



NALC Health Benefit Plan High Option

2019 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 2019 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.

Your 2019 Drug Cost-Share When NALC is Primary

Generic Drug*:

Network Retail up to 30 day supply

Mail Order up to 60 day supply

Mail Order 61-90 day supply

You Pay:

20% of cost

(10% of cost for asthma, diabetes and hypertension)

\$8

\$12

(\$8 generic for asthma, diabetes & hypertension)

Formulary Brand Drug:

Network Retail up to 30 day supply

Mail Order up to 60 day supply

Mail Order 61-90 day supply

You Pay:

30% of cost

\$43

\$65

(\$50 Formulary brand for asthma, diabetes & hypertension)

Non-Formulary Brand Drug:

Network Retail up to 30 day supply

Mail Order up to 60 day supply

Mail Order 61-90 day supply

You Pay:

45% of cost

\$58

\$80

(\$70 Non-formulary brand for asthma, diabetes & hypertension)

Specialty Drugs**

(Available only through CVS Specialty™ Pharmacy Mail Order)

Mail Order up to 30 day supply

Mail Order 31-60 day supply

Mail Order 61-90 day supply

You Pay:

\$150

\$250

\$350

Your 2019 Drug Cost-Share When Medicare Part B is Primary

Generic Drug*:

Network Retail up to 30 day supply

Mail Order up to 60 day supply

Mail Order 61-90 day supply

You Pay:

10% of cost

(5% of cost for asthma, diabetes and hypertension)

\$4

\$6

(\$4 generic for asthma, diabetes & hypertension)

Formulary Brand Drug:

Network Retail up to 30 day supply

Mail Order up to 60 day supply

Mail Order 61-90 day supply

You Pay:

20% of cost

\$37

\$55

(\$40 Formulary brand for asthma, diabetes & hypertension)

Non-Formulary Brand Drug:

Network Retail up to 30 day supply

Mail Order up to 60 day supply

Mail Order 61-90 day supply

You Pay:

30% of cost

\$52

\$70

(\$60 Non-formulary brand for asthma, diabetes & hypertension)

Specialty Drugs**

(Available only through CVS Specialty™ Pharmacy Mail Order)

Mail Order up to 30 day supply

Mail Order 31-60 day supply

Mail Order 61-90 day supply

You Pay:

\$150

\$250

\$350

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.

**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.*

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 your 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 at www.nalchbp.org to view the most current list of specialty drugs that may require step therapy.

Some specialty medications may qualify for third party copayment assistance programs which could lower your out-of-pocket costs for those medications. When a specialty medication is purchased with a third party copayment assistance coupon, rebate or card, the Plan will not apply the amount of the discount towards your out-of-pocket maximum.

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 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. Always call CVS Caremark® at 800-933-NALC (6252) to verify your cost for any drug.

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.

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 at 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.

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.

You cannot obtain a refill until 75% of the drug has been used.

Most prescriptions can be filled after 75% of the drug has been used. However, individual pharmacists may refuse to fill or refill a prescription if there is a question about the order's accuracy, validity, authenticity or safety to the patient, based on the pharmacist's professional judgement. Network retail pharmacy limitations are waived when you have Medicare Part D as your primary payor and they cover the drug.

Prior Authorization for Drugs

The NALC Health Benefit Plan currently requires prior authorization and/or quantity/duration limitations for specialty and compound drugs, anti-narcolepsy and certain analgesic/opioid medications as well as ADD/ADHD 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.



NALC CareSelect Pharmacies

There are more than 68,000 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 500 mg	Isoniazid Tablet 100 mg
Amoxicillin for Suspension 250 mg/5 ml	Isoniazid Tablet 300 mg
Amoxicillin Suspension 125/5 ml	Levofloxacin Tablet 250 mg
Amoxicillin Tablet 875 mg	Levofloxacin Tablet 500 mg
Amoxicillin/Clavulanate Tablet 500-125	Levofloxacin Tablet 750 mg
Azithromycin Tablet 250 mg	Minocycline Capsule 100 mg
Cefadroxil Capsule 500 mg	Minocycline Capsule 50 mg
Cephalexin Capsule 250 mg	Ofloxacin Tablet 400 mg
Cephalexin Capsule 500 mg	Penicillin V Potassium Tablet 250 mg
Ciprofloxacin Ophthalmic Solution 0.3%	Penicillin V Potassium Tablet 500 mg
Ciprofloxacin Tablet 250 mg	Sulfamethoxazole-Trimethoprim Tablet 400-80 mg
Ciprofloxacin Tablet 500 mg	Sulfamethoxazole-Trimethoprim Tablet 800-160 mg
Ciprofloxacin Tablet 750 mg	Tobramycin Ophthalmic Solution 0.3%
Doxycycline Tablet 50 mg	
Doxycycline Capsule 100 mg	
Erythromycin Stearate Tablet 500 mg	
Gentamicin Sulfate Ophthalmic Solution 0.3%	

Medications eligible for the NALC Preferred Generic, NALC Select 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:

