

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)	\$12	\$4	\$15
Fluvastatin (Generic Lescol)	\$12	\$4	\$15
Gemfibrozil (Generic Lopid)	\$12	\$4	\$15
Pravastatin (Generic Pravachol)	\$12	\$4	\$15
Rosuvastatin (Generic Crestor)	\$12	\$4	\$15
Ezetimibe (Generic Zetia)	\$25	\$10	\$15
Ezetimibe+Simv (Generic Vytorin)	\$25	\$10	\$15
Livalo	40%	40%	50%

ACE Inhibitor Medications *			
	A	B	C
Benazepril / Benazepril-HCTZ (Generic Lotensin)	\$12	\$4	\$15
Enalapril / Enalapril-HCTZ (Generic Vasotec)	\$12	\$4	\$15
Fosinopril / Fosinopril-HCTZ (Generic Monopril)	\$12	\$4	\$15
Lisinopril / Lisinopril-HCTZ (Generic Zestril)	\$12	\$4	\$15
Moexipril (Generic Univasc)	\$12	\$4	\$15
Moexipril HCTZ (Generic Unrectic)	\$12	\$4	\$15
Quinapril (Generic Accupril)	\$12	\$4	\$15
Quinapril – HCTZ	\$12	\$4	\$15
Ramipril (Generic Altace)	\$12	\$4	\$15
Trandolapril (Generic Mavik)	\$12	\$4	\$15

Angiotensin Receptor Blocker Medications *			
Must first try ACE inhibitor	A	B	C
Candesartan/Candesartan HCTZ* (Generic Atacand/Atacand HCTZ)	\$12	\$4	\$15
Eprosartan/Eprosartan HCTZ* (Generic Teveten®/Teveten HCTZ)	\$12	\$4	\$15
Irbesartan/Irbesartan HCTZ* (Generic Avapro / Avalide)	\$12	\$4	\$15
Losartan Potassium / Losartan Potassium/HCTZ* (Generic Cozaar/Cozaar HCTZ)	\$12	\$4	\$15
Olmesartan/Olmesartan HCTZ* (Generic Benicar®/Benicar HCTZ)	\$12	\$4	\$15
Telmisartan/Telmisartan HCTZ* (Generic Micardis/Micardis HCTZ)	\$12	\$4	\$15
Valsartan/Valsartan HCTZ* (Generic Diovan / Diovan HCT)	\$12	\$4	\$15

Beta Blocker Medications *			
	A	B	C
Atenolol (Generic Tenormin)	\$12	\$4	\$15
Carvedilol (Generic Coreg)	\$12	\$4	\$15
Metoprolol Tartrate (Generic Lopressor)	\$12	\$4	\$15
Propranolol (Generic Inderal, Inderal SR)	\$12	\$4	\$15
Propranolol HCl Oral Soln (Generic Inderal)	\$12	\$4	\$15
Coreg CR®	40%	40%	50%

Diuretic Medication *			
	A	B	C
Hydrochlorothiazide (HCTZ)	\$12	\$4	\$15

Calcium Channel Blocker Medications			
	A	B	C
Diltiazem (Generic Cardizem/Cardizem CD & LA)	\$12	\$4	\$15
Felodipine ER (Generic Plendil)	\$12	\$4	\$15
Isradipine (Generic Dynacirc)	\$12	\$4	\$15
Nifedipine ER (Generic Procardia XL)	\$12	\$4	\$15
Verapamil (Generic Calan)	\$12	\$4	\$15
Verapamil PM (Generic Verlan PM)	\$12	\$4	\$15

Antidepressant Medications *			
By law, quantity written must equal quantity dispensed	A	B	C
Citalopram (Generic Celexa)	\$12	\$4	\$15
Citalopram Soln (Generic Celexa)	\$12	\$4	\$15
Duloxetine (Generic Cymbalta®)	\$12	\$4	\$15
Escitalopram (Generic Lexapro)	\$12	\$4	\$15
Escitalopram Oral Soln (Generic Lexapro)	\$12	\$4	\$15
Fluoxetine (Generic Prozac)	\$12	\$4	\$15
Fluoxetine Soln (Generic Prozac)	\$12	\$4	\$15
Paroxetine (Generic Paxil)	\$12	\$4	\$15
Sertraline (Generic Zoloft)	\$12	\$4	\$15
Venlafaxine & Venlafaxine SR (Generic Effexor & Effexor XR)	\$12	\$4	\$15
Amitriptyline (Generic Elavil)	\$25	\$10	\$15
Bupropion / Bupropion SR/Bupropion XL (Generic Wellbutrin)	\$25	\$10	\$15
Desvenlafaxine (Generic Pristiq)	\$25	\$10	\$15
Doxepin (Generic Sinequan)	\$25	\$10	\$15
Fluvoxamine (Generic Luvox)	\$25	\$10	\$15
Imipramine (Generic Tofranil)	\$25	\$10	\$15
Mirtazapine (Generic Remeron)	\$25	\$10	\$15
Nortriptyline (Generic Pamelor)	\$25	\$10	\$15
Trazodone (Generic Desyrel)	\$25	\$10	\$15

