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CVS caremark®

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

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 Morbidity and Mortality from Preeclampsia

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

CVS Caremark Recommendation	GPI Description*
• 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	**Single ingredient: All oral dosage forms 81 mg** **Includes dosage forms such as:** • Aspirin chew tab 81 mg • Aspirin enteric coated tab 81 mg

*See disclaimer on last page for more information.

Oral Fluorides

Chemoprevention of Dental Caries (Cavities)

The USPSTF recommends that primary care clinicians prescribe oral fluoride supplementation starting at age 6 months for children 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 0.5 mg/mL
- Sodium fluoride tab 0.5 mg

Folic Acid

Supplementation with Folic Acid

The USPSTF recommends that all persons planning to or who could become pregnant 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

GPI Description*

Single ingredient

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

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), generic varenicline and generic Zyban
- Generics and single-source brands
- Brands until generics become available
- Rx or OTC

GPI Description*

- Bupropion HCl tab SR 12hr 150 mg
- Nicotine TD patch 24 hr 21 mg, 14 mg & 7 mg
- 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)
- Varenicline tartrate tab 0.5 mg X 11 tabs & 1 mg X 42 pack

*See disclaimer on last page for more information.

Immunizations

Immunizations: Vaccines and Other Immunizing Agents

The USPSTF recommends immunizations for routine use in children, adolescents and adults that are recommended by the Advisory Committee on Immunization Practices of the 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 or immunizing agents which appear on the Immunization Schedules of the CDC, then the non-grandfathered or new start plans should apply $0 copay for these vaccines**
  CDC.gov/vaccines/schedules
- No prior authorization

Children

- COVID-19 (recommended ages and populations vary)
- 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
- Varicella

Adults

Doses, recommended ages and recommended populations vary:

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

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 45 years and continuing through 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 45 through 75 years (men and women)
- No prior authorization or quantity limits
- Rx only
- Generics and single-source brands
- Generics are in *italics*. Brand-name products are CAPITALIZED
- Brands until generics become available

GPI Description*

- CLENPIQ
- PEG-PREP KIT
- PLENVU
- SUFLAVE
- SUTAB
- Polyethylene glycol-3350, sodium sulfate, sodium chloride, potassium chloride, sodium ascorbate and ascorbic acid
- Sodium sulfate, potassium sulfate and magnesium sulfate

*See disclaimer on last page for more information.

**For a complete listing of product names, contact your account representative.

Statins

Statin Use for the Primary Prevention of Cardiovascular Disease (CVD) in Adults

The USPSTF recommends that clinicians prescribe a statin for the primary prevention of CVD when all the following criteria are met:

1) they are aged 40 to 75 years

2) they have 1 or more CVD risk factors (i.e., dyslipidemia, diabetes, hypertension or smoking)

3) they have an estimated 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
- 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

Preexposure Prophylaxis

Prevention of Human Immunodeficiency Virus (HIV) Infection: Preexposure Prophylaxis (PrEP)

The USPSTF recommends that clinicians prescribe PrEP using effective antiretroviral therapy to persons who are at increased risk of HIV acquisition to decrease the risk of acquiring HIV.

CVS Caremark Recommendation

- Preventive use only
- Quantity limits
  - Tablet (1 tab/day)
  - Injectable suspension (2 vials/90 days)
- Rx
- Generics and single-source brands

GPI Description*

- Emtricitabine/tenofovir disoproxil fumarate 200 mg-300 mg
- APRETUDE INJECTABLE SUSPENSION
- DESCOVY 200 MG-25 MG

*See disclaimer on last page for more information.

Diabetes Prevention

Screening for Prediabetes and Type 2 Diabetes

The USPSTF recommends screening for prediabetes and type 2 diabetes in adults aged 35 to 70 years who have overweight or obesity. Clinicians should offer or refer patients with prediabetes to effective preventive interventions.

CVS Caremark Recommendation	GPI Description*
• Preventive use only • Age 35 to 70 years • No prior authorization • No quantity limit • Generic only • Rx	• Metformin 850 mg

*See disclaimer on last page for more information.

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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. FDA-approved contraceptive methods, sterilization procedures and patient education and counseling for women with reproductive capacity.

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.

CVS Caremark Recommendation

- Females or members capable of pregnancy
- Rx or OTC
- 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/RED)** have no generic available and are recommended for coverage.
EE=Ethinyl Estradiol

HIGH-DOSE MONOPHASIC PILLS

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

*See disclaimer on last page for more information.

