

INFORMATION ABOUT YOUR PRESCRIPTION DRUG PLAN

Effective January 1st, 2015, City of Pittsburg, KS Employees will use MedTrak Services to administer its Prescription Drug Plan.

Will I receive an ID card? Prior to your effective date you will receive a new CoreSource health insurance card. There is a MedTrak logo on this card. Show this card to your pharmacist when you get a prescription filled on or after January 1, 2015.

Where can I fill my prescriptions?

- Retail Pharmacies. To find out which pharmacies participate you can log onto our website and click on Pharmacy locator, or call MedTrak Services.
- Orchard Mail Pharmacy. Mail order can be used to fill 90-day supplies of maintenance medications. The Walgreens Registration and Prescription Order Form should be sent with *new* written prescriptions from your doctor. Once your initial order has been processed, subsequent new prescriptions can be faxed *from your doctor* or you can continue to mail in new written prescriptions you receive. Allow two weeks from receipt for delivery.

Participating Pharmacy:	Retail	Retail	Mail Service
Maximum Day Supply Allowed:	34 (Acute Medications)	Greater of 34 days supply or 100 units (Maintenance Medications)	90 (Maintenance Medications)
Generic Copay:	\$15	\$15	\$37.50
Formulary Copay:	\$50	\$50	\$125
Non-Formulary Copay:	\$75	\$75	\$187.50
Specialty Medication Copay:	\$150 with a maximum 30 day supply allowed per fill.		

Annual Rx/Medical Combined Out-of-Pocket Maximum:	\$6,350 per Individual, or \$12,700 per Family beginning every January 1 st . Once you have met this amount, you will pay \$0 copay until the end of the benefit year, December 31 st .
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Is my drug a Formulary or non-Formulary drug? Please refer to the **National Formulary**, which can be found by logging onto our website and clicking on Forms and Downloads. If you are using a drug that is not listed as a Formulary Drug, you may pay a higher copay as listed above. Please ask your doctor to prescribe a Formulary Drug whenever possible.

Will I pay more if I choose to fill a Brand drug when a Generic equivalent is available? Yes. If you have a Brand prescription filled when a Generic equivalent is available, you will pay the Brand Copay, plus the difference in cost between the Brand and the Generic drug. This Plan encourages the use of Generic drugs because in most cases Generics are just as effective as Brands and much less expensive. Please ask your physician and your pharmacist to prescribe and dispense Generic drugs whenever possible.

How can I find out more about drug alternatives and cost savings? This Plan utilizes MedTrak's ScriptCHOICE Program. The program consists of sending ScriptCHOICE letters to plan members taking high costing Brand medications and explaining the benefits of less expensive alternative drugs. During the year, if you receive a ScriptCHOICE letter, please take it to your doctor to see if one of the preferred, alternative medications might be right for you. Switching to these preferred drugs will save you and the Plan money! eScriptCHOICE also allows you to view and price drug alternatives on our website. See website and registration information below.

Does MedTrak have a website? Our website address is www.medtrakservices.com. Register using the MedTrak information on your ID card. Our website includes the ability to search for participating pharmacies, research drug alternatives, and print a history of your prescription claims. (Please note that due to the HIPAA law, members 18 years of age and older must each register separately.) Please call MedTrak for any assistance in this process.

This is practical information regarding your Prescription Benefit Plan. For a more detailed description of your Health Plan, please refer to your Summary Plan Description (SPD) provided to you by your employer and/or the Medical Benefits provider.

If you have any questions please call MedTrak Services at 1-800-771-4648.



Important Changes to your Pharmacy Benefit Plan

MEDTRAK

Dear Member:

MedTrak works with your health plan to provide you with high-quality prescription benefits. Due to increasing health care costs, we constantly work with your Plan to find ways to make your prescription benefit more affordable to you.

Effective January 1, 2015, your plan will take advantage of the MedTrak National Preferred Formulary. This formulary is a list of covered and non-covered drugs. All non-covered medications have covered alternative(s) available to you that are equally as safe and effective.

