

## 2024 ATRIUM HEALTH AFFORDABLE CARE ACT DRUG LIST (\$0 Copay) - ALPHABETICAL BY DRUG CATEGORY

You should always check with your prescriber and/or pharmacist to determine if these alternatives are appropriate for your treatment. List subject to change & may not include all covered products

DRUG CATEGORY	2024 ACA DRUGS (\$0 Copay)	*BRAND NAME PRODUCTS NOT COVERED WHEN GENERIC ALTERNATIVE IS AVAILABLE	QTY LIMIT/AGE RESTRICTIONS; Rx required;	COPAY (30 DAY/90 DAY)
ANTIESTROGENS	RALOXIFENE	EVISTA*	RISK FOR BREAST CANCER; AGE =/> 35	\$0/\$0
ANTIESTROGENS	ANASTRAZOLE	ARIMIDEX*	RISK FOR BREAST CANCER; AGE =/> 35	\$0/\$0
ANTIESTROGENS	EXEMESTANE	AROMASIN*	RISK FOR BREAST CANCER; AGE =/> 35	\$0/\$0
ANTIESTROGENS	TAMOXIFEN	NOLVADEX*	RISK FOR BREAST CANCER; AGE =/> 35	\$0/\$0
ASPIRIN	ASPIRIN TAB 81 MG	Prescription required; 81MG STRENGTH ONLY	QTY LIMIT OF ONE TABLET/DAY	\$0
BOWEL PREP	PEG 3350-KCL-SOD BICARB-NACL FOR SOLN 420 GM	COLYTE, GOLYTELY, NULYTELY;	LIMIT 2 PREPS/YR	\$0
BOWEL PREP	PEG 3350	MIRALAX*	LIMIT 2 PREPS/YR	\$0
BOWEL PREP	BISACODYL TAB & PEG 3350-KCL-SOD BICARB-NACL FOR SOLN KIT	PEG PREP KIT, GAVILYTE H KIT	LIMIT 2 PREPS/YR	\$0
BOWEL PREP	BISACODYL ENTERIC COATED TABLETS	VARIOUS	LIMIT 2 PREPS/YR	\$0
BOWEL PREP	MAGNESIUM CITRATE	VARIOUS	LIMIT 2 PREPS/YR	\$0
BOWEL PREP	PEG-3350 SOL PACKET	MOVIPREP BOWEL KIT*	LIMIT 2 PREPS/YR	\$0
BOWEL PREP	PLENVU POWDER PKTS	PLENVU*	LIMIT 2 PREPS/YR	\$0
BOWEL PREP	SOD SUL-POTASS SUL-MAG SUL SOL 17.5-3.13	SUPREP BOWEL KIT*	LIMIT 2 PREPS/YR	\$0
CHOLESTEROL	ATORVASTATIN CALCIUM	LIPITOR*		\$0/\$0
CHOLESTEROL	LOVASTATIN TAB 20 MG	MEVACOR*		\$0/\$0
CHOLESTEROL	SIMVASTATIN	ZOCOR*		\$0/\$0
CONTRACEPTIVES **	CONDOMS - FEMALE	VARIOUS		\$0/\$0
CONTRACEPTIVES	CONDOMS - MALE	VARIOUS		\$0/\$0
CONTRACEPTIVES	DESOGEST-ETH ESTRAD & ETH ESTRAD TAB 0.15-0.02/0.01 MG(21/5)	AZURETTE, KARIVA, PIMTREA, VIORELE		\$0/\$0
CONTRACEPTIVES	DESOGEST-ETHIN EST TAB 0.1-0.025/0.125-0.025/0.15-0.025MG-MG	CAZIANI, VELIVET		\$0/\$0
CONTRACEPTIVES	DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	APRI,CYRED,EMOQUETTE,ENSKYCE, JULEBER,RECLIPSEN		\$0/\$0
CONTRACEPTIVES	DIAPHRAGMS	ORTHO COIL SPRING, WIDE-SEAL, FLAT SPRING		\$0/\$0
