

*North Carolina*  
**State Health Plan**

for Teachers and State Employees

[www.shpnc.org](http://www.shpnc.org)

*North Carolina*  
**HEALTH**  
*Smart*

# 2010 North Carolina State Health Plan Preferred Drug List

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

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Effective January 1, 2010

## What is a preferred drug list?

A preferred drug list is a list of cost-effective medications covered by your prescription drug plan. The North Carolina 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 .....	\$10
Tier 2/Preferred brand-name drugs without a generic available .....	\$35
Tier 3/Non-preferred brand-name drugs without a generic available .....	\$55

## What are my copays?

	(Up to a 30-day supply)	(31– 60-day supply)	(61–90-day supply)
Tier 1/Lower-cost generic drugs	\$10	\$20	\$30
Tier 2/Preferred brand-name drugs without a generic available	\$35	\$70	\$105
Tier 3/Non-preferred brand-name drugs without a generic available	\$55	\$110	\$165
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](http://www.shpnc.org) and click on "Pharmacy."

## Why should I use generic drugs?

Ask your doctor to authorize generic substitution whenever a generic alternative is available. You will save money using generic drugs, because the copay is \$10 for a 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 doctor can help you save money. Remember to take this booklet with you each time you visit your doctor.

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**<sup>®</sup>, a powerful tool to help you save money on your prescription drug costs. All you need to do is to visit [www.shpnc.org](http://www.shpnc.org) and click on "Pharmacy." Then follow the link on this page to the Medco web site. If you are a first-time visitor to [www.medco.com](http://www.medco.com), please take a moment to register. Once you log on to [www.medco.com](http://www.medco.com) and follow the registration instructions, you can click on **My Rx Choices**<sup>®</sup> to begin looking for opportunities to save money on your prescription drugs. **My Rx Choices**<sup>®</sup> 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).

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**<sup>®</sup> 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. Some drugs require prior authorization or may be subject to quantity limits.** 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 printing and is subject to change without notification. Please visit [www.shpnc.org](http://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](http://www.shpnc.org) or [www.medco.com](http://www.medco.com) for more information.

