

No-cost essential health benefit

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
Aspirin products Covered for members who are 12-59 years when prescribed by a doctor.	<i>aspirin tab 81 mg</i>	none
Bowel-preparation medications Limited for members ages 45 through 74 years.	<i>peg-3350/electrolytes/ascorbate</i> <i>peg-3350/sodium sulf/nacl/potassium cl/na ascorbate/ascorbic</i> <i>sodium sulfate/potassium</i>	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.	<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
Folic acid 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
Prediabetes Limited for men and women ages 35 – 70.	<i>metformin 850mg</i>	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.	<i>anastrozole 1mg</i> <i>exemestane tab 25mg</i> <i>raloxifene tab 60mg</i> <i>tamoxifen tab 10mg and 20 mg</i>	none
Prevention of human immunodeficiency virus (HIV) infection Pre-exposure prophylaxis	<i>emtricitabine/tenofovir disoproxil fumarate tabs 200-300 mg</i>	none
Statin medications 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
Tobacco-cessation medications 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
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	<i>azurette</i> <i>desogestrel/ethinyl estradiol</i> <i>kariva</i> <i>norethindrone & 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>pimtrex</i> <i>simliya</i> <i>viorele</i> <i>volnea</i>	LO LOESTRIN FE
Cervical Caps	none	FEMCAP

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

Category Drug class	Generic name		Brand name
Combination Contraceptives - Oral continued	<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>	
Combination Contraceptives - Transdermal	<i>xulane</i>		TWIRLA
	<i>zafemy</i>		
Combination Contraceptives - Vaginal	<i>eluryng</i>		ANNOVERA
	<i>etonogestrel/ethinyl estradiol</i>		
	<i>haloette</i>		
Condoms - Female	<i>none</i>		FC2 FEMALE CONDOM*
Condoms - Male	<i>none</i>		MALE CONDOMS*
Combination Contraceptives - Vaginal	<i>amethyst</i>		NONE
	<i>dolishale</i>		
	<i>levonorgestrel/ethinyl estradiol</i>		
Copper Contraceptives - IUD	<i>none</i>		PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A
Diaphragms	<i>none</i>		CAYA
			OMNIFLEX DIAPHRAGM
			WIDE-SEAL SILICONE
			DIAPHRAGM KIT
Emergency Contraceptives	<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>		

Category Drug class	Generic name	Brand name
Extended-Cycle Contraceptives - Oral	<i>amethia</i>	NONE
	<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>	
Four Phase Contraceptives - Oral	<i>none</i>	NATAZIA
Progestin Contraceptives - Implants	<i>none</i>	NEXPLANON
Progestin Contraceptives - Injectables	<i>medroxyprogesterone acetate</i>	DEPO-SUBQ PROVERA 104
Progestin Contraceptives - IUD	<i>none</i>	KYLEENA
		LILETTA
		MIRENA
		SKYLA
Progestin Contraceptives - Oral	<i>camila</i>	OPILL*
	<i>deblitane</i>	
	<i>errin</i>	SLYND
	<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>	
Spermicides	<i>none</i>	ENCARE
		OPTIONS GYNOL II VAGINAL CONTRACEPTIVE
		SHUR-SEAL
		TODAY SPONGE
		VCF VAGINAL

Category Drug class	Generic name	Brand name
Triphasic Contraceptives - Oral	<i>alyacen 7/7/7</i>	NONE
	<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>	
Vaginal Contraceptive PH Modulators - Combinations	<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.

