

# No-cost essential health benefit

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## 2021 Health Care Reform Drug List

Under the Affordable Care Act, also known as health care reform, you can get some drugs at no member cost share. But you must have a prescription. Then they are covered 100 percent by your plan. The list below shows some items that are available. The list even includes some medicine you can get over-the-counter.

Some drugs not listed are eligible for zero dollar copay only with a medical exception.

## 2021 Health Care Reform Drug List Effective January 1, 2021

### Key

UPPERCASE Brand-name medicine

*lowercase italics* Generic medicine

Category	Generic name	Brand name
<b>Aspirin products</b> Covered for members (men and women) ages 50–59 years when prescribed by a doctor. In addition, aspirin 81 mg is covered for pre-eclampsia.	<i>aspirin tab 81 mg</i>	none
<b>Bowel-preparation medications</b> Limited for men and women ages 50 through 74 years.	none	CLENPIQ SOL GAVILYTE-H KIT MOVIPREP SOL PLENVU SOL PREPOPIK PEG-PREP KIT SUPREP
<b>Fluoride</b> Oral fluoride covered for children ages 6 months through 5 years without fluoride in their water source.	<i>sodium fluoride chew tab 0.25 mg, 0.5m mg, sodium fluoride tab 0.5 mg, sodium fluoride 1.1 mg/ml drops, 0.275 mg/ml drops</i>	FLUORABON DROPS FLURA-DROPS 0.25 mg
<b>Folic acid</b> Recommended for members who are or may become pregnant. Covered for members through age 55 years.	<i>folic acid cap 0.8 mg folic acid tab 200 mcg folic acid tab 400 mcg folic acid tab 800 mcg</i>	none
<b>Prevention of breast cancer</b> Primary prevention of breast cancer in women 35 years of age and older, who are at an increased risk	<i>anastrozole 1mg exemestane tab 25mg raloxifene tab 60mg tamoxifen tab 10mg and 20 mg</i>	none

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Category	Generic name	Brand name
<b>Prevention of human immunodeficiency virus (HIV) infection</b> Pre-exposure prophylaxis	none	TRUVADA ORAL TABLET 200-300 mg
<b>Statin medications</b> Covered for members between 40-75 years of age. Quantity limits apply.	<i>atorvastatin 10 mg</i> <i>atorvastatin 20 mg</i> <i>simvastatin 5 mg</i> <i>simvastatin 10 mg</i> <i>simvastatin 20 mg</i> <i>simvastatin 40 mg</i>	none
<b>Tobacco-cessation medications</b> Covered with a prescription. Limits apply and vary by plan. * Only when prescribed for smoking cessation.	<i>bupropion HCl (smoking deterrent) tab SR*</i> <i>nicotine TD patch</i> <i>nicotine polacrilex gum</i> <i>nicotine polacrilex lozenge</i>	CHANTIX NICOTROL INHALER NICOTROL NS

Category Drug class	Generic name	Brand name
<b>Women's contraceptives</b> May not be included under some plans. Certain religious organizations or religious employers may be exempt from offering contraceptive services. If these requirements apply to your plan, consult your plan documents for more information.		
<b>Biphasic</b>	<i>azurette</i> <i>bekyree</i> <i>kariva</i> <i>kimidess</i>	<i>necon</i> <i>pimtreea</i> <i>viorele</i>
<b>Cervical cap</b>	none	FEMCAP PRENTIF CAVIT Y-RIM CERVIC
<b>Continuous cycle</b>	<i>amethyst</i> <i>levonorgestrel-ethinyl estradiol (continuous) tab</i>	none
<b>Diaphragm</b>	none	CAYA DIAPHRAGM ARCSRING OMNIFLEX DIAPHRAGM ORTHO DIAPHRAGM COILSPRING ORTHO DIAPHRAGM FLAT SPRING WIDE-SEAL SILICONE DIAPHRAGM
<b>Emergency contraception</b>	<i>levonorgestrel tab 1.5mg</i> <i>aftera tab</i> <i>my way tab</i> <i>next choice one dose tab</i> <i>take action tab</i>	ELLA
<b>Extended cycle</b>	<i>amethia</i> <i>camrese</i> <i>daysee</i>	<i>levonorgestrel/ ethinyl estradiol</i> <i>quasense</i>
<b>Female condom</b>	none	FC FEMALE CONDOM
<b>Implanted devices</b>	none	NEXPLANON

Category Drug class	Generic name		Brand name
<b>Women's contraceptives</b> (continued)			
May not be included under some plans. Certain religious organizations or religious employers may be exempt from offering contraceptive services. If these requirements apply to your plan, consult your plan documents for more information.			
<b>Injectable progestin</b>	medroxyprogesterone acetate IM susp 150 mg/ml		DEPO-SUBQ PROVERA 104
<b>Intrauterine device (IUD) copper</b>	none		PARAGARD
<b>IUD with progestin</b>	none		LILETTA MIRENA SKYLA
<b>Monophasic</b>	none		BALCOLTRA LO LOESTRIN FE TAYTULLA
<b>Progestin only</b>	<i>camila</i> <i>heather</i> <i>jolivette</i>	<i>nora-be</i> <i>norethindron tab</i>	none
<b>Topical patch</b>	<i>xulane</i>		none
<b>Triphasic</b>	<i>norgestimate/ ethinyl estradiol</i> <i>tri-estarylla</i> <i>tri-linyah</i>	<i>trinessa</i> <i>tri-previfem</i> <i>tri-sprintec</i>	NATAZIA
<b>Spermicide</b>	none		ENCARE VAGINAL suppos OPTIONS GYNOL II VAGINAL gel VCF VAGINAL film VCF VAGINAL foam
<b>Sponge</b>	none		TODAY SPONGE
<b>Vaginal ring</b>	<i>eluryng</i> <i>etonogestrel-ethinyl estradiol vaginal ring</i>		none

Certain drugs may not be covered by your particular pharmacy plan or may be subject to additional charges or restrictions, regardless of their appearance in this document.

Information is believed to be accurate as of the production date; however, it is subject to change. To check coverage and copay information for a specific medicine, log into your member website. For questions, please call the toll free number on the back of your member ID card.

**Policy forms issued in Missouri include:** AL HGrpPol 01R5, HI HGrpAG 05, HO HGrpPol 04, AL SG GrpPolAmend 2020 01, HI SG GrpAgAmend 2020 01, HI HGrpAg SG 01R

**Policy forms issued in Oklahoma include:** AL COC00010, HC COC00010.

