

Medica

Abridged List of Preferred Drugs

The following is an abbreviated list of the most commonly prescribed drugs. This list is NOT all-inclusive and does not guarantee coverage. Please refer to your benefit document for coverage limitations and copay structure. Our complete List of Preferred Drugs (formulary) is available online at medica.com. You are encouraged to ask your doctor to prescribe generic drugs whenever possible.

PLEASE NOTE: This list is subject to change. Medications in CAPITAL letters are brand name drugs that are not currently available as a cost-saving generic. However, when generic versions do become available, brand name medications will no longer be available at a preferred copay.

A

ABILIFY (QL, T2)
 ACCU-CHEK test strips and meters (T2)
 acetaminophen w/codeine (T1)
 acetazolamide (T1)
 ACTOS (ST, T2)
 acyclovir oral (T1)
 adapalene gel/cream (T1)
 ADDERALL XR (T1)
 albuterol neb soln (T1)
 alendronate oral (T1)
 allopurinol (T1)
 alprazolam (T1)
 amiodarone (T1)
 amitriptyline (T1)
 amlodipine (T1)
 amlodipine/atorvastatin (T3)
 amlodipine/benazepril (T1)
 amoxicillin (T1)
 amoxicillin/clavulanate (T1)
 amphetamine salt combo (T1)
 anastazole (T1)
 ANDROGEL (T2)
 antipyrine/benzocaine otic (T1)
 ASACOL (T2)
 ASMANEX (T2)
 atenolol (T1)
 atenolol w/chlorthalidone (T1)
 ATRIPLA (T2)
 AVODART (males over 46 yrs) (T2)
 azathioprine (T1)
 azelastine (T1)
 azithromycin (T1)

B

baclofen (T1)
 BAYER CONTOUR and BREEZE2 test strips & meters (T2)
 benazepril (T1)
 benazepril/hctz (T1)
 benzonatate
 benzotropine (T1)
 bisoprolol/HCTZ (T1)
 budesonide neb (T1)
 bumetanide (T1)
 bupropion (T1)
 bupropion sr/xl (T1)
 buspirone (T1)
 butalbital-apap-caff (T1)
 butalbital-asa-caff (T1)
 BYETTA (QL, T2)

C

calcitriol (T1)
 carbamazepine (T1)
 carbamazepine XR (T1)
 carbidopa/levodopa (T1)
 carisoprodol (T1)
 carvedilol (T1)
 cefadroxil (T1)
 cefdinir (T1)
 cefprozil (T1)
 cefuroxime (T1)
 CELEBREX (ST, T2)
 cephalixin (T1)
 CHANTIX (QL, T2)
 chlorhexidine gluconate (T1)
 chlorthalidone (T1)
 cholestyramine (T1)
 CIPRODEX (T2)
 ciprofloxacin (T1)
 citalopram (T1)
 clarithromycin (T1)
 clindamycin caps (T1)
 clindamycin phosphate (T1)
 clonazepam (T1)
 clonidine (T1)
 clotrimazole (T1)
 clotrimazole/betamethasone (T1)
 COLCRYZ (T2)
 COMBIVENT (T2)
 COPAXONE (♣, SpT1)
 CREON DR (T2)
 CRESTOR (T2)
 cyanocobalamin (T1)
 cyclobenzaprine (T1)
 cyclosporine MOD. (T1)
 CYMBALTA (ST, T2)

D

desmopressin (T1)
 desonide (T1)
 desoximetasone (T1)
 DETROL LA (T2)
 dexamethasone (T1)
 dextroamphetamine (T1)
 diazepam (T1)
 diclofenac (T1)
 dicyclomine hcl (T1)
 digoxin tablets (T1)
 diltiazem (T1)
 diltiazem er (T1)
 DIOVAN (ST, T2)
 DIOVAN HCT (ST, T2)
 divalproex (T1)
 divalproex er (T1)
 dorzolamide/timolol (T1)
 doxazosin (T1)
 doxepin (T1)
 doxycycline (T1)

E

EFFIENT (QL, T2)
 enalapril (T1)
 ENBREL (MD, ♣, PA, SpT1)
 endocet (T1)
 enoxaparin (T1)
 EPIPEN (QL, T2)
 EPZICOM (T2)
 erythromycin (T1)
 erythro/ benzoyl per gel (T1)
 estradiol (T1)
 etodolac (T1)
 EVISTA (T2)

