

Patient Protection and Affordable Care Act – Preventive Items and Services

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 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 of any age	Generic, single-entity aspirin therapies at a dosage of 81mg Includes copay exception review process
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>	“Preferred Option”: Copay Exception Review only: Brand and generic tamoxifen (tablet, liquid solution); and for post-menopausal persons: raloxifene, anastrozole, and exemestane “Non-Preferred Option”: 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.
Contraceptive Methods Persons of any age capable of pregnancy <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 \$0 cost share only when the prescriber indicates the brand product must be dispensed or generic is not available.</i> “Expanded Product” Option*: Covered products include all FDA-approved 16 contraceptive methods available through the pharmacy benefit, including: OTC contraceptive methods (condoms, spermicides, etc.), oral contraceptives (including emergency contraception), and contraceptive devices. “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; condoms; 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. “Preferred Product” Option*: Covered products, available at no cost, include one or more 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. <small>*Coverage of medications at \$0 cost share is dependent on the list of medications covered by the member’s drug formulary.</small>
Fluoride 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
Folic Acid 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
HIV Prep Persons of any age	Emtricitabine/tenofovir disoproxil fumarate (TDF) generic – 200mg/300mg dose only

Medicine Category and Who is Covered	Examples of Medicines Covered
<p>Only for members lacking a history of treatment for HIV (using claims data)</p>	<p>Includes copay exception review process</p>
<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 FDA-approved indications for age limitations.</p> <p>“Option 2”: This option only includes routine vaccines as defined by the ACIP.</p> <p>Both options include copay exception review process.</p>
<p>Medications used to prepare for Colonoscopy Persons ≥45 and ≤75 years Limit of 2 prescriptions per year; Package size limitations may apply</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 legend and 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>Both options include copay exception review process.</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”: 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>Tobacco Cessation Persons ≥18 years</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 copayment 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 copayment amount.</p> <p>All options include copay exception review process.</p>