

Cholesterol Medications *			
	A	B	C
Atorvastatin (Generic Lipitor)	\$0	\$0	\$0
Lovastatin (Generic Mevacor)	\$0	\$0	\$0
Simvastatin (Generic Zocor)	\$0	\$0	\$0
Fenofibrate (Generic Antara)	\$15	\$6	\$15
Fluvastatin (Generic Lescol)	\$15	\$6	\$15
Gemfibrozil (Generic Lopid)	\$15	\$6	\$15
Pravastatin (Generic Pravachol)	\$15	\$6	\$15
Rosuvastatin (Generic Crestor)	\$15	\$6	\$15
Ezetimibe (Generic Zetia)	\$30	\$12	\$15
Ezetimibe+Simv (Generic Vytorin)	\$30	\$12	\$15
Livalo	40%	40%	50%

ACE Inhibitor Medications*			
	A	B	C
Benazepril / Benazepril-HCTZ (Generic Lotensin)	\$15	\$6	\$15
Enalapril / Enalapril-HCTZ (Generic Vasotec)	\$15	\$6	\$15
Fosinopril / Fosinopril-HCTZ (Generic Monopril)	\$15	\$6	\$15
Lisinopril / Lisinopril-HCTZ (Generic Zestril)	\$15	\$6	\$15
Moexipril (Generic Univasc)	\$15	\$6	\$15
Moexipril HCTZ (Generic Unrectic)	\$15	\$6	\$15
Quinapril (Generic Accupril)	\$15	\$6	\$15
Quinapril - HCTZ	\$15	\$6	\$15
Ramipril (Generic Altace)	\$15	\$6	\$15
Trandolapril (Generic Mavik)	\$15	\$6	\$15

Angiotensin Receptor Blocker Medications*			
Must first try ACE inhibitor	A	B	C
Candesartan/Candesartan HCTZ* (Generic Atacand/Atacand HCTZ)	\$15	\$6	\$15
Eprosartan/Eprosartan HCTZ* (Generic Tevelen®/Tevelen HCTZ)	\$15	\$6	\$15
Irbesartan/Irbesartan HCTZ* (Generic Avapro / Avalide)	\$15	\$6	\$15
Losartan Potassium / Losartan Potassium/HCTZ* (Generic Cozaar/Cozaar HCTZ)	\$15	\$6	\$15
Olmesartan/Olmesartan HCTZ* (Generic Benicar®/Benicar HCTZ)	\$15	\$6	\$15
Telmisartan/Telmisartan HCTZ* (Generic Micardis®/Micardis HCTZ)	\$15	\$6	\$15
Valsartan/Valsartan HCTZ* (Generic Diovan / Diovan HCT)	\$15	\$6	\$15

Beta Blocker Medications*			
	A	B	C
Atenolol (Generic Tenormin)	\$15	\$6	\$15
Carvedilol (Generic Coreg)	\$15	\$6	\$15
Metoprolol Tartrate (Generic Lopressor)	\$15	\$6	\$15
Propranolol (Generic Inderal, Inderal SR)	\$15	\$6	\$15
Propranolol HCl Oral Soln (Generic Inderal)	\$15	\$6	\$15
Coreg CR®	40%	40%	50%

Diuretic Medication*			
	A	B	C
Hydrochlorothiazide (HCTZ)	\$15	\$6	\$15

Calcium Channel Blocker Medications			
	A	B	C
Diltiazem (Generic Cardizem/Cardizem CD & LA)	\$15	\$6	\$15
Felodipine ER (Generic Plendil)	\$15	\$6	\$15
Isradipine (Generic Dynacirc)	\$15	\$6	\$15
Nifedipine ER (Generic Procardia XL)	\$15	\$6	\$15
Verapamil (Generic Calan)	\$15	\$6	\$15
Verapamil PM (Generic Verlan PM)	\$15	\$6	\$15

