TrueScripts™ Amazing Care

2027 ACA Preventative Services Mandate Drug List

The following list contains drugs covered at $0 copay/coinsurace under the Affordable Care Act. Other drugs in these categories that are covered on your plan benefit that are not included on this list will process at standard copays (Tier 1, Tier 2, or Tier 3).

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-C, Gialax Kit, PEG 3350, Peg-Prep, Plenvu, Suflave, Sutab.
Fluoride - Chemoprevention of dental cavities	Age limit ≤ 6 years of age.	Sodium fluoride products only, not in combination.	· 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 ≥ 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. Pravastatin 10mg, 20mg. Rosuvastatin 5mg, 10mg. Simvastatin 5mg, 10mg, 20mg.

JANUARY 2027

TrueScripts Management Services, Inc.
513 E. South Street, PO Box 921 • Washington, Indiana 47501
(844) 257-1955 | (812) 257-1968 fax | www.truescripts.com

TrueScripts™ Amazing Care

2027 ACA Preventative Services Mandate Drug List

The following list contains drugs covered at $0 copay/coinsurace under the Affordable Care Act. Other drugs in these categories that are covered on your plan benefit that are not included on this list will process at standard copays (Tier 1, Tier 2, or Tier 3).

Breast Cancer	Females only, ages ≥ 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.	
PrEP	PrEP diagnosis only.	Specified oral and injectable formulations of PrEP therapy.	Emtricitabine and Tenofovir disoproxil fumarate 200mg/300mg (generic Truvada), Descovy, and Apretude SUE 600mg/3ml (If indicated, oral lead in therapy will be included for 1 month.). Descovy and Apretude are subject to prior authorization.
Immunizations	Any prescribed immunization for adults & children covered by the ACA. **healthcare.gov/preventive-care-adults/**	Age limit ≥ 50 years of age for Shingrix.	Travel vaccines are not included in the ACA preventive care benefits. If travel vaccines are covered by the plan, copays or coinsurance will apply.
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.	Buproprion HCl ER 150mg (Smoking Deterrent), Nicotine patches, gum, and lozenges, Nicotrol NS, and Varenicline tartrate.

JANUARY 2027

TrueScripts Management Services, Inc.
513 E. South Street, PO Box 921 • Washington, Indiana 47501
(844) 257-1955 | (812) 257-1968 fax | www.truescripts.com