

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:

1. Your drug is a generic and all generics are considered preferred drugs,
2. Your drug is not a preferred drug and is available at the highest copayment or coinsurance, or
3. 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 at: www.paisc.com, where you may also use our searchable PDL. Or, call Caremark, an independent company your health plan has chosen to administer your pharmacy benefits, at 1-888-963-7290 for assistance.
4. 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.
5. 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.

Keep in mind this list is subject to change. Your benefit document defines your actual benefit and may exclude coverage for certain drugs listed in this booklet. Some drugs have quantity limits on them. This means you only can receive a limited amount at one time or during a specific time period. Your pharmacist can tell you if your benefit plan applies any limitations to your prescriptions.

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ANTI-INFECTIVES

ANTIBACTERIALS

§ CEPHALOSPORINS

cefaclor

cefдинir

cephalexin

§ ERYTHROMYCINS / MACROLIDES

azithromycin

clarithromycin

clarithromycin ext-rel

erythromycins

§ FLUOROQUINOLONES

ciprofloxacin ext-rel

ciprofloxacin tablet

AVELOX

CIPRO SUSPENSION

LEVAQUIN

§ PENICILLINS

amoxicillin

amoxicillin-clavulanate

dicloxacillin

penicillin VK

§ TETRACYCLINES

doxycycline hyclate

minocycline

tetracycline

§ ANTIFUNGALS

fluconazole

itraconazole

terbinafine tablet

ANTIVIRALS

§ HERPES AGENTS

acyclovir

valacyclovir

§ INFLUENZA AGENTS

amantadine

rimantadine

RELENZA

TAMIFLU

§ MISCELLANEOUS

metronidazole

sulfamethoxazole-trimethoprim

CARDIOVASCULAR

§ ACE INHIBITORS

fosinopril

lisinopril

quinapril

ramipril

§ ACE INHIBITOR / CALCIUM CHANNEL BLOCKER COMBINATIONS

trandolapril-verapamil ext-rel

§ ACE INHIBITOR / DIURETIC COMBINATIONS

fosinopril-hydrochlorothiazide

lisinopril-hydrochlorothiazide

quinapril-hydrochlorothiazide

§ ANGIOTENSIN II RECEPTOR ANTAGONISTS / DIURETIC COMBINATIONS

losartan / losartan-hydrochlorothiazide

AVAPRO / AVALIDE

BENICAR / BENICAR HCT

MICARDIS / MICARDIS HCT

ANGIOTENSIN II RECEPTOR ANTAGONIST / CALCIUM CHANNEL BLOCKER COMBINATIONS

AZOR

ANGIOTENSIN II RECEPTOR ANTAGONIST / CALCIUM CHANNEL BLOCKER / DIURETIC COMBINATIONS

TRIBENZOR

ANTILIPEMICS

ANTILIPEMIC COMBINATIONS

VYTORIN

§ BILE ACID RESINS

cholestyramine

CHOLESTEROL ABSORPTION INHIBITORS

ZETIA

§ FIBRATES

fenofibrate

§ HMG-CoA REDUCTASE INHIBITORS

pravastatin

simvastatin

LIPITOR

NIACINS / COMBINATIONS

NIASPAN

SIMCOR

§ BETA-BLOCKERS

atenolol

carvedilol

metoprolol

metoprolol succinate ext-rel

nadolol

propranolol

BYSTOLIC

COREG CR

§ CALCIUM CHANNEL BLOCKERS

amlodipine

diltiazem ext-rel

nifedipine ext-rel

verapamil ext-rel

CALCIUM CHANNEL BLOCKER / ANTILIPEMIC COMBINATIONS

CADUET

§ DIGITALIS GLYCOSIDES

digoxin

§ DIURETICS

furosemide

hydrochlorothiazide

metolazone

spironolactone-hydrochlorothiazide

toremide

triamterene-hydrochlorothiazide

CENTRAL NERVOUS SYSTEM

ANTIDEPRESSANTS

§ SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIs)

