

\$0 Preventive Medications Under the Affordable Care Act

Open Drug List

The Affordable Care Act (ACA) requires most group and individual health plans to waive cost share for in-network preventive services, including certain preventive medications and devices. This requirement does not apply to “grandfathered plans.” If you do not know whether your plan is subject to this requirement, please contact 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 under the Open Drug List benefit design.

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

ACA Prevention Drug List

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

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

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Drug	Status	Notes
<i>cvs aspirin ec oral tablet delayed release 81 mg</i>	\$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
<i>cvs aspirin low dose</i>	\$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
<i>cvs aspirin low strength oral tablet delayed release</i>	\$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
<i>cvs aspirin oral tablet 325 mg</i>	\$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
<i>cvs genuine aspirin</i>	\$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
ECOTRIN	\$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
ECOTRIN ARTHRTIS PAIN	\$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
ECOTRIN LOW STRENGTH	\$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
ECPIRIN	\$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
<i>eq aspirin adult low dose</i>	\$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
<i>eq aspirin low dose oral tablet chewable</i>	\$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
<i>eq aspirin oral tablet</i>	\$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)

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

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

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

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

Drug	Status	Notes
<i>sm aspirin ec low strength</i>	\$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
<i>sm aspirin low dose oral tablet chewable</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
<i>sm aspirin low dose oral tablet delayed release</i>	\$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
<i>sm childrens aspirin</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
ST JOSEPH ASPIRIN ORAL TABLET DELAYED RELEASE	\$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE	\$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
Antineoplastics And Adjunctive Therapies		
*Antiestrogens***		
<i>tamoxifen citrate oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply)
*Aromatase Inhibitors***		
<i>anastrozole oral</i>	\$0	QL (1 tablet per day); ACA (Tier 1 OR coinsurance if ACA does not apply)
<i>exemestane</i>	\$0	QL (1 tablet per day); ACA (Tier 1 OR coinsurance if ACA does not apply); F
<i>letrozole oral</i>	\$0	QL (1 tablet per day); ACA (Tier 1 OR coinsurance if ACA does not apply); F
Antivirals		
*Antiretroviral Combinations***		
DESCOVY	\$0	QL (1 tablet per day); ACA (Tier 3 OR coinsurance if ACA does not apply)
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	\$0	QL (1 tablet per day); ACA (Tier 3 OR coinsurance if ACA does not apply)

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Drug	Status	Notes
Contraceptives		
*Biphasic Contraceptives - Oral***		
AZURETTE	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
KARIVA	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
LO LOESTRIN FE	\$0	QL (28 tablets per month); ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply); F
PIMTREA	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
SIMLIYA	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
<i>viorele</i>	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
VOLNEA	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
*Combination Contraceptives - Oral***		
AFIRMELLE	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
ALTAVERA	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
<i>alyacen 1/35</i>	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
APRI	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
AUBRA EQ	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
AUROVELA 1.5/30	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
AUROVELA 1/20	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F

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

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Drug	Status	Notes
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
ELINEST	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
ESTARYLLA	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
<i>ethynodiol diac-eth estradiol</i>	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
FALMINA	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
FEIRZA 1.5/30	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
FEIRZA 1/20	\$0	QL (28 tablets per month); F
HAILEY 1.5/30	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
HAILEY 24 FE	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
HAILEY FE 1.5/30	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
HAILEY FE 1/20	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
ISIBLOOM	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
JULEBER	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
JUNEL 1.5/30	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
JUNEL 1/20	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F

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

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

Drug	Status	Notes
NORTREL 0.5/35 (28)	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
NORTREL 1/35 (21)	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
NORTREL 1/35 (28)	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
NYLIA 1/35	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
OCELLA	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
ORSYTHIA	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
PHILITH	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
PORTIA-28	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
RECLIPSEN	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
SPRINTEC 28	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
SRONYX	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
SYEDA	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TARINA 24 FE	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TARINA FE 1/20 EQ	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TURQOZ	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TYBLUME ORAL TABLET CHEWABLE	\$0	QL (28 tablets per month); ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply); F

