



Public Pension Systems in Texas
Senate Committee on State Affairs
Brian Guthrie, Executive Director
April 4, 2018



TRS Overview

- The Teacher Retirement System manages a \$152 billion trust fund and provides pension and health care benefits. TRS serves 1.5 million active and retired members. One of every 20 Texans is a member of TRS.
- The pension trust fund earned a return of 12.6% for FY 2017. The current assumed rate is 8.0%.
- The Unfunded Actuarial Accrued Liability is \$35.5 billion with a funded ratio of 80.5%. The amortization period is 32.2 years.
- TRS manages two major health programs:
 - TRS-Care for retirees and dependents;
 - TRS-Active Care for active employees and dependents.

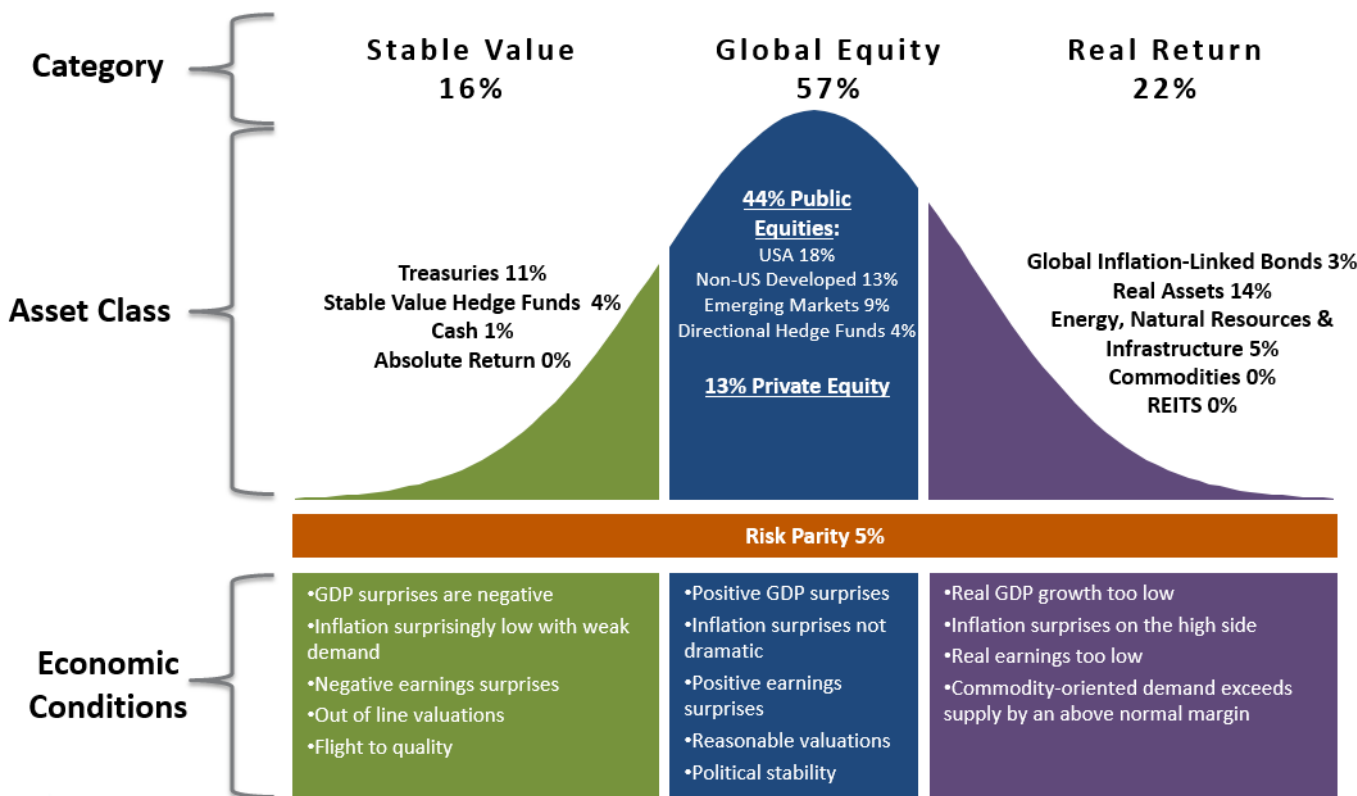
Trust Fund Status

TRS Trust Fund Valuation	8/31/2017	8/31/2016	8/31/2015
Unfunded Actuarial Accrued Liability (UAAL)	\$35.5 billion	\$35.5 billion	\$32.9 billion
Funded Ratio	80.5%	79.7%	80.2%
State Contribution Rate	6.8%	6.8%	6.8%
District Contribution Rate <i>(applicable only to districts that do not contribute to Social Security)</i>	1.5%	1.5%	1.5%
Member Contribution Rate	7.7%	7.2%	6.7%
Funding period (years)	32.2 years	33.6 years	33.3 years
Annual Required Contribution (ARC)	7.85%	7.94%	7.92%

TRS Strategic Asset Allocation

Diversification Framework

Strategic Asset Allocation



USA	18%	} Public Equities
Non-US Developed	13%	
Emerging Markets	9%	
Directional Hedge Funds	4%	
Private Equity	13%	
Total Global Equity	57%	

US Treasuries	11%
Absolute Return	0%
Stable Value Hedge Funds	4%
Cash	1%
Total Stable Value	16%

Global Inflation-Linked Bonds	3%
Real Assets	14%
Energy, Natural Resources & Infrastructure	5%
Commodities	0%
Total Real Return	22%

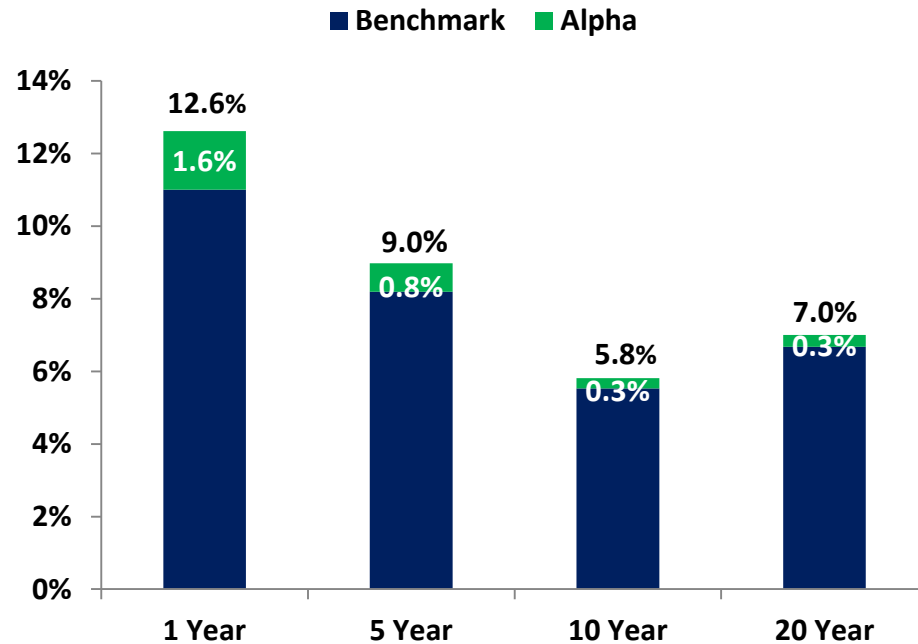
Total Risk Parity	5%
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Total Trust	100%
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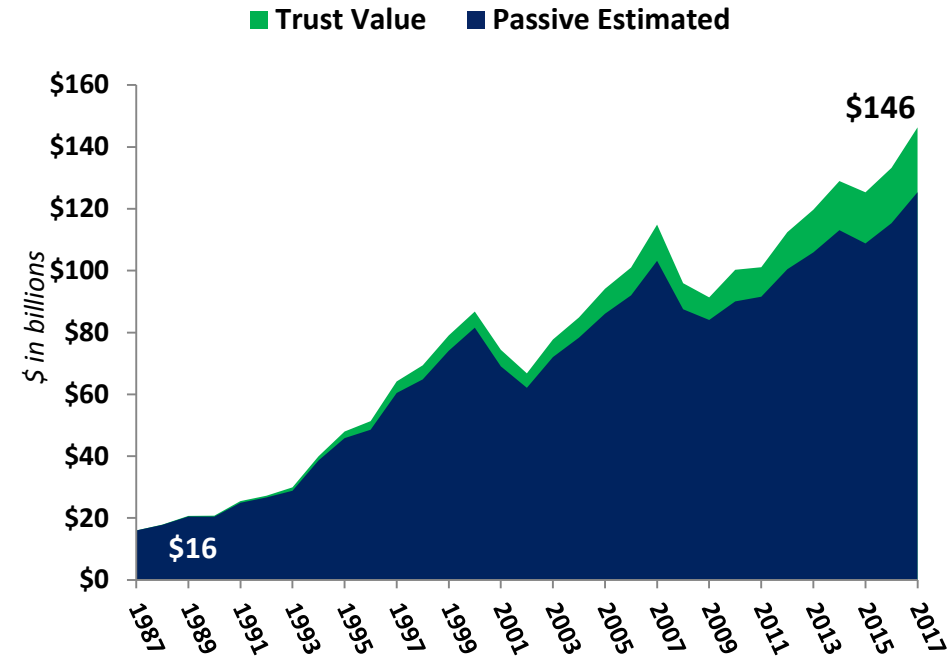
TRS Performance

