

ACA \$0 Copay Drugs & Contraceptives List

Your plan covers preventive and contraceptive drugs based on recommendations from the U.S. Preventive Services Task Force. These drugs may be available to you at no out-of-pocket cost depending on your plan. They include:

- › Medication and supplements to prevent certain health conditions
- › Medication and products for quitting smoking or chewing tobacco (tobacco cessation)
- › Medication used before screenings for certain health conditions in adults
- › Vaccines and immunizations to prevent certain illnesses
- › Contraceptives for women

We work with CVS Caremark® to provide these benefits. The following charts** explain:

- › Which drugs, supplements, health-related products and vaccines we cover and what they're used for
- › Who we cover them for (such as children up to age 6 or adults age 65 or older)
- › Other important information

Tips for Using This List

- › Take this list with you each time you or your family has a checkup or yearly exam.
- › You'll need a prescription from your doctor for your plan to cover these drugs, even if they're listed as over-the-counter (OTC).
- › The dosage form is how the drug is supplied. For example, tablet, capsule, liquid, syrup or chewable tablet.
- › Generic or brand name is listed if your plan covers only that product type.
- › Treatment recommendations may vary. Please call your doctor or pharmacist if you have questions about your health or medication.**
- › Other rules, limits and exclusions may apply. In most cases, generics will be the most affordable options. If you choose the brand name version instead of a generic equivalent, your copay may be higher. Check your Evidence of Coverage or member handbook to see if this applies to your plan.
- › You can ask us to make an exception to cover certain drugs even when they're not used for preventive care — for example, asking us to cover a brand-name product because the listed generic products aren't medically appropriate. A process is also available for coverage of preventive services without cost sharing if you identify with a gender that differs from your assigned sex at birth — such as, for example, a request for coverage of contraceptives or primary prevention of breast cancer for transgender members.

Preventive Services**

Aspirin	Aspirin to help prevent illness and death from preeclampsia in women [†] who are at least 12 years old, after 12 weeks of pregnancy and are at high risk for the condition.	Generic dosage forms of 81 mg	Aspirin products (OTC): <ul style="list-style-type: none"> • Aspirin chew tab 81 mg • Aspirin enteric coated tab 81 mg 	
Fluoride Supplements	Fluoride supplements to help prevent cavities (dental caries) in children 5 years or younger whose water is low in fluoride.	All oral dosage forms up to 0.5 mg	Fluoride products (Rx): <ul style="list-style-type: none"> • Sodium fluoride chew tab 0.25 mg to 0.5 mg • Sodium fluoride soln 0.5 mg/mL • Sodium fluoride tab 0.5 mg 	
Folic Acid Supplements	Folic acid supplements to help prevent birth defects in women [†] age 55 or younger who are planning to become pregnant or are able to become pregnant.	Generic dosage forms	Folic acid products (OTC): <ul style="list-style-type: none"> • Folic acid cap 0.8 mg (800 mcg) • Folic acid tab 0.4 mg (400 mcg) • Folic acid tab 0.8 mg (800 mcg) 	
Tobacco Cessation Products	Tobacco cessation products to help adults who are not pregnant quit tobacco use in order to prevent health problems. Tobacco use includes smoking or chewing tobacco.	Generic nicotine replacement products — patch, gum and lozenges Brand-name Nicotrol NS (nicotine nasal spray) Generic bupropion (generic of brand-name, Zyban)— Zyban is NOT covered Generic varenicline (generic of brand-name, Chantix)— Chantix is NOT covered	Tobacco cessation products (OTC and Rx): <ul style="list-style-type: none"> • Bupropion HCl tab SR 12 hr 150 mg • Nicotine polacrilex gum 2 mg and 4 mg • Nicotine polacrilex lozenge 2 mg and 4 mg • Nicotine TD patch 24 hr 21 mg, 14 mg and 7 mg • Nicotrol NS nasal spray 10 mg/mL • Varenicline tartrate tab 0.5 mg and 1 mg • Varenicline tartrate tab 0.5 mg x 11 tabs and 1 mg x 42 pack 	
Vaccines (Immunizations)	Vaccines (immunizations) to prevent certain illnesses in people of all ages.	Recommended doses, ages and populations may vary (Rx)	Children <ul style="list-style-type: none"> • COVID-19[†] • Dengue • Diphtheria, Tetanus, Pertussis • Haemophilus Influenzae Type B • Hepatitis A • Hepatitis B • Human Papillomavirus • Inactivated Poliovirus • Influenza • Measles, Mumps, Rubella • Meningococcal • Pneumococcal • Respiratory Syncytial Virus • Rotavirus • Varicella 	Adults <ul style="list-style-type: none"> • COVID-19[†] • Hepatitis A • Hepatitis B • Herpes Zoster • Human Papillomavirus • Inactivated Poliovirus • Influenza • Measles, Mumps, Rubella • Meningococcal • Pneumococcal • Respiratory Syncytial Virus • Smallpox and Monkeypox • Tetanus, Diphtheria, Pertussis • Varicella

[†] Covered for populations recommended by the Centers for Disease Control and Prevention (CDC) at the time of administration. Subject to state allocation guidelines and availability.

