

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 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.

NC Not Covered

generic =small letters

BRANDS = CAPITAL LETTERS

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 months

SMKG Smoking Cessation

ST Step Therapy

VAC Vaccine Program

€ RXCENTS

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ANTIPSYCHOTICS/ ANTIMANIC AGENTS				GOUT AGENTS				OTIC AGENTS	
ariPIPRAZOLE tab	1	mupirocin oint	1	allopurinol tab	1	tobramycin/	1		
lithium carbonate cap	1	nystatin cream	1			dexamethasone ophth soln			
lithium carbonate tab	1	adapalene cream	PA			ALPHAGAN P OPTH	2		
olanzapine tab	1	adapalene gel	PA			SOLN 0.1%			
quetiapine tab	1	annesteem cap, claravis	2			ALREX OPTH SUSP	2		
risperidone tab	1	cap, isotretinoin cap,				AZOPT OPTH SUSP	2		
ziprasidone cap	1	myorisan cap, zenatane				BETIMOL OPTH SOLN	2		
clozapine tab	2	cap				LUMIGAN OPTH SOLN QL	2		
olanzapine ODT	2	calcipotriene cream	2			PROLENSA OPTH	2		
paliperidone ER tab	PA	clindamycin/ benzoyl	2			SOLN			
ABILIFY SOLN	PA	peroxide gel				RESTASIS OPTH RS	2		
		imiquimod cream	2			EMULSION			
		metronidazole cream	2			TOBRADEX OPTH OINT	2		
		metronidazole gel	2			ketotifen ophth soln OTC	EXC		
		pimecrolimus cream	2						
		tacrolimus oint	2						
		tretinoin cream	PA						
		tretinoin gel	PA						
		ELIDEL CREAM	3						
		lidocaine patch	QL						
		AZELEX CREAM	NC						
		mupirocin cream	NC						
		nystatin/ triamcinolone oint	NC						
		ZOVIRAX OINT	NC						
ANTIVIRALS		DIAGNOSTIC PRODUCTS		MEDICAL DEVICES AND SUPPLIES		PENICILLINS		PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	
acyclovir cap	1	ACCU-CHEK TEST STRIPOTC	2	ACCU-CHEK AVIVA	OTC	\$0		bupropion SR tab	QL, SMKG \$0
acyclovir susp	1	FREESTYLE LITE TEST OTC	2	PLUS METER				CHANTIX PAK	QL, SMKG \$0
nevirapine tab	1	STRIP		LITE METER				CHANTIX TAB	QL, SMKG \$0
valacyclovir tab	1	FREESTYLE TEST STRIPOTC	2	FREESTYLE LITE METEROTC				nicotine gum	OTC, QL, SMKG \$0
entecavir tab	QL	PRECISION XTRA TEST OTC	2	PRECISION XTRA OTC				nicotine lozenge	OTC, QL, SMKG \$0
RELENZA DISKHALER	QL	STRIP		METER				nicotine patch	OTC, QL, SMKG \$0
zidovudine cap	2	TEST STRIP (all other test OTC strips)	NC	B-D INSULIN SYRINGE	OTC	1		NICOTROL INHALER	QL, SMKG \$0
FUZEON INJ	MSP			B-D PEN NEEDLE	OTC	1		NICOTROL NASAL SPRAY	QL, SMKG \$0
PEG-INTRON INJ	MSP			NOVOFINE PEN NEEDLE	OTC	1		donepezil ODT	QL 1
PEGASYS INJ	MSP			NOVOTWIST PEN	OTC	1		donepezil tab	QL 1
ASSORTED CLASSES		DIURETICS		MIGRAINE PRODUCTS		THYROID AGENTS		TETRACYCLINES	
azathioprine tab	1	amiloride/	1	rizatriptan ODT	QL	1		doxycycline hyclate cap	1
mycophenolate mofetil tab	1	hydrochlorothiazide tab		rizatriptan tab	QL	1		minocycline cap	1
cyclosporine cap	2	CHLORTHALIDONE TAB	1	sumatriptan tab	QL	1			
BETA BLOCKERS		furosemide tab	1	naratriptan tab	QL	2			
