TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

Orange County Pharmacy Need to Know

Overview of Pharmacy Change

- Why we needed to make a change
- Who is Navitus Health Solutions
- How did it impact our Members

Formulary (Updated every month)

- Texas Association of Counties Health and Employees Benefits Program Website

https://www.county.org/Health-Benefits/Prescription-Benefits

- Member's Navitus Account

www.mybenefits.county.org

Understanding the Members Options

- Discuss formulary design with Doctor and ask about lower cost alternatives
    - Therapeutically and chemically equivalent
    - May be a brand name and not a generic name
- Ask Pharmacist about lower cost alternatives
- Contact Navitus Customer Care, 1-866-333-2757

Clinical Programs

- Prior Authorization
- Step Therapy
- Dispense As Written (DAW)

Appeal Rights

- Exception To Coverage (ETC)
- FDA Med Watch

Attached Resources

- Navitus Quick Reference Guide
- Online Benefits Portal
- Navitus Cost Compare Tool
- ACA Drug List
- Orange County Rx Benefits

Quick Reference Formulary - Texas Association of Counties Pooled Formulary

Reading the Drug List

Generic drugs are listed in all lower case letters. Brand name drugs are listed in all upper case letters. Each drug product is assigned a coverage tier, shown to the right of each drug product.

		Relative Cost to Member
Tier 1	Formulary generics and some lower cost brand products	$
Tier 2	Formulary, brand products and some higher cost generic products	$$
Tier 3	Non-preferred formulary products	$$$$

Cases where drug products are followed by parentheses indicate that the entry relates to a certain dosage form, e.g. ESTRACE (vaginal cream) or more than one form of the drug, e.g. ZOMIG (ZMT). Quantity limits are for prescriptions filled at retail pharmacies. Please consult the complete version of the formulary for mail order quantity limits.

All newly approved drugs on the market will initially NOT be covered, pending further review by the Navitus P&T Committee.
A complete version of the Navitus Formulary, as well as information on prior authorization and clinical programs, are available at www.navitus.com

ADHD/ ANTI-NARCOLEPSY/ ANTI-OBESITY/ ANORexiants

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

AMINOGLYCOSIDES

TOBI PODHALER	MSP, RS	2

ANALGESICS - ANTI-INFLAMMATORY

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

ANALGESICS - OPIOID

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

ANDROGENS-ANABOLIC

AXIRON SOLN		NC
NATESTO NASAL GEL		NC

ANTIANGINAL AGENTS

RANEXA TAB		2

ANTIANXIETY AGENTS

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

ANTIARRHYTHMICS

MULTAQ TAB		2

ANTIASTHMATIC AND BRONCHODILATOR AGENTS

albuterol neb soln 0.083%		1
albuterol neb soln 0.5%		1
albuterol/ ipratropium neb soln		1
ARNUITY ELLIPTA INHALER		1
ASMANEX HFA INHALER		1
ASMANEX INHALER		1
budesonide inh susp		1
FLOVENT DISKUS INHALER		1
FLOVENT HFA INHALER		1
ipratropium neb soln		1
montelukast chew tab		1
montelukast tab		1
ADVAIR DISKUS INHALER		2
ADVAIR HFA INHALER		2
ANORO ELLIPTA INHALER		2
BREO ELLIPTA INHALER		2
COMBIVENT INHALER		2
COMBIVENT RESPIMAT INHALER		2
DULERA INHALER		2
INCRUSE ELLIPTA INHALER		2
SEREVENT DISKUS INHALER		2
VENTOLIN HFA INHALER	QL	2
albuterol neb soln 0.63mg		3
albuterol neb soln 1.25mg		3
PROVENTIL HFA INHALER		NC
PULMICORT FLEXHALER		NC
QVAR INHALER		NC
SYMBICORT INHALER		NC
TUDORZA PRESSAIR INHALER		NC

ANTICOAGULANTS

warfarin tab		1
PRADAXA CAP		2

ANTICONVULSANTS

carbamazepine tab		1
clonazepam tab		1
divalproex sodium DR tab		1
gabapentin cap		1
lamotrigine tab		1
levetiracetam tab		1
phenytoin cap		1
topiramate tab		1
BANZEL TAB		2
carbamazepine ER tab		2
LYRICA CAP		2
VIMPAT TAB	QL	2
lamotrigine ER tab		3

ANTIDEPRESSANTS

amitriptyline tab		1
bupropion ER tab		1
bupropion XL tab		1
citalopram soln		1
citalopram tab		1
duloxetine EC cap		1
escitalopram tab		1
fluoxetine cap		1
fluoxetine tab		1
mirtazapine tab		1
nefazodone tab 50mg, 250mg		1
nortriptyline cap		1
paroxetine tab		1
sertraline conc		1
sertraline tab		1
trazodone tab		1
venlafaxine ER cap		1
venlafaxine tab		1
NEFAZODONE TAB	ST	3
venlafaxine ER tab		NC

ANTIDIABETICS

glipizide ER tab		1
glipizide tab		1
glyburide tab		1
metformin tab		1
pioglitazone tab		1
AVANDAMET TAB		2
AVANDIA TAB		2
BYDUREON PEN INJ	QL	2
FARXIGA TAB	QL	2
JANUMET TAB	QL	2
JANUMET XR TAB	QL	2
JANUVIA TAB	QL, ¢	2
LANTUS INJ		2
LANTUS SOLOSTAR INJ		2
LEVEMIR FLEXTOUCH INJ		2
LEVEMIR INJ		2
NOVOLIN INJ	OTC	2
NOVOLOG FLEXPEN INJ, FIASP FLEXTOUCH INJ		2
NOVOLOG INJ, FIASP INJ		2
NOVOLOG MIX FLEXPEN INJ		2
NOVOLOG PENFILL INJ		2
TOUJEO SOLOSTAR INJ		2
TRESIBA FLEXTOUCH INJ		2
VICTOZA INJ	QL	2
BASAGLAR INJ		NC
HUMALOG INJ, ADMELOG INJ		NC
HUMULIN N INJ	OTC	NC
HUMULIN R INJ	OTC	NC
KOMBIGLYZE XR TAB		NC
ONGLYZA TAB		NC
pioglitazone/ metformin tab		NC

ANTIEMETICS

ondansetron tab		1

ANTIFUNGALS

fluconazole susp		1
fluconazole tab		1
ketoconazole tab		1
nystatin tab		1
terbinafine tab		1
griseofulvin micro tab		2
griseofulvin susp		2
itraconazole cap	PA	2
voriconazole tab	RS	2

