

Preventive Medications & Services covered at no cost:

In accordance with the Patient Protection and Affordable Care Act, members enrolled in a Highmark Delaware or Aetna non-Medicare Health Plan may receive the following preventive medications at **no cost** through the Express Scripts prescription drug plan, subject to age and other limitations as defined below.

To obtain these preventive medications at no cost, the member must present a doctor's prescription for the medication to a participating Express Scripts pharmacy, even if the medication is available over the counter (OTC).

<p>Aspirin: Generic OTC (Over the counter) Product < or = 325mg Covered for men age 45-79 Covered for women age 55-79</p> <p>Aspirin for Preeclampsia Generic only (OTC) Product = 81 mg Age/gender restriction: Females < 55 years</p>	<p>Folic Acid: Generic only - RX/OTC (Over the counter) 0.4mg tab 0.8mg tab Covered for women through age 50 *Single entity and combination products</p>
<p>Smoking Cessation: All FDA approved Smoking Cessation products: Nicotine transdermal (patches), (generics and brand NicodermCQ) Nicotine polacrilex (gum/lozenges) – (generics and brands Commit; Thrive; and Nicorette) Nicotine Nasal Spray (Nicotrol NS) Nicotine Inhalation System (Nicotrol Inhaler) Bupropion HCl sustained-release 150mg (generics and brand Zyban) Varenicline (Chantix) Age Restriction: Adults 18 years and older</p> <p>Limit of 180 day's supply within a 365 day period, prescriptions processed after 180 days, will reject, member will pay full cost of RX.</p>	<p>Iron Supplements: Generic only - RX/OTC (Over the counter) Age restriction: 6 months through 12 months old *Single entity and combination products</p>
<p>Fluoride: Rx Generic only - RX/OTC (Over the counter) Age restriction: 6 months through 5 years old *Single entity and combo products for children</p>	<p>Vitamin D: Generic only - RX/OTC (Over the counter) Single entity vitamin D2 or D3 containing 1,000IU or less per dosage form. Combination products that also contain calcium (combination of two agents only for the combinations) Age restriction: Adults 65 years of age and older</p>



***Vaccines**

Allows coverage under the pharmacy benefit for the following immunizations to be covered at \$0 copay. Gender and age limit restrictions apply to certain medications.

*Vaccines are also covered under the medical plan for a \$0 copay

Diph/Tet/Pert (Acel) DTaP	>=1 month and <7 years
DTaP + Hep B + IPV	>=1 month and <7 years
Dtap + Hib + IPV	>=1 month and <7 years
Haemophilus B (Hib)	>=1 month
Hepatitis A	>=1 year
Hepatitis A, B	>=1 year
Hepatitis B	No restriction
Hib + Hep B	>=1 month
HPV Cervarix	Female, >=9 years and <27 years
HPV Gardasil	>=9 years and <27 years
Gardasil-9, (Human Papillomavirus 9-valent Vaccine)	>=9 years and <27 years
Influenza(Injectable)	>=6 months
Measles, mumps, rubella (MMR)	>=6 months
Measles, mumps, rubella, varicella	>=1 year
Meningococcal	>=2 years
Meningococcal w/Bexsero	>=10 years
Meningococcal w/Diph.	>=2months
Meningococcal w/Trumenba	>=10 years
Pneumococcal (Pneumovax23)	>=2 years
Pneumococcal (Prevnar 13)	>=1 month
Polio	No restriction
Rotavirus	>=1 month and <9months
Tetanus/Diph. (Td)	>=7 years
Tetanus/Diph/accel. Pertussis (Tdap)	>=7 years
Travel vaccines (Yellow fever, Typhoid, Anthrax, Japanese encephalitis, Rabies)	No restriction
Varicella (Adult)	>=60 years
Varicella (All-Varivax)	>=1 year
Varicella (All-Varizig)	No restriction
Zoster	No restriction
Pneumonia	No restriction

Bowel Preparation Agents

Generic plus Single Source brand - RX/OTC
(Over the counter)

Age restrictions: Adults 49 of age to 76 of age.
2 prescriptions at \$0 copay for 365 days



<p>Women’s Contraceptives: Covered for women through the age of 50. Generic/Single Source/Multi Source DAW 1 (Rx and OTC) For additional information contact your Express Script’s customer service on the back of your ID card.</p>	<p>Breast Cancer Screening/Detection</p> <ul style="list-style-type: none"> • Tamoxifen (generic) • Raloxifene (generic) • Soltamox (tamoxifen in liquid form). <p>Covered for women 35 years of age and over. Coverage applies to Screening/Detection only.</p>
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*Single Entity products include drugs with only one ingredient.

*Combination Products include drugs with one of the main ingredient as well as other products.

*Single Source Drugs are drugs that do not have a generic equivalent.

*Multi-Source Drugs are drugs that have generic equivalents.

*DAW 1 – This means substitution not allowed by prescriber. This value is used when the prescriber indicates that the product is to be dispensed as written.

*DAW 2 – This means substitution allowed, patient requested product be dispensed. This value is used when the prescriber has indicated that a generic substitution is permitted and the patient requests the brand product. This situation can occur when the prescriber writes the prescription using either the brand or the generic name and the product is available from multiple sources.

*Last updated October 1, 2016