

Quick Reference Formulary - Reid Hospital and Health Care Services 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	\$\$
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 ER	1
cap	
dexmethylphenidate tab	1
guanfacine ER tab	1
methylphenidate ER cap	1
methylphenidate tab	1
VYVANSE CAP	2
ADDERALL XR CAP	3
DAYTRANA PATCH	3

AMINOGLYCOSIDES

TOBI PODHALER	MSP RS	2
---------------	--------	---

ANALGESICS - ANTI-INFLAMMATORY

celecoxib cap	QL	1
diclofenac sodium EC tab		1
diclofenac sodium XR tab		1
diclofenac/ misoprostol DR		1
tab		
ibuprofen tab		1
ketorolac tab	QL	1
meloxicam tab		1
nabumetone tab		1
piroxicam cap		1
sulindac tab		1
ENBREL INJ 25MG	LMSP PA QL	2
ENBREL INJ 50MG	LMSP PA QL	2
ENBREL SURECLICK INJ	LMSP PA QL	2
50MG		

ANALGESICS - OPIOID

acetaminophen/ codeine		1
tab		
fentanyl patch		1
hydrocodone/		1
acetaminophen tab		
morphine sulfate ER tab		1
oxycodone/		1
acetaminophen tab		
tramadol tab		1
OXYCODONE ER TAB,		NC
OXYCONTIN CR TAB		
OXYCONTIN CR TAB		NC

ANTIANGINAL AGENTS

RANEXA TAB		2
------------	--	---

ANTIANKXIETY AGENTS

alprazolam tab		1
buspirone tab		1
hydroxyzine tab		1
lorazepam tab		1

ANTIARRHYTHMICS

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

ANTIASTHMATIC AND BRONCHODILATOR AGENTS

albuterol neb soln 0.083%		1
albuterol/ ipratropium neb		1
soln		
ARNUITY ELLIPTA		1
INHALER		
ASMANEX HFA INHALER		1
ASMANEX INHALER		1
budesonide inh susp		1
FLOVENT DISKUS		1
INHALER		
FLOVENT HFA INHALER		1
ipratropium neb soln		1
montelukast chew tab		1
montelukast tab		1
ADVAIR DISKUS		2
INHALER		
ADVAIR HFA INHALER		2
ANORO ELLIPTA		2
INHALER		
BREO ELLIPTA INHALER		2
COMBIVENT INHALER		2
COMBIVENT RESPIMAT		2
INHALER		
DULERA INHALER		2
INCRUSE ELLIPTA		2
INHALER		
SEREVENT DISKUS		2
INHALER		
VENTOLIN HFA INHALER	QL	2
PROVENTIL HFA		NC
INHALER		
PULMICORT FLEXHALER		NC
QVAR INHALER		NC
SYMBICORT INHALER		NC
TUDORZA PRESSAIR		NC
INHALER		

ANTICOAGULANTS

warfarin tab		1
PRADAXA CAP		2

ANTICONSULSANTS

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

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,		1
250mg		
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
venlafaxine ER tab		NC

ANTIDIABETICS

glipizide ER tab		1
glipizide tab		1
glyburide tab		1
metformin tab		1
pioglitazone/ metformin		1
tab		
AVANDAMET TAB		2
AVANDIA TAB		2
BYDUREON PEN INJ	QL	2
FARXIGA TAB	QL	2
HUMALOG INJ,		2
ADMELOG INJ		
HUMULIN N INJ	OTC	2
HUMULIN R INJ	OTC	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		2
INJ		
LEVEMIR INJ		2
TOUJEO SOLOSTAR INJ		2
TRADJENTA TAB	QL	2
TRESIBA INJ		2
VICTOZA INJ	QL	2
BASAGLAR INJ		NC
KOMBIGLYZE XR TAB		NC
NOVOLIN INJ	OTC	NC
NOVOLOG FLEXPEN INJ,		NC
FIASP FLEXTOUCH INJ		
NOVOLOG INJ, FIASP		NC
INJ		
NOVOLOG MIX FLEXPEN		NC
INJ		
NOVOLOG PENFILL INJ		NC
ONGLYZA TAB		NC

ANTIEMETICS

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

ANTIFUNGALS

fluconazole susp		1
fluconazole tab		1
griseofulvin micro tab		1
griseofulvin susp		1

itraconazole cap	PA	1
ketoconazole tab		1
nystatin tab		1
terbinafine tab		1
voriconazole tab	RS	1

