BlueCross BlueShield of Illinois

No-Cost Preventive Drug List

Medication Covered at $0 Cost to You

Effective January 1, 2027

Your health plan may include certain prescription and over-the-counter 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

ASPIRIN
aspirin chew tab 81 mg (Bayer Children's Aspirin)
aspirin tab delayed release 81 mg
BOWEL PREPARATION
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (Golytely)
peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm (Moviprep)
peg 3350-kcl-sod bicarb-nacl for soln 420 gm
BREAST CANCER
anastrozole tab 1 mg (Arimidex)
raloxifene hcl tab 60 mg (Evista)
tamoxifen citrate tab 10 mg, 20 mg (base equivalent)
FLUORIDE SUPPLEMENTS
CLINPRO 5000 - sodium fluoride paste 1.1%
DENTA 5000 PLUS - sodium fluoride cream 1.1%
DENTA 5000 PLUS SENSITIVE - sodium fluoride-potassium nitrate gel 1.1-5%
DENTAGEL - sodium fluoride gel 1.1% (0.5% f)
EASYGEL - stannous fluoride gel 0.4%
FLUORIDE - sodium fluoride chew tab 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)
FLUORIDEX DAILY DEFENSE - sodium fluoride paste 1.1%
FLUORIDEX DAILY RENEWAL - stannous fluoride conc 0.63%
FLUORIDEX ENHANCED WHITENING - sodium fluoride paste 1.1%
FLUORIDEX SENSITIVITY RELIEF - sodium fluoride-potassium nitrate gel 1.1-5%
FLUORIDEX SENSITIVITY RELIEF/SLS FREE - sodium fluoride-potassium nitrate gel 1.1-5%
FLUORIMAX 5000 - sodium fluoride paste 1.1%
FLUORIMAX 5000 SENSITIVE - sodium fluoride-potassium nitrate gel 1.1-5%
JUST RIGHT 5000 - sodium fluoride paste 1.1%
PREVIDENT 5000 BOOSTER PLUS - sodium fluoride paste 1.1%
PREVIDENT 5000 DRY MOUTH - sodium fluoride gel 1.1% (0.5% f)
PREVIDENT 5000 ENAMEL PROTECT - sodium fluoride-potassium nitrate gel 1.1-5%
PREVIDENT 5000 KIDS - sodium fluoride paste 1.1%
PREVIDENT 5000 ORTHO DEFENSE - sodium fluoride paste 1.1%
PREVIDENT 5000 PLUS - sodium fluoride cream 1.1%
PREVIDENT 5000 SENSITIVE - sodium fluoride-potassium nitrate gel 1.1-5%
PREVIDENT FLUORIDE - sodium fluoride gel 1.1% (0.5% f)
PREVIDENT RINSE - sodium fluoride rinse 0.2%
SF - sodium fluoride gel 1.1% (0.5% f)
SF 5000 PLUS - sodium fluoride cream 1.1%
SODIUM FLUORIDE - sodium fluoride rinse 0.2%
SODIUM FLUORIDE 5000 PPM ENAMEL PROTECT - sodium fluoride-potassium nitrate gel 1.1-5%
SODIUM FLUORIDE 5000 PPM SENSITIVE - sodium fluoride-potassium nitrate gel 1.1-5%
SODIUM FLUORIDE/POTASSIUM NITRATE/SENSITIVE - sodium fluoride-potassium nitrate gel 1.1-5%
SODIUM FLUORIDE - sodium fluoride tab 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg naf)
SODIUM FLUORIDE - sodium fluoride cream 1.1%
SODIUM FLUORIDE - sodium fluoride gel 1.1% (0.5% f)
SODIUM FLUORIDE 5000 PLUS - sodium fluoride cream 1.1%
SODIUM FLUORIDE 5000 PPM - sodium fluoride paste 1.1%
SODIUM FLUORIDE 5000 PPM DRY MOUTH - sodium fluoride gel 1.1% (0.5% f)

