

NETRESULTS™ FORMULARY

Affordable Care Act (ACA) Preventive Drug List

Purpose

The Patient Protection and Affordable Care Act (PPACA) requires non-grandfathered group health plans and issuers offering non-grandfathered group or individual health insurance to provide coverage of specified preventive services without member cost sharing¹.

As your pharmacy benefits manager, we will support coverage of specific products at \$0 copay for applicable plans to remain in compliance with ACA regulations. Prime Therapeutics Management will also routinely update FDA-approved product lists to comply with the Preventive Health mandates, such as provided by the United States Preventive Services Task Force (USPSTF), Bright Futures, Advisory Committee on Immunization Practices (ACIP), and Women's Preventive Services Initiative (WPSI).

¹ <https://www.federalregister.gov/d/2015-17076/p-9>

When a Preventive Guideline is changed or modified

- **Existing ACA plan coverage**² must continue through the last day of the plan year, even if the recommendation changes or is eliminated during the year, with the exception of limited circumstances which allow for a mid-year coverage change³.
- **New recommendations/guidelines**⁴ should be implemented beginning on or after the date that is one year after the date the relevant recommendation or guideline is issued, unless otherwise stated.

² <https://www.federalregister.gov/d/2015-17076/p-62>

³ <https://www.federalregister.gov/d/2015-17076/p-63>

⁴ <https://www.federalregister.gov/d/2015-17076/p-61>

Categories

Aspirin (September 2021, USPSTF)

Recommendation: Low-dose aspirin (81 mg/day) is recommended as preventive medication after 12 weeks gestation in persons who are at high risk for preeclampsia.

Bowel Preps (May 2021, USPSTF)

Recommendation: Screen all adults aged 45 to 75 years for colorectal cancer.

Limitation: These products will be covered at \$0 for members ages 45 to 75 years old.

Breast Cancer (September 2019, USPSTF)

Recommendation: Clinicians offer to prescribe risk-reducing medications, such as tamoxifen, raloxifene, or aromatase inhibitors, to women who are at increased risk for breast cancer and at low risk for adverse medication effects.

Limitation: Limited to female members 35 years and older.

Fluoride Supplements (Spring 2017, Bright Futures)

Recommendation: Systemic fluoride intake through optimal fluoridation of drinking water or professionally prescribed supplements is recommended to at least age 16 years or the eruption of the second permanent molars, whichever comes first.

Folic Acid (August 2023, USPSTF)

Recommendation: All persons planning to or who could become pregnant take a daily supplement containing 0.4 to 0.8 mg (400 to 800 mcg) of folic acid.

High Cholesterol (August 2022, USPSTF)

Recommendation: Statin therapy for the primary prevention of cardiovascular disease (CVD) for adults aged 40 to 75 years who have 1 or more CVD risk factors, and an estimated 10-year risk of cardiovascular event of 10% or greater.

Limitation: These products will be covered at \$0 for members ages 40 to 75 years old.

HIV PrEP (August 2023, USPSTF)

Recommendation: Clinicians offer preexposure prophylaxis (PrEP) with effective antiretroviral therapy to persons who are at high risk of HIV acquisition.

Limitation: Pharmacies will verify if the medication is being used for PrEP at the point of sale. Only those using the medication for PrEP will receive a \$0 copay.

Iron Supplements (Spring 2017, Bright Futures)

Recommendation: For the prevention of Iron Deficiency and Iron-Deficiency Anemia in Infants.

Tobacco Cessation (January 2021, USPSTF)

Recommendation: Clinicians ask all adult patients about tobacco use, advise them to stop using tobacco, and provide behavioral interventions. Provide FDA-approved pharmacotherapy for cessation to nonpregnant adults who use tobacco.

Limitation: Limited to a cumulative day supply limit of 180 within the last 365 days.

Vaccines (1996 and ongoing, ACIP & CDC)

Recommendation: Vaccine for children and adults currently contained in the Recommendations of the ACIP and adopted by the CDC as routine.

Limitation: Gardasil (human papillomavirus vaccine) limited to members younger than 45. Shingrix (shingles vaccines) limited to members aged 50 and above.