Attached is an abbreviated formulary list. It includes frequently used covered drugs, as well as all medications that are not covered, along with their formulary alternatives. If you are currently taking one of the non-covered medications, please contact your doctor and request a new prescription for one of the covered alternatives. If you have any questions, please do not hesitate to contact a MedTrak Pharmacy Benefit Advisor at 1.800.771.4648. We look forward to serving you.

Thank You,

MedTrak Clinical Care Center

Phone: 800.771.4648

Fax: 866.552.8939

PS – If you have diabetes and are currently using strips that will not be covered, you can order a FREE One Touch® system by calling 1.800.243.7361 and providing code 568SHD001. Find out more on One Touch® on the back of this letter.

Information contained in this letter in no way constitutes medical advice. Medical decisions should be made by members and physicians. Please be assured these communications are privileged and patient confidentiality is maintained.

2015 National Preferred Formulary

ANTI-INFECTIVES

Antifungal Agents

fluconazole
nystatin oral suspension

Antivirals

acyclovir
OLYSIO
TAMIFLU
valacyclovir
VICTRELIS
VIRAMUNE XR

Cephalosporins

cefdirin
cefuroxime
cephalexin

Erythromycins & Other

Macrolides
azithromycin
clarithromycin

Penicillins

amoxicillin
amoxicillin/potassium
clavulanate
penicillin v potassium

Quinolones

ciprofloxacin
levofloxacin
moxifloxacin

Tetracyclines

doxycycline hyclate
doxycycline monohydrate
minocycline
ORACEA
SOLODYN 55 MG, 65 MG,
80 MG, 105 MG, 115 MG

Urinary Tract Agents

nitrofurantoin monohydrate/
macrocrystals

Misc. Anti-Infectives

BETHKIS
clindamycin hcl
hydroxychloroquine
metronidazole
sulfamethoxazole/
trimethoprim
XIFAXAN

ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS

anastrozole
azathioprine
methotrexate
SOMATULINE DEPOT [INJ]
tamoxifen
ZYTIGA

AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH

Anticonvulsants

clonazepam
divalproex delayed-release
divalproex ext-release
FYCOMPA
gabapentin
GRALISE
lamotrigine
levetiracetam
LYRICA
oxcarbazepine
OXTELLAR XR
POTIGA

topiramate
VIMPAT

Antiparkinsonism Agents

AZILECT
carbidopa/levodopa
MIRAPEX ER
pramipexole
ropinirole

Misc. Neurological Therapy

AMPYRA
COPAXONE [INJ]
donepezil
EXELON PATCHES
GILENYA
NAMENDA XR
NUEDEXTA
TECFIDERA

Antipsychotics

ABILIFY, ABILIFY DISCMELT
LATUDA
olanzapine
quetiapine
risperidone
SEROQUEL XR

Misc. Psychotherapeutic Agents

DAYTRANA
dextroamphetamine/
amphetamine
dextroamphetamine/
amphetamine ext-release
FOCALIN XR 5 MG, 10 MG,
20 MG, 25 MG, 35 MG
INTUNIV
methylphenidate
methylphenidate ext-release
modafinil
NUVIGIL
QUILLIVANT XR
STRATTERA
VYVANSE

Antivertigo & Antiemetic Drugs

meclizine hcl
ondansetron
ondansetron orally
disintegrating tablets
SANCUSO

Anxiolytics

alprazolam
buspirone
diazepam
lorazepam

Hypnotic Agents

eszopiclone
temazepam
zolpidem
zolpidem ext-release

Migraine & Cluster

Headache Therapy
butalbital/acetaminophen/
caffeine

RELPAK

rizatriptan
rizatriptan orally
disintegrating tablets
sumatriptan
SUMAVEL DOSEPRO [INJ]
TREXIMET
ZOMIG NASAL

