

Search Tip:

This is a large document, but you can search quickly and easily by clicking on the binocular icon on your toolbar or using the CTRL+F search function from your keyboard. It will then display a search box for you to type in the name of the drug you want to locate. If you do not know the correct spelling, you can start your search by entering just the first few letters of the name.

Community First Insurance Plan Formulary

Alphabetical Index

Last Updated 5/1/2022

Drug Name	Special Code	Tier	Category
DEXCHLORPHENIRAMINE SYRUP	-	NC	ANTI-HISTAMINES
8-MOP CAP	-	2	DERMATOLOGICALS
abacavir soln (ZIAGEN equiv)	-	2	ANTIVIRALS
abacavir tab (ZIAGEN equiv)	-	2	ANTIVIRALS
abacavir/lamivudine tab (EPZICOM equiv)	-	2	ANTIVIRALS
abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv)	-	2	ANTIVIRALS
ABILIFY MYCITE TAB	-	NC	ANTIPSYCHOTICS / ANTIMANIC AGENTS
ABILIFY TAB	-	3	ANTIPSYCHOTICS / ANTIMANIC AGENTS
abiraterone acetate tab 500mg (ZYTIGA equiv)	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
abiraterone tab 250mg (ZYTIGA equiv) (QL= 4 tabs/day)	MSP-QL	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ABSORICA CAP	-	NC	DERMATOLOGICALS
ABSORICA LD CAP	-	NC	DERMATOLOGICALS
ABSTRAL SL TAB (QL= 120 tabs/30 days)	PA-QL	3	ANALGESICS - OPIOID

	NC =Not Covered	generic =small letters	BRANDS =CAPITAL LETTERS
EXC	Plan Exclusion	INF	Infertility
LD	Limited Distribution	M	Medical Benefit
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	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	VAC	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.

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Drug Name	Special Code	Tier	Category
acamprosate calcium DR tab (CAMPRAL equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
acarbose tab (PRECOSE equiv)	-	1	ANTIDIABETICS
ACCOLATE TAB	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ACCRUFER CAP	-	NC	HEMATOPOIETIC AGENTS
ACCU-CHEK AVIVA PLUS METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
ACCU-CHEK AVIVA PLUS TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS
ACCU-CHEK GUIDE CARE METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
ACCU-CHEK GUIDE ME KIT	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
ACCU-CHEK GUIDE TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS
ACCU-CHEK NANO METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
ACCU-CHEK SMARTVIEW TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS
ACCU-CHEK TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS
ACCUNEB NEB SOLN	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ACCUPRIL TAB	-	3	ANTIHYPERTENSIVES

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ACCURETIC TAB	-	3 ANTIHYPERTENSIVES
acebutolol cap (SECTRAL equiv)	-	1 BETA BLOCKERS
ACEON TAB	-	3 ANTIHYPERTENSIVES
ACETAMINOPHEN/CAFFEINE/DIHYDROCODEIN E TAB	-	NC ANALGESICS - OPIOID
acetaminophen/codeine soln	-	1 ANALGESICS - OPIOID
acetaminophen/codeine tab (TYLENOL/CODEINE equiv)	-	1 ANALGESICS - OPIOID
ACETAMINOPHEN/ISOMETHEPTENE/DICHLORA L CAP	-	NC MIGRAINE PRODUCTS
acetaminophen/isometheptene/dichloral cap (MIDRIN equiv)	-	NC MIGRAINE PRODUCTS
ACETASOL HC OTIC SOLN	-	3 OTIC AGENTS
acetazolamide ER cap (DIAMOX SEQUEL equiv)	-	2 DIURETICS
acetazolamide tab	-	1 DIURETICS
acetic acid otic soln (VOSOL equiv)	-	1 OTIC AGENTS
ACETIC ACID/ALUMINUM ACETATE OTIC SOLN	-	1 OTIC AGENTS
acetic acid/hydrocortisone otic soln (VOSOL HC equiv)	-	1 OTIC AGENTS
acetylcysteine soln (MUCOMYST equiv)	-	1 COUGH / COLD / ALLERGY
ACIDIC VAGINAL JELLY	-	2 VAGINAL PRODUCTS
ACIPHEX SPRINKLE CAP	-	NC ULCER DRUGS

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ACIPHEX SPRINKLE CAP 10MG, RABEPRAZOLE SPRINKLE CAP 10MG	-	NC ULCER DRUGS / ANTISPASMODICS / ANTICHOLINERGICS
ACIPHEX TAB	-	NC ULCER DRUGS
acitretin cap (SORIATANE equiv)	-	2 DERMATOLOGICALS
ACLOVATE CREAM	-	3 DERMATOLOGICALS
ACLOVATE OINT	-	3 DERMATOLOGICALS
ACTEMRA ACTPEN INJ (QL= 2 inj/28 days)	MSP-PA-QL	SP ANALGESICS - ANTI-INFLAMMATORY
ACTEMRA IV INJ	M	M ANALGESICS - ANTI-INFLAMMATORY
ACTEMRA SC INJ (QL= 2 inj/28 days)	MSP-PA-QL	SP ANALGESICS - ANTI-INFLAMMATORY
ACTHAR GEL INJ (QL= 4 vials/fill)	MSP-PA-QL	SP ENDOCRINE AND METABOLIC AGENTS - MISC.
ACTICLATE TAB 75MG, 150MG	-	NC TETRACYCLINES
ACTIGALL CAP	-	3 GASTROINTESTINAL AGENTS - MISC.
ACTIMMUNE INJ (Only available through Walgreens 888-347-3416)	LD-PA	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ACTIQ LOZENGE (QL= 120 units/30 days)	PA-QL	3 ANALGESICS - OPIOID
ACTIVELLA TAB	-	3 ESTROGENS

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ACTONEL TAB	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
ACTOPLUS MET TAB	-	NC	ANTIDIABETICS
ACTOPLUS MET XR TAB	-	3	ANTIDIABETICS
ACTOS TAB	-	3	ANTIDIABETICS
ACULAR (LS) OPHTH SOLN	-	3	OPHTHALMIC AGENTS
ACUVAIL OPHTH SOLN	-	3	OPHTHALMIC AGENTS
acyclovir cap (ZOVIRAX equiv)	-	1	ANTIVIRALS
acyclovir cream (ZOVIRAX equiv)	-	3	DERMATOLOGICALS
acyclovir oint (ZOVIRAX OINT equiv)	-	2	DERMATOLOGICALS
acyclovir susp (ZOVIRAX equiv)	-	1	ANTIVIRALS
acyclovir tab (ZOVIRAX equiv)	-	1	ANTIVIRALS
ACZONE GEL	-	NC	DERMATOLOGICALS
ADACEL/BOOSTRIX INJ	VAC	EX	TOXOIDS
ADAGEN INJ	M	M	BIOLOGICALS MISC
ADALAT CC TAB	-	3	CALCIUM CHANNEL BLOCKERS
ADAPALENE SOLN	-	NC	DERMATOLOGICALS
adapalene cream (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	2	DERMATOLOGICALS
adapalene gel (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	2	DERMATOLOGICALS

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Drug Name	Special Code	Tier Category
ADAPALENE LOTION	-	NC DERMATOLOGICALS
adapalene/benzoyl peroxide gel 0.1-2.5% (EPIDUO equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	2 DERMATOLOGICALS
adapalene/benzoyl peroxide gel 0.3-2.5% (EPIDUO FORTE GEL equiv)	-	NC DERMATOLOGICALS
ADAPALENE/BENZOYL PEROXIDE PAD	-	NC DERMATOLOGICALS
ADASUVE INHALER	-	NC ANTIPSYCHOTICS / ANTIMANIC AGENTS
ADAZIN CREAM	-	NC DERMATOLOGICALS
ADBRY INJ	-	NC DERMATOLOGICALS
ADCIRCA TAB	-	NC CARDIOVASCULAR AGENTS - MISC.
ADDERALL TAB	-	3 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
ADDERALL XR CAP	-	2 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
adefovir dipivoxil tab (HEPSERA equiv)	-	2 ANTIVIRALS
ADEMPAS TAB (QL= 3 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	SP CARDIOVASCULAR AGENTS - MISC.

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Drug Name	Special Code	Tier Category
ADLYXIN INJ	-	NC ANTIDIABETICS
ADMELOG INJ, INSULIN LISPRO INJ (Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	ST	3 ANTIDIABETICS
ADMELOG SOLOSTAR INJ, INSULIN LISPRO	ST	3 ANTIDIABETICS
KWIKPEN INJ (JUNIOR) (Step Therapy requires trial of NOVOLOG or INSULIN ASPART)		
ADOXA PAK	-	NC TETRACYCLINES
ADOXA TAB	-	3 TETRACYCLINES
ADRENACLICK INJ, EPINEPHRINE INJ	-	NC VASOPRESSORS
ADRENALIN SOLN	-	NC NASAL AGENTS - SYSTEMIC AND TOPICAL
ADVAIR DISKUS INHALER	-	2 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
ADVAIR HFA INHALER	-	2 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
ADVICOR TAB	-	NC ANTIHYPERLIPIDEMICS
ADZENYS ER SUSP	-	NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS

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ADZENYS XR TAB	-	NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
AEMCOLO TAB	-	NC ANTI-INFECTIVE AGENTS MISC.
AEROCHAMBER	OTC	2 MEDICAL DEVICES AND SUPPLIES
AEROCHAMBER SUPPLIES	-	2 MEDICAL DEVICES AND SUPPLIES
AEROSPAN INH	PA	3 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
AFINITOR DISPERZ TAB (QL= 1 tab/day)	MSP-PA-QL-SF	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AFINITOR TAB	-	NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AFSTYLA KIT	-	NC HEMATOLOGICAL AGENTS - MISC.
AGGRENOX CAP	-	3 HEMATOLOGICAL AGENTS - MISC.
AGRYLIN CAP	-	3 HEMATOLOGICAL AGENTS - MISC.
AIMOVIG INJ (QL= 1 pack/28 days)	PA-QL	2 MIGRAINE PRODUCTS

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Drug Name	Special Code	Tier Category
AIRDUO POWDER INHALER W/SENSOR	-	NC ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
AIRDUO RESPICLICK	-	NC ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
AJOVY INJ (QL= 1 pack/28 days)	PA-QL	2 MIGRAINE PRODUCTS
AKLIEF CREAM	-	NC DERMATOLOGICALS
AKNE-MYCIN OINT	-	3 DERMATOLOGICALS
AKYNZEO CAP (QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist)	QL-RS	2 ANTIEMETICS
ALA-SCALP LOTION	-	NC DERMATOLOGICALS
ALBATUSIN LIQUID	-	3 COUGH / COLD / ALLERGY
albendazole tab (ALBENZA equiv)	-	3 ANTHELMINTICS
ALBENZA TAB	-	3 ANTHELMINTICS
ALBUTEROL HFA INHALER	-	NC ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
albuterol HFA inhaler (PROAIR equiv)	-	NC ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
albuterol HFA inhaler (PROVENTIL equiv)	-	NC ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS

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Drug Name	Special Code	Tier	Category
albuterol neb soln	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate ER tab (VOSPIRE ER equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate syrup	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate tab	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ALBUTEROL TAB ER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol/ipratropium neb soln (DUONEB equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ALCAINE OPHTH SOLN	-	3	OPHTHALMIC AGENTS
alclometasone cream (ACLOVATE equiv)	-	2	DERMATOLOGICALS
alclometasone oint (ACLOVATE OINT equiv)	-	2	DERMATOLOGICALS
ALCOHOL SWABS	OTC	1	MEDICAL DEVICES AND SUPPLIES
ALCORTIN A GEL	-	NC	DERMATOLOGICALS

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ALDACTAZIDE TAB	-	3	DIURETICS
ALDACTAZIDE TAB 50-50MG	-	3	DIURETICS
ALDACTONE TAB	-	3	DIURETICS
ALDARA CREAM	-	3	DERMATOLOGICALS
ALDURAZYME INJ	M	M	ENDOCRINE AND METABOLIC AGENTS - MISC.
ALECENSA CAP (QL= 8 caps/day)	MSP-PA-QL	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
alendronate sodium oral soln (FOSAMAX equiv)	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
alendronate tab (FOSAMAX equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
ALENDRONATE TAB 40MG	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
ALEVICYN SOLN DERMAL	-	NC	DERMATOLOGICALS
ALFERON-N INJ	MSP	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
alfuzosin SR tab (UROXATRAL equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS

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ALINIA SUSP (QL= 60ml/3 days)	PA-QL	2	ANTI-INFECTIVE AGENTS MISC.
ALINIA TAB (QL= 6 tabs/3 days)	PA-QL	3	ANTI-INFECTIVE AGENTS MISC.
aliskiren tab (TEKTURNA equiv)	-	2	ANTIHYPERTENSIVES
ALKERAN INJ	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALKERAN TAB	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALKINDI SPRINKLE CAP	-	NC	CORTICOSTEROIDS
ALLEGRA ODT	OTC	EX	ANTIHISTAMINES
allopurinol tab (ZYLOPRIM equiv)	-	1	GOUT AGENTS
ALLZITAL TAB	-	NC	ANALGESICS - NONNARCOTIC
almotriptan tab (AXERT equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
ALOCRILOPHTH SOLN	-	2	OPHTHALMIC AGENTS
ALOGLIPTIN TAB, NESINA TAB	-	NC	ANTIDIABETICS
ALOGLIPTIN/METFORMIN TAB, KAZANO TAB	-	NC	ANTIDIABETICS
ALOGLIPTIN/PIOGLITAZONE TAB, OSENI TAB	-	NC	ANTIDIABETICS
ALOMIDE OPHTH SOLN	-	2	OPHTHALMIC AGENTS
ALOQUIN GEL	-	NC	DERMATOLOGICALS
ALORA PATCH	-	3	ESTROGENS

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alosetron tab (LOTRONEX equiv)	-	3	GASTROINTESTINAL AGENTS - MISC.
ALPHAGAN P OPHTH SOLN 0.1%	-	2	OPHTHALMIC AGENTS
ALPHAGAN P OPHTH SOLN 0.15%	-	3	OPHTHALMIC AGENTS
alprazolam ER tab (XANAX XR equiv)	-	2	ANTIANKXIETY AGENTS
alprazolam ODT (NIRAVAM equiv)	-	3	ANTIANKXIETY AGENTS
alprazolam tab (XANAX equiv)	-	1	ANTIANKXIETY AGENTS
ALREX OPHTH SUSP	-	2	OPHTHALMIC AGENTS
ALSUMA INJ, ZEMBRACE SYMTOUCH INJ	-	NC	MIGRAINE PRODUCTS
ALTABAX OINT	-	NC	DERMATOLOGICALS
ALTACE CAP	-	3	ANTIHYPERTENSIVES
ALTACE TAB	-	3	ANTIHYPERTENSIVES
ALTOPREV TAB	-	3	ANTIHYPERLIPIDEMICS
ALTRENO LOTION	-	NC	DERMATOLOGICALS
aluminum chloride soln (DRYSOL equiv)	-	1	DERMATOLOGICALS
ALUNBRIG PAK	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALUNBRIG TAB 30MG (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALUNBRIG TAB 90MG, 180MG (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALVESCO INHALER	PA	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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Drug Name	Special Code	Tier Category
alvimopan cap (ENTEREG equiv)	-	NC GASTROINTESTINAL AGENTS - MISC.
ALZAIR NASAL SPRAY	-	NC NASAL AGENTS - SYSTEMIC AND TOPICAL
amantadine cap (SYMMETREL equiv)	-	1 ANTIPARKINSON AGENTS
amantadine syrup (SYMMETREL equiv)	-	1 ANTIPARKINSON AGENTS
amantadine tab	-	2 ANTIPARKINSON AGENTS
AMARYL TAB	-	3 ANTIDIABETICS
AMBIEN CR TAB	-	NC HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
AMBIEN TAB (QL= 1 tab/day)	QL	3 HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
ambrisentan tab (LETAIRIS equiv) (QL= 1 tab/day; Only available through Lumicera 855-847-3553 or Walgreens 888-347-3416)	LD-PA-QL	SP CARDIOVASCULAR AGENTS - MISC.
AMCINONIDE CREAM 0.1%	-	NC DERMATOLOGICALS
AMCINONIDE LOTION	-	3 DERMATOLOGICALS
AMCINONIDE OINT	-	NC DERMATOLOGICALS
AMERGE TAB (QL= 9 tabs/fill, 2 fills/30 days)	QL	3 MIGRAINE PRODUCTS
amethyst tab (LYBREL equiv)	-	\$0 CONTRACEPTIVES
AMICAR SOLN	-	3 HEMOSTATICS
AMICAR SYRUP	-	3 HEMOSTATICS

NC =Not Covered		generic =small letters	BRANDS =CAPITAL LETTERS
EXC	Plan Exclusion	INF	Infertility
LD	Limited Distribution	M	Medical Benefit
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	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS		

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Drug Name	Special Code	Tier	Category
AMICAR TAB	-	3	HEMOSTATICS
amiloride tab (MIDAMOR equiv)	-	1	DIURETICS
amiloride/hydrochlorothiazide tab (MODURETIC equiv)	-	1	DIURETICS
aminocaproic acid soln (AMICAR equiv)	-	2	HEMOSTATICS
aminocaproic acid syrup (AMICAR equiv)	-	1	HEMOSTATICS
aminocaproic acid tab (AMICAR equiv)	-	2	HEMOSTATICS
aminophylline tab	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
amiodarone tab (CORDARONE equiv)	-	1	ANTIARRHYTHMICS
AMITIZA CAP, LUBIPROSTONE CAP	PA	3	GASTROINTESTINAL AGENTS - MISC.
amitriptyline tab (ELAVIL equiv)	-	1	ANTIDEPRESSANTS
amlodipine tab (NORVASC equiv)	-	1	CALCIUM CHANNEL BLOCKERS
AMLODIPINE/ATORVASTATIN TAB	-	2	CARDIOVASCULAR AGENTS - MISC.
amlodipine/atorvastatin tab (CADUET equiv)	-	2	CARDIOVASCULAR AGENTS - MISC.
amlodipine/benazepril cap (LOTREL equiv)	-	1	ANTIHYPERTENSIVES
amlodipine/olmesartan tab (AZOR TAB equiv)	-	2	ANTIHYPERTENSIVES
amlodipine/valsartan tab (EXFORGE equiv)	-	2	ANTIHYPERTENSIVES

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Drug Name	Special Code	Tier	Category
amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv)	-	2	ANTIHYPERTENSIVES
AMMONIUM CHLORIDE INJ	M	M	MINERALS & ELECTROLYTES
ammonium lactate cream (LAC-HYDRIN equiv)	OTC	1	DERMATOLOGICALS
ammonium lactate lotion (LAC-HYDRIN equiv)	OTC	1	DERMATOLOGICALS
amnestem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap (AC CUTANE equiv)	-	2	DERMATOLOGICALS
AMOXAPINE TAB	-	1	ANTIDEPRESSANTS
amoxicillin cap (TRIMOX equiv)	-	1	PENICILLINS
AMOXICILLIN CHEW TAB	-	1	PENICILLINS
amoxicillin susp (TRIMOX equiv)	-	1	PENICILLINS
amoxicillin tab (AMOXIL equiv)	-	1	PENICILLINS
amoxicillin/clavulanate chew tab (AUGMENTIN equiv)	-	1	PENICILLINS
AMOXICILLIN/CLAVULANATE ER TAB	-	3	PENICILLINS
amoxicillin/clavulanate ER tab (AUGMENTIN XR equiv)	-	3	PENICILLINS
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	-	1	PENICILLINS
amoxicillin/clavulanate tab (AUGMENTIN equiv)	-	1	PENICILLINS

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Drug Name	Special Code	Tier Category
amphetamine tab (EVEKEO equiv)	-	NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv)	-	NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
amphetamine/dextroamphetamine tab (ADDERALL equiv)	-	1 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
AMPICILLIN CAP	-	1 PENICILLINS
ampicillin cap (PRINCIPEN equiv)	-	1 PENICILLINS
ampicillin susp (PRINCIPEN equiv)	-	1 PENICILLINS
AMPYRA TAB	-	NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AMRIX CAP	-	NC MUSCULOSKELETAL THERAPY AGENTS
AMTURNIDE TAB	-	3 ANTIHYPERTENSIVES
AMZEEQ FOAM	-	NC DERMATOLOGICALS
ANADROL TAB	-	3 ANDROGENS-ANABOLIC
ANAFRANIL CAP	-	3 ANTIDEPRESSANTS

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Drug Name	Special Code	Tier Category
anagrelide cap (AGRYLIN equiv)	-	1 HEMATOLOGICAL AGENTS - MISC.
ANALPRAM-E KIT	-	3 ANORECTAL AGENTS
ANALPRAM-HC CREAM	-	NC ANORECTAL AGENTS
ANAPROX TAB	-	3 ANALGESICS - ANTI-INFLAMMATORY
ANASPAZ ODT	-	3 ULCER DRUGS
ANASTIA LOTION	-	NC DERMATOLOGICALS
anastrozole tab (ARIMIDEX equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	\$0 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ANCOBON CAP	-	3 ANTIFUNGALS
ANDRODERM PATCH (QL= 1 patch/day)	PA-QL	2 ANDROGENS-ANABOLIC
ANDROGEL 1% 25MG (QL= 1 packet/day)	PA-QL	3 ANDROGENS-ANABOLIC
ANDROGEL 1% 50MG, TESTIM GEL 1% (QL= 2 packets/day)	PA-QL	3 ANDROGENS-ANABOLIC
ANDROGEL 1.62% 1.25GM (QL= 1 packet/day)	PA-QL	3 ANDROGENS-ANABOLIC
ANDROGEL 1.62% 2.5GM (QL= 2 packets/day)	PA-QL	3 ANDROGENS-ANABOLIC
ANDROGEL PUMP 1% (QL= 4 bottles/30 days)	PA-QL	3 ANDROGENS-ANABOLIC
ANDROGEL PUMP 1.62% (QL= 2 bottles/30 days)	PA-QL	3 ANDROGENS-ANABOLIC
ANGELIQ TAB	-	3 ESTROGENS
ANNOVERA RING	-	NC CONTRACEPTIVES

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Drug Name	Special Code	Tier Category
ANORO ELLIPTA INHALER	-	2 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
ANTABUSE TAB	-	3 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ANTARA CAP, FENOFIBRATE MICRONIZED CAP	-	NC ANTIHYPERLIPIDEMICS
ANTARA CAP, LOFIBRA CAP	-	NC ANTIHYPERLIPIDEMICS
antipyrine/benzocaine otic soln (AURALGAN equiv)	-	NC OTIC AGENTS
ANUSOL-HC CREAM	-	3 ANORECTAL AGENTS
ANUSOL-HC SUPP	-	NC ANORECTAL AGENTS
ANZEMET TAB (QL= 9 tabs/fill)	QL	3 ANTIEMETICS
APADAZ TAB	-	NC ANALGESICS - OPIOID
APEXICON E CREAM (PSORCON E equiv)	-	NC DERMATOLOGICALS
APHTHASOL PASTE	-	2 MOUTH / THROAT / DENTAL AGENTS
APIDRA INJ (Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	ST	3 ANTIDIABETICS
APIDRA SOLOSTAR INJ (Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	ST	3 ANTIDIABETICS
APLENZIN TAB	-	NC ANTIDEPRESSANTS
APOKYN INJ	-	NC ANTIPARKINSON AND RELATED THERAPY AGENTS

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Drug Name	Special Code	Tier Category
apomorphine inj (APOKYN equiv)	-	NC ANTIPARKINSON AND RELATED THERAPY AGENTS
apraclonidine ophth soln (IOPIDINE equiv)	-	2 OPHTHALMIC AGENTS
aprepitant cap (EMEND equiv) (QL= 3 caps/fill)	QL	2 ANTIEMETICS
aprepitant pak (EMEND equiv) (QL= 3 caps/fill)	QL	2 ANTIEMETICS
APRISO CAP	-	NC GASTROINTESTINAL AGENTS - MISC.
APRIZIO PAK KIT	-	NC DERMATOLOGICALS
APTENSIO XR CAP	-	NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
APTIOM TAB	PA	3 ANTICONVULSANTS
APTIVUS CAP	-	2 ANTIVIRALS
APTIVUS SOLN	-	2 ANTIVIRALS
ARAKODA TAB	-	3 ANTIMALARIALS
ARALAST/PROLASTIN/ZEMAIRA INJ	M	M RESPIRATORY AGENTS - MISC.
ARALEN TAB	-	3 ANTIMALARIALS
aranelle tab (TRI-NORINYL equiv)	-	\$0 CONTRACEPTIVES
ARANESP INJ (Step Therapy requires trial of EPOGEN or PROCRIT)	ST	2 HEMATOPOIETIC AGENTS

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Drug Name	Special Code	Tier Category
ARAVA TAB	-	3 ANALGESICS - ANTI-INFLAMMATORY
ARAZLO LOTION	-	NC DERMATOLOGICALS
ARCALYST INJ	-	NC ANALGESICS - ANTI-INFLAMMATORY
arformoterol tartrate neb soln (BROVANA equiv)	-	2 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
ARICEPT ODT (QL= 1 tab/day)	QL	3 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ARICEPT TAB (QL= 2 tabs/day)	QL	3 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ARICEPT TAB 23MG (QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg)	QL-ST	3 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ARIKAYCE SUSP (QL= 1 vial/day; Only available through Maxor Pharmacy 800-658-6046)	LD-PA-QL	SP AMINOGLYCOSIDES
ARIMIDEX TAB	-	3 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
aripiprazole ODT (ABILIFY equiv)	-	NC ANTIPSYCHOTICS / ANTIMANIC AGENTS

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Drug Name	Special Code	Tier	Category
aripiprazole soln (ABILIFY equiv)	-	3	ANTIPSYCHOTICS / ANTIMANIC AGENTS
aripiprazole tab (ABILIFY equiv)	-	1	ANTIPSYCHOTICS / ANTIMANIC AGENTS
ARIXTRA INJ	-	3	ANTICOAGULANTS
armodafinil tab (NUVIGIL equiv) (QL= 1 tab/day)	PA-QL	1	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
ARMONAIR DIGITAL INHALER 113MCG/ACT	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ARMONAIR DIGITAL INHALER 232MCG/ACT	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ARMONAIR DIGITAL INHALER 55MCG/ACT	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ARMONAIR RESPICLICK	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ARMOUR THYROID TAB, NATURE THROID TAB	-	1	THYROID AGENTS

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Drug Name	Special Code	Tier	Category
ARNUIITY ELLIPTA INHALER	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AROMASIN TAB	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ARTHROTEC TAB	-	3	ANALGESICS - ANTI-INFLAMMATORY
ARYMO ER TAB	-	NC	ANALGESICS - OPIOID
ASACOL HD TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
ASACOL HD TAB, MESALAMINE TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
asenapine maleate SL tab (SAPHRIS equiv) (QL= 2 tabs/day)	QL	2	ANTIPSYCHOTICS / ANTIMANIC AGENTS
ASMANEX HFA INHALER	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ASMANEX INHALER	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
aspirin chew tab 81mg (Covered for males age 45-79; Covered for females (no age restriction))	OTC	\$0	ANALGESICS - NONNARCOTIC
aspirin ec tab 325mg (Covered for males age 45-79 and females age 55-79)	OTC	\$0	ANALGESICS - NONNARCOTIC

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Drug Name	Special Code	Tier Category
aspirin ec tab 81mg (Covered for males age 45-79; Covered for females (no age restriction))	OTC	\$0 ANALGESICS - NONNARCOTIC
aspirin tab 325mg (Covered for males age 45-79 and females age 55-79)	OTC	\$0 ANALGESICS - NONNARCOTIC
aspirin tab 81mg (Covered for males age 45-79; Covered for females (no age restriction))	OTC	\$0 ANALGESICS - NONNARCOTIC
aspirin/codeine tab	-	1 ANALGESICS - OPIOID
aspirin/dipyridamole cap (AGGRENOX equiv)	-	2 HEMATOLOGICAL AGENTS - MISC.
ASPIRIN/OMEPRAZOLE ER TAB	-	NC HEMATOLOGICAL AGENTS - MISC.
ASTAGRAF XL CAP	-	NC MISCELLANEOUS THERAPEUTIC CLASSES
ASTAMED MYO CAP	-	EX C DIETARY PRODUCTS / DIETARY MANAGEMENT PRODUCTS
ASTELIN NASAL SPRAY, ASTEPRO NASAL SPRAY	-	3 NASAL AGENTS - SYSTEMIC AND TOPICAL
ATACAND HCT TAB	-	3 ANTIHYPERTENSIVES
ATACAND TAB	-	3 ANTIHYPERTENSIVES
atazanavir cap (REYATAZ equiv)	-	2 ANTIVIRALS
ATELVIA TAB (Step Therapy requires trial of alendronate)	ST	3 ENDOCRINE AND METABOLIC AGENTS - MISC.

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Drug Name	Special Code	Tier	Category
atenolol tab (TENORMIN equiv)	-	1	BETA BLOCKERS
atenolol/chlorthalidone tab (TENORETIC equiv)	-	1	ANTIHYPERTENSIVES
ATIVAN TAB	-	3	ANTIANKXIETY AGENTS
atomoxetine cap (STRATTERA equiv)	-	2	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
atorvastatin tab 10mg (LIPITOR equiv)	-	\$0	ANTIHYPERLIPIDEMICS
atorvastatin tab 20mg (LIPITOR equiv)	-	\$0	ANTIHYPERLIPIDEMICS
atorvastatin tab 40mg (LIPITOR equiv)	-	1	ANTIHYPERLIPIDEMICS
atorvastatin tab 80mg (LIPITOR equiv)	-	1	ANTIHYPERLIPIDEMICS
atovaquone susp (MEPRON equiv)	-	2	ANTI-INFECTIVE AGENTS MISC.
atovaquone/proguanil tab (MALARONE equiv)	-	1	ANTIMALARIALS
ATRALIN GEL, RETIN-A GEL	PA	3	DERMATOLOGICALS
ATRIPLA TAB	-	NC	ANTIVIRALS
ATRIX SYSTEM KIT	-	NC	DERMATOLOGICALS
atropine ophth oint	-	1	OPHTHALMIC AGENTS
atropine ophth soln (ISOPTO ATROPINE equiv)	-	1	OPHTHALMIC AGENTS
ATROVENT HFA INHALER	-	2	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
ATROVENT NASAL SPRAY	-	3	NASAL AGENTS - SYSTEMIC AND TOPICAL

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Drug Name	Special Code	Tier Category
AUBAGIO TAB	MSP	SP PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUGMENTIN ES-600 SUSP	-	3 PENICILLINS
AUGMENTIN SUSP	-	3 PENICILLINS
AUGMENTIN TAB	-	3 PENICILLINS
AUGMENTIN XR TAB	-	3 PENICILLINS
AURYXIA TAB	-	3 GASTROINTESTINAL AGENTS - MISC.
AUSTEDO TAB (QL= 4 tabs/day)	MSP-PA-QL	SP PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUVI-Q INJ	-	NC VASOPRESSORS
AVALIDE TAB	-	3 ANTIHYPERTENSIVES
AVANDAMET TAB	-	2 ANTIDIABETICS
AVANDARYL TAB	-	2 ANTIDIABETICS
AVANDIA TAB	-	2 ANTIDIABETICS
AVAPRO TAB	-	3 ANTIHYPERTENSIVES
AVAR AEROSOL FOAM	-	NC DERMATOLOGICALS
AVAR GEL	-	2 DERMATOLOGICALS
AVAR PAD	-	NC DERMATOLOGICALS
AVAR-E LS CREAM 10-2%	-	3 DERMATOLOGICALS
AVC VAGINAL CREAM	-	2 VAGINAL PRODUCTS
AVELOX TAB	-	3 FLUOROQUINOLONES

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Drug Name	Special Code	Tier	Category
aviane tab (ALESSE equiv)	-	\$0	CONTRACEPTIVES
AVINZA CAP (QL= 2 caps/day)	QL	3	ANALGESICS - OPIOID
AVODART CAP	-	3	GENITOURINARY AGENTS - MISCELLANEOUS
AVONEX INJ	MSP	SP	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AXERT TAB (QL= 9 tabs/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
AXID CAP	-	3	ULCER DRUGS
AXIRON SOLN (QL= 2 bottles/30 days)	PA-QL	3	ANDROGENS-ANABOLIC
AYGESTIN TAB	-	3	PROGESTINS
AYVAKIT TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AZASITE SOLN	-	2	OPHTHALMIC AGENTS
azathioprine tab (IMURAN equiv)	-	1	ASSORTED CLASSES
azathioprine tab 100mg (AZASAN equiv)	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
azathioprine tab 75mg (AZASAN equiv)	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
azelaic acid gel (FINACEA equiv)	-	2	DERMATOLOGICALS
azelastine nasal spray 0.1% (ASTELIN equiv)	-	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
azelastine nasal spray 0.15% (ASTEPRO equiv)	-	2	NASAL AGENTS - SYSTEMIC AND TOPICAL

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LD	Limited Distribution	M	Medical Benefit
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 fo first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS		

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azelastine ophth soln (OPTIVAR equiv)	-	1	OPHTHALMIC AGENTS
azelastine/fluticasone nasal spray (DYMISTA equiv)	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
AZELEX CREAM	-	NC	DERMATOLOGICALS
AZENASE PAK	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
AZESCHEW TAB 13-1MG	-	NC	MULTIVITAMINS
AZESCO TAB	-	NC	MULTIVITAMINS
AZILECT TAB	-	3	ANTIPARKINSON AGENTS
azithromycin susp (ZITHROMAX equiv)	-	1	MACROLIDES
azithromycin tab (ZITHROMAX equiv)	-	1	MACROLIDES
AZO URINARY TAB	OTC	3	GENITOURINARY AGENTS - MISCELLANEOUS
AZOPT OPHTH SUSP	-	3	OPHTHALMIC AGENTS
AZSTARYS CAP	-	NC	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
AZULFIDINE EN TAB	-	3	GASTROINTESTINAL AGENTS - MISC.
AZULFIDINE TAB	-	3	GASTROINTESTINAL AGENTS - MISC.
BACITRACIN OPHTH OINT	-	2	OPHTHALMIC AGENTS

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bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv)	-	1	OPHTHALMIC AGENTS
bacitracin/polymyxin b ophth oint (POLYSPORIN equiv)	-	1	OPHTHALMIC AGENTS
bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv)	-	1	OPHTHALMIC AGENTS
BACLOFEN CREAM COMPOUND KIT	-	NC	DERMATOLOGICALS
baclofen intrathecal inj (BACLOFEN equiv)	-	NC	MUSCULOSKELETAL THERAPY AGENTS
baclofen tab (BACLOFEN equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
BACLOFEN TAB 5MG	-	NC	MUSCULOSKELETAL THERAPY AGENTS
BACTRIM DS TAB	-	3	ANTI-INFECTIVE AGENTS - MISC.
BACTROBAN CREAM	-	NC	DERMATOLOGICALS
BACTROBAN NASAL OINT	-	3	NASAL AGENTS - SYSTEMIC AND TOPICAL
BACTROBAN OINT	-	3	DERMATOLOGICALS
BAFIERTAM CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
BALCOLTRA TAB	-	NC	CONTRACEPTIVES

