



NALC Health Benefit Plan High Option

2018 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 2018 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 2018 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 2018 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 and/or quantity/duration limitations for specialty and compound drugs, anti-narcolepsy and certain analgesic/opioid medications. Effective January 1, 2018, prior authorization and/or quantity limitations will be implemented for 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.

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 68,550 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 Tablet 250mg Bs
Amoxicillin Sus 250/5ml	Erythromycin Tablet 500mg Bs
Amoxicillin Tablet 500mg	Gentak Ointment 0.3% Op
Ampicillin Trihydrate	Gentamicin Sulfate Cre 0.1%
Capsule 500mg	Gentamicin Sulfate Injection 40mg/MI
Cephalexin Capsule 250mg	Gentamicin Sulfate Ointment 0.1%
Ciprofloxacin Tablet 750mg	Gentamicin Sulfate Ointment 0.3% Op
Ciprofloxacin Solution 0.3%	Gentamicin Sulfate Solution 0.3% Op
Ophthalmic	Ilotycin Ointment Op
Erythrocine Stearate	Isoniazid Tablet 300mg
Tablet 250mg	Minocycline Hcl
Erythromycin Gel 2%	Ofloxacin Tablet 400mg
Erythromycin Ointment 5mg/Gm	Sodium Sulfacet Solution 10% Ophthalmic
Erythromycin Ointment Op	Tobramycin Solution 0.3% Ophthalmic
Erythromycin Solution 2%	

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:

Acetic Acid Solution 2% Otic	Cyclopentolate Solution 1% Op
Afedtab Tablet 30mg Cr	Dexamethason Elixir 0.5/5ml
Allopurinol Tablet 100mg	Dexamethasone Phosphate Solution 0.1% Ophthalmic
Altavera Tablet	Dexamethasone Tablet 0.5mg
Alyacen Tablet 1/35	Dexamethasone Tablet 0.75mg
Amiloride-Hydrochlorothiazide Tablet 5-50	Dexamethasone Tablet 1mg
Amitriptyline Tablet 10mg	Dexamethasone Tablet 2mg
Amitriptyline Tablet 25mg	Dexmethylphenidate Tablet 2.5mg
Amitriptyline Tablet 50mg	Dialyvite Tablet
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
Apri Tablet	Digoxin Tablet 0.25mg
Atenolol Tablet 25mg	Diltiazem Cd Capsule 180/24hr
Atenolol Tablet 50mg	Diltiazem Er Capsule 120mg/24
Atropine Sulfate Solution 1% Op	Diltiazem Er Capsule 180mg/24
Benzotropine Mesylate Tablet 0.5mg	Diltiazem Xr Capsule 120mg/24
Benzotropine Mesylate Tablet 1mg	Diltiazem Xr Capsule 180mg/24
Benzotropine Mesylate Tablet 2mg	Diltiazem Xr Capsule 240mg/24
Betamethasone Dipropionate Lot 0.05%	Dilt-Xr Capsule 180mg/24
Betaxolol Tablet 10mg	Doxepin Con 10mg/ML
Bisoprolol Fumarate Tablet 5mg	Effer-K Tablet 25meq Ff
Brimonidine Tartrate Solution 0.2% Op	Emoquette Tablet
Bupropion Tablet 75mg	Enpresse Tablet
Calcitriol Capsule 0.25mcg	Enskyce Tablet
Camila Tablet 0.35mg	Errin Tablet 0.35mg
Carisoprodol Tablet 350mg	Erythromycin Ointment Op
Carteolol Solution 1% Op	Estradiol Tablet 0.5mg
Cartia Xt Capsule 180/24hr	Estradiol Tablet 1mg
Cephalexin Capsule 250mg	Estrogen & Methyltestosterone Tablet Mtest Hs
Chlordiazepoxide Capsule 10mg	Estropipate Tablet 3mg
Chlordiazepoxide Capsule 25mg	Ethambutol Tablet 100mg
Chlordiazepoxide Capsule 5mg	Etidronate Tablet 400mg
Chlorhexidine Gluconate Solution 0.12%	Fabb Tablet
Chlorothiazide Tablet 250mg	Fenofibrate Tablet 54mg
Chlorothiazide Tablet 500mg	Fenofibric Tablet 35mg
Chlorthalidone Tablet 25mg	Ferocon Capsule
Chlorthalidone Tablet 50mg	Ferrex 150 Capsule Forte
Clonazepam Tablet 0.5mg	Ferrex 150 Capsule Forte PI
Clonazepam Tablet 1mg	Ferrex 28
Clonidine Tablet 0.1mg	Ferrocite Plus Tablet Plus
Clotrimazole Cream 1%	Fludrocortisone Acetate Tablet 0.1mg
Clotrimazole Cream 1% 2x45g	Fluoride Chew 0.25mg F
Corvita 150 Tablet	Fluoxetine Solution 20mg/5ml
Corvite Free Tablet	Fluticasone Cream 0.05%
Cromolyn Sodium Solution 4% Ophthalmic	Fluticasone Ointment 0.005%
Cryselle Tablet 28 Tablets	Folbee Plus Cz Tablet Cz
Cyanocobalamin Injection 1000mcg	Folbee Plus Tablet
Cyclafem Tablet 1/35	Folbee Tablet

