EVERNORTH HEALTH SERVICES

SHBP State Health Benefit Plan
A Division of the Georgia Department of Community Health

2027 ACA Preventive Medications Drug List

Preventive medications may be available at no cost when coverage requirements are met.

Your preventive benefit: Certain preventive medicines and products are covered at $0, so you do not pay a copay or coinsurance—even if you have not met your deductible. These benefits are provided under the Patient Protection and Affordable Care Act (PPACA), also known as the Affordable Care Act (ACA).

What this list includes

- Medicines and supplements that help prevent certain health conditions in adults and children
- Medicines and products that help members stop smoking or using chewing tobacco
- Medicines used before certain preventive screenings
- Vaccines and immunizations that help prevent certain illnesses in infants, children, and adults
- Contraceptive medicines, products, and devices

Important coverage information

Prescription required: A prescription from a licensed health care provider is required for any listed medication, including over-the-counter products.

Coverage may change: This list may be updated when PPACA guidelines change. Coverage at $0 also depends on the medications included on the member's drug formulary.

- **Dosage form:** This describes how a product is supplied, such as a tablet, capsule, liquid, syrup, or chewable tablet.
- **Questions:** Talk with your doctor if you have questions about your health or medicines.
- **Other requirements:** Additional rules, limits, and exclusions may apply.
- **Exceptions:** If a listed generic product is not medically appropriate and a brand-name product is requested, the member may submit an exception request.

Confidential Information
© 2026 Evernorth Health Services. All Rights Reserved.

Medicine Category and Who is Covered	**Examples of Medicines Covered** (members can ask the health plan to review whether they qualify to pay $0 for any prescription drugs in these categories that don't initially show as $0 at the pharmacy)
Aspirin *Persons age 12 and over*	Generic, single dose forms of aspirin 81 mg
Breast Cancer – Primary Prevention Persons ≥ 35 years who meet criteria.	**Products Include (generics in *italics,* Brand names are CAPITALIZED):** • *Tamoxifen* • *Raloxifene* • *Anastrozole* • *Exemestane* • SOLTAMOX
Contraceptive Methods Persons of any age capable of pregnancy	Covered products include all generic and brands within required categories, including: OTC contraceptive methods (condoms, spermicides, etc.), diaphragms, cervical cap, hormonal contraceptives (including emergency contraception), and contraceptive devices. ***Please* see tables at end of document for more information.** *Brand-name contraceptives with a generic equivalent are $0 only when the prescriber indicates the brand must be dispensed or generic is not available.*
Fluoride Persons 6 months through <17 years	**Products Include:** • Fluoride Chewable or Drops ≤ 1.0 mg generic • Multivitamin/Fluoride (≤ 1.0 mg) Chewable/Drops/Suspension generic
Folic Acid Persons of any age	**Products Include:** • Folic Acid Tablet 0.4 mg and 0.8 mg generic • Multivitamin and Prenatal Vitamins with Folic Acid (0.4 mg and 0.8 mg) generic
HIV Prep Persons of any age	**Products Include:** • Emtricitabine / tenofovir disoproxil fumarate (TDF) generic 200 mg/ 300 mg dose only • Descovy (emtricitabine/ tenofovir alafenamide (TAF) 200 mg/25 mg) • Apretude (cabotegravir extended-release injectable suspension) • Yeztugo (lenacapavir tablet/subcutaneous injection)
Immunizations The age for coverage varies based on the vaccine product prescribed and recommendations by the U.S. Centers for Disease Control and Prevention (CDC)	Coverage only includes routine vaccines as defined by the Advisory Committee on Immunization Practices (ACIP). **Children:** • COVID-19 • Dengue • Diphtheria, Tetanus, Pertussis • Haemophilus Influenzae B • Hepatitis A • Hepatitis B • Human Papillomavirus • Inactivated Polioivirus • Influenza • Measles, Mumps, Rubella • Meningoccal • Pneumococcal • Respiratory Syncytial Virus • Rotavirus • Varicella **Adults:** • COVID-19 • Hepatitis A • Hepatitis B • Herpes Zoster • Human Papillomavirus • Inactivated Poliovirus • Influenza • Measles, Mumps, Rubella • Meningococcal • Pneumococcal • Respiratory Syncytial Virus • Smallpox and Monkeypox • Tetanus, Diphtheria, Pertussis • Varicella