Narcotic Analgesics

acetaminophen/codeine
BUTRANS
fentanyl patch
hydrocodone/acetaminophen

hydrocodone/ibuprofen
hydromorphone
LAZANDA
methadone
morphine sulfate ext-release
NUCYNTA, NUCYNTA ER
OPANA ER
oxycodone
oxycodone/acetaminophen
OXYCONTIN

Narcotic Antagonists

SUBOXONE SL FILM
ZUBSOLV

Non-Narcotic Analgesics

tramadol
tramadol/acetaminophen

Misc. Analgesics

MONOVISC [INJ]
ORTHOVISC [INJ]
SYNVISC [INJ]
SYNVISC-ONE [INJ]

Selective Serotonin Reuptake Inhibitors

citalopram
escitalopram
fluoxetine
paroxetine
sertraline
VIIBRYD

Tricyclics

amitriptyline
doxepin
nortriptyline

Misc. Antidepressants

bupropion
bupropion ext-release
(12 hour)
bupropion ext-release
(24 hour)
duloxetine delayed-release
mirtazapine
PRISTIQ
trazodone hcl
venlafaxine
venlafaxine ext-release

CARDIOVASCULAR, HYPERTENSION & LIPIDS

ACE Inhibitors & Combos

benazepril
benazepril/
hydrochlorothiazide
enalapril
lisinopril
lisinopril/hydrochlorothiazide
quinapril
ramipril

Adrenergic Antagonists & Related Drugs

clonidine
doxazosin
terazosin

Angiotensin II Receptor Blockers & Renin Inhibitors & Combos

AMTURNIDE
BENICAR, BENICAR HCT
irbesartan
losartan
losartan/hydrochlorothiazide
TEKAMLO
TEKTURNA, TEKTURNA HCT
telmisartan

telmisartan/
hydrochlorothiazide
valsartan
valsartan/
hydrochlorothiazide

Antiarrhythmic Agents

amiodarone

Beta-Blockers & Combos

atenolol
atenolol/chlorthalidone
bisoprolol/
hydrochlorothiazide
BYSTOLIC
carvedilol
COREG CR
labetalol hcl
metoprolol succinate
ext-release
metoprolol tartrate
propranolol
propranolol ext-release

Calcium Channel Blockers

amlodipine
diltiazem ext-release
(24 hour)
nifedipine ext-release
verapamil ext-release

Other Antihypertensive

Combos
amlodipine/benazepril
AZOR
EXFORGE, EXFORGE HCT
TARKA
TRIBENZOR

Cardiac Glycosides

digoxin

Lipid/Cholesterol Lowering Agents

atorvastatin
CRESTOR
fenofibrate
fenofibrate micronized
fenofibric acid
delayed-release
gemfibrozil
LIPOFEN
LIPTRUZET
lovastatin
niacin ext-release
pravastatin
SIMCOR

simvastatin

VASCEPA
VYTORIN
WELCHOL
ZETIA

Nitrates

isosorbide mononitrate
ext-release
NITROLINGUAL PUMPSPRAY

Thiazide & Related

Diuretics
chlorthalidone
furosemide
hydrochlorothiazide
spironolactone
triamterene/
hydrochlorothiazide

Misc. Cardiovascular Agents

hydralazine
RANEXA

DERMATOLOGICALS/ TOPICAL THERAPY

Antipsoriatic/Antiseborrheic

calcipotriene
PRAMOSONE 1%
PRAMOSONE 2.5% LOTION,
OINTMENT
PRAMOSONE E
STELARA [INJ]
TACLONEX SUSPENSION

Therapy for Acne

ACANYA
ACZONE
ATRALIN
clindamycin phosphate
clindamycin phosphate/
benzoyl peroxide
DIFFERIN 0.1% LOTION
EPIDUO
FINACEA
metronidazole
MIRVASO
TAZORAC
ZIANA

Topical Antibacterials

mupirocin

Topical Antifungals

clotrimazole/betamethasone
dipropionate
ketoconazole
nystatin
nystatin/triamcinolone

Topical Corticosteroids

clobetasol propionate
desonide
fluocinonide
hydrocortisone
mometasone
triamcinolone acetonide
Misc. Dermatologicals
CARAC
ELIDEL
lidocaine patch
PROTOPIC

