

# Preventative Care Medication List

## \$0 Cost Share Medications and Products

### U.S. Preventive Services Task Force A & B Recommendation Medications and Supplements

The health reform law (Affordable Care Act) makes certain preventive medications and supplements available to you at no cost—both prescription and over-the-counter (OTC). The following preventive medications are covered at 100% with \$0 copay when:

- Prescribed by a health care professional
- Age and/or condition appropriate
- Filled at a network pharmacy

The following is a list of the most commonly prescribed drugs. It represents an abbreviated version of the drug list (formulary) that is at the core of your prescription drug benefit plan. The list is not all-inclusive and does not guarantee coverage. In addition to using this list, you are encouraged to ask your doctor to prescribe generic drugs whenever appropriate.

**PLEASE NOTE: Brand-name drugs may move to nonformulary status if a generic version becomes available during the year. Not all the drugs listed are covered by all prescription-drug benefit programs; check your benefit materials for the specific drugs covered and the copayments for your prescription-drug benefit program. For specific questions about your coverage, please call the phone number printed on your member ID card.**

#### Aspirin (Coverage Criteria: Women age 55-79; Men age 45-79; Pregnant women after 12 weeks of gestation who are at high risk for preeclampsia)

ASPIRIN 300 MG SUPP  
ASPIRIN 325 MG TAB  
ASPIRIN 600 MG SUPP  
ASPIRIN 81 MG CHEW TAB  
ASPIRIN ADULT LOW DOSE 81 MG TAB DR  
ASPIRIN CHILDRENS 81 MG CHEW TAB  
ASPIRIN EC 325 MG TAB DR  
ASPIRIN EC 81 MG TAB DR  
ASPIRIN EC LOW DOSE 81 MG TAB  
ASPIRIN EC LOW STRENGTH 81 MG TAB DR  
ASPIRIN LOW DOSE 81 MG CHEW TAB  
ASPIR-LOW 81 MG TAB DR  
ASPIRTAB 324 MG TAB DR  
ASPIRTAB MAXIMUM STRENGTH 500 MG TAB  
BAYER ASPIRIN (all strengths/forms)

ECOTRIN (all strengths/forms)  
ECPirin 325 MG TAB DR  
GOODSENSE ASPIRIN (all strengths/forms)  
MEDIQUE ASPIRIN 325 MG TAB  
MINIPRIN LOW DOSE | 81 MG TAB DR  
NORWICH ASPIRIN 325 MG TAB  
ST JOSEPH ASPIRIN (all strengths/forms)

#### Breast Cancer Prevention (Coverage Criteria: Persons > 35 years who meet criteria)

TAMOXIFEN CITRATE  
RALOXIFENE HYDROCHLORIDE

#### Colorectal Cancer Screening (bowel prep) (Coverage Criteria: Persons aged 50 to 75 years)

BISACODYL  
BISACODYL EC

CITRATE OF MAGNESIA  
GAVILYTE-C  
GAVILYTE-H  
GAVILYTE-N/FLAVOR PACK  
MAGNESIUM CITRATE  
MILK OF MAGNESIA  
PEG 3350/ELECTROLYTES  
PEG-3350/NACL/NA BICARBONATE/KCL  
PEG-PREP  
TRILYTE

#### Contraceptives (Coverage Criteria: Females < 51 years of age)

AFTERA  
ECONTRA EZ  
ECONTRA ONE-STEP  
LEVONORGESTREL  
MY CHOICE

MY WAY  
NEW DAY  
OPCICON ONE-STEP  
OPTION 2  
PREVENTEZA  
REACT  
TAKE ACTION  
**OC Injectable**  
MEDROXYPR AC INJ 150MG/ML

#### OC Oral

AFIRMELLE  
ALTAVERA  
ALYACEN 1/35  
ALYACEN 7/7/7  
AMETHIA  
AMETHIA LO  
AMETHYST  
APRI

ARANELLE  
ASHLYNA  
AUBRA  
AUBRA EQ  
AUROVELA 1.5/30  
AUROVELA 1/20  
AUROVELA 24 FE  
AUROVELA FE 1.5/30  
AUROVELA FE 1/20  
AVIANE

