

# SilverScript®

P.O. Box 30006, Pittsburgh, PA 15222-0330



## ***SilverScript (EGWP) Employer PDP sponsored by NALC Health Benefit Plan (SilverScript (EGWP))***

# **2025 Pharmacy Directory**

This *Pharmacy Directory* was updated on 11/01/2024. For more recent information or other questions, please contact Customer Care at 1-833-266-6957, 24 hours a day, 7 days a week, or visit [Caremark.com](https://www.caremark.com). TTY users should call 711.

Changes to our pharmacy network may occur during the benefit year. To find a network pharmacy, visit our website at [Caremark.com](https://www.caremark.com). You may also call Customer Care for updated information.



## Introduction

This booklet provides a list of SilverScript (EGWP) network pharmacies. To get a complete description of your prescription drug coverage, including how to fill your prescriptions, please review the *Evidence of Coverage* and the SilverScript (EGWP) formulary.

We call the pharmacies on this list our “network pharmacies” because we have made arrangements with them to provide prescription drugs to plan enrollees. In most cases, your prescriptions are covered under SilverScript (EGWP) only if they are filled at a network pharmacy (or through our Mail Service Pharmacy). Once you go to one pharmacy, you are not required to continue going to the same pharmacy to fill your prescription but can switch to any of our network pharmacies. We will fill prescriptions at non-network pharmacies under certain circumstances as described in your *Evidence of Coverage*. If you use an out-of-network pharmacy, your cost share for a prescription may be greater than if you use a network pharmacy and you must submit a paper claim form to receive reimbursement from the plan. See Section 2 of Chapter 3 in the *Evidence of Coverage* for more information.

All network pharmacies may not be listed in this directory. Pharmacies may have been added or removed from the list after this directory was published. This means the pharmacies listed here may no longer be in our network, or there may be newer pharmacies in our network that are not listed.

This list is current as of 01/01/2025. For the most current list, please contact Customer Care. Our contact information appears on the front and back cover pages.

You can go to all the pharmacies on this list, but your costs for some drugs may be less at pharmacies in this list that offer preferred cost sharing. We have marked these pharmacies with “P” to distinguish them from other pharmacies in our network that offer standard cost sharing.

You can get prescription drugs shipped to your home through our network Mail Service Pharmacy. For more information, please see the Mail Service Pharmacy section of this *Pharmacy Directory* or contact Customer Care.

**Through the additional coverage provided by NALC Health Benefit Plan, you may be able to save on your maintenance prescription drugs by changing your 30-day supply to a 90-day supply at any CVS Pharmacy®, Longs Drugs (operated by CVS Pharmacy), or Navarro Discount Pharmacy location. These pharmacies are called “preferred network retail pharmacies.”**

If you’re currently taking any long-term prescription drugs, you can continue to fill your 30-day supplies. However, you may save by changing your 30-day supply to a lower-cost 90-day supply. Filling one 90-day supply may cost you less than three 30-day supplies of the same prescription drug.

**You can choose from two 90-day supply options for the same low price.**

**Option 1:** Refill at any CVS Pharmacy, Longs Drugs (operated by CVS Pharmacy), or Navarro Discount Pharmacy location, and pick up your prescription drugs at your convenience.

**Option 2:** Refill with CVS Caremark Mail Service Pharmacy and have a 90-day supply of your long-term prescription drugs shipped to your home.

For questions about maintenance drugs with additional coverage provided by NALC Health Benefit Plan, including the cost to fill these drugs, please contact Customer Care. (Phone numbers for Customer Care are printed on the back cover of this booklet.)

This directory is for the geographic area that includes the network pharmacies located closest to the area in which you live as indicated by your mailing address. However, we cover a larger service area and there are more pharmacies where your prescription drugs may be covered by our plan. For information on more pharmacies in our plan network not listed in this directory or pharmacies outside the geographic area in which you live, please contact Customer Care, or visit [Caremark.com](https://www.caremark.com).

If you have questions about any of the above, please see the first and last cover pages of this directory for information on how to contact Customer Care.

# SilverScript (EGWP) Network Pharmacies

Our list of network pharmacies is organized by type of pharmacy: Retail, Mail Service, Home Infusion, Long-Term Care, and Indian Health Service. Certain letters appear after each pharmacy listing. These letters mean the following: **P** – a pharmacy offering preferred cost sharing for maintenance prescription drugs at 90 days. **EP** – pharmacy supports electronic prescribing. **EX** – extended day supply available. **L** – Limited Access (i.e., not available to all members).

