

Texas Association of Counties Pooled Formulary
Category/Class

Last Updated* 8/1/2020

| DrugName | Special Code | Tier |
|--|--------------|------|
| ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS | | |
| AMPHETAMINES | | |
| ADDERALL XR CAP | - | 1 |
| amphetamine/dextroamphetamine tab (ADDERALL equiv) | - | 1 |
| dextroamphetamine tab (DEXEDRINE equiv) | - | 1 |
| dextroamphetamine ER cap (DEXEDRINE equiv) | - | 2 |
| VYVANSE CAP | - | 2 |
| VYVANSE CHEW TAB | - | 2 |
| dextroamphetamine soln (PROCENTRA equiv) | - | 3 |
| ADZENYS ER SUSP, AMPHETAMINE ER SUSP | - | NC |
| ADZENYS XR TAB | - | NC |
| amphetamine tab (EVEKEO equiv) | - | NC |
| amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv) | - | NC |
| DYANAVEL XR SUSP | - | NC |
| EVEKEO ODT | - | NC |
| EVEKEO TAB | - | NC |
| methamphetamine tab (DESOXYN equiv) | - | NC |
| MYDAYIS CAP | - | NC |
| ZENZEDI TAB | - | NC |
| zenzedi tab 5mg (DEXEDRINE equiv) | - | NC |
| ANALEPTICS | | |
| caffeine citrate soln (CAFCIT equiv) (Only covered for members less than 1 year old) | - | 2 |
| CAFCIT INJ | - | NC |
| ANOREXIANTS NON-AMPHETAMINE | | |
| LOMAIRA TAB | - | NC |
| ANTI-OBESITY AGENTS | | |
| XENICAL CAP | - | EXC |
| ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS | | |
| guanfacine ER tab (INTUNIV equiv) | - | 1 |
| atomoxetine cap (STRATTERA CAP equiv) | - | 2 |
| clonidine ER tab (KAPVAY equiv) | - | NC |
| KAPVAY TAB | - | NC |
| STRATTERA CAP | - | NC |
| DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS) | | |
| SUNOSI TAB | - | NC |
| HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS | | |
| WAKIX TAB | - | NC |
| STIMULANTS - MISC. | | |
| dexmethylphenidate tab (FOCALIN equiv) | - | 1 |
| methylphenidate ER tab 10mg, 20mg (RITALIN equiv) | - | 1 |
| methylphenidate tab (RITALIN equiv) | - | 1 |
| armodafinil tab (NUVIGIL equiv) (QL= 1 tab/day) | PA-QL | 2 |
| dexmethylphenidate ER cap (FOCALIN XR equiv) | - | 2 |
| methylphenidate CD cap (METADATE CD equiv) | - | 2 |
| methylphenidate ER cap (RITALIN LA equiv) | - | 2 |
| METHYLPHENIDATE ER TAB | - | 2 |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|-----|--------------------------|-------|--|------|--------------------------------------|
| ACA | NC =Not Covered | EXC | generic =small letters | INF | BRANDS =CAPITAL LETTERS |
| LD | Affordable Care Act | LMSPP | Plan Exclusion | MSP | Infertility |
| OTC | Limited Distribution | PA | Lumicera Mandatory Specialty Pharmacy Program | QL | Mandatory Specialty Pharmacy Program |
| RS | Over-the-Counter | SF | Prior Authorization | SMKG | Quantity Limit |
| ST | Restricted to Specialist | VAC | Limited to two 15 day fills per month for first 3 months | ¢ | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | RxCENTS |

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| methylphenidate ER tab (CONCERTA equiv) | - | 2 |
| methylphenidate soln (METHYLIN equiv) | - | 2 |
| modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day) | PA-QL | 2 |
| methylphenidate chew tab (METHYLIN equiv) | - | 3 |
| RITALIN SR TAB 20MG | - | 3 |
| APTENSIO XR CAP, METHYLPHENIDATE ER CAP | - | NC |
| CONCERTA TAB | - | NC |
| COTEMPLA XR ODT | - | NC |
| DAYTRANA PATCH | - | NC |
| FOCALIN XR CAP | - | NC |
| JORNAY PM CAP | - | NC |
| METHYLPHENIDATE ER TAB 72MG | - | NC |
| QUILLICHEW ER TAB | - | NC |
| QUILLIVANT XR SUSP | - | NC |

ALLERGENIC EXTRACTS/BIOLOGICALS MISC

ALLERGENIC EXTRACTS

| | | |
|------------------------|----|----|
| ODACTRA SL TAB | PA | 3 |
| PALFORZIA POWDER PACK | - | NC |
| PALFORZIA SPRINKLE CAP | - | NC |

ALTERNATIVE MEDICINES

ALTERNATIVE MEDICINE - R'S

| | | |
|------------------|---|----|
| RESERVAPAK SYRUP | - | NC |
|------------------|---|----|

AMEBICIDES

AMEBICIDES

| | | |
|---|-------|---|
| SOLOSEC GRANULES PACKET (QL= 1 packet/fill) | PA-QL | 3 |
| YODOXIN TAB | - | 3 |

AMINOGLYCOSIDES

AMINOGLYCOSIDES

| | | |
|---|---------|----|
| neomycin tab | - | 1 |
| tobramycin neb soln (TOBI equiv) (Restricted to Infectious Disease or Pulmonology Specialist) | LMSP-RS | 2 |
| PAROMOMYCIN CAP | - | 3 |
| paromomycin cap (HUMATIN equiv) | - | 3 |
| ARIKAYCE SUSP | - | NC |
| BETHKIS NEB SOLN | - | NC |
| KITABIS PAK NEB SOLN | - | NC |
| TOBI PODHALER | - | NC |

ANALGESICS - ANTI-INFLAMMATORY

ANTIRHEUMATIC - ENZYME INHIBITORS

| | | |
|-------------------------------|------------|----|
| OLUMIANT TAB (QL= 1 tab/day) | LMSP-PA-QL | 2 |
| RINVOQ ER TAB (QL= 1 tab/day) | LMSP-PA-QL | 2 |
| XELJANZ TAB | - | NC |
| XELJANZ XR TAB | - | NC |

ANTIRHEUMATIC ANTIMETABOLITES

| | | |
|----------------|---|---|
| RHEUMATREX TAB | - | 3 |
|----------------|---|---|

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| ANALGESICS - ANTI-INFLAMMATORY Cont. | | |
| ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES | | |
| HUMIRA INJ 10MG (QL= 2 syringes/28 days) | LMSP-PA-QL | 2 |
| HUMIRA INJ 20MG (QL= 2 syringes/28 days) | LMSP-PA-QL | 2 |
| HUMIRA INJ 40MG (QL= 2 syringes/28 days) | LMSP-PA-QL | 2 |
| HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year) | LMSP-PA-QL | 2 |
| HUMIRA INJ PEDIATRIC CROHNS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year) | LMSP-PA-QL | 2 |
| HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year) | LMSP-PA-QL | 2 |
| HUMIRA PEN INJ 40MG (QL= 2 pens/28 days) | LMSP-PA-QL | 2 |
| SIMPONI ARIA INJ | - | NC |
| SIMPONI SC INJ | - | NC |
| GOLD COMPOUNDS | | |
| RIDAURA CAP | - | 2 |
| INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA) | | |
| KINERET INJ (QL= 1 inj/day; Only available through Biologics 800-850-4306) | LD-PA-QL | 2 |
| INTERLEUKIN-6 RECEPTOR INHIBITORS | | |
| ACTEMRA ACTPEN INJ (QL= 2 inj/28 days) | LMSP-PA-QL | 2 |
| ACTEMRA SC INJ (QL= 2 inj/28 days) | LMSP-PA-QL | 2 |
| KEVZARA INJ (QL= 2 inj/28 days) | LMSP-PA-QL | 2 |
| NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS) | | |
| celecoxib cap (CELEBREX equiv) (QL= 2 caps/day) | QL | 1 |
| diclofenac potassium tab (CATAFLAM equiv) | - | 1 |
| diclofenac sodium EC tab (VOLTAREN equiv) | - | 1 |
| diclofenac sodium XR tab (VOLTAREN XR equiv) | - | 1 |
| etodolac cap (LODINE equiv) | - | 1 |
| etodolac tab | - | 1 |
| flurbiprofen tab (ANSAID equiv) | - | 1 |
| ibuprofen susp (Rx ONLY) (ADVIL, MOTRIN equiv) | - | 1 |
| ibuprofen tab | - | 1 |
| ibuprofen tab (RX only) | - | 1 |
| indomethacin cap (INDOCIN equiv) | - | 1 |
| indomethacin CR cap (INDOCIN SR equiv) | - | 1 |
| ketorolac tab (TORADOL equiv) (QL= 20 tabs/5 days) | QL | 1 |
| meloxicam tab (MOBIC equiv) | - | 1 |
| nabumetone tab (RELAFEN equiv) | - | 1 |
| naproxen EC tab (NAPROSYN EC equiv) | - | 1 |
| naproxen tab (NAPROSYN equiv) | - | 1 |
| sulindac tab (CLINORIL equiv) | - | 1 |
| naproxen sodium tab (ANAPROX equiv) | - | 2 |
| oxaprozin tab (DAYPRO equiv) | - | 2 |
| piroxicam cap (FELDENE equiv) | - | 2 |
| diclofenac/misoprostol DR tab (ARTHROTEC equiv) | - | 3 |
| etodolac ER tab (LODINE XL equiv) | - | 3 |
| KETOPROFEN ER CAP | - | 3 |
| TOLMETIN CAP | - | 3 |
| tolmetin cap (TOLECTIN DS equiv) | - | 3 |
| TOLMETIN TAB | - | 3 |

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| DUEXIS TAB | - | NC |
| fenoprofen calcium tab | - | NC |
| FENOPROFEN CAP | - | NC |
| FENOPROFEN TAB | - | NC |
| IBU 600-EZS KIT | - | NC |
| INDOCIN SUPP | - | NC |
| INDOCIN SUSP | - | NC |
| INDOMETHACIN CAP, TIVORBEX CAP | - | NC |
| INFLATHERM PAK | - | NC |
| KETOPROFEN CAP | - | NC |
| ketoprofen cap (ORUDIS equiv) | - | NC |
| KETOROLAC INJ | - | NC |
| ketorolac inj (TORADOL equiv) | - | NC |
| KETOROLAC TROMETHAMINE NASAL SPRAY, SPRIX NASAL SPRAY | - | NC |
| MECLOFENAMATE CAP | - | NC |
| mefenamic acid cap (PONSTEL equiv) | - | NC |
| MELOXICAM COMFORT KIT | - | NC |
| NAPRELAN CR TAB | - | NC |
| NAPRELAN CR TAB 375MG, 750MG | - | NC |
| naproxen sodium CR tab (NAPRELAN CR equiv) | - | NC |
| NAPROXEN SUSP | - | NC |
| naproxen susp (NAPROSYN equiv) | - | NC |
| naproxen/esomeprazole magnesium DR tab (VIMOVO equiv) | - | NC |
| QMIIZ ODT TAB | - | NC |
| RELAFEN DS TAB | - | NC |
| SPRIX NASAL SPRAY | - | NC |
| VIMOVO TAB | - | NC |
| VIVLODEX CAP | - | NC |
| YBUPHEN TAB | - | NC |
| ZIPSOR CAP | - | NC |
| ZORVOLEX CAP | - | NC |

PHOSPHODIESTERASE 4 (PDE4) INHIBITORS

| | | |
|--|------------|---|
| OTEZLA STARTER PACK (QL= 1 pack/28 days) | LMSP-PA-QL | 2 |
| OTEZLA TAB (QL= 2 tabs/day) | LMSP-PA-QL | 2 |

PYRIMIDINE SYNTHESIS INHIBITORS

| | | |
|-------------------------------|---|---|
| leflunomide tab (ARAVA equiv) | - | 1 |
|-------------------------------|---|---|

SELECTIVE COSTIMULATION MODULATORS

| | | |
|---|------------|---|
| ORENCIA CLICK INJ (QL= 4 inj/28 days) | LMSP-PA-QL | 2 |
| ORENCIA SC INJ 125MG/ML (QL= 4 inj/28 days) | LMSP-PA-QL | 2 |
| ORENCIA SC INJ 50MG/0.4ML (QL= 4 inj/28 days) | LMSP-PA-QL | 2 |
| ORENCIA SC INJ 87.5MG/0.7ML (QL= 4 inj/28 days) | LMSP-PA-QL | 2 |

SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS

| | | |
|---|------------|---|
| ENBREL INJ 25MG (QL= 8 inj/28 days) | LMSP-PA-QL | 2 |
| ENBREL INJ 50MG (QL= 4 inj/28 days) | LMSP-PA-QL | 2 |
| ENBREL MINI INJ (QL= 4 inj/28 days) | LMSP-PA-QL | 2 |
| ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days) | LMSP-PA-QL | 2 |

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|---|--------------------------------------|-----------------|--|------------------------|----|---------------------|------|----------------|-----|----------------------|----|---|----|------------------|----|---------------------|----|--------------------------|-----|--|--|--------------|--|-----------------|---|-----|-------------------------|-----|-------------|----|--------------------------------------|------|----------------|---|-------------------|--|---------|
| ANALGESICS - NONNARCOTIC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ANALGESIC COMBINATIONS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ALLZITAL TAB | - | NC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| butalbital/acetaminophen cap | - | NC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| butalbital/acetaminophen/caffeine soln | - | NC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| butalbital/acetaminophen/caffeine tab (FIORICET equiv) | - | NC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BUTALBITAL/ASPIRIN/CAFFEINE TAB | - | NC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DOLGIC PLUS TAB | - | NC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ESGIC TAB | - | NC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FIORICET CAP | - | NC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FIORINAL CAP | - | NC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SALICYLATES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CHOLINE MAGNESIUM TRISALICYLATE TAB | - | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| choline magnesium trisalicylate tab (TRILISATE equiv) | - | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| diflunisal tab (DOLOBID equiv) | - | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| aspirin chew tab 81mg | ACA-OTC | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| aspirin ec tab 325mg | ACA-OTC | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| aspirin ec tab 81mg | ACA-OTC | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| aspirin tab 325mg | ACA-OTC | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| aspirin tab 81mg | ACA-OTC | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| salsalate tab (DISALCID equiv) | - | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| aspirin ec tab 325mg | ACA-OTC | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ZORPRIN TAB | - | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ANALGESICS - OPIOID | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OPIOID AGONISTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CODEINE SULFATE TAB | - | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HYDROMORPHONE SUPP | - | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| hydromorphone tab (DILAUDID equiv) | - | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MEPERIDINE TAB | - | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| meperidine tab (DEMEROL equiv) | - | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| methadone soln | - | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| methadone tab (DOLOPHINE equiv) | - | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| methadose tab | - | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| morphine sulfate ER tab (MS CONTIN equiv) | - | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| morphine sulfate soln | - | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MORPHINE SULFATE TAB | - | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| oxycodone cap (OXYIR equiv) | - | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| oxycodone tab (ROXICODONE equiv) | - | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| tramadol tab (ULTRAM equiv) | - | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| fentanyl citrate lollipop (ACTIQ equiv) (QL= 120 lozenges/30 days) | PA-QL | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| fentanyl patch (DURAGESIC equiv) | - | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HYSINGLA ER TAB (QL= 1 tab/day) | QL | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LEVORPHANOL TAB | - | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| levorphanol tab (LEVORPHANOL equiv) | - | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MORPHINE SULFATE SUPP | - | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NUCYNTA ER TAB (QL= 2 tabs/day) | QL | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| oxycodone conc (ROXICODONE equiv) | - | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">ACA</td> <td style="width: 25%;">NC =Not Covered</td> <td style="width: 25%;">EXC</td> <td style="width: 25%;">generic =small letters</td> </tr> <tr> <td>LD</td> <td>Affordable Care Act</td> <td>LMSP</td> <td>Plan Exclusion</td> </tr> <tr> <td>OTC</td> <td>Limited Distribution</td> <td>PA</td> <td>Lumicera Mandatory Specialty Pharmacy Program</td> </tr> <tr> <td>RS</td> <td>Over-the-Counter</td> <td>SF</td> <td>Prior Authorization</td> </tr> <tr> <td>ST</td> <td>Restricted to Specialist</td> <td>VAC</td> <td>Limited to two 15 day fills per month for first 3 months</td> </tr> <tr> <td></td> <td>Step Therapy</td> <td></td> <td>Vaccine Program</td> </tr> </table> | ACA | NC =Not Covered | EXC | generic =small letters | LD | Affordable Care Act | LMSP | Plan Exclusion | OTC | Limited Distribution | PA | Lumicera Mandatory Specialty Pharmacy Program | RS | Over-the-Counter | SF | Prior Authorization | ST | Restricted to Specialist | VAC | Limited to two 15 day fills per month for first 3 months | | Step Therapy | | Vaccine Program | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">INF</td> <td style="width: 25%;">BRANDS =CAPITAL LETTERS</td> </tr> <tr> <td>MSP</td> <td>Infertility</td> </tr> <tr> <td>QL</td> <td>Mandatory Specialty Pharmacy Program</td> </tr> <tr> <td>SMKG</td> <td>Quantity Limit</td> </tr> <tr> <td>¢</td> <td>Smoking Cessation</td> </tr> <tr> <td></td> <td>RxCENTS</td> </tr> </table> | INF | BRANDS =CAPITAL LETTERS | MSP | Infertility | QL | Mandatory Specialty Pharmacy Program | SMKG | Quantity Limit | ¢ | Smoking Cessation | | RxCENTS |
| ACA | NC =Not Covered | EXC | generic =small letters | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LD | Affordable Care Act | LMSP | Plan Exclusion | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTC | Limited Distribution | PA | Lumicera Mandatory Specialty Pharmacy Program | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | Step Therapy | | Vaccine Program | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INF | BRANDS =CAPITAL LETTERS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MSP | Infertility | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| QL | Mandatory Specialty Pharmacy Program | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SMKG | Quantity Limit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ¢ | Smoking Cessation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | RxCENTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|---|--------------|------|
| ANALGESICS - OPIOID Cont. | | |
| oxycodone soln (ROXICODONE equiv) | - | 2 |
| XTAMPZA ER CAP (QL= 120 caps/30 days) | QL | 2 |
| ABSTRAL SL TAB (QL= 120 tabs/30 days) | PA-QL | 3 |
| CODEINE SULFATE SOLN | - | 3 |
| FENTORA TAB, FENTANYL BUCCAL TAB (QL= 120 tabs/30 days) | PA-QL | 3 |
| LAZANDA NASAL SPRAY (QL= 15 bottles/30 days) | PA-QL | 3 |
| NUCYNTA TAB | - | 3 |
| tramadol ER tab (ULTRAM ER equiv) | - | 3 |
| ARYMO ER TAB | - | NC |
| DSUVIA SL TAB | - | NC |
| EMBEDA CAP | - | NC |
| EXALGO TAB | - | NC |
| fentanyl patch 37.5mcg, 62.5mcg, 87.5mcg (FENTANYL equiv) | - | NC |
| hydrocodone bitartrate ER cap (ZOHYDRO equiv) | - | NC |
| hydromorphone ER tab (EXALGO equiv) | - | NC |
| KADIAN CAP | - | NC |
| MORPHABOND TAB | - | NC |
| MORPHINE SULFATE ER BEAD CAP | - | NC |
| morphine sulfate ER cap (KADIAN equiv) | - | NC |
| OPANA ER TAB (CRUSH RESISTANT) | - | NC |
| OPANA TAB | - | NC |
| OXYCODONE ER TAB, OXYCONTIN CR TAB | - | NC |
| OXYCONTIN CR TAB | - | NC |
| OXYMORPHONE ER TAB | - | NC |
| oxymorphone tab (OPANA equiv) | - | NC |
| RYBIX ODT | - | NC |
| SUBSYS SPRAY | - | NC |
| TRAMADOL ER CAP | - | NC |
| TRAMADOL HCL TAB 100MG | - | NC |
| ZOHYDRO ER CAP | - | NC |

OPIOID COMBINATIONS

| | | |
|---|---|---|
| acetaminophen/codeine soln | - | 1 |
| acetaminophen/codeine tab (TYLENOL/CODEINE equiv) | - | 1 |
| aspirin/codeine tab | - | 1 |
| hydrocodone/acetaminophen cap (LORCET equiv) | - | 1 |
| hydrocodone/acetaminophen tab (LORTAB equiv) | - | 1 |
| oxycodone/acetaminophen cap (TYLOX equiv) | - | 1 |
| oxycodone/acetaminophen tab (PERCOCET equiv) | - | 1 |
| OXYCODONE/ASPIRIN TAB | - | 1 |
| oxycodone/aspirin tab (PERCODAN equiv) | - | 1 |
| pentazocine/acetaminophen tab (TALACEN equiv) | - | 1 |
| acetaminophen/caffeine/dihydrocodeine tab (PANLOR SS equiv) | - | 2 |
| DVORAH TAB, ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE TAB | - | 2 |
| OXYCODONE/ACETAMINOPHEN SOLN | - | 2 |
| CAPITAL/CODEINE SUSP | - | 3 |
| hydrocodone/acetaminophen tab 2.5-325mg (NORCO equiv) | - | 3 |
| hydrocodone/ibuprofen tab (VICOPROFEN equiv) | - | 3 |

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| | | | | | |
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| ANALGESICS - OPIOID Cont. | | |
| LORTAB ELIXIR | - | 3 |
| oxycodone/ibuprofen tab (COMBUNOX equiv) | - | 3 |
| tramadol/acetaminophen tab (ULTRACET equiv) | - | 3 |
| TREZIX CAP, ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE CAP | - | 3 |
| APADAZ TAB | - | NC |
| FIORICET/CODEINE CAP | - | NC |
| FIORINAL/CODEINE CAP | - | NC |
| hydrocodone/acetaminophen soln (HYCET, LORTAB equiv) | - | NC |
| hydrocodone/acetaminophen tab 10mg-300mg (XODOL equiv) | - | NC |
| hydrocodone/acetaminophen tab 5mg-300mg (XODOL equiv) | - | NC |
| hydrocodone/acetaminophen tab 7.5mg-300mg (XODOL equiv) | - | NC |
| oxycodone/acetaminophen tab 2.5-300mg (NALOCET equiv) | - | NC |
| VERDROCET TAB 2.5MG-325MG | - | NC |
| XARTEMIS XR TAB | - | NC |
| XODOL TAB 10MG-300MG | - | NC |
| XODOL TAB 5MG-300MG | - | NC |
| XODOL TAB 7.5MG-300MG | - | NC |
| OPIOID PARTIAL AGONISTS | | |
| buprenorphine SL tab (SUBUTEX equiv) | - | 1 |
| buprenorphine/naloxone sl film (SUBOXONE SL FILM equiv) | - | 1 |
| buprenorphine/naloxone SL tab (SUBOXONE equiv) | - | 1 |
| butorphanol nasal spray (STADOL equiv) (QL= 1 bottle/fill, 2 fills/30 days) | QL | 2 |
| ZUBSOLV SL TAB | - | 2 |
| buprenorphine patch (BUTRANS equiv) (QL= 4 patches/28 days) | QL | 3 |
| pentazocine/naloxone tab (TALWIN NX equiv) | - | 3 |
| BELBUCA FILM | - | NC |
| BUNAVAIL FILM | - | NC |
| SUBLOCADE INJ | - | NC |
| SUBOXONE SL FILM | - | NC |

ANDROGENS-ANABOLIC

| | | |
|---|-------|----|
| ANABOLIC STEROIDS | | |
| oxandrolone tab (OXANDRIN equiv) | - | 1 |
| ANDROGENS | | |
| testosterone cypionate inj (DEPO-TESTOSTERONE equiv) | - | 1 |
| testosterone gel 1% 25mg (ANDROGEL equiv) (QL= 1 packet/day) | PA-QL | 1 |
| testosterone gel 1% 50mg (ANDROGEL equiv) (QL= 2 packets/day) | PA-QL | 1 |
| testosterone gel 1% pump (ANDROGEL equiv) (QL= 4 bottles/30 days) | PA-QL | 1 |
| ANDROXY TAB | - | 2 |
| danazol cap (DANOCRINE equiv) | - | 2 |
| ANDRODERM PATCH | - | NC |
| ANDROGEL 1% 25MG | - | NC |
| ANDROGEL 1% 50MG, TESTIM GEL 1% | - | NC |
| ANDROGEL PUMP 1% | - | NC |
| ANDROID CAP, TESTRED CAP | - | NC |
| AXIRON SOLN | - | NC |
| DEPO-TESTOSTERONE INJ | - | NC |

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| ANDROGENS-ANABOLIC Cont. | | |
| JATENZO CAP | - | NC |
| METHITEST TAB | - | NC |
| METHYLTESTOSTERONE CAP | - | NC |
| NATESTO NASAL GEL | - | NC |
| STRIANT FILM | - | NC |
| TESTOSTERONE GEL 1% 25MG | - | NC |
| TESTOSTERONE GEL 1% 50MG | - | NC |
| testosterone gel 1.62% 1.25gm (ANDROGEL equiv) | - | NC |
| testosterone gel 1.62% 2.5gm (ANDROGEL equiv) | - | NC |
| testosterone gel 2% (FORTESTA equiv) | - | NC |
| TESTOSTERONE GEL PUMP | - | NC |
| testosterone gel pump 1.62% (ANDROGEL equiv) | - | NC |
| TESTOSTERONE GEL, VOGELXO GEL | - | NC |
| testosterone soln (AXIRON equiv) | - | NC |
| VOGELXO PUMP | - | NC |
| XYOSTED INJ | - | NC |

ANORECTAL AGENTS

| INTRARECTAL STEROIDS | | |
|--|----|----|
| hydrocortisone enema (CORTENEMA equiv) | - | 2 |
| CORTIFOAM | - | 3 |
| UCERIS RECTAL FOAM | PA | 3 |
| RECTAL COMBINATIONS | | |
| pramoxine/hydrocortisone cream (ANALPRAM HC equiv) | - | 1 |
| pramoxine/hydrocortisone cream kit (ANALPRAM-HC equiv) | - | 1 |
| lidocaine/hydrocortisone cream (ANAMANTLE equiv) | - | 2 |
| PROCTOFOAM HC FOAM | - | 2 |
| ANALPRAM-E KIT | - | 3 |
| LIDOCAINE/HYDROCORTISONE RECTAL CREAM KIT | - | NC |
| RECTAL STEROIDS | | |
| proctosol HC cream (ANUSOL HC equiv) | - | 1 |
| hydrocortisone supp (ANUSOL HC equiv) | - | 2 |

ANTHELMINTICS

| ANTHELMINTICS | | |
|-------------------------------------|----|----|
| BENZNIDAZOLE TAB | PA | 2 |
| ivermectin tab (STROMECTOL equiv) | - | 2 |
| praziquantel tab (BILTRICIDE equiv) | - | 2 |
| BILTRICIDE TAB | - | 3 |
| albendazole tab (ALBENZA equiv) | - | NC |
| ALBENZA TAB | - | NC |
| EGATEN TAB | - | NC |
| EMVERM TAB | - | NC |

ANTIANGINAL AGENTS

| ANTIANGINALS-OTHER | | |
|-------------------------------|---|---|
| ranolazine tab (RANEXA equiv) | - | 1 |
| NITRATES | | |

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| | | | | | |
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|--|--------------|------|
| ANTIANGINAL AGENTS Cont. | | |
| isosorbide dinitrate ER tab (ISOCHRON equiv) | - | 1 |
| isosorbide dinitrate SL tab | - | 1 |
| isosorbide dinitrate tab (ISORDIL equiv) | - | 1 |
| isosorbide mononitrate ER tab (IMDUR equiv) | - | 1 |
| isosorbide mononitrate tab (MONOKET equiv) | - | 1 |
| NITROGLYCERIN ER CAP | - | 1 |
| nitroglycerin patch (NITRO-DUR equiv) | - | 1 |
| nitroglycerin SL tab (NITROSTAT equiv) | - | 1 |
| NITRO-BID OINT | - | 2 |
| isosorbide dinitrate tab 40mg (ISORDIL equiv) | - | 3 |
| NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR | - | 3 |
| nitroglycerin lingual spray (NITROLINGUAL equiv) | - | 3 |
| NITROMIST SPRAY | - | 3 |
| GONITRO POWDER | - | NC |

ANTIANKXIETY AGENTS

ANTIANKXIETY AGENTS - MISC.

| | | |
|--|---|----|
| bupirone tab (BUSPAR equiv) | - | 1 |
| hydroxyzine pamoate cap (VISTARIL equiv) | - | 1 |
| hydroxyzine syrup (ATARAX equiv) | - | 1 |
| hydroxyzine tab (ATARAX equiv) | - | 1 |
| bupirone tab 30mg (BUSPAR equiv) | - | 3 |
| meprobamate tab (MILTOWN equiv) | - | NC |

BENZODIAZEPINES

| | | |
|--------------------------------------|---|----|
| alprazolam tab (XANAX equiv) | - | 1 |
| chlordiazepoxide cap (LIBRIUM equiv) | - | 1 |
| diazepam conc (VALIUM equiv) | - | 1 |
| DIAZEPAM SOLN | - | 1 |
| diazepam tab (VALIUM equiv) | - | 1 |
| lorazepam conc (ATIVAN equiv) | - | 1 |
| lorazepam tab (ATIVAN equiv) | - | 1 |
| OXAZEPAM CAP | - | 1 |
| oxazepam cap (SERAX equiv) | - | 1 |
| alprazolam ER tab (XANAX XR equiv) | - | 2 |
| alprazolam ODT (NIRAVAM equiv) | - | 3 |
| clorazepate tab (TRANXENE-T equiv) | - | NC |

ANTIARRHYTHMICS

ANTIARRHYTHMICS TYPE I-A

| | | |
|--|---|---|
| disopyramide cap (NORPACE equiv) | - | 1 |
| quinidine sulfate tab | - | 1 |
| disopyramide ER cap (NORPACE CR equiv) | - | 2 |
| NORPACE CR CAP | - | 2 |
| quinidine gluconate CR tab | - | 2 |
| QUINIDINE SULFATE ER TAB | - | 3 |

ANTIARRHYTHMICS TYPE I-B

| | | |
|--------------------|---|---|
| mexiletine hcl cap | - | 2 |
|--------------------|---|---|

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| ANTIARRHYTHMICS Cont. | | |
| ANTIARRHYTHMICS TYPE I-C | | |
| flecainide tab (TAMBOCOR equiv) | - | 1 |
| propafenone tab (RYTHMOL equiv) | - | 1 |
| propafenone ER cap (RYTHMOL SR equiv) | - | 2 |
| ANTIARRHYTHMICS TYPE III | | |
| amiodarone tab (CORDARONE equiv) | - | 1 |
| dofetilide cap (TIKOSYN equiv) | - | 2 |
| MULTAQ TAB | - | 2 |
| ANTIASTHMATIC AND BRONCHODILATOR AGENTS | | |
| ANTIASTHMATIC - MONOCLONAL ANTIBODIES | | |
| XOLAIR INJ | LMSP | 3 |
| FASENRA PEN INJ | - | NC |
| NUCALA INJ | - | NC |
| ANTI-INFLAMMATORY AGENTS | | |
| cromolyn neb soln (INTAL equiv) | - | NC |
| BRONCHODILATORS - ANTICHOLINERGICS | | |
| ipratropium neb soln (ATROVENT equiv) | - | 1 |
| ATROVENT HFA INHALER | - | 2 |
| INCRUSE ELLIPTA INHALER | - | 2 |
| LONHALA MAGNAIR SOLN (Step Therapy requires trial of INCRUSE ELLIPTA INHALER) | ST | 2 |
| SPIRIVA RESPIMAT INHALER 1.25MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR, BREO, DULERA, or FLUTICASONE/SALMETEROL) | QL-ST | 2 |
| SEEBRI NEOHALER CAP | - | NC |
| SPIRIVA HANDIHALER | - | NC |
| SPIRIVA RESPIMAT INHALER 2.5MCG/ACT | - | NC |
| TUDORZA PRESSAIR INHALER | - | NC |
| YUPELRI SOLN | - | NC |
| LEUKOTRIENE MODULATORS | | |
| montelukast chew tab (SINGULAIR equiv) | - | 1 |
| montelukast tab (SINGULAIR equiv) | - | 1 |
| montelukast granule pack (SINGULAIR equiv) | - | 2 |
| zafirlukast tab (ACCOLATE equiv) | - | 2 |
| zileuton ER tab (ZYFLO CR equiv) | - | NC |
| ZYFLO TAB | - | NC |
| SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS | | |
| DALIRESP TAB | - | NC |
| STEROID INHALANTS | | |
| ARNUITY ELLIPTA INHALER | - | 1 |
| ASMANEX HFA INHALER | - | 1 |
| ASMANEX INHALER | - | 1 |
| budesonide inh susp (PULMICORT equiv) | - | 1 |
| FLOVENT DISKUS INHALER | - | 1 |
| FLOVENT HFA INHALER | - | 1 |
| ALVESCO INHALER | - | NC |
| ARMONAIR RESPICLICK | - | NC |

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| ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont. | | |
| PULMICORT FLEXHALER | - | NC |
| QVAR INHALER | - | NC |
| QVAR REDIHALER | - | NC |
| SYMPATHOMIMETICS | | |
| albuterol neb soln | - | 1 |
| albuterol sulfate ER tab (VOSPIRE ER equiv) | - | 1 |
| albuterol sulfate syrup | - | 1 |
| albuterol/ipratropium neb soln (DUONEB equiv) | - | 1 |
| FLUTICASONE/SALMETEROL INHALER | - | 1 |
| METAPROTERENOL SYRUP | - | 1 |
| VENTOLIN HFA INHALER (QL= 2 inhalers/30 days) | QL | 1 |
| ADVAIR DISKUS INHALER | - | 2 |
| ADVAIR HFA INHALER | - | 2 |
| albuterol sulfate tab | - | 2 |
| ALBUTEROL TAB ER | - | 2 |
| ANORO ELLIPTA INHALER | - | 2 |
| BREO ELLIPTA INHALER | - | 2 |
| COMBIVENT INHALER | - | 2 |
| COMBIVENT RESPIMAT INHALER | - | 2 |
| DULERA INHALER | - | 2 |
| SEREVENT DISKUS INHALER | - | 2 |
| STIOLTO INHALER | - | 2 |
| terbutaline sulfate tab (BRETHINE equiv) | - | 2 |
| TRELEGY ELLIPTA INHALER | - | 2 |
| BROVANA NEB SOLN | - | 3 |
| LEVALBUTEROL INHALER, XOPENEX HFA INHALER (QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA) | QL-ST | 3 |
| levalbuterol neb soln (XOPENEX equiv) | - | 3 |
| METAPROTERENOL TAB | - | 3 |
| PERFOROMIST NEB SOLN | - | 3 |
| STRIVERDI RESPIMAT INHALER (QL= 1 inhaler/30 days) | QL | 3 |
| AIRDUO RESPICLICK | - | NC |
| ALBUTEROL HFA INHALER | - | NC |
| albuterol HFA inhaler (PROAIR equiv) | - | NC |
| albuterol hfa inhaler (PROVENTIL equiv) | - | NC |
| BEVESPI AEROSPHERE INHALER | - | NC |
| BUDESONIDE/FORMOTEROL INHALER, SYMBICORT INHALER | - | NC |
| DUAKLIR INHALER | - | NC |
| fluticasone/salmeterol inhaler, wixela inhaler (ADVAIR equiv) | - | NC |
| UTIBRON NEOHALER CAP | - | NC |
| XANTHINES | | |
| aminophylline tab | - | 1 |
| THEOCHRON TAB | - | 1 |
| theophylline CR tab (QUIBRON-T equiv) | - | 1 |
| theophylline ER tab (UNIPHYL equiv) | - | 1 |
| theophylline soln | - | 1 |

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| | | | | | |
|-----|--------------------------|------|--|------|--------------------------------------|
| ACA | NC =Not Covered | EXC | generic =small letters | INF | BRANDS =CAPITAL LETTERS |
| LD | Affordable Care Act | LMSP | Plan Exclusion | MSP | Infertility |
| OTC | Limited Distribution | PA | Lumicera Mandatory Specialty Pharmacy Program | QL | Mandatory Specialty Pharmacy Program |
| RS | Over-the-Counter | SF | Prior Authorization | SMKG | Quantity Limit |
| ST | Restricted to Specialist | VAC | Limited to two 15 day fills per month for first 3 months | ¢ | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | RxCENTS |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Texas Association of Counties Pooled Formulary
Category/Class**

Last Updated* 8/1/2020

| DrugName | Special Code | Tier |
|--|--|---|
| ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont. | | |
| ELIXOPHYLLIN ELIXIR | - | 2 |
| LUFYLLIN TAB | - | 3 |
| ANTICOAGULANTS | | |
| COUMARIN ANTICOAGULANTS | | |
| warfarin tab (COUMADIN equiv) | - | 1 |
| DIRECT FACTOR XA INHIBITORS | | |
| ELIQUIS TAB, ELIQUIS STARTER PACK | - | 2 |
| XARELTO STARTER PACK | - | 2 |
| XARELTO TAB | - | 2 |
| BEVYXXA CAP | - | NC |
| SAVAYSA TAB | - | NC |
| HEPARINS AND HEPARINOID-LIKE AGENTS | | |
| enoxaparin inj (LOVENOX equiv) (QL= 17 days supply) | QL | 2 |
| fondaparinux inj (ARIXTRA equiv) | - | 2 |
| FRAGMIN INJ | - | 3 |
| THROMBIN INHIBITORS | | |
| PRADAXA CAP | - | 2 |
| ANTICONVULSANTS | | |
| AMPA GLUTAMATE RECEPTOR ANTAGONISTS | | |
| FYCOMPA TAB | - | NC |
| FYCOMPA SUSP | - | NC |
| ANTICONVULSANTS - BENZODIAZEPINES | | |
| clobazam tab (ONFI equiv) | - | 1 |
| clonazepam tab (KLONOPIN equiv) | - | 1 |
| clonazepam ODT (KLONOPIN equiv) | - | 3 |
| DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL | - | 3 |
| clobazam susp (ONFI equiv) | - | NC |
| NAYZILAM SPRAY | - | NC |
| ONFI SUSP | - | NC |
| ONFI TAB | - | NC |
| SYMPAZAN ORAL FILM | - | NC |
| VALTOCO NASAL SPRAY | - | NC |
| ANTICONVULSANTS - MISC. | | |
| carbamazepine chew tab (TEGRETOL equiv) | - | 1 |
| carbamazepine susp (TEGRETOL equiv) | - | 1 |
| carbamazepine tab (TEGRETOL equiv) | - | 1 |
| gabapentin cap (NEURONTIN equiv) | - | 1 |
| gabapentin tab (NEURONTIN equiv) | - | 1 |
| lamotrigine chew tab (LAMICTAL equiv) | - | 1 |
| lamotrigine tab (LAMICTAL equiv) | - | 1 |
| levetiracetam ER tab (KEPPRA XR equiv) | - | 1 |
| levetiracetam soln (KEPPRA equiv) | - | 1 |
| levetiracetam tab (KEPPRA equiv) | - | 1 |
| oxcarbazepine susp (TRILEPTAL equiv) | - | 1 |
| oxcarbazepine tab (TRILEPTAL equiv) | - | 1 |
| Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered. | | |
| ACA Affordable Care Act LD Limited Distribution OTC Over-the-Counter RS Restricted to Specialist ST Step Therapy | EXC Plan Exclusion 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 | generic =small letters INF Infertility MSP Mandatory Specialty Pharmacy Program QL Quantity Limit SMKG Smoking Cessation ¢ RxCENTS |

