## Contraceptive Coverage

### Coverage Limitations:
- Tier 1 and Tier 2 generic prescription contraceptives will be at no cost.
- OTC requires a prescription

### Covered Products:
- Oral Contraceptives
- Injectable Contraceptives
- Diaphragms
- Emergency Contraceptives
- Cervical Cap

## Aspirin Coverage

### Coverage Limitations:
- Age limit ≥ 45 (men and women)
- Quantity limit of 1/day
- OTC requires a prescription
- Tier 1 and Tier 2 generic only at no cost

### Covered Products:
- Aspirin products up to 325mg
- Aspirin 81mg – 325mg
- Aspirin Chew 81mg – 325mg
- Aspirin Delayed Release 81mg – 325mg
- Aspirin dispersible tab 81mg

## Folic Acid Coverage

### Coverage Limitations:
- Women
- Age limit ≤ 55 years of age
- Quantity limit: 1/day
- OTC requires a prescription
- Tier 1 and Tier 2 generic only at no cost

### Covered Products:
Folic acid products only, not in combination
- Folic Acid tab 0.4mg and 0.8mg

## Fluoride Coverage

### Coverage Limitations:
- Age limit ≤ 5 years
- Prescription products only
- Tier 1 and Tier 2 generic only at no cost

### Covered Products:
Sodium fluoride products only, not in combination
- Sodium fluoride tab 0.5mg
- Sodium fluoride chew tab 0.25mg – 0.5mg
- Sodium fluoride solution
<table>
<thead>
<tr>
<th>Iron Supplementation Coverage</th>
<th>Tobacco Cessation Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Coverage Limitations:</strong></td>
<td><strong>Coverage Limitations:</strong></td>
</tr>
<tr>
<td>• Age limit 0-1 year</td>
<td>• 2 cycles per year (90 days per cycle)</td>
</tr>
<tr>
<td>• OTC requires a prescription</td>
<td>• Only covered products listed below at no cost</td>
</tr>
<tr>
<td>• Tier 1 and Tier 2 generic only at no cost</td>
<td></td>
</tr>
<tr>
<td><strong>Covered Products:</strong></td>
<td><strong>Covered Products:</strong></td>
</tr>
<tr>
<td>Various strengths of Iron Supplements</td>
<td>• Nicotrol Inhaler and Nasal Spray</td>
</tr>
<tr>
<td></td>
<td>• Chantix</td>
</tr>
<tr>
<td></td>
<td>• Zyban</td>
</tr>
</tbody>
</table>

**Breast Cancer Prevention Coverage**

<table>
<thead>
<tr>
<th>Coverage Limitations:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Raloxifen may be covered for prevention only at $0 through HCR Exception Process</td>
<td></td>
</tr>
<tr>
<td>• Only covered products listed below at no cost</td>
<td></td>
</tr>
</tbody>
</table>

**Covered Products:**

- Tamoxifen

*Brand-names are the property of their respective manufacturers.*

If you have any questions regarding your pharmacy coverage, please call the Catamaran Member Services Department at 1-877-629-3123. Representatives are available 24 hours a day, seven days a week to assist you.