

2022 Student Formulary – Preventive Care Medications with \$0 Copay

Effective 1/1/2022

U.S. Preventive Services Task Force A & B Recommendations

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. EHBs include a variety of preventative services and medications and are outlined by US Preventive Services Task Force (USPSTF) recommendations with an A or B rating. Based on the recommendations of USPSTF and the Centers for Disease Control and Prevention (CDC), Wellfleet Rx has identified preventative medications to be covered under the pharmacy benefit and updates this list of medications and coverage criteria as needed.

USPSTF and CDC recommendation updates can occur at any time, and health plans have specified timelines to implement these recommendations in compliance with federal law. Plans that meet the definition of a “grandfathered” plan are not subject to EHB requirements. State specific requirements may vary. Wellfleet Rx will monitor for ACA-related guidance and updates to ensure compliance with all regulations.

Standard EHB Zero Copay Table

All medications, including specified OTC items (e.g., aspirin, contraceptives, folic acid), included on the Wellfleet Rx EHB Zero 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). The table below contains the specific drug list contained in the EHB Zero Copay Table.

Changes for 2022 (effective 1/1/2022)

Iron

All Iron products - **removed**

Breast Cancer Prevention

Soltamox - **added**

Bowel Preparation

bisacodyl - **added**

magnesium citrate - **added**

magnesium hydroxide - **added**

sodium phosphate - **added**

Sutab - **added**

Smoking Cessation

Chantix (varenicline) – generic added

Vaccines

Anthrax (Biothrax) - added

Cholera (Vaxchora) - added

COVID-19 (J&J/Janssen [Ad26], Moderna [mRNA], Pfizer [mRNA]) - added

Diphtheria, tetanus, pertussis [DTaP] (Infanrix) - added

Diphtheria, tetanus, pertussis [DTaP] Hepatitis B/Polio (Pediarix) - added

Diphtheria, tetanus, pertussis [DTaP]/Polio (Quadracel, Kinrix) - added

 Diphtheria, tetanus, pertussis [DTaP]/ Polio/*Haemophilus influenzae* type B/ Hepatitis B (Vaxelis) - added

 Diphtheria, tetanus, pertussis [DTaP]/Polio/*Haemophilus influenzae* type B (Pentacel) - added *Haemophilus*
influenzae type B (ActHIB, Hiberix, PedvaxHIB) - added

Human papillomavirus (Cervarix) - removed

Japanese Encephalitis (Ixiaro) - added

Measles, mumps, rubella, varicella [MMRV](ProQuad) - added

Meningococcal quadrivalent conjugate vaccine (MenQuadfi) - added

Polio (Ipol) - added

Rabies (Rabavert, Imovax) - added

Rotavirus (Rotarix, Rotateq) - added

Tuberculosis (BCG Tice strain) - added

Typhoid (Typhim VI, Vivotif) - added

Yellow Fever (YF-VAX, Stamaril) - added

Zostavax - removed (discontinued by manufacturer)

Drug or Vaccine	Edit	Comments
EHB Aspirin Drug List		
Aspirin	N/A	Generics only
EHB Fluoride Drug List		
Fluoride	Age 6 months to 6 years	Generics only
EHB Folic Acid Drug List		
Folic acid 0.4 mg, 0.8 mg, 1mg	N/A	Generics only
EHB Contraceptives Drug List		
Oral and ring hormonal contraceptives	Step therapy (if applicable)	Generics and single-source brands (SSB)
Transdermal contraceptives	N/A	Generics only (Xulane by Mylan)

Other contraceptive forms	Nexplanon: Limited to 1 per year Depo-Provera: Limited to 1 per 90 days	Covered products include the following: <ul style="list-style-type: none"> • Depo-Provera • Liletta • Mirena • Nexplanon • ParaGard • Skyla • Phexxi
EHB Barrier Contraceptives Drug List		
Barrier contraceptives	Female condoms: 30 per 30 days	<ul style="list-style-type: none"> • Cervical cap • Diaphragms • Nonoxynol 9 • Female condoms
EHB Breast Cancer Prevention Drug List		
Raloxifene Tamoxifen Soltamox Anastrozole Exemestane	Anastrozole: Age ≥ 35 years; limited to 1 per day Exemestane: Age ≥ 35 years; limited to 1 per day Raloxifene: Limited to 1 per day	Brands and generics
EHB Bowel Preparation Drug List		
FDA-approved bowel preparations, <i>including but not limited to the following:</i> <ul style="list-style-type: none"> • Bisacodyl • Clenpiq • PEG 3350 plus electrolytes (e.g., Colyte, Golytely, MoviPrep, Nulytely) • Magnesium citrate • Magnesium hydroxide 	Age 50-75 years Quantity limit of 2 per year	Brands and generics

