**Aspirin**

**Aspirin to Prevent Cardiovascular Disease (CVD): Men**
The U.S. Preventive Services Task Force (USPSTF) recommends the use of aspirin for men age 45 to 79 years when the potential benefit due to a reduction in myocardial infarctions outweighs the potential harm due to an increase in gastrointestinal hemorrhage.

**Aspirin to Prevent CVD: Women**
The USPSTF recommends the use of aspirin for women age 55 to 79 years when the potential benefit of a reduction in ischemic strokes outweighs the potential harm of an increase in gastrointestinal hemorrhage.

**CVS Caremark Recommendation**
- Age limit ≥ 45 (men and women)
- No prior authorization
- Quantity limit of 100 units per fill
- Generic only
- OTC (requires prescription)

**GPI Description***
*Single ingredient: All oral dosage forms ≤ 325mg
Includes dosage forms such as:*
- Aspirin tab 81mg & 325mg
- Aspirin chew tab 75mg & 81mg
- Aspirin tab delayed release 81mg, 162mg & 325mg
- Aspirin dispersible tab 81mg

---

*Products listed may be updated periodically. ‡For a complete listing of product names, contact your account representative.

This document contains CVS Caremark recommendations to assist clients in making ACA-compliant preventive services coverage decisions.
### Iron Supplements

**Iron Supplementation in Children**
The USPSTF recommends routine iron supplementation for asymptomatic children aged 6 to 12 months who are at increased risk for iron deficiency anemia.

**CVS Caremark Recommendation**
- Age limit 6 to 12 months
- No prior authorization
- No quantity limit
- Brand and generic
- Rx or OTC (requires prescription)

**GPI Description**
Single ingredient: Pediatric oral liquids
- Carbonyl Iron susp 15mg/1.25ml
- Iron susp. 15mg/1.5ml & 15mg/1.25ml
- Ferrous sulfate elixir 220mg/5ml
- Ferrous sulfate syrup 300mg/5ml
- Ferrous sulfate soln 75mg/ml
- Ferrous sulfate 75mg/0.6ml

### 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 6 months of age whose primary water source is deficient in fluoride.

**CVS Caremark Recommendation**
- Age limit ≤ 6 yrs
- No prior authorization
- No quantity limit
- Brand and generic
- Rx products only

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

### Folic Acid

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

**CVS Caremark Recommendation**
- Women only
- Age limit ≤ 55
- No prior authorization
- Quantity limit 100 units per fill
- Generic only
- OTC (requires prescription)

**GPI Description**
Single ingredient
- Folic acid tab 0.4mg & 0.8mg

*Products listed may be updated periodically. ‡For a complete listing of product names, contact your account representative.*

This document contains CVS Caremark recommendations to assist clients in making ACA-compliant preventive services coverage decisions.
### Counseling for Tobacco Use: Adults

The USPSTF recommends that clinicians ask all adults about tobacco use and provide tobacco cessation interventions for those who use tobacco products.

### CVS Caremark Recommendation

- **No prior authorization of tobacco cessation products**
  - Clients with existing PA and quantity limits may choose to continue the requirement
- **Limit of 168 day supply in one year of treatment with Generic Nicotine replacement products (nicotine patch, gum, and lozenges)**
- **Limit of 168 day supply in one year of treatment with Chantix or Generic Zyban**
- **Generic only on nicotine replacement products**
- **Limit to generic Zyban**
- **Rx or OTC (requires prescription)**

### GPI Description*

- Bupropion HCl tab SR 12hr 150mg
- Nicotine TD patch 24hr kit 21mg, 14mg, & 7mg/24hr
- Nicotine polacrilex gum 2-4mg
- Nicotine polacrilex lozenge 2-4mg
- Varenicline tartrate tab 0.5-1mg (base equiv)  
  – Chantix brand
- Varenicline tartrate tab 0.5mg X 11 tabs & 1mg X 42 pack  
  – Chantix brand

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*Products listed may be updated periodically. ‡For a complete listing of product names, contact your account representative.

