

Health Care Reform List Standard Formulary

Preventative Drug list

At Magellan Rx Management, we are driven to helping our clients most effectively manage changes in the prescription drug environment. As part of the Patient Protection and Affordable Care Act (PPACA), effective on or after August 1, 2012, non-grandfathered plans are required to cover select FDA-approved drug products related to preventive health services for Adults, Children and Women without a member having to pay a copayment, co-insurance, or meet a deductible. As your pharmacy benefits manager, we will support coverage of specific products at \$0 copay as prescription benefit plans become subject to the law. Magellan Rx Management will also routinely update FDA-approved product lists to comply with the Preventive Health mandates and require prescriptions for product coverage.

MRx has created ten specific lists that address the preventive health requirements above. A plan is required to cover all the drug lists below, either through the pharmacy or medical benefits. If the plan needs advice regarding coverage, MRx recommends the plan connect with their respective legal counsel. The content of the list will be maintained by Magellan Rx Management and will be continually reviewed and updated to ensure compliance with healthcare reform mandates.

UPDATE: For plan years beginning on or after September 24, 2014 (January 1, 2015, for calendar year plans), non-grandfathered health plans are required to cover prescription medications designed to reduce the risk of breast cancer in women, without cost-sharing, subject to reasonable medical management. These required drugs have been added to the “Preventive Health for Adults, Children and Women: Prescription and OTC Products” list below. For plan years beginning on or after July 1, 2020 (January 1, 2021, for calendar year plans), non-grandfathered health plans are required to cover prescription medications designed for HIV Pre-Exposure Prophylaxis without cost-sharing, subject to reasonable medical management. These required drugs have been added to the Preventive Health for Adults: HIV Pre-Exposure Prophylaxis (PrEP). For plan years beginning on or after October 1, 2020 (January 1, 2021, for calendar year plans), non-grandfathered health plans are required to cover prescription medications designed for Breast Cancer without cost-sharing, subject to reasonable medical management. These required drugs have been added to the Preventive Health for Women: Breast Cancer.

	Drug	Comments
Aspirin	ASPIRIN 81 MG	
	ASPIRIN 325 MG	
	Drug	Comments
Folic Acid	FOLIC ACID 0.4 MG	
	FOLIC ACID 0.8 MG	
	Drug	Comments
Iron Replacement	FERROUS SULFATE 15 MG/ML DROPS	
	FERROUS SULFATE 220 (44)/5 SOLUTION	
	FERROUS SULFATE 300 MG/5ML LIQUID	
	FERROUS SULFATE 325(65) MG TABLET	
	Drug	Comments
Bowel Preps	POLYETHYLENE GLYCOL 3350 POWD	Age edits (45 to 75) apply. Multi-source brands are not covered.
	GAVILYTE-C SOLUTION	
	GAVILYTE-G SOLUTION	
	GAVILYTE-N SOLUTION	
	PEG3350 100-7.5-2.691-1.01-5.9	
	PEG 3350-ELECTROLYTE SOLUTION	
	PEG-3350 AND ELECTROLYTES SOLN	
TRILYTE WITH FLAVOR PACKETS		
	Drug	Comments
Statins	ATORVASTATIN 10 MG TABLET	Age Edits (40 to 75) and Quantity Limits apply. Generic low and moderate intensity statins only.
	ATORVASTATIN 20 MG TABLET	
	LOVASTATIN 10 MG TABLET	
	LOVASTATIN 20 MG TABLET	
	LOVASTATIN 40 MG TABLET	
	PRAVASTATIN SODIUM 10 MG TAB	
	PRAVASTATIN SODIUM 20 MG TAB	
	PRAVASTATIN SODIUM 40 MG TAB	
	PRAVASTATIN SODIUM 80 MG TAB	
	ROSUVASTATIN CALCIUM 5 MG TAB	
	ROSUVASTATIN CALCIUM 10 MG TAB	
	SIMVASTATIN 5 MG TABLET	
	SIMVASTATIN 10 MG TABLET	
	SIMVASTATIN 20 MG TABLET	
SIMVASTATIN 40 MG TABLET		
	Drug	Comments
COVID-19 Vaccines	COMIRNATY 30MCG/0.3ML VAC-GRAY	
	COMIRNATY COVID-19 VACCINE VL	
	JANSSEN COVID-19 VACCINE (EUA)	
	MODERNA COVID (12Y UP)VAC(EUA)	
	MODERNA COVID BIVAL(18Y UP)EUA	
	MODERNA COVID-19 BOOSTER (EUA)	
	MODERNA COVID(6M-5Y) VACC(EUA)	
	MODERNA COVID(6-11Y) VACC(EUA)	
	NOVAVAX COVID-19 VACC,ADJ(EUA)	
	PFIZER COVID (5-11Y) VAC-ORANG	
	PFIZER COVID (6M-4Y)VAC-MAROON	
	PFIZER COVID (12Y UP) VAC-GRAY	
	PFIZER COVID BIVAL(12Y UP)-EUA	
	PFIZER COVID-19 VACCINE-PURPLE	
SPIKEVAX COVID (18Y UP) VACC		
	Drug	Comments
Breast Cancer Preventive	ANASTROZOLE 1 MG TABLET	Age edits (35 and older) and Gender edits (Females) apply.
	EXEMESTANE 25 MG TABLET	
	LETROZOLE 2.5 MG TABLET	
	RALOXIFENE HCL 60 MG TABLET	
	TAMOXIFEN 10 MG TABLET	
	TAMOXIFEN 20 MG TABLET	

