

CENTRAL PENNSYLVANIA TEAMSTERS

HEALTH & WELFARE FUND

Summary of Material Modification

Important changes to your PRESCRIPTION BENEFITS

Effective JANUARY 1, 2016

IMPORTANT

**PLEASE READ EACH ITEM BELOW CAREFULLY TO SEE
HOW YOUR PRESCRIPTION BENEFITS WILL BE AFFECTED**

At the September 2015 meeting, the Trustees of the Central Pennsylvania Teamsters Health & Welfare Fund (“Fund”) adopted the following changes to the Fund’s Prescription Benefits. The changes below will be effective January 1, 2016.

1. **GPP FORMULARY ADOPTED:** As of January 1, 2016, your copayments for preferred and non-preferred brand name drugs and specialty drugs will be determined by the **GPP Formulary**, a copy of which is attached to this Summary of Material Modification. We will no longer use a negative formulary. “GPP” is the Funds prescription drug pharmacy benefit manager, General Prescription Programs, Inc.

The Fund will provide benefits for ALL medically necessary Generic drugs, not just those Generic medications listed on the Formulary. Unless subject to a specific exclusion or limitation, the Fund will provide benefits for medically necessary Brand Name drugs, even those not appearing on the Formulary. However, you will be responsible for the Non-Preferred Brand copayment.

Your copayment will depend on whether you receive a Generic or Brand Preferred or Non-Preferred or Specialty medication. Please see the attached **Copayment Chart**. These copayments differ between Plans and depend on the level of benefit selected. Provided that other restrictions are not applicable, the Fund will provide benefits for Brand Name medications not appearing on the Formulary at the “Non-Preferred” or “Specialty” copayment level.

NOTE: This Formulary may change in the future without advance notice to you upon the advice of the Fund’s pharmacy benefit manager. Please call the Fund Office or check the Fund’s website: www.centralpateamsters.com to verify whether the prescription medication your doctor prescribes is on the GPP Formulary. You will periodically receive a copy of the updated Formulary.

2. **STEP THERAPY:** The Trustees have expanded the Fund’s “Step Therapy” Program. Effective January 1, 2016, under the “Step Therapy” Program, the Fund will **not** pay benefits for certain generic and brand name medications until you have first tried and failed a medication listed in Step I. After you have tried and failed on a medication in Step I, the Fund will **ONLY** provide benefits for the medications listed in Step II if the Fund’s records (or documentation that you supply) show that you tried and failed on a Step I medication **and** your physician provides documentation demonstrating that the Step II medication is “medically necessary”.

IMPORTANT! Please review the attached **Step Therapy Chart** carefully. *You may need to change medications effective January 1, 2016.* If your medication is not “grandfathered,” the Fund will *not* provide benefits for the Step II medication after January 1, 2016 until you have documented that you have tried and failed on a Step I medication and your physician has demonstrated that it is “medically necessary” for you to have the Step II medication.

3. **INSULIN DRUGS:** Effective January 1, 2016, the Fund will *not* provide benefits for *any* new prescriptions for insulin medications **except NovolinR, Novolog, Levemir and Victoza**. If you are currently taking another insulin medication, you will be “grandfathered,” that is, the Fund will continue to provide benefits for this medication.

4. **ADVAIR and BREO EXCLUDED FROM COVERAGE:** Effective January 1, 2016, the Fund will *not* provide *any* benefits for ADVAIR or BREO. The Fund will provide benefits for the Asthma medications listed on the attached Formulary or other medically necessary asthma medications to which Fund restrictions or prohibitions do not apply. Copayments will vary depending on the medication. **No patients will be “grandfathered” for these medications.** Therefore, if you currently use ADVAIR or BREO, it is essential that you speak with your physician *now* about moving to an alternative medication before January 1, 2016.

5. **SPECIALTY DRUGS DEFINED:** Effective January 1, 2016, *any* drug that costs \$3,000 or more per script will be classified as “Specialty Drugs.”

6. **NEW COPAYMENT ADDED FOR SPECIALTY DRUGS:** Effective January 1, 2016, there will be a \$150 copayment for *any* “Specialty Drug,” that is, for any drug that costs \$3,000 or more per script.

7. **LIMITED COVERAGE OF NEW BRAND MEDICATIONS:** Effective January 1, 2016, the Fund will provide no benefits for new brand-name prescription drugs for the first 6 months after their initial public release. After the initial six month period, these medications will be subject to any applicable plan rule (for example, copayment, pre-authorization, quantity limits, etc.).

8. **COMPOUND DRUGS EXCLUDED:** Effective January 1, 2016, the Fund will provide *no* benefits for *any* compound drugs.

