

Preventive Medication Coverage under the Affordable Care Act – Member Information

The Patient Protection and Affordable Care Act (“ACA”) requires most health plans to cover certain drugs and supplements at no cost to eligible members. The U.S. Preventive Services Task Force (USPSTF) defines the list of preventive products, including the prescription and over-the-counter (OTC) drugs listed below. To find out whether your health plan is subject to ACA requirements, call Serve You Rx customer service at **800-759-3203**.

In order to receive your preventive drugs at no cost to you:

- Your prescription must be from a healthcare provider (even for OTC drugs)
- Your prescription must be filled at a network retail pharmacy or the Serve You DirectRx Pharmacy
- You must fall into the age group, sex, and/or condition category outlined below

Your brand-name drugs will be covered at no cost to you if there is not a generic version available. If there is a generic version available, the brand-name drug’s cost will be determined by the tier the drug is on. To learn more about drug tiers, see your Preferred Drug List at serve-you-rx.com/members/. Sometimes taking a brand-name drug is medically necessary even though a generic is available in that category. In that case, your prescriber may need to submit more information for review in order for you to receive the brand-name drug at no cost.

2019 PREVENTIVE MEDICATION LISTING

Below is a list of preventive drugs and supplements that are covered at no cost to you if you fall under the age group, sex, and/or condition recommended by the USPSTF.

MEDICATION	USPSTF RECOMMENDATION	PRODUCTS
ASPIRIN	<ul style="list-style-type: none"> • For men and women age 50-59 years • To prevent cardiovascular disease and colorectal cancer 	<ul style="list-style-type: none"> • aspirin 81mg • aspirin 325mg
	<ul style="list-style-type: none"> • For women after 12 weeks of gestation at high risk for preeclampsia • To prevent preeclampsia 	<ul style="list-style-type: none"> • aspirin 81mg
FOLIC ACID SUPPLEMENTS	<ul style="list-style-type: none"> • For women who are pregnant or may become pregnant • To prevent birth defects 	<ul style="list-style-type: none"> • folic acid 400mcg (0.4mg) • folic acid 800mcg (0.8mg)
FLUORIDE SUPPLEMENTS	<ul style="list-style-type: none"> • For children age 6 months to 5 years whose water supply is fluoride deficient • To prevent dental caries (tooth decay and cavities) 	<ul style="list-style-type: none"> • sodium fluoride tablets, chewable tablets and drops

MEDICATION	USPSTF RECOMMENDATION	PRODUCTS
ERYTHROMYCIN OPHTHALMIC OINTMENT	<ul style="list-style-type: none"> • For all newborns • To prevent early eye infections caused by gonorrhea 	<ul style="list-style-type: none"> • erythromycin ophthalmic ointment
BOWEL PREPARATION MEDICATIONS NOTE: Only one fill of bowel preparation drugs can be covered per year.	<ul style="list-style-type: none"> • For adults age 50-75 years • To clean out the bowel prior to a colonoscopy (procedure used to screen for colorectal cancer) 	<ul style="list-style-type: none"> • bisacodyl tablets • Citroma • ClearLax • GaviLAX • GaviLyte • GentleLax • GlycoLax • LaxaClear • magnesium citrate solution • PEG-3350/electrolyte solution • Powderlax • Purelax • SmoothLAX • TriLyte
BREAST CANCER PREVENTIVE MEDICATIONS	<ul style="list-style-type: none"> • For women age 35 years and older who are at an increased risk for breast cancer • To prevent breast cancer 	<ul style="list-style-type: none"> • raloxifene (generic Evista)* • tamoxifen* <p>*These medications are typically covered at your plan's normal cost share. To obtain these medications at no cost to you, a Prior Authorization Form must be completed by the prescriber. If criteria are met, the plan will cover 100% of the cost of these medications for up to 5 years.</p>
STATIN PREVENTIVE MEDICATIONS	<ul style="list-style-type: none"> • For adults age 40-75 years with one or more cardiovascular risk factors and a 10-year risk of a cardiovascular event of 10% or greater • To prevent cardiovascular events and death 	<ul style="list-style-type: none"> • atorvastatin* 10mg & 20mg • fluvastatin* 20mg & 40mg • fluvastatin ER* 80mg • lovastatin (all strengths) • pravastatin* (all strengths) • rosuvastatin* 5mg & 10mg • simvastatin* 5mg, 10mg, 20mg & 40mg <p>*Coverage at no cost to you varies based on plan management strategy. Prior Authorization may be required to obtain medication at no cost.</p>
TOBACCO CESSATION MEDICATIONS NOTE: Up to two 90-day treatments of tobacco cessation therapy can be covered per year.	<ul style="list-style-type: none"> • For all adults • To prevent the negative effects associated with tobacco use by providing aids to quit 	<ul style="list-style-type: none"> • bupropion SR (generic Zyban) tablets • Chantix tablets • nicotine gum (nicotine polacrilex) • nicotine lozenges (nicotine polacrilex) • nicotine patch • Nicotrol Inhaler • Nicotrol Nasal Spray

WOMEN'S CONTRACEPTIVES

Under the ACA, certain health plans are required to provide women with full coverage of at least one product in each of the 18 contraceptive method categories. These categories are defined by the U.S. Food and Drug Administration's Birth Control Guide.

