



## Drug List – Preventive Items and Services Offering - 2024

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% 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.

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Medicine Category and Who Is Covered	Examples of Medicines Covered
<b>Aspirin</b> Persons of any age	Generic, single-entity aspirin 81mg  Includes copay exception review process
<b>Breast Cancer – Primary Prevention</b> Persons ≥ 35 years who meet criteria.  <i>(Only one of the available options described is chosen for coverage by a prescription drug plan.)</i>	<b>Preferred Option: Copay Exception Review only:</b> Brand and generic tamoxifen (tablet, liquid solution); and for post-menopausal persons: raloxifene, anastrozole, and exemestane  <b>Nonpreferred Option:</b> Generic tamoxifen, raloxifene, anastrozole, exemestane, and brand Soltamox are all covered at POS for \$0 member-share without review. For other products not covered at \$0 cost share at the point of service, a member- or prescriber-initiated copay exception review is available.
<b>Contraceptive Methods</b> Persons of any age capable of pregnancy  <i>(Only one of the available options described is chosen for coverage by a prescription drug plan.)</i>	<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> <b>Expanded Product Option:*</b> Covered products include all 16 FDA-approved contraceptive methods available through the pharmacy benefit, including OTC contraceptive methods (condoms, spermicides, etc.), oral contraceptives (including emergency contraception), and contraceptive devices.  <b>Preferred Product with Step Therapy Option:*</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 pharmacy benefit. The “Preferred Products” include generic OTC spermicide and legend diaphragms; Today® contraceptive sponge; condoms; Femcap®; generic oral, transdermal and intramuscular hormonal methods; contraceptive ring; generic, OTC emergency contraceptives; the intrauterine system Mirena®; and the intradermal agent Nexplanon®. <i>Step therapy criteria are applied to select brand contraceptives.</i>  <b>Preferred Product Option:*</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 pharmacy benefit. The “Preferred Products” include generic OTC spermicide and legend diaphragms; Today® contraceptive sponge; condoms; Femcap®; generic oral, transdermal and intramuscular hormonal methods; contraceptive ring; generic, OTC emergency contraceptives; the intrauterine system Mirena®; and the intradermal agent Nexplanon®.  All options include copay exception review process.  *Coverage of medications at \$0 cost share is dependent on the list of medications covered by the member’s drug formulary.
<b>Fluoride</b> Persons 6 months through <17 years	Fluoride Chewable or Drops ≤ 1.0mg generic Multivitamin/Fluoride (≤ 1.0mg) Chewable/Drops/Suspension generic  Includes copay exception review process
<b>Folic Acid</b> Persons of any age	Folic Acid Tablet 0.4mg and 0.8mg generic Prenatal Vitamins with Folic Acid (0.4mg and 0.8mg) generic  Includes copay exception review process
<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 - 200mg / 300mg dose only  Includes copay exception review process

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><i>(Only one of the available options described is chosen for coverage by a prescription drug plan.)</i></p>	<p><b>Option 1:</b> 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><b>Option 2:</b> This option only includes routine vaccines as defined by the ACIP.</p> <p>Both options include copay exception review process.</p>
<p><b>Medications Used to Prepare for Colonoscopy</b> Persons <math>\geq 45</math> and <math>\leq 75</math> years of age</p> <p>Limit of 2 prescriptions per year; package size limitations may apply.</p> <p><i>(Only one of the available options described is chosen for coverage by a prescription drug plan.)</i></p>	<p><b>Generic Only Option:</b> Covered products include legend and over-the-counter medicines such as Bisacodyl, Magnesium Citrate, Milk of Magnesia, and PEG 3350 generic.</p> <p><b>Generic Plus Brand Option:</b> Covered products include the above listed generics plus select brands.</p> <p>Both options include copay exception review process.</p>
<p><b>Statins</b> Persons <math>\geq 40</math> years and <math>\leq 75</math> 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"> <li>• Atorvastatin <math>\leq 20\text{mg}</math></li> <li>• Fluvastatin <math>\leq 80\text{mg}</math></li> <li>• Lovastatin <math>\leq 40\text{mg}</math></li> <li>• Pravastatin <math>\leq 80\text{mg}</math></li> <li>• Rosuvastatin <math>\leq 10\text{mg}</math></li> <li>• Simvastatin <math>\leq 40\text{mg}</math></li> </ul> <p><b>Standard Program Option 1:</b> generic low/moderate dose statins</p> <p><b>Trend Management Program Option 2:</b> generic low/moderate dose statins only for members meeting CVD medical history and Rx risk factor requirements (using claims data).</p> <p>Both options include copay exception review process.</p>
<p><b>Tobacco Cessation</b> Persons 18 and older</p> <p><i>(Only one of the available options described is chosen for coverage by a prescription drug plan.)</i></p>	<p>Bupropion sustained release 150mg generic; Varenicline; and Nicotine</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 copayment 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> <p><b>Smoking Cessation Option 4</b> All <u>generic</u> 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 copayment amount.</p> <p>All options include copay exception review process.</p>