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

PREVENTIVE DRUG LIST

SODIUM FLUORIDE - sodium fluoride chew tab 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 - sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)

FOLIC ACID SUPPLEMENTS

folic acid cap 0.8 mg

folic acid tab 400 mcg, 800 mcg

HIV PRE-EXPOSURE PROPHYLAXIS (PREP)

APRETUDE - cabotegravir im extended release susp 600 mg/3 mL

DESCOVY - emtricitabine-tenofovir alafenamide fumarate tab 200-25 mg

emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (Truvada)

IRON SUPPLEMENTS

carbonyl iron susp 15 mg/1.25 mL (elemental iron)

ferrous sulfate soln 220 mg/5 mL (44 mg/5 mL elemental fe), 300 mg/5 mL (60 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

atorvastatin calcium tab 10 mg, 20 mg, 40 mg, 80 mg (base equivalent) (Lipitor)

lovastatin tab 20 mg, 40 mg

pravastatin sodium tab 10 mg, 20 mg, 40 mg, 80 mg

TOBACCO CESSATION**

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

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/24hr

NICOTINE TRANSDERMAL SYSTEM - nicotine td patch 24 hr kit 21-14-7 mg/24hr

NICOTROL NS - nicotine nasal spray 10 mg/mL (0.5 mg/spray)

varenicline tartrate tab 0.5 mg, 1 mg (base equivalent) (Chantix)

varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack (Chantix Starting Month Pak)

VACCINES

ABRYSVO - rsv pre-fusion f a&b vac recomb for im soln 120 mcg/0.5 mL

ACTHIB - haemophilus b polysaccharide conjugate vaccine for inj

ADACEL - tet-diph-acell pertuss ad pref syr 5-2-15.5 lf-mcg/0.5 mL

AFLURIA - influenza virus vaccine split pf susp pref syringe 0.5 mL

AREXVY - rsvpref3 vaccine recomb adjuvanted for im susp 120 mcg/0.5 mL

BEXSERO - meningococcal vaccine b (recomb omv adjuv) inj prefilled syringe

BOOSTRIX - tet-diph-acell pertuss ad pref syr 5-2.5-18.5 lf-mcg/0.5 mL

CAPVAXIVE - pneumococcal 21-valent conjugate vaccine soln pref syr 0.5 mL

COMIRNATY/5-11Y/ - covid-19 mrna vac tris-s 5-11y-pfizer im susp 10 mcg/0.3 mL

COMIRNATY - covid-19 mrna vac tris-pfizer im susp pref syr 30 mcg/0.3 mL

DAPTACEL - diph, acellular pert & tet tox inj 15 lf-23 mcg-5 lf/0.5 mL

ENGERIX-B - hepatitis b vaccine (recombinant) susp 20 mcg/mL

ENGERIX-B - hepatitis B vaccine (recombinant) susp pref syr 10 mcg/0.5 mL, 20 mcg/mL

FLUAD - influenza vac type a&b surface ant adj susp pref syr 0.5 mL

FLUARIX - influenza virus vaccine split pf susp pref syringe 0.5 mL

FLUBLOK - influenza virus vacc recombinant ha pf soln pref syr 0.5 mL

FLUCELVAX - influenza virus vac tiss-cult subunit susp pref syr 0.5 mL

FLULAVAL - influenza virus vaccine split pf susp pref syringe 0.5 mL

FLUMIST NASAL VACCINE - influenza virus vaccine live intranasal liquid

FLUZONE - influenza virus vaccine split pf susp pref syringe 0.5 mL

GARDASIL 9 - human papillomavirus (hpv) 9-valent recomb vac im susp

GARDASIL 9 - human papillomavirus (hpv) 9-valent recomb vac susp pref syr

HAVRIX - hepatitis a vaccine susp prefilled syr 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 vac 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 inj susp