Acetic Acid Otic Solution 2%	Chlordiazepoxide Capsule 10 mg
Albuterol Sulfate Syrup 2 mg/5 ml	Chlordiazepoxide Capsule 25 mg
Allopurinol Tablet 100 mg	Chlordiazepoxide Capsule 5 mg
Allopurinol Tablet 300 mg	Chlorhexidine Gluconate Solution 0.12%
Aluminum Chloride Solution 20%	Chlorothiazide Tablet 250 mg
Amiloride & Hydrochlorothiazide Tablet 5-50 mg	Chlorpheniramine Maleate Tablet Cr 8 mg
Aminophylline Oral Solution 105 mg/5 ml	Chlorpheniramine Maleate Powder
Aminophylline Powder	Chlorpheniramine Maleate Tablet 4 mg
Aminophylline Tablet 200 mg	Chlorthalidone Tablet 25 mg
Amitriptyline Tablet 10 mg	Ciprofloxacin Solution 0.3% Ophthalmic
Amitriptyline Tablet 25 mg	Ciprofloxacin Tablet 750 mg
Amoxicillin Capsule 250 mg	Clonazepam Tablet 0.5 mg
Amoxicillin Capsule 500 mg	Clonidine Tablet 0.1 mg
Amoxicillin Tablet 500 mg	Clonidine Tablet 0.2 mg
Ampicillin Capsule 250 mg	Clonidine Tablet 0.3 mg
Ampicillin Capsule 500 mg	Colchicine Powder
Atenolol Tablet 25 mg	Colchicine W/ Probenecid Tablet 0.5-500 mg
Atenolol Tablet 50 mg	Cyanocobalamin Crystals
Atropine Sulfate Monohydrate Powder	Cyanocobalamin Inj 1000 mcg/ml
Atropine Sulfate Powder	Cyanocobalamin Powder
Bacitracin Micronized (Bulk) Powder	Cyanocobalamin Tablet 100 mcg
Bacitracin Ointment T 500 Unit/gm	Cyanocobalamin Tablet 1000 mcg
Bacitracin Powder	Cyclopentolate Ophthalmic Solution 1%
Bacitracin Zinc Ointment T 500 Unit/Gm	Dexamethasone Elixir 0.5 mg/5ml
B-Complex W/ C & Folic Acid Capsule 1 mg	Dexamethasone Sodium Phosphate Inj 10 mg/ml
B-Complex W/ C & Folic Acid Tablet 1 mg	Dexamethasone Sodium Phosphate Inj 100 mg/10 ml
B-Complex W/ C & Folic Acid Tablet 5 mg	Dexamethasone Sodium Phosphate Ophthalmic Solution 0.1%
B-Complex W/ C-Biotin-Minerals & Folic Acid Tablet 5 mg	Dexamethasone Tablet 0.5 mg
B-Complex W/ C-Min-Fe & Folic Acid Tablet 106-1 mg	Dexamethasone Tablet 0.75 mg
Belladonna Alkaloids-Phenobarbital Tablet 16.2 mg	Dexamethasone Tablet 1 mg
Benzoyl Peroxide Gel 5%	Dexamethasone Tablet 2 mg
Benzotropine Mesylate Powder	Dexamethylphenidate Tablet 2.5 mg
Benzotropine Mesylate Tablet 0.5 mg	Diclofenac Sodium (Pf) Ophthalmic Solution 0.1%
Benzotropine Mesylate Tablet 1 mg	Dicyclomine Oral Solution 10 mg/5ml
Benzotropine Mesylate Tablet 2 mg	Dicyclomine Capsule 10 mg
Betamethasone Valerate Ointment T 0.1% (Salt Equivalent)	Dicyclomine Tablet 20 mg
Betamethasone Valerate Powder	Digoxin Powder
Betaxolol Tablet 10 mg	Digoxin Tablet 0.5 mg
Brimonidine Tartrate Ophthalmic Solution 0.2%	Diltiazem Capsule Er 24hr 120 mg
Calcitriol Capsule 0.25 mcg	Diltiazem Extended Release Beads Capsule Sr 24hr 120 mg
Carteolol Ophthalmic Solution 1%	Diphenhydramine Capsule 50 mg
Cephalexin Capsule 250 mg	Diphenhydramine Liquid 12.5 mg/5 ml
	Diphenhydramine Powder

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.