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balsalazide cap (COLAZAL equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
BALVERSA TAB 3MG (QL= 3 tabs/day; Only available through US Bioservices 888-518-7246)	LD-PA-QL-SF	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BALVERSA TAB 4MG (QL= 2 tabs/day; Only available through US Bioservices 888-518-7246)	LD-PA-QL-SF	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BALVERSA TAB 5MG (QL= 1 tab/day; Only available through US Bioservices 888-518-7246)	LD-PA-QL-SF	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BANZEL SUSP	PA	3	ANTICONVULSANTS
BANZEL TAB	-	NC	ANTICONVULSANTS
BAQSIMI NASAL POWDER (QL= 2 inhalations/fill)	QL	2	ANTIDIABETICS
BARACLUDE SOLN (Members age 9 or older require Prior Authorization)	PA	3	ANTIVIRALS
BARACLUDE TAB (QL= 1 tab/day)	QL	3	ANTIVIRALS
BASAGLAR INJ	-	NC	ANTIDIABETICS
BAXDELA TAB (QL= 2 tabs/day; Restricted to Infectious Disease Specialist)	QL-RS	2	FLUOROQUINOLONES
B-D INSULIN SYRINGE	--OTC	1	MEDICAL DEVICES AND SUPPLIES
B-D PEN NEEDLE	OTC	1	MEDICAL DEVICES AND SUPPLIES
b-donna tab (DONNATAL equiv)	-	NC	ULCER DRUGS

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BECONASE AQ NASAL SPRAY (QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone, triamcinolone or mometasone)	QL-ST	3	NASAL AGENTS - SYSTEMIC AND TOPICAL
BELBUCA FILM	-	NC	ANALGESICS - OPIOID
BELLADONNA ALKALOID/OPIUM SUPP	-	2	ULCER DRUGS
BELSOMRA TAB	-	NC	HYPNOTICS
benazepril tab (LOTENSIN equiv)	-	1	ANTIHYPERTENSIVES
BENZAEPRIIL/HCT TAB	-	1	ANTIHYPERTENSIVES
benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv)	-	1	ANTIHYPERTENSIVES
BENICAR HCT TAB	-	3	ANTIHYPERTENSIVES
BENICAR TAB	-	3	ANTIHYPERTENSIVES
BENLYSTA AUTO-INJECTOR (QL= 4 inj/28 day)	MSP-PA-QL	SP	MISCELLANEOUS THERAPEUTIC CLASSES
BENLYSTA INJ (QL= 4 inj/28 day)	MSP-PA-QL	SP	MISCELLANEOUS THERAPEUTIC CLASSES
BENTIVITE TAB	-	NC	HEMATOPOIETIC AGENTS
BENTYL CAP	-	3	ULCER DRUGS
BENTYL SYRUP	-	3	ULCER DRUGS
BENTYL TAB	-	3	ULCER DRUGS
BENZAC WASH	-	NC	DERMATOLOGICALS
BENZAACLIN GEL	-	3	DERMATOLOGICALS
BENZAMYCIN GEL	-	3	DERMATOLOGICALS
BENZAMYCIN GEL PACK	-	NC	DERMATOLOGICALS

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Drug Name	Special Code	Tier Category
BENZNIDAZOLE TAB	PA	2 ANTHELMINTICS
BENZOCAINE/LIDOCAINE/TETRACAINE OINT	-	NC DERMATOLOGICALS
benzonatate cap (TESSALON equiv)	-	1 COUGH / COLD / ALLERGY
benzonatate cap 150mg (ZONATUSS equiv)	-	NC COUGH / COLD / ALLERGY
BENZOYL PEROXIDE CREAM	OTC	NC DERMATOLOGICALS
BENZOYL PEROXIDE/HYDROCORTISONE LOTION	-	NC DERMATOLOGICALS
benzoyl peroxide/hydrocortisone lotion (VANOXIDE-HC equiv)	-	NC DERMATOLOGICALS
benzphetamine tab	-	EX ADHD / C ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
benztropine tab	-	1 ANTIPARKINSON AGENTS
bepotastine ophth soln (BEPREVE equiv)	-	3 OPHTHALMIC AGENTS
BERINERT INJ (Only available through Walgreens 888-347-3416)	LD-PA	SP HEMATOLOGICAL AGENTS - MISC.
BESER KIT 0.05%	-	NC DERMATOLOGICALS
BESIVANCE OPHTH SUSP (QL= 5ml/fill)	QL	3 OPHTHALMIC AGENTS
BESREMI INJ	-	NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BETAGAN OPHTH SOLN	-	3 OPHTHALMIC AGENTS

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betaine powder for oral solution (CYSTADANE equiv) (Only available through Anovo Specialty Pharmacy 844-288-5007)	LD	SP	ENDOCRINE AND METABOLIC AGENTS - MISC.
betamethasone augmented cream (DIPROLENE AF CREAM equiv)	-	1	DERMATOLOGICALS
betamethasone augmented gel	-	1	DERMATOLOGICALS
BETAMETHASONE AUGMENTED GEL	-	2	DERMATOLOGICALS
betamethasone augmented lotion (DIPROLENE LOTION equiv)	-	2	DERMATOLOGICALS
betamethasone augmented oint (DIPROLENE OINT equiv)	-	1	DERMATOLOGICALS
betamethasone dipropionate cream (DIPROSONE CREAM equiv)	-	1	DERMATOLOGICALS
betamethasone dipropionate lotion	-	1	DERMATOLOGICALS
betamethasone dipropionate oint (DIPROSONE OINT equiv)	-	2	DERMATOLOGICALS
betamethasone valerate cream	-	1	DERMATOLOGICALS
betamethasone valerate foam (LUXIQ FOAM equiv)	-	NC	DERMATOLOGICALS
betamethasone valerate lotion	-	1	DERMATOLOGICALS
betamethasone valerate oint	-	1	DERMATOLOGICALS
BETAPACE AF TAB	-	3	BETA BLOCKERS
BETAPACE TAB	-	3	BETA BLOCKERS
betaxolol ophth soln (BETOPTIC-S equiv)	-	1	OPHTHALMIC AGENTS
betaxolol tab (KERLONE equiv)	-	1	BETA BLOCKERS

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Drug Name	Special Code	Tier	Category
bethanechol tab (URECHOLINE equiv)	-	1	URINARY ANTISPASMODICS
BETHKIS NEB SOLN, TOBI NEB SOLN	-	NC	AMINOGLYCOSIDES
BETIMOL OPHTH SOLN	-	2	OPHTHALMIC AGENTS
BETOPTIC-S OPHTH SOLN	-	2	OPHTHALMIC AGENTS
BEVESPI AEROSPHERE INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BEVYXXA CAP	-	NC	ANTICOAGULANTS
bexarotene cap (TARGRETIN equiv)	MSP-PA-SF	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BEYAZ TAB	-	NC	CONTRACEPTIVES
BIAFINE EMULSION	-	NC	DERMATOLOGICALS
BIAXIN SUSP	-	3	MACROLIDES
BIAXIN TAB	-	3	MACROLIDES
BIAXIN XL TAB	-	3	MACROLIDES
bicalutamide tab (CASODEX equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BIDIL TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
BIFERARX TAB	-	NC	HEMATOPOIETIC AGENTS
BIJUVA CAP	-	NC	ESTROGENS
BIKTARVY TAB	-	2	ANTIVIRALS
BILTRICIDE TAB	-	3	ANTHELMINTICS

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bimatoprost ophth soln (QL= 2.5ml/30 days)	QL	2	OPHTHALMIC AGENTS
bimatoprost ophth soln	QL--	EX	DERMATOLOGICALS
BINOSTO TAB	-	C	
		NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
bisoprolol tab (ZEBETA equiv)	-	1	BETA BLOCKERS
bisoprolol/hydrochlorothiazide tab (ZIAC equiv)	-	1	ANTIHYPERTENSIVES
BLEPH-10 OPHTH SOLN	-	3	OPHTHALMIC AGENTS
BLEPHAMIDE OPHTH SOLN	-	2	OPHTHALMIC AGENTS
BLEPHAMIDE S.O.P. OPHTH OINT	-	3	OPHTHALMIC AGENTS
BONIVA TAB 150MG (QL= 1 tab/30 days)	QL	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
bosentan tab (TRACLEER equiv) (QL= 2 tabs/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	SP	CARDIOVASCULAR AGENTS - MISC.
BOSULIF TAB	MSP-PA-SF	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BRAFTOVI CAP 75MG (QL= 6 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BREO ELLIPTA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BREXAFEMME TAB	-	NC	ANTIFUNGALS

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Drug Name	Special Code	Tier Category
BREZTRI AEROSPHERE INHALER	-	2 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
BRILINTA TAB	-	3 HEMATOLOGICAL AGENTS - MISC.
brimonidine ophth soln 0.15% (ALPHAGAN P 0.15% equiv)	-	2 OPHTHALMIC AGENTS
brimonidine ophth soln 0.2%	-	1 OPHTHALMIC AGENTS
brimonidine/timolol ophth soln (COMBIGAN OPHTH SOLN equiv)	-	NC OPHTHALMIC AGENTS
brinzolamide ophth susp (AZOPT equiv)	-	2 OPHTHALMIC AGENTS
BRISDELLE CAP	-	NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
BRIVIACT INJ 50MG/5ML	-	NC ANTICONVULSANTS
BRIVIACT SOLN 10MG/ML	-	NC ANTICONVULSANTS
BRIVIACT TAB	-	NC ANTICONVULSANTS
bromfenac ophth soln (BROMDAY equiv)	-	2 OPHTHALMIC AGENTS
BROMFENAC OPHTH SOLN 0.09% (TWICE DAILY)	-	2 OPHTHALMIC AGENTS
bromocriptine cap (PARLODEL equiv)	-	2 ANTIPARKINSON AGENTS
bromocriptine tab (PARLODEL equiv)	-	2 ANTIPARKINSON AGENTS
BROMSITE OPHTH SOLN	-	NC OPHTHALMIC AGENTS

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BRONCHITOL CAP	-	NC RESPIRATORY AGENTS - MISC.
BRONCOPECTOL SYRUP	-	3 COUGH / COLD / ALLERGY
BROVANA NEB SOLN	-	3 ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BROVEX PEB LIQUID	OTC	EX COUGH / COLD / ALLERGY C
BRUKINSA CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BRYHALI LOTION	-	NC DERMATOLOGICALS
B-SERENE PAD	-	NC HEMATOPOIETIC AGENTS
budesonide ER tab (QL=1 tab/day)	PA-QL	3 CORTICOSTEROIDS
budesonide inh susp (PULMICORT equiv)	-	1 ANTIASTHMATIC AND BRONCHODILATOR AGENTS
budesonide nasal spray (RHINOCORT AQUA equiv (QL= 2 bottles/fill))	OTC-QL	1 NASAL AGENTS - SYSTEMIC AND TOPICAL
budesonide SR cap (ENTOCORT EC equiv)	-	2 CORTICOSTEROIDS
BUDESONIDE/FORMOTEROL INHALER	-	NC ANTIASTHMATIC AND BRONCHODILATOR AGENTS
bumetanide tab (BUMEX equiv)	-	1 DIURETICS
BUNAVAIL FILM	-	NC ANALGESICS - OPIOID

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BUPHENYL POWDER	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
BUPHENYL TAB	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
buprenorphine hcl buccal film (BELBUCA equiv)	-	NC	ANALGESICS - OPIOID
buprenorphine patch (BUTRANS equiv) (QL= 4 patches/28 days)	QL	3	ANALGESICS - OPIOID
buprenorphine SL tab (SUBUTEX equiv)	-	1	ANALGESICS - OPIOID
buprenorphine/naloxone sl film (SUBOXONE equiv)	-	1	ANALGESICS - OPIOID
buprenorphine/naloxone SL tab (SUBOXONE equiv)	-	1	ANALGESICS - OPIOID
bupropion ER tab (WELLBUTRIN equiv)	-	1	ANTIDEPRESSANTS
bupropion SR tab (ZYBAN equiv) (Limited to 180 days/plan year)	QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
bupropion tab (WELLBUTRIN equiv)	-	1	ANTIDEPRESSANTS
bupropion XL tab (WELLBUTRIN XL equiv)	-	1	ANTIDEPRESSANTS
BUSPAR TAB	-	3	ANTI-ANXIETY AGENTS
bupirone tab (BUSPAR equiv)	-	1	ANTI-ANXIETY AGENTS
BUTALBITAL/ACETAMINOPHEN CAP	-	NC	ANALGESICS - NONNARCOTIC
butalbital/acetaminophen/caffeine soln	-	NC	ANALGESICS - NONNARCOTIC

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butalbital/acetaminophen/caffeine tab (FIORICET equiv)	-	NC ANALGESICS - NONNARCOTIC
BUTALBITAL/ASPIRIN/CAFFEINE TAB	-	NC ANALGESICS - NONNARCOTIC
BUTISOL ELIXIR	-	3 HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
BUTISOL TAB	-	3 HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
butorphanol nasal spray (STADOL equiv) (QL= 1 bottle/fill, 2 fills/30 days)	QL	2 ANALGESICS - OPIOID
BUTRANS PATCH (QL= 4 patches/28 days)	QL	3 ANALGESICS - OPIOID
BYDUREON BCISE AUTO INJ (QL= 4 inj/28 days)	QL	2 ANTIDIABETICS
BYDUREON INJ (QL= 4 inj/28 days)	QL	2 ANTIDIABETICS
BYDUREON PEN INJ (QL= 4 inj/28 days)	QL	2 ANTIDIABETICS
BYETTA INJ (QL= 1 pen/30 days)	QL	3 ANTIDIABETICS
BYLVAY CAP 1200MCG (QL= 5 caps/day; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	SP GASTROINTESTINAL AGENTS - MISC.
BYLVAY CAP 400MCG (QL= 15 caps/day; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	SP GASTROINTESTINAL AGENTS - MISC.

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EXC	Plan Exclusion	INF	Infertility
LD	Limited Distribution	M	Medical Benefit
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	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS		

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Drug Name	Special Code	Tier Category
BYLVAY SPRINKLE CAP 200MCG (QL= 8 caps/day; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	SP GASTROINTESTINAL AGENTS - MISC.
BYLVAY SPRINKLE CAP 600MCG (QL= 4 caps/day; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	SP GASTROINTESTINAL AGENTS - MISC.
BYNFEZIA PEN INJ	-	NC ENDOCRINE AND METABOLIC AGENTS - MISC.
BYVALSON TAB	-	NC ANTIHYPERTENSIVES
CABENUVA IM SUSP	-	NC ANTIVIRALS
cabergoline tab (DOSTINEX equiv)	-	1 ENDOCRINE AND METABOLIC AGENTS - MISC.
CABLIVI INJ KIT (QL= 1 vial/day; Only available through Biologics 800-850-4306)	LD-PA-QL	SP HEMATOLOGICAL AGENTS - MISC.
CABOMETYX TAB (QL= 1 tab/day)	MSP-PA-QL-SF	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CADUET TAB	-	3 CARDIOVASCULAR AGENTS - MISC.
CAFCIT INJ	-	NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS

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Drug Name	Special Code	Tier	Category
caffeine citrate soln (CAFCIT equiv) (Only covered for members less than 1 year old)	-	2	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
CALAN SR TAB	-	3	CALCIUM CHANNEL BLOCKERS
CALAN TAB	-	3	CALCIUM CHANNEL BLOCKERS
calcipotriene cream (DOVONEX CREAM equiv)	-	2	DERMATOLOGICALS
calcipotriene oint	-	2	DERMATOLOGICALS
calcipotriene soln (DOVONEX SOLN equiv)	-	2	DERMATOLOGICALS
calcipotriene/betamethasone dipropionate susp	-	NC	DERMATOLOGICALS
calcipotriene/betamethasone oint (TACLONEX equiv)	-	NC	DERMATOLOGICALS
calcitonin inj (MIACALCIN equiv)	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcitonin nasal spray (MIACALCIN equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcitriol cap (ROCALTROL equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.

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Drug Name	Special Code	Tier Category
CALCITRIOL INJ	-	NC ENDOCRINE AND METABOLIC AGENTS - MISC.
CALCITRIOL OINT	-	3 DERMATOLOGICALS
calcitriol soln (ROCALTROL equiv)	-	1 ENDOCRINE AND METABOLIC AGENTS - MISC.
calcium acetate cap (PHOSLO equiv)	-	1 GASTROINTESTINAL AGENTS - MISC.
calcium acetate tab (ELIPHOS equiv)	-	1 GASTROINTESTINAL AGENTS - MISC.
CALIBRATION LIQUID	OTC	1 MEDICAL DEVICES AND SUPPLIES
CALOMIST NASAL SPRAY	-	NC HEMATOPOIETIC AGENTS
CALQUENCE CAP (QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CAMBIA POWDER PACKET	-	NC MIGRAINE PRODUCTS
CAMPRAL TAB	-	3 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
candesartan tab (ATACAND equiv)	-	1 ANTIHYPERTENSIVES
candesartan/hydrochlorothiazide tab (ATACAND HCT equiv)	-	2 ANTIHYPERTENSIVES
CANTIL TAB	-	3 ULCER DRUGS

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Drug Name	Special Code	Tier Category
CAPASTAT INJ	M	M ANTIMYCOBACTERIAL AGENTS
capecitabine tab (XELODA equiv)	MSP	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CAPEX SHAMPOO	-	NC DERMATOLOGICALS
CAPITAL/CODEINE SUSP	-	3 ANALGESICS - OPIOID
CAPLYTA CAP	-	NC ANTIPSYCHOTICS / ANTIMANIC AGENTS
CAPRELSA TAB (Only available through Biologics 800-850-4306)	LD-PA	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
capsaicin/menthol topical patch (SINELEE equiv)	-	NC DERMATOLOGICALS
captopril tab (CAPOTEN equiv)	-	2 ANTIHYPERTENSIVES
CAPTOPRIL/HYDROCHLOROTHIAZIDE TAB	-	2 ANTIHYPERTENSIVES
CARAC CREAM	-	NC DERMATOLOGICALS
CARAFATE SUSP	-	3 ULCER DRUGS / ANTISPASMODICS / ANTICHOLINERGICS
CARAFATE TAB	-	3 ULCER DRUGS
CARBAGLU TAB (Only available through Accredo 888-773-7376)	LD-PA	SP ENDOCRINE AND METABOLIC AGENTS - MISC.
carbamazepine chew tab (TEGRETOL equiv)	-	1 ANTICONVULSANTS
carbamazepine ER cap (CARBATROL equiv)	-	2 ANTICONVULSANTS
carbamazepine ER tab (TEGRETOL XR equiv)	-	2 ANTICONVULSANTS

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Drug Name	Special Code	Tier	Category
carbamazepine susp (TEGRETOL equiv)	-	1	ANTICONVULSANTS
carbamazepine tab (TEGRETOL equiv)	-	1	ANTICONVULSANTS
CARBATROL CAP	-	3	ANTICONVULSANTS
carbidopa tab (LODOSYN equiv)	-	2	ANTIPARKINSON AGENTS
carbidopa/levodopa ER tab (SINEMET CR equiv)	-	1	ANTIPARKINSON AGENTS
CARBIDOPA/LEVODOPA ODT	-	1	ANTIPARKINSON AND RELATED THERAPY AGENTS
carbidopa/levodopa ODT (PARCOPA equiv)	-	1	ANTIPARKINSON AGENTS
carbidopa/levodopa tab (SINEMET equiv)	-	1	ANTIPARKINSON AGENTS
CARBIDOPA/LEVODOPA/ENTACAPONE TAB (STALEVO equiv)	-	2	ANTIPARKINSON AGENTS
carbidopa-levodopa-entacapone tab (STALEVO equiv)	-	2	ANTIPARKINSON AND RELATED THERAPY AGENTS
CARBINOXAMINE SOLN	-	3	ANTIHISTAMINES
carbinoxamine soln (PALGIC equiv)	-	3	ANTIHISTAMINES
carbinoxamine tab (PALGIC equiv)	-	3	ANTIHISTAMINES
CARDENE SR CAP	-	3	CALCIUM CHANNEL BLOCKERS
CARDIZEM CD CAP	-	3	CALCIUM CHANNEL BLOCKERS
CARDIZEM LA TAB	-	3	CALCIUM CHANNEL BLOCKERS

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Drug Name	Special Code	Tier Category
CARDIZEM TAB	-	3 CALCIUM CHANNEL BLOCKERS
CARDURA TAB	-	3 ANTIHYPERTENSIVES
CARDURA XL TAB	-	3 GENITOURINARY AGENTS - MISCELLANEOUS
carglumic acid tab (CARBAGLU equiv) (Only available through Accredo 888-773-7376)	LD-PA	SP ENDOCRINE AND METABOLIC AGENTS - MISC.
carisoprodol tab (SOMA equiv)	-	1 MUSCULOSKELETAL THERAPY AGENTS
carisoprodol tab 250mg (SOMA equiv)	-	NC MUSCULOSKELETAL THERAPY AGENTS
CARISOPRODOL/ASPIRIN TAB	-	NC MUSCULOSKELETAL THERAPY AGENTS
carisoprodol/aspirin tab (SOMA COMPOUND equiv)	-	NC MUSCULOSKELETAL THERAPY AGENTS
carisoprodol/aspirin/codeine tab (SOMA COMPOUND/CODEINE equiv)	-	3 MUSCULOSKELETAL THERAPY AGENTS
CARISOPRODOL/ASPIRIN/CODEINE TAB	-	NC MUSCULOSKELETAL THERAPY AGENTS
CARMOL LOTION	-	NC DERMATOLOGICALS
CARMOL-HC CREAM	-	3 DERMATOLOGICALS

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Drug Name	Special Code	Tier	Category
CARNITOR SOLN	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
CARNITOR TAB	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
CAROSPIR SUSP (Prior Authorization required for members age 9 or older)	PA	3	DIURETICS
CARTEOLOL OPHTH SOLN	-	1	OPHTHALMIC AGENTS
carteolol ophth soln (OCUPRESS equiv)	-	1	OPHTHALMIC AGENTS
carvedilol phosphate ER cap (COREG CR equiv)	-	3	BETA BLOCKERS
carvedilol tab (COREG equiv)	-	1	BETA BLOCKERS
CASODEX TAB	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CATAFLAM TAB	-	3	ANALGESICS - ANTI-INFLAMMATORY
CATAPRES TAB	-	3	ANTIHYPERTENSIVES
CATAPRES-TTS PATCH	-	3	ANTIHYPERTENSIVES
CAYSTON INH SOLN (Restricted to Infectious Disease or Pulmonology Specialist; Only available through Walgreens 888-347-3416)	LD-RS	SP	ANTI-INFECTIVE AGENTS - MISC.
CEDAX CAP	-	3	CEPHALOSPORINS
CEDAX SUSP	-	3	CEPHALOSPORINS
CEFACLOR CAP	-	3	CEPHALOSPORINS

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Drug Name	Special Code	Tier	Category
cefaclor cap (CECLOR equiv)	-	3	CEPHALOSPORINS
CEFACLOR ER TAB	-	3	CEPHALOSPORINS
CEFACLOR SUSP	-	3	CEPHALOSPORINS
cefaclor susp (CEFACLOR equiv)	-	3	CEPHALOSPORINS
cefadroxil cap (DURICEF equiv)	-	1	CEPHALOSPORINS
cefadroxil susp (DURICEF equiv)	-	1	CEPHALOSPORINS
CEFADROXIL TAB	-	1	CEPHALOSPORINS
cefadroxil tab (DURICEF equiv)	-	1	CEPHALOSPORINS
cefdinir cap (OMNICEF equiv)	-	1	CEPHALOSPORINS
cefdinir susp (OMNICEF equiv)	-	1	CEPHALOSPORINS
CEFDITOREN TAB	-	3	CEPHALOSPORINS
cefixime cap (SUPRAX equiv)	-	3	CEPHALOSPORINS
cefixime susp (SUPREX equiv)	-	3	CEPHALOSPORINS
cefpodoxime proxetil susp (VANTIN equiv)	-	3	CEPHALOSPORINS
cefpodoxime proxetil tab (VANTIN equiv)	-	3	CEPHALOSPORINS
cefprozil susp (CEFZIL equiv)	-	1	CEPHALOSPORINS
cefprozil tab (CEFZIL equiv)	-	1	CEPHALOSPORINS
CEFTIN SUSP	-	3	CEPHALOSPORINS
CEFTIN TAB	-	3	CEPHALOSPORINS
cefuroxime susp (CEFTIN equiv)	-	1	CEPHALOSPORINS
cefuroxime tab (CEFTIN equiv)	-	1	CEPHALOSPORINS
CELEBREX CAP (QL= 2 caps/day)	QL	3	ANALGESICS - ANTI-INFLAMMATORY

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Drug Name	Special Code	Tier	Category
celecoxib cap (CELEBREX equiv) (QL= 2 caps/day)	QL	1	ANALGESICS - ANTI-INFLAMMATORY
CELEXA SOLN	-	3	ANTIDEPRESSANTS
CELEXA TAB	-	3	ANTIDEPRESSANTS
CELLCEPT CAP	-	3	ASSORTED CLASSES
CELLCEPT SUSP	-	3	ASSORTED CLASSES
CELLCEPT TAB	-	3	ASSORTED CLASSES
CELONTIN CAP	-	2	ANTICONVULSANTS
CENESTIN TAB	-	3	ESTROGENS
CENTANY OINT	-	3	DERMATOLOGICALS
cephalexin cap (KEFLEX equiv)	-	1	CEPHALOSPORINS
CEPHALEXIN CAP	-	NC	CEPHALOSPORINS
cephalexin cap 750mg (KEFLEX equiv)	-	NC	CEPHALOSPORINS
cephalexin susp (KEFLEX equiv)	-	1	CEPHALOSPORINS
CEPHALEXIN TAB	-	NC	CEPHALOSPORINS
CEQUA (PF) OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
CEQUR SIMPLICITY	-	NC	MEDICAL DEVICES AND SUPPLIES
CERDELGA CAP	-	NC	HEMATOPOIETIC AGENTS
CERVICAL CAP	-	\$0	MEDICAL DEVICES AND SUPPLIES
CESAMET CAP	-	3	ANTIEMETICS
cesia tab (CYCLESSA equiv)	-	\$0	CONTRACEPTIVES

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Drug Name	Special Code	Tier Category
CETYLEV TAB	-	NC ANTIDOTES AND SPECIFIC ANTAGONISTS
cevimeline cap (EVOXAC equiv)	-	2 MOUTH / THROAT / DENTAL AGENTS
CHANTIX PAK (Limited to 180 days/plan year)	QL-SMKG	\$0 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
CHANTIX PAK	QL-SMKG	NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
CHANTIX TAB (Limited to 180 days/plan year)	QL-SMKG	\$0 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
CHEMET CAP	-	2 ANTIDOTES
chlordiazepoxide cap (LIBRIUM equiv)	-	1 ANTIANXIETY AGENTS
CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB	-	1 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
chlordiazepoxide/clidinium cap (LIBRAX equiv)	-	NC ULCER DRUGS
chlorhexidine gluconate soln (PERIDEX equiv)	-	1 MOUTH / THROAT / DENTAL AGENTS
chloroquine tab (ARALEN equiv)	-	1 ANTIMALARIALS
CHLOROQUINE TAB	-	2 ANTIMALARIALS
CHLOROTHIAZIDE TAB	-	1 DIURETICS

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chlorothiazide tab (DIURIL equiv)	-	1	DIURETICS
chlorpheniramine ER cap	-	1	ANTIHISTAMINES
CHLORPROMAZINE CONC	-	NC	ANTIPSYCHOTICS / ANTIMANIC AGENTS
chlorpromazine tab (THORAZINE equiv)	-	1	ANTIPSYCHOTICS / ANTIMANIC AGENTS
chlorthalidone tab	-	1	DIURETICS
chlorzoxazone tab	-	NC	MUSCULOSKELETAL THERAPY AGENTS
CHLORZOXAZONE TAB 250MG	-	NC	MUSCULOSKELETAL THERAPY AGENTS
CHLORZOXAZONE TAB 250MG, LORZONE TAB	-	NC	MUSCULOSKELETAL THERAPY AGENTS
chlorzoxazone tab 500mg	-	2	MUSCULOSKELETAL THERAPY AGENTS
CHOLBAM CAP (Only available through Dohmen LSS 844-246-5226)	LD-PA	SP	GASTROINTESTINAL AGENTS - MISC.
cholecalciferol cap 50000 unit	OTC	1	VITAMINS
cholestyramine lite powder (QUESTRAN LITE equiv)	-	1	ANTIHYPERTENSIVES
cholestyramine lite powder pack (QUESTRAN LITE equiv)	-	1	ANTIHYPERTENSIVES
cholestyramine powder (QUESTRAN equiv)	-	1	ANTIHYPERTENSIVES
cholestyramine powder pack (QUESTRAN equiv)	-	1	ANTIHYPERTENSIVES

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Drug Name	Special Code	Tier	Category
CHOLINE MAGNESIUM TRISALICYLATE TAB	-	1	ANALGESICS - NONNARCOTIC
choline magnesium trisalicylate tab (TRILISATE equiv)	-	1	ANALGESICS - NONNARCOTIC
CHROMAGEN FA TAB	-	3	HEMATOPOIETIC AGENTS
CIALIS TAB	-	EX C	CARDIOVASCULAR AGENTS - MISC.
CIALIS TAB 2.5MG, 5MG (QL= 1 tab/day; Prior Authorization for BPH)	PA-QL	3	CARDIOVASCULAR AGENTS - MISC.
CIBINQO TAB	-	NC	DERMATOLOGICALS
cicatrace kit (REXASIL equiv)	-	NC	DERMATOLOGICALS
ciclopirox cream (LOPROX CREAM equiv)	-	1	DERMATOLOGICALS
ciclopirox gel (LOPROX GEL equiv)	-	1	DERMATOLOGICALS
ciclopirox nail soln (PENLAC equiv)	-	1	DERMATOLOGICALS
ciclopirox shampoo (LOPROX SHAMPOO equiv)	-	2	DERMATOLOGICALS
ciclopirox topical susp (LOPROX SUSP equiv)	-	1	DERMATOLOGICALS
cilostazol tab (PLETAL equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
CILOXAN OPHTH OINT	-	3	OPHTHALMIC AGENTS
CILOXAN OPHTH SOLN	-	3	OPHTHALMIC AGENTS
CIMDUO TAB	-	2	ANTIVIRALS
CIMETIDINE SOLN	-	1	ULCER DRUGS
cimetidine soln (CIMETIDINE equiv)	-	1	ULCER DRUGS
cimetidine tab (TAGAMET equiv)	OTC	1	ULCER DRUGS

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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 fo first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	VAC	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.

Community First Insurance Plan Formulary Cont.

Alphabetical Index

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Drug Name	Special Code	Tier Category
CIMZIA INJ (QL= 2 inj/28 days)	MSP-PA-QL	SP GASTROINTESTINAL AGENTS - MISC.
CIMZIA STARTER INJ KIT (QL= 1 kit/plan year)	MSP-PA-QL	SP GASTROINTESTINAL AGENTS - MISC.
cinacalcet tab (SENSIPAR equiv)	-	2 ENDOCRINE AND METABOLIC AGENTS - MISC.
CINRYZE INJ (QL= 16 vials/28 days; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	SP HEMATOLOGICAL AGENTS - MISC.
CIPRO HC OTIC SUSP	-	3 OTIC AGENTS
CIPRO SUSP 5%	-	3 FLUOROQUINOLONES
CIPRO TAB	-	3 FLUOROQUINOLONES
CIPRO XR TAB	-	3 FLUOROQUINOLONES
CIPRODEX OTIC SUSP	-	3 OTIC AGENTS
CIPROFLOXACIN 100MG TAB	-	3 FLUOROQUINOLONES
CIPROFLOXACIN ER TAB	-	3 FLUOROQUINOLONES
ciprofloxacin ophth soln (CILOXAN equiv)	-	1 OPHTHALMIC AGENTS
CIPROFLOXACIN OTIC SOLN	-	2 OTIC AGENTS
ciprofloxacin susp (CIPRO equiv)	-	2 FLUOROQUINOLONES
ciprofloxacin tab (CIPRO equiv)	-	1 FLUOROQUINOLONES
ciprofloxacin/dexamethasone otic susp (CIPRODEX equiv)	-	2 OTIC AGENTS
CITALOPRAM CAP	-	NC ANTIDEPRESSANTS
citalopram soln (CELEXA equiv)	-	1 ANTIDEPRESSANTS

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EXC	Plan Exclusion	INF	Infertility
LD	Limited Distribution	M	Medical Benefit
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
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Community First Insurance Plan Formulary Cont.

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Last Updated 5/1/2022

Drug Name	Special Code	Tier Category
citalopram tab (CELEXA equiv)	-	1 ANTIDEPRESSANTS
CITRANATAL CAP MEDLEY	-	NC MULTIVITAMINS
CITRULLINE EASY TAB	-	NC ENDOCRINE AND METABOLIC AGENTS - MISC.
CLARIFOAM EF FOAM	-	3 DERMATOLOGICALS
CLARINEX REDITAB	-	EX ANTIHISTAMINES C
CLARINEX SYRUP	-	EX ANTIHISTAMINES C
CLARINEX TAB	-	EX ANTIHISTAMINES C
CLARINEX-D TAB	-	EX COUGH / COLD / ALLERGY C
clarithromycin ER tab (BIAXIN XL equiv)	-	3 MACROLIDES
clarithromycin susp (BIAXIN equiv)	-	1 MACROLIDES
CLARITHROMYCIN SUSP	-	2 MACROLIDES
clarithromycin tab (BIAXIN equiv)	-	1 MACROLIDES
clemastine syrup (TAVIST equiv)	-	3 ANTIHISTAMINES
CLEMASTINE TAB	-	3 ANTIHISTAMINES
clemastine tab (TAVIST equiv)	-	3 ANTIHISTAMINES
CLENIA PLUS SUSP	-	NC DERMATOLOGICALS
CLENPIQ SOLN	-	2 LAXATIVES

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Drug Name	Special Code	Tier	Category
CLEOCIN CAP	-	3	ANTI-INFECTIVE AGENTS MISC.
CLEOCIN SOLN	-	3	ANTI-INFECTIVE AGENTS MISC.
CLEOCIN VAGINAL CREAM	-	3	VAGINAL PRODUCTS
CLEOCIN VAGINAL SUPP	-	3	VAGINAL PRODUCTS
CLEOCIN-T GEL	-	NC	DERMATOLOGICALS
CLEOCIN-T LOTION	-	3	DERMATOLOGICALS
CLEOCIN-T PAD	-	3	DERMATOLOGICALS
CLEOCIN-T SOLN	-	3	DERMATOLOGICALS
CLIMARA PATCH	-	3	ESTROGENS
CLIMARA PRO PATCH	-	3	ESTROGENS
CLINDACIN KIT	-	NC	DERMATOLOGICALS
clindamycin cap (CLEOCIN equiv)	-	1	ANTI-INFECTIVE AGENTS MISC.
clindamycin foam (EVOCLIN equiv)	-	NC	DERMATOLOGICALS
clindamycin gel (CLEOCIN GEL equiv)	-	1	DERMATOLOGICALS
clindamycin lotion (CLEOCIN- T equiv)	-	1	DERMATOLOGICALS
clindamycin pad (CLEOCIN-T equiv)	-	1	DERMATOLOGICALS
clindamycin soln (CLEOCIN equiv)	-	2	ANTI-INFECTIVE AGENTS MISC.
clindamycin topical soln (CLEOCIN-T equiv)	-	1	DERMATOLOGICALS
clindamycin vaginal cream (CLEOCIN equiv)	-	1	VAGINAL PRODUCTS

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Community First Insurance Plan Formulary Cont.

