

ACA Preventive Care Drug List

A wide range of preventive medications are covered by all Harvard Pilgrim Health Care plans, through the Affordable Care Act and the Bureaus of Insurance. Members pay nothing for these medications – no copay, deductible or percentage of the cost. Age limits may apply.

This ACA Preventive Care Drug List is not all-inclusive and is subject to change to comply with ACA mandate guidance and as formulary updates are made. Please refer to the formulary for covered products and restrictions.

If you're a member, you'll need to get a prescription from your doctor for these medications, even those that are available over the counter. You or your doctor give the prescription to your pharmacy, and you pick up the medication at no cost to you. Here are the drugs that are covered, listed by category:

ASPIRIN¹

Adult aspirin regimen oral tablet delayed release 81 mg
 Aspirin adult low strength oral tablet delayed release 81 mg
 Aspirin childrens oral tablet chewable 81 mg
 Aspirin ec low dose oral tablet delayed release 81 mg
 Aspirin ec low strength oral tablet delayed release 81 mg
 Aspirin low dose oral tablet chewable 81 mg
 Aspirin low dose oral tablet delayed release 81 mg
 Aspirin oral tablet delayed release 81 mg
 GNP aspirin low dose oral tablet delayed release 81 mg
 Goodsense aspirin low dose oral tablet delayed release 81 mg
 QC aspirin low dose oral tablet delayed release 81 mg

BOWEL PREP¹

Gavilyte-c
 Gavilyte-g
 Gavilyte-n
 PEG 3350-kcl-sod bicarb-sod chloride-sod sulfate
 PEG 3350-potassium chloride-sod bicarbonate-sod chloride
 PEG 3350-kcl-nacl-na sulfate-na ascorbate ascorbic acid
 PEG-Prep

BREAST CANCER²

Anastrozole
 Exemestane
 Letrozole
 Raloxifene
 Tamoxifen

¹ Coverage: \$0 cost share for members with Rx coverage. Exceptions: ACA grandfathered groups; Rx carve-out groups.

² Coverage: \$0 cost share for members with Rx coverage. Exceptions: ACA grandfathered groups; Rx carve-out groups.

Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care, Harvard Pilgrim Health Care of New England and HPHC Insurance Company.

**CONTRACEPTION
(EMERGENCY)¹**

Note: Quantity limits may apply

**CONTRACEPTION
(ORAL)¹**

Note: Quantity limits may apply

**CONTRACEPTION
(NON-ORAL)¹**

Note: Quantity limits may apply

Patch and Rings, Diaphragms, Depo-Provera, films, foams, gels, sponges, Male and Female condoms

FLUORIDE¹

Note: Limited to children ages 6 months through 16 years

Fluorabon
Fluoride chw
Fluoritab
Flura-drops
Nafrinse
Sod fluoride chw

FOLIC ACID

Note: Limited to patients ages 12 to 52

Folic acid tab

HYPERCHOLESTEROLEMIA¹

Atorvastatin 10mg, 20mg
Fluvastatin 40mg, 80mg ER
Lovastatin 10mg, 20mg, 40mg
Pravastatin 10mg, 20mg, 40mg, 80mg
Rosuvastatin 5mg, 10 mg
Simvastatin 5mg, 10mg, 20mg, 40mg

HIV PrEP³

Emtricitabine/tenofovir 200-300mg
Descovy

Iron

Note: Limited to children ages 6 months through 12 months

Liquid Iron

NICOTINE REPLACEMENTS¹

Bupropion 150mg sr tab
Chantix
Nicotine polacrilex mouth/throat gum 2 mg, 4 mg
Nicotine polacrilex mouth/ throat lozenge 2 mg, 4 mg
Nicotine step 1 transdermal patch 24 hour 21 mg/24hr
Nicotine step 2 transdermal patch 24 hour 14 mg/24hr
Nicotine step 3 transdermal patch 24 hour 7 mg/24hr
Nicotrol inhalation inhaler 10 mg
Nicotrol ns nasal solution 10 mg/ml

VACCINES⁴

Gardasil 9
Influenza
Shingrix

³Coverage: If used for HIV PrEP, a prior authorization may be submitted to request a \$0 cost share. Exceptions: ACA grandfathered groups; Rx carve-out groups.

⁴ Coverage: \$0 cost share for members with or without Rx coverage under medical benefit. Vaccine for shingles: limited to ages 50 and above. HPV vaccine: limited to ages 9 to 45. Exceptions: ACA grandfathered groups.

Language Assistance Services

Arabic (العربية) انتباه: إذا كنت تتحدث لغة أخرى غير الإنجليزية، فإن خدمات المساعدة اللغوية متاحة لك مجاناً. يرجى الاتصال بالرقم الموجود على بطاقة هوية العضو الخاصة بك.