Preventive Services**

Bowel Preparation Medicine	Bowel preparation medicine for cleaning out the bowel before colonoscopy procedures for adults ages 45 to 75. Colonoscopies screen for colon and rectal cancers.	Generics are in <i>italics</i> . Brand names are CAPITALIZED. Generics and brand name only if a generic isn't available. Brand name will no longer be supplied at no cost when the generic becomes available.	Bowel preparation products (Rx): <ul style="list-style-type: none"> • CLENPIQ (sodium picosulfate, magnesium oxide and anhydrous citric acid) oral solution • PLENVU (polyethylene glycol-3350, sodium sulfate, sodium chloride, potassium chloride, sodium ascorbate and ascorbic acid) for oral solution • SUTAB (sodium sulfate, magnesium sulfate and potassium chloride) oral tablet • Peg-Prep Kit (bisacodyl, PEG 3350, potassium chloride, sodium bicarbonate and sodium chloride) for oral solution • <i>Polyethylene glycol-3350, sodium sulfate, sodium chloride, potassium chloride, sodium ascorbate and ascorbic acid</i> for oral solution • <i>Sodium sulfate, potassium sulfate and magnesium sulfate for oral solution</i> • SUFLAVE (<i>PEG 3350, potassium chloride, sodium chloride, sodium sulfate, magnesium sulfate</i>) for oral solution
Statins	Statins to help prevent serious heart and blood vessel problems (cardiovascular disease) in adults ages 40 to 75 who are at risk.		Generic low- to moderate-intensity statins (Rx): <ul style="list-style-type: none"> • 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, 4mg • Pravastatin 10 mg, 20 mg, 40 mg, 80 mg • Rosuvastatin 5 mg, 10 mg • Simvastatin 5 mg, 10 mg, 20 mg, 40 mg
Antiretroviral Therapy	Antiretroviral therapy for pre-exposure prevention of human immunodeficiency virus (HIV) infection in people who are at an increased risk.		Antiretroviral therapy (Rx): <ul style="list-style-type: none"> • Emtricitabine/tenofovir disoproxil fumarate 200 mg-300 mg • APRETUDE Injectable Suspension • DESCOVY 200 mg-25 mg
Diabetes Prevention Medicine	Diabetes prevention medicine for preventing diabetes for adults ages 35 to 70 who are overweight or obese.		Generic diabetes prevention product (Rx): <ul style="list-style-type: none"> • Metformin 850 mg

Women's Health Preventive Services**

Generic Oral Contraceptives[†]

Brand-Name Products for Reference Only	Brand-Name Products Generic Equivalent(s)
Alesse	Afirmelle, Aubra, Aubra EQ, Aviane-28, Delyla, Falmina, Larissia, Lessina, Lutera, Vienna
Balcoltra	Joyeaux, Minzoya
Demulen 1/35	Kelnor 1/35, Valtya 1/35, Zovia 1/35
Demulen 1/50	Ethynodiol 1/50, Valtya 1/50
Desogen	Apri, Cyred EQ, Enskyce, Isibloom, Juleber, Kalliga, Reclipsen
Estrostep FE	Tilia FE, Tri-Legest FE, Xarah FE
Femcon FE	Wymzya FE, Xelria FE
Generess FE	Galbriela, Kaitlib FE

Women's Health Preventive Services**

Generic Oral Contraceptives†

Brand-Name Products for Reference Only	Brand-Name Products Generic Equivalent(s)
Loestrin 24 FE	Aurovela 24 FE, Blisovi 24 FE, Hailey 24 FE, Junel 24 FE, Larin 24 FE, Tarina 24 FE
Lo/Ovral	Cryselle-28, Elinest, Low-Ogestrel, Turqoz
LoSeasonique	Camrese Lo, LoJaimiess
Lybrel	Amethyst, Dolishale
Minastrin 24 FE	Charlotte 24 FE, Finlaza FE, Mibelas 24 FE
Mircette	Azurette, Kariva, Pimtrea, Simliya, Viorele, Volnea
Modicon	Necon 0.5/35, Nortrel 0.5/35, Wera
Nordette	Altavera, Ayuna, Chateal, Chateal EQ, Kurvelo, Marlissa, Portia-28
Ortho-Cyclen	Estarylla, Mili, Mono-linyah, Sprintec, Vylibra
Ortho Micronor	Camila, Deblitane, Errin, Heather, Incassia, Jencycla, Lyleq, Lyza, Meleya, Nora-BE, Norlyroc, Sharobel, Orquidea
Ortho-Novum 1/35	Alyacen 1/35, Dasetta 1/35, Nortrel 1/35, Nylia 1/35
Ortho-Novum 7/7/7	Alyacen 7/7/7, Dasetta 7/7/7, Nortrel 7/7/7, Nylia 7/7/7
Ortho Tri-Cyclen	Tri-Estarylla, Tri-Linyah, Tri-Mili, TriNessa, Tri-Sprintec, Tri-Vylibra
Ortho Tri-Cyclen Lo	Tri-Lo Estarylla, Tri-Lo Marzia, Tri-Lo-Mili, Tri-Lo-Sprintec, Tri-Vylibra Lo
Ovcon-35	Balziva-28, Briellyn, Philith, Vyfemla
Quartette	Rivelsa, Rosyrah
Safyral	Tydemyl
Seasonale	Iclevia, Introvale, Jolessa, Setlakin
Seasonique	Amethia, Ashlyna, Camrese, Daysee, Jaimiess, Simpesse
Taytulla	Gemmily, Taysofy
Tri-Norinyl	Aranelle
Triphasil	Levonest
Yasmin	Syeda, Zumandimine
Yaz	Jasmiel, Lo-Zumandimine, Loryna, Nikki, Vestura

