

# LET'S TALK PREVENTION



October 2018

## YOUR NO-COST PREVENTIVE MEDICATIONS

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:

- Medications and supplements to prevent certain health conditions for adults, women and children
- Medications and products for quitting smoking or chewing tobacco (tobacco cessation)
- Medications 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 medications, 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 medications†.
- Other rules and limits may apply. Please contact your health plan to learn about your coverage†.

An exceptions process<sup>1</sup> is available for circumstances that fall outside the listed preventive services – such as:

- a request for coverage of a brand name product because the listed generic products are not medically appropriate

### LEGEND:

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

# NO-COST PREVENTIVE MEDICATIONS†

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

**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):**

- 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
- 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

**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

# NO-COST PREVENTIVE MEDICATIONS†

**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.

**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 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 MEDICATIONS†

**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

**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 MEDICATIONS†

## GENERIC ORAL CONTRACEPTIVES

| <b>BRAND-NAME PRODUCTS FOR REFERENCE ONLY</b> | <b>BRAND-NAME PRODUCTS' GENERIC EQUIVALENT(S)</b>  |
|---|--|
| Alesse  | Aubra, Aviane-28, Delyla, Falmina, Larissia, Lessina, Lutera, Orsythia, Sronyx, Vienna                     |
| Beyaz   | Rajani   |
| Brevicon                                      | Necon 0.5/35, Nortrel 0.5/35, Wera   |
| 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, Kimidess, Pimtrea, Viorele  |
| Modicon                                       | Necon 0.5/35, Nortrel 0.5/35, Wera   |
| Nordette                                      | Altavera, Chateal, Kurvelo, Levora, Lillow, Marlissa, Portia-28  |
| Ortho-Cyclen                                  | Estarylla, Femynor, Mili, Mono-linyah, Mononessa, Previfem, Sprintec, Vylibra                              |
| Ortho Micronor                                | Camila, Deblitane, Errin, Heather, 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, Necon 7/7/7, Nortrel 7/7/7, Pirmella 7/7/7                   |
| Ortho Tri-Cyclen                              | Tri-Estarylla, Tri-Femynor, Tri-Linyah, Tri-Mili, TriNessa, 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, 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)

- 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, Fallback Solo, Next Choice, My Choice, My Way, Opcon, 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

\*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 a complete coverage and list details.

<sup>1</sup>To initiate the exceptions process, a letter of medical necessity (LOMN) may be required from your physician. Please contact CVS Caremark toll-free at 1-800-294-5979 with questions regarding the prior authorization process.

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 North Carolina State Health Plan.

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.

