

Quick Reference Formulary - MercyCare Select 4-Tier 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 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	1
dexamethylphenidate tab	1
guanfacine ER tab	1
methylphenidate tab	1
ADDERALL XR CAP	2
methylphenidate ER cap	2
VYVANSE CAP	2

AMINOGLYCOSIDES

TOBI PODHALER	NC
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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		3
tab		

ANALGESICS - OPIOID

acetaminophen/ codeine		1
tab		
hydrocodone/		1
acetaminophen tab		
morphine sulfate ER tab		1
oxycodone/		1
acetaminophen tab		
tramadol tab		1
fentanyl patch 100mcg	QL	2
KADIAN CAP	QL	3

ANTIAXIETY 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		1
soln		
ARNUITY ELLIPTA		1
INHALER		
ASMANEX HFA INHALER QL		1
ASMANEX INHALER	QL	1
budesonide inh susp		1
FLOVENT DISKUS	QL	1
INHALER		
FLOVENT HFA INHALER QL		1
ipratropium neb soln		1

montelukast chew tab		1
montelukast tab		1
ADVAIR HFA INHALER	QL	2
ANORO ELLIPTA		2
INHALER		
BREO ELLIPTA INHALER QL		2
COMBIVENT INHALER	QL	2
COMBIVENT RESPIMAT	QL	2
INHALER		
DULERA INHALER	QL	2
INCRUSE ELLIPTA		2
INHALER		
VENTOLIN HFA INHALER QL		2
PULMICORT FLEXHALER	NC	NC
QVAR INHALER	NC	NC
TUDORZA PRESSAIR	NC	NC
INHALER		

ANTICOAGULANTS

warfarin tab		1
PRADAXA CAP		2

ANTICONSULSANTS

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
lamotrigine ER tab		3
BANZEL TAB	MSP, PA	S
VIMPAT TAB	MSP, PA, QL	S

ANTIDEPRESSANTS

fluoxetine cap		\$0
amitriptyline tab		1
bupropion ER tab		1
bupropion XL tab		1
citalopram soln		1
citalopram tab		1
duloxetine EC cap		1
escitalopram tab		1
mirtazapine tab		1
nortriptyline cap		1
paroxetine tab		1
sertraline conc		1
sertraline tab		1
trazodone tab		1
venlafaxine ER cap		1
venlafaxine tab		1
NEFAZODONE TAB	QL	2
nefazodone tab 50mg,	QL	2
250mg		
venlafaxine ER tab	NC	NC

ANTIDIABETICS

glipizide ER tab		1
glipizide tab		1
glyburide tab		1
metformin tab		1
pioglitazone tab		1

AVANDAMET 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		2
INJ		
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		2
INJ		
VICTOZA INJ	QL	2
AVANDIA TAB		3
ADMELOG INJ, INSULIN		NC
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		NC
tab		

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	MSP, RS	S

ANTIHISTAMINES

cetirizine tab	OTC	1
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ANTIHYPERLIPIDEMICS

cholestyramine powder		1
gemfibrozil tab		1
fluvastatin cap		2
TRILIPIX CAP		NC

ANTIHYPERTENSIVES

amlodipine/ benazepril cap		1
benazepril tab		1
bisoprolol/		1
hydrochlorothiazide tab		
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		
terazosin cap		1
valsartan tab		1
valsartan/		1
hydrochlorothiazide tab		
amlodipine/ valsartan tab		2
benazepril/		2
hydrochlorothiazide tab		
candesartan tab		2
metoprolol/		2
hydrochlorothiazide tab		
candesartan/		NC
hydrochlorothiazide tab		
phenoxybenzamine cap	MSP, PA	S

ANTI-INFECTIVE AGENTS - MISC.

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

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
AFINITOR DISPERSZ	MSP, PA, QL, S	SF
AFINITOR TAB 10MG	MSP, PA, QL, S	SF
bexarotene cap	MSP, PA, SF	S
ERIVEDGE CAP	MSP, PA, SF	S
IMBRUVICA CAP 140MG LD,	PA, QL	S

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

NC Not Covered

EXC Plan Exclusion

MSP Mandatory Specialty Pharmacy Program

QL Quantity Limit

SMKG Smoking Cessation

generic =small letters

INF Infertility

OTC Over-the-Counter

RS Restricted to Specialist

SP Available through Specialty Pharmacy Program

BRANDS =CAPITAL LETTERS

LD Limited Distribution

PA Prior Authorization

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

VAC Vaccine Program

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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
ANTIVIRALS		
acyclovir cap		1
acyclovir susp		1
nevirapine tab		1
valacyclovir tab		1
RELENZA DISKHALER	QL	2
zidovudine cap		2
entecavir tab	MSP, PA	S
FUZEON INJ	MSP	S
PEG-INTRON INJ	MSP	S
PEGASYS INJ	MSP	S
ASSORTED CLASSES		
azathioprine tab		1
mycophenolate mofetil tab		1
cyclosporine cap	MSP	S
BETA BLOCKERS		
atenolol tab		1
carvedilol tab		1
labetalol tab		1
metoprolol ER tab		1
metoprolol tab		1
propranolol tab		1
BYSTOLIC TAB		2
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
cefaclor cap		3
cefepodoxime proxetil tab		3
CONTRACEPTIVES		
tri-sprintec tab	\$0	
YAZ TAB	NC	
CORTICOSTEROIDS		
prednisolone soln		1
COUGH/ COLD/ ALLERGY		
guaifenesin/ codeine syrup	OTC, QL	1
DERMATOLOGICALS		
clindamycin gel		1
clotrimazole/		1
betamethasone cream		1
erythromycin gel		1
ketoconazole cream		1
lidocaine/ prilocaine cream		1
mupirocin oint		1
nystatin cream		1
calcipotriene cream	PA, QL	2

