



# No-Cost Preventive Drug List

## Medication Covered at \$0 Cost to You

Effective Jan. 1, 2023



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	
<b>ASPIRIN</b>	<b>INFANT EYE OINTMENT</b>
aspirin chew tab 81 mg	erythromycin ophth oint 5 mg/gm
aspirin tab delayed release 81 mg	<b>IRON SUPPLEMENTS</b>
<b>BOWEL PREPARATION</b>	carbonyl iron suspension 15 mg/1.25 mL (elemental fe) (Icar pediatric)
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (Golytely)	FERROUS SULFATE - ferrous sulfate liquid 220 mg/5 mL (44 mg/5 mL elemental fe)
peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm (Moviprep)	ferrous sulfate elixir 220 mg/5 mL (44 mg/5 mL elemental fe)
peg 3350-kcl-sod bicarb-nacl for soln 420 gm (Nulytely/flavor pack)	ferrous sulfate soln 75 mg/mL (15 mg/mL elemental fe) (Fer-In-Sol)
<b>BREAST CANCER</b>	ferrous sulfate syrup 300 mg/5 mL (60 mg/5 mL elemental fe)
anastrozole tab 1 mg (Arimidex)	IRON UP - polysaccharide iron complex liquid 15 mg/0.5 mL (fe equivalent)
raloxifene hcl tab 60 mg (Evista)	NOVAFERRUM PEDIATRIC DROPS - polysaccharide iron complex liquid 15 mg/mL (fe equivalent)
tamoxifen citrate tab 10 mg, 20 mg	<b>SINGLE AGENT STATINS</b>
<b>FLUORIDE SUPPLEMENTS</b>	atorvastatin calcium tabs; 10 mg, 20 mg (Lipitor)
sodium fluoride chew tabs; 0.25 mg f, 0.5 mg f, 1 mg f (Luride)	lovastatin tabs; 20 mg, 40 mg
sodium fluoride cream 1.1% (Prevident 5000 Plus)	pravastatin sodium tabs; 10 mg, 20 mg, 40 mg, 80 mg
sodium fluoride gel 1.1% (0.5% f) (Prevident fluoride)	<b>TOBACCO CESSATION**</b>
sodium fluoride paste 1.1% (Prevident 5000 boost)	bupropion hcl (smoking deterrent) tab ER 12hr 150 mg
sodium fluoride rinse 0.2% (Prevident)	nicotine polacrilex gum 2 mg, 4 mg
sodium fluoride soln; 0.125 mg/drop f, 0.5 mg/mL f	nicotine polacrilex lozenge 2 mg, 4 mg
sodium fluoride soln 0.5 mg/mL f (from 1.1 mg/mL naf) (Luride)	nicotine td patch 24hr 7 mg/24hr, 14 mg/24hr, 21 mg/24 hr
sodium fluoride-potassium nitrate gel 1.1-5% (Prevident 5000 sensi)	NICOTINE TRANSDERMAL SYSTEM - nicotine td patch 24 hr kit 21-14-7 mg/24hr
stannous fluoride conc 0.63% (Gel-kam oral care rinse)	NICOTROL INHALER - nicotine inhaler system 10 mg (4 mg delivered)
stannous fluoride gel 0.4% (Gel-kam gel)	NICOTROL NS - nicotine nasal spray 10 mg/mL (0.5 mg/spray)
<b>FOLIC ACID SUPPLEMENTS</b>	VARENICLINE TARTRATE - varenicline tartrate tab 0.5 mg, 1 mg (base equivalent)
folic acid caps; 0.8 mg	
folic acid tabs; 400 mcg, 800 mcg	
<b>HIV PRE-EXPOSURE PROPHYLAXIS (PREP)</b>	
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (Truvada)	

