

## Quick Reference Prescription Drug Formulary

The attached document is a “Quick Reference” prescription drug formulary, which contains the top 200 generally prescribed medications. The full formulary (180+ pages) can be found on Aspirus Health Plan’s website ([www.aspirushealthplan.com](http://www.aspirushealthplan.com)) and simply click on the “Pharmacy” tab.

Please note:

- Certain medications require **Prior-Authorization** (indicated by “**PA**” on the formulary). Aspirus Health Plan will waive prior authorization requirements, for the first 90 days, for anyone currently using any of these medications.

In this 90-day period, Navitus will send a letter to you and your physician. That letter will contain instructions on how to go about obtaining approval for these medications beyond the 90-day grace period.

- Certain medications require **Step Therapy** (indicated by “**ST**” on the formulary). Prior to January 1, Aspirus Health Plan will receive a pharmacy claims file which shows the medications you and your family are taking. This file will be provided to Navitus – and if you are currently taking a Step Therapy medication, that requirement will be waived.
- **Specialty medications** (generally higher cost medications used to treat many chronic illnesses and complex diseases) will need to be filled through either an Aspirus Pharmacy (if they are able to fill the medication), or through Lumicera, our Specialty Pharmacy vendor.

These medications are noted on the formulary with “**LMSP**”, “**MSP**” or “**SP**”.

Prior to January 1, Aspirus Health Plan will receive a pharmacy claims file which shows the medications you and your family members are taking. This file will be provided to Navitus – and if you are taking a specialty medication, Navitus will contact you to let you know how to obtain those medications starting 1/1/2021.

# Quick Reference Formulary - Aspirus 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.

Tier	Formulary	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
ADDERALL XR CAP	2
methylphenidate ER cap	2
VYVANSE CAP	2

### AMINOGLYCOSIDES

TOBI PODHALER	MSP, PA	3
---------------	---------	---

### 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		2
OXYCODONE ER TAB,		NC
OXYCONTIN CR TAB		
OXYCONTIN CR TAB		NC

### ANTIANKXIETY AGENTS

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

### ANTIARRHYTHMICS

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

### ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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 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		
PULMICORT FLEXHALER		NC
QVAR 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	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,		1
250mg		
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		2
INJ		
LEVEMIR INJ		2
NOVOLIN INJ	OTC	2
TOUJEO MAX		2
SOLOSTAR INJ		2
TOUJEO SOLOSTAR INJ		2
TRESIBA FLEXTOUCH		2
INJ		
VICTOZA INJ	QL	2
ADMELOG INJ, INSULIN		NC
LISPRO INJ		
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
-----------------	--	---

### 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		NC
TRILIPIX CAP		NC

### ANTIHYPERTENSIVES

amlodipine/ benazepril cap		1
benazepril tab		1
benazepril/		1
hydrochlorothiazide tab		
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
metoprolol/		2
hydrochlorothiazide tab		
phenoxybenzamine cap		2
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

### ANTIMALARIALS

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

### ANTIMYCOBACTERIAL AGENTS

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

### ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

anastrozole tab		\$0
tamoxifen tab		\$0
letrozole tab		1
methotrexate tab		1
AFINITOR DISPERZ	LMSP, PA,	2
	QL, SF	
AFINITOR TAB 10MG	LMSP, PA,	2
	QL, SF	
bexarotene cap	LMSP, PA,	2
	SF	
BOSULIF TAB	MSP, PA, SF	2
ERIVEDGE CAP	MSP, PA, SF	2
IMBRUVICA CAP 140MG LD, PA, QL		2

