



## Some medications are free with your plan under the Affordable Care Act (ACA)\*

We want to make it easy for our members to get the care they need. Especially preventive care, which can help prevent health problems from becoming serious.

The federal government decides what medications are most important for preventive health. And we cover those at 100% when you meet certain age and gender requirements; have a prescription from a health care provider (even for over-the-counter, or OTC, medicines); and fill your prescription at an in-network pharmacy.

\*“Free” means that you will not have a copay or have to pay money toward your deductible or coinsurance for the medication. Other rules may apply, including age and gender requirements and frequency limitation rules. Review your plan documents for a list of covered preventive services and medications. The “ACA” designation in the formulary, or drug list, for your plan refers to the Affordable Care Act, also known as Obamacare or health care reform. The ACA requires health plans to cover many preventive care services and drugs without making members pay anything toward their costs. This list is subject to change. For the most up-to-date list of covered drugs, visit the pharmacy section on [connecticare.com](http://connecticare.com).

ConnectiCare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-251-7722 (TTY: 711). ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-251-7722 (TTY: 711).

# Preventive Medications Covered Under the Affordable Care Act (ACA)

Please note: Generic drug examples are italicized and in lowercase letters.

Brand-name drug examples are not italicized and are in uppercase letters.

## Aspirin

Who's covered? No age limit

What's covered? Generic over-the-counter products

Examples: *aspirin chewable 81 mg*

## Cholesterol/Statins

Who's covered? Adults age 40 – 75

What's covered? Select generic strengths of low-to moderate-dose statins and high-dose statins for primary prevention of cardiovascular disease

Examples: *atorvastatin*  
*fluvastatin*  
*lovastatin*  
*pitavastatin*  
*pravastatin*  
*rosuvastatin*  
*simvastatin*

## Oral Fluoride

Who's covered? Children age 6 months through 16 years

What's covered? Generic only (prescription/over-the-counter) single entity and combo products when prescribed by a physician

Examples: *sodium fluoride chewable tablet*  
*sodium fluoride solution*  
*tri-vit with fluoride*

## Folic Acid

Who's covered? No Age Restriction

What's covered? Generic only (prescription/over-the-counter) 0.4 mg – 0.8 mg single entity as well as combo products when prescribed by a physician

Examples: *folic acid 0.4 mg (400 mcg)*  
*folic acid 0.8 mg (800 mcg)*

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## Smoking Cessation

Who's covered? Adults 18 years of age and older

What's covered? All FDA-approved smoking cessation products (prescription/over-the-counter) when prescribed by a physician

Examples: *bupropion HCL SR 150 mg* (ZYBAN 150 mg)

*Chantix (varenicline)*

*nicotine patch*

## Bowel Preps

Who's covered? Adults  $\geq 45$  and  $\leq 75$  years of age

What's covered? Generic only (prescription/over-the-counter) when prescribed by a physician (limit 2 prescriptions per 365 days)

Examples: *gavilyte – h kit*

*peg 3350 powder*

*peg-prep kit*

Immunizations – To prevent certain illness in people of all ages. Provider must adhere to the FDA/CDC age/frequency/gender guidelines.

Examples: Anthrax	Meningococcal
Chikungunya	Pneumococcal
Cholera	Polio
COVID-19	Rabies
Dengue	Respiratory syncytial virus (RSV)
Diphtheria	Rotavirus
Haemophilus Influenzae Type B (Hib)	Shingles
Hepatitis A	Tetanus-Acellular, Pertussis (DTap)
Hepatitis B	Tetanus-Diphtheria/Tetanus-Diphtheria Acellular Pertussis (Tdap)
Herpes Zoster (Shingles)	Tick-borne encephalitis (TBE)
Human Papillomavirus (HPV)	Typhoid
Inactivated Poliovirus (IPV)	Varicella (Chicken Pox)
Influenza (Flu)	Yellow Fever
Measles, Mumps, Rubella (MMR)	

For adult and child & adolescent immunization schedules (for persons aged 0-6 years, 7-18 years and “catch-up schedule”), visit [cdc.gov/vaccines/schedules](https://www.cdc.gov/vaccines/schedules).

HIV Prep – To prevent Human Immunodeficiency Virus (HIV).

Who's covered? Persons of any age lacking a history of treatment for HIV

What's covered? *Emtricitabine/Tenofovir Disoproxil Fumarate* 200 mg/300 mg dose only

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## Breast Cancer Prevention

Who's covered? Persons 35 years of age and older who meet criteria

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What's covered? Generic *tamoxifen*, *anastrozole*, *exemestane*, SOLTAMOX, and *raloxifene* when prescribed by a physician and clinical criteria are met

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\*Requires preauthorization to determine if clinical criteria are met

## Women's Contraception – For the prevention of pregnancy in women.

The following contraceptives are provided at a zero cost share as mandated by the Affordable Care Act (ACA). Please note that single-source brand\* and multi-source brand\*\* contraceptives are only available at a zero cost share when specific plan requirements are met. The list is subject to change to remain compliant with ACA guidelines.

Members: The terms of your health plan will ultimately determine coverage and cost sharing. For specific questions about your coverage, please call the phone number printed on your ID card.

