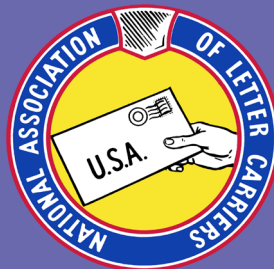


NALC Health Benefit Plan

High Option Plan

Prescription Drug Lists

2023





Your 2023 Drug Cost-Share When NALC is Primary

Generic Drug*:

Network Retail up to 30 day supply

Mail Order up to 60 day supply

Mail Order 61-90 day supply

You Pay:

20% of cost

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

\$10

\$15

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

Formulary Brand Drug:

Network Retail up to 30 day supply

Mail Order up to 60 day supply

Mail Order 61-90 day supply

You Pay:

30% of cost

\$60

\$90

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

Non-Formulary Brand Drug:

Network Retail up to 30 day supply

Mail Order up to 60 day supply

Mail Order 61-90 day supply

You Pay:

50% of cost

\$84

\$125

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

Specialty Drugs**

(Available only through CVS Specialty™ Pharmacy Mail Order)

Mail Order up to 30 day supply

Mail Order 31-60 day supply

Mail Order 61-90 day supply

You Pay:

\$200

\$300

\$400

*Generic drug coverage shown above for those generic drugs not available at a reduced cost as listed on our NALCSelect, NALCPreferred, or NALCSenior Generic Drug Lists.

**All specialty drugs require prior authorization. Specialty drugs, including biotech, biological, biopharmaceutical, and oral chemotherapy drugs are generally defined as high-cost prescription drugs that treat complex conditions and require special handling and administration and can cost thousands of dollars for a single dose. NALC's Advanced Control Specialty Formulary utilizes step therapy for certain specialty medications. We require the use of preferred drugs before non-preferred specialty drugs are covered. Our Advanced Control Specialty Formulary focuses on biologic therapy classes that have multiple products with prescribing interchangeability based on safety and clinical efficacy. Step therapy uses evidence-based protocols that require the use of a preferred drug(s) before non-preferred specialty drugs are covered. Call CVS Specialty™ at 800-237-2767 to obtain prior approval.

Medicare Primary Population

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

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

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

Your 2023 Drug Cost-Share When Medicare Part B is Primary

Generic Drug*:

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

Formulary Brand Drug:

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

Non-Formulary Brand Drug:

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

Specialty Drugs :**

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

*Generic drug coverage shown above for those generic drugs not available at a reduced cost as listed on our NALCSelect, NALCPreferred, or NALCSenior Generic Drug Lists.

**All specialty drugs require prior authorization. Specialty drugs, including biotech, biological, biopharmaceutical, and oral chemotherapy drugs are generally defined as high-cost prescription drugs that treat complex conditions and require special handling and administration and can cost thousands of dollars for a single dose. NALC's Advanced Control Specialty Formulary utilizes step therapy for certain specialty medications. We require the use of preferred drugs before non-preferred specialty drugs are covered. Our Advanced Control Specialty Formulary focuses on biologic therapy classes that have multiple products with prescribing interchangeability based on safety and clinical efficacy. Step therapy uses evidence-based protocols that require the use of a preferred drug(s) before non-preferred specialty drugs are covered. Call CVS Specialty™ at 800-237-2767 to obtain prior approval.

NALCSenior Antibiotic Generic List

*Available to Plan Members at **NO COST** When Medicare Part B is the Primary Payor (pays first).*

Our NALCSenior Generic List offers the following prescription generic medications at no cost for (up to) a 30-day supply when filled at a local NALC CareSelect pharmacy and Medicare Part B is your primary payor. For generic medications not on the NALCSenior Antibiotic Generic List, regular retail coinsurance and mail order copayment amounts apply. At this printing, the NALCSenior Generic Antibiotic List includes:

