

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

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<u>Drug Name</u>	<u>Criteria</u>	<u>Co-payment</u>
<p style="text-align: center;">Bowel Preparation Medications:</p> <p style="text-align: center;">Generic Preps (including): Gavilyte PEG-3350</p>	Adults ages 50-75	\$0 Limit of 2 Rx's at \$0 within 365 days.
<p style="text-align: center;">Statin Therapy</p> <p>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</p>	Patients between 40-75 years old meeting AultCare's criteria. The form is available at www.aultcare.com or by calling AultCare Service Center	\$0
<p style="text-align: center;">HIV PrEP Therapy</p> <p>Emtricitabine/Tenofovir 200mg/300mg</p>	Must have an absence of prescription claims for HIV treatment	\$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 nd 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 or is deemed to be medically necessary. 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 nd 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 nd column within the last 365 days

*Subject to change

Drug Name	First Line Medications	Criteria
Folic Acid 0.4mg and 0.8mg or any OTC combination product containing Folic Acid 0.4mg and 0.8mg	Prenatal females ages 16-55	\$0



Preventive Health Services

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

Please call the AulCare 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.