

## 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.tccofsc.com](http://www.tccofsc.com), where you can find our PDL. Or, call Caremark, an independent company your health plan has chosen to administer your pharmacy benefits, at 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 (OTC) 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. Please see your plan's website for a list of excluded drugs. 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. Pharmacy law requires a valid prescription for the purchase of needles and syringes in certain states. If covered in the pharmacy benefit, OTC products require a valid prescription.

[www.tccofsc.com](http://www.tccofsc.com)

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## ANTI-INFECTIVES

### ANTIBACTERIALS

#### § CEPHALOSPORINS

*cefaclor*  
*cefdinir*  
*cephalexin*

#### § ERYTHROMYCINS / MACROLIDES

*azithromycin*  
*clarithromycin*  
*clarithromycin ext-rel*  
*erythromycins*

#### § FLUOROQUINOLONES

*ciprofloxacin*  
*ciprofloxacin ext-rel*  
*levofloxacin*

#### § PENICILLINS

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

#### § TETRACYCLINES

*doxycycline hyclate*  
*minocycline*  
*tetracycline*

#### § ANTIFUNGALS

*fluconazole*  
*itraconazole*  
*terbinafine tablet*

#### ANTIVIRALS

#### § HERPES AGENTS

*acyclovir*  
*valacyclovir*

#### § INFLUENZA AGENTS

*oseltamivir capsules*  
RELENZA

#### TAMIFLU SUSPENSION

#### § MISCELLANEOUS

*metronidazole*  
*sulfamethoxazole-trimethoprim*

## CARDIOVASCULAR

#### § ACE INHIBITORS

*fosinopril*  
*lisinopril*  
*quinapril*  
*ramipril*

#### § ACE INHIBITOR / CALCIUM CHANNEL BLOCKER COMBINATIONS

*amlodipine-benazepril*

#### § ACE INHIBITOR / DIURETIC COMBINATIONS

*fosinopril-hydrochlorothiazide*  
*lisinopril-hydrochlorothiazide*  
*quinapril-hydrochlorothiazide*

#### § ANGIOTENSIN II RECEPTOR ANTAGONISTS / DIURETIC COMBINATIONS

*irbesartan / irbesartan-hydrochlorothiazide*  
*losartan / losartan-hydrochlorothiazide*  
*olmesartan / olmesartan-hydrochlorothiazide*  
*telmisartan / telmisartan-hydrochlorothiazide*  
*valsartan / valsartan-hydrochlorothiazide*

#### § ANGIOTENSIN II RECEPTOR ANTAGONIST / CALCIUM CHANNEL BLOCKER COMBINATIONS

*amlodipine-olmesartan*  
*telmisartan-amlodipine*

#### § ANGIOTENSIN II RECEPTOR ANTAGONIST / CALCIUM CHANNEL BLOCKER / DIURETIC COMBINATIONS

*olmesartan-amlodipine-hydrochlorothiazide*

#### ANTILIPEMICS

#### § BILE ACID RESINS

*cholestyramine*  
WELCHOL

#### § CHOLESTEROL ABSORPTION INHIBITORS

*ezetimibe*

#### § FIBRATES

*fenofibrate*

#### § HMG-CoA REDUCTASE INHIBITORS

*atorvastatin*  
*fluvastatin*  
*pravastatin*  
*simvastatin*

#### § NIACINS

*niacin ext-rel*

#### § BETA-BLOCKERS

*atenolol*  
*carvedilol*  
*metoprolol succinate ext-rel*  
*metoprolol tartrate*  
*nadolol*  
*propranolol*  
BYSTOLIC

#### § CALCIUM CHANNEL BLOCKERS

*amlodipine*  
*diltiazem ext-rel*  
*nifedipine ext-rel*  
*verapamil ext-rel*

#### § CALCIUM CHANNEL BLOCKER / ANTILIPEMIC COMBINATIONS

*amlodipine-atorvastatin*

#### § DIGITALIS GLYCOSIDES

*digoxin*

#### § DIURETICS

*furosemide*  
*hydrochlorothiazide*  
*metolazone*  
*spironolactone-hydrochlorothiazide*  
*torsemide*  
*triamterene-hydrochlorothiazide*

#### § MISCELLANEOUS

RANEXA

## CENTRAL NERVOUS SYSTEM

### ANTIDEPRESSANTS

#### § SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIs)

*citalopram*  
*escitalopram*  
*fluoxetine*  
*paroxetine*  
*paroxetine ext-rel*  
*sertraline*

