

EliteCare Quick Reference Formulary

This formulary is not inclusive nor does it guarantee coverage. It is an abbreviated list of Pharmacy and Therapeutics Committee approved drugs that may be prescribed. This document is subject to change.

Reading the Drug List

Generic medications are listed in all lower case letters; brand name medications are listed in all upper case letters. Each drug product is associated with a coverage tier, shown to the right of each drug product.

| | | Relative cost to member |
|--------|----------------------------------|-------------------------|
| Tier 1 | Formulary generic products | \$ |
| Tier 2 | Formulary Brand Products | \$\$ |
| Tier 3 | Non-Preferred Formulary Products | \$\$\$\$ |
| NC | Not-Covered | |

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).

All newly approved drugs on the market will initially NOT be covered, pending further review by the Navitus P&T Committee.

ANTI-INFECTIVES

Penicillins

| | |
|----------------------------|----------|
| amoxicillin | 1 |
| amoxicillin/clavulanate | 1 |
| amoxicillin/clavulanate ER | 1 |
| penicillin vk | 1 |
| AUGMENTIN XR | 3 |

Cephalosporins

| | |
|-------------------|----------|
| cefaclor | 1 |
| cefadroxil | 1 |
| cefdinir | 1 |
| cefprozil | 1 |
| cefuroxime | 1 |
| cephalexin | 1 |
| OMNICEF | 3 |
| SPECTRACEF | 3 |

Macrolides

| | |
|-------------------------------------|----------|
| azithromycin susp | 1 |
| azithromycin tab | 1 |
| clarithromycin | 1 |
| ERY-TAB | 1 |
| erythromycin (all forms except PCE) | 1 |
| DYNABAC | 3 |
| PCE | 3 |

Quinolones

| | |
|-----------------------|----------|
| ciprofloxacin (er) | 1 |
| ofloxacin tab | 1 |
| AVELOX | 2 |
| LEVAQUIN | 2 |
| CIPRO CYSTITIS | 3 |
| MAXAQUIN | 3 |
| NOROXIN | 3 |
| TEQUIN | 3 |

Miscellaneous Anti-infectives

| | |
|--------------------------|----------|
| clindamycin | 1 |
| DAPSONE | 1 |
| erythromycin | 1 |
| /sulfisoxazole susp | 1 |
| metronidazole | 1 |
| nitrofurantoin | 1 |
| monohydrate/macrocystals | 1 |
| rifampin | 1 |
| smz-tmp (os) | 1 |
| ACTIMMUNE | 2 |
| VANOCIN | 2 |
| ZYVOX | 2 |
| FLAGYL ER | 3 |
| KETEK | 3 |

Anti-Fungals

| | |
|---------------------|----------|
| clotrimazole troche | 1 |
| fluconazole | 1 |
| griseofulvin | 1 |
| itraconazole | 1 |
| keconazole | 1 |
| nystatin tab/susp | 1 |
| terbinafine | 1 |
| GRIFULVIN | 2 |
| VFEND | 2 |

Anti-Gout

| | |
|---------------|----------|
| ULORIC | 2 |
|---------------|----------|

Anti-Virals

| | |
|-------------------|----------|
| acyclovir | 1 |
| amantadine cap | 1 |
| ribavirin | 1 |
| rimantadine | 1 |
| valacyclovir tab | 1 |
| HEPSERA | 2 |
| INTRON A | 2 |
| PEG-INTRON | 2 |
| PEGASYS | 2 |
| REBETRON | 2 |
| RELENZA | 2 |
| TAMIFLU | 2 |
| VALTRES | 2 |
| FAMVIR | 3 |
| VALTRES | 3 |

HIV DRUGS

All HIV drugs are covered at Tier 2.

