

Amazon's 2024 Preventive Medications *plus* Required Patient Protection and Affordable Care Act Medications

Amazon's 2024 Preventive Medication List Medications, Insulins and Generic Antidepressants

This list is a summary of the 2024 Preventive Medication List, which includes preventive medications, insulins and generic antidepressants. Products on the 2024 Preventive Medication List are covered by Amazon plans at 100%, leaving no out-of-pocket costs for patients. Some medications on the list are subject to prior authorization requirements. Inclusion on this list does not guarantee coverage. Please use our online tools at express-scripts.com/amazon or call Member Services at 844.626.9387 to research how all your prescriptions will be covered.

ASTHMA/COPD	DIABETES (continued)	CHOLESTEROL LOWERING
albuterol budesonide cromolyn oral inhalation ipratropium/albuterol oral inhalation ipratropium oral inhalation metaproterenol montelukast terbutaline theophylline	glimepiride glipizide glipizide/metformin glyburide glyburide/metformin glucose metformin miglitol nateglinide pioglitazone	HMG-COA REDUCTASE INHIBITORS* atorvastatin fluvastatin lovastatin pravastatin rosuvastatin simvastatin OTHER CHOLESTEROL LOWERING
zafirlukast zileuton ER	pioglitazone/glimepiride pioglitazone/metformin	AGENTS cholestyramine
BONE DISEASE AND FRACTURES	repaglinide repaglinide/metformin	cholestyramine light, prevalite colesevelam
ibandronate raloxifene risedronate zoledronic acid 5mg	INSULIN Humalog Lyumjev Toujeo Solostar Tresiba Flextouch	colestipol – ezetimibe ezetimibe/simvastatin fenofibrate fenofibric acid gemfibrozil
sodium fluoride rinse, gel, cream, paste, tabs and drops	Humulin HEART DISEASE AND STROKE	niacin HIGH BLOOD PRESSURE
stannous fluoride rinse COLONOSCOPY PREPARATION*	BLOOD THINNERS aspirin, 81 mg & 325 mg*	ACE INHIBITORS benazepril
polyethylene glycol	aspirin-dipyridamole er	captopril
DIABETES	clopidogrel dipyridamole	enalapril fosinopril
acarbose chlorpropamide generic syringes, lancets and needles	prasugrel ticlopidine warfarin	lisinopril moexipril perindopril quinapril ramipril

trandolapril

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ACE INHIBITORS/DIURETIC

COMBINATIONS

benazepril/hctz captopril/hctz enalapril/hctz fosinopril/hctz lisinopril/hctz moexipril/hctz quinapril/hctz

ANGIOTENSIN II RECEPTOR ANTAGONISTS

candesartan irbesartan losartan olmesartan telmisartan valsartan

ANGIOTENSIN II RECEPTOR ANTAGONISTS/DIURETIC COMBINATIONS

candesartan/hctz irbesartan/hctz losartan/hctz olmesartan/hctz telmisartan/hctz valsartan/hctz

BETA BLOCKERS

acebutolol atenolol betaxolol bisoprolol metoprolol nadolol propranolol timolol

BETA BLOCKER/DIURETIC

COMBINATIONS

atenolol/chlorthalidone bisoprolol/hctz metoprolol/hctz nadolol/bendroflumethiazide propranolol/hctz

CALCIUM CHANNEL BLOCKERS

amlodipine diltiazem felodipine er isradipine nicardipine nifedipine nisoldipine er tiadylt er verapamil

DIURETICS

chlorothiazide chlorthalidone hydrochlorothiazide indapamide metolazone

OTHER HIGH BLOOD PRESSURE

amlodipine/atorvastatin amlodipine/benazepril amlodipine/olmesartan amlodipine/olmesartan/hctz amlodipine/telmisartan amlodipine/valsartan amlodipine/valsartan/hctz trandolapril/verapamil

GENERIC ANTIDEPRESSANTS

sertraline HCL escitalopram oxalate fluvoxamine fluoxetine HCL citalopram HBR paroxetine

HIV PREVENTION

emtricitabine-tenofovir

PCSK9 CHOLESTEROL LOWERING

Repatha

MALARIA

atovaquone/proguanil chloroquine mefloquine primanquine

MIGRAINE PREVENTION

Aimovig Ajovy Emgality

SMOKING CESSATION*

bupropion sr 150mg nicotine gum, lozenges and patches

VITAMINS OR MINERALS

folic acid* generic prenatal vitamins generic pediatric multivitamins with fluoride*

*Please note that some of these medications are also covered at 100% under the Affordable Care Act (ACA).

