



# PREVENTATIVE MEDICATION LIST

Effective: September 1, 2021

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](http://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 1mg	N/A	Generics Only
Iron	Age 6-12 months	Generics Only
HIV Prevention • Descovy • Emtricitabine/Tenofovir (generic Truvada)	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	Medroxyprogesterone inj.: Limited to 1 per 90 days Nexplanon: Limited to 1 per year	Covered products include the following: <ul style="list-style-type: none"> <li>• EluRyng</li> <li>• Etonogestrel-Ethinyl Estradiol Ring</li> <li>• Kyleena</li> <li>• Liletta</li> <li>• Medroxyprogesterone inj.</li> <li>• Mirena</li> <li>• Nexplanon</li> <li>• ParaGard</li> <li>• Skyla</li> </ul>
Barrier Contraceptives	N/A	<ul style="list-style-type: none"> <li>• Cervical Cap</li> <li>• Diaphragms</li> </ul>
Raloxifene	Prior Authorization: <ul style="list-style-type: none"> <li>• indication of breast cancer prevention</li> </ul>	Generics Only
Tamoxifen	N/A	Generics Only
FDA-approved bowel preparations, including but not limited to the following: <ul style="list-style-type: none"> <li>• Colyte</li> <li>• Golytely</li> <li>• MoviPrep</li> <li>• Nulytely</li> </ul>	Age 50-75 years Fill limit to 2 per year	Generics Only
Statins <ul style="list-style-type: none"> <li>• Rosuvastatin</li> <li>• Atorvastatin</li> <li>• Fluvastatin</li> <li>• Lovastatin</li> <li>• Pravastatin</li> <li>• Simvastatin</li> </ul>	Age ≥ 40 years	Generics Only
Smoking Cessation <ul style="list-style-type: none"> <li>• Bupropion (Zyban)</li> <li>• Varenicline (Chantix)</li> </ul>	Age ≥ 18 years, Quantity Limit	Generics & Single-Source Brands



Drug	Qualification	Comments
Smoking Cessation (cont.) <ul style="list-style-type: none"> <li>Nicotine Inhaler</li> <li>Nicotine Spray</li> <li>Nicotine Gum or Lozenge</li> <li>Nicotine Transdermal Patches</li> </ul>	Age ≥ 18 years Quantity Limit	OTC
<ul style="list-style-type: none"> <li>Influenza Vaccines</li> </ul>	1 dose per 180 days	N/A
Human Papillomavirus <ul style="list-style-type: none"> <li>(Gardasil, Gardasil 9)</li> </ul>	Age 9-26 years 3 doses per 365 days	N/A
Hepatitis A <ul style="list-style-type: none"> <li>(Vaqta, Havrix)</li> </ul>	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	N/A	N/A