

ACA-MEC FORMULARY

[Click here for details on how the ACA-MEC Medication Program works.](#)

NOTE: You can search for a drug by typing 'CTRL' or 'CMD' + F.

Brand Dosage Form	Retail Qty	HD Qty	Co-pay	Brand Dosage Form	Retail Qty	HD Qty	Co-pay
ASPIRIN 81 MG CHEWABLE TABLET	30	90	\$0	NICOTINE POLACRILEX 2 MG GUM	100	110	\$0
ASPIRIN 81 MG TABLET DR/EC	30	90	\$0	NICOTINE POLACRILEX 2 MG LOZENGE	72	72	\$0
ATORVASTATIN CALCIUM 10 MG TABLET	30	90	\$0	NICOTINE POLACRILEX 4 MG GUM	100	110	\$0
ATORVASTATIN CALCIUM 20 MG TABLET	30	90	\$0	NICOTINE POLACRILEX 4 MG LOZENGE	72	72	\$0
BISAC/NAACL/NAHCO3/KCL/PEG 3350 5 MG-210 G KIT	1	1	\$0	NONOXYNOL 9 3% GEL	30	81	\$0
BUPROPION HCL 100 MG TABLET	30	30	\$0	NORETHINDRONE 0.35 MG TABLET	28	84	\$0
BUPROPION HCL 150 MG TABLET 12-HOUR SR	60	60	\$0	NORETHINDRONE AC-ETH ESTRADIOL 1MG-20 MCG TABLET	21	63	\$0
BUPROPION HCL 150 MG TABLET 24-HOUR ER	30	30	\$0	NORETHINDRONE AC-ETH ESTRADIOL 1.5-0.03 MG TABLET	21	63	\$0
BUPROPION HCL 300 MG TABLET 24-HOUR ER	30	30	\$0	NORETHINDRONE-E. ESTRADIOL-IRON 1 MG-20(21) TABLET	28	84	\$0
BUPROPION HCL 75 MG TABLET	30	30	\$0	NORETHINDRONE-E. ESTRADIOL-IRON 1 MG-20(24) TABLET	28	84	\$0
BUPROPION SR 100 MG TABLET ER	60	180	\$0	NORETHINDRONE-E. ESTRADIOL-IRON 1.5-30(21) TABLET	28	84	\$0
BUPROPION SR 150 MG TABLET ER	60	180	\$0	NORETHINDRONE-E. ESTRADIOL-IRON 5-7-9-7 TABLET	28	28	\$0
BUPROPION SR 200 MG TABLET ER	60	180	\$0	NORETHINDRONE-ETHINYL ESTRAD 0.4-0.035 TABLET	28	84	\$0
CHOLECALCIFEROL (VITAMIN D3) 1000 UNIT TABLET	30	90	\$0	NORETHINDRONE-ETHINYL ESTRAD 0.5-0.035 TABLET	28	28	\$0
CHOLECALCIFEROL (VITAMIN D3) 400 UNIT TABLET	28	84	\$0	NORETHINDRONE-ETHINYL ESTRAD 1 MG-35 MCG TABLET	28	84	\$0
CHOLECALCIFEROL (VITAMIN D3) 400/ML DROPS	50	150	\$0	NORETHINDRONE-ETHINYL ESTRAD 7-9-5 TABLET	28	84	\$0
DESOG-E. ESTRADIOL/E. ESTRADIOL 21-5 TABLET	28	84	\$0	NORGESTIMATE-ETHINYL ESTRADIOL 0.25-0.035 TABLET	28	84	\$0
DESOGESTREL-ETHINYL ESTRADIOL 0.15-0.03 TABLET	28	84	\$0	NORGESTIMATE-ETHINYL ESTRADIOL 7DAYSX3 28 TABLET	28	84	\$0
DESOGESTREL-ETHINYL ESTRADIOL 7 DAYS X 3 TABLET	28	28	\$0	NORGESTIMATE-ETHINYL ESTRADIOL 7DAYSX3 LO TABLET	28	84	\$0
EMTRICITABINE/TENOFOVIR 200-300 MG TABLET	30	90	\$0	NORGESTREL-ETHINYL ESTRADIOL 0.3-0.03 MG TABLET	28	84	\$0