## THERAPEUTIC DRUG CATEGORIES

<p style="text-align: center;"><b>Allergy, Asthma and Respiratory Drugs</b></p> <p><b>Allergy</b> <u>Antihistamines</u> <b>LOWER COST GENERICS</b> fexofenadine</p> <p><b>TIER 2</b> Astelin</p> <p><u>Antihistamine/Decongestant Combinations</u> <b>LOWER COST GENERICS</b> brompheniramine/ pseudoephedrine ext-rel 12mg/120mg brompheniramine/ pseudoephedrine ext-rel 6mg/60mg chlorheniramine/ pseudoephedrine ext-rel 8mg/120mg promethazine/phenylephrine 6.25mg/5mg per mL</p> <p><u>Nasal Steroids</u> <b>LOWER COST GENERICS</b> flunisolide fluticasone</p> <p><b>TIER 2</b> Nasonex</p> <p><b>Asthma/COPD</b> <u>Inhalers</u> <u>Beta Agonists</u> <b>LOWER COST GENERICS</b> albuterol</p> <p><b>TIER 2</b> Foradil Aerolizer ProAir HFA Proventil HFA Serevent Diskus</p> <p><u>Corticosteroids</u> <b>TIER 2</b> Asmanex Flovent Pulmicort Turbuhaler QVAR</p> <p><u>Others</u> <b>TIER 2</b> Advair Diskus Atrovent Combivent Spiriva Symbicort Tilade</p> <p><u>Inhalations for Nebulization</u> <b>LOWER COST GENERICS</b> albuterol metaproterenol</p>	<p><b>TIER 2</b> Duoneb Pulmicort Respules</p> <p><u>Oral Agents</u> <u>Beta Agonists</u> <b>LOWER COST GENERICS</b> albuterol terbutaline</p> <p><u>Leukotriene Modifiers</u> <b>TIER 2</b> 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> <b>LOWER COST GENERICS</b> theophylline ext-rel tabs</p> <p><b>TIER 2</b> Uniphyl</p> <p><b>Cough Suppressants, Decongestants, and Expectorants</b> <b>LOWER COST GENERICS</b> 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/ pseudoephedrine promethazine/phenylephrine</p> <p><b>TIER 2</b> Tussionex</p> <p style="text-align: center;"><b>Antibiotics, Antifungals and Antivirals</b></p> <p><b>Antibiotics</b> <u>Cephalosporins</u> <b>LOWER COST GENERICS</b> cefдинир cefadroxil cephalexin cephradine cefuroxime cefaclor cefprozil cefpodoxime</p> <p><u>Fluoroquinolones</u> <b>LOWER COST GENERICS</b> ciprofloxacin ciprofloxacin ext-rel ofloxacin</p>	<p><b>TIER 2</b> Avelox Cipro Suspension</p> <p><u>Macrolides</u> <b>LOWER COST GENERICS</b> azithromycin tablets clarithromycin erythromycin erythromycin/sulfisoxazole</p> <p><b>TIER 2</b> Biaxin XL PCE</p> <p><u>Penicillins</u> <b>LOWER COST GENERICS</b> amoxicillin amoxicillin/clavulanate ampicillin penicillin VK</p> <p><b>TIER 2</b> Augmentin (forms not available generically)</p> <p><u>Sulfonamides</u> <b>LOWER COST GENERICS</b> sulfamethoxazole/ trimethoprim</p> <p><u>Tetracyclines</u> <b>LOWER COST GENERICS</b> doxycycline hyclate minocycline</p> <p><b>Antifungals</b> <b>LOWER COST GENERICS</b> clotrimazole troches fluconazole itraconazole ketoconazole nystatin terbinafine terconazole</p> <p><b>TIER 2</b> Fulvicin U/F Noxafil Sporanox Solution</p> <p><b>Antivirals</b> <u>Cytomegalovirus</u> <b>LOWER COST GENERICS</b> ganciclovir</p> <p><u>Hepatitis B</u> <b>TIER 2</b> Epivir HBV <b>SPECIALTY DRUGS</b> Intron A</p> <p><u>Hepatitis C</u> <b>SPECIALTY DRUGS</b> Pegasys Peg-Intron</p>	<p><u>Herpes</u> <b>LOWER COST GENERICS</b> acyclovir famciclovir valacyclovir</p> <p><u>HIV/AIDS</u> <b>LOWER COST GENERICS</b> stavudine zidovudine</p> <p><b>TIER 2</b> Agenerase Aptivus Atripla Combivir Crixivan Emtriva Epivir Epzicom Fortovase Hivid Intelence Invirase Isentress Kaletra Lexiva Norvir Prezista Rescriptor Reyataz Selzentry Sustiva Trizivir Truvada Videx Videx EC Viracept Viramune Ziagen</p> <p><b>Miscellaneous</b> <b>LOWER COST GENERICS</b> chloroquine phosphate hydroxychloroquine isoniazid mebendazole mefloquine metronidazole tabs nitrofurantoin ext-rel nitrofurantoin macrocrystals pyrazinamide rifampin trimethoprim tabs</p> <p><b>TIER 2</b> Dapsone Fansidar Lariam Malarone</p>
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Please note: Lower cost generics are listed in blue.

