BlueCross BlueShield Arizona

$0 Preventive Medications Under the Affordable Care Act

OPEN Drug List

The Affordable Care Act (ACA) requires most group and individual health plans to waive cost share for in-network preventive services, including certain preventive medications and devices. This requirement does not apply to "grandfathered plans." If you do not know whether your plan is subject to this requirement, please contact BCBSAZ. If your plan does not have ACA prevention, a cost share will apply.

This list may apply only for select grandfathered plans with an "open" benefit design. This list *does not* apply to the Premium Prescription Drug List (PDL) Closed Formulary.

The United States Preventive Services Task Force (USPSTF) has identified certain medications as the recommended preventive medications.

There are two important things to remember about this mandate.

1. The cost share waiver does not apply if you use an out-of-network or non-contracted pharmacy provider, so make sure to check your pharmacy provider's network status.
2. There are some medications and devices that can be used for both preventive care and to treat a medical condition. Cost share is waived only when the medication or device is prescribed for preventive care.

Questions?

Log in to MyBlue℠ to find participating retail pharmacies, review your specific benefit information, and compare medication pricing and options. If you have questions, please call us.

Member Services	Phone Number	Standard Hours of Operation
Pharmacy Benefits	1 (866) 325-1794	24/7/365
BCBSAZ	Call the number on your ID card	8:30 a.m. to 4:30 p.m. Monday - Friday

ACA Prevention Drug List

Table of Contents

Drug	Status	Notes
Analgesics - Nonnarcotic		
Salicylates**		
adult aspirin regimen	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
aspirin 81	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
aspirin adult low dose	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
aspirin adult low strength oral tablet delayed release	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
aspirin childrens	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
aspirin ec low dose	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
aspirin ec low strength	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
aspirin low dose oral tablet chewable	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
aspirin low dose oral tablet delayed release	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
aspirin low strength	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
aspirin oral tablet 325 mg	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)

Drug	Status	Notes
aspirin oral tablet chewable	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
aspirin oral tablet delayed release 325 mg, 81 mg	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
aspirin regimen	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
ASPIR-LOW	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
BAYER ADVANCED ASPIRIN REG ST	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
BAYER ASPIRIN EC LOW DOSE	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
BAYER ASPIRIN ORAL TABLET	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
BAYER LOW DOSE	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
childrens aspirin	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
cvs aspirin adult low dose	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
cvs aspirin adult low strength	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
cvs aspirin ec oral tablet delayed release 81 mg	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)

Drug	Status	Notes
cvs aspirin low dose	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
cvs aspirin low strength oral tablet delayed release	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
cvs aspirin oral tablet 325 mg	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
cvs genuine aspirin	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
ECOTRIN	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
ECOTRIN ARTHRTIS PAIN	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
ECOTRIN LOW STRENGTH	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
ECPIRIN	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
eq aspirin adult low dose	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
eq aspirin low dose oral tablet chewable	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
eq aspirin oral tablet	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
eql aspirin ec oral tablet delayed release 325 mg	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)

Drug	Status	Notes
eql aspirin low dose oral tablet chewable	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
eql aspirin low dose oral tablet delayed release	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
ft aspirin	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
ft aspirin low dose	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
ft enteric coated aspirin	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 1 Years)
genuine aspirin	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
gnp adult aspirin low strength oral tablet chewable	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
gnp aspirin low dose	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
gnp aspirin oral tablet 325 mg	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
gnp aspirin oral tablet delayed release	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
goodsense aspirin adults	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
goodsense aspirin low dose	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)

Drug	Status	Notes
goodsense aspirin oral tablet	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
goodsense aspirin oral tablet chewable	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
goodsense aspirin oral tablet delayed release	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
h-e-b aspirin	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
hm adult aspirin	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
hm aspirin ec	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
hm aspirin ec low dose	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
hm aspirin oral tablet delayed release	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
kls aspirin low dose	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
kp aspirin	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
meijer aspirin ec	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
mm aspirin oral tablet delayed release	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)

Drug	Status	Notes
px aspirin oral tablet	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
px aspirin oral tablet chewable	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
px enteric aspirin	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
qc aspirin low dose oral tablet chewable	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
qc aspirin low dose oral tablet delayed release	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
qc aspirin oral tablet	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
qc aspirin oral tablet delayed release	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
qc childrens aspirin	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
qc enteric aspirin	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
ra aspirin adult low dose	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
ra aspirin adult low strength oral tablet chewable	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
ra aspirin childrens	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)

