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2017 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. This is not a complete list. The following list of drugs and products are examples of some items that are available at no member cost share with a prescription. There are additional drugs and products available.

| Category | Generic name | Brand name |
|---|---|--|
| <p>Aspirin products Covered for members (men and women) ages 50 – 59 years old when prescribed by a doctor. Aspirin 81 mg is covered for preeclampsia.</p> | <p><i>aspirin 75 mg, 81 mg</i></p> | <p>ST JOSEPH</p> |
| <p>Vitamin D Covered for members ages 65 and older when prescribed by a doctor.</p> | <p><i>cholecalciferol cap 400u, 1000u, 2000u, 5000u, 10,000u, 50,000u</i> <i>cholecalciferol chew tab 400u, 1000u, 2000u</i> <i>cholecalciferol drops 400 unit/0.03ml (per drop)</i> <i>cholecalciferol oral liquid 400 unit/ml</i> <i>cholecalciferol tab 400u, 1000u, 2000u, 5000u, 50,000u</i> <i>ergocalciferol cap 50,000u</i> <i>ergocalciferol soln 8000 unit/ml</i> <i>ergocalciferol tab 2000u</i></p> | <p>D-VI-SOL DRISDOL REPLESTA</p> |
| <p>Fluoride Oral fluoride covered for children ages 6 months – 11 years without fluoride in their water source.</p> | <p><i>sodium fluoride chew tab 0.25 mg, .5 mg, 1 mg</i> <i>sodium fluoride tab 0.5 mg, 1 mg</i> <i>sodium fluoride soln 0.125 mg/drop, 0.5 mg/ml</i></p> | <p>FLUORABON FLURA-DROPS LOZI-FLUR LURIDE</p> |
| <p>Fluoride dental products Covered with a prescription from a doctor. Age limits under the fluoride category above apply.</p> | <p><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></p> | <p>PREVIDENT 5000 DRY MOUTH gel PREVIDENT 5000 PLUS cream PREVIDENT 5000 SENSITIVE paste PREVIDENT rinse</p> |

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| Category | Generic name | Brand name |
|--|---|--|
| Tobacco cessation medications 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 |
| Folic acid 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 |
| Risk-reducing medications Covered for members ages 35 and older at increased risk for breast cancer. | <i>raloxifene</i> <i>tamoxifen</i> | none |
| Bowel preparation medications 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 |
| Women's contraceptives† (May not be included under some plans.) | | |
| Implanted devices | <i>none</i> | NEXPLANON |
| IUD copper | <i>none</i> | PARAGARD |
| IUD with progestin | <i>none</i> | LILETTA MIRENA SKYLA |
| Injectable progestin | <i>medroxyprogesterone acetate injection</i> | none |
| Topical patch | <i>xulane</i> | none |
| Vaginal ring | <i>none</i> | NUVARING |

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

*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.

***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-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 U.S. Food and Drug Administration (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 list of 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 |
|---|---|---|
| Women's contraceptives* (May not be included under some plans.) | | |
| Diaphragm | <i>none</i> | CAYA DIAPHRAGM ARC-SPRING OMNIFLEX DIAPHRAGM ORTHO DIAPHRAGM COIL-SPRING ORTHO DIAPHRAGM FLAT SPRING WIDE-SEAL SILICONE DIAPHRAGM |
| Sponge | <i>none</i> | TODAY SPONGE |
| Cervical cap | <i>none</i> | FEMCAP PRENTIF CAVITY-RIM CERVIC |
| Female condom | <i>none</i> | FC FEMALE CONDOM |
| Spermicide | <i>none</i> | ENCARE VAGINAL suppos OPTIONS GYNOL II VAGINAL gel VCF VAGINAL film VCF VAGINAL foam |
| Emergency contraception | <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 |
| Biphasic | <i>azurette</i> <i>bekyree</i> <i>kariva</i> <i>kimidess</i> <i>necon</i> <i>pimtrea</i> <i>viorele</i> | <i>none</i> |
| Triphasic | <i>norgestimate/ethinyl estradiol</i> <i>tri-estarylla</i> <i>tri-linyah</i> <i>trinessa</i> <i>tri-previfem</i> <i>tri-sprintec</i> | <i>none</i> |

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

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| Women's contraceptives* (May not be included under some plans.) | | |
| Extended cycle | <i>amethia</i> <i>camrese</i> <i>daysee</i> <i>levonorgestrel/ethinyl estradiol</i> <i>quasense</i> | none |
| Continuous cycle | <i>amethyst</i> <i>levonorgestrel-ethinyl estradiol</i> <i>(continuous) tab</i> | none |
| Progestin only | <i>camila</i> <i>heather</i> <i>jolivette</i> <i>nora-be</i> <i>norethindron tab</i> | none |

*U.S. Food and Drug Administration-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, 2017.

This list is not a complete list of medications covered under your plan. To check coverage and copay information for a specific medicine, visit www.aetna.com and log in to your secure member website. For more details, please call the toll-free number on your member ID card.

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