Under the Affordable Care Act (ACA) you can get some drugs at no member cost share. These are drugs that are covered 100 percent by your plan. But you must have a prescription for them. The list that follows shows some items that are available. It even includes some medicines you can get over the counter.

You can use your Mass General Brigham Health Plan ID card to get the products on this list for no cost if they are:

• Prescribed by a health care professional
• Age, and condition, appropriate
• Filled at a network pharmacy

Please refer to MassGeneralBrighamHealthPlan.org for the most up-to-date listing.

**U.S. Preventive Services Task Force A & B Recommendation Medications and Supplements**

A prescription is required to get these medications and supplements at no cost — even though most are available over-the-counter (OTC).

<table>
<thead>
<tr>
<th>Medication/Supplement</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OTC</strong></td>
<td></td>
</tr>
<tr>
<td>Aspirin - 81 mg</td>
<td>Prevent preeclampsia during pregnancy</td>
</tr>
<tr>
<td>Folic acid 400 &amp; 800 mcg Prenatal vitamins with 400-800 mcg of folic acid</td>
<td>Prevent birth defects in women age 55 or younger who are planning to become pregnant or can become pregnant.</td>
</tr>
<tr>
<td>Bisacodyl EC Tab</td>
<td>Bowel preparation for colonoscopy needed for preventive colon cancer screening. Limit of two $0-cost fills per year.</td>
</tr>
<tr>
<td>Magnesium Citrate Solution</td>
<td>Bowel preparation for colonoscopy needed for preventive colon cancer screening. Limit of two $0-cost fills per year.</td>
</tr>
<tr>
<td>---------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>PEG 3350 (generic Miralax)</td>
<td>Bowel preparation for colonoscopy needed for preventive colon cancer screening. Limit of two $0-cost fills per year.</td>
</tr>
<tr>
<td>Only the OTC product may be covered at $0 cost share. The prescription version of this product may be covered with a copay or coinsurance depending on your plan.</td>
<td></td>
</tr>
</tbody>
</table>

**Prescription**

<table>
<thead>
<tr>
<th>Generic Colyte sold as: PEG-3350/electrolytes Gavilyte-C</th>
<th>Bowel preparation for colonoscopy needed for preventive colon cancer screening. Limit of two $0-cost fills per year.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic Golytely sold as: PEG-3350/electrolytes Gavilyte-G</td>
<td>Bowel preparation for colonoscopy needed for preventive colon cancer screening. Limit of two $0-cost fills per year.</td>
</tr>
<tr>
<td>Generic Nulytely sold as: PEG-3350/NaCl/NaBicarbonate/KCl</td>
<td>Bowel preparation for colonoscopy needed for preventive colon cancer screening. Limit of two $0-cost fills per year.</td>
</tr>
<tr>
<td>Fluoride chew tablets, drop (not toothpaste, rinses)</td>
<td>Prevent dental cavities if water source is deficient in fluoride</td>
</tr>
</tbody>
</table>

**Tobacco Cessation Medications**

If you need help to quit smoking or using tobacco products, these preventive medications are available at $0 cost share. Up to 180 days of treatment are covered at no cost each year. Maximum daily dose quantity limits apply. To qualify, you need to:

- Be age 18 or older
- Get a prescription for these products from your doctor, even if the products are sold over-the-counter (OTC)
- Fill the prescription at a network pharmacy

**OTC Medications**

- Nicotine Replacement Gum
- Nicotine Replacement Lozenge
- Nicotine Replacement Patch

**Prescriptions**

- Bupropion 150 mg Sustained-Release Tablet
- Varenicline Tablet
- Nicotrol Inhaler
- Nicotrol Nasal Spray
**Human Immunodeficiency Virus Preventive Medications**

For members who are at a higher risk of becoming infected with human immunodeficiency virus (HIV) but are not yet infected, these preventive medications are available at $0 cost share. To qualify, a member must:

- Be at increased risk for first-time infection with HIV

Most plans cover these medications at normal cost share for the treatment of HIV infection. Your doctor must submit a Health Care Reform copay waiver review form to request $0 cost share for primary prevention, if you meet the coverage criteria. If you qualify, you can receive these drugs at $0 cost share.

