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.

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.tccba.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.tccba.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

ANTIRETROVIRAL AGENTS

§ ANTIRETROVIRAL COMBINATIONS

abacavir-lamivudine
ATRIPLA
BIKTARVY
CIMDUO
DESCOVY
GENVOYA
ODEFSEY
SYMFI
SYMFI LO
TRUVADA

ANTIVIRALS

HEPATITIS C AGENTS

EPCLUSA *
HARVONI *
MAVYRET *
VOSEVI *

§ HERPES AGENTS

acyclovir
valacyclovir

§ INFLUENZA AGENTS

oseltamivir
RELENZA

§ MISCELLANEOUS

metronidazole #
sulfamethoxazole-trimethoprim

ANTINEOPLASTIC AGENTS

HORMONAL ANTINEOPLASTIC AGENTS

§ ANTIANDROGENS

*abiraterone **
bicalutamide
ERLEADA *
XTANDI *
ZYTIGA *

§ KINASE INHIBITORS

*imatinib mesylate **
BOSULIF *
IBRANCE *
KISQALI *
KISQALI FEMARA CO-PACK *
SPRYCEL *

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
colesevelam

§ 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

PULMONARY ARTERIAL HYPERTENSION

ENDOTHELIAL RECEPTOR AGONISTS

OPSUMIT *

PROSTACYCLIN RECEPTOR AGONISTS

UPTRAVI *

§ MISCELLANEOUS

RANEXA

CENTRAL NERVOUS SYSTEM

ANTIDEPRESSANTS

§ SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIs)

citalopram
escitalopram
fluoxetine
paroxetine HCl
paroxetine HCl 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

testosterone solution
ANDRODERM

ANTIDIABETICS

§ BIGUANIDES

metformin
metformin ext-rel **

§ BIGUANIDE / SULFONYLUREA COMBINATIONS

glipizide-metformin

DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS

JANUVIA

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

JANUMET
JANUMET XR

INCRETIN MIMETIC AGENTS

OZEMPIC
TRULICITY
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
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_2 RECEPTOR ANTAGONISTS
ranitidine

§ PROTON PUMP INHIBITORS
omeprazole (only Rx covered)
pantoprazole

GENITOURINARY

§ BENIGN PROSTATIC HYPERPLASIA
doxazosin
dutasteride
finasteride
tamsulosin
terazosin

§ URINARY ANTISPASMODICS
oxybutynin
oxybutynin ext-rel
tolterodine
trospium
trospium ext-rel
GELNIQUE
VESICARE

HEMATOLOGIC

§ ANTICOAGULANTS
warfarin
ELIQUIS
XARELTO

IMMUNOLOGIC AGENTS

AUTOIMMUNE AGENTS
COSENTYX *
ENBREL *
HUMIRA *
KEVZARA *
OTEZLA *
STELARA *
XELJANZ *
XELJANZ XR *

RESPIRATORY

§ ANAPHYLAXIS TREATMENT AGENTS
epinephrine auto-injector #

§ ANTICHOLINERGICS
ATROVENT HFA
SPIRIVA
SPIRIVA RESPIMAT

§ ANTICHOLINERGIC / BETA AGONIST COMBINATIONS
ipratropium-albuterol inhalation solution
ANORO ELLIPTA
BEVESPI AEROSPHERE
COMBIVENT RESPIMAT
STIOLTO 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 HFA
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 REDIHALER

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

DRY EYE DISEASE
RESTASIS
XIIDRA

§ 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 copay for these drugs may vary depending on your pharmacy benefit. Log into the website to determine the copay that applies to your drug.
** Listing does not include generic FORTAMET and generic GLUMETZA.
† 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.
# Select drugs from certain manufacturers are excluded.
##Novolin Relion is not preferred

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