

North Carolina
State Health Plan

for Teachers and State Employees

www.shpnc.org



2012 North Carolina State Health Plan Preferred Drug List

Please take this list with you to every provider visit and save money when your provider prescribes lower-cost generics.

medco[®]

Effective April 1, 2012

What is a preferred drug list?

A preferred drug list is a list of cost-effective medications covered by your prescription drug plan. The State Health Plan preferred drug list has been compiled with guidance from a committee of North Carolina physicians and pharmacists organized by the State Health Plan. It includes medications made by most pharmaceutical manufacturers and for a variety of conditions.

Using generic or preferred medications can help you save money on your prescriptions. When you use a medication on the preferred list, your copay (for up to a 30-day supply) will be:

Tier 1/Lower-cost generic drugs	\$12
Tier 2/Preferred brand-name drugs without a generic available	\$40
Tier 3/Non-preferred brand-name drugs without a generic available	\$64

What are my copays?

	(Up to a 30-day supply)	(31– 60-day supply)	(61–90-day supply)
Tier 1/Lower-cost generic drugs	\$12	\$24	\$36
Tier 2/Preferred brand-name drugs without a generic available	\$40	\$80	\$120
Tier 3/Non-preferred brand-name drugs without a generic available	\$64	\$128	\$192
Specialty Drugs*	25% coinsurance up to \$100 for each 30-day supply.		

Brand-name drugs with a generic available—Members must pay the generic copay plus the difference between the Plan's cost of the brand drug and the Plan's cost of the generic drug not to exceed \$100 per a 30-day supply of the brand medication.

*Specialty Drugs are medications that are often used to treat complex diseases, require special administration, dosing and handling, and typically prescribed by a specialist provider and are high in cost. For a complete listing of Specialty Drugs, please visit www.shpnc.org and click on "Pharmacy."

Why should I use generic drugs?

Ask your provider to authorize generic substitution whenever a generic alternative is available. You will save money using generic drugs, because the copay is \$12 for a 30-day supply. Please note that generic Specialty Drugs (defined above) will be subject to a 25% coinsurance up to \$100 for each 30-day supply.

Food and Drug Administration (FDA)-approved generic drugs, like brand-name drugs, must meet established FDA standards of quality and purity to help ensure their safety and effectiveness. Generic medications have the exact same active ingredients as their brand-name counterparts, and they are equal in strength and dosage. Sometimes drug manufacturers use different inactive ingredients, such as fillers and dyes, to provide a drug's shape, color, size, and taste.

By prescribing generic and preferred brand-name medications, your provider can help you save money. Remember to take this booklet with you each time you visit your provider.

Also be sure to shop around for your generic prescriptions. The **Medco Pharmacy™** (the State Health Plan's mail-order pharmacy) and many retail pharmacies now offer certain generics for \$10 for a 90-day supply. Each pharmacy has a unique program with a different list of covered generic medications. Be sure to check the list of discounted generics and current prices at each pharmacy to see if the generic you are taking is offered at the discounted rate.

State Health Plan members have access to **My Rx Choices®**, a powerful tool to help you save money on your prescription drug costs. All you need to do is to visit www.shpnc.org and click on "Pharmacy." Then follow the link on this page to the Medco website. If you are a first-time visitor to www.medco.com, please take a moment to register. Once you log on to www.medco.com and follow the registration instructions, you can click on **My Rx Choices®** to begin looking for opportunities to save money on your prescription drugs. **My Rx Choices®** will provide you with cost-saving alternatives to medications you already take, as well as medications you may take in the future. Those alternatives may include generic equivalents, generic alternatives, lower-cost brand-name alternatives, over-the-counter medications or, in some cases, using the **Medco Pharmacy** (your mail service pharmacy option). While using the Medco website, you may receive helpful information and notifications on ways to improve your medication therapy. These notifications are designed to help close "gaps in care" and optimize your treatment.

If you do not have access to the Internet, you may call Medco Member Services at **1 800 336-5933** and a Medco Member Services representative or pharmacist can review your **My Rx Choices®** savings opportunities with you over the phone.

Please note: This preferred drug list is not a complete list of preferred drugs. In some cases, **the State Health Plan may have certain coverage limits. Drugs marked with an asterisk (*) require prior authorization or may be subject to quantity limits. All medications that require a coverage review may not be listed in this guide.** In certain rare instances, a drug may be in the highest copay tier but may be preferred in a step therapy program. Refer to your benefit materials or call Medco Member Services at **1 800 336-5933** for specific coverage information. This list is subject to change.