<ul style="list-style-type: none"> • OsmoP • Plenvu • Prepopik • Sodium phosphate • Suclear • Suprep • Sutab 		
EHB HIV Pre-Exposure Prophylaxis (PrEP) Drug List		
Truvada (emtricitabine, FTC/ tenofovir disoproxil fumarate, TDF) Viread (TDF) Emtriva (FTC)	<ul style="list-style-type: none"> • Quantity limit of 1 tablet per day • No concurrent use of HIV medications for the treatment of HIV 	<ul style="list-style-type: none"> • Generic Truvada only individual components of Truvada (TDF and FTC). • Tenofovir alafenamide (TAF)-containing agents are not included at this time.
EHB Statin Drug List		
Low-moderate intensity statins <ul style="list-style-type: none"> • Altoprev (lovastatin ER) 20-60 mg • Crestor (rosuvastatin) 5-10 mg • Ezallor Sprinkle (rosuvastatin) 5-10mg • Flolipid (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) 20-40 mg • Pravachol (pravastatin) 10-80 mg • Zocor (simvastatin) 10-40 mg • Zypitamag (pitavastatin magnesium) 1-4 mg 	<ul style="list-style-type: none"> • Age 40-75 years • No concurrent use of secondary prevention medications* • Quantity limited to statin dosages at low- to moderate-intensity • Prior Authorization (Ezallor Sprinkle and Flolipid) • Step Therapy (Altoprev, Ezallor Sprinkle, Lescol, Lescol XL, and Zypitamag) <p><i>*Secondary prevention medications include:</i></p> <ul style="list-style-type: none"> • aspirin/dipyridamole (Aggrenox) • clopidogrel (Plavix) • dipyridamole • nitroglycerin – oral, sublingual, transdermal, translingual • prasugrel (Effient) • ticagrelor (Brilinta) • ticlopidine • vorapaxar (Zontivity) 	Generics and Livalo
EHB Smoking Cessation Table		
bupropion (Zyban)	Age ≥ 18 years Quantity limit	Generic only

Chantix (varenicline)	Age ≥ 18 years Quantity limit	Brand and generic
nicotine inhaler	Age ≥ 18 years Quantity limit Step Therapy: trial of nicotine transdermal patch required	OTC
nicotine spray	Age ≥ 18 years Quantity limit Step Therapy: trial of nicotine transdermal patch required	OTC
nicotine gum or lozenge	Age ≥ 18 years Quantity limit	OTC
nicotine transdermal patches	Age ≥ 18 years Quantity limit	OTC
EHB Vaccines – Influenza Table		
Influenza vaccines	1 dose per 180 days	Flublok, Fluzone High Dose, Fluzone Intradermal, and Fluvad will continue to have adult age edits
EHB Vaccines – Other Table		
Anthrax (Biothrax)	N/A	N/A
Cholera (Vaxchora)	N/A	N/A
COVID-19 (J&J/Janssen [Ad26]) (Moderna [mRNA]) (Pfizer [mRNA])	N/A	N/A
Diphtheria, tetanus, pertussis [DTaP] (Infanrix)	N/A	N/A
Diphtheria, tetanus, pertussis [DTaP]/Polio (Quadracel, Kinrix)	N/A	N/A
Diphtheria, tetanus, pertussis [DTaP]/Hepatitis B/Polio (Pediarix)	N/A	N/A
Diphtheria, tetanus, pertussis [DTaP]/ Polio/ <i>Haemophilus</i>	N/A	N/A

<i>influenzae</i> type B/ Hepatitis B (Vaxelis)		
Diphtheria, tetanus, pertussis [DTaP]/Polio/ <i>Haemophilus influenzae</i> type B (Pentacel)	N/A	N/A
Human papillomavirus (Gardasil, Gardasil 9)	Age 9-45 years 3 doses per 365 days	N/A
Hepatitis A (Vaqta, Havrix)	Age ≥18 years 2 doses per 365 days	N/A
Hepatitis B	Age ≥18 years 3 doses per 365 days (Engerix-B Adult; Recombivax HB) 2 doses per 365 days (Hepelisav-B)	N/A
Hepatitis B/Hepatitis A combo (TwinRix)	Age ≥18 years 4 doses per 365 days	N/A
<i>Haemophilus influenzae</i> type B (ActHIB, Hiberix, PedvaxHIB)	N/A	N/A
Japanese Encephalitis (Ixiaro)	N/A	N/A
Measles, mumps, rubella (MMR)	Age ≥18 years 2 doses per 365 days	N/A
Measles, mumps, rubella, varicella [MMRV](ProQuad)	N/A	N/A
Meningococcal serogroup B vaccine (Bexsero, Trumenba)	Age 10-25 years 2 doses per 365 days (Bexsero) 3 doses per 365 days (Trumenba)	N/A
Meningococcal quadrivalent conjugate vaccine [MenACWY (Menactra, Menveo, MenQuadfi)]	Age 11-23 years 1 dose per 365 days	N/A
Pneumococcal polysaccharide (Pneumovax 23, Prevnar 13)	1 dose per 365 days Prevnar 13: Age ≥ 65 years	N/A
Polio (Ipol)	N/A	N/A
Rabies (Rabavert, Imovax)	N/A	N/A
Rotavirus (Rotarix, Rotateq)	N/A	N/A



Tetanus, diphtheria, pertussis (Tdap) Tetanus, diphtheria (Td)	Age ≥ 18 years 1 dose per 365 days	N/A
Tuberculosis (BCG Tice strain)	N/A	N/A
Typhoid (Typhim VI, Vivotif)	N/A	N/A
Varicella (Varivax)	Age ≥ 18 years 2 doses per 365 days	N/A
Yellow Fever (YF-VAX, Stamaril)	N/A	N/A
Zoster vaccine, recombinant (Shingrix)	Age ≥ 50 years 2 doses per 365 days	N/A

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