

# Advantage and Essential Prescription Drug List (PDL)<sup>1,2,3</sup> PPACA\* \$0 Cost-share Preventive Medications

- Connecticut
- Delaware
- District of Columbia
- Illinois
- Maryland
- Massachusetts
- Oregon
- Washington

Effective: January 1, 2019

\*PPACA - Patient Protection and Affordable Care Act

## U.S. Preventive Services Task Force A & B Recommendation Medications and Supplements<sup>4</sup>

The health reform law (Affordable Care Act) makes certain preventive medications and supplements available to you at no cost—both prescription and over-the-counter (OTC). The following preventive medications are covered at 100% with \$0 copay when:

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

Medication/Supplement	Population	Reason
<b>Over-the-Counter</b>		
Aspirin – 81 mg	Women who are at risk for preeclampsia during pregnancy	Prevent preeclampsia during pregnancy
Aspirin – 81, 162 & 325 mg	Men age 45-79 Women age 55-79	Prevent cardiovascular disease
Folic acid 400 & 800 mcg	Women who are or may become pregnant	Prevent birth defects
Bisacodyl EC	Recommended age 50-75	Bowel preparation for colonoscopy needed for colon cancer screening
Magnesium Citrate	Recommended age 50-75	Bowel preparation for colonoscopy needed for colon cancer screening
PEG 3350 (generic Miralax) <i>Only the OTC product is covered at \$0 cost-share. The prescription version of this product may be covered with a copay or coinsurance depending on your plan.</i>	Recommended age 50-75	Bowel preparation for colonoscopy needed for colon cancer screening
<b>Prescription</b>		
<b>Generic Colyte 240/22.74 g sold as:</b> PEG-3350/electrolytes Gavilyte-C	Recommended age 50-75	Bowel preparation for colonoscopy needed for colon cancer screening
<b>Generic Golytely 236/22.7 g sold as:</b> PEG-3350/electrolytes Gavilyte-G	Recommended age 50-75	Bowel preparation for colonoscopy needed for colon cancer screening
<b>Generic Nulytely sold as:</b> PEG-3350/NaCl/NaBicarbonate/KCl Gavilyte-N Trilyte	Recommended age 50-75	Bowel preparation for colonoscopy needed for colon cancer screening
Fluoride tablets, solution (not toothpaste, rinses)	Children age 0-16 years	Prevent dental cavities if water source is deficient in fluoride

## Birth Control<sup>5</sup>

### Over-the-Counter Birth Control (contraceptives) for Women

#### Birth Control Contraceptives

The following forms of birth control (contraceptives) are available over-the-counter (OTC) and will be covered at \$0 cost-share when prescribed by a health care professional and filled at a network pharmacy. Male forms of birth control (contraception) are not currently considered preventive care medications under the Affordable Care Act.<sup>6</sup>

Contraceptive films

Contraceptive foams

Contraceptive gels

Contraceptive sponges

Emergency birth control (contraceptives) (generic for Plan B, generic for Plan B One-Step)

Female condoms

### Prescription Hormonal Birth Control (contraceptives)<sup>7</sup>

#### Brand Hormonal Birth Control (contraceptives)

● Balcoltra <sup>9</sup>	○ NuvaRing
● Beyaz <sup>8</sup>	● Ortho Tri-Cyclen Lo <sup>8</sup>
▲ Depo- Provera 104mg	● Quartette <sup>8</sup>
● Generess FE <sup>8</sup>	● Safyral <sup>8</sup>
● Lo Loestrin FE	● Taytulla <sup>9</sup>
● Minastrin 24 FE <sup>8</sup>	● Yasmin
● Natazia	● Yaz