The information contained in this guide was current at the time of posting and is subject to change without notification. Please visit www.shpnc.org or call Medco Member Services at **1 800 336-5933** to receive information regarding your prescription drug benefit.

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Topical Antivirals		
Miscellaneous		

Visit www.shpnc.org or www.medco.com for more information.

THERAPEUTIC DRUG CATEGORIES

Allergy, Asthma and Respiratory Drugs			
<p>Allergy</p> <p><u>Antihistamines</u></p> <p>LOWER COST GENERICS azelastine nasal spray</p> <p>TIER 2 Astepro</p> <p><u>Antihistamine/Decongestant Combinations</u></p> <p>LOWER COST GENERICS brompheniramine/ pseudoephedrine drops 7.5-1mg/mL brompheniramine/ pseudoephedrine ext-rel 90mg-9mg chlorpheniramine/ pseudoephedrine ext-rel 8mg/120mg</p> <p><u>Nasal Steroids</u></p> <p>LOWER COST GENERICS flunisolide fluticasone triamcinolone acetonide</p> <p>TIER 2 Nasonex</p> <p>Asthma/COPD</p> <p><u>Inhalers</u></p> <p><u>Beta Agonists</u></p> <p>TIER 2 Foradil Aerolizer ProAir HFA Serevent Diskus Ventolin HFA</p> <p><u>Corticosteroids</u></p> <p>TIER 2 Asmanex Flovent Pulmicort Turbuhaler QVAR</p> <p><u>Others</u></p> <p>TIER 2 Advair Diskus Atrovent HFA Combivent Dulera Spiriva Symbicort</p> <p><u>Inhalations for Nebulization</u></p> <p>LOWER COST GENERICS albuterol albuterol-ipratropium budesonide</p>	<p>TIER 2 Pulmicort Respules 1mg/2ml</p> <p><u>Oral Agents</u></p> <p><u>Beta Agonists</u></p> <p>LOWER COST GENERICS albuterol terbutaline</p> <p><u>Leukotriene Modifiers</u></p> <p>TIER 2 Singulair* (asthma medication must be in prescription claims history in the past 12 months to qualify for a Tier 2 copay)</p> <p><u>Theophylline</u></p> <p>LOWER COST GENERICS theophylline ext-rel tabs</p> <p>TIER 2 Uniphyl</p> <p>Cough Suppressants, Decongestants, and Expectorants</p> <p>LOWER COST GENERICS codeine/guaifenesin codeine/promethazine dextromethorphan/ guaifenesin guaifenesin/phenylephrine drops and syrup guaifenesin/ pseudoephedrine ext-rel hydrocodone/ chlorpheniramine/ phenylephrine hydrocodone/guaifenesin/ pseudoephedrine hydrocodone/homatropine hydrocodone polistirex/ chlorpheniramine polistirex hydrocodone/ pseudoephedrine promethazine/phenylephrine</p> <p>Pulmonary Arterial Hypertension</p> <p>SPECIALTY DRUGS Tracleer*</p>	<p><u>Fluoroquinolones</u></p> <p>LOWER COST GENERICS ciprofloxacin ciprofloxacin ext-rel levofloxacin ofloxacin</p> <p>TIER 2 Avelox Cipro Suspension</p> <p><u>Macrolides</u></p> <p>LOWER COST GENERICS azithromycin tablets clarithromycin erythromycin erythromycin/sulfisoxazole</p> <p>TIER 2 Biaxin XL Dificid PCE</p> <p><u>Penicillins</u></p> <p>LOWER COST GENERICS amoxicillin amoxicillin/clavulanate ampicillin trihydrate penicillin VK</p> <p><u>Sulfonamides</u></p> <p>LOWER COST GENERICS sulfamethoxazole/ trimethoprim</p> <p><u>Tetracyclines</u></p> <p>LOWER COST GENERICS doxycycline hyclate doxycycline monohydrate minocycline</p> <p>Antifungals</p> <p>LOWER COST GENERICS clotrimazole troches fluconazole itraconazole* ketoconazole nystatin terbinafine* terconazole</p> <p>TIER 2 Noxafil* Sporanox Solution*</p> <p>Antivirals</p> <p><u>Cytomegalovirus</u></p> <p>LOWER COST GENERICS ganciclovir</p> <p><u>Hepatitis B</u></p> <p>TIER 2 Epivir HBV</p> <p><u>Hepatitis C</u></p> <p>SPECIALTY DRUGS Incivek* Pegasys* Peg-Intron* Victrelis*</p>	<p><u>Herpes</u></p> <p>LOWER COST GENERICS acyclovir famciclovir valacyclovir</p> <p><u>HIV/AIDS</u></p> <p>LOWER COST GENERICS didanosine lamivudine/zidovudine stavudine zidovudine</p> <p>TIER 2 Aptivus Atripla Crixivan Edurant Emtriva Epivir Epzicom Intelence Invirase Isentress Kaletra Lexiva Norvir Prezista Rescriptor Reyataz Selzentry Sustiva Trizivir Truvada Videx Viracept Viramune Viramune XR Ziagen</p> <p>Miscellaneous</p> <p>LOWER COST GENERICS atovaquone/proguanil chloroquine phosphate hydroxychloroquine isoniazid mebendazole mefloquine metronidazole tabs nitrofurantoin capsules nitrofurantoin macrocrystals nitrofurantoin oral suspension pyrazinamide rifampin trimethoprim tabs</p> <p>TIER 2 Coartem Dapsone Fansidar Xifaxan</p>
	Antibiotics, Antifungals and Antivirals	<p>Antibiotics</p> <p><u>Cephalosporins</u></p> <p>LOWER COST GENERICS cefdinir cefadroxil cephalexin cefuroxime cefaclor cefprozil cefprozil cefprozil cefprozil</p>	

