



Health Care Reform Contraceptive Drugs

Comprehensive List - Updated October 2019

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.

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

- 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.



cryselle-28 tab	fallback solo tab
cyclafem 1/35 tab	falmina tab
cyclafem 7/7/7 tab	fayosim tab
cyred eq tab	FEMALE CONDOMS
cyred tab	femynor tab
dasetta 1/35 tab	gianvi tab
dasetta 7/7/7 tab	gildagia tab
daysee tab	gildess 1.5/30 tab
deblitane tab	gildess 1/20 tab
delyla tab	gildess 24 fe tab
DEPO-SUBQ PROVERA 104	gildess fe 1.5/30 tab
depo-subq provera 104	gildess fe 1/20 tab
desogestrel/ethinyl estra tab	hailey 1.5/30 tab
drosiprenone/ethinyl estr tab	hailey 24 fe tab
ECONTRA EZ TAB	heather tab
econtra ez tab	incassia tab
ECONTRA ONE-STEP TAB	introvale tab
econtra one-step tab	isibloom tab
elinest tab	jasmiel tab
ELLA TAB	jencycla tab
emoquette tab	jolessa tab
ENCARE	jolivette tab
enpresse-28 tab	juleber tab
enskyce tab	junel 1.5/30 tab
errin tab	junel 1/20 tab
estarylla tab	junel fe 1.5/30 tab
ethynodiol diacetate/ethi tab	junel fe 1/20 tab
FALLBACK SOLO TAB	junel fe 24 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.



kaitlib fe tab

kalliga tab

kariva tab

kelnor 1/35 tab

kelnor 1/50 tab

kimidess tab

kurvelo tab

KYLEENA IUD

larin 1.5/30 tab

larin 1/20 tab

larin 24 fe tab

larin fe 1.5/30 tab

larin fe 1/20 tab

larissia tab

layolis fe tab

leena tab

lessina tab

levonest tab

levonorgestrel and ethiny tab

LEVONORGESTREL TAB

levonorgestrel tab

levonorgestrel/ethinyl es tab

levora 0.15/30-28 tab

LILETTA IUD

lillow tab

lo-zumandimine tab

lomedia 24 fe tab

loryna tab

low-ogestrel tab

lutera tab

lyza tab

marlissa tab

MEDROXYPROGESTERONE ACETA

medroxyprogesterone aceta

microgestin 1.5/30 tab

microgestin 1/20 tab

microgestin 24 fe tab

microgestin fe 1.5/30 tab

microgestin fe tab

mili tab

MIRENA IUD

mono-lynyah tab

mononessa tab

MY CHOICE TAB

my choice tab

MY WAY TAB

my way tab

myzilra tab

necon 0.5/35-28 tab

necon 1/35 tab

necon 1/50-28 tab

necon 10/11-28 tab

necon 7/7/7 tab

NEW DAY TAB

new day tab

NEXT CHOICE ONE DOSE 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.



next choice one dose tab

NEXT CHOICE TAB

next choice tab

nikki tab

nora-be tab

norethindrone & ethinyl e tab

norethindrone acetate/eth tab

norethindrone tab

norethindrone/ethinyl est tab

norgestimate/ethinyl estr tab

norgestrel/ethinyl estrad tab

norlyda tab

norlyroc tab

nortrel 0.5/35 (28) tab

nortrel 1/35 (28) tab

nortrel 1/35 tab

nortrel 7/7/7 tab

NUVARING

ocella tab

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

pimtreea 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

PREVENTEZA TAB

preventeza tab

previfem tab

quasense tab

REACT TAB

react tab

reclipsen tab

rivelsa tab

setlakin tab

sharobel tab

simliya tab

simpesse tab

SKYLA IUD

solia tab

sprintec 28 tab

sronyx tab

syeda tab

TAKE ACTION TAB

take action tab

tarina 24 fe 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.



tarina fe 1/20 eq tab

tarina fe 1/20 tab

tilia fe tab

TODAY SPONGE

tri-estarylla tab

tri-legest fe tab

tri-linyah tab

tri-lo-estarylla tab

tri-lo-marzia tab

tri-lo-mili tab

tri-lo-sprintec tab

tri-mili tab

tri-previfem tab

tri-sprintec tab

tri-vylibra lo tab

tri-vylibra tab

tri femynor tab

trinessa lo tab

trinessa tab

trivora-28 tab

tulana tab

velivet tab

vestura tab

vienva tab

viorele tab

vyfemla tab

vylibra tab

wera tab

wymzya fe tab

XULANE

zarah tab

zenchent fe tab

zenchent tab

zeosa tab

zovia 1/35e tab

zovia 1/50e tab

zumandimine 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.