



Effective: January 1, 2023

2023 Individual & Family plans

# Birth Control (Contraceptive) Drug List



# 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.

## Prescription birth control (contraceptives)

### Pill

AFIRMELLE TAB 0.1-0.02, AUBRA TAB 0.1-0.02, AUBRA EQ TAB 0.1-0.02, AVIANE TAB, DELYLA TAB 0.1-0.02, FALMINA TAB, LARISSIA TAB, LESSINA TAB, LEVONOR/ETHI TAB 0.1-0.02, LUTERA TAB, ORSYTHIA TAB, SRONYX TAB, VIENVA TAB 0.1-20

ALTAVERA TAB, AYUNA TAB, CHATEAL TAB 0.15/30, CHATEAL EQ TAB 0.15/30, KURVELO TAB 0.15/30, LEVORA-28 TAB 0.15/30, LILLOW TAB 0.15/30, MARLISSA TAB 0.15/30, PORTIA-28 TAB

ALYACEN TAB 1/35, CYCLAFEM TAB 1/35, DASETTA TAB 1/35, NORTREL TAB 1/35, NYLIA TAB 1/35, PIRMELLA TAB 1/35  
ALYACEN TAB 7/7/7, CYCLAFEM TAB 7/7/7, DASETTA TAB 7/7/7, NORTREL TAB 7/7/7, NYLIA TAB 7/7/7, PIRMELLA TAB 7/7/7

AMETHIA LO TAB, CAMRESE LO TAB, LOJAIMIESS TAB

APRI TAB, CYRED TAB, CYRED EQ TAB, DESO/ETHINYL TAB ESTRADIO, EMOQUETTE TAB, ENSKYCE TAB, ISIBLOOM TAB, JULEBER TAB, KALLIGA TAB, RECLIPSEN TAB

ARANELLE TAB, LEENA TAB

AUROVELA 24 TAB FE 1/20, BLISOVI 24 TAB FE 1/20, HAILEY 24 TAB FE, JUNEL FE 24 TAB 1/20, LARIN 24 TAB FE 1/20, MICRGSTIN 24 TAB FE 1/20, TARINA 24 FE TAB

AUROVELA FE TAB 1.5/30, BLISOVI FE TAB 1.5/30, HAILEY FE TAB 1.5/30, JUNEL FE TAB 1.5/30, LARIN FE TAB 1.5/30, MICROGESTIN TAB FE 1.5/30, NOR/EST/FF TAB 1.5/30

AUROVELA FE TAB 1/20, BLISOVI FE TAB 1/20, HAILEY FE TAB 1/20, JUNEL FE TAB 1/20, LARIN FE TAB 1/20, MICROGESTIN TAB FE 1/20, NORETH/ETHIN TAB FE 1/20, TARINA FE TAB 1/20, TARINA FE TAB 1/20 EQ

AUROVELA TAB 1.5/30, HAILEY TAB 1.5/30, JUNEL 1.5/30 TAB, LARIN TAB 1.5/30, MICROGESTIN TAB 1.5/30, NORETH/ETHIN TAB 1.5/30

AZURETTE TAB, AZURETTE TAB 28 DAY, BEKYREE TAB, KARIVA TAB 28 DAY, PIMTREA TAB, SIMLIYA TAB 28 DAY, VIORELE TAB, VOLNEA TAB

BALZIVA TAB, BRIELLYN TAB, PHILITH TAB 0.4-35, VYFEMLA TAB 0.4-35

CAMILA TAB 0.35MG, DEBLITANE TAB 0.35MG, ERRIN TAB 0.35MG, HEATHER TAB 0.35MG, INCASSIA TAB 0.35MG, JENCYCLA TAB 0.35MG, LYLEQ TAB 0.35MG, LYZA TAB 0.35MG, NORA-BE TAB 0.35MG, NORETHINDRON TAB 0.35MG, NORLYDA TAB 0.35MG, NORLYROC TAB 0.35MG, SHAROBEL TAB 0.35MG, TULANA TAB 0.35MG

CAZIANP PAK, VELIVET PAK

CRYSSELLE-28 TAB 28 TABS, ELINEST TAB, LOW-OGESTREL TAB

DROSPIR/ETHI TAB 3-0.02MG, GIANVI TAB 3-0.02MG, JASMIEL TAB 3-0.02MG, LORYNA TAB 3-0.02MG, LO-ZUMANDIMI TAB 3-0.02MG, NIKKI TAB 3-0.02MG, VESTURA TAB 3-0.02MG

