

Central Pennsylvania Teamsters Health and Welfare Fund Prescription Drug Benefits

Negative Formulary List*

Aciphex	Cymbalta	Luvox	Prozac	Valtarna
Advicor	Daypro	Mevacor	Relenza	Vioxx
Allegra	Dexilant	Nexium	Rozerem	Vytorin
Altoprev	Diflucan	Paxil	Sarafem	Xyzal
Ambien**	Edluar	Pepcid***	Sonata**	Zantac***
Axid	Effexor	Pexeva	Sporanox	Zegerid
Bextra	Fibricor	Pravachol	Symbyax	Zetia
Celebrex	Lamisil	Prevacid	Tagamet	Zipsor
Celexa	Lexapro	Prilosec****	Tamiflu	Zocor
Clarinet	Lipitor	Pristiq	Trepadone	Zoloff
Crestor	Lunesta**	Protonix	Trilipix	

And All Injectables (excluding Insulin and Imitrex)

Effective September 1, 2010, Cambia, Deprizine, Livalo, Oravig and Vimovo will be added to the Negative Formulary List.

*Please note that this listing is subject to change. Participants will receive notification (via newsletter, mailings, etc.) of additions and/or deletions.

**By law, controlled substances cannot be mail ordered.

***Over the counter dosages are not covered.

****Effective 1/1/09, all new prescriptions for proton pump inhibitors (PPI's) will be subject to a Step Therapy Program. This means that the plan will cover only over-the-counter PPI's as a first step in treatment. If the OTC is ineffective, ask your doctor to write a letter (addressed to the Fund) stating the reason that you must have a prescription PPI.

Prescription Plan Benefits Under Plans 13, R4, R5 and R7

MAIL ORDER COPAYMENTS

\$15 Generic for up to a 90 day supply

\$30 Brand for up to a 90 day supply

\$60 Negative Formulary up to a 90 day supply

RETAIL PHARMACY COPAYMENTS

\$5 Generic for up to a 34 day supply

\$15 Brand for up to a 34 day supply

\$30 Negative Formulary up to a 34 day supply

Prescription Plan Benefits Under Plans 14, 16 and R6

MAIL ORDER COPAYMENTS

	<u>Option A</u>	<u>Option B</u>	<u>Option C</u>
Generic for up to a 90 day supply	\$15.00	\$30.00	\$30.00
Brand for up to a 90 day supply	\$30.00	\$40.00	\$60.00
Negative Formulary up to a 90 day supply	\$60.00	\$80.00	\$100.00

Prescription Plan Benefits Under Plans 14, 16 and R6 (continued)

RETAIL PHARMACY COPAYMENTS

	<u>Option A</u>	<u>Option B</u>	<u>Option C</u>
Generic for up to a 34 day supply	\$5.00	\$10.00	\$10.00
Brand for up to a 34 day supply	\$15.00	\$20.00	\$30.00
Negative Formulary up to a 34 day supply	\$30.00	\$40.00	\$50.00

Prescription Plan Benefits Under Plan 13Y

MAIL ORDER COPAYMENTS

\$30 Generic for up to a 90 day supply

\$60 Brand for up to a 90 day supply

\$100 Negative Formulary up to a 90 day supply

RETAIL PHARMACY COPAYMENTS

\$10 Generic for up to a 34 day supply

\$30 Brand for up to a 34 day supply

\$50 Negative Formulary up to a 34 day supply