CARDIOVASCULAR

Diuretics

| | |
|---------------------|---|
| acetazolamide cap | 1 |
| amiloride/hctz | 1 |
| furosemide | 1 |
| hydrochlorothiazide | 1 |
| metolazone | 1 |
| spironolactone | 1 |

| | |
|-----------------------|----------|
| triamterene/hctz | 1 |
| DIAMOX SEQUELS | 3 |

Beta Blockers

| | |
|--------------------|----------|
| atenolol | 1 |
| betaxolol | 1 |
| bisoprolol/hctz | 1 |
| carvedilol | 1 |
| INNOPRAN XL | 1 |
| labetalol | 1 |
| metoprolol (er) | 1 |
| metoprolol/hctz | 1 |
| nadolol | 1 |
| propranolol (er) | 1 |
| BYSTOLIC | 2 |
| COREG CR | 3 |
| LEVATOL | 3 |

ACE Inhibitors

| | |
|-------------------|---|
| benazepril (hctz) | 1 |
| captopril (hctz) | 1 |
| enalapril (hctz) | 1 |
| fosinopril (hctz) | 1 |
| lisinopril (hctz) | 1 |
| moexipril/hctz | 1 |
| perindopril | 1 |
| quinapril (hctz) | 1 |
| ramipril | 1 |
| trandolapril | 1 |

Angiotensin Receptor Blockers

| | |
|------------------------|----------|
| losartan | 1 |
| losartan/hctz | 1 |
| AVALIDE | 2 |
| AVAPRO | 2 |
| DIOVAN | 2 |
| DIOVAN HCTZ | 2 |
| ATACAND | 3 |
| ATACAND HCT | 3 |
| ENICAR (HCTZ) | 3 |
| MICARDIS (HCTZ) | 3 |
| TEVETEN | 3 |
| VALTURNIA | 3 |

Calcium Channel Blockers

| | |
|----------------------------------|----------|
| Amlodipine | 1 |
| amlodipine/benazepril | 1 |
| diltiazem(er)(all generic forms) | 1 |
| nicardipine | 1 |
| nifedipine (er/xl) | 1 |
| verapamil (sr/er) | 1 |
| CARDIZEM LA | 2 |
| LOTREL 10-40mg, 5-40mg | 2 |
| CARDIZEM CD | 3 |
| COVERA-HS | 3 |
| PLENDIL | 3 |

Other Cardiovascular Agents

| | |
|------------------------|----------|
| clonidine patch | 1 |
| doxazosin | 1 |
| prazosin | 1 |
| terazosin | 1 |
| trandolapril/verapamil | 1 |
| CATAPRES-TTS | 2 |
| EFFIENT | 2 |
| EXFORGE (HCT) | 2 |
| LETAIRIS | 2 |

| | |
|-----------------|----------|
| MULTAQ | 2 |
| RANEXA | 2 |
| TRACLEER | 2 |
| LEXSEL | 3 |

Cholesterol Lowering Agents

| | |
|------------------------|----------|
| cholestyramine (light) | 1 |
| gemfibrozil | 1 |
| LOFIBRA | 1 |
| lovastatin | 1 |
| pravastatin | 1 |
| simvastatin | 1 |
| CADUET | 2 |
| CRESTOR | 2 |
| LIPITOR | 2 |
| LOVAZA | 2 |
| NIASPAN ER | 2 |
| SIMCOR | 2 |
| TRILIPIX | 2 |
| VYTORIN | 2 |
| WELCHOL (PAK) | 2 |
| ZETIA | 2 |
| ADVICOR | 3 |
| ALTOPREV | 3 |
| LESCOL (XL) | 3 |
| TRICOR | 3 |

CNS & ANS AGENTS

Analgesics

| | |
|---|----------|
| acetaminophen/codeine | 1 |
| hydrocodone/acetaminophen | 1 |
| fentanyl TD patch | 1 |
| morphine sulfate er | 1 |
| morphine sulfate immediate-release (MSIR) | 1 |
| oxycodone er | 1 |
| oxycodone/acetaminophen | 1 |
| tramadol | 1 |
| OXYCONTIN | 2 |
| AVINZA | 3 |
| KADIAN | 3 |

