

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

## **Drug List – Merged Offering - 2016**

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
<p><b>Aspirin</b> Men age 45 -79; Women age 55 – 79 Women &lt; 55 years</p>	<p>ASPIRIN doses of 325mg and below (81mg) ASPIRIN 81 MG</p>
<p><b>Fluoride</b> Children age 6 months through 5 years</p>	<p>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</p>
<p><b>Folic Acid</b> Women only through age 50 years</p>	<p>FOLIC ACID TABLET 0.4 MG and 0.8 MG PRENATAL MULTI VITAMINS W/ FOLIC ACID (0.4 MG and 0.8 MG)</p>
<p><b>Contraceptive Methods</b> Women only, through age 50 years  <i>(Only one of the available programs described is chosen for coverage by a prescription drug plan.)</i></p>	<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><b>Preferred Product Program:</b> Covered products include one or more Food and Drug Administration (FDA) approved 16 contraceptive methods available through the prescription drug benefit, including: generic OTC spermicide and legend diaphragms; Today® contraceptive sponge; female condom; Femcap®; generic oral, transdermal and intramuscular hormonal methods; Nuvaring®; generic, OTC emergency contraceptives and ella®; the intrauterine systems Mirena® and Paragard®; and the intradermal agent, Nexplanon®.</p> <p><b>Expanded Product Program:</b> 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>



Confidential Information

<b>Medicine Category and Who is Covered</b>	<b>Examples of Medicines Covered</b>
<p><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</p>	<p>Covered immunizations include those that are routine vaccines recommended by the Advisory Committee on Immunization Practices 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 used to prevent other illnesses such as typhoid, yellow fever, and Japanese encephalitis.</p>
<p><b>Iron Supplements</b> Children age 6 months through 12 months</p>	<p>IRON (various strengths) DROPS, LIQUID, SUSPENSION, GRANULES MULTIVITAMIN WITH IRON DROPS, LIQUID, SUSPENSION</p>
<p><b>Medications used to prepare for Colonoscopy</b> Adults <math>\geq 50</math> and <math>\leq 75</math> years of age Limit of 2 prescriptions per year  <i>(Only one of the available programs described is chosen for coverage by a prescription drug plan.)</i></p>	<p><b>Generic Only Program:</b> BISACODYL MAGNESIUM CITRATE MILK OF MAGNESIA PEG 3350-ELECTROLYTE</p> <p><b>Brand plus Generic Only Program:</b> Covered products include the generic products listed above plus: GOLYTELY MOVIPREP OSMOPREP PREPOPIK SUPREP</p>
<p><b>Tobacco Cessation</b> Adults 18 and older</p>	<p>ZYBAN (Brand and Generic) CHANTIX ALL NICOTINE PRODUCTS (Rx and OTC; Brand and Generic)</p>
<p><b>Vitamin D Supplements</b> Adults <math>\geq 65</math> years of age</p>	<p>VITAMIN D 1,000 UNITS OR LESS PER DOSE UNIT CALCIUM WITH VITAMIN D (1,000 UNITS OR LESS PER DOSE UNIT)</p>
<p><b>Primary Prevention of Breast Cancer</b> Women <math>\geq 35</math> years of age who meet criteria. Raloxifene is covered for only those who are postmenopausal</p>	<p>TAMOXIFEN generic RALOXIFENE generic SOLTAMOX (LIQUID TAMOXIFEN)</p>

