



# ***NALC Health Benefit Plan High Option***

## ***2020 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 2020 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 2020 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

## Your 2020 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)
\$7
\$10 (\$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
\$50
\$75 (\$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:**

40% of cost
\$75
\$110 (\$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:**

\$200
\$300
\$400

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.*

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## 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](http://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**

Your prescription drug plan, through CVS Caremark®, includes a formulary drug list. Formularies are developed by an independent panel of doctors and pharmacists who ensure medications are clinically appropriate and cost effective. Our formulary list is called the NALC Health Benefit Plan Formulary Drug List with Advanced Control Specialty Formulary. Certain non-formulary drugs may only be covered with prior authorization. If your physician believes a brand name drug is necessary, or if there is no generic available, ask your physician to prescribe a formulary brand name drug from this list. You will pay the appropriate retail coinsurance and mail order copayment amounts for generic and formulary brand name drugs on the list. Your out-of-pocket costs will be higher for non-formulary drugs that are not on the list. You may order a copy of the list of drugs by calling 800-933-NALC (6252).

If your prescriber believes you should use a medication that is not on the standard formulary, you must contact CVS Caremark® at 800-933-NALC (6252) to obtain prior authorization. Your healthcare provider will be asked to provide documentation for consideration of use of the non-formulary medication. You must periodically renew prior approval for certain drugs.

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](http://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](http://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 50% reimbursement at 50% of the Plan allowance. 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.

We require prior authorization (PA) for certain drugs to ensure safety, clinical appropriateness and cost effectiveness. PA criteria is designed to determine coverage and help to promote safe and appropriate use of medications. Medications for antinarcoplepsy, ADD/ADHD, certain analgesics, and certain opioids, 510K dermatological products, and artificial saliva will require PA. In certain circumstances, a PA may require the trial or step of a more appropriate first line agent before the drug being requested is approved. Occasionally, as part of regular review, we may recommend that the use of a drug is appropriate only with limits on its quantity, total dose, duration of therapy, age, gender or specific diagnoses. To obtain a list of drugs that require PA, please visit our website, [www.nalchbp.org](http://www.nalchbp.org) or call 888-636-NALC (6252).

### **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 (Trihydrate) Capsule 500 mg  
Amoxicillin (Trihydrate) For Susp 125 mg/5ml  
Amoxicillin (Trihydrate) Tablet 875 mg  
Amoxicillin Suspension 200/5ml  
Amoxicillin/Clavula Tablet 875 mg  
Azithromycin Tablet 250 mg  
Cefadroxil Capsule 500 mg  
Cefdinir Capsule 300 mg  
Cefuroxime Tablet 250 mg  
Cefuroxime Tablet 500 mg  
Cephalexin Capsule 250 mg  
Cephalexin Capsule 500 mg  
Ciprofloxacin Hcl Tablet 250 mg (Base Equiv)  
Ciprofloxacin Hcl Tablet 500 mg (Base Equiv)  
Ciprofloxacin Hcl Tablet 750 mg (Base Equiv)  
Doxycycline Hyc Tablet 20mg  
Doxycycline Mono Capsule 50mg  
Doxycycline Monohydrate Capsule 100 mg  
Doxycycline Monohydrate Tablet 50 mg  
Erythromycin Stearate Tablet 500 mg  
Gentamicin Sulfate Opth Soln 0.3%  
Isoniazid Tablet 100 mg  
Isoniazid Tablet 300 mg  
Levofloxacin Tablet 250 mg  
Levofloxacin Tablet 500 mg  
Levofloxacin Tablet 750 mg  
Minocycline Hcl Capsule 100 mg  
Minocycline Hcl Capsule 50 mg  
Ofloxacin Tablet 400 mg  
Penicillin V Potassium Tablet 250 mg  
Penicillin V Potassium Tablet 500 mg  
Sulfamethoxazole-Trimethoprim Tablet 400-80 mg  
Sulfamethoxazole-Trimethoprim Tablet 800-160 mg



