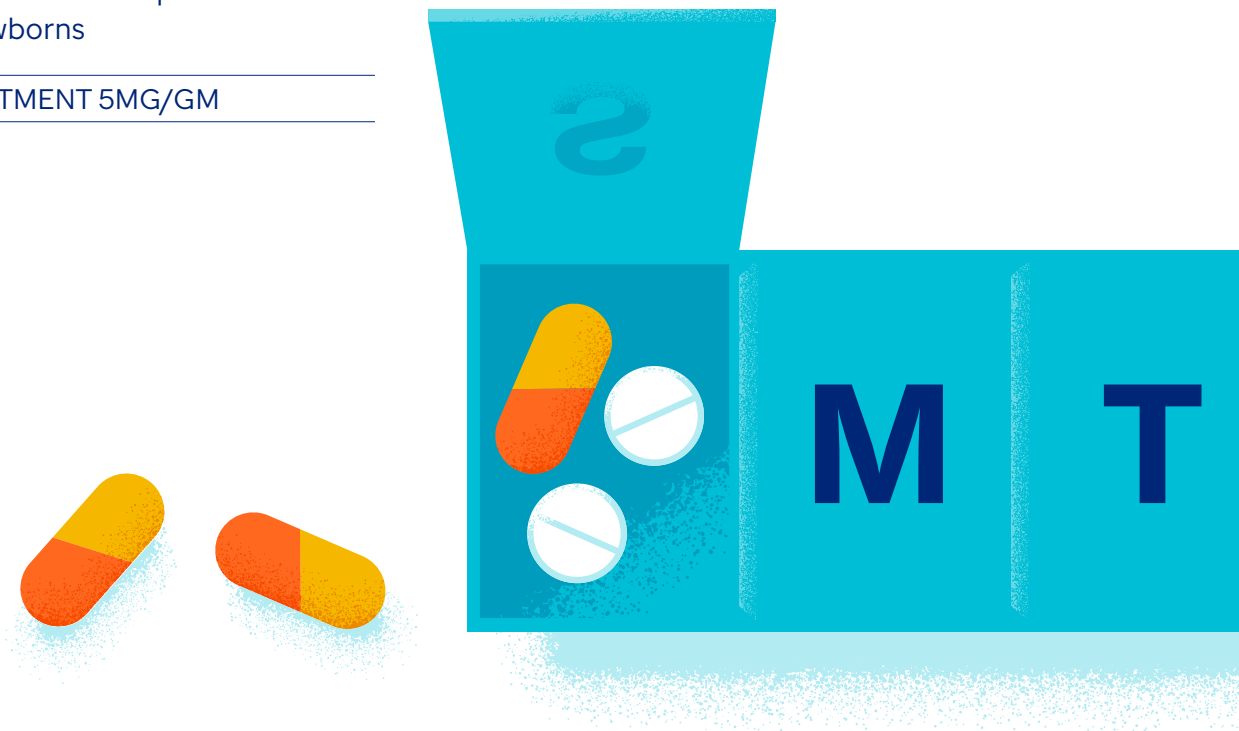
Human Immunodeficiency Virus (HIV PrEP) preventive medications

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
VIREAD POW 40MG/GM



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
FLOLIPID SUS 20MG/5ML*
FLOLIPID SUS 40MG/5ML*
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
SIMVASTATIN TAB 80MG

**$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 PATCH 7MG/24HR
NICODERM CQ PATCH 14MG/24HR
NICODERM CQ PATCH 21MG/24HR
NICORETTE GUM 2MG
NICORETTE GUM 4MG
NICORETTE LOZENGES 2MG MINT
NICORETTE LOZENGES 4MG MINT
NICOTINE PATCH 7MG/24HR
NICOTINE LOZENGES 2MG MINT
NICOTINE GUM 2MG
NICOTINE GUM 4MG
NICOTINE LOZENGES 4MG MINT
NICOTINE SYS KIT TRANSDER
NICOTINE TD PATCH 14MG/24HR
NICOTINE TD PATCH 21MG/24HR
NICOTROL INHALER
THRIVE GUM 2MG MINT
VARENICLINE STARTER PACK
VARENICLINE TAB 0.5MG
VARENICLINE TAB 1MG



Vaccines

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)
IPOL INACTIVATED IPV	Polio
JYNNEOS	Monkeypox & Smallpox
MENQUADFI, MENVEO, PENBRAYA, PENMENVY, 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 isn't listed?

You may still be able to get your preventive medication at no cost. Have your provider contact Optum Rx with your diagnosis and medication history. If approved, you'll be able to get your medication for $0 out-of-pocket at network pharmacies.

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

Where can I get more information about 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 the other flyers we have created.

United Healthcare®

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.
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