

Quick Reference Formulary - Aspirus Health Plan, Inc. Exchange Formulary

This document is subject to change. The most updated version of this document, as well as a complete formulary listing, are available at www.navitus.com or upon request. Drugs will be filled as generics when acceptable generic equivalents are available. This document is copyrighted by Navitus Health Solutions® and may be reprinted for personal use only. Reproduction of this document for any other reason is expressly prohibited, unless prior written consent is obtained from Navitus.

Reading the Drug List

Generic drugs are listed in all lower case letters. Brand name drugs are listed in all upper case letters. Each drug product is assigned a coverage tier, shown to the right of each drug product.

		Relative Cost to Member
Tier 1	Formulary generics and some lower cost brand products	\$
Tier 2	Formulary, brand products and some higher cost generic products	\$\$
Tier 3	Non-preferred formulary products	\$\$\$\$

Cases where drug products are followed by parentheses indicate that the entry relates to a certain dosage form, e.g. ESTRACE (vaginal cream) or more than one form of the drug, e.g. ZOMIG (ZMT). Quantity limits are for prescriptions filled at retail pharmacies. Please consult the complete version of the formulary for mail order quantity limits.

All newly approved drugs on the market will initially NOT be covered, pending further review by the Navitus P&T Committee.

A complete version of the Navitus Formulary, as well as information on prior authorization and clinical programs, are available at www.navitus.com

ADHD/ ANTI-NARCOLEPSY/ ANTI-OBESITY/ ANOREXIANTS

amphetamine/	1
dextroamphetamine tab	
dexmethylphenidate tab	1
methylphenidate tab	1
methylphenidate ER cap	2
VYVANSE CAP	2
DAYTRANA PATCH	3
dexmethylphenidate ER cap	3

AMINOGLYCOSIDES

TOBI PODHALER MSP, PA	4
-----------------------	---

ANALGESICS -

ANTI-INFLAMMATORY

celecoxib cap	QL	1
diclofenac sodium EC tab		1
diclofenac sodium XR tab		1
ibuprofen tab		1
ketorolac tab	QL	1
meloxicam tab		1
nabumetone tab		1
sulindac tab		1
piroxicam cap		2
diclofenac/ misoprostol DR tab		3

ANALGESICS - OPIOID

acetaminophen/ codeine tab		1
hydrocodone/ acetaminophen tab		1
morphine sulfate ER tab		1
oxycodone/ acetaminophen tab		1
tramadol tab		1
fentanyl patch		2

ANTI-ANXIETY AGENTS

alprazolam tab		1
bupropion tab		1
hydroxyzine tab		1
lorazepam tab		1

ANTIARRHYTHMICS

MULTAQ TAB		2
------------	--	---

ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS

albuterol/ ipratropium neb soln		1
ARNUITY ELLIPTA INHALER		1
ASMANEX HFA INHALER		1
ASMANEX INHALER		1
budesonide inh susp		1
FLOVENT DISKUS INHALER		1
FLOVENT HFA INHALER		1
ipratropium neb soln		1

montelukast chew tab		1
montelukast tab		1
ADVAIR HFA INHALER		2
ANORO ELLIPTA INHALER		2
BREO ELLIPTA INHALER		2
COMBIVENT INHALER		2
COMBIVENT RESPIMAT INHALER		2
DULERA INHALER		2
INCRUSE ELLIPTA INHALER		2
SEREVENT DISKUS INHALER		2

ANTICOAGULANTS

warfarin tab		1
--------------	--	---

PRADAXA CAP		2
-------------	--	---

ANTICONVULSANTS

carbamazepine tab		1
clonazepam tab		1
divalproex sodium DR tab		1
gabapentin cap		1
lamotrigine tab		1
levetiracetam tab		1
phenytoin cap		1
topiramate tab		1
carbamazepine ER tab		2
VIMPAT TAB	QL	2
lamotrigine ER tab		3

ANTIDEPRESSANTS

amitriptyline tab		1
bupropion ER tab		1
bupropion XL tab		1
citalopram soln		1
citalopram tab		1
duloxetine EC cap		1
escitalopram tab		1
fluoxetine cap		1
fluoxetine tab		1
mirtazapine tab		1
NEFAZODONE TAB		1
nefazodone tab 50mg, 250mg		1
nortriptyline cap		1
paroxetine tab		1
sertraline conc		1
sertraline tab		1
trazodone tab		1
venlafaxine ER cap		1
venlafaxine tab		1
PEXEVA TAB	ST	3

