

# ACA Preventive Drug List

## Limited or \$0 cost share medications and products<sup>1,2,3,5</sup>

Effective January 1, 2027

Under the health reform law (Affordable Care Act), benefit plans must cover certain preventive care medications at 100% — without charging a copay, coinsurance or deductible.

These products include:

- Recommendations by United States Preventive Services Task Force (USPSTF), Health Resources and Services Administration (HRSA), and Advisory Committee on Immunization Practices (ACIP, adopted by the Centers for Disease Control).
- Food and Drug Administration (FDA)-approved prescription and over-the-counter (OTC) birth control (contraceptives).
- Flu shot and other vaccines

You can use your Blue Cross NC member ID card to get the products on this list for no cost if they are:

- Prescribed by a health care professional
- Age- and condition-appropriate
- Filled at a network pharmacy

To find an in-network pharmacy, please check your pharmacy benefits by visiting **bcbsnc.com**. If you get these medications or products from an out-of-network pharmacy, you may have to pay the full cost for them.

## U.S. Preventive Services Task Force A & B Recommendation Medications and Supplements<sup>4</sup>

A prescription is required to get these medications and supplements at limited or no cost — even though most are available over-the-counter (OTC).

| Medication/Supplement                                                                                                                                                                                       | Reason                                                                                                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| <b>OTC</b>                                                                                                                                                                                                  |                                                                                                                                               |
| Aspirin - 81 mg                                                                                                                                                                                             | Prevent preeclampsia during pregnancy.<br>(Ages up to 55 years)                                                                               |
| Folic acid 400 & 800 mcg<br>Prenatal vitamins with 400 - 800 mcg of folic acid                                                                                                                              | Prevent birth defects.                                                                                                                        |
| Bisacodyl delayed release tablet                                                                                                                                                                            | Bowel preparation for colonoscopy needed for preventive colon cancer screening. Limit of two \$0-cost fills per year.<br>(Ages 45 - 75 years) |
| Magnesium citrate solution                                                                                                                                                                                  | Bowel preparation for colonoscopy needed for preventive colon cancer screening. Limit of two \$0-cost fills per year.<br>(Ages 45 - 75 years) |
| PEG 3350 (generic Miralax)<br><b>Only the OTC product may be covered at \$0 cost share.<br/>The prescription version of this product may be covered with a copay or coinsurance depending on your plan.</b> | Bowel preparation for colonoscopy needed for preventive colon cancer screening. Limit of two \$0-cost fills per year.<br>(Ages 45 - 75 years) |
| <b>Prescription</b>                                                                                                                                                                                         |                                                                                                                                               |
| <b>Generic Colyte sold as:</b><br>PEG-3350/electrolytes<br>Gavilyte-C                                                                                                                                       | Bowel preparation for colonoscopy needed for preventive colon cancer screening. Limit of two \$0-cost fills per year.<br>(Ages 45 - 75 years) |
| <b>Generic Golytely sold as:</b><br>PEG-3350/electrolytes<br>Gavilyte-G                                                                                                                                     | Bowel preparation for colonoscopy needed for preventive colon cancer screening. Limit of two \$0-cost fills per year.<br>(Ages 45 - 75 years) |
| <b>Generic Nulytely sold as:</b><br>PEG-3350 electrolytes                                                                                                                                                   | Bowel preparation for colonosc                                                                                                                |

## Tobacco Cessation Medications<sup>4</sup>

If you need help to quit smoking or using tobacco products, these preventive medications are available at limited or \$0 cost share. Up to 180 days of treatment are covered at no cost each year. Maximum daily dose quantity limits apply. To qualify, you need to:

- Be age 18 or older
- Get a prescription for these products from your doctor, even if the products are sold over-the-counter (OTC)
- Fill the prescription at a network pharmacy

### OTC Medications

Nicotine replacement gum

Nicotine replacement lozenge

Nicotine replacement patch

### Prescriptions

Bupropion sustained-release tablet

Varenicline tablet

**These prescription medications are covered after members have tried:**

**1) One OTC nicotine product or generic varenicline tablet and 2) bupropion sustained-release separately.**

Nicotrol nasal spray

## Human Immunodeficiency Virus Preventive Medications<sup>4</sup>

For members who are at a higher risk of becoming infected with human immunodeficiency virus (HIV) but are not yet infected, these preventive medications are available at limited or \$0 cost share. To qualify, a member must be at increased risk for first-time infection with HIV and the medication must be utilized for HIV pre-exposure prophylaxis (PrEP).

