



For members  
Effective: January 1, 2019

# Preventive Care Medications

\$0 Cost-Share Medications & Products<sup>1, 2, 3</sup>



Under the health reform law (Affordable Care Act), pharmacy benefit plans must cover certain Preventive Care Medications at 100% - without charging a co-pay, co-insurance or deductible.

These products include:

- U.S. Preventive Services Task Force A & B Recommendation medications
- Food and Drug Administration (FDA)-approved prescription and Over-The-Counter (OTC) birth control (contraceptives) for women

To follow this law, OptumRx is offering this updated list of no-cost Preventive Care Medications.

You can use your OptumRx member ID card to get the products on this list for no cost if they are:

- Prescribed by a health care professional
- Age- and condition-appropriate
- Filled at a network pharmacy

These products are available at no cost to you on both standard and high-deductible or consumer-driven health plans. To find a network pharmacy, login to **optumrx.com**, select "Pharmacy Locator" on the right hand side of the screen and enter your zip code - or call the number on your OptumRx member ID card. If you get these drugs or products from an out-of-network pharmacy, you will have to pay the full cost for them. Male forms of birth control are not currently considered Preventive Care Medications under the Affordable Care Act.

## U.S. Preventive Services Task Force A & B Recommendation Medications and Supplements<sup>4</sup>

A prescription is required to get these medications and supplements at no cost - even though most are available over-the-counter (OTC).

Medication/Supplement	Reason
<b>OTC</b>	
Aspirin - 81 mg	Prevent preeclampsia during pregnancy
Aspirin - 81 & 325 mg	Prevent cardiovascular disease and colon cancer
Folic acid 400 & 800 mcg Prenatal vitamins with 400 - 800 mcg folic acid	Prevent birth defects
Bisacodyl EC Tab	Bowel preparation for colonoscopy needed for preventive colon cancer screening. Limit of one \$0-cost fill per year.
Magnesium Citrate Sol	Bowel preparation for colonoscopy needed for preventive colon cancer screening. Limit of one \$0-cost fill per year.
PEG 3350 (generic Miralax) <i>Only the OTC product may be covered at \$0 cost-share. The prescription version of this product may be covered with a copay or co-insurance depending on your plan.</i>	Bowel preparation for colonoscopy needed for preventive colon cancer screening. Limit of one \$0-cost fill per year.

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Medication/Supplement	Reason
<b>Prescription</b>	
<b>Generic Colyte 240/22.74 g sold as:</b> PEG-3350/electrolytes Gavilyte-C	Bowel preparation for colonoscopy needed for preventive colon cancer screening. Limit of one \$0-cost fill per year.
<b>Generic Golytely 236/22.7 g sold as:</b> PEG-3350/electrolytes Gavilyte-G	Bowel preparation for colonoscopy needed for preventive colon cancer screening. Limit of one \$0-cost fill per year.
<b>Generic Nulytely sold as:</b> PEG-3350/NaCl/NaBicarbonate/KCl Gavilyte-N Trilyte	Bowel preparation for colonoscopy needed for preventive colon cancer screening. Limit of one \$0-cost fill per year.
Fluoride chew tablets, drop (not toothpaste, rinses)	Prevent dental cavities if water source is deficient in fluoride

## Tobacco Cessation Medications<sup>4</sup>

If you need help to quit smoking or using tobacco products, these preventive medications are available at \$0 cost-share.

To qualify, you need to:

- Be age 18 or older
- Get a prescription for these products from your doctor, even if the products are sold over-the-counter (OTC)
- Fill the prescription at a network pharmacy

Up to 180 days of treatment are covered at no cost each year. Maximum daily dose quantity limits apply.

### Over-the-counter Medications

Nicotine Replacement Gum

Nicotine Replacement Lozenge

Nicotine Replacement Patch

### Prescriptions

Bupropion sustained-release (generic Zyban) Tablet

***These three prescription medications are covered after members have tried: 1) One over-the-counter nicotine product and 2) Bupropion sustained-release (generic Zyban) separately.***

Chantix Tablet

Nicotrol Inhaler

Nicotrol Nasal Spray

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## Breast Cancer Preventive Medications<sup>4</sup>

For members who have a higher chance for breast cancer but have not had breast cancer, these preventive medications are available at \$0 cost-share. To qualify, a member must:

- Be age 35 or older
- Be at increased chance for the first occurrence of breast cancer – after risk assessment and counseling
- Obtain Prior Authorization

Most plans cover these medications at normal cost-share for the treatment of breast cancer, to prevent breast cancer recurrence and for other indications. Your doctor must submit a 'Health Care Reform - \$0 Breast Cancer Preventive' prior authorization form to request \$0 cost-share for primary prevention, if you meet the coverage criteria. If you qualify, you can receive these drugs at \$0 cost-share for up to five years, minus any time you have been taking them for prevention.