ANTIHISTAMINES

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

ANTIHYPERLIPIDEMICS

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

ANTIHYPERTENSIVES

amlodipine/ benazepril cap		1
benazepril tab		1
benazepril/ hydrochlorothiazide tab		1
bisoprolol/ hydrochlorothiazide tab		1
doxazosin tab		1
enalapril tab		1
enalapril/ hydrochlorothiazide tab		1
irbesartan tab		1
irbesartan/ hydrochlorothiazide tab		1
lisinopril tab		1
lisinopril/ hydrochlorothiazide tab		1
losartan tab		1
losartan/ hydrochlorothiazide tab		1
terazosin cap		1
valsartan tab		1
valsartan/ hydrochlorothiazide tab		1
amlodipine/ valsartan tab		2
metoprolol/ hydrochlorothiazide tab		2
phenoxybenzamine cap		2
candesartan tab		NC
candesartan/ hydrochlorothiazide tab		NC

ANTI-INFECTIVE AGENTS - MISC.

clindamycin cap		1
erythromycin/ sulfisoxazole susp		1
metronidazole cap		1

NC Not Covered

generic =small letters

BRANDS =CAPITAL LETTERS

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

Quick Reference Formulary - Texas Association of Counties Pooled Formulary

metronidazole tab		1
smz/ tmp (DS) tab		1
ANTIMALARIALS		
hydroxychloroquine tab		1
ANTIMYCOBACTERIAL AGENTS		
rifampin cap		2
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
anastrozole tab		1
letrozole tab		1
methotrexate tab		1
AFINITOR DISPERZ	LMSP, PA, QL, SF	2
AFINITOR TAB	LMSP, PA, QL, SF	2
bexarotene cap	LMSP, PA, SF	2
BOSULIF TAB	MSP, PA, SF	2
ERIVEDGE CAP	MSP, PA, SF	2
IMBRUVICA CAP 140MG	LD, PA, QL	2
tamoxifen tab	ACA	2
ANTIPARKINSON AGENTS		
amantadine cap		1
carbidopa/ levodopa tab		1
ropinirole tab		1
selegiline cap		1
pramipexole ER tab		3
ropinirole ER tab		3
ANTIPSYCHOTICS/ ANTIMANIC AGENTS		
aripiprazole tab		1
lithium carbonate cap		1
lithium carbonate tab		1
olanzapine tab		1
quetiapine tab		1
risperidone tab		1
ziprasidone cap		1
clozapine tab		2
olanzapine ODT		2
paliperidone ER tab	PA	2
ABILIFY SOLN	PA	3
SEROQUEL XR TAB		NC
ANTIVIRALS		
acyclovir cap		1
acyclovir susp		1
nevirapine tab		1
rimantadine tab		1
valacyclovir tab		1
entecavir tab	QL	2
FUZEON INJ	LMSP	2
PEG-INTRON INJ	LMSP	2
PEGASYS INJ	LMSP, PA	2
RELENZA DISKHALER	QL	2
zidovudine cap		2
ASSORTED CLASSES		
azathioprine tab		1
mycophenolate mofetil tab		1
cyclosporine cap		2
BETA BLOCKERS		
atenolol tab		1
carvedilol tab		1
labetalol tab		1
metoprolol ER tab		1
metoprolol tab		1
propranolol tab		1
BYSTOLIC TAB	¢	2
nadolol tab		2
CALCIUM CHANNEL BLOCKERS		
amlodipine tab		1
diltiazem ER cap		1
diltiazem tab		1
nifedipine cap		1
nifedipine ER tab		1
verapamil SR cap		1
verapamil SR tab		1
diltiazem ER tab		2
nisoldipine ER tab		2
felodipine ER tab		3
verapamil SR cap		3
CEPHALOSPORINS		
cefadroxil cap		1
cefuroxime susp		1
cephalexin cap		1
cefdinir cap		2
cefdinir susp		2
cefprozil susp		2
cefprozil tab		2
cefaclor cap		3
cefpodoxime proxetil tab		3
CONTRACEPTIVES		
necon tab	ACA	2
NUVARING	ACA	2
tri-nessa (LO) tab	ACA	2
YASMIN TAB		NC
YAZ TAB		NC
CORTICOSTEROIDS		
prednisolone soln		1
PREDNISONE TAB		1
COUGH/ COLD/ ALLERGY		
guaifenesin/ codeine syrup	OTC, QL	1
ALLEGRA-D 12-HOUR TAB	OTC	NC
ALLEGRA-D 24-HOUR TAB	OTC	NC
ALLEGRA-D TAB	OTC	NC
DERMATOLOGICALS		
clindamycin gel		1
clotrimazole/ betamethasone cream		1
erythromycin gel		1
ketoconazole cream		1
lidocaine/ prilocaine cream		1
mupirocin oint		1
nystatin cream		1
adapalene cream	PA	2
adapalene gel	PA	2
calcipotriene cream		2
imiquimod cream		2
isotretinoin cap		2
metronidazole cream		2
metronidazole gel		2
pimecrolimus cream		2
tacrolimus oint		2
tretinoin cream	PA	2
tretinoin gel	PA	2
AZELEX CREAM	PA	3
clindamycin/ benzoyl peroxide gel		3
ELIDEL CREAM		3
lidocaine patch	QL	3
mupirocin cream		NC
nystatin/ triamcinolone oint		NC
ZOVIRAX OINT		NC
DIAGNOSTIC PRODUCTS		
ACCU-CHEK TEST STRIP	OTC	2
FREESTYLE LITE TEST STRIP	OTC	2
FREESTYLE TEST STRIP	OTC	2
PRECISION XTRA TEST STRIP	OTC	2
TEST STRIP (all other test strips)	OTC	NC
DIURETICS		
amiloride/ hydrochlorothiazide tab		1
CHLORTHALIDONE TAB		1
furosemide tab		1
hydrochlorothiazide tab		1
spironolactone tab		1
triamterene/ hydrochlorothiazide cap		1
triamterene/ hydrochlorothiazide tab		1
acetazolamide ER cap		2
ENDOCRINE AND METABOLIC AGENTS - MISC.		
alendronate tab		1
ibandronate tab 150mg	QL	1
FORTEO INJ	LMSP, PA	2
FORTICAL NASAL SPRAY		2
raloxifene tab	ACA	2
ACTONEL TAB		3
ESTROGENS		
estradiol patch		1
estradiol tab		1
estradiol patch		2
PREMARIN TAB		2
PREMPHASE TAB, PREMPRO TAB		2
estradiol/ norethindrone tab		3
FLUOROQUINOLONES		
ciprofloxacin tab		1
levofloxacin tab		1
ofloxacin tab		1
moxifloxacin tab		2
GENITOURINARY AGENTS - MISCELLANEOUS		
alfuzosin SR tab		1
finasteride tab		1
tamsulosin cap		1
GOUT AGENTS		
allopurinol tab		1
ULORIC TAB	¢, ST	2
HEMATOLOGICAL AGENTS - MISC.		
clopidogrel tab 75mg		1
HYPNOTICS/ SEDATIVES/ SLEEP DISORDER AGENTS		
phenobarbital tab		1
temazepam cap 15mg		1
temazepam cap 30mg		1
zaleplon cap		1
ROZEREM TAB		NC
MACROLIDES		
azithromycin susp		1
azithromycin tab		1
clarithromycin tab		1
DIFICID TAB	QL, ST	2
MEDICAL DEVICES AND SUPPLIES		
B-D INSULIN SYRINGE	OTC	1
B-D PEN NEEDLE	OTC	1
NOVOFINE PEN NEEDLE	OTC	1
NOVOTWIST PEN NEEDLE	OTC	1
ACCU-CHEK AVIVA PLUS METER	ACA, OTC	2
FREESTYLE FREEDOM LITE METER	ACA, OTC	2
FREESTYLE LITE METER	ACA, OTC	2
PRECISION XTRA METER	ACA, OTC	2
MIGRAINE PRODUCTS		
rizatriptan ODT	QL	1
rizatriptan tab	QL	1
sumatriptan tab	QL	1
naratriptan tab	QL	2
sumatriptan inj	QL	2
sumatriptan vial inj	QL	2
zolmitriptan ODT	QL	3
zolmitriptan tab	QL	3
acetaminophen/ isometheptene/ dichloral cap		NC
MOUTH/ THROAT/ DENTAL AGENTS		
clotrimazole troches		1
nystatin susp		1
MULTIVITAMINS		
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS)		1
NASAL AGENTS - SYSTEMIC AND TOPICAL		
fluticasone nasal spray	QL	1
FLONASE NASAL SPRAY		NC
flunisolide nasal solution 0.025%		NC
FLUNISOLIDE NASAL SPRAY 0.025%		NC
VERAMYST NASAL SPRAY		NC
OPHTHALMIC AGENTS		
azelastine ophth soln		1
bacitracin/ polymyxin b ophth oint		1
ciprofloxacin ophth soln		1
dorzolamide/ timolol (pf) ophth soln		1
gentamicin ophth soln		1
ketorolac ophth soln		1
latanoprost ophth soln	QL	1
neomycin/ polymyxin/ hydrocortisone ophth soln		1
ofloxacin ophth soln		1
pilocarpine ophth soln		1
prednisolone ophth soln		1
timolol maleate ophth soln		1
tobramycin ophth soln		1
tobramycin/ dexamethasone ophth soln		1
ALPHAGAN P OPHTH SOLN 0.1%		2
ALREX OPHTH SUSP, LOTEMAX OPHTH SUSP		2
AZOPT OPHTH SUSP		2
BETIMOL OPHTH SOLN		2
LUMIGAN OPHTH SOLN	QL	2
PROLENSA OPHTH SOLN		2
RESTASIS OPHTH EMULSION	PA	2
TOBRADEX OPHTH OINT		2
TRAVATAN Z OPHTH SOLN	QL	2
ketotifen ophth soln	OTC	NC
OTIC AGENTS		
acetic acid otic soln		1
neomycin/ polymixin/ hydrocoritisone otic susp		1
CIPRODEX OTIC SUSP		2
ofloxacin otic soln		3
PENICILLINS		
amoxicillin cap		1

