



NALC Health Benefit Plan

2022 Prescription Drug Lists

High Option



Your 2022 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)

\$10

\$15

(\$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

\$60

\$90

(\$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:

50% of cost

\$84

\$125

(\$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:

\$200

\$300

\$400

*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. We require the use of preferred drugs before non-preferred specialty drugs are covered. 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. Call CVS Specialty™ at 800-237-2767 to obtain prior approval.

Medicare Primary Population

If Medicare Part B is paying your medical expenses first, then there is no cost for up to a 30-day supply of a prescription drug listed on the NALCSenior Antibiotic Generic List when purchased at an NALC Network pharmacy.

For generics not on our NALCSelect Generic or NALCPreferred generic lists, you only pay \$7.00 for a **60-day supply** or \$10.00 for a **90-day supply** if you are enrolled in Medicare Part B and Medicare is paying first on your medical expenses.

If Medicare Part D is your primary payor for prescription drugs, we waive the prescription drug copayment and coinsurance when Medicare Part D covers your prescription drug.

Your 2022 Drug Cost-Share When Medicare Part B is Primary

Generic Drug*:

Network Retail	up to 30 day supply	You Pay: 10% of cost (5% of cost for asthma, diabetes & hypertension)
Mail Order	up to 60 day supply	\$7
Mail Order	61-90 day supply	\$10 (\$4 generic for asthma, diabetes & hypertension)

Formulary Brand Drug:

Network Retail	up to 30 day supply	You Pay: 20% of cost
Mail Order	up to 60 day supply	\$50
Mail Order	61-90 day supply	\$75 (\$40 Formulary brand for asthma, diabetes & hypertension)

Non-Formulary Brand Drug:

Network Retail	up to 30 day supply	You Pay: 40% of cost
Mail Order	up to 60 day supply	\$75
Mail Order	61-90 day supply	\$110 (\$60 Non-formulary brand for asthma, diabetes & hypertension)

Specialty Drugs :**

<i>(Available only through CVS Specialty™ Mail Order)</i>		You Pay:
Mail Order	up to 30 day supply	\$200
Mail Order	31-60 day supply	\$300
Mail Order	61-90 day supply	\$400

*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. We require the use of preferred drugs before non-preferred specialty drugs are covered. 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. Call CVS Specialty™ at 800-237-2767 to obtain prior approval.

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 CAP 500MG
AMOXICILLIN TAB 875MG
AMOXICILLIN/CLAVULANATE TAB 875-125
AZITHROMYCIN TAB 250MG
CEFADROXIL CAP 500MG
CEPHALEXIN CAP 250MG
CEPHALEXIN CAP 500MG
CIPROFLOXACIN TAB 250MG
CIPROFLOXACIN TAB 500MG
CIPROFLOXACIN TAB 750MG
DOXYCYC MONOHYDRATE CAP 50MG
DOXYCYCLINE HYCLATE CAP 100MG
DOXYCYCLINE HYCLATE TAB 20MG

DOXYCYCLINE MONOHYDRATE CAP 100MG
GENTAMICIN SOL 0.3% OP
ISONIAZID TAB 300MG
LEVOFLOXACIN TAB 250MG
LEVOFLOXACIN TAB 500MG
LEVOFLOXACIN TAB 750MG
MINOCYCLINE CAP 50MG
PENICILLN VK TAB 250MG
PENICILLN VK TAB 500MG
SULFAMETHOXAZOLE/TRIMETHOPRIM DS
TAB 800-160
SULFAMETHOXAZOLE/TRIMETHOPRIM
TAB 400-80MG



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 2022 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.

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:

