



Health Care Reform Contraceptive Drugs

Comprehensive List - Updated October 2018

The Affordable Care Act (ACA) requires most health plans to pay for certain preventive services at no cost to you. Contraceptives are included as a preventive service under the ACA.

The following contraceptive drugs are available with a \$0 copayment. Generic drugs are shown in lowercase type. Brand drugs are shown in uppercase type.

AFTERA TAB	briellyn tab
aftera tab	camila tab
altavera tab	camrese lo tab
alyacen 1/35 tab	camrese tab
alyacen 7/7/7 tab	caziant tab
amethia lo tab	CERVICAL CAP
amethia tab	cesia tab
amethyst tab	chateal eq tab
apri tab	chateal tab
aranelle tab	CONTRACEPTIVE FILM
ashlyna tab	CONTRACEPTIVE FOAM
aubra eq tab	CONTRACEPTIVE GEL
aubra tab	contraceptive gel
aviane tab	cryselle-28 tab
azurette tab	cyclafem 1/35 tab
balziva tab	cyclafem 7/7/7 tab
bekyree tab	cyred tab
blisovi 24 fe tab	dasetta 1/35 tab
blisovi fe 1.5/30 tab	dasetta 7/7/7 tab
blisovi fe 1/20 tab	daysee tab

- Note: This list is subject to change. Also, not all medications may be covered on your formulary. Please refer to your Navitus formulary for a complete list of covered products.
- This requirement applies to all non-grandfathered plans with an effective date on or after August 1, 2012.



deblitane tab	gildess fe 1.5/30 tab
delyla tab	gildess fe 1/20 tab
DEPO-SUBQ PROVERA 104	heather tab
depo-subq provera 104	incassia tab
desogestrel/ethinyl estra tab	introvale tab
ECONTRA EZ TAB	isibloom tab
econtra ez tab	jencycla tab
ECONTRA ONE-STEP TAB	jolessa tab
econtra one-step tab	jolivette tab
elinest tab	juleber tab
ELLA TAB	junel 1.5/30 tab
emoquette tab	junel 1/20 tab
ENCARE	junel fe 1.5/30 tab
enpresse-28 tab	junel fe 1/20 tab
enskyce tab	junel fe 24 tab
errin tab	kaitlib fe tab
estarylla tab	kariva tab
ethynodiol diacetate/ethi tab	kelnor 1/35 tab
FALLBACK SOLO TAB	kelnor 1/50 tab
fallback solo tab	kimidess tab
falmina tab	kurvelo tab
fayosim tab	KYLEENA IUD
FEMALE CONDOMS	larin 1.5/30 tab
femynor tab	larin 1/20 tab
gildagia tab	larin 24 fe tab
gildess 1.5/30 tab	larin fe 1.5/30 tab
gildess 1/20 tab	larin fe 1/20 tab
gildess 24 fe tab	larissia tab

- Note: This list is subject to change. Also, not all medications may be covered on your formulary. Please refer to your Navitus formulary for a complete list of covered products.
- This requirement applies to all non-grandfathered plans with an effective date on or after August 1, 2012.



layolis fe tab	my choice tab
leena tab	MY WAY TAB
lessina tab	my way tab
levonest tab	myzilra tab
levonorgestrel and ethiny tab	necon 0.5/35-28 tab
LEVONORGESTREL TAB	necon 1/35 tab
levonorgestrel tab	necon 1/50-28 tab
levonorgestrel/ethinyl es tab	necon 10/11-28 tab
levora 0.15/30-28 tab	necon 7/7/7 tab
LILETTA IUD	NEW DAY TAB
lillow tab	new day tab
lomedia 24 fe tab	NEXT CHOICE ONE DOSE TAB
low-ogestrel tab	next choice one dose tab
lutra tab	NEXT CHOICE TAB
lyza tab	next choice tab
marlissa tab	nora-be tab
MEDROXYPROGESTERONE ACETA	norethindrone & ethinyl e tab
medroxyprogesterone aceta	norethindrone acetate/eth tab
microgestin 1.5/30 tab	norethindrone tab
microgestin 1/20 tab	norethindrone/ethinyl est tab
microgestin 24 fe tab	norgestimate/ethinyl estr tab
microgestin fe 1.5/30 tab	norgestrel/ethinyl estrad tab
microgestin fe tab	norlyda tab
mili tab	norlyroc tab
MIRENA IUD	nortrel 0.5/35 (28) tab
mono-linyah tab	nortrel 1/35 (28) tab
mononessa tab	nortrel 1/35 tab
MY CHOICE TAB	nortrel 7/7/7 tab

- Note: This list is subject to change. Also, not all medications may be covered on your formulary. Please refer to your Navitus formulary for a complete list of covered products.
- This requirement applies to all non-grandfathered plans with an effective date on or after August 1, 2012.



NUVARING

OPCICON ONE-STEP TAB

opcicon one-step tab

OPTION 2 TAB

option 2 tab

orsythia tab

ORTHO DIAPHRAGM

ORTHO EVRA

PARAGARD INTRAUTERINE COP IUD

philith tab

pimtrea tab

pirmella 1/35 tab

pirmella 7/7/7 tab

PLAN B ONE-STEP TAB

plan b one-step tab

PLAN B TAB

plan b tab

portia-28 tab

previfem tab

quasense tab

REACT TAB

react tab

reclipsen tab

rivelsa tab

setlakin tab

sharobel tab

SKYLA IUD

solia tab

sprintec 28 tab

sronyx tab

TAKE ACTION TAB

take action tab

tarina fe 1/20 tab

tilia fe tab

TODAY SPONGE

tri femynor tab

tri-estarylla tab

tri-legest fe tab

tri-linyah tab

tri-lo-estarylla tab

tri-lo-marzia tab

tri-lo-sprintec tab

tri-mili tab

trinessa lo tab

trinessa tab

tri-previfem tab

tri-sprintec tab

trivora-28 tab

tri-vylibra tab

tulana tab

velivet tab

vienva tab

violele tab

vyfemla tab

vylibra tab

wera tab

- Note: This list is subject to change. Also, not all medications may be covered on your formulary. Please refer to your Navitus formulary for a complete list of covered products.
- This requirement applies to all non-grandfathered plans with an effective date on or after August 1, 2012.



wymzya fe tab

XULANE

YASMIN 28 TAB

YAZ TAB

zenchent fe tab

zenchent tab

zeosa tab

zovia 1/35e tab

zovia 1/50e tab

-
- Note: This list is subject to change. Also, not all medications may be covered on your formulary. Please refer to your Navitus formulary for a complete list of covered products.
 - This requirement applies to all non-grandfathered plans with an effective date on or after August 1, 2012.