Drug	Status	Notes
ra aspirin ec adult low st	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
ra aspirin ec oral tablet delayed release 325 mg	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
ra aspirin ec oral tablet delayed release 81 mg	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
ra aspirin oral tablet 325 mg	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
ra pain relief aspirin	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
sb aspirin ec	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
sb aspirin oral tablet	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
sb childrens aspirin	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
sb low dose asa ec	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
sm aspirin adult low strength oral tablet delayed release	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
sm aspirin ec	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
sm aspirin ec low strength	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)

Drug	Status	Notes
sm aspirin low dose oral tablet chewable	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
sm aspirin low dose oral tablet delayed release	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
sm childrens aspirin	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
ST JOSEPH ASPIRIN ORAL TABLET DELAYED RELEASE	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
Antineoplastics And Adjunctive Therapies		
Antiestrogens**		
tamoxifen citrate oral	$0	ACA (Tier 1 OR coinsurance if ACA does not apply)
Aromatase Inhibitors**		
anastrozole oral	$0	QL (1 tablet per day); ACA (Tier 1 OR coinsurance if ACA does not apply)
exemestane	$0	QL (1 tablet per day); ACA (Tier 1 OR coinsurance if ACA does not apply); F
letrozole oral	$0	QL (1 tablet per day); ACA (Tier 1 OR coinsurance if ACA does not apply); F
Antivirals		
Antiretroviral Combinations**		
emtricitabine-tenofovir df oral tablet 200-300 mg	$0	QL (1 tablet per day); ACA (Tier 3 OR coinsurance if ACA does not apply)
Contraceptives		
Biphasic Contraceptives - Oral**		
AZURETTE	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F

Drug	Status	Notes
KARIVA	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
LO LOESTRIN FE	$0	QL (28 tablets per month); ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply); F
PIMTREA	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
SIMLIYA	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
viorele	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
VOLNEA	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
Combination Contraceptives - Oral**		
AFIRMELLE	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
ALTAVERA	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
alyacen 1/35	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
APRI	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
AUBRA EQ	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
AUROVELA 1.5/30	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
AUROVELA 1/20	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
AUROVELA 24 FE	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
AUROVELA FE 1.5/30	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F

Drug	Status	Notes
AUROVELA FE 1/20	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
AVIANE	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
AYUNA	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
BALZIVA	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
BLISOVI 24 FE	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
BLISOVI FE 1.5/30	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
BLISOVI FE 1/20	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
briellyn	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
CHATEAL EQ	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
CRYSELLE-28	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
CYRED EQ	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
DASETTA 1/35	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
DELYLA	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
drospirenone-ethinyl estradiol oral tablet 3-0.03 mg	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
ELINEST	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F

Drug	Status	Notes
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
ESTARYLLA	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
ethynodiol diac-eth estradiol	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
FALMINA	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
HAILEY 1.5/30	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
HAILEY 24 FE	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
HAILEY FE 1.5/30	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
HAILEY FE 1/20	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
ISIBLOOM	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
JULEBER	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
JUNEL 1.5/30	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
JUNEL 1/20	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
JUNEL FE 1.5/30	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
JUNEL FE 1/20	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
JUNEL FE 24	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
KALLIGA	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F

Drug	Status	Notes
KELNOR 1/35	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
KELNOR 1/50	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
KURVELO	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
LARIN 1.5/30	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
LARIN 1/20	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
LARIN 24 FE	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
LARIN FE 1.5/30	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
LARIN FE 1/20	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
LESSINA	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
LEVORA 0.15/30 (28)	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
LOESTRIN 1/20 (21)	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
LOESTRIN FE 1/20	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
LOW-OGESTREL	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
LUTERA	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
marlissa	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F

Drug	Status	Notes
MICROGESTIN 1.5/30	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
MICROGESTIN 1/20	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
MICROGESTIN 24 FE	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
MICROGESTIN FE 1.5/30	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
MICROGESTIN FE 1/20	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
MILI	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
MONO-LINYAH	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
NECON 0.5/35 (28)	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
norethindrone acet-ethinyl est oral tablet	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
NORTREL 0.5/35 (28)	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
NORTREL 1/35 (21)	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
NORTREL 1/35 (28)	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
NYLIA 1/35	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F

Drug	Status	Notes
OCELLA	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
ORSYTHIA	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
PHILITH	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
PORTIA-28	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
RECLIPSEN	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
SPRINTEC 28	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
SRONYX	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
SYEDA	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TARINA 24 FE	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TARINA FE 1/20 EQ	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TURQOZ	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
VIENVA	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
VYFEMLA	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
VYLIBRA	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
WERA	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
WYMZYA FE	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F

