

Quick Reference Formulary - Sarasota Memorial Health Care System 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.

| Tier | Formulary generics and some lower cost brand products | \$ |
|------|---|----------|
| Tier | Formulary, brand products and some higher cost generic products | \$\$ |
| Tier | 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 | | | | Relative Cost to Member | |
| amphetamine/ | 1 | ADVAIR HFA INHALER | 2 | JANUVIA TAB | 2 |
| dextroamphetamine tab | | ANORO ELLIPTA | 2 | LEVEMIR FLEXTOUCH | 2 |
| dexamethylphenidate tab | 1 | INHALER | | INJ | |
| guanfacine ER tab | 1 | COMBIVENT RESPIMAT | 2 | LEVEMIR INJ | 2 |
| methylphenidate tab | 1 | INHALER | | NOVOLIN 70/ 30 INJ | OTC |
| methylphenidate ER cap | 2 | INCRUSE ELLIPTA | 2 | NOVOLIN N INJ | OTC |
| VYVANSE CAP | 2 | INHALER | | NOVOLIN R INJ | OTC |
| ADDERALL XR CAP | NC | SEREVENT DISKUS | 2 | SEMLEE INJ, INSULIN | |
| AMINOGLYCOSIDES | | INHALER | | GLARGINE-YFGN INJ | |
| TOBI PODHALER | MSP, PA | PULMICORT FLEXHALER | NC | SEMLEE PEN, INSULIN | |
| ANALGESICS - ANTI-INFLAMMATORY | | QVAR INHALER | NC | GLARGINE-YFGN PEN | |
| celecoxib cap | QL | TUDORZA PRESSAIR | NC | TOUJEO MAX | |
| diclofenac sodium EC tab | 1 | INHALER | | SOLOSTAR INJ | |
| diclofenac sodium XR tab | 1 | ANTICOAGULANTS | | TOUJEO SOLOSTAR INJ | |
| ibuprofen tab | 1 | warfarin tab | 1 | TRESIBA FLEXTOUCH | |
| ketorolac tab | QL | PRADAXA CAP 110MG, 150MG | 3 | INJ | |
| meloxicam tab | 1 | ANTICONVULSANTS | | VICTOZA INJ | QL |
| nabumetone tab | 1 | carbamazepine tab | 1 | ADMELOG INJ, INSULIN | NC |
| sulindac tab | 1 | clonazepam tab | 1 | LISPRO INJ | |
| piroxicam cap | 2 | divalproex sodium DR tab | 1 | BASAGLAR INJ, LANTUS | NC |
| diclofenac/ misoprostol DR | 3 | gabapentin cap | QL | SOLOSTAR INJ, INSULIN | |
| tab | | lamotrigine tab | 1 | GLARGINE SOLOSTAR | |
| ANALGESICS - OPIOID | | levetiracetam tab | 1 | INJ | |
| acetaminophen/ codeine | 1 | phenytoin cap | 1 | HUMULIN N INJ | OTC |
| tab | | topiramate tab | 1 | HUMULIN R INJ | OTC |
| hydrocodone/ | 1 | carbamazepine ER tab | 2 | KOMBIGLYZE XR TAB | |
| acetaminophen tab | | lamotrigine ER tab | 3 | LANTUS INJ, INSULIN | |
| morphine sulfate ER tab | 1 | ANTIDEPRESSANTS | | GLARGINE INJ | |
| oxycodone/ | 1 | amitriptyline tab | 1 | ONGLYZA TAB | |
| acetaminophen tab | | bupropion ER tab | 1 | pioglitazone/ metformin | NC |
| tramadol tab | 1 | bupropion XL tab | 1 | tab | NC |
| fentanyl patch | 2 | citalopram soln | 1 | ANTI-INFECTIVE AGENTS - MISC. | |
| OXYCODONE ER TAB | QL | citalopram tab | 1 | clindamycin cap | 1 |
| OXYCONTIN CR TAB | 2 | duloxetine EC cap | 1 | metronidazole tab | 1 |
| NC | | escitalopram tab | 1 | nitrofurantoin monohydrate | 1 |
| ANTIANXIETY AGENTS | | fluoxetine cap | 1 | cap | |
| alprazolam tab | 1 | fluoxetine tab | 1 | smz/ tnp (DS) tab | 1 |
| buspirone tab | 1 | mirtazapine tab | 1 | metronidazole cap | NC |
| hydroxyzine tab | 1 | NEFAZODONE TAB | 1 | ANTIMALARIALS | |
| lorazepam tab | 1 | nefazodone tab 50mg, 250mg | 1 | hydroxychloroquine tab | 1 |
| ANTIIARRHYTHMICS | | norptyline cap | 1 | ANTIMYCOBACTERIAL AGENTS | |
| MULTAQ TAB | 2 | paroxetine tab | 1 | rifampin cap | 2 |
| ANTIASTHMATIC AND BRONCHODILATOR AGENTS | | sertraline conc | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES | |
| albuterol/ ipratropium neb soln | 1 | sertraline tab | 1 | anastrozole tab | \$0 |
| ARNUTTY ELLIPTA | 1 | trazodone tab | 1 | tamoxifen tab | \$0 |
| INHALER | | venlafaxine ER cap | 1 | letrozole tab | 1 |
| ASMANEX HFA INHALER | 1 | venlafaxine tab | 1 | methotrexate tab | 1 |
| ASMANEX INHALER | 1 | venlafaxine ER tab | NC | bexarotene cap | MSP, PA, SF S |
| budesonide inh susp | 1 | ANTIDIABETICS | | BOSULIF TAB | MSP, PA, SF S |
| FLOVENT DISKUS | 1 | glipizide ER tab | 1 | ERIVEDGE CAP | LD, PA, SF S |
| INHALER | | glipizide tab | 1 | ANTIPARKINSON AGENTS | |
| ipratropium neb soln | 1 | glyburide tab | 1 | amantadine cap | 1 |
| montelukast chew tab | 1 | metformin tab | 1 | carbidopa/ levodopa tab | 1 |
| montelukast tab | 1 | pioglitazone tab | 1 | ropinirole tab | 1 |
| | | AVANDIA TAB | 2 | selegiline cap | 1 |
| | | BYDUREON PEN INJ | QL | pramipexole ER tab | 3 |
| | | FARXIGA TAB | 2 | ropinirole ER tab | 3 |
| | | JANUMET TAB | 2 | ANTIPSYCHOTICS/ ANTIMANIC AGENTS | |
| | | JANUMET XR TAB | QL | ariPIPRAZOLE tab | 1 |
| | | | 2 | lithium carbonate cap | 1 |
| | | | | olanzapine tab | 1 |
| | | | | quetiapine tab | 1 |
| | | | | risperidone tab | 1 |
| | | | | ziprasidone cap | 1 |
| | | | | clozapine tab | 2 |
| | | | | olanzapine ODT | 2 |
| | | | | paliperidone ER tab | 2 |

