

North Carolina
State Health Plan

for Teachers and State Employees

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NCHEALTH
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An initiative of the State Health Plan

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 January 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.

*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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Miscellaneous		

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

THERAPEUTIC DRUG CATEGORIES

Allergy, Asthma and Respiratory Drugs

Allergy

Antihistamines

LOWER COST GENERICS
azelastine nasal spray

TIER 2

Astepro

Antihistamine/Decongestant Combinations

LOWER COST GENERICS

brompheniramine/
pseudoephedrine ext-rel
12mg/120mg

brompheniramine/
pseudoephedrine ext-rel
6mg/60mg

chlorpheniramine/
pseudoephedrine ext-rel
8mg/120mg

promethazine/phenylephrine
6.25mg/5mg per mL

Nasal Steroids

LOWER COST GENERICS

flunisolide
fluticasone
triamcinolone acetonide

TIER 2

Nasonex

Asthma/COPD

Inhalers

Beta Agonists

TIER 2

Foradil Aerolizer
ProAir HFA
Serevent Diskus
Ventolin HFA

Corticosteroids

TIER 2

Asmanex
Flovent
Pulmicort Turbuhaler
QVAR

Others

TIER 2

Advair Diskus
Atrovent
Combivent
Dulera
Spiriva
Symbicort
Tilade

Inhalations for Nebulization

LOWER COST GENERICS

albuterol
albuterol-ipratropium
budesonide
metaproterenol

TIER 2

Pulmicort Respules 1mg/2mL

Oral Agents

Beta Agonists

LOWER COST GENERICS

albuterol
terbutaline

Leukotriene Modifiers

TIER 2

Singulair* (asthma medication
must be in prescription claims
history in the past 12 months
to qualify for a Tier 2 copay)

Theophylline

LOWER COST GENERICS

theophylline ext-rel tabs

TIER 2

Uniphyl

Cough Suppressants, Decongestants, and Expectorants

LOWER COST GENERICS

codeine/guaifenesin
codeine/promethazine
dextromethorphan/
guaifenesin
guaifenesin/
phenylephrine ext-rel
guaifenesin/
pseudoephedrine ext-rel
hydrocodone/
chlorpheniramine/
phenylephrine
hydrocodone/guaifenesin
hydrocodone/guaifenesin/
pseudoephedrine
hydrocodone/homatropine
hydrocodone polistirex/
chlorpheniramine polistirex
hydrocodone/
pseudoephedrine
promethazine/phenylephrine

Pulmonary Arterial Hypertension

SPECIALTY DRUGS

Tracler*

Antibiotics, Antifungals and Antivirals

Antibiotics

Cephalosporins

LOWER COST GENERICS

cefдинир
cefadroxil
cephalexin
cephradine
cefuroxime
cefaclor
cefprozil
cefepodoxime

Fluoroquinolones

LOWER COST GENERICS

ciprofloxacin
ciprofloxacin ext-rel
levofloxacin
ofloxacin

TIER 2

Avelox
Cipro Suspension

Macrolides

LOWER COST GENERICS

azithromycin tablets
clarithromycin
erythromycin
erythromycin/sulfisoxazole

TIER 2

Biaxin XL
PCE

Penicillins

LOWER COST GENERICS

amoxicillin
amoxicillin/clavulanate
ampicillin
penicillin VK

Sulfonamides

LOWER COST GENERICS

sulfamethoxazole/
trimethoprim

Tetracyclines

LOWER COST GENERICS

doxycycline hyclate
doxycycline monohydrate
minocycline

Antifungals

LOWER COST GENERICS

clotrimazole troches
fluconazole
itraconazole*
ketoconazole
nystatin
terbinafine*
terconazole

