

PREVENTATIVE MEDICATION LIST

Effective: January 1, 2025

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	Age 50-75 years Fill limit of 2 per year	Generics Only
Contraceptives (Barrier)	Female Condoms: 30 per 30 days	<ul style="list-style-type: none"> • Cervical Cap • Diaphragms • Nonoxynol 9 Products • Phexxi Gel • Male and Female Condoms
Contraceptives (Oral)	N/A	Covered products include the following: <ul style="list-style-type: none"> • Generics • Single-Source Brands • Opill (OTC)
Contraceptives (Transdermal)	N/A	Generics & Single-Source Brands

Drug	Qualification	Comments
Contraceptive (Vaginal)	N/A	Nuvaring
Contraceptive (Injectable)	Depo-Provera: Limited to 1 per 90 days	Depo-Provera (Generics Only)
Contraceptive (Emergency)	N/A	Covered products include the following: <ul style="list-style-type: none"> • Levonorgestrel 1.5mg (Brands and Generics) • Ulipristal 30mg (Ella)
COVID-19 Vaccines	N/A	N/A
Fluoride	Age 6 months to 6 years	Generics Only
Folic Acid	N/A	Covered products include the following (Generics Only): <ul style="list-style-type: none"> • 400mcg • 800mcg • 0.4mg • 0.8mg
Hepatitis A Vaccines (Vaqta, Havrix)	2 doses per 365 days	N/A
Hepatitis B Vaccines	3 doses per 365 days (Engerix-B; Recombivax HB; Prehevbrio) 2 doses per 365 days (Heplisav-B)	N/A
Hepatitis B/Hepatitis A Combo Vaccines (TwinRix)	4 doses per 365 days	N/A
HIV Prevention <ul style="list-style-type: none"> • Truvada • Descovy 	N/A	Generics & Single-Source Brands
Human Papillomavirus (Gardasil 9)	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) Vaccines	2 doses per 365 days	N/A
Meningococcal Serogroup B Vaccines (Bexsero, Trumenba) and ABCYW Vaccine (Penbraya)	Age 10-25 years 2 doses per 365 days (Bexsero)	N/A

Drug	Qualification	Comments
	2 doses per 365 days (Trumenba)	
Meningococcal Quadrivalent Conjugate Vaccine [Menquadfi (Menactra, Menveo)]	Age 11-23 years 1 dose per 365 days	N/A
Pneumococcal Polysaccharide Vaccines	1 dose per 365 days	Covered products include the following: <ul style="list-style-type: none"> • 13-Valent • 15-Valent • 20-Valent • 21-Valent • 23-Valent • Polyvalent
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"> • Lovastatin • Pravastatin 	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, recombinant (Shingrix)	Age ≥ 18 years 2 doses per 365 days	N/A