Period Ending September 30, 2017¹

Trust Annualized Performance



Cumulative Value Add (TRS versus Passive)

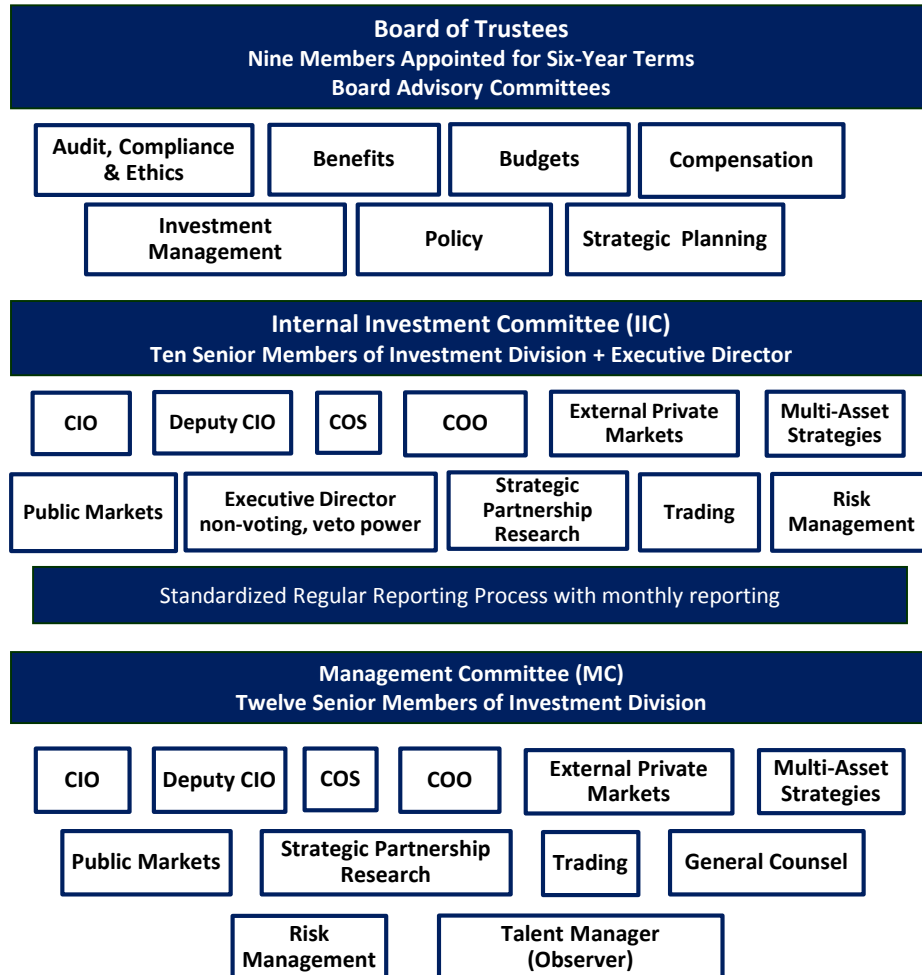


IMD Awards & Recognition

- 13th Largest Pension Fund in the World
- Public Fund Manager of the Year (Institutional Investor)
- Risk Manager of the Year
- Numerous “Rising Star” awards by Investor Intelligence
- US Institutional Risk Premia Manager of the Year Award (2018)
- Three “Top 40 under 40” aiCIO award recipients
- 5-Time LP of the Year (PE and RE)
- “Change Maker of the Year” Award (IIA 2017)
- Top decile Organization Health Study results (2018)

¹ TRS Trust Returns as of 8/31/2017; Cumulative Value Add as of 9/30/2017
Source: State Street Bank, TRS calculations

TRS Best Practices



Board Responsibilities

- Establish investment objectives and policy (IPS- The Investment Policy Statement provides a formal plan for investing pension trust fund and health insurance program assets)
- Approve long-term return targets and risk parameters
- Provide appropriate resources, incentives and establish approved processes
- Establish appropriate reporting standards and metrics
- Comply with relevant laws and assure professional audit systems
- Approve budget
- Review IIC investment considerations prior to IIC Action

IIC Responsibilities

- Review, consider, and authorize proposed external manager investments and engagements as required by the IPS
- ED is non voting member but has power to veto any investment or delegation