Effective January 1, 2010

## THERAPEUTIC DRUG CATEGORIES (CONT.)

<p><b>Blood Pressure, Heart and Cholesterol-Lowering Medications</b></p> <p><b>Anticoagulants</b> <i>LOWER COST GENERICS</i> warfarin</p> <p><b>TIER 2</b> Coumadin</p> <p><b>SPECIALTY DRUGS</b> Lovenox</p> <p><b>Antiplatelet Agents</b> <i>LOWER COST GENERICS</i> dipyridamole ticlopidine ext-rel cilostazol</p> <p><b>TIER 2</b> Aggrenox Plavix</p> <p><b>ACE Inhibitors</b> <i>LOWER COST GENERICS</i> benazepril/amlodipine benazepril benazepril/HCT enalapril enalapril/HCT lisinopril lisinopril/HCT quinapril quinapril/HCT ramipril</p> <p><b>TIER 2</b> Aceon Lotrel 10/40 and 5/40</p> <p><b>Alpha-Blockers</b> <i>LOWER COST GENERICS</i> doxazosin prazosin terazosin</p> <p><b>Angiotensin II Receptor Blockers</b></p> <p><b>TIER 2</b> Atacand Atacand HCT Benicar Benicar HCT Cozaar Hyzaar Micardis Micardis HCT</p> <p><b>Antiarrhythmics and Cardiac Glycosides</b> <i>LOWER COST GENERICS</i> digoxin disopyramide disopyramide ext-rel flecainide mexiletine procainamide ext-rel (6 hr) propafenone quinidine sulfate quinidine sulfate ext-rel</p> <p><b>TIER 2</b> Ethmozine</p>	<p>Lanoxin Procanbid Rythmol SR</p> <p><b>Beta-Blockers</b> <i>LOWER COST GENERICS</i> acebutolol atenolol bisoprolol/HCT carvedilol metoprolol metoprolol sustained release propranolol propranolol sustained action</p> <p><b>Calcium Channel Blockers</b> <i>LOWER COST GENERICS</i> amlodipine diltiazem nifedipine ext-rel nisoldipine verapamil verapamil ext-rel</p> <p><b>Diuretics</b> <i>LOWER COST GENERICS</i> bumetanide chlorthalidone eplerenone furosemide hydrochlorothiazide metolazone spironolactone torsemide triamterene/HCT capsules &amp; tablets</p> <p><b>Cholesterol-Lowering Agents</b> <i>LOWER COST GENERICS</i> <b>\$4 FOR 30 DAYS OR \$10 FOR 90 DAYS</b> colestipol 5g packet, 1g tablet fenofibrate gemfibrozil lovastatin pravastatin simvastatin</p> <p><b>TIER 2</b> Advicor Altoprev Colestid 7.5g packet Crestor Lipitor Niaspan Tricor Trilipix Vytorin Welchol Zetia</p> <p><b>Nitrates</b> <i>LOWER COST GENERICS</i> isosorbide dinitrate ext-rel tabs isosorbide