

\$0 Preventive Medications Under the Affordable Care Act

Custom Premium Drug List – Closed Formulary

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 Blue Cross® Blue Shield® of Arizona (AZ Blue). If your plan does not have ACA prevention, a cost share will apply.

This list may apply only for select plans with the Custom Premium Drug List – 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.

To check coverage and copay information for a medication under your plan, visit azblue.com and log into MyBlue. If you do not have access to the website, call the Pharmacy Benefits number on the back of your member ID card.

Questions?

Log in to MyBlueSM 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
AZ Blue	Call the number on your ID card	8 a.m. to 5 p.m. Monday - Friday

Premium PDL ACA Prevention Drug List

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Drug	Status	Notes
Analgesics - Nonnarcotic		
*Salicylates***		
<i>adult aspirin regimen tablet delayed release 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>aspirin 81 tablet chewable 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>aspirin 81 tablet delayed release 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>aspirin adult low dose tablet delayed release 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>aspirin adult low strength tablet delayed release 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>aspirin childrens tablet chewable 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>aspirin ec adult low dose tablet delayed release 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>aspirin ec adult low strength tablet delayed release 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>aspirin ec low dose tablet delayed release 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>aspirin ec low strength tablet delayed release 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>aspirin low dose tablet chewable 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>aspirin low dose tablet delayed release 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>aspirin regimen tablet delayed release 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>aspirin tablet 325 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>aspirin tablet chewable 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>aspirin tablet delayed release 325 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)

Premium PDL Closed Formulary; Last revision date:12/22/2025 To search for a drug use control + f

Drug	Status	Notes
<i>aspirin tablet delayed release 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
BAYER ADVANCED ASPIRIN REG ST TABLET 325 MG ORAL	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
BAYER ASPIRIN EC LOW DOSE TABLET DELAYED RELEASE 81 MG ORAL	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
BAYER ASPIRIN TABLET 325 MG ORAL	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
BAYER ASPIRIN TABLET DELAYED RELEASE 325 MG ORAL	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
BAYER LOW DOSE TABLET CHEWABLE 81 MG ORAL	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
BAYER LOW DOSE TABLET DELAYED RELEASE 81 MG ORAL	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>childrens aspirin tablet chewable 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>cvs aspirin adult low dose tablet chewable 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>cvs aspirin adult low strength tablet delayed release 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>cvs aspirin ec tablet delayed release 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>cvs aspirin low dose tablet delayed release 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>cvs aspirin low strength tablet delayed release 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>cvs aspirin tablet 325 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>cvs genuine aspirin tablet 325 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
ECOTRIN ARTHRTIS PAIN TABLET DELAYED RELEASE 325 MG ORAL	\$0	QL (1 tab/day); ACA (Tier 3 OR coinsurance if ACA does not apply); AL (Min 45 Years)

Drug	Status	Notes
ECOTRIN LOW STRENGTH TABLET DELAYED RELEASE 81 MG ORAL	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
ECOTRIN TABLET DELAYED RELEASE 325 MG ORAL	\$0	QL (1 tab/day); ACA (Tier 3 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>eq aspirin adult low dose tablet delayed release 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>eq aspirin low dose tablet chewable 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>eq aspirin low dose tablet delayed release 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>eq aspirin tablet 325 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>eq aspirin ec tablet delayed release 325 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>eq aspirin low dose tablet chewable 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>eq aspirin low dose tablet delayed release 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>ft aspirin low dose tablet delayed release 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>ft aspirin tablet 325 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>ft aspirin tablet chewable 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>ft enteric coated aspirin tablet delayed release 325 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>genuine aspirin tablet 325 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>gnp adult aspirin low strength tablet chewable 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>gnp aspirin low dose tablet delayed release 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)

Drug	Status	Notes
<i>gnp aspirin tablet 325 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>gnp aspirin tablet delayed release 325 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>gnp aspirin tablet delayed release 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>goodsense aspirin adults tablet 325 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>goodsense aspirin low dose tablet delayed release 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>goodsense aspirin tablet 325 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>goodsense aspirin tablet chewable 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>goodsense aspirin tablet delayed release 325 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>h-e-b aspirin tablet delayed release 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>hm adult aspirin tablet 325 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>hm aspirin ec tablet delayed release 325 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>kls aspirin low dose tablet delayed release 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>kp aspirin tablet delayed release 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
MEDI-FIRST ASPIRIN TABLET 325 MG ORAL	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
MEDIQUE ASPIRIN TABLET 325 MG ORAL	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>meijer aspirin ec tablet delayed release 325 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)

Drug	Status	Notes
<i>mm aspirin tablet delayed release 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>qc aspirin low dose tablet chewable 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>qc aspirin low dose tablet delayed release 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>qc aspirin tablet 325 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>qc aspirin tablet delayed release 325 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>qc childrens aspirin tablet chewable 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>qc enteric aspirin tablet delayed release 325 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>ra aspirin adult low dose tablet chewable 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>ra aspirin adult low strength tablet chewable 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>ra aspirin childrens tablet chewable 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>ra aspirin ec adult low st tablet delayed release 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>ra aspirin ec tablet delayed release 325 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>ra aspirin ec tablet delayed release 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>ra aspirin tablet 325 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>ra pain relief aspirin tablet 325 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>sb aspirin ec tablet delayed release 325 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)

Drug	Status	Notes
<i>sb aspirin tablet 325 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>sb childrens aspirin tablet chewable 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>sb low dose asa ec tablet delayed release 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>sm aspirin adult low strength tablet delayed release 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>sm aspirin ec tablet delayed release 325 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>sm aspirin low dose tablet chewable 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>sm childrens aspirin tablet chewable 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
ST JOSEPH ASPIRIN TABLET DELAYED RELEASE 81 MG ORAL	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
ST JOSEPH LOW DOSE TABLET CHEWABLE 81 MG ORAL	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
ST JOSEPH LOW DOSE TABLET DELAYED RELEASE 81 MG ORAL	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
Antineoplastics And Adjunctive Therapies		
*Antiestrogens***		
<i>tamoxifen citrate tablet 10 mg oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply)
<i>tamoxifen citrate tablet 20 mg oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply)
*Aromatase Inhibitors***		
<i>anastrozole tablet 1 mg oral</i>	\$0	QL (1 tab/day); DS (30 day supply maximum); ACA (Tier 1 OR coinsurance if ACA does not apply)
<i>exemestane tablet 25 mg oral</i>	\$0	QL (1 tab/day); DS (30 day supply maximum); ACA (Tier 1 OR coinsurance if ACA does not apply); F
<i>letrozole tablet 2.5 mg oral</i>	\$0	QL (1 tab/day); DS (30 day supply maximum); ACA (Tier 1 OR coinsurance if ACA does not apply); F

Drug	Status	Notes
Antivirals		
*Antiretroviral Combinations***		
DESCOVY TABLET 120-15 MG ORAL	\$0	QL (1 per day); ACA (Tier 3 OR coinsurance if ACA does not apply)
DESCOVY TABLET 200-25 MG ORAL	\$0	QL (1 per day); ACA (Tier 3 OR coinsurance if ACA does not apply)
<i>emtricitabine-tenofovir df tablet 200-300 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 3 OR coinsurance if ACA does not apply)
Contraceptives		
*Biphasic Contraceptives - Oral***		
AZURETTE TABLET 0.15-0.02/0.01 MG (21/5) ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
<i>desogestrel-ethinyl estradiol tablet 0.15-0.02/0.01 mg (21/5) oral</i>	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
KARIVA TABLET 0.15-0.02/0.01 MG (21/5) ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
PIMTREA TABLET 0.15-0.02/0.01 MG (21/5) ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
SIMLIYA TABLET 0.15-0.02/0.01 MG (21/5) ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
<i>viorele tablet 0.15-0.02/0.01 mg (21/5) oral</i>	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
VOLNEA TABLET 0.15-0.02/0.01 MG (21/5) ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
*Combination Contraceptives - Oral***		
AFIRMELLE TABLET 0.1-20 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
ALTAVERA TABLET 0.15-30 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
<i>alyacen 1/35 tablet 1-35 mg-mcg oral</i>	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
APRI TABLET 0.15-30 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
AUBRA EQ TABLET 0.1-20 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F