	Drug	Comments
HIV Pre-Exposure Prophylaxis (PrEP)	DESCOVY 200-25 MG TABLET	Preventive use only. Quantity Limits may apply. Must try generic Truvada first.
	EMTRICITABINE-TENOFV 200-300MG	Preventive use only. Quantity Limits may apply.
	Drug	Comments
Rx Smoking Cessation	BUPROPION HCL SR 150 MG TABLET	Age Edits (18 and older) and Quantity Limits apply. Multi-source brands are not covered.
	NICOTROL CARTRIDGE INHALER	
	NICOTROL NS 10 MG/ML SPRAY	
	VARENICLINE 0.5 MG TABLET	
	VARENICLINE 1 MG TABLET	
VARENICLINE STARTING MONTH BOX		
	Drug	Comments
OTC Smoking Cessation	NICOTINE GUM	Age Edits (18 and older) and Quantity Limits apply. Multi-source brands are not covered.
	NICOTINE LOZENGE	
	NICOTINE PATCH	
	QUIT 2	
	QUIT 4	
STOP SMOKING AID		
	Drug	Comments
Vaccines	ACTHIB	
	ADACEL TDAP	
	AFLURIA QUAD	Age edits may apply. One fill per year.
	BEXSERO	
	BOOSTRIX TDAP	
	DAPTACEL DTAP	
	DIPHThERIA-TETANUS TOXOIDS-PED	
	ENGERIX-B ADULT	
	ENGERIX-B PEDIATRIC-ADOLESCENT	
	FLUAD	Age edits may apply. One fill per year.
	FLUAD QUAD	
	FLUARIX QUAD	
	FLUBLOK QUAD	
	FLUCELVAX QUAD	
	FLULAVAL QUAD	
	FLUMIST QUAD	
	FLUZONE HIGH-DOSE QUAD	
	FLUZONE QUAD	
	GARDASIL 9	
	HAVRIX	
	HEPLISAV-B	
	HIBERIX	
	INFANRIX DTAP	
	IPOL	
	KINRIX	
	M-M-R II VACCINE	
	MENACTRA	
	MENQUADFI	
	MENVEO A-C-Y-W-135-DIP	Age edits apply.
	MENVEO MENA COMPONENT	
	MENVEO MENCYW-135 COMPONENT	
	PEDIARIX	
	PEDVAXHIB	
	PENTACEL	
	PENTACEL ACTHIB COMPONENT	
	PENTACEL DTAP-IPV COMPONENT	
	PNEUMOVAX 23	
	PREVNAR 13	
	PREVNAR 20	
	PROQUAD	

