

# Preventive care medications

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## \$0 Cost-share medications & products<sup>1,2,3,6</sup>

Effective July 1, 2021



Under the health reform law (Affordable Care Act), benefit plans must cover certain Preventive Care Medications at 100% — without charging a copay, coinsurance or deductible.

These products include:

- U.S. Preventive Services Task Force A & B Recommendation medications
- Food and Drug Administration (FDA)-approved prescription and Over-The-Counter (OTC) birth control (contraceptives) for women
- Flu shot and other vaccines

To follow this law, OptumRx is offering this updated list of no-cost Preventive Care Medications.

You can use your OptumRx member ID card to get the products on this list for no cost if they are:

- Prescribed by a health care professional
- Age- and condition-appropriate
- Filled at a network pharmacy

These products are available at no cost to you on both standard and high-deductible or consumer-driven health plans. To find a network pharmacy, login to [optumrx.com](https://www.optumrx.com), select “Pharmacy Locator” on the right hand side of the screen and enter your zip code or call the number on your OptumRx member ID card. If you get these drugs or products from an out-of-network pharmacy, you will have to pay the full cost for them. Male forms of birth control are not currently considered Preventive Care Medications under the Affordable Care Act.

# U.S. Preventive Services Task Force A & B Recommendation Medications and Supplements<sup>4</sup>

A prescription is required to get these medications and supplements at no cost - even though most are available over-the-counter (OTC).

Medication/Supplement	Reason
<b>OTC</b>	
Aspirin - 81 mg	Prevent preeclampsia during pregnancy
Aspirin - 81 & 325 mg	Prevent cardiovascular disease and colon cancer
Folic acid 400 & 800 mcg Prenatal vitamins with 400 - 800 mcg folic acid	Prevent birth defects
Bisacodyl EC Tab	Bowel preparation for colonoscopy needed for preventive colon cancer screening. Limit of one \$0-cost fill per year.
Magnesium Citrate Sol	Bowel preparation for colonoscopy needed for preventive colon cancer screening. Limit of one \$0-cost fill per year.
PEG 3350 (generic Miralax) <i>Only the OTC product may be covered at \$0 cost share. The prescription version of this product may be covered with a copay or coinsurance depending on your plan.</i>	Bowel preparation for colonoscopy needed for preventive colon cancer screening. Limit of one \$0-cost fill per year.
<b>Prescription</b>	
<b>Generic Colyte 240/22.74 g sold as:</b> PEG-3350/electrolytes Gavilyte-C	Bowel preparation for colonoscopy needed for preventive colon cancer screening. Limit of one \$0-cost fill per year.
<b>Generic Golytely 236/22.7 g sold as:</b> PEG-3350/electrolytes Gavilyte-G	Bowel preparation for colonoscopy needed for preventive colon cancer screening. Limit of one \$0-cost fill per year.
<b>Generic Nulytely sold as:</b> PEG-3350/NaCl/NaBicarbonate/KCl Gavilyte-N Trilyte	Bowel preparation for colonoscopy needed for preventive colon cancer screening. Limit of one \$0-cost fill per year.
Fluoride chew tablets, drop (not toothpaste, rinses)	Prevent dental cavities if water source is deficient in fluoride

## Tobacco Cessation Medications<sup>4</sup>

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If you need help to quit smoking or using tobacco products, these preventive medications are available at \$0 cost share. Up to 180 days of treatment are covered at no cost each year. Maximum daily dose quantity limits apply. To qualify, you need to:

- Be age 18 or older
- Get a prescription for these products from your doctor, even if the products are sold over-the-counter (OTC)
- Fill the prescription at a network pharmacy

### OTC Medications

Nicotine Replacement Gum

Nicotine Replacement Lozenge

Nicotine Replacement Patch

### Prescriptions

Bupropion sustained-release (generic Zyban) Tablet

***These three prescription medications are covered after members have tried:  
1) One OTC nicotine product and 2) Bupropion sustained-release (generic Zyban) separately.***

Chantix Tablet

Nicotrol Inhaler

Nicotrol Nasal Spray

## Human Immunodeficiency Virus Preventive Medications<sup>4</sup>

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For members who have a higher chance to become infected with human immunodeficiency virus (HIV) but are not yet infected, these preventive medications are available at \$0 cost share. To qualify, a member must:

- Be at increased chance for first-time infection with HIV
- Obtain copay waiver

Most plans cover these medications at normal cost share for the treatment of HIV infection. Your doctor must submit a 'Health Care Reform - \$0 HIV PrEP Preventive' copay waiver review form to request \$0 cost share for primary prevention, if you meet the coverage criteria. If you qualify, you can receive these drugs at \$0 cost share.