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SMKG Smoking Cessation
¢ RxCENTS
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OTC Over-the-Counter
RS Restricted to Specialist
ST Step Therapy
BRANDS =CAPITAL LETTERS

Last Updated 1/1/2019

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amoxicillin/ clavulanate tab		1
penicillin vk tab		1
amoxicillin/ clavulanate ER tab		3

PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

donepezil ODT	QL	1
donepezil tab	QL	1
galantamine tab	¢	1
memantine tab		1
rivastigmine cap		1
bupropion SR tab	ACA, QL, SMKG	2
CHANTIX PAK	ACA, QL, SMKG	2
CHANTIX TAB	ACA, QL, SMKG	2
galantamine ER cap		2
NAMENDA XR TITRATION PACK		2
nicotine gum	ACA, OTC, QL, SMKG	2
nicotine lozenge	ACA, OTC, QL, SMKG	2
nicotine patch	ACA, OTC, QL, SMKG	2
NICOTROL INHALER	ACA, QL, SMKG	2
NICOTROL NASAL SPRAY	ACA, QL, SMKG	2

TETRACYCLINES

doxycycline hyclate cap		1
minocycline cap		1
SOLODYN TAB		NC

THYROID AGENTS

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

ULCER DRUGS

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

URINARY ANTI-INFECTIVES

nitrofurantoin monohydrate cap		1

URINARY ANTISPASMODICS

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

VAGINAL PRODUCTS

PREMARIN VAGINAL CREAM		2
vcf vaginal gel	ACA, OTC	2

NC Not Covered

ACA Affordable Care Act

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

INF Infertility

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QL Quantity Limit

SMKG Smoking Cessation

¢ RxCENTS

generic =small letters

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OTC Over-the-Counter

RS Restricted to Specialist

ST Step Therapy

BRANDS =CAPITAL LETTERS

TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

ONLINE BENEFITS PORTAL: EMPLOYEE SELF-SERVICE (ESS)

Accessing your current health benefits and wellness program resources online should be easy. That's why we created Employee Self-Service (ESS) for **county employees**. ESS is one single website with all the links you need. Just one password here gets you access to Blue Cross and Blue Shield of Texas (BCBSTX), Navitus (prescription drugs), Healthy County wellness initiatives and more.

