

# Quick Reference Formulary - Aspius Health Plan, Inc. Commercial 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](http://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](http://www.navitus.com)

### ADHD/ ANTI-NARCOLEPSY/ ANTI-OBESITY/ ANOREXIANTS

amphetamine/	1
dextroamphetamine tab	
dexamethylphenidate tab	1
guanfacine ER tab	1
methylphenidate tab	1
methylphenidate ER cap	2
VYVANSE CAP	2
ADDERALL XR CAP	NC

### AMINOGLYCOSIDES

TOBI PODHALER MSP, PA	3
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### 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
OXYCODONE ER TAB,		NC
OXYCONTIN CR TAB		
OXYCONTIN CR TAB		NC

### ANTIANKXIETY AGENTS

alprazolam tab		1
bupirone tab		1
hydroxyzine tab		1
lorazepam tab		1

### ANTIARRHYTHMICS

MULTAQ TAB		2
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### ANTIASTHMATIC AND BRONCHODILATOR AGENTS

albuterol/ ipratropium neb soln		1
ARNUITY ELLIPTA 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
PULMICORT FLEXHALER		NC
QVAR INHALER		NC
TUDORZA PRESSAIR INHALER		NC

### ANTICOAGULANTS

warfarin tab		1
PRADAXA CAP		2

### ANTICONSULSANTS

carbamazepine tab		1
clonazepam tab		1
divalproex sodium DR tab		1
gabapentin cap	QL	1
gabapentin cap 100mg	QL	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
venlafaxine ER tab		NC

### 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
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
TRESIBA FLEXTOUCH INJ		2
VICTOZA INJ	QL	2
ADMELOG INJ, INSULIN LISPRO INJ		NC
BASAGLAR INJ		NC
HUMULIN N INJ	OTC	NC
HUMULIN R INJ	OTC	NC
KOMBIGLYZE XR TAB		NC
ONGLYZA TAB		NC
pioglitazone/ metformin tab		NC

### ANTIEMETICS

ondansetron tab		1
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### 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

### ANTIHYPERLIPIDEMICS

cholestyramine powder		1
gemfibrozil tab		1
fluvastatin cap		2
NIASPAN ER TAB		3
TRILIPIX CAP		NC

### ANTIHYPERTENSIVES

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
metoprolol/ hydrochlorothiazide tab		2
phenoxymethylamine cap		2
candesartan/ hydrochlorothiazide tab		NC

### ANTI-INFECTIVE AGENTS - MISC.

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

### ANTIMALARIALS

hydroxychloroquine tab		1
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### ANTIMYCOBACTERIAL AGENTS

rifampin cap		2
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### ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

anastrozole tab		\$0
tamoxifen tab		\$0
letrozole tab		1
methotrexate tab		1
beaxotene cap	LMSF, PA, SF	2
BOSULIF TAB	MSP, PA, SF	2
ERIVEDGE CAP	LD, PA, SF	2

### ANTIPARKINSON AGENTS

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

### ANTIPSYCHOTICS/ ANTIMANIC AGENTS

aripiprazole tab		1
lithium carbonate cap		1
lithium carbonate tab		1
olanzapine tab		1
quetiapine tab		1
risperidone tab		1
ziprasidone cap		1
clozapine tab		2
olanzapine ODT		2
paliperidone ER tab		2

NC Not Covered

EXC Plan Exclusion

LMSP Lumicera Mandatory Specialty Pharmacy Program

PA Prior Authorization

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

ST Step Therapy

generic =small letters

INF Infertility

MSP Mandatory Specialty Pharmacy Program

QL Quantity Limit

SMKG Smoking Cessation

VAC Vaccine Program

BRANDS =CAPITAL LETTERS

LD Limited Distribution

OTC Over-the-Counter

RS Restricted to Specialist

SP Available through Specialty Pharmacy Program

¢ RxCENTS

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## ANTIVIRALS

acyclovir cap	1
acyclovir susp	1
nevirapine tab	1
valacyclovir tab	1
entecavir tab	QL
FUZEON INJ	LMS
PEG-INTRON INJ	LMS
PEGASYS INJ	LMS
RELENZA DISKHALER	QL
zidovudine cap	2