Coverage Overview: The list below includes product categories related to the pharmacy benefit. It includes only the contraceptive products that are covered at no cost to women. Please call **800-759-3203** for coverage information about contraceptives not included on this list.

CONTRACEPTIVE PRODUCTS AVAILABLE AT NO COST TO YOU

CATEGORY	PRODUCT(S)
SPERMICIDE	<ul style="list-style-type: none"> • Encare Suppositories • Gynol II Gel 3% • Shur-Seal Gel 2% • VCF Vaginal Contraceptive Film/Foam/Gel
SPONGE	<ul style="list-style-type: none"> • Today Sponge
FEMALE CONDOMS NOTE: Male condoms are not covered under the ACA.	<ul style="list-style-type: none"> • FC2
EMERGENCY CONTRACEPTION	<ul style="list-style-type: none"> • Aftera • EContra EZ • Ella • FallBack Solo • levonorgestrol • My Way • Next Choice One Dose • Opcicon One-Step • Option 2 • React • Take Action
INTRAUTERINE DEVICE (IUD)	<ul style="list-style-type: none"> • Kyleena • Liletta • Mirena • Paragard • Skyla
IMPLANTABLE ROD	<ul style="list-style-type: none"> • Nexplanon
VAGINAL RING	<ul style="list-style-type: none"> • Nuvaring
TRANSDERMAL PATCH	<ul style="list-style-type: none"> • Xulane
DIAPHRAGM	<ul style="list-style-type: none"> • Caya • Omniflex Wide Seal • Wide-Seal
CERVICAL CAP	<ul style="list-style-type: none"> • Femcap
INJECTIONS	<ul style="list-style-type: none"> • medroxyprogesterone acetate

CATEGORY	PRODUCT(S)
EXTENDED CYCLE ORAL CONTRACEPTIVES	<ul style="list-style-type: none"> • Amethia • Amethia Lo • Amethyst • Ashlyna • Camrese • Camrese Lo • Daysee • Fayosim • Introvale • Jolessa • levonorgesterol/ethinyl estradiol (91-day) • Quasense • Rivelsa • Setlakin

CATEGORY & PRODUCTS

28-DAY ORAL CONTRACEPTIVES

- | | | | |
|---|------------------------------------|--------------------------------------|-------------------|
| • Altavera | • Falmina | • Melodetta | • Tilia Fe |
| • Alyacen | • Femynor | • Mibelas 24 | • Tri-Estraryll |
| • Apri | • Gianvi | • Microgestin | • Tri Femynor |
| • Aranelle | • Gildagia | • Mili | • Tri-Legest |
| • Aubra | • Gildess | • Mono-Linyah | • Tri-Linyah |
| • Aviane | • Hailey 24 Fe | • Mononessa | • Tri-Lo-Estaryll |
| • Azurette | • Heather | • Myzilra | • Tri-Lo-Marzia |
| • Balziva | • Incassia | • Necon | • Tri-Lo-Sprintec |
| • Bekyree | • Isibloom | • Nikki | • Trinessa |
| • Blisovi | • Jencycla | • Nora-Be | • Trinessa Lo |
| • Briellyn | • Jolivette | • norethindrone | • Tri-Mili |
| • Camila | • Juleber | • norethindrone/ethinyl estradiol | • Tri-Previfem |
| • Caziant | • Junel | • norethindrone/ethinyl estradiol/Fe | • Tri-Sprintec |
| • Cesia | • Kaitlib Fe | • norgestimate/ethinyl estradiol | • Trivora-28 |
| • Chateal | • Kariva | • Norlyda | • Tri-Vylibra |
| • Cryselle-28 | • Kelnor | • Norlyroc | • Tri-Vylibra Lo |
| • Cyclofem | • Kimidess | • Nortrel | • Tulana |
| • Cyred | • Kurvelo | • Ocella | • Tydemy |
| • Dasetta | • Larin | • Orsythia | • Velivet |
| • Deblitane | • Larissia | • Philith | • Vestura |
| • Delyla | • Layolis Fe | • Pimtrea | • Vienva |
| • desogestrel/ethinyl estradiol | • Leena | • Pirmella | • Violele |
| • drospirenone/ethinyl estradiol | • Lessina | • Portia-28 | • Vyfemla |
| • drospidone/ethinyl estradiol/levomefolate | • Levonest | • Previafem | • Vylibra |
| • Elinest | • levonorgestrel/ethinyl estradiol | • Rajani | • Wera |
| • Emoquette | • Levora-28 | • Reclipsen | • Wymzya Fe |
| • Enpresse-28 | • Lillow | • Sharobel | • Zarah |
| • Enskyce | • Lomedia 24 | • Solia | • Zenchent |
| • Errin | • Loryna | • Sprintec 28 | • Zovia |
| • Estarylla | • Low-ogestrel | • Sronyx | |
| • ethynodiol diacetate/ethinyl estradiol | • Lutera | • Syeda | |
| | • Lyza | • Tarina Fe | |
| | • Marlissa | | |

This document is meant to be a guide and may not contain a complete list of preventive drugs. The list can change based on updates from the USPSTF or when new generic or brand-name drugs are introduced. For the most current information or if you have questions, please call customer service at **800-759-3203** or visit **serve-you-rx.com**.