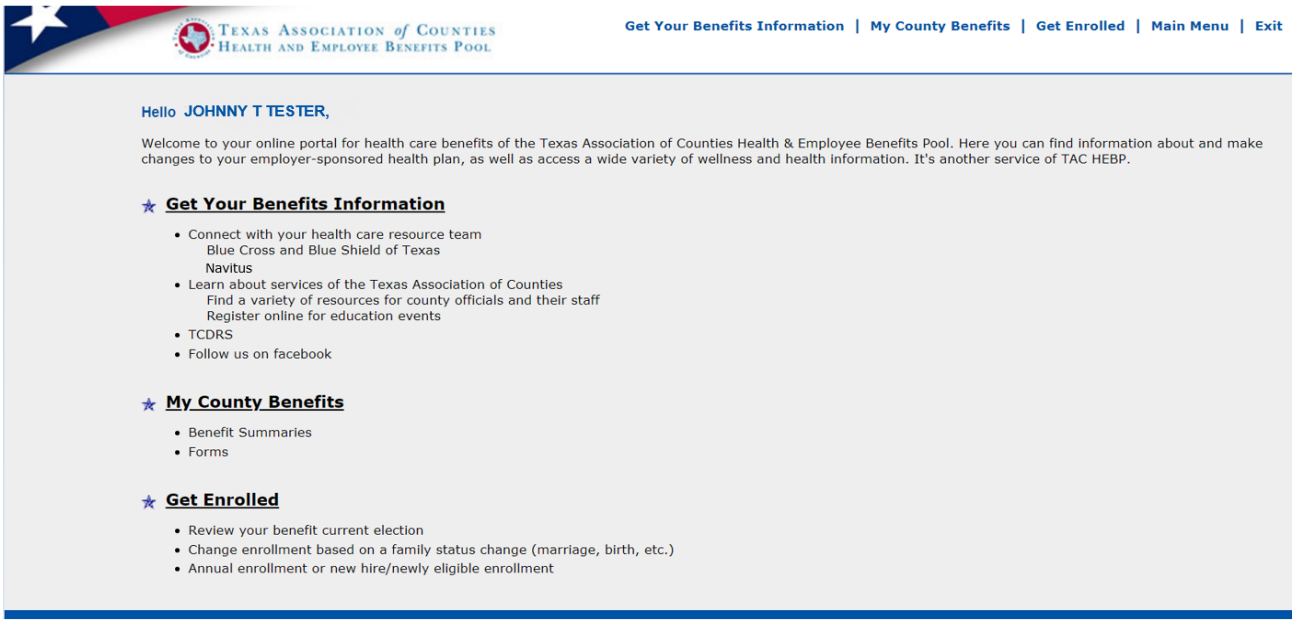
WHERE CAN I ACCESS ESS ONLINE?

Go To: https://mybenefits.county.org

Save or bookmark this web address as a favorite so you can reference your benefits and tools with one simple click!

WHAT CAN I DO IN THE EMPLOYEE SELF-SERVICE (ESS) TOOL?

Get Benefits Information	Review a variety of wellness program details, vendor and health information.
My County Benefits	Access your current health and prescription coverage Benefits Summaries and miscellaneous forms.
Review Current Enrollment	Retrieve and review benefit information.

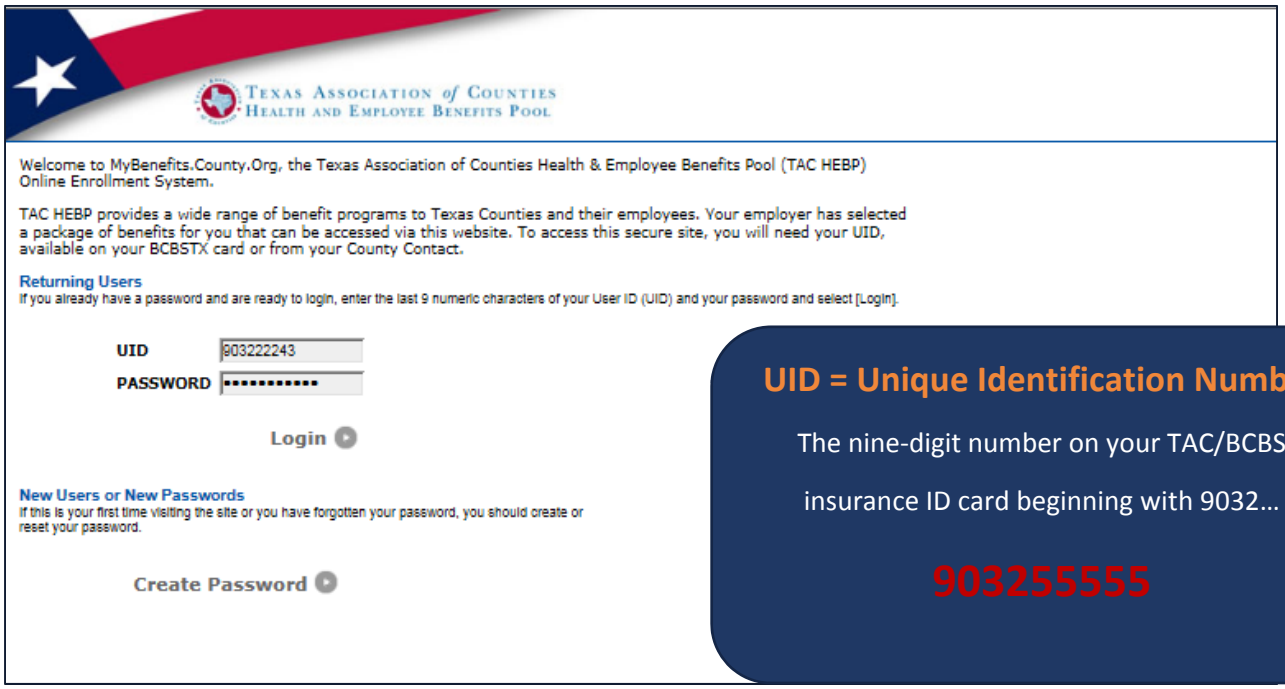


FIRST TIME USER INFORMATION

First-time users will need to create a unique password before logging onto the system.

From this page, *first-time users* should click on the ***Create Password*** link displayed at the bottom of this page.

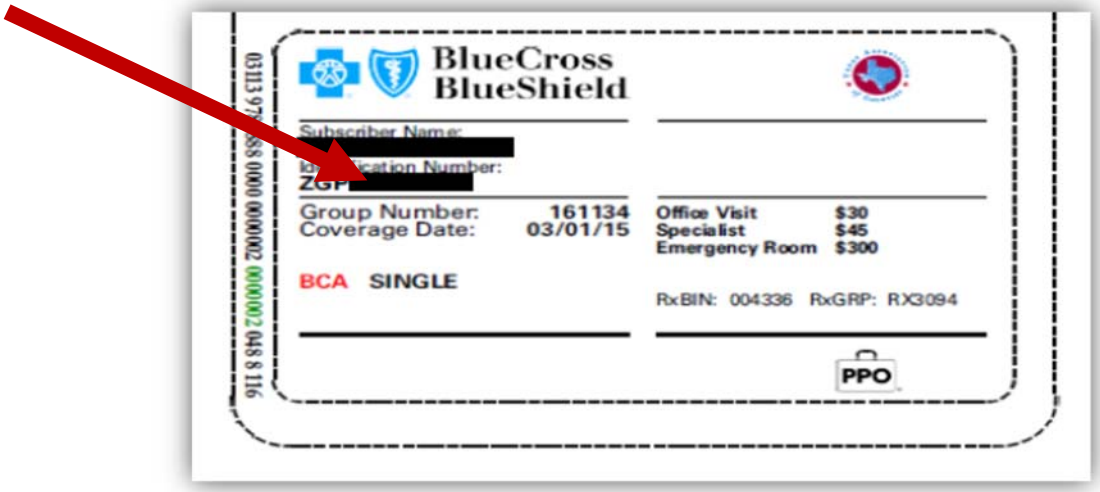
First-time users will need to acknowledge and accept an online authorization. TAC HEBP may require employees to accept this online authorization once a year.