EAR, NOSE & THROAT MEDICATIONS

Drugs Affecting the Ear

antipyrine/benzocaine
CIPRODEX
neomycin/polymyxin/
hydrocortisone

Drugs Affecting the Nose

ASTEPRO
azelastine
DYMISTA
fluticasone
NASONEX
QNASL

Misc. Agents

chlorhexidine gluconate

ENDOCRINE/DIABETES

Adrenal Hormones

dexamethasone
methylprednisolone
prednisolone sodium
phosphate
prednisone
veripred

Androgens

ANDROGEL

AXIRON

testosterone cypionate [INJ]

Antithyroid Agents

methimazole

Glucose Elevating Agents

GLUCAGEN [INJ]
GLUCAGON [INJ]

Gonadotropin & Related Agents

chorionic gonadotropin [INJ]
GANIRELIX ACETATE [INJ]

Insulin Therapy

HUMALOG [INJ]
HUMULIN [INJ]
LANTUS [INJ]
LEVEMIR [INJ]

Non-Insulin Hypoglycemic Agents

BYDUREON [INJ]
BYETTA [INJ]

glipeptide

glipizide ext-release

glyburide

glyburide/metformin

INVOKANA

JANUMET, JANUMET XR

JANUVIA

KOMBIGLYZE XR

metformin

metformin ext-release

ONGLYZA

pioglitazone

RIOMET

SYMLINPEN [INJ]

Ovulatory Stimulants

clomiphene citrate

GONAL-F [INJ]

GONAL-F RFF [INJ]

Thyroid Hormones

levothyroxine sodium

liothyronine

Blood Glucose Monitoring Devices & Supplies

ONETOUCH KITS/METERS;

BASIC, ULTRA 2,

ULTRAMINI, ULTRASMART,

VERIO IQ, VERIO SYNC

ONETOUCH TEST STRIPS;

FASTTAKE, ONETOUCH,

SURESTEP, ULTRA, VERIO

Insulin Syringes/Misc. Durable Medical Equipment

CONCEPTION KIT

DEXCOM G4 SENSOR

PRODIGY INSULIN SYR,

PEN NEEDLES

VGO

GASTROENTEROLOGY

Antidiarrheals & Antispasmodics

dicyclomine hcl

diphenoxylate/atropine

Bowel Evacuants

MOVIPREP

SUCLEAR

SUPREP

Digestive Enzymes

CREON

ZENPEP (EXCEPT 5,000 U)

H2 Antagonists

famotidine

The following is a list of the most commonly prescribed drugs. It represents an abbreviated version of the drug list (formulary) that is at the core of your prescription-drug benefit plan. The list is not all-inclusive and does not guarantee coverage. In addition to using this list, you are encouraged to ask your doctor to prescribe generic drugs whenever appropriate.

PLEASE NOTE: Brand-name drugs may move to nonformulary status if a generic version becomes available during the year. Not all the drugs listed are covered by all prescription-drug benefit programs; check your benefit materials for the specific drugs covered and the copayments for your prescription-drug benefit program. For specific questions about your coverage, please call a MedTrak Pharmacy Benefit Advisor at 800.771.4648.

ranitidine
Proton Pump Inhibitors
 lansoprazole delayed-release
 NEXIUM
 omeprazole delayed-release
 pantoprazole delayed-release
 rabeprazole delayed-release
Other Ulcer Therapy
 PYLERA

Misc. Gastrointestinal Agents

AMITIZA
 ANALPRAM ADVANCED CREAM KIT
 ANALPRAM HC 1% CREAM SINGLES, 2.5% LOTION
 ASACOL HD
 CANASA
 DELZICOL
 LIALDA
 LINZESS
 metoclopramide hcl
 PENTASA
 RECTIV
 RELISTOR [INJ]
 UCERIS

