PRO/ACT PHARMACY BENEFIT MANAGEMENT

Preventative Care Medications

Under the healthcare reform law, Affordable Care Act (ACA), pharmacy benefit plans must cover certain preventative care medications in full without charging a copay, co-insurance, or deductible. These products include:

- U.S. Preventative Services Task Force (USPSTF) A & B recommendations medications
- FDA-approved prescription and over-the-counter (OTC) contraceptives for women
- Vaccines available through a pharmacy

Below are the medications eligible in accordance with guidance from the USPSTF, the Health Resources and Services Administration (HRSA), and the Advisory Committee on Immunization Practices (ACIP). These preventative medications are covered as part of the ACA and are available at no member cost share with a valid prescription.

Certain drugs may not be covered by your particular pharmacy plan or may be subject to additional requirements or restrictions, regardless of their appearance in this document. Information is believed to be accurate as of the production date; however, it is subject to change.

ASPIRIN

RECOMMENDATION

- No prior authorization
- No quantity limit
- No age limit
- Generic only
- OTC (requires prescription)

PRODUCT DESCRIPTION

Single ingredient:
All oral dosage forms 81 mg

Includes dosage forms such as:

- Aspirin chew tab 81 mg
- Aspirin enteric coated tab 81 mg

ORAL FLUORIDES

RECOMMENDATION

- No age limit
- No prior authorization
- No quantity limit
- Generics and single source brands
- Rx products only

PRODUCT DESCRIPTION

Single ingredient: Oral dosage forms ≤ 0.5 mg

- Sodium fluoride chew tab 0.25 mg – 0.5 mg
- Sodium fluoride soln 0.125 mg/drop and 0.25 mg/drop
- Sodium fluoride soln 0.25 mg/0.6 mL
- Sodium fluoride soln 0.5 mg/mL
- Sodium fluoride tab 0.5 mg

BOWEL PREPARATION MEDICATIONS

RECOMMENDATION

- Age limit 45 through 75 years (men and women)
- No prior authorization or quantity limits
- Rx only
- Generics and single source brands
- Brands until generics become available
- Generics are in *italics*. Brand-names are CAPITALIZED

PRODUCT DESCRIPTION

- CLENPIQ
- PLENVU
- SUTAB
- PEG-PREP KIT
- *Polyethylene glycol-3350, sodium sulfate, sodium chloride, potassium chloride, sodium ascorbate, and ascorbic acid*
- *Sodium sulfate, potassium sulfate, and magnesium sulfate*

PREEXPOSURE PROPHYLAXIS

RECOMMENDATION

- Preventive use only – if no other HIV medication is found in patient history
- Quantity limit (1 tab/day)
- Rx
- Generic only

PRODUCT DESCRIPTION

- Emtricitabine/tenofovir disoproxil fumarate 200 mg-300 mg

FOLIC ACID

RECOMMENDATION

- No age limit
- No prior authorization
- No quantity limit
- Generic only
- OTC (requires prescription)

PRODUCT DESCRIPTION

Single ingredient

- Folic acid tab 0.4 mg and 0.8 mg
- Folic acid cap 0.8 mg

TOBACCO CESSATION

RECOMMENDATION

- No prior authorization of tobacco cessation products
- Limit of 168-day supply of each product in one year of treatment
- Coverage includes generic nicotine replacement products (nicotine patch, gum, and lozenges), brand Nicotrol (inhaler system), brand Nicotrol NS (nasal spray), and generic Zyban
- Generics and single source brands
- Brands until generics become available
- Rx or OTC (requires prescription)

PRODUCT DESCRIPTION

- Bupropion HCl tab SR 12hr 150 mg
- Nicotine TD patch 24 hr 21 mg, 14 mg, 7 mg
- Nicotine polacrilex gum 2 mg and 4 mg
- Nicotine polacrilex lozenge 2 mg and 4 mg
- Nicotine inhaler system 10 mg (4 mg delivered) – Nicotrol brand
- Nicotine nasal spray 10 mg/mL (0.5 mg/spray) – Nicotrol NS brand
- Varenicline tartrate tab 0.5 mg (base equiv) and 1 mg (base equiv)
- Varenicline tartrate tab 0.5 mg x 11 tabs and 1 mg x 42 pack

PRIMARY PREVENTION OF BREAST CANCER

RECOMMENDATION

- No age limit
- No prior authorization
- Generic only
- Rx

GPI DESCRIPTION

- Anastrozole tab 1 mg
- Exemestane tab 25 mg
- Raloxifene HCl tab 60 mg
- Tamoxifen citrate tab 10 mg (base equiv) and 20 mg (base equiv)