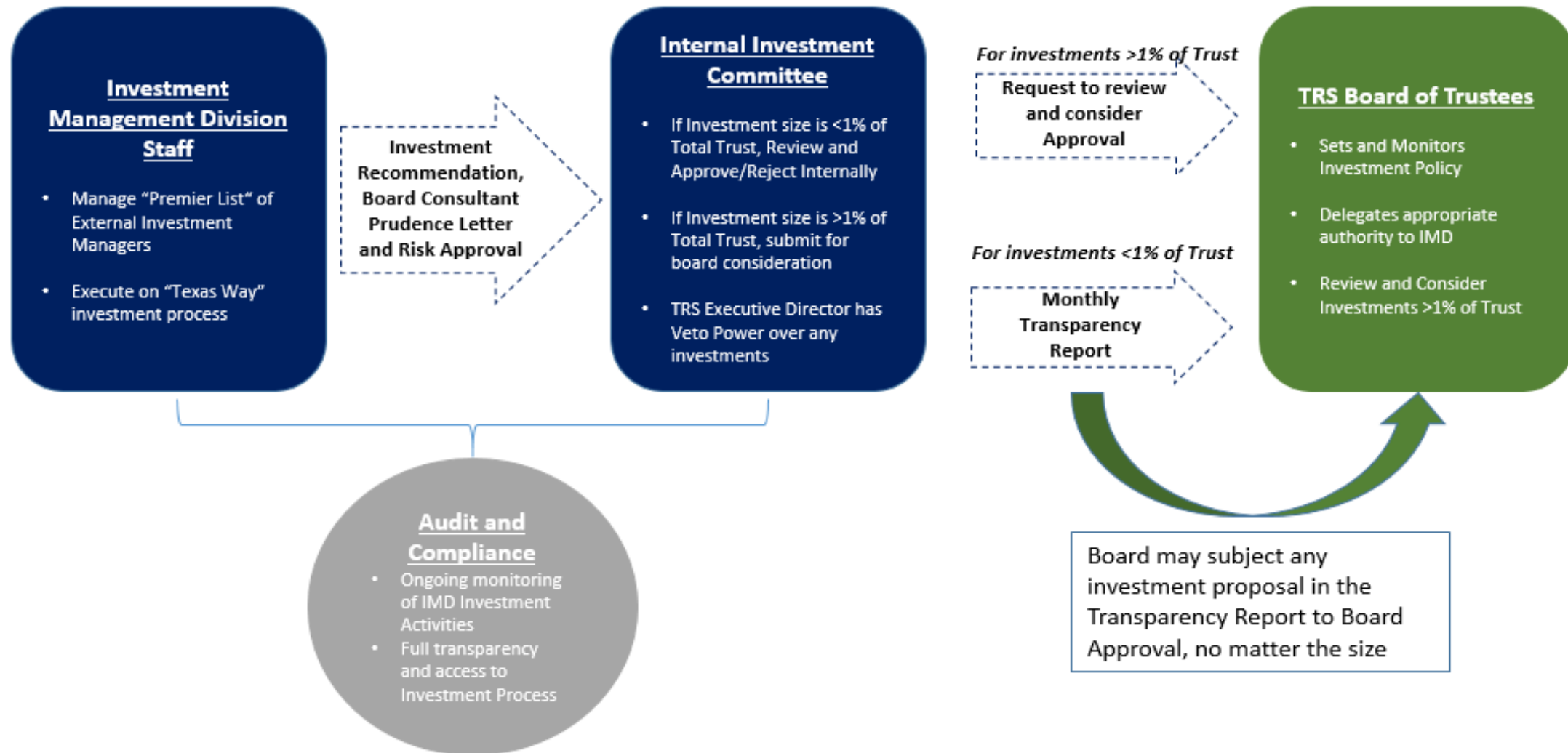
MC Responsibilities

- Advise CIO/DCIO
- Review and attribute monthly performance reporting
- Monitor risk exposures, market performance and future expectations
- Track and report Trust and group priorities

IMD Responsibilities

- Implement investment policies within approved guidelines
- Maximize effectiveness of resources provided
- Deliver monthly Transparency Report to Board
- Comply with relevant laws
- Collaborate with audit process
- Implement Board objectives

TRS Best Practices



Note: Limit on IIC Authority for a First-time investment with a manager is 0.5%; Add-on Allocations are 1%

Independent Reviews

More than **80** audits and reports over the last 6 years covering all major functions of the investment management division of TRS. No significant findings.

Function	# of Audits	Auditors
Operations	27	Internal, SAO, Comptroller, Grant Thornton, German Tax Authority
Performance	8	Internal, SAO
Policy	27	Internal, SAO
Risk Management	6	Internal
Trading	3	Internal
Legislative Authority		
Derivatives	3	Internal
Hedge Funds	2	Internal
External Management	12	Internal, Funston
Total	88	

Financial Disclosure & Transparency

Comprehensive Annual Financial Report

- All TRS returns are reported net of fees and expenses.
- Fees disclosed by the following by asset class:
 - Assets Under Management
 - Fees paid from trust (management and performance)
 - Fees netted with returns (management and performance).
- Disclosures consistent with GASB and GFOA guidance.

GASB: Governmental Accounting Standards Board
GFOA: Governmental Finance Officers Association



Teacher Retirement System of Texas
2017 Comprehensive Annual Financial Report

Report on Investment Activities

Investment Manager Fees
For the Calendar Year Ended June 30, 2017
Table 6

Asset Class	Market Value of Assets Under Management	Fees Paid from the Pension Trust Fund		Fees Netted Against Returns	
		Management Fees	Performance Fees	Management Fees	Performance Fees/Carried Interest
Global Equity					
Public Equity					
USA	\$ 26,085,799,934	\$ 30,610,647	\$ 8,581,379	\$ 10,850,512	\$ 7,888,700
Non-US Developed	22,128,097,098	15,706,904	20,353,613	16,862,277	5,662,864
Emerging Markets	13,951,080,872	32,455,477	11,124,433	5,362,186	1,107,653
Directional Hedge Funds	5,802,915,802	2,213,541	529,827	68,245,757	52,394,501
Total Public Equity	67,967,893,706	80,986,569	40,589,252	101,320,732	67,054,718
Private Equity	17,832,356,502	-	-	171,852,529	271,646,001
Total Global Equity	85,800,250,208	80,986,569	40,589,252	273,173,261	338,700,719
Stable Value					
US Treasuries	10,827,520,623	-	-	-	-
Absolute Return	3,971,463,355	-	-	6,635,833	3,724,997
Stable Value Hedge Funds	5,451,479,017	-	-	93,741,379	68,896,729
Cash	1,079,075,684	-	-	-	-
Total Stable Value	21,369,538,679	-	-	100,377,212	72,623,726
Real Return					
Global Inflation Linked Bonds	5,047,444,139	-	-	-	-
Real Assets	17,155,839,732	596,162	-	158,269,206	109,111,231
Energy, Natural Resources & Infrastructure	5,564,900,150	646,194	54,661	60,045,891	22,015,392
Commodities	104,192,694	-	-	-	-
Total Real Return	27,872,376,715	1,242,356	54,661	218,315,097	131,126,623
Total Risk Parity	6,996,931,342	1,586,159	-	11,448,072	1,175,430
Total Fund	\$ 142,039,096,944	\$ 83,815,084	\$ 40,643,913	\$ 603,313,642	\$ 543,626,496

The amount of fees paid from the pension trust fund and booked as expenses in Table 6 are for the calendar year ended June 30, 2017. The amount of fees paid from the pension trust fund and booked as expenses for the fiscal year ended August 31, 2017, which appear in Exhibit II and Schedule 2 as External Manager Fees, amounted to \$126,449,587, which includes \$83,925,746 in management fees and \$42,523,841 in performance fees.

Actuarial Assumptions

- Section 825.206, Government Code requires the TRS Board of Trustees to designate an actuary to conduct an experience study to review all actuarial assumptions. An actuarial audit must be performed in conjunction with the experience study at least once every five years.
- Previous experience study conducted and assumptions set in 2015.
- In determining liabilities and contribution rates for retirement plans, actuaries must make assumptions about the future. Among the assumptions that must be made include: retirement rates, mortality rates, turnover rates, disability rates, investment return rate, salary increase rates, inflation rate.
- Board considers the actuary's study and recommendations. Board must demonstrate fiduciary duty of loyalty- independence from the plan sponsor, contributing employers or other outside influences. Each Trustee acts for the benefit of the trust as a whole, not for or on behalf of an individual member, a group of members, or any other third party.

AON Analysis of Investment Return Rate

Asset Class	Long-Term Target Asset Allocation	10 Year Expected Geometric Rate of Return	30 Year Expected Geometric Rate of Return
(1)	(2)	(3)	(4)
U.S. Equity	18%	6.4%	6.5%
Non-US Developed	13%	7.2%	7.2%
Emerging Markets	9%	7.6%	7.7%
Directional Hedge Funds	4%	5.2%	5.7%
Private Equity	13%	9.1%	9.4%
U.S. Treasuries	11%	3.0%	3.2%
Stable Value Hedge Funds	4%	5.1%	5.6%
Cash	1%	2.0%	2.6%
Global Inflation Linked Bonds	3%	2.9%	3.4%
Real Assets	14%	6.4%	6.4%
Energy and Natural Resources	5%	8.5%	8.5%
Risk Parity	5%	<u>5.5%</u>	<u>5.5%</u>
Gross Expected Return		7.14%	7.34%
Probability of Achieving:			
8.00%		41.4%	38.8%
7.50%		46.4%	47.3%
7.25%		48.9%	51.6%
7.00%		51.4%	55.9%

GRS Range of Options

	Current Assumptions	Proposed Assumptions	Proposed Assumptions	Proposed Assumptions
	(1)	(2)	(3)	(4)
Investment Return Assumption	8.00%	7.50%*	7.25%	7.00%
UAAL (\$ Billions)	\$35.5	\$42.8	\$45.9	\$51.7
Actuarial Funded Ratio	80.5%	77.4%	76.1%	73.9%
Funding Period in years based on current funding levels	33	60	86	NA
Immediate increase in Contribution Rate needed to have 30 year funding period	0.15%	1.38%	1.82%	3.05%
Additional Estimated FY18 Contributions	\$65m	\$599m	\$786m	\$1,323m
Funding Period with 1.5% additional contributions beginning in FY20	19	29	35	54
Funding Period with 2.0% additional contributions beginning in FY20	17	26	31	42

Funding periods are calculated as of 8/31/2017. Changes to the valuation date or the date the contributions become effective will result in slightly different outcomes.