ETHINYL ESTRADIOL/DROSPIRENONE 0.02-3(24) TABLET	28	28	\$0	NORGESTREL-ETHINYL ESTRADIOL 0.5 MG-50 TABLET	28	28	\$0
ETHINYL ESTRADIOL/DROSPIRENONE 0.03 MG-3 MG TABLET	28	84	\$0	PEDI MVI NO.12/SODIUM FLUORIDE 0.25 MG CHEWABLE TABLET	30	90	\$0
ETHYNODIOL D-ETHINYL ESTRADIOL 1 MG-35 MCG TABLET	28	28	\$0	PEDI MVI NO.12/SODIUM FLUORIDE 0.5 MG CHEWABLE TABLET	30	90	\$0
ETHYNODIOL D-ETHINYL ESTRADIOL 1 MG-50 MCG TABLET	28	28	\$0	PEDI MVI NO.12/SODIUM FLUORIDE 1 MG CHEWABLE TABLET	30	90	\$0
FOLIC ACID 0.8 MG CAPSULE	30	30	\$0	PEDI MVI NO.16 WITH FLUORIDE 0.25 MG CHEWABLE TABLET	30	30	\$0
FOLIC ACID 0.8 MG TABLET	30	90	\$0	PEDI MVI NO.16 WITH FLUORIDE 0.5 MG CHEWABLE TABLET	30	30	\$0
INFLUENZA VACCINE INJECTION VACCINE	1	N/A	\$0	PEDI MVI NO.16 WITH FLUORIDE 1 MG CHEWABLE TABLET	15	45	\$0
LEVONORGESTREL 1.5 MG TABLET	28	84	\$0	PEG 3350/NA SULF,BICARB,CL/KCL 236-22.74 G RECON SOLUTION	4000	4000	\$0
LEVONORGESTREL-ETHIN ESTRADIOL 0.1-0.02 TABLET	28	84	\$0	PEG 3350/NA SULF,BICARB,CL/KCL 240-22.72 G RECON SOLUTION	4000	4000	\$0
LEVONORGESTREL-ETHIN ESTRADIOL 0.15-0.03 3 MONTH TABLET DOSE PACK	91	91	\$0	PRAVASTATIN SODIUM 10 MG TABLET	30	90	\$0
LEVONORGESTREL-ETHIN ESTRADIOL 0.15-0.03 TABLET	28	84	\$0	PRAVASTATIN SODIUM 20 MG TABLET	30	90	\$0
LEVONORGESTREL-ETHIN ESTRADIOL 6-5-10 TABLET	28	84	\$0	PRAVASTATIN SODIUM 40 MG TABLET	30	90	\$0
L-NORGEST/E. ESTRADIOL-E. ESTRAD 100-20(84) 3 MONTH TABLET DOSE PACK	91	91	\$0	PRAVASTATIN SODIUM 80 MG TABLET	30	90	\$0
LOVASTATIN 10 MG TABLET	30	90	\$0	ROSUVASTATIN CALCIUM 10 MG TABLET	30	90	\$0
LOVASTATIN 20 MG TABLET	30	90	\$0	ROSUVASTATIN CALCIUM 5 MG TABLET	30	90	\$0
LOVASTATIN 40 MG TABLET	30	90	\$0	SIMVASTATIN 10 MG TABLET	30	90	\$0
MEDROXYPROGESTERONE ACETATE 10 MG TABLET	28	84	\$0	SIMVASTATIN 20 MG TABLET	30	90	\$0
MEDROXYPROGESTERONE ACETATE 150 MG/ML SUSPENSION	1	1	\$0	SIMVASTATIN 40 MG TABLET	30	90	\$0
MEDROXYPROGESTERONE ACETATE 2.5 MG TABLET	28	84	\$0	SIMVASTATIN 5 MG TABLET	30	90	\$0
NICOTINE 14 MG/24 HR 24-HOUR PATCH	21	14	\$0	SIMVASTATIN 80 MG TABLET	30	90	\$0
NICOTINE 21 MG/24 HR 24-HOUR PATCH	7	42	\$0	SODIUM FLUORIDE 0.125/DROP DROPS	30	90	\$0
NICOTINE 7 MG/24 HR 24-HOUR PATCH	14	14	\$0	SODIUM FLUORIDE 0.2% SOLUTION	473	473	\$0

