

Preventive Medications & Services covered by the plan:

In accordance with the Patient Protection and Affordable Care Act (ACA), members enrolled in a Highmark Delaware or an Aetna non-Medicare Health Plan may receive coverage through the Express Scripts pharmacy benefit for the following medications. **Please note:** Most medications are covered at \$0 copay, while others may require a copay under the prescription drug or medical plan and are noted. Age limit restrictions apply to certain medications for children, adolescents and adults as defined below.

To obtain these preventive medications, 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 adults < 70 years of age.</p>	<p>Folic Acid: Generic only - RX/OTC (Over the counter) 0.4mg tab 0.8mg tab Covered For Adults <51 Years of Age *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 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>Statin – Generic Agents: Generic only, single-entity, low and moderate dosage forms of statin agents.</p> <table border="1" data-bbox="797 800 1349 1031"> <thead> <tr> <th>Low-Dose Statins</th> <th>Moderate-Dose Statins</th> </tr> </thead> <tbody> <tr> <td>Fluvastatin 20 to 40 mg</td> <td>Atorvastatin 10 to 20 mg</td> </tr> <tr> <td>Lovastatin 10 to 20 mg</td> <td>Fluvastatin 40 mg BID</td> </tr> <tr> <td>Pravastatin 10 to 20 mg</td> <td>Fluvastatin XL 80 mg</td> </tr> <tr> <td>Simvastatin 5 to 10 mg</td> <td>Lovastatin 40 mg</td> </tr> <tr> <td></td> <td>Pravastatin 40 to 80 mg</td> </tr> <tr> <td></td> <td>Rosuvastatin 5 to 10 mg</td> </tr> <tr> <td></td> <td>Simvastatin 20 to 40 mg</td> </tr> </tbody> </table> <p>Covered for Adults ≥ 40 years and ≤ 75 years of age.</p>	Low-Dose Statins	Moderate-Dose Statins	Fluvastatin 20 to 40 mg	Atorvastatin 10 to 20 mg	Lovastatin 10 to 20 mg	Fluvastatin 40 mg BID	Pravastatin 10 to 20 mg	Fluvastatin XL 80 mg	Simvastatin 5 to 10 mg	Lovastatin 40 mg		Pravastatin 40 to 80 mg		Rosuvastatin 5 to 10 mg		Simvastatin 20 to 40 mg
Low-Dose Statins	Moderate-Dose Statins																
Fluvastatin 20 to 40 mg	Atorvastatin 10 to 20 mg																
Lovastatin 10 to 20 mg	Fluvastatin 40 mg BID																
Pravastatin 10 to 20 mg	Fluvastatin XL 80 mg																
Simvastatin 5 to 10 mg	Lovastatin 40 mg																
	Pravastatin 40 to 80 mg																
	Rosuvastatin 5 to 10 mg																
	Simvastatin 20 to 40 mg																
<p>Fluoride: Rx Generic only - RX/OTC (Over the counter) Age restriction: 6 months to < 17 years old, ≤ 1.0mg *Single entity and combo products for children.</p>	<p>Women's Contraceptives: Generic only - Single Source/Multi Source DAW 1, (Rx and OTC) Covered for Adults through the age of 50 For additional information, contact Express Script's customer service by calling the number on the back of your ID card.</p>																
<p>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>	<p>Breast Cancer Screening/Detection</p> <ul style="list-style-type: none"> • Tamoxifen (generic) • Raloxifene (generic) • Soltamox (tamoxifen in liquid form). <p>Covered for Adults 35 years of age and over. Coverage applies to Screening/Detection only</p>																

*Vaccines

In accordance with the Patient Protection and Affordable Care Act (ACA), members enrolled in a Highmark Delaware or an Aetna non-Medicare Health Plan, may receive the following routine immunizations covered under the Express Scripts pharmacy benefit. **Please note:** Most vaccines are covered at \$0 copay, while others may require a copay under the prescription drug or medical plan and are noted. Age limit restrictions apply to certain vaccines for children, adolescents and adults as defined below.

Vaccine	Vaccine description	ACIP Abbreviation	Trade Name	Age Limitation MIN	Age Limitation MAX
Diphtheria, tetanus and pertussis	Diphtheria and tetanus toxoids adsorbed	DT	Diphtheria Tetnus Toxoids Absorbed	≥ 1 month (6 weeks)	<7 years
	Diphtheria and tetanus toxoids and acellular pertussis vaccine adsorbed	DTaP	Daptacel, Infanrix	≥ 1 month (6 weeks)	<7 years
	Tetanus and diphtheria toxoids adsorbed	Td	Tenivac	≥ 7 years	none
	Tetanus toxoid, reduced diphtheria toxoid and acellular pertussis vaccine, adsorbed	Tdap	Adacel, Boostrix	≥ 7 years	none
	Diphtheria and tetanus toxoids and acellular pertussis adsorbed, hepatitis B and inactivated poliovirus vaccine	DTaP-HepB-IPV	Pediarix	≥ 1 month (6 weeks)	<7 years
	Diphtheria and tetanus toxoids and acellular pertussis adsorbed and inactivated poliovirus vaccine	DTaP-IPV	Kinrix Quadracel	≥ 4 years	<7 years
	Diphtheria and tetanus toxoids and acellular pertussis adsorbed, inactivated poliovirus and <i>Haemophilus influenzae</i> type b conjugate vaccine	DTaP-IPV/Hib	Pentacel	≥ 1 month (6 weeks)	<7 years

