Commercial Small Group and Individual ACA
Pharmacy Preventive Services List
January 2020
PREVENTIVE SERVICES:

Interim Final Rules for Non-Grandfathered Group Health Plans and Health Insurance Issuers Coverage of Preventive Services Under the Patient Protection and Affordable Care Act

October 2019

Introduction

Public Health Service (PHS) Act section 2713 and the interim final regulations require non-grandfathered group health plans and health insurance coverage offered in the individual or group market to provide benefits for and prohibit the imposition of cost-sharing requirements for the following (with respect to the individual involved):

- Evidenced–based items or services that have in effect a rating of “A” or “B” in the current recommendations of the U.S. Preventive Services Task Force (USPSTF)
- Immunizations for routine use in children, adolescents and adults that have in effect a recommendation from the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC)
- For infants, children, and adolescents, evidence–informed preventive care and screenings provided for, in the comprehensive guidelines supported by the Health Resources and Services Administration (HRSA)
- For women, evidence–informed preventive care and screening provided for in the comprehensive guidelines supported by HRSA, to the extent not already included in certain recommendations of the USPSTF

Below are CVS Caremark® recommendations for coverage of preventive services without cost-sharing requirements. These preventive services recommendations may not be covered under all formularies and plan designs. Please note: An exception process must be available for clinical circumstances that fall outside the recommended coverage (e.g., a request for coverage of a brand-name medication because the available generic medications 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 (e.g., a request for coverage of contraceptives or primary prevention of breast cancer for transgender members).

Aspirin

Aspirin to Prevent Cardiovascular Disease (CVD) and Colorectal Cancer (CRC):

The USPSTF recommends initiating low-dose aspirin use for the primary prevention of cardiovascular disease (CVD) and colorectal cancer (CRC) in adults aged 50 to 59 years who have a 10% or greater 10-year CVD risk, are not at increased risk for bleeding, have a life expectancy of at least 10 years, and are willing to take low-dose aspirin daily for at least 10 years.

<table>
<thead>
<tr>
<th>CVS Caremark Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Age limit 50 to 59 years (men and women)</td>
</tr>
<tr>
<td>• No prior authorization</td>
</tr>
<tr>
<td>• Quantity limit of 100 units per fill</td>
</tr>
<tr>
<td>• Generic only</td>
</tr>
<tr>
<td>• Over the counter (OTC) (requires prescription)</td>
</tr>
</tbody>
</table>

*Generic Product Identifier (GPI) Description*

Single ingredient: All oral dosage forms 81 mg
Includes dosage forms such as:
- Aspirin chew tab 81 mg
- Aspirin enteric coated tab 81 mg

*Products listed may be updated periodically. ‡For a complete listing of product names, contact your account representative. This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Caremark. This document contains CVS Caremark recommendations to assist clients in making ACA-compliant preventive services coverage decisions as required under federal law. In addition to federal requirements, some clients may be subject to more stringent state requirements. Clients must evaluate applicable state requirements and notify CVS Caremark of any coverage modifications necessary to comply with such requirements. This document contains proprietary information and may not be copied (in whole or in part), reproduced or distributed without written permission from CVS Caremark.
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**Aspirin (cont.)**

### Aspirin to Prevent Morbidity and Mortality From Preeclampsia: Women

The USPSTF recommends the use of low-dose aspirin (81 mg/day) as preventive medication after 12 weeks of gestation in women who are at high risk for preeclampsia.

**CVS Caremark Recommendation**
- Females or members capable of pregnancy
- Age limit 12 to 59 years
- No prior authorization
- Quantity limit of 100 units per fill
- Generic only
- OTC (requires prescription)

**GPI Description**

- Single ingredient: All oral dosage forms 81 mg
- Includes dosage forms such as:
  - Aspirin chew tab 81 mg
  - Aspirin enteric coated tab 81 mg

### Oral Fluorides

**Chemoprevention of Dental Caries (Cavities)**

The USPSTF recommends that primary care clinicians prescribe oral fluoride supplementation at currently recommended doses to preschool children older than six months of age whose primary water source is deficient in fluoride.