## Retail Pharmacies, including Chain Pharmacies

### **ALTIUS HEALTHCARE**

3775 CROSSINGS DR  
PRESCOTT, AZ 86305  
(928) 708-0025

TTY: 711

**EP EX**

### **ARIZONA ONCOLOGY ASSOCIATES**

3188 N WINDSONG DR STE A  
PRESCOTT VALLEY, AZ 86314  
(928) 583-7706

TTY: 711

**EP EX**

### **CHINO VALLEY PHARMACY**

1932 N STATE ROUTE 89  
CHINO VALLEY, AZ 86323  
(928) 515-0046

TTY: 711

**EP EX**

### **CORDES PHARMACY**

20172 E STAGECOACH TRL STE A  
CORDES LAKES, AZ 86333  
(928) 968-5040

TTY: 711

**EP EX**

### **COSTCO PHARMACY**

3911 E STATE ROUTE 69  
PRESCOTT, AZ 86301  
(928) 541-2218

TTY: 711

**EP EX**

### **CVS PHARMACY**

506 MILLER VALLEY RD  
PRESCOTT, AZ 86301  
(928) 442-0312

TTY: 711

**EP EX**

### **CVS PHARMACY**

901 WILLOW LAKE RD  
PRESCOTT, AZ 86301  
(928) 771-0278

TTY: 711

**EP EX**

### **CVS PHARMACY**

3025 N WINDSONG DR  
PRESCOTT VALLEY, AZ 86314  
(928) 772-1613

TTY: 711

**EP EX**

### **DEWEY PHARMACY**

12075 E STATE ROUTE 69 STE E  
DEWEY, AZ 86327  
(928) 515-0455

TTY: 711

**EP EX**

### **FRY'S FOOD & DRUG**

950 FAIR ST  
PRESCOTT, AZ 86305  
(928) 778-6887

TTY: 711

**EP EX**

### **FRY'S FOOD & DRUG**

3198 WILLOW CREEK RD  
PRESCOTT, AZ 86301  
(928) 778-3181

TTY: 711

**EP EX**

### **FRY'S FOOD & DRUG**

3100 N GLASSFORD HILL RD  
PRESCOTT VALLEY, AZ 86314  
(928) 445-0607

TTY: 711

**EP EX**

### **GENOA HEALTHCARE LLC**

181 WHIPPLE ST STE P1  
PRESCOTT VALLEY, AZ 86301  
(928) 499-3198

TTY: 711

**EP EX**

### **GENOA HEALTHCARE LLC**

3347 N WINDSONG DR  
PRESCOTT VALLEY, AZ 86314  
(928) 499-6908

TTY: 711

**EP EX**

### **GENOA HEALTHCARE LLC**

651 W MINGUS AVE  
COTTONWOOD, AZ 86326  
(928) 203-5425

TTY: 711

**EP EX**

## **Retail Pharmacies, including Chain Pharmacies (cont.)**

### **SAFEWAY PHARMACY**

1044 WILLOW CREEK RD  
PRESCOTT, AZ 86301  
(928) 443-0300  
TTY: 711

**EP EX**

### **WALGREENS**

1310 WILLOW CREEK RD  
PRESCOTT, AZ 86301  
(928) 227-9965  
TTY: 711

**EP EX**

### **WALMART PHARMACY**

3050 E STATE ROUTE 69  
PRESCOTT, AZ 86301  
(928) 445-3020  
TTY: 711

**EP EX**

### **SAFEWAY PHARMACY**

450 WHITE SPAR RD  
PRESCOTT, AZ 86303  
(928) 778-3098  
TTY: 711

**EP EX**

### **WALGREENS**

178 E SHELDON ST  
PRESCOTT, AZ 86301  
(928) 776-1936  
TTY: 711

**EP EX**

### **WALMART PHARMACY**

3450 N GLASSFORD HILL RD  
PRESCOTT VLY, AZ 86314  
(928) 499-3478  
TTY: 711

**EP EX**

### **SAFEWAY PHARMACY**

7720 E STATE ROUTE 69  
PRESCOTT VALLEY, AZ 86314  
(928) 772-7673  
TTY: 711

**EP EX**

### **WALGREENS**

2880 N CENTRE CT  
PRESCOTT VALLEY, AZ 86314  
(928) 772-4938  
TTY: 711

**EP EX**

### **SAFEWAY PHARMACY**

1031 N STATE ROUTE 89  
CHINO VALLEY, AZ 86323  
(928) 636-8425  
TTY: 711

**EP EX**

### **WALGREENS**

1020 N STATE ROUTE 89  
CHINO VALLEY, AZ 86323  
(928) 636-2986  
TTY: 711

**EP EX**

### **THUMB BUTTE PHARMACY**

3120 WILLOW CREEK RD UNIT  
150  
PRESCOTT, AZ 86301  
(928) 237-4006  
TTY: 711

**EP EX**

### **WALMART PHARMACY**

1280 GAIL GARDNER WAY  
PRESCOTT, AZ 86305  
(928) 541-0562  
TTY: 711

**EP EX**

## Mail Service Pharmacy

### CVS Caremark Mail Service Pharmacy

Customer Care: 1-833-266-6957, TTY: 711

**P** – a pharmacy offering preferred cost sharing for maintenance prescription drugs at 90 days.

**EP** – pharmacy supports electronic prescribing. **EX** – extended day supply available.

You can get prescription drugs shipped to your home through our network Mail Service Pharmacy.