Drug	Status	Notes
ZUMANDIMINE	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
Combination Contraceptives - Transdermal**		
norelgestromin-eth estradiol	$0	QL (3 patches per month); ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply); F
XULANE	$0	QL (3 patches per month); ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply); F
ZAFEMY	$0	QL (3 patches per month); ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply); F
Combination Contraceptives - Vaginal**		
ELURYNG	$0	QL (1 vaginal ring per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
ENILLORING	$0	QL (1 vaginal ring per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
etonogestrel-ethinyl estradiol	$0	QL (1 vaginal ring per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
HALOETTE	$0	QL (1 vaginal ring per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
Continuous Contraceptives - Oral**		
AMETHYST	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
Emergency Contraceptives**		
AFTERA	$0	QL (3 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
CURAE	$0	QL (3 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
ECONTRA ONE-STEP	$0	QL (3 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F

Drug	Status	Notes
levonorgestrel oral tablet 1.5 mg	$0	QL (3 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
MY CHOICE	$0	QL (3 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
MY WAY	$0	QL (3 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
NEW DAY	$0	QL (3 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
OPCICON ONE-STEP	$0	QL (3 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
OPTION 2	$0	QL (3 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
REACT	$0	QL (3 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TAKE ACTION	$0	QL (3 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
Extended-Cycle Contraceptives - Oral		
AMETHIA	$0	QL (91 tablets per 91 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
ASHLYNA	$0	QL (91 tablets per 91 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
CAMRESE	$0	QL (91 tablets per 91 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
CAMRESE LO	$0	QL (91 tablets per 91 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
DAYSEE	$0	QL (91 tablets per 91 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
INTROVALE	$0	QL (91 tablets per 91 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F

Drug	Status	Notes
JAIMIESS	$0	QL (91 tablets per 91 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
JOLESSA	$0	QL (91 tablets per 91 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
levonorgest-eth estrad 91-day	$0	QL (91 tablets per 91 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
LOJAIMIESS	$0	QL (91 tablets per 91 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
SETLAKIN	$0	QL (91 tablets per 91 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
SIMPESSE	$0	QL (91 tablets per 91 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
Progestin Contraceptives - Injectable**		
medroxyprogesterone acetate intramuscular suspension	$0	QL (1 injection per 90 days); DS (90 day supply max); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
medroxyprogesterone acetate intramuscular suspension prefilled syringe	$0	DS (90 day supply max); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
Progestin Contraceptives - Oral**		
CAMILA	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
DEBLITANE	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
ERRIN	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
HEATHER	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
INCASSIA	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F

Drug	Status	Notes
JENCYCLA	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
LYLEQ	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
LYZA	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
NORA-BE	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
norethindrone oral	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
NORLYDA	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
NORLYROC	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
SHAROBEL	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
Triphasic Contraceptives - Oral**		
alyacen 7/7/7	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
ARANELLE	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
DASETTA 7/7/7	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
ENPRESSE-28	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
LEENA	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
LEVONEST	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
levonorg-eth estrad triphasic oral tablet 50-30/75-40/125-30 mcg	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F

Drug	Status	Notes
norethindron-ethinyl estrad-fe	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
norgestim-eth estrad triphasic	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
NORTREL 7/7/7	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
NYLIA 7/7/7	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
PIRMELLA 7/7/7	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TILIA FE	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TRI FEMYNOR	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TRI-ESTARYLLA	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TRI-LEGEST FE	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TRI-LINYAH	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TRI-LO-ESTARYLLA	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TRI-LO-MARZIA	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TRI-LO-MILI	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TRI-LO-SPRINTEC	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TRI-MILI	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TRINESSA (28)	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F

Drug	Status	Notes
TRI-NYMYO	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TRI-SPRINTEC	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TRIVORA (28)	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TRI-VYLIBRA	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TRI-VYLIBRA LO	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
VELIVET	$0	QL (28 tablets per month); ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply); F
Endocrine And Metabolic Agents - Misc.		
Selective Estrogen Receptor Modulators (Serms)**		
raloxifene hcl	$0	QL (1 tablet per day); DS (30 day supply max); ACA (Tier 1 OR coinsurance if ACA does not apply)
Hematopoietic Agents		
Folic Acid/Folates**		
folic acid oral tablet 1 mg	$0	QL (2 tablets per day); ACA (Tier 1 OR coinsurance if ACA does not apply)
Iron**		
SPATONE PUR-ABSORB IRON ORAL SOLUTION	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Max 1 Years)
Laxatives		
Bowel Evacuant Combinations**		
GAVILYTE-G	$0	ACA (Tier 1 OR coinsurance if ACA does not apply)
peg 3350-kcl-na bicarb-nacl	$0	ACA (Tier 1 OR coinsurance if ACA does not apply)
peg-3350/electrolytes	$0	ACA (Tier 1 OR coinsurance if ACA does not apply)

