



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 04/01/2024
<ul style="list-style-type: none"> • Removal of Menactra from meningococcal drug list • Addition of Penbraya to meningococcal drug list • Addition of Ipol to optional adult vaccine tables • Addition of Descovy to PrEP drug list

Last reviewed: 04/01/2024

Last revised: 04/01/2024



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- **Addition** of Aprelude to PrEP drug list
- **NEW** optional COVID vaccines tables
- **NEW** optional pediatric immunization tables now available

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

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

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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) Descovy (TAF/FTC) Apretude (cabotegravir)	<ul style="list-style-type: none"> Quantity limit of 1 tab per day (Truvada, Viread, Emtriva, Descovy) Quantity limit of 7 doses per 365 days (Apretude) No concurrent use of HIV medications for the treatment of HIV 	Generics and SSB 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 and Atorvaliq Suspension Prior 	Generics and 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

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White Paper**

Drug	Edit	Comments
	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. 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 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	Edit
Optional Influenza Vaccines Table	
Influenza vaccines	Age ≥18 years (Flublok), ≥65 (Fluzone High Dose and Fluad); Quantity limit of 1 dose per 180 days
Optional Adult COVID Vaccines Table	
COVID-19 (Comirnaty, Novavax, Spikevax)	Age ≥18 years; Quantity limit of 0.5 mL per fill (Novavax, Spikevax), 0.3 mL per fill (Comirnaty)
Optional Pediatric COVID Vaccines Table	
COVID-19 (Moderna EUA pediatric vaccines)	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)	Age 12-17 years; Quantity limit of 0.5 mL per fill (Novavax, Spikevax), 0.3 mL per fill (Comirnaty)
Optional Adult Vaccines Table	
Human papillomavirus (Gardasil 9)	Age 18-45 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 (Engerix-B Adult, Heplisav-B, PreHevbrio, Recombivax HB)	Age ≥18 years; Quantity limit of 3 doses per 365 days (PreHevbrio, Recombivax HB), 2 doses per 365 days

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Vaccine	Edit
	(Hepelisav-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
Meningococcal serogroup B (Bexsero, Trumenba)	Age 18-25 years; Quantity limit of 2 doses per 365 days (Bexsero), 3 doses per 365 days (Trumenba)
Meningococcal quadrivalent conjugate [MenACWY (Menveo, MenQuadfi)]	Age 18-23 years; Quantity limit of 1 dose per 365 days
Meningococcal ACWY-B (Penbraya)	Age 18-25 years; Quantity limit of 2 doses per 365 days
Pneumococcal 15-valent conjugate (Vaxneuvance) Pneumococcal 20-valent conjugate (Prevnar 20) Pneumococcal polysaccharide (Pneumovax 23)	Age ≥65 years; Quantity limit of 1 dose per 365 days
Poliovirus (Ipol)	Age ≥18 years; Quantity limit of 3 doses per 365 days
Respiratory Syncytial Virus (RSV) (Abrysvo and Arexvy)	Age ≥60 years; Quantity limit 1 dose per 365 days (Abrysvo and Arexvy) 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 ≥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
Optional Pediatric Immunization Table	
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 2 months 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

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Vaccine	Edit
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 2 doses per 365 days (Bexsero), 3 doses per 365 days (Trumenba)
Meningococcal quadrivalent conjugate [MenACWY (Menveo, MenQuadfi)]	Age 11-17 years; Quantity limit of 2 dose per 365 days
Meningococcal ACWY-B (Penbraya)	Age 10-17 years; Quantity limit of 2 doses per 365 days
Pneumococcal 13-valent conjugate (Pneumovax 13) Pneumococcal 15-valent conjugate (Vaxneuvance)	Age 6 weeks to 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 2-6 months; Quantity limit of 2 doses per 365 days (Rotarix) Age 2-8 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) Diphtheria, tetanus (DT)	Age 6 weeks to 6 years; Quantity limit of 4 doses per 365 days
Tetanus, diphtheria, acellular pertussis (Tdap; Adacel, Boostrix) Tetanus, diphtheria (Td; Tenivac, TDvax)	Age 7-17 years; Quantity limit of 1 dose per 365 days
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

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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>
- 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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