

## Preventive care medications

**\$0 cost share medications and products<sup>1,2,3,5</sup>**

Effective Jan. 1, 2025



Under the health reform law (Affordable Care Act), benefit plans must cover certain preventive care medications at 100% — without charging a copay, coinsurance or deductible.

These products include:

- U.S. Preventive Services Task Force A & B Recommendation medications
- Food and Drug Administration (FDA)-approved prescription and over-the-counter (OTC) birth control (contraceptives).
- Flu shot and other vaccines

In support of this law, SlateRx is offering this updated list of no-cost preventive care medications.

You can use your member ID card to get the products on this list for no cost if they are:

- Prescribed by a health care professional
- Age- and condition-appropriate
- Filled at a network pharmacy

To find a network pharmacy, log on to **optumrx.com**, select *Pharmacy Locator* on the right hand side of the screen and enter your zip code or call the number on your member ID card. If you get these medications or products from an out-of-network pharmacy, you may have to pay the full cost for them.

## U.S. Preventive Services Task Force A & B Recommendation Medications and Supplements<sup>4</sup>

A prescription is required to get these medications and supplements at no cost - even though most are available over-the-counter (OTC).

| Medication/Supplement   | Reason  |
|---|---|
| <b>OTC</b>  |   |
| Aspirin - 81 mg   | Prevent preeclampsia during pregnancy.<br>(Ages up to 55 years)   |
| Folic acid 400 & 800 mcg<br>Prenatal vitamins with 400 - 800 mcg of folic acid  | Prevent birth defects   |
| Bisacodyl EC Tab  | Bowel preparation for colonoscopy needed for preventive colon cancer screening. Limit of two \$0-cost fills per year.<br>(Ages 45 - 75 years) |
| Magnesium Citrate Solution  | Bowel preparation for colonoscopy needed for preventive colon cancer screening. Limit of two \$0-cost fills per year.<br>(Ages 45 - 75 years) |
| PEG 3350 (generic Miralax)<br><i>Only the OTC product may be covered at \$0 cost share. The prescription version of this product may be covered with a copay or coinsurance depending on your plan.</i> | Bowel preparation for colonoscopy needed for preventive colon cancer screening. Limit of two \$0-cost fills per year.<br>(Ages 45 - 75 years) |
| <b>Prescription</b>   |   |
| <b>Generic Colyte sold as:</b><br>PEG-3350/electrolytes<br>Gavilyte-C   | Bowel preparation for colonoscopy needed for preventive colon cancer screening. Limit of two \$0-cost fills per year.<br>(Ages 45 - 75 years) |
| <b>Generic Golytely sold as:</b><br>PEG-3350/electrolytes<br>Gavilyte-G   | Bowel preparation for colonoscopy needed for preventive colon cancer screening. Limit of two \$0-cost fills per year.<br>(Ages 45 - 75 years) |
| <b>Generic Nulytely sold as:</b><br>PEG-3350/NaCl/NaBicarbonate/KCl   | Bowel preparation for colonoscopy needed for preventive colon cancer screening. Limit of two \$0-cost fills per year.<br>(Ages 45 - 75 years) |
| Fluoride chew tablets, drop (not toothpaste, rinses)  | Prevent dental cavities if water source is deficient in fluoride  |

## Tobacco Cessation Medications<sup>4</sup>

If you need help to quit smoking or using tobacco products, these preventive medications are available at \$0 cost share. Up to 180 days of treatment are covered at no cost each year. Maximum daily dose quantity limits apply. To qualify, you need to:

- Be age 18 or older
- Get a prescription for these products from your doctor, even if the products are sold over-the-counter (OTC)
- Fill the prescription at a network pharmacy

### OTC Medications

Nicotine Replacement Gum

Nicotine Replacement Lozenge

Nicotine Replacement Patch

### Prescriptions

Bupropion Sustained-Release Tablet

Varenicline Tablet

*These prescription medications are covered after members have tried:*

*1) One OTC nicotine product and 2) bupropion sustained-release separately.*

Nicotrol Inhaler

Nicotrol Nasal Spray

## Human Immunodeficiency Virus Preventive Medications<sup>4</sup>

For members who are at a higher risk of becoming infected with human immunodeficiency virus (HIV) but are not yet infected, these preventive medications are available at \$0 cost share. To qualify, a member must:

- Be at increased risk for first-time infection with HIV
- Obtain copay waiver

Most plans cover these medications at normal cost share for the treatment of HIV infection. Your doctor must submit a Health Care Reform copay waiver review form to request \$0 cost share for primary prevention, if you meet the coverage criteria. If you qualify, you can receive these drugs at \$0 cost share.