IMMUNIZATIONS

RECOMMENDATION

- No age limit
- Rx only
- No prior authorization

PRODUCT DESCRIPTION

Doses, recommended ages, and recommended populations vary:

- Covid-19
- Dengue
- Diphtheria, Tetanus, Pertussis
- Haemophilus Influenzae Type B
- Hepatitis A
- Hepatitis B
- Herpes Zoster
- Human Papillomavirus
- Inactivated Poliovirus
- Influenza
- Measles, Mumps, Rubella
- Meningococcal
- Pneumococcal
- Rotavirus
- Varicella

STATINS

RECOMMENDATION

- Age limit 40 to 75 years (men and women)
- No prior authorization
- No quantity limit
- Generic only
- Only low to moderate intensity statins
- Rx only

PRODUCT DESCRIPTION

Generic low to moderate intensity statins – includes the following strengths:

- Atorvastatin 10 mg, 20 mg
- Fluvastatin 20 mg, 40 mg
- Fluvastatin ER 80 mg
- Lovastatin 10 mg, 20 mg, 40 mg
- Pravastatin 10 mg, 20 mg, 40 mg, 80 mg
- Rosuvastatin 5 mg, 10 mg
- Simvastatin 5 mg, 10 mg, 20 mg, 40 mg

DIABETES PREVENTION

RECOMMENDATION

- Preventative use only - Member has no claim for an anti-diabetic agent in their history (other than Metformin 850 mg) in the past 180 days
- No prior authorization
- No quantity limit
- Generic only
- Rx only

PRODUCT DESCRIPTION

- Metformin 850 mg

CONTRACEPTIVES – BARRIER METHODS

RECOMMENDATION

- No quantity limit
- No age limit
- Rx only
- Generics and single source brands
  Brand names in italics and in parentheses are for reference only
- Brand names in **(BOLD/GREEN)** have no generic available and are recommended for coverage

PRODUCT DESCRIPTION

- Diaphragms
  - **MILEX WIDE-SEAL**
  - **OMNIFLEX COIL SPRING SILICONE**
  - **CAYA**
- Cervical Caps
  - **FEMCAP**

CONTRACEPTIVES – OTC

RECOMMENDATION

- OTC (requires prescription)
- Generics and single source brands
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PRODUCT DESCRIPTION

- Condoms
  - **FC-2**
  - **MALE CONDOMS**
- Vaginal Sponge
  - **TODAY (Nonoxynol-9)**
- Spermicides
  - Nonoxynol-9 Gel 4% (Conceptrol Gel 4%, VCF Vaginal Contraceptive Gel)
  - **ENCARE VAGINAL SUPPOSITORIES**
  - **GYNOL II GEL 3%**
  - **SHUR-SEAL GEL 2%**
  - **VCF VAGINAL FILM 28%**
  - **VCF VAGINAL FOAM 12.5%**

CONTRACEPTIVES – TRANSDERMAL PATCH

RECOMMENDATION

- No age limit
- Rx only
- Generics and single source brands
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PRODUCT DESCRIPTION

- Ethinyl estradiol 35 mcg/Norelgestromin 150 mcg *(Xulane, Zafemy)*
- **TWIRLA** (Ethinyl estradiol 30 mcg/Levonorgestrel 120 mcg)

CONTRACEPTIVES – INJECTABLE

RECOMMENDATION

- No quantity limit
- No age limit
- Rx only
- Brands until generics become available
- Generics and single source brands
  Brand names in italics and in parentheses are for reference only
- Brand names in **(BOLD/GREEN)** have no generic available and are recommended for coverage

PRODUCT DESCRIPTION

- **DEPO-SUBQ-PROVERA 104** (Medroxyprogesterone acetate 104 mg SQ x q3 months)
- Medroxyprogesterone acetate 150 mg IM x q3 months *(Depo-Provera)*

CONTRACEPTIVES – EMERGENCY

RECOMMENDATION

- No age limit
- Rx only
- Generics and single source brands
  Brand names in italics and in parentheses are for reference only
- Brand names in **(BOLD/GREEN)** have no generic available and are recommended for coverage
- OTCs (requires prescription)

PRODUCT DESCRIPTION

- **ELLA** (Ulipristal 30 mg tablet) (progesterone receptor modulator)
- Levonorgestrel 1.5 mg tablet *(AfterPill, Aftera, Plan B, Curae, Econtra OS, Her Style, My Choice, My Way, New Day, Opcicon, Option 2, Take Action, React)*

