

# Your Preferred Drug List

Your prescription benefit provides you and your doctor with many choices. Understanding them will help you make informed health care decisions. It will also enable you to ask your doctor or pharmacist the right questions about your medication needs. We want to make sure you have the information you need to make the best choice for you.

## What is a Preferred Drug List (PDL)?

A PDL is a list of prescription medications chosen for their clinical value and cost-effectiveness by an independent panel of physicians and pharmacists. With our PDL, you and your doctor have the freedom to choose the medication that works best for you. Since there may be more than one drug available for your medical condition, we encourage you to use generic and preferred brand-name drugs whenever possible to help manage your prescription costs. *NOTE: The PDL is subject to change at any time during the year without prior notice to members or physicians. For the most current PDL information, please visit our website at the address indicated on your ID card.*

## Should I use generic drugs?

Absolutely! Generic drugs become available when patents expire on brand-name drugs. They contain the same active ingredients as brand drugs, but are not manufactured under a brand name or trademark. The color and shape of the generic drug may be different from its brand-name counterpart, but the active ingredients are the same. Generic drugs must meet the same U.S. Food and Drug Administration (FDA) quality standards as the brand-name drugs. You should always ask your doctor to allow a generic substitution if one is available. When you use a generic drug, you get the same quality as the brand-name drug – at a lower cost.

## What is a 3-tier benefit?

*(Most employers offer a 3-tier benefit plan. Refer to your group benefit booklet to see if this applies to you.)* Medications in a 3-tier benefit structure are divided into three tiers – Tier 1, Tier 2 and Tier 3. Each tier is assigned a copayment or coinsurance amount, which is the amount you pay when you fill a prescription. Refer to your benefit document to find the amounts that apply to you. Tier 1 drugs are generic drugs. Tier 1 drugs in this document are in all lowercase letters. For the lowest out-of-pocket expense, you should always consider Tier 1 drugs if you and your doctor decide they are appropriate for you. Tier 2 drugs are preferred brand-name drugs. Tier 2 drugs in this document are listed after the Tier 1 drugs. Consider Tier 2 drugs if no Tier 1 drug is available to treat your condition. Tier 3 drugs are non-preferred and will usually cost you more. If you are using a Tier 3 drug, talk to your doctor about Tier 1 and 2 drugs that may be appropriate for you. *NOTE: When a generic becomes available, the brand-name drug will usually move to Tier 3.*

## What is a specialty drug benefit?

A specialty drug benefit requires that you pay a different amount (copayment) for specialty drugs, no matter what the status is of your drug on our PDL. If you have a specialty drug benefit, you will pay the specialty drug copayment or coinsurance under your plan for specialty drugs, whether or not you receive a generic, preferred brand or non-preferred brand drug. Refer to your benefit document to find the amounts that apply to you for specialty drugs.

## What if my drug is not listed on this PDL?

This is a listing of the most commonly prescribed drugs within certain categories. If your drug is not listed, it may well be that:

- Your drug is a generic and all generics are considered preferred drugs,
- Your drug is not a preferred drug and is available at the highest copayment or coinsurance, or
- Your drug is preferred but is not included in this brochure. For an alphabetical listing of commonly prescribed generic and preferred brand-name drugs, visit our website. Or, call Caremark toll-free at 888-963-7290. On behalf of your health plan, Caremark assists in the administration of this program. Caremark is an independent company that administers prescription drug benefits.
- There are a few drugs for which your doctor may need to request prior authorization from us before you can fill the prescription. This is to make sure your benefit plan covers the drugs. Visit our website for more details.
- Your drug is available over-the-counter or is excluded from coverage. For many conditions, an over-the-counter medication may be the most appropriate treatment. Talk to your doctor about over-the-counter alternatives. They may be a good choice for you and may cost you less.

<b>ANTI-INFECTIVES</b> (Antibiotics/Antifungals/Antivirals)
<b>Cephalosporins*</b>
cefaclor cefdinir cephalexin
<b>Erythromycins / Macrolides*</b>
azithromycin clarithromycin clarithromycin ext-rel erythromycins
<b>Fluoroquinolones*</b>
ciprofloxacin ext-rel ciprofloxacin tablet CIPRO SUSPENSION
<b>Penicillins*</b>
amoxicillin amoxicillin-clavulanate dicloxacillin penicillin VK
<b>Tetracyclines*</b>
doxycycline hyclate minocycline tetracycline
<b>Antifungals*</b>
fluconazole itraconazole terbinafine tablet
<b>AntiviralHerpes Agents*</b>
acyclovir valacyclovir
<b>Antiviral Influenza Agents*</b>
amantadine rimantadine RELENZA TAMIFLU
<b>Miscellaneous Anti-Infectives*</b>
metronidazole sulfamethoxazole-trimethoprim

