



The Preferred Drug List highlights selected therapeutic classes and was developed by a panel of physicians and clinical pharmacists. These consultants identified a number of key agents within each class that offer comparable safety and efficacy, yet are more cost-effective for Tufts Health Plan than similar agents.

Tufts Health Plan encourages the use of drug products that are available generically whether listed or not. If a brand name drug becomes available generically, it may be moved to Tier 3 or to a non-covered status.

- Generic drugs are indicated in *italics* and are in Tier 1 unless otherwise noted.
- Generic products listed are therapeutically equivalent to and interchangeable with the branded version.
- When a drug is listed by generic name only, the generic version (not brand) is preferred.
- Brand name drugs are listed in CAPS and are in Tier 2 unless otherwise noted.

For additional information and a complete listing, visit our Web site at [www.tuftshealthplan.com](http://www.tuftshealthplan.com)

<b>Anti-infective</b>	itraconazole (PA) terbinafine (QL)	<b>Tier 2</b> candesartan candesartan- hydrochlorothiazide telmisartan telmisartan-hydrochlorothiazide	<b>Calcium Channel Blockers</b> <b>Tier 1</b> amlodipine diltiazem ext-rel nifedipine ext-rel verapamil ext-rel	<b>Dipeptidyl Peptidase-4 (DPP-4) Inhibitors</b> <b>Tier 2</b> JANUVIA TRADJENTA
<b>Antibacterials</b>	<b>Antivirals / Herpes</b>	<b>Antiepileptics</b>	<b>Direct Renin Inhibitors / Combinations</b>	<b>Dipeptidyl Peptidase-4 (DPP-4) Inhibitor / Biguanide Combinations</b>
<b>Cephalosporins</b>	<b>Tier 1</b>	<b>Cholesterol-reducing Agents</b>	<b>Tier 3</b> TEKURNA TEKURNA HCT	<b>Tier 2</b> JANUMET JANUMET XR JENTADUETO
<b>Tier 1</b> cefaclor cefdinir cephalexin	acyclovir famciclovir valacyclovir	<b>Tier 2</b> ezetimibe-simvastatin	<b>Depression</b>	<b>Incretin Mimetics</b> <b>Tier 2</b> TRULICITY VICTOZA
<b>Fluoroquinolones</b> <b>Tier 1</b> ciprofloxacin ciprofloxacin ext-rel	<b>Influenza Agents</b> <b>Tier 2</b> oseltamivir capsules (QL) RELENZA (QL)	<b>Fibrates</b> <b>Tier 1</b> fenofibrate fenofibric acid	<b>SSRIs</b>	<b>Meglitinides</b> <b>Tier 1</b> nateglinide repaglinide
<b>Macrolides</b> <b>Tier 1</b> azithromycin clarithromycin clarithromycin ext-rel erythromycins	<b>Cardiovascular</b> <b>ACE Inhibitors</b> <b>Tier 1</b> fosinopril lisinopril quinapril ramipril	<b>HMG-CoA Reductase Inhibitors</b> <b>Tier 1</b> atorvastatin fluvastatin lovastatin pravastatin simvastatin	<b>Tier 1</b> citalopram escitalopram fluoxetine capsules paroxetine paroxetine ext-rel sertraline	<b>Sulfonylureas</b> <b>Tier 1</b> glimepiride glipizide glipizide ext-rel glyburide glyburide, micronized
<b>Penicillins</b> <b>Tier 1</b> amoxicillin amoxicillin-clavulanate dicloxacillin penicillin VK	<b>ACE Inhibitor / Diuretic Combinations</b> <b>Tier 1</b> fosinopril-hydrochlorothiazide lisinopril-hydrochlorothiazide quinapril-hydrochlorothiazide	<b>Niacins / Combinations</b> <b>Tier 2</b> niacin ext-rel	<b>Other Antidepressants</b> <b>Tier 1</b> bupropion bupropion ext-rel bupropion sus-rel mirtazapine venlafaxine venlafaxine ext-rel	<b>Sulfonylurea / Biguanide Combinations</b> <b>Tier 1</b> glipizide-metformin glyburide-metformin
<b>Tetracyclines</b> <b>Tier 1</b> doxycycline hyclate capsules minocycline capsules	<b>Angiotensin II Receptor Antagonists / Combinations</b> <b>Tier 1</b> eprosartan irbesartan irbesartan-hydrochlorothiazide losartan losartan-hydrochlorothiazide valsartan valsartan-hydrochlorothiazide	<b>Beta Blockers</b> <b>Tier 1</b> atenolol carvedilol metoprolol succinate ext-rel metoprolol tartrate nadolol propranolol propranolol ext-rel	<b>Diabetes</b>	<b>Insulin Product Lines</b> <b>Tier 2</b> HUMALOG HUMULIN
<b>Miscellaneous</b> <b>Tier 1</b> clindamycin nitrofurantoin sulfamethoxazole-trimethoprim			<b>Biguanides</b> <b>Tier 1</b> metformin metformin ext-rel <sup>1</sup>	
<b>Antifungals</b> <b>Tier 1</b> fluconazole				