9. **NEW RESTRICTIONS ON ZOHYDRO:** Effective January 1, 2016, the Fund will provide *no* benefits for Zohydro unless it has been submitted to GPP and approved pursuant to the Fund’s pre-authorization criteria. The pre-authorization criteria include trying certain other medications listed in Step I under Narcotic Analgesics in the attached “Step Therapy” protocol. In addition, the copayment for all Zohydro prescriptions will be \$150 per script.

10. **PREAUTHORIZATION REQUIRED FOR PCSK9 (proprotein convertase subtilisin/kexin 9) MEDICATIONS:** Effective January 1, 2016, the Fund will *ONLY* provide benefits for PCSK9 medication where that medication has been pre-authorized under the Fund’s criteria. The medications will be considered for patients with diagnosed and documented homozygous familial hypercholesterolemia (HoFH), who have no labeled contraindications to this therapy, where the therapy is prescribed by or in consultation with a cardiologist or lipid specialist, and who submit required documentation.

11. **HEPATITIS-C MEDICATIONS – PRE-AUTHORIZATION REQUIRED:** Effective January 1, 2016, the Fund will *ONLY* provide benefits where the medication has been pre-authorized under the Fund’s criteria, which include the patient’s Metavir score, as well as documentation of patient specific information related to their condition provided by the patient’s physician.

12. **LIMITS ON FDA “CLASS II” PAIN MEDICATIONS:** Effective January 1, 2016, the Fund will provide benefits for *a maximum of fifteen days (15)* per script for medications classified as CLASS II medications by the U.S. Food and Drug Administration.

13. **NO BENEFITS FOR “REFORMULATED” MEDICATIONS:** Effective January 1, 2016, the Fund will not provide any benefits for the medications in Column A. The Fund will provide benefits for the medications in Column B. This list is subject to modification.

COLUMN A	COLUMN B
ATIVAN 0.5 MG TABLET	LORAZEPAM 0.5 MG TABLET
ATIVAN 1 MG TABLET	LORAZEPAM 1 MG TABLET
ATIVAN 2 MG TABLET	LORAZEPAM 2 MG TABLET
COLAZAL 750 MG CAPSULE	BALSALAZIDE DISODIUM 750 MG CAPSULE
DEXPAK 10 DAY 1.5 MG TABLET	DEXAMETHASONE 1.5 MG TABLET
FORTAMET ER 1,000 MG TABLET	METFORMIN ER 1,000 MG TABLET
GLUMETZA ER 1,000 MG TABLET	METFORMIN ER 1,000 MG TABLET
NORITATE 1% CREAM	METRONIZADOLE 1% GEL
VASOTEC 2.5 MG TABLET	ENALAPRIL MALEATE 2.5 MG TABLET
VASOTEC 5 MG TABLET	ENALAPRIL MALEATE 5 MG TABLET
VASOTEC 10 MG TABLET	ENALAPRIL MALEATE 10 MG TABLET
VASOTEC 20 MG TABLET	ENALAPRIL MALEATE 20 MG

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STEP THERAPY

NOTE: The medications in each category are subject to change. Please make sure to check with the Fund (Phone: Toll Free in PA: 1-800-422-8330; Toll Free in USA: 1-800-331-0420) or on the Fund's website (www.centralpateamsters.com) for updates to this chart before beginning a course of medication.

STEP THERAPY CATEGORIES NOT SUBJECT TO GRANDFATHERING:

Effective January 1, 2016, the Fund will **NOT** provide benefits for medications in Step II unless you have documented that you have tried and failed on a Step I medication and your physician has submitted documentation demonstrating that the Step II medications are "medically necessary" under the Fund's criteria.

CATEGORY	STEP I	STEP II
ALZHEIMER'S DISEASE	DONEPEZIL GALANTAMINE RIVASTIGMINE	ARICEPT EXELON NAMENDA RAZADYNE
ANGIOTENSIN RECEPTOR BLOCKERS (ANTIHYPERTENSIVES)	CANDESARTAN EPROSARTAN IRBESARTAN LOSARTAN TELMISARTAN VALSARTAN	ATACAND AVAPRO BENICAR COZAAR DIOVAN EDARBI MICARDIS TEVETEN
ANTI-DEPRESSANTS	BUPROPION HCL DESVENLAFAXINE DULOXETINE ESCITALOPRAM FLUOXETINE NEFAZODONE SERTRALINE TRAZODONE ENLAFAXINE	APLENZIN BRINTELLIX CYMBALTA EFFEXOR FETZIMA FORFIVO XL KHEDEZLA LEXAPRO OLEPTRO PRISTIQ PROZAC VIIBRYD WELLBUTRIN ZOLOFT
ANTI-GLAUCOMA EYE PREPARATIONS	APRACLONIDINE HCL BETAXOLOL BRIMONIDINE CARTEOLOL DORZOLAMIDE LATANOPROST LEVOBUNOLOL METIPRANOLOL PILOCARPINE TIMOLOL TRAVOPROST	ALPHAGAN AZOPT BETIMOL BETOPTIC COMBIGAN COSOPT IOPIDINE ISTALOL LUMIGAN PHOSPHOLINE RESCULA SIMBRINZA TIMOPTIC

