

Contraceptive Coverage

Contraceptive coverage* provided via the pharmacy benefit. Submit prior authorization requests 4DPharmacy Management.

Brand Name (Non-formulary-not covered)	Covered Products (Generic Equivalent to Brand)	Covered Formulary Alternative (Not a generic equivalent to Brand)
MONOPHASIC – Low Dose		
Allesse	Aviane, Lessina, Lutera, Sronyx	
Brevicon	Necon 0.5/35, Nortrel 0.5/35	
Demulen 1/35	Zovia, Kelnor	
Desogen	Apri, Solia, Reclipsen	
Levlen	Portia, Levora	
Levlite	Aviane, Lessina, Lutera, Sronyx	
LoOvral	Cryelle, Low-Ogestrel	
Loestrin 1.5/30	Junel 1.5/30	
Loestrin Fe 1.5/30	Junel Fe 1.5/30 , Microgestin Fe 1.5/30	
Loestrin 1/20	Junel 1/20	
Loestrin Fe 1/20	Junel Fe 1/20, Microgestin Fe 1/20	
Microgestin 1.5/30	Junel 1.5/30	
Microgestin /20	Junel 1/20	
Modicon	Necon 0.5/35, Nortrel 0.5/35	
Nordette	Portia, Levora	
Norinyl	Necon, Nortrel (1/35 & 1/50)	
Ortho-Novum	Necon, Nortrel (1/35 & 1/50)	
Ortho-Cept	Apri, Solia, Reclipsen	
Ortho-Cyclen	Sprintec, Mononessa, Previfem	
Ovcon/OvconFE(Belziva Zenchent,Femcon FE)		None—use Necon, Nortrel or others
Yasmin (Ocella)		None—use others in category
Yaz	No generic equivalent	None—use others in category
MONOPHASIC - High Dose		
Demulen 1/50	Zovia	
Ovcon-50	No generic equivalent	None—use others in category
Ovral	Ogestrel	
BIPHASIC REGIMEN		
Ortho-Novum 10/11	Necon 10/11	
Mircette	Kariva	
TRIPHASIC REGIMEN		
	Cesia, Velivet, Cyclessa	
Estrostep FE (TriLegest FE, Tilia FE)		None—use others in category
Ortho-Novum 7/7/7	Necon 777, Nortrel 777	
Ortho Tri-Cyclen	Tri-Sprintec, Tri-Previfem, Trinessa	
Ortho Tri-Cyclen Lo, Tri-Lo-Sprintec		None—use others in category
Tri-Levlen	Enpresse, Trivora	
Tri-Norinyl	Aranelle, Leena	
Triphasil	Enpresse, Trivora	
BIPHASIC REGIMEN		
Ortho-Novum 10/11	Necon 10/11	
Mircette	Kariva	
EXTENDED CYCLE PILLS – Not covered		
Loestrin-24 Fe,		None-use formulary products
Seasonale (Jolessa, Quasense)		None-use formulary products
Seasonique		None-use others in category

* Except for Depo Provera (J1055) and Intra Uterine Devices (J7300, J7302)

Note: This document is meant as an aid in determining coverage of an oral contraception product and possible alternatives to products that are not covered. Prescribers are cautioned to use their own clinical judgement and consult other sources when making prescribing decisions based on this document.

References: www.prescribersletter.com, Detail-Document #231207, December 2007, Volume 23

Facts and Comparisons

UPHP August 2008, Updated August 2009

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CONTINUOUS CYCLE PILLS – Not covered		
Lybrel		None—use formulary products
PROGESTIN-ONLY PILLS		
Micronor	Nora-BE, Camila, Errin, Nor-QD, Jolivette	
EMERGENCY CONTRACEPTION		
	Plan B (Rx required)	
HORMONAL ALTERNATIVES		
Ortho Evra		Depo-Provera or oral contraceptives
NuvaRing		Depo-Provera or oral contraceptives
Inplanon Contraceptive Implant		Depo-Provera or oral contraceptives
Intrauterine Devices – covered under the Medical Benefit		

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