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|--|--------------|------|
| ANTICONVULSANTS Cont. | | |
| pregabalin cap (LYRICA equiv) | - | 1 |
| pregabalin soln (LYRICA equiv) | - | 1 |
| primidone tab (MYSOLINE equiv) | - | 1 |
| topiramate sprinkle cap (TOPAMAX equiv) | - | 1 |
| topiramate tab (TOPAMAX equiv) | - | 1 |
| zonisamide cap (ZONEGRAN equiv) | - | 1 |
| BANZEL SUSP | PA | 2 |
| BANZEL TAB | PA | 2 |
| carbamazepine ER cap (CARBATROL equiv) | - | 2 |
| carbamazepine ER tab (TEGRETOL XR equiv) | - | 2 |
| gabapentin soln (NEURONTIN equiv) | - | 2 |
| LAMICTAL CHEW TAB 2MG | - | 2 |
| POTIGA TAB (QL= 3 tabs/day) | QL | 2 |
| VIMPAT SOLN | - | 2 |
| VIMPAT TAB (QL= 2 tabs/day) | QL | 2 |
| DIACOMIT CAP (Only available through US Bioservices 888-518-7246) | LD-PA | 3 |
| DIACOMIT POWDER PACK (Only available through US Bioservices 888-518-7246) | LD-PA | 3 |
| LAMICTAL ODT KIT, LAMICTAL XR KIT | - | 3 |
| lamotrigine ER tab (LAMICTAL XR equiv) | - | 3 |
| lamotrigine ODT (LAMICTAL equiv) | - | 3 |
| lamotrigine ODT kit (LAMICTAL ODT KIT equiv) | - | 3 |
| APTIOM TAB | - | NC |
| BRIVIACT INJ 50MG/5ML | - | NC |
| BRIVIACT SOLN 10MG/ML | - | NC |
| BRIVIACT TAB | - | NC |
| EPIDIOLEX SOLN | - | NC |
| FINTEPLA SOLN | - | NC |
| KEPPRA XR TAB | - | NC |
| LYRICA CAP | - | NC |
| OXTELLAR XR TAB | - | NC |
| QUDEXY XR CAP, TOPIRAMATE ER CAP | - | NC |
| SPRITAM TAB | - | NC |
| TROKENDI XR CAP | - | NC |
| CARBAMATES | | |
| felbamate susp (FELBATOL equiv) | - | 2 |
| felbamate tab (FELBATOL equiv) | - | 2 |
| XCOPRI PAK | - | NC |
| XCOPRI TAB | - | NC |
| GABA MODULATORS | | |
| tiagabine tab (GABITRIL equiv) | - | 2 |
| vigabatrin powder pack (SABRIL POWDER equiv) (Only available through Walgreens 888-347-3416) | LD-PA | 2 |
| vigabatrin tab (SABRIL equiv) (Only available through Walgreens 888-347-3416) | LD-PA | 2 |
| SABRIL TAB | - | NC |
| HYDANTOINS | | |
| phenytoin cap (DILANTIN equiv) | - | 1 |
| phenytoin susp (DILANTIN equiv) | - | 1 |

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| ACA | NC =Not Covered | EXC | generic =small letters | INF | BRANDS =CAPITAL LETTERS |
| LD | Affordable Care Act | LMSP | Plan Exclusion | INF | Infertility |
| OTC | Limited Distribution | PA | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program |
| RS | Over-the-Counter | SF | Prior Authorization | QL | Quantity Limit |
| ST | Restricted to Specialist | VAC | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| | Step Therapy | | Vaccine Program | ¢ | RxCENTS |

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| DrugName | Special Code | Tier |
|---|--------------|------|
| ANTICONVULSANTS Cont. | | |
| DILANTIN CAP 30MG | - | 2 |
| PEGANONE TAB | - | 2 |
| phenytoin chew tab (DILANTIN equiv) | - | 2 |
| SUCCINIMIDES | | |
| ethosuximide soln (ZARONTIN equiv) | - | 1 |
| CELONTIN CAP | - | 2 |
| ethosuximide cap (ZARONTIN equiv) | - | 2 |
| VALPROIC ACID | | |
| divalproex ER tab (DEPAKOTE ER equiv) | - | 1 |
| divalproex sodium DR tab (DEPAKOTE equiv) | - | 1 |
| divalproex sprinkle cap (DEPAKOTE equiv) | - | 1 |
| valproic acid cap (DEPAKENE equiv) | - | 1 |
| valproic acid syrup (DEPAKENE equiv) | - | 1 |
| DEPACON INJ | - | NC |
| STAVZOR CAP | - | NC |
| valproate inj (DEPACON equiv) | - | NC |
| ANTIDEPRESSANTS | | |
| ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS) | | |
| mirtazapine ODT (REMERON equiv) | - | 1 |
| mirtazapine tab (REMERON equiv) | - | 1 |
| ANTIDEPRESSANTS - MISC. | | |
| bupropion ER tab (WELLBUTRIN equiv) | - | 1 |
| bupropion tab (WELLBUTRIN equiv) | - | 1 |
| bupropion XL tab (WELLBUTRIN XL equiv) | - | 1 |
| MAPROTILINE TAB (Step therapy requires trial of two formulary covered generic antidepressants in the previous 180 days) | ST | 3 |
| APLENZIN TAB | - | NC |
| FORFIVO XL TAB | - | NC |
| MONOAMINE OXIDASE INHIBITORS (MAOIS) | | |
| phenelzine tab (NARDIL equiv) | - | 1 |
| tranylcypromine tab (PARNATE equiv) | - | 2 |
| EMSAM PATCH (Step therapy requires trial of two formulary covered generic antidepressants in the previous 180 days) | ST | 3 |
| MARPLAN TAB (Step therapy requires trial of two formulary covered generic antidepressants in the previous 180 days) | ST | 3 |
| N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS | | |
| SPRAVATO NASAL SOLN | - | NC |
| SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) | | |
| citalopram soln (CELEXA equiv) | - | 1 |
| citalopram tab (CELEXA equiv) | - | 1 |
| escitalopram tab (LEXAPRO equiv) | - | 1 |
| fluoxetine cap (PROZAC equiv) | - | 1 |
| fluoxetine soln (PROZAC equiv) | - | 1 |
| fluoxetine tab (PROZAC equiv) | - | 1 |
| fluvoxamine tab (LUVOX equiv) | - | 1 |
| paroxetine tab (PAXIL equiv) | - | 1 |
| sertraline conc (ZOLOFT equiv) | - | 1 |

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| LD | Affordable Care Act | LMSP | Plan Exclusion | INF | Infertility |
| OTC | Limited Distribution | LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program |
| RS | Over-the-Counter | PA | Prior Authorization | QL | Quantity Limit |
| ST | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| | Step Therapy | VAC | Vaccine Program | ¢ | RxCENTS |

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| DrugName | Special Code | Tier |
|--|--------------|------|
| ANTIDEPRESSANTS Cont. | | |
| sertraline tab (ZOLOFT equiv) | - | 1 |
| escitalopram soln (LEXAPRO equiv) | - | 2 |
| fluvoxamine ER cap (LUVOX CR equiv) (Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine) | ST | 2 |
| paroxetine ER tab (PAXIL CR equiv) | - | 2 |
| PAXIL SUSP (Step therapy requires trial of two formulary covered generic antidepressants in the previous 180 days) | ST | 3 |
| fluoxetine tab 60mg | - | NC |
| fluoxetine weekly cap (PROZAC equiv) | - | NC |
| PEXEVA TAB | - | NC |
| PROZAC SOLN | - | NC |
| PROZAC TAB | - | NC |
| PROZAC WEEKLY CAP | - | NC |
| SEROTONIN MODULATORS | | |
| nefazodone tab 50mg, 250mg | - | 1 |
| trazodone tab (DESYREL equiv) | - | 1 |
| NEFAZODONE TAB (Step therapy requires trial of two formulary covered generic antidepressants in the previous 180 days) | ST | 3 |
| TRINTELLIX TAB (QL= 1 tab/day) | PA-QL | 3 |
| OLEPTRO TAB | - | NC |
| trazodone tab 300mg (DESYREL equiv) | - | NC |
| VIIBRYD STARTER KIT | - | NC |
| SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS) | | |
| duloxetine EC cap (CYMBALTA equiv) | - | 1 |
| venlafaxine ER cap (EFFEXOR XR equiv) | - | 1 |
| venlafaxine tab (EFFEXOR equiv) | - | 1 |
| desvenlafaxine ER tab (PRISTIQ equiv) | - | 2 |
| CYMBALTA CAP | - | NC |
| DESVENLAFAXINE ER TAB | - | NC |
| DRIZALMA DR CAP | - | NC |
| duloxetine cap 40mg (IRENKA equiv) | - | NC |
| FETZIMA CAP | - | NC |
| FETZIMA TITRATION PACK | - | NC |
| KHEDEZLA ER TAB | - | NC |
| VENLAFAXINE ER TAB | - | NC |
| TRICYCLIC AGENTS | | |
| amitriptyline tab (ELAVIL equiv) | - | 1 |
| AMOXAPINE TAB (Step therapy requires trial of two formulary covered generic antidepressants in the previous 180 days) | ST | 1 |
| DOXEPIN CAP | - | 1 |
| doxepin cap (SINEQUAN equiv) | - | 1 |
| doxepin conc (SINEQUAN equiv) | - | 1 |
| imipramine tab (TOFRANIL equiv) | - | 1 |
| nortriptyline cap (PAMELOR equiv) | - | 1 |
| nortriptyline oral soln (NORTRIPTYLINE equiv) | - | 1 |
| NORTRIPTYLINE SOLN | - | 1 |
| desipramine tab (NORPRAMIN equiv) | - | 2 |
| clomipramine cap (ANAFRANIL equiv) | - | 3 |
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| | | | | | |
|-----|--------------------------|------|--|------|--------------------------------------|
| ACA | NC =Not Covered | EXC | generic =small letters | INF | BRANDS =CAPITAL LETTERS |
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| OTC | Limited Distribution | LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program |
| RS | Over-the-Counter | PA | Prior Authorization | QL | Quantity Limit |
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| | Step Therapy | VAC | Vaccine Program | ¢ | RxCENTS |

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| DrugName | Special Code | Tier |
|---|--------------|------|
| ANTIDEPRESSANTS Cont. | | |
| imipramine pamoate cap (TOFRANIL PM equiv) | - | 3 |
| protriptyline tab (VIVACTIL equiv) | - | 3 |
| trimipramine cap (SURMONTIL equiv) | - | 3 |
| ANTIDIABETICS | | |
| ALPHA-GLUCOSIDASE INHIBITORS | | |
| acarbose tab (PRECOSE equiv) | - | 1 |
| miglitol tab (GLYSET equiv) | - | 3 |
| ANTIDIABETIC - AMYLIN ANALOGS | | |
| SYMLINPEN INJ | - | NC |
| ANTIDIABETIC COMBINATIONS | | |
| glipizide/metformin tab (METAGLIP equiv) | - | 1 |
| glyburide/metformin tab (GLUCOVANCE equiv) | - | 1 |
| AVANDAMET TAB | - | 2 |
| AVANDARYL TAB | - | 2 |
| GLYXAMBI TAB (QL= 1 tab/day) | QL | 2 |
| JANUMET TAB (QL= 2 tabs/day) | QL | 2 |
| JANUMET XR TAB (QL= 2 tabs/day) | QL | 2 |
| JENTADUETO TAB (QL= 2 tabs/day) | QL | 2 |
| JENTADUETO XR TAB (QL= 2 tabs/day) | QL | 2 |
| SYNJARDY TAB (QL= 2 tabs/day) | QL | 2 |
| SYNJARDY XR TAB 10-1000MG, 25-1000MG (QL= 1 tab/day) | QL | 2 |
| SYNJARDY XR TAB 5-1000MG, 12.5-1000MG (QL= 2 tabs/day) | QL | 2 |
| TRIJARDY XR TAB 10-5-1000MG, 25-5-1000MG (QL= 1 tab/day) | QL | 2 |
| TRIJARDY XR TAB 5-25-1000MG, 12.5-2.5-1000MG (QL= 2 tabs/day) | QL | 2 |
| XIGDUO XR TAB 2.5-1000MG, 5-1000MG (QL= 2 tabs/day) | QL | 2 |
| XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG (QL= 1 tab/day) | QL | 2 |
| XULTOPHY INJ (QL= 15ml/30 days) | PA-QL | 2 |
| ACTOPLUS MET XR TAB | - | 3 |
| ACTOPLUS MET TAB | - | NC |
| ALOGLIPTIN/METFORMIN TAB, KAZANO TAB | - | NC |
| ALOGLIPTIN/PIOGLITAZONE TAB, OSENI TAB | - | NC |
| DUETACT TAB | - | NC |
| INVOKAMET TAB | - | NC |
| INVOKAMET XR TAB | - | NC |
| KOMBIGLYZE XR TAB | - | NC |
| pioglitazone/glimepiride tab (DUETACT equiv) | - | NC |
| pioglitazone/metformin tab (ACTOPLUS MET equiv) | - | NC |
| PRANDIMET TAB | - | NC |
| QTERN TAB | - | NC |
| REPAGLINIDE TAB | - | NC |
| SEGLUROMET TAB | - | NC |
| SOLIQUA INJ | - | NC |
| STEGLUJAN TAB | - | NC |
| BIGUANIDES | | |
| metformin ER tab (GLUCOPHAGE XR equiv) | - | 1 |
| metformin tab (GLUCOPHAGE equiv) | - | 1 |

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| | | | |
|--------------------------------|--|---|---|
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| OTC Over-the-Counter | PA Prior Authorization | MSP Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program |
| RS Restricted to Specialist | SF Limited to two 15 day fills per month for first 3 months | QL Quantity Limit | QL Quantity Limit |
| ST Step Therapy | VAC Vaccine Program | SMKG Smoking Cessation | SMKG Smoking Cessation |
| | | ¢ RxCENTS | ¢ RxCENTS |

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| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| ANTIDIABETICS Cont. | | |
| FORTAMET TAB | - | NC |
| GLUMETZA TAB 1000MG | - | NC |
| GLUMETZA TAB 500MG | - | NC |
| metformin ER osmotic tab (FORTAMET equiv) | - | NC |
| metformin ER osmotic tab (GLUMETZA equiv) | - | NC |
| metformin soln (RIOMET equiv) | - | NC |
| RIOMET ER SUSP | - | NC |
| RIOMET SOLN | - | NC |
| DIABETIC OTHER | | |
| BAQSIMI NASAL POWDER (QL= 2 inhalations/fill) | QL | 2 |
| GLUCAGEN HYPOKIT INJ (QL= 2 inj/fill) | QL | 2 |
| GLUCAGON INJ KIT (QL= 2 inj/fill) | QL | 2 |
| KORLYM TAB (Only available through Korlym SPARK program 855-4Korlym (855-456-7596)) | LD-PA | 2 |
| diazoxide susp (PROGLYCEM equiv) | - | 3 |
| GLUCAGON EMR INJ | - | NC |
| GVOKE INJ | - | NC |
| GVOKE PFS INJ | - | NC |
| DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS | | |
| JANUVIA TAB (QL= 1 tab/day) | QL-¢ | 2 |
| TRADJENTA TAB (QL= 1 tab/day) | QL | 2 |
| ALOGLIPTIN TAB, NESINA TAB | - | NC |
| ONGLYZA TAB | - | NC |
| DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC | | |
| CYCLOSET TAB | - | 3 |
| INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS) | | |
| BYDUREON BCISE AUTO INJ (QL= 4 inj/28 days) | QL | 2 |
| BYDUREON INJ (QL= 4 inj/28 days) | QL | 2 |
| BYDUREON PEN INJ (QL= 4 inj/28 days) | QL | 2 |
| OZEMPIC INJ (QL= 1 pack/28 days) | QL | 2 |
| RYBELSUS TAB (QL=1 tab/day) | QL | 2 |
| TRULICITY INJ (QL= 4 pens/28 days) | QL | 2 |
| VICTOZA INJ (QL= 9ml/30 days) | QL | 2 |
| BYETTA INJ (QL= 1 pen/30 days) | QL | 3 |
| ADLYXIN INJ | - | NC |
| TANZEUM INJ | - | NC |
| INSULIN | | |
| FIASP FLEXTOUCH INJ | - | 2 |
| FIASP INJ | - | 2 |
| FIASP PENFILL INJ | - | 2 |
| HUMULIN R INJ U-500 | - | 2 |
| HUMULIN R U-500 KWIKPEN INJ | - | 2 |
| LANTUS INJ | - | 2 |
| LANTUS SOLOSTAR INJ | - | 2 |
| LEVEMIR FLEXTOUCH INJ | - | 2 |
| LEVEMIR INJ | - | 2 |
| NOVOLIN 70/30 FLEXPEN INJ | OTC | 2 |

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|---|--------------|------|
| ANTIDIABETICS Cont. | | |
| NOVOLIN INJ | OTC | 2 |
| NOVOLIN N FLEXPEN INJ | OTC | 2 |
| NOVOLIN R FLEXPEN INJ | OTC | 2 |
| NOVOLOG FLEXPEN INJ | - | 2 |
| NOVOLOG INJ | - | 2 |
| NOVOLOG MIX FLEXPEN INJ | - | 2 |
| NOVOLOG MIX INJ | - | 2 |
| NOVOLOG PENFILL INJ | - | 2 |
| TOUJEO MAX SOLOSTAR INJ | - | 2 |
| TOUJEO SOLOSTAR INJ | - | 2 |
| TRESIBA FLEXTOUCH INJ | - | 2 |
| TRESIBA INJ | - | 2 |
| ADMELOG INJ, INSULIN LISPRO INJ | - | NC |
| ADMELOG SOLOSTAR INJ, INSULIN LISPRO KWIKPEN INJ (JUNIOR) | - | NC |
| APIDRA INJ | - | NC |
| APIDRA SOLOSTAR INJ | - | NC |
| BASAGLAR INJ | - | NC |
| HUMALOG INJ | - | NC |
| HUMALOG KWIKPEN INJ | - | NC |
| HUMALOG MIX INJ | - | NC |
| HUMALOG MIX KWIKPEN INJ, INSULIN LISPRO PROTAMINE INJ | - | NC |
| HUMALOG PEN INJ | - | NC |
| HUMULIN MIX INJ | OTC | NC |
| HUMULIN MIX PEN INJ | OTC | NC |
| HUMULIN N INJ | OTC | NC |
| HUMULIN N PEN INJ | OTC | NC |
| HUMULIN R INJ | OTC | NC |
| INSULIN ASPART FLEXPEN INJ (NOVOLOG equiv) | - | NC |
| INSULIN ASPART INJ (NOVOLOG equiv) | - | NC |
| INSULIN ASPART MIX FLEXPEN INJ (NOVOLOG equiv) | - | NC |
| INSULIN ASPART MIX INJ (NOVOLOG equiv) | - | NC |
| INSULIN ASPART PENFILL INJ (NOVOLOG equiv) | - | NC |
| LYUMJEV INJ | - | NC |
| LYUMJEV KWIKPEN INJ | - | NC |
| INSULIN SENSITIZING AGENTS | | |
| pioglitazone tab (ACTOS equiv) | - | 1 |
| AVANDIA TAB | - | 2 |
| MEGLITINIDE ANALOGUES | | |
| repaglinide tab (PRANDIN equiv) | - | 1 |
| nateglinide tab (STARLIX equiv) | - | 3 |
| SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS | | |
| FARXIGA TAB (QL= 1 tab/day) | QL | 2 |
| JARDIANCE TAB (QL= 1 tab/day) | QL | 2 |
| INVOKANA TAB (QL= 1 tab/day) | QL | 3 |
| STEGLATRO TAB | - | NC |
| SULFONYLUREAS | | |

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| | | | | | |
|-----|--------------------------|------|--|------|--------------------------------------|
| ACA | NC =Not Covered | EXC | generic =small letters | INF | BRANDS =CAPITAL LETTERS |
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| OTC | Limited Distribution | PA | Lumicera Mandatory Specialty Pharmacy Program | QL | Mandatory Specialty Pharmacy Program |
| RS | Over-the-Counter | SF | Prior Authorization | SMKG | Quantity Limit |
| ST | Restricted to Specialist | VAC | Limited to two 15 day fills per month for first 3 months | ¢ | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | RxCENTS |

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| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| ANTIDIABETICS Cont. | | |
| chlorpropamide tab (DIABINESE equiv) | - | 1 |
| glimepiride tab (AMARYL equiv) | - | 1 |
| glipizide ER tab (GLUCOTROL XL equiv) | - | 1 |
| glipizide tab (GLUCOTROL equiv) | - | 1 |
| glyburide micronized tab (GLYNASE equiv) | - | 1 |
| glyburide tab (MICRONASE equiv) | - | 1 |
| TOLAZAMIDE TAB | - | 1 |
| TOLBUTAMIDE TAB | - | 2 |

ANTIDIARRHEAL/PROBIOTIC AGENTS

| ANTIPERISTALTIC AGENTS | | |
|-------------------------------|---|----|
| DIPHENOXYLATE/ATROPINE LIQUID | - | 1 |
| LOPERAMIDE SOLN | - | NC |

ANTIDIARRHEALS

| ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS | | |
|---|---|----|
| MYTESI TAB | - | NC |

| ANTIDIARRHEAL AGENTS - MISC. | | |
|-------------------------------------|---|----|
| REZYST CHEW TAB | - | NC |
| VSL #3 CAP | - | NC |

| ANTIDIARRHEAL COMBINATIONS | | |
|-----------------------------------|---|----|
| EVIVO LIQUID | - | NC |

| ANTIPERISTALTIC AGENTS | | |
|--|---|----|
| diphenoxylate/atropine tab (LOMOTIL equiv) | - | 1 |
| opium tincture | - | 3 |
| loperamide cap (IMODIUM equiv) | - | NC |
| PAREGORIC TINCTURE | - | NC |

ANTIDOTES

| ANTIDOTES | | |
|------------------|---|----|
| VISTOGARD PAK | - | NC |

| ANTIDOTES - CHELATING AGENTS | | |
|---|-------|---|
| CHEMET CAP | - | 2 |
| FERRIPROX SOLN (Only available through Ferriprox Total Care 866-758-7071) | LD-PA | 2 |
| FERRIPROX TAB (Only available through Ferriprox Total Care 866-758-7071) | LD-PA | 2 |

| OPIOID ANTAGONISTS | | |
|------------------------------|------|----|
| naltrexone tab (REVIA equiv) | - | 1 |
| VIVITROL INJ | LMSP | 2 |
| EVZIO INJ | - | NC |

ANTIDOTES AND SPECIFIC ANTAGONISTS

| ANTIDOTES - CHELATING AGENTS | | |
|--|------|---|
| deferasirox tab (EXJADE equiv) | LMSP | 2 |
| deferasirox tab 180mg (JADENU equiv) | LMSP | 2 |
| deferasirox tab 90mg, 360mg (JADENU equiv) | LMSP | 2 |
| JADENU SPRINKLE | LMSP | 2 |

| ANTIDOTES AND SPECIFIC ANTAGONISTS | | |
|---|---|----|
| CETYLEV TAB | - | NC |

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| | Step Therapy | | | | |

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| ANTIDOTES AND SPECIFIC ANTAGONISTS Cont. | | |
| OPIOID ANTAGONISTS | | |
| naloxone inj | - | 1 |
| naloxone prefilled inj (QL= 2 inj/fill) | QL | 1 |
| NALOXONE PREFILLED INJ (QL= 2 inj/fill) | QL | 2 |
| EVZIO INJ | - | NC |
| ANTIEMETICS | | |
| 5-HT3 RECEPTOR ANTAGONISTS | | |
| granisetron tab (KYTRIL equiv) (QL= 14 tabs/fill) | QL | 1 |
| ondansetron ODT (ZOFTRAN equiv) | - | 1 |
| ondansetron soln (ZOFTRAN equiv) | - | 1 |
| ONDANSETRON TAB | - | 1 |
| ondansetron tab (ZOFTRAN equiv) | - | 1 |
| ANZEMET TAB (QL= 9 tabs/fill) | QL | 3 |
| GRANISOL SOLN (QL= 60ml/fill) | QL | 3 |
| SANCUSO PATCH (QL= 4 patches/fill) | QL | 3 |
| SUSTOL INJ | - | NC |
| ZUPLENZ SL FILM | - | NC |
| ANTIEMETICS - ANTICHOLINERGIC | | |
| maldemar tab (SCOPACE equiv) | - | 1 |
| meclizine tab (ANTIVERT equiv) (Rx Only) | - | 1 |
| trimethobenzamide cap (TIGAN equiv) | - | 1 |
| scopolamine patch (TRANSDERM-SCOP equiv) | - | 3 |
| meclizine chew tab (BONINE equiv) | OTC | EXC |
| ANTIEMETICS - MISCELLANEOUS | | |
| AKYNZEO CAP (QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist) | QL-RS | 2 |
| dronabinol cap (MARINOL equiv) | PA | 2 |
| CESAMET CAP | - | 3 |
| doxylamine/pyridoxine dr tab (DICLEGIS equiv) | - | NC |
| SYNDROS SOLN | - | NC |
| SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS | | |
| aprepitant cap (EMEND equiv) (QL= 3 caps/fill) | QL | 2 |
| aprepitant pak (EMEND equiv) (QL= 3 caps/fill) | QL | 2 |
| VARUBI TAB (QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist) | QL-RS | 2 |
| EMEND CAP | - | NC |
| EMEND SUSP | - | NC |
| ANTIFUNGALS | | |
| ANTIFUNGALS | | |
| nystatin powder | - | 1 |
| nystatin tab | - | 1 |
| terbinafine tab (LAMISIL equiv) | - | 1 |
| flucytosine cap (ANCOBON equiv) | - | 2 |
| griseofulvin micro tab (GRIFULVIN V equiv) | - | 2 |
| griseofulvin susp (GRIFULVIN equiv) | - | 2 |
| griseofulvin tab (GRIS-PEG equiv) | - | 2 |
| IMIDAZOLE-RELATED ANTIFUNGALS | | |

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| ANTIFUNGALS Cont. | | |
| fluconazole susp (DIFLUCAN equiv) | - | 1 |
| fluconazole tab (DIFLUCAN equiv) | - | 1 |
| ketoconazole tab (NIZORAL equiv) | - | 1 |
| itraconazole cap (SPORANOX equiv) | PA | 2 |
| NOXAFIL SUSP | - | 2 |
| posaconazole DR tab (NOXAFIL equiv) | - | 2 |
| voriconazole susp (VFEND equiv) (Restricted to Infectious Disease Specialist) | RS | 2 |
| voriconazole tab (VFEND equiv) (Restricted to Infectious Disease Specialist) | RS | 2 |
| itraconazole soln (SPORANOX equiv) | PA | 3 |
| SPORANOX SOLN | PA | 3 |
| CRESEMBA CAP | - | NC |
| NOXAFIL TAB | - | NC |
| TOLSURA CAP | - | NC |

ANTIHISTAMINES

ANTIHISTAMINES - ALKYLAMINES

| | | |
|--|---|----|
| chlorpheniramine ER cap | - | 1 |
| MICLARA LIQUID | - | NC |
| RYCLORA SYRUP, DEXCHLORPHENIRAMINE SYRUP | - | NC |

ANTIHISTAMINES - ETHANOLAMINES

| | | |
|---|---|----|
| diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered) | - | 1 |
| CARBINOXAMINE SOLN | - | NC |
| carbinoxamine soln (PALGIC equiv) | - | NC |
| CARBINOXAMINE TAB | - | NC |
| carbinoxamine tab (PALGIC equiv) | - | NC |
| KARBINAL ER SUSP | - | NC |
| RYVENT TAB | - | NC |

ANTIHISTAMINES - NON-SEDATING

| | | |
|--------------------------------------|-----|----|
| cetirizine cap (ZYRTEC equiv) | OTC | 1 |
| cetirizine chew tab (ZYRTEC equiv) | OTC | 1 |
| cetirizine syrup (ZYRTEC equiv) | OTC | 1 |
| cetirizine tab (ZYRTEC equiv) | OTC | 1 |
| fexofenadine susp (ALLEGRA equiv) | OTC | 1 |
| fexofenadine tab (ALLEGRA equiv) | OTC | 1 |
| loratadine cap (CLARITIN equiv) | OTC | 1 |
| loratadine chew tab (CLARITIN equiv) | OTC | 1 |
| loratadine syrup (CLARITIN equiv) | OTC | 1 |
| loratadine tab (CLARITIN equiv) | OTC | 1 |
| ALLEGRA ODT | OTC | NC |
| ALLEGRA SUSP | OTC | NC |
| ALLEGRA TAB | OTC | NC |
| CLARINEX SYRUP | - | NC |
| CLARITIN CAP | OTC | NC |
| CLARITIN CHEW TAB | OTC | NC |
| CLARITIN REDITAB | OTC | NC |
| CLARITIN SYRUP | OTC | NC |
| CLARITIN TAB | OTC | NC |

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|--|--------------|------|
| ANTIHISTAMINES Cont. | | |
| DESLORATADINE ODT | - | NC |
| desloratadine tab (CLARINEX equiv) | - | NC |
| levocetirizine soln (XYZAL equiv) | - | NC |
| levocetirizine tab (XYZAL equiv) | - | NC |
| loratadine ODT (CLARITIN equiv) | OTC | NC |
| ZYRTEC CAP | OTC | NC |
| ZYRTEC SYRUP | OTC | NC |
| ZYRTEC TAB | OTC | NC |
| ANTIHISTAMINES - PHENOTHIAZINES | | |
| promethazine syrup | - | 1 |
| promethazine tab (PHENERGAN equiv) | - | 1 |
| promethazine supp (PHENERGAN equiv) | - | 2 |
| PROMETHEGAN SUPP | - | 2 |
| ANTIHISTAMINES - PIPERIDINES | | |
| cyproheptadine syrup | - | 1 |
| cyproheptadine tab | - | 1 |
| ANTIHYPERLIPIDEMICS | | |
| ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS | | |
| NEXLETOL TAB | - | NC |
| ANTIHYPERLIPIDEMICS - COMBINATIONS | | |
| ezetimibe/simvastatin tab (VYTORIN equiv) (QL= 1 tab/day (10-80mg is Not Covered)) | QL | 2 |
| ezetimibe/simvastatin tab 10-80mg (VYTORIN equiv) (This strength excluded from coverage) | - | NC |
| NEXLIZET TAB | - | NC |
| OMEGA-3 RX PAK COMPLETE | - | NC |
| ANTIHYPERLIPIDEMICS - MISC. | | |
| omega-3-acid ethyl esters cap (LOVAZA equiv) | - | 2 |
| KYNAMRO INJ | - | NC |
| VASCEPA CAP | - | NC |
| BILE ACID SEQUESTRANTS | | |
| cholestyramine lite powder (QUESTRAN LITE equiv) | - | 1 |
| cholestyramine lite powder pack (QUESTRAN LITE equiv) | - | 1 |
| cholestyramine powder (QUESTRAN equiv) | - | 1 |
| cholestyramine powder pack (QUESTRAN equiv) | - | 1 |
| colestipol tab (COLESTID equiv) | - | 1 |
| colesevelam pack (WELCHOL equiv) | - | 2 |
| colesevelam tab (WELCHOL equiv) | - | 2 |
| colestipol granule (COLESTID equiv) | - | 3 |
| colestipol powder packet (COLESTID equiv) | - | 3 |
| WELCHOL PACK | - | NC |
| WELCHOL TAB | - | NC |
| FIBRIC ACID DERIVATIVES | | |
| fenofibrate cap 67mg, 134mg, 200mg (LOFIBRA equiv) | - | 1 |
| fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv) | - | 1 |
| fenofibric acid DR cap (TRILIPIX equiv) | - | 1 |
| gemfibrozil tab (LOPID equiv) | - | 1 |

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| ANTIHYPERTENSIVES Cont. | | |
| FENOFIBRIC TAB, FIBRICOR TAB | - | 3 |
| ANTARA CAP, LOFIBRA CAP | - | NC |
| fenofibrate cap 43mg, 130mg (ANTARA equiv) | - | NC |
| FENOFIBRATE CAP, LIPOFEN CAP 50MG, 150MG | - | NC |
| fenofibrate tab 40mg, 120mg (FENOGLIDE equiv) | - | NC |
| TRIGLIDE TAB | - | NC |
| TRILIPIX CAP | - | NC |
| HMG COA REDUCTASE INHIBITORS | | |
| atorvastatin tab 10mg (LIPITOR equiv) | ACA | 1 |
| atorvastatin tab 20mg (LIPITOR equiv) | ACA | 1 |
| atorvastatin tab 40mg (LIPITOR equiv) | ACA | 1 |
| atorvastatin tab 80mg (LIPITOR equiv) | ACA | 1 |
| lovastatin tab (MEVACOR equiv) | ACA | 1 |
| pravastatin tab (PRAVACHOL equiv) | ACA | 1 |
| rosuvastatin tab 20mg (CRESTOR equiv) (QL= 1.5 tabs/day) | ACA-QL | 1 |
| rosuvastatin tab 40mg (CRESTOR equiv) (QL= 1 tab/day) | ACA-QL | 1 |
| simvastatin tab (ZOCOR equiv) (80mg is Not Covered) | ACA | 1 |
| fluvastatin cap (LESCOL equiv) | - | 2 |
| rosuvastatin tab 10mg (CRESTOR equiv) (QL= 1 tab/day) | ACA-QL | 2 |
| rosuvastatin tab 5mg (CRESTOR equiv) (QL= 1 tab/day) | ACA-QL | 2 |
| LIVALO TAB (Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin) | ST | 3 |
| ADVICOR TAB | - | NC |
| ALTOPREV TAB | - | NC |
| EZALLOR SPRINKLE CAP | - | NC |
| FLOLIPID SUSP | - | NC |
| fluvastatin ER tab (LESCOL XL equiv) | - | NC |
| LESCOL XL TAB | - | NC |
| SIMCOR TAB | - | NC |
| SIMVASTATIN SUSP | - | NC |
| ZOCOR TAB 80MG | - | NC |
| ZYPITAMAG TAB | - | NC |
| INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS | | |
| ezetimibe tab (ZETIA equiv) | - | 1 |
| ZETIA TAB | - | NC |
| MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS | | |
| JUXTAPID CAP | - | NC |
| NICOTINIC ACID DERIVATIVES | | |
| niacin ER tab (NIASPAN equiv) | - | 1 |
| NIACOR TAB | - | NC |
| NIASPAN ER TAB | - | NC |
| PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS | | |
| PRALUENT INJ (QL= 2 inj/28 days) | LMSP-PA-QL | 2 |
| REPATHA INJ (QL= 2 inj/28 days) | LMSP-PA-QL | 2 |
| REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days) | LMSP-PA-QL | 2 |

ANTIHYPERTENSIVES

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| ACE INHIBITORS | | |
| benazepril tab (LOTENSIN equiv) | - | 1 |
| enalapril tab (VASOTEC equiv) | - | 1 |
| fosinopril tab (MONOPRIL equiv) | - | 1 |
| lisinopril tab (PRINIVIL/ZESTRIL equiv) | - | 1 |
| moexipril tab (UNIVASC equiv) | - | 1 |
| perindopril tab (ACEON equiv) | - | 1 |
| quinapril tab (ACCUPRIL equiv) | - | 1 |
| ramipril cap (ALTACE equiv) | - | 1 |
| trandolapril tab (MAVIK equiv) | - | 1 |
| captopril tab (CAPOTEN equiv) | - | 2 |
| EPANED PREMIXED SOLN | PA | 3 |
| EPANED SOLN | PA | 3 |
| QBRELIS SOLN | PA | 3 |
| AGENTS FOR PHEOCHROMOCYTOMA | | |
| phenoxybenzamine cap (DIBENZYLIN equiv) | - | 2 |
| ANGIOTENSIN II RECEPTOR ANTAGONISTS | | |
| irbesartan tab (AVAPRO equiv) | - | 1 |
| losartan tab (COZAAR equiv) | - | 1 |
| olmesartan tab (BENICAR equiv) | - | 1 |
| valsartan tab (DIOVAN equiv) | - | 1 |
| telmisartan tab (MICARDIS equiv) | - | 2 |
| ATACAND TAB | - | NC |
| candesartan tab (ATACAND equiv) | - | NC |
| EDARBI TAB | - | NC |
| EPROSARTAN TAB | - | NC |
| ANTIADRENERGIC ANTIHYPERTENSIVES | | |
| clonidine tab (CATAPRES equiv) | - | 1 |
| doxazosin tab (CARDURA equiv) | - | 1 |
| guanfacine IR tab (TENEX equiv) | - | 1 |
| methyldopa tab (ALDOMET equiv) | - | 1 |
| prazosin cap (MINIPRESS equiv) | - | 1 |
| terazosin cap (HYTRIN equiv) | - | 1 |
| clonidine patch (CATAPRES-TTS equiv) | - | 2 |
| CATAPRES-TTS PATCH | - | 3 |
| GUANABENZ TAB | - | 3 |
| NEXICLON XR SUSP | - | 3 |
| NEXICLON XR TAB | - | 3 |
| RESERPINE TAB | - | 3 |
| ANTIHYPERTENSIVE COMBINATIONS | | |
| amlodipine/benazepril cap (LOTREL equiv) | - | 1 |
| atenolol/chlorthalidone tab (TENORETIC equiv) | - | 1 |
| benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv) | - | 1 |
| bisoprolol/hydrochlorothiazide tab (ZIAC equiv) | - | 1 |
| enalapril/hydrochlorothiazide tab (VASERETIC equiv) | - | 1 |
| fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv) | - | 1 |

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| irbesartan/hydrochlorothiazide tab (AVALIDE equiv) | - | 1 |
| lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv) | - | 1 |
| losartan/hydrochlorothiazide tab (HYZAAR equiv) | - | 1 |
| MOEXIPRIL/HYDROCHLOROTHIAZIDE TAB | - | 1 |
| moexipril/hydrochlorothiazide tab (UNIRETIC equiv) | - | 1 |
| olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv) | - | 1 |
| PROPRANOLOL/HYDROCHLOROTHIAZIDE TAB | - | 1 |
| quinapril/hydrochlorothiazide tab (ACCURETIC equiv) | - | 1 |
| valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv) | - | 1 |
| amlodipine/olmesartan tab (AZOR equiv) | - | 2 |
| amlodipine/valsartan tab (EXFORGE equiv) | - | 2 |
| amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv) | - | 2 |
| METOPROLOL/HYDROCHLOROTHIAZIDE TAB | - | 2 |
| metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv) | - | 2 |
| AMTURNIDE TAB | - | 3 |
| CORZIDE TAB 80-5MG | - | 3 |
| nadolol/bendroflumethiazide tab (CORZIDE equiv) | - | 3 |
| TARKA TAB | - | 3 |
| TEKAMLO TAB | - | 3 |
| TEKTURNA HCT TAB | - | 3 |
| trandolapril/verapamil ER tab (TARKA equiv) | - | 3 |
| VALTURNA TAB | - | 3 |
| BYVALSON TAB | - | NC |
| candesartan/hydrochlorothiazide tab (ATACAND HCT equiv) | - | NC |
| DUTOPROL TAB | - | NC |
| EDARBYCLOR TAB | - | NC |
| METHYLDOPA/HYDROCHLOROTHIAZIDE TAB | - | NC |
| MICARDIS HCT TAB | - | NC |
| olmesartan/amlodipine/hydrochlorothiazide tab (TRIBENZOR equiv) | - | NC |
| PRESTALIA TAB | - | NC |
| telmisartan/amlodipine tab (TWYNSTA equiv) | - | NC |
| telmisartan/hydrochlorothiazide tab (MICARDIS HCT equiv) | - | NC |
| TRIBENZOR TAB | - | NC |
| ANTIHYPERTENSIVES - MISC. | | |
| VECAMYL TAB | - | NC |
| DIRECT RENIN INHIBITORS | | |
| aliskiren tab (TEKTURNA equiv) | ¢ | 3 |
| SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS) | | |
| eplerenone tab (INSPRA equiv) | ¢ | 3 |
| VASODILATORS | | |
| hydralazine tab (APRESOLINE equiv) | - | 1 |
| minoxidil tab (LONITEN equiv) | - | 1 |
| ANTI-INFECTIVE AGENTS - MISC. | | |
| ANTI-INFECTIVE AGENTS - MISC. | | |
| metronidazole cap (FLAGYL equiv) | - | 1 |
| metronidazole tab (FLAGYL equiv) | - | 1 |