IMMUNOLOGY & BIOTECHNOLOGY

Erythroid Stimulants

PROCRIT [INJ]
Growth Hormones
 GENOTROPIN [INJ]
 HUMATROPE [INJ]
 NORDITROPIN [INJ]

Interferons

AVONEX [INJ]
 EXTAVIA [INJ]
 PEGASYS [INJ]
 REBIF [INJ]

Misc. Immunologicals

GRASTEK
 RAGWITEK

MUSCULOSKELETAL & RHEUMATOLOGY

Gout Therapy

allopurinol
 COLCRYS
 ULORIC

Muscle Relaxants & Antispasmodic Therapy

baclofen
 cyclobenzaprine
 metaxalone
 methocarbamol
 tizanidine

NSAID Agents

CELEBREX
 diclofenac sodium delayed-release
 etodolac
 ibuprofen
 indomethacin
 meloxicam
 nabumetone
 naproxen, naproxen sodium
 VOLTAREN GEL
 ZORVOLEX

Osteoporosis Therapy

alendronate sodium
 ATELVIA
 FORTEO [INJ]
 ibandronate
 raloxifene

Misc. Rheumatological Agents

ENBREL [INJ]
 HUMIRA [INJ]
 ORENCIA [INJ]
 OTEZLA
 SAVELLA

OBSTETRICS & GYNECOLOGY

Estrogen Combs

COMBIPATCH
 estradiol/norethindrone acetate
 PREMPHASE
 PREMPRO

Estrogens

CENESTIN
 DIVIGEL
 ENJUVIA
 estradiol
 EVAMIST
 MINIVELLE
 PREMARIN TABS
 VAGIFEM
 VIVELLE-DOT

Oral Contraceptives & Related Agents

NOTE: All generic contraceptives are considered formulary

BEYAZ
 LO LOESTRIN FE
 LO MINASTRIN FE
 MINASTRIN 24 FE
 NATAZIA
 NUVARING
 SAFYRAL

Progestins

CRINONE
 ENDOMETRIN
 MAKENA [INJ]
 medroxyprogesterone acetate
 progesterone micronized
Vaginal Anti-Infectives
 metronidazole gel
 terconazole

OPHTHALMOLOGY

Antibiotics

BESIVANCE
 erythromycin
 levofloxacin
 MOXEZA
 polymyxin/trimethoprim
 tobramycin
 VIGAMOX

Glaucoma Drugs

ALPHAGAN P 0.1%
 COMBIGAN
 latanoprost
 LUMIGAN
 timolol maleate
 TRAVATAN Z

Non-Steroidal Anti-Inflammatory Agents

ILEVRO
 NEVANAC
 PROLENSA

Steroid-Antibiotic Combs

TOBRADEX OINTMENT
 TOBRADEX ST
 tobramycin/
 dexamethasone susp
 ZYLET

Steroids

ALREX
 LOTEMAX
 prednisolone acetate

Misc. Ophthalmologics

BEPREVE
 PATADAY
 PATANOL
 RESTASIS

RESPIRATORY, ALLERGY, COUGH & COLD

Adrenergics

AUVI-Q [INJ]
 EPIPEN, EPIPEN JR [INJ]

Antihistamines

arbinoxa
 desloratadine
 hydroxyzine hcl

hydroxyzine pamoate
 levocetirizine
 promethazine
Antitussive Combs
 benzonate
 hydrocodone/
 chlorpheniramine
 polistirex
 hydrocodone/homatropine
 promethazine/
 dextromethorphan

Inhaled Beta Agonists

albuterol
 ARCAPTA
 FORADIL
 PERFORMIST
 PROAIR HFA
 SEREVENT DISKUS
 VENTOLIN HFA

Inhaled Corticosteroids

ASMANEX
 budesonide
 PULMICORT FLEXHALER
 QVAR

Misc. Pulmonary Agents

ADCIRCA
 ANORO ELLIPTA
 COMBIVENT RESPIMAT
 DALIRESP
 DULERA
 LETAIRIS
 montelukast
 OPSUMIT
 SPIRIVA
 SYMBICORT
 TRACLEER
 TUDORZA

