



# Rx Preventive Coverage

## Under the Patient Protection and Affordable Care Act

Under the Patient Protection and Affordable Care Act (PPACA), certain preventive medications are covered at no cost to you when filled at a participating pharmacy with a valid prescription. While Capital BlueCross strives to provide prompt notice of changes to covered preventive medications, this list (as well as coverage criteria) is subject to change. Please visit [capbluecross.com](http://capbluecross.com) for current information, or contact Rx Member Services at the phone number listed on the back of your member ID card.

**Please note that this preventive medication list is only applicable to members of an employer group health plan that is not grandfathered under PPACA. Please consult your employer for questions relating to grandfathered status.**

### Rx Contraceptive Medication List

KEY: bold lowercase print = generic; UPPERCASE PRINT = BRAND; *Italicized* = over-the-counter

activella	errin	marlissa	pirmella
AFTERA	estarylla	medroxyprogesterone acetate injection 150mg/ml	PLAN B ONE-STEP
alora	estrace	megace	portia
altavera	estradiol	melodetta 24 fe	PRENTIF CAVITY-RIM
alyacen	ESTROSTEP FE <sup>1</sup>	menest	previfem
amabelz	ethinyl estradiol	menostar	QUARTETTE <sup>1</sup>
amethia	ethynodiol diacetate	mibelas 24 fe	quasense
amethyst	evamist	microgestin	rajani
angeliq	FALESSA	microgestin fe	<i>react</i>
apri	FALLBACK SOLO	MILEX WIDE-SEAL	reclipsen
aranelle	falmina	mili	rivelsa
ashlyna	fayosim	mimvey	SAFYRAL
aubra	FC FEMALE CONDOM	mimvey lo	seasonique
aviane	FC-2	MINASTRIN 24 FE <sup>1</sup>	setlakin
aygestin	FC2 FEMALE CONDOM	MIRCETTE <sup>1</sup>	sharobel
azurette	FEMCAP	mirena	SHUR-SEAL GEL 2%
balcoltra	femcon fe	MODICON <sup>1</sup>	skyla
balziva	FEMCON FE <sup>1</sup>	mono-linyah	solia
bekyree	femynor	mononessa	SPRING SILICONE
BEYAZ <sup>1</sup>	fyavolv	MY WAY	sprintec 28
biest/progesterone	GENERESS FE <sup>1</sup>	myzilra	sronyx
blisovi 24 FE	gianvi	NATAZIA	syeda
blisovi FE	gildagia	NECON	TAKE ACTION
brevicon	gildess fe	necon 0.5/35-28	tarina fe
BREVICON <sup>1</sup>	GYNOL II GEL VAGINAL CONTRACEPTIVE	necon 1/35	TAYTULLA
briellyn	heather	NECON 1/50-28	tilia fe
camila	introvale	NECON 10/11-28	TODAY SPONGE
camrese	isibloom	necon 7/7/7	tri-estarylla
camrese lo	jencycla	nexplanon	tri-femynor
CAYA	jevantique lo	NEXT CHOICE ONE DOSE	tri-legest fe
caziant	jinteli	nikki	tri-linyah
CERVICAL CAP	jolessa	nora-be	tri-lo-estarylla
cesia	jolivet	norethindrone	tri-lo-marzia
chateal	juleber	norethindrone acetate/ethinyl estradiol	tri-lo-sprintec
climara	junel	norgestimate/ethinyl estradiol	tri-mili
climara pro	junel fe	NORINYL <sup>1</sup>	trinessa
combipatch	kaitlib fe	norlyda	trinessa lo
covaryx	kariva	norlyroc	TRI-NORINYL <sup>1</sup>
cryselle	kelnor	NOR-QD <sup>1</sup>	tri-previfem
cyclafem	kimidess	nortrel	tri-sprintec
cyclessa	kurvelo	NUVARING	trivora
CYCLESSA <sup>1</sup>	larin	ocella	tri-vylibra
cyred	larin fe	ogestrel	tulana
dasetta	larissia	OMNIFLEX COIL	tydemy
daysee	layolis fe	OMNIFLEX DIAPHRAGM	VCF VAGINAL FILM 28%
deblitane	leena	OPSICON ONE-STEP	VCF VAGINAL FOAM 12.5%
delyla	lessina	OPTION 2	velivet
depo-provera	levonest	OPTIONS CONCEPTROL	vestura
DEPO-PROVERA <sup>1</sup>	levonorgestrel	VAGINAL CONTRACEPTIVE	vienva
DEPO-SUBQ PROVERA 104	levonorgestrel/ethinyl estradiol	orsythia	viorele
DESOGEN <sup>1</sup>	levora	ORTHO DIAPHRAGM	vivelle-dot
desogestrel/ethinyl estradiol	liletta	ORTHO EVRA <sup>1</sup>	vyfemla
divigel	lillow	ORTHO MICRONOR <sup>1</sup>	vylibra
drospirenone/ethinyl estradiol	LO LOESTRIN FE	ORTHO TRI-CYCLEN LO <sup>1</sup>	wera
drospirenone/ethinyl estradiol/levomefolate calcium	LOESTRIN FE <sup>1</sup>	ORTHO TRI-CYCLEN <sup>1</sup>	WIDE-SEAL SILICONE DIAPHRAGM
duavee	LOESTRIN <sup>1</sup>	ortho-cept <sup>1</sup>	wymzya fe
ECONTRA EZ	lomedica 24 fe	ortho-cyclen <sup>1</sup>	xulane
ELLA	lopreeza	ORTHO-NOVUM <sup>1</sup>	YASMIN <sup>1</sup>
emoquette	loryna	OVCON <sup>1</sup>	YAZ <sup>1</sup>
ENCARE	loseasonique	philith	zarah
enjuvia	LOSEASONIQUE <sup>1</sup>	pimtrea	zenchent
enpresse	low-ogestrel		zenchent fe
enskyce	lutra		zovia
	lyza		

