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## BISPHOSPHONATES

ACTONEL  
ACTONEL WITH CALCIUM  
FOSAMAX  
FOSAMAX PLUS D

## 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

### § H<sub>2</sub> RECEPTOR ANTAGONISTS

*ranitidine*

### § PROTON PUMP INHIBITORS

*omeprazole*  
NEXIUM  
PREVACID

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## GENITOURINARY

### § BENIGN PROSTATIC HYPERPLASIA

*doxazosin*  
*finasteride*  
*terazosin*  
FLOMAX

### § URINARY ANTISPASMODICS

*oxybutynin*  
*oxybutynin ext-rel*  
DETROL  
DETROL LA  
ENABLEX  
OXYTROL  
VESICARE

## HEMATOLOGIC

### § ANTICOAGULANTS

*warfarin*  
COUMADIN

## RESPIRATORY

### ANAPHYLAXIS TREATMENT AGENTS

EPIPEN  
EPIPEN JR

### § ANTICHOLINERGICS

SPIRIVA

### § ANTICHOLINERGIC/BETA AGONISTS

*ipratropium-albuterol inhalation solution*  
COMBIVENT

### ANTIHISTAMINES, LOW SEDATING

ZYRTEC

### § ANTIHISTAMINES, NONSEDATING

*fexofenadine*

### § ANTIHISTAMINE/DECONGESTANTS

ALLEGRA-D  
ZYRTEC-D 12 HOUR

## BETA AGONISTS

### § SHORT ACTING

*albuterol*  
ACCUNEB  
PROAIR HFA  
PROVENTIL HFA  
XOPENEX

### LONG ACTING

FORADIL  
SEREVENT

## LEUKOTRIENE RECEPTOR ANTAGONISTS

SINGULAIR

## NASAL ANTIHISTAMINES

ASTELIN

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## § NASAL STEROIDS

*fluticasone*  
NASACORT AQ  
NASONEX  
RHINOCORT AQUA

## STEROID/BETA AGONISTS

ADVAIR  
SYMBICORT

## STEROID INHALANTS

ASMANEX  
FLOVENT  
PULMICORT

## TOPICAL

## DERMATOLOGY

### § ACNE

*erythromycin-benzoyl peroxide*  
*tretinoin*  
BENZAFLIN  
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.

<sup>1</sup> Atacand should be reserved for patients who meet CHARM (Candesartan in Heart Failure - Assessment of Reduction in Mortality and Morbidity) trial criteria.

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

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# 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](http://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.

## 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](http://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 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](http://www.paisc.com)

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## ANTI-INFECTIVES

### ANTIBACTERIALS

#### § CEPHALOSPORINS

*cefaclor*  
*cephalexin*

#### § ERYTHROMYCINS/MACROLIDES

*azithromycin*  
*clarithromycin*  
*erythromycins*  
BIAXIN XL

#### § FLUOROQUINOLONES

*ciprofloxacin ext-rel*  
*ciprofloxacin tablet*  
AVELOX  
CIPRO SUSPENSION  
LEVAQUIN

#### § PENICILLINS

*amoxicillin*  
*amoxicillin-clavulanate*  
*dicloxacillin*  
*penicillin VK*

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### § TETRACYCLINES

*doxycycline hyclate*  
*minocycline*  
*tetracycline*

### § MISCELLANEOUS

*metronidazole*  
*sulfamethoxazole-trimethoprim*

### § ANTIFUNGALS

*fluconazole*  
*itraconazole*  
*terbinafine 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

TARKA

### ANGIOTENSIN II RECEPTOR ANTAGONISTS/ COMBINATIONS

ATACAND<sup>1</sup>/ATACAND HCT  
AVAPRO/AVALIDE  
BENICAR/BENICAR HCT

### ANTILIPEMICS

#### ANTILIPEMIC COMBINATIONS

VYTORIN

#### § BILE ACID RESINS

*cholestyramine*  
WELCHOL

#### CHOLESTEROL ABSORPTION INHIBITORS

ZETIA

#### § FIBRATES

*fenofibrate*  
TRICOR

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### § HMG-CoA REDUCTASE INHIBITORS

*pravastatin*  
*simvastatin*  
LIPITOR

### NIACINS/COMBINATIONS

ADVICOR  
NIASPAN

### § BETA-BLOCKERS

*atenolol*  
*metoprolol*  
*metoprolol succinate ext-rel*  
*nadolol*  
*propranolol*  
COREG  
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

#### § 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)<sup>2</sup>

*venlafaxine*  
CYMBALTA  
EFFEXOR XR

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## § HYPNOTICS, NONBENZODIAZEPINES

*zolpidem*  
LUNESTA

## MIGRAINE

### SELECTIVE SEROTONIN AGONISTS

IMITREX  
MAXALT  
ZOMIG

### MULTIPLE SCLEROSIS AGENTS

COPAXONE  
REBIF

## ENDOCRINE AND METABOLIC

### ANDROGENS

ANDROGEL

### ANTIDIABETICS

#### § BIGUANIDES

*metformin*  
*metformin ext-rel*

#### INCRETIN MIMETIC AGENTS

BYETTA

#### INSULINS

APIDRA  
HUMALOG  
HUMULIN  
LANTUS  
LEVEMIR  
NOVOLIN  
NOVOLOG

#### INSULIN SENSITIZERS

ACTOS  
AVANDIA

#### INSULIN SENSITIZER/BIGUANIDE COMBINATIONS

ACTOPLUS MET  
AVANDAMET

#### INSULIN SENSITIZER/SULFONYLUREA COMBINATIONS

AVANDARYL  
DUETACT

#### MEGLITINIDES

PRANDIN

#### § SULFONYLUREAS

*glimepiride*  
*glipizide*  
*glipizide ext-rel*

#### § SULFONYLUREA/BIGUANIDE COMBINATIONS

*glipizide-metformin*  
*glyburide-metformin*

#### SUPPLIES

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