AMOXICILLIN CAP 250MG
AMOXICILLIN CAP 500MG
AMOXICILLIN CHW 125MG
AMOXICILLIN TAB 500MG
AMOXICILLIN TAB 875MG
AMOXICILLIN/CLAVULANATE TAB 500-125
AMOXICILLIN/CLAVULANATE TAB 875-125
AZITHROMYCIN TAB 500MG
CEFUROXIME TAB 250MG
CEPHALEXIN CAP 250MG
CEPHALEXIN CAP 500MG
CLARITHROMYCIN TAB 250MG
DOXYCYC MONOHYDRATE CAP 50MG
DOXYCYCLINE HYCLATE CAP 100MG
DOXYCYCLINE HYCLATE CAP 50MG
DOXYCYCLINE HYCLATE TAB 100MG
DOXYCYCLINE HYCLATE TAB 20MG
DOXYCYCLINE MONOHYDRATE CAP 100MG
DOXYCYCLINE MONOHYDRATE TAB 100MG
DOXYCYCLINE MONOHYDRATE TAB 50MG
ISONIAZID TAB 300MG
LEVOFLOXACIN TAB 250MG
LEVOFLOXACIN TAB 500MG
MINOCYCLINE CAP 100MG
MINOCYCLINE CAP 50MG
MOXIFLOXACIN TAB 400MG
PENICILLIN VK TAB 250MG
RIFAMPIN CAP 300MG
SULFAMETHOXAZOLE/TRIMETHOPRIM DS TAB 800-160
SULFAMETHOXAZOLE/TRIMETHOPRIM TAB 400-80MG

This booklet is a summary of some of the features of the NALC Health Benefit Plan High Option. Detailed information on the benefits for the 2023 NALC Health Benefit Plan High Option can be found in the official brochure. Before making a final decision, please read the Plan's officially approved brochure (RI 71-009). All benefits are subject to the definitions, limitations, and exclusions set forth in the official brochure.

NALCSelect Generics

The amount you pay for a 90-day supply of an NALCSelect generic medication purchased through our Mail Order program or at a local participating CVS Pharmacy through our Maintenance Choice Program is only \$5 or only \$4 if Medicare Part B is your primary payor. Regular retail coinsurance and mail order copayment amounts apply for generic medication **not** on the NALCSelect Generic list. At this printing, the NALCSelect Generic list includes the following:

ACETIC ACID SOL 2% OTIC	CIPROFLOXACN TAB 750MG
ADC/FLUORIDE DRO 0.5MG	CIPROFLOXACN TAB 750MG
ALBUTEROL SYP 2MG/5ML	CLINDAMYCIN CAP 150MG
ALLOPURINOL TAB 100MG	CLONAZEPAM TAB 0.5MG
ALLOPURINOL TAB 300MG	CLONIDINE TAB 0.1MG
AMILORIDE/HYDROCHLOROTHIAZIDE	CLONIDINE TAB 0.2MG
TAB 5-50	CLONIDINE TAB 0.3MG
AMITRIPTYLINE TAB 10MG	CORVITA TAB
AMITRIPTYLINE TAB 25MG	CROMOLYN SODIUM SOL 4% OP
AMOXICILLIN CAP 250MG	CYANOCOBALAMIN INJ 1000MCG
AMOXICILLIN CAP 250MG	CYCLOPENTOLATE HYDROCHLORIDE
AMOXICILLIN CAP 500MG	SOL 1% OP
AMOXICILLIN CAP 500MG	DESOXIMETASONE CRE 0.25%
AMOXICILLIN TAB 500MG	DEXAMETHASONE PHOSPHATE
AMOXICILLIN TAB 500MG	SOL 0.1% OPHTHALMIC
AMOXICILLIN TAB 875MG	DEXAMETHASONE SOL 0.5/5ML
AMOXICILLIN TAB 875MG	DEXAMETHASONE TAB 0.5MG
AMPICILLIN CAP 500MG	DEXAMETHASONE TAB 1MG
AMPICILLIN CAP 500MG	DEXAMETHASONE TAB 2MG
ATENOLOL TAB 25MG	DIALYVITE TAB
ATENOLOL TAB 50MG	DICLOFENAC SOL 0.1% OP
BACITRACIN OPHTHALMIC OIN 500U/GM	DILTIAZEM CD CAP 120/24HR
BACITRACIN/POLYMYXIN B OIN OP	DILTIAZEM ER CAP 120MG/24
BENZTROPINE TAB 0.5MG	DILTIAZEM ER CAP 180MG/24
BENZTROPINE TAB 1MG	DILT-XR CAP 120MG/24
BENZTROPINE TAB 2MG	DIPHENHYDRAMINE VIA 50MG/ML
BETAXOLOL TAB 10MG	DOXEPIN HCL CON 10MG/ML
BRIMONIDINE SOL 0.2% OP	ERYTHROMYCIN OIN OP 0.5%
BROM/PSE/DM SYP	ESTRADIOL TAB 0.5MG
CALCITRIOL CAP 0.25MCG	ESTRADIOL TAB 1MG
CARBINOXAMINE SOL 4MG/5ML	ESTRADIOL TAB 2MG
CARTEOLOL SOL 1% OP	ETHAMBUTOL TAB 100MG
CEPHALEXIN CAP 250MG	ETHAMBUTOL TAB 100MG
CEPHALEXIN CAP 250MG	ETODOLAC CAP 200MG
CHLORDIAZEPOXIDE CAP 10MG	FABB TAB 2.2-25-1
CHLORDIAZEPOXIDE CAP 25MG	FENOFIBRATE CAP 67MG
CHLORHEXIDINE GLUCONATE SOL	FENOFIBRATE TAB 54MG
0.12%	FERROCITE TAB PLUS
CHLORTHALIDONE TAB 25MG	FLUDROCORTISONE TAB 0.1MG
CIPROFLOXACIN SOL 0.3% OP	FOLBEE PLUS TAB

