

# TALK WITH YOUR DOCTOR ABOUT \$3 GENERIC DRUGS



Generic drugs may help you and your covered family members save money on commonly used prescription drugs.

Any discussion about medications should start with your doctor. **Take this list to your next appointment.** Talk with your doctor to see if one of the generic drugs is right for you. You'll pay just \$3 for a monthly supply.

Note: Prescriptions required. The eligible drug list may change. The online listing is current as of the date noted on the website. Not all strengths, dosages and formulations are eligible under this feature. Examples of non-covered formulations are enteric-coated, extended or timed-released. Please refer to your specific benefits for any exclusions or limitations.

List is current as of January 1, 2017. For the most up-to-date list of \$3 generic drugs, please go to: <https://shop.highmark.com/sales/#!/brochures/genericdruglist/NEPA>

DRUG NAME	DOSAGE	STRENGTH
<b>ARTHRITIS, GOUT &amp; PAIN</b>		
ALLOPURINOL	TABLET	100 MG
ALLOPURINOL	TABLET	300 MG
DICLOFENAC SODIUM	TABLET, ENTERIC COATED	75 MG
IBUPROFEN	TABLET	400 MG
IBUPROFEN	TABLET	600 MG
IBUPROFEN	TABLET	800 MG
INDOMETHACIN	CAPSULE	25 MG
INDOMETHACIN	CAPSULE	50 MG
MELOXICAM	TABLET	7.5 MG
MELOXICAM	TABLET	15 MG
NAPROXEN	TABLET	250 MG
NAPROXEN	TABLET	375 MG
NAPROXEN	TABLET	500 MG

## ANTIBIOTICS

AMOXICILLIN	TABLET, CHEWABLE	400 MG
AMOXICILLIN	TABLET	500 MG
AMOXICILLIN	TABLET	875 MG
AMOXICILLIN	CAPSULE	250 MG
AMOXICILLIN	CAPSULE	500 MG
AMOXICILLIN	SUSPENSION, RECONSTITUTED, ORAL (ML)	125MG/5ML

DRUG NAME	DOSAGE	STRENGTH
<b>ANTIBIOTICS continued</b>		
AMOXICILLIN	SUSPENSION, RECONSTITUTED, ORAL (ML)	250 MG/5ML
AMOXICILLIN	SUSPENSION, RECONSTITUTED, ORAL (ML)	200 MG/5ML
AMOXICILLIN	SUSPENSION, RECONSTITUTED, ORAL (ML)	400 MG/5ML
AMOXICILLIN-CLAVULANATE	TABLET	500-125 MG
AMOXICILLIN-CLAVULANATE	TABLET	875-125 MG
AMPICILLIN TRIHYDRATE	CAPSULE	250 MG
AMPICILLIN TRIHYDRATE	CAPSULE	500 MG
AZITHROMYCIN	TABLET	250 MG
CEPHALEXIN	CAPSULE	250 MG
CEPHALEXIN	CAPSULE	500 MG
CIPROFLOXACIN HCl	TABLET	250 MG
CIPROFLOXACIN HCl	TABLET	500 MG
ISONIAZID	TABLET	100 MG
ISONIAZID	TABLET	300 MG
LEVOFLOXACIN HEMIHYDRATE	TABLET	250 MG
LEVOFLOXACIN HEMIHYDRATE	TABLET	500 MG
LEVOFLOXACIN HEMIHYDRATE	TABLET	750 MG
METRONIDAZOLE	TABLET	250 MG

DRUG NAME	DOSAGE	STRENGTH
<b>ANTIBIOTICS continued</b>		
METRONIDAZOLE	TABLET	500 MG
PENICILLIN V POTASSIUM	TABLET	250 MG
PENICILLIN V POTASSIUM	SOLUTION, RECONSTITUTED, ORAL	125 MG/5ML
PENICILLIN V POTASSIUM	SOLUTION, RECONSTITUTED, ORAL	250 MG/5ML
SMZ-TMP DS	TABLET	800-160 MG
SULFAMETHOXAZOLE/ TRIMETHOPRIM	TABLET	800-160 MG
SULFAMETHOXAZOLE/ TRIMETHOPRIM	TABLET	400MG-80MG