AYUNA  
AZURETTE  
BALZIVA  
BEKYREE  
BLISOVI 24 FE  
BLISOVI FE 1.5/30  
BLISOVI FE 1/20  
BRIELLYN  
CAMILA

(Continued)

CAMRESE  
 CAMRESE LO  
 CAZIAN T  
 CESIA  
 CHATEAL  
 CHATEAL EQ  
 CRYSELLE-28  
 CYCLAFEM 1/35  
 CYCLAFEM 7/7/7  
 CYRED  
 CYRED EQ  
 DASETTA 1/35  
 DASETTA 7/7/7  
 DAYSEE  
 DEBLITANE  
 DELYLA  
 DESOGESTREL/ETHINYL ESTRADIOL  
 DROSPIRENONE/ETHINYL ESTRADIOL  
 DROSPIRENONE/ETHINYL ESTRADIOL/LEVONORGESTREL  
 CALCIUM  
 ELINEST  
 EMOQUETTE  
 ENPRESSE-28  
 ENSKYCE  
 ERRIN  
 ESTARYLLA  
 ETHYNODIOL DIACETATE/ETHINYL ESTRADIOL  
 FALMINA  
 FAYOSIM  
 FEMYNOR  
 GIANVI  
 HAILEY 1.5/30  
 HAILEY 24 FE

HEATHER  
 INCASSIA  
 INTROVALE  
 ISIBLOOM  
 JASMIEL  
 JENCYCLA  
 JOLESSA  
 JULEBER  
 JUNEL 1.5/30  
 JUNEL 1/20  
 JUNEL FE 1.5/30  
 JUNEL FE 1/20  
 JUNEL FE 24  
 KAITLIB FE  
 KALLIGA  
 KARIVA  
 KELNOR 1/35  
 KELNOR 1/50  
 KURVELO  
 LARIN 1.5/30  
 LARIN 1/20  
 LARIN 24 FE  
 LARIN FE 1.5/30  
 LARIN FE 1/20  
 LARISSIA  
 LAYOLIS FE  
 LEENA  
 LESSINA  
 LEVONEST  
 LEVONORGESTREL & ETHINYL ESTRADIOL  
 LEVONORGESTREL/ETHINYL ESTRADIOL  
 LEVORA 0.15/30-28  
 LILLOW

LO-ZUMANDIMINE  
 LORYNA  
 LOW-OGESTREL  
 LUTERA  
 LYZA  
 MARLISSA  
 MELODETTA 24 FE  
 MIBELAS 24 FE  
 MICROGESTIN 1.5/30  
 MICROGESTIN 1/20  
 MICROGESTIN 24 FE  
 MICROGESTIN FE 1.5/30  
 MILI  
 MONO-LINYAH  
 MONONESSA  
 NECON 0.5/35-28  
 NECON 1/35  
 NIKKI  
 NORA-BE  
 NORETHINDRONE  
 NORETHINDRONE & ETHINYL ESTRADIOL FERROUS FUMARATE  
 NORETHINDRONE ACETATE/ETHINYL ESTRADIOL  
 NORETHINDRONE ACETATE/ETHINYL ESTRADIOL/FERROUS FUMARATE  
 NORETHINDRONE/ETHINYL ESTRADIOL/FERROUS FUMARATE  
 NORGESTIMATE/ETHINYL ESTRADIOL  
 NORLYDA  
 NORLYROC  
 NORTREL 0.5/35 (28)  
 NORTREL 1/35  
 NORTREL 7/7/7  
 OCELLA  
 ORSYTHIA  
 PHILITH

