



No-Cost Preventive Drug List

Medication Covered at \$0 Cost to You

Effective Jan. 1, 2022



Your health plan may include certain prescription and over-the-counter (OTC) preventive medicines, as a benefit of membership, at no cost to you when you use a pharmacy or doctor in your health plan's network. There is no co-pay, deductible or coinsurance, even if your deductible or out-of-pocket maximum has not been met. Coverage for these medicines can vary according to the type of plan you are enrolled in. Call the Customer Service number listed on your member ID card to find out what drugs are covered at no cost share under your plan.

Below are some examples of drugs that are often used for preventive care. These may be covered under your plan for both adults and children. This list does not include all drugs that may be prescribed for preventive care. It will be reviewed from time-to-time and is subject to change.

Please see the Contraceptive Coverage List for a list of contraceptive methods that may be covered at no cost to you. Age limits, restrictions and other requirements may apply.*

PREVENTIVE DRUG LIST

ASPIRIN

aspirin chew tab 81 mg

aspirin tab delayed release 81 mg

BOWEL PREPARATION

peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (Golytely)

peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm (Moviprep)

peg 3350-kcl-sod bicarb-nacl for soln 420 gm (Nulytely/flavor pack)

BREAST CANCER

anastrozole tab 1 mg (Arimidex)

raloxifene hcl tab 60 mg (Evista)

tamoxifen citrate tab 10 mg, 20 mg

FLUORIDE SUPPLEMENTS

sodium fluoride chew tabs; 0.25 mg f, 0.5 mg f, 1 mg f (Luride)

sodium fluoride cream 1.1% (Prevident 5000 Plus)

sodium fluoride gel 1.1% (0.5% f) (Prevident fluoride)

sodium fluoride paste 1.1% (Prevident 5000 Booster)

sodium fluoride rinse 0.2% (Prevident)

sodium fluoride soln; 0.125 mg/drop f, 0.5 mg/mL f

sodium fluoride-potassium nitrate paste 1.1-5% (Prevident 5000 paste)

stannous fluoride conc 0.63% (Gel-kam oral care rinse)

stannous fluoride gel 0.4% (Gel-kam gel)

FOLIC ACID SUPPLEMENTS

folic acid caps; 0.8 mg

folic acid tabs; 400 mcg, 800 mcg

HIV PRE-EXPOSURE PROPHYLAXIS (PREP)

emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (Truvada)

INFANT EYE OINTMENT

erythromycin ophth oint 5 mg/gm

IRON SUPPLEMENTS

carbonyl iron suspension 15 mg/1.25 mL (elemental fe) (Icar pediatric)

FERROUS SULFATE - ferrous sulfate liquid 220 mg/5 mL (44 mg/5 mL elemental fe)

ferrous sulfate elixir 220 mg/5 mL (44 mg/5 mL elemental fe)

ferrous sulfate soln 75 mg/mL (15 mg/mL elemental fe) (Fer-In-Sol)

ferrous sulfate syrup 300 mg/5 mL (60 mg/5 mL elemental fe)

IRON UP - polysaccharide iron complex liquid 15 mg/0.5 mL (fe equivalent)

NOVAFERRUM PEDIATRIC DROPS - polysaccharide iron complex liquid 15 mg/mL (fe equivalent)

SINGLE AGENT STATINS

atorvastatin calcium tabs; 10 mg, 20 mg (Lipitor)

lovastatin tabs; 20 mg, 40 mg

pravastatin sodium tabs; 10 mg, 20 mg, 40 mg, 80 mg

TOBACCO CESSATION

bupropion hcl (smoking deterrent) tab ER 12hr 150 mg

nicotine polacrilex gum 2 mg, 4 mg

nicotine polacrilex lozenge 2 mg, 4 mg

nicotine td patch 24hr 7 mg/24hr, 14 mg/24hr, 21 mg/24 hr

NICOTINE TRANSDERMAL SYSTEM - nicotine td patch 24 hr kit 21-14-7 mg/24hr

NICOTROL INHALER - nicotine inhaler system 10 mg (4 mg delivered)

NICOTROL NS - nicotine nasal spray 10 mg/mL (0.5 mg/spray)

VARENICLINE TARTRATE - varenicline tartrate tab 0.5 mg, 1 mg (base equivalent)