TIER 2

Noxafil*
Sporanox Solution*

Antivirals

Cytomegalovirus

LOWER COST GENERICS

ganciclovir

Hepatitis B

TIER 2

Epivir HBV
SPECIALTY DRUGS
Intron A*

Hepatitis C

SPECIALTY DRUGS

Incivek*
Pegasys*
Peg-Intron*
Victrelis*

Herpes

LOWER COST GENERICS

acyclovir
famciclovir
valacyclovir

HIV/AIDS

LOWER COST GENERICS

didanosine
stavudine
zidovudine

TIER 2

Agenerase
Aptivus
Atripla
Combivir
Crixivan
Emtriva
Epivir
Epzicom
Intelence
Invirase
Isentress
Kaletra
Lexiva
Norvir
Prezista
Rescriptor
Reyataz
Selzentry
Sustiva
Trizivir
Truvada
Videx
Viracept
Viramune
Viramune XR
Ziagen

Miscellaneous

LOWER COST GENERICS

atovaquone/proguanil
chloroquine phosphate
hydroxychloroquine
isoniazid
mebendazole
mefloquine
metronidazole tabs
nitrofurantoin ext-rel
nitrofurantoin macrocrystals
nitrofurantoin oral suspension
pyrazinamide
rifampin
trimethoprim tabs

TIER 2

Coartem
Dapsone
Fansidar
Xifaxan

*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.

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
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
procainamide ext-rel (6 hr)
propafenone
propafenone SR
quinidine sulfate
quinidine sulfate ext-rel

TIER 2

Ethmozine
Lanoxin
Procanbid

Anticoagulants

LOWER COST GENERICS
warfarin

TIER 2

Coumadin
Pradaxa
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
Nitrek
nitroglycerin spray
nitroglycerin sublingual
nitroglycerin transdermal

TIER 2

Minitran

Miscellaneous

LOWER COST GENERICS
anagrelide
clonidine transdermal patch
guanfacine
methyldopa
midodrine
pentoxifylline ext-rel

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
bentropine
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
Dilantin
Lamictal XR
Tegretol
Tegretol-XR
Trileptal
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 aclometasone betamethasone dipropionate augmented crm, oint 0.05% betamethasone dipropionate crm/oint/lotion 0.05% betamethasone valerate clobetasol propionate desonide desoximetasone diflorasone fluocinolone fluocinonide crm/oint/gel 0.05% fluticasone propionate crm 0.05%, oint 0.005% halobetasol hydrocortisone hydrocortisone valerate crm/oint 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 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 2.5%</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</p>	<p>Janumet Januvia Kombiglyze XR Onglyza Prandin</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 January 1, 2012

THERAPEUTIC DRUG CATEGORIES (CONT.)

<p style="text-align: center;">Gastrointestinal (Stomach Problems) Medications</p> <p>Diarrhea <i>LOWER COST GENERICS</i> diphenoxylate/atropine TIER 2 Alinia</p> <p>Gastroesophageal Reflux Disease (GERD) <i>\$5.00 FOR UP TO A 42-DAY SUPPLY (REQUIRES PRESCRIPTION)</i> omeprazole OTC Prevacid 24HR Prilosec OTC Zegerid OTC <i>LOWER COST GENERICS</i> famotidine metoclopramide nizatidine omeprazole delayed-rel caps* ranitidine <i>\$64 COPAY</i> 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 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>	<p>Pancreatic Enzymes <i>LOWER COST GENERICS</i> pancrelipase pancrelipase delayed-rel TIER 2 Creon Ultrase Viokase</p> <p>Ulcers <i>\$5.00 FOR UP TO A 42-DAY SUPPLY (REQUIRES PRESCRIPTION)</i> omeprazole OTC Prevacid 24HR Prilosec OTC Zegerid OTC <i>LOWER COST GENERICS</i> famotidine nizatidine omeprazole delayed-rel caps* ranitidine sucralfate <i>\$64 COPAY</i> Nexium‡</p> <p>Miscellaneous <i>LOWER COST GENERICS</i> misoprostol peg 3350/electrolytes polyethylene glycol 3350 ursodiol TIER 2 Golytely Halflytely Nulytely Pylera Suprep</p>	<p style="text-align: center;">Mental Health, Behavioral Health and Sleep-Related Medications</p> <p>Anxiety <i>LOWER COST GENERICS</i> alprazolam buspirone diazepam lorazepam oxazepam paroxetine HCl sertraline</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.* 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 fluoxetine imipramine HCl imipramine pamoate mirtazapine nortriptyline paroxetine CR paroxetine HCl phenelzine protriptyline sertraline tranylcypromine trazodone venlafaxine venlafaxine ER 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* TIER 2 Nuvigil*</p> <p>Obsessive Compulsive Disorder <i>LOWER COST GENERICS</i> clomipramine fluoxetine paroxetine HCl sertraline</p> <p>Panic Disorder <i>LOWER COST GENERICS</i> alprazolam clonazepam tabs fluoxetine paroxetine CR paroxetine HCl sertraline</p> <p>Premenstrual Dysphoric Disorder <i>LOWER COST GENERICS</i> paroxetine CR sertraline</p> <p>Psychosis <i>LOWER COST GENERICS</i> clozapine haloperidol olanzapine olanzapine rapid dissolve tablet risperidone risperidone orally disintegrating tablets thioridazine thiothixene trifluoperazine TIER 2 Geodon Seroquel Seroquel XR</p>
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*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.

