

Health Care Reform List Precision Formulary

Preventative Drug list

At Magellan Rx Management, we are driven to helping our clients most effectively manage changes in the prescription drug environment. As part of the Patient Protection and Affordable Care Act (PPACA), effective on or after August 1, 2012, non-grandfathered plans are required to cover select FDA-approved drug products related to preventive health services for Adults, Children and Women without a member having to pay a copayment, co-insurance, or meet a deductible. As your pharmacy benefits manager, we will support coverage of specific products at \$0 copay as prescription benefit plans become subject to the law. Magellan Rx Management will also routinely update FDA-approved product lists to comply with the Preventive Health mandates and require prescriptions for product coverage.

MRx has created specific lists that address the preventive health requirements above. A plan is required to cover all the drug lists below, either through the pharmacy or medical benefits. The content of the list will be maintained by Magellan Rx Management and will be continually reviewed and updated to ensure compliance with healthcare reform mandates.

UPDATES:

- For plan years beginning on or after **September 24, 2014**, non-grandfathered health plans are required to cover prescription medications designed to reduce the risk of breast cancer in women, without cost-sharing, subject to reasonable medical management. These required drugs have been added to the “**Breast Cancer Preventive**” category.
- For plan years beginning on or after **December 1, 2017**, non-grandfathered health plans are required to cover prescription medications designed for primary prevention of cardiovascular disease in adults, without cost-sharing, subject to reasonable medical management. These required drugs have been added to the “**Statins**” category.
- For plan years beginning on or after **July 1, 2020**, non-grandfathered health plans are required to cover prescription medications designed for HIV Pre-Exposure Prophylaxis without cost-sharing, subject to reasonable medical management. These required drugs have been added to the “**HIV Pre-Exposure Prophylaxis (PrEP)**” category.
- For plan years beginning on or after **October 1, 2020**, additional drugs have been added to the “**Breast Cancer Preventive**” category.

	Drug	Comments
Aspirin	ASPIRIN 81 MG	
	ASPIRIN 325 MG	
	Drug	Comments
Folic Acid	FOLIC ACID 0.4 MG	
	FOLIC ACID 0.8 MG	
	FOLIC ACID 20 MG	
	Drug	Comments
Iron Replacement	CHILD FERROUS SULFATE 15 MG/ML	
	CHILDREN'S IRON 15 MG/ML DROPS	
	FERROUS SULF 15 MG IRON/ML DRP	
	FERROUS SULF 44 MG IRON/5ML LQ	
	FERROUS SULF 220 MG/5 ML ELIX	
	FERROUS SULF 220 MG/5 ML LIQ	
	FERROUS SULF 300 MG/5 ML LIQ	
	FERROUS SULF 300 MG/6.8ML SOLN	
	FERROUS SULFATE 325 MG TABLET	
	IRON 65 MG TABLET	
	PHARM CHC PED IRON 15MG/ML DRP	
	Drug	Comments
Fluoride	FLUORIDE 0.25 MG TABLET CHEW	
	FLUORIDE 0.5 MG TABLET CHEW	
	FLUORIDE 1 MG TABLET CHEWABLE	
	FLUORITAB 0.5 MG TABLET CHEW	
	FLUORITAB 1 MG TABLET CHEW	
	FLURA-DROPS 0.25 MG/DROP	
	LUDENT FLUORIDE 0.25 MG TB CHW	
	LUDENT FLUORIDE 0.5 MG TB CHEW	
	LUDENT FLUORIDE 1 MG TAB CHEW	
	SODIUM FLUORIDE 0.25 (0.55) MG	
	SODIUM FLUORIDE 0.5 MG(1.1 MG)	
	SODIUM FLUORIDE 0.5 MG/ML DROP	
	SODIUM FLUORIDE 0.5 MG/ML DROP*	
	SODIUM FLUORIDE 1 MG (2.2 MG)	
	Drug	Comments
Bowel Preps	POLYETHYLENE GLYCOL 3350 POWD	Age edits (50 to 75) apply. Multi-source brands are not covered.
	GAVILYTE-C SOLUTION	
	GAVILYTE-G SOLUTION	
	GAVILYTE-N SOLUTION	
	PEG3350 100-7.5-2.691-1.01-5.9	
	PEG 3350-ELECTROLYTE SOLUTION	
	PEG-3350 AND ELECTROLYTES SOLN	
	TRILYTE WITH FLAVOR PACKETS	
	Drug	Comments
Statins	ATORVASTATIN 10 MG TABLET	Age Edits (40 to 75) and Quantity Limits apply. Generic low and moderate intensity statins only.
	ATORVASTATIN 20 MG TABLET	
	LOVASTATIN 10 MG TABLET	
	LOVASTATIN 20 MG TABLET	
	LOVASTATIN 40 MG TABLET	
	PRAVASTATIN SODIUM 10 MG TAB	
	PRAVASTATIN SODIUM 20 MG TAB	
	PRAVASTATIN SODIUM 40 MG TAB	
	PRAVASTATIN SODIUM 80 MG TAB	
	ROSUVASTATIN CALCIUM 5 MG TAB	
	ROSUVASTATIN CALCIUM 10 MG TAB	
	SIMVASTATIN 5 MG TABLET	
	SIMVASTATIN 10 MG TABLET	
	SIMVASTATIN 20 MG TABLET	
	SIMVASTATIN 40 MG TABLET	

