

ACA Preventive Medication List

Providence Health Plan, in accordance with The Patient Protection and Affordable Care Act (PPACA), provides coverage of the following preventive medication categories without imposing a copayment, coinsurance, or deductible. Coverage of these medications, including over-the-counter (OTC) medications, may require a prescription from a licensed health care provider. The Affordable Care Act allows health plans to use reasonable medical management to select medications that are covered in full (for example, when there is a generic medication available, the brand name may not be covered in full). If your provider does not feel that the medications covered in full by your plan are the right ones for you, you may request coverage for a similar medication at \$0 cost-share by submitting a prior authorization. If you paid out of pocket for a covered medication, you may submit a request for reimbursement.

Coverage is determined under the terms of your medical plan. For more information about your coverage, please call 1-877-216-3644. Access to your formulary drug list is available on our website at: <https://www.providencehealthplan.com/members/pharmacy-resources>. Coverage is restricted to medications denoted as *ACA Eligible* on the formulary. This list is subject to change; please refer to your formulary for current information.

ACA COVERAGE SUMMARY:

ASPIRIN 81 MG	Recommended after 12 weeks of gestation in persons who are at high risk for preeclampsia.
BOWEL PREPARATION PRODUCTS	Recommended as a part of preventive screening colonoscopy procedure for adults ages 45 years and older. Coverage is provided for formulary bowel prep products.
BREAST CANCER PREVENTION DRUGS	Recommended as a primary prevention of breast cancer in women ages 35 years and older who are at increased risk for breast cancer. Coverage is restricted to women at increased risk for breast cancer. Coverage does not include uses to treat women diagnosed with breast cancer and/or osteoporosis.
CONTRACEPTION	Recommended for women with reproductive capacity. Coverage is provided for all forms of contraception, including OTC methods (such as condoms and the Opill), oral and injectable contraceptives, patches, intrauterine devices (IUDs), and emergency contraceptives. Coverage may be restricted to formulary contraceptives only. Coverage does not include abortifacient medications. Coverage may not be available for group health plans sponsored by religious employers.
FLUORIDE SUPPLEMENTATION	Recommended for preschool children older than 6 months of age whose primary water source is deficient in fluoride. Coverage is restricted to formulary preparations for children up to 16 years of age.
FOLIC ACID SUPPLEMENTATION	Recommended for all persons planning to or who could become pregnant to take a daily supplement containing 0.4 to 0.8 mg of folic acid to lower the risks of birth defects. Coverage is restricted to formulary prenatal vitamins with folic acid for persons up to 59 years of age.
GONOCOCCAL OPHTHALMIA NEONATORUM PREVENTION	Recommended to prevent gonococcal ophthalmia neonatorum for all newborns. In the case of a birth occurring outside of the hospital setting, this medication may be obtained at the pharmacy and covered under the pharmacy benefit. Coverage is restricted to newborn babies 0-1 months of age.

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HIV PREVENTION DRUGS	Recommended for persons who are at high risk of HIV acquisition. Coverage is restricted to medications denoted as <i>Covered in full with specific diagnosis</i> on the formulary. Coverage does not include treatment of HIV.
IRON SUPPLEMENTATION	Recommended for breastfeeding children ages 4 months and older until iron-containing foods are introduced in their diet. Coverage is restricted to formulary supplements for children up to 2 years of age.
IMMUNIZATIONS / VACCINES	Recommendations for routine vaccinations are provided by the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention, Food and Drug Administration (FDA) labeled indications, as well as applicable state and federal guidelines and protocols, such as the West Coast Health Alliance for Oregon, California, Washington, and Hawaii. Coverage may be restricted by age and/or gender limitations as recommended by ACIP, FDA indication, state, or federal guidance.
TOBACCO AND SMOKING CESSATION	Recommended for non-pregnant adults who use tobacco.
STATINS	Recommended for adults aged 40-75 years at higher risk for developing cardiovascular disease (CVD) [such as having a heart attack or stroke].
VITAMIN D3 (CHOLECALCIFEROL)	Recommended for all babies to receive a daily supplement containing 400 IU (10 mcg) of Vitamin D up to one year of age and 600 IU (15 mcg) of Vitamin D for children over one year. Coverage is restricted to formulary supplements for children up to 2 years.
ADDITIONAL RESOURCES Bright Futures: https://brightfutures.aap.org/Pages/default.aspx Centers for Disease Control and Prevention: https://www.cdc.gov/vaccines/index.html Health Resources & Services Administration (HRSA): https://www.hrsa.gov/womens-guidelines/index.html HealthCare.gov: https://www.healthcare.gov/coverage/preventive-care-benefits/ United States Preventive Services Task Force (USPSTF): www.uspreventiveservicestaskforce.org U.S. Department of Health & Human Services: http://www.hhs.gov/healthcare/	