Express Scripts manages your prescription benefit for Amazon.com. For specific questions on coverage, please call your dedicated Member Service team 24/7 at 844.626.9387 or visit our website express-scripts.com.

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Patient Protection and Affordable Care Act – 2024 Preventive Items and Services Medication List

The Patient Protection and Affordable Care Act (PPACA) imposes a number of insurance reforms and mandates including a requirement to cover certain *preventive items and services* **at 100**% and ensure these items and services are not subject to deductibles or other cost-sharing limitations.

The following list of preventive medications *should be used as a guide*. It cannot be considered a comprehensive listing of medications available or covered without cost-sharing. Coverage of any of the listed medications (including over-the-counter (OTC) medications) requires a prescription from a licensed health care provider.

The availability or coverage of these medications without cost-sharing may be subject to criteria established by the terms of the health plan.

This list is subject to change as PPACA guidelines are updated or modified.

Please note: Coverage of medications at \$0 cost share is dependent on the list of medications covered by your drug formulary.

Medication Category and Who is Covered	Examples of Medications Covered	
Aspirin	Generic, single-entity aspirin therapies at a dosage of 81mg	
Persons of any age		
Breast Cancer – Primary Prevention	Tamoxifen genericSoltamox	
Persons 35 years of age and greater who meet criteria.	Baloxifene	
	Anastrozole	
	Exemestane generic	
Contraceptive Methods Persons of any age capable of pregnancy	Covered products include all 16 FDA-approved contraceptive methods available through the pharmacy benefit, including: OTC contraceptive methods (condoms, spermicides, etc.), oral contraceptives (including emergency contraception), and contraceptive devices.	
	Coverage of medications at \$0 cost share is dependent on the list of medications covered by the member's drug formulary.	
	Brand name contraceptives with a generic equivalent are \$0 cost share only when the prescriber indicates the brand product must be dispensed or generic is not available.	
Fluoride	• Fluoride Chewable or Drops ≤ 1.0mg generic	
Persons 6 months through 16 years of age	 Multivitamin/Fluoride (≤ 1.0mg) Chewable/Drops/Suspension generic 	
Folic Acid	Folic Acid Tablet 0.4mg and 0.8mg generic	
Persons of any age	Prenatal Vitamins with Folic Acid (0.4mg and 0.8mg) generic	
HIV Prep Persons of any age	Emtricitabine / tenofovir disoproxil fumarate (TDF) generic - 200mg / 300mg dose only	

Patient Protection and Affordable Care Act – 2024 Preventive Items and Services Medication List

Medication Category and Who is Covered	Examples of Medications Covered	
Immunizations Persons of any age	Covered immunizations include those that are routine vaccines and non-routine immunizations recommended by the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention and that meet the US Food and Drug Administration approved indications for age limitations.	
Medications Used to Prepare for Colonoscopy Persons of any age Limit of 2 prescriptions per year; Package size limitations may apply	Covered products include legend and over-the-counter medications such as: • Bisacodyl • Magnesium Citrate • Milk of Magnesia • PEG 3350 generic	
Statins Persons 40 through 75 years of age	Covered products may include generic low to moderate dose statins such as: • Atorvastatin ≤ 20mg • Fluvastatin ≤ 80mg • Lovastatin ≤ 40mg • Pravastatin ≤ 80mg • Rosuvastatin ≤ 10mg • Simvastatin ≤ 40mg	
Tobacco Cessation Persons 18 and older	 Bupropion sustained release 150mg generic Varenicline; and Nicotine Patch Nicotine gum Nicotine Lozenge 	

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