## ASSORTED CLASSES

azathioprine tab	1
mycophenolate mofetil tab	1
cyclosporine cap	2

## BETA BLOCKERS

atenolol tab	1
carvedilol tab	1
labetalol tab	1
metoprolol ER tab	1
metoprolol tab	1
propranolol tab	1
nadolol tab	2

## CALCIUM CHANNEL BLOCKERS

amlodipine tab	1
diltiazem ER cap	1
diltiazem tab	1
felodipine ER tab	1
nifedipine cap	1
nifedipine ER tab	1
verapamil SR tab	1
diltiazem ER tab	2
nisoldipine ER tab	3

## CEPHALOSPORINS

cefadroxil cap	1
cefdinir cap	1
cefdinir susp	1
cefprozil susp	1
cefprozil tab	1
cefuroxime susp	1
cephalexin cap	1
cefactor cap	3
cefepodoxime proxetil tab	3

## CONTRACEPTIVES

tri-sprintec tab	\$0
YAZ TAB	NC

## CORTICOSTEROIDS

prednisolone soln	1
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## COUGH/ COLD/ ALLERGY

guaifenesin/ codeine syrup	OTC, QL
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## DERMATOLOGICALS

clindamycin gel	1
clotrimazole/ betamethasone cream	1
erythromycin gel	1
imiquimod cream	1
ketoconazole cream	1
lidocaine/ prilocaine cream	1
metronidazole cream	1
mupirocin oint	1
nystatin cream	1
adapalene cream	PA
adapalene gel	PA
amnesteem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap	2
calcipotriene cream	2
clindamycin/ benzoyl peroxide gel	2
metronidazole gel	2
pimecrolimus cream	2
tacrolimus oint	2

tretinoin cream	PA	2
tretinoin gel	PA	2
ELIDEL CREAM		3
lidocaine patch	QL	3
AZELEX CREAM		NC
mupirocin cream		NC
nystatin/ triamcinolone oint		NC
ZOVIRAX OINT		NC

## DIAGNOSTIC PRODUCTS

ACCU-CHEK TEST STRIP	2
FREESTYLE LITE TEST STRIP	2
FREESTYLE TEST STRIP	2
PRECISION XTRA TEST STRIP	2
TEST STRIP (all other test strips)	NC

## DIURETICS

amiloride/ hydrochlorothiazide tab	1
furosemide tab	1
hydrochlorothiazide tab	1
spironolactone tab	1
triamterene/ hydrochlorothiazide cap	1
triamterene/ hydrochlorothiazide tab	1
acetazolamide ER cap	2
THALITONE TAB	NC

## ENDOCRINE AND METABOLIC AGENTS - MISC.

raloxifene tab	\$0
alendronate tab	1
ibandronate tab 150mg	QL
FORTEO INJ	LMS
FORTICAL NASAL SPRAY	2
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
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## HEMATOLOGICAL AGENTS - MISC.

clopidogrel tab 75mg	1
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## HYPNOTICS/ SEDATIVES/ SLEEP DISORDER AGENTS

phenobarbital tab	1
temazepam cap 15mg	1
temazepam cap 30mg	1
zaleplon cap	1
ramelteon tab	NC
ROZEREM TAB	NC

## MACROLIDES

azithromycin susp	1
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azithromycin tab	1
clarithromycin tab	1
DIFICID TAB	QL, ST

## MEDICAL DEVICES AND SUPPLIES

ACCU-CHEK AVIVA	OTC	\$0
PLUS METER		
FREESTYLE FREEDOM	OTC	\$0
LITE METER		
PRECISION XTRA	OTC	\$0
METER		
B-D INSULIN SYRINGE	OTC	1
B-D PEN NEEDLE	OTC	1
NOVOFINE PEN NEEDLE	OTC	1
NOVOTWIST PEN	OTC	1
NEEDLE		

