Preventive Pharmacy Benefits



Physicians Health Plan (PHP) provides in-network pharmacy benefits with no cost sharing (\$0 copay) for prescription and over-the-counter (OTC) medications for use in preventive screening procedures and prevention of certain conditions. For this coverage to apply, a prescription for the medication or product must be obtained from a provider and filled at an in-network pharmacy. These services meet and, in some cases, exceed the Affordable Care Act (ACA) requirements and recommendations.

Questions? Call PHP Customer Service at 517.364.8500

Adult Preventive Health Screenings and Treatments

Cardiovascular Health

Statins, for adults ages 40-70 years:

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

Colorectal Cancer Prevention

OTC bowel prep products (prescription, generic), for adults ages 45–75 years:

| Bisacodyl 5 mg oral tablet | Polyethylene glycol (PEG) | Generics to GaviLyte-N or Nulytely |
|-------------------------------------|--------------------------------------|---|
| | 3350 oral powder | (PEG 3350, KCI, sodium bicarbonate, NaCl) |
| Generics to Golytely | Magnesium citrate Polyethlene glycol | Generics to GaviLyte-C |
| (PEG 3350, KCI, sodium bicarbonate, | (PEG) 3350 oral packet | (PEG 3350, KCI, sodium bicarbonate, NaCl, |
| NaCl, sodium sulfate) | | Sodium sulfate) |

HIV Prevention

• Emtricitabine/tenofovir disoproxil fumarate (generic for Truvada), one tablet daily, for pre-exposure prophylaxis for HIVnegative persons who are at high risk of HIV acquisition by sex or injectable drug usage

Pre-Diabetes

- Metformin 850 mg
- Up to 2 tablets daily for adults ages 35–70 years with no prior fills of a diabetes medication

Tobacco Cessation

• Chantix[®], bupropion, and generic nicotine replacement products (e.g. patches, gum) are covered for up to a 180-day supply in 365 days for adults ages 18 years and older who use tobacco; additional quantities require prior authorization

Women's Health: Breast Cancer, Pregnancy, and Family Planning

Primary Prevention of Invasive Breast Cancer Care

• Criteria must be met for tamoxifen or raloxifene to be covered without cost share

Pre-eclampsia

• Aspirin, 81 mg (OTC, generic), after 12 weeks of gestation for women ages 12–59 years at high risk for pre-eclampsia

Vitamins/Supplements

• Folic Acid, 0.8 mg, 400 mcg, and 800 mcg supplement, for all women planning or capable of pregnancy

Women's Health: Breast Cancer, Pregnancy, and Family Planning, continued

Contraceptives, Prescriptions, OTC Medications, and Devices

- For this coverage to apply, a prescription for the selected medication or product, including OTC items, must be obtained from a provider and filled at an in-network pharmacy
- For all women planning or capable of pregnancy

| Contraceptives | Prescription Devices | Over-the-Counter |
|----------------------------------|-----------------------|-------------------------------------|
| Apri | Kyleena (IUD) | Cervical Cups |
| Camila | Liletta (IUD) | Conceptrol Vaginal Gel 4% |
| EluRyng (vaginal ring) | Mirena (IUD) | Diaphragms |
| Enpresse-28 | Nexplanon (implant) | Ella (emergency oral contraceptive) |
| Introvale | Paragard (Copper IUD) | FC – Female Condom |
| Junel FE 1/20 | Skyla (IUD) | FC2 – Female Condom |
| Junel FE 1.5/30 | | Levonorgestrel 1.5 mg |
| Junel FE 24 | | (emergency oral contraceptive) |
| Kariva | | Today Sponge (vaginal sponge) |
| Low-Ogestrel | | VCF Vaginal Foam 12.5% |
| Lo Loestrin FE | | VCF Vaginal Gel 4% |
| Medroxyprogesterone (injectable) | | Xulane (patch) |
| Natazia | | |
| Phexxi (vaginal gel) | | |
| Sprintec 28 | | |
| Tri-Sprintec | | |
| Velivet | | |
| Xulane (patch) | | |

Vaccines—Adult and Children

Advisory Committee on Immunization Practices (ACIP) recommendations are followed for coverage ages.

Member Benefits: Members that have a pharmacy benefit with PHP may receive vaccines at an In-Network Participating Retail Pharmacy for \$0.00 copay***

| Coronavirus (COVID–19) | Human Papillomavirus (HPV)* | Pertussis (Whooping Cough) | Rubella (German Measles) |
|------------------------|-----------------------------|-------------------------------|--------------------------|
| Diptheria | Influenza | Pneumococcal | Tetanus |
| Hepatitis A | Measles | Polio | Varicella (Chicken Pox) |
| Hepatitis B | Meningococcal | Respiratory Syncytial Virus** | Zoster (Shingles)*** |
| Hib | Mumps | Rotavirus | |

* Covered for ages 9-45 years

** Covered for adults ages 60 years and older

*** Covered for adults ages 50 years and older

Children's Oral Health

Generic prescription providing up to 0.5 mg per day of fluoride for children with low fluoride exposure ages birth–5 years

- The ACA requires that non-grandfathered* health plans cover preventive care services with no cost sharing.
- * Non-Grandfathered: A plan effective after the Affordable Care Act (ACA) was signed on March 23, 2010, or a plan that existed before the ACA, but lost its grandfathered status at renewal.