Nonsedating Antihistamines			
	A	B	C
Cetirizine Syrup (Generic Zyrtec) must have physician's prescription	\$25	\$10	\$15
Desloratadine (Generic Clarinex®)	\$25	\$10	\$15
Loratadine (chewable tablets not included) (Generic Claritin) must have physician's prescription	\$25	\$10	\$15
Levocetirizine (Generic Xyzal)	\$25	\$10	\$15
Montelukast (Generic Singular®)	\$25	\$10	\$15

Consumer Directed Health Plan: Copays will apply after deductible is met (exception – reduced copays available 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
Esomeprazole (generic Nexium®)	\$25	\$10	\$15
Famotidine Rx (Generic Pepcid)	\$25	\$10	\$15
Lansoprazole (Prevacid) Caps	\$25	\$10	\$15
Omeprazole (Generic Prilosec)	\$25	\$10	\$15
Pantoprazole (Generic Protonix)	\$25	\$10	\$15
Ranitidine 300mg (Generic Zantac)	\$25	\$10	\$15

Medications for Sleep			
	A	B	C
Estazolam (Generic Prosom)	\$25	\$10	\$15
Eszopiclone (Generic Lunesta®)	\$25	\$10	\$15
Temazepam (Generic Restoril)	\$25	\$10	\$15
Zalpelon (Generic Sonata)	\$25	\$10	\$15
Zolpidem/Zolpidem CR(Generic Ambien)	\$25	\$10	\$15
Rozerem®	40%	40%	50%

Respiratory Medications *			
	A	B	C
AirDuo RespiClick (GENERIC ONLY)	\$12	\$4	\$15
Anoro Ellipta	\$12	\$4	\$15
Arnuity Ellipta	\$12	\$4	\$15
Atrovent HFA	\$12	\$4	\$15
Breo Ellipta	\$12	\$4	\$15
Budesonide Inhalation Susp (Generic Pulmicort Respule)	\$12	\$4	\$15
Flovent HFA	\$12	\$4	\$15
Incruse Ellipta	\$12	\$4	\$15
ProAir HFA Inhaler	\$12	\$4	\$15
ProAir RespiClick	\$12	\$4	\$15
Pulmicort Flexhaler	\$12	\$4	\$15
Symbicort HFA Inhaler	\$12	\$4	\$15
Ventolin HFA Inhaler	\$12	\$4	\$15
Levalbuterol Neb Solution (Generic Xopenex)	\$25	\$10	\$15
Advair Diskus	\$85	\$35	30%
Advair HFA	\$85	\$35	30%
Combivent Respimat	\$85	\$35	30%
Flovent Diskus	\$85	\$35	30%
Serevent Diskus	\$85	\$35	30%
Spiriva Handihaler	\$85	\$35	30%
Spiriva Respimat	\$85	\$35	30%
Stiolto Respimat	\$85	\$35	30%
Omnaris	40%	40%	50%
Veramyst	40%	40%	50%



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Atrium Health

2018 LiveWELL Health Plan 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 AFTER DEDUCTIBLE IS MET*:

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

Preventive Maintenance \$4.00/\$12.00: CHS LiveWELL Health Plan offers certain medications at even lower copays to you, regardless of deductible phase*. One fill allowed at retail, then must use CarolinaCARE.

Generic Medications - 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 after deductible phase:

- CarolinaCARE/CMC Rx - \$35/30 days or \$85/90 days
- Community Retail – 30% of the drug cost (coinsurance) Not less than \$35 or more than \$100

Non-preferred Brand Medications - Copays on non-preferred brands after deductible phase: 40% - 50% of the drug cost (CarolinaCARE: 40% with a \$50 minimum/\$150 maximum for 30 days or \$125 minimum/\$375 maximum for 90 days; Retail pharmacies: 50% with \$60 minimum/\$250 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 Rx Mail Service Pharmacy
Column B: 30 day CarolinaCARE Rx Mail Service Pharmacy/Atrium Health RX
Column C: 30 day Community Retail Pharmacy*

* Preventive ACA & CHS Preventive Maintenance medications and supplies must be purchased from CarolinaCARE after one fill at retail. Use pharmacy of choice for all other medications until deductible is met. CarolinaCARE can dispense a 30 or 90 day supply.

