



# No-Cost Preventive Drug List

## Medication Covered at \$0 Cost to You

Effective Jan. 1, 2022



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	
<b>ASPIRIN</b>	<b>IRON SUPPLEMENTS</b>
aspirin chew tab 81 mg	carbonyl iron suspension 15 mg/1.25 mL (elemental fe) <b>(Icar pediatric)</b>
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>	<b>ferrous sulfate elixir 220 mg/5 mL (44 mg/5 mL elemental fe)</b>
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm ( <b>Golytely</b> )	<b>ferrous sulfate soln 75 mg/mL (15 mg/mL elemental fe) (Fer-In-Sol)</b>
peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm ( <b>Moviprep</b> )	<b>ferrous sulfate syrup 300 mg/5 mL (60 mg/5 mL elemental fe)</b>
peg 3350-kcl-sod bicarb-nacl for soln 420 gm ( <b>Nulytely/flavor pack</b> )	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 ( <b>Arimidex</b> )	<b>SINGLE AGENT STATINS</b>
raloxifene hcl tab 60 mg ( <b>Evista</b> )	<b>atorvastatin calcium tabs; 10 mg, 20 mg (Lipitor)</b>
tamoxifen citrate tab 10 mg, 20 mg	<b>lovastatin tabs; 20 mg, 40 mg</b>
<b>FLUORIDE SUPPLEMENTS</b>	<b>pravastatin sodium tabs; 10 mg, 20 mg, 40 mg, 80 mg</b>
sodium fluoride chew tabs; 0.25 mg f, 0.5 mg f, 1 mg f ( <b>Luride</b> )	<b>TOBACCO CESSATION</b>
sodium fluoride cream 1.1% ( <b>Prevident 5000 Plus</b> )	<b>bupropion hcl (smoking deterrent) tab ER 12hr 150 mg</b>
sodium fluoride gel 1.1% (0.5% f) ( <b>Prevident fluoride</b> )	<b>nicotine polacrilex gum 2 mg, 4 mg</b>
sodium fluoride paste 1.1% ( <b>Prevident 5000 Booster</b> )	<b>nicotine polacrilex lozenge 2 mg, 4 mg</b>
sodium fluoride rinse 0.2% ( <b>Prevident</b> )	<b>nicotine td patch 24hr 7 mg/24hr, 14 mg/24hr, 21 mg/24 hr</b>
sodium fluoride soln; 0.125 mg/drop f, 0.5 mg/mL f	NICOTINE TRANSDERMAL SYSTEM – nicotine td patch 24 hr kit 21-14-7 mg/24hr
sodium fluoride-potassium nitrate paste 1.1-5% ( <b>Prevident 5000 paste</b> )	NICOTROL INHALER – nicotine inhaler system 10 mg (4 mg delivered)
stannous fluoride conc 0.63% ( <b>Gel-kam oral care rinse</b> )	NICOTROL NS – nicotine nasal spray 10 mg/mL (0.5 mg/spray)
stannous fluoride gel 0.4% ( <b>Gel-kam gel</b> )	VARENICLINE TARTRATE – varenicline tartrate tab 0.5 mg, 1 mg (base equivalent)
<b>FOLIC ACID SUPPLEMENTS</b>	<b>VACCINES</b>
<b>folic acid caps; 0.8 mg</b>	ACTHIB – haemophilus b polysaccharide conjugate vaccine for inj
<b>folic acid tabs; 400 mcg, 800 mcg</b>	ADACEL – tet tox-diph-acell pertuss ad inj 5-2-15.5 If-If-mcg/0.5 mL
<b>HIV PRE-EXPOSURE PROPHYLAXIS (PREP)</b>	AFLURIA QUADRIVALENT – influenza vaccine quadrivalent pref syr 0.25 mL, 0.5 mL
<b>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (Truvada)</b>	
<b>INFANT EYE OINTMENT</b>	
<b>erythromycin ophth oint 5 mg/gm</b>	



PREVENTIVE DRUG LIST

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

Table with 1 column listing various vaccines such as MENVEO, PEDIARIX, PEDVAX HIB, PENTACEL, PNEUMOVAX 23, PNEUMOVAX 23/1 DOSE, PREVNAR 13, PROQUAD, QUADRACEL, RECOMBIVAX HB, ROTARIX, ROTATEQ, SHINGRIX, TDVAX, TENIVAC, TRUMENBA, TWINRIX, VAQTA, VARIVAX, VAXELIS, and VAXELIS.



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 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.

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. Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association 233340.0921