

2024 PREVENTIVE CARE MEDICATIONS

Affordable Care Act



This list includes preventive medications that are covered by the Affordable Care Act/Essential Health Benefits (ACA/EHB). These medications are available to you for no cost as required by the ACA/EHB. 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 Conditions/Age Requirements
Breast Cancer Preventive Medications		
<ul style="list-style-type: none"> • tamoxifen • raloxifene • anastrozole • exemestane 	Rx Generics	Prevention of Breast Cancer <ul style="list-style-type: none"> • Females • Quantity limit of 1 per day
Colonoscopy Screening Bowel Preps		
PEG 3350 with electrolytes	Rx Generics	Preventive Colon Cancer Screening <ul style="list-style-type: none"> • Adults age 50 to 75 years • Limited to two prescriptions per 365 days
Female Contraceptives		
Hormonal Contraceptives		Prevention of Pregnancy
<ul style="list-style-type: none"> • Eluryng (ring) 	Rx Generic	
<ul style="list-style-type: none"> • Injectable: Depo-Provera 	Rx Generic	
<ul style="list-style-type: none"> • Oral Contraceptives: combined estrogen/progestin, progestin only, extended/continuous 	Rx Generics	
<ul style="list-style-type: none"> • Oral Contraceptives: Natazia and Slynd 	Rx Brands (single-source)	
<ul style="list-style-type: none"> • Xulane (patch) 	Rx Generic	
Barrier		
<ul style="list-style-type: none"> • Diaphragms, Cervical Cap 	RX	
<ul style="list-style-type: none"> • Female Condoms 	OTC	
<ul style="list-style-type: none"> • Spermicides 	OTC	
<ul style="list-style-type: none"> • Sponge 	OTC	
Emergency Contraceptives		
<ul style="list-style-type: none"> • Ella 	Rx Brand (single-source)	
<ul style="list-style-type: none"> • Plan B One-Step 	OTC Generic	
IUDs		
<ul style="list-style-type: none"> • IUD Copper: Paragard T 380-A 	Rx	
<ul style="list-style-type: none"> • IUD with progestin: Kyleena, Liletta, Mirena, Skyla 	Rx	
Implantable rod: Covered under Medical Benefit		
<ul style="list-style-type: none"> • Nexplanon 	Rx	

Preventive Care Medications – ACA/EHB

Drug	Brand/Generics Covered OTC or Rx Covered	Purpose Conditions/Age Requirements
HIV Pre-Exposure Prophylaxis (PrEP)		
<ul style="list-style-type: none"> Emtriva (emtricitabine) Truvada 200 Mg/300 Mg (emtricitabine 200mg-tenofovir disoproxil fumarate 300mg) Viread (tenofovir disoproxil fumarate) 	Rx Generics	Prevention of HIV
Medications/Supplements		
Aspirin <ul style="list-style-type: none"> 81 mg 	OTC Generics	Prevention of cardiovascular disease <ul style="list-style-type: none"> Males ages 45-79 years Females ages 55-79 years
Aspirin <ul style="list-style-type: none"> 81 mg 	OTC Generics	Prevention of Preeclampsia
Fluoride Supplementation <ul style="list-style-type: none"> Fluoride drops and chew tabs 	OTC Generics	Prevention of Dental Cavities <ul style="list-style-type: none"> Infants and children 6 months up to 6 years
Folic acid (single entity) <ul style="list-style-type: none"> 400 mcg to 800 mcg 	OTC Generics	Prevention of Birth Defects
Statin Preventive Medications		
<ul style="list-style-type: none"> Crestor (rosuvastatin) 5-10mg Lescol (fluvastatin) 20-80mg (40mg twice daily) Lescol XL (fluvastatin) 80mg Lipitor (atorvastatin) 10-20mg Mevacor (lovastatin) 10-40mg Pravachol (pravastatin) 10-80mg Zocor (simvastatin) 5-40mg 	Generics	Prevention of Cardiovascular Disease <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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)
<ul style="list-style-type: none"> Livalo (pitavastatin calcium) 1-4mg 	Rx Brand (single-source)	

Preventive Care Medications – ACA/EHB

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Tobacco Cessation		
<ul style="list-style-type: none"> Nicotine gum, lozenges, patches 	OTC Generics	Aid to Quit Smoking <ul style="list-style-type: none"> Two 90 day treatment cycles per 365 days.
<ul style="list-style-type: none"> Nicotrol NS Spray Nicotrol Inhaler 	Rx Brands (single-source)	
<ul style="list-style-type: none"> Chantix Zyban 	Rx Generic	
Vaccines		
Hepatitis A, Hepatitis B, Herpes Zoster, Human Papillomavirus, Influenza, Measles/ Mumps/ Rubella, Meningococcal, Pneumococcal, RSV, Tetanus/Diphtheria/Pertussis, Tetanus/Diphtheria (Td) Varicella, Haemophilus Influenzae (Hib), Rotavirus, Polio, COVID-19	Disease Prevention <ul style="list-style-type: none"> Routine immunizations recommended by ACIP for routine use in children, adolescents and adults 	

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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.

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