Affordable Care Act (ACA) Preventive Drug Coverage

Effective October 1, 2026

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	Product Description
• No prior authorization • No quantity limit • No age limit • Generic only • Over-the-counter (OTC)	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	Product Description
• No age limit • No prior authorization • No quantity limit • Generics and single source brands • Rx products only	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

FOLIC ACID

Recommendation	Product Description
• No age limit • No prior authorization • No quantity limit • Generic only • OTC	Single ingredient • Folic acid cap 0.8 mg • Folic acid tab 0.4 mg & 0.8 mg

TOBACCO CESSATION

Recommendation	Product Description
• 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 NS (nasal spray), generic varenicline, and generic Zyban • Generics and single source brands • Brands until generics become available • Rx or OTC	• 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 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

IMMUNIZATIONS

Recommendation	Product Description
• No age limit • Rx only • No prior authorization	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 • Smallpox and Monkeypox • Varicella

BOWEL PREPARATION MEDICATIONS

Recommendation	Product Description
• Age limit 45 through 75 years (men and women) • No prior authorization or quantity limits • Rx only • Generics and single source brands • Generics are in *italics*. Brand-names are CAPITALIZED • Brands until generics become available	• CLENPIQ • PEG-PREP KIT • SUFLAVE • SUTAB • *Polyethylene glycol-3350, sodium sulfate, sodium chloride, potassium chloride, sodium ascorbate and ascorbic acid* • *Sodium sulfate, potassium sulfate and magnesium sulfate*

STATINS

Recommendation	Product Description
• Age limit 40 to 75 years (men and women) • No prior authorization • No quantity limit • Generic only • Only low to moderate intensity statins • Rx only	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

PREEXPOSURE PROPHYLAXIS	
Recommendation • Preventive use only – **if no other HIV medication is found in patient history** • Quantity limit (1 tab/day) (2 vials/90 days) • Rx • Generics and single-source brands • Brands until generics become available	**Product Description** • Emtricitabine/tenofovir disoproxil fumarate 200 mg-300 mg • APRETUDE INJECTABLE SUSPENSION • DESCOVY 200 MG-25 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 • No age limit • Generic only • Rx only	**Product Description** • Metformin 850 mg

EMERGENCY CONTRACEPTIVES	
Recommendation • No age limit • Rx or OTCs • 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** • Levonorgestrel 1.5 mg tablet (*AfterPill, Aftera, Plan B, Econtra OS, Her Style, My Choice, My Way, New Day, Opcicon, Option 2, Shewise, Take Action)* • **ELLA** (Ulipristal 30 mg tablet) (progesterone receptor modulator)

INJECTABLE CONTRACEPTIVES	
Recommendation • No quantity limit • No age limit • 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	**Product Description** • Medroxyprogesterone acetate 150 mg IM x q3 months (*Depo-Provera*) • **DEPO-SUBQ-PROVERA 104** (Medroxyprogesterone acetate 104 mg SQ X q3 months)

ORAL CONTRACEPTIVES

Recommendation	Product Description
• No age limit • Rx or OTC • 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	EE = Ethinyl Estradiol

HIGH-DOSE MONOPHASIC PILLS

- EE 50 mcg/Ethynodiol diacetate 1 mg (*Valtya 1/50*)

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 EQ, Aviane-28, Delyla, Falmina, Lessina, Vienva)*
- **TYBLUME** (EE 20 mcg/Levonorgestrel 0.1 mg)
- EE 20 mcg/Levonorgestrel 0.1 mg/FE (*Balcoltra, Joyeaux, Minzoya*)
- **FEMLYV** (EE 20 mcg/Norethindrone 1 mg)
- 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, Feirza 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, Luizza 1/20, Microgestin 1/20, Microgestin 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)*
- EE 20 mcg/Norethindrone 1 mg/FE (*Gemmily, Taysofy, Taytulla*)
- EE 25 mcg/Norethindrone 0.8 mg/FE (*Galbriela*, *Kaitlib FE*)
- EE 30 mcg/Levonorgestrel 0.15 mcg (*Altavera, Ayuna, Chateal EQ, Kurvelo, 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, Feirza 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, Luizza 1.5/30, Microgestin 1.5/30, Microgestin FE 1.5/30)*
- EE 30 mcg/Desogestrel 0.15 mg *(Apri, Cyred EQ, Enskyce, Isibloom, Juleber, Kalliga, Reclipsen)*
- EE 30 mcg/Drospirenone 3 mg (*Syeda, Yasmin, Zumandimine)*
- EE 35 mcg/Ethynodiol diacetate 1 mg (*Kelnor 1/35, Valtya 1/35, Zovia 1/35*)
- EE 35 mcg/Norgestimate 0.25 mg (*Estarylla, Mili, Mono-linyah, Sprintec, Vylibra)*
- EE 35 mcg/Norethindrone 0.4 mg and/FE (*Balziva-28, Briellyn, Philith, Vyfemla, Wymzya FE, Xelria 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** (Estetrol 14.2 mg/Drospirenone 3 mg)

