

# Blue Cross and Blue Shield of Minnesota ACA Preventive Drug List

Effective January 1, 2023



## Recommendations by

**United States Preventive Services Task Force (USPSTF),  
Health Resources and Services Administration (HRSA), and  
Advisory Committee on Immunization Practices (ACIP, adopted by the Centers for Disease Control)**

In accordance with requirements put forth through the Affordable Care Act (ACA), your employer has elected to provide evidence-based Preventive Drug coverage at \$0. Below is the list of preventive medications that may be available under your ACA Preventive Drug coverage. This list is subject to the terms of your health plans and may change, based on ACA guidelines updates.

The drugs listed below are grouped into broad categories. Each category includes an alphabetical list of drugs. Generic drugs are available for many of the brands noted on this list. Please verify with your plan if a generic drug must be tried before the brand version of a drug is filled. **Please refer to your benefit materials for coverage details and the plan website for current information as this publication is subject to change.**

*Generic prescription drugs are shown in lower-case boldface type. Most generic drugs are followed by a reference brand drug in (parentheses). Some generic products have no reference brand. Brand prescription drugs are shown in capital letters followed by the generic name. Generic medicines are available for many of the brand-name drugs listed though may not be available in all strengths.*

### ASPIRIN

**aspirin chew tab 81 mg**  
**aspirin tab delayed release 81 mg**

### BOWEL PREPARATION (for eligible members ages 45 and older)

**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 PRIMARY PREVENTION (for eligible members ages 35 and older)

**anastrozole tab 1 mg**  
**raloxifene hcl tab 60 mg (Evista)**  
**tamoxifen citrate tab 10 mg, 20 mg**

### FLUORIDE (for children ages 6 months-16 years)

**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 boost)**  
**sodium fluoride rinse 0.2% (Prevident)**  
**sodium fluoride-potassium nitrate paste 1.1-5% (Prevident 5000 sensitive)**  
**stannous fluoride conc 0.63% (Gel-kam oral care rinse)**  
**stannous fluoride gel 0.4%**  
**sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)**  
**sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)**  
**sodium fluoride chew tab 1 mg f (from 2.2 mg naf)**  
**sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf)**  
**sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf) (Luride)**

### FOLIC ACID SUPPLEMENTS

**folic acid cap 0.8 mg**  
**folic acid tab 400 mcg**  
**folic acid tab 800 mcg**

### HUMAN IMMUNODEFICIENCY VIRUS PREEXPOSURE PROPHYLAXIS (HIV PREP)

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

### IRON SUPPLEMENTS (for eligible infants up to 12 months)

**carbonyl iron susp 15 mg/1.25ml (elemental iron)**  
**FERROUS SULFATE – ferrous sulfate liquid 220 MG/5mL (44 mg/5mL ELEMENTAL Fe)**  
**ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe) (Fer-In-Sol)**  
**ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)**  
**ferrous sulfate syrup 300 mg/5ml (60 mg/5ml elemental fe)**

### SINGLE-AGENT STATINS (for eligible members ages 40-75)

**lovastatin tab 20 mg, 40 mg**  
**pravastatin sodium tab 10 mg, 20 mg, 40 mg, 80 mg (Pravachol)**  
**simvastatin tab 10 mg, 20 mg, 40 mg (Zocor)**

### TOBACCO CESSATION

All brand/generic OTC nicotine gum, lozenges, patches  
All brand/generic Rx nicotine gum, lozenges, patches