Contraceptives (December 2022, HRSA/WPSI)

Recommendation: WPSI recommends that adolescent and adult women have access to the full range of contraceptives and contraceptive care without cost sharing. As part of contraceptive care, WPSI recommends effective family planning practices, sterilization procedures, and the full range of contraceptives currently listed in the FDA's Birth Control Guide and any additional contraceptives approved, granted, or cleared by the FDA.

Limitation: Prescription contraceptives have a quantity limit of 1.6/day.

*This list is subject to change and does not define coverage.
Refer to plan documents to determine coverage. Visit [primetherapeutics.com](https://www.primetherapeutics.com) for current list.*

NETRESULTS™ FORMULARY
ACA Preventive List



Effective Date: January 01, 2025

Drug	Comments
Aspirin	ASPIRIN 81 MG TAB CHEW ASPIRIN 81 MG TABLET DR
Bowel Prep	GAVILYTE-G SOLUTION GAVILYTE-N SOLUTION PEG 3350-ELECTROLYTE SOLUTION PEG-3350 AND ELECTROLYTES SOLN Age Edits Apply: 45-75 years
Breast Cancer	ANASTROZOLE 1 MG TABLET RALOXIFENE HCL 60 MG TABLET TAMOXIFEN 10 MG TABLET TAMOXIFEN 20 MG TABLET Age Edits Apply: 35+ years
Fluoride Supplements	CLINPRO 5000 1.1% TOOTHPASTE DENTA 5000 PLUS CREAM DENTAGEL 1.1% GEL FLUORIDE 0.25 MG TABLET CHEW FLUORIDE 0.5 MG TABLET CHEW FLUORIDE 1 MG TABLET CHEWABLE FLUORIDEX DAILY DEFENSE 1.1% FLUORIMAX 5000 1.1% TOOTHPASTE FRAICHE 5000 1.1 % DENTAL GEL JUST RIGHT 5000 1.1% TOOTHPSTE SF 1.1% GEL SF 5000 PLUS CREAM SOD FLUORIDE ENAM PROT 5000PPM SODIUM FLUORIDE 0.2% RINSE SODIUM FLUORIDE 0.25 (0.55) MG SODIUM FLUORIDE 0.5 MG(1.1 MG) SODIUM FLUORIDE 0.5 MG/ML DROP SODIUM FLUORIDE 1 MG (2.2 MG) SODIUM FLUORIDE 1.1% CREAM SODIUM FLUORIDE 1.1% GEL SODIUM FLUORIDE 5000 DRY MOUTH SODIUM FLUORIDE 5000 PLUS CRM SODIUM FLUORIDE 5000 PPM CREAM SODIUM FLUORIDE 5000 PPM PASTE SODIUM FLUORIDE SENSTV 5000PPM SODIUM FLUORIDE-POTASSIUM NITR Age Edits Apply: Up to 16 years
Folic Acid	FOLIC ACID 0.4 MG TABLET FOLIC ACID 0.8 MG CAPSULE FOLIC ACID 0.8 MG TABLET
High Cholesterol	ATORVASTATIN CALCIUM 10 MG TABLET ATORVASTATIN CALCIUM 20 MG TABLET LOVASTATIN 10 MG TABLET LOVASTATIN 20 MG TABLET LOVASTATIN 40 MG TABLET PRAVASTATIN SODIUM 10 MG TABLET PRAVASTATIN SODIUM 20 MG TABLET PRAVASTATIN SODIUM 40 MG TABLET PRAVASTATIN SODIUM 80 MG TABLET ROSUVASTATIN CALCIUM 10 MG TABLET ROSUVASTATIN CALCIUM 20 MG TABLET ROSUVASTATIN CALCIUM 40 MG TABLET ROSUVASTATIN CALCIUM 5 MG TABLET SIMVASTATIN 10 MG TABLET SIMVASTATIN 20 MG TABLET SIMVASTATIN 40 MG TABLET SIMVASTATIN 5 MG TABLET Age Edits Apply: 40-75 years
HIV PrEP	DESCOVY 200-25 MG TABLET EMTRICITABINE-TENOFV 200-300MG Preventive Use Only