ANTI-GLAUCOMA EYE PREPARATIONS CONTINUED....		TRAVATAN TRUSOPT XALATAN ZIOPTAN
ANTIPSYCHOTICS	CLOZAPINE OLANZAPINE QUETIAPINE RISPERIDONE ZIPRASIDONE	ABILIFY - Evidence of "medical necessity" must include documentation of failure of all other therapies, including non-drug intervention
BETA-ADRENERGIC BLOCKERS (ANTIHYPERTENSIVES)	ACEBUTOLOL ATENOLOL BETAXOLOL BISOPROLOL METOPROLOL NADOLOL PINDOLOL PROPRANONOL SOTALOL TIMOLOL	BYSTOLIC
CALCIUM CHANNEL BLOCKERS (ANTIHYPERTENSIVES)	AMLODIPINE ATORVASTATIN AMLODIPINE BESYLATE AMLODIPINE VALSARTAN DILTIAZEM FELODIPINE ISRADIPINE NICARDIPINE NIFEDIPINE NISOLDIPINE VERPAMIL	ADALAT CADUET CALAN CARDENE CARDIZEM CARTIA XT EFIDITAB EXFORGE NORVASC PROCARDIA XL SULAR TIAZAC ER VERELAN
CONTRACEPTIVES	All Generic Contraceptives	BEYAZ CYCLESSA DESOGEN MODICON NATAZIA ORTHO MICRONOR ORTHO TRI-CYCLEN ORTHO-CEPT ORTHO-CYCLEN ORTHO-NOVUM SAFYRAL YASMIN YAZ
DIABETES	ACARBOSE GLIMEPIRIDE GLIPIZIDE GLYBURIDE JANUMET JANUVIA METFORMIN PIOGLITAZONE REPAGLINIDE	INVOKANA JARDIANCE JENTADUETO KAZANO TRADJENTA
NARCOTIC ANALGESICS NOTE: BENEFITS WILL BE PROVIDED ONLY FOR NARCOTIC ANALGESICS PRESCRIBED AT THE MANUFACTURERS RECOMMENDED SCRIPT LEVEL.	ACETAM INOPHEN-CODEINE HYDROCODONE-ACETAMINOPHEN HYDROMORPHONE MEPERIDINE METHADONE MORPHINE SULFATE OXYCODONE OXYCODONE-ACETAMINOPHEN OXYCODONE-ASPIRIN OXYMORPHONE TRAMADOL	DEMEROL DOLOPHINE LORTAB NORCO NUCYNTA OPANA OXYCONTIN PERCOCET PERCODAN TYLENOL WITH CODEINE ULTRACET ULTRAM VICODIN

NARCOTIC ANALGESICS CONTINUED.....		VICOPROFEN
OSTEOPOROSIS	ALENDRONATE CALCITONIN-SALMON BANDRONATE RALOXIFENE RISEDRONATE	ACTONEL ATELVIA BINOSTO BONIVA EVISTA FORTICAL FOSAMAX MIACALCIN PROLIA
PROTON PUMP INHIBITORS	OVER THE COUNTER ("OTC"): LANSOPRAZOLE DR OTC NEXIUM OTC OMEPRAZOLE OTC OMEPRAZOLE-BICARB OTC PREVACID OTC PRILOSEC OTC ZEGERID OTC	ACIPHEX DEXILANT ESOMEPRAZOLE FIRST-LANSOPRAZOLE FIRST-OMEPRAZOLE LANSOPRAZOLE NEXIUM OMEPRAZOLE OMEPRAZOLE-BICARB PANTOPRAZOLE PREVACID PRILOSEC PROTONIX ZEGERID
RHEUMATOID ARTHRITIS	XELJANZ	ACTEMRA CIMZIA ENBREL HUMIRA KINERET ORENCIA SIMPONI STELARA
URINARY AGENTS	TOVIAZ FLAVOXATE OXYBUTYNIN TOLTERODINE TROSPIUM	ENABLEX GELNIQUE MYRBETRIQ OXYTROL VESICARE

GRANDFATHERED DRUGS: Effective January 1, 2016, any NEW prescriptions for the medications in the chart below are subject to the Step Therapy requirements set forth above. If, however, you are currently taking a medication in one of these categories, the Fund will continue to provide benefits for your medication.

