

# Quick Reference Formulary - Montana University System Employee Benefits Plan (MUS Plan) 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.

		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	RS SP	4
---------------	-------	---

### ANALGESICS - ANTI-INFLAMMATORY

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	
celecoxib cap	QL	2
piroxicam cap	2	
diclofenac/ misoprostol DR	3	
tab		
ENBREL INJ 25MG	LSP PA QL	4
ENBREL INJ 50MG	LSP PA QL	4
ENBREL SURECLICK INJ	LSP PA QL	4
50MG		
HUMIRA INJ	LSP PA QL	4
HUMIRA PEN INJ	LSP PA QL	4

### 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

### ANTIANGINAL AGENTS

RANEXA TAB	2
------------	---

### ANTIANKXIETY AGENTS

alprazolam tab	1
bupropion tab	1
hydroxyzine tab	1
lorazepam tab	1

### ANTIARRHYTHMICS

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

### ANTIASTHMATIC AND BRONCHODILATOR AGENTS

albuterol neb soln 0.083%	1
---------------------------	---

albuterol neb soln 0.5%	1
albuterol/ ipratropium neb	1
soln	
ARNUIITY 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 DISKUS	2
INHALER	
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	
VENTOLIN HFA INHALER	2
QL	
albuterol neb soln 0.63mg	3
albuterol neb soln 1.25mg	3
PROVENTIL HFA	NC
INHALER	
PULMICORT FLEXHALER	NC
QVAR INHALER	NC
SYMBICORT 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	2	
carbamazepine ER tab	2	
LYRICA CAP	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

escitalopram tab	1
fluoxetine cap	1
fluoxetine tab	1
mirtazapine tab	1
NEFAZODONE TAB	1
nefazodone tab 50mg,	1
250mg	
nortriptyline cap	1
trazodone tab	1
sertraline conc	1
sertraline tab	1
trazodone tab	1
venlafaxine ER cap	1
venlafaxine tab	1
duloxetine EC cap	2
venlafaxine ER tab	NC

### ANTIDIABETICS

metformin tab	\$0	
glipizide ER tab	1	
glipizide tab	1	
glyburide 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	QL	2
LEVEMIR FLEXTOUCH	2	
INJ		
LEVEMIR INJ	2	
NOVOLIN INJ	OTC	2
NOVOLOG FLEXPEN INJ	2	
NOVOLOG INJ	2	
NOVOLOG MIX FLEXPEN	2	
INJ		
NOVOLOG PENFILL INJ	2	
pioglitazone/ metformin	2	
tab		
VICTOZA INJ	QL	2
BASAGLAR INJ	NC	
HUMALOG INJ	NC	
HUMULIN N INJ	OTC	NC
HUMULIN R INJ	OTC	NC
KOMBIGLYZE XR TAB	NC	
ONGLYZA TAB	NC	

### 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

### ANTHYPERLIPIDEMICS

cholestyramine powder	1
gemfibrozil tab	1
NIASPAN ER TAB	1
TRILIPIX CAP	1
fluvastatin cap	2

### 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
candesartan/	2
hydrochlorothiazide tab	
clonidine patch	2
metoprolol/	2
hydrochlorothiazide tab	
phenoxibenzamine cap	2
candesartan tab	3

### ANTI-INFECTIVE AGENTS - MISC.

clindamycin cap	1	
erythromycin/ sulfisoxazole	1	
susp		
metronidazole cap	1	
metronidazole tab	1	
smz/ tmp (DS) tab	1	
vancomycin cap	QL ST	2

### ANTIMALARIALS

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

### ANTIMYCOBACTERIAL AGENTS

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

### ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

tamoxifen tab	\$0
anastrozole tab	1
letrozole tab	1
methotrexate tab	1

NC Not Covered

INF Infertility

OTC Over-the-Counter

RS Restricted to Specialist

SP Available through Specialty Pharmacy Program  
¢ RxCENTS

generic =small letters

LD Limited Distribution

PA Prior Authorization

SF Limited to Two 15 Day Fills per Month for the First Months

ST Step Therapy

BRANDS =CAPITAL LETTERS

LSP Lumicera Specialty Preferred

QL Quantity Limit

SMKG Smoking Cessation

VAC Vaccine Program

# Quick Reference Formulary - Montana University System Employee Benefits Plan (MUS Plan) 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.

