



Prior Authorized Drugs With Preferred Alternatives

Below is a listing of drugs that require Prior Authorization and alternatives that could be prescribed if appropriate. This is not a complete list of all drugs which require Prior Authorization, but a list of readily interchangeable alternatives. Appropriate alternatives could also provide a cost savings for your patient, depending on a drug's formulary tier.

This list is for Commercial members **only**, not Medicare Part D Gold members

Drug Class	Non Formulary Drugs	Preferred Alternatives
ACNE	DUAC CS	BENZOYL PEROXIDE and CLINDAMYCIN HCL or TRETINOIN or ERYTHROMYCIN
ADHD STIMULANTS	VYVANSE	METADATE CD or METHTYLPHENIDATE or DEXMETHTYLPHENIDATE or AMPHETAMINE /DEXTROAMPHETAMINE
	DAYTRANA	
	FOCALIN XR	
	RITALIN LA	
ALPHA/BETA BLOCKER	COREG CR	CARVEDILOL
ALPHA BLOCKERS	RAPAFLO	TAMSULOSIN HCL or ALFUZOSIN HCL or TERAZOSIN HCL or DOXAZOSIN MESYLATE
ARB + HCT/RENIN INH	AVALIDE	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE or LISINOPRIL/HYDROCHLOROTHIAZIDE
	BENICAR HCT	
	DIOVAN HCT	
	ATACAND HCT	
	TEVETEN HCT	
	TEKTURNA HCT	
ARB/RENIN INH	AVAPRO	LOSARTAN POTASSIUM or LISINOPRIL or QUINAPRIL or ENALAPRIL
	BENICAR	
	MICARDIS	
	TEVETEN	
	ATACAND	
	DIOVAN	
	TEKTURNA	
	VALTURNIA	
	AMTURNIDE	
	EDARBI	
ATYPICAL ANTIPSYCHOTICS	INVEGA	RISPERIDONE or OLANZAPINE or GEODON or SEROQUEL or ABILIFY
	SAPHRIS	
BETA AGONIST INH	XOPENEX HFA	VENTOLIN HFA
	PROVENTIL HFA	
	PROAIR HFA	
BETA AGONIST NEB	XOPENEX	ALBUTEROL
	XOPENEX CONCENTRATE	
BETA BLOCKER	BYSTOLIC	METOPROLOL SUCCINATE or ATENOLOL or PROPRANOLOL HCL ER or BISOPROLOL FUMARATE
BISPHOSPHONATES	BONIVA	ALENDRONATE SODIUM or ACTONEL
BOWEL PREP	MOVIEPREP	PEG 3350 or HALFLYTELY
DP4 INH	ONGLYZA	JANUVIA
DP4 INH + METFORMIN	KOMBIGLYZE XR	JANUMET
GLP-1 AGONIST	VICTOZA	BYETTA
GOUT	ULORIC	ALLOPURINOL

Drug Class	Non Formulary Drugs	Preferred Alternatives
HMG CO A	LESCOL	SIMVASTATIN or PRAVASTATIN or LOVASTATIN
	LESCOL XL	
	LIVALO	
HMG CO A+	VYTORIN	SIMVASTATIN and ZETIA
INSULIN 70/30	HUMULIN 70/30	NOVOLIN 70/30
INSULIN LONG	LANTUS SOLOSTAR	LEVEMIR VIAL/PEN OR LANTUS PEN
INSULIN MIX	HUMALOG 75/25 MIX	NOVOLOG 70/30 MIX
INSULIN N	HUMULIN N	NOVOLIN N
INSULIN R	HUMULIN R	NOVOLIN R
INSULIN SHORT	HUMALOG	NOVOLOG
MS	AVONEX	BETASERON or COPAXONE
	REBIF	
	EXTAVIA	
	GILENYA	
NARCOTIC ANALGESICS LONG	OXYCONTIN	MORPHINE SULFATE ER or FENTANYL PATCH
NARCOTIC ANALGESICS SHORT	NUCYNTA	TRAMADOL or OXYCODONE HCL or MORPHINE SULFATE
NASAL ANTIHISTAMINES	PATANASE	AZELASTINE HCL
	ASTEPRO	
NASAL STEROIDS	BECONASE AQ	FLUTICASONE PROPIONATE or TRIAMCINOLONE ACETONIDE or NASONEX
	OMNARIS	
	VERAMYST	
OPHT. ANTIHISTAMINE	PATANOL	AZELASTINE HCL or EPINASTINE HCL or PATADAY
	EMADINE	
	ALOMIDE	
OPHT. NSAID	NEVANAC	KETOROLAC TOMETHAMINE or DICLOFENAC SODIUM or BROMFENAC SODIUM
ORAL CONTRACEPTIVES	LO LOESTRIN FE	GENERIC ORAL CONTRACEPTIVES
	LO LOESTRIN	
	BEYAZ	
	LOSEASONIQUE	
PLATELET INH	EFFIENT	PLAVIX
	BRILINTA	
PPI	ACIPHEX	OMEPRAZOLE or PANTOPRAZOLE SODIUM or LANSOPRAZOLE
	DEXILANT	
	NEXIUM	
PPI+NAPROXEN	VIMOVO	NAPROXEN and OMEPRAZOLE or PANTOPRAZOLE SODIUM or LANSOPRAZOLE
PROSTAGLANDIN ANALOGS	LUMIGAN	LATANOPROST or TRAVATAN Z
SLEEP	LUNESTA	ZOLPIDEM TARTRATE or ZALEPLON or ZOLPIDEM ER
	ROZEREM	
SNRI	PRISTIQ	VENLAFAXINE HCL ER
SSRI+ATYPICAL	SYMBYAX	OLANZAPINE+FLUOXETINE
TOPICAL NSAIDS	FLECTOR	IBUPROFEN or NAPROXEN or MELOXICAM or OXAPROZIN
	VOLTAREN GEL	
TRIPTANS	FROVA	SUMATRIPTAN SUCCINATE or MAXALT or NARATRIPTAN HCL
TRIPTANS+NAPROXEN	TREXIMET	NAPROXEN and SUMATRIPTAN SUCCINATE or MAXALT or NARATRIPTAN HCL
TZD	AVANDIA	ACTOS
URINARY ANTICHOLINERGIC	DETROL LA	OXYBUTYNIN CHLORIDE or OXYBUTYNIN CHLORIDE ER or VESICARE
	SANCTURA XR	
	ENABLEX	
	OXYTROL	
	TOVIAZ	

* Last updated 12/1/2011