

Preventive care can help keep you healthy and may even save your life. Getting routine health exams and screenings can help catch problems early, when they're easier to treat. And getting the right preventive care services can help you manage your health conditions and stay healthy.

Under the Affordable Care Act (ACA), pharmacy benefits must cover certain categories of preventive care drugs and products at 100%. That means you don't have to pay a share of the cost — no copay, deductible or percentage of the cost (coinsurance).

How do I get these drugs at no cost?

Talk with your doctor about choosing the medication or product that's right for you. To get these preventive drugs, including over-the-counter (OTC) drugs or products:

- They must be right for your age and condition.
- You'll need to get a prescription from your doctor (even for OTC products).
- Remember, only you and your doctor can decide on the medications you need and what's best for your health.

Preventive drugs and products, by category

Here's a list of medications Carelon plans will cover with no cost-share for you under the ACA. Keep in mind that this list can change. Brand-name drugs are listed with a first capital letter. Non-brand drugs (generics) are in lowercase letters.

ASPIRIN

Coverage includes generic over-the-counter 81mg aspirin products to prevent preeclampsia in pregnant women.

Aspirin 81mg (tab, ec tab, chew)

BOWEL PREP

Coverage includes generic prescription and over-the-counter products and are limited to two (2) bowel prep kits per year for adults 45 - 75 years old.

bisacodyl
bisacodyl-peg 3350-pot chloride-sod bicarb-sod chloride
magnesium citrate, hydroxide
peg 3350-potassium chloride-sod
bicarbonate-sod chloride (generic Nulytely)
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate (generic Golytely)

peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid (generic Moviprep)
polyethylene glycol 3350
na sulfate-k sulfate-mg sulf (generic Suprep)

BREAST CANCER

Please have your doctor complete the Breast Cancer Copay Waiver form for coverage at \$0 for prevention. The form can be found here. If there is a previous diagnosis of breast cancer, the applicable cost share will apply.

anastrozole 1mg
exemestane 25mg
letrozole 2.5 mg
raloxifene 60mg
Soltamox
tamoxifen 10mg, 20mg

CARDIOVASCULAR

Full coverage for low-to-moderate dose generic statins will be limited to members 40-75 years old with one or more cardiovascular risk factor such as

dyslipidemia, diabetes, hypertension, or smoking but who have not experienced a cardiovascular disease event.

atorvastatin (10 - 20 mg)
fluvastatin (20 - 80 mg)
lovastatin (10 - 40mg)
pravastatin (10 - 80mg)
rosuvastatin (5 - 10mg)
simvastatin (5 - 40mg)

CONTRACEPTION

(A cost share may apply for other prescription contraceptives, based on your drug benefits. Your doctor can contact us by completing and returning the Brand Contraceptive Copay Waiver form if the contraceptive you are taking is not on the formulary and is medically necessary because the preferred contraceptives are inappropriate for you, and we will waive your cost share. The form can be found here [Oral Contraceptives](#))

afirmelle 0.1-0.02
altavera
alyacen 1/35
alyacen 7/7/7
amethia
amethia lo
amethyst 90-20mcg
apri
aranella
ashlyna
aubra 0.1-0.02
aubra eq 0.1-0.02
aurovela 1.5/30
aurovela 1/20
aurovela 24 fe 1/20
aurovela fe 1.5/30
aurovela fe 1/20
aviane
ayuna
azurette 28
balziva
bekyree
blisovi 24 fe 1/20
blisovi fe 1.5/30
blisovi fe 1/20
briellyn
camila 0.35mg
camrese
camrese lo
caziant
charlotte 24 chw fe 1/20
chateal 0.15/30
chateal eq 0.15/30
cryselle-28
cyclafem 1/35

