TEAMSTERS LOCAL 639 – EMPLOYERS

HEALTH & PENSION TRUST FUNDS

Teamsters Local 639 Center
3130 Ames Place, NE
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SUMMARY OF MATERIAL MODIFICATIONS

TO: ALL PARTICIPANTS
TEAMSTERS LOCAL 639-EMPLOYERS HEALTH TRUST FUND

RE: Changes Related to Prescription Drugs

Dear Participant:

The Board of Trustees of the Teamsters Local 639–Employers Health Trust Fund (the "Health Plan") announces the following changes to the prescription drug benefit program effective April 1, 2016.

Specialty Pharmacy and Specialty Guideline Management Program – Prior Authorization by Caremark Required

The Health Plan covers most specialty medications under the medical benefits section of the Health Plan. Specialty medications are certain high cost pharmaceuticals, biotech or biological drugs that are used in the management of diseases, such as injectible, infused, oral medications, or products that may require special handling. **The first attachment entitled "Comprehensive Specialty Pharmacy Drug List" contains a list of current specialty medications.**

These specialty medications are covered at 80% coinsurance after the medical deductible and then at 100% coinsurance for the balance of the calendar year after the maximum annual out of pocket limit has been met. Certain specialty medications such as botulinum toxins (such as "Botox") and oral or powder immunosuppressive agents are covered under the prescription drug program after a $20 copayment for preferred brand drugs, $35 copayment for non-preferred brand drugs or $5 copayment for generic drugs.

Specialty medications dispensed on an outpatient basis that are covered under the medical benefits section of the Health Plan are currently being dispensed through Caremark's Specialty Pharmacy after the Fund Office reviews them for medical necessity. These specialty medications will continue to be dispensed through Caremark's Specialty Pharmacy.

Effective April 1, 2016, certain specialty medications will be processed through Caremark's Specialty Guideline Management Program. **The second attachment to this letter entitled "Specialty Guideline Management Drug List" contains a list of drugs in Caremark's Specialty Guideline Management Program.** If you are taking one of the drugs on this list, Caremark, and not the Fund Office, will now provide the medical necessity review and all covered specialty medications on this list will require preauthorization from Caremark through

its Specialty Guideline Management Program. **Therefore, these medications will only be covered with prior approval from Caremark. Without such approval, you will be responsible for the full cost of the prescription.**

Caremark's Specialty Guideline Management Program supports safe, clinically appropriate and cost-effective use of specialty medicines. Your physician can submit a new specialty prescription to Caremark in a number of ways:

- Fax it to 1-800-323-2445;
- E-prescribe it to the specialty pharmacy at 800 Biermann Ct., Suite B Mount Prospect, IL 60056; or
- Call 1-800-237-2767 directly.

Caremark will contact the Fund Office to verify eligibility and benefits, and your physician for the Specialty Guideline Management review. Once the prescription is filled, Caremark will bill you for your portion. The medication will be sent to you or to the physician according to your doctor's instructions. If you have questions, please visit **CVSCaremarkSpecialtyRx.com** or call **1- 800-237-2767.**

The Caremark Specialty Pharmacy provides not only your specialty medicines, but also the following personalized pharmacy care management services:

- Access to an on-call pharmacist 24 hours a day, seven days a week;
- Coordination of care with you and your doctor;
- Convenient delivery directly to you or your doctor's office;
- Medicine- and disease-specific education and counseling; and
- Online support through **www.CVSCaremarkSpecialtyRx.com**, including disease-specific information and interactive areas to submit questions to pharmacists and nurses.

Prior Authorization Of Other Prescription Drugs By Caremark

Effective April 1, 2016, the Health Plan has expanded the list of drugs for which Caremark must conduct a prior authorization review and provide authorization to your doctor before the Health Plan will pay for them. This list now includes drugs such as antifungal topical drugs, anti-obesity agents, narcolepsy drugs, topical acne medications and irritable bowel syndrome drugs.

