

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 for current information, or contact Rx Member Services at the phone number listed on the back of your member ID card.

Please note that the following preventive medication list is applicable to members with coverage through one of our Individual products.

Rx Contraceptive Medication List

<i>AFTERA</i>	<i>FALLBACK SOLO</i>	melodetta 24 fe	REACT
altavera	falmina	mibelas 24 fe	reclipsen
alyacen	fayosim	microgestin	rivelsa
amethia	<i>FC FEMALE CONDOM</i>	microgestin 24 fe	SAFYRAL
amethyst	<i>FC2 FEMALE CONDOM</i>	microgestin fe	setlakin
apri	FEMCAP	MILEX WIDE-SEAL	sharobel
aranelle	femynor	mono-linyah	SHUR-SEAL GEL 2%
ashlyna	gianvi	mononessa	solia
aubra	gildagia	<i>MY WAY</i>	sprintec 28
aviane	gildess	myzilra	sronyx
azurette	gildess 24 fe	NATAZIA	syeda
balziva	gildess fe	NECON	<i>TAKE ACTION</i>
bekyree	heather	necon 0.5/35-28	tarina fe
blisovi 24 FE	introvale	necon 1/35	TAYTULLA
blisovi FE	jencycla	necon 1/50-28	tilia fe
briellyn	jolessa	NECON 10/11-28	<i>TODAY SPONGE</i>
camila	jolivette	necon 7/7/7	tri-estarylla
camrese	juleber	<i>NEXT CHOICE ONE DOSE</i>	tri-femynor
camrese lo	junel	nikki	tri-legest fe
CAYA	junel fe	nora-be	tri-linyah
caziant	kaitlib fe	norethindrone	tri-lo-estarylla
cesia	kariva	norethindrone acetate/ethinyl estradiol	tri-lo-marzia
chateal	kelnor	norethindrone acetate/ethinyl estradiol/ferrous fumarate	tri-lo-sprintec
cryselle	kimidess	norgestimate/ethinyl estradiol	trinessa
cyclafem	kurvelo	norlyda	trinessa lo
cyred	larin	norlyroc	tri-norinyl
dasetta	larin 24 fe	nortrel	tri-previfem
daysee	larin fe	NUVARING	tri-sprintec
deblitane	larissia	ocella	TRI-VYLIBRA
delya	layolis fe	ogestrel	trivora
DEPO-SUBQ PROVERA 104	leena	OMNIFLEX DIAPHRAGM	Tydemy
desogestrel/ethinyl estradiol	lessina	<i>OPCICON ONE STEP</i>	<i>VCF VAGINAL FILM 28%</i>
DIAPHRAGM	levonest	<i>OPTIONS GYNOL II GEL %</i>	<i>VCF VAGINAL FOAM 12.5%</i>
drospirenone/ethinyl estradiol	levonorgestrel	orsythia	velivet
drospirenone/ethinyl estradiol/levomefolate calcium	levonorgestrel/ethinyl estradiol	ORTHO-CEPT	vestura
<i>ECONTRA EZ</i>	levora	ORTHO-CYCLEN	vienva
elinest	LILETTA	philith	viorele
<i>ELLA</i>	lillow	pimtrea	vyfemla
emoquette	LO LOESTRIN FE	pirmella	vylibra
<i>ENCARE</i>	lomedica 24 fe	<i>PLAN B ONE-STEP</i>	wera
enpresse	loryna	portia	WIDE-SEAL SILICONE DIAPHRAGM
enskyce	low-ogestrel	<i>PRENTIF CAVITY-RIM CERVICAL CAP</i>	wymzya fe
errin	luteria	previfem	xulane
estarylla	lyza	QUARTETTE	zarah
ethynodiol diacetate/ethinyl estradiol	marlissa	quasense	zenchent
FALESSA	medroxyprogesterone acetate injection 150mg/ml	rajani	zenchent fe
			zovia

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

Rx Preventive Coverage List¹

Drug Name	Coverage Criteria
Aspirin²	81mg: Requires prior authorization (duration is seven months) limited to men and women 50-59 years of age, greater than or equal to 12 weeks gestation and at risk for pre-eclampsia.
Bowel Preparation Medications gavilyte-H kit, MOVIPREP, peg-prep kit, PREPOPIK, SUPREP	Used for colorectal cancer screening. Age limit 50-74 years (men and women). Prescription only. 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.
Breast Cancer Prevention² tamoxifen and raloxifene	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.
Folic Acid Supplements²	Limited to one dose per day of folic acid tablet (0.4mg and 8mg) and folic acid capsule (0.8mg).
Smoking Deterrents nicotine patch ² , nicotine gum ² , nicotine lozenge ² , NICOTROL Nasal Spray and Inhaler, bupropion hcl SR 150 mg (smoking deterrent) ² , and CHANTIX	Limited to 180-day treatment regimen.
Sodium Fluoride²	Limited to children ≤ 18 years of age; over-the-counter products excluded even with a prescription.
Statins 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	Limited to men/women age 40-75 years for generic low to moderate intensity statins.
Vitamin D Supplements	Limited to men and women ≥ 65 years of age; brand and generic; OTC requires a prescription; available products for Vitamin D include dosing range of 600-800IU.

Rx Vaccine and Immunization Preventive Coverage List

Members with coverage through one of our individual products have access to the following preventive vaccines upon their 2018 benefit renewal. 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
Infuenza	9 years and up	AFLURIA, EZ FLU SHOT, FLUAD, FLUARIX, FLUBLOK, FLUBLOK QUAD, FLUCELVAX, FLUCELVAX QUAD, FLULAVAL, FLUVIRIN, FLUZONE, FLUZONE HD, FLUZONE QUAD
Haemophilus Influenza Type B	18 years and up	ACTIHIB
Hepatitis A	18 years and up	HAVRIX, VAQTA
Hepatitis B	18 years and up	ENGERIX-B, HEPLISAV-B, RECOMBIVAX
Hepatitis A and B	18 years and up	TWINRIX
Human Papillomavirus	18 through 26 years	CERVARIX, GARDASIL, GARDASIL-9
Measles, Mumps, Rubella	18 through 59 years	M-M-R II
Meningitis	18 years and up	BEXSERO, MENACTRA, MENOMUNE, MENVEO, TRUMENBA
Pneumonia	65 years and up	PNEUMOVAX, PREVNAR 13
Shingles	50 years and up	SHINGRIX, ZOSTAVAX
Tetanus, Diphtheria, Pertussis	18 years and up	ADACEL, BOOSTRIX, TENIVAC, TET/DIP TOXOID
Varicella	19 years and up	VARIVAX

Capital BLUE 



capbluecross.com

¹ Requires prescription.

² Generic only.

The Health Care 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.

Healthcare benefit programs issued or administered by Capital BlueCross and/or its subsidiaries, Capital Advantage Insurance Company®, Capital Advantage Assurance Company®, and Keystone Health Plan® Central. Independent licensees of the BlueCross BlueShield Association. Communications issued by Capital BlueCross in its capacity as administrator of programs and provider relations for all companies.