



2024 PPACA Preventive

DRUG LIST

(for Advantage)



Rx Preventive Coverage | Under the Patient Protection and Affordable Care Act

Under the Patient Protection and Affordable Care Act (PPACA), certain preventive drugs are covered at no cost to you when filled at an in-network pharmacy with a valid prescription. While Capital Blue Cross strives to provide prompt notice of changes to covered preventive medications, this list (as well as coverage criteria) is subject to change. Please visit CapitalBlueCross.com for current information contact Member Services at the phone number listed on the back of your ID card.

Please note that this preventive drug 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 Drug List¹

afirmelle	chateal eq	finzala
aftera	cryselles-28	gemmily
afterpill	curae	hailey 1.5/30
altavera	cyclafem 1/35	hailey 24 fe
alyacen 1/35	cyclafem 7/7/7	hailey fe 1.5/30
alyacen 7/7/7	cyred	hailey fe 1/20
amethia	cyred eq	haloette
amethyst	dasetta 1/35	heather
ANNOVERA	dasetta 7/7/7	her style
apri	daysee	iclevia
aranelle	deblitane	incassia
ashlyna	delyla	introvale
aubra	DEPO-SUBQ PROVERA 104	isibloom
aubra eq	desogestrel/ethinyl estradiol	jaimiess
aurovela 1.5/30	dolishale	jasmiel
aurovela 1/20	drospirenone/ethinyl estradiol	jencycla
aurovela 24 fe	drospirenone/ethinyl estradiol/levomefolate calcium	jolessa
aurovela fe 1.5/30	econtra ez	juleber
aurovela fe 1/20	econtra one-step	junel 1.5/30
aviane	elinest	junel 1/20
ayuna	ELLA	junel fe 1.5/30
azurette	eluryng	junel fe 1/20
BALCOLTRA	emoquette	junel fe 24
balziva	ENCARE	kaitlib fe
blisovi 24 fe	enpresse-28	kalliga
blisovi fe 1.5/30	enskyce	kariva
blisovi fe 1/20	errin	kelnor 1/35
briellyn	estarylla	kelnor 1/50
camila	ethynodiol diacetate/ethinyl estradiol	kurvelo
camrese	etonogestrel/ethinyl estradiol	larin 1.5/30
camrese lo	falmina	larin 1/20
CAYA	fayosim	larin 24 fe
caziant	FC2 FEMALE CONDOM	larin fe 1.5/30
charlotte 24 fe	FEMCAP	larin fe 1/20
chateal	femynor	larissia

¹ Depending on your prescription drug plan, some drugs listed may not be covered. Refer to your Certificate of Coverage for specific information about your prescription drug benefit. You can login to your secure account to view the formulary and formulary status of your drugs.

² Requires prescription.

³ Certain vaccines may not be available at all pharmacies. Members should contact their pharmacy to confirm vaccine availability and administration before their visit. Age restrictions may apply. Refer to your Certificate of Coverage for benefit details.

⁴ Plevnar 20 will be a one-time dose per lifetime.

Rx Contraceptive Drug List¹ continued

layolis fe	necon 1/35	simliya
leena	new day	simpesse
lessina	nikki	SLYND
levonest	norethindrone	solia
levonorgestrel	norethindrone & ethinyl estradiol ferrous fumarate	sprintec-28
levonorgestrel and ethinyl estradiol	norethindrone acetate/ethinyl estradiol	sronyx
levonorgestrel/ethinyl estradiol	norethindrone acetate/ethinyl estradiol/ferrous fumarate	syeda
levora 0.15/30-28	norethindrone/ethinyl estradiol/ferrous fumarate	take action
lillow	norgestimate/ethinyl estradiol	tarina 24 fe
LO LOESTRIN FE	norlyda	tarina fe 1/20
lo-zumandimine	norlyroc	tarina fe 1/20 eq
loestrin 1.5/30-21	nortrel 0.5/35 (28)	taysofy
loestrin 1/20-21	nortrel 1/35	tilia fe
loestrin fe 1.5/30	nortrel 7/7/7	TODAY SPONGE
loestrin fe 1/20	nylia 1/35	tri femynor
lojaimiess	nylia 7/7/7	tri-estarylla
loryna	nymyo	tri-legest fe
low-ogestrel	ocella	tri-lynyah
luteru	OMNIFLEX DIAPHRAGM	tri-lo-estarylla
lyleq	opcicon one-step	tri-lo-marzia
lyza	option 2	tri-lo-mili
marlissa	OPTIONS GYNOL II VAGINAL CONTRACEPTIVE	tri-lo-sprintec
medroxyprogesterone acetate	orsythia	tri-mili
merzee	PHEXXI	tri-nymyo
microgestin 1.5/30	philith	tri-previfem
microgestin 1/20	pimtrea	tri-sprintec
microgestin 24 fe	pirmella 1/35	tri-vylibra
microgestin fe 1.5/30	pirmella 7/7/7	tri-vylibra lo
microgestin fe 1/20	PLAN B ONE-STEP	trinessa
mili	portia-28	trivora-28
mono-lynyah	previfem	tulana
my choice	react	TWIRLA
my way	reclipsen	TYBLUME
NATAZIA	rivelsa	tydemy
necon 0.5/35-28	setlakin	VCF VAGINAL CONTRACEPTIVE FILM
nora-be	sharobel	VCF VAGINAL CONTRACEPTIVE FOAM

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Rx Contraceptive Drug List¹ continued