Drug	Status	Notes
Medical Devices And Supplies		
Cervical Caps**		
FEMCAP	$0	DS (30 day supply max); ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply); F
Condoms - Female**		
FC2 FEMALE CONDOM	$0	QL (12 units per month); DS (30 day supply max); ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply); F
Condoms - Male**		
aimsco lubricated	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
condoms	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
DUREX EXTRA SENSITIVE THIN	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
DUREX REALFEEL	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
FANTASY LUBRICATED	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
FANTASY LUBRICATED/SPERMICIDE	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
KAMELEON LUBRICATED	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
kimono	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
KIMONO COLORS	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
KIMONO MAXX-LARGE FLARE	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
kimono micro thin	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
kimono micro thin plus	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F

Drug	Status	Notes
kimono plus	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
kimono ps	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
kimono ps plus	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
kimono sensation	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
kimono sensation plus	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
KIMONO SPECIAL	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
K-Y ME & YOU EXTRA LUBRICATED	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
K-Y ME & YOU INTENSE	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
maxx	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
maxx plus	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
REALITY LATEX CONDOMS	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
REALITY LATEX/ULTRA TEXTURED	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
REALITY LATEX/ULTRA THIN	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
TRUSTEX COLOR CONDOMS + LUBE	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
TRUSTEX LUB/RIBBED/STUDDED	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
TRUSTEX LUB/SPERMICIDE EX ST	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F

Drug	Status	Notes
TRUSTEX LUB/SPERMICIDE XL	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
TRUSTEX LUBRICATED	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
TRUSTEX LUBRICATED EX LARGE	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
TRUSTEX LUBRICATED EXTRA ST	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
TRUSTEX LUBRICATED/SPERMICIDE	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
TRUSTEX NATURAL CONDOMS + LUBE	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
TRUSTEX NON-LUBRICATED	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
TRUSTEX RIA LUB/SPERMICIDE	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
TRUSTEX RIA LUBRICATED	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
TRUSTEX RIA NON-LUBRICATED	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
TRUSTEX-NONOXYNOL-9/RIB/STUD	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
Diaphragms		
CAYA	$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply); F
OMNIFLEX DIAPHRAGM	$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply); F
WIDE-SEAL DIAPHRAGM 60	$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply); F
WIDE-SEAL DIAPHRAGM 65	$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply); F

Drug	Status	Notes
WIDE-SEAL DIAPHRAGM 70	$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply); F
WIDE-SEAL DIAPHRAGM 75	$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply); F
WIDE-SEAL DIAPHRAGM 80	$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply); F
WIDE-SEAL DIAPHRAGM 85	$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply); F
WIDE-SEAL DIAPHRAGM 90	$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply); F
WIDE-SEAL DIAPHRAGM 95	$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply); F
Minerals & Electrolytes		
Fluoride**		
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Max 6 Years)
sodium fluoride oral tablet	$0	ACA (Tier 3 OR coinsurance if ACA does not apply); AL (Max 6 Years)
sodium fluoride oral tablet chewable	$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Max 6 Years)
Psychotherapeutic And Neurological Agents - Misc.		
Smoking Deterrents**		
apo-varenicline oral tablet 0.5 mg, 1 mg	$0	QL (2 tablets per day); ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
bupropion hcl er (smoking det)	$0	QL (2 tablets per day); ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
cvs nicotine mouth/throat gum	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
cvs nicotine mouth/throat lozenge	$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)

Drug	Status	Notes
cvs nicotine polacrilex mouth/throat gum	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
cvs nicotine polacrilex mouth/throat lozenge	$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
cvs nicotine transdermal	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
eq nicotine mouth/throat gum 4 mg	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
eq nicotine mouth/throat lozenge	$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
eq nicotine polacrilex mouth/throat gum	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
eq nicotine polacrilex mouth/throat lozenge	$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
eq nicotine step 3	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
ft nicotine	$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
ft nicotine mini	$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
gnp nicotine mini	$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)

