



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

Effective Jan. 1, 2018

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 Women's 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, 240 gm

peg 3350-kcl-sod bicarb-nacl for soln 420 gm

BREAST CANCER

raloxifene

tamoxifen

FLUORIDE SUPPLEMENTS

sodium fluoride chew tabs; 0.25 mg f (from 0.55 mg naf), 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg naf)

sodium fluoride cream 1.1%

sodium fluoride gel 1.1% (0.5% f)

sodium fluoride paste 1.1%

sodium fluoride rinse 0.2%

sodium fluoride soln; 0.125 mg/drop f (0.275 mg/drop naf), 0.5 mg/mL f (from 1.1 mg/mL naf)

sodium fluoride/potassium nitrate paste 1.1-5%

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

IRON SUPPLEMENTS

carbonyl iron suspension

FERROUS SULFATE LIQUID, 220 MG/5 ML

FERROUS SULFATE SYRUP

ferrous sulfate elixir, solution

IRON UP

NOVAFERRUM PEDIATRIC DROPS

SINGLE AGENT STATINS

lovastatin 20 mg, 40 mg

pravastatin

TOBACCO CESSATION

bupropion hcl (smoking deterrent) tab sr 12hr 150 mg

CHANTIX

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 KIT

NICOTROL INHALER

NICOTROL NS



PREVENTIVE DRUG LIST

VACCINES

ACTHIB
ADACEL
AFLURIA/ PF/QUADRIVALENT
BEXSERO
BOOSTRIX
CERVARIX
COMVAX
DAPTACEL
DIPHTHERIA/TETANUS TOXOID
ENGERIX-B
FLUAD
FLUARIX QUADRIVALENT
FLUBLOK
FLUCELVAX/QUADRIVALENT
FLULAVAL QUADRIVALENT
FLUVIRIN
FLUZONE/HIGH-DOSE/INTRADERMAL/QUADRIVALENT/SPLIT
GARDASIL
GARDASIL 9
HAVRIX
HIBERIX
INFANRIX
IPOL INACTIVATED IPV
KINRIX
M-M-R II
MENACTRA
MENHIBRIX
MENOMUNE-A/C/Y/W-135
MENVEO
PEDIARIX
PEDVAX HIB
PENTACEL

PNEUMOVAX 23
PREVNAR 13
PROQUAD
QUADRACEL
RECOMBIVAX HB
ROTARIX
ROTATEQ
TENIVAC
TETANUS/DIPHTHERIA TOXOIDS
TRUMENBA
TWINRIX
VAQTA
VARIVAX
ZOSTAVAX

VITAMIN D SUPPLEMENTS

cholecalciferol cap 400 unit, 1000 unit
cholecalciferol chew tab 400 unit, 1000 unit
cholecalciferol drops 400 unit/0.03 mL (per drop), 5000 unit/mL (1000 unit/0.2 mL)
cholecalciferol oral liquid 400 unit/mL
cholecalciferol tab 400 unit, 1000 unit



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. 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.