### Breast Cancer Medications (prescription)

raloxifene

tamoxifen

## Statin Preventive Medications<sup>4</sup>

The U.S. Preventive Service Task Force recommends that adults without a history of cardiovascular disease (CVD) — symptomatic coronary artery disease or stroke — use a low-to-moderate-dose statin for the primary prevention of CVD events in individuals who meet the following criteria:

- Are age 40-75, **and**
- Have one or more cardiovascular risk factors (high cholesterol, diabetes, hypertension, or smoking), **and**
- A calculated 10-year risk of a cardiovascular event of 10% or greater.

### Statins available at \$0 cost-share (effective 12/1/17 or later, depending on specific plan benefits)

lovastatin (generic Mevacor) – All strengths (Ages 40-75 years)

\*atorvastatin (generic Lipitor) 10 & 20 mg Prior Authorization required to confirm risk of CVD

\*simvastatin (generic Zocor) 5, 10, 20 & 40 mg Prior Authorization required to confirm risk of CVD

\*These medications are typically covered at the customary cost-share amount for your plan. Your doctor must submit a, "Health Care Reform - \$0 Statin Preventive," prior authorization form to request \$0 cost share for primary prevention, if you meet the above coverage criteria.

## Women's Health: Birth Control Products

### Birth Control Caps & Diaphragms (cervical)

Caya  
Femcap  
Omniflex  
Wide Seal

### Birth Control Pills

**Four Phase Birth Control Pills:**  
Natazia

### Generic Alesse & Levlite sold as:

Aubra  
Aubra EQ  
Aviane  
Delyla  
Falmina  
Larissia  
Lessina-28  
Levonor/Ethi 0.1-0.02  
Lutera  
Orsythia  
Sronyx  
Vienna

### Generic Beyaz sold as:

Drospire/Eth Estr/Lev  
Rajani

### Generic Brevicon 0.5/35 & Modicon 0.5/35 sold as:

Necon 0.5/35  
Nortrel 0.5/35  
Wera 0.5/35

**You can get a 3-month supply of your medication mailed to you with no cost for standard shipping. Just call the phone number on your OptumRx ID card, and ask for home delivery.**

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## Women's Health: Birth Control Products continued...

