

# Community First Health Plans

## Preferred Drug List • Plan Year 2020

**COMMUNITY FIRST**  
HEALTH PLANS

### Three-tier Preferred Drug List effective September 1, 2019

This preferred drug list was developed by the Community First Health Plans (CFHP) Pharmacy and Therapeutics (P&T) Committee to ensure you receive cost-effective pharmaceutical care, emphasizing quality and safety. The P&T Committee is made up of CFHP physicians and other health care providers. Using this list will allow CFHP to keep its prescription benefits affordable for you. While you can receive any medication your physician chooses to prescribe for you, medications not listed below may not be covered or may be considered a third-tier medication at a higher copay. Information about prior authorization requirements or limitations for certain medications is available to Prescribers via the Navitus Web Portal. You may reach Navitus Customer Care toll-free at (866) 333-2757.

### Reading the Drug List

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

Relative Cost to Member

|        |   |        |
|--------|---|--------|
| Tier 1 | Formulary generics and some lower cost brand products | \$     |
| Tier 2 | Formulary, brand products                             | \$\$   |
| Tier 3 | Non-preferred formulary products                      | \$\$\$ |

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

All newly approved drugs on the market will initially NOT be covered, pending further review by the Navitus P&T Committee.

A complete version of the Navitus Formulary, as well as information on prior authorization and clinical programs, are available at [www.navitus.com](http://www.navitus.com)

#### ADHD/ ANTI-NARCOLEPSY/ ANTI-OBESITY/ ANOREXIANTS

|                        |    |   |
|------------------------|----|---|
| amphetamine/           | QL | 1 |
| dextroamphetamine ER   |    |   |
| cap                    |    |   |
| dexmethylphenidate ER  |    | 1 |
| cap                    |    |   |
| dexmethylphenidate tab |    | 1 |
| methylphenidate ER cap |    | 1 |
| methylphenidate tab    | QL | 1 |
| ADDERALL XR CAP        | QL | 2 |
| VYVANSE CAP            | QL | 3 |

#### AMINOGLYCOSIDES

|               |        |   |
|---------------|--------|---|
| TOBI PODHALER | MSP RS | 3 |
|---------------|--------|---|

#### ANALGESICS - ANTI-INFLAMMATORY

|               |       |   |
|---------------|-------|---|
| celecoxib cap | QL ST | 1 |
|---------------|-------|---|

|                           |            |   |
|---------------------------|------------|---|
| diclofenac sodium EC tab  |            | 1 |
| diclofenac sodium XR tab  |            | 1 |
| diclofenac/misoprostol DR |            |   |
| tab                       |            | 1 |
| ibuprofen tab             |            | 1 |
| ketorolac tab             | QL         | 1 |
| meloxicam tab             |            | 1 |
| meloxicam tab 7.5mg       | QL         | 1 |
| nabumetone tab            |            | 1 |
| piroxicam cap             |            | 1 |
| sulindac tab              |            | 1 |
| ENBREL INJ 25MG           | LMSP PA QL | 2 |
| ENBREL INJ 50MG           | LMSP PA QL | 2 |
| ENBREL SURECLICK INJ      | LMSP PA QL | 2 |
| 50MG                      |            |   |

#### ANALGESICS - OPIOID

|                       |    |   |
|-----------------------|----|---|
| acetaminophen/codeine | QL | 1 |
| tab                   |    |   |
| fentanyl patch        | QL | 1 |
| hydrocodone/          |    |   |

|                              |    |   |
|------------------------------|----|---|
| acetaminophen tab            |    | 1 |
| morphine sulfate ER tab      |    | 1 |
| oxycodone/                   |    |   |
| acetaminophen tab            |    | 1 |
| tramadol tab                 | QL | 1 |
| MORPHINE SULFATE ER BEAD CAP |    | 3 |
| OXYCODONE ER TAB, NC         |    |   |
| OXYCONTIN CR TAB             |    |   |
| OXYCONTIN CR TAB NC          |    |   |

#### ANTIANSIETY AGENTS

|                 |  |   |
|-----------------|--|---|
| alprazolam tab  |  | 1 |
| bupirone tab    |  | 1 |
| hydroxyzine tab |  | 1 |
| lorazepam tab   |  | 1 |

