

2023 UNC-BLUE RIDGE PREVENTIVE DRUG LIST (\$10/\$25 Copay) - ALPHABETICAL by DRUG CATEGORY

You should always check with your prescriber and/or pharmacist to determine if these alternatives are appropriate for your treatment.

DRUG CATEGORY	2023 PREVENTIVE DRUGS (\$10/\$25 Copay)	*ALL BRAND NAME PRODUCTS WITH GENERIC EQUIVALENTS ARE DISPENSED AT FULL RETAIL PRICE UNLESS OTHERWISE NOTED	QTY LIMIT/AGE RESTRICTIONS/LIMITS	COPAY (30 DAY/90 DAY)
BENIGN PROSTATIC HYPERPLASIA	TAMSULOSIN HCL CAP 0.4 MG	FLOMAX*		\$10/\$25
CHOLESTEROL	FLUVASTATIN SODIUM CAP 20 MG	LESCOL*		\$10/\$25
CHOLESTEROL	PRAVASTATIN	PRAVCHOL*		\$10/\$25
CHOLESTEROL	ROSUVASTATIN	CRESTOR*		\$10/\$25
CHOLESTEROL/TRIGLYCERIDES	FENOFIBRATE	ANTARA*		\$10/\$25
CHOLESTEROL/TRIGLYCERIDES	GEMFIBROZIL TAB 600 MG	LOPID*		\$10/\$25
DIABETES	ACARBOSE	PRECOSE*		\$10/\$25
DIABETES	B-D & ULTICARE INSULIN SYRINGES (ALL)	BECTON-DICKSON & ULTICARE BRANDS ONLY		\$10/\$25
DIABETES	B-D & ULTICARE PEN TIP NEEDLES	BECTON-DICKSON & ULTICARE BRAND ONLY		\$10/\$25
DIABETES	CONTOUR@NEXT BLOOD GLUCOSE METER	ASCENSCIA	One meter/year	\$10/\$25
DIABETES	CONTOUR@NEXT TEST STRIPS	ASCENSCIA		\$10/\$25
DIABETES	FREESTYLE LIBRE CONTINUOUS GLUCOSE MONITOR	ABBOTT	One meter/year	\$10/\$25
DIABETES	FREESTYLE LIBRE SENSORS & READERS	ABBOTT		\$10/\$25
DIABETES	GLIMEPIRIDE	AMARYL*		\$10/\$25
DIABETES	GLIPIZIDE	GLUCOTROL*		\$10/\$25
DIABETES	GLIPIZIDE/GLIPIZIDE XL & ER	GLUCOTROL* GLUCOTROL XL*, GLUCOTROL ER*		\$10/\$25
DIABETES	GLIPIZIDE-METFORMIN HCL	METAGLIP*		\$10/\$25
DIABETES	GLYBURIDE/ GLYBURIDE MICRO	DIABETA/GLYNASE*		\$10/\$25
DIABETES	GLYBURIDE-METFORMIN	GLUCOVANCE*		\$10/\$25
DIABETES	INSULIN	HUMALOG (VIALS & KWIKPENS)		\$10/\$25
DIABETES	INSULIN	HUMULIN N,R, 70/30 (VIALS & KWIKPENS)		\$10/\$25
DIABETES	INSULIN	LANTUS (VIALS & SOLOSTAR)		\$10/\$25
DIABETES	INSULIN	LEVEMIR (VIALS & FLEXTOUCH PENS)		\$10/\$25
DIABETES	METFORMIN HCL; METFORMIN XR & SL	GLUCOPHAGE*, GLUCOPHAGE XR & SR*		\$10/\$25
DIABETES	MICROLET LANCETS & LANCING DEVICE	ASCENSCIA		\$10/\$25
DIABETES	MIGLITOL	GLYSET*		\$10/\$25
DIABETES	NATEGLINIDE	STARLIX*		\$10/\$25
DIABETES	PIOGLITAZONE HCL	ACTOS*		\$10/\$25
DIABETES	PIOGLITAZONE HCL-GLIMEPIRIDE	ACTOS*		\$10/\$25
DIABETES	PIOGLITAZONE HCL-METFORMIN HCL	ACTOPLUS MET*		\$10/\$25
DIABETES	REPAGLINIDE	PRANDIN*		\$10/\$25
GLAUCOMA	BRIMONIDINE TARTRATE OPHTH SOLN	ALPHAGAN*		\$10/\$25
GLAUCOMA	LATANOPROST OPHTH SOLN 0.005%	XALATAN*		\$10/\$25
GLAUCOMA	TIMOLOL MALEATE OPHTH GEL FORMING SOLN	TIMOPTIC GFS*		\$10/\$25
GLAUCOMA	TIMOLOL MALEATE OPHTH SOLN	TIMOPTIC*		\$10/\$25
GRAND MAL SEIZURES	CARBAMAZEPINE SUSP 100 MG/5ML	TEGRETOL SUSPENSION*		\$10/\$25
GRAND MAL SEIZURES	CARBAMAZEPINE TAB, CHEW TAB, XR & ER	TEGRETOL*		\$10/\$25
GRAND MAL SEIZURES	PHENYTOIN CHEW TAB 50 MG	DILANTIN INFATAB*		\$10/\$25
GRAND MAL SEIZURES	PHENYTOIN SODIUM EXTENDED CAP	DILANTIN*		\$10/\$25
GRAND MAL SEIZURES	PHENYTOIN SUSP 125 MG/5ML	DILANTIN*		\$10/\$25
GRAND MAL SEIZURES	VALPROATE SODIUM SYRUP 250 MG/5ML (BASE EQUIV)	DEPEKENE*		\$10/\$25
HIGH BLOOD PRESSURE	ACEBUTOLOL HCL	SECTRAL*		\$10/\$25
HIGH BLOOD PRESSURE	ALISKIREN	TEKTURN*		\$10/\$25
HIGH BLOOD PRESSURE	AMILORIDE HCL/ AMILORIDE HCTZ	MIDAMOR* MODURETIC*		\$10/\$25
HIGH BLOOD PRESSURE	AMLODIPINE BESYLATE/AMLODIPINE-BENAZEPRIL	NORVASC*, LOTREL*		\$10/\$25
HIGH BLOOD PRESSURE	ATENOLOL	TENORMIN*		\$10/\$25
HIGH BLOOD PRESSURE	ATENOLOL/CHLORTHALIDONE	TENORETIC*		\$10/\$25