## HIV PrEP medications currently available at limited or \$0

### Drug name

Emtricitabine-tenofovir disoproxil fumarate 200- 300mg tablet (generic Truvada)

Yeztugo tab 300mg, Yeztugo 463.5mg-1.5mL injection

Apretude ER 600mg-3ml injection

Descovy 200-25mg tablet

If you have more questions about current coverage of HIV PrEP medications, please call Blue Cross NC Customer Service at the number listed on the back of your ID card.

## Breast Cancer Preventive Medications<sup>4</sup>

For members who are at a higher risk for breast cancer but have not had breast cancer, these preventive medications are available at limited or \$0 cost share.

Most plans cover these medications at normal cost share for the treatment of breast cancer, to prevent breast cancer recurrence and for other indications. If you qualify, you can receive these drugs at limited or \$0 cost share for up to 5 years, minus any time you have been taking them for prevention.

### Breast Cancer Medications (prescription)

---

Anastrozole tablet

---

Raloxifene tablet

---

Tamoxifen tablet

---

## Statin Preventive Medications<sup>4</sup>

The U.S. Preventive Service Task Force recommends that adults without a history of cardiovascular disease (CVD) — symptomatic coronary artery disease or stroke — use a statin for the primary prevention of CVD events in individuals who are age 40-75.

### Statin Medications (prescription)

---

Lovastatin (generic Mevacor) – 20 & 40mg

---

Pravastatin (generic Pravachol) – All strengths

---

## Women's Health: Birth Control Products

For members who would like to consider family planning options, these preventive medications are available at limited or \$0 cost share.

### Birth Control Caps & Diaphragms (Cervical)

Caya  
Femcap  
Omniflex  
Wide-Seal

### Prescription Birth Control (Oral)

Afirmelle 0.1-0.02  
Altavera  
Alyacen 1/35  
Alyacen 7/7/7  
Amethyst 90-20  
Apri  
Aranelle  
Ashlyna  
Aubra Eq 0.1-0.02  
Aurovela 1.5/30  
Aurovela 1/20  
Aurovela 24 Fe 1/20  
Aurovela Fe 1.5/30  
Aurovela Fe 1/20  
Aviane  
Ayuna  
Azurette  
Balziva  
Blisovi 24 Fe 1/20  
Blisovi Fe 1.5/30  
Blisovi Fe 1/20  
Briellyn  
Camila 0.35  
Camrese  
Camrese Lo  
Charlotte 24 Chw Fe 1/20  
Chateal Eq 0.15/30  
Cryselle  
Cryselle-28 28 s  
Cyred Eq  
Dasetta 1/35  
Dasetta 7/7/7  
Daysee  
Deblitane 0.35  
Delyla 0.1-0.02  
Deso/Ethinyl Estradio  
Dolishale 90-20  
Dros/Eth Est Levomefo  
Drospir/Ethi 3-0.02  
Drospir/Ethi 3-0.03  
Drospirenone Ethy Est

Elinest  
Emzahn 0.35  
Enpresse-28  
Enskyce  
Errin 0.35  
Estarylla 0.25-35  
Ethy Eth Est 1-35  
Ethynodiol 1-50  
Falmina  
Feirza 1.5/30  
Feirza 1/20  
Finzala Chw Fe 1/20  
Galbriela Chw  
Hailey 1.5/30  
Hailey 24 Fe  
Hailey Fe 1.5/30  
Hailey Fe 1/20  
Heather 0.35  
Iclevia  
Incassia 0.35  
Introvale  
Isibloom  
Jaimiess  
Jasmiel 3-0.02  
Jencycla 0.35  
Jolessa  
Juleber  
Junel 1.5/30  
Junel 1/20  
Junel Fe 1.5/30  
Junel Fe 1/20  
Junel Fe 24 1/20  
Kaitlib Fe Chw  
Kalliga  
Kariva 28 Day  
Kelnor 1/35  
Kelnor 1/50  
Kurvelo 0.15/30  
Larin 1.5/30  
Larin 1/20  
Larin 24 Fe 1/20  
Larin Fe 1.5/30  
Larin Fe 1/20  
Layolis Fe Chw  
Leena  
Lessina  
Levo-Eth Est 90-20  
Levonest  
Levonor/Ethi  
Levonor/Ethi 0.1-0.02