Vaccine	Vaccine description	ACIP Abbreviation	Trade Name	Age Limitation MIN	Age Limitation MAX
Haemophilus Influenzae Type b	<i>Haemophilus influenzae</i> type b conjugate vaccine	Hib	ActHIB Hiberix PedvaxHIB	≥ 1 month (6 weeks)	
	Diphtheria and tetanus toxoids and acellular pertussis adsorbed, inactivated poliovirus and <i>Haemophilus influenzae</i> type b conjugate vaccine	DTaP-IPV/Hib	Pentacel	≥ 1 month (6 weeks)	none <7 years
Hepatitis	Hepatitis A vaccine	HepA	Havrix Vaqta	≥ 6 months	none
	Hepatitis B vaccine	HepB	Engerix-B Recombivax HB	none	none
	Hepatitis A inactivated and hepatitis B vaccine	HepA-HepB	Twinrix	≥ 18 years	none
	Diphtheria and tetanus toxoids and acellular pertussis adsorbed, hepatitis B and inactivated poliovirus vaccine	DTaP-HepB-IPV	Pediarix	≥ 1 month (6 weeks)	<7 years
Herpes Zoster	Zoster Vaccine Live	ZVL	Zostavax	≥ 60 years	none
	Recombinant Zoster Vaccine	RZV	Shingrix – 2 doses (copy applies for each dose)	≥ 50 years	none
Human Papillomavirus	Human papillomavirus vaccine – types 6, 11, 16, 18, 31, 33, 45, 52 and 58	9vHPV	Gardasil-9	9 years	<27years
Influenza	Trivalent inactivated influenza vaccine	IIV3	Several	≥ 6 months	None
	Quadrivalent inactivated influenza vaccine	IIV4	Several		
	Recombinant Influenza Vaccine, Trivalent	RIV3	FluBlok		
	Live attenuated influenza vaccine	LAIV4	FluMist		

Vaccine	Vaccine description	ACIP Abbreviation	Trade Name	Age Limitation MIN	Age Limitation MAX
Measles, mumps and rubella	Measles, mumps, and rubella vaccine	MMR	M-M-R II	≥ 6 months	None
	Measles, mumps, rubella, and varicella vaccine	MMRV	ProQuad	≥ 1 years	None
Meningococcal	Quadrivalent	MenACWY-CRM	Menveo	≥ 2 months	None
	Quadrivalent	MenACWY-D	Menactra	≥ 9 months	None
	Serogroup B meningococcal vaccine	MenB-FHbp MENenB-4C	Trumenba Bexsero	≥ 10 years	None
Pneumococcal	Pneumococcal conjugate vaccine (13-valent)	PCV13	Prevnar 13	≥ 1 month (6 weeks)	none
	Pneumococcal polysaccharide (23-valent)	PPSV23	Pneumovax	≥ 2 years	none
Poliovirus	Inactivated poliovirus vaccine	IPV	IPOLE	≥ 1 month (6 weeks)	none
	Diphtheria and tetanus toxoids and acellular pertussis adsorbed and inactivated poliovirus vaccine	DTaP-IPV	Kinrix Quadacel	≥ 4 years	<7 years
	Diphtheria and tetanus toxoids and acellular pertussis adsorbed and inactivated poliovirus vaccine and <i>Haemophilus influenzae</i> type b conjugate vaccine	DTaP-IPV/Hib	Pentacel	≥ 1 month (6 weeks)	<7 years
Rotavirus	Rotavirus vaccine (monovalent)	RV1	Rotarix	≥ 1 month (6 weeks)	<9 months
	Rotavirus vaccine (pentavalent)	RV5	RotaTeq	≥ 1 month (6 weeks)	<9 months
Varicella	Varicella vaccine	VAR	Varivax	≥ 1 years	none
	Measles, mumps, rubella, and varicella vaccine	MMRV	ProQuad	≥ 1 years	none
	Varicella immune globulin	VZV	VariZIG	none	none

*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.

*ACIP - Advisory Committee on Immunization Practices (ACIP).

Effective January, 1 2019.