ACA Preventive Care
Drug List

Wellpoint

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 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

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

CARDIOVASULAR

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
amethyst 90-20mcg
apri
aranelle
ashlyna
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
averi
aviane
ayuna
azurette 28
Balcoltra
balziva
Beyaz
blisovi 24 fe 1/20
blisovi fe 1.5/30
blisovi fe 1/20
briellyn
camila 0.35mg
camrese
camrese lo
charlotte 24 chw fe 1/20
chateal 0.15/30
cryselle-28
cyred eq
dasetta 1/35
dasetta 7/7/7
daysee
deblitane 0.35mg
delyla 0.1-0.02
deso/ethinyl estradio
dolishale 90-20mcg
drospir/ethi 3-0.02mg
drospir/ethi 3-0.03mg
drospirenone ethy est
elinest
emzahh 0.35mg
enpresse-28
enskyce
errin 0.35mg
estarylla 0.25-35
ethynodiol 1-50
falmina
fayosim
feirza
Femlyv
femynor 0.25-35
finzala chw fe 1/20
gemmily 1/20
hailey 1.5/30
hailey 24 fe
hailey fe 1.5/30
hailey fe 1/20
heather 0.35mg
iclevia
incassia 0.35mg
introvale
isibloom
isibloom 0.15-30

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jaimiess
jasmiel 3-0.02mg
jencycla 0.35mg
jolessa
joyeaux
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
kurvelo 0.15/30
larin 1.5/30
larin 1/20
larin 24 fe 1/20
larin fe 1.5/30
larin fe 1/20
layolis fe
leena
lessina
levonest
levonor/ethi
levonor/ethi estradio
levora-28 0.15/30
loestrin 1/20-21
loestrin 1.5/30
loestrin fe 1.5/30
loestrin fe 1/20
Lo Loestrin FE
lojaimiess
loryna 3-0.02mg
LoSeasonique
low-ogestrel
lo-zumandimi 3-0.02mg
lutera
lyleq 0.35mg
lyza 0.35mg
marlissa 0.15/30
meleya
merzee 1/20
mibelas 24 fe
microgestin 1.5/30
microgestin 1/20
microgestin fe 1/20
microgestin fe 1.5/30
mili 0.25/35
Minastrin 24 FE
minzoya 0.1/20
Mircette
mono-linyah 0.25-35
Natazia
necon 0.5/35
Nextstellis
nikki 3-0.02mg
nor/est/ff 1.5/30
nora-be 0.35mg
nore/eth/fer 1/20
nore/eth/fer 0.4mg-35
noreth/ethin chw fe
noreth/ethin chw fe 1/20
noreth/ethin 1/20
noreth/ethin 1.5/30
noreth/ethin fe 1/20
noreth/ethin fe
nore/eth/fer 1/20
norethindron 0.35mg
norgest/ethi 0.25/35
norgest/ethi/estradio
norlyda
norlyroc 0.35mg
nortrel 0.5/35
nortrel 1/35
nortrel 7/7/7
nylia 1/35
nylia 7/7/7
nymyo 0.25-35
ocella 3-0.03mg
Opill
philith 0.4-35
pimtrea
portia-28
Quartette
reclipsen
rivelsa
setlakin
sharobel 0.35mg
simliya 28
simpesse
Slynd
sprintec 28
sronyx
syeda 3-0.03mg
tarina 24 fe
tarina fe 1/20 eq
taysofy 1/20
Taytulla
tilia fe
tri-estaryll
tri-legest fe
tri-linyah
tri-lo estaryll
tri-lo marzia
tri-lo-mili
tri-lo-sprintec
tri-mili
tri-nymyo
tri-sprintec
trivora-28
tri-vylibra
tri-vylibra lo
turqoz
Tyblume
tydemy
velivet
vestura 3-0.02mg
vienva 0.1-20
viorele
volnea
vyfemla 0.4-35
vylibra 0.25-35
wera 0.5/35
wymzya fe chw 0.4mg-35
xarah FE
xelria FE
Yasmin 28
Yaz
zovia 1/35e
zumandimine 3-0.03mg

Cervical Caps (Rx)
Femcap mis 22-30mm

Diaphragms
Caya dpr
Omniflex
Wide-seal dpr kit 60-95

Emergency Contraception (Rx or OTC)
aftera tab 1.5mg
afterpill tab 1.5mg
curae tab 1.5mg
econtra os tab 1.5mg
Ella tab 30mg
her style tab 1.5mg
levonorgestr tab 1.5mg
my choice tab 1.5mg
my way tab 1.5mg
new day tab 1.5mg
next choice tab 1.5mg
opcicon 1.5mg
option 2 tab 1.5mg
Plan B One-Step
react tab 1.5mg
take action tab 1.5mg

Condoms (OTC)
female condoms
male condoms

Injectables (Rx)
Depo-Provera
Depo-SubQ Provera inj
medroxypr ac inj 150mg/ml

Intrauterine Devices and Vaginal Rings
Annovera
eluryng
enilloring
etonogestere mis ethy est
haloette
Nuvaring

Spermicides (OTC)
encare sup 100mg
gynol ii gel 3%
Phexxi gel
Shur-Seal gel 2%
VCF vaginal aer gel,mis contracp

Transdermal
norelgestron-ee 150-35mcg/24hr patch
Twirla 120-30mcg/24hr patch
xulane 150-35mcg/24hr patch
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

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

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.

Coverage provided by Wellpoint Washington, Inc.

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