

Patient Protection and Affordable Care Act Preventive Items and Services

The Patient Protection and Affordable Care Act (PPACA) imposes a number of insurance reforms and mandates including a requirement to cover certain *preventive items and services* at 100 percent and ensure these items and services are not subject to deductibles or other cost-sharing limitations.

The following list of preventive medications should be used as a guide. It cannot be considered a comprehensive listing of medications available or covered without cost-sharing. Coverage of any of the listed medications (including over-the-counter (OTC) medications) requires a prescription from a licensed health care provider. The availability or coverage of these medications without cost-sharing may be subject to criteria established by the terms of your health plan.

This list is subject to change as ACA guidelines are updated or modified.

Members: The terms of your health plan will ultimately determine coverage, the applicability of coverage criteria, and cost-sharing. For specific questions about your coverage, please call the phone number printed on your ID card. You can get more information and updates to this document at our website at www.express-scripts.com.

Aspirin products

ASPIRIN 81 MG and 325 MG

Fluoride products

FLUORIDE CHEWABLE TABLET
0.25 MG and 0.5 MG
FLUORIDE DROPS
0.125, 0.25 MG and 0.5 MG

MULTIVITAMIN W/ FLUORIDE
CHEWABLE 0.25 MG and 0.5 MG
DROPS 0.25 MG and 0.5 MG
SUSPENSION

Iron Supplements

IRON (various strengths)
DROPS, LIQUID, SUSPENSION, GRANULES

MULTIVITAMIN WITH IRON
DROPS, LIQUID, SUSPENSION

Folic Acid Products

FOLIC ACID TABLET 0.4 MG and 0.8 MG

PRENATAL and MULTI VITAMINS W/ FOLIC ACID (0.4 MG and 0.8 MG)

Immunizations

Covered immunizations include those that are routine vaccines recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention and that meet the US Food and Drug Administration approved indications for age and/or gender limitations. Coverage also includes immunizations used to prevent illnesses associated with travel such as typhoid, yellow fever, and Japanese encephalitis.

Contraceptive Methods

Preferred Product Offering:

Covered products include generic OTC contraceptive methods (spermicides), generic hormonal contraceptives (oral and injectable), generic emergency contraceptives, and the intrauterine device, Mirena.

Expanded Product Offering:

Covered products include OTC contraceptive methods (female condom, spermicides, etc.), oral contraceptives (including emergency contraception), and contraceptive devices (diaphragms, skin patch systems, injectable contraception, intrauterine systems, and implants).

In this product offering, brand name contraceptives that have a generic equivalent are available at a zero cost share only when the prescriber indicates that the brand product must be dispensed.

Smoking Cessation Products

BUPROPION SR 150 MG

CHANTIX

NICOTINE GUM, LOZENGE and PATCH (Over-The-Counter products only)

Vitamin D Supplements

VITAMIN D 1,000 UNITS OR LESS PER DOSE UNIT
CALCIUM WITH VITAMIN D

Bowel Preps (limit of 2 prescriptions per year)

BISACODYL
MAGNESIUM CITRATE
MILK OF MAGNESIA
PEG 3350-ELECTROLYTE

Primary Prevention of Breast Cancer

TAMOXIFEN
RALOXIFENE
SOLTAMOX (LIQUID TAMOXIFEN)

Please note: coverage of brand name medications is dependent on the terms of your health plan.