

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 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  
pimtree  
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-estaryll  
tri-legest fe  
tri-lynyah  
tri-lo estaryll

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.*

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61088KYMENABS Rev. 3/1/2025