



No-Cost Preventive Drug List

Medication Covered at \$0 Cost to You

Effective January 1, 2024



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

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

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 boost)

sodium fluoride soln 0.5 mg/mL f (from 1.1 mg/mL naf)

stannous fluoride conc 0.63%

stannous fluoride gel 0.4%

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 susp 15 mg/1.25 mL (elemental iron)

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)

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, 40 mg, 80 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 SYST - 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 STARTING MONTH BOX - varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack

varenicline tartrate tab 0.5 mg, 1 mg (base equivalent)

VACCINES

ABRYSVO - RSV pre-fusion F A&B vac recomb for im soln 120 mcg/0.5 mL

ACTHIB - haemophilus b polysaccharide conjugate vaccine for inj

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

AFLURIA QUADRIVALENT - influenza virus vac split quadrivalent susp pref syr 0.5 mL

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



PREVENTIVE DRUG LIST

AFLURIA QUADRIVALENT – influenza virus vaccine split quadrivalent im inj	MENQUADFI – meningococcal (a, c, y, and w-135) tetanus conjugate vaccine
AREXVY – RSV-PREF3 vaccine recomb adjuvanted for im susp 120 mcg/0.5 mL	MENVEO – meningococcal (a, c, y, and w-135) oligo conj vac for inj
BEXSERO – meningococcal vaccine b (recomb omv adjuv) inj prefilled syringe	MENVEO – meningococcal (a, c, y, and w-135) oligo conj vac im soln
BOOSTRIX – tet tox-diph-acell pertuss ad inj 5-2.5-18.5 lf-lf-mcg/0.5 mL	MODERNA COVID-19 VACCINE/6MO-11Y - covid-19 mrna vaccine 6mo-11yr-moderna im susp 25 mcg/0.25 ml
BOOSTRIX – tet-diph-acell pertuss ad pref syr 5-2.5-18.5 lf-mcg/0.5mL	PEDIARIX – diph-tet tox-acell pert-hep b-polio ipv vac susp pref syr
COMIRNATY - covi-19 mrna vac tris-pfizer im susp pref syr 30 mcg/0.3 ml COVID-19	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
ENGRIX-B – hepatitis b vaccine (recombinant) susp 20 mcg/ml	PFIZER-BIONTECH COVID-19 VACCINE/5-11Y - covid-19 mrna vac tris-s 5-11y-pfizer im susp 10 mcg/0.3 ml
ENGRIX-B – hepatitis B vaccine (recombinant) susp pref syr 10 mcg/0.5ml, 20 mcg/ml	PFIZER-BIONTECH COVID-19 VACCINE/6MO-4Y - covid-19 mrna vac tris-s 6mo-4y-pfizer im susp 3 mcg/0.3 ml
FLUAD QUADRIVALENT – influenza vac type a&b surface ant adj quad pref syr 0.5 mL	PNEUMOVAX 23 – pneumococcal vaccine polyvalent inj 25 mcg/0.5 mL
FLUARIX QUADRIVALENT – influenza virus vac split quadrivalent susp pref syr 0.5 mL	PNEUMOVAX 23/1 DOSE – pneumococcal vaccine polyvalent inj 25 mcg/0.5 mL
FLUBLOK QUADRIVALENT – influenza vac recomb ha quad pf soln pref syr 0.5 mL	PREHEVBRIO – hepatitis b vaccine 3-antigen (recombinant) susp 10 mcg/ml
FLUCELVAX QUADRIVALENT – influenza vac tiss-cult subunit quad susp pref syr 0.5 mL	PREVNAR 13 – pneumococcal 13-valent conjugate vaccine inj
FLUCELVAX QUADRIVALENT – influenza vac tissue-cultured subunit quadrivalent im susp	PREVNAR 20 – pneumococcal 20-valent conjugate vaccine sus pref syr 0.5 mL
FLULAVAL QUADRIVALENT – influenza virus vac split quadrivalent susp pref syr	PRIORIX - measles-mumps-rubella virus vaccines for subcutaneous susp
