

Essential Health Benefits Listing

Category	Brand Name	Generic Name	Criteria for Coverage
Aspirin	Aspirin EC 81 & 325 mg	aspirin	Generics Only Requires Prescription*
Category	Brand Name	Generic Name	Criteria for Coverage
Bowel Preparations	Colyte with flavor packs;Gavilyte-G; Gavilyte-C	peg 3350/na sulf, bicarb,cl/kcl	50-75 years of age; Fill limit of 2/year
Bowel Preparations	Gavilyte-H and Bisacodyl	bisac/nacl/naHco3/kcl/peg 3350	50-75 years of age; Fill limit of 2/year
Bowel Preparations	Golytely	peg 3350/na sulf, bicarb,cl/kcl	50-75 years of age; Fill limit of 2/year
Bowel Preparations	Halflytely-Bisacodyl	peg 3350/bisac/nacl/naHco3/kcl	50-75 years of age; Fill limit of 2/year
Bowel Preparations	Moviprep	peg3350/sod svl/nacl/asb/c/kcl	50-75 years of age; Fill limit of 2/year
Bowel Preparations	Osmoprep	naphos m-b m-h/na phos, di-ba	50-75 years of age; Fill limit of 2/year
Bowel Preparations	Peg-3350 and Electrolytes	peg 3350/na sulf, bicarb,cl/kcl	50-75 years of age; Fill limit of 2/year
Bowel Preparations	Peg-3350 with flavor packs	sodium chloride/naHco3/kcl/peg	50-75 years of age; Fill limit of 2/year
Bowel Preparations	PEG-Prep	peg 3350/bisac/nacl/naHco3/kcl	50-75 years of age; Fill limit of 2/year
Bowel Preparations	Prepopik	sod picosulf/mag ox/citric ac	50-75 years of age; Fill limit of 2/year
Bowel Preparations	Suclear	peg 3350-bowel 2,two part prep	50-75 years of age; Fill limit of 2/year
Bowel Preparations	Suprep	sodium, potassium, &mag sulfates	50-75 years of age; Fill limit of 2/year
Category	Brand Name	Generic Name	Criteria for Coverage
Fluoride	Flura-tab Karidium 1mg (2.2mg), 0.5(1.1) mg Flura-Drops 0.25mg/drp, 0.5mg/ml Fluor-A-Day 2.5mg/ml Fluorabon 0.25mg/0.6 Ludent Fluoride 0.25(0.55), 0.5(1.1), 1mg (2.2) mg tab chew	sodium fluoride	Generics Only Children between 6 months and 6 years of age

In an on-going effort to remain compliant with healthcare reform requirements under the Affordable Care Act, MedImpact updates the list of medications and coverage criteria for preventive medications to be covered at zero-copay under the pharmacy benefit as needed. State specific requirements may vary.

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Category	Brand Name	Generic Name	Criteria for Coverage
Folic Acid (0.4mg, 0.8mg)	Folic acid	folic acid	Generics Only Requires Prescription*
Category	Brand Name	Generic Name	Criteria for Coverage
Iron	Fer-in-sol	ferrous sulfate	Generics Only Children between 6 months and 12 months of age; Requires Prescription*
Category	Brand Name	Generic Name	Criteria for Coverage
Vitamin D (400 units, 1000 units and 2000 units of Vitamin D3)	Vitamin D & D3	cholecalciferol (vitamin D3)	Generics Only Adults 65 years and older; Requires Prescription*
Category	Brand Name	Generic Name	Criteria for Coverage
Birth Control	Amethyst	levonorgestrel-ethin estradiol	Generics only
Birth Control	Aranelle	norethindrone-ethinyl estrad	Generics only
Birth Control	Beyaz	drospir/eth estra/levomefol ca	Generics only
Birth Control	Cyclessa	desogestrel-ethinyl estradiol	Generics only
Birth Control	Desogen	desogestrel-ethinyl estradiol	Generics only
Birth Control	Ella	ulipristal acetate	Generics only
Birth Control	Estrostep FE	norethindrone-e.estradiol-iron	Generics only
Birth Control	Femcon Fe	noreth-ethinyl estradiol/iron	Generics only
Birth Control	Generess Fe	noreth-ethinyl estradiol/iron	Generics only
Birth Control	Junel	norethindrone ac-eth estradiol	Generics only
Birth Control	Junel Fe 24	norethindrone-e.estradiol-iron	Generics only
Birth Control	Kelnor 1-35 Zovia 1-35E, 1-50E	ethynodiol d-ethinyl estradiol	Generics only
Birth Control	Kyleena	levonorgestrel	Generics only
Birth Control	Loestrin	norethindrone ac-eth estradiol	Generics only
Birth Control	Loestrin FE	norethindrone-e.estradiol-iron	Generics only
Birth Control	Lo Loestrin FE	norethindrone-e estradiol-iron	