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

FOLBEE PLUS TAB CZ
 FOLBEE TAB 2.5-25-1
 FOLIC ACID TAB 1MG
 FOLPLEX 2.2 TAB
 FUROSEMIDE SOL 10MG/ML
 FUROSEMIDE SOL 8MG/ML
 FUROSEMIDE TAB 20MG
 FUROSEMIDE TAB 40MG
 GABAPENTIN CAP 100MG
 GAVILYTE-G SOL
 GENTAMICIN SOL 0.3% OP
 GLIMEPIRIDE TAB 1MG
 GLIPIZIDE TAB 10MG
 GLIPIZIDE TAB 5MG
 GLIPIZIDE XL TAB 2.5MG
 GLIPIZIDE XL TAB 5MG
 GLYBURIDE(D) TAB 1.25MG
 GLYBURIDE(D) TAB 2.5MG
 GLYCOPYRROLATE TAB 1MG
 GLYDO GEL 2%
 HEMATIN F TAB
 HYDROCHLOROTHIAZIDE CAP 12.5MG
 HYDROCHLOROTHIAZIDE TAB 12.5MG
 HYDROCHLOROTHIAZIDE TAB 25MG
 HYDROCHLOROTHIAZIDE TAB 50MG
 HYDROCORTISONE CRE 1% RX
 HYDROCORTISONE CRE 2.5%
 HYDROCORTISONE LOT 2.5%
 HYDROCORTISONE OIN 2.5%
 HYDROXOCOBALAMIN MDV 1000MCG
 HYDROXYZINE HCL SYP 10MG/5ML
 HYDROXYZINE HCL TAB 10MG
 HYDROXYZINE PAMOATE CAP 50MG
 INDOMETHACIN CAP 25MG
 IPRATROPIUM SPR 0.03%
 ISONIAZID TAB 100MG
 ISONIAZID TAB 300MG
 ISOSORBIDE MONONITRATE TAB
 10MG IR
 KETCONAZOLE SHA 2%
 KETOROLAC SDV 30MG/ML
 LEUCOVORIN CALCIUM TAB 10MG
 LEUCOVORIN CALCIUM TAB 5MG
 LEVOTHYROXIN TAB 0.3MG
 LEVOTHYROXINE TAB 100MCG
 LEVOTHYROXINE TAB 112MCG
 LEVOTHYROXINE TAB 125MCG
 LEVOTHYROXINE TAB 137MCG
 LEVOTHYROXINE TAB 150MCG
 LEVOTHYROXINE TAB 175MCG
 LEVOTHYROXINE TAB 200MCG
 LEVOTHYROXINE TAB 25MCG
 LEVOTHYROXINE TAB 50MCG
 LEVOTHYROXINE TAB 75MCG
 LEVOTHYROXINE TAB 88MCG
 LISINAPRIL TAB 10MG
 LISINAPRIL TAB 2.5MG
 LISINAPRIL TAB 20MG
 LISINAPRIL TAB 5MG
 LISINAPRIL/HYDROCHLOROTHIAZIDE
 TAB 10-12.5
 LISINAPRIL/HYDROCHLOROTHIAZIDE
 TAB 20-25MG
 LITHIUM CARBONATE CAP 150MG
 LITHIUM CARBONATE CAP 300MG
 LITHIUM CARBONATE CAP 600MG
 LITHIUM CARBONATE ER TAB 300MG
 LITHIUM CARBONATE ER TAB 450MG
 LITHIUM CARBONATE TAB 300MG
 MECLIZINE RX TAB 25MG
 MEDROXYPROGESTERONE ACETATE
 TAB 10MG
 MEDROXYPROGESTERONE ACETATE
 TAB 2.5MG
 MEDROXYPROGESTERONE ACETATE
 TAB 5MG
 METHIMAZOLE TAB 10MG
 METHIMAZOLE TAB 5MG
 METOCLOPRAMIDE TAB 10MG
 METOCLOPRAMIDE TAB 5MG
 METOPROLOL SUCCINATE ER TAB 25MG
 METOPROLOL TARTRATE TAB 25MG
 METRONIDAZOLE TAB 250MG
 MINOCYCLINE CAP 75MG
 MINOXIDIL TAB 2.5MG
 MOMETASONE SOL 0.1% TOP
 MULTI-VIT/FLUORIDE DRO 0.25MG
 MULTIVITAMINS/FLUORIDE CHW 0.25MG
 MULTIVITAMINS/FLUORIDE CHW 0.5MG
 MULTIVITAMINS/FLUORIDE CHW 1MG
 MULTIVITAMINS/FLUORIDE DRO 0.5MG/ML
 MULTIVITAMINS/IRON/FLUORIDE DRO
 0.25MG/10ML
 NEOMYCIN/POLYMYXIN/GRAMICIDIN
 SOL OP
 NIFEDIPINE CAP 10MG
 NITROGLYCERIN SUB 0.3MG
 NITROGLYCERIN SUB 0.4MG
 NITROGLYCERIN SUB 0.6MG
 NP THYROID TAB 15MG
 NP THYROID TAB 30MG
 NYSTATIN CRE 100000U