ANTIHYPERLIPIDEMICS

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

ANTIHYPERTENSIVES

amlodipine/ benazepril cap		1
amlodipine/ valsartan tab		1
benazepril tab		1
benazepril/		1
hydrochlorothiazide tab		
bisoprolol/		1
hydrochlorothiazide tab		
captopril tab		1
clonidine patch		1
doxazosin tab		1
enalapril tab		1
enalapril/		1
hydrochlorothiazide tab		
irbesartan tab		1
irbesartan/		1
hydrochlorothiazide tab		
lisinopril tab		1
lisinopril/		1
hydrochlorothiazide tab		
losartan tab		1
losartan/		1
hydrochlorothiazide tab		
metoprolol/		1
hydrochlorothiazide tab		
phenoxybenzamine cap		1
terazosin cap		1
valsartan tab		1
valsartan/		1
hydrochlorothiazide tab		
candesartan tab		NC
candesartan/		NC
hydrochlorothiazide tab		

ANTI-INFECTIVE AGENTS - MISC.

clindamycin cap		1
erythromycin/ sulfisoxazole		1
susp		
metronidazole cap		1
metronidazole tab		1
smz/ tmp (DS) tab		1
vancomycin cap	QL ST	1

ANTIMALARIALS

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

NC Not Covered

INF Infertility

MSP Mandatory Specialty Pharmacy Program

QL Quantity Limit

SMKG Smoking Cessation

VAC Vaccine Program

generic =small letters

LD Limited Distribution

OTC Over-the-Counter

RS Restricted to Specialist

SP Available through Specialty Pharmacy Program

BRANDS =CAPITAL LETTERS

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

Quick Reference Formulary - Reid Hospital and Health Care Services 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.

