

# Preventive Pharmacy Benefits

University of Michigan Health Plan (UM Health Plan) provides in-network pharmacy benefits with no cost sharing (\$0 copay) for prescription and over-the-counter (OTC) medications for use in preventive screening procedures and prevention of certain conditions. For this coverage to apply, a prescription for the medication or product must be obtained from a provider and filled at an in-network pharmacy. These services meet or, in some cases, exceed the Affordable Care Act (ACA) requirements and recommendations. Please refer to the **UM Health Plan Certificate of Coverage** for a complete list of covered services.

## Adult Preventive Health Screenings and Treatments

### Cardiovascular Health

Statins, for adults ages 40–70 years:

Atorvastatin 10 mg, 20 mg	Fluvastatin ER 80 mg	Pravastatin 10 mg, 20 mg, 40 mg, 80 mg	Simvastatin 5 mg, 10 mg, 20 mg, 40 mg
Fluvastatin 20 mg, 40 mg	Lovastatin 10 mg, 20 mg, 40mg	Rosuvastatin 5 mg, 10 mg	

### Colorectal Cancer Prevention

OTC bowel prep products (prescription, generic), for adults ages 45–75 years:

Bisacodyl 5 mg oral tablet	Polyethylene glycol (PEG) 3350 oral powder	Generics to GaviLyte-N or Nulytely (PEG 3350, KCl, sodium bicarbonate, NaCl)
Generics to Golytely (PEG 3350, KCl, sodium bicarbonate, NaCl, sodium sulfite)	Magnesium citrate Polyethylene glycol (PEG) 3350 oral packet	Generics to GaviLyte-C (PEG 3350, KCl, sodium bicarbonate, NaCl, Sodium sulfite)

### HIV Prevention

- Emtricitabine/tenofovir disoproxil fumarate one tablet daily, for pre-exposure prophylaxis for HIV-negative persons who are at high risk of HIV acquisition by sex or injectable drug usage

### Pre-Diabetes

- Metformin 850 mg
- Up to 2 tablets daily for adults ages 35–70 years with no prior fills of a diabetes medication

## Adult Preventive Health Screenings and Treatments, cont.

### Tobacco Cessation

- Chantix is covered for up to a 180-day supply in 365 days for persons ages 17 years and older who use tobacco; additional quantities require prior authorization
- Bupropion is covered for up to a 180-day supply in 365 days for persons ages 14 years and older who use tobacco; additional quantities require prior authorization
- Generic nicotine replacement products (e.g. patches, gum) are covered for up to a 180-day supply in 365 days for persons ages 21 years and older who use tobacco; additional quantities require prior authorization

## Women's Health: Breast Cancer, Pregnancy, and Family Planning

### Primary Prevention of Invasive Breast Cancer Care

- Criteria must be met for tamoxifen or raloxifene to be covered without cost share

### Pre-eclampsia

- Aspirin, 81 mg (OTC, generic), after 12 weeks of gestation for women ages 12–59 years at high risk for pre-eclampsia

### Vitamins/Supplements

- Folic Acid, 0.8 mg, 400 mcg, and 800 mcg supplement for all women planning or capable of pregnancy

### Contraceptives, Prescriptions, OTC Medications, and Devices

- For this coverage to apply, a prescription for the selected medication or product, including OTC items, must be obtained from a provider and filled at an in-network pharmacy
- For all women planning or capable of pregnancy

Contraceptives	Prescription Devices	Over-the-Counter
Apri	Kyleena (IUD)	Cervical Cups
Camila	Liletta (IUD)	Conceptrol Vaginal Gel 4%
EluRyng (vaginal ring)	Mirena (IUD)	Diaphragms
Enpresse-28	Nexplanon (implant)	Ella (emergency oral contraceptive)
Introvale	Paragard (Copper IUD)	FC – Female Condom
Junel FE 1/20	Skyla (IUD)	FC2 – Female Condom
Junel FE 1.5/30		Levonorgestrel 1.5 mg (emergency oral contraceptive)
Junel FE 24		Today Sponge (vaginal sponge)
Kariva		VCF Vaginal Foam 12.5%
Low-Ogestrel		VCF Vaginal Gel 4%
Lo Loestrin FE		Xulane (patch)
Medroxyprogesterone (injectable)		
Natazia		
Phexxi (vaginal gel)		
Sprintec 28		
Tri-Sprintec		
Velivet		
Xulane (patch)		

## Vaccines – Adult and Children

Advisory Committee on Immunization Practices (ACIP) recommendations are followed for coverage ages.

**Member Benefits:** Members who have a pharmacy benefit with UM Health Plan may receive vaccines at an in-network participating retail pharmacy for \$0 copay\*\*\*

Coronavirus (COVID-19)	Human Papillomavirus (HPV)*	Pertussis (Whooping Cough)	Rubella (German Measles)
Diphtheria	Influenza	Pneumococcal	Tetanus
Hepatitis A	Measles	Polio	Varicella (Chicken Pox)
Hepatitis B	Meningococcal	Respiratory Syncytial Virus**	Zoster (Shingles)***
Hib	Mumps	Rotavirus	

\* Covered for ages 9–45 years

\*\* Covered for adults ages 60 years and older

\*\*\* Covered for adults ages 50 years and older

## Children’s Oral Health

Generic prescription providing up to 0.5 mg per day of fluoride for children with low fluoride exposure ages birth–5 years.

The ACA requires that non-grandfathered\* health plans cover preventive care services with no cost sharing.

Non-Grandfathered: A plan effective after the Affordable Care Act (ACA) was signed on March 23, 2010, or a plan that existed before the ACA, but lost its grandfathered status at renewal.

**Questions? Call UM Health Plan  
Customer Service at 517-364-8500**