*This drug requires prior authorization and/or is subject to quantity limitations. Please refer to www.shpnc.org or call 1 800 336-5933 for more information. Prior authorization and/or quantity limitation programs are subject to change.

Please note: Lower cost generics are listed in blue.

Effective April 1, 2012

THERAPEUTIC DRUG CATEGORIES (CONT.)

Blood Pressure, Heart and Cholesterol-Lowering Medications

ACE Inhibitors and Combinations

LOWER COST GENERICS
benazepril/amlodipine
benazepril
benazepril/HCT
enalapril
enalapril/HCT
lisinopril
lisinopril/HCT
perindopril
quinapril
quinapril/HCT
ramipril

Alpha-Blockers

LOWER COST GENERICS
doxazosin
prazosin
terazosin

Angiotensin II Receptor Blockers and Combinations

LOWER COST GENERICS
eprosartan mesylate
losartan
losartan HCTZ
TIER 2
Diovan
Diovan HCT
Exforge
Exforge HCT
Micardis
Micardis HCT

Antiarrhythmics and Cardiac Glycosides

LOWER COST GENERICS
digoxin
disopyramide
disopyramide ext-rel
flecainide
mexiletine
propafenone
propafenone SR
quinidine sulfate
quinidine sulfate ext-rel

TIER 2
Lanoxin

Anticoagulants

LOWER COST GENERICS
warfarin
TIER 2
Coumadin
Pradaxa
Xarelto
SPECIALTY DRUGS
enoxaparin sodium
fondaparinux sodium

Antiplatelet Agents

LOWER COST GENERICS
dipyridamole
ticlopidine ext-rel
cilostazol

TIER 2

Aggrenox
Plavix

Beta-Blockers

LOWER COST GENERICS
acebutolol
atenolol
bisoprolol/HCT
carvedilol
metoprolol
metoprolol sustained release
propranolol
propranolol sustained action

Calcium Channel Blockers

LOWER COST GENERICS
amlodipine
diltiazem
nifedipine ext-rel
nisoldipine
verapamil
verapamil ext-rel

Cholesterol-Lowering Agents

\$4 FOR 30 DAYS OR \$10 FOR 90 DAYS
atorvastatin
atorvastatin/amlodipine
colestipol 5g packet, 1g tablet
fenofibrate
gemfibrozil
lovastatin
pravastatin
simvastatin

TIER 2

Advicor
Altoprev
Colestid 7.5g packet
Crestor
Niaspan
Tricor
Trilipix
Vytorin
Welchol
Zetia

Diuretics

LOWER COST GENERICS
bumetanide
chlorthalidone
eplerenone
furosemide
hydrochlorothiazide
metolazone
spironolactone
torsemide
triamterene/HCT capsules & tablets

Nitrates

LOWER COST GENERICS
isosorbide dinitrate ext-rel tabs
isosorbide mononitrate ext-rel
nitroglycerin spray
nitroglycerin sublingual
nitroglycerin transdermal