Diphenhydramine Tablet 25 mg
 Diphenhydramine Tablet 50 mg
 Diphenhydramine-Zinc Acetate Cream 2-0.1%
 Ergocalciferol Capsule 50000 Unit
 Erythromycin Ophthalmic Ointment 5 mg/gm
 Erythromycin Powder
 Estradiol Micronized (Bulk) Powder
 Estradiol Micronized Powder
 Estradiol Tablet 0.5 mg
 Estradiol Tablet 1 mg
 Estradiol Tablet 2 mg
 Ethambutol Tablet 100 mg
 Ethyl Chloride Aerosol Spray
 Etidronate Disodium Tablet 400 mg
 Fe Asparto Gly-Fe Fum-B12-Fa-C-Succinic Ac
 Tablet Therapy Pack
 Fe Asparto Gly-Fe Polysacch-Succ AC-C-Threon
 AC-B12-FA Capsule
 Fe Fumarate-Vit C-Vit B12-Fa Capsule 460
 (151 Fe)-60-0.01-1 mg
 Fe Fum-Iron Polysacch Complex-FA-B Cmplx-C-
 ZN-MN-CU Capsule
 Fenofibrate Capsule 67 mg
 Fenofibrate Tablet 54 mg
 Fenofibric Acid Tablet 35 mg
 Ferrous Fumarate-FA-B Complex-C-ZN-MG-MN-
 CU Tablet 106-1 mg
 Ferrous Fumarate-Folic Acid Tablet 324-1 mg
 Ferrous Sulfate Capsule Cr 250 mg
 Ferrous Sulfate Dried Tablet 200 mg
 Ferrous Sulfate Dried Tablet Cr 160 mg
 Ferrous Sulfate Elixir 220 mg/5 ml
 Ferrous Sulfate Granules
 Ferrous Sulfate Powder
 Ferrous Sulfate Solution 75 mg/0.6 ml
 Ferrous Sulfate Solution 75 mg/ml
 Ferrous Sulfate Syrup 300 mg/5 ml
 Ferrous Sulfate Tablet 134 mg
 Ferrous Sulfate Tablet 28 mg
 Ferrous Sulfate Tablet 324 mg
 Ferrous Sulfate Tablet 325 mg
 Ferrous Sulfate Tablet 83 mg
 Ferrous Sulfate Tablet Ec 324 mg
 Ferrous Sulfate Tablet Ec 325 mg
 Ferrous Sulfate-Vit C-Folic Acid Tablet Cr
 105-500-0.8 mg
 Fexofenadine Tablet 30 mg
 Fludrocortisone Acetate Tablet 0.1 mg
 Fluorometholone Powder
 Fluoxetine Solution 20 mg/5 ml
 Folic Acid Tablet 1 mg
 Folic Acid-Pyridoxine-Cyanocobalamin Tablet
 2.5-25-2 mg
 Folic Acid-Vitamin B6-Vitamin B12 Tablet
 2.2-25-0.5 mg
 Folic Acid-Vitamin B6-Vitamin B12 Tablet
 2.2-25-1 mg
 Furosemide Oral Solution 10 mg/ml
 Furosemide Oral Solution 8 mg/ml
 Furosemide Powder
 Furosemide Tablet 20 mg
 Furosemide Tablet 40 mg
 Gentamicin Sulfate Ophthalmic Ointment T 0.3%
 Glimperide Tablet 1 mg
 Glipizide Tablet 10 mg
 Glipizide Tablet 5 mg
 Glipizide Tablet Er 24hr 10 mg
 Glipizide Tablet Sr 24hr 2.5 mg
 Glipizide Tablet Sr 24hr 5 mg
 Glyburide Tablet 1.25 mg
 Glyburide(D) Tablet 2.5 mg
 Haloperidol Decanoate Im Solution 50 mg/ml
 Haloperidol Tablet 0.5 mg
 Homatropine HBR Ophthalmic Solution 5%
 Hydrochlorothiazide Capsule 12.5 mg
 Hydrochlorothiazide Powder
 Hydrochlorothiazide Solution 50 mg/5 ml
 Hydrochlorothiazide Tablet 12.5 mg
 Hydrochlorothiazide Tablet 25 mg
 Hydrochlorothiazide Tablet 50 mg
 Hydrocortisone Butyrate Ointment T 0.1%
 Hydrocortisone Cream 1%
 Hydrocortisone Cream 2.5%
 Hydrocortisone Ointment T 1%
 Hydrocortisone Ointment T 2.5%
 Hydrocortisone Tablet 5 mg
 Hydroxyzine Syrup 10 mg/5 ml
 Hydroxyzine Tablet 10 mg
 Hydroxyzine Pamoate Capsule 50 mg
 Indomethacin Capsule 25 mg
 Iron Polysacch Complex-Vit B12-FA Capsule
 150-0.025-1 mg
 Iron-Docusate-B12-Folic Acid-C-E-CU-Biotin
 Tablet 150-1 mg
 Isoniazid Powder
 Isoniazid Tablet 100 mg
 Isosorbide Dinitrate SI Tablet 5 mg
 Isosorbide Mononitrate Tablet 10 mg
 Ivermectin Tablet 3 mg
 Jantoven Tablet 10 mg
 Jantoven Tablet 1 mg
 Jantoven Tablet 2.5 mg
 Jantoven Tablet 2 mg
 Jantoven Tablet 3 mg
 Jantoven Tablet 4 mg
 Jantoven Tablet 5 mg
 Jantoven Tablet 6 mg
 Jantoven Tablet 7.5 mg
 Ketoconazole Shampoo 2%