## 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%	Cartia Xt Capsule 120/24hr
Albuterol Sulfate Syrup 2 mg/5ml	Cephalexin Capsule 250 mg
Allopurinol Tablet 100 mg	Cephalexin Tablet 250mg
Allopurinol Tablet 300 mg	Chlordiazepoxide Hcl Capsule 10 mg
Aluminum Chloride Solution 20%	Chlordiazepoxide Hcl Capsule 25 mg
Amiloride & Hydrochlorothiazide Tablet 5-50 mg	Chlordiazepoxide Hcl Capsule 5 mg
Aminophylline Oral Solution 105 mg/5ml	Chlorhexidine Gluconate Solution 0.12%
Aminophylline Powder	Chlorothiazide Tablet 250 mg
Aminophylline Tablet 200 mg	Chlorpheniramine Maleate Powder
Amitriptyline Hcl Tablet 10 mg	Chlorpheniramine Maleate Tablet 4 mg
Amitriptyline Hcl Tablet 25 mg	Chlorpheniramine Maleate Tablet Cr 8 mg
Amoxicillin (Trihydrate) Capsule 250 mg	Chlorthalidone Tablet 25 mg
Amoxicillin (Trihydrate) Capsule 500 mg	Ciprofloxacin Hcl Ophth Solution 0.3%
Amoxicillin (Trihydrate) Tablet 500 mg	Ciprofloxacin Hcl Tablet 750 mg (Base Equiv)
Ampicillin Capsule 250 mg	Clonazepam Tablet 0.5 mg
Ampicillin Capsule 500 mg	Clonidine Hcl Tablet 0.1 mg
Atenolol Tablet 25 mg	Clonidine Hcl Tablet 0.2 mg
Atenolol Tablet 50 mg	Clonidine Hcl Tablet 0.3 mg
Atropine Sulfate Monohydrate Powder	Colchicine Powder
Atropine Sulfate Powder	Colchicine W/ Probenecid Tablet 0.5-500 mg
B-Complex W/ C & Folic Acid Capsule 1 mg	Cyanocobalamin (Bulk) Crystals
B-Complex W/ C & Folic Acid Tablet 1 mg	Cyanocobalamin (Bulk) Powder
B-Complex W/ C & Folic Acid Tablet 5 mg	Cyanocobalamin Crystals
B-Complex W/ C-Biotin-Minerals & Folic Acid Tablet 5 mg	Cyanocobalamin Inj 1000 Mcg/ml
B-Complex W/ C-Min-Fe & Folic Acid Tablet 106-1 mg	Cyanocobalamin Powder (For Compounding)
Bacitracin Micronized (Bulk) Powder	Cyanocobalamin Tablet 100 Mcg
Bacitracin Oint 500 Unit/Gm	Cyanocobalamin Tablet 1000 Mcg
Bacitracin Powder	Cyclopentolate Hcl Ophth Solution 1%
Bacitracin Zinc Oint 500 Unit/Gm	Cyproheptad Syrup 2mg/5ml
Belladonna Alkaloids-Phenobarbital Tablet 16.2 mg	Dexamethasone Sodium Phosphate Inj 10 mg/ml
Benazepr/Hctz Tablet 20-25mg	Dexamethasone Sodium Phosphate Inj 100 mg/10ml
Benazepr Hctz Tablet 10-12.5	Dexamethasone Sodium Phosphate Ophth Solution 0.1%
Benazepr Hctz Tablet 20-12.5	Dexamethasone Tablet 0.5 mg
Benzoyl Peroxide Gel 5%	Dexamethasone Tablet 0.75 mg
Benzotropine Mesylate Powder	Dexamethasone Tablet 1 mg
Benzotropine Mesylate Tablet 0.5 mg	Dexamethasone Tablet 2 mg
Benzotropine Mesylate Tablet 1 mg	Dexamethasone Tablet 2 mg
Benzotropine Mesylate Tablet 2 mg	Dexamethasone Tablet 2 mg
Betamethasone Valerate Powder	Dextromethorphan Hcl Tablet 2.5 mg
Betaxolol Hcl Tablet 10 mg	Diclofenac Sodium (Pf) Ophth Solution 0.1%
Brimonidine Tartrate Ophth Solution 0.2%	Diclofenac Sol 0.1% Ophthalmic
Brom/Pse/Dm Syrup 2-30-10	Dicyclomine Hcl Capsule 10 mg
Calcitriol Capsule 0.25 Mcg	Dicyclomine Hcl Oral Solution 10 mg/5ml
Carteolol Hcl Ophth Solution 1%	Dicyclomine Hcl Tablet 20 mg
	Digoxin (Bulk) Powder
	Digoxin Tablet 0.5 mg
	Diltiazem Hcl Capsule Er 24hr 120 mg

