

2018 Preventive Medications under the Affordable Care Act (ACA)

These drugs are covered at \$0 at all in-network retail pharmacies

Type	Therapy/Limitations	Eligible Patients
Aspirin	Generic dosage forms of 81mg aspirin including*: <ul style="list-style-type: none"> • 81mg chewable tablet • 81mg tablet • 81mg delayed-release tablet 	Men age 50 to 59 years Women age 12-59 years
Fluoride Supplements	Oral dosage forms of sodium fluoride ≤ 0.5mg: <ul style="list-style-type: none"> • 0.5mg tablet • 0.25 mg - 0.5 mg chewable tablets • 0.125 mg/drop & 0.25 mg/drop solution • 0.25 mg/0.6 mL & 0.5 mg/mL solution 	Children ≤ 5 years of age
Folic Acid Supplementation	Generic tablets including*: <ul style="list-style-type: none"> • 0.4mg (400mcg) and 0.8mg (800mcg) tablets • 0.8mg (800mcg) capsule 	Women ≤ 55 years of age
Smoking Cessation	168-day supply of each product in one year of treatment. Generics and brand name only if generic isn't available (brand name will no longer be supplied at no cost when the generic becomes available): <ul style="list-style-type: none"> • Bupropion HCl tablet SR 12 hr 150 mg (generic Zyban) • Chantix • Nicotine patch, gum, and lozenge* • Nictotrol NS (nasal spray) • Nicotrol inhaler 	Adults ≥ 19 years who are not pregnant
Vaccines, Children	<ul style="list-style-type: none"> • Diphtheria, Tetanus, Pertussis • Haemophilus influenzae Type B • Hepatitis A • Hepatitis B • Human Papillomavirus • Inactivated Poliovirus • Influenza • Measles, Mumps, Rubella • Meningococcal • Pneumococcal • Rotavirus • Varicella 	Children (birth – 18 years)
Vaccines, Adults	<ul style="list-style-type: none"> • Hepatitis A • Hepatitis B • Herpes Zoster • Human Papillomavirus • Influenza • Measles, Mumps, Rubella 	Adults ≥ 19 years

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	<ul style="list-style-type: none"> • Meningococcal • Pneumococcal • Tetanus, Diphtheria, Pertussis • Varicella 	
Vitamin D Supplementation	<p>All oral dosage forms to meet dosing range of 600 IU to 800 IU*</p> <ul style="list-style-type: none"> • Cholecalciferol capsule 400 IU • Cholecalciferol chewable tablet 400 IU • Cholecalciferol drops 400 IU/0.03 ml (per drop) • Cholecalciferol drops 400 IU/0.028 ml (per drop) • Cholecalciferol drops 600 IU/0.028 ml (per drop) • Cholecalciferol oral liquid 1000 IU/10 ml • Cholecalciferol oral liquid 1200 IU/15 ml • Cholecalciferol oral liquid 400 IU/ml • Cholecalciferol tablet 400 IU • Ergocalciferol tablet 400 IU 	Adults ≥ 65 years
Bowel Preps	<p>Generics and brand name only if generic isn't available (brand name will no longer be supplied at no cost when the generic becomes available):</p> <ul style="list-style-type: none"> • Gavilyte-H • Moviprep • Prepopik • Peg-Prep • Suprep 	Adults age 50 - 74 years
Risk Reduction of Primary Breast Cancer	<ul style="list-style-type: none"> • Raloxifene 60mg tablet • Tamoxifen 10mg & 20mg tablets 	Women ≥ 35 years
Statin use for Primary Prevention of CVD in Adults	<ul style="list-style-type: none"> • Atorvastatin 10mg, 20mg • Fluvastatin 20mg, 40mg • Fluvastatin ER 80mg • Lovastatin 10mg, 20mg, 40mg • Pravastatin 10mg, 20mg, 40mg, 80mg • Rosuvastatin 5mg, 10mg • Simvastatin 5mg, 10mg, 20mg, 40mg 	Adults 40 – 75 years