AFINITOR DISPERZ	LSP PA QL 4	cefaclor cap	3	<b>ESTROGENS</b>		nystatin susp	1	
AFINITOR TAB	LSP PA QL 4	cefepodoxime proxetil tab	3	<b>CONTRACEPTIVES</b>		<b>MULTIVITAMINS</b>		
bexarotene cap	LSP PA SF 4	necon tab	\$0	estradiol patch		1	PRENATAL VITAMINS	
BOSULIF TAB	PA SF SP 4	NUVARING	\$0	estradiol tab		1	(PRENATAL PLUS,	
ERIVEDGE CAP	PA SF SP 4	tri-nessa (LO) tab	\$0	estradiol patch		2	PREPLUS, PRENAPLUS)	
IMBRUVICA CAP	LD PA QL SF 4	YASMIN TAB	\$0	PREMARIN TAB		2	<b>NASAL AGENTS - SYSTEMIC AND TOPICAL</b>	
<b>ANTIPARKINSON AGENTS</b>		YAZ TAB	\$0	PREMPHASE TAB,		2	fluticasone nasal spray QL 1	
amantadine cap	1	<b>CORTICOSTEROIDS</b>		PREMPRO TAB,		2	azelastrine nasal spray 2	
carbidopa/ levodopa tab	1	prednisolone soln	1	estradiol/ norethindrone tab		3	VERAMYST NASAL SPRAY NC	
ropinirole tab	1	PREDNISON TAB	1	<b>FLUOROQUINOLONES</b>		<b>OPHTHALMIC AGENTS</b>		
selegiline cap	1	<b>COUGH/ COLD/ ALLERGY</b>		ciprofloxacin tab		1	azelastrine ophth soln	
pramipexole ER tab	3	guaifenesin/ codeine syrup OTC QL		levofloxacin tab		1	bacitracin/ polymyxin b	
ropinirole ER tab	3	<b>DERMATOLOGICALS</b>		ofloxacin tab		1	ophth oint	
<b>ANTIPSYCHOTICS/ ANTIMANIC AGENTS</b>		clindamycin gel	1	moxifloxacin tab		2	ciprofloxacin ophth soln	
lithium carbonate cap	1	clotrimazole/	1	ciprofloxacin ER tab		3	dorzolamide/ timolol ophth soln	
lithium carbonate tab	1	betamethasone cream		<b>GENITOURINARY AGENTS - MISCELLANEOUS</b>		gentamicin ophth soln		
olanzapine tab	1	erythromycin gel	1	alfuzosin SR tab		1	ketorolac ophth soln	
quetiapine tab	1	ketoconazole cream	1	finasteride tab		1	ketotifen ophth soln OTC	
risperidone tab	1	lidocaine/ prilocaine cream	1	tamsulosin cap		1	latanoprost ophth soln QL	
aripiprazole tab	2	mupirocin oint	1	<b>GOUT AGENTS</b>		neomycin/ polymyxin/ hydrocortisone ophth soln		
clozapine tab	2	nystatin cream	1	allopurinol tab		1	ofloxacin ophth soln	
olanzapine ODT	2	adapalene cream PA	2	ULORIC TAB		2	pilocarpine ophth soln	
paliperidone ER tab PA	2	adapalene gel PA	2	<b>HEMATOLOGICAL AGENTS - MISC.</b>		prednisolone ophth soln		
ziprasidone cap	2	calcipotriene cream	2	clopidogrel tab 75mg		1	timolol maleate ophth soln	
ABILIFY SOLN PA	3	ELIDEL CREAM	2	<b>HYPNOTICS/ SEDATIVES/ SLEEP DISORDER AGENTS</b>		tobramycin ophth soln		
<b>ANTIVIRALS</b>		imiquimod cream	2	phenobarbital tab		1	dexamethasone ophth soln	
acyclovir cap	1	isotretinoin cap	2	temazepam cap 15mg		1	ALPHAGAN P OPHTH SOLN 0.1%	
acyclovir susp	1	metronidazole cream	2	temazepam cap 30mg		1	ALREX OPHTH SUSP,	
nevirapine tab	1	metronidazole gel	2	zaleplon cap		1	LOTEMAX OPHTH SUSP	
rimantadine tab	1	mupirocin cream	2	ROZEREM TAB		NC	AZOPT OPHTH SUSP	
valacyclovir tab	1	tacrolimus oint	2	<b>MACROLIDES</b>		BETIMOL OPHTH SOLN		
entecavir tab	2	tretinoin cream PA	2	azithromycin susp		1	BIMATOPROST OPHTH QL	