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Drug	Status	Notes
VALTYA 1/50	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
VIENVA	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
VYFEMLA	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
VYLIBRA	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
WERA	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
WYMZYA FE	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
XELRIA FE	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
ZUMANDIMINE	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
*Combination Contraceptives - Transdermal***		
<i>norelgestromin-eth estradiol</i>	\$0	QL (3 patches per month); ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply); F
XULANE	\$0	QL (3 patches per month); ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply); F
ZAFEMY	\$0	QL (3 patches per month); ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply); F
*Combination Contraceptives - Vaginal***		
ELURYNG	\$0	QL (1 vaginal ring per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
ENILLORING	\$0	QL (1 vaginal ring per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
<i>etonogestrel-ethinyl estradiol</i>	\$0	QL (1 vaginal ring per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F

Drug	Status	Notes
HALOETTE	\$0	QL (1 vaginal ring per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
*Continuous Contraceptives - Oral***		
AMETHYST	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg</i>	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
*Emergency Contraceptives***		
AFTERA	\$0	QL (3 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
CURAE	\$0	QL (3 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
ECONTRA ONE-STEP	\$0	QL (3 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
<i>levonorgestrel oral tablet 1.5 mg</i>	\$0	QL (3 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
MY CHOICE	\$0	QL (3 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
MY WAY	\$0	QL (3 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
NEW DAY	\$0	QL (3 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
OPCICON ONE-STEP	\$0	QL (3 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
OPTION 2	\$0	QL (3 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
REACT	\$0	QL (3 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TAKE ACTION	\$0	QL (3 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F

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Drug	Status	Notes
*Extended-Cycle Contraceptives - Oral***		
AMETHIA	\$0	QL (91 tablets per 91 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
ASHLYNA	\$0	QL (91 tablets per 91 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
CAMRESE	\$0	QL (91 tablets per 91 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
CAMRESE LO	\$0	QL (91 tablets per 91 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
DAYSEE	\$0	QL (91 tablets per 91 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
INTROVALE	\$0	QL (91 tablets per 91 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
JAIMIESS	\$0	QL (91 tablets per 91 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
JOLESSA	\$0	QL (91 tablets per 91 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
<i>levonorgest-eth estrad 91-day</i>	\$0	QL (91 tablets per 91 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
LOJAIMIESS	\$0	QL (91 tablets per 91 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
SETLAKIN	\$0	QL (91 tablets per 91 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
SIMPESSE	\$0	QL (91 tablets per 91 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F

Drug	Status	Notes
*Progestin Contraceptives - Injectable***		
<i>medroxyprogesterone acetate intramuscular</i>	\$0	QL (1 injection per 90 days); DS (90 day supply max); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
*Progestin Contraceptives - Oral***		
CAMILA	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
DEBLITANE	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
EMZAHH	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
ERRIN	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
HEATHER	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
INCASSIA	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
JENCYCLA	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
LYLEQ	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
LYZA	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
NORA-BE	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
<i>norethindrone oral</i>	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
NORLYDA	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
NORLYROC	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
SHAROBEL	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F

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Drug	Status	Notes
*Triphasic Contraceptives - Oral***		
<i>alyacen 7/7/7</i>	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
ARANELLE	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
DASETTA 7/7/7	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
ENPRESSE-28	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
LEENA	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
LEVONEST	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/125-30 mcg</i>	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
<i>norethindron-ethinyl estrad-fe</i>	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
<i>norgestimate-eth estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	\$0	QL (28 tablets per month); F
<i>norgestim-eth estrad triphasic</i>	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
NORTREL 7/7/7	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
NYLIA 7/7/7	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
PIRMELLA 7/7/7	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TILIA FE	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TRI FEMYNOR	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TRI-ESTARYLLA	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F