#### ANTICOAGULANTS

JANTOVEN	TABLET	1 MG
JANTOVEN	TABLET	2 MG
JANTOVEN	TABLET	2.5 MG
JANTOVEN	TABLET	3 MG
JANTOVEN	TABLET	4 MG
JANTOVEN	TABLET	5 MG
JANTOVEN	TABLET	6 MG
JANTOVEN	TABLET	7.5 MG
JANTOVEN	TABLET	10 MG
WARFARIN SODIUM	TABLET	1 MG
WARFARIN SODIUM	TABLET	2 MG
WARFARIN SODIUM	TABLET	2.5 MG
WARFARIN SODIUM	TABLET	3 MG
WARFARIN SODIUM	TABLET	4 MG
WARFARIN SODIUM	TABLET	5 MG
WARFARIN SODIUM	TABLET	6 MG
WARFARIN SODIUM	TABLET	7.5 MG
WARFARIN SODIUM	TABLET	10 MG

#### ANTIFUNGALS

FLUCONAZOLE	TABLET	150 MG
TERBINAFINE HCl	TABLET	250MG

#### ANTIHISTAMINES

HYDROXYZINE PAMOATE	CAPSULE	25 MG
HYDROXYZINE PAMOATE	CAPSULE	50 MG
PROMETHAZINE HCL	TABLET	50 MG

#### ANTIHYPERTENSIVES

GLIMEPIRIDE	TABLET	1 MG
GLIMEPIRIDE	TABLET	2 MG
GLIMEPIRIDE	TABLET	4 MG
GLIPIZIDE	TABLET	5 MG

DRUG NAME	DOSAGE	STRENGTH
<b>ANTIHYPERTENSIVES continued</b>		
GLIPIZIDE	TABLET	10 MG
GLYBURIDE	TABLET	1.25 MG
GLYBURIDE	TABLET	2.5 MG
GLYBURIDE	TABLET	5 MG
GLYBURIDE MICRONIZED	TABLET	1.5 MG
GLYBURIDE MICRONIZED	TABLET	3 MG
GLYBURIDE MICRONIZED	TABLET	6 MG
METFORMIN HCl	TABLET	500 MG
METFORMIN HCl	TABLET	850 MG
METFORMIN HCl	TABLET	1000 MG
METFORMIN HCl ER	TABLET, EXTENDED RELEASE 24 HR	500 MG

#### ANTIPARKINSON DRUGS

BENZTROPINE MESYLATE	TABLET	0.5 MG
BENZTROPINE MESYLATE	TABLET	1 MG
BENZTROPINE MESYLATE	TABLET	2 MG
TRIHENXYPHENIDYL HCl	TABLET	2 MG

#### ANTIVIRALS

ACYCLOVIR	CAPSULE	200 MG
ACYCLOVIR	TABLET	400 MG
ACYCLOVIR	TABLET	800 MG

#### BLOOD PRESSURE AND CARDIAC HEALTH

AMILORIDE HCl W/HCTZ	TABLET	5MG-50MG
AMLODIPINE BESYLATE	TABLET	2.5 MG
AMLODIPINE BESYLATE	TABLET	5 MG
AMLODIPINE BESYLATE	TABLET	10 MG
ATENOLOL	TABLET	25 MG
ATENOLOL	TABLET	50 MG
ATENOLOL	TABLET	100 MG
ATORVASTATIN CALCIUM	TABLET	10 MG
ATORVASTATIN CALCIUM	TABLET	20 MG
ATORVASTATIN CALCIUM	TABLET	40 MG
ATORVASTATIN CALCIUM	TABLET	80 MG
BENAZEPRIL HCl	TABLET	5 MG
BENAZEPRIL HCl	TABLET	10 MG
BENAZEPRIL HCl	TABLET	20 MG
BENAZEPRIL HCl	TABLET	40 MG
BISOPROLOL FUMARATE/HCT	TABLET	5-6.25MG
BISOPROLOL FUMARATE/HCT	TABLET	2.5-6.25MG
BISOPROLOL FUMARATE/HCT	TABLET	10-6.25MG
CARVEDILOL	TABLET	3.125 MG
CARVEDILOL	TABLET	6.25 MG