This 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 2018. 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.

Arthritis & Pain Medications			
Quantity limits may apply	A	B	C
Celecoxib (Generic Celebrex®)	\$25	\$10	\$15
Codeine/APAP (Generic Tylenol #3)	\$25	\$10	\$15
Fentanyl (Generic Duragesic, Actiq)	\$25	\$10	\$15
Hydrocodone / APAP (Generic Lortab/Vicodin)	\$25	\$10	\$15
Hydrocodone / Ibuprofen (Generic Vicoprofen)	\$25	\$10	\$15
Hydromorphone (Generic Dilaudid)	\$25	\$10	\$15
Ibuprofen, Naproxen (All other generic prescription strengths)	\$25	\$10	\$15
Ibuprofen/Oxycodone HCL(Generic Combunox)	\$25	\$10	\$15
Leftunomide (Generic Arava)	\$25	\$10	\$15
Meloxicam (Generic Mobic)	\$25	\$10	\$15
Morphine ER / Morphine IR/Morphine SR	\$25	\$10	\$15
Oxycodone / APAP (Generic Tylox/Percoctet)	\$25	\$10	\$15
Oxycodone IR (Generic OXIR or Roxicodone)	\$25	\$10	\$15
Oxymorphone HCl (Generic Opana)	\$25	\$10	\$15
Propoxyphene / APAP (Generic Darvocet)	\$25	\$10	\$15
Tramadol / APAP (Generic Ultram/Ultracet)	\$25	\$10	\$15
Oxycontin CR	\$85	\$35	30%
Suboxone	\$85	\$35	30%
Nucynta	40%	40%	50%
Opana ER	40%	40%	50%

Thyroid Supplements *			
	A	B	C
Levothyroxine (all strengths)	\$12	\$4	\$15
Levoxyl (all strengths)	\$12	\$4	\$15
Methimazole Tab (generic Tapazole)	\$12	\$4	\$15
Armour Thyroid®	\$85	\$35	30%
Levothroid®	\$85	\$35	30%
Synthroid®	\$85	\$35	30%
Thyrolar®	\$85	\$35	30%
Tirosint®	40%	40%	50%

Diabetes Medications *			
	A	B	C
Glipizide, Glipizide ER, Glipizide XL (Generic Glucotrol & Glucotrol ER, Glucotrol XL)	\$12	\$4	\$15
Glyburide + Metformin/Glipizide + Metformin	\$12	\$4	\$15
Insulin - Humalog, Humalog Mix (pens/vials)			
Insulin - Humulin 70/30 pens/vials	\$12	\$4	\$15
Insulin - Humulin N (pens/vials)	\$12	\$4	\$15
Insulin - Humulin R (pen/vials)	\$12	\$4	\$15
Insulin - Lantus (pens & vials)	\$12	\$4	\$15
Insulin - Levemir (pens & vials)	\$12	\$4	\$15
Metformin / Metformin XR (Generic Glucophage/Glucophage XR)	\$12	\$4	\$15
Bydureon/Byetta	\$85	\$35	30%
Insulin - Humulin R U-500 (pens/vials)	\$85	\$35	30%
Invokana/Invokamet/Invokamet XR	\$85	\$35	30%
Janumet/Janumet XR	\$85	\$35	30%
Januvia	\$85	\$35	30%
Jardiance	\$85	\$35	30%
Jentadueto/Jentadueto XR	\$85	\$35	30%
Synjardy	\$85	\$35	30%
Toujeo	\$85	\$35	30%
Tradjenta	\$85	\$35	30%
Tresiba	\$85	\$35	30%
Trulicity	\$85	\$35	30%
Victoza	\$85	\$35	30%

