

# Let's Talk Prevention

## 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.
- 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

<b>chew:</b> chewable	<b>mL:</b> milliliter
<b>cap:</b> capsule	<b>oral:</b> taken by mouth
<b>FE:</b> ferrous sulfate (iron)	<b>OTC:</b> over-the-counter
<b>EE:</b> ethinyl estradiol	<b>Rx:</b> prescription product
<b>hr:</b> hour	<b>soln:</b> solution
<b>IM:</b> intramuscular	<b>SR:</b> sustained release
<b>IU:</b> international unit	<b>susp:</b> suspension
<b>mcg:</b> microgram	<b>tab:</b> tablet
<b>mg:</b> milligram	<b>TD:</b> transdermal

## Preventive Services\*\*

**Aspirin** to help prevent illness and death from preeclampsia in persons 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 enteric coated tab 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 0.5 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 can become pregnant.

**Generic dosage forms**

**Folic acid products (OTC):**

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

## Preventive Services\*\*

**Tobacco Cessation Products** to help adults who are not pregnant quit tobacco use 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

**Generic varenicline**

**Tobacco cessation products** (OTC and Rx):

- Bupropion HCl tab SR 12 hr 150 mg
- 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
- Nicotrol inhaler system 10 mg
- Nicotrol NS nasal spray 10 mg/mL
- Varenicline tab 0.5 mg and 1 mg
- Varenicline tab 0.5 mg x 11 tabs and 1 mg x 42 pack

**Vaccines and Other Immunizing Agents (Immunizations)** to prevent certain illnesses in people of all ages.

Recommended doses, ages and populations may vary (Rx)

### Children

- COVID-19
- Dengue
- Diphtheria, Tetanus, Pertussis
- Haemophilus Influenzae Type B
- Hepatitis A
- Hepatitis B
- Human Papillomavirus
- Inactivated Poliovirus
- Influenza
- Measles, Mumps, Rubella
- Meningococcal
- Pneumococcal
- Respiratory Syncytial Virus
- Rotavirus
- Smallpox and Monkeypox
- Varicella

### Adults

- COVID-19
- Hepatitis A
- Hepatitis B
- Herpes Zoster
- Human Papillomavirus
- Influenza
- Measles, Mumps, Rubella
- Meningococcal
- Pneumococcal
- Respiratory Syncytial Virus
- Smallpox and Monkeypox
- Tetanus, Diphtheria, Pertussis
- Varicella

## Preventive Services\*\*

**Bowel Preparation Medicine** for cleaning out the bowel before colonoscopy procedures for adults age 45 through 75. 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
- PEG-PREP KIT (bisacodyl, PEG 3350, potassium chloride, sodium bicarbonate and sodium chloride) for oral solution
- PLENVU (polyethylene glycol-3350, sodium sulfate, sodium chloride, potassium chloride, sodium ascorbate and ascorbic acid) for oral solution
- SUFLAVE (polyethylene glycol-3350, sodium sulfate, potassium chloride, magnesium sulfate, and sodium chloride) for oral solution
- SUTAB (sodium sulfate, magnesium sulfate and potassium chloride) oral tablet
- *Polyethylene glycol-3350, sodium sulfate, sodium chloride, potassium chloride, sodium ascorbate and ascorbic acid* for oral solution
- *Sodium sulfate, potassium sulfate and magnesium sulfate* 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
- Pitavastatin 1 mg, 2 mg, 4 mg
- Pravastatin 10 mg, 20 mg, 40 mg, 80 mg
- Rosuvastatin 5 mg, 10 mg
- Simvastatin 5 mg, 10 mg, 20 mg, 40 mg

**Antiretroviral therapy** for preexposure prevention of human immunodeficiency virus (HIV) infection in people who are at an increased risk.

**Generic antiretroviral therapy (Rx):**

- Emtricitabine/tenofovir disoproxil fumarate 200 mg-300 mg

**Diabetes Prevention Medicine** for preventing or delaying diabetes for adults age 35 to 70 who have overweight or obesity.