PIMTREA  
 PIRMELLA 1/35  
 PIRMELLA 7/7/7  
 PORTIA-28  
 PREVIFEM  
 RECLIPSEN  
 RIVELSA  
 SETLAKIN  
 SHAROBEL  
 SIMLIYA  
 SIMPESE  
 SOLIA  
 SPRINTEC 28  
 SRONYX  
 SYEDA  
 TARINA 24 FE  
 TARINA FE 1/20  
 TARINA FE 1/20 EQ  
 TILIA FE  
 TRI FEMYNOR  
 TRI-ESTARYLLA  
 TRI-LEGEST FE  
 TRI-LINYAH  
 TRI-LO-ESTARYLLA  
 TRI-LO-MARZIA  
 TRI-LO-MILI  
 TRI-LO-SPRINTEC  
 TRI-MILI  
 TRI-PREVIFEM  
 TRI-SPRINTEC  
 TRI-VYLIBRA  
 TRI-VYLIBRA LO  
 TRINESSA

TRIVORA-28  
 TULANA  
 TYDEMY  
 VELIVET  
 VIENVA  
 VIORELE  
 VYFEMLA  
 VYLIBRA  
 WERA  
 WYMZYA FE  
 ZARAH  
 ZOVIA 1/35E  
 ZUMANDIMINE

**Folic Acid**  
 (Coverage Criteria: Women who are planning or capable of pregnancy)

FA-8 800 MCG TAB  
 FOLATE 400 MCG TAB  
 FOLIC ACID 1 MG TAB  
 FOLIC ACID 400 MCG TAB  
 FOLIC ACID 800 MCG TAB

**Statin Prevention**  
 (Coverage Criteria: Adults age 40-75 with no history of CVD, 1 or more CVD risk factors and a calculated 10-year CVD event risk of 10% or greater)

ATORVASTATIN CALCIUM  
 FLUVASTATIN  
 FLUVASTATIN SODIUM ER  
 LOVASTATIN  
 PRAVASTATIN SODIUM  
 ROSUVASTATIN CALCIUM  
 SIMVASTATIN

## Tobacco Cessation

BUPROPION HYDROCHLORIDE ER (SR)  
CHANTIX  
CHANTIX CONTINUING MONTHPAK  
CHANTIX STARTING MONTH PAK  
NICOTINE LOZENGE  
NICOTINE POLACRILEX  
NICOTINE TRANSDERMAL SYSTEM

## Iron supplements

BPROTECTED PEDIA IRON 75 (15 FE) MG/ML SOLUTION  
FER-IRON 75 (15 FE) MG/ML SOLUTION  
FERROUS SULFATE 75 (15 FE) MG/ML SOLUTION  
IRON SUPPLEMENT CHILDRENS 75 (15 FE) MG/ML SOLUTION

## Ophthalmic antibiotics

ERYTHROMYCIN 5 MG/GM OINTMENT  
ILOTYCIN 5 MG/GM OINTMENT  
ROMYCIN 5 MG/GM OINTMENT

## Vaccines

### Hepatitis

ENGERIX-B  
HAVRIX  
HEPLISAV-B  
RECOMBIVAX HB  
TWINRIX  
VAQTA

### Human Papilloma Virus (HPV)

CERVARIX  
GARDASIL  
GARDASIL 9

### Influenza ("FLU")

AFLURIA RIX  
AFLURIA PRESERVATIVE FREE  
AFLURIA QUADRIVALENT  
EZ FLU SHOT-FLUCELVAX  
EZ FLU SHOT-FLUCELVAX QUAD  
EZ FLU SHOT-FLUVIRIN  
FLUAD  
FLUARIX  
FLUARIX QUADRIVALENT  
FLUBLOK  
FLUBLOK QUADRIVALENT  
FLUCELVAX  
FLUCELVAX QUADRIVALENT  
FLULAVAL  
FLULAVAL QUADRIVALENT  
FLUMIST QUADRIVALENT  
FLUVIRIN

FLUVIRIN PRESERVATIVE FREE  
FLUZONE  
FLUZONE HIGH-DOSE  
FLUZONE PRESERVATIVE FREE  
FLUZONE QUADRIVALENT  
MEDICAL PROVIDER EZ AFLURIA PF  
MEDICAL PROVIDER EZ FLU  
MEDICAL PROVIDER EZ FLU PF  
MEDICAL PROVIDER EZ FLU SHOT  
MEDICAL PROVIDER EZ FLUVIRIN

