








Presbyterian Health Plan and Presbyterian Insurance Company Women’s Preventive Services Formulary/Preferred Drug Listing

The following preventive medications and products may be available to Turquoise Care, Commercial, and Metal Level Exchange members with Presbyterian Health Plan pharmacy coverage with no cost to you. Coverage indicated is determined using the Patient Protection and Affordable Care Act (PPACA) methods of preferred generic oral contraceptives, injectable contraceptives or contraceptive devices as well as FDA approved contraceptive methods, sterilization procedures and patient education and counseling. Additional plan restrictions may apply.














This list is in order by therapeutic class. To find a specific drug, use the search feature available in Adobe Acrobat Reader (keyboard shortcut: Ctrl+F).

Presbyterian Women’s Preventive Services

Definition of Status

Icon	Status	Definition
	Formulary	Medication Covered on Formulary
	Medical Benefit	Medical Drug Office Administered Specialty Pharmaceutical.
	\$0	\$0 copay per PPACA guidelines
	Medical Exception	Medical Drug Office Administered Specialty Pharmaceutical Not Covered.
	Benefit Exclusion	Benefit Exclusion Not a Covered benefit.
	Benefit Exclusion	Benefit Exclusion
	Non-Formulary	Non-Formulary

Definition of Restrictions

Icon	Restriction	Definition
	Age Restriction	Age Restriction
	Generic Indicator	Generic Indicator
	Limited Access	Limited Access
	Non Extended Day Supply	This drug is limited to a one-month supply.
	Over The Counter	Over The Counter
	Prior Authorization	Prior Authorization
	Quantity Limit	Quantity Limit
	Schedule II Max Day	Schedule II max day
	Specialty Pharmacy	Specialty Pharmacy
	Step Therapy	Step Therapy
	User Note 1	User Note 1
	User Note 2	User Note 2
	User Note 4	User Note 4

CURRENT AS OF 7/1/2024

Drug	Status	Notes
CONTRACEPTIVES		
*COMBINATION CONTRACEPTIVES - ORAL***		
Afirmelle Oral Tablet 0.1-20 MG-MCG	\$0	
Alyacen 1/35 Oral Tablet 1-35 MG-MCG	\$0	
Apri Oral Tablet 0.15-30 MG-MCG	\$0	
Aubra Oral Tablet 0.1-20 MG-MCG	\$0	
Aurovela Fe 1.5/30 Oral Tablet 1.5-30 MG-MCG	\$0	
Aurovela FE 1/20 Oral Tablet 1-20 MG-MCG	\$0	
Aviane Oral Tablet 0.1-20 MG-MCG	\$0	
Blisovi Fe 1.5/30 Oral Tablet 1.5-30 MG-MCG	\$0	
Blisovi FE 1/20 Oral Tablet 1-20 MG-MCG	\$0	
Cryselle-28 Oral Tablet 0.3-30 MG-MCG	\$0	
Cyclafem 1/35 Oral Tablet 1-35 MG-MCG	\$0	
Cyred Oral Tablet 0.15-30 MG-MCG	\$0	
Dasetta 1/35 Oral Tablet 1-35 MG-MCG	\$0	
Delyla Oral Tablet 0.1-20 MG-MCG	\$0	
Desogestrel-Ethinyl Estradiol Oral Tablet 0.15-30 MG-MCG	\$0	
Elinest Oral Tablet 0.3-30 MG-MCG	\$0	
Emoquette Oral Tablet 0.15-30 MG-MCG	\$0	
Enskyce Oral Tablet 0.15-30 MG-MCG	\$0	
Estarylla Oral Tablet 0.25-35 MG-MCG	\$0	
Ethinodiol Diac-Eth Estradiol Oral Tablet 1-35 MG-MCG	\$0	
Falmina Oral Tablet 0.1-20 MG-MCG	\$0	
Femynor Oral Tablet 0.25-35 MG-MCG	\$0	
Hailey FE 1.5/30 Oral Tablet 1.5-30 MG-MCG	\$0	
Hailey FE 1/20 Oral Tablet 1-20 MG-MCG	\$0	
Isibloom Oral Tablet 0.15-30 MG-MCG	\$0	
Juleber Oral Tablet 0.15-30 MG-MCG	\$0	
Junel FE 1.5/30 Oral Tablet 1.5-30 MG-MCG	\$0	
Junel FE 1/20 Oral Tablet 1-20 MG-MCG	\$0	
Kalliga Oral Tablet 0.15-30 MG-MCG	\$0	

