

# Preventive Care Covered Medications



The Patient Protection and Affordable Care Act (PPACA), commonly referred to as “healthcare reform,” was signed into law on March 23, 2010. This important legislation results in changes to every American’s healthcare coverage, including coverage of preventive health care services and certain medications.

The law requires coverage of specific preventive medications for all plans, including self-insured or self-funded plans. Plans in existence prior to September 23, 2010, may qualify for “grandfathered” status, which would prevent the plan from having to comply with certain regulatory requirements.

The following medication coverage is required for all non-grandfathered plans as defined under the PPACA. Coverage of these medications is required with no co-payment, coinsurance, or deductible:

- **Aspirin:** All aspirin products for men and women of all ages.
- **Bowel preparation kits:** All bowel preparation kits for men and women 50 to 85 years of age. Limited to one fill per year.
- **Contraceptives:** All forms must be covered: oral, diaphragms, jelly, foams, implantable, etc.
- **Fluoride:** Oral fluoride tablets, drops and suspension covered for children ages 6 months to 5 years without fluoride in their water source.
- **Folic acid:** Folic acid 400 mcg and 800 mcg supplements for girls/women 10 to 55 years of age.
- **HIV pre-exposure prophylaxis (PrEP):** Truvada (200-300 mg) for individuals who are at high risk for HIV acquisition.\*
- **Smoking cessation:** Prescription and over-the-counter (OTC) products covered for 90 days per year.

- **Statins:** Low to moderate dose statins for men and women 40 to 75 years of age.
- **Primary prevention of breast cancer:** Raloxifene and aromatase inhibitors (for postmenopausal women) and tamoxifen\* (for women ages 35 and older) who are at increased risk for first occurrence of breast cancer.

*\*Treatment duration is a maximum of 5 years.*

In addition, PPACA provides specified coverage for immunizations. If a plan is covering these immunizations as a pharmacy benefit, these would be included in the pharmacy benefit design for no copayment, coinsurance, or deductible as well. Specific doses and ages follow current medical immunization guidelines.

ADULTS AND CHILDREN	CHILDREN ONLY
Diphtheria, Tetanus, and Pertussis	Haemophilus Influenza Type B
Hepatitis A and Hepatitis B	Inactivated Poliovirus
Human Papillomavirus	Rotavirus
Influenza	
Measles, Mumps, and Rubella	
Meningococcal	
Pneumococcal	
Varicella	
ADULTS ONLY	
Herpes Zoster	

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

*\*Coverage will be required after July 1, 2020.*

For questions about your pharmacy benefits, visit our member portal at [www.WellDyne.com](http://www.WellDyne.com) and click “For Members.” Or call Member Services at the number listed on your ID card.