### HIV Preexposure Prophylaxis Medications

tenofovir tab 300mg (generic Viread)

emtricitabine-tenofovir disoproxil fumarate 200-300mg (generic Truvada)

Descovy (member must be unable to take generic emtricitabine-tenofovir disoproxil fumarate 200-300mg before Descovy is covered)

## Breast Cancer Preventive Medications<sup>4</sup>

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For members who have a higher chance for breast cancer but have not had breast cancer, these preventive medications are available at \$0 cost share. To qualify, a member must:

- Be age 35 or older
- Be at increased chance for the first occurrence of breast cancer – after risk assessment and counseling
- Obtain copay waiver

Most plans cover these medications at normal cost share for the treatment of breast cancer, to prevent breast cancer recurrence and for other indications. Your doctor must submit a 'Health Care Reform - \$0 Breast Cancer Preventive' copay waiver review form to request \$0 cost share for primary prevention, if you meet the coverage criteria. If you qualify, you can receive these drugs at \$0 cost share for up to 5 years, minus any time you have been taking them for prevention.

### Breast Cancer Medications (prescription)

anastrozole

exemestane

raloxifene

tamoxifen

## Statin Preventive Medications<sup>4</sup>

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The U.S. Preventive Service 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 primary prevention of CVD events in individuals who meet the following criteria:

- Are age 40-75, **and**
- Have one or more cardiovascular risk factors (high cholesterol, diabetes, hypertension, or smoking), **and**
- A calculated 10-year risk of a cardiovascular event of 10% or greater.

### Statins available at \$0 cost share

lovastatin (generic Mevacor) – All strengths (Ages 40-75 years)

\*atorvastatin (generic Lipitor) 10 & 20 mg Copay waiver review required to confirm risk of CVD

\*simvastatin (generic Zocor) 5, 10, 20 & 40 mg Copay waiver review required to confirm risk of CVD

\*These medications are typically covered at the customary cost share amount for your plan. Your doctor must submit a, "Health Care Reform - \$0 Statin Preventive," copay waiver review form to request \$0 cost share for primary prevention, if you meet the above coverage criteria.

# Women's Health: Birth Control Products

For members who would like to consider family planning options, these preventive medications are available at \$0 cost share. A copay waiver request form can be submitted by a member's provider to request \$0 cost share if the provider determines that a particular contraceptive is medically necessary but not on the contraceptive list.

## Birth Control Caps & Diaphragms (Cervical)

Caya  
Femcap  
Omniflex  
Wide Seal

## Combination Birth Control Pills

### Four Phase Birth Control Pills:

Natazia

### Generic Alesse & Levlite sold as:

Afirmelle  
Aubra  
Aubra Eq  
Aviane  
Delyla  
Falmina  
Larissia  
Lessina  
Levonor/Ethi 0.1-0.02  
Lutera  
Orsythia  
Sronyx  
Tyblume  
Vienna

### Generic Beyaz sold as:

Drospire/Eth Estr/Lev

### Generic Brevicon 0.5/35 & Modicon 0.5/35 sold as:

Necon 0.5/35  
Nortrel 0.5/35  
Wera 0.5/35

### Generic Cyclessa Pak sold as:

Caziant Pak  
Cesia Pak  
Velivet Pak

### Generic Demulen 1/35 sold as:

Ethy Eth Est 1-35  
Kelnor 1/35  
Zovia 1/35

### Generic Demulen 1/50 sold as:

Ethynodiol 1-50  
Kelnor 1/50

### Generic Desogen-28 & Ortho-Cept sold as:

Aprri  
Cyred  
Cyred EQ  
Deso/ethinyl estradiol  
Emoquette  
Enskyce  
Isibloom  
Juleber  
Kalliga  
Reclipsen  
Solia

