

## **2023 List of Medications with a \$0 Copay**

**Please remember HSA Copays do NOT apply**

### **Cholesterol Medication:**

Atorvastatin Tab 10mg  
Atorvastatin Tab 20mg  
Fluvastatin Cap 20mg  
Lovastatin Tab 20mg  
Lovastatin Tab 40mg  
Pravastatin Tab 10mg  
Pravastatin Tab 20mg  
Pravastatin Tab 40mg  
Pravastatin Tab 80mg  
Rosuvastatin Tab 5mg  
Rosuvastatin Tab 10mg  
Simvastatin Tab 10mg  
Simvastatin Tab 20mg  
Simvastatin Tab 40mg

### **Diabetic Medication**

Glimepiride  
Glipizide  
Glipizide Er  
Glipizide Xl  
Glyburide  
Glyburide/Metformin Hcl  
Glyburide/Metformin Hydrochloride  
Metformin Hcl  
Metformin Hcl Er  
Metformin Hydrochloride  
Metformin Hydrochloride Er  
Pioglitazone Hcl  
Pioglitazone Hydrochloride

### **Blood Pressure Medication**

Amlodipine Besylate  
Atenolol  
Bisoprolol Fumarate  
Cartia Xt  
Carvedilol  
Chlorthalidone  
Clonidine Hcl

Clonidine Hydrochloride  
Diltiazem Hcl  
Diltiazem Hcl Er  
Diltiazem Hydrochloride Er  
Doxazosin Mesylate  
Enalapril Maleate  
Flecainide Acetate  
Furosemide  
Hydrochlorothiazide  
Irbesartan/Hydrochlorothiazide  
Isosorbide Dinitrate  
Isosorbide Mononitrate  
Isosorbide Mononitrate Er  
Lisinopril  
Losartan Potassium  
Losartan  
Potassium/Hydrochlorothiazide  
Metolazone  
Metoprolol Succinate Er  
Metoprolol Tartrate  
Nadolol  
Nifedipine Er  
Nitroglycerin  
Olmesartan Medoxomil  
Olmesartan  
Medoxomil/Hydrochlorothiazide  
Prazosin Hcl  
Prazosin Hydrochloride  
Propranolol Hcl  
Propranolol Hcl Er  
Propranolol Hydrochloride  
Propranolol Hydrochloride Er  
Quinapril Hcl  
Quinapril Hydrochloride  
Ramipril  
Ranolazine Er  
Sotalol Hcl  
Sotalol Hydrochloride  
Spironolactone

Spirolactone/Hydrochlorothiazide  
 Telmisartan  
 Triamterene/Hydrochlorothiazide  
 Valsartan  
 Valsartan/Hydrochlorothiazide  
 Verapamil Hcl  
 Verapamil Hcl Er

HIV pre-exposure prophylaxis (PrEP) – Truvada (200-300 mg) for individuals who are at high risk for HIV acquisition.  
 Smoking cessation – Prescription and over-the-counter (OTC) products covered for 90 days per year.  
 Statins – Low to moderate dose statins for men and women 40 to 75 years of age  
 Primary prevention of breast cancer – Raloxifene and aromatase inhibitors (for postmenopausal women) and tamoxifen\* (for women ages 35 and older) who are at increased risk for first occurrence of breast cancer.

**ACA Covered Medications**

(Provided by Affordable Care Act)

Aspirin – All Aspirin Products for men and women of all ages.  
 Bowel preparation kits – All bowel preparation kits for men and women 50 to 85 years of age. Limited to one fill per year.  
 Contraceptives – All forms must be covered: oral, diaphragms, jelly, foams, implantable, et  
 Fluoride – Oral fluoride tablets, drops and suspension covered for children ages 6 months to 5 years without fluoride in their water source.  
 Folic acid – Folic acid 400 mcg and 800 mcg supplements for girls/women 10 to 55 years of age.

In addition, PPACA provides specified coverage for immunizations. If a plan is covering these immunizations as a pharmacy benefit, these would be included in the pharmacy benefit design for no copayment, coinsurance, or deductible as well. Specific doses and ages follow current medical immunization guidelines.

ADULTS AND CHILDREN	CHILDREN ONLY
Diphtheria, Tetanus, and Pertussis	Haemophilus Influenza Type B
Hepatitis A and Hepatitis B	Inactivated Poliovirus
Human Papillomavirus	Rotavirus
Influenza	
Measles, Mumps, and Rubella	
Meningococcal	
Pneumococcal	
Varicella	
ADULTS ONLY	
Herpes Zoster	

*This list is subject to change as PPACA guidelines are updated or modified.*