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Klor-Con 8 Tablet 8 meq Er
 Lactic Acid W/ Vitamin E Cream 10%-3500
 Unit/30 gm
 Leucovorin Calcium Tablet 5 mg
 Levobunolol Ophthalmic Solution 0.25%
 Levonorgestrel-Eth Estra Tablet
 0.05-30/0.075-40/0.125-30 mg-mcg
 Levothyroxine Sodium Powder
 Levothyroxine Sodium Tablet 150 mcg
 Levothyroxine Sodium Tablet 300 mcg
 Liothyronine Tablet 25 mcg
 Lisinopril Tablet 10 mg
 Lisinopril Tablet 2.5 mg
 Lisinopril Tablet 20 mg
 Lisinopril Tablet 5 mg
 Lisinopril/Hctz Tablet 10-12.5
 Lisinopril/Hctz Tablet 20-25 mg
 Lithium Carbonate Capsule 150 mg
 Lithium Carbonate Capsule 300 mg
 Lithium Carbonate Capsule 600 mg
 Lithium Carbonate Tablet 300 mg
 Lithium Carbonate Tablet Cr 450 mg
 Lithium Carbonate Tablet Er 300 mg
 Magnesium Sulfate Granules
 Magnesium Sulfate Powder
 Mecizine Tablet 25 mg
 Medroxyprogesterone Acetate Micronized
 Powder
 Medroxyprogesterone Acetate Tablet 10 mg
 Medroxyprogesterone Acetate Tablet 2.5 mg
 Medroxyprogesterone Acetate Tablet 5 mg
 Medroxyprogesterone Micronized Powder
 Metaproterenol Sulfate Syrup 10 mg/5 ml
 Metformin Tablet 500 mg
 Methadone Tablet 10 mg
 Methadone Tablet 5 mg
 Methimazole Tablet 10 mg
 Methimazole Tablet 5 mg
 Methotrexate Powder
 Methotrexate Sodium Tablet 2.5 mg
 Methyldopa Tablet 250 mg
 Methylphenidate Tablet Cr 10 mg
 Methylprednisolone Tablet 32 mg
 Metipranolol Ophthalmic Solution 0.3%
 Metoclopram Tablet 10 mg
 Metoclopram Tablet 5 mg
 Metoprolol Succinate Tablet ER 24hr 25 mg
 Metoprolol Tartrate Tablet 25 mg
 Metronidazole Tablet 250 mg
 Minocycline Capsule 75 mg
 Minoxidil Tablet 2.5 mg
 Moexipril-Hydrochlorothiazide Tablet 15-25 mg
 Multiple Vitamins W/ Iron Tablet
 Multiple Vitamins W/ Minerals & Fa Tablet
 1.25 mg
 Multiple Vitamins W/ Minerals Capsule
 Multiple Vitamins W/ Minerals Tablet
 Naproxen Tablet 250 mg
 Neomycin-Polymyxin-Dexamethasone Ophthalmic
 Suspension 0.1%
 Niacin Capsule Cr 500 mg
 Niacin Tablet 500 mg
 Nitroglycerin Capsule Cr 9 mg
 Nitroglycerin SI Tablet 0.3 mg
 Nitroglycerin SI Tablet 0.4 mg
 Nystatin Cream 100000 Unit/gm
 Nystatin Ointment T 100000 Unit/gm
 Nystatin/Triamcinolone Cream
 Ofloxacin Ophthalmic Solution 0.3%
 Ofloxacin Tablet 400 mg
 Oxybutynin Chloride Syrup 5 mg/5 ml
 Pediatric Multiple Vitamins W/ Fl-Fe Drops 0.25-
 10 mg/ml
 Pediatric Multiple Vitamins W/ Fluoride Chew
 Tablet 0.25 mg
 Pediatric Multiple Vitamins W/ Fluoride Chew
 Tablet 0.5 mg
 Pediatric Multiple Vitamins W/ Fluoride Chew
 Tablet 1 mg
 Pediatric Multiple Vitamins W/ Fluoride Solution
 0.25 mg/ml
 Pediatric Multiple Vitamins W/ Fluoride Solution
 0.5 mg/ml
 Pediatric Vitamins Acid W/ Fluoride Solution
 0.25 mg/ml
 Perphenazine-Amitriptyline Tablet 4-10 mg
 Phenobarbital Elixir 20 mg/5 ml
 Phenobarbital Tablet 100 mg
 Phenobarbital Tablet 15 mg
 Phenobarbital Tablet 16.2 mg
 Phenobarbital Tablet 30 mg
 Phenobarbital Tablet 60 mg
 Phenylephrine Ophthalmic Solution 2.5%
 Pentytoin Chewable Tablet 50 mg
 Pilocarpine Ophthalmic Solution 0.5%
 Pilocarpine Ophthalmic Solution 3%
 Pilocarpine Hydrochloride Crystals
 Pilocarpine Hydrochloride Powder
 Polysaccharide Iron-Fa-Vit B12 Capsule 150 mg-
 1 mg-25 mcg
 Potassium Bicarbonate-Citric Acid Effer Tablet
 10 meq
 Potassium Bicarbonate-Citric Acid Effer Tablet
 20 meq
 Potassium Chloride Crystals
 Potassium Chloride Granules
 Potassium Chloride Microencapsulesululated Crystal
 Cr Tablet 10 meq
 Potassium Chloride Microencapsulesululated Crystal
 Cr Tablet 15 meq

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.

Potassium Chloride Microencapsules/ulated Crystal Cr Tablet 20 meq

Potassium Chloride Oral Liquid 10% (20 meq/15 ml)

Potassium Chloride Oral Liquid 20% (40 meq/15 ml)

Potassium Chloride Powder

Potassium Chloride Tablet 20 meq Er

Potassium Chloride Tablet Cr 10 meq

Pramoxine-HC-Chloroxylenol Otic Solution 10-10-1 mg/ml

Prednisolone Powder

Prednisolone Sodium Phosphate Oral Solution 15 mg/5 ml

Prednisone Powder

Prednisone Tablet 1 mg

Prednisone Tablet 10 mg

Prednisone Tablet 2.5 mg

Prednisone Tablet 20 mg

Prednisone Tablet 5 mg

Prednisone Tablet 5 mg Dose Pack

Prednisone Tablet 50 mg

Prednisone Tablet Therapy Pack 5 mg (21)

Prednisone Tablet Therapy Pack 5 mg (48)