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| RS | Over-the-Counter | SF | Prior Authorization | QL | Quantity Limit |
| ST | Restricted to Specialist | VAC | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
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|--|---------------------|-------------|
| ANTI-INFECTIVE AGENTS - MISC. Cont. | | |
| trimethoprim tab (PROLOPRIM equiv) | - | 1 |
| pentamidine neb soln (NEBUPENT equiv) | - | 2 |
| FIRST METRONIDAZOLE SUSP | - | 3 |
| FLAGYL ER TAB | - | 3 |
| PRIMSOL SOLN | - | 3 |
| tinidazole tab (TINDAMAX equiv) | - | 3 |
| XIFAXAN TAB 200MG (QL= 9 tabs/3 days) | QL | 3 |
| XIFAXAN TAB 550MG (QL= 2 tabs/day; Quantities up to 3 tabs/day for the treatment of IBS-D allowed via PA) | PA-QL | 3 |
| AEMCOLO TAB | - | NC |
| IMPAVIDO CAP | - | NC |
| ANTI-INFECTIVE MISC. - COMBINATIONS | | |
| erythromycin/sulfisoxazole susp (PEDIAZOLE equiv) | - | 1 |
| smz/tmp (DS) tab (BACTRIM DS equiv) | - | 1 |
| smz/tmp susp (BACTRIM, SEPTRA equiv) | - | 1 |
| ANTIPROTOZOAL AGENTS | | |
| ALINIA SUSP (QL= 60ml/3 days) | PA-QL | 2 |
| ALINIA TAB (QL= 6 tabs/3 days) | PA-QL | 2 |
| atovaquone susp (MEPRON equiv) | - | 2 |
| GLYCOPEPTIDES | | |
| FIRST-VANCOMYCIN SOLN | - | 1 |
| vancomycin cap (VANCOCIN equiv) (QL= 56 caps/fill) | QL | 1 |
| VANCOMYCIN INJ | - | NC |
| VANCOMYCIN SOLN | - | NC |
| KETOLIDES | | |
| KETEK TAB | - | 3 |
| LEPROSTATICS | | |
| dapsone tab | - | 1 |
| LINCOSAMIDES | | |
| clindamycin cap (CLEOCIN equiv) | - | 1 |
| clindamycin soln (CLEOCIN equiv) | - | 3 |
| MONOBACTAMS | | |
| CAYSTON INH SOLN (Restricted to Infectious Disease or Pulmonology Specialist; Only available through Walgreens 888-347-3416) | LD-RS | 2 |
| OXAZOLIDINONES | | |
| linezolid susp (ZYVOX equiv) (Restricted to Infectious Disease Specialist) | RS | 2 |
| linezolid tab (ZYVOX equiv) (Restricted to Infectious Disease Specialist) | RS | 2 |
| SIVEXTRO TAB (QL= 6 tabs/fill; Restricted to Infectious Disease Specialist) | QL-RS | 2 |
| PLEUROMUTILINS | | |
| XENLETA TAB | - | NC |
| POLYMYXINS | | |
| colistimethate inj (COLY-MYCIN M equiv) | - | NC |
| ANTIMALARIALS | | |
| ANTIMALARIAL COMBINATIONS | | |
| atovaquone/proguanil tab | - | 2 |

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| ANTIMALARIALS Cont. | | |
| FANSIDAR TAB | - | 3 |
| PYRIMETHAMINE/LEUCOVORIN CAP | - | NC |
| ANTIMALARIALS | | |
| chloroquine tab (ARALEN equiv) | - | 1 |
| hydroxychloroquine tab (PLAQUENIL equiv) | - | 1 |
| MEFLOQUINE TAB | - | 2 |
| mefloquine tab (LARIAM equiv) | - | 2 |
| primaquine tab | - | 2 |
| pyrimethamine tab (DARAPRIM equiv) (QL= 3 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | 2 |
| ARAKODA TAB | - | NC |
| DARAPRIM TAB | - | NC |
| KRINTAFEL TAB | - | NC |
| QUALAQUIN CAP | - | NC |
| quinine sulfate cap (QUALAQUIN equiv) | - | NC |
| ANTIMYASTHENIC/CHOLINERGIC AGENTS | | |
| ANTIMYASTHENIC/CHOLINERGIC AGENTS | | |
| pyridostigmine tab (MESTINON equiv) | - | 1 |
| PROSTIGMIN TAB | - | 2 |
| pyridostigmine CR tab (MESTINON equiv) | - | 2 |
| pyridostigmine soln (MESTINON equiv) | - | 3 |
| RUZURGI TAB (Only available through PantheRx Pharmacy 855-726-8479) | LD-PA | 3 |
| FIRDAPSE TAB | - | NC |
| PYRIDOSTIGMINE TAB 30MG | - | NC |
| ANTIMYCOBACTERIAL AGENTS | | |
| ANTI TB COMBINATIONS | | |
| RIFAMATE CAP | - | 2 |
| ANTIMYCOBACTERIAL AGENTS | | |
| ISONIAZID SYRUP | - | 1 |
| ISONIAZID TAB | - | 1 |
| pyrazinamide tab | - | 1 |
| ethambutol tab (MYAMBUTOL equiv) | - | 2 |
| PRIFTIN TAB | - | 2 |
| rifabutin cap (MYCOBUTIN equiv) | - | 2 |
| rifampin cap (RIFADIN equiv) | - | 2 |
| cycloserine cap (CYCLOSERINE CAP equiv) | - | NC |
| PRETOMANID TAB | - | NC |
| SIRTURO TAB | - | NC |
| ANTINEOPLASTICS | | |
| ANTINEOPLASTICS MISC. | | |
| tretinoin cap (VESANOID equiv) | LMSP | 3 |
| TOPOISOMERASE I INHIBITORS | | |
| HYCAMTIN CAP | LMSP-PA | 2 |
| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES | | |
| ALKYLATING AGENTS | | |
| cyclophosphamide cap | - | 2 |

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| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont. | | |
| cyclophosphamide tab (CYTOXAN equiv) | - | 2 |
| GLEOSTINE/LOMUSTINE CAP | - | 2 |
| HEXALEN CAP | - | 2 |
| LEUKERAN TAB | - | 2 |
| melphalan tab (ALKERAN equiv) | - | 2 |
| MYLERAN TAB | LMSP | 2 |
| temozolomide cap (TEMODAR equiv) | LMSP | 2 |
| AFINITOR TAB 10MG (QL= 1 tab/day) | LMSP-PA-QL-SF | 3 |
| ANTIMETABOLITES | | |
| METHOTREXATE INJ | - | 1 |
| methotrexate tab (TREXALL equiv) | - | 1 |
| capecitabine tab (XELODA equiv) | LMSP | 2 |
| mercaptopurine tab (PURINETHOL equiv) | - | 2 |
| TABLOID TAB | - | 2 |
| PURIXAN SUSP | - | NC |
| TREXALL TAB | - | NC |
| XATMEP SOLN | - | NC |
| ANTINEOPLASTIC - ANTIBODIES | | |
| GAZYVA INJ | - | NC |
| ANTINEOPLASTIC - BCL-2 INHIBITORS | | |
| VENCLEXTA STARTER PACK (Only available through Diplomat Pharmacy 877-977-9118) | LD-PA | 2 |
| VENCLEXTA TAB (Only available through Diplomat Pharmacy 877-977-9118) | LD-PA | 2 |
| ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS | | |
| ERIVEDGE CAP | MSP-PA-SF | 2 |
| ODOMZO CAP | LMSP-PA-SF | 2 |
| DAURISMO TAB | - | NC |
| ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS | | |
| anastrozole tab (ARIMIDEX equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay) | - | \$0 |
| bicalutamide tab (CASODEX equiv) | - | 1 |
| letrozole tab (FEMARA equiv) | - | 1 |
| megestrol susp (MEGACE equiv) | - | 1 |
| megestrol tab (MEGACE equiv) | - | 1 |
| abiraterone tab 250mg (ZYTIGA equiv) (QL= 4 tabs/day) | LMSP-PA-QL-SF | 2 |
| EMCYT CAP | - | 2 |
| ERLEADA TAB (QL= 4 tabs/day) | LMSP-PA-QL | 2 |
| exemestane tab (AROMASIN equiv) | - | 2 |
| flutamide cap (EULEXIN equiv) | - | 2 |
| LYSODREN TAB (Only available through Direct Success 732-919-1234) | LD | 2 |
| nilutamide tab (NILANDRON equiv) | LMSP | 2 |
| tamoxifen tab (NOLVADEX equiv) | ACA | 2 |
| toremifene tab (FARESTON equiv) | - | 2 |
| XTANDI CAP (QL= 4 caps/day) | MSP-PA-QL-SF | 2 |
| HYDROXYPROGESTERONE CAPROATE INJ | - | NC |
| NUBEQA TAB | - | NC |
| YONSA TAB | - | NC |

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| ZYTIGA TAB 500MG | - | NC |
| ANTINEOPLASTIC - IMMUNOMODULATORS | | |
| POMALYST CAP | - | NC |
| ANTINEOPLASTIC - XPO1 INHIBITORS | | |
| XPOVIO PAK | - | NC |
| ANTINEOPLASTIC COMBINATIONS | | |
| LONSURF TAB (Only available through Walgreens 888-347-3416) | LD-PA | 2 |
| HERCEPTIN HYLECTA INJ | - | NC |
| KISQALI PAK | - | NC |
| ANTINEOPLASTIC ENZYME INHIBITORS | | |
| imatinib tab (GLEEVEC equiv) | LMSP | 1 |
| AFINITOR DISPERZ (QL= 1 tab/day) | LMSP-PA-QL-SF | 2 |
| ALECENSA CAP (QL= 8 caps/day) | LMSP-PA-QL | 2 |
| ALUNBRIG TAB 30MG (QL= 4 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | 2 |
| ALUNBRIG TAB 90MG, 180MG (QL= 1 tab/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | 2 |
| BALVERSA TAB 3MG (QL= 3 tabs/day; Only available through US Bioservices 888-518-7246) | LD-PA-QL-SF | 2 |
| BALVERSA TAB 4MG (QL= 2 tabs/day; Only available through US Bioservices 888-518-7246) | LD-PA-QL-SF | 2 |
| BALVERSA TAB 5MG (QL= 1 tab/day; Only available through US Bioservices 888-518-7246) | LD-PA-QL-SF | 2 |
| BOSULIF TAB | MSP-PA-SF | 2 |
| BRAFTOVI CAP 75MG (QL= 6 caps/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL | 2 |
| CABOMETYX TAB (QL= 1 tab/day) | MSP-PA-QL-SF | 2 |
| CALQUENCE CAP (QL= 2 caps/day; Only available through Lumicera Pharmacy 855-847-3553) | LD-PA-QL-SF | 2 |
| CAPRELSA TAB (Only available through Biologics 800-850-4306) | LD-PA | 2 |
| COMETRIQ KIT (Only available through Diplomat Pharmacy 877-977-9118) | LD-PA | 2 |
| COTELLIC TAB (QL= 3 tabs/day) | MSP-PA-QL | 2 |
| erlotinib tab (TARCEVA equiv) | LMSP-PA-SF | 2 |
| FARYDAK CAP (QL= 6 caps/21 days) | MSP-PA-QL | 2 |
| GILOTRIF TAB (QL= 1 tab/day; Only available through Accredo 888-773-7376) | LD-PA-QL | 2 |
| IBRANCE CAP (QL= 21 caps/28 days) | MSP-PA-QL | 2 |
| IBRANCE TAB (QL= 1 tab/day) | MSP-PA-QL | 2 |
| ICLUSIG TAB (Only available through AcariaHealth 800-511-5144) | LD-PA-SF | 2 |
| IDHIFA TAB (QL= 1 tab/day) | MSP-PA-QL | 2 |
| IMBRUVICA CAP 140MG (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL | 2 |
| IMBRUVICA CAP 70MG (QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL | 2 |
| IMBRUVICA TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL | 2 |
| INLYTA TAB (QL= 8 tabs/day) | MSP-PA-QL-SF | 2 |
| IRESSA TAB (Only available through Lumicera Pharmacy 855-847-3553) | LD-PA | 2 |
| JAKAFI TAB (QL= 2 tabs/day) | MSP-PA-QL | 2 |
| LENVIMA CAP (QL= 3 caps/day; Only available through Accredo 888-773-7376) | LD-PA-QL | 2 |
| LYNPARZA CAP (Only available through Biologics 800-850-4306, QL= 16 caps/day) | LD-PA-QL-SF | 2 |
| LYNPARZA TAB (Only available through Biologics 800-850-4306, QL= 4 tabs/day) | LD-PA-QL-SF | 2 |
| MEKINIST TAB 0.5MG (QL= 3 tabs/day) | LMSP-PA-QL | 2 |
| MEKINIST TAB 2MG (QL= 1 tab/day) | LMSP-PA-QL | 2 |
| MEKTOVI TAB (QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL | 2 |
| NERLYNX TAB (QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL-SF | 2 |
| NEXAVAR TAB | MSP-PA-SF | 2 |

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| NINLARO CAP | MSP-PA | 2 |
| RUBRACA TAB (QL= 4 tabs/day; Only available through Avella Pharmacy (877) 546-5779) | LD-PA-QL-SF | 2 |
| RYDAPT CAP | LMSP-PA | 2 |
| SPRYCEL TAB | LMSP-PA-SF | 2 |
| STIVARGA TAB (QL= 4 tabs/day) | MSP-PA-QL-SF | 2 |
| SUTENT CAP | MSP-PA-SF | 2 |
| TAFINLAR CAP (QL= 4 caps/day) | LMSP-PA-QL | 2 |
| TAGRISSO TAB (QL= 1 tab/day; Only available through Lumicera Pharmacy 855-847-3553) | LD-PA-QL-SF | 2 |
| TASIGNA CAP | LMSP-PA-SF | 2 |
| TIBSOVO TAB (QL= 2 tabs/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL | 2 |
| TYKERB TAB | LMSP-PA | 2 |
| VERZENIO TAB (QL= 2 tabs/day) | LMSP-PA-QL-SF | 2 |
| VOTRIENT TAB | LMSP-PA-SF | 2 |
| XALKORI CAP (QL= 2 caps/day) | MSP-PA-QL-SF | 2 |
| ZEJULA CAP (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL-SF | 2 |
| ZELBORAF TAB (QL= 8 tabs/day) | MSP-PA-QL | 2 |
| ZOLINZA CAP | LMSP-PA-SF | 2 |
| ZYDELIG TAB (Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-SF | 2 |
| ZYKADIA CAP (QL= 3 caps/day) | LMSP-PA-QL-SF | 2 |
| ZYKADIA TAB (QL= 3 tabs/day) | LMSP-PA-QL-SF | 2 |
| everolimus tab (AFINITOR equiv) (QL= 1 tab/day) | LMSP-PA-QL-SF | 3 |
| AFINITOR TAB 2.5MG, 5MG, 7.5MG | - | NC |
| ALUNBRIG PAK | - | NC |
| AYVAKIT TAB | - | NC |
| BRUKINSA CAP | - | NC |
| COPIKTRA CAP | - | NC |
| INREBIC CAP | - | NC |
| KISQALI TAB | - | NC |
| KOSELUGO CAP | - | NC |
| LORBRENA TAB 100MG | - | NC |
| LORBRENA TAB 25MG | - | NC |
| PEMAZYRE TAB | - | NC |
| PIQRAY TAB | - | NC |
| QINLOCK TAB | - | NC |
| RETEVMO CAP | - | NC |
| ROZLYTREK CAP | - | NC |
| TABRECTA TAB | - | NC |
| TALZENNA CAP 0.25MG | - | NC |
| TALZENNA CAP 1MG | - | NC |
| TARCEVA TAB | - | NC |
| TAZVERIK TAB | - | NC |
| TUKYSA TAB | - | NC |
| TURALIO CAP | - | NC |
| VITRAKVI CAP 100MG | - | NC |
| VITRAKVI CAP 25MG | - | NC |
| VITRAKVI SOLN | - | NC |
| VIZIMPRO TAB | - | NC |

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| XOSPATA TAB | - | NC |
| ANTINEOPLASTICS MISC. | | |
| hydroxyurea cap (HYDREA equiv) | - | 1 |
| ACTIMMUNE INJ (Only available through Walgreens 888-347-3416) | LD-PA | 2 |
| ALFERON-N INJ | LMSP | 2 |
| bexarotene cap (TARGRETIN equiv) | LMSP-PA-SF | 2 |
| INTRON-A INJ | MSP | 2 |
| MATULANE CAP | - | 2 |
| PROLEUKIN INJ | - | NC |
| SYLATRON INJ | - | NC |
| SYNRIBO INJ | - | NC |
| CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS | | |
| leucovorin tab | - | 1 |
| MESNEX TAB | LMSP | 2 |
| MITOTIC INHIBITORS | | |
| ETOPOSIDE CAP | LMSP | 2 |
| ANTIPARKINSON AGENTS | | |
| ANTIPARKINSON ADJUVANTS | | |
| carbidopa tab (LODOSYN equiv) | - | 2 |
| ANTIPARKINSON ANTICHOLINERGICS | | |
| benztropine tab | - | 1 |
| trihexyphenidyl tab (ARTANE equiv) | - | 1 |
| ANTIPARKINSON COMT INHIBITORS | | |
| entacapone tab (COMTAN equiv) | - | 2 |
| tolcapone tab (TASMAR equiv) | - | 3 |
| ANTIPARKINSON DOPAMINERGICS | | |
| amantadine cap (SYMMETREL equiv) | - | 1 |
| amantadine syrup (SYMMETREL equiv) | - | 1 |
| carbidopa/levodopa ER tab (SINEMET CR equiv) | - | 1 |
| carbidopa/levodopa ODT (PARCOPA equiv) | - | 1 |
| carbidopa/levodopa tab (SINEMET equiv) | - | 1 |
| pramipexole tab (MIRAPEX equiv) | - | 1 |
| ropinirole tab (REQUIP equiv) | - | 1 |
| amantadine tab | - | 2 |
| APOKYN INJ (Only available through CVS Specialty 800-237-2767) | LD | 2 |
| bromocriptine cap (PARLODEL equiv) | - | 2 |
| bromocriptine tab (PARLODEL equiv) | - | 2 |
| CARBIDOPA/LEVODOPA/ENTACAPONE TAB (STALEVO equiv) | - | 2 |
| NEUPRO PATCH | - | 3 |
| pramipexole ER tab (MIRAPEX ER equiv) | - | 3 |
| ropinirole ER tab (REQUIP XL equiv) | - | 3 |
| DUOPA ENTERAL SUSP | - | NC |
| GOCOVRI CAP | - | NC |
| MIRAPEX ER TAB | - | NC |
| RYTARY CAP | - | NC |

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| RS | Over-the-Counter | SF | Prior Authorization | QL | Quantity Limit |
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| | Step Therapy | | Vaccine Program | ¢ | RxCENTS |

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|---|--------------|------|
| ANTIPARKINSON AGENTS Cont. | | |
| ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS | | |
| selegiline cap (ELDEPRYL equiv) | - | 1 |
| selegiline tab (ELDEPRYL equiv) | - | 1 |
| rasagiline tab (AZILECT equiv) | ¢ | 2 |
| XADAGO TAB (QL= 1 tab/day) | PA-QL | 3 |
| ZELAPAR ODT | - | NC |
| ANTIPARKINSON AND RELATED THERAPY AGENTS | | |
| ANTIPARKINSON ADJUNCTIVE THERAPY | | |
| NOURIANZ TAB | - | NC |
| ANTIPARKINSON ANTICHOLINERGICS | | |
| trihexyphenidyl elixir (ARTANE equiv) | - | 1 |
| ANTIPARKINSON DOPAMINERGICS | | |
| INBRIJA INH POWDER | - | NC |
| KYNMOBI FILM | - | NC |
| KYNMOBI TITRATION KIT | - | NC |
| OSMOLEX ER TAB | - | NC |
| ANTIPSYCHOTICS/ANTIMANIC AGENTS | | |
| ANTIMANIC AGENTS | | |
| lithium carbonate cap (ESKALITH ER equiv) | - | 1 |
| lithium carbonate ER tab (LITHOBID equiv) | - | 1 |
| lithium carbonate tab | - | 1 |
| LITHIUM CITRATE SOLN | - | 1 |
| ANTIPSYCHOTICS - MISC. | | |
| ziprasidone cap (GEODON equiv) | - | 1 |
| EQUETRO CAP | - | 2 |
| LATUDA TAB (QL= 1 tab/day; Step Therapy requires trial of quetiapine) | QL-ST-¢ | 2 |
| CAPLYTA CAP | - | NC |
| NUPLAZID CAP | - | NC |
| NUPLAZID TAB | - | NC |
| VRAYLAR CAP | - | NC |
| VRAYLAR PACK | - | NC |
| BENZISOXAZOLES | | |
| risperidone soln (RISPERDAL equiv) | - | 1 |
| risperidone tab (RISPERDAL equiv) | - | 1 |
| paliperidone ER tab (INVEGA equiv) | PA | 2 |
| RISPERIDONE ODT | - | 2 |
| risperidone ODT (RISPERDAL M equiv) | - | 2 |
| FANAPT TAB (QL= 2 tabs/day) | PA-QL | 3 |
| FANAPT TITRATION PACK (QL= 1 pack/plan year) | PA-QL | 3 |
| INVEGA INJ | - | NC |
| BUTYROPHENONES | | |
| haloperidol lactate conc (HALDOL equiv) | - | 1 |
| haloperidol tab (HALDOL equiv) | - | 1 |
| DIBENZAPINES | | |
| loxapine cap (LOXITANE equiv) | - | 1 |

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| ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont. | | |
| olanzapine tab (ZYPREXA equiv) | - | 1 |
| quetiapine tab (SEROQUEL equiv) | - | 1 |
| quetiapine XR tab (SEROQUEL XR equiv) | - | 1 |
| CLOZAPINE ODT | - | 2 |
| CLOZAPINE ODT 12.5MG | - | 2 |
| clozapine ODT 25mg, 100mg (CLOZAPINE, FAZACLO equiv) | - | 2 |
| CLOZAPINE ODT, FAZACLO ODT | - | 2 |
| clozapine tab (CLOZARIL equiv) | - | 2 |
| olanzapine ODT (ZYPREXA equiv) | - | 2 |
| SAPHRIS SL TAB (QL= 2 tabs/day) | PA-QL | 3 |
| ADASUVE INHALER | - | NC |
| SECUADO PATCH | - | NC |
| SEROQUEL TAB | - | NC |
| SEROQUEL XR TAB | - | NC |
| VERSACLOZ SUSP | - | NC |
| DIHYDROINDOLONES | | |
| MOLINDONE TAB | - | NC |
| PHENOTHIAZINES | | |
| chlorpromazine tab (THORAZINE equiv) | - | 1 |
| fluphenazine tab (PROLIXIN equiv) | - | 1 |
| perphenazine tab (TRILAFON equiv) | - | 1 |
| prochlorperazine supp (COMPAZINE equiv) | - | 1 |
| prochlorperazine tab (COMPAZINE equiv) | - | 1 |
| thioridazine tab (MELLARIL equiv) | - | 1 |
| trifluoperazine tab (STELAZINE equiv) | - | 1 |
| QUINOLINONE DERIVATIVES | | |
| aripiprazole tab (ABILIFY equiv) | - | 1 |
| ABILIFY DISCMELT (QL= 2 tabs/day) | PA-QL | 3 |
| ABILIFY SOLN | PA | 3 |
| aripiprazole ODT (ABILIFY equiv) (QL= 2 tabs/day) | PA-QL | 3 |
| aripiprazole soln (ABILIFY equiv) | PA | 3 |
| ABILIFY MYCITE TAB | - | NC |
| ABILIFY TAB | - | NC |
| REXULTI TAB | - | NC |
| THIOXANTHENES | | |
| thiothixene cap (NAVANE equiv) | - | 1 |
| ANTISEPTICS & DISINFECTANTS | | |
| ANTISEPTICS & DISINFECTANTS | | |
| HYLAMEND GEL FIRST AID | - | NC |
| CHLORINE ANTISEPTICS | | |
| PHISOHEX LIQUID | - | 3 |
| IODINE ANTISEPTICS | | |
| IODOFLEX PAD | - | NC |
| ANTIVIRALS | | |
| ANTIRETROVIRALS | | |

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| ANTIVIRALS Cont. | | |
| nevirapine tab (VIRAMUNE equiv) | - | 1 |
| abacavir soln (ZIAGEN equiv) | - | 2 |
| abacavir tab (ZIAGEN equiv) | - | 2 |
| abacavir/lamivudine tab (EPZICOM equiv) | - | 2 |
| abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv) | - | 2 |
| APTIVUS CAP | - | 2 |
| APTIVUS SOLN | - | 2 |
| atazanavir cap (REYATAZ equiv) | - | 2 |
| ATRIPLA TAB | - | 2 |
| BIKTARVY TAB | - | 2 |
| CIMDUO TAB | - | 2 |
| COMPLERA TAB | - | 2 |
| CRIXIVAN CAP | - | 2 |
| DESCOVY TAB | PA | 2 |
| didanosine DR cap (VIDEX EC equiv) | - | 2 |
| DIDANOSINE DR CAP, VIDEX EC CAP | - | 2 |
| DOVATO TAB | - | 2 |
| EDURANT TAB | - | 2 |
| efavirenz cap (SUSTIVA equiv) | - | 2 |
| efavirenz tab (SUSTIVA equiv) | - | 2 |
| EMTRIVA CAP | - | 2 |
| EMTRIVA SOLN | - | 2 |
| EVOTAZ TAB | - | 2 |
| fosamprenavir tab (LEXIVA equiv) | - | 2 |
| FUZEON INJ | LMSP | 2 |
| GENVOYA TAB | - | 2 |
| INTELENCE TAB | - | 2 |
| INVIRASE CAP | - | 2 |
| INVIRASE TAB | - | 2 |
| ISENTRESS (HD) TAB | - | 2 |
| ISENTRESS CHEW TAB | - | 2 |
| ISENTRESS POWDER PACK | - | 2 |
| JULUCA TAB | - | 2 |
| KALETRA TAB | - | 2 |
| lamivudine soln (EPIVIR equiv) | - | 2 |
| lamivudine tab (EPIVIR equiv) | - | 2 |
| lamivudine/zidovudine tab (COMBIVIR equiv) | - | 2 |
| LEXIVA SUSP | - | 2 |
| lopinavir/ritonavir soln (KALETRA equiv) | - | 2 |
| NEVIRAPINE ER TAB (Step Therapy requires trial of nevirapine) | ST | 2 |
| nevirapine ER tab (VIRAMUNE XR equiv) (Step Therapy requires trial of nevirapine) | ST | 2 |
| nevirapine susp (VIRAMUNE equiv) | - | 2 |
| NORVIR CAP | - | 2 |
| NORVIR POWDER PACK | - | 2 |
| NORVIR SOLN | - | 2 |
| ODEFSEY TAB | - | 2 |
| PREZCOBIX TAB | - | 2 |

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| ANTIVIRALS Cont. | | |
| PREZISTA SUSP | - | 2 |
| PREZISTA TAB | - | 2 |
| RESCRIPTOR TAB | - | 2 |
| REYATAZ POWDER PACK | - | 2 |
| ritonavir tab (NORVIR equiv) | - | 2 |
| SELZENTRY SOLN | - | 2 |
| SELZENTRY TAB | - | 2 |
| stavudine cap (ZERIT equiv) | - | 2 |
| stavudine soln (ZERIT equiv) | - | 2 |
| STRIBILD TAB | - | 2 |
| SYMFI (LO) TAB | - | 2 |
| SYMTOZA TAB | - | 2 |
| tenofovir disoproxil fumarate tab (VIREAD equiv) | - | 2 |
| TIVICAY TAB (QL= 2 tabs/day) | QL | 2 |
| TRIUMEQ TAB | - | 2 |
| TRUVADA TAB | PA | 2 |
| VIDEX SOLN | - | 2 |
| VIRACEPT POWDER | - | 2 |
| VIRACEPT TAB | - | 2 |
| VIREAD TAB | - | 2 |
| VITEKTA TAB | - | 2 |
| zidovudine cap (RETROVIR equiv) | - | 2 |
| zidovudine syrup (RETROVIR equiv) | - | 2 |
| zidovudine tab (RETROVIR equiv) | - | 2 |
| SUSTIVA TAB | - | 3 |
| ZERIT SOLN | - | 3 |
| DELSTRIGO TAB | - | NC |
| PIFELTRO TAB | - | NC |
| RUKOBIA ER TAB | - | NC |
| TIVICAY PD TAB | - | NC |
| TYBOST TAB | - | NC |
| CMV AGENTS | | |
| GANCICLOVIR CAP | - | 2 |
| valganciclovir soln (VALCYTE equiv) | - | 2 |
| valganciclovir tab (VALCYTE equiv) | - | 2 |
| PREVYMIS TAB | - | NC |
| HEPATITIS AGENTS | | |
| ribavirin cap (REBETOL equiv) | LMSP | 1 |
| ribavirin tab (COPEGUS equiv) | LMSP | 1 |
| entecavir tab (BARACLUDE equiv) (QL= 1 tab/day) | QL | 2 |
| EPIVIR HBV SOLN | - | 2 |
| lamivudine tab 100mg (EPIVIR HBV equiv) | - | 2 |
| LEDIPASVIR/SOFOSBUVIR TAB (QL= 1 tab/ day) | LMSP-PA-QL | 2 |
| MAVYRET TAB (QL= 3 tabs/day) | LMSP-PA-QL | 2 |
| PEGASYS INJ | LMSP-PA | 2 |
| PEG-INTRON INJ | LMSP | 2 |

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| ANTIVIRALS Cont. | | |
| REBETOL SOLN | LMSP | 2 |
| SOFOSBUVIR/VELPATASVIR TAB (QL= 1 tab/ day) | LMSP-PA-QL | 2 |
| VEMLIDY TAB | - | 2 |
| VOSEVI TAB (QL= 1 tab/day) | LMSP-PA-QL | 2 |
| adefovir dipivoxil tab (HEPSERA equiv) | - | 3 |
| BARACLUDE SOLN | - | NC |
| DAKLINZA TAB | - | NC |
| EPCLUSA TAB | - | NC |
| HARVONI PELLET PAK | - | NC |
| HARVONI TAB | - | NC |
| INCIVEK TAB | - | NC |
| MODERIBA TAB | - | NC |
| OLYSIO CAP | - | NC |
| RIBAPAK TAB | - | NC |
| RIBAVIRIN TAB 400MG | - | NC |
| SOVALDI PELLET PAK | - | NC |
| SOVALDI TAB | - | NC |
| TECHNIVIE TAB | - | NC |
| TYZEKA TAB | - | NC |
| VICTRELIS CAP | - | NC |
| VIEKIRA XR TAB | - | NC |
| ZEPATIER TAB | - | NC |
| HERPES AGENTS | | |
| acyclovir cap (ZOVIRAX equiv) | - | 1 |
| acyclovir susp (ZOVIRAX equiv) | - | 1 |
| acyclovir tab (ZOVIRAX equiv) | - | 1 |
| valacyclovir tab (VALTREX equiv) | - | 1 |
| famciclovir tab (FAMVIR equiv) | - | 3 |
| SITAVIG TAB | - | NC |
| INFLUENZA AGENTS | | |
| oseltamivir cap (TAMIFLU equiv) (QL= 10 caps/fill) | QL | 1 |
| oseltamivir cap 30mg (TAMIFLU equiv) (QL= 20 caps/fill) | QL | 1 |
| RIMANTADINE TAB | - | 1 |
| oseltamivir susp (TAMIFLU equiv) (QL= 250ml/fill) | QL | 2 |
| RELENZA DISKHALER (QL= 1 inhaler/fill) | QL | 2 |
| XOFLUZA TAB | - | NC |
| RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS | | |
| ribavirin inh soln (VIRAZOLE equiv) | - | NC |
| ASSORTED CLASSES | | |
| CHELATING AGENTS | | |
| D-PENAMINE TAB | - | 2 |
| IMMUNOMODULATORS | | |
| REVLIMID CAP (QL= 1 cap/day; Restricted to Oncology or Hematology Specialist) | MSP-QL-RS | 2 |
| THALOMID CAP | MSP-PA | 2 |
| IMMUNOSUPPRESSIVE AGENTS | | |

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| ASSORTED CLASSES Cont. | | |
| azathioprine tab (IMURAN equiv) | - | 1 |
| mycophenolate mofetil cap (CELLCEPT equiv) | - | 1 |
| mycophenolate mofetil tab (CELLCEPT equiv) | - | 1 |
| tacrolimus cap (PROGRAF equiv) | - | 1 |
| cyclosporine cap (SANDIMMUNE equiv) | - | 2 |
| cyclosporine modified cap (NEORAL equiv) | - | 2 |
| cyclosporine modified soln (NEORAL equiv) | - | 2 |
| mycophenolate DR tab (MYFORTIC equiv) | - | 2 |
| mycophenolate mofetil susp (CELLCEPT SUSP equiv) | - | 2 |
| SANDIMMUNE SOLN 100MG/ML | - | 2 |
| sirolimus tab (RAPAMUNE equiv) | - | 2 |
| ZORTRESS TAB 1MG | PA | 2 |
| AZASAN TAB | - | NC |
| ENVARUSUS XR TAB | - | NC |
| POTASSIUM REMOVING RESINS | | |
| sodium polystyrene susp (SPS equiv) | - | 1 |
| sodium polystyrene powder (KAYEXALATE equiv) | - | 2 |
| BETA BLOCKERS | | |
| ALPHA-BETA BLOCKERS | | |
| carvedilol tab (COREG equiv) | - | 1 |
| labetalol tab (NORMODYNE equiv) | - | 1 |
| carvedilol phosphate ER cap (COREG CR equiv) | - | NC |
| COREG CR CAP | - | NC |
| BETA BLOCKERS CARDIO-SELECTIVE | | |
| acebutolol cap (SECTRAL equiv) | - | 1 |
| atenolol tab (TENORMIN equiv) | - | 1 |
| betaxolol tab (KERLONE equiv) | - | 1 |
| bisoprolol tab (ZEBETA equiv) | - | 1 |
| metoprolol ER tab (TOPROL XL equiv) | - | 1 |
| metoprolol tab (LOPRESSOR equiv) | - | 1 |
| BYSTOLIC TAB | ¢ | 2 |
| FIRST ATENOLOL SOLN | - | NC |
| FIRST METOPROLOL ORAL SOLN | - | NC |
| KAPSPARGO CAP | - | NC |
| metoprolol tab 37.5mg, 75mg (LOPRESSOR equiv) | - | NC |
| BETA BLOCKERS NON-SELECTIVE | | |
| pindolol tab (VISKEN equiv) | - | 1 |
| propranolol ER cap (INDERAL LA equiv) | - | 1 |
| PROPRANOLOL SOLN | - | 1 |
| propranolol tab (INDERAL equiv) | - | 1 |
| sotalol AF tab (BETAPACE AF equiv) | - | 1 |
| sotalol tab (BETAPACE equiv) | - | 1 |
| nadolol tab (CORGARD equiv) | - | 2 |
| timolol maleate tab (BLOCADREN equiv) | - | 2 |
| LEVATOL TAB | - | 3 |
| HEMANGEOL SOLN | - | NC |

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| BETA BLOCKERS Cont. | | |
| INDERAL XL CAP, INNOPRAN XL CAP | - | NC |
| SOTYLIZE SOLN | - | NC |
| BIOLOGICALS MISC | | |
| ALLERGENIC EXTRACTS | | |
| GRASTEK SL TAB | - | NC |
| ORALAIR SL TAB | - | NC |
| RAGWITEK SL TAB | - | NC |
| CALCIUM CHANNEL BLOCKERS | | |
| CALCIUM CHANNEL BLOCKER COMBINATIONS | | |
| CONSENSI TAB | - | NC |
| CALCIUM CHANNEL BLOCKERS | | |
| amlodipine tab (NORVASC equiv) | - | 1 |
| DILTIAZEM CAP | - | 1 |
| diltiazem ER cap (CARDIZEM CD equiv) | - | 1 |
| diltiazem ER cap (CARDIZEM SR equiv) | - | 1 |
| diltiazem ER cap (DILACOR XR equiv) | - | 1 |
| diltiazem ER cap (TIAZAC equiv) | - | 1 |
| diltiazem tab (CARDIZEM equiv) | - | 1 |
| felodipine ER tab (PLENDIL equiv) | - | 1 |
| isradipine cap (DYNACIRC equiv) | - | 1 |
| nifedipine cap (PROCARDIA equiv) | - | 1 |
| nifedipine ER tab (ADALAT CC equiv) | - | 1 |
| VERAPAMIL CAP 100MG | - | 1 |
| VERAPAMIL ER CAP 200MG | - | 1 |
| VERAPAMIL ER CAP 300MG | - | 1 |
| verapamil SR cap (VERELAN equiv) | - | 1 |
| VERAPAMIL SR CAP 360mg | - | 1 |
| verapamil SR tab (CALAN SR, ISOPTIN SR equiv) | - | 1 |
| verapamil tab (CALAN equiv) | - | 1 |
| diltiazem ER tab (CARDIZEM LA equiv) | - | 2 |
| CARDENE SR CAP | - | 3 |
| COVERA-HS TAB | - | 3 |
| DYNACIRC CR TAB | - | 3 |
| nicardipine cap (CARDENE equiv) | - | 3 |
| nimodipine cap (NIMOTOP equiv) | - | 3 |
| nisoldipine ER tab (SULAR equiv) | - | 3 |
| NISOLDIPINE ER TAB 20MG, 30MG, 40MG | - | 3 |
| VERELAN PM ER CAP 100MG, 300MG | - | 3 |
| VERELAN SR CAP 360mg | - | 3 |
| KATERZIA SUSP | - | NC |
| NYMALIZE SOLN | - | NC |
| CARDIOTONICS | | |
| CARDIAC GLYCOSIDES | | |
| digoxin tab (LANOXIN equiv) | - | 1 |
| DIGOXIN SOLN | - | 2 |

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| | | | | | |
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| LD | Affordable Care Act | LMSP | Plan Exclusion | INF | Infertility |
| OTC | Limited Distribution | PA | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program |
| RS | Over-the-Counter | SF | Prior Authorization | QL | Quantity Limit |
| ST | Restricted to Specialist | VAC | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| | Step Therapy | | Vaccine Program | ¢ | RxCENTS |

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**Texas Association of Counties Pooled Formulary
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Last Updated* 8/1/2020

| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| CARDIOTONICS Cont. | | |
| digoxin soln (LANOXIN equiv) | - | 2 |
| LANOXIN INJ | - | NC |
| LANOXIN TAB 0.0625MG, 0.1875MG | - | NC |
| CARDIOVASCULAR AGENTS - MISC. | | |
| CARDIOVASCULAR AGENTS MISC. - COMBINATIONS | | |
| amlodipine/atorvastatin tab (CADUET equiv) | - | 2 |
| ENTRESTO TAB (QL= 2 tabs/day) | QL | 2 |
| PERIPHERAL VASODILATORS | | |
| isoxsuprine tab | - | 3 |
| PROSTAGLANDIN VASODILATORS | | |
| TYVASO INH SOLN (QL= 1 ampule/day; Only available through Accredo 888-773-7376) | LD-PA-QL | 2 |
| VENTAVIS INH SOLN (QL= 9 ampules/day; Only available through Accredo 888-773-7376) | LD-PA-QL | 2 |
| ORENITRAM TAB | - | NC |
| REMODULIN INJ 10MG/ML | - | NC |
| REMODULIN INJ 1MG/ML | - | NC |
| REMODULIN INJ 2.5MG/ML | - | NC |
| REMODULIN INJ 5MG/ML | - | NC |
| treprostinil inj 10mg/ml (REMODULIN equiv) | - | NC |
| treprostinil inj 1mg/ml (REMODULIN equiv) | - | NC |
| treprostinil inj 2.5mg/ml (REMODULIN equiv) | - | NC |
| treprostinil inj 5mg/ml (REMODULIN equiv) | - | NC |
| PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS | | |
| OPSUMIT TAB (QL= 1 tab/day; Only available through CVS Specialty 800-237-2767) | LD-PA-QL | 2 |
| TRACLEER TAB 32MG (QL=4 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | 2 |
| ambrisentan tab (LETAIRIS equiv) (QL= 1 tab/day; Restricted to Cardiology or Pulmonology Specialist; Only available through Walgreens 888-347-3416) | LD-QL-RS | 3 |
| bosentan tab (TRACLEER equiv) (QL= 2 tabs/day; Restricted to Cardiology or Pulmonology Specialist; Only available through Walgreens 888-347-3416) | LD-QL-RS | 3 |
| PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS | | |
| sildenafil tab 20mg (REVATIO equiv) | PA | 1 |
| tadalafil tab (PAH) (ADCIRCA equiv) | LMSP-PA | 2 |
| REVATIO SUSP | - | NC |
| sildenafil susp (REVATIO equiv) | - | NC |
| PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST | | |
| UPTRAVI TAB (QL= 2 tabs/day; Only available through Accredo 888-773-7376) | LD-PA-QL | 2 |
| PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR | | |
| ADEMPAS TAB (QL= 3 tabs/day; Only available through Accredo 888-773-7376) | LD-PA-QL | 2 |
| SINUS NODE INHIBITORS | | |
| CORLANOR SOLN | PA | 3 |
| CORLANOR TAB | PA | 3 |
| TRANSTHYRETIN STABILIZERS | | |
| VYNDAMAX CAP | - | NC |
| VYNDAQEL CAP | - | NC |

