

# YOUR BENEFITS

## Ensign 2025 Preventative Medicine List (Non-ACA)

| CATEGORY                                      | GENERIC MEDICINE (\$0)   |  | BRAND-NAME MEDICINE (\$5 30DS/ \$10 90DS)  |  |
|---|--|--|--|--|
| <b>Anticoagulant and Hematological Agents</b> | anagrelide<br>cilostazol<br>clopidogrel<br>dipyridamole<br>enoxaparin  | jantoven<br>prasugrel<br>pentoxifylline ER<br>warfarin   | ELIQUIS<br>XARELTO   |  |
| <b>Anticonvulsant Agents</b>                  | carbamazepine<br>carbamazepine ER<br>divalproex<br>divalproex DR<br>divalproex ER<br>epitol<br>ethosuximide<br>felbamate<br>gabapentin<br>lamotrigine<br>lamotrigine ER<br>levetiracetam<br>levetiracetam ER | oxcarbazepine<br>phenobarbital<br>phenytoin<br>primidone<br>roweepra<br>roweepra XR<br>tiagabine<br>topiramate<br>topiramate ER<br>valproic acid<br>vigabatrin<br>vigadrone<br>zonisamide      | FYCOMPA  |  |
| <b>Antidiabetic Agents</b>                    | acarbose<br>alogliptin<br>glimepiride<br>glipizide<br>glipizide er<br>glipizide xl<br>glipizide/metformin<br>glyburide<br>glyburide micronized<br>glyburide/metformin  | metformin<br>metformin er<br>miglitol<br>nateglinide pioglitazone<br>pioglitazone/<br>glimepiride<br>pioglitazone/metformin<br>repaglinide repaglinide/<br>metformin tolazamide<br>tolbutamide | FARXIGA<br>GLYXAMBI<br>HUMALOG<br>HUMALOG KWIKPEN<br>HUMALOG MIX 75-25<br>HUMULIN N<br>HUMULIN R<br>JANUMET<br>JANUMET XR<br>JANUVIA<br>JARDIANCE<br>LYUMJEV     | LANTUS<br>SOLOSTAR<br>SOLIQUA 100-33<br>STEGLATRO<br>SYMLINPEN 60<br>SYMLINPEN 120<br>SYNJARDY<br>SYNJARDY XR<br>TOUJEO TRESIBA<br>TRIJARDY XR       |
| <b>Asthma Agents</b>                          | albuterol<br>budesonide<br>cromolyn<br>dexamethasone<br>uticasone/salmeterol<br>ipratropium<br>ipratropium/albuterol<br>levalbuterol hc  | methylprednisolone<br>prednisolone<br>prednisone<br>terbutaline theochron<br>theophylline<br>theophylline CR<br>theophylline ER<br>zafirlukast   | ADVAIR HFA<br>ANORO ELLIPTA<br>ARNUITY ELLIPTA<br>ASMANEX<br>ASMANEX TWISTHALER<br>BREO ELLIPTA<br>COMBIVENT RESPIMAT<br>DULERA<br>FLOVENT DISKUS<br>FLOVENT HFA | INCRUSE<br>ELLIPTA<br>QVAR REDHALER<br>SEREVENT DISKUS<br>SPIRIVA HANDIHALER<br>SPIRIVA RESPIMAT<br>STIOLTO RESPIMAT<br>SYMBICORT<br>TRELEGY ELLIPTA |

