



**2019 PREVENTATIVE SERVICES COVERAGE
UVA HEALTH PLAN – BASIC HEALTH, CHOICE HEALTH AND VALUE HEALTH
OptumRx**

Contraceptive Coverage	Aspirin Coverage
<p>Coverage Limitations:</p> <ul style="list-style-type: none"> • Tier 1 and Tier 2 generic prescription contraceptives will be at no cost. • OTC requires a prescription <p>Covered Products:</p> <ul style="list-style-type: none"> • Oral Contraceptives • Injectable Contraceptives • Diaphragms • Emergency Contraceptives • Cervical Cap 	<p>Coverage Limitations:</p> <ul style="list-style-type: none"> • Age limit ≥ 45 (men and women) • Quantity limit of 1/day • OTC requires a prescription • Tier 1 and Tier 2 generic only at no cost <p>Covered products:</p> <ul style="list-style-type: none"> • Aspirin products up to 325mg • Aspirin 81mg – 325mg • Aspirin Chew 81mg – 325mg • Aspirin Delayed Release 81mg – 325mg • Aspirin dispersible tab 81mg
Folic Acid Coverage	Fluoride Coverage
<p>Coverage Limitations:</p> <ul style="list-style-type: none"> • Women • Age limit ≤ 55 years of age • Quantity limit: 1/day • OTC requires a prescription • Tier 1 and Tier 2 generic only at no cost <p>Covered Products:</p> <p>Folic acid products only, not in combination</p> <ul style="list-style-type: none"> • Folic Acid tab 0.4mg and 0.8mg 	<p>Coverage Limitations:</p> <ul style="list-style-type: none"> • Age limit ≤ 5 years • Prescription products only • Tier 1 and Tier 2 generic only at no cost <p>Covered Products:</p> <p>Sodium fluoride products only, not in combination</p> <ul style="list-style-type: none"> • Sodium fluoride tab 0.5mg • Sodium fluoride chew tab 0.25mg – 0.5mg • Sodium fluoride solution

Tobacco Cessation Coverage	Bowel Prep Coverage
<p>Coverage Limitations:</p> <ul style="list-style-type: none"> • 2 cycles per year (90 days per cycle) • Only covered products listed below at no cost <p>Covered Products:</p> <ul style="list-style-type: none"> • Nicotrol Inhaler and Nasal Spray • Chantix • Zyban 	<p>Coverage Limitations:</p> <ul style="list-style-type: none"> • Tier 1 prescription bowel preparation agents for adults 50 years of age or older. • To ensure appropriate utilization, a quantity limit of 1 bowel preparation product per year applies. <p>Covered Products:</p> <p>Tier 1 bowel preparation products.</p>
Breast Cancer Prevention Coverage	Statin Prevention Coverage
<p>Coverage Limitations:</p> <ul style="list-style-type: none"> • Raloxifen and Tamoxifen may be covered for prevention only at \$0 through HCR Exception Process <p>To qualify, a member must:</p> <ul style="list-style-type: none"> • Be age 35 or older • Be at increased risk for the first occurrence of breast cancer – after risk assessment and counseling • Obtain Prior Authorization <p>Covered Products:</p> <ul style="list-style-type: none"> • Raloxifen and Tamoxifen. 	<p>Coverage Limitations:</p> <ul style="list-style-type: none"> • Lovastatin (generic Mevacor) all strengths, covered at \$0 copay with no Prior Authorization required for ages 40-75 • Atorvastatin (generic Lipitor) 10mg & 20mg and Simvastatin (generic Zocor) 5mg, 10mg, 20mg & 40mg will require Prior Authorization for \$0 copay to confirm risk of cardiovascular disease. <p><i>*If enrolled in HealthyRx these tier 1 items are already covered at \$0 copay.</i></p>

Brand-names are the property of their respective manufacturers.

If you have any questions regarding your pharmacy coverage, please call the OptumRx Member Services Department at 1-877-629-3123. Representatives are available 24 hours a day, seven days a week to assist you.