**CVS Caremark Recommendation**
- Age limit ≤ five years
- No prior authorization
- No quantity limit
- Brand and generic
- Rx products only

**GPI Description**

- Single ingredient: Oral dosage forms ≤ 0.5 mg
  - Sodium fluoride chew tab 0.25 mg - 0.5 mg
  - Sodium fluoride soln 0.125 mg/drop & 0.25 mg/drop
  - Sodium fluoride soln 0.25 mg/0.6 mL
  - Sodium fluoride soln 0.5 mg/mL
  - Sodium fluoride tab 0.5 mg

### Folic Acid

**Supplementation with Folic Acid**

The USPSTF recommends that all women planning or capable of pregnancy take a daily supplement containing 0.4 mg to 0.8 mg (400 mcg to 800 mcg) of folic acid.

**CVS Caremark Recommendation**
- Females or members capable of pregnancy
- Age limit ≤ 55
- No prior authorization
- Quantity limit 100 units per fill
- Generic only
- OTC (requires prescription)

**GPI Description**

- Single ingredient
  - Folic acid tab 0.4 mg & 0.8 mg
  - Folic acid cap 0.8 mg

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## Tobacco Cessation

**Adults who are not pregnant:**
The USPSTF recommends that clinicians ask all adults about tobacco use, advise them to stop using tobacco, and provide behavioral interventions and U.S. Food and Drug Administration (FDA)–approved pharmacotherapy for cessation to adults who use tobacco.

<table>
<thead>
<tr>
<th>CVS Caremark Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>- No prior authorization of tobacco cessation products</td>
</tr>
<tr>
<td>- Limit of 168 day supply of each product in one year of treatment</td>
</tr>
<tr>
<td>- Coverage includes generic nicotine replacement products (nicotine patch, gum and lozenges), brand Nicotrol (inhailer system), brand Nicotrol NS (nasal spray), brand Chantix and generic Zyban</td>
</tr>
<tr>
<td>- Generics and single source brands</td>
</tr>
<tr>
<td>- Brands until generics become available</td>
</tr>
<tr>
<td>- Rx or OTC (requires prescription)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GPI Description*</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Bupropion HCl tab SR 12hr 150 mg</td>
</tr>
<tr>
<td>- Nicotine TD patch 24 hr 21 mg, 14 mg &amp; 7 mg/24hr</td>
</tr>
<tr>
<td>- Nicotine polacrilex gum 2 mg &amp; 4 mg</td>
</tr>
<tr>
<td>- Nicotine polacrilex lozenge 2 mg &amp; 4 mg</td>
</tr>
<tr>
<td>- Nicotine inhaler system 10 mg (4 mg delivered)</td>
</tr>
<tr>
<td>- Nicotrol brand</td>
</tr>
<tr>
<td>- Nicotine nasal spray 10 mg/mL (0.5 mg/spray)</td>
</tr>
<tr>
<td>- Nicotrol NS brand</td>
</tr>
<tr>
<td>- Varenicline tartrate tab 0.5 mg (base equiv) &amp; 1 mg (base equiv)</td>
</tr>
<tr>
<td>- Chantix brand</td>
</tr>
<tr>
<td>- Varenicline tartrate tab 0.5 mg X 11 tabs &amp; 1 mg X 42 pack</td>
</tr>
<tr>
<td>- Chantix brand</td>
</tr>
</tbody>
</table>

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## Immunizations

**Immunizations: Vaccines**

The USPSTF recommends immunizations for routine use in children, adolescents and adults that are recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (CDC) on the CDC Immunization Schedules.

**CVS Caremark Recommendation**

- Children – birth through age 18
- Adults – covered age ≥ 19
- Rx only
- Plans may choose to cover vaccines under the medical or pharmacy benefit
- If plans cover under the pharmacy benefit any vaccines which appear on the Immunization Schedules of the CDC, then the non-grandfathered or new start plans should apply $0 copay for these vaccines‡
  
  http://www.cdc.gov/mmwr/preview/mmwrhtml/su6201a1.htm
- No prior authorization

**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:**

Immunization vaccines for adults. Doses, recommended ages and recommended populations vary:

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

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### Bowel Preparation Medications

**Screening for Colorectal Cancer**
The USPSTF recommends screening for colorectal cancer (CRC) using fecal occult blood testing, sigmoidoscopy or colonoscopy, in adults, beginning at age 50 years and continuing until age 75 years.

Since colonoscopy is an option for screening, and adequate bowel preparation is required prior to the procedure, coverage of medications that will provide adequate preparation should be provided.