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Folic Tablet
 Folic Acid Tablet 1mg
 Folic Acid-Vitamin B6-Vitamin B12 Tablet
 Folplex 2.2 Tablet
 Furosemide Solution 10mg/ML
 Furosemide Tablet 20mg
 Furosemide Tablet 40mg
 Gavilyte-G Solution
 Gentak Ointment 0.3% Op
 Gildess Fe Tablet 1.5/30
 Gildess Fe Tablet 1/20
 Gildess Tablet 1/20
 Glipizide Er Tablet 2.5mg
 Glipizide Er Tablet 5mg
 Glipizide Tablet 5mg
 Glipizide XI Tablet 10mg
 Glipizide XI Tablet 2.5mg
 Glipizide XI Tablet 5mg
 Glyburide /Metformin Tablet 1.25-250
 Glyburide Ab 1.25mg
 Haloperidol Decanoate Amp 50mg/ML
 Haloperidol Tablet 0.5mg
 Heather Tablet 0.35mg
 Hematinic Plus Tablet Vit/Min
 Hematinic With Folic Acid Tablet
 Hydralazine Tablet 50mg
 Hydrochlorothiazide Capsule 12.5mg
 Hydrochlorothiazide Tablet 12.5mg
 Hydrochlorothiazide Tablet 25mg
 Hydrochlorothiazide Tablet 50mg
 Hydrocortisone Cream 2.5%
 Hydrocortisone Ointment 2.5%
 Hydrocortisone Tablet 10mg
 Hydrocortisone Tablet 5mg
 Hydrocortisone Valerate Cream 0.2%
 Hydroxyzine Hydrochloride Tablet 10mg
 Hydroxyzine Pamoate Capsule 50mg
 Hypercare Solution 20%
 Ipratropium Spray .03%
 Isosorbide Mononitrate Er Tablet 60mg Er
 Isosorbide Mononitrate Tablet 10mg
 Ivermectin Tablet 3mg
 Jolivet Tablet 0.35mg
 Junel Fe Tablet 1.5/30
 Junel Tablet
 Kelnor 1-35 Tablet 1/35
 Ketoconazole Sha 2%
 Ketorolac Tablet 10mg
 Klor-Con M10 Tablet 10meq Er
 Klor-Con M20 Tablet 20meq Er
 Lactic Acid Cream E
 Leucovorin Calcium Tablet 5mg
 Leucovorin Tablet 10mg
 Levora-28 Tablet 0.15/30
 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
 Levothyroxine Sodium Tablet 25mcg
 Levothyroxine Sodium Tablet 300mcg
 Levothyroxine Sodium Tablet 50mcg
 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 Mdv 2%
 Lithium Carbonate Capsule 150mg
 Lithium Carbonate Capsule 300mg
 Lithium Carbonate Capsule 600mg
 Lithium Carbonate Er Tablet 300mg
 Lithium Carbonate Er Tablet 450mg Er
 Lithium Carbonate Tablet 300mg
 Low-Ogestrel Tablet
 Loxapine Capsule 10mg
 Marlissa Tablet 0.15/30
 Meclizine Tablet 25mg
 Medroxyprogesterone Acetate Tablet 10mg
 Medroxyprogesterone Acetate Tablet 2.5mg
 Medroxyprogesterone Acetate Tablet 5mg
 Methimazole Tablet 10mg
 Methimazole Tablet 5mg
 Methylprednisolone Tablet 32mg
 Methylprednisolone Tablet 4mg Dpak
 Metipranolol Sol 0.3% Oph
 Metoprolol Er Tablet Suc 25mg
 Metoprolol Er Tablet Suc 50mg
 Metoprolol Tablet Tar 37.5
 Metoprolol Tartrate Tablet 25mg
 Metoprolol/Hctz Tablet 50-25mg
 Metronidazole Tablet 250mg
 Metronidazole Tablet 500mg
 Microgestin Fe Tablet Fe 1.5/30
 Minocycline Capsule 75mg
 Minoxidil Tablet 2.5mg
 Moexipril Tablet 7.5mg
 Moexipril/Hctz Tablet 15-12.5mg
 Moexipril/Hctz Tablet 15-25mg
 Moexipril/Hctz Tablet 7.5-12.5mg
 Multi-Vitamin W-Fluoride Drop 0.25mg
 Multi-Vitamin W-Fluoride Drop 0.25mg
 Multi-Vitamin W-Fluoride Drop 0.5mg/ML
 Multivitamin With Fluoride Chew 0.25mg
 Multivitamin With Fluoride Chew 0.5mg

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.