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# Preventive Medications Covered Under the Affordable Care Act (ACA)

## Cervical Cap

FEMCAP\*

## Diaphragm

CAYA CONTOURED\* WIDE  
SEAL DIAPHRAGM\*

## Emergency

*after pill*  
AFTERA\*\*  
*curae*  
*econtra ez*  
*econtra*  
*one-step*  
*her style*  
*levonorgesell*  
*my choice*  
*myway*  
*new day*  
*opcicon*  
*one-step*  
*option 2*  
PLAN B  
ONE-STEP\*\*  
TAKE ACTION\*\*

## Emergency/progestin blocker

ELLA\*

## Female Condom

FC2 FEMALE CONDOM\*

## Implantable Rod

NEXPLANON\*

## Injection

DEPO-PROVERA\*\*  
DEPO-SUBQ PROVERA 104\*  
*medroxyprogesterone acetate*

## IUD Copper

PARAGARD T 380-A\*

## IUD / Progestin

KYLEENA\*  
LILETTA\*  
MIRENA\*  
SKYLA\*

## Patch

*Norelgestrom-EE*  
*Twirla*  
*Xulane*  
*Zafemy*

## Spermicide

VCF FILM\*  
VCF GEL\*

## Sponge

TODAY CONTRACEPTIVE  
SPONGE\*

## Vaginal Ring

ANNOVERA\*  
*eluryng*  
*enilloring*  
*e-e estradiol*  
*haloette*

## Oral Contraceptive -

### Continuous

*amethia / lo*  
*ashlyna*  
*camrese / lo*  
*daysee*  
*iclevia*  
*jaimiess*  
*jolessa levonorgestrel-e.e.*  
*lojaimiess*  
*loseasonique*  
*rivelsa*  
*setlakin*  
*simpesse*

### Oral Contraceptive - Progestin ONLY

*camila*  
*deblitane*  
*errin*  
*heather*  
*incassia*  
*jencycla*  
*lylec*  
*lyza*  
*nora-be*  
*norethindrone*  
OPILL  
*Sharobel*  
*Tulana*

### Oral Contraceptives - Combined

*afirmelle*  
*altavera*  
*alyacen*  
*amethia*  
*amethyst*  
*apri*  
*aranelle*  
*ashlyna*  
*aubra / eq*

*aurovelle / fe / fe 24*

*aviane*  
*ayuna*  
*azurette*  
*balcoltra*  
*balziva*  
BEYAZ\*\*  
*blisovi fe / 24 fe*  
*briellyn*  
*camrese*  
*caziant*  
*charlotte 24 fe*  
*chateal / eq*  
*cryselle*  
*cyclafem*  
*cyred / eq*  
*dasetta*  
*daysee*  
*desogestrel-e.e.*  
*drosiprenone-e.e.*  
*drosiprenone-e.e.-levomef*  
*elinest*  
*enpresse*  
*enskyce*  
*estarylla*  
*ethynodiol-e.e.*  
*falmina*  
*finzala*  
*femynor*  
*gemmily*  
*hailey / fe 24*  
*iclevia*  
*isibloom*  
*jaimiess*  
*jasmiel*  
*jolessa*  
*joyeaux*  
*juleber*  
*junel / fe / fe 24*  
*kaitlib fe*  
*kalliga*  
*kariva*  
*kelnor*  
*kurvelo*  
*larin / fe / 24 fe*  
*layolis fe*  
*leena*  
*lessina*  
*levonest*  
*levonorgestrel-e.e.*  
*levora-28*  
*lojaimiess*  
*loryna*  
*low-ogestrel*  
*lo-zumandimine*  
*luteru*  
*marlissa*  
*merzee*  
*melodetta 24 fe*

\*Indicates single-source brand product |

\*\*Indicates multi-source brand product

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*mibelas 24 fe*  
*microgestin / fe*  
*microgestin 24 fe\*\**  
*mili*  
*mircette*  
*mono-linyah*  
*nataia*  
*necon*  
*nikki*  
*norethindrone-e.e.*  
*norethindrone-e.e. / fe*  
*norgestimate-e.e.*  
*norgestrel-e.e.*  
*nortrel*  
*nylia*  
*nymyo*  
*ocella*  
*ogestrel*  
*orsythia*  
*philith*  
*pimtrea*  
*portia*  
*reclipsen*

*rivelsa*  
*safyral*  
*setlakin*  
*simliya*  
*simpesse*  
*sprintec*  
*sronyx*  
*syeda*  
*tarina fe*  
*tilia fe*  
*tri-estarylla*  
*tri-legest fe*  
*tri-linyah*  
*tri-lo-estarylla*  
*tri-lo-marzia*  
*tri-mili*  
*tri-nymyo*  
*trinessa / lo*  
*tri-lo sprintec*  
*trivora-28*  
*tri-vylibra*

*tri-vylibra / lo*  
*turqoz*  
*tyblume*  
*tydemy*  
*velivet*  
*vestura*  
*vienva*  
*viorele*  
*vyfemla*  
*volnea*  
*vyfemla*  
*vylibra*  
*wera*  
*wymzya fe*  
*YAZ\*\**  
*zarah*  
*zovia*  
*zumandimine / lo*

### **Vaginal Gel**

Phexxi  
VCF