DROSPIR/ETHI TAB 3-0.03MG, OCELLA TAB 3-0.03MG, SYEDA TAB 3-0.03MG, ZARAH TAB 3-0.03MG, ZUMANDIMINE TAB 3-0.03MG

ENPRESSE-28 TAB, LEVONEST TAB, LEVONOR/ETHI TAB, TRIVORA-28 TAB

ESTARYLLA TAB 0.25-35, FEMYNOR TAB 0.25-35, MILI TAB 0.25/35, MONO-LINYAH TAB 0.25-35, NORGEST/ETHI TAB 0.25/35, NYMYO TAB 0.25-35, PREVIFEM TAB, SPRINTec 28 TAB 28 DAY, VYLIBRA TAB 0.25-35

ETHY ETH EST TAB 1-35, KELNOR TAB 1/35, ZOVIA 1/35 TAB, ZOVIA 1/35E TAB

ETHYNODIOL TAB 1-50, KELNOR 1/50 TAB

ICLEVIA TAB, INTROVALE TAB, JOLESSA TAB, SETLAKIN TAB

NATAZIA TAB

NECON TAB 0.5/35, NORTREL TAB 0.5/35, WERA TAB 0.5/35

NORGEST/ETHI TAB ESTRADIO, TRI-LO TAB ESTARYLL, TRI-LO- TAB MARZIA, TRI-LO- TAB SPRINTec, TRI-LO-MILI TAB, TRI-VYLIBRA TAB LO

TILIA FE TAB, TRI-LEGEST TAB FE

TRI FEMYNOR TAB, TRI-ESTARYLL TAB, TRI-LINYAH TAB, TRI-MILI TAB, TRI-NYMYO TAB, TRI-PREVIFEM TAB, TRI-SPRINTec TAB, TRI-VYLIBRA TAB

TYBLUME CHW 0.1-0.02

**Cervical Cap**

FEMCAP

**Diaphragm**

CAYA

OMNIFLEX

WIDE-SEAL

**Patch**

TWIRLA DIS 120-30

XULANE DIS 150-35

ZAFEMY DIS 150/35

**Ring**

ELURYNG MIS

ETONOGESTREL MIS ETHY EST

**Shot/Injection**

DEPO-SQ PROV INJ 104

MEDROXYPR AC INJ 150MG/ML

**Emergency Contraception**

ELLA TAB 30MG



## Over-the-counter birth control (contraceptives)

Over-the-counter birth control (contraceptives) are also available for \$0 cost-share with your Individual & Family plan. To get contraceptives for a \$0 cost share simply:

1. Get a prescription for the contraceptive from a health care provider
2. Present the prescription at a network pharmacy\* and have them submit the claim to UnitedHealthcare

### Over-the-counter birth control (contraceptives)

Condoms

Sponges

Spermicides (CONCEPTROL GEL 4%, ENCARE SUP 100MG, GYNOL II GEL 3%, SHUR-SEAL GEL 2%, VCF VAGINAL AER CONTRACP, VCF VAGINAL GEL CONTRACE, VCF VAGINAL MIS CONTRACP)

Emergency Contraception (AFTERA TAB 1.5MG, AFTERPILL TAB 1.5MG, ECONTRA EZ TAB 1.5MG, ECONTRA OS 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)

\*MD and WA state law does not require a prescription. Ask your pharmacy to submit a claim to UnitedHealthcare.



## 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 member ID card. Health care providers can visit [uhcprovider.com/exchange](https://uhcprovider.com/exchange).





## 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) (Paragard, Skyla, Liletta, Kyleena, Mirena)
- Implantable Rod (Implanon, 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 health care 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:

- Members: Call the phone number on your member ID card.
- Health care providers: Contact OptumRx to submit an online request at [professionals.optumrx.com](https://professionals.optumrx.com) or by calling 1-800-711-4555.

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.



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. For certain drugs as indicated on the Prescription Drug List, UnitedHealthcare limits the amount of the drug being filled per copayment or over a certain period of time.

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, KS, LA, MO, and TN; Optimum Choice, Inc. in MD and VA; UnitedHealthcare Community Plan, Inc. in MI; UnitedHealthcare of Mississippi, Inc.; UnitedHealthcare of North Carolina, Inc.; UnitedHealthcare of Ohio, Inc.; UnitedHealthcare of Oklahoma, Inc.; UnitedHealthcare of Texas, Inc.; and UnitedHealthcare of Oregon, Inc. in WA. Administrative services provided by United HealthCare Services, Inc. or its affiliates.

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