**CVS Caremark Recommendation**
- Age limit 50 through 74 years (men and women)
- No prior authorization or quantity limits
- Rx only
- Generics and single source brands
- Generics are in *italics*. Brand-names are **CAPITALIZED**
- Brands until generics become available

**GPI Description**
- CLENPIQ
- MOVIPREP
- PLENVU
- PREPOPIK
- SUPREP
- Gavilyte-H Kit
- Peg-Prep Kit

### Statins

**Statin Use for the Primary Prevention of Cardiovascular Disease (CVD) in Adults:**
The USPSTF recommends that adults without a history of CVD (ie, symptomatic coronary artery disease or ischemic stroke) use a low- to moderate-dose statin for the prevention of CVD events and mortality when all of the following criteria are met: 1) they are aged 40 to 75 years; 2) they have 1 or more CVD risk factors (ie, dyslipidemia, diabetes, hypertension, or smoking); and 3) they have a calculated 10-year risk of a cardiovascular event of 10% or greater.

**CVS Caremark Recommendation**
- Age limit 40 to 75 years (men and women)
- No prior authorization
- No quantity limit
- Generic only
- Only low to moderate intensity statins
- Rx

**GPI Description**
Generic low to moderate intensity statins includes the following strengths:
- 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

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**Introduction**

On August 1, 2011, the Department of Health and Human Services (HHS) adopted Guidelines for Women’s Preventive Services – including well-woman visits, support for breast feeding equipment, contraception and domestic violence screening – that will be covered without cost sharing in non-grandfathered health plan years starting on or after August 1, 2012. The guidelines were recommended by the independent Institute of Medicine (IOM) and based on scientific evidence.

### Oral Contraceptives

<table>
<thead>
<tr>
<th>The IOM Recommended as a Preventive Service for Women:</th>
<th>CVS Caremark Recommendation</th>
</tr>
</thead>
</table>
| The full range of U.S. Food and Drug Administration (FDA)-approved contraceptive methods, sterilization procedures and patient education and counseling for women with reproductive capacity. FDA-approved OTC contraceptive methods are also recommended if prescribed for a woman by her health care provider.¹ | - Females or members capable of pregnancy  
- Rx  
- Generics and single source brands  
- Brands until generics become available |
| CVS Caremark suggests a plan consider the following pharmacy-related recommendations when developing its coverage under these provisions. | |
| CVS Caremark notes that previous HHS guidance enables plans to apply reasonable medical management techniques when developing Preventive Services coverage. | |
| These Women’s Health Preventive Services recommendations are an addendum to the initial CVS Caremark Preventive Services recommendations issued in October 2010. | |

¹. Regardless of OTC status a prescription is required for coverage. Emergency contraception recommendation includes OTC products referenced in the IOM report.

### Product Description*

Brand names in *italics* and in parentheses are for reference only. Only generics and single source brands are recommended for coverage without cost sharing. Brand names in *(BOLD/BLUE)* have no generic available and are recommended for coverage.

**EE=Ethynyl Estradiol**

**HIGH – DOSE MONOPHASIC PILLS**

- EE 50 mcg/Norgestrel 0.5 mg *(Ogestrel 0.5/50)*
- EE 50 mcg/Ethynodiol diacetate 1 mg *(Ethynodiol 1/50, Kelnor 1/50)*

**BIPHASIC PILLS**

- EE 20 mcg/Desogestrel 0.15 mg *(Azurette, Bekyree, Kariva, Mircette, Pimtrea, Simliya, Viorele)*

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### Oral CONTRACEPTIVES (cont.)