<table>
<thead>
<tr>
<th>HIV PrEP medications currently available at $0</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Drug name</strong></td>
</tr>
<tr>
<td>emtricitabine-tenofovir disoproxil fumarate 200-300 mg (generic Truvada)</td>
</tr>
<tr>
<td>Descovy</td>
</tr>
</tbody>
</table>

**Breast Cancer Preventive Medications**

For members who are at a higher risk for breast cancer but have not had breast cancer, these preventive medications are available at $0 cost share. To qualify, a member must:

- Be age 35 or older
- Be at increased chance for the first occurrence of breast cancer

<table>
<thead>
<tr>
<th>Breast Cancer Medications (prescription)</th>
</tr>
</thead>
<tbody>
<tr>
<td>anastrozole</td>
</tr>
<tr>
<td>exemestane</td>
</tr>
<tr>
<td>raloxifene</td>
</tr>
<tr>
<td>tamoxifen</td>
</tr>
</tbody>
</table>

**Statin Preventive Medications**

The U.S. Preventive Service Task Force recommends that adults without a history of cardiovascular disease (CVD) — symptomatic coronary artery disease or stroke — use a statin for the primary prevention of CVD events in individuals who meet the following criteria:

- Are age 40-75

<table>
<thead>
<tr>
<th>Statin Medications (prescription)</th>
</tr>
</thead>
<tbody>
<tr>
<td>atorvastatin (generic Lipitor) 10 &amp; 20 mg</td>
</tr>
<tr>
<td>Fluvastatin ER 80 mg</td>
</tr>
<tr>
<td>Fluvastatin 20 mg, 40 mg</td>
</tr>
<tr>
<td>lovastatin (generic Mevacor) – All strengths</td>
</tr>
<tr>
<td>Pravastatin 10 mg, 20 mg, 40 mg &amp; 80 mg</td>
</tr>
<tr>
<td>Rosuvastatin 5 mg &amp; 10 mg</td>
</tr>
<tr>
<td>simvastatin (generic Zocor) 5, 10, 20 &amp; 40 mg</td>
</tr>
</tbody>
</table>
Women's Health: Birth Control Products

For members who would like to consider family planning options, these preventive medications are available at $0 cost share. A Health Care Reform copay waiver request form can be submitted by a member's provider to request $0 cost share if the provider determines that a particular contraceptive is medically necessary but not on the contraceptive list.

**Birth Control Caps & Diaphragms (Cervical)**
- Caya
- Femcap
- Omniflex
- Wide-Seal

**Combination Birth Control Pills**

**Four Phase Birth Control Pills:**
- Natazia

**Generic Alesse & Levilite sold as:**
- Afirmelle
- Aubra EQ
- Aviane
- Delyla
- Falmina
- Lessina
- Levonor/Ethi
- Lutera
- Sronyx
- Tyblume CHW
- Vienna

**Generic Beyaz sold as:**
- Drospire/Eth Estr/Lev

**Generic Brevicon 0.5/35 & Modicon 0.5/35 sold as:**
- Necon 0.5/35
- Nortrel 0.5/35
- Wera 0.5/35

**Generic Cyclessa Pak sold as:**
- Velivet Pak

**Generic Demulen 1/35 sold as:**
- Ethy Eth Est 1/35
- Kelnor 1/35
- Zovia 1/35

**Generic Desogen-28 & Ortho-Cept sold as:**
- Apri
- Cyred EQ
- Deso/Ethinyl Estradiol
- Enskyce
- Isibloom
- Juleber
- Kalliga
- Recipsen
- Solia

**Generic Estrostep FE sold as:**
- Noret/Inh FE
- Tri-Legest FE

**Generic Femcon FE chewable sold as:**
- Nore/Eth/Fer CHW
- Wymyza FE CHW

**Generic Generess FE chewable sold as:**
- Kaitib FE CHW
- Layolis FE CHW
- Noret/Eth FE CHW

**Generic Loestrin 24 FE sold as:**
- Aurovela 24 FE
- Blisovi 24 FE
- Hailey 24 FE
- Junel 24 FE
- Larin 24 FE
- Microgestin 24 FE
- Tarina 24 FE

**Generic Loestrin 1/20 sold as:**
- Aurovela 1/20
- Junel 1/20
- Larin 1/20
- Microgestin 1/20
- Noret/Ethi 1/20

**Generic Loestrin 1.5/30 sold as:**
- Aurovela 1.5/30
- Hailey 1.5/30
- Junel 1.5/30
- Larin 1.5/30
- Microgestin 1.5/30
- Noret/Ethi 1.5/30

