The Affordable Care Act (ACA) requires private insurers to cover certain preventive services without any patient cost-sharing (i.e., copayments) when they are delivered by a network provider. The Department of Health and Human Services (HHS) has recognized several recommending bodies (e.g., United States Preventive Services Task Force [USPSTF], Advisory Committee on Immunization Practices [ACIP], Health Resources and Services Administration [HRSA]) who have identified several medication categories that fall within the preventive health mandate. Identified below are the medication categories that are eligible for coverage without patient copayment. Also identified are exclusions within the medication categories that would not be eligible for exemption of patient cost-sharing under the preventive health benefit. However, these excluded medications may still be covered under the standard pharmacy benefit based on client-specific plan design. The use of reasonable medical management techniques allows plans to adapt these recommendations and guidelines to allow coverage of specific items and services where cost sharing must be waived. When reasonable medical management techniques are utilized an easily accessible, transparent, and sufficiently expedient exceptions process will be made available to determine medical necessity and subsequent availability of the requested product without cost sharing.

Clients are free to adopt or reject the identified eligible products for each category listed below based upon the advice of their own legal counsel.

**Aspirin**

**USPSTF Recommendations:**
The USPSTF recommends the use of aspirin for men age 45 years to 79 years when the potential benefit due to a reduction in myocardial infarctions outweighs the potential harm due to an increase in gastrointestinal hemorrhage.

The USPSTF recommends the use of aspirin for women age 55 years to 79 years when the potential benefit of a reduction in ischemic strokes outweighs the potential harm of an increase in gastrointestinal hemorrhage.

The USPSTF recommends the use of low-dose aspirin (81 mg/d) as preventive medication after 12 weeks of gestation in women who are at high risk for preeclampsia.

**Identified Eligible Products:**
- Oral over-the-counter (OTC) aspirin products (with prescription) for aspirin < 325 mg.
- Exclude prescription aspirin products, non-oral aspirin products, combination aspirin products, or aspirin strengths > 325 mg*.

*Excluded medications may still be covered under the standard pharmacy benefit based on client-specific plan design.*
**Fluoride Supplementation**

**USPSTF Recommendations:**
The USPSTF recommends that primary care clinicians prescribe oral fluoride supplementation at currently recommended doses to preschool children older than 6 months of age whose primary water source is deficient in fluoride.

Identified Eligible Products:
Prescription (generic single ingredient only) oral fluoride supplementation products. Exclude branded oral fluoride supplementation products*.

Topical fluoride products (e.g., toothpaste, rinses, etc.) are not included as part of the preventative health mandate. Coverage decisions for these products should be handled per the client’s plan design.

*Excluded medications may still be covered under the standard pharmacy benefit based on client-specific plan design.

**Folic Acid Supplementation**

**USPSTF Recommendations:**
The USPSTF recommends that all women planning or capable of pregnancy take a daily supplement containing 0.4 mg to 0.8mg (400µg to 800µg) of folic acid.

Identified Eligible Products:
OTC folic acid supplementation products (with prescription), including prenatal vitamins containing folic acid for adults. Exclude prescription folic acid supplementation products and any product containing >0.8mg or < 0.4mg of folic acid*.

*Excluded medications may still be covered under the standard pharmacy benefit based on client-specific plan design.
Vitamin D Supplementation

**USPSTF Recommendations:**
The USPSTF recommends that all community dwelling adults 65 years of age and older take a daily supplement of vitamin D to prevent falls.

Identified Eligible Products:
OTC vitamin D supplementation products (single ingredient only with prescription). Excludes prescription vitamin D supplementation products and combination products containing vitamin D*.

*Excluded medications may still be covered under the standard pharmacy benefit based on client-specific plan design.

Smoking Cessation

**USPSTF Recommendations:**
The USPSTF recommends that clinicians ask all adults about tobacco use and provide tobacco cessation interventions for those who use tobacco products

Identified Eligible Products:
Prescription and OTC (with prescription) smoking cessation products (e.g., nicotine products, bupropion [generic only], Chantix) for adults. Exclude Zyban. To ensure appropriate utilization, a quantity limit of 2 cycles per year and max daily dose applies to all products. Additionally, Chantix, Nicotrol Nasal Spray, and Nicotrol Inhaler will require prior use of one OTC nicotine replacement therapy product and generic Zyban (bupropion).