#### Generic Hormonal Birth Control (contraceptives)

● Altavera, Chateal, Chateal EQ, Kurvelo, Levonorgestrel/Ethinyl Estradiol 0.15/0.03 mg, Levora-28, Lillow, Marlissa, Portia-28 (generic Nordette)
● Alyacen 1/35, Cyclofem 1/35, Dasetta 1/35, Nortrel 1/35, Pirmella 1/35 (generic Ortho-Novum 1/35)
● Alyacen 7/7/7, Cyclofem 7/7/7, Dasetta 7/7/7, Necon 7/7/7, Nortrel 7/7/7, Pirmella 7/7/7 (generic Ortho-Novum 7/7/7)
● Amethia, Ashlyna, Camrese, Daysee, Levonorgestrel/Ethinyl Estradiol 0.15/0.03 mg (generic Seasonique)
● Amethia Lo, Camrese Lo, Levonorgestrel/Ethinyl Estradiol 0.1/0.02 mg (84) (generic LoSeasonique)
● Apri, Cyred, Desogestrel/Ethinyl Estradiol 0.15/0.03 mg, Emoquette, Enskyce, Isibloom, Juleber, Reclipsen, (generic Desogen, Ortho-Cept)
● Aranelle, Leena (generic Tri-Norinyl)
● Aubra, Aubra EQ, Aviane, Delyla, Falmina, Larissia, Lessina, Levonorgestrel/Ethinyl Estradiol 0.1/0.02 mg, Lutera, Orsythia, Sronyx, Vienva (generic Alesse)
● Azurette, Bekyree, Desogesterel/Ethinyl Estradiol 0.15/0.02 mg, Kariva, Kimidess, Pimtrea, Viorele (generic Mircette)
● Balziva, Briellyn, Gildagia, Philith, Vyfemla, Zenchent (generic Ovcon-35)
● Blisovi 24 FE, Junel 24 FE, Larin 24 FE, Lomedia 24 FE, Norethindrone/Ethinyl Estradiol 24 FE 1/0.02 mg, Tarina 24 FE (generic Loestrin 24 FE)
● Blisovi FE, Junel FE, Larin FE, Microgestin FE, Norethindrone/Ethinyl Estradiol FE 1/0.02 mg, Tarina FE (generic Loestrin FE)
● Camila, Deblitane, Errin, Heather, Incassia, Jencycla, Jolivette, Lyza, Nora-BE, Norethindrone 35 mcg, Norlyda, Norlyroc, Sharobel, Tulana (generic Micronor, Nor-Q-D)
● Caziant, Velivet (generic Cyclessa)
● Cryselle-28, Elinest, Low-Ogestrel (generic Lo/Ovral)

#### KEY

- |   |   |
|---|---|
| ● Birth Control Pill (oral contraceptive)         | ▲ Birth Control Shot (injectable contraceptive)         |
| ○ Birth Control Ring (contraceptive vaginal ring) | ■ Birth Control Patch (contraceptive transdermal patch) |

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## Generic Hormonal Birth Control (contraceptives) continued...