FLUMIST QUADRIVALENT – influenza virus vaccine live quadrivalent intranasal susp	PROQUAD – measles-mumps-rubella-varicella virus vaccine for susp
FLUZONE HIGH-DOSE PF – influenza vac split high-dose quad pf susp pref syr 0.7 mL	QUADRACEL – diph-tetanus tox ad-acell pert & polio virus, ipv vacc inj
FLUZONE QUADRIVALENT – influenza virus vac split quadrivalent susp pref syr 0.5mL	QUADRACEL – diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 mL
FLUZONE QUADRIVALENT – influenza virus vaccine split quadrivalent im inj	RECOMBIVAX HB – hepatitis B vaccine (recombinant) susp 5 mcg/0.5 mL, 10 mcg/mL, 40 mcg/mL
FLUZONE QUADRIVALENT – influenza virus vaccine split quadrivalent inj 0.5 mL	RECOMBIVAX HB – hepatitis b vaccine (recombinant) susp pref syr 5 mcg/0.5ml, 10 mcg/ml
GARDASIL 9 – human papillomavirus (HPV) 9-valent recomb vaccine IM susp, pref syr	ROTARIX – rotavirus vaccine, live for oral susp
HAVRIX – hepatitis A vaccine inj susp 720 el unit/0.5 mL, 1440 el unit/mL	ROTARIX – rotavirus vaccine, live oral susp
HEPLISAV-B – hepatitis B vaccine recomb adjuvanted pref syr 20 mcg/ 0.5 mL	ROTATEQ – rotavirus vaccine, live oral pentavalent soln
HIBERIX – haemophilus b polysaccharide conjugate vaccine for inj 10 mcg	SHINGRIX – zoster vac recombinant adjuvanted for IM inj 50 mcg/ 0.5 mL
INFANRIX – diph, acellular pert & tet tox inj 25 lf-58 mcg-10 lf/0.5 mL	SPIKEVAX COVID-19 VACCINE - covid-19 mrna vaccine-moderna im susp pref syr 50 mcg/0.5 ml
IPOL INACTIVATED IPV – poliovirus vaccine, ipv injection	TDVAX – tetanus-diphtheria toxoids (td) inj 2-2 lf/0.5 mL
KINRIX – diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 mL	TENIVAC – tetanus-diphtheria toxoids (td) inj 5-2 lf
M-M-R II – measles-mumps-rubella virus vaccines for inj soln	TRUMENBA – meningococcal group b vaccine (recomb) IM susp prefilled syr
MENACTRA – meningococcal (a, c, y, and w-135) diphth conjugate vaccine	TWINRIX – hep a-hep b vaccine susp pref syr 720-20 elu-mcg/mL
	VAQTA – hepatitis A vaccine inj susp 25 unit/0.5 mL, 50 unit/mL
	VARIVAX – varicella virus vac live for subcutaneous inj 1350 pfu/0.5 mL
	VAXELIS – diph-tet tox-ac pert ad-polio ipv-hib-hep b rec susp pre syr
	VAXELIS – diph-tet tox-ac pert ad-polio ipv-hib-hepatitis b recmb susp
	VAXNEUVANCE - pneumococcal 15-valent conjugate vaccine sus pref syr 0.5 mL

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

** Your health plan covers two 90-day treatments for tobacco use cessation medicine per benefit period.

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. Your doctor can submit a copay waiver or coverage exception from BCBSIL (unless you have a benefit exclusion) for products not covered on your prescription drug list. Your doctor can call the number on your member ID card to ask for a review. If you meet the conditions as outlined under the Affordable Care Act, you may have \$0 member cost-sharing (no deductible, copay or coinsurance). BCBSIL will let you, and your doctor, know the coverage decision after receiving your request. If the request is denied, BCBSIL will let you and your doctor know why it was denied and offer you a covered alternative drug (if applicable).

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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