



Introduction

Recommendations below are made in accordance with guidance from U.S. Preventive Services Task Force (USPSTF), Health Resources and Services Administration (HRSA) and Advisory Committee on Immunization Practices (ACIP). These preventative medications are covered as part of the Affordable Care Act (ACA) and are available at no member cost share with a valid prescription.

Certain drugs may not be covered by your particular pharmacy plan or may be subject to additional charges or restrictions, regardless of their appearance in this document. Information is believed to be accurate as of the production date; however, it is subject to change.

ASPIRIN

Recommendation

- No prior authorization
- No quantity limits
- No age limits
- Generic only
- Over the counter (OTC) (requires prescription)

Product Description

Single ingredient: All oral dosage forms 81 mg Includes dosage forms such as:

- Aspirin chew tab 81 mg
- Aspirin enteric coated tab 81 mg

ORAL FLUORIDES

Recommendation

- No age limits
- No prior authorization
- No quantity limits
- Generics and single source brands
- Rx products only

Product Description

Single ingredient: Oral dosage forms ≤ 0.5 mg

- Sodium fluoride chew tab 0.25 mg – 0.5 mg
- Sodium fluoride soln 0.5 mg/mL
- Sodium fluoride tab 0.5 mg

BOWEL PREPARATION MEDICATIONS

Recommendation

- Age limit 50 through 74 years (men and women) **(Note effective 5/1/2022 the age limit will change to 45 through 75 years)**
- No prior authorization or quantity limits
- Rx only
- Generics and single source brands
- Brands until generics become available
- Generics are in *italics*. Brand-names are CAPITALIZED

Product Description

- CLENPIQ
- PEG-PREP KIT
- PLENVU
- SUFLAVE
- SUTAB
- *Polyethylene glycol-3350, sodium sulfate, sodium chloride, potassium chloride, sodium ascorbate and ascorbic acid*
- *Sodium sulfate, potassium sulfate and magnesium sulfate*

PREEXPOSURE PROPHYLAXIS

Recommendation

- Preventive use only – **if no other HIV medication is found in patient history**
- Quantity limit (1 tab/day)
- Rx only
- Generic only

Product Description

- Emtricitabine/tenofovir disoproxil fumarate 200 mg-300 mg

FOLIC ACID

Recommendation

- No age limits
- No prior authorization
- No quantity limits
- Generic only
- OTC (requires prescription)

Product Description

Single ingredient

- Folic acid tab 0.4 mg & 0.8 mg
- Folic acid cap 0.8 mg

TOBACCO CESSATION

Recommendation

- No prior authorization of tobacco cessation products
- Limit of 168-day supply of each product in one year of treatment
- Coverage includes generic nicotine replacement products (nicotine patch, gum and lozenges), brand Nicotrol (inhaler system), brand Nicotrol NS (nasal spray), and generic Zyban
- Generics and single source brands
- Brands until generics become available
- Rx or OTC (requires prescription)

Product Description

- Bupropion HCl tab SR 12hr 150 mg
- Nicotine TD patch 24 hr 21 mg, 14 mg, 7 mg
- Nicotine polacrilex gum 2 mg & 4 mg
- Nicotine polacrilex lozenge 2 mg & 4 mg
- Nicotine inhaler system 10 mg (4 mg delivered)
 - Nicotrol brand
- Nicotine nasal spray 10 mg/mL (0.5 mg/spray)
 - Nicotrol NS brand
- Varenicline tartrate tab 0.5 mg (base equiv) & 1 mg (base equiv)
- Varenicline tartrate tab 0.5 mg (X 11 tabs & 1 mg X 42 pack)

PRIMARY PREVENTION OF BREAST CANCER

Recommendation

- No age limits
- No prior authorization
- Generic only
- Rx Only

Product Description

- Anastrozole tab 1 mg
- Exemestane tab 25 mg
- Raloxifene HCl tab 60 mg
- Tamoxifen citrate tab 10 mg (base equiv) & 20 mg (base equiv)

IMMUNIZATIONS

Recommendation

- No age limits
- Rx only
- No prior authorization

Product Description

Doses, recommended ages and recommended populations vary:

- Covid-19 (Recommended ages and populations vary)
- Diphtheria, Tetanus, Pertussis
- Dengue
- Haemophilus Influenzae Type B
- Hepatitis A
- Hepatitis B
- Herpes Zoster
- Human Papillomavirus
- Inactivated Poliovirus
- Influenza
- Measles, Mumps, Rubella
- Meningococcal
- Pneumococcal
- Rotavirus
- Varicella

STATINS

Recommendation

- Age limit 40 to 75 years (men and women)
- No prior authorization
- No quantity limits
- Generic only
- Only low to moderate intensity statins
- Rx only

Product Description

Generic low to moderate intensity statins— includes the following strengths:

- Atorvastatin 10 mg, 20 mg
- Fluvastatin 20 mg, 40 mg
- Fluvastatin ER 80 mg
- Lovastatin 10 mg, 20 mg, 40 mg
- Pitavastatin 1 mg, 2 mg, 4 mg
- Pravastatin 10 mg, 20 mg, 40 mg, 80 mg
- Rosuvastatin 5 mg, 10 mg
- Simvastatin 5 mg, 10 mg, 20 mg, 40 mg

DIABETES PREVENTION

Recommendation

- Preventive use only – Member has no claim for an anti-diabetic agent in their history (other than Metformin 850 mg) in the past 180 days
- No prior authorization
- No quantity limit
- Generic only
- Rx only

Product Description

- Metformin 850 mg

CONTRACEPTIVES – BARRIER METHODS

Recommendation

- No quantity limits
- No age limits
- Rx
- Generics and single source brands (Brand names in italics and in parentheses are for reference only)
- Brand names in (**BOLD/BLUE**) have no generic available and are recommended for coverage

Product Description

- Diaphragms
 - **MILEX WIDE-SEAL**
 - **OMNIFLEX COIL SPRING SILICONE**
 - **CAYA**
- Cervical Caps
 - **FEMCAP**

OTC – CONTRACEPTIVES

Recommendation	Product Description
• OTC (requires prescription) • Generics and single source brands (Brand names in <i>italics</i> and in parentheses are for reference only) • Brand names in (BOLD/BLUE) have no generic available and are recommended for coverage	• Female Condoms ○ FC-2 ○ MALE CONDOMS • Vaginal Sponge ○ TODAY (Nonoxynol-9) • Spermicides ○ Nonoxynol-9 Gel 4% (Conceptrol Gel 4%, VCF Vaginal Contraceptive Gel) ○ ENCARE VAGINAL SUPPOSITORIES ○ GYNOL II GEL 3% ○ VCF VAGINAL FILM 28%

CONTRACEPTIVES – TRANSDERMAL PATCH

Recommendation	Product Description
• No age limits • Rx • Brand names in italics and in parentheses are for reference only • Brand names in (BOLD/BLUE) have no generic available and are recommended for coverage	• Ethinyl estradiol 35 mcg/Norelgestromin 150 mcg (<i>Xulane, Zafemy</i>) • TWIRLA (Ethinyl estradiol 30 mcg/Levonorgestrel 120 mcg)

INJECTABLE CONTRACEPTIVES

Recommendation	Product Description
• No quantity limits • No age limits • Rx Only • Brands until generics become available • Brand names in italics and in parentheses are for reference only • Brand names in (BOLD/BLUE) have no generic available and are recommended for coverage	• DEPO-SUBQ-PROVERA 104 (Medroxyprogesterone acetate 104 mg SQ X q3 months) • Medroxyprogesterone acetate 150 mg IM x q3 months (<i>Depo-Provera</i>)

EMERGENCY CONTRACEPTIVES

Recommendation	Product Description
• No age limits • Rx Only • Generics and single source brands (Brand names in <i>italics</i> and in parentheses are for reference only) • Brand names in (BOLD/BLUE) have no generic available and are recommended for coverage • OTCs (requires prescription)	• Levonorgestrel 1.5 mg tablet (<i>AfterPill, Aftera, Plan B, Curae, Econtra OS, Her Style, My Choice, My Way, New Day, Opcicon, Option 2, Take Action, React</i>) • ELLA (Ulipristal 30 mg tablet) (progesterone receptor modulator)