Levonor/Ethi Estradio  
Levora-28 0.15/30  
Loestrin 1/20-21  
Loestrin 21 1.5/30  
Loestrin Fe 1.5/30  
Loestrin Fe 1/20  
Lojaimiess  
Loryna 3-0.02  
Low-Ogestrel  
Lo-Zumandimi 3-0.02  
Luizza 1.5/30  
Luizza 1/20  
Lutera  
Lyleq 0.35  
Lyza 0.35  
Marlissa 0.15/30  
Meleya 0.35  
Mibelas 24 Chw Fe  
Microgestin 1.5/30  
Microgestin 1/20  
Microgestin Fe 1/20  
Microgestin Fe1.5/30  
Mili 0.25/35  
Mono-Linyah 0.25-35  
Necon 0.5/35  
Necon 1/35  
Nikki 3-0.02  
Nor/Est/Ff 1.5/30  
Nora-Be 0.35  
Nore/Eth/Fer Chw 0.4-35  
Noreth/Ethin 1.5/30  
Noreth/Ethin 1/20  
Noreth/Ethin Chw Fe  
Noreth/Ethin Chw Fe 1/20  
Noreth/Ethin Fe  
Noreth/Ethin Fe 1/20  
Norethindron 0.35  
Norgest/Ethi 0.25/35  
Norgest/Ethi 0.25-35  
Norgest/Ethi Estradio  
Norlyda 0.35  
Norlyroc 0.35  
Nortrel 0.5/35  
Nortrel 1/35  
Nortrel 7/7/7  
Nylia 1/35  
Nylia 7/7/7  
Ocella 3-0.03  
Orquidea 0.35  
Orsythia

Philith 0.4-35  
Pimtrea  
Pirmella 7/7/7  
Portia-28  
Reclipsen  
Rivelsa  
Rosyrah  
Setlakin  
Sharobel 0.35  
Simliya 28 Day  
Simpesse  
Solia  
Sprintec 28 28 Day  
Sronyx  
Syeda 3-0.03  
Tarina 24 Fe  
Tarina Fe 1/20 Eq  
Tilia Fe  
Tri Femynor  
Tri-Estaryll  
Tri-Legest Fe  
Tri-Linyah  
Tri-Lo Estaryll  
Tri-Lo- Marzia  
Tri-Lo- Sprintec  
Tri-Lo-Mili  
Tri-Mili  
Trinessa  
Tri-Sprintec  
Trivora-28  
Tri-Vylibra  
Tri-Vylibra Lo  
Turqoz  
Tydemy  
Valtya 1/35  
Valtya 1/50  
Vestura 3-0.02  
Vienva 0.1-20  
Viorele  
Volnea  
Vyfemla 0.4-35  
Vylibra 0.25-35  
Wera 0.5/35  
Wymzya Fe Chw 0.4-35  
Xarah Fe  
Xelria Fe Chw 0.4-35  
Zovia 1/35  
Zumandimine 3-0.03

## Women's Health: Birth Control Products continued

|                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Birth Control Rings (Vaginal)</b><br>EluRyng<br>EnilloRing<br>Etonogestrel/ Ethyl Estradiol<br>Haloette                      | <b>Over-The-Counter (OTC) Birth Control</b><br>(must have a prescription for cost to be covered)<br>Contraceptive films (e.g. VCF Vaginal)<br>Contraceptive foams (e.g. VCF Vaginal Aer)<br>Contraceptive gels (e.g. Gynol II, VCF Vaginal)<br>Contraceptive pills (Opill)<br>Condoms: Various OTC condoms (e.g., Durex, Kimono, Trustex) FC2 Female<br>Generic emergency birth control (e.g. Aftera, EContra OS, Levonorgestrel tablet, My Choice, My Way, New Day, Opcicon, Option 2, React, Take Action)<br>Today Sponge<br>Encare Suppository | <b>Birth Control IUDs and Implants</b><br>Kyleena<br>Liletta<br>Mirena<br>Miudella<br>Nexplanon<br>Paragard<br>Skyla<br>(Some methods of birth control, such as IUDs and implants, may be available through your medical benefit and not your pharmacy benefit.) |
| <b>Birth Control Patches (Transdermal)</b><br>Norelge/Ethi Estradiol<br>Xulane<br>Zafemy                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                  |
| <b>Birth Control Shots (Injection)</b><br>Depo-Provera Inj 150mg/mL<br>Depo-Sq Prov Inj 104<br>Medroxyprogesterone Inj 150mg/mL |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                  |
| <b>Emergency Birth Control</b><br>Ella                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                  |