ANTIMYCOBACTERIAL AGENTS		verapamil SR cap 1	1	triamterene/ hydrochlorothiazide cap 1	1	PRECISION INSULIN OTC 1	
rifampin cap 1		verapamil SR tab 1	1	triamterene/ hydrochlorothiazide tab 1	1	SYRINGE	
ANTINEOPLASTICS		COVERA-HS TAB 3		ENDOCRINE AND METABOLIC AGENTS - MISC.		MIGRAINE PRODUCTS	
methotrexate tab 1		CEPHALOSPORINS		raloxifene tab \$0		acetaminophen/ isometheptene/ dichloral cap 1	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		cefaclor cap 1	1	alendronate tab 1		naratriptan tab QL 1	
tamoxifen tab \$0		cefadroxil cap 1	1	ibandronate tab 150mg QL 1		rizatriptan ODT QL 1	
anastrozole tab 1		cefdinir cap 1	1	FORTEO INJ LMSP 2		rizatriptan tab QL 1	
bexarotene cap LMSP PA SF 1		cefprozil susp 1	1	FORTICAL NASAL SPRAY 2		sumatriptan inj QL 1	
letrozole tab 1		cefprozil tab 1	1	ACTONEL TAB 3		sumatriptan vial inj QL 1	
AFINITOR DISPERZ LMSP PA QL 2		cefuroxime susp 1	1	ESTROGENS		zolmitriptan ODT QL 1	
AFINITOR TAB LMSP PA QL 2		cephalexin cap 1	1	estradiol patch 1		zolmitriptan tab QL 1	
BOSULIF TAB MSP PA SF 2		CONTRACEPTIVES		estradiol tab 1		SUMATRIPTAN INJ 6MG/ QL 2	
ERIVEDGE CAP MSP PA SF 2		necon tab \$0		estradiol/ norethindrone tab 1		0.5ML	
IMBRUVICA CAP 140MG LD PA QL 2		NUVARING \$0		PREMARIN TAB 2		SUMAVEL DOSEPRO INJ NC	
ANTIPARKINSON AGENTS		tri-nessa (LO) tab \$0		PREMPHASE TAB, PREMPRO TAB 2		MOUTH/ THROAT/ DENTAL AGENTS	
amantadine cap 1		YASMIN TAB \$0		FLUOROQUINOLONES		clotrimazole troches 1	
carbidopa/ levodopa tab 1		YAZ TAB \$0		ciprofloxacin ER tab 1		nystatin susp 1	
pramipexole ER tab 1		CORTICOSTEROIDS		ciprofloxacin tab 1		MULTIVITAMINS	
ropinirole ER tab 1		prednisolone soln 1	1	levofloxacin tab 1		PRENATAL VITAMINS 1	
ropinirole tab 1		PREDNISON TAB 1	1	moxifloxacin tab 1		(PRENATAL PLUS, PREPLUS, PRENAPLUS)	
selegiline cap 1		COUGH/ COLD/ ALLERGY		ofloxacin tab 1		NASAL AGENTS - SYSTEMIC AND TOPICAL	
ANTIPSYCHOTICS/ ANTIMANIC AGENTS		guaifenesin/ codeine syrup OTC QL 1		GASTROINTESTINAL AGENTS - MISC.		fluticasone nasal spray QL 1	
aripiprazole tab 1		DERMATOLOGICALS		AMITIZA CAP NC		BECONASE AQ NASAL NC	
clozapine tab 1		adapalene cream 1	1	GENITOURINARY AGENTS - MISCELLANEOUS		SPRAY	
lithium carbonate cap 1		adapalene gel 1	1	alfuzosin SR tab 1		budesonide nasal spray NC	
lithium carbonate tab 1		calcipotriene cream 1	1	finasteride tab 1		VERAMYST NASAL NC	
olanzapine ODT 1		clindamycin gel 1	1	tamsulosin cap 1		OPHTHALMIC AGENTS	
olanzapine tab 1		clindamycin/ benzoyl peroxide gel 1	1	GOUT AGENTS		azelastine ophth soln 1	
paliperidone ER tab PA 1		clotrimazole/ betamethasone cream 1	1	allopurinol tab 1		bacitracin/ polymyxin b 1	
quetiapine tab 1		erythromycin gel 1	1	ULORIC TAB ST 2		ophth oint 1	
risperidone tab 1		imiquimod cream 1	1	HEMATOLOGICAL AGENTS - MISC.		ciprofloxacin ophth soln 1	
ziprasidone cap 1		isotretinoin cap 1	1	clopidogrel tab 75mg 1		dorzolamide/ timolol ophth soln 1	
ANTIVIRALS		ketoconazole cream 1	1	HYPNOTICS/ SEDATIVES/ SLEEP DISORDER AGENTS		gentamicin ophth soln 1	
acyclovir cap 1		lidocaine patch QL 1	1	phenobarbital tab 1		ketorolac ophth soln 1	
acyclovir susp 1		lidocaine/ prilocaine cream 1	1	temazepam cap 15mg 1		latanoprost ophth soln QL 1	
entecavir tab QL 1		metronidazole cream 1	1	temazepam cap 30mg 1		neomycin/ polymyxin/ hydrocortisone ophth soln 1	
nevirapine tab 1		metronidazole gel 1	1	zaleplon cap 1		ofloxacin ophth soln 1	
rimantadine tab 1		mupirocin cream 1	1	ROZEREM TAB NC		ALPHAGAN P OPHTH SOLN 0.1% 2	
valacyclovir tab 1		mupirocin oint 1	1	MACROLIDES		ALREX OPHTH SUSP, 2	
zidovudine cap 1		tacrolimus oint 1	1	azithromycin susp 1		LOTEMAX OPHTH SUSP, 2	
FUZEON INJ LMSP 2		tretinoin cream 1	1	azithromycin tab 1		AZOPT OPHTH SUSP, 2	
PEG-INTRON INJ LMSP 2		tretinoin gel 1	1	clarithromycin tab 1		BETIMOL OPHTH SOLN, 2	
PEGASYS INJ LMSP 2		ELIDEL CREAM 2	2	DIFICID TAB QL ST 2		BIMATOPROST OPHTH QL, 2	
RELENZA DISKHALER QL 2		AZELEX CREAM 3	3	MEDICAL DEVICES AND SUPPLIES		SOLN, LUMIGAN OPHTH SOLN, 2	
ASSORTED CLASSES		TAZORAC CREAM 3	3	ACCU-CHEK AVIVA OTC \$0		PROLENSA OPHTH SOLN, 2	
azathioprine tab 1		TAZORAC GEL 3	3	PLUS METER		SOLN, 2	
cyclosporine cap 1		nystatin/ triamcinolone oint NC	NC	FREESTYLE FREEDOM OTC \$0		RESTASIS OPHTH RS, 2	
mycophenolate mofetil tab 1		ZOVIRAX OINT NC	NC	LITE METER		EMULSION	
BETA BLOCKERS		DIAGNOSTIC PRODUCTS		FREESTYLE LITE METER OTC \$0		TOBRADEX OPHTH OINT, 2	
atenolol tab 1		ACCU-CHEK TEST STRIP OTC \$0		PRECISION XTRA OTC \$0		SOLN, 2	
carvedilol tab 1		FREESTYLE LITE TEST OTC \$0		METER		ketotifen ophth soln OTC NC	
labetalol tab 1		FREESTYLE TEST STRIP OTC \$0		B-D INSULIN SYRINGE OTC 1		OTIC AGENTS	
metoprolol ER tab 1		PRECISION XTRA TEST OTC \$0		B-D PEN NEEDLE OTC 1		acetic acid otc soln 1	
metoprolol tab 1		STRIP		FREESTYLE INSULIN OTC 1		neomycin/ polymyxin/ hydrocortisone otc susp 1	
nadolol tab 1		TEST STRIP (all other test OTC strips) 3	3	DIURETICS		ofloxacin otc soln 1	
propranolol tab 1		DIGESTIVE AIDS		acetazolamide ER cap 1			
BYSTOLIC TAB 2		PANCRELIPASE CAP ST 3	3	amiloride/ hydrochlorothiazide tab 1			
CALCIUM CHANNEL BLOCKERS		PERTZYE CAP ST 3	3	hydrochlorothiazide tab 1			
amlodipine tab 1		ZENPEP CAP ST 3	3	CHLORTHALIDONE TAB 1			
diltiazem ER cap 1		DIURETICS		furosemide tab 1			
diltiazem ER tab 1		acetazolamide ER cap 1	1	hydrochlorothiazide tab 1			
diltiazem tab 1		amiloride/ hydrochlorothiazide tab 1	1	spironolactone tab 1			
felodipine ER tab 1		hydrochlorothiazide tab 1	1				
nifedipine cap 1		CHLORTHALIDONE TAB 1	1				
nifedipine ER tab 1		furosemide tab 1	1				
nisoldipine ER tab 1		hydrochlorothiazide tab 1	1				

