



NALC Health Benefit Plan High Option

2017 Prescription Benefits Overview



This booklet is a summary of some of the features of the NALC Health Benefit Plan High Option. Detailed information on the benefits for the 2017 NALC Health Benefit Plan High Option can be found in the official brochure. Before making a final decision, please read the Plan's officially approved brochure (RI 71-009). All benefits are subject to the definitions, limitations, and exclusions set forth in the official brochure.

Dear Plan Member,

Welcome to the NALC Health Benefit Plan High Option Plan. This booklet contains an overview of your prescription drug benefit which is administered by CVS/caremark. Be sure to take your ID card to your local NALC CareSelect pharmacy when you get a prescription filled for the first time. Use the ID number on your Health Insurance/Prescription Drug ID card to register at www.caremark.com, where you can order refills, check drug costs and coverage, print claim forms and more.

Here are some tips to help you save money on your prescriptions:

1. Ask for generics first. Generic drugs can cost up to 80% less than brand name drugs.
2. Remember the NALC Health Benefit Plan Formulary Drug List. If a generic isn't available, ask your doctor to prescribe a drug on your plan's formulary drug list, if appropriate.
3. Order 90-day supplies of long-term medications to save money. You can either sign up for CVS/caremark Mail Service to enjoy the convenience of having your medication shipped directly to you at no additional cost or visit your local CVS Pharmacy to obtain a 90-day supply through our Maintenance Choice Program.
4. Fill short-term prescriptions at a network pharmacy. You will pay more for short-term (30 days or less) prescriptions that are not filled at an NALC CareSelect Network pharmacy.

This booklet provides a summary of your prescription benefits and information that will help you get the most from your prescription drug benefits. If you have questions about your prescription drug coverage, please call CVS/caremark Customer Care at 800-933-NALC (6252), 7 days-a-week, 24 hours-a-day.

Sincerely,



Brian Hellman
Director

Retail coinsurance amounts shown are applicable for one fill/one refill of (up to) a 30-day supply of your medication purchased at a participating pharmacy in the NALC CareSelect network.

Your 2017 Drug Cost-Share When NALC is Primary

Generic Drug*:		You Pay:
Network Retail	up to 30 day supply	20% of Plan allowance
Mail Order	up to 60 day supply	\$8
Mail Order	61-90 day supply	\$12
Formulary Brand Drug:		You Pay:
Network Retail	up to 30 day supply	30% of Plan allowance
Mail Order	up to 60 day supply	\$43
Mail Order	61-90 day supply	\$65
Non-Formulary Brand Drug:		You Pay:
Network Retail	up to 30 day supply	45% of Plan allowance
Mail Order	up to 60 day supply	\$58
Mail Order	61-90 day supply	\$80
Specialty Drugs** (Available only through CVS/specialty™ Pharmacy Mail Order):		You Pay:
Mail Order	up to 30 day supply	\$150
Mail Order	31-60 day supply	\$250
Mail Order	61-90 day supply	\$350

Your 2017 Drug Cost-Share When Medicare Part B is Primary

Generic Drug*:		You Pay:
Network Retail	up to 30 day supply	10% of Plan allowance
Mail Order	up to 60 day supply	\$4
Mail Order	61-90 day supply	\$6
Formulary Brand Drug:		You Pay:
Network Retail	up to 30 day supply	20% of Plan allowance
Mail Order	up to 60 day supply	\$37
Mail Order	61-90 day supply	\$55
Non-Formulary Brand Drug:		You Pay:
Network Retail	up to 30 day supply	30% of Plan allowance
Mail Order	up to 60 day supply	\$52
Mail Order	61-90 day supply	\$70
Specialty Drugs** (Available only through CVS/specialty™ Pharmacy Mail Order):		You Pay:
Mail Order	up to 30 day supply	\$150
Mail Order	31-60 day supply	\$250
Mail Order	61-90 day supply	\$350

*Generic drug coverage shown above for those generic drugs not available at a reduced cost as listed on our NALCSelect, NALCPreferred, or NALCSenior Generic Drug Lists.

**All specialty drugs require prior authorization. Specialty drugs, including biotech, biological, biopharmaceutical, and oral chemotherapy drugs are generally defined as high-cost prescription drugs that treat complex conditions and require special handling and administration and can cost thousands of dollars for a single dose. NALC's Advanced Control Specialty Formulary utilizes step therapy for certain specialty medications. Our Advanced Control Specialty Formulary focuses on biologic therapy classes that have multiple products with prescribing interchangeability based on safety and clinical efficacy. Examples include, but are not limited to, myelogenous leukemia (AML) cancer, Crohn's disease, cystic fibrosis, growth hormone disorder, hemophilia, hepatitis C, HIV, immune deficiencies, multiple sclerosis, osteoarthritis, psoriasis and rheumatoid arthritis. Step therapy uses evidence-based protocols that require the use of a preferred drug(s) before non-preferred specialty drugs are covered. Call CVS/specialty™ Pharmacy Services at 800-237-2767 to obtain prior approval.

NALC Health Benefit Plan Formulary Drug List

We use a formulary called the NALC Health Benefit Plan Formulary Drug List. Our formulary is a list of prescription drugs, both generic and name brand, that provide a safe, effective, and affordable alternative to other generic and brand name drugs that are available and have a higher cost-share. Our formulary is open and voluntary. The Plan's formulary is updated quarterly and lists commonly prescribed brand name and generic drugs. Please keep in mind it is not an all-inclusive list. Always call CVS/caremark at 800-933-NALC (6252) to verify your cost for any drug. This list represents brand name drugs in ALL CAPS and generic products in lower case italics.

When there is no generic available, there may be more than one brand name medication to treat a condition. The brand name drugs listed on the formulary list identify products that are considered to be clinically appropriate and cost effective. When a brand name drug is required, your out-of-pocket cost will be less when you use a drug on the NALC Health Benefit Plan Formulary Drug List. Please note that the drugs listed on the NALC Health Benefit Plan Formulary Drug List may change. Please call CVS/caremark at 800-933-NALC (6252) to verify your cost-share for any drug.

Why use Generics?

Generic drugs have the same active ingredients and are available in the same strength and dosage as the equivalent brand name drug. Before a generic can be labeled as equivalent to the brand name drug, it must meet stringent standards set by the Food and Drug Administration (FDA). Generic drugs provide the same therapeutic effects as their brand name equivalents.