MISCELLANEOUS CONTRACEPTIVES – INTRAUTERINE DEVICES, SUBDERMAL RODS & VAGINAL RINGS

Recommendation

- Generics and single source brands (Brand names in *italics* and in parentheses are for reference only)
- Brand names in **(BOLD/BLUE)** have no generic available and are recommended for coverage
- No age limits
- Rx Only

Product Description

- **KYLEENA** IUD (Levonorgestrel 19.5 mcg/day)
- **LILETTA** IUD (Levonorgestrel 18.6 mcg/day)
- **MIRENA** IUD (Levonorgestrel 20 mcg/day)
- **PARAGARD T 380A** IUD (Copper 309 mg/day)
- **SKYLA** IUD (Levonorgestrel 13.5 mcg/day)
- **NEXPLANON** Subdermal Rod (Etonogestrel 68 mg – release rate varies over time)
- Ethinyl estradiol 15 mcg/Etonogestrel 120 mcg vaginal ring (*EluRyng*, *EnilloRingHaloette*, *NuvaRing*)
- **ANNOVERA** Vaginal System (Ethinyl estradiol 17.4 mg/Segesterone acetate 103 mg)

ORAL CONTRACEPTIVES

Recommendation

- No age limits
- Rx Only
- Generics and single source brands (Brand names in *italics* and in parentheses are for reference only)
- Brand names in **(BOLD/BLUE)** have no generic available and are recommended for coverage
- Brands until generics become available

Product Description

EE = Ethinyl Estradiol

HIGH-DOSE MONOPHASIC PILLS

- EE 50 mcg/Ethinodiol diacetate 1 mg (*Ethinodiol 1/50*, *Kelnor 1/50*)

ORAL CONTRACEPTIVES

LOW-DOSE MONOPHASIC PILLS

- EE 20 mcg/Drospirenone 3 mg (*Jasmiel, Lo-Zumandimine, Loryna, Nikki, Vestura, Yaz*)
- EE 20 mcg/Drospirenone 3 mg + Calcium 0.451 mg (*Beyaz*)
- EE 20 mcg/Levonorgestrel 0.1 mg (*Afirmelle, Aubra, Aubra EQ, Aviane-28, Delyla, Falmina, Lessina, Luter, Sronyx, Vienva*)
- **TYBLUME** (EE 20 mcg/Levonorgestrel 0.1 mg)
- EE 20 mcg/Levonorgestrel 0.1 mg/FE (*Balcoltra, Joyeaux*)
- EE 20 mcg/Norethindrone 1 mg and/FE (*Aurovela 1/20, Aurovela 24 FE, Aurovela FE 1/20, Blisovi 24 FE, Blisovi FE 1/20, Hailey 24 FE, Hailey FE 1/20, Junel 1/20, Junel 24 FE, Junel FE 1/20, Larin 1/20, Larin 24 FE, Larin FE 1/20, Loestrin 1/20-21, Loestrin FE 1/20, Microgestin 1/20, Microgestin 24 FE, Microgestin FE 1/20, Tarina FE 1/20, Tarina 24 FE, Tarina FE 1/20 EQ*)
- EE 20 mcg/Norethindrone 1 mg/FE (*Charlotte 24 FE, Finzala FE, Mibelas 24 FE, Minastrin 24 FE*)
- EE 20 mcg Norethindrone 1 mg/FE (*Gemmily, Merzee, Taysofy, Tayulla*)
- EE 25 mcg/Norethindrone 0.8 mg/FE (*Generess FE, Kaitlib FE, Layolis FE*)
- EE 30 mcg/Levonorgestrel 0.15 mcg (*Altavera, Ayuna, Chateal, Chateal EQ, Kurvelo, Levora, Marlissa, Portia-28*)
- EE 30 mcg/Norgestrel 0.03 mg (*Cryselle-28, Elinest, Low-Ogestrel, Turqoz*)
- EE 30 mcg/Norethindrone acetate 1.5 mg and/FE (*Aurovela 1.5/30, Aurovela FE 1.5/30, Blisovi FE 1.5/30, Hailey 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*)
- EE 30 mcg/Desogestrel 0.15 mg (*Apri, Enskyce, Isibloom, Juleber, Kalliga, Reclipsen*)
- EE 30 mcg/Drospirenone 3 mg (*Ocella, Syeda, Yasmin, Zumandimine*)
- EE 35 mcg/Ethinodiol diacetate 1 mg (*Kelnor 1/35, Zovia 1/35*)
- EE 35 mcg/Norgestimate 0.25 mg (*Estarylla, Mili, Mono-linyah, Nymyo, Sprintec, Vylibra*)
- EE 35 mcg/Norethindrone 0.4 mg and/FE (*Balziva-28, Briellyn, Philith, Vyfemla, Wymzya FE*)
- EE 35 mcg/Norethindrone 0.5 mg (*Necon 0.5/35, Nortrel 0.5/35, Wera*)
- EE 35 mcg/Norethindrone 1 mg (*Alyacen 1/35, Dasetta 1/35, Nortrel 1/35, Nylia 1/35*)
- EE 30 mcg/Drospirenone 3 mg + Calcium 0.451 mg (*Safyral, Tydemy*)
- **NEXTSTELLIS** (Esterol 14.2 mg/Drospirenone 3 mg)