	Drug	Comments
Vaccines, continued	QUADRACEL DTAP-IPV	
	RECOMBIVAX HB	
	ROTARIX	
	ROTATEQ	
	SHINGRIX	Age edits apply.
	SHINGRIX ADJUVANT COMPONENT	
	SHINGRIX GE ANTIGEN COMPONENT	
	TDVAX	
	TENIVAC	
	TRUMENBA	
	TWINRIX	
	VAQTA	
	VARIVAX VACCINE	
	VAXELIS	
VAXNEUVANCE		
	Drug	Comments
Rx Contraceptives: Extended Cycle	AMETHIA 0.15-0.03-0.01 MG TAB	Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
	AMETHIA LO TABLET	
	ASHLYNA 0.15-0.03-0.01 MG TAB	
	CAMRESE 0.15-0.03-0.01 MG TAB	
	CAMRESE LO TABLET	
	DAYSEE 0.15-0.03-0.01 MG TAB	
	ICLEVIA 0.15 MG-0.03 MG TABLET	
	JAIMIESS 0.15-0.03-0.01 MG TAB	
	JOLESSA 0.15 MG-0.03 MG TABLET	
	LEVONO-E ESTRAD 0.15-0.03-0.01	
	LEVONOR-E ESTRAD 0.1-0.02-0.01	
	LEVONOR-ETH ESTRAD 0.15-0.03	
	LEVONORG 0.15MG-EE 20-25-30MCG	
	LOJAIMIESS 0.1-0.02-0.01 TAB	
	RIVELSA TABLET	
SETLAKIN 0.15 MG-0.03 MG TAB		
SIMPESSE 0.15-0.03-0.01 MG TAB		
	Drug	Comments
Rx Contraceptives: Injectable	DEPO-SUBQ PROVERA 104 SYRINGE	Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
	MEDROXYPROGESTERONE 150 MG/ML	
	Drug	Other Generic Names
Rx Contraceptives: Oral <i>Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered</i>	DESOG-E. ESTRADIOL/E. ESTRADIOL 21-5 (28) TABLET	AZURETTE 28 DAY TABLET, BEKYREE 28 DAY TABLET, DESOGESTREL-ETH ESTRAD ETH ESTRA, KARIVA 28 DAY TABLET, PIMTREA 28 DAY TABLET, SIMLIYA 28 DAY TABLET, VIORELE 28 DAY TABLET, VOLNEA 0.15-0.02-0.01 MG TAB
	DESOGESTREL-ETHINYL ESTRADIOL 0.15-0.03 TABLET	APRI 28 DAY TABLET, CYRED 28 DAY TABLET, CYRED EQ 28 DAY TABLET, DESOGESTREL-EE 0.15-0.03 MG TB, EMOQUETTE 28 DAY TABLET, ENSKYCE 28 TABLET, ISIBLOOM 28 DAY TABLET, JULEBER 28 DAY TABLET, KALLIGA 28 DAY TABLET, RECLIPSEN 28 DAY TABLET
	DESOGESTREL-ETHINYL ESTRADIOL 7 DAYS X 3 TABLET	CAZIAN 28 DAY TABLET, VELIVET 28 DAY TABLET
	DROSPIR/ETH ESTRA/LEVOMEFOL CA 3-0.02(24) TABLET	DROSP-EE-LEVOMEF 3-0.02-0.451
	DROSPIR/ETH ESTRA/LEVOMEFOL CA 3-0.03(21) TABLET	DROSP-EE-LEVOMEF 3-0.03-0.451, TYDEMY 3-0.03-0.451 MG TABLET
	DROSPIRENONE/ESTETROL 3-14.2(28) TABLET	NEXTSTELLIS 3-14.2 MG TABLET
	ESTRADIOL VALERATE/DIENOGEST 3-2-1(28) TABLET	NATAZIA 28 TABLET
	ETHINYL ESTRADIOL/DROSPIRENONE 0.02-3(28) TABLET	DROSPIRENONE-EE 3-0.02 MG TAB, GIANVI 3 MG-0.02 MG TABLET, JASMIEL 3 MG-0.02 MG TABLET, LO-ZUMANDIMINE 3 MG-0.02 MG TB, LORYNA 3 MG-0.02 MG TABLET, NIKKI 3 MG-0.02 MG TABLET, VESTURA 3 MG-0.02 MG TABLET

