

No-cost essential health benefit

**Drug alternatives that are equally
effective and less costly**

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. This means they are covered 100 percent by your plan. The following list of drugs and products shows some items that are available at no member cost share with a prescription (including over-the-counter medications).

Drugs in the categories below that are not listed are eligible for zero dollar copay only with a medical exception.

2020 Health Care Reform Drug List

Category	Generic name	Brand name
Aspirin products Covered for members (men and women) ages 50 – 59 years when prescribed by a doctor. In addition, aspirin 81 mg is covered for preeclampsia.	<i>aspirin tab 81 mg</i>	none
Fluoride 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, 0.5mgg, sodium fluoride tab 0.5 mg, sodium fluoride 1.1mg/ml drops, 0.275mg/mL drops</i>	FLUORABON drops FLURA-DROPS 0.25mg
Tobacco-cessation medications Covered with a prescription. Limits apply and vary by plan. * Only when prescribed for smoking cessation.	<i>bupropion HCl (smoking deterrent) tab SR* nicotine TD patch nicotine polacrilex gum nicotine polacrilex lozenge</i>	CHANTIX NICOTROL INHALER NICOTROL NS
Folic acid 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 200mcg folic acid tab 400 mcg folic acid tab 800 mcg</i>	none
Statin medications Covered for members between 40-75 years of age. Quantity limits apply.	<i>atorvastatin 10 mg atorvastatin 20mg simvastatin 5mg simvastatin 10mg simvastatin 20mg simvastatin 40mg</i>	none
Risk-reducing medications Covered for members ages 35 and older at increased risk for breast cancer.	<i>raloxifene tamoxifen</i>	none

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Category	Generic name	Brand name
Bowel-preparation medications Limited for men and women ages 50 through 74 years.		CLENPIQ SOL GAVILYTE-H KIT MOVIPREP SOL PLENVU SOL PREPOIK PEG-PREP KIT SUPREP
Women's contraceptives (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.)		
Cervical cap	none	FEMCAP PRENTIF CAVITY-RIM CERVIC
Diaphragm	none	CAYA DIAPHRAGM ARG- SPRING OMNIFLEX DIAPHRAGM ORTHO DIAPHRAGM COIL- SPRING ORTHO DIAPHRAGM FLAT SPRING WIDE-SEAL SILICONE DIAPHRAGM
Female condom	none	FC FEMALE CONDOM
Implanted devices	none	NEXPLANON
Injectable progestin	<i>medroxyprogesterone acetate injection</i>	DEPO-SUBQ PROVERA 104
Intrauterine device (IUD) copper	none	PARAGARD
IUD with progestin	none	LILETTA MIRENA SKYLA
Topical patch	<i>xulane</i>	none
Vaginal ring	none	NUVARING
Sponge	none	TODAY SPONGE
Spermicide	none	ENCARE VAGINAL suppos OPTIONS GYNOL II VAGINAL gel VCF VAGINAL film VCF VAGINAL foam
Monophasic		BALCOLTRA LO LOESTRIN FE TAYTULLA
Biphasic	<i>azurette bekyree kariva kimidess necon pimtreea viorele</i>	none
Continuous cycle	<i>amethyst levonorgestrel-ethinyl estradiol (continuous) tab</i>	none

Category	Generic name	Brand name
Women's contraceptives (continued)		
Emergency contraception	<i>levonorgestrel tab 1.5 mg</i> <i>aftera tab</i> <i>my way tab</i> <i>next choice one dose tab</i> <i>take action tab</i>	ELLA
Extended cycle	<i>amethia</i> <i>camrese</i> <i>daysee</i> <i>levonorgestrel/ethinyl</i> <i>estradiol</i> <i>quasense</i>	none
Progestin only	<i>camila</i> <i>heather</i> <i>jolivette</i> <i>nora-be</i> <i>norethindron tab</i>	none
Triphasic	<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

Brand-name drugs with a generic equivalent are eligible for zero dollar copay with medical exception.

Please remember that this is not a complete list of medications covered or excluded under your plan. Certain drugs such as those for smoking cessation or vitamins may not be covered by your particular pharmacy plan. Diabetic supplies may be covered under your medical plan.

Specific prescription benefits plan design may not cover certain categories or may be subject to additional charges or restrictions, regardless of their appearance in this document.

This is not an inclusive list. Void where prohibited by law.

If you have any questions about your pharmacy benefits, please visit the website that's on your member ID card and log in to your member website. If you don't have access to our website, call the Member Services number on your ID card.

Aetna Pharmacy Management refers to an internal business unit of Aetna Health Management, LLC.

Aetna or its affiliate(s) may receive rebates from drug manufacturers. Rebates may reduce the amount a member pays the pharmacy for covered prescriptions.

Information is believed to be accurate as of the production date; however, it is subject to change.

Policy forms issued in Missouri include: AL HGrpPol 01R5, HI HGrpAG 05, HO HGrpPol 04, AL SG GrpPolAmend 2019 01, HI SG GrpAgAmend 2019 01, HI HGrpAg SG 01R

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

