No-cost essential health benefit

Health Care Reform Preventive Drug List

aetna®

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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. 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
lowercase italics	Generic medicine

Category *Drug class*	Generic name	Brand name
Aspirin products Covered for members who are 12-59 years when prescribed by a doctor.	*aspirin tab 81 mg*	None
Bowel-preparation medications Limited for members ages 45 through 74 years.	*peg-3350/electrolytes/ascorbate* *peg-3350/sodium sulf/naclpotassium cl/na ascorbate/ascorbic* *sodium sulfate/potassium*	CLENPIQ SOL PEG-PREP PLENVU SOL SUFLAVE SUTAB
Fluoride Oral fluoride covered for children ages 6 months through 5 years without fluoride in their water source.	*nafrinse drops* *sodium fluoride chew tab 0.25 mg, 0.5m mg,* *sodium fluoride tab 0.5 mg,* *sodium fluoride 1.1 mg/ml drops, 0.275 mg/ml drops*	None
Folic acid Recommended for members who are or may become pregnant. Covered for members through age 55 years.	*folic acid cap 0.8 mg* *folic acid tab 200 mcg* *folic acid tab 400 mcg* *folic acid tab 800 mcg*	None
Prediabetes Limited for men and women ages 35 – 70.	*metformin 850mg*	None

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Category *Drug class*	Generic name	Brand name
Prevention of breast cancer Primary prevention of breast cancer in members 35 years of age and older, who are at an increased risk.	*anastrozole 1mg* *exemestane tab 25mg* *raloxifene tab 60mg* *tamoxifen tab 10mg and 20 mg*	None
Prevention of human immunodeficiency virus (HIV) infection Pre-exposure prophylaxis	*emtricitabine/tenofovir disoproxil fumarate tabs 200-300 mg*	None
Statin medications Covered for members between 40-75 years of age. Quantity limits apply.	*atorvastatin 10 mg* *atorvastatin 20 mg* *simvastatin 5 mg* *simvastatin 10 mg* *simvastatin 20 mg* *simvastatin 40 mg*	None
Tobacco-cessation medications Covered with a prescription. Limits apply and vary by plan. * Only when prescribed for smoking cessation.	*bupropion HCl (smoking deterrent) tab SR** *habitrol* *nicotine TD patch* *nicotine polacrilex gum* *nicotine polacrilex lozenge* *thrive* *varenicline tab 0.5mg* *varenicline tab 1mg*	APO-VARENICLINE NICOTINE TRANSDERMAL SYSTEM KIT 21-14-7MG NICOTROL INHALER NICOTROL NS
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 Contraceptives - Oral	*azurette* *desogestrel/ethinyl estradiol* *kariva* *norethindrone & ethinyl estradiol ferrous fumarate chew 0.8-25(24)* *norethindrone acetate/ethinyl estradiol tabs 1.5-0.03mg* *norethindrone acetate/ethinyl estradiol tabs 1mg-20mcg* *norethindrone acetate/ethinyl estradiol/ferrous fumarate caps 1mg-20(24)* *norethindrone acetate/ethinyl estradiol/ferrous fumarate chew 1mg-20(24)* *norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs 1.5-30(21)* *norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs 1mg-20(21)* *norethindrone/ethinyl estradiol/ferrous fumarate chew 0.4-35(21)* *pimtrea* *simliya* *viorele* *volnea*	LO LOESTRIN FE
Cervical Caps	None	FEMCAP

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

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

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

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

*The list includes some medicine you can get over-the-counter. But you must have a prescription to be 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.

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