F

famciclovir (T1)
 famotidine (T1)
 fenofibrate (T1)
 fentanyl patches (QL, T1)
 fentanyl transmucosal (PA, QL, T1)
 FINACEA (T2)
 finasteride (T1)
 flecainide (T1)
 FLOVENT HFA (T2)
 fluconazole (T1)
 fluocinonide (T1)
 fluoxetine (T1)
 fluticasone nasal spray (T1)
 fluvoxamine (T1)
 FOCALIN XR (T2)
 folic acid (T1)
 furosemide (T1)

G

gabapentin (T1)
 gemfibrozil (T1)
 gentamicin sulfate (T1)
 GEODON (QL, T1)
 glimepiride (T1)
 glipizide (T1)
 glipizide xl (T1)
 glyburide (T1)
 glyburide-metformin (T1)
 glycopyrolate (T1)
 guanfacine (T1)

H

HUMALOG (T2)
 HUMIRA (MD, ♣, PA, SpT1)
 HUMULIN (T2)
 hydralazine hcl (T1)
 hydrochlorothiazide (T1)
 hydrocodone/apap (T1)
 hydrocodone/ibu (T1)
 hydrocortisone (T1)
 hydromorphone (T1)
 hydroxychloroquine sulfate (T1)
 hydroxyzine (T1)
 hyoscyamine (T1)
 hypercare (T1)

I

ibuprofen (T1)
 imipramine (T1)
 imiquimod (T1)
 INCIVEK (♣, SpT1)
 indomethacin (T1)
 EPIPEN (QL, T2)
 EPZICOM (T2)
 erythromycin (T1)
 erythro/ benzoyl per gel (T1)
 estradiol (T1)
 etodolac (T1)
 EVISTA (T2)

J

Januvia
 JANUMET (ST, T2)
 JANUVIA (ST, T2)

K

ketoconazole (T1)
 ketorolac tromethamine (T1)
 klor-con (T1)

L

labetalol hcl (T1)
 lamotrigine (T1)
 LANTUS (T2)
 LANTUS SOLOSTAR (T2)
 latanoprost (T1)
 leflunomide (T1)
 levetiracetam (T1)
 levofloxacin (T1)
 levofloxacin sodium (T1)
 LEVOXYL (T2)
 lidocaine viscous (T1)
 liothyronine (T1)
 lisinopril/ hctz (T1)
 lithium carbonate (T1)
 lorazepam (T1)
 losartan (T1)
 losartan-hctz (T1)
 LOTEMAX (T2)
 lovastatin (T1)

M

MAXALT/ MLT (ST, QL, T2)
 meclizine (T1)
 medroxyprogesterone (T1)
 meloxicam (T1)

mercaptopurine (T1)
 METADATE CD (T2)
 metaxalone (T1)
 metformin (T1)
 metformin er (T1)
 methadone (T1)
 methimazole (T1)
 methocarbamol (T1)
 methotrexate (T1)
 methylphenidate (T1)
 methylphenidate SR/ER (T1)
 methylprednisolone (T1)
 metoclopramide (T1)
 metoprolol succinate xl (T1)
 metoprolol tartrate (T1)
 metronidazole tabs (T1)
 minocycline (T1)
 mirtazapine (T1)
 mometasone furoate (T1)
 morphine sulfate (T1)
 mupirocin (T1)
 mycophenolate (T1)

N

nabumetone (T1)
 nadolol (T1)
 naproxen (T1)
 NASONEX (T2)
 nefazodone (T1)
 NIASPAN (T2)
 nifedical xl (T1)
 nifedipine er (T1)
 nitrofurantoin (T1)
 nitroglycerin sublingual tabs (T1)
 nortriptyline (T1)
 NORVIR (T2)
 NOVOLOG (T2)
 NUVARING (T2)
 nystatin (T1)
 nystatin w/triamcinolone (T1)

O

ofloxacin (T1)
 olanzapine oral (T1, QL)
 ondansetron (T1)
 orphenadrine (T1)
 ORTHO EVRA (T2)
 oxcarbazepine (T1)

Key:

Brand name drugs are listed in CAPITAL letters. Generic drugs are listed in lower case letters.

PA – prior authorization required for coverage

ST – step therapy required for coverage*

QL – quantity limits apply

T1, T2 – coverage tier

♣ – specialty pharmacy program, please reference medica.com for more information.

SpT1, SpT2 – specialty coverage tier

*These medications will be covered only for members who have already tried and failed therapeutic alternatives.

Visit our website at medica.com for the most current preferred drug information, step therapy and quantity limit levels.