#### ANTIARRHYTHMICS

|            |    |   |
|------------|----|---|
| MULTAQ TAB | QL | 2 |
|------------|----|---|

generic = small letters

BRANDS = CAPITAL LETTERS

|             |                                      |
|-------------|--------------------------------------|
| <b>NC</b>   | Not Covered                          |
| <b>INF</b>  | Infertility                          |
| <b>MSP</b>  | Mandatory Specialty Pharmacy Program |
| <b>QL</b>   | Quantity Limit                       |
| <b>SMKG</b> | SMOKING CESSATION                    |
| <b>VAC</b>  | VACCINE PROGRAM                      |

|            |  |
|------------|--|
| <b>LD</b>  | Limited Distribution                         |
| <b>OTC</b> | Over-the-Counter                             |
| <b>RS</b>  | Restricted to Specialist                     |
| <b>SP</b>  | Available through Specialty Pharmacy Program |
| <b>¢</b>   | RxCENTS                                      |

|             |  |
|-------------|--|
| <b>LMSP</b> | Lumicera Mandatory Specialty Pharmacy Program                |
| <b>PA</b>   | Prior Authorization  |
| <b>SF</b>   | Limited to Two 15 Day Fills per Month for the First 3 Months |
| <b>ST</b>   | Step Therapy   |

### ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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

### ANTICOAGULANTS

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

### ANTICONVULSANTS

|                          |    |   |
|--------------------------|----|---|
| carbamazepine ER tab     |    | 1 |
| carbamazepine tab        |    | 1 |
| clonazepam tab           |    | 1 |
| divalproex sodium DR tab |    | 1 |
| gabapentin cap           | QL | 1 |
| gabapentin cap 400mg     | QL | 1 |
| gabapentin tab 600mg     | QL | 1 |
| gabapentin tab 800mg     | QL | 1 |
| lamotrigine ER tab       | QL | 1 |
| lamotrigine tab          | QL | 1 |
| levetiracetam tab        |    | 1 |
| phenytoin cap            |    | 1 |
| topiramate tab           |    | 1 |
| BANZEL TAB               | QL | 2 |
| LYRICA CAP               |    | 3 |

### ANTIDEPRESSANTS

|                            |    |   |
|----------------------------|----|---|
| amitriptyline tab          |    | 1 |
| bupropion ER tab           | QL | 1 |
| bupropion XL tab           | QL | 1 |
| citalopram soln            |    | 1 |
| citalopram tab             | QL | 1 |
| citalopram tab 40mg        | QL | 1 |
| duloxetine EC cap          |    | 1 |
| escitalopram soln          | QL | 1 |
| escitalopram tab           | QL | 1 |
| fluoxetine cap             |    | 1 |
| fluoxetine tab             |    | 1 |
| mirtazapine tab            | QL | 1 |
| NEFAZODONE TAB             |    | 1 |
| nefazodone tab 50mg, 250mg |    | 1 |
| nortriptyline cap          |    | 1 |
| paroxetine ER tab          | QL | 1 |
| paroxetine tab             | QL | 1 |
| sertraline conc            | QL | 1 |
| sertraline tab             |    | 1 |
| trazodone tab              |    | 1 |
| venlafaxine ER cap         | QL | 1 |
| venlafaxine tab            | QL | 1 |
| venlafaxine ER tab         | NC |   |