In addition, Caremark will manage the prior authorization for certain drugs that were previously pre-authorized by the Fund Office. This change includes prior authorization for erectile dysfunction drugs requiring a greater quantity than the current limit (solely for treatment of a medical condition other than erectile dysfunction), contraceptives for treatment of medical conditions, and brand name drugs when a generic is available but your physician requires you to use the brand name drug. **Your physician will need to call Caremark at 1-800-294-5979 and submit a prior authorization request to Caremark for clinical review of these drugs before they will be covered. These medications will only be covered with prior approval from Caremark. Without such approval, you will be responsible for the full cost of the prescription.**

Generic Drug Step Therapy

Effective April 1, 2016, the Health Plan has a new program to help you and your doctor choose a lower-cost medicine as the first step in treating your health condition. In this "step therapy" program, one or two generics must be tried before the brand name medication is covered. **The third attachment entitled "Brand Medications Requiring Use of Generic(s) First" provides a list of brand medications requiring the use of generics first.** Ask your doctor which lower-cost medicines will work for you and to write or call in the new prescription. If your doctor does not feel this program is right for you, ask him or her to contract Caremark at 1-877-203-0003 to discuss your options. Your doctor also can contact Caremark to request a prior authorization if you have a unique medical situation that requires you to keep taking the higher-cost (brand name) medicines. To learn more about step therapy and how using a lower-cost medicine as the first step can help you, watch this short video at **www2.caremark.com/sitetour/steptherapy,** visit **Caremark.com** and click "Find Savings and Opportunities" or call Caremark at 1-800-552-8159.

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This Summary of Material Modifications describes changes to the Health Plan's benefits and should be kept with your Summary Plan Description for handy reference and safekeeping.

If you have any questions about these changes, please visit Caremark.com, call Caremark at 1-800-552-8159, or call the Fund Office at (800)-983-2699.

Sincerely,

Board of Trustees

Attachments: Comprehensive Specialty Pharmacy Drug List
Specialty Guideline Management Drug List
Brand Medications Requiring the Use of Generic(s) First

CVS CAREMARK | Specialty Pharmacy

Specialty Guideline Management Drug List

Our robust specialty utilization management program supports patient safety and helps ensure appropriate use of high-cost specialty medications.

ACROMEGALY
octreotide (SANDOSTATIN)
Sandostatin LAR Depot
Somatuline Depot
Somavert

ALCOHOL AND OPIOID DEPENDENCY
Vivitrol

ALLERGIC ASTHMA
Xolair

ALPHA1-ANTITRYPSIN (AAT) DEFICIENCY
Aralast NP
Glassia
Prolastin-C
Zemaira

ANEMIA
Aranesp
Epogen

Procrit

BOTULINUM TOXINS
Botox
Dysport
Myobloc
Xeomin

CARDIAC DISORDERS
Tikosyn

CENTRAL PRECOCIOUS PUBERTY (CPP)
leuprolide
Lupron Depot-PED
Supprelin LA

COAGULATION DISORDERS
Ceprotin

CRYOPYRIN-ASSOCIATED PERIODIC SYNDROMES (CAPS)
Arcalyst
Ilaris
Kineret

CUSHING'S SYNDROME
Korlym
Signifor

CYSTIC FIBROSIS (CF)
Bethkis
Cayston
Kalydeco
Pulmozyme
TOBI Podhaler
tobramycin inhalation solution (TOBI)

ELECTROLYTE DISORDERS
Samsca

GASTROINTESTINAL DISORDERS – OTHER
Gattex
Zorbtive

GOUT
Krystexxa

GROWTH HORMONE (GH) AND RELATED DISORDERS
Genotropin
Humatrope
Increlex
Norditropin
Nutropin/Nutropin AQ
Omnitrope
Saizen
Tev-Tropin