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Drug Name	Special Code	Tier	Category
clindamycin/benzoyl peroxide gel (BENZA CLIN equiv)	-	2	DERMATOLOGICALS
clindamycin/benzoyl peroxide gel (DUAC GEL equiv)	-	2	DERMATOLOGICALS
clindamycin/tretinoin gel (ZIANA equiv)	-	3	DERMATOLOGICALS
CLINDAVIX KIT	-	NC	DERMATOLOGICALS
CLINDESSE VAGINAL CREAM	-	3	VAGINAL PRODUCTS
CLINISTIX TEST STRIP	OTC	1	DIAGNOSTIC PRODUCTS
CLINORIL TAB	-	3	ANALGESICS - ANTI-INFLAMMATORY
clobazam susp (ONFI equiv) (Members age 9 or older require Prior Authorization)	PA	2	ANTICONVULSANTS
clobazam tab (ONFI equiv)	-	1	ANTICONVULSANTS
clobetasol E foam (OLUX E equiv)	-	NC	DERMATOLOGICALS
clobetasol foam (OLUX equiv)	-	2	DERMATOLOGICALS
clobetasol lotion (CLOBEX equiv)	-	2	DERMATOLOGICALS
clobetasol propionate cream (TEMOVATE equiv)	-	1	DERMATOLOGICALS
clobetasol propionate emollient cream (TEMOVATE E equiv)	-	2	DERMATOLOGICALS
clobetasol propionate gel (TEMOVATE GEL equiv)	-	2	DERMATOLOGICALS
clobetasol propionate oint (TEMOVATE equiv)	-	1	DERMATOLOGICALS
clobetasol propionate soln (TEMOVATE equiv)	-	1	DERMATOLOGICALS
clobetasol shampoo (CLOBEX equiv)	-	2	DERMATOLOGICALS
clobetasol spray (CLOBEX equiv)	-	2	DERMATOLOGICALS

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Community First Insurance Plan Formulary Cont.

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Drug Name	Special Code	Tier	Category
CLOBETAVIX KIT	-	NC	DERMATOLOGICALS
CLOBEX LOTION	-	3	DERMATOLOGICALS
CLOBEX SHAMPOO	-	3	DERMATOLOGICALS
CLOBEX SPRAY	-	3	DERMATOLOGICALS
CLOCORTOLONE CREAM	-	NC	DERMATOLOGICALS
clocortolone pivalate cream	-	NC	DERMATOLOGICALS
CLODERM CREAM	-	NC	DERMATOLOGICALS
clomipramine cap (ANAFRANIL equiv)	-	3	ANTIDEPRESSANTS
clonazepam ODT (KLONOPIN equiv)	-	3	ANTICONVULSANTS
clonazepam tab (KLONOPIN equiv)	-	1	ANTICONVULSANTS
clonidine ER tab (KAPVAY equiv)	-	2	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
clonidine patch (CATAPRES-TTS equiv)	-	2	ANTIHYPERTENSIVES
clonidine tab (CATAPRES equiv)	-	1	ANTIHYPERTENSIVES
clopidogrel tab 75mg (PLAVIX equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
CLOPIDOGREL THERAPY PACK	-	NC	HEMATOLOGICAL AGENTS - MISC.
clorazepate tab (TRANXENE-T equiv)	-	3	ANTI-ANXIETY AGENTS
clotrimazole cream (LOTRIMIN AF equiv)	OTC	1	DERMATOLOGICALS
clotrimazole troches (MYCELEX TROCHES equiv)	-	1	MOUTH / THROAT / DENTAL AGENTS

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Drug Name	Special Code	Tier	Category
clotrimazole/betamethasone cream (LORTRISONE CREAM equiv)	-	1	DERMATOLOGICALS
clotrimazole/betamethasone lotion (LOTRISONE LOTION equiv)	-	2	DERMATOLOGICALS
CLOZAPINE ODT	-	2	ANTIPSYCHOTICS / ANTIMANIC AGENTS
clozapine ODT 25mg, 100mg (CLOZAPINE, FAZACLO equiv)	-	2	ANTIPSYCHOTICS / ANTIMANIC AGENTS
CLOZAPINE ODT, FAZACLO ODT	-	2	ANTIPSYCHOTICS / ANTIMANIC AGENTS
clozapine tab (CLOZARIL equiv)	-	2	ANTIPSYCHOTICS / ANTIMANIC AGENTS
CLOZARIL TAB	-	3	ANTIPSYCHOTICS / ANTIMANIC AGENTS
COARTEM TAB	-	3	ANTIMALARIALS
CODEINE SULFATE SOLN	-	3	ANALGESICS - OPIOID
codeine sulfate tab	-	1	ANALGESICS - OPIOID
COLAZAL CAP	-	3	GASTROINTESTINAL AGENTS - MISC.
colchicine tab (COLCRYS equiv)	-	2	GOUT AGENTS
colchicine/probenecid tab (COL-BENEMID equiv)	-	1	GOUT AGENTS
COLCRYS TAB	-	NC	GOUT AGENTS
colesevelam pack (WELCHOL equiv)	-	2	ANTIHYPERTENSIVES
colesevelam tab (WELCHOL equiv)	-	2	ANTIHYPERTENSIVES

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Drug Name	Special Code	Tier	Category
COLESTID GRANULE	-	3	ANTIHYPERSLIPIDEMICS
COLESTID POWDER PACK	-	3	ANTIHYPERSLIPIDEMICS
COLESTID TAB	-	3	ANTIHYPERSLIPIDEMICS
colestipol granule (COLESTID equiv)	-	3	ANTIHYPERSLIPIDEMICS
colestipol powder packet (COLESTID equiv)	-	3	ANTIHYPERSLIPIDEMICS
colestipol tab (COLESTID equiv)	-	1	ANTIHYPERSLIPIDEMICS
COLLANEX	-	NC	DERMATOLOGICALS
COLY-MYCIN S OTIC SUSP	-	2	OTIC AGENTS
COMBIGAN OPHTH SOLN	-	2	OPHTHALMIC AGENTS
COMBIPATCH	-	3	ESTROGENS
COMBIVENT INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
COMBIVENT RESPIMAT INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
COMBIVIR TAB	-	3	ANTIVIRALS
COMETRIQ KIT (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COMPLERA TAB	-	2	ANTIVIRALS
COMTAN TAB	-	3	ANTIPARKINSON AGENTS
CONCEPT DHA CAP	-	1	MULTIVITAMINS
CONCEPTROL GEL	OTC	\$0	VAGINAL PRODUCTS

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Alphabetical Index

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Drug Name	Special Code	Tier Category
CONCERTA TAB, RITALIN SR TAB	-	3 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
CONDYLOX GEL	-	3 DERMATOLOGICALS
CONDYLOX SOLN	-	3 DERMATOLOGICALS
CONJUPRI TAB	-	NC CALCIUM CHANNEL BLOCKERS
CONSENSI TAB	-	NC CALCIUM CHANNEL BLOCKERS
CONTRACEPTIVE FILM	OTC	\$0 VAGINAL PRODUCTS
CONTRACEPTIVE FOAM	OTC	\$0 VAGINAL PRODUCTS
CONTRACEPTIVE GEL	OTC	\$0 VAGINAL PRODUCTS
CONTRACEPTIVE SUPP	OTC	\$0 VAGINAL PRODUCTS
COPAXONE INJ	-	NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
COPIKTRA CAP (QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CORDARONE TAB	-	3 ANTIARRHYTHMICS
CORDRAN CREAM	-	NC DERMATOLOGICALS
CORDRAN CREAM 0.025%	-	NC DERMATOLOGICALS
CORDRAN LOTION	-	NC DERMATOLOGICALS
CORDRAN OINT	-	NC DERMATOLOGICALS

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Drug Name	Special Code	Tier	Category
CORDRAN TAPE	-	3	DERMATOLOGICALS
COREG CR CAP	-	3	BETA BLOCKERS
COREG TAB	-	3	BETA BLOCKERS
CORGARD TAB	-	3	BETA BLOCKERS
CORLANOR SOLN	PA	3	CARDIOVASCULAR AGENTS - MISC.
CORLANOR TAB	PA	3	CARDIOVASCULAR AGENTS - MISC.
CORTANE-B AQUEOUS OTIC SOLN	-	3	OTIC AGENTS
CORTANE-B OTIC SOLN	-	NC	OTIC AGENTS
CORTEF TAB	-	3	CORTICOSTEROIDS
CORTENEMA	-	3	ANORECTAL AGENTS
CORTIC-ND DROPS	-	NC	OTIC AGENTS
CORTIFOAM	-	3	ANORECTAL AGENTS
CORTISONE ACETATE TAB	-	2	CORTICOSTEROIDS
CORTISPORIN CREAM	-	3	DERMATOLOGICALS
CORTISPORIN OINT	-	3	DERMATOLOGICALS
CORTISPORIN OPHTH SOLN	-	3	OPHTHALMIC AGENTS
CORTISPORIN OTIC SOLN	-	3	OTIC AGENTS
CORVITE TAB	-	NC	HEMATOPOIETIC AGENTS
CORZIDE TAB	-	3	ANTIHYPERTENSIVES
CORZIDE TAB 80-5MG	-	3	ANTIHYPERTENSIVES
COSENTYX INJ (1-PACK)	-	NC	DERMATOLOGICALS
COSENTYX INJ (2-PACK)	-	NC	DERMATOLOGICALS

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Drug Name	Special Code	Tier	Category
COSOPT (PF) OPHTH SOLN	-	3	OPHTHALMIC AGENTS
COTELLIC TAB (QL= 3 tabs/day)	MSP-PA-QL	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COTEMPLA XR ODT	-	NC	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
COUMADIN TAB	-	3	ANTICOAGULANTS
COVERA-HS TAB	-	3	CALCIUM CHANNEL BLOCKERS
COVID-19 TEST (QL= 8 tests/30 days)	OTC-QL	\$0	DIAGNOSTIC PRODUCTS
COVID-19 VACCINE BOOSTER INJ (MODERNA) (QL= 1 inj/year)	QL	\$0	VACCINES
COVID-19 VACCINE INJ (JANSSEN) (QL= 1 dose/45 days; limit 2 fills/12 months)	QL	\$0	VACCINES
COVID-19 VACCINE INJ (MODERNA) (QL= 1 dose/24 days; limit 4 fills/12 months)	QL	\$0	VACCINES
COVID-19 VACCINE INJ (PFIZER) (QL= 1 dose/17 days; limit 4 fills/12 months)	QL	\$0	VACCINES
COVID-19 VACCINE INJ 5-11Y (PFIZER) (QL= 1 dose/17 days; limit 4 fills/12 months)	QL	\$0	VACCINES
COZAAR TAB	-	3	ANTIHYPERTENSIVES
CPM CAP	-	3	ANTIHISTAMINES
CREON CAP	-	2	DIGESTIVE AIDS

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Drug Name	Special Code	Tier	Category
CRESEMBA CAP (Restricted to Infectious Disease Specialist)	RS	3	ANTIFUNGALS
CRESTOR TAB (QL= 1 tab/day)	QL	3	ANTIHYPERLIPIDEMICS
CRESTOR TAB 20MG (QL= 1.5 tabs/day)	QL	3	ANTIHYPERLIPIDEMICS
CRESYLATE OTIC SOLN	-	3	OTIC AGENTS
CRINONE GEL	PA	2	VAGINAL PRODUCTS
CRIXIVAN CAP	-	2	ANTIVIRALS
CROLOM OPHTH SOLN	-	3	OPHTHALMIC AGENTS
cromolyn conc (GASTROCROM equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
cromolyn neb soln (INTAL equiv)	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
cromolyn ophth soln (CROLOM equiv)	-	1	OPHTHALMIC AGENTS
CROTAN LOTION	-	3	DERMATOLOGICALS
cryselle tab	-	\$0	CONTRACEPTIVES
CUE COVID-19 INJ TEST CARTRIDGE (QL= 8 cartridges/30 days)	OTC-QL	\$0	DIAGNOSTIC PRODUCTS
CUE HEALTH MONITOR (QL= 1 kit/year)	OTC-QL	\$0	DIAGNOSTIC PRODUCTS
CUPRIMINE CAP	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
CUTAQUIG INJ	-	NC	PASSIVE IMMUNIZING AND TREATMENT AGENTS
CUTIVATE CREAM	-	3	DERMATOLOGICALS

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Drug Name	Special Code	Tier Category
CUTIVATE LOTION	-	NC DERMATOLOGICALS
CUTIVATE OINT	-	3 DERMATOLOGICALS
CUVITRU INJ	-	NC PASSIVE IMMUNIZING AGENTS
CUVPOSA SOLN	-	3 ULCER DRUGS / ANTISPASMODICS / ANTICHOLINERGICS
cyanocobalamin inj	-	1 HEMATOPOIETIC AGENTS
CYCLESSA TAB	-	3 CONTRACEPTIVES
CYCLOBENZAPRINE COMPOUND KIT	-	NC MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine ER cap (AMRIX equiv)	-	NC MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine tab 10mg (FLEXERIL equiv)	-	1 MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine tab 5mg (FLEXERIL equiv)	-	1 MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine tab 7.5mg (FEXMID equiv)	-	3 MUSCULOSKELETAL THERAPY AGENTS
CYCLOGYL OPHTH SOLN	-	3 OPHTHALMIC AGENTS
CYCLOMYDRIL OPHTH SOLN	-	2 OPHTHALMIC AGENTS
cyclopentolate ophth soln (CYCLOGYL equiv)	-	1 OPHTHALMIC AGENTS
cyclophosphamide cap	-	2 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS		

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Alphabetical Index

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Drug Name	Special Code	Tier Category
CYCLOPHOSPHAMIDE CAP	-	3 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CYCLOPHOSPHAMIDE TAB	-	2 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CYCLOSERINE CAP	-	NC ANTIMYCOBACTERIAL AGENTS
cycloserine cap (CYCLOSERINE equiv)	-	NC ANTIMYCOBACTERIAL AGENTS
CYCLOSET TAB	-	3 ANTIDIABETICS
cyclosporine cap (SANDIMMUNE equiv)	-	2 ASSORTED CLASSES
cyclosporine modified cap (NEORAL equiv)	-	2 ASSORTED CLASSES
cyclosporine modified soln (NEORAL equiv)	-	2 ASSORTED CLASSES
cyclosporine ophth emulsion (RESTASIS equiv)	-	NC OPHTHALMIC AGENTS
CYCLOSPORINE OPHTH EMULSION 0.1%	-	NC OPHTHALMIC AGENTS
CYFOLEX CAP	-	NC HEMATOPOIETIC AGENTS
CYKLOKAPRON INJ	M	M HEMOSTATICS
CYMBALTA CAP	-	3 ANTIDEPRESSANTS
cyproheptadine syrup	-	1 ANTIHISTAMINES
cyproheptadine tab	-	1 ANTIHISTAMINES
CYSTADANE POWDER	-	NC ENDOCRINE AND METABOLIC AGENTS - MISC.

	NC =Not Covered	generic =small letters	BRANDS =CAPITAL LETTERS
EXC	Plan Exclusion	INF	Infertility
LD	Limited Distribution	M	Medical Benefit
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 fo first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS		

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Last Updated 5/1/2022

Drug Name	Special Code	Tier	Category
CYSTADROPS SOLN (QL = 4 bottles/28 days; Restricted to Ophthalmology Specialist; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-QL-RS	SP	OPHTHALMIC AGENTS
CYSTAGON CAP (Only available through CVS Specialty 800-238-7828)	LD	SP	GENITOURINARY AGENTS - MISCELLANEOUS
CYSTARAN OPHTH SOLN (QL= 4 bottles/28 days Restricted to Ophthalmology or Optometry Specialist Only available through Walgreens 888-347-3416)	LD-QL-RS	SP	OPHTHALMIC AGENTS
CYTOMEL TAB	-	3	THYROID AGENTS
CYTOTEC TAB	-	3	ULCER DRUGS
CYTRA K CRYSTALS	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
CYTRA-3 SYRUP	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
D.H.E. INJ	-	NC	MIGRAINE PRODUCTS
DAKLINZA TAB	-	NC	ANTIVIRALS
dalfampridine ER tab (AMPYRA equiv) (QL= 2 tabs/day; Restricted to Neurology Specialist)	MSP-QL-RS	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DALIRESP TAB	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
danazol cap (DANOCRINE equiv)	-	2	ANDROGENS-ANABOLIC

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SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
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Drug Name	Special Code	Tier Category
DANTRIUM CAP	-	3 MUSCULOSKELETAL THERAPY AGENTS
dantrolene cap (DANTRIUM equiv)	-	2 MUSCULOSKELETAL THERAPY AGENTS
dapsone gel (ACZONE equiv)	-	NC DERMATOLOGICALS
DAPSONE GEL 7.5%	-	NC DERMATOLOGICALS
dapsone tab	-	1 ANTI-INFECTIVE AGENTS MISC.
DARAPRIM TAB	-	NC ANTIMALARIALS
darifenacin SR tab (ENABLEX equiv)	-	2 URINARY ANTISPASMODICS
DARTISLA ODT TAB	-	NC ULCER DRUGS / ANTISPASMODICS / ANTICHOLINERGICS
DAURISMO TAB	-	NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DAYPRO TAB	-	3 ANALGESICS - ANTI-INFLAMMATORY
DAYTRANA PATCH	-	3 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS

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Drug Name	Special Code	Tier	Category
DAYVIGO TAB (QL= 1 tab/day)	PA-QL	3	HYPNOTICS / SEDATIVES / SLEEP DISORDER AGENTS
DAZIDOX TAB	-	3	ANALGESICS - OPIOID
DDAVP INJ	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
DDAVP NASAL SOLN	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
DDAVP NASAL SPRAY	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
DDAVP TAB	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
DEBACTEROL SOLN	M	M	MOUTH / THROAT / DENTAL AGENTS
DECON-A LIQUID	OTC	EX	COUGH / COLD / ALLERGY
deferasirox granules packet (JADENU equiv)	MSP	SP	ANTIDOTES AND SPECIFIC ANTAGONISTS
deferasirox tab (EXJADE equiv)	MSP	SP	ANTIDOTES AND SPECIFIC ANTAGONISTS

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Drug Name	Special Code	Tier Category
deferasirox tab 180mg (JADENU equiv)	MSP	SP ANTIDOTES AND SPECIFIC ANTAGONISTS
deferasirox tab 90mg, 360mg (JADENU equiv)	MSP	SP ANTIDOTES AND SPECIFIC ANTAGONISTS
deferiprone tab (FERRIPROX equiv) (Only available through Lumicera 855-847-3553)	LD-PA	SP ANTIDOTES AND SPECIFIC ANTAGONISTS
DELSTRIGO TAB	-	2 ANTIVIRALS
DELZICOL CAP	-	NC GASTROINTESTINAL AGENTS - MISC.
DEMADEX TAB	-	3 DIURETICS
demeclocycline tab (DECLOMYCIN equiv)	-	3 TETRACYCLINES
DEMEROL TAB	-	NC ANALGESICS - OPIOID
DEMSER CAP	-	NC ANTIHYPERTENSIVES
DENAVIR CREAM	-	3 DERMATOLOGICALS
DENGVAxia SUSP	VAC	NC VACCINES
DEPACon INJ	-	NC ANTICONVULSANTS
DEPAKENE CAP	-	3 ANTICONVULSANTS
DEPAKENE SYRUP	-	3 ANTICONVULSANTS
DEPAKOTE ER TAB	-	3 ANTICONVULSANTS
DEPAKOTE SPRINKLE CAP	-	3 ANTICONVULSANTS
DEPAKOTE TAB	-	3 ANTICONVULSANTS
DEPEN TITRATAB	-	3 MISCELLANEOUS THERAPEUTIC CLASSES

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Drug Name	Special Code	Tier Category
DEPLIN CAP	-	EX C DIETARY PRODUCTS / DIETARY MANAGEMENT PRODUCTS
DEPO-PROVERA INJ	-	NC CONTRACEPTIVES
DEPO-PROVERA SC INJ 104MG (QL= 1 inj/90 days)	QL	\$0 CONTRACEPTIVES
DEPO-TESTOSTERONE INJ	-	3 ANDROGENS-ANABOLIC
DERMACINRX CREAM	-	NC DERMATOLOGICALS
DERMACINRX KIT	-	NC DERMATOLOGICALS
DERMALID PAK	-	NC DERMATOLOGICALS
DERMA-SMOOTH/FS OIL	-	2 DERMATOLOGICALS
DERMATOP CREAM	-	3 DERMATOLOGICALS
DERMATOP OINT	-	3 DERMATOLOGICALS
DERMOTIC OIL	-	3 OTIC AGENTS
DESCOVY TAB	PA	\$0 ANTIVIRALS
desipramine tab (NORPRAMIN equiv)	-	2 ANTIDEPRESSANTS
DESLORATADINE ODT	-	EX C ANTIHISTAMINES
desloratadine tab (CLARINEX equiv)	-	EX C ANTIHISTAMINES
desmopressin acetate inj (DDAVP equiv)	-	2 ENDOCRINE AND METABOLIC AGENTS - MISC.

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Drug Name	Special Code	Tier	Category
desmopressin acetate nasal spray (DDAVP equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
desmopressin acetate tab (DDAVP equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
desmopressin nasal soln (DDAVP equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
DESOGEN TAB	-	3	CONTRACEPTIVES
DESONATE GEL	-	NC	DERMATOLOGICALS
desonide cream (DESOWEN equiv)	-	2	DERMATOLOGICALS
desonide gel	-	NC	DERMATOLOGICALS
desonide lotion	-	NC	DERMATOLOGICALS
desonide oint	-	2	DERMATOLOGICALS
DESOWEN CREAM	-	NC	DERMATOLOGICALS
DESOWEN CREAM KIT	-	NC	DERMATOLOGICALS
DESOWEN LOTION	-	NC	DERMATOLOGICALS
DESOWEN LOTION KIT	-	NC	DERMATOLOGICALS
DESOWEN OINT	-	NC	DERMATOLOGICALS
DESOWEN OINT KIT	-	NC	DERMATOLOGICALS
desoximetasone cream (TOPICORT CREAM equiv)	-	2	DERMATOLOGICALS
desoximetasone cream 0.05% (TOPICORT equiv)	-	NC	DERMATOLOGICALS
desoximetasone gel (TOPICORT equiv)	-	NC	DERMATOLOGICALS

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Drug Name	Special Code	Tier	Category
desoximetasone oint (TOPICORT equiv)	-	2	DERMATOLOGICALS
desoximetasone oint 0.05% (TOPICORT equiv)	-	NC	DERMATOLOGICALS
DESOXYN TAB	-	3	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
desvenlafaxine ER tab (PRISTIQ equiv)	-	1	ANTIDEPRESSANTS
DESVENLAFAXINE ER TAB	-	NC	ANTIDEPRESSANTS
DETROL LA CAP	-	3	URINARY ANTISPASMODICS
DETROL TAB	-	3	URINARY ANTISPASMODICS
DEXAMETHASONE CONC	-	1	CORTICOSTEROIDS
dexamethasone elixir	-	1	CORTICOSTEROIDS
dexamethasone ophth soln	-	1	OPHTHALMIC AGENTS
DEXAMETHASONE OPHTH SOLN	-	2	OPHTHALMIC AGENTS
dexamethasone pak (DEXPAK equiv)	-	NC	CORTICOSTEROIDS
DEXAMETHASONE SOLN	-	1	CORTICOSTEROIDS
DEXAMETHASONE TAB	-	1	CORTICOSTEROIDS
dexamethasone tab (DECADRON equiv)	-	1	CORTICOSTEROIDS
DEXCOM G6 RECEIVER (QL= 1 receiver/year)	PA-QL	3	MEDICAL DEVICES AND SUPPLIES
DEXCOM G6 SENSOR (QL= 3 sensors/28 days)	PA-QL	3	MEDICAL DEVICES AND SUPPLIES

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Drug Name	Special Code	Tier	Category
DEXCOM G6 TRANSMITTER (QL= 1 transmitter/90 days)	PA-QL	3	MEDICAL DEVICES AND SUPPLIES
DEXEDRINE CAP	-	3	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
DEXILANT DR CAP	-	NC	ULCER DRUGS / ANTISPASMODICS / ANTICHOLINERGICS
dexamethylphenidate ER cap (FOCALIN XR equiv)	-	3	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
dexamethylphenidate tab (FOCALIN equiv)	-	1	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
DEXPAK TAB	-	NC	CORTICOSTEROIDS
DEXTENZA OPHTH INSERT	-	NC	OPHTHALMIC AGENTS
dextroamphetamine ER cap (DEXEDRINE equiv)	-	2	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS

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Drug Name	Special Code	Tier	Category
dextroamphetamine soln (PROCENTRA equiv)	-	3	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
dextroamphetamine sulfate tab 15mg (ZENZEDI equiv)	-	NC	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
dextroamphetamine sulfate tab 20mg (ZENZEDI equiv)	-	NC	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
dextroamphetamine sulfate tab 30mg (ZENZEDI equiv)	-	NC	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
dextroamphetamine tab (DEXEDRINE equiv)	-	1	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
DHIVY TAB	-	NC	ANTIPARKINSON AND RELATED THERAPY AGENTS
DIABETA TAB	-	3	ANTIDIABETICS

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Drug Name	Special Code	Tier Category
DIABETIC METER (all other diabetic meters)	OTC	NC MEDICAL DEVICES AND SUPPLIES
DIACOMIT CAP (Only available through US Bioservices 888-518-7246)	LD-PA	SP ANTICONVULSANTS
DIACOMIT POWDER PACK (Only available through US Bioservices 888-518-7246)	LD-PA	SP ANTICONVULSANTS
DIALYVITE TAB	-	1 MULTIVITAMINS
dialyvite tab (NEPHRO-VITE equiv)	-	1 MULTIVITAMINS
DIALYVITE/ZINC TAB	-	1 MULTIVITAMINS
DIAMOX SEQUEL CAP	-	3 DIURETICS
DIAPHRAGM	-	\$0 MEDICAL DEVICES AND SUPPLIES
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL (QL= 2 packs/fill)	QL	2 ANTICONVULSANTS
DIATZ ZN TAB	-	3 MULTIVITAMINS
diazepam conc (VALIUM equiv)	-	1 ANTIANXIETY AGENTS
diazepam oral soln 5mg/5ml (DIAZEPAM equiv)	-	1 ANTIANXIETY AGENTS
diazepam tab (VALIUM equiv)	-	1 ANTIANXIETY AGENTS
diazoxide susp (PROGLYCEM equiv)	-	3 ANTIDIABETICS
DIBENZYLINE CAP	-	3 ANTIHYPERTENSIVES
DICLEGIS TAB	-	NC ANTIEMETICS
diclofenac gel (SOLARAZE equiv) (QL= 300gm/30 days)	PA-QL	2 DERMATOLOGICALS

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Drug Name	Special Code	Tier	Category
diclofenac gel 1% (VOLTAREN equiv) (QL= 5 tubes/fill)	QL	2	DERMATOLOGICALS
DICLOFENAC PATCH, FLECTOR PATCH (QL= 30 patches/fill)	QL	3	DERMATOLOGICALS
diclofenac potassium cap (ZIPSOR equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
diclofenac potassium tab (CATAFLAM equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
diclofenac potassium tab 25mg (DICLOFENAC equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
diclofenac sodium EC tab (VOLTAREN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
diclofenac sodium gel kit (VENNGEL equiv)	-	NC	DERMATOLOGICALS
diclofenac sodium ophth soln (VOLTAREN equiv)	-	1	OPHTHALMIC AGENTS
diclofenac sodium soln (XRYLIX equiv)	-	NC	DERMATOLOGICALS
diclofenac sodium XR tab (VOLTAREN XR equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
diclofenac soln 1.5% (PENNSAID equiv) (QL= 3 bottles/fill)	QL	2	DERMATOLOGICALS
diclofenac/misoprostol DR tab (ARTHROTEC equiv)	-	3	ANALGESICS - ANTI-INFLAMMATORY
DICLOTREX PAK	-	NC	DERMATOLOGICALS
dicloxacillin cap (DYNAPEN equiv)	-	1	PENICILLINS
dicyclomine cap (BENTYL equiv)	-	1	ULCER DRUGS

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dicyclomine soln (BENTYL equiv)	-	2	ULCER DRUGS
dicyclomine tab (BENTYL equiv)	-	1	ULCER DRUGS
didanosine DR cap (VIDEX EC equiv)	-	1	ANTIVIRALS
DIDANOSINE DR CAP, VIDEX EC CAP	-	1	ANTIVIRALS
DIETHYLPROPION ER TAB	-	EX C	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
diethylpropion tab	-	EX C	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
DIFFERIN CREAM	PA	3	DERMATOLOGICALS
DIFFERIN GEL	PA	3	DERMATOLOGICALS
DIFFERIN LOTION	-	NC	DERMATOLOGICALS
DIFFERIN OTC GEL 0.1% (Acne Only – members age 35 or older require Prior Authorization)	OTC-PA	1	DERMATOLOGICALS
DIFICID SUSP (QL= 136 mL/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYCIN SOLN, or FIRVANQ SOLN)	QL-ST	2	MACROLIDES
DIFICID TAB (QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYCIN SOLN, or FIRVANQ SOLN)	QL-ST	2	MACROLIDES
DIFLORASONE CREAM, PSORCON CREAM	-	NC	DERMATOLOGICALS

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Drug Name	Special Code	Tier Category
diflorasone oint	-	NC DERMATOLOGICALS
DIFLUCAN SUSP	-	3 ANTIFUNGALS
DIFLUCAN TAB	-	3 ANTIFUNGALS
diflunisal tab (DOLOBID equiv)	-	1 ANALGESICS - NONNARCOTIC
difluprednate ophth emulsion (DUREZOL equiv)	-	2 OPHTHALMIC AGENTS
DIGOXIN SOLN	-	1 CARDIOTONICS
digoxin soln (LANOXIN equiv)	-	1 CARDIOTONICS
digoxin tab (LANOXIN equiv)	-	1 CARDIOTONICS
digoxin tab 62.5mcg (LANOXIN equiv)	-	NC CARDIOTONICS
dihydroergotamine mesylate inj (D.H.E. equiv) (QL= 10 inj/14 days)	QL	3 MIGRAINE PRODUCTS
dihydroergotamine mesylate nasal spray (MIGRANAL equiv)	-	NC MIGRAINE PRODUCTS
DILACOR XR CAP	-	3 CALCIUM CHANNEL BLOCKERS
DILANTIN CAP 100MG	-	3 ANTICONVULSANTS
DILANTIN CAP 30MG	-	2 ANTICONVULSANTS
DILANTIN INFATABS	-	3 ANTICONVULSANTS
DILANTIN SUSP	-	3 ANTICONVULSANTS
DILATRATE SR CAP	-	3 ANTIANGINAL AGENTS
DILAUDID TAB	-	3 ANALGESICS - OPIOID
diltiazem ER cap (CARDIZEM CD equiv)	-	1 CALCIUM CHANNEL BLOCKERS

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EXC	Plan Exclusion	INF	Infertility
LD	Limited Distribution	M	Medical Benefit
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 fo first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS		

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Drug Name	Special Code	Tier	Category
diltiazem ER cap (CARDIZEM SR equiv)	-	1	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (DILACOR XR equiv)	-	1	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (TIAZAC equiv)	-	1	CALCIUM CHANNEL BLOCKERS
diltiazem ER tab (CARDIZEM LA equiv)	-	2	CALCIUM CHANNEL BLOCKERS
diltiazem tab (CARDIZEM equiv)	-	1	CALCIUM CHANNEL BLOCKERS
dimethyl fumarate DR cap (TECFIDERA equiv)	MSP	SP	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
dimethyl fumarate DR starter pack (TECFIDERA STARTER PACK equiv)	MSP	SP	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DIOVAN HCT TAB	-	3	ANTIHYPERTENSIVES
DIOVAN TAB	-	3	ANTIHYPERTENSIVES
DIPENTUM CAP	-	3	GASTROINTESTINAL AGENTS - MISC.
diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered)	-	1	ANTIHISTAMINES
diphenhydramine inj (BENADRYL equiv)	-	2	ANTIHISTAMINES

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DIPHENOXYLATE/ATROPINE LIQUID	-	3	ANTIDIARRHEAL / PROBIOTIC AGENTS
diphenoxylate/atropine tab (LOMOTIL equiv)	-	1	ANTIDIARRHEALS
DIPROLENE AF CREAM	-	3	DERMATOLOGICALS
DIPROLENE LOTION	-	3	DERMATOLOGICALS
DIPROLENE OINT	-	3	DERMATOLOGICALS
dipyridamole tab (PERSANTINE equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
disopyramide cap (NORPACE equiv)	-	1	ANTIARRHYTHMICS
disopyramide ER cap (NORPACE CR equiv)	-	2	ANTIARRHYTHMICS
DISULFIRAM TAB	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
disulfiram tab (ANTABUSE equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DITROPAN XL TAB	-	3	URINARY ANTISPASMODICS
DIURIL SUSP	-	2	DIURETICS
divalproex ER tab (DEPAKOTE ER equiv)	-	1	ANTICONVULSANTS
divalproex sodium DR tab (DEPAKOTE equiv)	-	1	ANTICONVULSANTS
divalproex sprinkle cap (DEPAKOTE equiv)	-	1	ANTICONVULSANTS
DIVIGEL GEL, ELESTRIN GEL	-	3	ESTROGENS
dofetilide cap (TIKOSYN equiv)	-	2	ANTIARRHYTHMICS

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Drug Name	Special Code	Tier Category
DOJOLVI ORAL LIQUID	-	NC NUTRIENTS
DOLGIC PLUS TAB	-	NC ANALGESICS - NONNARCOTIC
DOLOPHINE TAB	-	3 ANALGESICS - OPIOID
DOMETUSS-DMX LIQ	-	NC COUGH / COLD / ALLERGY
donepezil ODT (ARICEPT equiv) (QL= 1 tab/day)	QL	1 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
donepezil tab (ARICEPT equiv) (QL= 2 tabs/day)	QL	1 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg)	QL-ST	2 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DONNATAL ELIXIR	-	NC ULCER DRUGS
DONNATAL EXTENTABS	-	NC ULCER DRUGS
DONNATAL TAB	-	NC ULCER DRUGS
DOPTELET TAB (QL= 2 tabs/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	SP HEMATOPOIETIC AGENTS
DORAL TAB	-	NC HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
DORYX MPC TAB	-	NC TETRACYCLINES
DORYX TAB	-	3 TETRACYCLINES

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Drug Name	Special Code	Tier	Category
dorzolamide ophth soln (TRUSOPT equiv)	-	1	OPHTHALMIC AGENTS
dorzolamide/timolol (pf) ophth soln (COSOPT equiv)	-	1	OPHTHALMIC AGENTS
DORZOLAMIDE/TIMOLOL OPHTH SOLN	-	2	OPHTHALMIC AGENTS
DOVATO TAB	-	2	ANTIVIRALS
DOVONEX CREAM	-	3	DERMATOLOGICALS
DOVONEX SOLN	-	3	DERMATOLOGICALS
doxazosin tab (CARDURA equiv)	-	1	ANTIHYPERTENSIVES
DOXEPIN CAP	-	1	ANTIDEPRESSANTS
doxepin cap (SINEQUAN equiv)	-	1	ANTIDEPRESSANTS
doxepin conc (SINEQUAN equiv)	-	1	ANTIDEPRESSANTS
DOXEPIN CREAM, PRUDOXIN CREAM, ZONALON CREAM	PA	3	DERMATOLOGICALS
doxepin tab (SILENOR equiv) (QL= 1 tab/day)	QL	3	HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
doxercalciferol cap (HECTOROL equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
DOXYCYCLINE CAP, ORACEA CAP	-	NC	DERMATOLOGICALS
doxycycline hyclate cap (VIBRAMYCIN equiv)	-	1	TETRACYCLINES
DOXYCYCLINE HYCLATE DR CAP	-	3	TETRACYCLINES
doxycycline hyclate DR tab (DORYX equiv)	-	3	TETRACYCLINES
doxycycline hyclate tab (VIBRATAB equiv)	-	1	TETRACYCLINES
doxycycline hyclate tab (TARGADOX equiv)	-	NC	TETRACYCLINES

