

# LET'S TALK PREVENTION



April 2016

## 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 and limits 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 or a request for coverage of contraceptives or primary prevention of breast cancer for transgender plan 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) in adults at least 45 years old who are at risk.

### Generic dosage forms up to 325 mg

#### Aspirin examples (OTC)

- Aspirin chew tab 75 mg and 81 mg
- Aspirin tab 81 mg and 325 mg
- Aspirin tab, delayed-release 81 mg and 325 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 tab 81 mg
- Aspirin chew tab 81 mg
- Aspirin tab, delayed-release 81 mg

**Iron Supplements** to help prevent low red blood cell levels from not having enough iron (iron deficiency anemia). Iron supplements are for children six to 12 months old who are at risk.

Please note: Effective October 1, 2016, this program will be removed from ACA preventive services coverage, and should revert back to standard benefit design.

### All children's oral liquid dosage forms

#### Iron examples (OTC and Rx)

- Carbonyl iron susp 15 mg/1.25 mL
- Ferrous sulfate elixir 220 mg/5 mL
- Ferrous sulfate soln 75 mg/mL
- Ferrous sulfate syrup 300 mg/5 mL
- Iron susp 15 mg/1.5 mL

**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 examples (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

**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, oral tablets**

**Folic acid examples (OTC)**

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

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

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

**Vitamin D examples (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 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 examples (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 examples (Rx):**

- MOVIPREP (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

# WOMEN'S HEALTH PREVENTIVE SERVICES†

## GENERIC ORAL CONTRACEPTIVES‡

<b>BRAND-NAME PRODUCTS FOR REFERENCE ONLY</b>	<b>BRAND-NAME PRODUCTS' GENERIC EQUIVALENT(S)</b>
Alesse	Aubra, Aviane-2, Delyla, Falmina, Lessina, Lutera, Orsythia, Sronyx, Vienva
Brevicon	Necon 0.5/35, Nortrel 0.5/35, Wera
Cyclessa	Caziant, Velivet
Demulen 1/35	Kelnor 1/35, Zovia 1/35E
Demulen 1/50	Zovia 1/50E
Desogen	Apri, Cyred, Emoquette, Enskyce, Juleber, Reclipsen
Estrostep FE	Tilia FE, Tri-Legest FE
FemconFE	Wymzya FE, Zenchent FE
Generess FE	Kaitlib FE, Layolis FE
Loestrin 1/20	Gildess 1/20, Junel 1/20, Larin 1/20, Microgestin 1/20
Loestrin FE 1/20	Blisovi FE 1/20, Gildess 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, Gildess 24 FE, Junel 24 FE, Larin 24 FE, Lomedia 24 FE, Microgestin 24 FE
Loestrin 1.5/30	Gildess 1.5/30, Junel 1.5/30, Microgestin 1.5/30
Loestrin FE 1.5/30	Blisovi FE 1.5/30, Gildess FE 1.5/30, Junel FE 1.5/30, Larin 1.5/30, Microgestin FE 1.5/30
Lo/Ovral	Cryselle-28, Elinest, Low-Ogestrel
LoSeasonique	Amethia Lo, Camrese Lo
Lybrel	Amethyst
Mircette	Azurette, Bekyree, Kariva, Kimidess, Pimtree, Viorele
Modicon	Necon 0.5/35, Nortrel 0.5/35, Wera
Nordette	Altavera, Chateal, Kurvelo, Levora, Marlissa, Portia-28
Norinyl 1 + 50	Necon 1/50
Nor-QD	Camila, Deblitane, Errin, Heather, Jencycla, Jolivette, Lyza, Nora-BE, Norlyroc, Ortho Micronor, Sharobel
Ortho-Cyclen	Estarylla, Mono-linyah, Mononessa, Previfem, Sprintec
Ortho Micronor	Camila, Deblitane, Errin, Heather, Jencycla, Jolivette, Lyza, Nora-BE, Norlyroc, Ortho Micronor, Sharobel
Ortho-Novum 1/35	Alyacen 1/35, Cyclofem 1/35, Dasetta 1/35, Norinyl 1+35, Necon 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, Necon 7/7/7, Nortrel 7/7/7, Pirmella 7/7/7
Ortho Tri-Cyclen	Tri-Estarylla, Tri-Linyah, TriNessa, Tri-Previfem, Tri-Sprintec
Ortho Tri-Cyclen Lo	Tri-Lo Estarylla, Tri-Lo Marzia, Tri-Lo Sprintec, Trinessa Lo
Ovcon-35	Balziva-28, Briellyn, Gildagia, Philith, Vyfemla, Zenchent
Ovral	Ogestrel 0.5/50
Seasonale	Introvale, Jolessa, Quasense, Setlakin
Seasonique	Amethia, Ashlyna, Camrese, Daysee
Tri-Norinyl	Aranelle, Leena
Triphasal	Enpresse, Levonest, Myzilra, Trivora
Yasmin	Ocella, Syeda, Zarah
Yaz	Gianvi, Loryna, Nikki, Vestura

## 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)

- BEYAZ
- LO LOESTRIN FE
- MINASTRIN 24 FE
- NATAZIA
- NECON 10/11
- QUARTETTE
- SAFYRAL

### Intrauterine Devices, Subdermal Rods and Vaginal Rings (Rx)

- NEXPLANON
- MIRENA
- SKYLA
- LILETTA
- 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
- ORTHO DIAPHRAGM COIL SPRING KIT
- ORTHO DIAPHRAGM FLAT SPRING KIT

#### Cervical Caps

- FEMCAP
- PRENTIF

### Emergency Contraception

- ELLA (Rx)
- *Levonorgestrel 1.5 mg tablet (Rx or OTC) Aftera, Econtra EZ, Fallback Solo, My Way, Opcicon, Take Action* [\[NEXT CHOICE ONE DOSE, PLAN B\]](#)

### 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

\*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. Vaccines, immunizations and intrauterine devices may be covered through your medical or pharmacy benefit. Consult your plan for a complete coverage and list details.

‡Female only. An exception process is available for coverage of contraceptives or primary prevention of breast cancer when medically necessary for transgender members.

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 above 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.

