

Outpatient Prescription Drug Formulary Legend

| | |
|-------------|--|
| Tier 1 | First-tier drugs generally have the lowest cost-share. Many generic drugs are found in this tier. |
| Tier 2 | Second-tier drugs will have a higher cost-share than first-tier drugs. This tier typically contains preferred drugs and some generic drugs. |
| Tier 3 | Third-tier drugs will have a higher cost-share than second-tier drugs. This tier typically contains brand-name drugs and non-preferred drugs. |
| SP (Tier 4) | SP = Outpatient drugs available through our specialty pharmacy, Lumicera. SP drugs are typically found in Tier 4 and may have a higher cost-share than Tier 3 drugs. |
| NC | Not covered as part of your insurance contract |
| INF | Infertility |
| LD | Limited distribution |
| LMSP | Lumicera (specialty pharmacy) mandatory specialty pharmacy program |
| M | Medical benefit |
| MSP | Mandatory specialty pharmacy program |
| OTC | Over-the-counter |
| PA | Prior authorization is required |
| QL | Quantity Limits apply |
| RS | Restricted to specialist |
| SF | Limited to two 15-day fills per month for the first 3-months |
| SMKG | Smoking cessation |
| ST | Step therapy applies |
| VAC | Vaccine program |

Quick Reference Formulary -Alliant Health Plans 3-Tier 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.

| | | Relative Cost to Member |
|--------|---|-------------------------|
| Tier 1 | Formulary generics and some lower cost brand products | \$ |
| Tier 2 | Formulary, brand 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

ADHD/ ANTI-NARCOLEPSY/ ANTI-OBESITY/ ANOREXIANTS

| | |
|---------------------------|---|
| ADDERALL XR CAP | 1 |
| amphetamine/ | 1 |
| dextroamphetamine tab | |
| dexmethylphenidate ER cap | 1 |
| dexmethylphenidate tab | 1 |
| guanfacine ER tab | 1 |
| methylphenidate ER cap | 1 |
| methylphenidate tab | 1 |
| VYVANSE CAP | 2 |
| DAYTRANA PATCH | 3 |
| STRATTERA CAP | 3 |

AMINOGLYCOSIDES

| | | | |
|---------------|-----|----|-----|
| TOBI PODHALER | MSP | RS | MSP |
|---------------|-----|----|-----|

ANALGESICS -

ANTI-INFLAMMATORY

| | | | | |
|--------------------------------|------|----|----|-----|
| celecoxib cap | QL | 1 | | |
| diclofenac sodium EC tab | | 1 | | |
| diclofenac sodium XR tab | | 1 | | |
| diclofenac/ misoprostol DR tab | | 1 | | |
| ibuprofen tab | | 1 | | |
| ketorolac tab | QL | 1 | | |
| meloxicam tab | | 1 | | |
| nabumetone tab | | 1 | | |
| piroxicam cap | | 1 | | |
| sulindac tab | | 1 | | |
| ENBREL INJ | LMSP | PA | QL | MSP |
| ENBREL SURECLICK INJ | LMSP | PA | QL | MSP |
| HUMIRA INJ | LMSP | PA | QL | MSP |
| HUMIRA PEN INJ | LMSP | PA | QL | MSP |

ANALGESICS - OPIOID

| | | |
|--------------------------------|----|---|
| acetaminophen/ codeine tab | | 1 |
| fentanyl patch | | 1 |
| hydrocodone/ acetaminophen tab | | 1 |
| morphine sulfate ER tab | | 1 |
| oxycodone/ acetaminophen tab | | 1 |
| tramadol tab | | 1 |
| OXYCONTIN CR TAB | QL | 2 |