This document contains CVS Caremark recommendations to assist clients in making ACA-compliant preventive services coverage decisions.
### 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:
Immunization vaccines for children from birth through age 18. Doses, recommended ages and recommended populations vary:
- 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

*Products listed may be updated periodically. ‡For a complete listing of product names, contact your account representative.
This document contains CVS Caremark recommendations to assist clients in making ACA-compliant preventive services coverage decisions.
## 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:** 600IU – 800IU (available products to meet dose range)
  - Ergocalciferol tab 400 unit
  - Cholecalciferol cap 400 unit
  - Cholecalciferol tab 400 unit
  - Cholecalciferol chewable tab 400 unit
  - Cholecalciferol oral liquid 1200 unit/15ml
  - Cholecalciferol oral liquid 1000 unit/10ml
  - Cholecalciferol oral liquid 400 unit/ml
  - Cholecalciferol drops 400 unit/0.03ml (per drop)

### 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**
- **Brands until generics become available**

### GPI Description*
- **MoviPrep**
- **HalfLytely – Bisacodyl**
- **Prepopik**
- **Suprep**

---

*Products listed may be updated periodically. ‡For a complete listing of product names, contact your account representative.

This document contains CVS Caremark recommendations to assist clients in making ACA-compliant preventive services coverage decisions.
**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 IOM recommended as a preventive service for women: the full range of Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling for women with reproductive capacity. FDA approved over the counter (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**

- Female
- Rx
- Generics and Single Source Brands
- 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).

EE=Ethinyl Estradiol

**LOW-DOSE MONOPHASIC PILLS**

- **EE 20mcg/Levonorgestrel 0.1mg**
  (Aviane-2, Falmina, Lessina, Lutera, Orsythia, Sronyx)
- **EE 20mcg/Norethindrone 1mg and/Fe**
  (Gildess 1/20, Junel 1/20 Junel FE 1/20, Loestrin FE 1/20, Loestrin FE 1/20, Microgestin 1/20, Microgestin FE 1/20)
- **MINASTRIN 24 FE**
  (EE 20mcg/Norethindrone 1mg/FE)
- **GENERESS FE**
  (EE 25mcg/Norethindrone 0.8mg/FE)

*Products listed may be updated periodically. †For a complete listing of product names, contact your account representative.*

*This document contains CVS Caremark recommendations to assist clients in making ACA-compliant preventive services coverage decisions.*
LOW-DOSE MONOPHASIC PILLS (CONT.)

- EE 30mcg/Levonorgestrel 0.15mcg
  (Altavera, Kurvelo, Levora, Marlissa, Nordette-28, Portia-28)
- EE 30mcg/Norgestrel .03mg
  (Cryselle-28, Elinest, Low-Ogestrel, Lo/Ovral-28)
- EE 30 mcg/Norethindrone acetate 1.5mg and /FE
  (Gildess 1.5/30, Junel 1.5/30, Junel FE, Loestrin 1.5/30 -21,
  Loestrin FE 1.5/30 Microgestrin 1.5/30, Microgestin FE)
- EE 30mcg/Desogestrel 0.15mg
  (Apri, Desogen, Emoquette, Ortho-Cept, Redipsen, Solia)
- EE 30mcg/Drospirenone 0.3mg
  (Ocella, Syeda, Yasmin, Zarah)
- EE 35mcg/Ethyndiol diacetate 1mg
  (Kelnor 1/35, Zovia 1/35E)
- EE 35mcg/Norgestimate 0.25mg
  (Ortho-Cyclen-28, Mono-linyah, MoNessa, Previ fem, Sprintec)
- Mestranol 50mcg/Norethindrone 1mg
  (Norinyl 1 + 50, Necon 1/50)
- EE 35mcg/Norethindrone 0.4mg and /FE
  (Ovcon-35, Balziva-28, Briellyn, Femcon Fe, Gildagia, Philith,
  Wymzya Fe, Zenchent, Zeosa)
- EE 35mcg/Norethindrone 0.5mg
  (Brevicon, Modicon, Necon 0.5/35,Nortrel 0.5/35, Wera )
- EE 35mcg/Norethindrone 1 mg
  (Alyacen 1/35, Cyclafem 1/35, Dasetta 1/35, Norinyl 1+35,
  Nortrel 1/35, Ortho-Novum 1/35)
### Oral Contraceptives (cont.)

