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, iron), 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.

<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 Iron Drug List</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Iron</td>
<td>Age 6-12 months</td>
<td>Generics only</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>-----------------</td>
<td>---------------</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  
  • Nuvaring  
  • ParaGard  
  • Skyla |
| **EHB Barrier Contraceptives Drug List**  |                 |               |
| Barrier contraceptives                    | Female condoms: 30 per 30 days |                |
| **EHB Breast Cancer Prevention Drug List**|                 |               |
| Raloxifene                                | N/A             | Generics only |
| Tamoxifen                                 | N/A             | Generics only |
| **EHB Bowel Preparation Drug List**       |                 |               |
| FDA-approved bowel preparations, including but not limited to the following:  
  • Clenpiq  
  • PEG 3350 plus electrolytes (e.g., Colyte, Golytely, MoviPrep, Nulytely)  
  • OsmoPrep  
  • Plenvu  
  • Prepopik  
  • Nucler  
  • Suprep | Age 50-75 years Fill limit of 2 per year | Brands and generics |
### EHB HIV Pre-Exposure Prophylaxis (PrEP) Drug List

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Quantity Limitations</th>
<th>Brand Information</th>
</tr>
</thead>
</table>
| Truvada (emtricitabine, FTC/ tenofovir disoproxil fumarate, TDF) | - Quantity limit of 1 tablet per day  
- No concurrent use of HIV medications for the treatment of HIV | - Brand Truvada until generic is available; generic individual components of Truvada (TDF and FTC).  
- Tenofovir alafenamide (TAF)-containing agents are not included at this time. |
| Viread (TDF)               |--------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Emtriva (FTC)              |--------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|

### EHB Statin Drug List

<table>
<thead>
<tr>
<th>Statin Name and Dosage</th>
<th>Age Limitation</th>
<th>Concurrent Use Restrictions</th>
<th>Quantity Limitation</th>
<th>Prior Authorization and Step Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Low-moderate intensity statins</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Altoprev (lovastatin ER) 20-60 mg | Age 40-75 years | No concurrent use of secondary prevention medications* | Quantity limited to statin dosages at low- to moderate-intensity | Prior Authorization (Ezallor Sprinkle and Flolipid)  
Step Therapy (Altoprev, Ezallor Sprinkle, Lescol, Lescol XL, and Zypitamag) |
| Crestor (rosuvastatin) 5-10 mg  |               |                             |                     |                                       |
| Ezallor Sprinkle (rosuvastatin) 5-10 mg |               |                             |                     |                                       |
| Flolipid (simvastatin suspension) 20mg/5mL, 40mg/5mL |               |                             |                     |                                       |
| Lescol (fluvastatin) 20-40 mg, 40 mg twice daily |               |                             |                     |                                       |
| Lescol XL (fluvastatin) 80 mg |               |                             |                     |                                       |
| Lipitor (atorvastatin) 10-20 mg |               |                             |                     |                                       |
| Livalo (pitavastatin calcium) 1-4 mg |               |                             |                     |                                       |
| Mevacor (lovastatin) 20-40 mg  |               |                             |                     |                                       |
| Pravachol (pravastatin) 10-80 mg |               |                             |                     |                                       |
| Zocor (simvastatin) 10-40 mg  |               |                             |                     |                                       |
| Zypitamag (pitavastatin magnesium) 1-4 mg |               |                             |                     |                                       |
| **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>Medication</th>
<th>Age Limitation</th>
<th>Quantity Limitation</th>
<th>Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>bupropion (Zyban)</td>
<td>Age ≥ 18 years</td>
<td>Quantity limit</td>
<td>Generic only</td>
</tr>
<tr>
<td>Chantix (varenicline)</td>
<td>Age ≥ 18 years</td>
<td>Quantity limit</td>
<td>Brand</td>
</tr>
<tr>
<td>nicotine inhaler</td>
<td>Age ≥ 18 years</td>
<td>Quantity limit</td>
<td>OTC</td>
</tr>
<tr>
<td>Step Therapy: trial of nicotine transdermal patch required</td>
<td>OTC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| nicotine spray | Age ≥ 18 years  
Quantity limit  
Step Therapy: trial of nicotine transdermal patch required | OTC |
| nicotine gum or lozenge | Age ≥ 18 years  
Quantity limit | OTC |
| nicotine transdermal patches | Age ≥ 18 years  
Quantity limit | OTC |

**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**

| Human papillomavirus  
(Gardasil, Gardasil 9, Cervarix) | Age 9-26 years  
3 doses per 365 days | N/A |
|---|---|---|
| Hepatitis A (Vaqta, Havrix) | Age ≥18 years  
2 doses per 365 days | N/A |
| Hepatitis B | Age ≥18 years  
3 doses per 365 days (Engerix-B Adult; Recombivax HB)  
2 doses per 365 days (Heplisav-B) | N/A |
| Hepatitis B/Hepatitis A combo (TwinRix) | Age ≥18 years  
4 doses per 365 days | N/A |
| Measles, mumps, rubella (MMR) | Age ≥18 years  
2 doses per 365 days | N/A |
| Meningococcal serogroup B vaccine  
(Bexsero, Trumenba) | Age 10-25 years  
2 doses per 365 days (Bexsero)  
3 doses per 365 days (Trumenba) | N/A |
| Meningococcal quadrivalent conjugate vaccine  
[MenACWY (Menactra, Menveo)] | Age 11-23 years  
1 dose per 365 days | N/A |
| Pneumococcal polysaccharide  
(Pneumovax 23) | 1 dose per 365 days | N/A |
<table>
<thead>
<tr>
<th>Vaccine Type</th>
<th>Age Requirement</th>
<th>Frequency</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tetanus, diphtheria, pertussis (Tdap)</td>
<td>≥ 18 years</td>
<td>1 dose per 365 days</td>
<td>N/A</td>
</tr>
<tr>
<td>Tetanus, diphtheria (Td)</td>
<td>≥ 18 years</td>
<td>1 dose per 365 days</td>
<td>N/A</td>
</tr>
<tr>
<td>Varicella</td>
<td>≥ 18 years</td>
<td>2 doses per 365 days</td>
<td>N/A</td>
</tr>
<tr>
<td>Zoster vaccine, live (Zostavax)</td>
<td>≥ 60 years</td>
<td>1 dose per 365 days</td>
<td>N/A</td>
</tr>
<tr>
<td>Zoster vaccine, recombinant (Shingrix)</td>
<td>≥ 50 years</td>
<td>2 doses per 365 days</td>
<td>N/A</td>
</tr>
</tbody>
</table>

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