TIER 2

Minitran

Miscellaneous

LOWER COST GENERICS
anagrelide
clonidine transdermal patch
guanfacine
methyldopa
midodrine

TIER 2

Ranexa

Brain and Nerve Medications

Alzheimer's Disease

LOWER COST GENERICS
donepezil
galantamine
rivastigmine

TIER 2

Namenda

Multiple Sclerosis

SPECIALTY DRUGS
Avonex*
Betaseron*
Copaxone*

Myasthenia Gravis

LOWER COST GENERICS
pyridostigmine

Parkinson's Disease

LOWER COST GENERICS
amantadine
benztropine
bromocriptine
carbidopa/levodopa
pergolide
pramipexole
ropinirole HCl
trihexyphenidyl

TIER 2

Azilect
Comtan

Seizures

LOWER COST GENERICS
carbamazepine
carbamazepine ext. rel.
clonazepam tabs
diazepam rectal gel
divalproex sodium
divalproex sodium ext. rel.
ethosuximide
felbamate
gabapentin
lamotrigine
levetiracetam
levetiracetam ext. rel
oxcarbazepine
phenobarbital
phenytoin sodium extended
primidone
topiramate
valproic acid
zonisamide

TIER 2

Banzel Tablets
Dilantin
Lamictal XR
Tegretol
Tegretol-XR
Trileptal Suspension
Zarontin

Miscellaneous

TIER 2

Nuedexta

Cancer Medications

Blood Cell Formation

SPECIALTY DRUGS
Aranesp
Neulasta
Neupogen
Procrit

Chemotherapeutic Medications

LOWER COST GENERICS
anastrozole
bicalutamide
cyclophosphamide
etoposide
exemestane
fludarabine
flutamide
hydroxyurea
irinotecan
letrozole
leuprolide acetate
megestrol acetate
mercaptopurine
methotrexate
tamoxifen citrate
vinorelbine tartrate

TIER 2

Alkeran tablets
Ceenu
Droxia
Emcyt
Fareston
Hexalen
Iressa
Leukeran
Lysodren
Matulane
Trexall

Organ Transplant Rejection Prevention Medications

LOWER COST GENERICS
azathioprine
cyclosporine
mycophenolate
tacrolimus

TIER 2

Azasan
Myfortic
Neoral
Prograf
Rapamune
Sandimmune

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THERAPEUTIC DRUG CATEGORIES (CONT.)