<table>
<thead>
<tr>
<th>Category</th>
<th>Products</th>
</tr>
</thead>
</table>
| **HIGH – DOSE MONOPHASIC PILLS** | • **OVCON-50** (EE 50mcg/Norethindrone 1mg)  
• EE 50mcg/Norgestrel 0.5mg *(Ogestrel0.5/50)*  
• EE 50mg/Ethynodiol diacetate 1mg *(Zovia 1/50E)*   |
| **BIPHASIC PILLS**         | • EE 20mcg/Desogestrel 0.15mg *(Azurette, Kariva, Mircette, Viorele)*   |
| **TRIPHASIC PILLS**        | • EE 20mcg, 30mcg, 35mcg/Norethindrone 1mg *(Estrostep Fe, Tilia Fe, Tri-Legest Fe)*  
• **ORTHO TRI-CYCLEN LO** (EE 25mcg/Norgestimate 0.18mg, 0.215mg, 0.25mg)  
• EE 25mcg/Desogestrel 0.1mg, 0.125, 0.15mg *(Caziant, Cesia, Cyclessa, Velivet)*  
• EE 30mcg, 40mcg, 30mcg /Levonorgestrel 0.05mg, 0.075mg, 0.125mg *(Enpress, Levonest, Myzilra, Trivora)*  
• EE 35 mcg/Norgestimate 0.18mg 0.215mg, 0.25mg *(Ortho Tri-Cyclen, Tri-Estarylla, Tri-Linyah, TriNessa, Tri-Previfem, Tri-Sprintec)*  
• EE 35 mcg/Norethindrone 0.5mg, 1mg, 0.5mg *(Aranelle, Leena, Tri-Norinyl)*  
• EE 35 mcg/Norethindrone 0.5mg, 0.75mg, 1mg *(Alyacen, Cyclefem 7/7/7, Dasetta7/7/7, Necon 7/7/7, Ortho-Novum 7/7/7, Nortrel 7/7/7)* |

*Products listed may be updated periodically. ‡For a complete listing of product names, contact your account representative.

This document contains CVS Caremark recommendations to assist clients in making ACA-compliant preventive services coverage decisions.
# Oral Contraceptives (cont.)

<table>
<thead>
<tr>
<th>four-phasic</th>
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</thead>
<tbody>
<tr>
<td><strong>NATAZIA</strong></td>
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<tr>
<td>(Estradiol valerate/Dienogest)</td>
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<table>
<thead>
<tr>
<th>extended – cycle pills</th>
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</thead>
<tbody>
<tr>
<td><strong>EE 30mcg/Levonorgestrel 0.15mg</strong></td>
</tr>
<tr>
<td><em>(Seasonale, Jolessa, Quasense, Introvale)</em></td>
</tr>
<tr>
<td><strong>EE 30, 10mcg/Levonorgestrel 0.15mg</strong></td>
</tr>
<tr>
<td><em>(Amethia, Camrese, Seasonique)</em></td>
</tr>
<tr>
<td><strong>EE 20mcg/Drospirenone 3mg</strong></td>
</tr>
<tr>
<td><em>(Yaz, Gianvi, Loryna)</em></td>
</tr>
<tr>
<td><strong>EE 20mcg/Levonorgestrel 0.1mg</strong></td>
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<td><em>(Amethia Lo, Camrese Lo, LoSeasonique)</em></td>
</tr>
<tr>
<td><strong>LO LOESTRIN FE</strong></td>
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<tr>
<td><em>(EE 10mcg/Norethindrone 1mg)</em></td>
</tr>
<tr>
<td><strong>LOESTRIN-24 FE</strong></td>
</tr>
<tr>
<td><em>(EE 20mcg/Norethindrone 1mg)</em></td>
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<tr>
<td><strong>BEYAZ</strong></td>
</tr>
<tr>
<td><em>(EE 20mcg/Drospirenone 3mg + Calcium 0.451mg)</em></td>
</tr>
<tr>
<td><strong>SAFYRAL</strong></td>
</tr>
<tr>
<td><em>(EE 30mcg/Drospirenone 3mg + Calcium 0.451mg)</em></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>continuous – cycle pills</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EE 20mcg/Levonorgestrel 90mcg</strong></td>
</tr>
<tr>
<td><em>(Amethyst, Lybrel)</em></td>
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<table>
<thead>
<tr>
<th>progestin-only pills “Mini-Pills”</th>
</tr>
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<tbody>
<tr>
<td><strong>Norethindrone 0.35mg</strong></td>
</tr>
<tr>
<td><em>(Camila, Errin, Heather, Jolivette, Nor-QD, Nora-BE)</em></td>
</tr>
</tbody>
</table>

*Products listed may be updated periodically. ‡For a complete listing of product names, contact your account representative.

