

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 check-up 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 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 heart and blood vessel problems (cardiovascular disease) and colorectal cancer in adults age 50 to 59 years old who are at risk.

- Aspirin 81 mg (various dosage forms)

Aspirin for pregnant females 12 years of age and older who are at risk for preeclampsia.

- Aspirin 81 mg (various dosage forms)

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)
 - Folic acid cap 0.8 mg (800 mcg)

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)
- Bupropion (generic of Zyban®)
- Brand-name Zyban **is not covered**
- 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 10 mg/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
 - COVID-19¹
 - Influenza
 - Meningococcal
 - Pneumococcal
 - Herpes Zoster
 - Tdap (Tetnus, Diphtheria, Pertussis)

¹ COVID-19 vaccine is covered for populations recommended by the Centers for Disease Control and Prevention at the time of administration. Recommended ages and populations vary. Subject to state allocation guidelines and availability.

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 examples (Rx):
 - SUTAB (sodium sulfate, magnesium sulfate, and potassium chloride) tablets
 - SUPREP BOWEL PREP KIT (sodium sulfate, potassium sulfate and magnesium sulfate) for oral solution

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

Contraceptives (Female Only)

Brand names listed in **red** are for your reference only. For a list of covered contraceptives, refer to the contraceptive sections of the MVP Formulary that are applicable to your MVP benefit. Co-pays for self-funded clients may vary.

Below are examples of contraceptives

Brand-Name Oral Contraceptives (Rx)

- LO LOESTRIN FE
- NATAZIA

Intrauterine Devices, Subdermal Rods and Vaginal Rings (Rx)

- NEXPLANON
- MIRENA
- SKYLA
- LILETTA
- KYLEENA
- PARAGARD T 380A

Transdermal Patches (Rx)

- *Xulane*

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
- CAYA

Emergency Contraception

- ELLA (Rx)
- *Levonorgestrel 1.5 mg tablet (Rx or OTC)*
Aftera, Eontra EZ, Eontra OS, Next Choice, My Choice, My Way, Opcicon, 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%
- *Nonoxonyl-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 those 35 years of age and older who are at increased risk.

- Generic, oral tablets (Rx)
 - Anastrozole tablet 1 mg
 - Exemestane tablet 25 mg
 - Raloxifene HCl tablet 60 mg
 - Tamoxifen citrate tablet 10 mg and 20 mg

Cholesterol Medications

Statins to help prevent serious heart and blood vessel problems (cardiovascular disease) in adults 40–75 years of age who are at risk.

- Generic low to moderate intensity statins
 - Atorvastatin 10mg, 20 mg
 - Fluvastatin 20mg, 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

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

Pre-exposure prophylaxis (PrEP) with effective antiretroviral therapy to persons who are at risk of HIV acquisition.

- Emtricitabine/tenofovir disoproxil fumarate (generic Truvada)
- Truvada (brand name, requires prior authorization)
- Descovy

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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.

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