



July 2026 Student Formulary – Preventive Care Medications with \$0 Copay Updates Effective 7/1/2026

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

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
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EHB HIV Pre-Exposure Prophylaxis (PrEP) Drug List

<ul style="list-style-type: none"> Apretude (cabotegravir) ER injectable suspension Descovy (emtricitabine/tenofovir alafenam) emtricitabine / tenofovir disoproxil fumarate Yeztugo (lenacapavir) ER injectable suspension & tablets 	<ul style="list-style-type: none"> Descovy: Quantity limit of 1 tab/day Generic Truvada: Quantity limit of 1 tab/day Apretude: Quantity limit of 1 injection every 8 weeks No concurrent use of HIV medications for the treatment of HIV 	N/A
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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



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 ≥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
Meningococcal pentavalent [MenABCWY (Penbraya)]	<ul style="list-style-type: none"> • Age 10-25 • 2 doses 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
Respiratory syncytial virus (Arexvy, Abrysvo)	<ul style="list-style-type: none"> • Arexvy: Age ≥ 60 years • Abrysvo: Age ≥ 60 years OR in pregnant individuals between 32-36 weeks gestational age 	N/A

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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

*May not be included under some plans, as certain religious plan sponsors may be exempt from offering contraceptive services. Note that certain plan sponsors have been granted a religious accommodation as permitted by the Affordable Care Act and state law, to exclude coverage of all forms of contraceptives. In some cases, separate payment may be available. Consult your plan documents or contact customer service at the number on your ID card for more information. This information is subject to change, for informational purposes only, does not constitute legal or other advice, and should not be relied upon to determine coverage.