



Preferred Therapy Drug List

The first time a prescription is filled for one of the targeted drugs, the physician must be contacted to see if the drug therapy for the medical condition can be changed to a drug listed in the Preferred Medication 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 [®]	<ul style="list-style-type: none"> • Generic fluoxetine (Prozac[®]) • Generic paroxetine (Paxil CR[®], Paxil[®]) • Generic citalopram (Celexa[®]) • Generic bupropion (Wellbutrin SR[®], Wellbutrin XL[®]) • Generic venlafaxine (Effexor[®]) • Generic sertraline (Zoloft[®]) 	Must have demonstrated use of one of the generic products listed in the preferred drug column within the last 12 months.
	Luvox CR [®]	<ul style="list-style-type: none"> • Generic fluoxetine (Prozac[®]) • Generic paroxetine (Paxil CR[®], Paxil[®]) • Generic citalopram (Celexa[®]) • Generic bupropion (Wellbutrin SR[®], Wellbutrin XL[®]) • Generic venlafaxine (Effexor[®]) • Generic sertraline (Zoloft[®]) <p>AND</p> <ul style="list-style-type: none"> • Generic fluvoxamine (Luvox[®]) 	Must have demonstrated use of one of the generic products listed in the preferred drug column, plus use of generic fluvoxamine (Luvox [®]) within the last 12 months.
	Pristiq [®]	<ul style="list-style-type: none"> • Generic fluoxetine (Prozac[®]) • Generic paroxetine (Paxil CR[®], Paxil[®]) • Generic citalopram (Celexa[®]) • Generic bupropion (Wellbutrin SR[®], Wellbutrin XL[®]) • Generic sertraline (Zoloft[®]) <p>AND</p> <ul style="list-style-type: none"> • Generic venlafaxine (Effexor[®]) 	Must have demonstrated use of one of the generic products listed in the preferred drug column, plus use of generic venlafaxine (Effexor [®]) within the last 12 months.

continued

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continued

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

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