VCF VAGINAL CONTRACEPTIVEGEL	wera	WIDE-SEAL SILICONE DIAPHRAGM KIT 95
VELIVET	WIDE-SEAL SILICONE DIAPHRAGM KIT 60	wymzya fe
vestura	WIDE-SEAL SILICONE DIAPHRAGM KIT 65	xulane
vienva	WIDE-SEAL SILICONE DIAPHRAGM KIT 70	zafemy
viorele	WIDE-SEAL SILICONE DIAPHRAGM KIT 75	zarah
volnea	WIDE-SEAL SILICONE DIAPHRAGM KIT 80	zovia 1/35
vyfemla	WIDE-SEAL SILICONE DIAPHRAGM KIT 85	zovia 1/35e
vylibra	WIDE-SEAL SILICONE DIAPHRAGM KIT 90	zumandimine

Rx Preventive Coverage List²

Drug Name	Coverage Criteria
Aspirin 81 mg	The decision to initiate low-dose aspirin use for the primary prevention of CVD should be an individual one
Bowel Preparation Medications² COLYTE, gavilyte-C kit, gavilyte-G kit, gavilyte-N kit, GOLYTELY, NULYTELY, peg-3350 sol, TRILYTE	Used for colorectal cancer screening. Age limit 45 to 75 years (men and women) Prescription only For members who are at high risk for colorectal cancer and do not meet the age limits
Breast Cancer Prevention² anastrozole, EVISTA, raloxifene, SOLTAMOX, tamoxifen	Limited to women \geq 35 years of age with no previous history of breast cancer, ductal carcinoma in situ (DCIS), or lobular carcinoma in situ.
Folic Acid Supplements²	Folic acid tablet 0.4 mg and 0.8 mg and folic acid capsule
Smoking Deterrents² BUPROPION HCL SR 150 mg (smoking deterrent), CHANTIX, nicotine patch, nicotine gum, nicotine lozenge, NICOTROL Nasal Spray and Inhaler, and THRIVE	Limited to 180-day treatment regimen
Sodium Fluoride²	Includes age restriction to those members between 6 months to 16 years old. Over-the-counter products excluded even with a prescription.

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Rx Preventive Coverage List² continued

Drug Name	Coverage Criteria
Statins² lovastatin 10 mg, 20 mg, 40 mg, pravastatin 10 mg, 20 mg, 40 mg, 80 mg, rosuvastatin 5 mg, 10 mg, 20 mg, 40 mg simvastatin 10 mg, 20 mg, 40 mg	Limited to men/women ages 40-75 years for generic low to moderate intensity statins.
(emtricitabine and tenofovir disoproxil fumarate) PrEP Prophylaxis	Limited to at-risk adults and adolescents for pre-exposure prophylaxis (PrEP) to reduce the risk of sexually acquired HIV-1 infection.

Rx Vaccine and Immunization Preventive Coverage List

With our prescription drug benefits, you can receive preventive immunizations at no cost from your provider or pharmacy of choice—because prevention is key to living healthy. Simply present your member ID card to your primary care physician (PCP) or your favorite in-network retail pharmacy to receive any of the following preventive seasonal and nonseasonal vaccines^{3,4,5}.

Vaccine and immunization coverage is based on FDA labeling.

Vaccine Type ^{3,4,5}	Vaccine Name		
Covid-19	MODERNA	COMIRNATY /PFIZER-BIONTECH	
	MODERNA/SPIKEVAX	NOVAVAX	
Influenza	AFLURIA QUAD	FLUBLOK QUAD	FLUMIST QUAD
	FLUAD QUAD	FLUCELVAX QUAD	FLUZONE HD
	FLUARIX QUAD	FLULAVAL QUAD	FLUZONE QUAD
Haemophilus Influenza Type B	ACTIHIB	PEDVAX HIB	
Hepatitis A	HAVRIX	VAQTA	
Hepatitis B	ENGERIX-B	HEPLISAV-B	RECOMBIVAX HB
	PREHEVBRIO		
Hepatitis A and B	TWINRIX		
Human Papillomavirus	GARDASIL-9		
Measles, Mumps, Rubella	M-M-R II	PRIORIX	

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² Requires prescription.

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Rx Vaccine and Immunization Preventive Coverage List continued

Vaccine Type ^{3, 4, 5}	Vaccine Name		
Meningitis	BEXSERO	MENACTRA	MENQUADFI
	MENVEO	TRUMENBA	
Pneumonia	PNEUMOVAX 23	PNEUMOVAX 23	PREVNAR 13
	PREVNAR 20 ⁴	VAXNEUVANCE	
Respiratory Syncytial Virus (RSV)	ABRYSSVO	AREXVY	
Shingles	SHINGRIX		
Tetanus, Diphtheria, Pertussis	ADACEL	BOOSTRIX	TDVAX
	TENIVAC		
Varicella	VARIVAX		

Important notice for fully insured individual and employer group plans in Pennsylvania: Advertised health insurance policies or programs may not cover all your healthcare expenses. Read your contract or benefit booklet (certificate of coverage) carefully to determine which healthcare services are covered. Questions? Please call 800.962.2242 or the number on the back of your ID card (TTY: 711).

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² Requires prescription.

³ Certain vaccines may not be available at all pharmacies. Members should contact their pharmacy to confirm vaccine availability and administration before their visit. Age restrictions may apply. Refer to your Certificate of Coverage for benefit details.

⁴ Prevnar 20 will be a one-time dose per lifetime

⁵ Please note members may be able to get select vaccines listed about with a primary care provider, if needed