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 Hcl Extended Release Beads Capsule Sr 24hr 120 mg  
 Diphenhydramine Hcl (Sleep) Tablet 25 mg  
 Diphenhydramine Hcl (Sleep) Tablet 50 mg  
 Diphenhydramine Hcl Capsule 50 mg  
 Diphenhydramine Hcl Liquid 12.5 mg/5ml  
 Diphenhydramine Hcl Powder  
 Diphenhydramine Hcl Tablet 25 mg  
 Diphenhydramine-Zinc Acetate Cream 2-0.1%  
 Ergocalciferol Capsule 50000 Unit  
 Erythromycin Ophth Oint 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 Hcl Tablet 100 mg  
 Ethyl Chloride Aerosol Spray  
 Etidronate Disodium Tablet 400 mg  
 Fe Asp Gly-Fe Polysacch-Succ Ac-C-Threon Ac-B12-Fa Capsule  
 Fe Asparto Gly-Fe Fum-B12-Fa-C-Succinic Acid Tablet Ther Pack  
 Fe Fum-Iron Polysacch Complex-Fa-B Cmplx-C-Zn-Mn-Cu Capsule  
 Fe Fumarate-Vit C-Vit B12-Fa Capsule 460 (151 Fe)-60-0.01-1 mg  
 Fenofibrate Micronized 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 (65 mg Elemental Fe)  
 Ferrous Sulfate Dried Tablet Cr 160 mg (50 mg Fe Equivalent)  
 Ferrous Sulfate Elixir 220 mg/5ml (44 mg/5ml Elemental Fe)  
 Ferrous Sulfate Granules  
 Ferrous Sulfate Powder  
 Ferrous Sulfate Solution 75 mg/0.6ml (15 mg/0.6ml Elemental Fe)  
 Ferrous Sulfate Solution 75 mg/ml (15 mg/ml Elemental Fe)  
 Ferrous Sulfate Syrup 300 mg/5ml (60 mg/5ml Elemental Fe)  
 Ferrous Sulfate Tablet 134 mg (27 mg Elemental Fe)  
 Ferrous Sulfate Tablet 28 mg (Elemental Fe)  
 Ferrous Sulfate Tablet 324 mg  
 Ferrous Sulfate Tablet 325 mg (65 mg Elemental Fe)  
 Ferrous Sulfate Tablet 83 mg  
 Ferrous Sulfate Tablet Ec 324 mg (65 mg Fe Equivalent)  
 Ferrous Sulfate Tablet Ec 325 mg (65 mg Fe Equivalent)  
 Ferrous Sulfate-Vit C-Folic Acid Tablet Cr 105-500-0.8 mg  
 Fexofenadine Hcl Tablet 30 mg  
 Fludrocortisone Acetate Tablet 0.1 mg  
 Fluorometholone (Bulk) Powder  
 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  
 Folic Acid-Vitamin B6-Vitamin B12 Tablet 2.5-25-1 mg  
 Furosemide Oral Solution 10 mg/ml  
 Furosemide Oral Solution 8 mg/ml  
 Furosemide Powder  
 Furosemide Tablet 20 mg  
 Furosemide Tablet 40 mg  
 Gentamicin Sol 0.3% Ophthalmic  
 Gentamicin Sulfate Ophth Oint 0.3%  
 Glimepiride 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 Tablet 2.5 mg  
 Glydo Gel 2%  
 Haloperidol Decanoate Im Solution 50 mg/ml  
 Haloperidol Tablet 0.5 mg  
 Homatropine Hbr Ophth Solution 5%  
 Hydrochlorothiazide Capsule 12.5 mg  
 Hydrochlorothiazide Powder  
 Hydrochlorothiazide Solution 50 mg/5ml  
 Hydrochlorothiazide Tablet 12.5 mg  
 Hydrochlorothiazide Tablet 25 mg  
 Hydrochlorothiazide Tablet 50 mg  
 Hydrocortisone Cream 1%  
 Hydrocortisone Cream 2.5%  
 Hydrocortisone Oint 2.5%  
 Hydrocortisone Tablet 5 mg  
 Hydroxyzine Hcl Syrup 10 mg/5ml  
 Hydroxyzine Hcl Tablet 10 mg  
 Hydroxyzine Pamoate Capsule 50 mg  
 Hyosyne Elixir 0.125/5  
 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

