

Appendix D: \$0 Cost Share Preventative Medications

The Affordable Care Act (ACA) and other government mandates require that the medications listed below are covered under your prescription benefit at no cost share if dispensed by a pharmacy with a written prescription from your doctor and meeting the coverage requirements.

Medication Name	Coverage Requirements	Participant Cost Share
Aspirin 81 mg (OTC)	Age 12 to 79 years Fill quantity of 100 units	\$0
Aspirin 325 mg (OTC)	Age 45 to 79 years Fill quantity of 100 units	\$0
Folic acid 400 mcg, 800 mcg (OTC)	Age 15 to 50 years Fill quantity of 100 units	\$0
Fluoride supplements – drops, chewable tablets		\$0
Iron drops 15 mg/mL (OTC)	Age less than 1 year	\$0
Vitamin D 400 units (OTC)	Age 65 or older Fill quantity of 200 units	\$0
Bowel Preparations for Colonoscopy:		
Bisacodyl 5 mg (OTC), Magnesium Citrate (OTC), MoviPrep, PEG-electrolyte solution 420 gm, Sucralose	Quantity limit per fill	\$0
OsmoPrep, PEG-electrolyte solution with bisacodyl, Prepopik, Sucralose	Prior Authorization required Quantity limit per fill	\$0
PEG 17 gm/dose (OTC, RX)		\$0
Breast Cancer Prevention:		
Raloxifene		\$0
Tamoxifen (generics, Soltamox)		\$0
Contraceptives:		
Diaphragms (OTC)		\$0
Emergency Contraceptives (generics, Ella, etc.) (OTC, RX)	Quantity limit of 1-2 units per fill	\$0
Female condoms, Male condoms (OTC)	Quantity limit of 12 units per fill	\$0
NuvaRing		\$0
Preferred oral contraceptives (see the formulary at www.unityhealth.com/drugformulary)		\$0
Nonpreferred oral contraceptives (see the formulary at www.unityhealth.com/drugformulary)	Prior Authorization required	\$0
Spermicidal foam/gel (OTC)		\$0
Xulane patch	Quantity limit of 9 patches per fill	\$0

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Smoking Cessation Products: Covered for 6 fills (180 days) per 365 day period		
Nicotine gum, nicotine lozenges (OTC)	Quantity limit of 600 units per fill	\$0
Nicotrol inhaler, Nicotrol nasal spray	Prior Authorization required	\$0
Chantix, bupropion SR 150 mg (Zyban equivalent)		\$0
Medium Potency Statin Drugs:		
Atorvastatin 10 mg, 20 mg	Age 40 to 75 Quantity limit of 1 tablet per day	\$0
Fluvastatin 20 mg, 40 mg, 80 mg ER	Age 40 to 75 Prior authorization required Quantity limit of 1 tablet per day	\$0
Lovastatin 10 mg, 20 mg, 40 mg	Age 40 to 75	\$0
Lovastatin (Altoprev) 20 mg, 40 mg, 60 mg	Age 40 to 75 Prior authorization required Quantity limit of 1 tablet per day	\$0
Pravastatin 10 mg, 20 mg, 40 mg, 80 mg	Age 40 to 75	\$0
Pitavastatin (Livalo, Zypitamag) 1 mg, 2 mg, 4 mg	Age 40 to 75 Prior authorization required Quantity limit of 1 tablet per day	\$0
Rosuvastatin 5 mg, 10 mg	Age 40 to 75 Quantity limit of 1 tablet per day	\$0
Simvastatin 5 mg, 10 mg, 20 mg, 40 mg	Age 40 to 75 Quantity limit of 1 tablet per day	\$0
Simvastatin (FloLipid)	Age 40 to 75 Prior authorization required Quantity limit of 5 mL per day	\$0

OTC = over the counter, RX = federal legend drug