Medica's list of preferred drugs was last updated January 4, 2012. The list is subject to change.

oxybutynin (T1)
oxybutynin xl (T1)
oxycodone (T1)
oxycodone/apap (T1)
oxycodone er (QL, T1)
OXYCONTIN (QL, T2)

P

paroxetine (T1)
PATADAY (T2)
PATANOL (T2)
peg 3350/electrolyte soln (T1)
PEGASYS (♣, PA, SpT1)
penicillin (T1)
permethrin (T1)
phenazopyridine (T1)
phenobarbital (T1)
phenytoin sodium, ext rel
piroxicam (T1)
PLAVIX (QL, T2)
polymixin b sulf/tmp (T1)
potassium chloride (T1)
potassium citrate (T1)
pramipexole (T1)
pravastatin (T1)
prednisolone (T1)
prednisone (T1)
PREMARIN (T2)
PREMPRO (T2)
PREZISTA (T2)
PRISTIQ (ST, QL, T2)
PROAIR HFA (T2)
prochlorperazine maleate (T1)
promethazine (T1)
pROMETRIUM (T2)
propranolol hcl (T1)
PROTOPIC (QL, T2)
PULMICORT turbuhaler (T2)

Q

quinapril
QVAR

R

ramipril (T1)
ranitidine (T1)
REBIF (♣, SpT1)
RESTASIS (QL, T2)
REYATAZ (T2)
risperidone (QL, T1)
RITALIN LA (T2)
ropinirole (T1)

S

SAVELLA (ST, QL, T2)
SEREVEN DISKUS (T2)
SEROQUEL/XR (QL, T2)
sertraline (T1)
simvastatin (T1)
SINGULAIR (ST, T2)
SOFT CLIX LANCET (T2)
SOFT TOUCH LANCET (T2)
SPIRIVA (T2)
spironolactone (T1)
STRATTERA (QL, T2)

sucralfate (T1)
SUBOXONE (PA, T2)
sulfa/tmp (T1)
sulfasalazine (T1)
sulindac (T1)
sumatriptan (QL, T1)

T

tacrolimus (T1)
TAMIFLU (QL, T2)
tamoxifen citrate (T1)
tamsulosin (T1)
TAZORAC (T2)
temazepam (T1)
terazosin (T1)
terbinafine (T1)
testosterone cypionate (T1)
tetracycline (T1)
timolol maleate (T1)
tizanidine (T1)
tobramycin (T1)
tobramycin/dexamethasone (T1)
topiramate (T1)
torsemide (T1)
tramadol (T1)
tramadol ext rel (T1)
TRAVATAN Z (T2)
trazodone (T1)
tretinoin (PA, T1)
triamcinolone cream/oint (T1)
triamterene/hctz (T1)
TRUVADA (T2)

U

urea (T1)
ursodiol (T1)
URSO FORTE (T2)

V

valacyclovir (QL, T1)
valproic acid (T1)
venlafaxine IR (T1)
venlafaxine XR/ER (T1)
verapamil hcl/er/pm/sr (T1)
VESICARE (T2)
VICTOZA (T2)
VIGAMOX (T2)
VIVELLE-DOT (QL, T2)
VYTORIN (T2)
VYVANSE (T2)

W-X-Y

warfarin (T1)

Z

zaleplon (T1)
ZETIA (T2)
zolpidem (T1)
zolpidem ext-rel (ST, T1)
ZOVIRAX OINT (T2)
ZYVOX (T2)