© 2026 Evernorth Health Services. All Rights Reserved. CRP1729205

Medicine Category and Who is Covered	**Examples of Medicines Covered** (members can ask the health plan to review whether they qualify to pay $0 for any prescription drugs in these categories that don't initially show as $0 at the pharmacy)
Medications used to prepare for Colonoscopy Persons ≥ 45 and ≤ 75 years of age Limit of 2 prescriptions per year; Package size limitations may apply	**Prescription Products Include (Generics in *italics,* Brand names are CAPITALIZED):** • PEG3350 PREP KIT • *Gavilyte-n* • *Gavilyte-c* • *Gavilyte-g* • CLENPIQ (sodium picosulfate, magnesium oxide and anhydrous citric acid) oral solution • PLENVU (polyethylene glycol-3350, sodium sulfate, sodium chloride, potassium chloride, sodium ascorbate and ascorbic acid) for oral solution • SUFLAVE (polyethylene glycol-3350, sodium sulfate, potassium chloride, magnesium sulfate, and sodium chlo ride) for oral solution • SUTAB (sodium sulfate, magnesium sulfate and potassium chloride) oral tablet • *Polyethylene glycol-3350, sodium sulfate, sodium chloride, potassium chloride, sodium ascorbate and ascorbic acid* for oral solution • *Sodium sulfate, potassium sulfate and magnesium sulfate* for oral solution **Over-the-Counter (OTC) Products Include:** • Bisacodyl • Magnesium Citrate • Milk of Magnesia
Cholesterol Medications Persons ≥ 40 years and ≤ 75 years	**Covered products may include generic low to moderate intensity statins such as:** • Atorvastatin ≤ 20 mg • Fluvastatin ER 80 mg • Fluvastatin Cap ≤ 40 mg • Lovastatin ≤ 40 mg • Pitavastatin ≤ 4 mg • Pravastatin ≤ 80 mg • Rosuvastatin ≤ 10 mg • Simvastatin ≤ 40 mg
Tobacco Cessation Persons 18 and older	**Prescription (Rx) Products Include:** • Bupropion HCl tab SR 12 hr 150 mg • Nicotrol NS nasal spray 10 mg/mL • Varenicline tab 0.5 mg and 1 mg • Varenicline tab 0.5 mg x 11 tabs and 1 mg x 42 pack **Over-The-Counter (OTC) Products Include:** • Nicotine gum 2 mg and 4 mg • Nicotine lozenge 2 mg and 4 mg • Nicotine TD patch 24 hr 21 mg, 14 mg and 7 mg All Generic 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 copay or coinsurance amount.
Diabetes Prevention Medicine Persons age 35 to 70	Metformin 850 mg