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Isoniazid Powder  
 Isoniazid Tablet 100 mg  
 Isosorbide Dinitrate SI Tablet 5 mg  
 Isosorbide Mononitrate Tablet 10 mg  
 Ivermectin Tablet 3 mg  
 Ketoconazole Shampoo 2%  
 Klor-Con 10 Tablet 10meq Er  
 Lactic Acid W/ Vitamin E Cream 10%-3500 Unit/30gm  
 Leucovorin Calcium Tablet 5 mg  
 Levobunolol Hcl Ophth Solution 0.25%  
 Levothyroxine Sodium (Bulk) Powder  
 Levothyroxine Sodium Tablet 300 Mcg  
 Lisinopril & Hydrochlorothiazide Tablet 10-12.5 mg  
 Lisinopril & Hydrochlorothiazide Tablet 20-25 mg  
 Lisinopril Tablet 10 mg  
 Lisinopril Tablet 2.5 mg  
 Lisinopril Tablet 20 mg  
 Lisinopril Tablet 5 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  
 Meclizine Hcl Tablet 25 mg  
 Medroxyprogesterone Acetate Micronized (Bulk) 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/5ml  
 Metformin Hcl Tablet 500 mg  
 Methimazole Tablet 10 mg  
 Methimazole Tablet 5 mg  
 Methotrexate Powder  
 Methotrexate Sodium Tablet 2.5 mg (Antirheumatic)  
 Methyldopa Tablet 250 mg  
 Methylprednisolone Tablet 32 mg  
 Metipranolol Ophth Solution 0.3%  
 Metoclopramide Hcl Tablet 10 mg (Base Equivalent)  
 Metoclopramide Hcl Tablet 5 mg (Base Equivalent)  
 Metoprolol Succinate Tablet Er 24hr 25 mg (Tartrate Equiv)  
 Metoprolol Tartrate Tablet 25 mg  
 Metronidazole Tablet 250 mg  
 Minocycline Hcl Capsule 75 mg  
 Minoxidil Tablet 2.5 mg  
 Moexipril-Hydrochlorothiazide Tablet 15-25 mg  
 Mometasone Sol 0.1% Topical  
 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 Tablet 500mg  
 Neomycin-Polymyxin-Dexamethasone Ophth Susp 0.1%  
 Niacin Capsule Cr 500 mg  
 Niacin Tablet 500 mg  
 Nitroglyc SI 0.6 mg 1/100  
 Nitroglycerin Capsule Cr 9 mg  
 Nitroglycerin SI Tablet 0.3 mg  
 Nitroglycerin SI Tablet 0.4 mg  
 Nystatin Cream 100000 Unit/Gm  
 Nystatin Oint 100000 Unit/Gm  
 Ofloxacin Ophth Solution 0.3%  
 Ofloxacin Tablet 400 mg  
 Oxybutynin Chloride Syrup 5 mg/5ml  
 Oxybutynin Chloride Syrup 5 mg/5ml  
 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 Acd W/ Fluoride Solution 0.25 mg/ml  
 Perphenazine-Amitriptyline Tablet 4-10 mg  
 Phenobarbital Tablet 100mg  
 Phenobarbital Tablet 15mg  
 Phenobarbital Tablet 16.2mg  
 Phenobarbital Tablet 30mg  
 Phenobarbital Tablet 60mg  
 Phenylephrine Hcl Ophth Solution 2.5%  
 Phenytoin Chew Tablet 50 mg  
 Pilocarpine Hcl Ophth Solution 0.5%  
 Pilocarpine Hcl Ophth Solution 3%  
 Pilocarpine Hydrochloride Crystals  
 Pilocarpine Hydrochloride Powder  
 Polymyxin B-Trimethoprim Ophth Solution 10000 Unit/ml-0.1%  
 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

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Potassium Chloride Granules  
 Potassium Chloride Microencapsulated Crystalline Tablet 10 Meq  
 Potassium Chloride Microencapsulated Crystalline Tablet 20 Meq  
 Potassium Chloride Oral Liquid 10% (20 Meq/15ml)  
 Potassium Chloride Oral Liquid 20% (40 Meq/15ml)  
 Potassium Chloride Powder (For Compounding)  
 Potassium Chloride Tablet Extended Release 20 Meq (1500 mg)  
 Potassium Chloride Tablet Extended Release 8 Meq (600 mg)  
 Pramoxine-Hydrochloride-Chloroxylenol Otic Solution 10-10-1 mg/ml  
 Prednisolone Powder  
 Prednisolone Sodium Phosphate Oral Solution 15 mg/5ml (Base Equivalent)  
 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  
 Prenatal Vitamin With Dextrose-Iron Fumarate-Folic Acid Tablet 29-1 mg  
 Prenatal Vitamin With Dextrose-Iron Carbonyl-Folic Acid Tablet 90-1 mg  
 Prenatal Vitamin With Iron Fumarate-Folic Acid Tablet 27-1 mg  
 Prenatal Vitamin With Iron Fumarate-Folic Acid Tablet 28-0.8 mg  
 Prenatal Vitamin With Iron Fumarate-Folic Acid Tablet 29-1 mg  
 Prenatal Vitamin With Iron Carbonyl-Folic Acid Tablet 29-1 mg  
 Primidone Tablet 50 mg  
 Prochlorperazine Maleate Tablet 5 mg (Base Equivalent)  
 Promethazine-Dextromethorphan Syrup 6.25-15 mg/5ml  
 Propranolol Hydrochloride Powder  
 Quinapril Hydrochloride Tablet 10 mg  
 Quinapril Hydrochloride Tablet 20 mg  
 Quinapril Hydrochloride Tablet 40 mg  
 Quinapril Hydrochloride Tablet 5 mg  
 Quinapril-Hydrochlorothiazide Tablet 20-25 mg  
 Quinidine Sulfate Tablet 200 mg  
 Quinidine Sulfate Tablet 300 mg  
 Quinidine Sulfate Tablet Crystalline 300 mg  
 Selenium Sulfide Lotion 2.5%  
 Silver Sulfadiazine Cream 1%  
 Sodium Bicarbonate (Bulk) Powder  
 Sodium Bicarbonate Powder  
 Sodium Bicarbonate Tablet 325 mg  
 Sodium Bicarbonate Tablet 650 mg  
 Sodium Chloride Solution Nebulizer 0.9%  
 Sodium Chloride Solution Nebulizer 3%  
 Sodium Fluoride Chewable Tablet 0.25 mg F (From 0.55 mg NaF)  
 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 Hydrochloride Powder  
 Thyroid Powder  
 Thyroid Tablet 15 mg (1/4 Grain)  
 Thyroid Tablet 30 mg (1/2 Grain)  
 Thyroid Tablet 300 mg (5 Grain)  
 Thyroid Tablet 90 mg (1 1/2 Grain)  
 Tobramycin Ophthalmic Solution 0.3%  
 Torsemide Tablet 5 mg  
 Trandolapril Tablet 2 mg  
 Trazodone Hydrochloride Tablet 50 mg  
 Triamcinolone Acetonide Cream 0.025%  
 Triamcinolone Acetonide Cream 0.1%  
 Triamcinolone Acetonide Lotion 0.025%  
 Triamcinolone Acetonide Ointment 0.025%  
 Triamcinolone Acetonide Ointment 0.1%  
 Triamterene & Hydrochlorothiazide Capsule 37.5-25 mg  
 Triamterene & Hydrochlorothiazide Tablet 37.5-25 mg  
 Triamterene & Hydrochlorothiazide Tablet 75-50 mg  
 Trifluoperazine Hydrochloride Tablet 1 mg  
 Trifluoperazine Tablet 2mg  
 Trihexyphenidyl Hydrochloride Tablet 2 mg  
 Trihexyphenidyl Hydrochloride Tablet 5 mg  
 Trimethoprim Tablet 100 mg  
 Tropicamide Ophthalmic Solution 1%  
 Verapamil Hydrochloride Tablet 40 mg  
 Warfarin Sodium Tablet 1 mg  
 Warfarin Sodium Tablet 10 mg  
 Warfarin Sodium Tablet 2 mg  
 Warfarin Sodium Tablet 2.5 mg  
 Warfarin Sodium Tablet 3 mg  
 Warfarin Sodium Tablet 4 mg  
 Warfarin Sodium Tablet 5 mg  
 Warfarin Sodium Tablet 6 mg  
 Warfarin Sodium Tablet 7.5 mg  
 Zinc Capsule 50 mg  
 Zinc Sulfate Capsule 220 mg (50 mg Elemental Zn)  
 Zinc Sulfate Granules  
 Zinc Sulfate Powder  
 Zinc Sulfate Tablet 220 mg (50 mg Zinc Equivalent)  
 Zinc Sulfate Tablet Crystalline 220 mg (50 mg Elemental Zinc)