	Drug	Comments
COVID-19 Vaccines	COMIRNATY COVID-19 VACCINE VL	
	JANSSEN COVID-19 VACCINE (EUA)	
	MODERNA COVID-19 VACCINE (EUA)	
	PFIZER COVID (12Y UP) VAC-GRAY	
	PFIZER COVID (5-11Y) VAC-ORANG	
	PFIZER COVID-19 VACCINE-PURPLE	
Breast Cancer Preventive	Drug	Comments
	ANASTROZOLE 1 MG TABLET	Age edits (35 and older) and Gender edits (Females) apply.
	EXEMESTANE 25 MG TABLET	
	LETROZOLE 2.5 MG TABLET	
	RALOXIFENE HCL 60 MG TABLET	
	TAMOXIFEN 10 MG TABLET	
TAMOXIFEN 20 MG TABLET		
HIV Pre-Exposure Prophylaxis(PrEP)	Drug	Comments
	DESCOVY 200-25 MG TABLET	Preventive use only. Quantity Limits may apply. Must try generic Truvada first.
	EMTRICITABINE-TENOFV 200-300MG	Preventive use only. Quantity Limits may apply.
Rx Smoking Cessation	Drug	Comments
	BUPROPION HCL SR 150 MG TABLET	Age Edits (18 and older) and Quantity Limits apply. Multi-source brands are not covered.
	CHANTIX 0.5 MG TABLET	
	CHANTIX 1 MG CONT MONTH BOX	
	CHANTIX 1 MG TABLET	
	CHANTIX STARTING MONTH BOX	
	NICOTROL CARTRIDGE INHALER	
	NICOTROL NS 10 MG/ML SPRAY	
	VARENICLINE 0.5 MG TABLET	
VARENICLINE 1 MG TABLET		
OTC Smoking Cessation	Drug	Comments
	NICOTINE GUM	Age Edits (18 and older) and Quantity Limits apply. Multi-source brands are not covered.
	NICOTINE LOZENGE	
	NICOTINE PATCH	
	QUIT 2	
	QUIT 4	
STOP SMOKING AID		
Vaccines	Drug	Comments
	ACTHIB	
	ADACEL TDAP	
	AFLURIA QUAD	Age edits may apply. One fill per year.
	BEXSERO	
	BOOSTRIX TDAP	
	DAPTACEL DTAP	
	DIPHThERIA-TETANUS TOXOIDS-PED	
	ENGERIX-B ADULT	
	ENGERIX-B PEDIATRIC-ADOLESCENT	
	FLUAD	Age edits may apply. One fill per year.
	FLUAD QUAD	
	FLUARIX QUAD	
	FLUBLOK QUAD	
	FLUCELVAX QUAD	
	FLULAVAL QUAD	
	FLUMIST QUAD	
	FLUZONE HIGH-DOSE QUAD	
	FLUZONE QUAD	
	FLUZONE QUAD SOUTHERN HEM	
	GARDASIL 9	
HAVRIX		
HEPLISAV-B		
HIBERIX		
INFANRIX DTAP		