Dermatology (Skin Problems) Medications		Endocrinology and Diabetes Management	
<p>Acne Therapy</p> <p><u>Oral</u></p> <p>LOWER COST GENERICS isotretinoin minocycline</p> <p><u>Topical</u></p> <p>LOWER COST GENERICS adapalene 0.1% gel, cream Avita cream clindamycin erythromycin gel 2% erythromycin soln 2% sulfacetamide/sulfur tretinoin*</p> <p>TIER 2 Differin 0.1% lotion, 0.3% gel</p> <p>Corticosteroids</p> <p>LOWER COST GENERICS betamethasone dipropionate augmented crm, oint 0.05% betamethasone dipropionate crm/ointment/lotion 0.05% betamethasone valerate clobetasol propionate desonide desoximetasone diflorasone flucinolone fluocinonide crm/ointment/gel 0.05% fluticasone propionate crm 0.05%, oint 0.005% halobetasol hydrocortisone hydrocortisone valerate crm/ointment 0.2% mometasone triamcinolone</p> <p>TIER 2 Olux-E</p> <p>Depigmenting and Repigmenting Agents</p> <p>TIER 2 Oxsoalene</p>	<p>Psoriasis</p> <p>LOWER COST GENERICS calcipotriene solution 0.005%</p> <p>TIER 2 Oxsoalene/Ultra Soriatane Tazorac*</p> <p>Rosacea</p> <p>LOWER COST GENERICS metronidazole 0.75% gel metronidazole crm metronidazole lotion</p> <p>TIER 2 Metrogel 1%</p> <p>Scabies and Pediculosis</p> <p>LOWER COST GENERICS acticin lindane malathion</p> <p>TIER 2 Eurax Natroba Ulesfia</p> <p>Topical Antibacterials</p> <p>LOWER COST GENERICS mupirocin ointment silver sulfadiazine</p> <p>Topical Antifungals</p> <p>LOWER COST GENERICS ciclopirox gel ciclopirox soln econazole ketoconazole crm, shampoo ketoconazole foam nystatin</p> <p>Topical Antivirals</p> <p>LOWER COST GENERICS podofilox soln</p> <p>TIER 2 Condylox Gel</p> <p>Miscellaneous</p> <p>LOWER COST GENERICS ammonium lactate 12% fluorouracil selenium sulfide shampoo 2.25%</p> <p>TIER 2 Carac Lidoderm</p>	<p>Adrenal Corticosteroids</p> <p>LOWER COST GENERICS dexamethasone fludrocortisone methylprednisolone prednisolone</p> <p>Androgens</p> <p>TIER 2 Androderm* AndroGel*</p> <p>Diabetes Mellitus</p> <p><u>Blood Glucose Test Strips**</u></p> <p>PREFERRED BRANDS All Accu-check brands All One-Touch brands All Sure Step brands Chemstrip BG Fast Take</p> <p><u>Lancets**</u></p> <p>PREFERRED BRANDS All lancets are preferred</p> <p><u>Insulin Syringes**</u></p> <p>PREFERRED BRANDS All B-D brands</p> <p><u>Insulin Needles**</u></p> <p>PREFERRED BRANDS All B-D brands All Novo Nordisk brands</p> <p><u>Insulins</u></p> <p>TIER 2 Apidra Humalog Humalog Mix Humulin Lantus Levemir Novolin Novolog Novolog Mix</p> <p><u>Non-Insulin Agents</u></p> <p>LOWER COST GENERICS acarbose glimepiride glipizide glipizide ext-rel glyburide glyburide/metformin metformin metformin ext-rel metformin/glipizide nateglinide</p>	<p>TIER 2 ActoPlus Met Actos Byetta Duetact Janumet Januvia Kombiglyze XR Onglyza Prandin Tradjenta</p> <p>Growth Hormone</p> <p>SPECIALTY DRUGS Genotropin* Humatrope* Norditropin*</p> <p>Thyroid Disease</p> <p>LOWER COST GENERICS levothyroxine sodium Levoxyl liothyronine</p> <p>TIER 2 Synthroid</p>

*This drug requires prior authorization and/or is subject to quantity limitations. Please refer to www.shpnc.org or call 1 800 336-5933 for more information. Prior authorization and/or quantity limitation programs are subject to change.

**You will pay a \$10 copay for preferred brands and a \$25 copay for non-preferred brands for diabetic testing supplies (in the categories listed above) for up to a 30-day supply. Limitations apply. Call Medco Customer Service for details.

Please note: Lower cost generics are listed in blue.

Effective April 1, 2012

THERAPEUTIC DRUG CATEGORIES (CONT.)