	Drug	Other Generic Names
Rx Contraceptives: Oral, continued <i>Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered</i>	ETHINYL ESTRADIOL/DROSPIRENONE 0.03MG-3MG TABLET	DROSPIRENONE-EE 3-0.03 MG TAB, OCELLA 3 MG-0.03 MG TABLET, SYEDA 28 TABLET, ZARAH TABLET, ZUMANDIMINE 3 MG-0.03 MG TAB
	ETHYNODIOL D-ETHINYL ESTRADIOL 1 MG-35MCG TABLET	ETHYNODIOL-ETH ESTRA 1MG-35MCG, KELNOR 1-35 28 TABLET, ZOVIA 1-35 TABLET, ZOVIA 1-35E TABLET
	ETHYNODIOL D-ETHINYL ESTRADIOL 1 MG-50MCG TABLET	ETHYNODIOL-ETH ESTRA 1MG-50MCG, KELNOR 1-50 TABLET
	LEVONORGESTREL/ETHIN. ESTRADIOL 0.1-0.02MG TAB CHEW	TYBLUME 0.1-0.02 MG CHEW TAB
	LEVONORGESTREL/ETHIN. ESTRADIOL 0.1-0.02MG TABLET	AFIRMELLE-28 TABLET, AUBRA EQ-28 TABLET, AUBRA-28 TABLET, AVIANE-28 TABLET, FALMINA-28 TABLET, LARISSIA-28 TABLET, LESSINA-28 TABLET, LEVONOR-ETH ESTRAD 0.1-0.02 MG, LUTERA-28 TABLET, ORSYTHIA-28 TABLET, SRONYX 0.10-0.02 MG TABLET, VIENVA-28 TABLET
	LEVONORGESTREL/ETHIN. ESTRADIOL 0.15-0.03 TABLET	ALTAVERA-28 TABLET, AYUNA-28 TABLET, CHATEAL EQ-28 TABLET, CHATEAL-28 TABLET, KURVELO-28 TABLET, LEVONOR-ETH ESTRAD 0.15-0.03, LEVORA-28 TABLET, LILLOW-28 TABLET, MARLISSA-28 TABLET, PORTIA-28 TABLET
	LEVONORGESTREL/ETHIN. ESTRADIOL 6-5-10 TABLET	ENPRESSE-28 TABLET, LEVONEST-28 TABLET, LEVONOR-ETH ESTRAD TRIPHASIC, TRIVORA-28 TABLET
	LEVONORGESTREL/ETHIN. ESTRADIOL 90-20 MCG TABLET	AMETHYST 90-20 MCG TABLET, DOLISHALE 90-20 MCG TABLET, LEVONOR-ETH ESTRA 0.09-0.02 MG
	NORETH-ETHINYL ESTRADIOL/IRON 0.4-35(21) TAB CHEW	NORET-ESTR-FE 0.4-0.035(21)-75, WYMZYA FE 0.4-0.035 MG CHEW TB
	NORETH-ETHINYL ESTRADIOL/IRON 0.8-25(24) TAB CHEW	KAITLIB FE 0.8-0.025MG CHEW TB, LAYOLIS FE CHEWABLE TABLET, NORETHIN-ESTRA-FE 0.8-0.025 MG
	NORETHINDRONE 0.35 MG TABLET	CAMILA 0.35 MG TABLET, DEBLITANE 0.35 MG TABLET, ERRIN 0.35 MG TABLET, HEATHER 0.35 MG TABLET, INCASSIA 0.35 MG TABLET, JENCYCLA 0.35 MG TABLET, LYLEQ 0.35 MG TABLET, LYZA 0.35 MG TABLET, NORA-BE TABLET, NORETHINDRONE 0.35 MG TABLET, NORLYDA 0.35 MG TABLET, SHAROBEL 0.35 MG TABLET, TULANA 0.35 MG TABLET
	NORETHINDRONE AC-ETH ESTRADIOL 1.5-0.03MG TABLET	AUROVELA 21 1.5-30 TABLET, HAILEY 21 1.5 MG-30 MCG TAB, JUNEL 1.5 MG-30 MCG TABLET, LARIN 1.5 MG-30 MCG TABLET, LOESTRIN 21 1.5-30 TABLET, MICROGESTIN 21 1.5-30 TAB, NORETHIN-EE 1.5-0.03 MG(21) TB
	NORETHINDRONE AC-ETH ESTRADIOL 1MG-20MCG TABLET	AUROVELA 1 MG-20 MCG TABLET, JUNEL 1 MG-20 MCG TABLET, LARIN 21 1-20 TABLET, LOESTRIN 21 1-20 TABLET, MICROGESTIN 21 1-20 TABLET, NORETHIND-ETH ESTRAD 1-0.02 MG
	NORETHINDRONE-E. ESTRADIOL-IRON 1.5-30(21) TABLET	AUROVELA FE 1.5 MG-30 MCG TAB, BLISOVI FE 1.5-30 TABLET, HAILEY FE 1.5-30 TABLET, JUNEL FE 1.5 MG-30 MCG TABLET, LARIN FE 1.5-30 TABLET, LOESTRIN FE 1.5-30 TABLET, MICROGESTIN FE 1.5-30 TAB, NORETH-EE-FE 1.5-0.03MG(21)-75
	NORETHINDRONE-E. ESTRADIOL-IRON 1MG-10(24) TABLET	LO LOESTRIN FE 1-10 TABLET
	NORETHINDRONE-E. ESTRADIOL-IRON 1MG-20(21) TABLET	AUROVELA FE 1-20 TABLET, BLISOVI FE 1-20 TABLET, HAILEY FE 1-20 TABLET, JUNEL FE 1 MG-20 MCG TABLET, LARIN FE 1-20 TABLET, LOESTRIN FE 1-20 TABLET, MICROGESTIN FE 1-20 TABLET, NORETH-EE-FE 1-0.02(21)-75 TAB, TARINA FE 1-20 EQ TABLET, TARINA FE 1-20 TABLET
	NORETHINDRONE-E. ESTRADIOL-IRON 1MG-20(24) CAPSULE	GEMMILY 1 MG-20 MCG CAPSULE, MERZEE 1 MG-20 MCG CAPSULE, NORETH-EE-FE 1-0.02(24)-75 CAP, TAYSOFY 1 MG-20 MCG CAPSULE
	NORETHINDRONE-E. ESTRADIOL-IRON 1MG-20(24) TAB CHEW	CHARLOTTE 24 FE CHEWABLE TAB, FINZALA 1-0.02(24)-75 CHEW TAB, MELODETTA 24 FE CHEWABLE TAB, MIBELAS 24 FE CHEWABLE TABLET, NORETH-EE-FE 1-0.02(24)-75 CHW
	NORETHINDRONE-E. ESTRADIOL-IRON 1MG-20(24) TABLET	AUROVELA 24 FE 1 MG-20 MCG TAB, BLISOVI 24 FE TABLET, HAILEY 24 FE 1 MG-20 MCG TAB, JUNEL FE 24 TABLET, LARIN 24 FE 1 MG-20 MCG TABLET, MICROGESTIN 24 FE 1 MG-20 MCG, TARINA 24 FE 1 MG-20 MCG TAB