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## 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 Hcl Capsule 200 mg	Carbidopa & Levodopa Orally Disintegrating Tablet 10-100 mg
Acetic Acid Irrigation Solution 0.25%	Carbinoxamine Maleate Tablet 4 mg
Acyclovir	Carisoprodol Tablet 350 mg
Albuterol Sulfate	Carvedilol
Albuterol Sulfate Syrup 2 mg/5ml	Cefaclor Capsule 250mg
Allopurinol	Cetirizine Hcl Oral Solution 1 mg/ml (5 mg/5ml)
Amiloride & Hydrochlorothiazide	Chlordiazepoxide-Amitriptyline Tablet 5-12.5 mg
Amiloride Hcl Tablet 5 mg	Chlorhexidine Gluconate (Mouth-Throat)
Amitriptyline Hcl Tablet 50 mg	Chloroquine Tablet 500mg
Amitriptyline Hcl Tablet 75 mg	Chlorothiazide Tablet 500 mg
Amlodipine Besylate Tablet 2.5 mg	Chlorpheniramine & Phenylephrine Liquid 1-3.5 mg/ml
Amlodipine Besylate Tablet 5 mg	Chlorpropamide Tablet 100 mg
Amoxicillin Tablet 875mg	Chlorthalidone Tablet 25 mg
Atenolol & Chlorthalidone	Chlorthalidone Tablet 50 mg
Atenolol & Chlorthalidone Tablet 50-25 mg	Citalopram Hydrobromide
Atenolol Tablet 100 mg	Clindamycin Phosphate (Topical)
Atropine Sulfate (Ophthalmic)	Clonazepam Orally Disintegrating Tablet 0.5 mg
Atropine Sulfate Ophth Solution 1%	Clonazepam Orally Disintegrating Tablet 2 mg
B-Complex Vitamin Inj	Clonazepam Tablet 2 mg
Belladonna Alkaloids-Phenobarbital Tablet 16.2 mg	Clonidine Hcl
Benazepril & Hydrochlorothiazide Tablet 5-6.25 mg	Clotrimazole Cream 1%
Benazepril Hcl Tablet 10 mg	Clotrimazole Solution 1%
Benazepril Hcl Tablet 20 mg	Corvita 150 Tablet
Benazepril Hcl Tablet 40 mg	Cyclobenzaprine Tablet 10mg
Benazepril Hcl Tablet 5 mg	Cyclopentol Sol 2% Ophthalmic
Benzotropine Mesylate	Cyclopentolate Hcl (Pf) Ophth Solution 1%
Benzotropine Mesylate Tablet 0.5 mg	Cyclopentolate Hcl Ophth Solution 1%
Benzotropine Mesylate Tablet 2 mg	Cyproheptadine Hcl
Betamethasone Dipropionate Lotion 0.05%	Cyproheptadine Hcl Tablet 4 mg
Betamethasone Valerate	Desonide
Betamethasone Valerate	Dexamethasone Tablet 0.5 mg
Betamethasone Valerate Oint 0.1% (Base Equivalent)	Dexamethasone Tablet 0.75 mg
Betaxolol Hcl Tablet 20 mg	Dexamethasone Tablet 4 mg
Bethanechol Tablet 5mg	Dexamethasone Tablet 6mg
Bisoprolol & Hydrochlorothiazide	Dicyclomine Hcl
Bisoprolol Fumarate Tablet 5 mg	Dicyclomine Hcl
Bisoprolol Tablet 10mg	Dicyclomine Hcl Tablet 20 mg
Bumetanide	Digoxin
Bumetanide Tablet 0.5 mg	Digoxin Tablet 125 Mcg (0.125 mg)
Bupropion Hcl Tablet 100 mg	Digoxin Tablet 250 Mcg (0.25 mg)
Buspironone Hcl Tablet 5 mg	Diltiazem Cd Capsule 300/24hr
Calcitriol Capsule 0.5 Mcg	Diltiazem Hcl
Capsuletopril & Hydrochlorothiazide Tablet 25-25 mg	Diltiazem Hcl Capsule Er 24hr 180 mg
Carbamazepine	Diltiazem Hcl Capsule Er 24hr 240 mg