<b>CARDIOVASCULAR</b>
<b>Ace Inhibitors*</b>
fosinopril lisinopril quinapril ramipril
<b>Ace Inhibitor / Calcium Channel Blocker Combinations*</b>
trandolapril-verapamil ext-rel TWINSTA
<b>Ace Inhibitor/Diuretic Combinations*</b>
fosinopril-hydrochlorothiazide lisinopril-hydrochlorothiazide quinapril-hydrochlorothiazide
<b>Angiotensin II Receptor Antagonists / Diuretic Combinations*</b>
losartan / losartan-hydrochlorothiazide AVAPRO/AVALIDE BENICAR/BENICAR HCT MICARDIS / MICARDIS HCT
<b>Angiotensin II Receptor Antagonists / Calcium Channel Blocker Combinations*</b>
AZOR
<b>Angiotensin II Receptor Antagonists / Calcium Channel Blocker / Diuretic Combinations *</b>
TRIBENZOR
<b>Antilipemics/Antilipemic Combinations</b>
VYTORIN
<b>Bile Acid Resins *</b>
cholestyramine Welchol
<b>Cholesterol Absorption Inhibitors</b>
ZETIA

<b>Fibrates*</b>
fenofibrate
<b>HMG-CoA Reductase Inhibitors*</b>
pravastatin simvastatin LIPITOR
<b>Niacins/Combinations</b>
NIASPAN SIMCOR
<b>Beta-Blockers*</b>
atenolol carvedilol metoprolol metoprolol succinate ext-rel nadolol propranolol BYSTOLIC
<b>Calcium Channel Blockers*</b>
amlodipine diltiazem ext-rel nifedipine ext-rel verapamil ext-rel
<b>Calcium Channel Blocker / Antilipemic Combinations</b>
CADUET
<b>Digitalis Glycosides*</b>
digoxin
<b>Diuretics*</b>
furosemide hydrochlorothiazide metolazone spironolactone-hydrochlorothiazide torsemide triamterene-hydrochlorothiazide

\*Generics are available in this class and should be considered the first line of prescribing.

<sup>1</sup> Indicates the proposed mechanism of action, based on the American Psychiatric Association Summary of Treatment Recommendations.

<b>CENTRAL NERVOUS SYSTEM</b>
<b><u>ANTIDEPRESSANTS</u></b>
<b>Selective Serotonin Reuptake Inhibitors (SSRI) *</b>
citalopram fluoxetine paroxetine paroxetine ext-rel sertraline LEXAPRO
<b>Serotonin Norepinephrine Reuptake Inhibitors (SNRI) *<sup>1</sup></b>
venlafaxine venlafaxine ext-rel capsules CYMBALTA VENLAFAXINE
<b>Miscellaneous Agents*</b>
bupropion bupropion ext-rel mirtazapine
<b>Hypnotics, Nonbenzodiazepines*</b>
zolpidem
<b><u>MIGRAINE</u></b>
<b>Selective Serotonin Agonists*</b>
naratriptan sumatriptan MAXALT ZOMIG
<b><u>ENDOCRINE AND METABOLIC</u></b>
<b>Androgens</b>
ANDRODERM ANDROGEL
<b><u>ANTIDIABETICS</u></b>
<b>Biguanides*</b>
metformin metformin ext-rel
<b>Biguanide / Sulfonylurea Combinations*</b>
glipizide-metformin

<b>Dipeptidyl Peptidase-4 (DPP-4) Inhibitors</b>
JANUVIA ONGLYZA
<b>Dipeptidyl Peptidase-4 (DPP-4) Inhibitors / Biguanide Combinations</b>
JANUMET KOMBIGLYZE XR
<b>Incretin Mimetic Agents</b>
BYETTA
<b>Insulins</b>
APIDRA HUMALOG HUMULIN LANTUS LEVEMIR NOVOLIN NOVOLOG
<b>Insulin Sensitizers</b>
ACTOS
<b>Insulin Sensitizers / Biguanide Combinations</b>
ACTOPLUS MET
<b>Insulin Sensitizer / Sulfonylurea Combinations</b>
DUETACT
<b>Meglitinides*</b>
nateglinide PRANDIN
<b>Sulfonylureas*</b>
glimepiride glipizide glipizide ext-rel
<b>Supplies</b>
ACCU-CHEK STRIPS AND KITS BD INSULIN SYRINGES AND NEEDLES ONETOUCH STRIPS AND KITS CALCIUM REGULATORS