2023 UNC-BLUE RIDGE PREVENTIVE DRUG LIST (\$10/\$25 Copay) - ALPHABETICAL by DRUG CATEGORY

You should always check with your prescriber and/or pharmacist to determine if these alternatives are appropriate for your treatment.

DRUG CATEGORY	2023 PREVENTIVE DRUGS (\$10/\$25 Copay)	*ALL BRAND NAME PRODUCTS WITH GENERIC EQUIVALENTS ARE DISPENSED AT FULL RETAIL PRICE UNLESS OTHERWISE NOTED	QTY LIMIT/AGE RESTRICTIONS/LIMITS	COPAY (30 DAY/90 DAY)
HIGH BLOOD PRESSURE	BENAZEPRIL/ BENAZEPRIL HCTZ	LOTENSIN* LOTENSIN HCTZ*		\$10/\$25
HIGH BLOOD PRESSURE	BETAXOLOL HCL	KERLONE*		\$10/\$25
HIGH BLOOD PRESSURE	BISOPROLOL FUMARATE/ BISOPROLOL HCTZ	CARDICOR* CONGESCOR* ZIAC*		\$10/\$25
HIGH BLOOD PRESSURE	BUMETANIDE	BUMEX*		\$10/\$25
HIGH BLOOD PRESSURE	CANDESARTAN/CANDESARTAN HCTZ	ATACAND*/ATACAND HCTZ		\$10/\$25
HIGH BLOOD PRESSURE	CAPTOPRIL	CAPOTEN*		\$10/\$25
HIGH BLOOD PRESSURE	CARVEDILOL	COREG*		\$10/\$25
HIGH BLOOD PRESSURE	CHLORTHALIDONE	HYGROTON*		\$10/\$25
HIGH BLOOD PRESSURE	CLONIDINE HYDROCHLORIDE	CATAPRES*		\$10/\$25
HIGH BLOOD PRESSURE	DILTIAZEM HCL	CARDIZEM*/ CARDIZEM CD & LA		\$10/\$25
HIGH BLOOD PRESSURE	DOXAZOSIN	CARDURA*		\$10/\$25
HIGH BLOOD PRESSURE	ENALAPRIL/ ENALAPRIL HCTZ	VASOTEC*/VASERETIC*		\$10/\$25
HIGH BLOOD PRESSURE	EPLERENONE	INSPRA*		\$10/\$25
HIGH BLOOD PRESSURE	EPROSARTAN/ EPROSARTAN HCTZ	TEVENTEN*/TEVETEN HCTZ*		\$10/\$25
HIGH BLOOD PRESSURE	ETHACRYNIC ACID	EDECIN*		\$10/\$25
HIGH BLOOD PRESSURE	FELODIPINE ER	PLENDIL*		\$10/\$25
HIGH BLOOD PRESSURE	FOSINOPRIL/FOSINOPRIL HCTZ	MONOPRIL*		\$10/\$25
HIGH BLOOD PRESSURE	FUROSEMIDE	LASIX*		\$10/\$25
HIGH BLOOD PRESSURE	GUANFACINE HCL	INTUNIV*		\$10/\$25
HIGH BLOOD PRESSURE	HYDRALAZINE HCL	APRESOLINE*		\$10/\$25
HIGH BLOOD PRESSURE	HYDROCHLOROTHIAZIDE	MICROZIDE*		\$10/\$25
HIGH BLOOD PRESSURE	INDAPAMIDE	LOZOL*		\$10/\$25
HIGH BLOOD PRESSURE	IRBESARTAN/ IRBESARTAN HCTZ	AVAPRO*/ AVALIDE*		\$10/\$25
HIGH BLOOD PRESSURE	ISRADIPINE	DYNACIRC*		\$10/\$25
HIGH BLOOD PRESSURE	LISINAPRIL & LISINAPRIL HYDROCHLOROTHIAZIDE	PRINIVIL*, ZESTRIL*, ZESTORETIC*		\$10/\$25
HIGH BLOOD PRESSURE	LOSARTAN POTASSIUM & HYDROCHLOROTHIAZIDE TAB	HYZAR*		\$10/\$25
HIGH BLOOD PRESSURE	LOSARTAN POTASSIUM TAB	COZAAR*		\$10/\$25
HIGH BLOOD PRESSURE	METHYLDOPA	ALDOMEET*		\$10/\$25
HIGH BLOOD PRESSURE	METIROSSINE	DEMSER*		\$10/\$25
HIGH BLOOD PRESSURE	METOLAZONE	ZAROXOLYN*		\$10/\$25
HIGH BLOOD PRESSURE	METOPROLOL TARTRATE	LOPRESSOR*		\$10/\$25
HIGH BLOOD PRESSURE	METOPROLOL/ METOPROLOL HCTZ	LOPRESSOR* TOPROL*LOPRESSOR HCTZ*		\$10/\$25
HIGH BLOOD PRESSURE	MOEXIPRIL HCL	UNIVASC*/UNIRETIC*		\$10/\$25
HIGH BLOOD PRESSURE	NADOLOL	CORGARD*		\$10/\$25
HIGH BLOOD PRESSURE	NIFEDIPINE	ADALAT*		\$10/\$25
HIGH BLOOD PRESSURE	NIFEDIPINE, NIFEDIPINE SR	PROCARDIA*, PROCARDIA XL*, ADALAT CC		\$10/\$25
HIGH BLOOD PRESSURE	NIMODIPINE	NIMOTOP*		\$10/\$25
HIGH BLOOD PRESSURE	PERINDOPRIL ERBUMINE	COVERSYL*		\$10/\$25
HIGH BLOOD PRESSURE	PHENOXYBENZAMINE HYDROCHLORIDE	DIBENZYLINE*		\$10/\$25
HIGH BLOOD PRESSURE	PINDOLOL	VISKEN*		\$10/\$25
HIGH BLOOD PRESSURE	PRazosin	MINIPRES*		\$10/\$25
HIGH BLOOD PRESSURE	PROPRANOLOL HCL	INDERAL*		\$10/\$25
HIGH BLOOD PRESSURE	PROPRANOLOL HCL ORAL SOLN	INDERAL* INDERAL SR*		\$10/\$25
HIGH BLOOD PRESSURE	PROPRANOLOL HCL/PROPRANOLOL XL & LA	INDERAL* INDERAL XL &ER*		\$10/\$25
HIGH BLOOD PRESSURE	QUINAPRIL/ QUNIPRIL HCTZ	ACCUPRIL* ACCURETIC*		\$10/\$25
HIGH BLOOD PRESSURE	RAMIPRIL	RAMIPRIL*		\$10/\$25
HIGH BLOOD PRESSURE	SOTALOL HCL	BETAPACE*		\$10/\$25

2023 UNC-BLUE RIDGE PREVENTIVE DRUG LIST (\$10/\$25 Copay) - ALPHABETICAL by DRUG CATEGORY

You should always check with your prescriber and/or pharmacist to determine if these alternatives are appropriate for your treatment.