### Meningitis

BEXSERO  
MENACTRA  
MENOMUNE  
MENVEO  
TRUMENBA

### Pneumonia

PNEUMOVAX 23  
PREVNAR 13

### Tetanus-Diphtheria Combinations

BOOSTRIX  
DIPHThERIA-TETANUS TOXOIDS DT  
TDVAX  
TENIVAC  
TETANUS-DIPHThERIA TOXOIDS TD

### Zoster ("SHINGLES")

SHINGRIX  
ZOSTAVAX

### Other Vaccines

ACTHIB  
COMVAX  
HIBERIX

IPOD  
M-M-R II  
PEDVAX HIB  
PROQUAD  
ROTARIX  
ROTATEQ  
VARIVAX

## HIV Pre-Exposure Prophylaxis

EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE  
200MG-300MG

# Preventative Care Medications Coverage

## Frequently Asked Questions:

*Under the health reform law, health plans must cover U.S. Preventive Services Task Force A & B Recommendation medications and FDA-approved prescription and over-the-counter (OTC) contraceptives for women at 100 percent without charging a copayment, coinsurance or deductible when:*

*Prescribed by a health care professional*

*Age and/or condition appropriate*

*Filled at a network pharmacy*

*To comply with these regulations which continue to be clarified further by the U.S. Dept. of Labor, Health & Human Services and the Treasury, we offer this list of \$0 cost-share Preventive Care Medications.*

### **Which preventative care medications are available at \$0 cost-share?**

Refer to the list in this document, sign in to the member website provided in your program materials, or call the number on the back of your health plan ID card for a list of medications covered at \$0 cost-share.

Please note, in order to obtain coverage at no cost for preventative care medications and products (including over-the-counter) you will need a prescription from your doctor.

### **What if my doctor says I need birth control that is not on this list?**

This list covers all methods of FDA-approved birth control available through your pharmacy benefit. However, your doctor may decide you need birth control (contraception) that is not on this list for medical reasons. If so, you can request the type you need by calling the number on your health plan ID card, and asking how to obtain coverage. Medical reasons may include side effects, whether the birth control is permanent or can be reversed, and whether you can use the product as required.

Your medical benefit may also cover other forms of birth control such as IUDs, implants and surgical sterilization.

### **What if my plan has a religious exemption for covering contraceptives?**

Some plans may not have coverage for contraceptives if your plan is a religious employer under California law. However, you will still have coverage at \$0 cost-share of the U.S. Preventive Services Task Force A & B Recommendation medications listed on the Preventive Care Medications list, such as aspirin and vitamin D, tobacco cessation and breast cancer preventative medications.

### **If I need to take preparation medications before a preventative colonoscopy, how can I get these for no cost?**

If you are scheduled for a preventative colonoscopy, ask your doctor for a prescription for one of the \$0 cost preparation medications. You can fill this prescription at a retail network pharmacy.

### **What if my doctor prescribes a preparation medication for my preventative colonoscopy that is not on this list?**

You can ask your doctor for a prescription for one of the medications on this list that your doctor feels would work for you. For some medical reasons, your doctor may decide you need a medication that is not on this list to prepare for your preventative colonoscopy. If so, you can request the medication you need by calling the number on your health plan ID card, and asking how to obtain coverage at no cost. Medical reasons may include side effects, and whether you can use the product as required.

If you need a prescription medication to prepare for a colonoscopy that is not preventative, these medications may still be covered with a copayment or coinsurance.

### **If I'm at risk for cardiovascular disease, how can I get statin medications at no cost to me?**

If you are a member age 40-75, and at risk for cardiovascular disease, your doctor may offer to prescribe statin medications. Select statins are covered at no cost-share for individuals who have certain risk factors for cardiovascular disease. Depending on the medication, your doctor may need to submit a prior authorization request to get medications approved for you at no cost if you meet coverage criteria. For members who don't meet this \$0 cost-share criteria or don't request prior authorization, those statins will continue to be covered at the customary cost share amount for your plan.

