



Drug List – Preventive Items and Services Offering – 2025

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 percent 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.



Medicine Category and Who is Covered	Examples of Medicines Covered
Aspirin Persons of any age	+ Generic, single-entity aspirin 81 mg
Breast Cancer – Primary Prevention Persons ≥ 35 years who meet criteria.	+ Generic tamoxifen, raloxifene, anastrozole, exemestane, and brand Soltamox are all covered at POS for \$0 member-share without review. For other products not covered at \$0 cost-share at the point of service, a member- or prescriber-initiated copay exception review is available.
Contraceptive Methods Persons of any age capable of pregnancy	+ Covered products include select products within required categories including: spermicide VCF® gel and legend diaphragms; Today® contraceptive sponge; condoms; Femcap®; generic oral, transdermal and intramuscular hormonal methods; contraceptive ring; generic, OTC emergency contraceptives; the intrauterine system Mirena®; and the intradermal agent, Nexplanon®. Quantity limit is applied to OTC Opill®.
Fluoride Persons 6 months through <17 years	+ Fluoride Chewable or Drops ≤ 1.0 MG generic + Multivitamin/Fluoride (≤ 1.0 MG)Chewable/Drops/Suspension generic
HIV Prep Persons of any age	+ Emtricitabine / tenofovir disoproxil fumarate (TDF) generic 200 mg / 300 mg dose only
Immunizations The age for coverage varies based on the vaccine product prescribed and recommendations by the U.S. CDC	+ 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 ≥ 45 and ≤ 75 years	+ Covered products include legend and over-the-counter medicines such as: Bisacodyl; Magnesium Citrate; Milk of Magnesia; and PEG 3350 generic.
Statins Persons ≥ 40 and ≤ 75 years	+ Covered products may include generic low to moderate intensity statins such as: Atorvastatin ≤ 20mg ; Fluvastatin ≤ 80mg ; Lovastatin ≤ 40 mg ; Pitavastatin ≤ 4mg ; Pravastatin ≤ 80mg ; Rosuvastatin ≤ 10mg ; Simvastatin ≤ 40mg
Tobacco Cessation Persons 18 and older	+ Bupropion sustained release 150mg generic; Varenicline; and Nicotine