



# Rx Preventive Coverage

## Under the Patient Protection and Affordable Care Act

Under the Patient Protection and Affordable Care Act (PPACA), certain preventive medications are covered at no cost to you when filled at a participating 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](http://capbluecross.com) for current information, or contact Rx Member Services at the phone number listed on the back of your member ID card.

**Please note that this preventive medication 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 Medication List

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

AFTERA	ESTROSTEP FE <sup>1</sup>	MIRCETTE <sup>1</sup>	quasense
altavera	FALESSA	MODICON <sup>1</sup>	rajani
alyacen	FALLBACK SOLO	mono-linyah	react
amethia	falmina	mononessa	reclipsen
amethia lo	fayosim	MY WAY	rivelsa
amethyst	FC FEMALE CONDOM	myzilra	SAFYRAL
apri	FC2 FEMALE CONDOM	NATAZIA	SEASONIQUE <sup>1</sup>
aranelle	FEMCAP	necon 0.5/35-28	setlakin
ashlyna	FEMCON FE <sup>1</sup>	necon 1/35	sharobel
aubra	femynor	NECON 1/50-28	SHUR-SEAL
aviane	GENERESS FE <sup>1</sup>	NECON 10/11-28	solia
azurette	gianvi	necon 7/7/7	sprintec 28
balziva	gildagia	NEXT CHOICE ONE DOSE	sronyx
bekyree	gildess fe	nikki	syeda
BEYAZ <sup>1</sup>	heather	nora-be	TAKE ACTION
blisovi 24 FE	introvale	norethindrone	tarina fe
blisovi FE	jencycla	norethindrone acetate/ethinyl estradiol	TAYTULLA
BREVICON <sup>1</sup>	jolessa	norethindrone acetate/ethinyl estradiol/ferrous fumarate	tilia fe
briellyn	jolivette	norgestimate/ethinyl estradiol	TODAY SPONGE
camila	juleber	NORINYL <sup>1</sup>	tri-estarylla
camrese	june1	norlyroc	tri-legest fe
camrese lo	june1 fe	NOR-QD <sup>1</sup>	tri-linyah
CAYA	kaitlib fe	nortrel	tri-lo-estarylla
caziant	kariva	NUVARING	tri-lo-marzia
cesia	kelnor	ocella	tri-lo-sprintec
chateal	kimidess	ogestrel	trinessa
cryelle	kurvelo	OMNIFLEX DIAPHRAGM	trinessa lo
cyclafem	larin	OPSICON ONE-STEP	TRI-NORINYL <sup>1</sup>
CYCLESSA <sup>1</sup>	larin fe	OPTIONS CONCEPTROL VAGINAL CONTRACEPTIVE	tri-previfem
cyred	layolis fe	OPTIONS GYNOL II VAGINAL CONTRACEPTIVE	tri-sprintec
dasetta	leena	orsythia	trivora
daysee	lessina	ORTHO DIAPHRAGM	VCF VAGINAL CONTRACEPTIVE FILM
deblitane	levonest	ORTHO EVRA <sup>1</sup>	VCF VAGINAL CONTRACEPTIVE FOAM
delyla	levonorgestrel	ORTHO MICRONOR <sup>1</sup>	velivet
DEPO-PROVERA CONTRACEPTIVE <sup>1</sup>	levonorgestrel/ethinyl estradiol	ORTHO TRI-CYCLEN LO <sup>1</sup>	vestura
DEPO-SUBQ PROVERA 104	levora	ORTHO TRI-CYCLEN <sup>1</sup>	vienva
DESOGEN <sup>1</sup>	liletta	ORTHO-CEPT <sup>1</sup>	viorele
desogestrel/ethinyl estradiol	LO LOESTRIN FE	ORTHO-CYCLEN <sup>1</sup>	vyfemla
drospirenone/ethinyl estradiol	LOESTRIN <sup>1</sup>	ORTHO-CYCLLEN <sup>1</sup>	wera
drospirenone/ethinyl estradiol/levomefolate calcium	LOESTRIN FE <sup>1</sup>	ORTHO-NOVUM <sup>1</sup>	WIDE-SEAL SILICONE DIAPHRAGM
ECONTRA EZ	lomedica 24 fe	OVCON <sup>1</sup>	wymzya fe
elinest	loryna	philit	xulane
ELLA	LOSEASONIQUE <sup>1</sup>	pimtrea	YASMIN <sup>1</sup>
emoquette	low-ogestrel	pirmella	YAZ <sup>1</sup>
ENCARE	lutera	PLAN B ONE-STEP	zarah
enpresse	lyza	portia	zenchent
enskyce	marlissa	PRENTIF CAVITY-RIM CERVICAL CAP	zenchent fe
errin	medroxyprogesterone acetate injection 150mg/ml	previfem	zovia
estarylla	microgestin	QUARTETTE <sup>1</sup>	
	microgestin fe		
	MINASTRIN 24 FE <sup>1</sup>		