CATEGORY	STEP I	STEP II
ADD & ADHD	AMPHETAMINE SALTS D-AMPHETAMINE ER DEXMETHYLPHENIDATE DEXTROAMPHETAMINE METHAMPHETAMINE METHYLPHENIDATE	ADDERALL CONCERTA DAYTRANA DESOXYN DEXEDRINE EVEKEO FOCALIN METADATE METHYLIN PROCENTRA QUILLIVANT RITALIN VYVANSE ZENZEDI

ANTI-MIGRAINE	DIHYDROERGOTAMINE ERGOTAMINE-CAFFEINE TABLET ISOMETHEPT-CAFF- ACETAMINOPHEN ISOMETHEPT- DICHLORALP-ACETAMIN NARATRIPTAN RIZATRIPTAN SUMATRIPTAN ZOLMITRIPTAN	ALSUMA AMERGE AXERT CAFERGOT D.H.E.45 ERGOMAR FROVA IMITREX MAXALT MIGERGOT MIGRANAL RELPA SUMAVEL TREMIMET ZOMIG
ANTI-CONVULSANTS	CARBAMAZEPINE CLONAZEPAM DIVALPROEX ETHOSUXIMIDE FELBAMATE FOSPHENYTOIN GABAPENTIN LAMOTRIGINE LEVETIRACETAM OXCARBAZEPINE PHENYTOIN PRIMIDONE TIAGABINE TOPIRAMATE VALPROATE VALPROIC ACID ZONISAMIDE	APTOM BANZEL CARBATROL CELONTIN CEREBYX DEPACON DEPAKENE DEPAKOTE DILANTIN FANATREX FELBATOL FYCOMPA GABITRIL KEPPRA KLONOPIN LAMICTAL MYSOLINE NEURONTIN ONFI OXTELLAR PEGANONE PHENYTEK POTIGA QUDEXY TEGRETOL TOPAMAX TRILEPTAL TROKENDI VIMPAT ZARONTIN ZONEGRAN
ULCERATIVE COLITIS	AZULFIDINE BALSALAZIDE SULFASALAZINE SULFAZINE	APRISO ASACOL COLAZAL DELZICOL DIPENTUM GIAZO LIALDA PENTASA

PREFERRED BRAND NAME AND GENERIC DRUG LIST

VERY IMPORTANT

PLEASE GIVE TO YOUR PHYSICIAN

VERY IMPORTANT

Not all generic drugs appear on this drug list due to space limitations

ANALGESICS

Anti-Migraine

butalbital/caffeine/APAP
butalbital/caffeine/ASA
isometheptene/APAP/dichlpen
naratriptan
RELPAK
sumatriptan succ.
zolmitriptan

Anti-Rheumatic

hydroxychloroquine
methotrexate

Muscle Relaxants

baclofen
carisoprodol
chlorzoxazone
cyclobenzaprine/ER
dantrolene sodium
methocarbamol
orphenadrine
orphenadrine comp
tizanidine

Non-steroidal anti-inflammatory agents

choline salicylate/magnesium
diclofenac
diflunisal
etodolac
etodolac SA
FLECTOR PATCH
flurbiprofen
ibuprofen
indomethacin
ketoprofen
ketorolac
leflunomide
meclofenamate sod.
meloxicam
nabumetone
naproxen
naproxen sodium
oxaprozin
piroxicam
salsalate
sulindac
tolmetin

NSAIDs, COX II Inhibitors

celecoxib caps

Opioid Agonist

codeine sulfate
butorphanol NS
BUTRANS
fentanyl patch
hydromorphone
HYSINGLA ER
meperidine
methadone
morphine sulfate
oxycodone
OXYCONTIN
oxymorphone
propoxyphene hcl
tramadol/ER

Combinations:

acetaminophen/butalbital
acetaminophen/butalbital/caffeine
acetaminophen/codeine
acetaminophen/dichlorophenazone/isom
acetaminophen/hydrocodone

acetaminophen/oxycodone
acetaminophen/propoxyphene hcl
aspirin/butalbital/caffeine
aspirin/butalbital/caffeine/codeine
aspirin/oxycodone
pentazocine/naloxone
pentazocine/naltrexone
roxicet
tramadol/acetaminophen

ANTI-ADDICTIVE AGENTS

acamprosate tab
buprenorphine tab
buprenorphine/naloxone tab
disulfiram

ANTI-INFECTIVES

Amebicides

paromomycin

Anti-bacterial

Cephalosporins

cefaclor
cefadroxil
cefdimir
cefepodoxime
cefprozil
cefuroxime
cephalexin

Lincosamides

clindamycin

Macrolides

azithromycin
clarithromycin
clarithromycin ER
erythromycin base
erythromycin ES
erythromycin ES/sulfisoxazole

Nitrofurantoin

nitrofurantoin macro
nitrofurantoin micro
nitrofurantoin oral susp

Penicillins

amoxicillin
amoxicillin TR/pot. clavulanate
ampicillin
dicloxacillin
penicillin VK

