

LET'S TALK PREVENTION



October 2018

YOUR NO-COST PREVENTIVE SERVICES

Preventive services help you stay healthy. A doctor isn't someone to see only when you're sick. Doctors also provide services that help prevent medical problems and help keep you healthy. Staying healthy can help you:

- Live a fuller life
- Save your hard-earned money

Your health plan now offers certain preventive service benefits at no cost to you. This means you don't have to pay a copay* or coinsurance, even if you haven't met your deductible. These no-cost benefits are part of the Affordable Care Act (ACA). They include:

- Medicine and supplements to prevent certain health conditions for adults, women and children
- Medicine and products for quitting smoking or chewing tobacco (tobacco cessation)
- Medicine used prior to screenings for certain health conditions in adults
- Vaccines and immunizations to prevent certain illnesses in infants, children and adults
- Contraceptives for women

CVS Caremark® works with your health plan to provide these benefits. The following lists† explain:

- Which medicines, supplements, health-related products or vaccines are covered
- Who they are covered for (such as children up to age six or adults age 65 or older)
- What health condition or illness they help prevent
- Other important information

TIPS FOR USING THE LISTS

- Take these lists with you each time you or your family has a checkup or yearly exam.

- **Your doctor must write a prescription for these preventive services to be covered by your plan, even if they are listed as over-the-counter.**
- The dosage form is how the product is supplied. For example, tablet, capsule, liquid, syrup or chewable tablet.
- “Generic” or “brand name” is listed if only that product type is covered.
- Treatment recommendations may vary. Please call your doctor or pharmacist if you have questions about your health or medicine†.
- Other rules, limits and exclusions may apply. Please contact your health plan to learn about your coverage†.
- An exceptions process is available for circumstances that fall outside the listed preventive services – such as, for example, a request for coverage of a brand name product because the listed generic products are not medically appropriate. A process is also available for coverage of preventive services without cost sharing for plan members identifying with a gender that differs from the member's sex assigned at birth – such as, for example, a request for coverage of contraceptives or primary prevention of breast cancer for transgender members.

LEGEND:

chew = chewable
cap = capsule
FE = ferrous sulfate (iron)
EE = ethinyl estradiol
hr = hour
IM = intramuscular
IU = international unit
mcg = microgram
mg = milligram
mL = milliliter

oral = taken by mouth
OTC = over-the-counter product
Rx = prescription product
soln = solution
SR = sustained release
susp = suspension
tab = tablet
TD = transdermal

NO-COST PREVENTIVE SERVICES†

Aspirin to help prevent serious heart and blood vessel problems (cardiovascular disease) and colorectal cancer in adults 50 to 59 years old who are at risk.

Generic dosage forms of 81 mg

Aspirin products (OTC)

- Aspirin chew tab 81 mg
- Aspirin tab 81 mg
- Aspirin tab, delayed-release 81 mg

Aspirin to help prevent illness and death from preeclampsia in women[‡] who are at least 12 years old, after 12 weeks of pregnancy and are at high risk for the condition.

Generic dosage forms of 81 mg

Aspirin products (OTC)

- Aspirin chew tab 81 mg
- Aspirin tab 81 mg
- Aspirin tab, delayed-release 81 mg

Fluoride Supplements to help prevent cavities (dental caries) in children five years or younger whose water is low in fluoride.

All oral dosage forms up to 0.5 mg

Fluoride products (Rx)

- Sodium fluoride chew tab 0.25 mg to 0.5 mg
- Sodium fluoride soln 0.125 mg/drop
- Sodium fluoride soln 0.25 mg/0.6 mL
- Sodium fluoride soln 0.25 mg/drop
- Sodium fluoride soln 0.5 mg/mL
- Sodium fluoride tab 0.5 mg

NO-COST PREVENTIVE SERVICES†

Folic Acid Supplements to help prevent birth defects in women‡ age 55 or younger who are planning to become pregnant or are able to become pregnant.

Generic dosage forms

Folic acid products (OTC)

- Folic acid tab 0.4 mg (400 mcg)
- Folic acid tab 0.8 mg (800 mcg)
- Folic acid cap 0.8 mg (800 mcg)

Vitamin D Supplements to help prevent falls in adults age 65 years or older who are at risk.

