ACA Preventive Care
Drug List

Anthem

Preventive care can help keep you healthy and may even save your life. Getting routine health exams and screenings can help catch problems early, when they're easier to treat. And getting the right preventive care services can help you manage your health conditions and stay healthy.

Under the Affordable Care Act (ACA), pharmacy benefits must cover certain categories of preventive care drugs and products at 100%. That means you don't have to pay a share of the cost — no copay, deductible or percentage of the cost (coinsurance).

How do I get these drugs at no cost?
Talk with your doctor about choosing the medication or product that's right for you. To get these preventive drugs, including over-the-counter (OTC) drugs or products:

- They must be right for your age and condition.
- You'll need to get a prescription from your doctor (even for OTC products).
- Remember, only you and your doctor can decide on the medications you need and what's best for your health.

Preventive drugs and products, by category
Here's a list of medications Carelon plans will cover with no cost-share for you under the ACA. Keep in mind that this list can change. Brand-name drugs are listed with a first capital letter. Non-brand drugs (generics) are in lowercase letters.

ASPIRIN

Coverage includes generic over-the-counter 81mg aspirin products to prevent preeclampsia in pregnant women.

Aspirin 81mg (tab, ec tab, chew)

BOWEL PREP

Coverage includes generic prescription and over-the-counter products and are limited to two (2) bowel prep kits per year for adults 45 - 75 years old.

bisacodyl
bisacodyl-peg 3350-pot chloride-sod bicarb-sod chloride
magnesium citrate, hydroxide
peg 3350-potassium chloride-sod bicarbonate-sod chloride (generic Nulytely)
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate (generic Golytely)
peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid (generic Moviprep)
polyethylene glycol 3350
na sulfate-k sulfate-mg sulf (generic Suprep)

BREAST CANCER

Please have your doctor complete the Breast Cancer Copay Waiver form for coverage at $0 for prevention. The form can be found here. If there is a previous diagnosis of breast cancer, the applicable cost share will apply.

anastrozole 1mg
exemestane 25mg
letrozole 2.5 mg
raloxifene 60mg
Soltamox
tamoxifen 10mg, 20mg

CARDIOVASCULAR

Full coverage for low-to-moderate dose generic statins will be limited to members 40-75 years old with one or more cardiovascular risk factors such as dyslipidemia, diabetes, hypertension, or smoking but who have not experienced a cardiovascular disease event.

atorvastatin (10 - 20 mg)
fluvastatin (20 - 80 mg)
lovastatin (10 - 40mg)
pravastatin (10 - 80mg)
rosuvastatin (5 - 10mg)
simvastatin (5 - 40mg)

CONTRACEPTION

{A cost share may apply for other prescription contraceptives, based on your drug benefits. Your doctor can contact us by completing and returning the Brand Contraceptive Copay Waiver form if the contraceptive you are taking is not on the formulary and is medically necessary because the preferred contraceptives are inappropriate for you, and we will waive your cost share. The form can be found here.
Oral Contraceptives
afirmelle 0.1-0.02
altavera
alyacen 1/35
alyacen 7/7/7
amethia
amethyst 90-20mcg
apri
aranelle
ashlyna
aubra 0.1-0.02
aubra eq 0.1-0.02
aurovela 1.5/30
aurovela 1/20
aurovela 24 fe 1/20
aurovela fe 1.5/30
aurovela fe 1/20
aviane
ayuna
azurette 28
balziva
bekyree
blisovi 24 fe 1/20
blisovi fe 1.5/30
blisovi fe 1/20
briellyn
camila 0.35mg
camrese
camrese lo
caziant
charlotte 24 chw fe 1/20
chateal 0.15/30
chateal eq 0.15/30
cryselle-28
cyclafem 1/35
cyclafem 7/7/7
cyred
cyred eq
dasetta 1/35
dasetta 7/7/7
daysee
deblitane 0.35mg
delyla 0.1-0.02
deso/ethinyl estradio
dolishale 90-20mcg
dros/eth est levomefo
drospir/ethi 3-0.02mg
drospir/ethi 3-0.03mg
drospire/eth/estr/lev
drospirenone ethy est
elinest
emoquette
emzahh 0.35mg
enpresse-28
enskyce
errin 0.35mg
estarylla 0.25-35
ethy eth est 1-35
ethynodiol 1-50
falmina
fayosim
feirza 1.5/30
feirza 1/20
femynor 0.25-35
finzala chw fe 1/20
galbriela chw
gemmily 1/20
gianvi 3-0.02mg
hailey 1.5/30
hailey 24 fe
hailey fe 1.5/30
hailey fe 1/20