Oral Contraceptives

BIPHASIC PILLS

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

LOW-DOSE MONOPHASIC PILLS

- EE 20 mcg/Drospirenone 3 mg *(Jasmiel, Lo-Zumandimine, Loryna, Nikki, Vestura, Yaz)*
- EE 20 mcg/Drospirenone 3 mg + Calcium 0.451 mg *(Beyaz)*
- EE 20 mcg/Levonorgestrel 0.1 mg *(Afirmelle, Aubra EQ, Aviane-28, Delyla, Falmina, Lessina, Lutera, Sronyx, Vienva)*
- **TYBLUME** (EE 20 mcg/Levonorgestrel 0.1 mg)
- EE 20 mcg/Levonorgestrel 0.1 mg/FE *(Balcoltra, Joyeaux)*
- **FEMLYV** (EE 20 mcg/Norethindrone 1 mg)
- EE 20 mcg/Norethindrone 1 mg and/FE *(Aurovela 1/20, Aurovela 24 FE, Aurovela FE 1/20, Blisovi 24 FE, Blisovi FE 1/20, Hailey 24 FE, Hailey FE 1/20, Junel 1/20, Junel 24 FE, Junel FE 1/20, Larin 1/20, Larin 24 FE, Larin FE 1/20, Loestrin 1/20-21, Loestrin FE 1/20, Microgestin 1/20, Microgestin FE 1/20, Tarina 24 FE, Tarina FE 1/20 EQ)*
- EE 20 mcg/Norethindrone 1 mg/FE *(Charlotte 24 FE, Finzala FE, Mibelas 24 FE)*
- EE 20 mcg/Norethindrone 1 mg/FE (*Gemmily, Merzee, Taysofy, Taytulla*)
- EE 25 mcg/Norethindrone 0.8 mg/FE *(Kaitlib FE, Layolis FE)*
- EE 30 mcg/Levonorgestrel 0.15 mcg *(Altavera, Ayuna, Chateal EQ, Kurvelo, Levora, Marlissa, Portia-28)*
- EE 30 mcg/Norgestrel 0.03 mg *(Cryselle-28, Elinest, Low-Ogestrel, Turqoz)*
- EE 30 mcg/Norethindrone acetate 1.5 mg and/FE *(Aurovela 1.5/30, Aurovela FE 1.5/30, Blisovi FE 1.5/30, Hailey 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 EQ, Enskyce, Isibloom, Juleber, Kalliga, Reclipsen)*
- EE 30 mcg/Drospirenone 3 mg *(Ocella, Syeda, Yasmin, Zumandimine)*
- EE 35 mcg/Ethynodiol diacetate 1 mg *(Kelnor 1/35, Zovia 1/35)*
- EE 35 mcg/Norgestimate 0.25 mg *(Estarylla, Mili, Mono-linyah, Sprintec, Vylibra)*
- EE 35 mcg/Norethindrone 0.4 mg and/FE *(Balziva-28, Briellyn, Philith, Vyfemla, Wymzya FE)*
- EE 35 mcg/Norethindrone 0.5 mg *(Necon 0.5/35, Nortrel 0.5/35, Wera)*
- EE 35 mcg/Norethindrone 1 mg *(Alyacen 1/35, Dasetta 1/35, Nortrel 1/35, Nylia 1/35)*
- EE 30 mcg/Drospirenone 3 mg + Calcium 0.451 mg *(Safyral, Tydemy)*
- **NEXTSTELLIS** (Estetrol 14.2 mg/Drospirenone 3 mg)

TRIPHASIC PILLS

- EE 20 mcg, 30 mcg, 35 mcg/Norethindrone 1 mg *(Tilia Fe, Tri-Legest FE)*
- EE 25 mcg/Desogestrel 0.1 mg, 0.125, 0.15 mg *(Velivet)*
- EE 25 mcg/Norgestimate 0.18 mg, 0.215 mg, 0.25 mg *(Tri-Lo Estarylla, Tri-Lo Marzia, Tri-Lo-Mili, Tri-Lo-Sprintec, Tri-Vylibra Lo)*
- EE 30 mcg, 40 mcg, 30 mcg/Levonorgestrel 0.05 mg, 0.075 mg, 0.125 mg *(Enpresse, Levonest, Trivora)*
- EE 35 mcg/Norethindrone 0.5 mg, 1 mg, 0.5 mg *(Aranelle, Leena)*
- EE 35 mcg/Norethindrone 0.5 mg, 0.75 mg, 1 mg *(Alyacen 7/7/7, Dasetta 7/7/7, Nortrel 7/7/7, Nylia 7/7/7)*
- EE 35 mcg/Norgestimate 0.18 mg, 0.215 mg, 0.25 mg *(Tri-Estarylla, Tri-Linyah, Tri-Mili, Tri-Sprintec, Tri-Vylibra)*

