

## Alternatives for Commonly Requested Non-Preferred Drugs

### HOW TO USE THIS DOCUMENT:

- This list is provided to assist with prescribing decisions for select common conditions that have multiple clinically appropriate options.
- Our current complete list of covered medications, also called a preferred drug list or “formulary,” and our coverage guidelines for drugs on our formulary that require a prior authorization are included online at <https://www.umpquahealth.com/pharmacy-services/>
- For the list of CPT codes for medications covered under the medical benefit, refer to the Prior Authorization Grid on the [Prior Authorization page](#).

### MEDICATION LIST:

THERAPEUTIC CLASS	NON-PREFERRED DRUG	↔	ALTERNATIVE PREFERRED DRUG
<b>ALLERGY</b>			
ANTIHISTAMINES	<ul style="list-style-type: none"> <li>• CETIRIZINE CHEW TAB</li> <li>• FEXOFENADINE TABLET</li> <li>• LEVOCETIRIZINE TABLET</li> </ul>	↔	<ul style="list-style-type: none"> <li>• CETIRIZINE 1 MG/ML ORAL SOLUTION</li> <li>• CETIRIZINE TABLET</li> <li>• LORATADINE TABLET</li> </ul>
NASAL ANTI-INFLAMMATORY STEROIDS	<ul style="list-style-type: none"> <li>• FLONASE ALLERGY RELIEF 50 MCG SPRAY</li> </ul>	↔	<ul style="list-style-type: none"> <li>• FLUTICASONE PROPIONATE 50 MCG NASAL SPRAY SUSPENSION</li> <li>• IPRATROPIUM BROMIDE 21 MCG NASAL SPRAY</li> </ul>
<b>ANTHELMINTICS</b>			
ANTHELMINTICS	<ul style="list-style-type: none"> <li>• ALBENDAZOLE 200 MG TABLET</li> </ul>	↔	<ul style="list-style-type: none"> <li>• REESE’S PINWORM 50 MG/ML ORAL SUSPENSION</li> </ul>
<b>ASTHMA AND COPD</b>			
ANTICHOLINERGICS, ORALLY INHALED LONG ACTING	<ul style="list-style-type: none"> <li>• TUDORZA PRESSAIR 400 MCG INHALER</li> </ul>	↔	<ul style="list-style-type: none"> <li>• INCRUSE ELLIPTA 62.5 MCG INHALER</li> </ul>
BETA-ADRENERGIC AGENTS, INHALED, SHORT ACTING	<ul style="list-style-type: none"> <li>• PROAIR RESPICLICK 90 MCG INHALER</li> </ul>	↔	<ul style="list-style-type: none"> <li>• ALBUTEROL SULFATE HFA 90 MCG INHALER</li> <li>• LEVALBUTEROL TARTRATE HFA 45 MCG INHALER</li> </ul>
BETA-ADRENERGIC AND GLUCOCORTICOID COMBINATIONS	<ul style="list-style-type: none"> <li>• ADVAIR HFA INHALER</li> <li>• BREO ELLIPTA INHALER</li> </ul>	↔	<ul style="list-style-type: none"> <li>• FLUTICASONE-SALMETEROL INHALERS (GENERIC AIRDUO, GENERIC ADVAIR DISKUS, AND WIXELA INHUB)</li> </ul>
GLUCOCORTICIDS	<ul style="list-style-type: none"> <li>• FLOVENT HFA 220 MCG INHALER</li> </ul>	↔	<ul style="list-style-type: none"> <li>• ARNUITY ELLIPTA INHALER</li> <li>• ASMANEX INHALER</li> <li>• ASMANEX HFA INHALER</li> <li>• FLOVENT DISKUS INHALER</li> <li>• FLOVENT HFA 44 MCG &amp; 110 MCG INHALER STRENGTHS</li> <li>• PULMICORT FLEXHALER</li> </ul>

