



2023 Affordable Care Act Preventive List

The following preventive medications are covered 100% and are not subject to deductibles for all plans offered under the Affordable Care Act. This list should be used as a guide. Coverage of any of the listed medications (including over-the-counter medications) requires a prescription from a licensed healthcare provider. This list is subject to change as ACA guidelines are updated or modified. This list does not apply to ACA grandfathered plans.

Aspirin	Quantity Limit: 1/day	Aspirin products up to 325mg.	
Bowel prep medications	Age limit 45-75 years of age	All prescription products, including OTCs if processed as a prescription. Brand name will be covered only if it doesn't have a generic.	Clenpiq, Gavilyte, Gialax Kit, Goyltely, Moviprep, Nulytely, Osmoprep, PEG 3350, Peg-Prep, Plenvu, Suprep.
Fluoride - Chemoprevention of dental cavities	Age limit \leq 6 years of age	Sodium fluoride products only, not in combination.	<ul style="list-style-type: none"> · Sodium fluoride tab 0.5mg – 1mg · Sodium fluoride chew tab 0.25mg – 0.5mg · Sodium fluoride solution
Folic Acid - Supplementation with folic acid	Women planning or capable of pregnancy; Quantity limit: 1/day	Folic acid products only, not in combination.	Folic Acid tab 0.4mg and 0.8mg.
Vitamin D for fall prevention	Age limit \geq 65 years of age	Vitamin D	
Statins	Age limit 40-75 years	All generic statin products in low to moderate doses, plus additional doses of generic static products to the extent determined preventive by the Plan Administrator.	Atorvastatin 10mg, 20mg. Fluvastatin 20mg, 40mg. Lovastatin 10mg, 20mg. Rosuvastatin 5mg, 10mg. Pravastatin 10mg, 20mg. Simvastatin 5mg, 10mg, 20mg.
Breast Cancer	Females only, ages \geq 35 years of age	Prescribed chemoprevention medications for women at increased risk of breast cancer.	Anastrozole 1mg, Exemestane 25mg, Raloxifene 60mg, and Tamoxifen 10mg, 20mg.
Iron supplements	Age limit 6 to 12 months at risk for anemia	All dosage forms covered.	



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PrEP	PrEP diagnosis only	Generic Truvada (accomodation may be made for any individual for whom a particular PrEP medication (generic or brand name) would be medically inappropriate, as determined by the individual's health care provider)	Emtricitabine and Tenofovir disoproxil fumarate 200mg/300mg (generic Truvada).
Immunizations	Any prescribed vaccination administered at a pharmacy.	Age limit \geq 50 years of age for Shingrix and Zostavax.	
Tobacco Cessation	Up to a 90-day supply of prescribed tobacco cessation drugs two times in 365 calendar days.	The prescriber must prescribe all smoking cessation products for use within the 90-day treatment time frame.	Nicotine patches, gum, lozenges. Chantix (may require Step Therapy).