- Drospirenone/Ethinyl Estradiol/Levomefolate 3-0.02-0.451 mg, Ranjani (generic Beyaz)<sup>9</sup>
- Drospirenone/Ethinyl Estradiol/Levomefolate 3-0.03-0.451 mg, Tydemy (generic Safyral)<sup>9</sup>
- Enpresse-28, Levonest, Levonorgestrel/Ethinyl Estradiol 6-5-10, Myzilra, Trivora-28 (generic Triphasil)
- Estarylla, Femynor, Mili, Mono-Linyah, MonoNessa, Norgestimate/Ethinyl Estradiol 0.25/0.035 mg, Previfem, Sprintec-28, Vylibra (generic Ortho-Cyclen)
- Ethynodiol Diacetate/Ethinyl Estradiol 1/0.035 mg, Kelnor 1/35, Zovia-1/35E (generic Demulen 1/35)
- Ethynodiol Diacetate/Ethinyl Estradiol 1/0.05 mg, Kelnor 1/50 (generic Demulen 1/50)
- Fayosim, Levonorgestrel/Ethinyl Estradiol, Rivelsa (generic Quartette)<sup>9</sup>
- Introvale, Jolessa, Levonorgestrel/Ethinyl Estradiol 0.15/0.03 mg, Quasense, Setlakin (generic Seasonale)
- Junel, Larin, Microgestin, Norethindrone/Ethinyl Estradiol 1/0.02 mg (generic Loestrin)
- Kaitlib FE, Layolis FE Chew, Norethindrone/Ethinyl Estradiol 0.8/0.25 mg (generic Generess FE)<sup>9</sup>
- Levonorgestrel/Ethinyl Estradiol 0.09/0.02 mg (generic Lybrel)
- ▲ Medroxyprogesterone Acetate 150 mg (generic Depo-Provera 150mg)
- Melodetta 24 FE, Mibelas 24 FE, Norethindrone/Ethinyl Estradiol FE 1/0.035 mg Chewable (generic Minastrin 24 FE)<sup>9</sup>
- Necon 0.5/35, Nortrel 0.5/35, Wera 0.5/35 (generic Brevicon, Modicon)
- Necon 1/50 (generic Norinyl 1/50)
- Norethindrone/Ethinyl Estradiol FE 0.4/0.35 mg, Wymzya FE, Zenchent FE (generic Femcon FE)
- Norgestimate/Ethinyl Estradiol 0.18-0.215-0.25/0.035 mg, Tri-Estarylla, Tri Femynor, Tri-Linyah, Tri-Mili, Trinessa, Tri-Previfem, Tri-Sprintec, Tri-Vylibra (generic Ortho Tri-Cyclen)
- Norgestimate/Ethinyl Estradiol 0.18-0.215-0.25/0.025 mg, Tri-Lo-Estarylla, Tri-Lo-Marzia, Tri-Lo-Sprintec, Trinessa-Lo (generic Ortho Tri-Cyclen Lo)
- Ogestrel (generic Lo/Ovral)
- Tilia FE, Tri-Legest FE (generic Estrostep FE)
- Xulane (generic Ortho Evra)

## Prescription Cervical Caps and Diaphragms for Birth Control (contraceptives)

### Brand Cervical Caps

Femcap

### Brand Diaphragms

Caya

Omniflex

Wide-Seal

## Prescription Emergency Birth Control (contraceptives)

### Brand Emergency Birth Control (contraceptives)

ella

Plan B One-Step

### Generic Emergency Birth Control (contraceptives)

Aftera, EContra EZ, EContra One Step, Fallback Solo, Levonorgestrel 1.5 mg, My Choice, My Way, New Day, Next Choice One Dose, Opcon One-Step, Option 2, React, Take Action (generic Plan B One-Step)

#### KEY

- Birth Control Pill (oral contraceptive)
- Birth Control Ring (contraceptive vaginal ring)
- ▲ Birth Control Shot (injectable contraceptive)
- Birth Control Patch (contraceptive transdermal patch)

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## Tobacco Cessation Medications<sup>4</sup>

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

- Be age 18 or older.<sup>10</sup>
- Ask your doctor to obtain notification/prior authorization if required.<sup>11,12</sup> Your doctor will need to let us know you are also getting counseling to help you stop using tobacco products.
- 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 two 90-day treatment courses are covered at no cost each year. Prior authorization<sup>11,12</sup> is required for each 90-day drug supply.

### Over-the-Counter Tobacco Cessation Medications

Nicotine Replacement Gum

Nicotine Replacement Lozenge

Nicotine Replacement Patch

### Prescription Tobacco Cessation Medications

Bupropion sustained-release (generic Zyban) Tablet<sup>11</sup>

***The following three prescription medications are covered with prior authorization after members have tried 1) One over-the-counter nicotine product and 2) Bupropion sustained-release (generic Zyban) separately.***

Nicotrol Inhaler

Nicotrol Nasal Spray

Chantix Tablet

## Breast Cancer Preventive Medications<sup>4</sup>

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

- Be age 35 or older.<sup>13</sup>
- At increased risk for the first occurrence of breast cancer—after risk assessment and counseling.
- Obtain prior authorization.