*Inflation held at 2.5%

Experience Study

? Why is the investment return assumption being discussed?

TRS is required by law to conduct an experience study at least once every five years. The purpose of an experience study is to determine if actual behavior, plan provisions, and investment returns have matched assumptions, or if adjustments are necessary. Significant changes in the global economic outlook over the last three years warranted examining TRS' experience sooner than the five year deadline. The experience study determined that while most of the assumptions were accurate, the investment return assumption needed to be adjusted. The TRS Board of Trustees will consider lowering the current 8.0% investment return assumption in April. This action will not change TRS' strategic asset allocation.

? Will contribution rates change?

If the TRS Board of Trustees lowers the investment return assumption in April, TRS will request a contribution rate increase in the upcoming legislative session. Only the Legislature has the authority to set contribution rates.

? When and where will the TRS Board of Trustees discuss this issue?

The Board will meet on April 20, 2018 to discuss the issue. For those unable to travel to Austin, TRS webcasts all board meetings live. Viewers may watch the event live from a computer or smartphone with internet connection wherever they are. In addition, the live webcasts are recorded and archived in the Board of Trustees section for on-demand viewing. Visit the TRS website for more information on webcasts.

? Will my monthly annuity payment be reduced if the rate is changed?

No. The Board of Trustees does not have the authority to change annuity benefit payments for current and future retirees. Only the Legislature can make annuity benefit changes.

Current Contribution Rates



6.8%




7.7%



1.5%

Economic Outlooks



TRS examined 11 different economic outlooks from nine independent investment advisors. The data showed the average expected return ranged from 7.07% - 7.32%.

Pension Benefit Design Study

- In 2011, TRS was directed by the Legislature to conduct a study on the impacts of potential changes to its current defined benefit pension plan. TRS completed and submitted the study on September 1, 2012. In 2013, pension legislation (SB 1458) provided benefit changes and SB 1 increased funding.
- TRS is updating the study to reflect current and expected market conditions, refresh data on the economic value of a defined benefit plan, and examine other plan options.

83R- SB 1458 and SB 1

Benefit Modifications

Pension Benefit Structure

- Increased normal retirement age to 62 with Rule of 80 for new and non-vested members (those with less than 5 years of service credit) as of August 31, 2014. Imposed a penalty of 5% per year for each year of retirement before age 62.

Benefit Enhancement

- 3% COLA (capped at \$100) for members that retired on or before August 31, 2004.

Annual Interest Rate

- Reduces annual interest paid on retirement account balances from 5% to 2% prospectively starting September 1, 2014

Retiree Health Care

- Set a minimum age of 62 in order to be eligible for TRS Care 2 or 3. Members are grandfathered if they meet the rule of 70 or the person has at least 25 years of service credit as of August 31, 2014. All non-grandfathered members will receive TRS Care 1 until the age of 62 is met.
- PROVISIONS REPEALED BY 85R

	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Member Contribution Rate:	6.4%	6.4%	6.7%	7.2%	7.7%
State Contribution Rate:	6.4%*	6.8%*	6.8%*	6.8%*	6.8%*
District Contribution Rate:	0%	0%	1.5%	1.5%	1.5%

District rate is only applicable to schools districts that do not contribute to Social Security

Contribution Rates

State law determines the member and district rates. The General Appropriations Act* determines the state rate.



After September 1, 2017, if the state contribution rate is reduced then the active employee and ISD contribution rates will be reduced by an equivalent percentage



Implementation of HB 3976: TRS-Care
Senate Committee on State Affairs
Brian Guthrie, Executive Director
April 4, 2018



Challenges for TRS-Care

- Long-term funding based on percentages of active employee payroll and not health care costs for retirees.
- At the direction of the legislature, retiree premiums and plan designs were frozen from 2005-2017.
- During the 85th legislature, the shortfall was projected to be from \$1.06 to \$1.3 billion. The following biennium shortfall was expected to range from \$4 to \$6 billion.
- Even with legislative changes, the current structure for TRS-Care is not sustainable.
- Major plan design and/or funding changes had to occur in the 85th Legislative Session.
- Approximately 20,000 new retirees are added to the plan each year.
- Non-Medicare retirees cost up to four times more than the cost of Medicare-eligible participants.
- FY 2016, each non-Medicare eligible participant in TRS-Care 3 cost the plan approximately \$13,700 versus \$3,222 for a retiree enrolled in Medicare Advantage and Medicare Part D plans.

**Without legislative changes and additional funding,
the program would have become unsustainable.**

FY 20/21 shortfall is projected to be \$400-\$600 million.

2018 TRS-Care Implementation Overview

More than **85%** of the 270,000 members stayed enrolled in TRS-Care.

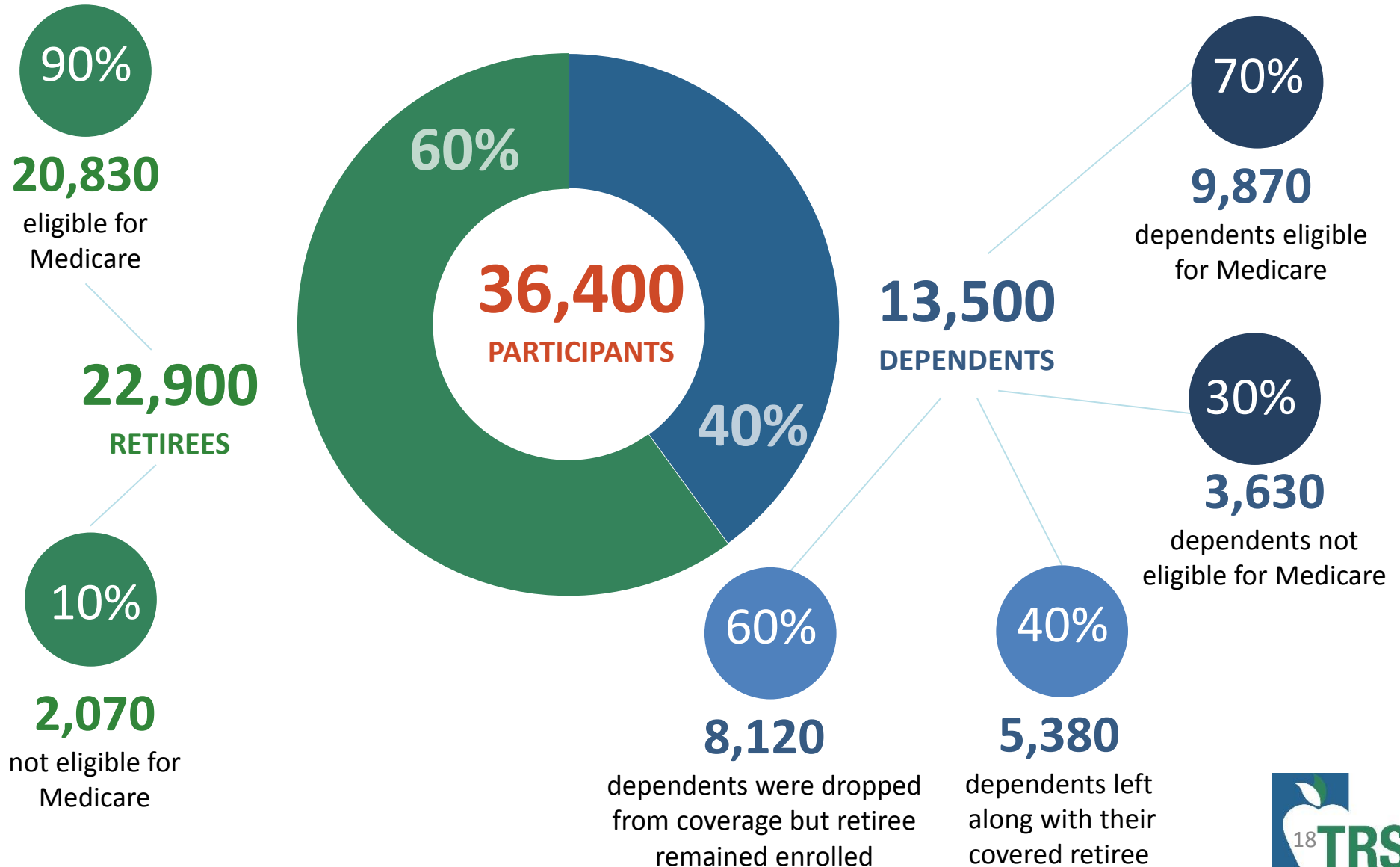
28,450 participants chose to leave TRS-Care between September 1, 2017 and January 1, 2018