‡ 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 January 1, 2012

THERAPEUTIC DRUG CATEGORIES (CONT.)

<p style="text-align: center;">Miscellaneous</p> <p>Anaphylaxis Emergency <i>TIER 2</i> Epipen Epipen Jr.</p> <p>Hyperphosphatemia <i>LOWER COST GENERICS</i> calcium acetate <i>TIER 2</i> Renagel Renvela</p> <p>Other <i>TIER 2</i> Evoxac</p>	<p>Hormone Therapy/Menopause <i>Estrogens</i> <i>LOWER COST GENERICS</i> estradiol estradiol/norethindrone AC estrogens, esterified/ methyltestosterone estropipate <i>TIER 2</i> Cenestin Combipatch Enjuvia Estraderm Premarin Premarin cream Premphase Prempro Vagifem Vivelle Vivelle-Dot</p> <p><i>Progestins</i> <i>LOWER COST GENERICS</i> medroxyprogesterone acetate <i>TIER 2</i> Prometrium</p> <p>Infertility <i>LOWER COST GENERICS</i> clomiphene* chorionic gonadotropin*</p> <p><i>SPECIALTY DRUGS</i> Antagon* Bravelle* Follistim AQ* Repronex*</p> <p>Vaginal Infections <i>LOWER COST GENERICS</i> fluconazole metronidazole tabs metronidazole vaginal gel nystatin vaginal tabs terconazole cream</p> <p>Miscellaneous <i>LOWER COST GENERICS</i> methylethylgonovine maleate</p>	<p style="text-align: center;">Ophthalmic (Eye Problems) Medications</p> <p>Allergy <i>LOWER COST GENERICS</i> cromolyn sodium epinastine <i>TIER 2</i> Alrex</p> <p>Anti-inflammatories <i>LOWER COST GENERICS</i> bromfenac sodium dexamethasone sodium phosphate diclofenac fluorometholone Fluor-Op flurbiprofen neomycin/polymyxin B/ dexamethasone neomycin/polymyxin B/ hydrocortisone prednisolone acetate 1% prednisolone phosphate 1% sulfacetamide/prednisolone phosphate 10%/0.25% tobramycin/dexamethasone <i>TIER 2</i> Lotemax Pred Mild Tobradex ointment</p> <p>Glaucoma <i>LOWER COST GENERICS</i> acetazolamide apraclonidine brimonidine 0.2% and 0.15% dipivefrin dorzolamide/timolol latanoprost levobunolol methazolamide pilocarpine timolol <i>TIER 2</i> Alphagan P 0.1% Azopt Lumigan</p>	<p>Infections <i>Bacterial</i> <i>LOWER COST GENERICS</i> bacitracin erythromycin gentamicin levofloxacin neomycin/polymyxin B/ gramicidin ofloxacin polymyxin B/bacitracin sulfacetamide 10% tobramycin <i>TIER 2</i> Moxeza Vigamox</p> <p><i>Viral</i> <i>LOWER COST GENERICS</i> trifluridine <i>TIER 2</i> Zirgan</p> <p>Miscellaneous <i>LOWER COST GENERICS</i> atropine</p>
<p style="text-align: center;">OB/GYN, Hormone Replacement and Birth Control</p> <p>Birth Control <u>EE = ethinyl estradiol</u> <u>ME = mestranol</u> <i>LOWER COST GENERICS</i> desogestrel/EE drospirenone/EE ethynodiol EE levonorgestrel levonorgestrel/EE Levora Low-Ogestrel medroxyprogesterone inj. norethindrone norethindrone acetate/EE norethindrone acetate/EE/iron norethindrone/EE norethindrone/ME norgestimate/EE norgestrel/EE Ocella Zovia <i>TIER 2</i> Nuvaring Ortho Evra</p> <p>Endometriosis <i>LOWER COST GENERICS</i> danazol <i>TIER 2</i> Synarel</p>	<p style="text-align: center;">Osteoporosis and Bone-Related Disorders Medications</p> <p>Bone-Related Disorders <i>Paget's Disease</i> <i>LOWER COST GENERICS</i> alendronate sodium etidronate <i>TIER 3</i> Actonel*</p> <p>Osteoporosis <i>LOWER COST GENERICS</i> alendronate sodium <i>TIER 2</i> Evista <i>TIER 3</i> Boniva <i>SPECIALTY DRUGS</i> Forteo*</p>		