HEMATOPOIETICS
Mozobil
Neumega

HEMOPHILIA AND RELATED BLEEDING DISORDERS
Advate
Alphanate
AlphaNine SD
Alprolix
Bebulin VH
BeneFIX
Corifact
Eloctate
Feiba NF
Feiba VH
Helixate FS
Hemofil M
Humate-P
Koate-DVI
Kogenate FS
Monoclate-P
Mononine
NovoSeven
Profilnine SD
Recombinate
RiaSTAP
Rixubis
Stimate Nasal Spray
Tretten
Wilate
Xyntha

HEPATITIS C
Harvoni
Incivek
Olysio
Pegasys
Peg-Intron
ribavirin (Copegus, Rebetol, RibaPak, Ribasphere)
Sovaldi
Viekira Pak
Victrelis

HEREDITARY ANGIOEDEMA (HAE)
Berinert
Cinryze
Firazyr
Kalbitor
Ruconest

HORMONAL THERAPIES
Aveed
Eligard
Firmagon
leuprolide
Lupaneta Pack
Lupron Depot
Trelstar
Vantas
Zoladex

HUMAN IMMUNODEFICIENCY VIRUS (HIV)
Egrifta
Fuzeon
Serostim

IMMUNE THERAPIES
Bivigam
Carimune NF
Cytogam
Flebogamma
GamaSTAN S/D
Gammagard
Gammaked
Gammaplex
Gamunex
Hizentra
HyQvia
Octagam
Privigen

IMMUNE (IDIOPATHIC) THROMBOCYTOPENIA (ITP)
Nplate
Promacta

INFECTIOUS DISEASE
Actimmune
Alferon-N

INFERTILITY
Bravelle
Cetrotide
chorionic gonadotropin (Novarel, Ovidrel, Pregnyl)
Follistim AQ
ganirelix acetate
Gonal-F
leuprolide
Menopur
Repronex

INFLAMMATORY BOWEL DISEASE (IBD)
Cimzia
Entyvio
Humira
Remicade
Simponi
Tysabri

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IRON OVERLOAD
deferoxamine (DESFERAL)
Exjade
Ferriprox

LIPID DISORDERS
Juxtapid
Kynamro

LIPODYSTROPHY
Myalept

LYSOSOMAL STORAGE DISORDERS (LSD) AND RELATED DISORDERS
Adagen
Aldurazyme
Cerdelga
Cerezyme
Cystagon
Cystaran
Elaprase
Elelyso
Fabrazyme
Lumizyme
Myozyme
Naglazyme
Orfadin
Procysbi
Vimizim
VPRIV
Zavesca

MOVEMENT DISORDERS
Apokyn
Northera
Xenazine

MULTIPLE SCLEROSIS (MS)
Ampyra
Aubagio
Avonex
Betaseron
Copaxone
Extavia
Gilenya
Lemtrada
mitoxantrone
Plegridy
Rebif
Tecfidera
Tysabri

NEUTROPENIA
Granix
Leukine
Neulasta
Neupogen

ONCOLOGY
Adcetris
Afinitor
Arzerra
Avastin
azacitidine (Vidaza)
Beleodaq
Blincyto
Bosulif
capecitabine (Xeloda)
Caprelsa
Cometriq
Cyramza
decitabine (Dacogen)
Erbitux
Erivedge
Erwinaze
Folotyn
Fusilev
Gazyva
Gilotrif
Gleevec
Halaven
Herceptin
Hycamtin Capsules
Iclusig
Imbruvica
Inlyta
Intron-A
Istodax
Ixempra
Jakafi
Jevtana
Kadcyla
Keytruda
Kyprolis
Mekinist
mitoxantrone
Nexavar
Oncaspar
Perjeta
Pomalyst
Proleukin
Revlimid
Rituxan
Sprycel
Stivarga
Sutent
Sylatron
Sylvant
Synribo
Tafinlar
Tarceva
Targretin
Tasigna
temozolomide (Temodar)
Thalomid
Torisel
Treanda
Tykerb
Valchlor
Valstar
Vectibix
Velcade
Votrient
Xalkori
Xgeva
Xtandi
Yervoy
Zaltrap
Zelboraf
zoledronic acid (Zometa)
Zolinza
Zydelig
Zykadia
Zytiga