Talk to your doctor or pharmacist about whether generic drugs are available for any brand name drugs you are currently being prescribed. The use of generic drugs adds value to your health care dollars. Based on average ingredient cost, generics can save as much as 80% over their brand name counterparts. This means you pay much less for generic drugs.

Catastrophic Out-of-Pocket Protection

Coinsurance amounts you pay for prescription drugs dispensed by an NALC CareSelect Network pharmacy and mail order copayment amounts count toward an individual \$3,100 per person or \$4,000 family annual prescription drug out-of-pocket maximum. When you have met this out-of-pocket maximum, network retail coinsurance amounts, specialty drug mail order copayment amounts, and mail order copayments are waived for the remainder of the calendar year.

Dispensing Limitations

There are dispensing limitations for prescriptions purchased locally at NALC CareSelect pharmacies. You may obtain up to a 30-day fill and one refill of medication. We will waive the one 30-day fill and one refill limitation at retail for patients confined to a nursing home, patients who are in the process of

having their medication regulated , or when state law prohibits the medication from being dispensed in a quantity greater than 30-days. Call the Plan at 888-636-NALC (6252) to have additional refills at a network pharmacy authorized.

If you purchase more than two fills of a maintenance medication (limited to a 30-day supply) at a network pharmacy without prior Plan authorization, you will need to pay the full cost of the additional refills and file a paper claim to receive a 55% reimbursement. You will pay the difference in cost between the brand name drug and generic if you receive a brand name drug when a federally approved generic drug is available, and your physician has not specified “Dispense as Written” for the brand name drug.

Prior Authorization for Drugs

The NALC Health Benefit Plan currently requires prior authorization for specialty and compound drugs. However, effective January 1, 2017, prior authorization and quantity/duration limits will be implemented for anti-narcolepsy and certain analgesic/opioid medications. This measure will ensure safe and clinically appropriate controlled substance medication therapy for our members. Please call CVS/caremark at 800-933-NALC (6252) for prior authorization and information on prior authorization requirements.

Frequently Asked Questions

What is a 4-Tier Prescription Drug Program?

All covered prescription drugs fall into one of four tiers. The tiers represent the level of cost you will pay.

Tier 1 – Generic drugs. Your out-of-pocket costs are lowest when your doctor prescribes and you use generics.

Tier 2 – Formulary brand name drugs. If there is no generic medication available that is clinically appropriate for you treatment, ask your physician to prescribe a brand name drug on our Formulary Drug List. Your out-of-pocket costs are lower for brand name drugs that appear on our formulary.

Tier 3 – Non-formulary brand name drugs. Your out-of-pocket costs are higher for brand name drugs that do not appear on our formulary.

Tier 4 – Specialty drugs. You must purchase Specialty drugs through CVS/ specialty™ Pharmacy Services. All specialty drugs require prior authorization. Specialty drugs generally include, but may not be limited to, drugs and biologics that may be complex to manufacture, can have routes of administration more challenging to administer, may have special handling requirements, may require special patient monitoring and may have special programs mandated by the FDA to control and monitor their use. These drugs are typically used to treat chronic, serious, or life-threatening conditions. Examples of such conditions include, but are not limited to, myelogenous leukemia (AML), cancer, Crohn’s disease, cystic

fibrosis, growth hormone disorder, hemophilia, hepatitis C, HIV, immune deficiencies, multiple sclerosis, osteoarthritis, psoriasis and rheumatoid arthritis. Our benefit includes the Advanced Control Specialty Formulary that includes a step therapy program and uses evidence-based protocols that require the use of a preferred drug(s) before non-preferred specialty drugs are covered. The Advanced Control Specialty Formulary is designed as a specialty drug formulary that includes generics and clinically effective brands as determined through clinical evidence. The therapy classes chosen for the Advanced Control Specialty Formulary have multiple specialty drugs available that are considered therapeutically equivalent, thus providing the opportunity to utilize the lowest cost drug(s). Step therapy uses evidence-based protocols that require the use of a preferred drug(s) before non-preferred specialty drugs are covered. Categories, therapies and tiering changes could be updated every quarter and added to the formulary. Refer to the Advanced Control Specialty Formulary drug list for more information about the drugs and classes or call CVS/specialty™ Pharmacy Services at 800-237-2767. You may visit our website www.nalchbp.org to view the most current list of specialty drugs that may require step therapy.

Why isn't my brand name drug on the NALC HBP Formulary Drug List?

The NALC Health Benefit Plan Formulary is a list of commonly prescribed drugs identified by the CVS/caremark team of physicians and pharmacists (Pharmacy and Therapeutics Committee) to be the best overall value based on quality, safety, effectiveness, and cost. Drugs determined to be of equal therapeutic value and similar safety and efficacy are then evaluated on the basis of cost. Using lower cost formulary brand drugs provides you with a high quality, cost-effective prescription drug benefit.

Does the NALC Health Benefit Plan Formulary list all brand drugs available for the Tier 2 benefit level?

No, our formulary is a list of commonly prescribed brand name drugs and is updated quarterly. It is not an all-inclusive list and you should always call CVS/caremark at 800-933-NALC (6252) to verify your cost-share for any drug.

Does the NALC Health Benefit Plan Formulary ever change?

Yes, our formulary is subject to review and modifications throughout the year. Brand drugs may be added to, or removed from, the formulary for many reasons, such as:

- Many brand name medications lose their patents and generic versions become available.
- The FDA approves many new drugs throughout the year. These brand name drugs may be added to our formulary and may replace other medications currently listed.
- Medications may be withdrawn from the market or become available without a prescription.

NALC CareSelect Pharmacies

There are more than 68,500 participating NALC Network pharmacies, including major chain pharmacies and affiliated groups of independent community pharmacies, that accept your prescription benefit ID card. Please keep in mind that there are dispensing limitations for prescriptions purchased at local participating pharmacies. You may obtain up to a 30-day fill plus one refill of your covered medication at a local participating pharmacy. If your medication becomes maintenance, you can continue to fill up to a 90-day supply through our Maintenance Choice Program at your local participating CVS Pharmacy, paying the Mail Order Program copayment.

Pharmacies that participate in the NALC CareSelect networks are subject to change. Please call CVS/caremark at 800-933-NALC (6252) to verify a pharmacy's participation.