If you have used mail-order services with your current plan before, or if you opt in now, our pharmacy will automatically fill and ship new prescriptions received directly from your doctors or other prescribers. You may opt out of automatic deliveries of new prescriptions at any time by contacting us. If you never had mail-order delivery and/or decide to stop automatic fills of new prescriptions, we will contact you each time we get a new prescription from a provider, to see if you want the medication filled and shipped at that time. This will give you an opportunity to make sure that the correct drug (including strength, amount, and form) will be delivered, and, if necessary, allow you to cancel or delay the order before you are billed and it is shipped.

For refills of your mail-order prescription drugs, you have the option to sign up for an automatic refill program. Under this program, we will start to process your next refill automatically when our records show that you should be close to running out of your drug. You can cancel scheduled refills if you have enough of your medication or if your medication has changed.

If you choose not to use the automatic refill program, please contact us 15 days before you think the drugs you have on hand will run out to make sure your next order is shipped to you in time. To opt out of the automatic refill program, please contact us by calling Customer Care.

Typically, you should expect to receive your prescription drugs within 10 calendar days from the time that the Mail Service Pharmacy receives the order. If you do not receive your prescription drugs within this time, please contact us at Customer Care at 1-833-266-6957, 24 hours a day, 7 days a week. TTY users should call 711.

If you need to request a rush order because of a mail-order delay, you may contact Customer Care (phone numbers are printed on the back cover of this booklet) to discuss options, which may include filling at a local retail pharmacy or expediting the shipping method. Provide the representative with your ID number and prescription number(s). If you want second-day or next-day delivery of your medications, you may request this from the Customer Care representative for an additional charge.

## Home Infusion Pharmacies

SilverScript (EGWP) will only cover the prescription drug costs. We will not cover other costs associated with the home infusion, including nursing services, supplies, etc. Certain letters appear after each pharmacy listing. These letters mean the following: **EP** – pharmacy supports electronic prescribing. **EX** – extended day supply available. **L** – Limited Access (i.e., not available to all members). Contact Customer Care for more information about home infusion pharmacy services.

### **ALTIUS HEALTHCARE**

3775 CROSSINGS DR  
PRESCOTT, AZ 86305  
(928) 708-0025  
TTY: 711  
**EP EX L**

### **PATIENT CARE INFUSION**

1626 S EDWARD DR  
TEMPE, AZ 85281  
(480) 246-3975  
TTY: 711  
**EP EX L**

### **SOLEO HEALTH INC**

415 S 48TH ST STE 101  
TEMPE, AZ 85281  
(480) 296-0222  
TTY: 711  
**EP EX L**

### **AMERITA INC**

7898 E ACOMA DR STE 104  
SCOTTSDALE, AZ 85260  
(480) 300-4005  
TTY: 711  
**EP EX L**

### **SISU HEALTHCARE SOLUTIONS**

914 S 52ND ST STE 110  
TEMPE, AZ 85281  
(480) 999-4488  
TTY: 711  
**EP EX L**

### **VITAL CARE INFUSION SERVICES**

10752 N 89TH PL STE C126  
SCOTTSDALE, AZ 85260  
(480) 534-1355  
TTY: 711  
**EP EX L**

## Long-Term Care Pharmacies

Residents of a long-term care facility may access their prescription drugs covered under SilverScript (EGWP) through the facility's long-term care pharmacy or another network long-term care pharmacy. Certain letters appear after each pharmacy listing. These letters mean the following: **EP** – pharmacy supports electronic prescribing. **L** – Limited Access (i.e., not available to all members). Please call Customer Care for long-term care pharmacies in other areas or for more information about long-term care pharmacy services.

