

July 2023 Student Formulary – Preventive Care Medications with \$0 Copay
 Updates Effective 7/1/2023

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), 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	<ul style="list-style-type: none"> 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 Contraceptives Drug List		
Oral and ring hormonal contraceptives	<ul style="list-style-type: none"> Step therapy (if applicable) 	Generics and single-source brands (SSB)
Transdermal contraceptives	N/A	Generics only (Xulane by Mylan)
Other contraceptive forms	<ul style="list-style-type: none"> 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 ParaGard Skyla Phexxi
EHB Barrier Contraceptives Drug List		
Barrier contraceptives	<ul style="list-style-type: none"> 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		
<ul style="list-style-type: none"> Raloxifene Tamoxifen Soltamox Anastrozole Exemestane 	<ul style="list-style-type: none"> Anastrozole: Age ≥ 35 years; limited to 1 per day Exemestane: Age ≥ 35 years; limited to 1 per day Raloxifene: Limited to 1 per day 	Brands and generics

EHB Bowel Preparation Drug List

FDA-approved bowel preparations, including but not limited to the following:

- Bisacodyl
- Clenpiq
- PEG 3350 plus electrolytes (e.g., Colyte, Golytely, MoviPrep, Nulytely)
- Magnesium citrate
- Magnesium hydroxide
- OsmoPrep
- Plenvu
- Prepopik
- Sodium phosphate
- Suclear
- Suprep
- Sutab

- Age 45-75 years
- Quantity limit of 2 per year

Brands and generics

EHB HIV Pre-Exposure Prophylaxis (PrEP) Drug List

- Descovy (emtricitabine/tenofovir alafenam)
- Truvada (emtricitabine, FTC/tenofovir disoproxil fumarate, TDF)
- Apretude (cabotegravir) extended-release injectable suspension

- Descovy: Quantity limit of 1 tablet per day
- Generic Truvada: Quantity limit of 1 tablet per day
- Apretude: Quantity limit of 1 injection every 8 weeks
- No concurrent use of HIV medications for the treatment of HIV

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) Praluent Repatha ticagrelor (Brilinta) ticlopidine vorapaxar (Zontivity) 	Generics and Livalo
EHB Smoking Cessation Table		
bupropion (Zyban)	<ul style="list-style-type: none"> Age ≥ 18 years Quantity limit 	Generic only
Varenicline (Chantix)	<ul style="list-style-type: none"> Age ≥ 18 years Quantity limit 	Brand and generic
nicotine inhaler	<ul style="list-style-type: none"> Age ≥ 18 years Quantity limit Step Therapy: trial of nicotine transdermal patch required 	OTC
nicotine spray	<ul style="list-style-type: none"> Age ≥ 18 years Quantity limit Step Therapy: trial of nicotine transdermal patch required 	OTC

nicotine gum or lozenge	<ul style="list-style-type: none"> • Age ≥ 18 years • Quantity limit 	OTC
nicotine transdermal patches	<ul style="list-style-type: none"> • Age ≥ 18 years • Quantity limit 	OTC
EHB Vaccines – Influenza		
Influenza vaccines	<ul style="list-style-type: none"> • 1 dose per 180 days 	Flublok, Fluzone High Dose, Fluzone Intradermal, and Fluad will continue to have adult age edits
EHB Vaccines – Other		
COVID-19 J&J/Janssen [Ad26] Moderna [mRNA] Pfizer [mRNA] (Comirnaty – <i>New as of July 2023</i>) Novavax [Ad] – <i>New as of July 2023</i>	N/A	N/A
Diphtheria, tetanus, pertussis [DTaP] (Infanrix, Daptacel)	N/A	N/A
Diphtheria, tetanus, pertussis [DTaP]/Polio (Quadracel, Kinrix)	N/A	N/A
Diphtheria, tetanus, pertussis [DTaP]/Hepatitis B/Polio (Pediatrix)	N/A	N/A
Diphtheria, tetanus, pertussis [DTaP]/ Polio/ <i>Haemophilus influenzae</i> type B/ Hepatitis B (Vaxelis)	N/A	N/A
Diphtheria, tetanus, pertussis [DTaP]/Polio/ <i>Haemophilus influenzae</i> type B (Pentacel)	N/A	N/A
Human papillomavirus (Gardasil, Gardasil 9)	<ul style="list-style-type: none"> • Age 9-45 years • 3 doses per 365 days 	N/A
Hepatitis A (Vaqta, Havrix)	<ul style="list-style-type: none"> • 2 doses per 365 days 	N/A



Hepatitis B (Engerix-B, Recombivax HB, Hepilisav-B)	<ul style="list-style-type: none"> • 3 doses per 365 days (Engerix-B Adult; Recombivax HB) • 2 doses per 365 days (Hepilisav-B) 	N/A
Hepatitis B/Hepatitis A combo (TwinRix)	<ul style="list-style-type: none"> • Age ≥18 years • 4 doses per 365 days 	N/A
<i>Haemophilus influenzae</i> type B (ActHIB, Hiberix, PedvaxHIB)	N/A	N/A
Japanese Encephalitis (Ixiaro)	N/A	N/A
Measles, mumps, rubella (M-M-R II, Priorix)	<ul style="list-style-type: none"> • 2 doses per 365 days 	N/A
Measles, mumps, rubella, varicella [MMRV](ProQuad)	N/A	N/A
Meningococcal serogroup B [MenB (Bexsero, Trumenba)]	<ul style="list-style-type: none"> • Age 10-25 years • 2 doses per 365 days (Bexsero) • 3 doses per 365 days (Trumenba) 	N/A
Meningococcal quadrivalent conjugate [MenACWY (Menactra, Menveo, MenQuadfi)]	<ul style="list-style-type: none"> • Age 11-23 years, <u>unless required upon freshman admission</u> • 1 dose per 365 days 	N/A
Pneumococcal polysaccharide (Pneumovax 23)	<ul style="list-style-type: none"> • 1 dose per 365 days • Age ≥ 19 years, if immunocompromised 	N/A
Pneumococcal conjugate (Prevnar 13, Prevnar 20, Vaxneuvance)	<ul style="list-style-type: none"> • Prevnar 20, Vaxneuvance: • Age ≥ 65 years • Age ≥ 19 years, if immunocompromised 	N/A
Poliovirus (Ipol)	N/A	N/A
Rotavirus (Rotarix, Rotateq)	N/A	N/A
Tetanus, diphtheria, pertussis [Tdap (Adacel, Boostrix)]	<ul style="list-style-type: none"> • 1 dose per 365 days 	N/A
Tetanus, diphtheria [Td (Tenivac, Tdvax)]	<ul style="list-style-type: none"> • 1 dose per 365 days 	N/A
Varicella (Varivax)	<ul style="list-style-type: none"> • 2 doses per 365 days 	N/A
Zoster vaccine, recombinant (Shingrix)	<ul style="list-style-type: none"> • Age ≥ 50 years • Age ≥ 19 years, if immunocompromised • 2 doses per 365 days 	N/A