Quinolones

ciprofloxacin
levofloxacin
moxifloxacin
ofloxacin

Sulfonamides

sulfisoxazole
sulfamethoxazole/trimethoprim
sulfamethoxazole/trimethoprim DS
sulfasalazine/DR

Tetracycline

doxycycline
doxycycline DR 100mg
minocycline
SOLODYN
tetracycline

Anti-Fungals

clotrimazole troches
fluconazole tabs
GRIFULVIN
Griseofulvin

GRIS-PEG
itraconazole
ketoconazole
nystatin
terbinafine
voriconazole tabs

Anti-Virals

Miscellaneous

acyclovir
famciclovir
ganciclovir
valacyclovir

Hepatitis Agents

PEG INTRON
ribasphere
ribavirin

HIV Agents

abacavir
abacavir/lamivudine/zidovudine
didanosine
lamivudine
lamivudine/zidovudine
nevirapine
stavudine
zidovudine

Influenza Agents

amantadine
rimantadine

Miscellaneous Anti-infectives:

atovaquone susp
chloroquine phosphate
dapsone
ethambutol
hydroxychloroquine
isoniazid
mebendazole
mefloquine
methenamine hippurate
metronidazole
pyrazinamide
quinine sulfate
rifampin
trimethoprim

ANTINEOPLASTIC

anastrozole tabs
bicalutamide tabs
bleomycin
carboplatin
cladribine
cyclophosphamide tabs
dacarbazine
daunorubicin
docetaxel
doxorubicin
etoposide
exemestane tabs
floxuridine
fludarabine
fluorouracil vial
flutamide caps
gemcitabine
hydroxyurea caps
idarubicin
irinotecan Hcl vial
letrozole tabs
leucovorin
megestrol tabs

Therapeutic class and drug form are plan specific and may or may not be covered. Please note that this drug list is subject to change without notice.

PREFERRED BRAND NAME AND GENERIC DRUG LIST

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mercaptapurine tabs
methotrexate
mitomycin
mitoxantrone
paclitaxel
tamoxifen
temozolomide caps
vincristine
vinorelbine

CARDIOVASCULAR

Ace Inhibitors & Combinations:

amlodipine/benazepril
benazepril
benazepril/HCTZ
captopril
captopril/HCTZ
enalapril
enalapril/HCTZ
fosinopril
fosinopril/HCTZ
lisinopril
lisinopril/HCTZ
moexipril
moexipril/HCTZ
perindopril erbumine
quinapril
quinaretic
ramipril
trandolapril
trandolapril/verapamil

Angiotensin Receptor Blockers & Combinations:

AZOR
BENICAR
BENICAR HCT
candesartan
candesartan HCTZ
telmisartan
telmisartan HCTZ
telmisartan/amlodipine
TRIBENZOR
valsartan
valsartan HCTZ

Anti-adrenergic Agents:

carvedilol
clonidine
doxazosin
guanabenz
guanfacine
prazosin
terazosin

Anti-arrhythmics

amiodarone
digoxin
disopyramide
flecainide
mexiletine
propafenone
quinidine gluconate
quinidine sulfate
sotalol

Anti-hyperlipidemics:

Bile Acid Sequestrants
cholestyramine
cholestyramine light
colestipol
WELCHOL

Fibric Acid Derivatives

fenofibrate
gemfibrozil

HMG-CoA Reductase

Inhibitors/Combo

amlodipine/atorvastatin
atorvastatin
CRESTOR
lovastatin
pravastatin
simvastatin

Miscellaneous

ZETIA

Beta Blockers & Combinations:

acebutolol
atenolol
atenolol/chlorthalidone
bisoprolol fumarate
bisoprolol/hydrochlorothiazide
labetalol
metoprolol
metoprolol/hydrochlorothiazide
metoprolol succ. ER
nadolol
nadolol/bendroflu.
pindolol
propranolol
propranolol/hctz
timolol maleate

Calcium Antagonists & Combos:

amlodipine/atorvastatin
amlodipine besylate
amlodipine/benazepril
AZOR
diltiazem
diltiazem CD
diltiazem ER
diltiazem SR
felodipine ER
isradipine
nifedipine ER
TRIBENZOR
verapamil
verapamil SR

Diuretics:

amiloride
amiloride/hydrochlorothiazide
bumetanide
chlorothiazide
chlorthalidone
eplerenone
furosemide
hydrochlorothiazide
hydrochlorothiazide/spironolactone
hydrochlorothiazide/triamterene
indapamide
metolazone
spironolactone
torsemide

Nitrates:

isosorbide dinitrate
isosorbide mononitrate
isoxsuprine
nitroglycerin patch
nitroglycerin SL
nitroglycerin SR
nitroglycerin topical