Drug	Status	Notes
Kelnor 1/35 Oral Tablet 1-35 MG-MCG	\$0	
Larin Fe 1.5/30 Oral Tablet 1.5-30 MG-MCG	\$0	
Larin Fe 1/20 Oral Tablet 1-20 MG-MCG	\$0	
Larissia Oral Tablet 0.1-20 MG-MCG	\$0	
Lessina Oral Tablet 0.1-20 MG-MCG	\$0	
Levonorgestrel-Ethinyl Estrad Oral Tablet 0.1-20 MG-MCG	\$0	
Loestrin Fe 1.5/30 Oral Tablet 1.5-30 MG-MCG	\$0	
Loestrin Fe 1/20 Oral Tablet 1-20 MG-MCG	\$0	
Low-Ogestrel Oral Tablet 0.3-30 MG-MCG	\$0	
Lutera Oral Tablet 0.1-20 MG-MCG	\$0	
Microgestin FE 1.5/30 Oral Tablet 1.5-30 MG-MCG	\$0	
Microgestin FE 1/20 Oral Tablet 1-20 MG-MCG	\$0	
Mili Oral Tablet 0.25-35 MG-MCG	\$0	
Mono-Linyah Oral Tablet 0.25-35 MG-MCG	\$0	
Necon 1/35 (28) Oral Tablet 1-35 MG-MCG	\$0	
Norethin Ace-Eth Estrad-FE Oral Tablet 1-20 MG-MCG, 1.5-30 MG-MCG	\$0	
Norgestimate-Eth Estradiol Oral Tablet 0.25-35 MG-MCG	\$0	
Nortrel 1/35 (21) Oral Tablet 1-35 MG-MCG	\$0	
Nortrel 1/35 (28) Oral Tablet 1-35 MG-MCG	\$0	
Nymyo Oral Tablet 0.25-35 MG-MCG	\$0	
Orsythia Oral Tablet 0.1-20 MG-MCG	\$0	
Pirmella 1/35 Oral Tablet 1-35 MG-MCG	\$0	
Previfem Oral Tablet 0.25-35 MG-MCG	\$0	
Reclipsen Oral Tablet 0.15-30 MG-MCG	\$0	
Solia Oral Tablet 0.15-30 MG-MCG	\$0	
Sprintec 28 Oral Tablet 0.25-35 MG-MCG	\$0	
Sronyx Oral Tablet 0.1-20 MG-MCG	\$0	
Tarina FE 1/20 Oral Tablet 1-20 MG-MCG	\$0	
Vienva Oral Tablet 0.1-20 MG-MCG	\$0	
VyLibra Oral Tablet 0.25-35 MG-MCG	\$0	
Zovia 1/35E (28) Oral Tablet 1-35 MG-MCG	\$0	
*COMBINATION CONTRACEPTIVES - TRANSDERMAL***		

Drug	Status	Notes
Xulane Transdermal Patch Weekly 150-35 MCG/24HR	\$0	QL (3 EA per 28 days); AG (Max 55 Years)
Zafemy Transdermal Patch Weekly 150-35 MCG/24HR	\$0	
*COMBINATION CONTRACEPTIVES - VAGINAL***		
EluRyng Vaginal Ring 0.12-0.015 MG/24HR	\$0	QL (1 EA per 28 days); AG (Max 55 Years)
Etonogestrel-Ethinyl Estradiol Vaginal Ring 0.12-0.015 MG/24HR	\$0	QL (1 EA per 28 days); AG (Max 55 Years)
*COPPER CONTRACEPTIVES - IUD***		
Paragard Intrauterine Copper Intrauterine Intrauterine Device	\$0	AG (Max 55 Years)
*EMERGENCY CONTRACEPTIVES***		
Aftera Oral Tablet 1.5 MG	\$0	AG (Max 55 Years)
EContra EZ Oral Tablet 1.5 MG	\$0	AG (Max 55 Years)
Ella Oral Tablet 30 MG	\$0	AG (Max 55 Years)
Levonorgestrel Oral Tablet 1.5 MG	\$0	AG (Max 55 Years)
My Way Oral Tablet 1.5 MG	\$0	AG (Max 55 Years)
Opcicon One-Step Oral Tablet 1.5 MG	\$0	AG (Max 55 Years)
Take Action Oral Tablet 1.5 MG	\$0	AG (Max 55 Years)
*EXTENDED-CYCLE CONTRACEPTIVES - ORAL***		
Amethia Oral Tablet 0.15-0.03 &0.01 MG	\$0	
Ashlyna Oral Tablet 0.15-0.03 &0.01 MG	\$0	
Camrese Lo Oral Tablet 0.1-0.02 & 0.01 MG	\$0	AG (Max 55 Years)
Camrese Oral Tablet 0.15-0.03 &0.01 MG	\$0	
Daysee Oral Tablet 0.15-0.03 &0.01 MG	\$0	
Iclevia Oral Tablet 0.15-0.03 MG	\$0	
Introvale Oral Tablet 0.15-0.03 MG	\$0	AG (Max 55 Years)
Jaimiess Oral Tablet 0.15-0.03 &0.01 MG	\$0	AG (Max 55 Years)
Jolessa Oral Tablet 0.15-0.03 MG	\$0	AG (Max 55 Years)
Levonorgest-Eth Estrad 91-Day Oral Tablet 0.1-0.02 & 0.01 MG, 0.15-0.03 MG	\$0	AG (Max 55 Years)
Levonorgest-Eth Estrad 91-Day Oral Tablet 0.15-0.03 &0.01 MG	\$0	
LoJaimiess Oral Tablet 0.1-0.02 & 0.01 MG	\$0	AG (Max 55 Years)
Setlakin Oral Tablet 0.15-0.03 MG	\$0	AG (Max 55 Years)
Simpesse Oral Tablet 0.15-0.03 &0.01 MG	\$0	

