



## Geisinger Health Plan Family 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.

DRUG CLASS	NON FORMULARY DRUGS	PREFERRED ALTERNATIVES
<b>ACNE</b>	DUAC CS	BENZOYL PEROXIDE <b>and</b> CLINDAMYCIN HCL or ERYTHROMYCIN or CLINDAMYCIN
<b>ADHD STIMULANTS</b>	VYVANSE	METHTYLPHENIDATE or DEXMETHTYLPHENIDATE or AMPHETAMINE /DEXTROAMPHETAMINE
	DAYTRANA	
	FOCALIN XR	
<b>ALPHA/BETA BLOCKER</b>	COREG CR	CARVEDILOL
<b>ALPHA BLOCKERS</b>	RAPAFLO	TAMSULOSIN HCL or TERAZOSIN HCL or DOXAZOSIN MESYLATE
<b>ATYPICAL ANTIPSYCHOTICS</b>	SAPHRIS INVEGA	RISPERIDONE or QUEITAPINE or OLANZAPINE or ZIPRASIDONE
<b>BETA AGONIST INH</b>	XOPENEX HFA	VENTOLIN HFA
	PROVENTIL HFA	
	PROAIR HFA	
<b>BETA AGONIST NEB</b>	XOPENEX	ALBUTEROL
	XOPENEX CONCENTRATE	
<b>BETA BLOCKER</b>	BYSTOLIC	METOPROLOL SUCCINATE or ATENOLOL or PROPRANOLOL HCL ER or BISOPROLOL FUMARATE
<b>DP4 INH</b>	TRADJENTA	JANUVIA* ONGLYZA*
<b>DP4 INH + METFORMIN</b>	JENTADUETO	JANUVIA* + METFORMIN, JANUMET*, KOMBIGLYZE XR*
<b>GLP-1 AGONIST</b>	VICTOZA	BYETTA* BYDUREON*
<b>GOUT</b>	ULORIC	ALLOPURINOL
<b>HMG CO A</b>	LESCOL	ATORVASTATIN or SIMVASTATIN or PRAVASTATIN or LOVASTATIN
	LESCOL XL	
	LIVALO CRESTOR	
<b>HMG CO A+</b>	VYTORIN	SIMVASTATIN <b>and</b> ZETIA
<b>INSULIN 70/30</b>	HUMULIN 70/30	NOVOLIN 70/30
<b>INSULIN MIX</b>	HUMALOG 75/25 MIX	NOVOLOG 70/30 MIX
<b>INSULIN N</b>	HUMULIN N	NOVOLIN N
<b>INSULIN R</b>	HUMULIN R	NOVOLIN R
<b>INSULIN SHORT</b>	HUMALOG	NOVOLOG

<b>DRUG CLASS</b>	<b>NON FORMULARY DRUGS</b>	<b>PREFERRED ALTERNATIVES</b>
<b>MS</b>	AVONEX	BETASERON or COPAXONE
	REBIF	
	GELENYA	
	EXTAVIA	
<b>NARCOTIC ANALGESICS LONG</b>	OXYCONTIN	MORPHINE SULFATE ER or FENTANYL PATCH
<b>NARCOTIC ANALGESICS SHORT</b>	NUCYNTA	TRAMADOL or OXYCODONE HCL or MORPHINE SULFATE
<b>NASAL ANTIHISTAMINES</b>	PATANASE	AZELASTINE HCL
	ASTEPRO	
<b>NASAL STEROIDS</b>	BECONASE AQ, NASONEX	FLUTICASONE PROPIONATE or TRIAMCINOLONE ACETONIDE or FLUNISOLIDE
	OMNARIS, QNASL, ZETONNA	
	VERAMYST	
<b>OPHT. ANTIHISTAMINE</b>	PATANOL, PATADAY, ALOMIDE	AZELASTINE HCL or EPINASTINE HCL
	EMADINE	
<b>OPHT. NSAID</b>	NEVANAC, BROMFENAC	KETOROLAC TOMETHAMINE or DICLOFENAC SODIUM
<b>ORAL CONTRACEPTIVES</b>	LO LOESTRIN FE	GENERIC ORAL CONTRACEPTIVES
	LO LOESTRIN	
	BEYAZ	
	LOSEASONIQUE	
<b>PLATELET INH</b>	BRILINTA, EFFIENT	CLOPIDOGREL
<b>PPI</b>	ACIPHEX NEXIUM	OMEPRAZOLE or PANTOPRAZOLE SODIUM or LANSOPRAZOLE
	DEXILANT	
<b>PPI+NAPROXEN</b>	VIMOVO	NAPROXEN <b>and</b> OMEPRAZOLE or PANTOPRAZOLE SODIUM or LANSOPRAZOLE
<b>SLEEP</b>	LUNESTA, ZOLPIDEM ER	ZOLPIDEM TARTRATE or ZALEPLON
	ROZEREM	
<b>SNRI</b>	PRISTIQ	VENLAFAXINE HCL ER
<b>TOPICAL NSAIDS</b>	FLECTOR	IBUPROFEN or NAPROXEN or MELOXICAM or OXAPROZIN
	VOLTAREN GEL	
<b>TRIPTANS</b>	FROVA, MAXALT, AXERT	SUMATRIPTAN SUCCINATE or NARATRIPTAN HCL
<b>TRIPTANS+NAPROXEN</b>	TREXIMET	NAPROXEN <b>and</b> SUMATRIPTAN SUCCINATE or NARATRIPTAN HCL
<b>TZD</b>	AVANDIA	PIOGLITAZONE*
		OXYBUTYNIN CHLORIDE or OXYBUTYNIN CHLORIDE ER or TOLTERODINE
	ENABLEX, DETROL LA, VESICARE	
	OXYTROL	
	TOVIAZ	

\*Step Therapy Required \*\*Updated 03/01/2013