Oxford Connecticut Traditional, Access and Enhanced Prescription Drug List (PDL).¹,²,³,⁴

PPACA* $0 Cost-share Preventive Medications

Effective: September 1, 2020

* PPACA - Patient Protection and Affordable Care Act
U.S. Preventive Services Task Force A & B Recommendation
Medications and Supplements\(^5\)

The health reform law (Affordable Care Act) makes certain preventive medications and supplements available to you at no additional cost—both prescription and over-the-counter (OTC). The following preventive medications are covered at 100% with $0 copay when:

- Prescribed by a health care professional.
- Age and/or condition appropriate.
- Filled at a network pharmacy.

<table>
<thead>
<tr>
<th>Medication/Supplement</th>
<th>Population</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Over-the-Counter</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aspirin – 81 mg</td>
<td>Women who are at risk for preeclampsia during pregnancy</td>
<td>Prevent preeclampsia during pregnancy</td>
</tr>
<tr>
<td>Aspirin – 81, 162 &amp; 325 mg</td>
<td>Men age 45-79, Women age 55-79</td>
<td>Prevent cardiovascular disease</td>
</tr>
<tr>
<td>Folic acid 400 &amp; 800 mcg</td>
<td>Women who are or may become pregnant</td>
<td>Prevent birth defects</td>
</tr>
<tr>
<td>Bisacodyl EC</td>
<td>Recommended age 50-75</td>
<td>Bowel preparation for colonoscopy needed for colon cancer screening</td>
</tr>
<tr>
<td>Magnesium Citrate</td>
<td>Recommended age 50-75</td>
<td>Bowel preparation for colonoscopy needed for colon cancer screening</td>
</tr>
<tr>
<td>PEG 3350 (generic Miralax)</td>
<td>Recommended age 50-75</td>
<td>Bowel preparation for colonoscopy needed for colon cancer screening</td>
</tr>
<tr>
<td><strong>Prescription</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic Colyte 240/22.74 g sold as:</td>
<td>Recommended age 50-75</td>
<td>Bowel preparation for colonoscopy needed for colon cancer screening</td>
</tr>
<tr>
<td>PEG-3350/electrolytes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gavilyte-C</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic Golytely 236/22.7 g sold as:</td>
<td>Recommended age 50-75</td>
<td>Bowel preparation for colonoscopy needed for colon cancer screening</td>
</tr>
<tr>
<td>PEG-3350/electrolytes</td>
<td></td>
<td></td>
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<tr>
<td>Gavilyte-G</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic Nulytely sold as:</td>
<td>Recommended age 50-75</td>
<td>Bowel preparation for colonoscopy needed for colon cancer screening</td>
</tr>
<tr>
<td>PEG-3350/NaCl/NaBicarbonate/KCl</td>
<td></td>
<td></td>
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<tr>
<td>Gavilyte-N</td>
<td></td>
<td></td>
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<tr>
<td>Trilyte</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fluoride tablets, solution (not toothpaste, rinses)</td>
<td>Children age 0-16 years</td>
<td>Prevent dental cavities if water source is deficient in fluoride</td>
</tr>
</tbody>
</table>
Birth Control

Over-the-Counter Birth Control (contraceptives) for Women

**Birth Control Contraceptives**

The following forms of birth control (contraceptives) are available over-the-counter (OTC) and will be covered at $0 cost share when prescribed by a health care professional and filled at a network pharmacy. Male forms of birth control (contraception) are not currently considered preventive care medications under the Affordable Care Act.

