

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 and 325mg aspirin products to prevent preeclampsia in pregnant women and to prevent cardiovascular disease and colorectal cancer in adults 60-69 years old.

Aspirin 81mg, 325mg (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

You may be required to get preapproval for the services associated with the drugs in this category. 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

This benefit also applies to those younger than age 19. A cost share may apply for other prescription contraceptives, based on your drug benefits. If the contraceptive you are taking is not on the formulary, your doctor can contact us if it is medically necessary because the preferred contraceptives are inappropriate for you, and we will waive your cost share.

Oral Contraceptives

afirmelle 0.1-0.02
altavera

alyacen 7/7/7	enpresse-28	levonest	orsythia	vyfemla 0.4-35
amethia	enskyce	levonor/ethi	philith 0.4-35	vylibra 0.25-35
amethia lo	errin 0.35mg	levonor/ethi 0.1-0.02	pimtreea	wera 0.5/35
amethyst 90-20mcg	estarylla 0.25-35	levonor/ethi estradio	pirmella 1/35	wymzya fe chw 0.4mg-35
apri	ethy eth est 1-35	levora-28 0.15/30	pirmella 7/7/7	zarah 3-0.03mg
aranelle	ethynodiol 1-50	lillow 0.15/30	portia-28	zenchent
ashlyna	falmina	lojaimiess	previfem	zovia 1/35e
aubra 0.1-0.02	fayosim	loryna 3-0.02mg	quasense	zumandimine 3-0.03mg
aubra eq 0.1-0.02	femynor 0.25-35	low-ogestrel	rajani	<u>Cervical Caps (Rx)</u>
aurovela 1.5/30	gemmily 1/20	lo-zumandimi 3-0.02mg	reclipsen	Femcap mis 22-30mm
aurovela 1/20	gianvi 3-0.02mg	lutera	rivelsa	<u>Diaphragms</u>
aurovela 24 fe 1/20	hailey 1.5/30	lyza 0.35mg	setlakin	Caya dpr
aurovela fe 1.5/30	hailey 24 fe	marlissa 0.15/30	sharobel 0.35mg	Omniflex
aurovela fe 1/20	heather 0.35mg	melodetta 24 fe	simliya 28	Wide-seal dpr kit 60-95
aviane	incassia 0.35mg	merzee 1/20	simpesse	<u>Emergency Contraception</u>
ayuna	introvale	mibelas 24 fe	sprintec 28	(Rx or OTC)
azurette 28	isibloom	microgestin 1.5/30	sronyx	aftera tab 1.5mg
balziva	isibloom 0.15-30	microgestin 1/20	syeda 3-0.03mg	econtra ez tab 1.5mg
bekyree	jaimiess	microgestin fe 1/20	tarina 24 fe	Ella tab 30mg
blisovi 24 fe 1/20	jasmiel 3-0.02mg	microgestin fe1.5/30	tarina fe 1/20	levonorgestr tab 1.5mg
blisovi fe 1.5/30	jencycla 0.35mg	mili 0.25/35	tarina fe 1/20 eq	my choice tab 1.5mg
blisovi fe 1/20	jolessa	mirrette 28 day	taysofy 1/20	my way tab 1.5mg
briellyn	jolivette 0.35mg	mono-linyah 0.25-35	tilia fe	new day tab 1.5mg
camila 0.35mg	juleber	mononessa	tri femynor	next choice tab 1.5mg
camrese	junel 1.5/30	myzilra	tri-estaryll	opcicon 1.5mg
camrese lo	junel 1/20	necon 0.5/35	tri-legest fe	preventeza tab 1.5mg
caziant	junel fe 1.5/30	necon 7/7/7	tri-linyah	react tab 1.5mg
chateal 0.15/30	junel fe 1/20	nikki 3-0.02mg	tri-lo estaryll	take action tab 1.5mg
chateal eq 0.15/30	junel fe 24 1/20	nor/est/ff 1.5/30	tri-lo marzia	<u>Condoms (OTC)</u>
cryselle-28	kaitlib fe	nora-be 0.35mg	tri-lo- sprintec	female condoms
cyclafem 1/35	kalliga	nore/eth/fer 0.4mg-35	tri-lo-mili	male condoms
cyclafem 7/7/7	kariva 28	noreth/ethin fe	tri-mili	<u>Injectables (Rx)</u>
cyred	kelnor 1/35	noreth/ethin fe 1/20	trinessa	depo-sq prov inj
cyred eq	kelnor 1/50	noreth/ethin 1.5/30	trinessa lo	medroxypr ac inj 150mg/ml
dasetta 1/35	kimidess	noreth/ethin 1/20	tri-previfem	
dasetta 7/7/7	kurvelo 0.15/30	noreth/ethin fe 1/20	tri-sprintec	<u>Intrauterine Devices and</u>
daysee	larin 1.5/30	nore/eth/fer 1/20	trivora-28	<u>Vaginal Rings</u>
deblitane 0.35mg	larin 1/20	norethindron 0.35mg	tri-vylibra	eluryng mis
delyla 0.1-0.02	larin 24 fe 1/20	norgest/ethi 0.25/35	tri-vylibra lo	etonogestere mis ethy est
deso/ethinyl estradio	larin fe 1.5/30	norgest/ethi/estradio	tulana 0.35mg	<u>Spermicides (OTC)</u>
dros/eth est levomefo	larin fe 1/20	norlyroc 0.35mg	tydemy	conceptrol gel 4%
drospir/ethi 3-0.03mg	larissia	nortrel 0.5/35	velivet	encare sup 100mg
drospire/eth/estr/lev	layolis fe	nortrel 1/35	vestura 3-0.02mg	gynol ii gel 3%
drospirenone ethy est	leena	nortrel 7/7/7	vienna 0.1-20	Shur-Seal gel 2%
elinest	lessina	ocella 3-0.03mg	viorele	VCF vaginal aer gel,mis
emoquette	levo-eth est 90-20mcg	ogestrel	volnea	contracp
				<u>Transdermal</u>

ACA Preventive Care Drug List



xulane dis 150-35
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

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
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 ਸਰਵਿਸਜ਼ ਨੰਬਰ ਤੇ ਕਾਲ ਕਰੋ। (TTY/TDD: 711)

Navajo

Bee ná ahoót'í t'áá ni nizaad k'ehjí níká a'doowó t'áá jík'e. Naaltsoos bee atah nilínígíí bee né'cho'dólzingo nanitínígíí bé'esh bee hane'í bikáá' áájí' hodiilnih. Naaltsoos bee atah nilínígíí bee né'cho'dólzingo nanitínígíí bé'esh bee hane'í bikáá' áájí' 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>.