### Generic Estrostep FE sold as:

Tilia FE  
Tri-Legest FE

### Generic Femcon FE chewable sold as:

Nore/Eth/Fer CHW  
Wymzya FE CHW

### Generic Generess FE chewable sold as:

Kaitlib FE CHW  
Layolis FE CHW  
Noreth/Ethin FE CHW

### Generic Loestrin 24 FE sold as:

Aurovela 24 FE  
Blisovi 24 FE  
Hailey 24 FE  
Junel 24 FE  
Larin 24 FE  
Noreth/Ethin Tab FE 1/20  
Tarina 24 FE

### Generic Loestrin 1/20 sold as:

Aurovela 1/20  
Junel 1/20  
Larin 1/20  
Microgestin 1/20  
Noreth/Ethin 1/20

### Generic Loestrin 1.5/30 sold as:

Aurovela 1.5/30  
Hailey 1.5/30  
Junel 1.5/30  
Larin 1.5/30  
Microgestin 1.5/30  
Noreth/Ethin 1.5/30

### Generic Loestrin FE 1/20 sold as:

Aurovela FE 1/20  
Blisovi FE 1/20  
Hailey FE 1/20  
Junel FE 1/20  
Larin FE 1/20  
Microgestin FE 1/20  
Noreth/Ethin FE 1/20  
Tarina FE 1/20  
Tarina FE 1/20 EQ

### Generic Loestrin FE 1.5/30 sold as:

Aurovela FE 1.5/30  
Blisovi FE 1.5/30  
Hailey FE 1.5/30  
Junel FE 1.5/30  
Larin FE 1.5/30  
Microgestin FE 1.5/30  
Nor/Est/FF 1.5/30

### Generic Lo/Ovral-28 sold as:

Cryselle-28  
Elinest  
Low-Ogestrel

### Generic Loseasonique sold as:

Amethia Lo  
Camrese Lo  
Levonorgestrel and Ethinyl Estradiol  
Lojaimiess

### Generic Lybrel 90-20Mcg sold as:

Amethyst 90-20mcg  
Levo-Eth Est 90-20mcg

### Generic Minastrin 24 CHW FE sold as:

Charlotte 24 CHW FE 1/20  
Melodetta CHW 24 FE  
Mibelas 24 CHW FE  
Noreth/Ethin CHW FE 1/20

### Generic Mircette 28 Day sold as:

Azurette  
Bekyree  
Deso/ethinyl estradiol  
Kariva  
Pimtrea  
Simliya  
Viorele  
Volnea

### Generic Nordette-28 sold as:

Altavera  
Ayuna  
Chateal  
Chateal Eq  
Kurvelo  
Levonor/ethinyl estradiol  
Levora-28  
Lillow  
Marlissa  
Portia-28

### Generic Ortho-Cyclen sold as:

Estarylla  
Femynor  
Mili  
Mono-Linyah  
Norgestimate & Ethinyl Estradiol 0.25mg-35mcg  
Nymyo  
Previfem  
Sprintec 28  
Vylibra

You can get a 3-month supply of your medication mailed to you with no cost for standard shipping. Just call the phone number on your OptumRx member ID card, and ask for home delivery.

**Generic Ortho-Novum 1/35-28**

**& Norinyl 1/35 sold as:**

Alyacen 1/35  
Cyclafem 1/35  
Dasetta 1/35  
Necon 1/35  
Nortrel 1/35  
Pirmella 1/35

**Generic Ortho-Novum 7/7/7-28 sold as:**

Alyacen 7/7/7  
Cyclafem 7/7/7  
Dasetta 7/7/7  
Nortrel 7/7/7  
Nylia 7/7/7  
Pirmella 7/7/7

**Generic Ortho Tri-Cyclen sold as:**

Norgestimate/Ethinyl Estradiol  
Tri-Estaryll  
Tri Femynor  
Tri-Linyah  
Tri-Mili  
Tri-Nymyo  
Tri-Previfem  
Tri-Sprintec  
Tri-Vylibra  
Trinessa

**Generic For Ortho Tri-Cyclen Lo sold as:**

Norgest/Ethi Estradio  
Tri-Lo-Estaryll  
Tri-Lo-Marzia  
Tri-Lo Mili  
Tri-Lo-Sprintec  
Tri-Vylibra Lo