Examples of Non-Preferred Medications with Selected Preferred Alternatives

NON-PREFERRED DRUG	PREFERRED ALTERNATIVE
ACCOLATE	zafirlukast (T1), SINGULAIR (ST, T2)
ACTONEL	aledronate (T1), FOSAMAX PLUS D (QL, T2)
ADVICOR	lovastatin (T1), NIASPAN (T2)
ALREX	ketorolac (T1), ALAMAST (T2), PATANOL (T2), PATADAY (T2)
AMITIZA	lactulose (T1), PEG 3350 (T1)
ANZEMET	ondansetron (T1), granisetron (QL, T1)
APIDRA	HUMALOG (T2), NOVALOG (T2)
ARAVA	leflunomide (T1)
ARMOUR THYROID	levothyroxine sodium, (T1)
ATACAND/ATACAND HCT (ST)....	losartan (T1), losartan-hctz (T1), DIOVAN (ST, T2), DIOVAN HCT (ST, T2)
AVANDARYL (ST).....	metformin (T1)
AVAPRO/AVALIDE (ST).....	losartan (T1), losartan-hctz (T1), DIOVAN (ST, T2)
AVELOX	ciprofloxacin (T1), levofloxacin (T1)
AVINZA	morphine sulfate er (T1), fentanyl patches (QL, T1), OXYCONTIN (T2)
AXERT	naratriptan (T1), sumatriptan (T1), MAXALT/MAXALT MLT (ST, T2)
BENICAR/BENICAR HCT (ST)....	losartan (T1), losartan-hctz (T1), DIOVAN (ST, T2)
BONIVA	aledronate (T1), FOSAMAX PLUS D (T2)
COLZAL	sulfasalazine (T1), ASACOL (T2)
COUMADIN	warfarin (T1)
DAYTRANA	methylphenidate (T1), dexmethylphenidate (T1), ADDERALL XR (T2)
DENAVIR	ZOVIRAX OINTMENT (T2)
ENABLEX	oxybutynin xr (T1), DETROL (T2), DETROL LA, (T2)
FROVA	TOVIAZ (QL, T2)
KADIAN	naratriptan (T1), sumatriptan (T1), MAXALT/MAXALT MLT (ST, T2)
LEVEMIR	morphine sulfate er (T1)
LIPITOR	LANTUS (T2), LANTUS SOLOSTAR (T2), NPH (T2)
LOVAZA	simvastatin (T1), pravastatin (T1), CRESTOR (T2), VYTORIN (T2)
LUMIGAN	gemfibrozil (T1), fenofibrate (T1)
LUNESTA (QL).....	latanoprost (T1), TRAVATAN Z (T2)
LYRICA	zaleplon (T1), zolpidem (T1), zolpidem ext-rel (ST, T1)
MIACALCIN	gabapentin (T1)
MICARDIS/MICARDIS HCT (ST).	FORTICAL (T2)
NASACORT AQ	losartan (T1), losartan-hctz (T1), DIOVAN (ST, T2)
ONE TOUCH strips/meters.....	triamcinolone AQ (T1), NASONEX (T2), fluticasone (T1)
OPTIVAR	ACCU-CHECK (T2) , BAYER BREEZE2 (T2) and CONTOUR (T2)
ORACEA	Ketotifen (T1), ketorolac (T1), ALAMAST (T2), PATANOL (T2), PATADAY (T2)
ORAPRED ODT	doxycycline 20mg (T1)
PENTASA	prednisolone syrup (T1)
PROVIGIL (QL).....	sulfasalazine (T1), ASACOL (T2)
RELPAK	methylphenidate (T1), dextroamphetamine (T1), pemoline (T1)
RHINOCORT AQUA.....	naratriptan (T1), sumatriptan (T1), MAXALT/MAXALT MLT (ST, T2)
ROZEREM	triamcinolone AQ (T1), fluticasone (T1), NASONEX (T2)
SANCTURA	zaleplon (T1), zolpidem (T1), zolpidem ext-rel (ST, T1)
SKELAXIN	oxybutynin xl (T1), DETROL (T2), DETROL LA, (T2)
STARLIX	TOVIAZ (T2), VESICARE (T2)
SULAR	carisoprodol (T1), cyclobenzaprine (T1), methocarbamol (T1)
TACLONEX	PRANDIN (T2)
TARKA	verapamil (T1), felodipine (T1), diltiazem er (T1), amlodipine (T1)
TRANSDERM-SCOP	betamethasone cream/ointment (T1) or DOVONEX (T2)
TRICOR	veramil (T1), felodipine (T1), diltiazem er (T1), amlodipine (T1)
ULTRAM ER	meclizine (T1)
UNIVASC	fenofibrate (T1), gemfibrozil (T1)
VAGIFEM	tramadol (T1), tramadol er (T1)
VENTOLIN HFA	lisinopril (T1), captopril (T1), enalapril (T1), quinapril (T1)
WELCHOL	estradiol vag cream (T1), ESTRING (T2)
XIBROM	PROAIR HFA (T2)
XIFAXAN	colestipol (T1)
XOPENEX	bromfenac (T1)
XOPENEX HFA	ciprofloxacin (T1), norfloxacin (T1), azithromycin (T1), levofloxacin (T1)
ZOMIG	albuterol nebs (T1)
ZYMAR	PROAIR HFA (T2)
	naratriptan (T1), sumatriptan (T1), MAXALT/MAXALT MLT (ST, T2)
	ciprofloxacin (T1), ofloxacin (T1), VIGAMOX (T2)

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