

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 Blue Cross strives to provide prompt notice of changes to covered preventive medications, this list (as well as coverage criteria) is subject to change. Please visit [CapitalBlueCross.com](https://www.CapitalBlueCross.com) for current information or contact Member Services at the phone number listed on the back of your 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	chateal	femynor
altavera	chateal eq	finzala
alyacen 1/35	cryselle-28	gemmily
alyacen 7/7/7	cyclafem 1/35	hailey 1.5/30
amethia	cyclafem 7/7/7	hailey 24 fe
amethia lo	cyred	hailey fe 1.5/30
amethyst	cyred eq	hailey fe 1/20
ANNOVERA	dasetta 1/35	haloette
apri	dasetta 7/7/7	heather
aranelle	daysee	her style
ashlyna	deblitane	iclevia
aubra	delyla	incassia
aubra eq	DEPO-SUBQ PROVERA 104	introvale
aurovela 1.5/30	desogestrel/ethinyl estradiol	isibloom
aurovela 1/20	dolishale	jaimiess
aurovela 24 fe	drospirenone/ethinyl estradiol	jasmiel
aurovela fe 1.5/30	drospirenone/ethinyl estradiol/levomefolate calcium	jencycla
aurovela fe 1/20	econtra ez	jolessa
aviane	econtra one-step	juleber
ayuna	elinest	junel 1.5/30
azurette	ELLA	junel 1/20
BALCOLTRA	eluryng	junel fe 1.5/30
balziva	emoquette	junel fe 1/20
blisovi 24 fe	enpresse-28	junel fe 24
blisovi fe 1.5/30	enskyce	kaitlib fe
blisovi fe 1/20	errin	kalliga
briellyn	estarylla	kariva
camila	ethynodiol diacetate/ethinyl estradiol	kelnor 1/35
camrese	etonogestrel/ethinyl estradiol	kelnor 1/50
camrese lo	falmina	kurvelo
CAYA	fayosim	larin 1.5/30
caziant	FC2 FEMALE CONDOM	larin 1/20
charlotte 24 fe	FEMCAP	larin 24 fe

lowercase bold = generic UPPERCASE = BRAND

¹Depending 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 login to your secure account to view the formulary and formulary status of your drugs.

²Requires prescription.

³Certain 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.

⁴Prevmar 20 will be a one-time dose per lifetime.

⁵Please note members may be able to get select vaccines with a primary care provider, if needed.

Rx Contraceptive Drug List¹ continued

larin fe 1.5/30	NATAZIA	simpesse
larin fe 1/20	necon 0.5/35-28	SLYND
larissia	new day	sprintec 28
layolis fe	nikki	sronyx
leena	nora-be	syeda
lessina	norethindrone	tarina 24 fe
levonest	norethindrone & ethinyl estradiol ferrous fumarate	tarina fe 1/20
levonorgestrel	norethindrone acetate/ethinyl estradiol	tarina fe 1/20 eq
levonorgestrel and ethinyl estradiol	norethindrone acetate/ethinyl estradiol/ferrous fumarate	taysofy
levonorgestrel/ethinyl estradiol	norethindrone/ethinyl estradiol/ferrous fumarate	tilia fe
levora 0.15/30-28	norgestimate/ethinyl estradiol	tri femynor
lillow	norlyda	tri-estarylla
LO LOESTRIN FE	norlyroc	tri-legest fe
lo-zumandimine	nortrel 0.5/35 (28)	tri-linyah
loestrin 1.5/30-21	nortrel 1/35	tri-lo-estarylla
loestrin 1/20-21	nortrel 7/7/7	tri-lo-marzia
loestrin fe 1.5/30	nylia 1/35	tri-lo-mili
loestrin fe 1/20	nylia 7/7/7	tri-lo-sprintec
lojaimiess	nymyo	tri-mili
loryna	ocella	tri-nymyo
low-ogestrel	OMNIFLEX DIAPHRAGM	tri-previfem
lutura	opcicon one-step	tri-sprintec
lyleq	option 2	tri-vylibra
lyza	orsythia	tri-vylibra lo
marlissa	PHEXXI	trivora-28
medroxyprogesterone acetate	philith	tulana
melodetta 24 fe	pimtrea	TYBLUME
merzee	pirmella 1/35	tydemy
mibelas 24 fe	pirmella 7/7/7	VELIVET
microgestin 1.5/30	PLAN B ONE-STEP	vestura
microgestin 1/20	portia-28	vienva
microgestin 24 fe	previfem	violele
microgestin fe 1.5/30	react	volnea
microgestin fe 1/20	reclipsen	vyfemla
mili	rivelsa	vylibra
mono-linyah	setlakin	wera
my choice	sharobel	WIDE-SEAL SILICONE DIAPHRAGM KIT 60
my way	simliya	WIDE-SEAL SILICONE DIAPHRAGM KIT 65

