



UnitedHealthcare  
Preventive Care  
Medications

# Traditional, Access and Enhanced Prescription Drug List (PDL)<sup>1,2,3,4</sup> PPACA\* \$0 Cost-share Preventive Medications

Effective: January 1, 2020

\*PPACA - Patient Protection and Affordable Care Act



## U.S. Preventive Services Task Force A & B Recommendation Medications and Supplements<sup>5</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

### 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)

#### Brand Hormonal Birth Control (contraceptives)

○ NuvaRing

#### Generic Hormonal Birth Control (contraceptives)

● Afirmelle, Aubra, Aubra EQ, Aviane, Delyla, Falmina, Larissia, Lessina, Levonorgestrel/Ethinyl Estradiol 0.1/0.02 mg, Lutera, Orsythia, Sronyx, Vienva (generic Alesse)

● Altavera, Ayuna, 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 (84), Simpesse (generic Seasonique)

● Amethia Lo, Camrese Lo, Levonorgestrel/Ethinyl Estradiol 0.1/0.02 mg (84) (generic LoSeasonique)

● Amethyst, Levonorgestrel/Ethinyl Estradiol 0.09/0.02 mg (generic Lybrel)

● Apri, Cyred, Cyred EQ, Desogestrel/Ethinyl Estradiol 0.15/0.03 mg, Emoquette, Enskyce, Isibloom, Juleber, Kalliga, Reclipsen, Solia (generic Desogen, Ortho-Cept)

● Aranelle, Leena (generic Tri-Norinyl)

● Aurovela, Junel, Larin, Microgestin, Norethindrone/Ethinyl Estradiol 1/0.02 mg (generic Loestrin)

● Aurovela 24 FE, Blisovi 24 FE, Hailey 24 FE, Junel 24 FE, Larin 24 FE, Norethindrone/Ethinyl Estradiol 24 FE 1/0.02 mg, Tarina 24 FE (generic Loestrin 24 FE)

● Aurovela FE, Blisovi FE, Gildess FE, Junel FE, Larin FE, Microgestin FE, Norethindrone/Ethinyl Estradiol FE 1/0.02 mg, Tarina FE (generic Loestrin FE)

● Azurette, Bekyree, Desogestrel/Ethinyl Estradiol 0.15/0.02 mg, Kariva, Kimidess, Pimtrea, Simliya, Viorele (generic Mircette)

● Balziva, Briellyn, Gildagia, Philith, Vyfemla, Zenchent (generic Ovcon-35)

● Camila, Deblitane, Errin, Heather, Incassia, Jencycla, Jolivette, Lyza, Nora-BE, Norethindrone 35 mcg, Norlyda, Norlyroc, Sharobel, Tulana (generic Micronor, Nor-Q-D)

● Caziant, Cesia, Velivet (generic Cyclessa)

● Cryselle-28, Elinest, Low-Ogestrel (generic Lo/Ovral)

● Drospirenone/Ethinyl Estradiol 3/0.02 mg, Gianvi, Jasmiel, Lo-Zumandimine, Loryna, Nikki, Vestura (generic Yaz)

● Drospirenone/Ethinyl Estradiol 3/0.03 mg, Ocella, Syeda, Zarah, Zumandimine (generic Yasmin)

● 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)

#### 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...

- Ethynodiol Diacetate/Ethinyl Estradiol 1/0.05 mg, Kelnor 1/50 (generic Demulen 1/50)
- Introvale, Jolessa, Levonorgestrel/Ethinyl Estradiol 0.15/0.03 mg, Quasense, Setlakin (generic Seasonale)
- ▲ Medroxyprogesterone Acetate 150 mg (generic Depo-Provera 150 mg)
- 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 (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 Lo 0.18-0.215-0.25/0.025 mg, Tri-Lo-Estarylla, Tri-Lo-Marzia, Tri-Lo-Mili, Tri-Lo-Sprintec, Trinessa Lo, Tri-Vylibra Lo (generic Ortho Tri-Cyclen Lo)
- 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, Levonorgestrel 1.5 mg, My Choice, My Way, New Day, Next Choice One Dose, Opcicon One-Step, Option 2, Preventeza, React, Take Action (generic Plan B One-Step)

## Tobacco Cessation Medications<sup>5</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.
- Ask your doctor to obtain notification/prior authorization if required.<sup>7,8,9,10</sup>
- 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.<sup>9</sup>

### 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

#### 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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## Over-the-Counter Tobacco Cessation Medications

**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. Prior authorization<sup>9</sup> is required for each 90-day drug supply.<sup>7,8,10</sup>**

Nicotrol Inhaler

Nicotrol Nasal Spray

Chantix Tablet

## Breast Cancer Preventive Medications<sup>5</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.
- 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>5</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>11</sup> *prior authorization required to confirm risk of CVD*

simvastatin (generic Zocor) 5, 10, 20 & 40 mg<sup>11</sup> *prior authorization required to confirm risk of CVD*

## Gonococcal Ophthalmia Neonatorum Preventive Medication


The U.S. Preventive Service Task Force recommends prophylactic ocular topical erythromycin ointment administration for all newborns to prevent gonococcal ophthalmia neonatorum. Typically this medication is administered after birth in a hospital setting and covered under the medical benefit. If the birth of a newborn occurs outside of the hospital setting, administration of this medication after birth is still recommended and may be covered under the pharmacy benefit.

This medication is typically covered at the customary cost-share amount for your plan. However, it is available at \$0 cost-share for newborn babies 0-1 month of age. For parents trying to get this medication before the birth of the baby, a prior authorization from your health care provider is required to receive this drug at \$0 cost-share.

## Gonococcal Ophthalmia Neonatorum Medication

erythromycin ophthalmic ointment 0.5%





# 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](http://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 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>12</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>13</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> This list does not cover the states of California, Connecticut, Delaware, District of Columbia, Illinois, Maryland, Massachusetts, Oregon, or Washington. If your pharmacy benefit is administered in one of these states please refer to your state specific PPACA \$0 Cost-share Preventive Care Medications List.

<sup>5</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>6</sup> Male condoms are eligible for coverage if your pharmacy benefit plan is administered in Maine or New Mexico.

<sup>7</sup> If your pharmacy benefit plan is administered in New Jersey, these products are not subject to prior authorization, First Start or quantity limit requirements for the first 180 days of therapy per plan year.

<sup>8</sup> If your pharmacy benefit plan is administered in Kentucky, you are eligible for a total of 180 days of medication dispensed as 30-day fills over a period of 365 days before prior authorization or step therapy requirements will be applied to additional quit attempts.

<sup>9</sup> If your pharmacy benefit plan is administered in West Virginia, these products are not subject to prior authorization or the two 90-day treatment course restriction.

<sup>10</sup> If your pharmacy benefit plan is administered in Colorado, these products are not subject to prior authorization.

<sup>11</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>12</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>13</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.