



### Women’s Preventive Services

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 breastfeeding 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 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.<sup>1</sup>

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.

<sup>1</sup>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 have no generic available and are recommended for coverage*)

EE=Ethinyl Estradiol

#### **LOW-DOSE MONOPHASIC PILLS**

- EE 20 mcg/Levonorgestrel 0.1 mg  
(*Aviane-2, Falmina, Lessina, Luter, Orsythia, Sronyx*)
- EE 20 mcg/ Norethindrone 1mg and/Fe  
(*Gildess 1/20, Junel 1/20 Junel FE 1/20, Loestrin 1/20-21, Loestrin FE 1/20, Microgestin 1/20, Microgestin FE 1/20*)
- **GENERESS FE** (EE 25mcg/Norethindrone 0.8mg)

\*Products listed may be updated periodically to reflect changes in availability. #For a complete listing of product names, contact your account representative. [04-2013 Update]

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

This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Caremark.

## LOW-DOSE MONOPHASIC PILLS (cont.)

- EE 30 mcg/Levonorgestrel 0.15 mcg  
(*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 1.5 mg 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*)
- EE30 mcg/Desogestrel 0.15 mg  
(*Apri, Desogen ,Emoquette, Ortho-Cept, Redipsen, Solia* )
- EE 30 mcg/Drospirenone 0.3 mg  
(*Ocella, Syeda, Yasmin, Zarah*)
- EE 35 mcg/Ethinodiol diacetate 1 mg  
(*Kelnor 1/35, Zovia 1/35E*)
- EE 35 mcg/Norgestimate 0.25 mg  
(*Ortho-Cyclen-28, Mono-linyah, MoNessa, Previfem, Sprintec*)
- Mestranol 50 mcg/Norethindrone 1 mg  
(*Norinyl 1 + 50, Necon 1/50*)
- EE 35 mcg/Norethindrone 0.4mg and /FE  
(*Ovcon-35, Balziva-28, Briellyn, Femcon Fe Gildagia, Philith, Wymzya Fe, Zenchent, Zeosa*)
- EE 35 mcg/ Norethindrone 0.5mg  
(*Brevicon, Modicon, Necon 0.5/35, Nortrel 0.5/35, Wera* )
- EE 35 mcg/Norethindrone 1 mg  
(*Alyacen 1/35, Cyclofem 1/35, Dasetta 1/35, Norinyl 1+35, Nortrel 1/35, Ortho-Novum 1/35*)

## HIGH –DOSE MONOPHASIC PILLS

- **OVCON-50** (EE 50 mcg/Norethindrone 1 mg)
- EE 50 mcg/Norgestrel 0.5 mg (*Ogestrel 0.5/50*)
- EE 50mg/ Ethynodiol diacetate 1mg (*Zovia 1/50E*)

## BIPHASIC PILLS

- EE 20 mcg / Desogestrel 0.15 mg  
(*Azurette, Kariva, Mircette, Viorele*)

## TRIPHASIC PILLS

- EE 20 mcg, 30mcg, 35 mcg / Norethindrone 1 mg  
(*Estrostep Fe, Tilia Fe, Tri-Legest Fe*)
- **Ortho Tri-Cyclen Lo** ( EE 25 mcg / Norgestimate 0.18 mg, 0.215 mg, 0.25mg)
- EE 25 mcg / Desogestrel 0.1 mg, 0.125, 0.15 mg  
(*Caziant, Cesia, Cyclessa, Velivet*)
- EE 30 mcg, 40 mcg, 30 mcg /Levonorgestrel 0.05 mg x 0.075 mg, 0.125 mg) (*Enpress, Levonest, Myzilra, Trivora*)
- EE 35 mcg / Norgestimate 0.18 mg 0.215 mg, 0.25 mg  
(*Ortho Tri-Cyclen, Tri-Estarylla, Tri-Linyah, TriNessa, Tri-Previfem, Tri-Sprintec*)
- EE 35 mcg / Norethindrone 0.5 mg, 1 mg, 0.5mg  
(*Aranelle, Leena, Tri-Norinyl*)
- EE 35 mcg / Norethindrone 0.5 mg, 0.75 mg, 1 mg  
(*Alyacen, Cyclofem 7/7/7, Dasetta 7/7/7, Necon 7/7/7 Ortho-Novum 7/7/7, Nortrel 7/7/7*)