ANTIANGINAL AGENTS

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

ANTIANXIETY 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/ ipratropium neb soln | | 1 |

| | | |
|----------------------------|--|----|
| ARNUITY ELLIPTA INHALER | | 1 |
| ASMANEX HFA INHALER | | 1 |
| ASMANEX INHALER | | 1 |
| budesonide inh susp | | 1 |
| FLOVENT DISKUS INHALER | | 1 |
| FLOVENT HFA INHALER | | 1 |
| ipratropium neb soln | | 1 |
| montelukast chew tab | | 1 |
| montelukast tab | | 1 |
| ADVAIR DISKUS INHALER | | 2 |
| ADVAIR HFA INHALER | | 2 |
| BREO ELLIPTA INHALER | | 2 |
| COMBIVENT INHALER | | 2 |
| COMBIVENT RESPIMAT INHALER | | 2 |
| DULERA INHALER | | 2 |
| INCRUSE ELLIPTA INHALER | | 2 |
| SEREVENT DISKUS INHALER | | 2 |
| SPIRIVA HANDIHALER | | 2 |
| VENTOLIN HFA INHALER QL | | 2 |
| XOPENEX HFA INHALER QL ST | | 3 |
| PROVENTIL HFA INHALER | | NC |
| PULMICORT FLEXHALER | | NC |
| QVAR INHALER | | NC |
| SYMBICORT INHALER | | NC |
| TUDORZA PRESSAIR INHALER | | NC |

ANTICOAGULANTS

| | | |
|--------------|--|---|
| warfarin tab | | 1 |
| PRADAXA CAP | | 2 |

ANTICONVULSANTS

| | | |
|--------------------------|----|---|
| carbamazepine ER tab | | 1 |
| carbamazepine tab | | 1 |
| clonazepam tab | | 1 |
| divalproex sodium DR tab | | 1 |
| gabapentin cap | | 1 |
| lamotrigine ER tab | | 1 |
| lamotrigine tab | | 1 |
| levetiracetam tab | | 1 |
| phenytoin cap | | 1 |
| topiramate tab | | 1 |
| BANZEL TAB | | 2 |
| LYRICA CAP | | 2 |
| VIMPAT TAB | QL | 2 |

ANTIDEPRESSANTS

| | | |
|----------------------------|----|---|
| amitriptyline tab | | 1 |
| bupropion ER tab | | 1 |
| bupropion XL tab | | 1 |
| citalopram soln | | 1 |
| citalopram tab | | 1 |
| duloxetine EC cap | QL | 1 |
| escitalopram tab | | 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 ER tab | | 1 |
| venlafaxine tab | | 1 |
| PEXEVA TAB | ST | 3 |
| PRISTIQ TAB | ST | 3 |

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 INJ | QL | 2 | |
| BYDUREON PEN INJ | QL | 2 | |
| FARXIGA TAB | QL | 2 | |
| JANUMET TAB | | 2 | |
| JANUMET XR TAB | | 2 | |
| JANUVIA TAB | QL | 2 | |
| KOMBIGLYZE XR TAB | | 2 | |
| LANTUS INJ | | 2 | |
| LANTUS SOLOSTAR INJ | | 2 | |
| LEVEMIR FLEXPEN INJ | | 2 | |
| LEVEMIR INJ | | 2 | |
| NOVOLIN INJ | OTC | 2 | |
| NOVOLOG FLEXPEN INJ | | 2 | |
| NOVOLOG INJ | | 2 | |
| NOVOLOG MIX FLEXPEN INJ | | 2 | |
| NOVOLOG PENFILL INJ | | 2 | |
| ONGLYZA TAB | QL | 2 | |
| TOUJEO SOLOSTAR INJ | | 2 | |
| VICTOZA INJ | QL | 2 | |
| JENTADUETO TAB | PA | QL | 3 |
| NESINA TAB | PA | QL | 3 |
| TRADJENTA TAB | PA | QL | 3 |
| HUMALOG INJ | | NC | |
| HUMULIN N INJ | OTC | NC | |
| HUMULIN R INJ | OTC | NC | |

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 |
| voriconazole tab | RS | 1 |