Please note: Effective December 31, 2018, this program will be removed from ACA preventive services coverage, and will revert back to standard benefit design.

All oral dosage forms to meet dosing range of 600 IU to 800 IU

Vitamin D products (OTC)

- Cholecalciferol cap 400 IU
- Cholecalciferol chew tab 400 IU
- Cholecalciferol drops 400 IU/0.028 mL (per drop)
- Cholecalciferol drops 400 IU/0.03 mL (per drop)
- Cholecalciferol drops 400 IU/0.04 mL (per drop)
- Cholecalciferol drops 600 IU/0.028 mL (per drop)
- Cholecalciferol oral liquid 1000 IU/10 mL
- Cholecalciferol oral liquid 1200 IU/15 mL
- Cholecalciferol oral liquid 400 IU/mL
- Cholecalciferol tab 400 IU
- Ergocalciferol tab 400 IU

Tobacco Cessation Products to help adults who are not pregnant quit tobacco use in order to prevent health problems. Tobacco use includes smoking or chewing tobacco.

Generic nicotine replacement products — patch, gum and lozenges

Brand-name Nicotrol (nicotine inhalation system)

Brand-name Nicotrol NS (nicotine nasal spray)

Generic bupropion (generic of brand-name, Zyban) — Zyban is NOT covered

Brand-name Chantix (varenicline tartrate)

Tobacco cessation products (OTC and Rx)

- Bupropion HCl tab SR 12 hr 150 mg
- Chantix tab 0.5 mg and 1 mg
- Chantix tab 0.5 mg x 11 tabs and 1 mg x 42 pack
- Nicotine polacrilex gum 2 mg and 4 mg
- Nicotine polacrilex lozenge 2 mg and 4 mg
- Nicotine TD patch 24 hr 21 mg, 14 mg and 7 mg/24 hr
- Nicotrol inhaler system 10 mg
- Nicotrol NS nasal spray 10 mg/mL

NO-COST PREVENTIVE SERVICES†

Vaccines (immunizations) to prevent certain illnesses in people of all ages.

Recommended doses, ages and populations may vary (Rx)

CHILDREN

- Diphtheria, Tetanus, Pertussis
- Haemophilus Influenzae Type B
- Hepatitis A
- Hepatitis B
- Human Papillomavirus
- Inactivated Poliovirus
- Influenza
- Measles, Mumps, Rubella
- Meningococcal
- Pneumococcal
- Rotavirus
- Varicella

ADULTS

- Hepatitis A
- Hepatitis B
- Herpes Zoster
- Human Papillomavirus
- Influenza
- Measles, Mumps, Rubella
- Meningococcal
- Pneumococcal
- Tetanus, Diphtheria, Pertussis
- Varicella

Bowel Preparation Medicine for cleaning out the bowel before colonoscopy procedures for adults age 50 to 74. Colonoscopies screen for colon and rectal cancers.

Generics are in *italics*. Brand-names are CAPITALIZED

Generics and brand name only if a generic isn't available

Brand name will no longer be supplied at no cost when the generic becomes available

Bowel preparation products (Rx):

- CLENPIQ (sodium picosulfate, magnesium oxide and anhydrous citric acid) oral solution
- MOVIPREP (polyethylene glycol-3350, sodium sulfate, sodium chloride, potassium chloride, sodium ascorbate and ascorbic acid) for oral solution
- PLENUVU (polyethylene glycol-3350, sodium sulfate, sodium chloride, potassium chloride, sodium ascorbate and ascorbic acid) for oral solution
- PREPOPIK (sodium picosulfate, magnesium oxide and anhydrous citric acid) for oral solution
- SUPREP BOWEL PREP KIT (sodium sulfate, potassium sulfate and magnesium sulfate) for oral solution
- *Gavilyte-H Kit* (bisacodyl, PEG 3350, potassium chloride, sodium bicarbonate, sodium chloride) for oral solution
- *Peg-Prep Kit* (bisacodyl, PEG 3350, potassium chloride, sodium bicarbonate, sodium chloride) for oral solution

Statins to help prevent serious heart and blood vessel problems (cardiovascular disease) in adults age 40 to 75 who are at risk.

