

Following the requirements of the Affordable Care Act (ACA), Blue Cross of Idaho has chosen to provide evidence-based preventive drug coverage at a \$0 copay. Below is the list of preventive drugs that may be available under your ACA preventive drug coverage.

The following preventive drugs are covered at 100% and are not subject to deductibles (certain restrictions apply). This list should be used as a guide. It cannot be considered a comprehensive list of drugs available or covered without cost sharing. Coverage of any of the listed drugs, including over-the-counter (OTC) drugs, requires a prescription from a licensed healthcare provider. This list is subject to change as ACA guidelines are updated or modified.

FOR OUR MEMBERS:

- Visit an in-network pharmacy to receive this benefit.
- Show your Blue Cross of Idaho member ID card to ensure you receive the complete benefit.

NOTE: The terms of your health plan will ultimately determine coverage, the applicability of coverage criteria, and cost sharing.

FOR OUR HEALTHCARE PROVIDERS:

- Please prescribe ACA medications from this list and allow generic substitutions when medically appropriate.

NOTE: A drug's appearance on this list does not guarantee coverage. Not all drugs listed are covered by all prescription drug plans. This list is periodically reviewed by clinical experts. Drugs may be added or removed from this list based on a clinical review of the drug's intended purpose and its availability.

MEDICATIONS	CRITERIA FOR \$0 COST SHARE	MEDICATIONS	CRITERIA FOR \$0 COST SHARE
ASPIRIN Aspirin 81 mg, 325 mg (tab, ec tab, chewable)		BREAST CANCER Anastrozole 1 mg Exemestane 25 mg Letrozole 2.5 mg Raloxifene 60 mg Soltamox Tamoxifen 10 mg, 20 mg	You may be required to get preapproval for the services associated with the drugs in this category. <i>Age limit: 35 and older</i>
BOWEL PREP 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	Coverage includes generic prescription and OTC products and is limited to two bowel prep kits per year for adults age 45-75.	CARDIOVASCULAR Atorvastatin (10-20 mg) Fluvastatin (20-80 mg) Lovastatin (10-40 mg) Pravastatin (10-80 mg) Rosuvastatin (5-10 mg) Simvastatin (5-40 mg)	Full coverage for low- to moderate-dose generic statins will be limited to members age 40-75 with one or more cardiovascular risk factor(s), such as dyslipidemia, diabetes, hypertension or smoking, but who have not experienced a cardiovascular disease event.

MEDICATIONS	CRITERIA FOR \$0 COST SHARE	MEDICATIONS	CRITERIA FOR \$0 COST SHARE
Cervical Caps (Rx) Femcap mis 22-30 mm	This benefit also applies to those younger than 19. Whether a cost share applies for other prescription contraceptives or not is based on your drug benefits. Your cost share may be waived if your doctor decides that using the multisource brand is medically necessary.	Diaphragms Caya dpr Omniflex Wide-seal dpr kit 60-95	This benefit also applies to those younger than 19. Whether a cost share applies for other prescription contraceptives or not is based on your drug benefits. Your cost share may be waived if your doctor decides that using the multisource brand is medically necessary.
Emergency Contraception (Rx or OTC) Aftera tab 1.5 mg Econtra ez tab 1.5 mg Ella tab 30 mg Levonorgestrel tab 1.5 mg My choice tab 1.5 mg My way tab 1.5 mg New day tab 1.5 mg Next choice tab 1.5 mg Opcion 1.5 mg Preventeza tab 1.5 mg React tab 1.5 mg Take action tab 1.5 mg	This benefit also applies to those younger than 19. Whether a cost share applies for other prescription contraceptives or not is based on your drug benefits. Your cost share may be waived if your doctor decides that using the multisource brand is medically necessary.	Condoms (OTC) Fc2 female mis condom Male mis condom	
Injectables (Rx) Depo-sq prov inj Medroxypr ac inj 150 mg/ml	This benefit also applies to those younger than 19. Whether a cost share applies for other prescription contraceptives or not is based on your drug benefits. Your cost share may be waived if your doctor decides that using the multisource brand is medically necessary.	Intrauterine Devices and Vaginal Rings Eluring mis Etonogestrel mis ethynodiol diacetate	
Oral Contraceptives Afirmelle 0.1-0.02 Altavera Alyacen 7/7/7 Amethia Amethia lo Amethyst 90-20 mcg Apris 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 Brielllyn Camila 0.35 mg Camreese	This benefit also applies to those younger than 19. Whether a cost share applies for other prescription contraceptives or not is based on your drug benefits. Your cost share may be waived if your doctor decides that using the multisource brand is medically necessary.	Spermicides (OTC) Conceptrol gel 4% Encare sup 100 mg Gynol ii gel 3% Shur-Seal gel 2% VCF vaginal aer gel, mis Contrace	

