

The PDL is subject to change at any time during the year without prior notification to members or physicians.

CONTRACEPTIVES

§ MONOPHASIC

YASMIN
YAZ

§ TRIPHASIC

ORTHO TRI-CYCLEN LO

§ EXTENDED CYCLE

ethinyl estradiol-levonorgestrel

TRANSDERMAL

ORTHO EVRA

VAGINAL

NUVARING

ESTROGENS

§ ORAL

estradiol
estropipate

CENESTIN

ENJUVIA

PREMARIN

§ TRANSDERMAL, ESTROGENS

estradiol

CLIMARA

ESTRADERM

VIVELLE

VIVELLE-DOT

ORAL ESTROGEN/PROGESTINS

PREMPHASE

PREMPRO

§ PROGESTINS

medroxyprogesterone

PROMETRIUM

SELECTIVE ESTROGEN RECEPTOR MODULATORS

EVISTA

§ THYROID SUPPLEMENTS

levothyroxine

SYNTHROID

GASTROINTESTINAL

§ H₂ RECEPTOR ANTAGONISTS

ranitidine

§ PROTON PUMP INHIBITORS

omeprazole

NEXIUM

PREVACID

GENITOURINARY

§ BENIGN PROSTATIC

HYPERPLASIA

doxazosin

finasteride

terazosin

FLOMAX

The PDL is subject to change at any time during the year without prior notification to members or physicians.

§ URINARY ANTISPASMODICS

oxybutynin

DETROL

DETROL LA

DITROPAN XL

OXYTROL

HEMATOLOGIC

§ ANTICOAGULANTS

warfarin

COUMADIN

RESPIRATORY

ANAPHYLAXIS TREATMENT AGENTS

EPIPEN

EPIPEN JR

§ ANTICHOLINERGICS

SPIRIVA

ANTICHOLINERGIC/BETA AGONISTS

COMBIVENT

DUONEB

ANTIHISTAMINES, LOW SEDATING

ZYRTEC

§ ANTIHISTAMINES, NONSEDATING

fexofenadine

§ ANTIHISTAMINE/DECONGESTANTS

ALLEGRA-D

ZYRTEC-D 12 HOUR

BETA AGONISTS

§ SHORT ACTING

albuterol

ACCUNEB

PROVENTIL HFA

XOPENEX

LONG ACTING

FORADIL

SEREVENT

LEUKOTRIENE RECEPTOR ANTAGONISTS

SINGULAIR

NASAL ANTIHISTAMINES

ASTELIN

§ NASAL STEROIDS

fluticasone

NASACORT AQ

NASONEX

RHINOCORT AQUA

STEROID/BETA AGONISTS

ADVAIR

The PDL is subject to change at any time during the year without prior notification to members or physicians.

STEROID INHALANTS

ASMANEX

FLOVENT

PULMICORT

TOPICAL

DERMATOLOGY

§ ACNE

erythromycin-benzoyl peroxide

tretinoin

BENZACLIN

DIFFERIN

DUAC

RETIN-A MICRO

OPHTHALMIC

§ BETA-BLOCKERS, NONSELECTIVE

timolol maleate solution

BETIMOL

BETA-BLOCKERS, SELECTIVE

BETOPTIC S

PROSTAGLANDINS

LUMIGAN

TRAVATAN

XALATAN

§ SYMPATHOMIMETICS

brimonidine 0.2%

ALPHAGAN P

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

¹ Atacand should be reserved for patients who meet CHARM

(Candesartan in Heart Failure - Assessment of Reduction in Mortality and Morbidity) trial criteria.

² Indicates the proposed mechanism of action, based on the American Psychiatric Association Summary of Treatment Recommendations.

³ An Accu-Chek or OneTouch blood glucose meter will be provided at no charge by the manufacturer to those individuals currently using a meter other than Accu-Chek or OneTouch. For more information on how to obtain a blood glucose meter, call toll-free: 1-800-588-4456.

The drug names listed here are the registered and/or unregistered trademarks of third-party pharmaceutical companies unrelated to and unaffiliated with PAI. These trademarks are included here for informational purposes only and are not intended to imply or suggest any affiliation between PAI and such third-party pharmaceutical companies.

Effective 1/1/07

PAI 0808

13799-0107

PAI

Planned Administrators
Incorporated

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 Web site 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 lower-case 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.*

[see other side](#)

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 Web site at: www.paisc.com. You can also use our searchable PDL tool on our Web site or call 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 Web site 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.

www.paisc.com

The PDL is subject to change at any time during the year without prior notification to members or physicians.

