

Pharmacy Management Drug Policy

SUBJECT: Patient Protection and Affordable Care Act - Preventive Items and Services

POLICY NUMBER: PHARMACY-86

EFFECTIVE DATE: 1/1/2020

LAST REVIEW DATE: 1/1/2020

If the member's subscriber contract excludes coverage for a specific service or prescription drug, it is not covered under that contract. In such cases, medical or drug policy criteria are not applied. Medical or drug policies apply to commercial and Health Care Reform products only when a contract benefit for the specific service exists.

DESCRIPTION:

The Patient Protection and Affordable Care Act (PPACA) imposes a number of insurance reforms and mandates, including a requirement to cover certain *preventive items and services* at 100 percent and ensure these items and services are not subject to deductibles or other cost-sharing limitations.

The following list of preventive medications should be used as a guide. It cannot be considered a comprehensive listing of medications available or covered without cost sharing. Coverage of any of the listed medications (including over-the-counter (OTC) medications) requires a prescription from a licensed healthcare provider. Not all medications are covered in all formularies under these categories, medications not covered would include brand-named drugs that have generic equivalents. Some categories have age limits. Any drugs that are covered thru the formulary exception process will be covered without cost sharing. Any multisource brand drugs on the formulary (other than contraceptives and smoking cessation products which are already covered with no cost share) will be covered at zero cost share if the prescriber submits a request with clinical rationale stating that the generic is not appropriate for the member.

This list is subject to change as ACA guidelines are updated or modified or new drugs are available.

Coverage and criteria:

Women's Contraceptives - Covered products include oral contraceptives (including emergency contraception), topical contraception (patch), vaginal contraception (vaginal ring), injectable contraception, OTC contraceptive methods (female condom, spermicides, sponge) and contraceptive devices (diaphragms, cervical cap).

- Coverage of a non-formulary contraceptive without cost share will be granted in all instances where a prescriber explains that a medical need exists. This does not apply to Managed Medicaid contracts where a trial of all formulary alternatives is required.

Folic Acid Products - Folic acid tablet 0.4mg and 0.8mg for ages 11 and older

Breast Cancer Prevention - Tamoxifen, Raloxifene Soltamox

Aspirin Products - Aspirin 81mg and 325mg for ages less than 60 years

Fluoride Products - Fluoride chewable tablet 0.25 mg, 0.5 mg and 1mg, Fluoride drops 0.125mg, 0.25mg and 0.5mg. Multivitamin w/ fluoride chewable 0.25mg and 0.5mg, Multivitamin w/ fluoride drops 0.25mg and 0.5mg suspension – for ages up to and including age 16.

Bowel preps (limit of 2 prescriptions per year) – Bisacodyl, Magnesium citrate, Milk of magnesia, Peg 3350-electrolyte covered for those between the ages of 50-75

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Statins – Low to moderate dose such as Atorvastatin 10-20mg, Fluvastatin IR and XL 20-80mg, Lovastatin 10-40mg, Pravastatin 10-80mg, Simvastatin 5-40mg, Rosuvastatin 5-10mg covered for those between the ages of 40-75

Smoking Cessation Products - Prescription and OTC products will be covered for adults 18 years of age and older. The following products are covered: patches, gums, nasal sprays, inhalers, lozenges, Chantix and bupropion sr (generic for Zyban)

Immunizations - Covered immunizations include those that are routine vaccines recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention and that meet the US Food and Drug Administration approved indications for age and/ or gender limitations. Coverage of vaccines at a retail pharmacy are limited to vaccines that a New York State licensed pharmacist is legally able to administer and is in-network.

Medications for pre-exposure prophylaxis (PREP) for HIV – Truvada (this applies only to the 200/300mg strength which has the indication for PREP), tenofovir, Vemlidy, Viread powder, Descovy

UPDATES:

Date	Revision
1/1/2020	Created

REFERENCES:

1. CDC. U.S. Medical Eligibility Criteria for Contraceptive Use, 2016. MMWR 2016;65:1-108
2. Department of Reproductive Health, World Health Organization. Medical eligibility criteria for contraceptive use. Fifth edition, 2015
3. Patient Protection and Affordable Care Act, 42 U.S.C. § 18001 et seq. (2010)
4. New York Insurance Law, Sections §§ 3216(i)(17)(E), 3221(l)(8)(e), and 4303(j)(3)
5. New York Insurance Law, Sections §§ 3221(l)(16)(A)(1) or 4303(cc)(1)(A)