Product Description Key
(Brand names in italics and in parenthesis are for reference only. Only generics and single source brands are coverage without member cost sharing)
*(Brand names in **BOLD** have no generic available)*
EE=Ethinyl Estradiol

CVS Caremark Preferred Drug List for Female Contraceptive Coverage effective 1/1/13*

LOW-DOSE MONOPHASIC PILLS

☐ EE 20 mcg/Levonorgestrel 0.1 mg *(Aviane-2, Lessina, Lutera, Sronyx)*

☐ EE 20 mcg/ Norethindrone1mg and/Fe *(Junel 1/20 Junel FE 1/20, Loestrin-21 1/20, Loestrin FE 1/20, Microgestin 1/20, Microgestin FE 1/20)*

☐ EE 30 mcg/Levonorgestrel 0.15 mcg *(Altavera, Levora, Nordette-28, Portia-28)*

☐ EE 30mcg/Norgestrel .03mg (*Cryselle-28, Low-Ogestrel, Lo/Ovral-28)*

☐ EE 30 mcg/Norethindrone acetate 1.5 mg and /FE *(Junel 1.5/30, Loestrin 21 1.5/30, Microgestrin 1.5/30)*

☐ EE30 mcg/Desogestrel 0.15 mg *(Desogen, Ortho-Cept)*

☐ EE 30 mcg/Drospirenone 0.3 mg *(Yasmin, Syeda)*

☐ EE 35 mcg/Ethynodiol diacetate 1 mg *(Kelnor 1/35, Zovia 1/35E)*

☐ EE 35 mcg/Norgestimate 0.25 mg *(Ortho-Cyclen-28, MoNessa, Previfem, Sprintec)*

☐ Mestranol 50 mcg/Norethindrone 1 mg *(Norinyl 1 + 50)*

☐ EE 35 mcg/Norethindrone 0.4mg *(Ovcon-35, Balziva-28, Briellyn, Femcon Fe, Zenchent, Zeosa)*

☐ EE 35 mcg/ Norethindrone 0.5mg *(Brevicon, Modicon, Nortrel 0.5/35)*

☐ EE 35 mcg/Norethindrone 1 mg *(Norinyl 1+35, Nortrel 1/35, Ortho-Novum 1/35)*

HIGH –DOSE MONOPHASIC PILLS

☐ **OVCON-50** (EE 50 mcg/Norethindrone 1 mg)

☐ EE 50 mcg/Norgestrel 0.5 mg *(Ogestrel0.5/50-28)*

☐ EE 50mg/ Ethynodiol diacetate 1mg (Zovia 1/50E)

BIPHASIC PILLS

☐ EE 20 mcg / Desogestrel 0.15 mg *(Azurette, Kaniva, Mircette)*

TRIPHASIC PILLS

☐ EE 20 mcg, 30mcg, 35 mcg / Norethindrone 1 mg *(Estrostep Fe,Tilia,Tilia Fe,Tri-Legest Fe)*

☐ EE 25 mcg / Norgestimate 0.18 mg, 0.215 mg, 0.25mg *(Ortho Tri-Cyclen Lo, Tri Lo Sprintec)*

☐ EE 25 mcg / Desogestrel 0.1 mg, 0.125, 0.15 mg *(Caziant, Cesia, Cyclessa, Velivet)*

☐ EE 30 mcg, 40 mcg,30 mcg /Levonorgestrel 0.05 mg x 0.075 mg, 0.125 mg) *(Enpress,Trivora)*

☐ EE 35 mcg / Norgestimate 0.18 mg 0.215 mg, 0.25 mg *(Ortho Tri-Cyclen, TriNessa,Tri-Previfem, Tri-Sprintec)*

☐ EE 35 mcg / Norethindrone 0.5 mg x 1 mg, 0.5mg *(Aranelle, Leena, Tri-Norinyl)*

☐ EE 35 mcg / Norethindrone 0.5 mg, 0.75 mg, 1 mg *(Ortho-Novum 7/7/7, Nortrel 7/7/7)*

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FOUR-PHASIC

☐ **NATAZIA** (Estradiol valerate **/** Dienogest)

EXTENDED –CYCLE PILLS

☐ EE 30 mcg / Levonorgestrel 0.15 mg *(Seasonale, Jolessa, Quasense, Introvale)*

☐ EE 30, 10mcg/Levonorgestrel 0.15mg *(Amethia, Camrese, Seasonique)*

☐ EE 20 mcg / Drospirenone 3 mg *(Yaz, Gianvi, Syeda)*

☐ EE 20 mcg / Levonorgestrel 0.1 mg (LoSeasonique)

☐ **Lo LOESTRIN FE** (EE 10mcg /Norethindrone 1 mg)

☐ **LOESTRIN-24** (EE 20 mcg / Norethindrone 1 mg)

☐ **BEYAZ** (EE 20 mcg / Drospirenone 3 mg + Calcium 0.451mg)

☐ **SAFYRAL** (EE 30mg/Drospirenone 3mg + Calcium 0.451mg)

CONTINUOUS –CYCLE PILLS

☐ EE 20 mcg/Levonorgestrel 90 mcg *(Amethyst, Lybrel)*

PROGESTIN-ONLY PILLS "Mini-Pills

☐ Norethindrone 0.35mg *(Camila, Errin, Heather, Jolivette, Micronor, Nor-QD, Nora-BE)*

Injectibles - covered under the prescription benefit if purchased with a prescription at a pharmacy. If supplied by your medical provider, they are covered under the medical plan benefits.

☐ Medroxyprogesterone acetate 150 mg IM x q3 months - *(Depo-Provera)*

☐ **DEPO-SUBQ-PROVERA 104** (Medroxyprogesterone acetate 104 mg SQ X q3 months)

Implants, vaginal rings and IUD's - covered under the prescription benefit if purchased with a prescription at a pharmacy. If supplied by your medical provider, they are covered under the medical plan benefits.

Quantity Limits:

- Sub-dermal Rod 1/year
- IUD 1/year
- Vaginal Ring 1 per month / 12 per year

Single ingredient

☐ **IMPLANON**,**NEXPLANON** Subdermal Rod (Etonogestrel 68mg -release rate varies over time)

☐ **MIRENA** Intrauterine device IUD (Levonorgestrel 20 mcg/day

☐ **NUVA RING** Vaginal Ring (Ethinyl estradiol/ Etonogestrel 15 mcg/day)

Transdermal Patches

☐ **ORTHO EVRA** Transdermal Patch weekly (Ethinyl estradiol 35 mcg/ Norelgestromin 200 mcg)

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Barrier Methods – covered under the prescription benefit if purchased with a prescription at a pharmacy. If supplied by your medical provider, they are covered under the medical plan benefits.

Diaphragms

- ☐ **ORTHO-ALL FLEX**
- ☐ **OMNIFLEX COIL SPRING SILICONE**
- ☐ **MILEX WIDE-SEAL**
- ☐ **REFLEXIONS FLATSPRING**

Cervical Cap

☐ **FEMCAP**

***This list is subject to periodic review and modification.**