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Diltiazem Hcl Coated Beads Capsule Er 24hr  
 180 mg  
 Diltiazem Hcl Coated Beads Capsule Er 24hr  
 240 mg  
 Diltiazem Hcl Extended Release Beads Capsule  
 Er 24hr 240 mg  
 Diltiazem Hcl Extended Release Beads Capsule  
 Er 24hr 420 mg  
 Dorzolamide Hcl Ophth Solution 2%  
 Doxazosin Mesylate  
 Doxazosin Mesylate Tablet 1 mg  
 Doxazosin Mesylate Tablet 2 mg  
 Doxazosin Mesylate Tablet 4 mg  
 Doxazosin Mesylate Tablet 8 mg  
 Doxepin Hcl Capsule 10 mg  
 Doxepin Hcl Capsule 25 mg  
 Doxepin Hcl Capsule 50 mg  
 Doxycycline Mono Capsule 50mg  
 Enalapril Maleate  
 Enalapril Maleate & Hydrochlorothiazide Tablet  
 10-25 mg  
 Enalapril Maleate & Hydrochlorothiazide Tablet  
 5-12.5 mg  
 Enalapril Maleate 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-lfc Capsule 110-  
 0.015-75-0.5-240 mg  
 Felodipine Tablet Er 24hr 2.5 mg  
 Felodipine Tablet Er 24hr 5 mg  
 Fenofibrate Capsule 134mg  
 Fenofibrate Tablet 48 mg  
 Fenofibric Capsule 45mg Dr  
 Fluocinolone Acetonide  
 Fluoxetine Hcl  
 Fluoxetine Hcl (Pmdd)  
 Flurbiprofen Sodium  
 Fluticasone Propionate Cream 0.05%  
 Fluticasone Propionate Oint 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 Sodium Tablet 40 mg  
 Furosemide Tablet 80 mg  
 Gabapentin Capsule 100 mg  
 Glimepiride  
 Glimepiride Tablet 2 mg  
 Glipizide  
 Glipizide Tablet Sr 24hr 5 mg  
 Glipizide-Metformin Hcl Tablet 2.5-250 mg  
 Glyburide  
 Glyburide Micronized  
 Glyburide Micronized Tablet 1.5 mg  
 Glyburide Micronized Tablet 3 mg  
 Glyburide Micronized Tablet 6 mg  
 Glyburide Tablet 5 mg  
 Glyburide-Metformin Tablet 1.25-250 mg  
 Guanfacine Hcl  
 Guanfacine Hcl Tablet 1 mg  
 Guanfacine Hcl Tablet 2 mg  
 Haloperidol Tablet 0.5 mg  
 Haloperidol Tablet 1 mg  
 Haloperidol Tablet 2 mg  
 Haloperidol Tablet 5mg  
 Hydralazine Hcl Tablet 10 mg  
 Hydralazine Hcl Tablet 25 mg  
 Hydralazine Hcl Tablet 50 mg  
 Hydrochlorothiazide  
 Hydrochlorothiazide Tablet 50 mg  
 Hydrocort Cream 1% Rectal  
 Hydrocortisone Cream 1%  
 Hydrocortisone Cream 2.5%  
 Hydrocortisone Oint 2.5%  
 Hydrocortisone Tablet 10 mg  
 Hydrocortisone Tablet 20 mg  
 Hydroxyurea Capsule 500 mg  
 Hydroxyzine Hcl  
 Hydroxyzine Hcl Tablet 25 mg  
 Hydroxyzine Hcl Tablet 50 mg  
 Hydroxyzine Pamoate Capsule 25 mg  
 Ibuprofen Susp 100 mg/5ml  
 Ibuprofen Tablet 400 mg  
 Ibuprofen Tablet 600 mg  
 Imipramine Hcl Tablet 10 mg  
 Imipramine Hcl Tablet 25 mg  
 Indapamide  
 Indapamide Tablet 1.25 mg  
 Indapamide Tablet 2.5 mg  
 Indomethacin  
 Indomethacin Capsule 50 mg  
 Ipratropium Bromide  
 Ipratropium Spray .06% 165  
 Iron-Vit C-Vit B12-Folic Acid Tablet 100-250-  
 0.025-1 mg  
 Isoniazid Tablet 300 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  
 Labetalol Hcl Tablet 100 mg  
 Lactic Acid (Ammonium Lactate) Cream 12%  
 Lactic Acid (Ammonium Lactate) Lotion 12%  
 Lactulose  
 Latanoprost (Pf) Ophth Solution 0.005%  
 Latanoprost Sol .005% Ophthalmic