© 2026 Evernorth Health Services. All Rights Reserved. CRP1729205

Women's Health Preventive Service: All Generic Oral Contraceptives Included	
Brand-Name Product For Reference Only	**Generic Equivalent(s)**
Balcoltra	Joyeaux, Minzoya
Demulen 1/35	Kelnor 1/35, Valtya 1/35, Zovia 1/35
Demulen 1/50	Ethynodiol 1/50, Valtya 1/50
Desogen	Apri, Cyred EQ, Enskyce, Isibloom, Juleber, Kalliga, Reclipsen, Velivet
Estrostep FE	Tilia FE, Tri-Legest FE, Xarah FE
Femcon FE	Wymzya FE, Xelria FE
Generess FE	Galbriela, Kaitlib FE, Xelria FE, Layolis FE
Loestrin	Junel, Larin, Hailey
Loestrin 24 FE	Aurovela 24 FE, Blisovi 24 FE, Hailey 24 FE, Junel 24 FE, Larin 24 FE, Tarina 24 FE
Loestrin FE	Junel FE, Larin FE, Blisovi FE
Lo/Ovral	Cryselle-28, Elinest, Low-Ogestrel, Turqoz
LoSeasonique	Camrese Lo, LoJaimiess
Lybrel	Amethyst, Dolishale
Minastrin 24 FE	Charlotte 24 FE, Finzala FE, Mibelas 24 FE, Microgestin 24 FE
Mircette	Azurette, Kariva, Pimtrea, Simliya, Viorele, Volnea
Modicon	Necon 0.5/35, Nortrel 0.5/35, Wera
Nordette	Altavera, Ayuna, Chateal EQ, Kurvelo, Marlissa, Portia-28
Ortho-Cyclen	Estarylla, Mili, Mono-linyah, Sprintec, Vylibra
Ortho Micronor	Camila, Deblitane, Emzahh, Errin, Heather, Incassia, Jencycla, Lyleq, Lyza, Meleya, Nora-BE, Norlyroc, Orquidea, Sharobel
Ortho-Novum 1/35	Alyacen 1/35, Dasetta 1/35, Nortrel 1/35, Nylia 1/35
Ortho-Novum 7/7/7	Alyacen 7/7/7, Dasetta 7/7/7, Nortrel 7/7/7, Nylia 7/7/7, Necon 1/35, Necon 7/7/7
Ortho Tri-Cyclen	Tri-Estarylla, Tri-Linyah, Tri-Mili, Tri-Sprintec, Tri-Vylibra
Ortho Tri-Cyclen Lo	Tri-Lo Estarylla, Tri-Lo Marzia, Tri-Lo-Mili, Tri-Lo-Sprintec, Tri-Vylibra Lo
Ovcon-35	Balziva-28, Briellyn, Philith, Vyfemla
Quartette	Rivelsa, Rosyrah
Safyral	Tydemy
Seasonale	Iclevia, Introvale, Jolessa, Setlakin
Seasonique	Ashlyna, Camrese, Daysee, Jaimiess, Simpesse, Amethia
Taytulla	Gemmily, Taysofy
Tri-Norinyl	Aranelle
Triphasil	Enpresse, Levonest
Tyblume	Afirmelle, Aubra EQ, Aviane-28, Delyla, Falmina, Lessina, Lutera, Sronyx, Vienva, Portia
Yasmin	Syeda, Zarah, Zumandimine
Yaz	Jasmiel, Lo-Zumandimine, Loryna, Ocella

© 2026 Evernorth Health Services. All Rights Reserved. CRP1729205

Women's Health Preventive Services

Other Contraceptives

Brand-name products are covered only when a generic is not available. Generics appear in *italics*; brand names appear in CAPITAL LETTERS.

A brand-name product will no longer be available at no cost when a generic becomes available. Brand names shown in **[brackets]** are for reference only.

Brand-Name Oral Contraceptives (Rx or OTC)

- AVERI
- FEMLYV
- LO LOESTRIN FE
- NATAZIA
- NEXTSTELLIS
- OPILL
- SLYND
- TYBLUME

Barrier Methods (Rx)

Cervical Caps

- FEMCAP

Diaphragms

- CAYA
- MILEX WIDE-SEAL

Intrauterine Devices, Subdermal Rods and Vaginal Rings (Rx)

- *Ethinyl estradiol 15 mcg/Etonogestrel 120 mcg vaginal ring, EluRyng, EnilloRing, Haloette* **[NUVARING]**
- ANNOVERA
- KYLEENA
- LILETTA
- MIRENA
- MIUDELLA
- NEXPLANON
- PARAGARD T 380A
- SKYLA

Emergency Contraception (Rx or OTC)

- *Levonorgestrel 1.5 mg tablet, AfterPill, Aftera, Econtra OS, Her Style, Curae, My Choice, Your Choice My Way, New Day, Opcicon, Option 2, Shewise, Take Action, React* **[PLAN B]**
- ELLA

Transdermal Patches (Rx)

- *Xulane*
- *Zafemy*
- TWIRLA

Condoms (OTC)

- FC-2
- MALE CONDOMS

Injectables (Rx)

- *Medroxyprogesterone acetate 150 mg* **[DEPO-PROVERA]**
- DEPO-SUBQ-PROVERA 104

Vaginal pH Modulators (Rx)

- PHEXX

Spermicides (OTC)

- *Nonoxynol-9 vaginal gel 4%, VCF Vaginal Contraceptive Gel* **[CONCEPTROL GEL 4%]**
- VCF VAGINAL FILM 28%

© 2026 Evernorth Health Services. All Rights Reserved. CRP1729205