

Preventive Medication Coverage under the Affordable Care

The Patient Protection and Affordable Care Act (PPACA or ACA) requires non-grandfathered health plans to cover certain medications and supplements at no cost share (no copay, coinsurance, or deductible) for eligible members. The U.S. Preventive Services Task Force (USPSTF) defines the list of products deemed preventive, including the prescription-only (Rx-only) and non-prescription, or “over-the-counter” (OTC), medications listed below.

Coverage of preventive medications at no cost share requires:

- The plan to be non-grandfathered
- A prescription from a health care provider (even for OTC medications)
- The prescription to be filled at a network retail pharmacy

Brand medications will be covered at no cost share only if there is no generic equivalent available. For those brands with a generic equivalent available, plan copay will apply according to the tier on which the medication resides.

2025 PREVENTIVE MEDICATION LISTING

Below is a listing of preventive medications and supplements as outlined by the USPSTF and included under the ACA. For non-grandfathered health plans, these medications and supplements are covered at no cost share if the recipient falls within the age group, sex, and/or condition recommended by the USPSTF.

MEDICATION	USPSTF RECOMMENDATION	PRODUCT(S)
ASPIRIN	<ul style="list-style-type: none"> • For women after 12 weeks of gestation at high risk for preeclampsia • To prevent preeclampsia 	<ul style="list-style-type: none"> • aspirin 81mg
FOLIC ACID SUPPLEMENTS	<ul style="list-style-type: none"> • For women who are pregnant or may become pregnant • To prevent birth defects 	<ul style="list-style-type: none"> • folic acid 400mcg (0.4mg) • folic acid 800mcg (0.8mg)
FLUORIDE SUPPLEMENTS	<ul style="list-style-type: none"> • For children age six months to five years whose water supply is fluoride deficient • To prevent dental caries (tooth decay and cavities) 	<ul style="list-style-type: none"> • sodium fluoride tablets, chewable tablets, drops, gel, and paste
ERYTHROMYCIN OPHTHALMIC OINTMENT	<ul style="list-style-type: none"> • For all newborns • To prevent early eye infections caused by gonorrhea 	<ul style="list-style-type: none"> • erythromycin ophthalmic ointment

MEDICATION	USPSTF RECOMMENDATION	PRODUCT(S)
BOWEL PREPARATION MEDICATIONS NOTE: Only one fill of bowel preparation drugs can be covered per year.	<ul style="list-style-type: none"> For adults age 45-75 years To clean out the bowel prior to a colonoscopy (procedure used to screen for colorectal cancer) 	<ul style="list-style-type: none"> bisacodyl tablets Citroma ClearLax GaviLAX GaviLyte-C GaviLyte-G GaviLyte-N GentleLAX Glycolax LaxaClear magnesium citrate solution Natura-LAX PEG-3350/electrolyte solution Purelax RA Laxative Smooth LAX sodium sulfate/potassium sulfate/magnesium sulfate solution
BREAST CANCER PREVENTIVE MEDICATIONS	<ul style="list-style-type: none"> For women age 35 years or older who are at an increased risk for breast cancer To prevent breast cancer 	<ul style="list-style-type: none"> anastrozole* exemestane* letrozole* raloxifene (generic Evista)* tamoxifen* <p>*These medications are typically covered at your plan's normal cost share. To obtain these medications at no cost to you, a Prior Authorization Form must be completed by the prescriber. If criteria are met, the plan will cover 100% of the cost of these medications for up to five years.</p>
HIV – PRE-EXPOSURE PROPHYLAXIS (PrEP) MEDICATIONS	<ul style="list-style-type: none"> For adolescents and adults without HIV who are at high risk To prevent contracting HIV infection 	<ul style="list-style-type: none"> emtricitabine/tenofovir 200/300mg (generic Truvada)* tenofovir (generic Viread)* Apretude* Descovy* <p>*These medications are typically covered at your plan's normal cost share. To obtain these medications at no cost to you, a Prior Authorization Form must be completed by the prescriber. If criteria are met, the plan will cover 100% of the cost of these medications.</p>
STATIN PREVENTIVE MEDICATIONS	<ul style="list-style-type: none"> For adults age 40-75 years with one or more cardiovascular risk factors and a 10-year risk of a cardiovascular event of 10% or greater To prevent cardiovascular events and death 	<ul style="list-style-type: none"> atorvastatin* 10mg & 20mg fluvastatin* 20mg & 40mg fluvastatin ER* 80mg lovastatin (all strengths) pitavastatin* 1mg & 2mg pravastatin* (all strengths) rosuvastatin* 5mg & 10mg simvastatin* 5mg, 10mg, 20mg, & 40mg <p>*Coverage at no cost to you varies based on plan management strategy. Prior Authorization may be required to obtain medication at no cost.</p>