UROLOGICALS

Anticholinergics & Antispasmodics

GELNIQUE
 MYRBETRIQ
 oxybutynin
 oxybutynin ext-release
 tolterodine ext-release
 TOVIAZ
 VESICARE

Benign Prostatic Hyperplasia (BPH) Therapy

finasteride
 RAPAFLO
 tamsulosin ext-release

Misc. Urologicals

CIALIS
 MUSE
 VIAGRA

VITAMINS, HEMATINICS & ELECTROLYTES

Anticoagulants

ELIQUIS
 enoxaparin [INJ]
 FRAGMIN [INJ]
 PRADAXA
 warfarin
 XARELTO

Antiplatelet Drugs

AGGRENOX
 BRILINTA
 clopidogrel
 EFFIENT

Electrolytes

eliphos
 potassium chloride ext-release

Vitamins & Hematinics

cyanocobalamin [INJ]
 ergocalciferol
 folic acid
 multivitamins/fluoride
 NASCOBAL
 prenatal vitamins

MISCELLANEOUS AGENTS

FOSRENOL
 RENVELA

Excluded Medications With Covered Preferred Alternatives

The following is a list of excluded brand-name medications with covered preferred alternatives that are on the formulary. Column 1 lists excluded medications. Column 2 lists covered preferred alternatives that can be prescribed.

Excluded Medications	Covered Preferred Alternative(s)
ABSTRAL	fentanyl citrate, LAZANDA
ACCU-CHEK METERS/STRIPS	ONETOUCH METERS/STRIPS
ALVESCO	ASMANEX, PULMICORT FLEXHALER, QVAR
APIDRA	HUMALOG
ARANESP	PROCRIT
AXERT	rizatriptan, sumatriptan, zolmitriptan
BENOWASE AQ	flunisolide, fluticasone, triamcinolone acetate
BENZAFLIN GEL PUMP	clindamycin phosphate/benzoyl peroxide, ACANYA
BETASERON	AVONEX, EXTAVIA, REBIF
BRAVELLE	GONAL-F, GONAL-F RFF
BREEZE, CONTOUR METERS/STRIPS	ONETOUCH METERS/STRIPS
BREO ELLIPTA	DULERA, SYMBICORT
CETRAXAL	ciprofloxacin ear solution, CIPRODEX
CIMZIA	ENBREL, HUMIRA, STELARA
DUEXIS	ibuprofen + famotidine
EDARBI/EDARBYCLOR	candesartan/hctz, irbesartan/hctz, losartan/hctz, telmisartan/hctz, valsartan/hctz
EPOGEN	PROCRIT
EUFLEXXA	MONOVISC, ORTHOVISC, SYNVISC, SYNVISC-ONE
FENTORA	fentanyl citrate, LAZANDA
FLOVENT DISKUS/HFA	ASMANEX, PULMICORT FLEXHALER, QVAR