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Drug	Status	Notes
TRI-LEGEST FE	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TRI-LINYAH	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TRI-LO-ESTARYLLA	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TRI-LO-MARZIA	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TRI-LO-MILI	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TRI-LO-SPRINTEC	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TRI-MILI	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TRINESSA (28)	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TRI-NYMYO	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TRI-SPRINTEC	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TRIVORA (28)	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TRI-VYLIBRA	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TRI-VYLIBRA LO	\$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
VELIVET	\$0	QL (28 tablets per month); ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply); F
XARAH FE	\$0	QL (28 tablets per month); F
Hematopoietic Agents		
*Folic Acid/Folates***		
<i>folic acid oral tablet 1 mg</i>	\$0	QL (2 tablets per day); ACA (Tier 1 OR coinsurance if ACA does not apply)

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Drug	Status	Notes
*Iron***		
SPATONE PUR-ABSORB IRON ORAL SOLUTION	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Max 1 Years)
Hypnotics/Sedatives/Sleep Disorder Agents		
*Antihistamine Hypnotics***		
<i>eq sleep-aid</i>	\$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
Laxatives		
*Bowel Evacuant Combinations***		
GAVILYTE-G	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply)
<i>peg 3350-kcl-na bicarb-nacl</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply)
<i>peg-3350/electrolytes</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply)
Medical Devices And Supplies		
*Cervical Caps***		
FEMCAP	\$0	QL (3 cervical caps per month); DS (30 day supply max); ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply); F
*Condoms - Female***		
FC2 FEMALE CONDOM	\$0	QL (1 box of 12 per month); DS (30 day supply max); ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply); F
*Condoms - Male***		
<i>aimsco lubricated</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
<i>condoms</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
DUREX EXTRA SENSITIVE THIN	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
DUREX REALFEEL	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
DUREX TROPICAL	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F

Drug	Status	Notes
FANTASY LUBRICATED	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
FANTASY LUBRICATED/SPERMICIDE	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
KAMELEON LUBRICATED	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
<i>kimono</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
KIMONO COLORS	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
KIMONO MAXX-LARGE FLARE	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
<i>kimono micro thin</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
<i>kimono micro thin plus</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
<i>kimono plus</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
<i>kimono ps</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
<i>kimono ps plus</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
<i>kimono sensation</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
<i>kimono sensation plus</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
KIMONO SPECIAL	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
K-Y ME & YOU EXTRA LUBRICATED	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
K-Y ME & YOU INTENSE	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F

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Drug	Status	Notes
<i>maxx</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
<i>maxx plus</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
REALITY LATEX CONDOMS	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
REALITY LATEX/ULTRA TEXTURED	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
REALITY LATEX/ULTRA THIN	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
TROJAN ENZ	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
TROJAN ULTRA RIBBED LUBRICATED	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
TROJAN ULTRA THIN	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
TROJAN ULTRA THIN/SPERMICIDAL	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
<i>true cover</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
TRUSTEX COLOR CONDOMS + LUBE	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
TRUSTEX LUB/RIBBED/STUDED	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
TRUSTEX LUB/SPERMICIDE EX ST	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
TRUSTEX LUB/SPERMICIDE XL	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
TRUSTEX LUBRICATED	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
TRUSTEX LUBRICATED EX LARGE	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F

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Drug	Status	Notes
TRUSTEX LUBRICATED EXTRA ST	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
TRUSTEX LUBRICATED/SPERMICIDE	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
TRUSTEX NATURAL CONDOMS + LUBE	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
TRUSTEX NON-LUBRICATED	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
TRUSTEX RIA LUB/SPERMICIDE	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
TRUSTEX RIA LUBRICATED	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
TRUSTEX RIA NON-LUBRICATED	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
TRUSTEX-NONOXYNOL-9/RIB/STUD	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
*Diaphragms***		
CAYA	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply); F
OMNIFLEX DIAPHRAGM	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply); F
WIDE-SEAL DIAPHRAGM 60	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply); F
WIDE-SEAL DIAPHRAGM 65	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply); F
WIDE-SEAL DIAPHRAGM 70	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply); F
WIDE-SEAL DIAPHRAGM 75	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply); F
WIDE-SEAL DIAPHRAGM 80	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply); F