Antidepressant Medications			
By law, quantity written must equal quantity dispensed	A	B	C
Citalopram (Generic Celexa)	\$15	\$6	\$15
Citalopram Soln (Generic Celexa)	\$15	\$6	\$15
Duloxetine (Generic Cymbalta®)	\$15	\$6	\$15
Escitalopram (Generic Lexapro)	\$15	\$6	\$15
Escitalopram Oral Soln (Generic Lexapro)	\$15	\$6	\$15
Fluoxetine (Generic Prozac)	\$15	\$6	\$15
Fluoxetine Soln (Generic Prozac)	\$15	\$6	\$15
Paroxetine (Generic Paxil)	\$15	\$6	\$15
Sertraline (Generic Zoloft)	\$15	\$6	\$15
Venlafaxine & Venlafaxine SR (Generic Effexor & Effexor XR)	\$15	\$6	\$15
Amitriptyline (Generic Elavil)	\$30	\$12	\$15
Bupropion / Bupropion SR/Bupropion XL (Generic Wellbutrin)	\$30	\$12	\$15
Desvenlafaxine (Generic Pristiq)	\$30	\$12	\$15
Doxepin (Generic Sinequan)	\$30	\$12	\$15
Fluvoxamine (Generic Luvox)	\$30	\$12	\$15
Imipramine (Generic Tofranil)	\$30	\$12	\$15
Mirtazapine (Generic Remeron)	\$30	\$12	\$15
Nortriptyline (Generic Pamelor)	\$30	\$12	\$15
Trazodone (Generic Desyrel)	\$30	\$12	\$15

Nonsedating Antihistamines			
Requires a prescription for coverage	A	B	C
Desloratadine (Generic Clarinex)	\$30	\$12	\$15

PRENATAL VITAMINS
Subject to availability & product selection

Prenatal Vitamin 2/Iron/Folic Acid	\$15	\$6	\$15
Prenatal Vitamin 14/Iron/Fum/Folic Acid	\$15	\$6	\$15
Prenatal Vitamin 119/FE/FA/Docusate	\$15	\$6	\$15

Health Savings Account Plan (HSA): Copays will apply after deductible is met (exception – reduced copays apply for *Affordable Care Act (ACA)* and *Preventive medications*). For BEST available pricing prior to meeting your deductible, please compare quotes between CarolinaCARE and community retail.[†]

Acid Reducing Medications			
	A	B	C
Famotidine Rx (Generic Pepcid)	\$30	\$12	\$15
Lansoprazole (Prevacid) Caps	\$30	\$12	\$15
Omeprazole (Generic Prilosec)	\$30	\$12	\$15
Pantoprazole (Generic Protonix)	\$30	\$12	\$15
Ranitidine Generic Zantac	\$30	\$12	\$15

Medications for Sleep			
	A	B	C
Estazolam (Generic Prosom)	\$30	\$12	\$15
Eszopiclone (Generic Lunesta)	\$30	\$12	\$15
Temazepam (Generic Restoril)	\$30	\$12	\$15
Zalponem (Generic Sonata)	\$30	\$12	\$15
Zolpidem/Zolpidem CR (Generic Ambien)	\$30	\$12	\$15
Belsomra	40%	40%	50%
Rozeram	40%	40%	50%

	A	B	C
AirDuo RespiClick (GENERIC ONLY)	\$15	\$6	\$15
Anoro Ellipta	\$15	\$6	\$15
Arnuity Ellipta	\$15	\$6	\$15
Atrovent HFA	\$15	\$6	\$15
Breo Ellipta	\$15	\$6	\$15
Budesonide Inhalation Susp (Generic Pulmicort Respule)	\$15	\$6	\$15
Flovent HFA	\$15	\$6	\$15
Incruse Ellipta	\$15	\$6	\$15
ProAir HFA	\$15	\$6	\$15
ProAir RespiClick	\$15	\$6	\$15
Pulmicort Flexhaler	\$15	\$6	\$15
Symbicort HFA	\$15	\$6	\$15
Ventolin HFA	\$15	\$6	\$15
Advair Diskus	\$100	\$40	30%
Advair HFA	\$100	\$40	30%
Combivent Respimat	\$100	\$40	30%
Flovent Diskus	\$100	\$40	30%
Serevent Diskus®	\$100	\$40	30%
Spiriva Handihaler	\$100	\$40	30%
Spiriva Respimat	\$100	\$40	30%
Stiolto Respimat	\$100	\$40	30%
Levalbuterol Neb Solution (generic Xopenex)	\$30	\$12	\$15
Montelukast (generic Singulair)	\$30	\$12	\$15
Omnaris	40%	40%	50%
Veramyst	40%	40%	50%



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Atrium Health
Blue Ridge

2019 Medication Cost Guide

This guide is designed to help you and your healthcare provider select affordable medications to treat your health conditions. Your prescription drug coverage has 5 categories of medications with varying copays:

Affordable Care Act (ACA) Preventive Medications – No copay regardless of deductible phase. Age restrictions and quantity limits apply. One fill at retail, then must use CarolinaCARE

Preventive Maintenance \$15.00/\$6: Blue Ridge Healthcare Health Plan offers certain medications at even lower copays to you. One fill allowed at retail, then must use CarolinaCARE.

