

Tier 1

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 325 MG TAB
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
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)

Colorectal Cancer Screening (bowel prep) (Coverage Criteria: Persons aged 50 to 75 years)

PREPOPIK
SUPREP BOWEL PREP KIT
PEG 3350/ELECTROLYTES
PEG-3350/NACL/NA BICARBONATE/KCL
PEG-PREP

Contraceptives (Coverage Criteria: Females < 51 years of age)

AFTERA
CAYA
ECONTRA EZ
ECONTRA ONE-STEP
ENCARE
FC FEMALE CONDOM
FC2 FEMALE CONDOM
FEMCAP 22 MM
FEMCAP 26 MM
FEMCAP 30 MM
MY CHOICE
MY WAY
NEW DAY
OMNIFLEX DIAPHRAGM
OPCICON ONE-STEP

OPCICON ONE-STEP
OPTION 2
OPTIONS CONCEPTROL
OPTIONS GYNOL II CONTRACEPTIVE
PREVENTEZA
REACT
SHUR-SEAL CONTRACEPTIVE
TAKE ACTION
TODAY SPONGE
VCF VAGINAL CONTRACEPTIVE 12.5%
VCF VAGINAL CONTRACEPTIVE 4%
VCF VAGINAL CONTRACEPTIVE 28%
WIDE-SEAL DIAPHRAGM 60
WIDE-SEAL DIAPHRAGM 65
WIDE-SEAL DIAPHRAGM 70
WIDE-SEAL DIAPHRAGM 75
WIDE-SEAL DIAPHRAGM 80
WIDE-SEAL DIAPHRAGM 85

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WIDE-SEAL DIAPHRAGM 90	AUROVELA FE 1/20	EMOQUETTE	LARIN 1/20	NECON 0.5/35-28
WIDE-SEAL DIAPHRAGM 95	AVIANE	ENPRESSE-28	LARIN 24 FE	NECON 1/35
VCF VAGINAL CONTRACEPTIVE 12.5%	AYUNA	ENSKYCE	LARIN FE 1.5/30	NEXTSTELLIS
VCF VAGINAL CONTRACEPTIVE 4%	AZURETTE	ERRIN	LARIN FE 1/20	NIKKI
VCF VAGINAL CONTRACEPTIVE 28%	BALCOLTRA	ESTARYLLA	LARISSA	NORA-BE
WIDE-SEAL DIAPHRAGM 60	BALZIVA	ETHYNODIOL DIACETATE/ETHINYL ESTRADIOL	LAYOLIS FE	NORETHINDRONE
WIDE-SEAL DIAPHRAGM 65	BEKYREE	FALESSA	LEENA	NORETHINDRONE ACETATE/ETHINYL ESTRADIOL
WIDE-SEAL DIAPHRAGM 70	BEYAZ	FALMINA	LESSINA	NORGESTIMATE/ETHINYL ESTRADIOL
WIDE-SEAL DIAPHRAGM 75	BLISOVI 24 FE	FAYOSIM	LEVONEST	NORLYDA
WIDE-SEAL DIAPHRAGM 80	BLISOVI FE 1.5/30	FEMYNOR	LEVONORGESTREL & ETHINYL ESTRADIOL	NORLYROC
WIDE-SEAL DIAPHRAGM 85	BLISOVI FE 1/20	GEMMILY	LEVONORGESTREL/ETHINYL ESTRADIOL	NORTREL 0.5/35 (28)
WIDE-SEAL DIAPHRAGM 90	BRIELLYN	GIANVI	LEVORA 0.15/30-28	NORTREL 1/35
WIDE-SEAL DIAPHRAGM 95	CAMILA	HAILEY 1.5/30	LILLOW	NORTREL 7/7/7
OC Injectable	CAMRESE	HAILEY 24 FE	LO LOESTRIN FE	OCELLA
MEDROXYPR AC INJ 150MG/ML	CAMRESE LO	HEATHER	LO-ZUMANDIMINE	OGESTREL
DEPO-SUBQ PROVERA 104	CAZIANI	INCASSIA	LORYNA	ORSYTHIA
OC Oral	CESIA	INTROVALE	LOW-OGESTREL	PHILITH
AFIRMELLE	CHATEAL	ISIBLOOM	LUTERA	PIMTREA
ALTAVERA	CHATEAL EQ	JASMIEL	LYZA	PIRMELLA 1/35
ALYACEN 1/35	CRYSSELLE-28	JENCYCLA	MARLISSA	PIRMELLA 7/7/7
ALYACEN 7/7/7	CYCLAFEM 1/35	JOLESSA	MELODETTA 24 FE	PORTIA-28
AMETHIA	CYCLAFEM 7/7/7	JULEBER	MERZEE	PREVIFEM
AMETHIA LO	CYRED	JUNEL 1.5/30	MIBELAS 24 FE	RAJANI
AMETHYST	CYRED EQ	JUNEL 1/20	MICROGESTIN 1.5/30	RECLIPSEN
APRI	DASETTA 1/35	JUNEL FE 1.5/30	MICROGESTIN 1/20	RIVELSA
ARANELLE	DASETTA 7/7/7	JUNEL FE 1/20	MICROGESTIN 24 FE	SETLAKIN
ASHLYNA	DAYSEE	JUNEL FE 24	MICROGESTIN FE 1.5/30	SHAROBEL
AUBRA	DEBLITANE	KAITLIB FE	MILI	SIMLIYA
AUBRA EQ	DELYLA	KALLIGA	MONO-LINYAH	SIMPESSE
AUROVELA 1.5/30	DESOGESTREL/ETHINYL ESTRADIOL	KARIVA	MONONESSA	SOLIA
AUROVELA 1/20	DROSPIRENONE/ETHINYL ESTRADIOL	KELNOR 1/35	NATAZIA	SPRINTEC 28
AUROVELA 24 FE	ELINEST	KELNOR 1/50		SRONYX
AUROVELA FE 1.5/30		KURVELO		