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Drug Name	Special Code	Tier Category
doxycycline hyclate tab 75mg, 150mg (ACTICLATE equiv)	-	NC TETRACYCLINES
doxycycline monohydrate cap 100mg (MONODOX equiv)	-	1 TETRACYCLINES
doxycycline monohydrate cap 150mg (MONODOX equiv)	-	3 TETRACYCLINES
doxycycline monohydrate cap 50mg (MONODOX equiv)	-	1 TETRACYCLINES
doxycycline monohydrate cap 75mg (MONODOX equiv)	-	3 TETRACYCLINES
doxycycline monohydrate tab (ADOXA equiv)	-	1 TETRACYCLINES
doxycycline monohydrate tab 150mg (ADOXA equiv)	-	NC TETRACYCLINES
doxycycline susp (VIBRAMYCIN equiv)	-	2 TETRACYCLINES
doxylamine/pyridoxine dr tab (DICLEGIS equiv)	-	NC ANTIEMETICS
D-PENAMINE TAB	-	2 ASSORTED CLASSES
DRISDOL CAP	-	3 VITAMINS
DRITHO-SCALP CREAM	-	3 DERMATOLOGICALS
DRIZALMA DR CAP	-	NC ANTIDEPRESSANTS
dronabinol cap (MARINOL equiv)	PA	2 ANTIEMETICS
drospirenone/ethinyl estradiol/levomefolate tab (BEYAZ equiv)	-	NC CONTRACEPTIVES
drospirenone/ethinyl estradiol/levomefolate tab (SAFYRAL equiv)	-	NC CONTRACEPTIVES

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Drug Name	Special Code	Tier	Category
DROXIA CAP	-	2	HEMATOPOIETIC AGENTS
droxidopa cap (NORTHERA equiv)	-	NC	VASOPRESSORS
DRYSOL SOLN	-	1	DERMATOLOGICALS
DSUVIA SL TAB	-	NC	ANALGESICS - OPIOID
DUAC CS KIT	-	3	DERMATOLOGICALS
DUAC GEL	-	3	DERMATOLOGICALS
DUAKLIR INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
DUETACT TAB	-	NC	ANTIDIABETICS
DUEXIS TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
DULERA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
duloxetine cap 40mg (IRENKA equiv)	-	NC	ANTIDEPRESSANTS
duloxetine EC cap (CYMBALTA equiv)	-	1	ANTIDEPRESSANTS
DUOBRII LOTION	-	NC	DERMATOLOGICALS
DUONEB NEB SOLN	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
DUOPA ENTERAL SUSP	-	NC	ANTIPARKINSON AGENTS
DUOVISC KIT	-	NC	OPHTHALMIC AGENTS
DUPIXENT INJ (QL= 2 inj/ 28 days)	MSP-PA-QL	SP	DERMATOLOGICALS

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Drug Name	Special Code	Tier Category
DUPIXENT INJ (QL= 2 inj/28 days)	MSP-PA-QL	SP DERMATOLOGICALS
DUPIXENT PEN INJ (QL= 2 inj/28 days)	MSP-PA-QL	SP DERMATOLOGICALS
DURAGESIC PATCH	-	3 ANALGESICS - OPIOID
DUREZOL OPHTH EMULSION	-	3 OPHTHALMIC AGENTS
dutasteride cap (AVODART equiv)	-	1 GENITOURINARY AGENTS - MISCELLANEOUS
dutasteride/tamsulosin cap (JALYN equiv)	-	2 GENITOURINARY AGENTS - MISCELLANEOUS
DUTOPROL TAB	-	NC ANTIHYPERTENSIVES
DUZALLO TAB	-	NC GOUT AGENTS
DXEVO 11-DAY PAK	-	NC CORTICOSTEROIDS
DYAZIDE CAP	-	3 DIURETICS
DYMISTA SPRAY	-	NC NASAL AGENTS - SYSTEMIC AND TOPICAL
DYNACIN TAB	-	3 TETRACYCLINES
DYNACIRC CR TAB	-	3 CALCIUM CHANNEL BLOCKERS
DYRENIUM CAP	-	3 DIURETICS
ECONASIL KIT	-	NC DERMATOLOGICALS
econazole cream (SPECTAZOLE equiv)	-	1 DERMATOLOGICALS
ECOZA FOAM	-	NC DERMATOLOGICALS
EDARBI TAB	-	3 ANTIHYPERTENSIVES
EDARBYCLOR TAB	-	3 ANTIHYPERTENSIVES
EDECIN TAB	-	3 DIURETICS

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Drug Name	Special Code	Tier	Category
EDLUAR SL TAB	-	NC	HYPNOTICS / SEDATIVES / SLEEP DISORDER AGENTS
EDURANT TAB	-	2	ANTIVIRALS
efavirenz cap (SUSTIVA equiv)	-	2	ANTIVIRALS
efavirenz tab (SUSTIVA equiv)	-	2	ANTIVIRALS
efavirenz/emtricitabine/tenofovir df tab (ATRIPLA equiv)	-	2	ANTIVIRALS
efavirenz/lamivudine/tenofovir df (lo) tab (SYMFI (LO) equiv)	-	2	ANTIVIRALS
EFFEXOR TAB	-	3	ANTIDEPRESSANTS
EFFEXOR XR CAP	-	3	ANTIDEPRESSANTS
EFFIENT TAB	-	3	HEMATOLOGICAL AGENTS - MISC.
EFUDEX CREAM	-	3	DERMATOLOGICALS
EGATEN TAB	-	NC	ANTHELMINTICS
EGRIFTA INJ	-	EX C	ENDOCRINE AND METABOLIC AGENTS - MISC.
ELDEPYRL CAP	-	3	ANTIPARKINSON AGENTS
ELEPSIA XR TAB	-	NC	ANTICONVULSANTS
ELESTAT OPHTH SOLN	-	3	OPHTHALMIC AGENTS
eletriptan tab (RELPAK equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	2	MIGRAINE PRODUCTS

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Drug Name	Special Code	Tier	Category
ELIDEL CREAM (Covered for members 2 years or older)	-	3	DERMATOLOGICALS
ELIGEN B12 TAB	-	EX C	DIETARY PRODUCTS / DIETARY MANAGEMENT PRODUCTS
ELIMITE CREAM	-	3	DERMATOLOGICALS
ELIPHOS TAB	-	3	GASTROINTESTINAL AGENTS - MISC.
ELIQUIS TAB, ELIQUIS STARTER PACK	-	2	ANTICOAGULANTS
ELIXOPHYLLIN ELIXIR	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ELLA TAB	-	\$0	CONTRACEPTIVES
ELMIRON CAP	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
ELOCON CREAM	-	3	DERMATOLOGICALS
ELOCON OINT	-	3	DERMATOLOGICALS
ELOCON SOLN	-	3	DERMATOLOGICALS
eluryng vaginal ring (NUVARING equiv)	-	NC	CONTRACEPTIVES
ELYXYB SOLN	-	NC	MIGRAINE PRODUCTS
EMADINE OPHTH SOLN	-	3	OPHTHALMIC AGENTS
EMBEDA CAP	-	3	ANALGESICS - OPIOID
EMCYT CAP	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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EMEND PAK (QL= 3 caps/fill)	QL	3	ANTIEMETICS
EMEND SUSP	-	NC	ANTIEMETICS
EMFLAZA SUSP	-	NC	CORTICOSTEROIDS
EMFLAZA TAB	-	NC	CORTICOSTEROIDS
EMGALITY INJ (QL= 1 inj/28 days)	PA-QL	2	MIGRAINE PRODUCTS
EMGALITY INJ 100MG/ML (QL= 3 inj/fill, 6 fills/yea	PA-QL	2	MIGRAINE PRODUCTS
EMLA CREAM	-	3	DERMATOLOGICALS
EMPAVELI INJ (QL= 160ml/28 days; Only available through PantheRx 855-726-8479)	LD-PA-QL	SP	HEMATOLOGICAL AGENTS - MISC.
EMSAM PATCH	-	3	ANTIDEPRESSANTS
emtricitabine cap (EMTRIVA equiv)	-	2	ANTIVIRALS
emtricitabine/tenofovir disoproxil fumarate tab (TRUVADA equiv)	-	\$0	ANTIVIRALS
EMTRIVA CAP	-	3	ANTIVIRALS
EMTRIVA SOLN	-	2	ANTIVIRALS
EMVERM TAB	-	NC	ANTHELMINTICS
ENABLEX TAB	-	3	URINARY ANTISPASMODICS
enalapril maleate oral soln (EPANED equiv) (Prior Authorization required for members age 9 or older)	PA	3	ANTIHYPERTENSIVES
enalapril tab (VASOTEC equiv)	-	1	ANTIHYPERTENSIVES
enalapril/hydrochlorothiazide tab (VASERETIC equiv)	-	1	ANTIHYPERTENSIVES

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Drug Name	Special Code	Tier Category
ENBREL INJ 25MG (QL= 8 inj/28 days)	MSP-PA-QL	SP ANALGESICS - ANTI-INFLAMMATORY
ENBREL INJ 50MG (QL= 4 inj/28 days)	MSP-PA-QL	SP ANALGESICS - ANTI-INFLAMMATORY
ENBREL MINI INJ (QL= 4 inj/28 days)	MSP-PA-QL	SP ANALGESICS - ANTI-INFLAMMATORY
ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days)	MSP-PA-QL	SP ANALGESICS - ANTI-INFLAMMATORY
ENDARI POWDER PACK (QL= 6 packets/day)	MSP-PA-QL	SP HEMATOPOIETIC AGENTS
ENDOMETRIN INSERT	PA	2 VAGINAL PRODUCTS
ENJUVIA TAB	-	3 ESTROGENS
enoxaparin inj (LOVENOX equiv) (QL= 17 days supply)	QL	2 ANTICOAGULANTS
enpresse tab (TRI-LEVELLEN equiv)	-	\$0 CONTRACEPTIVES
ENSPRYNG INJ (QL= 1 inj/28 days)	MSP-PA-QL	SP MISCELLANEOUS THERAPEUTIC CLASSES
ENSTILAR FOAM	-	NC DERMATOLOGICALS
entacapone tab (COMTAN equiv)	-	2 ANTIPARKINSON AGENTS
entecavir tab (BARACLUDE equiv) (QL= 1 tab/day)	QL	2 ANTIVIRALS
ENTEREG CAP	-	NC GASTROINTESTINAL AGENTS - MISC.
ENTRESTO TAB (QL= 2 tabs/day)	QL	2 CARDIOVASCULAR AGENTS - MISC.
ENVARUSUS XR TAB	-	NC ASSORTED CLASSES

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EPANED SOLN	PA	3	ANTIHYPERTENSIVES
EPCLUSA PAK	-	NC	ANTIVIRALS
EPCLUSA TAB	-	NC	ANTIVIRALS
EPICERAM EMULSION	-	NC	DERMATOLOGICALS
EPIDIOLEX SOLN (Only available through Lumicera 855-847-3553)	LD-PA	SP	ANTICONVULSANTS
EPIDUO FORTE GEL 0.3-2.5% (Acne Only – members age 35 or older require Prior Authorization)	PA	2	DERMATOLOGICALS
EPIDUO GEL 0.1-2.5%	PA	3	DERMATOLOGICALS
EPIFOAM AEROSOL	-	2	DERMATOLOGICALS
epinastine ophth soln (ELESTAT equiv)	-	3	OPHTHALMIC AGENTS
epinephrine hcl nasal soln (ADRENALIN equiv)	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
epinephrine pen inj 0.15mg, 0.3mg (EPIPEN (JR) equiv) (QL= 2 inj/fill)	QL	1	VASOPRESSORS
EPIPEN (JR) INJ	-	NC	VASOPRESSORS
EPIVIR HBV SOLN	-	2	ANTIVIRALS
EPIVIR HBV TAB	-	3	ANTIVIRALS
EPIVIR SOLN	-	3	ANTIVIRALS
EPIVIR TAB	-	3	ANTIVIRALS
eplerenone tab (INSPRA equiv)	-	2	ANTIHYPERTENSIVES
EPOGEN INJ	-	2	HEMATOPOIETIC AGENTS
EPRONTIA SOLN (Members age 9 or older require Prior Authorization)	PA	3	ANTICONVULSANTS

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EXC	Plan Exclusion	INF	Infertility
LD	Limited Distribution	M	Medical Benefit
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	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS		

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Drug Name	Special Code	Tier Category
EPROSARTAN TAB	-	3 ANTIHYPERTENSIVES
EPZICOM TAB	-	3 ANTIVIRALS
EQUETRO CAP	-	2 ANTIPSYCHOTICS / ANTIMANIC AGENTS
ERGOAL CAP	-	NC VITAMINS
ERGOLOID MESYLATES TAB	-	3 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ergoloid mesylates tab (HYDERGINE equiv)	-	3 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ERGOMAR SL TAB	-	3 MIGRAINE PRODUCTS
ergotamine tartrate/caffeine tab (CAFERGOT equiv)	-	3 MIGRAINE PRODUCTS
ERIVEDGE CAP (Only available through Diplomat 877-977-9118, Walgreens 888-347-3416, Walmart Specialty 877-453-4566)	LD-PA-SF	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERLEADA TAB (QL= 4 tabs/day)	MSP-PA-QL	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
erlotinib tab (TARCEVA equiv)	MSP-PA-SF	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERTACZO CREAM	-	NC DERMATOLOGICALS
ERY PAD	-	2 DERMATOLOGICALS
ERYPED SUSP	-	3 MACROLIDES
erythromycin DR cap (ERYC equiv)	-	2 MACROLIDES

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Drug Name	Special Code	Tier	Category
ERYTHROMYCIN EC CAP	-	2	MACROLIDES
erythromycin ethylsuccinate susp (ERYPED equiv)	-	2	MACROLIDES
ERYTHROMYCIN ETHYLSUCCINATE TAB	-	3	MACROLIDES
erythromycin gel	-	1	DERMATOLOGICALS
erythromycin ophth oint	-	1	OPHTHALMIC AGENTS
erythromycin pad	-	1	DERMATOLOGICALS
erythromycin soln	-	1	DERMATOLOGICALS
erythromycin stearate tab	-	2	MACROLIDES
erythromycin tab (ERYTHROMYCIN equiv) (all form except PCE)	-	2	MACROLIDES
erythromycin tab (ERY-TAB equiv)	-	3	MACROLIDES
erythromycin/benzoyl peroxide gel (BENZAMYCIN equiv)	-	2	DERMATOLOGICALS
erythromycin/sulfisoxazole susp (PEDIAZOLE equiv)	-	1	ANTI-INFECTIVE AGENTS MISC.
ESBRIET CAP (QL= 9 caps/day)	MSP-PA-QL-SF	SP	RESPIRATORY AGENTS - MISC.
ESBRIET TAB 267MG (QL= 9 tabs/day)	MSP-PA-QL-SF	SP	RESPIRATORY AGENTS - MISC.
ESBRIET TAB 801MG (QL= 3 tabs/day)	MSP-PA-QL-SF	SP	RESPIRATORY AGENTS - MISC.
ESCAVITE CHEW TAB	-	3	MULTIVITAMINS
escitalopram soln (LEXAPRO equiv)	-	2	ANTIDEPRESSANTS
escitalopram tab (LEXAPRO equiv)	-	1	ANTIDEPRESSANTS

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PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month fo first 3 months
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ST	Step Therapy	VAC	Vaccine Program
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Drug Name	Special Code	Tier Category
ESGIC TAB	-	NC ANALGESICS - NONNARCOTIC
ESKATA SOLN	-	NC DERMATOLOGICALS
esomeprazole cap (NEXIUM equiv)	OTC	3 ULCER DRUGS
esomeprazole DR granule pack (NEXIUM equiv)	-	NC ULCER DRUGS / ANTISPASMODICS / ANTICHOLINERGICS
esomeprazole magnesium DR tab (NEXIUM equiv)	OTC	3 ULCER DRUGS / ANTISPASMODICS / ANTICHOLINERGICS
ESOMEPRAZOLE STRONTIUM CAP	-	NC ULCER DRUGS
estazolam tab (PROSOM equiv)	-	1 HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
esterified estrogens/methyltestosterone tab (ESTRATEST equiv)	-	NC ESTROGENS
ESTRACE TAB	-	3 ESTROGENS
ESTRACE VAGINAL CREAM	-	3 VAGINAL PRODUCTS
estradiol cream (ESTRACE equiv)	-	1 VAGINAL PRODUCTS
estradiol patch (CLIMARA equiv)	-	1 ESTROGENS
estradiol patch (VIVELLE-DOT equiv)	-	1 ESTROGENS
estradiol tab (ESTRACE equiv)	-	1 ESTROGENS

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Drug Name	Special Code	Tier	Category
estradiol vaginal tab, yuvaferm vaginal tab (VAGIFEM equiv) (QL= 8 tabs/28 days (18 tabs on first fill))	QL	2	VAGINAL PRODUCTS
estradiol/norethindrone tab (ACTIVEVELLA equiv)	-	1	ESTROGENS
ESTRASORB EMULSION	-	3	ESTROGENS
ESTRATEST TAB	-	NC	ESTROGENS
ESTRING (3 copays per Rx)	-	2	VAGINAL PRODUCTS
ESTROPIPATE TAB	-	1	ESTROGENS
estropipate tab (OGEN equiv)	-	1	ESTROGENS
ESTROSTEP FE TAB	-	3	CONTRACEPTIVES
eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day)	QL	1	HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
ethacrynic tab (EDECIN equiv)	-	2	DIURETICS
ethambutol tab (MYAMBUTOL equiv)	-	2	ANTIMYCOBACTERIAL AGENTS
ethosuximide cap (ZARONTIN equiv)	-	2	ANTICONVULSANTS
ethosuximide soln (ZARONTIN equiv)	-	1	ANTICONVULSANTS
ETIDRONATE DISODIUM TAB 400MG	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
etodolac cap (LODINE equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY

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Drug Name	Special Code	Tier	Category
etodolac ER tab (LODINE XL equiv)	-	3	ANALGESICS - ANTI-INFLAMMATORY
etodolac tab	-	1	ANALGESICS - ANTI-INFLAMMATORY
ETOPOSIDE CAP	MSP	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
etravirine tab (INTELENCE equiv)	-	2	ANTIVIRALS
EUCRISA OINT	-	NC	DERMATOLOGICALS
EURAX CREAM	-	2	DERMATOLOGICALS
EURAX LOTION	-	3	DERMATOLOGICALS
EVAMIST SPRAY	-	3	ESTROGENS
EVEKEO ODT	-	NC	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
EVEKEO TAB	-	NC	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
everolimus tab (ZORTRESS equiv)	PA	2	MISCELLANEOUS THERAPEUTIC CLASSES
everolimus tab (AFINITOR equiv) (QL= 1 tab/day)	PA-MSP-QL	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month fo first 3 months
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ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS		

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Drug Name	Special Code	Tier Category
everolimus tab 5mg (AFINITOR equiv) (QL= 2 tabs/day)	MSP-PA-QL	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
everolimus tab for oral susp (AFINITOR DISPERZ equiv) (QL= 1 tab/day)	MSP-PA-QL-SF	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EVISTA TAB	-	3 ENDOCRINE AND METABOLIC AGENTS - MISC.
EVIVO LIQUID	-	NC ANTIDIARRHEALS
EVOCLIN FOAM	-	NC DERMATOLOGICALS
EVOTAZ TAB	-	2 ANTIVIRALS
EVOXAC CAP	-	3 MOUTH / THROAT / DENTAL AGENTS
EVRYSDI SOLN (QL= 6.67ml/day; Only available through Accredo 800-803-2523)	LD-PA-QL	SP NEUROMUSCULAR AGENTS
EVZIO INJ	-	NC ANTIDOTES AND SPECIFIC ANTAGONISTS
EVZIO INJ	-	NC ANTIDOTES
EXALGO TAB	-	NC ANALGESICS - OPIOID
EXELDERM CREAM, SULCONAZOLE CREAM	-	3 DERMATOLOGICALS
EXELDERM SOLN	-	3 DERMATOLOGICALS
EXELDERM SOLN, SULCONAZOLE SOLN	-	3 DERMATOLOGICALS
EXELON CAP	-	3 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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ST	Step Therapy	VAC	Vaccine Program
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Drug Name	Special Code	Tier Category
EXELON PATCH	-	3 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
exemestane tab (AROMASIN equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	\$0 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EXFORGE HCT TAB	-	3 ANTIHYPERTENSIVES
EXFORGE TAB	-	3 ANTIHYPERTENSIVES
EXJADE TAB	-	NC ANTIDOTES AND SPECIFIC ANTAGONISTS
EXKIVITY CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EXSERVAN FILM	-	NC NEUROMUSCULAR AGENTS
EXTAVIA INJ	MSP	SP PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
EYSUVIS OPHTH SUSP	-	NC OPHTHALMIC AGENTS
EZALLOR SPRINKLE CAP	-	NC ANTIHYPERLIPIDEMICS
ezetimibe tab (ZETIA equiv)	-	1 ANTIHYPERLIPIDEMICS
ezetimibe/simvastatin tab (VYTORIN equiv) (QL= 1 tab/day (10-80mg is Not Covered))	QL	3 ANTIHYPERLIPIDEMICS
ezetimibe/simvastatin tab 10-80mg (VYTORIN equiv)	-	NC ANTIHYPERLIPIDEMICS

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PA	Prior Authorization	QL	Quantity Limit
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ST	Step Therapy	VAC	Vaccine Program
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Drug Name	Special Code	Tier Category
FABIOR AEROSOL FOAM	-	NC DERMATOLOGICALS
FABRAZYME INJ	M	M ENDOCRINE AND METABOLIC AGENTS - MISC.
FACTIVE TAB	-	3 FLUOROQUINOLONES
FALESSA KIT	-	NC CONTRACEPTIVES
FALESSA TAB	-	EX DIETARY PRODUCTS / C DIETARY MANAGEMENT PRODUCTS
famciclovir tab (FAMVIR equiv)	-	2 ANTIVIRALS
famotidine susp (PEPCID equiv)	-	2 ULCER DRUGS
famotidine tab (PEPCID equiv)	OTC	1 ULCER DRUGS
FAMVIR TAB	-	3 ANTIVIRALS
FANAPT TAB (QL= 2 tabs/day)	PA-QL	3 ANTIPSYCHOTICS / ANTIMANIC AGENTS
FANAPT TITRATION PACK (QL= 1 pack/plan year)	PA-QL	3 ANTIPSYCHOTICS / ANTIMANIC AGENTS
FANSIDAR TAB	-	3 ANTIMALARIALS
FARESTON TAB	-	3 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FARXIGA TAB (QL= 1 tab/day)	QL	2 ANTIDIABETICS
FARYDAK CAP (QL= 6 caps/21 days)	MSP-PA-QL	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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Drug Name	Special Code	Tier	Category
FASENRA PEN INJ (QL= 1 inj/56 days)	MSP-PA-QL	SP	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
febuxostat tab (ULORIC equiv) (Step Therapy requires trial of allopurinol)	ST-¢	2	GOUT AGENTS
felbamate susp (FELBATOL equiv)	-	2	ANTICONVULSANTS
felbamate tab (FELBATOL equiv)	-	2	ANTICONVULSANTS
FELBATOL SUSP	-	3	ANTICONVULSANTS
FELBATOL TAB	-	3	ANTICONVULSANTS
FELDENE CAP	-	3	ANALGESICS - ANTI-INFLAMMATORY
felodipine ER tab (PLENDIL equiv)	-	1	CALCIUM CHANNEL BLOCKERS
FEM PH GEL	-	3	VAGINAL PRODUCTS
FEMALE CONDOMS	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
FEMARA TAB	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FEMCON FE CHEW TAB	-	3	CONTRACEPTIVES
FEMHRT TAB	-	3	ESTROGENS
FEMRING (3 copays per Rx)	-	3	VAGINAL PRODUCTS
fenofibrate cap 43mg, 130mg (ANTARA equiv)	-	NC	ANTIHYPERTENSIVES
fenofibrate cap 67mg, 134mg, 200mg (LOFIBRA equiv)	-	1	ANTIHYPERTENSIVES

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Drug Name	Special Code	Tier Category
FENOFIBRATE CAP, LIPOFEN CAP 50MG, 150MG	-	NC ANTIHYPERLIPIDEMICS
fenofibrate tab 40mg, 120mg (FENOGLIDE equiv)	-	NC ANTIHYPERLIPIDEMICS
fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv)	-	1 ANTIHYPERLIPIDEMICS
fenofibric acid DR cap (TRILIPIX equiv)	-	1 ANTIHYPERLIPIDEMICS
FENOFIBRIC TAB, FIBRICOR TAB	-	3 ANTIHYPERLIPIDEMICS
FENOGLIDE TAB	-	NC ANTIHYPERLIPIDEMICS
fenoprofen calcium tab	-	3 ANALGESICS - ANTI-INFLAMMATORY
FENOPROFEN CAP	-	NC ANALGESICS - ANTI-INFLAMMATORY
FENOPROFEN TAB	-	3 ANALGESICS - ANTI-INFLAMMATORY
FENSOLVI INJ	-	NC ENDOCRINE AND METABOLIC AGENTS - MISC.
fentanyl citrate lollipop (ACTIQ equiv) (QL= 120 lozenges/30 days)	PA-QL	2 ANALGESICS - OPIOID
fentanyl patch (DURAGESIC equiv)	-	2 ANALGESICS - OPIOID
fentanyl patch 37.5mcg, 62.5mcg, 87.5mcg (FENTANYL equiv)	-	NC ANALGESICS - OPIOID
FENTORA TAB, FENTANYL BUCCAL TAB (QL= 120 tabs/30 days)	PA-QL	3 ANALGESICS - OPIOID

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Drug Name	Special Code	Tier Category
FEONYX TAB	-	NC HEMATOPOIETIC AGENTS
ferrex 150 forte cap	-	1 HEMATOPOIETIC AGENTS
ferrex 150 forte cap (NIFEREX 150 FORTE equiv)	-	1 HEMATOPOIETIC AGENTS
FERREX 28 TAB	-	3 HEMATOPOIETIC AGENTS
FERRIPROX SOLN (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	SP ANTIDOTES
FERRIPROX TAB 1000MG (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	SP ANTIDOTES AND SPECIFIC ANTAGONISTS
FERRIPROX TAB 1000MG (TWICE DAILY)	-	NC ANTIDOTES AND SPECIFIC ANTAGONISTS
FERRIPROX TAB 500MG	-	NC ANTIDOTES AND SPECIFIC ANTAGONISTS
FERRO-PLEX TAB	-	NC HEMATOPOIETIC AGENTS
ferrous sulfate elixir (Covered for members 1 year or younger)	OTC	\$0 HEMATOPOIETIC AGENTS
FERROUS SULFATE LIQUID (Covered for members 1 year or younger)	OTC	\$0 HEMATOPOIETIC AGENTS
ferrous sulfate soln (Covered for members 1 year or younger)	OTC	\$0 HEMATOPOIETIC AGENTS
ferrous sulfate syrup (FERROUS SULFATE equiv)	OTC	\$0 HEMATOPOIETIC AGENTS
FETZIMA CAP (QL= 1 cap/day)	PA-QL	3 ANTIDEPRESSANTS
FETZIMA TITRATION PACK (QL= 1 cap/day)	PA-QL	3 ANTIDEPRESSANTS
FEXMID TAB	-	3 MUSCULOSKELETAL THERAPY AGENTS

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Drug Name	Special Code	Tier	Category
FIASP FLEXTOUCH INJ	-	2	ANTIDIABETICS
FIASP INJ	-	2	ANTIDIABETICS
FIASP PENFILL INJ	-	2	ANTIDIABETICS
FIBRIK CAP	-	NC	MULTIVITAMINS
FINACEA FOAM	-	2	DERMATOLOGICALS
FINACEA GEL	-	3	DERMATOLOGICALS
FINACEA PLUS KIT	-	2	DERMATOLOGICALS
finasteride tab (PROSCAR equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
finasteride tab (PROPECIA equiv)	-	EX C	DERMATOLOGICALS
FINTEPLA SOLN (QL= 12ml/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	SP	ANTICONVULSANTS
FIORICET CAP	-	NC	ANALGESICS - NONNARCOTIC
FIORICET/CODEINE CAP	-	NC	ANALGESICS - OPIOID
FIORINAL CAP	-	NC	ANALGESICS - NONNARCOTIC
FIORINAL/CODEINE CAP	-	NC	ANALGESICS - OPIOID
FIRAZYR INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
FIRDAPSE TAB (Only available through AnovoRx 844-288-5007)	LD-PA	SP	ANTIMYASTHENIC / CHOLINERGIC AGENTS
FIRST ATENOLOL SOLN	-	3	BETA BLOCKERS

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RS	Restricted to Specialist	SF	Limited to two 15 day fills per month fo first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS		

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Community First Insurance Plan Formulary Cont.

Alphabetical Index

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Drug Name	Special Code	Tier	Category
FIRST DUKES MOUTHWASH	-	3	MOUTH / THROAT / DENTAL AGENTS
FIRST MARYS MOUTHWASH	-	3	MOUTH / THROAT / DENTAL AGENTS
FIRST METOPROLOL ORAL SOLN	-	3	BETA BLOCKERS
FIRST METRONIDAZOLE SUSP	-	3	ANTI-INFECTIVE AGENTS MISC.
FIRST MOUTHWASH BLM	-	3	MOUTH / THROAT / DENTAL AGENTS
FIRST OMEPRAZOLE SUSP	-	3	ULCER DRUGS
FIRST-VANCOMYCIN SOLN	-	1	ANTI-INFECTIVE AGENTS MISC.
FIRVANQ SOLN	-	1	ANTI-INFECTIVE AGENTS MISC.
FLAGYL CAP	-	NC	ANTI-INFECTIVE AGENTS MISC.
FLAGYL ER TAB	-	3	ANTI-INFECTIVE AGENTS MISC.
FLAGYL TAB	-	3	ANTI-INFECTIVE AGENTS MISC.
FLAREX OPHTH SUSP	-	3	OPHTHALMIC AGENTS
flavoxate tab (URISPAS equiv)	-	3	URINARY ANTISPASMODICS
flecainide tab (TAMBOCOR equiv)	-	1	ANTIARRHYTHMICS

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EXC	Plan Exclusion	INF	Infertility
LD	Limited Distribution	M	Medical Benefit
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
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Last Updated 5/1/2022

Drug Name	Special Code	Tier	Category
FLEQSUVY SUSP (Prior Authorization required for members age 9 or older)	PA	3	MUSCULOSKELETAL THERAPY AGENTS
FLEXERIL TAB	-	3	MUSCULOSKELETAL THERAPY AGENTS
FLOLIPID SUSP	-	NC	ANTIHYPERTENSIVES
FLOMAX CAP	-	3	GENITOURINARY AGENTS - MISCELLANEOUS
FLOXASE SENSIMIST NASAL SPRAY	OTC	2	NASAL AGENTS - SYSTEMIC AND TOPICAL
FLO-PRED SUSP	-	NC	CORTICOSTEROIDS
FLORIVA CHEW TAB	-	NC	MULTIVITAMINS
FLORIVA PLUS DROPS	-	2	MULTIVITAMINS
FLOVENT DISKUS INHALER	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLOVENT HFA INHALER	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUAD QUAD INJ	VAC	EX	VACCINES
fluconazole susp (DIFLUCAN equiv)	-	1	ANTIFUNGALS
fluconazole tab (DIFLUCAN equiv)	-	1	ANTIFUNGALS
flucytosine cap (ANCOBON equiv)	-	2	ANTIFUNGALS

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Drug Name	Special Code	Tier	Category
fludarabine inj	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
fludrocortisone tab (FLORINEF equiv)	-	1	CORTICOSTEROIDS
FLUMADINE TAB	-	3	ANTIVIRALS
FLUNISOLIDE NASAL SPRAY (QL= 2 bottles/fill)	QL	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
fluocinolone acetonide cream	-	1	DERMATOLOGICALS
fluocinolone acetonide oil (DERMA-SMOOTH/FS equiv)	-	2	DERMATOLOGICALS
fluocinolone acetonide oint	-	1	DERMATOLOGICALS
fluocinolone acetonide soln	-	1	DERMATOLOGICALS
fluocinolone otic oil (DERMOTIC equiv)	-	2	OTIC AGENTS
fluocinonide cream 0.05% (LIDEX equiv)	-	1	DERMATOLOGICALS
fluocinonide cream 0.1% (VANOS CREAM equiv)	-	1	DERMATOLOGICALS
fluocinonide emollient cream	-	1	DERMATOLOGICALS
fluocinonide gel	-	1	DERMATOLOGICALS
fluocinonide oint	-	1	DERMATOLOGICALS
fluocinonide soln	-	1	DERMATOLOGICALS
FLUOPAR KIT	-	NC	DERMATOLOGICALS
FLUORABON SOLN (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay)	-	\$0	MINERALS & ELECTROLYTES
FLUORAC CREAM	-	3	DERMATOLOGICALS

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Drug Name	Special Code	Tier	Category
FLUOR-A-DAY CHEW TAB	-	1	MINERALS & ELECTROLYTES
FLUORIDEX SENSITIVITY PASTE	-	1	MOUTH / THROAT / DENTAL AGENTS
fluorometholone ophth soln (FML LIQUIFILM equiv)	-	1	OPHTHALMIC AGENTS
FLUOROPLEX CREAM	-	NC	DERMATOLOGICALS
fluorouracil cream (EFUDEX CREAM equiv)	-	1	DERMATOLOGICALS
FLUOROURACIL CREAM 0.5%	-	3	DERMATOLOGICALS
FLUOROURACIL SOLN	-	2	DERMATOLOGICALS
FLUOVIX PAK	-	NC	DERMATOLOGICALS
fluoxetine cap (PROZAC equiv)	-	1	ANTIDEPRESSANTS
FLUOXETINE CAP (PMDD)	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
fluoxetine soln (PROZAC equiv)	-	1	ANTIDEPRESSANTS
fluoxetine tab (PROZAC equiv)	-	1	ANTIDEPRESSANTS
FLUOXETINE TAB 60MG	-	NC	ANTIDEPRESSANTS
fluoxetine weekly cap (PROZAC equiv)	-	NC	ANTIDEPRESSANTS
fluphenazine tab (PROLIXIN equiv)	-	1	ANTIPSYCHOTICS / ANTIMANIC AGENTS
flurandrenolide cream (CORDRAN equiv)	-	NC	DERMATOLOGICALS
flurandrenolide lotion (CORDRAN equiv)	-	NC	DERMATOLOGICALS
flurandrenolide oint (CORDRAN equiv)	-	NC	DERMATOLOGICALS

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Drug Name	Special Code	Tier	Category
FLURAZEPAM CAP	-	1	HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
flurbiprofen ophth soln (OCUFEN equiv)	-	1	OPHTHALMIC AGENTS
FLURBIPROFEN OPHTH SOLN	-	2	OPHTHALMIC AGENTS
FLURBIPROFEN TAB	-	1	ANALGESICS - ANTI-INFLAMMATORY
flurbiprofen tab (ANSAID equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
FLUTAMIDE CAP	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
flutamide cap (EULEXIN equiv)	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
fluticasone nasal spray (FLONASE equiv) (QL= 2 bottles/fill)	QL	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
fluticasone propionate cream (CUTIVATE equiv)	-	1	DERMATOLOGICALS
fluticasone propionate lotion (CUTIVATE equiv)	-	NC	DERMATOLOGICALS
fluticasone propionate oint (CUTIVATE equiv)	-	1	DERMATOLOGICALS
FLUTICASONE/SALMETEROL INHALER	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
fluticasone/salmeterol inhaler, wixela inhaler (ADVAIR equiv)	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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Drug Name	Special Code	Tier	Category
fluvastatin cap (LESCOL equiv)	-	2	ANTIHYPERSLIPIDEMICS
fluvastatin ER tab (LESCOL XL equiv)	-	3	ANTIHYPERSLIPIDEMICS
fluvoxamine ER cap (LUVOX CR equiv) (Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine)	ST	2	ANTIDEPRESSANTS
fluvoxamine tab (LUVOX equiv)	-	1	ANTIDEPRESSANTS
FML FORTE OPHTH SUSP	-	3	OPHTHALMIC AGENTS
FML LIQUIFLIM OPHTH SUSP	-	3	OPHTHALMIC AGENTS
FML S.O.P. OPHTH OINT	-	3	OPHTHALMIC AGENTS
FOCALIN TAB	-	3	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
FOCALIN XR CAP	-	3	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
FOLBEE PLUS CZ TAB	-	1	MULTIVITAMINS
folbee tab	-	1	HEMATOPOIETIC AGENTS
folic acid tab 1mg (Covered at \$0 for females only; All other members covered at generic copay)	-	\$0	HEMATOPOIETIC AGENTS
folic acid tab 400mcg (Covered for females only)	OTC	\$0	HEMATOPOIETIC AGENTS
folic acid tab 800mcg (Covered for females only)	OTC	\$0	HEMATOPOIETIC AGENTS
FOLIKA-V TAB	-	NC	MULTIVITAMINS

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Drug Name	Special Code	Tier Category
FOLITE TAB	-	NC HEMATOPOIETIC AGENTS
FOLTANX TAB	-	EX DIETARY PRODUCTS / C DIETARY MANAGEMENT PRODUCTS
folvite-d tab (GENICIN equiv)	-	NC HEMATOPOIETIC AGENTS
FOLVITE-FE TAB	-	NC HEMATOPOIETIC AGENTS
fondaparinux inj (ARIXTRA equiv)	-	2 ANTICOAGULANTS
FORFIVO XL TAB	-	NC ANTIDEPRESSANTS
formoterol fumarate neb soln (PERFOROMIST equiv)	-	3 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
FORTAMET TAB	-	NC ANTIDIABETICS
FORTEO INJ	MSP	SP ENDOCRINE AND METABOLIC AGENTS - MISC.
FORTESTA GEL 2%	-	NC ANDROGENS-ANABOLIC
FORTICAL NASAL SPRAY	-	2 ENDOCRINE AND METABOLIC AGENTS - MISC.
FOSAMAX TAB	-	3 ENDOCRINE AND METABOLIC AGENTS - MISC.

