

**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.*

**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**

**Dental Products & Combinations**

**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)**

**Supplements & Combinations**

**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)**

**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)**

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

**IRON SUPPLEMENTS**

**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)**  
**ferrous sulfate soln 75 mg/ml (15 mg/ml 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/0.5ml (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 lf-  
lf-mcg/0.5ml  
AFLURIA QUADRIVALENT – influenza virus vaccine  
split quadrivalent im inj  
AFLURIA QUADRIVALENT – influenza virus vac split  
quadrivalent susp pref syr 0.25 ml  
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-lf-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)  
10 mcg/0.5ml  
ENGERIX-B – hepatitis b vaccine (recombinant)  
20 mcg/ml  
ENGERIX-B – hepatitis b vaccine (recombinant) susp  
10 mcg/0.5ml  
ENGERIX-B – 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 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 vaccine  
split quadrivalent im inj  
FLULAVAL 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 vac split high-  
dose quad pf susp pref syr 0.7 ml  
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 0.25 ml  
FLUZONE QUADRIVALENT – influenza virus vac split  
quadrivalent susp pref syr 0.5ml  
GARDASIL 9 – human papillomavirus (hvp) 9-valent  
recomb vac im susp  
GARDASIL 9 – human papillomavirus (hvp) 9-valent  
recomb 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 recomb 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 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 soln

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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.***

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### 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)**  
**Opcicon 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)**

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## 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)  
**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**  
**Setlakin** - 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)  
**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