

# AFFORDABLE CARE ACT (ACA) PREVENTATIVE DRUG LIST WHITE PAPER

## ACA: Preventative Drug 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 (i.e., zero cost share). Plans that meet the definition of a “grandfathered” plan are not subject to ACA 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 a pre-specified timeline 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. 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 ACA Preventative Drug 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		
<b>ACA:</b> Patient Protection and Affordable Care Act, also called “PPACA”	<b>EHB:</b> Essential health benefits <b>FDA:</b> United States Food & 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>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
<b>ACIP:</b> Advisory Committee on Immunization Practices <b>CDC:</b> Centers for Disease Control and Prevention		

### Summary of ACA/EHB Zero Dollar Copay List Updates to be Effective 01/01/2026

- **Addition** of Penmeny to adult and pediatric MenABCWY vaccine lists.

### Summary of ACA/EHB Zero Dollar Copay List Updates to be Effective 07/01/2026

- **Removal** of non-81 mg aspirin strengths from Aspirin Drug List. Only aspirin 81 mg will remain on drug list to align with USPSTF recommendations.

# AFFORDABLE CARE ACT (ACA) PREVENTATIVE DRUG LIST WHITE PAPER

## Standard ACA Preventative Drugs Table

All medications, including specified over the counter (OTC) items (e.g., aspirin, contraceptives, folic acid), included on the MedImpact ACA Preventative Drugs standard table are covered at zero cost share if the member has a valid prescription; however, some medications are only covered at a zero cost share 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	Eligibility Criteria	Comments
<b>Aspirin Drug List</b>		
Aspirin	<ul style="list-style-type: none"><li>• N/A</li></ul>	81 mg generics only
<b>Breast Cancer Prevention Drug List</b>		
Raloxifene Tamoxifen Anastrozole Exemestane	<ul style="list-style-type: none"><li>• Age <math>\geq 35</math></li><li>• Quantity limit of 1 per day</li></ul>	Generics only Quantity limit set to preventative dosing
<b>Bowel Preparation Drug List</b>		
FDA-approved bowel preparations	<ul style="list-style-type: none"><li>• Age 45-75 years</li><li>• Fill limit of 2 per year</li><li>• Quantity limit per label</li><li>• ST for non-preferred products (Plenvu and Suflave)</li></ul>	SSB and generics only Clenpiq, PEG 3350 plus electrolytes (e.g., Colyte, Golytely, MoviPrep, Nulytely), Plenvu, Prepopik, Suprep, Sutab, Suflave
<b>Contraceptives Drug List</b>		
Oral/ring hormonal contraceptives	<ul style="list-style-type: none"><li>• Quantity limit 28 per 21 days (routine oral contraceptives only)</li></ul>	SSB and generics only Includes emergency and OTC contraception
Transdermal contraceptives	<ul style="list-style-type: none"><li>• N/A</li></ul>	SSB and generics only
Barrier contraceptives	<ul style="list-style-type: none"><li>• Quantity limit (condoms only)</li></ul>	Cervical cap, Diaphragms, Sponge, Nonoxynol 9, Phexxi, Condoms
Other contraceptive forms	<ul style="list-style-type: none"><li>• Quantity limit of 1 per year (Nexplanon)</li><li>• Quantity limit of 1 per 90 days (Depo-Provera)</li></ul>	SSB and generics only Depo-Provera, Liletta, Mirena, Nexplanon, ParaGard, Skyla
Digital Therapeutics	<ul style="list-style-type: none"><li>• N/A</li></ul>	Natural Cycles Digital Application (annual subscription only). Member must submit a Direct Member Reimbursement (DMR) request.
<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 Prenatal vitamins	<ul style="list-style-type: none"><li>• N/A</li></ul>	Generic folic acid 0.4 mg, 0.8 mg Generic and low-cost SSB prenatal vitamins