Gastrointestinal (Stomach Problems) Medications	<p>Pancreatic Enzymes <i>LOWER COST GENERICS</i> pancrelipase delayed-rel</p> <p>TIER 2 Creon Ultras Viokase</p> <p>Ulcers \$5.00 FOR UP TO A 42-DAY SUPPLY (REQUIRES PRESCRIPTION) omeprazole OTC Prevacid 24HR Prilosec OTC Zegerid OTC</p> <p><i>LOWER COST GENERICS</i> famotidine nizatidine omeprazole delayed-rel caps* ranitidine</p> <p>\$64 COPAY Nexium‡</p> <p>Miscellaneous <i>LOWER COST GENERICS</i> misoprostol peg 3350/electrolytes polyethylene glycol 3350 ursodiol</p> <p>TIER 2 Golytely Halflytely Nulytely Pylera Suprep</p>	<p>Attention Deficit Hyperactivity Disorder (ADHD) <i>LOWER COST GENERICS</i> amphetamine/ dextroamphetamine mixed salts* amphetamine/ dextroamphetamine mixed salts ext. rel.* dexmethylphenidate* dextroamphetamine* methylphenidate* methylphenidate ext. rel.*</p> <p>TIER 2 Daytrana* Intuniv</p> <p>Bipolar Disorder <i>LOWER COST GENERICS</i> divalproex sodium lithium carbonate ext-rel tabs olanzapine olanzapine rapid dissolve tablet risperidone risperidone orally disintegrating tablets</p> <p>Depression <i>LOWER COST GENERICS</i> amitriptyline budeprion XL bupropion bupropion ext-rel bupropion SR 24 hr citalopram desipramine doxepin escitalopram oxalate fluoxetine imipramine HCl imipramine pamoate mirtazapine nortriptyline paroxetine HCl phenelzine protriptyline sertraline tranylcypromine trazodone venlafaxine venlafaxine ER</p> <p>TIER 2 Cymbalta</p>	<p>Insomnia <i>LOWER COST GENERICS</i> estazolam flurazepam temazepam triazolam zaleplon* zolpidem* zolpidem ext-rel*</p> <p>Narcolepsy <i>LOWER COST GENERICS</i> dextroamphetamine* methylphenidate*</p> <p>TIER 2 Nuvigil*</p> <p>Obsessive Compulsive Disorder <i>LOWER COST GENERICS</i> clomipramine escitalopram oxalate fluoxetine paroxetine HCl sertraline</p> <p>Panic Disorder <i>LOWER COST GENERICS</i> alprazolam clonazepam tabs escitalopram oxalate fluoxetine paroxetine HCl sertraline</p> <p>Premenstrual Dysphoric Disorder <i>LOWER COST GENERICS</i> sertraline</p> <p>Psychosis <i>LOWER COST GENERICS</i> clozapine haloperidol olanzapine olanzapine rapid dissolve tablet risperidone risperidone orally disintegrating tablets thioridazine thiothixene trifluoperazine ziprasidone</p> <p>TIER 2 Seroquel Seroquel XR</p>
	Mental Health, Behavioral Health and Sleep-Related Medications		
<p>Diarrhea <i>LOWER COST GENERICS</i> diphenoxylate/atropine</p> <p>TIER 2 Alinia</p> <p>Gastroesophageal Reflux Disease (GERD) \$5.00 FOR UP TO A 42-DAY SUPPLY (REQUIRES PRESCRIPTION) omeprazole OTC Prevacid 24HR Prilosec OTC Zegerid OTC</p> <p><i>LOWER COST GENERICS</i> famotidine metoclopramide nizatidine omeprazole delayed-rel caps* ranitidine</p> <p>\$64 COPAY Nexium‡</p> <p>Gastrointestinal Spasm <i>LOWER COST GENERICS</i> dicyclomine hyoscyamine sulfate</p> <p>Inflammatory Bowel Disease <i>LOWER COST GENERICS</i> budesonide ext-rel mesalamine enema sulfasalazine sulfasalazine delayed-rel</p> <p>TIER 2 Apriso Asacol Canasa Cortifoam Pentasa</p> <p>Nausea and Vomiting <i>LOWER COST GENERICS</i> dronabinol granisetron* meclizine metoclopramide ondansetron* ondansetron ODT* prochlorperazine promethazine</p>			

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‡ Nexium does not require a coverage review prior to first use, however it is subject to quantity limitations. All other branded prescription medications in the same drug category as Nexium (for example: Prevacid, Dexilant, Protonix, Aciphex, Zegerid and Prilosec) require a coverage review to be completed to determine if coverage can be provided under your plan and are subject to quantity limitations. Please also note that Prilosec OTC, Prevacid 24HR, Zegerid OTC and omeprazole OTC do not require a coverage review and are not subject to quantity limitations.

Please note: Lower cost generics are listed in blue.

Effective April 1, 2012

THERAPEUTIC DRUG CATEGORIES (CONT.)