These medications are typically covered at the customary cost-share amount for your plan for the treatment of breast cancer, to prevent breast cancer recurrence and for other indications. They are available at \$0 cost-share to prevent the first occurrence of breast cancer if a prior authorization is obtained. If you qualify, you can receive these drugs at \$0 cost-share for up to five years, minus any time you have been taking them for prevention.

### Breast Cancer Medications

raloxifene

tamoxifen

## Statin Preventive Medications<sup>4</sup>

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 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.

### Statin Medications

lovastatin (generic Mevacor) – All strengths

atorvastatin (generic Lipitor) 10 & 20 mg<sup>14</sup> *prior authorization required to confirm risk of CVD*

simvastatin (generic Zocor) 5, 10, 20 & 40 mg<sup>14</sup> *prior authorization required to confirm risk of CVD*

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# Health Care Reform Pharmacy Benefit Preventive Care Medications Coverage Frequently Asked Questions

Under the health reform law, health plans must cover U.S. Preventive Services Task Force A & B Recommendation medications and FDA-approved prescription and over-the-counter (OTC) contraceptives for women at 100 percent without charging a copayment, coinsurance or deductible when:

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

To comply with these regulations which continue to be clarified further by the U.S. Dept. of Labor, Health & Human Services and the Treasury, UnitedHealthcare offers this list of \$0 cost-share Preventive Care Medications.

## Which preventive care medications are available at \$0 cost-share?

Refer to the list in this document, sign in to myuhc.com, or call the number on the back of your health plan ID card for a list of medications covered at \$0 cost-share.

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

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

This list covers all methods of FDA-approved birth control available through your **pharmacy benefit**. However, your doctor may decide you need birth control (contraception) that is not on this list for medical reasons. If so, you can request the type you need by calling the number on your health plan ID card, and asking how to obtain coverage. Medical reasons may include side effects, whether the birth control is permanent or can be reversed, and whether you can use the product as required.

Your **medical benefit** will also cover other forms of birth control such as IUDs, implants and surgical sterilization (having your tubes tied).

## What if my plan has a religious or moral exemption for covering contraceptives?

Some plans may not have coverage for contraceptives if your employer elects a religious or moral exemption. However, you

will still have coverage at \$0 cost-share of the U.S. Preventive Services Task Force A & B Recommendation medications listed on the Preventive Care Medications list, such as aspirin, tobacco cessation and breast cancer preventive medications.

## 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 \$0 cost preparation medications. You can fill this prescription at a retail network pharmacy.

## 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. For some medical reasons, your doctor may decide you need a medication that is not on this list to prepare for your preventive colonoscopy. If so, you can request the medication you need by calling the number on your health plan ID card, and asking how to obtain coverage at no cost. Medical reasons may include side effects, and 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.

## 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 individuals who have certain risk factors for cardiovascular disease. Depending on the medication, your doctor may need to submit a prior authorization request to get medications approved for you at no cost if you meet coverage criteria. For members who don't meet this \$0 cost-share criteria or don't request prior authorization, those statins will continue to be covered at the customary cost-share amount for your plan.

### **How can I get preventive medications to help me stop using tobacco at no cost?**

If you are age 18<sup>10</sup> 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 an over-the-counter or prescription medication.

Your doctor can submit a prior authorization request to get these approved for you at \$0 cost-share if you are also getting counseling to help you stop using tobacco products. Your doctor can provide this counseling or help you to find a provider.

### **If I'm at risk for breast cancer, how can I get preventive medications for no cost?**

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 these drugs are appropriate for you, your doctor may offer to prescribe risk-reducing medications, such as raloxifene or tamoxifen.

Your doctor can submit a prior authorization request to get these approved for you at \$0 cost-share if you meet coverage criteria.<sup>15</sup>

### **How can I get aspirin to prevent preeclampsia during pregnancy 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, ask your doctor about whether low-dose aspirin can help. If so, your doctor can give you a prescription for low-dose aspirin to be filled at a retail network pharmacy at no cost to you.