clindamycin/ benzoyl peroxide gel		2
metronidazole cream		2
metronidazole gel		2
pimecrolimus cream	QL	2
tacrolimus oint	PA, QL	2
tretinoin cream	PA, QL	2
tretinoin gel	PA, QL	2
lidocaine patch	QL	3
nystatin/ triamcinolone oint		3
TAZORAC CREAM 0.05% PA, QL		3
adapalene cream		NC
adapalene gel		NC
AZELEX CREAM		NC
ELIDEL CREAM		NC
mupirocin cream		NC
tretinoin microsphere gel		NC
ZOVIRAX OINT		NC
amnestem cap, claravis	MSP, QL	S
cap, isotretinoin cap,		
myorisan cap, zenatane cap		
DIAGNOSTIC PRODUCTS		
ACCU-CHEK AVIVA	OTC	2
PLUS TEST STRIP		
ACCU-CHEK	OTC	2
SMARTVIEW TEST STRIP		
ACCU-CHEK TEST STRIP	OTC	2
FREESTYLE INSULINX	OTC	2
TEST STRIP		
FREESTYLE LITE TEST	OTC	2
STRIP		
FREESTYLE TEST STRIP	OTC	2
PRECISION XTRA	OTC	2
KETONE TEST STRIP		
PRECISION XTRA TEST	OTC	2
STRIP		
DIURETICS		
amiloride/ hydrochlorothiazide tab		1
CHLORALTHALIDONE 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
FORTICAL NASAL SPRAY		2
ESTROGENS		
estradiol patch		1
estradiol tab		1
estradiol/ norethindrone tab		2
PREMARIN TAB		2
PREMPHASE TAB,		2
PREMPRO TAB		
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
HYPNOTICS/ SEDATIVES/ SLEEP DISORDER AGENTS		
phenobarbital tab		1
temazepam cap 15mg		1
temazepam cap 30mg		1
zaleplon cap		1
ROZEREM TAB		NC
MACROLIDES		
azithromycin susp		1
azithromycin tab		1
clarithromycin tab		1
DIFICID TAB	MSP, PA, QL	S
MEDICAL DEVICES AND SUPPLIES		
ACCU-CHEK AVIVA	OTC	\$0
PLUS METER		
FREESTYLE FREEDOM	OTC	\$0
LITE METER		
FREESTYLE LITE METER	OTC	\$0
PRECISION XTRA	OTC	\$0
METER		
B-D INSULIN SYRINGE	OTC	1
B-D PEN NEEDLE	OTC	1
NOVOFINE PEN NEEDLE	OTC	1
NOVOTWIST PEN NEEDLE	OTC	1
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
almotriptan tab	PA, QL	3
acetaminophen/ isometheptene/ dichloral cap		NC
MOUTH/ THROAT/ DENTAL AGENTS		
clotrimazole troches		1
nystatin susp		1
MULTIVITAMINS		
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS)		1
NASAL AGENTS - SYSTEMIC AND TOPICAL		
budesonide nasal spray	OTC	1
fluticasone nasal spray	QL	1
flunisolide nasal spray	QL	2
VERAMYST NASAL SPRAY		NC
OPHTHALMIC AGENTS		
azelastine ophth soln	QL	1
bacitracin/ polymyxin b ophth oint	QL	1
ciprofloxacin ophth soln	QL	1
gentamicin ophth soln	QL	1
ketotifen ophth soln	OTC, QL	1
latanoprost ophth soln	QL	1
levofloxacin ophth soln	QL	1
timolol maleate ophth soln	QL	1

tobramycin ophth soln	QL	1
tobramycin/ dexamethasone ophth soln	QL	1
ALPHAGAN P OPHTH SOLN 0.1%	QL	2
AZOPT OPHTH SUSP	QL	2
BETIMOL OPHTH SOLN	QL	2
LUMIGAN OPHTH SOLN	QL	2
PROLENSA OPHTH SOLN	QL	2
TOBRADEX OPHTH OINT	QL	2
RESTASIS OPHTH EMULSION		NC
OTIC AGENTS		
acetic acid otic soln	QL	1
neomycin/ polymixin/ hydrocortisone otic susp	QL	1
ofloxacin otic soln	QL	1
CIPRO HC OTIC SUSP	QL	3
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 TITRATION PACK		2
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		1
famotidine tab		1
pantoprazole EC tab		1
famotidine susp		2
rabeprazole EC tab		2
DEXILANT CAP		NC
URINARY ANTISPASMODICS		
oxybutynin ER tab		1
oxybutynin tab		1
tolterodine SR cap	QL	2
tolterodine tab	QL	2
VAGINAL PRODUCTS		
vof vaginal gel	OTC	\$0
PREMARIN VAGINAL CREAM		2

NC Not Covered
EXC Plan Exclusion
MSP Mandatory Specialty Pharmacy Program
QL Quantity Limit
generic =small letters
INF Infertility
OTC Over-the-Counter
RS Restricted to Specialist
SP Available through Specialty Pharmacy Program

BRANDS =CAPITAL LETTERS
LD Limited Distribution
PA Prior Authorization
SF Limited to two 15 day fills per month for first 3 months
VAC Vaccine Program