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

NYSTATIN OIN 100000U
 OFLOXACIN SOL 0.3% OP
 OLOPATADINE SOL 0.1% OPHTHALMIC
 OXYBUTYNIN SYP 5MG/5ML
 PERPHENAZINE/AMITRIPTYLINE
 TAB 2-10MG
 PHENOBARBITAL TAB 100MG
 PHENOBARBITAL TAB 15MG
 PHENOBARBITAL TAB 16.2MG
 PHENOBARBITAL TAB 30MG
 PHENOBARBITAL TAB 60MG
 PHENYLEPHRINE SOL 2.5% OP
 PHENYTOIN CHW 50MG
 POLY-IRON CAP 150 FORT
 POTASSIUM CHLORIDE ER TAB 20MEQ
 POTASSIUM CHLORIDE TAB 10MEQ ER
 POTASSIUM CHLORIDE TAB 10MEQ ER
 POTASSIUM CHLORIDE TAB 20MEQ ER
 POTASSIUM CHLORIDE TAB 8MEQ ER
 PREDNISONONE TAB 10MG
 PREDNISONONE TAB 1MG
 PREDNISONONE TAB 2.5MG
 PREDNISONONE TAB 20MG
 PREDNISONONE TAB 50MG
 PREDNISONONE TAB 5MG
 PREDNISONONE THERAPY PACK 10MG (21)
 PRENATABS RX TAB
 PRENATAL 19 CHW TAB
 PRIMIDONE TAB 50MG
 PROMETHAZINE SOL 6.25/5ML
 PROMETHAZINE TAB 50MG
 PROPRANOLOL SOL 20MG/5ML
 QUINAPRIL TAB 40MG
 QUINAPRIL/HYDROCHLOROTHIAZIDE
 TAB 20-25MG
 RENAL CAP
 SELENIUM SULFIDE LOT 2.5%
 SE-TAN PLUS CAP
 SODIUM CHLORIDE NEB 3%
 SODIUM CHLORIDE NEB 7%
 SODIUM FLUORIDE CHW 0.25MG
 SODIUM FLUORIDE GEL 1.1-5%
 SODIUM FLUORIDE PST 1.1-5%
 SODIUM FLUORIDE PST 1.1-5% MNT
 SPIRONOLACTONE TAB 25MG
 SPIRONOLACTONE TAB 50MG
 SULFACETAMIDE SODIUM/PREDNISONE
 -LONE SODIUM PHOSPHATE SOL OP
 SULFAMETHOXAZOLE/TRIMETHOPRIM
 DS TAB 800-160
 SULFAMETHOXAZOLE/TRIMETHOPRIM
 TAB 400-80MG
 SULFASALAZINE TAB 500MG
 SYNTHROID TAB 0.05MG
 SYNTHROID TAB 0.075MG
 SYNTHROID TAB 0.088MG
 SYNTHROID TAB 0.112MG
 SYNTHROID TAB 0.125MG
 SYNTHROID TAB 0.137MG
 SYNTHROID TAB 0.15MG
 SYNTHROID TAB 0.175MG
 SYNTHROID TAB 0.1MG
 SYNTHROID TAB 0.2MG
 SYNTHROID TAB 0.3MG
 TOBRAMYCIN SOL 0.3% OP
 TORSEMIDE TAB 5MG
 TRIAMCINOLONE CRE 0.025%
 TRIAMCINOLONE CRE 0.1%
 TRIAMCINOLONE LOT 0.025%
 TRIAMCINOLONE OIN 0.025%
 TRIAMCINOLONE OIN 0.1%
 TRIAMTERENE/HYDROCHLOROTHIAZIDE
 CAP 37.5-25
 TRIAMTERENE/HYDROCHLOROTHIAZIDE
 TAB 37.5-25
 TRIAMTERENE/HYDROCHLOROTHIAZIDE
 TAB 75-50MG
 TRIHEXYPHENIDYL TAB 2MG
 TRIMETHOPRIM TAB 100MG
 TRIMETHOPRIM/POLYMYXIN B SULFATE
 SOL OPH
 TRINATE TAB
 TRI-VIT/FLUORIDE DRO 0.25MG
 TROPICAMIDE SOL 1% OP
 V-C FORTE CAP
 VERAPAMIL TAB 40MG
 VITAMIN D2 CAP 50,000IU
 WARFARIN TAB 10MG
 WARFARIN TAB 1MG
 WARFARIN TAB 2.5MG
 WARFARIN TAB 2MG
 WARFARIN TAB 3MG
 WARFARIN TAB 4MG
 WARFARIN TAB 5MG
 WARFARIN TAB 6MG
 WARFARIN TAB 7.5MG
 WESTAB MAX TAB 2.5-25-2