ANTIHYPERTENSIVES

| | | |
|-----------------------|--|---|
| atorvastatin tab | | 1 |
| cholestyramine powder | | 1 |
| fluvastatin cap | | 1 |
| gemfibrozil cap | | 1 |
| LOFIBRA CAP | | 1 |
| LOFIBRA TAB | | 1 |

| | | |
|-----------------|----|---|
| lovastatin tab | | 1 |
| NIASPAN ER TAB | | 1 |
| pravastatin tab | | 1 |
| simvastatin tab | | 1 |
| TRILIPIX CAP | | 1 |
| CRESTOR TAB | QL | 2 |
| SIMCOR TAB | | 2 |
| ZETIA TAB | QL | 2 |
| ADVICOR TAB | | 3 |
| TRIGLIDE TAB | | 3 |

ANTIHYPERTENSIVES

| | | |
|--------------------------------------|--|---|
| amlodipine/ valsartan tab | | 1 |
| amlodipine/ benazepril cap | | 1 |
| benazepril tab | | 1 |
| benazepril/ hydrochlorothiazide tab | | 1 |
| bisoprolol/ hydrochlorothiazide tab | | 1 |
| candesartan tab | | 1 |
| candesartan/ hydrochlorothiazide tab | | 1 |
| captopril tab | | 1 |
| clonidine patch | | 1 |
| doxazosin tab | | 1 |
| enalapril tab | | 1 |
| enalapril/ hydrochlorothiazide tab | | 1 |
| irbesartan tab | | 1 |
| irbesartan/ hydrochlorothiazide tab | | 1 |
| lisinopril tab | | 1 |
| lisinopril/ hydrochlorothiazide tab | | 1 |
| losartan tab | | 1 |
| losartan/ hydrochlorothiazide tab | | 1 |
| metoprolol/ hydrochlorothiazide tab | | 1 |
| phenoxibenzamine cap | | 1 |
| terazosin cap | | 1 |
| valsartan tab | | 1 |
| valsartan/ hydrochlorothiazide tab | | 1 |

ANTI-INFECTIVE AGENTS - MISC.

| | | | |
|----------------------------------|----|----|---|
| clindamycin cap 150mg | | 1 | |
| erythromycin/ sulfisoxazole susp | | 1 | |
| metronidazole cap | | 1 | |
| metronidazole tab | | 1 | |
| smz/ tmp (DS) tab | | 1 | |
| vancomycin cap | QL | ST | 1 |
| clindamycin cap 300mg | | NC | |

ANTIMALARIALS

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

ANTIMYCOBACTERIAL AGENTS

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

ANTINEOPLASTICS

| | | |
|------------------|--|-----|
| tamoxifen tab | | \$0 |
| methotrexate tab | | 1 |

NC Not Covered

INF Infertility

MSP Mandatory Specialty Pharmacy Program

QL Quantity Limit

SMKG Smoking Cessation

generic =small letters

LD Limited Distribution

OTC Over-the-Counter

RS Restricted to Specialist

SP Available through Specialty Pharmacy Program

BRANDS =CAPITAL LETTERS

LMSP Lumicera Mandatory Specialty Pharmacy Program

PA Prior Authorization

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

months

ST Step Therapy

Last Updated 1/1/2016

Quick Reference Formulary -Alliant Health Plans 3-Tier Formulary

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ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

| | |
|------------------|-------------------|
| anastrozole tab | 1 |
| letrozole tab | 1 |
| AFINITOR DISPERZ | LMSF PA QL MSP SF |
| AFINITOR TAB | LMSF PA QL MSP SF |
| bexarotene cap | LMSF PA SF MSP |
| BOSULIF TAB | MSP PA SF MSP |
| CAPRELSA TAB | LD PA MSP |
| ERIVEDGE CAP | MSP PA SF MSP |

ANTIPARKINSON AGENTS

| | |
|-------------------------|---|
| amantadine cap | 1 |
| carbidopa/ levodopa tab | 1 |
| pramipexole ER tab | 1 |
| ropinirole ER tab | 1 |
| ropinirole tab | 1 |
| selegiline cap | 1 |
| AZILECT TAB | 2 |