DRUG NAME	DOSAGE	STRENGTH
<b>BLOOD PRESSURE AND CARDIAC HEALTH continued</b>		
CARVEDILOL	TABLET	12.5 MG
CARVEDILOL	TABLET	25 MG
CLONIDINE HCl	TABLET	0.1 MG
CLONIDINE HCl	TABLET	0.2 MG
CLONIDINE HCl	TABLET	0.3 MG
ENALAPRIL MALEATE/HCTZ	TABLET	5MG-12.5MG
ENALAPRIL MALEATE/HCTZ	TABLET	10 MG-25MG
FUROSEMIDE	TABLET	20 MG
FUROSEMIDE	TABLET	40 MG
FUROSEMIDE	TABLET	80 MG
GUANFACINE HCl	TABLET	1 MG
HYDROCHLOROTHIAZIDE	CAPSULE	12.5 MG
HYDROCHLOROTHIAZIDE	TABLET	25 MG
HYDROCHLOROTHIAZIDE	TABLET	50 MG
ISOSORBIDE MONONITRATE ER	TABLET, EXTENDED RELEASE 24 HR	60 MG
ISOSORBIDE MONONITRATE ER	TABLET, EXTENDED RELEASE 24 HR	30 MG
LISINOPRIL	TABLET	2.5 MG
LISINOPRIL	TABLET	5 MG
LISINOPRIL	TABLET	10 MG
LISINOPRIL	TABLET	20 MG
LISINOPRIL	TABLET	30 MG
LISINOPRIL	TABLET	40 MG
LISINOPRIL-HCTZ	TABLET	20-25MG
LISINOPRIL-HCTZ	TABLET	20-12.5 MG
LISINOPRIL-HCTZ	TABLET	10-12.5MG
LOSARTAN POTASSIUM	TABLET	25 MG
LOSARTAN POTASSIUM	TABLET	50 MG
LOSARTAN POTASSIUM	TABLET	100 MG
LOSARTAN-HYDROCHLOROTHIAZIDE	TABLET	50-12.5 MG
LOSARTAN-HYDROCHLOROTHIAZIDE	TABLET	100M-25MG
LOSARTAN-HYDROCHLOROTHIAZIDE	TABLET	100-12.5MG
LOVASTATIN	TABLET	10 MG
LOVASTATIN	TABLET	20 MG
METHYLDOPA	TABLET	250 MG
METOPROLOL TARTRATE	TABLET	25 MG
METOPROLOL TARTRATE	TABLET	50 MG
METOPROLOL TARTRATE	TABLET	100 MG
PRAVASTATIN SODIUM	TABLET	10 MG
PRAVASTATIN SODIUM	TABLET	20 MG
PRAVASTATIN SODIUM	TABLET	40 MG

DRUG NAME	DOSAGE	STRENGTH
<b>BLOOD PRESSURE AND CARDIAC HEALTH continued</b>		
SIMVASTATIN	TABLET	5 MG
SIMVASTATIN	TABLET	10 MG
SIMVASTATIN	TABLET	20 MG
SIMVASTATIN	TABLET	40 MG
SIMVASTATIN	TABLET	80 MG
SPIRONOLACTONE	TABLET	25 MG
TERAZOSIN HCl	CAPSULE	1 MG
TERAZOSIN HCl	CAPSULE	2 MG
TERAZOSIN HCl	CAPSULE	5 MG
TERAZOSIN HCl	CAPSULE	10 MG
TRIAMTERENE W/HCTZ	CAPSULE	37.5-25 MG
TRIAMTERENE W/HCTZ	TABLET	75 MG-50MG
TRIAMTERENE W/HCTZ	TABLET	37.5-25 MG
VERAPAMIL HCl	TABLET	80 MG
VERAPAMIL HCl	TABLET	120 MG

