

**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	ANASTRAZOLE	ARIMIDEX*	RISK FOR BREAST CANCER; AGE =/> 35	\$0/\$0
ANTIESTROGENS	EXEMESTANE	AROMASIN*	RISK FOR BREAST CANCER; AGE =/> 35	\$0/\$0
ANTIESTROGENS	RALOXIFENE	EVISTA*	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; ages 45-75yrs	\$0
BOWEL PREP	PEG 3350/electrolytes;	Colyte*, Gavilyte-C, Gavilyte-G	LIMIT 2 PREPS/YR (ages 45-75 yrs)	\$0
BOWEL PREP	PEG 3350	MIRALAX~	LIMIT 2 PREPS/YR (ages 45-75 yrs)	\$0
BOWEL PREP	PEG 3350/NaCl/NaBicarbonate/KCl	NULYTELY*	LIMIT 2 PREPS/YR (ages 45-75 yrs)	\$0
BOWEL PREP	BISACODYL ENTERIC COATED TABLETS	VARIOUS	LIMIT 2 PREPS/YR (ages 45-75 yrs)	\$0
BOWEL PREP	MAGNESIUM CITRATE	VARIOUS	LIMIT 2 PREPS/YR (ages 45-75 yrs)	\$0
BOWEL PREP	PEG-3350 SOL PACKET	MOVIPREP BOWEL KIT*	LIMIT 2 PREPS/YR (ages 45-75 yrs)	\$0
BOWEL PREP	PLENVU POWDER PKTS	PLENVU*	LIMIT 2 PREPS/YR (ages 45-75 yrs)	\$0
BOWEL PREP	SOD SUL-POTASS SUL-MAG SUL SOL 17.5-3.13	SUPREP BOWEL KIT*	LIMIT 2 PREPS/YR (ages 45-75 yrs)	\$0
CHOLESTEROL	ATORVASTATIN CALCIUM (10 & 20MG)	LIPITOR*		\$0/\$0
CHOLESTEROL	LOVASTATIN TAB (all strengths)	MEVACOR*		\$0/\$0
CHOLESTEROL	PRAVASTATIN (all strengths)	PRAVACHOL*		\$0/\$0
CHOLESTEROL	ROSUVASTATIN 5 & 10MG	CRESTOR*		\$0/\$0
CHOLESTEROL	SIMVASTATIN (5, 10, 20 & 40MG)	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	CAZIAN, 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, Etonogestrel/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, LARISSA, 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, NEOCON, NORTREL, PIMELLA		\$0/\$0
CONTRACEPTIVES	NORETHINDRONE & ETHINYL ESTRADIOL TAB	ARANELLE, LEENA		\$0/\$0

