

# Quick Reference Formulary - Andrews University Formulary

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## 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](http://www.navitus.com)

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

ADDERALL XR CAP 1/2  
amphetamine/  
dextroamphetamine tab 1/2  
dexmethylphenidate ER cap 1/2  
dexmethylphenidate tab 1/2  
guanfacine ER tab 1/2  
methylphenidate ER cap 1/2  
methylphenidate tab 1/2  
VYVANSE CAP 3  
DAYTRANA PATCH 4

## AMINOGLYCOSIDES

## ANALGESICS - ANTI-INFLAMMATORY

TOBI PODHALER MSP S  
celecoxib cap QL 1/2  
diclofenac sodium EC tab 1/2  
diclofenac sodium XR tab 1/2  
diclofenac/ misoprostol DR tab 1/2  
ibuprofen tab 1/2  
ketorolac tab QL 1/2  
meloxicam tab 1/2  
nabumetone tab 1/2  
piroxicam cap 1/2  
sulindac tab 1/2  
ENBREL INJ 25MG LMSP QL S  
ENBREL INJ 50MG LMSP QL S  
ENBREL SURECLICK INJ LMSP QL S  
50MG  
HUMIRA INJ LMSP QL S  
HUMIRA PEN INJ LMSP QL S

## ANALGESICS - OPIOID

acetaminophen/ codeine tab 1/2  
fentanyl patch 1/2  
hydrocodone/  
acetaminophen tab 1/2  
morphine sulfate ER tab 1/2  
oxycodone/  
acetaminophen tab 1/2  
tramadol tab 1/2  
OXYCODONE ER TAB, NC  
OXYCONTIN CR TAB  
OXYCONTIN CR TAB NC

## ANTIANGINAL AGENTS

RANEXA TAB 3

## ANTIANXIETY AGENTS

alprazolam tab 1/2  
buspirone tab 1/2  
hydroxyzine tab 1/2  
lorazepam tab 1/2  
MULTAQ TAB 3

## ANTIARRHYTHMICS

## ANTIASTHMATIC AND BRONCHODILATOR AGENTS

albuterol neb soln 0.083% 1/2  
albuterol/ ipratropium neb soln 1/2  
ARNUTITY ELLIPTA INHALER 1/2  
ASMANEX HFA INHALER 1/2  
ASMANEX INHALER 1/2  
budesonide inh susp 1/2  
FLOVENT DISKUS 1/2  
INHALER 1/2  
FLOVENT HFA INHALER 1/2  
ipratropium neb soln 1/2  
montelukast chew tab 1/2  
montelukast tab 1/2  
ADVAIR DISKUS 3  
INHALER 1/2  
ADVAIR HFA INHALER 3  
ANORO ELLIPTA INHALER 3  
INHALER 1/2  
BREO ELLIPTA INHALER 3  
COMBIVENT INHALER 3  
COMBIVENT RESPIMAT 3  
INHALER 1/2  
DULERA INHALER 3  
INCRUSE ELLIPTA 3  
INHALER 1/2  
SEREVENT DISKUS 3  
INHALER 1/2  
VENTOLIN HFA INHALER QL 3  
PROVENTIL HFA NC  
INHALER NC  
PULMICORT FLEXHALER NC  
QVAR INHALER NC  
SYMBICORT INHALER NC  
TUDORZA PRESSAIR NC  
INHALER 1/2

## ANTICOAGULANTS

warfarin tab 1/2  
PRADAXA CAP 3

## ANTICONVULSANTS

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

## ANTIDEPRESSANTS

amitriptyline tab 1/2  
bupropion ER tab 1/2  
bupropion XL tab 1/2  
citalopram soln 1/2