### ANTIDIABETICS

|   |       |   |
|---|-------|---|
| glipizide ER tab                          |       | 1 |
| glipizide tab                             |       | 1 |
| glyburide tab                             |       | 1 |
| metformin tab                             |       | 1 |
| nateglinide tab                           | QL    | 1 |
| pioglitazone/metformin tab                | QL    | 1 |
| ACTOPLUS MET XR TAB                       | ST    | 2 |
| AVANDAMET TAB                             | QL    | 2 |
| AVANDIA TAB                               | QL    | 2 |
| AVANDIA TAB 8MG                           | QL    | 2 |
| BYDUREON PEN INJ                          | QL ST | 2 |
| FARXIGA TAB                               | QL    | 2 |
| HUMULIN MIX PEN INJ                       | OTC   | 2 |
| JANUMET TAB                               | QL    | 2 |
| JANUMET XR TAB                            | QL    | 2 |
| JANUVIA TAB QL                            | ¢     | 2 |
| JENTADUETO TAB                            | QL    | 2 |
| LANTUS INJ                                |       | 2 |
| LANTUS SOLOSTAR INJ                       |       | 2 |
| LEVEMIR FLEXTOUCH INJ                     |       | 2 |
| LEVEMIR INJ                               |       | 2 |
| NOVOLIN INJ                               | OTC   | 2 |
| NOVOLOG FLEXPEN INJ,                      |       | 2 |
| NOVOLOG INJ,                              |       | 2 |
| NOVOLOG MIX FLEXPEN INJ                   |       | 2 |
| NOVOLOG PENFILL INJ                       |       | 2 |
| TOUJEO SOLOSTAR INJ                       |       | 2 |
| TRADJENTA TAB                             | QL    | 2 |
| TRESIBA FLEXTOUCH INJ                     |       | 2 |
| VICTOZA INJ                               | QL ST | 2 |
| AVANDARYL TAB                             | QL ST | 3 |
| HUMALOG INJ,                              |       | 3 |
| ADMELOG INJ                               |       |   |
| HUMALOG KWIKPEN INJ, ADMELOG SOLOSTAR INJ |       | 3 |
| HUMALOG MIX INJ                           |       | 3 |
| HUMALOG MIX KWIKPEN INJ                   |       | 3 |
| HUMALOG PEN INJ                           |       | 3 |
| HUMULIN MIX INJ                           | OTC   | 3 |

**generic** = small letters

**BRANDS** = CAPITAL LETTERS

**NC** Not Covered  
**INF** Infertility  
**MSP** Mandatory Specialty Pharmacy Program  
**QL** Quantity Limit  
**SMKG** SMOKING CESSATION  
**VAC** VACCINE PROGRAM

**LD** Limited Distribution  
**OTC** Over-the-Counter  
**RS** Restricted to Specialist  
**SP** Available through Specialty Pharmacy Program  
**¢** RxCENTS

**LMSP** Lumicera Mandatory Specialty Pharmacy Program  
**PA** Prior Authorization  
**SF** Limited to Two 15 Day Fills per Month for the First 3 Months  
**ST** Step Therapy

# Community First Health Plans

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**COMMUNITY FIRST**  
HEALTH PLANS

|                   |     |   |
|-------------------|-----|---|
| HUMULIN N INJ     | OTC | 3 |
| HUMULIN N PEN INJ | OTC | 3 |
| HUMULIN R INJ     | OTC | 3 |
| BASAGLAR INJ      | NC  |   |
| KOMBIGLYZE XR TAB | NC  |   |
| ONGLYZA TAB       | NC  |   |

### ANTIFUNGALS

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

### ANTIHISTAMINES

|                     |        |   |
|---------------------|--------|---|
| cetirizine tab      | OTC QL | 1 |
| desloratadine tab   | ST     | 1 |
| fexofenadine tab    | OTC    | 1 |
| levocetirizine soln | ST     | 1 |
| loratadine tab      | OTC    | 1 |

### ANTIHYPERTENSIVES

|                        |    |   |
|------------------------|----|---|
| cholestyramine powder  |    | 1 |
| fenofibric acid DR cap | QL | 1 |
| fluvastatin cap 20mg   | QL | 1 |
| fluvastatin cap 40mg   | QL | 1 |
| gemfibrozil tab        |    | 1 |
| TRILIPIX CAP           | QL | 1 |
| ALTOPREV TAB           |    | 3 |

