

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 cost-sharing. Listed below are drugs 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.

For information specific to your preventive benefits, please check your Blue Cross benefits-at-a-glance or BCN drug rider. Preventive services are based on recommendations from the U.S. Preventive Services Task Force.

This table shows what is available to you at no out-of-pocket cost, subject to any plan requirements. You should consult with your doctor in choosing the product or drug that is 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.

Drugs covered at \$0 copayment	Plan requirements
Contraception	
Prescription products: <ul style="list-style-type: none"> • oral, injectable, and patch (various) • etonogestrel/ethinyl estradiol vaginal ring (generic Nuvaring®) 	<ul style="list-style-type: none"> • Generic and select brand-name products (generic will be dispensed where available) • Quantity limits may apply
Over-the-counter products (female products only): <ul style="list-style-type: none"> • vaginal sponge (Today®) • vaginal foam 12.5% (VCF®) • vaginal 2% and 3% jelly (Gynol II®) • vaginal 4% gel (VCF®, Conceptrol®) • vaginal 28% medicated film (VCF®) • female condom (FC®, FC2®) <ul style="list-style-type: none"> ○ male condoms are not covered 	
Emergency contraception <ul style="list-style-type: none"> • levonorgestrel 1.5mg tablet (such as Plan B®, Plan B One Step®, My Choice®, My Way®) • Ella® 	
Smoking cessation	
Over-the-counter products: <ul style="list-style-type: none"> • Nicotine gum, lozenge, and patch 	<ul style="list-style-type: none"> • Generic products only • Quantity limits may apply • Members age 18 or older

<p>Prescription products:</p> <ul style="list-style-type: none"> • bupropion 150mg extended-release tablet (generic Zyban®) • Chantix® • Nicotrol®, Nicotrol® NS 	<ul style="list-style-type: none"> • Generic and select brand-name products (generic will be dispensed where available) • Quantity limits may apply • Members age 18 or older • Step therapy is required for Chantix®, Nicotrol® and Nicotrol® NS (cost share may apply if step therapy criteria is not met)
<p>Breast cancer prevention</p>	
<ul style="list-style-type: none"> • anastrozole (generic Arimidex®) • exemestane (generic Aromasin®) • tamoxifen • raloxifene (generic Evista®) 	<ul style="list-style-type: none"> • Generic products only • Quantity limits may apply • Meeting criteria is required (cost share may apply if below criteria is not met) <ul style="list-style-type: none"> ○ Women age 35 or older ○ Diagnosis of primary prevention for breast cancer ○ Documentation from the prescriber of risk factors showing the member is high risk for developing breast cancer ○ Member does not have a history of breast cancer nor personal or family history of venous thromboembolic events (VTE) ○ Post-menopausal (anastrozole, exemestane and raloxifene only)
<p>Colorectal cancer prevention screening (bowel preparation medications for colonoscopy)</p>	
<p>Prescription products:</p> <ul style="list-style-type: none"> • polyethylene glycol 3350 (such as Colyte®, Golytely®, Nulytely®, Moviprep®, Peg-Prep®) 	<ul style="list-style-type: none"> • Generic products only • Quantity limits may apply • Members age 50 to 75 years • ONE bowel preparation regimen per year with \$0 copay
<p>Over-the-counter products</p> <ul style="list-style-type: none"> • polyethylene glycol 3350 (such as Miralax®) • bisacodyl • magnesium citrate • magnesium hydroxide (such as Milk of Magnesia®) • sodium phosphate laxative 	
<p>Cardiovascular disease prevention</p>	

<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 products only • Quantity limits may apply • Members age 40 to 75 years
<p>Pre-Exposure Prophylaxis (PrEP) for HIV Prevention (for members at high risk of HIV acquisition)</p>	
<ul style="list-style-type: none"> • emtricitabine/tenofovir 200mg/300mg (generic Truvada®) 	<ul style="list-style-type: none"> • Generic only • Meeting criteria is required (cost share may apply if below criteria is not met) <ul style="list-style-type: none"> ○ Using for pre-exposure prophylaxis (PrEP) of HIV ○ Not on any other medications for the treatment of HIV
<p>Other preventive products</p>	
<ul style="list-style-type: none"> • Aspirin – over-the-counter 81mg and 325mg 	<ul style="list-style-type: none"> • Generic products only • Members age 10 to 79 years • For prevention of cardiovascular disease and colorectal cancer and 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 products only • Members age 6 months to 16 years
<ul style="list-style-type: none"> • Folic acid 0.4mg and 0.8mg 	<ul style="list-style-type: none"> • Generic products only • For members who may become pregnant