## HIV PrEP medications currently available at \$0

| Drug name   | Coverage   |
|---|--|
| emtricitabine-tenofovir disoproxil fumarate 200-300mg (generic Truvada) | Copay waiver required for \$0.<br>(Truvada available if unable to take generic)                |
| tenofovir (generic Viread)  | Copay waiver required for \$0.   |
| Apretude  | Copay waiver required for \$0.<br>(Apretude available if unable to take generics listed above) |
| Descovy   | Copay waiver required for \$0.<br>(Descovy available if unable to take generics listed above)  |

If you have more questions about current coverage of HIV PrEP medications, please contact a customer care representative.

## Breast Cancer Preventive Medications<sup>4</sup>

For members who are at a higher risk for breast cancer but have not had breast cancer, these preventive medications are available at \$0 cost share. To qualify, a member must:

- Be age 35 or older
- Be at increased chance for the first occurrence of breast cancer – after risk assessment and counseling
- Obtain copay waiver

Most plans cover these medications at normal cost share for the treatment of breast cancer, to prevent breast cancer recurrence and for other indications. Your doctor must submit a Health Care Reform copay waiver review form to request \$0 cost share for primary prevention, if you meet the coverage criteria. If you qualify, you can receive these drugs at \$0 cost share for up to 5 years, minus any time you have been taking them for prevention.

### Breast Cancer Medications (prescription)

anastrozole

exemestane

raloxifene

tamoxifen

## Statin Preventive Medications<sup>4</sup>

The U.S. Preventive Service Task Force recommends that adults without a history of cardiovascular disease (CVD) — symptomatic coronary artery disease or stroke — use a statin for the primary prevention of CVD events in individuals who meet the following criteria:

- Are age 40-75, **and**
- Have one or more cardiovascular risk factors (high cholesterol, diabetes, hypertension, or smoking), **and**
- Have an estimated 10-year risk of a cardiovascular event of 10% or greater.

### Statin Medications (prescription)

lovastatin (generic Mevacor) – All strengths

atorvastatin\* (generic Lipitor) 10 & 20 mg (Copay waiver review required to confirm risk of CVD)

pravastatin\* (generic Pravachol) - All strengths (Copay waiver review required to confirm risk of CVD)

rosuvastatin\* (generic Crestor) 5 & 10mg (Copay waiver review required to confirm risk of CVD)

simvastatin\* (generic Zocor) 5, 10, 20 & 40 mg (Copay waiver review required to confirm risk of CVD)

\*These medications are typically covered at the customary cost share amount for your plan. Your doctor must submit a Health Care Reform copay waiver review form to request \$0 cost share for primary prevention, if you meet the above coverage criteria.

## Women's Health: Birth Control Products

For members who would like to consider family planning options, these preventive medications are available at \$0 cost share. A Health Care Reform copay waiver request form can be submitted by a member's provider to request \$0 cost share if the provider determines that a particular contraceptive is medically necessary but not on the contraceptive list.

