



FORMULARY PRODUCT ALTERNATIVE LIST October 2018

QL = Quantity Limitations

ST= Step Therapy

**Indicates medication is covered generically*

<i>NON- FORMULARY DRUG</i>	<i>COVERED ALTERNATIVE(S)</i>
ACIPHEX	Nexium 20mg OTC 24HR ^(QL) , Prilosec 20mg* ^(QL) , Protonix 20mg* ^(QL) & 40mg ^(QL) , Prevacid* ^(QL) , Zegerid OTC ^(QL)
ADDERAL XR ST	Adderall* Tablets (covered ages 6-17)
ADVAIR 250MG & 500MG	AirDuo, Dulera ^(QL) , and Symbicort ^(QL)
ALLEGRA-D	Allegra-D OTC*, Claritin-D OTC*, Zyrtec-D OTC*, Xyzal
AMBIEN CR	Ambien IR*, Sonata*, Restoril*
APIDRA	Novolog
AROMASIN	Arimidex*, Letrozole* ^(QL) , Tamoxifen*
ASACOL/HD	Sulfasalazine*, Delzicol ^(QL) , Colazal*, Apriso
ASMANEX	Qvar ^(QL)
ASTELIN	Flonase*, Flunisolide*, Nasacort OTC, Rhinocort OTC
ATACAND	Accupril*, Captopril*, Lisinopril*, Fosinopril*, Enalapril*, Cozaar*, Hyzaar* ^(QL)
AVODART	Hytrin*, Cardura*, Flomax ^(QL) *, Proscar*
AXERT	Imitrex Tablets* ^(QL) , Maxalt Tablets* ^(QL) , Amerge Tablets* ^(ST)
COMBIVENT RESPIMAT	Incruse Ellipta ^(QL) , Tudorza ^(QL) , Atrovent HFA ^(QL) , Breo Ellipta ^(QL) , Striverdi ^(QL)
DAYTRANA	Dexedrine*/CR*, Focalin*, Ritalin*/SR*, Vyvanse ST , Metadate CD, Adderall XR ST , Intuniv* (covered ages 6-17),
DURAGESIC	Hydrocodone/apap ^(QL) *, Dilaudid*, Methadone*, MS Contin ^(QL) *, Oxycodone IR*, OxyFast*
EFFIENT	Plavix* ^(QL) , Brilinta ^(QL)
ESTRADERM	Alora*, Estradiol ^(QL)
HUMOLOG	Novolog
LIDOCAINE 5% OINTMENT	Lidocaine cream 2.5%, 3% ^(QL) /gel 2%* ^(QL) /solution, patch 4%, Capsaicin cream
LIDODERM PATCH	Lidocaine cream 2.5%, 3% ^(QL) /gel 2%* ^(QL) /solution, patch 4%, Capsaicin cream
LOVAZA	Lofibra*, Questran*, Lipid*, Colestid*, Tricor*
LUMIGAN ST	Xalatan*, Travatan* ^(ST)
LYRICA	Gabapentin, Duloxetine



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MIRALAX Rx	Lactulose*, Docusate*, Psyllium*, Miralax OTC*
NAPRELAN	Motrin*, Ketoprofen ^(QL) , Naprosyn*
NASONEX / NASACORT AQ	Claritin*, Xyzal*, Flonase*, Flunisolide*, Nasacort OTC
NEXIUM Rx	Nexium 20mg OTC 24HR ^(QL) , Prilosec 20mg* ^(QL) , Protonix 20mg* ^(QL) & 40mg ^(QL) , Prevacid* ^(QL) , Zegerid OTC ^(QL)
NIASPAN	Niacor* (Non-sustained release Niacin)
OXYCONTIN	Hydrocodone/apap ^(QL) *, Dilaudid*, Methadone*, MS Contin ^(QL) *, Oxycodone IR*, OxyFast*
PULMICORT FLEXHALER	Qvar ^(QL)
PROAIR	Ventolin HFA ^(QL)
PAXIL CR	Paxil*
PROVIGIL	Dextrostat*/CR*, Ritalin*/SR*, Adderall Tablets* (covered ages 6-17)
ROZEREM	Restoril*, Ambien IR*, Sonata*
SOMA	Robaxin*, Flexeril *10mg and 5mg, *Parafon, *Baclofen
SPIRIVA	Incruse Ellipta ^(QL) , Tudorza ^(QL) , Atrovent HFA ^(QL) , Breo Ellipta ^(QL) , Striverdi ^(QL)
STRATTERA	Dexedrine*/CR*, Focalin*, Ritalin*/SR*, Vyvanse ST , Metadate CD, Intuniv*, Adderall XR ST (covered ages 6-17)
VYTORIN	Lovastatin, Pravastatin, Zocor*, Crestor*, Lipitor*, Zetia*
XOPENEX	Albuterol*
ZOMIG/ZMT ST	Imitrex Tablets* ^(QL) , Maxalt Tablets* ^(QL) , Amerge Tablets* ^(ST)
ZOVIRAX CREAM/OINTMENT	Zovirax Tablets*, Abreva OTC, Valtrex* ^(QL)
ZYRTEC Rx	Claritin OTC*, Allegra OTC*, Zyrtec OTC*, Xyzal*