

**Patient Protection and Affordable Care Act Preventive Items and Services Offering – 2024**

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 The Patient Protection and Affordable Care Act (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.

Check drug coverage and pricing before filling any prescription.

Medication Category	Eligibility and Examples of Medications
Aspirin	Persons < 70 years -Coverage for generic OTC agents only (325mg) No Age Limit - Coverage for generic OTC agents only 81mg
Breast Cancer – Primary Prevention	Tamoxifen generic, Soltamax: and for post-menopausal person, Raloxifene, Anastrozole and Exemestane generic Tamoxifen: Adults ≥ 35 years of age who meet criteria. Other agents: Postmenopausal adults ≥ 35 years of age who meet criteria.
Contraceptive Methods	Persons of any age capable of pregnancy Levonorgestrel, Drospirenone-Ethinyl Estradiol, Camrese, Loestrin 24 FE, Mircette, Seasonique
Fluoride	Persons 6 months through 16 years Chewable or drops ≤1.0mg generic
Folic Acid	Persons of any age capable of pregnancy Coverage for generic only (Rx/OTC) 0.4-0.8mg;
HIV Prep	Persons of any age with an absence of prescription claim history for other HIV therapies Generic emtricitabine/tenofovir disoproxil fumarate 200mg/300mg
Immunizations	Coverage for ages based on ACIP/CDC “General Recommendations on Immunization” Immunological agents prescribed for the prevention of vaccine-preventable diseases: ASTRADIPH/TET/PERTUS (ACEL) COMBO VACCINES DIP/TET/PERT CHILD + ADULT, e.g., ADACEL, BOOSTRIX DIPH/TET/PERTUS(ACEL) COMBO VACCINES DIPH, PERTUS, TET, POLIO, e.g., QUADRACEL, KINRIX ENGERIX-B, RECOMBIVAX HB HAEMOPHILUS B VACCINES, e.g., HIBERIX HEPATITIS A, e.g., HAVRIX HEPATITIS A + B COMBO, e.g., TWINRIX HEP B+ COMBO VACCINES, e.g., PEDIARIX HEP B RECOMBINANT, e.g., HEPLISAV-B HPV VACCINES – GARDASIL 9, CERVARIX HERPES-ZOSTER VACCINE, e.g., SHINGRIX INJECTABLE INFLUENZA VACCINE, e.g., FLUZONE INTRANASAL INFLUENZA VACCINE, e.g., FLUMISTLAB WORKERS/TRAVELERS/MILITARY/RABIES MEASLES, RUBELLA & MMR VACCINES, e.g., ATTENUVAX MENINGOCOCCAL VACCINE, e.g., BEXSERO, MENOMUNE MENINGOCOCCAL W/ DIPHTH., e.g., MENACTRA, MENQUADF MENVEOMMR + VARICELLA VACCINE, e.g., PROQUAD POLIO VACCINE, e.g., IPOL PNEUMOCOCCAL VACCINE, e.g., PNEUMOVAX 23 ROTAVIRUS VACCINE, e.g., ROTARIX TETANUS, DIPHTHERIA TOXOID, e.g., DECAVAC VACCINE COMBOS, e.g., PREVNAR 13/20, COMVAX VARICELLA VACCINE (ADULT), e.g., ZOSTAVAX, e.g., VARIVAX VACCINE COMBOS, e.g., PENTACEL Vaxelis vaccine
Bowel Prep Medications Used to Prep for Colonoscopy	Persons ≥ 45 and ≤ 75 years of age – limit of 2 prescriptions per year Bisacodyl; Magnesium Citrate; Milk of Magnesia; and PEG 3350 generic
Statins	Persons ≥ 44 years and ≤ 76 years Atorvastatin ≤20mg, Fluvastatin ≤80mg, Lovastatin ≤40mg, Pravastatin ≤80mg, Rosuvastatin ≤10mg, Simvastatin ≤40mg
Tobacco Cessation	Persons 18 years and older Bupropion sustained release 150mg generic; Varenicline, Chantix