Miscellaneous Anti-hypertensives:

hydralazine
methyldopa
minoxidil

CNS AGENTS

Anti-anxiety/Sedative-Hypnotics

alprazolam
alprazolam ER/XR
BELSOMRA
buspirone
chloral hydrate
chlordiazepoxide
clonazepam
clonazepam Distab
clorazepate
diazepam
hydroxyzine HCl
INTERMEZZO
lorazepam
meprobamate
oxazepam
temazepam
zaleplon
zolpidem tartrate

Anti-convulsants:

carbamazepine/ER
clonazepam
clonazepam Dis Tab
diazepam
divalproex sod. tabs EC
ethosuximide
gabapentin
lamotrigine dispers tabs
LYRICA
oxcarbazepine
phenobarbital
phenytoin sodium
primidone
valproic acid
zonisamide

Anti-depressants:

amitriptyline
amitriptyline/perphenazine
bupropion
bupropion ER/SR
citalopram
clomipramine
desipramine
doxepin
fluoxetine
flvoxamine
imipramine
mirtazapine
nefazodone
nortriptyline
paroxetine Hcl
paroxetine CR
phenelzine
PRISTIQ
sertraline
tranylcypromine sulf. tabs
trazodone
trimipramine
venlafaxine/ER

Anti-Manic Agents:

lithium carbonate
lithium carbonate tabs ER

Therapeutic class and drug form are plan specific and may or may not be covered. Please note that this drug list is subject to change without notice.

PREFERRED BRAND NAME AND GENERIC DRUG LIST

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Anti-parkinson Agents:

amantadine
benztropine
bromocriptine
carbidopa/levodopa
pramipexole Di-Hcl
ropinirole Hcl
selegiline
trihexyphenidyl

Anti-psychotic Agents:

chlorpromazine
clozapine
fluphenazine
haloperidol
loxapine
perphenazine
quetiapine fum.
risperidone
risperidone ODT
SEROQUEL XR
thioridazine
thiothixene
trifluoperazine
ziprasidone

Cholinesterase Inhibitors:

donepezil
donepezil ODT
galantamine HBR
galantamine ER
pyridostigmine br.
rivastigmine

Stimulants:

amphetamine salts
dexmethylphenidate
dextroamphetamine
methamphetamine
methylphenidate
methylphenidate ER
methylphenidate SA
methylphenidate SR
QUILLIVANT XR SUSP

Miscellaneous CNS Agents:

bupropion SR tabs
ergoloid mesylate
midodrine
pilocarpine tabs
ropinirole Hcl

DERMATOLOGICALS

Acne Agents:

ACANYA
ATRALIN
adapalene
benzoyl peroxide
clindamycin phos. topical
clindamycin/benzoyl peroxide gel
erythromycin topical
erythromycin-benzoyl gel
ONEXTON
sodium sulfacetamide/sulfur
sulfacetamide sod. 10% lot
tretinoin (acne only)
ZIANA

Antibacterial Agents:

gentamicin topical
metronidazole cream/lotion
mupirocin ointment
silver sulfadiazine

Antifungal Agents:

ciclopirox
clotrimazole/betamethasone
econazole
ERTACZO
ketoconazole topical
nystatin topical
nystatin/triamcinolone

Antiviral Agents:

XERESE

Corticosteroids:

alclometasone dip. oint.
amcinonide
betamethasone dipropionate
betamethasone valerate
clobetasol
desonide
desoximetasone
fluocinonide
fluocinolone acetonide
fluticasone
halobetasol
hydrocortisone 0.1% buty.
hydrocortisone 0.2% val.
hydrocortisone 2.5%
mometasone
prednicarbate cream
triamcinolone acetonide

Hemorrhoidal Preparations:

lidocaine HC

Keratolytics:

podofilox
urea

Psoriasis & Eczema Agents:

calcipotriene sol
diflorasone
ELIDEL
selenium sulfide

Other Dermatologicals:

aluminum chloride
ammonium lactate
CARAC
diclofenac sodium gel
hydroquinone 4%
imiquimod cream
lidocaine cream, lot, patches
lindane
malathion lotion
permethrin
sulfacetamide sodium
ZYCLARA

EARS, NOSE, & THROAT

Anti-histamines/Allergenic Extracts:

cyproheptadine
GRASTEK
hydroxyzine hcl
hydroxyzine pamoate
levocetirizine tabs
promethazine
RAGWITEK

Cough & Cold Preps:

benzonatate
codeine
codeine/guaifenesin
codeine/promethazine
dextromethorphan/promethazine
guaifenesin SR & LA

hydrocodone/chlorpheniramine susp
hydrocodone/guaifenesin
hydrocodone bit./homatropine

Decongestants & Combinations:

brompheniramine/pseudoephedrine
carbinoxamine/pseudoephedrine
carbinoxamine/pseudoephedrine SR
chlorpheniramine/pseudoephedrine SR