citalopram tab	1/2	itraconazole cap	1/2
duloxetine EC cap	1/2	ketocconazole tab	1/2
escitalopram tab	1/2	nystatin tab	1/2
fluoxetine cap	1/2	terbinafine tab	1/2
fluoxetine tab	1/2	voriconazole tab	1/2
mirtazapine tab	1/2	<b>ANTIHYPERTENSIVES</b>	
NEFAZODONE TAB	1/2	lovastatin tab	\$0
nefazodone tab 50mg, 250mg	1/2	pravastatin tab	\$0
nortriptyline cap	1/2	simvastatin tab	\$0
paroxetine tab	1/2	cholestyramine powder	1/2
sertraline conc	1/2	fluvastatin cap	1/2
sertraline tab	1/2	gemfibrozil tab	1/2
trazodone tab	1/2	NIASPAN ER TAB	1/2
venlafaxine ER cap	1/2	TRILIPIX CAP	1/2
venlafaxine tab	1/2	<b>ANTIDIabetics</b>	
PEXEVA TAB	4	amlodipine/ benazepril cap	1/2
venlafaxine ER tab	NC	amlodipine/ valsartan tab	1/2
glipizide ER tab	1/2	benazepril tab	1/2
glipizide tab	1/2	benazepril/ hydrochlorothiazide tab	1/2
glyburide tab	1/2	bisoprolol/ hydrochlorothiazide tab	1/2
metformin tab	1/2	captopril tab	1/2
pioglitazone/ metformin tab	1/2	clonidine patch	1/2
AVANDAMET TAB	3	doxazosin tab	1/2
AVANDIA TAB	3	enalapril tab	1/2
BYDUREON PEN INJ	QL	enalapril/ hydrochlorothiazide tab	1/2
FARXIGA TAB	QL	JANUMET TAB	3
JANUMET XR TAB	QL	JANUVIA TAB	3
JENTADUETO TAB	QL	JENTADUETO TAB	3
LANTUS INJ	3	LANTUS INJ	3
LEVERIM FLEXTOUCH INJ	3	LEVERIM FLEXTOUCH INJ	3
NOVOLIN INJ	OTC	NOVOLIN INJ	3
NOVOLOG FLEXPEN INJ, FIASP FLEXPEN INJ	3	NOVOLOG FLEXPEN INJ, FIASP FLEXPEN INJ	3
NOVOLIN R INJ	OTC	NOVOLIN R INJ	3
KOMBIGLYZE XR TAB	NC	OONGLYZA TAB	NC

## ANTIDIabetics

NOVOLOG MIX FLEXPEN INJ	3	NOVOLOG PENFILL INJ	3
NOVOLOG PENFILL INJ	3	TRADJENTA TAB	QL
TRADJENTA TAB	3	VICTOZA INJ	QL
VICTOZA INJ	3	BASAGLAR INJ	NC
HUMALOG INJ,	NC	HUMALOG INJ,	NC
ADMELOG INJ	NC	ADMELOG INJ	NC
HUMULIN N INJ	OTC	HUMULIN N INJ	NC
HUMULIN R INJ	OTC	HUMULIN R INJ	NC
KOMBIGLYZE XR TAB	NC	KOMBIGLYZE XR TAB	NC
OONGLYZA TAB	NC	OONGLYZA TAB	NC

## ANTIEMETICS

ondansetron tab	1/2	fluconazole susp	1/2
fluconazole tab	1/2	fluconazole tab	1/2
griseofulvin micro tab	1/2	griseofulvin susp	1/2
griseofulvin susp	1/2		

## ANTIFUNGALS

clindamycin cap	1/2	erythromycin/ sulfisoxazole susp	1/2
metronidazole cap	1/2	metronidazole tab	1/2
smz/ tmp (DS) tab	1/2	vancomycin cap	1/2

## ANTIMALARIALS

hydroxychloroquine tab	1/2		
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NC Not Covered