OSTEOARTHRITIS (OA)
Euflexxa
Gel-One
Hyalgan
Monovisc
Orthovisc
Supartz
Synvisc/Synvisc One

OSTEOPOROSIS
Forteo
Prolia
zoledronic acid (Reclast)

PAIN MANAGEMENT
Prialt

PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH)
Soliris

PHENYLKETONURIA (PKU)
Kuvan

PRE-TERM BIRTH
Makena

PSORIASIS
Enbrel
Humira
Otezla
Otrexup
Rasuvo
Remicade
Stelara

PULMONARY ARTERIAL HYPERTENSION (PAH)
Adcirca
Adempas
epoprostenol (Flolan)
Letairis
Opsumit
Orenitram
Remodulin
sildenafil (Revatio)
Tracleer
Tyvaso
Veletri
Ventavis

PULMONARY DISORDERS – OTHER
Esbriet
Ofev

RENAL DISORDERS
Sensipar

RESPIRATORY SYNCYTIAL VIRUS
Synagis

RETINAL DISORDERS
Avastin
Eylea
Lucentis
Macugen
Visudyne

RHEUMATOID ARTHRITIS (RA)
Actemra
Cimzia
Enbrel
Humira
Kineret
Orencia
Otrexup
Rasuvo
Remicade
Rituxan
Simponi
Simponi Aria
Xeljanz

SEIZURE DISORDERS
Acthar
Sabril

SLEEP DISORDERS
Hetlioz

SYSTEMIC LUPUS ERYTHEMATOSUS
Benlysta

UREA CYCLE DISORDERS
Buphenyl
Carbaglu
Ravicti

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July 2015

Comprehensive Specialty Pharmacy Drug List

Providing one of the broadest offerings of specialty pharmaceuticals in the industry

The **Comprehensive Specialty Pharmacy Drug List** is a guide of medications available through CVS Caremark Specialty Pharmacy. Our goal is to help make your life better. With nearly 40 years of experience, CVS Caremark Specialty Pharmacy provides quality care and service. We have a network of pharmacies that includes those with Joint Commission and URAC accreditation. The Joint Commission and URAC are nationally-recognized symbols of quality that reflect an organization's commitment to meet high standards of quality and safety. This list represents brand-name products in CAPS and generic products in lowercase *italics*.

Please note: If you are a plan member or a health care provider, please visit **www.cvscaremarkspecialtyrx.com**, fax toll-free at 1-800-323-2445 or call toll-free at 1-800-237-2767 for specific information regarding medications available through CVS Caremark Specialty Pharmacy. e-Prescribe specialty prescription(s) to CVS Caremark Specialty Pharmacy.

ACROMEGALY
octreotide acetate (SANDOSTATIN)
SANDOSTATIN LAR
SOMATULINE DEPOT*
SOMAVERT*

ALCOHOL / OPIOID DEPENDENCY
VIVITROL

ALLERGEN IMMUNOTHERAPY
ORALAIR*

ALLERGIC ASTHMA
XOLAIR*

ALPHA-1 ANTITRYPSIN DEFICIENCY
ARALAST NP*
GLASSIA*
ZEMAIRA*

ANEMIA
ARANESP
EPOGEN
PROCRIT

BOTULINUM TOXINS
BOTOX
DYSPORT
MYOBLOC
XEOMIN*

CARDIAC DISORDERS
TIKOSYN

COAGULATION DISORDERS
CEPROTIN*

CONTRACEPTIVES
IMPLANON*
MIRENA*
NEXPLANON*
SKYLA*

CRYOPYRIN-ASSOCIATED PERIODIC SYNDROMES
ARCALYST*
ILARIS*

CYSTIC FIBROSIS
BETHKIS*
KALYDECO*
KITABIS PAK*
PULMOZYME
TOBI PODHALER*
tobramycin nebulizer (TOBI*)