**Generic Loestrin 1/20 sold as:**
- Aurovela 1/20
- Blisovi 1/20
- Hailey 1/20
- Junel 1/20
- Larin 1.5/30
- Microgestin 1/20
- Noret/Ethi 1/20

**Generic Loestrin 1.5/30 sold as:**
- Aurovela 1.5/30
- Hailey 1.5/30
- Junel 1.5/30
- Larin 1.5/30
- Microgestin 1.5/30
- Noret/Ethi 1.5/30

**Generic LoSeasonique sold as:**
- Camrese Lo
- Levonor/Ethi Estradiol
- Lojaimiss

**Generic Lybrel 90-20mcg sold as:**
- Amethyst 90-20mcg
- Dolishale 90-20mcg
- Levo-Eth Est 90-20mcg

**Generic Minasr 24 CHW FE sold as:**
- Charlotte 24 CHW FE
- Finzala CHW FE
- Noret/Eth CHW FE

**Generic Mircette 28 Day sold as:**
- Azurette
- Deso/Ethinyl Estradiol
- Kariva
- Pintreia
- Simliga
- Viorele
- Volnea

**Generic Nordette-28 sold as:**
- Altavera
- Ayuna
- Chateal Eq
- Kurvelo
- Levonor/Ethi Estradiol
- Levora-28
- Marlissa
- Portia-28

**Generic Ortho-Cyclen sold as:**
- Estarylla
- Mili
- Mono-Linyah
- Norgest/Ethi
- Nymyo
- Sprintec 28
- Vylibra

**Generic Lo/Ovral-28 sold as:**
- Cryselle-28
- Elinest
- Low-Ogestrel
Women's Health: Birth Control Products (continued)

Generic Ortho-Novum 1/35 & Norinyl 1/35 sold as:
Alyacen 1/35
Dasetta 1/35
Necon 1/35
Nortrel 1/35
Nylia 1/35
Pirmella 1/35

Generic Seasonale sold as:
Iclevia
Introvale
Jolessa
Levonor/Ethinyl Estradiol
Setlakin

Generic Seasonique sold as:
Amethia
Ashlyna
Camrese
Daysee
Jaimiess
Levonor/Eth Estradiol
Simpesse

Generic Taytulla sold as:
Gemmil
Merzee
Nore/Eth/Fer
Taysofy

Generic Tri-Norinyl sold as:
Aranelle
Leena

Generic Triphasil sold as:
Enpresse-28
Levonest
Levonor/Ethi
Trivora-28

Generic Yasmin 28 sold as:
Drospir/Ethi
Ocella
Syeda
Zumandimine

Generic Yaz sold as:
Drospir/Ethi
Drospirenone/Ethy Est
Jasmiel
Lo-Zumandimine
Loryna
Nikki
Vestura

Progestin Only Birth Control Pills
Generic Ortho Micronor & Nor-QD sold as:
Camila
Deblitane
Errin
Heather
Incassia
Jencycla
Lyleq
Lyza
Nora-BE
Norethindrone
Norlyda
Norlyroc
Sharobel

Birth Control Rings (Vaginal)
Generic NuvaRing sold as:
Anoviera
EluRyng
Etonogestrel/Ethyl Estradiol
Haloette

Birth Control Patches (Transdermal)
Generic Ortho Evra sold as:
Xulane
Zafemy

Birth Control Shots (Injection)
Generic Depo-Provera sold as:
Medroxyprogesterone 150 mg/ml IM

Emergency Birth Control
ella

Over-The-Counter (OTC) Birth Control
(must have a prescription and get them from a network pharmacy to cover the costs)
Contraceptive foams (e.g. VCF Vaginal Aer)
Contraceptive gels (e.g. Gynol II, Shur-Seal, VCF Vaginal)

Condoms:
Various OTC condoms (e.g., Durex, Kimono, Trustex)
FC2 Female

Generic emergency birth control
(e.g. Aftera, EContra EZ, EContra OS, Levonorgestrel tablet, My Choice, My Way, New Day, Opicon, Option 2, React, Take Action)

Today Sponge

Encare Suppository

Birth Control IUDs and Implants
Kyleena
Liletta
Mirena
Nexplanon
Paragard
Skyla
(Some methods of birth control, such as IUDs and implants, may be available through your medical benefit and not your pharmacy benefit.)