THERAPEUTIC CLASS	NON-PREFERRED DRUG	↔	ALTERNATIVE PREFERRED DRUG
			<ul style="list-style-type: none"> <li>• QVAR REDHALER</li> </ul>
<b>BEHAVIORAL HEALTH - OTHER</b>			
ADRENERGICS, AROMATIC, NON-CATECHOLAMINE	<ul style="list-style-type: none"> <li>• VYVANSE 30 MG CAPSULE</li> </ul>	↔	<ul style="list-style-type: none"> <li>• DEXTROAMPHETAMINE IR TABLET</li> <li>• METHYLPHENIDATE IR TABLET</li> <li>• METHYLPHENIDATE ER 10 MG AND 20 MG TABLET</li> <li>• AGE LIMITS FOR ALL ALTERNATIVES, PA REQUIREMENTS MAY APPLY</li> </ul>
SEDATIVE-HYPNOTICS, NON-BARBITURATE	<ul style="list-style-type: none"> <li>• ESZOPICLONE 2 MG TABLETS</li> </ul>	↔	<ul style="list-style-type: none"> <li>• ZOLPIDEM TARTRATE IR TABLET (QUANTITY LIMITS APPLY)</li> </ul>
<b>CARDIOVASCULAR DISEASE - HYPERTENSION</b>			
BETA-ADRENERGIC BLOCKING AGENTS	<ul style="list-style-type: none"> <li>• BYSTOLIC 10 MG TABLET</li> </ul>	↔	<ul style="list-style-type: none"> <li>• ACEBUTOLOL CAPSULE</li> <li>• ATENOLOL TABLET</li> <li>• BISOPROLOL FUMARATE TABLET</li> <li>• METOPROLOL SUCCINATE ER TABLET</li> <li>• METOPROLOL TARTRATE TABLET</li> <li>• NADOLOL TABLET</li> <li>• PROPRANOLOL ER CAPSULE</li> <li>• PROPRANOLOL TABLET</li> <li>• SOTALOL TABLET</li> </ul>
<b>CONTRACEPTION/OXYTOCICS</b>			
CONTRACEPTIVES, ORAL	<ul style="list-style-type: none"> <li>• LO LOESTRIN FE 1-10 TABLET</li> </ul>	↔	<ul style="list-style-type: none"> <li>• SPRINTEC TABLET</li> <li>• JUNEL FE TABLET</li> <li>• PORTIA TABLET</li> <li>• NORA-BE TALBET</li> <li>• MANY ADDITIONAL OPTIONS FOR ORAL BIRTH CONTROL IS FOUND ON THE FORMULARY</li> </ul>
<b>COUGH AND COLD</b>			
DECONGESTANTS, ORAL	<ul style="list-style-type: none"> <li>• PSEUDOEPHEDRINE ER 120 MG TAB</li> <li>• SUDOGEST 12 HOUR 120 MG CAPLET</li> </ul>	↔	<ul style="list-style-type: none"> <li>• SUDOGEST 30MG OR 60MG TABLET (QUANTITY LIMITS APPLY)</li> </ul>
NON-NARCOTIC ANTITUSSIVE AND EXPECTORANT COMB.	<ul style="list-style-type: none"> <li>• MUCINEX ER 600 MG TABLET</li> </ul>	↔	<ul style="list-style-type: none"> <li>• MUCUS ER 600MG TABLET</li> <li>• MUCUS ER 1,200MG TABLET</li> <li>• GUAIFENESIN TABLET</li> <li>• QUANTITY LIMITS MAY APPLY TO THESE OPTIONS</li> </ul>
<b>DERMATOLOGY – ANTIINFECTIVE</b>			
TOPICAL ANTIBIOTICS	<ul style="list-style-type: none"> <li>• CLINDAMYCIN PH 1% SOLUTION</li> </ul>	↔	<ul style="list-style-type: none"> <li>• MUPIROCIN 2% TOPICAL OINTMENT</li> </ul>