This document contains CVS Caremark recommendations to assist clients in making ACA-compliant preventive services coverage decisions.
## Emergency Contraceptives

**The IOM recommended as a preventive service for women:**

The full range of Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling for women with reproductive capacity. FDA approved over the counter (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

- Female
- Rx
- OTCs (requires a prescription)

### 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).

- **ELLA**
  - (Ulipristal 30mg tablet ) (progesterone receptor modulator)
- Levonorgestrel 0.75mg x 2 tablets
  - *(Next Choice, Plan B)* OTC
- Levonorgestrel 1.5mg tablet
  - *(Plan B One Step, Next Choice One Dose)* RX & OTC

### Injectables

**The IOM recommended as a preventive service for women:**

The full range of Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling for women with reproductive capacity. FDA approved over the counter (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

- Female
- 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).

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

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*Products listed may be updated periodically. ‡For a complete listing of product names, contact your account representative.

This document contains CVS Caremark recommendations to assist clients in making ACA-compliant preventive services coverage decisions.
**WOMEN’S PREVENTIVE SERVICES**

## Miscellaneous – Intrauterine Devices, Subdermal Rods & Vaginal Rings

**The IOM recommended as a preventive service for women:**

The full range of Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling for women with reproductive capacity. FDA approved over the counter (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.

---

**CVS Caremark Recommendation**

- Female
- Rx
- Quantity Limits
  - Sub-dermal Rod (1/300 days)
  - IUD (1/300 days)
  - Vaginal Ring (13/300 days)

**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).

- **IMPLANON, NEXPLANON**
  Subdermal Rod
  (Etonogestrel 68mg -release rate varies over time)

- **MIRENA**
  Intrauterine device IUD
  (Levonorgestrel 20mcg/day)

- **SKYLA**
  Intrauterine device IUD
  (Levonorgestrel 14mcg/day)

- **PARAGARD T 380A**
  Intrauterine device IUD
  (Copper 309mg/day)

- **NUVA RING**
  Vaginal Ring
  (Ethinyestradiol 15mcg/Etonogestrel 12mcg/day)

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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.
## WOMEN’S PREVENTIVE SERVICES

### Transdermal Patch

<table>
<thead>
<tr>
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<td>• Rx</td>
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<tr>
<td>CVS Caremark Recommendation</td>
</tr>
<tr>
<td>• Female</td>
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<tr>
<td>• Quantity Limit (1/300 days)</td>
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<tr>
<td>• Rx</td>
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<table>
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</tr>
<tr>
<td>• ORTHO EVRA</td>
</tr>
<tr>
<td>Transdermal Patch weekly</td>
</tr>
<tr>
<td>(Ethinyl estradiol 20mcg/Norelgestromin 150mcg)</td>
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</tbody>
</table>

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

### Barrier Methods

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<tr>
<td>• Diaphragms</td>
</tr>
<tr>
<td>- ORTHO-ALL FLEX</td>
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<tr>
<td>- OMNIFLEX COIL SPRING SILICONE</td>
</tr>
<tr>
<td>- MILEX WIDE-SEAL</td>
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<tr>
<td>- REFLEXIONS FLATSPRING</td>
</tr>
<tr>
<td>• Cervical Caps</td>
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<tr>
<td>- FEMCAP</td>
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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.

*Products listed may be updated periodically. For a complete listing of product names, contact your account representative.

This document contains CVS Caremark recommendations to assist clients in making ACA-compliant preventive services coverage decisions.
The IOM recommended as a preventive service for women:
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<tr>
<td>• OTC (requires prescription)</td>
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</table>

| • Female Condoms |
| - FC-2 |

| • Vaginal Sponge |
| - TODAY (Nonoxynol-9) |

| • Spermicides |
| Nonoxynol-9 |
| - Nonoxynol- 9 vaginal gel (1%, 2%, 3%, 4%) |
| - VCF VAGINAL FOAM |
| - VCF VAGINAL FILM 28% |
| - ENCARE VAGINAL SUPPOSITORY |
| - CONCEPTROL VAGINAL INSERTS 150mg |

| Octoxynol |
| - ORTHO-GYNOL GEL 1% |

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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.