



# 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

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

<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.
<b>Vitamin D Supplements</b>	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 600IU-800IU.

## 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 2017 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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