

January 1, 2024

The Affordable Care Act (ACA) requires coverage of certain preventive services without member cost-sharing at the in-network level, including certain contraceptive medications, devices and services for women, as prescribed (referred to in this document as “preventive contraceptive benefits”).\* The coverage requirements for preventive contraceptive benefits apply to Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) commercial market non-legacy plans (and certain other plans that have adopted the benefit). Some groups, including, without limitation, groups who use a pharmacy benefit manager other than Prime Therapeutics, may have a different set of preventive contraceptive pharmacy benefits than shown here. \*

Blue Cross covers, as a preventive contraceptive benefit, at least one Food and Drug Administration (FDA) approved medication or device for each type of contraception within a given method of birth control, as outlined below. Medical management techniques may apply.

***Important note: Some services and devices are only covered under the medical benefit, while others may be covered under either the medical or pharmacy benefit, as noted below. Items indicated as “OTC” (over the counter), “pharmacy,” or “pharmacy only” are only eligible for preventive coverage when a member has a prescription, and the item is purchased in-network at the pharmacy or pharmacy counter and the pharmacy benefit card is presented. In other words, members and providers are not eligible for reimbursement of claims for OTC, pharmacy, or pharmacy only items submitted with claim forms or receipts.***

The preventive contraceptive benefit includes one annual contraceptive counseling visit and certain contraceptive types (as prescribed, and when provided in-network), for women between the ages of 12-65. As of October 1, 2015, contraceptive types covered under the preventive contraceptive benefit include those listed below. Note that the specific contraceptives covered under the preventive pharmacy benefit may periodically change to account for formulary updates, applicable law, and regulatory guidance.

Your pharmacy benefit may have a more expansive contraceptive formulary than what is listed below. Please go to [myprime.com](http://myprime.com) and sign in for the most comprehensive list.

Note that contraceptives that are eligible for coverage under the pharmacy benefit but are not listed below may be provided without member cost-sharing if a prescription drug exception is granted. A member or provider may initiate a prescription drug exception request by following the prescription drug exception process available through [myprime.com](http://myprime.com), or by calling Blue Cross Customer Service.

## Barrier methods

### ***Cervical cap: cervical cap, fitting and instruction (medical or pharmacy)***

- FemCap – cervical cap

### ***Diaphragm: diaphragm, fitting and insertion (medical or pharmacy)***

- Caya – diaphragm arc-spring
- Omniflex – diaphragm arc-spring
- Wide-Seal Silicone Diaphragm

### ***Condom (OTC) (pharmacy only)***

- FC2 Female Condom – condoms – female
- Condoms - male

### ***Spermicide (OTC) (pharmacy only)***

- Encare – nonoxynol-9 vaginal suppository 100 mg
- Gynol II Vaginal - nonoxynol-9 gel 3%
- Shur-Seal – nonoxynol-9 gel 2%
- VCF Vaginal Contraceptive – nonoxynol-9 foam, film, gel

### ***Sponge (OTC) (pharmacy only)***

- TODAY Sponge – nonoxynol-9 vaginal sponge 1000 mg

### ***Vaginal pH Regulator Gel (pharmacy only)***

- Phexxi – lactic acid-citric acid-potassium bitartrate gel 1.8-1-0.4%

## **Hormonal methods**

### ***Combined contraceptive pill (pharmacy only)***

- Afirmelle
- Altavera
- Alyacen
- Apri
- Aranelle
- Aubra Eq
- Aurovela
- Aurovela Fe
- Aurovela 24 Fe
- Aviane
- Ayuna
- Azurette
- Balziva
- Blisovi Fe
- Blisovi 24 Fe
- Briellyn
- Charlotte 24 Fe
- Chateal Eq
- Cryselle-28
- Cyred
- Cyred Eq
- Dasetta
- Delyla
- Desogesterone-Ethinyl Estradiol & Ethinyl Estradiol 0.15-0.02/0.01 mg
- Drospirenone-Ethinyl Estradiol 3-0.02 mg; 3-0.03 mg
- Drospirenone-Ethinyl Estradiol-Levomefolate 3-0.02-0.451 mg; 3-0.03-0.451 mg
- Elinest
- Enpresse-28
- Enskyce
- Estarylla
- Ethynodiol diacetate & ethinyl estradiol 1 mg-35 mcg; 1 mg-50 mcg
- Falmina
- Finzala
- Gemmily
- Hailey
- Hailey Fe
- Hailey 24 Fe
- Isibloom
- Jasmiel
- Juleber
- Junel
- Junel Fe
- Junel Fe 24
- Kaitlib Fe
- Kalliga
- Kariva
- Kelnor
- Kurvelo
- Larin
- Larin Fe
- Larin 24 Fe
- Layolis Fe
- Leena
- Lessina
- Levonest
- Levonorgestrel & ethinyl estradiol 0.1 mg-20 mcg; 0.15 mg-30 mcg; 0.05-30/0.075-40/0.125-30 mg-mcg
- Levora
- Loestrin
- Loestrin Fe
- Lo Loestrin Fe
- Loryna
- Low-Ogestrel
- Lo-zumandimine
- Lutera
- Marlissa
- Merzee
- Mibelas 24 Fe
- Microgestin
- Microgestin 24 Fe
- Mili
- Mono-linyah
- Natazia
- Necon
- Nexstellis
- Nikki
- Norethindrone-Ethinyl Estradiol tab 1 mg-20 mcg; 1.5 mg-30 mcg