### ANTIPARKINSON AGENTS

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

NC Not Covered

EXC Plan Exclusion

LMSP Lumicera Mandatory Specialty Pharmacy Program

PA Prior Authorization

SP 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

# Quick Reference Formulary - Aspirus 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.

<b>ANTIPSYCHOTICS/ ANTIMANIC AGENTS</b>		mupirocin oint	1	<b>GOUT AGENTS</b>		tobramycin/	1
aripiprazole tab	1	nystatin cream	1	allopurinol tab	1	dexamethasone ophth soln	
lithium carbonate cap	1	adapalene cream	PA 2	<b>HEMATOLOGICAL AGENTS - MISC.</b>		ALPHAGAN P OPHTH	2
lithium carbonate tab	1	adapalene gel	PA 2	clopidogrel tab 75mg	1	SOLN 0.1%	
olanzapine tab	1	amnestem cap, claravis	2	<b>HYPNOTICS/ SEDATIVES/ SLEEP DISORDER AGENTS</b>		ALREX OPHTH SUSP	2
quetiapine tab	1	cap, isotretinoin cap,		phenobarbital tab	1	AZOPT OPHTH SUSP	2
risperidone tab	1	myorisan cap, zenatane		temazepam cap 15mg	1	BETIMOL OPHTH SOLN	2
ziprasidone cap	1	cap		temazepam cap 30mg	1	LUMIGAN OPHTH SOLN QL	2
clozapine tab	2	calcipotriene cream	2	zaleplon cap	1	PROLENSA OPHTH	2
olanzapine ODT	2	clindamycin/ benzoyl	2	ramelteon tab	NC	SOLN	
paliperidone ER tab	PA 2	peroxide gel		ROZEREM TAB	NC	RESTASIS OPHTH RS	2
ABILIFY SOLN	PA 3	imiquimod cream	2	<b>MACROLIDES</b>		EMULSION	
<b>ANTIVIRALS</b>		metronidazole cream	2	azithromycin susp	1	TOBRADEX OPHTH OINT	2
acyclovir cap	1	metronidazole gel	2	azithromycin tab	1	ketotifen ophth soln	OTC EXC
acyclovir susp	1	metronidazole gel	2	DIFICID TAB	QL, ST 2	<b>OTIC AGENTS</b>	
nevirapine tab	1	pimecrolimus cream	2	<b>MEDICAL DEVICES AND SUPPLIES</b>		acetic acid otic soln	1
valacyclovir tab	1	tacrolimus oint	2	ACCU-CHEK AVIVA	OTC \$0	neomycin/ polymyxin/	1
entecavir tab	QL 2	tretinoin cream	PA 2	PLUS METER		hydrocortisone otic susp	
FUZEON INJ	LMSP 2	tretinoin gel	PA 2	FREESTYLE FREEDOM	OTC \$0	ofloxacin otic soln	3
PEG-INTRON INJ	LMSP 2	ELIDEL CREAM	3	LITE METER		<b>PENICILLINS</b>	
PEGASYS INJ	LMSP 2	lidocaine patch	QL 3	FREESTYLE LITE METER	OTC \$0	amoxicillin cap	1
RELENZA DISKHALER	QL 2	AZELEX CREAM	NC	PRECISION XTRA	OTC \$0	amoxicillin/ clavulanate tab	1
zidovudine cap	2	mupirocin cream	NC	METER		penicillin vk tab	1
<b>ASSORTED CLASSES</b>		nystatin/ triamcinolone oint	NC	B-D INSULIN SYRINGE	OTC 1	amoxicillin/ clavulanate ER	3
azathioprine tab	1	ZOVIRAX OINT	NC	B-D PEN NEEDLE	OTC 1	tab	
mycophenolate mofetil tab	1	<b>DIAGNOSTIC PRODUCTS</b>		NOVOFINE PEN NEEDLE	OTC 1	<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>	
cyclosporine cap	2	ACCU-CHEK TEST STRIP	2	NOVOTWIST PEN	OTC 1	bupropion SR tab	QL, SMKG \$0
<b>BETA BLOCKERS</b>		FREESTYLE LITE TEST	OTC 2	NEEDLE		CHANTIX PAK	QL, SMKG \$0
atenolol tab	1	STRIP		<b>MIGRAINE PRODUCTS</b>		CHANTIX TAB	QL, SMKG \$0
carvedilol tab	1	FREESTYLE TEST STRIP	2	rizatriptan ODT	QL 1	nicotine gum	OTC, QL, \$0
labetalol tab	1	PRECISION XTRA TEST	OTC 2	rizatriptan tab	QL 1	nicotine lozenge	OTC, QL, \$0
metoprolol ER tab	1	TEST STRIP		sumatriptan tab	QL 1	nicotine patch	OTC, QL, \$0
metoprolol tab	1	TEST STRIP (all other test	OTC NC	sumatriptan inj	QL 2		
propranolol tab	1	strips)		sumatriptan vial inj	QL 2	NICOTROL INHALER	QL, SMKG \$0
BYSTOLIC TAB	¢ 2	<b>DIURETICS</b>		zolmitriptan ODT	QL 2	NICOTROL NASAL	QL, SMKG \$0
nadolol tab	2	amiloride/	1	zolmitriptan tab	QL 2	SPRAY	
<b>CALCIUM CHANNEL BLOCKERS</b>		hydrochlorothiazide tab	1	acetaminophen/	NC	donepezil ODT	QL 1