<p><b>Generic Cyclessa Pak sold as:</b> Caziant Pak Cesia Pak Velivet Pak</p>	<p><b>Generic Loestrin 1.5/30 sold as:</b> Junel 1.5/30 Larin 1.5/30 Microgestin 1.5/30</p>	<p><b>Generic Nordette-28 sold as:</b> Altavera Chateal Chateal EQ Kurvelo Levonor/ethinyl estradiol Levora-28 Lillow Marlissa Portia-28</p>
<p><b>Generic Demulen 1/35 sold as:</b> Ethy Eth Est 1-35 Kelnor 1/35 Zovia 1/35E</p>	<p><b>Generic Loestrin FE 1/20 sold as:</b> Blisovi FE 1/20 Gildess FE 1/20 Junel FE 1/20 Larin FE 1/20 Microgestin FE 1/20 Noreth/Ethin FE 1/20 Tarina FE 1/20</p>	<p><b>Generic Norinyl 1+50-28 sold as:</b> Necon 1/50-28</p>
<p><b>Generic Demulen 1/50 sold as:</b> Ethinodiol 1-50 Kelnor 1/50 Zovia 1/50E</p>	<p><b>Generic Loestrin FE 1.5/30 sold as:</b> Blisovi FE 1.5/30 Gildess FE 1.5/30 Junel FE 1.5/30 Larin FE 1.5/30 Microgestin FE 1.5/30</p>	<p><b>Generic Ortho-Cyclen 0.25/35 sold as:</b> Estarylla Femynor Mili 0.25/35 Mono-Linyah Mononessa Norgestimate &amp; Ethinyl Estradiol 0.25mg-35mcg Previfem Sprintec 28 Vylibra</p>
<p><b>Generic Desogen-28 &amp; Ortho-Cept sold as:</b> Apri Cyred Deso/ethinyl estradiol Emoquette Enskyce Isibloom tab 0.15-30 Juleber Reclipsen Solia</p>	<p><b>Generic Lo/Ovral-28 sold as:</b> Cryselle-28 Elinest Low-Ogestrel</p>	<p><b>Generic Ortho Micronor &amp; Nor-QD sold as:</b> Camila 0.35mg Deblitane Errin 0.35mg Heather 0.35mg Incassia 0.35mg Jencycla 0.35mg Jolivette 0.35mg Lyza 0.35mg Nora-Be 0.35mg Norethindron 0.35mg Norlyda 0.35mg Norlyroc Sharobel Tulana 0.35mg</p>
<p><b>Generic Estrostep FE sold as:</b> Tilia FE Tri-Legest FE</p>	<p><b>Generic Loseasonique sold as:</b> Amethia Lo Camrese Lo Levonorgestrel and Ethinyl Estradiol</p>	<p><b>Generic Ortho-Novum 1/35-28 &amp; Norinyl 1/35 sold as:</b> Alyacen 1/35 Cyclafem 1/35 Dasetta 1/35 Necon 1/35 Nortrel 1/35 Pirmella 1/35</p>
<p><b>Generic Femcon FE chewable sold as:</b> Nore/Eth/Fer CHW Wymzya FE CHW Zenchent FE CHW</p>	<p><b>Generic Lybrel 90-20mcg sold as:</b> Amethyst 90-20mcg Levo-Eth Est 90-20mcg</p>	
<p><b>Generic Generess FE CHW sold as:</b> Kaitlib FE CHW Layolis FE CHW Noreth/Ethin FE CHW</p>	<p><b>Generic Minastrin 24 CHW FE sold as:</b> Melodetta CHW 24 FE Mibelas 24 CHW FE Noreth/Ethin CHW FE 1/20</p>	
<p><b>Generic Loestrin 24 FE sold as:</b> Blisovi 24 FE Junel 24 FE Larin 24 FE Lomedia 24 FE Microgestin 24 FE Noreth/Ethin FE 1/20</p>	<p><b>Generic Mircette 28 Day sold as:</b> Azurette Bekyree Deso/Ethinyl estradiol Kariva Kimidess Pimtrea Violele</p>	
<p><b>Generic Loestrin 1/20 sold as:</b> Junel 1/20 Larin 1/20 Microgestin 1/20 Noreth/Ethin 1/20</p>		

You can get a 3-month supply of your medication mailed to you with no cost for standard shipping. Just call the phone number on your OptumRx ID card, and ask for home delivery.

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## Women's Health: Birth Control Products continued...

<p><b>Generic Ortho-Novum 10/11 sold as:</b> Necon 10/11-28</p>	<p><b>Generic Seasonale sold as:</b> Introvale Jolessa Levonor/ethinyl estradiol Quasense Setlakin</p>	<p>Levonorgestrel 1.5mg, (generic Plan B One-Step)</p>
<p><b>Generic Ortho-Novum 7/7/7-28 sold as:</b> Alyacen 7/7/7 Cyclafem 7/7/7 Dasetta 7/7/7 Necon 7/7/7 Nortrel 7/7/7 Pirmella 7/7/7</p>	<p><b>Generic Seasonique sold as:</b> Amethia Ashlyna Camrese Daysee Levonor/ethi estradio</p>	<p><b>Over-The-Counter (OTC) Birth Control</b> (must have a prescription and get them from a network pharmacy for OptumRx to cover the costs)</p>
<p><b>Generic Ortho Tri-Cyclen sold as:</b> Norgestimate/Ethinyl Estradiol Tri-Estaryll Tri Femynor Tri-Linyah Tri-Mili Tri-Previfem Tri-Sprintec Tri-Vylibra Trinessa</p>	<p><b>Generic Tri-Norinyl 28 sold as:</b> Aranelle Leena</p>	<p>Contraceptive films (e.g. VCF Vaginal)</p>
<p><b>Generic for Ortho Tri-Cyclen Lo sold as:</b> Norgest/Ethi Estradio Tri-Lo-Estaryll Tri-Lo-Marzia Tri-Lo-Sprintec Trinessa Lo</p>	<p><b>Generic Triphasil sold as:</b> Enpresse-28 Levonest Levonor/Ethi Myzilra Trivora-28</p>	<p>Contraceptive foams (e.g. VCF Vaginal Aer)</p>
<p><b>Generic Ovcon-35 sold as:</b> Balziva Briellyn Gildagia Philith Vyfemla Zenchent</p>	<p><b>Generic Yasmin 28 3-0.03mg sold as:</b> Drospir/Ethi 3-0.03mg Ocella 3-0.03mg Syeda 3-0.03mg Zarah</p>	<p>Contraceptive gels (e.g. Gynol II, Shur-Seal, VCF Vaginal)</p>
<p><b>Generic Ovral sold as:</b> Ogestrel</p>	<p><b>Generic Yaz 3-0.02mg sold as:</b> Drospirenone/ethy est Gianvi Loryna Nikki Vestura</p>	<p>FC Female (female condom)</p>
<p><b>Generic Quartette sold as:</b> Fayosim Levonor/Ethi tab Estradio Rivelsa</p>	<p><b>Birth Control Rings (vaginal)</b></p>	<p>Generic emergency birth control (e.g. Aftera, EContra EZ, Econtra OS, Opcicon, Fallback, Levonorgestr tab 1.5mg, My Choice, My Way, New Day, Next Choice, Option 2, React, Take Action)</p>
<p><b>Generic Safyral sold as:</b> Dros/Eth Est tab Levomefo Tydemy</p>	<p><b>Birth Control Patches (transdermal)</b></p>	<p>Today sponge</p>
	<p><b>Generic Ortho Evra sold as:</b> Xulane</p>	<p><b>Birth Control IUD's and Implants.</b></p>
	<p><b>Birth Control Shots (injection)</b></p>	<p>Kyleena Liletta Mirena Nexplanon Paragard Skyla</p>
	<p>medroxyprogesterone 150mg IM (generic Depo-Provera contraceptive)</p>	<p><i>Some methods of birth control, such as IUDs and Implants, may be available through your medical benefit and not your pharmacy benefit.</i></p>
	<p><b>Emergency Birth Control</b></p>	
	<p>ella</p>	