Prenatal Vitamin W/ Dss-Fe Fumarate-Fa Tablet 29-1 mg

Prenatal Vitamin W/ Dss-Iron Carbonyl-Fa Tablet 90-1 mg

Prenatal Vitamin W/ Fe Fumarate-Fa Chew Tablet 29-1 mg

Prenatal Vitamin W/ Fe Fumarate-Fa Tablet 27-1 mg

Prenatal Vitamin W/ Fe Fumarate-Fa Tablet 28-0.8 mg

Prenatal Vitamin W/ Fe Fumarate-Fa Tablet 29-1 mg

Prenatal Vitamin W/ Iron Carbonyl-Fa Tablet 29-1 mg

Primidone Tablet 50 mg

Prochlorperazine Tablet 5 mg

Promethazine-Dm Syrup 6.25-15 mg/5 ml

Propranolol Oral Solution 20 mg/5 ml

Propranolol Powder

Quinapril Tablet 10 mg

Quinapril Tablet 20 mg

Quinapril Tablet 40 mg

Quinapril Tablet 5 mg

Quinapril-Hydrochlorothiazide Tablet 20-25 mg

Quinidine Sulfate Tablet 200 mg

Quinidine Sulfate Tablet 300 mg

Quinidine Sulfate Tablet Cr 300 mg

Selenium Sulfide Lotion 2.5%

Silver Sulfadiazine Cream 1%

Sodium Bicarbonate Powder

Sodium Bicarbonate Tablet 325 mg

Sodium Bicarbonate Tablet 650 mg

Sodium Chloride Solution Nebu 0.9%

Sodium Chloride Solution Nebu 3%

Sodium Fluoride Chew Tablet 0.25 mg

Sodium Fluoride-Potassium Nitrate Paste 1.1-5%

Spironolactone Tablet 25 mg

Spironolactone Tablet 50 mg

Sulfacetamide Sodium-Prednisolone Ophthalmic Solution 10-0.23(0.25)%

Sulfamethoxazole-Trimethoprim Tablet 400-80 mg

Sulfamethoxazole-Trimethoprim Tablet 800-160 mg

Sulfasalazine Tablet 500 mg

Terconazole Vaginal Cream 0.8%

Tetracycline Powder

Theophylline Tablet Sr 12hr 100 mg

Thyroid Powder

Thyroid Tablet 15 mg

Thyroid Tablet 30 mg

Thyroid Tablet 300 mg

Thyroid Tablet 90 mg

Tobramycin Ophthalmic Solution 0.3%

Torsemide Tablet 5 mg

Trandolapril Tablet 2 mg

Trazodone Tablet 50 mg

Triamcinolone Acetonide Cream 0.025%

Triamcinolone Acetonide Cream 0.1%

Triamcinolone Acetonide Cream 0.5%

Triamcinolone Acetonide Lotion 0.025%

Triamcinolone Acetonide Ointment T 0.025%

Triamcinolone Acetonide Ointment T 0.1%

Triamcinolone Acetonide Ointment T 0.5%



NALCPreferred Generics

The Plan continues to make 90-day fills of thousands of generic drugs available through the 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 NALCPreferred Generic list, which represents a summary of prescriptions, includes:

Acebutolol Capsule 200 mg	Carbamazepine
Acebutolol Capsule 400 mg	Carbidopa & Levodopa Orally Disintegrating Tablet 10-100 mg
Acetic Acid Solution 0.25%	Carbinoxamine Maleate Tablet 4 mg
Acyclovir	Carisoprodol Tablet 350 mg
Albuterol Sulfate	Carvedilol
Albuterol Sulfate Syrup 2 mg/5 ml	Cephalexin Capsule 500 mg
Allopurinol	Cetirizine Oral Solution 1 mg/ml (5 mg/5 ml)
Alprazolam Tablet 0.5 mg	Chlordiazepoxide-Amitriptyline Tablet 5-12.5 mg
Amiloride Tablet 5 mg	Chlorhexidine Gluconate (Mouth-Throat)
Amiloride & Hydrochlorothiazide	Chloroquine Tablet 250 mg
Amitriptyline Tablet 50 mg	Chlorothiazide Tablet 500 mg
Amitriptyline Tablet 75 mg	Chlorpheniramine & Phenylephrine Liquid 1-3.5 mg/ml
Amlodipine Besylate Tablet 2.5 mg	Chlorpropamide Tablet 100 mg
Amlodipine Besylate Tablet 5 mg	Chlorthalidone Tablet 25 mg
Atenolol & Chlorthalidone	Chlorthalidone Tablet 50 mg
Atenolol Tablet 100 mg	Citalopram Hydrobromide
Atenolol/Chlorthalidone Tablet 50-25 mg	Clindamycin Capsule 150 mg
Atropine Sulfate Ophthalmic	Clindamycin Phosphate (Topical)
Atropine Sulfate Ophthalmic Solution 1%	Clindamycin Phosphate Swab 1%
Atropine/Hcocyamine/Pb/Scopolamine Tablet 16.2-0.1037-0.0194-0.0065 mg	Clonazepam Odt 2 mg
B-Complex Vitamin Inj	Clonazepam Orally Disintegrating Tablet 0.25 mg
Belladonna Alkaloids-Phenobarbital Tablet 16.2 mg	Clonazepam Orally Disintegrating Tablet 0.5 mg
Benazepril Tablet 10 mg	Clonazepam Tablet 2 mg
Benazepril Tablet 20 mg	Clonidine
Benazepril Tablet 40 mg	Cromolyn Sodium Ophthalmic Solution 4%
Benazepril Tablet 5 mg	Cyclobenzaprine Tablet 10 mg
Benazepril & Hydrochlorothiazide Tablet 5-6.25 mg	Cyclopentolate Ophthalmic Solution 1%
Benzotropine Mesylate	Cyproheptadine
Benzotropine Mesylate Tablet 0.5 mg	Cyproheptadine Tablet 4 mg
Benzotropine Mesylate Tablet 2 mg	Desipramine Tablet 10 mg
Betamethasone Dipropionate Lotion 0.05%	Desonide
Betamethasone Valerate	Dexamethasone Tablet 0.5 mg
Betamethasone Valerate Cream 0.1%	Dexamethasone Tablet 0.75 mg
Betamethasone Valerate Ointment T 0.1%	Dexamethasone Tablet 4 mg
Betaxolol Tablet 20 mg	Dicyclomine
Bisoprolol & Hydrochlorothiazide	Dicyclomine Tablet 20 mg
Bisoprolol Fumarate Tablet 5 mg	Digoxin
Bisoprolol/Hctz Tablet 10/6.25	Digoxin Tablet 125 mcg (0.125 mg)
Bisoprolol/Hctz Tablet 2.5/6.25	Digoxin Tablet 250 mcg (0.25 mg)
Bisoprolol/Hctz Tablet 5-6.25 mg	Diltiazem
Bumetanide	Diltiazem Capsule Er 24hr 180 mg
Bumetanide Tablet 0.5mg	Diltiazem Capsule Er 24hr 240 mg
Bupropion Tablet 100 mg	Diltiazem Coated Beads Capsule Er 24hr 240 mg
Buspironone Tablet 5 mg	
Calcitriol Capsule 0.5 mcg	