DRUG CATEGORY	2023 PREVENTIVE DRUGS (\$10/\$25 Copay)	*ALL BRAND NAME PRODUCTS WITH GENERIC EQUIVALENTS ARE DISPENSED AT FULL RETAIL PRICE UNLESS OTHERWISE NOTED	QTY LIMIT/AGE RESTRICTIONS/LIMITS	COPAY (30 DAY/90 DAY)
HIGH BLOOD PRESSURE	SPIRONOLACTONE/SPIRONOLACTONE HCTZ	ALDACTONE* ALDACTAZIDE*		\$10/\$25
HIGH BLOOD PRESSURE	TELMISARTAN/AMLODIPINE	TWYNSTA*		\$10/\$25
HIGH BLOOD PRESSURE	TELMISARTAN/TELMISARTAN HCTZ	MICARDIS*/MICARDIS HCT		\$10/\$25
HIGH BLOOD PRESSURE	TERAZOSIN HCL	HYTRIN*		\$10/\$25
HIGH BLOOD PRESSURE	TIMOLOL MALEATE	BLOCADREN* TIMOL*		\$10/\$25
HIGH BLOOD PRESSURE	TORSEMIDE	DEMADEX*		\$10/\$25
HIGH BLOOD PRESSURE	TRANDOLAPRIL	MAVIK*		\$10/\$25
HIGH BLOOD PRESSURE	TRANDOLAPRIL/VERAPAMIL HCL ER	TARKA*		\$10/\$25
HIGH BLOOD PRESSURE	TRIAMTERENE HCTZ	DYAZIDE*		\$10/\$25
HIGH BLOOD PRESSURE	VALSARTAN/VALSARTAN HCTZ	DIOVAN* DIOVAN HCTZ*		\$10/\$25
HIGH BLOOD PRESSURE	VERAPAMIL HCL	CALAN*/CALAN SR*		\$10/\$25
LUNG FUNCT (COPD & ASTHMA)	ADVAIR DISKUS			\$10/\$25
LUNG FUNCT (COPD & ASTHMA)	ALBUTEROL SULFATE INHAL AERO 108 MCG/ACT (90MCG)	ALBUTEROL HFA Inhaler(Proventil HFA*, Ventolin HFA*, ProAir HFA*)		\$10/\$25
LUNG FUNCT (COPD & ASTHMA)	ARFORMOTEROL TARTRATE	BROVANA*		\$10/\$25
LUNG FUNCT (COPD & ASTHMA)	BUDESONIDE INHAL AERO POWD 90 AND 180 MG/ACT(BREATH ACTIVATED)	PULMICORT FLEXHALER		\$10/\$25
LUNG FUNCT (COPD & ASTHMA)	BUDESONIDE INHALATION SUSP	PULMICORT RESPULES*		\$10/\$25
LUNG FUNCT (COPD & ASTHMA)	BUDESONIDE/FORMOTEROL	SYMBICORT HFA		\$10/\$25
LUNG FUNCT (COPD & ASTHMA)	CROMOLYN SODIUM	GASTROCROM*		\$10/\$25
LUNG FUNCT (COPD & ASTHMA)	FLUTICASONE PROPIONATE	FLOVENT HFA		\$10/\$25
LUNG FUNCT (COPD & ASTHMA)	FLUTICASONE/FUROATE INHALATION POWDER	ARNUITY ELLIPTA		\$10/\$25
LUNG FUNCT (COPD & ASTHMA)	FLUTICASONE/SALMETEROL INHALATION POWDER	AirDuo*		\$10/\$25
LUNG FUNCT (COPD & ASTHMA)	FLUTICASONE/VILANTEROL INHALATION POWDER	BREO ELLIPTA		\$10/\$25
LUNG FUNCT (COPD & ASTHMA)	FORMOTEROL FUMARATE NEB SOLN	PERFORMOMIST*		\$10/\$25
LUNG FUNCT (COPD & ASTHMA)	IPRATROPIUM BROMIDE HFA INHAL AEROSOL 17 MCG/ACT	ATROVENT HFA		\$10/\$25