Generic Medications \$30/\$15 - Generic medications result in lower copays to you. Any brand name medication for which a generic equivalent is available will be dispensed at full retail price, and paid amount does not count toward deductible.

Preferred Brand Medications – Copays on preferred brand medications at CarolinaCARE - \$100/90 days or \$40/30 days
Community Retail – 30% of the drug cost (coinsurance) Not less than \$40 or more than \$125

Non-preferred Brand Medications - Copays on non-preferred brands are 40% - 50% of the drug cost. (CarolinaCARE: 40% with a \$60 minimum/\$175 maximum for 30 days or \$150 minimum/\$425 maximum for 90 days; Retail pharmacies: 50% with \$75 minimum/\$300 maximum for 30 days).

Use of CarolinaCARE usually results in the lowest cost. Please allow 3-5 business days to process orders.

The Medication Cost Guide is interpreted as follows:

- Column A:** 90 day CarolinaCARE Mail Service Pharmacy
- Column B:** 30 day CarolinaCARE Mail Service Pharmacy
- Column C:** 30 day Community Retail Pharmacy*

*Preventive ACA & Preventive Maintenance medications and supplies must be purchased from CarolinaCARE after one retail fill. For HSA plan, use pharmacy of choice for all other medications until deductible is met.

This list is a partial list of available medications. Refer to the on-line "Get My Rx Price" calculator available at www.carolinacarerx.org.

Applies to benefit year 2019. When a generic equivalent becomes available during the plan year, the generic copay will apply and the brand name will only be dispensed at full retail price

N/Arthritis & Pain Medications			
Quantity limits may apply	A	B	C
Celecoxib (Generic Celebrex)	\$30	\$12	\$15
Codeine / APAP (Generic Tylenol #3)	N/A	\$12	\$15
Fentanyl Citrate (Generic Actiq)	N/A	\$12	\$15
Hydrocodone / APAP (Generic Lortab/Vicodin)	N/A	\$12	\$15
Hydrocodone / Ibuprofen (Generic Vicoprofen)	N/A	\$12	\$15
Hydromorphone (Generic Dilaudid)	N/A	\$12	\$15
Ibuprofen, Naproxen (All other generic NSAIDs prescription strengths)	\$30	\$12	\$15
Ibuprofen/Oxycodone HCL (Generic Combunox)	N/A	\$12	\$15
Leftunomide (Generic Arava)	\$30	\$12	\$15
Meloxicam (Generic Mobic)	\$30	\$12	\$15
Morphine ER / Morphine IR/Morphine SR	N/A	\$12	\$15
Oxycodone / APAP (Generic Tylox/Perocet)	N/A	\$12	\$15
Oxycodone IR (Generic OXIR or Roxicodone)	N/A	\$12	\$15
Oxymorphone HCl (Generic Opana)	N/A	\$12	\$15
Propoxyphene / APAP (Generic Darvocet)	\$30	\$12	\$15
Tramadol / APAP (Generic Ultram/Ultracet)	N/A	\$12	\$15
Oxycontin CR	N/A	\$40	30%
Suboxone	N/A	\$40	30%
Nucynta	N/A	40%	50%
Opana ER	N/A	40%	50%

Thyroid Supplements *			
	A	B	C
Levothyroxine (all strengths)	\$15	\$6	\$15
Levoxyll (all strengths)	\$15	\$6	\$15
Methimazole Tab (generic Tapazole)	\$15	\$6	\$15
Levothroid®	\$100	\$40	30%
Synthroid®	\$100	\$40	30%
Thyrolar®	\$100	\$40	30%
Armour Thyroid	40%	40%	50%
Tirosint®	40%	40%	50%