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Drug	Status	Notes
WIDE-SEAL DIAPHRAGM 85	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply); F
WIDE-SEAL DIAPHRAGM 90	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply); F
WIDE-SEAL DIAPHRAGM 95	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply); F
Minerals & Electrolytes		
*Fluoride***		
<i>sodium fluoride oral tablet</i>	\$0	ACA (Tier 3 OR coinsurance if ACA does not apply); AL (Max 6 Years)
<i>sodium fluoride oral tablet chewable</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</i>	\$0	QL (2 tablets per day); ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
<i>bupropion hcl er (smoking det)</i>	\$0	QL (2 tablets per day); ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
<i>cvs nicotine mouth/throat</i>	\$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
<i>cvs nicotine polacrilex</i>	\$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
<i>cvs nicotine transdermal</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
<i>eq nicotine mouth/throat gum 4 mg</i>	\$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
<i>eq nicotine mouth/throat lozenge</i>	\$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)

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

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Drug	Status	Notes
<i>hm nicotine polacrilex mouth/throat gum</i>	\$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
<i>hm nicotine polacrilex mouth/throat lozenge 2 mg</i>	\$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
<i>hm nicotine transdermal patch 24 hour 21 mg/24hr, 7 mg/24hr</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
KLS QUIT2	\$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
KLS QUIT4	\$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
NICORELIEF MOUTH/THROAT GUM 2 MG	\$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
NICORETTE MOUTH/THROAT GUM	\$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
NICORETTE STARTER KIT MOUTH/THROAT GUM 4 MG	\$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
<i>nicotine mini</i>	\$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
<i>nicotine polacrilex mini</i>	\$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.)
<i>nicotine polacrilex mouth/throat</i>	\$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
<i>nicotine step 1</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)

Drug	Status	Notes
<i>nicotine step 2</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
<i>nicotine step 3</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
<i>nicotine transdermal kit</i>	\$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
<i>nicotine transdermal patch 24 hour</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
NICOTROL	\$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
NICOTROL NS	\$0	QL (12x 10ml bottles per month); ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
<i>px stop smoking aid</i>	\$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
<i>qc nicotine transdermal system transdermal patch 24 hour 21 mg/24hr</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
<i>ra mini nicotine</i>	\$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
<i>ra nicotine gum mouth/throat gum 2 mg, 4 mg</i>	\$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
<i>ra nicotine mouth/throat</i>	\$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
<i>ra nicotine polacrilex mouth/throat lozenge</i>	\$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)

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Drug	Status	Notes
<i>ra nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
<i>sm nicotine mouth/throat</i>	\$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
<i>sm nicotine polacrilex mouth/throat gum</i>	\$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
<i>sm nicotine polacrilex mouth/throat lozenge 2 mg</i>	\$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.)
<i>sm nicotine polacrilex mouth/throat lozenge 4 mg</i>	\$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
<i>sm nicotine transdermal</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
THRIVE MOUTH/THROAT GUM 2 MG	\$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
<i>varenicline tartrate (starter)</i>	\$0	QL (2 tablets per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	\$0	QL (2 tablets per day); ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
<i>varenicline tartrate(continue)</i>	\$0	QL (2 tablets per day); ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
Toxoids		
*Toxoid Combinations***		
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	\$0	QL (3 doses (1.5ml) per year); Vaccine
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	\$0	QL (3 doses (1.5ml) per year); Vaccine
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	\$0	QL (3 doses (1.5ml) per year); Vaccine

