



Rx Preventive Coverage

Under the Patient Protection and Affordable Care Act

Under the Patient Protection and Affordable Care Act (PPACA), certain preventive drugs are covered at no cost to you when filled at an in-network 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 Member Services at the phone number listed on the back of your member ID card.

Please note that this preventive drug 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 Drug List¹

afirmelle	falmina	myzilra	tri-lo-marzia
aftera	fayosim	my choice	tri-lo-sprintec
altavera	<i>FC FEMALE CONDOM</i>	my way	tri-lo-mili
alyacen	<i>FC2 FEMALE CONDOM</i>	NATAZIA	tri-mili
amethia	FEMCAP	necon	trinessa
amethia lo	femynor	next choice	trinessa lo
amethyst	gianvi	new day	tri-previfem
ANNOVERA	gildagia	nikki	tri-sprintec
apri	gildess fe	nora-be	trivora
aranelle	<i>GYNOL II GEL VAGINAL CONTRACEPTIVE</i>	norethindrone	tri-vylibra
ashlyna	hailey (fe)	norethindrone acetate/ ethinyl estradiol	tulana
aubra	hailey 24	norethindrone acetate/ ethinyl estradiol/ferrous fumarate	tydemy
aubra eq	heather	norgestimate/ethinyl estradiol	<i>VCF VAGINAL FILM</i>
aurovela	incassia	norlyda	velivet
aurovela fe	introvale	norlyroc	vestura
aviane	isibloom	nortrel	vienna
ayuna	jasmiel	NUVARING	viorele
azurette	jencycla	ocella	vyfemla
BALCOLTRA	jolessa	OGESTREL	vylibra
balziva	jolivette	OMNIFLEX DIAPHRAGM	wera
bekyree	junel	opcicon	WIDE-SEAL SILICONE DIAPHRAGM
blisovi 24 FE	junel fe	option 2	wymzya fe
blisovi FE	kaitlib fe	orsythia	XULANE
briellyn	kalliga	philit	zarah
camila	kariva	pimtree	zenchent
camrese	kelnor	pirmella	zovia
camrese lo	kimidess	PLAN B	zumandimine
CAYA	kurvelo	portia	
caziant	larin	preventeza	
cesia	larin fe	previfem	
chateal	larissia	quasense	
chateal eq	layolis fe	rajani	
cryselle	leena	react	
cyclafem	lessina	reclipsen	
cyred	levo-eth est	rivelsa	
cyred eq	levonest	setlakin	
dasetta	levonorgestrel	sharobel	
daysee	levonorgestrel/ethinyl estradiol	<i>SHUR-SEAL GEL 2%</i>	
deblitane	levora	simliya	
delyla	lillow	simpresse	
DEPO-SUBQ PROVERA 104	lo-loestrin	SLYND	
drospirenone/ethinyl estradiol	lo-zumandimi	solia	
drospirenone/ethinyl estradiol/levomefolate calcium	loryna	sprintec 28	
drospirenone	low-ogestrel	sronyx	
econtra ez	lutera	syeda	
econtra os	lyza	take action	
ELLA	marlissa	tarina fe	
elinest	medroxyprogesterone acetate injection 150mg/ml	TAYTULLA	
emoquette	melodetta 24 fe	tilia fe	
<i>ENCARE</i>	mibelas 24 fe	<i>TODAY SPONGE</i>	
enpresse	microgestin	tri-estarylla	
enskyce	microgestin fe	tri-femynor	
errin	mili	tri-legest fe	
estarylla	mono-lynyah	tri-lynyah	
ethinyl estradiol	mononessa	tri-lo	
ethynodiol		tri-lo-estarylla	

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

¹ Depending on your prescription drug plan, some drugs listed may not be covered. Refer to your Certificate of Coverage for specific information about your prescription drug benefit. You can visit your secure account at capbluecross.com to view the formulary and formulary status of your drugs.

Rx Preventive Coverage List¹

Drug Name	Coverage Criteria
Aspirin ¹	81mg
Bowel Preparation Medications¹ gavilyte-C Kit, gavilyte-G kit, gavilyte-N kit, peg-3350 sol, COLYTE, TRILYTE, GOLYTELY, NULYTELY	Used for colorectal cancer screening. Age limit 50 to 74 years (men and women). Prescription only.
Breast Cancer Prevention¹ EVISTA, raloxifene, SOLTAMOX, tamoxifen	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 Supplements¹	Folic acid tablet 0.4mg and 0.8mg and folic acid capsule.
Smoking Deterrents¹ nicotine patch, nicotine gum, nicotine lozenge, NICOTROL NASAL SPRAY AND INHALER, bupropion hcl SR 150mg (smoking deterrent), THRIVE, and CHANTIX	Limited to 180-day treatment regimen.
Sodium Fluoride¹	Includes age restrictions to those members between 6 months to 16 years. Over-the-counter products excluded even with a prescription.
Statins¹ lovastatin 10mg, 20mg, 40mg, pravastatin 10mg, 20mg, 40mg, 80mg, simvastatin 10mg, 20mg, 40mg	Limited to men/women age 40-75 years for generic low to moderate intensity statins.

Rx Vaccine and Immunization Preventive Coverage List

With Capital BlueCross' prescription drug benefits, you can receive preventive immunizations at no cost from your provider or pharmacy of choice—because prevention is key to living healthy. Simply present your member ID card to your primary care physician (PCP) or your favorite in-network retail pharmacy to receive any of the following preventive seasonal and nonseasonal vaccines².

Vaccine Type	Coverage Criteria ³	Vaccine Name
Influenza	9 years and up	AFLURIA FLUVIRIN FLUBLOK QUAD EZ FLU SHOT FLUCELVAX FLUARIX FLUAD FLUCELVAX QUAD FLULAVAL FLUZONE HD FLUZONE FLUBLOK 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 RECOMBIVAX HEPLISAV-B
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 MENVEO MENOMUNE TRUMENBA
Pneumonia	65 years and up	PENUMOVAX PREVNAR 13
Shingles	50 years and up	ZOSTAVAX SHINGRIX
Tetanus, Diphtheria, Pertussis	18 years and up	ADACEL BOOSTRIX TENIVAC TET/DIP TOXOID
Varicella	18 years and up	VARIVAX



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¹ Requires prescription.

² Certain vaccines may not be available at all pharmacies. Members should contact their pharmacy to confirm vaccine availability and administration before their visit. Age restrictions may apply. Refer to your Certificate of Coverage for benefit details.

³ Depending on your prescription drug plan, some drugs listed may not be covered. Refer to your Certificate of Coverage for specific information about your prescription drug benefit. You can visit your secure account at capbluecross.com to view the formulary and formulary status of your drugs.

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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