**Generic Ovcon-35 sold as:**

Balziva  
Briellyn  
Philith  
Vyfemla

**Generic Quartette sold as:**

Fayosim  
Levonor/Ethi tab Estradio  
Rivelsa

**Generic Safyral sold as:**

Dros/Eth Est tab Levomefo  
Tydemy

**Generic Seasonale sold as:**

Iclevia  
Introvale  
Jolessa  
Levonor/ethinyl estradiol  
Setlakin

**Generic Seasonique sold as:**

Amethia  
Ashlyna  
Camrese  
Daysee  
Jaimiess  
Levonor/ethi estradio  
Simpesse

**Generic Taytulla sold as:**

Gemmily  
Merzee

**Generic Tri-Norinyl 28 sold as:**

Aranelle  
Leena

**Generic Triphasil sold as:**

Enpresse-28  
Levonest  
Levonor/Ethi  
Trivora-28

**Generic Yasmin 28 3-0.03mg sold as:**

Drospir/Ethi 3-0.03mg  
Ocella 3-0.03mg  
Syeda 3-0.03mg  
Zarah 3-0.03mg  
Zumandimine 3-0.03mg

**Generic Yaz 3-0.02mg sold as:**

Drospir/Ethi 3-0.02  
Drospirenone/ethy est  
Gianvi  
Jasmiel  
Lo-Zumandimi  
Loryna  
Nikki

**Progestin Only Birth Control Pills**

**Generic Ortho Micronor & Nor-QD sold as:**

Camila 0.35mg  
Deblitane  
Errin 0.35mg  
Heather 0.35mg  
Incassia 0.35mg  
Jencycla 0.35mg  
Lyleq 0.35mg  
Lyza 0.35mg  
Nora-Be 0.35mg  
Norethindron 0.35mg  
Norlyda 0.35mg  
Norlyroc  
Sharobel  
Tulana 0.35mg

**Birth Control Rings (Vaginal)**

**Generic NuvaRing sold as:**

EluRyng  
Etonogestrel/Ethinyl Estradiol

**Birth Control Patches (Transdermal)**

**Generic Ortho Evra sold as:**

Xulane  
Zafemy

**Birth Control Shots (Injection)**

**Generic Depo-Provera sold as:**

Medrooxyprogesterone 150mg IM

**Emergency Birth Control**

ella

**Over-The-Counter (OTC) Birth Control**

(must have a prescription and get them from a network pharmacy for OptumRx to cover the costs)

Contraceptive films (e.g. VCF Vaginal)

Contraceptive foams (e.g. Vcf Vaginal Aer)

Contraceptive gels (e.g. Gynol II, Shur-Seal, VCF Vaginal)

Female Condoms:

FC Female  
FC2 Female

Generic emergency birth control (e.g. Aftera, EContra EZ, Econtra OS, My Choice, New Day, Opcicon, Option 2, React, Take Action)

Today Sponge

**Birth Control IUDs and Implants**

Kyleena  
Liletta  
Mirena  
Nexplanon  
Paragard  
Skyla

*Some methods of birth control, such as IUDs and implants, may be available through your medical benefit and not your pharmacy benefit.*

**You can get a 3-month supply of your medication mailed to you with no cost for standard shipping. Just call the phone number on your OptumRx member ID card, and ask for home delivery.**

# Flu shot and other vaccines

Plans must provide coverage without cost-sharing for immunizations that are recommended for routine use by the Advisory Committee on Immunization Practices (ACIP), a federal committee comprised of immunization experts that is convened by the Centers for Disease Control and Prevention. Vaccines may be covered by your medical benefit and not your pharmacy benefit.

Many vaccines can be obtained on a walk-in basis by presenting the OptumRx ID card at the time of service. Members should review their benefit plan to determine coverage for vaccines.

## Routine vaccines<sup>7</sup>

Age restrictions or limitations may apply. Check with your network pharmacy for specific age, flu shot and vaccine requirements.