LUNG FUNCT (COPD & ASTHMA)	IPRATROPIUM IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	ATROVENT* ATROVENT HFA* DUONEB*		\$10/\$25
LUNG FUNCT (COPD & ASTHMA)	LEVALBUTEROL HCL NEBULIZER SOLN	XOPENEX*		\$10/\$25
LUNG FUNCT (COPD & ASTHMA)	MONTELUKAST TABS	SINGULAIR*		\$10/\$25
LUNG FUNCT (COPD & ASTHMA)	TERBUTALINE SULFATE	BRETHAIR*, BRETHINE*		\$10/\$25
LUNG FUNCT (COPD & ASTHMA)	THEOPHYLLINE	THEOBID* UNIPHYL*		\$10/\$25
LUNG FUNCT (COPD & ASTHMA)	UMECLIDINIUM BRM/VILANTEROL TR	ANORO ELLIPTA		\$10/\$25
LUNG FUNCT (COPD & ASTHMA)	UMECLIDINIUM BROMIDE	INCRUSE ELLIPTA		\$10/\$25
LUNG FUNCT (COPD & ASTHMA)	ZAFIRLUKAST	ACCOLATE*		\$10/\$25
MENTAL HEALTH	AMITRIPTYLINE	ELAVIL*		\$10/\$25
MENTAL HEALTH	CITALOPRAM HYDROBROMIDE	CELEXA*	BY LAW, QTY WRITTEN MUST EQUAL QTY DISPD	\$10/\$25
MENTAL HEALTH	CITALOPRAM HYDROBROMIDE ORAL SOLN 10 MG/5ML	CELEXA*	BY LAW, QTY WRITTEN MUST EQUAL QTY DISPD	\$10/\$25
MENTAL HEALTH	DULOXETINE HCL	CYMBALTA*	BY LAW, QTY WRITTEN MUST EQUAL QTY DISPD	\$10/\$25
MENTAL HEALTH	ESCITALOPRAM OXALATE ORAL SOLN 5 MG/5ML (BASE EQUIV)	LEXAPRO*	BY LAW, QTY WRITTEN MUST EQUAL QTY DISPD	\$10/\$25
MENTAL HEALTH	ESCITALOPRAM OXALATE TAB 5 MG	LEXAPRO*	BY LAW, QTY WRITTEN MUST EQUAL QTY DISPD	\$10/\$25
MENTAL HEALTH	FLUOXETINE HCL	PROZAC*	BY LAW, QTY WRITTEN MUST EQUAL QTY DISPD	\$10/\$25
MENTAL HEALTH	FLUOXETINE HCL SOLUTION 20 MG/5ML	PROZAC*	BY LAW, QTY WRITTEN MUST EQUAL QTY DISPD	\$10/\$25
MENTAL HEALTH	PAROXETINE HCL	PAXIL*	BY LAW, QTY WRITTEN MUST EQUAL QTY DISPD	\$10/\$25
MENTAL HEALTH	SERTRALINE HCL	ZOLOFT*	BY LAW, QTY WRITTEN MUST EQUAL QTY DISPD	\$10/\$25
MENTAL HEALTH	VENLAFAXINE HCL; VENLAFAXINE HCL SR	EFFEXOR*, EFFEXOR XR*	BY LAW, QTY WRITTEN MUST EQUAL QTY DISPD	\$10/\$25
OSTEOPOROSIS	ALENDRONATE SODIUM	FOSAMAX*		\$10/\$25
OSTEOPOROSIS	IBANDRONATE SODIUM	BONIVA*		\$10/\$25
PRENATAL VITAMINS	PRENATAL VITAMIN 2/IRON/FOLIC ACID	COMPLETE NATAL DHA*	Product selection based on availability	\$10/\$25
PRENATAL VITAMINS	PRENATAL VITAMIN 14/IRON FUM/FOLIC ACID	COMPLETENATE CHEW TAB	Product selection based on availability	\$10/\$25

