



PREVENTATIVE MEDICATION LIST

Keeping up with preventive care can help prevent illness and improve your health and wellbeing. Your plan with Prescriptive Health fully covers preventive drugs. That means you do not need to pay a copay, coinsurance, or meet your deductible for the preventive drugs that are on this list.

What is Preventative Medication?

Preventive drugs prevent a disease or condition for people who have risk factors. They can also be used to prevent the recurrence of a disease or condition for those who have recovered. They don't include drugs that treat an existing illness, injury or condition. We use evidence-based guidelines to determine which preventive drugs we cover at no cost to you. As guidelines change, this list and your benefits may change from time to time.

Covered Medications at No Cost

Please note: Pharmacy products and services covered by a member's benefit plan may change from time to time. Some products and services may not be covered under a specific member's plan design. The information provided here is for general information purposes only and does not guarantee coverage. To ensure coverage, members should reference their specific plan documents at www.prescriptive.com or contact Prescriptive Member Services at the phone number on their Member ID card.

Covered Medications

Drug	Qualification	Comments
Aspirin <325mg	N/A	Generics Only
Fluoride	Age 6 months to 6 years	Generics Only
Folic Acid 0.1mg, 0.8mg, 1mg	N/A	Generics Only
Iron	Age 6-12 months	Generics Only
HIV Prevention • Truvad • Descovy	N/A	N/A
Oral Contraceptives	N/A	Generics & Single-Source Brands
Transdermal Contraceptives	N/A	Generics & Single-Source Brands



Drug	Qualification	Comments
Other Contraceptive Forms	Nexplanon: Limited to 1 per year Depo-Provera: Limited to 1 per 90 days	Covered products include the following: <ul style="list-style-type: none"> • Depo-Provera • Liletta • Mirena • Nexplanon • Nuvaring • ParaGard • Skyla
Barrier Contraceptives	Female Condoms: 30 per 30 days	<ul style="list-style-type: none"> • Cervical Cap • Diaphragms • Nonoxynol 9 • Female Condoms
Raloxifene	Prior Authorization: <ul style="list-style-type: none"> • indication of breast cancer prevention 	Generics Only
Tamoxifen	N/A	Generics Only
FDA-approved bowel preparations, including but not limited to the following: <ul style="list-style-type: none"> • PEG 3350 plus electrolytes (e.g., Colyte, Golytely, MoviPrep, Nulytely) • OsmoPrep • Prepopik • Suclear • Suprep 	Age 50-75 years Fill limit to 2 per year	Brands and Generics
Statins <ul style="list-style-type: none"> • Rosuvastatin • Atorvastatin • Fluvastatin • Lovastatin • Pravastatin • Simvastatin 	Age 40-75 years	Generics Only
Smoking Cessation <ul style="list-style-type: none"> • Bupropion (Zyban) • Varenicline (Chantix) 	Age ≥ 18 years, Quantity Limit Age ≥ 18 years Quantity Limit	Generics Only Brand



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Drug	Qualification	Comments
Smoking Cessation (cont.) <ul style="list-style-type: none">• Nicotine Inhaler• Nicotine Spray• Nicotine Gom or Lozenge• Nicotine Transdermal Patches	Age ≥ 18 years Quantity Limit	OTC
<ul style="list-style-type: none">• Influenza Vaccines	1 dose per 180 days	N/A
Human Papillomavirus <ul style="list-style-type: none">• (Gardasil, Gardasil 9, Cervarix)	Age 9-26 years 3 doses per 365 days	N/A
<ul style="list-style-type: none">• Hepatitis A (Vaqta, Havrix)	2 doses per 365 days	N/A
Hepatitis B	3 doses per 365 days (Engerix-B; Recombivax HB) 2 doses per 365 days (Heplisav-B)	N/A
Hepatitis B/Hepatitis A Combo (TwinRix)	4 doses per 365 days	N/A
Measles, Mumps, Rubella (MMR)	2 doses per 365 days	N/A
Meningococcal Serogroup B Vaccine (Bexsero, Trumenba)	Age 10-25 years 2 doses per 365 days (Bexsero) 3 doses per 365 days (Trumenba)	N/A
Meningococcal Quadrivalent Conjugate Vaccine [MenACWY (Menactra, Menveo)]	Age 11-23 years 1 dose per 365 days	N/A
Pneumococcal Polysaccharide (Pneumovax 23, Prevnar 13)	1 dose per 365 days	N/A
Tetanus, diphtheria, pertussis (Tdap) Tetanus, diphtheria (Td)	1 dose per 365 days	N/A
Varicella	2 doses per 365 days	N/A
Zoster Vaccine, live (Zostavax)	Age ≥ 60 years 1 dose per 365 days	N/A
Zoster Vaccine, recombinant (Shingrix)	Age ≥ 50 years 2 doses per 365 days	N/A
COVID-19 Vaccines		