



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	IRON SUPPLEMENTS
aspirin chew tab 81 mg	carbonyl iron susp 15 mg/1.25 mL (elemental iron)
aspirin tab delayed release 81 mg	FERROUS SULFATE - ferrous sulfate liquid 220 mg/5 mL (44 mg/5 mL elemental fe)
BOWEL PREPARATION	ferrous sulfate elixir 220 mg/5 mL (44 mg/5 mL elemental fe)
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (Golytely)	ferrous sulfate soln 75 mg/mL (15 mg/mL elemental fe)
peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm (Moviprep)	ferrous sulfate syrup 300 mg/5 mL (60 mg/5 mL elemental fe)
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	IRON UP - polysaccharide iron complex liquid 15 mg/0.5 mL (fe equivalent)
BREAST CANCER	NOVAFERRUM PEDIATRIC DROPS - polysaccharide iron complex liquid 15 mg/mL (fe equivalent)
anastrozole tab 1 mg (Arimidex)	SINGLE AGENT STATINS
raloxifene hcl tab 60 mg (Evista)	atorvastatin calcium tabs; 10 mg, 20 mg, 40 mg, 80 mg (Lipitor)
tamoxifen citrate tab 10 mg, 20 mg	lovastatin tabs; 20 mg, 40 mg
FLUORIDE SUPPLEMENTS	pravastatin sodium tabs; 10 mg, 20 mg, 40 mg, 80 mg
sodium fluoride chew tabs; 0.25 mg f, 0.5 mg f, 1 mg f	TOBACCO CESSATION**
sodium fluoride cream 1.1% (Prevident 5000 Plus)	bupropion hcl (smoking deterrent) tab ER 12hr 150 mg
sodium fluoride gel 1.1% (0.5% f) (Prevident fluoride)	nicotine polacrilex gum 2 mg, 4 mg
sodium fluoride paste 1.1% (Prevident 5000 boost)	nicotine polacrilex lozenge 2 mg, 4 mg
sodium fluoride soln 0.5 mg/mL f (from 1.1 mg/mL naf)	nicotine td patch 24hr 7 mg/24hr, 14 mg/24hr, 21 mg/24 hr
stannous fluoride conc 0.63%	NICOTINE TRANSDERMAL SYST – nicotine td patch 24 hr kit 21-14-7 mg/24hr
stannous fluoride gel 0.4%	NICOTROL INHALER – nicotine inhaler system 10 mg (4 mg delivered)
FOLIC ACID SUPPLEMENTS	NICOTROL NS – nicotine nasal spray 10 mg/mL (0.5 mg/spray)
folic acid caps; 0.8 mg	VARENICLINE STARTING MONTH BOX - varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack
folic acid tabs; 400 mcg, 800 mcg	varenicline tartrate tab 0.5 mg, 1 mg (base equivalent)
HIV PRE-EXPOSURE PROPHYLAXIS (PREP)	VACCINES
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (Truvada)	ABRYSV0 - RSV pre-fusion F A&B vac recomb for im soln 120 mcg/0.5 mL
INFANT EYE OINTMENT	ACTHIB – haemophilus b polysaccharide conjugate vaccine for inj
erythromycin ophth oint 5 mg/gm	

