



# 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   |  |
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| <b>ASPIRIN</b>   | <b>IRON SUPPLEMENTS</b>  |
| 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)               |
| <b>BOWEL PREPARATION</b>   | 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)                    |
| <b>BREAST CANCER</b>   | NOVAFERRUM PEDIATRIC DROPS - polysaccharide iron complex liquid 15 mg/mL (fe equivalent)     |
| anastrozole tab 1 mg (Arimidex)  | <b>SINGLE AGENT STATINS</b>  |
| 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  |
| <b>FLUORIDE SUPPLEMENTS</b>  | 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                 | <b>TOBACCO CESSATION**</b>   |
| 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)                            |
| <b>FOLIC ACID SUPPLEMENTS</b>  | 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)                                      |
| <b>HIV PRE-EXPOSURE PROPHYLAXIS (PREP)</b>                             | <b>VACCINES</b>  |
| 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                         |
| <b>INFANT EYE OINTMENT</b>   | ACTHIB - haemophilus b polysaccharide conjugate vaccine for inj                              |
| erythromycin ophth oint 5 mg/gm  | ADACEL - tet tox-diph-acell pertuss ad inj 5-2-15.5 If-If-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

Table with 1 column listing various vaccines such as AFLURIA QUADRIVALENT, AREXVY, BEXSERO, BOOSTRIX, COMIRNATY, DAPTACEL, ENGERIX-B, FLUAD QUADRIVALENT, FLUARIX QUADRIVALENT, FLUBLOK QUADRIVALENT, FLUCELVAX QUADRIVALENT, FLULAVAX QUADRIVALENT, FLUMIST QUADRIVALENT, FLUZONE HIGH-DOSE PF, FLUZONE QUADRIVALENT, GARDASIL 9, HAVRIX, HEPLISAV-B, HIBERIX, INFANRIX, IPOL INACTIVATED IPV, KINRIX, M-M-R II, and MENACTRA.

Table with 1 column listing various vaccines such as MENQUADFI, MENVEO, MODERNA COVID-19 VACCINE/6MO-11Y, PEDIARIX, PEDVAX HIB, PENTACEL, PFIZER-BIONTECH COVID-19 VACCINE/5-11Y, PFIZER-BIONTECH COVID-19 VACCINE/6MO-4Y, PNEUMOVAX 23, PNEUMOVAX 23/1 DOSE, PREHEVBRIO, PREVNAR 13, PREVNAR 20, PRIORIX, PROQUAD, QUADRACEL, RECOMBIVAX HB, ROTARIX, ROTATEQ, SHINGRIX, SPIKEVAX COVID-19 VACCINE, TDVAX, TENIVAC, TRUMENBA, TWINRIX, VAQTA, VARIVAX, VAXELIS, and VAXNEUVANCE.

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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 bcbsmt.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 BCBSMT (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). BCBSMT will let you, and your doctor, know the coverage decision after receiving your request. If the request is denied, BCBSMT 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.