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Drug Name	Special Code	Tier	Category
FOSAMAX+D TAB	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
fosamprenavir tab (LEXIVA equiv)	-	2	ANTIVIRALS
fosfomycin tromethamine powder pack (MONUROL equiv)	-	3	ANTI-INFECTIVE AGENTS - MISC.
fosinopril tab (MONOPRIL equiv)	-	1	ANTIHYPERTENSIVES
fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv)	-	1	ANTIHYPERTENSIVES
FOSRENOL CHEW TAB	-	3	GASTROINTESTINAL AGENTS - MISC.
FOSRENOL POWDER PACK	-	2	GASTROINTESTINAL AGENTS - MISC.
FOTIVDA CAP (QL= 21 caps/28 days; Only available through Biologics 800-850-4306)	LD-PA-QL	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FRAGMIN INJ	-	3	ANTICOAGULANTS
FREESTLY LITE METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
FREESTYLE FREEDOM LITE METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
FREESTYLE INSULINX METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
FREESTYLE INSULINX TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS

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Drug Name	Special Code	Tier	Category
FREESTYLE LIBRE 2 RECEIVER (QL= 1 receiver/year)	PA-QL	3	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 2 SENSOR (QL= 2 sensors/28 days)	PA-QL	3	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE RECEIVER (QL= 1 receiver/year)	PA-QL	3	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE SENSOR (10-DAY) (QL= 3 sensors/30 days)	PA-QL	3	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE SENSOR (14-DAY) (QL= 2 sensors/28 days)	PA-QL	3	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LITE TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS
FREESTYLE PRECISION NEO METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
FREESTYLE PRECISION NEO TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS
FREESTYLE TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS
FROVA TAB (QL= 9 tabs/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
frovatriptan tab (FROVA equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
FULPHILA INJ	MSP	SP	HEMATOPOIETIC AGENTS
FUROSEMIDE SOLN	-	1	DIURETICS
furosemide soln (LASIX equiv)	-	1	DIURETICS
furosemide tab (LASIX equiv)	-	1	DIURETICS
FUZEON INJ	MSP	SP	ANTIVIRALS
FYCOMPA TAB	PA	3	ANTICONVULSANTS

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Drug Name	Special Code	Tier	Category
FYCOMPA SUSP	PA	3	ANTICONVULSANTS
gabapentin cap (NEURONTIN equiv)	-	1	ANTICONVULSANTS
gabapentin soln (NEURONTIN equiv)	-	2	ANTICONVULSANTS
gabapentin tab 600mg (NEURONTIN equiv)	-	1	ANTICONVULSANTS
gabapentin tab 800mg (NEURONTIN equiv)	-	1	ANTICONVULSANTS
GABAPENTIN/NAPROXEN CREAM COMPOUND KIT	-	NC	DERMATOLOGICALS
GABITRIL TAB	-	3	ANTICONVULSANTS
GALAFOLD CAP (QL= 14 caps/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	SP	ENDOCRINE AND METABOLIC AGENTS - MISC.
galantamine ER cap (RAZADYNE ER equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GALANTAMINE SOLN	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
galantamine tab (RAZADYNE equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GALZIN CAP	-	2	MINERALS & ELECTROLYTES
GANCICLOVIR CAP	-	2	ANTIVIRALS

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Drug Name	Special Code	Tier Category
GASTROCROM CONC	-	3 GASTROINTESTINAL AGENTS - MISC.
gatifloxacin ophth soln (ZYMAXID equiv)	-	3 OPHTHALMIC AGENTS
GATTEX KIT	-	NC GASTROINTESTINAL AGENTS - MISC.
GAVILYTE-C SOLN (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	\$0 LAXATIVES
gavilyte-h kit	-	NC LAXATIVES
GAVRETO CAP	-	NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GAZYVA INJ	-	NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GEAMETDRAY GEL	-	NC DERMATOLOGICALS
GELCLAIR GEL	-	NC MOUTH / THROAT / DENTAL AGENTS
GELNIQUE	-	NC URINARY ANTISPASMODICS
gemfibrozil tab (LOPID equiv)	-	1 ANTIHYPERLIPIDEMICS
GEMTESA TAB	-	NC URINARY ANTISPASMODICS
GEN7T LOTION	-	NC DERMATOLOGICALS
GEN7T PAD 3.5%	-	NC DERMATOLOGICALS
GEN7T PLUS LOTION	-	NC DERMATOLOGICALS

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Drug Name	Special Code	Tier Category
GEN7T PLUS PAD	-	NC DERMATOLOGICALS
GENOTROPIN INJ	MSP-PA	SP ENDOCRINE AND METABOLIC AGENTS - MISC.
GENTAK OPHTH OINT	-	1 OPHTHALMIC AGENTS
gentamicin ophth oint (GARAMYCIN equiv)	-	1 OPHTHALMIC AGENTS
gentamicin ophth soln (GARAMYCIN equiv)	-	1 OPHTHALMIC AGENTS
gentamicin sulfate cream	-	1 DERMATOLOGICALS
gentamicin sulfate oint	-	1 DERMATOLOGICALS
GENVOYA TAB	-	2 ANTIVIRALS
GEODON CAP	-	3 ANTIPSYCHOTICS / ANTIMANIC AGENTS
GIALAX KIT	-	NC LAXATIVES
gianvi tab, ocella tab (YASMIN, YAZ equiv)	-	\$0 CONTRACEPTIVES
GILENYA CAP	MSP	SP PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GILOTRIF TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)	LD-PA-QL	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GILTUSS LIQUID	-	3 COUGH / COLD / ALLERGY
GILTUSS TR TAB	-	3 COUGH / COLD / ALLERGY
GIMOTI NASAL SPRAY	-	NC GASTROINTESTINAL AGENTS - MISC.

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Drug Name	Special Code	Tier	Category
glatiramer inj (COPAXONE equiv)	MSP	SP	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GLEEVEC TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GLEOSTINE/LOMUSTINE CAP	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
glimepiride tab (AMARYL equiv)	-	1	ANTIDIABETICS
glipizide ER tab (GLUCOTROL XL equiv)	-	1	ANTIDIABETICS
glipizide tab (GLUCOTROL equiv)	-	1	ANTIDIABETICS
glipizide/metformin tab (METAGLIP equiv)	-	1	ANTIDIABETICS
GLOPERBA SOLN (Prior Authorization required for members age 9 or older)	PA	3	GOUT AGENTS
GLUCAGEN HYPOKIT INJ (QL= 2 inj/fill)	QL	2	ANTIDIABETICS
GLUCAGEN INJ	-	2	DIAGNOSTIC PRODUCTS
glucagon (rdna) for inj kit (GLUCAGON equiv) (QL= 2 inj/fill)	QL	2	ANTIDIABETICS
GLUCAGON DIAGNOSTIC INJ	-	NC	DIAGNOSTIC PRODUCTS
GLUCAGON EMR INJ (QL= 2 inj/fill)	QL	2	ANTIDIABETICS
GLUCAGON INJ KIT (QL= 2 inj/fill)	QL	2	ANTIDIABETICS
GLUCOPHAGE TAB	-	3	ANTIDIABETICS
GLUCOPHAGE XR TAB	-	3	ANTIDIABETICS
GLUCOTROL TAB	-	3	ANTIDIABETICS
GLUCOTROL XL TAB	-	3	ANTIDIABETICS

	NC =Not Covered	generic =small letters	BRANDS =CAPITAL LETTERS
EXC	Plan Exclusion	INF	Infertility
LD	Limited Distribution	M	Medical Benefit
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	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	VAC	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.

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Drug Name	Special Code	Tier Category
GLUCOVANCE TAB	-	3 ANTIDIABETICS
GLUMETZA TAB 1000MG	-	NC ANTIDIABETICS
GLUMETZA TAB 500MG	-	NC ANTIDIABETICS
glyburide micronized tab (GLYNASE equiv)	-	1 ANTIDIABETICS
glyburide tab (MICRONASE equiv)	-	1 ANTIDIABETICS
glyburide/metformin tab (GLUCOVANCE equiv)	-	1 ANTIDIABETICS
GLYCATE TAB	-	NC ULCER DRUGS / ANTISPASMODICS / ANTICHOLINERGICS
GLYCATE TAB, GLYCOPYRROLATE TAB	-	NC ULCER DRUGS
glycopyrrolate oral soln (CUVPOSA equiv)	-	3 ULCER DRUGS / ANTISPASMODICS / ANTICHOLINERGICS
glycopyrrolate tab (ROBINUL equiv)	-	2 ULCER DRUGS
GLYGEST PAK	-	EX DIETARY PRODUCTS / C DIETARY MANAGEMENT PRODUCTS
GLYNASE TAB	-	3 ANTIDIABETICS
GLYSET TAB	-	3 ANTIDIABETICS
GLYXAMBI TAB (QL= 1 tab/day)	QL	2 ANTIDIABETICS
GOCOVRI CAP	-	NC ANTIPARKINSON AGENTS
GOLYTELY SOLN (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	\$0 LAXATIVES

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Drug Name	Special Code	Tier Category
GONITRO POWDER	-	NC ANTIANGINAL AGENTS
GOPRELTO SOLN	-	NC NASAL AGENTS - SYSTEMIC AND TOPICAL
GORDON'S UREA OINT 40%	-	NC DERMATOLOGICALS
GRALISE STARTER PACK	-	NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GRALISE TAB	-	NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
granisetron tab (KYTRIL equiv) (QL= 14 tabs/fill)	QL	1 ANTIEMETICS
GRANISOL SOLN (QL= 60ml/fill)	QL	3 ANTIEMETICS
GRANIX INJ	-	NC HEMATOPOIETIC AGENTS
GRASTEK SL TAB	-	NC BIOLOGICALS MISC
GRIFULVIN V TAB	-	3 ANTIFUNGALS
griseofulvin micro tab (GRIFULVIN V equiv)	-	2 ANTIFUNGALS
griseofulvin susp (GRIFULVIN equiv)	-	2 ANTIFUNGALS
griseofulvin tab (GRIS-PEG equiv)	-	2 ANTIFUNGALS
GRIS-PEG TAB	-	3 ANTIFUNGALS
GUAIFENESEN SYRUP	-	NC COUGH / COLD / ALLERGY
guaifenesin tab (ALLFEN JR equiv)	-	NC COUGH / COLD / ALLERGY
GUAIFENESIN/CODEINE SYRUP (QL= 240ml/fill)	OTC-QL	1 COUGH / COLD / ALLERGY
guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) (QL= 240ml/fill)	OTC-QL	1 COUGH / COLD / ALLERGY

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Drug Name	Special Code	Tier	Category
guaifenesin-DM oral liquid (ROBITUSSIN equiv)	-	NC	COUGH / COLD / ALLERGY
GUANABENZ TAB	-	3	ANTIHYPERTENSIVES
GUANENDRUX GEL	-	NC	DERMATOLOGICALS
guanfacine ER tab (INTUNIV equiv)	-	1	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
guanfacine IR tab (TENEX equiv)	-	1	ANTIHYPERTENSIVES
GUANIDINE TAB	-	3	ANTIMYASTHENIC / CHOLINERGIC AGENTS
GVOKE INJ (QL= 2 inj/fill)	QL	2	ANTIDIABETICS
GVOKE INJ KIT (QL= 2 inj/fill)	QL	2	ANTIDIABETICS
GVOKE PFS INJ (QL= 2 inj/fill)	QL	2	ANTIDIABETICS
GYNAZOLE CREAM	-	3	VAGINAL PRODUCTS
HAEGARDA INJ	MSP-PA	SP	HEMATOLOGICAL AGENTS - MISC.
halcinonide cream (HALOG equiv)	-	NC	DERMATOLOGICALS
HALCION TAB	-	3	HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
HALFLYTELY BOWEL PREP KIT	-	NC	LAXATIVES
halobetasol propionate cream (ULTRAVATE equiv)	-	2	DERMATOLOGICALS
halobetasol propionate oint (ULTRAVATE equiv)	-	2	DERMATOLOGICALS
HALOG CREAM	-	NC	DERMATOLOGICALS

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Drug Name	Special Code	Tier Category
HALOG OINT	-	NC DERMATOLOGICALS
HALOG SOLN	-	NC DERMATOLOGICALS
halonate pac kit (ULTRAVATE KIT equiv)	-	NC DERMATOLOGICALS
haloperidol lactate conc (HALDOL equiv)	-	1 ANTIPSYCHOTICS / ANTIMANIC AGENTS
haloperidol tab (HALDOL equiv)	-	1 ANTIPSYCHOTICS / ANTIMANIC AGENTS
HARVONI PELLETT PAK	-	NC ANTIVIRALS
HARVONI TAB	-	NC ANTIVIRALS
HC BUTYRATE CREAM	-	NC DERMATOLOGICALS
HC BUTYRATE SOLN	-	NC DERMATOLOGICALS
HC/PRAMOXINE CREAM 1-2.35%	-	NC DERMATOLOGICALS
HC-LIDOCAINE CREAM	-	NC DERMATOLOGICALS
HECTOROL CAP	-	3 ENDOCRINE AND METABOLIC AGENTS - MISC.
HELIDAC PACK	-	NC ULCER DRUGS
HEMADY TAB	-	NC CORTICOSTEROIDS
HEMANGEOL SOLN	-	NC BETA BLOCKERS
HEMLIBRA INJ	MSP-PA	SP HEMATOLOGICAL AGENTS - MISC.
heparin porcine inj	M	M ANTICOAGULANTS
HEPSERA TAB	-	3 ANTIVIRALS

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Drug Name	Special Code	Tier Category
HERCEPTIN HYLECTA INJ	-	NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HETLIOZ CAP	-	NC HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
HETLIOZ SUSP	-	NC HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
HEXALEN CAP	-	2 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HIPREX TAB	-	3 ANTI-INFECTIVE AGENTS MISC.
HIXDEFRIMA SOLN	-	NC DERMATOLOGICALS
HIZENTRA INJ	MSP-PA	SP PASSIVE IMMUNIZING AGENTS
homatropine ophth soln (ISOPTO HOMATROPINE equiv)	-	1 OPHTHALMIC AGENTS
HOMATROPINE OPHTH SOLN	-	2 OPHTHALMIC AGENTS
HORIZANT TAB	-	NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
HUMALOG MIX INJ (Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	ST	3 ANTIDIABETICS

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ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS		

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Drug Name	Special Code	Tier Category
HUMALOG MIX KWIKPEN INJ, INSULIN LISPRO PROTAMINE INJ (Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	ST	3 ANTIDIABETICS
HUMALOG PEN INJ	-	NC ANTIDIABETICS
HUMATIN CAP	-	NC AMINOGLYCOSIDES
HUMATROPE INJ, ZOMACTON INJ	-	NC ENDOCRINE AND METABOLIC AGENTS - MISC.
HUMIRA INJ 10MG (QL= 2 syringes/28 days)	MSP-PA-QL	SP ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ 20MG (QL= 2 syringes/28 days)	MSP-PA-QL	SP ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ 40MG (QL= 2 syringes/28 days)	MSP-PA-QL	SP ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ 80MG (QL= 2 syringes/28 days)	MSP-PA-QL	SP ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	MSP-PA-QL	SP ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	MSP-PA-QL	SP ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ PEDIATRIC UC STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	MSP-PA-QL	SP ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	MSP-PA-QL	SP ANALGESICS - ANTI-INFLAMMATORY

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ST	Step Therapy	VAC	Vaccine Program
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Drug Name	Special Code	Tier	Category
HUMIRA PEN INJ 40MG (QL= 2 pens/28 days)	MSP-PA-QL	SP	ANALGESICS - ANTI-INFLAMMATORY
HUMULIN MIX INJ (Step Therapy requires trial of NOVOLIN)	OTC-ST	3	ANTIDIABETICS
HUMULIN MIX PEN INJ (Step Therapy requires trial of NOVOLIN)	OTC-ST	3	ANTIDIABETICS
HUMULIN N INJ (Step Therapy requires trial of NOVOLIN)	OTC-ST	3	ANTIDIABETICS
HUMULIN N PEN INJ (Step Therapy requires trial of NOVOLIN)	OTC-ST	3	ANTIDIABETICS
HUMULIN R INJ (Step Therapy requires trial of NOVOLIN)	OTC-ST	3	ANTIDIABETICS
HUMULIN R INJ U-500	-	2	ANTIDIABETICS
HUMULIN R U-500 KWIKPEN INJ	-	2	ANTIDIABETICS
HURRISEAL MIS SNAP	-	NC	MEDICAL DEVICES AND SUPPLIES
HYCAMTIN CAP	MSP-PA	SP	ANTINEOPLASTICS
HYCET SOLN	-	3	ANALGESICS - OPIOID
HYCLODEX SOLN	-	NC	DERMATOLOGICALS
HYCODAN SYRUP	-	3	COUGH / COLD / ALLERGY
HYCOFENIX SOLN	-	NC	COUGH / COLD / ALLERGY
hydralazine tab (APRESOLINE equiv)	-	1	ANTIHYPERTENSIVES
HYDREA CAP	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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Drug Name	Special Code	Tier	Category
hydrochlorothiazide cap (MICROZIDE equiv)	-	1	DIURETICS
hydrochlorothiazide tab (HYDRODIURIL equiv)	-	1	DIURETICS
HYDROCODONE BITARTRATE ER CAP (QL= 2 caps/day)	QL	2	ANALGESICS - OPIOID
hydrocodone bitartrate ER cap (ZOHYDRO equiv) (QL= 2 caps/day)	QL	2	ANALGESICS - OPIOID
hydrocodone bitartrate er tab (HYSINGLA equiv) (QL= 1 tab/day)	QL	2	ANALGESICS - OPIOID
hydrocodone/acetaminophen cap (LORCET equiv)	-	1	ANALGESICS - OPIOID
hydrocodone/acetaminophen soln (HYCET, LORTAB equiv)	-	1	ANALGESICS - OPIOID
hydrocodone/acetaminophen soln 10-325 mg/15ml (HYCET equiv)	-	3	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab (LORTAB equiv)	-	1	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 10mg-300mg (XODOL equiv)	-	NC	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 2.5-325mg (NORCO equiv)	-	3	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 5mg-300mg (XODOL equiv)	-	NC	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 7.5mg-300mg (XODOL equiv)	-	NC	ANALGESICS - OPIOID
hydrocodone/chlorpheniramine CR susp (TUSSIONEX equiv) (QL= 120ml/fill; 2 fills/30 days)	QL	3	COUGH / COLD / ALLERGY

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Drug Name	Special Code	Tier	Category
HYDROCODONE/CHLORPHENIRAMINE/PSEUDOEPHEDRINE LIQUID (QL= 120ml/fill, 2 fills/month)	QL	3	COUGH / COLD / ALLERGY
hydrocodone/chlorpheniramine/pseudoephedrine liquid (ZUTRIPRO equiv) (QL= 120ml/fill, 2 fills/30 days)	QL	3	COUGH / COLD / ALLERGY
hydrocodone/homatropine syrup (HYCODAN equiv)	-	1	COUGH / COLD / ALLERGY
HYDROCODONE/IBUPROFEN TAB	-	3	ANALGESICS - OPIOID
hydrocodone/ibuprofen tab (VICOPROFEN equiv)	-	3	ANALGESICS - OPIOID
hydrocortisone butyrate cream (LOCOID equiv)	-	NC	DERMATOLOGICALS
hydrocortisone butyrate lipocream (LOCOID equiv)	-	NC	DERMATOLOGICALS
hydrocortisone butyrate oint (LOCOID equiv)	-	NC	DERMATOLOGICALS
hydrocortisone butyrate soln (LOCOID equiv)	-	NC	DERMATOLOGICALS
hydrocortisone cream (PROCTOCORT equiv)	-	1	DERMATOLOGICALS
hydrocortisone enema (CORTENEMA equiv)	-	2	ANORECTAL AGENTS
hydrocortisone lotion (HYTONE equiv)	-	1	DERMATOLOGICALS
hydrocortisone lotion (LOCOID equiv)	-	NC	DERMATOLOGICALS
hydrocortisone lotion 2% (ALA SCALP equiv)	-	NC	DERMATOLOGICALS
hydrocortisone oint	-	1	DERMATOLOGICALS
hydrocortisone supp (ANUSOL HC equiv)	-	NC	ANORECTAL AGENTS
hydrocortisone tab (CORTEF equiv)	-	1	CORTICOSTEROIDS
hydrocortisone valerate cream	-	NC	DERMATOLOGICALS
hydrocortisone valerate oint (WESTCORT equiv)	-	NC	DERMATOLOGICALS
hydrocortisone/pramoxine cream 2.5-1% (PRAMOSONE equiv)	-	NC	DERMATOLOGICALS

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Drug Name	Special Code	Tier Category
HYDROCORTISONE/PRAMOXINE SUPP	-	NC ANORECTAL AND RELATED PRODUCTS
hydromorphone ER tab (EXALGO equiv) (QL= 1 tab/day)	QL	3 ANALGESICS - OPIOID
HYDROMORPHONE SUPP	-	NC ANALGESICS - OPIOID
hydromorphone tab (DILAUDID equiv)	-	1 ANALGESICS - OPIOID
hydroquinone cream (LUSTRA equiv)	-	EX DERMATOLOGICALS C
hydroxychloroquine tab (PLAQUENIL equiv)	-	1 ANTIMALARIALS
HYDROXYCHLOROQUINE TAB	-	NC ANTIMALARIALS
HYDROXYCHLOROQUINE TAB 100MG (QL= 1 tab/day)	QL	2 ANTIMALARIALS
HYDROXYPROGESTERONE CAPROATE INJ	-	NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
hydroxyurea cap (HYDREA equiv)	-	1 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
hydroxyzine pamoate cap (VISTARIL equiv)	-	1 ANTIANXIETY AGENTS
HYDROXYZINE PAMOATE CAP 100MG	-	1 ANTIANXIETY AGENTS
hydroxyzine syrup (ATARAX equiv)	-	1 ANTIANXIETY AGENTS
hydroxyzine tab (ATARAX equiv)	-	1 ANTIANXIETY AGENTS
HYLAMEND GEL FIRST AID	-	NC ANTISEPTICS & DISINFECTANTS
HYLINATE LOTION	-	NC DERMATOLOGICALS

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Drug Name	Special Code	Tier Category
HYOPHEN TAB	-	NC ANTI-INFECTIVE AGENTS - MISC.
hyoscyamine inj (LEVSIN equiv)	-	NC ULCER DRUGS / ANTISPASMODICS / ANTICHOLINERGICS
hyoscyamine sulfate CR tab (LEVBID equiv)	-	1 ULCER DRUGS
hyoscyamine sulfate elixir (LEVSIN equiv)	-	1 ULCER DRUGS
hyoscyamine sulfate ODT (ANASPAZ equiv)	-	1 ULCER DRUGS
hyoscyamine sulfate SL tab (LEVSIN equiv)	-	1 ULCER DRUGS
hyoscyamine sulfate soln (LEVSIN equiv)	-	1 ULCER DRUGS
hyoscyamine sulfate SR cap (LEVSINEX equiv)	-	1 ULCER DRUGS
hyoscyamine tab (LEVSIN equiv)	-	1 ULCER DRUGS
HYPER-SAL NEB SOLN	-	3 COUGH / COLD / ALLERGY
HYTRIN CAP	-	3 ANTIHYPERTENSIVES
HYZAAR TAB	-	3 ANTIHYPERTENSIVES
ibandronate tab 150mg (BONIVA equiv) (QL= 1 tab/30 days)	QL	1 ENDOCRINE AND METABOLIC AGENTS - MISC.
IBRANCE CAP (QL= 21 caps/28 days)	MSP-PA-QL	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IBRANCE TAB (QL= 21 caps/28 days)	MSP-PA-QL	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IBSRELA TAB	-	NC GASTROINTESTINAL AGENTS - MISC.

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Drug Name	Special Code	Tier Category
IBU 600-EZS KIT	-	NC ANALGESICS - ANTI-INFLAMMATORY
ibuprofen susp (Rx ONLY) (ADVIL, MOTRIN equiv)	-	1 ANALGESICS - ANTI-INFLAMMATORY
ibuprofen tab	-	1 ANALGESICS - ANTI-INFLAMMATORY
ibuprofen tab (Rx covered Only)	-	1 ANALGESICS - ANTI-INFLAMMATORY
ibuprofen-famotidine tab (DUEXIS equiv)	-	NC ANALGESICS - ANTI-INFLAMMATORY
icatibant inj (FIRAZYR equiv)	MSP-PA	SP HEMATOLOGICAL AGENTS - MISC.
ICLUSIG TAB (QL= 1 tab/day; Only available through AcariaHealth 800-511-5144)	LD-PA-QL-SF	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
icosapent ethyl cap 1gm (VASCEPA equiv)	-	NC ANTIHYPERLIPIDEMICS
IDHIFA TAB (QL= 1 tab/day)	MSP-PA-QL	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ILEVRO OPHTH SUSP	-	2 OPHTHALMIC AGENTS
imatinib tab (GLEEVEC equiv)	MSP	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA CAP 140MG (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA CAP 70MG (QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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EXC	Plan Exclusion	INF	Infertility
LD	Limited Distribution	M	Medical Benefit
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	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS		

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Drug Name	Special Code	Tier Category
IMBRUVICA TAB 140MG (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA TAB 280MG (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA TAB 420MG, 560MG (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMCIVREE INJ	-	NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
IMDUR TAB	-	3 ANTIANGINAL AGENTS
imipramine pamoate cap (TOFRANIL PM equiv)	-	3 ANTIDEPRESSANTS
imipramine tab (TOFRANIL equiv)	-	1 ANTIDEPRESSANTS
imiquimod cream (ALDARA equiv)	-	1 DERMATOLOGICALS
IMIQUIMOD CREAM 3.75%	-	NC DERMATOLOGICALS
imiquimod cream 3.75% (IMIQUIMOD equiv)	-	NC DERMATOLOGICALS
IMITREX INJ (QL= 4 inj/fill, 2 fills/30 days)	QL	3 MIGRAINE PRODUCTS
IMITREX TAB (QL= 9 tabs/fill, 2 fills/30 days)	QL	3 MIGRAINE PRODUCTS
IMITREX VIAL INJ (QL= 5 inj/fill, 2 fills/30 days)	QL	3 MIGRAINE PRODUCTS
IMPAVIDO CAP	-	NC ANTI-INFECTIVE AGENTS MISC.
IMPEKLO LOTION	-	NC DERMATOLOGICALS
IMPOYZ CREAM	-	NC DERMATOLOGICALS

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Drug Name	Special Code	Tier Category
IMURAN TAB	-	3 ASSORTED CLASSES
IMVEXXY SUPP	-	NC VAGINAL PRODUCTS
INBRIJA INH POWDER (QL= 10 caps/day)	PA-QL	3 ANTIPARKINSON AND RELATED THERAPY AGENTS
INCRELEX INJ	MSP	SP ENDOCRINE AND METABOLIC AGENTS - MISC.
INCRUSE ELLIPTA INHALER	-	2 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
indapamide tab (LOZOL equiv)	-	1 DIURETICS
INDERAL LA CAP	-	3 BETA BLOCKERS
INDERAL XL CAP, INNOPRAN XL CAP	-	3 BETA BLOCKERS
INDOCIN SUPP	-	NC ANALGESICS - ANTI-INFLAMMATORY
INDOCIN SUSP	-	NC ANALGESICS - ANTI-INFLAMMATORY
indomethacin cap (INDOCIN equiv)	-	1 ANALGESICS - ANTI-INFLAMMATORY
INDOMETHACIN CAP, TIVORBEX CAP	-	NC ANALGESICS - ANTI-INFLAMMATORY
indomethacin CR cap (INDOCIN SR equiv)	-	1 ANALGESICS - ANTI-INFLAMMATORY

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Drug Name	Special Code	Tier Category
INFLAMMA-K KIT	-	NC DERMATOLOGICALS
INFLATHERM PAK	-	NC ANALGESICS - ANTI-INFLAMMATORY
INGREZZA CAP (QL= 1 cap/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	SP PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
INGREZZA PACK 40-80MG	-	NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
INLYTA TAB (QL= 8 tabs/day)	MSP-PA-QL-SF	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INPEN INSULIN INJECTION DEVICE	-	NC MEDICAL DEVICES
INQOVI TAB (QL= 5 tabs/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INREBIC CAP	-	NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INSPRA TAB	-	3 ANTIHYPERTENSIVES
INSULIN ASPART FLEXPEN INJ (NOVOLOG equiv)	-	2 ANTIDIABETICS
INSULIN ASPART INJ (NOVOLOG equiv)	-	2 ANTIDIABETICS
INSULIN ASPART MIX FLEXPEN INJ (NOVOLOG equiv)	-	2 ANTIDIABETICS
INSULIN ASPART MIX INJ (NOVOLOG equiv)	-	2 ANTIDIABETICS
INSULIN ASPART PENFILL INJ (NOVOLOG equiv)	-	2 ANTIDIABETICS

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Drug Name	Special Code	Tier Category
INSULIN SYRINGE	OTC	NC MEDICAL DEVICES AND SUPPLIES
INTELENCE TAB	-	2 ANTIVIRALS
INTELENCE TAB	-	3 ANTIVIRALS
INTENSE COUGH LIQUID	-	NC COUGH / COLD / ALLERGY
INTERMEZZO SL TAB	-	NC HYPNOTICS / SEDATIVES / SLEEP DISORDER AGENTS
INTRAROSA SUPP	-	NC VAGINAL PRODUCTS
INTRON-A INJ	MSP	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INTUNIV TAB	-	3 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
INVEGA HAFYERA INJ	-	NC ANTIPSYCHOTICS / ANTIMANIC AGENTS
INVEGA INJ	-	NC ANTIPSYCHOTICS / ANTIMANIC AGENTS
INVEGA TAB	-	3 ANTIPSYCHOTICS / ANTIMANIC AGENTS
INVELTYS OPHTH SUSP	-	NC OPHTHALMIC AGENTS
INVIRASE CAP	-	2 ANTIVIRALS
INVIRASE TAB	-	2 ANTIVIRALS

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Drug Name	Special Code	Tier	Category
INVOKAMET TAB (QL= 2 tabs/day)	PA-QL	3	ANTIDIABETICS
INVOKAMET XR TAB	-	NC	ANTIDIABETICS
INVOKANA TAB (QL= 1 tab/day)	PA-QL	3	ANTIDIABETICS
IODOFLEX PAD	-	NC	ANTISEPTICS & DISINFECTANTS
iodoquinol/hydrocortisone cream 1% (VYTONE equiv)	-	NC	DERMATOLOGICALS
iodoquinol/hydrocortisone cream 1.9-1% (VYTONE equiv)	-	NC	DERMATOLOGICALS
iodoquinol/hydrocortisone/aloe polysaccharide gel (ALCORTIN A equiv)	-	NC	DERMATOLOGICALS
IOPIDINE OPHTH SOLN	-	3	OPHTHALMIC AGENTS
IOPIDINE OPHTH SOLN 1%	-	2	OPHTHALMIC AGENTS
ipratropium nasal spray (ATROVENT equiv)	-	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
ipratropium neb soln (ATROVENT equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
irbesartan tab (AVAPRO equiv)	-	1	ANTIHYPERTENSIVES
irbesartan/hydrochlorothiazide tab (AVALIDE equiv)	-	1	ANTIHYPERTENSIVES
IRESSA TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IRON POLYSACCH/THREONIC ACID/B12/FA CAP	-	1	HEMATOPOIETIC AGENTS