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<p>Camrese lo</p> <p>Caziant</p> <p>Chateal 0.15/30</p> <p>Chateal eq 0.15/30</p> <p>Cryselle-28</p> <p>Cyclafem 1/35</p> <p>Cyclafem 7/7/7</p> <p>Cyred</p> <p>Cyred eq</p> <p>Dasetta 1/35</p> <p>Dasetta 7/7/7</p> <p>Daysee</p> <p>Deblitane 0.35 mg</p> <p>Delyla 0.1-0.02</p> <p>Deso/ethinyl estradio</p> <p>Dros/eth est levomefo</p> <p>Drospir/ethi 3-0.03 mg</p> <p>Drospire/eth/estr/lev</p> <p>Drospirenone ethy est</p> <p>Elinest</p> <p>Emoquette</p> <p>Enpresse-28</p> <p>Enskyce errin 0.35 mg</p> <p>Estarylla 0.25-35</p> <p>Ethy eth est 1-35</p> <p>Ethynodiol 1-50</p> <p>Falmina</p> <p>Fayosim</p> <p>Femynor 0.25-35</p> <p>Gianvi 3-0.02 mg</p> <p>Hailey 1.5/30</p> <p>Hailey 24 fe</p> <p>Heather 0.35 mg</p> <p>Incassia 0.35 mg</p> <p>Introvale</p> <p>Isibloom</p> <p>Isibloom 0.15-30</p> <p>Jaimies</p> <p>Jasmiel 3-0.02 mg</p> <p>Jencycla 0.35 mg</p> <p>Jolessa</p> <p>Jolivette 0.35 mg</p> <p>Juleber</p> <p>Junel 1.5/30</p> <p>Junel 1/20</p> <p>Junel fe 1.5/30</p> <p>Junel fe 1/20</p>	<p>This benefit also applies to those younger than 19. Whether a cost share applies for other prescription contraceptives or not is based on your drug benefits. Your cost share may be waived if your doctor decides that using the multisource brand is medically necessary.</p>	<p>Transdermal</p> <p>Xulane dis 150-35</p>	<p>Vaginal Sponge</p> <p>Today sponge mis</p>

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Junel fe 24 1/20 Kaitlib fe Kalliga Kariva 28 Kelnor 1/35 Kelnor 1/50 Kimedess 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 Larissia Layolis fe Leena Lessina Levo-eth est 90-20 mcg Levonest Levonor/ethi Levonor/ethi 0.1-0.02 Levonor/ethi estradio Levora-28 0.15/30 Lillow 0.15/30 Lojaimess Loryna 3-0.02 mg Low-ogestrel Lo-zumandimi 3-0.02 mg Lutera Lyza 0.35 mg Marlissa 0.15/30 Melodetta 24 fe Mibelas 24 fe Microgestin 1.5/30 Microgestin 1/20 Microgestin fe 1/20 Microgestin fe1.5/30 Mili 0.25/35 Mircette 28-day Mono-linyah 0.25-35 Mononessa Myzilra Necon 0.5/35 Necon 7/7/7 Nikki 3-0.02 mg Nor/est/ff 1.5/30	This benefit also applies to those younger than 19. Whether a cost share applies for other prescription contraceptives or not is based on your drug benefits. Your cost share may be waived if your doctor decides that using the multisource brand is medically necessary.	FLUORIDE (GENERIC ONLY) Sodium fluoride chew 0.25 mg, 0.5 mg, 1 mg, 2.2 mg Sodium fluoride tab 0.5 mg, 1 mg Sodium fluoride soln 0.25 mg, 0.5 mg, 0.125 mg Pediatric multivitamin/ fluoride chew, tab, soln 0.25 mg, 0.5 mg, 1 mg, 0.125 mg, 1.1 mg, 2.2 mg	Coverage for children age 6 months to 16 years.