Drug	Status	Notes
gnp nicotine mouth/throat gum 4 mg	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
gnp nicotine polacrilex mouth/throat gum	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
gnp nicotine polacrilex mouth/throat lozenge	$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
gnp nicotine transdermal	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
goodsense nicotine mouth/throat gum	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
goodsense nicotine mouth/throat lozenge	$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
HABITROL	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
hm nicotine polacrilex mouth/throat gum	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
hm nicotine polacrilex mouth/throat lozenge 2 mg	$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
hm nicotine transdermal patch 24 hour 21 mg/24hr, 7 mg/24hr	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
KLS QUIT2 MOUTH/THROAT GUM	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
KLS QUIT2 MOUTH/THROAT LOZENGE	$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)

Drug	Status	Notes
KLS QUIT4 MOUTH/THROAT GUM	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
KLS QUIT4 MOUTH/THROAT LOZENGE	$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
NICORELIEF MOUTH/THROAT GUM 2 MG	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
NICORETTE MOUTH/THROAT GUM 4 MG	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
NICORETTE STARTER KIT MOUTH/THROAT GUM 4 MG	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
nicotine mini	$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
nicotine polacrilex mini	$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.)
nicotine polacrilex mouth/throat gum	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
nicotine polacrilex mouth/throat lozenge	$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
nicotine step 1	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
nicotine step 2	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
nicotine step 3	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)

Drug	Status	Notes
nicotine transdermal kit	$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
nicotine transdermal patch 24 hour	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
NICOTROL	$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
NICOTROL NS	$0	QL (12x 10ml bottles per month); ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
px stop smoking aid mouth/throat gum	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
px stop smoking aid mouth/throat lozenge	$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
qc nicotine transdermal system transdermal patch 24 hour 21 mg/24hr	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
ra mini nicotine	$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
ra nicotine gum mouth/throat gum 2 mg, 4 mg	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
ra nicotine mouth/throat	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
ra nicotine polacrilex mouth/throat lozenge	$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
ra nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)

Drug	Status	Notes
sm nicotine mouth/throat gum	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
sm nicotine mouth/throat lozenge	$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
sm nicotine polacrilex mouth/throat gum	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
sm nicotine polacrilex mouth/throat lozenge 2 mg	$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.)
sm nicotine polacrilex mouth/throat lozenge 4 mg	$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
sm nicotine transdermal	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
THRIVE MOUTH/THROAT GUM 2 MG	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
varenicline tartrate (starter)	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
varenicline tartrate oral tablet 0.5 mg, 1 mg	$0	QL (2 tablets per day); ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
varenicline tartrate(continue)	$0	QL (2 tablets per day); ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
Toxoids		
Toxoid Combinations**		
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	$0	QL (3 doses (1.5ml) per year); Vaccine
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	$0	QL (3 doses (1.5ml) per year); Vaccine
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	$0	QL (3 doses (1.5ml) per year); Vaccine

Drug	Status	Notes
INFANRIX	$0	QL (3 doses (1.5ml) per year); Vaccine
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	$0	QL (0.5ml (1 dose) per lifetime); Vaccine; AL (Min 4 Years and Max 6 Years)
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	$0	QL (3 doses (1.5ml) per year); Vaccine; AL (Max 6 Years)
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	$0	Vaccine
QUADRACEL INTRAMUSCULAR SUSPENSION	$0	QL (0.5ml (1 dose) per lifetime); Vaccine; AL (Min 4 Years and Max 6 Years)
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	$0	QL (0.5ml (1 dose) per lifetime); Vaccine; AL (Min 4 Years and Max 6 Years)
TDVAX	$0	QL (3 doses (1.5ml) per year); Vaccine
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	$0	QL (3 doses (1.5ml) per year); Vaccine
tetanus-diphtheria toxoids td	$0	QL (3 doses (1.5ml) per year); Vaccine
VAXELIS	$0	Vaccine; AL (Max 5 Years)
Vaccines		
Bacterial Vaccines*		
ACTHIB	$0	Vaccine
BEXSERO	$0	QL (2 doses (1ml) per year); Vaccine; AL (Min 10 Years)
HIBERIX INJECTION	$0	Vaccine
MENVEO	$0	Vaccine
PEDVAX HIB INTRAMUSCULAR SUSPENSION	$0	Vaccine
PENBRAYA	$0	Vaccine; AL (Min 10 Years and Max 25 Years)
PNEUMOVAX 23	$0	QL (2 doses (1ml) per year); Vaccine
PREVNAR 13	$0	QL (0.5ml (1 dose) per lifetime); Vaccine
PREVNAR 20	$0	QL (0.5ml (1 dose) per lifetime); Vaccine
TRUMENBA	$0	QL (3 doses (1.5ml) per year); Vaccine; AL (Min 10 Years and Max 26 Years)
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	$0	Vaccine
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	$0	Vaccine
VAXCHORA	$0	Vaccine