ALBUTEROL SYP 2MG/5ML
ALCLOMETASONE CRE 0.05%
ALLOPURINOL TAB 100MG
ALLOPURINOL TAB 300MG
AMILORIDE/HYDROCHLOROTHIAZIDE TAB 5-50
AMITRIPTYLINE TAB 10MG
AMITRIPTYLINE TAB 25MG
AMOXICILLIN CAP 250MG
AMOXICILLIN CAP 500MG
AMOXICILLIN TAB 500MG
AMOXICILLIN TAB 875MG
AMPICILLIN CAP 500MG
ATENOLOL TAB 25MG
ATENOLOL TAB 50MG
BACITRACIN/POLYMYXIN B OIN OP
BENZTROPINE TAB 0.5MG
BENZTROPINE TAB 1MG
BENZTROPINE TAB 2MG
BETAXOLOL TAB 10MG
BRIMONIDINE SOL 0.2% OP
BROM/PSE/DM SYP
CALCITRIOL CAP 0.25MCG
CARTEOLOL SOL 1% OP
CEPHALEXIN CAP 250MG
CHLORDIAZEPOXIDE CAP 10MG
CHLORDIAZEPOXIDE CAP 25MG
CHLORHEXIDINE GLUCONATE SOL 0.12%
CHLORTHALIDONE TAB 25MG
CIPROFLOXACIN SOL 0.3% OP
CIPROFLOXACIN TAB 750MG
CLINDAMYCIN CAP 150MG
CLONAZEPAM TAB 0.5MG
CLONIDINE TAB 0.1MG
CLONIDINE TAB 0.2MG
CLONIDINE TAB 0.3MG
CROMOLYN SODIUM SOL 4% OP
CYANOCOBALAMIN INJ 1000MCG
CYCLOPENTOLATE HYDROCHLORIDE SOL 1% OP
DEXAMETHASONE TAB 0.5MG
DEXAMETHASONE TAB 1MG
DEXAMETHASONE TAB 2MG
DIALYVITE TAB
DICLOFENAC SOL 0.1% OP
DILTIAZEM ER CAP 120MG/24
DILTIAZEM ER CAP 180MG/24
DILT-XR CAP 120MG/24
DIPHENHYDRAMINE VIA 50MG/ML
DOXEPIN HCL CON 10MG/ML
ERYTHROMYCIN OIN OP 0.5%
ESTRADIOL TAB 0.5MG
ESTRADIOL TAB 1MG
ESTRADIOL TAB 2MG
ETHAMBUTOL TAB 100MG
FABB TAB 2.2-25-1
FENOFIBRATE CAP 67MG
FENOFIBRATE TAB 54MG
FERROCITE TAB PLUS
FLUDROCORTISONE TAB 0.1MG
FOLBEE PLUS TAB
FOLBEE PLUS TAB CZ
FOLBEE TAB 2.5-25-1
FOLIC ACID TAB 1MG
FOLPLEX 2.2 TAB
FUROSEMIDE SOL 10MG/ML
FUROSEMIDE SOL 8MG/ML
FUROSEMIDE TAB 20MG
FUROSEMIDE TAB 40MG
GAVILYTE-G SOL
GENTAMICIN SOL 0.3% OP
GLIMEPIRIDE TAB 1MG
GLIPIZIDE TAB 10MG
GLIPIZIDE TAB 5MG
GLIPIZIDE XL TAB 2.5MG
GLIPIZIDE XL TAB 5MG
GLYBURIDE(D) TAB 1.25MG
GLYBURIDE(D) TAB 2.5MG
HALOPERIDOL TAB 0.5MG
HEMATIN F TAB
HYDROCHLOROTHIAZIDE CAP 12.5MG
HYDROCHLOROTHIAZIDE TAB 12.5MG
HYDROCHLOROTHIAZIDE TAB 25MG
HYDROCHLOROTHIAZIDE TAB 50MG
HYDROCORTISONE CRE 1% RX
HYDROCORTISONE CRE 2.5%
HYDROCORTISONE OIN 2.5%
HYDROXOCOBALAMIN MDV 1000MCG
HYDROXYZINE HCL SYP 10MG/5ML
HYDROXYZINE HCL TAB 10MG
HYDROXYZINE PAMOATE CAP 100MG
HYDROXYZINE PAMOATE CAP 50MG

