

## Preventive Health Services

In response to the Patient Protection and Affordable Care Act (PPACA), the following medications will be covered at a zero (\$0) co-pay when the specific criteria listed below is met.

**Please Note:** You must obtain a written prescription from your physician to receive this benefit.

<u>Drug Name</u>	<u>Criteria</u>	<u>Co-payment</u>
<b>Aspirin</b> Generic OTC 325mg or less	Adults age 69 and younger	\$0
<b>Ferrous Sulfate Drops (Iron)</b> Generic Rx and OTC single entity and combo products	Children 6 months through 12 months of age	\$0
<b>Folic Acid 0.4mg and 0.8mg</b> Single entity OTC and combo OTC products containing the above strengths of Folic Acid	Adults up to age 50	\$0
<b>Breast Cancer Therapy</b> Raloxifene (Evista) Tamoxifen (Nolvadex) Soltamox Liquid	Adults 35 or older and meeting AultCare's criteria. The form is available at <a href="http://www.aultcare.com">www.aultcare.com</a> or by calling the AultCare Service Center	\$0
<b>Sodium Fluoride chewable 0.25mg</b> <b>Sodium Fluoride chewable 0.5mg</b> <b>Sodium Fluoride chewable 1mg</b> <b>Sodium Fluoride 0.5mg/ml drops</b>  Generic Rx and OTC Single entity and combo products	Children 6 months old through 17 years old	\$0

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<b>Bowel Preparation Medications:</b>  Generic Preps (including): Gavilyte PEG-3350	Adults ages 50-75	\$0  Limit of 2 Rx's at \$0 within 365 days.
<b>Statin Therapy</b>  Atorvastatin 10mg & 20mg Fluvastatin 20mg & 40mg Fluvastatin XL 80mg Lovastatin 10mg, 20mg & 40mg Pravastatin 10mg,20mg,40mg & 80mg Rosuvastatin 5mg & 10mg Simvastatin 5mg,10mg,20mg & 40mg	Patients between 40-75 years old meeting AultCare's criteria. The form is available at <a href="http://www.aultcare.com">www.aultcare.com</a> or by calling AultCare Service Center	\$0

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<u>Drug Name</u>	<u>Criteria</u>	<u>Co-payment</u>
Tobacco Cessation (see below for details)	Adults age 18 and older or pregnant You may obtain up to two 90-day treatment courses per calendar year	\$0

\*This list is subject to change.

**Please Note:** Step Therapy is required for Tobacco Cessation. A First Line Medication, from the same therapeutic class as the brand name drug within the previous 365 days, must be tried first. If your prescription history does not indicate that a first line medication was tried, the brand name medication will not be covered. If you have tried the First Line Medications, documentation from your physician is required.

**Please Note:** Because AultCare covers the generic formulation, bupropion sustained-release, brand **Zyban** will be excluded.

### Medications that require the use of first line medications:

<u>Drug Name</u>	<u>First Line Medications</u>	<u>Criteria</u>
Chantix Nicotrol Inhaler Nicotrol Nasal Spray	Bupropion SR 12HR 150mg (generic Zyban) Nicotine TD Patch (all strengths) Nicotine Gum (all strengths) Nicotine Lozenges (all strengths)	Must have tried a medication in the 2 <sup>nd</sup> column within the last 365 days

\*This list is subject to change

Please call the AultCare Service Center at 330-363-6360 or 1-800-344-8858 if you have any questions.

### Preventive Health Services

In response to the Women’s Preventive Services Act, certain birth control medications will be covered at a zero (\$0) co-pay for members through the age of 50. Some medications may require specific criteria to be met as listed below.

**Please Note:**

Step Therapy is now required for Birth Control. A First Line Medication, from the same therapeutic class as the brand name drug within the previous 365 days, must be tried first. If your prescription history does not indicate that a first line medication was tried, the brand name medication will be covered at the non-preferred benefit.

**Please Note:** the brand name medication will be covered at a zero (\$0) co-pay once a first line medication has been tried and found to be ineffective. You must obtain a written prescription from your physician to receive this benefit.

**Medications that require the use of first line medications:**

Drug Name	First Line Medications	Criteria
Lo Loestrin FE	Any generic biphasic 28 day oral contraceptive such as: Azurette, Kariva, Viorele, Necon 10/11 or any generic monophasic 28 day oral contraceptive such as: Necon 1/50, Necon 1/35, Necon 0.5/35, Balziva, Gildagia, Kelnor, Ocella, Junel 1.5/30, Junel FE 1.5/30, Junel 1/20, Junel FE 1/20, Apri, Portia, Gianvi, Orsythia, Previfem, Sprintec	Must have tried a medication in the 2 <sup>nd</sup> column within the last 365 days
Natazia (4-phasic oral contraceptives)	Any generic triphasic oral contraceptive such as: Necon 7/7/7, Enpresse, Trivora, Velivet, Caziant, Tri-Previfem, TriNessa, Tri-Sprintic, Tilia FE, Tri-Legest FE, Rivelsa	Must have tried a medication in the 2 <sup>nd</sup> column within the last 365 days

\*Subject to change

Drug Name	First Line Medications	Criteria
Folic Acid 0.4mg and 0.8mg	Prenatal females ages 16-55	\$0

If you are a new member to AultCare and Aultra and have tried the First Line Drugs, documentation from your physician is required.

Please call the AultCare Service Center at 330-363-6360 or 1-800-344-8858 or the Aultra Service Center at 330-363-2050 or 1-855-270-8497 if you have any questions.