ANTIPSYCHOTICS/ ANTIMANIC AGENTS

| | | |
|-----------------------|-------|---|
| aripiprazole tab | PA QL | 1 |
| clozapine tab | | 1 |
| lithium carbonate cap | | 1 |
| lithium carbonate tab | | 1 |
| olanzapine ODT | | 1 |
| olanzapine tab | | 1 |
| paliperidone ER tab | PA | 1 |
| quetiapine tab | | 1 |
| risperidone tab | | 1 |
| ziprasidone cap | | 1 |

ANTIVIRALS

| | | |
|-------------------|-------------|-----|
| acyclovir cap | | 1 |
| acyclovir susp | | 1 |
| entecavir tab | QL SP | 1 |
| nevirapine tab | SP | 1 |
| rimantadine tab | | 1 |
| valacyclovir tab | | 1 |
| zidovudine cap | | 1 |
| RELENZA DISKHALER | QL | 2 |
| TAMIFLU CAP | QL | 2 |
| FUZEON INJ | LMSF MSP | MSP |
| PEG-INTRON INJ | LMSF MSP | MSP |
| PEGASYS INJ | LMSF ST MSP | MSP |

ASSORTED CLASSES

| | | |
|---------------------------|----|---|
| azathioprine tab | | 1 |
| cyclosporine cap | SP | 1 |
| mycophenolate mofetil tab | SP | 1 |

BETA BLOCKERS

| | | |
|-------------------|--|---|
| atenolol tab | | 1 |
| carvedilol tab | | 1 |
| labetalol tab | | 1 |
| metoprolol ER tab | | 1 |
| metoprolol tab | | 1 |
| nadolol tab | | 1 |
| propranolol tab | | 1 |
| BYSTOLIC TAB | | 2 |

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 |
| nisoldipine ER tab | | 1 |
| verapamil SR cap | | 1 |
| verapamil SR tab | | 1 |
| COVERA-HS TAB | | 3 |

CEPHALOSPORINS

| | | |
|----------------|--|---|
| cefaclor cap | | 1 |
| cefadroxil cap | | 1 |
| cefdinir cap | | 1 |
| cefdinir susp | | 1 |

| | | |
|-----------------------|--|---|
| cefepime proxetil tab | | 1 |
| cefprozil susp | | 1 |
| cefprozil tab | | 1 |
| cefuroxime susp | | 1 |
| cephalexin cap | | 1 |

CONTRACEPTIVES

| | | |
|--------------|--|-----|
| necon tab | | \$0 |
| NUVARING | | \$0 |
| trinessa tab | | \$0 |
| YASMIN TAB | | \$0 |
| YAZ TAB | | \$0 |

CORTICOSTEROIDS

| | | |
|------------------------------|--|---|
| methylprednisolone dose pack | | 1 |
| prednisolone soln | | 1 |
| PREDNISON TAB | | 1 |

COUGH/ COLD/ ALLERGY

| | | |
|----------------------------|--------|---|
| guaifenesin/ codeine syrup | OTC QL | 1 |
|----------------------------|--------|---|

DERMATOLOGICALS

| | | |
|-----------------------------------|----|---|
| adapalene cream | PA | 1 |
| adapalene gel 0.1% | PA | 1 |
| calcipotriene cream | | 1 |
| clindamycin gel | | 1 |
| clindamycin/ benzoyl peroxide gel | | 1 |
| clotrimazole/ betamethasone cream | | 1 |
| DIFFERIN GEL 0.3% | PA | 1 |
| erythromycin gel | | 1 |
| imiquimod cream | | 1 |
| isotretinoin cap | | 1 |
| ketoconazole cream | | 1 |
| lidocaine patch | QL | 1 |
| lidocaine/ prilocaine cream | | 1 |
| metronidazole cream | | 1 |
| metronidazole gel | | 1 |
| mupirocin cream | | 1 |
| mupirocin oint | | 1 |
| nystatin/ triamcinolone oint | | 1 |
| tacrolimus oint | | 1 |
| tretinoin cream | PA | 1 |
| tretinoin gel | PA | 1 |
| ZOVIRAX OINT | | 1 |
| ELIDEL CREAM | | 2 |
| AZELEX CREAM | PA | 3 |
| TAZORAC CREAM | | 3 |
| TAZORAC GEL | | 3 |