NC Not Covered

generic =small letters

BRANDS =CAPITAL LETTERS

NC/3P Not Covered, Third Party Reviewer

EXC Plan Exclusion

INF Infertility

LD Limited Distribution

MSP Mandatory Specialty Pharmacy Program

OTC Over-the-Counter

PA Prior Authorization

QL Quantity Limit

RS Restricted to Specialist

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

SMKG Smoking Cessation

ST Step Therapy

VAC Vaccine Program

¢ RxCENTS

Last Updated 9/1/2022

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| ANTIVIRALS | | | | MEDICAL DEVICES AND SUPPLIES | | | | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. | | | |
|---|-----|---|--------|---|--------------------------|-----|----------------------|--|-----|--|--|
| acyclovir cap | 1 | tretinoin cream | PA | 2 | ACCU-CHEK AVIVA PLUS OTC | \$0 | bupropion SR tab | QL, SMKG | \$0 | | |
| acyclovir susp | 1 | tretinoin gel | PA | 2 | METER | | CHANTIX PAK | QL, SMKG | \$0 | | |
| nevirapine tab | 1 | ELIDEL CREAM | 3 | 3 | B-D INSULIN SYRINGE OTC | 1 | CHANTIX TAB | QL, SMKG | \$0 | | |
| valacyclovir tab | 1 | lidocaine patch | QL | 3 | B-D PEN NEEDLE OTC | 1 | nicotine gum | OTC, QL, | \$0 | | |
| entecavir tab | 2 | AZELEX CREAM | NC | NC | NOVOFINE PEN NEEDLE OTC | 1 | SMKG | | | | |
| RELENZA DISKHALER | QL | mupirocin cream | NC | NC | NOVOTWIST PEN OTC | 1 | nicotine lozenge | OTC, QL, | \$0 | | |
| zidovudine cap | 2 | ZOVIRAX OINT | NC | NC | NEEDLE | | SMKG | | | | |
| FUZEON INJ | MSP | ACCU-CHEK TEST STRIPOTC | 2 | 2 | FREESTYLE FREEDOM OTC | NC | nicotine patch | OTC, QL, | \$0 | | |
| PEG-INTRON INJ | MSP | FREESTYLE LITE TEST OTC | NC | NC | LITE METER | | SMKG | | | | |
| PEGASYS INJ | MSP | STRIP | NC | NC | PRECISION XTRA OTC | NC | SMKG | | | | |
| ASSORTED CLASSES | | | | METER | | | NICOTROL INHALER | QL, SMKG | \$0 | | |
| azathioprine tab | 1 | FREESTYLE TEST STRIPOTC | NC | NC | TEST STRIP | | NICOTROL NASAL SPRAY | QL, SMKG | \$0 | | |
| mycophenolate mofetil tab | 1 | PRECISION XTRA TEST OTC | NC | NC | TRITRUMPTAN | | | | | | |
| cyclosporine cap | 2 | STRIP | | | | | | | | | |
| BETA BLOCKERS | | | | TEST STRIP (all other test OTC strips) | NC | | | | | | |
| atenolol tab | 1 | DIURETICS | | | | | | | | | |
| carvediol tab | 1 | amiloride/ | 1 | | | | | | | | |
| labetalol tab | 1 | hydrochlorothiazide tab | 1 | | | | | | | | |
| metoprolol ER tab | 1 | furosemide tab | 1 | | | | | | | | |
| metoprolol tab | 1 | hydrochlorothiazide tab | 1 | | | | | | | | |
| propranolol tab | 1 | spironolactone tab | 1 | | | | | | | | |
| nadolol tab | 2 | triamterene/ | 1 | | | | | | | | |
| CALCIUM CHANNEL BLOCKERS | | | | hydrochlorothiazide cap | 1 | | | | | | |
| amlodipine tab | 1 | triamterene/ | 1 | | | | | | | | |
| diltiazem ER cap | 1 | hydrochlorothiazide tab | 1 | | | | | | | | |
| diltiazem tab | 1 | acetazolamide ER cap | 2 | | | | | | | | |
| felodipine ER tab | 1 | THALITONE TAB | NC | | | | | | | | |
