### Contraceptive Coverage

**Coverage Limitations:**
- Tier 1 and Tier 2 generic prescription contraceptives will be at no cost.
- OTC requires a prescription

**Covered Products:**
- Oral Contraceptives
- Injectable Contraceptives
- Diaphragms
- Emergency Contraceptives
- Cervical Cap

### Aspirin Coverage

**Coverage Limitations:**
- Age limit ≥ 45 (men and women with certain cardiovascular risk factors)
- Quantity limit of 1/day
- OTC requires a prescription
- Tier 1 and Tier 2 generic only at no cost

**Covered Products:**
- Aspirin products up to 325mg
- Aspirin 81mg – 325mg
- Aspirin Chew 81mg – 325mg
- Aspirin Delayed Release 81mg – 325mg
- Aspirin dispersible tab 81mg

### Folic Acid Coverage

**Coverage Limitations:**
- Women
- No age limit
- Quantity limit: 1/day
- OTC requires a prescription
- Tier 1 and Tier 2 generic only at no cost

**Covered Products:**
- Folic acid products only, not in combination
  - Folic Acid tab 0.4mg and 0.8mg

### Fluoride Coverage

**Coverage Limitations:**
- Age limit 6 months ≤ 5 years
- Prescription products only
- Tier 1 and Tier 2 generic only at no cost

**Covered Products:**
- Sodium fluoride products only, not in combination
  - Sodium fluoride tab 0.5mg
  - Sodium fluoride chew tab 0.25mg – 0.5mg
  - Sodium fluoride solution
<table>
<thead>
<tr>
<th>Iron Supplementation Coverage</th>
<th>Vitamin D Supplementation Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Coverage Limitations:</strong></td>
<td><strong>Coverage Limitations:</strong></td>
</tr>
<tr>
<td>• Age limit 6-12 months</td>
<td>• Age limit ≥ 65 (men and women with certain conditions)</td>
</tr>
<tr>
<td>• OTC requires a prescription</td>
<td>• OTC requires a prescription</td>
</tr>
<tr>
<td>• Tier 1 and Tier 2 generic only at no cost</td>
<td>• Tier 1 and Tier 2 generic only at no cost</td>
</tr>
</tbody>
</table>

**Covered Products:**

Various strengths of Iron Supplements

Various strengths of Vitamin D Supplements

<table>
<thead>
<tr>
<th>Tobacco Cessation Coverage</th>
<th>Breast Cancer Prevention Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Coverage Limitations:</strong></td>
<td><strong>Coverage Limitations:</strong></td>
</tr>
<tr>
<td>• 2 cycles per year (90 days per cycle)</td>
<td>• Only covered products listed below at no cost for women 35 and older at increased risk for breast cancer</td>
</tr>
<tr>
<td>• Only covered products listed below at no cost</td>
<td></td>
</tr>
<tr>
<td>Additional quantities available at regular cost sharing</td>
<td></td>
</tr>
</tbody>
</table>

**Covered Products:**

- Nicotrol Inhaler and Nasal Spray
- Chantix
- Zyban
- Raloxifene
- Tamoxifene

*Brand-names are the property of their respective manufacturers.*

If you have any questions regarding your pharmacy coverage, please call Aetna Pharmacy Management at 888.792.3862. Representatives are available Mondays-Fridays 9am-7pm. An on-call pharmacist is available 24 hours a day, seven days a week.