7,950 terminated effective February 1 or March 1, 2018

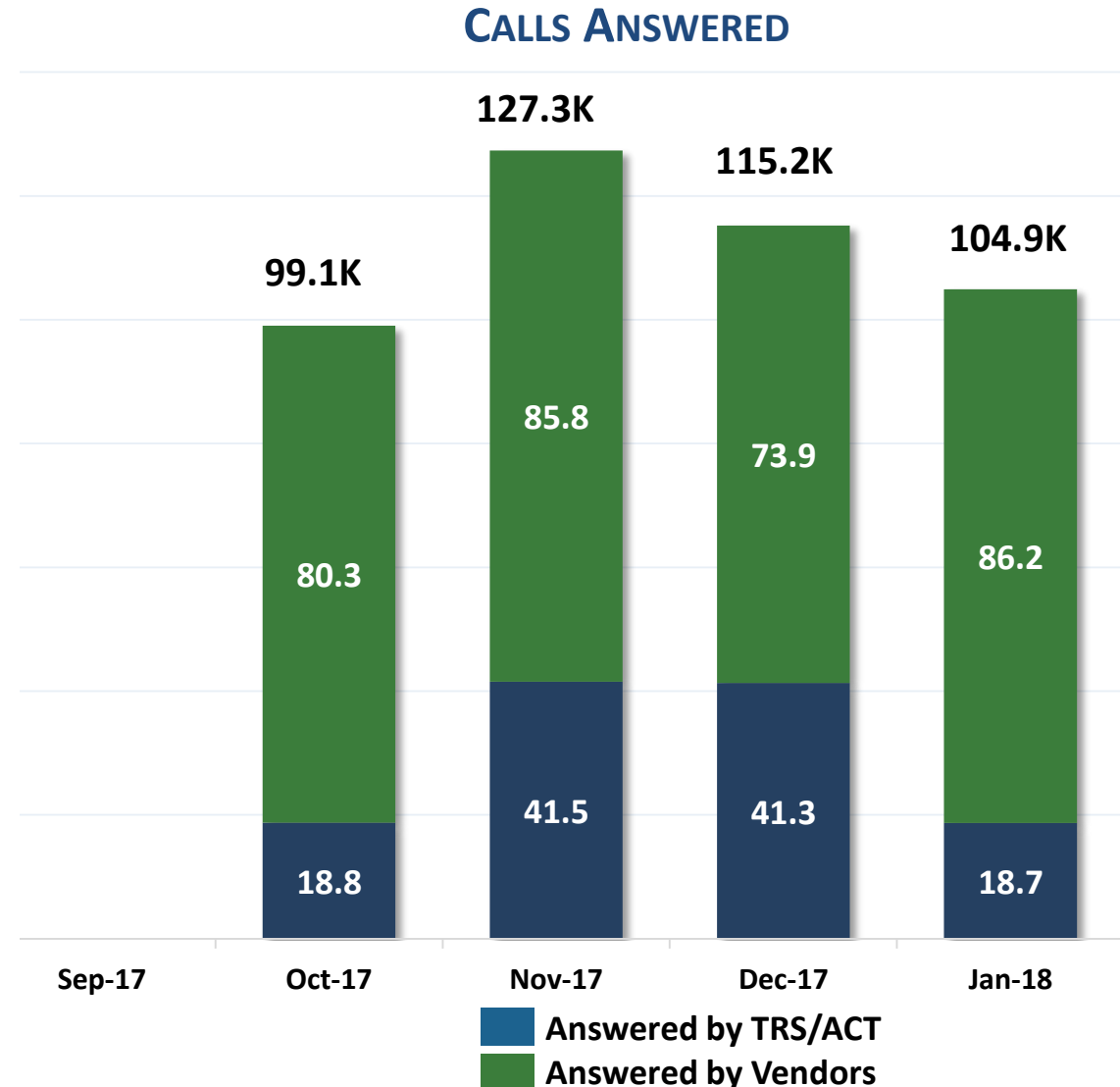
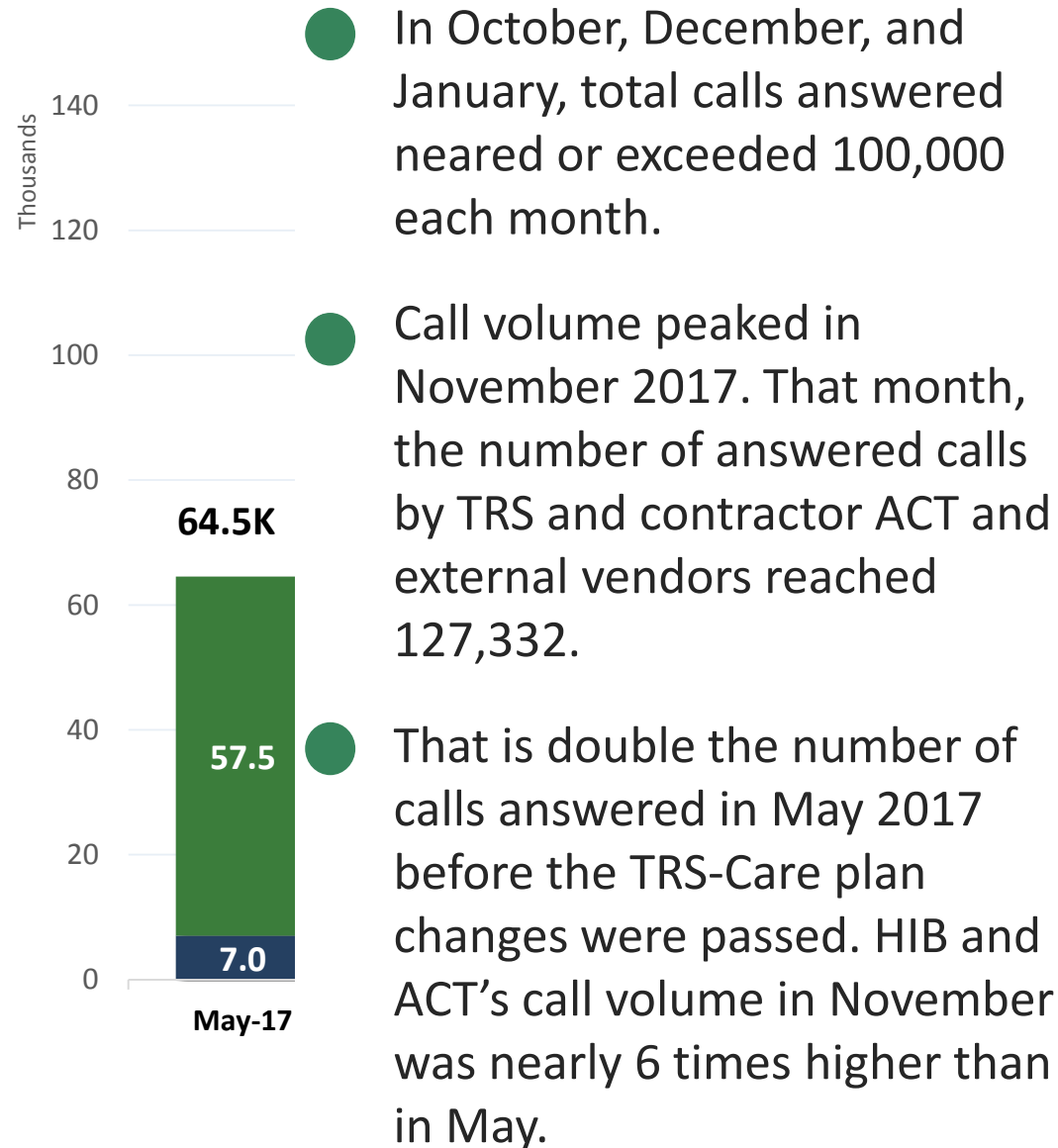
10,040

