

# Quick Reference Formulary - Texas Association of Counties Pooled 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

ADDERALL XR CAP	1
amphetamine/	1
dextroamphetamine tab	
dexmethylphenidate tab	1
guanfacine ER tab	1
methylphenidate tab	1
methylphenidate ER cap	2
VYVANSE CAP	2
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
nabumetone 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 tab		3
DUEXIS TAB		NC

### ANALGESICS - OPIOID

acetaminophen/ codeine tab		1
hydrocodone/ acetaminophen tab		1
morphine sulfate ER tab		1
oxycodone/ acetaminophen tab		1
tramadol tab		1
fentanyl patch		2
OXYCODONE ER TAB,		NC
OXYCONTIN CR TAB		NC
OXYCONTIN CR TAB		NC

### ANDROGENS-ANABOLIC

AXIRON SOLN		NC
NATESTO NASAL GEL		NC

### ANTI-ANXIETY AGENTS

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

### ANTIARRHYTHMICS

### MULTAQ TAB 2

### ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS

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 HFA INHALER		2
ANORO ELLIPTA INHALER		2
BREO ELLIPTA INHALER		2
COMBIVENT INHALER		2
COMBIVENT RESPIMAT INHALER		2
DULERA INHALER		2
INCRUSE ELLIPTA INHALER		2
SEREVENT DISKUS INHALER		2
VENTOLIN HFA INHALER	QL	2
PULMICORT FLEXHALER		NC
QVAR INHALER		NC
SYMBICORT INHALER		NC
TUDORZA PRESSAIR INHALER		NC

### 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
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, 250mg		1
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 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
TOUJEO SOLOSTAR INJ		2
TRESIBA FLEXTOUCH INJ		2
VICTOZA INJ	QL	2
ADMELOG INJ, INSULIN LISPRO INJ		NC
BASAGLAR INJ		NC
HUMULIN N INJ	OTC	NC
HUMULIN R INJ	OTC	NC
KOMBIGLYZE XR TAB		NC
ONGLYZA TAB		NC
pioglitazone/ metformin 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

### ANTIHISTAMINES

ALLEGRA ODT	OTC	NC
ALLEGRA SUSP	OTC	NC
ALLEGRA TAB	OTC	NC

### ANTIHYPERLIPIDEMICS

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

### ANTIHYPERTENSIVES

amlodipine/ benazepril cap		1
benazepril tab		1
benazepril/ hydrochlorothiazide tab		1
bisoprolol/ hydrochlorothiazide tab		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
terazosin cap		1
valsartan tab		1
valsartan/ hydrochlorothiazide tab		1
amlodipine/ valsartan tab		2
metoprolol/ hydrochlorothiazide tab		2
phenoxymethamine cap		2
candesartan tab		NC
candesartan/ hydrochlorothiazide tab		NC

### 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		2
--------------	--	---

### ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

anastrozole tab		1
letrozole tab		1

NC Not Covered

ACA Affordable Care Act

LD Limited Distribution

OTC Over-the-Counter

RS Restricted to Specialist

ST Step Therapy

generic =small letters

EXC Plan Exclusion

LMS, PA Lumicera Mandatory Specialty Pharmacy Program

PA Prior Authorization

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

VAC Vaccine Program

BRANDS =CAPITAL LETTERS

INF Infertility

MSP Mandatory Specialty Pharmacy Program

QL Quantity Limit

SMKG Smoking Cessation

¢ RxCENTS

**Quick Reference Formulary - Texas Association of Counties Pooled 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.

methotrexate tab	1
AFINITOR DISPERSZ	L MSP, PA, 2
QL, SF	
AFINITOR TAB	L MSP, PA, 2
QL, SF	
bexarotene cap	L MSP, PA, 2
SF	
BOSULIF TAB	MSP, PA, SF 2
ERIVEDGE CAP	MSP, PA, SF 2
IMBRUVICA CAP 140MG LD, PA, QL	2
tamoxifen tab	ACA 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	L MSP 2
PEG-INTRON INJ	L MSP 2
PEGASYS INJ	L MSP, 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 tab	1
diltiazem ER tab	2
nisoldipine ER tab	2

**CEPHALOSPORINS**

cefadroxil cap	1
cefdinir cap	1
cefdinir susp	1
cefprozil susp	1
cefprozil tab	1
cefuroxime susp	1

cephalexin cap	1
cefaclor cap	3
cefepodoxime proxetil tab	3

**CONTRACEPTIVES**

necon tab	ACA 2
NUVARING	ACA 2
tri-nessa (LO) tab	ACA 2
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
TAB	
ALLEGRA-D 24-HOUR	OTC NC
TAB	
ALLEGRA-D TAB	OTC NC