### ANTIHYPERTENSIVES

|                           |    |   |
|---------------------------|----|---|
| amlodipine/benazepril cap | QL | 1 |
| amlodipine/valsartan tab  |    | 1 |
| benazepril tab            |    | 1 |
| benazepril/               |    | 1 |
| hydrochlorothiazide tab   |    | 1 |
| bisoprolol/               |    | 1 |
| hydrochlorothiazide tab   |    | 1 |
| captopril tab             |    | 1 |
| doxazosin tab             |    | 1 |

|                         |    |   |
|-------------------------|----|---|
| enalapril tab           |    | 1 |
| enalapril/              |    | 1 |
| hydrochlorothiazide tab |    | 1 |
| irbesartan tab          | QL | 1 |
| irbesartan/             | QL | 1 |
| hydrochlorothiazide tab |    | 1 |
| lisinopril tab          |    | 1 |
| lisinopril/             |    | 1 |
| hydrochlorothiazide tab |    | 1 |
| losartan tab            | QL | 1 |
| losartan/               | QL | 1 |
| hydrochlorothiazide tab |    | 1 |
| metoprolol/             |    | 1 |
| hydrochlorothiazide tab |    | 1 |
| perindopril tab         | QL | 1 |
| phenoxybenzamine cap    |    | 1 |
| telmisartan/            | QL | 1 |
| hydrochlorothiazide tab |    | 1 |
| terazosin cap           |    | 1 |
| valsartan tab           | QL | 1 |
| VALTURNA TAB            | QL | 3 |
| candesartan tab         | NC |   |
| candesartan/            |    |   |
| hydrochlorothiazide     | NC |   |

### ANTI-INFECTIVE AGENTS-MISC.

|                                 |  |   |
|---------------------------------|--|---|
| clindamycin cap                 |  | 1 |
| erythromycin/sulfisoxazole susp |  | 1 |
| metronidazole cap               |  | 1 |
| metronidazole tab               |  | 1 |
| smz/ tmp (DS) tab               |  | 1 |

### ANTIMALARIALS

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

### ANTIMYCOBACTERIAL AGENTS

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

### ANTINEOPLASTICS

|                  |  |   |
|------------------|--|---|
| methotrexate tab |  | 1 |
|------------------|--|---|

### ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

|                  |            |     |
|------------------|------------|-----|
| tamoxifen tab    |            | \$0 |
| bexarotene cap   | LMSP PA SF | 1   |
| letrozole tab    |            | 1   |
| AFINITOR DISPERZ | LMSP PA QL | 3   |
|                  | SF         |     |
| AFINITOR TAB     | LMSP PA QL | 3   |
|                  | SF         |     |
| BOSULIF TAB      | MSP PA QL  | 3   |
|                  | SF         |     |
| ERIVEDGE CAP     | MSP PA SF  | 3   |

### ANTIPARKINSON AGENTS

|                         |    |   |
|-------------------------|----|---|
| amantadine cap          |    | 1 |
| carbidopa/ levodopa tab |    | 1 |
| pramipexole ER tab      | QL | 1 |
| pramipexole tab         | QL | 1 |
| ropinirole ER tab       |    | 1 |
| ropinirole tab          | QL | 1 |
| selegiline cap          |    | 1 |

### ANTIPSYCHOTICS/ANTIMANIC AGENTS

|                       |        |   |
|-----------------------|--------|---|
| aripiprazole tab      | ¢      | 1 |
| clozapine tab         |        | 1 |
| lithium carbonate cap |        | 1 |
| lithium carbonate tab |        | 1 |
| olanzapine            | ODT QL | 1 |
| olanzapine tab        | QL     | 1 |
| paliperidone ER tab   | PA     | 1 |
| quetiapine tab        | QL     | 1 |
| quetiapine tab 300mg  | QL     | 1 |
| risperidone ODT       | QL     | 1 |
| risperidone odt 2mg   | QL     | 1 |
| risperidone tab       | QL     | 1 |
| ziprasidone cap       | QL     | 1 |
| ABILIFY DISCMELT      | QL     | 3 |
| ABILIFY SOLN          | PA     | 3 |

### ANTIVIRALS

|                |      |   |
|----------------|------|---|
| acyclovir cap  |      | 1 |
| acyclovir susp |      | 1 |
| entecavir tab  | QL ¢ | 1 |

**generic** = small letters

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**NC** Not Covered  
**INF** Infertility  
**MSP** Mandatory Specialty Pharmacy Program  
**QL** Quantity Limit  
**SMKG** SMOKING CESSATION  
**VAC** VACCINE PROGRAM