DIAGNOSTIC PRODUCTS

| | | |
|------------------------------------|-----|----|
| ACCU-CHEK TEST STRIP | OTC | 2 |
| FREESTYLE TEST STRIP | OTC | 2 |
| PRECISION XTRA TEST | OTC | 2 |
| STRIP | | |
| TEST STRIP (all other test strips) | OTC | NC |

DIGESTIVE AIDS

| | | |
|------------------|----|---|
| PANCRELIPASE CAP | ST | 3 |
| PERTZYE CAP | ST | 3 |
| ZENPEP CAP | ST | 3 |

DIURETICS

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

ENDOCRINE AND METABOLIC AGENTS - MISC.

| | | |
|-----------------|--|-----|
| raloxifene tab | | \$0 |
| ACTONEL TAB | | 1 |
| alendronate tab | | 1 |

| | | |
|-----------------------|----------|-----|
| ibandronate tab 150mg | QL ST | 1 |
| FORTICAL NASAL SPRAY | | 2 |
| FORTEO INJ | LMSF MSP | MSP |

ESTROGENS

| | | |
|------------------------------|--|---|
| estradiol patch | | 1 |
| estradiol tab | | 1 |
| estradiol/ norethindrone tab | | 1 |
| PREMARIN TAB | | 2 |
| PREMPRO TAB | | 2 |

FLUOROQUINOLONES

| | | |
|----------------------|--|---|
| ciprofloxacin ER tab | | 1 |
| ciprofloxacin tab | | 1 |
| levofloxacin tab | | 1 |
| moxifloxacin tab | | 1 |
| ofloxacin tab | | 1 |

GASTROINTESTINAL AGENTS - MISC.

| | | |
|-------------|----------------|-----|
| AMITIZA CAP | ST | 3 |
| CIMZIA INJ | LMSF PA QL MSP | MSP |

GENITOURINARY AGENTS - MISCELLANEOUS

| | | |
|------------------|--|---|
| alfuzosin SR tab | | 1 |
| finasteride tab | | 1 |
| tamsulosin cap | | 1 |

GOUT AGENTS

| | | |
|-----------------|----|---|
| allopurinol tab | | 1 |
| ULORIC TAB | ST | 2 |

HEMATOLOGICAL AGENTS - MISC.

| | | |
|----------------------|--|---|
| clopidogrel tab 75mg | | 1 |
|----------------------|--|---|

HYPNOTICS

| | | |
|--------------------|----|---|
| phenobarbital tab | | 1 |
| temazepam cap 15mg | | 1 |
| temazepam cap 30mg | | 1 |
| zaleplon cap | | 1 |
| zolpidem tab 10mg | QL | 1 |
| zolpidem tab 5mg | QL | 1 |
| ROZEREM TAB | QL | 3 |

MACROLIDES

| | | |
|--------------------|-------|---|
| azithromycin susp | | 1 |
| azithromycin tab | | 1 |
| clarithromycin tab | | 1 |
| DIFICL TAB | QL ST | 2 |
| ERYTHROMYCIN TAB | | 3 |

MEDICAL DEVICES AND SUPPLIES

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

MIGRAINE PRODUCTS

| | | |
|---|----|---|
| acetaminophen/ isometheptene/ dichloral cap | | 1 |
| naratriptan tab | QL | 1 |
| rizatriptan ODT | QL | 1 |
| rizatriptan tab | QL | 1 |
| sumatriptan inj | QL | 1 |
| SUMATRIPTAN INJ 6MG/ 0.5ML | QL | 1 |
| sumatriptan tab | QL | 1 |

| | | |
|----------------------------------|----|---|
| sumatriptan vial inj | QL | 1 |
| zolmitriptan ODT | QL | 1 |
| zolmitriptan tab | QL | 1 |
| SUMATRIPTAN/ IMITREX NASAL SPRAY | QL | 2 |

