

Quick Reference Formulary - Colorado Access Child Health Plan Plus State Managed Care Network

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	\$\$
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). 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	
dexmethylphenidate ER QL	1
cap	
dexmethylphenidate tab	1
methylphenidate tab	1
VYVANSE CAP	2

AMINOGLYCOSIDES

BETHKIS NEB SOLN MSP	2
----------------------	---

ANALGESICS - ANTI-INFLAMMATORY

celecoxib cap QL ST	1
diclofenac sodium EC tab	1
diclofenac sodium XR tab	1
ibuprofen tab	1
ketorolac tab QL	1
meloxicam tab	1
nabumetone tab	1
piroxicam cap	1
sulindac tab	1
ENBREL INJ 25MG LMSP PA	2
ENBREL INJ 50MG LMSP PA	2
ENBREL SURECLICK INJ LMSP PA	2
50MG	
HUMIRA INJ LMSP PA QL 2	
HUMIRA PEN INJ LMSP PA QL 2	

ANALGESICS - OPIOID

acetaminophen/ codeine tab	1
fentanyl patch	1
hydrocodone/	1
acetaminophen tab	
hydromorphone liquid	1
morphine sulfate ER tab	1
oxycodone/	1
acetaminophen tab	
tramadol tab	1

ANTIANKXIETY AGENTS

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

ANTIASTHMATIC AND BRONCHODILATOR AGENTS

albuterol neb soln 0.083%	1
albuterol/ ipratropium neb soln	1
ARNUITY ELLIPTA QL	1
INHALER	
ASMANEX HFA INHALER QL	1
ASMANEX INHALER QL	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 DISKUS	2
INHALER	
ADVAIR HFA INHALER	2
COMBIVENT INHALER	2
COMBIVENT RESPIMAT	2
INHALER	
DULERA INHALER	2
SEREVENT DISKUS	2
INHALER	
VENTOLIN HFA INHALER QL	2

ANTICOAGULANTS

warfarin tab	1
--------------	---

ANTICONVULSANTS

carbamazepine ER tab	1
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
lamotrigine ER tab	2
ONFI TAB PA QL	2

ANTIDEPRESSANTS

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

ANTIDIABETICS

glipizide ER tab	1
glipizide tab	1
glyburide tab	1
metformin tab	1
pioglitazone/ metformin tab	1
AVANDAMET TAB	2
AVANDIA TAB	2
BYDUREON PEN INJ QL	2
HUMULIN N INJ OTC	2
LANTUS INJ	2

LEVEMIR FLEXTOUCH	2
INJ	
LEVEMIR INJ	2
NOVOLIN INJ OTC	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
VICTOZA INJ QL	2

ANTIEMETICS

ondansetron tab	1
-----------------	---

ANTIFUNGALS

fluconazole susp	1
fluconazole tab	1
griseofulvin micro tab	1
griseofulvin susp	1
itraconazole cap PA	1
ketoconazole tab	1
nystatin tab	1
terbinafine tab	1

ANTIHISTAMINES

cetirizine syrup OTC QL	1
cetirizine tab OTC	1
fexofenadine susp OTC	1
loratadine tab OTC	1

ANTHYPERLIPIDEMICS

cholestyramine powder	1
gemfibrozil tab	1
NIASPAN ER TAB	1

ANTHYPERTENSIVES

amlodipine/ benazepril cap	1
amlodipine/ valsartan tab	1
benazepril tab	1
benazepril/	1
hydrochlorothiazide tab	
bisoprolol/	1
hydrochlorothiazide tab	
captopril tab	1
clonidine patch	1
doxazosin tab	1
enalapril tab	1
enalapril/	1
hydrochlorothiazide tab	
irbesartan/	1
hydrochlorothiazide tab	
lisinopril tab	1
lisinopril/	1
hydrochlorothiazide tab	
losartan tab	1
losartan/	1
hydrochlorothiazide tab	
metoprolol/	1
hydrochlorothiazide tab	
phenoxylbenzamine cap	1
terazosin cap	1
valsartan tab	1

valsartan/	1
hydrochlorothiazide tab	
irbesartan tab	2

ANTI-INFECTIVE AGENTS - MISC.

