



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 PREFERRED DRUGS	PREFERRED ALTERNATIVES
ACNE	DUAC CS	BENZOYL PEROXIDE and CLINDAMYCIN HCL or TRETINOIN or ERYTHROMYCIN
ADHD STIMULANTS	DAYTRANA	METADATE CD or METHTYLPHENIDATE or DEXMETHTYLPHENIDATE or AMPHETAMINE /DEXTROAMPHETAMINE
	FOCALIN XR	
	RITALIN LA	
	VYVANSE	
ALPHA/BETA BLOCKER	COREG CR	CARVEDILOL
ALPHA BLOCKERS	RAPAFLO	TAMSULOSIN HCL or ALFUZOSIN HCL or TERAZOSIN HCL or DOXAZOSIN MESYLATE
ARB + HCT/RENIN INH	ATACAND HCT	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE or LISINOPRIL/HYDROCHLOROTHIAZIDE
	BENICAR HCT	
	MICARDIS HCT	
	TEKTURNA HCT	
	TEVETEN HCT	
	VALSARTAN HCT	
ARB/RENIN INH	AMTURNIDE	LOSARTAN POTASSIUM or LISINOPRIL or QUINAPRIL or ENALAPRIL
	ATACAND	
	BENICAR	
	DIOVAN	
	EDARBI	
	MICARDIS	
	TEKTURNA	
	TEVETEN	
	VALTURNA	
ATYPICAL ANTIPSYCHOTICS	INVEGA	RISPERIDONE or OLANZAPINE or GEODON or QUETIAPINE FUMARATE or ABILIFY
	SAPHRIS	
BETA AGONIST INH	PROAIR HFA	VENTOLIN HFA
	PROVENTIL HFA	
	XOPENEX HFA	
BETA AGONIST NEB	XOPENEX	ALBUTEROL
	XOPENEX CONCENTRATE	
BETA BLOCKER	BYSTOLIC	METOPROLOL SUCCINATE or ATENOLOL or PROPRANOLOL HCL ER or BISOPROLOL FUMARATE
BOWEL PREP	MOVIPREP	PEG 3350 or HALFLYTELY
DP4 INH	ONGLYZA	JANUVIA
DP4 INH + METFORMIN	KOMBIGLYZE XR	JANUMET

DRUG CLASS	NON PREFERRED DRUGS	PREFERRED ALTERNATIVES
GLP-1 AGONIST	VICTOZA	BYETTA or BYDUREON
GOUT	ULORIC	ALLOPURINOL
HMG CO A	LESCOL LESCOL XL LIVALO	ATORVASTATIN or SIMVASTATIN or PRAVASTATIN or LOVASTATIN
HMG CO A+	VYTORIN	SIMVASTATIN and ZETIA
INSULIN 70/30	HUMULIN 70/30	NOVOLIN 70/30
INSULIN LONG	LANTUS SOLOSTAR	LEVEMIR or LANTUS VIAL
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	AUBAGIO AVONEX EXTAVIA GILENYA REBIF	BETASERON or COPAXONE
NARCOTIC ANALGESICS LONG	OXYCONTIN	MORPHINE SULFATE ER or FENTANYL PATCH
NARCOTIC ANALGESICS SHORT	NUCYNTA	TRAMADOL or OXYCODONE HCL or MORPHINE SULFATE
NASAL ANTIHISTAMINES	ASTEPRO PATANASE	AZELASTINE HCL
NASAL STEROIDS	BECONASE AQ OMNARIS QNASL VERAMYST ZETONNA	FLUTICASONE PROPIONATE or TRIAMCINOLONE ACETONIDE or NASONEX
OPHT. ANTIHISTAMINE	ALOMIDE EMADINE PATANOL	AZELASTINE HCL or EPINASTINE HCL or PATADAY
OPHT. NSAID	NEVANAC	KETOROLAC TOMETHAMINE or DICLOFENAC SODIUM or BROMFENAC SODIUM
PLATELET INH	BRILINTA EFFIENT	CLOPIDOGREL
PPI	ACIPHEX DEXILANT NEXIUM	OMEPRAZOLE or PANTOPRAZOLE SODIUM or LANSOPRAZOLE
PPI+NAPROXEN	VIMOVO	NAPROXEN and OMEPRAZOLE or PANTOPRAZOLE SODIUM or LANSOPRAZOLE
PROSTAGLANDIN ANALOGS	LUMIGAN	LATANOPROST or TRAVATAN Z
SLEEP	LUNESTA ROZEREM	ZOLPIDEM TARTRATE or ZALEPLON or ZOLPIDEM ER
SNRI	PRISTIQ	VENLAFAXINE HCL ER
SSRI+ATYPICAL	SYMBYAX	OLANZAPINE+FLUOXETINE
TOPICAL NSAIDS	FLECTOR VOLTAREN GEL	IBUPROFEN or NAPROXEN or MELOXICAM or OXAPROZIN
TRIPTANS	FROVA	SUMATRIPTAN SUCCINATE or RIXATRIPTAN or NARATRIPTAN HCL
TRIPTANS+NAPROXEN	TREXIMET	NAPROXEN and SUMATRIPTAN SUCCINATE or RIZATRIPTAN or NARATRIPTAN HCL
TZD	AVANDIA	PIOGLITAZONE
URINARY ANTICHOLINERGIC	DETROL LA ENABLEX OXYTROL SANCTURA XR TOVIAZ	OXYBUTYNIN CHLORIDE or OXYBUTYNIN CHLORIDE ER or TOLTERODINE or VESICARE

* Last updated 01/29/2013