# AFFORDABLE CARE ACT (ACA) PREVENTATIVE DRUG LIST WHITE PAPER

Drug	Eligibility Criteria	Comments
<b>PrEP Drug List</b>		
Truvada (emtricitabine, FTC/tenofovir disoproxil fumarate, TDF) Viread (TDF) Emtriva (FTC) Descovy (TAF/FTC) Apretude (cabotegravir)	<ul style="list-style-type: none"> <li>Quantity limit of 1 tab per day (Truvada, Viread, Emtriva, Descovy)</li> <li>Quantity limit of 7 doses per 365 days (Apretude)</li> <li>No concurrent use of HIV medications for the treatment of HIV</li> </ul>	Generics and SSB only
<b>Statin Drug List</b>		
atorvastatin fluvastatin lovastatin pitavastatin pravastatin rosuvastatin simvastatin	<ul style="list-style-type: none"> <li>Age 40-75 years</li> <li>No concurrent use of secondary prevention medications [e.g., <i>Aggrenox (aspirin/dipyridamole)</i>, <i>Plavix (clopidogrel)</i>, <i>dipyridamole</i>, <i>nitroglycerin (oral, sublingual, transdermal, translingual)</i>, <i>Effient (prasugrel)</i>, <i>Brilinta (ticagrelor)</i>, <i>ticlopidine</i>, <i>Zontivity (vorapaxar)</i>]</li> <li>Quantity limited to statin dosages at low-to-moderate intensity</li> <li>Flolipid and Atorvaliq Suspension Prior Authorization for patients unable to use tablets</li> </ul>	Generics only Low-moderate intensity total daily dosing: <ul style="list-style-type: none"> <li>atorvastatin 10-20 mg</li> <li>fluvastatin 20-80 mg</li> <li>fluvastatin XL 80 mg</li> <li>lovastatin 10-80 mg</li> <li>pitavastatin 1-4 mg</li> <li>pravastatin 10-80 mg</li> <li>rosuvastatin 5-10 mg</li> <li>simvastatin 5-40 mg</li> </ul>

## Optional ACA Preventative Drugs 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. Only immunizations for ***routine*** use or use with ***shared clinical decision-making*** as defined by the CDC or ACIPs recommended immunizations for all persons are included on these optional tables. Certain vaccines are recommended 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 as defined by the ACA regulations and as such, are not included on these optional tables. For example, zoster vaccines are ***routinely*** recommended for ***all*** adults over the age of 50 so are included on these tables with an age requirement of 50 years or older. The CDC does recommend zoster vaccination in ***special circumstances*** for those under age 50, but these are not included because they are not ***routine*** for ***all*** persons under age 50.

Vaccine	Eligibility Criteria
<b>Optional Influenza Vaccines Table (Adult and Pediatric)</b>	

