

The Affordable Care Act (ACA) mandates certain group and individual health plans provide coverage for preventative services with no member cost share when provided by in-network providers. All non-grandfathered fully insured and self-funded plans, including those that do not currently cover preventive services, are now required to provide preventive coverage with no member cost-share.

ACA No-Cost Preventive Drug List should be used as a guide and not be considered as a comprehensive list of medications. ACA Drug List does not guarantee coverage. It may be subject to change as ACA guidelines are periodically reviewed and updated. Coverage restrictions or limitations may apply.

Drug Category	Drug Examples	Age Criteria	Specific Coverage
<b>ASPIRIN</b> Prevent cardiovascular disease and colorectal cancer	Aspirin 81mg	Adults: 50-59 years who have a 10% or greater 10-year CVD risk	Generics only
<b>BOWEL PREPARATION</b> Screen for colon and rectal cancers	PEG 3350 electrolyte, Gavilyte, Suprep, Prepopik, Moviprep, Plenvu, Clenpiq	Adults: 45-75 years	Generics and Brands (if no generics available): 100% covered Brand with generics (Colyte, Nulytely): Member Responsible for 100% of Total Drug Cost Limit 2 prescriptions per 365 days
<b>CHOLESTEROL</b> Prevent cardiovascular disease when one or more risk factors are present Adults without a history of CVD	Atorvastatin 10-20mg Fluvastatin 20-40mg Fluvastatin ER 80mg Livalo 1-4mg* Lovastatin 10-40mg Pravastatin 10-80mg Rosuvastatin 5-10mg Simvastatin 5-40mg	Adults: 40-75 years	Statin Coverage: Low-to-Moderate Intensity Generics and Brands (if no generics available): 100% covered Brand with generics- PA Required *Livalo - PA Required
<b>FLUORIDE</b> Prevent cavities in children whose water is low in fluoride	Fluor-a-day solution, Fluoritab chew, Ludent chew, Sodium Fluoride tab	Children: 6 months -5 years	Generics Only Dosage up to 0.5mg
<b>HIV Pre-Exposure Prophylaxis (PrEP)</b> Prevention of Human Immunodeficiency Virus (HIV) contraction for high risk individuals	emtricitabine-tenofovir disoproxil (generic Truvada)	N/A	Prior Authorization to confirm PrEP diagnosis is required
<b>IRON</b> Prevent iron deficiency anemia	Iron Drops, Ferrous Sulfate	Children: 6 -12 months	Generics Only Dosage up to 75 mg/ml
<b>TOBACCO CESSATION</b> Help adults to quit tobacco use to prevent health problems	Generic nicotine patches, gum, lozenges Bupropion 150mg SR tablets Chantix Nicotrol Inhaler*, Nicotrol Nasal Spray*	Adults: > 18 years old	Generics and Brands (if no generics available): 100% covered Brand with generics (Nicotrol, Zyban): Member Responsible for 100% of Total Drug Cost *Nicotrol Inhaler and Nicotrol Nasal Spray: PA Required \$0 copay for up to two 90-day quit attempts per 365 days

Drug Category	Drug Examples	Age Criteria	Specific Coverage
<b>VITAMIN D</b> Prevention of falls in adults 65 years of age or older	Vitamin D 400 Units – 1000 Units	Adults: > 65 years	Generics Only
<b>BREAST CANCER</b> Prevent breast cancer in women who are at an increased risk	raloxifene, tamoxifen, anastrozole, letrozole, exemestane	Females: > 35 years	Females only Generics only
<b>FOLIC ACID</b> Prevent birth defects in women who are planning to become pregnant or are able to become pregnant	Folic Acid 400 mcg – 800 mcg	Females: < 55 years	Females only Generics only
<b>CONTRACEPTIVES</b> Prevention of pregnancy	Oral Tablets Topical Patch Intravaginal Ring Injection Cervical Cap Diaphragm Sponge Female Condom Spermicide IUD Implant	N/A	Generics and Brands (if no generics available): 100% covered  Brand with generics: PA Required  Females only
<b>ROUTINE IMMUNIZATIONS</b> Prevent certain illnesses in people of all ages	DTaP, Td Booster, Tdap (Tenivac, Adacel, Boostrix, Daptacel)  Haemophilus Influenzae Type B (ActHIB, Hiberix, Pedvax HIB)  Hepatitis A (Harvix, Vaqta)  Hepatitis B (Engerix-B, Heplisav-B)  HPV (Gardasil, Cervarix)  Inactivated Poliovirus (Ipol)  Influenza (Afluria, Fluvirin, Fluarix, Flublock, Flulaval, Fluzone)  Meningococcal (Menactra, Menveo)  MMR  Pneumococcal (Pneumovax 23, Prevnar 13)  Varicella (Varivax)  Rotavirus (Rotarix, RotaTeq)  Herpes Zoster (Shingles) – Shingrix	The age for coverage varies based on the vaccine product prescribed and recommendations by the U.S. Centers for Disease Control and Prevention.	All VACCINES are Brands  Childhood and adult vaccines are based off of current CDC immunization schedule.

## Processing Parameters

- ACA Drugs: Deductible Waived, \$0 Member Copay
- Medications covered at a \$0 cost share will not count towards a deductible.
- \$0 cost share only applies if prescription is written by a physician
- \$0 cost share only applies to Tier 1 (generics) and Tier 2 (preferred brand) medications
- Tier 3 (non-preferred brand) – Member is responsible for the applicable cost share (non-preferred copay/coinsurance) or 100% of the total drug cost. A member may request to appeal this through our prior authorization program to receive a \$0 copay for Tier 3 non-preferred brand medications.
- Injectables or other medications administered by a clinician that is not considered self-administered will be covered under the medical benefit, unless otherwise noted such as the influenza vaccines. Specific variations by plan.