CEPHALOSPORINS

CEPHALOSPORINS - 1ST GENERATION

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| RS | Over-the-Counter | SF | Prior Authorization | QL | Quantity Limit |
| ST | Restricted to Specialist | VAC | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| | Step Therapy | | Vaccine Program | ¢ | RxCENTS |

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| CEPHALOSPORINS Cont. | | |
| cefadroxil cap (DURICEF equiv) | - | 1 |
| cefadroxil susp (DURICEF equiv) | - | 1 |
| cefadroxil tab (DURICEF equiv) | - | 1 |
| cephalexin cap (KEFLEX equiv) | - | 1 |
| cephalexin susp (KEFLEX equiv) | - | 1 |
| cephalexin cap 750mg (KEFLEX equiv) | - | NC |
| CEPHALEXIN TAB | - | NC |
| DAXBIA CAP | - | NC |
| KEFLEX CAP 750MG | - | NC |
| CEPHALOSPORINS - 2ND GENERATION | | |
| cefprozil susp (CEFZIL equiv) | - | 1 |
| cefprozil tab (CEFZIL equiv) | - | 1 |
| cefuroxime susp (CEFTIN equiv) | - | 1 |
| cefuroxime tab (CEFTIN equiv) | - | 1 |
| cefaclor cap (CECLOR equiv) | - | 3 |
| CEFACTOR ER TAB | - | 3 |
| CEFACTOR SUSP | - | 3 |
| CEPHALOSPORINS - 3RD GENERATION | | |
| cefdinir cap (OMNICEF equiv) | - | 1 |
| cefdinir susp (OMNICEF equiv) | - | 1 |
| CEDAX CAP | - | 3 |
| CEDAX SUSP | - | 3 |
| CEFDITOREN TAB | - | 3 |
| cefixime cap (SUPRAX equiv) | - | 3 |
| cefixime susp (SUPRAX equiv) | - | 3 |
| cefpodoxime proxetil susp (VANTIN equiv) | - | 3 |
| cefpodoxime proxetil tab (VANTIN equiv) | - | 3 |
| SPECTRACEF TAB | - | 3 |
| SUPRAX CAP | - | 3 |
| SUPRAX CHEW TAB | - | 3 |
| SUPRAX SUSP 500MG/5ML | - | 3 |
| SUPRAX TAB | - | 3 |

CONTRACEPTIVES

COMBINATION CONTRACEPTIVES - ORAL

| | | |
|---|-----|---|
| gianvi tab, ocella tab (YASMIN, YAZ equiv) | ACA | 1 |
| amethyst tab (LYBREL equiv) | ACA | 2 |
| ashlyna tab, daysee tab (SEASONALE, SEASONIQUE equiv) | ACA | 2 |
| cryselle tab | ACA | 2 |
| enpresse tab (TRI-LEVELLEN equiv) | ACA | 2 |
| isibloom tab, enskyce tab, apri tab (DESOGEN equiv) | ACA | 2 |
| junel FE tab (LOESTRIN FE equiv) | ACA | 2 |
| junel tab (LOESTRIN equiv) | ACA | 2 |
| kelnor tab (DEMULEN equiv) | ACA | 2 |
| layolis FE tab, wymzya FE tab (FEMCON FE equiv) | ACA | 2 |
| NECON TAB | ACA | 2 |
| nortrel 7/7/7 tab, pirmella 7/7/7 tab (TRI-NORINYL equiv) | ACA | 2 |

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| CONTRACEPTIVES Cont. | | |
| nortrel tab (OVCON 35 equiv) | ACA | 2 |
| sprintec 28 tab (ORTHO-CYCLEN equiv) | ACA | 2 |
| tri-legest tab (ESTROSTEP FE equiv) | ACA | 2 |
| tri-sprintec tab (ORTHO TRI-CYCLEN (LO) equiv) | ACA | 2 |
| velivet tab (CYCLESSA equiv) | ACA | 2 |
| vienva tab, lessina tab, kurvelo tab (ALESSE equiv) | ACA | 2 |
| viorele tab, kariva tab (MIRCETTE equiv) | ACA | 2 |
| LO LOESTRIN TAB | - | 3 |
| LOESTRIN 24 FE TAB | - | 3 |
| mibelas chew tab (MINASTRIN equiv) | - | 3 |
| NATAZIA TAB | - | 3 |
| BALCOLTRA TAB | - | NC |
| BEYAZ TAB | - | NC |
| drosiprenone/ethinyl estradiol/levomefolate tab (BEYAZ equiv) | - | NC |
| drosiprenone/ethinyl estradiol/levomefolate tab (SAFYRAL equiv) | - | NC |
| FALESSA KIT | - | NC |
| TAYTULLA CAP | - | NC |
| YAZ TAB | - | NC |
| COMBINATION CONTRACEPTIVES - TRANSDERMAL | | |
| XULANE PATCH | ACA | 2 |
| TWIRLA PATCH | - | NC |
| COMBINATION CONTRACEPTIVES - VAGINAL | | |
| NUVARING | ACA | 2 |
| ANNOVERA RING | - | NC |
| eluryng vaginal ring (NUVARING equiv) | - | NC |
| COPPER CONTRACEPTIVES - IUD | | |
| PARAGARD IUD | ACA | 2 |
| EMERGENCY CONTRACEPTIVES | | |
| ELLA TAB | ACA | 2 |
| levonorgestrel tab (PLAN B equiv) | ACA-OTC | 2 |
| LEVONORGESTREL TAB 0.75MG | ACA | 2 |
| PLAN B TAB | ACA-OTC | 3 |
| PROGESTIN CONTRACEPTIVES - IMPLANTS | | |
| IMPLANON IMPLANT, NEXPLANON IMPLANT | ACA | 2 |
| PROGESTIN CONTRACEPTIVES - INJECTABLE | | |
| DEPO-PROVERA SC INJ 104MG (QL= 1 inj/90 days) | ACA-QL | 2 |
| medroxyprogesterone inj (DEPO-PROVERA equiv) | ACA-QL | 2 |
| medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/90 days) | ACA-QL | 2 |
| DEPO-PROVERA INJ | - | NC |
| PROGESTIN CONTRACEPTIVES - IUD | | |
| MIRENA IUD | ACA | 2 |
| PROGESTIN CONTRACEPTIVES - ORAL | | |
| norethindrone tab (NORA-QD equiv) | ACA | 2 |
| SLYND TAB | - | NC |

CORTICOSTEROIDS

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|---|--------------|------|
| CORTICOSTEROIDS Cont. | | |
| GLUCOCORTICOSTEROIDS | | |
| DEXAMETHASONE CONC | - | 1 |
| dexamethasone elixir | - | 1 |
| DEXAMETHASONE SOLN | - | 1 |
| dexamethasone tab (DECADRON equiv) | - | 1 |
| hydrocortisone tab (CORTEF equiv) | - | 1 |
| methylprednisolone dose pack (MEDROL equiv) | - | 1 |
| methylprednisolone tab (MEDROL equiv) | - | 1 |
| prednisolone soln (PEDIAPRED equiv) | - | 1 |
| PREDNISOLONE SYRUP | - | 1 |
| prednisolone syrup (PRELONE equiv) | - | 1 |
| PREDNISON SOLN | - | 1 |
| prednisone tab (DELTASONE equiv) | - | 1 |
| budesonide SR cap (ENTOCORT EC equiv) | - | 2 |
| CORTISONE ACETATE TAB | - | 2 |
| prednisolone ODT (ORAPRED equiv) | - | 2 |
| budesonide ER tab (UCERIS equiv) (QL=1 tab/day) | PA-QL | 3 |
| MILLIPRED TAB | - | 3 |
| PREDNISOLONE SOLN | - | 3 |
| dexamethasone pak (DEXPAK equiv) | - | NC |
| DEXPAK TAB | - | NC |
| DXEVO 11-DAY PAK | - | NC |
| EMFLAZA SUSP | - | NC |
| EMFLAZA TAB | - | NC |
| FLO-PRED SUSP | - | NC |
| LIDOLOG KIT | - | NC |
| MILLIPRED DP PAK | - | NC |
| ORTIKOS ER CAP | - | NC |
| prednisone pack | - | NC |
| PREDNISON/DIPHENHYDRAMINE KIT | - | NC |
| RAYOS TAB | - | NC |
| MINERALOCORTICIDS | | |
| fludrocortisone tab (FLORINEF equiv) | - | 1 |

COUGH/COLD/ALLERGY

| | | |
|--|--------|----|
| ANTITUSSIVES | | |
| benzonatate cap (TESSALON equiv) | - | 1 |
| hydrocodone/homatropine syrup (HYCODAN equiv) | - | 1 |
| benzonatate cap 150mg (ZONATUSS equiv) | - | NC |
| ZONATUSS CAP 150MG | - | NC |
| COUGH/COLD/ALLERGY COMBINATIONS | | |
| cetirizine/pseudoephedrine 12-hour tab (ZYRTEC equiv) | OTC | 1 |
| fexofenadine/pseudoephedrine 24-hour tab (ALLEGRA-D equiv) | OTC | 1 |
| GUAIFENESIN/CODEINE SYRUP (QL= 240ml/fill) | OTC-QL | 1 |
| guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) (QL= 240ml/fill) | OTC-QL | 1 |
| loratadine/pseudoephedrine 12-hour tab (CLARITIN-D equiv) | OTC | 1 |
| promethazine DM syrup | - | 1 |

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| COUGH/COLD/ALLERGY Cont. | | |
| PROMETHAZINE VC SYRUP | - | 1 |
| promethazine VC syrup (PHENERGAN VC equiv) | - | 1 |
| PROMETHAZINE VC/CODEINE SYRUP | - | 1 |
| promethazine VC/codeine syrup (PHENERGAN VC/CODEINE equiv) | - | 1 |
| promethazine/codeine syrup (PHENERGAN/CODEINE equiv) | - | 1 |
| hydrocodone/chlorpheniramine CR susp (TUSSIONEX equiv) (QL= 120ml/fill; 2 fills/30 days) | QL | 3 |
| NEOTUSS PLUS LIQUID | - | 3 |
| TUSSI-ORGANI SYRUP (QL= 240ml/fill) | QL | 3 |
| ALLEGRA-D 12-HOUR TAB | OTC | NC |
| ALLEGRA-D 24-HOUR TAB | OTC | NC |
| ALLEGRA-D TAB | OTC | NC |
| BROVEX PEB LIQUID | OTC | NC |
| CLARINEX-D TAB | - | NC |
| CLARITIN-D TAB | OTC | NC |
| DECON-A ELIXIR | - | NC |
| DURAVENT PE TAB | - | NC |
| HDC DM SYRUP | - | NC |
| HYCOFENIX SOLN | - | NC |
| lohist liquid (DECON-A equiv) | OTC | NC |
| loratadine/pseudoephedrine 24-hour tab (CLARATIN equiv) | OTC | NC |
| MUCINEX LIQUID | - | NC |
| POLY-TUSSIN DM SYRUP | - | NC |
| SEMPREX-D CAP | - | NC |
| TRIAMINIC SYRUP | OTC | NC |
| TUSSICAPS | - | NC |
| TUSSIONEX SUSP | - | NC |
| TUSSI-PRES LIQUID | - | NC |
| TUSSLIN LIQUID | OTC | NC |
| TUXARIN ER TAB | - | NC |
| TUZISTRA XR SUSP | - | NC |
| ZUTRIPRO LIQUID | - | NC |
| ZYRTEC-D TAB | OTC | NC |
| EXPECTORANTS | | |
| SSKI SOLN | - | 2 |
| GUAIFENESEN SYRUP | - | NC |
| guaifenesin tab (ALLFEN JR equiv) | - | NC |
| MUCINEX TAB | - | NC |
| MISC. RESPIRATORY INHALANTS | | |
| sodium chloride neb soln (HYPER-SAL equiv) | - | 1 |
| NEBUSAL NEB SOLN | - | 2 |
| MUCOLYTICS | | |
| acetylcysteine soln (MUCOMYST equiv) | - | 1 |

DERMATOLOGICALS

ACNE PRODUCTS

| | | |
|---------------------------------------|---|---|
| clindamycin gel (CLEOCIN GEL equiv) | - | 1 |
| clindamycin lotion (CLEOCIN- T equiv) | - | 1 |

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| DERMATOLOGICALS Cont. | | |
| clindamycin pad (CLEOCIN-T equiv) | - | 1 |
| clindamycin topical soln (CLEOCIN-T equiv) | - | 1 |
| ERY PAD | - | 1 |
| erythromycin gel | - | 1 |
| erythromycin pad | - | 1 |
| erythromycin soln | - | 1 |
| adapalene cream (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization) | PA | 2 |
| adapalene/benzoyl peroxide gel 0.1-2.5% (EPIDUO equiv) (Acne Only – members age 35 or older require Prior Authorization) | PA | 2 |
| amnesteam cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap (AC CUTANE equiv) | - | 2 |
| AVAR GEL | - | 2 |
| clindamycin/benzoyl peroxide gel (BENZA CLIN equiv) | - | 2 |
| clindamycin/benzoyl peroxide gel (DUAC GEL equiv) | - | 2 |
| EPIDUO FORTE GEL (Acne Only – members age 35 or older require Prior Authorization) | PA | 2 |
| erythromycin/benzoyl peroxide gel (BENZAMYCIN equiv) | - | 2 |
| PRASCION RA CREAM | - | 2 |
| sodium sulfacetamide lotion (KLARON equiv) | - | 2 |
| sodium sulfacetamide/sulfur cream (PLEXION SCT equiv) | - | 2 |
| sodium sulfacetamide/sulfur emulsion (ROSAC WASH equiv) | - | 2 |
| sodium sulfacetamide/sulfur emulsion (ROSULA equiv) | - | 2 |
| sodium sulfacetamide/sulfur gel (ROSULA equiv) | - | 2 |
| sodium sulfacetamide/sulfur susp (SUMAXIN equiv) | - | 2 |
| sodium sulfacetamide/sulfur wash (SUMAXIN equiv) | - | 2 |
| tretinoin cream (Acne Only – members age 35 or older require Prior Authorization) | PA | 2 |
| tretinoin gel (Acne Only – members age 35 or older require Prior Authorization) | PA | 2 |
| tretinoin gel (RETIN-A GEL equiv) (Acne Only – members age 35 or older require Prior Authorization) | PA | 2 |
| EPIDUO GEL 0.1-2.5% | PA | 3 |
| sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv) | - | 3 |
| DIFFERIN OTC GEL 0.1% | OTC | EXC |
| ABSORICA CAP | - | NC |
| ABSORICA LD CAP | - | NC |
| ACZONE GEL, DAPSONE GEL 7.5% | - | NC |
| adapalene gel (DIFFERIN equiv) | - | NC |
| ADAPALENE LOTION (DIFFERIN equiv) | - | NC |
| AKLIEF CREAM | - | NC |
| ALTRENO LOTION | - | NC |
| AMZEEQ FOAM | - | NC |
| ARAZLO LOTION | - | NC |
| AVAR AEROSOL FOAM | - | NC |
| AVAR PAD | - | NC |
| AZELEX CREAM | - | NC |
| BENZAC WASH | - | NC |
| BENZOYL PEROXIDE CREAM | OTC | NC |
| BENZOYL PEROXIDE/HYDROCORTISONE LOTION | - | NC |
| benzoyl peroxide/hydrocortisone lotion (VANOXIDE-HC equiv) | - | NC |
| CLINDACIN KIT | - | NC |
| CLINDAGEL | - | NC |

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| clindamycin foam (EVOCLIN equiv) | - | NC |
| clindamycin/tretinoin gel (ZIANA equiv) | - | NC |
| dapsone gel (ACZONE equiv) | - | NC |
| DIFFERIN GEL | - | NC |
| EVOCLIN FOAM | - | NC |
| FABIOR AEROSOL FOAM | - | NC |
| NUCARACLINPA KIT | - | NC |
| NUCARARXPAK KIT | - | NC |
| ONEXTON GEL | - | NC |
| RETIN-A MICRO GEL 0.04%, 0.1% | - | NC |
| RETIN-A MICRO GEL 0.08%, 0.06% | - | NC |
| ROSULA WASH | - | NC |
| SODIUM SULFACETAMIDE/SULFUR LOTION | - | NC |
| sodium sulfacetamide/sulfur lotion (SULFACET R equiv) | - | NC |
| sodium sulfacetamide/sulfur pad (PLEXION CLEANSING CLOTH equiv) | - | NC |
| SODIUM SULFACETAMIDE/SULFUR SUSP | - | NC |
| sodium sulfacetamide/sunscreen kit (SUMADEN XLT equiv) | - | NC |
| SUMADAN KIT | - | NC |
| SUMADEN XLT KIT | - | NC |
| TRETIN-X CREAM | - | NC |
| VELTIN GEL | - | NC |
| ZIANA GEL | - | NC |

AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS

| | | |
|--------------|---|----|
| VEREGEN OINT | - | NC |
|--------------|---|----|

AGENTS FOR WRINKLES/LIPOATROPHY/OTHER AESTHETIC USES

| | | |
|--------------|---|-----|
| RENOVA CREAM | - | EXC |
| KYBELLA INJ | - | NC |

ANALGESICS - TOPICAL

| | | |
|-----------------------------|---|----|
| BACLOFEN CREAM COMPOUND KIT | - | NC |
| TRAMADOL COMPOUND KIT | - | NC |

ANTIBIOTICS - TOPICAL

| | | |
|---------------------------------------|---|----|
| gentamicin sulfate cream | - | 1 |
| gentamicin sulfate oint | - | 1 |
| mupirocin oint (BACTROBAN OINT equiv) | - | 1 |
| ALTABAX OINT | - | 3 |
| CENTANY OINT | - | 3 |
| CORTISPORIN CREAM | - | 3 |
| CORTISPORIN OINT | - | 3 |
| BACTROBAN CREAM | - | NC |
| mupirocin cream (BACTROBAN equiv) | - | NC |
| NEO-SYNALAR CREAM | - | NC |
| XEPI CREAM | - | NC |

ANTIFUNGALS - TOPICAL

| | | |
|---------------------------------------|---|---|
| ciclopirox cream (LOPROX CREAM equiv) | - | 1 |
| ciclopirox gel (LOPROX GEL equiv) | - | 1 |
| ciclopirox nail soln (PENLAC equiv) | - | 1 |

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| | | | | | |
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| LD | Affordable Care Act | LMSP | Plan Exclusion | MSP | Infertility |
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| RS | Over-the-Counter | SF | Prior Authorization | SMKG | Quantity Limit |
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| DERMATOLOGICALS Cont. | | |
| ciclopirox topical susp (LOPROX SUSP equiv) | - | 1 |
| clotrimazole/betamethasone cream (LORTRISONE CREAM equiv) | - | 1 |
| econazole cream (SPECTAZOLE equiv) | - | 1 |
| ketoconazole cream (NIZORAL CREAM equiv) | - | 1 |
| ketoconazole shampoo (NIZORAL SHAMPOO equiv) | - | 1 |
| nystatin cream (MYCOSTATIN CREAM equiv) | - | 1 |
| nystatin oint | - | 1 |
| nystatin topical powder | - | 1 |
| ciclopirox shampoo (LOPROX SHAMPOO equiv) | - | 2 |
| clotrimazole/betamethasone lotion (LOTRISONE LOTION equiv) | - | 2 |
| EXELDERM CREAM, SULCONAZOLE CREAM | - | 3 |
| EXELDERM SOLN | - | 3 |
| iodoquinol/hydrocortisone cream 1% (VYTONE equiv) | - | 3 |
| MENTAX CREAM | - | 3 |
| NAFTIFINE CREAM | - | 3 |
| naftifine cream (NAFTIN equiv) | - | 3 |
| naftifine gel (NAFTIN equiv) | - | 3 |
| NAFTIN GEL | - | 3 |
| oxiconazole nitrate cream (OXISTAT equiv) | - | 3 |
| OXISTAT LOTION | - | 3 |
| ALCORTIN A GEL (iodoquinol/hydrocortisone/aloe polysaccharide gel equiv) | - | NC |
| ALOQUIN GEL | - | NC |
| CICLODAN KIT | - | NC |
| clotrimazole cream (LOTRIMIN AF CREAM equiv) | - | NC |
| ECONASIL KIT | - | NC |
| ECOZA FOAM | - | NC |
| ERTACZO CREAM | - | NC |
| EXELDERM SOLN | - | NC |
| iodoquinol/hydrocortisone cream 1.9-1% (VYTONE equiv) | - | NC |
| iodoquinol/hydrocortisone/aloe polysaccharide gel (ALCORTIN A equiv) | - | NC |
| JUBLIA SOLN | - | NC |
| KERYDIN SOLN | - | NC |
| LOTRIMIN AF CREAM | - | NC |
| LULICONAZOLE CREAM, LUZU CREAM | - | NC |
| NAFTIN GEL 2% | - | NC |
| nizoral a-d shampoo (NIZORAL equiv) | OTC | NC |
| nystatin/triamcinolone cream | - | NC |
| nystatin/triamcinolone oint | - | NC |
| ONYCHO-MED KIT | - | NC |
| PEDIZOLPAK THERAPY PACK | - | NC |
| PENLAC SOLN | - | NC |
| VYTONE CREAM 1.9-1% | - | NC |
| XOLEGEL | - | NC |
| ZOLPAK KIT | - | NC |

ANTI-INFLAMMATORY AGENTS - TOPICAL

| | | |
|--|----|---|
| diclofenac gel 1% (VOLTAREN equiv) (QL= 5 tubes/fill) | QL | 2 |
| diclofenac soln 1.5% (PENNSAID equiv) (QL= 3 bottles/fill) | QL | 2 |

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| DICLOFENAC PATCH, FLECTOR PATCH | - | NC |
| DST PLUS PAK KIT | - | NC |
| GABAPENTIN/NAPROXEN CREAM COMPOUND KIT | - | NC |
| LICART PATCH | - | NC |
| NAPROXEN CREAM COMPOUND KIT | - | NC |
| PENNSAID SOLN | - | NC |
| REXAPHENAC CREAM | - | NC |
| VOPAC 5 CREAM | - | NC |
| VOPAC CREAM | - | NC |
| VOPAC GB CREAM | - | NC |
| ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL | | |
| fluorouracil cream (EFUDEX CREAM equiv) | - | 1 |
| FLUOROPLEX CREAM | - | 2 |
| FLUOROURACIL SOLN | - | 2 |
| TARGRETIN GEL | LMSP-PA | 2 |
| VALCHLOR GEL (QL= 4 tubes/30 days; Only available through Avella (877) 546-5779) | LD-PA-QL | 2 |
| diclofenac gel (SOLARAZE equiv) (QL= 300gm/30 days) | PA-QL | 3 |
| CARAC CREAM | - | NC |
| FLUORAC CREAM | - | NC |
| FLUOROURACIL CREAM 0.5% | - | NC |
| PICATO GEL | - | NC |
| SOLARAVIX PAK | - | NC |
| ANTIPRURITICS - TOPICAL | | |
| DOXEPIN CREAM, PRUDOXIN CREAM, ZONALON CREAM | - | NC |
| ANTIPSORIATICS | | |
| 8-MOP CAP | - | 2 |
| acitretin cap (SORIATANE equiv) | - | 2 |
| calcipotriene cream (DOVONEX CREAM equiv) | - | 2 |
| calcipotriene oint | - | 2 |
| calcipotriene soln (DOVONEX SOLN equiv) | - | 2 |
| COSENTYX INJ (1-PACK) (QL= 1 inj/28 days) | LMSP-PA-QL | 2 |
| COSENTYX INJ (2-PACK) (QL= 2 inj/28 days) | LMSP-PA-QL | 2 |
| methoxsalen cap (OXSORALEN ULTRA equiv) | - | 2 |
| SKYRIZI INJ (QL= 2 inj/84 days) | LMSP-PA-QL | 2 |
| SORIATANE CK KIT | - | 2 |
| STELARA INJ (QL= 1 inj/84 days) | LMSP-PA-QL | 2 |
| CALCIPOTRIENE FOAM, SORILUX FOAM | - | 3 |
| CALCITRIOL OINT | - | 3 |
| SORILUX FOAM | - | 3 |
| tazarotene cream 0.1% (TAZORAC equiv) | - | 3 |
| SILIQ INJ | - | NC |
| TALTZ INJ | - | NC |
| TAZORAC CREAM 0.05% | - | NC |
| TAZORAC GEL | - | NC |
| TREMFYA INJ | - | NC |
| VECTICAL OINT | - | NC |

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| DERMATOLOGICALS Cont. | | |
| ANTISEBORRHEIC PRODUCTS | | |
| selenium sulfide lotion | - | 1 |
| selenium sulfide shampoo (SELSEB equiv) | - | 2 |
| sodium sulfacetamide wash (OVACE WASH equiv) | - | 2 |
| OVACE PLUS CREAM | - | 3 |
| seb-prev cream (OVACE CREAM equiv) | - | 3 |
| sodium sulfacetamide gel (OVACE PLUS equiv) | - | 3 |
| sodium sulfacetamide shampoo (OVACE equiv) | - | 3 |
| sodium sulfacetamide/urea pad (ROSULA equiv) | - | 3 |
| ESKATA SOLN | - | NC |
| OVACE PLUS LOTION | - | NC |
| OVACE PLUS FOAM | - | NC |
| selenium sulfide shampoo 2.3% (SELRX equiv) | - | NC |
| ANTIVIRALS - TOPICAL | | |
| acyclovir oint (ZOVIRAX OINT equiv) | - | 2 |
| acyclovir cream (ZOVIRAX equiv) | - | 3 |
| DENAVIR CREAM | - | NC |
| XERESE CREAM | - | NC |
| ZOVIRAX OINT | - | NC |
| BURN PRODUCTS | | |
| silver sulfadiazine cream (SILVADENE CREAM equiv) | - | 1 |
| SULFAMYLLON CREAM | - | 2 |
| CORTICOSTEROIDS - TOPICAL | | |
| betamethasone augmented cream (DIPROLENE AF CREAM equiv) | - | 1 |
| betamethasone augmented gel | - | 1 |
| betamethasone augmented oint (DIPROLENE OINT equiv) | - | 1 |
| betamethasone dipropionate cream (DIPROSONE CREAM equiv) | - | 1 |
| betamethasone dipropionate lotion | - | 1 |
| betamethasone valerate cream | - | 1 |
| betamethasone valerate lotion | - | 1 |
| betamethasone valerate oint | - | 1 |
| clobetasol propionate cream (TEMOVATE equiv) | - | 1 |
| clobetasol propionate oint (TEMOVATE equiv) | - | 1 |
| clobetasol propionate soln (TEMOVATE equiv) | - | 1 |
| fluocinolone acetonide cream | - | 1 |
| fluocinolone acetonide oint | - | 1 |
| fluocinolone acetonide soln | - | 1 |
| fluocinonide cream 0.05% (LIDEX equiv) | - | 1 |
| fluocinonide emollient cream | - | 1 |
| fluocinonide gel | - | 1 |
| fluocinonide oint | - | 1 |
| fluocinonide soln | - | 1 |
| fluticasone propionate cream (CUTIVATE equiv) | - | 1 |
| fluticasone propionate oint (CUTIVATE equiv) | - | 1 |
| hydrocortisone cream (PROCTOCORT equiv) | - | 1 |
| hydrocortisone lotion (HYTONE equiv) | - | 1 |

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| hydrocortisone oint | - | 1 |
| mometasone cream (ELOCON equiv) | - | 1 |
| mometasone oint (ELOCON equiv) | - | 1 |
| mometasone soln (ELOCON equiv) | - | 1 |
| triamcinolone cream | - | 1 |
| triamcinolone lotion | - | 1 |
| triamcinolone oint | - | 1 |
| alclometasone cream (ACLOVATE equiv) | - | 2 |
| alclometasone oint (ACLOVATE OINT equiv) | - | 2 |
| BETAMETHASONE AUGMENTED GEL | - | 2 |
| betamethasone augmented lotion (DIPROLENE equiv) | - | 2 |
| betamethasone dipropionate oint | - | 2 |
| calcipotriene/betamethasone dipropionate susp (TACLONEX equiv) | - | 2 |
| clobetasol lotion (CLOBEX equiv) | - | 2 |
| clobetasol propionate emollient cream (TEMOVATE E equiv) | - | 2 |
| clobetasol propionate gel (TEMOVATE GEL equiv) | - | 2 |
| desonide cream (DESOWEN equiv) | - | 2 |
| desonide oint (DESOWEN equiv) | - | 2 |
| desoximetasone cream (TOPICORT CREAM equiv) | - | 2 |
| desoximetasone gel (TOPICORT equiv) | - | 2 |
| desoximetasone oint (TOPICORT equiv) | - | 2 |
| EPIFOAM AEROSOL | - | 2 |
| fluocinolone acetonide oil (DERMA-SMOOTH/FS equiv) | - | 2 |
| halobetasol propionate cream (ULTRAVATE equiv) | - | 2 |
| halobetasol propionate oint (ULTRAVATE equiv) | - | 2 |
| hydrocortisone pramoxine cream (PRAMOSONE equiv) | - | 2 |
| PRAMOSONE CREAM 1-1% | - | 2 |
| PRAMOSONE E CREAM | - | 2 |
| PRAMOSONE OINT | - | 2 |
| PREDNICARBATE CREAM | - | 2 |
| prednicarbate cream (DERMATOP equiv) | - | 2 |
| PREDNICARBATE OIN | - | 2 |
| U-CORT CREAM | - | 2 |
| calcipotriene/betamethasone oint (TACLONEX equiv) | - | 3 |
| CAPEX SHAMPOO | - | 3 |
| clobetasol foam (OLUX equiv) | - | 3 |
| clobetasol shampoo (CLOBEX equiv) | - | 3 |
| clobetasol spray (CLOBEX equiv) | - | 3 |
| CLOCORTOLONE CREAM | - | 3 |
| CLODERM CREAM | - | 3 |
| CORDRAN TAPE | - | 3 |
| PANDEL CREAM | - | 3 |
| PRAMOSONE LOTION | - | 3 |
| TOPICORT GEL | - | 3 |
| TOPICORT OINT | - | 3 |
| triamcinolone spray (KENALOG equiv) | - | 3 |
| ALA SCALP LOTION | - | NC |

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| AMCINONIDE CREAM 0.1% | - | NC |
| AMCINONIDE LOTION | - | NC |
| AMCINONIDE OINT | - | NC |
| APEXICON E CREAM (PSORCON E equiv) | - | NC |
| BESER KIT 0.05% | - | NC |
| betamethasone valerate foam (LUXIQ equiv) | - | NC |
| BRYHALI LOTION | - | NC |
| clobetasol E foam (OLUX E equiv) | - | NC |
| CLOBEX LOTION | - | NC |
| CLOBEX SHAMPOO | - | NC |
| CORDRAN CREAM 0.025% | - | NC |
| CUTIVATE LOTION | - | NC |
| DERMACINRX KIT | - | NC |
| DESONATE GEL | - | NC |
| desonide gel | - | NC |
| desonide lotion (DESOWEN equiv) | - | NC |
| DESOWEN CREAM | - | NC |
| DESOWEN CREAM KIT | - | NC |
| DESOWEN LOTION | - | NC |
| DESOWEN LOTION KIT | - | NC |
| DESOWEN OINT | - | NC |
| DESOWEN OINT KIT | - | NC |
| DIFLORASONE CREAM | - | NC |
| diflorasone oint | - | NC |
| DUOBRII LOTION | - | NC |
| ENSTILAR FOAM | - | NC |
| fluocinonide cream 0.1% (VANOS CREAM equiv) | - | NC |
| FLUOPAR KIT | - | NC |
| FLUOVIX PAK | - | NC |
| flurandrenolide cream (CORDRAN equiv) | - | NC |
| flurandrenolide lotion (CORDRAN equiv) | - | NC |
| flurandrenolide oint (CORDRAN equiv) | - | NC |
| fluticasone propionate lotion (CUTIVATE equiv) | - | NC |
| halcinonide cream (HALOG equiv) | - | NC |
| HALOG CREAM | - | NC |
| HALOG OINT | - | NC |
| HALOG SOLN | - | NC |
| halonate pac kit (ULTRAVATE KIT equiv) | - | NC |
| HC-LIDOCAINE CREAM | - | NC |
| hydrocortisone butyrate cream (LOCOID equiv) | - | NC |
| hydrocortisone butyrate lipocream (LOCOID equiv) | - | NC |
| hydrocortisone butyrate oint (LOCOID equiv) | - | NC |
| hydrocortisone butyrate soln (LOCOID equiv) | - | NC |
| hydrocortisone lotion (LOCOID equiv) | - | NC |
| hydrocortisone valerate cream (WESTCORT equiv) | - | NC |
| hydrocortisone valerate oint (WESTCORT equiv) | - | NC |
| IMPOYZ CREAM | - | NC |

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| LEXETTE FOAM | - | NC |
| LOCOID CREAM | - | NC |
| LOCOID LIPOCREAM | - | NC |
| LOCOID OINT | - | NC |
| LOCOID SOLN | - | NC |
| LUXIQ FOAM | - | NC |
| MEXPAROX HC CREAM | - | NC |
| MICORT-HC CREAM | - | NC |
| NOVACORT GEL | - | NC |
| OLUX E FOAM | - | NC |
| OLUX FOAM | - | NC |
| paramox hc gel (NOVACORT GEL equiv) | - | NC |
| QUINIXIL PAK | - | NC |
| SERNIVO SPRAY | - | NC |
| SILALITE PAK MIS | - | NC |
| TACLONEX OINT | - | NC |
| TASOPROL CREAM KIT | - | NC |
| TOVET KIT | - | NC |
| triamcinolone acetonide oint (TRIANEX equiv) | - | NC |
| TRIANEX OINT | - | NC |
| ULTRAVATE LOTION | - | NC |
| ULTRAVATE PAC KIT | - | NC |
| VANOS CREAM | - | NC |
| VERDESO FOAM | - | NC |
| WESTCORT OINT | - | NC |

ECZEMA AGENTS

| | | |
|--------------------------------------|------------|---|
| DUPIXENT INJ (QL= 2 inj/ 28 days) | LMSP-PA-QL | 2 |
| DUPIXENT INJ (QL= 2 inj/28 days) | LMSP-PA-QL | 2 |
| DUPIXENT PEN INJ (QL= 2 inj/28 days) | LMSP-PA-QL | 2 |

EMOLLIENT/KERATOLYTIC AGENTS

| | | |
|------------------------------------|---|----|
| CARMOL LOTION | - | NC |
| KERAFOAM | - | NC |
| KERALAC CREAM | - | NC |
| UMECTA EMULSION | - | NC |
| UMECTA PD EMULSION | - | NC |
| UMECTA SUSP | - | NC |
| URAMAXIN CREAM | - | NC |
| URAMAXIN GEL | - | NC |
| urea cream | - | NC |
| urea emulsion | - | NC |
| urea gel (URAMAXIN equiv) | - | NC |
| UREA LOTION | - | NC |
| urea lotion (KERALAC LOTION equiv) | - | NC |
| UREA NAIL KIT | - | NC |
| UREA SUSP | - | NC |
| urea susp 40% (UMECTA equiv) | - | NC |

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| EMOLLIENTS | | |
| ammonium lactate cream (LAC-HYDRIN equiv) | - | 1 |
| ammonium lactate lotion (LAC-HYDRIN equiv) | - | 1 |
| HYLINATE LOTION | - | NC |
| ENZYMES - TOPICAL | | |
| SANTYL OINT (QL= 90gm/30 days) | QL | 2 |
| vasolex oint (XENADERM equiv) | - | NC |
| XENADERM OINT | - | NC |
| HAIR GROWTH AGENTS | | |
| finasteride tab (PROPECIA equiv) | - | EXC |
| HAIR REDUCTION AGENTS | | |
| VANIQA CREAM | - | EXC |
| IMMUNOMODULATING AGENTS - TOPICAL | | |
| imiquimod cream (ALDARA equiv) | - | 2 |
| ZYCLARA CREAM | - | NC |
| IMMUNOSUPPRESSIVE AGENTS - TOPICAL | | |
| pimecrolimus cream (ELIDEL equiv) (Covered for members 2 years or older) | - | 2 |
| tacrolimus oint (PROTOPIC OINT equiv) | - | 2 |
| KERATOLYTIC/ANTIMITOTIC AGENTS | | |
| PODOCON SOLN | - | 2 |
| podofilox soln (CONDYLOX equiv) | - | 2 |
| salicylic acid shampoo (SALEX equiv) | - | 2 |
| CONDYLOX GEL | - | 3 |
| salicylic acid soln | - | NC |
| SALIMEZ FORTE CREAM | - | NC |
| XALIX SOL | - | NC |
| LOCAL ANESTHETICS - TOPICAL | | |
| lidocaine cream 3% (LIDAMANTLE equiv) | - | 1 |
| LIDOCAINE GEL | - | 1 |
| lidocaine gel (GLYDO equiv) | - | 1 |
| lidocaine gel (XYLOCAINE equiv) | - | 1 |
| lidocaine soln (XYLOCAINE equiv) | - | 1 |
| lidocaine/prilocaine cream (EMLA equiv) | - | 1 |
| lidocaine patch (LIDODERM equiv) (QL= 3 patches/day) | QL | 3 |
| ADAZIN CREAM | - | NC |
| ANASTIA LOTION | - | NC |
| APRIZIO PAK KIT | - | NC |
| capsaicin/menthol topical patch (SINELEE equiv) | - | NC |
| GEN7T LOTION | - | NC |
| GEN7T PLUS LOTION | - | NC |
| GEN7T PLUS PAD | - | NC |
| L.E.T. GEL | - | NC |
| LIDOCAINE CREAM | - | NC |
| lidocaine cream 3.88% (LIDOTRAL CREAM equiv) | - | NC |
| lidocaine lotion | - | NC |

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| | | | | | |
|-----|--|------|--|------|--|
| ACA | NC =Not Covered Affordable Care Act | EXC | generic =small letters Plan Exclusion | INF | BRANDS =CAPITAL LETTERS 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 |

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| DrugName | Special Code | Tier |
|--|--------------|------|
| DERMATOLOGICALS Cont. | | |
| lidocaine oint | - | NC |
| LIDOCIN GEL | - | NC |
| LIDOSTREAM KIT | - | NC |
| LIDOTRAL CREAM (lidocaine cream equiv) | - | NC |
| LIDOTREX GEL | - | NC |
| MEDI-PATCH W/LIDOCAINE PATCH | - | NC |
| MICROVIX LP PAK | - | NC |
| NUVAKAAN II KIT | - | NC |
| PLIAGLIS CREAM | - | NC |
| PROZENA PAD | - | NC |
| SILVERA PAD | - | NC |
| SOLAICE PATCH | - | NC |
| SYNVEXIA TC CREAM | - | NC |
| WPR PLUS | - | NC |
| ZILACAINE PAK | - | NC |
| MISC. DERMATOLOGICAL PRODUCTS | | |
| NEOSALUS FOAM | - | NC |
| MISC. TOPICAL | | |
| aluminum chloride soln (DRYSOL equiv) | - | 1 |
| DRYSOL SOLN | - | 1 |
| HYCLODEX SOLN | - | NC |
| QBREXZA PAD | - | NC |
| PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL | | |
| EUCRISA OINT | - | NC |
| PIGMENTING-DEPIGMENTING AGENTS | | |
| hydroquinone cream (LUSTRA equiv) | - | EXC |
| TRI-LUMA CREAM | - | EXC |
| ROSACEA AGENTS | | |
| metronidazole lotion (METROLOTION equiv) | - | 1 |
| azelaic acid gel (FINACEA equiv) | - | 2 |
| FINACEA FOAM | - | 2 |
| FINACEA PLUS KIT | - | 2 |
| metronidazole cream (METROCREAM equiv) | - | 2 |
| metronidazole gel (METROGEL equiv) | - | 2 |
| DOXYCYCLINE CAP, ORACEA CAP | - | NC |
| IVERMECTIN CREAM | - | NC |
| ivermectin cream (SOOLANTRA equiv) | - | NC |
| MIRVASO GEL | - | NC |
| NORITATE CREAM | - | NC |
| RHOFADE CREAM | - | NC |
| ROSADAN KIT | - | NC |
| SOOLANTRA CREAM | - | NC |
| ZILXI FOAM | - | NC |
| SCABICIDES & PEDICULICIDES | | |
| permethrin cream (ELIMITE CREAM equiv) | - | 1 |
| EURAX CREAM | - | 2 |