BIPHASIC PILLS

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

TRIPHASIC PILLS

- EE 20 mcg, 30 mcg, 35 mcg/Norethindrone 1 mg *(Tilia Fe, Tri-Legest FE, Xarah 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 *(Levonest)*
- EE 35 mcg/Norethindrone 0.5 mg, 1 mg, 0.5 mg *(Aranelle)*
- EE 35 mcg/Norethindrone 0.5 mg, 0.75 mg, 1 mg *(Alyacen 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, Tri-Sprintec, Tri-Vylibra)*

FOUR-PHASIC

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

ORAL CONTRACEPTIVES

PROGESTIN-ONLY PILLS "Mini-Pills"

- Norethindrone 0.35 mg (*Camila, Deblitane, Emzahh, Errin, Heather, Incassia, Jencycla, Lyleq, Lyza, Meleya, Nora-BE, Norlyroc, Orquidea, Ortho Micronor, Sharobel*)
- **OPILL** (Norgestrel 0.075 mg)
- **SLYND** (Drospirenone 4 mg)

EXTENDED – CYCLE PILLS

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

CONTINUOUS – CYCLE PILLS

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

CONTRACEPTIVES – TRANSDERMAL PATCH

Recommendation	Product Description
• No age limit • 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 (*Xulane, Zafemy*) • **TWIRLA** (Ethinyl estradiol 30 mcg/Levonorgestrel 120 mcg) • **GWYN LO** (Ethinyl estradiol 20 mcg/Norelgestromin 220 mcg)

MISCELLANEOUS CONTRACEPTIVES – INTRAUTERINE DEVICES, SUBDERMAL RODS & VAGINAL RINGS

Recommendation	Product Description
• 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	• **KYLEENA** IUD (Levonorgestrel 19.5 mcg/day) • **LILETTA** IUD (Levonorgestrel 18.6 mcg/day) • **MIRENA** IUD (Levonorgestrel 20 mcg/day) • **MIUDELLA** IUD (Copper releasing) • **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, EnilloRing, NuvaRing*) • **ANNOVERA** Vaginal System (Ethinyl estradiol 17.4 mg/Segesterone acetate 103 mg)

CONTRACEPTIVES – BARRIER METHODS

Recommendation	Product Description

• No quantity limit
• 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
	• Cervical Caps
	  ○ **FEMCAP**
	• Diaphragms
	  ○ **CAYA**
	  ○ **MILEX WIDE-SEAL**
	  ○ **OMNIFLEX COIL SPRING SILICONE**

CONTRACEPTIVES - OTC	

Recommendation
• OTC
• 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
	• Condoms
	  ○ **FC-2**
	  ○ **MALE CONDOMS**
	• Spermicides
	  ○ Nonoxynol-9 Gel 4% (*Conceptrol Gel 4%, VCF Vaginal Contraceptive Gel*)
	  ○ **ENCARE VAGINAL SUPPOSITORIES**
	  ○ **GYNOL II GEL 3%**
	  ○ **VCF VAGINAL FILM 28%**
	  ○ **VCF VAGINAL FOAM 12.5%**
	• Vaginal Sponge
	  ○ **TODAY (Nonoxynol-9)**

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

PRIMARY PREVENTION OF BREAST CANCER	
Recommendation • No age limit • 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)