**Generic diabetes prevention product (Rx):**

- Metformin 850 mg

## Women's Health Preventive Services\*\*

### Generic Oral Contraceptives†

Brand-Name Products for Reference Only	Brand-Name Products Generic Equivalent(s)
Alesse	Afirmelle, Aubra EQ, Aviane-28, Delyla, Falmina, Lessina, Lutera, Sronyx, Vienva
Balcoltra	Joyeaux
Demulen 1/35	Kelnor 1/35, Zovia 1/35
Demulen 1/50	Ethynodiol 1/50, Kelnor 1/50
Desogen	Apri, Cyred EQ, Enskyce, Isibloom, Juleber, Kalliga, Reclipsen
Estrostep FE	Tilia FE, Tri-Legest FE
Femcon FE	Wymzya FE
Generess FE	Kaitlib FE, Layolis FE
Loestrin 24 FE	Aurovela 24 FE, Blisovi 24 FE, Hailey 24 FE, Junel 24 FE, Larin 24 FE, Microgestin 24 FE, Tarina 24 FE
Lo/Ovral	Cryselle-28, Elinest, Low-Ogestrel, Turqoz
LoSeasonique	Camrese Lo, LoJaimiess
Lybrel	Amethyst, Dolishale
Minastrin 24 FE	Charlotte 24 FE, Finzala FE, Mibelas 24 FE
Mircette	Azurette, Kariva, Pimtrea, Simliya, Viorele, Volnea
Modicon	Necon 0.5/35, Nortrel 0.5/35, Wera
Nordette	Altavera, Ayuna, Chateal EQ, Kurvelo, Levora, Marlissa, Portia-28
Ortho-Cyclen	Estarylla, Mili, Mono-linyah, Nymyo, Sprintec, Vylibra
Ortho Micronor	Camila, Deblitane, Emzahh, Errin, Heather, Incassia, Jencycla, Lyleq, Lyza, Nora-BE, Norlyroc, Sharobel
Ortho-Novum 1/35	Alyacen 1/35, Dasetta 1/35, Nortrel 1/35, Nylia 1/35
Ortho-Novum 7/7/7	Alyacen 7/7/7, Dasetta 7/7/7, Nortrel 7/7/7, Nylia 7/7/7
Ortho Tri-Cyclen	Tri-Estarylla, Tri-Linyah, Tri-Mili, Tri-Nymyo, Tri-Sprintec, Tri-Vylibra
Ortho Tri-Cyclen Lo	Tri-Lo Estarylla, Tri-Lo Marzia, Tri-Lo-Mili, Tri-Lo-Sprintec, Tri-Vylibra Lo
Ovcon-35	Balziva-28, Briellyn, Philith, Vyfemla
Quartette	Rivelsa
Safyral	Tydemy
Seasonale	Iclevia, Introvale, Jolessa, Setlakin
Seasonique	Ashlyna, Camrese, Daysee, Jaimiess, Simpesse
Taytulla	Gemmily, Merzee, Taysofy
Tri-Norinyl	Aranelle, Leena
Triphasil	Enpresse, Levonest, Trivora
Yasmin	Ocella, Syeda, Zumandimine
Yaz	Jasmiel, Lo-Zumandimine, Loryna, Nikki, Vestura

# Women's Health Preventive Services\*\*

## 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 **[red]** and in brackets are for your reference only.

### Brand-Name Oral Contraceptives (Rx or OTC)

- LO LOESTRIN FE
- NATAZIA
- NEXTSTELLIS
- OPILL
- SLYND
- TYBLUME

### Barrier Methods (Rx)

#### Cervical Caps

- FEMCAP

#### Diaphragms

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

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

- *Ethinyl estradiol 15 mcg/Etonogestrel 120 mcg vaginal ring, EluRyng, EnilloRing, Haloette*  
**[NUVARING]**
- ANNOVERA
- KYLEENA
- LILETTA
- MIRENA
- NEXPLANON
- PARAGARD T 380A
- SKYLA

### Emergency Contraception (Rx or OTC)

- *Levonorgestrel 1.5 mg tablet, AfterPill, Aftera, Curae, Eontra OS, Her Style, My Choice, My Way, New Day, Opcicon, Option 2, Take Action, React*  
**[PLAN B]**
- ELLA

### Transdermal Patches (Rx)

- *Xulane*
- *Zafemy*
- TWIRLA

### Condoms (OTC)

- FC-2
- MALE CONDOMS

### Injectables (Rx)

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

### Vaginal Sponge (OTC)

- TODAY

### Vaginal pH Modulators (Rx)

- PHEXXI

### Spermicides (OTC)

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

## Women's Health Preventive Services\*\*

### Breast Cancer Prevention

Primary prevention of breast cancer in women†† 35 years of age and older, who are at an increased risk.

#### **Breast cancer prevention products (Rx):**

- Anastrozole tab 1 mg
- Exemestane tab 25 mg
- 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.

#### **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



\*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 regardless of their appearance in this document and certain products or categories on the HDHP-HSA Preventive Therapy Drug List may not be covered at \$0 cost share. Please check with your plan provider should you have any questions about your HDHP-HSA coverage.

Additional medications may be included in this list from time to time in compliance with ACA requirements.

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

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