

Affordable Care Act (ACA) Preventive Drug Coverage

Effective April 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
<ul style="list-style-type: none"> No prior authorization No quantity limit No age limit Generic only Over-the-counter (OTC) 	<p>Single ingredient: All oral dosage forms 81 mg Includes dosage forms such as:</p> <ul style="list-style-type: none"> Aspirin chew tab 81 mg Aspirin enteric coated tab 81 mg

ORAL FLUORIDES

Recommendation	Product Description
<ul style="list-style-type: none"> No age limit No prior authorization No quantity limit Generics and single source brands Rx products only 	<p>Single ingredient: Oral dosage forms ≤ 0.5 mg</p> <ul style="list-style-type: none"> 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
<ul style="list-style-type: none"> No age limit No prior authorization No quantity limit Generic only OTC 	<p>Single ingredient</p> <ul style="list-style-type: none"> Folic acid cap 0.8 mg Folic acid tab 0.4 mg & 0.8 mg

TOBACCO CESSATION

Recommendation	Product Description
<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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) <ul style="list-style-type: none"> 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
<ul style="list-style-type: none"> No age limit Rx only No prior authorization 	<p>Doses, recommended ages and recommended populations vary:</p> <ul style="list-style-type: none"> 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
<ul style="list-style-type: none"> 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 <i>italics</i>. Brand-names are CAPITALIZED Brands until generics become available 	<ul style="list-style-type: none"> CLENPIQ PEG-PREP KIT PLENVU SUFLAVE SUTAB <i>Polyethylene glycol-3350, sodium sulfate, sodium chloride, potassium chloride, sodium ascorbate and ascorbic acid</i> <i>Sodium sulfate, potassium sulfate and magnesium sulfate</i>

STATINS

Recommendation	Product Description
<ul style="list-style-type: none"> 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 	<p>Generic low to moderate intensity statins— includes the following strengths:</p> <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, 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	Product Description
<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Emtricitabine/tenofovir disoproxil fumarate 200 mg-300 mg APRETUDE INJECTABLE SUSPENSION DESCOVY 200 MG-25 MG

DIABETES PREVENTION

Recommendation	Product Description
<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Metformin 850 mg

EMERGENCY CONTRACEPTIVES

Recommendation	Product Description
<ul style="list-style-type: none"> No age limit Rx or OTCs Generics and single source brands (Brand names in <i>italics</i> and in parentheses are for reference only) Brand names in (BOLD/BLUE) have no generic available and are recommended for coverage 	<ul style="list-style-type: none"> Levonorgestrel 1.5 mg tablet (<i>AfterPill, Aftera, Plan B, Econtra OS, Her Style, My Choice, My Way, New Day, Opcicon, Option 2, Shewise, Take Action</i>) ELLA (Ulipristal 30 mg tablet) (progesterone receptor modulator)

INJECTABLE CONTRACEPTIVES

Recommendation	Product Description
<ul style="list-style-type: none"> No quantity limit No age limit Rx Only Brands until generics become available Brand names in <i>italics</i> and in parentheses are for reference only Brand names in (BOLD/BLUE) have no generic available and are recommended for coverage 	<ul style="list-style-type: none"> Medroxyprogesterone acetate 150 mg IM x q3 months (<i>Depo-Provera</i>) DEPO-SUBQ-PROVERA 104 (Medroxyprogesterone acetate 104 mg SQ X q3 months)

ORAL CONTRACEPTIVES

Recommendation

- 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

Product Description

EE = Ethinyl Estradiol

HIGH-DOSE MONOPHASIC PILLS

- EE 50 mcg/Ethinodiol diacetate 1 mg (*Ethinodiol 1/50, 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, Lutera, 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 mg (*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*)
- **AVERI** (EE 30 mcg/Desogestrel 0.15 mg/FE)
- 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/Ethinodiol 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*)

ORAL CONTRACEPTIVES

FOUR-PHASIC

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

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

- 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

Product Description

- Ethinyl estradiol 35 mcg/Norelgestromin 150 mcg (*Xulane, Zafemy*)
- **TWIRLA** (Ethinyl estradiol 30 mcg/Levonorgestrel 120 mcg)

MISCELLANEOUS CONTRACEPTIVES – INTRAUTERINE DEVICES, SUBDERMAL RODS & VAGINAL RINGS

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

- **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
<ul style="list-style-type: none"> No quantity limit No age limit Rx only Generics and single source brands (Brand names in <i>italics</i> and in parentheses are for reference only) Brand names in (BOLD/BLUE) have no generic available and are recommended for coverage 	<ul style="list-style-type: none"> Cervical Caps <ul style="list-style-type: none"> FEMCAP Diaphragms <ul style="list-style-type: none"> CAYA MILEX WIDE-SEAL OMNIFLEX COIL SPRING SILICONE

CONTRACEPTIVES - OTC

Recommendation	Product Description
<ul style="list-style-type: none"> OTC Generics and single source brands (Brand names in <i>italics</i> and in parentheses are for reference only) Brand names in (BOLD/BLUE) have no generic available and are recommended for coverage 	<ul style="list-style-type: none"> Condoms <ul style="list-style-type: none"> FC-2 MALE CONDOMS Spermicides <ul style="list-style-type: none"> Nonoxynol-9 Gel 4% (<i>Conceptrol Gel 4%, VCF Vaginal Contraceptive Gel</i>) ENCARE VAGINAL SUPPOSITORIES GYNOL II GEL 3% VCF VAGINAL FILM 28% VCF VAGINAL FOAM 12.5% Vaginal Sponge <ul style="list-style-type: none"> TODAY (Nonoxynol-9)

VAGINAL PH MODULATORS

Recommendation	Product Description
<ul style="list-style-type: none"> No age limit Rx Only Generics and single source brands (Brand names in <i>italics</i> and in parentheses are for reference only) Brand names in (BOLD/BLUE) have no generic available and are recommended for coverage 	<ul style="list-style-type: none"> PHEXX (lactic acid 1.8%, citric acid 1% and potassium bitartrate 0.4% vaginal gel)

PRIMARY PREVENTION OF BREAST CANCER

Recommendation	Product Description
<ul style="list-style-type: none"> No age limit No prior authorization Generic only Rx Only 	<ul style="list-style-type: none"> Anastrozole tab 1 mg Exemestane tab 25 mg Raloxifene HCl tab 60 mg Tamoxifen citrate tab 10 mg (base equiv) & 20 mg (base equiv)