FOLLISTIM AQ	GONAL-F, GONAL-F RFF
FORTESTA	ANDROGEL, AXIRON
FREESTYLE, PRECISION METERS/STRIPS	ONETOUCH METERS/STRIPS
FROVA	rizatriptan, sumatriptan, zolmitriptan
GEL-ONE	MONOVISC, ORTHOVISC, SYNVISC, SYNVISC-ONE
HYALGAN	MONOVISC, ORTHOVISC, SYNVISC, SYNVISC-ONE
INCIVEK	OLYSIO
JENTADUETO	JANUMET, JANUMET XR, KOMBIGLYZE XR
KADIAN	morphine sulfate ext-release, hydromorphone ext-release, oxycodone ext-release, NUCYNTA ER, OPANA ER, OXYCONTIN
KAZANO	JANUMET, JANUMET XR, KOMBIGLYZE XR
LEVITRA	CIALIS, VIAGRA
NESINA	JANUVIA, ONGLYZA
NOVOLIN	HUMULIN
NOVOLOG	HUMALOG
NUTROPIN/NUTROPIN AQ	NORDITROPIN
OMNARIS	flunisolide, fluticasone, triamcinolone acetate
OMNITROPE	NORDITROPIN
PANCREAZE	pancrelipase delayed-release, CREON, ZENPEP
PEGINTRON	PEGASYS
PERTZYE	pancrelipase delayed-release, CREON, ZENPEP
PROVENTIL HFA	PROAIR HFA, VENTOLIN HFA
SAIZEN	NORDITROPIN
SIMPONI	ENBREL, HUMIRA, STELARA
STAXYN	CIALIS, VIAGRA
STENDRA	CIALIS, VIAGRA
SUBSYS	fentanyl citrate, LAZANDA
SUPARTZ	MONOVISC, ORTHOVISC, SYNVISC, SYNVISC-ONE
TANZUM	BYDUREON, BYETTA
TESTIM	ANDROGEL, AXIRON
TESTOSTERONE GEL	ANDROGEL, AXIRON
TEVETEN HCT	candesartan/hctz, irbesartan/hctz, losartan/hctz, telmisartan/hctz, valsartan/hctz
TEV-TROPIN	NORDITROPIN
TRADJENTA	JANUVIA, ONGLYZA
TRUETEST, TRUETRACK METERS/STRIPS	ONETOUCH METERS/STRIPS
ULTRESA	pancrelipase delayed-release, CREON, ZENPEP
VELTIN	clindamycin phosphate + tretinoin, ACANYA
VERAMYST	flunisolide, fluticasone, triamcinolone acetate
VICTOZA	BYDUREON, BYETTA
VIMOVO	omeprazole delayed-release + naproxen sodium
VOGELXO	ANDROGEL, AXIRON
XELJANZ	ENBREL, HUMIRA
XOPENEX HFA	PROAIR HFA, VENTOLIN HFA
ZETONNA	flunisolide, fluticasone, triamcinolone acetate
ZIOPATAN	latanoprost, travoprost, LUMIGAN, TRAVATAN Z
ZOHYDRO ER	morphine sulfate ext-release, hydromorphone ext-release, oxycodone ext-release, NUCYNTA ER, OPANA ER, OXYCONTIN

