



Effective: January 1, 2024

2024 Individual & Family plans Birth Control (Contraceptive) Drug List

Applies to the following states:

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



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 formulary requirements such as quantity limits may apply.

Over-the-counter birth control (contraceptives)

Over-the-counter birth control (contraceptives) are also 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

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

Pill

OPILL

Condoms

VARIETY OF OPTIONS

Spermicides

ENCARE SUP 100MG

GYNOL II GEL 3%

VCF VAGINAL AER CONTRACP

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

Patch

TWIRLA DIS 120-30

XULANE DIS 150-35

ZAFEMY DIS 150/35

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

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

Emergency Contraception

ELLA TAB 30MG

Spermicide

PHEXXI GEL

Prescription birth control (contraceptives) (cont.)

Pill

AFIRMELLE TAB 0.1-0.02	ETHYNODIOL TAB 1-50	LYZA TAB 0.35MG	TARINA FE TAB 1/20 EQ
ALTAVERA TAB	FALMINA TAB	MARLISSA TAB 0.15/30	TAYSOFY CAP 1/20
ALYACEN TAB 1/35	FAYOSIM TAB	MERZEE CAP 1/20	TILIA FE TAB
ALYACEN TAB 7/7/7	FEMYNOR TAB 0.25-35	MIBELAS 24 CHW FE	TRI FEMYNOR TAB
AMETHIA TAB	FINZALA CHW FE 1/20	MICRGSTIN 24 TAB FE 1/20	TRI-ESTARYLL TAB
AMETHYST TAB 90-20MCG	GEMMILY CAP 1/20	MICROGESTIN TAB 1.5/30	TRI-LEGEST TAB FE
APRI TAB	HAILEY TAB 1.5/30	MICROGESTIN TAB 1/20	TRI-LINYAH TAB
ARANELLE TAB	HAILEY 24 TAB FE	MICROGESTIN TAB FE 1/20	TRI-LO TAB ESTARYLL
ASHLYNA TAB	HAILEY FE TAB 1.5/30	MICROGESTIN TAB FE1.5/30	TRI-LO- TAB MARZIA
AUBRA TAB 0.1-0.02	HAILEY FE TAB 1/20	MILI TAB 0.25/35	TRI-LO- TAB SPRINTEC
AUBRA EQ TAB 0.1-0.02	HEATHER TAB 0.35MG	MONO-LINYAH TAB 0.25-35	TRI-LO-MILI TAB
AUROVELA TAB 1.5/30	ICLEVIA TAB	NATAZIA TAB	TRI-MILI TAB
AUROVELA TAB 1/20	INCASSIA TAB 0.35MG	NECON TAB 0.5/35	TRI-NYMYO TAB
AUROVELA 24 TAB FE 1/20	INTROVALE TAB	NEXTSTELLIS TAB 3-14.2MG	TRI-PREVIFEM TAB
AUROVELA FE TAB 1.5/30	ISIBLOOM TAB	NIKKI TAB 3-0.02MG	TRI-SPRINTEC TAB
AUROVELA FE TAB 1/20	JAIMIESS TAB	NOR/EST/FF TAB 1.5/30	TRIVORA-28 TAB
AVIANE TAB	JASMIEL TAB 3-0.02MG	NORA-BE TAB 0.35MG	TRI-VYLIBRA TAB
AYUNA TAB	JENCYCLA TAB 0.35MG	NORE/ETH/FER CAP 1/20	TRI-VYLIBRA TAB LO
AZURETTE TAB	JOLESSA TAB	NORE/ETH/FER CHW 0.4MG-35	TULANA TAB 0.35MG
AZURETTE TAB 28 DAY	JOYEAUX TAB 0.1-20	NORETH/ETHIN CHW FE	TYBLUME CHW 0.1-0.02
BALCOLTRA TAB 0.1-20	JULEBER TAB	NORETH/ETHIN CHW FE 1/20	TYDEMY TAB
BALZIVA TAB	JUNEL 1.5/30 TAB	NORETH/ETHIN TAB 1.5/30	VELIVET PAK