Drug	Status	Notes
AUROVELA 1.5/30 TABLET 1.5-30 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
AUROVELA 1/20 TABLET 1-20 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
AUROVELA 24 FE TABLET 1-20 MG-MCG(24) ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
AUROVELA FE 1.5/30 TABLET 1.5-30 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
AUROVELA FE 1/20 TABLET 1-20 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
AVIANE TABLET 0.1-20 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
AYUNA TABLET 0.15-30 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
BALZIVA TABLET 0.4-35 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
BLISOVI 24 FE TABLET 1-20 MG-MCG(24) ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
BLISOVI FE 1.5/30 TABLET 1.5-30 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
BLISOVI FE 1/20 TABLET 1-20 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
<i>biellyn tablet 0.4-35 mg-mcg oral</i>	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
CHATEAL EQ TABLET 0.15-30 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
CRYSSELLE TABLET 0.3-30 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
CRYSSELLE-28 TABLET 0.3-30 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
CYRED EQ TABLET 0.15-30 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F

Drug	Status	Notes
DASETTA 1/35 (28) TABLET 1-35 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
DELYLA TABLET 0.1-20 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
<i>drospirenone-ethinyl estradiol tablet 3-0.03 mg oral</i>	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
ELINEST TABLET 0.3-30 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
ENSKYCE TABLET 0.15-30 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
ESTARYLLA TABLET 0.25-35 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
<i>ethynodiol diac-eth estradiol tablet 1-35 mg-mcg oral</i>	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
<i>ethynodiol diac-eth estradiol tablet 1-50 mg-mcg oral</i>	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
FALMINA TABLET 0.1-20 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
FEIRZA 1.5/30 TABLET 1.5-30 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
FEIRZA 1/20 TABLET 1-20 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
HAILEY 1.5/30 TABLET 1.5-30 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
HAILEY 24 FE TABLET 1-20 MG-MCG(24) ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
HAILEY FE 1.5/30 TABLET 1.5-30 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
HAILEY FE 1/20 TABLET 1-20 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
ISIBLOOM TABLET 0.15-30 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F

Drug	Status	Notes
JULEBER TABLET 0.15-30 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
JUNEL 1.5/30 TABLET 1.5-30 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
JUNEL 1/20 TABLET 1-20 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
JUNEL FE 1.5/30 TABLET 1.5-30 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
JUNEL FE 1/20 TABLET 1-20 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
JUNEL FE 24 TABLET 1-20 MG-MCG(24) ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
KALLIGA TABLET 0.15-30 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
KELNOR 1/35 TABLET 1-35 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
KELNOR 1/50 TABLET 1-50 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
KURVELO TABLET 0.15-30 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
LARIN 1.5/30 TABLET 1.5-30 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
LARIN 1/20 TABLET 1-20 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
LARIN 24 FE TABLET 1-20 MG-MCG(24) ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
LARIN FE 1.5/30 TABLET 1.5-30 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
LARIN FE 1/20 TABLET 1-20 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
LESSINA TABLET 0.1-20 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F

Drug	Status	Notes
<i>levonorgestrel-ethinyl estrad tablet 0.1-20 mg-mcg oral</i>	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
<i>levonorgestrel-ethinyl estrad tablet 0.15-30 mg-mcg oral</i>	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
LEVORA 0.15/30 (28) TABLET 0.15-30 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
LOW-OGESTREL TABLET 0.3-30 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
LUIZZA 1.5/30 TABLET 1.5-30 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
LUIZZA 1/20 TABLET 1-20 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
LUTERA TABLET 0.1-20 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
<i>marlissa tablet 0.15-30 mg-mcg oral</i>	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
MICROGESTIN 1.5/30 TABLET 1.5-30 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
MICROGESTIN 1/20 TABLET 1-20 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
MICROGESTIN FE 1.5/30 TABLET 1.5-30 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
MICROGESTIN FE 1/20 TABLET 1-20 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
MILI TABLET 0.25-35 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
MONO-LINYAH TABLET 0.25-35 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
NECON 0.5/35 (28) TABLET 0.5-35 MG-MCG ORAL	\$0	QL (28 tabs/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
<i>norethin ace-eth estrad-fe tablet 1.5-30 mg-mcg oral</i>	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F

Drug	Status	Notes
<i>norethin ace-eth estrad-fe tablet 1-20 mg-mcg oral</i>	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
<i>norethindrone acet-ethinyl est tablet 1.5-30 mg-mcg oral</i>	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
<i>norethindrone acet-ethinyl est tablet 1-20 mg-mcg oral</i>	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
<i>norethin-eth estradiol-fe tablet chewable 0.4-35 mg-mcg oral</i>	\$0	QL (28 tabs/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
<i>norgestimate-eth estradiol tablet 0.25-35 mg-mcg oral</i>	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
NORTREL 0.5/35 (28) TABLET 0.5-35 MG-MCG ORAL	\$0	QL (28 tabs/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
NORTREL 1/35 (21) TABLET 1-35 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
NORTREL 1/35 (28) TABLET 1-35 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
NYLIA 1/35 TABLET 1-35 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
OCELLA TABLET 3-0.03 MG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
PHILITH TABLET 0.4-35 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
PORTIA-28 TABLET 0.15-30 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
RECLIPSEN TABLET 0.15-30 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
SPRINTEC 28 TABLET 0.25-35 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
SRONYX TABLET 0.1-20 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
SYEDA TABLET 3-0.03 MG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F

Drug	Status	Notes
TARINA 24 FE TABLET 1-20 MG-MCG(24) ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TARINA FE 1/20 EQ TABLET 1-20 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TAYTULLA CAPSULE 1-20 MG-MCG(24) ORAL	\$0	QL (28 caps/21 days); ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply); F
TURQOZ TABLET 0.3-30 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TYBLUME TABLET CHEWABLE 0.1-20 MG-MCG ORAL	\$0	QL (28 tabs/ 21 days); ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply); F
VALTYA 1/35 TABLET 1-35 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
VALTYA 1/50 TABLET 1-50 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
VIENVA TABLET 0.1-20 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
VYFEMLA TABLET 0.4-35 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
VYLIBRA TABLET 0.25-35 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
WERA TABLET 0.5-35 MG-MCG ORAL	\$0	QL (28 tabs/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
WYMZYA FE TABLET CHEWABLE 0.4-35 MG-MCG ORAL	\$0	QL (28 tabs/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
XELRIA FE TABLET CHEWABLE 0.4-35 MG-MCG ORAL	\$0	QL (28 tabs/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
ZOVIA 1/35 (28) TABLET 1-35 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
ZUMANDIMINE TABLET 3-0.03 MG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
*Combination Contraceptives - Transdermal***		
<i>norelgestromin-eth estradiol patch weekly 150-35 mcg/24hr transdermal</i>	\$0	QL (3 patches/ 28 days); ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply); F

Drug	Status	Notes
XULANE PATCH WEEKLY 150-35 MCG/24HR TRANSDERMAL	\$0	QL (3 patches/ 28 days); ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply); F
ZAFEMY PATCH WEEKLY 150-35 MCG/24HR TRANSDERMAL	\$0	QL (3 patches/ 28 days); ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply); F
*Combination Contraceptives - Vaginal***		
ELURYNG RING 0.12-0.015 MG/24HR VAGINAL	\$0	QL (1 ring/ month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
ENILLORING RING 0.12-0.015 MG/24HR VAGINAL	\$0	QL (1 ring/ month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
<i>etonogestrel-ethinyl estradiol ring 0.12-0.015 mg/24hr vaginal</i>	\$0	QL (1 ring/ month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
HALOETTE RING 0.12-0.015 MG/24HR VAGINAL	\$0	QL (1 ring/ month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
*Continuous Contraceptives - Oral***		
AMETHYST TABLET 90-20 MCG ORAL	\$0	QL (21 tabs/ 28 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F; AL (Min 12 Years)
DOLISHALE TABLET 90-20 MCG ORAL	\$0	QL (21 tabs/ 28 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F; AL (Min 12 Years)
<i>levonorgestrel-ethinyl estrad tablet 90-20 mcg oral</i>	\$0	QL (21 tabs/ 28 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F; AL (Min 12 Years)
*Emergency Contraceptives***		
AFTERA TABLET 1.5 MG ORAL	\$0	QL (3 tabs/ month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
AFTERPILL TABLET 1.5 MG ORAL	\$0	QL (3 tabs/ month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
CURAE TABLET 1.5 MG ORAL	\$0	QL (3 tabs/ month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
ECONTRA ONE-STEP TABLET 1.5 MG ORAL	\$0	QL (3 tabs/ month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
HER STYLE TABLET 1.5 MG ORAL	\$0	QL (3 tabs/ month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F

