

Essential Health Benefit Zero Dollar Copay Medication List

The Patient Protection and Affordable Care Act (PPACA) requires that certain health plans cover 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 and 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 pediatric and women populations. Based on the recommendations of USPSTF, HRSA, and the Centers for Disease Control and Prevention (CDC)/ACIP, MedImpact has identified preventative 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 PPACA-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/Abbreviations

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| <p>ACIP: Advisory Committee on Immunization Practices</p> <p>CDC: Centers for Disease Control and Prevention</p> <p>EHB: Essential Health Benefit</p> <p>FDA: United States Food and Drug Administration</p> <p>HRSA: Health Resources and Services Administration</p> | <p>PA: Prior authorization</p> <p>PPACA: Patient Protection and Affordable Care Act, also known as “ACA” or “Obamacare”</p> <p>MSB: Multiple-source brand; available as both brand-name drug and as generic equivalents/alternatives</p> | <p>OTC: Over-the-counter</p> <p>SSB: Single source brand; drug marketed/sold protected under patent exclusivity</p> <p>USPSTF: United States Preventive Services Task Force</p> |
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Summary of 1Q20 PPACA/EHB Zero Dollar Copay List Updates (effective 4/1/2020)

| Change | Action | Rationale |
|---|---|---|
| Pneumococcal Vaccine | REMOVE: Prevnar 13 | No longer a routine vaccine recommendation from ACIP for patients age 65 years and older. |
| Contraceptive Zero Cost Share PA | ADD: Slynd (drospirenone) and brand Nuvaring to be accessible for \$0 via PA process | Currently the Zero Cost Share Override PA includes a pathway to all SSB or MSB contraceptives to be provided for zero dollars, where the applicable medical necessity and/or step is met. This is a requirement of the PPACA. |

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| Statin Zero Cost Share PA | ADD: Ezallor Sprinkle (rosuvastatin) quantity limit to be accessible for \$0 via PA process | Currently the Zero Cost Share Override PA includes a pathway to all SSB or MSB statins to be provided for zero dollars, where the applicable medical necessity and/or step is met. This is a requirement of the PPACA. |
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Standard 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 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 |
|--|---|--|
| EHB Aspirin Drug List | | |
| Aspirin | N/A | Generics only |
| EHB Contraceptives Drug List | | |
| Oral and ring hormonal contraceptives | <u>Step therapy</u> (if applicable) | SSB and Generics |
| Transdermal contraceptives | N/A | Generics only (Xulane by Mylan) |
| Other contraceptive forms | <u>Quantity limit</u> of 1 per year (Nexplanon) and 1 per 90 days (Depo-Provera) | Covered products include the following: Depo-Provera, Liletta, Mirena, Nexplanon, , ParaGard, Skyla |
| EHB Barrier Contraceptives Drug List | | |
| Barrier contraceptives | <u>Quantity limit</u> of 30 per 30 days (female condoms) | <ul style="list-style-type: none"> • Cervical cap • Diaphragms • Nonoxynol 9 • Female condoms |
| EHB Statin Drug List | | |
| Low-moderate intensity generic and certain brand statins | <u>Age</u> 40-75 years <u>No concurrent use</u> of secondary prevention medications (<i>Aggrenox (aspirin/dipyridamole), Plavix (clopidogrel), dipyridamole, nitroglycerin (oral, sublingual, transdermal, translingual), Effient (prasugrel), Brilinta (ticagrelor), ticlopidine, Zontivity (vorapaxar)</i>) <u>Quantity limited</u> to statin dosages at low-to-moderate intensity <u>Prior Authorization:</u> Fiolipid 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"> • Altoprev (lovastatin ER) 20-60 mg • Crestor (rosuvastatin) 5-10 mg • Fiolipid (simvastatin suspension) 20mg/5mL, 40mg/5mL • Lescol (fluvastatin) 20-40 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 |

| Drug | Edit | Comments |
|---|--|---|
| | <u>Step Therapy</u> : (Altoprev, Lescol, Lescol XL, and Zypitamag) | <ul style="list-style-type: none"> Zypitamag (pitavastatin magnesium) 1-4 mg Zocor (simvastatin) 5-40 mg |
| EHB Fluoride Drug List | | |
| Fluoride | <u>Age</u> 6 months to 6 years | Generics only |
| EHB Breast Cancer Prevention Drug List | | |
| Raloxifene Tamoxifen | N/A | Generics only |
| EHB Folic Acid Drug List | | |
| Folic acid | N/A | Generics only, 0.4 mg, 0.8 mg only |
| EHB Iron Drug List | | |
| Iron | <u>Age</u> 6-12 months | Generics only |
| EHB Bowel Preparation Drug List | | |
| FDA-approved bowel preparations | <u>Age</u> 50-75 years <u>Quantity limit</u> of 2 per year | SSB and generics <i>May include, but not limited to the following: Clenpiq, PEG 3350 plus electrolytes (e.g., Colyte, Golytely, MoviPrep, Nulytely), OsmoPrep, Plenvu, Prepopik, Suclear, Suprep</i> |

