

# Preventive Care Services: Contraception



## CONTRACEPTIVE COVERAGE

Effective Jan. 1, 2021

Your health plan may provide certain contraceptive coverage as a benefit of membership, at no cost to you when you use a pharmacy or doctor in your health plan's network.

There is no copay, deductible or coinsurance, even if your deductible or out-of-pocket maximum has not been met. Coverage for contraceptives can vary depending on the type of plan you are enrolled in, as well as your prescription drug list. If you are using a contraceptive not listed under the Contraceptive Product Coverage, then copays, coinsurance or deductible may apply. Check your drug list or call the number listed on your member ID card to find out what products are covered at no cost share under your plan.

### Screening Tests

- Hepatitis B screenings
- HIV screening
- Screenings for sexually transmitted infections (STIs) including chlamydia, gonorrhea, and syphilis

### Contraception\*

The following contraceptive items and services may be covered under the medical or pharmacy benefit without cost-sharing when provided by a pharmacy or doctor in your health plan's network. This list is not all inclusive. Additional products may be covered at no additional cost.

- One or more prescribed products within each of the categories approved by the FDA for use as a method of contraception
- FDA-approved contraceptives available over the counter (i.e., foam, sponge, female condoms), when prescribed by a physician
- The morning after pill
- Injections such as IM DEPO-PROVERA and DEPO-SUBQ PROVERA 104 may be covered under the medical or pharmacy benefit
- Medical devices such as diaphragm, cervical cap and contraceptive implants may be covered under the pharmacy or medical benefit
- Female sterilization, including tubal ligation and tubal implant

# Contraceptive Product Coverage\*

## CERVICAL CAPS

FEMCAP – cervical cap  
22 mm, 26 mm, 30 mm†

## DIAPHRAGMS

CAYA – diaphragm arc-spring†  
OMNIFLEX DIAPHRAGM – diaphragms†  
WIDE-SEAL SILICONE DIAPHRAGM KIT – diaphragm wide seal  
60 mm, 65 mm, 70 mm, 75 mm, 80 mm, 85 mm, 90 mm, 95 mm†

## EMERGENCY CONTRACEPTIVES

**Aftera**  
**Econtra EZ**  
**Econtra One-Step**  
ELLA – ulipristal acetate tab  
30 mg  
**levonorgestrel tab 1.5 mg (Plan B One-Step)**  
**My Choice**  
**My Way**  
**New Day**  
**Opcicon One-Step**  
**Option 2**  
**Preventeza**  
**React**  
**Take Action**

## FEMALE CONDOMS

FC FEMALE CONDOM – condoms – female  
FC2 FEMALE CONDOM – condoms – female

## IMPLANTABLES

NEXPLANON – etonogestrel subdermal implant 68 mg†

## INJECTIONS

DEPO-PROVERA CONTRACEPTIVE – medroxyprogesterone acetate IM suspension  
150 mg/mL, prefilled syringe 150 mg/mL

DEPO-SUBQ PROVERA 104 – medroxyprogesterone acetate suspension prefilled syringe 104 mg/0.65 mL  
**medroxyprogesterone acetate IM suspension 150 mg/mL (Depo-Provera Contraceptive)**  
**medroxyprogesterone acetate IM suspension prefilled syringe 150 mg/mL (Depo-Provera Contraceptive)**

## INTRAUTERINES

KYLEENA – levonorgestrel releasing IUD 17.5 mcg/day (19.5 mg total)†  
LILETTA – levonorgestrel releasing IUD 19.5 mcg/day (52 mg total)†  
MIRENA – levonorgestrel releasing IUD 20 mcg/day (52 mg total)†  
PARAGARD – copper IUD†  
SKYLA – levonorgestrel releasing IUD 14 mcg/day (13.5 mg total)†