| CATEGORY                                     | GENERIC MEDICINE (\$0)  | BRAND-NAME MEDICINE (\$5 30DS/ \$10 90DS)   |          |
|--|---|---|----------|
| <b>High Blood Pressure/<br/>Hypertension</b> | acebutolol<br>afeditab CR<br>amlodipine<br>amlodipine/benazapril<br>amlodipine/olmesartan<br>amlodipine/olmesartan/<br>HCTZ amlodipine/<br>valsartan amlodipine/<br>valsartan/HCTZ<br>atenolol<br>atenolol/chlorthalidone<br>benazapril<br>benazapril/HCTZ betaxolol<br>bisoprolol bisoprolol/<br>HCTZ bumetanide<br>candesartan candesartan/<br>HCTZ captopril<br>captopril/HCTZ/carvediol<br>cartia XT<br>chlorothiazide<br>chlorthalidone clonidine<br>diltiazem<br>diltiazem CD<br>diltiazem ER<br>doxazosin<br>enalapril<br>enalapril/HCTZ eplerenone<br>felodipine ER<br>fosinopril<br>fosinopril/HCTZ<br>furosemide<br>hydralazine<br>hydrochlorothiazide<br>indapamide<br>irbesartan<br>irbesartan/HCTZ isradipine<br>labetalol<br>lisinopril<br>lisinopril/HCTZ<br>losartan<br>losartan/HCTZ | matzim LA<br>methyl dopa<br>methyl dopa/HCTZ<br>metolazone metoprolol<br>succinate ER metoprolol<br>tartrate metoprolol/HCTZ<br>minoxidil<br>moexipril<br>moexipril/HCTZ nadolol<br>nicardipine<br>nifedical XL<br>nifedipine<br>nifedipine ER nisoldipine<br>ER olmesartan<br>olmesartan/HCTZ<br>perindopril<br>pindolol<br>prazosin<br>propranolol propranolol<br>er propranolol/hctz<br>quinapril<br>quinapril/hctz<br>ramipril<br>spironolactone<br>spironolactone/hctz<br>taztia xt<br>telmisartan telmisartan/<br>amlodipine telmisartan/<br>hctz terazosin<br>timolol<br>torsemide<br>trandolapril trandolapril/<br>verapamil trandolapril/<br>verapamil er triamterene/<br>hctz valsartan<br>valsartan/hctz verapamil<br>verapamil cr<br>verapamil er<br>verapamil sa<br>verapamil sr | N/A      |
| <b>Cardiovascular Agents</b>                 | acetazolamide<br>acetazolamide ER<br>amiloride/HCTZ<br>amiloride<br>amiodarone<br>amlodipine/ atorvastatin<br>digitek<br>digox<br>digoxin<br>disopyramide<br>dofetilide<br>ethacrynic acid flecainide<br>furosemide<br>isosorbide dinitrate<br>isosorbide mononitrate<br>mexilietine<br>isosorbide mononitrate ER   | methazolamide<br>mexilietine<br>minitran<br>nimodipinenisoldipine<br>nitro-time<br>nitroglycerin<br>nitroglycerin ER<br>nitroglycerin sublingual<br>nitroglycerin transdermal<br>pacerone<br>propafenone<br>propafenone erquinidine<br>quinidine gluconate cr<br>quinidine gluconate er<br>sorine<br>sotalol<br>spironolactone  | ENTRESTO |

| CATEGORY   | GENERIC MEDICINE (\$0)   |   | BRAND-NAME MEDICINE (\$5 30DS/ \$10 90DS)   |  |
|--|--|---|---|--|
| <b>Cholesterol Agents</b>                            | cholestyramine<br>cholestyramine light<br>colesevelam<br>colestipol<br>fenobrate   | fenobric acid<br>fenobric acid DR<br>niacin ER<br>omega-3-acid<br>prevalite                       |   |  |
| <b>Diabetic Supplies</b>                             |  |   | BLOOD GLUCOSE MONITORS<br>BLOOD GLUCOSE MONITORS<br>CONTINUOUS GLUCOSE<br>MONITORS<br>SUPPLIES<br>BLOOD GLUCOSE TEST<br>STRIPS<br>INSULIN DELIVERY DEVICES<br>INSULIN INFUSION SETS<br>INSULIN NEEDLES AND PEN<br>NEEDLES | INSULIN SYRINGES<br>KETONE TEST KITS<br>LANCETS<br>PROTEIN TEST KITS |
| <b>Estrogens &amp; Estrogen Combination Products</b> | covaryx<br>covaryx hs<br>dotti<br>eemt<br>esteried estrogens<br>methyltestosterone<br>estradiol/norethindrone<br>fyavolv | jevantique lo<br>jinteli<br>lopreeza<br>mimvey<br>memvey lo<br>norethindrone<br>ethinyl estradiol | ESTROPIPATE   |  |
| <b>Osteoporosis Agents</b>                           | alendronate<br>calcitonin<br>ibandronate<br>raloxifene   | risendronate<br>medroxyprogesterole<br>estradiol  |   |  |
| <b>Ulcer Agents</b>                                  | misoprostol<br>nizatidine<br>pantoprazole<br>rabeprazole<br>sucralfate   |   |   |  |

**DS:** Day Supply

**NOTE:** Preventive medications are defined as those prescribed to prevent the occurrence of a chronic disease or condition for those individuals with risk factors, or to prevent the recurrence of a disease or condition. The preventive medications will incur the applicable copay based on the plan and will bypass any deductible. The list contains examples of preventive medications organized by therapy class. Medications may be added to or removed from the list periodically and the list is not all inclusive.