UID = Unique Identification Number

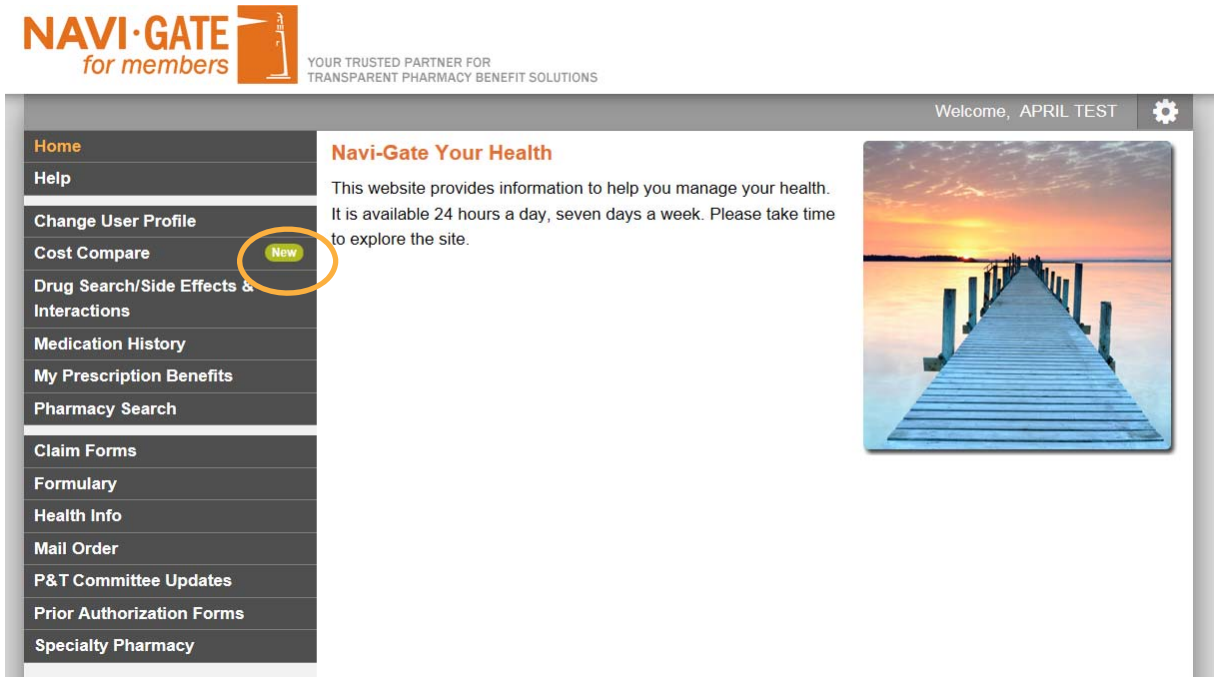
The nine-digit number on your TAC/BCBS insurance ID card beginning with 9032…

903255555

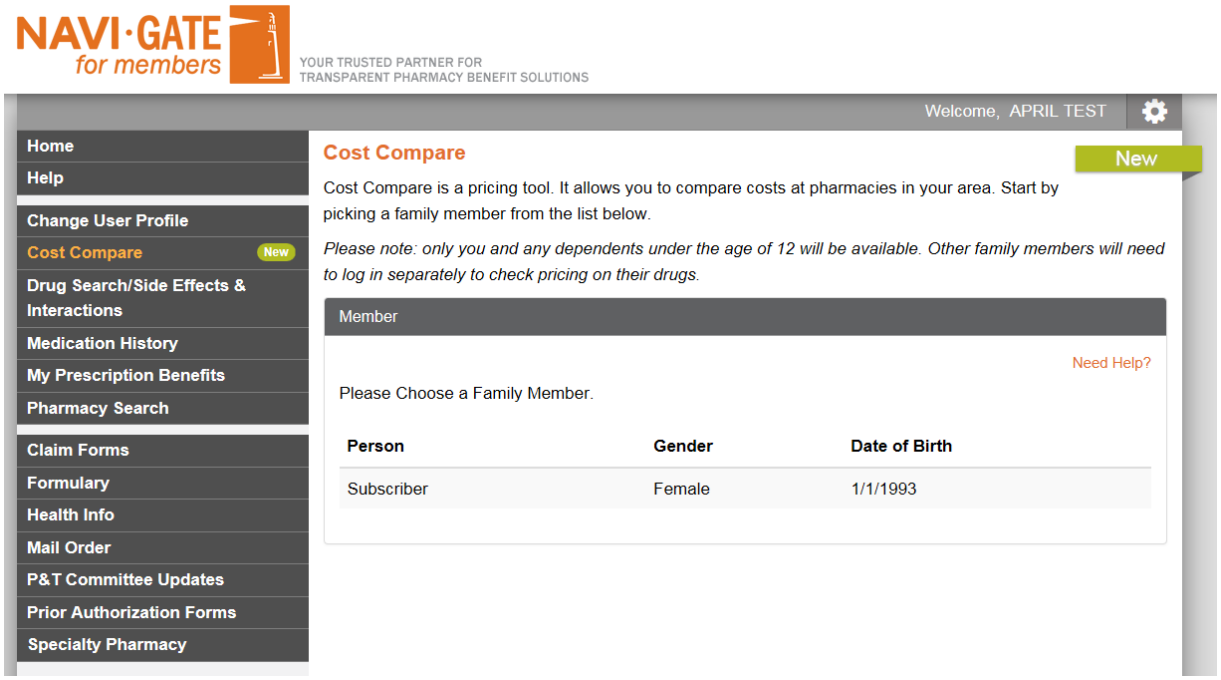


NAVITUS COST COMPARE TOOL

"Cost Compare" is listed as NEW in the menu of options on the member portal home page.