CONTRACEPTIVES – MISCELLANEOUS (INTRAUTERINE DEVICES, SUBDERMAL RODS, & VAGINAL RINGS)

RECOMMENDATION

- Generics and single source brands
  Brand names in italics and in parentheses are for reference only
- Brand names in **(BOLD/GREEN)** have no generic available and are recommended for coverage
- No age limit
- Rx only

PRODUCT DESCRIPTION

- **NEXPLANON** Subdermal Rod (Etonogestrel 68 mg – release rate varies over time)
- **ANNOVERA** Vaginal System (Ethinyl estradiol 17.4 mg/Segesterone acetate 103 mg)
- Ethinyl estradiol 15 mcg/Etonogestrel 120 mcg vaginal ring *(EluRyng, Haloette, NuvaRing)*
- **MIRENA** IUD (Levonorgestrel 20 mcg/day)
- **PARAGARD T 380A** IUD (Copper 309 mg/day)
- **SKYLA** IUD (Levonorgestrel 13.5 mcg/day)
- **LILETTA** IUD (Levonorgestrel 18.6 mcg/day)
- **KYLEENA** IUD (Levonorgestrel 19.5 mcg/day)

CONTRACEPTIVES – ORAL

RECOMMENDATION

- No age limit
- Rx only
- Generics and single source brands
  Brand names in italics and in parentheses are for reference only
- Brand names in **(BOLD/GREEN)** have no generic available and are recommended for coverage
- Brands until generics become available

PRODUCT DESCRIPTION

EE = Ethinyl Estradiol

HIGH-DOSE MONOPHASIC PILLS

- EE 50 mcg/Ethynodiol diacetate 1 mg *(Ethynodiol 1/50, Kelnor 1/50)*

LOW-DOSE MONOPHASIC PILLS

- EE 20 mcg/Drospirenone 3 mg *(Jasmiel, Lo-Zumandimine, Loryna, Nikki, Vestura, Yaz)*
- EE 20 mcg/Drospirenone 3 mg + Calcium 0.451 mg *(Beyaz)*
- EE 20 mcg/Levonorgestrel 0.1 mg *(Afirmelle, Aubra, Aubra EQ, Aviane-28, Delyla, Falmina, Lessina, Lutera, Sronyx, Vienva)*
- **TYBLUME** (EE 20 mcg/Levonorgestrel 0.1 mg)
- **BALCOLTRA** (EE 20 mcg/Levonorgestrel 0.1 mg/FE)
- EE 20 mcg/Norethindrone 1 mg and/FE (*Aurovela 1/20, Aurovela 24 FE, Aurovela FE 1/20, Blisovi 24 FE, Blisovi FE 1/20, Finzala FE, Hailey 24 FE, Hailey FE 1/20, Junel 1/20, Junel 24 FE, Junel FE 1/20, Larin 1/20, Larin 24 FE, Larin FE 1/20, Loestrin 1/20-21, Loestrin FE 1/20, Microgestin 1/20, Microgestin 24 FE, Microgestin FE 1/20, Tarina FE 1/20, Tarina 24 FE, Tarina FE 1/20 EQ)*
- EE 20 mcg/Norethindrone 1 mg/FE *(Charlotte 24 FE, Minastrin 24 FE)*
- EE 20 mcg Norethindrone 1 mg/FE *(Gemmily, Merzee, Taysofy, Tayulla)*
- EE 25 mcg/Norethindrone 0.8 mg/FE *(Generess FE, Kaitlib FE, Layolis FE)*
- EE 30 mcg/Levonorgestrel 0.15 mcg *(Altavera, Ayuna, Chateal, Chateal EQ, Kurvelo, Levora, Marlissa, Portia-28)*
- EE 30 mcg/Norgestrel 0.03 mg *(Cryselle-28, Elinest, Low-Ogestrel)*
- EE 30 mcg/Norethindrone acetate 1.5 mg and/FE *(Aurovela 1.5/30, Aurovela FE 1.5/30, Blisovi FE 1.5/30, Hailey 1.5/30, Junel 1.5/30, Junel FE 1.5/30, Larin 1.5/30, Loestrin 1.5/30 -21, Loestrin FE 1.5/30, Microgestrin 1.5/30, Microgestin FE 1.5/30)*
- EE 30 mcg/Desogestrel 0.15 mg *(Apri, Cyred, Cyred EQ, Enskyce, Isibloom, Juleber, Kalliga, Reclipsen)*
- EE 30 mcg/Drospirenone 3 mg *(Ocella, Syeda, Yasmin, Zumandimine)*
- EE 35 mcg/Ethynodiol diacetate 1 mg *(Kelnor 1/35, Zovia 1/35E)*
- EE 35 mcg/Norgestimate 0.25 mg *(Estarylla, Mili, Mono-linyah, Nymyo, Sprintec, Vylibra)*
- EE 35 mcg/Norethindrone 0.4 mg and/FE *(Balziva-28, Briellyn, Philith, Vyfemla, Wymzya FE)*
- EE 35 mcg/Norethindrone 0.5 mg *(Necon 0.5/35, Nortrel 0.5/35, Wera)*
- EE 35 mcg/Norethindrone 1 mg *(Alyacen 1/35, Dasetta 1/35, Notrel 1/35, Nylia 1/35, Pirmella 1/35)*
- EE 30 mcg/Drospirenone 3 mg + Calcium 0.451 mg *(Safyral, Tydemy)*
- **NEXTSTELLIS** (Estetrol 14.2 mg/Drospirenone 3 mg)