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.

Diltiazem Coated Beads Capsule Sr 24hr 120 mg
 Diltiazem Coated Beads Capsule Er 24hr 180 mg
 Diltiazem Extended Release Beads Capsule Er 24hr 240 mg
 Diltiazem Extended Release Beads Capsule Er 24hr 420 mg
 Diltiazem Extended Release Beads Capsule Er 24hr 180 mg
 Dorzolamide Ophthalmic Solution 2%
 Doxazosin Mesylate
 Doxazosin Tablet 1 mg
 Doxazosin Tablet 2 mg
 Doxazosin Tablet 4 mg
 Doxazosin Tablet 8 mg
 Doxepin Capsule 10 mg
 Doxepin Capsule 25 mg
 Doxepin Capsule 50 mg
 Doxepin Capsule 75 mg
 Enalapril Maleate
 Enalapril Maleate & Hydrochlorothiazide Tablet 10-25 mg
 Enalapril Maleate & Hydrochlorothiazide Tablet 5-12.5 mg
 Enalapril Tablet 2.5 mg
 Erythromycin Solution 2%
 Estradiol
 Estropipate Tablet 0.75 mg
 Estropipate Tablet 1.5 mg
 Fe Fumarate W/ B12-Vit C-Fa-Ifc Capsule 110-0.015-75-0.5-240 mg
 Felodipine Tablet Er 24hr 2.5 mg
 Felodipine Tablet Er 24hr 5 mg
 Fenofibrate Tablet 48 mg
 Fluconazole Tablet 150 mg
 Fluocinolone Acetonide
 Fluocinolone Acetonide Ointment 0.025%
 Fluocinonide Cream 0.05%
 Fluoxetine
 Fluphenazine Tablet 1 mg
 Fluphenazine Tablet 2.5 mg
 Flurbiprofen Sodium
 Fluticasone Propionate Cream 0.05%
 Fluticasone Propionate Ointment T 0.005%
 Folic Acid Tablet 1 mg
 Fosinopril Sodium
 Fosinopril Sodium & Hydrochlorothiazide Tablet 10-12.5 mg
 Fosinopril Sodium & Hydrochlorothiazide Tablet 20-12.5 mg
 Fosinopril Tablet 40 mg
 Furosemide Tablet 80 mg
 Gabapentin Capsule 100 mg
 Gentamicin Sulfate Cream 0.1%
 Glimepiride
 Glimepiride Tablet 2 mg
 Glipizide
 Glipizide Tablet Sr 24hr 5 mg
 Glipizide-Metformin Tablet 2.5-250 mg
 Glyburide
 Glyburide Micronized
 Glyburide Tablet 5 mg
 Glyburide-Metformin Tablet 1.25-250 mg
 Guanfacine
 Guanfacine Tablet 1 mg
 Guanfacine Tablet 2 mg
 Haloperidol Tablet 0.5 mg
 Haloperidol Tablet 1 mg
 Haloperidol Tablet 2 mg
 Hydralazine Tablet 10 mg
 Hydralazine Tablet 25 mg
 Hydralazine Tablet 50 mg
 Hydrochlorothiazide
 Hydrochlorothiazide Tablet 50 mg
 Hydrocortisone Cream 1%
 Hydrocortisone Cream 2.5%
 Hydrocortisone Ointment 2.5%
 Hydrocortisone Tablet 10 mg
 Hydrocortisone Tablet 20 mg
 Hydroxyurea Capsule 500 mg
 Hydroxyzine
 Hydroxyzine Tablet 25 mg
 Hydroxyzine Tablet 50 mg
 Hydroxyzine Pamoate Capsule 25 mg
 Ibuprofen Suspension 100 mg/5 ml
 Ibuprofen Tablet 400 mg
 Ibuprofen Tablet 600 mg
 Ibuprofen Tablet 800 mg
 Imipramine Tablet 10 mg
 Imipramine Tablet 25 mg
 Indapamide
 Indapamide Tablet 1.25 mg
 Indapamide Tablet 2.5 mg
 Indomethacin
 Indomethacin Capsule 50 mg
 Ipratropium Bromide
 Ipratropium Bromide Nasal Solution 0.03% (21 mcg/Spray)
 Iron-Vit C-Vit B12-Folic Acid Tablet 100-250-0.0
 Isoniazid Tablet 300 mg
 Isosorbide Dinitrate Tablet 20 mg
 Isosorbide Dinitrate Tablet 30 mg
 Isosorbide Dinitrate Tablet 5 mg
 Isosorbide Mononitrate Tablet 20 mg
 Isosorbide Mononitrate Tablet Sr 24hr 30 mg
 Isosorbide Mononitrate Tablet Sr 24hr 60 mg
 Ketoprofen
 Ketoprofen Capsule 50 mg
 Ketoprofen Capsule 75 mg
 Klor-Con Capsule Er 10 meq
 Labetalol Tablet 100 mg
 Lactic Acid (Ammonium Lactate) Cream 12%
 Lactic Acid (Ammonium Lactate) Lotion 12%