Optional EHB Zero Dollar Copay Tables

Additional product categories, such as smoking cessation agents and vaccines, may be covered by an in-network provider on the medical benefit, pharmacy benefit, or both. MedImpact has developed optional tables for clients who elect to cover these agents on the pharmacy benefit. Additionally, except for the flu vaccine, most vaccines for children age 18 years or younger are covered via the plan's medical benefit and thus not under the EHB prescription benefit.

| Drug | Edit | Comments |
|---|---|--------------|
| Optional EHB Smoking Cessation Table | | |
| bupropion (generic for Zyban) | <u>Age</u> ≥ 18 years, <u>Quantity limit</u> | Generic only |
| Chantix (varenicline) | <u>Age</u> ≥ 18 years, <u>Quantity limit</u> | SSB |
| Nicotine inhaler | <u>Age</u> ≥ 18 years, <u>Quantity limit</u> , <u>Step Therapy</u> : trial of nicotine transdermal patch required | OTC |
| Nicotine spray | <u>Age</u> ≥ 18 years, <u>Quantity limit</u> , <u>Step Therapy</u> : trial of nicotine transdermal patch required | OTC |
| Nicotine gum or lozenge | <u>Age</u> ≥ 18 years, <u>Quantity limit</u> | OTC |
| Nicotine transdermal patches | <u>Age</u> ≥ 18 years, <u>Quantity limit</u> | OTC |

| Vaccine | Edit |
|---|--|
| Optional EHB Vaccines – Influenza Table | |
| Influenza vaccines | <u>Age</u> ≥ 18 years for Flublok, Fluzone High Dose, Fluzone Intradermal, Fluad, <u>Quantity limit</u> of 1 dose per 180 days |
| Optional EHB Vaccines – Other Table | |
| Human papillomavirus (Gardasil, Gardasil 9, Cervarix) | <u>Age</u> 9-26 years, <u>Quantity limit</u> of 3 doses per 365 days |
| Hepatitis A (Vaqta, Havrix) | <u>Age</u> ≥18 years, <u>Quantity limit</u> of 2 doses per 365 days |
| Hepatitis B | <u>Age</u> ≥18 years, <u>Quantity limit</u> of 3 doses per 365 days (Engerix-B Adult; Recombivax HB); 2 doses per 365 days (Hepelisav-B) |
| Hepatitis B/Hepatitis A combo (TwinRix) | <u>Age</u> ≥18 years, <u>Quantity limit</u> of 4 doses per 365 days |
| Measles, mumps, rubella (MMR) | <u>Age</u> ≥18 years, <u>Quantity limit</u> of 2 doses per 365 days |
| Meningococcal serogroup B vaccine (Bexsero, Trumenba) | <u>Age</u> 10-25 years, <u>Quantity limit</u> of 2 doses per 365 days (Bexsero); 3 doses per 365 days (Trumenba) |
| Meningococcal quadrivalent conjugate vaccine [MenACWY (Menactra, Menveo)] | <u>Age</u> 11-23 years, <u>Quantity limit</u> of 1 dose per 365 days |
| Pneumococcal polysaccharide (Pneumovax 23) | <u>Age</u> ≥65 years, <u>Quantity limit</u> of 1 dose per 365 days |
| Tetanus, diphtheria, pertussis (Tdap) Tetanus, diphtheria (Td) | <u>Age</u> ≥ 18 years, <u>Quantity limit</u> of 1 dose per 365 days |
| Varicella | <u>Age</u> ≥ 18 years, <u>Quantity limit</u> of 2 doses per 365 days |
| Zoster vaccine, live (Zostavax) | <u>Age</u> ≥ 60 years, <u>Quantity limit</u> of 1 dose per 365 days |
| Zoster vaccine, recombinant (Shingrix) | <u>Age</u> ≥ 50 years, <u>Quantity limit</u> of 2 doses per 365 days |

Additional information regarding PPACA 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](#)