Drug	Status	Notes
<i>levonorgestrel tablet 1.5 mg oral (otc)</i>	\$0	QL (3 tabs/ month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
MY CHOICE TABLET 1.5 MG ORAL	\$0	QL (3 tabs/ month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
MY WAY TABLET 1.5 MG ORAL (OTC)	\$0	QL (3 tabs/ month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
NEW DAY TABLET 1.5 MG ORAL	\$0	QL (3 tabs/ month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
OPCICON ONE-STEP TABLET 1.5 MG ORAL	\$0	QL (3 tabs/ month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
OPTION 2 TABLET 1.5 MG ORAL	\$0	QL (3 tabs/ month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
REACT TABLET 1.5 MG ORAL	\$0	QL (3 tabs/ month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
SHEWISE TABLET 1.5 MG ORAL	\$0	QL (3 tabs/ month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TAKE ACTION TABLET 1.5 MG ORAL	\$0	QL (3 tabs/ month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
*Extended-Cycle Contraceptives - Oral***		
AMETHIA TABLET 0.15-0.03 &0.01 MG ORAL	\$0	QL (1 tab/day); DS (91 day supply maximum); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
ASHLYNA TABLET 0.15-0.03 &0.01 MG ORAL	\$0	QL (1 tab/day); DS (91 day supply maximum); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
CAMRESE LO TABLET 0.1-0.02 & 0.01 MG ORAL	\$0	QL (1 tab/day); DS (91 day supply maximum); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
CAMRESE TABLET 0.15-0.03 &0.01 MG ORAL	\$0	QL (1 tab/day); DS (91 day supply maximum); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
DAYSEE TABLET 0.15-0.03 &0.01 MG ORAL	\$0	QL (1 tab/day); DS (91 day supply maximum); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F

Drug	Status	Notes
ICLEVIA TABLET 0.15-0.03 MG ORAL	\$0	QL (1 tab/day); DS (91 day supply maximum); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
INTROVALE TABLET 0.15-0.03 MG ORAL	\$0	QL (1 tab/day); DS (91 day supply maximum); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
JAIMIESS TABLET 0.15-0.03 &0.01 MG ORAL	\$0	QL (1 tab/day); DS (91 day supply maximum); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
JOLESSA TABLET 0.15-0.03 MG ORAL	\$0	QL (1 tab/day); DS (91 day supply maximum); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
<i>levonorgest-eth estrad 91-day tablet 0.1-0.02 & 0.01 mg oral</i>	\$0	QL (1 tab/day); DS (91 day supply maximum); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
<i>levonorgest-eth estrad 91-day tablet 0.15-0.03 &0.01 mg oral</i>	\$0	QL (1 tab/day); DS (91 day supply maximum); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
<i>levonorgest-eth estrad 91-day tablet 0.15-0.03 mg oral</i>	\$0	QL (1 tab/day); DS (91 day supply maximum); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
LOJAIMIESS TABLET 0.1-0.02 & 0.01 MG ORAL	\$0	QL (1 tab/day); DS (91 day supply maximum); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
SETLAKIN TABLET 0.15-0.03 MG ORAL	\$0	QL (1 tab/day); DS (91 day supply maximum); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
SIMPESSE TABLET 0.15-0.03 &0.01 MG ORAL	\$0	QL (1 tab/day); DS (91 day supply maximum); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
*Progestin Contraceptives - Injectable***		
<i>medroxyprogesterone acetate suspension 150 mg/ml intramuscular</i>	\$0	QL (1 dose/ 90 days); DS (90 day supply maximum); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
<i>medroxyprogesterone acetate suspension prefilled syringe 150 mg/ml intramuscular</i>	\$0	QL (1 dose/ 90 days); DS (90 day supply maximum); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply)

Drug	Status	Notes
*Progestin Contraceptives - Oral***		
CAMILA TABLET 0.35 MG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
DEBLITANE TABLET 0.35 MG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
EMZAHH TABLET 0.35 MG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
ERRIN TABLET 0.35 MG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
HEATHER TABLET 0.35 MG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
INCASSIA TABLET 0.35 MG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
JENCYCLA TABLET 0.35 MG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
LYLEQ TABLET 0.35 MG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
LYZA TABLET 0.35 MG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
MELEYA TABLET 0.35 MG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
NORA-BE TABLET 0.35 MG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
<i>norethindrone tablet 0.35 mg oral</i>	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
NORLYROC TABLET 0.35 MG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
ORQUIDEA TABLET 0.35 MG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
SHAROBEL TABLET 0.35 MG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
*Triphasic Contraceptives - Oral***		
<i>alyacen 7/17/7 tablet 0.5/0.75/1-35 mg-mcg oral</i>	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F

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Drug	Status	Notes
ARANELLE TABLET 0.5/1/0.5-35 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
DASETTA 7/7/7 TABLET 0.5/0.75/1-35 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
ENPRESSE-28 TABLET 50-30/75-40/ 125-30 MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
LEENA TABLET 0.5/1/0.5-35 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
LEVONEST TABLET 50-30/75-40/ 125-30 MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
<i>levonorg-eth estrad triphasic tablet 50-30/75-40/ 125-30 mcg oral</i>	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
<i>norethindron-ethinyl estrad-fe tablet 1-20/1-30/1-35 mg-mcg oral</i>	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
<i>norgestim-eth estrad triphasic tablet 0.18/0.215/0.25 mg-25 mcg oral</i>	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
<i>norgestim-eth estrad triphasic tablet 0.18/0.215/0.25 mg-35 mcg oral</i>	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
NORTREL 7/7/7 TABLET 0.5/0.75/1-35 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
NYLIA 7/7/7 TABLET 0.5/0.75/1-35 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TILIA FE TABLET 1-20/1-30/1-35 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TRI-ESTARYLLA TABLET 0.18/0.215/0.25 MG-35 MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TRI-LEGEST FE TABLET 1-20/1-30/1-35 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TRI-LINYAH TABLET 0.18/0.215/0.25 MG-35 MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TRI-LO-ESTARYLLA TABLET 0.18/0.215/0.25 MG-25 MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F

Drug	Status	Notes
TRI-LO-MARZIA TABLET 0.18/0.215/0.25 MG-25 MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TRI-LO-MILI TABLET 0.18/0.215/0.25 MG-25 MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TRI-LO-SPRINTEC TABLET 0.18/0.215/0.25 MG-25 MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TRI-MILI TABLET 0.18/0.215/0.25 MG-35 MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TRI-NYMYO TABLET 0.18/0.215/0.25 MG-35 MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TRI-SPRINTEC TABLET 0.18/0.215/0.25 MG-35 MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TRIVORA (28) TABLET 50-30/75-40/ 125-30 MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TRI-VYLIBRA LO TABLET 0.18/0.215/0.25 MG-25 MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TRI-VYLIBRA TABLET 0.18/0.215/0.25 MG-35 MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
VELIVET TABLET 0.1/0.125/0.15 -0.025 MG ORAL	\$0	QL (28/ 21 days); ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply); F
XARAH FE TABLET 1-20/1-30/1-35 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
Endocrine And Metabolic Agents - Misc.		
*Selective Estrogen Receptor Modulators (Serms)***		
<i>raloxifene hcl tablet 60 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply)
Hematopoietic Agents		
*Folic Acid/Folates***		
<i>folic acid tablet 1 mg oral (otc)</i>	\$0	QL (2 tabs/day); ACA (Tier 1 OR coinsurance if ACA does not apply)
<i>folic acid tablet 1 mg oral (rx)</i>	\$0	QL (2 tabs/day); ACA (Tier 1 OR coinsurance if ACA does not apply)
<i>kp folic acid tablet 1 mg oral</i>	\$0	QL (2 tabs/day); ACA (Tier 1 OR coinsurance if ACA does not apply)
<i>true folic acid tablet 1 mg oral</i>	\$0	QL (2 tabs/day); ACA (Tier 1 OR coinsurance if ACA does not apply)

Drug	Status	Notes
*Iron***		
SPATONE PUR-ABSORB IRON SOLUTION 5 MG/20ML ORAL	\$0	ACA (Tier 3 OR coinsurance if ACA does not apply); AL (Max 1 Years)
Laxatives		
*Bowel Evacuant Combinations***		
GAVILYTE-G SOLUTION RECONSTITUTED 236 GM ORAL	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply)
GAVILYTE-N WITH FLAVOR PACK SOLUTION RECONSTITUTED 420 GM ORAL	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply)
<i>peg 3350-kcl-na bicarb-nacl solution reconstituted 420 gm oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply)
<i>peg-3350/electrolytes solution reconstituted 236 gm oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply)
Medical Devices And Supplies		
*Cervical Caps***		
FEMCAP DEVICE 22 MM VAGINAL	\$0	QL (3 caps/ month); DS (30 day supply maximum); ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply); F
FEMCAP DEVICE 26 MM VAGINAL	\$0	QL (3 caps/ month); DS (30 day supply maximum); ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply); F
FEMCAP DEVICE 30 MM VAGINAL	\$0	QL (3 caps/ month); DS (30 day supply maximum); ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply); F
*Condoms - Female***		
FC2 FEMALE CONDOM	\$0	QL (12 condoms/ month); DS (30 day supply maximum); ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply); F
*Condoms - Male***		
<i>aimsco lubricated</i>	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
<i>condoms</i>	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
DUREX EXTRA SENSITIVE THIN	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
DUREX EXTRA SENSITIVE THIN DEVICE	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
DUREX REALFEEL DEVICE	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)