mononitrate ext-rel Nitrek nitroglycerin sublingual nitroglycerin transdermal</p>	<p><b>TIER 2</b> Minitran Nitrolingual</p> <p><b>Miscellaneous</b> <i>LOWER COST GENERICS</i> anagrelide clonidine transdermal patch guanfacine methyldopa midodrine pentoxifylline ext-rel</p> <p><b>TIER 2</b> Ranexa</p> <p style="text-align: center;"><b>Brain and Nerve Medications</b></p> <p><b>Alzheimer's Disease</b> <i>LOWER COST GENERICS</i> galantamine</p> <p><b>TIER 2</b> Aricept/ODT Exelon Namenda</p> <p><b>Multiple Sclerosis</b> <b>SPECIALTY DRUGS</b> Avonex Betaseron Copaxone Rebif</p> <p><b>Myasthenia Gravis</b> <i>LOWER COST GENERICS</i> pyridostigmine</p> <p><b>Parkinson's Disease</b> <i>LOWER COST GENERICS</i> amantadine benztropine bromocriptine carbidopa/levodopa pergolide pramipexole ropinirole HCl trihexyphenidyl</p> <p><b>TIER 2</b> Comtan Larodopa</p> <p><b>Seizures</b> <i>LOWER COST GENERICS</i> carbamazepine carbamazepine ext. rel. clonazepam tabs divalproex sodium divalproex sodium ext. rel. ethosuximide gabapentin lamotrigine levetiracetam oxcarbazepine phenobarbital phenytoin sodium extended primidone topiramate valproic acid zonisamide</p>	<p><b>TIER 2</b> Banzel Diastat Dilantin Tegretol Tegretol-XR Zarontin</p> <p style="text-align: center;"><b>Cancer Medications</b></p> <p><b>Chemotherapeutic Medications</b> <i>LOWER COST GENERICS</i> bicalutamide cyclophosphamide etoposide flutamide hydroxyurea irinotecan leuprolide acetate megestrol acetate mercaptapurine methotrexate tamoxifen citrate vinorelbine tartrate</p> <p><b>TIER 2</b> Alkeran tablets Arimidex Aromasin Ceenu Droxia Emcyt Femara Fludara Hexalen Iressa Leukeran Lysodren Matulane Teslac Thioguanine Trexall</p> <p><b>Blood Cell Formation</b> <b>SPECIALTY DRUGS</b> Aranesp Neulasta Neupogen Procrit</p> <p><b>Organ Transplant Rejection Prevention Medications</b> <i>LOWER COST GENERICS</i> azathioprine cyclosporine mycophenolate tacrolimus</p> <p><b>TIER 2</b> Azasan Myfortic Neoral Prograf Rapamune Sandimmune</p>
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Please note: Lower cost generics are listed in blue.