	Drug	Other Generic Names
Rx Contraceptives: Oral, continued <i>Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered</i>	NORETHINDRONE-E. ESTRADIOL-IRON 5-7-9-7 TABLET	NORETH-EE-FE 1 MG/20-30-35 MCG, TILIA FE 28 TABLET, TRI-LEGEST FE-28 DAY TABLET
	NORETHINDRONE-ETHIN. ESTRADIOL 0.4-0.035 TABLET	BALZIVA 28 TABLET, BRIELLYN TABLET, PHILITH 0.4-0.035 MG TABLET, VYFEMLA 0.4 MG-0.035 MG TABLET
	NORETHINDRONE-ETHIN. ESTRADIOL 0.5-0.035 TABLET	NECON 0.5-35-28 TABLET, NORTREL 0.5-35-28 TABLET, WERA 0.5/0.035 MG 28 TABLET
	NORETHINDRONE-ETHIN. ESTRADIOL 1 MG-35MCG TABLET	ALYACEN 1-35 28 TABLET, CYCLAFEM 1-35-28 TABLET, DASETTA 1-35-28 TABLET, NORTREL 1-35 21 TABLET, NORTREL 1-35 28 TABLET, NYLIA 1-35 28 TABLET, PIRMELLA 1-35 28 TABLET
	NORETHINDRONE-ETHIN. ESTRADIOL 7 DAYS X 3 TABLET	ALYACEN 7-7-7-28 TABLET, CYCLAFEM 7-7-7-28 TABLET, DASETTA 7/7/7-28 TABLET, NORTREL 7-7-7-28 TABLET, NYLIA 7-7-7-28 TABLET, PIRMELLA 7-7-7-28 TABLET
	NORETHINDRONE-ETHIN. ESTRADIOL 7-9-5 TABLET	ARANELLE 28 TABLET, LEENA 28 TABLET
	NORGESTIMATE-ETHINYL ESTRADIOL 0.25-0.035 TABLET	ESTARYLLA 0.25-0.035 MG TABLET, FEMYNOR 28 TABLET, MILI 0.25-0.035 MG TABLET, MONO-LINYAH 28 TABLET, NORG-ETHIN ESTRA 0.25-0.035 MG, NORGESTIMATE-EE 0.25-0.035 MG, NYMYO 0.25-0.035 MG (28) TAB, PREVIFEM TABLET, SPRINTec 28 DAY TABLET, VYLIBRA 28 TABLET
	NORGESTIMATE-ETHINYL ESTRADIOL 7DAYSX3 28 TABLET	NORG-EE 0.18-0.215-0.25/0.035, TRI FEMYNOR 28 TABLET, TRI-ESTARYLLA TABLET, TRI-LINYAH TABLET, TRI-MILI 28 TABLET, TRI-NYMYO 28 TABLET, TRI-PREVIFEM TABLET, TRI-SPRINTec TABLET, TRI-VYLIBRA 28 TABLET
	NORGESTIMATE-ETHINYL ESTRADIOL 7DAYSX3 LO TABLET	NORG-EE 0.18-0.215-0.25/0.025, TRI-LO-ESTARYLLA TABLET, TRI-LO-MARZIA TABLET, TRI-LO-MILI TABLET, TRI-LO-SPRINTec TABLET, TRI-VYLIBRA LO TABLET
	NORGESTREL-ETHINYL ESTRADIOL 0.3-0.03MG TABLET	CRYSSELLE-28 TABLET, ELINEST-28 TABLET, LOW-OGESTREL-28 TABLET
ULIPRISTAL ACETATE 30 MG TABLET	ELLA 30 MG TABLET	
	Drug	Comments
Rx Contraceptives: Patch	TWIRLA 120-30 MCG/DAY PATCH	Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
	XULANE 150-35 MCG/DAY PATCH	
	ZAFEMY 150-35 MCG/DAY PATCH	
	Drug	Comments
Rx Contraceptives: Vaginal	ANNOVERA VAGINAL RING	Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
	ELURYNG VAGINAL RING	
	ETONOGESTREL-EE VAGINAL RING	
	Drug	Comments
OTC Emergency Contraceptives	AFTER PILL 1.5 MG TABLET	Gender Edits (Females) and Quantity Limits may apply.
	AFTERA 1.5 MG TABLET	
	ECONTRA EZ 1.5 MG TABLET	
	ECONTRA ONE-STEP 1.5 MG TABLET	
	LEVONORGESTREL 1.5 MG TABLET	
	MY CHOICE 1.5 MG TABLET	
	MY WAY 1.5 MG TABLET	
	NEW DAY 1.5 MG TABLET	
	OPCICON ONE-STEP 1.5 MG TABLET	
	OPTION 2 1.5 MG TABLET	
	TAKE ACTION 1.5 MG TABLET	
	Drug	Comments
OTC Contraceptives: Condoms	AIMSCO LATEX CONDOM	
	CONDOMS LUBRICATED	
	DUREX AVANTI REAL FEEL CONDOM	
	FANTASY CONDOM	
	FC2 FEMALE CONDOM	
	KIMONO CONDOMS	
	KIMONO MAXX CONDOM	
	KIMONO MICROTHIN AQUA LUBE	
	KIMONO MICROTHIN CONDOM	