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Drug	Status	Notes
INFANRIX	\$0	QL (3 doses (1.5ml) per year); Vaccine
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0	QL (0.5ml (1 dose) per lifetime); Vaccine; AL (Min 4 Years and Max 6 Years)
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0	QL (3 doses (1.5ml) per year); Vaccine; AL (Max 6 Years)
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	\$0	Vaccine
QUADRACEL INTRAMUSCULAR SUSPENSION	\$0	QL (0.5ml (1 dose) per lifetime); Vaccine; AL (Min 4 Years and Max 6 Years)
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0	QL (0.5ml (1 dose) per lifetime); Vaccine; AL (Min 4 Years and Max 6 Years)
TDVAX	\$0	QL (3 doses (1.5ml) per year); Vaccine
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	\$0	QL (3 doses (1.5ml) per year); Vaccine
<i>tetanus-diphtheria toxoids td</i>	\$0	QL (3 doses (1.5ml) per year); Vaccine
VAXELIS	\$0	Vaccine; AL (Max 5 Years)
Vaccines		
*Bacterial Vaccines***		
ACTHIB	\$0	Vaccine
<i>bcg vaccine injection solution reconstituted</i>	\$0	Vaccine
BEXSERO	\$0	QL (2 doses (1ml) per year); Vaccine; AL (Min 10 Years)
BIOTHRAX	\$0	Vaccine
CAPVAXIVE	\$0	QL (0.5ml (1 dose) per lifetime); Vaccine; AL (Min 18 Years)
HIBERIX INJECTION	\$0	Vaccine
MENVEO	\$0	Vaccine
PEDVAX HIB INTRAMUSCULAR SUSPENSION	\$0	Vaccine
PENBRAYA	\$0	Vaccine; AL (Min 10 Years and Max 25 Years)
PNEUMOVAX 23 INJECTION INJECTABLE	\$0	QL (2 doses (1ml) per year); Vaccine
PREVNAR 13	\$0	QL (0.5ml (1 dose) per lifetime); Vaccine
PREVNAR 20	\$0	QL (0.5ml (1 dose) per lifetime); Vaccine
TRUMENBA	\$0	QL (3 doses (1.5ml) per year); Vaccine; AL (Min 10 Years and Max 26 Years)

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Drug	Status	Notes
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	\$0	Vaccine
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	\$0	Vaccine
VAXCHORA	\$0	Vaccine
VAXNEUVANCE	\$0	QL (0.5ml (1 dose) per lifetime); Vaccine
VIVOTIF	\$0	QL (4 capsules per month); Vaccine
*Viral Vaccine Combinations***		
M-M-R II INJECTION	\$0	Vaccine
PRIORIX	\$0	Vaccine
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	\$0	Vaccine
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0	QL (3 doses (3ml) per year); Vaccine; AL (Min 18 Years)
*Viral Vaccines***		
ABRYSVO	\$0	QL (1 dose per lifetime); Vaccine; AL (Min 50 Years)
ACAM2000	\$0	Vaccine
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION	\$0	QL (1 dose (0.5ml) in 9 months); Vaccine; AL (Min 6 Years)
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0	QL (1 dose (0.5ml) in 9 months); Vaccine; AL (Min 6 Years)
AREXVY	\$0	QL (1 dose per lifetime); Vaccine; AL (Min 50 Years)
COMIRNATY	\$0	Vaccine; AL (Min 12 Years)
DENGVAXIA	\$0	Vaccine
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	\$0	Vaccine
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	\$0	Vaccine
FLUAD QUADRIVALENT	\$0	QL (1 dose (0.5ml) in 9 months); Vaccine; AL (Min 65 Years)
FLUARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0	QL (1 dose per 274 days); Vaccine; AL (Min 6 Years)
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0	QL (1 dose (0.5ml) in 9 months); Vaccine; AL (Min 6 Years)
FLUBLOK INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	\$0	QL (1 dose (0.5ml) per 274 days); Vaccine; AL (Min 9 Years)
FLUCELVAX INTRAMUSCULAR SUSPENSION	\$0	QL (1 dose per 274 days); Vaccine; AL (Min 6 Years)
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0	QL (1 dose per 274 days); Vaccine; AL (Min 6 Years)
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION	\$0	QL (1 dose (0.5ml) per 9 months); Vaccine; AL (Min 6 Years)

