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 healthcare 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 express-scripts.com.

Please note: Coverage of brand-name medications is dependent on the terms of your health plan.
<table>
<thead>
<tr>
<th><strong>Medicine Category and Who is Covered</strong></th>
<th><strong>Examples of Medicines Covered</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Aspirin</strong>&lt;br&gt;Pers age &lt; 70</td>
<td>Aspirin doses of 325mg and below (81mg)</td>
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<td><strong>Contraceptive Methods</strong></td>
<td>Brand-name contraceptives with a generic equivalent are zero cost share only when the prescriber indicates the brand product must be dispensed.</td>
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<td></td>
<td><strong>Expanded Product Program:</strong> Covered products include all 16 FDA-approved 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.</td>
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<td><strong>Fluoride</strong>&lt;br&gt;Persons 6 months through &lt;16 years</td>
<td>Fluoride chewable or drops ≤ 1.0mg Multivitamin/Fluoride (≤ 1.0mg) chewable/drops/suspension</td>
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<td><strong>Folic Acid</strong>&lt;br&gt;Persons &lt; 51 years</td>
<td>Folic acid tablet 0.4mg and 0.8mg Prenatal vitamins with folic acid (0.4mg and 0.8mg)</td>
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<td><strong>Immunizations</strong>&lt;br&gt;The age for coverage varies based on the vaccine product prescribed and recommendations by the U.S. Centers for Disease Control and Prevention</td>
<td>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.</td>
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| **Medications Used to Prepare for Colonoscopy**  
Persons ≥ 50 and ≤ 75 years of age  
Limit of 2 prescriptions per year | **Generic Plus SS Brand Program:**  
Covered products include:  
bisacodyl; magnesium citrate; Milk of Magnesia; and PEG 3350 PLUS  
GoLytely; MoviPrep; OsmoPrep; Prepopik; and Suprep |
| **Primary Prevention of Breast Cancer**  
Persons ≥ 35 years. | tamoxifen generic  
raloxifene generic (only for postmenopausal persons)  
Soltamox liquid |
| **Statins**  
Persons ≥ 40 years and ≤ 75 years | Covered products may include generic low to moderate dose statins:  
• atorvastatin ≤ 20mg  
• fluvastatin ≤ 80mg  
• lovastatin ≤ 40mg  
• pravastatin ≤ 80mg  
• rosuvastatin ≤ 10mg  
• simvastatin ≤ 40mg  
**Standard Program:** All generic low/moderate dose statins |
| **Tobacco Cessation**  
Persons 18 and older | Zyban (brand and generic)  
Chantix  
Nicotine products (Rx and OTC; brand and generic)  
**Smoking Cessation**  
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 copayment amount. |