

## 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

July 2017

### 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. 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.

### CVS Caremark Recommendation

- Age limit 50 to 59 years (men and women)
- No prior authorization
- Quantity limit of 100 units per fill
- Generic and single source brands
- Over the counter (OTC) (requires prescription)

### Generic Product Identifier (GPI) Description\*

**Single ingredient: All oral dosage forms 81 mg  
Includes dosage forms such as:**

- Aspirin chew tab 81 mg
- Aspirin tab 81 mg
- Aspirin tab delayed release 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. CVS Caremark does not operate the websites/organizations listed here, nor is it responsible for the availability or reliability of their content. These listings do not imply or constitute an endorsement, sponsorship or recommendation by 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.

# PREVENTIVE SERVICES

## 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 tab 81 mg
- Aspirin tab delayed release 81 mg

# PREVENTIVE SERVICES

## 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.

### CVS Caremark Recommendation

- No prior authorization of tobacco cessation products
- Limit of 168 day supply of each product in one year of treatment
- Coverage includes generic nicotine replacement products (nicotine patch, gum and lozenges), brand Nicotrol (inhaler system), brand Nicotrol NS (nasal spray), brand Chantix and generic Zyban
- Generics and single source brands
- Brands until generics become available
- Rx or OTC (requires prescription)

### GPI Description\*

- Bupropion HCl tab SR 12hr 150 mg
- Nicotine TD patch 24 hr 21 mg, 14 mg & 7 mg/24hr
- Nicotine polacrilex gum 2 mg & 4 mg
- Nicotine polacrilex lozenge 2 mg & 4 mg
- Nicotine inhaler system 10 mg (4 mg delivered)
  - Nicotrol brand
- Nicotine nasal spray 10 mg/mL (0.5 mg/spray)
  - Nicotrol NS brand
- Varenicline tartrate tab 0.5 mg (base equiv) & 1 mg (base equiv)
  - Chantix brand
- Varenicline tartrate tab 0.5 mg X 11 tabs & 1 mg X 42 pack
  - Chantix brand

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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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## Prevention of Falls in Community-Dwelling Older Adults

### Falls Prevention in Older Adults: Vitamin D

The USPSTF recommends vitamin D supplementation to prevent falls in community-dwelling adults age 65 years and older who are at increased risk for falls.

### CVS Caremark Recommendation

- Age limit ≥ 65 (men and women)
- Brand and generic
- OTC (requires prescription)
- No prior authorization

### GPI Description:

**Single ingredient: Vitamin D dosing range: 600 IU - 800 IU (available products to meet dose range)**

- Cholecalciferol cap 400 unit
- Cholecalciferol chew tab 400 unit
- Cholecalciferol drops 400 unit/0.03 mL (per drop)
- Cholecalciferol drops 400 units/0.028 mL (per drop)
- Cholecalciferol drops 600 units/0.028 mL (per drop)
- Cholecalciferol oral liquid 1,000 unit/10 mL
- Cholecalciferol oral liquid 1,200 unit/15 mL
- Cholecalciferol oral liquid 400 unit/mL
- Cholecalciferol tab 400 unit
- Ergocalciferol tab 400 unit

## 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\*

- MOVIPREP
- PREPOPIK
- SUPREP
- *Gavilyte-H Kit*
- *Peg-Prep Kit*

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## WOMEN'S 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

### 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

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

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.<sup>1</sup>

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
- Generics and single source brands
- Brands until generics become available

### 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=Ethinyl Estradiol

### HIGH – DOSE MONOPHASIC PILLS

- EE 50 mcg/Norgestrel 0.5 mg (*Ogestrel 0.5/50*)
- EE 50 mg/Ethinodiol diacetate 1 mg (*Zovia 1/50E*, *Ethinodiol 1/50*)

### BIPHASIC PILLS

- EE 20 mcg/Desogestrel 0.15 mg (*Azurette*, *Bekyree*, *Kariva*, *Kimidess*, *Mircette*, *Pimtreea*, *Viorele*)
- **NECON 10/11** (EE 35 mcg/Norethindrone 0.5 mg, 1 mg)

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## Oral Contraceptives (cont.)