Drug	Status	Notes
DUREX TROPICAL	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
FANTASY LUBRICATED	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
FANTASY LUBRICATED/SPERMICIDE	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
KAMELEON LUBRICATED	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
<i>kimono</i>	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
KIMONO COLORS DEVICE	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
KIMONO MAXX-LARGE FLARE	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
<i>kimono micro thin</i>	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
<i>kimono micro thin plus</i>	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
<i>kimono plus</i>	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
<i>kimono ps</i>	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
<i>kimono ps plus</i>	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
<i>kimono sensation</i>	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
<i>kimono sensation plus</i>	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
KIMONO SPECIAL DEVICE	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
<i>maxx</i>	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)

Drug	Status	Notes
<i>maxx plus</i>	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
REALITY LATEX CONDOMS	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
REALITY LATEX/ULTRA TEXTURED DEVICE	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
REALITY LATEX/ULTRA THIN DEVICE	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
TROJAN BARESKIN DEVICE	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
TROJAN ENZ	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
TROJAN MAGNUM	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
TROJAN ULTRA RIBBED LUBRICATED DEVICE	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
TROJAN ULTRA THIN	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
TROJAN ULTRA THIN/SPERMICIDAL	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
TROJAN-ENZ LUBRICATED	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
TROJAN-ENZ/SPERMICIDAL	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
<i>true cover device</i>	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
TRUSTEX COLOR CONDOMS + LUBE	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
TRUSTEX LUB/RIBBED/STUDED	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
TRUSTEX LUB/SPERMICIDE EX ST	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)

Drug	Status	Notes
TRUSTEX LUB/SPERMICIDE XL	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
TRUSTEX LUBRICATED	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
TRUSTEX LUBRICATED EX LARGE	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
TRUSTEX LUBRICATED EXTRA ST	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
TRUSTEX LUBRICATED/SPERMICIDE	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
TRUSTEX NATURAL CONDOMS + LUBE	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
TRUSTEX NON-LUBRICATED	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
TRUSTEX RIA LUB/SPERMICIDE	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
TRUSTEX RIA LUBRICATED	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
TRUSTEX RIA NON-LUBRICATED	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
TRUSTEX-NONOXYNOL-9/RIB/STUD	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
*Diaphragms***		
CAYA DIAPHRAGM VAGINAL	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
OMNIFLEX DIAPHRAGM DIAPHRAGM VAGINAL	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
WIDE-SEAL DIAPHRAGM 60 DIAPHRAGM 2 % VAGINAL	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
WIDE-SEAL DIAPHRAGM 65 DIAPHRAGM 2 % VAGINAL	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
WIDE-SEAL DIAPHRAGM 70 DIAPHRAGM 2 % VAGINAL	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)

Drug	Status	Notes
WIDE-SEAL DIAPHRAGM 75 DIAPHRAGM 2 % VAGINAL	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
WIDE-SEAL DIAPHRAGM 80 DIAPHRAGM 2 % VAGINAL	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
WIDE-SEAL DIAPHRAGM 85 DIAPHRAGM 2 % VAGINAL	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
WIDE-SEAL DIAPHRAGM 90 DIAPHRAGM 2 % VAGINAL	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
WIDE-SEAL DIAPHRAGM 95 DIAPHRAGM 2 % VAGINAL	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
*Misc. Devices***		
<i>folding paddle walker</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
Minerals & Electrolytes		
*Fluoride***		
<i>sodium fluoride tablet 1.1 (0.5 f) mg oral</i>	\$0	ACA (Tier 3 OR coinsurance if ACA does not apply); AL (Max 6 Years)
<i>sodium fluoride tablet 2.2 (1 f) mg oral</i>	\$0	ACA (Tier 3 OR coinsurance if ACA does not apply); AL (Max 6 Years)
<i>sodium fluoride tablet chewable 0.55 (0.25 f) mg oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Max 6 Years)
<i>sodium fluoride tablet chewable 1.1 (0.5 f) mg oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Max 6 Years)
<i>sodium fluoride tablet chewable 2.2 (1 f) mg oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Max 6 Years)
Psychotherapeutic And Neurological Agents - Misc.		
*Smoking Deterrents***		
<i>apo-varenicline tablet 0.5 mg oral</i>	\$0	QL (2 tabs/ day); ACA (Tier 3 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>apo-varenicline tablet 1 mg oral</i>	\$0	QL (2 tabs/ day); ACA (Tier 3 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>bupropion hcl er (smoking det) tablet extended release 12 hour 150 mg oral</i>	\$0	QL (2 tabs/ day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>cvs nicotine gum 2 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>cvs nicotine gum 4 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>cvs nicotine lozenge 2 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)

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Drug	Status	Notes
<i>cvs nicotine patch 24 hour 14 mg/24hr transdermal</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>cvs nicotine patch 24 hour 21 mg/24hr transdermal</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>cvs nicotine patch 24 hour 7 mg/24hr transdermal</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>cvs nicotine polacrilex gum 2 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>cvs nicotine polacrilex gum 4 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>cvs nicotine polacrilex lozenge 2 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>cvs nicotine polacrilex lozenge 4 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>eq nicotine gum 4 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>eq nicotine lozenge 4 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>eq nicotine patch 24 hour 14 mg/24hr transdermal</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>eq nicotine patch 24 hour 21 mg/24hr transdermal</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>eq nicotine polacrilex gum 2 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>eq nicotine polacrilex gum 4 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>eq nicotine polacrilex lozenge 2 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>eq nicotine polacrilex lozenge 4 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>eq nicotine step 3 patch 24 hour 7 mg/24hr transdermal</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>ft nicotine gum 2 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>ft nicotine gum 4 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>ft nicotine lozenge 2 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>ft nicotine lozenge 4 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>ft nicotine mini lozenge 2 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>ft nicotine mini lozenge 4 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>ft nicotine patch 24 hour 14 mg/24hr transdermal</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>ft nicotine patch 24 hour 21 mg/24hr transdermal</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)

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Drug	Status	Notes
<i>ft nicotine patch 24 hour 7 mg/24hr transdermal</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>gnp nicotine gum 2 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>gnp nicotine gum 4 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>gnp nicotine mini lozenge 2 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>gnp nicotine mini lozenge 4 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>gnp nicotine patch 24 hour 14 mg/24hr transdermal</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>gnp nicotine patch 24 hour 21 mg/24hr transdermal</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>gnp nicotine patch 24 hour 7 mg/24hr transdermal</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>gnp nicotine polacrilex gum 2 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>gnp nicotine polacrilex gum 4 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>gnp nicotine polacrilex lozenge 2 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>gnp nicotine polacrilex lozenge 4 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>goodsense nicotine gum 2 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>goodsense nicotine gum 4 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>goodsense nicotine lozenge 2 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>goodsense nicotine lozenge 4 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>goodsense nicotine polacrilex gum 4 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
HABITROL PATCH 24 HOUR 21 MG/24HR TRANSDERMAL	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>hm nicotine polacrilex gum 2 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>hm nicotine polacrilex gum 4 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>hm nicotine polacrilex lozenge 2 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
KLS QUIT2 GUM 2 MG MOUTH/THROAT	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
KLS QUIT2 LOZENGE 2 MG MOUTH/THROAT	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
KLS QUIT4 GUM 4 MG MOUTH/THROAT	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)

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Drug	Status	Notes
KLS QUIT4 LOZENGE 4 MG MOUTH/THROAT	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
NICORETTE GUM 4 MG MOUTH/THROAT	\$0	ACA (Tier 3 OR coinsurance if ACA does not apply); AL (Min 18 Years)
NICORETTE STARTER KIT GUM 4 MG MOUTH/THROAT	\$0	ACA (Tier 3 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>nicotine kit 21-14-7 mg/24hr transdermal</i>	\$0	ACA (Tier 3 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>nicotine mini lozenge 2 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>nicotine mini lozenge 4 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>nicotine patch 24 hour 14 mg/24hr transdermal (otc)</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>nicotine patch 24 hour 21 mg/24hr transdermal (otc)</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>nicotine patch 24 hour 7 mg/24hr transdermal (otc)</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>nicotine polacrilex gum 2 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>nicotine polacrilex gum 4 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>nicotine polacrilex lozenge 2 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>nicotine polacrilex lozenge 4 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>nicotine polacrilex mini lozenge 2 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>nicotine step 1 patch 24 hour 21 mg/24hr transdermal</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>nicotine step 2 patch 24 hour 14 mg/24hr transdermal</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>nicotine step 3 patch 24 hour 7 mg/24hr transdermal</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
NICOTROL NS SOLUTION 10 MG/ML NASAL	\$0	QL (3 units/ month); ACA (Tier 3 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>qc nicotine transdermal system patch 24 hour 14 mg/24hr transdermal</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>qc nicotine transdermal system patch 24 hour 21 mg/24hr transdermal</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>ra mini nicotine lozenge 2 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>ra mini nicotine lozenge 4 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>ra nicotine gum 2 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)