MOUTH/ THROAT/ DENTAL AGENTS

| | | |
|----------------------|--|---|
| clotrimazole troches | | 1 |
| nystatin susp | | 1 |

MULTIVITAMINS

| | | |
|---|--|---|
| PRENATAL VITAMINS (PRENATAL PLUS/ PREPLUS/ PRENAPLUS) | | 1 |
|---|--|---|

NASAL AGENTS - SYSTEMIC AND TOPICAL

| | | |
|---------------------------|--------|---|
| azelastine nasal spray | | 1 |
| budesonide nasal spray | QL ST | 1 |
| flunisolide nasal spray | QL | 1 |
| fluticasone nasal spray | QL | 1 |
| NASACORT OTC NASAL SPRAY | OTC QL | 1 |
| triamcinolone nasal spray | QL | 1 |
| NASONEX NASAL SPRAY | QL | 2 |
| VERAMYST NASAL SPRAY | QL | 2 |
| BECONASE AQ NASAL SPRAY | QL ST | 3 |

OPHTHALMIC AGENTS

| | | |
|--|-----|---|
| azelastine ophth soln | | 1 |
| bacitracin/ polymyxin b ophth oint | | 1 |
| ciprofloxacin ophth soln | | 1 |
| dorzolamide/ timolol ophth soln | | 1 |
| gentamicin ophth soln | | 1 |
| ketorolac ophth soln | | 1 |
| ketotifen ophth soln | OTC | 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/ dexamethasone ophth soln | | 1 |
| ALPHAGAN P OPHTH SOLN 0.1% | | 2 |
| ALREX OPHTH SUSP/ LOTEMAX OPHTH SUSP | | 2 |
| AZOPT OPHTH SUSP | | 2 |
| BETIMOL OPHTH SOLN | | 2 |
| LUMIGAN OPHTH SOLN | QL | 2 |
| PATADAY OPHTH SOLN | QL | 2 |
| PROLENSA OPHTH SOLN | | 2 |
| RESTASIS OPHTH EMULSION | RS | 2 |
| TOBRADEX OPHTH OINT | | 2 |
| TRAVATAN Z OPHTH SOLN | QL | 2 |

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 ER tab | | 1 |
| amoxicillin/ clavulanate tab | | 1 |
| penicillin vk tab | | 1 |

NC Not Covered
INF Infertility
MSP Mandatory Specialty Pharmacy Program
QL Quantity Limit
SMKG Smoking Cessation
generic =small letters
LD Limited Distribution
OTC Over-the-Counter
RS Restricted to Specialist
SP Available through Specialty Pharmacy Program
BRANDS =CAPITAL LETTERS
LMSF Lumicera Mandatory Specialty Pharmacy Program
PA Prior Authorization
SF Limited to two 15 day fills per month for first 3 months
ST Step Therapy
 Last Updated 1/1/2016

Quick Reference Formulary -Alliant Health Plans 3-Tier 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.

PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

| | | |
|-------------------------|-----------------|-----|
| bupropion SR tab | QL SMKG | \$0 |
| CHANTIX PAK () | QL SMKG | \$0 |
| CHANTIX TAB | QL SMKG | \$0 |
| nicotine gum | OTC QL SMKG | \$0 |
| nicotine lozenge | OTC QL | \$0 |
| nicotine patch | SMKG OTC QL | \$0 |
| NICOTROL INHALER | SMKG QL SMKG | \$0 |
| NICOTROL NASAL SPRAY | QL SMKG | \$0 |
| donepezil ODT | QL | 1 |
| donepezil tab | QL | 1 |
| galantamine ER cap | | 1 |
| galantamine tab | | 1 |
| memantine tab | | 1 |
| rivastigmine cap | | 1 |
| NAMENDA XR CAP | QL | 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 susp | | 1 |
| famotidine tab | | 1 |
| misoprostol tab | | 1 |
| omeprazole DR cap 20mg | | 1 |
| pantoprazole EC tab | | 1 |
| PREVACID OTC CAP | OTC | 1 |
| rabeprazole EC tab | | 1 |
| ZEGERID CAP OTC | OTC | 1 |
| DEXILANT CAP | QL ST | 3 |