#### GASTROINTESTINAL

DICYCLOMINE HCl	TABLET	20 MG
DICYCLOMINE HCl	CAPSULE	10 MG
FAMOTIDINE	TABLET	20 MG
FAMOTIDINE	TABLET	40 MG
METOCLOPRAMIDE HCl	TABLET	5 MG
METOCLOPRAMIDE HCl	TABLET	10 MG
OMEPRAZOLE	CAPSULE, DELAYED RELEASE (ENTERIC COATED)	20 MG
PANTOPRAZOLE	TABLET	40 MG
PROMETHAZINE HCl	TABLET	25 MG
RANITIDINE HCl	TABLET	150 MG
RANITIDINE HCl	TABLET	300 MG

#### CORTICOSTEROIDS

DEXAMETHASONE	TABLET	0.5 MG
DEXAMETHASONE	TABLET	0.75 MG
DEXAMETHASONE	TABLET	1 MG
DEXAMETHASONE	TABLET	1.5 MG
DEXAMETHASONE	TABLET	4 MG
DEXAMETHASONE	TABLET	6 MG
PREDNISONE	TABLET	2.5 MG
PREDNISONE	TABLET	5 MG
PREDNISONE	TABLET	10 MG
PREDNISONE	TABLET	20 MG
PREDNISONE	TABLET	50 MG
PREDNISONE	TABLET, DOSE PACK	5 MG

DRUG NAME	DOSAGE	STRENGTH
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#### MUSCLE RELAXANTS

CYCLOBENZAPRINE HCl	TABLET	5 MG
CYCLOBENZAPRINE HCl	TABLET	10 MG
TIZANIDINE	TABLET	2 MG
TIZANIDINE	TABLET	4 MG

#### PSYCHOTHERAPEUTIC DRUGS

BUSPIRONE HCl	TABLET	5 MG
BUSPIRONE HCl	TABLET	10 MG
BUSPIRONE HCl	TABLET	15 MG
CITALOPRAM HBR	TABLET	10 MG
CITALOPRAM HBR	TABLET	20 MG
CITALOPRAM HBR	TABLET	40 MG
FLUOXETINE HCl	CAPSULE	10 MG
FLUOXETINE HCl	CAPSULE	20 MG
FLUOXETINE HCl	CAPSULE	40 MG
LITHIUM CARBONATE	CAPSULE	300 MG
NORTRIPTYLINE HCl	CAPSULE	10 MG
NORTRIPTYLINE HCl	CAPSULE	25 MG
NORTRIPTYLINE HCl	CAPSULE	50 MG
NORTRIPTYLINE HCl	CAPSULE	75 MG
PAROXETINE HCl	TABLET	10 MG
PAROXETINE HCl	TABLET	20 MG
PAROXETINE HCl	TABLET	30 MG
PAROXETINE HCl	TABLET	40 MG
SERTRALINE HCl	TABLET	50 MG
SERTRALINE HCl	TABLET	25 MG
SERTRALINE HCl	TABLET	100 MG
SUMATRIPTAN SUCCINATE	TABLET	25 MG
SUMATRIPTAN SUCCINATE	TABLET	50 MG
SUMATRIPTAN SUCCINATE	TABLET	100 MG
TRAZODONE HCl	TABLET	50 MG
TRAZODONE HCl	TABLET	100 MG

