

## ACA Preventive Drug List

Effective January 1, 2019

### United States Preventive Services Task Force (USPSTF)

#### Recommendations *Introduced 3.23.10*

In accordance with requirements put forth through the Affordable Care Act (ACA), your employer has elected to provide evidence-based Preventive Drug coverage at \$0. Below is the list of medications available under your ACA Preventive Drug coverage.

The drugs listed below are grouped into broad categories. Each category includes an alphabetical list of drugs. Generic drugs are available for many of the brands noted on this list. Please verify with your plan if a generic drug must be tried before the brand version of a drug is filled.

***This list will be reviewed periodically and is subject to change.***

#### ASPIRIN

aspirin chew tab 81 mg  
aspirin tab delayed release 81 mg

#### BOWEL PREPARATION (Age 50+)

peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (Golytely)  
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm (Colyte-flavor packs)  
peg 3350-kcl-sod bicarb-nacl for soln 420 gm (Nulytely/flavor pack)

#### BREAST CANCER – PRIMARY PREVENTION

raloxifene hcl tab 60mg  
tamoxifen citrate tab 10mg and 20 mg

#### FLUORIDE SUPPLEMENTS

*-Dental Products & Combinations-*

sodium fluoride cream 1.1% (Prevident 5000 plus)  
sodium fluoride gel 1.1% (0.5% f) (Prevident fluoride)  
sodium fluoride paste 1.1% (Prevident 5000 boost)  
sodium fluoride rinse 0.2% (Prevident)  
sodium fluoride-potassium nitrate paste 1.1-5% (Prevident 5000 sensi)  
stannous fluoride conc 0.63%

stannous fluoride gel 0.4% (Gel-kam)

#### *Supplements & Combinations*

sodium fluoride chew tabs; crm; drops; gel; oral rinse; paste; soln  
sodium fluoride/potassium nitrate stannous fluoride  
STANNOUS FLUORIDE RINSE  
THERA-FLUR-N\*\*

#### FOLIC ACID SUPPLEMENTS

folic acid caps 0.8 mg  
folic acid tabs 400 mcg, 800 mcg

#### INFANT EYE OINTMENT (for newborns)

erythromycin eye oint 5mg/gm

#### IRON SUPPLEMENTS (infants up to 12months)

carbonyl iron susp 15 mg/1.25ml (elemental iron)  
FERROUS SULFATE – ferrous sulfate liquid 220 mg/5ml (44 mg/5ml elemental fe)  
FERROUS SULFATE – ferrous sulfate syrup 300 mg/5ml (60 mg/5ml elemental fe)  
**ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)**  
**ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)**  
IRON UP – polysaccharide iron complex liquid 15 mg/0.5ml (fe equiv)  
NOVAFERRUM PEDIATRIC DROP – polysaccharide iron complex liquid 15 mg/ml (fe equiv)

#### SINGLE-AGENT STATINS (age 40-79 yrs)

lovastatin 20 mg, 40 mg  
pravastatin 10 mg, 20mg, 40mg, 80mg

#### TOBACCO CESSATION

All brand/generic OTC nicotine gum, lozenges, patches  
**bupropion hcl (smoking deterrent) tab er 12hr - 150 mg (Zyban)**

CHANTIX  
COMMIT\*\* (OTC)  
NICODERM CQ\*\* (OTC)  
NICORETTE\*\* (OTC)  
**nicotine gum, lozenges, patches**  
NICOTINE TRANSDERMAL SYST (OTC)  
NICOTROL INHALER 10mg  
NICOTROL NS 10mg/ml

#### VACCINES

ACTHIB  
ADACEL  
AFLURIA/PF/QUADRIVALENT  
BEXSERO  
BOOSTRIX  
DAPTACEL  
DIPHTHERIA/TETANUS TOXOID - ADSORBED  
ENGERIX-B  
FLUAD  
FLUARIX QUADRIVALENT  
FLUBLOK/QUADRIVALENT  
FLUCELVAX/QUADRIVALENT  
FLULAVAL QUADRIVALENT  
FLUMIST QUADRIVALENT  
FLUVIRIN