| nifedipine cap | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. | | | | | | | | | |
| nifedipine ER tab | 1 | raloxifene tab | \$0 | | | | | | | | |
| verapamil SR tab | 1 | alendronate tab | 1 | | | | | | | | |
| diltiazem ER tab | 2 | ibandronate tab 150mg | QL | 1 | | | | | | | |
| nisoldipine ER tab | 3 | FORTICAL NASAL SPRAY | 2 | | | | | | | | |
| CEPHALOSPORINS | | | | ACTONEL TAB | 3 | | | | | | |
| cefadroxil cap | 1 | FORTEO INJ | MSP | S | | | | | | | |
| cefdinir cap | 1 | ESTROGENS | | | | | | | | | |
| cefdinir susp | 1 | estradiol patch | 1 | | | | | | | | |
| cefprozil susp | 1 | estradiol tab | 1 | | | | | | | | |
| cefprozil tab | 1 | estradiol/ norethindrone tab | 1 | | | | | | | | |
| cephalexin cap | 1 | PREMARIN TAB | 2 | | | | | | | | |
| cefaclor cap | 3 | PREMPHASE TAB, | 2 | | | | | | | | |
| cefpodoxime proxetil tab | 3 | PREMPRO TAB | | | | | | | | | |
| CONTRACEPTIVES | | | | FLUOROQUINOLONES | | | | OPHTHALMIC AGENTS | | | |
| tri-sprintec tab | \$0 | ciprofloxacin tab | 1 | | | | | | | | |
| YAZ TAB, YASMIN 28 TAB | 3 | levofloxacin tab | 1 | | | | | | | | |
| CORTICOSTEROIDS | | | | ofloxacin tab | 1 | | | | | | |
| prednisolone soln | 1 | moxifloxacin tab | 2 | | | | | | | | |
| COUGH/ COLD/ ALLERGY | | | | GENITOURINARY AGENTS - MISCELLANEOUS | | | | OTIC AGENTS | | | |
| guaifenesin/ codeine syrup OTC, QL | 1 | alfuzosin SR tab | 1 | | | | | | | | |
| DERMATOLOGICALS | | | | finasteride tab | 1 | | | | | | |
| clindamycin gel | 1 | tamsulosin cap | 1 | | | | | | | | |
| clotrimazole/ | 1 | GOUT AGENTS | | | | | | | | | |
| betamethasone cream | | allopurinol tab | 1 | | | | | | | | |
| erythromycin gel | 1 | HEMATOLOGICAL AGENTS - MISC. | | | | | | | | | |
| imiquimod cream | 1 | phenobarbital tab | 1 | | | | | | | | |
| ketoconazole cream | 1 | temazepam cap 15mg | 1 | | | | | | | | |
| lidocaine/ prilocaine cream | 1 | temazepam cap 30mg | 1 | | | | | | | | |
| metronidazole cream | 1 | zaleplon cap | 1 | | | | | | | | |
| mupirocin oint | 1 | ramelteon tab | NC | | | | | | | | |
| nystatin cream | 1 | ROZEREM TAB | NC | | | | | | | | |
| nystatin/ triamcinolone oint | 1 | MACROLIDES | | | | | | | | | |
| tacrolimus oint | 1 | azithromycin susp | 1 | | | | | | | | |
| adapalene cream | PA | azithromycin tab | 1 | | | | | | | | |
| adapalene gel | PA | clarithromycin tab | 1 | | | | | | | | |
| amnesteem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap | 2 | DIFIDIC TAB | QL, ST | 2 | | | | | | | |
| calcipotriene cream | 2 | PENICILLINS | | | | | | | | | |
| clindamycin/ benzoyl peroxide gel | 2 | amoxicillin cap | 1 | | | | | | | | |
| metronidazole gel | 2 | amoxicillin/ clavulanate tab | 1 | | | | | | | | |
| pimecrolimus cream | 2 | penicillin vk tab | 1 | | | | | | | | |
| | | amoxicillin/ clavulanate ER tab | 3 | | | | | | | | |

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