ANTIDIABETICS

glipizide ER tab		1
glipizide tab		1
glyburide tab		1
metformin tab		1
pioglitazone tab		1
AVANDAMET TAB		2
AVANDIA TAB		2
BYDUREON PEN INJ	QL	2

FARXIGA TAB	QL	2
JANUMET TAB	QL	2
JANUMET XR TAB	QL	2
JANUVIA TAB	QL, ¢	2
JENTADUETO TAB	QL	2
LANTUS INJ		2
LANTUS SOLOSTAR INJ		2
LEVEMIR FLEXTOUCH INJ		2
LEVEMIR INJ		2
NOVOLIN 70/ 30 INJ	OTC	2
NOVOLIN N INJ	OTC	2
NOVOLIN R INJ	OTC	2
TOUJEO MAX		2
SOLOSTAR INJ		2
TOUJEO SOLOSTAR INJ		2
TRADJENTA TAB	QL	2
TRESIBA FLEXTOUCH INJ		2
VICTOZA INJ	QL	2
ADMELOG INJ, INSULIN	ST	3
LISPRO INJ		3
ADMELOG SOLOSTAR INJ, INSULIN LISPRO	ST	3
KWIKPEN INJ (JUNIOR)		3
HUMALOG MIX INJ	ST	3
HUMALOG MIX	ST	3
KWIKPEN INJ, INSULIN LISPRO PROTAMINE INJ	OTC, ST	3
HUMULIN MIX INJ	OTC, ST	3
HUMULIN MIX PEN INJ	OTC, ST	3
HUMULIN N INJ	OTC, ST	3
HUMULIN N PEN INJ	OTC, ST	3
HUMULIN R INJ	OTC, ST	3

ANTIEMETICS

ondansetron tab		1
-----------------	--	---

ANTIFUNGALS

fluconazole susp		1
fluconazole tab		1
ketoconazole tab		1
nystatin tab		1
terbinafine tab		1
griseofulvin micro tab		2
griseofulvin susp		2
itraconazole cap	PA	2
voriconazole tab	RS	2

ANTI-HISTAMINES

cetirizine cap	OTC	EXC
----------------	-----	-----

ANTI-HYPERLIPIDEMICS

lovastatin tab	\$0	
pravastatin tab	\$0	
simvastatin tab	\$0	
cholestyramine powder		1
gemfibrozil tab		1
fluvastatin cap		2
NIASPAN ER TAB		3

ANTI-HYPERTENSIVES

amlodipine/ benazepril cap		1
benazepril tab		1

benazepril/ hydrochlorothiazide tab		1
bisoprolol/ hydrochlorothiazide tab		1
candesartan tab		1
doxazosin tab		1
enalapril tab		1
enalapril/ hydrochlorothiazide tab		1
irbesartan tab		1
irbesartan/ hydrochlorothiazide tab		1
lisinopril tab		1
lisinopril/ hydrochlorothiazide tab		1
losartan tab		1
losartan/ hydrochlorothiazide tab		1
terazosin cap		1
valsartan tab		1
valsartan/ hydrochlorothiazide tab		1
amlodipine/ valsartan tab		2
candesartan/ hydrochlorothiazide tab		2
hydrochlorothiazide tab		2
metoprolol/ hydrochlorothiazide tab		2
phenoxymethamine cap		2

ANTI-INFECTIVE AGENTS - MISC.

erythromycin/ sulfisoxazole susp		1
metronidazole tab		1
nitrofurantoin monohydrate cap		1
smz/ tmp (DS) tab		1

ANTIMALARIALS

hydroxychloroquine tab		1
------------------------	--	---

ANTI-MYCOBACTERIAL AGENTS

rifampin cap		2
--------------	--	---

ANTI-NEOPLASTIC AND ADJUNCTIVE THERAPIES

anastrozole tab		\$0
tamoxifen tab		\$0
letrozole tab		1
methotrexate tab		1
AFINITOR DISPERZ	LMSP, PA, QL, SF	4
AFINITOR TAB 10MG		4