# YOUR BENEFITS

## Preventive Medications Covered Under the Affordable Care Act (ACA) - \$0 Copay

| CATEGORY  | COVERED MEDICATION   |
|---|--|
| <b>Aspirin Preventive Medication</b>                | Low-dose (81 mg) - Men – ages 45 to 79 / Women – ages 55 to 79 years<br><i>The USPSTF recommends the use when the potential benefit of a reduction in myocardial infarctions outweighs the potential harm due to an increase in gastrointestinal hemorrhage.</i>   |
| <b>Breast Cancer Prevention</b>                     | Generic tamoxifen tablets, raloxifene tablets and generic aromatase inhibitors at zero co-pay.<br><i>The USPSTF recommends that clinicians engage in shared, informed decision making with women who are at increased risk for breast cancer about medications to reduce their risk. For women who are at increased risk for breast cancer and at low risk for adverse medication effects.</i>   |
| <b>Cholesterol Preventative Medication</b>          | Generic statins for adults ages 40-75 years old at zero copay – atorvastatin, fluvastatin, lovastatin, pravastatin, pitavastatin, simvastatin, rosuvastatin.<br><i>The USPSTF recommends that adults ages 40-75 without a history of cardiovascular disease (CVD) use a low to moderate dose statin for the prevention of CVD events and mortality when they have one or more cardiovascular disease risk factors and a calculated 10-year risk of a CVD event of 10 percent or greater.</i> |
| <b>Colorectal Cancer Screening</b>                  | For adults 45 to 75 years old, select generic prescription bowel preparation agents at zero copay.   |
| <b>Folic Acid Supplementation</b>                   | Select folic acid supplementation products containing 400 to 800 micrograms of folic acid at zero copay.<br><i>The USPSTF recommends that all women planning or capable of pregnancy take a daily supplement containing 0.4 to 0.8 mg (400 to 800 µg) of folic acid.</i>   |
| <b>Cavity Prevention - Fluoride Supplementation</b> | For children age 6 months to 6 years, select generic oral fluoride supplementation products at zero copay.<br><i>The USPSTF recommends primary care clinicians prescribe oral fluoride supplementation starting at age 6 months for children whose water supply is fluoride deficient.</i>   |
| <b>Immunizations</b>                                | Cover select vaccines in accordance with recommendations of the ACIP. These include but are not limited to shingle and flu vaccines at zero copay.   |
| <b>Contraceptive Methods</b>                        | Cover numerous contraceptive methods at zero copay. These products include but are not limited to: Generic OTC contraceptive methods (spermicides); generic hormonal contraceptives (oral and injectable); Generic emergency contraceptives; Intrauterine devices.<br><i>The HRSA recommends all Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity.</i>                   |
| <b>Smoking Cessation</b>                            | Select smoking cessation products at zero copay – Chantix products<br><i>The USPSTF recommends that clinicians ask all adults about tobacco use, advise them to stop using tobacco, and provide behavioral interventions and U.S. Food and Drug Administration (FDA)–approved pharmacotherapy for cessation to adults who use tobacco.</i>   |
| <b>Fall Prevention - Vitamin D Supplementation</b>  | Generic vitamin D supplementation products for adults over age 65 at zero copay.<br><i>The USPSTF recommends vitamin D supplementation to prevent falls in community-dwelling adults age 65 years and older who are at increased risk for falls.</i>   |
| <b>HIV Prevention</b>                               | Cover Truvada or Descovy at zero copay if clinical criteria is met.<br><i>The USPSTF recommends that clinicians offer pre-exposure prophylaxis (PrEP) with effective antiviral therapy to persons who are at high risk of HIV acquisition.</i>   |