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.

Lactulose
 Latanoprost Ophthalmic Solution 0.005%
 Leucovorin Calcium Tablet 10 mg
 Levobunolol Ophthalmic Solution 0.5%
 Levonorgestrel & Ethinyl Estradiol (91-Day) Tablet 0.15-0.03 mg
 Levothyroxine Sodium Tablet 100 mcg
 Levothyroxine Sodium Tablet 112 mcg
 Levothyroxine Sodium Tablet 125 mcg
 Levothyroxine Sodium Tablet 137 mcg
 Levothyroxine Sodium Tablet 150 mcg
 Levothyroxine Sodium Tablet 175 mcg
 Levothyroxine Sodium Tablet 200 mcg
 Levothyroxine Sodium Tablet 25 mcg
 Levothyroxine Sodium Tablet 50 mcg
 Levothyroxine Sodium Tablet 75 mcg
 Levothyroxine Sodium Tablet 88 mcg
 Lidocaine Viscous Solution 2%
 Liothyronine Tablet 50 mcg
 Liothyronine Tablet 5 mcg
 Liothyronine/ Levothyroxine Tablet 120 mg
 Lisinopril
 Lisinopril & Hydrochlorothiazide
 Lisinopril Tablet 30 mg
 Lisinopril Tablet 40 mg
 Lisinopril/Hctz Tablet 20-12.5
 Lithium Carbonate Capsule 300 mg
 Losartan Potassium Tablet 25 mg
 Lovastatin Tablet 10 mg
 Loxapine Succinate Capsule 5 mg
 Loxapine Succinate Capsule 10 mg
 Mecizine Tablet 12.5 mg
 Medroxyprogesterone Acetate
 Mefloquine Tablet 250 mg
 Megestrol Acetate Tablet 20 mg
 Meloxicam
 Metformin
 Metformin Tablet Er 24hr 750 mg
 Metformin Tablet 500 mg
 Methenamine Tablet 1000 mg
 Methocarbamol Tablet 500 mg
 Methocarbamol Tablet 750 mg
 Methyclothiazide Tablet 5 mg
 Methyldopa
 Methyldopa Tablet 500 mg
 Methylprednisolone Tablet 4 mg
 Methylprednisolone Tablet Therapy Pack 4 mg (21)
 Methylprednisone Tablet 8 mg
 Metoclopramide
 Metoclopramide Solution 5 mg/5 ml (10 mg/10ml)
 Metoclopramide Solution 5 mg/5 ml (10mg/10ml) (Salt Equiv)
 Metolazone Tablet 2.5 mg
 Metoprolol & Hydrochlorothiazide Tablet 50-25 mg
 Metoprolol Succinate Tablet Er 24hr 50 mg
 Metoprolol Tartrate Tablet 100 mg
 Metoprolol Tartrate Tablet 25 mg
 Metoprolol Tartrate Tablet 50 mg
 Metronidazole Tablet 500 mg
 Micronized Glyburide Tablet 1.5 mg
 Micronized Glyburide Tablet 3 mg
 Micronized Glyburide Tablet 6 mg
 Minoxidil Tablet 10 mg
 Moexipril Tablet 15 mg
 Moexipril Tablet 7.5 mg
 Moexipril-Hydrochlorothiazide Tablet 15-12.5 mg
 Moexipril-Hydrochlorothiazide Tablet 7.5-12.5 mg
 Mometasone Furoate Cream 0.1%
 Multiple Vitamins W/ Minerals
 Naproxen
 Naproxen Sodium Tablet 275 mg
 Naproxen Tablet 375 mg
 Neomycin-Polymyxin-Dexamethasone Ophthalmic Ointment T 0
 Nifedipine Tablet Er 24hr 30 mg
 Nifedipine Tablet Er 24hr Osmotic Release 30 mg
 Nitroglycerin Capsule Cr 2.5 mg
 Nitroglycerin Capsule Cr 6.5 mg
 Norethindrone & Ethinyl Estradiol Tablet 0.4 mg-35 mcg
 Norgestimate & Ethinyl Estradiol Tablet 0.25 mg-35 mcg
 Norgestrel & Ethinyl Estradiol Tablet 0.5 mg-50 mcg
 Nortriptyline Capsule 10 mg
 Nystatin
 Oxybutynin Tablet 5 mg
 Oxybutynin Chloride
 Paroxetine
 Pediatric Multiple Vitamins W/ FI-Fe Drops 0.25-10 mg/ml
 Pediatric Vitamins Acid Fluoride & Iron
 Penicillin V Potassium Tablet 250 mg
 Perindopril Erbumine Tablet 2 mg
 Perphenazine-Amitriptyline Tablet 2-10 mg
 Phenytoin Susp 125 mg/5 ml
 Phosphate 250 Tablet
 Pilocarpine Ophthalmic Solution 1%
 Pilocarpine Ophthalmic Solution 2%
 Pimozide Tablet 1 mg
 Pindolol Tablet 5 mg
 Polymyxin B-Trimethoprim
 Potassium Bicarbonate & Chloride Effer Tablet 25 meq

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.