Drug	Status	Notes
<i>ra nicotine gum 4 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>ra nicotine gum gum 2 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>ra nicotine gum gum 4 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>ra nicotine patch 24 hour 14 mg/24hr transdermal</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>ra nicotine patch 24 hour 21 mg/24hr transdermal</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>ra nicotine polacrilex lozenge 2 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>ra nicotine polacrilex lozenge 4 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>sm nicotine gum 4 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>sm nicotine lozenge 2 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>sm nicotine patch 24 hour 14 mg/24hr transdermal</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>sm nicotine patch 24 hour 21 mg/24hr transdermal</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>sm nicotine patch 24 hour 7 mg/24hr transdermal</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>sm nicotine polacrilex gum 2 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>sm nicotine polacrilex gum 4 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>sm nicotine polacrilex lozenge 2 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>sm nicotine polacrilex lozenge 4 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
THRIVE GUM 2 MG MOUTH/THROAT	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>varenicline tartrate (starter) tablet therapy pack 0.5 mg x 11 & 1 mg x 42 oral</i>	\$0	QL (2 tabs/ day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>varenicline tartrate tablet 0.5 mg oral</i>	\$0	QL (2 tabs/ day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>varenicline tartrate tablet 1 mg oral</i>	\$0	QL (2 tabs/ day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>varenicline tartrate(continue) tablet 1 mg oral</i>	\$0	QL (2 tabs/ day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)

Drug	Status	Notes
Toxoids		
*Toxoid Combinations***		
ADACEL SUSPENSION 5-2-15.5 LF-MCG/0.5 INTRAMUSCULAR	\$0	QL (1.5 per year); Vaccine
ADACEL SUSPENSION PREFILLED SYRINGE 5-2-15.5 LF-MCG/0.5 INTRAMUSCULAR	\$0	QL (1.5 per year); Vaccine
BOOSTRIX SUSPENSION 5-2.5-18.5 LF-MCG/0.5 INTRAMUSCULAR	\$0	QL (1.5 per year); Vaccine
BOOSTRIX SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5 INTRAMUSCULAR	\$0	QL (1.5 per year); Vaccine
DAPTACEL SUSPENSION 23-15-5 INTRAMUSCULAR	\$0	QL (3 doses/ year); Vaccine
INFANRIX SUSPENSION 25-58-10 INTRAMUSCULAR	\$0	QL (3 doses/ year); Vaccine
KINRIX SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR	\$0	QL (1 dose/ lifetime); Vaccine; AL (Min 4 Years and Max 6 Years)
PEDIARIX SUSPENSION PREFILLED SYRINGE INTRAMUSCULAR	\$0	QL (3 doses/ year); Vaccine; AL (Max 6 Years)
PENTACEL SUSPENSION RECONSTITUTED INTRAMUSCULAR	\$0	Vaccine
QUADRACEL SUSPENSION INTRAMUSCULAR	\$0	QL (1 dose/ lifetime); Vaccine; AL (Min 4 Years and Max 6 Years)
QUADRACEL SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR	\$0	QL (1 dose/ lifetime); Vaccine; AL (Min 4 Years and Max 6 Years)
TDVAX SUSPENSION 2-2 LF/0.5ML INTRAMUSCULAR	\$0	QL (1.5 per year); Vaccine
TENIVAC SUSPENSION 5-2 LF/0.5ML INTRAMUSCULAR	\$0	QL (1.5 per year); Vaccine
VAXELIS SUSPENSION INTRAMUSCULAR	\$0	Vaccine; AL (Max 5 Years)
VAXELIS SUSPENSION PREFILLED SYRINGE INTRAMUSCULAR	\$0	Vaccine; AL (Max 5 Years)
Vaccines		
*Bacterial Vaccines***		
ACTHIB SOLUTION RECONSTITUTED INTRAMUSCULAR	\$0	Vaccine
<i>bcg vaccine solution reconstituted 50 mg injection</i>	\$0	Vaccine
BEXSERO SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR	\$0	QL (1 per year); Vaccine; AL (Min 10 Years)
BIOTHRAX SUSPENSION INTRAMUSCULAR	\$0	Vaccine
CAPVAXIVE SOLUTION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR	\$0	QL (1 per lifetime); Vaccine; AL (Min 18 Years)
HIBERIX SOLUTION RECONSTITUTED 10 MCG INJECTION	\$0	Vaccine
MENACTRA SOLUTION INTRAMUSCULAR	\$0	QL (0.5 per year); Vaccine; AL (Max 23 Years)
MENQUADFI SOLUTION 0.5 ML INTRAMUSCULAR	\$0	QL (0.5 per year); Vaccine; AL (Max 23 Years)

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Drug	Status	Notes
MENVEO SOLUTION INTRAMUSCULAR	\$0	Vaccine
MENVEO SOLUTION RECONSTITUTED INTRAMUSCULAR	\$0	Vaccine
PEDVAX HIB SUSPENSION 7.5 MCG/0.5ML INTRAMUSCULAR	\$0	Vaccine
PENBRAYA SUSPENSION RECONSTITUTED INTRAMUSCULAR	\$0	Vaccine; AL (Min 10 Years and Max 25 Years)
<i>penmenvy suspension reconstituted intramuscular</i>	\$0	Vaccine
PNEUMOVAX 23 SOLUTION 25 MCG/0.5ML INJECTION	\$0	QL (1 per year); Vaccine
PNEUMOVAX 23 SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML INJECTION	\$0	QL (1 per year); Vaccine
PREVNAR 13 SUSPENSION INTRAMUSCULAR	\$0	QL (0.5 per lifetime); Vaccine
PREVNAR 20 SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR	\$0	QL (0.5 per lifetime); Vaccine
TRUMENBA SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR	\$0	QL (1.5 per year); Vaccine; AL (Min 10 Years and Max 26 Years)
TYPHIM VI SOLUTION 25 MCG/0.5ML INTRAMUSCULAR	\$0	Vaccine
TYPHIM VI SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML INTRAMUSCULAR	\$0	Vaccine
VAXCHORA SUSPENSION RECONSTITUTED ORAL	\$0	Vaccine
VAXNEUVANCE SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR	\$0	QL (0.5 per lifetime); Vaccine
VIVOTIF CAPSULE DELAYED RELEASE ORAL	\$0	Vaccine
VIVOTIF CAPSULE DELAYED RELEASE ORAL	\$0	QL (4 per month); Vaccine
*Viral Vaccine Combinations***		
M-M-R II SOLUTION RECONSTITUTED INJECTION	\$0	Vaccine
PRIORIX SUSPENSION RECONSTITUTED SUBCUTANEOUS	\$0	Vaccine
PROQUAD SUSPENSION RECONSTITUTED SUBCUTANEOUS	\$0	Vaccine
TWINRIX SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML INTRAMUSCULAR	\$0	QL (3 per year); Vaccine; AL (Min 18 Years)
*Viral Vaccines***		
ABRYSVO SOLUTION RECONSTITUTED 120 MCG/0.5ML INTRAMUSCULAR	\$0	QL (1 per lifetime); Vaccine; AL (Min 60 Years)
ACAM2000 SOLUTION RECONSTITUTED INJECTION	\$0	Vaccine
AFLURIA PRESERVATIVE FREE SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR	\$0	QL (1 per 274 days); Vaccine; AL (Min 6 Months)
AFLURIA SUSPENSION INTRAMUSCULAR	\$0	QL (1 per 274 days); Vaccine; AL (Min 6 Months)
AREXVY SUSPENSION RECONSTITUTED 120 MCG/0.5ML INTRAMUSCULAR	\$0	QL (1 per lifetime); Vaccine; AL (Min 60 Years)