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| | | | | | |
|-----|--------------------------|------|--|------|--------------------------------------|
| ACA | NC =Not Covered | EXC | generic =small letters | INF | BRANDS =CAPITAL LETTERS |
| LD | Affordable Care Act | LMSP | Plan Exclusion | MSP | Infertility |
| OTC | Limited Distribution | PA | Lumicera Mandatory Specialty Pharmacy Program | QL | Mandatory Specialty Pharmacy Program |
| RS | Over-the-Counter | SF | Prior Authorization | SMKG | Quantity Limit |
| ST | Restricted to Specialist | VAC | Limited to two 15 day fills per month for first 3 months | ¢ | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | RxCENTS |

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| DrugName | Special Code | Tier |
|---|--------------|------|
| DERMATOLOGICALS Cont. | | |
| SPINOSAD SUSP (QL= 1 bottle/fill) | QL | 2 |
| CROTAN LOTION | - | 3 |
| LINDANE LOTION | - | 3 |
| lindane shampoo | - | 3 |
| malathion lotion (OVIDE equiv) (QL= 2 bottles/fill) | QL | 3 |
| NATROBA SUSP (QL= 1 bottle/fill) | QL | 3 |
| SKLICE LOTION (QL= 1 tube/fill) | PA-QL | 3 |
| ULESFIA LOTION (QL= 4 bottles/fill) | QL | 3 |
| SCAR TREATMENT PRODUCTS | | |
| SCARCIN GEL | - | NC |
| scarcin gel (SCARCIN equiv) | - | NC |
| SCARCIN LIQUID ROLL-ON | - | NC |
| SILIPAC KIT | - | NC |
| WOUND CARE PRODUCTS | | |
| REGRANEX GEL (QL= 30gm/fill) | QL | 2 |
| ALEVICYN SOLN DERMAL | - | NC |
| BIAFINE EMULSION | - | NC |
| cicatrace kit (REXASIL equiv) | - | NC |
| DIAGNOSTIC PRODUCTS | | |
| DIAGNOSTIC DRUGS | | |
| GLUCAGEN INJ | - | 2 |
| GLUCAGON DIAGNOSTIC INJ | - | NC |
| MACRILEN PACK | - | NC |
| DIAGNOSTIC PRODUCTS, MISC. | | |
| FREESTYLE LITE TEST STRIP | OTC | 2 |
| DIAGNOSTIC TESTS | | |
| CLINISTIX TEST STRIP | OTC | 1 |
| KETO-DIASTIX TEST STRIP | OTC | 1 |
| KETOSTIX | OTC | 1 |
| ACCU-CHEK AVIVA PLUS TEST STRIP | OTC | 2 |
| ACCU-CHEK GUIDE TEST STRIP | OTC | 2 |
| ACCU-CHEK SMARTVIEW TEST STRIP | OTC | 2 |
| ACCU-CHEK TEST STRIP | OTC | 2 |
| FREESTYLE INSULINX TEST STRIP | OTC | 2 |
| FREESTYLE PRECISION NEO TEST STRIP | OTC | 2 |
| FREESTYLE TEST STRIP | OTC | 2 |
| PRECISION XTRA KETONE TEST STRIP | OTC | 2 |
| PRECISION XTRA TEST STRIP | OTC | 2 |
| TEST STRIP (all other test strips) | OTC | NC |
| RADIOGRAPHIC CONTRAST MEDIA | | |
| OMNIPAQUE SOLN | - | NC |
| SITZMARKS CAP | - | NC |
| DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS | | |
| DIETARY MANAGEMENT PRODUCTS | | |
| ASTAMED MYO CAP | - | NC |

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| | | | |
|--------------------------------|--|---|---|
| ACA Affordable Care Act | EXC Plan Exclusion | generic =small letters | BRANDS =CAPITAL LETTERS |
| LD Limited Distribution | LMSP Lumicera Mandatory Specialty Pharmacy Program | INF Infertility | INF Infertility |
| OTC Over-the-Counter | PA Prior Authorization | MSP Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program |
| RS Restricted to Specialist | SF Limited to two 15 day fills per month for first 3 months | QL Quantity Limit | QL Quantity Limit |
| ST Step Therapy | VAC Vaccine Program | SMKG Smoking Cessation | SMKG Smoking Cessation |
| | | ¢ RxCENTS | ¢ RxCENTS |

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| DrugName | Special Code | Tier |
|--|--------------|------|
| DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS Cont. | | |
| DEPLIN CAP | - | NC |
| ELIGEN B12 TAB | - | NC |
| FALESSA TAB | - | NC |
| GLYGEST PAK | - | NC |
| L-METHYLFOLATE TAB | - | NC |
| LUVIRA CAP | - | NC |
| METANX CAP | - | NC |
| OLLIZAC POWDER | - | NC |
| PODIAPN CAP | - | NC |
| XAQUIL XR TAB | - | NC |
| XYZBAC TAB | - | NC |
| DIGESTIVE AIDS | | |
| DIGESTIVE ENZYMES | | |
| CREON CAP | - | 2 |
| PANCREAZE CAP, PERTZYE CAP, ULTRESA CAP, ZENPEP CAP | - | NC |
| PANCRELIPASE CAP | - | NC |
| SUCRAID SOLN | - | NC |
| DIURETICS | | |
| CARBONIC ANHYDRASE INHIBITORS | | |
| acetazolamide ER cap (DIAMOX SEQUEL equiv) | - | 2 |
| acetazolamide tab | - | 2 |
| methazolamide tab (NEPTAZANE equiv) | - | 2 |
| KEVEYIS TAB | - | NC |
| DIURETIC COMBINATIONS | | |
| amiloride/hydrochlorothiazide tab (MODURETIC equiv) | - | 1 |
| spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv) | - | 1 |
| triamterene/hydrochlorothiazide cap (DYAZIDE equiv) | - | 1 |
| triamterene/hydrochlorothiazide tab (MAXZIDE equiv) | - | 1 |
| TRIAMTERENE/HYDROCHLOROTHIAZIDE CAP 50-25mg | - | 2 |
| LOOP DIURETICS | | |
| bumetanide tab (BUMEX equiv) | - | 1 |
| FUROSEMIDE SOLN | - | 1 |
| furosemide soln (LASIX equiv) | - | 1 |
| furosemide tab (LASIX equiv) | - | 1 |
| torseamide tab (DEMADEX equiv) | - | 1 |
| ethacrynic tab (EDECIN equiv) | - | 2 |
| POTASSIUM SPARING DIURETICS | | |
| amiloride tab (MIDAMOR equiv) | - | 1 |
| spironolactone tab (ALDACTONE equiv) | - | 1 |
| triamterene cap (DYRENIUM equiv) | - | 2 |
| CAROSPIR SUSP | - | NC |
| THIAZIDES AND THIAZIDE-LIKE DIURETICS | | |
| CHLOROTHIAZIDE TAB | - | 1 |
| chlorothiazide tab (DIURIL equiv) | - | 1 |
| CHLORTHALIDONE TAB | - | 1 |

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| | | | |
|--------------------------------|--|------------------------|---|
| ACA Affordable Care Act | EXC Plan Exclusion | generic =small letters | 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 |
| | | | BRANDS =CAPITAL LETTERS |

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| DrugName | Special Code | Tier |
|---|--------------|------|
| DIURETICS Cont. | | |
| hydrochlorothiazide cap (MICROZIDE equiv) | - | 1 |
| hydrochlorothiazide tab (HYDRODIURIL equiv) | - | 1 |
| indapamide tab (LOZOL equiv) | - | 1 |
| METHYCLOTHIAZIDE TAB | - | 1 |
| metolazone tab (ZAROXOLYN equiv) | - | 1 |
| DIURIL SUSP | - | 2 |
| ENDOCRINE AND METABOLIC AGENTS - MISC. | | |
| ADRENAL STEROID INHIBITORS | | |
| ISTURISA TAB | - | NC |
| BONE DENSITY REGULATORS | | |
| alendronate tab (FOSAMAX equiv) | - | 1 |
| ibandronate tab 150mg (BONIVA equiv) (QL= 1 tab/30 days) | QL | 1 |
| ALENDRONATE TAB 40MG | - | 2 |
| calcitonin nasal spray (MIACALCIN equiv) | - | 2 |
| FORTEO INJ | LMSP-PA | 2 |
| FORTICAL NASAL SPRAY | - | 2 |
| MIACALCIN INJ | LMSP | 2 |
| NATPARA INJ (Only available through Walgreens 888-347-3416) | LD-PA | 2 |
| risedronate tab (ACTONEL equiv) | - | 2 |
| TYMLOS INJ | LMSP-PA | 2 |
| ALENDRONATE SOLN | - | 3 |
| FOSAMAX+D TAB | - | 3 |
| risedronate DR tab (ATELVIA equiv) (Step Therapy requires trial of alendronate) | ST | 3 |
| SKELID TAB | - | 3 |
| BINOSTO TAB | - | NC |
| TERIPARATIDE INJ | - | NC |
| CORTICOTROPIN | | |
| ACTHAR HP GEL INJ | MSP-PA | 3 |
| GNRH/LHRH ANTAGONISTS | | |
| ORLISSA TAB 150MG (QL= 1 tab/day) | PA-QL | 2 |
| ORLISSA TAB 200MG (QL= 2 tabs/day) | PA-QL | 2 |
| GROWTH HORMONE RECEPTOR ANTAGONISTS | | |
| SOMAVERT INJ (Only available through Walgreens 888-347-3416) | LD-PA | 2 |
| GROWTH HORMONE RELEASING HORMONES (GHRH) | | |
| EGRIFTA INJ | - | EXC |
| GROWTH HORMONES | | |
| GENOTROPIN INJ | LMSP-PA | 2 |
| HUMATROPE INJ, ZOMACTON INJ | - | NC |
| NORDITROPIN INJ, NUTROPIN AQ INJ, OMNITROPE INJ | - | NC |
| SAIZEN INJ, SEROSTIM INJ, ZORBTIVE INJ | - | NC |
| HORMONE RECEPTOR MODULATORS | | |
| raloxifene tab (EVISTA equiv) | ACA | 2 |
| OSPHENA TAB | - | NC |
| INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS) | | |
| INCRELEX INJ | MSP | 2 |

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| | | | | | |
|-----|--------------------------|------|--|------|--------------------------------------|
| ACA | NC =Not Covered | EXC | generic =small letters | INF | BRANDS =CAPITAL LETTERS |
| LD | Affordable Care Act | LMSP | Plan Exclusion | MSP | Infertility |
| OTC | Limited Distribution | PA | Lumicera Mandatory Specialty Pharmacy Program | QL | Mandatory Specialty Pharmacy Program |
| RS | Over-the-Counter | SF | Prior Authorization | SMKG | Quantity Limit |
| ST | Restricted to Specialist | VAC | Limited to two 15 day fills per month for first 3 months | ¢ | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | RxCENTS |

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| DrugName | Special Code | Tier |
|--|--|--|
| ENDOCRINE AND METABOLIC AGENTS - MISC. Cont. | | |
| LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS | | |
| SYNAREL NASAL SOLN | - | 2 |
| FENSOLVI INJ | - | NC |
| METABOLIC MODIFIERS | | |
| calcitriol cap (ROCALTROL equiv) | - | 1 |
| calcitriol soln (ROCALTROL equiv) | - | 1 |
| levocarnitine soln (CARNITOR equiv) | - | 1 |
| levocarnitine tab (CARNITOR equiv) | - | 1 |
| cinacalcet tab (SENSIPAR equiv) | - | 2 |
| doxercalciferol cap (HECTOROL equiv) | - | 2 |
| KUVAN POWDER PACK (Only available through Walgreens 888-347-3416) | LD-PA | 2 |
| KUVAN TAB (Only available through Walgreens 888-347-3416) | LD-PA | 2 |
| PALYNZIQ INJ (QL= 1 inj/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL-SF | 2 |
| paricalcitol cap (ZEMPLAR equiv) | - | 2 |
| sodium phenylbutyrate powder (BUPHENYL equiv) | - | 2 |
| sodium phenylbutyrate tab (BUPHENYL equiv) | - | 2 |
| STRENSIQ INJ (Only available through PantherRx Pharmacy 855-726-8479) | LD-PA | 3 |
| CALCITRIOL INJ | - | NC |
| CARBAGLU TAB | - | NC |
| GALAFOLD CAP | - | NC |
| MYALEPT INJ | - | NC |
| nitisinone cap (ORFADIN equiv) | - | NC |
| NITYR TAB | - | NC |
| ORFADIN CAP | - | NC |
| ORFADIN SUSP | - | NC |
| RAVICTI LIQUID | - | NC |
| RAYALDEE CAP | - | NC |
| SENSIPAR TAB | - | NC |
| XURIDEN POWDER | - | NC |
| POSTERIOR PITUITARY HORMONES | | |
| desmopressin acetate inj (DDAVP equiv) | - | 2 |
| desmopressin acetate tab (DDAVP equiv) | - | 2 |
| desmopressin nasal soln (DDAVP equiv) | - | 2 |
| STIMATE NASAL SOLN | - | 2 |
| DDAVP NASAL SOLN | - | 3 |
| NOCDURNA SL TAB | - | NC |
| NOCTIVA EMULSION SPRAY | - | NC |
| PROLACTIN INHIBITORS | | |
| cabergoline tab (DOSTINEX equiv) | - | 1 |
| SOMATOSTATIC AGENTS | | |
| octreotide inj (SANDOSTATIN equiv) | LMSP | 1 |
| SIGNIFOR INJ (QL= 2 vials/day; Only available through Accredo 888-773-7376) | LD-PA-QL | 2 |
| BYNFEZIA PEN INJ | - | NC |
| MYCAPSSA CAP | - | NC |
| SANDOSTATIN LAR INJ KIT | - | NC |
| SIGNIFOR LAR INJ | - | NC |
| Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered. | | |
| ACA Affordable Care Act LD Limited Distribution OTC Over-the-Counter RS Restricted to Specialist ST Step Therapy | EXC Plan Exclusion 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 | generic =small letters INF Infertility MSP Mandatory Specialty Pharmacy Program QL Quantity Limit SMKG Smoking Cessation ¢ RxCENTS |

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| DrugName | Special Code | Tier |
|--|--|---|
| ENDOCRINE AND METABOLIC AGENTS - MISC. Cont. | | |
| SOMATULINE INJ | - | NC |
| VASOPRESSIN RECEPTOR ANTAGONISTS | | |
| JYNARQUE PAK (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | 2 |
| JYNARQUE TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | 2 |
| SAMSCA TAB | - | NC |
| tolvaptan tab (SAMSCA equiv) | - | NC |
| ESTROGENS | | |
| ESTROGEN COMBINATIONS | | |
| esterified estrogens/methyltestosterone tab (ESTRATEST equiv) | - | 1 |
| estradiol/norethindrone tab (ACTIVEVELLA equiv) | - | 2 |
| jinteli tab (FEMHRT equiv) | - | 2 |
| PREMPHASE TAB, PREMPRO TAB | - | 2 |
| PREFEST TAB | - | 3 |
| ANGELIQ TAB | - | NC |
| BIJUVA CAP | - | NC |
| CLIMARA PRO PATCH | - | NC |
| COMBIPATCH | - | NC |
| ORIAHNN CAP | - | NC |
| ESTROGENS | | |
| estradiol patch (CLIMARA equiv) | - | 1 |
| estradiol patch (VIVELLE-DOT equiv) | - | 1 |
| estradiol tab (ESTRACE equiv) | - | 1 |
| ESTROPIPATE TAB | - | 1 |
| estropipate tab (OGEN equiv) | - | 1 |
| PREMARIN TAB | - | 2 |
| ALORA PATCH | - | 3 |
| CENESTIN TAB | - | 3 |
| MENEST TAB | - | 3 |
| DIVIGEL GEL, ELESTRIN GEL | - | NC |
| EVAMIST SPRAY | - | NC |
| MENOSTAR PATCH | - | NC |
| VIVELLE-DOT PATCH | - | NC |
| FLUOROQUINOLONES | | |
| FLUOROQUINOLONES | | |
| ciprofloxacin tab (CIPRO equiv) | - | 1 |
| levofloxacin soln (LEVAQUIN equiv) | - | 1 |
| levofloxacin tab (LEVAQUIN equiv) | - | 1 |
| ofloxacin tab (FLOXIN equiv) | - | 1 |
| BAXDELA TAB (QL= 2 tabs/day; Restricted to Infectious Disease Specialist) | QL-RS | 2 |
| ciprofloxacin susp (CIPRO equiv) | - | 2 |
| moxifloxacin tab (AVELOX equiv) | - | 2 |
| CIPRO SUSP 5% | - | 3 |
| CIPROFLOXACIN 100MG TAB | - | 3 |
| CIPROFLOXACIN ER TAB | - | 3 |
| NOROXIN TAB | - | 3 |
| FACTIVE TAB | - | NC |
| Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered. | | |
| ACA Affordable Care Act LD Limited Distribution OTC Over-the-Counter RS Restricted to Specialist ST Step Therapy | EXC Plan Exclusion 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 | generic =small letters INF Infertility MSP Mandatory Specialty Pharmacy Program QL Quantity Limit SMKG Smoking Cessation ¢ RxCENTS |

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| DrugName | Special Code | Tier |
|--|---------------|------|
| FLUOROQUINOLONES Cont. | | |
| PROQUIN XR TAB | - | NC |
| GASTROINTESTINAL AGENTS - MISC. | | |
| 5-HT4 RECEPTOR AGONISTS | | |
| MOTEGRITY TAB | - | 3 |
| AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC) | | |
| TRULANCE TAB | - | 3 |
| BILE ACID SYNTHESIS DISORDER AGENTS | | |
| CHOLBAM CAP (Only available through Dohmen LSS 844-246-5226) | LD-PA | 2 |
| FARNESOID X RECEPTOR (FXR) AGONISTS | | |
| OCALIVA TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416) | LD-PA-QL-SF-¢ | 2 |
| GALLSTONE SOLUBILIZING AGENTS | | |
| ursodiol cap (ACTIGALL equiv) | - | 1 |
| ursodiol tab (URSO (FORTE) equiv) | - | 1 |
| GASTROINTESTINAL ANTIALLERGY AGENTS | | |
| cromolyn conc (GASTROCROM equiv) | - | 2 |
| GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS | | |
| AMITIZA CAP | - | NC |
| GASTROINTESTINAL STIMULANTS | | |
| metoclopramide soln (REGLAN equiv) | - | 1 |
| metoclopramide tab (REGLAN equiv) | - | 1 |
| METZOLV ODT | - | NC |
| INFLAMMATORY BOWEL AGENTS | | |
| balsalazide cap (COLAZAL equiv) | - | 1 |
| sulfasalazine EC tab (AZULFIDINE equiv) | - | 1 |
| sulfasalazine tab (AZULFIDINE equiv) | - | 1 |
| CIMZIA INJ (QL= 2 inj/28 days) | LMSP-PA-QL | 2 |
| CIMZIA STARTER INJ KIT (QL= 1 kit/plan year) | LMSP-PA-QL | 2 |
| mesalamine DR cap (DELZICOL equiv) | - | 2 |
| mesalamine DR tab (LIALDA equiv) | - | 2 |
| mesalamine enema (ROWASA equiv) | - | 2 |
| mesalamine ER cap (APRISO equiv) | - | 2 |
| mesalamine supp (CANASA equiv) | - | 2 |
| DIPENTUM CAP | - | 3 |
| mesalamine tab (ASACOL equiv) | - | 3 |
| APRISO CAP | - | NC |
| ASACOL HD TAB | - | NC |
| ASACOL HD TAB, MESALAMINE TAB | - | NC |
| DELZICOL CAP | - | NC |
| PENTASA CAP | - | NC |
| ROWASA KIT | - | NC |
| INTESTINAL ACIDIFIERS | | |
| lactulose soln | - | 1 |
| IRRITABLE BOWEL SYNDROME (IBS) AGENTS | | |
| alosetron tab (LOTRONEX equiv) | - | 3 |

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| | | | | | |
|-----|--------------------------|------|--|------|--------------------------------------|
| ACA | NC =Not Covered | EXC | generic =small letters | INF | BRANDS =CAPITAL LETTERS |
| LD | Affordable Care Act | LMSP | Plan Exclusion | MSP | Infertility |
| OTC | Limited Distribution | PA | Lumicera Mandatory Specialty Pharmacy Program | QL | Mandatory Specialty Pharmacy Program |
| RS | Over-the-Counter | SF | Prior Authorization | SMKG | Quantity Limit |
| ST | Restricted to Specialist | VAC | Limited to two 15 day fills per month for first 3 months | ¢ | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | RxCENTS |

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**Texas Association of Counties Pooled Formulary
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| DrugName | Special Code | Tier | | | |
|--|---|--------------------------------|--|-------------------------------|---|
| GASTROINTESTINAL AGENTS - MISC. Cont. | | | | | |
| LINZESS CAP | - | NC | | | |
| VIBERZI TAB | - | NC | | | |
| PERIPHERAL OPIOID RECEPTOR ANTAGONISTS | | | | | |
| MOVANTIK TAB | PA | 2 | | | |
| SYMPROIC TAB | PA | 2 | | | |
| RELISTOR INJ | - | NC | | | |
| RELISTOR INJ KIT | - | NC | | | |
| RELISTOR TAB | - | NC | | | |
| PHOSPHATE BINDER AGENTS | | | | | |
| calcium acetate cap (PHOSLO equiv) | - | 1 | | | |
| FOSRENOL POWDER PACK | - | 2 | | | |
| lanthanum carbonate chew tab (FOSRENOL equiv) | - | 2 | | | |
| PHOSLYRA SOLN | - | 2 | | | |
| sevelamer powder pak (RENVELA equiv) | - | 2 | | | |
| sevelamer tab (RENVELA TAB equiv) | - | 2 | | | |
| AURYXIA TAB | - | 3 | | | |
| FOSRENOL CHEW TAB | - | 3 | | | |
| RENVELA TAB | - | 3 | | | |
| RENAGEL TAB | - | NC | | | |
| RENAGEL TAB 800MG | - | NC | | | |
| sevelamer hydrochloride tab (RENAGEL equiv) | - | NC | | | |
| VELPHORO CHEW TAB | - | NC | | | |
| SHORT BOWEL SYNDROME (SBS) AGENTS | | | | | |
| GATTEX KIT | - | NC | | | |
| TRYPTOPHAN HYDROXYLASE INHIBITORS | | | | | |
| XERMELO TAB (QL= 3 tabs/day) | QL | 3 | | | |
| GENERAL ANESTHETICS | | | | | |
| ANESTHETICS - MISC. | | | | | |
| KETAMINE HCL TROCHES | - | NC | | | |
| GENITOURINARY AGENTS - MISCELLANEOUS | | | | | |
| ALKALINIZERS | | | | | |
| CYTRA-3 SYRUP | - | 1 | | | |
| ORACIT SOLN | - | 1 | | | |
| potassium citrate/citric acid powder pack (POLYCITRA equiv) | - | 1 | | | |
| potassium citrate/citric acid soln (POLYCITRA-K equiv) | - | 1 | | | |
| sodium citrate/citric acid soln (BICITRA equiv) | - | 1 | | | |
| tricitrates soln (POLYCITRA-LC equiv) | - | 1 | | | |
| potassium citrate CR tab (UROKIT-K TAB equiv) | - | 2 | | | |
| CYSTINOSIS AGENTS | | | | | |
| CYSTAGON CAP (Only available through CVS Specialty 800-238-7828) | LD | 2 | | | |
| PROCYSBI CAP | - | NC | | | |
| PROCYSBI GRANULES PACKET | - | NC | | | |
| INTERSTITIAL CYSTITIS AGENTS | | | | | |
| ELMIRON CAP | - | 2 | | | |
| PENTOSAN CAP | - | NC | | | |
| Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered. | | | | | |
| ACA LD OTC RS ST | NC =Not Covered Affordable Care Act Limited Distribution Over-the-Counter Restricted to Specialist Step Therapy | EXC LMSP PA SF VAC | generic =small letters Plan Exclusion Lumicera Mandatory Specialty Pharmacy Program Prior Authorization Limited to two 15 day fills per month for first 3 months Vaccine Program | INF MSP QL SMKG ¢ | BRANDS =CAPITAL LETTERS Infertility Mandatory Specialty Pharmacy Program Quantity Limit Smoking Cessation RxCENTS |

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**Texas Association of Counties Pooled Formulary
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| DrugName | Special Code | Tier |
|--|--|---|
| GENITOURINARY AGENTS - MISCELLANEOUS Cont. | | |
| PROSTATIC HYPERTROPHY AGENTS | | |
| alfuzosin SR tab (UROXATRAL equiv) | - | 1 |
| dutasteride cap (AVODART equiv) | - | 1 |
| finasteride tab (PROSCAR equiv) | - | 1 |
| tamsulosin cap (FLOMAX equiv) | - | 1 |
| dutasteride/tamsulosin cap (JALYN equiv) | - | 2 |
| silodosin cap (RAPAFLO equiv) | - | 2 |
| CARDURA XL TAB | - | NC |
| URINARY ANALGESICS | | |
| phenazopyridine tab (PYRIDIUM equiv) | - | 1 |
| URINARY STONE AGENTS | | |
| LITHOSTAT TAB | - | 3 |
| THIOLA EC TAB | - | NC |
| THIOLA TAB | - | NC |
| GOUT AGENTS | | |
| GOUT AGENT COMBINATIONS | | |
| colchicine/probenecid tab (COL-BENEMID equiv) | - | 1 |
| DUZALLO TAB | - | NC |
| GOUT AGENTS | | |
| allopurinol tab (ZYLOPRIM equiv) | - | 1 |
| febuxostat tab (ULORIC equiv) (Step Therapy requires trial of allopurinol) | ST-¢ | 2 |
| MITIGARE CAP | - | 2 |
| COLCHICINE CAP | - | NC |
| colchicine tab (COLCRYS equiv) | - | NC |
| COLCRYS TAB | - | NC |
| GLOPERBA SOLN | - | NC |
| ULORIC TAB | - | NC |
| ZURAMPIC TAB | - | NC |
| URICOSURICS | | |
| probenecid tab (BENEMID equiv) | - | 1 |
| HEMATOLOGICAL AGENTS - MISC. | | |
| ANTIHEMOPHILIC PRODUCTS | | |
| ADVATE INJ | MSP-PA | 3 |
| ADYNOVATE INJ | MSP-PA | 3 |
| AFSTYLA KIT | MSP-PA | 3 |
| ALPHANATE/HEMOFIL/KOATE INJ | MSP-PA | 3 |
| ALPHANINE SD/MONONINE INJ | MSP-PA | 3 |
| ALPROLIX INJ | MSP-PA | 3 |
| BEBULIN/PROFILNINE INJ | MSP-PA | 3 |
| BENEFIX INJ | MSP-PA | 3 |
| BENEFIX/RIXUBIS INJ | MSP-PA | 3 |
| COAGADEX INJ | MSP-PA | 3 |
| CORIFACT INJ | MSP-PA | 3 |
| ELOCTATE INJ | MSP-PA | 3 |
| FEIBA INJ | MSP-PA | 3 |
| Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered. | | |
| ACA Affordable Care Act LD Limited Distribution OTC Over-the-Counter RS Restricted to Specialist ST Step Therapy | EXC Plan Exclusion 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 | generic =small letters INF Infertility MSP Mandatory Specialty Pharmacy Program QL Quantity Limit SMKG Smoking Cessation ¢ RxCENTS |

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| DrugName | Special Code | Tier |
|---|--------------|------|
| HEMATOLOGICAL AGENTS - MISC. Cont. | | |
| HELIXATE/KOGENATE INJ | MSP-PA | 3 |
| HEMLIBRA INJ | LMSP-PA | 3 |
| HUMATE-P/WILATE INJ | MSP-PA | 3 |
| IDELVION SOLN | MSP-PA | 3 |
| MONOCLATE-P INJ | MSP-PA | 3 |
| NOVOSEVEN RT INJ | MSP-PA | 3 |
| REBINYN SOLN | MSP-PA | 3 |
| RECOMBIMATE INJ | MSP-PA | 3 |
| TRETTEN INJ | MSP-PA | 3 |
| VONVEDI INJ | MSP-PA | 3 |
| XYNTHA INJ | MSP-PA | 3 |
| BRADYKININ B2 RECEPTOR ANTAGONISTS | | |
| icatibant inj (FIRAZYR equiv) | LMSP-PA | 2 |
| FIRAZYR INJ | - | NC |
| COMPLEMENT INHIBITORS | | |
| HAEGARDA INJ | MSP-PA | 2 |
| BERINERT INJ | - | NC |
| CINRYZE INJ | - | NC |
| RUCONEST INJ | - | NC |
| HEMATOALOGIC - TYROSINE KINASE INHIBITORS | | |
| TAVALISSE TAB (QL= 2 tab/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | 2 |
| HEMATORHEOLOGIC AGENTS | | |
| pentoxifylline ER tab (TRENTAL equiv) | - | 1 |
| PLASMA KALLIKREIN INHIBITORS | | |
| TAKHZYRO INJ (QL= 2 inj/28 days; Only available through CVS Specialty 800-237-2767) | LD-PA-QL | 2 |
| PLASMA PROTEINS | | |
| THROMBAT III INJ | MSP-PA | 3 |
| PLATELET AGGREGATION INHIBITORS | | |
| anagrelide cap (AGRYLIN equiv) | - | 1 |
| cilostazol tab (PLETAL equiv) | - | 1 |
| clopidogrel tab 75mg (PLAVIX equiv) | - | 1 |
| dipyridamole tab (PERSANTINE equiv) | - | 1 |
| prasugrel tab (EFFIENT equiv) | - | 1 |
| ticlopidine tab (TICLID equiv) | - | 1 |
| aspirin/dipyridamole cap (AGGRENEX equiv) | - | 2 |
| BRILINTA TAB | - | 3 |
| CABLIVI INJ KIT (QL= 1 vial/day; Only available through Biologics 800-850-4306) | LD-PA-QL | 3 |
| ZONTIVITY TAB (Restricted to Cardiology Specialist) | RS | 3 |
| ASPIRIN/OMEPRAZOLE ER TAB | - | NC |
| CLOPIDOGREL THERAPY PACK | - | NC |
| PLAVIX TAB 300MG | - | NC |
| YOSPRALA TAB | - | NC |

HEMATOPOIETIC AGENTS

AGENTS FOR GAUCHER DISEASE

| | | |
|--|-------|---|
| miglustat cap (ZAVESCA equiv) (Only available through Accredo 888-773-7376) | LD-PA | 2 |
|--|-------|---|

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| | | | | | |
|-----|--------------------------|------|--|------|--------------------------------------|
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| LD | Affordable Care Act | LMSP | Plan Exclusion | MSP | Infertility |
| OTC | Limited Distribution | PA | Lumicera Mandatory Specialty Pharmacy Program | QL | Mandatory Specialty Pharmacy Program |
| RS | Over-the-Counter | SF | Prior Authorization | SMKG | Quantity Limit |
| ST | Restricted to Specialist | VAC | Limited to two 15 day fills per month for first 3 months | ¢ | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | RxCENTS |

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| DrugName | Special Code | Tier |
|---|--------------|------|
| HEMATOPOIETIC AGENTS Cont. | | |
| CERDELGA CAP | - | NC |
| AGENTS FOR SICKLE CELL ANEMIA | | |
| DROXIA CAP | - | 2 |
| SIKLOS TAB | - | NC |
| AGENTS FOR SICKLE CELL DISEASE | | |
| ENDARI POWDER PACK | - | NC |
| OXBRYTA TAB | - | NC |
| COBALAMINS | | |
| cyanocobalamin inj | - | 1 |
| NASCOBAL NASAL SPRAY | - | 3 |
| CALOMIST NASAL SPRAY | - | NC |
| FOLIC ACID/FOLATES | | |
| folic acid tab 1mg | ACA | 2 |
| folic acid tab 400mcg | ACA-OTC | 2 |
| folic acid tab 800mcg | ACA-OTC | 2 |
| HEMATOPOIETIC GROWTH FACTORS | | |
| DOPTELET TAB (QL= 2 tabs/day; Only available through PantherRx Pharmacy 855-726-8479) | LD-PA-QL | 2 |
| FULPHILA INJ | LMSP | 2 |
| NEUMEGA INJ | LMSP | 2 |
| NIVESTYM INJ | LMSP | 2 |
| PROMACTA POWDER | LMSP-PA | 2 |
| PROMACTA TAB | LMSP-PA | 2 |
| RETACRIT INJ | - | 2 |
| ZARXIO INJ | LMSP | 2 |
| ZIEXTENZO INJ | MSP | 3 |
| ARANESP INJ | - | NC |
| EPOGEN INJ | - | NC |
| GRANIX INJ | - | NC |
| LEUKINE INJ | - | NC |
| MIRCERA INJ | - | NC |
| MULPLETA TAB | - | NC |
| NEULASTA INJ | - | NC |
| NEUPOGEN INJ | - | NC |
| PROCRIT INJ | - | NC |
| REBLOZYL INJ | - | NC |
| UDENYCA INJ | - | NC |
| HEMATOPOIETIC MIXTURES | | |
| ferrex 150 forte cap | - | 1 |
| ferrex 150 forte cap (NIFEREX 150 FORTE equiv) | - | 1 |
| folbee tab | - | 1 |
| MULTIGEN FOLIC TAB | - | 1 |
| MULTIGEN PLUS TAB | - | 1 |
| MULTIGEN TAB | - | 1 |
| tricon cap (TRINSICON equiv) | - | 1 |
| NEPHRON FA TAB | - | 2 |
| BIFERARX TAB | - | NC |

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| | | | | | |
|-----|--------------------------|------|--|------|--------------------------------------|
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| LD | Affordable Care Act | LMSP | Plan Exclusion | INF | Infertility |
| OTC | Limited Distribution | LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program |
| RS | Over-the-Counter | PA | Prior Authorization | QL | Quantity Limit |
| ST | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| | Step Therapy | VAC | Vaccine Program | ¢ | RxCENTS |

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| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| HEMATOPOIETIC AGENTS Cont. | | |
| B-SERENE PAD | - | NC |
| CYFOLEX CAP | - | NC |
| FOLITE TAB | - | NC |
| folvite-d tab (GENICIN VITA-D equiv) | - | NC |
| FOLVITE-FE TAB | - | NC |
| OVEEZA CAP | - | NC |
| PUREFOLIX TAB | - | NC |
| IRON | | |
| ferrous sulfate elixir | ACA-OTC | 2 |
| FERROUS SULFATE LIQUID | ACA-OTC | 2 |
| ferrous sulfate soln | ACA-OTC | 2 |
| FERROUS SULFATE SYRUP | ACA-OTC | 2 |
| IRON SUSP | ACA-OTC | 2 |
| HEMOSTATICS | | |
| HEMOSTATICS - SYSTEMIC | | |
| aminocaproic acid syrup (AMICAR equiv) | - | 1 |
| aminocaproic acid soln (AMICAR equiv) | - | 2 |
| aminocaproic acid tab (AMICAR equiv) | - | 2 |
| tranexamic acid tab (LYSTEDA equiv) | - | 2 |
| AMICAR SYRUP | - | 3 |
| HYPNOTICS | | |
| NON-BARBITURATE HYPNOTICS | | |
| zolpidem tab (AMBIEN equiv) (QL= 1 tab/day) | QL | 1 |
| OREXIN RECEPTOR ANTAGONISTS | | |
| BELSOMRA TAB | - | NC |
| HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS | | |
| ANTIHISTAMINE HYPNOTICS | | |
| diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered) | - | 1 |
| BARBITURATE HYPNOTICS | | |
| phenobarbital elixir | - | 1 |
| phenobarbital tab | - | 1 |
| SECONAL CAP | - | 2 |
| BUTISOL ELIXIR | - | 3 |
| BUTISOL TAB | - | 3 |
| HYPNOTICS - TRICYCLIC AGENTS | | |
| doxepin tab (SILENOR equiv) | - | NC |
| NON-BARBITURATE HYPNOTICS | | |
| estazolam tab (PROSOM equiv) | - | 1 |
| eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day) | QL | 1 |
| FLURAZEPAM CAP | - | 1 |
| temazepam cap 15mg (RESTORIL equiv) | - | 1 |
| temazepam cap 30mg (RESTORIL equiv) | - | 1 |
| triazolam tab (HALCION equiv) | - | 1 |
| zaleplon cap (SONATA equiv) | - | 1 |
| SOMNOTE CAP | - | 3 |

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| | | | | | |
|-----|--------------------------|------|--|------|--------------------------------------|
| ACA | NC =Not Covered | EXC | generic =small letters | INF | BRANDS =CAPITAL LETTERS |
| LD | Affordable Care Act | LMSP | Plan Exclusion | MSP | Infertility |
| OTC | Limited Distribution | PA | Lumicera Mandatory Specialty Pharmacy Program | QL | Mandatory Specialty Pharmacy Program |
| RS | Over-the-Counter | SF | Prior Authorization | SMKG | Quantity Limit |
| ST | Restricted to Specialist | VAC | Limited to two 15 day fills per month for first 3 months | ¢ | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | RxCENTS |

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| DrugName | Special Code | Tier |
|--|--------------|------|
| HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS Cont. | | |
| temazepam cap 22.5mg (RESTORIL equiv) | - | 3 |
| temazepam cap 7.5mg (RESTORIL equiv) | - | 3 |
| AMBIEN CR TAB | - | NC |
| DORAL TAB | - | NC |
| EDLUAR SL TAB | - | NC |
| INTERMEZZO SL TAB | - | NC |
| zolpidem ER tab (AMBIEN CR equiv) | - | NC |
| zolpidem tartrate SL tab (INTERMEZZO equiv) | - | NC |
| ZOLPIMIST SPRAY | - | NC |
| OREXIN RECEPTOR ANTAGONISTS | | |
| DAYVIGO TAB | - | NC |
| SELECTIVE MELATONIN RECEPTOR AGONISTS | | |
| HETLIOZ CAP | - | NC |
| ramelteon tab (ROZEREM equiv) | - | NC |
| ROZEREM TAB | - | NC |
| LAXATIVES | | |
| LAXATIVE COMBINATIONS | | |
| CLENPIQ SOLN | - | \$0 |
| GAVILYTE-C SOLN (Limited to 2 fills/calendar year) | ACA-QL | \$0 |
| peg 3350/electrolytes soln (COLYTE equiv) (Limited to 2 fills/calendar year) | ACA-QL | \$0 |
| trilyte soln (NULYTELY equiv) (Limited to 2 fills/calendar year) | ACA-QL | \$0 |
| gavilyte-h kit | - | NC |
| GOLYTELY SOLN | - | NC |
| HALFLYTELY BOWEL PREP KIT | - | NC |
| MOVIPREP SOLN | - | NC |
| NULYTELY SOLN | - | NC |
| PLENVU SOLN | - | NC |
| SUCLEAR KIT | - | NC |
| SUPREP SOLN | - | NC |
| LAXATIVES - MISCELLANEOUS | | |
| lactulose soln | - | 1 |
| KRISTALOSE PACK | - | 3 |
| GIALAX KIT | - | NC |
| KRISTALOSE PACKET | - | NC |
| LACTULOSE PACK | - | NC |
| MIRALAX PACKET | - | NC |
| MIRALAX POWDER | - | NC |
| polyethylene glycol 3350 powder (MIRALAX equiv) | - | NC |
| SALINE LAXATIVES | | |
| VISICOL TAB | - | 3 |
| OSMOPREP TAB | - | NC |
| LOCAL ANESTHETICS-PARENTERAL | | |
| LOCAL ANESTHETIC COMBINATIONS | | |
| ROPIVICAINE/CLONIDINE/KETOROLAC INJ | - | NC |