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

ANTIMALARIALS

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

ANTIMYCOBACTERIAL AGENTS

rifampin cap	1
--------------	---

ANTINEOPLASTICS

methotrexate tab	1
------------------	---

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

anastrozole tab	1
bexarotene cap LMSP PA	1
letrozole tab	1
tamoxifen tab	1
ERWINAZE INJ PA	2

ANTIPARKINSON AGENTS

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

ANTIPSYCHOTICS/ ANTIMANIC AGENTS

clozapine tab	1
lithium carbonate cap	1
lithium carbonate tab	1
quetiapine tab QL	1
risperidone tab	1
ABILIFY DISCMELT QL	2
ABILIFY SOLN	2
olanzapine ODT QL	2
olanzapine tab QL	2
olanzapine tab 10mg QL	2
paliperidone ER tab ST	2

ANTIVIRALS

acyclovir cap	1
acyclovir susp	1
nevirapine tab	1
rimantadine tab	1
valacyclovir tab	1
zidovudine cap	1
FUZEON INJ LMSP	2
PEGASYS INJ LMSP	2
RELENZA DISKHALER QL	2

ASSORTED CLASSES

azathioprine tab	1
cyclosporine cap	1

NC Not Covered

INF Infertility

MSP Mandatory Specialty Pharmacy Program

QL Quantity Limit

ST Step Therapy

generic =small letters

LD Limited Distribution

OTC Over-the-Counter

RS Restricted to Specialist

VAC Vaccine Program

BRANDS =CAPITAL LETTERS

LMSP Lumicera Mandatory Specialty Pharmacy Program

PA Prior Authorization

SMKG Smoking Cessation

Quick Reference Formulary - Colorado Access Child Health Plan Plus State Managed Care Network

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.

mycophenolate mofetil tab 1

BETA BLOCKERS

atenolol tab 1
carvedilol tab 1
INNOPRAN XL CAP 1
labetalol tab 1
metoprolol ER tab 1
metoprolol tab 1
nadolol tab 1
propranolol tab 1

CALCIUM CHANNEL BLOCKERS

amlodipine tab 1
diltiazem ER cap 1
diltiazem ER tab 1
diltiazem tab 1
felodipine ER tab 1
nifedipine cap 1
nifedipine ER tab 1
verapamil SR cap 1
verapamil SR tab 1

CEPHALOSPORINS

cefaclor cap 1
cefadroxil cap 1
cefdinir cap 1
cefdinir susp 1
cefepoxime proxetil tab 1
cefprozil susp 1
cefprozil tab 1
cefuroxime tab 1
cephalexin cap 1

CONTRACEPTIVES

necon tab 1
tri-nessa (LO) tab 1
NUVARING 2

CORTICOSTEROIDS

prednisolone soln 1
PREDNISON TAB 1

COUGH/ COLD/ ALLERGY

guaifenesin/ codeine syrup OTC QL 1
loratadine/ OTC 1
pseudoephedrine 12-hour tab

DERMATOLOGICALS

adapalene cream 1
adapalene gel 1
calcipotriene cream 1
clindamycin gel 1
clindamycin/ benzoyl 1
peroxide gel 1
clotrimazole/ 1
betamethasone cream 1
erythromycin gel 1
imiquimod cream 1
isotretinoin cap 1
ketoconazole cream 1
lidocaine/ prilocaine cream 1
metronidazole cream 1
metronidazole gel 1
mupirocin cream 1
mupirocin oint 1
nystatin cream 1
tacrolimus oint 1
tretinoin cream 1
tretinoin gel 1
ELIDEL CREAM PA 2

DIAGNOSTIC PRODUCTS

ACCU-CHEK TEST STRIPOTC 2
FREESTYLE LITE TEST OTC STRIP 2
FREESTYLE TEST STRIPOTC 2
PRECISION XTRA TEST OTC STRIP 2

DIURETICS

acetazolamide ER cap 1
amiloride/ 1
hydrochlorothiazide tab 1
CHLORTHALIDONE TAB 1
furosemide tab 1
hydrochlorothiazide tab 1
spironolactone tab 1
triamterene/ 1
hydrochlorothiazide cap 1
triamterene/ 1
hydrochlorothiazide tab

ENDOCRINE AND METABOLIC AGENTS - MISC.

alendronate tab 1
desmopressin acetate QL 1
nasal spray 1
raloxifene tab 1

ESTROGENS

estradiol patch 1
estradiol tab 1
estradiol/ norethindrone tab 1
PREMARIN TAB 2
PREMPHASE TAB, 2
PREMPRO TAB

FLUOROQUINOLONES

ciprofloxacin ER tab 1
ciprofloxacin tab 1
levofloxacin tab 1
moxifloxacin tab 1
ofloxacin tab 1

GASTROINTESTINAL AGENTS - MISC.