Drug	Status	Notes
COMIRNATY 5-11 YEARS SUSPENSION 10 MCG/0.3ML INTRAMUSCULAR	\$0	QL (2 per year); Vaccine; AL (Min 5 Years and Max 11 Years)
COMIRNATY SUSPENSION PREFILLED SYRINGE 30 MCG/0.3ML INTRAMUSCULAR	\$0	Vaccine; AL (Min 12 Years)
DENGVAXIA SUSPENSION RECONSTITUTED SUBCUTANEOUS	\$0	Vaccine
ENGERIX-B SUSPENSION 20 MCG/ML INJECTION	\$0	Vaccine
ENGERIX-B SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML INJECTION	\$0	Vaccine
ENGERIX-B SUSPENSION PREFILLED SYRINGE 20 MCG/ML INJECTION	\$0	Vaccine
FLUAD SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR	\$0	QL (0.5 per 274 days); Vaccine; AL (Min 65 Years)
FLUARIX SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR	\$0	QL (1 per 274 days); Vaccine; AL (Min 6 Months)
FLUBLOK SOLUTION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR	\$0	QL (0.5 per 274 days); Vaccine; AL (Min 9 Years)
FLUCELVAX SUSPENSION INTRAMUSCULAR	\$0	QL (1 per 274 days); Vaccine; AL (Min 6 Months)
FLUCELVAX SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR	\$0	QL (1 per 274 days); Vaccine; AL (Min 6 Months)
FLULAVAL SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR	\$0	QL (1 per 274 days); Vaccine; AL (Min 6 Months)
FLUMIST LIQUID NASAL	\$0	QL (0.4 per 274 days); Vaccine; AL (Min 2 Years and Max 49 Years)
FLUZONE HIGH-DOSE SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR	\$0	QL (0.5 per 274 days); Vaccine; AL (Min 65 Years)
FLUZONE SUSPENSION INTRAMUSCULAR	\$0	QL (1 per 274 days); Vaccine; AL (Min 6 Months)
FLUZONE SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR	\$0	QL (1 per 274 days); Vaccine; AL (Min 6 Months)
GARDASIL 9 SUSPENSION 0.5 ML INTRAMUSCULAR	\$0	QL (1.5 per lifetime); Vaccine; AL (Min 9 Years and Max 45 Years)
GARDASIL 9 SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR	\$0	QL (1.5 per lifetime); Vaccine; AL (Min 9 Years and Max 45 Years)
HAVRIX SUSPENSION PREFILLED SYRINGE 1440 EL U/ML INTRAMUSCULAR	\$0	QL (4 per lifetime); Vaccine
HAVRIX SUSPENSION PREFILLED SYRINGE 720 EL U/0.5ML INTRAMUSCULAR	\$0	QL (2 per lifetime); Vaccine
HEPLISAV-B SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML INTRAMUSCULAR	\$0	QL (1.5 per year); Vaccine; AL (Min 18 Years)
IMOVAX RABIES SUSPENSION RECONSTITUTED 2.5 UNIT/ML INTRAMUSCULAR	\$0	Vaccine
IPOL SUSPENSION INJECTION	\$0	Vaccine
IXCHIQ SOLUTION RECONSTITUTED INTRAMUSCULAR	\$0	Vaccine
IXIARO SUSPENSION INTRAMUSCULAR	\$0	Vaccine

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Drug	Status	Notes
JYNNEOS SUSPENSION 0.5 ML SUBCUTANEOUS	\$0	QL (1 per year); Vaccine; AL (Min 18 Years)
MNEXSPIKE SUSPENSION PREFILLED SYRINGE 10 MCG/0.2ML INTRAMUSCULAR	\$0	Vaccine; AL (Min 12 Years)
MRESVIA SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML INTRAMUSCULAR	\$0	Vaccine; AL (Min 60 Years)
<i>nuvaxovid covid-19 vaccine suspension prefilled syringe 5 mcg/0.5ml intramuscular</i>	\$0	QL (1 per year); Vaccine; AL (Min 12 Years)
PREHEVBRIO SUSPENSION 10 MCG/ML INTRAMUSCULAR	\$0	Vaccine
RABAVERT SUSPENSION RECONSTITUTED INTRAMUSCULAR	\$0	Vaccine
RECOMBIVAX HB SUSPENSION 10 MCG/ML INJECTION	\$0	Vaccine
RECOMBIVAX HB SUSPENSION 40 MCG/ML INJECTION	\$0	Vaccine
RECOMBIVAX HB SUSPENSION 5 MCG/0.5ML INJECTION	\$0	Vaccine
RECOMBIVAX HB SUSPENSION PREFILLED SYRINGE 10 MCG/ML INJECTION	\$0	Vaccine
RECOMBIVAX HB SUSPENSION PREFILLED SYRINGE 5 MCG/0.5ML INJECTION	\$0	Vaccine
ROTATEQ SOLUTION ORAL	\$0	Vaccine
SHINGRIX SUSPENSION RECONSTITUTED 50 MCG/0.5ML INTRAMUSCULAR	\$0	QL (2 per lifetime); Vaccine; AL (Min 50 Years)
SPIKEVAX 6M-11Y SUSPENSION PREFILLED SYRINGE 25 MCG/0.25ML INTRAMUSCULAR	\$0	Vaccine; AL (Min 6 Months and Max 11 Years)
SPIKEVAX SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML INTRAMUSCULAR	\$0	Vaccine; AL (Min 12 Years)
<i>stamaril suspension reconstituted injection</i>	\$0	Vaccine
TICOVAC SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML INTRAMUSCULAR	\$0	Vaccine
TICOVAC SUSPENSION PREFILLED SYRINGE 2.4 MCG/0.5ML INTRAMUSCULAR	\$0	Vaccine
VAQTA SUSPENSION 25 UNIT/0.5ML INTRAMUSCULAR	\$0	QL (2 per lifetime); Vaccine
VAQTA SUSPENSION 50 UNIT/ML INTRAMUSCULAR	\$0	QL (4 per lifetime); Vaccine
VAQTA SUSPENSION PREFILLED SYRINGE 25 UNIT/0.5ML INTRAMUSCULAR	\$0	QL (2 per lifetime); Vaccine
VAQTA SUSPENSION PREFILLED SYRINGE 50 UNIT/ML INTRAMUSCULAR	\$0	QL (4 per lifetime); Vaccine
VARIVAX SUSPENSION RECONSTITUTED 1350 PFU/0.5ML INJECTION	\$0	QL (1 per year); Vaccine
VIMKUNYA SUSPENSION PREFILLED SYRINGE 40 MCG/0.8ML INTRAMUSCULAR	\$0	Vaccine; AL (Min 12 Years)

Drug	Status	Notes
YF-VAX SUSPENSION RECONSTITUTED SUBCUTANEOUS	\$0	Vaccine
Vaginal And Related Products		
*Spermicides***		
ENCARE SUPPOSITORY 100 MG VAGINAL	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
OPTIONS GYNOL II CONTRACEPTIVE GEL 3 % VAGINAL	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
TODAY SPONGE 1000 MG VAGINAL	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
VCF VAGINAL CONTRACEPTIVE FILM 28 % VAGINAL	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
VCF VAGINAL CONTRACEPTIVE GEL 4 % VAGINAL	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
Vitamins		
*Vitamin D***		
<i>aqueous vitamin d liquid 10 mcg/ml oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
BABY DDROPS LIQUID 10 MCG /0.028ML ORAL	\$0	ACA (Tier 3 OR coinsurance if ACA does not apply); AL (Min 65 Years)
BABY DDROPS LIQUID 10 MCG/0.03ML ORAL	\$0	ACA (Tier 3 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>baby super daily d3 liquid 10 mcg /0.028ml oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>baby vitamin d3 liquid 10 mcg /0.028ml oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
BIO-D-MULSION FORTE LIQUID 50 MCG/0.04ML ORAL	\$0	ACA (Tier 3 OR coinsurance if ACA does not apply); AL (Min 65 Years)
BIO-D-MULSION LIQUID 10 MCG/0.04ML ORAL	\$0	ACA (Tier 3 OR coinsurance if ACA does not apply); AL (Min 65 Years)
BPROTECTED PEDIA D-VITE LIQUID 10 MCG/ML ORAL	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>cholecalciferol tablet 50 mcg (2000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>cvs d3 capsule 10 mcg (400 unit) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>cvs d3 capsule 125 mcg (5000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>cvs d3 capsule 25 mcg (1000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>cvs d3 capsule 250 mcg (10000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)