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Drug	Status	Notes
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0	QL (2 doses (1ml) per year); Vaccine; AL (Min 6 Years)
FLULAVAL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0	QL (1 dose per 274 days); Vaccine; AL (Min 6 Years)
FLUMIST	\$0	QL (2 dose per 274 days); AL (Min 2 Years and Max 49 Years)
FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0	AL (Min 65 Years)
FLUZONE HIGH-DOSE QUADRIVALENT	\$0	QL (1 dose (0.7ml) in 9 months); Vaccine; AL (Min 65 Years)
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0	AL (Min 6 Years)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION	\$0	QL (1 dose (0.5ml) in 9 months); Vaccine; AL (Min 6 Years)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0	QL (1 dose (0.5ml) in 9 months); Vaccine; AL (Min 6 Years)
GARDASIL 9	\$0	QL (3 doses (1.5ml) per lifetime); Vaccine; AL (Min 9 Years and Max 45 Years)
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML	\$0	QL (4 doses (4ml) per lifetime); Vaccine
HAVRIX INTRAMUSCULAR SUSPENSION 720 EL U/0.5ML	\$0	QL (4 doses (2ml) per lifetime); Vaccine
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0	QL (4 doses (2ml) per lifetime); Vaccine
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	\$0	QL (3 doses (1.5ml) per year); Vaccine; AL (Min 18 Years)
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED	\$0	Vaccine
IPOL INJECTION INJECTABLE	\$0	Vaccine
IXCHIQ	\$0	Vaccine
IXIARO	\$0	Vaccine
JYNNEOS	\$0	QL (2x 0.5 ML doses per year); Vaccine; AL (Min 18 Years)
MODERNA COVID-19 VAC 6M-11Y INTRAMUSCULAR SUSPENSION	\$0	QL (2 doses per year); Vaccine; AL (Min 6 Years and Max 11 Years)
MODERNA COVID-19 VAC 6M-11Y INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0	AL (Min 6 Years and Max 11 Years)
MRESVIA	\$0	QL (0.5ml (1 dose) per lifetime); AL (Min 60 Years)
<i>novavax covid-19 vaccine intramuscular suspension</i>	\$0	QL (2 doses per year); Vaccine; AL (Min 12 Years)
<i>novavax covid-19 vaccine intramuscular suspension prefilled syringe</i>	\$0	QL (2 doses per year); AL (Min 12 Years)

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

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

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

Drug	Status	Notes
<i>d3 extra strength</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>d3 high potency</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>d3 kids</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>d3 max st</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>d3 maximum strength oral capsule</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>d3 super strength</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>d3-1000</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>d-3-5</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
D3-50	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>d-400</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>d-5000</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
DDROPS BOOSTER ORAL LIQUID 15 MCG /0.028ML	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)

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Drug	Status	Notes
DECARA ORAL CAPSULE 1.25 MG (50000 UT), 625 MCG (25000 UT)	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>delta d3</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
DIALYVITE VITAMIN D 5000	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
DIALYVITE VITAMIN D3 MAX	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
D-VI-SOL ORAL LIQUID 10 MCG/ML	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>d-vite pediatric</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>eq d3 drops infants/childrens</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>eq1 vitamin d3 gummies</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>eq1 vitamin d3 oral capsule</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>ft vitamin d3</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>ft vitamin d3 rapid release</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>gnp d 1000</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)

Drug	Status	Notes
<i>gnp d 2000</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>gnp d3 oral capsule 250 mcg (10000 ut)</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>gnp d3 oral capsule 50 mcg (2000 ut)</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>gnp d3 oral tablet</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>gnp vitamin d maximum strength</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>gnp vitamin d oral tablet 25 mcg (1000 ut)</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>gnp vitamin d oral tablet chewable</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>gnp vitamin d super strength</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>gnp vitamin d3</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>gnp vitamin d3 extra strength</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
HEALTHY KIDS VITAMIN D3	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>hm vitamin d3 oral tablet 25 mcg (1000 ut)</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)

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Drug	Status	Notes
IS-D 10,000	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
KIDS FIRST VITAMIN D3 GUMMIES	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>kls d3</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>kp vitamin d oral capsule 25 mcg (1000 ut)</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>kp vitamin d oral tablet chewable</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>kp vitamin d3</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
MAXIMUM D3 ORAL CAPSULE 325 MCG (13000 UT)	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
MOMMY'S BLISS VIT D ORGANIC ORAL LIQUID 10 MCG /0.036ML	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>nat-rul vitamin d</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>natural vitamin d-3</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
OPTIMAL D3	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
OPTIMAL D3 M	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)

