







Preventive Care Medications

\$0 Cost-Share Medications & Products^{1, 2, 3, 5}



Under the health reform law (Affordable Care Act), benefit plans must cover certain Preventive Care Medications at 100% - without charging a copay, coinsurance or deductible.

These products include:

- U.S. Preventive Services Task Force A & B Recommendation medications
- Food and Drug Administration (FDA)-approved prescription and Over-The-Counter (OTC) birth control (contraceptives) for women
- Flu shots and other vaccines

To follow this law, Scott & White Health Plan (SWHP) is offering this updated list of no-cost Preventive Care Medications.

You can use your SWHP member ID card to get the products on this list for no cost if they are:

- Prescribed by a health care professional
- Age- and condition-appropriate
- Filled at a network pharmacy

These products are available at no cost to you on both standard and high-deductible or consumer-driven health plans. If you get these drugs or products from an out-of-network pharmacy, you will have to pay the full cost for them. Male forms of birth control are not currently considered Preventive Care Medications under the Affordable Care Act.

U.S. Preventive Services Task Force A & B Recommendation Medications and Supplements⁴

A prescription is required to get these medications and supplements at no cost - even though most are available over-the-counter (OTC).

Medication/Supplement	Reason

ОТС	
Aspirin - 81 mg	Prevent preeclampsia during pregnancy
Aspirin - 81 & 325 mg	Prevent cardiovascular disease and colon cancer
Folic acid 400 & 800 mcg Prenatal vitamins with 400 - 800 mcg folic acid	Prevent birth defects
Bisacodyl EC Tab	Bowel preparation for colonoscopy needed for preventive colon cancer screening. Limit of one \$0-cost fill per year.
Magnesium Citrate Sol	Bowel preparation for colonoscopy needed for preventive colon cancer screening. Limit of one \$0-cost fill per year.
PEG 3350 (generic Miralax) Only the OTC product may be covered at \$0 cost-share. The prescription version of this product may be covered with a copay or coinsurance depending on your plan.	Bowel preparation for colonoscopy needed for preventive colon cancer screening. Limit of one \$0-cost fill per year.
Prescription	
Generic Colyte 240/22.74 g sold as: PEG-3350/electrolytes Gavilyte-C	Bowel preparation for colonoscopy needed for preventive colon cancer screening. Limit of one \$0-cost fill per year.
Generic Golytely 236/22.7 g sold as: PEG-3350/electrolytes Gavilyte-G	Bowel preparation for colonoscopy needed for preventive colon cancer screening. Limit of one \$0-cost fill per year.
Generic Nulytely sold as: PEG-3350/NaCl/NaBicarbonate/KCl Gavilyte-N Trilyte	Bowel preparation for colonoscopy needed for preventive colon cancer screening. Limit of one \$0-cost fill per year.
Fluoride chew tablets, drops (not toothpaste, rinses)	Prevent dental cavities if water source is deficient in fluoride

Tobacco Cessation Medications⁴

If you need help to quit smoking or using tobacco products, these preventive medications are available at \$0 cost-share. To qualify, you need to:

- Be age 18 or older
- Get a prescription for these products from your doctor, even if the products are sold over-the-counter (OTC)
- Fill the prescription at a network pharmacy

Up to 180 days of treatment are covered at no cost each year. Maximum daily dose quantity limits apply.

Over-the-counter Medications

Nicotine Replacement Gum

Nicotine Replacement Lozenge

Nicotine Replacement Patch

Prescriptions

Bupropion sustained-release (generic Zyban) Tablet

These three prescription medications are covered after members have tried: 1) One over-the-counter nicotine product and 2) Bupropion sustained-release (generic Zyban) separately.

Chantix Tablet

Nicotrol Inhaler

Nicotrol Nasal Spray

Human Immunodeficiency Virus Preventive Medications

For members who have a higher chance to become infected with human immunodeficiency virus (HIV) but are not yet infected, these preventive medications are available at \$0 cost-share. To qualify, a member must:

- Be at increased chance for first-time infection with HIV
- Obtain copay waiver

Most plans cover these medications at normal cost-share for the treatment of HIV infection. Your doctor must submit a 'Health Care Reform - \$0 HIV PrEP Preventive' copay waiver review form to request \$0 cost-share for primary prevention, if you meet the coverage criteria. If you qualify, you can receive these drugs at \$0 cost-share.