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## THERAPEUTIC DRUG CATEGORIES (CONT.)

Dermatology (Skin Problems) Medications	Topical Antifungals	Endocrinology and Diabetes Management	
<p><b>Acne Therapy</b></p> <p><u>Oral</u>  <b>LOWER COST GENERICS</b>                      isotretinoin                      minocycline</p> <p><u>Topical</u>  <b>LOWER COST GENERICS</b>                      Avita cream                      clindamycin                      erythromycin gel 2%                      erythromycin soln 2%                      sulfacetamide/sulfur                      tretinoin</p> <p><b>TIER 2</b>                      Retin-A Micro</p> <p><b>Topical Antibacterials</b>  <b>LOWER COST GENERICS</b>                      mupirocin oint                      silver sulfadiazine</p> <p><b>Corticosteroids</b>  <b>LOWER COST GENERICS</b>                      aclometasone                      betamethasone dipropionate                      augmented crm, oint 0.05%                      betamethasone dipropionate                      crm/ointment/lotion 0.05%                      betamethasone valerate                      clobetasol propionate                      desonide                      desoximetasone                      diflorasone                      fluocinolone                      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><b>TIER 2</b>                      Olux-E</p> <p><b>Depigmenting and Repigmenting Agents</b>  <b>TIER 2</b>                      Oxsoralen</p>	<p><b>LOWER COST GENERICS</b>                      ciclopirox gel                      ciclopirox soln                      econazole                      ketoconazole crm, shampoo                      nystatin</p> <p><b>Psoriasis</b>  <b>LOWER COST GENERICS</b>                      calcipotriene solution 0.005%</p> <p><b>TIER 2</b>                      Capitrol                      Oxsoralen/Ultra                      Soriatane                      Tazorac</p> <p><b>Rosacea</b>  <b>LOWER COST GENERICS</b>                      metronidazole 0.75% gel                      metronidazole crm                      metronidazole lotion</p> <p><b>TIER 2</b>                      Metrogel 1%</p> <p><b>Scabies and Pediculosis</b>  <b>TIER 2</b>                      Eurax                      Ovide</p> <p><b>Topical Antivirals</b>  <b>LOWER COST GENERICS</b>                      podofilox soln</p> <p><b>TIER 2</b>                      Condyllox Gel</p> <p><b>Miscellaneous</b>  <b>LOWER COST GENERICS</b>                      ammonium lactate 12%                      fluorouracil                      selenium sulfide shampoo                      2.5%</p> <p><b>TIER 2</b>                      Carac                      Fluoroplex                      Lidoderm</p>	<p><b>Adrenal Corticosteroids</b>  <b>LOWER COST GENERICS</b>                      dexamethasone                      fludrocortisone                      methylprednisolone                      prednisolone</p> <p><b>Androgens</b>  <b>TIER 2</b>                      Androderm                      AndroGel                      Testoderm/TTS</p> <p><b>Diabetes Mellitus</b>  <u>Blood Glucose Test Strips**</u>  <b>PREFERRED BRANDS</b>                      All Accu-check brands                      All One-Touch brands                      All Sure Step brands                      Chemstrip BG                      Fast Take                      Tracer BG</p> <p><u>Lancets**</u>  <b>PREFERRED BRANDS</b>                      All lancets are preferred</p> <p><u>Insulin Syringes**</u>  <b>PREFERRED BRANDS</b>                      All B-D brands</p> <p><u>Insulin Needles**</u>  <b>PREFERRED BRANDS</b>                      All B-D brands                      All Novo Nordisk brands</p> <p><u>Insulins</u>  <b>TIER 2</b>                      Apidra                      Humalog                      Humalog Mix                      Humulin                      Lantus                      Levemir                      Novolin                      Novolog                      Novolog Mix</p> <p><u>Non-Insulin Agents</u>  <b>LOWER COST GENERICS</b>                      acarbose                      glimepiride                      glipizide                      glipizide ext-rel                      glyburide                      glyburide/metformin                      metformin                      metformin ext-rel                      metformin/glipizide                      nateglinide</p> <p><b>TIER 2</b>                      ActoPlus Met                      Actos</p>	<p>Avandamet                      Avandaryl                      Avandia                      Byetta                      Duetact                      Janumet                      Januvia                      Prandin</p> <p><b>Growth Hormone</b>  <b>SPECIALTY DRUGS</b>                      Genotropin                      Humatrope                      Norditropin</p> <p><b>Thyroid Disease</b>  <b>LOWER COST GENERICS</b>                      levothyroxine sodium                      Levoxyl                      liothyronine</p> <p><b>TIER 2</b>                      Synthroid</p> <p><b>Miscellaneous</b>  <b>TIER 2</b>                      Cytadren</p>