Women's Health Preventive Services**

Other Contraceptives†

Generics and brand name only if a generic isn't available.

Generics are in *italics*. Brand names are CAPITALIZED.

Brand name will no longer be supplied at no cost when the generic becomes available.

Brand names listed in [\[blue\]](#) and in brackets are for your reference only.

<p>Brand-Name Oral Contraceptives (Rx or OTC)</p> <ul style="list-style-type: none">• AVERI• FEMLYV• LO LOESTRIN FE• NATAZIA• NEXTSTELLIS• OPILL• SLYND• TYBLUME	<p>Barrier Methods (Rx)</p> <p>Cervical Caps</p> <ul style="list-style-type: none">• FEMCAP <p>Diaphragms</p> <ul style="list-style-type: none">• CAYA• MILEX WIDE-SEAL• OMNIFLEX COIL SPRING SILICONE
<p>Intrauterine Devices, Subdermal Rods and Vaginal Rings (Rx)</p> <ul style="list-style-type: none">• <i>Ethinyl estradiol 15 mcg/Etonogestrel 120 mcg vaginal ring, EluRyng, EnilloRing</i> [NUVARING]• ANNOVERA• KYLEENA• LILETTA• MIRENA• MIUDELLA• NEXPLANON• PARAGARD T 380A• SKYLA	<p>Emergency Contraception (Rx or OTC)</p> <ul style="list-style-type: none">• <i>Levonorgestrel 1.5 mg tablet, Aftera, AfterPill, Econtra OS, Her Style, My Choice, My Way, New Day, Opcon, Option 2, Shewise, Take Action</i> [PLAN B]• ELLA
<p>Transdermal Patches (Rx)</p> <ul style="list-style-type: none">• <i>Xulane</i>• <i>Zafemy</i>• TWIRLA	<p>Condoms (OTC)</p> <ul style="list-style-type: none">• FC-2• MALE CONDOMS
<p>Injectables (Rx)</p> <ul style="list-style-type: none">• <i>Medroxyprogesterone acetate 150 mg</i> [DEPO-PROVERA]• DEPO-SUBQ-PROVERA 104	<p>Vaginal pH Modulators (Rx)</p> <ul style="list-style-type: none">• Phexx
<p>Vaginal Sponge (OTC)</p> <ul style="list-style-type: none">• TODAY	<p>Spermicides (OTC)</p> <ul style="list-style-type: none">• <i>Nonoxynol-9 vaginal gel 4%, VCF Vaginal Contraceptive Gel</i> [CONCEPTROL GEL 4%]• ENCARE VAGINAL SUPPOSITORIES• GYNOL II GEL 3%• VCF VAGINAL FILM 28%

Women's Health Preventive Services**

Breast Cancer Prevention

Primary prevention of breast cancer in women^{††} 35 years of age and older, who are at an increased risk.

Breast cancer prevention products (Rx):

- Anastrozole tab 1 mg
- Exemestane tab 25 mg
- Raloxifene HCl tab 60 mg
- Tamoxifen citrate tab 10 mg and 20 mg

Legend

chew: chewable	EE: ethinyl estradiol	IU: international unit	mL: milliliter	Rx: prescription product	susp: suspension
cap: capsule	hr: hour	mcg: microgram	oral: taken by mouth	soln: solution	tab: tablet
FE: ferrous sulfate (iron)	IM: intramuscular	mg: milligram	OTC: over-the-counter	SR: sustained release	TD: transdermal

*Copay, copayment, or coinsurance means the amount, out-of-pocket, a member is required to pay for a prescription in accordance with a plan, which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a plan.

**Recommendations, ages, and populations may vary. Products listed may be updated periodically. List does not guarantee coverage. Your prescription benefit plan may not cover certain products or categories, regardless of their appearance in this document. Vaccines, immunizations and intrauterine devices may be covered through your medical or pharmacy benefit. Consult your plan for complete coverage and list details.

[†] Female or members capable of pregnancy.

^{††} Female or members at increased risk of breast cancer.

Listed products are for informational purposes only and are not intended to replace the clinical judgment of the prescriber.

This list represents branded products in CAPS, branded generics in uppercase and lowercase Italics, and generic products in lowercase italics. Some strengths or dosage forms may not be included in the high deductible health plan-health savings account (HDHP-HSA) Preventive Therapy Drug List and certain products or categories may not be covered, regardless of their appearance in this document. Please check with your plan provider should you have any question above coverage.