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

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:

- ACEBUTOLOL CAP 200MG
- ACEBUTOLOL CAP 400MG
- ACYCLOVIR CAP 200MG
- ALCLOMETASONE CRE 0.05%
- AMILORIDE TAB 5MG
- AMITRIPTYLINE TAB 50MG
- AMITRIPTYLINE TAB 75MG
- AMLODIPINE TAB 10MG
- AMLODIPINE TAB 2.5MG
- AMLODIPINE TAB 5MG
- AMMONIUM LAC LOT 12% RX
- AMMONIUM LACTATE CRE 12%
- ATENOLOL TAB 100MG
- ATENOLOL/CHLORTHALIDONE TAB 50-25MG
- ATROPINE SULFATE SOL 1% OP
- AUG BETAMET CRE 0.05%
- BACLOFEN TAB 5MG
- BENAZEPRIL TAB 10MG
- BENAZEPRIL TAB 20MG
- BENAZEPRIL TAB 40MG
- BENAZEPRIL TAB 5MG
- BENAZEPRIL/HYDROCHLOROTHIAZIDE TAB 10-12.5MG
- BENAZEPRIL/HYDROCHLOROTHIAZIDE TAB 20-12.5MG
- BENAZEPRIL/HYDROCHLOROTHIAZIDE TAB 20-25MG
- BENAZEPRIL/HYDROCHLOROTHIAZIDE TAB 5-6.25
- BETAMETH VALERATE CRE 0.1%
- BETAMETH VALERATE LOT 0.1%
- BETAMETH VALERATE OIN 0.1%
- BETAMETHASONE DIPROPIONATE AUGMENTED CRE 0.05%
- BETAMETHASONE DIPROPIONATE LOT 0.05%
- BETAXOLOL TAB 20MG
- BISOPROLOL TAB 5MG
- BUPROPION TAB 100MG
- BUPROPION TAB 75MG
- BUSPIRONE TAB 5MG
- CALCITRIOL CAP 0.5MCG
- CAPTOPRIL TAB 12.5MG
- CARBAMAZEPINE CHW 100MG
- CARBIDOPA/LEVODOPA TAB 10-100MG
- CARBINOXAMINE TAB 4MG
- CARISOPRODOL TAB 350MG
- CEPHALEXIN CAP 500MG
- CEPHALEXIN CAP 500MG
- CETIRIZINE RX SOL 1MG/ML
- CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB 5-12.5MG
- CHLORTHALIDONE TAB 50MG
- CHLORZOXAZONE TAB 500MG
- CLINDACIN PAD ETZ 1%
- CLINDAMYCIN PAD 1%
- CLINDAMYCIN SOL 1%
- CLONAZEPAM ODT 0.5MG
- CLONAZEPAM TAB 2MG
- CLOTRIMAZOLE CRE 1%
- CLOTRIMAZOLE SOL 1%
- CORVITA 150 TAB
- CORVITA TAB
- CYCLOBENZAPRINE TAB 10MG
- CYPROHEPTADINE SYP 2MG/5ML
- CYPROHEPTADINE TAB 4MG
- DESIPRAMINE TAB 25MG
- DEXAMETHASON ELX 0.5/5ML
- DEXAMETHASONE ELX 0.5/5ML
- DEXAMETHASONE TAB 4MG
- DICLOFEN SOD TAB 25MG EC
- DICLOFENAC SODIUM TAB 25MG EC
- DICYCLOMINE CAP 10MG
- DICYCLOMINE TAB 20MG
- DIGOXIN TAB 0.125MG
- DIGOXIN TAB 0.25MG
- DILTIAZEM CD CAP 180MG/24 HR
- DILTIAZEM CD CAP 240MG/24 HR
- DILTIAZEM ER CAP 240MG/24
- DILTIAZEM ER CAP 300MG/24
- DILTIAZEM ER CAP 420MG/24
- DILTIAZEM TAB 30MG
- DILT-XR CAP 180MG/24