Multivitamin With Fluoride Chew 1mg
 Mvc-Fluoride Chew 0.5mg
 Myzilra Tablet
 Necon B 1/50-28
 Necon Tablet 1/35
 Neomycin-Polymyxin-Dexamethasone
 Ointment 0.1% Op
 Niacor Tablet 500mg
 Nifedical XI Tablet 30mg Er
 Nifedipine Cc Tablet 30mg Er
 Nifedipine XI Tablet 30mg Er
 Nora-Be Tablet 0.35mg
 Norethindrone Tablet 0.35mg
 Np Thyroid Tablet 15mg
 Np Thyroid Tablet 30mg
 Np Thyroid Tablet 90mg
 Nystatin Cream 100000
 Nystatin Ointment 100000
 Ofloxacin Drop 0.3% Op
 Ofloxacin Drop 0.3% Otic
 Ofloxacin Tablet 400mg
 Ondansetron Injection 40/20ml
 Oto-End 10 Solution
 Oxybutynin Chloride Symp 5mg/5ml
 Paroex Solution 0.12%
 Peg-3350 And Electrolytes Solution
 Phenylephrine Solution 2.5% Ophthalmic
 Phenytoin Chewable 50mg
 Poly-Iron 150 Forte Capsule 150 Fort
 Portia Tablet
 Potassium Bicarbonate Tablet 25meq Ef
 Potassium Bicarbonate/Cl Tablet 25meq Ef
 Potassium Chloride Capsule 8meq Er
 Potassium Chloride Liq 10%
 Potassium Chloride Liq 20%
 Potassium Chloride Liq 20% Sf
 Potassium Chloride Tablet 10meq Cr
 Potassium Chloride Tablet 10meq Cr
 Prednisolone Solution 15mg/5ml
 Prednisone Tablet 10mg
 Prednisone Tablet 1mg
 Prednisone Tablet 2.5mg
 Prednisone Tablet 20mg
 Prednisone Tablet 50mg
 Prednisone Tablet 5mg
 Prenaplus Tablet
 Prenatabs Fa Tablet
 Prenatabs Rx Tablet
 Prenatal Plus Tablet Plus
 Primidone Tablet 50mg
 Probenecid/Colchicine Tablet 500/.5mg
 Promethazine-Dm Symp
 Quinapril/Hctz Tablet 10-12.5
 Quinapril/Hctz Tablet 20-25mg
 Quinidine Sulfate Tablet 200mg
 Quinidine Sulfate Tablet 300mg Er
 Reclipsen Tablet
 Renal Caps Capsule Softgel
 Rena-Vite Rx Tablet
 Reno Caps Capsule
 Selenium Sulfide Sul Lot 2.5%
 Se-Tan Plus Capsule
 Silver Sulfadiazine Cream 1%
 Sodium Chloride Injection 0.9%
 Sodium Chloride Neb 0.9%
 Sodium Chloride Neb 3%
 Sodium Sulfacetamide Solution 10% Ophthalmic
 Spironolactone Tablet 25mg
 Spironolactone Tablet 50mg
 Sulfacetamide/Prednisolone Solution Ophthalmic
 Sulfamethoxazole-Trimethoprim Tablet 400-80mg
 Sulfamethoxazole-Trimethoprim Tablet 800-160
 Sulfasalazine Tablet 500mg
 Taztia Xt Capsule 120mg/24
 Terconazole 3 Cream 0.8%
 Terconazole 7 Cream 0.4%
 Theophylline 24h Tablet 400mg Er
 Theophylline Anhydrous Tablet 100mg Cr
 Thiamine Injection 100mg/ML
 Thioridazine Tablet 100mg
 TI Icon Capsule
 TI-Hem 150 Tablet
 Tobramycin Solution 0.3% Ophthalmic
 Toremide Tablet 5mg
 Trandolapril Tablet 2mg
 Trandolapril Tablet 4mg
 Trazodone Tablet 50mg
 Triamcinolone Acetonide Cream 0.025%
 Triamcinolone Acetonide Cream 0.1%
 Triamcinolone Acetonide Cream 0.5%
 Triamcinolone Acetonide Ointment 0.025%
 Triamcinolone Acetonide Ointment 0.1%
 Triamcinolone Acetonide Ointment 0.5%
 Triamcinolone Lotion 0.025%
 Triamterene-Hydrochlorothiazide Capsule 37.5-25
 Triamterene-Hydrochlorothiazide Tablet 37.5-25
 Triamterene-Hydrochlorothiazide Tablet 75-50mg
 Tricon Capsule
 Trifluoperazine Tablet 1mg
 Trigels-F Capsule Forte
 Trihexyphenidyl Tablet 2mg
 Trihexyphenidyl Tablet 5mg
 Trimethoprim Tablet 100mg
 Triphrocaps Capsules Capsule
 Triple-Vitamin W-Fluoride Drop 0.25mg
 Tri-Vitamin With Fluoride Drop 0.25mg
 Trivora-28 Tablet
 V-C Forte Capsule
 Verapamil Tablet 40mg
 Vitamin D2 Capsule 50000unt
 Vol-Care Rx Tablet
 Water Injection
 Zinc Sulfate Capsule 220mg
 Zovia 1-35e Tablet