ANTI-INFECTIVES

ANTIBACTERIALS

§ CEPHALOSPORINS

cefaclor
cephalexin
OMNICEF

§ ERYTHROMYCINS/MACROLIDES

azithromycin
clarithromycin
erythromycins
BIAXIN XL

§ FLUOROQUINOLONES

ciprofloxacin tablet
AVELOX
CIPRO SUSPENSION
CIPRO XR
LEVAQUIN

§ PENICILLINS

amoxicillin
amoxicillin-clavulanate
dicloxacillin
penicillin VK

The PDL is subject to change at any time during the year without prior notification to members or physicians.

§ TETRACYCLINES

doxycycline hyclate
minocycline
tetracycline

§ MISCELLANEOUS

metronidazole
sulfamethoxazole-trimethoprim

§ ANTIFUNGALS

fluconazole
itraconazole
LAMISIL TABLET

ANTIVIRALS

§ HERPES AGENTS

acyclovir
VALTREX

§ INFLUENZA AGENTS

amantadine
rimantadine
TAMIFLU

CARDIOVASCULAR

§ ACE INHIBITORS

fosinopril
lisinopril
quinapril
ALTACE

§ ACE INHIBITOR/DIURETIC COMBINATIONS

fosinopril-hydrochlorothiazide
lisinopril-hydrochlorothiazide
quinapril-hydrochlorothiazide

ACE INHIBITOR/CALCIUM CHANNEL BLOCKERS

LOTREL
TARKA

ANGIOTENSIN II RECEPTOR ANTAGONISTS/COMBINATIONS

ATACAND/ATACAND HCT
AVAPRO/AVALIDE
COZAAR/HYZAAR

ANTILIPEMICS

ANTILIPEMIC COMBINATIONS

VYTORIN

§ BILE ACID RESINS

cholestyramine
WELCHOL

CHOLESTEROL ABSORPTION INHIBITORS

ZETIA

§ FIBRATES

fenofibrate
TRICOR

The PDL is subject to change at any time during the year without prior notification to members or physicians.

§ HMG-CoA REDUCTASE INHIBITORS

pravastatin
simvastatin
CRESTOR
LIPITOR

NIACINS

NIASPAN

§ BETA-BLOCKERS

atenolol
metoprolol
nadolol
propranolol
COREG
TOPROL-XL

§ CALCIUM CHANNEL BLOCKERS

diltiazem ext-rel
nifedipine ext-rel
verapamil ext-rel
NORVASC

CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS

CADUET

§ DIGITALIS GLYCOSIDES

digoxin

§ DIURETICS

furosemide
hydrochlorothiazide
metolazone
spironolactone-hydrochlorothiazide
toremide
triamterene-hydrochlorothiazide

CENTRAL NERVOUS SYSTEM

ANTIDEPRESSANTS

§ MISCELLANEOUS AGENTS

bupropion
bupropion ext-rel
mirtazapine
WELLBUTRIN XL

§ SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIs)

citalopram
fluoxetine
paroxetine
sertraline
LEXAPRO
PAXIL CR

SEROTONIN NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIs)²

CYMBALTA
EFFEXOR
EFFEXOR XR

The PDL is subject to change at any time during the year without prior notification to members or physicians.

MIGRAINE

SELECTIVE SEROTONIN AGONISTS

IMITREX
MAXALT
ZOMIG

MULTIPLE SCLEROSIS AGENTS

COPAXONE
REBIF

ENDOCRINE AND METABOLIC

ANDROGENS

ANDROGEL

ANTIDIABETICS

§ BIGUANIDES

metformin
metformin ext-rel

INSULINS

HUMALOG
HUMULIN
LANTUS
LEVEMIR
NOVOLIN
NOVOLOG

INSULIN SENSITIZERS

ACTOS
AVANDIA

INSULIN SENSITIZER/BIGUANIDE COMBINATIONS

ACTOPLUS MET
AVANDAMET

INSULIN SENSITIZER/SULFONYLUREA COMBINATIONS

AVANDARYL

MEGLITINIDES

PRANDIN

§ SULFONYLUREAS

glipizide
glipizide ext-rel
glyburide
glyburide micronized

§ SULFONYLUREA/BIGUANIDE COMBINATIONS

glipizide-metformin
glyburide-metformin

SUPPLIES

ACCU-CHEK STRIPS AND KITS³
BD INSULIN SYRINGES AND NEEDLES
ONETOUCH STRIPS AND KITS³

BISPHOSPHONATES

ACTONEL
ACTONEL WITH CALCIUM
FOSAMAX
FOSAMAX PLUS D