BIPHASIC PILLS

- EE 20 mcg/Desogestrel 0.15 mg (*Azurette, Kariva, Mircette, Pimtrea, Simliya, Viorele, Volnea*)

TRIPHASIC PILLS

- EE 20 mcg, 30 mcg, 35 mcg/Norethindrone 1 mg (*Eurostep FE, Tilia Fe, Tri-Legest FE*)
- EE 25 mcg/Desogestrel 0.1 mg, 0.125, 0.15 mg *Velivet*
- EE 25 mcg/Norgestimate 0.18 mg, 0.215 mg, 0.25 mg (*Tri-Lo Estarylla, Tri-Lo Marzia, Tri-Lo-Mili, Tri-Lo-Sprintec, Tri-Vylibra Lo*)
- EE 30 mcg, 40 mcg, 30 mcg/Levonorgestrel 0.05 mg, 0.075 mg, 0.125 mg (*Enpresse, Levonest, Trivora*)
- EE 35 mcg/Norethindrone 0.5 mg, 1 mg, 0.5 mg (*Aranelle, Leena*)
- EE 35 mcg/Norethindrone 0.5 mg, 0.75 mg, 1 mg (*Alyacen 7/7/7, Cyclofem 7/7/7, Dasetta 7/7/7, Nortrel 7/7/7, Nylia 7/7/7*)
- EE 35 mcg/Norgestimate 0.18 mg, 0.215 mg, 0.25 mg (*Tri-Estarylla, Tri-Linyah, Tri-Mili, TriNessa, Tri-Nymyo, Tri-Previfem, Tri-Sprintec, Tri-Vylibra*)

FOUR-PHASIC

- **NATAZIA** (Estradiol valerate/Dienogest)

ORAL CONTRACEPTIVES

PROGESTIN-ONLY PILLS “Mini-Pills”

- **SLYND** (Drospirenone 4 mg)
- Norethindrone 0.35 mg (*Camila, Deblitane, Errin, Heather, Incassia, Jencycla, Lyleq, Lyza, Nora-BE, Norlyroc, Ortho Micronor, Sharobel*)

EXTENDED – CYCLE PILLS

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

CONTINUOUS – CYCLE PILLS

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

VAGINAL PH MODULATORS

Recommendation

- No age limit
- Rx Only
- Generics and single source brands (Brand names in *italics* and in parentheses are for reference only)
- Brand names in **(BOLD/BLUE)** have no generic available and are recommended for coverage

Product Description

- **PHEXXI** (lactic acid 1.8%, citric acid 1% and potassium bitartrate 0.4% vaginal gel)

IMMUNIZATIONS

Recommendation

- No age limit
- Rx only
- No prior authorization

Product Description

Doses, recommended ages and recommended populations vary:

- Covid-19 (Recommended ages and populations vary)
- Dengue
- Diphtheria, Tetanus, Pertussis
- Haemophilus Influenzae Type B
- Hepatitis A
- Hepatitis B
- Herpes Zoster
- Human Papillomavirus
- Inactivated Poliovirus
- Influenza
- Measles, Mumps, Rubella
- Meningococcal
- Pneumococcal
- Respiratory Syncytial Virus (RSV)
- Rotavirus
- Varicella