

Quick Reference Formulary - Texas Association of Counties HDHP 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 | Description | 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

ADHD/ ANTI-NARCOLEPSY/ ANTI-OBESITY/ ANOREXIANTS

| | | |
|------------------------|--|----|
| amphetamine/ | | 1 |
| dextroamphetamine ER | | |
| cap | | |
| amphetamine/ | | 1 |
| dextroamphetamine tab | | |
| dexmethylphenidate tab | | 1 |
| guanfacine ER tab | | 1 |
| methylphenidate tab | | 1 |
| methylphenidate ER cap | | 2 |
| VYVANSE CAP | | 2 |
| ADDERALL XR CAP | | 3 |
| APTENSIO XR CAP | | NC |
| CONCERTA TAB | | NC |

AMINOGLYCOSIDES

| | | |
|---------------|---------|---|
| TOBI PODHALER | MSP, RS | 2 |
|---------------|---------|---|

ANALGESICS - ANTI-INFLAMMATORY

| | | |
|----------------------------|-------------|----|
| celecoxib cap | QL | 1 |
| diclofenac sodium EC tab | | 1 |
| diclofenac sodium XR tab | | 1 |
| ibuprofen tab | | 1 |
| ketorolac tab | QL | 1 |
| meloxicam tab | | 1 |
| naproxen tab | | 1 |
| sulindac tab | | 1 |
| ENBREL INJ 25MG | LMS, PA, QL | 2 |
| ENBREL INJ 50MG | LMS, PA, QL | 2 |
| ENBREL SURECLICK INJ | LMS, PA, QL | 2 |
| 50MG | | |
| piroxicam cap | | 2 |
| diclofenac/ misoprostol DR | | 3 |
| tab | | |
| DUEXIS TAB | | NC |

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 |

ANDROGENS-ANABOLIC

| | | |
|-------------------|--|----|
| AXIRON SOLN | | NC |
| NATESTO NASAL GEL | | NC |

ANTIANGINAL AGENTS

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

ANTIANKXIETY AGENTS

| | | |
|-----------------|--|---|
| alprazolam tab | | 1 |
| buspirone 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 | | |
| ARNUITY 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 | QL | 2 |
| 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 |

ANTICONSULSANTS

| | | |
|--------------------------|--|---|
| 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 |
| duloxetine EC cap | | 1 |
| escitalopram tab | | 1 |
| fluoxetine cap | | 1 |
| fluoxetine tab | | 1 |
| mirtazapine tab | | 1 |
| nefazodone tab 50mg, | | 1 |
| 250mg | | |
| nortriptyline cap | | 1 |
| paroxetine tab | | 1 |
| sertraline conc | | 1 |
| sertraline tab | | 1 |
| trazodone tab | | 1 |
| venlafaxine ER cap | | 1 |
| venlafaxine tab | | 1 |
| NEFAZODONE TAB | ST | 3 |
| venlafaxine ER tab | | NC |

ANTIDIABETICS

| | | |
|----------------------|-------|----|
| glipizide ER tab | | 1 |
| glipizide tab | | 1 |
| glyburide tab | | 1 |
| metformin 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 | | 2 |
| LANTUS SOLOSTAR INJ | | 2 |
| LEVEMIR FLEXTOUCH | | 2 |
| INJ | | |
| LEVEMIR INJ | | 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 |
| TOUJEO SOLOSTAR INJ | | 2 |
| TRESIBA FLEXTOUCH | | 2 |
| INJ | | |
| VICTOZA INJ | QL | 2 |
| BASAGLAR INJ | | NC |
| HUMALOG INJ, | | NC |
| ADMELOG INJ | | |
| HUMULIN N INJ | OTC | NC |
| HUMULIN R INJ | OTC | NC |
| KOMBIGLYZE XR TAB | | NC |

| | | |
|-------------------------|--|----|
| ONGLYZA TAB | | NC |
| pioglitazone/ metformin | | NC |
| tab | | |

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 |

ANTIHISTAMINES

| | | |
|--------------|-----|----|
| ALLEGRA ODT | OTC | NC |
| ALLEGRA SUSP | OTC | NC |
| ALLEGRA TAB | OTC | NC |

ANTIHYPERTENSIVES

| | | |
|-----------------------|--|----|
| cholestyramine powder | | 1 |
| gemfibrozil tab | | 1 |
| fluvastatin cap | | 2 |
| NIASPAN ER TAB | | NC |
| TRILIPX CAP | | NC |