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.

NALC Preferred 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 NALC Preferred Generic list, which represents a summary of prescriptions, includes:

Acyclovir Capsule 200mg
Albuterol Sulfate Neb 0.5%
Acebutolol Capsule 200mg
Acebutolol Capsule 400mg
Afedital Cr Tablet 60mg Er
Albuterol Syrup 2mg/5ml
Alclometasone Cream 0.05%
Amethyst (28) Tablet 0.09/20
Amiloride Tablet 5mg
Amitriptyline Tablet 75mg
Amlodipine Tablet 10mg
Amlodipine Tablet 2.5mg
Amlodipine Tablet 5mg
Ammonium Lactate Lotion 12% Rx
Atenolol Tablet 100mg
Atenolol-Chlorthalidone Tablet 100-25mg
Atenolol-Chlorthalidone Tablet 50-25mg
Balziva Tablet 35/0.4
B-Complex Via 100
Benazepril Tablet 5mg
Benazepril Tablet 10mg
Benazepril Tablet 20mg
Benazepril Tablet 40mg
Benazepril Hctz Tablet 5-6.25mg
Benazepril-Hydrochlorothiazide Tablet 10-12.5
Benazepril-Hydrochlorothiazide Tablet 20-12.5
Benazepril-Hydrochlorothiazide Tablet 20-25mg
Betamethasone Valerate Lotion 0.1%
Betamethasone Valerate Cream 0.1%
Betamethasone Valerate Ointment 0.1%
Betaxolol Tablet 20mg
Bisoprolol Tablet 5mg
Bisoprolol-Hydrochlorothiazide Tablet 5-6.25mg
Bisoprolol-Hydrochlorothiazide Tablet 10/6.25
Bisoprolol-Hydrochlorothiazide Tablet 2.5/6.25
Bumetanide Tablet 1mg
Bumetanide Tablet 0.5mg
Bupropion Tablet 100mg
Buspirone Tablet 5mg
Calcitriol Capsule 0.5mcg
Captopril-Hydrochlorothiazide Tablet 25-25mg
Carbamazepine Chewable 100mg
Carbidopa/Levodopa Odt 10-100mg
Carbinoxamine Tablet 4mg
Cartia Xt Capsule 120/24hr
Cartia Xt Capsule 240/24hr
Cephalexin Capsule 500mg
Cetirizine Syrup 5mg/5ml
Chlordiazepoxide/Amitriptyline Tablet 5-12.5mg
Chlorzoxazone Tablet 500mg
Citalopram Hbr Tablet 10mg
Clindamycin Capsule 150mg
Clindamycin Pad 1%
Clindamycin Solution 1%
Clonazepam Odt 0.25mg
Clonazepam Odt 2mg
Clonazepam Tablet 2mg
Clonidine Hydrochloride Tablet 0.2mg
Clonidine Hydrochloride Tablet 0.3mg
Cyproheptadine Tablet 4mg
Desipramine Tablet 10mg
Desipramine Tablet 25mg
Dexamethasone Tablet 4mg
Dexamethasone W Solution 0.5/5ml
Dicyclomine Hydrochloride Capsule 10mg
Dicyclomine Hydrochloride Tablet 20mg
Digoxin Pediatric Solution 0.05/ML
Digoxin Tablet 0.125mg
Diltiazem 24hr Cd Capsule 120mg Cd
Diltiazem 24hr Er Capsule 120mg Er
Diltiazem Cd Capsule 240/24hr
Diltiazem Cd Capsule 300/24hr
Diltiazem Er Capsule 240mg/24
Diltiazem Er Capsule 300mg/24
Diltiazem Er Capsule 360mg/24
Diltiazem Er Capsule 420mg/24
Diltiazem Hydrochloride Tablet 30mg
Divalproex Tablet 125mg Dr
Dorzolamide Solution 2% Ophthalmic
Dorzolamide Solution Ophthalmic 2%
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
Doxycycline Hyclate Tablet 20mg
Doxycycline Monohydrate Capsule 50mg
Enalapril Maleate Tablet 5mg
Enalapril Maleate Tablet 10mg
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
Etodolac Capsule 200mg
Felodipine Tablet 2.5mg Er
Felodipine Tablet 5mg Er
Fenofibrate Capsule 43mg
Fenofibrate Tablet 160mg
Fenofibrate Tablet 48mg
Flunisolide Spray 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.

