U.S. Preventive Services Task Force A & B Recommendations

The Patient Protection and Affordable Care Act (PPACA) requires that certain health plans cover essential health benefits (EHB) without charging a copayment, coinsurance, or deductible. EHBs include a variety of preventative services and medications and are outlined by US Preventive Services Task Force (USPSTF) recommendations with an A or B rating. Based on the recommendations of USPSTF and the Centers for Disease Control and Prevention (CDC), Wellfleet Rx has identified preventative medications to be covered under the pharmacy benefit and updates this list of medications and coverage criteria as needed.

USPSTF and CDC recommendation updates can occur at any time, and health plans have specified timelines to implement these recommendations in compliance with federal law. Plans that meet the definition of a “grandfathered” plan are not subject to EHB requirements. State specific requirements may vary. Wellfleet Rx will monitor for ACA-related guidance and updates to ensure compliance with all regulations.

Standard EHB Zero Copay Table
All medications, including specified OTC items (e.g., aspirin, contraceptives, folic acid), included on the Wellfleet Rx EHB Zero Copay table are covered at zero copay if the member has a valid prescription; however, some medications are only covered at a zero copay for the population specified (e.g., specified age range). The table below contains the specific drug list contained in the EHB Zero Copay Table.

**Changes for 2022 (effective 1/1/2022)**

| Iron |
| All Iron products - removed |

| Breast Cancer Prevention |
| Soltamox - added |

| Bowel Preparation |
| bisacodyl - added |
| magnesium citrate - added |
| magnesium hydroxide - added |
| sodium phosphate - added |
| Sutab - added |
### Smoking Cessation
Chantix (varenicline) – generic added

### Vaccines
Anthrax (Biorthax) - added
Cholera (Vaxchora) - added
COVID-19 (J&J/Janssen [Ad26], Moderna [mRNA], Pfizer [mRNA]) - added
Diphtheria, tetanus, pertussis [DTaP] (Infanrix) - added
Diphtheria, tetanus, pertussis [DTaP] Hepatitis B/Polio (Pediarix) - added
Diphtheria, tetanus, pertussis [DTaP]/Polio (Quadracel, Kinrix) - added
Diphtheria, tetanus, pertussis [DTaP]/Polio/Haemophilus influenzae type B/ Hepatitis B (Vaxelis) - added
Diphtheria, tetanus, pertussis [DTaP]/Polio/Haemophilus influenzae type B (Pentacel) - added
Haemophilus influenzae type B (ActHIB, Hiberix, PedvaxHIB) - added
Human papillomavirus (Cervarix) - removed
Japanese Encephalitis (Ixiaro) - added
Measles, mumps, rubella, varicella [MMRV](ProQuad) - added
Meningococcal quadrivalent conjugate vaccine (MenQuadfi) - added
Polio (Ipol) - added
Rabies (Rabavert, Imovax) - added
Rotavirus (Rotarix, Rotateq) - added
Tuberculosis (BCG Tice strain) - added
Typhoid (Typhim VI, Vivotif) - added
Yellow Fever (YF-VAX, Stamaril) - added
Zostavax - removed (discontinued by manufacturer)

<table>
<thead>
<tr>
<th>Drug or Vaccine</th>
<th>Edit</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EHB Aspirin Drug List</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aspirin</td>
<td>N/A</td>
<td>Generics only</td>
</tr>
<tr>
<td><strong>EHB Fluoride Drug List</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fluoride</td>
<td>Age 6 months to 6 years</td>
<td>Generics only</td>
</tr>
<tr>
<td><strong>EHB Folic Acid Drug List</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Folic acid 0.4 mg, 0.8 mg, 1mg</td>
<td>N/A</td>
<td>Generics only</td>
</tr>
<tr>
<td><strong>EHB Contraceptives Drug List</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral and ring hormonal contraceptives</td>
<td>Step therapy (if applicable)</td>
<td>Generics and single-source brands (SSB)</td>
</tr>
<tr>
<td>Transdermal contraceptives</td>
<td>N/A</td>
<td>Generics only (Xulane by Mylan)</td>
</tr>
</tbody>
</table>
| Other contraceptive forms | Nexplanon: Limited to 1 per year  
Depo-Provera: Limited to 1 per 90 days | Covered products include the following:  
• Depo-Provera  
• Liletta  
• Mirena  
• Nexplanon  
• ParaGard  
• Skyla  
• Phexxi |

<table>
<thead>
<tr>
<th><strong>EHB Barrier Contraceptives Drug List</strong></th>
<th></th>
<th></th>
</tr>
</thead>
</table>
| Barrier contraceptives | Female condoms: 30 per 30 days | • Cervical cap  
• Diaphragms  
• Nonoxynol 9  
• Female condoms |