<table>
<thead>
<tr>
<th>LOW-DOSE MONOPHASIC PILLS</th>
</tr>
</thead>
<tbody>
<tr>
<td>• EE 20 mcg/Drospirenone 3 mg</td>
</tr>
<tr>
<td>• EE 20 mcg/Drospirenone 3 mg + Calcium 0.451 mg</td>
</tr>
<tr>
<td>• EE 20 mcg/Levonorgestrel 0.1 mg</td>
</tr>
<tr>
<td>• BALCOLTRA</td>
</tr>
<tr>
<td>• EE 20 mcg/Norethindrone 1 mg and/FE</td>
</tr>
<tr>
<td>• EE 20 mcg/Norethindrone 1 mg/FE</td>
</tr>
<tr>
<td>• TAYTULLA FE 1/20</td>
</tr>
<tr>
<td>• EE 25 mcg/Norethindrone 0.8 mg/FE</td>
</tr>
<tr>
<td>• EE 30 mcg/Levonorgestrel 0.15 mcg</td>
</tr>
<tr>
<td>• EE 30 mcg/Norgestrel 0.03 mg</td>
</tr>
<tr>
<td>• EE 30 mcg/Norethindrone acetate 1.5 mg and/FE</td>
</tr>
<tr>
<td>• EE 30 mcg/Desogestrel 0.15 mg</td>
</tr>
<tr>
<td>• EE 30 mcg/Drospirenone 3 mg</td>
</tr>
<tr>
<td>• EE 35 mcg/Ethynodiol diacetate 1 mg</td>
</tr>
<tr>
<td>• EE 35 mcg/Norgestimate 0.25 mg</td>
</tr>
<tr>
<td>• EE 35 mcg/Norethindrone 0.4 mg and/FE</td>
</tr>
<tr>
<td>• EE 35 mcg/Norethindrone 0.5 mg</td>
</tr>
<tr>
<td>• EE 35 mcg/Norethindrone 1 mg</td>
</tr>
<tr>
<td>• EE 30 mcg/Drospirenone 3 mg + Calcium 0.451 mg</td>
</tr>
</tbody>
</table>

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### Oral Contraceptives (cont.)

<table>
<thead>
<tr>
<th>TRIPHASIC PILLS</th>
</tr>
</thead>
<tbody>
<tr>
<td>• EE 20 mcg, 30 mcg, 35 mcg/Norethindrone 1 mg (Estrostep FE, Tilia Fe, Tri-Legest FE)</td>
</tr>
<tr>
<td>• EE 25 mcg/Norgestimate 0.18 mg, 0.215 mg, 0.25 mg (Ortho Tri-Cyclen Lo, Tri-Lo Estarylla, Tri-Lo Marzia, Tri-Lo-Mili, Tri-Lo-Sprintec, Tri-Vylibra Lo)</td>
</tr>
<tr>
<td>• EE 25 mcg/Desogestrel 0.1 mg, 0.125, 0.15 mg (Caziant, Velivet)</td>
</tr>
<tr>
<td>• EE 30 mcg, 40 mcg, 30 mcg /Levonorgestrel 0.05 mg, 0.075 mg, 0.125 mg (Enpresse, Levonest, Trivora)</td>
</tr>
<tr>
<td>• EE 35 mcg/Norgestimate 0.18 mg, 0.215 mg, 0.25 mg (Tri-Estasylla, Tri-Femynor, Tri-Linyah, Tri-Mili, TriNessa, Tri-Previfem, Tri-Sprintec, Tri-Vylibra)</td>
</tr>
<tr>
<td>• EE 35 mcg/Norethindrone 0.5 mg, 1 mg, 0.5 mg (Aranelle, Leena)</td>
</tr>
<tr>
<td>• EE 35 mcg/Norethindrone 0.5 mg, 0.75 mg, 1 mg (Alyacen 7/7/7, Cyclafem 7/7/7, Dasetta7/7/7, Nortrel 7/7/7, Ortho-Novum 7/7/7, Pirmella 7/7/7)</td>
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<tr>
<th>FOUR-PHASIC</th>
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<tbody>
<tr>
<td>• NATAZIA (Estradiol valerate/Dienogest)</td>
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<table>
<thead>
<tr>
<th>EXTENDED – CYCLE PILLS</th>
</tr>
</thead>
<tbody>
<tr>
<td>• EE 30 mcg/Levonorgestrel 0.15 mg (Introvale, Jolessa, Setlakin)</td>
</tr>
<tr>
<td>• EE 30, 10 mcg/Levonorgestrel 0.15 mg (Amethia, Ashlyna, Camrese, Daysee, Seasonique, Simpess)</td>
</tr>
<tr>
<td>• EE 20, 10 mcg/Levonorgestrel 0.1 mg (Amethia Lo, Camrese Lo, LoSeasonique)</td>
</tr>
<tr>
<td>• LO LOESTRIN FE</td>
</tr>
<tr>
<td>(EE 10 mcg/Norethindrone 1 mg)</td>
</tr>
<tr>
<td>• EE 10, 20, 25, 30 mcg/Levonorgestrel 0.15 mg (Fayosim, Quartette, Rivelsa)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CONTINUOUS – CYCLE PILLS</th>
</tr>
</thead>
<tbody>
<tr>
<td>• EE 20 mcg/Levonorgestrel 90 mcg (Amethyst)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PROGESTIN-ONLY PILLS “Mini-Pills”</th>
</tr>
</thead>
<tbody>
<tr>
<td>• SLYND (Drospirenone 4 mg)</td>
</tr>
<tr>
<td>• Norethindrone 0.35 mg (Camila, Deblitane, Errin, Heather, Incassia, Jencycla, Lyza, Nora-BE, Norlyda, Norlyroc, Ortho Micronor, Sharobel, Tulana)</td>
</tr>
</tbody>
</table>

