BlueCross BlueShield of Texas

No-Cost Preventive Drug List

Medication Covered at $0 Cost to You

Effective Jan. 1, 2021



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)

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

BREAST CANCER

anastrozole tab 1 mg (Arimidex) +

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% (Prevident)

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

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

stannous fluoride conc 0.63%

stannous fluoride gel 0.4% (Gel-kam)

FOLIC ACID SUPPLEMENTS

folic acid caps; 0.8 mg

folic acid tabs; 400 mcg, 800 mcg

HIV PRE-EXPOSURE PROPHYLAXIS (PREP)

TRUVADA – emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg

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 (Fe equivalent)

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

SINGLE AGENT STATINS

lovastatin tabs; 20 mg, 40 mg

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

TOBACCO CESSATION

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

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 42 pack

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 SYSTEM – 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

+ Drug added to preventive drug list effective Oct. 1, 2020

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PREVENTIVE DRUG LIST

VACCINES

- ACTHIB – haemophilus b polysaccharide conjugate vaccine for inj
- ADACEL – tet tox-diph-acell pertuss ad inj 5-2-15.5 lf-lf-mcg/0.5 mL
- AFLURIA QUADRIVALENT – influenza vaccine quadrivalent pref syr 0.25 mL, 0.5 mL
- AFLURIA QUADRIVALENT – influenza vaccine quadrivalent IM inj
- BEXSERO – meningococcal vaccine b (recomb omv adjuv) inj prefilled syringe
- BOOSTRIX – tet tox-diph-acell pertuss ad inj 5-2.5-18.5 lf-lf-mcg/0.5 mL
- DAPTACEL – diph, acellular pert & tet tox inj 15 lf-23 mcg-5 lf/0.5 mL
- DIPHTHERIA/TETANUS TOXOID – diphtheria-tetanus tox adsorbed (dt) IM inj 25-5 unit/0.5mL
- 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 type a&b surface ant adj susp pref syr 0.5 mL
- FLUAD QUADRIVALENT – influenza vac type a&b surface ant adj quad pref syr 0.5 mL
- FLUARIX QUADRIVALENT – influenza vaccine quadrivalent pref syr 0.5 mL
- FLUBLOK QUADRIVALENT – influenza vaccine recomb ha quad PF pref syr 0.5 mL
- FLUCELVAX QUADRIVALENT – influenza vaccine tiss-cult subunt quad susp pref syr 0.5 mL
- FLUCELVAX QUADRIVALENT – influenza vaccine tissue-cultured subunit quadrivalent IM susp
- FLULAVAL QUADRIVALENT – influenza vaccine split quadrivalent susp pref syr 0.5 mL
- FLULAVAL QUADRIVALENT – influenza vaccine split quadrivalent IM inj
- FLUZONE HIGH-DOSE PF – influenza vaccine high-dose PF pref syr 0.5 mL, quad of susp pref syr 0.7 mL
- FLUZONE QUADRIVALENT – influenza vaccine split quadrivalent inj 0.5 mL, IM inj; susp pref syr 0.25 mL, susp pref syr 0.5 mL
- GARDASIL 9 – human papillomavirus (HPV) 9-valent recomb vaccine IM susp, pref syr
- HAVRIX – hepatitis A vaccine inj susp 720 el unit/0.5 mL, 1440 el unit/mL
- HEPLISAV-B – hepatitis B vaccine recomb adjuvanted pref syr 20 mcg/0.5 mL
- HIBERIX – haemophilus b polysaccharide conjugate vaccine for inj 10 mcg
- INFANRIX – diph, acellular pert & tet tox inj 25 lf-58 mcg-10 lf/0.5 mL
- IPOL INACTIVATED IPV – poliovirus vaccine, ipv injection
- KINRIX – diph-tetanus tox ad-acell pert & polio virus, ipv vaccine inj
- M-M-R II – measles-mumps-rubella virus vaccines for inj soln
- MENACTRA – meningococcal (a, c, y, and w-135) conjugate vaccine inj
- MENVEO – meningococcal (a, c, y, and w-135) oligo conj vac for inj
- PEDIARIX – diph-tetanus tox-acell pert-hepatitis b-polio ipv vaccine inj
- PEDVAX HIB – haemophilus b polysaccharide conj vaccine IM susp 7.5 mcg/0.5 mL
- 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 inj
- PROQUAD – measles-mumps-rubella-varicella virus vaccine for susp
- QUADRACEL – diph-tetanus tox ad-acell pert & polio virus, ipv vaccine inj
- 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/0.5 mL
- TDVAX – tetanus-diphtheria toxoids (td) inj 2-2 lf/0.5 mL
- TENIVAC – tetanus-diphtheria toxoids (td) inj 5-2 lfu
- TRUMENBA – meningococcal group b vaccine (recomb) IM susp prefilled syr
- TWINRIX – hep a-hep b vaccine susp pref syr 720-20 elu-mcg/mL
- VAQTA – hepatitis A vaccine inj susp 25 unit/0.5 mL, 50 unit/mL
- VARIVAX – varicella virus vaccine live for subcutaneous inj 1350 pfu/0.5 mL
- ZOSTAVAX – zoster vaccine live for subcutaneous susp 19400 unit/0.65 mL



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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. 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 bcbstx.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.

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