cyclafem 7/7/7
cyred
cyred eq
dasetta 1/35
dasetta 7/7/7
daysee
deblitane 0.35mg
delyla 0.1-0.02
deso/ethinyl estradio
dolishale 90-20mcg
dros/eth est levomefo
drospir/ethi 3-0.02mg
drospir/ethi 3-0.03mg
drospire/eth/estr/lev
drospirenone ethy est
elinest
emoquette
emzahn 0.35mg
enpresse-28
enskyce
errin 0.35mg
estarylla 0.25-35
ethy eth est 1-35
ethynodiol 1-50
falmina
fayosim
femynor 0.25-35
finzala chw fe 1/20
gammily 1/20
gianvi 3-0.02mg
hailey 1.5/30
hailey 24 fe
hailey fe 1.5/30
hailey fe 1/20
heather 0.35mg
iclevia

incassia 0.35mg
introvale
isibloom
isibloom 0.15-30
jaimiess
jasmiel 3-0.02mg
jencycla 0.35mg
jolessa
joyeaux
juleber
junel 1.5/30
junel 1/20
junel fe 1.5/30
junel fe 1/20
junel fe 24 1/20
kaitlib fe
kalliga
kariva 28
kelnor 1/35
kelnor 1/50
kurvelo 0.15/30
larin 1.5/30
larin 1/20
larin 24 fe 1/20
larin fe 1.5/30
larin fe 1/20
larissia
layolis fe
leena
lessina
levo-eth est 90-20mcg
levonest
levonor/ethi
levonor/ethi 0.1-0.02
levonor/ethi 0.1-20
levonor/ethi estradio
levora-28 0.15/30
lillow 0.15/30
loestrin 1/20-21
loestrin 1.5/30
loestrin fe 1.5/30
loestrin fe 1/20
lojaimiess
loryna 3-0.02mg
low-ogestrel
lo-zumandimi 3-0.02mg
lutura
lyleq 0.35mg
lyza 0.35mg
marlissa 0.15/30
melodetta 24 fe
merzee 1/20
mibelas 24 fe
microgestin 1.5/30
microgestin 1/20
microgestin fe 1/20
microgestin fe 1.5/30
mili 0.25/35

minzoya 0.1/20
mono-lynyah 0.25-35
necon 0.5/35
necon 1/35
nikki 3-0.02mg
nor/est/ff 1.5/30
nora-be 0.35mg
nore/eth/fer 1/20
nore/eth/fer 0.4mg-35
noreth/ethin fe chw
noreth/ethin fe 1/
20chw
noreth/ethin 1.5/30
noreth/ethin 1/20
noreth/ethin fe 1/20
nore/eth/fer 1/20
norethindron 0.35mg
norgest/ethi 0.25/35
norgest/ethi/estradio
norlyda
norlyroc 0.35mg
nortrel 0.5/35
nortrel 1/35
nortrel 7/7/7
nylia 1/35
nylia 7/7/7
nymyo 0.25-35
ocella 3-0.03mg
Opill
orsythia
philith 0.4-35
pimtrea
pirmella 1/35
pirmella 7/7/7
portia-28
previfem
quasense
rajani
reclipsen
rivelsa
setlakin
sharobel 0.35mg
simliya 28
simpesse
sprintec 28
sronyx
syeda 3-0.03mg
tarina 24 fe
tarina fe 1/20
tarina fe 1/20 eq
taysofy 1/20
tilia fe
tri femynor
tri-estaryl
tri-legest fe
tri-lynyah
tri-lo estaryl
tri-lo marzia

tri-lo- sprintec
tri-lo-mili
tri-mili
trinessa
trinessa lo
tri-nymyo
tri-previfem
tri-sprintec
trivora-28
tri-vylibra
tri-vylibra lo
tulana 0.35mg
turqoz
tydemy
velivet
vestura 3-0.02mg
vienna 0.1-20
viorele
volnea
vyfemla 0.4-35
vylibra 0.25-35
wera 0.5/35
wymzya fe chw 0.4mg-
35
zovia 1/35e
zumandimine 3-0.03mg
Cervical Caps (Rx)
Femcap mis 22-30mm
Diaphragms
Caya dpr
Omniflex
Wide-seal dpr kit 60-95
Emergency
Contraception (Rx or
OTC)
aftera tab 1.5mg
afterpill tab 1.5mg
curae tab 1.5mg
econtra ez tab 1.5mg
econtra os tab 1.5mg
Ella tab 30mg
her style tab 1.5mg
levonorgestr tab 1.5mg
my choice tab 1.5mg
my way tab 1.5mg
new day tab 1.5mg
next choice tab 1.5mg
opcicon 1.5mg
option 2 tab 1.5mg
react tab 1.5mg
take action tab 1.5mg
Condoms (OTC)
female condoms
male condoms
Injectables (Rx)
depo-sq prov inj
medroxypr ac inj
150mg/ml