Diabetes Medications *			
Select diabetes medications & supplies are \$0 or reduced copay with MedCost Diabetes Program	A	B	C
Glipizide, Glipizide ER, Glipizide XL (Generic Glucotrol & Glucotrol ER, Glucotrol XL)	\$15	\$6	\$15
Glyburide + Metformin/Glipizide + Metformin	\$15	\$6	\$15
Insulin - Humalog 75/25 (pens/vials)	\$15	\$6	\$15
Insulin - Humalog Cartridges	\$15	\$6	\$15
Insulin - Humalog, Humalog Mix (pens/vials)	\$15	\$6	\$15
Insulin - Humulin 70/30 (pens/vials)	\$15	\$6	\$15
Insulin - Humulin N (pens/vials)	\$15	\$6	\$15
Insulin - Humulin R pens/vials	\$15	\$6	\$15
Insulin - Lantus (pens & vials)	\$15	\$6	\$15
Insulin - Levemir (pen/vials)	\$15	\$6	\$15
Metformin / Metformin XR (Generic Glucophage/Glucophage XR)	\$15	\$6	\$15
Bydureon/ Byetta	\$100	\$40	30%
Insulin - Humulin R U-500 (pens/vials)	\$100	\$40	30%
Invokana/Invokamet/Invokamet XR	\$100	\$40	30%
Janumet/Janumet XR	\$100	\$40	30%
Januvia	\$100	\$40	30%
Ozempic	\$100	\$40	30%
Synjardy	\$100	\$40	30%
Toujeo	\$100	\$40	30%
Trulicity	\$100	\$40	30%
Victoza	\$100	\$40	30%

Diabetes Supplies *			
NOTE: One meter per benefit year	A	B	C
OneTouch Verio Flex Meter & Strips	\$15	\$6	\$15
OneTouch Delica Lancets & Lancing Device	\$15	\$6	\$15
B-D & Ulticare Insulin Syringes (ALL)	\$15	\$6	\$15
B-D & Ulticare® Pen Tip Needles (ALL)	\$15	\$6	\$15
Glucagon Kit	N/A	\$40	30%
Other Glucose meters	40%	40%	50%
Other Test Strips & Lancets	40%	40%	50%
Other Syringes & Needles	40%	40%	50%

ADHD Medications			
	A	B	C
Amphetamine Salts (Generic Adderall & Adderall XR)	\$30	\$12	\$15
Dextroamphetamine (Generic Dexedrine)	\$30	\$12	\$15
Methylphenidate (Generic Ritalin)	\$30	\$12	\$15
Methylphenidate ER (Generic Concerta & Ritalin LA)	\$30	\$12	\$15
Atomoxetine (Generic Strattera)	\$30	\$12	\$15
Methylph CD ER (Generic Metadate CD)	\$30	\$12	\$15
Vyvanse	\$100	\$40	30%
Daytrana	40%	40%	50%

A 30-day supply of ADHD medications does not require mail order

Anticonvulsant Medications			
	A	B	C
Carbamazepine Tab, Chew Tab, XR & ER (Generic Tegretol)	\$15	\$6	\$15
Carbamazepine Susp 100mg/5ml (Generic Tegretol)	\$15	\$6	\$15
Phenytoin 50mg Tab, Extended Cap, Suspension 125mg/5ml (Generic Dilantin, Dilantin Infatab)	\$15	\$6	\$15
Valproate Sod Syrup (Generic Depakene)	\$15	\$6	\$15
Divalproex (Generic Depakote)	\$30	\$12	\$15
Gabapentin (Generic Neurontin)	\$30	\$12	\$15
Lamotrigine (Generic Lamictal)	\$30	\$12	\$15
Oxcarbazepine (Generic Trileptal)	\$30	\$12	\$15
Zonisamide (Generic Zonegran)	\$30	\$12	\$15
Lyrica	\$100	\$40	30%
Gabitril	40%	40%	50%

Estrogen Products			
	A	B	C
Estradiol Oral Tablets	\$30	\$12	\$15
Estradiol Vaginal Cream	\$30	\$12	\$15
Estropipate Tablets	\$30	\$12	\$15
Norethindrone/Estradiol Tablets	\$30	\$12	\$15
Yuvaferm Vaginal Tablets	\$30	\$12	\$15
Menest	\$100	\$40	30%
Premarin Tablets/Vaginal Cream	\$100	\$40	30%
Prempro/Premphase Tab	\$100	\$40	30%
Estring Vaginal Ring	40%	40%	50%
Estrogel Meter Dose	40%	40%	50%
Evamist Transdermal Spray	40%	40%	50%
Femring Vaginal Ring	40%	40%	50%

Prenatal Vitamins			
	A	B	C
Select Generic Prenatal Vitamins	\$15	\$6	\$15
All Other Generic Prenatal Vitamins	\$30	\$12	\$15
ALL Brand Name Prenatal Vitamins	40%	40%	50%

Brand name prenatal vitamins with generic equivalents will be dispensed at full retail price. For complete list, visit www.carolinacarerx.org