### Flu Shots

#### Flu (Influenza)\*

Afluria Quad	Flublok Quad	Fluzone HD
Fluad	Flucelvax Quad	Fluzone Quad
Fluad Quad	Flulaval Quad	Fluzone Quad
Fluarix Quad	FluMist Quad	(pediatric dose)

### Other Vaccines

#### Hepatitis A\* (Adult and Pediatric)

Havrix, Vaqta

#### Hepatitis B\* (Adult and Pediatric)

Engerix-B, Heplisav-B (adult only), Recombivax-HB

#### Human Papilloma Virus (HPV)\* — Vaccine prevents HPV related cancers

(ages 9 - 26 years)

Gardasil 9

#### Measles, Mumps, Rubella\*

MMR-II

#### Meningococcal\* — Vaccine prevents meningitis Groups A, C, Y and W-135

Menactra, Menveo

#### Meningococcal\* — Vaccine prevents meningitis Group B

Bexsero, Trumenba

#### Pneumococcal\* — Vaccine prevents pneumonia

Prevnar13, Pneumovax 23

#### Tdap\* — Vaccine prevents tetanus, diphtheria, pertussis

Adacel, Boostrix

#### Tetanus Diphtheria\* — TD

TDVAX

Tenivac

#### Varicella\* — Vaccine prevents chicken pox

Varivax

#### Zoster\* — Vaccine prevents shingles

Shingrix (ages 50 years and older), Zostavax (ages 60 years and older)

Ask your employer or check your plan documents for your plan's specific coverage details.

Not all vaccines on this list are available at all network pharmacies. Contact your local network pharmacy to confirm vaccine availability.

\*Vaccine type



# Frequently asked questions

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## Preventive Care Medications Coverage

### **What Preventive Care Medications are available at no cost?**

Look at the list in this document, login to [optumrx.com](http://optumrx.com), or call the number on your OptumRx member ID card for a list of medications covered at \$0 cost share.

Please note, in order to get coverage at no cost for preventive care medications and products (including over-the-counter) you will need a prescription from your doctor.

### **Are all birth control products available at no cost?**

No, only the products on the list for your plan will be \$0 under the pharmacy benefit.<sup>5</sup> The health reform law allows plans to use reasonable medical management to decide which birth control products will be provided at no cost.

If you choose a product from this list, your cost at the pharmacy will be \$0. If you choose a covered birth control product that is not on the list, a copay or coinsurance may be required. This cost will apply to your deductible if you have one.

### **What if my doctor says I need birth control that is not on this list?**

This list includes at least one form of birth control from FDA-approved methods typically available through your pharmacy benefit. If your doctor prescribes birth control not on our list for medical reasons, OptumRx will cover that recommended drug or product at no cost to you through our "Health Care Reform" copay waiver review form process. Just call the number on your OptumRx member ID card, and ask how to get coverage. Medical reasons may include side effects, whether the birth control is permanent or can be reversed, and whether you can use the product as required.

Some methods of birth control, such as IUDs and Implants, may be available through your **medical benefit** and not your pharmacy benefit.

### **Is my plan required to cover contraceptives?**

Some plans may not have coverage for contraceptives if your employer elects a religious or moral exemption. Also, for employers who elect a religious or moral accommodation, OptumRx may provide or arrange for separate contraceptive coverage for those employers' members as allowed by the health reform law.

### **If I'm at risk for preeclampsia during pregnancy, how can I get low-dose aspirin for no cost?**

Low-dose or baby aspirin (81 mg) is available at no cost to pregnant women at risk for preeclampsia. If you are pregnant and at risk for preeclampsia, talk to your doctor about

whether low-dose aspirin can help. If so, your doctor can give you a prescription for low-dose aspirin which can be filled at no cost to you at a network retail pharmacy.

### **If I need to take preparation medications before a preventive colonoscopy, how can I get these for no cost?**

If you are scheduled for a preventive colonoscopy, ask your doctor for a prescription for one of the no cost preparation medications. You can fill this prescription at a retail network pharmacy at no cost to you. Note: There is a limit of one \$0-cost fill per year.

### **What if my doctor prescribes a preparation medication for my preventive colonoscopy that is not on this list?**

You can ask your doctor for a prescription for one of the medications on this list that your doctor feels would work for you. For some medical reasons, your doctor may decide you need a medication that is not on this list to prepare for your preventive colonoscopy. If so, you can request the medication you need by calling the number on your health plan ID card, and asking how to get coverage at no cost. Medical reasons may include side effects, and whether you can use the product as required.

If you need a prescription medication to prepare for a colonoscopy that is **not preventive**, these medications may still be covered with a copayment or coinsurance.

### **How can I get preventive medications to help me stop using tobacco for no cost?**

If you are age 18 or older and want to quit using tobacco products, talk to your doctor about medications that can help. If your doctor decides this therapy is right for you, they may prescribe a generic over-the-counter or prescription medication.