Fluocinolon Acetonide Cream 0.025%
 Fluoride Chew 0.5mg F
 Fluoride Chew 1mg F
 Fluphenazine Hydrochloride Tablet 1mg
 Fluphenazine Hydrochloride Tablet 5mg
 Flurbiprofen Tablet 100mg
 Fluticasone Spray 50mcg
 Fosinopril Sodium Tablet 10mg
 Fosinopril Sodium Tablet 20mg
 Fosinopril Sodium Tablet 40mg
 Fosinopril/Hctz Tablet 10/12.5
 Fosinopril/Hctz Tablet 20/12.5
 Furosemide Tablet 80mg
 Fyavolv Tablet 1/5
 Gabapentin Capsule 100mg
 Generlac Solution 10gm/15
 Gentamicin Cream 0.1%
 Glimepiride Tablet 1mg
 Glimepiride Tablet 2mg
 Glipizide Tablet 10mg
 Glipizide/Metformin Tablet 2.5-250 Mg
 Glyburide Tablet 5mg
 Glyburide Micronized Tablet 1.5mg
 Glyburide Micronized Tablet 3mg
 Glyburide Micronized Tablet 6mg
 Glyburide Tablet 2.5mg
 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
 Hydrocortisone Ointment 1%
 Hydrocortisone Tablet 20mg
 Hydroxyurea Capsule 500mg
 Hydroxyzine Hcl Tablet 25mg
 Hydroxyzine Hcl Tablet 50mg
 Hydroxyzine Hydrochloride Syrup 10mg/5ml
 Hydroxyzine Pamoate Capsule 25mg
 Hydroxyzine Pamoate Capsule 100mg
 Hyoscyamine Odt 0.125mg
 Hyoscyamine Sub 0.125mg
 Ibuprofen Tablet 400mg
 Ibuprofen Tablet 600mg
 Ibuprofen Tablet 800mg
 Icar-C Plus Tablet
 Imipramine Tablet 10mg
 Imipramine Tablet 25mg
 Imipramine Hcl Tablet 50mg
 Indapamide Tablet 1.25mg
 Indapamide Tablet 2.5mg
 Indomethacin Capsule 25mg
 Indomethacin Capsule 50mg
 Introvale 91 Tablet 0.15/30
 Ipratropium Spray .06% 165
 Isoniazid Tablet 300mg
 Isosorbide Dinitrate Tablet 30mg Ir
 Isosorbide Dinitrate Tablet 5mg Ir
 Isosorbide Mononitrate Tablet 20mg
 Isosorbide Mononitrate Er Tablet 30mg Er
 Isoxsuprine Tablet 10mg
 Jantoven Tablet 1mg
 Jantoven Tablet 2mg
 Jantoven Tablet 5mg
 Jantoven Tablet 6mg
 Jantoven Tablet 2.5mg
 Jolessa (91) Tablet 0.15/30
 Klor-Con Spr Capsule Er 8meq
 Klor-Con/Ef Tablet 25meq Fr
 Labetalol Tablet 100mg
 Labetalol Tablet 200mg
 Labetalol Tablet 300mg
 Latanoprost Solution .005% Ophthalmic
 Leucovorin Calcium Tablet 15mg
 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
 Losartan Tablet 25mg
 Lovastatin Tablet 10mg
 Lovastatin Tablet 20mg
 Loxapine Capsule 5mg
 Liquid Fluoride Chew 0.5mg F
 Meclizine Tablet 12.5mg
 Mefloquine Tablet 250mg
 Megestrol Acetate Tablet 20mg
 Metformin Er 500mg Er
 Metformin Tablet 500mg
 Metformin Tablet 850mg
 Metformin Er Tablet 750mg Gp
 Methocarbamol Tablet 500mg
 Methocarbamol Tablet 750mg
 Methyclothiazide Tablet 5mg
 Methyl dopa Tablet 250mg
 Methyl dopa Tablet 500mg
 Methyl dopa/Hctz Tablet 250/25
 Methylprednisolone Tablet 4mg
 Metoclopramide Tablet 5mg
 Metoclopramide Tablet 10mg
 Metoclopramide Solution 5mg/5ml
 Metolazone Tablet 5mg
 Metolazone Tablet 2.5mg
 Metoprolol Er Tablet Succinate 100mg
 Metoprolol Tartrate Tablet 50mg
 Metoprolol Tartrate Tablet 100mg
 Metoprolol/Hctz Tablet 100-25mg
 Minoxidil Tablet 10mg
 Moexipril Tablet 15mg
 Mometasone Cream 0.1%
 Mometasone Lotion 0.1% Top
 Mupirocin Ointment 2%
 Naproxen Dr Tablet 375mg
 Naproxen Tablet 250mg
 Naproxen Tablet 375mg
 Naproxen Tablet 500mg
 Neo/Poly/Dex Oin 0.1% Ophthalmic
 Neo/Poly/Hc Sus 1% Otic