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Drug	Status	Notes
OPURITY VITAMIN D	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>pharmacist choice d-vitamin</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
PRONUTRIENTS VITAMIN D3	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>qc vitamin d3</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>ra vitamin d-3</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
RADIANCE PLATINUM VITAMIN D3	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
REPLESTA	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
REPLESTA NX	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>sm vitamin d</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>sm vitamin d3</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>sv vitamin d3</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
THERA-D 2000	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)

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Drug	Status	Notes
THERA-D 4000	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
THERA-D RAPID REPLETION	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>true vitamin d3</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
UPSPRING BABY VIT D ORAL LIQUID 10 MCG /0.025ML	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>vitachew vitamin d3 oral tablet chewable 25 mcg (1000 ut)</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
VITAJOY DAILY D GUMMIES	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
VITAMELTS VITAMIN D	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>vitamin d (cholecalciferol) oral capsule</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>vitamin d (cholecalciferol) oral tablet</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>vitamin d high potency</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>vitamin d infant oral liquid 10 mcg/ml</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>vitamin d oral capsule 50 mcg (2000 ut)</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)

Drug	Status	Notes
<i>vitamin d oral liquid 10 mcg/ml</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>vitamin d oral tablet 25 mcg (1000 ut), 50 mcg (2000 ut)</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
VITAMIN D-1000 MAX ST	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>vitamin d3 adult gummies</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>vitamin d3 extra strength oral tablet chewable 25 mcg (1000 ut)</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>vitamin d3 fast dissolve</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>vitamin d3 gummies adult</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>vitamin d3 gummies oral tablet chewable 25 mcg (1000 ut)</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
VITAMIN D3 IMMUNE HEALTH	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>vitamin d3 maximum strength</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>vitamin d-3 oral capsule</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>vitamin d3 oral capsule 1.25 mg (50000 ut), 10 mcg (400 unit), 1000 unit, 125 mcg (5000 ut), 25 mcg, 25 mcg (1000 ut), 250 mcg (10000 ut), 50 mcg, 50 mcg (2000 ut)</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)

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Drug	Status	Notes
<i>vitamin d3 oral liquid 10 mcg/ml, 125 mcg/0.5ml, 125 mcg/ml, 25 mcg/spray, 30 mcg/15ml</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>vitamin d3 oral tablet 10 mcg (400 unit), 125 mcg (5000 ut), 20 mcg (800 unit), 25 mcg, 25 mcg (1000 ut), 250 mcg (10000 ut), 50 mcg (2000 ut), 75 mcg (3000 ut)</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>vitamin d3 oral tablet chewable</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>vitamin d3 oral tablet dispersible</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>vitamin d3 super strength oral tablet</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>vitamin d3 ultra potency oral tablet 1250 mcg</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>vitamin d3 ultra strength</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
WEEKLY-D	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>well vitamin d3</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
YUMVS VITAMIN D3	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
YUMVS VITAMIN D3 ZERO ORAL TABLET CHEWABLE 25 MCG (1000 UT), 62.5 MCG (2500 UT)	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
YUMVSKIDS VITAMIN D3 ZERO ORAL TABLET CHEWABLE 25 MCG (1000 UT)	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)

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Notice of Nondiscrimination

Discrimination Is Against the Law

Blue Cross® Blue Shield® of Arizona (AZ Blue) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including sex characteristics, intersex traits, pregnancy or related conditions, sexual orientation, gender identity, and sex stereotypes). **AZ Blue** does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

AZ Blue:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language assistance services to people whose primary language is not English, which may include:
 - Qualified interpreters
 - Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, call 602-864-4884 for Spanish and 1-877-475-4799 for all other languages and other aids and services.

If you believe that **AZ Blue** has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Section 1557 Coordinator

P.O. Box 13466

Phoenix, AZ 85002-3466; Call 602-864-2288, TTY: 711

or email us at crc@azblue.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, **AZ Blue Section 1557 Coordinator** is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

This notice is available at AZ Blue's website: azblue.com/nondiscrimination-notice.