<b>Biphosphonates*</b>
alendronate BONIVA
<b>Calcitonins*</b>
calcitonin-salmon fortical
<b>Parathyroid Hormones</b>
FORTEO
<b><u>CONTRACEPTIVES</u></b>
<b>Monophasic*</b>
ethinyl estradiol-drospirenone
<b>Extended Cycle*</b>
ethinyl estradiol-levonorgestrel LOSEASONIQUE TRANSDERMAL ORTHO EVRA
<b>Vaginal</b>
NUVARING
<b>Estrogens, Oral*</b>
estradiol estropipate ENJUVA PREMARIN
<b>Transdermal*</b>
estradiol VIVELLE-DOT
<b>Estrogen / Progestins, Oral*</b>
estradiol-norethindrone PREMPHASE PREMPRO
<b>Progestins, Oral*</b>
medroxyprogesterone PROMETRIUM
<b>Selective Estrogen Receptor Modulators</b>
EVISTA
<b>Thyroid Supplements*</b>
levothyroxine

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<b>GASTROINTESTINAL</b>
<b>H2 Receptor Antagonists*</b>
ranitidine
<b>Proton Pump Inhibitors*</b>
lansoprazole omeprazole omeprazole-sodium bicarbonate pantoprazole NEXIUM
<b>GENITOURINARY</b>
<b>Benign Prostatic Hyperplasia*</b>
doxazosin finasteride tamsulosin terazosin AVODART
<b>Urinary Antispasmodics*</b>
oxybutynin oxybutynin ext-rel trospium DETROL DETROL LA ENABLEX GELNIQUE OXYTROL SANCTURA XR VESICARE
<b>HEMATOLOGIC</b>
<b>Anticoagulants*</b>
warfarin COUMADIN PRADAXA
<b>RESPIRATORY</b>
<b>Anaphylaxis Treatment Agents</b>
EPIPEN EPIPEN JR
<b>Anticholinergics*</b>
ipratropium
SPIRIVA

<b>Anticholinergic / Beta Agonist Combinations*</b>
ipratropium-albuterol inhalation solution COMBIVENT
<b>Antihistamines, Nonsedating*</b>
fexofenadine
<b>Antihistamine/Decongestants</b>
fexofenadine-pseudoephedrine ext-rel 12 hour
<b>Beta Agonists, Inhalants Short Acting*</b>
albuterol PROAIR HFA VENTOLIN HFA
<b>Beta Agonists, Inhalants Long Acting</b>
FORADIL SEREVENT
<b>Leukotriene Receptor Antagonists</b>
SINGULAIR
<b>Nasal Antihistamines*</b>
azelastine ASTEPRO
<b>Nasal Steroids*</b>
fluticasone NASONEX VERAMYST
<b>Steroid / Beta Agonist Combinations</b>
ADVAIR DULERA SYMBICORT
<b>Steroid Inhalants*</b>
budesonide inhalation suspension ASMANEX FLOVENT PULMICORT FLEXHALER QVAR TOPICAL

<b>DERMATOLOGY</b>
<b>Acne*</b>
adapalene clindamycin solution clindamycin-benzoyl peroxide erythromycin solution erythromycin-benzoyl peroxide tretinoin DUAC CS RETIN-A MICRO
<b>OPHTHALMIC</b>
<b>Antiallergics</b>
azelastine
<b>Beta-Blockers, Non-Selective*</b>
timolol maleate solution BETIMOL
<b>Beta-Blockers, Selective</b>
BETOPTIC S
<b>Prostaglandins</b>
LUMIGAN TRAVATAN Z XALATAN
<b>Sympathomimetics*</b>
brimonidine

**This list is subject to change at any time without prior notice to members or physicians.** Your benefit document defines your actual benefit and may exclude coverage for certain drugs listed herein. Some benefit plans have drug management programs that apply to them. Your pharmacist can tell you if your benefit plan applies any limitations to your prescriptions. The drug names listed herein are the registered and/or unregistered trademarks of third-party pharmaceutical companies. These trademarks are included for informational purposes only and are not intended to imply or suggest any affiliation.

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