****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)
CONTRACEPTIVES	NORETHINDRONE & ETHINYL ESTRADIOL TAB	BALZIVA, BRIELLYN, PHILITH, VYFEMLA		\$0/\$0
CONTRACEPTIVES	NORETHINDRONE & MESTRANOL TAB 1 MG-50 MCG	NECON, WERA		\$0/\$0
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, DEBLTANE, 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 TAB 0.075 MG	OPILL 0.075MG		\$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)	Fluoride chew tabs, drops (not toothpaste,rinses)	\$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)		Age edits per ACIP recommendations apply	\$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	Havrix, Vaqta		\$0
IMMUNIZATIONS	HEPATITIS B	Emgerix-B, Hepisav-B, Recombivax-HB, PreHevbrio		\$0
IMMUNIZATIONS	HUMAN PAPILOMAVIRUS (HPV)	Gardasil-9	Ages 9-45 years	\$0
IMMUNIZATIONS	INFLUENZA VIRUS VACCINE (Flu)	VARIOUS FLU VACCINE FORMULATIONS		\$0
IMMUNIZATIONS	MEASLES, MUMPS & RUBELLA VIRUS VACCINES FOR INJ	M-M-R II, PRIORIX		\$0
IMMUNIZATIONS	MENINGOCOCCAL VACCINE (Groups A,C,Y and W-135)	Menactra, MenQuadfi, Menveo;		\$0
IMMUNIZATIONS	MENINGOCOCCAL VACCINE (Group B)	Bexsero, Trumenba		\$0
IMMUNIZATIONS	Monkey Pox	Jynneos	Adults => 18 years	\$0
IMMUNIZATIONS	PNEUMOCOCCAL VACCINE INJ	Prevnar 13, Pneumovax 23, Vaxneuvance, Prevnar 20 (PCV20)		\$0
IMMUNIZATIONS	POLIOVIRUS VACCINE, IPV INJECTION			\$0
IMMUNIZATIONS	RESPIRATORY SYNCYIAL VIRUS (RSV) VACCINE	Abrysvo	ADULTS =>60yr;PREGNANCY 32-36 WKS GESTATION	\$0
IMMUNIZATIONS	RESPIRATORY SYNCYIAL VIRUS (RSV) VACCINE	Arexvy	Adults =>60yrs	\$0
IMMUNIZATIONS	ROTAVIRUS VACCINE, LIVE FOR ORAL SUSP			\$0
IMMUNIZATIONS	ROTAVIRUS VACCINE, LIVE ORAL PENTAVALENT SOLN			\$0
IMMUNIZATIONS	Tdap (tetanus, diphtheria, pertssis)	Adacel, Boostrix		\$0
IMMUNIZATIONS	Td (tetanus and diphtheria)	TDVax, Tenivac		\$0
IMMUNIZATIONS	VARICELLA	Varivax		\$0

****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)
IMMUNIZATIONS	ZOSTER	Shingrix		\$0
PRENATAL VITAMINS***	PRENATAL VITAMINS W/ IRON,DHA, OMEGA 3	VARIOUS COMBINATION PRODUCTS		\$0/\$0
SMOKING DETERRENTS	BUPROPION HCL (SMOKING DETERRENT)SUSTAINED RELEASE TABLET	ZYBAN*	LIMITED TO ADULTS(18 YR&->) 30DAY SUPPLY/RX;	\$0/\$0
SMOKING DETERRENTS	NICOTINE INHALER SYSTEM 10 MG (4 MG DELIVERED)	NICOTROL INHALER*	LIMITED TO ADULTS(18 YR&->) 30DAY SUPPLY/RX;	\$0/\$0
SMOKING DETERRENTS	NICOTINE NASAL SPRAY 10 MG/ML (0.5 MG/SPRAY)	NICOTROL NASAL SPRAY*	LIMITED TO ADULTS(18 YR&->) 30DAY SUPPLY/RX;	\$0/\$0
SMOKING DETERRENTS	NICOTINE REPLACEMENT GUM	VARIOUS GENERIC NICOTINE GUM(OTC)	LIMITED TO ADULTS(18 YR&->) 30DAY SUPPLY/RX;	\$0/\$0
SMOKING DETERRENTS	NICOTINE REPLACEMENT LOZENGE	VARIOUS GENERIC NICOTINE LOZENGES	LIMITED TO ADULTS(18 YR&->) 30DAY SUPPLY/RX;	\$0/\$0
SMOKING DETERRENTS	NICOTINE REPLACEMENT PATCH	VARIOUS GENERIC OTC NICOTINE PATCHES	LIMITED TO ADULTS(18 YR&->) 30DAY SUPPLY/RX;	\$0/\$0
SMOKING DETERRENTS	VARENICLINE TARTRATE TAB	CHANTIX*	LIMITED TO ADULTS(18 YR&->) 30DAY SUPPLY/RX;	\$0/\$0

Revised: 7/2/2024

*BRAND NAME PRODUCT NOT COVERED WHEN GENERIC ALTERNATIVE IS AVAILABLE

** List may not be all-inclusive. For more complete listings, visit us at teammates.atriumhealth.org/CarolinaCARE; Substitutions made based on product availability

-Only the OTC product may be covered at \$0 cost share. The prescription version of this product may be covered with a copay or coinsurance depending on your plan