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heather 0.35mg
iclevia
incassia 0.35mg
introvale
isibloom
isibloom 0.15-30
jaimiess
jasmiel 3-0.02mg
jencycla 0.35mg
jolessa
joyeaux
juleber
junel 1.5/30
junel 1/20
junel fe 1.5/30
junel fe 1/20
junel fe 24 1/20
kaitlib fe
kalliga
kariva 28
kelnor 1/35
kelnor 1/50
kurvelo 0.15/30
larin 1.5/30
larin 1/20
larin 24 fe 1/20
larin fe 1.5/30
larin fe 1/20
larissia
layolis fe
leena
lessina
levo-eth est 90-20mcg
levonest
levonor/ethi
levonor/ethi 0.1-0.02
levonor/ethi 0.1-20
levonor/ethi estradio
levora-28 0.15/30
lillow 0.15/30
loestrin 1/20-21
loestrin 1.5/30
loestrin fe 1.5/30
loestrin fe 1/20
lojaimiess
loryna 3-0.02mg
low-ogestrel
lo-zumandimi 3-0.02mg
luizza 1.5/30
luizza 1/20
lutera
lyleq 0.35mg
lyza 0.35mg
marlissa 0.15/30
meleya 0.35mg
melodetta 24 fe
merzee 1/20
mibelas 24 fe
microgestin 1.5/30
microgestin 1/20
microgestin fe 1/20
microgestin fe 1.5/30
mili 0.25/35
minzoya 0.1/20
mono-linyah 0.25-35
necon 0.5/35
necon 1/35
nikki 3-0.02mg
nor/est/ff 1.5/30
nora-be 0.35mg
nore/eth/fer 1/20
nore/eth/fer 0.4mg-35
noreth/ethin fe chw
noreth/ethin fe 1/20chw
noreth/ethin 1.5/30
noreth/ethin 1/20
noreth/ethin fe 1/20
nore/eth/fer 1/20
norethindron 0.35mg
norgest/ethi 0.25/35
norgest/ethi/estradio
norlyda
norlyroc 0.35mg
nortrel 0.5/35
nortrel 1/35
nortrel 7/7/7
nylia 1/35
nylia 7/7/7
nymyo 0.25-35
ocella 3-0.03mg
Opill
orquidea 0.35mg
orsythia
philith 0.4-35
pimtrea
pirmella 1/35
pirmella 7/7/7
portia-28
previfem
quasense
rajani
reclipsen
rivelsa
rosyrah tab
setlakin
sharobel 0.35mg
simliya 28
simpesse
sprintec 28
sronyx
syeda 3-0.03mg
tarina 24 fe
tarina fe 1/20
tarina fe 1/20 eq
taysofy 1/20
tilia fe
tri femynor
tri-estaryll
tri-legest fe
tri-linyah
tri-lo estaryll
tri-lo marzia
tri-lo- sprintec
tri-lo-mili
tri-mili
trinessa
trinessa lo
tri-nymyo
tri-previfem
tri-sprintec
trivora-28
tri-vylibra
tri-vylibra lo
tulana 0.35mg
turqoz
tydemy
valtya 1/50
velivet
vestura 3-0.02mg
vienva 0.1-20
viorele
volnea
vyfemla 0.4-35
vylibra 0.25-35
wera 0.5/35
wymzya fe chw 0.4mg-35
xarah fe
xelria fe
zovia 1/35e
zumandimine 3-0.03mg