### LOW-DOSE MONOPHASIC PILLS

- EE 20 mcg/Drospirenone 3 mg  
(*Gianvi, Loryna, Nikki, Vestura, Yaz*)
- EE 20 mcg/Drospirenone 3 mg + Calcium 0.451 mg (*Beyaz, Rajani*)
- EE 20 mcg/Levonorgestrel 0.1 mg  
(*Aubra, Aviane-28, Delyla, Falmina, Larissia, Lessina, Lutera, Orsythia, Sronyx, Vienva*)
- EE 20 mcg/Norethindrone 1 mg and/FE  
(*Blisovi FE 1/20, Junel 1/20, Junel FE 1/20, Larin 1/20, Larin FE 1/20, Loestrin 1/20-21, Loestrin FE 1/20, Microgestin 1/20, Microgestin FE 1/20, Tarina FE 1/20, LoMedia 24 FE*)
- EE 20 mcg/Norethindrone 1 mg/FE  
(*Mibelas 24 FE, Minastrin 24 FE*)
- **TAYTULLA FE 1/20**  
(EE 20 mcg/Norethindrone 1 mg/FE)
- EE 25 mcg/Norethindrone 0.8 mg/FE  
(*Generess FE, Kaitlib FE, Layolis FE*)
- EE 30 mcg/Levonorgestrel 0.15 mg  
(*Altavera, Chateal, Kurvelo, Levora, Marlissa, Portia-28*)
- EE 30 mcg/Norgestrel 0.03 mg  
(*Cryselle-28, Elinest, Low-Ogestrel*)
- EE 30 mcg/Norethindrone acetate 1.5 mg and/FE  
(*Blisovi FE 1.5/30, Junel 1.5/30, Junel FE 1.5/30, Larin 1.5/30, Loestrin 1.5/30 -21, Loestrin FE 1.5/30, Microgestin 1.5/30, Microgestin FE 1.5/30*)
- EE 30 mcg/Desogestrel 0.15 mg  
(*Apri, Cyred, Desogen-28, Emoquette, Enskyce, Juleber, Reclipsen*)
- EE 30 mcg/Drospirenone 3 mg  
(*Ocella, Syeda, Yasmin, Zarah*)
- EE 35 mcg/Ethinodiol diacetate 1 mg  
(*Kelnor 1/35, Zovia 1/35E*)
- EE 35 mcg/Norgestimate 0.25 mg  
(*Estarylla, Femynor, Mono-linyah, Mononessa, Ortho-Cyclen-28, Previfem, Sprintec*)
- Mestranol 50 mcg/Norethindrone 1 mg  
(*Necon 1/50*)
- EE 35 mcg/Norethindrone 0.4 mg and/FE  
(*Balziva-28, Briellyn, Femcon FE, Gildagia, Ovcon-35, Philith Vyfemla, Wymzya FE, Zenchent, Zenchent FE*)
- EE 35 mcg/Norethindrone 0.5 mg  
(*Brevicon, Necon 0.5/35, Nortrel 0.5/35, Wera*)
- EE 35 mcg/Norethindrone 1 mg  
(*Alyacen 1/35, Cyclofem 1/35, Dasetta 1/35, Norinyl 1+35, Necon 1/35, Nortrel 1/35, Ortho-Novum 1/35, Pirmella 1/35*)
- **SAFYRAL** (EE 30 mcg/Drospirenone 3 mg + Calcium 0.451 mg)

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## Oral Contraceptives (cont.)

### TRIPHASIC PILLS

- EE 20 mcg, 30 mcg, 35 mcg/Norethindrone 1 mg  
(*Eurostep FE, Tilia Fe, Tri-Legest FE*)
- 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 Sprintec, Trinessa Lo*)
- EE 25 mcg/Desogestrel 0.1 mg, 0.125, 0.15 mg  
(*Caziant, Cyclessa, Velivet*)
- EE 30 mcg, 40 mcg, 30 mcg /Levonorgestrel 0.05 mg, 0.075 mg, 0.125 mg  
(*Enpresse, Levonest, Myzitra, Trivora*)
- EE 35 mcg/Norgestimate 0.18 mg 0.215 mg, 0.25 mg  
(*Ortho Tri-Cyclen, Tri-Estarylla, Tri-Femynor, Tri-Linyah, TriNessa, Tri-Previfem, Tri-Sprintec*)
- EE 35 mcg/Norethindrone 0.5 mg, 1 mg, 0.5 mg  
(*Aranelle, Leena, Tri-Norinyl*)
- EE 35 mcg/Norethindrone 0.5 mg, 0.75 mg, 1 mg  
(*Alyacen 7/7/7, Cyclofem 7/7/7, Dasetta7/7/7, Necon 7/7/7, Nortrel 7/7/7, Ortho-Novum 7/7/7, Pirmella 7/7/7*)