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### Emergency Contraceptives

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<tr>
<td>The full range of FDA-approved contraceptive methods, sterilization procedures and patient education and counseling for women with reproductive capacity. FDA-approved OTC contraceptive methods are also recommended if prescribed for a woman by her health care provider.</td>
<td>- Females or members capable of pregnancy</td>
</tr>
<tr>
<td></td>
<td>- Rx</td>
</tr>
<tr>
<td></td>
<td>- OTCs (requires a prescription)</td>
</tr>
</tbody>
</table>

**Product Description**

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- **ELLA**
  - (Ulipristal 30 mg tablet) (progesterone receptor modulator)
- Levonorgestrel 1.5 mg tablet
  - *(After, Plan B, Econtra EZ, Econtra OS, My Choice, My Way, New Day, Opicon, Option 2, Preventeza, Take Action, React)*

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1. Regardless of OTC status a prescription is required for coverage. Emergency contraception recommendation includes OTC products referenced in the IOM report.

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## Injectables

### The IOM Recommended as a Preventive Service for Women:

The full range of FDA-approved contraceptive methods, sterilization procedures and patient education and counseling for women with reproductive capacity. FDA-approved OTC contraceptive methods are also recommended if prescribed for a woman by her health care provider.1

CVS Caremark suggests a plan consider the following pharmacy-related recommendations when developing its coverage under these provisions.

CVS Caremark notes that previous HHS guidance enables plans to apply reasonable medical management techniques when developing Preventive Services coverage.

These Women’s Health Preventive Services recommendations are an addendum to the initial CVS Caremark Preventive Services recommendations issued in October 2010.

1. Regardless of OTC status a prescription is required for coverage. Emergency contraception recommendation includes OTC products referenced in the IOM report.

### CVS Caremark Recommendation

- Females or members capable of pregnancy
- Quantity limit
  (1 injection/75 days) or (4 injections/300 days)
- Rx
- Brands until generics become available

### Product Description*

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- **DEPO-SUBQ-PROVERA 104**
  (Medroxyprogesterone acetate 104 mg SQ X q3 months)
- Medroxyprogesterone acetate 150 mg IM x q3 months *(Depo-Provera)*
### Miscellaneous – Intrauterine Devices, Subdermal Rods & Vaginal Rings

**The IOM Recommended as a Preventive Service for Women:**

The full range of FDA-approved contraceptive methods, sterilization procedures and patient education and counseling for women with reproductive capacity. FDA-approved OTC contraceptive methods are also recommended if prescribed for a woman by her health care provider.  

CVS Caremark suggests a plan consider the following pharmacy-related recommendations when developing its coverage under these provisions.

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These Women’s Health Preventive Services recommendations are an addendum to the initial CVS Caremark Preventive Services recommendations issued in October 2010.

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**CVS Caremark Recommendation**

- Females or members capable of pregnancy
- Rx
- Plans may choose to cover these items under the medical or pharmacy benefit
- Quantity Limits
  - Sub-dermal Rod (1/300 days)
  - Intrauterine Device (IUD) (1/300 days)
  - Vaginal Ring (13/300 days)
  - Vaginal System (1/300 days)

**Product Description**

Brand names in *italics* and in parentheses are for reference only. Only generics and single source brands are recommended for coverage without cost sharing. Brand names in *(BOLD/BLUE)* have no generic available and are recommended for coverage.