THERAPEUTIC CLASS	NON-PREFERRED DRUG	↔	ALTERNATIVE PREFERRED DRUG
			<ul style="list-style-type: none"> <li>CLINDAMYACIN 1% TOPICAL SOLUTION (PA REQUIRED)</li> </ul>
TOPICAL ANTIFUNGALS	<ul style="list-style-type: none"> <li>CLOTRIMAZOLE 1% SOLUTION</li> <li>ECONAZOLE NITRATE 1% CREAM</li> <li>NYSTATIN-TRIAMCINOLONE CREAM/OINTMENT</li> </ul>	↔	<ul style="list-style-type: none"> <li>CLOTRIMAZOLE 1% CREAM</li> <li>TERBINAFINE 1% CREAM</li> <li>MICONAZOLE NITRATE 2% CREAM</li> <li>NYSTATIN CREAM/OINTMENT/POWDER</li> <li>TRIAMCINOLONE CREAM/OINTMENT (AVAILABLE SEPARATELY FROM NYSTATIN)</li> </ul>
TOPICAL ANTIFUNGAL/ANTIINFLAMMATORY, STERIOD AGENT	<ul style="list-style-type: none"> <li>CLOTRIMAZOLE-BETAMETHASONE CREAM</li> </ul>	↔	<ul style="list-style-type: none"> <li>CLOTRIMAZOLE 1% CREAM</li> <li>BETAMETHASONE DP AUGMENTED CREAM</li> <li>BETAMETHASONE VALERATE CREAM</li> <li>EACH AVAILABLE SEPARATELY</li> </ul>
<b>DERMATOLOGY – ANTIINFLAMMATORY</b>			
TOPICAL ANTI-INFLAMMATORY STEROIDAL	<ul style="list-style-type: none"> <li>BETAMETHASONE DP 0.05% CREAM/OINTMENT</li> <li>FLUOCINONIDE 0.05% SOLUTION</li> </ul>	↔	<ul style="list-style-type: none"> <li>BETHAMETHASONE DP AUGMENTED CREAM/OINTMENT</li> <li>BETAMETHASONE VALERATE CREAM/OINTMENT</li> <li>TRIAMCINOLONE CREAM/OINTMENT</li> <li>HYDROCORTISONE CREAM/OINTMENT (QUANTITY LIMITS APPLY)</li> </ul>
<b>DERMATOLOGY - MISCELLANEOUS</b>			
TOPICAL LOCAL ANESTHETICS	<ul style="list-style-type: none"> <li>LIDOCAINE 3% CREAM</li> <li>LIDOCAINE 5% OINTMENT</li> </ul>	↔	<ul style="list-style-type: none"> <li>LIDOCAINE-PRILOCAINE 2.5%-2.5% TOPICAL CREAM</li> </ul>
<b>DIABETES</b>			
ANTIHYPERGLY,INCRETIN MIMETIC(GLP-1 RECEPTOR AGONIST)	<ul style="list-style-type: none"> <li>OZEMPIC PEN</li> <li>TRULICITY PEN</li> <li>VICTOZA PEN</li> </ul>	↔	<ul style="list-style-type: none"> <li>BYETTA, ADLYXIN, AND RYBLESUS</li> <li>PA REQUIRED FOR ALL OPTIONS, OTHER ALTERNATIVES MAY APPLY</li> </ul>
ANTIHYPERGLYCEMIC-SODIUM/GLUCOCOTRANSPORT2(SGLT2)INHIBITORS	<ul style="list-style-type: none"> <li>FARXIGA TABLET</li> <li>JARDIANCE TABLET</li> </ul>	↔	<ul style="list-style-type: none"> <li>STEGLATRO (PA REQUIRED; OTHER ALTERNATIVES MAY APPLY)</li> </ul>
ANTIHYPERGLYCEMIC, DPP-4 INHIBITORS	<ul style="list-style-type: none"> <li>JANUVIA TABLET</li> </ul>	↔	<ul style="list-style-type: none"> <li>ALOGLIPTIN (PA REQUIRED; OTHER ALTERNATIVES MAY APPLY)</li> </ul>
INSULINS	<ul style="list-style-type: none"> <li>BASAGLAR KWIKPEN</li> <li>LANTUS VIAL</li> <li>LANTUS SOLOSTAR PEN</li> </ul>	↔	<ul style="list-style-type: none"> <li>SEMGLEE PEN/VIALS</li> </ul>