<sup>1</sup> To initiate a request to have this medication covered at no cost, please contact Rx Member Services at the phone number listed on the back of your member ID card to begin the prior authorization process.

## Rx Preventive Coverage List<sup>2</sup>

Drug Name	Coverage Criteria
<b>Aspirin<sup>3</sup></b>	≤325mg: Limited to one dose per day for men ages 45 to 79, and women ages 55 to 79. 81mg: Requires prior authorization (duration is seven months), limited to women 12 to 54 years of age, greater than or equal to 12 weeks gestation, and at risk for pre-eclampsia.
<b>Bowel Preparation Medications</b> gavilyte-H kit, MOVIPREP, peg-prep kit, PREPOPIK, SUPREP	Used for colorectal cancer screening. Age limit 50 to 74 years (men and women). Prescription only. For members who are at high risk for colorectal cancer and do not meet the age limits, a prior authorization is required for inclusion at \$0.
<b>Breast Cancer Prevention<sup>3</sup></b> tamoxifen and raloxifene	Requires prior authorization; limited to women ≥ 35 years of age with no previous history of breast cancer, ductal carcinoma in situ (DCIS), or lobular carcinoma in situ.
<b>Folic Acid Supplements<sup>3</sup></b>	Limited to one dose per day (0.4mg to 0.8mg) for women through age 55.
<b>Smoking Deterrents</b> nicotine patch <sup>3</sup> , nicotine gum <sup>2</sup> , nicotine lozenge <sup>3</sup> , NICOTROL Nasal Spray and Inhaler, bupropion hcl SR 150 mg (smoking deterrent) <sup>3</sup> , and CHANTIX	Limited to 180-day treatment regimen.
<b>Sodium Fluoride<sup>3</sup></b>	Limited to children ≤ 18 years of age; over-the-counter products excluded even with a prescription.
<b>Vitamin D Supplements<sup>3</sup></b>	Limited to 400 IU tablets/capsules for members age 65 and older.

## Rx Vaccine and Immunization Preventive Coverage List

Members of an employer group health plan will have access to the following preventive vaccines upon your group's 2017 benefit renewal date. Simply present your member ID card at the pharmacy to receive a vaccine. Please refer to your Certificate of Coverage for benefit details.

Vaccine Type	Coverage Criteria	Vaccine Name
<b>Influenza</b>	9 years and up	AFLURIA EZ FLU SHOT FLUAD FLUZONE FLUVIRIN FLUCELVAX FLUBLOK FLUARIX FLULAVAL FLUZONE QUAD FLUZONE HD
<b>Haemophilus Influenza Type B</b>	18 years and up	ACTIHIB
<b>Hepatitis A</b>	18 years and up	HAVRIX VAQTA
<b>Hepatitis B</b>	18 years and up	ENGERIX-B RECOMBIVAX
<b>Hepatitis A and B</b>	18 years and up	TWINRIX
<b>Human Papillomavirus</b>	18 through 26 years	CERVARIX GARDASIL GARDASIL-9
<b>Measles, Mumps, Rubella</b>	18 through 59 years	M-M-R II
<b>Meningitis</b>	18 years and up	BEXSERO TRUMENBA MENACTRA MENVEO MENOMUNE
<b>Pneumonia</b>	65 years and up	PENUMOVAX PREVNAR 13
<b>Shingles</b>	50 years and up	ZOSTAVAX
<b>Tetanus, Diphtheria, Pertussis</b>	18 years and up	ADACEL BOOSTRIX TENIVAC TET/DIP TOXOID
<b>Varicella</b>	18 years and up	VARIVAX

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<sup>1</sup> To initiate a request to have this medication covered at no cost, please contact Rx Member Services at the phone number listed on the back of your member ID card to begin the prior authorization process.

<sup>2</sup> Requires prescription.

<sup>3</sup> Generic only.

The Health Care 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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