*The HHS does not clearly define whether tobacco cessation drug products are included within the term “tobacco cessation interventions”. Clients are free to adopt or reject the identified eligible products listed below based upon the advice of their own legal counsel.*
### Immunizations

**ACIP Recommendations:**
The HHS recommends routine immunizations as determined by the ACIP, a federal entity comprised of immunization experts. Multiple childhood and adult immunizations are included in the recommendations.

**Identified Eligible Products:**

*Age and/or gender limits apply in accordance with the recommendations of the ACIP to the following vaccines:

- Haemophilus influenzae type b – applies only to children < 6 years of age
- Herpes zoster – applies only to adults > 60 years of age
- Human papillomavirus – applies only to children and adults 9 years to 26 years of age
- Rotavirus – applies only to children < 8 months

#Excluded medications may still be covered under the standard pharmacy benefit based on client-specific plan design.

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### Bowel prep agents for colorectal cancer screening

**USPSTF Recommendations:**
The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years.

**Identified Eligible Products:**
Generic prescription and OTC bowel preparation agents. To ensure appropriate utilization, a quantity limit of 1 bowel preparation product per year applies. Exclude branded bowel preparation products*.

*Excluded medications may still be covered under the standard pharmacy benefit based on client-specific plan design.*
Contraceptives

**HRSA Recommendations:**
The HRSA recommends all Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling for all adults with reproductive capacity as prescribed by a healthcare provider. At least one form of contraception in each of the methods (currently 18) that the FDA has identified in its current Birth Control Guide are included in the recommendations.

<table>
<thead>
<tr>
<th>Identified Eligible Products:</th>
</tr>
</thead>
<tbody>
<tr>
<td>The contraceptive methods currently identified by the FDA include: (1) sterilization surgery for women; (2) surgical sterilization implant for women; (3) implantable rod; (4) IUD copper; (5) IUD with progestin; (6) shot/injection; (7) oral contraceptives (combined pill); (8) oral contraceptives (progestin only); (9) oral contraceptives extended/continuous use; (10) patch; (11) vaginal contraceptive ring; (12) diaphragm; (13) sponge; (14) cervical cap; (15) female condom; (16) spermicide; (17) emergency contraception (Plan B/Plan B One Step/Next Choice); and (18) emergency contraception (Ella).</td>
</tr>
</tbody>
</table>

**NOTE:** 1 & 2 are medical procedures and would be covered under Medical, thus are not noted below in available Catamaran standards.

- **OTC Female Contraceptive Products* (with prescription):**
  - Female condoms – Quantity limit of 12 units per month
  - Spermicides (e.g., vaginal gel/foam/film/suppositories) – Quantity limit of 12 units (or days supply for gel/foam) per month

- **Prescription & OTC Emergency Contraceptives* (with prescription)**
  - Oral Contraceptives (combined pill) –
    - Monophasic, Biphasic, Triphasic, Extended Cycle – generics only; exclude branded products<stdio>
    - Four-phasic – only brand product available within drug class (Natazia)
  - Oral Contraceptives (progestin only) – generics only; exclude branded products<stdio>
  - Oral Contraceptives (extended/continuous use) – generics only; exclude branded products<stdio>
  - Contraceptive Patch – generic only; exclude branded products<stdio>
  - Contraceptive Ring – only brand product available within drug class (Nuvaring)
  - Prescription & OTC Emergency Contraceptives* (with prescription)
    - Progestin – generics only; exclude branded products<stdio>
    - SPRM – only brand product available within drug class (ELLA):
  - Injectable Contraceptives – generics only; exclude branded products<stdio>

- **Prescription Contraceptive Devices**
  - Diaphragms - Quantity limit of 1 unit per year
  - Cervical caps - Quantity limit of 1 unit per year
  - Contraceptive Implants (eligible for inclusion only if clients choose to cover through prescription benefit)
  - IUD (eligible for inclusion if clients choose to cover through prescription benefit)
    - copper
    - progestin

*OTC female contraceptive products and prescription emergency contraceptive products are not considered maintenance medications; therefore these products are not eligible for 90-day supplies.

# Excluded medications may still be covered under the standard pharmacy benefit based on client-specific plan design.
Health Care Reform Preventive Drug List

References:


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