MEDICATION	USPSTF RECOMMENDATION	PRODUCT(S)
TOBACCO CESSATION MEDICATIONS NOTE: Up to two 90-day treatments of tobacco cessation therapy can be covered per year.	<ul style="list-style-type: none"> • For all nonpregnant adults • To prevent the negative effects associated with tobacco use by providing aids to quit 	<ul style="list-style-type: none"> • bupropion SR (generic Zyban) tablets • nicotine gum (nicotine polacrilex) • nicotine lozenges (nicotine polacrilex) • nicotine patch • Nicotrol Inhaler • Nicotrol Nasal Spray • varenicline (generic Chantix)
VACCINE – COVID 19 NOTE: No prescription required	<ul style="list-style-type: none"> • For individuals 6 months of age and older (age-related recommendations vary based on manufacturer and are subject to change) • For the prevention of COVID-19 	<ul style="list-style-type: none"> • COVID-19 (SARS-COV-2) mRNA vaccine • COVID-19 (SARS-COV-2) protein subunit vaccine

IMMUNIZATION COVERAGE

The list of preventive services under ACA also includes certain immunizations. Under your prescription drug benefit, your plan may choose to cover additional pharmacist-administered immunizations: a core list of immunizations (i.e., flu, pneumonia, shingles) or an expanded list, which would also include vaccinations to prevent diseases such as hepatitis, chicken pox, and human papillomavirus (HPV). Please refer to the *Immunization Coverage under the Affordable Care Act* brochure for more information.

WOMEN'S CONTRACEPTIVES

Under the ACA, applicable non-grandfathered health plans are required to provide women no cost share coverage of at least one product in each of 18 contraceptive method categories defined in the U.S. Food and Drug Administration's Birth Control Guide. Additionally, ACA requires that women are provided no cost share coverage of any FDA-approved contraceptive product that is deemed medically necessary by their healthcare provider.

Coverage Overview: The listing below is inclusive of product categories related to the pharmacy benefit. Please call **800-759-3203** for coverage information about contraceptives not included on this list.

CONTRACEPTIVE PRODUCTS AVAILABLE AT NO COST TO YOU

CATEGORY	PRODUCT(S)		
SPERMICIDE	<ul style="list-style-type: none"> • Encare Suppositories • VCF Vaginal Contraceptive Film/Gel 		
SPONGE	<ul style="list-style-type: none"> • Today Sponge 		
FEMALE CONDOMS	<ul style="list-style-type: none"> • FC2 		
MALE CONDOMS NOTE: Must be prescribed for a female who may become pregnant	<ul style="list-style-type: none"> • various products available 		
EMERGENCY CONTRACEPTION	<ul style="list-style-type: none"> • Aftera • AfterPill • Curae • EContra One-Step • Ella • Her Style • levonorgestrel • My Choice 	<ul style="list-style-type: none"> • My Way • New Day • Opcicon One-Step • Option 2 • Plan B One-Step • React • Take Action 	
INTRAUTERINE DEVICE (IUD)	<ul style="list-style-type: none"> • Kyleena • Liletta • Mirena • Paragard • Skyla 		
IMPLANTABLE ROD	<ul style="list-style-type: none"> • Nexplanon 		
VAGINAL RING	<ul style="list-style-type: none"> • Annovera • Eluryng • Enilloring • etonogestrel/ethinyl estradiol • Haloette 		
TRANSDERMAL PATCH	<ul style="list-style-type: none"> • norelgestromin/ethinyl estradiol • Xulane • Zafemy 		
DIAPHRAGM	<ul style="list-style-type: none"> • Caya • Omniflex • Wide-Seal 		
CERVICAL CAP	<ul style="list-style-type: none"> • FemCap 		
INJECTIONS	<ul style="list-style-type: none"> • medroxyprogesterone acetate 		
PH MODULATORS	<ul style="list-style-type: none"> • Phexxi Gel 		
EXTENDED CYCLE ORAL CONTRACEPTIVES	<ul style="list-style-type: none"> • Amethyst • Ashlyna • Camrese • Camrese Lo • Daysee 	<ul style="list-style-type: none"> • Dolishale • Iclevia • Introvale • Jaimiess • Jolessa 	<ul style="list-style-type: none"> • levonorgesterol/ethinyl estradiol (91-day) • LoJaimiess • Rivelsa • Setlakin • Simpesse