CONTRACEPTIVES	DROSPIRENONE-ETHINYL ESTRADIOL TAB	LORYNA, NIKKI,OCELLA, SYEDA, VESTURA, ZARAH		\$0/\$0
CONTRACEPTIVES	ESTRADIOL VALERATE-DIENOGEST TAB 3 MG /2-2 MG/2-3 MG/1 MG	NATAZIA		\$0/\$0
CONTRACEPTIVES	ETHYNODIOL DIACETATE & ETHINYL ESTRADIOL TAB	ZOVIA, KELNOR		\$0/\$0
CONTRACEPTIVES	ETONOGESTREL-ETHINYL ESTRADIOL VA RING 0.120-0.015 MG/24HR	Annovera, EluRyng, Etonogestre/Ethyl/Est, Haloette		\$0/\$0
CONTRACEPTIVES	LEVONOR-ETH EST TAB 0.15-0.02/0.025/0.03 MG &ETH EST 0.01 MG	FAYOSIM, LENONOR/ETHI ESTRADIOL, RIVELSA		\$0/\$0
CONTRACEPTIVES	LEVONORGEST-ETH ESTRAD TAB 0.15/.03MG	ALTAVERA, CHATEAL, KURVELO, LEVORA, MARLISSA, PORTIA		\$0/\$0
CONTRACEPTIVES	LEVONORGESTREL & ETHINYL ESTRADIOL	AMETHYST		\$0/\$0
CONTRACEPTIVES	LEVONORGESTREL & ETHINYL ESTRADIOL (91-DAY) TAB 0.15-0.03 MG	INTROVALE, JOLESSA, SETLAKIN		\$0/\$0
CONTRACEPTIVES	LEVONORGESTREL & ETHINYL ESTRADIOL TAB	AUBRA, AVIANE, DELYLA, FALMINA,LARISSIA, LESSINA,LUTERA, ORSYTHIA, SRONYX,VIENA		\$0/\$0
CONTRACEPTIVES	LEVONORGESTREL TAB 1.5 MG	MY WAY TAB, NEXT CHOICE TAB, ETC		\$0/\$0
CONTRACEPTIVES	LEVONORGESTREL-ETH ESTRA TAB 0.05-30/0.075-40/0.125-30MG-MCG	ENPRESSE, LEVONEST, MYZILRA, TRIVORA		\$0/\$0
CONTRACEPTIVES	LEVONORGESTREL-ETHINYL ESTRADIOL (CONTINUOUS) TAB 90-20 MCG	AMYTHYST		\$0/\$0
CONTRACEPTIVES	LEVONORG-ETH EST TAB 0.1-0.02MG(84) & ETH EST TAB 0.01MG(7)	CAMRESE LO, LEVONOR/ETHI ESTRADIOL, LO JAIMIESS		\$0/\$0
CONTRACEPTIVES	LEVONORG-ETH EST TAB 0.15-0.03MG(84) & ETH EST TAB 0.01MG(7)	AMETHIA, ASHLYNA, CAMRESE, DAYSEE		\$0/\$0
CONTRACEPTIVES	MEDROXYPROGESTERONE ACETATE IM SUSP 150 MG/ML	Generic for DEPO PROVERA		\$0/\$0
CONTRACEPTIVES	NONOXYNOL-9 FOAM	VARIOUS OTC FORMULATIONS		\$0/\$0
CONTRACEPTIVES	NONOXYNOL-9 VAGINAL SPONGE 1000 MG	TODAY SPONGE		\$0/\$0
CONTRACEPTIVES	NORELGESTROMIN-ETHINYL ESTRADIOL TD PTWK 150-35 MCG/24HR	XULANE		\$0/\$0
CONTRACEPTIVES	NORETHINDRONE & ETHINYL ESTRADIOL TAB	ALYCEN, CYCLAFEM, DASETTA, NECON, NORTREL, PIMELLA		\$0/\$0
CONTRACEPTIVES	NORETHINDRONE & ETHINYL ESTRADIOL TAB	ARANELLE, LEENA		\$0/\$0
CONTRACEPTIVES	NORETHINDRONE & ETHINYL ESTRADIOL TAB	BALZIVA, BRIELLYN, PHILITH, VYFEMLA		\$0/\$0
CONTRACEPTIVES	NORETHINDRONE & MESTRANOL TAB 1 MG-50 MCG	NECON, WERA		\$0/\$0