Drug	Status	Notes
<i>cvs d3 capsule 50 mcg (2000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>cvs vitamin d3 capsule 250 mcg (10000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>cvs vitamin d3 tablet chewable 25 mcg (1000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>d 1000 capsule 25 mcg (1000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>d 1000 tablet chewable 25 mcg (1000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>d 10000 capsule 250 mcg (10000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>d 5000 capsule 125 mcg (5000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>d-1000 extra strength tablet 25 mcg (1000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>d2000 ultra strength capsule 50 mcg (2000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>d3 2000 capsule 50 mcg (2000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>d3 5000 capsule 125 mcg (5000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>d3 adult tablet chewable 25 mcg (1000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>d3 baby drops liquid 10 mcg /0.025ml oral</i>	\$0	ACA (Tier 3 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>d3 capsule 25 mcg (1000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>d3 extra strength capsule 125 mcg (5000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>d3 high potency capsule 125 mcg (5000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>d3 high potency capsule 25 mcg (1000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>d3 high potency capsule 25 mcg oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>d3 high potency capsule 250 mcg (10000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>d3 high potency capsule 50 mcg (2000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>d3 high potency tablet 10 mcg (400 unit) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>d3 kids tablet chewable 10 mcg (400 unit) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>d3 max st capsule 250 mcg (10000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>d3 maximum strength capsule 125 mcg (5000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)

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Drug	Status	Notes
<i>d3 super strength capsule 50 mcg (2000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>d3 tablet 50 mcg (2000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>d3 tablet chewable 50 mcg (2000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>d3 tablet chewable 62.5 mcg (2500 ut) oral</i>	\$0	ACA (Tier 3 OR coinsurance if ACA does not apply)
<i>d3-1000 capsule 25 mcg (1000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>d3-1000 tablet 25 mcg (1000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>d-3-5 capsule 125 mcg (5000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
D3-50 CAPSULE 1.25 MG (50000 UT) ORAL	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>d-400 tablet 10 mcg (400 unit) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>d-5000 tablet 125 mcg (5000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
DDROPS BOOSTER LIQUID 15 MCG /0.028ML ORAL	\$0	ACA (Tier 3 OR coinsurance if ACA does not apply); AL (Min 65 Years)
DDROPS LIQUID 25 MCG /0.028ML ORAL	\$0	ACA (Tier 3 OR coinsurance if ACA does not apply)
DDROPS LIQUID 25 MCG/0.03ML ORAL	\$0	ACA (Tier 3 OR coinsurance if ACA does not apply)
DDROPS LIQUID 50 MCG /0.028ML ORAL	\$0	ACA (Tier 3 OR coinsurance if ACA does not apply)
DDROPS LIQUID 50 MCG/0.03ML ORAL	\$0	ACA (Tier 3 OR coinsurance if ACA does not apply)
DECARA CAPSULE 1.25 MG (50000 UT) ORAL	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
DECARA CAPSULE 625 MCG (25000 UT) ORAL	\$0	ACA (Tier 3 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>delta d3 tablet 10 mcg (400 unit) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
DIALYVITE VITAMIN D 5000 CAPSULE 125 MCG (5000 UT) ORAL	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
DIALYVITE VITAMIN D3 MAX TABLET 1.25 MG (50000 UT) ORAL	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
D-VI-SOL LIQUID 10 MCG/ML ORAL	\$0	ACA (Tier 3 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>d-vite pediatric liquid 10 mcg/ml oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>eq d3 drops infants/childrens liquid 10 mcg /0.025ml oral</i>	\$0	ACA (Tier 3 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>eq1 vitamin d3 capsule 10 mcg (400 unit) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)

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Drug	Status	Notes
<i>eql vitamin d3 capsule 125 mcg (5000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>eql vitamin d3 capsule 25 mcg (1000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>eql vitamin d3 capsule 50 mcg (2000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>eql vitamin d3 gummies tablet chewable 25 mcg (1000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>finest nutrition vitamin d3 capsule 25 mcg (1000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>ft vitamin d3 capsule 25 mcg oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>ft vitamin d3 capsule 50 mcg (2000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>ft vitamin d3 rapid release capsule 125 mcg (5000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>ft vitamin d3 rapid release capsule 250 mcg (10000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>ft vitamin d3 tablet 125 mcg (5000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>ft vitamin d3 tablet 25 mcg (1000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>ft vitamin d3 tablet 250 mcg (10000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>ft vitamin d3 tablet 50 mcg oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>gnp d 1000 capsule 25 mcg (1000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>gnp d 2000 tablet chewable 25 mcg (1000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>gnp d3 capsule 125 mcg (5000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>gnp d3 capsule 250 mcg (10000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>gnp d3 capsule 50 mcg (2000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>gnp d3 tablet 250 mcg (10000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>gnp vitamin d maximum strength tablet 50 mcg (2000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>gnp vitamin d super strength tablet 125 mcg (5000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>gnp vitamin d tablet 25 mcg (1000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>gnp vitamin d tablet chewable 10 mcg (400 unit) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>gnp vitamin d3 extra strength tablet 25 mcg (1000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)

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Drug	Status	Notes
<i>gnp vitamin d3 tablet 10 mcg (400 unit) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>gnp vitamin d-400 tablet 10 mcg (400 unit) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
KIDS FIRST VITAMIN D3 GUMMIES TABLET CHEWABLE 25 MCG (1000 UT) ORAL	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>kls d3 capsule 50 mcg (2000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>kp vitamin d capsule 25 mcg (1000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>kp vitamin d tablet chewable 10 mcg (400 unit) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>kp vitamin d3 capsule 25 mcg (1000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>kp vitamin d3 capsule 50 mcg (2000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
MAXIMUM D3 CAPSULE 325 MCG (13000 UT) ORAL	\$0	ACA (Tier 3 OR coinsurance if ACA does not apply); AL (Min 65 Years)
MOMMY'S BLISS VIT D ORGANIC LIQUID 10 MCG /0.036ML ORAL	\$0	ACA (Tier 3 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>nat-rul vitamin d tablet 125 mcg (5000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>nat-rul vitamin d tablet 25 mcg (1000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>nat-rul vitamin d tablet 50 mcg (2000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>natural vitamin d-3 tablet 125 mcg (5000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
OPTIMAL D3 CAPSULE 1.25 MG (50000 UT) ORAL	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
OPTIMAL D3 M CAPSULE 350 MCG (14000 UT) ORAL	\$0	ACA (Tier 3 OR coinsurance if ACA does not apply); AL (Min 65 Years)
OPURITY VITAMIN D TABLET CHEWABLE 125 MCG (5000 UT) ORAL	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>pharmacist choice d-vitamin liquid 400 unit/ml oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
PRONUTRIENTS VITAMIN D3 CAPSULE 25 MCG (1000 UT) ORAL	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>qc vitamin d3 capsule 25 mcg (1000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>qc vitamin d3 capsule 50 mcg (2000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>qc vitamin d3 tablet 10 mcg (400 unit) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>qc vitamin d3 tablet 125 mcg (5000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>qc vitamin d3 tablet 25 mcg (1000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)

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Drug	Status	Notes
<i>qc vitamin d3 tablet 50 mcg (2000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>ra vitamin d-3 capsule 125 mcg (5000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>ra vitamin d-3 capsule 50 mcg (2000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>ra vitamin d-3 tablet 25 mcg (1000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
RADIANCE PLATINUM VITAMIN D3 TABLET 125 MCG (5000 UT) ORAL	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
REPLESTA NX WAFER 350 MCG (14000 UT) ORAL	\$0	ACA (Tier 3 OR coinsurance if ACA does not apply); AL (Min 65 Years)
REPLESTA WAFER 1.25 MG (50000 UT) ORAL	\$0	ACA (Tier 3 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>sm vitamin d3 tablet 25 mcg (1000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>super daily d3 liquid 25 mcg /0.028ml oral</i>	\$0	ACA (Tier 3 OR coinsurance if ACA does not apply)
<i>super daily d3 liquid 50 mcg /0.028ml oral</i>	\$0	ACA (Tier 3 OR coinsurance if ACA does not apply)
<i>sv vitamin d3 capsule 25 mcg oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>sv vitamin d3 capsule 50 mcg (2000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>sv vitamin d3 tablet chewable 25 mcg oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
THERA-D 2000 TABLET 50 MCG (2000 UT) ORAL	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
THERA-D 4000 TABLET 100 MCG (4000 UT) ORAL	\$0	ACA (Tier 3 OR coinsurance if ACA does not apply); AL (Min 65 Years)
THERA-D RAPID REPLETION TABLET 50 MCG (2000 UT) ORAL	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>true vitamin d3 capsule 1.25 mg (50000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>true vitamin d3 capsule 10 mcg (400 unit) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>true vitamin d3 capsule 125 mcg (5000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>true vitamin d3 capsule 25 mcg (1000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>true vitamin d3 capsule 250 mcg (10000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>true vitamin d3 capsule 50 mcg (2000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>true vitamin d3 tablet 1.25 mg (50000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>true vitamin d3 tablet 10 mcg (400 unit) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)