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Women's Health	<p><i>*Please note: \$0 coverage is limited to generics and brand products that do not have a generic equivalent product available in the market.</i></p> <p><u>HIGH-DOSE MONOPHASIC PILLS</u></p> <ul style="list-style-type: none"> • EE 50 mcg/Norgestrel 0.5 mg (<i>Ogestrel 0.5/50</i>) • EE 50 mcg/Ethinodiol diacetate 1 mg (<i>Zovia 1/50E, Ethynodiol 1/50</i>) <p><u>BIPHASIC PILLS</u></p> <ul style="list-style-type: none"> • EE 20 mcg/Desogestrel 0.15 mg (<i>Azurette, Bekyree, Kariva, Kimidess, Mircette, Pimtrea, Viorele</i>) • NECON 10/11 (<i>EE 35 mcg/Norethindrone 0.5 mg, 1 mg</i>) <p><u>LOW-DOSE MONOPHASIC PILLS</u></p> <ul style="list-style-type: none"> • EE 20 mcg/Drospirenone 3 mg (<i>Gianvi, Loryna, Nikki, Vestura, Yaz</i>) • EE 20 mcg/Drospirenone 3 mg + Calcium 0.451 mg (<i>Beyaz, Rajani</i>) • EE 20 mcg/Levonorgestrel 0.1 mg (<i>Aubra, Aviane-28, Delyla, Falmina, Larissia, Lessina, Lutera, Orsythia, Sronyx, Vienva</i>) • EE 20 mcg/Norethindrone 1 mg and/FE (<i>Blisovi FE 1/20, Junel 1/20, Junel FE 1/20, Larin 1/20, Larin FE 1/20, Loestrin1/20-21, Loestrin FE 1/20, Microgestin 1/20, Microgestin FE 1/20, Tarina FE 1/20, LoMedia 24 FE</i>) • EE 20 mcg/Norethindrone 1 mg/FE (<i>Mibelas 24 FE, Minastrin 24 FE</i>) • TAYTULLA FE 1/20 (<i>EE 20 mcg/Norethindrone 1 mg/FE</i>) • EE 25 mcg/Norethindrone 0.8 mg/FE (<i>Generess FE, Kaitlib FE, Layolis FE</i>) • EE 30 mcg/Levonorgestrel 0.15 mcg (<i>Altavera, Chateal, Kurvelo, Levora, Marlissa, Portia-28</i>) • EE 30 mcg/Norgestrel 0.03 mg (<i>Cryselle-28, Elinest, Low-Ogestrel</i>) • EE 30 mcg/Norethindrone acetate 1.5 mg and/FE (<i>Blisovi FE 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, Microgestin 1.5/30, Microgestin FE 1.5/30</i>) • EE 30 mcg/Desogestrel 0.15 mg (<i>Apri, Cyred, Desogen-28, Emoquette, Enskyce, Juleber, Reclipsen</i>) • EE 30 mcg/Drospirenone 3 mg (<i>Ocella, Syeda, Yasmin, Zarah</i>) • EE 35 mcg/Ethinodiol diacetate 1 mg (<i>Kelnor 1/35, Zovia 1/35E</i>) • EE 35 mcg/Norgestimate 0.25 mg (<i>Estarylla, Femynor, Mono-lynyah, Mononessa, Ortho-Cyclen-28, Previfem, Sprintec</i>) • Mestranol 50 mcg/Norethindrone 1 mg (<i>Necon 1/50</i>) • EE 35 mcg/Norethindrone 0.4 mg and/FE (<i>Balziva-28, Briellyn, Femcon FE, Gildagia, Ovcon-35, Philith, Vyfemla, Wymzya FE, Zenchent, Zenchent FE</i>) • EE 35 mcg/Norethindrone 0.5 mg (<i>Brevicon, Necon 0.5/35, Nortrel 0.5/35, Wera</i>) • EE 35 mcg/Norethindrone 1 mg (<i>Alyacen 1/35, Cyclofem 1/35, Dasetta 1/35, Norinyl 1+35, Necon 1/35, Nortrel 1/35, Ortho-Novum 1/35, Pirmella 1/35</i>) • SAFYRAL (<i>EE 30 mcg/Drospirenone 3 mg + Calcium 0.451 mg</i>)

