



**Affordable Care Act (ACA)-Essential Health Benefit (EHB)
Zero Dollar Copay Preventive Medication List
White Paper**

ACA-EHB: Zero Dollar Copay Preventive Medication List

The Patient Protection and Affordable Care Act (ACA) is the health care reform law passed by Congress and signed by President Obama in 2010; it requires that new and non-grandfathered health plans cover preventive essential health benefits (EHB) without charging a copayment, coinsurance, or deductible. Plans that meet the definition of a “grandfathered” plan are not subject to EHB requirements. EHBs include a variety of preventative services and medications that are outlined by the United States Preventive Services Task Force (USPSTF) recommendations with an A or B rating, recommendations from the Advisory Committee on Immunization Practices (ACIP), and guidelines supported by the Health Resources and Services Administration (HRSA) for pediatrics and women. Based on the recommendations of USPSTF, HRSA, and the Centers for Disease Control and Prevention (CDC)/ACIP, MedImpact has identified medications to be covered under the pharmacy benefit.

USPSTF, HRSA, and ACIP/CDC recommendation updates can occur at any time and health plans have specified timelines to implement these recommendations in compliance with federal law. New recommendations will be required to be covered without cost-sharing starting with the plan year (or in the individual market, the policy year) that begins on or after the date that is one year after the date the recommendation is issued. State specific requirements may vary. Implementation dates are vetted internally with MedImpact regulatory compliance partners, and MedImpact will continuously monitor for ACA-related guidance and updates to ensure compliance with all regulations.

Regarding the inclusion of branded and generic products on the EHB Zero Dollar Copay List, plans may cover a generic drug without cost-sharing and impose cost-sharing for equivalent branded drugs; however, a plan or issuer must accommodate any individual for whom the generic drug would be medically inappropriate (as determined by the individual’s health care provider) with a mechanism for waiving the otherwise applicable cost-sharing for the branded or non-preferred brand version.

Definitions and Abbreviations		
<p>ACA: Patient Protection and Affordable Care Act, also called “PPACA” or “Obamacare”</p> <p>ACIP: Advisory Committee on Immunization Practices</p> <p>CDC: Centers for Disease Control and Prevention</p>	<p>FDA: United States Food & Drug Administration</p> <p>HRSA: Health Resources and Services Administration</p> <p>MSB: Multiple-source brand; available as brand-name and as generic equivalents/alternatives</p> <p>NCCN: National Comprehensive Cancer Network</p>	<p>OTC: Over-the-counter</p> <p>PA: Prior authorization</p> <p>SSB: Single source brand; drug marketed/sold protected under patent exclusivity</p> <p>USPSTF: United States Preventive Services Task Force</p>

Summary of 1Q21 ACA/EHB Zero Dollar Copay List Updates (effective 4/1/2021)		
Change	Action	Rationale
EHB Breast Cancer Prevention	Modify: tamoxifen and raloxifene to include an age restriction.	To align with USPSTF and NCCN recommendations. This is similar to exemestane

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		and anastrozole. Claims outside of applicable age will process at plan-designated copay, if applicable.
EHB Breast Cancer Prevention	Modify: anastrozole age restriction.	To align with USPSTF recommended age for breast cancer risk reduction.
EHB Bowel Preparations	Add: Sutab with quantity limit and age restriction	New FDA-approved colonoscopy preparation.
EHB Other Optional Vaccines	Add: Menquadfi with quantity limit and age restriction.	New meningococcal group ACWY vaccine that is listed within ACIP quadrivalent meningococcal recommendations.

Standard ACA-EHB Zero Dollar Copay Table

All medications, including specified over the counter (OTC) items (e.g., aspirin, contraceptives, folic acid, iron), included on the MedImpact EHB Zero Dollar Copay standard 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).

Drug	Edit	Comments
Aspirin Drug List		
Aspirin	N/A	Generics only
Barrier Contraceptives Drug List		
Barrier contraceptives	Quantity limit of 30 per 30 days (female condoms)	Cervical cap, Diaphragms, Nonoxynol 9, Female condoms
Breast Cancer Prevention Drug List		
Raloxifene Tamoxifen Anastrozole Exemestane	Age ≥35 Quantity limit of 1 per day (exemestane, anastrozole)	Generics only Age qualification allows patients to begin treatment after/within applicable age
Bowel Preparation Drug List		
FDA-approved bowel preparations	Age 50-75 years Quantity limit of 2 per year	SSB and generics Clenpiq, PEG 3350 plus electrolytes (e.g., Colyte, Golytely, MoviPrep, Nulytely), OsmoPrep, Plenvu, Prepopik, Suprep
Contraceptives Drug List		
Oral and ring hormonal contraceptives	Step therapy (if applicable)	SSB and Generics