NETRESULTS™ FORMULARY
ACA Preventive List



Effective Date: January 01, 2025

Drug	Comments
Iron Supplements CHILDREN'S FERROUS SULFATE 15 MG/ML FERROUS SULFATE 15 MG/ML FERROUS SULFATE 220 (44)/5 FERROUS SULFATE 300 MG/5ML INFANT-TODDLER IRON 15 MG/ML IRONUP 15MG/0.5ML NOVAFERRUM 15 MG/ML PEDIA IRON 15 MG/ML PEDIATRIC FE-VITE 15 MG/ML PEDIATRIC IRON 15 MG/ML WEE CARE 15MG/1.25	
Tobacco Cessation BUPROPION HCL SR 150 MG NICOTINE GUM 2 MG NICOTINE GUM 4 MG NICOTINE LOZENGE 2 MG NICOTINE LOZENGE 4 MG NICOTINE PATCH 14MG/24HR NICOTINE PATCH 21 MG/24HR NICOTINE PATCH 21-14-7MG NICOTINE PATCH 7MG/24HR NICOTROL 10 MG NICOTROL NS 10 MG/ML QUIT 2 2 MG QUIT 4 4 MG STOP SMOKING AID 2 MG STOP SMOKING AID 4 MG VARENICLINE TARTRATE 0.5 (11)-1 VARENICLINE TARTRATE 0.5 MG VARENICLINE TARTRATE 1 MG	Quantity Limits May Apply
Vaccines ABRYSV0 ACTHIB ADACEL TDAP AFLURIA QUAD AFLURIA QUAD(3YR UP) AFLURIA TRIV(3YR UP) AFLURIA TRIVALENT AREXVY AREXVY ADJUVANT COMPONENT AREXVY ANTIGEN COMPONENT BEXSERO BOOSTRIX TDAP CAPVAXIVE COMIRNATY DAPTACEL DTAP DIPHTHERIA-TETANUS TOXOIDS-PED ENGERIX-B ADULT ENGERIX-B PEDIATRIC-ADOLESCENT FLUAD QUAD FLUAD TRIVALENT FLUARIX QUAD FLUARIX TRIVALENT FLUBLOK QUAD FLUBLOK TRIVALENT FLUCELVAX QUAD FLUCELVAX TRIVALENT FLULAVAL QUAD FLULAVAL TRIVALENT FLUMIST QUAD	

NETRESULTS™ FORMULARY
ACA Preventive List



Effective Date: January 01, 2025

	Drug	Comments
Vaccines, continued	FLUMIST TRIVALENT FLUZONE HIGH-DOSE QUAD FLUZONE HIGH-DOSE TRIV FLUZONE QUAD FLUZONE TRIVALENT	
	GARDASIL 9	Age Edits Apply: Up to 45 years
	HAVRIX HEPLISAV-B HIBERIX INFANRIX DTAP IPOL JYNNEOS JYNNEOS (NATIONAL STOCKPILE) KINRIX M-M-R II VACCINE MENACTRA MENQUADFI MENVEO A-C-Y-W-135-DIP MODERNA COVID(6M-11Y)EUA MRESVIA NOVAVAX COVID(EUA) PEDIARIX PEDVAXHIB PENBRAYA PENTACEL PFIZER COVID(5-11Y)EUA PFIZER COVID(6M-4Y)EUA PNEUMOVAX 23 PREHEVBRIO PREVNAR 13 PREVNAR 20 PRIORIX PROQUAD QUADRACEL DTAP-IPV RECOMBIVAX HB ROTARIX ROTATEQ	
	SHINGRIX	Age Edits Apply: 50+ years
	SPIKEVAX TDVAX TENIVAC TRUMENBA TWINRIX VAQTA VARIVAX VACCINE VAXELIS VAXNEUVANCE	
Contraceptives: Diaphragms	CAYA CONTOURED DIAPHRAGM FEMCAP 22 MM CERVICAL CAP FEMCAP 26 MM CERVICAL CAP FEMCAP 30 MM CERVICAL CAP OMNIFLEX DIAPHRAGM 65MM WIDE SEAL DIAPHRAGM 60MM WIDE SEAL DIAPHRAGM 65MM WIDE SEAL DIAPHRAGM 70MM WIDE SEAL DIAPHRAGM 75MM WIDE SEAL DIAPHRAGM 80MM WIDE SEAL DIAPHRAGM 85MM	Quantity Limits May Apply