NC Not Covered

INF Infertility

MSP Mandatory Specialty Pharmacy Program

QL Quantity Limit

SMKG Smoking Cessation

VAC Vaccine Program

generic =small letters

LD Limited Distribution

OTC Over-the-Counter

RS Restricted to Specialist

SP Available through Specialty Pharmacy Program

BRANDS =CAPITAL LETTERS

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

Quick Reference Formulary - Reid Hospital and Health Care Services 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.

CIPRODEX OTIC SUSP		2
PENICILLINS		
amoxicillin cap		1
amoxicillin/ clavulanate ER tab		1
amoxicillin/ clavulanate tab		1
penicillin vk tab		1
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	\$0
nicotine lozenge	OTC QL	\$0
nicotine patch	OTC QL	\$0
NICOTROL INHALER	QL SMKG	\$0
NICOTROL NASAL	QL SMKG	\$0
SPRAY		
donepezil ODT	QL	1
donepezil tab	QL	1
galantamine ER cap		1
galantamine tab		1
memantine tab		1
rivastigmine cap		1
NAMENDA XR		2
TITRATION PACK		
TETRACYCLINES		
doxycycline hyclate cap		1
minocycline cap		1
THYROID AGENTS		
liothyronine tab		1
methimazole tab		1
THYROLAR TAB		2
SYNTHROID TAB		3
ULCER DRUGS		
cimetidine tab		1
famotidine susp		1
famotidine tab		1
misoprostol tab		1
pantoprazole EC tab		1
rabeprazole EC tab		1
DEXILANT CAP		NC
PREVACID OTC CAP	OTC	NC
ZEGERID CAP OTC	OTC	NC
URINARY ANTI-INFECTIVES		
nitrofurantoin monohydrate cap		1
URINARY ANTISPASMODICS		
oxybutynin ER tab		1
oxybutynin tab		1
tolterodine SR cap		1
tolterodine tab		1
VESICARE TAB		2
TOVIAZ TAB		NC
VAGINAL PRODUCTS		
vcf vaginal gel	OTC	\$0
PREMARIN VAGINAL CREAM		2

NC Not Covered

INF Infertility

MSP Mandatory Specialty Pharmacy Program

QL Quantity Limit

SMKG Smoking Cessation

VAC Vaccine Program

generic =small letters

LD Limited Distribution

OTC Over-the-Counter

RS Restricted to Specialist

SP Available through Specialty Pharmacy Program

BRANDS =CAPITAL LETTERS

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