Generic low to moderate intensity statins (Rx):

- Atorvastatin 10 mg, 20 mg
- Fluvastatin 20 mg, 40 mg
- Fluvastatin ER 80 mg
- Lovastatin 10 mg, 20 mg, 40 mg
- Pravastatin 10 mg, 20 mg, 40 mg, 80 mg
- Rosuvastatin 5 mg, 10 mg
- Simvastatin 5 mg, 10 mg, 20 mg, 40 mg

WOMEN'S HEALTH PREVENTIVE SERVICES†

GENERIC ORAL CONTRACEPTIVES‡

BRAND-NAME PRODUCTS FOR REFERENCE ONLY	BRAND-NAME PRODUCTS' GENERIC EQUIVALENT(S)
Alesse	Aubra, Aubra EQ, Aviane-28, Delyla, Falmina, Larissia, Lessina, Lutera, Orsythia, Sronyx, Vienva
Beyaz	Rajani
Demulen 1/35	Kelnor 1/35, Zovia 1/35E
Demulen 1/50	Ethinodiol 1/50, Kelnor 1/50
Desogen	Apri, Cyred, Emoquette, Enskyce, Isibloom, Juleber, Reclipsen
Estrostep FE	Tilia FE, Tri-Legest FE
Femcon FE	Wymzya FE, Zenchent FE
Generess FE	Kaitlib FE, Layolis FE
Loestrin 1/20	Junel 1/20, Larin 1/20, Microgestin 1/20
Loestrin FE 1/20	Blisovi FE 1/20, Junel FE 1/20, Larin FE 1/20, Microgestin FE 1/20, Tarina FE 1/20
Loestrin 24 FE	Blisovi 24 FE, Junel 24 FE, Larin 24 FE, Microgestin 24 FE
Loestrin 1.5/30	Junel 1.5/30, Larin 1.5/30, Microgestin 1.5/30
Loestrin FE 1.5/30	Blisovi FE 1.5/30, Junel FE 1.5/30, Larin FE 1.5/30, Microgestin FE 1.5/30
Lo/Ovral	Cryselle-28, Elinest, Low-Ogestrel
LoSeasonique	Amethia Lo, Camrese Lo
Lybrel	Amethyst
Minastrin 24 FE	Melodetta 24 FE, Mibelas 24 FE
Mircette	Azurette, Bekyree, Kariva, Pimtrea, Viorele
Modicon	Necon 0.5/35, Nortrel 0.5/35, Wera
Nordette	Altavera, Chateal, Chateal EQ, Kurvelo, Levora, Lillow, Marlissa, Portia-28
Ortho-Cyclen	Estarylla, Femynor, Mili, Mono-linyah, Mononessa, Previfem, Sprintec, Vylibra
Ortho Micronor	Camila, Deblitane, Errin, Heather, Incassia, Jencycla, Jolivette, Lyza, Nora-BE, Norlyda, Norlyroc, Sharobel, Tulana
Ortho-Novum 1/35	Alyacen 1/35, Cyclofem 1/35, Dasetta 1/35, Nortrel 1/35, Pirmella 1/35
Ortho-Novum 7/7/7	Alyacen 7/7/7, Cyclofem 7/7/7, Dasetta 7/7/7, Nortrel 7/7/7, Pirmella 7/7/7
Ortho Tri-Cyclen	Tri-Estarylla, Tri-Femynor, Tri-Linyah, Tri-Mili, TriNessa, Tri-Previfem, Tri-Sprintec, Tri-Vylibra
Ortho Tri-Cyclen Lo	Tri-Lo Estarylla, Tri-Lo Marzia, Tri-Lo Sprintec, TriNessa Lo
Ovcon-35	Balziva-28, Briellyn, Philith, Vyfemla, Zenchent
Ovral	Ogestrel 0.5/50
Quartette	Fayosim, Rivelsa
Safyral	Tydemy
Seasonale	Introvale, Jolessa, Quasense, Setlakin
Seasonique	Amethia, Ashlyna, Camrese, Daysee
Tri-Norinyl	Aranelle, Leena
Triphasil	Enpresse, Levonest, Myzilra, Trivora
Yasmin	Ocella, Syeda, Zarah
Yaz	Gianvi, Loryna, Nikki