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

INDOMETHACIN CAP 25MG
 IPRATROPIUM SPR 0.03%
 ISONIAZID TAB 100MG
 ISONIAZID TAB 300MG
 ISOSORBIDE MONONITRATE TAB 10MG IR
 KETOCONAZOLE SHA 2%
 KETOROLAC SDV 30MG/ML
 KLOR-CON M15 TAB 15MEQ ER
 LEUCOVORIN CALCIUM TAB 10MG
 LEUCOVORIN CALCIUM TAB 5MG
 LEVOTHYROXIN TAB 0.3MG
 LEVOTHYROXINE TAB 100MCG
 LEVOTHYROXINE TAB 112MCG
 LEVOTHYROXINE TAB 125MCG
 LEVOTHYROXINE TAB 137MCG
 LEVOTHYROXINE TAB 150MCG
 LEVOTHYROXINE TAB 175MCG
 LEVOTHYROXINE TAB 200MCG
 LEVOTHYROXINE TAB 25MCG
 LEVOTHYROXINE TAB 50MCG
 LEVOTHYROXINE TAB 75MCG
 LEVOTHYROXINE TAB 88MCG
 LISINAPRIL TAB 10MG
 LISINAPRIL TAB 2.5MG
 LISINAPRIL TAB 20MG
 LISINAPRIL TAB 5MG
 LISINAPRIL/HYDROCHLOROTHIAZIDE TAB 10-12.5
 LISINAPRIL/HYDROCHLOROTHIAZIDE TAB 20-25MG
 LITHIUM CARBONATE CAP 150MG
 LITHIUM CARBONATE CAP 300MG
 LITHIUM CARBONATE CAP 600MG
 LITHIUM CARBONATE ER TAB 300MG
 LITHIUM CARBONATE ER TAB 450MG
 LITHIUM CARBONATE TAB 300MG
 MECLIZINE RX TAB 25MG
 MEDROXYPROGESTERONE ACETATE TAB 10MG
 MEDROXYPROGESTERONE ACETATE TAB 2.5MG
 MEDROXYPROGESTERONE ACETATE TAB 5MG
 METHIMAZOLE TAB 10MG
 METHIMAZOLE TAB 5MG
 METOCLOPRAMIDE TAB 10MG
 METOCLOPRAMIDE TAB 5MG
 METOPROLOL SUCCINATE ER TAB 25MG
 METOPROLOL TARTRATE TAB 25MG
 METRONIDAZOLE TAB 250MG
 MINOCYCLINE CAP 75MG
 MINOXIDIL TAB 2.5MG
 MOMETASONE SOL 0.1% TOP
 MULTI-VIT/FLUORIDE DRO 0.25MG
 MULTIVITAMINS/FLUORIDE CHW 0.25MG
 MULTIVITAMINS/FLUORIDE CHW 0.5MG
 MULTIVITAMINS/FLUORIDE CHW 1MG
 NEOMYCIN/POLYMYXIN/GRAMICIDIN SOL OP
 NIFEDIPINE CAP 20MG
 NITROGLYCERIN SUB 0.3MG
 NITROGLYCERIN SUB 0.4MG
 NITROGLYCERIN SUB 0.6MG
 NP THYROID TAB 15MG
 NP THYROID TAB 30MG
 NYSTATIN CRE 100000U
 NYSTATIN OIN 100000U
 OFLOXACIN SOL 0.3% OP
 OXYBUTYNIN SYP 5MG/5ML
 PERPHENAZINE/AMITRIPTYLINE TAB 2-10MG
 PHENOBARBITAL TAB 100MG
 PHENOBARBITAL TAB 15MG
 PHENOBARBITAL TAB 16.2MG
 PHENOBARBITAL TAB 30MG
 PHENOBARBITAL TAB 60MG
 PHENYLEPHRINE SOL 2.5% OP
 PHENYTOIN CHW 50MG
 POLY-IRON CAP 150 FORT
 POTASSIUM CHLORIDE ER TAB 20MEQ
 POTASSIUM CHLORIDE TAB 10MEQ ER
 POTASSIUM CHLORIDE TAB 10MEQ ER
 POTASSIUM CHLORIDE TAB 20MEQ ER
 POTASSIUM CHLORIDE TAB 8MEQ ER
 PREDNISONE TAB 10MG
 PREDNISONE TAB 1MG
 PREDNISONE TAB 2.5MG
 PREDNISONE TAB 20MG
 PREDNISONE TAB 50MG
 PREDNISONE TAB 5MG
 PRENATABS RX TAB
 PRENATAL 19 CHW TAB
 PRIMIDONE TAB 50MG
 PROPRANOLOL SOL 20MG/5ML
 PROPYLTHIOURACIL TAB 50MG
 QUINAPRIL/HYDROCHLOROTHIAZIDE TAB
 20-25MG
 RENAL CAP
 SELENIUM SULFIDE LOT 2.5%
 SE-TAN PLUS CAP
 SODIUM CHLORIDE NEB 3%
 SODIUM CHLORIDE NEB 7%
 SODIUM FLUORIDE CHW 0.25MG
 SODIUM FLUORIDE PST 1.1-5%
 SPIRONOLACTONE TAB 25MG
 SPIRONOLACTONE TAB 50MG
 SULFACETAMIDE SODIUM/PREDNISOLONE
 SODIUM PHOSPHATE SOL OP
 SULFAMETHOXAZOLE/TRIMETHOPRIM DS
 TAB 800-160
 SULFAMETHOXAZOLE/TRIMETHOPRIM
 TAB 400-80MG
 SULFASALAZINE TAB 500MG

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 at 800-933-NALC (6252) to verify the copayment amount of any generic drug.