ANTI-PARKINSON AGENTS

amantadine cap		1
carbidopa/ levodopa tab		1
ropinirole tab		1
selegiline cap		1
pramipexole ER tab		3
ropinirole ER tab		3

NC Not Covered

EXC Plan Exclusion

LMSP Lumicera Mandatory Specialty Pharmacy Program

OTC Over-the-Counter

RS Restricted to Specialist

SP Available through Specialty Pharmacy Program

¢ RxCENTS

generic =small letters

INF Infertility

M Medical Benefit

PA Prior Authorization

SF Limited to two 15 day fills per month for first 3 months

ST Step Therapy

BRANDS =CAPITAL LETTERS

LD Limited Distribution

MSP Mandatory Specialty Pharmacy Program

QL Quantity Limit

SMKG Smoking Cessation

VAC Vaccine Program

Quick Reference Formulary - Aspirus Health Plan, Inc. Exchange Formulary

This document is subject to change. The most updated version of this document, as well as a complete formulary listing, are available at www.navitus.com or upon request. Drugs will be filled as generics when acceptable generic equivalents are available. This document is copyrighted by Navitus Health Solutions® and may be reprinted for personal use only. Reproduction of this document for any other reason is expressly prohibited, unless prior written consent is obtained from Navitus.

ANTIPSYCHOTICS/ ANTIMANIC AGENTS		adapalene cream PA 2	HYPNOTICS/ SEDATIVES/ SLEEP DISORDER AGENTS		ketotifen ophth soln OTC EXC
lithium carbonate cap 1		adapalene gel PA 2	phenobarbital tab 1	OTIC AGENTS	
lithium carbonate tab 1		amnesteam cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap 2	temazepam cap 15mg 1	acetic acid otic soln 1	
olanzapine tab 1			temazepam cap 30mg 1	neomycin/ polymyxin/ hydrocortisone otic susp 1	
quetiapine tab 1			zaleplon cap 1	ofloxacin otic soln 1	
risperidone tab 1			ramelteon tab QL 2	PENICILLINS	
ziprasidone cap 1			ROZEREM TAB QL 3	amoxicillin cap 1	
clozapine tab 2			MACROLIDES		
olanzapine ODT 2			azithromycin susp 1	amoxicillin/ clavulanate tab 1	
paliperidone ER tab PA 2			azithromycin tab 1	penicillin vk tab 1	
ABILIFY TAB 3			clarithromycin tab 1	amoxicillin/ clavulanate ER tab 3	
ANTIVIRALS			DIFICID TAB QL, ST 2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	
acyclovir cap 1			ACCU-CHEK AVIVA OTC \$0		
acyclovir susp 1			PLUS METER		
nevirapine tab 1			FREESTYLE FREEDOM OTC \$0		
valacyclovir tab 1			LITE METER		
zidovudine cap 1			FREESTYLE LITE METER OTC \$0		
entecavir tab QL 2			PRECISION XTRA OTC \$0		
RELENZA DISKHALER QL 2			METER		
FUZEON INJ LMSP 4			B-D INSULIN SYRINGE OTC 1		
PEG-INTRON INJ LMSP 4			B-D PEN NEEDLE OTC 1		
PEGASYS INJ LMSP 4			NOVOFINE PEN NEEDLE OTC 1		
ASSORTED CLASSES			NOVOTWIST PEN OTC 1		
azathioprine tab 1			MIGRAINE PRODUCTS		
mycophenolate mofetil tab 1			rizatriptan ODT QL 1		
cyclosporine cap 2			rizatriptan tab QL 1		
BETA BLOCKERS			sumatriptan tab QL 1		
atenolol tab 1			naratriptan tab QL 2		
carvedilol tab 1			sumatriptan inj QL 2		
labetalol tab 1			sumatriptan vial inj QL 2		
metoprolol ER tab 1			zolmitriptan ODT QL 2		
metoprolol tab 1			zolmitriptan tab QL 2		
propranolol tab 1			almotriptan tab QL 3		
BYSTOLIC TAB ¢ 2			MOUTH/ THROAT/ DENTAL AGENTS		