|  |  |   |   |
|--|--|---|---|
| <b>Birth Control Caps &amp; Diaphragms (Cervical)</b><br>Caya<br>Femcap<br>Omniflex<br>Wide-Seal   | <b>Generic Demulen 1/50 sold as:</b><br>Ethynodiol 1/50<br>Kelnor 1/50   | <b>Generic Loestrin 1/20 sold as:</b><br>Aurovela 1/20<br>Junel 1/20<br>Larin 1/20<br>Microgestin 1/20<br>Noreth/Ethin 1/20   | <b>Generic Lybrel 90-20mcg sold as:</b><br>Amethyst 90-20mcg<br>Dolishale 90-20mcg<br>Levo-Eth Est 90-20mcg                                       |
| <b>Combination Birth Control Pills</b><br><b>Lo Loestrin FE</b><br><br><b>Four Phase Birth Control Pills:</b><br>Natazia   | <b>Generic Desogen-28 &amp; Ortho-Cept sold as:</b><br>Apri<br>Cyred EQ<br>Deso/Ethinyl Estradiol<br>Enskyce<br>Isibloom<br>Juleber<br>Kalliga<br>Reclipsen<br>Solia | <b>Generic Loestrin 1.5/30 sold as:</b><br>Aurovela 1.5/30<br>Hailey 1.5/30<br>Junel 1.5/30<br>Larin 1.5/30<br>Microgestin 1.5/30<br>Noreth/Ethin 1.5/30  | <b>Generic Minastrin 24 CHW FE sold as:</b><br>Charlotte 24 CHW FE<br>Finzala CHW FE<br>Noreth/Ethin CHW FE                                       |
| <b>Generic Alesse &amp; Levlite sold as:</b><br>Afirmelle<br>Aubra EQ<br>Aviane<br>Delyla<br>Falmina<br>Lessina<br>Levonor/Ethi<br>Lutera<br>Orsythia<br>Sronyx<br>Tyblume CHW<br>Vienva | <b>Generic Estrostep FE sold as:</b><br>Noreth/Ethin FE<br>Tilia FE<br>Tri-Legest FE   | <b>Generic Loestrin FE 1/20 sold as:</b><br>Aurovela FE 1/20<br>Blisovi FE 1/20<br>Hailey FE 1/20<br>Junel FE 1/20<br>Larin FE 1/20<br>Microgestin FE 1/20<br>Noreth/Ethin FE 1/20<br>Tarina FE 1/20 EQ | <b>Generic Mircette 28 Day sold as:</b><br>Azurette<br>Deso/Ethinyl Estradiol<br>Kariva<br>Pimtrea<br>Simliya<br>Viorele<br>Volnea                |
| <b>Generic Beyaz sold as:</b><br>Drospire/Eth Estr/Lev   | <b>Generic Femcon FE chewable sold as:</b><br>Nore/Eth/Fer CHW<br>Wymzya FE CHW  | <b>Generic Loestrin FE 1.5/30 sold as:</b><br>Aurovela FE 1.5/30<br>Blisovi FE 1.5/30<br>Hailey FE 1.5/30<br>Junel FE 1.5/30<br>Larin FE 1.5/30<br>Microgestin FE 1.5/30<br>Nor/Est/FF 1.5/30           | <b>Generic Nordette-28 sold as:</b><br>Altavera<br>Ayuna<br>Chateal Eq<br>Kurvelo<br>Levonor/Ethi Estradiol<br>Levora-28<br>Marlissa<br>Portia-28 |
| <b>Generic Brevicon 0.5/35 &amp; Modicon 0.5/35 sold as:</b><br>Necon 0.5/35<br>Nortrel 0.5/35<br>Wera 0.5/35  | <b>Generic Generess FE chewable sold as:</b><br>Kaitlib FE CHW<br>Layolis FE CHW<br>Noreth/Ethin FE CHW  | <b>Generic Lo/Ovral-28 sold as:</b><br>Cryselle-28<br>Elinest<br>Low-Ogestrel   | <b>Generic Ortho-Cyclen sold as:</b><br>Estarylla<br>Mili<br>Mono-Linyah<br>Norgest/Ethi<br>Nymyo<br>Sprintec 28<br>Vylibra                       |
| <b>Generic Cyclessa Pak sold as:</b><br>Velivet Pak  | <b>Generic Loestrin 24 FE sold as:</b><br>Aurovela 24 FE<br>Blisovi 24 FE<br>Hailey 24 FE<br>Junel 24 FE<br>Larin 24 FE<br>Tarina 24 FE                              | <b>Generic LoSeasonique sold as:</b><br>Camrese Lo<br>Levonor/Ethi Estradiol<br>Lojaimiess  |   |
| <b>Generic Demulen 1/35 sold as:</b><br>Ethy Eth Est 1/35<br>Kelnor 1/35<br>Zovia 1/35   |  |   |   |

**For eligible prescriptions — you can get a 3-month supply of your medication mailed to you with no cost for standard shipping.**