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SYEDA
TARINA 24 FE
TARINA FE 1/20
TARINA FE 1/20 EQ
TAYSOFY
TAYTULLA
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
TYBLUME
TYDEMY
VELIVET
VIENVA
VIORELE
VYFEMLA
VYLIBRA
WERA
WYMZYA FE

ZARAH
ZOVIA 1/35E
ZUMANDIMINE
Emergency
ELLA
IUD, Implant and Vaginal
ANNOVERA
ELURYNG
ETONOGESTREL-ETHINYL ESTRADIOL
KYLEENA
LILETTA (52 MG)
MIRENA (52 MG)
NEXPLANON
NUVARING
PARAGARD INTRAUTERINE COPPER
SKYLA
Transdermal
TWIRLA
XULANE
ZAFEMY

Fluoride

FLUORABON
FLUORITAB 0.275 (0.125 F) MG/DROP
FLUORITAB 0.55 (0.25 F) MG
FLUORITAB 1.1 (0.5 F) MG
FLURA-DROPS
LUDENT 0.55 (0.25 F) MG
LUDENT 1.1 (0.5 F) MG
NAFRINSE DROPS
SODIUM FLUORIDE 0.5 MG/ML
SODIUM FLUORIDE 0.55 (0.25 F) MG
SODIUM FLUORIDE 1.1 (0.5 F) MG
SODIUM FLUORIDE 1.1 (0.5 F) MG
SODIUM FLUORIDE 1.1 (0.5 F) MG/ML

Folic Acid (Coverage Criteria: Women who are planning or capable of pregnancy)

FA-8 800 MCG TAB
FOLATE 400 MCG TAB
FOLIC ACID 400 MCG TAB
FOLIC ACID 800 MCG TAB

Herpes Agents

ACYCLOVIR CAP 200 MG
ACYCLOVIR TAB 400 MG
ACYCLOVIR TAB 800 MG

ACYCLOVIR SUSP 200 MG/5ML
ACYCLOVIR SODIUM SOL 50 MG/ML
FAMCICLOVIR 125 MG
FAMCICLOVIR 250 MG
FAMCICLOVIR 500 MG
VALACYCLOVIR HCL 500 MG
VALACYCLOVIR HCL 1 GM

HIV Treatment

EMTRICITABINE-TENOFOVIR DF 100-150 MG
EMTRICITABINE-TENOFOVIR DF 133-200 MG
EMTRICITABINE-TENOFOVIR DF 167-250 MG
EMTRICITABINE-TENOFOVIR DF 200-300 MG

Iron supplements

FER-IRON
FERROUS SULFATE
IRON SUPPLEMENT CHILDRENS
BPROTECTED PEDIA IRON
ICAR
WEE CARE

Ophthalmic antibiotics

ILOTYCIN 5 MG/GM OINTMENT
ROMYCIN 5 MG/GM OINTMENT

Tobacco Cessation

BUPROPION HYDROCHLORIDE ER (SR)
CHANTIX
CHANTIX CONTINUING MONTHPAK
CHANTIX STARTING MONTH PAK
NICOTINE
NICOTINE LOZENGE
NICOTINE POLACRILEX
NICOTINE TD PATCH 24 HR KIT 21-14-7 MG/24HR

Vitamins

AQUEOUS VITAMIN D
BABY DDROPS
BIO-D-MULSION
BPROTECTED PEDIA D-VITE
CVS D3
D 400 TAB 10 MCG (400 UNIT)
D 400 CHEW TAB 10 MCG (400 UNIT)
D-VI-SOL
D-VITE PEDIATRIC
D3 HIGH POTENCY
D3 KIDS
D3 VITAMIN
DELTA D3
EQL VITAMIN D3
GNP VITAMIN D
GNP VITAMIN D-400

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Vitamins Continued

HEALTHY KIDS VITAMIN D₃

HM VITAMIN D

JUST D

KP VITAMIN D

PA VITAMIN D-3 GUMMY

PHARMACIST CHOICE D-VITAMIN

QC VITAMIN D₃

SM VITAMIN D

VITAMIN D

VITAMIN D (CHOLECALCIFEROL)

VITAMIN D (CHOLECALCIFEROL)

VITAMIN D (CHOLECALCIFEROL)

VITAMIN D INFANT

VITAMIN D-400

VITAMIN D₂ TAB 10 MCG (400 UNIT)

VITAMIN D₃ CAP 10 MCG (400 UNIT)

VITAMIN D₃ TAB 10 MCG (400 UNIT)

VITAMIN D₃ CHEW TAB 10 MCG (400 UNIT)

VITAMIN D₃ 30 MCG/15ML

VITAMIN D₃ 10 MCG/ML

VITAMIN D₃ IMMUNE HEALTH

FLUZONE HIGH-DOSE QUADRIVALENT

INFANRIX

JANSSEN COVID-19 VACCINE

MENQUADFI

MODERNA COVID-19 VACCINE

NOVAVAX COVID-19 VACCINE

PFIZER COVID-19 VAC-TRIS 5-11Y

PFIZER-BIONT COVID-19 VAC-TRIS

PFIZER-BIONTECH COVID-19 VACC

PREVNAR 20

VAXNEUVANCE

Other

ADACEL

AFLURIA

ASTRAZENECA COVID-19 VACCINE

DAPTACEL

FLUAD QUADRIVALENT

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.