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Leucovorin Calcium Tablet 10 mg  
 Levobunolol Hcl (Pf) Ophth Solution 0.5%  
 Levobunolol Hcl Ophth Solution 0.5%  
 Levonorgestrel & Ethinyl Estradiol (91-Day)  
 Tablet 0.15-0.03 mg  
 Levothyroxine Sodium Tablet 150 Mcg  
 Levothyroxine Sodium Tablet 175 Mcg  
 Levothyroxine Sodium Tablet 200 Mcg  
 Lidocaine Hcl Viscous Solution 2%  
 Lidocaine/Prilocaine Cream 2.5-2.5%  
 Lisinopril  
 Lisinopril & Hydrochlorothiazide  
 Lisinopril & Hydrochlorothiazide Tablet 20-  
 12.5 mg  
 Lisinopril Tablet 30 mg  
 Lisinopril Tablet 40 mg  
 Lithium Carbonate Capsule 300 mg  
 Losartan Potassium Tablet 25 mg  
 Lovastatin Tablet 10 mg  
 Loxapine Succinate Capsule 10 mg  
 Loxapine Succinate Capsule 5 mg  
 Mecizine Hcl Tablet 12.5 mg  
 Medroxyprogesterone Acetate  
 Medroxyprogesterone Acetate Im Susp  
 Prefilled Syr 150 mg/ml  
 Mefloquine Hcl Tablet 250 mg  
 Megestrol Acetate Tablet 20 mg  
 Meloxicam  
 Metformin Er Tablet 500mg Gp  
 Metformin Hcl  
 Metformin Hcl Tablet 500 mg  
 Metformin Hcl Tablet Er 24hr 750 mg  
 Methenamine Tablet 500mg  
 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)  
 Metoclopramide Hcl  
 Metoclopramide Hcl Solution 5 mg/5ml  
 (10 mg/10ml)  
 Metoclopramide Hcl Solution 5 mg/5ml  
 (10mg/10ml) (Salt Equiv)  
 Metolazone Tablet 2.5 mg  
 Metoprolol & Hydrochlorothiazide Tablet  
 50-25 mg  
 Metoprolol Er Tablet 100mg  
 Metoprolol Er Tablet Suc100mg  
 Metoprolol Succinate Tablet Er 24hr 50 mg  
 (Tartrate Equiv)  
 Metoprolol Tartrate Tablet 100 mg  
 Metoprolol Tartrate Tablet 25 mg  
 Metoprolol Tartrate Tablet 50 mg  
 Metronidazole Tablet 500 mg  
 Minoxidil Tablet 10 mg  
 Moexipril Hcl Tablet 15 mg  
 Moexipril Hcl Tablet 7.5 mg  
 Moexipril-Hydrochlorothiazide Tablet 15-  
 12.5 mg  
 Moexipril-Hydrochlorothiazide Tablet 7.5-  
 12.5 mg  
 Mometasone Furoate Cream 0.1%  
 Mometasone Ointment 0.1%  
 Multiple Vitamins W/ Minerals  
 Multiple Vitamins W/ Minerals Capsule  
 Mupirocin Ointment  
 Naproxen  
 Naproxen Tablet 375 mg  
 Neomycin-Polymyxin-Dexamethasone Ophth  
 Oint 0.1%  
 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  
 Nitroglycerin Dis 0.1mg/Hr  
 Nitroglycerin Dis 0.2mg/Hr  
 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 Hcl Capsule 10 mg  
 Nystatin (Topical)  
 Nystatin Powder Topical  
 Oxybutynin Tablet 5mg  
 Oxybutynin Chloride  
 Oxybutynin Chloride Tablet 5 mg  
 Paroxetine Hcl  
 Pediatric Multiple Vitamins W/ FI-Fe Drops  
 0.25-10 mg/ml  
 Pediatric Vitamins Acd Fluoride & Iron  
 Penicillin V Potassium Tablet 250 mg  
 Pentoxifylline Tablet 400mg Er  
 Perindopril Erbumine Tablet 2 mg  
 Phenobarbital Tablet 32.4mg  
 Phenobarbital Tablet 64.8mg  
 Phenobarbital Tablet 97.2mg  
 Pilocarpine Hcl Ophth Solution 1%  
 Pilocarpine Hcl Ophth Solution 2%  
 Pindolol Tablet 5 mg  
 Polymyxin B-Trimethoprim  
 Pot Bicarbonate & Chloride Effer Tablet 25 Meq  
 Pot Phos Monobasic W/Sod Phos Di &  
 Monobas Tablet 155-852-130mg  
 Pot Phosphate Monobasic W/ Sod Phosphate  
 Dibasic & Monobasi