**LD** Limited Distribution  
**OTC** Over-the-Counter  
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**SP** Available through Specialty Pharmacy Program  
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**ST** Step Therapy

|                   |      |   |
|-------------------|------|---|
| nevirapine tab    |      | 1 |
| rimantadine tab   |      | 1 |
| valacyclovir tab  |      | 1 |
| zidovudine cap    |      | 1 |
| FUZEON INJ        | LMSP | 3 |
| PEG-INTRON INJ    | LMSP | 3 |
| PEGASYS INJ       | LMSP | 3 |
| RELENZA DISKHALER | QL   | 3 |

### ASSORTED CLASSES

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

### BETA BLOCKERS

|                                  |    |   |
|----------------------------------|----|---|
| atenolol tab                     |    | 1 |
| carvedilol tab                   | QL | 1 |
| carvedilol tab 25mg              | QL | 1 |
| labetalol tab                    |    | 1 |
| metoprolol ER tab                | QL | 1 |
| metoprolol tab                   |    | 1 |
| propranolol tab                  |    | 1 |
| LEVATOL TAB                      |    | 2 |
| BYSTOLIC TAB                     |    | 3 |
| INDELRAL XL CAP, INNOPRAN XL CAP |    | 3 |

### CALCIUM CHANNEL BLOCKERS

|                    |    |   |
|--------------------|----|---|
| amlodipine tab     | QL | 1 |
| diltiazem ER cap   |    | 1 |
| diltiazem ER tab   |    | 1 |
| diltiazem tab      |    | 1 |
| felodipine ER tab  |    | 1 |
| nifedipine cap     |    | 1 |
| nifedipine ER tab  |    | 1 |
| nisoldipine ER tab | QL | 1 |
| verapamil SR tab   |    | 1 |
| COVERA-HS TAB      |    | 3 |

### CARDIOVASCULAR AGENTS - MISC.

|               |    |   |
|---------------|----|---|
| CAVERJECT INJ | QL | 3 |
| MUSE SUPP     | QL | 3 |
| STENDRA TAB   | QL | 3 |

### CEPHALOSPORINS

|                         |  |   |
|-------------------------|--|---|
| cefaclor cap            |  | 1 |
| cefadroxil cap          |  | 1 |
| cefdinir cap            |  | 1 |
| cefdinir susp           |  | 1 |
| cefprozime proxetil tab |  | 1 |
| cefprozil susp          |  | 1 |
| cefprozil tab           |  | 1 |
| cefuroxime susp         |  | 1 |
| cephalexin cap          |  | 1 |

### CONTRACEPTIVES

|                    |     |  |
|--------------------|-----|--|
| necon tab          | \$0 |  |
| NUVARING           | \$0 |  |
| tri-nessa (LO) tab | \$0 |  |

### CORTICOSTEROIDS

|                   |  |   |
|-------------------|--|---|
| prednisolone soln |  | 1 |
| PREDNISON TAB     |  | 1 |

### COUGH/COLD/ALLERGY

|                             |        |   |
|-----------------------------|--------|---|
| cetirizine/                 | OTC QL | 1 |
| pseudoephedrine 12-hour tab |        | 1 |
| guaifenesin/                | OTC QL | 1 |
| codeine syrup               |        | 1 |
| loratadine/                 | OTC    | 1 |
| pseudoephedrine 12-hour tab |        | 1 |
| loratadine/                 | OTC    | 1 |
| pseudoephedrine 24-hour tab |        | 1 |

### DERMATOLOGICALS

|                                  |    |   |
|----------------------------------|----|---|
| adapalene cream                  | PA | 1 |
| adapalene gel                    | PA | 1 |
| calcipotriene cream              |    | 1 |
| clindamycin gel                  |    | 1 |
| clindamycin/benzoyl peroxide gel |    | 1 |
| clotrimazole/                    |    | 1 |
| betamethasone cream              |    | 1 |
| erythromycin gel                 |    | 1 |

|                             |       |   |
|-----------------------------|-------|---|
| imiquimod cream             |       | 1 |
| isotretinoin cap            |       | 1 |
| ketokonazole cream          |       | 1 |
| lidocaine patch             | QL    | 1 |
| lidocaine/ prilocaine cream |       | 1 |
| metronidazole cream         |       | 1 |
| metronidazole gel           |       | 1 |
| mupirocin oint              |       | 1 |
| pimecrolimus cream          | QL ST | 1 |
| tacrolimus oint             | ST    | 1 |
| tretinoin cream             | PA    | 1 |
| tretinoin gel               | PA    | 1 |
| ELIDEL CREAM                | QL ST | 2 |
| AZELEX CREAM                | PA    | 3 |
| TAZORAC CREAM               |       | 3 |
| nystatin/triamcinolone oint | NC    |   |

