

Patient Protection and Affordable Care Act Preventive Items and Services – 2017 - 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.

Please note: coverage of brand name medications is dependent on the terms of your health plan.

Medicine Category and Who is Covered	Examples of Medicines Covered
Aspirin	ASPIRIN doses of 325mg and below (81mg)
Fluoride	FLUORIDE CHEWABLE TABLET 0.25 MG and 0.5 MG FLUORIDE DROPS 0.125, 0.25 MG and 0.5 MG MULTIVITAMIN W/ FLUORIDE CHEWABLE 0.25 MG and 0.5 MG 0.25 MG and 0.5 MG DROPS, and 0.25 MG and 0.5 MG SUSPENSION
Folic Acid Women only	FOLIC ACID TABLET 0.4 MG and 0.8 MG PRENATAL MULTI VITAMINS W/ FOLIC ACID (0.4 MG and 0.8 MG)

Medicine Category and Who is Covered	Examples of Medicines Covered
Contraceptive Methods Women only	<p><i>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>
Iron Supplements	IRON (various strengths) DROPS, LIQUID, SUSPENSION, GRANULES MULTIVITAMIN WITH IRON DROPS, LIQUID, SUSPENSION
Medications used to prepare for Colonoscopy	BISACODYL MAGNESIUM CITRATE MILK OF MAGNESIA PEG 3350-ELECTROLYTE GOLYTELY MOVIPREP OSMOPREP PREPOPIK SUPREP
Tobacco Cessation Adults 18 and older Limit 180 days supply within a 365 day period; prescriptions processed after 180 days will be assigned the tier copay	ZYBAN (Brand and Generic) CHANTIX ALL NICOTINE PRODUCTS (Rx and OTC; Brand and Generic)
Vitamin D Supplements	VITAMIN D 1,000 UNITS OR LESS PER DOSE UNIT CALCIUM WITH VITAMIN D (1,000 UNITS OR LESS PER DOSE UNIT)
Primary Prevention of Breast Cancer Women ≥ 35 years of age who meet criteria	<p><i>Available at zero dollars via copay review for medical necessity. Raloxifene is only covered for postmenopausal women.</i></p> TAMOXIFEN generic RALOXIFENE generic SOLTAMOX (LIQUID TAMOXIFEN)