CATEGORY & PRODUCTS

28-DAY ORAL CONTRACEPTIVES

• Afirmelle	• Falmina	• Lyza	• Tri-Estraryll
• Altavera	• Feirza	• Marlissa	• Tri Femynor
• Alyacen	• Finzala	• Merzee	• Tri-Legest Fe
• Apri	• Gemmily	• Mibelas 24 Fe	• Tri-Linyah
• Aranelle	• Hailey	• Microgestin	• Tri-Lo-Estarylla
• Aubra EQ	• Hailey 24 Fe	• Microgestin 24 Fe	• Tri-Lo-Marzia
• Aurovela	• Hailey Fe	• Microgestin Fe	• Tri-Lo-Mili
• Aurovela 24 Fe	• Heather	• Mili	• Tri-Lo-Sprintec
• Aurovela Fe	• Incassia	• Minzoya	• Tri-Mili
• Aviane	• Isibloom	• Mono-Linyah	• Tri-Sprintec
• Ayuna	• Jasmiel	• Necon	• Trivora-28
• Azurette	• Jencycla	• Nikki	• Tri-Vylibra
• Balziva	• Joyeaux	• Nora-Be	• Tri-Vylibra Lo
• Blisovi Fe	• Juleber	• norethindrone	• Turqoz
• Briellyn	• Junel	• norethindrone/ethinyl estradiol	• Tyblume
• Camila	• Junel 24 Fe	• norethindrone/ethinyl estradiol/Fe	• Valtia
• Charlotte 24 Fe	• Junel Fe	• norgestimate/ethinyl estradiol	• Velivet
• Chateal EQ	• Kaitlib Fe	• Norlyda	• Vestura
• Cryselfe-28	• Kalliga	• Norlyroc	• Vienva
• Cyred EQ	• Kariva	• Nortrel	• Viorele
• Dasetta	• Kelnor	• Nylia	• Volnea
• Deblitane	• Kurvelo	• Ocella	• Vyfemla
• Delyla	• Larin	• Philith	• Vylibra
• desogestrel/ethinyl estradiol	• Larin 24 Fe	• Pimtrea	• Wera
• drospirenone/ethinyl estradiol	• Layolis Fe	• Portia-28	• Wymzya Fe
• drospiridone/ethinyl estradiol/levomefolate	• Leena	• Reclipsen	• Xarah Fe
• Elinest	• Lessina	• Sharobel	• Xelria Fe
• Emzahh	• Levonest	• Simliya	• Zovia
• Enpresse-28	• levonorgestrel/ethinyl estradiol	• Solia	• Zumandimine
• Enskyce	• levonorgestrel/ethinyl estradiol/Fe	• Sprintec 28	
• Errin	• Levora	• Sronyx	
• Estarylla	• Loryna	• Syeda	
• ethynodiol diacetate/ethinyl estradiol	• Lo-Zumandimine	• Tarina 24 Fe	
	• Low-ogestrel	• Tarina Fe	
	• Lutera	• Taysofy	
	• Lyleq	• Tilia Fe	

This document is meant to be a guide and may not contain a complete list of preventive medications. The list can change based on updates from the USPSTF or when new generic or brand-name drugs are introduced.

If you have additional questions, please call or email your account manager.