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 |
| metoprolol/ | | 2 |
| hydrochlorothiazide tab | | |
| phenoxymethylamine cap | | 2 |
| candesartan tab | | NC |
| candesartan/ | | NC |
| hydrochlorothiazide tab | | |

ANTI-INFECTIVE AGENTS - MISC.

| | | |
|-----------------|--|---|
| clindamycin cap | | 1 |
|-----------------|--|---|

NC Not Covered

INF Infertility

MSP Mandatory Specialty Pharmacy Program

QL Quantity Limit

SMKG Smoking Cessation

¢ RxCENTS

generic =small letters

LD Limited Distribution

OTC Over-the-Counter

RS Restricted to Specialist

ST Step Therapy

BRANDS =CAPITAL LETTERS

LMSM Lumicera Mandatory Specialty Pharmacy Program

PA Prior Authorization

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

VAC Vaccine Program

Quick Reference Formulary - Texas Association of Counties HDHP 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.

| | |
|---|--------------------|
| erythromycin/ sulfisoxazole susp | 1 |
| metronidazole cap | 1 |
| metronidazole tab | 1 |
| smz/ tmp (DS) tab | 1 |
| 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 |
| AFINITOR DISPERSZ | LMSF, PA, QL, SF 2 |
| AFINITOR TAB | LMSF, PA, QL, SF 2 |
| bexarotene cap | LMSF, PA, SF 2 |
| BOSULIF TAB | MSP, PA, SF 2 |
| ERIVEDGE CAP | MSP, PA, SF 2 |
| IMBRUVICA CAP 140MG LD, PA, QL | 2 |
| ANTIPARKINSON AGENTS | |
| amantadine cap | 1 |
| carbidopa/ levodopa tab | 1 |
| ropinirole tab | 1 |
| selegiline cap | 1 |
| pramipexole ER tab | 3 |
| ropinirole ER tab | 3 |
| ANTIPSYCHOTICS/ ANTIMANIC AGENTS | |
| aripiprazole tab | 1 |
| lithium carbonate cap | 1 |
| lithium carbonate tab | 1 |
| olanzapine tab | 1 |
| quetiapine tab | 1 |
| risperidone tab | 1 |
| ziprasidone cap | 1 |
| clozapine tab | 2 |
| olanzapine ODT | 2 |
| paliperidone ER tab | PA 2 |
| ABILIFY SOLN | PA 3 |
| SEROQUEL XR TAB | NC |
| ANTIVIRALS | |
| acyclovir cap | 1 |
| acyclovir susp | 1 |
| nevirapine tab | 1 |
| rimantadine tab | 1 |
| valacyclovir tab | 1 |
| entecavir tab | QL 2 |
| FUZEON INJ | LMSF 2 |
| PEG-INTRON INJ | LMSF 2 |
| PEGASYS INJ | LMSF, PA 2 |
| RELENZA DISKHALER | QL 2 |
| zidovudine cap | 2 |
| ASSORTED CLASSES | |
| azathioprine tab | 1 |
| mycophenolate mofetil tab | 1 |
| cyclosporine cap | 2 |
| BETA BLOCKERS | |
| atenolol tab | 1 |
| carvedilol tab | 1 |
| labetalol tab | 1 |
| metoprolol ER tab | 1 |
| metoprolol tab | 1 |
| propranolol tab | 1 |
| BYSTOLIC TAB | ¢ 2 |
| nadolol tab | 2 |