SYNTHROID TAB 0.05MG
 SYNTHROID TAB 0.075MG
 SYNTHROID TAB 0.088MG
 SYNTHROID TAB 0.112MG
 SYNTHROID TAB 0.125MG
 SYNTHROID TAB 0.137MG
 SYNTHROID TAB 0.15MG
 SYNTHROID TAB 0.175MG
 SYNTHROID TAB 0.1MG
 SYNTHROID TAB 0.2MG
 SYNTHROID TAB 0.3MG
 TOBRAMYCIN SOL 0.3% OP
 TORSEMIDE TAB 5MG
 TRIAMCINOLONE CRE 0.025%
 TRIAMCINOLONE CRE 0.1%
 TRIAMCINOLONE LOT 0.025%
 TRIAMCINOLONE OIN 0.025%
 TRIAMCINOLONE OIN 0.1%
 TRIAMTERENE/HYDROCHLOROTHIAZIDE
 CAP 37.5-25
 TRIAMTERENE/HYDROCHLOROTHIAZIDE
 TAB 37.5-25
 TRIAMTERENE/HYDROCHLOROTHIAZIDE
 TAB 75-50MG

TRIHEXYPHENIDYL TAB 2MG
 TRIHEXYPHENIDYL TAB 5MG
 TRIMETHOPRIM TAB 100MG
 TRIMETHOPRIM/POLYMYXIN B SULFATE
 SOL OPH
 TRINATE TAB
 TRI-VIT/FLUORIDE DRO 0.25MG
 TROPICAMIDE SOL 1% OP
 V-C FORTE CAP
 VERAPAMIL TAB 40MG
 VITAMIN D2 CAP 50,000IU
 WARFARIN TAB 10MG
 WARFARIN TAB 1MG
 WARFARIN TAB 2.5MG
 WARFARIN TAB 2MG
 WARFARIN TAB 3MG
 WARFARIN TAB 4MG
 WARFARIN TAB 5MG
 WARFARIN TAB 6MG
 WARFARIN TAB 7.5MG
 WESTAB MAX TAB 2.5-25-2