Nasal Products:

ASTEPRO
azelastine nasal spray
DYMISTA
flunisolide solution
fluticasone nasal spray
NASONEX

Otics:

acetic acid/hydrocortisone otic
acetic acid otic drops
antipyrine/benzocaine otic drops
hydrocortisone/neomycin/polymyxin B otic
ofloxacin ear drops

Throat & Mouth Products:

chlorhexidine gluconate
lidocaine viscous
sodium fluoride
triamcinolone in orabase

ENDOCRINE

Androgens/ Estrogens:

danazol

Bone Resorption

alendronate sodium tabs
etidronate disodium
risedronate sodium tabs

Corticosteroids:

cortisone acetate
dexamethasone
fludrocortisone acetate
hydrocortisone
methylprednisolone
prednisolone
prednisone

Diabetic Aids

NOVOFINE/PLUS PEN NEEDLES
NOVOFINE AUTOCOVER 30G
NOVOTWIST NEEDLES

Gout:

allopurinol
colchicine
colchicine/probenecid
probenecid

Hypoglycemics:

Biguanides

metformin
metformin ER

Combination Products

glipizide/metformin
glyburide/metformin

Dipeptidyl Peptidase-4 & Combos

JANUMET/XR
JANUVIA
KOMBIGLYZE
ONGLYZA

Insulins

LEVEMIR
NOVOLIN
NOVOLOG

Therapeutic class and drug form are plan specific and may or may not be covered. Please note that this drug list is subject to change without notice.

PREFERRED BRAND NAME AND GENERIC DRUG LIST

VERY IMPORTANT

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<p>Meglitinides nateglinide repaglinide</p> <p>Miscellaneous VICTOZA WELCHOL</p> <p>Sodium-Glucose Co Transporter 2 Inh. FARXIGA XIGDUO XR</p> <p>Sulfonylureas chlorpropamide glimepiride glipizide glipizide ER glipizide XL glyburide glyburide micro tolazamide tolbutamide</p> <p><u>Thyroid Products:</u> levothyroxine liothyronine sod methimazole paricalcitol propylthiouracil thyroid</p> <p><u>Miscellaneous:</u> cabergoline desmopressin NS, tabs</p>	<p>Miscellaneous clopidogrel heparin warfarin</p> <p><u>Anti-platelet:</u> anagrelide HCl BRILINTA cilostazol dipyridamole ticlopidine</p> <p><u>Fibrinolytic:</u> pentoxifylline</p> <p><u>Miscellaneous Agents:</u> aminocaproic acid</p> <p>IMMUNOSUPPRESSANTS azathioprine cyclosporine</p> <p>NUTRITION <u>Systemic Alkalizers:</u> Ca monohydrate/K+Cit NaCit/K + Cit/Ca potassium citrate ER</p> <p><u>Vitamins/Minerals/Electrolyte Modifiers:</u> calcitriol calcium acetate caps cyanocobalamin (vitamin B12) folic acid potassium chloride vitamin A,C,&D w/fluoride vitamin multiple w/fluoride vitamin multiple w/fluoride & Fe</p>	<p>gramicidin/neomycin/polymyxin B soln ofloxacin polymyxin B/trimethoprim prednisolone/sodium sulfacetamide sodium sulfacetamide tobramycin trifluridine drops</p> <p><u>Glaucoma Agents:</u> acetazolamide apraclonidine betaxolol brimonidine dipivefrin latanoprost levobunolol methazolamide metipranolol pilocarpine timolol drops, gel TIMOPTIC OCUDOSE</p> <p><u>Steroids:</u> dexamethasone fluorometholone prednisolone acetate prednisolone sodium phos.</p> <p><u>Miscellaneous:</u> atropine sulfate bromfenac cromolyn sodium cyclopentolate flurbiprofen ketorolac</p>
<p>GASTROINTESTINAL AGENTS <u>Anti-diarrheals:</u> atropine/diphenoxylate paregoric</p> <p><u>Anti-spasmodic:</u> belladonna tincture belladonna/phenobarbital dicyclomine hyoscyamine hyoscyamine SR</p> <p><u>Anti-ulcer:</u> misoprostol sucralfate</p> <p><u>Anti-vertigo & Anti-emetic:</u> granisetron tabs ondansetron ondansetron ODT prochlorperazine promethazine trimethobenzamide</p> <p><u>Laxatives:</u> Lactulose</p> <p><u>P.A.M.O.R.A.:</u> MOVANTIK</p> <p><u>Miscellaneous Products:</u> amylase/lipase/protease balsalazide disodium hydrocortisone enema hydrocortisone AC supp mesalamine enema metoclopramide sulfasalazine/DR ursodiol</p>	<p>OB/GYN <u>Estrogens:</u> estradiol estropipate jinteli 1-5 PREMARIN PREMPHASE PREMPRO</p> <p><u>Oxytocics:</u> methylergonovine</p> <p><u>Prenatal Products:</u> generic prenatal vitamins</p> <p><u>Progestins:</u> medroxyprogesterone norethindrone acetate</p> <p><u>Topical Anti-Infectives</u> clindamycin vag. cr. metronidazole vaginal gel nystatin vaginal terconazole triple sulfa vaginal</p>	<p>RESPIRATORY AGENTS <u>Bronchodilators:</u> albuterol aminophylline DULERA FORADIL AERO ipratropium bromide PROVENTIL HFA SYMBICORT theophylline theophylline SR</p> <p><u>Glucocorticoids, Inhalation:</u> AEROSPAN ASMANEX PULMICORT FLEXHALER PULMICORT RESPULES SYMBICORT</p> <p><u>Miscellaneous agents:</u> acetylcysteine cromolyn neb. Sol. montelukast terbutaline zafirlukast</p>
<p>HEMATOLOGY <u>Anti-coagulants:</u> Direct Factor X SAVAYSA</p>	<p>OPHTHALMIC AGENTS <u>Anti-histamines:</u> azelastine epinastine</p> <p><u>Anti-infectives:</u> bacitracin bacitracin/neomy/polymyxin B oint. bacitracin/polymyxin B ciprofloxacin dexamethasone/neomy/polymyxin B erythromycin gentamicin</p>	<p>UROLOGICAL AGENTS <u>Anesthetics:</u> phenazopyridine</p> <p><u>Antispasmodics:</u> oxybutynin oxybutynin ER flavoxate hcl tolterodine tolterodine ER TOVIAZ</p>