French (Français) ATTENTION : Si vous parlez une langue autre que l'anglais, des services d'assistance linguistique gratuits sont à votre disposition. Veuillez appeler le numéro indiqué sur votre carte d'adhérent.

Greek (Ελληνικά) ΠΡΟΣΟΧΗ: Εάν μιλάτε κάποια άλλη γλώσσα πέρα από τα αγγλικά, γλωσσικές υπηρεσίες χωρίς χρέωση είναι στη διάθεσή σας. Καλέστε τον αριθμό στην κάρτα μέλους σας.

Gujarati (ગુજરાતી) ધ્યાન આપો: જો તમે અંગ્રેજી સિવાય બીજી ભાષા બોલો છો, તો ભાષા હિતિ વિચો, તમારા માટે મફત ઉપલબ્ધ છે. કૃપા કરીને તમારા ભિંચ આઈડી કાર્ડ પરના નંબર પર કોલ કરો.

Haitian Creole (Kreyòl Ayisyen) ATANSYON: Si w pale yon lang ki pa Anglè, gen sèvis èd pou lang ki disponib gratis pou ou. Tanpri rele nimewo ki sou kat ID manm ou a.

Hindi (हिंदी) ध्यान दें: अगर आप अंग्रेजी के अलावा कोई दूसरी भाषा बोलते हैं, तो भाषा सहायता सेवाएं आपके ललए ननःशुल्क उपलब्ध हैं। कृपया अपने सदस्य आईडी कार्ड पर ददए गए नंबर पर कॉल करें।

Italian (Italiano) ATTENZIONE: se parli una lingua diversa dall'inglese, sono disponibili gratuitamente servizi di assistenza linguistica. Chiama il numero indicato sulla tua tessera membro identificativa.

Khmer (ភាសាខ្មែរ) បុរសិនបរអុន កនិយាយភាសាបសដេបប្រាំពីភាសាអង់បលរ ស បសវាកមុមជំនួ យភាសា ដលៃឥតលិតថុលរ លីអាចរកបានសហុរអុន ក៏ សូ មុហៅកាន់បលខហៅបល ID កាតសាជីកររស់អុន ក៏

Korean (한국어) 알림: 영어 이외의 언어를 사용하신다면 언어 지원 서비스를 무료로 제공해 드립니다. 가입자 ID 카드에 명시된 번호로 전화하시기 바랍니다.

Lao (ພາສາລາວ) ກະລຸນາ ຮັບຊາບ: ຖ້າ ທ່ານເວົ້າພາສາອື່ນທີ່ບໍ່ແມ່ນພາສາ ອັງກິດ, ທ່ານສາມາດໃຊ້ບໍລິການບໍ່ຄ່າພາສາໄດ້ ໂດຍບໍ່ເສຍ ຄ່າ. ກະລຸນາໂທຫາເບີຜູ້ຢາມ ບັດປະຈຳ ຕົວສະມາຊິກຂອງ ທ່ານ.

Polish (polski) UWAGA: Jeśli posługujesz się językiem innym niż angielski, możesz bezpłatnie korzystać z usług pomocy językowej. Zadzwoń pod numer podany na Twojej karcie członkowskiej.

Portuguese (Português) ATENÇÃO: caso fale outro idioma que não o inglês, são-lhe disponibilizados gratuitamente serviços de assistência linguística. Ligue para o número no seu cartão de identificação de membro.

Russian (Русский) ВНИМАНИЕ! Если вы не говорите на английском языке, то можете бесплатно воспользоваться услугами языковой поддержки. Позвоните по номеру, указанному на вашей идентификационной карте участника.

Spanish (Español) ATENCIÓN: Si usted habla un idioma que no sea inglés, están disponibles para usted, sin costo, servicios de asistencia en otros idiomas. Llame al número que figura en su tarjeta de identificación de miembro.

Traditional Chinese (繁體中文) 注意事項: 如果您講非英語的其他語言, 我們可以為您提供免費的語言協助服務。請撥打您會員 ID 卡上的電話號碼。

Vietnamese (Tiếng Việt) LƯU Ý: Nếu quý vị nói ngôn ngữ khác không phải tiếng Anh, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Vui lòng gọi đến số điện thoại trên thẻ ID hội viên của quý vị.

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Please call the number on your member ID card.

General Notice About Nondiscrimination and Accessibility Requirements

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HPHC:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, other formats).
- Provides free language services to people whose primary language is not English, such as qualified interpreters.

If you need these services, contact our Civil Rights Compliance Officer (see below for contact information).

If you believe that HPHC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex (including pregnancy, sexual orientation and gender identity) you can file a grievance with:

Point32Health Civil Rights Legal Coordinator

1 Wellness Way

Canton, MA 02021-1166

866-750-2074, TTY service: 711

Fax: 617-668-2754

Email: OCRCoordinator@point32health.org

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Civil Rights Compliance Officer is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at

www.hhs.gov/ocr/office/file/index.html