	Drug	Comments
Vaccines, cont.	IPOL	
	KINRIX	
	M-M-R II VACCINE	
	MENACTRA	
	MENQUADFI	
	MENVEO A-C-Y-W-135-DIP	Age edits apply.
	MENVEO MENA COMPONENT	
	MENVEO MENCYW-135 COMPONENT	
	PEDIARIX	
	PEDVAXHIB	
	PENTACEL	
	PENTACEL ACTHIB COMPONENT	
	PENTACEL DTAP-IPV COMPONENT	
	PNEUMOVAX 23	
	PREVNAR 13	
	PREVNAR 20	
	PROQUAD	
	QUADRACEL DTAP-IPV	
	RECOMBIVAX HB	
	ROTARIX	
	ROTATEQ	
	SHINGRIX	
	SHINGRIX ADJUVANT COMPONENT	Age edits apply.
	SHINGRIX GE ANTIGEN COMPONENT	
	TDVAX	
	TENIVAC	
TRUMENBA		
TWINRIX		
VAQTA		
VARIVAX VACCINE		
VAXELIS		
VAXNEUVANCE		
	Drug	Comments
Rx Contraceptives: Extended Cycle	AMETHIA 0.15-0.03-0.01 MG TAB	Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
	AMETHIA LO TABLET	
	ASHLYNA 0.15-0.03-0.01 MG TAB	
	CAMRESE 0.15-0.03-0.01 MG TAB	
	CAMRESE LO TABLET	
	DAYSEE 0.15-0.03-0.01 MG TAB	
	ICLEVIA 0.15 MG-0.03 MG TABLET	
	JAIMIESS 0.15-0.03-0.01 MG TAB	
	JOLESSA 0.15 MG-0.03 MG TABLET	
	LEVONO-E ESTRAD 0.15-0.03-0.01	
	LEVONOR-E ESTRAD 0.1-0.02-0.01	
	LEVONOR-ETH ESTRAD 0.15-0.03	
	LEVONORG 0.15MG-EE 20-25-30MCG	
	LOJAIMIESS 0.1-0.02-0.01 TAB	
	RIVELSA TABLET	
	SETLAKIN 0.15 MG-0.03 MG TAB	
SIMPESSE 0.15-0.03-0.01 MG TAB		
	Drug	Comments
Rx Contraceptives: Injectable	DEPO-SUBQ PROVERA 104 SYRINGE	Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
	MEDROXYPROGESTERONE 150 MG/ML	