ACA Preventive List

Effective Date: January 01, 2025

	Drug	Comments
Contraceptives:	WIDE SEAL DIAPHRAGM 90MM	Quantity Limits May Apply
Diaphragms, continued	WIDE SEAL DIAPHRAGM 95MM	
Contraceptives: Extended Cycle	AMETHIA 0.15-0.03-0.01 MG TAB ASHLYNA 0.15-0.03-0.01 MG TAB CAMRESE 0.15-0.03-0.01 MG TAB CAMRESE LO TABLET DAYSEE 0.15-0.03-0.01 MG TAB ICLEVIA 0.15 MG-0.03 MG TABLET JAIMIESS 0.15-0.03-0.01 MG TAB JOLESSA 0.15 MG-0.03 MG TABLET LEVONO-E ESTRAD 0.15-0.03-0.01 LEVONOR-E ESTRAD 0.1-0.02-0.01 LEVONOR-ETH ESTRAD 0.15-0.03 LEVONORG 0.15MG-EE 20-25-30MCG LOJAIMIESS 0.1-0.02-0.01 TAB RIVELSA TABLET SETLAKIN 0.15 MG-0.03 MG TAB SIMPESSE 0.15-0.03-0.01 MG TAB	Quantity Limits May Apply
Contraceptives: Injectable	MEDROXYPROGESTERONE 150 MG/ML	Quantity Limits May Apply
Contraceptives: Non-hormonal	PHEXXI 1.8-1-0.4% VAGINAL GEL VCF CONTRACEPTIVE FILM	
Contraceptives: Patch	NORELGESTROM-EE 150-35 MCG/DAY XULANE 150-35 MCG/DAY PATCH ZAFEMY 150-35 MCG/DAY PATCH	Quantity Limits May Apply
Contraceptives: Vaginal	NUVARING VAGINAL RING	Quantity Limits May Apply
OTC Contraceptives: Condoms	AIMSCO LATEX CONDOM DUREX AVANTI REAL FEEL CONDOM DUREX EXTRA SENSITIVE CONDOM DUREX TROPICAL CONDOM FANTASY CONDOM FC2 FEMALE CONDOM KIMONO MAXX CONDOM KIMONO MICROTHIN AQUA LUBE KIMONO MICROTHIN CONDOM KIMONO MICROTHIN LARGE CONDOM KIMONO TEXTURED CONDOM KIMONO THIN LUBRICATED CONDOMS TROJAN ENZ CONDOM TROJAN ENZ SPERMICIDE CONDOM TROJAN MAGNUM CONDOM TROJAN ULTRA THIN CONDOM TROJAN ULTRA THIN-SPERMICIDAL TRUE COVER CONDOM TRUSTEX CONDOM TRUSTEX LATEX CONDOM TRUSTEX-RIA CONDOM	
OTC Emergency Contraception	AFTERA 1.5 MG TABLET CURAE 1.5 MG TABLET ECONTRA EZ 1.5 MG TABLET ECONTRA ONE-STEP 1.5 MG TABLET HER STYLE 1.5 MG TABLET LEVONORGESTREL 1.5 MG TABLET MY CHOICE 1.5 MG TABLET MY WAY 1.5 MG TABLET NEW DAY 1.5 MG TABLET	Quantity Limits May Apply

NETRESULTS™ FORMULARY
ACA Preventive List



Effective Date: January 01, 2025

	Drug	Comments
OTC Emergency	OPCICON ONE-STEP 1.5 MG TABLET	
Contraception, <i>continued</i>	OPTION 2 1.5 MG TABLET	Quantity Limits May Apply
	TAKE ACTION 1.5 MG TABLET	