JYNNEOS - smallpox & monkeypox vac, live, non-replicating inj 0.5 mL

KINRIX - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 mL

M-M-R II - measles-mumps-rubella virus vaccines for inj soln

MENQUADFI - meningococcal (a, c, y, and w-135) tetanus conjugate vaccine

MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac for inj

MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac im soln

MNEXSPIKE COVID-19 VACCINE - covid-19 mrna vaccine-moderna im susp pref syr 10 mcg/0.2 mL

MRESVIA - rsv mrna pre-f vaccine im susp pref syr 50 mcg/0.5 mL

NUVAXOVID COVID-19 VACCINE - covid-19 subunit vacc-novavax im susp pref syr 5 mcg/0.5 mL

PEDIARIX - diph-tet tox-acell pert-hep b-polio ipv vac susp pref syr

PEDVAX HIB - haemophilus b polysaccharide conj vaccine im susp 7.5 mcg/0.5 mL

PENBRAYA - meningococcal acyw (tet conj)-mening b (rcmb) vacc for inj

PENMENVY - meningococcal acwy (oligo conj)-mening b (rcmb) vacc for inj

PENTACEL – diph-ac per-tet tox ad-poliov-haemoph b poly vaccine for im susp

PNEUMOVAX 23 - pneumococcal vaccine polyvalent soln pref syr 25 mcg/0.5 mL

PREVNAR 20 - pneumococcal 20-valent conjugate vaccine sus pref syr 0.5 mL

PRIORIX - measles-mumps-rubella virus vaccines for subcutaneous susp

PROQUAD - measles-mumps-rubella-varicella virus vaccine for susp

QUADRACEL - diph-tetanus tox ad-acell pert & polio virus, ipv vacc inj

QUADRACEL - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 mL

RECOMBIVAX HB - hepatitis B vaccine (recombinant) susp 5 mcg/0.5 mL, 10 mcg/mL, 40 mcg/mL

RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp pref syr 5 mcg/0.5 mL, 10 mcg/mL

ROTARIX - rotavirus vaccine, live oral susp

ROTATEQ - rotavirus vaccine, live oral pentavalent soln

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PREVENTIVE DRUG LIST

SHINGRIX - zoster vac recombinant adjuvanted for im inj 50 mcg/0.5 mL
SHINGRIX - zoster vac recomb adjuvanted im susp pref syr 50 mcg/0.5 mL
SPIKEVAX COVID-19 VACCINE/6MO-11Y - covid-19 mrna vac 6mo-11yr-moderna im susp pfs 25 mcg/0.25 mL
SPIKEVAX COVID-19 VACCINE – covid-19 mrna vaccine-moderna im susp pref syr 50 mcg/0.5 mL
TENIVAC - tetanus-diphtheria toxoids (td) inj 5-2 lf/0.5 mL
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 susp prefilled syr 25 unit/0.5 mL, 50 unit/mL
VARIVAX - varicella virus vac live for inj 1350 pfu/0.5 mL
VAXELIS - diph-tet tox-ac pert ad-polio ipv-hib-hep b rec susp pre syr
VAXELIS - diph-tet tox-ac pert ad-polio ipv-hib-hepatitis b recmb susp
VAXNEUVANCE - pneumococcal 15-valent conjugate vaccine sus pref syr 0.5 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.

** Your health plan covers two 90-day treatments for tobacco use cessation medicine per benefit period.

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 for coverage 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. Your doctor can submit a copay waiver or coverage exception from BCBSIL (unless you have a benefit exclusion) for products not covered on your prescription drug list. Copay waiver and coverage exception forms for your doctor to fill out are available at bcbsil.com/provider. Your doctor can also call the number on your member ID card to ask for a review. If you meet the conditions as outlined under the Affordable Care Act, you may have $0 member cost-sharing (no deductible, copay or coinsurance). BCBSIL will let you and your doctor know the coverage decision after receiving your request. If the request is denied, BCBSIL will let you and your doctor know why it was denied and offer you a covered alternative drug (if applicable).

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.