



**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 ACA/EHB Zero Dollar Copay List Updates to be Effective 01/01/2024
<ul style="list-style-type: none"> • Removal of Osmoprep from bowel prep drug list

Last reviewed: 01/01/2024

Last revised: 01/01/2024



MedImpact.com

Copyright © 2023 MedImpact Healthcare Systems, Inc. All rights reserved. These materials are intended strictly for referential use by MedImpact’s business partners. Any other use, or use by any other party, is strictly forbidden and requires written consent of MedImpact Healthcare Systems, Inc.



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

Summary of ACA/EHB Zero Dollar Copay List Updates to be Effective 07/01/2024

- **Addition** of quantity limit to all oral contraceptives
- **Removal** of remaining MSB oral contraceptives

Summary of PENDING ACA/EHB Zero Dollar Copay List Updates

- **Addition** of step therapy for Suflave and Plenvu
- **Addition** of step therapy for select SSBs and high-cost generic oral contraceptives
- **Addition** of COVID-19 vaccines. All COVID-19 products have been managed by the Public Health and COVID Council team since the public health emergency (PHE) declaration in 2020. We await their decision to term their program offerings before we can add the vaccines to the ACA/EHB program.
- **New** optional pediatric tables will be available soon that will include ACIP recommended routine vaccinations and the RSV monoclonal antibody, Beyfortus.

Standard ACA-EHB Zero Dollar Copay Table

All medications, including specified over the counter (OTC) items (e.g., aspirin, contraceptives, folic acid), 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). **Zero Cost Share Prior Authorizations are available for the medically necessary exception process on all standard drug lists.**

Drug	Edit	Comments
Aspirin Drug List		
Aspirin	• N/A	Generics only
Breast Cancer Prevention Drug List		
Raloxifene Tamoxifen Anastrozole Exemestane	• Age ≥35 • Quantity limit of 1 per day	Generics only Quantity limit set to preventative dosing
Bowel Preparation Drug List		
FDA-approved bowel preparations	• Age 45-75 years • Fill limit of 2 per year • Quantity limit per label	SSB and generics only Clenpiq, PEG 3350 plus electrolytes (e.g., Colyte, Golytely, MoviPrep, Nulytely), Plenvu, Prepopik, Suprep, Sutab, Suflave
Contraceptives Drug List		
Oral/ring hormonal contraceptives	• Quantity limit 1 per day (Nextstellis)	SSB and generics only Includes emergency contraception

Last reviewed: 01/01/2024

Last revised: 01/01/2024



MedImpact.com

Copyright © 2023 MedImpact Healthcare Systems, Inc. All rights reserved. These materials are intended strictly for referential use by MedImpact's business partners. Any other use, or use by any other party, is strictly forbidden and requires written consent of MedImpact Healthcare Systems, Inc.



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

Drug	Edit	Comments
Transdermal contraceptives	<ul style="list-style-type: none"> • N/A 	Generics only (Xulane by Mylan)
Barrier contraceptives	<ul style="list-style-type: none"> • Quantity limit (condoms only) 	Cervical cap, Diaphragms, Sponge, Nonoxynol 9, Condoms
Other contraceptive forms	<ul style="list-style-type: none"> • Quantity limit of 1 per year (Nexplanon) • Quantity limit of 1 per 90 days (Depo-Provera) 	Depo-Provera, Liletta, Mirena, Nexplanon, ParaGard, Skyla
Fluoride Drug List		
Fluoride	<ul style="list-style-type: none"> • Age 6 months to 6 years 	Generics only
Folic Acid Drug List		
Folic acid	<ul style="list-style-type: none"> • N/A 	Generics only 0.4 mg, 0.8 mg only
PrEP Drug List		
Truvada (emtricitabine, FTC/tenofovir disoproxil fumarate, TDF) Viread (TDF) Emtriva (FTC)	<ul style="list-style-type: none"> • Quantity limit of 1 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	<ul style="list-style-type: none"> • 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 • Flolipid Suspension Prior Authorization for patients unable to use tablets 	Generics and one SSB (Livalo) Low-moderate intensity daily dosing: <ul style="list-style-type: none"> • atorvastatin 10-20 mg • fluvastatin 20-80 mg (40 mg twice daily) • fluvastatin XL 80 mg • lovastatin 10-40 mg • Livalo (pitavastatin calcium) 1-4 mg • pravastatin 10-80 mg • rosuvastatin 5-10 mg • simvastatin 5-40 mg

Last reviewed: 01/01/2024

Last revised: 01/01/2024



MedImpact.com

Copyright © 2023 MedImpact Healthcare Systems, Inc. All rights reserved. These materials are intended strictly for referential use by MedImpact's business partners. Any other use, or use by any other party, is strictly forbidden and requires written consent of MedImpact Healthcare Systems, Inc.