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

## TOBACCO CESSATION (CONTINUED)

### **bupropion hcl (smoking deterrent) tab er 12hr 150 mg (Zyban)**

NICODERM CQ – nicotine td patch 24hr 7 mg/24hr, 14 mg/24hr, 21 mg/24hr (OTC)  
NICORETTE – nicotine polacrilex gum 2 mg, 4 mg (OTC)  
NICORETTE – nicotine polacrilex lozenge 2 mg, 4 mg (OTC)  
NICORETTE MINI – nicotine polacrilex lozenge 2 mg, 4 mg (OTC)  
NICORETTE STARTER KIT – nicotine polacrilex gum 2 mg, 4 mg (OTC)  
NICOTROL INHALER – nicotine inhaler system 10 mg (4 mg delivered)  
NICOTROL NS – nicotine nasal spray 10 mg/ml (0.5 mg/spray)  
VARENICLINE TARTRATE - varenicline tartrate tablet 0.5 mg, 1 mg  
VARENICLINE STARTING MONTH - varenicline tartrate tab 0.5 mg x 11 & tab 1 mg x 42 pack

## VACCINES (for eligible members ages 9-45)

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

## VACCINES (for eligible adults ages 19 and older)

SHINGRIX – zoster vaccine recombinant adjuvanted for im inj 50 mcg/0.5ml

## VACCINES

ACTHIB – haemophilus b polysaccharide conjugate vaccine for inj  
ADACEL – tet tox-diph-acell pertuss ad inj 5-2-15.5 lf-1f-mcg/0.5ml  
AFLURIA QUADRIVALENT – influenza virus vaccine split quadrivalent im inj  
AFLURIA QUADRIVALENT – influenza virus vac split quadrivalent susp pref syr 0.25ml  
AFLURIA QUADRIVALENT – influenza virus vac split quadrivalent susp pref syr 0.5ml  
BEXSERO – meningococcal vac b (recomb omv adjuv) inj prefilled syringe  
BOOSTRIX – tet tox-diph-acell pertuss ad inj 5-2.5-18.5 lf-1f-mcg/0.5ml  
DAPTACEL – diph, acellular pert & tet tox inj 15 lf-23 mcg-5 lf/0.5ml  
DIPHTHERIA/TETANUS TOXOID – diphtheria-tetanus tox adsorbed (dt) im inj 25-5 unit/0.5ml  
ENGERIX-B – hepatitis b vaccine (recombinant) susp 10 mcg/0.5ml  
ENGERIX-B – hepatitis b vaccine (recombinant) susp 20 mcg/ml

## VACCINES (CONTINUED)

ENGERIX-B – hepatitis b vaccine (recombinant) 10 mcg/0.5ml  
ENGERIX-B – hepatitis b vaccine (recombinant) 20 mcg/ml  
FLUAD – influenza vac 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 virus vac split quadrivalent susp pref syr 0.5ml  
FLUBLOK QUADRIVALENT – influenza vac recomb ha quad pf soln pref syr 0.5 ml  
FLUCELVAX QUADRIVALENT – influenza vac tissue-cultured subunit quadrivalent im susp  
FLUCELVAX QUADRIVALENT – influenza vac tiss-cult subunit quad susp pref syr 0.5 ml  
FLULAVAL QUADRIVALENT– influenza virus vac split quadrivalent susp pref syr 0.5ml  
FLUMIST QUADRIVALENT- influenza vaccine live quadrivalent intranasal susp  
FLUZONE HIGH-DOSE PF – influenza virus vac split high-dose pf susp pref syr 0.5ml  
FLUZONE QUADRIVALENT– influenza virus vaccine split quadrivalent im inj  
FLUZONE QUADRIVALENT – influenza virus vaccine split quadrivalent inj 0.5 ml  
FLUZONE QUADRIVALENT – influenza virus vac split quadrivalent susp pref syr 0.5ml  
HAVRIX – hepatitis a vaccine inj susp 720 el unit/0.5ml  
HAVRIX – hepatitis a vaccine inj susp 1440 el unit/ml  
HEPLISAV-B – hepatitis b vaccine recombinant adjuvanted 20 mcg/0.5ml  
HIBERIX – haemophilus b polysaccharide conjugate vac for inj 10 mcg  
INFANRIX – diph, acellular pert & tet tox inj 25 lf-58 mcg-10 lf/0.5ml  
IPOL INACTIVATED IPV – poliovirus vaccine, ipv injection  
KINRIX – diph-tetanus tox ad-acell pert & polio virus, ipv vac inj  
M-M-R II – measles, mumps & rubella virus vaccines for inj  
MENACTRA – meningococcal (a, c, y, and w-135) conjugate vaccine inj  
MENQUADFI - 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 vac inj  
PEDVAX HIB – haemophilus b polysaccharide conj vac im susp 7.5 mcg/0.5 ml  
PENTACEL – diph-ac per-tet tox ad-poliov-haemoph b poly vac for im susp  
PNEUMOVAX 23 – pneumococcal vaccine polyvalent inj 25 mcg/0.5ml  
PREHEVBRIO – hepatitis b vaccine 3-antigen (recombinant) susp 10 mcg/mL  
PREVNAR 13 – pneumococcal 13-valent conjugate vaccine inj  
PROQUAD – measles-mumps-rubella-varicella virus vaccines for inj

