

ACA Preventive Care Drug List

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 sulfatate (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	ethynodiol 1-50	levonor/ethi 0.1-0.02	nortrel 0.5/35	tri-vylibra
aurovela 1/20	falmina	levonor/ethi 0.1-20	nortrel 1/35	tri-vylibra lo
aurovela 24 fe 1/20	fayosim	levonor/ethi estradio	nortrel 7/7/7	tulana 0.35mg
aurovela fe 1.5/30	femynor 0.25-35	levora-28 0.15/30	nylia 1/35	turqoz
aurovela fe 1/20	finzala chw fe 1/20	lillow 0.15/30	nylia 7/7/7	tydemy
aviane	gemmily 1/20	loestrin 1/20-21	nymyo 0.25-35	velivet
ayuna	gianvi 3-0.02mg	loestrin 1.5/30	ocella 3-0.03mg	vestura 3-0.02mg
azurette 28	hailey 1.5/30	loestrin fe 1.5/30	Opill	vienna 0.1-20
balziva	hailey 24 fe	loestrin fe 1/20	orsythia	viorele
bekyree	hailey fe 1.5/30	lojaimiess	philith 0.4-35	volnea
blisovi 24 fe 1/20	hailey fe 1/20	loryna 3-0.02mg	pimtreea	vyfemla 0.4-35
blisovi fe 1.5/30	heather 0.35mg	low-ogestrel	pirmella 1/35	vylibra 0.25-35
blisovi fe 1/20	iclevia	lo-zumandimi 3-0.02mg	pirmella 7/7/7	wera 0.5/35
briellyn	incassia 0.35mg	lutera	portia-28	wymzya fe chw 0.4mg-35
camila 0.35mg	introvale	lyleq 0.35mg	previfem	zovia 1/35e
camrese	isibloom	lyza 0.35mg	quasense	zumandimine 3-0.03mg
camrese lo	isibloom 0.15-30	marlissa 0.15/30	rajani	<u>Cervical Caps (Rx)</u>
caziant	jaimiess	melodetta 24 fe	reclipsen	Femcap mis 22-30mm
charlotte 24 chw fe 1/20	jasmiel 3-0.02mg	merzee 1/20	rivelsa	<u>Diaphragms</u>
chateal 0.15/30	jencycla 0.35mg	mibelas 24 fe	setlakin	Caya dpr
chateal eq 0.15/30	jolessa	microgestin 1.5/30	sharobel 0.35mg	Omniflex
cryselle-28	joyeaux	microgestin 1/20	simliya 28	Wide-seal dpr kit 60-95
cyclafem 1/35	juleber	microgestin fe 1/20	simpesse	<u>Emergency Contraception</u>
cyclafem 7/7/7	junel 1.5/30	microgestin fe 1.5/30	sprintec 28	<u>(Rx or OTC)</u>
cyred	junel 1/20	mili 0.25/35	sronyx	aftera tab 1.5mg
cyred eq	junel fe 1.5/30	minzoya 0.1/20	syeda 3-0.03mg	afterpill tab 1.5mg
dasetta 1/35	junel fe 1/20	mono-lynyah 0.25-35	tarina 24 fe	curae tab 1.5mg
dasetta 7/7/7	junel fe 24 1/20	necon 0.5/35	tarina fe 1/20	econtra ez tab 1.5mg
daysee	kaitlib fe	necon 1/35	tarina fe 1/20 eq	econtra os tab 1.5mg
deblitane 0.35mg	kalliga	nikki 3-0.02mg	taysofy 1/20	Ella tab 30mg
delyla 0.1-0.02	kariva 28	nor/est/ff 1.5/30	tilia fe	her style tab 1.5mg
dolishale 90-20mcg	kelnor 1/35	nora-be 0.35mg	tri femynor	levonorgestr tab 1.5mg
deso/ethinyl estradio	kelnor 1/50	nore/eth/fer 1/20	tri-estaryll	my choice tab 1.5mg
dros/eth est levomefo	kurvelo 0.15/30	nore/eth/fer 0.4mg-35	tri-legest fe	my way tab 1.5mg
dros/ethi 3-0.02mg	larin 1.5/30	noreth/ethin fe chw	tri-lynyah	new day tab 1.5mg
dros/ethi 3-0.03mg	larin 1/20	noreth/ethin fe 1/20 chw	tri-lo estaryll	next choice tab 1.5mg
dros/eth/estr/lev	larin 24 fe 1/20	noreth/ethin 1.5/30	tri-lo marzia	opcicon 1.5mg
dros/eth/estr/lev	larin fe 1.5/30	noreth/ethin 1/20	tri-lo- sprintec	option 2 tab 1.5mg
dros/eth/estr/lev	larin fe 1/20	noreth/ethin fe 1/20	tri-lo-mili	react tab 1.5mg
elinest	larissia	noreth/ethin fe	tri-mili	take action tab 1.5mg
emoquette	layolis fe	nore/eth/fer 1/20	trinessa	<u>Condoms (OTC)</u>
emzahn 0.35mg	leena	norethindron 0.35mg	trinessa lo	female condoms
enpresse-28	lessina	norgest/ethi 0.25/35	tri-nymyo	male condoms
enskyce	levo-eth est 90-20mcg	norgest/ethi/estradio	tri-previfem	<u>Injectables (Rx)</u>
errin 0.35mg	levonest	norlyda	tri-sprintec	depo-sq prov inj
estarylla 0.25-35	levonor/ethi	norlyroc 0.35mg	trivora-28	
ethy eth est 1-35				

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

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

Ձեր 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 ਸੇਵਾ ਸੰਖਿਆ ਨੰਬਰ ਤੇ ਕਾਲ ਕਰੋ। (TTY/TDD: 711)

Navajo

Bee ná ahoót'í t'áá ni nizaad k'ehjí níká a'doowół t'áá jík'e. Naaltsoos bee atah nilínígíí bee né'cho'dólzingo nanitínígíí béésh bee hane'í bikáá' áájí' hodiílnih. Naaltsoos bee atah nilínígíí bee né'cho'dólzingo nanitínígíí béésh bee hane'í bikáá' áájí' hodiílnih. (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>.