## Women's Health: Birth Control Products continued

|   |   |   |  |
|---|---|---|--|
| <b>Generic Ortho-Novum 1/35 &amp; Norinyl 1/35 sold as:</b><br>Alyacen 1/35<br>Dasetta 1/35<br>Necon 1/35<br>Nortrel 1/35<br>Nylia 1/35   | <b>Generic Safyral sold as:</b><br>Dros/Eth Est Levomefo<br>Tydemy  | <b>Progestin Only Birth Control Pills</b><br><b>Generic Ortho Micronor &amp; Nor-QD sold as:</b><br>Camila<br>Deblitane<br>Errin<br>Heather<br>Incassia<br>Jencycla<br>Lyleq<br>Lyza<br>Nora-BE<br>Norethindrone<br>Norlyda<br>Norlyroc<br>Sharobel | <b>Over-The-Counter (OTC) Birth Control</b><br>(must have a prescription and get them from a network pharmacy to have costs covered)<br>Contraceptive films<br>(e.g. VCF Vaginal)<br>Contraceptive foams<br>(e.g. VCF Vaginal Aer)<br>Contraceptive gels<br>(e.g. Gynol II, VCF Vaginal)<br>Contraceptive pills<br>Opill<br>Condoms:<br>Various OTC condoms (e.g., Durex, Kimono, Trustex)<br>FC2 Female<br>Generic emergency birth control<br>(e.g. Aftera, EContra OS, Levonorgestrel tablet, My Choice, My Way, New Day, Opcicon, Option 2, React, Take Action)<br>Today Sponge<br>Encare Suppository |
| <b>Generic Ortho-Novum 7/7/7 sold as:</b><br>Alyacen 7/7/7<br>Dasetta 7/7/7<br>Nortrel 7/7/7<br>Nylia 7/7/7   | <b>Generic Seasonale sold as:</b><br>Iclevia<br>Introvale<br>Jolessa<br>Levonor/Ethinyl Estradiol<br>Setlakin                   | <b>Birth Control Rings (Vaginal)</b><br><b>Generic NuvaRing sold as:</b><br>Annovera<br>EluRyng<br>Etonogestrel/Ethyl Estradiol<br>Haloette   | <b>Birth Control IUDs and Implants</b><br>Kyleena<br>Liletta<br>Mirena<br>Nexplanon<br>Paragard<br>Skyla<br><i>(Some methods of birth control, such as IUDs and implants, may be available through your medical benefit and not your pharmacy benefit.)</i>  |
| <b>Generic Ortho Tri-Cyclen sold as:</b><br>Norgest/Ethi Estradiol<br>Tri-Estaryll<br>Tri Femynor<br>Tri-Linyah<br>Tri-Mili<br>Tri-Nymyo<br>Tri-Sprintec<br>Tri-Vylibra<br>Trinessa | <b>Generic Seasonique sold as:</b><br>Ashlyna<br>Camrese<br>Daysee<br>Jaimiess<br>Levonor/Ethi Estradiol<br>Simpesse            | <b>Birth Control Patches (Transdermal)</b><br><b>Generic Ortho Evra sold as:</b><br>Xulane<br>Zafemy  |  |
| <b>Generic For Ortho Tri-Cyclen Lo sold as:</b><br>Norgest/Ethi Estradiol<br>Tri-Lo-Estaryll<br>Tri-Lo-Marzia<br>Tri-Lo Mili<br>Tri-Lo-Sprintec<br>Tri-Vylibra Lo                   | <b>Generic Taytulla sold as:</b><br>Gemmily<br>Merzee<br>Nore/Eth/Fer<br>Taysofy  | <b>Birth Control Shots (Injection)</b><br><b>Generic Depo-Provera sold as:</b><br>Medroxyprogesterone 150 mg/ml IM  |  |
| <b>Generic Ovcon-35 sold as:</b><br>Balziva<br>Briellyn<br>Philith<br>Vyfemla   | <b>Generic Tri-Norinyl sold as:</b><br>Aranelle<br>Leena  | <b>Emergency Birth Control</b><br>ella  |  |
| <b>Generic Quartette sold as:</b><br>Levonor/Ethi Estradiol<br>Rivelsa  | <b>Generic Triphasil sold as:</b><br>Enpresse-28<br>Levonest<br>Levonor/Ethi<br>Trivora-28                                      |   |  |
|   | <b>Generic Yasmin 28 sold as:</b><br>Drospir/Ethi<br>Ocella<br>Syeda<br>Zumandimine   |   |  |
|   | <b>Generic Yaz sold as:</b><br>Drospir/Ethi<br>Drospirenone/Ethy Est<br>Jasmiel<br>Lo-Zumandimine<br>Loryna<br>Nikki<br>Vestura |   |  |

For eligible prescriptions — you can get a 3-month supply of your medication mailed to you with no cost for standard shipping.



