



2024 PPACA Preventive

DRUG LIST

(for Value)



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

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.

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

Rx Contraceptive Drug List¹ continued

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

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Rx Contraceptive Drug List¹ continued

tri-sprintec	vestura	WIDE-SEAL SILICONE DIAPHRAGM KIT 80
trivora-28	vienna	WIDE-SEAL SILICONE DIAPHRAGM KIT 85
tri-vylibra	viorele	WIDE-SEAL SILICONE DIAPHRAGM KIT 90
tri-vylibra lo	volnea	WIDE-SEAL SILICONE DIAPHRAGM KIT 95
tulana	vyfemla	wymzya fe
TYBLUME	vylibra	xulane
tydemy	wera	zafemy
VCF VAGINAL CONTRACEPTIVE FILM	WIDE-SEAL SILICONE DIAPHRAGM KIT 60	zarah
VCF VAGINAL CONTRACEPTIVE FOAM	WIDE-SEAL SILICONE DIAPHRAGM KIT 65	zovia 1/35
VCF VAGINAL CONTRACEPTIVE GEL	WIDE-SEAL SILICONE DIAPHRAGM KIT 70	zovia 1/35e
VELIVET	WIDE-SEAL SILICONE DIAPHRAGM KIT 75	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 50 to 74 years (men and women) 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 ≥ 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 atorvastatin 10 mg, 20 mg, 40 mg lovastatin 10 mg, 20 mg, 40 mg pravastatin 10 mg, 20 mg, 40 mg, 80 mg rosuvastatin 5mg, 10 mg, 20mg, 40mg simvastatin 10 mg, 20 mg, 40 mg	Limited to men/women age 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 Type ^{3,4,5}	Coverage Criteria	Vaccine Name		
Covid-19	2 years and up	COMIRNATY/ PFIZER-BIONTECH	MODERNA	
	12 years and up	MODERNA / SPIKEVAX		
	18 years and up	NOVAVAX		
Influenza	3 years and up	AFLURIA QUAD	FLUBLOK QUAD	FLUMIST QUAD
		FLUAD QUAD	FLUCELVAX QUAD	FLUZONE HD
		FLUARIX QUAD	FLULAVAL QUAD	FLUZONE QUAD
Haemophilus Influenza Type B	3 years and up	ACTIHIB	PEDVAX HIB	
Hepatitis A	3 years and up	HAVRIX	VAQTA	
Hepatitis B	3 years and up	ENGERIX-B	HEPLISAV-B	RECOMBIVAX HB
		PREHEVBRIO		
Hepatitis A and B	3 years and up	TWINRIX		
Human Papillomavirus	9 years and up	GARDASIL-9		

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Rx Vaccine and Immunization Preventive Coverage List continued

Vaccine Type ^{3, 4, 5}	Vaccine Name	Vaccine Type ^{3, 4, 5}	Coverage Criteria
Measles, Mumps, Rubella	M-M-R II	PRIORIX	
Meningitis	BEXSERO	MENACTRA	MENQUADFI
	MENVEO	TRUMENBA	
Pneumonia	PNEUMOVAX 23	PNEUMOVAX 23 (1 Dose)	PREVNAR 13
	PREVNAR 20 ⁴		
	VAXNEUVANCE		
Respiratory Syncytial Virus (RSV)	ABRYSVO	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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