

# No-cost essential health benefit

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**2024 Health Care Reform Preventive 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.

## Health Care Reform Drug List

### Key

UPPERCASE	Brand-name medicine
<i>lowercase italics</i>	Generic medicine

Category Drug class	Generic name	Brand name
<b>Aspirin products</b> Covered for members who are 12-59 years when prescribed by a doctor.	<i>aspirin tab 81 mg</i>	none
<b>Bowel-preparation medications</b> Limited for members ages 45 through 74 years.	<i>peg-3350/electrolytes/ascorbate</i> <i>peg-3350/sodium sulf/naclpotassium cl/na ascorbate/ascorbic</i> <i>sodium sulfate/potassium</i>	CLENPIQ SOL PEG-PREP PLENVU SOL SUFLAVE SUTAB
<b>Fluoride</b> Oral fluoride covered for children ages 6 months through 5 years without fluoride in their water source.	<i>nafrinse drops</i> <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
<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</i> <i>folic acid tab 200 mcg</i> <i>folic acid tab 400 mcg</i> <i>folic acid tab 800 mcg</i>	none
<b>Prediabetes</b> Limited for men and women ages 35 – 70.	<i>metformin 850mg</i>	none

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Category Drug class	Generic name	Brand name
<b>Prevention of breast cancer</b> Primary prevention of breast cancer in members 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
<b>Prevention of human immunodeficiency virus (HIV) infection</b> Pre-exposure prophylaxis	<i>emtricitabine/tenofovir disoproxil fumarate tabs 200-300 mg</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 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>habitrol</i> <i>nicotine TD patch</i> <i>nicotine polacrilex gum</i> <i>nicotine polacrilex lozenge</i> <i>thrive</i> <i>varenicline tab 0.5mg</i> <i>varenicline tab 1mg</i>	APO-VARENICLINE NICOTINE TRANSDERMAL SYSTEM KIT 21-14-7MG NICOTROL INHALER NICOTROL NS
<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 Contraceptives - Oral</b>	<i>azurette</i> <i>desogestrel/ethinyl estradiol</i> <i>kariva</i> <i>norethindrone &amp; ethinyl estradiol ferrous fumarate chew 0.8-25(24)</i> <i>norethindrone acetate/ethinyl estradiol tabs 1.5-0.03mg</i> <i>norethindrone acetate/ethinyl estradiol tabs 1mg-20mcg</i> <i>norethindrone acetate/ethinyl estradiol/ferrous fumarate caps 1mg-20(24)</i> <i>norethindrone acetate/ethinyl estradiol/ferrous fumarate chew 1mg-20(24)</i> <i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs 1.5-30(21)</i> <i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs 1mg-20(21)</i> <i>norethindrone/ethinyl estradiol/ferrous fumarate chew 0.4-35(21)</i> <i>pimtrea</i> <i>simliya</i> <i>viorele</i> <i>volnea</i>	LO LOESTRIN FE
<b>Cervical Caps</b>	none	FEMCAP