Rx Contraceptives: Oral	AFIRMELLE-28 TABLET	ISIBLOOM 28 DAY TABLET	NORG-EE 0.18-0.215-0.25/0.025
	ALTAVERA-28 TABLET	JASMIEL 3 MG-0.02 MG TABLET	NORG-EE 0.18-0.215-0.25/0.035
	ALYACEN 1-35 28 TABLET	JENCYCLA 0.35 MG TABLET	NORG-ETHIN ESTRA 0.25-0.035 MG
	ALYACEN 7-7-7-28 TABLET	JINTELI 1 MG-5 MCG TABLET	NORGESTIMATE-EE 0.25-0.035 MG
	AMETHYST 90-20 MCG TABLET	JULEBER 28 DAY TABLET	NORLYDA 0.35 MG TABLET
	APRI 28 DAY TABLET	JUNEL 1 MG-20 MCG TABLET	NORTREL 0.5-35-28 TABLET
	ARANELLE 28 TABLET	JUNEL 1.5 MG-30 MCG TABLET	NORTREL 1-35 21 TABLET
	AUBRA EQ-28 TABLET	JUNEL FE 1 MG-20 MCG TABLET	NORTREL 1-35 28 TABLET
	AUBRA-28 TABLET	JUNEL FE 1.5 MG-30 MCG TABLET	NORTREL 7-7-7-28 TABLET
	AUROVELA 1 MG-20 MCG TABLET	JUNEL FE 24 TABLET	NYLIA 1-35 28 TABLET
	AUROVELA 21 1.5-30 TABLET	KAITLIB FE 0.8-0.025MG CHEW TB	NYLIA 7-7-7-28 TABLET
	AUROVELA 24 FE 1 MG-20 MCG TAB	KALLIGA 28 DAY TABLET	NYMYO 0.25-0.035 MG (28) TAB
	AUROVELA FE 1-20 TABLET	KARIVA 28 DAY TABLET	OCELLA 3 MG-0.03 MG TABLET
	AUROVELA FE 1.5 MG-30 MCG TAB	KELNOR 1-35 28 TABLET	OGESTREL TABLET
	AVIANE-28 TABLET	KELNOR 1-50 TABLET	ORSYTHIA-28 TABLET
	AYUNA-28 TABLET	KURVELO-28 TABLET	PHILITH 0.4-0.035 MG TABLET
	AZURETTE 28 DAY TABLET	LARIN 1.5 MG-30 MCG TABLET	PIMTREA 28 DAY TABLET
	BALZIVA 28 TABLET	LARIN 21 1-20 TABLET	PIRMELLA 1-35 28 TABLET
	BEKYREE 28 DAY TABLET	LARIN 24 FE 1 MG-20 MCG TABLET	PIRMELLA 7-7-7-28 TABLET
	BLISOVI 24 FE TABLET	LARIN FE 1-20 TABLET	PORTIA-28 TABLET
	BLISOVI FE 1-20 TABLET	LARIN FE 1.5-30 TABLET	PREVIFEM TABLET
	BLISOVI FE 1.5-30 TABLET	LARISSIA-28 TABLET	RECLIPSEN 28 DAY TABLET
	BRIELLYN TABLET	LAYOLIS FE CHEWABLE TABLET	SHAROBEL 0.35 MG TABLET
	CAMILA 0.35 MG TABLET	LEENA 28 TABLET	SIMLIYA 28 DAY TABLET
	CAZIAN 28 DAY TABLET	LESSINA-28 TABLET	SPRINTEC 28 DAY TABLET
	CHARLOTTE 24 FE CHEWABLE TAB	LEVONEST-28 TABLET	SRONYX 0.10-0.02 MG TABLET
	CHATEAL EQ-28 TABLET	LEVONOR-ETH ESTRA 0.09-0.02 MG	SYEDA 28 TABLET
	CHATEAL-28 TABLET	LEVONOR-ETH ESTRAD 0.1-0.02 MG	TARINA 24 FE 1 MG-20 MCG TAB
	CRYSSELLE-28 TABLET	LEVONOR-ETH ESTRAD 0.15-0.03	TARINA FE 1-20 EQ TABLET
	CYCLAFEM 1-35-28 TABLET	LEVONOR-ETH ESTRAD TRIPHASIC	TARINA FE 1-20 TABLET
	CYCLAFEM 7-7-7-28 TABLET	LEVORA-28 TABLET	TAYSOFY 1 MG-20 MCG CAPSULE
	CYRED 28 DAY TABLET	LILLOW-28 TABLET	TILIA FE 28 TABLET
	CYRED EQ 28 DAY TABLET	LO-ZUMANDIMINE 3 MG-0.02 MG TB	TRI FEMYNOR 28 TABLET
	DASETTA 1-35-28 TABLET	LORYNA 3 MG-0.02 MG TABLET	TRI-ESTARYLLA TABLET
	DASETTA 7/7/7-28 TABLET	LOW-OGESTREL-28 TABLET	TRI-LEGEST FE-28 DAY TABLET
	DEBLITANE 0.35 MG TABLET	LUTERA-28 TABLET	TRI-LINYAH TABLET
	DESOGESTR-ETH ESTRAD ETH ESTRA	LYLEQ 0.35 MG TABLET	TRI-LO-ESTARYLLA TABLET
	DESOGESTREL-EE 0.15-0.03 MG TB	LYZA 0.35 MG TABLET	TRI-LO-MARZIA TABLET
	DOLISHALE 90-20 MCG TABLET	MARLISSA-28 TABLET	TRI-LO-MILI TABLET
	DROSP-EE-LEVOMEF 3-0.02-0.451	MELODETTA 24 FE CHEWABLE TAB	TRI-LO-SPRINTEC TABLET
DROSP-EE-LEVOMEF 3-0.03-0.451	MERZEE 1 MG-20 MCG CAPSULE	TRI-MILI 28 TABLET	
DROSPIRENONE-EE 3-0.02 MG TAB	MIBELAS 24 FE CHEWABLE TABLET	TRI-NYMYO 28 TABLET	
DROSPIRENONE-EE 3-0.03 MG TAB	MICROGESTIN 21 1-20 TABLET	TRI-PREVIFEM TABLET	
ELINEST-28 TABLET	MICROGESTIN 21 1.5-30 TAB	TRI-SPRINTEC TABLET	
ELLA 30 MG TABLET	MICROGESTIN 24 FE 1 MG-20 MCG	TRI-VYLIBRA 28 TABLET	
EMOQUETTE 28 DAY TABLET	MICROGESTIN FE 1-20 TABLET	TRI-VYLIBRA LO TABLET	
ENPRESSE-28 TABLET	MICROGESTIN FE 1.5-30 TAB	TRIVORA-28 TABLET	
ENSKYCE 28 TABLET	MILI 0.25-0.035 MG TABLET	TULANA 0.35 MG TABLET	
ERRIN 0.35 MG TABLET	MONO-LINYAH 28 TABLET	TYBLUME 0.1-0.02 MG CHEW TAB	
ESTARYLLA 0.25-0.035 MG TABLET	NECON 0.5-35-28 TABLET	TYDEMY 3-0.03-0.451 MG TABLET	
ETHYNODIOL-ETH ESTRA 1MG-35MCG	NIKKI 3 MG-0.02 MG TABLET	VELIVET 28 DAY TABLET	
ETHYNODIOL-ETH ESTRA 1MG-50MCG	NORA-BE TABLET	VESTURA 3 MG-0.02 MG TABLET	
FALMINA-28 TABLET	NORET-ESTR-FE 0.4-0.035(21)-75	VIENVA-28 TABLET	
FEMYNOR 28 TABLET	NORETH-EE-FE 1-0.02(21)-75 TAB	VIORELE 28 DAY TABLET	
FYAVOLV 0.5 MG-2.5 MCG TABLET	NORETH-EE-FE 1-0.02(24)-75 CAP	VOLNEA 0.15-0.02-0.01 MG TAB	
FYAVOLV 1 MG-5 MCG TABLET	NORETH-EE-FE 1-0.02(24)-75 CHW	VYFEMLA 0.4 MG-0.035 MG TABLET	
GEMMILY 1 MG-20 MCG CAPSULE	NORETH-EE-FE 1.5-0.03MG(21)-75	VYLIBRA 28 TABLET	
GIANVI 3 MG-0.02 MG TABLET	NORETHIN-EE 1.5-0.03 MG(21) TB	WERA 0.5/0.035 MG 28 TABLET	
HAILEY 21 1.5 MG-30 MCG TAB	NORETHIN-ESTRA-FE 0.8-0.025 MG	WYMZYA FE 0.4-0.035 MG CHEW TB	
HAILEY 24 FE 1 MG-20 MCG TAB	NORETHIN-ETH ESTRAD 1 MG-5 MCG	ZARAH TABLET	
HAILEY FE 1-20 TABLET	NORETHIND-ETH ESTRAD 0.5-2.5	ZOVIA 1-35 TABLET	
HAILEY FE 1.5-30 TABLET	NORETHIND-ETH ESTRAD 1-0.02 MG	ZOVIA 1-35E TABLET	
HEATHER 0.35 MG TABLET	NORETHINDRONE 0.35 MG TABLET	ZUMANDIMINE 3 MG-0.03 MG TAB	
INCASSIA 0.35 MG TABLET			