nadolol tab 2			clotrimazole troches 1		
CALCIUM CHANNEL BLOCKERS			nystatin susp 1		
amlodipine tab 1			NASAL AGENTS - SYSTEMIC AND TOPICAL		
diltiazem ER cap 1			fluticasone nasal spray QL 1		
diltiazem tab 1			BECONASE AQ NASAL QL, ST 3		
felodipine ER tab 1			SPRAY		
nifedipine cap 1			budesonide nasal spray OTC EXC		
nifedipine ER tab 1			OPHTHALMIC AGENTS		
verapamil SR tab 1			azelastine ophth soln 1		
diltiazem ER tab 2			bacitracin/ polymyxin b ophth oint 1		
nisoldipine ER tab 3			ciprofloxacin ophth soln 1		
CEPHALOSPORINS			dorzolamide/ timolol (pf) ophth soln 1		
cefadroxil cap 1			gentamicin ophth soln 1		
cefdinir cap 1			ketorolac ophth soln 1		
cefdinir susp 1			latanoprost ophth soln QL 1		
cefprozil susp 1			ofloxacin ophth soln 1		
cefprozil tab 1			pilocarpine ophth soln 1		
cefuroxime susp 1			timolol maleate ophth soln 1		
cephalexin cap 1			tobramycin ophth soln 1		
cefaclor cap 3			tobramycin/ dexamethasone ophth soln 1		
cefepodoxime proxetil tab 3			ALPHAGAN P OPHTH SOLN 0.1% 2		
CONTRACEPTIVES			ALREX OPHTH SUSP 2		
tri-sprintec tab \$0			BETIMOL OPHTH SOLN 2		
CORTICOSTEROIDS			LUMIGAN OPHTH SOLN QL 2		
prednisolone soln 1			PROLENSA OPHTH SOLN 2		
COUGH/ COLD/ ALLERGY			RESTASIS OPHTH RS 2		
guaifenesin/ codeine syrup OTC, QL 1			EMULSION		
DERMATOLOGICALS			TOBRADEX OPHTH OINT 2		
clindamycin gel 1					
clotrimazole/ betamethasone cream 1					
erythromycin gel 1					
ketoconazole cream 1					
lidocaine/ prilocaine cream 1					
mupirocin oint 1					
nystatin cream 1					
DIAGNOSTIC PRODUCTS					
ACCU-CHEK TEST STRIPOTC 2					
FREESTYLE LITE TEST STRIP 2					
FREESTYLE TEST STRIPOTC 2					
PRECISION XTRA TEST STRIP 2					
DIURETICS					
amiloride/ hydrochlorothiazide tab 1					
CHLORTHALIDONE TAB 1					
furosemide tab 1					
hydrochlorothiazide tab 1					
spironolactone tab 1					
triamterene/ hydrochlorothiazide cap 1					
triamterene/ hydrochlorothiazide tab 1					
acetazolamide ER cap 2					
ENDOCRINE AND METABOLIC AGENTS - MISC.					
raloxifene tab \$0					
alendronate tab 1					
ibandronate tab 150mg QL 1					
ACTONEL TAB 3					
ESTROGENS					
estradiol patch 1					
estradiol tab 1					
estradiol/ norethindrone tab 1					
PREMARIN TAB 2					
PREMPHASE TAB, PREMPRO TAB 2					
FLUOROQUINOLONES					
ciprofloxacin tab 1					
levofloxacin tab 1					
ofloxacin tab 1					
moxifloxacin tab 2					
GENITOURINARY AGENTS - MISCELLANEOUS					
alfuzosin SR tab 1					
finasteride tab 1					
tamsulosin cap 1					
GOUT AGENTS					
allopurinol tab 1					
HEMATOLOGICAL AGENTS - MISC.					
clopidogrel tab 75mg 1					

NC Not Covered

EXC Plan Exclusion

LMSP Lumicera Mandatory Specialty Pharmacy Program

OTC Over-the-Counter

RS Restricted to Specialist

SP Available through Specialty Pharmacy Program

¢ RxCENTS

generic =small letters

INF Infertility

M Medical Benefit

PA Prior Authorization

SF Limited to two 15 day fills per month for first 3 months

ST Step Therapy

BRANDS =CAPITAL LETTERS

LD Limited Distribution

MSP Mandatory Specialty Pharmacy Program

QL Quantity Limit

SMKG Smoking Cessation

VAC Vaccine Program