DUPUYTREN'S CONTRACTURE
XIAFLEX*

ELECTROLYTE DISORDERS
SAMSCA

GASTROINTESTINAL DISORDERS-OTHER
GATTEX*
SOLESTA*

GOUT
KRYSTEXXA*

GROWTH HORMONE & RELATED DISORDERS
Growth Hormone Disorders
GENOTROPIN
HUMATROPE
NORDITROPIN
NUTROPIN
OMNITROPE
SAIZEN
SEROSTIM*
TEV-TROPIN
ZOMACTON
ZORBTIVE

IGF-1 Deficiency
INCRELEX*

HEMATOPOIETICS
MOZOBIL*
NEUMEGA

HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS
ADVATE
ALPHANATE
ALPHANINE SD
ALPROLIX
BEBULIN
BEBULIN VH
BENEFIX
CORIFACT*
ELOCTATE
FEIBA NF
FEIBA VH
HELIXATE FS
HEMOFIL M
HUMATE-P
IXINITY
KOATE-DVI
KOGENATE FS
MONOCLATE-P
MONONINE
NOVOEIGHT*
NOVOSEVEN RT
OBIZUR*
PROFILNINE SD
RECOMBINATE
REFACTO
RIASTAP
RIXUBIS
STIMATE
TRETTEN*
WILATE
XYNTHA

HEPATITIS
adefovir (HEPSERA)
BARACLUDE SOLUTION
entecavir (BARACLUDE)
EPIVIR HBV SOLUTION
HARVONI
INCIVEK
INFERGEN
INTRON-A*
lamivudine (EPIVIR HBV)
OLYSIO

HEPATITIS (Continued)
PEGASYS
PEGINTRON
REBETOL SOLUTION
RIBAPAK
RIBASPHERE
RIBATAB
ribavirin caps (REBETOL)
ribavirin tabs (COPEGUS)
SOVALDI
TYZEKA
VICTRELIS
VIEKIRA PAK
VIREAD

HEREDITARY ANGIOEDEMA
BERINERT*
CINRYZE*
FIRAZYR*
KALBITOR*
RUCONEST*

HIV MEDICATIONS
abacavir tab (ZIAGEN)
abacavir/lamivudine/ zidovudine tab (TRIZIVIR)
APTIVUS
ATRIPLA
COMPLERA
CRIXIVAN
didanosine (VIDEX, VIDEX EC)
EDURANT
EGRIFTA*
EMTRIVA
EPZICOM
EVOTAZ
FUZEON
INTELENCE
INVIRASE
ISENTRESS
KALETRA
lamivudine (EPIVIR)
lamivudine/zidovudine (COMBIVIR)
LEXIVA

HIV MEDICATIONS (Continued)
nevirapine (VIRAMUNE, VIRAMUNE XR)
NORVIR
PREZCOBIX
PREZISTA
RESCRIPTOR
RETROVIR INJECTABLE
REYATAZ
SELZENTRY
stavudine (ZERIT)
STRIBILD
SUSTIVA
TIVICAY
TRIUMEQ
TRUVADA
TYBOST
VIDEX SOLUTION
VIRACEPT
VIREAD
VITEKTA
ZIAGEN SOLUTION
zidovudine (RETROVIR)

HORMONAL THERAPIES
AVEED*
ELIGARD
FIRMAGON
leuprolide acetate (LUPRON)
LUPANETA PACK
LUPRON DEPOT
NATPARA*
SUPPRELIN LA*
TRELSTAR
VANTAS
ZOLADEX