<table>
<thead>
<tr>
<th><strong>EHB Breast Cancer Prevention Drug List</strong></th>
<th></th>
<th></th>
</tr>
</thead>
</table>
| Raloxifene  
Tamoxifen  
Soltamox  
Anastrazole  
Exemestane | Anastrazole: Age ≥ 35 years; limited to 1 per day  
Exemestane: Age ≥ 35 years; limited to 1 per day  
Raloxifene: Limited to 1 per day | Brands and generics |

<table>
<thead>
<tr>
<th><strong>EHB Bowel Preparation Drug List</strong></th>
<th></th>
<th></th>
</tr>
</thead>
</table>
| FDA-approved bowel preparations, including but not limited to the following:  
• Bisacodyl  
• Clenpiq  
• PEG 3350 plus electrolytes (e.g., Colyte, Golytely, MoviPrep, Nulytely)  
• Magnesium citrate  
• Magnesium hydroxide | Age 50-75 years  
Quantity limit of 2 per year | Brands and generics |
- OsmoP
- Plenvu
- Prepopik
- Sodium phosphate
- Suclear
- Suprep
- Sutab

EHB HIV Pre-Exposure Prophylaxis (PrEP) Drug List

<table>
<thead>
<tr>
<th>Product</th>
<th>Quantity Limit</th>
<th>Other Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Truvada (emtricitabine, FTC/tenofovir disoproxil fumarate, TDF)</td>
<td>Quantity limit of 1 tablet per day</td>
<td>Generic Truvada only individual components of Truvada (TDF and FTC).</td>
</tr>
<tr>
<td>Viread (TDF)</td>
<td>No concurrent use of HIV medications for the treatment of HIV</td>
<td>Tenofovir alafenamide (TAF)-containing agents are not included at this time.</td>
</tr>
<tr>
<td>Emtriva (FTC)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

EHB Statin Drug List

<table>
<thead>
<tr>
<th>Statin</th>
<th>Age Limit</th>
<th>Other Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low-moderate intensity statins</td>
<td>Age 40-75 years</td>
<td>Generics and Livalo</td>
</tr>
<tr>
<td>- Altoprev (lovastatin ER) 20-60 mg</td>
<td>No concurrent use of secondary prevention medications</td>
<td></td>
</tr>
<tr>
<td>- Crestor (rosuvastatin) 5-10 mg</td>
<td>Quantity limited to statin dosages at low-to-moderate-intensity</td>
<td></td>
</tr>
<tr>
<td>- Ezallor Sprinkle (rosuvastatin) 5-10mg</td>
<td>Prior Authorization (Ezallor Sprinkle and Flolipid)</td>
<td></td>
</tr>
<tr>
<td>- Flolipid (simvastatin suspension) 20mg/5mL, 40mg/5mL</td>
<td>Step Therapy (Altoprev, Ezallor Sprinkle, Lescol, Lescol XL, and Zypitamag)</td>
<td></td>
</tr>
<tr>
<td>- Lescol (fluvastatin) 20-40 mg, 40 mg twice daily</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Lescol XL (fluvastatin) 80 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Lipitor (atorvastatin) 10-20 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Livalo (pitavastatin calcium) 1-4 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Mevacor (lovastatin) 20-40 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Pravachol (pravastatin) 10-80 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Zocor (simvastatin) 10-40 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Zypitamag (pitavastatin magnesium) 1-4 mg</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Secondary prevention medications include:
- aspirin/dipyridamole (Aggrenox)
- clopidogrel (Plavix)
- dipyridamole
- nitroglycerin – oral, sublingual, transdermal, translingual
- prasugrel (Effient)
- ticagrelor (Brilinta)
- ticlopidine
- vorapaxar (Zontivity)

EHB Smoking Cessation Table

<table>
<thead>
<tr>
<th>Product</th>
<th>Age Limit</th>
<th>Generic Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>bupropion (Zyban)</td>
<td>Age ≥ 18 years</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Quantity limit</td>
<td></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug</th>
<th>Age Requirement</th>
<th>OTC/Brand and Generic</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chantix (varenicline)</td>
<td>Age ≥ 18 years</td>
<td>Brand and generic</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Quantity limit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nicotine inhaler</td>
<td>Age ≥ 18 years</td>
<td>OTC</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Quantity limit</td>
<td></td>
<td>Step Therapy: trial of nicotine transdermal patch required</td>
</tr>
<tr>
<td>Nicotine spray</td>
<td>Age ≥ 18 years</td>
<td>OTC</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Quantity limit</td>
<td></td>
<td>Step Therapy: trial of nicotine transdermal patch required</td>
</tr>
<tr>
<td>Nicotine gum or lozenge</td>
<td>Age ≥ 18 years</td>
<td>OTC</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Quantity limit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nicotine transdermal patches</td>
<td>Age ≥ 18 years</td>
<td>OTC</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Quantity limit</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**EHB Vaccines – Influenza Table**

| Influenza vaccines            | 1 dose per 180 days | Flublok, Fluzone High Dose, Fluzone Intradermal, and Fluad will continue to have adult age edits |

