



# Preferred Therapy Drug List

If a prescription has not been filled for the targeted brand-name drug in the last six months (180 days) or the clinical program criteria is not met, the prescribing physician must be contacted to see if the drug prescribed can be changed to a drug listed in the Preferred Drug column.

**Note:** Program criteria must be followed as listed, for the targeted brand-name drug to be covered.

Category	Brand-Name Drug	Preferred Drug	Program Criteria
Antidepressants	Effexor XR <sup>®</sup>	<ul style="list-style-type: none"> <li>Generic fluoxetine (Prozac<sup>®</sup>)</li> <li>Generic paroxetine (Paxil CR<sup>®</sup>, Paxil<sup>®</sup>)</li> <li>Generic citalopram (Celexa<sup>®</sup>)</li> <li>Generic bupropion (Wellbutrin SR<sup>®</sup>, Wellbutrin XL<sup>®</sup>)</li> <li>Generic venlafaxine (Effexor<sup>®</sup>)</li> <li>Generic sertraline (Zoloft<sup>®</sup>)</li> </ul>	Must have demonstrated use of one of the generic products listed in the preferred drug column within the last 12 months.
	Luvox CR <sup>®</sup>	<ul style="list-style-type: none"> <li>Generic fluoxetine (Prozac<sup>®</sup>)</li> <li>Generic paroxetine (Paxil CR<sup>®</sup>, Paxil<sup>®</sup>)</li> <li>Generic citalopram (Celexa<sup>®</sup>)</li> <li>Generic bupropion (Wellbutrin SR<sup>®</sup>, Wellbutrin XL<sup>®</sup>)</li> <li>Generic venlafaxine (Effexor<sup>®</sup>)</li> <li>Generic sertraline (Zoloft<sup>®</sup>)</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>Generic fluvoxamine (Luvox<sup>®</sup>)</li> </ul>	Must have demonstrated use of one of the generic products listed in the preferred drug column, plus use of generic fluvoxamine (Luvox <sup>®</sup> ) within the last 12 months.
	Pristiq <sup>®</sup>	<ul style="list-style-type: none"> <li>Generic fluoxetine (Prozac<sup>®</sup>)</li> <li>Generic paroxetine (Paxil CR<sup>®</sup>, Paxil<sup>®</sup>)</li> <li>Generic citalopram (Celexa<sup>®</sup>)</li> <li>Generic bupropion (Wellbutrin SR<sup>®</sup>, Wellbutrin XL<sup>®</sup>)</li> <li>Generic sertraline (Zoloft<sup>®</sup>)</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>Generic venlafaxine (Effexor<sup>®</sup>)</li> </ul>	Must have demonstrated use of one of the generic products listed in the preferred drug column, plus use of generic venlafaxine (Effexor <sup>®</sup> ) within the last 12 months.

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Effective October 1, 2009



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Category	Brand-Name Drug	Preferred Drug	Program Criteria
ADHD/ADD/ Stimulant	Vyvanse <sup>®</sup>	<ul style="list-style-type: none"> <li>Generic amphetamine salt combo (Adderall<sup>®</sup>)</li> <li>Generic amphetamine salt combo XR (Adderall XR<sup>®</sup>)</li> </ul> AND <ul style="list-style-type: none"> <li>Generic dexamethylphenidate (Focalin<sup>®</sup>) OR</li> <li>Generic methylphenidate (Ritalin<sup>®</sup>)</li> </ul>	Must have demonstrated use of one of the generic products listed in the preferred drug column, plus use of generic dexamethylphenidate (Focalin <sup>®</sup> ) or generic methylphenidate (Ritalin <sup>®</sup> ) within the last 12 months.
Cholesterol Lowering Drugs	Advicor <sup>®</sup>	<ul style="list-style-type: none"> <li>Generic lovastatin (Mevacor<sup>®</sup>) AND</li> <li>Niacin-extended release</li> </ul>	Must have demonstrated use of the generic product listed in the preferred drug column within the last 12 months.
	Simcor <sup>®</sup>	<ul style="list-style-type: none"> <li>Generic simvastatin (Zocor<sup>®</sup>) AND</li> <li>Niacin-extended release</li> </ul>	
Nasal Steroids	Veramyst <sup>®</sup>	<ul style="list-style-type: none"> <li>Generic fluticasone (Flonase<sup>®</sup>)</li> </ul>	Must have demonstrated use of the generic product listed in the preferred drug column within the last 12 months.
Sleep Aids/ Sedatives	Ambien CR <sup>®</sup> Edluar <sup>®</sup>	<ul style="list-style-type: none"> <li>Generic zolpidem (Ambien<sup>®</sup>)</li> </ul>	Must have demonstrated use of the generic product listed in the preferred drug column within the last 12 months.

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