\*\*You will pay a \$10 co-payment for preferred brands and a \$25 co-payment 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, 2010

## THERAPEUTIC DRUG CATEGORIES (CONT.)

<p style="text-align: center;"><b>Gastrointestinal (Stomach Problems) Medications</b></p> <p><b>Diarrhea</b> <i>LOWER COST GENERICS</i> diphenoxylate/atropine <b>TIER 2</b> Alinia</p> <p><b>Nausea and Vomiting</b> <i>LOWER COST GENERICS</i> dronabinol granisetron meclizine metoclopramide ondansetron ondansetron ODT prochlorperazine promethazine</p> <p><b>Gastroesophageal Reflux Disease (GERD)</b> <i>\$5.00 FOR UP TO A 42-DAY SUPPLY (REQUIRES PRESCRIPTION)</i> omeprazole OTC Prevacid 24HR Prilosec OTC <i>LOWER COST GENERICS</i> famotidine metoclopramide nizatidine omeprazole delayed-rel caps ranitidine <i>\$55 COPAY</i> Nexium‡</p> <p><b>Gastrointestinal Spasm</b> <i>LOWER COST GENERICS</i> dicyclomine hyoscyamine sulfate</p> <p><b>Inflammatory Bowel Disease</b> <i>LOWER COST GENERICS</i> mesalamine enema sulfasalazine sulfasalazine delayed-rel <b>TIER 2</b> Apriso Asacol Canasa Cortifoam Pentasa</p> <p><b>Pancreatic Enzymes</b> <i>LOWER COST GENERICS</i> pancrelipase pancrelipase delayed-rel</p>	<p><b>Ulcers</b> <i>\$5.00 FOR UP TO A 42-DAY SUPPLY (REQUIRES PRESCRIPTION)</i> omeprazole OTC Prevacid 24HR Prilosec OTC <i>LOWER COST GENERICS</i> famotidine nizatidine omeprazole delayed-rel caps ranitidine sucralfate <i>\$55 COPAY</i> Nexium‡</p> <p><b>Miscellaneous</b> <i>LOWER COST GENERICS</i> misoprostol peg 3350/electrolytes polyethylene glycol 3350 ursodiol <b>TIER 2</b> Golytely Halflytely Nulytely</p>	<p style="text-align: center;"><b>Mental Health, Behavioral Health and Sleep-Related Medications</b></p> <p><b>Anxiety</b> <i>LOWER COST GENERICS</i> alprazolam buspirone diazepam lorazepam oxazepam paroxetine HCl sertraline</p> <p><b>Attention Deficit Hyperactivity Disorder (ADHD)</b> <i>LOWER COST GENERICS</i> amphetamine/ dextroamphetamine mixed salts amphetamine/ dextroamphetamine mixed salts ext. rel. dexmethylphenidate dextroamphetamine methylphenidate <b>TIER 2</b> Concerta Daytrana</p>	<p><b>Bipolar Disorder</b> <i>LOWER COST GENERICS</i> divalproex sodium lithium carbonate ext-rel tabs risperidone risperidone orally disintegrating tablets <b>TIER 2</b> Zyprexa</p> <p><b>Depression</b> <i>LOWER COST GENERICS</i> amitriptyline budeprion XL bupropion bupropion ext-rel bupropion SR 24 hr citalopram desipramine doxepin fluoxetine imipramine HCl mirtazapine nortriptyline paroxetine CR paroxetine HCl protriptyline sertraline tranylcypromine trazodone venlafaxine <b>TIER 2</b> Cymbalta Tofranil PM</p> <p><b>Insomnia</b> <i>LOWER COST GENERICS</i> estazolam flurazepam temazepam triazolam zaleplon zolpidem</p> <p><b>Narcolepsy</b> <i>LOWER COST GENERICS</i> dextroamphetamine methylphenidate <b>TIER 2</b> Provigil</p> <p><b>Obsessive Compulsive Disorder</b> <i>LOWER COST GENERICS</i> clomipramine fluoxetine paroxetine HCl sertraline</p>	<p><b>Panic Disorder</b> <i>LOWER COST GENERICS</i> alprazolam clonazepam tabs fluoxetine paroxetine CR paroxetine HCl sertraline</p> <p><b>Premenstrual Dysphoric Disorder</b> <i>LOWER COST GENERICS</i> paroxetine CR sertraline</p> <p><b>Psychosis</b> <i>LOWER COST GENERICS</i> haloperidol risperidone risperidone orally disintegrating tablets thioridazine thiothixene trifluoperazine <b>TIER 2</b> Geodon Seroquel Zyprexa</p>
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‡ Nexium does not require a coverage review. All other branded prescription medications in the same drug category as Nexium (for example: Prevacid, Kapidex, Protonix, Aciphex, Zegerid and Prilosec) require a coverage review to be completed to determine if coverage can be provided under your plan. Please also note that Prilosec OTC, Prevacid 24HR and omeprazole OTC do not require a coverage review.

Please note: Lower cost generics are listed in blue.