LANTUS  
TOUJEO

### Monitoring

#### Tier 2

ONETOUCH ULTRA strips  
ONETOUCH VERIO strips

## Gastrointestinal

### H<sub>2</sub> Receptor Antagonists

#### Tier 1

ranitidine

## Hormones

### Androgens

#### Tier 2

testosterone<sup>2</sup>

## Migraine

### Triptans

#### Tier 1

almotriptan (QL)  
naratriptan (QL)  
rizatriptan (QL)  
sumatriptan (QL)

#### Tier 2

eletriptan (QL)  
frovatriptan (QL)  
zolmitriptan (QL)

## Ophthalmic

### Antimicrobials

#### Tier 1

ofloxacin  
polymyxin B-trimethoprim  
tobramycin

## Glaucoma

### Alpha Agonists

#### Tier 1

brimonidine 0.2%

### Beta Blockers

#### Tier 1

timolol maleate solution

#### Tier 2

BETIMOL

### Prostaglandins

#### Tier 1

latanoprost

## Respiratory

### Anaphylaxis Treatment Agents

#### Tier 1

epinephrine  
(generic for AdrenaClick) (QL)

#### Tier 2

epinephrine  
(generic for EpiPen) (QL)

### Antihistamines - Nasal

#### Tier 1

azelastine (QL)

### Antihistamines - 1st Generation

#### Tier 1

chlorpheniramine  
(Available OTC)<sup>†</sup>

### Anticholinergics

#### Tier 2

SPIRIVA HANDHALER (QL)  
SPIRIVA RESPIMAT (QL)

## Anticholinergic / Beta Agonists

#### Tier 1

ipratropium-  
albuterol sulfate (QL)

#### Tier 2

COMBIVENT RESPIMAT (QL)

### Beta Agonists

#### Tier 2

FORADIL (QL)  
PROAIR HFA (QL)  
PROAIR RESPICLICK (QL)  
SEREVENT DISKUS (QL)

### Corticosteroid Inhalers

#### Tier 2

FLOVENT (QL)  
QVAR (QL)

### Corticosteroid / Beta Agonist Inhaler Combinations

#### Tier 2

ADVAIR (QL)

### Leukotriene Modifiers

#### Tier 1

montelukast

## Topical

### Dermatology

#### Acne Vulgaris

#### Tier 1

erythromycin-benzoyl peroxide

## Urologic Disorders

### Benign Prostatic Hyperplasia

#### Tier 1

doxazosin  
dutasteride

finasteride 5 mg  
tamsulosin  
terazosin

### Urinary Antispasmodics

#### Tier 1

oxybutynin  
oxybutynin ext-rel  
trospium

#### Tier 2

VESICARE

## Women's Health

### Bisphosphonates

#### Tier 1

alendronate

### Contraceptives<sup>††</sup>

#### Tier 1

Enpresse  
Gianvi  
Kariva  
Sprintec  
Tri-Sprintec  
Xulane

#### Tier 2

NUVARING

### Hormone Replacement - Oral

#### Tier 1

estradiol  
estropipate  
medroxyprogesterone

### Hormone Replacement - Transdermal

#### Tier 1

estradiol<sup>3</sup>

#### Tier 2

estradiol<sup>4</sup>

## Selective Estrogen Receptor Modulators

#### Tier 1

raloxifene

## Reference Information

### Footnotes

<sup>†</sup> Available OTC: Over-the-counter medications are excluded from coverage.

<sup>††</sup> Contraceptives covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.

### Abbreviations

(PA): Prior Authorization required for coverage

(QL): Quantity Limitations apply

(ST<sup>PA</sup>): Step Therapy Prior Authorization required

### Annotations

- <sup>1</sup> Generic version of Glucophage XL
- <sup>2</sup> Generic version of Androgel
- <sup>3</sup> Generic version of Climara
- <sup>4</sup> Generic version of Vivelle-Dot

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