Migraine Agents

| | |
|--------------------------------|----------|
| divalproex er | 1 |
| generic Midrin equivalent | 1 |
| sumatriptan inj | 1 |
| (QL= 4 inj/Rx; 2 fill/30 day) | 1 |
| sumatriptan tab | 1 |
| (QL= 9 tab/Rx; 2 fill/30 day) | 1 |
| AMERGE | 2 |
| (QL= 9 tab/Rx; 2 fill/30 day) | 2 |
| AXERT | 2 |
| (QL= 9 tab/Rx; 2 fill/30 day) | 2 |
| FIORINAL | 2 |
| IMITREX NS | 2 |
| (QL= 6 spr/Rx; 2 fill/30 day) | 2 |
| MAXALT (MLT) | 2 |
| (QL= 12 tab/Rx; 3 fill/60 day) | 2 |
| MIDRIN | 2 |
| SUMATRIPTAN NS | 2 |
| (QL= 6 spr/Rx; 2 fill/30 day) | 2 |
| FROVA | 3 |
| (QL= 9 tab/Rx; 2 fill/30 day) | 3 |
| RELPAK | 3 |
| (QL= 9 tab/Rx; 2 fill/30 day) | 3 |
| ZOMIG (ZMT) | 3 |
| (QL= 9 tab/Rx; 2 fill/30 day) | 3 |

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ZOMIG NS
(QL= 6 spr/Rx; 2 fill/30 day) 3

Anti-Anxiety Agents & Sedatives

| | |
|-----------------|----------|
| alprazolam (er) | 1 |
| buspirone | 1 |
| lorazepam | 1 |
| temazepam | 1 |
| zaleplon | 1 |
| zolpidem | 1 |
| SONATA | 3 |
| XANAX XR | 3 |

Anti-Convulsants

| | |
|--------------------------|----------|
| carbamazepine (er) | 1 |
| clonazepam | 1 |
| divalproex | 1 |
| gabapentin tabs and caps | 1 |
| lamotrigine | 1 |
| levetiracetam | 1 |
| oxcarbazepine | 1 |
| phenobarbital | 1 |
| phenytoin sodium er | 1 |
| topiramate | 1 |
| CARBATROL | 2 |
| LYRICA | 2 |

Anti-Depressants

| | |
|-----------------------|----------|
| amitriptyline | 1 |
| bupropion XL | 1 |
| bupropion sr | 1 |
| citalopram | 1 |
| fluoxetine | 1 |
| mirtazapine | 1 |
| nefazodone | 1 |
| nortriptyline | 1 |
| paroxetine | 1 |
| paroxetine cr | 1 |
| sertraline | 1 |
| trazodone | 1 |
| venlafaxine | 1 |
| CYMBALTA | 2 |
| EFFEXOR XR | 2 |
| LEXAPRO | 2 |
| VENLAFAXINE SR | 2 |
| LUVOX CR | 3 |
| PEXEVA | 3 |
| PRISTIQ | 3 |
| PROZAC WEEKLY | 3 |
| SARAFEM | 3 |
| WELLBUTRIN XL | 3 |

Anti-Psychotic Agents

| | |
|--------------------------|----------|
| clozapine | 1 |
| haloperidol | 1 |
| risperidone (ODT) | 1 |
| ABILIFY | 2 |
| ABILIFY DISC MELT | 2 |
| BANZEL | 2 |
| GEODON | 2 |
| SEROQUEL (XR) | 2 |
| SYMBYAX | 2 |
| ZYPREXA | 2 |
| ZYPREXA ZYDIS | 2 |

Stimulants

| | |
|------------------------|---|
| dexmethylphenidate | 1 |
| generic Adderall equiv | 1 |

| | |
|---|-----------|
| methylphenidate (er) | 1 |
| ADDERALL XR | 2 |
| CONCERTA | 2 |
| DAYTRANA | 2 |
| VYVANSE | 2 |
| FOCALIN | 3 |
| FOCALIN XR | 3 |
| METADATE CD | 3 |
| STRATTERA (Covered at Tier 2 on Open Plans ONLY) | 3 |
| Weight loss agents (e.g. XENICAL) | NC |

Anti-Parkinson Agents

| | |
|--------------------|----------|
| carbidopa/levodopa | 1 |
| pergolide | 1 |
| pramipexole | 1 |
| ropinirole | 1 |
| selegiline | 1 |
| AZILECT | 2 |
| COMTAN | 2 |
| STALEVO | 2 |
| REQUIP (XL) | 3 |
| TASMAR | 3 |