citalopram

fluoxetine

paroxetine

paroxetine ext-rel

sertraline

LEXAPRO

§ SEROTONIN NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIs)¹

venlafaxine

venlafaxine ext-rel capsules

CYMBALTA

VENLAFAXINE ER TABS

§ MISCELLANEOUS AGENTS

bupropion

bupropion ext-rel

mirtazapine

§ HYPNOTICS, NONBENZODIAZEPINES

zaleplon

zolpidem

MIGRAINE

§ SELECTIVE SEROTONIN AGONISTS

naratriptan

sumatriptan

MAXALT

ZOMIG

ENDOCRINE AND METABOLIC

ANDROGENS

ANDRODERM

ANDROGEL

ANTIDIABETICS

§ BIGUANIDES

metformin

metformin ext-rel

§ BIGUANIDE / SULFONYLUREA COMBINATIONS

glipizide-metformin

DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS

JANUVIA

ONGLYZA

DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR / BIGUANIDE COMBINATIONS

JANUMET

KOMBIGLYZE XR

INCRETIN MIMETIC AGENTS

BYETTA

INSULINS

APIDRA

HUMALOG

HUMULIN

LANTUS

LEVEMIR

NOVOLIN

NOVOLOG

INSULIN SENSITIZERS

ACTOS

INSULIN SENSITIZER / BIGUANIDE COMBINATIONS

ACTOPLUS MET

INSULIN SENSITIZER / SULFONYLUREA COMBINATIONS

DUETACT

§ MEGLITINIDES

nateglinide

PRANDIN

§ SULFONYLUREAS

glimepiride

glipizide

glipizide ext-rel

SUPPLIES

ACCU-CHEK STRIPS AND KITS

BD INSULIN SYRINGES AND NEEDLES

ONETOUCH STRIPS AND KITS

CALCIUM REGULATORS

§ BISPHTHONATES

alendronate

BONIVA

§ CALCITONINS

calcitonin-salmon

fortical

PARATHYROID HORMONES

FORTEO

CONTRACEPTIVES

§ MONOPHASIC

ethinyl estradiol-drospirenone (gianvi, ocella)

ethinyl estradiol-levonorgestrel (aviane, levora)

§ EXTENDED CYCLE

ethinyl estradiol-levonorgestrel

LOSEASONIQUE

SEASONIQUE

TRANSDERMAL

ORTHO EVRA

VAGINAL

NUVARING

ESTROGENS

§ ORAL

estradiol

estropipate

ENJUVIA

PREMARIN

§ TRANSDERMAL

estradiol

VIVELLE-DOT

§ ESTROGEN / PROGESTINS, ORAL

estradiol-norethindrone

PREMPHASE

PREMPRO

§ PROGESTINS, ORAL

medroxyprogesterone

PROMETRIUM

SELECTIVE ESTROGEN RECEPTOR MODULATORS

EVISTA

§ THYROID SUPPLEMENTS

levothyroxine

GASTROINTESTINAL

§ H₂ RECEPTOR ANTAGONISTS

ranitidine

§ PROTON PUMP INHIBITORS

lansoprazole

omeprazole

omeprazole-sodium bicarbonate

pantoprazole

NEXIUM

GENITOURINARY

§ BENIGN PROSTATIC HYPERPLASIA

doxazosin

finasteride

tamsulosin

terazosin

AVODART

§ URINARY ANTISPASMODICS

oxybutynin

oxybutynin ext-rel

trospium

DETROL

DETROL LA

ENABLEX

GELNIQUE

OXYTROL

SANCTURA XR

VESICARE

HEMATOLOGIC

§ ANTICOAGULANTS

warfarin

COUMADIN

RESPIRATORY

ANAPHYLAXIS TREATMENT AGENTS

EPIPEN

EPIPEN JR

§ ANTICHOLINERGICS

SPIRIVA

§ ANTICHOLINERGIC / BETA AGONIST COMBINATIONS

ipratropium-albuterol inhalation solution

COMBIVENT

§ ANTIHISTAMINES, NONSEDATING

fexofenadine

§ ANTIHISTAMINE / DECONGESTANTS

fexofenadine-pseudoephedrine ext-rel

BETA AGONISTS, INHALANTS

§ SHORT ACTING

albuterol

PROAIR HFA

VENTOLIN HFA

LONG ACTING

FORADIL

SEREVENT

§ LEUKOTRIENE RECEPTOR ANTAGONISTS

zafirlukast

SINGULAIR

§ NASAL ANTIHISTAMINES

azelastine

ASTEPRO

§ NASAL STEROIDS

flunisolide

fluticasone

NASACORT AQ

NASONEX

VERAMYST

STEROID / BETA AGONIST COMBINATIONS

ADVAIR

DULERA

SYMBICORT

§ STEROID INHALANTS

budesonide inhalation suspension

ASMANEX

FLOVENT

PULMICORT FLEXHALER

QVAR

TOPICAL

DERMATOLOGY

§ ACNE

adapalene

clindamycin solution

clindamycin-benzoyl peroxide

erythromycin solution

erythromycin-benzoyl peroxide

tretinoin

DUAC

RETIN-A MICRO

OPHTHALMIC

§ ANTIALLERGICS

azelastine

§ BETA-BLOCKERS, NONSELECTIVE

timolol maleate solution

BETIMOL

BETA-BLOCKERS, SELECTIVE

BETOPTIC S

§ PROSTAGLANDINS

latanoprost

LUMIGAN

TRAVATAN Z

§ SYMPATHOMIMETICS

brimonidine

SYMPATHOMIMETIC / BETA-BLOCKER COMBINATIONS

COMBIGAN

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

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

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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 without notice at any time during the year without prior notice to members or physicians. For updated PDL information, please visit our website at www.paisc.com and click on the Caremark link.*

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 for both. Generic drugs must meet the same 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 receive 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, most of the time the brand-name drug will automatically move to the 3rd tier.

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