URINARY ANTI-INFECTIVES

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

URINARY ANTISPASMODICS

| | | |
|--------------------|----|---|
| oxybutynin ER tab | | 1 |
| oxybutynin tab | | 1 |
| tolterodine SR cap | | 1 |
| tolterodine tab | | 1 |
| VESICARE TAB | | 2 |
| ENABLEX TAB | PA | 3 |
| TOVIAZ TAB | PA | 3 |

VAGINAL PRODUCTS

| | | |
|---------------------------|-----|-----|
| vcf vaginal gel | OTC | \$0 |
| ESTRACE VAGINAL CREAM | | 2 |
| PREMARIN VAGINAL CREAM | | 2 |

VASOPRESSORS

| | | |
|---------------|----|---|
| EPIPEN INJ | QL | 2 |
| EPIPEN-JR INJ | QL | 2 |

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ST Step Therapy

Last Updated 1/1/2016

Non-Discrimination

Alliant Health Plans does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment and benefit determinations.

TTY/TDD

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-(800) 811-4793 (TTY/TDD: 1-(800) 811-4793).

Language Assistance

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Alliant Health Plans, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al (800) 811-4793.

Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Alliant Health Plans, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi (800) 811-4793.

만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Alliant Health Plans 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는(800) 811-4793 로 전화하십시오.

如果您，或是您正在協助的對象，有關於[插入SBM項目的名稱Alliant Health Plans]方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 [在此插入數字 (800) 811-4793]。

જો તમે અથવા તમે કોઈને મદદ કરી રહ્યા છો તેમ જ કોઈને [અસહાયક કાર્યક્રમના નામ મ કો] વિશે પ્રશ્નો હોય તો તમને મદદ અને મહત્તી મેળો નો અધિકાર છે. તે અર્થ વિન તમ રી ભષ મ ાં પ્ર સ કરી શક ર છે. દભ વષરો િ ત કરિ મ ટે,આ [અહીં દ બલ કરો નાંબર] પર કોલ કરો(800) 811-4793.

Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Alliant Health Plans, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez (800) 811-4793.

እርስዎ፣ ወይም እርስዎ የሚያገለግሉት ስለAlliant Health Plans ጥያቄ ካላችሁ፣ ያለ ምንም ክፍያ በቋንቋዎ እርዳታና መረጃ የማግኘት መብት አላችሁ። ከአስተርጓሚ ጋር ለመነጋገር፣(800) 811-4793 ይደውሉ።

यदआपके ,या आप द्वारा सहायता ककए जा रहे ककसी व्यक्तत के Alliant Health Plans के बारे में प्रश्न हैं ,तो आपके पास अपनी भाषा में मुफ्त में सहायता और सूचना प्राप्त करने का अधिकार है। ककसी भाषण से बात करने के लिए, (800) 811-4793 पर कॉल करें।

Si oumenm oswa yon moun w ap ede gen kesyon konsènan Alliant Health Plans, se dwa w pou resevwa asistans ak enfòmasyon nan lang ou pale a, san ou pa gen pou peye pou sa. Pou pale avèk yon entèprèt, rele nan (800) 811-4793.

Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Alliant Health Plans, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону (800) 811-4793.

تامول عمالو و دعاسملا ىلع لوصحلال يف قحلا كيدلف ، Alliant Health Plans صوصخب ةلىئسأ هذعاست صخش ىدل وأ كيدل ناك نإ تامول عمالو و دعاسملا ىلع لوصحلال يف قحلا كيدلف ، ةفلكت ةيا نود نم كت غلب ةي رورضلا ب لصتا مجرتم عم ثدحتلل . (800) 811-4793

Se você, ou alguém a quem você está ajudando, tem perguntas sobre o Alliant Health Plans, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para (800) 811-4793.