MACROLIDES

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| | | | |
|--------------------------------|--|---|---|
| ACA Affordable Care Act | EXC Plan Exclusion | generic =small letters | BRANDS =CAPITAL LETTERS |
| LD Limited Distribution | LMSP Lumicera Mandatory Specialty Pharmacy Program | INF Infertility | INF Infertility |
| OTC Over-the-Counter | PA Prior Authorization | MSP Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program |
| RS Restricted to Specialist | SF Limited to two 15 day fills per month for first 3 months | QL Quantity Limit | QL Quantity Limit |
| ST Step Therapy | VAC Vaccine Program | SMKG Smoking Cessation | SMKG Smoking Cessation |
| | | ¢ RxCENTS | ¢ RxCENTS |

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|---|--------------|------|
| MACROLIDES Cont. | | |
| AZITHROMYCIN | | |
| azithromycin susp (ZITHROMAX equiv) | - | 1 |
| azithromycin tab (ZITHROMAX equiv) | - | 1 |
| ZITHROMAX POWDER PACK | - | 3 |
| ZMAX SUSP | - | 3 |
| CLARITHROMYCIN | | |
| clarithromycin susp (BIAXIN equiv) | - | 1 |
| clarithromycin tab (BIAXIN equiv) | - | 1 |
| CLARITHROMYC SUSP | - | 2 |
| clarithromycin ER tab (BIAXIN XL equiv) | - | 3 |
| ERYTHROMYCINS | | |
| erythromycin DR cap (ERYC equiv) | - | 2 |
| ERYTHROMYCIN EC CAP | - | 2 |
| erythromycin ethylsuccinate susp (ERYPED equiv) | - | 2 |
| erythromycin stearate tab | - | 2 |
| erythromycin tab (ERYTHROMYCIN equiv) (all forms except PCE) | - | 2 |
| ERYTHROMYCIN ETHYLSUCCINATE TAB | - | 3 |
| erythromycin tab (ERY-TAB equiv) | - | 3 |
| PCE TAB | - | 3 |
| FIDAXOMICIN | | |
| DIFICID TAB (QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, vancomycin soln, or FIRVANQ SOLN) | QL-ST | 2 |

MEDICAL DEVICES AND SUPPLIES

| | | |
|--|---------|---|
| CONTRACEPTIVES | | |
| CERVICAL CAP | ACA | 2 |
| DIAPHRAGM | ACA | 2 |
| FEMALE CONDOMS | ACA-OTC | 2 |
| DIABETIC SUPPLIES | | |
| CALIBRATION LIQUID | OTC | 1 |
| LANCET KIT | OTC | 1 |
| LANCETS | OTC | 1 |
| ACCU-CHEK AVIVA PLUS METER | ACA-OTC | 2 |
| ACCU-CHEK GUIDE CARE METER | ACA-OTC | 2 |
| ACCU-CHEK GUIDE ME KIT | ACA-OTC | 2 |
| ACCU-CHEK NANO METER | ACA-OTC | 2 |
| FREESTYLE FREEDOM LITE METER | ACA-OTC | 2 |
| FREESTYLE INSULINX METER | ACA-OTC | 2 |
| FREESTYLE LITE METER | ACA-OTC | 2 |
| FREESTYLE PRECISION NEO METER | ACA-OTC | 2 |
| OMNIPOD 5 PACK PODS (QL= 10 pods/month) | QL | 2 |
| OMNIPOD DASH PODS (QL= 10 pods/month) | QL | 2 |
| OMNIPOD STARTER KIT (QL= 1 kit/year) | QL | 2 |
| PRECISION XTRA METER | ACA-OTC | 2 |
| V-GO INJ KIT (QL= 1 kit/day) | QL | 2 |
| DEXCOM G6 RECEIVER (QL= 1 receiver/year) | PA-QL | 3 |
| DEXCOM G6 SENSOR (QL= 3 sensors/28 days) | PA-QL | 3 |

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| OTC | Limited Distribution | PA | Lumicera Mandatory Specialty Pharmacy Program | QL | Mandatory Specialty Pharmacy Program |
| RS | Over-the-Counter | SF | Prior Authorization | SMKG | Quantity Limit |
| ST | Restricted to Specialist | VAC | Limited to two 15 day fills per month for first 3 months | ¢ | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | RxCENTS |

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**Texas Association of Counties Pooled Formulary
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| DrugName | Special Code | Tier |
|--|--------------|------|
| MEDICAL DEVICES AND SUPPLIES Cont. | | |
| DEXCOM G6 TRANSMITTER (QL= 1 transmitter/90 days) | PA-QL | 3 |
| FREESTYLE LIBRE RECEIVER (QL= 1 receiver/year) | PA-QL | 3 |
| FREESTYLE LIBRE SENSOR (10-DAY) (QL= 3 sensors/30 days) | PA-QL | 3 |
| FREESTYLE LIBRE SENSOR (14-DAY) (QL= 2 sensors/28 days) | PA-QL | 3 |
| DIABETIC METER (all other diabetic meters) | OTC | NC |
| MISC. DEVICES | | |
| ALCOHOL SWABS | OTC | 1 |
| ORAL HYGIENE PRODUCTS | | |
| HURRISEAL MIS SNAP | - | NC |
| PARENTERAL THERAPY SUPPLIES | | |
| B-D INSULIN SYRINGE | --OTC | 1 |
| B-D PEN NEEDLE | OTC | 1 |
| NOVOFINE PEN NEEDLE | OTC | 1 |
| NOVOTWIST PEN NEEDLE | OTC | 1 |
| NOVOTWIST/NOVOFINE PEN NEEDLE | OTC | 1 |
| INSULIN SYRINGE | OTC | NC |
| PEN NEEDLE | OTC | NC |
| RESPIRATORY THERAPY SUPPLIES | | |
| PEAK FLOW METER | OTC | 1 |
| AEROCHAMBER | OTC | 2 |
| MIGRAINE PRODUCTS | | |
| CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG | | |
| AJOVY INJ | - | NC |
| MIGRAINE COMBINATIONS | | |
| ISOMETHEPTENE/CAFFEINE/ACETAMINOPHEN TAB | - | 2 |
| isometheptene/caffeine/acetaminophen tab (PRODRIN equiv) | - | 2 |
| MIGERGOT SUPP | - | 2 |
| ergotamine/caffeine tab (CAFERGOT equiv) | - | 3 |
| ACETAMINOPHEN/ISOMETHEPTENE/DICHLORAL CAP | - | NC |
| acetaminophen/isometheptene/dichloral cap (MIDRIN equiv) | - | NC |
| PRODRIN TAB | - | NC |
| sumatriptan/naproxen tab (TREXIMET equiv) | - | NC |
| TREXIMET TAB | - | NC |
| MIGRAINE PRODUCTS | | |
| dihydroergotamine mesylate inj (D.H.E. equiv) | - | NC |
| dihydroergotamine mesylate nasal spray (MIGRANAL equiv) | - | NC |
| MIGRANAL SPRAY | - | NC |
| MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES | | |
| AIMOVIG INJ (QL= 1 pack/28 days) | PA-QL | 2 |
| EMGALITY INJ (QL= 1 inj/28 days) | PA-QL | 2 |
| EMGALITY INJ 100MG/ML (QL= 3 inj/fill, 6 fills/year) | PA-QL | 2 |
| AJOVY INJ | - | NC |
| NURTEC ODT | - | NC |
| UBRELVY TAB | - | NC |
| MIGRAINE PRODUCTS - NSAIDS | | |

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| | | | |
|--------------------------------|--|---|---|
| ACA Affordable Care Act | EXC Plan Exclusion | generic =small letters | BRANDS =CAPITAL LETTERS |
| LD Limited Distribution | LMSP Lumicera Mandatory Specialty Pharmacy Program | INF Infertility | INF Infertility |
| OTC Over-the-Counter | PA Prior Authorization | MSP Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program |
| RS Restricted to Specialist | SF Limited to two 15 day fills per month for first 3 months | QL Quantity Limit | QL Quantity Limit |
| ST Step Therapy | VAC Vaccine Program | SMKG Smoking Cessation | SMKG Smoking Cessation |
| | | ¢ RxCENTS | ¢ RxCENTS |

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| DrugName | Special Code | Tier |
|---|--------------|------|
| MIGRAINE PRODUCTS Cont. | | |
| CAMBIA POWDER PACKET | - | NC |
| SEROTONIN AGONISTS | | |
| rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days) | QL | 1 |
| rizatriptan tab (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days) | QL | 1 |
| sumatriptan tab (IMITREX equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 1 |
| eletriptan tab (RELPAK equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 2 |
| naratriptan tab (AMERGE equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 2 |
| sumatriptan inj (IMITREX equiv) (QL= 4 inj/fill, 2 fills/30 days) | QL | 2 |
| SUMATRIPTAN INJ 6MG/0.5ML (QL= 4 inj/fill, 2 fills/30 days) | QL | 2 |
| sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv) (QL= 6 sprays/fill, 2 fills/30 days) | QL | 2 |
| sumatriptan vial inj (IMITREX equiv) (QL= 5 inj/fill, 2 fills/30 days) | QL | 2 |
| zolmitriptan ODT (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 3 |
| zolmitriptan tab (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 3 |
| almotriptan tab (AXERT equiv) | - | NC |
| ALSUMA INJ, ZEMBRACE SYMTOUCH INJ | - | NC |
| AXERT TAB | - | NC |
| FROVA TAB | - | NC |
| frovatriptan tab (FROVA equiv) | - | NC |
| ONZETRA XSAIL | - | NC |
| RELPAK TAB | - | NC |
| REYVOW TAB | - | NC |
| SUMAVEL DOSEPRO INJ | - | NC |
| TOSYMRA SOLN | - | NC |
| ZECUITY PAD | - | NC |
| ZOMIG NASAL SPRAY | - | NC |

MINERALS & ELECTROLYTES

| | | |
|---|-----|---|
| FLUORIDE | | |
| FLUOR-A-DAY CHEW TAB | - | 1 |
| FLUORABON SOLN | ACA | 2 |
| sodium fluoride chew tab (LURIDE equiv) | ACA | 2 |
| SODIUM FLUORIDE LOZENGE | ACA | 2 |
| sodium fluoride soln (LURIDE equiv) | ACA | 2 |
| SODIUM FLUORIDE TAB | ACA | 2 |
| PHOSPHATE | | |
| phospha 250 neutral tab (K-PHOS NEUTRAL equiv) | - | 1 |
| K-PHOS TAB | - | 2 |
| POTASSIUM | | |
| K-TAB | - | 1 |
| POT/CHLORIDE EFFER TAB | - | 1 |
| potassium bicarbonate effer tab (K-LYTE equiv) | - | 1 |
| potassium chloride effer tab (K-LYTE/CL equiv) | - | 1 |
| potassium chloride ER cap (MICRO-K equiv) | - | 1 |
| potassium chloride ER tab (K-TAB equiv) | - | 1 |
| potassium chloride micro tab (K-DUR equiv) | - | 1 |
| KLOR-CON M15 TAB | - | 2 |
| potassium chloride powder packet (KLOR-CON equiv) | - | 2 |

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| | | | | | |
|-----|--------------------------|------|--|------|--------------------------------------|
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| LD | Affordable Care Act | LMSP | Plan Exclusion | MSP | Infertility |
| OTC | Limited Distribution | PA | Lumicera Mandatory Specialty Pharmacy Program | QL | Mandatory Specialty Pharmacy Program |
| RS | Over-the-Counter | SF | Prior Authorization | SMKG | Quantity Limit |
| ST | Restricted to Specialist | VAC | Limited to two 15 day fills per month for first 3 months | ¢ | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | RxCENTS |

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| DrugName | Special Code | Tier |
|---|--------------|------|
| MINERALS & ELECTROLYTES Cont. | | |
| potassium chloride soln | - | 2 |
| KLOR-CON POWDER PACKET 25MEQ | - | 3 |
| ZINC | | |
| zinc sulfate cap | - | 1 |
| GALZIN CAP | - | 2 |
| MISCELLANEOUS THERAPEUTIC CLASSES | | |
| CHELATING AGENTS | | |
| penicillamine tab (DEPEN TITRATAB equiv) | - | 2 |
| trientine cap (SYPRINE equiv) | MSP-PA | 2 |
| penicillamine cap (CUPRIMINE equiv) | - | NC |
| IMMUNOSUPPRESSIVE AGENTS | | |
| everolimus tab 0.25mg, 0.5mg, 0.75mg (ZORTRESS equiv) | PA | 2 |
| sirolimus soln (RAPAMUNE equiv) | - | 2 |
| ASTAGRAF XL CAP | - | NC |
| PROGRAF PACKET | - | NC |
| ZORTRESS TAB | - | NC |
| POTASSIUM REMOVING AGENTS | | |
| LOKELMA PAK | PA | 2 |
| VELTASSA POWDER | PA | 2 |
| SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS | | |
| BENLYSTA AUTO-INJECTOR (QL= 4 inj/28 day) | LMSP-PA-QL | 2 |
| BENLYSTA INJ (QL= 4 inj/28 day) | LMSP-PA-QL | 2 |
| MOUTH/THROAT/DENTAL AGENTS | | |
| ANESTHETICS TOPICAL ORAL | | |
| lidocaine viscous soln | - | 1 |
| LIDOCAINE ORAL SOLN 4% | - | 2 |
| FIRST MOUTHWASH BLM | - | 3 |
| ANTIALLERGY AGENTS - MOUTH/THROAT | | |
| APHTHASOL PASTE | - | 2 |
| ANTI-INFECTIVES - THROAT | | |
| clotrimazole troches (MYCELEX TROCHES equiv) | - | 1 |
| nystatin susp | - | 1 |
| ORAVIG TAB | - | 3 |
| ANTISEPTICS - MOUTH/THROAT | | |
| chlorhexidine gluconate soln (PERIDEX equiv) | - | 1 |
| DENTAL PRODUCTS | | |
| sodium fluoride gel (PREVIDENT equiv) | - | 1 |
| sodium fluoride paste (PREVIDENT equiv) | - | 1 |
| sodium fluoride rinse (PREVIDENT equiv) | - | 1 |
| sodium fluoride/potassium nitrate paste (PREVIDENT equiv) | - | 1 |
| PREVIDENT PASTE | - | 2 |
| PREVIDENT RINSE | - | 2 |
| sodium fluoride cream (PREVIDENT equiv) | ACA | 2 |
| PREVIDENT 5000 PLUS CREAM | ACA | 3 |

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| RS | Over-the-Counter | PA | Prior Authorization | QL | Quantity Limit |
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| | Step Therapy | VAC | Vaccine Program | ¢ | RxCENTS |

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| DrugName | Special Code | Tier |
|---|--------------|------|
| MOUTH/THROAT/DENTAL AGENTS Cont. | | |
| STEROIDS - MOUTH/THROAT | | |
| triamcinolone in orabase paste (KENALOG/ORABASE equiv) | - | 1 |
| THROAT PRODUCTS - MISC. | | |
| pilocarpine tab (SALAGEN equiv) | - | 1 |
| cevimeline cap (EVOXAC equiv) | - | 2 |
| GELCLAIR GEL | - | NC |
| PROTHELIAL PASTE | - | NC |
| MULTIVITAMINS | | |
| B-COMPLEX W/ FOLIC ACID | | |
| DIALYVITE TAB | - | 1 |
| dialyvite tab (NEPHRO-VITE equiv) | - | 1 |
| DIALYVITE/ZINC TAB | - | 1 |
| FOLBEE PLUS CZ TAB | - | 1 |
| renaphro cap (NEPHROCAP equiv) | - | 1 |
| FIBRIK CAP | - | NC |
| MULTIPLE VITAMINS & FLUORIDE-FOLIC ACID | | |
| MULTIVITAMIN/FLUORIDE CHEW TAB | - | NC |
| MULTIPLE VITAMINS W/ MINERALS | | |
| multivitamin/minerals tab (STROVITE equiv) | - | 1 |
| REMEDIENT CAP | - | NC |
| MULTIVITAMINS | | |
| FOLIKA-V TAB | - | NC |
| PED MULTI VITAMINS W/FL & FE | | |
| pediatric multiple vitamins/fluoride/iron soln | - | 1 |
| PED MV W/ FLUORIDE | | |
| pediatric multiple vitamins/fluoride chew tab | - | 1 |
| pediatric multiple vitamins/fluoride soln | - | 1 |
| FLORIVA PLUS DROPS | - | 2 |
| QUFLORA PEDIATRIC CHEW TAB | - | 3 |
| POLY-VI-FLOR SUSP | - | NC |
| PEDIATRIC MULTIPLE VITAMINS & MINERALS W/ FLUORIDE | | |
| FLORIVA CHEW TAB | - | NC |
| PRENATAL VITAMINS | | |
| CONCEPT DHA CAP | - | 1 |
| PRENATABS RX TAB | - | 1 |
| PRENATAL 19 CHEW TAB | - | 1 |
| PRENATAL 19 TAB | - | 1 |
| PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS) | - | 1 |
| VP-PNV-DHA CAP | - | 1 |
| MYNATAL-Z TAB | - | 3 |
| PRENATAL VITAMINS (NON-PREFERRED) | - | 3 |
| AZESCO TAB | - | NC |
| CITRANATAL CAP MEDLEY | - | NC |
| PREGENNA TAB | - | NC |

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| DrugName | Special Code | Tier |
|-----------------------------------|--------------|------|
| MULTIVITAMINS Cont. | | |
| PRENARA CAP | - | NC |
| PRENATAL VITAMINS (NON-PREFERRED) | - | NC |
| VITAFOL CHEWABLE GUMMIES | - | NC |
| VITAFOL STRIPS | - | NC |
| VITAFOL ULTRA | - | NC |
| VITAFOL-NANO | - | NC |
| VITAFOL-OB PAK + DHA | - | NC |
| VITAFOL-OB TAB | - | NC |
| VITAFOL-ONE | - | NC |

MUSCULOSKELETAL THERAPY AGENTS

CENTRAL MUSCLE RELAXANTS

| | | |
|---|---|----|
| baclofen tab 10mg, 20mg | - | 1 |
| carisoprodol tab (SOMA equiv) | - | 1 |
| chlorzoxazone tab 500mg | - | 1 |
| cyclobenzaprine tab 10mg (FLEXERIL equiv) | - | 1 |
| cyclobenzaprine tab 5mg (FLEXERIL equiv) | - | 1 |
| methocarbamol tab (ROBAXIN equiv) | - | 1 |
| orphenadrine citrate ER tab (NORFLEX equiv) | - | 1 |
| tizanidine tab (ZANAFLEX equiv) | - | 1 |
| cyclobenzaprine tab 7.5mg (FEXMID equiv) | - | 3 |
| metaxalone tab (SKELAXIN equiv) | - | 3 |
| METAXALONE TAB 400MG | - | 3 |
| tizanidine cap (ZANAFLEX equiv) | - | 3 |
| BACLOFEN TAB 5MG | - | NC |
| carisoprodol tab 250mg (SOMA equiv) | - | NC |
| chlorzoxazone tab | - | NC |
| CHLORZOAZONE TAB 250MG | - | NC |
| CHLORZOAZONE TAB 250MG, LORZONE TAB | - | NC |
| CYCLOBENZAPRINE COMPOUND KIT | - | NC |
| cyclobenzaprine ER cap (AMRIX equiv) | - | NC |
| FIRST BACLOFEN SUSP KIT | - | NC |
| OZOBAX SOLN | - | NC |
| SOMA TAB 250MG | - | NC |

DIRECT MUSCLE RELAXANTS

| | | |
|---------------------------------|---|---|
| dantrolene cap (DANTRIUM equiv) | - | 2 |
|---------------------------------|---|---|

MUSCLE RELAXANT COMBINATIONS

| | | |
|--|---|----|
| NORGESIC FORTE TAB | - | 3 |
| NORGESIC TAB FORTE | - | 3 |
| orphenadrine/aspirin/caffeine tab (NORGESIC FORTE equiv) | - | 3 |
| CARISOPRODOL/ASPIRIN TAB | - | NC |
| carisoprodol/aspirin tab (SOMA COMPOUND equiv) | - | NC |
| CARISOPRODOL/ASPIRIN/CODEINE TAB | - | NC |
| carisoprodol/aspirin/codeine tab (SOMA COMPOUND/CODEINE equiv) | - | NC |
| LORVATUS PHARMAPAK KIT | - | NC |
| TIZANIDINE COMFORT KIT | - | NC |

NASAL AGENTS - SYSTEMIC AND TOPICAL

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| DrugName | Special Code | Tier |
|--|--------------|------|
| NASAL AGENTS - SYSTEMIC AND TOPICAL Cont. | | |
| NASAL AGENT COMBINATIONS | | |
| azelastine/fluticasone nasal spray (DYMISTA equiv) | - | NC |
| AZENASE PAK | - | NC |
| NASAL AGENTS - MISC. | | |
| ALZAIR NASAL SPRAY | - | NC |
| TICANASE PAK | - | NC |
| NASAL ANESTHETICS | | |
| GOPRELTO SOLN | - | NC |
| NASAL ANTIALLERGY | | |
| azelastine nasal spray 0.1% (ASTELIN equiv) | - | 1 |
| azelastine nasal spray 0.15% (ASTEPRO equiv) | - | 2 |
| olopatadine nasal spray (PATANASE equiv) | - | 2 |
| NASAL ANTICHOLINERGICS | | |
| ipratropium nasal spray (ATROVENT equiv) | - | 1 |
| NASAL ANTI-INFECTIVES | | |
| BACTROBAN NASAL OINT | - | 3 |
| NASAL STEROIDS | | |
| fluticasone nasal spray (FLONASE equiv) (QL= 2 bottles/fill) | QL | 1 |
| FLUNISOLIDE NASAL SPRAY (QL= 2 bottles/fill) | QL | 3 |
| budesonide nasal spray (RHINOCORT AQUA equiv) | OTC | EXC |
| NASACORT OTC NASAL SPRAY | OTC | EXC |
| triamcinolone OTC nasal spray (NASACORT equiv) | OTC | EXC |
| BECONASE AQ NASAL SPRAY | - | NC |
| FLONASE NASAL SPRAY | - | NC |
| flunisolide nasal solution 0.025% (FLUNISOLIDE NASAL SPRAY 0.025% equiv) | - | NC |
| mometasone nasal spray (NASONEX equiv) | - | NC |
| OMNARIS NASAL SPRAY | - | NC |
| QNASL NASAL SPRAY | - | NC |
| RHINOCORT AQUA NASAL SPRAY | - | NC |
| SINUVA NASAL IMPLANT | - | NC |
| VERAMYST NASAL SPRAY | - | NC |
| XHANCE NASAL EXHALER | - | NC |
| ZETONNA NASAL SPRAY | - | NC |
| NEUROMUSCULAR AGENTS | | |
| ALS AGENTS | | |
| riluzole tab (RILUTEK equiv) | - | 2 |
| TIGLUTIK SUSP | - | NC |
| NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS | | |
| BOTOX INJ | MSP-PA | 3 |
| DYSPOINJ | MSP-PA | 3 |
| MYOBLOC INJ | MSP-PA | 3 |
| XEOMIN INJ | MSP-PA | 3 |
| NUTRIENTS | | |
| LIPIDS | | |

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| DrugName | Special Code | Tier |
|---|--------------|------|
| NUTRIENTS Cont. | | |
| DOJOLVI ORAL LIQUID | - | NC |
| OPHTHALMIC AGENTS | | |
| ARTIFICIAL TEARS AND LUBRICANTS | | |
| LACRISERT OPHTH INSERT | - | NC |
| BETA-BLOCKERS - OPHTHALMIC | | |
| betaxolol ophth soln (BETOPTIC-S equiv) | - | 1 |
| CARTEOLOL OPHTH SOLN | - | 1 |
| carteolol ophth soln (OCUPRESS equiv) | - | 1 |
| dorzolamide/timolol (pf) ophth soln (COSOPT equiv) | - | 1 |
| LEVOBUNOLOL OPHTH SOLN | - | 1 |
| levobunolol ophth soln (BETAGAN equiv) | - | 1 |
| timolol maleate ophth soln (TIMOPTIC equiv) | - | 1 |
| BETIMOL OPHTH SOLN | - | 2 |
| BETOPTIC-S OPHTH SOLN | - | 2 |
| COMBIGAN OPHTH SOLN | - | 2 |
| DORZOLAMIDE/TIMOLOL OPHTH SOLN | - | 2 |
| ISTALOL OPHTH SOLN | - | 2 |
| METIPRANOLOL OPHTH SOLN | - | 2 |
| timolol maleate ophth gel (TIMOPTIC-XE equiv) | - | 2 |
| timolol maleate ophth soln 0.5% (ISTALOL equiv) | - | 2 |
| TIMOLOL OPHTH GEL SOLN | - | 2 |
| TIMOPTIC OCUDOSE OPHTH SOLN | - | 3 |
| CYCLOPLEGIC MYDRIATICS | | |
| atropine ophth oint | - | 1 |
| atropine ophth soln (ISOPTO ATROPINE equiv) | - | 1 |
| cyclopentolate ophth soln (CYCLOGYL equiv) | - | 1 |
| homatropine ophth soln (ISOPTO HOMATROPINE equiv) | - | 1 |
| phenylephrine ophth soln (MYDFRIN equiv) | - | 1 |
| tropicamide ophth soln (MYDRIACYL equiv) | - | 1 |
| CYCLOMYDRIL OPHTH SOLN | - | 2 |
| HOMATROPINE OPHTH SOLN | - | 2 |
| ISOPTO HYOSCINE OPHTH SOLN | - | 2 |
| MIOTICS | | |
| pilocarpine ophth soln (ISOPTO CARPINE equiv) | - | 1 |
| ISOPTO CARBACHOL OPHTH SOLN | - | 2 |
| PHOSPHOLINE OPHTH SOLN | - | 2 |
| PILOPINE HS OPHTH GEL | - | 3 |
| OPHTHALMIC ADRENERGIC AGENTS | | |
| brimonidine ophth soln 0.2% | - | 1 |
| ALPHAGAN P OPHTH SOLN 0.1% | - | 2 |
| apraclonidine ophth soln (IOPIDINE equiv) | - | 2 |
| brimonidine ophth soln 0.15% (ALPHAGAN P 0.15% equiv) | - | 2 |
| IOPIDINE OPHTH SOLN 1% | - | 2 |
| SIMBRINZA OPHTH SUSP | - | 2 |
| LUMIFY OPHTH SOLN 0.25% | - | NC |

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| | | | |
|--------------------------------|--|------------------------|---|
| ACA Affordable Care Act | EXC Plan Exclusion | generic =small letters | 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 |

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**Texas Association of Counties Pooled Formulary
Category/Class**

Last Updated* 8/1/2020

| DrugName | Special Code | Tier |
|--|--------------|------|
| OPHTHALMIC AGENTS Cont. | | |
| OPHTHALMIC ANTI-INFECTIVES | | |
| bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv) | - | 1 |
| bacitracin/polymyxin b ophth oint (POLYSPORIN equiv) | - | 1 |
| ciprofloxacin ophth soln (CILOXAN equiv) | - | 1 |
| erythromycin ophth oint | - | 1 |
| GENTAK OPHTH OINT | - | 1 |
| gentamicin ophth oint (GARAMYCIN equiv) | - | 1 |
| gentamicin ophth soln (GARAMYCIN equiv) | - | 1 |
| levofloxacin ophth soln (QUIXIN equiv) | - | 1 |
| moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv) | - | 1 |
| NEOMYCIN/POLYMIXIN/GRAMICIDIN OPHTH SOLN | - | 1 |
| ofloxacin ophth soln (OCUFLOX equiv) | - | 1 |
| polymyxin b/trimethoprim ophth soln (POLYTRIM equiv) | - | 1 |
| sulfacetamide sodium ophth soln (BLEPH-10 equiv) | - | 1 |
| tobramycin ophth soln (TOBEX equiv) | - | 1 |
| AZASITE SOLN | - | 2 |
| BACITRACIN OPHTH OINT | - | 2 |
| TRIFLURIDINE OPHTH SOLN | - | 2 |
| trifluridine ophth soln (VIROPTIC equiv) | - | 2 |
| ZIRGAN OPHTH GEL | - | 2 |
| CILOXAN OPHTH OINT | - | 3 |
| gatifloxacin ophth soln (ZYMAXID equiv) | - | 3 |
| TOBEX OPHTH OINT | - | 3 |
| VIGAMOX OPHTH SOLN | - | 3 |
| ZYMAXID OPHTH SOLN | - | 3 |
| BESIVANCE OPHTH SUSP | - | NC |
| MOXEZA OPHTH SOLN | - | NC |
| MOXEZA OPHTH SOLN 0.5% | - | NC |
| moxifloxacin hcl ophth soln 0.5% (MOXEZA equiv) | - | NC |
| MOXIFLOXACIN SOLN | - | NC |
| OPHTHALMIC IMMUNOMODULATORS | | |
| RESTASIS OPHTH EMULSION | PA | 2 |
| CEQUA (PF) OPHTH SOLN | - | NC |
| OPHTHALMIC INTEGRIN ANTAGONISTS | | |
| XIIDRA OPHTH SOLN | - | NC |
| OPHTHALMIC KINASE INHIBITORS | | |
| RHOPRESSA OPHTH SOLN | - | NC |
| ROCKLATAN OPHTH SOLN | - | NC |
| OPHTHALMIC LOCAL ANESTHETICS | | |
| proparacaine ophth soln (ALCAINE equiv) | - | 1 |
| OPHTHALMIC NERVE GROWTH FACTORS | | |
| OXERVATE OPHTH SOLN | - | NC |
| OPHTHALMIC PHOTOENHANCERS | | |
| PHOTREXA OP KIT | - | NC |
| PHOTREXA VISCOUS OPHTH SOLN | - | NC |

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| OPHTHALMIC AGENTS Cont. | | |
| OPHTHALMIC STEROIDS | | |
| bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv) | - | 1 |
| dexamethasone ophth soln | - | 1 |
| fluorometholone ophth soln (FML LIQUIFILM equiv) | - | 1 |
| neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv) | - | 1 |
| neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv) | - | 1 |
| NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN | - | 1 |
| PREDNISOLONE OPHTH SUSP | - | 1 |
| PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN | - | 1 |
| sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv) | - | 1 |
| tobramycin/dexamethasone ophth soln (TOBRADEX equiv) | - | 1 |
| ALREX OPHTH SUSP | - | 2 |
| BLEPHAMIDE OPHTH SOLN | - | 2 |
| DUREZOL OPHTH EMULSION | - | 2 |
| LOTEMAX OPHTH GEL | - | 2 |
| LOTEMAX OPHTH OINT | - | 2 |
| loteprednol ophth susp (LOTEMAX equiv) | - | 2 |
| MAXIDEX OPHTH SOLN | - | 2 |
| PRED MILD OPHTH SOLN | - | 2 |
| PRED-G OPHTH SOLN | - | 2 |
| TOBRADEX OPHTH OINT | - | 2 |
| VEXOL OPHTH SUSP | - | 2 |
| ZYLET OPHTH SUSP (QL= 5ml/fill (10ml bottle is Not Covered)) | QL | 2 |
| BLEPHAMIDE S.O.P. OPHTH OINT | - | 3 |
| FLAREX OPHTH SUSP | - | 3 |
| FML FORTE OPHTH SUSP | - | 3 |
| FML S.O.P. OPHTH OINT | - | 3 |
| PRED FORTE OPHTH SUSP | - | 3 |
| TOBRADEX ST OPHTH SUSP | - | 3 |
| DEXTENZA OPHTH INSERT | - | NC |
| INVELTYS OPHTH SUSP | - | NC |
| KLARITY-B DROPS | - | NC |
| KLARITY-L DROPS | - | NC |
| LOTEMAX SM GEL 0.38% | - | NC |
| PREDNISOLONE/MOXIFLOXACIN OPHTH SOLN | - | NC |
| PREDNISOLONE/MOXIFLOXACIN OPHTH SUSP | - | NC |
| PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SOLN | - | NC |
| PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SUSP | - | NC |
| PREDNISOLONE/MOXIFLOXACIN/KETOROLAC OPHTH SOLN | - | NC |
| PREDNISOLONE/MOXIFLOXACIN/NEPAFENAC OPHTH SUSP | - | NC |
| PREDNISOLONE/NEPAFENAC OPHTH SUSP | - | NC |
| OPHTHALMICS - MISC. | | |
| azelastine ophth soln (OPTIVAR equiv) | - | 1 |
| cromolyn ophth soln (CROLOM equiv) | - | 1 |
| diclofenac sodium ophth soln (VOLTAREN equiv) | - | 1 |
| dorzolamide ophth soln (TRUSOPT equiv) | - | 1 |

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| OTC | Limited Distribution | PA | Lumicera Mandatory Specialty Pharmacy Program | SMKG | Mandatory Specialty Pharmacy Program |
| RS | Over-the-Counter | SF | Prior Authorization | ¢ | Quantity Limit |
| ST | Restricted to Specialist | VAC | Limited to two 15 day fills per month for first 3 months | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | RxCENTS |

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|--|--------------|------|
| OPHTHALMIC AGENTS Cont. | | |
| FLURBIPROFEN OPHTH SOLN | - | 1 |
| flurbiprofen ophth soln (OCUFEN equiv) | - | 1 |
| ketorolac ophth soln (ACULAR (LS) equiv) | - | 1 |
| olopatadine ophth soln 0.1% (PATANOL equiv) | - | 1 |
| olopatadine ophth soln 0.2% (PATADAY equiv) | - | 1 |
| ALAMAST OPHTH SOLN | - | 2 |
| ALOCRILOPHTH SOLN | - | 2 |
| ALOMIDE OPHTH SOLN | - | 2 |
| AZOPT OPHTH SUSP | - | 2 |
| bromfenac ophth soln (BROMDAY equiv) | - | 2 |
| CYSTARAN OPHTH SOLN (QL= 4 bottles/30 days; Only available through Walgreens 888-347-3416) | LD-PA-QL | 2 |
| ILEVRO OPHTH SUSP | - | 2 |
| NEVANAC OPHTH SUSP | - | 2 |
| PROLENSA OPHTH SOLN | - | 2 |
| ACUVAIL OPHTH SOLN | - | 3 |
| BEPREVE OPHTH SOLN | - | 3 |
| EMADINE OPHTH SOLN | - | 3 |
| epinastine ophth soln (ELESTAT equiv) | - | 3 |
| LASTACRAFT OPHTH SOLN (QL= 3ml/30 days) | QL | 3 |
| ketotifen ophth soln (ZADITOR equiv) | OTC | EXC |
| BROMSITE OPHTH SOLN | - | NC |
| PATADAY OPHTH SOLN | - | NC |
| PAZEO OPHTH SOLN 0.7% | - | NC |
| ZADITOR OPHTH SOLN | OTC | NC |
| ZERVIATE OPHTH SOLN | - | NC |

PROSTAGLANDINS - OPHTHALMIC

| | | |
|--|----|----|
| latanoprost ophth soln (XALATAN equiv) (QL= 2.5ml/30 days) | QL | 1 |
| bimatoprost ophth soln (QL= 2.5ml/30 days) | QL | 2 |
| LUMIGAN OPHTH SOLN (QL= 2.5ml/30 days) | QL | 2 |
| travoprost ophth soln (TRAVATAN Z equiv) (QL= 2.5ml/30 days) | QL | 2 |
| VYZULTA SOLN | - | NC |
| XELPROS OPHTH EMULSION | - | NC |
| ZIOPTAN OPHTH SOLN | - | NC |

OTIC AGENTS

OTIC AGENTS - MISCELLANEOUS

| | | |
|--|---|---|
| acetic acid otic soln (VOSOL equiv) | - | 1 |
| ACETIC ACID/ALUMINUM ACETATE OTIC SOLN | - | 1 |

OTIC ANTI-INFECTIVES

| | | |
|------------------------------------|---|---|
| CIPROFLOXACIN OTIC SOLN | - | 2 |
| ofloxacin otic soln (FLOXIN equiv) | - | 3 |

OTIC COMBINATIONS

| | | |
|---|---|---|
| neomycin/polymixin/hydrocortisone otic soln (CORTISPORIN equiv) | - | 1 |
| neomycin/polymixin/hydrocortisone otic susp (CORTISPORIN equiv) | - | 1 |
| CIPRODEX OTIC SUSP | - | 2 |
| COLY-MYCIN S OTIC SUSP | - | 2 |
| CIPRO HC OTIC SUSP | - | 3 |

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| RS | Over-the-Counter | SF | Prior Authorization | SMKG | Quantity Limit |
| ST | Restricted to Specialist | VAC | Limited to two 15 day fills per month for first 3 months | ¢ | Smoking Cessation |
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|--|---------------------|-------------|
| OTIC AGENTS Cont. | | |
| antipyrine/benzocaine otic soln (AURALGAN equiv) | - | NC |
| CORTANE-B AQUEOUS OTIC SOLN | - | NC |
| CORTANE-B OTIC SOLN | - | NC |
| otomax-HC otic soln (CORTANE-B equiv) | - | NC |
| OTOVEL OTIC SOLN, CIPROFLOXACIN/FLUOCINOLONE OTIC SOLN | - | NC |
| OTOZIN OTIC DROPS | - | NC |
| pramoxine-HC AQ otic soln (CORTANE-B AQUEOUS equiv) | - | NC |

OTIC STEROIDS

| | | |
|---|---|---|
| acetic acid/hydrocortisone otic soln (VOSOL HC equiv) | - | 2 |
| fluocinolone otic oil (DERMOTIC equiv) | - | 2 |
| ACETASOL HC OTIC SOLN | - | 3 |

OXYTOCICS

OXYTOCICS

| | | |
|---|----|---|
| methylergonovine tab (METHERGINE equiv) (QL= 28 tabs/fill, 1 fill/365 days) | QL | 2 |
|---|----|---|

PASSIVE IMMUNIZING AGENTS

IMMUNE SERUMS

| | | |
|--|--------|---|
| BIVIGAM INJ | MSP-PA | 3 |
| CUVITRU INJ | MSP-PA | 3 |
| CYTOGAM INJ | MSP-PA | 3 |
| GAMMAGARD SD INJ, CARIMUNE NF INJ | MSP-PA | 3 |
| HIZENTRA INJ | MSP-PA | 3 |
| OCTAGAM INJ, FLEBOGAMMA INJ, GAMMAPLEX INJ, PRIVIGEN INJ | MSP-PA | 3 |

MONOCLONAL ANTIBODIES

| | | |
|---|-------|---|
| SYNAGIS INJ (Only available through Lumicera and Avella Specialty Pharmacies) | LD-PA | 3 |
|---|-------|---|

PASSIVE IMMUNIZING AGENTS - COMBINATIONS

| | | |
|------------|--------|---|
| HYQVIA INJ | MSP-PA | 3 |
|------------|--------|---|

PASSIVE IMMUNIZING AND TREATMENT AGENTS

IMMUNE SERUMS

| | | |
|--|--------|----|
| GAMASTAN INJ, GAMASTAN S/D INJ | MSP-PA | 3 |
| GAMUNEX-C INJ, GAMMAGARD INJ, GAMMAKED INJ | MSP-PA | 3 |
| HIZENTRA INJ | MSP-PA | 3 |
| CUTAQUIG INJ | - | NC |
| XEMBIFY INJ | - | NC |

PENICILLINS

AMINOPENICILLINS

| | | |
|-----------------------------------|---|----|
| amoxicillin cap (TRIMOX equiv) | - | 1 |
| AMOXICILLIN CHEW TAB | - | 1 |
| amoxicillin susp (TRIMOX equiv) | - | 1 |
| amoxicillin tab (AMOXIL equiv) | - | 1 |
| ampicillin cap (PRINCIPEN equiv) | - | 1 |
| ampicillin susp (PRINCIPEN equiv) | - | 1 |
| MOXATAG TAB | - | NC |
| MOXATAG TAB 775MG | - | NC |