HIV Preexposure Prophylaxis Medications

tenofovir tab 300mg (generic Viread)

emtricitabine-tenofovir disoproxil fumarate 200-300mg (generic Truvada)

Descovy (member must be unable to take generic emtricitabine-tenofovir disoproxil fumarate 200-300mg before Descovy is covered)

Breast Cancer Preventive Medications⁴

For members who have a higher chance for breast cancer but have not had breast cancer, these preventive medications are available at \$0 cost-share. To qualify, a member must:

- Be age 35 or older
- Be at increased chance for the first occurrence of breast cancer after risk assessment and counseling
- Obtain copay waiver

Most plans cover these medications at normal cost-share for the treatment of breast cancer, to prevent breast cancer recurrence and for other indications. Your doctor must submit a 'Health Care Reform - \$0 Breast Cancer Preventive' copay waiver review form to request \$0 cost-share for primary prevention, if you meet the coverage criteria. If you qualify, you can receive these drugs at \$0 cost-share for up to 5 years, minus any time you have been taking them for prevention.

Breast Cancer Medications (prescription)
anastrozole
exemestane
raloxifene
tamoxifen

Statin Preventive Medications⁴

The U.S. Preventive Service Task Force recommends that adults without a history of cardiovascular disease (CVD) — symptomatic coronary artery disease or stroke — use a low-to-moderate-dose statin for the primary prevention of CVD events in individuals who meet the following criteria:

- Are age 40-75, **and**
- Have one or more cardiovascular risk factors (high cholesterol, diabetes, hypertension, or smoking), and
- A calculated 10-year risk of a cardiovascular event of 10% or greater.

Statins available at \$0 cost-share

lovastatin (generic Mevacor) – All strengths (Ages 40-75 years)

*atorvastatin (generic Lipitor) 10 & 20 mg Copay waiver review required to confirm risk of CVD

*simvastatin (generic Zocor) 5, 10, 20 & 40 mg Copay waiver review required to confirm risk of CVD

^{*}These medications are typically covered at the customary cost-share amount for your plan. Your doctor must submit a, "Health Care Reform - \$0 Statin Preventive," copay waiver review form to request \$0 cost share for primary prevention, if you meet the above coverage criteria.

Women's Health: Birth Control Products

Birth Control Caps & Diaphragms (Cervical)

Caya Femcap Omniflex Wide Seal

Combination Birth Control Pills

Four Phase Birth Control Pills:

Natazia

Generic Alesse & Levlite sold as:

Afirmelle Aubra Aubra Eq Aviane Delyla Falmina Larissia Lessina

Levonor/Ethi 0.1-0.02

Lutera Orsythia Sronyx Tyblume Vienva

Generic Beyaz sold as:

Drospire/Eth Estr/Lev

Generic Brevicon 0.5/35 & Modicon 0.5/35 sold as:

Necon 0.5/35 Nortrel 0.5/35 Wera 0.5/35

Generic Cyclessa Pak sold as:

Caziant Pak Cesia Pak Velivet Pak

Generic Demulen 1/35 sold as:

Ethy Eth Est 1-35 Kelnor 1/35 Zovia 1/35

Generic Demulen 1/50 sold as:

Ethynodiol 1-50 Kelnor 1/50

Generic Desogen-28 & Ortho-Cept sold as:

Apri Cyred Cyred EQ Deso/ethi

Deso/ethinyl estradiol

Emoquette Enskyce Isibloom Juleber Kalliga Reclipsen Solia

Generic Estrostep FE sold as:

Tilia FE Tri-Legest FE

Generic Femcon FE chewable sold as:

Nore/Eth/Fer CHW Wymzya FE CHW

Generic Generess FE chewable sold as:

Kaitlib FE CHW Layolis FE CHW Noreth/Ethin FE CHW

Generic Loestrin 24 FE sold as:

Aurovela 24 FE Blisovi 24 FE Hailey 24 FE Junel 24 FE Larin 24 FE Noreth/Ethin Tab FE 1/20 Tarina 24 FE

Generic Loestrin 1/20 sold as:

Aurovela 1/20 Junel 1/20 Larin 1/20 Microgestin 1/20 Noreth/Ethin 1/20

Generic Loestrin 1.5/30 sold as:

Aurovela 1.5/30 Hailey 1.5/30 Junel 1.5/30 Larin 1.5/30 Microgestin 1.5/30 Noreth/Ethin 1.5/30