# AFFORDABLE CARE ACT (ACA) PREVENTATIVE DRUG LIST WHITE PAPER

Vaccine	Eligibility Criteria
Influenza vaccines	Age $\geq 18$ years (Flublok), $\geq 65$ (Fluzone High Dose and Fluad); Quantity limit of 1 dose per 180 days
<b>Optional Adult COVID Vaccines Table</b>	
COVID-19 (Comirnaty, Novavax, Spikevax, mNEXSPIKE)	Age $\geq 18$ years; Quantity limit of 0.5 mL per fill (Novavax, Spikevax), 0.3 mL per fill (Comirnaty, mNEXSPIKE)
<b>Optional Pediatric COVID Vaccines Table</b>	
COVID-19 (Spikevax)	Age 6 months to 11 years; Quantity limit of 0.25 mL per fill)
COVID-19 (Pfizer EUA pediatric vaccines)	Age 6 months to 4 years (Pfizer 6M-4Y), 5-11 years (Pfizer 5-11Y); Quantity limit of 0.3 mL
COVID-19 (Comirnaty, Novavax, Spikevax, mNEXSPIKE)	Age 12-17 years; Quantity limit of 0.5 mL per fill (Novavax, Spikevax), 0.3 mL per fill (Comirnaty, mNEXSPIKE)
<b>Optional Adult Vaccines Table</b>	
Human papillomavirus (Gardasil 9)	Age 18-45 years; Quantity limit of 3 doses per 365 days
Hepatitis A (Vaqta, Havrix)	Age $\geq 18$ years; Quantity limit of 2 doses per 365 days
Hepatitis B (Engerix-B Adult, Heplisav-B, PreHevbrio, Recombivax HB)	Age $\geq 18$ 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 $\geq 18$ years; Quantity limit of 4 doses per 365 days
Measles, mumps, rubella (MMR, Priorix)	Age $\geq 18$ years; Quantity limit of 2 doses per 365 days
Meningococcal serogroup B (Bexsero, Trumenba)	Age 18-25 years; Quantity limit of 3 doses per 365 days
Meningococcal quadrivalent conjugate [MenACWY (Menveo, MenQuadfi)]	Age 18-23 years; Quantity limit of 1 dose per 365 days
Meningococcal ACWY-B (Penbraya, Penmenvy)	Age 18-25 years; Quantity limit of 2 doses per 365 days
Pneumococcal 15-valent conjugate (Vaxneuvance) Pneumococcal 20-valent conjugate (Prevnar 20) Pneumococcal 21-valent conjugate (Capvaxive) Pneumococcal polysaccharide (Pneumovax 23)	Age $\geq 50$ years; Quantity limit of 1 dose per 365 days
Poliovirus (Ipol)	Age $\geq 18$ years; Quantity limit of 3 doses per 365 days
Respiratory Syncytial Virus (RSV) (Abrysvo, Arexvy, and mResvia)	Age $\geq 75$ years; Quantity limit 1 dose per 365 days (Abrysvo, Arexvy, and mResvia) Age $<60$ years; SCC code to confirm current pregnancy status; Quantity limit 1 dose per 365 days (Abrysvo only)
Tetanus, diphtheria, pertussis (Tdap) Tetanus, diphtheria (Td)	Age $\geq 18$ years; Quantity limit of 1 dose per 365 days
Varicella	Age $\geq 18$ years; Quantity limit of 2 doses per 365 days
Zoster vaccine, recombinant (Shingrix)	Age $\geq 50$ years; Quantity limit of 2 doses per 365 days
<b>Optional Pediatric Immunization Table</b>	