WERE IN TRS-CARE 1

This represents 28% of all participants who left TRS-Care.



Unprecedented Call Volume



Mitigations and Remediation of Issues



APPLIED

more resources to handle call volume,
process disenrollments.

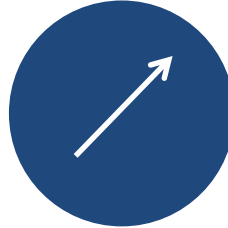
Contracted with ACT



COORDINATION

with CMS to
ensure terminations
(Medicare population)

- Worked with CMS to review populations.



INCREASED

speed on file transfers to vendors

- TRS sent files every other working business day between December 14 - 22.
- Between December 12 - 29, TRS sent enrollment files each day.
- TRS sent files to vendors again on January 3, 5 and 8.



FLEXIBILITY

accommodated requests outside
of normal timeframes

Example: Permitting coverage to be retroactively terminated back to January 1, 2018.



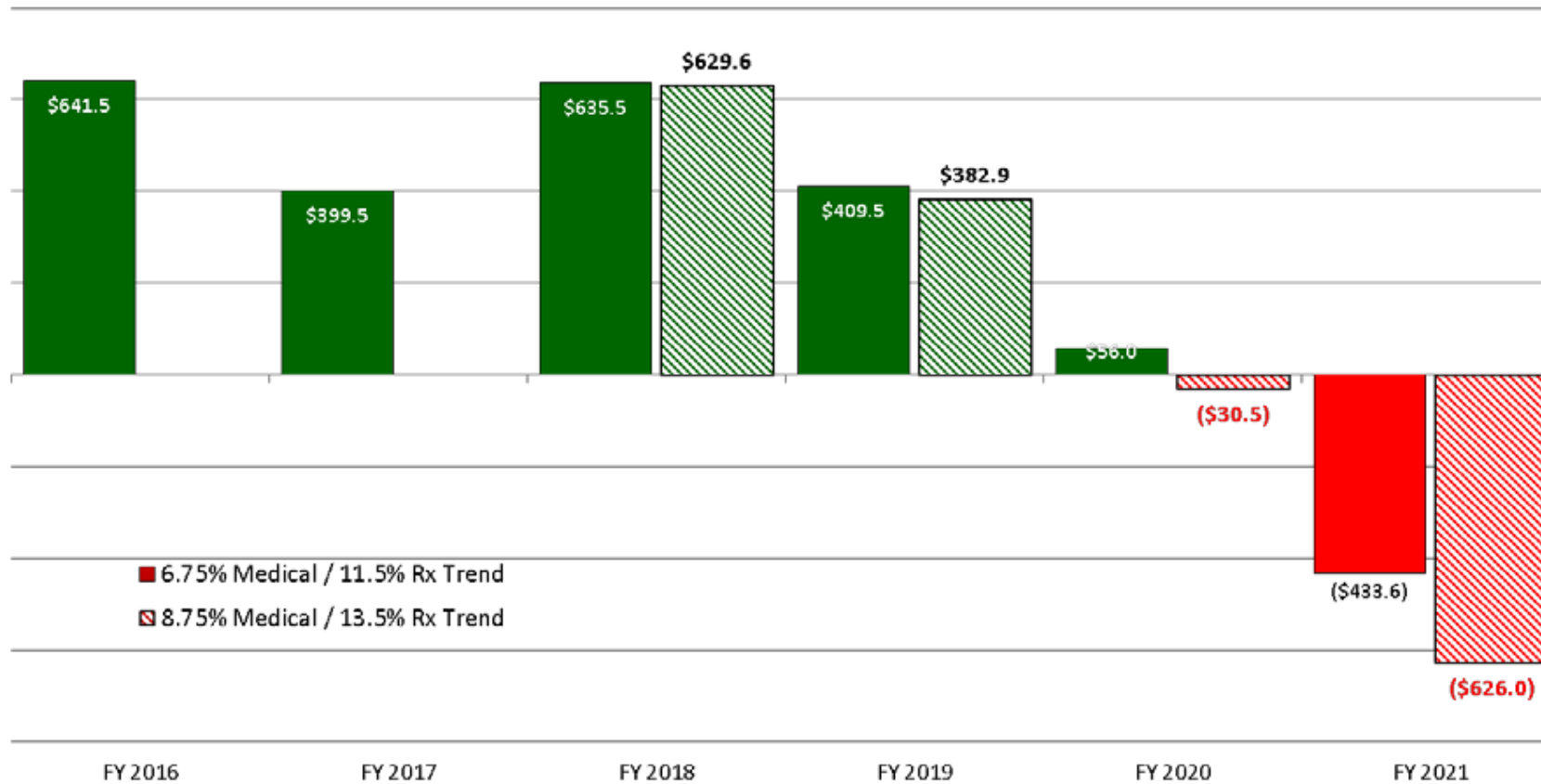
CONTINUING

to review data post-migration

- Data conditioning.
- Long-term to apply lessons to TRS systems

TRS-Care Funding Projection

Projected Fund Balance as of August 31, 2017
(Incurred Basis in Millions)



**FY 2021 Shortfall Projected
at \$400-600 million.**

*Due to the volatility of future health care costs, projected fiscal years are also shown assuming actual medical and pharmacy trends exceed current trend levels by 2 percentage points.

HB 3976

- Single, high deductible health plan for non-Medicare participants
- Medicare Advantage and Medicare Part D plan for Medicare participants
- Increase the required State contribution from 1% to 1.25% of active employee payroll
- Eliminate the requirement that TRS offer a basic plan at no cost for Retiree Only coverage
- \$0 retiree contribution for disability retirees who are: (1) retired as a disability retiree on or before 1/1/2017; (2) currently receiving disability retirement benefits; and (3) not eligible to enroll in Medicare.
- Provide an open enrollment opportunity for retirees aging into Medicare to enroll in the TRS-Care Medicare plan even if he/she did not participate in TRS-Care's non-Medicare plan.
- Provide no-cost coverage for certain generic preventive drugs.

SB 1

- Increase the required State contribution from 1% to 1.25% of active employee payroll
- Increase the required District contribution from 0.55% to 0.75% of active employee payroll
- Provide supplemental State funding of \$182.6M
- Eliminate legislative intent to not increase retiree premium contributions

85th-1 Special Session

HB 21 and HB 30: Appropriation of \$212 million to provide relief to every participant in TRS-Care. Legislative intent to reduce TRS-Care Standard plan deductible from \$3,000 to \$1,500 and reduce dependents premiums for both plans.