| | |
|-----------------------------------|-----------|
| CALCIUM CHANNEL BLOCKERS | |
| amlodipine tab | 1 |
| diltiazem ER cap | 1 |
| diltiazem tab | 1 |
| nifedipine cap | 1 |
| nifedipine ER tab | 1 |
| verapamil SR cap | 1 |
| verapamil SR tab | 1 |
| diltiazem ER tab | 2 |
| nisoldipine ER tab | 2 |
| felodipine ER tab | 3 |
| verapamil SR cap | 3 |
| CEPHALOSPORINS | |
| cefadroxil cap | 1 |
| cefuroxime susp | 1 |
| cephalexin cap | 1 |
| cefdinir cap | 2 |
| cefdinir susp | 2 |
| cefprozil susp | 2 |
| cefprozil tab | 2 |
| cefactor cap | 3 |
| cefepodoxime proxetil tab | 3 |
| CONTRACEPTIVES | |
| necon tab | \$0 |
| NUVARING | \$0 |
| tri-nessa (LO) tab | \$0 |
| YASMIN TAB | NC |
| YAZ TAB | NC |
| CORTICOSTEROIDS | |
| prednisolone soln | 1 |
| PREDNISON TAB | 1 |
| COUGH/ COLD/ ALLERGY | |
| guaifenesin/ codeine syrup | OTC, QL 1 |
| ALLEGRA-D 12-HOUR | OTC, NC 1 |
| TAB | |
| ALLEGRA-D 24-HOUR | OTC, NC 1 |
| TAB | |
| ALLEGRA-D TAB | OTC, NC 1 |
| DERMATOLOGICALS | |
| clindamycin gel | 1 |
| clotrimazole/ betamethasone cream | 1 |
| erythromycin gel | 1 |
| ketconazole cream | 1 |
| lidocaine/ prilocaine cream | 1 |
| mupirocin oint | 1 |
| nystatin cream | 1 |
| tretinoin gel | PA 1 |
| adapalene cream | PA 2 |
| adapalene gel | PA 2 |
| calcipotriene cream | 2 |
| imiquimod cream | 2 |
| isotretinoin cap | 2 |
| metronidazole cream | 2 |
| metronidazole gel | 2 |
| pimecrolimus cream | 2 |
| tacrolimus oint | 2 |
| tretinoin cream | PA 2 |
| tretinoin gel | PA 2 |
| AZELEX CREAM | PA 3 |
| clindamycin/ benzoyl peroxide gel | 3 |
| ELIDEL CREAM | 3 |
| lidocaine patch | QL 3 |
| mupirocin cream | NC |
| nystatin/ triamcinolone oint | NC |
| ZOVIRAX OINT | NC |
| DIAGNOSTIC PRODUCTS | |
| ACCU-CHEK TEST STRIP | OTC 2 |
| FREESTYLE LITE TEST STRIP | OTC 2 |
| FREESTYLE TEST STRIP | OTC 2 |

| | |
|--|------------|
| PRECISION XTRA TEST STRIP | OTC 2 |
| TEST STRIP (all other test strips) | OTC, NC |
| DIURETICS | |
| amiloride/ hydrochlorothiazide tab | 1 |
| CHLORALIDONE TAB | 1 |
| furosemide tab | 1 |
| hydrochlorothiazide tab | 1 |
| spironolactone tab | 1 |
| triamterene/ hydrochlorothiazide cap | 1 |
| triamterene/ hydrochlorothiazide tab | 1 |
| acetazolamide ER cap | 2 |
| ENDOCRINE AND METABOLIC AGENTS - MISC. | |
| raloxifene tab | \$0 |
| alendronate tab | 1 |
| ibandronate tab 150mg | QL 1 |
| FORTEO INJ | LMSF, PA 2 |
| FORTICAL NASAL SPRAY | 2 |
| ACTONEL TAB | 3 |
| ESTROGENS | |
| estradiol patch | 1 |
| estradiol tab | 1 |
| estradiol patch | 2 |
| PREMARIN TAB | 2 |
| PREMPHASE TAB, PREMPRO TAB | 2 |
| estradiol/ norethindrone tab | 3 |
| FLUOROQUINOLONES | |
| ciprofloxacin tab | 1 |
| levofloxacin tab | 1 |
| ofloxacin tab | 1 |
| moxifloxacin tab | 2 |
| 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/ SEDATIVES/ SLEEP DISORDER AGENTS | |
| phenobarbital tab | 1 |
| temazepam cap 15mg | 1 |
| temazepam cap 30mg | 1 |
| zaleplon cap | 1 |
| ROZEREM TAB | NC |
| MACROLIDES | |
| azithromycin susp | 1 |
| azithromycin tab | 1 |
| clarithromycin tab | 1 |
| DIFICID TAB | QL, ST 2 |
| MEDICAL DEVICES AND SUPPLIES | |
| ACCU-CHEK AVIVA PLUS METER | OTC \$0 |
| FREESTYLE FREEDOM LITE METER | OTC \$0 |
| FREESTYLE LITE METER | OTC \$0 |