You can get a 3-month supply of your medication mailed to you with no cost for standard shipping. Just call the phone number on your OptumRx ID card, and ask for home delivery.

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# Frequently Asked Questions

## Pharmacy Benefit Preventive Care Medications Coverage

### What Preventive Care Medications are available at no cost?

Look at the list in this document, login to **optumrx.com**, or call the number on your OptumRx ID card for a list of medications covered at \$0 cost-share.

Please note, in order to obtain coverage at no cost for preventive care medications and products (including over-the-counter) you will need a prescription from your doctor.

### Are all birth control products available at no cost?

No, only the products on the list applicable to your plan will be \$0 under the pharmacy benefit.<sup>5</sup> The health reform law allows plans to use reasonable medical management to decide which birth control products will be provided at no cost.

If you choose a product from this list, your cost at the pharmacy will be \$0. If you choose a covered birth control product that is not on the list, a co-pay or co-insurance may be required. And this cost will apply to your deductible if you have one.

### What if my doctor says I need birth control that is not on this list?

This list includes at least one form of birth control from FDA-approved methods typically available through your **pharmacy benefit**. If your doctor recommends pharmacy-dispensed birth control not on our list for medical reasons, OptumRx will cover that recommended drug or product at no cost to you through our exceptions process. Just call the number on your OptumRx ID card, and ask how to obtain coverage. Medical reasons may include side effects, whether the birth control is permanent or can be reversed, and whether you can use the product as required.

Some methods of birth control, such as IUDs and Implants, may be available through your **medical benefit** and not your pharmacy benefit.

### Is my plan required to cover contraceptives?

Some plans may not have coverage for contraceptives if your employer elects a religious or moral exemption. Also, some organizations (Eligible Organizations) can choose not to cover contraceptives for religious or moral reasons; OptumRx may provide or arrange for contraceptive coverage for members of Eligible Organizations as allowed by the health reform law.

In either event, you will still have coverage without cost-share of the U.S. Preventive Services Task Force A & B Recommendation medications listed on the Preventive Care Medications list (such as aspirin).

### If I'm at risk for preeclampsia during pregnancy, how can I get low-dose aspirin for no cost?

Low-dose or baby aspirin (81 mg) is available at no cost to pregnant women at risk for preeclampsia. If you are pregnant and at risk for preeclampsia, talk to your doctor about whether low-dose aspirin can help. If so, your doctor can give you a prescription for low-dose aspirin which can be filled at no cost to you at a network retail pharmacy.