Contraceptive Medications*			
Affordable Care Act (ACA)* & Formulary	A	B	C
Amethia (Generic Seasonique)	\$0	\$0	\$0
Balziva (Generic Ovcon)	\$0	\$0	\$0
Gianvi (Generic Yaz)	\$0	\$0	\$0
Gildess (Generic Loestrin)	\$0	\$0	\$0
Nuvaring	\$0	\$0	\$0
Ocella (Generic Yasmin)	\$0	\$0	\$0
Orsythia (Generic Alesse)	\$0	\$0	\$0
Gildess FE (Generic Loestrin FE)	\$30	\$12	\$15
Zenchant FE Chewable	\$30	\$12	\$15
Natazia	\$100	\$40	30%
Lo Loestrin FE	40%	40%	50%
Taytulla	40%	40%	50%

For complete list, visit www.carolinacarerx.org

Osteoporosis Medications*			
-PA required. Must try a generic agent first.	A	B	C
Alendronate Sod (Generic Fosamax)	\$15	\$6	\$15
Ibandronate Sod (Generic Boniva)	\$15	\$6	\$15
Risedronate (Generic Actonel)	\$30	\$12	\$15
Fosamax D -	40%	40%	50%

Erectile Dysfunction Medications *			
	A	B	C
Sildenafil (generic Viagra)	\$30	\$12	\$15
Tadalafil (generic Cialis)	\$30	\$12	\$15
Muse	40%	40%	50%

Specialty Medications			
Also includes medications for infertility treatment & all oncology agents			
Alfanate	Kineret	Available through CarolinaCARE Pharmacy in a 30-day supply only. Does NOT include Insulin. Copays are 20% of cost with \$125 max. Prior authorization may apply. See CarolinaCARE website for complete listing.	
Avonex	Neupogen		
Cimzia	Orkambi		
Copaxone	Otezla		
Cosyntex	Praluent		
Dupixent	Procrit		
Erelada	Rebif		
Forteo	Simponi		
Genotropin	Tev-tropin		
Humira	Tikosyn		

Smoking Cessation Medications *		
Affordable Care Act (ACA) *	CarolinaCARE	Retail
Bupropion SR (Generic Zyban)	\$0	\$0
Chantix (30 days only per fill)	\$0	\$0
Nicotrol Inhaler (30 days only per fill)	\$0	\$0
Nicotine Gum, Patches, Lozenges (Qty limits & age restrictions apply. Prescription required)	\$0	\$0

Headache Medications		
	B	C
Almotriptan (Generic Axert)	\$12	\$15
Butorphanol (Generic Stadol) Nasal Spray	\$12	\$15
Eletriptan (Generic Relpax)	\$12	\$15
Frovatriptan (generic Frova)	\$12	\$15
Naratriptan (Generic Amerge)	\$12	\$15
Rizatriptan (Generic Maxalt & Maxalt MLT)	\$12	\$15
Sumitriptan (Generic Imitrex)	\$12	\$15
Zolmitriptan (Generic Zomig)*	\$12	\$15

Affordable Care Act (ACA) Preventive Medications*		
Age restrictions & Quantity limits may apply	CarolinaCARE	Retail
Aspirin	\$0	\$0
Bowel Prep Kit	\$0	\$0
Fluoride	\$0	\$0
Folic Acid	\$0	\$0
Tamoxifen	\$0	\$0

Men's Wellness *			
	A	B	C
Tamsulosin HCl Cap (Generic Flomax)	\$15	\$6	\$15

Glaucoma *			
	A	B	C
Brimonidine Opth (Generic Alphagan)	\$15	\$6	\$15
Latanoprost Opth (Generic Xalatan)	\$15	\$6	\$15
Timolol Opth (Generic Timoptic, Timoptic GFS)	\$15	\$6	\$15

Stroke Prevention *			
	A	B	C
Clopidogrel (Generic Plavix)	\$15	\$6	\$15
Warfarin Sodium Tab (Generic Coumadin)	\$15	\$6	\$15

* Refill pharmacy restrictions apply to medications in these select categories when covered under the Affordable Care Act or the Blue Ridge Healthcare Preventive Drug List. **You may fill one time at retail, then must use CarolinaCARE for all other fills of the same medication or product.**

Please Note: All brand name products with generic equivalents are dispensed at full retail price.

When ordering from CarolinaCARE, please allow 3-5 business days for delivery.

*Based on expected cost of medication; subject to change. See plan description for details. For cost, refer to the on-line "Get My Rx Price" calculator available at www.carolinacarerx.org