Oral Contraceptives

FOUR-PHASIC

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

EXTENDED – CYCLE PILLS

- **LO LOESTRIN FE** (EE 10 mcg/Norethindrone 1 mg)
- EE 10, 20, 25, 30 mcg/Levonorgestrel 0.15 mg *(Quartette, Rivelsa)*
- EE 20, 10 mcg/Levonorgestrel 0.1 mg *(Camrese Lo, LoJaimiess)*
- EE 30 mcg/Levonorgestrel 0.15 mg *(Iclevia, Introvale, Jolessa, Setlakin)*
- EE 30, 10 mcg/Levonorgestrel 0.15 mg *(Ashlyna, Camrese, Daysee, Jaimiess, Simpesse)*

CONTINUOUS – CYCLE PILLS

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

PROGESTIN-ONLY PILLS "Mini-Pills"

- Norethindrone 0.35 mg *(Camila, Deblitane, Emzahh, Errin, Heather, Incassia, Jencycla, Lyleq, Lyza, Nora-BE, Norlyroc, Ortho Micronor, Sharobel)*
- **OPILL** (Norgestrel 0.075 mg)
- **SLYND** (Drospirenone 4 mg)

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.

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.

CVS Caremark Recommendation	Product Description*
• Females or members capable of pregnancy • Rx • OTC	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/RED)** have no generic available and are recommended for coverage. • Levonorgestrel 1.5 mg tablet *(AfterPill, Aftera, Curae, Plan B, Econtra OS, Her Style, My Choice, My Way, New Day, Opcicon, Option 2, Take Action, React)* • **ELLA** (Ulipristal 30 mg tablet) (progesterone receptor modulator)

*See disclaimer on last page for more information.

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.

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.

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

- Medroxyprogesterone acetate 150 mg IM x q3 months *(Depo-Provera)*
- **DEPO-SUBQ-PROVERA 104** (Medroxyprogesterone acetate 104 mg SQ X q3 months)

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.

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.

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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
  - Intrauterine Device (IUD) (1/300 days)
  - Sub-dermal Rod (1/300 days)
  - Vaginal Ring (13/300 days)
  - Vaginal System (1/300 days)

*See disclaimer on last page for more information.

Miscellaneous—Intrauterine Devices, Subdermal Rods & Vaginal Rings

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/RED)** have no generic available and are recommended for coverage.

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

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.

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.

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/RED)** have no generic available and are recommended for coverage.

- Ethinyl estradiol 35 mcg/Norelgestromin 150 mcg *(Xulane, Zafemy)*
- **TWIRLA** (Ethinyl estradiol 30 mcg/Levonorgestrel 120 mcg)

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.

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.

*See disclaimer on last page for more information.

Barrier Methods

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/RED)** have no generic available and are recommended for coverage.

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

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.

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.

CVS Caremark Recommendation

- Females or members capable of pregnancy
- OTC

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/RED)** have no generic available and are recommended for coverage.

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

*See disclaimer on last page for more information.

Vaginal pH Modulators

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.

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.

CVS Caremark Recommendation	Product Description*
• Females or members capable of pregnancy • Rx • Generics and single-source brands • Brands until generics become available	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/RED)** have no generic available and are recommended for coverage. • **PHEXXI** (lactic acid 1.8%, citric acid 1% and potassium bitartrate 0.4% vaginal gel)

Primary Prevention of Breast Cancer

Medications for Risk Reduction of Primary Breast Cancer in Women

The USPSTF recommends that clinicians offer to prescribe risk-reducing medications, such as tamoxifen, raloxifene or aromatase inhibitors, to women who are at increased risk for breast cancer and at low risk for adverse medication effects.

CVS Caremark Recommendation	GPI Description*
• Females or members at increased risk of breast cancer • Age limit ≥ 35 • No prior authorization[1] • Generic only • Rx	• Anastrozole tab 1 mg • Exemestane tab 25 mg • Raloxifene HCl tab 60 mg • Tamoxifen citrate tab 10 mg (base equiv) & 20 mg (base equiv)

1. May be subject to certification process.
*See disclaimer on last page for more information.

CVS caremark®

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

Optional MAT for Substance Use Disorder

In April 2017, the Department of 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
- To enhance access:
  - No prior authorization[2]
  - No quantity limits[2]

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

2. Client specific utilization management may apply.
*Products listed may be updated periodically.
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.