2023 UNC-BLUE RIDGE PREVENTIVE DRUG LIST (\$10/\$25 Copay) - ALPHABETICAL by DRUG CATEGORY

You should always check with your prescriber and/or pharmacist to determine if these alternatives are appropriate for your treatment.

DRUG CATEGORY	2023 PREVENTIVE DRUGS (\$10/\$25 Copay)	*ALL BRAND NAME PRODUCTS WITH GENERIC EQUIVALENTS ARE DISPENSED AT FULL RETAIL PRICE UNLESS OTHERWISE NOTED	QTY LIMIT/AGE RESTRICTIONS/LIMITS	COPAY (30 DAY/90 DAY)
PRENATAL VITAMINS	PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG	PREPLUS TAB 27-1MG	Product selection based on availability	\$10/\$25
PRENATAL VITAMINS	PRENATAL VITAMIN 119/IRON FUM/FOLIC ACID/DOCUSATE	SE-NATAL 19 TAB	Product selection based on availability	\$10/\$25
STROKE PREVENTION	CLOPIDOGREL BISULFATE	PLAVIX*		\$10/\$25
STROKE PREVENTION	WARFARIN SODIUM	COUMADIN*		\$10/\$25
THYROID	LEVOTHYROXINE SODIUM (ALL STRENGTHS)	LEVOTHROID*, LEVOXYL* SYNTHROID*		\$10/\$25
THYROID	METHIMAZOLE	TAPAZOLE*		\$10/\$25
Revised: 10/04/2022				