<table>
<thead>
<tr>
<th>Contraceptive films</th>
<th>Contraceptive sponges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contraceptive foams</td>
<td>Emergency birth control (contraceptives) (generic for Plan B, generic for Plan B One-Step)</td>
</tr>
<tr>
<td>Contraceptive gels</td>
<td>Female condoms</td>
</tr>
</tbody>
</table>

**Prescription Hormonal Birth Control (contraceptives)**

**Brand Hormonal Birth Control (contraceptives)**

- Annovera™
- Balcoltra™
- Depo-Provera 104mg
- Lo Loestrin FE
- Slynd™
- Natazia
- Taytulla™
- NuvaRing

**Generic Hormonal Birth Control (contraceptives)**

- Afirmelle, Aubra, Aubra EQ, Aviane, Delyla, Falmina, Larissa, Lessina, Levonorgestrel/Ethinyl Estradiol 0.1/0.02 mg, Lutera, Orsytia, Sronyx, Vienna (generic Alesse)
- Altavera, Ayuna, Chateal, Chateal EQ, Kurvelo, Levonorgestrel/Ethinyl Estradiol 0.15/0.03 mg, Lavora-28, Lillow, Marliisa, Portia-28 (generic Nordette)
- Alyacen 1/35, Cyclafem 1/35, Dasetta 1/35, Nortrel 1/35, Pirmella 1/35 (generic Ortho-Novum 1/35)
- Alyacen 7/7/7, Cyclafem 7/7/7, Dasetta 7/7/7, Nortrel 7/7/7, Pirmella 7/7/7 (generic Ortho-Novum 7/7/7)
- Amethia, Ashlyna, Camrese, Daysee, Jaimiess, Levonorgestrel/Ethinyl Estradiol 0.15 mg/0.03 mg (84), Simpesse (generic Seasonique)
- Amethia Lo, Camrese Lo, Levonorgestrel/Ethinyl Estradiol 0.1/0.02 mg (84), LoJaimiess (generic LoSeasonique)
- Amethyst, Levonorgestrel/Ethyl Estradiol 0.09/0.02 mg (generic Lybrel)
- Apri, Cyred, Cyred EQ, Desogestrel/Ethinyl Estradiol 0.15/0.03 mg, Emoquette, Enskeye, Isibloom, Juleber, Kalliga, Reclipsen, Solia (generic Desogen, Ortho-Cept)
- Aranelle, Leena (generic Tri-Norinyl)
- Aurovela, Hailey, Junel, Microgestin, Norethindrone/Ethyl Estradiol (generic Loestrin)
- Aurovela 24 FE, Blisovi 24 FE, Hailey 24 FE, Junel 24 FE, Larin 24 FE, Norethindrone/Ethyl Estradiol 24 FE 1/0.02 mg, Tarina 24 FE (generic Loestrin 24 FE)
- Aurovela FE, Blisovi FE, Gildess FE, Junel FE, Larin FE, Microgestin FE, Norethindrone/Ethyl Estradiol FE, Tarina FE (generic Loestrin FE)
- Azurette, Bekyree, Desogestrel/Ethyl Estradiol 0.15/0.02 mg, Kariva, Pintrea, Simliya, Viorele, Volinea (generic Micrette)
- Balziva, Briellyn, Philith, Vyfemia (generic Ovcon-35)
- Camila, Deblitane, Errin, Heather, Incassia, Jencycla, Jolvette, Lyza, Nora-BE, Norethindrone 35 mcg, Norlyda, Norlyroc, Sharobel, Tulana (generic Micronor, Nor-Q-D)
- Caziant, Cesia, Velivet (generic Cyclessa)
- Cryselle-28, Elinest, Low-Ogestrel (generic Lo/Ovral)
- Drospirenone/Ethyl Estradiol 3/0.02 mg, Gianvi, Jasmiel, Lo-Zumandimine, Loryna, Nikki (generic Yaz)
- Drospirenone/Ethyl Estradiol/Levomefolate 3-0.02-0.451 mg, (generic Beyaz)™
- Drospirenone/Ethyl Estradiol/Levomefolate 3-0.03-0.451 mg, Tydemy (generic Safyral)™
- Drospirenone/Ethyl Estradiol 3/0.03 mg, Ocella, Syeda, Zarah, Zumandimine (generic Yasmin)
- Enpresse-28, Levonest, Levonorgestrel/Ethyl Estradiol 6-5-10, Myzilra, Trivora-28 (generic Triphasil)
- Estarylla, Femynor, Mili, Mono-Linyah, MonoNessa, Norgestimate/Ethyl Estradiol 0.25/0.035 mg, Previsem, Sprincte-28, Vylibra (generic Ortho-Cyclen)
- Ethynodiol Diacetate/Ethyl Estradiol 1/0.035 mg, Kelnor 1/35, Zovia 1/35E (generic Demulen 1/35)

