Patient Protection and Affordable Care Act - Preventive Items and Services

Drug List – Preventive Items and Services Offering - 2023

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 the health plan.

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

Please note: coverage of medications at $0 cost share is dependent on the list of medications covered by your Plan's formulary.

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Medicine Category and Who is Covered	Examples of Medicines Covered
Aspirin Persons age < 51 years	Aspirin doses 81mg generic
Breast Cancer – Primary Prevention Persons ≥ 35 years who meet criteria.	**"Preferred Option": Co-Pay Exception Review only:** Tamoxifen generic; Soltamox; and for post-menopausal persons: Raloxifene, Anastrozole, and Exemestane generic
Contraceptive Methods Persons of any age capable of pregnancy	*Brand name contraceptives with a generic equivalent are $0 cost share only when the prescriber indicates the brand product must be dispensed or generic is not available.* Covered products include all FDA-approved 16 contraceptive methods available through the pharmacy benefit, including: OTC contraceptive methods (condoms, spermicides, etc.), oral contraceptives (including emergency contraception), and contraceptive devices. *= coverage of medications at $0 cost share is dependent on the list of medications covered by the member's drug formulary.
Fluoride Persons 6 months through <17 years	Fluoride Chewable or Drops ≤ 1.0 MG generic Multivitamin/Fluoride (≤ 1.0 MG) Chewable/Drops/Suspension generic
HIV Prep Persons of any age Only for members lacking a history of treatment for HIV (using claims data).	Emtricitabine / tenofovir disoproxil fumarate (TDF) generic - 200 mg / 300 mg dose only
Immunizations	Covered immunizations include those that are routine vaccines immunizations 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 limitations.
Medications used to prepare for Colonoscopy Persons ≥ 45 and ≤ 75 years of age Limit of 2 prescriptions per year; Package size limitations may apply (age limitation change occurs 1/1//2023)	**"Generic Plus Brand"** Covered products include over-the-counter medicines such as: Bisacodyl; Magnesium Citrate; Milk of Magnesia; and PEG 3350 generic plus select brands.
Statins Persons ≥ 40 years and ≤ 75 years	Covered products may include generic low to moderate dose statins such as: • Atorvastatin ≤ 20mg • Fluvastatin ≤ 80mg • Lovastatin ≤ 40 mg • Pravastatin ≤ 80mg • Rosuvastatin ≤ 10mg • Simvastatin ≤ 40mg Select generic low/moderate dose statins only for members meeting CVD medical history and Rx risk factor requirements (using claims data).
Tobacco Cessation Persons 18 and older	All FDA approved products listed below are covered with no limitations. Bupropion sustained release 150mg generic; Varenicline and Nicotine

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