#### SKIN CONDITIONS

HYDROCORTISONE	CREAM (GRAM)	2.5%
HYDROCORTISONE	OINTMENT (GRAM)	2.5%
TRIAMCINOLONE ACETONIDE	CREAM (GRAM)	0.025%
TRIAMCINOLONE ACETONIDE	CREAM (GRAM)	0.10%
TRIAMCINOLONE ACETONIDE	CREAM (GRAM)	0.50%
TRIAMCINOLONE ACETONIDE	OINTMENT (GRAM)	0.025%
TRIAMCINOLONE ACETONIDE	OINTMENT (GRAM)	0.10%
TRIAMCINOLONE ACETONIDE	OINTMENT (GRAM)	0.50%
TRIDERM	CREAM (GRAM)	0.10%

DRUG NAME	DOSAGE	STRENGTH
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#### THYROID THERAPIES

LEVOTHYROXINE SODIUM	TABLET	25 MCG
LEVOTHYROXINE SODIUM	TABLET	50 MCG
LEVOTHYROXINE SODIUM	TABLET	75 MCG
LEVOTHYROXINE SODIUM	TABLET	88 MCG
LEVOTHYROXINE SODIUM	TABLET	100 MCG
LEVOTHYROXINE SODIUM	TABLET	112 MCG
LEVOTHYROXINE SODIUM	TABLET	125 MCG
LEVOTHYROXINE SODIUM	TABLET	137 MG
LEVOTHYROXINE SODIUM	TABLET	150 MCG
LEVOTHYROXINE SODIUM	TABLET	175MCG
LEVOTHYROXINE SODIUM	TABLET	200 MCG

#### WOMEN'S HEALTH

ESTRADIOL	TABLET	0.5 MG
ESTRADIOL	TABLET	1 MG
ESTRADIOL	TABLET	2 MG
ESTROPIATE	TABLET	0.75 MG
MEDROXYPROGESTERONE ACETATE	TABLET	2.5 MG
MEDROXYPROGESTERONE ACETATE	TABLET	5 MG
MEDROXYPROGESTERONE ACETATE	TABLET	10 MG

#### OTHER MEDICAL CONDITIONS

ALENDRONATE SODIUM	TABLET	35 MG
ALENDRONATE SODIUM	TABLET	70 MG
FINASTERIDE	TABLET	5 MG
OXYBUTYNIN CHLORIDE	SYRUP	5 MG/ 5 ML



### TALK WITH YOUR DOCTOR

Find out if a \$3 generic drug is right for you. You'll need a prescription for the drugs covered under this feature, and you may need a new prescription if you want to change from a monthly to 90-day supply. Learn more about mail order prescription refills by logging into your member website at [highmarkbcbs.com](https://highmarkbcbs.com).

**Note:** Eligible drug list is subject to change. The online listing is current as of the date noted on the website and will be updated from time to time.

Insurance or benefit administration may be provided by Highmark Blue Cross Blue Shield, First Priority Life Insurance Company or First Priority Health, all of which are independent licensees of the Blue Cross and Blue Shield Association. Health care plans are subject to terms of the benefit agreement.

### Discrimination is Against the Law

The Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex stereotypes and gender identity. The Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex assigned at birth, gender identity or recorded gender. Furthermore, the Plan will not deny or limit coverage to any health service based on the fact that an individual's sex assigned at birth, gender identity, or recorded gender is different from the one to which such health service is ordinarily available. The Plan will not deny or limit coverage for a specific health service related to gender transition if such denial or limitation results in discriminating against a transgender individual. The Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Civil Rights Coordinator. If you believe that the Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, including sex stereotypes and gender identity, you can file a grievance with: Civil Rights Coordinator, P.O. Box 22492, Pittsburgh, PA 15222, Phone: 1-866-286-8295, TTY: 711, Fax: 412-544-2475, email: [CivilRightsCoordinator@highmarkhealth.org](mailto:CivilRightsCoordinator@highmarkhealth.org). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call the number on the back of your ID card (TTY: 711).

ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al número en la parte posterior de su tarjeta de identificación (TTY: 711).