	Drug	Comments
Rx Contraceptives: Patch	XULANE 150-35 MCG/DAY PATCH	Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
	ZAFEMY 150-35 MCG/DAY PATCH	
Rx Contraceptives: Vaginal	Drug	Comments
	ANNOVERA VAGINAL RING	
	ELURYNG VAGINAL RING	
	ETONOGESTREL-EE VAGINAL RING	Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
OTC Emergency Contraceptives	Drug	Comments
	AFTER PILL 1.5 MG TABLET	
	AFTERA 1.5 MG TABLET	
	ECONTRA EZ 1.5 MG TABLET	
	ECONTRA ONE-STEP 1.5 MG TABLET	
	LEVONORGESTREL 1.5 MG TABLET	
	MY CHOICE 1.5 MG TABLET	
	MY WAY 1.5 MG TABLET	
	NEW DAY 1.5 MG TABLET	
	OPCICON ONE-STEP 1.5 MG TABLET	
	OPTION 2 1.5 MG TABLET	
TAKE ACTION 1.5 MG TABLET		
OTC Contraceptives: Condoms	Drug	Comments
	AIMSCO LATEX CONDOM	
	CONDOMS LUBRICATED	
	DUREX AVANTI REAL FEEL CONDOM	
	FANTASY CONDOM	
	FC2 FEMALE CONDOM	
	KIMONO CONDOMS	
	KIMONO MAXX CONDOM	
	KIMONO MICROTHIN AQUA LUBE	
	KIMONO MICROTHIN CONDOM	
	KIMONO MICROTHIN LARGE CONDOM	
	KIMONO TEXTURED CONDOM	
	TRUSTEX CONDOM	
	TRUSTEX LATEX CONDOM	
	TRUSTEX-RIA CONDOM	
Diaphragms	Drug	Comments
	FEMCAP 22 MM CERVICAL CAP	
	GYNOL II 3% GEL	
	TODAY CONTRACEPTIVE SPONGE	
	VCF CONTRACEPTIVE FILM	
	WIDE SEAL DIAPHRAGM 60MM	
	WIDE SEAL DIAPHRAGM 65MM	
	WIDE SEAL DIAPHRAGM 70MM	
	WIDE SEAL DIAPHRAGM 75MM	
	WIDE SEAL DIAPHRAGM 80MM	
	WIDE SEAL DIAPHRAGM 85MM	
	WIDE SEAL DIAPHRAGM 90MM	
	WIDE SEAL DIAPHRAGM 95MM	
IUDs and Implants	Drug	Comments
	KYLEENA 19.5 MG SYSTEM	
	MIRENA 52 MG SYSTEM	
	NEXPLANON 68 MG IMPLANT	
	PARAGARD T 380-A IUD	
SKYLA 13.5 MG SYSTEM	Gender Edits (Females) may apply.	