Un licenciatario independiente de Blue Cross Blue Shield Association

Aviso de no discriminación

La discriminación es ilegal

Blue Cross® Blue Shield® of Arizona (AZ Blue) cumple con las leyes federales de derechos civiles vigentes y no discrimina por motivos de raza, color, origen nacional, edad, discapacidad ni sexo (de conformidad con el alcance de la discriminación sexual descrita en la Sección 92.101[a][2] del Título 45 del Código de Regulaciones Federales [CFR]) (o sexo, que incluye las características sexuales, como rasgos intersexuales, embarazo o condiciones relacionadas, orientación sexual, identidad de género y estereotipos sexuales). **AZ Blue** no excluye a las personas ni las trata de manera menos favorable por motivos de raza, color, nacionalidad, edad, discapacidad ni sexo.

AZ Blue:

- Brinda a las personas con discapacidades modificaciones razonables y ayudas y servicios auxiliares gratuitos y apropiados para comunicarse de manera eficaz con nosotros, tales como:
 - Intérpretes de lenguaje de señas calificados.
 - Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos)
- Ofrece servicios gratuitos de asistencia lingüística a personas cuyo idioma principal no es el inglés, que pueden incluir:
 - Intérpretes calificados.
 - Información escrita en otros idiomas

Si necesita modificaciones razonables, ayudas y servicios auxiliares apropiados o servicios de asistencia lingüística, llame al 602-864-4884 para español y al 1-877-475-4799 para todos los demás idiomas y otras ayudas y servicios.

Si considera que **AZ Blue** no ha proporcionado estos servicios o ha discriminado de cualquier otra manera por motivos de raza, color, nacionalidad, edad, discapacidad o sexo, puede presentar una queja ante:

Section 1557 Coordinator

P.O. Box 13466

Phoenix, AZ 85002-3466; Call 602-864-2288, TTY: 711

o bien, envíenos un correo electrónico a crc@azblue.com

Puede presentar una queja en persona o por correo postal, fax o correo electrónico. Si necesita ayuda para presentar una queja, el **Coordinador de la Sección 1557 de AZ Blue** está disponible para ayudar.

También puede presentar un reclamo de derechos civiles ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de los EE. UU. de manera electrónica a través del Portal de reclamos de la Oficina de Derechos Civiles, disponible en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, o por correo o teléfono a:

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Los formularios de reclamos están disponibles en <http://www.hhs.gov/ocr/office/file/index.html>. Este aviso está disponible en el sitio web de AZ Blue: azblue.com/nondiscrimination-notice.

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English: Free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-877-475-4799.

Spanish: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 602-864-4884.

Navajo: Diné bee yániit'i'gogo, saad bee aná'awo' bee áka'anída'awo'ít'áá jiiik'eh ná hóló. Bee ahít hane'go bee nida'anishí t'áá ákodaat'éhígíí dóó bee áka'anída'wo'í áko bee baa hane'í bee hadadilyaa bich'í' ahoot'i'ígíí éí t'áá jiiik'eh hóló. Kohjí' 1-877-475-4799.

Chinese Simplified: 如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-877-475-4799。

Chinese Traditional: 如果您說[中文]，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-877-475-4799。

Tagalog: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-877-475-4799.

French: Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-877-475-4799.

Vietnamese: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-877-475-4799.

German: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-877-475-4799.

Korean: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-877-475-4799.

Russian: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-877-475-4799.

Arabic

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-877-475-4799.

Hindi: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएं भी निःशुल्क उपलब्ध हैं। 1-877-475-4799 ।

Farsi (Persian)

همچنین کمک‌ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب‌های قابل صحبت می‌کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. فارسی اگر توجه: 1-877-475-4799 با شماره دسترس، به‌طور رایگان موجود می‌باشند.

Thai: หมายเหตุ: หากคุณใช้ภาษาไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อ 1-877-475-4799 หรือปรึกษาผู้ให้บริการของคุณ”

Japanese: 日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル(誰もが利用できるよう配慮された)な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-877-475-4799。