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The preventive medications on this list are covered at no cost share (\$0) to you under the Patient Protection and Affordable Care Act (ACA) Preventive Services coverage requirement. This list is subject to change. Refer to your formulary for the most up-to-date coverage.

To make this list easier to use:

- Medications are grouped by condition
- Medications are listed alphabetically within their condition group
- Review your formulary to confirm the strength and formulation of the medication you take is covered at no cost share (\$0)

ASPIRIN

- ADULT LOW DOSE (81 MG)

BOWEL PREPARATION PRODUCTS

- POLYETHYLENE GLYCOL (PEG) AND ELECTROLYTES ORAL SOLUTION
 - GAVILYTE-C
 - GAVILYTE-G
 - GAVILYTE-N
 - NULYTELY WITH FLAVOR PACKS
 - PEG 3350-ELECTROLYTE
 - PEG 3350 100-7.5-2.691-1.01-5.9 (GENERIC FOR MOVIPREP®)
 - TRILYTE WITH FLAVOR PACKETS
- SODIUM SULFATE/MAGNESIUM SULFATE/POTASSIUM SULFATE ORAL SOLUTION (GENERIC FOR SUPREP®)
- CLENPIQ®
- PLENVU®
- SUTAB®

BREAST CANCER PREVENTION DRUGS

- RALOXIFENE HCL
- TAMOXIFEN CITRATE
- ANASTRAZOLE
- LETROZOLE

CONTRACEPTIVES

- CERVICAL CAP
- CONDOM
- DIAPHRAGM
- IUD
- ORAL BIRTH CONTROL PILLS
- PATCH
- SPERMICIDE
- VAGINAL RING

GONOCOCCAL OPHTHALMIA/NEONATORUM PREVENTION

- ERYTHROMYCIN OPHTHALMIC (EYE) OINTMENT 0.5%

HIV PREVENTION

- CABOTEGRAVIR (APRETUDE)
- EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE
- EMTRICITABINE/TENOFOVIR ALAFENAMIDE (DESCOVY)
- LENACAPAVIR (YEZTUGO)

TOBACCO/SMOKING CESSATION

- BUPROPION HCL SR
- NICOTINE GUM
- NICOTINE LOZENGE
- NICOTINE PATCH
- NICOTROL
- NICOTROL NASAL SPRAY
- VARENICLINE

STATINS

- ATORVASTATIN
- LOVASTATIN
- PRAVASTATIN
- ROSUVASTATIN
- SIMVASTATIN

VACCINES

- COVID-19
- HEPATITIS A
- HEPATITIS B
- HERPES ZOSTER (SHINGLES)
- HUMAN PAPILLOMAVIRUS
- INFLUENZA
- MEASLES, MUMPS, RUBELLA
- MENINGOCOCCAL
- PNEUMOCOCCAL
- RSV
- TETANUS, DIPHTHERIA, PERTUSSIS
- VARICELLA
- POLIOVIRUS
- ROTAVIRUS
- SMALLPOX AND MPOX