

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  
aranelle  
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 fe 24  
hailey fe 1/20  
hailey fe 1.5/30  
heather 0.35mg

# ACA Preventive Care Drug List

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 chew  
noreth/ethin fe 1/20  
chew  
noreth/ethin 1.5/30  
noreth/ethin 1/20  
noreth/ethin fe 1/20  
noreth/ethin fe  
nore/eth/fer 1/20  
norethindron 0.35mg  
norgest/ethi 0.25/35  
norgest/ethi/estradio  
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  
setlaklin  
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 mis  
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 150-35mcg/24hr patch  
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.*

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## 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>.