

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		
dexamethylphenidate tab		1
guanfacine ER tab		1
methylphenidate tab		1
ADDERALL XR CAP		2
methylphenidate ER cap		2
VYVANSE CAP		2

AMINOGLYCOSIDES

BETHKIS NEB SOLN	MSP, PA	S
TOBI PODHALER	MSP, PA	S

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
ENBREX INJ 25MG	MSP, PA	S
ENBREX INJ 50MG	MSP, PA	S
ENBREX SURECLICK INJ	MSP, PA	S
50MG		

ANALGESICS - OPIOID

acetaminophen/ codeine tab		1
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

ANTIANGINAL AGENTS

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

ANTIANSXIETY 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 neb soln 0.5%		1
albuterol/ ipratropium neb soln		1

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
albuterol neb soln 0.63mg		3
albuterol neb soln 1.25mg		3
PROVENTIL HFA		NC
INHALER		
PULMICORT FLEXHALER		NC
QVAR INHALER		NC
SYMBICORT INHALER		NC
TUDORZA PRESSAIR		NC
INHALER		

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
BANZEL TAB	PA	2
carbamazepine ER tab		2
VIMPAT TAB	PA, QL	2
lamotrigine ER tab		3

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		
PEXEVA TAB		NC
venlafaxine ER tab		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 INJ	OTC	2
NOVOLOG FLEXPEN INJ,		2
FIASP FLEXTOUCH INJ		
NOVOLOG INJ, FIASP		2
INJ		
NOVOLOG MIX FLEXPEN		2
INJ		
NOVOLOG PENFILL INJ		2
TOUJEO SOLOSTAR INJ		2
TRESIBA FLEXTOUCH		2
INJ		
VICTOZA INJ	QL	2
AVANDIA TAB		3
BASAGLAR INJ		NC
HUMALOG INJ,		NC
ADMELOG INJ		
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
-----------------	--	---

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, PA	S

ANTIHISTAMINES

cetirizine tab	OTC	1
ANTHYPERLIPIDEMICS		
cholestyramine powder		1
gemfibrozil tab		1
fluvastatin cap		2
NIASPAN ER TAB		NC
TRILIXIP CAP		NC

ANTHYPERTENSIVES

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-INFECTION AGENTS - MISC.

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

ANTIMALARIALS

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

ANTI-MYCOBACTERIAL AGENTS

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

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

tamoxifen tab		\$0
anastrozole tab		1
letrozole tab		1
methotrexate tab		1

NC Not Covered
INF Infertility
OTC Over-the-Counter
SF Limited to two 15 day fills per month for first 3 months
generic =small letters
LD Limited Distribution
PA Prior Authorization
SMKG Smoking Cessation

BRANDS =CAPITAL LETTERS
MSP Mandatory Specialty Pharmacy Program
QL Quantity Limit
VAC Vaccine Program

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.

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

ranitidine tab (Rx Only)	\$0
cimetidine tab	1
famotidine tab	1
pantoprazole EC tab	1
rabeprazole EC tab	1
famotidine susp	2
DEXILANT CAP	NC

URINARY ANTI-INFECTIVES

nitrofurantoin monohydrate cap	1
--------------------------------	---

URINARY ANTISPASMODICS

oxybutynin ER tab	1
oxybutynin tab	1
tolterodine SR cap	QL 2
tolterodine tab	QL 2
VESICARE TAB	2

VAGINAL PRODUCTS

vof vaginal gel	OTC	\$0
PREMARIN VAGINAL CREAM		2

VASOPRESSORS

EPIPEN INJ	QL	2
------------	----	---

NC Not Covered

INF Infertility

OTC Over-the-Counter

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

generic =small letters

LD Limited Distribution

PA Prior Authorization

SMKG Smoking Cessation

BRANDS =CAPITAL LETTERS

MSP Mandatory Specialty Pharmacy Program

QL Quantity Limit

VAC Vaccine Program