



Wellness Benefits

UAB and HSF RX-Only



This schedule outlines pharmacy benefits that VIVA HEALTH will pay at 100% for the non-grandfathered UAB and HSF RX-only plans. This list does not apply to all VIVA HEALTH plans. Please refer to your Summary Plan Description to determine the terms of your health plan. Prescription required for coverage, even for over-the counter products. Quantity limits may apply. Exceptions to limits may apply based on medical necessity.

PHARMACY BENEFITS

FREQUENCY/LIMITATIONS

<ul style="list-style-type: none"> • Aspirin to prevent heart disease (Males ages 45-79; Females ages 55-79) 	Generic only
<ul style="list-style-type: none"> • Low-dose (81 mg) aspirin to prevent preeclampsia (High-risk pregnant females after 12 weeks of gestation) 	Generic only
<ul style="list-style-type: none"> • Folic acid supplements (Females 55 & younger) 	Generic only
<ul style="list-style-type: none"> • Iron supplements (12 months & younger) 	For babies at risk for anemia
<ul style="list-style-type: none"> • Oral contraceptives (Females) 	Generics and select brands
<ul style="list-style-type: none"> • Over the counter contraceptives (Females) 	Generic only
<ul style="list-style-type: none"> • Oral fluoride supplements (6 years & younger) 	For children whose water source is fluoride deficient
<ul style="list-style-type: none"> • HIV pre-exposure preventive (PrEP) therapy 	HIV PrEP for high-risk, HIV-uninfected individuals (select drugs)
<ul style="list-style-type: none"> • Breast Cancer Preventive Drugs (Females)¹ 	Tamoxifen and raloxifene (generic only)
<ul style="list-style-type: none"> • Statins to prevent cardiovascular disease (CVD) (at-risk adults ages 40-75 with no history of CVD and one or more CVD risk factors) 	Low-to-moderate dose select generics only
<ul style="list-style-type: none"> • Tobacco cessation products² 	Two, 12-week treatment courses total per Calendar Year. Prescription required. <ul style="list-style-type: none"> • Generic nicotine replacement products (including the patch, lozenge, gum, inhaler, or nasal spray), or • Nicotrol (inhaler or nasal spray), or • Generic Zyban, or • Varenicline tartrate (generic only when available)

VIVA HEALTH Low-to-Moderate Dose Generic Statins Covered at 100%

The list below contains low-to-moderate dose select generic statins that VIVA HEALTH will pay at 100% for members ages 40-75 with no history of cardiovascular disease (CVD) but one or more risk factors for CVD on its non-grandfathered "Wellness" plans with prescription drug coverage through VIVA HEALTH. Coverage is still available for other statins on VIVA HEALTH's formulary that are not included on this list but with the applicable copayment or coinsurance. You or your provider may request an exception from VIVA HEALTH to receive statins not included in the list below covered at 100%⁷.

ATORVASTATIN 10 – 20MG	LOVASTATIN 10 – 40 MG	SIMVASTATIN 5 – 40MG
FLUVASTATIN IR AND XL 20 – 80MG	PRAVASTATIN 10 – 80 MG	ROSUVASTATIN 5 – 10MG

¹Must complete and return to VIVA HEALTH an exception form to be eligible to receive at \$0 copayment. Visit www.vivahealth.com/provider/Resources to download the form, or call Customer Service. ²Prior Authorization must be obtained in order to access additional courses of treatment covered at 100%.

VIVA HEALTH complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-294-7780 (TTY: 711).

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-800-294-7780 (TTY: 711)。