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Drug Name	Special Code	Tier	Category
IRON SUSP (Covered for members 1 year or younger)	OTC	\$0	HEMATOPOIETIC AGENTS
ISENTRESS (HD) TAB	-	2	ANTIVIRALS
ISENTRESS CHEW TAB	-	2	ANTIVIRALS
ISENTRESS POWDER PACK	-	2	ANTIVIRALS
isibloom tab, enskyce tab, apri tab (DESOGEN equiv)	-	\$0	CONTRACEPTIVES
ISOMETHEPTENE/CAFFEINE/ACETAMINOPHEN TAB	-	NC	MIGRAINE PRODUCTS
isometheptene/caffeine/acetaminophen tab (PRODRIN equiv)	-	NC	MIGRAINE PRODUCTS
ISONIAZID SYRUP	-	3	ANTIMYCOBACTERIAL AGENTS
isoniazid tab	-	1	ANTIMYCOBACTERIAL AGENTS
ISOPTO ATROPINE OPHTH SOLN	-	3	OPHTHALMIC AGENTS
ISOPTO CARBACHOL OPHTH SOLN	-	2	OPHTHALMIC AGENTS
ISOPTO CARPINE OPHTH SOLN	-	3	OPHTHALMIC AGENTS
ISOPTO HYOSCINE OPHTH SOLN	-	2	OPHTHALMIC AGENTS
ISORDIL TITRADOSE TAB	-	3	ANTIANGINAL AGENTS
ISOSORBIDE DINITRATE ER TAB	-	1	ANTIANGINAL AGENTS
isosorbide dinitrate ER tab (ISOCHRON equiv)	-	1	ANTIANGINAL AGENTS
isosorbide dinitrate SL tab	-	1	ANTIANGINAL AGENTS
isosorbide dinitrate tab (ISORDIL equiv)	-	1	ANTIANGINAL AGENTS

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Drug Name	Special Code	Tier	Category
isosorbide dinitrate tab 40mg (ISORDIL equiv)	-	3	ANTIANGINAL AGENTS
isosorbide dinitrate/hydralazine hcl tab (BIDIL equiv)	-	NC	CARDIOVASCULAR AGENTS - MISC.
isosorbide mononitrate ER tab (IMDUR equiv)	-	1	ANTIANGINAL AGENTS
isosorbide mononitrate tab (MONOKET equiv)	-	1	ANTIANGINAL AGENTS
isotretinoin cap 25mg (ABSORICA equiv)	-	2	DERMATOLOGICALS
isotretinoin cap 35mg (ABSORICA equiv)	-	2	DERMATOLOGICALS
isoxsuprine tab	-	2	CARDIOVASCULAR AGENTS - MISC.
isradipine cap (DYNACIRC equiv)	-	1	CALCIUM CHANNEL BLOCKERS
ISTALOL OPHTH SOLN	-	2	OPHTHALMIC AGENTS
ISTURISA TAB 10MG (QL= 6 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	SP	ENDOCRINE AND METABOLIC AGENTS - MISC.
ISTURISA TAB 1MG (QL= 8 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	SP	ENDOCRINE AND METABOLIC AGENTS - MISC.
ISTURISA TAB 5MG (QL= 2 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	SP	ENDOCRINE AND METABOLIC AGENTS - MISC.
itraconazole cap (SPORANOX equiv)	-	2	ANTIFUNGALS
itraconazole soln (SPORANOX equiv)	PA	3	ANTIFUNGALS
IVERMECTIN CREAM	-	NC	DERMATOLOGICALS

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Drug Name	Special Code	Tier	Category
ivermectin cream (SOOLANTRA equiv)	-	NC	DERMATOLOGICALS
IVERMECTIN LOTION (QL= 1 tube/fill)	PA-QL	3	DERMATOLOGICALS
ivermectin tab (STROMEKTOL equiv)	PA	2	ANTHELMINTICS
JADENU SPRINKLE	-	NC	ANTIDOTES AND SPECIFIC ANTAGONISTS
JADENU TAB 180MG	-	NC	ANTIDOTES AND SPECIFIC ANTAGONISTS
JADENU TAB 90MG, 360MG	-	NC	ANTIDOTES AND SPECIFIC ANTAGONISTS
JAKAFI TAB (QL= 2 tabs/day)	MSP-PA-QL-SF	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JALYN CAP	-	3	GENITOURINARY AGENTS - MISCELLANEOUS
JANUMET TAB (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
JANUMET XR TAB (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
JANUVIA TAB (QL= 1 tab/day)	QL- ϕ	2	ANTIDIABETICS
JARDIANCE TAB (QL= 1 tab/day)	QL	2	ANTIDIABETICS
JATENZO CAP, TLANDO CAP	-	NC	ANDROGENS-ANABOLIC
JENLIVA CAP	-	NC	MULTIVITAMINS
JENTADUETO TAB (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
JENTADUETO XR TAB (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
jinteli tab (FEMHRT equiv)	-	1	ESTROGENS
jolesa tab, amethia tab (SEASONALE, SEASONIQUE equiv)	-	\$0	CONTRACEPTIVES

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Drug Name	Special Code	Tier Category
JUBLIA SOLN	-	NC DERMATOLOGICALS
JULUCA TAB	-	2 ANTIVIRALS
junel FE tab (LOESTRIN FE equiv)	-	\$0 CONTRACEPTIVES
junel tab (LOESTRIN equiv)	-	\$0 CONTRACEPTIVES
JUXTAPID CAP	-	NC ANTIHYPERLIPIDEMICS
JYNARQUE PAK (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	SP ENDOCRINE AND METABOLIC AGENTS - MISC.
JYNARQUE TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	SP ENDOCRINE AND METABOLIC AGENTS - MISC.
KADIAN CAP	-	NC ANALGESICS - OPIOID
KALETRA SOLN	-	3 ANTIVIRALS
KALETRA TAB	-	3 ANTIVIRALS
KALYDECO PAK (QL= 2 packets/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416)	LD-PA-QL-SF	SP RESPIRATORY AGENTS - MISC.
KALYDECO TAB (QL= 2 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416)	LD-PA-QL-SF	SP RESPIRATORY AGENTS - MISC.
KAPSPARGO CAP	-	NC BETA BLOCKERS

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Drug Name	Special Code	Tier Category
KAPVAY TAB	-	3 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
KARBINAL ER SUSP	-	NC ANTIHISTAMINES
KATERZIA SUSP (Prior Authorization required for members age 9 or older)	PA	3 CALCIUM CHANNEL BLOCKERS
KAYEXALATE POWDER	-	3 ASSORTED CLASSES
KEFLEX CAP	-	3 CEPHALOSPORINS
KEFLEX CAP 750MG	-	NC CEPHALOSPORINS
kelnor tab (DEMULEN equiv)	-	\$0 CONTRACEPTIVES
KENALOG SPRAY	-	NC DERMATOLOGICALS
KEPPRA SOLN	-	3 ANTICONVULSANTS
KEPPRA TAB	-	3 ANTICONVULSANTS
KEPPRA XR TAB	-	3 ANTICONVULSANTS
KERAFOAM	-	NC DERMATOLOGICALS
KERALAC CREAM	-	NC DERMATOLOGICALS
KERAMATRIX	-	NC DERMATOLOGICALS
KERASTAT CREAM	-	NC DERMATOLOGICALS
KERASTAT GEL	-	NC DERMATOLOGICALS
KERENDIA TAB (QL= 1 tab/day)	PA-QL	3 ENDOCRINE AND METABOLIC AGENTS - MISC.
KERLONE TAB	-	3 BETA BLOCKERS

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Drug Name	Special Code	Tier Category
KERYDIN SOLN	-	NC DERMATOLOGICALS
KESIMPTA INJ	MSP	SP PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
KETAMINE HCL TROCHES	-	NC GENERAL ANESTHETICS
KETEK TAB	-	3 ANTI-INFECTIVE AGENTS - MISC.
ketoconazole cream (NIZORAL CREAM equiv)	-	1 DERMATOLOGICALS
ketoconazole shampoo (NIZORAL SHAMPOO equiv)	-	1 DERMATOLOGICALS
ketoconazole tab (NIZORAL equiv)	-	1 ANTIFUNGALS
KETO-DIASTIX TEST STRIP	OTC	1 DIAGNOSTIC PRODUCTS
KETOPROFEN CAP	-	NC ANALGESICS - ANTI-INFLAMMATORY
ketoprofen cap (ORUDIS equiv)	-	NC ANALGESICS - ANTI-INFLAMMATORY
KETOPROFEN ER CAP	-	3 ANALGESICS - ANTI-INFLAMMATORY
KETOROLAC INJ	-	NC ANALGESICS - ANTI-INFLAMMATORY
ketorolac inj (TORADOL equiv)	-	NC ANALGESICS - ANTI-INFLAMMATORY
ketorolac ophth soln (ACULAR (LS) equiv)	-	1 OPHTHALMIC AGENTS

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Drug Name	Special Code	Tier	Category
ketorolac tab (TORADOL equiv) (QL= 20 tabs/5 days)	QL	1	ANALGESICS - ANTI-INFLAMMATORY
KETOSTIX	OTC	1	DIAGNOSTIC PRODUCTS
ketotifen ophth soln (ZADITOR equiv) (OTC coverage only)	OTC	1	OPHTHALMIC AGENTS
KEVEYIS TAB	-	NC	DIURETICS
KEVZARA INJ (QL= 2 inj/28 days)	MSP-PA-QL	SP	ANALGESICS - ANTI-INFLAMMATORY
KINERET INJ (QL= 1 inj/day; Only available through Biologics 800-850-4306)	LD-PA-QL	SP	ANALGESICS - ANTI-INFLAMMATORY
KISQALI PAK	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KISQALI TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KITABIS PAK NEB SOLN	-	NC	AMINOGLYCOSIDES
KLARITY-B DROPS	-	NC	OPHTHALMIC AGENTS
KLARITY-L DROPS	-	NC	OPHTHALMIC AGENTS
KLARON LOTION	-	3	DERMATOLOGICALS
KLISYRI OINT	-	NC	DERMATOLOGICALS
KLONOPIN TAB	-	3	ANTICONSULTANTS
KLOR-CON POWDER PACKET	-	3	MINERALS & ELECTROLYTES
KLOR-CON POWDER PACKET 25MEQ	-	3	MINERALS & ELECTROLYTES

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EXC	Plan Exclusion	INF	Infertility
LD	Limited Distribution	M	Medical Benefit
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	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	VAC	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.

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Alphabetical Index

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Drug Name	Special Code	Tier Category
KLOXXADO NASAL SPRAY	-	2 ANTIDOTES AND SPECIFIC ANTAGONISTS
KOMBIGLYZE XR TAB	-	NC ANTIDIABETICS
KORLYM TAB (QL= 4 tabs/day; Only available through Korlym SPARK program 855-4Korlym (855-456-7596))	LD-PA-QL	SP ANTIDIABETICS
KOSELUGO CAP (QL= 4 caps/day; Only available through Onco360 877-662-6633)	LD-PA-QL	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
K-PHOS NEUTRAL TAB	-	3 MINERALS & ELECTROLYTES
K-PHOS TAB	-	2 MINERALS & ELECTROLYTES
KRINTAFEL TAB	-	2 ANTIMALARIALS
KRISTALOSE PACK	-	3 LAXATIVES
KRISTALOSE PACKET	-	3 LAXATIVES
K-TAB	-	1 MINERALS & ELECTROLYTES
KUVAN POWDER PACK	-	NC ENDOCRINE AND METABOLIC AGENTS - MISC.
KUVAN TAB	-	NC ENDOCRINE AND METABOLIC AGENTS - MISC.
KYBELLA INJ	-	NC DERMATOLOGICALS

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EXC Plan Exclusion	INF Infertility	
LD Limited Distribution	M Medical Benefit	
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 fo first 3 months	
SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program	
ST Step Therapy	VAC Vaccine Program	
¢ RxCENTS		

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Drug Name	Special Code	Tier Category
KYNAMRO INJ	-	NC ANTIHYPERLIPIDEMICS
KYNMOBI FILM (QL= 5 films/day)	PA-QL	3 ANTIPARKINSON AND RELATED THERAPY AGENTS
KYNMOBI TITRATION KIT (QL=1 kit/fill)	PA-QL	3 ANTIPARKINSON AND RELATED THERAPY AGENTS
KYTRIL TAB (QL= 14 tabs/fill)	QL	3 ANTIEMETICS
L.E.T. GEL	-	NC DERMATOLOGICALS
labetalol tab (NORMODYNE equiv)	-	1 BETA BLOCKERS
LAC-HYDRIN CREAM	-	3 DERMATOLOGICALS
LAC-HYDRIN LOTION	-	3 DERMATOLOGICALS
lacosamide tab (VIMPAT equiv) (QL= 2 tabs/day)	QL	1 ANTICONVULSANTS
LACRISERT OPHTH INSERT	-	NC OPHTHALMIC AGENTS
LACTIC ACID LOTION	-	1 DERMATOLOGICALS
LACTULOSE PACK	-	NC LAXATIVES
lactulose soln	-	1 LAXATIVES
LAMICTAL CHEW TAB	-	3 ANTICONVULSANTS
LAMICTAL CHEW TAB 2MG	-	2 ANTICONVULSANTS
LAMICTAL ODT	-	3 ANTICONVULSANTS
LAMICTAL ODT KIT	-	3 ANTICONVULSANTS
LAMICTAL ODT KIT, LAMICTAL XR KIT	-	3 ANTICONVULSANTS
LAMICTAL STARTER KIT	-	3 ANTICONVULSANTS
LAMICTAL TAB	-	3 ANTICONVULSANTS

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RS	Restricted to Specialist	SF	Limited to two 15 day fills per month fo first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	VAC	Vaccine Program
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Drug Name	Special Code	Tier	Category
LAMICTAL XR TAB	-	3	ANTICONVULSANTS
LAMISIL TAB	-	3	ANTIFUNGALS
lamivudine soln (EPIVIR equiv)	-	1	ANTIVIRALS
lamivudine tab (EPIVIR equiv)	-	1	ANTIVIRALS
lamivudine tab 100mg (EPIVIR HBV equiv)	-	1	ANTIVIRALS
lamivudine/zidovudine tab (COMBIVIR equiv)	-	2	ANTIVIRALS
lamotrigine chew tab (LAMICTAL equiv)	-	1	ANTICONVULSANTS
lamotrigine ER tab (LAMICTAL XR equiv)	-	3	ANTICONVULSANTS
lamotrigine ODT (LAMICTAL equiv)	-	3	ANTICONVULSANTS
lamotrigine ODT kit (LAMICTAL ODT KIT equiv)	-	3	ANTICONVULSANTS
lamotrigine tab (LAMICTAL equiv)	-	1	ANTICONVULSANTS
LAMPIT TAB	-	NC	ANTI-INFECTIVE AGENTS MISC.
LANCET DEVICE	OTC	1	MEDICAL DEVICES AND SUPPLIES
LANCET KIT	OTC	1	MEDICAL DEVICES AND SUPPLIES
LANCETS	OTC	1	MEDICAL DEVICES AND SUPPLIES
LANOXIN TAB	-	3	CARDIOTONICS
LANOXIN TAB 62.5MCG	-	NC	CARDIOTONICS
lansoprazole cap (PREVACID equiv)	OTC	3	ULCER DRUGS

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¢	RxCENTS		

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Drug Name	Special Code	Tier	Category
lansoprazole odt (PREVACID SOLUTAB equiv)	-	NC	ULCER DRUGS / ANTISPASMODICS / ANTICHOLINERGICS
LANSOPRAZOLE SUSP	-	3	ULCER DRUGS
lansoprazole/amoxicillin/clarithromycin kit (PREVPAC equiv)	-	3	ULCER DRUGS
lanthanum carbonate chew tab (FOSRENOL equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
LANTUS INJ	-	2	ANTIDIABETICS
LANTUS SOLOSTAR INJ	-	2	ANTIDIABETICS
lapatinib ditosylate tab (TYKERB equiv)	MSP-PA	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LARIAM TAB	-	3	ANTIMALARIALS
LASIX TAB	-	3	DIURETICS
LASTACRAFT OPHTH SOLN (QL= 3ml/30 days)	QL	3	OPHTHALMIC AGENTS
latanoprost ophth soln (XALATAN equiv) (QL= 2.5ml/30 days)	QL	1	OPHTHALMIC AGENTS
LATUDA TAB (QL= 1 tab/day)	QL- ϕ	2	ANTIPSYCHOTICS / ANTIMANIC AGENTS
LAZANDA NASAL SPRAY (QL= 15 bottles/30 days)	PA-QL	3	ANALGESICS - OPIOID
LEDIPASVIR/SOFOSBUVIR TAB (QL= 1 tab/ day)	MSP-PA-QL	SP	ANTIVIRALS
leflunomide tab (ARAVA equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY

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ST	Step Therapy	VAC	Vaccine Program
ϕ	RxCENTS		

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Drug Name	Special Code	Tier	Category
lenalidomide cap (REVLIMID equiv) (QL= 1 cap/day; Restricted to Oncology or Hematology Specialist)	MSP-QL-RS	SP	MISCELLANEOUS THERAPEUTIC CLASSES
LENVIMA CAP (QL= 3 caps/day; Only available through Accredo 800-803-2523)	LD-PA-QL	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LESCOL CAP	-	3	ANTIHYPERTENSIVES
LESCOL XL TAB	-	3	ANTIHYPERTENSIVES
LETAIRIS TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
letrozole tab (FEMARA equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
leucovorin tab	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEUKERAN TAB	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEUKINE INJ	-	NC	HEMATOPOIETIC AGENTS
leuprolide inj (LUPRON equiv)	INF-MSP	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEVALBUTEROL INHALER, XOPENEX HFA INHALER (QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA)	QL-ST	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
levalbuterol neb soln (XOPENEX equiv)	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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ST	Step Therapy	VAC	Vaccine Program
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Drug Name	Special Code	Tier	Category
LEVAQUIN SOLN	-	3	FLUOROQUINOLONES
LEVAQUIN TAB	-	3	FLUOROQUINOLONES
LEVATOL TAB	-	3	BETA BLOCKERS
LEVBID TAB	-	3	ULCER DRUGS
LEVEMIR FLEXTOUCH INJ	-	2	ANTIDIABETICS
LEVEMIR INJ	-	2	ANTIDIABETICS
levetiracetam ER tab (KEPPRA XR equiv)	-	1	ANTICONVULSANTS
levetiracetam soln (KEPPRA equiv)	-	1	ANTICONVULSANTS
levetiracetam tab (KEPPRA equiv)	-	1	ANTICONVULSANTS
LEVITRA TAB	-	EX	CARDIOVASCULAR
		C	AGENTS - MISC.
LEVOBUNOLOL OPHTH SOLN	-	1	OPHTHALMIC AGENTS
levobunolol ophth soln (BETAGAN equiv)	-	1	OPHTHALMIC AGENTS
levocarnitine soln (CARNITOR equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
levocarnitine tab (CARNITOR equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
levocetirizine soln (XYZAL equiv)	-	3	ANTIHISTAMINES
levocetirizine tab (XYZAL equiv)	-	3	ANTIHISTAMINES
levofloxacin ophth soln (QUIXIN equiv)	-	1	OPHTHALMIC AGENTS
levofloxacin soln (LEVAQUIN equiv)	-	1	FLUOROQUINOLONES
levofloxacin tab (LEVAQUIN equiv)	-	1	FLUOROQUINOLONES

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Drug Name	Special Code	Tier Category
levonorgestrel tab (PLAN B equiv)	OTC	\$0 CONTRACEPTIVES
LEVONORGESTREL TAB 0.75MG	-	\$0 CONTRACEPTIVES
levorphanol tab (LEVORPHANOL equiv)	-	NC ANALGESICS - OPIOID
LEVOTHYROXINE INJ	-	NC THYROID AGENTS
levothyroxine tab (SYNTHROID equiv)	-	NC THYROID AGENTS
LEVSIN INJ	-	NC ULCER DRUGS
LEVSIN SL TAB	-	3 ULCER DRUGS
LEVSIN TAB	-	3 ULCER DRUGS
LEVSINEX CAP	-	3 ULCER DRUGS
LEXAPRO SOLN	-	3 ANTIDEPRESSANTS
LEXAPRO TAB	-	3 ANTIDEPRESSANTS
LEXETTE FOAM	-	NC DERMATOLOGICALS
LEXIVA SUSP	-	2 ANTIVIRALS
LEXIVA TAB	-	3 ANTIVIRALS
LIALDA TAB	-	NC GASTROINTESTINAL AGENTS - MISC.
LIBRAX CAP	-	NC ULCER DRUGS
LIBRIUM CAP	-	3 ANTIANXIETY AGENTS
LICART PATCH	-	NC DERMATOLOGICALS
LIDAMANTLE LOTION	-	NC DERMATOLOGICALS
LIDOCAINE CREAM	-	NC DERMATOLOGICALS
lidocaine cream 3% (LIDAMANTLE equiv)	-	1 DERMATOLOGICALS
lidocaine cream 3.88% (LIDOTRAL equiv)	-	NC DERMATOLOGICALS
lidocaine gel (GLYDO equiv)	-	1 DERMATOLOGICALS

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ST	Step Therapy	VAC	Vaccine Program
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Drug Name	Special Code	Tier	Category
lidocaine gel (XYLOCAINE equiv)	-	1	DERMATOLOGICALS
LIDOCAINE GEL	-	2	DERMATOLOGICALS
lidocaine lotion (LIDAMANTLE equiv)	-	NC	DERMATOLOGICALS
lidocaine oint (QL= 107gm/30 days)	QL	1	DERMATOLOGICALS
lidocaine oint/transparent dressing kit (LIDOPAC equiv)	-	NC	DERMATOLOGICALS
LIDOCAINE ORAL SOLN 4%	-	2	MOUTH / THROAT / DENTAL AGENTS
lidocaine patch (LIDODERM equiv) (QL= 3 patches/day)	QL	3	DERMATOLOGICALS
lidocaine patch 3.5% (GEN7T equiv)	-	NC	DERMATOLOGICALS
lidocaine patch 5% (LIDODERM equiv) (QL= 3 patches/day)	QL	2	DERMATOLOGICALS
lidocaine soln (XYLOCAINE equiv)	-	1	DERMATOLOGICALS
LIDOCAINE SUPP	-	NC	ANORECTAL AND RELATED PRODUCTS
lidocaine viscous soln	-	1	MOUTH / THROAT / DENTAL AGENTS
lidocaine/hydrocortisone cream (ANAMANTLE equiv)	-	2	ANORECTAL AGENTS
LIDOCAINE/HYDROCORTISONE RECTAL CREAM KIT	-	NC	ANORECTAL AGENTS
lidocaine/prilocaine cream (EMLA equiv)	-	1	DERMATOLOGICALS
LIDOCAINE/TETRACAINE CREAM	-	NC	DERMATOLOGICALS

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Drug Name	Special Code	Tier Category
LIDOCIN GEL	-	NC DERMATOLOGICALS
LIDODERM PATCH (QL= 3 patches/day)	QL	3 DERMATOLOGICALS
LIDOLOG KIT	-	NC CORTICOSTEROIDS
LIDOSTREAM KIT	-	NC DERMATOLOGICALS
LIDOTIN PAK	-	NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LIDOTRAL CREAM	-	NC DERMATOLOGICALS
LIDOTREX GEL	-	NC DERMATOLOGICALS
LIDOVEX CREAM	-	NC DERMATOLOGICALS
LIMBITROL TAB	-	3 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LINDANE LOTION	-	3 DERMATOLOGICALS
lindane shampoo	-	3 DERMATOLOGICALS
linezolid susp (ZYVOX equiv) (Restricted to Infectious Disease Specialist)	RS	2 ANTI-INFECTIVE AGENTS MISC.
linezolid tab (ZYVOX equiv) (Restricted to Infectious Disease Specialist)	RS	2 ANTI-INFECTIVE AGENTS MISC.
LINZESS CAP	PA	3 GASTROINTESTINAL AGENTS - MISC.
liothyronine tab (CYTOMEL equiv)	-	1 THYROID AGENTS
LIPITOR TAB	-	3 ANTIHYPERLIPIDEMICS
LIPTRUZET TAB	-	3 ANTIHYPERLIPIDEMICS

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Drug Name	Special Code	Tier	Category
lisinopril tab (PRINIVIL/ZESTRIL equiv)	-	1	ANTIHYPERTENSIVES
lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv)	-	1	ANTIHYPERTENSIVES
LITHIUM CARBONATE CAP	-	1	ANTIPSYCHOTICS / ANTIMANIC AGENTS
lithium carbonate cap (ESKALITH ER equiv)	-	1	ANTIPSYCHOTICS / ANTIMANIC AGENTS
lithium carbonate ER tab (LITHOBID equiv)	-	1	ANTIPSYCHOTICS / ANTIMANIC AGENTS
lithium carbonate tab	-	1	ANTIPSYCHOTICS / ANTIMANIC AGENTS
lithium citrate soln	-	1	ANTIPSYCHOTICS / ANTIMANIC AGENTS
LITHOBID TAB	-	3	ANTIPSYCHOTICS / ANTIMANIC AGENTS
LITHOSTAT TAB	-	3	GENITOURINARY AGENTS - MISCELLANEOUS
LIVALO TAB (Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)	ST	3	ANTIHYPERLIPIDEMICS
LIVMARLI SOLN	-	NC	GASTROINTESTINAL AGENTS - MISC.
LIVTENCITY TAB	-	NC	ANTIVIRALS

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Drug Name	Special Code	Tier Category
L-METHYLFOLATE TAB	-	EX C DIETARY PRODUCTS / DIETARY MANAGEMENT PRODUCTS
LMR PLUS KIT	-	NC DERMATOLOGICALS
LO LOESTRIN TAB	-	3 CONTRACEPTIVES
LOCOID CREAM	-	NC DERMATOLOGICALS
LOCOID LIPOCREAM	-	NC DERMATOLOGICALS
LOCOID LOTION	-	NC DERMATOLOGICALS
LOCOID OINT	-	NC DERMATOLOGICALS
LOCOID SOLN	-	NC DERMATOLOGICALS
LODOSYN TAB	-	3 ANTIPARKINSON AGENTS
loestrin 21 tab	-	3 CONTRACEPTIVES
LOESTRIN 24 FE TAB	-	3 CONTRACEPTIVES
LOESTRIN FE TAB	-	3 CONTRACEPTIVES
loestrin tab	-	3 CONTRACEPTIVES
lohist liquid (DECON-A equiv)	OTC	EX C COUGH / COLD / ALLERGY
LOKELMA PAK	PA	2 MISCELLANEOUS THERAPEUTIC CLASSES
LOMAIRA TAB	-	EX C ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
LOMOTIL LIQUID	-	3 ANTIDIARRHEALS

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Drug Name	Special Code	Tier	Category
LOMOTIL TAB	-	3	ANTIDIARRHEALS
LONHALA MAGNAIR SOLN (Step Therapy requires trial of INCRUSE ELLIPTA INHALER)	ST	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
LONSURF TAB (Only available through Walgreens 888-347-3416)	LD-PA	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
loperamide cap (IMODIUM equiv) (Rx Only)	-	1	ANTIDIARRHEALS
loperamide soln (LOPERAMIDE equiv)	OTC	NC	ANTIDIARRHEAL / PROBIOTIC AGENTS
LOPID TAB	-	3	ANTIHYPERTENSIVES
lopinavir/ritonavir soln (KALETRA equiv)	-	2	ANTIVIRALS
lopinavir/ritonavir tab (KALETRA equiv)	-	2	ANTIVIRALS
LOPRESSOR HCT TAB	-	3	ANTIHYPERTENSIVES
LOPRESSOR TAB	-	3	BETA BLOCKERS
LOPROX CREAM	-	3	DERMATOLOGICALS
LOPROX GEL	-	3	DERMATOLOGICALS
LOPROX SHAMPOO	-	3	DERMATOLOGICALS
loratadine cap (CLARITIN equiv)	OTC	EX C	ANTIHISTAMINES
lorazepam conc (ATIVAN equiv)	-	1	ANTIANSIETY AGENTS
lorazepam tab (ATIVAN equiv)	-	1	ANTIANSIETY AGENTS
LORBRENA TAB 100MG (QL= 1 tab/day)	MSP-PA-QL-SF	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

	NC =Not Covered	generic =small letters	BRANDS =CAPITAL LETTERS
EXC	Plan Exclusion	INF	Infertility
LD	Limited Distribution	M	Medical Benefit
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	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS		

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Drug Name	Special Code	Tier Category
LORBRENA TAB 25MG (QL= 3 tabs/day)	MSP-PA-QL-SF	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LOREEV XR CAP	-	NC ANTIANXIETY AGENTS
LORTAB	-	3 ANALGESICS - OPIOID
LORTAB ELIXIR	-	3 ANALGESICS - OPIOID
LORVATUS PHARMAPAK KIT	-	NC MUSCULOSKELETAL THERAPY AGENTS
losartan tab (COZAAR equiv)	-	1 ANTIHYPERTENSIVES
losartan/hydrochlorothiazide tab (HYZAAR equiv)	-	1 ANTIHYPERTENSIVES
LOTEMAX OPHTH GEL	-	2 OPHTHALMIC AGENTS
LOTEMAX OPHTH GEL	-	3 OPHTHALMIC AGENTS
LOTEMAX OPHTH OINT	-	2 OPHTHALMIC AGENTS
LOTEMAX OPHTH SUSP	-	NC OPHTHALMIC AGENTS
LOTEMAX SM GEL 0.38%	-	NC OPHTHALMIC AGENTS
LOTENSIN HCT TAB	-	3 ANTIHYPERTENSIVES
LOTENSIN TAB	-	3 ANTIHYPERTENSIVES
loteprednol etabonate ophth gel (LOTEMAX equiv)	-	2 OPHTHALMIC AGENTS
loteprednol ophth susp (LOTEMAX equiv)	-	2 OPHTHALMIC AGENTS
LOTREL CAP	-	3 ANTIHYPERTENSIVES
LOTRIMIN AF CREAM	-	NC DERMATOLOGICALS
LOTRISONE CREAM	-	3 DERMATOLOGICALS
LOTRISONE LOTION	-	3 DERMATOLOGICALS
LOTRONEX TAB	-	3 GASTROINTESTINAL AGENTS - MISC.

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Drug Name	Special Code	Tier Category	
lovastatin tab (MEVACOR equiv)	-	\$0	ANTIHYPERSLIPIDEMICS
LOVAZA CAP	-	3	ANTIHYPERSLIPIDEMICS
LOVENOX INJ (QL= 17 days supply)	QL	3	ANTICOAGULANTS
loxapine cap (LOXITANE equiv)	-	1	ANTIPSYCHOTICS / ANTIMANIC AGENTS
LOXITANE CAP	-	3	ANTIPSYCHOTICS / ANTIMANIC AGENTS
LTA 360 KIT	-	3	MOUTH / THROAT / DENTAL AGENTS
LUCEMYRA TAB (QL= 96 tabs/7 days)	PA-QL	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LUFYLLIN TAB	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
LULICONAZOLE CREAM, LUZU CREAM	-	NC	DERMATOLOGICALS
LUMAKRAS TAB (QL= 8 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUMIFY OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
LUMIGAN OPHTH SOLN (QL= 2.5ml/30 days)	QL	2	OPHTHALMIC AGENTS
LUNESTA TAB (QL= 1 tab/day)	QL	3	HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS

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Drug Name	Special Code	Tier Category
LUPANETA PACK	-	NC ENDOCRINE AND METABOLIC AGENTS - MISC.
LUPKYNIS CAP (QL= 6 caps/day; Only available through Biologics 800-850-4306 or PantheRx Pharmacy 855-726-8479)	LD-PA-QL	SP MISCELLANEOUS THERAPEUTIC CLASSES
LUPRON DEPOT INJ	MSP	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUPRON DEPOT PED INJ	MSP	SP ENDOCRINE AND METABOLIC AGENTS - MISC.
LUPRON DEPOT-PED INJ	MSP	SP ENDOCRINE AND METABOLIC AGENTS - MISC.
LURIDE SOLN (Covered at \$0 for members 5 years or younger; All other members covered at non-preferred brand copay)	-	\$0 MINERALS & ELECTROLYTES
LURIDE TAB (Covered at \$0 for members 5 years or younger; All other members covered at non-preferred brand copay)	-	\$0 MINERALS & ELECTROLYTES
LUVIRA CAP	-	EX C DIETARY PRODUCTS / DIETARY MANAGEMENT PRODUCTS

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Drug Name	Special Code	Tier	Category
LUVOX CR CAP (Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine)	ST	3	ANTIDEPRESSANTS
LUXIQ FOAM	-	NC	DERMATOLOGICALS
LYBALVI TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LYNPARZA CAP (Only available through Biologics 800-850-4306, QL= 16 caps/day)	LD-PA-QL-SF	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYNPARZA TAB (Only available through Biologics 800-850-4306, QL= 4 tabs/day)	LD-PA-QL-SF	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYRICA CAP	-	3	ANTICONVULSANTS
LYRICA CAP 225MG	-	3	ANTICONVULSANTS
LYRICA CAP 300MG	-	3	ANTICONVULSANTS
LYRICA CR TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LYRICA SOLN	-	3	ANTICONVULSANTS
LYSODREN TAB (Only available through Walgreen 888-347-3416)	LD	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYSTEDA TAB	-	3	HEMOSTATICS
LYUMJEV INJ	-	NC	ANTIDIABETICS
LYUMJEV KWIKPEN INJ	-	NC	ANTIDIABETICS
MACRILEN PACK	-	NC	DIAGNOSTIC PRODUCTS

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Drug Name	Special Code	Tier	Category
MACROBID CAP	-	3	ANTI-INFECTIVE AGENTS MISC.
MACRODANTIN CAP	-	3	ANTI-INFECTIVE AGENTS MISC.
MACRODANTIN CAP 25MG	-	NC	ANTI-INFECTIVE AGENTS MISC.
magnesium sulfate inj	M	M	MINERALS & ELECTROLYTES
MALARONE TAB	-	3	ANTIMALARIALS
malathion lotion (OVIDE equiv) (QL= 2 bottles/fill)	QL	3	DERMATOLOGICALS
maldemar tab (SCOPACE equiv)	-	1	ANTIEMETICS
mannitol soln (OSMITROL equiv)	-	3	DIURETICS
MAPROTILINE TAB	-	1	ANTIDEPRESSANTS
maraviroc tab (SELZENTRY equiv)	-	2	ANTIVIRALS
MARINOL CAP	PA	3	ANTIEMETICS
MARPLAN TAB	-	2	ANTIDEPRESSANTS
MATULANE CAP	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MAVENCLAD PAK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MAVIK TAB	-	3	ANTIHYPERTENSIVES
MAVYRET PAK (QL= 5 packs/day)	MSP-PA-QL	SP	ANTIVIRALS
MAVYRET TAB (QL= 3 tabs/day)	MSP-PA-QL	SP	ANTIVIRALS

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Drug Name	Special Code	Tier	Category
MAXALT MLT TAB (QL= 12 tabs/fill, 3 fills/60 days)	QL	3	MIGRAINE PRODUCTS
MAXALT TAB (QL= 12 tabs/fill, 3 fills/60 days)	QL	3	MIGRAINE PRODUCTS
MAXIDEX OPHTH SOLN	-	2	OPHTHALMIC AGENTS
MAXITROL OPHTH OINT	-	3	OPHTHALMIC AGENTS
MAXITROL OPHTH SUSP	-	3	OPHTHALMIC AGENTS
MAXZIDE TAB	-	3	DIURETICS
MAYZENT TAB	MSP	SP	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MAYZENT TAB STARTER PACK	MSP	SP	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
mebendazole chew tab (VERMOX equiv)	-	1	ANTHELMINTICS
MECLIZINE 50MG TAB	-	NC	ANTIEMETICS
meclizine chew tab (BONINE equiv)	OTC	1	ANTIEMETICS
meclizine tab (ANTIVERT equiv)	OTC	1	ANTIEMETICS
MECLOFENAMATE CAP	-	3	ANALGESICS - ANTI-INFLAMMATORY
MEDI-PATCH W/LIDOCAINE PATCH	-	NC	DERMATOLOGICALS
MEDROL DOSE PACK	-	3	CORTICOSTEROIDS
MEDROL TAB	-	2	CORTICOSTEROIDS
MEDROL TAB	-	3	CORTICOSTEROIDS
medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/90 days)	QL	\$0	CONTRACEPTIVES