BIPHASIC PILLS

- EE 20 mcg/Desogestrel 0.15 mg *(Azurette, Kariva, Mircette, Pimtrea, Simliya, Viorele, Volnea)*

TRIPHASIC PILLS

- EE 20 mcg, 30 mcg, 35 mcg/Norethindrone 1 mg *(Estrostep FE, Tilia Fe, Tri-Legest FE)*
- EE 25 mcg/Desogestrel 0.1 mg, 0.125, 0.15 mg *(Velivet)*
- EE 25 mcg/Norgestimate 0.18 mg, 0.215 mg, 0.25 mg *(Tri-Lo Estarylla, Tri-Lo Marzia, Tri-Lo-Mili, Tri-Lo-Sprintec, Tri-Vylibra Lo)*
- EE 30 mcg, 40 mcg, 30 mcg/Levonorgestrel 0.05 mg, 0.075 mg, 0.125 mg *(Enpresse, Levonest, Trivora)*
- EE 35 mcg/Norethindrone 0.5 mg, 1 mg *(Aranelle, Leena)*
- EE 35 mcg/Norethindrone 0.5 mg, 0.75 mg, 1 mg *(Alyacen 7/7/7, Dasetta 7/7/7, Nortrel 7/7/7, Nylia 7/7/7, Pirmella 7/7/7)*
- EE 35 mcg/Norgestimate 0.18 mg, 0.215 mg, 0.25 mg *(Tri-Estarylla, Tri-Linyah, Tri-Mili, TriNessa, Tri-Nymyo, Tri-Sprintec, Tri-Vylibra)*

FOUR-PHASIC PILLS

- **NATAZIA** (Estradiol valerate/Dienogest)

PROGESTIN-ONLY PILLS "MINI-PILLS"

- **SLYND** (Drospirenone 4 mg)
- Norethindrone 0.35 mg *(Camila, Deblitane, Errin, Heather, Incassia, Jencycla, Lyleq, Lyza, Nora-BE, Norlyroc, Ortho Micronor, Sharobel)*

EXTENDED-CYCLE PILLS

- **LO LOESTRIN FE** (EE 10 mcg/Norethindrone 1 mg)
- EE 10, 20, 25, 30 mcg/Levonorgestrel 0.15 mg *(Fayosim, Quartette, Rivelsa)*
- EE 20, 10 mcg/Levonorgestrel 0.1 mg *(Camrese Lo, LoJaimiess, LoSeasonique)*
- EE 30 mcg/Levonorgestrel 0.15 mg *(Iclevia, Introvale, Jolessa, Setlakin)*
- EE 30, 10 mcg/Levonorgestrel 0.15 mg *(Amethia, Ashlyna, Camrese, Daysee, Jaimiess, Seasonique, Simpesse)*

CONTINUOUS-CYCLE PILLS

- EE 20 mcg/Levonorgestrel 90 mcg *(Amethyst, Dolishale)*

VAGINAL PH MODULATORS

RECOMMENDATION

- No age limit
- Rx only
- Generics and single source brands
  Brand names in italics and in parentheses are for reference only
- Brand names in **(BOLD/GREEN)** have no generic available and are recommended for coverage

PRODUCT DESCRIPTION

- **PHEXXI** (lactic acid 1.8%, citric acid 1% and potassium bitartrate 0.4% vaginal gel)