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



## PREVENTIVE DRUG LIST

### VACCINES

ACTHIB – haemophilus b polysaccharide conjugate vaccine for inj
ADACEL – tet tox-diph-acell pertuss ad inj 5-2-15.5 lf-1f-mcg/0.5 mL
AFLURIA QUADRIVALENT – influenza virus vac split quadrivalent susp pref syr 0.25 mL, 0.5 mL
AFLURIA QUADRIVALENT – influenza virus vaccine split quadrivalent im inj
BEXSERO – meningococcal vaccine b (recomb omv adjuv) inj prefilled syringe
BOOSTRIX – tet tox-diph-acell pertuss ad inj 5-2.5-18.5 lf-1f-mcg/0.5 mL
BOOSTRIX – tet-diph-acell pertuss ad pref syr 5-2.5-18.5 lf-mcg/0.5mL
DAPTACEL – diph, acellular pert & tet tox inj 15 lf-23 mcg-5 lf/0.5 mL
DIPHTHERIA/TETANUS TOXOID – diphtheria-tetanus tox adsorbed (dt) IM inj 25-5 unit/0.5mL
ENGERIX-B – hepatitis B vaccine (recombinant) susp 10 mcg/0.5 mL, 20 mcg/mL
FLUAD – influenza vaccine type a&b surface ant adj susp pref syr 0.5 mL
FLUAD QUADRIVALENT INFLUENZA – influenza vac type a&b surface ant adj quad pref syr 0.5 mL
FLUARIX QUADRIVALENT – influenza virus vac split quadrivalent susp pref syr 0.5 mL
FLUBLOK QUADRIVALENT – influenza vac recomb ha quad pf soln pref syr 0.5 mL
FLUCELVAX QUADRIVALENT – influenza vac tiss-cult subunit quad susp pref syr 0.5 mL
FLUCELVAX QUADRIVALENT – influenza vac tissue-cultured subunit quadrivalent im susp
FLULAVAL QUADRIVALENT – influenza virus vac split quadrivalent susp pref syr
FLULAVAL QUADRIVALENT – influenza virus vaccine split quadrivalent im inj
FLUMIST QUADRIVALENT – influenza virus vaccine live quadrivalent intranasal susp
FLUZONE HIGH-DOSE PF – influenza vac split high-dose quad pf susp pref syr 0.7 mL
FLUZONE QUADRIVALENT – influenza virus vac split quadrivalent susp pref syr 0.5mL
FLUZONE QUADRIVALENT – influenza virus vaccine split quadrivalent im inj
FLUZONE QUADRIVALENT – influenza virus vaccine split quadrivalent inj 0.5 mL
GARDASIL 9 – human papillomavirus (HPV) 9-valent recomb vaccine IM susp, pref syr
HAVRIX – hepatitis A vaccine inj susp 720 el unit/0.5 mL, 1440 el unit/mL
HEPLISAV-B – hepatitis B vaccine recomb adjuvanted pref syr 20 mcg/0.5 mL

HIBERIX – haemophilus b polysaccharide conjugate vaccine for inj 10 mcg
INFANRIX – diph, acellular pert & tet tox inj 25 lf-58 mcg-10 lf/0.5 mL
IPOL INACTIVATED IPV – poliovirus vaccine, ipv injection
KINRIX – diph-tetanus tox ad-acell pert & polio virus, ipv vaccine inj
KINRIX – diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 mL
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
MENVEO – meningococcal (a, c, y, and w-135) oligo conj vac for inj
PEDIARIX – diph-tet tox-acell pert-hep b-polio ipv vac susp pref syr
PEDVAX HIB – haemophilus b polysaccharide conj vaccine IM susp 7.5 mcg/0.5 mL
PENTACEL – diph-ac per-tet tox ad-poliov-haemoph b poly vaccine for IM susp
PNEUMOVAX 23 – pneumococcal vaccine polyvalent inj 25 mcg/0.5 mL
PNEUMOVAX 23/1 DOSE – pneumococcal vaccine polyvalent inj 25 mcg/ 0.5 mL
PREVNAR 13 – pneumococcal 13-valent conjugate vaccine inj
PREVNAR 20 – pneumococcal 20-valent conjugate vaccine sus pref syr 0.5 mL
PROQUAD – measles-mumps-rubella-varicella virus vaccine for susp
QUADRACEL – diph-tetanus tox ad-acell pert & polio virus, ipv vaccine inj
QUADRACEL – diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 mL
RECOMBIVAX HB – hepatitis B vaccine (recombinant) susp 5 mcg/0.5 mL, 10 mcg/mL, 40 mcg/mL
ROTARIX – rotavirus vaccine, live for oral susp
ROTATEQ – rotavirus vaccine, live oral pentavalent soln
SHINGRIX – zoster vaccine recombinant adjuvanted for IM inj 50 mcg/0.5 mL
TDVAX – tetanus-diphtheria toxoids (td) inj 2-2 lf/0.5 mL
TENIVAC – tetanus-diphtheria toxoids (td) inj 5-2 lfu
TRUMENBA – meningococcal group b vaccine (recomb) IM susp prefilled syr
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 vaccine 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 recomb susp
VAXNEUVANCE – pneumococcal 15-valent conjugate vaccine sus pref syr 0.5 mL

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.

\*\* 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 [bcbstx.com](http://bcbstx.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 BCBSTX (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). BCBSTX will let you, and your doctor, know the coverage decision after receiving your request. If the request is denied, BCBSTX 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.

746286.0922