

# 2026 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"><li>tamoxifen</li><li>raloxifene</li><li>anastrozole</li><li>exemestane</li></ul>	Rx Generics	Prevention of Breast Cancer <ul style="list-style-type: none"><li>Age ≥35</li><li>Quantity limit of 1 per day</li></ul>
Colonoscopy Screening Bowel Preps		
<ul style="list-style-type: none"><li>Clenpiq</li><li>PEG 3350 plus electrolytes (e.g., Colyte, Golytely, Moviprep, Nulytely)</li><li>Plenvu</li><li>Prepopik</li><li>Suprep</li><li>Sutab</li><li>Suflave</li></ul>	Rx Generics & Rx Brands (single source)	Preventive Colon Cancer Screening <ul style="list-style-type: none"><li>Adults age 45 to 75 years</li><li>Limited to two prescriptions per 365 days</li><li>Quantity limit per label</li><li>Step Therapy for non-preferred products (Plenvu and Suflave )</li></ul>
Female Contraceptives		
<ul style="list-style-type: none"><li>Hormonal Contraceptives</li></ul>		Prevention of Pregnancy <ul style="list-style-type: none"><li>Step Therapy: Brand oral contraceptives – at least 2 prior prescriptions for generic oral contraceptives within the past 365 days.</li></ul>
<ul style="list-style-type: none"><li>Eluryng (ring)</li></ul>	Rx Generic	
<ul style="list-style-type: none"><li>Annovera (ring)</li></ul>	Rx Brands (single-source)	
<ul style="list-style-type: none"><li>Injectable: Depo-Provera</li></ul>	Rx Generic	
<ul style="list-style-type: none"><li>Oral Contraceptives: combined estrogen/progestin, progestin only, extended/continuous</li></ul>	Rx Generics	
<ul style="list-style-type: none"><li>Oral Contraceptives: Opill</li></ul>	OTC	
<ul style="list-style-type: none"><li>Oral Contraceptives: Lo Loestrin Fe, Natazia, Nextrellis, and Slynd</li></ul>	Rx Brands (single-source)	
<ul style="list-style-type: none"><li>Xulane (patch)</li></ul>	Rx Generic	
<ul style="list-style-type: none"><li>Twirla (patch)</li></ul>	Rx Brand	
Barrier		
<ul style="list-style-type: none"><li>Diaphragms, Cervical Cap</li></ul>	RX	
<ul style="list-style-type: none"><li>Female Condoms</li></ul>	OTC	
<ul style="list-style-type: none"><li>Gels: Phexxi</li></ul>	Rx Brand (single-source)	
<ul style="list-style-type: none"><li>Spermicides</li></ul>	OTC	
<ul style="list-style-type: none"><li>Sponge</li></ul>	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 • Quantity limit of 1 tab per day (Truvada, Viread, Emtriva, Descovy) • Quantity limit of 7 doses per 365 days (Apretude) • No concurrent use of HIV medications for the treatment of HIV
• 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
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
• Prenatals	Rx Generics & Rx Brand (single-source)	
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		<ul style="list-style-type: none"><li>• Prior Authorization: Atorvaliq and Flolipid suspension PA for patients unable to use tablet simvastatin; SSB/MSB PA for patients unable to use generics</li><li>• Step Therapy: (Altoprev, Lescol, Lescol XL, and Nexletol)</li><li>• Quantity limited to statin dosages at low-to-moderate intensity</li></ul>
Tobacco Cessation		
<ul style="list-style-type: none"><li>• Nicotine gum, lozenges, patches</li></ul>	OTC Generics	Aid to Quit Smoking <ul style="list-style-type: none"><li>• Two 90 day treatment cycles per 365 days.</li><li>• Age ≥ 18 years, Quantity limit</li></ul> Nicotrol NS Spray and Inhaler: Step Therapy: Trial of nicotine transdermal patch
<ul style="list-style-type: none"><li>• Nicotrol NS Spray</li><li>• Nicotrol Inhaler</li></ul>	Rx Brands (single-source)	
<ul style="list-style-type: none"><li>• Chantix (varenicline)</li><li>• Zyban (bupropion)</li></ul>	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"><li>• Routine immunizations recommended by ACIP for routine use in children, adolescents and adults</li></ul>	

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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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