## ORAL CONTRACEPTIVES

*ORAL COMBINED*  
**Aurovela Fe 1/20**  
**Azurette**  
**Bekyree**  
**Blisovi Fe 1/20**  
**desogestrel/ethinyl estradiol & ethinyl estradiol tab 0.15-0.02/0.01 mg (21/5) (Mircette)**  
**Hailey Fe 1/20**  
**Junel Fe 1/20**  
**Kariva**  
**Larin Fe 1/20**  
**Microgestin Fe 1/20**

**norethindrone & ethinyl estradiol-Fe chew tab 0.4 mg-35 mcg**  
**norethindrone acetate & ethinyl estradiol-Fe tab 1 mg-20 mcg (Loestrin Fe 1/20)**  
**norgestimate-ethinyl estradiol tab 0.18-35/0.215-35/ 0.25-35 mg-mcg**  
**Pimtrea**  
**Simliya**  
**Tarina Fe 1/20**  
**Tarina Fe 1/20 EQ**  
**Tri-Estarylla**  
**Tri Femynor**  
**Tri-Linyah**  
**Tri-Mili**  
**Tri-Previfem**  
**Tri-Sprintec**  
**Tri-Vylibra**  
**Viorele**  
**Volnea**  
**Wymzya Fe**

## ORAL EXTENDED - CONTINUOUS

**Amethia Lo**  
**Camrese Lo**  
**Introvale (91 day)**  
**Jolessa (91 day)**  
**levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg**  
**levonorgestrel-ethinyl estradiol tab 0.1-0.02 mg (84) & ethinyl estradiol tab 0.01 mg (7) (LoSeasonique)**  
**Lojaimiess**  
**Setlakin (91 day)**

## ORAL PROGESTIN

**Camila**  
**Deblitane**  
**Errin**  
**Heather**

**Incassia**  
**Jencycla**  
**Lyza**  
**Nora-BE**  
**norethindrone tab 0.35 mg (Ortho Micronor)**  
**Norlyda**  
**Norlyroc**  
**Sharobel**  
**Tulana**

## PATCHES

XULANE – norelgestromin-ethinyl estradiol transdermal 150-35 mcg/24hr

## RINGS

NUVARING – etonogestrel-ethinyl estradiol vaginal ring 0.120-0.015 mg/24hr

## SPERMICIDES

ENCARE – nonoxynol-9 vaginal suppository 100 mg†  
OPTIONS CONCEPTROL VAGINAL – nonoxynol-9 gel 4%†  
OPTIONS GYNOL II VAGINAL – nonoxynol-9 gel 3%†  
SHUR-SEAL – nonoxynol-9 gel 2%†  
VCF VAGINAL CONTRACEPTIVE – nonoxynol-9 film 28%, foam 12.5%†  
**VCF Vaginal Contraceptive Gel-nonoxynol-9-gel 4%†**

## SPONGES

TODAY SPONGE – nonoxynol-9 vaginal sponge 1000 mg

Generic Drugs = **bold**

Brand Drugs = CAPITAL LETTERS

† = Covered under medical benefit

\* Some of these products may be covered under your medical benefit if provided by a doctor in your health plan's network. Most generic drugs listed are followed by a reference brand drug in (parentheses). The brand name drug in parentheses is listed for reference and may not be covered under your benefit. This list is not all inclusive. Additional products may be covered at no additional cost.

Prescription coverage for contraception may vary according to the terms and conditions of the plan and prescription drug list. A prescription may be required for coverage without cost-sharing under the pharmacy benefits for non-grandfathered plans. If your contraception product is not listed, check your prescription drug list or ask your doctor about therapeutic alternatives. Your doctor can also submit a coverage exception from BCBSOK (unless you have a benefit exclusion) for products not covered on your prescription drug list.

Certain group health plans established or maintained by organizations that qualify as religious employers may be exempt. These services may be covered under a plan's Pharmacy benefits.

This information is for informational purposes only, does not constitute legal or other advice and should not be relied upon to determine coverage.

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ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 855-710-6984 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 855-710-6984 (TTY: 711).

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