NALCSenior Antibiotic Generic List

*Available to Plan Members at **NO COST** When Medicare Part B is the primary payor (pays first).*

Our NALCSenior Generic List offers the following prescription generic medications at no cost for (up to) a 30-day supply when filled at a local NALC CareSelect pharmacy and Medicare Part B is your primary payor. For generic medications not on the NALCSenior Antibiotic Generic List, regular retail coinsurance and mail order copayment amounts apply. At this printing, the NALCSenior Generic Antibiotic List includes:

Amoxicillin Capsule 500mg	Erythromycin Solution 2%
Amoxicillin Sus 250/5ml	Gentak Ointment 0.3% Op
Amoxicillin Tablet 500mg	Gentamicin Cream 0.1%
Amoxicillin 875mg Tablet	Gentamicin Inj 40mg/ML
Amoxicillin Sus 400mg/5ml	Gentamicin Ointment 0.1%
Amoxicillin/Clavulanate 875/125mg Tablet	Gentamicin Ointment 0.3% Op
Ampicillin Capsule 500mg	Gentamicin Solution 0.3% Op
Azithromycin 250mg	Ilotycin Ointment Op
Bacitracin Ointment Op	Isoniazid Tablet 300mg
Cephalexin Capsule 250mg	Levofloxacin 500mg
Cephalexin 500mg	Penicillin Vk 250mg
Ciprofloxacin 250mg	Penicillin Vk 500mg
Ciprofloxacin 500mg	Sodium Sulfacetamide Solution 10% Op
Ciprofloxacin Tablet 750mg	Sulfacetamide Sodium Solution 10% Op
Erythromycin Gel 2%	Sulfamethoxazole/Trimethoprim 400/80mg
Erythromycin Ointment 5mg/Gm	Sulfamethoxazole/Trimethoprim 800/160mg
Erythromycin Ointment Op	Tetracycline Capsule 250mg
	Tetracycline Capsule 500mg

Medications eligible for the NALCPreferred Generic, NALCSelect Generic and NALCSenior Antibiotic Generic lists are subject to change. Call the CVS/caremark Customer Service Representative at 800-933-NALC (6252) to verify the copayment amount of any generic drug.

NALCSelect Generics

The amount you pay for a 90-day supply of an NALCSelect generic medication purchased through our Mail Order program or at a local participating CVS Pharmacy through our Maintenance Choice Program is only \$5 or only \$4 if Medicare Part B is your primary payor. Regular retail coinsurance and mail order copayment amounts apply for generic medication **not** on the NALCSelect Generic list. At this printing, the NALCSelect Generic list includes the following:

Acetazolamide Tablet 125mg	Dextroamphetamine Sulfate Tablet 5mg
Allopurinol Tablet 100mg	Dialyvite Tablet
Amiloride-Hydrochlorothiazide Tablet 5-50	Diazepam Solution 1mg/MI
Amitriptyline Tablet 10mg	Diazepam Tablet 10mg
Amitriptyline Tablet 25mg	Diazepam Tablet 2mg
Amitriptyline Tablet 50mg	Diazepam Tablet 5mg
Ammonium Lactate Cream 12%	Diclofenac Sodium Solution 0.1% Op
Amoxicillin Capsule 250mg	Digox Tablet 0.125mg
Ampicillin Trihydrate Capsule 250mg	Digox Tablet 0.25mg
Anucort-Hc Sup 25mg	Digoxin Tablet 0.125mg
Acetaminophen-Codeine Tablet 300-15mg	Digoxin Tablet 0.25mg
Acetaminophen-Codeine Tablet 300-30mg	Diltiazem Er Capsule 120mg/24
Atenolol Tablet 25mg	Doxepin Con 10mg/MI
Atenolol Tablet 50mg	Doxycycline Hyclate Capsule 50mg
Benzotropine Mesylate Tablet 1mg	Effer-K Tablet 25meq Ef
Betamethasone Valerate Cream 0.1%	Erythromycin Ointment Op
Betamethasone Valerate Ointment 0.1%	Erythromycin Solution 2%
Brimonidine Tartrate Solution 0.2% Op	Estrogen & Methyltestosterone Tablet Mtest Hs
Butalbital-Acetaminophen-Caffeine Tablet	Estradiol Tablet 0.5mg
Carbamazepine Chw 100mg	Estradiol Tablet 1mg
Carteolol Solution 1% Op	Estropipate Tablet 3mg
Chlordiazepoxide Capsule 10mg	Folic Acid-Vitamin B6-Vitamin B12 Tablet
Chlordiazepoxide Capsule 25mg	Fabb Tablet
Chlordiazepoxide Capsule 5mg	Fenofibrate Tablet 54mg
Chlorhexidine Gluconate Solution 0.12%	Ferocon Capsule
Chlorothiazide Tablet 250mg	Ferrocite Plus Tablet Plus
Chlorothiazide Tablet 500mg	Fludrocortisone Acetate Tablet 0.1mg
Chlorpromazine Tablet 10mg	Fluocinolone Acetonide Oil Oil 0.01%
Chlorthalidone Tablet 25mg	Fluocinonide Cream 0.05%
Chlorthalidone Tablet 50mg	Fluoride Chw 0.25mg F
Clindamycin Phosphate Solution 1%	Fluorometholone Sus 0.1% Op
Clonidine Tablet 0.1mg	Fluoxetine Solution 20mg/5ml
Clotrimazole Solution 1%	Fluphenazine Tablet 2.5mg
Codeine Sulfate Tablet 30mg	Flurazepam Capsule 15mg
Colchicine Tablet 0.6mg	Flurazepam Capsule 30mg
Cortisone Acetate Tablet 25mg	Folbee Tablet
Corvite Free Tablet	Folbee Plus Cz Tablet Cz
Covaryx H.S. Tablet	Folbic Tablet
Cyanocobalamin Injection Inj 1000mcg	Folic Acid Tablet 1mg
Cyclopentolate Solution 1% Op	Folplex 2.2 Tablet
Cyproheptadine Tablet 4mg	Furosemide Solution 10mg/MI
Dexamethasone Tablet 0.5mg	Furosemide Tablet 20mg
Dexamethasone Tablet 0.75mg	Furosemide Tablet 40mg
Dexamethasone Tablet 1mg	Gavilyte-G Solution
Dexamethasone Tablet 2mg	Gentak Ointment 0.3% Op
Dexmethylphenidate Tablet 2.5mg	Gentamicin Sulfate Ointment 0.1%

Medications eligible for the NALCPreferred Generic, NALCSelect Generic and NALCSenior Antibiotic Generic lists are subject to change. Call the NALC CVS/caremark Customer Service Representative at 800-933-NALC (6252) to verify the copayment amount of any generic drug.

