

ACA Required Preventive Medications



Getting the Most from Your Pharmacy Benefits with Amwins Rx

The Affordable Care Act (ACA) requirements below apply to medications dispensed pursuant to a written prescription and subject to FDA guidelines. **Effective 01/01/2025.**

Preventive Care Medications and Coverage Requirements Under The ACA		
Medication	Copay	Limits
Aspirin 81 mg	\$0; N/A to Deductible	OTC and prescription generics
Fluoride Supplements* (Oral)	\$0; N/A to Deductible	Ages 6 months up to 5 years
Folic Acid	\$0; N/A to Deductible	Age through 55
Smoking Deterrents (Oral, gum, lozenges, patches, spray)	\$0; N/A to Deductible	OTC, generic, and single-source brands per FDA guidelines
Bowel Preps* (Suprep, Gavilyte, etc.)	\$0; N/A to Deductible	Ages 45 through 75
Breast Cancer Prevention (For preventive use)	\$0; N/A to Deductible	Ages 35 or older; generics only
Cardiovascular Disease Prevention (Statins)	\$0; N/A to Deductible	Age 40 through 75; generics only; Quantity Limit = 1 tablet/day
Pre-Exposure Prophylaxis* (PrEP)	\$0; N/A to Deductible	Qualified preventive use only

Contraceptives	
Medication*	Copay
Hormonal (Oral)	\$0 copay; N/A to Deductible; allow OTC
Hormonal (Patches, rings, injectables)	\$0 copay; N/A to Deductible
Barrier (Diaphragms, condoms, spermicides, non-hormonal topical agents, cervical caps, sponges)	\$0 copay; N/A to Deductible; allow OTC
Emergency ("Morning After" Pill)	\$0 copay; N/A to Deductible; allow OTC
Implants (IUDs)	\$0 copay; N/A to Deductible

*Single-source brands and generics only

Vaccines

Medication	Copay	Limits
Influenza injectable, intranasal influenza (Flumist®)	\$0; N/A to Deductible	
COVID-19 (Comirnaty®, Novavax, Spikevax®)	\$0; N/A to Deductible	
COVID-19 (Moderna EUA pediatric vaccines, Pfizer EUA pediatrics)	\$0; N/A to Deductible	
Dengue disease (Dengvaxia)	\$0; N/A to Deductible	
Hepatitis A (Havrix®, Vaqta®)	\$0; N/A to Deductible	
Hepatitis B (Hepelisav-B®, Recombivax HB®, Engerix-B, Prehevbrio®)	\$0; N/A to Deductible	
Hepatitis A/Hepatitis B Combination (Twinrix)	\$0; N/A to Deductible	
Human Papillomavirus (Gardasil® 9)	\$0; N/A to Deductible	
Poliovirus (Ipol)	\$0; N/A to Deductible	
Respiratory Syncytial Virus (Arexvy, Abrysvo®, mRESVIA®)	\$0; N/A to Deductible	
Respiratory Syncytial Virus Pediatric Prophylaxis (Beyfortus™)	\$0; N/A to Deductible	
Rotavirus (Rotarix, Rotateq®)	\$0; N/A to Deductible	
Smallpox and Mpox (Jynneos®)	\$0; N/A to Deductible	
Varicella Virus (Varivax®, Shingrix)	\$0; N/A to Deductible	
Measles, Mumps, and Rubella (M-M-R® II, ProQuad®)	\$0; N/A to Deductible	
Haemophilus influenzae Type B (PedvaxHIB®, ActHIB®, Hiberix)	\$0; N/A to Deductible	
Meningococcal Group B (Trumenba®, Bexsero®)	\$0; N/A to Deductible	
Meningococcal (Groups A/C/Y and W-135) (MenQuadfi™, Menveo)	\$0; N/A to Deductible	
Meningococcal (Groups A / B / C / W / Y) (Penbraya™)	\$0; N/A to Deductible	
Pneumococcal (Vaxneuvance™, Prevnar 20®, Pneumovax® 23, Capvaxive™)	\$0; N/A to Deductible	
Diphtheria and Tetanus Toxoids (Tenivac™)	\$0; N/A to Deductible	
Tetanus and Diphtheria Toxoids and Acellular Pertussis (Tdap) (Daptacel®, Infanrix, Adacel®, Boostrix)	\$0; N/A to Deductible	
Diphtheria and Tetanus Toxoids, Acellular Pertussis, Poliovirus (Inactivated), and Haemophilus influenzae Type B (Pentacel®, Pediarix)	\$0; N/A to Deductible	
Diphtheria and Tetanus Toxoids, Acellular Pertussis, Hepatitis B (Recombinant), Poliovirus (Inactivated), and Haemophilus influenzae Type B (Vaxelis®)	\$0; N/A to Deductible	

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