NATURAL PENICILLINS

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| | | | | | |
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|---|---------------------|-------------|
| PENICILLINS Cont. | | |
| penicillin vk soln (VEETIDS equiv) | - | 1 |
| penicillin vk tab (VEETIDS equiv) | - | 1 |
| PENICILLIN COMBINATIONS | | |
| amoxicillin/clavulanate chew tab (AUGMENTIN equiv) | - | 1 |
| amoxicillin/clavulanate susp (AUGMENTIN ES equiv) | - | 1 |
| amoxicillin/clavulanate tab (AUGMENTIN equiv) | - | 1 |
| AMOXICILLIN/CLAVULANATE ER TAB | - | 3 |
| amoxicillin/clavulanate ER tab (AUGMENTIN XR equiv) | - | 3 |
| PENICILLINASE-RESISTANT PENICILLINS | | |
| dicloxacillin cap (DYNAPEN equiv) | - | 1 |
| PHARMACEUTICAL ADJUVANTS | | |
| SEMI SOLID VEHICLES | | |
| POLYETHYLENE GLYCOL 8000 GRANULES | - | 2 |
| PROGESTINS | | |
| PROGESTINS | | |
| medroxyprogesterone tab (PROVERA equiv) | - | 1 |
| norethindrone tab (AYGESTIN equiv) | - | 1 |
| progesterone oil inj | - | 1 |
| progesterone cap (PROMETRIUM equiv) | - | 2 |
| megestrol ES susp (MEGACE ES equiv) | - | 3 |
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. | | |
| AGENTS FOR CHEMICAL DEPENDENCY | | |
| disulfiram tab (ANTABUSE equiv) | - | 1 |
| acamprosate calcium DR tab (CAMPRAL equiv) | - | 2 |
| LUCEMYRA TAB (QL= 84 tabs/7 days) | PA-QL | 3 |
| ANTI-CATAPLECTIC AGENTS | | |
| XYREM SOLN (QL= 540ml/30 days; Only available through Xyrem Central Pharmacy 866-997-3688) | LD-PA-QL | 2 |
| ANTIDEMENTIA AGENTS | | |
| donepezil ODT (ARICEPT equiv) (QL= 1 tab/day) | QL | 1 |
| donepezil tab (ARICEPT equiv) (QL= 2 tabs/day) | QL | 1 |
| galantamine tab (RAZADYNE equiv) | ¢ | 1 |
| memantine tab (NAMENDA equiv) | - | 1 |
| rivastigmine cap (EXELON equiv) | - | 1 |
| donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg) | QL-ST | 2 |
| galantamine ER cap (RAZADYNE ER equiv) | - | 2 |
| GALANTAMINE SOLN | - | 2 |
| memantine ER cap (NAMENDA XR equiv) | - | 2 |
| memantine soln (NAMENDA equiv) | - | 2 |
| NAMENDA XR TITRATION PACK | - | 2 |
| rivastigmine patch (EXELON equiv) | - | 2 |
| NAMENDA XR CAP | - | NC |
| NAMZARIC CAP | - | NC |
| NAMZARIC STARTER PACK | - | NC |
| COMBINATION PSYCHOTHERAPEUTICS | | |
| CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB | - | 1 |

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| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont. | | |
| PERPHENAZINE/ AMITRIPTYLINE TAB | - | 1 |
| olanzapine/fluoxetine cap (SYMBYAX equiv) | - | 2 |
| FIBROMYALGIA AGENTS | | |
| SAVELLA PAK | - | 2 |
| SAVELLA TAB (QL= 2 tabs/day) | QL | 2 |
| HYPOACTIVE SEXUAL DESIRE DISORDER (HSDD) AGENTS | | |
| ADDYI TAB | - | EXC |
| VYLEESI INJ | - | EXC |
| MOVEMENT DISORDER DRUG THERAPY | | |
| tetrabenazine tab (XENAZINE equiv) | LMSP-PA | 3 |
| AUSTEDO TAB | - | NC |
| INGREZZA CAP | - | NC |
| INGREZZA PACK 40-80MG | - | NC |
| XENAZINE TAB | - | NC |
| MULTIPLE SCLEROSIS AGENTS | | |
| AUBAGIO TAB | LMSP | 2 |
| AVONEX INJ | LMSP | 2 |
| dalfampridine ER tab (AMPYRA equiv) (QL= 2 tabs/day; Restricted to Neurology Specialist) | LMSP-QL-RS | 2 |
| EXTAVIA INJ | LMSP | 2 |
| GILENYA CAP | LMSP | 2 |
| glatiramer inj (COPAXONE equiv) | LMSP | 2 |
| MAYZENT TAB | LMSP | 2 |
| MAYZENT TAB STARTER PACK | LMSP | 2 |
| PLEGRIDY INJ | LMSP | 2 |
| PLEGRIDY PEN INJ | LMSP | 2 |
| REBIF INJ | LMSP | 2 |
| TECFIDERA CAP | LMSP | 2 |
| TECFIDERA STARTER PACK | LMSP | 2 |
| OCREVUS INJ | MSP-PA | 3 |
| BETASERON INJ | - | NC |
| MAVENCLAD PAK | - | NC |
| VUMERITY CAP | - | NC |
| ZEPOSIA CAP | - | NC |
| ZEPOSIA STARTER PACK | - | NC |
| ZINBRYTA INJ | - | NC |
| POSTHERPETIC NEURALGIA (PHN) AGENTS | | |
| GRALISE TAB | - | NC |
| LYRICA CR TAB | - | NC |
| POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS | | |
| LIDOTIN PAK | - | NC |
| PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS | | |
| fluoxetine (pmdd) tab (SARAFEM equiv) | - | NC |
| FLUOXETINE CAP (PMDD) | - | NC |
| SARAFEM TAB | - | NC |
| PSEUDOBULBAR AFFECT (PBA) AGENTS | | |

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|---|-----------------|------|
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont. | | |
| NUEDEXTA CAP (QL= 2 caps/day) | PA-QL | 2 |
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. | | |
| PIMOZIDE TAB | - | 2 |
| ERGOLOID MESYLATES TAB | - | NC |
| ergoloid mesylates tab (HYDERGINE equiv) | - | NC |
| RESTLESS LEG SYNDROME (RLS) AGENTS | | |
| HORIZANT TAB | - | NC |
| SMOKING DETERRENTS | | |
| bupropion SR tab (ZYBAN equiv) (Limited to 180 days/plan year) | ACA-QL-SMKG | 2 |
| CHANTIX PAK (Limited to 180 days/plan year) | ACA-QL-SMKG | 2 |
| CHANTIX TAB (Limited to 180 days/plan year) | ACA-QL-SMKG | 2 |
| nicotine gum (NICORETTE equiv) (Limited to 180 days/plan year) | ACA-OTC-QL-SMKG | 2 |
| NICOTINE KIT | ACA-OTC-QL-SMKG | 2 |
| nicotine lozenge (COMMIT equiv) (Limited to 180 days/plan year) | ACA-OTC-QL-SMKG | 2 |
| nicotine patch (NICODERM equiv) (Limited to 180 days/plan year) | ACA-OTC-QL-SMKG | 2 |
| NICOTROL INHALER (Limited to 180 days/plan year) | ACA-QL-SMKG | 2 |
| NICOTROL NASAL SPRAY (Limited to 180 days/plan year) | ACA-QL-SMKG | 2 |
| TRANSTHYRETIN AMYLOIDOSIS AGENTS | | |
| TEGSEDI INJ (QL= 4 inj/28 days; Only available through Accredo 888-773-7376) | LD-PA-QL | 3 |
| VASOMOTOR SYMPTOM AGENTS | | |
| BRISDELLE CAP | - | NC |
| paroxetine cap (BRISDELLE equiv) | - | NC |
| RESPIRATORY AGENTS - MISC. | | |
| CYSTIC FIBROSIS AGENTS | | |
| KALYDECO PAK (QL= 2 packets/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416) | LD-PA-QL-SF | 2 |
| KALYDECO TAB (QL= 2 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416) | LD-PA-QL-SF | 2 |
| ORKAMBI GRANULES PACKET (QL= 2 packets/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416) | LD-PA-QL-SF | 2 |
| ORKAMBI TAB (QL= 4 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416) | LD-PA-QL-SF | 2 |
| PULMOZYME INH SOLN | LMSP | 2 |
| SYMDEKO TAB | - | NC |
| TRIKAFTA TAB | - | NC |
| PULMONARY FIBROSIS AGENTS | | |
| ESBRIET CAP (QL= 9 caps/day) | LMSP-PA-QL-SF | 2 |
| ESBRIET TAB 267MG (QL= 9 tabs/day) | LMSP-PA-QL-SF | 2 |
| ESBRIET TAB 801MG (QL= 3 tabs/day) | LMSP-PA-QL-SF | 2 |
| OFEV CAP (QL= 2 caps/day; Only available through Walgreens 888-347-3416) | LD-PA-QL-SF | 2 |
| SULFONAMIDES | | |
| SULFONAMIDES | | |
| SULFADIAZINE TAB | - | 1 |
| TETRACYCLINES | | |
| AMINOMETHYLCYCLINES | | |
| NUZYRA TAB (QL= 1 tab/day, 30 tabs/180 days; Restricted to Infectious Disease or Pulmonology Specialist; Only available through Walgreens 888-347-3416) | LD-QL-RS | 3 |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | |
|--------------------------------|--|---------------------------|---|
| ACA Affordable Care Act | EXC Plan Exclusion | generic =small letters | 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 | |

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**Texas Association of Counties Pooled Formulary
Category/Class**

Last Updated* 8/1/2020

| DrugName | Special Code | Tier |
|---|--------------|------|
| TETRACYCLINES Cont. | | |
| TETRACYCLINES | | |
| doxycycline hyclate cap (VIBRAMYCIN equiv) | - | 1 |
| doxycycline hyclate tab (VIBRATAB equiv) | - | 1 |
| doxycycline monohydrate cap 100mg (MONODOX equiv) | - | 1 |
| doxycycline monohydrate cap 50mg (MONODOX equiv) | - | 1 |
| doxycycline monohydrate tab (ADOXA equiv) | - | 1 |
| minocycline cap (MINOCIN equiv) | - | 1 |
| doxycycline susp (VIBRAMYCIN equiv) | - | 2 |
| minocycline tab (DYNACIN equiv) | - | 2 |
| demeclocycline tab (DECLOMYCIN equiv) | - | 3 |
| doxycycline monohydrate cap 75mg (MONODOX equiv) | - | 3 |
| ORAXYL CAP | - | 3 |
| tetracycline cap | - | 3 |
| VIBRAMYCIN SYRUP | - | 3 |
| ACTICLATE TAB 75MG, 150MG | - | NC |
| ADOXA PAK | - | NC |
| DORYX MPC TAB | - | NC |
| DORYX TAB 200MG | - | NC |
| doxycycline hyclate DR tab (DORYX equiv) | - | NC |
| doxycycline hyclate tab 75mg, 150mg | - | NC |
| doxycycline hyclate tab 75mg, 150mg (ACTICLATE equiv) | - | NC |
| doxycycline monohydrate cap 150mg (MONODOX equiv) | - | NC |
| doxycycline monohydrate tab 150mg (ADOXA equiv) | - | NC |
| MINOCYCLINE ER CAP | - | NC |
| minocycline ER tab (SOLODYN equiv) | - | NC |
| SEYSARA TAB | - | NC |
| SOLODYN TAB | - | NC |
| TARGADOX TAB | - | NC |

THYROID AGENTS

| | | |
|--|---|----|
| ANTITHYROID AGENTS | | |
| methimazole tab (TAPAZOLE equiv) | - | 1 |
| propylthiouracil tab | - | 1 |
| THYROID HORMONES | | |
| ARMOUR THYROID TAB, NATURE THROID TAB | - | 1 |
| liothyronine tab (CYTOMEL equiv) | - | 1 |
| np thyroid tab (ARMOUR THYROID, NATURE THROID equiv) | - | 1 |
| SYNTHROID TAB | - | 1 |
| THYROLAR TAB | - | 2 |
| levothyroxine tab (SYNTHROID equiv) | - | NC |
| TIROSINT CAP | - | NC |
| TIROSINT-SOL | - | NC |

TOXOIDS

| | | |
|-------------------------------|---------|---|
| TOXOID COMBINATIONS | | |
| ADACEL/BOOSTRIX INJ | ACA-VAC | 3 |
| TETANUS/DIPHTHERIA TOXOID INJ | ACA-VAC | 3 |

ULCER DRUGS

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| | | | | | |
|-----|--------------------------|------|--|------|--------------------------------------|
| ACA | NC =Not Covered | EXC | generic =small letters | INF | BRANDS =CAPITAL LETTERS |
| LD | Affordable Care Act | LMSP | Plan Exclusion | MSP | Infertility |
| OTC | Limited Distribution | PA | Lumicera Mandatory Specialty Pharmacy Program | QL | Mandatory Specialty Pharmacy Program |
| RS | Over-the-Counter | SF | Prior Authorization | SMKG | Quantity Limit |
| ST | Restricted to Specialist | VAC | Limited to two 15 day fills per month for first 3 months | ¢ | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | RxCENTS |

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Texas Association of Counties Pooled Formulary
Category/Class

Last Updated* 8/1/2020

| DrugName | Special Code | Tier |
|---|--------------|------|
| ANTISPASMODICS | | |
| dicyclomine cap (BENTYL equiv) | - | 1 |
| dicyclomine tab (BENTYL equiv) | - | 1 |
| hyoscyamine sulfate CR tab (LEVBID equiv) | - | 1 |
| hyoscyamine sulfate elixir (LEVSIN equiv) | - | 1 |
| hyoscyamine sulfate ODT (ANASPAZ equiv) | - | 1 |
| hyoscyamine sulfate SL tab (LEVSIN equiv) | - | 1 |
| hyoscyamine sulfate soln (LEVSIN equiv) | - | 1 |
| hyoscyamine sulfate SR cap (LEVSINEX equiv) | - | 1 |
| hyoscyamine tab (LEVSIN equiv) | - | 1 |
| BELLADONNA ALKALOID/OPIUM SUPP | - | 2 |
| chlordiazepoxide/clidinium cap (LIBRAX equiv) | - | 2 |
| dicyclomine soln (BENTYL equiv) | - | 2 |
| glycopyrrolate tab (ROBINUL equiv) | - | 2 |
| PROPANTHELINE TAB | - | 2 |
| CANTIL TAB | - | 3 |
| CUVPOSA SOLN | - | 3 |
| DONNATAL ELIXIR | - | 3 |
| methscopolamine tab (PAMINE equiv) | - | 3 |
| pb-belladonna elixir (DONNATAL equiv) | - | 3 |
| SYMAX DUOTAB | - | 3 |
| b-donna tab (DONNATAL equiv) | - | NC |
| DONNATAL EXTENTABS | - | NC |
| DONNATAL TAB | - | NC |
| H-2 ANTAGONISTS | | |
| cimetidine tab (TAGAMET equiv) | - | 1 |
| famotidine tab (PEPCID equiv) | - | 1 |
| famotidine susp (PEPCID equiv) | - | 2 |
| AXID CAP | - | NC |
| CIMETIDINE SOLN | - | NC |
| nizatidine cap (AXID equiv) | - | NC |
| PEPCID TAB | - | NC |
| ranitidine cap (ZANTAC equiv) | - | NC |
| ranitidine syrup (ZANTAC equiv) | - | NC |
| ranitidine tab (Rx Only) (ZANTAC equiv) | - | NC |
| TAGAMET TAB | - | NC |
| ZANTAC EFFER TAB | - | NC |
| MISC. ANTI-ULCER | | |
| sucralfate tab (CARAFATE equiv) | - | 1 |
| CARAFATE TAB | - | NC |
| PROTON PUMP INHIBITORS | | |
| lansoprazole cap (PREVACID equiv) (Rx Only) | - | 1 |
| omeprazole DR cap (PRILOSEC equiv) | - | 1 |
| pantoprazole EC tab (PROTONIX equiv) | - | 1 |
| FIRST OMEPRAZOLE SUSP | - | 3 |
| PREVACID OTC CAP | OTC | EXC |
| ACIPHEX SPRINKLE CAP | - | NC |

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| | | | | | |
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| LD | Affordable Care Act | LMSP | Plan Exclusion | MSP | Infertility |
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| RS | Over-the-Counter | SF | Prior Authorization | SMKG | Quantity Limit |
| ST | Restricted to Specialist | VAC | Limited to two 15 day fills per month for first 3 months | ¢ | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | RxCENTS |

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Texas Association of Counties Pooled Formulary
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Last Updated* 8/1/2020

| DrugName | Special Code | Tier |
|---|--------------|------|
| ULCER DRUGS Cont. | | |
| DEXILANT CAP | - | NC |
| esomeprazole cap (NEXIUM equiv) | - | NC |
| ESOMEPRAZOLE STRONTIUM CAP | - | NC |
| LANSOPRAZOLE SUSP | - | NC |
| NEXIUM 24HR TAB | - | NC |
| NEXIUM CAP | - | NC |
| NEXIUM GRANULE PACK | - | NC |
| PRILOSEC CAP | - | NC |
| PRILOSEC OTC DR TAB | OTC | NC |
| PROTONIX PAK | - | NC |
| rabeprazole EC tab (ACIPHEX equiv) | - | NC |
| ULCER DRUGS - PROSTAGLANDINS | | |
| misoprostol tab (CYTOTEC equiv) | - | 1 |
| ULCER THERAPY COMBINATIONS | | |
| lansoprazole/amoxicillin/clarithromycin kit (PREVPAC equiv) | - | 3 |
| PYLERA CAP | - | 3 |
| ZEGERID CAP OTC | OTC | EXC |
| omeprazole/sodium bicarbonate cap (ZEGERID equiv) | - | NC |
| omeprazole/sodium bicarbonate powder pack (ZEGERID equiv) | - | NC |
| ZEGERID CAP | - | NC |
| ZEGERID POWDER PACK | - | NC |
| ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS | | |
| ANTISPASMODICS | | |
| GLYCATÉ TAB, GLYCOPYRROLATE TAB | - | NC |
| hyoscyamine inj (LEVSIN equiv) | - | NC |
| H-2 ANTAGONISTS | | |
| NIZATIDINE CAP | - | NC |
| MISC. ANTI-ULCER | | |
| sucralfate susp (CARAFATE equiv) | - | 2 |
| CARAFATE SUSP | - | NC |
| PROTON PUMP INHIBITORS | | |
| esomeprazole DR granule pack (NEXIUM equiv) | - | 2 |
| ACIPHEX SPRINKLE CAP 10MG, RABEPRAZOLE SPRINKLE CAP 10MG | - | NC |
| lansoprazole odt (PREVACID SOLUTAB equiv) | - | NC |
| omeprazole magnesium DR tab 20mg (PRILOSEC equiv) | OTC | NC |
| omeprazole tab | OTC | NC |
| ULCER THERAPY COMBINATIONS | | |
| HELIDAC PACK | - | NC |
| TALICIA CAP | - | NC |
| URINARY ANTI-INFECTIVES | | |
| URINARY ANTI-INFECTIVE COMBINATIONS | | |
| UROQID #2 TAB | - | 3 |
| HYOPHEN TAB | - | NC |
| PROSED DS TAB | - | NC |
| UTA CAP | - | NC |

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| | | | | | |
|-----|--------------------------|------|--|------|--------------------------------------|
| ACA | NC =Not Covered | EXC | generic =small letters | INF | BRANDS =CAPITAL LETTERS |
| LD | Affordable Care Act | LMSP | Plan Exclusion | MSP | Infertility |
| OTC | Limited Distribution | PA | Lumicera Mandatory Specialty Pharmacy Program | QL | Mandatory Specialty Pharmacy Program |
| RS | Over-the-Counter | SF | Prior Authorization | SMKG | Quantity Limit |
| ST | Restricted to Specialist | VAC | Limited to two 15 day fills per month for first 3 months | ¢ | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | RxCENTS |

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Category/Class**

Last Updated* 8/1/2020

| DrugName | Special Code | Tier |
|--|--|------|
| URINARY ANTI-INFECTIVES Cont. | | |
| URINARY ANTI-INFECTIVES | | |
| methenamine mandelate tab | - | 1 |
| nitrofurantoin macrocrystals cap (MACRODANTIN equiv) | - | 1 |
| nitrofurantoin monohydrate cap (MACROBID equiv) | - | 1 |
| methenamine hippurate tab (HIPREX equiv) | - | 2 |
| MONUROL GRANULE PACK | - | 3 |
| nitrofurantoin macrocrystals cap 25mg (MACRODANTIN equiv) | - | NC |
| nitrofurantoin susp (FURADANTIN equiv) | - | NC |
| URINARY ANTISPASMODICS | | |
| URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLIN) (NEW) | | |
| tropium chloride SR cap (SANCTURA XR equiv) | - | 2 |
| URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC) | | |
| oxybutynin ER tab (DITROPAN XL equiv) | - | 1 |
| oxybutynin syrup | - | 1 |
| oxybutynin tab (DITROPAN equiv) | - | 1 |
| solifenacin tab (VESICARE equiv) | - | 1 |
| darifenacin SR tab (ENABLEX equiv) | - | 2 |
| tolterodine SR cap (DETROL LA equiv) | - | 2 |
| tolterodine tab (DETROL equiv) | ¢ | 2 |
| tropium tab (SANCTURA equiv) | - | 2 |
| OXYTROL PATCH (OTC) | OTC | EXC |
| ENABLEX TAB | - | NC |
| GELNIQUE | - | NC |
| TOVIAZ TAB | - | NC |
| URINARY ANTISPASMODICS | | |
| hyoscyamine tab (LEVSIN equiv) | - | 1 |
| URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS | | |
| MYRBETRIQ TAB | - | 2 |
| URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS | | |
| bethanechol tab (URECHOLINE equiv) | - | 1 |
| URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS (NEW) | | |
| flavoxate tab (URISPAS equiv) | - | NC |
| VACCINES | | |
| BACTERIAL VACCINES | | |
| BEXSERO INJ | ACA-VAC | 3 |
| MENACTRA INJ | ACA-VAC | 3 |
| MENHIBRIX INJ | ACA-VAC | 3 |
| MENOMUNE INJ | ACA-VAC | 3 |
| MENVEO INJ | ACA-VAC | 3 |
| PNEUMOVAX INJ | ACA-VAC | 3 |
| PREVNAR 13 INJ | ACA-VAC | 3 |
| TRUMENBA INJ | ACA-VAC | 3 |
| VIVOTIF CAP (QL= 4 caps/fill) | ACA-QL-VAC | 3 |
| VAXCHORA SUSP | VAC | NC |
| VIRAL VACCINES | | |
| Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered. | | |
| ACA | NC =Not Covered | |
| LD | Affordable Care Act | |
| OTC | Limited Distribution | |
| RS | Over-the-Counter | |
| ST | Restricted to Specialist | |
| | Step Therapy | |
| EXC | generic =small letters | |
| LMSP | Plan Exclusion | |
| PA | Lumicera Mandatory Specialty Pharmacy Program | |
| SF | Prior Authorization | |
| VAC | Limited to two 15 day fills per month for first 3 months | |
| | Vaccine Program | |
| INF | BRANDS =CAPITAL LETTERS | |
| MSP | Infertility | |
| QL | Mandatory Specialty Pharmacy Program | |
| SMKG | Quantity Limit | |
| ¢ | Smoking Cessation | |
| | RxCENTS | |

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| DrugName | Special Code | Tier |
|-------------------------------------|--------------|------|
| VACCINES Cont. | | |
| AFLURIA INJ | VAC | \$0 |
| AFLURIA INJ, FLUZONE INJ | VAC | \$0 |
| FLUAD INJ | VAC | \$0 |
| FLUAD QUAD INJ | VAC | \$0 |
| FLUBLOK INJ | VAC | \$0 |
| FLUBLOK QUAD PF INJ | VAC | \$0 |
| FLUCELVAX INJ | VAC | \$0 |
| FLUCELVAX QUAD INJ | VAC | \$0 |
| FLULAVAL QUAD INJ, FLUZONE QUAD INJ | VAC | \$0 |
| FLUMIST QUADRIVALENT NASAL SUSP | VAC | \$0 |
| FLUVIRIN INJ | VAC | \$0 |
| FLUVIRIN PF INJ | VAC | \$0 |
| FLUZONE HD PF INJ | VAC | \$0 |
| FLUZONE HIGH DOSE PF INJ | VAC | \$0 |
| FLUZONE INTRADERMAL INJ | VAC | \$0 |
| FLUZONE QUAD INJ | VAC | \$0 |
| FLUZONE/FLUARIX QUAD INJ | VAC | \$0 |
| CERVARIX INJ | ACA-VAC | 3 |
| ENGERIX-B INJ | ACA-VAC | 3 |
| ENGERIX-B INJ, RECOMBIVAX-HB INJ | ACA-VAC | 3 |
| GARDASIL 9 INJ | ACA-VAC | 3 |
| GARDASIL INJ | ACA-VAC | 3 |
| HAVRIX INJ, VAQTA INJ | ACA-VAC | 3 |
| HEPLISAV-B INJ | ACA-VAC | 3 |
| M-M-R II INJ | ACA-VAC | 3 |
| SHINGRIX INJ | ACA-VAC | 3 |
| TWINRIX INJ | ACA-VAC | 3 |
| VARIVAX INJ | ACA-VAC | 3 |
| ZOSTAVAX INJ | ACA-VAC | 3 |
| STAMARIL INJ | - | NC |

VAGINAL AND RELATED PRODUCTS

VAGINAL CONTRACEPTIVE - PH MODULATORS

| | | |
|------------|---|----|
| PHEXXI GEL | - | NC |
|------------|---|----|

VAGINAL PRODUCTS

MISCELLANEOUS VAGINAL PRODUCTS

| | | |
|----------------------|---|----|
| ACIDIC VAGINAL JELLY | - | 2 |
| FEM PH GEL | - | 3 |
| INTRAROSA SUPP | - | NC |

SPERMICIDES

| | | |
|------------------------------------|---------|---|
| CONTRACEPTIVE FILM | ACA-OTC | 2 |
| CONTRACEPTIVE FOAM | ACA-OTC | 2 |
| CONTRACEPTIVE GEL | ACA-OTC | 2 |
| CONTRACEPTIVE SUPP | ACA-OTC | 2 |
| TODAY SPONGE | ACA-OTC | 2 |
| vcf vaginal gel (CONCEPTROL equiv) | ACA-OTC | 2 |

VAGINAL ANTI-INFECTIVES

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| | | | | | |
|-----|--------------------------|------|--|------|--------------------------------------|
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| RS | Over-the-Counter | SF | Prior Authorization | QL | Quantity Limit |
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|--|--------------|------|
| VAGINAL PRODUCTS Cont. | | |
| clindamycin vaginal cream (CLEOCIN equiv) | - | 1 |
| metronidazole vaginal gel (METROGEL equiv) | - | 1 |
| NYSTATIN VAGINAL TAB | - | 1 |
| terconazole cream (TERAZOL equiv) | - | 1 |
| TERCONAZOLE CREAM 0.8% | - | 1 |
| terconazole supp (TERAZOL equiv) | - | 1 |
| AVC VAGINAL CREAM | - | 2 |
| CLEOCIN VAGINAL SUPP | - | 3 |
| CLINDESSE VAGINAL CREAM | - | 3 |
| VAGINAL ESTROGENS | | |
| estradiol cream (ESTRACE equiv) | - | 1 |
| estradiol vaginal tab, yuvafem vaginal tab (VAGIFEM equiv) (QL= 8 tabs/28 days, 18 tabs on first fill) | QL | 2 |
| ESTRING (3 copays per Rx) | - | 2 |
| PREMARIN VAGINAL CREAM | - | 2 |
| FEMRING (3 copays per Rx) | - | 3 |
| IMVEXXY SUPP | - | NC |
| VAGINAL PROGESTINS | | |
| CRINONE GEL | PA | 2 |
| ENDOMETRIN INSERT | PA | 2 |
| PROGESTERONE SUPP | PA | 3 |
| VASOPRESSORS | | |
| ANAPHYLAXIS THERAPY AGENTS | | |
| epinephrine pen inj 0.15mg, 0.3mg (EPIPEN (JR) equiv) (QL= 2 inj/fill) | QL | 2 |
| SYMJEPI INJ (QL= 2 inj/fill) | QL | 2 |
| ADRENALICK INJ, EPINEPHRINE INJ | - | NC |
| AUVI-Q INJ | - | NC |
| EPIPEN (JR) INJ | - | NC |
| NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS | | |
| NORTHERA CAP | - | NC |
| VASOPRESSORS | | |
| midodrine tab (PROAMATINE equiv) | - | 1 |
| VITAMINS | | |
| OIL SOLUBLE VITAMINS | | |
| vitamin D cap (RX strength only) | - | 1 |
| phytonadione tab (MEPHYTON equiv) | - | 2 |
| vitamin D cap 1000unit | ACA-OTC | 2 |
| vitamin D cap 400unit | ACA-OTC | 2 |
| VITAMIN D TAB 400UNIT | ACA-OTC | 2 |
| ERGOCAL CAP | - | NC |
| WATER SOLUBLE VITAMINS | | |
| POTABA POWDER PACKET | - | 2 |
| POTABA TAB | - | 2 |
| niacin cap | OTC | EXC |
| niacin CR tab (SLO-NIACIN equiv) | OTC | EXC |
| niacin tab | OTC | EXC |

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| DrugName | Special Code | Tier |
|-----------------------|--------------|------|
| VITAMINS Cont. | | |
| NIACIN TR TAB | OTC | EXC |
| niacinamide tab | OTC | EXC |
| SLO-NIACIN TAB | OTC | EXC |

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| | | | |
|--------------------------------|--|-------------------------------|---|
| ACA Affordable Care Act | EXC Plan Exclusion | generic =small letters | BRANDS =CAPITAL LETTERS |
| LD Limited Distribution | LMSP Lumicera Mandatory Specialty Pharmacy Program | INF Infertility | MSP Mandatory Specialty Pharmacy Program |
| OTC Over-the-Counter | PA Prior Authorization | QL Quantity Limit | SMKG Smoking Cessation |
| RS Restricted to Specialist | SF Limited to two 15 day fills per month for first 3 months | ¢ RxCENTS | |
| ST Step Therapy | VAC Vaccine Program | | |

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Texas Association of Counties Pooled Formulary
Prior Authorization Drug List
Last Updated* 8/1/2020

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| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|---|--|
| ABILIFY DISCMELT | 3 |
| ABILIFY SOLN | 3 |
| abiraterone tab 250mg | 2 |
| ABSTRAL SL TAB | 3 |
| ACTEMRA ACTPEN INJ | 2 |
| ACTEMRA SC INJ | 2 |
| ACTHAR HP GEL INJ | 3 |
| ACTIMMUNE INJ | 2 |
| adapalene cream | 2 |
| adapalene/benzoyl peroxide gel 0.1-2.5% | 2 |
| ADEMPAS TAB | 2 |
| ADVATE INJ | 3 |
| ADYNOVATE INJ | 3 |
| AFINITOR DISPERZ | 2 |
| AFINITOR TAB 10MG | 3 |
| AFSTYLA KIT | 3 |
| AIMOVIG INJ | 2 |
| ALECENSA CAP | 2 |
| ALINIA SUSP | 2 |
| ALINIA TAB | 2 |
| ALPHANATE/HEMOFIL/KOATE INJ | 3 |
| ALPHANINE SD/MONONINE INJ | 3 |
| ALPROLIX INJ | 3 |
| ALUNBRIG TAB 30MG | 2 |
| ALUNBRIG TAB 90MG, 180MG | 2 |
| aripiprazole ODT | 3 |
| aripiprazole soln | 3 |
| armodafinil tab | 2 |
| BALVERSA TAB 3MG | 2 |
| BALVERSA TAB 4MG | 2 |
| BALVERSA TAB 5MG | 2 |
| BANZEL SUSP | 2 |
| BANZEL TAB | 2 |
| BEBULIN/PROFILNINE INJ | 3 |
| BENEFIX INJ | 3 |
| BENEFIX/RIXUBIS INJ | 3 |
| BENLYSTA AUTO-INJECTOR | 2 |
| BENLYSTA INJ | 2 |
| BENZNIDAZOLE TAB | 2 |
| bexarotene cap | 2 |
| BIVIGAM INJ | 3 |
| BOSULIF TAB | 2 |

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Texas Association of Counties Pooled Formulary cont.
Prior Authorization Drug List
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| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|---------------------------|--|
| BOTOX INJ | 3 |
| BRAFTOVI CAP 75MG | 2 |
| budesonide ER tab | 3 |
| CABLIVI INJ KIT | 3 |
| CABOMETYX TAB | 2 |
| CALQUENCE CAP | 2 |
| CAPRELSA TAB | 2 |
| CHOLBAM CAP | 2 |
| CIMZIA INJ | 2 |
| CIMZIA STARTER INJ KIT | 2 |
| COAGADEX INJ | 3 |
| COMETRIQ KIT | 2 |
| CORIFACT INJ | 3 |
| CORLANOR SOLN | 3 |
| CORLANOR TAB | 3 |
| COSENTYX INJ (1-PACK) | 2 |
| COSENTYX INJ (2-PACK) | 2 |
| COTELLIC TAB | 2 |
| CRINONE GEL | 2 |
| CUVITRU INJ | 3 |
| CYSTARAN OPHTH SOLN | 2 |
| CYTOGAM INJ | 3 |
| DESCOVY TAB | 2 |
| DEXCOM G6 RECEIVER | 3 |
| DEXCOM G6 SENSOR | 3 |
| DEXCOM G6 TRANSMITTER | 3 |
| DIACOMIT CAP | 3 |
| DIACOMIT POWDER PACK | 3 |
| diclofenac gel | 3 |
| DOPTELET TAB | 2 |
| dronabinol cap | 2 |
| DUPIXENT INJ | 2 |
| DUPIXENT PEN INJ | 2 |
| DYSPORT INJ | 3 |
| ELOCTATE INJ | 3 |
| EMGALITY INJ | 2 |
| EMGALITY INJ 100MG/ML | 2 |
| ENBREL INJ 25MG | 2 |
| ENBREL INJ 50MG | 2 |
| ENBREL MINI INJ | 2 |
| ENBREL SURECLICK INJ 50MG | 2 |
| ENDOMETRIN INSERT | 2 |

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Texas Association of Counties Pooled Formulary cont.
Prior Authorization Drug List
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| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|--|--|
| EPANED PREMIXED SOLN | 3 |
| EPANED SOLN | 3 |
| EPIDUO FORTE GEL | 2 |
| EPIDUO GEL 0.1-2.5% | 3 |
| ERIVEDGE CAP | 2 |
| ERLEADA TAB | 2 |
| erlotinib tab | 2 |
| ESBRIET CAP | 2 |
| ESBRIET TAB 267MG | 2 |
| ESBRIET TAB 801MG | 2 |
| everolimus tab | 3 |
| everolimus tab 0.25mg, 0.5mg, 0.75mg | 2 |
| FANAPT TAB | 3 |
| FANAPT TITRATION PACK | 3 |
| FARYDAK CAP | 2 |
| FEIBA INJ | 3 |
| fentanyl citrate lollipop | 2 |
| FENTORA TAB, FENTANYL BUCCAL TAB | 3 |
| FERRIPROX SOLN | 2 |
| FERRIPROX TAB | 2 |
| FORTEO INJ | 2 |
| FREESTYLE LIBRE RECEIVER | 3 |
| FREESTYLE LIBRE SENSOR (10-DAY) | 3 |
| FREESTYLE LIBRE SENSOR (14-DAY) | 3 |
| GAMASTAN INJ, GAMASTAN S/D INJ | 3 |
| GAMMAGARD SD INJ, CARIMUNE NF INJ | 3 |
| GAMUNEX-C INJ, GAMMAGARD INJ, GAMMAKED INJ | 3 |
| GENOTROPIN INJ | 2 |
| GILOTRIF TAB | 2 |
| HAEGARDA INJ | 2 |
| HELIXATE/KOGENATE INJ | 3 |
| HEMLIBRA INJ | 3 |
| HIZENTRA INJ | 3 |
| HUMATE-P/WILATE INJ | 3 |
| HUMIRA INJ 10MG | 2 |
| HUMIRA INJ 20MG | 2 |
| HUMIRA INJ 40MG | 2 |
| HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK | 2 |
| HUMIRA INJ PEDIATRIC CROHNS STARTER PACK | 2 |
| HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK | 2 |
| HUMIRA PEN INJ 40MG | 2 |
| HYCAMTIN CAP | 2 |

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Texas Association of Counties Pooled Formulary cont.
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| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|---------------------------|--|
| HYQVIA INJ | 3 |
| IBRANCE CAP | 2 |
| IBRANCE TAB | 2 |
| icatibant inj | 2 |
| ICLUSIG TAB | 2 |
| IDELVION SOLN | 3 |
| IDHIFA TAB | 2 |
| IMBRUVICA CAP 140MG | 2 |
| IMBRUVICA CAP 70MG | 2 |
| IMBRUVICA TAB | 2 |
| INLYTA TAB | 2 |
| IRESSA TAB | 2 |
| itraconazole cap | 2 |
| itraconazole soln | 3 |
| JAKAFI TAB | 2 |
| JYNARQUE PAK | 2 |
| JYNARQUE TAB | 2 |
| KALYDECO PAK | 2 |
| KALYDECO TAB | 2 |
| KEVZARA INJ | 2 |
| KINERET INJ | 2 |
| KORLYM TAB | 2 |
| KUVAN POWDER PACK | 2 |
| KUVAN TAB | 2 |
| LAZANDA NASAL SPRAY | 3 |
| LEDIPASVIR/SOFOSBUVIR TAB | 2 |
| LENVIMA CAP | 2 |
| LOKELMA PAK | 2 |
| LONSURF TAB | 2 |
| LUCEMYRA TAB | 3 |
| LYNPARZA CAP | 2 |
| LYNPARZA TAB | 2 |
| MAVYRET TAB | 2 |
| MEKINIST TAB 0.5MG | 2 |
| MEKINIST TAB 2MG | 2 |
| MEKTOVI TAB | 2 |
| miglustat cap | 2 |
| modafinil tab | 2 |
| MONOCLATE-P INJ | 3 |
| MOVANTIK TAB | 2 |
| MYOBLOC INJ | 3 |
| NATPARA INJ | 2 |

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Texas Association of Counties Pooled Formulary cont.
Prior Authorization Drug List
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| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|--|--|
| NERLYNX TAB | 2 |
| NEXAVAR TAB | 2 |
| NINLARO CAP | 2 |
| NOVOSEVEN RT INJ | 3 |
| NUDEXTA CAP | 2 |
| OCALIVA TAB | 2 |
| OCREVUS INJ | 3 |
| OCTAGAM INJ, FLEBOGAMMA INJ, GAMMAPLEX INJ, PRIVIGEN INJ | 3 |
| ODACTRA SL TAB | 3 |
| ODOMZO CAP | 2 |
| OFEV CAP | 2 |
| OLUMIANT TAB | 2 |
| OPSUMIT TAB | 2 |
| ORENCIA CLICK INJ | 2 |
| ORENCIA SC INJ 125MG/ML | 2 |
| ORENCIA SC INJ 50MG/0.4ML | 2 |
| ORENCIA SC INJ 87.5MG/0.7ML | 2 |
| ORILISSA TAB 150MG | 2 |
| ORILISSA TAB 200MG | 2 |
| ORKAMBI GRANULES PACKET | 2 |
| ORKAMBI TAB | 2 |
| OTEZLA STARTER PACK | 2 |
| OTEZLA TAB | 2 |
| paliperidone ER tab | 2 |
| PALYNZIQ INJ | 2 |
| PEGASYS INJ | 2 |
| PRALUENT INJ | 2 |
| PROGESTERONE SUPP | 3 |
| PROMACTA POWDER | 2 |
| PROMACTA TAB | 2 |
| pyrimethamine tab | 2 |
| QBRELIS SOLN | 3 |
| REBINYN SOLN | 3 |
| RECOMBINATE INJ | 3 |
| REPATHA INJ | 2 |
| REPATHA PUSHTRONEX INJ | 2 |
| RESTASIS OPHTH EMULSION | 2 |
| RINVOQ ER TAB | 2 |
| RUBRACA TAB | 2 |
| RUZURGI TAB | 3 |
| RYDAPT CAP | 2 |

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Texas Association of Counties Pooled Formulary cont.
Prior Authorization Drug List
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| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|----------------------------|--|
| SAPHRIS SL TAB | 3 |
| SIGNIFOR INJ | 2 |
| sildenafil tab 20mg | 1 |
| SKLICE LOTION | 3 |
| SKYRIZI INJ | 2 |
| SOFOSBUVIR/VELPATASVIR TAB | 2 |
| SOLOSEC GRANULES PACKET | 3 |
| SOMAVERT INJ | 2 |
| SPORANOX SOLN | 3 |
| SPRYCEL TAB | 2 |
| STELARA INJ | 2 |
| STIVARGA TAB | 2 |
| STRENSIQ INJ | 3 |
| SUTENT CAP | 2 |
| SYMPROIC TAB | 2 |
| SYNAGIS INJ | 3 |
| tadalafil tab (PAH) | 2 |
| TAFINLAR CAP | 2 |
| TAGRISSO TAB | 2 |
| TAKHZYRO INJ | 2 |
| TARGRETIN GEL | 2 |
| TASIGNA CAP | 2 |
| TAVALISSE TAB | 2 |
| TEGSEDI INJ | 3 |
| testosterone gel 1% 25mg | 1 |
| testosterone gel 1% 50mg | 1 |
| testosterone gel 1% pump | 1 |
| tetrabenazine tab | 3 |
| THALOMID CAP | 2 |
| THROMBAT III INJ | 3 |
| TIBSOVO TAB | 2 |
| TRACLEER TAB 32MG | 2 |
| tretinoin cream | 2 |
| tretinoin gel | 2 |
| TRETTEN INJ | 3 |
| trientine cap | 2 |
| TRINTELLIX TAB | 3 |
| TRUVADA TAB | 2 |
| TYKERB TAB | 2 |
| TYMLOS INJ | 2 |
| TYVASO INH SOLN | 2 |
| UCERIS RECTAL FOAM | 3 |

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Texas Association of Counties Pooled Formulary cont.
Prior Authorization Drug List
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| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|------------------------|--|
| UPTRAVI TAB | 2 |
| VALCHLOR GEL | 2 |
| VELTASSA POWDER | 2 |
| VENCLEXTA STARTER PACK | 2 |
| VENCLEXTA TAB | 2 |
| VENTAVIS INH SOLN | 2 |
| VERZENIO TAB | 2 |
| vigabatrin powder pack | 2 |
| vigabatrin tab | 2 |
| VONVEDI INJ | 3 |
| VOSEVI TAB | 2 |
| VOTRIENT TAB | 2 |
| XADAGO TAB | 3 |
| XALKORI CAP | 2 |
| XEOMIN INJ | 3 |
| XIFAXAN TAB 550MG | 3 |
| XTANDI CAP | 2 |
| XULTOPHY INJ | 2 |
| XYNTHA INJ | 3 |
| XYREM SOLN | 2 |
| ZEJULA CAP | 2 |
| ZELBORAF TAB | 2 |
| ZOLINZA CAP | 2 |
| ZORTRESS TAB 1MG | 2 |
| ZYDELIG TAB | 2 |
| ZYKADIA CAP | 2 |
| ZYKADIA TAB | 2 |

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Texas Association of Counties Pooled Formulary
Last Updated* 8/1/2020
RxCents (Cost Savings Enabled by Tablet Splitting)

Tablet splitting helps control prescription drug benefit costs and can provide significant savings for members. Participation in the program is voluntary. Through this program, members pay up to one-half of their usual copayment on a select group of prescription drugs. Drugs included in this program are based on the following criteria:

- The drug product is on the formulary.
- The drug product is recognized as an appropriate product to split by the Pharmacy & Therapeutics Committee.
- The drug is flat priced (i.e. various strengths of the medication must be comparably priced).
- The medication must have once-daily dosing.