IMMUNE DEFICIENCIES & RELATED DISORDERS
BIVIGAM*
CARIMUNE NF
CYTOGAM
FLEBOGAMMA
FLEBOGAMMA DIF
GAMASTAN S/D

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IMMUNE DEFICIENCIES & RELATED DISORDERS (Continued)
GAMMAGARD LIQUID
GAMMAGARD S/D
GAMMAKED
GAMMAPLEX*
GAMUNEX
GAMUNEX C
HEPAGAM B
HIZENTRA*
HYPERHEP B
HYPERRHO S/D
HYQVIA
MICRHOGAM
NABI-HB
OCTAGAM
PRIVIGEN
RHOGAM
RHOPHYLAC
VARIZIG
WINRHO SDF

IMMUNE (IDIOPATHIC) THROMBOCYTOPENIC PURPURA
NPLATE
PROMACTA*

INFECTIOUS DISEASE
ACTIMMUNE*
ALFERON N

INFERTILITY
BRAVELLE
CETROTIDE
chorionic gonadotropin (NOVAREL, PREGNYL)
FOLLISTIM AQ
ganirelix acetate
GONAL-F
MENOPUR
OVIDREL
REPRONEX

INFLAMMATORY BOWEL DISEASE
CIMZIA
ENTYVIO
HUMIRA
REMICADE
SIMPONI
TYSABRI*

IRON OVERLOAD
deferoxamine (DESFERAL)
EXJADE*
JADENU*

LIPID DISORDERS
KYNAMRO*

LYSOSOMAL STORAGE DISORDERS
ALDURAZYME*
CERDELGA*
CEREZYME*
CYSTAGON*
ELAPRASE*
FABRAZYME*
LUMIZYME*
MYOZYME*
NAGLAZYME*
VIMIZIM*
VPRIV*

MOVEMENT DISORDERS
APOKYN*
NORTHERA*
XENAZINE*

MULTIPLE SCLEROSIS
AMPYRA*
AUBAGIO*
AVONEX
BETASERON
EXTAVIA
GILENYA
glatiramer acetate (COPAXONE, GLATOPA)
LEMTRADA*
mitoxantrone (NOVANTRONE)
PLEGRIDY*
REBIF
TECFIDERA*
TYSABRI*

NEUTROPENIA
GRANIX
LEUKINE
NEULASTA
NEUPOGEN

ONCOLOGY-INJECTABLE
ADCETRIS*
ARZERRA*
AVASTIN
azacitidine (VIDAZA)
BELEODAQ*
BLINCYTO*
decitabine (DACOGEN)
ELSPAR
ERBITUX
FOLOTYN
FUSILEV
GAZYVA*
HALAVEN
HERCEPTIN
INTRON A*
ISTODAX*
IXEMPRA
JEVTANA

ONCOLOGY-INJ (Continued)
KADCYLA
KEYTRUDA*
KYPROLIS*
LEVOLEUCOVORIN CALCIUM
mitoxantrone (NOVANTRONE)
OPDIVO*
PERJETA
PROLEUKIN
RITUXAN
SYLATRON*
SYNRIBO
TEMODAR
THYROGEN*
TORISEL
TREANDA
VALSTAR
VECTIBIX
VELCADE
VIDAZA
XGEVA
YERVOY
ZALTRAP
zoledronic acid (ZOMETA)

ONCOLOGY–ORAL/TOPICAL
AFINITOR
BOSULIF
capecitabine (XELODA)
ERIVEDGE*
FARYDAK*
GLEEVEC
HYCAMTIN*
IBRANCE*
INLYTA*
JAKAFI*
MEKINIST*
MUGARD
NEXAVAR*
POMALYST*
REVLIMID*
SPRYCEL
STIVARGA*
SUTENT
TAFINLAR*
TARCEVA*
TARGRETIN
TASIGNA
temozolomide (TEMODAR)
THALOMID
TYKERB*
VOTRIENT*
XALKORI*
XTANDI*
ZELBORAF*
ZOLINZA
ZYKADIA*
ZYTIGA