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

DILT-XR CAP 240MG/24
 DIVALPROEX SODIUM TAB 125MG DR
 DORZOLAMIDE SOL 2% OP
 DOXAZOSIN TAB 1MG
 DOXAZOSIN TAB 2MG
 DOXAZOSIN TAB 4MG
 DOXAZOSIN TAB 8MG
 DOXEPIN HCL CAP 100MG
 DOXEPIN HCL CAP 10MG
 DOXEPIN HCL CAP 25MG
 DOXEPIN HCL CAP 50MG
 DOXEPIN HCL CAP 75MG
 DOXYCYCLINE HYCLATE TAB 20MG
 DOXYCYCLINE MONOHYDRATE
 CAP 50MG
 ENALAPRIL TAB 2.5MG
 ENALAPRIL TAB 5MG
 ENALAPRIL/HYDROCHLOROTHIAZIDE
 TAB 10-25MG
 ENALAPRIL/HYDROCHLOROTHIAZIDE
 TAB 5-12.5MG
 ENULOSE SOL 10GM/15
 ERYTHROMYCIN SOL 2%
 FELODIPINE TAB 2.5MG ER
 FELODIPINE TAB 5MG ER
 FENOFIBRATE CAP 134MG
 FENOFIBRATE TAB 48MG
 FENOFIBRIC CAP 45MG DR
 FEROCON CAP
 FLUNISOLIDE SPR 0.025%
 FLUTICASONE CRE 0.05%
 FLUTICASONE OIN 0.005%
 FOSINOPRIL TAB 10MG
 FOSINOPRIL TAB 20MG
 FOSINOPRIL TAB 40MG
 FOSINOPRIL/HYDROCHLOROTHIAZIDE
 TAB 10/12.5MG
 FOSINOPRIL/HYDROCHLOROTHIAZIDE
 TAB 20/12.5MG
 FUROSEMIDE TAB 80MG
 GABAPENTIN CAP 100MG
 GABAPENTIN CAP 300MG
 GABAPENTIN SOL 250/5ML
 GENTAMICIN OIN 0.1%
 GLIMEPIRIDE TAB 2MG
 GLIMEPIRIDE TAB 4MG
 GLIPIZIDE XL TAB 10MG
 GLIPIZIDE/METFORMIN TAB 2.5-250M
 GLIPIZIDE/METFORMIN TAB 2.5-500M
 GLYBURIDE MICRONIZED TAB 1.5MG
 GLYBURIDE MICRONIZED TAB 3MG
 GLYBURIDE MICRONIZED TAB 6MG
 GLYBURIDE(M) TAB 5MG
 GLYBURIDE/METFORMIN TAB 1.25-250
 GUANFACINE TAB 1MG
 HALOPERIDOL TAB 0.5MG
 HALOPERIDOL TAB 10MG
 HALOPERIDOL TAB 1MG
 HALOPERIDOL TAB 2MG
 HALOPERIDOL TAB 5MG
 HYDRALAZINE TAB 10MG
 HYDRALAZINE TAB 25MG
 HYDRALAZINE TAB 50MG
 HYDROCORTISONE CRE 1% RECTAL
 HYDROCORTISONE OIN 1%
 HYDROXYUREA CAP 500MG
 HYDROXYZ PAM CAP 25MG
 HYDROXYZINE HCL TAB 25MG
 HYDROXYZINE HCL TAB 50MG
 HYDROXYZINE PAMOATE CAP 100MG
 IBUPROFEN TAB 400MG
 IBUPROFEN TAB 600MG
 IBUPROFEN TAB 800MG
 IMIPRAMINE H TAB 25MG
 IMIPRAMINE HCL TAB 10MG
 IMIPRAMINE HCL TAB 50MG
 INDAPAMIDE TAB 1.25MG
 INDAPAMIDE TAB 2.5MG
 INDOMETHACIN CAP 50MG
 IPRATROPIUM SPR 0.06%
 ISOSORB MONO TAB 30MG ER
 ISOSORB MONO TAB 60MG ER
 ISOSORBIDE DINITRATE TAB 30MG IR
 ISOSORBIDE DINITRATE TAB 5MG IR
 ISOSORBIDE MONONITRATE TAB 20MG IR
 ISOSORBIDE MONONITRATE TAB 30MG ER
 ISOSORBIDE MONONITRATE TAB 60MG ER
 ISOXSUPRINE TAB 10MG
 KETOROLAC TAB 10MG
 KLOR-CON M15 TAB 15MEQ ER
 KLOR-CON/EF ETB 25MEQORG
 KLOR-CON/EFFERVESCENT TAB 25MEQ
 LABETALOL TAB 100MG
 LACTULOS ORL SOL 10GM/15
 LACTULOSE ORL SOL 10GM/15 ML
 LEVOBUNOLOL SOL 0.5% OP
 LIDOCAINE SOL 2% VISC
 LIDOCAINE/PRILOCAINE CRE 2.5-2.5%
 LIOTHYRONINE TAB 25MCG
 LISINOPRIL TAB 30MG