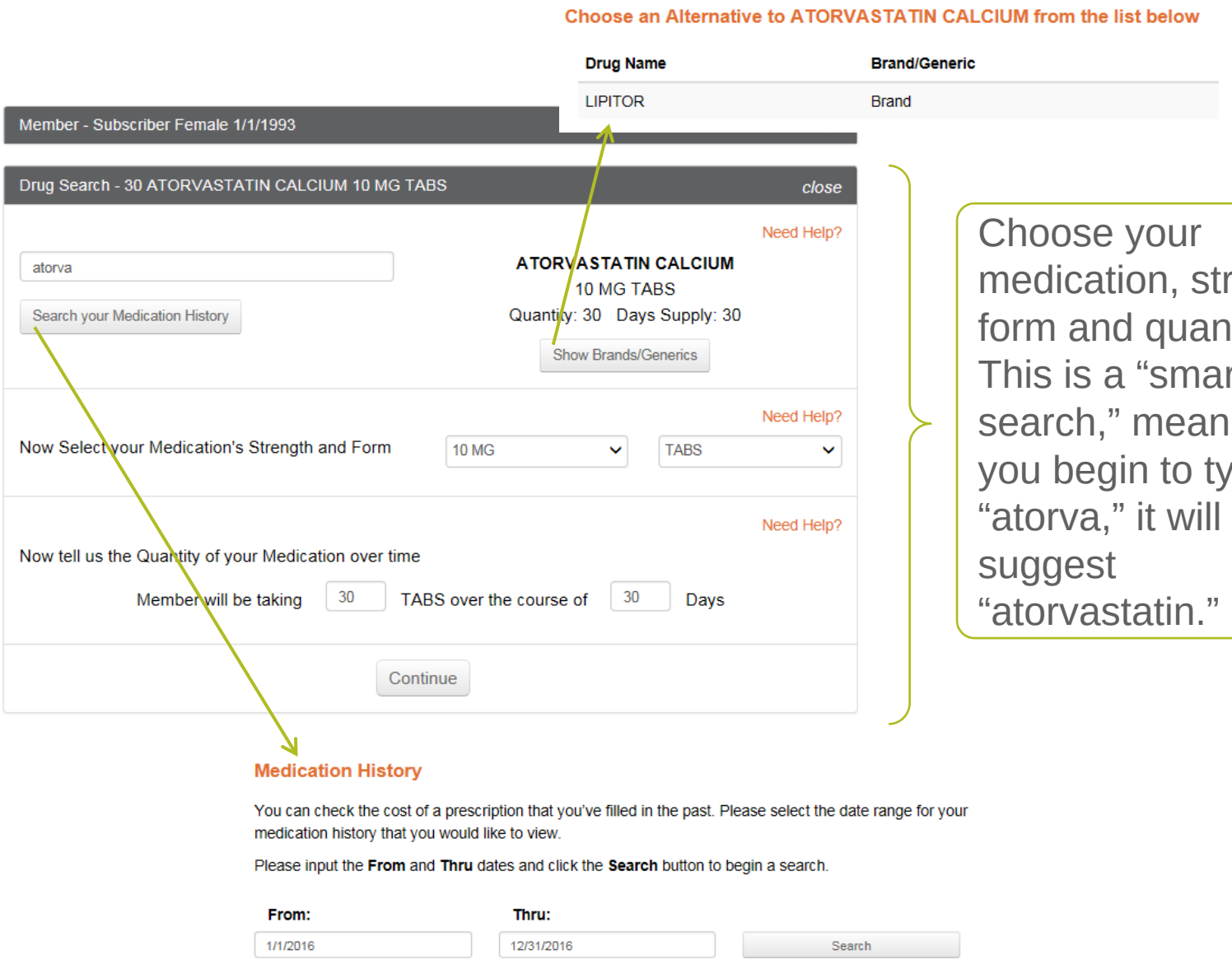
NAVITUS COST COMPARE TOOL



You can select which family member to use for the search.

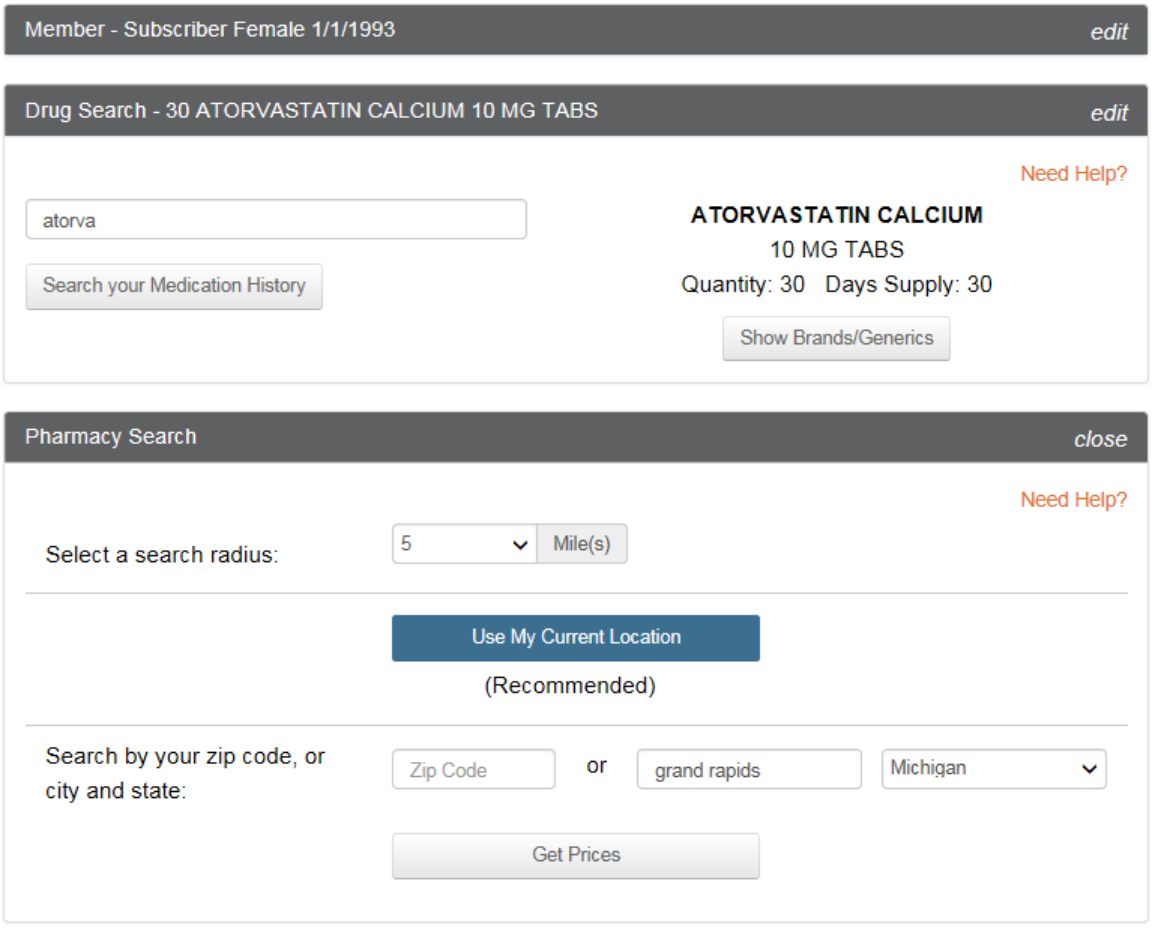
Note: Dependents age 12+ will not display on your account. They are required to register their own accounts.