**KEY**

- Birth Control Pill (oral contraceptive)
- Birth Control Ring (contraceptive vaginal ring)
- Birth Control Shot (injectable contraceptive)
- Birth Control Patch (contraceptive transdermal patch)
Generic Hormonal Birth Control (contraceptives) continued...

- Ethynodiol Diacetate/Ethinyl Estradiol 1/0.05 mg, Kelnor 1/50 (generic Demulen 1/50)
- Levonorgestrel/Ethinyl Estradiol, Rivelsa (generic Quartet)
- Introvale, Jolessa, Levonorgestrel/Ethinyl Estradiol 0.15/0.03 mg, Quasense, Setlakin (generic Seasonale)
- Kaitlib FE, Layolis FE Chew, Norethindrone/Ethinyl Estradiol 0.8/0.025 mg (generic Generess FE)
- Medroxyprogesterone Acetate 150 mg (generic Depo-Provera 150 mg)
- Melodetta 24 FE, Mibelas 24 FE, Norethindrone/Ethinyl Estradiol FE 1/0.02 mg Chewable (generic Minista 24 FE)
- Necon 0.5/35, Nortrel 0.5/35, Wera 0.5/35 (generic Brevicon, Modicon)
- Necon 1/50 (generic Norinyl 1/50)
- Norethindrone/Ethinyl Estradiol FE 0.4/0.35 mg, Wymzya FE (generic Femcon)
- Norgestimate/Ethinyl Estradiol 0.18-0.215-0.25/0.035 mg, Tri-Estarylla, Tri-Femynor, Tri-Mili, Tri-Previa, Tri-Sprintec, Tri-Vylibra (generic Ortho Tri-Cyclen)
- Norgestimate/Ethinyl Estradiol 0.18-0.215-0.25/0.025 mg, Tri-Lo-Estarylla, Tri-Lo-Marzia, Tri-Lo-Mili, Tri-Lo-Sprintec, Tri-Vylibra Lo (generic Ortho Tri-Cyclen Lo)
- Tilla FE, Tri-Legest FE (generic Estrostep)
- Xulane (generic Ortho Evra)

Prescription Cervical Caps and Diaphragms for Birth Control (contraceptives)

**Brand Cervical Caps**
- Femcap

**Brand Diaphragms**
- Caya
- Wide-Seal
- Omniflex

Prescription Emergency Birth Control (contraceptives)

**Brand Emergency Birth Control (contraceptives)**
- ella
- Plan B One-Step

**Generic Emergency Birth Control (contraceptives)**
- Aftera, EContra EZ, EContra One Step, Levonorgestrel 1.5 mg, My Choice, My Way, New Day, Opcicon One-Step, Option 2, Preventza, React, Take Action (generic Plan B One-Step)

Tobacco Cessation Medications

If you need help to quit smoking or using tobacco products, these preventive medications are available to you at $0 cost share. To qualify, you need to:

- Be age 18 or older.
- Ask your doctor to obtain notification/prior authorization if required.
- Get a prescription for these products from your doctor, even if the products are sold over-the-counter (OTC).
- Fill the prescription at a network pharmacy.

Up to two 90-day treatment courses are covered at no additional cost each year.

