

Preventive Medication Coverage under the Affordable Care

MEMBER INFORMATION

The Patient Protection and Affordable Care Act (“ACA”) requires most health plans to cover certain drugs and supplements at no cost to eligible members. The U.S. Preventive Services Task Force (USPSTF) defines the list of preventive products, including the prescription and over-the-counter (OTC) drugs listed below. To find out whether your health plan is subject to ACA requirements, call Serve You Rx customer service at **800-759-3203**.

In order to receive your preventive drugs at no cost to you:

- Your prescription must be from a healthcare provider (even for OTC drugs)
- Your prescription must be filled at a network retail pharmacy or Serve You DirectRx Pharmacy
- You must fall into the age group, sex, and/or condition category outlined below

Your brand-name drugs will be covered at no cost to you if there is not a generic version available. If there is a generic version available, the brand-name drug’s cost will be determined by the tier the drug is on. To learn more about drug tiers, see your Preferred Drug List at serveyourx.com/members/. Sometimes taking a brand-name drug is medically necessary even though a generic is available in that category. In that case, your prescriber may need to submit more information for review in order for you to receive the brand-name drug at no cost.

2023 PREVENTIVE MEDICATION LISTING

Below is a list of preventive drugs and supplements that are covered at no cost to you if you fall under 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 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

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MEDICATION	USPSTF RECOMMENDATION	PRODUCT(S)
<p>BOWEL PREPARATION MEDICATIONS</p> <p>NOTE: Only one fill of bowel preparation drugs can be covered per year.</p>	<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 • Gylcolax • LaxaClear • magnesium citrate solution • Natura-LAX • PEG-3350/electrolyte solution • Purelax • RA Laxative • Smooth LAX • sodium sulfate/potassium sulfate/magnesium sulfate solution • TriLyte
<p>BREAST CANCER PREVENTIVE MEDICATIONS</p>	<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>
<p>HIV – PRE-EXPOSURE PROPHYLAXIS (PrEP) MEDICATIONS</p>	<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 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. Coverage is limited to one tablet per day.</p>

MEDICATION	USPSTF RECOMMENDATION	PRODUCT(S)
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 no cost to you varies based on plan management strategy. Prior Authorization may be required to obtain medication at no cost.</p>
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"> 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)
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 bivalent 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, certain health plans are required to provide women with full coverage of at least one product in each of the 18 contraceptive method categories. These categories are defined by the U.S. Food and Drug Administration’s Birth Control Guide. Additionally, ACA requires that women are provided full coverage of any FDA-approved contraceptive product that is deemed medically necessary by their healthcare provider.

Coverage Overview: The list below includes 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 • 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 covered under the ACA.	<ul style="list-style-type: none"> • FC2
EMERGENCY CONTRACEPTION	<ul style="list-style-type: none"> • Aftera • AfterPill • EContra EZ • EContra One-Step • Ella • levonorgestrol • My Choice • My Way • New Day • Opcon One-Step • Option 2 • Plan B • 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 • etonogestrel/ethinyl estradiol • Haloette
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 • levonorgestrol/ethinyl estradiol (91-day) • LoJaimiess • Rivelsa • Setlakin • Simpesse

CATEGORY & PRODUCTS

28-DAY ORAL CONTRACEPTIVES

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| • Afirmelle | • ethynodiol diacetate/ethinyl estradiol | • Marlissa | • Tarina Fe |
| • Altavera | • Falmina | • Melodetta | • Tarina 24 Fe |
| • Alyacen | • Femynor | • Merzee | • Tilia Fe |
| • Apri | • Finzala | • Mibelas 24 | • Tri-Estraryll |
| • Aranelle | • Gemmily | • Microgestin | • Tri Femynor |
| • Aubra | • Gianvi | • Mili | • Tri-Legest Fe |
| • Aurovela | • Hailey | • Mono-Linyah | • Tri-Linyah |
| • Aviane | • Heather | • Mononessa | • Tri-Lo-Estarylla |
| • Ayuna | • Incassia | • Necon | • Tri-Lo-Marzia |
| • Azurette | • Isibloom | • Nikki | • Tri-Lo-Mili |
| • Balziva | • Jasmiel | • Nora-Be | • Tri-Lo-Sprintec |
| • Bekyree | • Jencycla | • norethindrone | • Trinessa |
| • Blisovi | • Juleber | • norethindrone/ethinyl estradiol | • Tri-Mili |
| • Briellyn | • Junel | • norethindrone/ethinyl estradiol/Fe | • Tri-Nymyo |
| • Camila | • Kaitlib Fe | • norgestimate/ethinyl estradiol | • Tri-Previfem |
| • Caziant | • Kalliga | • Norlyda | • Tri-Sprintec |
| • Charlotte 24 Fe | • Kariva | • Norlyroc | • Trivora-28 |
| • Chateal | • Kelnor | • Nortrel | • Tri-Vylibra |
| • Cryselle-28 | • Kurvelo | • Nyliya | • Tri-Vylibra Lo |
| • Cyclafem | • Larin | • Nymyo | • Tulana |
| • Cyred | • Larissia | • Ocella | • Tyblume |
| • Dasetta | • Layolis Fe | • Orsythia | • Velivet |
| • Deblitane | • Leena | • Philith | • Vestura |
| • Delyla | • Lessina | • Pimtrea | • Vienva |
| • desogestrel/ethinyl estradiol | • Levonest | • Pirmella | • Viorele |
| • drospirenone/ethinyl estradiol | • levonorgestrel/ethinyl estradiol | • Portia-28 | • Volnea |
| • drospirenone/ethinyl estradiol/levomefolate | • Levora-28 | • Prevfem | • Vyfemla |
| • Elinest | • Lillow | • Reclipsen | • Vylibra |
| • Emoquette | • Loryna | • Sharobel | • Wera |
| • Enpresse-28 | • Lo-Zumandimine | • Simliya | • Wymzya Fe |
| • Enskyce | • Low-ogestrel | • Solia | • Zarah |
| • Errin | • Lutera | • Sprintec 28 | • Zovia |
| • Estarylla | • Lyleq | • Sronyx | • Zumandimine |
| | • Lyza | • Syeda | |

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 customer service at **800-759-3203** or visit **serveyourx.com**.