



## PREVENTIVE SERVICES

# Covered medications

Find out if your medication is on the list



**Keeping up with preventive care can help prevent illness and improve your health and well-being.**

Your plan covers preventive medications at 100% when you use an in-network pharmacy. That means you don't need to pay a copay or coinsurance, and you don't need to meet your deductible for preventive drugs.

Preventive drugs prevent a disease or condition for people who have risk factors. They can also prevent the recurrence of a disease or condition for those who have recovered. They don't include drugs that treat an existing illness, injury or condition.

To determine which preventive drugs we cover at no cost to you, we follow evidence-based guidelines from the

United States Preventive Services Task Force (USPSTF), Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (CDC) and Health Resources and Services Administration (HRSA). These guidelines are updated periodically to reflect new scientific and medical advances, so this list and your benefits may change. We include new federal agency recommendations within one year of guidelines being published. If you would like us to cover a drug not found on this list, please call Customer Service at the number listed on the back of your member ID card to request an exception.



## Covered medications

The following drugs are covered with a prescription:

**Aspirin:** Generic 81 mg dosage

**Bowel preparation medications:** For those aged 45 years and older receiving a preventive colonoscopy, generic prescription and over-the-counter products (such as Gavilyte, Golytely, Peg 3350 and Trilyte)

**Breast cancer risk-reducing medications:** Generic anastrozole, exemestane, letrozole, raloxifene and tamoxifen

**Contraceptives:** See the “Covered contraceptive products” flyer

**Fluoride supplements:** For those aged 16 years and younger, generic fluoride tablets and drops (100 mL bottles)

**Folic acid supplements:** Generic folic acid (400 mcg, 800 mcg and 1 mg) products

**Iron supplements:** For those aged 6 to 12 months, generic iron supplement drops for the prevention of iron deficiency anemia

### Preexposure prophylaxis (PrEP) for human immunodeficiency virus (HIV) infection:

When used for PrEP, Apretude, Descovy and emtricitabine/tenofovir disoproxil fumarate 200-300 mg (generic for Truvada)

**Statin medications:** Generic atorvastatin, lovastatin, pravastatin, rosuvastatin and simvastatin

**Tobacco cessation:** See the “Tobacco cessation” flyer



## Covered vaccines

The following vaccines are covered, including combinations:

- COVID-19
- Diphtheria
- Haemophilus B (Hib)
- Hepatitis A
- Hepatitis B
- Human papillomavirus (HPV): Covered for those aged 45 years and younger.
- Influenza (flu)
- Measles
- Meningococcal (meningitis)
- Mumps
- Pertussis (whooping cough)
- Pneumococcal, conjugate (pneumonia, PCV)
- Poliovirus
- Respiratory syncytial virus (RSV)
- Rotavirus (RV)
- Rubella
- Smallpox/monkeypox
- Tetanus
- Varicella (chickenpox)
- Zoster (shingles): Covered for those aged 19 years and older.

## Questions?

Call the Customer Service number on your member ID card.



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