### FOUR-PHASIC

- **NATAZIA**  
(Estradiol valerate/Dienogest)

### EXTENDED – CYCLE PILLS

- EE 30 mcg/Levonorgestrel 0.15 mg  
(*Introvale, Jolessa, Quasense, Setlakin*)
- EE 30, 10 mcg/Levonorgestrel 0.15 mg  
(*Amethia, Ashlyna, Camrese, Daysee, Seasonique*)
- EE 20, 10 mcg/Levonorgestrel 0.1 mg  
(*Amethia Lo, Camrese Lo, LoSeasonique*)
- **LO LOESTRIN FE** (EE 10 mcg/Norethindrone 1 mg)
- EE 10, 20, 25, 30 mcg/Levonorgestrel 0.15 mg  
(*Fayosim, Quartette, Rivelsa*)

### CONTINUOUS – CYCLE PILLS

- EE 20 mcg/Levonorgestrel 90 mcg (*Amethyst*)

### PROGESTIN-ONLY PILLS “Mini-Pills”

- Norethindrone 0.35 mg  
(*Camila, Deblitane, Errin, Heather, Jencycla, Jolivette, Lyza, Nora-BE, Norlyda, Norlyroc, Ortho Micronor, Sharobel*)

## Emergency 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.<sup>1</sup>

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
- OTCs (requires a prescription)

### 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.

- **ELLA**  
(Ulipristal 30 mg tablet) (progesterone receptor modulator)
- Levonorgestrel 1.5 mg tablet  
(*Aftera, Plan B, Econtra EZ, Fallback Solo, My Way, Next Choice, Opcon, Option 2, Take Action, React*)  
RX & OTC

## 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.<sup>1</sup>

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

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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.

### 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\*

Brand names in *italics* and in parenthesis 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.

- **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.<sup>1</sup>

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.

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
- 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)

### 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)
- **MIRENA**  
IUD  
(Levonorgestrel 20 mcg/day)
- **NUVARING**  
Vaginal Ring  
(Ethinyl estradiol 15 mcg/Etonogestrel 12 mcg)
- **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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## Transdermal Patch

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

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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.

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.<sup>1</sup>

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.

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 (1/300 days)
- 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.

- Diaphragms
  - **MILEX WIDE-SEAL**
  - **OMNIFLEX COIL SPRING SILICONE**
  - **CAYA**
- Cervical Caps
  - **FEMCAP**
  - **PRENTIF**

## 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.<sup>1</sup>

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
- OTC (requires prescription)

### 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.

- Female Condoms
  - **FC-2**
- Vaginal Sponge
  - **TODAY (Nonoxynol-9)**
- Spermicides
  - Nonoxynol-9 Gel 4% (*Conceptrol Gel 4%, VCF Vaginal Contraceptive Gel*)
  - **ENCARE VAGINAL SUPPOSITORIES**
  - **GYNOL II GEL 3%**
  - **SHUR-SEAL GEL 2%**
  - **VCF VAGINAL FILM 28%**
  - **VCF VAGINAL FOAM 12.5%**

## Primary Prevention of Breast Cancer

### Medications for Risk Reduction of Primary Breast Cancer in Women:

The USPSTF recommends that clinicians engage in shared, informed decision-making with women who are at increased risk for breast cancer, about medications to reduce their risk. For women who are at increased risk for breast cancer and at low risk for adverse medication effects, clinicians should offer to prescribe risk-reducing medications, such as tamoxifen or raloxifene.

### CVS Caremark Recommendation

- Females or members at increased risk of breast cancer
- Age limit  $\geq 35$
- No prior authorization<sup>2</sup>
- Generic only
- Rx

2. May be subject to certification process.

### GPI Description\*

- Raloxifene HCl tab 60 mg
- Tamoxifen citrate tab 10 mg (base equiv) & 20 mg (base equiv)

\*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. CVS Caremark does not operate the websites/organizations listed here, nor is it responsible for the availability or reliability of their content. These listings do not imply or constitute an endorsement, sponsorship or recommendation by 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.