**DERMATOLOGICALS**

clindamycin gel	1
clotrimazole/ betamethasone cream	1
erythromycin gel	1
ketoconazole cream	1
lidocaine/ prilocaine cream	1
mupirocin oint	1
nystatin cream	1
adapalene cream	PA 2
calcipotriene cream	2
clindamycin/ benzoyl peroxide gel	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
ELIDEL CREAM	3
lidocaine patch	QL 3
AZELEX CREAM	NC
mupirocin cream	NC
nystatin/ triamcinolone oint	NC
ZOVIRAX OINT	NC

**DIAGNOSTIC PRODUCTS**

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

**DIURETICS**

amiloride/ hydrochlorothiazide tab	1
CHLORTHALIDONE 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.**

alendronate tab	1
ibandronate tab 150mg	QL 1
FORTEO INJ	L MSP, PA 2

FORTICAL NASAL SPRAY	2
raltroxifen tab	ACA 2
ACTONEL TAB	3

**ESTROGENS**

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

**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
-----------------	---

**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
ramelteon tab	NC
ROZEREM TAB	NC

**MACROLIDES**

azithromycin susp	1
azithromycin tab	1
clarithromycin tab	1
DIFICID TAB	QL, ST 2

**MEDICAL DEVICES AND SUPPLIES**

B-D INSULIN SYRINGE	OTC 1
B-D PEN NEEDLE	OTC 1
NOVOFINE PEN NEEDLE	OTC 1
NOVOTWIST PEN	OTC 1
NEEDLE	
ACCU-CHEK AVIVA	ACA, OTC 2
PLUS METER	
FREESTYLE FREEDOM	ACA, OTC 2
LITE METER	
FREESTYLE LITE METER	ACA, OTC 2
PRECISION XTRA	ACA, OTC 2
METER	

**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
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
timolol maleate ophth soln	1
tobramycin ophth soln	1
tobramycin/ dexamethasone ophth soln	1
ALPHAGAN P OPHTH SOLN 0.1%	2
ALREX OPHTH SUSP	2
AZOPT OPHTH SUSP	2
BETIMOL OPHTH SOLN	2
LUMIGAN OPHTH SOLN	QL 2
PROLENSA OPHTH SOLN	2
RESTASIS OPHTH	PA 2
EMULSION	
TOBRADEX OPHTH OINT	2
TRAVATAN Z OPHTH SOLN	QL 2
ketotifen ophth soln	OTC NC

**OTIC AGENTS**

acetic acid otic soln	1
neomycin/ polymyxin/ hydrocortisone otic susp	1
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.**

donepezil ODT	QL 1
donepezil tab	QL 1
galantamine tab	¢ 1
memantine tab	1
rivastigmine cap	1
bupropion SR tab	ACA, QL, SMKG 2
CHANTIX PAK	ACA, QL, SMKG 2
CHANTIX TAB	ACA, QL, SMKG 2
galantamine ER cap	2
NAMENDA XR	2
TITRATION PACK	

NC Not Covered      generic =small letters      BRANDS =CAPITAL LETTERS  
 ACA Affordable Care Act      EXC Plan Exclusion      INF Infertility  
 LD Limited Distribution      LMSP 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 Pooled 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.

nicotine gum	ACA, OTC,	2
	QL, SMKG	
nicotine lozenge	ACA, OTC,	2
	QL, SMKG	
nicotine patch	ACA, OTC,	2
	QL, SMKG	
NICOTROL INHALER	ACA, QL,	2
	SMKG	
NICOTROL NASAL	ACA, QL,	2
SPRAY	SMKG	
<b>TETRACYCLINES</b>		
doxycycline hyclate cap		1
minocycline cap		1
SOLODYN TAB		NC
<b>THYROID AGENTS</b>		
liothyronine tab		1
methimazole tab		1
SYNTHROID TAB		1
THYROLAR TAB		2
<b>ULCER DRUGS</b>		
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
<b>URINARY ANTI-INFECTIVES</b>		
nitrofurantoin monohydrate cap		1
<b>URINARY ANTISPASMODICS</b>		
oxybutynin ER tab		1
oxybutynin tab		1
tolterodine SR cap		2
tolterodine tab	¢	2
<b>VAGINAL PRODUCTS</b>		
PREMARIN VAGINAL		2
CREAM		
vcf vaginal gel	ACA, OTC	2

<b>NC</b>	Not Covered
<b>ACA</b>	Affordable Care Act
<b>LD</b>	Limited Distribution
<b>OTC</b>	Over-the-Counter
<b>RS</b>	Restricted to Specialist
<b>ST</b>	Step Therapy

	<b>generic</b> =small letters		<b>BRANDS</b> =CAPITAL LETTERS
<b>EXC</b>	Plan Exclusion	<b>INF</b>	Infertility
<b>LMSP</b>	Lumicera Mandatory Specialty Pharmacy Program	<b>MSP</b>	Mandatory Specialty Pharmacy Program
<b>PA</b>	Prior Authorization	<b>QL</b>	Quantity Limit
<b>SF</b>	Limited to two 15 day fills per month for first 3 months	<b>SMKG</b>	Smoking Cessation
<b>VAC</b>	Vaccine Program	¢	RxCENTS