## 2023 PREVENTIVE CARE MEDICATIONS Affordable Care Act



This list includes preventive medications that are covered by the Affordable Care Act (ACA). These medications are available to you for no cost as required by the ACA. Many are available over-the-counter (OTC). To get these medications for no cost, you must:

- Meet the age and condition requirements of the medications
- Have a prescription for the medication written by a health care professional
- Use your pharmacy benefit identification card at a pharmacy in the ClearScript Pharmacy Network.

## Products Covered at \$0 Cost Share

Drug	Brand/Generics Covered OTC or Rx Covered	Purpose	
Breast Cancer Preventive Medications	OTC or RX Covered	Conditions/Age Requirements	
tamoxifen	Rx Generics	Prevention of Breast Cancer	
<ul><li>raloxifene</li></ul>	TX Generies	Females	
anastrozole		- Terriales	
exemestane			
Colonoscopy Screening Bowel Preps			
PEG 3350 with electrolytes	Rx Generics	Preventive Colon Cancer Screening	
Female Contraceptives			
Hormonal Contraceptives		Prevention of Pregnancy	
<ul> <li>Eluryng (ring)</li> </ul>	Rx Generic		
<ul> <li>Injectable: Depo-Provera</li> </ul>	Rx Generic		
<ul> <li>Oral Contraceptives: combined estrogen/progestin, progestin only, extended/continuous</li> </ul>	Rx Generics		
<ul> <li>Oral Contraceptives: Lo Loestrin FE, Natazia, Nextstellis, and Slynd</li> </ul>	Rx Brands (single-source)		
<ul> <li>Xulane (patch)</li> </ul>	Rx Generic		
Barrier			
<ul> <li>Diaphragms, Cervical Cap</li> </ul>	RX		
<ul> <li>Female Condoms</li> </ul>	OTC		
<ul> <li>Spermicides</li> </ul>	OTC		
• Sponge	OTC		
Emergency Contraceptives			
• Ella	Rx Brand (single-source)		
Plan B One-Step	OTC Generic		
IUDs			
IUD Copper: Paragard T 380-A	Rx	-	
<ul> <li>IUD with progestin:</li> </ul>	Rx		
Kyleena, Liletta, Mirena, Skyla			
Implantable rod: Covered under Medica			
<ul> <li>Nexplanon</li> </ul>	Rx		

## Preventive Care Medications - ACA

Drug	Brand/Generics Covered OTC or Rx Covered	Purpose Conditions/Age Requirements		
HIV Pre-Exposure Prophylaxis (PrEP)				
<ul> <li>Emtriva (emtricitabine)</li> <li>Truvada 200 Mg/300 Mg         (emtricitabine 200mg-tenofovir         disoproxil fumarate 300mg)</li> <li>Viread (tenofovir disoproxil         fumarate)</li> </ul>	Rx Generics	Prevention of HIV		
Medications/Supplements				
Aspirin • 81 mg	OTC Generics	Prevention of cardiovascular disease  • Males ages 45-79 years  • Females ages 55-79 years		
Aspirin  • 81 mg	OTC Generics	Prevention of Preeclampsia		
Fluoride Supplementation  • Fluoride drops and chew tabs	OTC Generics	Prevention of Dental Cavities <ul><li>Infants and children</li><li>6 months up to 6 years</li></ul>		
Folic acid (single entity)  • 400 mcg to 800 mcg	OTC Generics	Prevention of Birth Defects  • Females who are pregnant or may become pregnant		
Statin Preventive Medications				
<ul> <li>Crestor (rosuvastatin) 5-10mg</li> <li>Lescol (fluvastatin) 20-80mg (40mg twice daily)</li> <li>Lescol XL (fluvastatin) 80mg</li> <li>Lipitor (atorvastatin) 10-20mg</li> <li>Mevacor (lovastatin) 10-40mg</li> <li>Pravachol (pravastatin) 10-80mg</li> <li>Zocor (simvastatin) 5-40mg</li> </ul>	Generics	Prevention of Cardiovascular Disease  • Adults age 40-75 years • No concurrent use of secondary prevention medications [e.g., Aggrenox (aspirin/dipyridamole), Plavix (clopidogrel), dipyridamole, nitroglycerin (oral, sublingual, transdermal, translingual), Effient (prasugrel), Brilinta (ticagrelor), ticlopidine, Zontivity (vorapaxar)] Quantity limited to statin dosages at low-to-moderate intensity Prior Authorization: Flolipid PA for patients unable to use tablet simvastatin; SSB/MSB PA for patients unable to use generics Step Therapy: (Altoprev, Lescol, Lescol XL, and Zypitamag)		
Livalo (pitavastatin calcium) 1- 4mg	Rx Brand (single-source)			

## Preventive Care Medications - ACA

	nd/Generics Covered or Rx Covered	Purpose Conditions/Age Requirements		
Tobacco Cessation				
<ul> <li>Nicotine gum, lozenges, patches</li> </ul>	OTC Generics	Aid to Quit Smoking		
<ul><li>Nicotrol NS Spray</li><li>Nicotrol Inhaler</li></ul>	Rx Brands (single-source)	<ul> <li>Two 90 day treatment cycles per 365 days.</li> </ul>		
• Chantix	Rx Generic			
<ul> <li>Zyban</li> </ul>				
Vaccines				
Hepatitis A, Hepatitis B, Herpes Zoster, Human Papillomavirus, Influenza, Measles/ Mumps/ Rubella, Meningococcal, Pneumococcal, Tetanus/Diphtheria/Pertussis, Tetanus/Diphtheria (Td) Varicella, Haemophilus Influenzae (Hib), Rotavirus, Polio, COVID-19	Routine immunizations recommended by ACIP for routine use in children, adolescents and adults			

This list is intended as a reference and may not be all inclusive. Brand or generic availability may not be current due to changes in the market. Use of generics may be required depending upon plan design.

This list is subject to change without notice. Some medications on the ClearScript Formulary may not be covered by your specific pharmacy benefit. Always refer to your benefit plan documents to determine coverage and copayments. Where differences are noted, the benefit plan documents govern. REV10/22

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