INF Infertility

MSP Mandatory Specialty Pharmacy Program

QL Quantity Limit

SP Available through Specialty Pharmacy Program

generic =small letters

LD Limited Distribution

OTC Over-the-Counter

SF Limited to Two 15 Day Fills per Month for the First 3 Months

MKG Smoking Cessation

BRANDS =CAPITAL LETTERS

LMSP Lumicera Mandatory Specialty Pharmacy Program

PA Prior Authorization

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<b>ANTIMYCOBACTERIAL AGENTS</b>		<b>CEPHALOSPORINS</b>		triamterene/ hydrochlorothiazide tab	1/2	PRECISION XTRA METER	OTC	NC
rifampin cap	1/2	cefaclor cap	1/2					
		cefadroxil cap	1/2					
		cefdinir cap	1/2					
		cefdinir susp	1/2					
		cefodroxime proxetil tab	1/2					
		cefprozil susp	1/2					
		cefprozil tab	1/2					
		cefuroxime susp	1/2					
		cephalexin cap	1/2					
<b>ANTINEOPLASTICS</b>		<b>CONTRACEPTIVES</b>		raloxifene tab	\$0			
methotrexate tab	1/2	necon tab	\$0	alendronate tab	1/2			
		NUVARING	\$0	ibandronate tab 150mg	QL	1/2		
		tri-nessa (LO) tab	\$0	FORTICAL NASAL		3		
		YASMIN TAB	\$0	SPRAY				
		YAZ TAB	\$0	ACTIONEL TAB		4		
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES</b>		<b>CORTICOSTEROIDS</b>		FORTEO INJ	LMSP	S		
tamoxifen tab	\$0	prednisolone soln	1/2					
		PREDNISONE TAB	1/2					
		<b>COUGH/ COLD/ ALLERGY</b>						
		guaifenesin/ codeine syrup OTC QL	1/2	<b>ESTROGENS</b>				
				estradiol patch	1/2			
				estradiol tab	1/2			
				estradiol/ norethindrone	1/2			
				tab				
				PREMARIN TAB		3		
				PREMPHASE TAB,		3		
				PREMPRO TAB				
<b>ANTIPARKINSON AGENTS</b>		<b>DERMATOLOGICALS</b>		<b>FLUOROQUINOLONES</b>				
amantadine cap	1/2	adapalene cream	PA	ciprofloxacin ER tab	1/2			
		adapalene gel	PA	ciprofloxacin tab	1/2			
		calcipotriene cream		levofloxacin tab	1/2			
		clindamycin gel		moxifloxacin tab	1/2			
		clindamycin/ benzoyl peroxide gel		ofloxacin tab	1/2			
		clotrimazole/ betamethasone cream		<b>GASTROINTESTINAL AGENTS - MISC.</b>				
		erythromycin gel		AMITIZA CAP	NC			
		imiquimod cream		CIMZIA INJ	LMSP QL	S		
		isotretinoin cap		<b>GENITOURINARY AGENTS - MISCELLANEOUS</b>				
		ketonazazole cream		alfuzosin SR tab	1/2			
		lidocaine patch	QL	finasteride tab	1/2			
		lidocaine/ prilocaine cream		tamsulosin cap	1/2			
		metronidazole cream		<b>GOUT AGENTS</b>				
		metronidazole gel		allopurinol tab	1/2			
		mupirocin cream		ULORIC TAB	3			
		mupirocin oint		<b>HEMATOLOGICAL AGENTS - MISC.</b>				
		tacrolimus oint		clopidogrel tab 75mg	1/2			
		tretinoin cream	PA	<b>HYPNOTICS/ SEDATIVES/ SLEEP DISORDER AGENTS</b>				
		tretinoin gel	PA	phenobarbital tab	1/2			
		ELIDEL CREAM	3	temazepam cap 15mg	1/2			
		AZELEX CREAM	4	temazepam cap 30mg	1/2			
		TAZORAC CREAM	4	zaleplon cap	1/2			
		TAZORAC GEL	4	ROZEREM TAB	NC			
		nystatin/ triamcinolone oint	NC	<b>MACROLIDES</b>				
		ZOVIRAX OINT	NC	azithromycin susp	1/2			
<b>ASSORTED CLASSES</b>		<b>DIAGNOSTIC PRODUCTS</b>		azithromycin tab	1/2			
azathioprine tab	1/2	ACCU-CHEK TEST STRIPOTC	3	clarithromycin tab	1/2			
		FREESTYLE LITE TEST OTC	3	DIFIDIC TAB	QL	3		
		STRIP		ERYTHROMYCIN TAB		4		
		FREESTYLE TEST STRIPOTC	3	<b>MEDICAL DEVICES AND SUPPLIES</b>				
		PRECISION XTRA TEST OTC	3	B-D INSULIN SYRINGE	OTC	1/2		
		STRIP		B-D PEN NEEDLE	OTC	1/2		
		TEST STRIP (all other test OTC strips)	NC	FREESTYLE INSULIN	OTC	1/2		
				SYRINGE				
<b>BETA BLOCKERS</b>		<b>DIGESTIVE AIDS</b>		NOVOFINE PEN NEEDLE OTC				
atenolol tab	1/2	PANCRELIPIASE CAP	4	NOVOTWIST PEN	OTC	1/2		
		PERTZYE CAP	4	NEEDLE				
		ZENPEP CAP	4	PRECISION INSULIN	OTC	1/2		
				SYRINGE				
		<b>DIURETICS</b>		ACCU-CHEK AVIVA	OTC	NC		
		acetazolamide ER cap	1/2	PLUS METER				
		amiloride/	1/2	FREESTYLE FREEDOM	OTC	NC		
		hydrochlorothiazide tab		LITE METER				
		CHLORTHALIDONE TAB	1/2	FREESTYLE LITE METER	OTC	NC		
		furosemide tab	1/2					
		hydrochlorothiazide tab	1/2					
		spironolactone tab	1/2					
		triamterene/ hydrochlorothiazide cap	1/2					
<b>CALCIUM CHANNEL BLOCKERS</b>								
amlodipine tab	1/2							
diltiazem ER cap	1/2							
diltiazem ER tab	1/2							
diltiazem tab	1/2							
felodipine ER tab	1/2							
nifedipine cap	1/2							
nifedipine ER tab	1/2							
nisoldipine ER tab	1/2							
verapamil SR cap	1/2							
verapamil SR tab	1/2							
COVERA-HS TAB	4							