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Drug	Edit	Comments
Transdermal contraceptives	N/A	Generics only (Xulane by Mylan)
Other contraceptive forms	Quantity limit of 1 per year (Nexplanon) and 1 per 90 days (Depo-Provera)	Covered products include the following: Depo-Provera, Liletta, Mirena, Nexplanon, ParaGard, Skyla
Fluoride Drug List		
Fluoride	Age 6 months to 6 years	Generics only
Folic Acid Drug List		
Folic acid	N/A	Generics only 0.4 mg, 0.8 mg only
Iron Drug List		
Ferrous sulfate	Age 6-12 months	Generics only 15 mg/mL oral drops only
PrEP Drug List		
Truvada (emtricitabine, FTC/tenofovir disoproxil fumarate, TDF) Viread (TDF) Emtriva (FTC)	Quantity limit of 1 tablet per day No concurrent use of HIV medications for the treatment of HIV	Generics only <i>Tenofovir alafenamide (TAF)-containing agents are not included at this time.</i>
Statin Drug List		
Low-moderate intensity generic and certain brand statins	Age 40-75 years No concurrent use of secondary prevention medications [e.g., Aggrenox (aspirin/dipyridamole), Plavix (clopidogrel), dipyridamole, nitroglycerin (oral, sublingual, transdermal, translingual), Effient (prasugrel), Brilinta (ticagrelor), ticlopidine, Zontivity (vorapaxar)] Quantity limited to statin dosages at low-to-moderate intensity Prior Authorization: Flolipid PA for patients unable to use tablet simvastatin; SSB/MSB PA for patients unable to use generics	Generics and one SSB (Livalo) Low-moderate intensity daily dosing: <ul style="list-style-type: none"> • Crestor (rosuvastatin) 5-10 mg • Lescol (fluvastatin) 20-80 mg (40 mg twice daily) • Lescol XL (fluvastatin) 80 mg • Lipitor (atorvastatin) 10-20 mg • Livalo (pitavastatin calcium) 1-4 mg • Mevacor (lovastatin) 10-40 mg • Pravachol (pravastatin) 10-80 mg • Zocor (simvastatin) 5-40 mg

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Drug	Edit	Comments
	Step Therapy: (Altoprev, Lescol, Lescol XL, and Zypitamag)	

Optional ACA-EHB Zero Dollar Copay Tables

Additional product categories, such as vaccines and smoking cessation agents, may be covered by an in-network provider on the medical benefit, pharmacy benefit, or both, as determined by the plan. MedImpact has developed optional tables for clients who elect to cover these agents on the pharmacy benefit. Immunizations for routine use, or ACIPs recommended immunizations for all persons may include the vaccines listed on the optional table. Except for the flu vaccine, which may not coincide with a “well child” visit, most vaccines for children age 18 years or younger are covered via the plan’s medical benefit, frequently administered at the routine “well child” visits. As adults do not typically visit the provider’s office as frequently or routinely as children, routine items such as tetanus, recommended for all adults, is provided on the optional vaccine table. Certain vaccines are recommended for adults on the basis of age, lifestyle, health conditions, job, international travel, and previous vaccines received; as some conditions and/or risk factors warrant evaluation for immunocompromising states, chronic conditions, or asplenia, these vaccines are left to the determination of the provider.

Vaccine	Edit
Optional Vaccines – Influenza Table	
Influenza vaccines	Age ≥ 18 years for Flublok, ≥ 65 for Fluzone High Dose and Fluad, Quantity limit of 1 dose per 180 days
Optional Vaccines – Other Table	
Human papillomavirus (Gardasil 9)	Age 9-26 years, Quantity limit of 3 doses per 365 days
Hepatitis A (Vaqta, Havrix)	Age ≥18 years, Quantity limit of 2 doses per 365 days
Hepatitis B	Age ≥18 years, Quantity limit of 3 doses per 365 days (Engerix-B Adult; Recombivax HB); 2 doses per 365 days (Heplisav-B)
Hepatitis B/Hepatitis A combo (TwinRix)	Age ≥18 years, Quantity limit of 4 doses per 365 days
Measles, mumps, rubella (MMR)	Age ≥18 years, Quantity limit of 2 doses per 365 days
Meningococcal serogroup B vaccine (Bexsero, Trumenba)	Age 10-25 years, Quantity limit of 2 doses per 365 days (Bexsero); 3 doses per 365 days (Trumenba)
Meningococcal quadrivalent conjugate [MenACWY (Menactra, Menveo, MenQuadfi)]	Age 11-23 years, Quantity limit of 1 dose per 365 days
Pneumococcal polysaccharide	Age ≥65 years, Quantity limit of 1 dose per 365 days

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Vaccine	Edit
(Pneumovax 23)	
Tetanus, diphtheria, pertussis (Tdap) Tetanus, diphtheria (Td)	Age ≥ 18 years, Quantity limit of 1 dose per 365 days
Varicella	Age ≥ 18 years, Quantity limit of 2 doses per 365 days
Zoster vaccine, live (Zostavax)	Age ≥ 60 years, Quantity limit of 1 dose per 365 days
Zoster vaccine, recombinant (Shingrix)	Age ≥ 50 years, Quantity limit of 2 doses per 365 days

Drug	Edit	Comments
Optional EHB Smoking Cessation Table		
<i>QL edit allows for up to a 180-day supply per year (two 90-day smoking attempts) with selected agent(s) utilized contributing to the total.</i>		
bupropion (generic for Zyban)	Age ≥ 18 years, Quantity limit	Generic only
Chantix (varenicline)	Age ≥ 18 years, Quantity limit	SSB
Nicotine inhaler (Nicotrol)	Age ≥ 18 years, Quantity limit, Step Therapy: trial of nicotine transdermal patch	Prescription
Nicotine spray (Nicotrol NS)	Age ≥ 18 years, Quantity limit, Step Therapy: trial of nicotine transdermal patch	Prescription
Nicotine gum or lozenge	Age ≥ 18 years, Quantity limit	OTC
Nicotine transdermal patches	Age ≥ 18 years, Quantity limit	OTC

Additional information regarding ACA requirements can be viewed at the following websites:

- [CDC: Advisory Committee on Immunization Practices \(ACIP\) Vaccine Recommendations and Guidelines](#)
- [HealthCare.gov: Preventive care benefits for adults](#)
- [US Department of Labor FAQs about ACA Implementation \(Part XXVI\)](#)
- [US Preventive Services Task Force Recommendations for Primary Care Practice](#)
- [The Center for Consumer Information & Insurance Oversight: Affordable Care Act Implementation FAQs- Set 18](#)

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