



Health Care Reform Contraceptive Drugs

Comprehensive List - Updated October 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	CAYA TAB
alyacen tab 1/35	caziant tab
alyacen tab 7/7/7	CERVICAL CAP
amethia lo tab	cesia tab
amethia tab	chateal tab
amethyst tab	CONTRACEPTIVE FILM
apri tab	CONTRACEPTIVE FOAM
aranelle tab	CONTRACEPTIVE GEL
ashlyna tab	cryselle tab
aubra tab	cyclafem tab 1/35
aviane tab	cyclafem tab 7/7/7
azurette tab	cyred tab
balziva tab	dasetta tab 1/35
bekyree tab	dasetta tab 7/7/7
BEYAZ TAB	daysee tab
blisovi 24 fe tab	deblitane tab
blisovi fe tab 1.5/30	delyla tab
blisovi fe tab 1/20	DEPO-PROVERA SQ INJ
briellyn tab	desogestrel/ethinyl estradiol tab
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 tan	junel tab 1/20
enpresse tab	kaitlib fe tab
enskyce tab	kariva tab
errin tab	kelnor tab 1/35
estarylla tab	kimidess tab
ethynodiol diacetate/ethinyl estradiol tab	kurvelo tab
fallback solo tab	KYLEENA TAB
falmina tab	larin 24 fe tab
fayosim tab	larin fe tab 1.5/30
FEMALE CONDOMS	larin fe tab 1/20
femynor tab	larin tab 1.5/30
gildagia tab	larin tab 1/20
gildess 24 fe tab	larissia tab
gildess fe tab 1.5/30	layolis fe tab
gildess fe tab 1/20	leena tab
gildess tab 1.5/30	lessina tab
gildess tab 1/20	levonest tab
heather tab	LEVONORGESTREL TAB
introvale tab	levonorgestrel/ethinyl estradiol tab
isibloom tab	levora tab 0.15/30
jencycla tab	LILETTA TAB
jolessa tab	lillow tab
jolivette tab	lomedica 24 fe tab
juleber tab	low-ogestrel tab
junel fe 24 tab	lutra tab
junel fe tab 1.5/30	lyza tab
junel fe tab 1/20	marlissa tab
junel tab 1.5/30	medroxyprogesterone inj

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microgestin 24 fe tab	nortrel tab 7/7/7
microgestin fe tab	NUVARING
microgestin tab 1.5/30	OMNIFLEX DIAPHRAGM
microgestin tab 1/20	opcicon one-step tab
MIRENA IUD	option 2 tab
mono-linyah tab	orsythia tab
mononessa tab	ORTHO EVRA PATCH
my way tab	PARAGARD IUD
myzilra tab	philith tab
necon tab 0.5/35	pimtrea tab
necon tab 1/35	pirmella tab 1/35
necon tab 1/50	pirmella tab 7/7/7
necon tab 10/11	PLAN B ONE-STEP TAB
necon tab 7/7/7	PLAN B TAB
next choice one dose tab	portia-tab
next choice tab	previfem tab
nora-be tab	quasense tab
norethindrone & ethinyl e	react tab
norethindrone & ethinyl estradiol FE tab	reclipsen tab
norethindrone acetate/ethinyl estradiol tab	rivelsa tab
norethindrone tab	setlakin tab
norgestimate/ethinyl estradiol tab	sharobel tab
norgestrel/ethinyl estradiol tab	SKYLA TAB
norlyda tab	solia tab
norlyroc tab	sprintec tab
nortrel tab 0.5/35	sronyx tab
nortrel tab 1/35	take action tab
	tarina fe tab 1/20

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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

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 tab 1/35e

zovia tab 1/50e

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- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
 - Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Sabrina LeBeau.

If you believe that Alliant Health Plans has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Sabrina LeBeau, Compliance Officer, 1503 N. Tibbs Rd. Dalton, GA 30720, Ph: (706) 237-8802 or (888) 533-6507 ext 125, Fax: (706) 229-6289, Email: Compliance@AlliantPlans.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Sabrina LeBeau is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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 የሚገዛበት ሰለ Alliant Health Plans ጥያቄ ካላችሁ፣ ያለ ምንም ክፍያ በደንብ አርዳኛ ማድረግ የሚችሉ መሆኑን አላችሁ። ከአስተርጓሚ ጋር ለማጋገር፣ (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 resevwa 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 انودن م لفت غلب هير ووض ات امول ع مل او ةدع مل مل اىل ع لول حل ايف ق حل الفى دلف ، Alliant Health Plans م صوص ب قلعش أ ه ددع بلل تص شى دل و أ لفي دل ن كن ا ب ل هرت ا م جرت م ع م ث د ج تل ل . ق ل ك ت (800) 811-4793 .

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 وك ك هك نير اد ار ني اقح نيش لب نقش اد ، Alliant Health Plans دروم ردل اوس ، نيركي كك و اب اش هكويرك لي ، اش رگ ا نوي امن ل ه احس اب . نوي امن نف 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 another language, language assistance services, free of charge, are available to you. Call (800) 811-4793 (TTY/TDD: (800) 811-4793).