| | |
|---|-----------|
| PRECISION XTRA METER | OTC \$0 |
| B-D INSULIN SYRINGE | OTC 1 |
| B-D PEN NEEDLE | OTC 1 |
| NOVOFINE PEN NEEDLE | OTC 1 |
| NOVOTWIST PEN NEEDLE | OTC 1 |
| MIGRAINE PRODUCTS | |
| rizatriptan ODT | QL 1 |
| rizatriptan tab | QL 1 |
| sumatriptan tab | QL 1 |
| naratriptan tab | QL 2 |
| sumatriptan inj | QL 2 |
| sumatriptan vial inj | QL 2 |
| zolmitriptan ODT | QL 3 |
| zolmitriptan tab | QL 3 |
| acetaminophen/ isometheptene/ dichloral cap | NC |
| MOUTH/ THROAT/ DENTAL AGENTS | |
| clotrimazole troches | 1 |
| nystatin susp | 1 |
| MULTIVITAMINS | |
| PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS) | 1 |
| NASAL AGENTS - SYSTEMIC AND TOPICAL | |
| fluticasone nasal spray | QL 1 |
| FLONASE NASAL SPRAY | NC |
| flunisolide nasal solution 0.025% | NC |
| FLUNISOLIDE NASAL SPRAY 0.025% | NC |
| VERAMYST NASAL SPRAY | NC |
| OPHTHALMIC AGENTS | |
| azelastine ophth soln | 1 |
| bacitracin/ polymyxin b ophth oint | 1 |
| ciprofloxacin ophth soln | 1 |
| dorzolamide/ timolol (pf) 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/ 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 |
| PROLENSA OPHTH SOLN | 2 |
| RESTASIS OPHTH EMULSION | PA 2 |
| TOBRADEX OPHTH OINT | 2 |
| TRAVATAN Z OPHTH SOLN | QL 2 |
| ketotifen ophth soln | OTC, NC 1 |
| OTIC AGENTS | |
| acetic acid otic soln | 1 |

NC Not Covered **generic** =small letters **BRANDS** =CAPITAL LETTERS
INF Infertility **LD** Limited Distribution **LMSF** Lumicera Mandatory Specialty Pharmacy Program
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

Quick Reference Formulary - Texas Association of Counties HDHP 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.

| | |
|--------------------------|---|
| neomycin/ polymixin/ | 1 |
| hydrocortisone otic susp | |
| CIPRODEX OTIC SUSP | 2 |
| ofloxacin otic soln | 3 |

PENICILLINS

| | |
|---------------------------------|---|
| amoxicillin cap | 1 |
| amoxicillin/ clavulanate tab | 1 |
| penicillin vk tab | 1 |
| amoxicillin/ clavulanate ER tab | 3 |

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, SMKG | \$0 |
| nicotine patch | OTC, QL, SMKG | \$0 |
| NICOTROL INHALER | QL, SMKG | \$0 |
| NICOTROL NASAL | QL, SMKG | \$0 |
| SPRAY | | |
| donepezil ODT | QL | 1 |
| donepezil tab | QL | 1 |
| galantamine tab | ¢ | 1 |
| memantine tab | | 1 |
| rivastigmine cap | | 1 |
| galantamine ER cap | | 2 |
| NAMENDA XR | | 2 |
| TITRATION PACK | | |

TETRACYCLINES

| | |
|-------------------------|----|
| doxycycline hyclate cap | 1 |
| minocycline cap | 1 |
| SOLODYN TAB | NC |

THYROID AGENTS

| | |
|-------------------|---|
| levothyroxine tab | 1 |
| liothyronine tab | 1 |
| methimazole tab | 1 |
| THYROLAR TAB | 2 |
| SYNTHROID TAB | 3 |

ULCER DRUGS

| | |
|---------------------|--------|
| cimetidine tab | 1 |
| famotidine tab | 1 |
| pantoprazole EC tab | 1 |
| famotidine susp | 2 |
| DEXILANT CAP | NC |
| PREVACID OTC CAP | OTC NC |
| rabeprazole EC tab | NC |
| ZEGERID CAP OTC | OTC NC |

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
MSP Mandatory Specialty Pharmacy Program
QL Quantity Limit
SMKG Smoking Cessation
¢ RxCENTS

generic =small letters
LD Limited Distribution
OTC Over-the-Counter
RS Restricted to Specialist
ST Step Therapy

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
VAC Vaccine Program