NAVITUS COST COMPARE TOOL



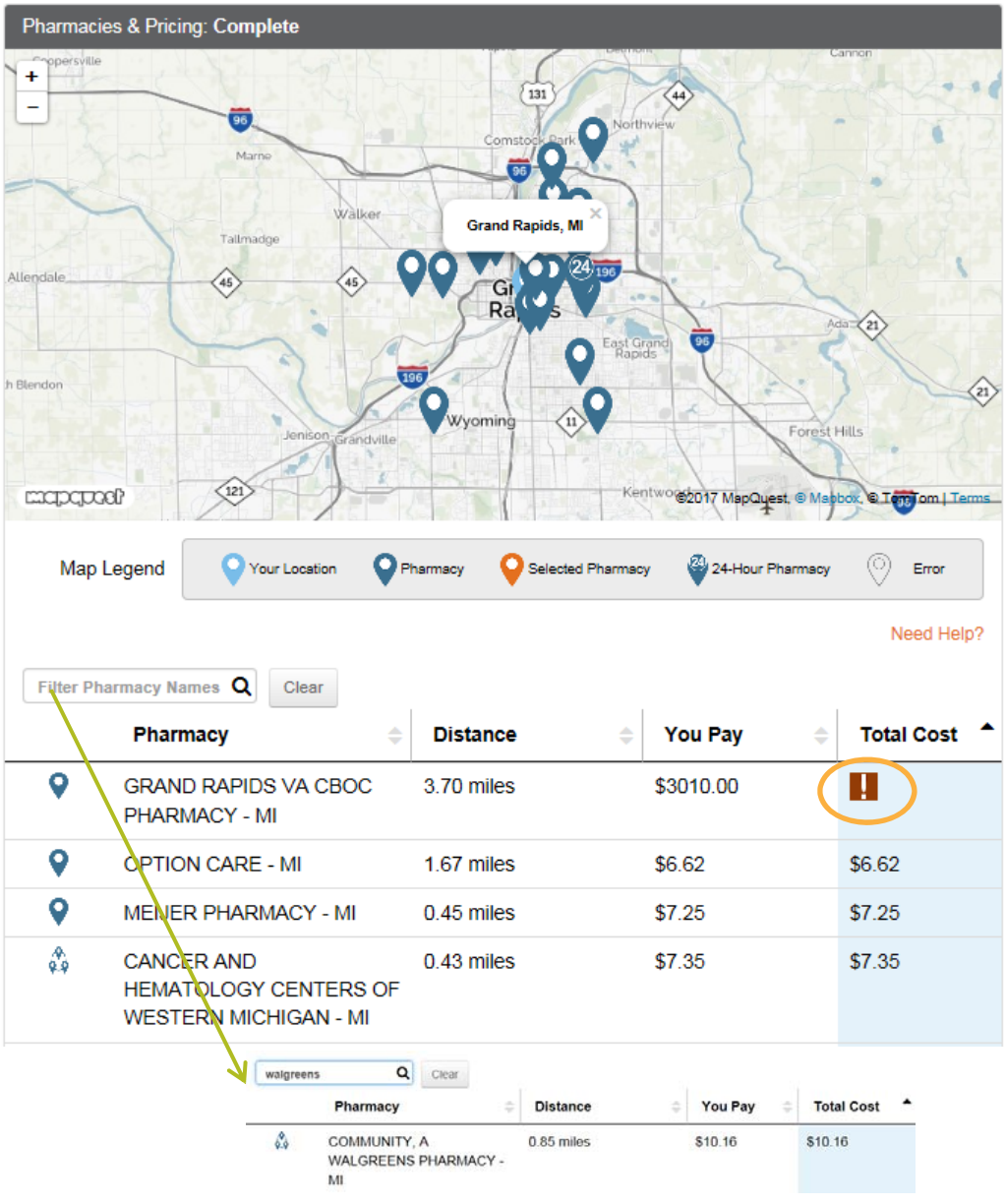
Choose your medication, strength, form and quantity. This is a "smart search," meaning if you begin to type "atorva," it will suggest "atorvastatin."

NAVITUS COST COMPARE TOOL



You can perform a search radius up to 25 miles. Location can be set using current location, ZIP Code, or city/state.

NAVITUS COST COMPARE TOOL



The map displays the pharmacy locations.

The bottom half displays pharmacies within your network. The ! offers different messages, such as “Total cost may not appear for all pharmacies,” or “The pricing provided is for a 90-day supply.”