Statin prevention medications are typically covered at the customary cost-share amount for your plan. However, they are available at \$0 cost-share to prevent cardiovascular disease if a prior authorization is obtained. If you qualify based on criteria above, you can receive these drugs at \$0 cost-share.

**How can I get preventive medications to help me stop using tobacco at no cost?**

If you are age 18 or older and want to quit using tobacco products, talk to your doctor about medications that can help. If your doctor decides this therapy is right for you, they may prescribe an over-the-counter or prescription medication.

**If I'm at risk for breast cancer, how can I get preventive medications for no cost?**

If you are a member age 35 or older, talk to your doctor about your risk of getting breast cancer if you have not had it. If your doctor decides these drugs are appropriate for you, your doctor may offer to prescribe risk-reducing medications, such as raloxifene or tamoxifen. Your doctor can submit a prior authorization request to get these approved for you at \$0 cost-share if you meet coverage criteria.

These medications are typically covered at the customary cost-share amount for your plan. However, they are available at \$0 cost-share when used for breast cancer prevention if a prior authorization is obtained. If you qualify based on criteria above, you can receive these drugs at \$0 cost-share.

**How can I get aspirin to prevent preeclampsia during pregnancy for no cost?**

Low-dose or baby aspirin (81 mg) is available at no cost to pregnant women at risk for preeclampsia. If you are pregnant and at risk for preeclampsia, ask your doctor about whether low-dose aspirin can help. If so, your doctor can give you a prescription for low-dose aspirin to be filled at a retail network pharmacy at no cost to you.

**Will this drug list change?**

Drug lists can and do change, so it's always good to check. You can find updated information by:

- Signing in to the member website provided in your program materials
- Calling the number on your health plan ID card

**What if I have a high-deductible or consumer-driven health (CDH) plan?**

The same no-cost options on the list applicable to your plan will be available to you if you are in one of these plans. If you fill a prescription for covered products not on your plan's no-cost drug list, you will need to pay the full cost, until your pharmacy plan deductible is reached.

**Are the no-cost Preventive Care Medications available at both retail and mail pharmacies?**

Preventive Care Medications are available at both network retail pharmacies and the mail order pharmacy for plans with a mail order benefit.

**What if the health care reform law requirements for preventive care medication coverage change?**

If the law requiring plans to provide preventive care medications at no cost changes, information on how your costs may be impacted will be available to you by:

- Signing in to the member website provided in your program materials
- Calling the number on your health plan ID card

**What if my doctor prescribes a similar preventive medication that is not on this list?**

The health reform law allows plans to use reasonable medical management to decide which product/medications are provided at \$0 cost-share. If you choose a no-cost product from the list applicable to your plan, your cost at the pharmacy will be \$0. If you choose a covered product/medication that is not on the list, a copay or coinsurance may be required. And this cost will apply to your deductible if you have one.

You can ask your doctor for a prescription for one of the medications on this list that your doctor feels would work for you. For some medical reasons, your doctor may decide you need a medication that is not on this list. If so, you can request the medication you need by calling the number on your health plan ID card, and asking how to obtain coverage at no cost. Medical reasons may include side effects, and whether you can use the medication/product as required.

*Please note this list is subject to change.*

*Always refer to your benefit plan materials to determine your coverage for medications and cost-share. Some medications listed on the PDL may not be covered under your specific benefit. Where differences are noted, the benefit plan documents will govern.*

*All brand-name medications are trademarks or registered trademarks of their respective owners.*

*The age limits listed within this document are based on U.S. Preventive Services Task Force Recommendations; coverage for additional populations may also apply as required.*

*When informed by a member's health care provider, We will accommodate a coverage exception request for any member when one of the \$0 cost medications listed on the Preventive Care Medications list may be medically inappropriate as determined by the health care provider for that member and we will waive the otherwise applicable cost-sharing for a medication not represented on the Preventive Care Medications list.*