THERAPEUTIC CLASS	NON-PREFERRED DRUG	↔	ALTERNATIVE PREFERRED DRUG
<b>EAR - GENERAL DISORDERS</b>			
EAR PREPARATIONS, ANTIBIOTICS	<ul style="list-style-type: none"> <li>CORTISPORIN-TC EAR SUSPENSION</li> </ul>	↔	<ul style="list-style-type: none"> <li>NEOMYCIN-POLYMYXIN-HYDROCORTISONE 3.5-10K-1 OTIC SOLUTION</li> <li>OXFLOXACIN 0.3% OTIC DROPS</li> </ul>
<b>HORMONAL DEFICIENCY</b>			
ANDROGENIC AGENTS	<ul style="list-style-type: none"> <li>TESTOSTERONE 1.62% GEL PUMP</li> </ul>	↔	<ul style="list-style-type: none"> <li>TESTOSTERONE CYPIONATE 200MG/ML (PA REQUIRED)</li> </ul>
<b>INFECTIOUS DISEASE - VIRAL</b>			
ANTIVIRALS, GENERAL	<ul style="list-style-type: none"> <li>FAMCICLOVIR TABLET</li> </ul>	↔	<ul style="list-style-type: none"> <li>ACYCLOVIR CAPSULE/TABLET</li> <li>VALACYCLOVIR TABLET (QUANTITY LIMITS MAY APPLY)</li> </ul>
<b>INFLAMMATORY DISEASE</b>			
ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR	<ul style="list-style-type: none"> <li>HUMIRA PEN/SYRINGE</li> </ul>	↔	<ul style="list-style-type: none"> <li>INFLECTRA (PA REQUIRED; OTHER ALTERNATIVES MAY APPLY)</li> </ul>
GLUCOCORTICOIDS	<ul style="list-style-type: none"> <li>BUDESONIDE EC CAPSULE</li> </ul>	↔	<ul style="list-style-type: none"> <li>BALSALAZIDE 750MG CAPSULE</li> <li>SULFASALAZINE IR OR ER TABLET</li> <li>PREDNISONE TABLET</li> <li>METHYLPREDNISOLONE TABLET</li> <li>DEXAMETHASONE TABLET</li> <li>PREDNISOLONE SODIUM PHOSPHATE SOLUTION</li> </ul>
<b>LOWER GASTROINTESTINAL DISORDERS - BOWEL INFLAMMATORY</b>			
RECTAL PREPARATIONS	<ul style="list-style-type: none"> <li>ANUCORT-HC SUPPOSITORY</li> </ul>	↔	<ul style="list-style-type: none"> <li>LIDOCAINE-PRILOCAINE 2.5%-2.5% TOPICAL CREAM</li> </ul>
DRUG TX-CHRONIC INFLAM. COLON DX, 5-AMINOSALICYLATE	<ul style="list-style-type: none"> <li>PENTASA CAPSULE</li> </ul>	↔	<ul style="list-style-type: none"> <li>BALSALAZIDE 750MG CAPSULE</li> <li>SULFASALAZINE IR OR ER TABLET</li> <li>MESALAMINE (PA REQUIRED)</li> </ul>
<b>SKELETAL MUSCLE DISORDER</b>			
SKELETAL MUSCLE RELAXANTS	<ul style="list-style-type: none"> <li>CARISOPRODOL TABLET</li> <li>METAXALONE TABLET</li> </ul>	↔	<ul style="list-style-type: none"> <li>BACLOFEN TABLET</li> <li>CYCLOBENZAPRINE TABLET</li> <li>METHOCARBAMOL TABLET</li> <li>TIZANIDINE TABLET</li> <li>QUANTITY LIMITS APPLY TO ALL THESE OPTIONS</li> </ul>
<b>UPPER GASTROINTESTINAL DISORDERS - ULCER DISEASE</b>			
ANTI-ULCER PREPARATIONS	<ul style="list-style-type: none"> <li>SUCRALFATE 1 GM/10 ML SUSPENSION</li> </ul>	↔	<ul style="list-style-type: none"> <li>SUCRALFATE 1 GM TABLET</li> </ul>
PROTON-PUMP INHIBITORS	<ul style="list-style-type: none"> <li>ESOMEPRAZOLE MAGNESIUM DR CAPSULE</li> </ul>	↔	<ul style="list-style-type: none"> <li>OMEPRAZOLE DR CAPSULE/TABLET</li> <li>PANTOPRAZOLE DR TABLET</li> <li>LANSOPRAZOLE DR CAPSULE</li> </ul>

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			<ul style="list-style-type: none"> <li>• QUANTITY LIMITS APPLY TO ALL THESE OPTIONS</li> </ul>
<b>URINARY TRACT - FUNCTIONAL DISORDERS</b>			
OVERACTIVE BLADDER AGENTS, BETA-3 ADRENERGIC RECEPTOR	<ul style="list-style-type: none"> <li>• MYRBETRIQ ER TABLET</li> </ul>	↔	<ul style="list-style-type: none"> <li>• TROSPIUM</li> <li>• OXYBUTYNIN IR AND ER</li> <li>• TOLTERODINE IR AND ER (STEP THERAPY REQUIRED)</li> </ul>