Drug	Status	Notes
VAXNEUVANCE	$0	QL (0.5ml (1 dose) per lifetime); Vaccine
VIVOTIF	$0	QL (4 capsules per month); Vaccine
*Viral Vaccine Combinations***		
M-M-R II INJECTION	$0	Vaccine
PRIORIX	$0	Vaccine
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	$0	QL (3 doses (3ml) per year); Vaccine; AL (Min 18 Years)
*Viral Vaccines***		
ABRYSVO	$0	QL (1 doe per lifetime); Vaccine; AL (Min 60 Years)
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION	$0	QL (1 dose (0.5ml) in 9 months); Vaccine; AL (Min 6 Years)
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	$0	QL (1 dose (0.5ml) in 9 months); Vaccine; AL (Min 6 Years)
AREXVY	$0	QL (1 dose per lifetime); Vaccine; AL (Min 60 Years)
COMIRNATY	$0	Vaccine; AL (Min 12 Years)
DENGVAXIA	$0	Vaccine
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	$0	Vaccine
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	$0	Vaccine
FLUAD QUADRIVALENT	$0	QL (1 dose (0.5ml) in 9 months); Vaccine; AL (Min 65 Years)
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	$0	QL (1 dose (0.5ml) in 9 months); Vaccine; AL (Min 6 Years)
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION	$0	QL (1 dose (0.5ml) per 9 months); Vaccine; AL (Min 6 Years)
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	$0	QL (2 doses (1ml) per year); Vaccine; AL (Min 6 Years)
FLUZONE HIGH-DOSE QUADRIVALENT	$0	QL (1 dose (0.7ml) in 9 months); Vaccine; AL (Min 65 Years)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION	$0	QL (1 dose (0.5ml) in 9 months); Vaccine; AL (Min 6 Years)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	$0	QL (1 dose (0.5ml) in 9 months); Vaccine; AL (Min 6 Years)
GARDASIL 9	$0	QL (3 doses (1.5ml) per lifetime); Vaccine; AL (Min 9 Years and Max 45 Years)
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML	$0	QL (4 doses (4ml) per lifetime); Vaccine
HAVRIX INTRAMUSCULAR SUSPENSION 720 EL U/0.5ML	$0	QL (4 doses (2ml) per lifetime); Vaccine
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	$0	QL (3 doses (1.5ml) per year); Vaccine; AL (Min 18 Years)

Drug	Status	Notes
IXCHIQ	$0	Vaccine
IXIARO	$0	Vaccine
MODERNA COVID-19 VAC 6M-11Y	$0	QL (2 doses per year); Vaccine; AL (Min 6 Months and Max 11 Years)
novavax covid-19 vaccine	$0	QL (2 doses per year); Vaccine; AL (Min 12 Years)
PFIZER COVID-19 VAC-TRIS 5-11Y INTRAMUSCULAR SUSPENSION 10 MCG/0.3ML	$0	QL (2 doses per year); Vaccine; AL (Min 5 Years and Max 11 Years)
pfizer covid-19 vac-tris 6m-4y intramuscular suspension 3 mcg/0.3ml	$0	QL (2 doses per year); Vaccine; AL (Min 6 Months and Max 4 Years)
PREHEVBRIO	$0	Vaccine
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	$0	Vaccine
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE	$0	Vaccine
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	$0	QL (2 doses per lifetime); Vaccine; AL (Min 50 Years)
SPIKEVAX	$0	Vaccine; AL (Min 12 Years)
stamaril	$0	Vaccine
TICOVAC	$0	Vaccine
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML	$0	QL (4 doses (2ml) per lifetime); Vaccine
VAQTA INTRAMUSCULAR SUSPENSION 50 UNIT/ML	$0	QL (4 doses (4ml) per lifetime); Vaccine
VARIVAX	$0	QL (2 doses per year); Vaccine
YF-VAX SUBCUTANEOUS INJECTABLE	$0	Vaccine
Vaginal And Related Products		
Spermicides*		
ENCARE VAGINAL SUPPOSITORY	$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply); F
OPTIONS GYNOL II CONTRACEPTIVE	$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply); F
TODAY SPONGE	$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply); F
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply); F
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL	$0	ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F

