

# Priceless preventive medicine

**Health care reform**

Preventive care drug list

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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. This is not a complete list. There are additional drugs and products available.

## 2018 Health Care Reform Preventive Drug List

Category	Generic name	Brand name
<b>Aspirin products</b> Aspirin 81 mg is covered for members (men and women) up to 69 years old, when prescribed by a doctor.	<i>aspirin tab 75 mg, 81 mg</i>	none
<b>Vitamin D</b> Covered for members ages 65 and older when prescribed by a doctor.	<i>cholecalciferol cap 400u, 1,000u</i> <i>cholecalciferol chew tab 400u, 1,000u</i> <i>cholecalciferol drops 400 unit/0.03 mL (per drop)</i> <i>cholecalciferol oral liquid 400 unit/mL</i> <i>cholecalciferol tab 400u, 1,000u</i>	D-VI-SOL
<b>Fluoride</b> Oral fluoride covered for children ages 6 months – 11 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% ff])</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. Limits vary by plan.)	<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 with no restriction besides current quantity limits.	<i>atorvastatin 10 mg simvastatin</i> <i>5 mg simvastatin 10 mg</i>	none

\* Only when prescribed for smoking cessation.

\*\* The U.S. Preventive Services Task Force recommends that all women planning or capable of pregnancy take a daily supplement containing 0.4 to 0.8 mg (400 to 800 mcg) of folic acid.

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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>raloxifene</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.)		
<b>Cervical cap</b>	none	FEMCAP PRENTIF CAVITY-RIM CERVIC
<b>Diaphragm</b>	none	CAYA DIAPHRAGM ARC- 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

Multisource brands are eligible for zero-dollar copay only with medical exception.

\* Over-the-counter laxative used for colonoscopy preparation allowed at zero member cost share when filled with a prescription.

\*\* U.S. Food and Drug Administration (FDA)-approved female over-the-counter contraceptives are also allowed at zero member cost share when filled with a prescription.

Nongrandfathered plans effective or renewing on or after August 1, 2012, and subject to the Affordable Care Act, also known as the health care reform law, will comply with requirements for Women's Preventive Health Services. This means that for women with reproductive capacity, certain women's contraceptive drugs and devices approved by the FDA are covered at no member cost share. 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. The following contraceptive drugs and devices are available with no member cost share when prescribed by a doctor and obtained through Aetna's network. Quantity limits may also apply.

Category	Generic name	Brand name
<b>Women's contraceptives*</b> (May not be included under some plans.)		
<b>Biphasic</b>	<i>azurette</i> <i>bekyree</i> <i>kariva</i> <i>kimidess</i> <i>necon</i> <i>pimtrea</i> <i>viorele</i>	none
<b>Continuous cycle</b>	<i>amethyst</i> <i>levonorgestrel-ethinyl estradiol (continuous) tab</i>	none
<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 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

\*FDA-approved female over-the-counter contraceptives are also allowed at zero member cost share when filled with a prescription.

This document may not be used after December 31, 2018.

This list is not a complete list of medications covered under your plan. To check coverage and copay information for a specific medicine, visit [aetna.com](http://aetna.com) and log in to your secure member website. For more details, please call the toll-free number on your member ID card. This material is for information only. Health benefits and health insurance plans contain exclusions and limitations. 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 01, HO HGrpPol 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.