OSTEOARTHRITIS
EUFLEXXA
GEL-ONE*
MONOVISC
ORTHOVISC
SUPARTZ
SYNVISC
SYNVISC ONE

OSTEOPOROSIS
FORTEO
PROLIA
zoledronic acid (RECLAST)

PAROXYSMAL NOCTURNAL HEMOGLOBINURIA
SOLIRIS*

PHENYLKETONURIA
KUVAN*

PRE-TERM BIRTH
MAKENA*

PSORIASIS
COSENTYX*
ENBREL
HUMIRA
OTEZLA*
OTREXUP
RASUVO
REMICADE
STELARA

PULMONARY ARTERIAL HYPERTENSION
ADCIRCA
ADEMPAS*
*epoprostenol sodium**
LETAIRIS*
OPSUMIT*
ORENITRAM*
REMODULIN*
sildenafil citrate (REVATIO)
TRACLEER*
TYVASO*
VELETRI*
VENTAVIS*

PULMONARY DISORDERS–OTHER
ESBRIET*

RENAL DISEASE
SENSIPAR

RESPIRATORY SYNCYTIAL VIRUS
SYNAGIS

RETINAL DISORDERS
EYLEA*
ILUVIEN*
LUCENTIS*
MACUGEN*
OZURDEX*
RETISERT*
VISUDYNE*

RHEUMATOID ARTHRITIS
ACTEMRA*
CIMZIA
ENBREL
HUMIRA
KINERET
ORENCIA
OTEZLA*
OTREXUP
RASUVO
REMICADE
RITUXAN
SIMPONI
SIMPONI ARIA
XELJANZ

SEIZURE DISORDERS
H. P. ACTHAR GEL*
SABRIL*

SYSTEMIC LUPUS ERYTHEMATOSUS
BENLYSTA

TRANSPLANT
ASTAGRAF XL
CELLCEPT INJECTABLE
CELLCEPT SUSPENSION
cyclosporine (GENGRAF, NEORAL, SANDIMMUNE)
mycophenolate mofetil (CELLCEPT)
mycophenolate sodium DR (MYFORTIC)
NULOJIX
PROGRAF INJECTABLE
RAPAMUNE SOLUTION
sirolimus tab (RAPAMUNE)
tacrolimus (PROGRAF)
ZORTRESS

UREA CYCLE DISORDERS
phenylbutyrate sodium (BUPHENYL)
RAVICTI*

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Brand Medications Requiring Use of Generics First

You can save money by using safe, effective generic medications when possible. According to your prescription benefit plan, you will have to try one or two generic medication(s) first* before certain brand-name medications will be covered. The chart below shows you which drugs require the use of generics first. This chart only provides a sample list of generic drug options and may not include all drugs available.

Drug Class *Condition Treated***	**Step 1:** You may have to try one or two* of these generic medications first:	**Step 2:** Before you can try one of these brand-name drugs:
ACE Inhibitors/Angiotensin II Receptor Antagonists (ARBs)/ Direct Renin Inhibitors/ Combinations* *High Blood Pressure*	amlodipine-benazepril benazepril/benazepril HCTZ candesartan/candesartan HCTZ captopril/captopril HCTZ enalapril/enalapril HCTZ eprosartan fosinopril/fosinopril HCTZ irbesartan/irbesartan HCTZ lisinopril/lisinopril HCTZ losartan/losartan HCTZ quinapril/quinapril HCTZ ramipril telmisartan/telmisartan HCTZ trandolapril trandolapril-verapamil ext-rel valsartan/valsartan HCTZ	Benicar/Benicar HCT Edarbi Edarbyclor Tekturna/Tekturna HCT
Acne/Topical *Skin*	benzoyl peroxide clindamycin solution clindamycin-benzoyl peroxide erythromycin solution erythromycin-benzoyl peroxide sulfacetamide sodium sulfacetamide-sulfur	Acanya Aczone Akne-Mycin Azelex Clindagel Fabior Panoxyl Riax Tretin-X
Benign Prostatic Hyperplasia-Alpha Blockers *Prostate*	alfuzosin ext-rel doxazosin tamulosin terazosin	Cardura XL Rapaflo
Bisphosphonates/Combinations *Osteoporosis*	alendronate ibandronate risedronate	Binosto Fosamax Plus D