- **NEXPLANON** Subdermal Rod (Etonogestrel 68 mg – release rate varies over time)
- **ANNOVERA** Vaginal System (Ethinyl estradiol 17.4 mg/Segesterone acetate 103 mg)
- **NUVARING** Vaginal Ring (Ethinyl estradiol 15 mcg/Etonogestrel 120 mcg)
- **MIRENA** IUD (Levonorgestrel 20 mcg/day)
- **PARAGARD T 380A** IUD (Copper 309 mg/day)
- **SKYLA** IUD (Levonorgestrel 13.5 mcg/day)
- **LILETTA** IUD (Levonorgestrel 18.6 mcg/day)
- **KYLEENA** IUD (Levonorgestrel 19.5 mcg/day)

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*Products listed may be updated periodically.  ‡For a complete listing of product names, contact your account representative. This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Caremark. This document contains CVS Caremark recommendations to assist clients in making ACA-compliant preventive services coverage decisions as required under federal law. In addition to federal requirements, some clients may be subject to more stringent state requirements. Clients must evaluate applicable state requirements and notify CVS Caremark of any coverage modifications necessary to comply with such requirements. This document contains proprietary information and may not be copied (in whole or in part), reproduced or distributed without written permission from CVS Caremark. ©2019 CVS Caremark. All rights reserved. 106-21204G  093019*
### Transdermal Patch

**The IOM Recommended as a Preventive Service for Women:**
The full range of FDA-approved contraceptive methods, sterilization procedures and patient education and counseling for women with reproductive capacity. FDA-approved OTC contraceptive methods are also recommended if prescribed for a woman by her health care provider.¹

CVS Caremark suggests a plan consider the following pharmacy-related recommendations when developing its coverage under these provisions.

CVS Caremark notes that previous HHS guidance enables plans to apply reasonable medical management techniques when developing Preventive Services coverage.

These Women’s Health Preventive Services recommendations are an addendum to the initial CVS Caremark Preventive Services recommendations issued in October 2010.

1. Regardless of OTC status a prescription is required for coverage. Emergency contraception recommendation includes OTC products referenced in the IOM report.

**CVS Caremark Recommendation**
- Females or members capable of pregnancy
- Rx

**Product Description**
Brand names in *italics* and in parentheses are for reference only. Only generics and single source brands are recommended for coverage without cost sharing. Brand names in (**BOLD/BLUE**) have no generic available and are recommended for coverage.

- Ethinyl estradiol 35 mcg/Norelgestromin 150 mcg (**Xulane**)
## Barrier Methods

**The IOM Recommended as a Preventive Service for Women:**

The full range of FDA-approved contraceptive methods, sterilization procedures and patient education and counseling for women with reproductive capacity. FDA-approved OTC contraceptive methods are also recommended if prescribed for a woman by her health care provider.¹

CVS Caremark suggests a plan consider the following pharmacy-related recommendations when developing its coverage under these provisions.

CVS Caremark notes that previous HHS guidance enables plans to apply reasonable medical management techniques when developing Preventive Services coverage.

These Women’s Health Preventive Services recommendations are an addendum to the initial CVS Caremark Preventive Services recommendations issued in October 2010.

¹. Regardless of OTC status a prescription is required for coverage. Emergency contraception recommendation includes OTC products referenced in the IOM report.

<table>
<thead>
<tr>
<th>CVS Caremark Recommendation</th>
<th>Product Description*</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Females or members capable of pregnancy</td>
<td>- Diaphragms</td>
</tr>
<tr>
<td>- Quantity Limit (1/300 days)</td>
<td>- MILEX WIDE-SEAL</td>
</tr>
<tr>
<td>- Rx</td>
<td>- OMNIFLEX COIL SPRING SILICONE</td>
</tr>
<tr>
<td></td>
<td>- CAYA</td>
</tr>
<tr>
<td></td>
<td>- Cervical Caps</td>
</tr>
<tr>
<td></td>
<td>- FEMCAP</td>
</tr>
</tbody>
</table>

*Brand names in *italics* and in parentheses are for reference only. Only generics and single source brands are recommended for coverage without cost sharing. Brand names in **(BOLD/BLUE)** have no generic available and are recommended for coverage.

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### OTC - Contraceptives

**The IOM Recommended as a Preventive Service for Women:**
The full range of FDA-approved contraceptive methods, sterilization procedures, and patient education and counseling for women with reproductive capacity. FDA-approved OTC contraceptive methods are also recommended if prescribed for a woman by her health care provider.¹

CVS Caremark suggests a plan consider the following pharmacy-related recommendations when developing its coverage under these provisions.