atenolol tab	1	hydrochlorothiazide tab	1	sumatriptan inj	QL	2			
carvediolol tab	1	spironolactone tab	1	sumatriptan vial inj	QL	2			
labetalol tab	1	triamterene/	1	zolmitriptan ODT	QL	2			
metoprolol ER tab	1	hydrochlorothiazide cap	1	zolmitriptan tab	QL	2			
metoprolol tab	1	triamterene/	1	acetaminophen/	NC				
propranolol tab	1	hydrochlorothiazide tab	2	isomethopene/ dichloral cap					
BYSTOLIC TAB	¢	acetazolamide ER cap	2						
nadolol tab	2								
CALCIUM CHANNEL BLOCKERS		ENDOCRINE AND METABOLIC AGENTS - MISC.		MOUTH/ THROAT/ DENTAL AGENTS		ULCER DRUGS		CEPHALOSPORINS	
amlodipine tab	1	raloxifene tab	\$0	clotrimazole troches	1			cefadroxil cap	1
diltiazem ER cap	1	alendronate tab	1	nystatin susp	1			cefazolin cap	1
diltiazem tab	1	ibandronate tab 150mg	QL						
felodipine ER tab	1	FORTICAL NASAL SPRAY	2						
nifedipine cap	1	ACTONEL TAB	3						
nifedipine ER tab	1	FORTEO INJ	MSP						
verapamil SR tab	1								
diltiazem ER tab	2								
nisoldipine ER tab	3								
CEPHALOSPORINS		ESTROGENS		MULTIVITAMINS		THYROID AGENTS		TETRACYCLINES	
cefadroxil cap	1	estradiol patch	1	PRENATAL VITAMINS	1			doxycycline hyclate cap	1
cefdinir cap	1	estradiol tab	1	(PRENATAL PLUS, PREPLUS, PRENAPLUS)				minocycline cap	1
cefdinir susp	1	estradiol/ norethindrone tab	2						
cefpodoxil susp	1	PREMARIN TAB	2						
cefpodoxil tab	1	PREMOPHASE TAB, PREMOPRO TAB	2						
CONTRACEPTIVES		FLUOROQUINOLONES		MASAL AGENTS - SYSTEMIC AND TOPICAL		ULCER DRUGS		CEPHALOSPORINS	
tri-sprintec tab	\$0	ciprofloxacin tab	1	fluticasone nasal spray	QL	1		cefadroxil cap	1
YAZ TAB	NC	levofloxacin tab	1	VERAMYST NASAL SPRAY	NC			cefazolin cap	1
CORTICOSTEROIDS		ofloxacin tab	1						
prednisolone soln	1	moxifloxacin tab	2						
COUGH/ COLD/ ALLERGY		GENITOURINARY AGENTS - MISCELLANEOUS		OPHTHALMIC AGENTS		THYROID AGENTS		TETRACYCLINES	
guaifenesin/ codeine syrup OTC, QL	1	alfuzosin SR tab	1	azelastine ophth soln	1			doxycycline hyclate cap	1
DERMATOLOGICALS		finasteride tab	1	bacitracin/ polymyxin b ophth oint	1			minocycline cap	1
clindamycin gel	1	tamsulosin cap	1	ciprofloxacin ophth soln	1				
clotrimazole/	1			dorzolamide/ timolol (pf) ophth soln	1				
betamethasone cream				gentamicin ophth soln	1				
erythromycin gel	1			ketorolac ophth soln	1				
ketocozaole cream	1			latanoprost ophth soln	QL	1			
lidocaine/ prilocaine cream	1			ofloxacin ophth soln	1				
				pilocarpine ophth soln	1				
				timolol maleate ophth soln	1				
				tobramycin ophth soln	1				
generic =small letters		generic =capital letters		BRANDS =CAPITAL LETTERS		OTC		OTC	
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OTC	Over-the-Counter	PA	Prior Authorization						
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months						
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PREMARIN VAGINAL
CREAM

2

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