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Rx Contraceptive Drug List¹ continued

WIDE-SEAL SILICONE DIAPHRAGM KIT 70	WIDE-SEAL SILICONE DIAPHRAGM KIT 90	zarah
WIDE-SEAL SILICONE DIAPHRAGM KIT 75	WIDE-SEAL SILICONE DIAPHRAGM KIT 95	zovia 1/35
WIDE-SEAL SILICONE DIAPHRAGM KIT 80	wymzya fe	zovia 1/35e
WIDE-SEAL SILICONE DIAPHRAGM KIT 85	xulane	zumandimine

Rx Preventive Coverage List²

Drug Name	Coverage Criteria
Aspirin 81 mg	The decision to initiate low-dose aspirin use for the primary prevention of CVD should be an individual one.
Folic Acid Supplements²	Folic acid tablet 0.4 mg and 0.8 mg and folic acid capsule.
Smoking Deterrents² BUPROPION HCL SR 150 mg (smoking deterrent), CHANTIX, nicotine patch, nicotine gum, nicotine lozenge , NICOTROL Nasal Spray and Inhaler, and THRIVE	Limited to 180-day treatment regimen.
Sodium Fluoride²	Includes age restriction to those members between 6 months to 16 years old. Over-the-counter products excluded even with a prescription.
(emtricitabine and tenofovir disoproxil fumarate) PrEP Prophylaxis	Limited to at-risk adults and adolescents for pre-exposure prophylaxis (PrEP) to reduce the risk of sexually acquired HIV-1 infection.
Vitamin D vitamin d3 400 unit tab, vitamin d3 10mcg tab, vitamin d 400 unit drop, vitamin d 400 unit drop, vitamin d3 10mcg/mL drop	

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Rx Vaccine and Immunization Preventive Coverage List

With our 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 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 vaccines^{3, 4, 5}.

Vaccine type ^{3, 4, 5}	Coverage criteria	Vaccine name		
Covid-19	2 years and up	COMIRNATY/PFIZER-BIONTECH		
	18 years and up	NOVAVAX		
Influenza	3 years and up	AFLURIA QUAD	FLUCELVAX QUAD	FLUMIST QUAD
		FLUARIX QUAD	FLULAVAL QUAD	FLUZONE QUAD
		FLUBLOK QUAD		
Haemophilus Influenza Type B	3 years and up	ACTIHIB	PEDVAX HIB	
Hepatitis A	3 years and up	HAVRIX	VAQTA	
Hepatitis B	3 years and up	ENGRIX-B	HEPLISAV-B	RECOMBIVAX HB
		PREHEVBRIO		
Hepatitis A and B	3 years and up	TWINRIX		
Human Papillomavirus	3 years and up	GARDASIL-9		
Measles, Mumps, Rubella	3 years and up	M-M-R II		
	12 years and up	PRIORIX		
Meningitis	3 years and up	BEXSERO	MENACTRA	MENQUADFI
		MENVEO	TRUMENBA	
Pneumonia	18 years and up	PNEUMOVAX 23	PNEUMOVAX 23 (1 Dose)	PREVNAR 13
		PREVNAR 20 ⁴		
	2 years and up	VAXNEUVANCE		
Shingles	19 years and up	SHINGRIX		
Tetanus, Diphtheria, Pertussis	3 years and up	ADACEL	BOOSTRIX	TDVAX
		TENIVAC		
Varicella	3 years and up	VARIVAX		

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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.

Healthcare benefit programs issued or administered by Capital Blue Cross and/or its subsidiaries, Capital Advantage Insurance Company^{*}, Capital Advantage Assurance Company^{*}, and Keystone Health Plan^{*} Central. Independent Licensees of the Blue Cross Blue Shield Association. Communications issued by Capital Blue Cross in its capacity as administrator of programs and provider relations for all companies.

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