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

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 CAP 200MG
- ACYCLOVIR CAP 200MG
- ALBUTEROL SOL 0.5%
- AMILORIDE TAB 5MG
- AMITRIPTYLINE TAB 50MG
- AMITRIPTYLINE TAB 75MG
- AMLODIPINE TAB 10MG
- AMLODIPINE TAB 2.5MG
- AMLODIPINE TAB 5MG
- AMMONIUM LAC LOT 12% RX
- AMMONIUM LACTATE CRE 12%
- ATENOLOL TAB 100MG
- ATENOLOL/CHLOROTHALIDONE TAB 50-25MG
- BENAZEPRIL TAB 10MG
- BENAZEPRIL TAB 20MG
- BENAZEPRIL TAB 40MG
- BENAZEPRIL TAB 5MG
- BENAZEPRIL/HYDROCHLOROTHIAZIDE TAB 10-12.5MG
- BENAZEPRIL/HYDROCHLOROTHIAZIDE TAB 20-12.5MG
- BENAZEPRIL/HYDROCHLOROTHIAZIDE TAB 20-25MG
- BETAMETH VALERATE CRE 0.1%
- BETAMETH VALERATE LOT 0.1%
- BETAMETH VALERATE OIN 0.1%
- BETAMETHASONE DIPROPIONATE AUGMENTED CRE 0.05%
- BETAMETHASONE DIPROPIONATE LOT 0.05%
- BETAXOLOL SOL 0.5% OP
- BETAXOLOL TAB 20MG
- BISOPROLOL TAB 5MG
- BUMETANIDE TAB 0.5MG
- BUPROPION TAB 100MG
- BUPROPION TAB 75MG
- BUSPIRONE TAB 5MG
- CALCITRIOL CAP 0.5MCG
- CAPTOPRIL TAB 12.5MG
- CARBAMAZEPINE CHW 100MG
- CARBINOXAMINE TAB 4MG
- CARISOPRODOL TAB 350MG
- CEPHALEXIN CAP 500MG
- CETIRIZINE RX SOL 1MG/ML
- CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB 5-12.5MG
- CHLOROTHALIDONE TAB 50MG
- CIMETIDINE TAB 200MG
- CLINDAMYCIN PAD 1%
- CLONAZEPAM ODT 0.5MG
- CLONAZEPAM TAB 2MG
- CLOTTRIMAZOLE CRE 1%
- CLOTTRIMAZOLE SOL 1%
- CORVITA 150 TAB
- CORVITA TAB
- CYCLOBENZAPRINE TAB 10MG
- CYPROHEPTADINE SYP 2MG/5ML
- CYPROHEPTADINE TAB 4MG
- DEXAMETHASONE ELX 0.5/5ML
- DEXAMETHASONE TAB 4MG
- DICLOFENAC SODIUM TAB 25MG EC
- DICYCLOMINE CAP 10MG
- DICYCLOMINE TAB 20MG
- DIGOXIN TAB 0.125MG
- DIGOXIN TAB 0.25MG
- DILTIAZEM CD CAP 180MG/24 HR
- DILTIAZEM CD CAP 240MG/24 HR
- DILTIAZEM ER CAP 240MG/24
- DILTIAZEM ER CAP 300MG/24
- DILTIAZEM ER CAP 360MG/24
- DILTIAZEM ER CAP 420MG/24
- DILTIAZEM TAB 30MG
- DILT-XR CAP 180MG/24
- DILT-XR CAP 240MG/24
- DIVALPROEX SODIUM TAB 125MG DR
- DORZOLAMIDE SOL 2% OP
- DOXAZOSIN TAB 1MG
- DOXAZOSIN TAB 2MG
- DOXAZOSIN TAB 4MG
- DOXAZOSIN TAB 8MG
- DOXEPIN HCL CAP 100MG
- DOXEPIN HCL CAP 10MG
- DOXEPIN HCL CAP 25MG
- DOXEPIN HCL CAP 50MG
- DOXYCYCLINE HYCLATE TAB 20MG
- DOXYCYCLINE MONOHYDRATE CAP 50MG
- ENALAPRIL TAB 2.5MG
- ENALAPRIL TAB 5MG
- ENALAPRIL/HYDROCHLOROTHIAZIDE TAB 10-25MG
- ENALAPRIL/HYDROCHLOROTHIAZIDE TAB 5-12.5MG