Drug	Status	Notes
*PROGESTIN CONTRACEPTIVES - INJECTABLE***		
Depo-SubQ Provera 104 Subcutaneous Suspension Prefilled Syringe 104 MG/0.65ML	\$0	
MedroxyPROGESTERone Acetate Intramuscular Suspension 150 MG/ML	\$0	AG (Max 55 Years)
*PROGESTIN CONTRACEPTIVES - IUD***		
Kyleena Intrauterine Intrauterine Device 19.5 MG	\$0	
*PROGESTIN CONTRACEPTIVES - ORAL***		
Camila Oral Tablet 0.35 MG	\$0	
Deblitane Oral Tablet 0.35 MG	\$0	
Errin Oral Tablet 0.35 MG	\$0	
Heather Oral Tablet 0.35 MG	\$0	
Jencycla Oral Tablet 0.35 MG	\$0	
Lyleq Oral Tablet 0.35 MG	\$0	
Lyza Oral Tablet 0.35 MG	\$0	
Nora-BE Oral Tablet 0.35 MG	\$0	
Norethindrone Oral Tablet 0.35 MG	\$0	
Norlyda Oral Tablet 0.35 MG	\$0	
Norlyroc Oral Tablet 0.35 MG	\$0	
Sharobel Oral Tablet 0.35 MG	\$0	
*TRIPHASIC CONTRACEPTIVES - ORAL***		
Caziant Oral Tablet 0.1/0.125/0.15 -0.025 MG	\$0	
Cesia Oral Tablet 0.1/0.125/0.15 -0.025 MG	\$0	
Cyclafem 7/7/7 Oral Tablet 0.5/0.75/1-35 MG-MCG	\$0	
Enpresse-28 Oral Tablet 50-30/75-40/ 125-30 MCG	\$0	
Levonest Oral Tablet 50-30/75-40/ 125-30 MCG	\$0	
Levonorg-Eth Estrad Triphasic Oral Tablet 50-30/75-40/ 125-30 MCG	\$0	
Norgestim-Eth Estrad Triphasic Oral Tablet 0.18/0.215/0.25 MG-35 MCG	\$0	
Tri Femynor Oral Tablet 0.18/0.215/0.25 MG-35 MCG	\$0	
Tri-Estarylla Oral Tablet 0.18/0.215/0.25 MG-35 MCG	\$0	
Tri-Linyah Oral Tablet 0.18/0.215/0.25 MG-35 MCG	\$0	
Tri-Mili Oral Tablet 0.18/0.215/0.25 MG-35 MCG	\$0	