See next page for Contraceptives: Oral

ACA Preventive List

Effective Date: January 01, 2025

Please note: Quantity Limits May Apply

Drug	Other Names
DESOG-E. ESTRADIOL/E. ESTRADIOL 21-5 (28) TABLET	AZURETTE 28 DAY TABLET, DESOGESTR-ETH ESTRAD ETH ESTRA, KARIVA 28 DAY TABLET, PIMTREA 28 DAY TABLET, SIMLIYA 28 DAY TABLET, VIORELE 28 DAY TABLET, VOLNEA 0.15-0.02-0.01 MG TAB
DESOGESTREL-ETHINYL ESTRADIOL 0.15-0.03 TABLET	APRI 28 DAY TABLET, CYRED 28 DAY TABLET, CYRED EQ 28 DAY TABLET, DESOGESTREL-EE 0.15-0.03 MG TB, ENSKYCE 28 TABLET, ISIBLOOM 28 DAY TABLET, JULEBER 28 DAY TABLET, KALLIGA 28 DAY TABLET, RECLIPSEN 28 DAY TABLET
DESOGESTREL-ETHINYL ESTRADIOL 7 DAYS X 3 TABLET	CAZIAN 28 DAY TABLET
DROSPIR/ETH ESTRA/LEVOMEFOL CA 3-0.02(24) TABLET	DROSP-EE-LEVOMEF 3-0.02-0.451
DROSPIR/ETH ESTRA/LEVOMEFOL CA 3-0.03(21) TABLET	DROSP-EE-LEVOMEF 3-0.03-0.451, TYDEMY 3-0.03-0.451 MG TABLET
ETHINYL ESTRADIOL/DROSPIRENONE 0.02-3(28) TABLET	DROSPIRENONE-EE 3-0.02 MG TAB, JASMIEL 3 MG-0.02 MG TABLET, LO-ZUMANDIMINE 3 MG-0.02 MG TB, LORYNA 3 MG-0.02 MG TABLET, NIKKI 3 MG-0.02 MG TABLET, VESTURA 3 MG-0.02 MG TABLET
ETHINYL ESTRADIOL/DROSPIRENONE 0.03MG-3MG TABLET	DROSPIRENONE-EE 3-0.03 MG TAB, OCELLA 3 MG-0.03 MG TABLET, SYEDA 28 TABLET, ZARAH TABLET, ZUMANDIMINE 3 MG-0.03 MG TAB
ETHYNODIOL D-ETHINYL ESTRADIOL 1 MG-35MCG TABLET	ETHYNODIOL-ETH ESTRA 1MG-35MCG, KELNOR 1-35 28 TABLET, ZOVIA 1-35 TABLET
ETHYNODIOL D-ETHINYL ESTRADIOL 1 MG-50MCG TABLET	ETHYNODIOL-ETH ESTRA 1MG-50MCG, KELNOR 1-50 TABLET
LEVONORGESTREL/ETHIN. ESTRADIOL 0.1-0.02MG TABLET	AFIRMELLE-28 TABLET, AUBRA EQ-28 TABLET, AUBRA-28 TABLET, AVIANE-28 TABLET, FALMINA-28 TABLET, LESSINA-28 TABLET, LEVONOR-ETH ESTRAD 0.1-0.02 MG, LUTERA-28 TABLET, SRONYX 0.10-0.02 MG TABLET, VIENVA-28 TABLET
LEVONORGESTREL/ETHIN. ESTRADIOL 0.15-0.03 TABLET	ALTAVERA-28 TABLET, AYUNA-28 TABLET, CHATEAL EQ-28 TABLET, CHATEAL-28 TABLET, KURVELO-28 TABLET, LEVONOR-ETH ESTRAD 0.15-0.03, LEVORA-28 TABLET, MARLISSA-28 TABLET, PORTIA-28 TABLET