An example of the savings that can be realized through this program is illustrated below:

| | Product & Strength | Quantity | Member Copay | Member Annual Savings |
|--------------------------|--------------------|----------|--------------|-----------------------|
| Without Tablet Splitting | Drug A 40 mg tab | 30 | \$15.00 | |
| With Tablet Splitting | Drug A 80 mg tab | 15 | \$7.50 | \$90 |

As the example illustrates, tablet splitting allows members to receive the same dose in a fewer number of tablets; thus, the overall

RxCents Program Medications

| | | | |
|-----------------|-----------------|----------------|----------------|
| aliskiren tab | BYSTOLIC TAB | eplerenone tab | febuxostat tab |
| galantamine tab | JANUVIA TAB | LATUDA TAB | OCALIVA TAB |
| rasagiline tab | tolterodine tab | | |

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Texas Association of Counties Pooled Formulary
Last Updated* 8/1/2020
Over-the-Counter (OTC)

- The following OTC drugs are a covered benefit with a prescription

Over-the-Counter (OTC) Medications

| | | | |
|---------------------------------------|---|---|---|
| ACCU-CHEK AVIVA PLUS METER | ACCU-CHEK AVIVA PLUS TEST STRIP | ACCU-CHEK GUIDE CARE METER | ACCU-CHEK GUIDE ME KIT |
| ACCU-CHEK GUIDE TEST STRIP | ACCU-CHEK NANO METER | ACCU-CHEK SMARTVIEW TEST STRIP | ACCU-CHEK TEST STRIP |
| AEROCHAMBER | ALCOHOL SWABS | aspirin chew tab 81mg | aspirin ec tab 325mg |
| aspirin ec tab 81mg | aspirin tab 325mg | aspirin tab 81mg | B-D INSULIN SYRINGE |
| B-D PEN NEEDLE | CALIBRATION LIQUID | cetirizine cap | cetirizine chew tab |
| cetirizine syrup | cetirizine tab | cetirizine/pseudoephedrine 12-hour tab | CLINISTIX TEST STRIP |
| CONTRACEPTIVE FILM FEMALE CONDOMS | CONTRACEPTIVE FOAM | CONTRACEPTIVE GEL | CONTRACEPTIVE SUPP |
| FERROUS SULFATE SYRUP | ferrous sulfate elixir | FERROUS SULFATE LIQUIII | ferrous sulfate soln |
| folic acid tab 400mcg | fexofenadine susp | fexofenadine tab | fexofenadine/pseudoephedri e 24-hour tab |
| FREESTYLE INSULINX TEST STRIP | folic acid tab 800mcg | FREESTYLE FREEDOM LITE METER | FREESTYLE INSULINX METER |
| FREESTYLE PRECISION NEO TEST STRIP | FREESTYLE LITE METER | FREESTYLE LITE TEST STRIP | FREESTYLE PRECISION NEO METER |
| KETO-DIASTIX TEST STRIF | FREESTYLE TEST STRIP | GUAIFENESIN/CODEINE SYRUP | IRON SUSP |
| levonorgestrel tab | KETOSTIX | LANCET KIT | LANCETS |
| loratadine tab | loratadine cap | loratadine chew tab | loratadine syrup |
| nicotine lozenge | loratadine/pseudoephedrine 12-hour tab | nicotine gum | NICOTINE KIT |
| NOVOLIN INJ | nicotine patch | NOVOFINE PEN NEEDLE | NOVOLIN 70/30 FLEXPEN INJ |
| NOVOTWIST/NOVOFINE PEN NEEDLE | NOVOLIN N FLEXPEN INJ | NOVOLIN R FLEXPEN INJ | NOVOTWIST PEN NEEDLE |
| PRECISION XTRA METER | PEAK FLOW METER | PLAN B TAB | PRECISION XTRA KETONE TEST STRIP |
| vitamin D cap 1000unit | PRECISION XTRA TEST STRIP | TODAY SPONGE | vcf vaginal gel |
| | vitamin D cap 400unit | VITAMIN D TAB 400UNIT | |

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Texas Association of Counties Pooled Formulary
Last Updated* 8/1/2020
Mandatory Specialty Pharmacy (MSP)

- Navitus utilizes a specialty pharmacy, experienced in handling specialty drugs, to coordinate personalized support for members impacted by chronic illnesses and complex diseases.
- Specialty drugs are only available for a one month supply due to their high cost and use.
- The following drugs are required to be filled through a Specialty Pharmacy provider.

Mandatory Specialty Pharmacy (MSP) Medications

| | | | |
|--|---------------------------------------|-----------------------------------|--------------------------------------|
| abiraterone tab 250mg | ACTEMRA ACTPEN INJ | ACTEMRA SC INJ | ACTHAR HP GEL INJ |
| ACTIMMUNE INJ | ADEMPAS TAB | ADVATE INJ | ADYNOVATE INJ |
| AFINITOR DISPERZ | AFINITOR TAB 10MG | AFSTYLA KIT | ALECENSA CAP |
| ALFERON-N INJ | ALPHANATE/HEMOFIL/KO/ TE INJ | ALPHANINE SD/MONONINE INJ | ALPROLIX INJ |
| ALUNBRIG TAB 30MG | ALUNBRIG TAB 90MG, 180MG | ambrisentan tab | APOKYN INJ |
| AUBAGIO TAB | AVONEX INJ | BALVERSA TAB 3MG | BALVERSA TAB 4MG |
| BALVERSA TAB 5MG | BEBULIN/PROFILNINE INJ | BENEFIX INJ | BENEFIX/RIXUBIS INJ |
| BENLYSTA | BENLYSTA INJ | bexarotene cap | BIVIGAM INJ |
| AUTO-INJECTOR | | | |
| bosentan tab | BOSULIF TAB | BOTOX INJ | BRAFTOVI CAP 75MG |
| CABLIVI INJ KIT | CABOMETYX TAB | CALQUENCE CAP | capecitabine tab |
| CAPRELSA TAB | CAYSTON INH SOLN | CHOLBAM CAP | CIMZIA INJ |
| CIMZIA STARTER INJ KIT | COAGADEX INJ | COMETRIQ KIT | CORIFACT INJ |
| COSENTYX INJ (1-PACK) | COSENTYX INJ (2-PACK) | COTELLIC TAB | CUVITRU INJ |
| CYTAGON CAP | CYSTARAN OPHTH SOLN | CYTOGAM INJ | dalfampridine ER tab |
| deferasirox tab | deferasirox tab 180mg | deferasirox tab 90mg, 360mg | DIACOMIT CAP |
| DIACOMIT POWDER PACK | DOPTELET TAB | DUPIXENT INJ | DUPIXENT PEN INJ |
| DYSPORT INJ | ELOCTATE INJ | ENBREL INJ 25MG | ENBREL INJ 50MG |
| ENBREL MINI INJ | ENBREL SURECLICK INJ 50MG | ERIVEDGE CAP | ERLEADA TAB |
| erlotinib tab | ESBRIET CAP | ESBRIET TAB 267MG | ESBRIET TAB 801MG |
| ETOPOSIDE CAP | everolimus tab | EXTAVIA INJ | FARYDAK CAP |
| FEIBA INJ | FERRIPROX SOLN | FERRIPROX TAB | FORTEO INJ |
| FULPHILA INJ | FUZEON INJ | GAMASTAN INJ, GAMASTAN S/D INJ | GAMMAGARD SD INJ, CARIMUNE NF INJ |
| GAMUNEX-C INJ, GAMMAGARD INJ, GAMMAKED INJ | GENOTROPIN INJ | GILENYA CAP | GILOTRIF TAB |
| glatiramer inj | HAEGARDA INJ | HELIXATE/KOGENATE INJ | HEMLIBRA INJ |
| HIZENTRA INJ | HUMATE-P/WILATE INJ | HUMIRA INJ 10MG | HUMIRA INJ 20MG |
| HUMIRA INJ 40MG | HUMIRA INJ | HUMIRA INJ PEDIATRIC | HUMIRA INJ |
| | CROHNS/UC/HIDRADENITI STARTER PACK | CROHNS STARTER PACK | PSORIASIS/UVEITIS STARTER PACK |
| HUMIRA PEN INJ 40MG | HYCAMTIN CAP | HYQVIA INJ | IBRANCE CAP |
| IBRANCE TAB | icatibant inj | ICLUSIG TAB | IDELVION SOLN |
| IDHIFA TAB | imatinib tab | IMBRUVICA CAP 140MG | IMBRUVICA CAP 70MG |

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| | | | |
|------------------------------|---|--------------------------------|----------------------------|
| IMBRUVICA TAB | INCRELEX INJ | INLYTA TAB | INTRON-A INJ |
| IRESSA TAB | JADENU SPRINKLE | JAKAFI TAB | JYNARQUE PAK |
| JYNARQUE TAB | KALYDECO PAK | KALYDECO TAB | KEVZARA INJ |
| KINERET INJ | KORLYM TAB | KUVAN POWDER PACK | KUVAN TAB |
| LEDIPASVIR/SOFOSBUVIR TAB | LENVIMA CAP | LONSURF TAB | LYNPARZA CAP |
| LYNPARZA TAB | LYSODREN TAB | MAVYRET TAB | MAYZENT TAB |
| MAYZENT TAB STARTER PACK | MEKINIST TAB 0.5MG | MEKINIST TAB 2MG | MEKTOVI TAB |
| MESNEX TAB | MIACALCIN INJ | miglustat cap | MONOCLATE-P INJ |
| MYLERAN TAB | MYOBLOC INJ | NATPARA INJ | NERLYNX TAB |
| NEUMEGA INJ | NEXAVAR TAB | nilutamide tab | NINLARO CAP |
| NIVESTYM INJ | NOVOSEVEN RT INJ | NUZYRA TAB | OCALIVA TAB |
| OCREVUS INJ | OCTAGAM INJ, FLEBOGAMMA INJ, GAMMAPLEX INJ, PRIVIGEN INJ | octreotide inj | ODOMZO CAP |
| OFEV CAP | OLUMIANT TAB | OPSUMIT TAB | ORENCIA CLICK INJ |
| ORENCIA SC INJ 125MG/ML | ORENCIA SC INJ 50MG/0.4ML | ORENCIA SC INJ 87.5MG/0.7ML | ORKAMBI GRANULES PACKET |
| ORKAMBI TAB | OTEZLA STARTER PACK | OTEZLA TAB | PALYNZIQ INJ |
| PEGASYS INJ | PEG-INTRON INJ | PLEGRIDY INJ | PLEGRIDY PEN INJ |
| PRALUENT INJ | PROMACTA POWDER | PROMACTA TAB | PULMOZYME INH SOLN |
| pyrimethamine tab | REBETOL SOLN | REBIF INJ | REBINYN SOLN |
| RECOMBINATE INJ | REPATHA INJ | REPATHA PUSHTRONEX INJ | REVLIMID CAP |
| ribavirin cap | ribavirin tab | RINVOQ ER TAB | RUBRACA TAB |
| RUZURGI TAB | RYDAPT CAP | SIGNIFOR INJ | SKYRIZI INJ |
| SOFOBUVIR/VELPATASVIR TAB | SOMAVERT INJ | SPRYCEL TAB | STELARA INJ |
| STIVARGA TAB | STRENSIQ INJ | SUTENT CAP | SYNAGIS INJ |
| tadalafil tab (PAH) | TAFINLAR CAP | TAGRISSO TAB | TAKHZYRO INJ |
| TARGRETIN GEL | TASIGNA CAP | TAVALISSE TAB | TECFIDERA CAP |
| TECFIDERA STARTER PACK | TEGSEDI INJ | temozolomide cap | tetrabenazine tab |
| THALOMID CAP | THROMBAT III INJ | TIBSOVO TAB | tobramycin neb soln |
| TRACLEER TAB 32MG | tretinoin cap | TRETTEN INJ | trientine cap |
| TYKERB TAB | TYMLOS INJ | TYVASO INH SOLN | UPTRAVI TAB |
| VALCHLOR GEL | VENCLEXTA STARTER PACK | VENCLEXTA TAB | VENTAVIS INH SOLN |
| VERZENIO TAB | vigabatrin powder pack | vigabatrin tab | VIVITROL INJ |
| VONVEDI INJ | VOSEVI TAB | VOTRIENT TAB | XALKORI CAP |
| XEOMIN INJ | XOLAIR INJ | XTANDI CAP | XYNTHA INJ |
| XYREM SOLN | ZARXIO INJ | ZEJULA CAP | ZELBORAF TAB |
| ZIEXTENZO INJ | ZOLINZA CAP | ZYDELIG TAB | ZYKADIA CAP |
| ZYKADIA TAB | | | |

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Texas Association of Counties Pooled Formulary
Last Updated* 8/1/2020
Step Therapy (ST)

- The following drugs are covered on the formulary with a Step Therapy.

Step Therapy (ST) Medications

| Drug Name | Step Therapy Requirements |
|---|---|
| AMOXAPINE TAB | Step therapy requires trial of two formulary covered generic antidepressants in the previous 180 days |
| DIFICID TAB | QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, vancomycin soln, or FIRVANQ SOLN |
| donepezil tab 23mg | QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg |
| EMSAM PATCH | Step therapy requires trial of two formulary covered generic antidepressants in the previous 180 days |
| febuxostat tab | Step Therapy requires trial of allopurinol |
| fluvoxamine ER cap | Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine |
| LATUDA TAB | QL= 1 tab/day; Step Therapy requires trial of quetiapine |
| LEVALBUTEROL INHALER, XOPENEX HFA INHALER | QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA |
| LIVALO TAB | Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin |
| LONHALA MAGNAIR SOLN | Step Therapy requires trial of INCRUSE ELLIPTA INHALER |
| MAPROTILINE TAB | Step therapy requires trial of two formulary covered generic antidepressants in the previous 180 days |
| MARPLAN TAB | Step therapy requires trial of two formulary covered generic antidepressants in the previous 180 days |
| NEFAZODONE TAB | Step therapy requires trial of two formulary covered generic antidepressants in the previous 180 days |
| NEVIRAPINE ER TAB | Step Therapy requires trial of nevirapine |
| PAXIL SUSP | Step therapy requires trial of two formulary covered generic antidepressants in the previous 180 days |
| risedronate DR tab | Step Therapy requires trial of alendronate |
| SPIRIVA RESPIMAT INHALER 1.25MCG/ACT | QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR, BREO, DULERA, or FLUTICASONE/SALMETEROL |

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Texas Association of Counties Pooled Formulary
Smoking Cessation Agents
Last Updated* 8/1/2020

| Drug Name | Tier # for Drug Copay |
|--|------------------------------|
| bupropion SR tab(Limited to 180 days/plan year) | 2 |
| CHANTIX PAK(Limited to 180 days/plan year) | 2 |
| CHANTIX TAB(Limited to 180 days/plan year) | 2 |
| nicotine gum(Limited to 180 days/plan year) | 2 |
| NICOTINE KIT | 2 |
| nicotine lozenge(Limited to 180 days/plan year) | 2 |
| nicotine patch(Limited to 180 days/plan year) | 2 |
| NICOTROL INHALER(Limited to 180 days/plan year) | 2 |
| NICOTROL NASAL SPRAY(Limited to 180 days/plan year) | 2 |

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Texas Association of Counties Pooled Formulary
Last Updated* 8/1/2020
Quantity Limit (QL)

- The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--------------------------|---|
| ABILIFY DISCMELT | QL= 2 tabs/day |
| abiraterone tab 250mg | QL= 4 tabs/day |
| ABSTRAL SL TAB | QL= 120 tabs/30 days |
| ACTEMRA ACTPEN INJ | QL= 2 inj/28 days |
| ACTEMRA SC INJ | QL= 2 inj/28 days |
| ADEMPAS TAB | QL= 3 tabs/day; Only available through Accredo 888-773-7376 |
| AFINITOR DISPERZ | QL= 1 tab/day |
| AFINITOR TAB 10MG | QL= 1 tab/day |
| AIMOVIG INJ | QL= 1 pack/28 days |
| AKYNZEO CAP | QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist |
| ALECENSA CAP | QL= 8 caps/day |
| ALINIA SUSP | QL= 60ml/3 days |
| ALINIA TAB | QL= 6 tabs/3 days |
| ALUNBRIG TAB 30MG | QL= 4 tabs/day; Only available through Biologics 800-850-4306 |
| ALUNBRIG TAB 90MG, 180MG | QL= 1 tab/day; Only available through Biologics 800-850-4306 |
| ambrisentan tab | QL= 1 tab/day; Restricted to Cardiology or Pulmonology Specialist; Only available through Walgreens 888-347-3416 |
| ANZEMET TAB | QL= 9 tabs/fill |
| aprepitant cap | QL= 3 caps/fill |
| aprepitant pak | QL= 3 caps/fill |
| aripiprazole ODT | QL= 2 tabs/day |
| armodafinil tab | QL= 1 tab/day |
| BALVERSA TAB 3MG | QL= 3 tabs/day; Only available through US Bioservices 888-518-7246 |
| BALVERSA TAB 4MG | QL= 2 tabs/day; Only available through US Bioservices 888-518-7246 |
| BALVERSA TAB 5MG | QL= 1 tab/day; Only available through US Bioservices 888-518-7246 |
| BAQSIMI NASAL POWDER | QL= 2 inhalations/fill |
| BAXDELA TAB | QL= 2 tabs/day; Restricted to Infectious Disease Specialist |
| BENLYSTA AUTO-INJECTOR | QL= 4 inj/28 day |
| BENLYSTA INJ | QL= 4 inj/28 day |
| bimatoprost ophth soln | QL= 2.5ml/30 days |
| bosentan tab | QL= 2 tabs/day; Restricted to Cardiology or Pulmonology Specialist; Only available through Walgreens 888-347-3416 |
| BRAFTOVI CAP 75MG | QL= 6 caps/day; Only available through Diplomat Pharmacy 877-977-9118 |
| budesonide ER tab | QL=1 tab/day |
| buprenorphine patch | QL= 4 patches/28 days |
| bupropion SR tab | Limited to 180 days/plan year |
| butorphanol nasal spray | QL= 1 bottle/fill, 2 fills/30 days |
| BYDUREON BCISE AUTO INJ | QL= 4 inj/28 days |
| BYDUREON INJ | QL= 4 inj/28 days |
| BYDUREON PEN INJ | QL= 4 inj/28 days |
| BYETTA INJ | QL= 1 pen/30 days |
| CABLIVI INJ KIT | QL= 1 vial/day; Only available through Biologics 800-850-4306 |
| CABOMETYX TAB | QL= 1 tab/day |

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Texas Association of Counties Pooled Formulary Cont.
Last Updated* 8/1/2020
Quantity Limit (QL)

- The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--|---|
| CALQUENCE CAP | QL= 2 caps/day; Only available through Lumicera Pharmacy 855-847-3553 |
| celecoxib cap | QL= 2 caps/day |
| CHANTIX PAK | Limited to 180 days/plan year |
| CHANTIX TAB | Limited to 180 days/plan year |
| CIMZIA INJ | QL= 2 inj/28 days |
| CIMZIA STARTER INJ KIT | QL= 1 kit/plan year |
| COSENTYX INJ (1-PACK) | QL= 1 inj/28 days |
| COSENTYX INJ (2-PACK) | QL= 2 inj/28 days |
| COTELLIC TAB | QL= 3 tabs/day |
| CYSTARAN OPHTH SOLN | QL= 4 bottles/30 days; Only available through Walgreens 888-347-3416 |
| dalfampridine ER tab | QL= 2 tabs/day; Restricted to Neurology Specialist |
| DEPO-PROVERA SC INJ 104MG | QL= 1 inj/90 days |
| DEXCOM G6 RECEIVER | QL= 1 receiver/year |
| DEXCOM G6 SENSOR | QL= 3 sensors/28 days |
| DEXCOM G6 TRANSMITTER | QL= 1 transmitter/90 days |
| diclofenac gel | QL= 300gm/30 days |
| diclofenac gel 1% | QL= 5 tubes/fill |
| diclofenac soln 1.5% | QL= 3 bottles/fill |
| DIFICID TAB | QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, vancomycin soln, or FIRVANQ SOLN |
| donepezil ODT | QL= 1 tab/day |
| donepezil tab | QL= 2 tabs/day |
| donepezil tab 23mg | QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg |
| DOPTELET TAB | QL= 2 tabs/day; Only available through PantherRx Pharmacy 855-726-8479 |
| DUPIXENT INJ | QL= 2 inj/28 days |
| DUPIXENT PEN INJ | QL= 2 inj/28 days |
| eletriptan tab | QL= 9 tabs/fill, 2 fills/30 days |
| EMGALITY INJ | QL= 1 inj/28 days |
| EMGALITY INJ 100MG/ML | QL= 3 inj/fill, 6 fills/year |
| ENBREL INJ 25MG | QL= 8 inj/28 days |
| ENBREL INJ 50MG | QL= 4 inj/28 days |
| ENBREL MINI INJ | QL= 4 inj/28 days |
| ENBREL SURECLICK INJ 50MG | QL= 4 inj/28 days |
| enoxaparin inj | QL= 17 days supply |
| entecavir tab | QL= 1 tab/day |
| ENTRESTO TAB | QL= 2 tabs/day |
| epinephrine pen inj 0.15mg, 0.3mg | QL= 2 inj/fill |
| ERLEADA TAB | QL= 4 tabs/day |
| ESBRIET CAP | QL= 9 caps/day |
| ESBRIET TAB 267MG | QL= 9 tabs/day |
| ESBRIET TAB 801MG | QL= 3 tabs/day |
| estradiol vaginal tab, yuvafem vaginal tab | QL= 8 tabs/28 days, 18 tabs on first fill |
| eszopiclone tab | QL= 1 tab/day |

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Texas Association of Counties Pooled Formulary Cont.
Last Updated* 8/1/2020
Quantity Limit (QL)

• The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--|---|
| everolimus tab | QL= 1 tab/day |
| ezetimibe/simvastatin tab | QL= 1 tab/day (10-80mg is Not Covered) |
| FANAPT TAB | QL= 2 tabs/day |
| FANAPT TITRATION PACK | QL= 1 pack/plan year |
| FARXIGA TAB | QL= 1 tab/day |
| FARYDAK CAP | QL= 6 caps/21 days |
| fentanyl citrate lollipop | QL= 120 lozenges/30 days |
| FENTORA TAB, FENTANYL BUCCAL TAB | QL= 120 tabs/30 days |
| FLUNISOLIDE NASAL SPRAY | QL= 2 bottles/fill |
| fluticasone nasal spray | QL= 2 bottles/fill |
| FREESTYLE LIBRE RECEIVER | QL= 1 receiver/year |
| FREESTYLE LIBRE SENSOR (10-DAY) | QL= 3 sensors/30 days |
| FREESTYLE LIBRE SENSOR (14-DAY) | QL= 2 sensors/28 days |
| GAVILYTE-C SOLN | Limited to 2 fills/calendar year |
| GILOTRIF TAB | QL= 1 tab/day; Only available through Accredo 888-773-7376 |
| GLUCAGEN HYPOKIT INJ | QL= 2 inj/fill |
| GLUCAGON INJ KIT | QL= 2 inj/fill |
| GLYXAMBI TAB | QL= 1 tab/day |
| granisetron tab | QL= 14 tabs/fill |
| GRANISOL SOLN | QL= 60ml/fill |
| GUAIFENESIN/CODEINE SYRUP | QL= 240ml/fill |
| HUMIRA INJ 10MG | QL= 2 syringes/28 days |
| HUMIRA INJ 20MG | QL= 2 syringes/28 days |
| HUMIRA INJ 40MG | QL= 2 syringes/28 days |
| HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK | QL= 1 pack/fill, 1 fill/plan year |
| HUMIRA INJ PEDIATRIC CROHNS STARTER PACK | QL= 1 pack/fill, 1 fill/plan year |
| HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK | QL= 1 pack/fill, 1 fill/plan year |
| HUMIRA PEN INJ 40MG | QL= 2 pens/28 days |
| hydrocodone/chlorpheniramine CR susp | QL= 120ml/fill; 2 fills/30 days |
| HYSINGLA ER TAB | QL= 1 tab/day |
| ibandronate tab 150mg | QL= 1 tab/30 days |
| IBRANCE CAP | QL= 21 caps/28 days |
| IBRANCE TAB | QL= 1 tab/day |
| IDHIFA TAB | QL= 1 tab/day |
| IMBRUVICA CAP 140MG | QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118 |
| IMBRUVICA CAP 70MG | QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118 |
| IMBRUVICA TAB | QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118 |
| INLYTA TAB | QL= 8 tabs/day |
| INVOKANA TAB | QL= 1 tab/day |
| JAKAFI TAB | QL= 2 tabs/day |

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Texas Association of Counties Pooled Formulary Cont.
Last Updated* 8/1/2020
Quantity Limit (QL)

• The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|---|---|
| JANUMET TAB | QL= 2 tabs/day |
| JANUMET XR TAB | QL= 2 tabs/day |
| JANUVIA TAB | QL= 1 tab/day |
| JARDIANCE TAB | QL= 1 tab/day |
| JENTADUETO TAB | QL= 2 tabs/day |
| JENTADUETO XR TAB | QL= 2 tabs/day |
| JYNARQUE PAK | QL= 2 tabs/day; Only available through Walgreens 888-347-3416 |
| JYNARQUE TAB | QL= 2 tabs/day; Only available through Walgreens 888-347-3416 |
| KALYDECO PAK | QL= 2 packets/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416 |
| KALYDECO TAB | QL= 2 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416 |
| ketorolac tab | QL= 20 tabs/5 days |
| KEVZARA INJ | QL= 2 inj/28 days |
| KINERET INJ | QL= 1 inj/day; Only available through Biologics 800-850-4306 |
| LASTACAFT OPHTH SOLN | QL= 3ml/30 days |
| latanoprost ophth soln | QL= 2.5ml/30 days |
| LATUDA TAB | QL= 1 tab/day; Step Therapy requires trial of quetiapine |
| LAZANDA NASAL SPRAY | QL= 15 bottles/30 days |
| LEDIPASVIR/SOFOSBUVIR TAB | QL= 1 tab/ day |
| LENVIMA CAP | QL= 3 caps/day; Only available through Accredo 888-773-7376 |
| LEVALBUTEROL INHALER, XOPENEX HFA INHALER | QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA |
| lidocaine patch | QL= 3 patches/day |
| LUCEMYRA TAB | QL= 84 tabs/7 days |
| LUMIGAN OPHTH SOLN | QL= 2.5ml/30 days |
| LYNPARZA CAP | Only available through Biologics 800-850-4306, QL= 16 caps/day |
| LYNPARZA TAB | Only available through Biologics 800-850-4306, QL= 4 tabs/day |
| malathion lotion | QL= 2 bottles/fill |
| MAVYRET TAB | QL= 3 tabs/day |
| medroxyprogesterone inj | QL= 1 inj/90 days |
| MEKINIST TAB 0.5MG | QL= 3 tabs/day |
| MEKINIST TAB 2MG | QL= 1 tab/day |
| MEKTOVI TAB | QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118 |
| methylergonovine tab | QL= 28 tabs/fill, 1 fill/365 days |
| modafinil tab | QL= 2 tabs/day |
| NALOXONE PREFILLED INJ | QL= 2 inj/fill |
| naratriptan tab | QL= 9 tabs/fill, 2 fills/30 days |
| NATROBA SUSP | QL= 1 bottle/fill |
| NERLYNX TAB | QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118 |
| nicotine gum | Limited to 180 days/plan year |
| NICOTINE KIT | |
| nicotine lozenge | Limited to 180 days/plan year |

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Texas Association of Counties Pooled Formulary Cont.
Last Updated* 8/1/2020
Quantity Limit (QL)

- The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|-----------------------------|--|
| nicotine patch | Limited to 180 days/plan year |
| NICOTROL INHALER | Limited to 180 days/plan year |
| NICOTROL NASAL SPRAY | Limited to 180 days/plan year |
| NUCYNTA ER TAB | QL= 2 tabs/day |
| NUDEXTA CAP | QL= 2 caps/day |
| NUZYRA TAB | QL= 1 tab/day, 30 tabs/180 days; Restricted to Infectious Disease or Pulmonology Specialist; Only available through Walgreens 888-347-3416 |
| OCALIVA TAB | QL= 1 tab/day; Only available through Walgreens 888-347-3416 |
| OFEV CAP | QL= 2 caps/day; Only available through Walgreens 888-347-3416 |
| OLUMIANT TAB | QL= 1 tab/day |
| OMNIPOD 5 PACK PODS | QL= 10 pods/month |
| OMNIPOD DASH PODS | QL= 10 pods/month |
| OMNIPOD STARTER KIT | QL= 1 kit/year |
| OPSUMIT TAB | QL= 1 tab/day; Only available through CVS Specialty 800-237-2767 |
| ORENCIA CLICK INJ | QL= 4 inj/28 days |
| ORENCIA SC INJ 125MG/ML | QL= 4 inj/28 days |
| ORENCIA SC INJ 50MG/0.4ML | QL= 4 inj/28 days |
| ORENCIA SC INJ 87.5MG/0.7ML | QL= 4 inj/28 days |
| ORILISSA TAB 150MG | QL= 1 tab/day |
| ORILISSA TAB 200MG | QL= 2 tabs/day |
| ORKAMBI GRANULES PACKET | QL= 2 packets/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416 |
| ORKAMBI TAB | QL= 4 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416 |
| oseltamivir cap | QL= 10 caps/fill |
| oseltamivir cap 30mg | QL= 20 caps/fill |
| oseltamivir susp | QL= 250ml/fill |
| OTEZLA STARTER PACK | QL= 1 pack/28 days |
| OTEZLA TAB | QL= 2 tabs/day |
| OZEMPIC INJ | QL= 1 pack/28 days |
| PALYNZIQ INJ | QL= 1 inj/day; Only available through Diplomat Pharmacy 877-977-9118 |
| peg 3350/electrolytes soln | Limited to 2 fills/calendar year |
| POTIGA TAB | QL= 3 tabs/day |
| PRALUENT INJ | QL= 2 inj/28 days |
| pyrimethamine tab | QL= 3 tabs/day; Only available through Walgreens 888-347-3416 |
| REGRANEX GEL | QL= 30gm/fill |
| RELENZA DISKHALER | QL= 1 inhaler/fill |
| REPATHA INJ | QL= 2 inj/28 days |
| REPATHA PUSHTRONEX INJ | QL= 1 inj/28 days |
| REVLIMID CAP | QL= 1 cap/day; Restricted to Oncology or Hematology Specialist |
| RINVOQ ER TAB | QL= 1 tab/day |
| rizatriptan ODT | QL= 12 tabs/fill, 3 fills/60 days |
| rizatriptan tab | QL= 12 tabs/fill, 3 fills/60 days |

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Texas Association of Counties Pooled Formulary Cont.
Last Updated* 8/1/2020
Quantity Limit (QL)

• The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--|---|
| rosuvastatin tab 10mg | QL= 1 tab/day |
| rosuvastatin tab 20mg | QL= 1.5 tabs/day |
| rosuvastatin tab 40mg | QL= 1 tab/day |
| rosuvastatin tab 5mg | QL= 1 tab/day |
| RUBRACA TAB | QL= 4 tabs/day; Only available through Avella Pharmacy (877) 546-5779 |
| RYBELSUS TAB | QL=1 tab/day |
| SANCUSO PATCH | QL= 4 patches/fill |
| SANTYL OINT | QL= 90gm/30 days |
| SAPHRIS SL TAB | QL= 2 tabs/day |
| SAVELLA TAB | QL= 2 tabs/day |
| SIGNIFOR INJ | QL= 2 vials/day; Only available through Accredo 888-773-7376 |
| SIVEXTRO TAB | QL= 6 tabs/fill; Restricted to Infectious Disease Specialist |
| SKLICE LOTION | QL= 1 tube/fill |
| SKYRIZI INJ | QL= 2 inj/84 days |
| SOFOSBUVIR/VELPATASVIR TAB | QL= 1 tab/ day |
| SOLOSEC GRANULES PACKET | QL= 1 packet/fill |
| SPINOSAD SUSP | QL= 1 bottle/fill |
| SPIRIVA RESPIMAT INHALER 1.25MCG/ACT | QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR, BREO, DULERA, or FLUTICASONE/SALMETEROL |
| STELARA INJ | QL= 1 inj/84 days |
| STIVARGA TAB | QL= 4 tabs/day |
| STRIVERDI RESPIMAT INHALER | QL= 1 inhaler/30 days |
| sumatriptan inj | QL= 4 inj/fill, 2 fills/30 days |
| SUMATRIPTAN INJ 6MG/0.5ML | QL= 4 inj/fill, 2 fills/30 days |
| sumatriptan nasal spray | QL= 6 sprays/fill, 2 fills/30 days |
| sumatriptan tab | QL= 9 tabs/fill, 2 fills/30 days |
| sumatriptan vial inj | QL= 5 inj/fill, 2 fills/30 days |
| SYMJEPI INJ | QL= 2 inj/fill |
| SYNJARDY TAB | QL= 2 tabs/day |
| SYNJARDY XR TAB 10-1000MG, 25-1000MG | QL= 1 tab/day |
| SYNJARDY XR TAB 5-1000MG, 12.5-1000MG | QL= 2 tabs/day |
| TAFINLAR CAP | QL= 4 caps/day |
| TAGRISSO TAB | QL= 1 tab/day; Only available through Lumicera Pharmacy 855-847-3553 |
| TAKHZYRO INJ | QL= 2 inj/28 days; Only available through CVS Specialty 800-237-2767 |
| TAVALISSE TAB | QL= 2 tab/day; Only available through Biologics 800-850-4306 |
| TEGSEDI INJ | QL= 4 inj/28 days; Only available through Accredo 888-773-7376 |
| testosterone gel 1% 25mg | QL= 1 packet/day |
| testosterone gel 1% 50mg | QL= 2 packets/day |
| testosterone gel 1% pump | QL= 4 bottles/30 days |
| TIBSOVO TAB | QL= 2 tabs/day; Only available through Diplomat Pharmacy 877-977-9118 |
| TIVICAY TAB | QL= 2 tabs/day |

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Texas Association of Counties Pooled Formulary Cont.
Last Updated* 8/1/2020
Quantity Limit (QL)

• The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--|---|
| TRACLEER TAB 32MG | QL=4 tabs/day; Only available through Walgreens 888-347-3416 |
| TRADJENTA TAB | QL= 1 tab/day |
| travoprost ophth soln | QL= 2.5ml/30 days |
| TRIJARDY XR TAB 10-5-1000MG, 25-5-1000MG | QL= 1 tab/day |
| TRIJARDY XR TAB 5-25-1000MG, 12.5-2.5-1000MG | QL= 2 tabs/day |
| trilyte soln | Limited to 2 fills/calendar year |
| TRINTELLIX TAB | QL= 1 tab/day |
| TRULICITY INJ | QL= 4 pens/28 days |
| TUSSI-ORGANI SYRUP | QL= 240ml/fill |
| TYVASO INH SOLN | QL= 1 ampule/day; Only available through Accredo 888-773-7376 |
| ULESFIA LOTION | QL= 4 bottles/fill |
| UPTRAVI TAB | QL= 2 tabs/day; Only available through Accredo 888-773-7376 |
| VALCHLOR GEL | QL= 4 tubes/30 days; Only available through Avella (877) 546-5779 |
| vancomycin cap | QL= 56 caps/fill |
| VARUBI TAB | QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist |
| VENTAVIS INH SOLN | QL= 9 ampules/day; Only available through Accredo 888-773-7376 |
| VENTOLIN HFA INHALER | QL= 2 inhalers/30 days |
| VERZENIO TAB | QL= 2 tabs/day |
| V-GO INJ KIT | QL= 1 kit/day |
| VICTOZA INJ | QL= 9ml/30 days |
| VIMPAT TAB | QL= 2 tabs/day |
| VIVOTIF CAP | QL= 4 caps/fill |
| VOSEVI TAB | QL= 1 tab/day |
| XADAGO TAB | QL= 1 tab/day |
| XALKORI CAP | QL= 2 caps/day |
| XERMELO TAB | QL= 3 tabs/day |
| XIFAXAN TAB 200MG | QL= 9 tabs/3 days |
| XIFAXAN TAB 550MG | QL= 2 tabs/day; Quantities up to 3 tabs/day for the treatment of IBS-D allowed via PA |
| XIGDUO XR TAB 2.5-1000MG, 5-1000MG | QL= 2 tabs/day |
| XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG | QL= 1 tab/day |
| XTAMPZA ER CAP | QL= 120 caps/30 days |
| XTANDI CAP | QL= 4 caps/day |
| XULTOPHY INJ | QL= 15ml/30 days |
| XYREM SOLN | QL= 540ml/30 days; Only available through Xyrem Central Pharmacy 866-997-3688 |
| ZEJULA CAP | QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118 |
| ZELBORAF TAB | QL= 8 tabs/day |
| zolmitriptan ODT | QL= 9 tabs/fill, 2 fills/30 days |
| zolmitriptan tab | QL= 9 tabs/fill, 2 fills/30 days |
| zolpidem tab | QL= 1 tab/day |
| ZYKADIA CAP | QL= 3 caps/day |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Texas Association of Counties Pooled Formulary Cont.

Last Updated* 8/1/2020

Quantity Limit (QL)

- The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|------------------|---|
| ZYKADIA TAB | QL= 3 tabs/day |
| ZYLET OPHTH SUSP | QL= 5ml/fill (10ml bottle is Not Covered) |

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