**Combined contraceptive pill (pharmacy only)**

- Norethindrone-Ethinyl Estradiol-Ferrous Fumarate tab 1-20/1-30/1-35 mg-mcg; 1 mg-20 mcg; 1.5 mg-30 mcg
- Norethindrone-Ethinyl Estradiol-Ferrous Fumarate chew tab 0.4 mg-35 mcg; 0.8 mg-25 mcg; 1 mg-20 mcg
- Norethindrone-Ethinyl Estradiol-Ferrous Fumarate cap 1 mg-20 mcg
- Norgestimate-Ethinyl Estradiol 0.25 mg-35 mcg; 0.18-25/0.215-25/0.25-25 mg-mcg; 0.18-35/0.215-35/0.25-35 mg-mcg
- Nortrel
- Nylia
- Nymyo
- Ocella
- Philith
- Pimtrea
- Pirmella
- Portia-28
- Reclipsen
- Simliya
- Sprintic 28
- Sronyx
- Syeda
- Tarina 24 Fe
- Tarina Fe 1/20 Eq
- Taysofy
- Tilia Fe
- Tri-Estarylla
- Tri-Legest Fe
- Tri-Linyah
- Tri-Lo-Estarylla
- Tri-Lo-Marzia
- Tri-Lo-Mili
- Tri-Lo-Sprintec
- Tri-Mili
- Tri-Nymyo
- Tri-Sprintec
- Trivora-28
- Tri-Vylibra
- Tri-Vylibra-Lo
- Turqoz
- Tyblume
- Tydemy
- Velivet
- Vestura
- Vienva
- Viorele
- Volnea
- Vyfemla
- Vylibra
- Wera
- Wymzya Fe
- Zovia 1/35
- Zumandimine

**Emergency Contraception (pharmacy only)**

- Emergency Ella
  - Ella – ulipristal acetate tab 30mg
- Emergency Progestin
  - Aftera
  - Afterpill
  - Curae
  - Econtra One Step
  - Her Style
  - Levonorgestrel tab 1.5 mg
  - My Choice
  - My Way
  - New Day
  - Opcicon One-Step
  - Option 2
  - React
  - Take Action

**Extended cycle contraceptive pill (pharmacy only)**

- Amethia
- Amethyst
- Ashlyna
- Camrese
- Camrese-Lo
- Daysee
- Dolishale
- Fayosim
- Iclevia
- Introvale
- Jaimiess
- Jolessa
- Levonorgestrel-Ethinyl Estradiol 0.1-0.02 mg/0.01 mg; 0.15-0.02/0.025/0.03 mg/0.01 mg; 0.15-0.03 mg/0.01 mg; 0.15-0.03 mg; 90-20 mcg
- Lojaimiess
- Rivelsa
- Setlakin
- Simpesse

**Progestin-only contraceptive pill (pharmacy only)**

- Camila
- Deblitane
- Errin
- Heather
- Incassia
- Jencycla
- Lyleq
- Lyza
- Nora-Be
- Norethindrone tab 0.35 mg
- Norlyroc
- Sharobel
- Slynd

**Shot/injection (medical or pharmacy)**

- Depo-SubQ Provera 104
- Medroxyprogesterone acetate

**Transdermal Combined (pharmacy only)**

- Twirla
- Xulane
- Zafemy

**Vaginal ring (pharmacy only)**

- Annovera
- Nuvaring

**Digital applications for contraception (medical only)**

- Natural Cycles

**Implantable devices (medical only)**

- Implantable rod
  - Initial insertion and removal or replacement
- Intrauterine devices (IUD)
  - Copper or hormonal
  - Initial insertion and removal or replacement

**Permanent birth control – (medical only)**

- Intratubal occlusion device and delivery system implantation and removal or replacement.
- Tubal ligation procedures
  - Reversals, for any reason, are not covered as a preventive contraceptive benefit.
  - Inpatient facility fees for tubal ligation are not covered under the preventive contraceptive benefit since the sterilization is incidental to and is not the primary reason for the admission.

\*Certain religious employers and eligible organizations may be, respectively, exempt or eligible for accommodation from the requirement to cover preventive contraceptive benefits. Women enrolled through eligible organizations may have a separate ID card for preventive contraceptive benefits. Individual policy holders may not claim exemption.

Non-preventive care received during a preventive care visit is subject to normal plan cost sharing. Out-of-network services may incur member liability or may not be covered.

Prime Therapeutics LLC is an independent company providing pharmacy benefit management services.

This document was current as of January 1, 2024, and therefore may not reflect the most up to date information. This information may change from time to time as determined appropriate by Blue Cross and/or Blue Plus. Coverage for specific preventive services may differ from that described in this document. Not all items on this list are covered benefits for all products or groups with Blue Cross or Blue Plus. For the most up to date information about benefits that may be available to you, please contact Customer Service at the number located on the back of your ID card. Coverage for certain items and services may only be provided for plan and policy years after a certain date. Pharmacy coverage may differ for members with pharmacy benefit managers other than Prime Therapeutics. This list may not represent all possible tests or benefits, and inclusion of a service or item on this list does not guarantee coverage. Check your health plan benefits or call the number on the back of your member ID card for details on coverage. Additional requirements may apply. Tests ordered during a preventive visit that are not considered preventive care may be subject to deductibles, copays and/or coinsurance. Additionally, treatment or tests for an existing condition or illness are not preventive care and may be subject to deductibles, copays and/or coinsurance.