<p style="text-align: center;">Miscellaneous</p> <p>Anaphylaxis Emergency TIER 2 Epipen Epipen Jr.</p> <p>Hyperphosphatemia LOWER COST GENERICS calcium acetate TIER 2 Renagel Renvela</p> <p>Other TIER 2 Evoxac</p> <p style="text-align: center;">OB/GYN, Hormone Replacement and Birth Control</p> <p>Birth Control EE = ethinyl estradiol ME = mestranol LOWER COST GENERICS desogestrel/EE drospirenone/EE ethynodiol EE levonorgestrel levonorgestrel/EE Levora Low-Ogestrel medroxyprogesterone inj. norethindrone norethindrone acetate/EE norethindrone/EE norethindrone/ME norgestimate/EE norgestrel/EE Ocella Zovia TIER 2 Nuvaring Ortho Evra</p> <p>Endometriosis LOWER COST GENERICS danazol TIER 2 Synarel</p>	<p>Hormone Therapy/Menopause Estrogens LOWER COST GENERICS estradiol estradiol/norethindrone AC estrogens, esterified/ methyltestosterone estropipate TIER 2 Cenestin Combipatch Enjuvia Estraderm Premarin Premarin cream Premphase Prempro Vagifem Vivelle Vivelle-Dot</p> <p>Progestins LOWER COST GENERICS medroxyprogesterone acetate progesterone, micronized</p> <p>Infertility LOWER COST GENERICS clomiphene* chorionic gonadotropin*</p> <p>SPECIALTY DRUGS Bravelle* Follistim AQ* Repronex*</p> <p>Vaginal Infections LOWER COST GENERICS fluconazole metronidazole tabs metronidazole vaginal gel nystatin vaginal tabs terconazole cream</p> <p>Miscellaneous LOWER COST GENERICS methylergonovine maleate</p>	<p style="text-align: center;">Ophthalmic (Eye Problems) Medications</p> <p>Allergy LOWER COST GENERICS cromolyn sodium epinastine TIER 2 Alrex</p> <p>Anti-inflammatories LOWER COST GENERICS bromfenac sodium dexamethasone sodium phosphate diclofenac fluorometholone flurbiprofen neomycin/polymyxin B/ dexamethasone neomycin/polymyxin B/ hydrocortisone prednisolone acetate 1% prednisolone phosphate 1% sulfacetamide/prednisolone phosphate 10%/0.23% tobramycin/dexamethasone TIER 2 Lotemax Pred Mild Tobradex ointment</p> <p>Glaucoma LOWER COST GENERICS acetazolamide apraclonidine brimonidine 0.2% and 0.15% dorzolamide/timolol latanoprost levobunolol methazolamide pilocarpine timolol TIER 2 Alphagan P 0.1% Azopt Lumigan</p>	<p>Infections Bacterial LOWER COST GENERICS bacitracin erythromycin gentamicin levofloxacin neomycin/polymyxin B/ gramicidin ofloxacin polymyxin B/bacitracin sulfacetamide 10% tobramycin TIER 2 Moxeza Vigamox</p> <p>Viral LOWER COST GENERICS trifluridine TIER 2 Zirgan</p> <p>Miscellaneous LOWER COST GENERICS atropine</p> <p style="text-align: center;">Osteoporosis and Bone-Related Disorders Medications</p> <p>Bone-Related Disorders Paget's Disease LOWER COST GENERICS alendronate sodium etidronate TIER 3 Actonel*</p> <p>Osteoporosis LOWER COST GENERICS alendronate sodium TIER 2 Evista TIER 3 Boniva SPECIALTY DRUGS Forteo*</p>
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Please note: Lower cost generics are listed in blue.

THERAPEUTIC DRUG CATEGORIES (CONT.)

Pain Relievers, Arthritis and Headache Therapy	Pain Relievers	Prostate and Incontinence Medications	Supplements
<p>Arthritis LOWER COST GENERICS hydroxychloroquine leflunomide* methotrexate 2.5 mg</p> <p>TIER 2 Cuprimine Ridaura</p> <p>SPECIALTY DRUGS Enbrel* Humira*</p> <p>Gout LOWER COST GENERICS allopurinol</p> <p>TIER 2 Colcrys</p> <p>Migraine Headache Therapy LOWER COST GENERICS ergotamine/caffeine ibuprofen isometheptene/APAP/ dichloralphenazone naratriptan* sumatriptan*</p> <p>TIER 2 Maxalt* Maxalt-MLT* Relpax*</p> <p><u>Migraine Prevention</u> LOWER COST GENERICS amitriptyline divalproex ext. rel. propranolol propranolol sustained action verapamil</p>	<p>NSAIDs LOWER COST GENERICS diclofenac sodium delayed-rel diflunisal etodolac ibuprofen indomethacin meloxicam nabumetone naproxen oxaprozin piroxicam sulindac</p> <p><u>Narcotics</u> LOWER COST GENERICS butorphanol codeine/acetaminophen fentanyl transdermal patches fentanyl lozenges* hydrocodone/ acetaminophen hydromorphone meperidine morphine morphine ext-rel oxycodone/ acetaminophen oxycodone/aspirin oxycodone extended release oxymorphone ext-rel tramadol tramadol ext. rel.</p> <p>TIER 2 Avinza</p> <p><u>Miscellaneous</u> LOWER COST GENERICS butalbital/acetaminophen tramadol/acetaminophen</p> <p>TIER 2 Phrenilin Forte</p> <p>Skeletal Muscle Relaxants <u>Muscle Spasm</u> LOWER COST GENERICS cyclobenzaprine metaxalone tizanidine HCl</p> <p><u>Spasticity</u> LOWER COST GENERICS diazepam dantrolene</p>	<p>Symptomatic Benign Prostatic Hypertrophy LOWER COST GENERICS alfuzosin doxazosin finasteride tamsulosin terazosin</p> <p>TIER 2 Avodart</p> <p>Miscellaneous LOWER COST GENERICS atropine/hyoscyamine/ methenamine/methylene blue/phenylsalicylate/ benzoic acid bethanechol oxybutynin oxybutynin sustained release trospium</p> <p>TIER 2 Detrol Detrol LA Elmiron Oxytrol Vesicare</p> <p style="background-color: #0056b3; color: white; text-align: center; padding: 2px;">Smoking Deterrents</p> <p>Smoking Deterrents \$5 copay generic over-the-counter nicotine patches (requires a prescription)</p> <p>LOWER COST GENERICS bupropion ext-rel</p> <p>TIER 2 Chantix Nicotrol Inhaler Nicotrol Nasal Spray</p> <p style="background-color: #0056b3; color: white; text-align: center; padding: 2px;">Weight Loss Agents</p> <p>Weight Loss Agents LOWER COST GENERICS diethylpropion phendimetrazine phentermine</p> <p>TIER 2 Xenical</p>	<p>Potassium LOWER COST GENERICS potassium chloride effervescent tabs potassium chloride ext-rel tabs potassium chloride liquid</p> <p>Vitamins and Minerals LOWER COST GENERICS calcitriol (1,25-D₃) generic prenatal vitamins</p> <p>TIER 2 Mephyton</p>