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Nifedipine CC Tablet 30mg Er
 Nitrofurantoin Mac Capsule 50mg
 Nitroglycerin Capsule 2.5mg Er
 Nitroglycerin Capsule 6.5mg Er
 Nitro-Time Capsule 2.5mg Cr
 Nitro-Time Capsule 6.5mg Cr
 Norgestimate And Ethinyl Estradiol
 Tablet 0.25/35
 Nortriptyline Capsule 10mg
 Nortriptyline Capsule 25mg
 Np Thyroid Tablet 60mg
 Nystatin Sus 100000u
 Ogestrel(28) Tablet 0.5/50
 Oxybutynin Chloride Tablet 5mg
 Penicillin Vk Tablet 250mg
 Pentoxifylline Tablet 400mg Er
 Perindopril Tablet 2mg
 Perphenazine/Amitriptyline Tablet 2-10mg
 Phenytoin Ex Capsule 100mg
 Phenytoin Ex Capsule 300mg
 Phenytoin Sus 125/5ml
 Phospha 250 Neutral Tablet Neutral
 Pilocarpine Solution 1% Ophthalmic
 Pilocarpine Solution 2% Ophthalmic
 Pimozide Tablet 1mg
 Pindolol Tablet 5mg
 Polymyxin B Sul-Trimethopri Solution
 Prazosin Capsule 1mg
 Prazosin Capsule 2mg
 Prednisone Acetate Sus 1% Ophthalmic
 Primidone Tablet 250mg
 Probenecid Tablet 500mg
 Prochlorperazine Maleate Tablet 5mg
 Prochlorperazine Maleate Tablet 10mg
 Promethazine Symp 6.25/5ml
 Promethazine Tablet 25mg
 Promethazine Tablet 12.5mg
 Propanthelin Tablet 15mg
 Propranolol Tablet 10mg
 Propranolol Tablet 20mg
 Propranolol Tablet 40mg
 Propranolol Tablet 80mg
 Propranolol Capsule 60mg Er
 Propranolol Solution 20mg/5ml
 Propranolol-Hydrochlorothiazide Tablet 40/25
 Propranolol-Hydrochlorothiazide Tablet 80/25
 Propylthiouracil Tablet 50mg
 Quasense(91) Tablet 0.15/30
 Quinapril Tablet 5mg
 Quinapril Tablet 10mg
 Quinapril Tablet 20mg
 Quinapril Tablet 40mg
 Quinapril/Hctz Tablet 20-12.5
 Ramipril Capsule 1.25mg
 Ramipril Capsule 2.5mg
 Ramipril Capsule 5mg
 Ranitidine Tablet 150mg
 Ranitidine Capsule 150mg
 Rea Lo 40 Lot 40%
 Simvastatin Tablet 5mg
 Sodium Citrate & Citric Acid
 Sodium Fluoride Drop 0.5mg/MI
 Sorine Tablet 80mg
 Spironolactone Tablet 100mg
 Spironolactone/Hctz Tablet 25/25
 Sucralfate Tablet 1gm
 Sulfamethoxazole Trimethoprim Cherry
 Suspension 200-40/5
 Sulfasalazine Tablet Ec 500mg
 Sulindac Tablet 150mg
 Sulindac Tablet 200mg
 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
 Taztia Xt Capsule 240mg/24
 Terazosin Capsule 1mg
 Terazosin Capsule 2mg
 Terazosin Capsule 5mg
 Terazosin Capsule 10mg
 Theophylline 24h Tablet 600mg Er
 Theophylline Anhydrous Tablet 200mg Cr
 Thioridazine Tablet 25mg
 Thioridazine Tablet 50mg
 Thiothixene Capsule 2mg
 Thiothixene Capsule 1mg
 Thiothixene Capsule 5mg
 Timolol Mal Tablet 10mg
 Timolol Mal Tablet 5mg
 Timolol Maleate Solution 0.5% Op
 Torsemide Tablet 10mg
 Torsemide Tablet 20mg
 Trandolapril Tablet 1mg
 Trazodone Tablet 100mg
 Triamterene/Hctz Capsule 50-25mg
 Tri-Lo Tablet Estaryll
 Verapamil Tablet 80mg
 Verapamil Tablet 120mg
 Verapamil Er Tablet 120mg12h
 Verapamil Pm Capsule 100mg24h
 Verapamil Sr Capsule 120mg24h
 Verapamil Sr Capsule 180mg24h
 Vyfemla (28) Tablet 0.4-35
 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.cvscaremarksspecialtyrx.com.