Total Additional one-time /New Funding

+ \$167.4M	<i>(0.25% state contribution increase)</i>
+ \$182.6M	<i>(<u>one-time</u> supplemental contribution)</i>
+ \$133.9M	<i>(0.20% district contribution increase)</i>
+ \$212.0M	<i>(85-1 <u>one-time</u> supplemental contribution)</i>
= \$695.9M	

Comparison: Premiums

Previous Premiums	85R Legislature Illustrative Retiree Premiums	85-1 Legislature/Board Adopted Final Premiums
Prior to January 1, 2018	Calendar Year 2018	Calendar Year 2018
<p><u>Non-Medicare Retirees</u> Retiree Only = \$0 - \$310 Retiree & Spouse = \$30 - \$665 Retiree & Child(ren) = \$28 - 392 Retiree & Family = \$58 - \$747</p> <p><u>Medicare B Only Retirees</u> Retiree Only = \$0 - \$245 Retiree & Spouse = \$25 - \$600 Retiree & Child(ren) = \$34 - \$327 Retiree & Family = \$59 - \$682</p> <p><u>Medicare A&B Retirees</u> Retiree Only = \$0 - \$110 Retiree & Spouse = \$20 - \$465 Retiree & Child(ren) = \$41 - \$192 Retiree & Family = \$61 - \$547</p>	<p><u>Non-Medicare Retirees</u> Retiree Only = \$200 Retiree & Spouse = \$739 Retiree & Child(ren) = \$433 Retiree & Family = \$1,074</p> <p><u>Medicare Retirees</u> Retiree Only = \$146 Retiree & Spouse = \$590 Retiree & Child(ren) = \$504 Retiree & Family = \$1,106</p> <p><u>Current Disability Retirees not eligible for Medicare*</u> Retiree Only = \$0 Retiree & Spouse = \$539 Retiree & Child(ren) = \$233 Retiree & Family = \$874</p>	<p><u>Non-Medicare Retirees</u> Retiree Only = \$200 Retiree & Spouse = \$689 Retiree & Child(ren) = \$408 Retiree & Family = \$999</p> <p><u>Medicare Retirees</u> Retiree Only = \$135 Retiree & Spouse = \$529 Retiree & Child(ren) = \$468 Retiree & Family = \$1,020</p> <p><u>Current Disability Retirees not eligible for Medicare*</u> Retiree Only = \$0 Retiree & Spouse = \$489 Retiree & Child(ren) = \$208 Retiree & Family = \$799</p> <p><u>Retirees with adult disabled children</u> Non-Medicare Retiree & Child(ren) = \$208 Non-Medicare Retiree & Family = \$799 Medicare Retiree & Child(ren) = \$268 Retiree & Family = \$820</p>

**Applies to members who retired as a disability retiree as of 1/1/2017*

Comparison: Medical Plan Design

	TRS-Care 1	TRS-Care 2	TRS-Care 3	Medicare Advantage for TRS-Care 2	Medicare Advantage for TRS- Care 3	85R-Legislature Standard Plan	85R-Legislature Medicare Advantage Plan	85-1 Legislature / Board Adopted Final Standard Plan	85-1 Legislature/ Board Adopted Final Medicare Advantage Plan
Eligibility	All retirees			Retirees with both Medicare Part A & B		Non-Medicare Retirees (under age 65)	All Medicare Retirees (age 65 and older)	Non-Medicare Retirees (under age 65)	All Medicare Retirees (age 65 and older)
Deductible In- Network	\$2,350 Parts A&B \$3,900 Part B Only \$5,250 Non-Medicare	\$1,300	\$400	\$500	\$150	\$3,000 individual \$6,000 family	\$500	\$1,500 individual \$3,000 family	\$500
Maximum Out-of- Pocket In-Network	\$6,250 Parts A&B \$7,800 Part B Only \$8,250 Non-Medicare	\$5,800	\$4,900	\$3,500	\$3,150	\$6,650 individual \$13,300 family	\$3,500	\$5,650 individual \$11,300 family	\$3,500
Coinsurance	80%/20% (after deductible is met) Preventative services such routine physical exam, cancer screenings, flu shot covered at 100%	80%/20% (after deductible is met)	80%/20% (after deductible is met)	95%/5%	95%/5%	80%/20% (after deductible is met) Preventative services such routine physical exam, cancer screenings, flu shot covered at 100% \$40 Teladoc consultation: Board-certified doctors diagnose, treat and write prescriptions via phone or video, available 24/7	95%/5%	80%/20% (after deductible is met) Preventative services such routine physical exam, cancer screenings, flu shot covered at 100% \$40 Teladoc consultation: Board-certified doctors diagnose, treat and write prescriptions via phone or video, available 24/7	95%/5%
Inpatient Hospital Facility				\$500 copay per stay	\$250 copay per stay		\$500 copay per stay		\$500 copay per stay
Outpatient Hospital Facility				\$250 copay	\$75 copay		\$250 copay		\$250 copay
Emergency Room				\$65 copay	\$50 copay		\$65 copay		\$65 copay
Urgent Care				\$35 copay	\$35 copay		\$35 copay		\$35 copay
Office Visits		Non-Medicare: \$35 copay Medicare: 80%/20% (after Medicare payment)	Non-Medicare: \$25 copay Medicare: 80%/20% (after Medicare payment)	\$5 Primary Care Physician \$10 Specialist	\$5 Primary Care Physician \$10 Specialist		\$5 Primary Care Physician \$10 Specialist		\$5 Primary Care Physician \$10 Specialist

Comparison: Prescription Plan Design

	TRS-Care 1	TRS-Care 2	TRS-Care 3	Medicare Part D for TRS-Care 2	Medicare Part D for TRS-Care 3	1/1/2018 85-R Legislature / Board Adopted Standard Plan	1/1/2018 85-R Legislature / Board Adopted Medicare Advantage Plan
Eligibility	All retirees			Retirees with either Medicare Part A or B		Non-Medicare retirees (under age 65)	All Medicare retirees (age 65 and older)

Retail Copays

Generic	80%/20% (after deductible is met)	\$10	\$10	\$5	\$5	Preventative Maintenance \$0 80%/20% (after deductible is met)	\$5
Preferred Brand	80%/20% (after deductible is met)	\$30	\$25	\$25	\$20	80%/20% (after deductible is met)	\$25
Non-Preferred Brand		\$50	\$40	\$50	\$40	80%/20% (after deductible is met)	\$50

Mail Order Copays

Generic	80%/20% (after deductible is met)	\$20	\$20	\$15	\$15	80%/20% (after deductible is met)	\$15
Preferred Brand	80%/20% (after deductible is met)	\$75	\$50	\$70	\$45	80%/20% (after deductible is met)	\$70
Non-Preferred Brand	80%/20% (after deductible is met)	\$125	\$80	\$125	\$80	80%/20% (after deductible is met)	\$125

TRS-Care Standard Prescription Drug Plan

The 85th-R Legislature appropriated funds to provide certain generic preventive drugs at no cost to the participant allowed under federal law.

High Deductible Health Plan (HDHP) - Health Savings Account (HSA) Generics Only Preventive Therapy Drug List

(09/01/17)

ANTICOAGULANTS/ ANTIPLATELETS

ANTICOAGULANTS
enoxaparin
fondaparinux
warfarin
Jantoven

PLATELET AGGREGATION INHIBITORS

clopidogrel
dipyridamole
dipyridamole ext-rel/aspirin

ANTICONGESTANTS

carbamazepine
carbamazepine ext-rel
clonazepam
divalproex sodium delayed-rel
divalproex sodium ext-rel
ethosuximide
felbamate
lamotrigine
lamotrigine ext-rel
levetiracetam
levetiracetam ext-rel
oxcarbazepine
phenobarbital
phenytoin
phenytoin sodium extended
primidone
tiagabine
topiramate
topiramate ext-rel
valproic acid
zonisamide
Epitol

CARDIOVASCULAR CONDITIONS -

OTHER

ANTIARRHYTHMIC AGENTS

amiodarone
disopyramide
dofetilide
flecainide
propafenone
propafenone ext-rel
sotalol
sotalol AF
Pacerone

ORAL ANTIANGINAL AGENTS

isosorbide dinitrate
isosorbide dinitrate ext-rel

isosorbide mononitrate
isosorbide mononitrate ext-rel

SL and chewable formulations are not included on this list.

