



Health Care Reform Contraceptive Drugs

Comprehensive List - Updated July 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 estra 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	kaitlib fe tab
enpresse tab	kariva tab
enskyce tab	kelnor tab 1/35
errin tab	kimidess tab
estarylla tab	kurvelo tab
ethynodiol diacetate/ethinyl estradiol tab	KYLEENA IUD
fallback solo tab	larin 24 fe tab
falmina tab	larin fe tab 1.5/30
fayosim 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 0.15/30 tab
jencycla tab	LILETTA IUD
jolessa tab	lomedica 24 fe tab
jolivette tab	low-ogestrel tab
juleber tab	lutra tab
junel fe 24 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

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microgestin fe tab 1.5/30

microgestin tab 1.5/30

microgestin tab 1/20

MIRENA IUD

mono-linyah tab

mononessa tab

my way tab

myzilra tab

necon 0.5/35 tab

necon 1/35 tab

necon 1/50 tab

necon 10/11 tab

necon 7/7/7 tab

next choice one dose tab

next choice tab

nora-be tab

norethindrone & ethinyl estradiol FE tab

norethindrone acetate/ethinyl estradiol
tab

norethindrone tab

norgestimate/ethinyl estradiol tab

norgestrel/ethinyl estradiol tab

norlyda tab

norlyroc tab

nortrel 0.5/35 tab

nortrel 1/35 tab

nortrel 7/7/7 tab

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

rivelsa tab

setlakin tab

sharobel tab

SKYLA IUD

solia tab

sprintec tab

sronyx tab

take action tab

tarina fe 1/20 tab

tilia fe tab

TODAY SPONGE

tri femynor tab

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tri-estarylla tab

tri-legest fe tab

tri-linyah tab

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

viorele tab

vyfemla tab

wera tab

wymzya fe tab

XULANE PATCH

YASMIN TAB

YAZ TAB

zenchent fe tab

zenchent tab

zeosa tab

zovia 1/35e tab

zovia 1/50e tab

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Language Assistance

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Alliant Health Plans, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al (800) 811-4793.

Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Alliant Health Plans, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi (800) 811-4793.

만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Alliant Health Plans 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는(800) 811-4793 로 전화하십시오.

如果您，或是您正在協助的對象，有關於[插入SBM項目的名稱Alliant Health Plans]方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 [在此插入數字 (800) 811-4793]。

તમને વિના મૂલ્યે તમારી ભાષામાં મદદ અને માહિતી મેળવવાનો અધિકાર છે. આરોગ્ય વીમા વ્યાપારબજાર વિશે દુભાષિયા સાથે ગુજરાતીમાં વાતચીત કરવા, કોલ કરો (800) 811-4793.

Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Alliant Health Plans, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez (800) 811-4793.

አርሰዎ፣ ወይም አርሰዎ የሚገለገሉት ስለ Alliant Health Plans ጥያቄዎች ላይ ያለ ምንም ክፍያ በደንብ አርዳኛ ሚዲያ ማግኘት መብት አላችሁ። ከአስተርጓሚ ጋር ለመነጋገር፣ (800) 811-4793 ይደውሉ።

यदि आपके, या आप द्वारा सहायता ककए जा रहे ककसी व्यक्तत के Alliant Health Plans के बारे में प्रश्न हैं, तो आपके पास अपनी भाषा में मुफ्त में सहायता और सूचना प्राप्त करने का अधिकार है। ककसी भाषण से बात करने के लिए, (800) 811-4793 पर कॉ करें।

Si oumenm oswa yon moun w a pe de gen kesyon konsènan Alliant Health Plans, se dwa w pou resewwa asistans a kenfòmasyon nan lang ou pale a, san ou pa gen pou peye pou sa. Pou pale avèk yon entèprèt, rele nan (800) 811-4793.

Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Alliant Health Plans, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону (800) 811-4793.

هي ان و دن م لفت غلب هير ووض ات ام و ل ع مل او د ع مل اى ل ع ل و ح ل ايف ق ح ل الف ي دلف ، Alliant Health Plans م ص و ح ب ل ع ن ا ه د ع ل م ن ص ش ي دل و ا ل ف ي د ل ن ك ن ا م ج ر ت م ع م ث د ح ل ل . ق ل ك ت (800) 811-4793 ب ل ح ر ت ا م ج ر ت م ع م ث د ح ل ل .