ACA-MEC MEDICATION PROGRAM

[Click here to return to the ACA-MEC Formulary.](#)

Brand Dosage Form	Retail Qty	HD Qty	Co-pay	Brand Dosage Form	Retail Qty	HD Qty	Co-pay
SODIUM FLUORIDE 0.25 MG/0.6 DROPS	60	60	\$0	SODIUM FLUORIDE 1.1% GEL	56	56	\$0
SODIUM FLUORIDE 0.25(0.55) CHEWABLE TABLET	15	45	\$0	SODIUM FLUORIDE 1.1% GEL	56	168	\$0
SODIUM FLUORIDE 0.4% GEL	122	122	\$0	SODIUM FLUORIDE 2.5 MG/ML DROPS	30	30	\$0
SODIUM FLUORIDE 0.5 MG/ML DROPS	10	10	\$0	TAMOXIFEN CITRATE 10 MG TABLET	30	90	\$0
SODIUM FLUORIDE 0.5(1.1)MG CHEWABLE TABLET	30	90	\$0	TAMOXIFEN CITRATE 20 MG TABLET	30	90	\$0
SODIUM FLUORIDE 1.1% CREAM	51	153	\$0				

PROGRAM DETAILS

1. The ACA-MEC Medication Program includes all prescription medications listed on the formulary at no cost to you. If the drug is not on the formulary, your out-of-pocket cost is based on a deeply discounted price.
2. You may pick-up your medication at virtually any retail pharmacy of your choice (over 70,000 in our network).
3. Only certain doses and quantities for each medication are offered through this program.
4. After your first retail purchase, all CHRONIC medications must be filled through our mail-order service. Our team will contact and work with you to transfer your prescription.
5. Present your Rx Card to the pharmacy of your choice to utilize benefits.
6. All medications require a prescription.
7. No limit on prescription medication orders.
8. You also get access to the entire suite of products, discounts and services.

This a Pharmacy Subscription Program. THIS IS NOT INSURANCE. We provide you direct access to medications at negotiated PBM pricing, and Home Delivery Pharmacy pricing on a pre-paid basis. Your Rx Card offers solutions for high-priced specialty medications via an International Pharmacy or PAP service. In addition, a discount pharmacy solution is available, where you search discount options and are directed to a specific pharmacy for super-low pricing. Sometimes, this can be your lowest price option. Only certain doses and quantities for each medication are offered through this program.

Your Rx Card is NOT Insurance. Discount Only – Discounts are available exclusively through participating pharmacies. The range of the discounts will vary depending on the type of prescription and the pharmacy chosen.

HOW THIS PROGRAM WORKS

1. Search for medications by entering drug name in the search bar. If a medication is not on the formulary, a discounted price will be displayed.
2. Present your Rx Card to the pharmacy of your choice. Your Rx Card will display your BIN, Group Number and PCN to present to the pharmacist. If you paid for your order online prior to picking up your medication, you will owe nothing at the pharmacy.
3. If you need other medications, easily search our website for deeply discounted prices.

This part of the program does not make payments directly to pharmacies. Members are required to pay for all prescription purchases. Cannot be used in conjunction with insurance. You may contact customer care anytime with questions or concerns, to cancel your registration, or to obtain further information. This program is administered by Medical Security Card Company, LLC, Tucson, AZ.

Formulary and pricing are subject to change. Please see website for current pricing. In order to get the most out of your Pharmacy Subscription Program, utilize our mail-order service by logging into the website. Members must log in to see complete program pricing and details.

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