#### § SEROTONIN NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIs)

*duloxetine delayed-rel*  
*venlafaxine*

#### § MISCELLANEOUS AGENTS

*bupropion*  
*bupropion ext-rel*  
*mirtazapine*

#### § HYPNOTICS, NONBENZODIAZEPINES

*zaleplon*  
*zolpidem*  
ROZEREM

#### MIGRAINE

#### § SELECTIVE SEROTONIN AGONISTS

*naratriptan*  
*rizatriptan*  
*sumatriptan*  
*zolmitriptan*

## ENDOCRINE AND METABOLIC

### § ANDROGENS

ANDRODERM  
AXIRON

### 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  
JANUMET XR  
KOMBIGLYZE XR

#### INCRETIN MIMETIC AGENTS

BYDUREON  
VICTOZA

#### INSULINS

HUMULIN R U-500  
LANTUS  
NOVOLIN  
NOVOLOG  
TOUJEO

#### § INSULIN SENSITIZERS

*pioglitazone*

#### § INSULIN SENSITIZER / BIGUANIDE COMBINATIONS

*pioglitazone-metformin*

#### § INSULIN SENSITIZER / SULFONYLUREA COMBINATIONS

*pioglitazone-glimepiride*

#### § MEGLITINIDES

*nateglinide*  
*repaglinide*

#### SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS

FARXIGA  
JARDIANCE

#### SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITOR / BIGUANIDE COMBINATIONS

SYNJARDY  
XIGDUO XR

#### § SULFONYLUREAS

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

#### SUPPLIES

BD ULTRAFINE INSULIN SYRINGES AND NEEDLES  
NOVOFINE NEEDLES  
NOVOTWIST NEEDLES  
ONETOUCH STRIPS AND KITS

#### CALCIUM REGULATORS

#### § BISPHOSPHONATES

*alendronate*  
*ibandronate*

## § CALCITONINS

*calcitonin-salmon*

## PARATHYROID HORMONES

FORTEO

## CONTRACEPTIVES

### § MONOPHASIC

*ethinyl estradiol-drospirenone (gianvi, ocella)*

*ethinyl estradiol-levonorgestrel (aviane, levora)*

### § TRIPHASIC

*ethinyl estradiol-norgestimate*

### § EXTENDED CYCLE

*amethia*

*amethia lo*

*camrese*

*camrese lo*

*ethinyl estradiol-levonorgestrel*

### § TRANSDERMAL

*ethinyl estradiol-norelgestromin*

## VAGINAL

NUVARING

## ESTROGENS

### § ORAL

*estradiol*

*estropipate*

PREMARIN

### § TRANSDERMAL

*estradiol*

## § ESTROGEN / PROGESTINS, ORAL

*estradiol-norethindrone*

PREMPHASE

PREMPRO

## § PROGESTINS, ORAL

*medroxyprogesterone*

*progesterone, micronized*

## § SELECTIVE ESTROGEN RECEPTOR MODULATORS

*raloxifene*

## § THYROID SUPPLEMENTS

*levothyroxine*

## GASTROINTESTINAL

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

*ranitidine*

### § PROTON PUMP INHIBITORS

*omeprazole (only Rx covered)*

*pantoprazole*

## GENITOURINARY

### § BENIGN PROSTATIC HYPERPLASIA

*doxazosin*

*dutasteride*

*finasteride*

*tamsulosin*

*terazosin*

### ERECTILE DYSFUNCTION

## PHOSPHODIESTERASE INHIBITORS

CIALIS †

## § URINARY ANTISPASMODICS

*oxybutynin*

*oxybutynin ext-rel*

*tolterodine*

*tropium*

*tropium ext-rel*

GELNIQUE

VESICARE

## HEMATOLOGIC

### § ANTICOAGULANTS

*warfarin*

ELIQUIS

XARELTO

## RESPIRATORY

### § ANAPHYLAXIS TREATMENT AGENTS

*epinephrine auto-injector*

### § ANTICHOLINERGICS

SPIRIVA

SPIRIVA RESPIMAT

### § ANTICHOLINERGIC / BETA AGONIST COMBINATIONS

*ipratropium-albuterol inhalation solution*

ANORO ELLIPTA

COMBIVENT RESPIMAT

### § ANTIHISTAMINES, LOW SEDATING

*cetirizine (generic Rx and OTC covered)*

### § ANTIHISTAMINES, NONSEDATING

*loratadine* OTC

### § ANTIHISTAMINE / DECONGESTANTS

*cetirizine-pseudoephedrine ext-rel* OTC

*loratadine-pseudoephedrine ext-rel* OTC

## BETA AGONISTS, INHALANTS

### § SHORT ACTING

*albuterol inhalation solution*

PROAIR HFA

PROAIR RESPICLICK

### LONG ACTING

SEREVENT

### § LEUKOTRIENE RECEPTOR ANTAGONISTS

*montelukast*

*zafirlukast*

### § NASAL ANTIHISTAMINES

*azelastine*

### § NASAL STEROIDS

*flunisolide*

*mometasone*

*triamcinolone*

FLONASE ALLERGY RELIEF OTC †

### STEROID / BETA AGONIST COMBINATIONS

ADVAIR

BREO ELLIPTA

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*

*tretinoin gel microsphere*

### OPHTHALMIC

### § ANTIALLERGICS

*azelastine*

### § ANTI-INFECTIVES

*gatifloxacin*

### § ANTI-INFLAMMATORIES, STEROIDAL

DUREZOL

### § BETA-BLOCKERS, NONSELECTIVE

*timolol maleate solution*

### BETA-BLOCKERS, SELECTIVE

BETOPTIC S

### § CARBONIC ANHYDRASE INHIBITORS

AZOPT

### § PROSTAGLANDINS

*latanoprost*

TRAVATAN Z

ZIOPTAN

### § SYMPATHOMIMETICS

*brimonidine*

ALPHAGAN P

### SYMPATHOMIMETIC / BETA-BLOCKER COMBINATIONS

COMBIGAN

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

†Your benefit document defines actual benefits available and may exclude over-the-counter (OTC) drug coverage. Check your benefit information to verify coverage, or view personal benefit information through our website.

‡Specific to groups that elect coverage for erectile dysfunction only.

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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.*

### 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 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 three-tier benefit?

*(Most employers offer a three-tier benefit plan. Refer to your group benefit booklet to see if this applies to you.)* Medications in a three-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 third tier.

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[see other side](#)