Generic Drugs = **bold** Brand Drugs = CAPITAL LETTERS \*\* = generic available

# Mississippi State and School Employees' Health Insurance Plan

---

## VACCINES (continued)

FLUZONE/HIGH-DOSE/  
INTRADERMAL/PEDIATRIC/PRESERV-  
ATIVE FREE/QUADRIVALENT/SPLIT  
GARDASIL  
HAVRIX  
HEPLISAV-B  
HIBERIX  
INFANRIX  
IPOL  
KINRIX  
M-M-R II  
MENACTRA  
MENHIBRIX  
MENOMUNE-A/C/Y/W-135  
MENVEO  
PEDIARIX  
PELVAX HIB  
PENTACEL  
PNEUMOVAX 23  
PREVNAR 13  
PROQUAD  
QUADRACEL  
RECOMBIVAX HB  
ROTARIX  
ROTATEQ  
SHINGRIX  
TDVAX  
TENIVAC  
TETANUS/DIPHTHERIA TOXOIDS  
TRUMENBA  
TWINRIX  
VAQTA  
VARIVAX  
ZOSTAVAX

Generic Drugs = **bold** Brand Drugs = CAPITAL LETTERS \*\* = generic available

# Mississippi State and School Employees' Health Insurance Plan

## Department of Health & Human Services (HHS)

### Recommendations on Contraceptives *Introduced 8.1.12*

Eligible benefit plans include coverage under the Affordable Care Act for the following contraceptives to be covered at \$0. To determine cost share for medications not listed below, log onto your account at MyPrime.com.