The tobacco cessation products on this list are available at no cost to you if they are:

- Prescribed by your doctor
- Filled at a network pharmacy
- Meet use and quantity guidelines

### **If I'm at risk for HIV (Human Immunodeficiency Virus) but have not been infected, how can I get preventive drugs for \$0 cost share?**

If you are a member not yet infected with HIV, talk to your doctor about your risk of getting HIV. If your doctor decides this treatment is appropriate for you, your doctor may offer to prescribe risk-reducing medications, such as emtricitabine-



## Frequently asked questions continued

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tenofovir disoproxil fumarate 200-300mg, tenofovir 300mg tablet or Descovy. Your doctor must submit a 'Health Care Reform - \$0 HIV PrEP Preventive' copay waiver review form to request \$0 cost share if you meet the coverage criteria.

### **If I'm at risk for breast cancer but have not had it, how can I get preventive drugs for \$0 cost share?**

If you are a member age 35 or older, talk to your doctor about your risk of getting breast cancer if you have not had it.

If your doctor decides this treatment is appropriate for you, your doctor may offer to prescribe risk-reducing medications, such as raloxifene or tamoxifen.

Your doctor must submit a 'Health Care Reform - \$0 Breast Cancer Preventive' copay waiver review form to request \$0 cost share if you meet the coverage criteria.

### **If I'm at risk for cardiovascular disease, how can I get statin medications at no cost to me?**

If you are a member age 40-75, and at risk for cardiovascular disease, your doctor may offer to prescribe statin medications. Select statins are covered at no cost share for people who have certain risk factors for cardiovascular disease. Depending on the medication, your doctor may need to submit a 'Health Care Reform - \$0 Statin Preventive' copay waiver review form to request \$0 cost share if you meet coverage criteria. For members who don't meet this \$0 cost share criteria or don't request a copay waiver, statins will continue to be covered at the customary cost share amount for your plan.

### **How many Preventive Care Medications can I get?**

Some products have quantity limits based on FDA approved dosing or product packaging. Coverage is limited to up to a 30 day supply at retail pharmacies or up to a 90 day supply from home delivery.

### **Will this drug list change?**

Drug lists can and do change, so it's always good to check. You can find the most updated information by:

- Logging in to [optumrx.com](https://optumrx.com), or
- Calling the number on your OptumRx member ID card.

### **What if I have a high-deductible or consumer-driven health (CDH) plan?**

The same no cost options on the list applicable to your plan will be available to you. If you fill a prescription for covered birth control products that are not on your plan's no cost drug list, you will need to pay the full cost, until your deductible is reached.

### **Are the no cost Preventive Care Medications available at both retail and home delivery pharmacies?**

Preventive Care Medications are available at network retail pharmacies. Most are also available at the OptumRx® Home Delivery Pharmacy for plans with a home delivery benefit.

The OptumRx Home Delivery Pharmacy can mail a 3-month supply of your medication right to you with no cost for standard shipping. That means you can order 4 times a year instead of making 12 trips to pick up your medication. To start using home delivery, just call the number on your OptumRx member ID card.

### **What if the health care reform law requirements for Preventive Care Medication coverage change?**

If the law requiring plans to provide preventive care medications at no cost changes, information on how your costs may change will be available to you by:

- Logging in to [optumrx.com](https://optumrx.com), or
- Calling the number on your OptumRx member ID card.

1. Please note this list is subject to change.
2. Always refer to your benefit plan materials to determine your coverage for medications and cost share. Some medications may not be covered under your specific benefit. Where differences are noted, the benefit plan documents will govern.
3. All branded medications are trademarks or registered trademarks of their respective owners.
4. The listed age limits are based on U.S. Preventive Services Task Force Recommendations; coverage for additional populations may also apply as required.
5. When informed, an issuer must accommodate any member when one of the zero cost contraceptives may be medically inappropriate as determined by the member's health care provider and waive the otherwise applicable cost-sharing for a contraceptive not currently covered at zero cost.
6. If your pharmacy benefit plan is grandfathered under the ACA, these drugs may be covered at the normal cost share.
7. Not all vaccines on this list are available at all participating pharmacies. Members should contact their participating pharmacy of choice to confirm vaccine availability.



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