Generic Loestrin FE 1/20 sold as:

Blisovi FE 1/20 Hailey FE 1/20 Junel FE 1/20 Larin FE 1/20 Microgestin FE 1/20 Noreth/Ethin FE 1/20 Tarina FE 1/20 EQ

Aurovela FE 1/20

Generic Loestrin FE 1.5/30 sold as:

Aurovela FE 1.5/30 Blisovi FE 1.5/30 Hailey FE 1.5/30 Junel FE 1.5/30 Larin FE 1.5/30 Microgestin FE 1.5/30 Nor/Est/FF 1.5/30

Generic Lo/Ovral-28 sold as:

Cryselle-28 Elinest Low-Ogestrel

Generic Loseasonique sold as:

Amethia Lo Camrese Lo Levonorgestrel and Ethinyl Estradiol Lojaimiess

Generic Lybrel 90-20Mcg sold as:

Amethyst 90-20mcg Levo-Eth Est 90-20mcg

Generic Minastrin 24 CHW FE sold as:

Charlotte 24 CHW FE 1/20 Melodetta CHW 24 FE Mibelas 24 CHW FE Noreth/Ethin CHW FE 1/20

Generic Mircette 28 Day sold as:

Azurette Bekyree Deso/ethinyl estradiol Kariva

Pimtrea Simliya Viorele Volnea

Generic Nordette-28 sold as:

Altavera
Ayuna
Chateal
Chateal Eq
Kurvelo
Levonor/ethinyl estradiol
Levora-28
Lillow
Marlissa
Portia-28

Generic Ortho-Cyclen sold as:

Femynor Mili Mono-Linyah Norgestimate & Ethinyl Estradioi 0.25mg-35mcg

Nymyo Previfem Sprintec 28 Vylibra

Estarylla

Generic Ortho-Novum 1/35-28 & Norinyl 1/35 sold as:

Alyacen 1/35 Cyclafem 1/35 Dasetta 1/35 Necon 1/35

Women's Health: Birth Control Products continued...

Nortrel 1/35 Pirmella 1/35

Generic Ortho-Novum 7/7/7-28

sold as:

Alyacen 7/7/7 Cyclafem 7/7/7

Dasetta 7/7/7

Nortrel 7/7/7

Nylia 7/7/7

Pirmella 7/7/7

Generic Ortho Tri-Cyclen sold as:

Norgestimate/Ethinyl Estradiol

Tri-Estaryll

Tri Femynor

Tri-Linyah

Tri-Mili

Tri-Nymyo

Tri-Previfem

Tri-Sprintec

Tri-Vylibra

Trinessa

Generic For Ortho Tri-Cyclen Lo sold as:

Norgest/Ethi Estradio

Tri-Lo-Estaryll

Tri-Lo-Marzia

Tri-Lo Mili

Tri-Lo-Sprintec

Tri-Vylibra Lo

Generic Ovcon-35 sold as:

Balziva

Briellyn

Philith

Vvfemla

Generic Ovral sold as:

Ogestrel

Generic Quartette sold as:

Fayosim

Levonor/Ethi tab Estradio

Rivelsa

Generic Safyral sold as:

Dros/Eth Est tab Levomefo

Tydemy

Generic Seasonale sold as:

Iclevia

Introvale

Jolessa

Levonor/ethinyl estradiol

Setlakin

Generic Seasonique sold as:

Amethia

Ashlyna Camrese Daysee

Jaimiess

Levonor/ethi estradio

Simpesse

Generic Taytulla sold as:

Gemmily

Merzee

Generic Tri-Norinyl 28 sold as:

Aranelle

Leena

Generic Triphasil sold as:

Enpresse-28

Levonest

Levonor/Ethi

Trivora-28

Generic Yasmin 28 3-0.03mg sold as:

Drospir/Ethi 3-0.03mg

Ocella 3-0.03mg

Syeda 3-0.03mg

Zarah 3-0.03mg

Zumandimine 3-0.03mg

Generic Yaz 3-0.02mg sold as:

Drospir/Ethi 3-0.02

Drospirenone/ethy est Gianvi

Jasmiel

Lo-Zumandimi

Loryna

Nikki

Progestin Only Birth Control Pills

Generic Ortho Micronor & Nor-OD sold as:

Camila 0.35mg

Deblitane

Errin 0.35mg

Heather 0.35mg

Incassia 0.35mg

Jencycla 0.35mg

Jolivette 0.35mg

Lyza 0.35mg

Nora-Be 0.35mg

Norethindron 0.35mg

Norlyda 0.35mg

Norlyroc

Sharobel

Tulana 0.35mg

Birth Control Rings (Vaginal)

Generic NuvaRing sold as:

EluRyng

Etonogestrel/Ethinyl Estradiol

Birth Control Patches (Transdermal)

Generic Ortho Evra sold as:

Xulane Zafemy

Birth Control Shots (Injection)

Medroxyprogesterone 150mg IM (Generic Depo-Provera

contraceptive)

Emergency Birth Control

ella

Over-The-Counter (OTC) Birth

Control (must have a prescription and get them from a network pharmacy for OptumRx to cover

Contraceptive films

(e.g. VCF Vaginal)

Contraceptive foams (e.g. VCF Vaginal Aer)

Contraceptive gels (e.g. Gynol II, Shur-Seal, VCF Vaginal)

Female Condoms:

FC Female

the costs)

FC2 Female

Generic emergency birth control (e.g. Aftera, EContra EZ,

Econtra OS, Levonorgestr tab 1.5mg, My Choice, My Way, New Day, Opcicon, Option 2,

React, Take Action)

Today Sponge

Birth Control IUD'S and Implants

Kyleena

Liletta

Mirena

Nexplanon Paragard

Skyla

Some methods of birth control, such as IUDs and implants, may be available through your medical benefit and not your pharmacy benefit.

Flu shots and other vaccines

Plans must provide coverage without cost-sharing for immunizations that are recommended for routine use by the Advisory Committee on Immunization Practices (ACIP), a federal committee comprised of immunization experts that is convened by the Centers for Disease Control and Prevention. Vaccines may be covered by your medical benefit and not your pharmacy benefit.

Many vaccines can be obtained on a walk-in basis by presenting the SWHP ID card at the time of service. Members should review their benefit plan to determine coverage for vaccines.

Routine vaccines⁶

Age restrictions or limitations may apply. Check with your network pharmacy for specific age, flu shot and vaccine requirements.

Flu Shots

Flu (Influenza)*

Afluria Quad Flulaval Quad Fluad Fluad Fluad Fluzone HD Fluarix Quad Fluzone Quad Flublok Quad Fluzone Quad Flucelvax Quad (pediatric dose)

Other Vaccines

Hepatitis A* (Adult and Pediatric)

Havrix, Vaqta

Hepatitis B* (Adult and Pediatric)

Engerix-B, Heplisav-B (adult only), Recombivax-HB

Human Papilloma Virus (HPV)* — Vaccine prevents HPV related cancers (ages 9 - 26 years) Gardasil 9

Measles, Mumps, Rubella*

MMR-II

Meningococcal* — Vaccine prevents meningitis Groups A, C, Y and W-135

Menactra, Menveo

Meningococcal* — Vaccine prevents meningitis Group B Bexsero, Trumenba

Pneumococcal* — Vaccine prevents pneumonia Prevnar13, Pneumovax 23

Tdap* — Vaccine prevents tetanus, diptheria, pertussis Adacel, Boostrix

Tetanus Diptheria* — TD

TDVAX

Tenivac

Varicella* — Vaccine prevents chicken pox Varivax

Zoster* — Vaccine prevents shingles

Shingrix (ages 50 years and older), Zostavax (ages 60 years and older)

*Vaccine type

Ask your employer or check your plan documents for your plan's specific coverage details.

Not all vaccines on this list are available at all network pharmacies. Contact your local network pharmacy to confirm vaccine availability.



Frequently Asked Questions

Pharmacy Benefit Preventive Care Medications Coverage

What Preventive Care Medications are available at no cost?

Look at the list in this document, Visit **swhp.org**, or call the number on your SWHP member ID card for a list of medications covered at \$0 cost-share.

Please note, in order to get coverage at no cost for preventive care medications and products (including over-the-counter) you will need a prescription from your doctor.

Are all birth control products available at no cost?

No, only the products on the list for your plan will be \$0 under the pharmacy benefit. The health reform law allows plans to use reasonable medical management to decide which birth control products will be provided at no cost.

If you choose a product from this list, your cost at the pharmacy will be \$0. If you choose a covered birth control product that is not on the list, a copay or coinsurance may be required. This cost will apply to your deductible if you have one.

