

## Health Care Reform Program

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>
Lo-Dose Aspirin 81mg	Males age 45-79 Females age 50-79 Females age 13 or older who are at high risk of Preeclamsia after 12 weeks of gestation	\$0
Ferrous Sulfate Drops (Iron)	Children 6 months to 12 months	\$0
Folic Acid 0.4mg and 0.8mg	Females only ages 16-55	\$0
Vitamin D Supplement	Adults age 65 and older	\$0
Raloxifene (Evista) Tamoxifen (Nolvadex)	Females 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
Sodium Fluoride chewable 0.25mg Sodium Fluoride chewable 0.5mg Sodium Fluoride chewable 1mg Sodium Fluoride 0.5mg/ml drops	Children 6 months old up to 5 years old	\$0
Bowel Preparation Medications: Gavilyte PEG-3350 Colyte Golytely Trilyte	Adults ages 50-74	\$0
Atorvastatin 10mg & 20mg tabs Fluvastatin 20mg & 40mg Fluvastatin XL 80mg Lovastatin 10mg,20mg&40mg tabs Pravastatin 10mg,20mg,40mg & 80mg Rosuvastatin 5mg & 10mg Simvastatin 5mg,10mg,20mg & 40mg tabs	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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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

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