

Preventive Medication Coverage under the Affordable Care Act

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 or Serve You DirectRx 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.

2022 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 81 mg
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 and drops
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
BOWEL PREPARATION MEDICATIONS NOTE: Coverage of bowel preparation medications is limited to one fill 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 • TriLyte

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MEDICATION	USPSTF RECOMMENDATION	PRODUCT(S)
BREAST CANCER PREVENTIVE MEDICATIONS	<ul style="list-style-type: none"> • For women age 35 years and 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 share, 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"> • Descovy* • emtricitabine/tenofovir 200/300mg (generic Truvada)* • tenofovir (generic Viread)* <p>*These medications are typically covered at your plan's normal cost share. To obtain these medications at no cost share, 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. Coverage is limited to one tablet per day.</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) • pravastatin* (all strengths) • rosuvastatin* 5mg & 10mg • simvastatin* 5mg, 10mg, 20mg, & 40mg <p>*Coverage at \$0 copay varies based on plan management strategy. Prior Authorization may be required to obtain medication at \$0 copay.</p>
TOBACCO CESSATION MEDICATIONS NOTE: Coverage of tobacco cessation therapy is limited to a 90-day course of treatment and two courses of treatment are allowed 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"> • Apo-varenicline • bupropion SR (generic Zyban) tablets • nicotine gum (nicotine polacrilex) • nicotine lozenges (nicotine polacrilex) • nicotine patch • Nicotrol Inhaler • Nicotrol Nasal Spray • varenicline (generic Chantix)

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MEDICATION	USPSTF RECOMMENDATION	PRODUCT(S)
VACCINE – COVID 19 NOTE: No prescription required	<ul style="list-style-type: none"> For individuals 5 years 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) viral vector vaccine

IMMUNIZATION COVERAGE

The list of preventive services under ACA also includes certain immunizations. Under your prescription drug benefit, plans 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.

Coverage Overview: The listing below is inclusive of product categories related to the pharmacy benefit and includes only those contraceptive products covered at no cost share. Please call **800-759-3203** for coverage information about contraceptives not included on this list.

For cases where the use of a brand drug is medically necessary despite the availability of a generic within a category, a Prior Authorization may be required to obtain the brand drug with no cost share.

CONTRACEPTIVE PRODUCTS AVAILABLE AT NO COST SHARE

CATEGORY	PRODUCT(S)
SPERMICIDE	<ul style="list-style-type: none"> Encare Suppositories Gynol II Gel 3% Shur-Seal Gel 2% VCF Vaginal Contraceptive Film/Foam/Gel
SPONGE	<ul style="list-style-type: none"> Today Sponge
FEMALE CONDOMS NOTE: Male condoms are not included as a covered preventive product under ACA.	<ul style="list-style-type: none"> FC2
EMERGENCY CONTRACEPTION	<ul style="list-style-type: none"> Aftera AfterPill EContra EZ EContra One-Step Ella levonorgesterol My Choice My Way New Day Opcicon One-Step Option 2 React Take Action

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CATEGORY	PRODUCT(S)
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"> • Anovera • Eluryng • etonogestrel/ethinyl estradiol
TRANSDERMAL PATCH	<ul style="list-style-type: none"> • Xulane • Zafemy
DIAPHRAGM	<ul style="list-style-type: none"> • Caya • Omniflex Wide Seal • 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"> • Amethia • Amethia Lo • Amethyst • Ashlyna • Camrese • Camrese Lo • Daysee • Dolishale • Fayosim • Iclevia • Introvale • Jaimiess • Jolessa • levonorgesterol/ethinyl estradiol (91-day) • LoJaimiess • Rivelsa • Setlakin • Simpesse

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CATEGORY & PRODUCTS

28-DAY ORAL CONTRACEPTIVES

<ul style="list-style-type: none"> • Afirmelle • Altavera • Alyacen • Apri • Aranelle • Aubra • Aurovela • Aviane • Ayuna • Azurette • Balziva • Bekyree • Blisovi • Briellyn • Camila • Caziant • Cesia • Charlotte 24 Fe • Chateal • Cryselle-28 • Cyclofem • Cyred • Dasetta • Deblitane • Delyla • desogestrel/ethinyl estradiol • drospirenone/ethinyl estradiol • drospirenone/ethinyl estradiol/levomefolate • Elinest • Emoquette • Enpresse-28 • Enskyce • Errin • Estarylla 	<ul style="list-style-type: none"> • ethynodiol diacetate/ethinyl estradiol • Falmina • Femynor • Gemmily • Gianvi • Hailey • Heather • Incassia • Isibloom • Jasmiel • Jencycla • Juleber • Junel • Kaitlib Fe • Kalliga • Kariva • Kelnor • Kurvelo • Larin • Larissia • Layolis Fe • Leena • Lessina • Levonest • levonorgestrel/ethinyl estradiol • Levora-28 • Lillow • Loryna • Lo-Zumandimine • Low-ogestrel • Lutera • Lyleq • Lyza 	<ul style="list-style-type: none"> • Marlissa • Melodetta • Merzee • Mibelas 24 • Microgestin • Mili • Mono-Linyah • Mononessa • Necon • Nikki • Nora-Be • norethindrone • norethindrone/ethinyl estradiol • norethindrone/ethinyl estradiol/Fe • norgestimate/ethinyl estradiol • Norlyda • Norlyroc • Nortrel • Nylia • Nymyo • Ocella • Orsythia • Philith • Pimtrea • Pirmella • Portia-28 • Previfem • Reclipsen • Sharobel • Simliya • Solia • Sprintec 28 • Sronyx • Syeda 	<ul style="list-style-type: none"> • Tarina Fe • Tarina 24 Fe • Tilia Fe • Tri-Estraryl • Tri-Femynor • Tri-Legest Fe • Tri-Linyah • Tri-Lo-Estarylla • Tri-Lo-Marzia • Tri-Lo-Mili • Tri-Lo-Sprintec • Trinessa • Tri-Mili • Tri-Nymyo • Tri-Previfem • Tri-Sprintec • Trivora-28 • Tri-Vylibra • Tri-Vylibra Lo • Tulana • Tyblume • Tydemy • Velivet • Vestura • Vienva • Viorele • Volnea • Vyfemla • Vylibra • Wera • Wymzya Fe • Zarah • Zovia • Zumandimine
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This document is intended to be a guide and may not contain a complete listing of preventive medications. The list is subject to change based on updates from the USPSTF or as a result of new generic or brand introductions.

If you have additional questions, please call customer service at **800-759-3203** or visit **serveyourrx.com**.