OTHER CONTRACEPTIVES‡

- Generics and brand name only if a generic isn't available
- Generics are in *italics>. Brand-names are CAPITALIZED*
- Brand name will no longer be supplied at no cost when the generic becomes available
- Brand names listed in [blue] and in brackets are for your reference only

Brand-Name Oral Contraceptives (Rx)

- BALCOLTRA
- LO LOESTRIN FE
- NATAZIA
- TAYTULLA

Intrauterine Devices, Subdermal Rods and Vaginal Rings (Rx)

- NEXPLANON
- MIRENA
- SKYLA
- LILETTA
- KYLEENA
- PARAGARD T 380A
- NUVARING

Transdermal Patches (Rx)

- *Xulane*

Injectables (Rx)

- DEPO-SUBQ-PROVERA 104
- *Medroxyprogesterone acetate 150 mg*
[DEPO-PROVERA]

Barrier Methods (Rx)

Diaphragms

- MILEX WIDE-SEAL
- OMNIFLEX COIL SPRING SILICONE
- CAYA

Cervical Caps

- FEMCAP

Emergency Contraception

- ELLA (Rx)
- *Levonorgestrel 1.5 mg tablet (Rx or OTC) Aftera, Econtra EZ, Econtra OS, My Choice, My Way, New Day, Opicon, Option 2, Take Action, React* [PLAN B]

Female Condoms (OTC)

- FC-2

Vaginal Sponge (OTC)

- TODAY

Spermicides (OTC)

- ENCARE VAGINAL SUPPOSITORIES
- GYNOL II GEL 3%
- *Nonoxynol-9 vaginal gel 4%, VCF Vaginal Contraceptive Gel* [CONCEPTROL GEL 4%]
- SHUR-SEAL GEL 2%
- VCF VAGINAL FILM 28%
- VCF VAGINAL FOAM 12.5%

BREAST CANCER PREVENTION

Primary Prevention of Breast Cancer in women# 35 years of age and older, who are at an increased risk.

Generic, oral tablets (Rx)

- Raloxifene HCl tab 60 mg
- Tamoxifen citrate tab 10 mg and 20 mg

OPTIONAL PREVENTIVE SERVICE: MEDICATION-ASSISTED TREATMENT FOR SUBSTANCE USE DISORDER†

Optional Medication-Assisted Treatment (MAT) to help people who are dependent on opioid drugs. This is generally used as part of a complete treatment program that also includes counseling and behavioral therapy.

Please note: Effective January 1, 2019, MAT for Substance Use Disorder may be an optional preventive service. Please contact your health plan to learn about your coverage.

Generic dosage forms

Medication-Assisted Treatment Products (Rx)

- Buprenorphine sublingual tab 2 mg, 8 mg
- Buprenorphine-naloxone sublingual tab 2 mg-0.5 mg, 8 mg-2 mg
- Naltrexone tab 50 mg

FOOTNOTES

*Copay, copayment, or coinsurance means the amount, out-of-pocket, a member is required to pay for a prescription in accordance with a plan, which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a plan.

†Recommendations, ages, and populations may vary. Products listed may be updated periodically. List does not guarantee coverage. Your prescription benefit plan may not cover certain products or categories, regardless of their appearance in this document. Vaccines, immunizations and intrauterine devices may be covered through your medical or pharmacy benefit. Consult your plan for complete coverage and list details.

‡Female or members capable of pregnancy.

#Female or members at increased risk of breast cancer.

Listed products are for informational purposes only and are not intended to replace the clinical judgment of the prescriber.

This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Caremark.

This list represents branded products in CAPS, branded generics in uppercase and lowercase Italics, and generic products in lowercase italics.

Some strengths or dosage forms may not be included in the high deductible health plan-health savings account (HDHP-HSA) Preventive Therapy Drug List and certain products or categories may not be covered, regardless of their appearance in this document. Please check with your plan provider should you have any question about coverage.

Additional medications may be included in this list from time to time in compliance with ACA requirements and/or Internal Revenue Service (IRS) guidance.

This Preventive Drug List has been adopted by the referenced health plan. This Preventive Services list and the HDHP-HSA Preventive Therapy Drug List should be modified as necessary or desired by the plan sponsor based on the advice of the plan sponsor's counsel.