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

## VACCINES (CONTINUED)

QUADRACEL – diph-tetanus tox ad-acell pert & polio virus, ipv vac inj  
RECOMBIVAX HB – hepatitis b vaccine (recombinant) susp  
5 mcg/0.5ml  
RECOMBIVAX HB – hepatitis b vaccine (recombinant) susp  
10 mcg/ml  
RECOMBIVAX HB – hepatitis b vaccine (recombinant) susp  
40 mcg/ml  
ROTARIX – rotavirus vaccine, live for oral susp  
ROTATEQ – rotavirus vaccine, live oral pentavalent soln  
TDVAX – tetanus-diphtheria toxoids (td) inj 2-2 lf/0.5ml  
TENIVAC – tetanus-diphtheria toxoids (td) inj 5-2 lfu  
TRUMENBA – meningococcal group b vac (recomb) im susp prefilled syr  
TWINRIX – hepatitis a (inact)-hep b (recomb) vac inj  
720-20 elu-mcg/ml  
VAQTA – hepatitis a vaccine inj susp 25 unit/0.5ml  
VAQTA – hepatitis a vaccine inj susp 50 unit/ml  
VARIVAX – varicella virus vac live for subcutaneous inj  
1350 pfu/0.5ml  
VAXNEUVANCE - pneumococcal 15-valent conjugate  
vaccine sus pref syr 0.5ml

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

## Recommendations on Contraceptives by Health Resources and Services Administration (HRSA) CONTRACEPTIVES

Eligible benefit plans include coverage under the Affordable Care Act for the following contraceptives to be covered at \$0. To determine cost share for medications not listed below, log onto your account at MyPrime.com. Please refer to your benefit materials for coverage details and the plan website for current information as this publication is subject to change.

*Generic prescription drugs are shown in lower-case boldface type. Most generic drugs are followed by a reference brand drug in (parentheses). Some generic products have no reference brand. Brand prescription drugs are shown in capital letters followed by the generic name. Generic medicines are available for many of the brand-name drugs listed though may not be available in all strengths.*

