

**AMENDMENT NO. 1**  
**to the Northern Arizona Public Employees Benefit Trust (NAPEBT)**  
**ADMINISTRATIVE MANUAL**  
**that was effective July 1, 2011**

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**Effective October 14, 2011 the NAPEBT Administrative Manual is hereby amended as follows:**

**Page 34 in the chapter titled “Outpatient Prescription Drug Benefits: Retail and Mail Order Drugs, the following text is amended as noted by the addition of the text in italics:**

**Coverage is provided for** prenatal vitamins; prescription contraceptives (such as birth control pills/patch, diaphragms); insulin, diabetic supplies (including lancets, teststrips, supplies for blood glucose testing meter/devices, alcohol swabs); tobacco cessation prescription drugs, and self-administered injectables (such as EpiPen and Glucagon). Note that a blood glucose testing meter/device is payable under the medical plan, not this prescription drug benefit.

*For insulin dependent diabetics in the Base Plan or Buy Up Plan there is no copay for covered diabetes supplies (such as covered blood glucose monitor test strips and lancets) when these supplies are filled on the same day as the covered insulin is filled, at either a retail pharmacy or through the mail order service. Also there is no copay on covered diabetic insulin syringes filled through a retail pharmacy or mail order service. This benefit does not apply to participants enrolled in the NAPEBT High Deductible Health Plan.*

**Page 36 in the chapter entitled “Outpatient Prescription Drug Benefits: Retail and Mail Order Drugs, the following text is amended as noted by the addition of the text in italics:**

**EXCLUSIONS UNDER THE OUTPATIENT PRESCRIPTION DRUG BENEFIT**

The following classes of drugs are not covered under this Outpatient Prescription Drug Benefit:

1. over the counter (OTC) medications, except insulin
2. cosmetic drugs such as to promote hair growth or to promote hair loss, anti-wrinkle cream
3. non-prescription contraceptives such as condoms
4. erectile dysfunction drug treatment
5. fertility products or agents
6. weight management drugs
7. pharmaceuticals requiring a prescription that have not been approved by the US Food and Drug Administration (FDA); or are not approved by the FDA for the condition, dose, route, duration and frequency for which they are prescribed (*i.e.* are used “off-label”); or are Experimental and/or Investigational or not medically necessary, as these terms are defined in the Definitions chapter of this document.
8. self-help devices such as a scale for weight or body fat measurement, pill crusher, pill splitter, magnifying glass/device, home personal use blood pressure measuring device.
9. *the drugs listed in the following chart that are obtained from a retail pharmacy or mail order service under the Plan’s Prescription Drug Benefit program:*

<i>Advicor</i>	<i>Flector</i>	<i>Maxair</i>	<i>Sanctura XR</i>
<i>Altoprev</i>	<i>Fortamet</i>	<i>Neobenz Micro</i>	<i>Testim</i>
<i>Arthrotec</i>	<i>Fortesta</i>	<i>Oleptro</i>	<i>Teveten</i>
<i>Atacand</i>	<i>Freestyle Strips and Kits</i>	<i>Olux-e</i>	<i>Teveten HCT</i>
<i>Atacand HCT</i>	<i>Glumetza</i>	<i>Omnaris</i>	<i>Toviaz</i>
<i>Axiron</i>	<i>Humalog</i>	<i>Oxytrol</i>	<i>Tradjenta</i>
<i>Beconase AQ</i>	<i>Humulin</i>	<i>Rhinocort Aqua</i>	<i>Xopenex-HFA</i>
<i>Brevoxyl</i>	<i>Levitra</i>	<i>Riomet</i>	
<i>Edarbi</i>	<i>Livalo</i>	<i>Ryzolt</i>	

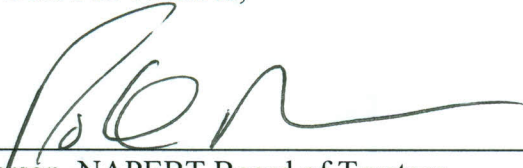
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The undersigned Chairperson for the NAPEBT Board of Trustees certifies that the foregoing Amendment to the Administrative Manual was duly adopted by the Board of Trustees.

Dated this 18 day of November, 2011.

For the Board of Trustees,



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Chairperson, NAPEBT Board of Trustees

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