Intrauterine Devices and
Vaginal Rings
eluryng
enilloring
etonogestere mis ethy
est
haloette
Spermicides (OTC)
encare sup 100mg
gynol ii gel 3%
Shur-Seal gel 2%
VCF vaginal aer gel,mis
contracp
Transdermal
norelgestron-ee 150-
35mcg/24hr patch
xulane dis 150-35
zafemy 150-35mcg/
24hr patch
Vaginal Sponge
Today sponge mis

FLUORIDE (GENERIC **ONLY)**

*Coverage for children
age 6 months to 16
years.*

sodium fluoride chew
0.25mg, 0.5mg, 1mg,
2.2mg
sodium fluoride tab
0.5mg, 1mg
sodium fluoride soln
0.25mg 0.5mg
0.125mg
pediatric multivitamin/
fluoride chew, tab, soln
0.25mg, 0.5mg,
1mg,0.125mg, 1.1mg,
2.2mg

FOLIC ACID

*Coverage for generic
only, prescription and
over-the-counter
included for women
ages 55 or younger who
are planning and able to
get pregnant.*

folic acid tab,cap
400mcg, 800mcg
Prenatal and
multivitamins w/ folic
acid (generic OTC only)

HIV PRE-EXPOSURE **PROPHYLAXIS**

*Coverage applies when
used for pre-exposure
prophylaxis (PrEP). If
used for treatment of
HIV, a cost share may
apply based on your
benefit.*

Apretude
Descovy 200-25mg
emtricitabine 200mg
tenofovir 300mg
emtricitabine-tenofovir
200-300mg

PREDIABETES

*Full coverage of
metformin 850mg is
limited to members 35-
70 years old who have
prediabetes.*

metformin 850mg

SMOKING CESSATION

*Coverage includes
prescription and over-
the-counter, brand and
generic for members
greater than 18 years
old.*

OTC (Brand and
Generic)
Nicotine Replacement
Gum, Lozenge and
Patch
(Prescription)
Nicotrol Inhaler
Nicotrol Nasal Spray
varenicline

VACCINES

BCG
COVID-19
Diphtheria, Tetanus,
Pertussis
Haemophilus B Polysac
Conj
Hepatitis A
Hepatitis B
Human Papillomavirus
(HPV)
Influenza Virus
Measles, Mumps &
Rubella Virus

ACA Preventive Care Drug List



Meningococcal
Mpox
Pneumococcal
Poliovirus, IPV
Rotavirus , Oral
Respiratory Syncytial
Virus (RSV)
Varicella Virus
Zoster (shingles)

This list may change without notice which may affect your benefit coverage. To be sure your medication is covered under the PreventiveRx benefit, call the member services number located on your ID card.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. Copies of Colorado network access plans are available on request from member services or can be obtained by going to [anthem.com/co/networkaccess](https://www.anthem.com/co/networkaccess). In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Corporation (WCIC). CompCare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc. 61088MUMENABS Rev. 3/1/2025

Get help in your language

Curious to know what all this says? We would be too. Here's the English version:

You have the right to get this information and help in your language for free. Call the Member Services number on your ID card for help. (TTY/TDD: 711)

Separate from our language assistance program, we make documents available in alternate formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the customer service telephone number on the back of your ID card.

