

Healthcare Reform (HCR) Preventive Services Coverage - Pharmacy Benefit

Products in the following categories are covered for a \$0 member copay

ACA (Affordable Care Act) PREVENTIVE SERVICES AUTO UPDATES

	CVS/caremark STANDARD HCR COVERAGE		NGC with CVS/caremark
Drug Category	Age/Gender Edit	Generic Legend Products	Generic Legend Products
Aspirin to prevent cardiovascular disease (CVD)	Men age 45 and over	Covered	Covered - CVS Standard
	Women age 45 and over	Covered	Covered - CVS Standard
Oral fluoride supplementation	Children less than or equal to 6 years	Generic and Preferred covered at no copay	Generic and Preferred covered at no copay
Iron supplementation in children	Children from birth to 12 months of age	Covered	Covered
Folic acid supplementation	Women of child bearing age (18 to 55)	Covered - Generic Only	Covered - Generic Only
Vitamin D	Women 65 and over	Covered	Covered - CVS Standard
Hepatitis A	No age or administration restriction	Covered	Covered
Hepatitis B	No age or administration restriction	Covered	Covered
Hepatitis B and Haemophilus	No age or administration restriction	Covered	Covered
Rotavirus	No age or administration restriction	Covered	Covered
Diphtheria, Tetanus, Pertusis	No age or administration restriction	Covered	Covered
Tetanus	No age or administration restriction	Covered	Covered
Pneumococcal	No age or administration restriction	Covered	Covered
	Prevnam and Prevnam 13: Anyone less than 5 years	Covered	Covered
Polio	No age or administration restriction	Covered	Covered
Influenza (A, B and H1N1)	No age or administration restriction	Covered	Covered
MMR, Varicella	No age or administration restriction	Covered	Covered
Meningococcal	No age or administration restriction	Covered	Covered
Human papillomavirus	Anyone aged 9 through 26 years old	Covered	Covered
Zoster	Anyone age 60 years or greater	Covered	Covered
Haemophilus	Children from birth to 2 years of age	Covered	Covered

	CVS/caremark STANDARD HCR COVERAGE		NGC with CVS/caremark
Drug/Device Category	Age/Gender Edit Recommendations	Generic Drug Products and Branded Medical Devices	Generic Drug Products and Branded Medical Devices
Barrier contraceptive method – diaphragms only	Women only, no age restriction	Not Covered	Covered Under Medical
Hormonal contraceptive method – generics only	Women only, no age restriction	Generics and Preferred covered at no copay	Generics covered at no copay Preferred/Non Preferred - Covered at applicable copay
Emergency contraceptive method – generics only	Women only, no age restriction	Generics and Preferred covered at no copay	Generics covered at no copay Preferred/Non Preferred - Covered at applicable copay
Implant contraceptive method – Mirena only	Women only, no age restriction	Not Covered	Covered Under Medical
Tobacco Use Counseling and Interventions	Anyone age 18 or greater	Covered	Covered
Colon Prep	Anyone age 50-74	Covered	Covered

	CVS/caremark STANDARD HCR COVERAGE		NGC with CVS/caremark
Drug Category	Age/Gender Edit	Generic Legend Products	Generic Legend Products
Medications for Breast Cancer Prevention (generic tamoxifen and generic raloxifene)	Women, only, 35 or greater	Generics covered at no copay	Generics covered at no copay