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ALPHABETICAL DRUG INDEX

A			
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ALPHABETICAL DRUG INDEX (CONTINUED)

L			
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		sulfacetamide/prednisolone phosphate 10%/0.23%	6
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		thiothixene	5
		ticlopidine ext-rel	3
		timolol	6
		tizanidine HCl	7
		Tobradex ointment	6
		tobramycin	6
		tobramycin/dexamethasone	6
		topiramate	3
		torsemide	3
		Tracleer*	2
		Tradjenta	4
		tramadol	7
		tramadol ext. rel.	7
		tramadol/acetaminophen	7
		tranylcypromine	5
		trazodone	5
		tretinoin*	4
		Trexall	3
		triamcinolone	4
		triamcinolone acetonide	2
		triamterene/HCT capsules & tablets	3
		triazolam	5
		Tricor	3
		trifluoperazine	5
		trifluridine	6
		trihexyphenidyl	3
		Trileptal Suspension	3
		Trilipix	3
		trimethoprim tabs	2
		Trizivir	2
		tropium	7
		Truvada	2
		U	
		Ulesfia	4
		Ultrase	5
		Uniphyl	2
		ursodiol	5
		V	
		Vagifem	6
		valacyclovir	2
		valproic acid	3
		venlafaxine	5
		venlafaxine ER	5
		Ventolin HFA	2
		verapamil	3, 7
		verapamil ext-rel	3
		Vesicare	7
		Victrelis*	2
		Videx	2
		Vigamox	6
		vinorelbine tartrate	3
		Viokase	5
		Viracept	2
		Viramune	2
		Viramune XR	2
		Vivelle	6
		Vivelle-Dot	6
		Vytorin	3
		W	
		warfarin	3
		Welchol	3
		X	
		Xarelto	3
		Xenical	7
		Xifaxan	2
		Z	
		zaleplon*	5
		Zarontin	3
		Zegerid OTC	5
		Zetia	3
		Ziagen	2
		zidovudine	2
		ziprasidone	5
		Zirgan	6
		zolpidem ext-rel*	5
		zolpidem*	5
		zonisamide	3
		Zovia	6

*This drug requires prior authorization and/or is subject to quantity limitations. Please refer to www.shpnc.org or call 1 800 336-5933 for more information. Prior authorization and/or quantity limitation programs are subject to change.

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The information contained in this guide was current at the time of posting and is subject to change without notification. An updated Preferred Drug List is placed on the State Health Plan's website (www.shpnc.org) on a quarterly basis. Please consult the website for the most up-to-date edition of this list. In some cases, the Plan may have certain coverage limits, which are subject to change. These limits may include requiring prior authorization and/or placing quantity limits on specific drugs. In certain rare instances, a drug may be in the highest copay tier but may be preferred in a step therapy program. Please refer to your benefit materials for more information.

If you have questions about your prescription drug benefit, visit www.shpnc.org or call Medco Member Services at 1 800 336-5933.

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Effective April 1, 2012