### If I need to take preparation medications before a preventive colonoscopy, how can I get these for no cost?

If you are scheduled for a preventive colonoscopy, ask your doctor for a prescription for one of the no cost preparation medications. You can fill this prescription at a retail network pharmacy at no cost to you. Note: There is a limit of one \$0-cost fill per year.

### What if my doctor prescribes a preparation medication for my preventive colonoscopy that is not on this list?

You can ask your doctor for a prescription for one of the medications on this list that your doctor feels would work for you. For some medical reasons, your doctor may decide you need a medication that is not on this list to prepare for your preventive colonoscopy. If so, you can request the medication you need by calling the number on your health plan ID card, and asking how to obtain coverage at no cost. Medical reasons may include side effects, and whether you can use the product as required.

If you need a prescription medication to prepare for a colonoscopy that is **not preventive**, these medications may still be covered with a co-payment or co-insurance.

### How can I get preventive medications to help me stop using tobacco for no cost?

If you are age 18 or older and want to quit using tobacco products, talk to your doctor about medications that can help. If your doctor decides this therapy is right for you, they may prescribe a generic over-the-counter or prescription medication.

The tobacco cessation products on this list are available at no cost to you if they are:

- Prescribed by your doctor
- Filled at a network pharmacy
- Meet use and quantity guidelines

Continued ➡

## Frequently Asked Questions continued...

### **If I'm at risk for breast cancer but have not had it, how can I get preventive drugs for \$0 cost-share?**

If you are a member age 35 or older, talk to your doctor about your risk of getting breast cancer if you have not had it.

If your doctor decides this treatment is appropriate for you, your doctor may offer to prescribe risk-reducing medications, such as raloxifene or tamoxifen.<sup>6</sup>

Your doctor must submit a 'Health Care Reform - \$0 Breast Cancer Preventive' prior authorization form to request \$0 cost-share if you meet the coverage criteria.

### **If I'm at risk for cardiovascular disease, how can I get statin medications at no cost to me?**

If you are a member age 40-75, and at risk for cardiovascular disease, your doctor may offer to prescribe statin medications. Select statins are covered at no cost-share for people who have certain risk factors for cardiovascular disease. Depending on the medication, your doctor may need to submit a 'Health Care Reform - \$0 Statin Preventive' prior authorization form to request \$0 cost-share if you meet coverage criteria. For members who don't meet this \$0 cost-share criteria or don't request prior authorization, statins will continue to be covered at the customary cost-share amount for your plan.

### **How many Preventive Care Medications can I get?**

Some products have quantity limits based on FDA approved dosing or product packaging. Coverage is limited to up to a 30 day supply at retail pharmacies or up to a 90 day supply from home delivery.

### **Will this drug list change?**

Drug lists can and do change, so it's always good to check. You can find the most updated information by:

- Logging in to **optumrx.com**, or
- Calling the number on your OptumRx ID card.

### **What if I have a high-deductible or consumer-driven health (CDH) plan?**

The same no cost options on the list applicable to your plan will be available to you. If you fill a prescription for covered birth control products that are not on your plan's no cost drug list, you will need to pay the full cost, until your deductible is reached.

### **Are the no cost Preventive Care Medications available at both retail and home delivery pharmacies?**

Preventive Care Medications are available at network retail pharmacies. Most are also available at the OptumRx® Home Delivery Pharmacy for plans with a home delivery benefit.

The OptumRx Home Delivery Pharmacy can mail a 3-month supply of your medication right to you with no cost for standard shipping. That means you can order four times a year instead of making 12 trips to pick up your medication. To start using home delivery, just call the number on your OptumRx ID card.

### **What if the health care reform law requirements for Preventive Care Medication coverage change?**

If the law requiring plans to provide preventive care medications at no cost changes, information on how your costs may change will be available to you by:

- Logging in to **optumrx.com**, or
- Calling the number on your OptumRx ID card.

1. Please note this list is subject to change.
2. Always refer to your benefit plan materials to determine your coverage for medications and cost-share. Some medications may not be covered under your specific benefit. Where differences are noted, the benefit plan documents will govern.
3. All branded medications are trademarks or registered trademarks of their respective owners.
4. The listed age limits are based on U.S. Preventive Services Task Force Recommendations; coverage for additional populations may also apply as required.
5. When informed, an issuer must accommodate any member when one of the zero cost contraceptives may be medically inappropriate as determined by the member's health care provider and waive the otherwise applicable cost-sharing for a contraceptive not currently covered at zero cost.
6. If your pharmacy benefit plan is grandfathered under the ACA, these drugs may be covered at the normal cost-share.



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