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Drug	Status	Notes
<i>true vitamin d3 tablet 125 mcg (5000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>true vitamin d3 tablet 25 mcg (1000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>true vitamin d3 tablet 250 mcg (10000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>true vitamin d3 tablet 50 mcg oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
UPSPRING BABY VIT D LIQUID 10 MCG /0.025ML ORAL	\$0	ACA (Tier 3 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitachew vitamin d3 tablet chewable 25 mcg (1000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
VITAJLOY DAILY D GUMMIES TABLET CHEWABLE 25 MCG (1000 UT) ORAL	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
VITAMEELTS VITAMIN D TABLET DISPERSIBLE 25 MCG (1000 UT) ORAL	\$0	ACA (Tier 3 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d (cholecalciferol) capsule 10 mcg (400 unit) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d (cholecalciferol) capsule 25 mcg (1000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d (cholecalciferol) capsule 50 mcg (2000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d (cholecalciferol) tablet 10 mcg (400 unit) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d (cholecalciferol) tablet 25 mcg (1000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d capsule 1.25 mg (50000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d capsule 125 mcg oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d capsule 50 mcg (2000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d high potency capsule 1.25 mg (50000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d high potency capsule 25 mcg (1000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d infant liquid 10 mcg/ml oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d liquid 10 mcg/ml oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d tablet 25 mcg (1000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d tablet 400 unit oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d tablet 50 mcg (2000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
VITAMIN D-1000 MAX ST TABLET 25 MCG (1000 UT) ORAL	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)

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Drug	Status	Notes
<i>vitamin d3 adult gummies tablet chewable 25 mcg (1000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d3 capsule 1.25 mg (50000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d3 capsule 10 mcg (400 unit) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d3 capsule 1000 unit oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d3 capsule 125 mcg (5000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d3 capsule 25 mcg (1000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d-3 capsule 25 mcg (1000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d3 capsule 25 mcg oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d3 capsule 250 mcg (10000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d3 capsule 50 mcg (2000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d3 capsule 62.5 mcg oral</i>	\$0	ACA (Tier 3 OR coinsurance if ACA does not apply)
<i>vitamin d3 extra strength tablet chewable 25 mcg (1000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d3 fast dissolve tablet dispersible 50 mcg (2000 ut) oral</i>	\$0	ACA (Tier 3 OR coinsurance if ACA does not apply)
<i>vitamin d3 gummies adult tablet chewable 25 mcg (1000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d3 gummies tablet chewable 25 mcg (1000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
VITAMIN D3 IMMUNE HEALTH LIQUID 25 MCG/10ML ORAL	\$0	ACA (Tier 3 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d3 liquid 10 mcg/ml oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d3 liquid 125 mcg/0.5ml oral</i>	\$0	ACA (Tier 3 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d3 liquid 125 mcg/ml oral</i>	\$0	ACA (Tier 3 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d3 liquid 30 mcg/15ml oral</i>	\$0	ACA (Tier 3 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d3 liquid 5000 unit/ml oral</i>	\$0	ACA (Tier 3 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d3 maximum strength capsule 125 mcg (5000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d3 tablet 10 mcg (400 unit) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d3 tablet 125 mcg (5000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)

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Drug	Status	Notes
<i>vitamin d3 tablet 20 mcg (800 unit) oral</i>	\$0	ACA (Tier 3 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d3 tablet 25 mcg (1000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d-3 tablet 25 mcg (1000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d3 tablet 25 mcg oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d3 tablet 250 mcg (10000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d3 tablet 250 mcg (10000 ut) oral</i>	\$0	ACA (Tier 3 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d3 tablet 50 mcg (2000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d3 tablet 75 mcg (3000 ut) oral</i>	\$0	ACA (Tier 3 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d3 tablet chewable 10 mcg (400 unit) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d3 tablet chewable 125 mcg (5000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d3 tablet chewable 25 mcg (1000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d3 tablet chewable 50 mcg (2000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d3 tablet dispersible 125 mcg (5000 ut) oral</i>	\$0	ACA (Tier 3 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d3 ultra potency tablet 1250 mcg oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
WEEKLY-D CAPSULE 1.25 MG (50000 UT) ORAL	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>well vitamin d3 capsule 125 mcg (5000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>well vitamin d3 capsule 25 mcg (1000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>well vitamin d3 capsule 50 mcg (2000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
YUMVS VITAMIN D3 TABLET CHEWABLE 25 MCG (1000 UT) ORAL	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
YUMVS VITAMIN D3 ZERO TABLET CHEWABLE 25 MCG (1000 UT) ORAL	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
YUMVS VITAMIN D3 ZERO TABLET CHEWABLE 62.5 MCG (2500 UT) ORAL	\$0	ACA (Tier 3 OR coinsurance if ACA does not apply)
YUMVSKIDS VITAMIN D3 ZERO TABLET CHEWABLE 25 MCG (1000 UT) ORAL	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)

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<i>ft aspirin</i>	5	JUNEL 1.5/30	12	MEDIQUE ASPIRIN	6
<i>ft aspirin low dose</i>	5	JUNEL 1/20	12	<i>medroxyprogesterone acetate</i>	18
<i>ft enteric coated aspirin</i>	5	JUNEL FE 1.5/30	12	<i>meijer aspirin ec</i>	6
<i>ft nicotine</i>	27, 28	JUNEL FE 1/20	12	MELEYA	19
<i>ft nicotine mini</i>	27	JUNEL FE 24	12	MENACTRA	31
<i>ft vitamin d3</i>	38	JYNNEOS	34	MENQUADFI	31
<i>ft vitamin d3 rapid release</i>	38	KALLIGA	12	MENVEO	32
GARDASIL 9	33	KAMELEON LUBRICATED	23	MICROGESTIN 1.5/30	13
GAVILYTE-G	22	KARIVA	9	MICROGESTIN 1/20	13
GAVILYTE-N WITH FLAVOR		KELNOR 1/35	12	MICROGESTIN FE 1.5/30	13
PACK	22	KELNOR 1/50	12	MICROGESTIN FE 1/20	13
<i>genuine aspirin</i>	5	KIDS FIRST VITAMIN D3		MILI	13
<i>gnp adult aspirin low strength</i>	5	GUMMIES	39	<i>mm aspirin</i>	7
<i>gnp aspirin</i>	6	<i>kimono</i>	23	M-M-R II	32
<i>gnp aspirin low dose</i>	5	KIMONO COLORS	23	MNEXSPIKE	34
<i>gnp d 1000</i>	38	KIMONO MAXX-LARGE FLARE	23	MOMMY'S BLISS VIT D	
<i>gnp d 2000</i>	38	<i>kimono micro thin</i>	23	ORGANIC	39
<i>gnp d3</i>	38	<i>kimono micro thin plus</i>	23	MONO-LINYAH	13
<i>gnp nicotine</i>	28	<i>kimono plus</i>	23	MRESVIA	34
<i>gnp nicotine mini</i>	28	<i>kimono ps</i>	23	MY CHOICE	17
<i>gnp nicotine polacrilex</i>	28	<i>kimono ps plus</i>	23	MY WAY	17
<i>gnp vitamin d</i>	38	<i>kimono sensation</i>	23	<i>nat-rul vitamin d</i>	39
<i>gnp vitamin d maximum strength</i>	38	<i>kimono sensation plus</i>	23	<i>natural vitamin d-3</i>	39
<i>gnp vitamin d super strength</i>	38	KIMONO SPECIAL	23	NECON 0.5/35 (28)	13
<i>gnp vitamin d3</i>	39	KINRIX	31	NEW DAY	17
<i>gnp vitamin d3 extra strength</i>	38	<i>kls aspirin low dose</i>	6	NICORETTE	29
<i>gnp vitamin d-400</i>	39	<i>kls d3</i>	39	NICORETTE STARTER KIT	29
<i>goodsense aspirin</i>	6	KLS QUIT2	28	<i>nicotine</i>	29
<i>goodsense aspirin adults</i>	6	KLS QUIT4	28, 29	<i>nicotine mini</i>	29
<i>goodsense aspirin low dose</i>	6	<i>kp aspirin</i>	6	<i>nicotine polacrilex</i>	29
<i>goodsense nicotine</i>	28	<i>kp folic acid</i>	21	<i>nicotine polacrilex mini</i>	29
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HEATHER	19	LEENA	20	<i>norethindrone acet-ethinyl est</i>	14
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<i>hm aspirin ec</i>	6	<i>levonorgestrel-ethinyl estrad</i>	13, 16	NORTREL 0.5/35 (28)	14
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