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CONTRACEPTIVES	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1 MG-20 MCG	JUNEL, LARIN, MICROGESTIN		\$0/\$0
CONTRACEPTIVES	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG	EMOQUETTE		\$0/\$0
CONTRACEPTIVES	NORETHINDRONE TAB	CAMILA, DEBLITANE, ERRIN		\$0/\$0
CONTRACEPTIVES	NORETHINDRONE TAB 0.35 MG	HEATHER, JENCYCLA, JOLIVETTE, LYZA, NORA-BE, NORLYROC, SHAROBEL		\$0/\$0
CONTRACEPTIVES	NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/0.75-35/1-35 MG-MCG	ALYACEN, CYCLAFEM, DASETTA, NECON, NORTREL		\$0/\$0
CONTRACEPTIVES	NORETHIN-ETH ESTRADIOL-FE TAB 1 MG-10 MCG (24)/10 MCG (2)	AUOVELA FE, BLISOVI FE, HAILEY FE, NOR/EST/FF, ETC		\$0/\$0
CONTRACEPTIVES	NORGESTIMATE & ETHINYL ESTRADIOL TAB 0.25 MG-35 MCG	ESTARYLLA, FEMYNOR, MONO-LINYAH, MONONESSA, PREVIFEM, SPRINTEC		\$0/\$0
CONTRACEPTIVES	NORGESTIMATE-ETH ESTRAD TAB 0.18-25/0.215-25/0.25-25 MG-MCG	TRI-LO-ESTARYLLA, TRI-LO-MARZIA, TRI-LO-SPRINTEC, TRINESSA LO		\$0/\$0
CONTRACEPTIVES	NORGESTIMATE-ETH ESTRAD TAB 0.18-35/0.215-35/0.25-35 MG-MCG	Tri-Estarylla, TRI-LINYAH, TRINESSA, TRI-PREVIFEM, TRI-SPRINTEC, TRINESSA		\$0/\$0
CONTRACEPTIVES	NORGESTREL & ETHINYL ESTRADIOL TAB 0.3 MG-30 MCG	CRYSSELLE, ELINEST, LOW-OGESTREL		\$0/\$0
CONTRACEPTIVES	NORGESTREL & ETHINYL ESTRADIOL TAB 0.5 MG-50 MCG	OGESTREL		\$0/\$0
FLUORIDE	SODIUM FLUORIDE CHEW TAB	FLUORITAB, FLUORIDE CHEWABLE, LUDENT, (LURIDE)		\$0/\$0
FLUORIDE	SODIUM FLUORIDE LOZENGE 1 MG F (FROM 2.2 MG NAF)	LOZI-FLUR		\$0/\$0
FLUORIDE	SODIUM FLUORIDE SOLN 0.25 MG/DROP F (FROM 0.55 MG/DROP NAF)	FLURA-DROPS		\$0/\$0
FLUORIDE	SODIUM FLUORIDE SOLN 0.5 MG/ML F (FROM 1.1 MG/ML NAF)	(LURIDE DROPS), FLUORIDE DROPS		\$0/\$0
FLUORIDE	SODIUM FLUORIDE-XYLITOL CHEW TAB	FLUOR-O-DAY		\$0/\$0
FOLIC ACID	FOLIC ACID	400mcg and 800mcg (Various)	QTY LIMIT 1/DAY	\$0/\$0
HIV PrEP	Truvada® (Emtricitabine/tenofovir disoproxil fumarate); tenofovir; Descovy®			\$0/\$0
IMMUNIZATIONS	BEYFORTUS	COVERED UNDER MEDICAL PLAN ONLY		\$0
IMMUNIZATIONS	COVID-19 (various)			\$0
IMMUNIZATIONS	Diphtheria and Tetanus Toxoids and Acellular Pertussis (DTaP) vaccine			\$0
IMMUNIZATIONS	HAEMOPHILUS B POLYSAC CONJ-HEPATITIS B (RECOMB) VAC IM SUSP			\$0
IMMUNIZATIONS	HAEMOPHILUS B POLYSACCHARIDE CONJ VAC IM SUSP 7.5 MCG/0.5 ML			\$0
IMMUNIZATIONS	HAEMOPHILUS B POLYSACCHARIDE CONJUGATE VAC FOR INJ 10 MCG			\$0
IMMUNIZATIONS	HAEMOPHILUS B POLYSACCHARIDE CONJUGATE VACCINE FOR INJ			\$0
IMMUNIZATIONS	HEPATITIS A (INACT)-HEP B (RECOMB) VAC INJ			\$0
IMMUNIZATIONS	HEPATITIS A VACCINE INJ SUSP			\$0
IMMUNIZATIONS	HEPATITIS B VACCINE RECOMBINANT (PREHEVBRIO)			\$0
IMMUNIZATIONS	HEPATITIS B VACCINE (RECOMBINANT) 10 MCG/0.5ML			\$0
IMMUNIZATIONS	HEPATITIS B VACCINE (RECOMBINANT) 20 MCG/ML			\$0
IMMUNIZATIONS	HEPATITIS B VACCINE (RECOMBINANT) SUSP			\$0
IMMUNIZATIONS	HEPATITIS B VACCINE (RECOMBINANT) SUSP 40 MCG/ML			\$0
IMMUNIZATIONS	HUMAN PAPILLOMAVIRUS (HPV) 9-VALENT RECOMB VAC IM SUSP			\$0
IMMUNIZATIONS	HUMAN PAPILLOMAVIRUS (HPV) 9-VALENT RECOMB VAC SUSP PREF SYR			\$0
IMMUNIZATIONS	HUMAN PAPILLOMAVIRUS (HPV) BIVAL (TYPE 16, 18) RECOMB VAC INJ			\$0
IMMUNIZATIONS	HUMAN PAPILLOMAVIRUS (HPV) QUADRIVALENT RECOMBINANT VAC INJ			\$0
IMMUNIZATIONS	INFLUENZA VIRUS VAC TYPES A & B PF PREF SYRINGE KIT 0.5 ML			\$0
IMMUNIZATIONS	INFLUENZA VIRUS VACCINE	VARIOUS FLU VACCINE FORMULATIONS		\$0
IMMUNIZATIONS	MEASLES, MUMPS & RUBELLA VIRUS VACCINES FOR INJ			\$0
IMMUNIZATIONS	MEASLES-MUMPS-RUBELLA-VARICELLA VIRUS VACCINES FOR INJ			\$0
IMMUNIZATIONS	MENINGOCOCCAL VACCINE	MenQuadfi		\$0
IMMUNIZATIONS	PNEUMOCOCCAL VACCINE INJ	Prevnar 20 (PCV20)		\$0
IMMUNIZATIONS	POLIOVIRUS VACCINE, IPV INJECTION			\$0
IMMUNIZATIONS	RESPIRATORY SYNCYIAL VIRUS (RSV) VACCINE		ADULTS =/ >60yr; PREGNANCY 32-36 WKS GESTATION	\$0

