

Preventive Drug Coverage

Under the Patient Protection and Affordable Care Act, also known as national health care reform, most health plans must cover certain preventive services and drugs with no out-of-pocket costs. Preventive services are based on recommendations from the U.S. Preventive Services Task Force.

Listed below are drugs and products covered by Blue Cross and Blue Shield of Michigan and Blue Care Network of Michigan that comply with health care reform’s preventive benefits requirements. These drugs and products will have a “PV1,” “PV2” or “PV3” listing in the “Notes” column of the drug lists, and are available to you with no out-of-pocket costs when health care reform requirements are met. When health care reform requirements aren’t met, either the drug isn’t covered, or coverage and applicable out-of-pocket costs apply, based on your benefit design. Additional coverage requirements may also apply.

You should consult with your doctor in choosing the drug or product that’s right for you. A prescription from your doctor is required for preventive care drugs or products covered under your pharmacy plan, including over-the-counter drugs, and you must use network providers. For information specific to your preventive benefits, check your plan documents.

Representative drug and product brand names are listed below for reference. The generic equivalent will be dispensed where available when you fill a prescription.

**Find current lists of available drugs and products along with coverage requirements at
bcbsm.com/pharmacy.**

Drugs covered at \$0 copayment	Coverage requirements
Vaccines	
<ul style="list-style-type: none"> • Find the complete list of covered vaccines for each pharmacy benefit drug list at: bcbsm.com/druglists • Find additional information regarding vaccine coverage at: bcbsm.com/vaccines 	<ul style="list-style-type: none"> • Administered by a pharmacy that participates with Blue Cross Blue Shield of Michigan and Blue Care Network and is certified to administer vaccines • Quantity limits may apply • Additional coverage requirements may also apply
Contraception	
Prescription products	
<ul style="list-style-type: none"> • Oral, injectable, and patch (various) • Etonogestrel/ethinyl estradiol vaginal ring (such as EluRyng®, Nuvaring®) • pH modulator (Phexxi®) • Diaphragms (Caya®, Wide-Seal®) • Cervical caps (FemCap®) 	<ul style="list-style-type: none"> • Generic and select brand-name (generic will be dispensed where available) • Quantity limits may apply

Over-the-counter products	
<ul style="list-style-type: none"> • Nonoxynol-9 vaginal sponge (Today[®]) • Nonoxynol-9 vaginal 3% gel (Gynol II[®]) • Nonoxynol-9 vaginal 4% gel (Conceptrol[®]) • Nonoxynol-9 vaginal 28% medicated film (VCF[®]) • Female condom (FC[®], FC2[®]) • Male condom 	<ul style="list-style-type: none"> • Generic and select brand-name (generic will be dispensed where available) • Quantity limits may apply
Emergency contraception	
<ul style="list-style-type: none"> • Levonorgestrel 1.5mg tablet (such as Plan B[®], Plan B One Step[®], My Choice[®], My Way[®], Preventeza[®]) • Ulipristal acetate (Ella[®]) 	<ul style="list-style-type: none"> • Generic and select brand-name (generic will be dispensed where available) • Quantity limits may apply
Smoking cessation	
Prescription products	
<ul style="list-style-type: none"> • Bupropion 150mg extended-release tablet (Zyban[®]) • Varenicline tartrate tablet (Chantix[®]) • Nicotine inhaler (Nicotrol[®]) • Nicotine nasal spray (Nicotrol NS[®]) 	<ul style="list-style-type: none"> • Generic and select brand-name (generic will be dispensed where available) • Quantity limits may apply • Members ages 18 or older • Additional coverage requirements may also apply. • Out-of-pocket cost may apply if step therapy criteria is not met
Over-the-counter products	
<ul style="list-style-type: none"> • Nicotine gum, lozenge, and patch (such as Habitrol[®], Nicoderm CQ[®], KLS Quit[®], etc.) 	<ul style="list-style-type: none"> • Generic only • Quantity limits may apply • Members ages 18 or older
Breast cancer prevention	
<ul style="list-style-type: none"> • Anastrozole (Arimidex[®]) • Exemestane (Aromasin[®]) • Tamoxifen • Raloxifene (Evista[®]) 	<ul style="list-style-type: none"> • Generic only • Quantity limits may apply • Women ages 35 or older • Additional coverage requirements may also apply • Out-of-pocket cost may apply if step therapy criteria is not met
Colorectal cancer prevention screening (bowel preparation medications for colonoscopy)	
Prescription products	
<ul style="list-style-type: none"> • Polyethylene glycol 3350 (such as GaviLyte-C[®], GaviLyte-G[®], GaviLyte-N[®], Moviprep[®], Peg-Prep[®]) 	<ul style="list-style-type: none"> • Generic only • Quantity limits may apply • Members ages 45 to 75 years • TWO bowel preparation regimens per year with \$0 copay
Over-the-counter products	
<ul style="list-style-type: none"> • Polyethylene glycol 3350 (such as ClearLax[®], Glycolax[®], HealthyLax[®]) • Bisacodyl • Magnesium citrate (such as Citroma[®]) • Magnesium hydroxide (such as Milk of Magnesia[®]) 	<ul style="list-style-type: none"> • Generic only • Quantity limits may apply • Members ages 45 to 75 years • TWO bowel preparation regimens per year with \$0 copay

Cardiovascular disease prevention	
<p>Low-to-moderate dose statins:</p> <ul style="list-style-type: none"> • Atorvastatin (Lipitor®) <ul style="list-style-type: none"> - Less than or equal to 20mg • Fluvastatin (Lescol®/XL) <ul style="list-style-type: none"> - Less than or equal to 80mg • Lovastatin (Mevacor®) <ul style="list-style-type: none"> - Less than or equal to 40mg • Pravastatin (Pravachol®) <ul style="list-style-type: none"> - Less than or equal to 80mg • Rosuvastatin (Crestor®) <ul style="list-style-type: none"> - Less than or equal to 10mg • Simvastatin (Zocor®) <ul style="list-style-type: none"> - Less than or equal to 40mg 	<ul style="list-style-type: none"> • Generic only • Quantity limits may apply • Members ages 40 to 75 years
Pre-Exposure Prophylaxis (PrEP) for HIV Prevention	
<ul style="list-style-type: none"> • Emtricitabine/tenofovir 200mg/300mg (Truvada®) 	<ul style="list-style-type: none"> • Generic only • Quantity limits may apply • For members at high risk of HIV acquisition • Additional coverage requirements may also apply. • Out-of-pocket cost may apply if step therapy criteria isn't met
Other preventive products	
<ul style="list-style-type: none"> • Aspirin – over-the-counter 81mg 	<ul style="list-style-type: none"> • Generic only • For pregnant members who are at high risk for preeclampsia
<ul style="list-style-type: none"> • Fluoride 0.25mg, 0.5mg, and 1mg drops and tablets 	<ul style="list-style-type: none"> • Generic only • Members 6 months to 16 years
<ul style="list-style-type: none"> • Folic acid - over-the-counter 400mcg and 800mcg 	<ul style="list-style-type: none"> • Generic only • For members planning or capable of becoming pregnant