Drug	Status	Notes
Vitamins		
Vitamin D**		
aqueous vitamin d oral liquid 10 mcg/ml	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
BABY DDROPS ORAL LIQUID 10 MCG /0.028ML, 10 MCG/0.03ML	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
baby super daily d3 oral liquid 10 mcg /0.028ml	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
baby vitamin d3 oral liquid 10 mcg /0.028ml	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
BIO-D-MULSION FORTE ORAL LIQUID 50 MCG/0.04ML	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
BIO-D-MULSION ORAL LIQUID 10 MCG/0.04ML	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
BPROTECTED PEDIA D-VITE ORAL LIQUID 10 MCG/ML	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
cvs d3 oral capsule	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
cvs vitamin d3 oral capsule 250 mcg (10000 ut)	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
cvs vitamin d3 oral tablet chewable 25 mcg (1000 ut)	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
d 1000 oral capsule	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)

Drug	Status	Notes
d 1000 oral tablet chewable	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
d 10000	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
d 400 oral tablet	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
d 5000 oral capsule	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
d-1000 extra strength	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
d2000 ultra strength	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
d3	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
d3 2000	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
d3 5000	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
d3 adult	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
d3 baby drops	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
d3 extra strength	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)

Drug	Status	Notes
d3 high potency	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
d3 kids	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
d3 max st	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
d3 maximum strength oral capsule	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
d3 super strength	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
d3-1000	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
d-3-5	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
D3-50	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
d-400	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
d-5000	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
DDROPS BOOSTER ORAL LIQUID 15 MCG /0.028ML	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
DECARA ORAL CAPSULE 1.25 MG (50000 UT), 625 MCG (25000 UT)	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)

Drug	Status	Notes
delta d3	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
DIALYVITE VITAMIN D 5000	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
DIALYVITE VITAMIN D3 MAX	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
D-VI-SOL ORAL LIQUID 10 MCG/ML	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
d-vite pediatric	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
eq d3 drops infants/childrens	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
eql vitamin d3 gummies	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
eql vitamin d3 oral capsule	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
ft vitamin d3	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
gnp d 1000	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
gnp d 2000	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
gnp vitamin d maximum strength	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)

Drug	Status	Notes
gnp vitamin d oral tablet 25 mcg (1000 ut)	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
gnp vitamin d oral tablet chewable	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
gnp vitamin d super strength	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
gnp vitamin d3	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
gnp vitamin d3 extra strength	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
HEALTHY KIDS VITAMIN D3	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
hm vitamin d3 oral tablet 25 mcg (1000 ut)	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
IS-D 10,000	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
KIDS FIRST VITAMIN D3 GUMMIES	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
kls d3	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
kp vitamin d oral capsule 25 mcg (1000 ut)	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
kp vitamin d oral tablet chewable	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)

Drug	Status	Notes
kp vitamin d3	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
MAXIMUM D3 ORAL CAPSULE 325 MCG (13000 UT)	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
MOMMY'S BLISS VIT D ORGANIC ORAL LIQUID 10 MCG /0.036ML	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
nat-rul vitamin d	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
natural vitamin d-3	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
OPTIMAL D3	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
OPTIMAL D3 M	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
OPURITY VITAMIN D	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
pharmacist choice d-vitamin	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
PRONUTRIENTS VITAMIN D3	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
qc vitamin d3	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
ra vitamin d-3	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)

Drug	Status	Notes
RADIANCE PLATINUM VITAMIN D3	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
REPLESTA	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
REPLESTA NX	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
sm vitamin d	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
sm vitamin d3	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
THERA-D 2000	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
THERA-D 4000	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
THERA-D RAPID REPLETION	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
true vitamin d3	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
UPSPRING BABY VIT D ORAL LIQUID 10 MCG /0.025ML	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
vitachew vitamin d3 oral tablet chewable 25 mcg (1000 ut)	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
VITAJOY DAILY D GUMMIES	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)

Drug	Status	Notes
VITAMELTS VITAMIN D	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
vitamin d (cholecalciferol) oral capsule	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
vitamin d (cholecalciferol) oral tablet	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
vitamin d high potency	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
vitamin d infant oral liquid 10 mcg/ml	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
vitamin d oral capsule 50 mcg (2000 ut)	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
vitamin d oral liquid 10 mcg/ml	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
vitamin d oral tablet 25 mcg (1000 ut), 50 mcg (2000 ut)	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
VITAMIN D-1000 MAX ST	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
vitamin d3 adult gummies	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
vitamin d3 extra strength oral tablet chewable 25 mcg (1000 ut)	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
vitamin d3 fast dissolve	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)

