



No-Cost Preventive Drug List Medication Covered at \$0 Cost to You

Effective Jan. 1, 2019

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 the preventive care drugs that may be covered under your plan for both adults and children. 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), 240 gm (Colyte-flavor packs)

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

BREAST CANCER

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 Booster)

sodium fluoride rinse 0.2%

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

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

stannous fluoride conc 0.63% (Gel-Kam Oral Care Rinse)

stannous fluoride gel 0.4%

FOLIC ACID SUPPLEMENTS

folic acid caps; 0.8 mg

folic acid tabs; 400 mcg, 800 mcg

IRON SUPPLEMENTS

carbonyl iron suspension 15 mg/1.25 mL (elemental Fe)

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

FERROUS SULFATE - ferrous sulfate syrup 300 mg/5 mL (60 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)

IRON UP - polysaccharide iron complex liquid 15 mg/0.5 mL (elemental Fe)

NOVAFERRUM PEDIATRIC DROPS - polysaccharide iron complex liquid 15 mg/mL (elemental Fe)

SINGLE AGENT STATINS

lovastatin tabs; 20 mg, 40 mg

pravastatin sodium tabs; 10 mg, 20 mg (Pravachol), 40 mg (Pravachol), 80 mg (Pravachol)

TOBACCO CESSATION

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

CHANTIX – varenicline tartrate tab 0.5 mg, 1 mg

CHANTIX CONTINUING MONTH – varenicline tartrate tab 1 mg

CHANTIX STARTING MONTH PAK – varenicline tartrate 0.5 mg tab x 11 & 1 mg tab x 24

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)

Generic Drugs = **bold**

Brand Drugs = CAPITAL LETTERS

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PREVENTIVE DRUG LIST

VACCINES

ACTHIB – haemophilus b polysaccharide conjugate vaccine
ADACEL – tet tox-diph-acell pertuss ad inj
AFLURIA – influenza vaccine IM susp
AFLURIA PF – influenza vaccine PF pref syringe 0.5 mL
AFLURIA QUADRIVALENT – influenza vaccine quadrivalent pref syr 0.5 mL
AFLURIA QUADRIVALENT – influenza vaccine quadrivalent IM inj
BEXSERO – meningococcal vaccine b prefilled syringe
BOOSTRIX – tet tox-diph-acell pertuss ad inj
DAPTACEL – diph, acellular pert & tet tox inj
DIPHTHERIA/TETANUS TOXOID – diphtheria-tetanus tox adsorbed (dt) IM inj
ENGERIX-B – hepatitis B vaccine (recombinant) 10 mcg/0.5 mL, 20 mcg/mL; susp 10 mcg/0.5 mL, susp 20 mcg/mL
FLUAD – influenza vaccine pref syr 0.5 mL
FLUARIX QUADRIVALENT – influenza vaccine quadrivalent pref syr 0.5 mL
FLUBLOK – influenza vaccine recombinant hemagglutinin (ha) PF inj
FLUBLOK QUADRIVALENT – influenza vaccine recomb ha quad PF pref syr 0.5 mL
FLUCELVAX – influenza vaccine pref syr 0.5 mL
FLUCELVAX QUADRIVALENT – influenza vaccine quad pref syr 0.5 mL
FLUCELVAX QUADRIVALENT – influenza vaccine quadrivalent IM susp
FLULAVAL QUADRIVALENT – influenza vaccine quadrivalent susp pref syr 0.5 mL
FLULAVAL QUADRIVALENT – influenza vaccine quadrivalent IM inj
FLUMIST QUADRIVALENT – influenza vaccine live quadrivalent intranasal susp
FLUVIRIN – influenza vaccine pref syr 0.5 mL
FLUVIRIN – influenza vaccine IM susp
FLUZONE HIGH-DOSE PF – influenza vaccine high-dose PF pref syr 0.5 mL
FLUZONE INTRADERMAL QUADRIVALENT – influenza vaccine quad intradermal pen
FLUZONE QUADRIVALENT – influenza vaccine quadrivalent inj 0.5 mL, IM inj; susp pref syr 0.25 mL, susp pref syr 0.5 mL
GARDASIL – human papillomavirus (HPV) quadrivalent recombinant vaccine
GARDASIL 9 – human papillomavirus (HPV) 9-valent recomb vaccine IM susp, pref syr
HAVRIX – hepatitis A vaccine 720 el unit/0.5 mL, 1440 el unit/mL
HEPLISAV-B – hepatitis B vaccine recombinant adjuvanted 20 mcg/0.5 mL
HIBERIX – haemophilus b polysaccharide conjugate vaccine 10 mcg
INFANRIX – diph, acellular pert & tet tox inj
IPOL INACTIVATED IPV – poliovirus vaccine, ipv injection
KINRIX – diph-tetanus tox ad-acell pert & polio virus, ipv vaccine
M-M-R II – measles, mumps & rubella virus live vaccine
MENACTRA – meningococcal (a, c, y, and w-135) conjugate vaccine
MENHIBRIX – meningococcal (c & y)-haemophilus b tet tox conj vaccine
MENOMUNE-A/C/Y/W-135 – meningococcal vaccine a, c, y, and w-135 inj
MENVEO – meningococcal (a, c, y, and w-135) oligo conj vac for inj

PEDIARIX – diph-tetanus tox-acell pert-hepatitis b-polio vaccine
PEDVAX HIB – haemophilus b polysaccharide conj vaccine IM susp
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
PROQUAD – measles-mumps-rubella-varicella virus vaccine
QUADRACEL – diph-tetanus tox ad-acell pert & polio virus, ipv vaccine
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
TENIVAC – tetanus-diphtheria toxoids (td) inj
TETANUS/DIPHTHERIA TOXOIDS – tetanus-diphtheria toxoids (td) inj
TRUMENBA – meningococcal group b vaccine (recomb) IM susp prefilled syr
TWINRIX – hepatitis A (inact)-hep B (recomb) vaccine 720-20 elu-mcg/mL
VAQTA – hepatitis A vaccine 25 unit/0.5 mL, 50 unit/mL
VARIVAX – varicella virus vaccine live
ZOSTAVAX – zoster vaccine live



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 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.

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 limitations and exclusions of the benefit plan. For details about your plan, check your benefit materials or call the Pharmacy Program number on your member ID card.

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