## Flu Shot and Immunizations

Plans must provide coverage without cost sharing for immunizations that are recommended for routine use by the Advisory Committee on Immunization Practices (ACIP), a federal committee comprised of immunization experts that is convened by the Centers for Disease Control and Prevention. Immunizations may be covered by your medical benefit and not your pharmacy benefit.

Many immunizations can be obtained on a walk-in basis by presenting their member ID card at the time of service. Members should review their benefit plan to determine coverage for immunizations.

### Routine Immunizations<sup>6</sup>

Age restrictions or limitations may apply. Check with your network pharmacy for specific age, flu shot and immunization requirements.

#### Flu Shots

##### Flu (Influenza)

|         |           |                   |
|---------|-----------|-------------------|
| Afluria | Flublok   | FluMist           |
| Fluad   | Flucelvax | Fluzone High-Dose |
| Fluarix | Flulaval  | Fluzone           |

#### Other Immunizations

##### COVID-19

Comirnaty, Novavax, Spikevax

##### Dengue

Dengvaxia

##### Hepatitis A

Havrix, Vaqta

##### Hepatitis B

Engerix-B, Heplisav-B, PreHevbrio, Recombivax-HB

##### Hepatitis A/Hepatitis B

Twinrix

##### Human Papilloma Virus (HPV) — Vaccine prevents HPV related cancers

Gardasil 9

##### Measles, Mumps, Rubella

M-M-R II, PRIORIX

##### Meningococcal — Vaccine prevents meningitis Groups A, C, Y and W-135

Menquadfi, Menveo, Penbraya

##### Meningococcal — Vaccine prevents meningitis Group B

Bexsero, Trumenba

##### Pneumococcal — Vaccine prevents pneumonia

Pneumovax 23, Prevnar 20, Vaxneuvance

##### Poliovirus

Ipol

##### Respiratory Syncytial Virus (RSV)

Abrysvo, Arexvy, Beyfortus, mRESVIA

##### Tdap — Vaccine prevents tetanus, diphtheria, pertussis

Adacel, Boostrix

##### Td — Vaccine prevents tetanus and diphtheria

TDVax, Tenivac

##### Varicella — Vaccine prevents chicken pox

Varivax

##### Zoster — Vaccine prevents shingles

Shingrix

Ask your employer or check your plan documents for your plan's specific coverage details.

Not all immunizations on this list are available at all network pharmacies. Contact your local network pharmacy to confirm immunization availability.

# Frequently asked questions

## Preventive Care Medications Coverage

### What Preventive Care Medications are available at no cost?

Look at the list in this document, log on to **optumrx.com**, or call the number on your member ID card for a list of medications covered at \$0 cost share.

Please note, in order to get coverage at no cost for preventive care medications and products (including over-the-counter) you will need a prescription from your doctor.

### What happens if a generic medication becomes available?

Prescription brand products may be replaced by newly launched FDA approved generic equivalents.

### What if my doctor says I need a birth control product that is not on this list?

This list includes at least one form of birth control from each category of FDA-approved, -cleared and -granted contraceptives typically available through your pharmacy benefit. If your doctor prescribes birth control not on our list that is medically necessary, we will cover that recommended drug or product at no cost to you through our Health Care Reform copay waiver review process. Just call the number on your member ID card, and ask how to get coverage.

Some methods of birth control, such as IUDs and implants, may be available through your **medical benefit** and not your pharmacy benefit.

### Is my plan required to cover contraceptives?

Some plans may not have coverage for contraceptives if your employer elects a religious or moral exemption. Also, for employers who elect a religious or moral accommodation, we may provide or arrange for separate contraceptive coverage for those employers' members as allowed by the health reform law.

### If I'm at risk for preeclampsia during pregnancy, how can I get low-dose aspirin for no cost?

Low-dose or baby aspirin (81 mg) is available at no cost to pregnant women at risk for preeclampsia. If you are pregnant and at risk for preeclampsia, talk

to your doctor about whether low-dose aspirin can help. If so, your doctor can give you a prescription for low-dose aspirin which can be filled at no cost to you at a network retail pharmacy.