KEY

[INJ] - Injectable Drug

For the member: Generic medications contain the same active ingredients as their corresponding brand-name medications, although they may look different in color or shape. They have been FDA-approved under strict standards.

For the physician: Please prescribe preferred products and allow generic substitutions when medically appropriate.

Brand-name drugs are listed in CAPITAL letters.

Generic drugs are listed in lower case letters.



Preferred Pharmacy Network

Major Participating Pharmacy Chains

MEDTRAK
Your Prescription for *X* Service

This list includes the most commonly used pharmacies within the Network. For a complete listing, please visit our website at www.medtrakservices.com or call 800.771.4648.

- | | | | |
|---|---|---|---|
| <p>A
A & P
Acme
Albertson's
Aurora
AWG Network</p> <p>B
Bakers Supermarkets
Bartell Drugs
Bashas'
Bi-Lo
Bi-Mart Drugs
Brookshire Grocery
Brookshire Brothers
Bruno's</p> <p>C
Clinic
Coborn's
Community Independent
Pharmacy Network
Costco
Cub
CVS (excl. AK, GA, HI, MA,
Puerto Rico)</p> <p>D
Dept. of Veteran Affairs
Dillons
Discount Drug Mart
Doc's Drugs
Dominicks
Drug Fair
Duane Reade</p> <p>E
Epic</p> | <p>F
Family Care Network
Food City
Fred's Stores
Fred Meyer
Fruth
Fry's Food & Drug</p> <p>G
Giant Eagle
Giant Food Stores
Good Neighbor PPN
Gristede's</p> <p>H
Hannaford Food & Drug
Harps/Price Cutter
Harris Teeter
Harveys Supermarket
H.D. Smith Third Party
Network
Health Mart
HEB
Hen House
Henry Ford Med. Center
Hi-School
Homeland
Hometown
Hy-Vee</p> <p>I
IHC
IHS
InstyMeds</p> <p>K
K-Mart
Kerr Drug
Keystone</p> | <p>King Soopers
Knight Drugs
Kroger</p> <p>L
LeaderNet/Cardinal</p> <p>M
Major Value
Managed Pharmacy Care
Marc's
Marsh Drugs
Martin's Supermarkets
Maxor Pharmacy
Med-Fast
Medicap
Medicine Shoppe
Med-X
Meijer
Minyard Food Store
Morton Drug Co.</p> <p>N
Navarro Discount</p> <p>O
Omnicare/NCS</p> <p>P
Pamida
Pathmark
Price Chopper
Publix</p> <p>Q
QOL Meds</p> <p>R
Raleys
Rite Aid</p> <p>S
Safeway</p> | <p>Sav-Mor Drug Stores
Schnucks
Shaws
ShopKo
Shop 'n Save
ShopRite
SuperValu/Shoppers</p> <p>T
Target
Third Party Station/TPS-CP
Thrifty White
Times
Tom Thumb
Tops Markets
TriNet</p> <p>U
United Drug
United Supermarkets
University of Utah
University of Wisconsin /
Clinic
USA Drugs
U-Save</p> <p>V
Von's</p> <p>W
Walgreens (excl. AK, GA,
HI, MA, Puerto Rico)
Wal-Mart (incl. Sam's Club)
Wegmans Food Markets
Weis Markets
Wilkinson
Winn-Dixie</p> <p>X
Xpect</p> |
|---|---|---|---|

Updated 01.2014

Switch to OneTouch® and you may start saving today.

If you are not using OneTouch®, you may be spending too much on co-pays for your diabetes supplies. As the preferred brand through **MedTrak**, OneTouch® may offer you savings that are not available with non-preferred brands.*



Meet OneTouch® Verio® IQ.

So simple. So smart.

Diabetes is complicated enough. OneTouch® Verio® IQ is here to make testing simple.

OneTouch® Verio® IQ Meter

- Color screen with big, bold numbers
- Test-strip port and screen light up for testing in the dark

OneTouch® Verio® Test Strips

- Perform 500 scans in five seconds
- Apply blood to either side of the test strip
- Just takes a speck of blood

BONUS:

OneTouch® Tools for Life™ Pattern Guide†

Works with your OneTouch® Verio® IQ Meter to uncover possible root causes of your high and low patterns and suggests steps to bring your results back into target range.



The OneTouch® Ultra® Family

Precise. Proven. #1 recommended by Physicians and Diabetes Educators.

Choose OneTouch® Ultra® for unsurpassed precision in the high and low blood glucose ranges versus leading brands.‡

OneTouch® Ultra® 2 Meter

- See the effects of food on your blood sugar
- Flag results as before or after meal
- Large screen with backlight

OneTouch® UltraMini® Meter

- Small enough to fit in a purse or a pocket
- Fast, accurate results
- Stylish and colorful

OneTouch® Ultra® Blue Test Strips

- Check each blood sample twice to confirm the result
- Give you confidence every time you test

BONUS:

OneTouch® Tools for Life™ Food Guide†

Features information and activities designed to help you plan meals and snacks that work to help keep your blood sugar in a healthy range.

To order a OneTouch® System at no charge:

Visit www.OneTouch.orderpoints.com and input order code **568SHD001** or call **1-800-243-7361** and provide order code **568SHD001**.

*Some health plans may have more than one test strip covered at the lowest co-pay

† Bonus with purchase

‡ Leading brands include OneTouch® Ultra® Test Strips, Roche ACCU-CHEK® Aviva Test Strips, Abbott FreeStyle® Lite Test Strips, and Bayer CONTOUR® Test Strips. OneTouch® Ultra® Test Strips, Abbott FreeStyle® Test Strips, Bayer CONTOUR® Test Strips, and Roche ACCU-CHEK® Aviva Test Strips meet ISO standards for accuracy (ISO 15197:2003)

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