Glipizide Tablet 5mg
 Glipizide Er Tablet 2.5mg
 Glipizide Er Tablet 5mg
 Glipizide Xi Tablet 2.5mg
 Glipizide Xi Tablet 5mg
 Glyburide Ab 1.25mg
 Haloperidol Tablet 0.5mg
 Hydrocortisone Butyrate Cream 0.1%
 Hydrocortisone Butyrate Ointment 0.1%
 Hydrocortisone Valerate Cream 0.2%
 Hematinic Plus Tablet Vit/Min
 Hematinic With Folic Acid Tablet
 Hydrochlorothiazide Capsule 12.5mg
 Hydrochlorothiazide Tablet 12.5mg
 Hydrochlorothiazide Tablet 25mg
 Hydrochlorothiazide Tablet 50mg
 Hydrocortisone Cream 2.5%
 Hydrocortisone Ointment 2.5%
 Hydrocortisone Tablet 20mg
 Hydrocortisone Tablet 5mg
 Hydrocortisone Acetate Sup 25mg
 Hydroxyzine Hydrochloride Tablet 10mg
 Hydroxyzine Pamoate Capsule 50mg
 Hypercare Solution 20%
 Icar-C Plus Plus Tablet
 Isosorbide Dinitrate Tablet 10mg
 Isosorbide Dinitrate Tablet 20mg
 Isosorbide Dinitrate Tablet 30mg
 Isosorbide Dinitrate Tablet 5mg
 Isosorbide Mononitrate Tablet 10mg
 Isosorbide Mononitrate Er Tablet 60mg Er
 K Effervescent Tablet 25meq Ef
 Ketoconazole Sha 2%
 Klor-Con Pow 20meq
 Klor-Con 10 Tablet 10meq Er
 Klor-Con M10 Tablet 10meq Er
 Klor-Con M20 Tablet 20meq Er
 Klor-Con-Ef Tablet 25meq Ef
 Klor-Con-Ef Tablet 25meq Fr
 Potassium Bicarbonate Tablet 25meq Ef
 Lactic Acid Cream E
 Leucovorin Calcium Tablet 5mg
 Levothyroxine Sodium Tablet 100mcg
 Levothyroxine Sodium Tablet 112mcg
 Levothyroxine Sodium Tablet 125mcg
 Levothyroxine Sodium Tablet 137mcg
 Levothyroxine Sodium Tablet 150mcg
 Levothyroxine Sodium Tablet 175mcg
 Levothyroxine Sodium Tablet 200mcg
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 Levothyroxine Sodium Tablet 75mcg
 Levothyroxine Sodium Tablet 88mcg
 Levoxyl Tablet 100mcg
 Levoxyl Tablet 112mcg
 Levoxyl Tablet 125mcg
 Levoxyl Tablet 137mcg
 Levoxyl Tablet 150mcg
 Levoxyl Tablet 175mcg
 Levoxyl Tablet 200mcg
 Levoxyl Tablet 25mcg
 Levoxyl Tablet 50mcg
 Levoxyl Tablet 75mcg
 Levoxyl Tablet 88mcg
 Lidocaine Gel 2%
 Lidocaine Gel 2% Jelly
 Lidocaine Viscous Solution 2% Visc
 Lithium Carbonate Capsule 150mg
 Lithium Carbonate Capsule 300mg
 Lithium Carbonate Capsule 600mg
 Lithium Carbonate Tablet 300mg
 Lithium Carbonate Er Tablet 450mg Er
 Meclizine Tablet 25mg
 Medroxyprogesterone Acetate Injection 150mg/MI
 Medroxyprogesterone Acetate Tablet 10mg
 Medroxyprogesterone Acetate Tablet 2.5mg
 Medroxyprogesterone Acetate Tablet 5mg
 Mefloquine Tablet 250mg
 Methadone Tablet 10mg
 Methadone Tablet 5mg
 Methimazole Tablet 10mg
 Methimazole Tablet 5mg
 Methyl dopa-Hydrochlorothiaz Tablet 250/25
 Methylphenidate Tablet 10mg
 Methylphenidate Er Tablet 10mg Er
 Methylphenidate Tablet 5mg
 Metipranolol Solution 0.3% Oph
 Metoprolol Tartrate Tablet 25mg
 Metronidazole Tablet 250mg
 Metronidazole Tablet 500mg
 Morphine Sulfate Tablet 15mg
 Morphine Sulfate Tablet 30mg
 Multivitamin With Fluoride Chw 0.25mg
 Multivitamin With Fluoride Chw 0.5mg
 Multivitamin With Fluoride Chw 1mg
 Multi-Vitamin W-Fluoride Drop 0.25mg
 Multi-Vitamin W-Fluoride Drop 0.25mg
 Multi-Vitamin W-Fluoride Drop 0.5mg/MI
 Mvc-Fluoride Chw 0.5mg
 Sodium Chloride Neb 3%
 Neomycin-Polymyxin-Dexamethasone
 Ointment 0.1% Op
 Niacor Tablet 500mg
 Nicardipine Capsule 20mg
 Np Thyroid Tablet 30mg
 Nystatin Cream 100000
 Nystatin Ointment 100000
 Ofloxacin Drop 0.3% Op
 Ofloxacin Drop 0.3% Otic

Medications eligible for the NALCPREFERRED Generic, NALCSELECT Generic and NALCSENIOR ANITBIOTIC Generic lists are subject to change. Call the NALC CVS/CAREMARK Customer Service Representative at 800-933-NALC (6252) to verify the copayment amount of any generic drug.