**EHB Vaccines – Other Table**

<p>| Anthrax (Biothrax)            | N/A              | N/A                     |
| Cholera (Vaxchora)            | N/A              | N/A                     |
| COVID-19 (J&amp;J/Janssen [Ad26]) (Moderna [mRNA]) (Pfizer [mRNA]) | N/A              | N/A                     |
| Diphtheria, tetanus, pertussis [DTaP] (Infanrix) | N/A              | N/A                     |
| Diphtheria, tetanus, pertussis [DTaP]/Polio (Quadracel, Kinrix) | N/A              | N/A                     |
| Diphtheria, tetanus, pertussis [DTaP]/Hepatitis B/Polio (Pediari) | N/A              | N/A                     |
| Diphtheria, tetanus, pertussis [DTaP]/ Polio/ Haemophilus | N/A              | N/A                     |</p>
<table>
<thead>
<tr>
<th>Vaccine Type</th>
<th>Recommended Age</th>
<th>Doses per 365 Days</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Influenza B/ Hepatitis B</strong> (Vaxelis)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diphtheria, tetanus, pertussis (DTaP)/Polio/ Haemophilus influenzae type B (Pentacel)</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Human papillomavirus (Gardasil, Gardasil 9)</td>
<td>Age 9-45 years</td>
<td>3 doses per 365 days</td>
</tr>
<tr>
<td>Hepatitis A (Vaqt, Havrix)</td>
<td>Age ≥18 years</td>
<td>2 doses per 365 days</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>Age ≥18 years</td>
<td>3 doses per 365 days (Engerix-B Adult; Recombivax HB) 2 doses per 365 days (Heplisav-B)</td>
</tr>
<tr>
<td>Hepatitis B/Hepatitis A combo (TwinRix)</td>
<td>Age ≥18 years</td>
<td>4 doses per 365 days</td>
</tr>
<tr>
<td>Haemophilus influenzae type B (ActHIB, Hiberix, PedvaxHIB)</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Japanese Encephalitis (Ixiaro)</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Measles, mumps, rubella (MMR)</td>
<td>Age ≥18 years</td>
<td>2 doses per 365 days</td>
</tr>
<tr>
<td>Measles, mumps, rubella, varicella [MMRV][ProQuad]</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Meningococcal serogroup B vaccine (Bexsero, Trumenba)</td>
<td>Age 10-25 years</td>
<td>2 doses per 365 days (Bexsero) 3 doses per 365 days (Trumenba)</td>
</tr>
<tr>
<td>Meningococcal quadrivalent conjugate vaccine [MenACWY (Menactra, Menevo, MenQuadrifl)]</td>
<td>Age 11-23 years</td>
<td>1 dose per 365 days</td>
</tr>
<tr>
<td>Pneumococcal polysaccharide (Pneumovax 23, Prevnar 13)</td>
<td>1 dose per 365 days</td>
<td>Prevnar 13: Age ≥ 65 years</td>
</tr>
<tr>
<td>Polio (ipol)</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Rabies (Rabavert, Imovax)</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Rotavirus (Rotarix, Rotateq)</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Vaccination Series</td>
<td>Recommended Age</td>
<td>Doses per 365 Days</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>-----------------</td>
<td>--------------------</td>
</tr>
<tr>
<td>Tetanus, diphtheria, pertussis (Td)</td>
<td>Age ≥ 18 years</td>
<td>1 dose per 365 days</td>
</tr>
<tr>
<td>Tetanus, diphtheria (Td)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuberculosis (BCG Tice strain)</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Typhoid (Typhim VI, Vivotif)</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Varicella (Varivax)</td>
<td>Age ≥ 18 years</td>
<td>2 doses per 365 days</td>
</tr>
<tr>
<td>Yellow Fever (YF-VAX, Stamaril)</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Zoster vaccine, recombinant (Shingrix)</td>
<td>Age ≥ 50 years</td>
<td>2 doses per 365 days</td>
</tr>
</tbody>
</table>

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