### If I need to take preparation medications before a preventive colonoscopy, how can I get these for no cost?

If you are scheduled for a preventive colonoscopy, ask your doctor for a prescription for one of the no cost preparation medications. You can fill this prescription at a retail network pharmacy at no cost to you. Note: There is a limit of two \$0-cost fills per year.

### What if my doctor prescribes a preparation medication for my preventive colonoscopy that is not on this list?

You can ask your doctor for a prescription for one of the medications on this list that your doctor feels would work for you. For some medical reasons, your doctor may decide you need a medication that is not on this list to prepare for your preventive colonoscopy. If so, you can request the medication you need by calling the number on your member ID card, and asking how to get coverage at no cost.

If you need a prescription medication to prepare for a colonoscopy that is **not preventive**, these medications may still be covered with a copayment or coinsurance.

### How can I get preventive medications to help me stop using tobacco for no cost?

If you are age 18 or older and want to quit using tobacco products, talk to your doctor about medications that can help. If your doctor decides this therapy is right for you, they may prescribe a generic over-the-counter or prescription medication.

The tobacco cessation products on this list are available at no cost to you if they are:

- Prescribed by your doctor
- Filled at a network pharmacy
- Meet use and quantity guidelines



## Frequently asked questions continued

### **If I'm at risk for HIV (Human Immunodeficiency Virus) but have not been infected, how can I get preventive drugs for \$0 cost share?**

If you are a member not yet infected with HIV, talk to your doctor about your risk of getting HIV. If your doctor decides this treatment is appropriate for you, your doctor may offer to prescribe risk-reducing medications. Your doctor must submit a Health Care Reform copay waiver review form to request \$0 cost share if you meet the coverage criteria.

### **What if my doctor says I need an HIV PrEP medication that is not on this list?**

If your doctor prescribes an HIV PrEP medication not on our list for medical reasons, we will cover that recommended drug at no cost to you through our Health Care Reform copay waiver review process. Just call the number on your member ID card, and ask how to get coverage.

### **If I'm at risk for breast cancer but have not had it, how can I get preventive drugs for \$0 cost share?**

If you are a member age 35 or older, talk to your doctor about your risk of getting breast cancer if you have not had it. If your doctor decides this treatment is appropriate for you, your doctor may offer to prescribe risk-reducing medications, such as raloxifene or tamoxifen. Your doctor must submit a Health Care Reform copay waiver review form to request \$0 cost share if you meet the coverage criteria.

### **If I'm at risk for cardiovascular disease, how can I get statin medications at no cost to me?**

If you are a member age 40-75, and at risk for cardiovascular disease, your doctor may offer to prescribe statin medications. Select statins are

covered at no cost share for people who have certain risk factors for cardiovascular disease. Depending on the medication, your doctor may need to submit a Health Care Reform copay waiver review form to request \$0 cost share if you meet coverage criteria.

### **Will this drug list change?**

Drug lists can and do change, so it's always good to check. You can find the most updated information by:

- Logging in to **optumrx.com**, or
- Calling the number on your member ID card.

### **Are the no cost preventive care medications available at both retail and home delivery pharmacies?**

Preventive care medications are available at network retail pharmacies. Most are also available at the Optum® Home Delivery Pharmacy for plans with a home delivery benefit. For example, the Optum Home Delivery Pharmacy can mail a 3-month supply of your medication right to you with no cost for standard shipping. That means you can order 4 times a year instead of making 12 trips to pick up your medication. To start using home delivery, just call the number on your member ID card.

### **What if the health care reform law requirements for preventive care medication coverage change?**

If the law requiring plans to provide preventive care medications at no cost changes, information on how your costs may change will be available to you by:

- Logging in to **optumrx.com**, or
- Calling the number on your member ID card.

1. Please note this list is subject to change.
2. Always refer to your benefit plan materials to determine your coverage for medications and cost share. Some medications may not be covered under your specific benefit. Where differences are noted, the benefit plan documents will govern.
3. All branded medications are trademarks or registered trademarks of their respective owners.
4. The listed age limits are based on U.S. Preventive Services Task Force Recommendations; coverage for additional populations may also apply as required.
5. If your pharmacy benefit plan is grandfathered under the ACA, these drugs may be covered at the normal cost share.
6. Not all vaccines on this list are available at all participating pharmacies. Members should contact their participating pharmacy of choice to confirm vaccine availability.