amlodipine tab	1	CHLORTHALIDONE TAB	1	isometheptene/ dichloral		donepezil tab	QL 1
diltiazem ER cap	1	furosemide tab	1	cap		galantamine tab	¢ 1
diltiazem tab	1	hydrochlorothiazide tab	1	<b>MOUTH/ THROAT/ DENTAL AGENTS</b>		memantine tab	1
felodipine ER tab	1	spironolactone tab	1	clotrimazole troches	1	rivastigmine cap	1
nifedipine cap	1	triamterene/	1	nystatin susp	1	galantamine ER cap	2
nifedipine ER tab	1	hydrochlorothiazide cap	1	<b>MULTIVITAMINS</b>		NAMENDA XR	2
verapamil SR tab	1	triamterene/	1	PRENATAL VITAMINS	1	TITRATION PACK	
diltiazem ER tab	2	hydrochlorothiazide tab	1	(PRENATAL PLUS, PREPLUS, PRENAPLUS)		<b>TETRACYCLINES</b>	
nisoldipine ER tab	3	acetazolamide ER cap	2	NASAL AGENTS - SYSTEMIC AND TOPICAL		doxycycline hyclate cap	1
<b>CALCIUM CHANNEL BLOCKERS</b>		<b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>		fluticasone nasal spray	QL 1	minocycline cap	1
amlodipine tab	1	raloxifene tab	\$0	VERAMYST NASAL	NC	<b>THYROID AGENTS</b>	
diltiazem ER cap	1	alendronate tab	1	SPRAY		liothyronine tab	1
diltiazem tab	1	ibandronate tab 150mg	QL 1	<b>OPHTHALMIC AGENTS</b>		methimazole tab	1
felodipine ER tab	1	FORTEO INJ	LMSP 2	azelastine ophth soln	1	SYNTHROID TAB	1
nifedipine cap	1	FORTICAL NASAL	2	bacitracin/ polymyxin b	1	THYROLAR TAB	2
nifedipine ER tab	1	SPRAY		ophth oint		<b>ULCER DRUGS</b>	
verapamil SR tab	1	ACTONEL TAB	3	ciprofloxacin ophth soln	1	cimetidine tab	1
diltiazem ER tab	2	<b>ESTROGENS</b>		dorzolamide/ timolol (pf)	1	famotidine tab	1
nisoldipine ER tab	3	estradiol patch	1	ophth soln		pantoprazole EC tab	1
<b>CEPHALOSPORINS</b>		estradiol tab	1	gentamicin ophth soln	1	famotidine susp	2
cefadroxil cap	1	estradiol/ norethindrone	2	ketorolac ophth soln	1	rabeprazole EC tab	3
cefdinir cap	1	tab		latanoprost ophth soln	QL 1	PREVACID OTC CAP	OTC EXC
cefdinir susp	1	PREMARIN TAB	2	ofloxacin ophth soln	1	ZEGERID CAP OTC	OTC EXC
cefprozil susp	1	PREMPHASE TAB,	2	ofloxacin ophth soln		DEXILANT CAP	NC
cefprozil tab	1	PREMPRO TAB	2	<b>FLUOROQUINOLONES</b>		<b>URINARY ANTI-INFECTIVES</b>	
cefuroxime susp	1	<b>FLUOROQUINOLONES</b>		ciprofloxacin tab	1	nitrofurantoin monohydrate	1
cephalexin cap	1	ciprofloxacin tab	1	levofloxacin tab	1	cap	
cefaclor cap	3	levofloxacin tab	1	ofloxacin tab	1	<b>URINARY ANTISPASMODICS</b>	
cefepodoxime proxetil tab	3	moxifloxacin tab	2	<b>GENITOURINARY AGENTS - MISCELLANEOUS</b>		oxybutynin ER tab	1
<b>CONTRACEPTIVES</b>		<b>GENITOURINARY AGENTS - MISCELLANEOUS</b>		alfuzosin SR tab	1	oxybutynin tab	1
tri-sprintec tab	\$0	estradiol patch	1	finasteride tab	1	tolterodine SR cap	2
YAZ TAB	NC	estradiol/ norethindrone	2	tamsulosin cap	1	tolterodine tab	¢ 2
<b>CORTICOSTEROIDS</b>		<b>FLUOROQUINOLONES</b>					
prednisolone soln	1	PREMARIN TAB	2				
<b>COUGH/ COLD/ ALLERGY</b>		PREMPHASE TAB,	2				
guaifenesin/ codeine syrup	OTC, QL 1	PREMPRO TAB	2				
<b>DERMATOLOGICALS</b>		<b>FLUOROQUINOLONES</b>					
clindamycin gel	1	ciprofloxacin tab	1				
clotrimazole/	1	levofloxacin tab	1				
betamethasone cream		ofloxacin tab	1				
erythromycin gel	1	moxifloxacin tab	2				
ketoconazole cream	1	<b>GENITOURINARY AGENTS - MISCELLANEOUS</b>					
lidocaine/ prilocaine cream	1	alfuzosin SR tab	1				

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

## Quick Reference Formulary - Aspirus 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.

### VAGINAL PRODUCTS

vcf vaginal gel	OTC	\$0
PREMARIN VAGINAL CREAM		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