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

Drug	Edit	Comments
	<ul style="list-style-type: none"> Atorvaliq Suspension Prior Authorization for patients unable to use tablets 	

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 with **shared clinical decision-making** as defined by the CDC, or ACIPs recommended immunizations for all persons may include the vaccines listed on these optional tables. 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 in **special circumstances** on the basis of age, lifestyle, health conditions, job, international travel, and previous vaccines received. As some conditions and/or risk factors warrant further evaluation, the administration of these vaccines in **special circumstances** are left to the determination of the provider. Vaccines recommended by the CDC in **special circumstances** are not considered an EHB and as such, are not included on these optional tables. For example, pneumococcal vaccines are **routinely** recommended for **all** adults over the age of 65 so are included on these tables with an age requirement of 65 years or older. The CDC does recommend pneumococcal vaccination in **special circumstances** for those under age 65, but these are not included because they are not **routine** for **all** persons under age 65.

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 9-45 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 (PreHevbrio; Recombivax HB); 2 doses per 365 days (Heplisav-B); Quantity limit of 4 doses per 365 days (Engerix-B Adult)
Hepatitis B/Hepatitis A combo (TwinRix)	Age ≥18 years, Quantity limit of 4 doses per 365 days
Measles, mumps, rubella (MMR), Priorix	Age ≥18 years, Quantity limit of 2 doses per 365 days

Last reviewed: 01/01/2024

Last revised: 01/01/2024



MedImpact.com

Copyright © 2023 MedImpact Healthcare Systems, Inc. All rights reserved. These materials are intended strictly for referential use by MedImpact’s business partners. Any other use, or use by any other party, is strictly forbidden and requires written consent of MedImpact Healthcare Systems, Inc.



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

Vaccine	Edit
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 (Pneumovax 23) Pneumococcal 15-valent conjugate (Vaxneuvance) Pneumococcal 20-valent conjugate (Prevnar 20)	Age ≥65 years, Quantity limit of 1 dose per 365 days
Respiratory Syncytial Virus (RSV) (Abrysvo and Arexvy)	Age ≥60 years, Quantity limit 0.5 mL per fill, Fill limit 1 per 365 days (Abrysvo and Arexvy) Age <60 years, SCC code to confirm current pregnancy status, Quantity limit 0.5 mL per fill, Fill limit 1 per 365 days (Abrysvo only)
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, 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>		
<i>Zero cost share Prior Authorization available for medically necessary exception process</i>		
bupropion (generic for Zyban)	Age ≥ 18 years, Quantity limit	Generic only
Chantix (varenicline)	Age ≥ 18 years, Quantity limit	Generic only
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](#)
- Adult Vaccine Schedules: <https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html>

Last reviewed: 01/01/2024

Last revised: 01/01/2024



MedImpact.com

Copyright © 2023 MedImpact Healthcare Systems, Inc. All rights reserved. These materials are intended strictly for referential use by MedImpact's business partners. Any other use, or use by any other party, is strictly forbidden and requires written consent of MedImpact Healthcare Systems, Inc.



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

- Pediatric Vaccine Schedules: <https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html>
- [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](#)
- [FAQs About Affordable Care Act Implementation Part 51, Families First Coronavirus Response Act and Coronavirus Aid, Relief, and Economic Security Act Implementation](#)

Last reviewed: 01/01/2024

Last revised: 01/01/2024

MedImpact

MedImpact.com

Copyright © 2023 MedImpact Healthcare Systems, Inc. All rights reserved. These materials are intended strictly for referential use by MedImpact's business partners. Any other use, or use by any other party, is strictly forbidden and requires written consent of MedImpact Healthcare Systems, Inc.