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)
ppeg 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
Soitamox
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)
fluvarstatin (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
altavea
alyacen 7/7/7
amethia
amethia lo
amethyst 90-20mcg
araniel
ashlyna
aubra 0.1-0.02
aubra eq 0.1-0.02
auvelo fe 1.5/30
auvelo fe 1/20
blisovi 24 fe 1/20
blisovi 1/20
brelyln
camila 0.35mg
camrelo
camrese io
caziant
chateal 0.15/30
chateal eq 0.15/30
crixelle-28
cycfarm 1/35
cycfarm 7/7/7
chyrrd
cyred
cyred eq
dassetta 1/35
dassetta 7/77/7
daysee
debilane 0.35mg
delayh 0.1-0.02
deso/ethinyl estradio
dros/est/levomefe
drosip/ethi 3-0.03mg
drosip/ethi estr/lev
drosiprenone ethy est
elinest
emoquette
enpresse-28
enskyce
erin 0.35mg
estarrya 0.25-35
ethy eth est 1-35
ethynodiol 1-50
Falessa
falmina
fayosim
femynor 0.25-35
gliani 3-0.02mg
hailey 1.5/30
hailey 24 fe
heather 0.35mg
incassia 0.35mg
introvale
isibloom
isibloom 0.15-30
jaimess
jasmil 3-0.02mg
jencycia 0.35mg
jolessa
jolvette 0.35mg
juleber
junel 1.5/30
junel 1/20
junel fe 1.5/30
junel fe 1/20
junel fe 24 1/20
kailtib fe
kalliga
kariva 28
kelor 1/35
### ACA Preventive Care Drug List

#### NICOTIC SUBSTITUTION THERAPY

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Formulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nicotrol Inhaler</td>
<td></td>
</tr>
<tr>
<td>Chantix Tablet</td>
<td></td>
</tr>
</tbody>
</table>

#### VACCINES

- **BCG**
- 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)

#### FLUORIDE (GENERIC ONLY)

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Formulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>sodium fluoride chew 0.25mg, 0.5mg, 1mg, 2.2mg</td>
<td></td>
</tr>
<tr>
<td>sodium fluoride tab 0.5mg, 1mg</td>
<td></td>
</tr>
<tr>
<td>sodium fluoride soln 0.25mg, 0.5mg, 1mg, 0.125mg, 1.1mg, 2.2mg</td>
<td></td>
</tr>
</tbody>
</table>

#### 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

Effective 7/1/2020 for group benefits and 1/1/2021 for individual benefits.

- Emtriva 200mg
tenofavir 300mg
emtricitabine-tenofovir 200-300mg

#### SMOKING CESSION

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)
- Chantix Tablet
- Nicotrol Inhaler

#### FLUORIDE (GENERIC ONLY)

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Formulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>sodium fluoride chew 0.25mg, 0.5mg, 1mg, 2.2mg</td>
<td></td>
</tr>
<tr>
<td>sodium fluoride tab 0.5mg, 1mg</td>
<td></td>
</tr>
<tr>
<td>sodium fluoride soln 0.25mg, 0.5mg, 1mg, 0.125mg, 1.1mg, 2.2mg</td>
<td></td>
</tr>
</tbody>
</table>

#### 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

Effective 7/1/2020 for group benefits and 1/1/2021 for individual benefits.

- Emtriva 200mg
tenofavir 300mg
emtricitabine-tenofovir 200-300mg

#### SMOKING CESSION

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)
- Chantix Tablet
- Nicotrol Inhaler

#### FLUORIDE (GENERIC ONLY)

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Formulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>sodium fluoride chew 0.25mg, 0.5mg, 1mg, 2.2mg</td>
<td></td>
</tr>
<tr>
<td>sodium fluoride tab 0.5mg, 1mg</td>
<td></td>
</tr>
<tr>
<td>sodium fluoride soln 0.25mg, 0.5mg, 1mg, 0.125mg, 1.1mg, 2.2mg</td>
<td></td>
</tr>
</tbody>
</table>

#### 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

Effective 7/1/2020 for group benefits and 1/1/2021 for individual benefits.

- Emtriva 200mg
tenofavir 300mg
emtricitabine-tenofovir 200-300mg

#### SMOKING CESSION

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)
- Chantix Tablet
- Nicotrol Inhaler

#### FLUORIDE (GENERIC ONLY)

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Formulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>sodium fluoride chew 0.25mg, 0.5mg, 1mg, 2.2mg</td>
<td></td>
</tr>
<tr>
<td>sodium fluoride tab 0.5mg, 1mg</td>
<td></td>
</tr>
<tr>
<td>sodium fluoride soln 0.25mg, 0.5mg, 1mg, 0.125mg, 1.1mg, 2.2mg</td>
<td></td>
</tr>
</tbody>
</table>

#### 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

Effective 7/1/2020 for group benefits and 1/1/2021 for individual benefits.

- Emtriva 200mg
tenofavir 300mg
emtricitabine-tenofovir 200-300mg

#### SMOKING CESSION

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)
- Chantix Tablet
- Nicotrol Inhaler

#### FLUORIDE (GENERIC ONLY)

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Formulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>sodium fluoride chew 0.25mg, 0.5mg, 1mg, 2.2mg</td>
<td></td>
</tr>
<tr>
<td>sodium fluoride tab 0.5mg, 1mg</td>
<td></td>
</tr>
<tr>
<td>sodium fluoride soln 0.25mg, 0.5mg, 1mg, 0.125mg, 1.1mg, 2.2mg</td>
<td></td>
</tr>
</tbody>
</table>

#### 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

Effective 7/1/2020 for group benefits and 1/1/2021 for individual benefits.

- Emtriva 200mg
tenofavir 300mg
emtricitabine-tenofovir 200-300mg

#### SMOKING CESSION

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)
- Chantix Tablet
- Nicotrol Inhaler
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.

Limited to two (2) bowel prep screenings per year.

You may be required to get preapproval for these services.

Full coverage for statins will be limited to members with cardiovascular risk factors but who have not experienced a cardiovascular disease event.

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.

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.

Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company are independent licensees of the Blue Cross Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.
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 مجأناً. اتصل برقم خدمات الأعضاء الموجود على بطاقة التعريف الخاصة بك للمساعدة. (TTY/TDD: 711)

Armenian
Թույլ ունեք զրահավեր ճանաչել իրեն կյանքի դիրքի տարատեսակություն՝ զանգահարելու համար Անդամների ծառայությունների կենտրոնի անդամակցության կատարման համար սպասարկման կենտրոնի բնականշում։ (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 نمایشگاه تران 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)
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.