<sup>1</sup> To initiate a request to have this medication covered at no cost, please contact Rx Member Services at the phone number listed on the back of your member ID card to begin the prior authorization process.

## Rx Preventive Coverage List<sup>2</sup>

Drug Name	Coverage Criteria
<b>Aspirin<sup>3</sup></b>	81mg: limited to men and women 50-59 years of age. Also, requires prior authorization for women at risk of pre-eclampsia, who are greater than or equal to 12 weeks gestation (duration is seven months).
<b>Bowel Preparation Medications</b>	Used for colorectal cancer screening. Age limit 50 to 74 years (men and women). Prescription only.
<b>gavilyte-H kit, MOVIPREP, peg-prep kit, PREPOPIK, SUPREP</b>	For members who are at high risk for colorectal cancer and do not meet the age limits, a prior authorization is required for inclusion at \$0.
<b>Breast Cancer Prevention<sup>3</sup></b> <b>tamoxifen and raloxifene</b>	Requires prior authorization; limited to women ≥ 35 years of age with no previous history of breast cancer, ductal carcinoma in situ (DCIS), or lobular carcinoma in situ.
<b>Folic Acid Supplements<sup>3</sup></b>	Limited to one dose per day of folic acid tablet (0.4mg and 8mg) and folic acid capsule (0.8mg).
<b>Smoking Deterrents</b> nicotine patch <sup>3</sup> , nicotine gum <sup>3</sup> , nicotine lozenge <sup>3</sup> , NICOTROL Nasal Spray and Inhaler, <b>bupropion hcl SR 150 mg</b> (smoking deterrent) <sup>3</sup> , and CHANTIX	Limited to 180-day treatment regimen.
<b>Sodium Fluoride<sup>3</sup></b>	Limited to children ≤ 18 years of age; over-the-counter products excluded even with a prescription.
<b>Statins</b> <b>atorvastatin 10mg, 20mg, fluvastatin 20mg, 40mg, fluvastatin er 80mg, lovastatin 10mg, 20mg, 40mg, pravastatin 10mg, 20mg, 40mg, 80mg, rosuvastatin 5mg, 10mg, simvastatin 5mg, 10mg, 20mg, 40mg</b>	Limited to men/women age 40-75 years for generic low to moderate intensity statins.

## Rx Vaccine and Immunization Preventive Coverage List

Members of an employer group health plan gained access to the following preventive vaccines upon their group's 2019 benefit renewal date. Simply present your member ID card at a participating pharmacy to receive a vaccine. Please refer to your Certificate of Coverage for benefit details.

Vaccine Type	Coverage Criteria	Vaccine Name
<b>Influenza</b>	9 years and up	AFLURIA EZ FLU SHOT FLUAD FLUZONE FLUVIRIN FLUCELVAX FLUCELVAX QUAD FLUBLOK FLUBLOK QUAD FLUARIX FLULAVAL FLUZONE QUAD FLUZONE HD
<b>Haemophilus Influenza Type B</b>	18 years and up	ACTIHIB
<b>Hepatitis A</b>	18 years and up	HAVRIX VAQTA
<b>Hepatitis B</b>	18 years and up	ENGERIX-B RECOMBIVAX HEPLISAV-B
<b>Hepatitis A and B</b>	18 years and up	TWINRIX
<b>Human Papillomavirus</b>	18 through 26 years	CERVARIX GARDASIL GARDASIL-9
<b>Measles, Mumps, Rubella</b>	18 through 59 years	M-M-R II
<b>Meningitis</b>	18 years and up	BEXSERO TRUMENBA MENACTRA MENVEO MENOMUNE
<b>Pneumonia</b>	65 years and up	PENUMOVAX PREVNAR 13
<b>Shingles</b>	50 years and up	ZOSTAVAX SHINGRIX
<b>Tetanus, Diphtheria, Pertussis</b>	18 years and up	ADACEL BOOSTRIX TENIVAC TET/DIP TOXOID
<b>Varicella</b>	18 years and up	VARIVAX

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<sup>2</sup> Requires prescription.

<sup>3</sup> Generic only.

The Healthcare Reform mandate does not apply to inpatient medications or to medications obtained from and/or administered by a physician or a home health agency. The information contained herein is current at the time of printing and may be subject to change. Customers should refer to their coverage documents for specific terms, conditions, exclusions, and limitations relating to coverage.

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