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Please note: Lower cost generics are listed in blue.

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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</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

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ALPHABETICAL DRUG INDEX (CONTINUED)

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R	ramipril	3	Ranexa	3	ranitidine	5	Rapamune	3	Relpax*	7	Renagel	6	Renvela	6	Repronex*	6	Rescriptor	2	Reyataz	2	Ridaura	7	rifampin	2	risperidone	4	risperidone orally disintegrating tablets	5	rivastigmine	3	ropinirole HCl	3																																																																										
S	Sandimmune	3	selenium sulfide shampoo 2.5%	4	Selzentry	2	Serevent Diskus	2	Seroquel	5	Seroquel XR	5	sertraline	5	silver sulfadiazine	4	simvastatin	3	Singulair*	2	Soriatane	4	Spiriva	2	spironolactone	3	Sporanox Solution*	2	stavudine	2	sucralfate	5	sulfacetamide 10%	6	sulfacetamide/prednisolone phosphate 10%/0.25%	6	sulfacetamide/sulfur	4	sulfamethoxazole/trimethoprim	2	sulfasalazine	5	sulfasalazine delayed-rel	5	sulindac	7	sumatriptan*	7	Suprep	5	Sure Step Test Strips	4	Sustiva	2	Symbicort	2	Synarel	6	Synthroid	6																																														
T	tacrolimus	3	tamoxifen citrate	3	tamsulosin	7	Tazorac*	4	Tegretol	3	Tegretol-XR	3	temazepam	5	terazosin	3, 7	terbinafine*	2	terbutaline	2	terconazole	2	terconazole cream	6	theophylline ext-rel tabs	2	thioridazine	5	thiothixene	5	ticlopidine ext-rel	3	Tilade	2	timolol	6	Tobradex ointment	6	tobramycin	6	tobramycin/dexamethasone	6	topiramate	3	torsemide	3	Tracleer*	2	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	trihexphenidyl	3	Trileptal	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	Xenical	7	Xifaxan	2																																																																																																						
Z	zaleplon*	5	Zarontin	3	Zegerid OTC	5	Zetia	3	Ziagen	2	zidovudine	2	Zigan	6	zolidem 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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