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

LISINOPRIL TAB 40MG
 LISINOPRIL/HYDROCHLOROTHIAZIDE
 TAB 20-12.5MG
 LOSARTAN POTASSIUM TAB 25MG
 LOVASTATIN TAB 20MG
 LOXAPINE CAP 10MG
 MECLIZINE RX TAB 12.5MG
 MEFLOQUINE TAB 250MG
 MEGESTROL ACETATE TAB 20MG
 METFORMIN ER TAB 500MG GP
 METFORMIN ER TAB 750MG GP
 METFORMIN TAB 500MG
 METFORMIN TAB 500MG ER
 METFORMIN TAB 850MG
 METHENAMINE MANDELATE TAB 500MG
 METHOCARBAMOL TAB 500MG
 METHOCARBAMOL TAB 750MG
 METHYLPREDNISOLONE TAB 4MG
 METHYLPREDNISOLONE THERAPY DOSE
 PACK TAB 4MG
 METOCLOPRAMIDE SOL 5MG/5ML
 METOLAZONE TAB 2.5MG
 METOLAZONE TAB 5MG
 METOPRLOL/HYDROCHLOROTHIAZIDE
 TAB 50-25MG
 METOPROLOL SUCCINATE ER TAB 100MG
 METOPROLOL SUCCINATE ER TAB 50MG
 METOPROLOL TARTRATE TAB 100MG
 METOPROLOL TARTRATE TAB 37.5MG
 METOPROLOL TARTRATE TAB 50MG
 METOPROLOL/HYDROCHLOROTHIAZIDE
 TAB 100-25MG
 METRONIDAZOLE TAB 500MG
 MINOCYCLINE CAP 50MG
 MINOXIDIL TAB 10MG
 MISOPROSTOL TAB 100MCG
 MOEXIPRIL TAB 15MG
 MOEXIPRIL TAB 7.5MG
 MOMETASONE CRE 0.1%
 MOMETASONE OIN 0.1%
 MUPIROCIN OIN 2%
 NAPROXEN TAB 250MG
 NAPROXEN TAB 375MG
 NAPROXEN TAB 500MG
 NEOMYCIN/POLYMYXIN/DEXAMETH-
 SONE OIN 0.1% OP
 NEOMYCIN/POLYMYXIN/DEXAMETH-
 SONE SUS 0.1% OP
 NIFEDIPINE CAP 20MG
 NIFEDIPINE CC TAB 30MG ER
 NIFEDIPINE XL TAB 30MG ER
 NITROFURANTOIN MACROCRYSTALLINE
 CAP 50MG
 NITRO-TIME CAP 2.5MG ER
 NITRO-TIME CAP 6.5MG ER
 NORTRIPTYLINE CAP 10MG
 NORTRIPTYLINE SOL 10MG/5ML
 NP THYROID TAB 120MG
 NP THYROID TAB 60MG
 NP THYROID TAB 90MG
 OXYBUTYRNIN TAB 5MG
 PENICILLN VK TAB 250MG
 PENTOXIFYLLI TAB 400MG ER
 PENTOXIFYLLINE TAB 400MG ER
 PERINDOPRIL TAB 2MG
 PHENOBARBITAL TAB 32.4MG
 PHENOBARBITAL TAB 64.8MG
 PHENOBARBITAL TAB 97.2MG
 PHENYTOIN EX CAP 100MG
 PHENYTOIN EX CAP 300MG
 PHENYTOIN SUS 125/5ML
 PHOSPHA 250 TAB NEUTRAL
 PIMOZIDE TAB 2MG
 PINDOLOL TAB 5MG
 POTASSIUM CHLORIDE CAP 10MEQ ER
 POTASSIUM CHLORIDE CAP 8MEQ ER
 POTASSIUM CITRATE & CITRIC ACID
 SOLUTION
 PRAZOSIN HCL CAP 1MG
 PRAZOSIN HCL CAP 2MG
 PREDNISOLONE ACETATE SUS 1% OP
 PRIMIDONE TAB 250MG
 PROCHLORPERAZINE TAB 10MG
 PROCHLORPERAZINE TAB 5MG
 PROMETHAZINE TAB 12.5MG
 PROMETHAZINE TAB 25MG
 PROPRANOLOL CAP 60MG ER
 PROPRANOLOL TAB 10MG
 PROPRANOLOL TAB 20MG
 PROPRANOLOL TAB 40MG
 PROPRANOLOL TAB 80MG
 PROPYLTHIOURACIL TAB 50MG
 QUINAPRIL TAB 10MG
 QUINAPRIL TAB 20MG
 QUINAPRIL TAB 5MG
 QUINAPRIL/HYDROCHLOROTHIAZIDE
 TAB 10-12.5MG
 QUINAPRIL/HYDROCHLOROTHIAZIDE
 TAB 20-12.5MG
 RAMIPRIL CAP 1.25MG
 RAMIPRIL CAP 2.5MG
 RAMIPRIL CAP 5MG