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Birth Control	Lo-Ovral-28	norgestimate-ethinyl estradiol	Generics only
Birth Control	Loseasonique	l-norgest/e.estradiol-e.estradiol	Generics only
Birth Control	Micronor	norethindrone	Generics only
Birth Control	Minastrin 24 Fe	norethindrone-e.estradiol-iron	Generics only
Birth Control	Mircette	desog-e.estradiol/e.estradiol	Generics only
Birth Control	Mirena	levonorgestrel	Generics only
Birth Control	Modicon 0.5-0.035 tab	norethindrone-ethinyl estradiol	Generics only
Birth Control	Natazia	estradiol valerate/dienogest	
Birth Control	Necon	norethindrone-mestranol	Generics only
Birth Control	Next Choice	levonorgestrel	Generics only
Birth Control	Nordette-28	levonorgestrel-ethin estradiol	Generics only
Birth Control	Ogestrel	norgestimate-ethinyl estradiol	Generics only
Birth Control	Ortho-Cyclen Ortho Tri-Cyclen Ortho Tri-Cyclen Lo	norgestimate-ethinyl estradiol	Generics only
Birth Control	Ortho-Novum	norethindrone-ethinyl estradiol	Generics only
Birth Control	Ovcon-35, 50	norethindrone-ethinyl estradiol	Generics only
Birth Control	Quartette	l-norgest/e.estradiol-e.estradiol	Generics only
Birth Control	Safyral	drosipir/eth estra/levomefol ca	
Birth Control	Seasonale	levonorgestrel-ethin estradiol	Generics only
Birth Control	Seasonique	l-norgest/e.estradiol-e.estradiol	Generics only
Birth Control	Taytulla	Norethindrone-e estradiol-iron	
Birth Control	Yasmin 28	ethinyl estradiol/drospirenone	Generics only
Birth Control	Yaz	ethinyl estradiol/drospirenone	Generics only

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Birth Control, Barrier Contraceptive	Cervical cap Diaphragms Nonoxynol 9	nonoxynol 9 diaphragms, arc-spring diaphragms, contoured diaphragms, female cervical cap diaphragm filling set	
Birth Control, Emergency contraception	Take Action Aftera Plan B One-Step	levonorgestrel	Generics only
Birth Control, Implants	Nexplanon	etonogestrel	QL of #1 per year
Birth Control, Injections	Depo-provera injection	medroxyprogesterone acetate	QL of #1 dose per 90 days
Birth Control, IUD	Liletta, Skyla, Mirena	levonorgestrel	
Birth Control, IUD	Paragard T 380-A	copper	
Birth Control, Transdermal Patch	Xulane	norelgestromin/ethin.estradiol	Generics only
Birth Control, Vaginal Ring	Nuvaring	etonogestrel/ethinyl estradiol	
Category	Brand Name	Generic Name	Criteria for Coverage
Breast Cancer Prevention	Soltamox	tamoxifen citrate	Generics only; Covered at \$0 when used for breast cancer prevention
Breast Cancer Prevention	Evista	raloxifene hcl	PA Required (Requires previous trial of tamoxifen); Covered at \$0 when used for breast cancer prevention
Category	Brand Name	Generic Name	Criteria for Coverage
Statins	Lipitor 10-20mg	atorvastatin 10-20mg	Age 40-75, no concurrent use of secondary prevention medications**, low to moderate intensity only, generic only

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Statins	Livalo 1-4mg	pitavastatin 1-4mg	Age 40-75, no concurrent use of secondary prevention medications**, low to moderate intensity only
Statins	Pravachol 10-80mg	pravastatin 10-80mg	Age 40-75, no concurrent use of secondary prevention medications**, low to moderate intensity only, generic only
Statins	Crestor 5-10mg	rosuvastatin 5-10mg	Age 40-75, no concurrent use of secondary prevention medications**, low to moderate intensity only, generic only
Statins	Zocor 10-40mg	simvastatin 10-40mg	Age 40-75, no concurrent use of secondary prevention medications**, low to moderate intensity only, generic only
* Any OTC medication requires a prescription in order to be covered at \$0 copay			
**These medications identify patients as being treated for secondary prevention: Plavix, Brilinta, Effient, Zontivity, dipyridamole, Aggrenox, ticlodipine, nitroglycerin, Praluent, Repatha			