NC Not Covered

INF Infertility

MSP Mandatory Specialty Pharmacy Program

QL Quantity Limit

SP Available through Specialty Pharmacy Program

generic =small letters

LD Limited Distribution

OTC Over-the-Counter

SF Limited to Two 15 Day Fills per Month for the First 3 Months

VAC Vaccine Program

BRANDS =CAPITAL LETTERS

LMSP Lumicera Mandatory Specialty Pharmacy Program

PA Prior Authorization

SMKG Smoking Cessation

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ofloxacin otic soln 1/2  
CIPRODEX OTIC SUSP 3

### PENICILLINS

amoxicillin cap 1/2  
amoxicillin/ clavulanate ER 1/2  
tab  
amoxicillin/ clavulanate tab 1/2  
penicillin vk tab 1/2

### 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  
SMKG  
nicotine lozenge OTC QL \$0  
SMKG  
nicotine patch OTC QL \$0  
SMKG  
NICOTROL INHALER QL SMKG \$0  
NICOTROL NASAL QL SMKG \$0  
SPRAY  
donepezil ODT QL 1/2  
donepezil tab QL 1/2  
galantamine ER cap 1/2  
galantamine tab 1/2  
memantine tab 1/2  
rivastigmine cap 1/2  
NAMENDA XR 3  
TITRATION PACK

### TETRACYCLINES

doxycycline hydiate cap 1/2  
minocycline cap 1/2

### THYROID AGENTS

liothyronine tab 1/2  
methimazole tab 1/2  
SYNTHROID TAB 1/2  
THYROLAR TAB 3

### ULCER DRUGS

cimetidine tab 1/2  
famotidine susp 1/2  
famotidine tab 1/2  
misoprostol tab 1/2  
pantoprazole EC tab 1/2  
rabeprazole EC tab 1/2  
DEXILANT CAP NC  
PREVACID OTC CAP OTC NC  
ZEGERID CAP OTC OTC NC

### URINARY ANTI-INFECTIVES

nitrofurantoin monohydrate 1/2  
cap

### URINARY ANTISPASMODICS

oxybutynin ER tab 1/2  
oxybutynin tab 1/2  
tolterodine SR cap 1/2  
tolterodine tab 1/2  
VESICARE TAB 3  
TOVIAZ TAB NC

### VAGINAL PRODUCTS

vcf vaginal gel OTC \$0  
PREMARIN VAGINAL CREAM 3

generic =small letters

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NC	Not Covered	LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program
INF	Infertility	OTC	Over-the-Counter	PA	Prior Authorization
MSP	Mandatory Specialty Pharmacy Program	SF	Limited to Two 15 Day Fills per Month for the First 3MKG		Smoking Cessation Months
QL	Quantity Limit	VAC	Vaccine Program		
SP	Available through Specialty Pharmacy Program				