TRANSDERMAL/TOPICAL ANTIANGINAL AGENTS

nitroglycerin transdermal
Minitran

CORONARY ARTERY DISEASE

ANTHYPERLIPIDEMICS

atorvastatin
cholestyramine
colestipol
ezetimibe
fenofibrate
fenofibric acid
fenofibric acid delayed-rel
fluvastatin
fluvastatin ext-rel
gemfibrozil
lovastatin
niacin ext-rel
pravastatin
rosuvastatin
simvastatin
Niacor
Prevallite

COMBINATION ANTHYPERLIPIDEMICS

amlodipine/atorvastatin
ezetimibe/simvastatin

DIABETES

Over-the-Counter (OTC) products require a prescription.
Coverage may vary by plan.

ORAL DIABETES AGENTS

acarbose
alogliptin
alogliptin/metformin
alogliptin/pioglitazone
chlorpropamide
glimepiride
glipizide
glipizide ext-rel
glipizide/metformin
glyburide
glyburide, micronized
glyburide/metformin
metformin
metformin ext-rel

miglitol
nateglinide
pioglitazone
pioglitazone/glimepiride
pioglitazone/metformin
repaglinide
repaglinide/metformin
tolbutamide

HYPERTENSION

ACE INHIBITORS/ANGIOTENSIN II RECEPTOR

ANTAGONISTS AND COMBINATION AGENTS

amlodipine/benazepril
benazepril
benazepril/hydrochlorothiazide
candesartan
candesartan/hydrochlorothiazide
captopril
captopril/hydrochlorothiazide
enalapril
enalapril/hydrochlorothiazide
eprosartan
fosinopril
fosinopril/hydrochlorothiazide
irbesartan
irbesartan/hydrochlorothiazide
lisinopril
lisinopril/hydrochlorothiazide
losartan
losartan/hydrochlorothiazide
moexipril
moexipril/hydrochlorothiazide
olmesartan
olmesartan/hydrochlorothiazide
perindopril
quinapril
quinapril/hydrochlorothiazide
ramipril
telmisartan
telmisartan/hydrochlorothiazide
trandolapril
trandolapril/verapamil ext-rel
valsartan
valsartan/hydrochlorothiazide

DIURETICS

amiloride/hydrochlorothiazide
chlorothiazide
chlorthalidone
hydrochlorothiazide
indapamide
methyclothiazide
spironolactone/hydrochlorothiazide
triamterene/hydrochlorothiazide

OTHER ANTHYPERTENSIVE AGENTS

amlodipine/olmesartan
amlodipine/telmisartan
amlodipine/valsartan/
hydrochlorothiazide
clonidine
clonidine transdermal
guanabenz
guanfacine
hydralazine
methyldopa
methyldopa/hydrochlorothiazide
minoxidil
olmesartan/amlodipine/
hydrochlorothiazide
Clorpres

BETA-BLOCKERS AND COMBINATION AGENTS

acebutolol
atenolol
atenolol/chlorthalidone
betaxolol
bisoprolol
bisoprolol/hydrochlorothiazide
carvedilol
labetalol

metoprolol
metoprolol succinate ext-rel
metoprolol/hydrochlorothiazide
nadolol
nadolol/bendroflumethiazide
pindolol
propranolol
propranolol ext-rel
propranolol/hydrochlorothiazide
timolol maleate

CALCIUM CHANNEL BLOCKERS AND COMBINATION AGENTS

amlodipine
diltiazem
diltiazem ext-rel
diltiazem XR
felodipine ext-rel
isradipine
nicardipine
nifedipine
nifedipine ext-rel
nisoldipine ext-rel
verapamil
verapamil ext-rel
Afeditab CR
Cartia XT
Dilt-XR
Matzim LA
Nifediac CC
Taztia XT

DIURETICS

amiloride/hydrochlorothiazide
chlorothiazide
chlorthalidone
hydrochlorothiazide
indapamide
methyclothiazide
spironolactone/hydrochlorothiazide
triamterene/hydrochlorothiazide

OTHER ANTHYPERTENSIVE AGENTS

amlodipine/olmesartan
amlodipine/telmisartan
amlodipine/valsartan/
hydrochlorothiazide
clonidine
clonidine transdermal
guanabenz
guanfacine
hydralazine
methyldopa
methyldopa/hydrochlorothiazide
minoxidil
olmesartan/amlodipine/
hydrochlorothiazide
Clorpres

MENTAL HEALTH

ANTIDEPRESSANTS

amitriptyline
amoxapine
bupropion
bupropion ext-rel
citalopram
clomipramine
desipramine
desvenlafaxine ext-rel
doxepin
duloxetine delayed-rel
escitalopram
fluoxetine
fluoxetine delayed-rel
fluvoxamine
imipramine HCl
imipramine pamoate
maprotiline
mirtazapine
nortriptyline
paroxetine HCl
paroxetine HCl ext-rel
phenelzine
protriptyline
sertraline
tranylcypromine
trazodone
trimipramine
venlafaxine
venlafaxine ext-rel
Irenka

ANTIPSYCHOTICS

aripiprazole
chlorpromazine
chlorpromazine
clozapine
fluphenazine
fluphenazine decanoate
haloperidol
loxapine
olanzapine
olanzapine orally disintegrating tabs
paliperidone
perphenazine
quetiapine
quetiapine ext-rel
risperidone
thioridazine
thiothixene
trifluoperazine
ziprasidone

OBSESSIVE COMPULSIVE DISORDER

fluvoxamine ext-rel

OSTEOPOROSIS

alendronate
calcitonin
calcitonin/salmon
ibandronate

raloxifene
risedronate
zoledronic acid 5 mg/100 mL

PREVENTIVE CARE SERVICES

AGENTS FOR CHEMICAL DEPENDENCY

acamprosate calcium
buprenorphine sublingual
buprenorphine/haloxone sublingual
disulfiram
naltrexone
Depade

ANTI-OBESITY AGENTS

benzphetamine
diethylpropion
diethylpropion ext-rel
phendimetrazine
phendimetrazine ext-rel
phentermine

BOWEL PREPARATIONS

peg 3350/electrolytes
Gavilyte

SMOKING DETERRENTS

bupropion ext-rel
nicotine polacrilex
nicotine transdermal

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RESPIRATORY DISORDERS

RESPIRATORY AGENTS

budesonide suspension
cromolyn sodium nebulizer solution
fluticasone/salmeterol
montelukast
zafirlukast
zileuton ext-rel

VARIOUS CONDITIONS

ANTI-MALARIAL AGENTS

atovaquone/proguanil
chloroquine
mefloquine

DENTAL CARIES PREVENTION

sodium fluoride

IMMUNOSUPPRESSIVE AGENTS

cyclosporine caps
mycophenolate mofetil
mycophenolate sodium delayed-rel
sirolimus
tacrolimus
Gengraf

MULTIPLE SCLEROSIS AGENTS

glatiramer

WOMEN'S HEALTH

ANTIESTROGENS

tamoxifen

AROMATASE INHIBITORS

anastrozole
exemestane
letrozole

CONTRACEPTIVES

CONTRACEPTIVES - ALL
GENERIC PRESCRIPTION
FORMULATIONS

PRENATAL VITAMINS

PRENATAL VITAMINS - ALL GENERIC
PRESCRIPTION PRODUCTS

Over-the-Counter (OTC) emergency contraceptive products

require a prescription. Coverage may vary by plan.

Find the list online at:
<http://info.caremark.com/trscarestandard>