

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
 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.