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<p>Nora-be 0.35 mg</p> <p>Nore/eth/fer 0.4 mg-35</p> <p>Noreth/ethin fe</p> <p>Noreth/ethin fe 1/20</p> <p>Noreth/ethin 1.5/30</p> <p>Noreth/ethin 1/20</p> <p>Noreth/ethin fe 1/20</p> <p>Norethindron 0.35 mg</p> <p>Norgest/ethi 0.25/35</p> <p>Norgest/ethi/estradiol</p> <p>Norlyroc 0.35 mg</p> <p>Nortrel 0.5/35</p> <p>Nortrel 1/35</p> <p>Nortrel 7/7/7</p> <p>Ocella 3-0.03 mg</p> <p>Ogestrel</p> <p>Orsythia</p> <p>Philith 0.4-35</p> <p>Pimtrea</p> <p>Pirmella 1/35</p> <p>Pirmella 7/7/7</p> <p>Portia-28</p> <p>Previfem</p> <p>Quasense</p> <p>Rajani</p> <p>Reclipsen</p> <p>Rivelsa</p> <p>Setlakin</p> <p>Sharobel 0.35 mg</p> <p>Simliya 28</p> <p>Simpesse</p> <p>Sprintec 28</p> <p>Sronyx</p> <p>Syeda 3-0.03 mg</p> <p>Tarina 24 fe</p> <p>Tarina fe 1/20</p> <p>Tarina fe 1/20 eq</p> <p>Tilia fe</p> <p>Tri femynor</p> <p>Tri-estaryll</p> <p>Tri-legest fe</p> <p>Tri-linyah</p> <p>Tri-lo estaryll</p> <p>Tri-lo marzia</p>	<p>This benefit also applies to those younger than 19. Whether a cost share applies for other prescription contraceptives or not is based on your drug benefits. Your cost share may be waived if your doctor decides that using the multisource brand is medically necessary.</p>		

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Tri-lo- sprintec Tri-lo-mili Tri-mili Trinessa Trinessa lo Tri-previfem Tri-sprintec Trivora-28 Tri-vylibra Tri-vylibra lo Tulana 0.35 mg Tydemy Velvet Vestura 3-0.02 mg Vienva 0.1-20 Viorele Volnea Vyfemla 0.4-35 Vylibra 0.25-35 Wera 0.5/35 Wymzya fe chw 0.4 mg-35 Zarah 3-0.03 mg Zenchent Zovia 1/35e Zumandimine 3-0.03 mg	This benefit also applies to those younger than 19. Whether a cost share applies for other prescription contraceptives or not is based on your drug benefits. Your cost share may be waived if your doctor decides that using the multisource brand is medically necessary.		
FOLIC ACID Folic acid tab, cap 400 mcg, 800 mcg Prenatal and multivitamins with folic acid (generic OTC only)	Coverage for generic only. Prescription and OTC are included for women age 55 or younger who are planning and able to get pregnant.	HIV PRE-EXPOSURE PROPHYLAXIS Emtriva 200 mg Tenofovir 300 mg Emtricitabine-tenofovir 200-300 mg	Only covered under ACA for prophylaxis use.
SMOKING CESSATION OTC (brand and generic) nicotine replacement gum, lozenge and patch (prescription) Chantix tablet Nicotrol inhaler Nicotrol nasal spray	Coverage includes prescription and OTC, brand and generic for members older than 18.	VACCINES BCG Diphtheria Tetanus Pertussis Covid-19	Covered at \$0 for all individuals 18 and older. In Idaho, vaccines are covered for individuals younger than 18.
PRE-DIABETIC Metformin 850 mg	Member age is 35-70 years, Claim is for metformin 850mg, Member does not have a claim in pharmacy profile that indicates treatment of diabetes (other than metformin 850mg).	VACCINES Abrysvo Arexvy	Covered for individuals 60 and over.
		VACCINES Beyfortus	Covered for individuals 19 months and younger.