## MIGRAINE PRODUCTS

rizatriptan ODT	QL	1
rizatriptan tab	QL	1
sumatriptan tab	QL	1
naratriptan tab	QL	2
sumatriptan inj	QL	2
sumatriptan vial inj	QL	2
zolmitriptan ODT	QL	2
zolmitriptan tab	QL	2
acetaminophen/ isometheptene/ dichloral cap		NC

## MOUTH/ THROAT/ DENTAL AGENTS

clotrimazole troches	1
nystatin susp	1

## MULTIVITAMINS

PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS)	1
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## NASAL AGENTS - SYSTEMIC AND TOPICAL

fluticasone nasal spray	QL	1
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## OPHTHALMIC AGENTS

azelastine ophth soln	1
bacitracin/ polymyxin b ophth oint	1
ciprofloxacin ophth soln	1
dorzolamide/ timolol (pf) ophth soln	1
gentamicin ophth soln	1
ketorolac ophth soln	1
latanoprost ophth soln	QL
ofloxacin ophth soln	1
pilocarpine ophth soln	1
timolol maleate ophth soln	1
tobramycin ophth soln	1
tobramycin/ dexamethasone ophth soln	1
ALPHAGAN P OPTH SOLN 0.1%	2
ALREX OPTH SUSP	2
BETIMOL OPTH SOLN	2
LUMIGAN OPTH SOLN	QL
PROLENSA OPTH SOLN	2
RESTASIS OPTH RS	2
EMULSION	
TOBRADEX OPTH OINT	2
ketotifen ophth soln	OTC

## OTIC AGENTS

acetic acid otic soln	1
neomycin/ polymixin/ hydrocortisone otic susp	1
ofloxacin otic soln	1

## PENICILLINS

amoxicillin cap	1
amoxicillin/ clavulanate tab	1

penicillin vk tab	1
amoxicillin/ clavulanate ER tab	3

## PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

bupropion SR tab	QL, SMKG	\$0
CHANTIX PAK	QL, SMKG	\$0
CHANTIX TAB	QL, SMKG	\$0
nicotine gum	OTC, QL, SMKG	\$0
nicotine lozenge	OTC, QL, SMKG	\$0
nicotine patch	OTC, QL, SMKG	\$0
NICOTROL INHALER	QL, SMKG	\$0
NICOTROL NASAL SPRAY	QL, SMKG	\$0
donepezil ODT	QL	1
donepezil tab	QL	1
galantamine tab		1
memantine tab		1
rivastigmine cap		1
galantamine ER cap		2
NAMENDA XR		2
TITRATION PACK		

## TETRACYCLINES

doxycycline hyclate cap	1
minocycline cap	1

## THYROID AGENTS

liothyronine tab	1
methimazole tab	1
SYNTHROID TAB	1
THYROLAR TAB	2

## ULCER DRUGS

cimetidine tab	OTC	1
famotidine tab	OTC	1
pantoprazole EC tab		1
famotidine susp		2
rabeprazole EC tab		3
PREVACID OTC CAP	OTC	EXC
ZEGERID CAP	OTC	EXC

## ULCER DRUGS/ ANTISPASMODICS/ ANTICHOLINERGICS

DEXILANT DR CAP	NC
oxybutynin ER tab	1
oxybutynin tab	1
tolterodine tab	1
tolterodine SR cap	2

## VAGINAL PRODUCTS

PREMARIN VAGINAL CREAM	2
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**NC** Not Covered      **generic** =small letters      **BRANDS** =CAPITAL LETTERS  
**EXC** Plan Exclusion      **INF** Infertility      **LD** Limited Distribution  
**LMS** Lumicera Mandatory Specialty Pharmacy Program      **MSP** Mandatory Specialty Pharmacy Program      **OTC** Over-the-Counter  
**PA** Prior Authorization      **QL** Quantity Limit      **RS** Restricted to Specialist  
**SF** Limited to two 15 day fills per month for first 3 months      **SMKG** Smoking Cessation      **SP** Available through Specialty Pharmacy Program  
**ST** Step Therapy      **VAC** Vaccine Program      **¢** RxCENTS