Ondansetron Injection 40/20ml	Sodium Chloride Injection 0.9%
Oto-End 10 Solution	Sodium Chloride Neb 0.9%
Oxybutynin Chloride Syrup 5mg/5ml	Fluoride Chw 0.25mg F
Oxycodone-Acetaminophen Tablet 5-325mg	Sodium Chloride Neb 3%
Pantoprazole Sodium Tablet 40mg	Spirolactone-Hydrochlorothiazide Tablet 25/25
Paroex Solution 0.12%	Spirolactone Tablet 25mg
Peg-3350 And Electrolytes Solution	Spirolactone Tablet 50mg
Penicillin V Potassium Tablet 250mg	Water Injection
Perphenazine-Amirtriptiline Tablet 2-10mg	Sulfasalazine Tablet 500mg
Phenazopyridine Tablet 100mg	Sulfatrim Sus 200-40/5
Phenobarbital Elx 20mg/5ml	Taztia Xt Capsule 120mg/24
Phenobarbital Tablet 100mg	Temazepam Capsule 15mg
Phenobarbital Tablet 16.2mg	Temazepam Capsule 30mg
Phenobarbital Tablet 30mg	Theophylline Anhydrous Tablet 300mg Er
Phenobarbital Tablet 32.4mg	Thiamine Injection 100mg/ML
Phenobarbital Tablet 60mg	Thioridazine Tablet 100mg
Phenobarbital Tablet 64.8mg	Thiothixene Capsule 1mg
Phenobarbital Tablet 97.2mg	Timolol Maleate Tablet 10mg
Phenytoin Sodium Extended Capsule 100mg	Timolol Maleate Tablet 5mg
Pilocarpine Solution 1% Op	TI Icon Capsule
Pilocarpine Solution 2% Op	TI-Hem 150 Tablet
Pilocarpine Solution 4% Op	Torsemid Tablet 5mg
Poly-Iron 150 Forte Capsule 150 Fort	Trazodone Tablet 50mg
Potassium Chloride Liq 10%	Triamcinolone Acetonide Cream 0.025%
Potassium Chloride Liq 20%	Triamcinolone Acetonide Cream 0.1%
Potassium Chloride Liq 20% Sf	Triamcinolone Acetonide Ointment 0.025%
Potassium Chloride Tablet 10meq Cr	Triamcinolone Acetonide Ointment 0.1%
Potassium Chloride Tablet 10meq Er	Triamcinolone Acetonide Ointment 0.5%
Potassium Chloride Tablet 10meq Cr	Triamterene-Hydrochlorothiazide Capsule 37.5-25
Potassium Chloride Tablet 10meq Er	Triamterene-Hydrochlorothiazide Tablet 37.5-25
Potassium Chloride Tablet 20meq Er	Triamterene-Hydrochlorothiazide Tablet 75-50mg
Prednisolone Acetate Sus 1% Op	Triazolam Tablet 0.125mg
Prednisone Tablet 2.5mg	Triazolam Tablet 0.25mg
Prednisone Tablet 20mg	Tricon Capsule
Prednisone Tablet 50mg	Trifluoperazine Tablet 1mg
Prenaplus Tablet	Trihexyphenidyl Tablet 2mg
PrenaTablets Fa Tablet	Trihexyphenidyl Tablet 5mg
PrenaTablets Rx Tablet	Trimethoprim Tablet 100mg
Prenatal Plus Tablet Plus	Triphrocaps Caps Capsule
Proctosol-Hc Cream 2.5%	Tri-Vitamin With Fluoride Dro 0.25mg
Proctozone-Hc Cream -Hc 2.5%	Triple-Vitamin W-Fluoride Dro 0.25mg
Promethazine-Codeine Syrup 6.25-10	Unithroid Tablet 100mcg
Promethazine-Dm Syrup	Unithroid Tablet 112mcg
Propranolol Solution 20mg/5ml	Unithroid Tablet 125mcg
Quinidine Sulfate Tablet 200mg	Unithroid Tablet 175mcg
Quinidine Sulfate Tablet 300mg Er	Unithroid Tablet 200mcg
Renal Caps Capsule Softgel	Unithroid Tablet 50mcg
Rena-Vite Rx Tablet	Unithroid Tablet 75mcg
Reno Caps Capsule	Unithroid Tablet 88mcg
Selenium Sulfide Sol Lot 2.5%	V-C Forte Capsule
Se-Tan Plus Capsule	Verapamil Tablet 40mg
Silver Sulfadiazine Cream 1%	Vitamin D2 Capsule 50000unt
Sulfamethoxazole-Trimethoprim Tablet 800-160	Vol-Care Rx Tablet
Sulfamethoxazole-Trimethoprim Sus 200-40/5	Zinc Sulfate Capsule 220mg
Sulfamethoxazole-Trimethoprim Tablet 400-80mg	

Medications eligible for the NALC Preferred Generic, NALC Select Generic and NALC Senior Antibiotic Generic lists are subject to change. Call the CVS/Caremark Customer Service Representative at 800-933-NALC (6252) to verify the copayment amount of any generic drug.

NALC Preferred Generics

The Plan continues to make 90-day fills of thousands of generic drugs available through the CVS Maintenance Choice Program and through our CVS/caremark mail order program for only \$7.99 when we are your primary payor, and for only \$4 when Medicare Part B is the primary payor. At this printing, the NALC Preferred Generic list, which represents a summary of prescriptions, includes:

Acyclovir Capsule 200mg
Albuterol Sulfate Neb 0.5%
Albuterol Sulfate 2mg/MI Syrup
Albuterol Sulfate Neb 0.083%
Alendronate Sodium Tablet 35mg
Alendronate Sodium Tablet 70mg
Allopurinol Tablet 300mg
Amiodarone Tablet 200mg
Amitriptyline Tablet 150mg
Amitriptyline Tablet 75mg
Amitriptyline Tablet 100mg
Atenolol Tablet 100mg
Atenolol-Chlorthalidone Tablet 100-25mg
Atenolol-Chlorthalidone Tablet 50-25mg
Atropine 1% Eye Drops
Baclofen Tablet 10mg
Benazepril Tablet 5mg
Benazepril Tablet 10mg
Benazepril Tablet 20mg
Benazepril Tablet 40mg
Benazepril-Hydrochlorothiazide Tablet 10-12.5
Benazepril-Hydrochlorothiazide Tablet 20-12.5
Benazepril-Hydrochlorothiazide Tablet 20-25mg
Benzotropine 0.5mg Tablet
Benzotropine 2mg Tablet
Betamethasone Valerate Lot 0.1%
Bisoprolol-Hydrochlorothiazide Tablet 5-6.25mg
Bisoprolol-Hydrochlorothiazide Tablet 10/6.25
Bisoprolol-Hydrochlorothiazide Tablet 2.5/6.25
Bumetanide Tablet 1mg
Bumetanide Tablet 2mg
Bumetanide Tablet 0.5mg
Buspirone Tablet 5mg
Buspirone Tablet 10mg
Buspirone Tablet 15mg
Captopril Tablet 50mg
Captopril Tablet 100mg
Captopril-Hydrochlorothiazide Tablet 25-25mg
Carbamazepine Tablet 200mg
Cartia Xt Capsule 120/24hr
Carvedilol Tablet 25mg
Carvedilol Tablet 12.5mg
Carvedilol Tablet 3.125mg
Carvedilol Tablet 6.25mg
Chlorpromazine Hydrochloride Tablet 25mg
Chlorpromazine Hydrochloride Tablet 50mg
Chlorzoxazone Tablet 500mg
Cimetidine Tablet 300mg
Cimetidine Tablet 400mg
Cimetidine Tablet 800mg
Citalopram Hbr Tablet 10mg
Citalopram Hbr Tablet 20mg
Citalopram Hbr Tablet 40mg
Clonidine Hydrochloride Tablet 0.2mg
Clonidine Hydrochloride Tablet 0.3mg
Cyclobenzaprine Hydrochloride Tablet 10mg
Cyclobenzaprine Hydrochloride Tablet 5mg
Cytra-2 Solution
Cytra-K Solution
Desonide Cream 0.05%
Dexamethasone Tablet 4mg
Diclofenac Sodium Tablet 50mg Dr
Diclofenac Sodium Tablet 75mg Dr
Dicyclomine Hydrochloride Capsule 10mg
Dicyclomine Hydrochloride Tablet 20mg
Diltiazem 24hr Cd Capsule 120mg Cd
Diltiazem 24hr Er Capsule 120mg Er
Diltiazem Hydrochloride Tablet 30mg
Diltiazem Hydrochloride Tablet 60mg
Diltiazem Hydrochloride Tablet 90mg
Diltiazem Hydrochloride Tablet 120mg
Doxazosin Mesylate Tablet 1mg
Doxazosin Mesylate Tablet 2mg
Doxazosin Mesylate Tablet 4mg
Doxazosin Mesylate Tablet 8mg
Doxepin Hydrochloride Capsule 10mg
Doxepin Hydrochloride Capsule 25mg
Doxepin Hydrochloride Capsule 50mg
Doxepin Hydrochloride Capsule 75mg
Doxepin Hydrochloride Capsule 100mg
Enalapril Maleate Tablet 5mg
Enalapril Maleate Tablet 10mg
Enalapril Maleate Tablet 20mg
Enalapril Maleate Tablet 2.5mg
Enalapril-Hydrochlorothiazide Tablet 5-12.5mg
Enalapril-Hydrochlorothiazide Tablet 10-25mg
Estradiol Tablet 2mg
Estropipate Tablet 0.75mg
Estropipate Tablet 1.5mg
Famotidine Tablet 20mg
Famotidine Tablet 40mg
Fluconazole Tablet 100mg
Fluconazole Tablet 200mg
Fluocinolone Acetonide Cream 0.025%

Medications eligible for the NALC Preferred Generic, NALC Select Generic and NALC Senior Antibiotic Generic lists are subject to change. Call the CVS/caremark Customer Service Representative at 800-933-NALC (6252) to verify the copayment amount of any generic drug.

Fluocinolone Acetonide Oin 0.025%
 Fluoride Chw 0.5mg F
 Fluoride Chw 0.5mg F
 Fluoride Chw 1mg F
 Fluoride Chw 1mg F
 Fluoxetine Hydrochloride Capsule 10mg
 Fluoxetine Hydrochloride Capsule 20mg
 Fluoxetine Hydrochloride Capsule 40mg
 Fluoxetine Hydrochloride Tablet 10mg
 Fluphenazine Hydrochloride Tablet 1mg
 Fluphenazine Hydrochloride Tablet 5mg
 Fosinopril Sodium Tablet 10mg
 Fosinopril Sodium Tablet 20mg
 Fosinopril Sodium Tablet 40mg
 Furosemide Tablet 80mg
 Gabapentin Capsule 100mg
 Glimepiride Tablet 1mg
 Glimepiride Tablet 2mg
 Glimepiride Tablet 4mg
 Glipizide Tablet 10mg
 Glyburide Tablet 5mg
 Glyburide Micronized Tablet 1.5mg
 Glyburide Micronized Tablet 3mg
 Glyburide Micronized Tablet 6mg
 Glyburide Tablet 2.5mg
 Glyburide-Metformin Hydrochloride Tablet 5-500mg
 Guanfacine Hydrochloride Tablet 1mg
 Guanfacine Hydrochloride Tablet 2mg
 Haloperidol Tablet 1mg
 Haloperidol Tablet 2mg
 Haloperidol Tablet 5mg
 Hydralazine Hydrochloride Tablet 10mg
 Hydralazine Hydrochloride Tablet 25mg
 Hydroxyzine Hydrochloride Symp 10mg/5ml
 Hydroxyzine Pamoate Capsule 25mg
 Ibuprofen Tablet 400mg
 Ibuprofen Tablet 600mg
 Ibuprofen Tablet 800mg
 Imipramine Tablet 10mg
 Imipramine Tablet 25mg
 Indapamide Tablet 1.25mg
 Indapamide Tablet 2.5mg
 Indomethacin Capsule 25mg
 Indomethacin Capsule 50mg
 Ipratropium Bromide Solution 0.02%Inh
 Isoniazid Tablet 300mg
 Isosorbide Mononitrate Tablet 20mg
 Isosorbide Mononitrate Er Tablet 30mg Er
 Jantoven Tablet 1mg
 Jantoven Tablet 2mg
 Jantoven Tablet 5mg
 Jantoven Tablet 6mg
 Jantoven Tablet 2.5mg
 Ketoprofen Capsule 50mg
 Ketoprofen Capsule 75mg
 Labetalol Tablet 100mg
 Lactulose Solution 10gm/15
 Levobunolol Solution 0.5% Op
 Lisinopril Tablet 5mg
 Lisinopril Tablet 10mg
 Lisinopril Tablet 20mg
 Lisinopril Tablet 30mg
 Lisinopril Tablet 40mg
 Lisinopril Tablet 2.5mg
 Lisinopril-Hydrochlorothiazide Tablet 10-12.5
 Lisinopril-Hydrochlorothiazide Tablet 20-12.5
 Lisinopril-Hydrochlorothiazide Tablet 20-25mg
 Lovastatin Tablet 10mg
 Lovastatin Tablet 20mg
 Lovastatin Tablet 40mg
 Ludent Fluoride Chw 0.5mg F
 Meclizine Tablet 12.5mg
 Megestrol Acetate Tablet 20mg
 Meloxicam Tablet 15mg
 Meloxicam Tablet 7.5mg
 Metformin Ab 1000mg
 Metformin Er 500mg Er
 Metformin Tablet 500mg
 Metformin Tablet 850mg
 Methocarbamol Tablet 500mg
 Methyldopa Tablet 250mg
 Methyldopa Tablet 500mg
 Methylprednisolone Tablet 4mg
 Metoclopramide Tablet 5mg
 Metoclopramide Tablet 10mg
 Metoclopramide Solution 5mg/5ml
 Metolazone Tablet 5mg
 Metolazone Tablet 2.5mg
 Metoprolol Tartrate Tablet 50mg
 Metoprolol Tartrate Tablet 100mg
 Mirtazapine Tablet 15mg
 Nadolol Tablet 20mg
 Nadolol Tablet 40mg
 Naproxen Sodium Tablet 275mg
 Naproxen Sodium Tablet 550mg
 Naproxen Tablet 250mg
 Naproxen Tablet 375mg
 Naproxen Tablet 500mg
 Nitroglycerin Capsule 2.5mg Er
 Nitroglycerin Capsule 6.5mg Er
 Nitro-Time Capsule 2.5mg Cr
 Nitro-Time Capsule 6.5mg Cr
 Nortriptyline Capsule 10mg
 Nortriptyline Capsule 25mg
 Nortriptyline Capsule 75mg
 Np Thyroid Tablet 60mg
 Oxybutynin Chloride Tablet 5mg
 Pacerone Tablet 200mg