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

ERYTHROMYCIN SOL 2%
 FELODIPINE TAB 2.5MG ER
 FELODIPINE TAB 5MG ER
 FENOFIBRATE CAP 134MG
 FENOFIBRATE TAB 48MG
 FENOFIBRIC CAP 45MG DR
 FEROCON CAP
 FLUCONAZOLE TAB 150MG
 FLUTICASON CRE 0.05%
 FLUTICASON OIN 0.005%
 FOSINOPRIL TAB 10MG
 FOSINOPRIL TAB 20MG
 FOSINOPRIL TAB 40MG
 FOSINOPRIL/HYDROCHLOROTHIAZIDE
 TAB 10/12.5MG
 FOSINOPRIL/HYDROCHLOROTHIAZIDE
 TAB 20/12.5MG
 FUROSEMIDE TAB 80MG
 GABAPENTIN CAP 100MG
 GABAPENTIN CAP 300MG
 GLIMEPIRIDE TAB 2MG
 GLIMEPIRIDE TAB 4MG
 GLIPIZIDE XL TAB 10MG
 GLIPIZIDE/METFORMIN TAB 2.5-250M
 GLYBURIDE MICRONIZED TAB 1.5MG
 GLYBURIDE MICRONIZED TAB 3MG
 GLYBURIDE MICRONIZED TAB 6MG
 GLYBURIDE(M) TAB 5MG
 GLYBURIDE/METFORMIN TAB 1.25-250
 GUANFACINE TAB 1MG
 HALOPERIDOL TAB 1MG
 HALOPERIDOL TAB 2MG
 HALOPERIDOL TAB 5MG
 HYDRALAZINE TAB 100MG
 HYDRALAZINE TAB 10MG
 HYDRALAZINE TAB 25MG
 HYDRALAZINE TAB 50MG
 HYDROXYUREA CAP 500MG
 HYDROXYZ PAM CAP 25MG
 HYDROXYZINE HCL TAB 25MG
 HYDROXYZINE HCL TAB 50MG
 HYOSCYAMINE TAB 0.125MG
 IBUPROFEN TAB 400MG
 IBUPROFEN TAB 600MG
 IBUPROFEN TAB 800MG
 IMIPRAMINE H TAB 25MG
 IMIPRAMINE HCL TAB 10MG
 IMIPRAMINE HCL TAB 50MG
 INDAPAMIDE TAB 1.25MG
 INDAPAMIDE TAB 2.5MG
 INDOMETHACIN CAP 50MG
 IPRATROPIUM SPR 0.06%
 ISOSORBIDE DINITRATE TAB 30MG IR
 ISOSORBIDE DINITRATE TAB 5MG IR
 ISOSORBIDE MONONITRATE TAB 20MG IR
 ISOSORBIDE MONONITRATE TAB 30MG ER
 ISOSORBIDE MONONITRATE TAB 60MG ER
 ISOXSUPRINE TAB 10MG
 ISRADIPINE CAP 2.5MG
 KETOROLAC TAB 10MG
 Klor-Con/EFFERVESCENT TAB 25MEQ
 LABELALOL TAB 100MG
 LACTULOSE ORL SOL 10GM/15 ML
 LEVOBUNOLOL SOL 0.5% OP
 LIDOCAINE SOL 2% VISC
 LIDOCAINE/PRILOCAINE CRE 2.5-2.5%
 LIOTHYRONINE TAB 25MCG
 LISINOPRIL TAB 30MG
 LISINOPRIL TAB 40MG
 LISINOPRIL/HYDROCHLOROTHIAZIDE
 TAB 20-12.5MG
 LOSARTAN POTASSIUM TAB 25MG
 LOVASTATIN TAB 20MG
 LOXAPINE CAP 10MG
 MECLIZINE RX TAB 12.5MG
 MEFLOQUINE TAB 250MG
 MEGESTROL ACETATE TAB 20MG
 METFORMIN ER TAB 500MG GP
 METFORMIN ER TAB 750MG GP
 METFORMIN TAB 500MG
 METFORMIN TAB 850MG
 METHENAMINE MANDELATE TAB 500MG
 METHOCARBAMOL TAB 500MG
 METHOCARBAMOL TAB 750MG
 METHYLPREDNISOLONE TAB 4MG
 METHYLPREDNISOLONE THERAPY
 DOSEPACK TAB 4MG
 METOCLOPRAMIDE SOL 5MG/5ML
 METOLAZONE TAB 2.5MG
 METOLAZONE TAB 5MG
 METOPRLOL/HYDROCHLOROTHIAZIDE
 TAB 50-25MG
 METOPROLOL SUCCINATE ER TAB 100MG
 METOPROLOL SUCCINATE ER TAB 50MG
 METOPROLOL TARTRATE TAB 100MG
 METOPROLOL TARTRATE TAB 50MG
 METOPROLOL/HYDROCHLOROTHIAZIDE
 TAB 100-25MG
 METRONIDAZOLE TAB 500MG
 MINOCYCLINE CAP 50MG
 MINOXIDIL TAB 10MG
 MIRTAZAPINE ODT 15MG
 MOEXIPRIL TAB 15MG
 MOEXIPRIL TAB 7.5MG
 MOMETASONE CRE 0.1%
 MOMETASONE OIN 0.1%

