



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

Effective Jan. 1, 2017

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

All brand/generic aspirin 81 mg

### BOWEL PREPARATION

Polyethylene glycol powder for solution

Polyethylene glycol/electrolytes powder for solution

### BREAST CANCER

EVISTA\*\*

Raloxifene

SOLTAMOX

Tamoxifen

### FLUORIDE SUPPLEMENTS

ACT TOTAL CARE DRY MOUTH

COLGATE DRY MOUTH RELIEF

CREST COMPLETE

FLORICAL

FLUOR-A-DAY CHEW TABS

FLUORABON

FLUORIDEX DAILY DEFENSE SENSITIVITY RELIEF GEL

FLURA-DROPS

GEL-KAM\*\*

LISTERINE ESSENTIAL CARE

LISTERINE RESTORING\*\*

LISTERINE SMART RINSE\*\*

LISTERINE TOTAL CARE ZERO

LISTERINE TOTAL CARE\*\*

LISTERINE WHITENING/RESTORING

LOZI-FLUR

LURIDE\*\*

MONOCAL

NAFRINSE

OMNI GEL\*\*

PHOS-FLUR

### FLUORIDE SUPPLEMENTS CONTINUED

PREVIDENT\*\*

REMBRANDT

Sodium fluoride chew tabs; crm; drops; gel; oral rinse; paste; soln

SODIUM FLUORIDE TABS

Sodium fluoride/potassium nitrate

Stannous fluoride

THERA-FLUR-N\*\*

### FOLIC ACID SUPPLEMENTS

FA-8 CAPS

Folic acid tabs, 400 mcg, 800 mcg

### INFANT EYE OINTMENT (FOR NEWBORNS)

Erythromycin eye oint

### IRON SUPPLEMENTS

FER-IN-SOL\*\*

FERRETTS CHEWABLE IRON

FERROUS SULFATE LIQUID, 220 MG/5 ML

FERROUS SULFATE SYRUP

Ferrous sulfate chewable tabs, elixir, solution, suspension

MYKIDZ IRON 10

### TOBACCO CESSATION

All brand/generic OTC nicotine gum, lozenges, patches bupropion ext-release (smoking cessation)

CHANTIX

COMMIT\*\* (OTC)

NICODERM CQ\*\* (OTC)

NICORETTE\*\* (OTC)

Nicotine gum, lozenges, patches

NICOTINE TRANSDERMAL KIT (OTC)

NICOTROL INHALER

NICOTROL NS

ZYBAN\*\*

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

\*\* Generic available for the brand drug

353123.1116



### PREVENTIVE DRUG LIST

#### VACCINES

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

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

#### VITAMIN D SUPPLEMENTS

BABY DDROPS** (OTC)
CHOLECALCIFEROL CAPS, 400 UNIT; SPRAY 1000 UNIT/SPRAY (OTC)
<b>Cholecalciferol Caps, 1000 unit; chew tabs, 400, 1000 unit; drops, 400 unit/0.03 mL, 5000 unit/mL; soln, 400 unit/mL; tabs, 400, 1000 unit (OTC)</b>
D-VI-SOL** (OTC)
DDROPS 1000 UNIT/0.03 ML (OTC)
ERGOCALCIFEROL TABS, 400 UNIT (OTC)
SUPER DAILY D3
WELLESSE ORAL LIQUID, 1000 UNIT/10 ML



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

\*\* Generic available for the brand drug

\* 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.