	Drug	Comments
OTC Contraceptives: Condoms, <i>continued</i>	KIMONO MICROTHIN LARGE CONDOM	
	KIMONO TEXTURED CONDOM	
	TRUSTEX CONDOM	
	TRUSTEX LATEX CONDOM	
	TRUSTEX-RIA CONDOM	
	Drug	Comments
Diaphragms	FEMCAP 22 MM CERVICAL CAP	
	FEMCAP 26 MM CERVICAL CAP	Gender Edits (Females) may apply.
	FEMCAP 30 MM CERVICAL CAP	
	GYNOL II 3% GEL	
	TODAY CONTRACEPTIVE SPONGE	Gender Edits (Females) may apply.
	VCF CONTRACEPTIVE FILM	
	WIDE SEAL DIAPHRAGM 60MM	
	WIDE SEAL DIAPHRAGM 65MM	
	WIDE SEAL DIAPHRAGM 70MM	
	WIDE SEAL DIAPHRAGM 75MM	
	WIDE SEAL DIAPHRAGM 80MM	Gender Edits (Females) and Quantity Limits may apply.
	WIDE SEAL DIAPHRAGM 85MM	
	WIDE SEAL DIAPHRAGM 90MM	
WIDE SEAL DIAPHRAGM 95MM		
	Drug	Comments
IUDs and Implants	KYLEENA 19.5 MG SYSTEM	
	MIRENA 52 MG SYSTEM	
	NEXPLANON 68 MG IMPLANT	Gender Edits (Females) may apply.
	PARAGARD T 380-A IUD	
	SKYLA 13.5 MG SYSTEM	