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Benign Prostatic Hypertrophy Agents

doxazosin
finasteride
tamsulosin caps
terazosin

Cholinergic Stimulants:

bethanechol

WEIGHT MANAGEMENT

diethylpropion
phentermine
SAXENDA

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General Prescription Programs, Inc.– Effective Oct 1, 2015.

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Central Pennsylvania Teamsters Health & Welfare Fund

PLAN 13, PLAN 14P, PLAN R-7 and R-7/65

RETAIL*	Generic for up to a 34 day supply	\$5
	Brand Preferred for up to a 34 day supply	\$15
	Brand Non-Preferred for up to a 34 day supply	\$30
MAIL ORDER		
	Generic for up to a 90 day supply	\$15
	Brand Preferred for up to a 90 day supply	\$30
	Brand Non-Preferred for up to a 90 day supply	\$60
SPECIALTY		
	RETAIL up to a 30 day supply	\$150
	MAIL ORDER up to a 90 day supply	\$300

***NOTE:** These copayments are applicable to 15-day scripts for drugs classified as "Class II" by the FDA. Also, effective January 1, 2016, the copayment for all Zohydro prescriptions will be \$150 per script.

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Central Pennsylvania Teamsters Health & Welfare Fund

PLAN 13Y

RETAIL	Generic for up to a 34 day supply	\$10
	Brand Preferred for up to a 34 day supply	\$30
	Brand Non-Preferred for up to a 34 day supply	\$50
MAIL ORDER		
	Generic for up to a 90 day supply	\$30
	Brand Preferred for up to a 90 day supply	\$60
	Brand Non-Preferred for up to a 90 day supply	\$100
SPECIALTY		
	RETAIL up to a 30 day supply	\$150
	MAIL ORDER up to a 90 day supply	\$300

***NOTE:** These copayments are applicable to 15-day scripts for drugs classified as "Class II" by the FDA. Also, effective January 1, 2016, the copayment for all Zohydro prescriptions will be \$150 per script.

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Central Pennsylvania Teamsters Health & Welfare Fund

PLAN 14 and PLAN 16

		OPTION A	OPTION B	OPTION C
RETAIL	Generic for up to a 34 day supply	\$5	\$10	\$10
	Brand Preferred for up to a 34 day supply	\$15	\$20	\$30
	Brand Non-Preferred for up to a 34 day supply	\$30	\$40	\$50
MAIL ORDER				
	Generic for up to a 90 day supply	\$15	\$30	\$30
	Brand Preferred for up to a 90 day supply	\$30	\$40	\$60
	Brand Non-Preferred for up to a 90 day supply	\$60	\$80	\$100
SPECIALTY				
	RETAIL up to a 30 day supply	\$150	\$150	\$150
	MAIL ORDER up to a 90 day supply	\$300	\$300	\$300

***NOTE:** These copayments are applicable to 15-day scripts for drugs classified as "Class II" by the FDA. Also, effective January 1, 2016, the copayment for all Zohydro prescriptions will be \$150 per script.

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