Vaginal pH Modulators (Rx)
PHEXXI
Flu Shot and Immunizations

Plans must provide coverage without cost sharing for immunizations that are recommended for routine use by the Advisory Committee on Immunization Practices (ACIP), a federal committee comprised of immunization experts that is convened by the Centers for Disease Control and Prevention. Immunizations may be covered by your medical benefit and not your pharmacy benefit. Members should review their benefit plan to determine coverage for immunizations.

Routine Immunizations

Age restrictions or limitations may apply. Check with your network pharmacy for specific age, flu shot, and immunization requirements.

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### Flu Shots

**Flu (Influenza)**
- Afluria Quad
- Fluad Quad
- Fluarix Quad
- Flublok Quad
- Flucelvax Quad
- Fluzone High-Dose Quad
- Flulaval Quad
- FluMist Quad
- Fluzone Quad

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### Other Immunizations

**COVID-19**
- Dengvaxia (copay waiver required to determine eligibility)

**Hepatitis A**
- Havrix, Vaqta

**Hepatitis B**
- Engerix-B, Heplisav-B, Recombivax-HB, PreHevBrio

**Hepatitis A/Hepatitis B**
- Twinrix

**Human Papilloma Virus (HPV)** — *Vaccine prevents HPV related cancers (ages 9 - 26 years)*
- Gardasil 9

**Measles, Mumps, Rubella**
- M-M-R II, PRIORIX

**Meningococcal** — *Vaccine prevents meningitis Groups A, C, Y and W-135*
- Menactra, Menquadfi, Menveo

**Meningococcal** — *Vaccine prevents meningitis Group B*
- Bexsero, Trumenba

**Pneumococcal** — *Vaccine prevents pneumonia*
- Prevnar 13, Pneumovax 23, Vaxneuvance, Prevnar 20

**Poliovirus**
- Ipol

**Respiratory Syncytial Virus (RSV)**
- Abrysvo (for pregnant individuals only), Beyfortus (age up to 8 months)

**Tdap** — *Vaccine prevents tetanus, diptheria, pertussis*
- Adacel, Boostrix

**Td** — *Vaccine prevents tetanus and diptheria*
- TDVax, Tenivac

**Varicella** — *Vaccine prevents chicken pox*
- Varivax

**Zoster** — *Vaccine prevents shingles*
- Shingrix
Frequently asked questions

Preventive Care Medications Coverage

What happens if a generic medication becomes available?
Prescription brand products may be replaced by newly launched FDA approved generic equivalents.

Will this drug list change?
Drug lists can and do change, so it’s always good to check. You can find the most updated information by:
• Logging in to Member.MassGeneralBrighamHealthPlan.org
or
• Calling the number on your member ID card.

Are the no cost preventive care medications available at both retail and home delivery pharmacies?
Preventive care medications are available at network retail pharmacies. Most are also available at the Optum® Home Delivery Pharmacy for plans with a home delivery benefit. For example, the Optum Home Delivery Pharmacy can mail a 3-month supply of your medication right to you with no cost for standard shipping. That means you can order 4 times a year instead of making 12 trips to pick up your medication. To start using home delivery, just call the number on your member ID card.

What if the health care reform law requirements for preventive care medication coverage change?
If the law requiring plans to provide preventive care medications at no cost changes, information on how your costs may change will be available to you by:
• Logging in to Member.MassGeneralBrighamHealthPlan.org
or
• Calling the number on your member ID card.

Please note this list is subject to change.
• Always refer to your benefit plan materials to determine your coverage for medications and cost share. Some medications may not be covered under your specific benefit. Where differences are noted, the benefit plan documents will govern.
• All branded medications are trademarks or registered trademarks of their respective owners.
• The listed age limits are based on U.S. Preventive Services Task Force Recommendations; coverage for additional populations may also apply as required.
• If your pharmacy benefit plan is grandfathered under the ACA, these drugs may be covered at the normal cost share.
• Not all vaccines on this list are available at all participating pharmacies. Members should contact their participating pharmacy of choice to confirm vaccine availability.