

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

## **Drug List – Preventive Items and Services Offering - 2019**

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 your health plan.

This list is subject to change as ACA guidelines are updated or modified.

Members: The terms of your health plan will ultimately determine coverage, the applicability of coverage criteria, and cost-sharing. For specific questions about your coverage, please call the phone number printed on your ID card. You can get more information and updates to this document at our website at [www.express-scripts.com](http://www.express-scripts.com).

**Please note: coverage of brand name medications is dependent on the terms of your health plan.**

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Medicine Category and Who is Covered	Examples of Medicines Covered
<b>Aspirin</b> Persons age < 70	Aspirin doses of 325mg and below (81mg)
<b>Contraceptive Methods</b> Adults < age 51 years  <i>(Only one of the available programs described is chosen for coverage by a prescription drug plan.)</i>	<p><i>Brand name contraceptives with a generic equivalent are zero cost share only when the prescriber indicates the brand product must be dispensed.</i></p> <p><b>Expanded Product Program:</b>            Covered products include all FDA-approved 16 contraceptive methods available through the prescription drug benefit, including: all OTC contraceptive methods (female condom, spermicides, etc.), all oral contraceptives (including emergency contraception), and all contraceptive devices.</p> <p><b>Preferred Product Program with Step Therapy:</b>            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 prescription drug benefit. The “Preferred Products” include: generic OTC spermicide and legend diaphragms; Today® contraceptive sponge; female condom; Femcap®; generic oral, transdermal and intramuscular hormonal methods; contraceptive ring; generic, OTC emergency contraceptives and ella®; the intrauterine systems Mirena® and Paragard®; and the intradermal agent, Nexplanon®. <b>Step Therapy criteria are applied to select brand oral contraceptives.</b></p> <p><b>Preferred Product Program:</b>            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 prescription drug benefit. The “Preferred Products” include: generic OTC spermicide and legend diaphragms; Today® contraceptive sponge; female condom; Femcap®; generic oral, transdermal and intramuscular hormonal methods; contraceptive ring; generic, OTC emergency contraceptives and ella®; the intrauterine systems Mirena® and Paragard®; and the intradermal agent, Nexplanon®. <b>Zero-dollar coverage of a contraceptive not included as a “Preferred Product” is available after copayment review.</b></p>
<b>Fluoride</b> Children age 6 months through <17 years	Fluoride Chewable or Drops ≤ 1.0 MG  Multivitamin/Fluoride (≤ 1.0 MG ) Chewable/Drops/Suspension
<b>Folic Acid</b> Adults < 51 years	Folic Acid Tablet 0.4 MG and 0.8 MG Prenatal Vitamins with Folic Acid (0.4 MG and 0.8 MG)
<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.

Medicine Category and Who is Covered	Examples of Medicines Covered
<p><b>Medications used to prepare for Colonoscopy</b> Adults ≥ 50 and ≤ 75 years of age</p> <p>Limit of 2 prescriptions per year <i>(Only one of the available programs described is chosen for coverage by a prescription drug plan.)</i></p>	<p><b>Generic Only Program:</b> Bisacodyl;, Magnesium Citrate; Milk of Magnesia; and PEG 3350</p> <p><b>Generic Plus Brand Program:</b> Covered products include: Bisacodyl;, Magnesium Citrate; Milk of Magnesia; and PEG 3350 Plus GoLytely; MoviPrep; OsmoPrep; Prepopik; and Suprep</p>
<p><b>Primary Prevention of Breast Cancer</b> Adults ≥ 35 years who meet criteria.</p>	<p>Tamoxifen generic Raloxifene generic (only for postmenopausal persons) Soltamox Liquid</p>
<p><b>Statins</b> Adults ≥ 40 years and ≤ 75 years</p>	<p>Covered products may include generic low to moderate dose statins:</p> <ul style="list-style-type: none"> <li>• Atorvastatin ≤ 20mg</li> <li>• Fluvastatin ≤ 80mg</li> <li>• Lovastatin ≤ 40 mg</li> <li>• Pravastatin ≤ 80mg</li> <li>• Rosuvastatin ≤ 10mg</li> <li>• Simvastatin ≤ 40mg</li> </ul> <p><b>Standard Program “Option 1”:</b> all generic low/moderate dose statins</p> <p><b>Trend Management Program “Option 2”:</b> Select generic low/moderate dose statins only for members meeting CVD medical history and Rx risk factor requirements (using claims data). Option includes Co-Pay Review feature.</p>
<p><b>Tobacco Cessation</b> Adults 18 and older <i>(Only one of the available programs [Options] described is chosen for coverage by a prescription drug plan.)</i></p>	<p>Zyban (Brand and Generic) Chantix Nicotine Products (Rx and OTC; Brand and Generic)</p> <p><b>Smoking Cessation “Option 1”</b> All FDA approved products listed above are covered with no limitations.</p> <p><b>Smoking Cessation “Option 2”</b> 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 co-payment amount</p> <p><b>Smoking Cessation “Option 3”</b> 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>