### Barrier Method Types

#### -Cervical Caps-

FEMCAP – cervical cap

#### -Diaphragms-

CAYA – diaphragm arc-spring

#### -Female Condom-

FC2 FEMALE CONDOM – condoms  
- female

#### -Male Condom-

ALL MALE CONDOMS

#### -Spermicide –

ENCARE – nonoxynol-9 vaginal  
suppos 100 mg

GYNOL II VAGINAL – nonoxynol-9 gel  
3%

SHUR-SEAL – nonoxynol-9 gel 2%

VCF VAGINAL CONTRACEPTIVE –  
nonoxynol-9 film 28%

VCF VAGINAL CONTRACEPTIVE –  
nonoxynol-9 foam 12.5%

VCF VAGINAL GEL CONTRACEPTIVE –  
nonoxynol-9 gel 4%

#### -Sponge –

TODAY SPONGE – nonoxynol-9  
vaginal sponge 1000 mg

#### -Vaginal pH Regulator Gel-

PHEXXI - lactic acid-citric acid-  
potassium bitartrate gel  
1.8-1-0.4%

### Emergency Method Types

#### -Emergency Ella-

ELLA – ulipristal acetate tab 30 mg

#### -Emergency Progestin-

**Aftera**

**Afterpill**

**Econtra EZ**

**Econtra One Step**

**levonorgestrel tab 1.5 mg**

**My Choice**

**My Way**

**New Day**

**Opcicon One-Step**

**Option 2**

#### -Emergency Progestin (continued)-

PLAN B ONE-STEP –

levonorgestrel tab 1.5 mg

**React**

**Take Action**

### Hormonal Method Types

#### -Injectable Progestin-

DEPO-SUBQ PROVERA 104 –

medroxyprogesterone acetate susp  
pref syr 104 mg/0.65mL

**medroxyprogesterone acetate im  
susp prefilled syr or im susp  
150 mg/mL (Depo-provera  
contraceptive)**

#### -Oral Combined-

**norgestimate-eth estrad tab**

**0.18-35/0.215-35/**

**0.25-35 mg-mcg (Ortho tri-  
cyclen)**

**Tri-Estaryll**

**Tri Femynor**

**Tri-Linyah**

**Tri-Nymyo**

**Tri-Mili**

**Tri-Previfem**

**Tri-Sprintec**

**Tri-Vylibra**

#### -Oral Extended Continuous-

**Iclevia**

**Introvale**

**Jolessa**

**levonorgestrel & ethinyl estradiol**

**(91-day) tab**

**0.15-0.03 mg**

**Setlakin**

#### -Oral Progestin-

**Camila**

**Deblitane**

**Errin**

**Heather**

**Incassia**

**Jencycla**

**Lyleq**

#### -Oral Progestin (continued)-

**Lyza**

**Nora-Be**

**norethindrone tab 0.35 mg  
(Ortho micronor)**

**Norlyda**

**Norlyroc**

**Sharobel**

**Tulana**

#### -Transdermal Combined -

**Xulane**

**Zafemy**

#### -Vaginal Combined -

NUVARING – etonogestrel-ethinyl  
estradiol va ring 0.120-0.015  
mg/24hr

## **NOTICE OF NONDISCRIMINATION PRACTICES**

**Effective July 18, 2016**

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or gender. Blue Cross does not exclude people or treat them differently because of race, color, national origin, age, disability, or gender.

Blue Cross provides resources to access information in alternative formats and languages:

- Auxiliary aids and services, such as qualified interpreters and written information available in other formats, are available free of charge to people with disabilities to assist in communicating with us.
- Language services, such as qualified interpreters and information written in other languages, are available free of charge to people whose primary language is not English.

If you need these services, contact us at 1-800-382-2000 or by using the telephone number on the back of your member identification card. TTY users call 711.

If you believe that Blue Cross has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or gender, you can file a grievance with the Nondiscrimination Civil Rights Coordinator

- by email at: [Civil.Rights.Coord@bluecrossmn.com](mailto:Civil.Rights.Coord@bluecrossmn.com)
- by mail at: Nondiscrimination Civil Rights Coordinator  
Blue Cross and Blue Shield of Minnesota and Blue Plus  
M495  
PO Box 64560  
Eagan, MN 55164-0560
- or by phone at: 1-800-509-5312

Grievance forms are available by contacting us at the contacts listed above, by calling 1-800-382-2000 or by using the telephone number on the back of your member identification card. TTY users call 711. If you need help filing a grievance, assistance is available by contacting us at the numbers listed above.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights

- electronically through the Office for Civil Rights Complaint Portal, available at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- by phone at:  
1-800-368-1019 or 1-800-537-7697 (TDD)
- or by mail at:  
U.S. Department of Health and Human Services  
200 Independence Avenue SW  
Room 509F  
HHH Building  
Washington, DC 20201

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

This information is available in other languages. Free language assistance services are available by calling the toll free number below. For TTY, call 711.

Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al 1-855-903-2583. Para TTY, llame al 711.

Yog tias koj hais lus Hmoob, muaj kev pab txhais lus pub dawb rau koj. Hu rau 1-800-793-6931. Rau TTY, hu rau 711.

Haddii aad ku hadasho Soomaali, adigu waxaad heli kartaa caawimo luqad lacag la'aan ah. Wac 1-866-251-6736. Markay tahay dad maqalku ku adag yahay (TTY), wac 711.

နမူကတိကသိကျိန်နီး, တာ်ကဟ့ၣ်န့ၣ်ကျိန်တာ်မၤစၢၤကလိတဖၣ်န့ၣ်လီၤ. ကိး 1-866-251-6744 လၢ TTY  
အဂီၢ်, ကိး 711 တက့ၢ်.

إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية المجانية. اتصل بالرقم 1-866-569-9123. للهاتف النصي  
اتصل بالرقم 711.

Nếu quý vị nói Tiếng Việt, có sẵn các dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Gọi số 1-855-315-4015. Người dùng TTY xin gọi 711.

Afaan Oromoo dubbattu yoo ta'e, tajaajila gargaarsa afaan hiikuu kaffaltii malee. Argachuuf 1-855-315-4016 bilbilaa. TTY dhaaf, 711 bilbilaa.

如果您說中文，我們可以為您提供免費的語言協助服務。請撥打 1-855-315-4017。聽語障專 (TTY)，請撥打 711。

Если Вы говорите по-русски, Вы можете воспользоваться бесплатными услугами переводчика. Звоните 1-855-315-4028. Для использования телефонного аппарата с текстовым выходом звоните 711.

Si vous parlez français, des services d'assistance linguistique sont disponibles gratuitement. Appelez le +1-855-315-4029. Pour les personnes malentendantes, appelez le 711.

አማርኛ የሚናገሩ ከሆኑ፣ ነጻ የቋንቋ አገልግሎት እርዳ አለሎት። በ 1-855-315-4030 ይደውሉ ለ TTY በ 711።

한국어를 사용하시는 경우, 무료 언어 지원 서비스가 제공됩니다. 1-855-904-2583 으로 전화하십시오. TTY 사용자는 711 로 전화하십시오.

ຖ້າເຈົ້າເວົ້າພາສາລາວໄດ້, ມີການບໍລິການຊ່ວຍເຫຼືອພາສາໃຫ້ເຈົ້າຟຣີ. ໃຫ້ໂທຫາ 1-866-356-2423 ສໍາລັບ TTY, ໃຫ້ໂທຫາ 711.

Kung nagsasalita kayo ng Tagalog, mayroon kayong magagamit na libreng tulong na mga serbisyo sa wika. Tumawag sa 1-866-537-7720. Para sa TTY, tumawag sa 711.

Wenn Sie Deutsch sprechen, steht Ihnen fremdsprachliche Unterstützung zur Verfügung. Wählen Sie 1-866-289-7402. Für TTY wählen Sie 711.

ប្រសិនបើអ្នកនិយាយភាសាខ្មែរមន អ្នកអាចរកបានសេវាជំនួយភាសាឥតគិតថ្លៃ។ ទូរស័ព្ទមកលេខ 1-855-906-2583។ សម្រាប់ TTY សូមទូរស័ព្ទមកលេខ 711។

Diné k'ehjí yáníłt'i'go saad bee yát'i' éi t'áájíik'e bee níká'a'doowołgo éi ná'ahoot'i'. Kojí éi béésh bee hodíłnih 1-855-902-2583. TTY biniiyégo éi 711 jí' béésh bee hodíłnih.

Image\_0002R02\_General\_Portrait (01/17)