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



PREVENTIVE DRUG LIST

ADACEL – tet tox-diph-acell pertuss ad inj 5-2-15.5 lf-1f-mcg/0.5 mL	KINRIX – diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 mL
AFLURIA QUADRIVALENT – influenza virus vac split quadrivalent susp pref syr 0.5 mL	M-M-R II – measles-mumps-rubella virus vaccines for inj soln
AFLURIA QUADRIVALENT – influenza virus vaccine split quadrivalent im inj	MENACTRA – meningococcal (a, c, y, and w-135) diphth conjugate vaccine
AREXVY – RSV-PREF3 vaccine recomb adjuvanted for im susp 120 mcg/0.5 mL	MENQUADFI – meningococcal (a, c, y, and w-135) tetanus conjugate vaccine
BEXSERO – meningococcal vaccine b (recomb omv adjuv) inj prefilled syringe	MENVEO – meningococcal (a, c, y, and w-135) oligo conj vac for inj
BOOSTRIX – tet tox-diph-acell pertuss ad inj 5-2.5-18.5 lf-1f-mcg/0.5 mL	MENVEO – meningococcal (a, c, y, and w-135) oligo conj vac im soln
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
DAPTACEL – diph, acellular pert & tet tox inj 15 lf-23 mcg-5 lf/0.5 mL	PEDVAX HIB – haemophilus b polysaccharide conj vaccine IM susp 7.5 mcg/0.5 mL
ENGERIX-B – hepatitis b vaccine (recombinant) susp 20 mcg/ml	PENTACEL – diph-ac per-tet tox ad-poliov-haemoph b poly vaccine for IM susp
ENGERIX-B – hepatitis B vaccine (recombinant) susp pref syr 10 mcg/0.5ml, 20 mcg/ml	PNEUMOVAX 23 – pneumococcal vaccine polyvalent inj 25 mcg/0.5 mL
FLUAD QUADRIVALENT – influenza vac type a&b surface ant adj quad pref syr 0.5 mL	PNEUMOVAX 23/1 DOSE – pneumococcal vaccine polyvalent inj 25 mcg/ 0.5 mL
FLUARIX QUADRIVALENT – influenza virus vac split quadrivalent susp pref syr 0.5 mL	PREHEVBRIO - hepatitis b vaccine 3-antigen (recombinant) susp 10 mcg/ml
FLUBLOK QUADRIVALENT – influenza vac recomb ha quad pf soln pref syr 0.5 mL	PREVNAR 13 – pneumococcal 13-valent conjugate vaccine inj
FLUCELVAX QUADRIVALENT – influenza vac tiss-cult subunit quad susp pref syr 0.5 mL	PREVNAR 20 – pneumococcal 20-valent conjugate vaccine sus pref syr 0.5 mL
FLUCELVAX QUADRIVALENT – influenza vac tissue-cultured subunit quadrivalent im susp	PRIORIX - measles-mumps-rubella virus vaccines for subcutaneous susp
FLULAVAL QUADRIVALENT – influenza virus vac split quadrivalent susp pref syr	PROQUAD – measles-mumps-rubella-varicella virus vaccine for susp
FLUMIST QUADRIVALENT – influenza virus vaccine live quadrivalent intranasal susp	QUADRACEL – diph-tetanus tox ad-acell pert & polio virus, ipv vacc inj
FLUZONE HIGH-DOSE PF – influenza vac split high-dose quad pf susp pref syr 0.7 mL	QUADRACEL – diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 mL
FLUZONE QUADRIVALENT – influenza virus vac split quadrivalent susp pref syr 0.5mL	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 im inj	RECOMBIVAX HB – hepatitis b vaccine (recombinant) susp pref syr 5 mcg/0.5ml, 10 mcg/ml
FLUZONE QUADRIVALENT – influenza virus vaccine split quadrivalent inj 0.5 mL	ROTARIX – rotavirus vaccine, live for oral susp
GARDASIL 9 – human papillomavirus (HPV) 9-valent recomb vaccine IM susp, pref syr	ROTARIX – rotavirus vaccine, live oral susp
HAVRIX – hepatitis A vaccine inj susp 720 el unit/0.5 mL, 1440 el unit/mL	ROTATEQ – rotavirus vaccine, live oral pentavalent soln
HEPLISAV-B – hepatitis B vaccine recomb adjuvanted pref syr 20 mcg/ 0.5 mL	SHINGRIX – zoster vac recombinant adjuvanted for IM inj 50 mcg/ 0.5 mL
HIBERIX – haemophilus b polysaccharide conjugate vaccine for inj 10 mcg	TDVAX – tetanus-diphtheria toxoids (td) inj 2-2 lf/0.5 mL
INFANRIX – diph, acellular pert & tet tox inj 25 lf-58 mcg-10 lf/0.5 mL	TENIVAC – tetanus-diphtheria toxoids (td) inj 5-2 lf
IPOL INACTIVATED IPV – poliovirus vaccine, ipv injection	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 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 copy 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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