Miscellaneous CNS Agents

| | |
|-------------------------------|-----------|
| chloral hydrate | 1 |
| galantamine (er) | 1 |
| lithium carbonate (ER) | 1 |
| ARICEPT | 2 |
| EXELON (PATCH) | 2 |
| NAMENDA | 2 |
| COGNEX | 3 |
| ZYBAN or nicotine replacement | NC |

DERMATOLOGICALS

Topical Anti-Infectives

| | |
|---------------------------|----------|
| erythromycin gel | 1 |
| mupirocin ointment | 1 |
| silver sulfadiazine cream | 1 |
| BACTROBAN CREAM | 2 |
| DENAVIR CREAM | 2 |
| ZOVIRAX OINTMENT | 2 |

Topical Anti-Fungals

| | |
|-----------------------------|----------|
| ciclopirox cream | 1 |
| clotrimazole/betameth cream | 1 |
| ketconazole cream | 1 |
| ketconazole shampoo | 1 |
| nystatin cream | 1 |
| PENLAC | 3 |
| VYATONE CREAM | 3 |

Acne Agents

| | |
|----------------------------------|----------|
| adapalene gel | 1 |
| clindamycin topical soln | 1 |
| clindamycin/benzoyl peroxide gel | 1 |
| generic ACCUTANE equivs | 1 |
| tretinoin | 1 |
| DIFFERIN | 2 |
| RETIN-A MICRO gel | 2 |
| AZELEX | 3 |

Psoriasis /Eczema Agents

| | |
|----------------------|----------|
| DOVONEX CREAM | 2 |
| ENBREL | 2 |

| | |
|-----------------|----------|
| VECTICAL | 2 |
| TAZORAC | 3 |

Miscellaneous Topical Agents

| | |
|---------------------------------|-----------|
| imiquimod cream | 1 |
| lidocaine/prilocaine cream | 1 |
| lindane (lotion/shampoo) | 1 |
| metronidazole topical gel 0.75% | 1 |
| ELIDEL | 2 |
| PROTOPIC | 2 |
| REGRANEX | 2 |
| ELIMITE | 3 |
| hydroquinone | NC |
| RENOVA | NC |

EYES & EARS

Otics

| | |
|-----------------------|----------|
| acetic acid | 1 |
| neomycin/polymyxin/HC | 1 |
| ofloxacin otic | 1 |
| CERUMENEX | 2 |
| CIPRODEX | 2 |
| DERMOTIC | 2 |
| CIPRO HC | 3 |
| FLOXIN OTIC | 3 |

Ophthalmic Anti-Infectives/Steroids

| | |
|------------------------------------|----------|
| bacitracin/polymyxin B | 1 |
| ciprofloxacin ophthalmic soln | 1 |
| gentamycin soln | 1 |
| ofloxacin ophthalmic susp | 1 |
| prednisolone soln | 1 |
| tobramycin soln | 1 |
| tobramycin/dex ophth soln | 1 |
| ALREX | 2 |
| AZASITE | 2 |
| CORTISPORIN ophthalmic susp | 2 |
| DUREZOL | 2 |
| LOTEMAX | 2 |
| TOBRADEX | 2 |
| VIGAMOX | 2 |
| ZYMAR | 2 |
| QUIXIN | 3 |

Glaucoma Agents

| | |
|---------------------------|----------|
| dorzolamide ophth | 1 |
| dorzolamide/timolol ophth | 1 |
| levobunolol | 1 |
| pilocarpine ophth soln | 1 |
| timolol maleate | 1 |
| ALPHAGAN-P | 2 |
| AZOPT | 2 |
| BETIMOL | 2 |
| BETOPTIC-S | 2 |
| LUMIGAN | 2 |
| TRAVATAN (Z) | 2 |
| XALATAN | 2 |

Miscellaneous Ophthalmic Agents

| | |
|-----------------------|----------|
| azelastine ophth soln | 1 |
| ketorolac ophth soln | 1 |
| ALAMAST | 2 |
| ALOCRIAL | 2 |
| ALOMIDE | 2 |

| | |
|-----------------|----------|
| NEVANAC | 2 |
| PATANOL | 2 |
| RESTASIS | 2 |
| XIBROM | 2 |
| ACUVAIL | 3 |
| ELESTAT | 3 |