Drug	Status	Notes
vitamin d3 gummies adult	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
vitamin d3 gummies oral tablet chewable 25 mcg (1000 ut)	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
VITAMIN D3 IMMUNE HEALTH	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
vitamin d3 maximum strength	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
vitamin d-3 oral capsule	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
vitamin d3 oral capsule 1.25 mg (50000 ut), 10 mcg (400 unit), 1000 unit, 125 mcg (5000 ut), 25 mcg (1000 ut), 250 mcg (10000 ut), 50 mcg, 50 mcg (2000 ut)	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
vitamin d3 oral liquid 10 mcg/ml, 125 mcg/0.5ml, 125 mcg/ml, 25 mcg/spray, 30 mcg/15ml	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
vitamin d3 oral tablet 10 mcg (400 unit), 125 mcg (5000 ut), 20 mcg (800 unit), 25 mcg, 25 mcg (1000 ut), 250 mcg (10000 ut), 50 mcg (2000 ut), 75 mcg (3000 ut)	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
vitamin d3 oral tablet chewable	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
vitamin d3 oral tablet dispersible	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
vitamin d3 super strength oral tablet	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
vitamin d3 ultra potency oral tablet 1250 mcg	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)

Drug	Status	Notes
vitamin d3 ultra strength	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
WEEKLY-D	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
YUMVS VITAMIN D3	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
YUMVS VITAMIN D3 ZERO ORAL TABLET CHEWABLE 25 MCG (1000 UT), 62.5 MCG (2500 UT)	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
YUMVSKIDS VITAMIN D3 ZERO ORAL TABLET CHEWABLE 25 MCG (1000 UT)	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)

Index

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call 602-864-4884 for Spanish and 877-475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: BCBSAZ's Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, 602-864-2288, TTY/TDD 602-864-4823, crc@azblue.com. You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ's Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Multi-language Interpreter Services

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue Cross Blue Shield of Arizona, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 602-864-4884.

Navajo: Díí kwe'é atah nílínígíí Blue Cross Blue Shield of Arizona haada yit'éego bína'ídílkidgo éí doodago Háida bíjá anilyeedígíí t'áadoo le'é yína'ídílkidgo beehaz'áanii hóló díí t'áá hazaadk'ehjí háká a'doowołgo bee haz'ą doo bąąh ílínígóó. Ata' halne'ígíí kojį' bich'į' hodíilnih 877-475-4799.

Chinese: 如果您，或是您正在協助的對象，有關於插入項目的名稱 Blue Cross Blue Shield of Arizona 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 在此插入數字 877-475-4799。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue Cross Blue Shield of Arizona quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 877-475-4799.

Arabic:
إن كان لديك أو لدى شخص تساعده أسئلة بخصوص Blue Cross Blue Shield of Arizona، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون اية تكلفة .للتحدث مع مترجم اتصل ب 877-475-4799.

Tagalog: Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Blue Cross Blue Shield of Arizona, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 877-475-4799.

Korean: 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Blue Cross Blue Shield of Arizona 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 877-475-4799 로 전화하십시오.

French: Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Blue Cross Blue Shield of Arizona, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 877-475-4799.

German: Falls Sie oder jemand, dem Sie helfen, Fragen zum Blue Cross Blue Shield of Arizona haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 877-475-4799 an.

Russian: Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Blue Cross Blue Shield of Arizona, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 877-475-4799.

Japanese: ご本人様、またはお客様の身の回りの方でも、Blue Cross Blue Shield of Arizona についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、877-475-4799 までお電話ください。

Farsi:
اگر شما، یا کسی که شما به او کمک میکنید ، سوال در مورد Blue Cross Blue Shield of Arizona ، داشته باشید حق این را دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت نمایید 877-475-4799
.[تماس حاصل نمایید.

Assyrian:
[illegible] Blue Cross Blue Shield of Arizona، [illegible]
[illegible] 877-475-4799.

Serbo-Croatian: Ukoliko Vi ili neko kome Vi pomažete ima pitanje o Blue Cross Blue Shield of Arizona, imate pravo da besplatno dobijete pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodiocem, nazovite 877-475-4799.

Thai: หากคณ หรอคนทคณกาลงชวยเหลอมคาถามเกยวกบ Blue Cross Blue Shield of Arizona คณมสทธทจะไดรบความชวยเหลอและขอมลในภาษา ของคณไดโดยไมมคาใชจาย พดคยกบลาม โทร 877-475-4799

BlueCross BlueShield of Arizona