



## Non-Formulary, Step Therapy and Prior Authorized Drugs with Preferred Alternatives

Below is a listing of drugs that are non-formulary or may require prior authorization and alternatives that could be prescribed instead. This is not a complete list of all non-formulary, step therapy or prior authorized drugs, but a listing of straight-forward, 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 Medicare Part D Gold members.

DRUG CLASS	NON FORMULARY DRUGS	PREFERRED ALTERNATIVES
<b>ACNE</b>	DUAC CS	BENZOYL PEROXIDE <b>and</b> CLINDAMYCIN HCL or TRETINOIN or ERYTHROMYCIN
<b>ADHD STIMULANTS</b>	VYVANSE	METADATE CD or METHTYLPHENIDATE or
	DAYTRANA	DEXMETHTYLPHENIDATE or AMPHETAMINE
	FOCALIN XR	/DEXTROAMPHETAMINE
<b>ALPHA/BETA BLOCKER</b>	COREG CR	CARVEDILOL
<b>ALPHA BLOCKERS</b>	RAPAFLO	TAMSULOSIN HCL or ALFUZOSIN HCL or TERAZOSIN HCL or DOXAZOSIN MESYLATE
<b>ANTIHYPERTENSIVE COMBINATIONS</b>	AZOR	AMLODIPINE <b>and</b> BENICAR or DIOVAN
	EXFORGE	
<b>ATYPICAL ANTIPSYCHOTICS</b>	SAPHRIS	RISPERIDONE or OLANZAPINE or ZIPRASIDONE or QUETIAPINE or ABILIFY
<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>	ONGLYZA	JANUVIA
	TRADJENTA	
<b>DP4 INH + METFORMIN</b>	KOMBIGLYZE XR	JANUMET
<b>GLP-1 AGONIST</b>	VICTOZA	BYETTA or BYDUREON
<b>GOUT</b>	ULORIC	ALLOPURINOL
<b>HMG CO A</b>	LESCOL XL	ATORVASTATIN or SIMVASTATIN or PRAVASTATIN or LOVASTATIN
	LIVALO	
<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	
	EXTAVIA	
	GILENYA	
<b>NARCOTIC ANALGESICS LONG</b>	OXYCONTIN, NUCYN TA ER	MORPHINE SULFATE ER or FENTANYL PATCH
<b>NARCOTIC ANALGESICS SHORT</b>	NUCYNTA	TRAMADOL or OXYCODONE HCL or MORPHINE SULFATE
<b>NASAL ANTIHISTAMINES</b>	PATANASE ASTEPRO	AZELASTINE HCL
<b>NASAL STEROIDS</b>	BECONASE AQ OMNARIS VERAMYST	FLUTICASONE PROPIONATE or TRIAMCINOLONE ACETONIDE or NASONEX or RHINOCORT AQ
<b>OPHT. ANTIHISTAMINE</b>	PATANOL EMADINE	AZELASTINE HCL or EPINASTINE HCL or PATADAY or ALOMIDE
<b>OPHT. NSAID</b>	NEVANAC BROMDAY	KETOROLAC TOMETHAMINE or DICLOFENAC SODIUM or BROMFENAC SODIUM
<b>ORAL CONTRACEPTIVES</b>	LO LOESTRIN FE	GENERIC ORAL CONTRACEPTIVES
	LO LOESTRIN	
	BEYAZ	
	LOSEASONIQUE	
<b>PPI</b>	ACIPHEX	OMEPRazole or PANTOPRAZOLE SODIUM or LANSOPRAZOLE
	DEXILANT	
	NEXIUM	
<b>PPI+NAPROXEN</b>	VIMOVO	NAPROXEN <b>and</b> OMEPRazole or PANTOPRAZOLE SODIUM or LANSOPRAZOLE
<b>SLEEP</b>	LUNESTA	ZOLPIDEM TARTRATE or ZALEPLON or ZOLPIDEM ER
	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	SUMATRIPTAN SUCCINATE or MAXALT or NARATRIPTAN HCL or AXERT
	RELPAx	
	ZOMIG	
<b>TRIPTANS+NAPROXEN</b>	TREXIMET	NAPROXEN <b>and</b> SUMATRIPTAN SUCCINATE or MAXALT or NARATRIPTAN HCL or AXERT
<b>TZD</b>	AVANDIA	ACTOS
<b>URINARY ANTICHOLINERGIC</b>	ENABLEX	OXYBUTYNIN CHLORIDE or OXYBUTYNIN CHLORIDE ER or VESICARE or DETROL LA
	GELNIQUE	
	MYRBETRIQ	
	OXYTROL	
	TOVIAZ	

\* Last updated 01/25/13