LEVONORGESTREL/ETHIN. ESTRADIOL 6-5-10 TABLET	ENPRESSE-28 TABLET, LEVONEST-28 TABLET, LEVONOR-ETH ESTRAD TRIPHASIC, TRIVORA-28 TABLET
LEVONORGESTREL/ETHIN. ESTRADIOL 90-20 MCG TABLET	AMETHYST 90-20 MCG TABLET, DOLISHALE 90-20 MCG TABLET, LEVONOR-ETH ESTRA 0.09-0.02 MG
NORETH-ETHINYL ESTRADIOL/IRON 0.4-35(21) TAB CHEW	NORET-ESTR-FE 0.4-0.035(21)-75, WYMZYA FE 0.4-0.035 MG CHEW TB
NORETH-ETHINYL ESTRADIOL/IRON 0.8-25(24) TAB CHEW	KAITLIB FE 0.8-0.025MG CHEW TB, LAYOLIS FE CHEWABLE TABLET, NORETHIN-ESTRA-FE 0.8-0.025 MG
NORETHINDRONE 0.35 MG TABLET	CAMILA 0.35 MG TABLET, DEBLITANE 0.35 MG TABLET, EMZAHH 0.35 MG TABLET, ERRIN 0.35 MG TABLET, HEATHER 0.35 MG TABLET, INCASSIA 0.35 MG TABLET, JENCYCLA 0.35 MG TABLET, LYLEQ 0.35 MG TABLET, LYZA 0.35 MG TABLET, NORA-BE TABLET, NORETHINDRONE 0.35 MG TABLET, SHAROBEL 0.35 MG TABLET, TULANA 0.35 MG TABLET
NORETHINDRONE AC/ETH ESTRADIOL 1MG-20MCG TABLET	MICROGESTIN 21 1-20 TABLET
NORETHINDRONE AC/ETH ESTRADIOL 1.5-0.03MG TABLET	MICROGESTIN 21 1.5-30 TAB
NORETHINDRONE AC-ETH ESTRADIOL 1MG-20MCG TABLET	AUROVELA 1 MG-20 MCG TABLET, JUNEL 1 MG-20 MCG TABLET, LARIN 21 1-20 TABLET, LOESTRIN 21 1-20 TABLET, NORETHIND-ETH ESTRAD 1-0.02 MG
NORETHINDRONE AC-ETH ESTRADIOL 1.5-0.03MG TABLET	AUROVELA 21 1.5-30 TABLET, HAILEY 21 1.5 MG-30 MCG TAB, JUNEL 1.5 MG-30 MCG TABLET, LARIN 1.5 MG-30 MCG TABLET, LOESTRIN 21 1.5-30 TABLET, NORETHIN-EE 1.5-0.03 MG(21) TB
NORETHINDRONE-E. ESTRADIOL-IRON 1MG-20(21) TABLET	AUROVELA FE 1-20 TABLET, BLISOVI FE 1-20 TABLET, HAILEY FE 1-20 TABLET, JUNEL FE 1 MG-20 MCG TABLET, LARIN FE 1-20 TABLET, LOESTRIN FE 1-20 TABLET, MICROGESTIN FE 1-20 TABLET, NORETH-EE-FE 1-0.02(21)-75 TAB, TARINA FE 1-20 EQ TABLET, TARINA FE 1-20 TABLET
NORETHINDRONE-E. ESTRADIOL-IRON 1MG-20(24) TAB CHEW	CHARLOTTE 24 FE CHEWABLE TAB, FINZALA 1-0.02(24)-75 CHEW TAB, MIBELAS 24 FE CHEWABLE TABLET, NORETH-EE-FE 1-0.02(24)-75 CHW

