Blue Cross & Blue Shield of Rhode Island  
Focused/ Results/ Results Plus ACA Preventive Drug List  
Effective January 1, 2021

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. 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 list will be reviewed periodically and 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. Reference brands may not themselves be covered, please check your benefit. Some generic products have no reference brand. Brand prescription drugs are shown in all 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.

<table>
<thead>
<tr>
<th>Category</th>
<th>Drugs</th>
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| ASPIRIN                                       | aspirin chew tab 81 mg  
|                                               | aspirin tab delayed release 81 mg                                     |
| BOWEL PREPARATION                            | peg 3350-kcl-sod bicarb-nacl for soln 420 gm (Nulytely/flavor pack)  
|                                               | peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (Golytely)     |
| BREAST CANCER PRIMARY PREVENTION             | raloxifene hcl tab 60 mg (Evista)                                      
|                                               | tamoxifen citrate tab 10 mg (base equivalent)                         
|                                               | tamoxifen citrate tab 20 mg (base equivalent)                         |
| FLUORIDE                                      | 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 sensi) |
|                                               | stannous fluoride conc 0.63%                                         
|                                               | stannous fluoride gel 0.4% (Gel-Kam)                                 |

| Dental Products & Combinations                |                                                                      |
|                                               |                                                                      |

| FOLIC ACID SUPPLEMENTS                       |                                                                      |
|                                               |                                                                       |

| HUMAN IMMUNODEFICIENCY VIRUS PREEXPOSURE PROPHYLAXIS (HIV PREP) | TRUVADA - emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg |
| FERROUS SULFATE – ferrous sulfate liquid      | 220 mg/5ml (44 mg/5ml elemental fe)                                  |
| FERROUS SULFATE – ferrous sulfate syrup       | 300 mg/5ml (60 mg/5ml elemental fe)                                  |

Generic Drugs = bold  
Brand Drugs = ALL CAPITAL LETTERS
IRON SUPPLEMENTS (CONTINUED)
IRON UP – polysaccharide iron complex liquid 15 mg/0.5 ml (fe equiv)
NOVAFERRUM PEDIATRIC DROP – polysaccharide iron complex liquid 15 mg/ml (fe equiv)

SINGLE AGENT STATINS
Basic (two statins)
lovastatin tab 20 mg
lovastatin tab 40 mg
pravastatin sodium tab 10 mg
pravastatin sodium tab 20 mg (Pravachol)
pravastatin sodium tab 40 mg (Pravachol)
pravastatin sodium tab 80 mg (Pravachol)

Tobacco Cessation
Brand/generic OTC nicotine gum, lozenges, patches
Brand/generic Rx nicotine gum, lozenges, patches
bupropion hcl (smoking deterrent) tab er 12hr 150 mg
CHANTIX – varenicline tartrate tab 0.5 mg (base equiv)
CHANTIX – varenicline tartrate tab 1 mg (base equiv)
CHANTIX CONTINUING MONTH – varenicline tartrate tab 1 mg (base equiv)
CHANTIX STARTING MONTH PACK – varenicline tartrate tab 0.5 mg x 11 & tab 1 mg x 42 pack
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)

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

ENGEXERX – hepatitis b vaccine (recombinant) 10 mcg/0.5ml
ENGEXERX – hepatitis b vaccine (recombinant) 20 mcg/ml
ENGEXERX – hepatitis b vaccine (recombinant) susp 10 mcg/0.5ml
ENGEXERX – hepatitis b vaccine (recombinant) susp 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 recom ha quad pf soln pref syr 0.5 ml
FLUCELVAX QUADRIVALENT – influenza vac tissue-cult subunit quadrivalent im susp
FLUCELVAX QUADRIVALENT – influenza vac tissue-cult subunit quad susp pref syr 0.5 ml
FLUVALA QUADRIVALENT – influenza virus vaccine split quadrivalent im inj
FLUVALA QUADRIVALENT – influenza virus vac split quadrivalent susp pref syr 0.5ml
FLUZONE HIGH-DOSE PF – influenza virus vac split high-dose pf susp pref syr 0.5ml
FLUZONE HIGH-DOSE PF – influenza virus vac split high-dose quad pf susp pref syr 0.7 ml
FLUZONE QUADRIVALENT – influenza virus vac split quadrivalent im inj
FLUZONE QUADRIVALENT – influenza virus vac split quadrivalent inj 0.5 ml
FLUZONE QUADRIVALENT – influenza virus vac split quadrivalent susp pref syr 0.25 ml
FLUZONE QUADRIVALENT – influenza virus vac split quadrivalent susp pref syr 0.5ml
GARDASIL 9 – human papillomavirus (hpv) 9-valent recom vac im susp
GARDASIL 9 – human papillomavirus (hpv) 9-valent recom vac susp pref syr
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 recom adjuvanted pref syr 20 mcg/0.5ml
HIBERIX – haemophilus b polysaccharide conjugate vac for inj 10 mcg
INFANRIX – diph, acellular pert & tet tox inj 25 If-58 mcg-10 If/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 soln

Generic Drugs = bold  Brand Drugs = ALL CAPITAL LETTERS

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VACCINES (CONTINUED)

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
PNEUMOVAX 23/1 DOSE – pneumococcal vaccine polyvalent inj 25 mcg/0.5ml
PREVNAR 13 – pneumococcal 13-valent conjugate vaccine inj
PROQUAD – measles-mumps-rubella-varicella virus vaccines for susp
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
SHINGRIX – zoster vac recombinant adjuvanted for im inj 50 mcg/0.5ml
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 – hep a-hep b vaccine susp pref syr 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
ZOSTAVAX – zoster vaccine live for subcutaneous susp 19400 unit/0.65ml
Recommendation on Contraceptives by
Health Resources and Services Administration (HRSA)

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. This list will be reviewed periodically and 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). Reference brands may not themselves be covered, please check your benefit. Some generic products have no reference brand. Brand prescription drugs are shown in all 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.