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Drug Class *Condition Treated***	**Step 1:** You may have to try one or two* of these generic medications first:	**Step 2:** Before you can try one of these brand-name drugs:
COX-2 Inhibitors/Nonsteroidal Anti-Inflammatory (NSAIDs)/ Combinations* *Pain and Inflammation*	celecoxib diclofenac sodium/misoprostol diclofenac sodium diclofenac sodium solution ibuprofen meloxicam naproxen/naproxen ext-rel (500 mg) (Additional generic NSAIDs available)	Cambia Duexis Flector Nalfon Tivorbex Vivlodex Voltaren Gel Zipsor Zorvolex
Fibrates *High Triglycerides*	fenofibrate fenofibric acid gemfibrozil	Triglide
HMG-CoA Reductase Inhibitors (HMGs or Statins)/Combinations *High Cholesterol*	amlodipine-atorvastatin atorvastatin fluvastatin lovastatin niacin ext-rel pravastatin simvastatin	Advicor Altoprev Crestor (excluding 40 mg) Liptruzet Livalo Vytorin
Nasal Steroids *Allergies*	budesonide flunisolide fluticasone triamcinolone	Beconase AQ Dymista Nasonex Omnaris Qnasl Veramyst Zetonna
Ophthalmic/Prostaglandins *Glaucoma*	bimatoprost sol 0.3% latanoprost travoprost	Lumigan Travatan Z Zioptan
Proton Pump Inhibitors (PPIs)* *Stomach Acid*	esomerprazole lansoprazole delayed-rel omeprazole delayed-rel omeprazole-sodium bicarbonate capsule pantoprazole delayed-rel rabeprazole	Dexilant Prilosec Packets Protonix Packets Zegerid Powder for Oral Susp

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Drug Class *Condition Treated***	**Step 1:** You may have to try one or two* of these generic medications first:	**Step 2:** Before you can try one of these brand-name drugs:
Selective Serotonin Agonists/ Combinations *Migraine*	almotriptan naratriptan rizatriptan sumatriptan zolmitriptan	Alsuma Frova Relpax Sumavel Dosepro Treximet
Serotonin Norepinephrine Reuptake Inhibitors (SNRIs) *Depression*	duloxetine delayed-rel venlafaxine/venlafaxine ext-rel	Fetzima Irenka Khedezla Pristiq
Selective Serotonin Reuptake Inhibitors (SSRIs) *Depression*	citalopram escitalopram fluoxetine fluvoxamine/fluvoxamine ext-rel paroxetine/paroxetine ext-rel sertraline	Brintellix Pexeva Viibryd
Sleeping Agents *Insomnia/Sleep Problems*	eszopiclone zaleplon zolpidem/zolpidem ext-rel	Belsomra Edluar Intermezzo Rozerem Silenor Zolpimist
Urinary Antispasmodics* *Overactive Bladder/Incontinence*	oxybutynin/oxybutynin ext-rel tolterodine/tolterodine ext-rel trospium/trospium ext-rel	Gelnique Myrbetriq Oxytrol Toviaz Vesicare

*Please note. A member's Plan determines whether the member must try one or two generics before a brand name drug is allowed in select drug classes.

**This list indicates the common uses for which the drug is prescribed. Some medicines are prescribed for more than one condition. Brand-name drugs not listed here may be covered by your plan without the use of a generic first. Information provided here is not a substitute for medical advice or treatment.

Discuss this information with your doctor or health care provider. CVS/caremark® assumes no liability for the information provided or for any diagnosis or treatment made in reliance thereon, nor is it responsible for the reliability of the content.

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