## THERAPEUTIC DRUG CATEGORIES (CONT.)

<p style="text-align: center;"><b>Miscellaneous</b></p> <p><b>Anaphylaxis Emergency</b> <i>TIER 2</i> Ana-Kit Epipen Epipen Jr.</p> <p><b>Hyperphosphatemia</b> <i>LOWER COST GENERICS</i> calcium acetate <i>TIER 2</i> Renagel</p> <p><b>Other</b> <i>TIER 2</i> Evoxac</p> <p style="text-align: center;"><b>OB/GYN, Hormone Replacement and Birth Control</b></p> <p><b>Birth Control</b> <u>EE = ethinyl estradiol</u> <u>ME = mestranol</u> <i>LOWER COST GENERICS</i> desogestrel/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 Trivora Zovia <i>TIER 2</i> Nuvaring Ortho Evra Ortho Tri-Cyclen Lo YAZ</p> <p><b>Endometriosis</b> <i>LOWER COST GENERICS</i> danazol <i>TIER 2</i> Synarel</p>	<p><b>Hormone Therapy/Menopause</b> <i>Estrogens</i> <i>LOWER COST GENERICS</i> estradiol estradiol/norethindrone AC estrogens, esterified/ methyltestosterone estropipate <i>TIER 2</i> Cenestin Combipatch Enjuvia Estraderm Estratab 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><b>Infertility</b> <i>LOWER COST GENERICS</i> clomiphene chorionic gonadotropin</p> <p><i>SPECIALTY DRUGS</i> Antagon Bravelle Follistim Gonal-F Gonal-F RFF Repronex</p> <p><b>Vaginal Infections</b> <i>LOWER COST GENERICS</i> fluconazole metronidazole tabs metronidazole vaginal gel nystatin vaginal tabs terconazole cream</p> <p><b>Miscellaneous</b> <i>TIER 2</i> Methergine</p>	<p style="text-align: center;"><b>Ophthalmic (Eye Problems) Medications</b></p> <p><b>Allergy</b> <i>LOWER COST GENERICS</i> cromolyn sodium <i>TIER 2</i> Alrex Livostin</p> <p><b>Anti-inflammatories</b> <i>LOWER COST GENERICS</i> dexamethasone sodium phosphate fluorometholone Fluor-Op flurbiprofen neomycin/polymyxin B/ dexamethasone neomycin/polymyxin B/ hydrocortisone prednisolone acetate 1% prednisolone phosphate 1% sulfacetamide/prednisolone phosphate 10%/0.25% <i>TIER 2</i> Inflamase Mild Lotemax Pred Mild Tobradex Voltaren</p> <p><b>Infections</b> <i>Bacterial</i> <i>LOWER COST GENERICS</i> bacitracin erythromycin gentamicin neomycin/polymyxin B/ gramicidin ofloxacin polymyxin B/bacitracin sulfacetamide 10% tobramycin <i>TIER 2</i> Chloroptic Quixin Vigamox</p> <p><i>Viral</i> <i>LOWER COST GENERICS</i> trifluridine</p> <p><b>Glaucoma</b> <i>LOWER COST GENERICS</i> acetazolamide apraclonidine brimonidine 0.2% dipivefrin levobunolol methazolamide pilocarpine timolol <i>TIER 2</i> Alphagan P Azopt</p>	<p>Cosopt Lumigan Xalatan</p> <p><b>Miscellaneous</b> <i>LOWER COST GENERICS</i> atropine <i>TIER 2</i> Restasis</p> <p style="text-align: center;"><b>Osteoporosis and Bone-Related Disorders Medications</b></p> <p><b>Osteoporosis</b> <i>LOWER COST GENERICS</i> alendronate sodium <i>TIER 2</i> Evista <i>TIER 3</i> Boniva <i>SPECIALTY DRUGS</i> Forteo</p> <p><b>Bone-Related Disorders</b> <i>Paget's Disease</i> <i>LOWER COST GENERICS</i> alendronate sodium <i>TIER 2</i> Didronel <i>TIER 3</i> Actonel</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 Problems Medications	Supplements
<p><b>Arthritis</b>  <b>LOWER COST GENERICS</b>                      hydroxychloroquine                      leflunomide                      methotrexate 2.5 mg</p> <p><b>TIER 2</b>                      Cuprimine                      Ridaura</p> <p><b>SPECIALTY DRUGS</b>                      Enbrel                      Humira</p> <p><b>Gout</b>  <b>LOWER COST GENERICS</b>                      allopurinol</p> <p><b>Migraine Headache Therapy</b>  <b>LOWER COST GENERICS</b>                      ibuprofen                      isometheptene/APAP/                      dichloralphenazone                      sumatriptan</p> <p><b>TIER 2</b>                      Cafergot                      Maxalt                      Maxalt-MLT                      Relpax</p> <p><b>Migraine Prevention</b>  <b>LOWER COST GENERICS</b>                      amitriptyline                      divalproex ext. rel.                      propranolol                      propranolol sustained action                      verapamil</p>	<p><b>NSAIDs</b>  <b>LOWER COST GENERICS</b>                      diclofenac sodium delayed-rel                      diflunisal                      