### DIAGNOSTIC PRODUCTS

|                                    |        |     |
|------------------------------------|--------|-----|
| ACCU-CHECK TEST STRIP              | OTC    | 20% |
| FREESTYLE LITE TEST STRIP          | OTC    | 20% |
| FREESTYLE TEST STRIP               | OTC    | 20% |
| PRECISION XTRA TEST STRIP          | OTC    | 20% |
| TEST STRIP (all other test strips) | OTC NC |     |

### DIURETICS

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

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### ENDOCRINE AND METABOLIC AGENTS - MISC.

|                       |      |     |
|-----------------------|------|-----|
| raloxifene tab        | QL   | \$0 |
| alendronate tab       | QL   | 1   |
| alendronate tab 10mg  | QL   | 1   |
| alendronate tab 5mg   | QL   | 1   |
| ibandronate tab 150mg | QL   | 1   |
| risedronate tab 150mg |      | 1   |
| FORTICAL NASAL SPRAY  |      | 2   |
| FOSAMAX+D TAB         | QL   | 2   |
| FORTEO INJ            | LMSP | 3   |
| MIACALCIN INJ         | LMSP | 3   |

### ESTROGENS

|                             |    |   |
|-----------------------------|----|---|
| estradiol patch             | QL | 1 |
| estradiol tab               |    | 1 |
| estradiol/norethindrone tab |    | 1 |
| CLIMARA PRO PATCH           | QL | 2 |
| PREMARIN TAB                |    | 2 |
| PREMPHASE TAB,              |    | 2 |
| PREMPRO TAB                 |    |   |
| ALORA PATCH                 | QL | 3 |
| MENOSTAR PATCH              | QL | 3 |

### FLUOROQUINOLONES

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

### GASTROINTESTINAL AGENTS - MISC.

|             |    |   |
|-------------|----|---|
| AMITIZA CAP | PA | 3 |
|-------------|----|---|

### GENTOURINARY AGENTS - MISC.

|                 |    |   |
|-----------------|----|---|
| finasteride tab |    | 1 |
| tamsulosin cap  | QL | 1 |

### GOUT AGENTS

|                 |    |   |
|-----------------|----|---|
| allopurinol tab |    | 1 |
| ULORIC TAB      | ST | 3 |

### HEMATOLOGICAL AGENTS - MISC.

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

### HYPNOTICS/SEDATIVES/ SLEEP DISORDER AGENTS

|                    |       |   |
|--------------------|-------|---|
| phenobarbital tab  |       | 1 |
| temazepam cap 15mg |       | 1 |
| temazepam cap 30mg |       | 1 |
| zaleplon cap       |       | 1 |
| zolpidem ER tab    | QL ST | 1 |
| ROZEREM TAB        | NC    |   |

### MACROLIDES

|                    |       |   |
|--------------------|-------|---|
| azithromycin susp  |       | 1 |
| azithromycin tab   |       | 1 |
| clarithromycin tab | QL    | 1 |
| DIFICID TAB        | QL ST | 2 |

### MEDICAL DEVICES AND SUPPLIES

|                      |     |     |
|----------------------|-----|-----|
| ACCU-CHEK AVIVA      | OTC | \$0 |
| PLUS METER           |     |     |
| FREESTYLE FREEDOM    | OTC | \$0 |
| LITE METER           |     |     |
| FREESTYLE LITE METER | OTC | \$0 |
| PRECISION XTRA       | OTC | \$0 |
| METER                |     |     |
| B-D INSULIN SYRINGE  | OTC | 2   |
| B-D PEN NEEDLE       | OTC | 2   |
| FREESTYLE INSULIN    | OTC | 2   |
| SYRINGE              |     |     |
| NOVOFINE PEN NEEDLE  | OTC | 2   |
| NOVOTWIST PEN        | OTC | 2   |
| NEEDLE               |     |     |
| NOVOTWIST/NOVOFINE   | OTC | 2   |
| PEN NEEDLE           |     |     |
| PRECISION INSULIN    | OTC | 2   |
| SYRINGE              |     |     |