**Over-the-Counter Tobacco Cessation Medications**

- Nicotine Replacement Gum
- Nicotine Replacement Patch
- Nicotine Replacement Lozenge

**Prescription Tobacco Cessation Medications**

- Bupropion sustained-release (generic Zyban) Tablet

*The following three prescription medications are covered with prior authorization after members have tried 1) One over-the-counter nicotine product and 2) Bupropion sustained-release (generic Zyban) separately. Prior authorization is required for each 90-day drug supply.*

- Nicotrol Inhaler
- Chantix Tablet
- Nicotrol Nasal Spray

KEY

- Birth Control Pill (oral contraceptive)
- Birth Control Ring (contraceptive vaginal ring)
- Birth Control Shot (injectable contraceptive)
- Birth Control Patch (contraceptive transdermal patch)
Human Immunodeficiency Virus Preventive Medications

For members who have a higher chance to become infected with human immunodeficiency virus (HIV) but are not yet infected, these preventive medications are available at $0 cost share. To qualify, a member must:

• Be at increased chance for first-time infection with HIV
• Obtain Prior Authorization

If you qualify, you can receive these drugs at $0 cost share.

<table>
<thead>
<tr>
<th>HIV Pre-exposure Prophylaxis Medications⁸</th>
</tr>
</thead>
<tbody>
<tr>
<td>Truvada® prior authorization required to confirm use is for HIV prevention</td>
</tr>
<tr>
<td>tenofovir disoproxil fumarate tab 300mg (generic Viread)⁸ prior authorization required to confirm use is for HIV prevention</td>
</tr>
</tbody>
</table>

Breast Cancer Preventive Medications⁵

For members who are at increased risk for breast cancer but have not had breast cancer, these preventive medications are available at $0 cost share. To qualify, you must:

• Be age 35 or older.
• At increased risk for the first occurrence of breast cancer—after risk assessment and counseling.
• Obtain prior authorization.

These medications are typically covered at the customary cost-share amount for your plan for the treatment of breast cancer, to prevent breast cancer recurrence and for other indications. They are available at $0 cost share to prevent the first occurrence of breast cancer if a prior authorization is obtained. If you qualify, you can receive these drugs at $0 cost share for up to five years, minus any time you have been taking them for prevention.

<table>
<thead>
<tr>
<th>Breast Cancer Medications</th>
</tr>
</thead>
<tbody>
<tr>
<td>raloxifene⁹ prior authorization required to confirm use is for breast cancer prevention</td>
</tr>
<tr>
<td>tamoxifen⁹ prior authorization required to confirm use is for breast cancer prevention</td>
</tr>
<tr>
<td>anastrozole⁹ – effective 10/1/20 prior authorization required to confirm use is for breast cancer prevention</td>
</tr>
<tr>
<td>exemestane⁹ – effective 10/1/20 prior authorization required to confirm use is for breast cancer prevention</td>
</tr>
<tr>
<td>letrozole⁹ – effective 10/1/20 prior authorization required to confirm use is for breast cancer prevention</td>
</tr>
</tbody>
</table>

Statin Preventive Medications⁵

The U.S. Preventive Service Task Force recommends that adults without a history of cardiovascular disease (CVD)—symptomatic coronary artery disease or stroke—use a low-to-moderate-dose statin for the prevention of CVD events in individuals who meet the following criteria:

• Are age 40-75, and
• Have one or more cardiovascular risk factors (high cholesterol, diabetes, hypertension, or smoking), and
• A calculated 10-year risk of a cardiovascular event of 10% or greater.

<table>
<thead>
<tr>
<th>Statin Medications</th>
</tr>
</thead>
<tbody>
<tr>
<td>lovastatin (generic Mevacor) – All strengths</td>
</tr>
<tr>
<td>atorvastatin (generic Lipitor) 10 &amp; 20 mg¹₀ prior authorization required to confirm risk of CVD</td>
</tr>
<tr>
<td>simvastatin (generic Zocor) 5, 10, 20 &amp; 40 mg¹₀ prior authorization required to confirm risk of CVD</td>
</tr>
</tbody>
</table>

Gonococcal Ophthalmia Neonatorum Preventive Medication

The U.S. Preventive Service Task Force recommends prophylactic ocular topical erythromycin ointment administration for all newborns to prevent gonococcal ophthalmia neonatorum. Typically this medication is administered after birth in a hospital setting and covered under the medical benefit. If the birth of a newborn occurs outside of the hospital setting, administration of this medication after birth is still recommended and may be covered under the pharmacy benefit.