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Paroxetine Tablet 10mg
 Paroxetine Tablet 20mg
 Paroxetine Tablet 30mg
 Paroxetine Tablet 40mg
 Perphenazine-Amitriptyline Tablet 4-25mg
 Phospha 250 Neutral Tablet Neutral
 Piroxicam Capsule 10mg
 Polymyxin B Sul-Trimethopri Solution
 Pravastatin Sodium Tablet 10mg
 Pravastatin Sodium Tablet 20mg
 Pravastatin Sodium Tablet 40mg
 Prazosin Capsule 1mg
 Prazosin Capsule 2mg
 Prazosin Capsule 5mg
 Prednisone 10mg Tablet Dosepak
 Prednisone 5mg
 Prednisone 10mg
 Prednisone 1mg
 Prednisone 5 Mg Tablet Dosepak
 Prochlorperazine Maleate Tablet 5mg
 Prochlorperazine Maleate Tablet 10mg
 Promethazine Syp 6.25/5ml
 Promethazine Tablet 25mg
 Promethazine Tablet 12.5mg
 Propranolol Tablet 10mg
 Propranolol Tablet 20mg
 Propranolol Tablet 40mg
 Propranolol Tablet 80mg
 Propranolol-Hydrochlorothiazide Tablet 40/25
 Propranolol-Hydrochlorothiazide Tablet 80/25
 Quinapril Tablet 5mg
 Quinapril Tablet 10mg
 Quinapril Tablet 20mg
 Quinapril Tablet 40mg
 Ranitidine Tablet 150mg
 Ranitidine Tablet 300mg
 Salsalate Tablet 500mg
 Sertraline Tablet 25mg
 Sodium Citrate & Citric Acid
 Sodium Fluoride Drop 0.5mg/MI
 Sorine Tablet 80mg
 Sotalol Tablet 80mg
 Sotalol Af Tablet 80mg
 Synthroid Tablet 25mcg
 Synthroid Tablet 100mcg
 Synthroid Tablet 112mcg
 Synthroid Tablet 125mcg
 Synthroid Tablet 137mcg
 Synthroid Tablet 150mcg
 Synthroid Tablet 175mcg
 Synthroid Tablet 200mcg
 Synthroid Tablet 300mcg
 Synthroid Tablet 50mcg
 Synthroid Tablet 75mcg
 Synthroid Tablet 88mcg
 Tamoxifen Citrate Tablet 10mg
 Tamoxifen Citrate Tablet 20mg
 Terazosin Capsule 1mg
 Terazosin Capsule 2mg
 Terazosin Capsule 5mg
 Terazosin Capsule 10mg
 Terbinafine Tablet 250mg
 Theophylline 100mg Tablet Er
 Theophylline Anhydrous Tablet 200mg Cr
 Thioridazine Tablet 25mg
 Thioridazine Tablet 50mg
 Thiothixene Capsule 2mg
 Timolol Maleate Solution 0.25% Op
 Timolol Maleate Solution 0.5% Op
 Tizanidine Tablet 2mg
 Tizanidine Tablet 4mg
 Torsemide Tablet 10mg
 Torsemide Tablet 20mg
 Trazodone Tablet 100mg
 Trazodone Tablet 150mg
 Triamcinolone 0.5% Cream
 Verapamil Tablet 80mg
 Verapamil Tablet 120mg
 Verapamil Er Tablet 180mg Er
 Verapamil Er Tablet 240mg Er
 Warfarin Sodium Tablet 1mg
 Warfarin Sodium Tablet 2mg
 Warfarin Sodium Tablet 3mg
 Warfarin Sodium Tablet 4mg
 Warfarin Sodium Tablet 5mg
 Warfarin Sodium Tablet 6mg
 Warfarin Sodium Tablet 10mg
 Warfarin Sodium Tablet 10mg
 Warfarin Sodium Tablet 2.5mg
 Warfarin Sodium Tablet 7.5mg
 Zonisamide Capsule 25mg

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NALC Advanced Control Specialty Formulary List

Specialty drugs, including biotech, biological, biopharmaceutical, and oral chemotherapy drugs are generally defined as high-cost prescription drugs that treat complex conditions and require special handling and administration and can cost thousands of dollars for a single dose. NALC's Advanced Control Specialty Formulary utilizes step therapy for certain specialty medications. Our Advanced Control Specialty Formulary focuses on biologic therapy classes that have multiple products with prescribing interchangeability based on safety and clinical efficacy. Step therapy uses evidence-based protocols that require the use of a preferred drug(s) before non-preferred specialty drugs are covered. Visit our website www.nalchbp.org to view the most current specialty drug lists that may require step therapy.

You must purchase specialty drugs through CVS/specialty™ Pharmacy Services. Contact them at 800-237-2767 or visit www.cvscaremarkspecialtyrx.com.

