

Let's Talk Prevention

Your No-Cost Prescription Drugs for Preventive Care

Your health plan from MVP Health Care® offers certain preventive service benefits at no cost to you. This means you don't have to pay a co-pay* or co-insurance, even if you haven't met your deductible. These no-cost benefits are part of the Affordable Care Act (ACA) and include:

- Medicine and supplements to prevent certain health conditions for adults, women, and children.
- Medicine and products for quitting smoking or chewing tobacco (tobacco cessation).
- Medicine 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.

MVP works with CVS/caremark to provide these benefits. The following lists† explain:

- Which medications or vaccines (administered by a pharmacist) are covered.
- Who they are covered for, such as children age 5 and under or adults age 65 or older.
- What health condition or illness they help prevent.

Tips for Using the Lists

- Take this list with you each time you or your family has a checkup or yearly exam.
- Your doctor must write a prescription for these medications 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 medicine.†
- Other rules and limits may apply. Contact the MVP Customer Care Center at the phone number on the back of your MVP Member ID card if you have questions about your coverage.†



Over-the-Counter Medications

Aspirin to help prevent serious heart and blood vessel problems (cardiovascular disease) in adults at least 45 years old who are at risk.

- Generic dosage forms up to 325 mg
- Aspirin examples (OTC):
 - Aspirin tablet 81 mg and 325 mg
 - Aspirin chewable tablet 75 mg and 81 mg
 - Aspirin tablet, delayed-release 81 mg, 162 mg, and 325 mg
 - Aspirin 81mg for pregnant females 12 years of age and older who are at high risk for preeclampsia

Fluoride Supplements to help prevent cavities in children age 5 or younger whose water is low in fluoride.

- All oral dosage forms up to 0.5 mg
- Fluoride examples (Rx):
 - Sodium fluoride tablet 0.5 mg
 - Sodium fluoride chewable tablet 0.25 mg–0.5 mg
 - Sodium fluoride soln 0.125 mg/drop
 - Sodium fluoride soln 0.25 mg/drop
 - Sodium fluoride soln 0.25 mg/0.6 ml
 - Sodium fluoride soln 0.5 mg/ml

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, oral tablets
- Folic acid examples (OTC)
 - Folic acid tablet 0.4 mg (400 mcg)
 - Folic acid tablet 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–800 IU
- Vitamin D examples (OTC)
 - Ergocalciferol tablet 400 IU
 - Cholecalciferol capsule/tablet/chewable 400 IU
 - Cholecalciferol oral liquid 1200 IU/15 ml
 - Cholecalciferol oral liquid 1000 IU/10 ml
 - Cholecalciferol oral liquid 400 IU/ml
 - Cholecalciferol drops 400 IU/0.03 ml (per drop)

Tobacco Cessation Products

Tobacco Cessation Products to help adults quit tobacco use in order to prevent health problems.

- 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 tablet SR 12 hr 150 mg
 - Nicotine TD patch 24 hr kit 21 mg, 14 mg and 7 mg/24 hr
 - Nicotine polacrilex gum/lozenges 2 mg and 4 mg
 - Nicotrol inhaler system 10 mg
 - Nicotrol NS nasal spray 10mg/ml
 - Chantix tablet 0.5 mg and 1 mg

Vaccines

Vaccines (immunizations) to prevent certain illnesses in people of all ages.

- Recommended doses, ages, and populations may vary (Rx)
- Vaccines listed below may be administered by your pharmacist (must be licensed to do so) and billed through the pharmacy benefits manager, CVS/caremark
 - Influenza
 - Meningococcal
 - Pneumococcal
 - Varicella

Bowel Preparation Medicine

Bowel Preparation Medicine for cleaning out the bowel before colonoscopy procedures for adults age 50–74. Colonoscopies screen for colon and rectal cancers.

- Brand names until generic becomes available
- Brand name will no longer be supplied at no-cost when the generic becomes available

 *Bowel Preparation Medicine continued on Page 3*

FE = ferrous sulfate (iron)
EE = ethinyl estradiol
hr = hour
IM = intramuscular

IU = international unit
mcg = microgram
mg = milligram
ml = milliliter

oral = taken by mouth
OTC = over-the-counter product
Rx = prescription product
soln = solution

SR = sustained release
susp = suspension
TD = transdermal

Bowel Preparation Medicine continued from Page 2

- Bowel preparation examples (Rx):
 - 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
 - Suclear® (sodium sulfate, potassium sulfate, and magnesium sulfate oral solution; and PEG-3350, sodium chloride, sodium bicarbonate, and potassium chloride) for oral solution
 - Suprep® Bowel Prep Kit (sodium sulfate, potassium sulfate, and magnesium sulfate) for oral solution

Contraceptives (Female Only)

- All generics and brand names, but only if a generic isn't available
- Brand name will no longer be supplied at no-cost when the generic becomes available
- Brand names listed in **red** are for your reference only

Brand-Name Oral Contraceptives (Rx)

- RAJANI
- LAYOLIS FE
- LO LOESTRIN FE
- MINASTRIN 24 FE
- NATAZIA
- NECON 10/11
- TRI-LO-SPRINTEC
- QUARTETTE
- SAFYRAL

Intrauterine Devices, Subdermal Rods and Vaginal Rings (Rx)

- IMPLANON, NEXPLANON
- MIRENA
- NUVARING
- PARAGARD T 380A
- SKYLA

Transdermal Patches (Rx)

- *Xulane*
[ORTHO EVRA]

Injectables (Rx)

- DEPO-SUBQ-PROVERA 104
- *Medroxyprogesterone acetate 150 mg*
[DEPO-PROVERA]

Barrier Methods (Rx)**Cervical Caps**

- FEMCAP

Diaphragms

- MILEX WIDE-SEAL
- OMNIFLEX COIL SPRING SILICONE
- ORTHO-ALL FLEX
- REFLEXIONS FLATSPRING

Emergency Contraception

- ELLA (Rx)
- *Levonorgestrel 0.75 mg x2 tablets (OTC)*
[PLAN B]
- *Levonorgestrel 1.5 mg tablet (Rx or OTC)*
My Way, Take Action
[NEXT CHOICE ONE DOSE]

Female Condoms (OTC)

- FC-2

Vaginal Sponge (OTC)

- TODAY

Spermicides (OTC)

- CONCEPTROL GEL 4%
- ENCARE VAGINAL SUPPOSITORIES
- GYNOL II GEL 3%
- *Nonoxynol-9 vaginal gel (1%, 2%, 3%, 4%)*
- SHUR-SEAL GEL 2%
- VCF VAGINAL FOAM
- VCF VAGINAL FILM 28%

Breast Cancer Prevention (Female Only)

Primary Prevention of Breast Cancer in women 35 years of age and older who are at increased risk.

- Generic, oral tablets (Rx)
 - Raloxifene HCl tablet 60 mg
 - Tamoxifen citrate tablet 10 mg and 20 mg

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Footnotes

* Co-pay, co-payment, or co-insurance is the out-of-pocket amount a plan 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. Vaccines, immunizations, and intrauterine devices may be covered through your medical or pharmacy benefit. Consult your plan for a complete coverage and list details.

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 CVS/caremark.

This list represents branded products in CAPITAL LETTERS, branded generics in *Uppercase and Lowercase italics*, and generic products in *lowercase italics*.

Some strengths or dosage forms may not be included in the 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 about coverage.

Additional medications may be included in this list from time to time in compliance with the Affordable Care Act requirements.

This list has been adopted by MVP Health Care. It may be modified as necessary or desired by MVP based on the advice of counsel and as new recommendations become available.