

No-cost essential health benefit

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 April 1, 2021

Key

UPPERCASE Brand-name medicine

lowercase italics Generic medicine

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 pre-eclampsia.	<i>aspirin tab 81 mg</i>	none
Bowel-preparation medications Limited for men and women ages 50 through 74 years.	<i>gavilyte-h kit</i> <i>peg-3350/electrolytes/ascorbate solr 7.5-2.691g</i> <i>peg-prep kit 5 mg-210 g</i>	CLENPIQ SOL PLENVU SOL SUTAB TABS 1.479 G SUPREP
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, 0.5m mg,</i> <i>sodium fluoride tab 0.5 mg,</i> <i>sodium fluoride 1.1 mg/ml drops, 0.275 mg/ml drops</i>	none
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</i> <i>folic acid tab 200 mcg</i> <i>folic acid tab 400 mcg</i> <i>folic acid tab 800 mcg</i>	none
Prevention of breast cancer Primary prevention of breast cancer in women 35 years of age and older, who are at an increased risk	<i>anastrozole 1mg</i> <i>exemestane tab 25mg</i> <i>raloxifene tab 60mg</i> <i>tamoxifen tab 10mg and 20 mg</i>	none
Prevention of human immunodeficiency virus (HIV) infection Pre-exposure prophylaxis	<i>emtricitabine/tenofovir disoproxil fumarate tabs 200-300 mg</i>	none

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Category	Generic name	Brand name
Statin medications 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
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*</i> <i>nicotine TD patch</i> <i>nicotine polacrilex gum</i> <i>nicotine polacrilex lozenge</i>	CHANTIX NICOTINE TRANSDERMAL SYSTEM KIT 21-14-7MG NICOTROL INHALER NICOTROL NS

Category Drug class	Generic name	Brand name	
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.			
Biphasic	<i>azurette</i> <i>bekyree</i> <i>kariva</i> <i>kimidess</i>	<i>necon</i> <i>pimtrea</i> <i>viorele</i>	none
Cervical cap	none		FEMCAP PRENTIF CAVIT Y-RIM CERVIC
Continuous cycle	<i>amethyst</i> <i>levonorgestrel-ethinyl estradiol</i>		none
Diaphragm	none		CAYA DIAPHRAGM ARCSRING OMNIFLEX DIAPHRAGM WIDE-SEAL SILICONE DIAPHRAGM
Emergency contraception	<i>levonorgestrel</i> <i>aftera</i> <i>my way</i> <i>next choice one dose</i> <i>take action</i>		ELLA
Extended cycle	<i>amethia</i> <i>camrese</i> <i>daysee</i>	<i>levonorgestrel/ ethinyl estradiol</i> <i>quasense</i>	none
Female condom	none		FC FEMALE CONDOM
Implanted devices	none		NEXPLANON

Category Drug class	Generic name		Brand name
Women's contraceptives (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.			
Injectable progestin	<i>medroxyprogesterone acetate</i>		DEPO-SUBQ PROVERA 104
Intrauterine device (IUD) copper	none		PARAGARD
IUD with progestin	none		LILETTA MIRENA SKYLA
Monophasic	none		BALCOLTRA LO LOESTRIN FE TAYTULLA
Progestin only	<i>camila</i> <i>heather</i> <i>jolivette</i>	<i>nora-be</i> <i>norethindrone</i>	none
Topical patch	<i>xulane</i>		none
Triphasic	<i>norgestimate/</i> <i>ethinyl estradiol</i> <i>tri-estarylla</i> <i>tri-linyah</i>	<i>trinessa</i> <i>tri-previfem</i> <i>tri-sprintec</i>	NATAZIA
Spermicide	none		ENCARE VAGINAL OPTIONS GYNOL II VAGINAL SHUR-SEAL GEL 2 % VCF VAGINAL
Sponge	none		TODAY SPONGE
Vaginal ring	<i>eluryng</i> <i>etonogestrel-ethinyl estradiol</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, HO GrpPolAmend-ThirdPartyPay 01, AL SG GrpPolAmend 2019 01, HI HGrpAg SG 01R, HI SG GrpAgAmend 2019 01.

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