RELENZA DISKHALER QL	2	tretinoin gel PA	2	azithromycin tab		1	SOLN, LUMIGAN OPHTH SOLN	
zidovudine cap	2	ZOVIRAX OINT	2	clarithromycin tab		1	PROLENSA OPHTH SOLN	
FUZEON INJ LSP	4	AZELEX CREAM PA	3	DIFICID TAB QL ST		2	SOLN	
PEG-INTRON INJ LSP	4	clindamycin/ benzoyl peroxide gel	3	<b>MEDICAL DEVICES AND SUPPLIES</b>		RESTASIS OPHTH RS		
PEGASYS INJ LSP	4	lidocaine patch QL	3	ACCU-CHEK AVIVA OTC		\$0	EMULSION	
<b>ASSORTED CLASSES</b>		nystatin/ triamcinolone oint NC		PLUS METER			TOBRADEX OPHTH OINT	
azathioprine tab	1	<b>DIAGNOSTIC PRODUCTS</b>		FREESTYLE FREEDOM OTC		\$0	TRAVATAN Z OPHTH QL	
mycophenolate mofetil tab	1	ACCU-CHEK TEST STRIP OTC	1	LITE METER			SOLN	
cyclosporine cap	2	FREESTYLE LITE TEST OTC	1	FREESTYLE LITE METER OTC		\$0	<b>OTIC AGENTS</b>	
<b>BETA BLOCKERS</b>		STRIP		PRECISION XTRA OTC		\$0	acetic acid otic soln	
atenolol tab	1	FREESTYLE TEST STRIP OTC	1	PRECISION XTRA OTC		\$0	neomycin/ polymixin/ hydrocortisone otic susp	
carvedilol tab	1	PRECISION XTRA TEST OTC	1	METER			CIPRODEX OTIC SUSP	
labetalol tab	1	STRIP		B-D INSULIN SYRINGE OTC		1	ofloxacin otic soln	
metoprolol ER tab	1	TEST STRIP (all other test OTC strips)	NC	B-D PEN NEEDLE OTC		1	<b>PENICILLINS</b>	
metoprolol tab	1	<b>DIGESTIVE AIDS</b>		FREESTYLE INSULIN OTC		1	amoxicillin cap	
propranolol tab	1	ZENPEP CAP	NC	SYRINGE			amoxicillin/ clavulanate tab	
BYSTOLIC TAB	2	<b>DIURETICS</b>		NOVOFINE PEN NEEDLE OTC		1	penicillin vk tab	
nadolol tab	2	amiloride/	1	PRECISION INSULIN OTC		1	amoxicillin/ clavulanate ER tab	
<b>CALCIUM CHANNEL BLOCKERS</b>		hydrochlorothiazide tab	1	SYRINGE			<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>	
amlodipine tab	1	CHLORTHALIDONE TAB	1	acetaminophen/ isometheptene/ dichloral cap		1	bupropion SR tab QL SMKG	
diltiazem ER cap	1	furosemide tab	1	rizatriptan ODT QL		1	CHANTIX PAK QL SMKG	
diltiazem tab	1	hydrochlorothiazide tab	1	rizatriptan tab QL		1	CHANTIX TAB QL SMKG	
nifedipine cap	1	spironolactone tab	1	sumatriptan tab QL		1	nicotine gum OTC QL	
nifedipine ER tab	1	triamterene/	1	naratriptan tab QL		2	SMKG	
verapamil SR cap	1	hydrochlorothiazide cap	1	sumatriptan inj QL		2	nicotine lozenge OTC QL	
verapamil SR tab	1	triamterene/	1	sumatriptan vial inj QL		2	SMKG	
diltiazem ER tab	2	hydrochlorothiazide tab	1	zolmitriptan ODT QL		3	nicotine patch OTC QL	
nisoldipine ER tab	2	acetazolamide ER cap	2	zolmitriptan tab QL		3	SMKG	
felodipine ER tab	3	<b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>		<b>MOUTH/ THROAT/ DENTAL AGENTS</b>		NICOTROL INHALER QL SMKG		
verapamil SR cap	3	raloxifene tab	\$0	clotrimazole troches		1	NICOTROL NASAL QL SMKG	
<b>CEPHALOSPORINS</b>		alendronate tab	1				SPRAY	
cefadroxil cap	1	ibandronate tab 150mg QL	1					
cefuroxime susp	1	FORTICAL NASAL SPRAY	2					
cephalexin cap	1	ACTONEL TAB	3					
cefdinir cap	2	FORTEO INJ LSP	4					
cefdinir susp	2							
cefprozil susp	2							
cefprozil tab	2							