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Drug Name	Special Code	Tier	Category
medroxyprogesterone tab (PROVERA equiv)	-	1	PROGESTINS
mefenamic acid cap (PONSTEL equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
mefloquine tab (LARIAM equiv)	-	2	ANTIMALARIALS
MEGACE ES SUSP	-	3	PROGESTINS
MEGACE SUSP	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
megestrol ES susp (MEGACE ES equiv)	-	3	PROGESTINS
megestrol susp (MEGACE equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
megestrol tab (MEGACE equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKINIST TAB 0.5MG (QL= 3 tabs/day)	MSP-PA-QL	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKINIST TAB 2MG (QL= 1 tab/day)	MSP-PA-QL	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKTOVI TAB (QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
meloxicam cap (VIVLODEX equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
MELOXICAM COMFORT KIT	-	NC	ANALGESICS - ANTI-INFLAMMATORY
MELOXICAM SUSP	-	3	ANALGESICS - ANTI-INFLAMMATORY

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Drug Name	Special Code	Tier	Category
meloxicam tab (MOBIC equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
melphalan inj (ALKERAN equiv)	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
melphalan tab (ALKERAN equiv)	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
memantine ER cap (NAMENDA XR equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
memantine sol (NAMENDA equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
memantine tab (NAMENDA equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MENACTRA INJ	VAC	EX	VACCINES
MENEST TAB	-	3	ESTROGENS
MENOSTAR PATCH	-	3	ESTROGENS
MENQUADFI INJ	VAC	EX	VACCINES
MENTAX CREAM	-	3	DERMATOLOGICALS
MENTHOREAL10 THERAPY PACK	-	NC	DERMATOLOGICALS
meperidine tab (DEMEROL equiv)	-	3	ANALGESICS - OPIOID

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Drug Name	Special Code	Tier Category
MEPERIDINE TAB	-	NC ANALGESICS - OPIOID
MEPHYTON TAB	-	3 VITAMINS
meprobamate tab (MILTOWN equiv)	-	3 ANTIANXIETY AGENTS
MEPRON SUSP	-	3 ANTI-INFECTIVE AGENTS MISC.
mercaptapurine tab (PURINETHOL equiv)	-	2 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
meropenem inj (MERREM equiv)	-	3 ANTI-INFECTIVE AGENTS MISC.
mesalamine DR cap (DELZICOL equiv)	-	2 GASTROINTESTINAL AGENTS - MISC.
mesalamine DR tab (LIALDA equiv)	-	2 GASTROINTESTINAL AGENTS - MISC.
mesalamine enema (ROWASA equiv)	-	2 GASTROINTESTINAL AGENTS - MISC.
mesalamine ER cap (APRISO equiv)	-	2 GASTROINTESTINAL AGENTS - MISC.
mesalamine supp (CANASA equiv)	-	2 GASTROINTESTINAL AGENTS - MISC.
mesalamine tab (ASACOL equiv)	-	3 GASTROINTESTINAL AGENTS - MISC.
MESNEX TAB	MSP	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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Drug Name	Special Code	Tier	Category
MESTINON TAB	-	3	ANTIMYASTHENIC / CHOLINERGIC AGENTS
MESTINON TIMESPAN TAB	-	3	ANTIMYASTHENIC / CHOLINERGIC AGENTS
METADATE CD CAP	-	3	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
METAGLIP TAB	-	3	ANTIDIABETICS
METANX CAP	-	EX C	DIETARY PRODUCTS / DIETARY MANAGEMENT PRODUCTS
METAPROTERENOL SYRUP	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
METAPROTERENOL TAB	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
metaxalone tab (SKELAXIN equiv)	-	3	MUSCULOSKELETAL THERAPY AGENTS
METAXALONE TAB 400MG	-	3	MUSCULOSKELETAL THERAPY AGENTS
metformin ER osmotic tab (FORTAMET equiv)	-	3	ANTIDIABETICS
metformin ER tab (GLUCOPHAGE XR equiv)	-	1	ANTIDIABETICS

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metformin soln (RIOMET equiv)	-	3	ANTIDIABETICS
metformin tab (GLUCOPHAGE equiv)	-	1	ANTIDIABETICS
methadone soln	-	1	ANALGESICS - OPIOID
methadone tab (DOLOPHINE equiv)	-	1	ANALGESICS - OPIOID
METHADOSE CONC	-	3	ANALGESICS - OPIOID
methadose tab	-	1	ANALGESICS - OPIOID
methamphetamine tab (DESOXYN equiv)	-	1	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
methazolamide tab (NEPTAZANE equiv)	-	2	DIURETICS
methenamine hippurate tab (HIPREX equiv)	-	2	ANTI-INFECTIVE AGENTS MISC.
methenamine mandelate tab	-	1	ANTI-INFECTIVE AGENTS MISC.
methimazole tab (TAPAZOLE equiv)	-	1	THYROID AGENTS
METHITEST TAB	PA	3	ANDROGENS-ANABOLIC
methocarbamol tab (ROBAXIN equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
METHOTREXATE INJ	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
methotrexate tab (TREXALL equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
METHOXSALEN CAP	-	2	DERMATOLOGICALS

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Drug Name	Special Code	Tier	Category
methoxsalen cap (OXSORALEN ULTRA equiv)	-	2	DERMATOLOGICALS
methscopolamine tab (PAMINE equiv)	-	3	ULCER DRUGS
METHYCLOTHIAZIDE TAB	-	1	DIURETICS
METHYLDOPA TAB	-	1	ANTIHYPERTENSIVES
methylodopa tab (ALDOMET equiv)	-	1	ANTIHYPERTENSIVES
METHYLDOPA/HYDROCHLOROTHIAZIDE TAB	-	1	ANTIHYPERTENSIVES
methylergonovine tab (METHERGINE equiv) (QL= 28 tabs/fill, 1 fill/365 days)	QL	2	OXYTOCICS
METHYLIN CHEW TAB	-	3	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
METHYLIN SOLN	-	2	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
methylphenidate CD cap (METADATE CD equiv)	-	2	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
methylphenidate chew tab (METHYLIN equiv)	-	3	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS

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Drug Name	Special Code	Tier	Category
methylphenidate ER cap (RITALIN LA equiv)	-	2	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
methylphenidate ER cap (APTENSIO XR equiv)	-	NC	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
methylphenidate ER tab	-	2	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
methylphenidate ER tab (CONCERTA equiv)	-	2	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
methylphenidate ER tab 10mg, 20mg (RITALIN equiv)	-	1	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
METHYLPHENIDATE ER TAB 72MG	-	NC	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS

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EXC	Plan Exclusion	INF	Infertility
LD	Limited Distribution	M	Medical Benefit
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	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	VAC	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.

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Drug Name	Special Code	Tier	Category
methylphenidate soln (METHYLIN equiv)	-	2	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
methylphenidate tab (RITALIN equiv)	-	1	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
methylprednisolone dose pack (MEDROL equiv)	-	1	CORTICOSTEROIDS
methylprednisolone tab (MEDROL equiv)	-	1	CORTICOSTEROIDS
methyltestosterone cap	PA	3	ANDROGENS-ANABOLIC
METIPRANOLOL OPTH SOLN	-	2	OPHTHALMIC AGENTS
metoclopramide soln (REGLAN equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
metoclopramide tab (REGLAN equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
metolazone tab (ZAROXOLYN equiv)	-	1	DIURETICS
metoprolol ER tab (TOPROL XL equiv)	-	1	BETA BLOCKERS
metoprolol tab (LOPRESSOR equiv)	-	1	BETA BLOCKERS
METOPROLOL/HYDROCHLOROTHIAZIDE TAB	-	2	ANTIHYPERTENSIVES
metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv)	-	2	ANTIHYPERTENSIVES
METZOZOLV ODT	-	NC	GASTROINTESTINAL AGENTS - MISC.

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Drug Name	Special Code	Tier	Category
METROCREAM	-	3	DERMATOLOGICALS
METROGEL 1%	-	3	DERMATOLOGICALS
METROGEL VAGINAL GEL	-	3	VAGINAL PRODUCTS
METROLOTION	-	3	DERMATOLOGICALS
metronidazole cap (FLAGYL equiv)	-	NC	ANTI-INFECTIVE AGENTS - MISC.
metronidazole cream (METROCREAM equiv)	-	1	DERMATOLOGICALS
metronidazole gel (METROGEL equiv)	-	2	DERMATOLOGICALS
metronidazole gel 0.75% (METROGEL equiv)	-	1	DERMATOLOGICALS
metronidazole lotion (METROLOTION equiv)	-	2	DERMATOLOGICALS
metronidazole tab (FLAGYL equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
metronidazole vaginal gel (METROGEL equiv)	-	1	VAGINAL PRODUCTS
metyrosine cap (DEMSEER equiv)	-	NC	ANTIHYPERTENSIVES
MEVACOR TAB	-	3	ANTIHYPERLIPIDEMICS
mexiletine hcl cap	-	2	ANTIARRHYTHMICS
MEXPAROX HC CREAM	-	NC	DERMATOLOGICALS
MIACALCIN INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
MIACALCIN NASAL SPRAY	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
mibelas chew tab (MINASTRIN equiv)	-	3	CONTRACEPTIVES

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Drug Name	Special Code	Tier Category
MICARDIS HCT TAB	-	NC ANTIHYPERTENSIVES
MICARDIS TAB	-	3 ANTIHYPERTENSIVES
MICLARA LIQUID	-	NC ANTIHISTAMINES
MICONAZOLE 3 SUPP 200MG	-	3 VAGINAL PRODUCTS
MICORT-HC CREAM	-	NC DERMATOLOGICALS
MICRO-K CAP	-	3 MINERALS & ELECTROLYTES
MICROVIX LP PAK	-	NC DERMATOLOGICALS
MICROZIDE CAP	-	3 DIURETICS
MIDAMOR TAB	-	3 DIURETICS
midodrine tab (PROAMATINE equiv)	-	1 VASOPRESSORS
MIGERGOT SUPP	-	NC MIGRAINE PRODUCTS
miglitol tab (MIGLITOL equiv)	-	3 ANTIDIABETICS
miglustat cap (ZAVESCA equiv) (Only available through Accredo 800-803-2523)	LD-PA	SP HEMATOPOIETIC AGENTS
MIGRANAL SPRAY	-	NC MIGRAINE PRODUCTS
MILLIPRED DP PAK	-	NC CORTICOSTEROIDS
MILLIPRED TAB	-	3 CORTICOSTEROIDS
MINASTRIN CHEW TAB	-	3 CONTRACEPTIVES
MINIPRESS CAP	-	3 ANTIHYPERTENSIVES
MINOCIN CAP	-	3 TETRACYCLINES
minocycline cap (MINOCIN equiv)	-	1 TETRACYCLINES
MINOCYCLINE ER CAP	-	NC TETRACYCLINES
minocycline ER tab (SOLODYN equiv)	-	NC TETRACYCLINES

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Drug Name	Special Code	Tier	Category
minocycline tab (DYNACIN equiv)	-	2	TETRACYCLINES
minoxidil tab (LONITEN equiv)	-	1	ANTIHYPERTENSIVES
MIRALAX PACKET	OTC	3	LAXATIVES
MIRALAX POWDER	OTC	3	LAXATIVES
MIRAPEX ER TAB	-	3	ANTIPARKINSON AGENTS
MIRAPEX TAB	-	3	ANTIPARKINSON AGENTS
MIRCERA INJ	-	NC	HEMATOPOIETIC AGENTS
MIRCETTE TAB	-	3	CONTRACEPTIVES
MIRENA IUD	-	\$0	CONTRACEPTIVES
mirtazapine ODT (REMERON equiv)	-	1	ANTIDEPRESSANTS
mirtazapine tab (REMERON equiv)	-	1	ANTIDEPRESSANTS
MIRVASO GEL	-	EX C	DERMATOLOGICALS
misoprostol tab (CYTOTEC equiv)	-	1	ULCER DRUGS
MITIGARE CAP, COLCHICINE CAP	-	NC	GOUT AGENTS
MOBIC TAB	-	3	ANALGESICS - ANTI-INFLAMMATORY
modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day)	PA-QL	1	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
MODERIBA TAB	-	NC	ANTIVIRALS
moexipril tab (UNIVASC equiv)	-	1	ANTIHYPERTENSIVES
MOEXIPRIL/HYDROCHLOROTHIAZIDE TAB	-	1	ANTIHYPERTENSIVES

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Drug Name	Special Code	Tier	Category
moexipril/hydrochlorothiazide tab (UNIRETIC equiv)	-	1	ANTIHYPERTENSIVES
MOLINDONE TAB	-	NC	ANTIPSYCHOTICS / ANTIMANIC AGENTS
MOLNUPIRAVIR CAP (QL= 40 caps/fill)	QL	\$0	ANTIVIRALS
mometasone cream (ELOCON equiv)	-	1	DERMATOLOGICALS
mometasone nasal spray (NASONEX equiv) (QL= 2 bottles/fill)	QL	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
mometasone oint (ELOCON equiv)	-	1	DERMATOLOGICALS
mometasone soln (ELOCON equiv)	-	1	DERMATOLOGICALS
MONODOX CAP	-	3	TETRACYCLINES
MONOPRIL HCT TAB	-	3	ANTIHYPERTENSIVES
MONOPRIL TAB	-	3	ANTIHYPERTENSIVES
montelukast chew tab (SINGULAIR equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
montelukast granule pack (SINGULAIR equiv)	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
montelukast tab (SINGULAIR equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
MONUROL GRANULE PACK	-	3	ANTI-INFECTIVE AGENTS MISC.
MORPHABOND TAB	-	NC	ANALGESICS - OPIOID

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Drug Name	Special Code	Tier	Category
MORPHINE SULFATE ER BEAD CAP (QL= 2 caps/day)	QL	3	ANALGESICS - OPIOID
MORPHINE SULFATE ER CAP	-	NC	ANALGESICS - OPIOID
morphine sulfate ER cap (KADIAN equiv)	-	NC	ANALGESICS - OPIOID
morphine sulfate ER tab (MS CONTIN equiv)	-	1	ANALGESICS - OPIOID
morphine sulfate soln	-	1	ANALGESICS - OPIOID
MORPHINE SULFATE SUPP	-	2	ANALGESICS - OPIOID
morphine sulfate tab	-	1	ANALGESICS - OPIOID
MOTEGRITY TAB	PA	3	GASTROINTESTINAL AGENTS - MISC.
MOTOFEN TAB	-	3	ANTIDIARRHEALS
MOTRIN SUSP	-	3	ANALGESICS - ANTI-INFLAMMATORY
MOVANTIK TAB	PA	2	GASTROINTESTINAL AGENTS - MISC.
MOVIPREP SOLN (Step Therapy requires trial of CLENPIQ)	ST	3	LAXATIVES
MOXATAG TAB	-	NC	PENICILLINS
MOXATAG TAB 775MG	-	NC	PENICILLINS
MOXEZA OPHTH SOLN 0.5%	-	NC	OPHTHALMIC AGENTS
MOXEZA OPHTH SOLN, MOXIFLOXACIN OPHTH SOLN, VIGAMOX OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv)	-	1	OPHTHALMIC AGENTS

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Drug Name	Special Code	Tier Category
MOXIFLOXACIN SOLN	-	NC OPTHALMIC AGENTS
moxifloxacin tab (AVELOX equiv)	-	2 FLUOROQUINOLONES
MOZOBIL INJ	M	M HEMATOPOIETIC AGENTS
MS CONTIN TAB	-	3 ANALGESICS - OPIOID
MUCINEX LIQUID	-	NC COUGH / COLD / ALLERGY
MUCINEX TAB	-	NC COUGH / COLD / ALLERGY
MULPLETA TAB	-	NC HEMATOPOIETIC AGENTS
MULTAQ TAB	-	2 ANTIARRHYTHMICS
MULTIGEN FOLIC TAB	-	1 HEMATOPOIETIC AGENTS
MULTIGEN PLUS TAB	-	1 HEMATOPOIETIC AGENTS
MULTIGEN TAB	-	1 HEMATOPOIETIC AGENTS
MULTI-MAC TAB	-	NC MULTIVITAMINS
MULTIVITAMIN TAB	-	3 HEMATOPOIETIC AGENTS
MULTIVITAMIN/FLOURIDE CHEW 0.25MG	-	1 MULTIVITAMINS
MULTIVITAMIN/FLOURIDE CHEW 1MG	-	1 MULTIVITAMINS
MULTIVITAMIN/FLUORIDE CHEW TAB	-	1 MULTIVITAMINS
multivitamin/minerals tab (STROVITE equiv)	-	1 MULTIVITAMINS
mupirocin cream (BACTROBAN equiv)	-	NC DERMATOLOGICALS
mupirocin oint (BACTROBAN OINT equiv)	-	1 DERMATOLOGICALS
MYALEPT INJ	-	NC ENDOCRINE AND METABOLIC AGENTS - MISC.
MYAMBUTOL TAB	-	3 ANTIMYCOBACTERIAL AGENTS

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Drug Name	Special Code	Tier	Category
MYCAPSSA CAP	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
MYCELEX TROCHES	-	3	MOUTH / THROAT / DENTAL AGENTS
MYCOBUTIN CAP	-	3	ANTIMYCOBACTERIAL AGENTS
mycophenolate DR tab (MYFORTIC equiv)	-	2	ASSORTED CLASSES
mycophenolate mofetil cap (CELLCEPT equiv)	-	1	ASSORTED CLASSES
mycophenolate mofetil susp (CELLCEPT SUSP equiv)	-	2	ASSORTED CLASSES
mycophenolate mofetil tab (CELLCEPT equiv)	-	1	ASSORTED CLASSES
MYDAYIS CAP	-	NC	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
MYDFRIN OPHTH SOLN	-	3	OPHTHALMIC AGENTS
MYDRIACYL OPHTH SOLN	-	3	OPHTHALMIC AGENTS
MYFEMBREE TAB (QL= 1 tab/day)	PA-QL	2	ESTROGENS
MYFORTIC TAB	-	3	ASSORTED CLASSES
MYLERAN TAB	MSP	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MYNATAL-Z TAB	-	3	MULTIVITAMINS

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Drug Name	Special Code	Tier Category
MYRBETRIQ SUSP	-	NC URINARY ANTISPASMODICS
MYRBETRIQ TAB	-	2 URINARY ANTISPASMODICS
MYSOLINE TAB	-	3 ANTICONVULSANTS
MYTELASE TAB	-	3 ANTIMYASTHENIC / CHOLINERGIC AGENTS
MYTESI TAB	-	NC ANTIDIARRHEALS
nabumetone tab (RELAFEN equiv)	-	1 ANALGESICS - ANTI-INFLAMMATORY
nadolol tab (CORGARD equiv)	-	2 BETA BLOCKERS
nadolol/bendroflumethiazide tab (CORZIDE equiv)	-	3 ANTIHYPERTENSIVES
NAFTIFINE CREAM	-	3 DERMATOLOGICALS
naftifine cream (NAFTIN equiv)	-	3 DERMATOLOGICALS
naftifine gel (NAFTIN equiv)	-	3 DERMATOLOGICALS
NAFTIN CREAM	-	3 DERMATOLOGICALS
NAFTIN GEL	-	3 DERMATOLOGICALS
NAFTIN GEL 2%	-	NC DERMATOLOGICALS
nalbuphine inj	M	M ANALGESICS - OPIOID
naloxone hcl nasal spray (NARCAN equiv)	-	1 ANTIDOTES AND SPECIFIC ANTAGONISTS
naloxone inj	-	1 ANTIDOTES
naloxone prefilled inj (QL= 2 inj/fill)	QL	1 ANTIDOTES AND SPECIFIC ANTAGONISTS

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Drug Name	Special Code	Tier	Category
NALOXONE PREFILLED INJ (QL= 2 inj/fill)	QL	2	ANTIDOTES AND SPECIFIC ANTAGONISTS
naltrexone tab (REVIA equiv)	-	1	ANTIDOTES
NAMENDA SOL	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMENDA TAB	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMENDA XR CAP	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMENDA XR TITRATION PACK	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMZARIC CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMZARIC STARTER PACK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
naphazoline ophth soln	-	3	OPHTHALMIC AGENTS
NAPRELAN CR TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY

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Drug Name	Special Code	Tier Category
NAPRELAN CR TAB 750MG	-	NC ANALGESICS - ANTI-INFLAMMATORY
NAPROSYN EC TAB	-	3 ANALGESICS - ANTI-INFLAMMATORY
NAPROSYN SUSP	-	NC ANALGESICS - ANTI-INFLAMMATORY
NAPROSYN TAB	-	3 ANALGESICS - ANTI-INFLAMMATORY
NAPROXEN CREAM COMPOUND KIT	-	NC DERMATOLOGICALS
naproxen EC tab (NAPROSYN EC equiv)	-	2 ANALGESICS - ANTI-INFLAMMATORY
naproxen sodium CR tab (NAPRELAN CR equiv)	-	NC ANALGESICS - ANTI-INFLAMMATORY
naproxen sodium tab (ANAPROX equiv)	-	2 ANALGESICS - ANTI-INFLAMMATORY
NAPROXEN SUSP	-	NC ANALGESICS - ANTI-INFLAMMATORY
naproxen susp (NAPROSYN equiv)	-	NC ANALGESICS - ANTI-INFLAMMATORY
naproxen tab (NAPROSYN equiv)	-	1 ANALGESICS - ANTI-INFLAMMATORY
naproxen/esomeprazole magnesium DR tab (VIMOVO equiv)	-	NC ANALGESICS - ANTI-INFLAMMATORY

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Drug Name	Special Code	Tier	Category
naratriptan tab (AMERGE equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	2	MIGRAINE PRODUCTS
NARCAN NASAL SPRAY	-	2	ANTIDOTES AND SPECIFIC ANTAGONISTS
NARDIL TAB	-	3	ANTIDEPRESSANTS
NASACORT OTC NASAL SPRAY (QL= 2 bottles/fill)	OTC-QL	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
NASCOBAL NASAL SPRAY	-	3	HEMATOPOIETIC AGENTS
NATACYN OPHTH SUSP (QL= 15ml/fill)	QL	2	OPHTHALMIC AGENTS
NATAZIA TAB	-	3	CONTRACEPTIVES
nateglinide tab (STARLIX equiv)	-	2	ANTIDIABETICS
NATESTO NASAL GEL	-	NC	ANDROGENS-ANABOLIC
NATPARA INJ (Only available through Walgreens 888-347-3416)	LD-PA	SP	ENDOCRINE AND METABOLIC AGENTS - MISC.
NATROBA SUSP (QL= 1 bottle/fill)	QL	3	DERMATOLOGICALS
NAVANE CAP	-	3	ANTIPSYCHOTICS / ANTIMANIC AGENTS
NAYZILAM SPRAY (QL= 2 packs/fill; Restricted to Neurology Specialist)	QL-RS	3	ANTICONVULSANTS
nebivolol hcl tab (BYSTOLIC equiv)	¢	2	BETA BLOCKERS
NEBUPENT NEB SOLN	-	3	ANTI-INFECTIVE AGENTS - MISC.
NEBUSAL NEB SOLN	-	2	COUGH / COLD / ALLERGY

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¢	RxCENTS		

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Drug Name	Special Code	Tier Category
NECON TAB	-	\$0 CONTRACEPTIVES
NEFAZODONE TAB	-	1 ANTIDEPRESSANTS
nefazodone tab 50mg, 250mg	-	1 ANTIDEPRESSANTS
NENDRUX GEL	-	NC DERMATOLOGICALS
neomycin tab	-	1 AMINOGLYCOSIDES
NEOMYCIN/POLYMYXIN/GRAMICIDIN OPHTH SOLN	-	1 OPHTHALMIC AGENTS
neomycin/polymixin/hydrocortisone otic soln (CORTISPORIN equiv)	-	1 OTIC AGENTS
neomycin/polymixin/hydrocortisone otic susp (CORTISPORIN equiv)	-	1 OTIC AGENTS
neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv)	-	1 OPHTHALMIC AGENTS
neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv)	-	1 OPHTHALMIC AGENTS
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN	-	1 OPHTHALMIC AGENTS
NEONATAL 19 TAB	-	3 MULTIVITAMINS
NEONATAL FE TAB	-	3 MULTIVITAMINS
NEORAL CAP	-	3 ASSORTED CLASSES
NEORAL SOLN	-	3 ASSORTED CLASSES
NEOSALUS FOAM	-	NC DERMATOLOGICALS
NEOSPORIN OPHTH SOLN	-	3 OPHTHALMIC AGENTS
NEO-SYNALAR CREAM	-	NC DERMATOLOGICALS

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EXC	Plan Exclusion	INF	Infertility
LD	Limited Distribution	M	Medical Benefit
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 fo first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS		

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Drug Name	Special Code	Tier Category
NEOTUSS-D LIQUID	-	3 COUGH / COLD / ALLERGY
NEPHROCAP	-	3 MULTIVITAMINS
NEPHRON FA TAB	-	2 HEMATOPOIETIC AGENTS
NEPHRO-VITE TAB	-	3 MULTIVITAMINS
NEPTAZANE TAB	-	3 DIURETICS
NERLYNX TAB (QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NEULASTA INJ	-	NC HEMATOPOIETIC AGENTS
NEUPOGEN INJ	-	NC HEMATOPOIETIC AGENTS
NEUPRO PATCH	-	3 ANTIPARKINSON AGENTS
NEURONTIN CAP	-	3 ANTICONVULSANTS
NEURONTIN TAB 600MG	-	3 ANTICONVULSANTS
NEURONTIN TAB 800MG	-	3 ANTICONVULSANTS
NEVANAC OPHTH SUSP	-	2 OPHTHALMIC AGENTS
NEVIRAPINE ER TAB (Step Therapy requires trial of nevirapine)	ST	2 ANTIVIRALS
nevirapine ER tab (VIRAMUNE XR equiv) (Step Therapy requires trial of nevirapine)	ST	2 ANTIVIRALS
NEVIRAPINE SUSP	-	2 ANTIVIRALS
nevirapine tab (VIRAMUNE equiv)	-	1 ANTIVIRALS
NEXAVAR TAB	MSP-PA-SF	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NEXICLON XR SUSP	-	3 ANTIHYPERTENSIVES
NEXICLON XR TAB	-	NC ANTIHYPERTENSIVES

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Drug Name	Special Code	Tier	Category
NEXIUM 24HR TAB	OTC	3	ULCER DRUGS / ANTISPASMODICS / ANTICHOLINERGICS
NEXIUM GRANULE PACK	-	NC	ULCER DRUGS
NEXLETOL TAB	-	NC	ANTIHYPERSLIPIDEMICS
NEXLIZET TAB	-	NC	ANTIHYPERSLIPIDEMICS
NEXPLANON IMPLANT	-	\$0	CONTRACEPTIVES
NEXTSTELLIS TAB	-	NC	CONTRACEPTIVES
niacin cap	OTC	1	VITAMINS
niacin CR tab (SLO-NIACIN equiv)	OTC	1	VITAMINS
niacin ER tab (NIASPAN equiv)	-	1	ANTIHYPERSLIPIDEMICS
niacin tab	OTC	1	VITAMINS
NIACIN TR TAB	OTC	1	VITAMINS
niacinamide tab	OTC	1	VITAMINS
NIACOR TAB	-	1	ANTIHYPERSLIPIDEMICS
NIASPAN ER TAB	-	3	ANTIHYPERSLIPIDEMICS
nicardipine cap (CARDENE equiv)	-	3	CALCIUM CHANNEL BLOCKERS
NICODERM PATCH (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICORETTE GUM (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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Drug Name	Special Code	Tier Category
NICORETTE LOZENGE (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine gum (NICORETTE equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTINE KIT (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine lozenge (COMMIT equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine patch (NICODERM equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTROL INHALER (Limited to 180 days/plan year)	QL-SMKG	\$0 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTROL NASAL SPRAY (Limited to 180 days/plan year)	QL-SMKG	\$0 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nifedipine cap (PROCARDIA equiv)	-	1 CALCIUM CHANNEL BLOCKERS

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Drug Name	Special Code	Tier	Category
nifedipine ER tab (ADALAT CC equiv)	-	1	CALCIUM CHANNEL BLOCKERS
nilutamide tab (NILANDRON equiv)	MSP	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
nimodipine cap (NIMOTOP equiv)	-	3	CALCIUM CHANNEL BLOCKERS
NIMOTOP CAP	-	3	CALCIUM CHANNEL BLOCKERS
NINLARO CAP (Only available through Diplomat 877-977-9118, Walgreens 888-347-3416, Walmart Specialty 877-453-4566)	LD-PA	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NIRAVAM ODT	-	3	ANTI-ANXIETY AGENTS
nisoldipine ER tab (SULAR equiv)	-	3	CALCIUM CHANNEL BLOCKERS
NISOLDIPINE ER TAB 20MG, 30MG, 40MG	-	3	CALCIUM CHANNEL BLOCKERS
NISOLDIPINE ER TAB 25.5MG	-	3	CALCIUM CHANNEL BLOCKERS
nitazoxanide tab (ALINIA equiv) (QL= 6 tabs/3 days)	PA-QL	2	ANTI-INFECTIVE AGENTS MISC.
nitisinone cap (ORFADIN equiv)	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
NITRO-BID OINT	-	2	ANTIANGINAL AGENTS

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Drug Name	Special Code	Tier	Category
NITRO-DUR PATCH	-	3	ANTIANGINAL AGENTS
NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR	-	3	ANTIANGINAL AGENTS
nitrofurantoin macrocrystals cap (MACRODANTIN equiv)	-	1	ANTI-INFECTIVE AGENTS MISC.
nitrofurantoin macrocrystals cap 25mg (MACRODANTIN equiv)	-	NC	ANTI-INFECTIVE AGENTS MISC.
nitrofurantoin monohydrate cap (MACROBID equiv)	-	1	ANTI-INFECTIVE AGENTS MISC.
nitrofurantoin susp (FURADANTIN equiv) (Prior Authorization Required for members age 9 or older)	PA	3	ANTI-INFECTIVE AGENTS MISC.
NITROGLYCERIN ER CAP	-	1	ANTIANGINAL AGENTS
nitroglycerin lingual spray (NITROLINGUAL equiv)	-	3	ANTIANGINAL AGENTS
nitroglycerin patch (NITRO-DUR equiv)	-	1	ANTIANGINAL AGENTS
nitroglycerin SL tab (NITROSTAT equiv)	-	1	ANTIANGINAL AGENTS
NITROLINGUAL PUMP SPRAY	-	3	ANTIANGINAL AGENTS
NITROMIST SPRAY	-	3	ANTIANGINAL AGENTS
NITROSTAT SL TAB	-	3	ANTIANGINAL AGENTS
NITYR TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
NIVESTYM INJ	MSP	SP	HEMATOPOIETIC AGENTS
NIZATIDINE CAP	-	1	ULCER DRUGS / ANTISPASMODICS / ANTICHOLINERGICS

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Drug Name	Special Code	Tier	Category
nizatidine cap (AXID equiv)	-	1	ULCER DRUGS
NIZATIDINE SOLN (Members age 9 or older require Prior Authorization)	PA	3	ULCER DRUGS
NIZORAL A-D SHAMPOO	OTC	NC	DERMATOLOGICALS
nizoral a-d shampoo (NIZORAL equiv)	OTC	NC	DERMATOLOGICALS
NIZORAL SHAMPOO	-	3	DERMATOLOGICALS
NOCDURNA SL TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
NOCTIVA EMULSION SPRAY	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
NORDITROPIN INJ, NUTROPIN AQ INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
norethindrone ace-ethinyl estradiol-fe cap (TAYTULLA equiv)	-	NC	CONTRACEPTIVES
norethindrone tab (NORA-QD equiv)	-	\$0	CONTRACEPTIVES
norethindrone tab (AYGESTIN equiv)	-	1	PROGESTINS
norethindrone/ethinyl estradiol FE tab (LOESTRIN FE equiv)	-	3	CONTRACEPTIVES
NORGESIC TAB FORTE	-	NC	MUSCULOSKELETAL THERAPY AGENTS

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Drug Name	Special Code	Tier	Category
NORITATE CREAM (Step Therapy requires trial of FINACEA)	ST	3	DERMATOLOGICALS
NOROXIN TAB	-	3	FLUOROQUINOLONES
NORPACE CAP	-	3	ANTIARRHYTHMICS
NORPACE CR CAP	-	2	ANTIARRHYTHMICS
NORPRAMIN TAB	-	3	ANTIDEPRESSANTS
NOR-QD TAB	-	3	CONTRACEPTIVES
NORTHERA CAP	-	NC	VASOPRESSORS
nortrel tab (OVCON 35 equiv)	-	\$0	CONTRACEPTIVES
nortriptyline cap (PAMELOR equiv)	-	1	ANTIDEPRESSANTS
nortriptyline oral soln (NORTRIPTYLINE equiv)	-	1	ANTIDEPRESSANTS
NORTRIPTYLINE SOLN	-	2	ANTIDEPRESSANTS
NORVASC TAB	-	3	CALCIUM CHANNEL BLOCKERS
NORVIR CAP	-	2	ANTIVIRALS
NORVIR POWDER PACK	-	2	ANTIVIRALS
NORVIR SOLN	-	2	ANTIVIRALS
NORVIR TAB	-	3	ANTIVIRALS
NOURIANZ TAB	-	NC	ANTIPARKINSON AND RELATED THERAPY AGENTS
NOVACORT GEL	-	NC	DERMATOLOGICALS
NOVOFINE PEN NEEDLE	OTC	1	MEDICAL DEVICES AND SUPPLIES

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Drug Name	Special Code	Tier	Category
NOVOLIN 70/30 FLEXPEN INJ	OTC	2	ANTIDIABETICS
NOVOLIN 70/30 INJ	OTC	2	ANTIDIABETICS
NOVOLIN N FLEXPEN INJ	OTC	2	ANTIDIABETICS
NOVOLIN N INJ	OTC	2	ANTIDIABETICS
NOVOLIN R FLEXPEN INJ	OTC	2	ANTIDIABETICS
NOVOLIN R INJ	OTC	2	ANTIDIABETICS
NOVOLOG FLEXPEN INJ	-	2	ANTIDIABETICS
NOVOLOG INJ	-	2	ANTIDIABETICS
NOVOLOG MIX FLEXPEN INJ	-	2	ANTIDIABETICS
NOVOLOG MIX INJ	-	2	ANTIDIABETICS
NOVOLOG PENFILL INJ	-	2	ANTIDIABETICS
NOVOTWIST PEN NEEDLE	OTC	1	MEDICAL DEVICES AND SUPPLIES
NOVOTWIST/NOVOFINE PEN NEEDLE	OTC	1	MEDICAL DEVICES AND SUPPLIES
NOXAFIL SUSP	-	2	ANTIFUNGALS
NOXAFIL TAB	-	NC	ANTIFUNGALS
np thyroid tab (ARMOUR THYROID, NATURE THROID equiv)	-	1	THYROID AGENTS
NUBEQA TAB (QL= 4 tabs/day)	MSP-PA-QL-SF	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NUCALA INJ (QL= 1 inj/28 days)	MSP-PA-QL	SP	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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Drug Name	Special Code	Tier Category
NUCARACLINPA KIT	-	NC DERMATOLOGICALS
NUCARARXPAK KIT	-	NC DERMATOLOGICALS
NUCORT LOTION	-	3 DERMATOLOGICALS
NUCYNTA ER TAB (QL= 2 tabs/day)	QL	2 ANALGESICS - OPIOID
NUCYNTA TAB	-	3 ANALGESICS - OPIOID
NUDERMRXPAK PAK	-	NC DERMATOLOGICALS
NUDEXTA CAP (QL= 2 caps/day)	PA-QL	2 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nulido pad (NULIDO equiv)	-	NC DERMATOLOGICALS
NULYTELY SOLN (Covered at \$0 for members 45-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year)	QL	\$0 LAXATIVES
NUPLAZID CAP	-	NC ANTIPSYCHOTICS / ANTIMANIC AGENTS
NUPLAZID TAB	-	NC ANTIPSYCHOTICS / ANTIMANIC AGENTS
NURTEC ODT (QL= 8 tabs/30 days, 6 fills/year)	PA-QL	2 MIGRAINE PRODUCTS
NUVAKAAN II KIT	-	NC DERMATOLOGICALS
NUVARING	-	\$0 CONTRACEPTIVES
NUVESSA VAGINAL GEL	-	NC VAGINAL AND RELATED PRODUCTS

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NUVIGIL TAB (QL= 1 tab/day)	PA-QL	3 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
NUZYRA TAB (QL= 30 tabs/180 days; Restricted to Infectious Disease or Pulmonology Specialist; Only available through Walgreens 888-347-3416)	LD-QL-RS	SP TETRACYCLINES
NYATA KIT	-	NC DERMATOLOGICALS
NYMALIZE SOLN	-	NC CALCIUM CHANNEL BLOCKERS
nystatin cream (MYCOSTATIN CREAM equiv)	-	1 DERMATOLOGICALS
nystatin oint	-	1 DERMATOLOGICALS
nystatin powder	-	1 ANTIFUNGALS
nystatin susp	-	1 MOUTH / THROAT / DENTAL AGENTS
nystatin tab	-	1 ANTIFUNGALS
nystatin topical powder	-	1 DERMATOLOGICALS
NYSTATIN VAGINAL TAB	-	1 VAGINAL PRODUCTS
nystatin/triamcinolone cream	-	1 DERMATOLOGICALS
nystatin/triamcinolone oint	-	1 DERMATOLOGICALS
NYVEPRIA INJ	-	NC HEMATOPOIETIC AGENTS
OCALIVA TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	SP GASTROINTESTINAL AGENTS - MISC.