## Immunizations<sup>6</sup>

Plans must provide coverage without cost sharing for immunizations that are included on the Centers for Disease Control and Prevention immunization schedule. Immunizations may be covered by your medical benefit and not your pharmacy benefit.

Many immunizations can be obtained on a walk-in basis by presenting the Blue Cross NC member ID card at the time of service. Members should review their benefit plan to determine coverage for immunizations.

Age restrictions or limitations may apply. Check with your network pharmacy for specific age and immunization requirements.

### Flu Shots

#### Flu (Influenza)

|         |           |                   |
|---------|-----------|-------------------|
| Afluria | Flublok   | FluMist           |
| Fluad   | Flucelvax | Fluzone High-Dose |
| Fluarix | Flulaval  | Fluzone           |

### Vaccines and other immunizing agents

#### COVID-19

Comirnaty, mNEXSPIKE, Nuvaxovid, Spikevax

#### Haemophilus influenzae type B (HiB)

PedvaxHIB, ActHIB, Hiberix

#### Hepatitis A

Havrix, Vaqta

#### Hepatitis B

Engerix-B, Heplisav-B, Recombivax-HB

#### Hepatitis A/Hepatitis B

Twinrix

#### Human Papilloma Virus (HPV) — Vaccine prevents HPV related cancers

Gardasil 9

#### Measles, Mumps, Rubella

M-M-R II, PRIORIX

#### Meningococcal — Vaccine prevents meningitis

Bexsero, Menquadfi, Menveo, Penbraya, Penmenvy, Trumenba

#### Pneumococcal — Vaccine prevents pneumonia

Capvaxive, Pneumovax 23, Prevnar 20, Vaxneuvance

#### Poliovirus

Ipol

#### Respiratory Syncytial Virus (RSV)

Abrysvo, Arexvy, mRESVIA

#### Smallpox/Mpox

Jynneos

#### Tdap — Vaccine prevents tetanus, diphtheria, pertussis

Adacel, Boostrix

#### Td — Vaccine prevents tetanus and diphtheria

Tenivac

#### Varicella — Vaccine prevents chicken pox

Varivax

#### Zoster — Vaccine prevents shingles

Shingrix

Ask your employer or check your plan documents for your plan's specific coverage details.

Not all immunizations on this list are available at all network pharmacies. Contact your local network pharmacy to confirm immunization availability.

1. Please note this list is subject to change.
2. Always refer to your benefit plan materials to determine your coverage for medications and cost share. Some medications may not be covered under your specific benefit. Where differences are noted, the benefit plan documents will govern.
3. All branded medications are trademarks or registered trademarks of their respective owners.
4. The listed age limits are based on U.S. Preventive Services Task Force Recommendations; coverage for additional populations may also apply as required.
5. If your pharmacy benefit plan is grandfathered under the ACA, these drugs may be covered at the normal cost share.
6. Not all vaccines on this list are available at all participating pharmacies. Members should contact their participating pharmacy of choice to confirm vaccine availability.



CuraCor™ Solutions Corp. is a separate entity providing the CurateRx pharmacy benefits program on behalf of Blue Cross and Blue Shield of North Carolina (Blue Cross NC). CuraCor Solutions may contract with independent third-party vendors for the provision of certain aspects of their corporate pharmacy program and is not liable in any way for goods or services received from them. CuraCor Solutions reserves the right to discontinue or change their programs at any time.

© 2026 Blue Cross and Blue Shield of North Carolina. ®, SM Marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans. All other marks and names are property of their respective owners. Blue Cross and Blue Shield of North Carolina is an independent licensee of the Blue Cross and Blue Shield Association.

WF23584608 0926