### **Will this drug list change?**

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

- Signing in to myuhc.com, and going to Pharmacy Information
- Calling the number on your health plan ID card

### **What if I have a high-deductible or consumer-driven health (CDH) plan?**

The same no-cost options on the list applicable to your plan will be available to you if you are in one of these plans. If you fill a prescription for covered products not on your plan's no-cost drug list, you will need to pay the full cost, until your pharmacy plan deductible is reached.

### **Are the no-cost Preventive Care Medications available at both retail and mail pharmacies?**

Preventive Care Medications are available at both network retail pharmacies and the mail order pharmacy for plans with a mail order benefit.

### **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 be impacted will be available to you by:

- Signing in to myuhc.com, and going to Pharmacy Information
- Calling the number on your health plan ID card

### **What if my doctor prescribes a similar preventive medication that is not on this list?**

The health reform law allows plans to use reasonable medical management to decide which product/medications are provided at \$0 cost-share. If you choose a no-cost product from the list applicable to your plan, your cost at the pharmacy will be \$0. If you choose a covered product/medication that is not on the list, a copay or coinsurance may be required. And this cost will apply to your deductible if you have one.

You can ask your doctor for a prescription for one of the medications on this list that your doctor feels would work for you. For some medical reasons, your doctor may decide you need a medication that is not on this list.<sup>16</sup> If so, you can request the medication you need by calling the number on your health plan ID card, and asking how to obtain coverage at no cost. Medical reasons may include side effects, and whether you can use the medication/product as required.



## Still have questions?

Sign in to [myuhc.com](https://myuhc.com) and go to Pharmacy Information or call the number on your health plan ID card.



<sup>1</sup> Please note this list is subject to change.

<sup>2</sup> Always refer to your benefit plan materials to determine your coverage for medications and cost-share. Some medications listed on the PDL may not be covered under your specific benefit. Where differences are noted, the benefit plan documents will govern.

<sup>3</sup> All brand-name medications are trademarks or registered trademarks of their respective owners.

<sup>4</sup> The listed age limits are based on U.S. Preventive Services Task Force Recommendations; coverage for additional populations may also apply as required.

<sup>5</sup> Additional products not listed on this document are covered at \$0 if your pharmacy benefit plan is administered in Oregon or Washington. Sign in to [myuhc.com](https://myuhc.com) and go to Pharmacy Information or call the number on your member ID card.

<sup>6</sup> Male condoms are eligible for coverage if your pharmacy benefit plan is administered in Washington.

<sup>7</sup> Prior Authorization is not required for covered contraceptives if your pharmacy benefit plan is administered in Maryland, Oregon, or Washington.

<sup>8</sup> These products are only available for pharmacy benefit plans administered in Connecticut and prior authorization is required.

<sup>9</sup> Prior authorization required.

<sup>10</sup> For pharmacy benefit plans administered in the state of Oregon, these tobacco cessation medications are covered for members age 15 and older.

<sup>11</sup> Prior Authorization is not required for bupropion if your pharmacy benefit plan is administered in Massachusetts or Oregon.

<sup>12</sup> Prior Authorization is not required for over-the-counter nicotine products if your pharmacy benefit plan is administered in Oregon.

<sup>13</sup> For pharmacy benefit plans administered in the District of Columbia, there is no age restriction.

<sup>14</sup> These medications are typically covered at the customary cost-share amount for your plan. However, they are available at \$0 cost-share to prevent cardiovascular disease if a prior authorization is obtained. If you qualify based on criteria above, you can receive these drugs at \$0 cost-share.

<sup>15</sup> These medications are typically covered at the customary cost-share amount for your plan. However, they are available at \$0 cost-share when used for breast cancer prevention if a prior authorization is obtained. If you qualify based on criteria above, you can receive these drugs at \$0 cost-share.

<sup>16</sup> When informed by a member's health care provider, UnitedHealthcare will accommodate a coverage exception request for any member when one of the \$0 cost medications listed on the Preventive Care Medications list may be medically inappropriate as determined by the health care provider for that member and UnitedHealthcare will waive the otherwise applicable cost-sharing for a medication not represented on the Preventive Care Medications list.