# AFFORDABLE CARE ACT (ACA) PREVENTATIVE DRUG LIST WHITE PAPER

Vaccine	Eligibility Criteria
Hepatitis A (Vaqta, Havrix)	Age 1-17 years; Quantity limit of 2 doses per 365 days
Hepatitis B (Engerix-B Pediatric-Adolescent, Recombivax HB Pediatric-Adolescent, Recombivax HB Adult)	Age 0-17 years; Quantity limit of 3 doses per 365 days (Engerix-B & Recombivax HB Pediatric-Adolescent) Age 11-15 years; Quantity limit of 2 doses per 365 days (Recombivax HB Adult)
Haemophilus influenzae type B (ActHIB, Hiberix, PedvaxHIB)	Age 6 weeks to 4 years; Quantity limit of 4 doses per 365 days (ActHIB, Hiberix), 3 doses per 365 days (PedvaxHIB)
Human papillomavirus (Gardasil 9)	Age 9-17 years; Quantity limit of 3 doses per 365 days
Poliovirus (Ipol)	Age 6 weeks to 17 years; Quantity limit of 3 doses per 365 days
Measles, mumps, and rubella vaccine (MMR II, Priorix)	Age 1-17 years; Quantity limit of 2 doses per 365 days
Measles, mumps, rubella, and varicella (ProQuad)	Age 1-12 years; Quantity limit of 2 doses per 365 days
Meningococcal serogroup B (Bexsero, Trumenba)	Age 10-17 years; Quantity limit of 3 doses per 365 days
Meningococcal quadrivalent conjugate [MenACWY (Menveo, MenQuadfi)]	Age 11-17 years; Quantity limit of 2 dose per 365 days
Meningococcal ACWY-B (Penbraya, Penmenvy)	Age 10-17 years; Quantity limit of 2 doses per 365 days
Pneumococcal 15-valent conjugate (Vaxneuvance)	Age 6 weeks to 18 years; Quantity limit of 4 doses per 365 days
Pneumococcal 20-valent conjugate (Prevnar 20)	
Pneumococcal polysaccharide (Pneumovax 23)	Age 2-18 years; Quantity limit of 4 doses per 365 days
Respiratory Syncytial Virus (RSV; Beyfortus)	Age 0-19 months; Quantity limit of 2 doses per 120 days
Rotavirus (Rotarix, Rotateq)	Age 6 weeks to 6 months; Quantity limit of 2 doses per 365 days (Rotarix) Age 6 weeks to 8 months; Quantity limit of 3 doses per 365 days (Rotateq)
Varicella (Varivax)	Age 1-17 years; Quantity limit of 2 doses per 365 days
Diphtheria, tetanus, acellular pertussis (DTaP; Daptacel, Infanrix)	Age 6 weeks to 6 years; Quantity limit of 4 doses per 365 days
Diphtheria, tetanus (DT)	
Tetanus, diphtheria, acellular pertussis (Tdap; Adacel, Boostrix)	Age 7-17 years; Quantity limit of 1 dose per 365 days
Tetanus, diphtheria (Td; Tenivac, TDvax)	
DTaP, hepatitis B, and inactivated poliovirus (DTaP-HepB-IPV; Pediarix)	Age 6 weeks to 6 years; Quantity limit of 3 doses per 365 days
DTaP, inactivated poliovirus, and H. influenzae type B (DTaP-IPV/Hib; Pentacel)	Age 6 weeks to 4 years; Quantity limit of 4 doses per 365 days
DTaP, inactivated poliovirus, H. influenzae type b, and hepatitis B (DTaP-IPV-Hib-HepB; Vaxelis)	Age 6 weeks to 4 years; Quantity limit of 3 doses per 365 days
DTaP and inactivated poliovirus vaccine (Kinrix, Quadracel)	Age 4-6 years; Quantity limit of 1 dose per 365 days

# AFFORDABLE CARE ACT (ACA) PREVENTATIVE DRUG LIST WHITE PAPER

Drug	Eligibility Criteria	Comments
<b>Optional EHB Smoking Cessation Table</b>		
<i>QL edit allows for up to a 180-day supply per year (two 90-day attempts) among all smoking cessation products. Zero cost share Prior Authorization available for medically necessary exception process</i>		
bupropion (generic for Zyban)	Age $\geq$ 18 years, Quantity limit	Generic only
varenicline (generic for Chantix)	Age $\geq$ 18 years, Quantity limit	Generic only
Nicotine inhaler (Nicotrol)	Age $\geq$ 18 years, Quantity limit, Step Therapy: trial of nicotine transdermal patch	Prescription
Nicotine spray (Nicotrol NS)	Age $\geq$ 18 years, Quantity limit, Step Therapy: trial of nicotine transdermal patch	Prescription
Nicotine gum or lozenge	Age $\geq$ 18 years, Quantity limit	OTC
Nicotine transdermal patches	Age $\geq$ 18 years, Quantity limit	OTC

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

- [US Department of Labor FAQs about ACA Implementation](#)
- [HealthCare.gov: Preventive care benefits for adults](#)
- [CDC: Advisory Committee on Immunization Practices \(ACIP\) Vaccine Recommendations and Guidelines](#)
- Adult Vaccine Schedules: <https://www.cdc.gov/vaccines/hcp/imz-schedules/adult-age.html>
- Pediatric Vaccine Schedules: <https://www.cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-age.html>
- [US Preventive Services Task Force Recommendations for Primary Care Practice](#)