



**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.

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

<b>Summary of ACA/EHB Zero Dollar Copay List Updates to be Effective 10/1/2022</b>
<ul style="list-style-type: none"> <li>• None</li> </ul>

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## Summary of ACA/EHB Zero Dollar Copay List Updates to be Effective 1/1/2023

- **Addition** of male condoms. This is in response to the Health Resources and Services Administration (HRSA) accepted recommendation from the Women’s Preventive Services Initiative (WPSI), which is a cooperative agreement of the American College of Obstetricians and Gynecologists (ACOG) stating, “WPSI recommends that adolescents and adult patients have access to the full range of contraceptives and contraceptive care to prevent unintended pregnancies and improve health outcomes. This recommendation removes the language specifying coverage of “female controlled condoms” to “condoms,” allowing male condoms to now be covered without cost sharing.

## Summary of ACA/EHB Zero Dollar Copay List Updates to be Effective 4/1/2023

- **Removal** of multi-source branded products from the contraceptive drug lists (now will include single-source branded products and generics only)
- **Addition** of quantity limit on raloxifene and tamoxifen for breast cancer prevention to align all agents on the drug list

## 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). *Zero Cost Share Prior Authorizations are available for the medically necessary exception process on all standard drug lists.*

Drug	Edit	Comments
<b>Aspirin Drug List</b>		
Aspirin	• N/A	Generics only
<b>Breast Cancer Prevention Drug List</b>		
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
<b>Bowel Preparation Drug List</b>		
FDA-approved bowel preparations	• Age 45-75 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, Sutab
<b>Contraceptives Drug List</b>		
Oral/ring hormonal contraceptives	• N/A	SSB and Generics Includes emergency contraception

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Drug	Edit	Comments
Transdermal contraceptives	<ul style="list-style-type: none"> <li>N/A</li> </ul>	Generics only (Xulane by Mylan)
Barrier contraceptives	<ul style="list-style-type: none"> <li>Quantity limit of 30 per 30 days (female condoms)</li> </ul>	Cervical cap, Diaphragms, sponge, Nonoxynol 9, Female condoms
Other contraceptive forms	<ul style="list-style-type: none"> <li>Quantity limit of 1 per year (Nexplanon)</li> </ul>	Covered products include: Depo-Provera, Liletta, Mirena, Nexplanon, ParaGard, Skyla
<b>Fluoride Drug List</b>		
Fluoride	<ul style="list-style-type: none"> <li>Age 6 months to 6 years</li> </ul>	Generics only
<b>Folic Acid Drug List</b>		
Folic acid	<ul style="list-style-type: none"> <li>N/A</li> </ul>	Generics only 0.4 mg, 0.8 mg only
<b>PrEP Drug List</b>		
Truvada (emtricitabine, FTC/tenofovir disoproxil fumarate, TDF) Viread (TDF) Emtriva (FTC)	<ul style="list-style-type: none"> <li>Quantity limit of 1 per day</li> <li>No concurrent use of HIV medications for the treatment of HIV</li> </ul>	Generics only  <i>Tenofovir alafenamide (TAF)-containing agents are not included at this time.</i>
<b>Statin Drug List</b>		
Low-moderate intensity generic and certain brand statins	<ul style="list-style-type: none"> <li>Age 40-75 years</li> <li>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)]</li> <li>Quantity limited to statin dosages at low-to-moderate intensity</li> <li>Flolipid Prior Authorization for patients unable to use tablet simvastatin</li> </ul>	Generics and one SSB (Livalo) Low-moderate intensity daily dosing: <ul style="list-style-type: none"> <li>Crestor (rosuvastatin) 5-10 mg</li> <li>Lescol (fluvastatin) 20-80 mg (40 mg twice daily)</li> <li>Lescol XL (fluvastatin) 80 mg</li> <li>Lipitor (atorvastatin) 10-20 mg</li> <li>Livalo (pitavastatin calcium) 1-4 mg</li> <li>Mevacor (lovastatin) 10-40 mg</li> <li>Pravachol (pravastatin) 10-80 mg</li> <li>Zocor (simvastatin) 5-40 mg</li> </ul>

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**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
<b>Optional Vaccines – Influenza Table</b>	
Influenza vaccines	Age ≥ 18 years for Flublok, ≥ 65 for Fluzone High Dose and Fluad, Quantity limit of 1 dose per 180 days
<b>Optional Vaccines – Other Table</b>	
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 (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)	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 (Pneumovax 23) Pneumococcal 15-valent conjugate (Vaxneuvance) Pneumococcal 20-valent conjugate (Prevnar 20)	Age ≥65 years, Quantity limit of 1 dose per 365 days
Tetanus, diphtheria, pertussis (Tdap) Tetanus, diphtheria (Td)	Age ≥ 18 years, Quantity limit of 1 dose per 365 days

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Vaccine	Edit
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
<b>Optional EHB Smoking Cessation Table</b> <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>
- 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](#)

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