

*Patient Protection and Affordable Care Act - Preventive Items and Services*

## **Drug List – Preventive Items and Services Offering - 2020**

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 brand name medications is dependent on the terms of the health plan.**

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Medicine Category and Who is Covered	Examples of Medicines Covered
<b>Aspirin</b> Persons age < 70 years	Aspirin doses of 325mg and below (81mg) generic
<b>Contraceptive Methods</b> 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 zero cost share only when the prescriber indicates the brand product must be dispensed or generic is not available.</i></p> <p><b>Expanded Product Program:</b>  Covered products include all FDA-approved 16 contraceptive methods available through the prescription drug benefit, including: all OTC contraceptive methods (female condom, spermicides, etc.), all oral contraceptives (including emergency contraception), and all contraceptive devices.</p> <p><b>Preferred Product Program with Step Therapy:</b>  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 prescription drug 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 and ella®; the intrauterine systems Mirena® and Paragard®; and the intradermal agent, Nexplanon®. <b>Step Therapy criteria are applied to select brand oral contraceptives. Zero-dollar coverage of a contraceptive not included as a “Preferred Product” is available after copayment review.</b></p> <p><b>Preferred Product Program:</b>  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 prescription drug 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 and ella®; the intrauterine systems Mirena® and Paragard®; and the intradermal agent, Nexplanon®. <b>Zero-dollar coverage of a contraceptive not included as a “Preferred Product” is available after copayment review.</b></p>
<b>Fluoride</b> Persons 6 months through <17 years	Fluoride Chewable or Drops ≤ 1.0 MG generic Multivitamin/Fluoride (≤ 1.0 MG )Chewable/Drops/Suspension generic
<b>Folic Acid</b> 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
<b>HIV Prep</b> 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 (Truvada brand is included only until the generic is available)  Option includes Co-Pay Exception Review feature.

Medicine Category and Who is Covered	Examples of Medicines Covered
<p><b>Immunizations</b> 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>Covered immunizations include those that are routine vaccines 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 and/or gender limitations. Coverage also includes non-routine immunizations as defined by ACIP.</p>
<p><b>Medications used to prepare for Colonoscopy</b> Persons <math>\geq 50</math> and <math>\leq 75</math> years of age Limit of 2 prescriptions per year <i>(Only one of the available programs described is chosen for coverage by a prescription drug plan.)</i></p>	<p><b>Generic Only Program:</b> Bisacodyl; Magnesium Citrate; Milk of Magnesia; and PEG 3350 generic</p> <p><b>Generic Plus Brand Program:</b> Covered products include: Bisacodyl; Magnesium Citrate; Milk of Magnesia; and PEG 3350 generic Plus GoLyteLy; MoviPrep; OsmoPrep; Prepopik; and Suprep</p>
<p><b>Primary Prevention of Breast Cancer</b> Persons <math>\geq 35</math> years who meet criteria.</p>	<p><b>Co-Pay Exception Review only:</b> Tamoxifen generic; Raloxifene generic (only for postmenopausal persons); and Soltamox Liquid</p>
<p><b>Statins</b> Persons <math>\geq 40</math> years and <math>\leq 75</math> years</p>	<p>Covered products may include generic low to moderate dose statins:</p> <ul style="list-style-type: none"> <li>• Atorvastatin <math>\leq 20</math>mg</li> <li>• Fluvastatin <math>\leq 80</math>mg</li> <li>• Lovastatin <math>\leq 40</math> mg</li> <li>• Pravastatin <math>\leq 80</math>mg</li> <li>• Rosuvastatin <math>\leq 10</math>mg</li> <li>• Simvastatin <math>\leq 40</math>mg</li> </ul> <p><b>Standard Program “Option 1”:</b> all generic low/moderate dose statins</p> <p><b>Trend Management Program “Option 2”:</b> Select generic low/moderate dose statins only for members meeting CVD medical history and Rx risk factor requirements (using claims data).</p> <p>Option includes Co-Pay Exception Review feature.</p>
<p><b>Tobacco Cessation</b> Persons 18 and older <i>(Only one of the available programs [Options] described is chosen for coverage by a prescription drug plan.)</i></p>	<p>Zyban (Brand and Generic); Chantix; and Nicotine Products (Rx and OTC; Brand and Generic)</p> <p><b>Smoking Cessation “Option 1”</b> All FDA approved products listed above are covered with no limitations.</p> <p><b>Smoking Cessation “Option 2”</b> 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><b>Smoking Cessation “Option 3”</b> 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>