Drug	Status	Notes
TriNessa (28) Oral Tablet 0.18/0.215/0.25 MG-35 MCG	\$0	
Tri-Nymyo Oral Tablet 0.18/0.215/0.25 MG-35 MCG	\$0	
Tri-Previfem Oral Tablet 0.18/0.215/0.25 MG-35 MCG	\$0	
Tri-Sprintec Oral Tablet 0.18/0.215/0.25 MG-35 MCG	\$0	
Trivora (28) Oral Tablet 50-30/75-40/ 125-30 MCG	\$0	
Tri-VyLibra Oral Tablet 0.18/0.215/0.25 MG-35 MCG	\$0	
Velivet Oral Tablet 0.1/0.125/0.15 -0.025 MG	\$0	
MEDICAL DEVICES AND SUPPLIES		
*CONDOMS - FEMALE***		
FC Female Condom	\$0	AG (Max 55 Years)
FC2 Female Condom	\$0	AG (Max 55 Years)
*CONDOMS - MALE***		
Condoms	\$0	
*DIAPHRAGMS***		
Caya Vaginal Diaphragm	\$0	
Omniflex Diaphragm Vaginal Diaphragm	\$0	
Wide-Seal Diaphragm 60 Vaginal Diaphragm 2 %	\$0	
Wide-Seal Diaphragm 65 Vaginal Diaphragm 2 %	\$0	
Wide-Seal Diaphragm 70 Vaginal Diaphragm 2 %	\$0	
Wide-Seal Diaphragm 75 Vaginal Diaphragm 2 %	\$0	
Wide-Seal Diaphragm 80 Vaginal Diaphragm 2 %	\$0	
Wide-Seal Diaphragm 85 Vaginal Diaphragm 2 %	\$0	
Wide-Seal Diaphragm 90 Vaginal Diaphragm 2 %	\$0	
Wide-Seal Diaphragm 95 Vaginal Diaphragm 2 %	\$0	
VAGINAL AND RELATED PRODUCTS		
*SPERMICIDES***		
Encare Vaginal Suppository 100 MG	\$0	AG (Max 55 Years)
Options Gynol II Contraceptive Vaginal Gel 3 %	\$0	AG (Max 55 Years)
Shur-Seal Contraceptive Vaginal Gel 2 %	\$0	AG (Max 55 Years)
Today Sponge Vaginal 1000 MG	\$0	
VCF Vaginal Contraceptive Vaginal Film 28 %	\$0	AG (Max 55 Years)
VCF Vaginal Contraceptive Vaginal Foam 12.5 %	\$0	AG (Max 55 Years)
VCF Vaginal Contraceptive Vaginal Gel 4 %	\$0	AG (Max 55 Years)

Medical Benefit

Drug	Status	Notes
FemCap Vaginal Device 22 MM, 26 MM, 30 MM	\$0	
Mirena (52 MG) Intrauterine Intrauterine Device 20 MCG/24HR	\$0	
Nexplanon Subcutaneous Implant 68 MG	\$0	QL (1 EA per 3 days); AG (Max 55 Years)
Skyla Intrauterine Intrauterine Device 13.5 MG	\$0	

Explanation of Terms:

1. **Age Limit (AG)** – The member must be a certain age for the drug to be covered.
2. **Patient Protection and Affordable Care Act (PPACA)** – A law that provides numerous right and protections to make health coverage more fair, easy to understand, and affordable.
3. **Medical Drugs (MED)** -- A Medical Drug is any drug given by a Health Care provider and is typically given in the member's home, physician's office, freestanding (ambulatory) infusion suite, or outpatient facility. Medical Drugs may require a Prior Authorization (permission) and some must be obtained through the specialty network. For a complete list of Medical Drugs to determine which require Prior Authorization please see the Presbyterian Pharmacy website at www.phs.org
4. **Medical Exception (ME)** – Permission to use a drug that is not on the Presbyterian Turquoise Care Formulary. You may get a Medical Exception to use a non-formulary drug if you have any allergy or bad reaction to all of the formulary drugs or if the formulary drugs do not work. You or your doctor can ask for a medical exception by fax, phone, or email. Your doctor must give a reason for asking for the medical exception.
5. **Over-the-Counter (OTC)** – You must have a doctor's prescription for these drugs to be covered. Note: Listed OTC drugs for Alternative Benefit Package recipients are covered only for members age 19 and 20.
6. **Prior Authorization (PA)** – You or your doctor must get permission (an OK) from Presbyterian Turquoise Care before you fill your drug prescription. If you don't get Prior Authorization, Presbyterian Turquoise Care may not pay for the drug. You or your doctor can ask for permission by fax, phone, or email.
7. **Quantity Limit (QL)** – A limit to the amount of drug Presbyterian Turquoise Care will pay for in a period of time.
8. **Specialty Pharmaceuticals (SP)** - Specialty Pharmaceuticals are self-administered, meaning they are administered by the patient, a family member or care-giver. Specialty Pharmaceuticals are often used to treat complex chronic, rare diseases and/or life-threatening conditions. Most Specialty Pharmaceuticals require Prior Authorization and must be obtained through the specialty pharmacy network. Specialty Pharmaceuticals are often high cost, typically greater than \$600 for a 30-day supply. Specialty Pharmaceuticals are not available through the mail order option and

are limited to a 30-day supply. Certain Specialty Pharmaceuticals are limited to an initial fill up to a 14-day supply to ensure patients can tolerate the new medication.

9. **Step Edit (ST)** – You must first try certain drugs to treat a medical health problem before a different drug will be covered for the same health problem. For example, if Drug A and Drug B both treat your medical health problem, Presbyterian Turquoise Care may not cover Drug B unless you try Drug A first. If Drug A does not work for you, the plan may then cover Drug.

Such services are funded in part with the State of New Mexico.

Learn more about Presbyterian's Nondiscrimination Notice and Interpreter Services at <https://www.phs.org/nondiscrimination>.