请注意：如果您说中文，可向您提供免费语言协助服务。  
请拨打您的身份证背面的号码（TTY：711）。

CHÚ Ý: Nếu quý vị nói tiếng Việt, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Xin gọi số điện thoại ở mặt sau thẻ ID của quý vị (TTY: 711).

ВНИМАНИЕ: Если вы говорите по-русски, вы можете воспользоваться бесплатными услугами языковой поддержки. Позвоните по номеру, указанному на обороте вашей идентификационной карты (номер для текст-телефонных устройств (TTY): 711).

Geb Acht: Wann du Deutsch schwetzschst, kannsch du en Dolmetscher griege, un iss die Hilf Koschdefrei. Kannsch du die Nummer an deinre ID Kard dahinner uffrufe (TTY: 711).

알림: 한국어를 사용하시는 분들을 위해 무료 통역이 제공됩니다. ID 카드 뒷면에 있는 번호로 전화하십시오 (TTY: 711).

ATTENZIONE: se parla italiano, per lei sono disponibili servizi di assistenza linguistica a titolo gratuito. Contatti il numero riportato sul retro della sua carta d'identità (TTY: 711).

تنبيه: إذا كنت تتحدث اللغة العربية، فهناك خدمات المساعدة في اللغة المجانية متاحة لك. اتصل بالرقم الموجود خلف بطاقة هويتك (جهاز الاتصال لذوي صعوبات السمع والنطق: 711).

ATTENTION: Si vous parlez français, les services d'assistance linguistique, gratuitement, sont à votre disposition. Appelez le numéro au dos de votre carte d'identité (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen unsere fremdsprachliche Unterstützung kostenlos zur Verfügung. Rufen Sie dazu die auf der Rückseite Ihres Versicherungsausweises (TTY: 711) aufgeführte Nummer an.

ધયાન આપશો: જો તમે ગુજરાતી ભાષા બોલતા હો, તો ભાષા સહાયતા સેવાઓ, મફતમાં તમને ઉપલબ્ધ છે. તમારા ઓળખપત્રના પાછળના ભાગે આપેલા નંબર પર ફોન કરો (TTY: 711).

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń pod numer podany na odwrocie karty ubezpieczenia zdrowotnego (TTY: 711).

Kominike : Si se Kreyòl Ayisyen ou pale, gen sèvis entèprèt, gratis-ticheri, ki la pou ede w. Rele nan nimewo ki nan do kat idantite w la (TTY: 711).

ប្រការចងចាំ: បើលោកអ្នកនិយាយ ភាសាខ្មែរ ហើយត្រូវការសេវាកម្មជំនួយផ្នែកភាសា ដែលអាចផ្តល់ជូនលោកអ្នកដោយឥតគិតថ្លៃ។ សូមទូរសព្ទទៅលេខដែលមាននៅលើខ្នង កាតសម្គាល់របស់លោកអ្នក (TTY: 711) ។

ATENÇÃO: Se a sua língua é o português, temos atendimento gratuito para você no seu idioma. Ligue para o número no verso da sua identidade (TTY: 711).

ATENSYON: Kung nagsasalita ka ng Tagalog, may makukuha kang mga libreng serbisyong tulong sa wika. Tawagan ang numero sa likod ng iyong ID card (TTY: 711).

注：日本語が母国語の方は言語アシスタンス・サービスを無料でご利用いただけます。ID カードの裏に明記されている番号に電話をおかけください (TTY: 711)。

توجه: اگر شما به زبان فارسی صحبت می کنید، خدمات کمک زبان، به صورت رایگان، در دسترس شماست. با شماره واقع در پشت کارت شناسایی خود (TTY: 711) تماس بگیرید.

BAA ÁKONÍNÍZIN: Diné k'ehgo yánílti'go, language assistance services, éí t'áá níik'eh, bee níká a'doowol, éí bee ná'ahóót'i'. ID bee nééhózingo nanitinígíí bine'déé' (TTY: 711) jì' hodíilnih.