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Potassium Chloride  
 Potassium Chloride Capsule Er 10 Meq  
 Potassium Chloride Capsule Er 8 Meq  
 Potassium Chloride Inj 1.5 Meq/ml  
 Potassium Chloride Microencapsulated Crys Cr Tablet 10 Meq  
 Potassium Chloride Oral Solution 10% (20 Meq/15ml)  
 Potassium Citrate-Citric Acid  
 Prazosin Hcl  
 Prazosin Hcl Capsule 1 mg  
 Prednisolone Acetate Ophth Susp 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 (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  
 Prochlorperazine Maleate  
 Promethazine Hcl  
 Promethazine Hcl Tablet 12.5 mg  
 Promethazine Hcl Tablet 25 mg  
 Propranolol & Hydrochlorothiazide  
 Propranolol & Hydrochlorothiazide Tablet 40-25 mg  
 Propranolol Hcl Tablet 10 mg  
 Propranolol Hcl Tablet 20 mg  
 Propranolol Hcl Tablet 40 mg  
 Propranolol Hcl Tablet 80 mg  
 Propylthiouracil Tablet 50mg  
 Quinapril Hcl  
 Quinapril Hcl Tablet 10 mg  
 Quinapril Hcl Tablet 20 mg  
 Quinapril Hcl 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  
 Selenium Sulfide Lotion 2.5%  
 Sod Sul/Sulf Liquid 9-4.5%  
 Sodium Fluoride Chew Tablet 0.5 mg F (From 1.1 mg Naf)  
 Sodium Fluoride Chew Tablet 1 mg F (From 2.2 mg Naf)  
 Sodium Fluoride Rinse 0.2%  
 Sodium Fluoride Solution 0.5 mg/ml F (From 1.1 mg/ml Naf)  
 Spironolactone & Hydrochlorothiazide Tablet 25-25 mg  
 Spironolactone Tablet 100 mg  
 Spironolactone Tablet 25 mg  
 Sulfacetamide Sodium Ophth Solution 10%  
 Sulfasalazine Tablet Delayed Release 500 mg  
 Sulindac Tablet 150 mg  
 Tamoxifen Citrate  
 Terazosin Hcl  
 Terazosin Hcl Capsule 1 mg (Base Equivalent)  
 Terazosin Hcl Capsule 10 mg (Base Equivalent)  
 Terazosin Hcl Capsule 5 mg (Base Equivalent)  
 Terbinafine Hcl  
 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 Hcl Tablet 10 mg  
 Thioridazine Hcl Tablet 25 mg  
 Thiothixene Capsule 5 mg  
 Thyroid Tablet 120 mg (2 Grain)  
 Thyroid Tablet 60 mg (1 Grain)  
 Timolol Maleate Ophth Solution 0.25%  
 Timolol Maleate Ophth Solution 0.5%  
 Timolol Tablet 20mg  
 Torsemide Tablet 10 mg  
 Torsemide Tablet 20 mg  
 Trandolapril Tablet 1 mg  
 Trandolapril Tablet 4 mg  
 Trazodone Hcl Tablet 100 mg  
 Trazodone Hcl Tablet 50 mg  
 Triamcinolon Lotion 0.1%  
 Triamcinolone Acetonide (Topical)  
 Triamcinolone Acetonide Cream 0.5%  
 Triamcinolone Acetonide Oint 0.1%  
 Triamcinolone Acetonide Oint 0.5%  
 Triamterene & Hydrochlorothiazide Capsule 37.5-25 mg  
 Triamterene & Hydrochlorothiazide Capsule 50-25 mg  
 Triamterene & Hydrochlorothiazide Tablet 37.5-25 mg  
 Trihexyphenidyl Hcl Tablet 2 mg  
 Urea Lotion 40%  
 Verapamil Er Tablet 120mg12h  
 Verapamil Er Tablet 180mg12h  
 Verapamil Er Tablet 240mg  
 Verapamil Hcl Tablet 120 mg  
 Verapamil Hcl Tablet 80 mg  
 Warfarin Sodium  
 Zonisamide Capsule 25 mg

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