

# No-cost essential health benefit

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

Health care reform drug list

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**aetna<sup>®</sup>**

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 medical exception.

## 2019 Health Care Reform Drug List

Category	Generic name	Brand name
<b>Aspirin products</b> Covered for members (men and women) ages 50 – 69 years when prescribed by a doctor. In addition, aspirin 81 mg is covered for preeclampsia.	<i>aspirin tab 75 mg, 81 mg</i>	none
<b>Fluoride</b> Oral fluoride covered for children ages 6 months – 16 years without fluoride in their water source.	<i>sodium fluoride chew tab 0.25 mg, 0.5mg, 1mg</i> <i>sodium fluoride tab 0.5 mg, 1 mg</i> <i>sodium fluoride soln 0.125 mg/drop 0.5mg/mL</i>	FLUORABON FLURA-DROPS LOZI-FLUR LURIDE
<b>Fluoride dental products</b> Covered with a prescription from a doctor. Age limits under the fluoride category above apply.	<i>clinpro 5000 (sodium fluoride paste 1.1%)</i> <i>denta 5000 plus (sodium fluoride cream 1.1%)</i> <i>sf (sodium fluoride gel 1.1% [0.5% f])</i>	PREVIDENT 5000 DRY MOUTH gel PREVIDENT 5000 PLUS cream PREVIDENT 5000 SENSITIVE paste PREVIDENT rinse
<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
<b>Folic acid</b> Recommended for members who are or may become pregnant.	<i>folic acid cap 0.8 mg</i> <i>folic acid cap 20 mg</i> <i>folic acid cap 5 mg</i> <i>folic acid tab 1 mg</i> <i>folic acid tab 400 mcg</i> <i>folic acid tab 800 mcg</i>	none
<b>Statin medications</b> Covered for members between 40-75 years of age. Quantity limits apply.	<i>atorvastatin 10 mg</i> <i>atorvastatin 20mg</i> <i>simvastatin 5mg</i> <i>simvastatin 10mg</i> <i>simvastatin 20mg</i> <i>simvastatin 40mg</i>	none

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Category	Generic name	Brand name
<b>Risk-reducing medications</b> Covered for members ages 35 and older at increased risk for breast cancer.	<i>raltaxifene</i> <i>tamoxifen</i>	none
<b>Bowel-preparation medications</b> Limited for men and women ages 50 through 74 years.	<i>bisacodyl</i> <i>gavilyte</i> <i>magnesium citrate oral soln</i> <i>polyethylene glycol prep</i> <i>polyethylene glycol 3350</i> <i>polyethylene glycol 3350/electrolytes</i> <i>sodium phosphate enema</i> <i>trilyte soln</i>	MOVIPREP OSMOPREP PREPOPIK SUPREP
<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>Cervical cap</b>	none	FEMCAP PRENTIF CAVITY-RIM CERVIC
<b>Diaphragm</b>	none	CAYA DIAPHRAGM ARG- SPRING OMNIFLEX DIAPHRAGM ORTHO DIAPHRAGM COIL- SPRING ORTHO DIAPHRAGM FLAT SPRING WIDE-SEAL SILICONE DIAPHRAGM
<b>Female condom</b>	none	FC FEMALE CONDOM
<b>Implanted devices</b>	none	NEXPLANON
<b>Implanted devices</b>	none	NEXPLANON
<b>Injectable progestin</b>	<i>medroxyprogesterone acetate injection</i>	none
<b>Implanted devices</b>	none	NEXPLANON
<b>Intrauterine device (IUD) copper</b>	none	PARAGARD
<b>IUD with progestin</b>	none	LILETTA MIRENA SKYLA
<b>Topical patch</b>	<i>xulane</i>	none
<b>Vaginal ring</b>	none	NUVARING
<b>Sponge</b>	none	TODAY SPONGE
<b>Spermicide</b>	none	ENCARE VAGINAL suppos OPTIONS GYNOL II VAGINAL gel VCF VAGINAL film VCF VAGINAL foam
<b>Biphasic</b>	<i>azurette</i> <i>bekyree</i> <i>kariva</i> <i>kimidess</i> <i>necon</i> <i>pimtreea</i> <i>viorele</i>	none
<b>Continuous cycle</b>	<i>amethyst</i> <i>levonorgestrel-ethinyl estradiol (continuous) tab</i>	none

Category	Generic name	Brand name
<b>Women's contraceptives (continued)</b>		
<b>Emergency contraception</b>	<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
<b>Extended cycle</b>	<i>amethia</i> <i>camrese</i> <i>daysee</i> <i>levonorgestrel/ethinyl</i> <i>estradiol</i> <i>quasense</i>	none
<b>Progestin only</b>	<i>camila</i> <i>heather</i> <i>jolivette</i> <i>nora-be</i> <i>norethindron tab</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>	none

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

Some drugs may require prior authorization, step therapy or be formulary excluded for certain members, depending on their pharmacy benefits plan. This list indicates the common uses for which the drug is prescribed. Some drugs are prescribed for more than one condition. Brand-name drugs not listed here may be covered by your plan without the use of a generic first. Information provided here is not a substitute for medical advice or treatment. Step therapy does not apply to fully insured members in New Jersey. However, these programs are available to self-funded plans.

Discuss this information with your doctor or health care provider. Aetna assumes no liability for the information provided or for any diagnosis or treatment made in reliance thereon, nor is it responsible for the reliability of the content.

Subject to state law restrictions. This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with Aetna. Listed products are for informational purposes only and are not intended to replace the clinical judgment of the prescriber. Targeted therapeutic classes, specific drugs and criteria are subject to change.

Please remember that this is not a complete list of medications covered under your plan. Because there are thousands of medications included in your pharmacy benefit, we only list the most common ones. If you have any questions about your pharmacy benefits, log in to your secure member website. If you don't have access to our website, call the toll-free number on your member ID card.

Aetna may receive rebates, discounts and service fees from pharmaceutical manufacturers for certain listed products.

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information. Information is believed to be accurate as of the production date; however, it is subject to change. For questions, please call the toll-free number on your member ID card.

**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

**Policy forms issued in Oklahoma include:** HMO OK COC-5 09/07, HMO/OK GA-3 11/01, HMO OK POS RIDER 08/07, GR-23, GR-29N.



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