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MUPIROCIN OIN 2%
 NAPROXEN TAB 250MG
 NAPROXEN TAB 375MG
 NAPROXEN TAB 500MG
 NEOMYCIN/POLYMYXIN/DEXAMETHASONE
 OIN 0.1% OP
 NEOMYCIN/POLYMYXIN/DEXAMETHASONE
 SUS 0.1% OP
 NIFEDIPINE CC TAB 30MG ER
 NIFEDIPINE XL TAB 30MG ER
 NITROFURANTOIN MACROCRYSTALLINE
 CAP 50MG
 NITRO-TIME CAP 2.5MG ER
 NORTRIPTYLINE CAP 10MG
 NP THYROID TAB 120MG
 NP THYROID TAB 60MG
 NP THYROID TAB 90MG
 OXYBUTYNIN TAB 5MG
 PENICILLN VK TAB 250MG
 PENTOXIFYLLINE TAB 400MG ER
 PERINDOPRIL TAB 2MG
 PHENOBARBITAL TAB 32.4MG
 PHENOBARBITAL TAB 64.8MG
 PHENOBARBITAL TAB 97.2MG
 PHENYTOIN EX CAP 100MG
 PHENYTOIN EX CAP 300MG
 PHENYTOIN SUS 125/5ML
 PHOSPHA 250 TAB NEUTRAL
 PILOCARPINE SOL 1% OP
 PILOCARPINE SOL 4% OP
 PIMOZIDE TAB 2MG
 PNV-DHA CAP
 POTASSIUM CHLORIDE CAP 10MEQ ER
 POTASSIUM CHLORIDE CAP 8MEQ ER
 PRAZOSIN HCL CAP 1MG
 PRAZOSIN HCL CAP 2MG
 PREDNISOLONE ACETATE SUS 1% OP
 PRIMIDONE TAB 250MG
 PROCHLORPERAZINE TAB 10MG
 PROCHLORPERAZINE TAB 5MG
 PROMETHAZINE TAB 12.5MG
 PROMETHAZINE TAB 25MG
 PROPRANOLOL CAP 60MG ER
 PROPRANOLOL TAB 10MG
 PROPRANOLOL TAB 20MG
 PROPRANOLOL TAB 40MG
 PROPRANOLOL TAB 80MG
 QUINAPRIL TAB 10MG
 QUINAPRIL TAB 20MG
 QUINAPRIL TAB 5MG
 QUINAPRIL/HYDROCHLOROTHIAZIDE TAB
 10-12.5MG
 QUINAPRIL/HYDROCHLOROTHIAZIDE TAB
 20-12.5MG
 RAMIPRIL CAP 1.25MG
 RAMIPRIL CAP 2.5MG
 RAMIPRIL CAP 5MG
 SELENIUM SULFIDE SHA 2.25%
 SILVER SULFADIAZINE CRE 1%
 SIMVASTATIN TAB 5MG
 SOD CHLORIDE NEB 0.9%15ML
 SODIUM CITRATE/CITRIC ACID SOL
 SODIUM FLUORIDE CHW 1MG
 SODIUM SULFACETAMIDE SOL 10% OP
 SODIUM SULFACETAMIDE/SULFUR LIQ 9-4.5%
 SPIRONOLACTONE TAB 100MG
 SPIRONOLACTONE/HYDROCHLOROTHIAZIDE
 TAB 25/25MG
 SULFAMETHOXAZOLE/TRIMETHOPRIM SUS
 200-40/5
 SULFASALAZINE TAB EC 500MG
 SULINDAC TAB 150MG
 SULINDAC TAB 200MG
 TERAZOSIN CAP 10MG
 TERAZOSIN CAP 1MG
 TERAZOSIN CAP 2MG
 TERAZOSIN CAP 5MG
 TERCONAZOLE 3 CRE 0.8%
 TERCONAZOLE 7 CRE 0.4%
 THEOPHYLLINE 24H TAB 400MG ER
 THEOPHYLLINE 24H TAB 600MG ER
 THIORIDAZINE TAB 25MG
 THIORIDAZINE TAB 50MG
 THIOXIXENE CAP 2MG
 THIOXIXENE CAP 5MG
 TIMOLOL MAL TAB 10MG
 TIMOLOL MAL TAB 20MG
 TIMOLOL MALEATE SOL 0.25% OP
 TIMOLOL(T) SOL 0.5% OP
 TIZANIDINE TAB 2MG
 TORSEMIDE TAB 10MG
 TORSEMIDE TAB 20MG
 TRANDOLAPRIL TAB 1MG
 TRANDOLAPRIL TAB 2MG
 TRANDOLAPRIL TAB 4MG
 TRAZODONE TAB 100MG
 TRAZODONE TAB 50MG
 TRETINOIN GEL 0.025%
 TRIAMCINOLON OIN 0.5%
 TRIAMCINOLONE CRE 0.5%
 VERAPAMIL ER TAB 120MG12H
 VERAPAMIL ER TAB 180MG12H
 VERAPAMIL ER TAB 240MG 12H
 VERAPAMIL SR CAP 240MG24H
 VERAPAMIL TAB 120MG
 VERAPAMIL TAB 80MG
 ZONISAMIDE CAP 25MG

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 at 800-933-NALC (6252) to verify the copayment amount of any generic drug.