2025 PREVENTIVE CARE MEDICATIONS
Affordable Care Act

CLEARSCRIPT

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		
• tamoxifen • raloxifene • anastrozole • exemestane	Rx Generics	Prevention of Breast Cancer • Females • Age ≥35 • Quantity limit of 1 per day
Colonoscopy Screening Bowel Preps		
• Clenpiq • PEG 3350 plus electrolytes (e.g., Colyte, Golytely, MoviPrep, Nulytely) • Plenvu • Prepopik • Suprep • Sutab • Suflave	Rx Generics & Rx Brands (single source)	Preventive Colon Cancer Screening • Adults age 45 to 75 years • Limited to two prescriptions per 365 days
Female Contraceptives		
• Hormonal Contraceptives		Prevention of Pregnancy • Step Therapy: Brand oral contraceptives – at least 2 prior prescriptions for generic oral contraceptives within the past 365 days.
• Eluryng (ring)	Rx Generic	
• Annovera (ring)	Rx Brands (single-source)	
• Injectable: Depo-Provera	Rx Generic	
• Oral Contraceptives: combined estrogen/progestin, progestin only, extended/continuous	Rx Generics	
• Oral Contraceptives: Opill	OTC	
• Oral Contraceptives: Lo Loestrin Fe, Natazia, Nextrellis, and Slynd	Rx Brands (single-source)	
• Xulane (patch)	Rx Generic	
• Twirla (patch)	Rx Brand	
Barrier		
• Diaphragms, Cervical Cap	RX	
• Female Condoms	OTC	
• Gels: Phexxi	Rx Brand (single-source)	
• Spermicides	OTC	
• Sponge	OTC	

Preventive Care Medications – ACA/EHB

Drug	Brand/Generics Covered OTC or Rx Covered	Purpose Conditions/Age Requirements
Female Contraceptives - Continued		
Emergency Contraceptives		
• Ella	Rx Brand (single-source)	
• Plan B One-Step	OTC Generic	
IUDs		
• IUD Copper: Paragard T 380-A	Rx	
• IUD with progestin: • Kyleena, Liletta, Mirena, Skyla	Rx	
Implantable rod: Covered under Medical Benefit		
• Nexplanon	Rx	
HIV Pre-Exposure Prophylaxis (PrEP)		
• Emtriva (emtricitabine) • Truvada 200 Mg/300 Mg (emtricitabine 200mg-tenofovir disoproxil fumarate 300mg) • Viread (tenofovir disoproxil fumarate)	Rx Generics	Prevention of HIV • Step Therapy: Apretude requires prior prescription for Descovy or generic Truvada within the past 120 days.
• Apretude (cabotegravir 600mg/3ml) • Descovy (emtricitabine 200mg-tenofovir alafenam 25mg)	Rx Brand (single-source)	
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 • Infants and children 6 months up to 6 years
Folic acid (single entity) • 400 mcg to 800 mcg	OTC Generics	Prevention of Birth Defects
Statin Preventive Medications		
• 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 • 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
• Livalo (pitavastatin calcium) 1-4mg	Rx Brand (single-source)	

Preventive Care Medications – ACA/EHB

Statin Preventive Medications - Continued		• Prior Authorization: Atorvaliq and Flolipid suspension PA for patients unable to use tablet simvastatin; SSB/MSB PA for patients unable to use generics • Step Therapy: (Altoprev, Lescol, Lescol XL, and Nexletol,)

Drug	Brand/Generics Covered OTC or Rx Covered	Purpose Conditions/Age Requirements
Tobacco Cessation		
• Nicotine gum, lozenges, patches	OTC Generics	Aid to Quit Smoking • Two 90 day treatment cycles per 365 days.
• Nicotrol NS Spray • Nicotrol Inhaler	Rx Brands (single-source)	
• Chantix (varenicline) • Zyban (bupropion)	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 • 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.

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