NC Not Covered

INF Infertility

OTC Over-the-Counter

RS Restricted to Specialist

SP Available through Specialty Pharmacy Program

¢ RxCENTS

generic =small letters

LD Limited Distribution

PA Prior Authorization

SF Limited to Two 15 Day Fills per Month for the First Months

ST Step Therapy

BRANDS =CAPITAL LETTERS

LSP Lumicera Specialty Preferred

QL Quantity Limit

SMKG Smoking Cessation

VAC Vaccine Program

## Quick Reference Formulary - Montana University System Employee Benefits Plan (MUS Plan) 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.*

donepezil ODT	QL	1
donepezil tab	QL	1
galantamine tab	¢	1
memantine tab		1
rivastigmine cap		1
galantamine ER cap		2
NAMENDA XR CAP		2

### TETRACYCLINES

doxycycline hyclate cap		1
minocycline cap		1

### THYROID AGENTS

liothyronine tab		1
methimazole tab		1
SYNTHROID TAB		1
THYROLAR TAB		2

### ULCER DRUGS

cimetidine tab		1
famotidine tab		1
pantoprazole EC tab		1
PREVACID OTC CAP	OTC	1
rabeprazole EC tab		1
ZEGERID CAP OTC	OTC	1
famotidine susp		2
DEXILANT CAP	QL ST	3

### URINARY ANTI-INFECTIVES

nitrofurantoin monohydrate cap		1
--------------------------------	--	---

### URINARY ANTISPASMODICS

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

### VAGINAL PRODUCTS

vcf vaginal gel	OTC	\$0
PREMARIN VAGINAL CREAM		2

**NC** Not Covered

**INF** Infertility

**OTC** Over-the-Counter

**RS** Restricted to Specialist

**SP** Available through Specialty Pharmacy Program

¢ RxCENTS

**generic** =small letters

**LD** Limited Distribution

**PA** Prior Authorization

**SF** Limited to Two 15 Day Fills per Month for the First Months

**ST** Step Therapy

**BRANDS** =CAPITAL LETTERS

**LSP** Lumicera Specialty Preferred

**QL** Quantity Limit

**SMKG** Smoking Cessation

**VAC** Vaccine Program