

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

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

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 < 70 years	Aspirin doses of 325mg and below (81mg) generic, over-the-counter (OTC)
<b>Contraceptive Methods</b> Persons < 51 years  <i>(Only one of the available programs described is chosen for coverage by a prescription drug plan.)</i>	<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>  <b>Expanded Product Program:</b> Covered products include all 16 FDA-approved contraceptive methods available through the prescription plan, including: all OTC contraceptive methods (female condom, spermicides, etc.), all oral contraceptives (including emergency contraception), and all contraceptive devices.
<b>Fluoride</b> Persons 6 months through <17 years	Fluoride Chewable or Drops ≤ 1.0mg generic Multivitamin/Fluoride (≤ 1.0mg)Chewable/Drops/Suspension generic
<b>Folic Acid</b> Persons < 51 years	Folic Acid Tablet 0.4mg and 0.8mg generic Prenatal Vitamins with Folic Acid (0.4mg and 0.8mg) 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 - 200mg / 300mg dose only (Truvada brand is included only until the generic is available)  Option includes Copay Exception Review feature.
<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	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.
<b>Medications used to prepare for Colonoscopy</b> Persons ≥ 50 and ≤ 75 years Limit of 2 prescriptions per year <i>(Only one of the available programs described is chosen for coverage by a prescription drug plan.)</i>	<b>Generic Plus Brand Program:</b> Covered products include the above generics plus select brands
<b>Primary Prevention of Breast Cancer</b> Persons ≥ 35 years who meet criteria.	<b>Copay Exception Review only:</b> Tamoxifen generic; and for post-menopausal persons: raloxifene, anastrozole, and exemestane generic
<b>Statins</b> Persons ≥ 40 years and ≤ 75 years	Covered products may include generic low to moderate dose statins such as: <ul style="list-style-type: none"> <li>• Atorvastatin ≤ 20mg</li> <li>• Pravastatin ≤ 80mg</li> </ul>

Medicine Category and Who is Covered	Examples of Medicines Covered
	<ul style="list-style-type: none"> <li>• Fluvastatin ≤ 80mg</li> <li>• Rosuvastatin ≤ 10mg</li> <li>• Lovastatin ≤ 40mg</li> <li>• Simvastatin ≤ 40mg</li> </ul> <p>Generic low/moderate dose statins</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>Bupropion sustained release 150mg (Brand and Generic);  Chantix; and  Nicotine Products (Rx and OTC; Brand and Generic)</p> <p>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>