### MIGRAINE PRODUCTS

|                      |        |   |
|----------------------|--------|---|
| almotriptan tab      | QL     | 1 |
| naratriptan tab      | QL     | 1 |
| rizatriptan          | ODT QL | 1 |
| rizatriptan tab      | QL     | 1 |
| sumatriptan inj      | QL     | 1 |
| SUMATRIPTAN INJ 6MG/ | QL     | 1 |
| 0.5ML                |        |   |
| sumatriptan tab      | QL     | 1 |

|                          |    |   |
|--------------------------|----|---|
| sumatriptan vial inj     | QL | 1 |
| zolmitriptan 5mg tab     | QL | 1 |
| zolmitriptan ODT tab     | QL | 1 |
| 2.5mg                    |    |   |
| zolmitriptan ODT tab 5mg | QL | 1 |
| zolmitriptan tab 2.5mg   | QL | 1 |
| DIHYDROERGOTAMINE        | QL | 2 |
| SPRAY, MIGRANAL SPRAY    |    |   |
| TREXIMET TAB             | QL | 2 |
| ZOMIG NASAL SPRAY        | QL | 2 |
| SUMAVEL DOSEPRO INJ      | NC |   |

### MOUTH/THROAT/DENTAL AGENTS

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

### MULTIVITAMINS

|                     |  |   |
|---------------------|--|---|
| PRENATAL VITAMINS   |  | 2 |
| (PRENATAL PLUS,     |  |   |
| PREPLUS, PRENAPLUS) |  |   |

### NASAL AGENTS - SYSTEMIC AND TOPICAL

|                         |       |   |
|-------------------------|-------|---|
| fluticasone nasal spray | QL    | 1 |
| VERAMYST NASAL SPRAY    | QL ST | 3 |
| BECONASE AQ NASAL       | NC    |   |
| SPRAY                   |       |   |
| budesonide nasal spray  | NC    |   |

### OPHTHALMIC AGENTS

|                                |    |   |
|--------------------------------|----|---|
| azelastine ophth soln          |    | 1 |
| bacitracin/polymyxin b         |    | 1 |
| ophth oint                     |    |   |
| ciprofloxacin ophth soln       |    | 1 |
| dorzolamide/timolol ophth soln |    | 1 |
| gentamicin ophth soln          |    | 1 |
| ketorolac ophth soln           |    | 1 |
| latanoprost ophth soln         | QL | 1 |
| neomycin/polymyxin/            |    | 1 |
| hydrocortisone ophth soln      |    | 1 |
| ofloxacin ophth soln           |    | 1 |
| pilocarpine ophth soln         |    | 1 |
| timolol maleate ophth soln     |    | 1 |

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**QL** Quantity Limit  
**SMKG** SMOKING CESSATION  
**VAC** VACCINE PROGRAM

**LD** Limited Distribution  
**OTC** Over-the-Counter  
**RS** Restricted to Specialist  
**SP** Available through Specialty Pharmacy Program  
**¢** RxCENTS

**LMSP** Lumicera Mandatory Specialty Pharmacy Program  
**PA** Prior Authorization  
**SF** Limited to Two 15 Day Fills per Month for the First 3 Months  
**ST** Step Therapy