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IMMUNIZATIONS	ROTAVIRUS VACCINE, LIVE FOR ORAL SUSP			\$0
IMMUNIZATIONS	ROTAVIRUS VACCINE, LIVE ORAL PENTAVALENT SOLN			\$0
IMMUNIZATIONS	VARICELLA VIRUS VAC LIVE FOR SUBCUTANEOUS INJ 1350 PFU/0.5ML			\$0
IMMUNIZATIONS	ZOSTER VACCINE LIVE FOR INJ 19400 UNIT/0.65ML	ZOSTAVAX		\$0
PRENATAL VITAMINS***	PRENATAL VITAMINS W/ IRON,DHA, OMEGA 3	VARIOUS COMBINATION PRODUCTS		\$0/\$0
SMOKING DETERRENENTS	BUPROPION HCL (SMOKING DETERRENT) TAB SR 12HR 150 MG	ZYBAN*	LIMITED TO ADULTS(>18 YR) 30DAY SUPPLY/RX;	\$0/\$0
SMOKING DETERRENENTS	NICOTINE INHALER SYSTEM 10 MG (4 MG DELIVERED)	NICOTROL INHALER*	LIMITED TO ADULTS(>18 YR) 30DAY SUPPLY/RX;	\$0/\$0
SMOKING DETERRENENTS	NICOTINE NASAL SPRAY 10 MG/ML (0.5 MG/SPRAY)	NICOTROL NASAL SPRAY	LIMITED TO ADULTS(>18 YR) 30DAY SUPPLY/RX;	\$0/\$0
SMOKING DETERRENENTS	NICOTINE POLACRILEX GUM	VARIOUS GENERIC NICOTINE GUM(OTC)	LIMITED TO ADULTS(>18 YR) 30DAY SUPPLY/RX;	\$0/\$0
SMOKING DETERRENENTS	NICOTINE POLACRILEX LOZENGE	VARIOUS GENERIC NICOTINE LOZENGES	LIMITED TO ADULTS(>18 YR) 30DAY SUPPLY/RX;	\$0/\$0
SMOKING DETERRENENTS	NICOTINE TD PATCH 24HR	VARIOUS GENERIC OTC NICOTINE PATCHES	LIMITED TO ADULTS(>18 YR) 30DAY SUPPLY/RX;	\$0/\$0
SMOKING DETERRENENTS	VARENICLINE TARTRATE TAB	CHANTIX*	LIMITED TO ADULTS(>18 YR) 30DAY SUPPLY/RX;	\$0/\$0

Revised: 02/08/2024

\*BRAND NAME PRODUCT NOT COVERED WHEN GENERIC ALTERNATIVE IS AVAILABLE

\*\* List may not be all-inclusive. For more complete listings, visit [www.carolinacarerx.org](http://www.carolinacarerx.org).

\*\*\*Substitutions made based on product availability