



Health Care Reform Contraceptive Drugs

Comprehensive List - Updated April 2017

In the drug list below, generic drugs are shown in lowercase type. Brand name drugs are shown in uppercase type.

aftera tab	camrese tab
altavera tab	caziant tab
alyacen tab 1/35	CERVICAL CAP
alyacen tab 7/7/7	cesia tab
amethia LO tab	chateal tab
amethia tab	CONTRACEPTIVE FILM
amethyst tab	CONTRACEPTIVE FOAM
apri tab	contraceptive gel
aranelle tab	cryselle tab
ashlyna tab	cyclafem tab 1/35
aubra tab	cyclafem tab 7/7/7
aviane tab	cyred tab
azurette tab	dasetta tab 1/35
balziva tab	dasetta tab 7/7/7
bekyree tab	daysee tab
BEYAZ TAB	deblitane tab
blisovi 24 FE tab	delyla tab
blisovi FE tab 1.5/30	DEPO-PROVERA SQ INJ
blisovi FE tab 1/20	desogestrel/ethinyl estradiol tab
briellyn tab	DIAPHRAGM
camila tab	econtra ez tab
camila tab 0.35mg	elinest tab
camrese LO tab	ELLA 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.



emoquette tab	kariva tab
enpresse tab	kelnor tab 1/35
enskyce tab	kimidess tab
errin tab	kurvelo tab
estarylla tab	KYLEENA IUD
ethynodiol diacetate/ethinyl estradiol tab	larin 24 FE tab
fallback solo tab	larin FE tab 1.5/30
falmina tab	larin FE tab 1/20
FEMALE CONDOMS	larin tab 1.5/30
femynor tab	larin tab 1/20
gildagia tab	larissia tab
gildess 24 FE tab	layolis FE tab
gildess FE tab 1.5/30	leena tab
gildess FE tab 1/20	lessina tab
gildess tab 1.5/30	levonest tab
gildess tab 1/20	levonorgestrel tab
heather tab	levonorgestrel/ethinyl estradiol tab
introvale tab	levora tab 0.15/30
jencycla tab	LILETTA IUD
jolessa tab	lomedica 24 FE tab
jolivette tab	low-ogestrel tab
juleber tab	lutera tab
junel 24 FE tab	lyza tab
junel FE tab 1.5/30	marlissa tab
junel FE tab 1/20	medroxyprogesterone inj
junel tab 1.5/30	microgestin 24 FE tab
junel tab 1/20	microgestin FE tab
kaitlib FE tab	microgestin FE tab 1.5/30

- 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.



microgestin tab 1.5/30

microgestin tab 1/20

MIRENA IUD

mono-linyah tab

mononessa tab

my way tab

myzilra tab

necon tab 0.5/35

necon tab 1/35

necon tab 1/50

necon tab 10/11

necon tab 7/7/7

next choice one dose tab

next choice tab

nora-be tab

norethindrone acetate/ethinyl estradiol
tab

norethindrone tab

norethindrone/ethinyl estradiol FE tab

norgestimate/ethinyl estradiol tab

norgestrel/ethinyl estradiol tab

norlyroc tab

nortral tab 1/35

nortrel tab 0.5/35

nortrel tab 1/35

nortrel tab 7/7/7

NUVARING

opcicon one-step tab

option 2 tab

orsythia tab

ORTHO EVRA PATCH

PARAGARD IUD

philith tab

pimtrea tab

pirmella tab 1/35

pirmella tab 7/7/7

PLAN B ONE-STEP TAB

PLAN B TAB

portia tab

previfem tab

quasense tab

react tab

reclipsen tab

setlakin tab

sharobel tab

SKYLA IUD

solia tab

sprintec tab

sronyx tab

take action tab

tarina FE tab 1/20

tilia FE tab

TODAY SPONGE

tri-estarylla tab

tri-legest FE tab

tri-linyah 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.



tri-LO-estarylla tab

tri-LO-marzia tab

tri-LO-sprintec tab

trinessa LO tab

trinessa tab

tri-previfem tab

tri-sprintec tab

trivora tab

velivet tab

vienva tab

vioarele tab

vyfemla tab

wera tab

wymzya FE tab

XULANE PATCH

YASMIN TAB

YAZ TAB

zenchent FE tab

zenchent tab

zeosa tab

zovia tab 1/35e

zovia tab 1/50e

-
- 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.