

Patient Protection and Affordable Care Act - Preventive Items and Services

Drug List – Preventive Items and Services Offering - 2022

The Patient Protection and Affordable Care Act (PPACA) imposes a number of insurance reforms and mandates including a requirement to cover certain *preventive items and services* at 100 percent and ensure these items and services are not subject to deductibles or other cost-sharing limitations.

The following list of preventive medications should be used as a guide. It cannot be considered a comprehensive listing of medications available or covered without cost-sharing. Coverage of any of the listed medications (including over-the-counter (OTC) medications) requires a prescription from a licensed health care provider.

The availability or coverage of these medications without cost-sharing may be subject to criteria established by the terms of the health plan.

This list is subject to change as PPACA guidelines are updated or modified.

Please note: coverage of medications at \$0 cost share is dependent on the list of medications covered by your drug formulary.

Medicine Category and Who is Covered	Examples of Medicines Covered
Aspirin Persons age < 70 years	Aspirin doses of 325mg and below (81mg) generic, over-the-counter (OTC)
Breast Cancer – Primary Prevention Persons ≥ 35 years who meet criteria. <i>(Only one option described is chosen for coverage by a prescription drug plan.)</i>	<p>“Preferred Option”: Co-Pay Exception Review only: Tamoxifen generic; Soltamox; and for post-menopausal persons: Raloxifene, Anastrozole, and Exemestane generic</p> <p>“Non-Preferred Option”: The above listed agents are all covered at POS for \$0 member-share without review.</p>
Contraceptive Methods Persons < age 51 years <i>(Only one of the available programs described is chosen for coverage by a prescription drug plan.)</i>	<p><i>Brand name contraceptives with a generic equivalent are \$0 cost share only when the prescriber indicates the brand product must be dispensed or generic is not available.</i></p> <p>“Expanded Product” Option*: Covered products include all FDA-approved 16 contraceptive methods available through the pharmacy benefit, including: OTC contraceptive methods (female condom, spermicides, etc.), oral contraceptives (including emergency contraception), and contraceptive devices.</p> <p>“Preferred Product with Step Therapy” Option*: Covered products, available at no cost, include one or more Food and Drug Administration (FDA) approved “Preferred Products” from the 16 contraceptive methods available through the pharmacy benefit. The “Preferred Products” include: generic OTC spermicide and legend diaphragms; Today[®] contraceptive sponge; female condom; Femcap[®]; generic oral, transdermal and intramuscular hormonal methods; contraceptive ring; generic, OTC emergency contraceptives; the intrauterine system Mirena[®]; and the intradermal agent, Nexplanon[®]. Step Therapy criteria are applied to select brand contraceptives. Zero-dollar coverage of a contraceptive not included as a “Preferred Product” is available after copayment review.</p> <p>“Preferred Product” Option*: Covered products, available at no cost, include one or more Food and Drug Administration (FDA) approved “Preferred Products” from the 16 contraceptive methods available through the pharmacy benefit. The “Preferred Products” include: generic OTC spermicide and legend diaphragms; Today[®] contraceptive sponge; female condom; Femcap[®]; generic oral, transdermal and intramuscular hormonal methods; contraceptive ring; generic, OTC emergency contraceptives; the intrauterine system Mirena[®]; and the intradermal agent, Nexplanon[®]. Zero-dollar coverage of a contraceptive not included as a “Preferred Product” is available after copayment review.</p> <p><small>*= coverage of medications at \$0 cost share is dependent on the list of medications covered by the member’s drug formulary.</small></p>
Fluoride Persons 6 months through <17 years	Fluoride Chewable or Drops ≤ 1.0 MG generic Multivitamin/Fluoride (≤ 1.0 MG) Chewable/Drops/Suspension generic
Folic Acid Persons < 51 years	Folic Acid Tablet 0.4 MG and 0.8 MG generic Prenatal Vitamins with Folic Acid (0.4 MG and 0.8 MG) generic
HIV Prep Persons of any age Only for members lacking a history of treatment for HIV (using claims data).	Emtricitabine / tenofovir disoproxil fumarate (TDF) generic - 200 mg / 300 mg dose only Option includes Co-Pay Exception Review feature.

Medicine Category and Who is Covered	Examples of Medicines Covered
<p>Immunizations The age for coverage varies based on the vaccine product prescribed and recommendations by the U.S. Centers for Disease Control and Prevention</p> <p><i>(Only one of the available options described is chosen for coverage by a prescription drug plan.)</i></p>	<p>“Option 1”: Covered immunizations include those that are routine vaccines and non-routine immunizations recommended by the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention and that meet the US Food and Drug Administration approved indications for age limitations.</p> <p>“Option 2”: This option only includes routine vaccines as defined by the ACIP.</p>
<p>Medications used to prepare for Colonoscopy Persons ≥ 50 and ≤ 75 years of age Limit of 2 prescriptions per year; Package size limitations may apply <small>(age limitation change occurs 1/1//2023)</small></p> <p><i>(Only one of the available programs described is chosen for coverage by a prescription drug plan.)</i></p>	<p>“Generic Only” Option: Covered products include over-the-counter medicines such as: Bisacodyl; Magnesium Citrate; Milk of Magnesia; and PEG 3350 generic.</p> <p>“Generic Plus Brand” Option: Covered products include the above listed generics plus select brands.</p>
<p>Statins Persons ≥ 40 years and ≤ 75 years</p> <p><i>(Only one of the available options described is chosen for coverage by a prescription drug plan.)</i></p>	<p>Covered products may include generic low to moderate dose statins such as:</p> <ul style="list-style-type: none"> • Atorvastatin ≤ 20mg • Fluvastatin ≤ 80mg • Lovastatin ≤ 40 mg • Pravastatin ≤ 80mg • Rosuvastatin ≤ 10mg • Simvastatin ≤ 40mg <p>Standard Program “Option 1”: generic low/moderate dose statins</p> <p>Trend Management Program “Option 2”: Select generic low/moderate dose statins only for members meeting CVD medical history and Rx risk factor requirements (using claims data). Option 2 includes Co-Pay Exception Review feature.</p>
<p>Tobacco Cessation Persons 18 and older</p> <p><i>(Only one of the available programs [Options] described is chosen for coverage by a prescription drug plan.)</i></p>	<p>Bupropion sustained release 150mg generic; Varenicline and Nicotine</p> <p>Smoking Cessation “Option 1” All FDA approved products listed above are covered with no limitations.</p> <p>Smoking Cessation “Option 2” All FDA approved products listed above are covered for a maximum of 180 days therapy per 365 days after which, the member is responsible for a usual co-payment amount.</p> <p>Smoking Cessation “Option 3” All FDA approved products listed above are covered for a maximum of 180 days therapy per 365 days after which, the member is responsible for 100% of the prescription cost.</p> <p>Smoking Cessation “Option 4” All Generic FDA approved products listed above are covered for a maximum of 180 days therapy per 365 days after which, the member is responsible for a usual co-payment amount. Option 4 includes Co-Pay Exception Review feature.</p>