BLISOVI 24 TAB FE 1/20	JUNEL 1/20 TAB	NORETH/ETHIN TAB 1/20	VESTURA TAB 3-0.02MG
BLISOVI FE TAB 1.5/30	JUNEL FE TAB 1.5/30	NORETH/ETHIN TAB FE	VIENVA TAB 0.1-20
BLISOVI FE TAB 1/20	JUNEL FE TAB 1/20	NORETH/ETHIN TAB FE 1/20	VIORELE TAB
BRIELLYN TAB	JUNEL FE 24 TAB 1/20	NORETHINDRON TAB 0.35MG	VOLNEA TAB
CAMILA TAB 0.35MG	KAITLIB FE CHW	NORGEST/ETHI TAB 0.25/35	VYFEMLA TAB 0.4-35
CAMRESE TAB	KALLIGA TAB	NORGEST/ETHI TAB ESTRADIO	VYLIBRA TAB 0.25-35
CAMRESE LO TAB	KARIVA TAB 28 DAY	NORLYDA TAB 0.35MG	WERA TAB 0.5/35
CAZIANP PAK	KELNOR TAB 1/35	NORLYROC TAB 0.35MG	WYMZYA FE CHW 0.4MG-35
CHARLOTTE 24 CHW FE 1/20	KELNOR 1/50 TAB	NORTREL TAB 0.5/35	ZARAH TAB 3-0.03MG
CHATEAL TAB 0.15/30	KURVELO TAB 0.15/30	NORTREL TAB 1/35	ZOVIA 1/35 TAB
CHATEAL EQ TAB 0.15/30	LARIN TAB 1.5/30	NORTREL TAB 7/7/7	ZOVIA 1/35E TAB
CRYSSELLE-28 TAB 28 TABS	LARIN TAB 1/20	NYLIA TAB 1/35	ZUMANDIMINE TAB 3-0.03MG
CYCLAFEM TAB 1/35	LARIN 24 TAB FE 1/20	NYLIA TAB 7/7/7	
CYCLAFEM TAB 7/7/7	LARIN FE TAB 1.5/30	NYMYO TAB 0.25-35	
CYRED TAB	LARIN FE TAB 1/20	OCELLA TAB 3-0.03MG	
CYRED EQ TAB	LARISSIA TAB	ORSYTHIA TAB	
DASETTA TAB 1/35	LAYOLIS FE CHW	PHILITH TAB 0.4-35	
DASETTA TAB 7/7/7	LEENA TAB	PIMTREA TAB	
DAYSEE TAB	LESSINA TAB	PIRMELLA TAB 1/35	
DEBLITANE TAB 0.35MG	LEVO-ETH EST TAB 90-20MCG	PIRMELLA TAB 7/7/7	
DELYLA TAB 0.1-0.02	LEVONEST TAB	PORTIA-28 TAB	
DESO/ETHINYL TAB ESTRADIO	LEVONOR/ETHI TAB	PREVIFEM TAB	
DOLISHALE TAB 90-20MCG	LEVONOR/ETHI TAB 0.1-0.02	RECLIPSEN TAB	
DROS/ETH EST TAB LEVOMEFO	LEVONOR/ETHI TAB 0.1-20	RIVELSA TAB	
DROSPIR/ETHI TAB 3-0.02MG	LEVONOR/ETHI TAB ESTRADIO	SETLAKIN TAB	
DROSPIR/ETHI TAB 3-0.03MG	LEVORA-28 TAB 0.15/30	SHAROBEL TAB 0.35MG	
DROSPIRE/ETH TAB ESTR/LEV	LILLOW TAB 0.15/30	SIMLIYA TAB 28 DAY	
ELINEST TAB	LO LOESTRIN TAB 1-10-10	SIMPESSE TAB	
EMOQUETTE TAB	LOJAIMIESS TAB	SLYND TAB 4MG	
ENPRESSE-28 TAB	LORYNA TAB 3-0.02MG	SPRINTEC 28 TAB 28 DAY	
ENSKYCE TAB	LOW-OGESTREL TAB	SRONYX TAB	
ERRIN TAB 0.35MG	LO-ZUMANDIMI TAB 3-0.02MG	SYEDA TAB 3-0.03MG	
ESTARYLLA TAB 0.25-35	LUTERA TAB	TARINA 24 FE TAB	
ETHY ETH EST TAB 1-35	LYLEQ TAB 0.35MG	TARINA FE TAB 1/20	



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 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 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.



Need more information about your pharmacy drug coverage and costs?

Visit myuhc.com/exchange. You can also call the phone number on your member 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. 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.