GASTROINTESTINAL

Antiulcer Agents

| | |
|------------------------------|-----------|
| cimetidine | 1 |
| famotidine | 1 |
| misoprostol | 1 |
| omeprazole 20mg & 40mg | 1 |
| PREVACID OTC | 1 |
| PRIOSEC OTC | 1 |
| ranitidine | 1 |
| DEXILANT | 2 |
| PROTONIX (PAK) | 2 |
| ACIPHEX | 3 |
| NEXIUM | 3 |
| PREVACID cap/ PREVPAK | 3 |
| PREVACID Solutabs | 3 |
| ZEGERID POWDER | 3 |
| lansoprazole | NC |

Miscellaneous GI Agents

| | |
|------------------|----------|
| ASACOL HD | 2 |
| ULORIC | 3 |

Urinary Agents

| | |
|------------------------|----------|
| doxazosin | 1 |
| finasteride | 1 |
| oxybutynin (er) | 1 |
| tamsulosin | 1 |
| terazosin | 1 |
| AVODART | 2 |
| DETROL LA | 2 |
| MACROBID | 2 |
| TOVIAZ | 2 |
| UROXATRAL | 2 |
| VESICARE | 2 |
| ENABLEX | 3 |
| OXYTROL patches | 3 |
| SANCTURA | 3 |

ANTINEOPLASTICS/ IMMUNOSUPPRESSANT

| | |
|-----------------|----------|
| azathioprine | 1 |
| cyclosporine | 1 |
| mycophenolate | 1 |
| tamoxifen | 1 |
| ARIMIDEX | 2 |

DIABETIC AGENTS

Diabetic Supplies

| | |
|---|----------|
| Accu-Chek meters | — |
| Freestyle meters (Flash, Freedom, Lite, Freedom Lite) | — |
| B-D insulin syringe | 1 |
| B-D pen needles | 1 |
| Novofine pen needles | 1 |
| Precision insulin syringe | 1 |
| Accu-Chek test strips | 2 |

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| | |
|--|---|
| Freestyle test strips | 2 |
| Freestyle Lite test strips | 2 |
| Non-formulary meters/ diabetic supplies | 3 |

Hypoglycemic Agents

| | |
|---|---|
| glipizide (er) | 1 |
| glyburide | 1 |
| metformin (er) | 1 |
| metformin/glyburide | 1 |
| nateglinide | 1 |
| NOVOLIN INSULIN (vial) | 1 |
| ACTOPLUS MET | 2 |
| ACTOS | 2 |
| AVANDIA | 2 |
| AVANDAMET | 2 |
| AVANDARYL | 2 |
| BYETTA | 2 |
| DUETACT | 2 |
| HUMULIN 50/50 insulin | 2 |
| HUMULIN PEN | 2 |
| JANUMET | 2 |
| JANUVIA | 2 |
| LANTUS insulin | 2 |
| LANTUS SOLOSTAR | 2 |
| LEVEMIR | 2 |
| NOVOLIN INNOLET/ PENFILLS | 2 |
| NOVOLOG VIALS/PENS/ CARTS | 2 |
| ONGLYZA | 2 |
| ACTOPLUS MET XR | 3 |
| AMARYL | 3 |
| APIDRA | 3 |
| HUMULIN N, R, or 70/30 vials (Covered at Tier 2 on Open Plans ONLY) | 3 |
| HUMALOG (all forms) (Covered at Tier 2 on Open Plans ONLY) | 3 |
| PRANDIN | 3 |

THYROID AGENTS

| | |
|---------------|---|
| levothyroxine | 1 |
| levoxyl | 1 |
| liothyronine | 1 |
| methimazole | 1 |
| thyroid | 1 |
| unithroid | 1 |
| THYROLAR | 2 |
| CYTOMEL | 3 |

MUSCULOSKELETAL

| | |
|---------------------|---|
| NSAIDs | |
| diclofenac | 1 |
| generic XR products | 1 |
| ibuprofen | 1 |
| ketorolac | 1 |
| meloxicam | 1 |
| nabumetone | 1 |
| piroxicam | 1 |
| sulindac | 1 |
| ARTHROTEC | 3 |
| FLECTOR PATCH | 3 |
| PONSTEL | 3 |

