

## Appendix C: \$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	Cost Share
Aspirin 81mg (OTC)	Age 12 to 79 years Fill quantity of 100 units	\$0
Aspirin 325mg (OTC)	Age 45 to 79 years Fill quantity of 100 units	\$0
Folic acid 400mcg, 800mcg (OTC)	Age 12 to 50 years Fill quantity of 100 units	\$0
Fluoride supplements (drops, chewable tablets)	Age 6 months to 5 years	\$0
Vitamin D 400 units (OTC)	Age 65 years or older Fill quantity of 200 units	\$0
<b>Bowel Preparations for Colonoscopy:</b>		
Bisacodyl 5mg (OTC), Magnesium Citrate (OTC), MoviPrep, Suclear, PEG-electrolyte solution 420gm	Age 50 to 75 years Quantity limit per fill	\$0
OsmoPrep, PEG-electrolyte solution with bisacodyl, Prepopik, Suclear, Clenpiq, Plenvu	Age 50 to 75 years Prior Authorization required Quantity limit per fill	\$0
PEG 17 gm/dose (OTC, RX)	Age 50 to 75 years	\$0
<b>Breast Cancer Prevention:</b>		
Raloxifene		\$0
Tamoxifen (generics, Soltamox)		\$0
<b>Contraceptives:</b>		
Diaphragms (OTC)		\$0
Emergency Contraceptives (generics, Ella, etc.) (OTC, RX)	Quantity limit 2 units per fill	\$0
Female condoms (OTC)	Quantity limit 12 units per fill	\$0
etonogestrel/ethinyl estradiol, Eluryng (generics of NuvaRing)		\$0
Preferred oral contraceptives (see the formulary at <a href="http://www.Quartzbenefits.com">www.Quartzbenefits.com</a> )		\$0
Nonpreferred oral contraceptives (see the formulary at <a href="http://www.Quartzbenefits.com">www.Quartzbenefits.com</a> )	Prior Authorization required	\$0
Spermicidal foam/gel (OTC)		\$0
Xulane patch	Quantity limit of 9 patches per fill	\$0

OTC = over the counter, RX = prescription drug only

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<b>Smoking Cessation Products: For most plans coverage is for 6 fills (180 days) per 365-day period</b>		
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 150mg (Zyban equivalent)		\$0
<b>Medium Potency Statin Drugs:</b>		
Atorvastatin 10mg, 20mg	Age 40 to 75 Quantity limit of 1 tablet per day	\$0
Fluvastatin 20mg, 40mg, 80mg ER	Age 40 to 75 Prior authorization required Quantity limit of 1 tablet per day	\$0
Lovastatin 10mg, 20mg, 40mg	Age 40 to 75	\$0
Pravastatin 10mg, 20mg, 40mg, 80mg	Age 40 to 75	\$0
Pitavastatin (Livalo) 1mg, 2mg, 4mg	Age 40 to 75 Prior authorization required Quantity limit of 1 tablet per day	\$0
Rosuvastatin 5mg, 10mg	Age 40 to 75 Quantity limit of 1 tablet per day	\$0
Simvastatin 5mg, 10mg, 20mg, 40mg	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

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### Adult Preventative Immunizations and Vaccines

Vaccine	Brand Names	Coverage Requirements	Cost Share
<b>Available Under the <u>Pharmacy</u> Benefit:</b>			
Influenza vaccine	Fluzone, Flumist, etc.	Age 18 and older	\$0
Pneumococcal	Pneumovax, Prevnar	Age 18 and older	\$0
Tetanus Diphtheria (Td)	TDVAX, Tenivac	Age 18 and older	\$0
Tetanus, Diphtheria, and Pertussis (Tdap)	Boostrix, Adacel	Age 18 and older	\$0
Varicella-Zoster vaccine "shingles"	Shingrix	Age 50 and older	\$0
<b>Available Under the <u>Medical</u> Benefit:</b>			
<ul style="list-style-type: none"> <li>• Human papillomavirus vaccine (Gardasil-9), covered for members age 9-26</li> <li>• Zoster vaccine (Zostavax), covered for members age ≥ 60</li> <li>• Varicella-zoster vaccine (Shingrix), covered for members age ≥ 50</li> </ul>			