



January 2025 Student Formulary – Preventive Care Medications with \$0 Copay Updates Effective 1/1/2025

U.S. Preventative 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	Age 6 months to 6 years	Generics only
EHB Folic Acid Drug List		
Folic acid 0.4 mg, 0.8 mg, 1 mg	N/A	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)

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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, <i>including but not limited to the following</i> : <ul style="list-style-type: none"> • Bisacodyl • Clenpiq • PEG 3350 plus electrolytes (e.g., Colyte, Golytely, MoviPrep, Nulytely) • Magnesium citrate • Magnesium hydroxide • OsmoPrep • Plenvu • Prepopik • Sodium phosphate • Suclear • Suprep • Sutab 	<ul style="list-style-type: none"> • Age 45-75 years • Quantity limit of 2 per year 	Brands and generics

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EHB Pre-Diabetes Drug List		
<ul style="list-style-type: none"> • Metformin immediate-release tablets, extended-release tablets, and solution 		Generic products; for members aged 35 years or older who have been diagnosed with pre-diabetes
EHB HIV Pre-Exposure Prophylaxis (PrEP) Drug List		
<ul style="list-style-type: none"> • Descovy (emtricitabine/tenofovir alafenam) • Truvada (emtricitabine, FTC/tenofovir disoproxil fumarate, TDF) • Apretude (cabotegravir) extended-release injectable suspension 	<ul style="list-style-type: none"> • 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 	N/A
EHB Statin Drug List		
<p>Low-moderate intensity statins</p> <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 • clopidogrel • dipyridamole • nitroglycerin – oral, sublingual, transdermal, translingual • prasugrel • Praluent • Repatha • ticagrelor (Brilinta) • ticlopidine • vorapaxar (Zontivity) 	Generics and Livalo

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EHB Smoking Cessation Drug List		
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 Fludac will continue to have adult age edits
EHB Vaccines – Other		
COVID-19 Moderna [mRNA] [SpikeVax] Pfizer [mRNA] (Comirnaty) Novavax [Ad]	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 (Pediarix)	N/A	N/A
Diphtheria, tetanus, pertussis [DTaP]/ Polio/ <i>Haemophilus influenzae</i> type B/ Hepatitis B (Vaxelis)	N/A	N/A

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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, Heplisav-B)	<ul style="list-style-type: none"> 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)	<ul style="list-style-type: none"> Age \geq18 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 \geq 19 years, if immunocompromised 	N/A
Pneumococcal conjugate (Prennar 13, Prennar 20, Vaxneuvance)	<ul style="list-style-type: none"> Prennar 20, Vaxneuvance: Age \geq 65 years Age \geq 19 years, if immunocompromised 	N/A
Poliovirus (Ipol)	N/A	N/A
Respiratory syncytial virus (Arexvy, Abrysvo) – new as of 1/1/24	<ul style="list-style-type: none"> Arexvy: Age \geq 60 years Abrysvo: Age \geq 60 years OR in pregnant individuals between 32-36 weeks gestational age 	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

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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

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