

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		
ACA: Patient Protection and Affordable Care Act, also called “PPACA”	EHB: Essential health benefits	OTC: Over-the-counter
ACIP: Advisory Committee on Immunization Practices	FDA: United States Food & Drug Administration	PA: Prior authorization
CDC: Centers for Disease Control and Prevention	HRSA: Health Resources and Services Administration	SSB: Single source brand; drug marketed/sold protected under patent exclusivity
	MSB: Multiple-source brand; available as brand-name and as generic equivalents/alternatives	USPSTF: United States Preventive Services Task Force

Summary of ACA Preventative Drug List Updates to be Effective 10/01/2025

- **Addition** of Natural Cycles Digital Application to standard table under new Digital Therapeutics Drug List.

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

- **Addition** of Penmenvy to adult and pediatric MenABCWY vaccine lists

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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.**

Drugs and Devices

Drug	Eligibility Criteria	Comments
Aspirin Drug List		
Aspirin 81 mg	• N/A	Generics only
Breast Cancer Prevention Drug List		
Raloxifene Tamoxifen Anastrozole Exemestane	• Age ≥35 years • Preventive use only	Generics only
Bowel Preparation Drug List		
FDA-approved bowel preparations	• Age 45 through 75 years	Generic and SSB only
Contraceptives Drug List		
Oral hormonal contraceptives	• N/A	Generic and SSB only, includes emergency and OTC contraception
Transdermal contraceptives and intradermal (patches, injectables, injectable progesterone)	• N/A	Generic and SSB only
Contraceptive vaginal rings	• N/A	Generic and SSB only
Barrier contraceptives	• N/A	Cervical cap, diaphragms, sponge, spermicide, Phexxi, condoms
Intrauterine devices (IUD): Liletta Mirena Nexplanon ParaGard Skyla Miudella	• N/A	Generic and SSB only
Digital Therapeutics	• N/A	Natural Cycles Digital Application (annual subscription only). Member must submit a Direct Member Reimbursement (DMR) request.
Fluoride Drug List		
Fluoride	• Age 6 months through 5 years	Generic and SSB only

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Drug	Eligibility Criteria	Comments
Folic Acid Drug List		
Folic acid	• N/A	Generic and SSB only
HIV PrEP Drug List		
Truvada (emtricitabine/tenofovir disoproxil fumarate) Descovy (emtricitabine/tenofovir alafenamide) Apretude (cabotegravir)	• Preventive use only • Quantity limit of 1 per day	Generic and SSB only
Statin Drug List		
Statins (atorvastatin, rosuvastatin, etc.)	• Age 40 through 75 years • Quantity limit of 1 tablet per day	Generics only
Smoking Cessation		
Bupropion (generic for Zyban)	• N/A	Generic and SSB only
Varenicline (generic for Chantix)	• N/A	Generic and SSB only
Nicotine inhaler (Nicotrol)	• N/A	Generic and SSB only
Nicotine spray (Nicotrol NS)	• N/A	Generic and SSB only
Nicotine gum or lozenge	• N/A	OTC
Nicotine transdermal patches	• N/A	OTC

*Two standard ACA/EHB drug list exist. The first ACA/EHB drug list has an option with IUD coverage under the prescription drug benefit, whereas the second ACA/EHB drug list has an option without IUD coverage under the prescription benefit. If clients elect not to cover IUDs under their prescription drug benefit, regulation responsibilities for coverage defer to the client. Company will not be responsible for any client's decision to include or exclude IUD coverage under client's prescription drug benefit.

Vaccinations

Vaccinations below are included on the Legacy Elixir ACA-EHB Zero Dollar Copay Vaccine standard table and are covered at zero copay. Also included may be select CDC recommended preventative antibodies such as **Beyfortus** .

. Vaccines
Influenza injectable, intranasal influenza (Flumist)
COVID-19 (Comirnaty, Nuvaxovid, Spikevax, mNEXPSIKE, Pfizer EUA pediatric vaccine)
Dengue disease (Dengvaxia)
Hepatitis A (Havrix, Vaqta)
Hepatitis B (Heplisav-B, Recombivax HB, Engerix-B, Prehevbrio)
Hepatitis A/Hepatitis B Combination (Twinrix)
Human Papillomavirus (Gardasil 9)

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. Vaccines

Poliovirus (Ipol)
Respiratory Syncytial Virus (Arexvy, Abrysvo, mRESVIA)
Respiratory Syncytial Virus Pediatric Prophylaxis (Beyfortus)
Rotavirus (Rotarix, Rotateq)
Smallpox and Mpox (Jynneos)
Varicella Virus (Varivax, Shingrix)
Measles, Mumps, and Rubella (M-M-R II, ProQuad, PRIORIX)
Haemophilus influenzae Type B (PedvaxHIB, ActHIB, Hiberix)
Meningococcal Group B (Trumenba, Bexsero)
Meningococcal (Groups A/C/Y and W-135) (MenQuadfi, Menveo)
Meningococcal (Groups A / B / C / W / Y) (Penbraya)
Pneumococcal (Vaxneuvance, Prevnar 20, Pneumovax 23, Capvaxive)
Diphtheria and Tetanus Toxoids (Tenivac, TDVax)
Tetanus and Diphtheria Toxoids and Acellular Pertussis (Tdap) (Daptacel, Infanrix, Adacel, Boostrix)
Diphtheria and Tetanus Toxoids, Acellular Pertussis, Poliovirus (Inactivated), and Haemophilus influenzae Type B (Pentacel, Pediarix)
Diphtheria and Tetanus Toxoids, Acellular Pertussis, Hepatitis B (Recombinant), Poliovirus (Inactivated), and Haemophilus influenzae Type B (Vaxelis)
Diphtheria and Tetanus Toxoids and Acellular Pertussis Adsorbed and Inactivated Poliovirus Vaccine (Quadracel)

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](#)