

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> |
|---|---|-------------------|
| Aspirin Generic OTC 325mg or less | Adults age 69 and younge | \$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 Generic Rx and OTC single entity and combo products | Adults up to age 50 | \$0 |
| Vitamin D Supplement Generic Rx and OTC Single entity Vit D2 or D3 containing 1,000IU or less per dosage form. Combo products that also contain calcium with two agents only. | Adults age 65 and older | \$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 |

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| | | |
|--|--|--|
| <p>Sodium Fluoride chewable 0.25mg Sodium Fluoride chewable 0.5mg Sodium Fluoride chewable 1mg Sodium Fluoride 0.5mg/ml drops</p> <p style="text-align: center;">Generic Rx and OTC Single entitiy and combo products</p> | <p style="text-align: center;">Children 6 months old through 5 years old</p> | <p style="text-align: center;">\$0</p> |
| <p>Bowel Preparation Medications:</p> <p style="text-align: center;">Generic Preps (including): Gavilyte PEG-3350</p> | <p style="text-align: center;">Adults ages 50-75</p> | <p style="text-align: center;">\$0</p> <p style="text-align: center;">Limit of 2 Rx's at \$0 within 365 days.</p> |
| <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> | <p style="text-align: center;">Patients between 40-75 years old meeting AultCare's criteria. The form is available at www.aultcare.com or by calling AultCare Service Center</p> | <p style="text-align: center;">\$0</p> |

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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 nd 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.