Category Drug class	Generic name		Brand name
Combination Contraceptives - Oral	<i>afirmelle</i>	<i>junel 1/20</i>	NEXTSTELLIS
	<i>altavera</i>	<i>junel fe 1.5/30</i>	TYBLUME
	<i>alyacen 1/35</i>	<i>junel fe 1/20</i>	
	<i>apri</i>	<i>junel fe 24</i>	
	<i>aubra</i>	<i>kaitlib fe</i>	
	<i>aubra eq</i>	<i>kalliga</i>	
	<i>aurovela 1.5/30</i>	<i>kelnor 1/35</i>	
	<i>aurovela 1/20</i>	<i>kelnor 1/50</i>	
	<i>aurovela 24 fe</i>	<i>kurvelo</i>	
	<i>aurovela fe 1.5/30</i>	<i>larin 1.5/30</i>	
	<i>aurovela fe 1/20</i>	<i>larin 1/20</i>	
	<i>aviane</i>	<i>larin 24 fe</i>	
	<i>ayuna</i>	<i>larin fe 1.5/30</i>	
	<i>balziva</i>	<i>larin fe 1/20</i>	
	<i>blisovi 24 fe</i>	<i>layolis fe</i>	
	<i>blisovi fe 1.5/30</i>	<i>lessina</i>	
	<i>blisovi fe 1/20</i>	<i>levonorgestrel/ethinyl estradiol</i>	
	<i>brillyn</i>	<i>levora 0.15/30-28</i>	
	<i>charlotte 24 fe</i>	<i>lillow</i>	
	<i>chateal</i>	<i>lo-zumandimine</i>	
	<i>chateal eq</i>	<i>loestrin 1.5/30-21</i>	
	<i>cryselle-28</i>	<i>loestrin 1/20-21</i>	
	<i>cyclafem 1/35</i>	<i>loestrin fe 1.5/30</i>	
	<i>cyred</i>	<i>loestrin fe 1/20</i>	
	<i>cyred eq</i>	<i>loryna</i>	
	<i>dasetta 1/35</i>	<i>low-ogestrel</i>	
	<i>delyla</i>	<i>lutera</i>	
	<i>desogestrel/ethinyl estradiol</i>	<i>marlissa</i>	
	<i>drospirenone/ethinyl estradiol</i>	<i>merzee</i>	
	<i>drospirenone/ethinyl estradiol/levomefolate calcium</i>	<i>microgestin 1.5/30</i>	
	<i>elinest</i>	<i>microgestin 1/20</i>	
	<i>enskyce</i>	<i>microgestin 24 fe</i>	
	<i>estarylla</i>	<i>microgestin fe 1.5/30</i>	
	<i>ethynodiol diacetate/ ethinyl estradiol</i>	<i>microgestin fe 1/20</i>	
	<i>falmina</i>	<i>mili</i>	
	<i>femynor</i>	<i>mono-linyah</i>	
	<i>gemmily</i>	<i>necon 0.5/35-28</i>	
	<i>hailey 1.5/30</i>	<i>nikki</i>	
	<i>hailey 24 fe</i>	<i>norethindrone acetate/ ethinyl estradiol</i>	
	<i>hailey fe 1.5/30</i>	<i>norethindrone acetate/ ethinyl estradiol/ ferrous fumarate</i>	
	<i>hailey fe 1/20</i>	<i>norgestimate/ethinyl estradiol</i>	
<i>isibloom</i>	<i>nortrel 0.5/35 (28)</i>		
<i>jasmiel</i>	<i>nortrel 1/35</i>		
<i>juleber</i>	<i>nylia 1/35</i>		
<i>junel 1.5/30</i>	<i>nymyo</i>		

<b>Category Drug class</b>	<b>Generic name</b>	<b>Brand name</b>
<b>Combination Contraceptives - Oral continued</b>	<i>ocella</i>	<i>taysofy</i>
	<i>orsythia</i>	<i>tydemy</i>
	<i>philith</i>	<i>vestura</i>
	<i>pirmella 1/35</i>	<i>vienva</i>
	<i>portia-28</i>	<i>vyfemla</i>
	<i>previfem</i>	<i>vylibra</i>
	<i>reclipsen</i>	<i>wera</i>
	<i>sprintec 28</i>	<i>wymzya fe</i>
	<i>sronyx</i>	<i>zenchent fe</i>
	<i>syeda</i>	<i>zovia 1/35</i>
	<i>tarina 24 fe</i>	<i>zovia 1/35e</i>
	<i>tarina fe 1/20 eq</i>	<i>zumandimine</i>
<b>Combination Contraceptives - Transdermal</b>	<i>xulane</i>	TWIRLA
	<i>zafemy</i>	
<b>Combination Contraceptives - Vaginal</b>	<i>eluryng</i>	ANNOVERA
	<i>etonogestrel/ethinyl estradiol</i>	
	<i>haloette</i>	
<b>Condoms - Female</b>	<i>none</i>	FC2 FEMALE CONDOM*
<b>Condoms - Male</b>	<i>none</i>	MALE CONDOMS*
<b>Combination Contraceptives - Vaginal</b>	<i>amethyst</i>	NONE
	<i>dolishale</i>	
	<i>levonorgestrel/ethinyl estradiol</i>	
<b>Copper Contraceptives - IUD</b>	<i>none</i>	PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A
<b>Diaphragms</b>	<i>none</i>	CAYA
		OMNIFLEX DIAPHRAGM
		WIDE-SEAL SILICONE DIAPHRAGM KIT
<b>Emergency Contraceptives</b>	<i>aftera</i>	ELLA
	<i>afterpill</i>	
	<i>econtra ez</i>	
	<i>econtra one-step</i>	
	<i>her style</i>	
	<i>levonorgestrel</i>	
	<i>my choice</i>	
	<i>my way</i>	
	<i>new day</i>	
	<i>opcicon one-step</i>	
	<i>option 2</i>	
	<i>react</i>	
	<i>take action</i>	

