



Birth control (contraceptive) drug list

Effective: January 1, 2026

Applies to the following states:
Massachusetts



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 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

Pills

OPILL

Condoms

VARIETY OF OPTONS

Spermicides

ENCARE SUP 100MG

GYNOL II GEL 3%

VCF VAGINAL GEL

VCF VAGINAL MIS

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	ERRIN TAB 0.35MG	LEVONOR/ETHI TAB 0.1-0.02	OCELLA TAB 3-0.03MG
ALTAVERA TAB	ESTARYLLA TAB 0.25-35	LEVONOR/ETHI TAB 0.1-20	PHILITH TAB 0.4-35
ALYACEN TAB 1/35	ETHY ETH EST TAB 1-35	LEVONOR/ETHI TAB ESTRADIO	PIMTREA TAB
ALYACEN TAB 7/7/7	ETHYNODIOL TAB 1-50	LEVORA-28 TAB 0.15/30	PORTIA-28 TAB
AMETHYST TAB 90-20MCG	FALMINA TAB	LO LOESTRIN TAB 1-10-10	RECLIPSEN TAB
APRI TAB	FINZALA CHW FE 1/20	LOJAIMIESS TAB	RIVELSA TAB
ARANELLE TAB	GEMMILY CAP 1/20	LORYNA TAB 3-0.02MG	SETLAKIN TAB
ASHLYNA TAB	HAILEY TAB 1.5/30	LOW-OGESTREL TAB	SHAROBEL TAB 0.35MG
AUBRA TAB 0.1-0.02	HAILEY 24 TAB FE	LO-ZUMANDIMI TAB 3-0.02MG	SIMLIYA TAB 28 DAY
AUBRA EQ TAB 0.1-0.02	HAILEY FE TAB 1.5/30	LUTERA TAB	SIMPESSE TAB
AUROVELA TAB 1.5/30	HAILEY FE TAB 1/20	LYLEQ TAB 0.35MG	SLYND TAB 4MG
AUROVELA TAB 1/20	HEATHER TAB 0.35MG	LYZA TAB 0.35MG	SPRINTEC 28 TAB 28 DAY
AUROVELA 24 TAB FE 1/20	ICLEVIA TAB	MARLISSA TAB 0.15/30	SRONYX TAB
AUROVELA FE TAB 1.5/30	INCASSIA TAB 0.35MG	MERZEE CAP 1/20	SYEDA TAB 3-0.03MG
AUROVELA FE TAB 1/20	INTROVALE TAB	MIBELAS 24 CHW FE	TARINA 24 FE TAB
AVIANE TAB	ISIBLOOM TAB	MICROGESTIN TAB 1.5/30	TARINA FE TAB 1/20 EQ
AYUNA TAB	JAIMIESS TAB	MICROGESTIN TAB 1/20	TAYSOFY CAP 1/20
AZURETTE TAB	JASMIEL TAB 3-0.02MG	MICROGESTIN TAB FE 1/20	TILIA FE TAB
BALZIVA TAB	JENCYCLA TAB 0.35MG	MICROGESTIN TAB FE1.5/30	TRI-ESTARYLL TAB
BLISOVI 24 TAB FE 1/20	JOLESSA TAB	MILI TAB 0.25/35	TRI-LEGEST TAB FE
BLISOVI FE TAB 1.5/30	JOYEAUX TAB 0.1-20	MONO-LINYAH TAB 0.25-35	TRI-LINYAH TAB
BLISOVI FE TAB 1/20	JULEBER TAB	NATAZIA TAB	TRI-LO TAB ESTARYLL
BRIELLYN TAB	JUNEL 1.5/30 TAB	NECON TAB 0.5/35	TRI-LO- TAB MARZIA
CAMILA TAB 0.35MG	JUNEL 1/20 TAB	NEXTSTELLIS TAB 3-14.2MG	TRI-LO- TAB SPRINTEC
CAMRESE TAB	JUNEL FE TAB 1.5/30	NIKKI TAB 3-0.02MG	TRI-LO-MILI TAB
CAMRESE LO TAB	JUNEL FE TAB 1/20	NOR/EST/FF TAB 1.5/30	TRI-MILI TAB
CHARLOTTE 24 CHW FE 1/20	JUNEL FE 24 TAB 1/20	NORA-BE TAB 0.35MG	TRI-SPRINTEC TAB
CHATEAL EQ TAB 0.15/30	KAITLIB FE CHW	NORE/ETH/FER CAP 1/20	TRIVORA-28 TAB
CRYSSELLE-28 TAB 28 TABS	KALLIGA TAB	NORE/ETH/FER CHW 0.4MG-35	TRI-VYLIBRA TAB
CYRED EQ TAB	KARIVA TAB 28 DAY	NORETH/ETHIN CHW FE	TRI-VYLIBRA TAB LO
DASETTA TAB 1/35	KELNOR TAB 1/35	NORETH/ETHIN CHW FE 1/20	TYBLUME CHW 0.1-0.02
DASETTA TAB 7/7/7	KELNOR1/50 TAB	NORETH/ETHIN TAB 1.5/30	VELIVET PAK
DAYSEE TAB	KURVELO TAB 0.15/30	NORETH/ETHIN TAB 1/20	VESTURA TAB 3-0.02MG
DEBLITANE TAB 0.35MG	LARIN TAB 1.5/30	NORETH/ETHIN TAB FE	VIENVA TAB 0.1-20
DELYLA TAB 0.1-0.02	LARIN TAB 1/20	NORETH/ETHIN TAB FE 1/20	VIORELE TAB
DESO/ETHINYL TAB ESTRADIO	LARIN 24 TAB FE 1/20	NORETHINDRON TAB 0.35MG	VOLNEA TAB
DOLISHALE TAB 90-20MCG	LARIN FE TAB 1.5/30	NORGEST/ETHI TAB 0.25/35	VYFEMLA TAB 0.4-35
DROS/ETH EST TAB LEVOMEFO	LARIN FE TAB 1/20	NORGEST/ETHI TAB ESTRADIO	VYLIBRA TAB 0.25-35
DROSPIR/ETHI TAB 3-0.02MG	LAYOLIS FE CHW	NORLYROC TAB 0.35MG	WERA TAB 0.5/35
DROSPIR/ETHI TAB 3-0.03MG	LEENA TAB	NORTREL TAB 0.5/35	WYMZYA FE CHW 0.4MG-35
DROSPIRE/ETH TAB ESTR/LEV	LESSINA TAB	NORTREL TAB 1/35	YASMIN 28 TAB
ELINEST TAB	LEVO-ETH EST TAB 90-20MCG	NORTREL TAB 7/7/7	YAZ TAB 3-0.02MG
ENPRESSE-28 TAB	LEVONEST TAB	NYLIA TAB 1/35	ZOVIA 1/35 TAB
ENSKYCE TAB	LEVONOR/ETHI TAB	NYLIA TAB 7/7/7	ZUMANDIMINE TAB 3-0.03MG

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 (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:

- Online: professionals.optumrx.com/prior-authorization
- 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.



**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.
Health care 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.

UnitedHealthcare Individual & Family plans 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, MA, MO, NE, NH, NJ, NY, OR, SD, TN, and WY; Optimum Choice, Inc. in MD and VA; UnitedHealthcare Community Plan, Inc. in MI; UnitedHealthcare of Midlands, Inc. in ND; UnitedHealthcare of Mississippi, Inc.; UnitedHealthcare of New Mexico, Inc.; UnitedHealthcare of New York, 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.