



**Patient Protection and Affordable Care Act - Preventive Items and Services - 2018**

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 < 60	Aspirin doses of 325mg and below (81mg)
<b>Contraceptive Methods</b> Adults < age 51 years	<p><i>In these programs, brand name contraceptives that have a generic equivalent are available at a zero cost share only when the prescriber indicates that the brand product must be dispensed.</i></p> <p>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 (diaphragms, skin patch systems, injectable contraception, intrauterine systems, and implants).</p>
<b>Fluoride</b> Children age 6 months through 5 years	Fluoride Chewable Tablet 0.25 and 0.5 MG Fluoride Drops 0.125, 0.25 and 0.5 MG Multivitamin/Fluoride Chewable/Drops/Suspension 0.25 and 0.5 MG
<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.
<b>Medications used to prepare for Colonoscopy</b> Adults $\geq$ 50 and $\leq$ 75 years of age Limit of 2 prescriptions per year	Bisacodyl; Magnesium Citrate; Milk of Magnesia; and PEG 3350
<b>Primary Prevention of Breast Cancer</b> Adults $\geq$ 35 years who meet criteria.	Tamoxifen generic Raloxifene generic (only for postmenopausal persons) Soltamox Liquid



Medicine Category and Who is Covered	Examples of Medicines Covered
<b>Tobacco Cessation</b> Adults 18 and older	Zyban Chantix Nicotine Products
<b>Vitamin D Supplements</b> Adults $\geq$ 65 years of age	Vitamin D 1,000 Units or less per dose unit Vitamin D with Calcium (1,000 Units or less per dose unit)
<b>Statins</b> Adults $\geq$ 39 years and $\leq$ 76 years	Atorvastatin $\leq$ 20mg Fluvastatin $\leq$ 20mg Lovastatin $\leq$ 40mg Pravastatin $\leq$ 80mg Rosuvastatin $\leq$ 10mg Simvastatin $\leq$ 40 mg