Potassium Chloride
 Potassium Chloride Capsule Er 8 meq
 Potassium Chloride Inj 1.5 meq/ml
 Potassium Chloride Microencapsule Sulated
 Crys Cr Tablet 10 meq
 Potassium Chloride Oral Solution 10%
 (20 meq/15 ml)
 Potassium Citrate-Citric Acid
 Potassium Phosphate Monobasic W/ Sodium
 Phosphate Dibasic & Monobasic
 Prazosin
 Prazosin Capsule 1 mg
 Prednisolone Acetate Ophthalmic Suspension
 p 1%
 Prednisone
 Prednisone Tablet 1 mg
 Prednisone Tablet 10 mg
 Prednisone Tablet 2.5 mg
 Prednisone Tablet 5 mg
 Prednisone Tablet Therapy Pack 10 mg (21)
 Prednisone Tablet Therapy Pack 10 mg (48)
 Prednisone Tablet Therapy Pack 5 mg (21)
 Prednisone Tablet Therapy Pack 5 mg (48)
 Prenatal Vit W/ Dss-Iron Carbonyl-Fa Tablet
 90-1 mg***
 Prenatal Vit W/ Fe Fumarate-Fa Tablet
 27-1 mg***
 Prenatal Vit W/ Iron Carbonyl-Fa Tablet
 29-1 mg
 Primidone Tablet 250 mg
 Probenecid Tablet 500 mg
 Prochlorperazine Maleate
 Promethazine
 Promethazine Tablet 12.5 mg
 Promethazine Tablet 25 mg
 Promethazine Tablet 50 mg
 Propranolol Tablet 10 mg
 Propranolol Tablet 20 mg
 Propranolol Tablet 40 mg
 Propranolol Tablet 80 mg
 Propranolol & Hydrochlorothiazide
 Propranolol Tablet 60 mg
 Propranolol/Hctz Tablet 40/25
 Quinapril
 Quinapril Tablet 10 mg
 Quinapril Tablet 20 mg
 Quinapril Tablet 40 mg
 Quinapril-Hydrochlorothiazide Tablet
 10-12.5 mg
 Quinapril-Hydrochlorothiazide Tablet
 20-12.5 mg
 Ramipril Capsule 1.25 mg
 Ramipril Capsule 2.5 mg
 Ramipril Capsule 5 mg
 Selenium Sulfide Lotion 2.5%
 Sodium Fluoride Chew Tablet 0.5 mg
 Sodium Fluoride Chew Tablet 1 mg
 Sodium Fluoride Rinse 0.2%
 Sodium Fluoride Solution 0.5 mg/ml F
 Spironolactone & Hydrochlorothiazide Tablet 25-2
 Spironolactone Tablet 100 mg
 Spironolactone Tablet 25 mg
 Sulfacetamide Sodium Ophthalmic Solution 10%
 Sulfamethoxazole-Trimethoprim Suspension
 200-40 mg/5 ml
 Sulfasalazine Tablet Delayed Release 500 mg
 Sulindac Tablet 150 mg
 Tamoxifen Citrate
 Terazosin
 Terazosin Capsule 10 mg
 Terazosin Capsule 1 mg
 Terazosin Capsule 5 mg
 Terbinafine
 Terconazole Vaginal Cream 0.4%
 Theophylline Tablet Er 24hr 400 mg
 Theophylline Tablet Er 24hr 600 mg
 Theophylline Tablet Sr 12hr 100 mg
 Theophylline Tablet Sr 12hr 200 mg
 Thioridazine Tablet 10 mg
 Thioridazine Tablet 25 mg
 Thiothixene Capsule 5 mg
 Thyroid Tablet 60 mg
 Timolol Maleate Ophthalmic Solution 0.25%
 Timolol Maleate Ophthalmic Solution 0.5%
 Topril & Hydrochlorothiazide Tablet 25-25 mg
 Torsemide Tablet 10 mg
 Torsemide Tablet 20 mg
 Trandolapril Tablet 1 mg
 Trandolapril Tablet 4 mg
 Trazodone Tablet 100 mg
 Trazodone Tablet 50 mg
 Triamcinolone Acetonide
 Triamcinolone Acetonide Cream 0.5%
 Triamcinolone Acetonide Ointment 0.1%
 Triamcinolone Acetonide Ointment 0.5%
 Triamterene & Hydrochlorothiazide Capsule
 37.5-25 mg
 Triamterene & Hydrochlorothiazide Capsule
 50-25 mg
 Triamterene & Hydrochlorothiazide Tablet
 37.5-25 mg
 Trihexyphenidyl Tablet 2 mg
 Urea Lotion 40%
 Verapamil Tablet 120 mg
 Verapamil Tablet 80 mg
 Warfarin Sodium
 Zonisamide Capsule 25 mg

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