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TRIPHASIC PILLS

- EE 20 mcg, 30 mcg, 35 mcg/Norethindrone 1 mg (*Eurostep FE, Tilia Fe, Tri-Legest FE*)
- EE 25 mcg/Norgestimate 0.18 mg, 0.215 mg, 0.25 mg (*Ortho Tri-Cyclen Lo, Tri-Lo Estarylla, Tri-Lo Marzia, Tri-Lo Sprintec, Trinessa Lo*)
- EE 25 mcg/Desogestrel 0.1 mg, 0.125, 0.15 mg (*Caziant, Cyclessa, Velivet*)
- EE 30 mcg, 40 mcg, 30 mcg /Levonorgestrel 0.05 mg, 0.075 mg, 0.125 mg (*Enpresse, Levonest, Myzilra, Trivora*)
- EE 35 mcg/Norgestimate 0.18 mg 0.215 mg, 0.25 mg (*Ortho Tri-Cyclen, Tri-Estarylla, Tri-Femynor, Tri-Linyah, TriNessa, Tri-Previfem, Tri-Sprintec*)
- EE 35 mcg/Norethindrone 0.5 mg, 1 mg, 0.5 mg (*Aranelle, Leena, Tri-Norinyl*)
- EE 35 mcg/Norethindrone 0.5 mg, 0.75 mg, 1 mg (*Alyacen 7/7/7, Cyclofem 7/7/7, Dasetta 7/7/7, Necon 7/7/7, Nortrel 7/7/7, Ortho-Novum 7/7/7, Pirmella 7/7/7*)

FOUR-PHASIC

- NATAZIA (*Estradiol valerate/Dienogest*)

EXTENDED-CYCLE PILLS

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

CONTINUOUS-CYCLE PILLS

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

PROGESTIN-ONLY PILLS “Mini-Pills”

- Norethindrone 0.35 mg (*Camila, Deblitane, Errin, Heather, Jencycla, Jolivette, Lyza, Nora-BE, Norlyda, Norlyroc, Ortho Micronor, Sharobel*)

EMERGENCY CONTRACEPTIVES

- ELLA (Ulipristal 30 mg tablet) (progesterone receptor modulator)
- Levonorgestrel 1.5 mg tablet (*Aftera, Plan B, Econtra EZ, Fallback Solo, My Way, Next Choice, Opicon, Option 2, Take Action, React*) RX & OTC

INJECTABLES

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

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MISC. INTRAUTERINE DEVICES, SUBDERMAL RODS & VAGINAL RINGS

- NEXPLANON Subdermal Rod (Etonogestrel 68 mg – release rate varies over time)
- MIRENA IUD (Levonorgestrel 20 mcg/day)
- NUVARING Vaginal Ring (Ethinyl estradiol 15 mcg/Etonogestrel 12 mcg)
- 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)

TRANSDERMAL PATCH

- Ethinyl estradiol 35 mcg/Norelgestromin 150 mcg (*Xulane*)

BARRIER METHODS

- Diaphragms (*MILEX WIDE-SEAL, OMNIFLEX COIL SPRING SILICONE, CAYA*)
- Cervical Caps (*FEMCAP, PRENTIF*)

OTC CONTRACEPTIVES*

- Female Condoms (FC-2)
- 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%*)

*Over the counter (OTC) requires prescription for coverage.

This list is subject to change and is not all-inclusive.