This medication is typically covered at the customary cost-share amount for your plan. However, it is available at $0 cost share for newborn babies 0-1 month of age. For parents trying to get this medication before the birth of the baby, a prior authorization from your health care provider is required to receive this drug at $0 cost share.

<table>
<thead>
<tr>
<th>Gonococcal Ophthalmia Neonatorum Medication</th>
</tr>
</thead>
<tbody>
<tr>
<td>erythromycin ophthalmic ointment 0.5%¹¹ prior authorization required if outside of age limit to confirm use is for gonococcal ophthalmia neonatorum prevention</td>
</tr>
</tbody>
</table>
Frequently Asked Questions

Under the health reform law, health plans must cover certain medications as recommended by the U.S. Preventive Services Task Force (USPSTF) A & B Recommendation and the Health Resources & Services Administration (HRSA) women’s health guidelines, including FDA-approved prescription and over-the-counter (OTC) contraceptives for women at 100% without charging a copayment, coinsurance or deductible when:

• Prescribed by a health care professional.
• Age and/or condition appropriate.
• Filled at a network pharmacy.

To comply with these regulations, UnitedHealthcare offers this list of $0 cost-share Preventive Care Medications.

If I need to take preparation medications before a preventive colonoscopy, how can I get these for no additional cost?

If you are scheduled for a preventive colonoscopy, ask your doctor for a prescription for one of the $0 cost preparation medications. You can fill this prescription at a retail network pharmacy.

If you need a prescription medication to prepare for a colonoscopy that is not preventive, these medications may still be covered with a copayment or coinsurance.

If I’m at risk for cardiovascular disease, how can I get statin medications at no additional cost to me?

If you are a member age 40-75, and at risk for cardiovascular disease, your doctor may offer to prescribe statin medications. Select statins are covered at no cost share for individuals who have certain risk factors for cardiovascular disease. Depending on the medication, your doctor may need to submit a prior authorization request to get medications approved for you at no additional cost if you meet coverage criteria. For members who don’t meet this $0 cost-share criteria or don’t request prior authorization, those statins will continue to be covered at the customary cost-share amount for your plan.

How can I get preventive medications to help me stop using tobacco at no additional cost?

If you are age 18 or older and want to quit using tobacco products, talk to your doctor about medications that can help. If your doctor decides this therapy is right for you, they may prescribe an over-the-counter or prescription medication.

Your doctor can submit a prior authorization request to get these approved for you at $0 cost share if you are also getting counseling to help you stop using tobacco products. Your doctor can provide this counseling or help you to find a provider.
If I’m at risk for HIV (Human Immunodeficiency Virus) but have not been infected, how can I get preventive drugs for $0 cost share?

If you are a member not yet infected with HIV, talk to your doctor about your risk of getting HIV. If your doctor decides this treatment is right for you, your doctor may offer to prescribe risk-reducing medications, such as Truvada, or tenofovir disoproxil fumarate 300mg tablet. Your doctor must submit a prior authorization request and meet the coverage criteria for $0 cost share.

If I’m at risk for breast cancer, how can I get preventive medications for no additional cost?

If you are a member age 35 or older, talk to your doctor about your risk of getting breast cancer if you have not had it.

If your doctor decides these drugs are right for you, your doctor may offer to prescribe risk-reducing medications, such as anastrozole, exemestane, letrozole, raloxifene or tamoxifen.

Your doctor can submit a prior authorization request to get these approved for you at $0 cost share if you meet coverage criteria.

How can I get aspirin to prevent preeclampsia during pregnancy for no additional cost?

Low-dose or baby aspirin (81 mg) is available at no additional cost to pregnant women at risk for preeclampsia. If you are pregnant and at risk for preeclampsia, ask your doctor about whether low-dose aspirin can help. If so, your doctor can give you a prescription for low-dose aspirin to be filled at a retail network pharmacy at no additional cost to you.

