

Alternatives for Commonly Requested Drugs Not on the Preferred Drug List (PDL)



Common Non-Preferred Medications	Potential Preferred Alternatives
Diabetic Agents	
GLP-1 Receptor Agonists: <ul style="list-style-type: none"> Xultophy (liraglutide/insulin degludec) Adlyxin (lixisenatide) Ozempic (semaglutide) Rybelsus (semaglutide) 	<ul style="list-style-type: none"> Bydureon (exenatide ER)* Bydureon BCise (exenatide ER)* Byetta (exenatide IR)* Trulicity (dulaglutide)* Victoza (liraglutide)*
SGLT-2 Inhibitors: <ul style="list-style-type: none"> Invokana (canagliflozin) Jardiance (empagliflozin) 	<ul style="list-style-type: none"> Dapagliflozin Dapagliflozin-Metformin
Rapid-Acting Insulins: <ul style="list-style-type: none"> Admelog (insulin lispro) Apidra (insulin glulisine) Fiasp (insulin aspart) Humalog (insulin lispro (human)) Novolog (insulin aspart) 	<ul style="list-style-type: none"> Unbranded insulin aspart Unbranded insulin lispro
Long-Acting Insulins: <ul style="list-style-type: none"> Basaglar (insulin glargine) Lantus (insulin glargine) Levemir (insulin detemir) Rezvoglar (insulin glargine-aglr) Semglee (insulin glargine-yfng) Toujeo (insulin glargine) 	<ul style="list-style-type: none"> Unbranded insulin glargine-yfng
Ultra-Long-Acting Insulins: <ul style="list-style-type: none"> Tresiba (insulin degludec) 	<ul style="list-style-type: none"> Unbranded insulin degludec
Insulin Mixes: <ul style="list-style-type: none"> Humalog 50/50 & 75/25 (insulin lispro protamine-lispro) Novolog 70/30 (insulin aspart protamine-aspart) 	<ul style="list-style-type: none"> Humulin 70/30 (insulin isophane-regular (human)) Novolin 70/30 (insulin isophane-regular (human)) Unbranded insulin aspart protamine-aspart 70/30 Unbranded insulin lispro protamine-lispro 75/25
Blood Glucose Test Strips: <ul style="list-style-type: none"> True Metrix glucose test strip 	<ul style="list-style-type: none"> OneTouch Ultra glucose test strip OneTouch Verio glucose test strip
Hematological Agents	
Direct Acting Anticoagulants: <ul style="list-style-type: none"> Xarelto (rivaroxaban) 	<ul style="list-style-type: none"> Warfarin Eliquis
Hypnotics	
Benzodiazepines <ul style="list-style-type: none"> Clonazepam ODT 	<ul style="list-style-type: none"> Clonazepam 0.5mg, 1mg and 2mg tab
Non-Benzodiazepines: <ul style="list-style-type: none"> Eszopiclone 1, 2, and 3mg tab Flurazepam 15 and 30mg cap Triazolam 0.125 and 0.25mg tab Zolpidem 6.25 and 12.5mg CR tab 	<ul style="list-style-type: none"> Zolpidem 5 and 10mg tab; limit 10mg per day Temazepam 7.5 and 15mg cap (limit of 2 caps per day); 22.5 and 30mg cap (limit of 1 cap per day). Zaleplon 5 and 10mg cap

*Coverage requires prior authorization

Alternatives for Commonly Requested Drugs Not on the Preferred Drug List (PDL)