What if my doctor says I need birth control that is not on this list?

This list includes at least one form of birth control from FDA-approved methods typically available through your **pharmacy benefit**.

Is my plan required to cover contraceptives?

Some plans may not have coverage for contraceptives if your employer elects a religious exemption. Also, some organizations (Employer Class Members) can choose not to cover contraceptives for religious reasons; SWHP may provide or arrange for contraceptive coverage for members of Employer Class Members as allowed by the health reform law.

<u>In either event</u>, you will still have coverage without costshare of the U.S. Preventive Services Task Force A & B Recommendation medications listed on the Preventive Care Medications list (such as aspirin).

If I'm at risk for preeclampsia during pregnancy, how can I get low-dose aspirin 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, talk to your doctor about whether low-dose aspirin can help. If so, your doctor can give you a prescription for low-dose aspirin which can be filled at no cost to you at a network retail pharmacy.

If I need to take preparation medications before a preventive colonoscopy, how can I get these for no cost?

If you are scheduled for a preventive colonoscopy, ask your doctor for a prescription for one of the no cost preparation medications. You can fill this prescription at a retail network pharmacy at no cost to you. Note: There is a limit of one \$0-cost fill per year.

What if my doctor prescribes a preparation medication for my preventive 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, whether you can use the product as required.

If you need a prescription medication to prepare for a colonoscopy that is **not preventive**, these medications may still be covered with a copayment or coinsurance.

How can I get preventive medications to help me stop using tobacco for 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 a generic over-the-counter or prescription medication.

The tobacco cessation products on this list are available at no cost to you if they are:

- Prescribed by your doctor
- Filled at a network pharmacy
- Meet use and quantity guidelines

Frequently Asked Questions continued...

If I'm at risk for HIV (Human Immunodeficiency Virus) but have not been infected, how can I get preventive drugs for \$0 cost-share?

If you are a member not yet infected with HIV, talk to your doctor about your risk of getting HIV. If your doctor decides this treatment is appropriate for you, your doctor may offer to prescribe risk-reducing medications, such as emtricitabine-tenofovir disoproxil fumarate 200-300mg, tenofovir 300mg tablet or Descovy. Your doctor must submit a 'Health Care Reform - \$0 HIV PrEP Preventive' copay waiver review form to request \$0 cost-share if you meet the coverage criteria.

If I'm at risk for breast cancer but have not had it, how can I get preventive drugs for \$0 cost-share?

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 this treatment is appropriate for you, your doctor may offer to prescribe risk-reducing medications, such as raloxifene or tamoxifen.

Your doctor must submit a 'Health Care Reform - \$0 Breast Cancer Preventive' copay waiver review form to request \$0 cost-share if you meet the coverage criteria.

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 people who have certain risk factors for cardiovascular disease.

How many Preventive Care Medications can I get?

Some products have quantity limits based on FDA approved dosing or product packaging. Coverage is limited to up to a 30 day supply at retail pharmacies or up to a 90 day supply from home delivery.

Will this drug list change?

Drug lists can and do change, so it's always good to check. You can find the most updated information by:

- Logging in to **swhp.org**, or
- Calling the number on your SWHP member ID card.

What if I have a high-deductible or consumerdriven health (CDH) plan?

The same no cost options on the list applicable to your plan will be available to you. If you fill a prescription for covered birth control products that are not on your plan's no cost drug list, you will need to pay the full cost, until your deductible is reached.

Are the no cost Preventive Care Medications available at both retail and home delivery pharmacies?

Preventive Care Medications are available at network retail pharmacies.

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 change will be available to you by:

- Logging in to swhp.org, or
- Calling the number on your SWHP member ID card.

- 1. Please note this list is subject to change.
- 2. Always refer to your benefit plan materials to determine your coverage for medications and cost-share. Some medications may not be covered under your specific benefit. Where differences are noted, the benefit plan documents will govern.
- 3. All branded medications are trademarks or registered trademarks of their respective owners.
- 4. The listed age limits are based on U.S. Preventive Services Task Force Recommendations; coverage for additional populations may also apply as required.
- 5. If your pharmacy benefit plan is grandfathered under the ACA, these drugs may be covered at the normal cost-share.
- 6. Not all vaccines on this list are available at all participating pharmacies. Members should contact their participating pharmacy of choice to confirm vaccine availability.







