

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 Anthem 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 50 - 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

BREAST CANCER

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

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. Your cost share may be waived if your doctor decides that using the multisource brand is medically necessary.

Oral Contraceptives

afirmelle 0.1-0.02
altavera
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
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
dros/eth est levomefo
drospir/ethi 3-0.03mg
drospire/eth/estr/lev
drospirenone ethy est
elinest
emoquette

enpresse-28
enskyce
errin 0.35mg
estarylla 0.25-35
ethy eth est 1-35
ethynodiol 1-50
falmina
fayosim
femynor 0.25-35
gianvi 3-0.02mg
hailey 1.5/30
hailey 24 fe
heather 0.35mg
incassia 0.35mg
introvale
isibloom
isibloom 0.15-30
jaimiess
jasmiel 3-0.02mg
jencycla 0.35mg
jolessa
jolivette 0.35mg
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
kimidess

kurvelo 0.15/30	ogestrel	zumandimine 3-0.03mg	sodium fluoride soln	Haemophilus B Polysac
larin 1.5/30	orsythia	<u>Cervical Caps (Rx)</u>	0.25mg 0.5mg	Conj
larin 1/20	philith 0.4-35	Femcap mis 22-30mm	0.125mg	Hepatitis A
larin 24 fe 1/20	pimtrea	<u>Diaphragms</u>	pediatric multivitamin/ fluoride chew, tab, soln	Hepatitis B
larin fe 1.5/30	pirmella 1/35	Caya dpr	0.25mg, 0.5mg,	Human Papillomavirus
larin fe 1/20	pirmella 7/7/7	Omniflex	1mg, 0.125mg, 1.1mg,	(HPV)
larissia	portia-28	Wide-seal dpr kit 60-95	2.2mg	Influenza Virus
layolis fe	previfem	<u>Emergency</u>		Measles, Mumps &
leena	quasense	<u>Contraception (Rx or</u>		Rubella Virus
lessina	rajani	<u>OTC)</u>	FOLIC ACID	Meningococcal
levo-eth est 90-20mcg	reclipsen	aftera tab 1.5mg	<i>Coverage for generic</i>	Pneumococcal
levonest	rivelsa	econtra ez tab 1.5mg	<i>only, prescription and</i>	Poliovirus, IPV
levonor/ethi	setlakin	Ella tab 30mg	<i>over-the-counter</i>	Rotavirus , Oral
levonor/ethi 0.1-0.02	sharobel 0.35mg	levonorgestr tab 1.5mg	<i>included for women</i>	Varicella Virus
levonor/ethi estradio	simliya 28	my choice tab 1.5mg	<i>ages 55 or younger who</i>	Zoster (shingles)
levora-28 0.15/30	simpesse	my way tab 1.5mg	<i>are planning and able to</i>	
lillow 0.15/30	sprintec 28	new day tab 1.5mg	<i>get pregnant.</i>	
lojaimiess	sronyx	next choice tab 1.5mg	folic acid tab,cap	
loryna 3-0.02mg	syeda 3-0.03mg	opcicon 1.5mg	400mcg, 800mcg	
low-ogestrel	tarina 24 fe	preventeza tab 1.5mg	Prenatal and	
lo-zumandimi 3-0.02mg	tarina fe 1/20	react tab 1.5mg	multivitamins w/ folic	
lutura	tarina fe 1/20 eq	take action tab 1.5mg	acid (generic OTC only)	
lyza 0.35mg	tilia fe	<u>Female Condoms (OTC)</u>		
marlissa 0.15/30	tri femynor	Fc2 female mis condom	HIV PRE-EXPOSURE	
melodetta 24 fe	tri-estaryl	<u>Injectables (Rx)</u>	PROPHYLAXIS	
mibelas 24 fe	tri-legest fe	depo-sq prov inj	<i>Effective 7/1/2020 for</i>	
microgestin 1.5/30	tri-linyah	medroxypr ac inj	<i>group benefits and 1/1/</i>	
microgestin 1/20	tri-lo estaryl	150mg/ml	<i>2021 for individual</i>	
microgestin fe 1/20	tri-lo marzia	<u>Intrauterine Devices and</u>	<i>benefits.</i>	
microgestin fe1.5/30	tri-lo- sprintec	<u>Vaginal Rings</u>	emtricitabine 200mg	
mili 0.25/35	tri-lo-mili	eluryng mis	tenofovir 300mg	
mircette 28 day	tri-mili	etonogestere mis ethy	emtricitabine-tenofovir	
mono-linyah 0.25-35	trinessa	est	200-300mg	
mononessa	trinessa lo	<u>Spermicides (OTC)</u>		
myzilra	tri-previfem	conceptrol gel 4%	SMOKING CESSATION	
necon 0.5/35	tri-sprintec	encare sup 100mg	<i>Coverage includes</i>	
necon 7/7/7	trivora-28	gynol ii gel 3%	<i>prescription and over-</i>	
nikki 3-0.02mg	tri-vylibra	Shur-Seal gel 2%	<i>the-counter, brand and</i>	
nor/est/ff 1.5/30	tri-vylibra lo	VCF vaginal aer gel,mis	<i>generic for members</i>	
nora-be 0.35mg	tulana 0.35mg	contracp	<i>greater than 18 years</i>	
nore/eth/fer 0.4mg-35	tydemy	<u>Transdermal</u>	<i>old.</i>	
noreth/ethin fe	velivet	xulane dis 150-35	OTC (Brand and	
noreth/ethin fe 1/20	vestura 3-0.02mg	<u>Vaginal Sponge</u>	Generic)	
noreth/ethin 1.5/30	vienna 0.1-20	Today sponge mis	Nicotine Replacement	
noreth/ethin 1/20	viorele		Gum, Lozenge and	
noreth/ethin fe 1/20	volnea	FLUORIDE (GENERIC	Patch	
norethindron 0.35mg	vyfemla 0.4-35	ONLY)	(Prescription)	
norgest/ethi 0.25/35	vylibra 0.25-35	sodium fluoride chew	Chantix Tablet	
norgest/ethi/estradio	wera 0.5/35	0.25mg, 0.5mg, 1mg,	Nicotrol Inhaler	
norlyroc 0.35mg	wymzya fe chw 0.4mg-	2.2mg	Nicotrol Nasal Spray	
nortrel 0.5/35	35	sodium fluoride tab		
nortrel 1/35	zarah 3-0.03mg	0.5mg, 1mg		
nortrel 7/7/7	zenchent		VACCINES	
ocella 3-0.03mg	zovia 1/35e		BCG	
			Diphtheria, Tetanus,	
			Pertussis	

- 1 The range of preventive care services covered at no cost share when provided in network is designed to meet the requirements of federal and state law. The Department of Health and Human Services has defined the preventive services to be covered under federal law with no cost share as those services described in the U.S. Preventive Services Task Force A and B recommendations, the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC) and certain guidelines for infants, children, adolescents and women supported by the Health Resources and Services Administration (HRSA) Guidelines. You may have additional coverage under your insurance policy. To learn more about what your plan covers, see your **Certificate of Coverage** or call the Member Services number on your ID card.
- 2 Limited to two (2) bowel prep screenings per year.
- 3 You may be required to get preapproval for these services.
- 4 Full coverage for statins will be limited to members with cardiovascular risk factors but who have not experienced a cardiovascular disease event.
- 5 This benefit also applies to those younger than age 19.
- 6 A cost share may apply for other prescription contraceptives, based on your drug benefits.
- 7 Your cost share may be waived if your doctor decides that using the multisource brand is medically necessary.

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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