Cervical Caps (Rx)
Femcap mis 22-30mm

Diaphragms
Caya dpr
Omniflex
Wide-seal dpr kit 60-95

Emergency Contraception (Rx or OTC)
aftera tab 1.5mg
afterpill tab 1.5mg
curae tab 1.5mg
econtra ez tab 1.5mg
econtra os tab 1.5mg
Ella tab 30mg
her style tab 1.5mg
levonorgestr tab 1.5mg
my choice tab 1.5mg
my way tab 1.5mg
new day tab 1.5mg
next choice tab 1.5mg
opcicon 1.5mg
option 2 tab 1.5mg
react tab 1.5mg
take action tab 1.5mg

Condoms (OTC)
female condoms
male condoms

Injectables (Rx)
depo-sq prov inj
medroxypr ac inj 150mg/ml

Intrauterine Devices and Vaginal Rings
eluryng
enilloring
etonogestere mis ethy est
haloette

Spermicides (OTC)
encare sup 100mg
gynol ii gel 3%
Shur-Seal gel 2%
VCF vaginal aer gel,mis contracp

Transdermal
norelgestron-ee 150-35mcg/24hr patch
xulane dis 150-35
zafemy 150-35mcg/24hr patch

Vaginal Sponge
Today sponge mis

FLUORIDE (GENERIC ONLY)

Coverage for children age 6 months to 16 years.

sodium fluoride chew 0.25mg, 0.5mg, 1mg, 2.2mg
sodium fluoride tab 0.5mg, 1mg
sodium fluoride soln 0.25mg 0.5mg 0.125mg
pediatric multivitamin/fluoride chew, tab, soln 0.25mg, 0.5mg, 1mg,0.125mg, 1.1mg, 2.2mg

FOLIC ACID

Coverage for generic only, prescription and over-the-counter included for women ages 55 or younger who are planning and able to get pregnant.

folic acid tab,cap 400mcg, 800mcg
Prenatal and multivitamins w/ folic acid (generic OTC only)

HIV PRE-EXPOSURE PROPHYLAXIS

Coverage applies when used for pre-exposure prophylaxis (PrEP). If used for treatment of HIV, a cost share may apply based on your benefit.

Apretude
Descovy 200-25mg
emtricitabine 200mg
tenofovir 300mg
emtricitabine-tenofovir 200-300mg

PREDIABETES

Full coverage of metformin 850mg is limited to members 35-70 years old who have prediabetes.

metformin 850mg

SMOKING CESSATION

Coverage includes prescription and over-the-counter, brand and generic for members greater than 18 years old.

OTC (Brand and Generic)
Nicotine Replacement Gum, Lozenge and Patch
(Prescription)
bupropion SR 150mg
Nicotrol Inhaler
Nicotrol Nasal Spray
varenicline

VACCINES

BCG
COVID-19
Diphtheria, Tetanus, Pertussis

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Haemophilus B Polysac Conj
Hepatitis A
Hepatitis B
Human Papillomavirus (HPV)
Influenza Virus
Measles, Mumps & Rubella Virus
Meningococcal
Mpox
Pneumococcal
Poliovirus, IPV
Rotavirus , Oral
Respiratory Syncytial Virus (RSV)
Varicella Virus
Zoster (shingles)

This list may change without notice which may affect your benefit coverage. To be sure your medication is covered under the PreventiveRx benefit, call the member services number located on your ID card.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. Copies of Colorado network access plans are available on request from member services or can be obtained by going to anthem.com/co/networkaccess. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by Compcare Health Services Insurance Corporation (Compcare) or Wisconsin Collaborative Insurance Corporation (WCIC). Compcare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

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