ANALGESICS

VISCOSUPPLEMENTS

GEL-ONE
HYALGAN
SUPARTZ FX

ANTI-INFECTIVES

ANTIRETROVIRAL AGENTS

§ ANTIRETROVIRAL COMBINATIONS

lamivudine-zidovudine

ATRIPLA
COMPLERA
EPZICOM
EVOTAZ
PREZCOBIX
STRIBILD
TRIUMEQ
TRUVADA

FUSION INHIBITORS

FUZEON

INTEGRASE INHIBITORS

ISENTRESS
TIVICAY

§ NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS

nevirapine
nevirapine ext-rel
EDURANT
INTELENCE
SUSTIVA

§ NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS

abacavir
didanosine
lamivudine
stavudine
zidovudine
EMTRIVA

NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS

VIREAD

PROTEASE INHIBITORS

KALETRA
NORVIR
PREZISTA
REYATAZ

ANTIVIRALS

§HEPATITIS B AGENTS

entecavir tablet
lamivudine
BARACLUDGE SOLUTION

§HEPATITIS C AGENTS

ribavirin
HARVONI
SOVALDI

ANTINEOPLASTIC AGENTS

§ ALKYLATING AGENTS

temozolomide

§ANTIMETABOLITES

capecitabine

HORMONAL ANTINEOPLASTIC AGENTS

§ ANTIANDROGENS

ZYTIGA

§ LUTEINIZING HORMONE RELEASING HORMONE (LHRH) AGONISTS

leuprolide acetate
LUPRON DEPOT
TRELSTAR
ZOLADEX

*Medications eligible for the NALC Advanced Control Specialty Formulary List are subject to change.
Call the CVS/specialty™ Pharmacy Services at 800-237-2767. This is not an all-inclusive list.*

IMMUNOMODULATORS

REVLIMID
THALOMID

KINASE INHIBITORS

imatinib mesylate

AFINITOR
BOSULIF
NEXAVAR
SPRYCEL
SUTENT
TARCEVA
TYKERB
VOTRIENT

§ MISCELLANEOUS

bexarotene capsule
ZOLINZA

CARDIOVASCULAR**ANTIPEMICS**

PCSK9 INHIBITORS
REPATHA

**PULMONARY ARTERIAL
HYPERTENSION
ENDOTHELIN RECEPTOR
ANTAGONISTS**

LETAIRIS
TRACLEER

**§ PHOSPHODIESTERASE
INHIBITORS**

sildenafil

**PROSTAGLANDIN
VASODILATORS**

TYVASO
VENTAVIS

CENTRAL NERVOUS SYSTEM**§ HUNTINGTON'S DISEASE AGENTS**

tetrabenazine

§ MULTIPLE SCLEROSIS AGENTS

glatiramer
AUBAGIO
BETSERON
COPAXONE 40 MG
GILENYA
REBIF
TECFIDERA

ENDOCRINE AND METABOLIC**CALCIUM REGULATORS**

PARATHYROID HORMONES
FORTEO

**FERTILITY REGULATORS
GNRH ILHRH ANTAGONISTS
CETROTIDE****§ OVULATION STIMULANTS,
GONADOTROPINS**

*chorionic gonadotropin -
Novarel*
FOLLISTIM AQ
OVIDREL

**HUMAN GROWTH HORMONES
HUMATROPE****HEMATOLOGIC****HEMATOPOIETIC GROWTH FACTORS**

ARANESP
NEULASTA

IMMUNOLOGIC AGENTS**ALLERGENIC EXTRACTS**

ORALAIR

**BIOLOGIC DISEASE-
MODIFYING AGENTS**

ENBREL
HUMIRA

**§ DISEASE-MODIFYING
ANTIRHEUMATIC DRUGS
(DMARDs)**

RASUVO

IMMUNOSUPPRESSANTS**§ ANTIMETABOLITES**

mycophenolate mofetil
MYFORTIC

§ CALCINEURIN INHIBITORS

cyclosporine
cyclosporine, modified
tacrolimus

§ RAPAMYCIN DERIVATIVES

sirolimus tablet
RAPAMUNE SOLUTION

TOPICAL**MOUTH /THROAT /****DENTAL AGENTS**

PROTECTANTS
MUGARD

*Medications eligible for the NALC Advanced Control Specialty Formulary List are subject to change.
Call the CVS/specialty™ Pharmacy Services at 800-237-2767. This is not an all-inclusive list.*

SPECIALTY PHARMACY QUICK REFERENCE DRUG LIST

A

abacavir
AFINITOR
ARANESP
ATRIPLA
AUBAGIO

B

BARACLUDE SOLUTION
BETASERON
bexarotene capsule
BOSULIF

C

capecitabine
CETROTIDE
*chorionic gonadotropin -
Novarel*
COMPLERA
COPAXONE 40 MG
cyclosporine
cyclosporine, modified

D

didanosine

E

EDURANT
EMTRIVA
ENBREL
entecavir tablet
EPZICOM
EVOTAZ

F

FOLLISTIM AQ
FORTEO
FUZEON

G

GEL-ONE
GILENYA
glatiramer

H

HARVONI
HUMATROPE
HUMIRA
HYALGAN

I

imatinib mesylate
INTELENCE
ISENTRESS

K

KALETRA

L

lamivudine
lamivudine-zidovudine
LETAIRIS
leuprolide acetate
LUPRON DEPOT

M

MUGARD
mycophenolate mofetil
MYFORTIC

N

NEULASTA
nevirapine
nevirapine ext-rel
NEXAVAR
NORVIR

O

ORALAIR
OVIDREL

P

PREZCOBIX
PREZISTA

R

RAPAMUNE SOLUTION
RASUVO

REBIF

REPATHA
REVLIMID
REYATAZ
ribavirin

S

sildenafil
sirolimus tablet
SOVALDI
SPRYCEL
stavudine
STRIBILD
SUPARTZ FX
SUSTIVA
SUTENT

T

tacrolimus
TARCEVA
TECFIDERA
temozolomide
tetrabenazine
THALOMID
TIVICAY
TRACLEER
TRELSTAR
TRIUMEQ
TRUVADA
TVKERB
TYVASO

V

VENTAVIS
VIREAD
VOTRIENT

Z

zidovudine
ZOLADEX
ZOLINZA
ZYTIGA

If you are a plan member or health care provider, please contact CVS/specialty™ Pharmacy toll-free at 800-237-2767 or visit www.cvscaremarksspecialtyrx.com.

** The preferred options in this list are a broad representation within therapeutic categories of available treatment options and do not necessarily represent clinical equivalency.*

§ Generics are available in this class and should be considered the first line of prescribing.

1 Copayment, copay or coinsurance means the amount a member is required to pay for a prescription in accordance with a Plan, which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a Plan.

2 An exception process is in place for specific clinical or regulatory circumstances that may require coverage of an excluded medication.

Products distributed by CVS/specialty™ Pharmacy, may change from time to time. This is not an all-inclusive list.

Call CVS/specialty™ toll free at 800-237-2767 for specific medications available through CVS/specialty™ Pharmacy, or to obtain prior approval.