etodolac                      ibuprofen                      indomethacin                      meloxicam                      nabumetone                      naproxen                      piroxicam                      sulindac</p> <p><b>TIER 3</b>                      Celebrex</p> <p><b>Narcotics</b>  <b>LOWER COST GENERICS</b>                      butorphanol                      codeine/acetaminophen                      fentanyl transdermal                      patches                      fentanyl lozenges                      hydrocodone/                      acetaminophen                      hydromorphone                      meperidine                      morphine                      morphine ext-rel                      oxycodone/                      acetaminophen                      oxycodone/aspirin                      oxycodone extended release</p> <p><b>TIER 2</b>                      Avinza</p> <p><b>Miscellaneous</b>  <b>LOWER COST GENERICS</b>                      butalbital/acetaminophen                      tramadol/acetaminophen</p> <p><b>TIER 2</b>                      Phrenilin Forte</p> <p><b>Skeletal Muscle Relaxants</b>  <b>Muscle Spasm</b>  <b>LOWER COST GENERICS</b>                      cyclobenzaprine</p> <p><b>TIER 2</b>                      Skelaxin</p> <p><b>Spasticity</b>  <b>LOWER COST GENERICS</b>                      diazepam                      dantrolene</p>	<p><b>Symptomatic Benign Prostatic Hypertrophy</b>  <b>LOWER COST GENERICS</b>                      doxazosin                      finasteride                      terazosin</p> <p><b>TIER 2</b>                      Avodart                      Flomax</p> <p><b>Miscellaneous</b>  <b>LOWER COST GENERICS</b>                      atropine/hyoscyamine/                      methenamine/methylene                      blue/phenylsalicylate/                      benzoic acid                      bethanechol                      oxybutynin                      oxybutynin sustained release</p> <p><b>TIER 2</b>                      Detrol                      Detrol LA                      Elmiron                      Oxytrol</p> <p style="background-color: #0056b3; color: white; text-align: center; padding: 2px;"><b>Smoking Deterrents</b></p> <p><b>Smoking Deterrents</b>  <b>\$5 co-pay</b>                      generic over-the-counter                      nicotine patches                      (requires a prescription)</p> <p><b>LOWER COST GENERICS</b>                      bupropion ext-rel</p> <p><b>TIER 2</b>                      Chantix                      Nicotrol Inhaler                      Nicotrol Nasal Spray</p> <p style="background-color: #0056b3; color: white; text-align: center; padding: 2px;"><b>Weight Loss Agents</b></p> <p><b>Weight Loss Agents</b>  <b>LOWER COST GENERICS</b>                      diethylpropion                      phendimetrazine                      phentermine</p> <p><b>TIER 2</b>                      Meridia                      Xenical</p>	<p><b>Potassium</b>  <b>LOWER COST GENERICS</b>                      potassium chloride                      ext-rel tabs                      potassium chloride liquid</p> <p><b>TIER 2</b>                      K-Lyte/CL                      K-Lyte/CL 50                      K-Lyte DS</p> <p><b>Vitamins and Minerals</b>  <b>LOWER COST GENERICS</b>                      calcitriol (1,25-D<sub>3</sub>)                      generic prenatal vitamins</p> <p><b>TIER 2</b>                      Mephyton</p>

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The information contained in this guide was current at the time of printing and is subject to change without notification. An updated Preferred Drug List is placed on the State Health Plan's web site ([www.shpnc.org](http://www.shpnc.org)) on a quarterly basis. Please consult the web site for the most up to date edition of this list. In some cases, the Plan may have certain coverage limits. 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](http://www.shpnc.org) or call Medco Member Services at 1 800 336-5933.

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