تعالطا و ككمك هك دي راد ار ني ا قح دي ش اب هت شاد ، Alliant Health Plans دروم رد لاوس ، دي نكي م ككمك وا هب امش هك ىسك اي ، امش رگا دي يامن لصاح سامت . (800) 811-4793 دي يامن تفاي رد ناگي ار روط هب ار دوخ نابز هب

Falls Sie oder jemand, dem Sie helfen, Fragen zum Alliant Health Plans haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer (800) 811-4793 an.

ご本人様、またはお客様の身の回りの方でも Alliant Health Plans についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、(800) 811-4793までお電話ください。

Notice of Non-Discrimination

Alliant Health Plans cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

Alliant Health Plans tuân thủ luật dân quyền hiện hành của Liên bang và không phân biệt đối xử dựa trên chủng tộc, màu da, nguồn gốc quốc gia, độ tuổi, khuyết tật, hoặc giới tính.

Alliant Health Plans 은(는) 관련 연방 공민권법을 준수하며 인종, 피부색, 출신 국가, 연령, 장애 또는 성별을 이유로 차별하지 않습니다.

Alliant Health Plans 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。

Alliant Health Plans લાગુ પડતા સમવાયી નાગરિક અધિકાર કાયદા સાથે સુસંગત છે અને જાતિ, રંગ, રાષ્ટ્રીય મૂળ, ઉંમર, અશક્તતા અથવા વિગના આધારે ભેદભાવ રાખવામાં આવતો નથી.

Alliant Health Plans respecte les lois fédérales en vigueur relatives aux droits civiques et ne pratique aucune discrimination basée sur la race, la couleur de peau, l'origine nationale, l'âge, le sexe ou un handicap.

Alliant Health Plans የፌዴራል ሲቪል መብቶችን መብት የሚያከብር ሲሆን ሰዎችን በዘር፣ በቆይታ ቀለም፣ በዘር ሃረግ፣ በእድሜ፣ በአካል ጉዳት ወይም በጾታ ማንኛውንም ሰው አያገልግልም።

Alliant Health Plans लागू होने योग्य संघीय नागरिक अधिकार कानून का पालन करता है और जाति, रंग, राष्ट्रीय मूल, आयु, वकिलांगता, या लिंग के आधार पर भेदभाव नहीं करता है।

Alliant Health Plans konfòm ak lwa sou dwa sivil Federal ki aplikab yo e li pa fè diskriminasyon sou baz ras, koulè, peyi orijin, laj, enfimite oswa sèks.

Alliant Health Plans соблюдает применимое федеральное законодательство в области гражданских прав и не допускает дискриминации по признакам расы, цвета кожи, национальной принадлежности, возраста, инвалидности или пола.

Alliant Health Plans يلتزم بقوانين الحقوق المدنية الفيدرالية المعمول بها والتمييز على أساس العرق أو اللون أو الأصل الوطني أو السن أو الإعاقة أو الجنس.

Alliant Health Plans cumple as leis de direitos civis federais aplicáveis e não exerce discriminação com base na raça, cor, nacionalidade, idade, deficiência ou sexo.

Alliant Health Plans از قوانین حقوق مدنی فدرال مربوطه تبعیت می کند و هیچگونه تبعیضی بر اساس نژاد، رنگ پوست، اصلیت ملیتی، سن، ناتوانی یا جنسیت افراد قابل نمی شود.

Alliant Health Plans erfüllt geltenden bundesstaatliche Menschenrechtsgesetze und lehnt jegliche Diskriminierung aufgrund von Rasse, Hautfarbe, Herkunft, Alter, Behinderung oder Geschlecht ab.

Alliant Health Plansは適用される連邦公民権法を遵守し、人種、肌の色、出身国、年齢、障害または性別に基づく差別をいたしません。