### **DEWEY PHARMACY**

12075 E STATE ROUTE 69 STE E  
DEWEY, AZ 86327  
(928) 515-0455  
TTY: 711  
**EP L**

### **GENOA HEALTHCARE LLC**

3347 N WINDSONG DR  
PRESCOTT VALLEY, AZ 86314  
(928) 499-6908  
TTY: 711  
**EP L**

### **JANUS RX**

17300 N DYSART RD STE 1010  
SURPRISE, AZ 85378  
(623) 248-9199  
TTY: 711  
**EP L**

### **GENOA HEALTHCARE LLC**

181 WHIPPLE ST STE P1  
PRESCOTT VALLEY, AZ 86301  
(928) 499-3198  
TTY: 711  
**EP L**

### **GENOA HEALTHCARE LLC**

651 W MINGUS AVE  
COTTONWOOD, AZ 86326  
(928) 203-5425  
TTY: 711  
**EP L**

### **SALIBAS EXTENDED CARE PHARMACY**

925 E COVEY LN  
PHOENIX, AZ 85024  
(623) 815-8965  
TTY: 711  
**EP L**

## **Indian Health Service / Tribal / Urban Indian Health Program (I/T/U) Pharmacies**

Only Native Americans and Alaska Natives have access to Indian Health Service/Tribal/Urban Indian Health Program (I/T/U) Pharmacies through the SilverScript (EGWP) pharmacy network. Those other than Native Americans and Alaska Natives may be able to access these pharmacies under limited circumstances (e.g., emergencies). Certain letters appear after each pharmacy listing. These letters mean the following: **EP** – pharmacy supports electronic prescribing. **EX** – extended day supply available. **L** – Limited Access (i.e., not available to all members). Please call Customer Care for more information about I/T/U pharmacy services.

### **PEACH SPRINGS HLTH CTR PHCY**

943 HUALAPAI WAY  
PEACH SPRINGS, AZ 86434  
(928) 769-2994  
TTY: 711

**EX L**

### **PHOENIX INDIAN MEDICAL CENTER**

4212 N 16TH ST  
PHOENIX, AZ 85016  
(602) 263-1506  
TTY: 711

**EX L**

### **SALT RIVER INTEGRATED HLTH CAR**

10005 E OSBORN RD BLDG 61  
SCOTTSDALE, AZ 85256  
(480) 946-9227  
TTY: 711

**EP EX L**



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P.O. Box 30006, Pittsburgh, PA 15222-0330



JOHN02 Q SAMPLE02  
916 CANTERBURY LN APT 1401  
PRESCOTT AZ 86301-4718

## **Important Plan Information**

### **Información Importante Sobre el Plan**

This *Pharmacy Directory* was updated on 11/01/2024. For more recent information or other questions, please contact Customer Care at 1-833-266-6957, 24 hours a day, 7 days a week, or visit [Caremark.com](https://www.caremark.com). TTY users should call 711.

Changes to our pharmacy network may occur during the benefit year. To find a network pharmacy, visit our website at [Caremark.com](https://www.caremark.com). You may also call Customer Care for updated information.

The pharmacy network may change at any time. You will receive notice when necessary.

The SilverScript (EGWP) pharmacy network includes limited lower-cost, preferred pharmacies in Alaska; suburban and rural areas of Idaho, Puerto Rico, Washington, and Wyoming; and rural areas of Arkansas, Colorado, Iowa, Kansas, Kentucky, Maine, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, New Mexico, North Dakota, Oklahoma, Oregon, and Wisconsin. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call 1-833-266-6957 (TTY: 711), 24 hours a day, 7 days a week, or consult the online pharmacy directory at [Caremark.com](https://www.caremark.com).

See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.

For mail-order, you can get prescription drugs shipped to your home through the network mail-order delivery program. Typically, mail-order drugs arrive within 10 days. You can call 1-833-266-6957 (TTY: 711), 24 hours a day, 7 days a week, if you do not receive your mail-order drugs within this timeframe. Members may have the option to sign-up for automated mail-order delivery.

Participating health care providers are independent contractors and are neither agents nor employees of SilverScript. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change.