COX-2 Inhibitors

| | |
|----------|---|
| CELEBREX | 2 |
|----------|---|

Misc. Musculoskeletal

| | |
|----------------|---|
| ENBREL | 2 |
| HUMIRA PEN/KIT | 2 |

OB/GYN AGENTS

Contraceptives

| | |
|--|---|
| generics | 1 |
| YAZ | 1 |
| NUVARING | 2 |
| ORTHO EVRA | 2 |
| ORTHO TRI-CYCLEN LO | 2 |
| All other Brand Name Contraceptives | 3 |

Estrogens/Combinations

| | |
|---|---|
| estradiol tablet/patch | 1 |
| estra/noreth tablet | 1 |
| COMBIPATCH | 2 |
| ESTRACE (vaginal cream) | 2 |
| ESTRATEST (H.S.) | 2 |
| PREMARIN/PREMPRO/ PREMPHASE | 2 |
| VIVELLE (DOT) | 2 |
| ACTIVELLA | 3 |
| ALORA | 3 |
| CENESTIN | 3 |
| CLIMARA | 3 |
| CLIMARA PRO (Covered at Tier 2 on Open Plans ONLY) | 3 |
| ESTRADERM | 3 |
| ESTRASORB | 3 |
| MENOSTAR | 3 |
| ORTHO-PREFEST | 3 |

Osteoporosis Agents

| | |
|-------------|---|
| alendronate | 1 |
| EVISTA | 2 |
| FORTEO | 2 |
| FOSAMAX-D | 2 |
| MIACALCIN | 2 |
| ACTONEL | 3 |
| BONIVA | 3 |
| DIDRONEL | 3 |

RESPIRATORY AGENTS

Nasal Products

| | |
|-------------------------|---|
| flunisolide nasal spray | 1 |
| fluticasone nasal spray | 1 |
| ASTELIN | 2 |
| ASTEPRO | 2 |
| NASONEX | 2 |
| PATANASE | 2 |
| VERAMYST | 2 |
| ATROVENT nasal spray | 3 |
| BECONASE (AQ) | 3 |
| NASACORT AQ | 3 |
| RHINOCORT AQUA | 3 |
| TRI-NASAL | 3 |

Antihistamines

| | |
|----------------|---|
| cyproheptadine | 1 |
|----------------|---|

| | |
|----------------------|----|
| fexofenadine | 1 |
| hydroxyzine | 1 |
| ASTELIN | 2 |
| ASTEPRO | 2 |
| FEXOFENADINE/PSE | 2 |
| ALLEGRA-D | 3 |
| CLARINEX (all forms) | 3 |
| CLARITIN CAP OTC | NC |

Leukotriene Modifiers

| | |
|-----------|---|
| SINGULAIR | 2 |
| ACCOLATE | 3 |

Asthma/Pulmonary Agents

| | |
|--|---|
| albuterol inhaler/ nebulizer solution | 1 |
| albuterol/ipratropium neb soln | 1 |
| budesonide susp. | 1 |
| cromolyn nebulizer solution | 1 |
| ipratropium nebulizer solution | 1 |
| ADVAIR DISKUS | 2 |
| ADVAIR HFA | 2 |
| ASMANEX inhaler | 2 |
| COMBIVENT inhaler | 2 |
| FLOVENT inhaler/rotadisk | 2 |
| FORADIL AEROLIZER | 2 |
| MAXAIR inhaler | 2 |
| PROAIR HFA | 2 |
| PULMICORT | 2 |
| TURBUHALER/FLEXHALER | 2 |
| SEREVENT DISKUS | 2 |
| SPIRIVA capsules and HandiHaler | 2 |
| SYMBICORT | 2 |
| VENTOLIN HFA | 2 |
| ACCUNEB NEB SOLN | 3 |
| AEROBID inhaler | 3 |
| AZMACORT (Covered at Tier 2 on Open Plans ONLY) | 3 |
| PROVENTIL HFA | 3 |
| PULMICORT RESPULES | 3 |