CONTRACEPTIVES

Barrier Method Types

Cervical Caps
FEMCAP – cervical cap 22 mm
FEMCAP – cervical cap 26 mm
FEMCAP – cervical cap 30 mm

Diaphragms
CAYA – diaphragm arc-spring
OMNIFLEX DIAPHRAGM – diaphragms
WIDE-SEAL SILICONE DIAPHR – diaphragm wide seal 60 mm
WIDE-SEAL SILICONE DIAPHR – diaphragm wide seal 65 mm
WIDE-SEAL SILICONE DIAPHR – diaphragm wide seal 70 mm
WIDE-SEAL SILICONE DIAPHR – diaphragm wide seal 75 mm
WIDE-SEAL SILICONE DIAPHR – diaphragm wide seal 80 mm
WIDE-SEAL SILICONE DIAPHR – diaphragm wide seal 85 mm
WIDE-SEAL SILICONE DIAPHR – diaphragm wide seal 90 mm
WIDE-SEAL SILICONE DIAPHR – diaphragm wide seal 95 mm

Female Condom
FC FEMALE CONDOM – condoms - female
FC2 FEMALE CONDOM – condoms - female

Spermicide
ENCARE – nonoxynol-9 vaginal suppos 100 mg
OPTIONS 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 Contraceptive gel - nonoxynol-9 gel 4%

Sponge
TODAY SPONGE – nonoxynol-9 vaginal sponge 1000 mg

Emergency Method Types

Emergency Ella
ELLA – ulipristal acetate tab 30 mg

Emergency Progestin
Aftera - levonorgestrel tab 1.5 mg (Plan B One-Step)
Econtra Ez - levonorgestrel tab 1.5 mg (Plan B One-Step)
Econtra One-Step - levonorgestrel tab 1.5 mg (Plan B One-Step)
levonorgestrel tab 1.5 mg (Plan B One-Step)
My Choice - levonorgestrel tab 1.5 mg (Plan B One-Step)
My Way - levonorgestrel tab 1.5 mg (Plan B One-Step)
New Day - levonorgestrel tab 1.5 mg (Plan B One-Step)
Opicon One-Step - levonorgestrel tab 1.5 mg (Plan B One-Step)
Option 2 - levonorgestrel tab 1.5 mg (Plan B One-Step)
Preventeza - levonorgestrel tab 1.5 mg (Plan B One-Step)
React - levonorgestrel tab 1.5 mg (Plan B One-Step)
Take Action - levonorgestrel tab 1.5 mg (Plan B One-Step)
### Hormonal Method Types

#### Injectable Progestin
- medroxyprogesterone acetate im susp 150 mg/ml (Depo-provera contrac)
- medroxyprogesterone acetate im susp prefilled syr 150 mg/ml (Depo-provera contrac)

### CONTRACEPTIVES

#### Oral Combined
- **Aurovela Fe 1/20** - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Loestrin Fe 1/20)
- **Blisovi Fe 1/20** - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Loestrin Fe 1/20)
- **Hailey 24 Fe** - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)
- **Junel Fe 1/20** - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Loestrin Fe 1/20)
- **Larin Fe 1/20** - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Loestrin Fe 1/20)
- **Microgestin Fe** - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Loestrin Fe 1/20)
- **norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg**
- **Tarina Fe 1/20** - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Loestrin Fe 1/20)
- **Tarina Fe 1/20 Eq** - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Loestrin Fe 1/20)
- **Tri Femynor** - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg
- **Tri-Mili** - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg
- **Tri-Previfem** - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg
- **Tri-Sprintec** - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg
- **Tri-Vylibra** - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg

#### Oral Extended Continuous
- **Introvale** - levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg
- **Jolessa** - levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg
- **levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg**

#### Oral Progestin
- **Camila** - norethindrone tab 0.35 mg (Ortho Micronor)
- **Deblitane** - norethindrone tab 0.35 mg (Ortho Micronor)
- **Errin** - norethindrone tab 0.35 mg (Ortho Micronor)
- **Heather** - norethindrone tab 0.35 mg (Ortho Micronor)
- **Incassia** - norethindrone tab 0.35 mg (Ortho Micronor)
- **Jencycla** - norethindrone tab 0.35 mg (Ortho Micronor)
- **Lyza** - norethindrone tab 0.35 mg (Ortho Micronor)
- **Nora-Be** - norethindrone tab 0.35 mg (Ortho Micronor)
- **Norlyda** - norethindrone tab 0.35 mg (Ortho Micronor)
- **Norlyroc** - norethindrone tab 0.35 mg (Ortho Micronor)
- **Sharobel** - norethindrone tab 0.35 mg (Ortho Micronor)
- **Tulana** - norethindrone tab 0.35 mg (Ortho Micronor)

#### Transdermal Combined
- XULANE – norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr

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