CIMZIA INJ LMSP PA 2

GENITOURINARY AGENTS - MISCELLANEOUS

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

MACROLIDES

azithromycin susp 1
azithromycin tab 1
clarithromycin tab 1

MEDICAL DEVICES AND SUPPLIES

ACCU-CHEK AVIVA OTC \$0
PLUS METER
FREESTYLE FREEDOM OTC \$0
LITE METER
FREESTYLE LITE METEROTC \$0
PRECISION XTRA OTC \$0
METER
B-D INSULIN SYRINGE OTC 1
B-D PEN NEEDLE OTC 1
FREESTYLE INSULIN OTC 1
SYRINGE
NOVOFINE PEN NEEDLE OTC 1

NOVOTWIST PEN OTC 1
NEEDLE
PRECISION INSULIN OTC 1
SYRINGE

MIGRAINE PRODUCTS

acetaminophen/ 1
isometheptene/ dichloral cap
rizatriptan ODT QL 1
sumatriptan inj QL 1
sumatriptan tab QL 1
sumatriptan tab 25mg QL 1
sumatriptan vial inj QL 1
SUMATRIPTAN INJ 6MG/ QL 2
0.5ML

MOUTH/ THROAT/ DENTAL AGENTS

clotrimazole troches 1
nystatin susp 1

MULTIVITAMINS

PRENATAL VITAMINS 1
(PRENATAL PLUS, PREPLUS, PRENAPLUS)

NASAL AGENTS - SYSTEMIC AND TOPICAL

fluticasone nasal spray 1

OPHTHALMIC AGENTS

azelastine ophth soln 1
bacitracin/ polymyxin b 1
ophth oint
ciprofloxacin ophth soln 1
dorzolamide/ timolol ophth soln 1
gentamicin ophth soln 1
ketorolac ophth soln 1
latanoprost ophth soln QL 1
neomycin/ polymyxin/ hydrocortisone ophth soln 1
ofloxacin ophth soln 1
pilocarpine ophth soln 1
prednisolone ophth soln 1
timolol maleate ophth soln 1
tobramycin ophth soln 1
tobramycin/ 1
dexamethasone ophth soln 1
ALPHAGAN P OPHTH SOLN 0.1% 2
ALREX OPHTH SUSP, 2
LOTEMAX OPHTH SUSP 2
BETIMOL OPHTH SOLN 2
BIMATOPROST OPHTH QL 2
SOLN, LUMIGAN OPHTH SOLN
TRAVATAN Z OPHTH QL 2
SOLN

OTIC AGENTS

acetic acid otic soln 1
neomycin/ polymyxin/ hydrocortisone otic susp 1
ofloxacin otic soln 1
CIPRODEX OTIC SUSP 2

PENICILLINS

amoxicillin cap 1
amoxicillin/ clavulanate tab 1
penicillin vk tab 1

PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

donepezil ODT QL 1
donepezil tab QL 1
galantamine ER cap 1
galantamine tab 1

memantine tab 1
rivastigmine cap 1
NAMENDA XR 2
TITRATION PACK

TETRACYCLINES

doxycycline hyclate cap 1
minocycline cap 1

THYROID AGENTS

levothyroxine tab 1
liothyronine tab 1
methimazole tab 1
THYROLAR TAB 2

ULCER DRUGS

famotidine susp 1
misoprostol tab 1
nizatidine cap 1
omeprazole DR cap 10mg 1
pantoprazole EC tab 1
PREVACID OTC CAP OTC QL 1

URINARY ANTI-INFECTIVES

nitrofurantoin monohydrate cap 1

URINARY ANTISPASMODICS

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

VAGINAL PRODUCTS

vcf vaginal gel OTC \$0
PREMARIN VAGINAL 2
CREAM

NC Not Covered

INF Infertility

MSP Mandatory Specialty Pharmacy Program

QL Quantity Limit

ST Step Therapy

generic =small letters

LD Limited Distribution

OTC Over-the-Counter

RS Restricted to Specialist

VAC Vaccine Program

BRANDS =CAPITAL LETTERS

LMSP Lumicera Mandatory Specialty Pharmacy Program

PA Prior Authorization

SMKG Smoking Cessation

If you need this document in large print, Braille, other formats, or languages, or read aloud, or need another copy, call 800-511-5010. For TDD/TTY, call 888-803-4494. Call Monday to Friday, 8 a.m. to 5 p.m. The call is free.

Si necesita este documento en letra grande, Braille, otros formatos o idiomas, o se lea en voz alta, o necesita otra copia, llame al 800-511-5010. Para TDD/TTY, llame al 888-803-4494. Llame de lunes a viernes, de 8 a.m. a 5 p.m. La llamada es gratis.