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at no cost to you
**2016 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 ages 45 and older when prescribed by a doctor. Aspirin 81 mg is covered for women of childbearing ages who are at high risk for pre-eclampsia.</p>	<p><i>aspirin tab 81 mg and 325 mg</i> <i>aspirin chew tab 81 mg</i> <i>aspirin tab delayed release 81 mg, 325 mg</i> <i>aspirin dispersable tab 81 mg</i> <i>aspirin suppository 60 mg; 120 mg; 200 mg</i></p>	<p>ADULT ASA TAB 81 mg ALKA-SELTZER TAB 325 mg ASPIRIN TAB 81 mg BUFFERIN TAB 81 mg; 325 mg ECOTRIN TAB 325 mg HALFPRIN TAB 162 mg MEDI-SELTZER TAB 324 mg</p>
<p>Vitamin D Covered for members ages 65 and older when prescribed by a doctor.</p>	<p><i>ergocalciferol cap 50,000 unit</i> <i>ergocalciferol tab 400; 2,000 unit</i> <i>ergocalciferol soln 8,000 unit/mL</i> <i>cholecalciferol cap 400; 1,000; 2,000; 5,000; 10,000; 50,000 unit</i> <i>cholecalciferol tab 400; 1,000; 2,000; 5,000 unit</i> <i>cholecalciferol chew tab 400; 1,000; 2,000; 5,000 unit</i> <i>cholecalciferol oral liquid 1,200 unit/15 mL</i> <i>cholecalciferol oral liquid 400 unit/mL</i> <i>cholecalciferol drops 5,000 unit/mL</i></p>	<p>BABY D DROPS LIQUID 400 UNIT D3 DOTS TAB 2,000 UNIT DAILY D3 DROPS 1,000 UNIT D DROPS LIQUID 1,000; 2,000 UNIT DECARA CAP 25,000 UNIT D-VI-SOL LIQUID 400 UNIT REPLESTA CHEW WAFER 14,000 UNIT REPLESTA NX WAFER 14,000 UNIT THERA-D TAB 4,000 UNIT VITAMELTS D TAB 1,000 IU VITAMIN D3 CAP 400; 4,000 UNIT VITAMIN D3 LIQUID 1,000/10 mL UNIT VITAMIN D3 TAB 50,000 UNIT</p>
<p>Iron supplements Covered for children ages 6 – 12 months old at risk for anemia.</p>	<p><i>pediatric multiple vitamins with iron drops 10 mg/mL</i> <i>pediatric multiple vitamins with fluoride and iron drops 0.25 – 10 mg/mL; 0.5 – 10 mg/mL</i> <i>pediatric vitamins a, c, d fluoride and iron drops 0.25 – 10 mg/mL</i></p>	<p>MULTI-DELYN MYKIDZ IRON POLY-VI-FLOR POLY-VI-SOL TRI-VI-SOL</p>

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Category	Generic name	Brand name
Fluoride Oral fluoride covered for children ages 6 months – 11 years without fluoride in their water source.	<i>epiflur chew</i> <i>fluor-a-day</i> <i>fluoride chewable</i> <i>fluoritab chewable/drops</i> <i>ludent chewable</i> <i>nafrinse chewable/drops</i> <i>sodium fluoride chewable/drop/tab</i>	FLORICAL FLUORABON FLUOR-A-DAY FLUORIDEX FLURA-DROPS LOZI-FLUR LURIDE MONOCAL
Fluoride dental products Covered with a prescription from a doctor. Age limits under the fluoride category above apply.	<i>fluoride-sodium fluoride rinse</i> <i>sodium fluoride gel</i> <i>sodium fluoride paste</i> <i>sodium fluoride cream</i> <i>stannous fluoride gel</i> <i>stannous fluoride gel/rinse</i>	ACT TOTAL sodium fluoride rinse FLUORIDEX sodium fluoride gel GEL-KAM stannous fluoride concentrate LISTERINE TC sodium fluoride rinse NAFRINSE sodium fluoride solution rinse OMNI stannous fluoride gel PHOS FLUR sodium fluoride rinse PREVIDENT sodium fluoride rinse/gel/paste SMART RINSE sodium fluoride rinse THERA-FLUR-N sodium fluoride gel
Tobacco cessation medications Covered with a prescription. (Limits apply. Limits vary by plan.)	<i>buproban*</i> <i>bupropion SR*</i> <i>nicotine – nicotine transdermal patch 24 hour</i> <i>nicotine polacrilex – nicotine polacrilex gum</i> <i>nicotine – nicotine polacrilex lozenge</i>	CHANTIX NICODERM CQ NICORETTE NICORETTE MINI NICOTROL INHALER NICOTROL NS
Folic acid Recommended for women who are or may become pregnant.**	<i>folic acid capsule 800 mcg</i> <i>folic acid capsule 5 mg</i> <i>folic acid capsule 20 mg</i> <i>folic acid tablet 200 mcg</i> <i>folic acid tablet 400 mcg</i> <i>folic acid tablet 800 mcg</i> <i>folic acid tablet 1,000 mcg</i>	
Risk-reducing medications Covered for women ages 35 and older at increased risk for breast cancer.	<i>raloxifene</i> <i>tamoxifen</i>	

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 (USPSTF) 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.

Category	Generic name	Brand name
Woman contraceptives* (May not be included under some plans.)	<i>alyacen</i> <i>amethia lo</i> <i>amethyst</i> <i>apri</i> <i>aviane</i> <i>azurette</i> <i>balziva</i> <i>camila</i> <i>cyclafem</i> <i>dasetta</i> <i>enpresse</i> <i>errin</i> <i>estarylla</i> <i>gianvi</i> <i>gildagia</i> <i>gildess fe</i> <i>jolessa</i> <i>junel fe</i> <i>kariva</i> <i>kelnor</i> <i>levonorgestrel</i> <i>loryna</i> <i>medroxyprogesterone acetate injection</i> <i>necon</i> <i>next choice</i> <i>ocella</i> <i>orsythia</i> <i>quasense</i> <i>solia</i> <i>sprintec</i> <i>sronyx</i> <i>tilia fe</i> <i>tri-sprintec</i> <i>tri-legest fe</i> <i>trinessa</i> <i>xulane</i> <i>zovia</i>	ELLA FC2 female condom FEMCAP cervical cap IMPLANON MIRENA NEXPLANON NUVARING ORTHO DIAPHRAGM SKYLA TODAY contraceptive sponge VCF WIDE SEAL DIAPHRAGM

*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, 2016.

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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