ANALGESICS

VISCOSUPPLEMENTS

GEL-ONE
HYALGAN
SUPARTZ FX

ANTI-INFECTIVES

ANTIRETROVIRAL AGENTS

§ ANTIRETROVIRAL COMBINATIONS

abacavir-lamivudine
lamivudine-zidovudine
ATRIPLA
COMPLERA
DESCOVY
EVOTAZ
GENVOYA
ODEFSEY
PREZCOBIX
STRIBILD
TRIUMEQ
TRUVADA

FUSION INHIBITORS

FUZEON

INTEGRASE INHIBITORS

ISENTRISS
TIVICAY

§ NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS

nevirapine
nevirapine ext-rel
EDURANT
INTELENCE
SUSTIVA

§ NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS

abacavir tablet
didanosine
lamivudine
stavudine
zidovudine

EMTRIVA

NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS

VIREAD

§ PROTEASE INHIBITORS

lopinavir-ritonavir solution
KALETRA TABLET
NORVIR
PREZISTA
REYATAZ

ANTIVIRALS

§ HEPATITIS B AGENTS

entecavir tablet
lamivudine
BARACLUDE SOLUTION
VEMLIDY

§ HEPATITIS C AGENTS

ribavirin
EPCLUSA (*genotypes 2, 3*)
HARVONI (*genotypes 1, 4, 5, 6*)

ANTINEOPLASTIC AGENTS

§ ALKYLATING AGENTS

temozolomide

§ ANTIMETABOLITES

capecitabine

HORMONAL ANTINEOPLASTIC AGENTS

§ ANTIANDROGENS

ZYTIGA

§ LUTEINIZING HORMONE RELEASING HORMONE (LHRH) AGONISTS

leuprolide acetate
LUPRON DEPOT
TRELSTAR
ZOLADEX

IMMUNOMODULATORS

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.