ACA Preventive List

Effective Date: January 01, 2025

Please note: Quantity Limits May Apply

Drug	Other Names
NORETHINDRONE-E.ESTRADIOL-IRON 1MG-20(24) TABLET	AUROVELA 24 FE 1 MG-20 MCG TAB, BLISOVI 24 FE TABLET, HAILEY 24 FE 1 MG-20 MCG TAB, JUNEL FE 24 TABLET, LARIN 24 FE 1 MG-20 MCG TABLET, MICROGESTIN 24 FE 1 MG-20 MCG, TARINA 24 FE 1 MG-20 MCG TAB
NORETHINDRONE-E.ESTRADIOL-IRON 1.5-30(21) TABLET	AUROVELA FE 1.5 MG-30 MCG TAB, BLISOVI FE 1.5-30 TABLET, HAILEY FE 1.5-30 TABLET, JUNEL FE 1.5 MG-30 MCG TABLET, LARIN FE 1.5-30 TABLET, LOESTRIN FE 1.5-30 TABLET, MICROGESTIN FE 1.5-30 TAB, NORETH-EE-FE 1.5-0.03MG(21)-75
NORETHINDRONE-E.ESTRADIOL-IRON 5-7-9-7 TABLET	NORETH-EE-FE 1 MG/20-30-35 MCG, TILIA FE 28 TABLET, TRI-LEGEST FE-28 DAY TABLET
NORETHINDRONE-ETHIN. ESTRADIOL 0.4-0.035 TABLET	BALZIVA 28 TABLET, BRIELLYN TABLET, PHILITH 0.4-0.035 MG TABLET, VYFEMLA 0.4 MG-0.035 MG TABLET
NORETHINDRONE-ETHIN. ESTRADIOL 0.5-0.035 TABLET	NECON 0.5-35-28 TABLET, NORTREL 0.5-35-28 TABLET, WERA 0.5/0.035 MG 28 TABLET
NORETHINDRONE-ETHIN. ESTRADIOL 1 MG-35MCG TABLET	ALYACEN 1-35 28 TABLET, DASETTA 1-35-28 TABLET, NORTREL 1-35 21 TABLET, NORTREL 1-35 28 TABLET, NYLIA 1-35 28 TABLET, PIRMELLA 1-35 28 TABLET
NORETHINDRONE-ETHIN. ESTRADIOL 7-9-5 TABLET	ARANELLE 28 TABLET, LEENA 28 TABLET
NORETHINDRONE-ETHIN. ESTRADIOL 7 DAYS X 3 TABLET	ALYACEN 7-7-7-28 TABLET, DASETTA 7/7/7-28 TABLET, NORTREL 7-7-7-28 TABLET, NYLIA 7-7-7-28 TABLET, PIRMELLA 7-7-7-28 TABLET
NORGESTIMATE-ETHINYL ESTRADIOL 0.25-0.035 TABLET	ESTARYLLA 0.25-0.035 MG TABLET, FEMYNOR 28 TABLET, MILI 0.25-0.035 MG TABLET, MONO-LINYAH 28 TABLET, NORG-ETHIN ESTRA 0.25-0.035 MG, NORGESTIMATE-EE 0.25-0.035 MG, NYMYO 0.25-0.035 MG (28) TAB, SPRINTEC 28 DAY TABLET, VYLIBRA 28 TABLET
NORGESTIMATE-ETHINYL ESTRADIOL 7DAYSX3 28 TABLET	NORG-EE 0.18-0.215-0.25/0.035, TRI FEMYNOR 28 TABLET, TRI-ESTARYLLA TABLET, TRI-LINYAH TABLET, TRI-MILI 28 TABLET, TRI-NYMYO 28 TABLET, TRI-SPRINTEC TABLET, TRI-VYLIBRA 28 TABLET
NORGESTIMATE-ETHINYL ESTRADIOL 7DAYSX3 LO TABLET	NORG-EE 0.18-0.215-0.25/0.025, TRI-LO-ESTARYLLA TABLET, TRI-LO-MARZIA TABLET, TRI-LO-MILI TABLET, TRI-LO-SPRINTEC TABLET, TRI-VYLIBRA LO TABLET
NORGESTREL-ETHINYL ESTRADIOL 0.3-0.03MG TABLET	CRYSSELLE-28 TABLET, ELINEST-28 TABLET, LOW-OGESTREL-28 TABLET, TURQOZ-28 TABLET
ULIPRISTAL ACETATE 30 MG TABLET	ELLA 30 MG TABLET