HEALTH CARE REFORM DRUG LIST

Drug Name	Tier	Edit	Category
amethyst tab	$0		CONTRACEPTIVES
apri tab	$0		CONTRACEPTIVES
aranelle tab	$0		CONTRACEPTIVES
ASPIRIN CHEW TAB 75MG	$0	OTC	ANALGESICS - NONNARCOTIC
aspirin chew tab 81mg	$0	OTC	ANALGESICS - NONNARCOTIC
aspirin ec tab 325mg	$0	OTC	ANALGESICS - NONNARCOTIC
aspirin ec tab 81mg	$0	OTC	ANALGESICS - NONNARCOTIC
aspirin tab 325mg	$0	OTC	ANALGESICS - NONNARCOTIC
aspirin tab 81mg	$0	OTC	ANALGESICS - NONNARCOTIC
atorvastatin tab 10mg	$0		ANTIHYPERLIPIDEMICS
atorvastatin tab 20mg	$0		ANTIHYPERLIPIDEMICS
aviane tab	$0		CONTRACEPTIVES
BEYAZ TAB	$0		CONTRACEPTIVES
bupropion SR tab	$0	QL, SMKG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
CERVICAL CAP	$0		MEDICAL DEVICES AND SUPPLIES
cesia tab	$0		CONTRACEPTIVES
CHANTIX PAK	$0	QL, SMKG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
CHANTIX TAB	$0	QL, SMKG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
CONCEPTROL GEL	$0	OTC	VAGINAL PRODUCTS
CONTRACEPTIVE FILM	$0	OTC	VAGINAL PRODUCTS
CONTRACEPTIVE FOAM	$0	OTC	VAGINAL PRODUCTS
CONTRACEPTIVE GEL	$0	OTC	VAGINAL PRODUCTS
CONTRACEPTIVE SUPP	$0	OTC	VAGINAL PRODUCTS
cryselle tab	$0		CONTRACEPTIVES
DEPO-PROVERA SC INJ 104MG	$0	QL	CONTRACEPTIVES
DIAPHRAGM	$0		MEDICAL DEVICES AND SUPPLIES
ELLA TAB	$0		CONTRACEPTIVES
enpresse tab	$0		CONTRACEPTIVES
FEMALE CONDOMS	$0	OTC	MEDICAL DEVICES AND SUPPLIES
ferrous sulfate elixir	$0	OTC	HEMATOPOIETIC AGENTS
FERROUS SULFATE LIQUID	$0	OTC	HEMATOPOIETIC AGENTS
ferrous sulfate soln	$0	OTC	HEMATOPOIETIC AGENTS
FERROUS SULFATE SYRUP	$0	OTC	HEMATOPOIETIC AGENTS
FLUORABON SOLN	$0		MINERALS & ELECTROLYTES
folic acid tab 1mg	$0		HEMATOPOIETIC AGENTS
folic acid tab 400mcg	$0	OTC	HEMATOPOIETIC AGENTS
folic acid tab 800mcg	$0	OTC	HEMATOPOIETIC AGENTS
ANON IMPLANT, NEXPLANON IMPI	$0		CONTRACEPTIVES
IRON SUSP	$0	OTC	HEMATOPOIETIC AGENTS
jolessa tab, amethia tab	$0		CONTRACEPTIVES
junel FE tab	$0		CONTRACEPTIVES
junel tab	$0		CONTRACEPTIVES
kariva tab	$0		CONTRACEPTIVES
kelnor tab	$0		CONTRACEPTIVES
levonorgestrel tab	$0	OTC	CONTRACEPTIVES
LEVONORGESTREL TAB 0.75MG	$0		CONTRACEPTIVES
lovastatin tab	$0		ANTIHYPERLIPIDEMICS
LURIDE CHEW TAB	$0		MINERALS & ELECTROLYTES
LURIDE SOLN	$0		MINERALS & ELECTROLYTES

HEALTH CARE REFORM DRUG LIST

Drug Name	Tier	Edit	Category
medroxyprogesterone inj	$0	QL	CONTRACEPTIVES
MIRENA IUD	$0		CONTRACEPTIVES
mononessa tab	$0		CONTRACEPTIVES
necon tab	$0		CONTRACEPTIVES
necon tab 1-50	$0		CONTRACEPTIVES
NICODERM PATCH	$0	OTC, QL, SMKG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICORETTE GUM	$0	OTC, QL, SMKG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICORETTE LOZENGE	$0	OTC, QL, SMKG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine gum	$0	OTC, QL, SMKG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTINE KIT	$0	OTC, QL, SMKG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine lozenge	$0	OTC, QL, SMKG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine patch	$0	OTC, QL, SMKG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTROL INHALER	$0	QL, SMKG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTROL NASAL SPRAY	$0	QL, SMKG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
norethindrone tab	$0		CONTRACEPTIVES
nortrel tab	$0		CONTRACEPTIVES
NUVARING	$0		CONTRACEPTIVES
PARAGARD IUD	$0		CONTRACEPTIVES
peg 3350/electrolytes soln	$0	QL	LAXATIVES
PLAN B TAB	$0	OTC	CONTRACEPTIVES
pravastatin tab	$0		ANTIHYPERLIPIDEMICS
PREVIDENT 5000 PLUS CREAM	$0		MOUTH/THROAT/DENTAL AGENTS
raloxifene tab	$0		ENDOCRINE AND METABOLIC AGENTS - MISC.
rosuvastatin tab 10mg	$0	QL	ANTIHYPERLIPIDEMICS
rosuvastatin tab 5mg	$0	QL	ANTIHYPERLIPIDEMICS
simvastatin tab	$0		ANTIHYPERLIPIDEMICS
sodium fluoride chew tab	$0		MINERALS & ELECTROLYTES
sodium fluoride cream	$0		MOUTH/THROAT/DENTAL AGENTS
SODIUM FLUORIDE LOZENGE	$0		MINERALS & ELECTROLYTES
sodium fluoride soln	$0		MINERALS & ELECTROLYTES
SODIUM FLUORIDE TAB	$0		MINERALS & ELECTROLYTES
tamoxifen tab	$0		ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TODAY SPONGE	$0	OTC	VAGINAL PRODUCTS
tri-legest tab	$0		CONTRACEPTIVES
trilyte soln	$0	QL	LAXATIVES
tri-nessa (LO) tab	$0		CONTRACEPTIVES
vcf vaginal gel	$0	OTC	VAGINAL PRODUCTS

HEALTH CARE REFORM DRUG LIST

Drug Name	Tier	Edit	Category
vitamin D cap 1000unit	$0	OTC	VITAMINS
vitamin D cap 400unit	$0	OTC	VITAMINS
VITAMIN D TAB 400UNIT	$0	OTC	VITAMINS
wymzya FE tab	$0		CONTRACEPTIVES
XULANE PATCH	$0		CONTRACEPTIVES
YASMIN TAB	$0		CONTRACEPTIVES
YAZ TAB	$0		CONTRACEPTIVES
ZYBAN TAB	$0	QL, SMKG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

generic = small letters

BRANDS = CAPITAL LETTERS

OTC - Over the Counter
QL - Quantity Limit
SMKG - Smoking Cessation Aid

TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

PRESCRIPTION DRUG PLAN
OPTION 5C-NG $250 DEDUCTIBLE

Prescription Drug Program

Up to a 30-day Supply at Participating Navitus Health Solutions Network Retail Pharmacy

Plan Year Deductible	*$250 Individual / $750 Family*
Tier 3 Drug	*$50 Copayment Amount*
Tier 2 Drug	*$30 Copayment Amount*
Tier 1 Drug	*Lesser of $10 Copayment Amount OR Actual Cost*

ATTENTION: Please note the following guidelines regarding your Prescription benefits:

1) Members electing to purchase brand name drugs when a generic is available will be required to pay the difference between the cost of the Generic drug and Brand Name drug, plus the Brand Name Copayment.
2) Specialty and biotech medications are available only through mail order unless purchased and administered through the doctor's office.

Up to a 90-day supply at In-Network Retail or Mail Service Pharmacy

Tier 3 Drug	*$100 Copayment Amount*
Tier 2 Drug	*$60 Copayment Amount*
Tier 1 Drug	*$20 Copayment Amount*

Note: Prescription Drug Benefits are provided by Navitus Health Solutions through a master contract with the Texas Association of Counties Health and Employee Benefits Pool. Prescription Drugs are not administered by Blue Cross and Blue Shield of Texas