REVLIMID
THALOMID

§ KINASE INHIBITORS

imatinib mesylate
AFINITOR
BOSULIF
CABOMETYX
NEXAVAR
SPRYCEL
SUTENT
TARCEVA
TYKERB
VOTRIENT

§ MISCELLANEOUS

bexarotene capsule
ZOLINZA

CARDIOVASCULAR

ANTIPEMICS

MICROSOMAL TRIGLYCERIDE
TRANSFER PROTEIN INHIBITORS
JUXTAPID

PCSK9 INHIBITORS

REPATHA

**PULMONARY ARTERIAL
HYPERTENSION**

ENDOTHELIN RECEPTOR
ANTAGONISTS
LETAIRS
TRACLEER

**§ PHOSPHODIESTERASE
INHIBITORS**

sildenafil

PROSTAGLANDIN

VASODILATORS
ORENITRAM

CENTRAL NERVOUS SYSTEM

§ HUNTINGTON'S DISEASE AGENTS

tetrabenazine

§ MULTIPLE SCLEROSIS AGENTS

glatiramer
AUBAGIO
BETSERON
COPAXONE 40 MG
GILENYA
REBIF
TECFIDERA

ENDOCRINE AND METABOLIC

ACROMEGALY

SOMATULINE DEPOT
SOMAVERT

CALCIUM REGULATORS
PARATHYROID HORMONES
FORTEO

FERTILITY REGULATORS
GNRH / LHRH ANTAGONISTS
CETROTIDE

**§ OVULATION STIMULANTS,
GONADOTROPINS**

*chorionic gonadotropin -
Novarel*
FOLLISTIM AQ
OVIDREL

HUMAN GROWTH HORMONES
HUMATROPE

HEMATOLOGIC

HEMATOPOIETIC GROWTH FACTORS

ARANESP
ZARXIO

HEMOPHILIA AGENTS

KOGENATE FS
KOVALTRY
NOVOEIGHT
NUWIQ

HEREDITARY ANGIOEDEMA
RUCONEST

IMMUNOLOGIC AGENTS

ALLERGENIC EXTRACTS
ORALAIR

**BIOLOGIC DISEASE-
MODIFYING AGENTS**
PSORIASIS

HUMIRA
STELARA (after failure of HUMIRA)
TALTZ (after failure of HUMIRA)

ALL OTHER CONDITIONS

ENBREL
HUMIRA

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

IMMUNOSUPPRESSANTS

§ ANTIMETABOLITES
mycophenolate mofetil
MYFORTIC

§ CALCINEURIN INHIBITORS

cyclosporine
cyclosporine, modified
tacrolimus

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§ RAPAMYCIN DERIVATIVES

sirolimus tablet
RAPAMUNE SOLUTION

RESPIRATORY**§ CYSTIC FIBROSIS**

tobramycin inhalation solution
BETHKIS

PULMONARY FIBROSIS AGENTS

ESBRIET

OFEV

**TOPICAL
DERMATOLOGY**

ATOPIC DERMATITIS
DUPIXENT

MOUTH /THROAT /DENTAL AGENTS

PROTECTANTS
MUGARD

SPECIALTY PHARMACY QUICK REFERENCE DRUG LIST

A	EVOTAZ	M	SOMATULINE DEPOT
<i>abacavir tablet</i>		MUGARD	SOMAVERT
<i>abacavir-lamivudine</i>	F	<i>mycophenolate mofetil</i>	SPRYCEL
AFINITOR	FOLLISTIM AQ	<i>mycophenolate sodium</i>	<i>stavudine</i>
ARANESP	FORTEO		STELARA
ATRIPLA	FUZEON	N	STRIBILD
AUBAGIO	G	<i>nevirapine</i>	SUPARTZ FX
	GEL-ONE	<i>nevirapine ext-rel</i>	SUSTIVA
B	GENVOYA	NEXAVAR	SUTENT
BARACLUDE SOLUTION	GILENYA	NORVIR	
BETASERON	<i>glatiramer</i>	NOVOEIGHT	T
BETHKIS	H	NUWIQ	<i>tacrolimus</i>
<i>bexarotene capsule</i>	HARVONI	O	TALTZ
BOSULIF	HUMATROPE	ODEFSEY	TARCEVA
	HUMIRA	OFEV	TECFIDERA
C	HYALGAN	ORALAIR	<i>temozolomide</i>
CABOMETYX		ORENITRAM	<i>tetrabenazine</i>
<i>capecitabine</i>	I	OVIDREL	THALOMID
CETROTIDE	<i>imatinib mesylate</i>	P	TIVICAY
<i>chorionic gonadotropin -</i>	INTELENCE	PREZCOBIX	<i>tobramycin inhalation</i>
<i>Novarel</i>	ISENTRESS	PREZISTA	<i>solution</i>
COMPLERA	J	R	TRACLEER
COPAXONE 40 MG	JUXTAPID	RAPAMUNE SOLUTION	TRELSTAR
<i>cyclosporine</i>	K	RASUVO	TRIUMEQ
<i>cyclosporine, modified</i>	KALETRA TABLET	REBIF	TRUVADA
D	KOGENATE FS	REPATHA	TVKERB
DESCOVY	KOVALTRY	REVLIMID	V
<i>didanosine</i>	L	REYATAZ	VEMLIDY
DUPIXENT	<i>lamivudine</i>	<i>ribavirin</i>	VOTRIENT
	<i>lamivudine-zidovudine</i>	RUCONEST	
E	LETAIRIS	S	Z
EDURANT	<i>leuprolide acetate</i>	<i>sildenafil</i>	ZARXIO
EMTRIVA	<i>lopinavir-ritonavir solution</i>	<i>sirolimus tablet</i>	<i>zidovudine</i>
ENBREL	LUPRON DEPOT		ZOLADEX
<i>entecavir tablet</i>			ZOLINZA
EPLUSA			ZYTIGA
ESBRIET			

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.