Spanish

Tiene el derecho de obtener esta información y ayuda en su idioma en forma gratuita. Llame al número de Servicios para Miembros que figura en su tarjeta de identificación para obtener ayuda. (TTY/TDD: 711)

Chinese

您有權使用您的語言免費獲得該資訊和協助。請撥打您的 ID 卡上的成員服務號碼尋求協助。(TTY/TDD: 711)

Vietnamese

Quý vị có quyền nhận miễn phí thông tin này và sự trợ giúp bằng ngôn ngữ của quý vị. Hãy gọi cho số Dịch Vụ Thành Viên trên thẻ ID của quý vị để được giúp đỡ. (TTY/TDD: 711)

Korean

귀하에게는 무료로 이 정보를 얻고 귀하의 언어로 도움을 받을 권리가 있습니다. 도움을 얻으려면 귀하의 ID 카드에 있는 회원 서비스 번호로 전화하십시오. (TTY/TDD: 711)

Tagalog

May karapatan kayong makuha ang impormasyon at tulong na ito sa ginagamit ninyong wika nang walang bayad. Tumawag sa numero ng Member Services na nasa inyong ID card para sa tulong. (TTY/TDD: 711)

Russian

Вы имеете право получить данную информацию и помощь на вашем языке бесплатно. Для получения помощи звоните в отдел обслуживания участников по номеру, указанному на вашей идентификационной карте. (TTY/TDD: 711)

Arabic

يحق لك الحصول على هذه المعلومات والمساعدة بلغتك مجاناً. اتصل برقم خدمات الأعضاء الموجود على بطاقة التعريف الخاصة بك للمساعدة. (TTY/TDD: 711)

Armenian

Դուք իրավունք ունեք Ձեր լեզվով անվճար ստանալ այս տեղեկատվությունը և ցանկացած օգնություն: Օգնություն ստանալու համար զանգահարեք Անդամների սպասարկման կենտրոն՝ Ձեր ID քարտի վրա նշված համարով: (TTY/TDD: 711)

Farsi

شما این حق را دارید که این اطلاعات و کمکها را به صورت رایگان به زبان خودتان دریافت کنید. برای دریافت کمک به شماره مرکز خدمات اعضاء که بر روی کارت شناساییتان درج شده است، تماس بگیرید. (TTY/TDD: 711)

French

Vous avez le droit d'accéder gratuitement à ces informations et à une aide dans votre langue. Pour cela, veuillez appeler le numéro des Services destinés aux membres qui figure sur votre carte d'identification. (TTY/TDD: 711)

Japanese

この情報と支援を希望する言語で無料で受けることができます。支援を受けるには、IDカードに記載されているメンバーサービス番号に電話してください。(TTY/TDD: 711)

Haitian

Ou gen dwa pou resevwa enfòmasyon sa a ak asistans nan lang ou pou gratis. Rele nimewo Manm Sèvis la ki sou kat idantifikasyon ou a pou jwenn èd. (TTY/TDD: 711)

Italian

Ha il diritto di ricevere queste informazioni ed eventuale assistenza nella sua lingua senza alcun costo aggiuntivo. Per assistenza, chiami il numero dedicato ai Servizi per i membri riportato sul suo libretto. (TTY/TDD: 711)

Polish

Masz prawo do bezpłatnego otrzymania niniejszych informacji oraz uzyskania pomocy w swoim języku. W tym celu skontaktuj się z Działem Obsługi Klienta pod numerem telefonu podanym na karcie identyfikacyjnej. (TTY/TDD: 711)

Punjabi

ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਇਹ ਜਾਣਕਾਰੀ ਅਤੇ ਮਦਦ ਮੁਫਤ ਵਿੱਚ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ। ਮਦਦ ਲਈ ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ ਉੱਤੇ ਮੈਂਬਰ ਸਰਵਿਸਜ਼ ਨੰਬਰ ਤੇ ਕਾਲ ਕਰੋ। (TTY/TDD: 711)

Navajo

Bee ná ahóót'í t'áá ni nizaad k'eh'í níká a'doowó't'áá jík'e. Naaltsoos bee atah nilínígíí bee né'cho'dó'zingo nanitínígíí béc'sh bee hane'í bikáá' áá'j' hodiilnih. Naaltsoos bee atah nilínígíí bee né'cho'dó'zingo nanitínígíí béc'sh bee hane'í bikáá' áá'j' hodiilnih. (TTY/TDD: 711)

It's important we treat you fairly

That's why we follow federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TDD: 1-800-537-7697) or online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.