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

SELENIUM SULFIDE SHA 2.25%
 SERTRALINE CON 20MG/ML
 SILVER SULFADIAZINE CRE 1%
 SIMVASTATIN TAB 5MG
 SMZ-TMP SUS 200-40/5
 SOD CHLORIDE NEB 0.9%15ML
 SOD SUL/SULF LIQ 9-4.5%
 SODIUM CITRATE/CITRIC ACID SOL
 SODIUM FLUORIDE CHW 1MG
 SODIUM SULFACETAMIDE SOL 10% OP
 SODIUM SULFACETAMIDE/SULFUR
 LIQ 9-4.5%
 SPIRONOLACTONE TAB 100MG
 SPIRONOLACTONE/HYDROCHLORO-
 THIAZIDE TAB 25/25MG
 SUCRALFATE TAB 1GM
 SULFAMETHOXAZOLE/TRIMETHOPRIM
 SUS 200-40/5
 SULFASALAZINE TAB EC 500MG
 SULINDAC TAB 150MG
 SULINDAC TAB 200MG
 TAMOXIFEN TAB 10MG
 TERAZOSIN CAP 10MG
 TERAZOSIN CAP 1MG
 TERAZOSIN CAP 2MG
 TERAZOSIN CAP 5MG
 TERBINAFINE TAB 250MG
 TERCONAZOL 7 CRE 0.4%
 TERCONAZOLE 3 CRE 0.8%
 TERCONAZOLE 7 CRE 0.4%
 THEOPHYLLINE 24H TAB 400MG ER
 THEOPHYLLINE 24H TAB 600MG ER
 THIORIDAZINE TAB 25MG
 THIORIDAZINE TAB 50MG
 THIOTHIXENE CAP 2MG
 THIOTHIXENE CAP 5MG
 TIMOLOL MAL TAB 10MG
 TIMOLOL MAL TAB 20MG
 TIMOLOL MALEATE SOL 0.25% OP
 TIMOLOL(T) SOL 0.5% OP
 TIZANIDINE TAB 2MG
 TORSEMIDE TAB 10MG
 TORSEMIDE TAB 20MG
 TRANDOLAPRIL TAB 1MG
 TRANDOLAPRIL TAB 2MG
 TRANDOLAPRIL TAB 4MG
 TRAZODONE TAB 100MG
 TRAZODONE TAB 50MG
 TRETINOIN GEL 0.025%
 TRIAMCINOLON OIN 0.5%
 TRIAMCINOLONE CRE 0.5%
 TRIFLUOPERAZINE TAB 10MG
 TRIHEXYPHENIDYL TAB 5MG
 VALPROIC ACID CAP 250MG
 VERAPAMIL ER TAB 120MG12H
 VERAPAMIL ER TAB 180MG12H
 VERAPAMIL ER TAB 240MG 12H
 VERAPAMIL SR CAP 240MG24H
 VERAPAMIL TAB 120MG
 VERAPAMIL TAB 80MG
 ZONISAMIDE CAP 25MG



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 2023 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.

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