Se você, ou alguém a quem você está ajudando, tem perguntas sobre o Alliant Health Plans, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para (800) 811-4793.

ار دوخ ن لبز هبت اع الط ا و ك هك نير اد ار ني اقح نيش لب نقش اد ، Alliant Health Plans دروم رد دل اوس ، نيركي كك و اب اش هكويرك لي ، اش رگ ا نوي امن ل ص احس اب . نوي امن ن ف لير دن گي ار روط هب (800) 811-4793

Falls Sie oder jemand, dem Sie helfen, Fragen zum Alliant Health Plans haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer (800) 811-4793 an.

ご本人様、またはお客様の身の回りの方でも Alliant Health Plans についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、(800) 811-4793までお電話ください。

TTY/TDD

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-(800) 811-4793 (TTY/TDD: 1-(800) 811-4793).

Non Discrimination

Alliant Health Plans complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Alliant Health Plans does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Alliant Health Plans cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

Alliant Health Plans tuân thủ luật dân quyền hiện hành của Liên bang và không phân biệt đối xử dựa trên chủng tộc, màu da, nguồn gốc quốc gia, độ tuổi, khuyết tật, hoặc giới tính.

Alliant Health Plans 은(는) 관련 연방 공민권법을 준수하며 인종, 피부색, 출신 국가, 연령, 장애 또는 성별을 이유로 차별하지 않습니다.

Alliant Health Plans 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障 或性別而歧視 任何人。

Alliant Health Plans बागु पडता समवायी नागरिक अधिकार कायदा साथे सुसंगत छे अने जाति, रंग, राष्ट्रीय मूल, उमर, अशक्तता अथवा विंगना आधारे भेदभाव राखवामा आवतो नथी.

Alliant Health Plans respecte les lois fédérales en vigueur relatives aux droits civiques et ne pratique aucune discrimination basée sur la race, la couleur de peau, l'origine nationale, l'âge, le sexe ou un handicap.

Alliant Health Plans የፌዴራል ሲቪል መብቶችን መብት የሚያከብር ሲሆን ሰዎችን በዘር፣ በቆዳ ቀለም፣ በዘር ሃረግ፣ በእድሜ፣ በአካል ጉዳት ወይም በጾታ ማንኛውንም ሰው አያገልግም።

Alliant Health Plans लागू होने योग्य संघीय नागरिक अधिकार कानून का पालन करता है और जाति, रंग, राष्ट्रीय मूल, आयु, विकलांगता, या लिंग के आधार पर भेदभाव नहीं करता है।

Alliant Health Plans konfòm ak lwa sou dwa sivil Federal ki aplikab yo e li pa fè diskriminasyon sou baz ras, koulè, peyi orijin, laj, enfimite oswa sèks.

Alliant Health Plans соблюдает применимое федеральное законодательство в области гражданских прав и не допускает дискриминации по признакам расы, цвета кожи, национальной принадлежности, возраста, инвалидности или пола.

الجنس أو الإعاقة أو السن أو الوطني الأصل يلتزم Alliant Health Plans أو اللون أو العرق أساس على يميز وال بها المعمول الفدرالية المدنية الحقوق بقوانين

Alliant Health Plans cumpre as leis de direitos civis federais aplicáveis e não exerce discriminação com base naraça, cor, nacionalidade, idade, deficiência ou sexo.

جنسیت یا ناتوانی سن، ملیتی، اصلیت پوست، رنگ نژاد، اساس بر تبعیضی هیچگونه Alliant Health Plans و کند می تبعیت مربوطه فدرال مدنی حقوق قوانین از شود نمی قابل افراد

Alliant Health Plans erfüllt geltenden bundesstaatliche Menschenrechtsgesetze und lehnt jegliche Diskriminierung aufgrund von Rasse, Hautfarbe, Herkunft, Alter, Behinderung oder Geschlecht ab.

Alliant Health Plansは適用される連邦公民権法を遵守し、人種、肌の色、出身国、年齢、障害または性別に基づく差別をいたしません。