VACCINES

ACTHIB - haemophilus b polysaccharide conjugate vaccine for inj

ADACEL - tet tox-diph-acell pertuss ad inj 5-2-15.5 If-If-mcg/0.5 mL

AFLURIA QUADRIVALENT - influenza vaccine quadrivalent pref syr 0.25 mL, 0.5 mL



PREVENTIVE DRUG LIST

AFLURIA QUADRIVALENT – influenza vaccine quadrivalent IM inj	MENVEO – meningococcal (a, c, y, and w-135) oligo conj vac for inj
BEXSERO – meningococcal vaccine b (recomb omv adjuv) inj prefilled syringe	PEDIARIX – diph-tetanus tox-acell pert-hepatitis b-polio ipv vaccine inj
BOOSTRIX – tet tox-diph-acell pertuss ad inj 5-2.5-18.5 lf-lf-mcg/0.5 mL	PEDVAX HIB – haemophilus b polysaccharide conj vaccine IM susp 7.5 mcg/0.5 mL
DAPTACEL – diph, acellular pert & tet tox inj 15 lf-23 mcg-5 lf/0.5 mL	PENTACEL – diph-ac per-tet tox ad-poliov-haemoph b poly vaccine for IM susp
DIPHThERIA/TETANUS TOXOID – diphtheria-tetanus tox adsorbed (dt) IM inj 25-5 unit/0.5mL	PNEUMOVAX 23 – pneumococcal vaccine polyvalent inj 25 mcg/0.5 mL
ENGERIX-B – hepatitis B vaccine (recombinant) susp 10 mcg/0.5 mL, 20 mcg/mL	PNEUMOVAX 23/1 DOSE – pneumococcal vaccine polyvalent inj 25 mcg/ 0.5 mL
FLUAD – influenza vaccine type a&b surface ant adj susp pref syr 0.5 mL	PREVNAR 13 – pneumococcal 13-valent conjugate vaccine inj
FLUAD QUADRIVALENT – influenza vac type a&b surface ant adj quad pref syr 0.5 mL	PROQUAD – measles-mumps-rubella-varicella virus vaccine for susp
FLUARIX QUADRIVALENT – influenza vaccine quadrivalent pref syr 0.5 mL	QUADRACEL – diph-tetanus tox ad-acell pert & polio virus, ipv vaccine inj
FLUBLOK QUADRIVALENT – influenza vaccine recomb ha quad PF pref syr 0.5 mL	RECOMBIVAX HB – hepatitis B vaccine (recombinant) susp 5 mcg/0.5 mL, 10 mcg/mL, 40 mcg/mL
FLUCELVAX QUADRIVALENT – influenza vaccine tiss-cult subunt quad susp pref syr 0.5 mL	ROTARIX – rotavirus vaccine, live for oral susp
FLULAVAL QUADRIVALENT – influenza vaccine split quadrivalent susp pref syr 0.5 mL	ROTATEQ – rotavirus vaccine, live oral pentavalent soln
FLUMIST QUADRIVALENT – influenza virus vaccine live quadrivalent intranasal susp	SHINGRIX – zoster vaccine recombinant adjuvanted for IM inj 50 mcg/0.5 mL
FLUZONE HIGH-DOSE PF – influenza vaccine high-dose, quad pf susp pref syr 0.7 mL	TDVAX – tetanus-diphtheria toxoids (td) inj 2-2 lf/0.5 mL
FLUZONE QUADRIVALENT – influenza vaccine split quadrivalent inj 0.5 mL, IM inj; susp pref syr 0.5 mL	TENIVAC – tetanus-diphtheria toxoids (td) inj 5-2 lf
GARDASIL 9 – human papillomavirus (HPV) 9-valent recomb vaccine IM susp, pref syr	TRUMENBA – meningococcal group b vaccine (recomb) IM susp prefilled syr
HAVRIX – hepatitis A vaccine inj susp 720 el unit/0.5 mL, 1440 el unit/mL	TWINRIX – hep a-hep b vaccine susp pref syr 720-20 elu-mcg/mL
HEPLISAV-B – hepatitis B vaccine recomb adjuvanted pref syr 20 mcg/0.5 mL	VAQTA – hepatitis A vaccine inj susp 25 unit/0.5 mL, 50 unit/mL
HIBERIX – haemophilus b polysaccharide conjugate vaccine for inj 10 mcg	VARIVAX – varicella virus vaccine live for subcutaneous inj 1350 pfu/0.5 mL
INFANRIX – diph, acellular pert & tet tox inj 25 lf-58 mcg-10 lf/0.5 mL	VAXELIS – diph-tet tox-ac pert ad-polio ipv-hib-hep b rec susp pre syr
IPOL INACTIVATED IPV – poliovirus vaccine, ipv injection	VAXELIS – diph-tet tox-ac pert ad-polio ipv-hib-hepatitis b recmb susp
KINRIX – diph-tetanus tox ad-acell pert & polio virus, ipv vaccine inj	
M-M-R II – measles-mumps-rubella virus vaccines for inj soln	
MENACTRA – meningococcal (a, c, y, and w-135) conjugate vaccine inj	
MENQUADFI – meningococcal (a, c, y, and w-135) conjugate vaccine inj	

Generic Drugs = **bold** Brand Drugs = CAPITAL LETTERS



* Some of these products may be covered under your medical benefit if provided by a doctor in your health plan's network.

Prescription coverage for these drugs may vary according to the terms and conditions of the plan. Only retail pharmacies participating in the vaccine network may be used to get a covered vaccination. To find a vaccine pharmacy, visit bcbsil.com. A prescription may be required to cover without cost-sharing under the pharmacy benefit for non-grandfathered plans. The plan may also require a generic drug to be tried first before the brand version.

This information is for informational purposes only, does not constitute legal or other advice and should not be relied upon to determine coverage. Treatment decisions are between the member and his or her health care provider. Coverage is always subject to the terms and limits of the benefit plan. For details about your plan, check your benefit materials or call the number on your member ID card.

Third-party brand names are the property of their respective owners.

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