Diabetes Supplies *			
NOTE: One meter per benefit year			
OneTouch Verio Flex Meter & Test Strips	\$12	\$4	\$15
OneTouch Delica Lancets & Lancing Device	\$12	\$4	\$15
B-D® & Ulticare Insulin Syringes (ALL)	\$12	\$4	\$15
B-D® & Ulticare Pen Tip Needles (ALL)	\$12	\$4	\$15
Glucagon Kit		\$35	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)	\$25	\$10	\$15
Atomoxetine (Generic Strattera)	\$25	\$10	\$15
Dextroamphetamine (Generic Dexedrine)	\$25	\$10	\$15
Methylph CD ER (Generic Metadate CD)	\$25	\$10	\$15
Methylphenidate (Generic Ritalin)	\$25	\$10	\$15
Methylphenidate ER (Generic Concerta & Ritalin LA)	\$25	\$10	\$15
Daytrana®	40%	40%	50%
Vyvanse	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)	\$12	\$4	\$15
Carbamazepine Susp 100mg/5ml (Generic Tegretol)	\$12	\$4	\$15
Phenytoin 50mg Tab, Extended Cap, Suspension 125mg/5ml (Generic Dilantin, Dilantin Infatab)	\$12	\$4	\$15
Valproate Sod Syrup (Generic Depakene)	\$12	\$4	\$15
Divalproex (Generic Depakote)	\$25	\$10	\$15
Gabapentin (Generic Neurontin)	\$25	\$10	\$15
Lamotrigine (Generic Lamictal)	\$25	\$10	\$15
Oxcarbazepine (Generic Trileptal)	\$25	\$10	\$15
Zonisamide (Generic Zonegran)	\$25	\$10	\$15
Gabitril	\$85	\$35	30%
Lyrica	40%	40%	50%

Estrogen Products			
	A	B	C
Estradiol Oral	\$25	\$10	\$15
Estradiol/Norethin (Generic Activella®)	\$25	\$10	\$15
Estrogen/methyltest (Generic Estratest)	\$25	\$10	\$15
Estropipate	\$25	\$10	\$15
Alora Patch	\$85	\$35	30%
Estrace Vaginal Cream	\$85	\$35	30%
Estrojel	\$85	\$35	30%
Estring	\$85	\$35	30%
Menest	\$85	\$35	30%
Premarin® tablets	\$85	\$35	30%
PremPro / PremPhase	\$85	\$35	30%

Prenatal Vitamins*			
	A	B	C
Select Generic Prenatal Vitamins	\$12	\$4	\$15
All Other Generic Prenatal Vitamins	\$25	\$10	\$15
ALL Brand Name Prenatal Vitamin**	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
Nuvaring	\$0	\$0	\$0
Ocella (Generic Yasmin)	\$0	\$0	\$0
Orsythia (Generic Alesse)	\$0	\$0	\$0
Gildess 24 FE (Generic Loestrin 24 FE)	\$25	\$10	\$15
Zenchant FE Chewable	\$25	\$10	\$15
Natazia	\$85	\$35	30%
Safyral	40%	40%	50%
Taytulla	40%	40%	50%
For complete list, visit www.carolinacarerx.org			

Osteoporosis Medications *			
	A	B	C
PA required. Must try a generic agent first.			
Alendronate Sod (Generic Fosamax)	\$12	\$4	\$15
Ibandronate Sod (Generic Boniva)	\$12	\$4	\$15
Actonel®*	\$85	\$35	30%
Fosamax D	40%	40%	50%

Erectile Dysfunction Medications *			
	A	B	C
Viagra®	\$85	\$35	30%
Cialis®	40%	40%	50%
Levitra®	40%	40%	50%
Muse®	40%	40%	50%

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

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

Headache Medications		
	B	C
Almotriptan (Generic Axert®)	\$35	30%
Butorphanol (Generic Stadol) Nasal Spray	\$10	\$15
Naratriptan (Generic Amerge®)	\$10	\$15
Rizatriptan (Generic Maxalt & Maxalt MLT)	\$10	\$15
Sumatriptan (Generic Imitrex)	\$10	\$15
Zolmitriptan (Generic Zomig®)*	\$10	\$15
Frova®	\$35	30%
Relpax®	\$35	30%

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

Men's Wellness *			
	A	B	C
Tamsulosin HCl Cap (Generic Flomax)	\$12	\$4	\$15

Glaucoma *			
	A	B	C
Brimonidine Opth (Generic Alphagan)	\$12	\$4	\$15
Latanoprost Opth (Generic Xalatan)	\$12	\$4	\$15
Timolol Opth (Generic Timoptic, Timoptic GFS)	\$12	\$4	\$15

Stroke Prevention *			
	A	B	C
Clopidogrel (Generic Plavix)	\$12	\$4	\$15
Warfarin Sodium Tab (Generic Coumadin)	\$12	\$4	\$15

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

All brand name products with generic equivalents are dispensed at full retail price & do not count toward deductible.

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