Respiratory Agents	
Spiriva Respimat (tiotropium bromide)	<p>Tiotropium Bromide (generic Spiriva Handihaler)</p> <p>Additional Preferred Agents for the Treatment of Asthma:</p> <ul style="list-style-type: none"> Asmanex (mometasone furoate) HFA Budesonide-Formoterol aerosol (generic Symbicort) Combivent Respimat (ipratropium-albuterol) Fluticasone Propionate HFA & Diskus Fluticasone-Salmeterol (generic Advair/Airduo) Pulmicort Flexhaler (budesonide) QVAR Redihaler (Beclomethasone HFA) Serevent Diskus (salmeterol) <p>Additional Preferred Agents for the Treatment of COPD:</p> <ul style="list-style-type: none"> Budesonide-Formoterol aerosol (generic Symbicort) Combivent Respimat (ipratropium-albuterol) Incruse Ellipta (umeclidinium) Ipratropium Bromide 0.02% solution Serevent Diskus (salmeterol) Tudorza Pressair (aclidinium)
Ophthalmic Agents	
<p>Combigan (brimonidine-timolol) 0.2-0.5% ophth soln</p> <p>Simbrinza (brinzolamide-brimonidine) 1-0.2% ophth susp</p>	<ul style="list-style-type: none"> Alphagan P (brimonidine) 0.1% ophth soln Betaxolol 0.5% ophth soln Brimonidine 0.2% ophth soln Carteolol 1% ophth soln Dorzolamide-timolol (generic for Cosopt) 2-0.5% ophth soln Levobunolol 0.5% ophth soln Timolol maleate 0.25% & 0.5% ophth soln & gel forming soln
Cough/Cold/Allergy Medications	
<p>Antihistamines:</p> <ul style="list-style-type: none"> Cetirizine 5 and 10mg chewable tab, 10mg cap, and 10 mg ODT Desloratadine 2.5 and 5mg ODT, 5mg tab, and 0.5 mg/mL syrup Fexofenadine 30mg ODT, and 30mg/5mL suspension Levocetirizine 5mg tab & 2.5mg/5mL solution 	<ul style="list-style-type: none"> Cetirizine 5mg/5mL oral solution, 5 and 10mg tab Fexofenadine 60mg; QL of 2/day Fexofenadine 180mg tabs; QL of 1/day Loratadine 5mg chewable tabs, 10mg ODT, 10mg tab, and 5mg/5mL syrup
<p>Decongestants:</p> <ul style="list-style-type: none"> Pseudoephedrine 120mg ER tab 	<ul style="list-style-type: none"> Pseudoephedrine 30mg Pseudoephedrine 60mg tab
<p>Nasal Sprays:</p> <ul style="list-style-type: none"> Azelastine nasal spray 	<ul style="list-style-type: none"> Fluticasone Propionate 50 MCG/ACT nasal spray Triamcinolone Acetonide 55 MCG/ACT nasal spray
Gastrointestinal Agents	
<p>Proton Pump Inhibitors</p> <ul style="list-style-type: none"> Dexilant (dexlansoprazole DR) cap Nexium (esomeprazole) cap 	<ul style="list-style-type: none"> Lansoprazole DR 15mg and 30mg cap Omeprazole DR 10mg and 20mg cap, limit 1 per day Omeprazole DR 20mg tab, limit 1 per day Omeprazole DR 40mg cap, limit 2 per day Pantoprazole EC 20mg and 40mg tab
<p>Antiemetics:</p> <p>Scopolamine patch</p>	<ul style="list-style-type: none"> Meclizine tab Ondansetron tab/ODT tab/solution

*Coverage requires prior authorization

Alternatives for Commonly Requested Drugs Not on the Preferred Drug List (PDL)



Topical Anti-Infective Agents	
Mupirocin 2% cream	<ul style="list-style-type: none"> Mupirocin 2% ointment
Topical Steroids	
Clobetasol 0.05% Cream, Gel, Lotion, Shampoo, Solution, and Spray	<ul style="list-style-type: none"> Halobetasol propionate 0.05% ointment and cream Betamethasone dipropionate 0.05% ointment Desoximetasone 0.05% gel, 0.25% ointment, and cream Diflorasone diacetate 0.05% ointment and cream Fluocinonide 0.05% ointment, cream, gel, and topical solution
Topical Pain Medications	
Lidocaine 5% ointment	<ul style="list-style-type: none"> Lidocaine 4% cream; limit 150 gm per 30 days Capsaicin 0.025%, 0.075% and 0.1% cream Diclofenac 1% gel; QL 6.68 gm/day
Lidocaine 4% topical solution	<ul style="list-style-type: none"> Lidocaine 2% viscous solution
Lidocaine 5% pad/patch	<ul style="list-style-type: none"> Capsaicin 0.025%, 0.075% and 0.1% cream Gabapentin (immediate-release) cap
Muscle Relaxants	
Carisoprodol tab	<ul style="list-style-type: none"> Baclofen 10mg and 20mg tab Chlorzoxazone 500mg tab Cyclobenzaprine 5mg and 10mg tab Methocarbamol 500mg and 750mg tab Tizanidine 2mg and 4mg tab
Hormones	
Testosterone: <ul style="list-style-type: none"> Androderm (testosterone) patch 	<ul style="list-style-type: none"> Testosterone Cypionate injectable[†] Testosterone Enanthate injectable[†] Testosterone 1%, 1.62%, 2% gel[†] <p>[†]Coverage requires prior authorization if age less than 17 years</p>
Thyroid: <ul style="list-style-type: none"> Synthroid (levothyroxine) tab 	<ul style="list-style-type: none"> Adthyza (thyroid) tabs Armour Thyroid tabs Levothyroxine tabs Liothyronine tabs Niva Thyroid tabs NP Thyroid tabs Unbranded thyroid tabs

ADDITIONAL INFORMATION

For additional information visit the [Trillium Website](#) or contact Trillium by telephone at 1-877-600-5472.

- For the most current preferred drug lists, visit the [Pharmacy section](#) of our website.

*Coverage requires prior authorization