

2020 Student Formulary – Preventive Care Medications with \$0 Copay

Effective 7/1/2020

U.S. Preventive Services Task Force A & B Recommendations

The Patient Protection and Affordable Care Act (PPACA) requires that certain health plans cover essential health benefits (EHB) without charging a copayment, coinsurance, or deductible. EHBs include a variety of preventative services and medications and are outlined by US Preventive Services Task Force (USPSTF) recommendations with an A or B rating. Based on the recommendations of USPSTF and the Centers for Disease Control and Prevention (CDC), Wellfleet Rx has identified preventative medications to be covered under the pharmacy benefit and updates this list of medications and coverage criteria as needed.

USPSTF and CDC recommendation updates can occur at any time, and health plans have specified timelines to implement these recommendations in compliance with federal law. Plans that meet the definition of a “grandfathered” plan are not subject to EHB requirements. State specific requirements may vary. Wellfleet Rx will monitor for ACA-related guidance and updates to ensure compliance with all regulations.

Standard EHB Zero Copay Table

All medications, including specified OTC items (e.g., aspirin, contraceptives, folic acid, iron), included on the Wellfleet Rx EHB Zero Copay table are covered at zero copay if the member has a valid prescription; however, some medications are only covered at a zero copay for the population specified (e.g., specified age range). The table below contains the specific drug list contained in the EHB Zero Copay Table.

Drug or Vaccine	Edit	Comments
EHB Aspirin Drug List		
Aspirin	N/A	Generics only
EHB Fluoride Drug List		
Fluoride	Age 6 months to 6 years	Generics only
EHB Folic Acid Drug List		
Folic acid 0.4 mg, 0.8 mg, 1mg	N/A	Generics only
EHB Iron Drug List		

Iron	Age 6-12 months	Generics only
EHB Contraceptives Drug List		
Oral and ring hormonal contraceptives	Step therapy (if applicable)	Generics and single-source brands (SSB)
Transdermal contraceptives	N/A	Generics only (Xulane by Mylan)
Other contraceptive forms	Nexplanon: Limited to 1 per year Depo-Provera: Limited to 1 per 90 days	Covered products include the following: <ul style="list-style-type: none"> • Depo-Provera • Liletta • Mirena • Nexplanon • Nuvaring • ParaGard • Skyla
EHB Barrier Contraceptives Drug List		
Barrier contraceptives	Female condoms: 30 per 30 days	<ul style="list-style-type: none"> • Cervical cap • Diaphragms • Nonoxynol 9 • Female condoms
EHB Breast Cancer Prevention Drug List		
Raloxifene	N/A	Generics only
Tamoxifen	N/A	Generics only
EHB Bowel Preparation Drug List		
FDA-approved bowel preparations, <i>including but not limited to the following:</i> <ul style="list-style-type: none"> • Clenpiq • PEG 3350 plus electrolytes (e.g., Colyte, Golytely, MoviPrep, Nulytely) • OsmoPrep • Plenvu • Prepopik • Suclear • Suprep 	Age 50-75 years Fill limit of 2 per year	Brands and generics

EHB HIV Pre-Exposure Prophylaxis (PrEP) Drug List

Truvada (emtricitabine, FTC/ tenofovir disoproxil fumarate, TDF) Viread (TDF) Emtriva (FTC)	<ul style="list-style-type: none"> Quantity limit of 1 tablet per day No concurrent use of HIV medications for the treatment of HIV 	<ul style="list-style-type: none"> Brand Truvada until generic is available; generic individual components of Truvada (TDF and FTC). Tenofovir alafenamide (TAF)-containing agents are not included at this time.
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EHB Statin Drug List

Low-moderate intensity statins <ul style="list-style-type: none"> Altoprev (lovastatin ER) 20-60 mg Crestor (rosuvastatin) 5-10 mg Ezallor Sprinkle (rosuvastatin) 5-10mg Flolipid (simvastatin suspension) 20mg/5mL, 40mg/5mL Lescol (fluvastatin) 20-40 mg, 40 mg twice daily Lescol XL (fluvastatin) 80 mg Lipitor (atorvastatin) 10-20 mg Livalo (pitavastatin calcium) 1-4 mg Mevacor (lovastatin) 20-40 mg Pravachol (pravastatin) 10-80 mg Zocor (simvastatin) 10-40 mg Zypitamag (pitavastatin magnesium) 1-4 mg 	<ul style="list-style-type: none"> Age 40-75 years No concurrent use of secondary prevention medications* Quantity limited to statin dosages at low- to moderate-intensity Prior Authorization (Ezallor Sprinkle and Flolipid) Step Therapy (Altoprev, Ezallor Sprinkle, Lescol, Lescol XL, and Zypitamag) <p><i>*Secondary prevention medications include:</i></p> <ul style="list-style-type: none"> aspirin/dipyridamole (Aggrenox) clopidogrel (Plavix) dipyridamole nitroglycerin – oral, sublingual, transdermal, translingual prasugrel (Effient) ticagrelor (Brilinta) ticlopidine vorapaxar (Zontivity) 	Brands and generics
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EHB Smoking Cessation Table

bupropion (Zyban)	Age ≥ 18 years Quantity limit	Generic only
Chantix (varenicline)	Age ≥ 18 years Quantity limit	Brand
nicotine inhaler	Age ≥ 18 years Quantity limit	OTC

	Step Therapy: trial of nicotine transdermal patch required	
nicotine spray	Age ≥ 18 years Quantity limit Step Therapy: trial of nicotine transdermal patch required	OTC
nicotine gum or lozenge	Age ≥ 18 years Quantity limit	OTC
nicotine transdermal patches	Age ≥ 18 years Quantity limit	OTC
EHB Vaccines – Influenza Table		
Influenza vaccines	1 dose per 180 days	Flublok, Fluzone High Dose, Fluzone Intradermal, and Fluad will continue to have adult age edits
EHB Vaccines – Other Table		
Human papillomavirus (Gardasil, Gardasil 9, Cervarix)	Age 9-26 years 3 doses per 365 days	N/A
Hepatitis A (Vaqta, Havrix)	Age ≥18 years 2 doses per 365 days	N/A
Hepatitis B	Age ≥18 years 3 doses per 365 days (Engerix-B Adult; Recombivax HB) 2 doses per 365 days (Heplisav-B)	N/A
Hepatitis B/Hepatitis A combo (TwinRix)	Age ≥18 years 4 doses per 365 days	N/A
Measles, mumps, rubella (MMR)	Age ≥18 years 2 doses per 365 days	N/A
Meningococcal serogroup B vaccine (Bexsero, Trumenba)	Age 10-25 years 2 doses per 365 days (Bexsero) 3 doses per 365 days (Trumenba)	N/A
Meningococcal quadrivalent conjugate vaccine [MenACWY (Menactra, Menveo)]	Age 11-23 years 1 dose per 365 days	N/A
Pneumococcal polysaccharide (Pneumovax 23)	1 dose per 365 days	N/A



Tetanus, diphtheria, pertussis (Tdap) Tetanus, diphtheria (Td)	Age ≥ 18 years 1 dose per 365 days	N/A
Varicella	Age ≥ 18 years 2 doses per 365 days	N/A
Zoster vaccine, live (Zostavax)	Age ≥ 60 years 1 dose per 365 days	N/A
Zoster vaccine, recombinant (Shingrix)	Age ≥ 50 years 2 doses per 365 days	N/A

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