<b>Category Drug class</b>	<b>Generic name</b>	<b>Brand name</b>
<b>Extended-Cycle Contraceptives - Oral</b>	<i>amethia</i> <i>ashlyna</i> <i>camrese</i> <i>camrese lo</i> <i>daysee</i> <i>fayosim</i> <i>iclevia</i> <i>introvale</i> <i>jaimiess</i> <i>jolessa</i> <i>levonorgestrel/ethinyl estradiol</i> <i>lojaimiess</i> <i>rivelsa</i> <i>setlakin</i> <i>simpesse</i>	NONE
<b>Four Phase Contraceptives - Oral</b>	<i>none</i>	NATAZIA
<b>Progestin Contraceptives - Implants</b>	<i>none</i>	NEXPLANON
<b>Progestin Contraceptives - Injectables</b>	<i>medroxyprogesterone acetate</i>	DEPO-SUBQ PROVERA 104
<b>Progestin Contraceptives - IUD</b>	<i>none</i>	KYLEENA LILETTA MIRENA SKYLA
<b>Progestin Contraceptives - Oral</b>	<i>camila</i> <i>deblitane</i> <i>errin</i> <i>heather</i> <i>incassia</i> <i>jencycla</i> <i>lyleq</i> <i>lyza</i> <i>nora-be</i> <i>norethindrone</i> <i>norlyda</i> <i>norlyroc</i> <i>sharobel</i>	OPILL* SLYND
<b>Spermicides</b>	<i>none</i>	ENCARE OPTIONS GYNOL II VAGINAL CONTRACEPTIVE SHUR-SEAL TODAY SPONGE VCF VAGINAL

<b>Category Drug class</b>	<b>Generic name</b>	<b>Brand name</b>
<b>Triphasic Contraceptives - Oral</b>	<i>alyacen 7/7/7</i> <i>aranelle</i> <i>dasetta 7/7/7</i> <i>enpresse-28</i> <i>leena</i> <i>levonest</i> <i>levonorgestrel/ethinyl estradiol</i> <i>norethindrone acetate/ethinyl estradiol</i> <i>norgestimate/ethinyl estradiol</i> <i>nortrel 7/7/7</i> <i>nylia 7/7/7</i> <i>pirmella 7/7/7</i> <i>tilia fe</i> <i>tri-estarylla</i> <i>tri-legest fe</i> <i>tri-linyah</i> <i>tri-lo-estarylla</i> <i>tri-lo-marzia</i> <i>tri-lo-mili</i> <i>tri-lo-sprintec</i> <i>tri-mili</i> <i>tri-nymyo</i> <i>tri-previfem</i> <i>tri-sprintec</i> <i>tri-vylibra</i> <i>tri-vylibra lo</i> <i>trivora-28</i> <i>velivet</i>	NONE
<b>Vaginal Contraceptive PH Modulators - Combinations</b>	<i>none</i>	PHEXXI

\*These items are over the counter (OTC) and covered at a \$0.00 copay.

This is not a complete list of drugs covered under your plan. Check your plan documents for coverage information. Your plan may not cover certain drugs to treat conditions such as infertility, erectile dysfunction, and weight loss. To check coverage and copay information for a specific medicine, log into your member website. If you're still not sure whether your plan benefits include coverage, call the toll-free number on the back of your ID card. Diabetic Supplies may be covered under your medical plan.

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 07, AL SG HGrpPol-1A 01, HI HGrpAg 05, HI GrpAgAmend-2022 01, HO HGrpPol 04, HO GrpPolAmend-2022 01, HI SG HGrpAg-1A 01. AL IVL HPOL-1A-2024-EPO-HIX 03, AL IVL SOB 1A EPO HIX 03, AL IVL HPOL-1A-2024-EPO 03, AL IVL SOB 1A EPO 03.

**Policy forms issued in Oklahoma include:** AL SG HGrpPol-1A 01, AL SG HCOC-2024-PPO 08, AL SG SOB PPO 14052798 08, HI SG HGrpAg-1A 01, HI SG HCOC-2024 08, HI SG SOB HMO 14052797 08, AL HGrpPol 07 AL HCOC 11, AL HSOB 09, AL HSOBNM 09, HI HGrpAg 06, HC HCOC 10, HC HSOB 09.