CVS Caremark notes that previous HHS guidance enables plans to apply reasonable medical management techniques when developing Preventive Services coverage.

These Women’s Health Preventive Services recommendations are an addendum to the initial CVS Caremark Preventive Services recommendations issued in October 2010.

1. Regardless of OTC status a prescription is required for coverage. Emergency contraception recommendation includes OTC products referenced in the IOM report.

<table>
<thead>
<tr>
<th>CVS Caremark Recommendation</th>
<th>Product Description*</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Females or members capable of pregnancy</td>
<td>• Female Condoms</td>
</tr>
<tr>
<td>• OTC (requires prescription)</td>
<td>– FC-2</td>
</tr>
</tbody>
</table>

<p>| | |</p>
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<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>CVS Caremark Recommendation</td>
<td>GPI Description*</td>
</tr>
<tr>
<td>• Females or members at increased risk of breast cancer</td>
<td>• Raloxifene HCl tab 60 mg</td>
</tr>
<tr>
<td>• Age limit ≥ 35</td>
<td>• Tamoxifen citrate tab 10 mg (base equiv) &amp; 20 mg (base equiv)</td>
</tr>
<tr>
<td>• No prior authorization²</td>
<td></td>
</tr>
<tr>
<td>• Generic only</td>
<td></td>
</tr>
<tr>
<td>• Rx</td>
<td></td>
</tr>
</tbody>
</table>

2. May be subject to certification process.

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¹Emergency contraception recommendation includes OTC products referenced in the IOM report.

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*Products listed may be updated periodically. ‡For a complete listing of product names, contact your account representative. This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Caremark. This document contains CVS Caremark recommendations to assist clients in making ACA-compliant preventive services coverage decisions as required under federal law. In addition to federal requirements, some clients may be subject to more stringent state requirements. Clients must evaluate applicable state requirements and notify CVS Caremark of any coverage modifications necessary to comply with such requirements. This document contains proprietary information and may not be copied (in whole or in part), reproduced or distributed without written permission from CVS Caremark.

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OPTIONAL PREVENTIVE SERVICE:
Medication-Assisted Treatment (MAT) for Substance Use Disorder

Introduction
Medication Assisted Treatment of Substance Use Disorder – or MAT – is an important tool to help reduce opioid misuse. MAT medications, including buprenorphine, buprenorphine-naloxone and naltrexone, are used in the treatment of opioid use disorders. In an effort to enhance access to MAT, CVS Caremark recommends coverage of three medications used in MAT as an optional preventive service, to be available at no member cost share.

Optional MAT for Substance Use Disorder

In April 2017, the Department of Health and Human Services (HHS) detailed a five-point opioid strategy. A key tenet of their strategy was to “Improve access to prevention, treatment, and recovery support services to prevent the health, social, and economic consequences associated with opioid addiction and to enable individuals to achieve long-term recovery.”

While MAT for Substance Use Disorder is not a required preventive service for ACA non-grandfathered plans, CVS Caremark recommends coverage of these drugs at no member cost share as a benefit enhancement.

CVS Caremark Recommendation
- Generic only
- Rx
- In order to enhance access:
  - No prior authorization
  - No quantity limits

3. Client specific utilization management may apply

Generic Product Identifier (GPI) Description*
- Buprenorphine sublingual tab 2 mg, 8 mg
- Buprenorphine-naloxone sublingual tab 2 mg-0.5 mg, 8 mg-2 mg
- Naltrexone tab 50 mg

*Products listed may be updated periodically. ‡For a complete listing of product names, contact your account representative. This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Caremark. This document contains CVS Caremark recommendations to assist clients in making ACA-compliant preventive services coverage decisions as required under federal law. In addition to federal requirements, some clients may be subject to more stringent state requirements. Clients must evaluate applicable state requirements and notify CVS Caremark of any coverage modifications necessary to comply with such requirements. This document contains proprietary information and may not be copied (in whole or in part), reproduced or distributed without written permission from CVS Caremark.

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Multi-Language Interpreter Services - Taglines for Notices

Spanish  Este Aviso contiene información importante. Este aviso contiene información importante acerca de su solicitud o cobertura a través de CommunityCare. Preste atención a las fechas clave que contiene este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al 1-800-777-4890.

