

PREVENTATIVE MEDICATION LIST

Effective: March 13, 2024

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 by contacting Prescriptive Member Services at the phone number on their Member ID card.

Covered Medications

Drug	Qualification	Comments
Anastrozole	N/A	Generics Only
Aspirin <325mg	N/A	Generics Only
Bowel Preparations, including but not limited to the following (FDA-approved): <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 of 2 per year	Brands and Generics
Contraceptives (Barrier)	Female Condoms: 30 per 30 days	<ul style="list-style-type: none"> • Cervical Cap • Diaphragms • Nonoxynol 9 • Female Condoms

Drug	Qualification	Comments
Contraceptives (Oral)	N/A	Generics & Single-Source Brands
Contraceptives (Transdermal)	N/A	Generics & Single-Source Brands
Contraceptive (Other Forms)	Depo-Provera: Limited to 1 per 90 days Nexplanon: Limited to 1 per year	Covered products include the following: <ul style="list-style-type: none"> • Depo-Provera • Liletta • Mirena • Nexplanon • Nuvaring • ParaGard • Skyla
COVID-19 Vaccines	N/A	N/A
Fluoride	Age 6 months to 6 years	Generics Only
Folic Acid 0.1mg, 0.8mg, 1mg	N/A	Generics Only
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
HIV Prevention <ul style="list-style-type: none"> • Truvada • Descovy 	N/A	N/A
Human Papillomavirus (Gardasil, Gardasil 9, Cervarix)	Age 9-26 years 3 doses per 365 days	N/A
Influenza Vaccines	1 dose per 180 days	N/A
Iron	Age 6-12 months	Generics Only
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

Drug	Qualification	Comments
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
Raloxifene	N/A	Generics Only
Smoking Cessation <ul style="list-style-type: none"> • Bupropion (Zyban) • Varenicline (Chantix) • Nicotine Inhaler • Nicotine Spray • Nicotine Gum or Lozenge • Nicotine Transdermal Patches 	Age ≥ 18 years Quantity Limit	Generics Only Brand OTC
Statins <ul style="list-style-type: none"> • Rosuvastatin • Atorvastatin • Fluvastatin • Lovastatin • Pravastatin • Simvastatin 	Age 40-75 years	Generics Only
Tamoxifen	N/A	Generics Only
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