*This list will be reviewed periodically and is subject to change.*

#### CONTRACEPTIVES

##### Barrier Method Types

###### *-Cervical Caps-*

FEMCAP 22mm/26mm/30mm

###### *-Diaphragms-*

Caya

Omniflex diaphragm

WIDE\_SEAL 60mm, 65mm, 70mm,

75mm, 80mm, 85mm, 90mm,95mm

###### *-Female Condom-*

FC FEMALE CONDOM

FC2 FEMALE CONDOM

###### *-Spermicide -*

ENCARE

**nonoxynol-9 gel 4%**

OPTIONS CONCEPTROL\*\*

OPTIONS GYNOL II

SHUR-SEAL

VCF VAGINAL CONTRACEPTIVE

###### *-Sponge -*

TODAY SPONGE

##### Emergency Method Types

###### *-Emergency Progestin-*

**Aftera**

**Econtra EZ/One Step**

**Fallback Solo**

**levonorgestrel 1.5 mg**

**My Choice**

**My Way**

**New Day**

**Next Choice One Dose**

**Opcicon One-Step**

**Option 2**

**React**

**Take Action**

###### *-Emergency Ella-*

ELLA

##### Hormonal Method Types

###### *-Injectable Progestin-*

**medroxyprogesterone acetate**

###### *-Oral Combined-*

**Altavera**

**Alyacen**

**Apri**

**Aranelle**

**Aubra**

**Aviane**

**Azurette**

**Balziva**

**Bekyree**

**Blisovi Fe**

**Blisovi 24 Fe**

**Briellyn**

**Caziant**

**Chateal**

**Cryselle**

**Cyclafem**

**Cyred**

**Dasetta**

**Delyla**

**desogestrel/ethinyl estradiol**

**drospirenone/ethinyl estradiol**

**(Yaz/Yasmin 28)**

**drospirenone/ethinyl**

**estradiol/levomefolate**

**(Beyaz/Safyral)**

**Elinest**

**Emoquette**

**Enpresse**

**Enskyce**

**Estarylla**

**ethynodiol/ethinyl estradiol**

**Falmina**

**Femynor**

**Gianvi**

**Gildagia**

**Hailey 24 Fe**

**Isibloom**

**Jasmiel**

**Juleber**

**Junel**

**Junel Fe**

**Junel Fe 24**

**Kaitlib Fe**

**Kariva**

**Kelnor**

**Kimidess**

**Kurvelo**

**Larin**

**Larin Fe**

**Larin 24 Fe**

**Larissia**

**Layolis Fe**

**Leena**

**Lessina**

**Levonest**

**levonorgestrel/ethinyl estradiol**

**Levora**

**Lillow**

**Loryna**

**Low-Ogestrel**

**Lutera**

**Marlissa**

**Mibelas 24 Fe**

**Microgestin**

**Microgestin Fe**

**Microgestin 24 Fe**

**Mili**

**Mono-Linyah**

**Mononessa**

**Myzilra**

**Necon 0.5/35, 1/35, 7/7/7**

**Nikki - drospirenone-ethinyl**

**estradiol tab 3-0.02 mg**

**norethindrone/ethinyl estradiol**

**norethindrone/ethinyl estradiol/fe**

**norgestimate/ethinyl estradiol**

**Nortrel/ Notrel 7/7/7**

**Ocella**

**Orsythia**

**Philith**

**Pimtrea**

**Pirmella**

**Portia**

**Previfem**

# Mississippi State and School Employees' Health Insurance Plan

## *-Oral Combined (continued)-*

**Rajani**  
**Reclipsen**  
**Simliya**  
**Sprintec 28**  
**Sronyx**  
**Syeda**  
**Tarina Fe**  
**Tilia Fe**  
**Tri-Estarylla**  
**Tri Femynor**  
**Tri-Legest Fe**  
**Tri-Linyah**  
**Tri-Lo-Estarylla**  
**Tri-Lo-Marzia**  
**Tri-Lo-Sprintec**  
**Tri-Mili**  
**Tri-Previfem**  
**Tri-Sprintec**  
**Trinessa**  
**Trinessa Lo**  
**Trivora**  
**Tri-Vylibra/ Lo**  
**Tydemy**  
**Velivet**  
**Vestura**  
**Vienna**  
**Viorele**  
**Vyfemla**  
**Vylibra**  
**Wera**  
**Wymzya Fe**  
**Zarah**  
**Zenchent**  
**Zenchent Fe**  
**Zovia**

**levonorgestrel/ethinyl estradiol**  
**0.15-0.03 mg (84) & ethinyl**  
**estradiol 0.01 mg (7)**  
**levonorgestrel/ethinyl estradiol**  
**0.15-0.03 mg (91)**  
**Quasense**  
**Rivelsa**  
**Setlakin**

## *-Oral Progestin-*

**Camila - norethindrone tab 0.35 mg**  
**Deblitane - norethindrone tab 0.35 mg**  
**Errin - norethindrone tab 0.35 mg**  
**Heather - norethindrone tab 0.35 mg**  
**Incassia - norethindrone tab 0.35 mg**  
**Jencycla - norethindrone tab 0.35 mg**  
**Jolivette - norethindrone tab 0.35 mg**  
**Lyza - norethindrone tab 0.35 mg**  
**Nora-Be - norethindrone tab 0.35 mg**  
**norethindrone tab 0.35 mg (Ortho**  
**Micronor)**  
**Norlyda - norethindrone tab 0.35 mg**  
**Norlyroc - norethindrone tab 0.35 mg**  
**Sharobel - norethindrone tab 0.35 mg**  
**Tulana - norethindrone tab 0.35 mg**

## *-Transdermal Combined -*

**XULANE – norelgestromin-ethinyl**  
**estradiol td ptwk 150-35 mcg/24hr**

## *-Vaginal Combined -*

**NUVARING – etonogestrel-ethinyl**  
**estradiol va ring 0.120-0.015 mg/24hr**

## *-Oral Extended Continuous-*

**Amethia**  
**Amethia Lo**  
**Amethyst**  
**Ashlyna**  
**Camrese**  
**Camrese Lo**  
**Daysee**  
**Fayosim**  
**Introvale**  
**Jolessa**  
**levonorgestrel/ethinyl estradiol**  
**0.1-0.02 mg (84) & ethinyl**  
**estradiol 0.01 mg (7)**