Vietnamese  Thông báo này cung cấp thông tin quan trọng. Thông báo này có thông tin quan trọng bạn về đơn nộp hoặc hỗ trợ bồi thường qua chương trình CommunityCare. Xin xem ngày then chốt trong thông báo này. Quý vị có thể phải thực hiện theo thông báo đúng trong thời hạn để duy trì bảo hiểm sức khỏe hoặc trợ trí giúp thêm về chi phí. Quý vị có quyền đặc biệt thông tin này và được trợ giúp bằng ngôn ngữ của mình miễn phí. Xin gọi số 1-800-777-4890.

Chinese  本通知有重要的訊息。本通知有關於您透過 CommunityCare 提交的申請或 保險的重要訊息。請留意本通知內的重要日期。您可能需要在截止日期之前採取行動，以保留您的健康保險 或者費用補貼。您有權利免費以您的母語得到本訊息和幫助。請撥電話 [在此插入數字]1-800-777-4890

Korean  본 통지서에는 중요한 정보가 들어 있습니다. 즉 이 통지서는 귀하의 신청에 관하여 그리고 CommunityCare 을 통한 커버리지 에 관한 정보를 포함하고 있습니다. 본 통지서에서 핵심이 되는 날짜들을 찾아보십시오. 귀하는 귀하의 건강 커버리지를 계속 유지하거나 비용을 절감하기 위해서 일정한 마감일까지 조치를 취해야 할 필요가 있을 수 있습니다. 귀하는 이러한 정보와 도움을 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 1-800-777-4890로 전화하십시오.


Arabic  يحتوي هذا الإشعار معلومات هامة. يحتوي هذا الاعلان معلومات مهمة بخصوص طلب الحصول على التغطية من CommunityCare خلال بعض التواريخ اللاحقة. قد تحتاج للاتخاذ إجراء في تواريخ معينة لضمان الحفاظ على تغطية الرعاية الصحية أو للمساعدة في دفع التكاليف. لكل الحق في الحصول على المعلومات والمساعدة بلغتك من دون أي تكلفة. اتصل ب 1-800-777-4890.

Burmese  Tsab ntawv tshaj xo no muaj cov ntshiab lus tseem ceeb. Tsab ntawv tshaj xo no muaj cov ntshiab lus tseem ceeb txog koj daim ntawv thov kev pab los yog koj qhov kev pab cuam los ntawm CommunityCare. Saib cov caij nyoog los yog tej hnb tseem ceeb uas sau rau hauv daim ntawv no kom zoo. Tej zaum koj kuj yuav tau ua qee yam uas peb kom koj ua tsis pub dhau cov caij nyoog uas teev tseg rau hauv daim ntawv no mas koj thiaj yuav tau txais kev pab cuam kho mob los yog kev pab them tej nqi kho mob.
Tagalog
Ang Paunawa na ito ay naglalaman ng mahalagang impormasyon. Ang paunawa na ito ay naglalaman ng mahalagang impormasyon tungkol sa iyong aplikasyon o pagsakop sa pamamagitan ng CommunityCare. Tingnan ang mga mahalagang petsa dito sa paunawa. Maaring mangailangan ka na magsagawa ng hakbang sa ilang mga itinakdang panahon upang mapanatili ang iyong pagsakop sa kalusugan o tulong na walang gastos. Tumawag sa 1-800-777-4890.

French
Cet avis a d'importantes informations. Cet avis a d'importantes informations sur votre demande ou la couverture par l'intermédiaire de CommunityCare. Rechercher les dates clés dans le présent avis. Vous devrez peut-être prendre des mesures par certains délais pour maintenir votre couverture de santé ou d'aide avec les coûts. Vous avez le droit d'obtenir cette information et de l'aide dans votre langue à aucun coût. Appelez 1-800-777-4890.

Laotian:

Thai:

Urdu

Cherokee:

Persian-Farsi

03/01/2018
CommunityCare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. CommunityCare does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

CommunityCare:
- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact CommunityCare’s Senior Manager of Quality Improvement. If you believe that CommunityCare has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

CommunityCare
Attn: Senior Manager Quality Improvement
P.O. Box 3249 Tulsa, Oklahoma 74101
(918) 594-5303 (phone)
(918) 594-5250 (Fax)
CustomerServiceReview@ccok.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, CommunityCare’s Senior Manager of Quality Improvement is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, D.C. 20201 1-800-368-1019, 800-537-7697 (TDD).


Updated 09/10/2018