How can I get medications to prevent gonococcal ophthalmia neonatorum in my newborns eyes?

Erythromycin ophthalmic ointment 0.5% is available at no cost to newborns 0-1 month of age. If you are a parent trying to get this medication before the birth of your baby, a prior authorization from your health care provider is required to receive this drug at $0 cost share.

What if I have a high-deductible or consumer-driven health (CDH) plan?

The same no-cost options on the list applicable to your plan will be available to you if you are in one of these plans. If you fill a prescription for covered products not on your plan’s no-cost drug list, you will need to pay the full cost, until your pharmacy plan deductible is reached.

Are the no-cost Preventive Care Medications available at both retail and mail pharmacies?

Preventive Care Medications are available at both network retail pharmacies and the mail-order pharmacy for plans with a mail-order benefit.

What if the health care reform law requirements for preventive care medication coverage change?

If the law requiring plans to provide preventive care medications at no additional cost changes, information on how your costs may be impacted will be available to you by:
- Signing in to the member website on your health plan ID card and checking your Prescription Drug List (PDL).
- Calling the toll-free phone number on your health plan ID card.

What if my doctor prescribes a similar preventive medication that is not on this list?

The health reform law allows plans to use reasonable medical management to decide which product/medications are provided at $0 cost share. If you choose a no-cost product from the list applicable to your plan, your cost at the pharmacy will be $0. If you choose a covered product/medication that is not on the list, a copay or coinsurance may be required. And this cost will apply to your deductible if you have one.

You can ask your doctor for a prescription for one of the medications on this list that your doctor feels would work for you. For some medical reasons, your doctor may decide you need a medication that is not on this list. If so, you can request the medication you need by calling the number on your health plan ID card, and asking how to obtain coverage at no additional cost. Medical reasons may include side effects, and whether you can use the medication/product as required.

CONTINUED
Questions?

Sign in to the member website listed on your health plan ID card.

1. Please note this list is subject to change.
2. Always refer to your benefit plan materials to determine your coverage for medications and cost share. Some medications listed on the PDL may not be covered under your specific benefit. Where differences are noted, the benefit plan documents will govern.
3. All brand-name medications are trademarks or registered trademarks of their respective owners.
4. Generally state insurance laws do not apply to ASO ERISA groups.
5. The listed age limits are based on U.S. Preventive Services Task Force Recommendations; coverage for additional populations may also apply as required.
6. Additional products not listed on this document are covered at $0. Sign in to myuhc.com and go to Pharmacy Information or call the number on your member ID card.
7. Prior authorization required.
8. These medications are typically covered at the customary cost-share amount for your plan. However, they are available at $0 cost share when used for HIV prevention if a prior authorization is obtained. If you qualify based on criteria above, you can receive these drugs at $0 cost share.
9. These medications are typically covered at the customary cost-share amount for your plan. However, they are available at $0 cost share when used for breast cancer prevention if a prior authorization is obtained. If you qualify based on criteria above, you can receive these drugs at $0 cost share.
10. These medications are typically covered at the customary cost-share amount for your plan. However, they are available at $0 cost share to prevent cardiovascular disease if a prior authorization is obtained. If you qualify based on criteria above, you can receive these drugs at $0 cost share.
11. These medications are typically covered at the customary cost-share amount for your plan. However, they are available at $0 cost share to prevent gonoccal ophthalmia neonatorum if a prior authorization is obtained. If you qualify based on criteria above, you can receive these drugs at $0 cost share.
12. When informed by a member’s health care provider, UnitedHealthcare will accommodate a coverage exception request for any member when one of the $0 cost medications listed on the Preventive Care Medications list may be medically inappropriate as determined by the health care provider for that member and UnitedHealthcare will waive the otherwise applicable cost-sharing for a medication not represented on the Preventive Care Medications list.

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ATENCIÓN: Si habla español (Spanish), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說中文 (Chinese)，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

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