#### FOUR-PHASIC

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

#### EXTENDED –CYCLE PILLS

- EE 30 mcg / Levonorgestrel 0.15 mg  
(*Seasonale, Jolessa, Quasense, Introvale*)
- EE 30, 10mcg/Levonorgestrel 0.15mg (*Amethia, Camrese, Seasonique*)
- EE 20 mcg / Drospirenone 3 mg (*Yaz, Gianvi, Loryna,*)
- EE 20 mcg / Levonorgestrel 0.1 mg (*Amethia Lo, Camrese Lo, LoSeasonique*)
- **Lo LOESTRIN FE** (EE 10mcg /Norethindrone 1 mg)
- **LOESTRIN-24 FE** (EE 20 mcg / Norethindrone 1 mg)
- **BEYAZ** (EE 20 mcg / Drospirenone 3 mg + Calcium 0.451mg)
- **SAFYRAL** (EE 30mcg/Drospirenone 3mg + Calcium 0.451mg)

#### CONTINUOUS –CYCLE PILLS

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

#### PROGESTIN-ONLY PILLS “Mini-Pills

- Norethindrone 0.35mg  
(*Camila, Errin, Heather, Jolivette, , Nor-QD, Nora-BE*)

## EMERGENCY CONTRACEPTION

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.<sup>1</sup>

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.

<sup>1</sup>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 have no generic available and are recommended for coverage)*

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

\*Products listed may be updated periodically to reflect changes in availability. #For a complete listing of product names, contact your account representative. [04-2013 Update]

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

This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Caremark.

## 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.<sup>1</sup>

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.<sup>1</sup> 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/300days)
- 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 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)

\*Products listed may be updated periodically to reflect changes in availability. #For a complete listing of product names, contact your account representative. [04-2013 Update]

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

This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Caremark.

## 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.<sup>1</sup>

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.

<sup>1</sup>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
- 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 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 20 mcg/day )
- **SKYLA** Intrauterine device IUD (Levonorgestrel 14 mcg/day)
- **PARAGARD T 380A** Intrauterine device IUD (Copper 309 mg/day)
- **NUVA RING** Vaginal Ring (Ethinyl estradiol/ Etonogestrel 15 mcg/day)

\*Products listed may be updated periodically to reflect changes in availability. #For a complete listing of product names, contact your account representative. [04-2013 Update]

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

This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Caremark.

## TRANSDERMAL PATCH

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.<sup>1</sup>

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.

<sup>1</sup>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

### **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 have no generic available and are recommended for coverage)*

- **ORTHO EVRA** Transdermal Patch weekly  
(Ethinyl estradiol 20 mcg/ Norelgestromin 150 mcg)



## BARRIER METHODS

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.<sup>1</sup>

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.

<sup>1</sup>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 (1/300 days)
- Rx Only

### 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 have no generic available and are recommended for coverage)*

- Diaphragms
  - ORTHO-ALL FLEX**
  - OMNIFLEX COIL SPRING SILICONE**
  - MILEX WIDE-SEAL**
  - REFLEXIONS FLATSPRING**
- Cervical Cap
  - FEMCAP**

\*Products listed may be updated periodically to reflect changes in availability. #For a complete listing of product names, contact your account representative. [04-2013 Update]

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

This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Caremark.

## OTC-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<sup>1</sup>.

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.

<sup>1</sup>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
- OTC (requires 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 have no generic available and are recommended for coverage)*

- Female Condoms  
**FC-2 female condom**
- 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 SUPPOSITORIES**  
**CONCEPTROL VAGINAL INSERTS 150mg**  
Octoxynol  
**ORTHO-GYNOL GEL 1%**

\*Products listed may be updated periodically to reflect changes in availability. #For a complete listing of product names, contact your account representative. [04-2013 Update]

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

This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Caremark.