|  |         |     |                                |         |     |                         |     |     |
|--|---------|-----|--------------------------------|---------|-----|-------------------------|-----|-----|
| tobramycin ophth soln                                    |         | 1   | nicotine lozenge               | OTC QL  | \$0 | tolterodine tab         | QL  | 1   |
| tobramycin/  | QL      | 1   |                                | SMKG    |     | TOVIAZ TAB              | NC  |     |
| dexamethasone ophth soln                                 |         |     | nicotine patch                 | OTC QL  | \$0 | <b>VAGINAL PRODUCTS</b> |     |     |
| ACUVAIL OPHTH SOLN                                       |         | 2   |                                | SMKG    |     | vcf vaginal gel         | OTC | \$0 |
| ALPHAGAN P OPHTH   |         | 2   | NICOTROL INHALER               | QL SMKG | \$0 | PREMARIN VAGINAL        |     | 2   |
| SOLN 0.1%  |         |     | NICOTROL NASAL                 | QL SMKG | \$0 | CREAM                   |     |     |
| AZOPT OPHTH SUSP   |         | 2   | SPRAY                          |         |     |                         |     |     |
| BETIMOL OPHTH SOLN                                       |         | 2   | donepezil ODT                  | QL      | 1   |                         |     |     |
| LUMIGAN OPHTH SOLN                                       | QL      | 2   | donepezil tab                  | QL      | 1   |                         |     |     |
| NATACYN OPHTH SOLN                                       |         | 2   | galantamine ER cap             |         | 1   |                         |     |     |
| PROLENSA OPHTH   |         | 2   | galantamine tab                | ¢       | 1   |                         |     |     |
| SOLN   |         |     | memantine tab                  |         | 1   |                         |     |     |
| RESTASIS OPHTH   | RS      | 2   | rivastigmine cap               |         | 1   |                         |     |     |
| EMULSION   |         |     | NAMENDA XR                     |         | 3   |                         |     |     |
| TOBRADEX OPHTH OINT                                      |         | 2   | TITRATION PACK                 |         |     |                         |     |     |
| TRAVATAN Z OPHTH   | QL      | 2   | <b>TETRACYCLINES</b>           |         |     |                         |     |     |
| SOLN   |         |     | doxycycline hyclate cap        |         | 1   |                         |     |     |
| ALREX OPHTH SUSP,  |         | 3   | minocycline cap                |         | 1   |                         |     |     |
| LOTEMAX OPHTH SUSP                                       |         |     | <b>THYROID AGENTS</b>          |         |     |                         |     |     |
| DUREZOL OPHTH  | QL      | 3   | liothyronine tab               |         | 1   |                         |     |     |
| EMULSION   |         |     | methimazole tab                |         | 1   |                         |     |     |
| <b>OTIC AGENTS</b>                                       |         |     | SYNTHROID TAB                  |         | 1   |                         |     |     |
| acetic acid otic soln                                    |         | 1   | THYROLAR TAB                   |         | 2   |                         |     |     |
| neomycin/polymixin/                                      |         | 1   | <b>ULCER DRUGS</b>             |         |     |                         |     |     |
| hydrocortisone otic susp                                 |         |     | cimetidine tab                 |         | 1   |                         |     |     |
| ofloxacin otic soln                                      |         | 1   | famotidine susp                |         | 1   |                         |     |     |
| CIPRODEX OTIC SUSP                                       |         | 3   | famotidine tab                 |         | 1   |                         |     |     |
| <b>PENICILLINS</b>                                       |         |     | misoprostol tab                |         | 1   |                         |     |     |
| amoxicillin cap  |         | 1   | pantoprazole EC tab            | QL      | 1   |                         |     |     |
| amoxicillin/clavulanate ER                               |         | 1   | PREVACID OTC CAP               | OTC QL  | 3   |                         |     |     |
| tab  |         |     | rabeprazole EC tab             |         | 1   |                         |     |     |
| amoxicillin/clavulanate tab                              |         | 1   | DEXILANT CAP                   | NC      |     |                         |     |     |
| penicillin vk tab  |         | 1   | <b>URINARY ANTI-INFECTIVES</b> |         |     |                         |     |     |
| <b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b> |         |     | nitrofurantoin monohydrate cap |         | 1   |                         |     |     |
| bupropion SR tab   | QL SMKG | \$0 | <b>URINARY ANTISPASMODICS</b>  |         |     |                         |     |     |
| CHANTIX PAK  | QL SMKG | \$0 | oxybutynin ER tab              | QL      | 1   |                         |     |     |
| CHANTIX TAB  | QL SMKG | \$0 | oxybutynin ER tab 5mg          | QL      | 1   |                         |     |     |
| nicotine gum   | OTC QL  | \$0 | oxybutynin tab                 |         | 1   |                         |     |     |
|  | SMKG    |     | tolterodine SR cap             | QL      | 1   |                         |     |     |

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