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Drug Name	Special Code	Tier	Category
octreotide inj (SANDOSTATIN equiv)	MSP	SP	ENDOCRINE AND METABOLIC AGENTS - MISC.
OCTREOTIDE INJ 100MCG	MSP	SP	ENDOCRINE AND METABOLIC AGENTS - MISC.
OCUFEN OPHTH SOLN	-	3	OPHTHALMIC AGENTS
OCUFLOX OPHTH SOLN	-	3	OPHTHALMIC AGENTS
ODACTRA SL TAB	PA	3	ALLERGENIC EXTRACTS / BIOLOGICALS MISC
ODEFSEY TAB	-	2	ANTIVIRALS
ODOMZO CAP	MSP-PA-SF	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OFEV CAP (QL= 2 caps/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	SP	RESPIRATORY AGENTS - MISC.
ofloxacin ophth soln (OCUFLOX equiv)	-	1	OPHTHALMIC AGENTS
ofloxacin otic soln (FLOXIN equiv)	-	1	OTIC AGENTS
ofloxacin tab (FLOXIN equiv)	-	1	FLUOROQUINOLONES
OGESTREL TAB	-	3	CONTRACEPTIVES
olanzapine ODT (ZYPREXA equiv)	-	2	ANTIPSYCHOTICS / ANTIMANIC AGENTS
olanzapine tab (ZYPREXA equiv)	-	1	ANTIPSYCHOTICS / ANTIMANIC AGENTS

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Drug Name	Special Code	Tier Category
olanzapine/fluoxetine cap (SYMBYAX equiv)	-	2 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
OLEPTRO TAB	-	3 ANTIDEPRESSANTS
OLLIZAC POWDER	-	EX DIETARY PRODUCTS / C DIETARY MANAGEMENT PRODUCTS
olmesartan tab (BENICAR equiv)	-	1 ANTIHYPERTENSIVES
olmesartan/amlodipine/hydrochlorothiazide tab (TRIBENZOR TAB equiv)	-	NC ANTIHYPERTENSIVES
olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv)	-	1 ANTIHYPERTENSIVES
olopatadine nasal spray (PATANASE equiv)	-	2 NASAL AGENTS - SYSTEMIC AND TOPICAL
olopatadine ophth soln 0.1% (PATANOL equiv)	-	1 OPHTHALMIC AGENTS
olopatadine ophth soln 0.2% (PATADAY equiv) (QL= 2.5ml/30 days)	QL	1 OPHTHALMIC AGENTS
OLUMIANT TAB (QL= 1 tab/day)	MSP-PA-QL	SP ANALGESICS - ANTI-INFLAMMATORY
OLUX E FOAM	-	NC DERMATOLOGICALS
OLUX FOAM	-	3 DERMATOLOGICALS
OLYSIO CAP	-	NC ANTIVIRALS
omedia otic soln (AMERICAINE equiv)	-	1 OTIC AGENTS
OMEGA-3 RX PAK COMPLETE	-	NC ANTIHYPERLIPIDEMICS

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EXC	Plan Exclusion	INF	Infertility
LD	Limited Distribution	M	Medical Benefit
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 fo first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS		

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Drug Name	Special Code	Tier	Category
omega-3-acid ethyl esters cap (LOVAZA equiv)	-	2	ANTIHYPERLIPIDEMICS
omeprazole DR cap (PRILOSEC equiv)	-	1	ULCER DRUGS
omeprazole magnesium DR tab 20mg (PRILOSEC equiv)	OTC	3	ULCER DRUGS / ANTISPASMODICS / ANTICHOLINERGICS
omeprazole tab	OTC	3	ULCER DRUGS / ANTISPASMODICS / ANTICHOLINERGICS
omeprazole/sodium bicarbonate cap (ZEGERID equiv)	-	NC	ULCER DRUGS
omeprazole/sodium bicarbonate powder pack (ZEGERID equiv)	-	NC	ULCER DRUGS
OMNARIS NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
OMNICEF SUSP	-	3	CEPHALOSPORINS
OMNIPAQUE SOLN	-	NC	DIAGNOSTIC PRODUCTS
OMNIPOD 5 INTRO KIT (QL= 1 kit/year)	QL	2	MEDICAL DEVICES AND SUPPLIES
OMNIPOD 5 PACK PODS (QL= 10 pods/month)	QL	2	MEDICAL DEVICES AND SUPPLIES
OMNIPOD DASH INTRO KIT (QL= 1 kit/year)	QL	2	MEDICAL DEVICES AND SUPPLIES
OMNIPOD DASH PODS (QL= 10 pods/month)	QL	2	MEDICAL DEVICES AND SUPPLIES

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Drug Name	Special Code	Tier Category
OMNIPOD STARTER KIT (QL= 1 kit/year)	QL	2 MEDICAL DEVICES AND SUPPLIES
OMNITROPE INJ	-	NC ENDOCRINE AND METABOLIC AGENTS - MISC.
ondansetron ODT (ZOFTRAN equiv)	-	1 ANTIEMETICS
ondansetron soln (ZOFTRAN equiv)	-	1 ANTIEMETICS
ONDANSETRON TAB	-	1 ANTIEMETICS
ondansetron tab (ZOFTRAN equiv)	-	1 ANTIEMETICS
ONEXTON GEL	-	NC DERMATOLOGICALS
ONFI SUSP (Members age 9 or older require Prior Authorization)	PA	3 ANTICONVULSANTS
ONFI TAB	-	NC ANTICONVULSANTS
ONGENTYS CAP	-	NC ANTIPARKINSON AND RELATED THERAPY AGENTS
ONGLYZA TAB	-	NC ANTIDIABETICS
ONUREG TAB	-	NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ONYCHO-MED KIT	-	NC DERMATOLOGICALS
ONZETRA XSAIL	-	NC MIGRAINE PRODUCTS
OPANA ER TAB	-	NC ANALGESICS - OPIOID
OPANA ER TAB (CRUSH RESISTANT) (QL= 2 tabs/day)	QL	3 ANALGESICS - OPIOID

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PA	Prior Authorization	QL	Quantity Limit
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Drug Name	Special Code	Tier Category
OPANA TAB	-	NC ANALGESICS - OPIOID
opium tincture	-	3 ANTIDIARRHEALS
OPSUMIT TAB (QL= 1 tab/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	SP CARDIOVASCULAR AGENTS - MISC.
OPTIVAR OPHTH SOLN	-	3 OPHTHALMIC AGENTS
OPZELURA CREAM (QL= 12 tubes/year)	PA-QL	3 DERMATOLOGICALS
ORACIT SOLN	-	1 GENITOURINARY AGENTS - MISCELLANEOUS
ORALAIR SL TAB	-	NC BIOLOGICALS MISC
ORAP TAB	-	3 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ORAPRED ODT TAB	-	3 CORTICOSTEROIDS
ORAPRED SOLN	-	3 CORTICOSTEROIDS
ORAVIG TAB	-	3 MOUTH / THROAT / DENTAL AGENTS
ORAXYL CAP	-	3 TETRACYCLINES
ORENCIA CLICK INJ (QL= 4 inj/28 days)	MSP-PA-QL	SP ANALGESICS - ANTI-INFLAMMATORY
ORENCIA SC INJ 125MG/ML (QL= 4 inj/28 days)	MSP-PA-QL	SP ANALGESICS - ANTI-INFLAMMATORY
ORENCIA SC INJ 50MG/0.4ML (QL= 4 inj/28 days)	MSP-PA-QL	SP ANALGESICS - ANTI-INFLAMMATORY

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Drug Name	Special Code	Tier Category
ORENCIA SC INJ 87.5MG/0.7ML (QL= 4 inj/28 days)	MSP-PA-QL	SP ANALGESICS - ANTI-INFLAMMATORY
ORENITRAM TAB	-	NC CARDIOVASCULAR AGENTS - MISC.
ORFADIN CAP	-	NC ENDOCRINE AND METABOLIC AGENTS - MISC.
ORFADIN SUSP	-	NC ENDOCRINE AND METABOLIC AGENTS - MISC.
ORGOVYX TAB	-	NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ORIAHNN CAP (QL= 2 caps/day)	PA-QL	2 ESTROGENS
ORLISSA TAB 150MG (QL= 1 tab/day)	PA-QL	2 ENDOCRINE AND METABOLIC AGENTS - MISC.
ORLISSA TAB 200MG (QL= 2 tabs/day)	PA-QL	2 ENDOCRINE AND METABOLIC AGENTS - MISC.
ORKAMBI GRANULES PACKET (QL= 2 packets/day; Only available through Maxor Pharmac 800-658-6046 or Walgreens 888-347-3416)	LD-PA-QL-SF	SP RESPIRATORY AGENTS - MISC.

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Drug Name	Special Code	Tier Category
ORKAMBI TAB (QL= 4 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416)	LD-PA-QL-SF	SP RESPIRATORY AGENTS - MISC.
ORLADEYO CAP	-	NC HEMATOLOGICAL AGENTS - MISC.
orphenadrine citrate ER tab (NORFLEX equiv)	-	1 MUSCULOSKELETAL THERAPY AGENTS
orphenadrine/aspirin/caffeine tab (NORGESIC FORTE equiv)	-	3 MUSCULOSKELETAL THERAPY AGENTS
ORPHENADRINE/ASPIRIN/CAFFEINE TAB	-	NC MUSCULOSKELETAL THERAPY AGENTS
ORTHO TRI-CYCLEN (LO) TAB	-	3 CONTRACEPTIVES
ORTHO-CYCLEN TAB	-	3 CONTRACEPTIVES
ORTHO-EVRA PATCH	-	3 CONTRACEPTIVES
ORTIKOS ER CAP	-	NC CORTICOSTEROIDS
oseltamivir cap (TAMIFLU equiv) (QL= 10 caps/fill)	QL	1 ANTIVIRALS
oseltamivir cap 30mg (TAMIFLU equiv) (QL= 20 caps/fill)	QL	1 ANTIVIRALS
oseltamivir susp (TAMIFLU equiv) (QL= 250ml/fill)	QL	2 ANTIVIRALS
OSMOLEX ER TAB	-	NC ANTIPARKINSON AND RELATED THERAPY AGENTS
OSMOPREP TAB (Step Therapy requires trial of CLENPIQ)	ST	3 LAXATIVES

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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	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	VAC	Vaccine Program
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Drug Name	Special Code	Tier	Category
OSPHENA TAB	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
OTEZLA STARTER PACK (QL= 1 pack/28 days)	MSP-PA-QL	SP	ANALGESICS - ANTI-INFLAMMATORY
OTEZLA TAB (QL= 2 tabs/day)	MSP-PA-QL	SP	ANALGESICS - ANTI-INFLAMMATORY
otomax-HC otic soln (CORTANE-B equiv)	-	NC	OTIC AGENTS
OTOVEL OTIC SOLN, CIPROFLOXACIN/FLUOCINOLONE OTIC SOLN	-	NC	OTIC AGENTS
OTOZIN OTIC DROPS	-	3	OTIC AGENTS
OVACE PLUS CREAM	-	3	DERMATOLOGICALS
OVACE PLUS GEL	-	3	DERMATOLOGICALS
OVACE PLUS LOTION	-	NC	DERMATOLOGICALS
OVACE PLUS SHAMPOO	-	3	DERMATOLOGICALS
OVACE PLUS FOAM	-	NC	DERMATOLOGICALS
OVACE WASH	-	3	DERMATOLOGICALS
OVCON 35 TAB	-	3	CONTRACEPTIVES
OVEEZA CAP	-	NC	HEMATOPOIETIC AGENTS
OVIDE LOTION (QL= 2 bottles/fill)	QL	3	DERMATOLOGICALS
OXANDRIN TAB	-	3	ANDROGENS-ANABOLIC
oxandrolone tab (OXANDRIN equiv)	-	1	ANDROGENS-ANABOLIC
oxaprozin tab (DAYPRO equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY

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PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month fo first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS		

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Drug Name	Special Code	Tier	Category
oxazepam cap (SERAX equiv)	-	2	ANTI-ANXIETY AGENTS
OXBRYTA TAB (QL= 3 tabs/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	SP	HEMATOPOIETIC AGENTS
OXBRYTA TAB (QL= 5 tabs/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	SP	HEMATOPOIETIC AGENTS
oxcarbazepine susp (TRILEPTAL equiv)	-	1	ANTICONVULSANTS
oxcarbazepine tab (TRILEPTAL equiv)	-	1	ANTICONVULSANTS
OXERVATE OPHTH SOLN (QL= 8 kits/affected eye/lifetime; Only available through Accredo 800-803-2523)	LD-PA-QL	SP	OPHTHALMIC AGENTS
OXIANUJO CREAM	-	NC	DERMATOLOGICALS
oxiconazole nitrate cream (OXISTAT equiv)	-	3	DERMATOLOGICALS
OXISTAT CREAM	-	3	DERMATOLOGICALS
OXISTAT LOTION	-	NC	DERMATOLOGICALS
OXSORALEN ULTRA CAP	-	3	DERMATOLOGICALS
OXTELLAR XR TAB	-	NC	ANTICONVULSANTS
oxybutynin ER tab (DITROPAN XL equiv)	-	1	URINARY ANTISPASMODICS
oxybutynin syrup	-	1	URINARY ANTISPASMODICS
oxybutynin tab (DITROPAN equiv)	-	1	URINARY ANTISPASMODICS
oxycodone cap (OXYIR equiv)	-	1	ANALGESICS - OPIOID
oxycodone conc (ROXICODONE equiv)	-	2	ANALGESICS - OPIOID

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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	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	VAC	Vaccine Program
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Drug Name	Special Code	Tier Category
OXYCODONE ER TAB, OXYCONTIN CR TAB	-	NC ANALGESICS - OPIOID
oxycodone soln (ROXICODONE equiv)	-	2 ANALGESICS - OPIOID
oxycodone tab (ROXICODONE equiv)	-	1 ANALGESICS - OPIOID
oxycodone/acetaminophen cap (TYLOX equiv)	-	1 ANALGESICS - OPIOID
OXYCODONE/ACETAMINOPHEN SOLN	-	2 ANALGESICS - OPIOID
OXYCODONE/ACETAMINOPHEN SOLN 10-300MG/5ML, PROLATE SOLN 10-300MG/5ML	-	NC ANALGESICS - OPIOID
oxycodone/acetaminophen tab (PERCOCET equiv)	-	1 ANALGESICS - OPIOID
OXYCODONE/ACETAMINOPHEN TAB 2.5-300MG	-	NC ANALGESICS - OPIOID
OXYCODONE/ASPIRIN TAB	-	1 ANALGESICS - OPIOID
oxycodone/aspirin tab (PERCODAN equiv)	-	1 ANALGESICS - OPIOID
oxycodone/ibuprofen tab (COMBUNOX equiv)	-	3 ANALGESICS - OPIOID
OXYCONTIN CR TAB	-	NC ANALGESICS - OPIOID
OXYIR CAP	-	2 ANALGESICS - OPIOID
oxymorphone tab (OPANA equiv)	-	3 ANALGESICS - OPIOID
OXYTROL PATCH (OTC)	OTC	1 URINARY ANTISPASMODICS
OZEMPIC INJ (QL= 1 pack/28 days)	QL	2 ANTIDIABETICS
OZOBAX SOLN	-	NC MUSCULOSKELETAL THERAPY AGENTS
PALFORZIA POWDER PACK (Only available through Walgreens 888-347-3416)	LD-PA	SP ALLERGENIC EXTRACTS / BIOLOGICALS MISC
PALFORZIA SPRINKLE CAP (Only available through Walgreens 888-347-3416)	LD-PA	SP ALLERGENIC EXTRACTS / BIOLOGICALS MISC

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Drug Name	Special Code	Tier	Category
PALGIC SOLN	-	3	ANTIHISTAMINES
PALGIC TAB	-	3	ANTIHISTAMINES
paliperidone ER tab (INVEGA equiv)	-	2	ANTIPSYCHOTICS / ANTIMANIC AGENTS
PALYNZIQ INJ (QL= 1 inj/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	SP	ENDOCRINE AND METABOLIC AGENTS - MISC.
PAMELOR CAP	-	3	ANTIDEPRESSANTS
pamidronate inj	M	M	ENDOCRINE AND METABOLIC AGENTS - MISC.
PAMINE TAB	-	3	ULCER DRUGS
PANCREAZE CAP, PERTZYE CAP, ULTRESA CAP, ZENPEP CAP	-	NC	DIGESTIVE AIDS
PANCRELIPASE CAP	-	NC	DIGESTIVE AIDS
PANDEL CREAM	-	3	DERMATOLOGICALS
PANRETIN GEL	MSP-PA	SP	DERMATOLOGICALS
pantoprazole EC tab (PROTONIX equiv)	-	1	ULCER DRUGS
pantoprazole sodium packet (PROTONIX PAK equiv)	-	NC	ULCER DRUGS / ANTISPASMODICS / ANTICHOLINERGICS
PARAFON FORTE TAB	-	3	MUSCULOSKELETAL THERAPY AGENTS
PARAGARD IUD	-	\$0	CONTRACEPTIVES

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Drug Name	Special Code	Tier Category
paramox hc gel (NOVACORT GEL equiv)	-	NC DERMATOLOGICALS
PAREGORIC TINCTURE	-	NC ANTIDIARRHEALS
paricalcitol cap (ZEMPLAR equiv)	-	2 ENDOCRINE AND METABOLIC AGENTS - MISC.
PARLODEL CAP	-	3 ANTIPARKINSON AGENTS
PARLODEL TAB	-	3 ANTIPARKINSON AGENTS
PARNATE TAB	-	3 ANTIDEPRESSANTS
paromomycin cap (HUMATIN equiv)	-	3 AMINOGLYCOSIDES
paroxetine cap (BRISDELLE equiv)	-	NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
paroxetine ER tab (PAXIL CR equiv)	-	2 ANTIDEPRESSANTS
paroxetine oral susp (PAXIL equiv)	-	3 ANTIDEPRESSANTS
paroxetine tab (PAXIL equiv)	-	1 ANTIDEPRESSANTS
PASER GRANULE	-	NC ANTIMYCOBACTERIAL AGENTS
PATADAY OPHTH SOLN	-	NC OPHTHALMIC AGENTS
PATANASE NASAL SPRAY	-	3 NASAL AGENTS - SYSTEMIC AND TOPICAL
PATANOL OPHTH SOLN	-	3 OPHTHALMIC AGENTS
PAXIL CR TAB	-	3 ANTIDEPRESSANTS
PAXIL ORAL SUSP	-	3 ANTIDEPRESSANTS
PAXIL TAB	-	3 ANTIDEPRESSANTS

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Drug Name	Special Code	Tier Category
PAXLOVID TAB (QL= 30 tabs/fill)	QL	\$0 ANTIVIRALS
PAZEO OPHTH SOLN 0.7%	-	NC OPHTHALMIC AGENTS
pb-belladonna elixir (DONNATAL equiv)	-	NC ULCER DRUGS
PCE TAB	-	3 MACROLIDES
PEAK FLOW METER	OTC	1 MEDICAL DEVICES AND SUPPLIES
PEDIATEX TDM SUSP	-	3 COUGH / COLD / ALLERGY
pediatric multiple vitamins/fluoride chew tab	-	1 MULTIVITAMINS
pediatric multiple vitamins/fluoride soln	-	1 MULTIVITAMINS
pediatric multiple vitamins/fluoride/iron soln	-	1 MULTIVITAMINS
PEDIAZOLE SUSP	-	3 ANTI-INFECTIVE AGENTS MISC.
PEDIZOLPAK THERAPY PACK	-	NC DERMATOLOGICALS
peg 3350 soln (100 gram Moviprep equiv) (MOVIPREP equiv) (Step Therapy requires trial of CLENPIQ)	ST	3 LAXATIVES
peg 3350/electrolytes soln (COLYTE equiv) (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	\$0 LAXATIVES
PEGANONE TAB	-	2 ANTICONVULSANTS
PEGASYS INJ	MSP	SP ANTIVIRALS
PEG-INTRON INJ	MSP	SP ANTIVIRALS

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Drug Name	Special Code	Tier	Category
PEMAZYRE TAB (QL= 14 tabs/21 days; Only available through Biologics 800-850-4306)	LD-PA-QL	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PEN NEEDLE	OTC	NC	MEDICAL DEVICES AND SUPPLIES
penicillamine tab (DEPEN TITRATAB equiv)	-	2	MISCELLANEOUS THERAPEUTIC CLASSES
penicilliamine cap (CUPRIMINE equiv)	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
PENICILLIN VK SOLN	-	1	PENICILLINS
penicillin vk soln (VEETIDS equiv)	-	1	PENICILLINS
penicillin vk tab (VEETIDS equiv)	-	1	PENICILLINS
PENLAC SOLN	-	NC	DERMATOLOGICALS
PENNSAID SOLN	-	NC	DERMATOLOGICALS
pentamidine neb soln (NEBUPENT equiv)	-	2	ANTI-INFECTIVE AGENTS - MISC.
PENTASA CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
pentazocine/acetaminophen tab (TALACEN equiv)	-	1	ANALGESICS - OPIOID
pentazocine/naloxone tab (TALWIN NX equiv)	-	3	ANALGESICS - OPIOID
PENTOSAN CAP	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
pentoxifylline ER tab (TRENTAL equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
PEPCID SUSP	-	3	ULCER DRUGS

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EXC	Plan Exclusion	INF	Infertility
LD	Limited Distribution	M	Medical Benefit
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	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS		

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Community First Insurance Plan Formulary Cont.

Alphabetical Index

Last Updated 5/1/2022

Drug Name	Special Code	Tier	Category
PEPCID TAB	OTC	3	ULCER DRUGS
PERCOCET TAB	-	3	ANALGESICS - OPIOID
PERCODAN TAB	-	3	ANALGESICS - OPIOID
PERFOROMIST NEB SOLN	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
PERIDEX SOLN	-	3	MOUTH / THROAT / DENTAL AGENTS
perindopril tab (ACEON equiv)	-	1	ANTIHYPERTENSIVES
permethrin cream (ELIMITE CREAM equiv)	-	1	DERMATOLOGICALS
perphenazine tab (TRILAFON equiv)	-	1	ANTIPSYCHOTICS / ANTIMANIC AGENTS
PERPHENAZINE/ AMITRIPTYLINE TAB	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PERSANTINE TAB	-	3	HEMATOLOGICAL AGENTS - MISC.
PEXEVA TAB (Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine)	ST	3	ANTIDEPRESSANTS
phenazopyridine tab (PYRIDIMUM equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
phenazopyridine tab 95mg (AZO equiv)	OTC	1	GENITOURINARY AGENTS - MISCELLANEOUS

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Community First Insurance Plan Formulary Cont.

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Last Updated 5/1/2022

Drug Name	Special Code	Tier	Category
phenazopyridine tab 97.5mg (AZO equiv)	OTC	1	GENITOURINARY AGENTS - MISCELLANEOUS
phenazopyridine tab 99.5mg (AZO equiv)	OTC	1	GENITOURINARY AGENTS - MISCELLANEOUS
PHENDIMETRAZINE ER TAB	-	EX C	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
phendimetrazine tab (BONTRIL PDM equiv)	-	EX C	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
phenelzine tab (NARDIL equiv)	-	1	ANTIDEPRESSANTS
phenobarbital elixir	-	1	HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
PHENOBARBITAL TAB	-	1	HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
phenoxybenzamine cap (DIBENZYLINE equiv)	-	2	ANTIHYPERTENSIVES
phenylephrine ophth soln (MYDFRIN equiv)	-	1	OPHTHALMIC AGENTS
phenytoin cap (DILANTIN equiv)	-	1	ANTICONVULSANTS
phenytoin chew tab (DILANTIN equiv)	-	2	ANTICONVULSANTS
phenytoin susp (DILANTIN equiv)	-	1	ANTICONVULSANTS

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Drug Name	Special Code	Tier Category
PHEXXI GEL	-	NC VAGINAL AND RELATED PRODUCTS
PHISOHEX LIQUID	-	3 ANTISEPTICS & DISINFECTANTS
PHOSLO CAP	-	3 GASTROINTESTINAL AGENTS - MISC.
PHOSLYRA SOLN	-	2 GASTROINTESTINAL AGENTS - MISC.
phospha 250 neutral tab (K-PHOS NEUTRAL equiv)	-	1 MINERALS & ELECTROLYTES
PHOSPHOLINE OPHTH SOLN	-	2 OPHTHALMIC AGENTS
PHOTREXA OP KIT	-	NC OPHTHALMIC AGENTS
PHOTREXA VISCOUS OPHTH SOLN	-	NC OPHTHALMIC AGENTS
phytonadione tab (MEPHYTON equiv)	-	2 VITAMINS
PICATO GEL (QL= 1 box/fill)	QL	3 DERMATOLOGICALS
PIFELTRO TAB	-	2 ANTIVIRALS
pilocarpine ophth soln (ISOPTO CARPINE equiv)	-	1 OPHTHALMIC AGENTS
pilocarpine tab (SALAGEN equiv)	-	1 MOUTH / THROAT / DENTAL AGENTS
PILOPINE HS OPHTH GEL	-	3 OPHTHALMIC AGENTS
pimecrolimus cream (ELIDEL equiv) (Covered for members 2 years or older)	-	2 DERMATOLOGICALS

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Drug Name	Special Code	Tier	Category
PIMOZIDE TAB	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
pindolol tab (VISKEN equiv)	-	1	BETA BLOCKERS
pioglitazone tab (ACTOS equiv)	-	1	ANTIDIABETICS
pioglitazone/glimepiride tab (DUETACT equiv)	-	NC	ANTIDIABETICS
pioglitazone/metformin tab (ACTOPLUS MET equiv)	-	NC	ANTIDIABETICS
PIQRAY TAB	MSP-PA-SF	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
piroxicam cap (FELDENE equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
PLAN B TAB	OTC	\$0	CONTRACEPTIVES
PLAQUENIL TAB	-	3	ANTIMALARIALS
PLAVIX TAB 300MG	-	NC	HEMATOLOGICAL AGENTS - MISC.
PLAVIX TAB 75MG	-	3	HEMATOLOGICAL AGENTS - MISC.
PLEGRIDY INJ	MSP	SP	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PLEGRIDY PEN INJ	MSP	SP	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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Drug Name	Special Code	Tier	Category
PLENDIL TAB	-	3	CALCIUM CHANNEL BLOCKERS
PLENITY CAP	-	EX C	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
PLENVU SOLN	-	NC	LAXATIVES
PLETAL TAB	-	3	HEMATOLOGICAL AGENTS - MISC.
PLEXION CREAM 9.8-4.8%	-	3	DERMATOLOGICALS
PLEXION LOTION	-	NC	DERMATOLOGICALS
PLEXION SCT CREAM	-	3	DERMATOLOGICALS
PLIAGLIS CREAM	-	NC	DERMATOLOGICALS
PLIAGLIS KIT	-	NC	DERMATOLOGICALS
PODIAPN CAP	-	EX C	DIETARY PRODUCTS / DIETARY MANAGEMENT PRODUCTS
PODOCON SOLN	-	2	DERMATOLOGICALS
podofilox soln (CONDYLOX equiv)	-	2	DERMATOLOGICALS
POLYCITRA CRYSTAL PACK	-	3	GENITOURINARY AGENTS - MISCELLANEOUS
POLYCITRA-LC SOLN	-	3	GENITOURINARY AGENTS - MISCELLANEOUS
polyethylene glycol 3350 powder (MIRALAX equiv)	OTC	1	LAXATIVES

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Drug Name	Special Code	Tier	Category
POLYETHYLENE GLYCOL 8000 GRANULES	-	2	PHARMACEUTICAL ADJUVANTS
polymyxin b/trimethoprim ophth soln (POLYTRIM equiv)	-	1	OPHTHALMIC AGENTS
POLYTRIM OPHTH SOLN	-	3	OPHTHALMIC AGENTS
POLY-TUSSIN DM SYRUP	-	NC	COUGH / COLD / ALLERGY
POLY-VI-FLOR SUSP	-	NC	MULTIVITAMINS
POMALYST CAP (QL= 21 caps/28 days)	MSP-PA-QL	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PONSTEL CAP	-	3	ANALGESICS - ANTI-INFLAMMATORY
PONVORY TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PONVORY TAB STARTER PACK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
posaconazole DR tab (NOXAFIL equiv)	-	2	ANTIFUNGALS
POT/CHLORIDE EFFER TAB	-	1	MINERALS & ELECTROLYTES
POTABA CAP	-	3	VITAMINS
POTABA POWDER PACKET	-	2	VITAMINS
POTABA TAB	-	2	VITAMINS

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Drug Name	Special Code	Tier	Category
potassium bicarbonate effer tab (K-LYTE equiv)	-	1	MINERALS & ELECTROLYTES
potassium chloride effer tab (K-LYTE/CL equiv)	-	1	MINERALS & ELECTROLYTES
potassium chloride ER cap (MICRO-K equiv)	-	1	MINERALS & ELECTROLYTES
potassium chloride ER tab (K-TAB equiv)	-	1	MINERALS & ELECTROLYTES
potassium chloride micro tab (K-DUR equiv)	-	1	MINERALS & ELECTROLYTES
potassium chloride powder packet (KLOR-CON equiv)	-	2	MINERALS & ELECTROLYTES
potassium chloride soln	-	2	MINERALS & ELECTROLYTES
potassium citrate CR tab (UROKIT-K TAB equiv)	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
potassium citrate/citric acid powder pack (POLYCITRA equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
potassium citrate/citric acid soln (POLYCITRA-K equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
potassium phosphate monobasic tab (K-PHOS equiv)	-	2	MINERALS & ELECTROLYTES
POTIGA TAB (QL= 3 tabs/day)	QL	2	ANTICONVULSANTS
POTIGA TAB 50MG (QL= 9 tabs/day)	QL	2	ANTICONVULSANTS

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Drug Name	Special Code	Tier Category	
PRADAXA CAP	-	2	ANTICOAGULANTS
PRALUENT INJ (QL= 2 inj/28 days)	PA-QL	2	ANTIHYPERLIPIDEMICS
pramipexole ER tab (MIRAPEX ER equiv)	-	3	ANTIPARKINSON AGENTS
pramipexole tab (MIRAPEX equiv)	-	1	ANTIPARKINSON AGENTS
PRAMOSONE CREAM 1%	-	NC	DERMATOLOGICALS
PRAMOSONE CREAM 2.5-1%	-	NC	DERMATOLOGICALS
PRAMOSONE E CREAM	-	NC	DERMATOLOGICALS
PRAMOSONE LOTION	-	NC	DERMATOLOGICALS
PRAMOSONE OINT	-	NC	DERMATOLOGICALS
pramoxine/hydrocortisone cream (ANALPRAM-HC equiv)	-	NC	ANORECTAL AGENTS
pramoxine/hydrocortisone cream kit (ANALPRAM-HC equiv)	-	1	ANORECTAL AGENTS
pramoxine-HC AQ otic soln (CORTANE-B AQUEOUS equiv)	-	1	OTIC AGENTS
PRANDIMET TAB	-	NC	ANTIDIABETICS
PRANDIN TAB	-	3	ANTIDIABETICS
PRASCION RA CREAM	-	2	DERMATOLOGICALS
prasugrel tab (EFFIENT equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
PRAVACHOL TAB	-	3	ANTIHYPERLIPIDEMICS
pravastatin tab (PRAVACHOL equiv)	-	\$0	ANTIHYPERLIPIDEMICS
praziquantel tab (BILTRICIDE equiv)	-	2	ANTHELMINTICS
prazosin cap (MINIPRESS equiv)	-	1	ANTIHYPERTENSIVES

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Drug Name	Special Code	Tier Category
PRECISION XTRA KETONE TEST STRIP	OTC	2 DIAGNOSTIC PRODUCTS
PRECISION XTRA METER	OTC	\$0 MEDICAL DEVICES AND SUPPLIES
PRECISION XTRA TEST STRIP	OTC	2 DIAGNOSTIC PRODUCTS
PRECOSE TAB	-	3 ANTIDIABETICS
PRED FORTE OPHTH SUSP	-	3 OPHTHALMIC AGENTS
PRED MILD OPHTH SOLN	-	2 OPHTHALMIC AGENTS
PRED-G OPHTH SOLN	-	2 OPHTHALMIC AGENTS
PREDNICARBATE CREAM	-	2 DERMATOLOGICALS
prednicarbate cream (DERMATOP equiv)	-	2 DERMATOLOGICALS
PREDNICARBATE OIN	-	2 DERMATOLOGICALS
prednisolone ODT (ORAPRED equiv)	-	2 CORTICOSTEROIDS
PREDNISOLONE ODT TAB	-	2 CORTICOSTEROIDS
PREDNISOLONE OPHTH SUSP	-	1 OPHTHALMIC AGENTS
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN	-	1 OPHTHALMIC AGENTS
prednisolone soln (PEDIAPRED equiv)	-	1 CORTICOSTEROIDS
PREDNISOLONE SOLN	-	3 CORTICOSTEROIDS
PREDNISOLONE SYRUP	-	1 CORTICOSTEROIDS
prednisolone syrup (PRELONE equiv)	-	1 CORTICOSTEROIDS
PREDNISOLONE/MOXIFLOXACIN OPHTH SOLN	-	NC OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN OPHTH SUSP	-	NC OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SOLN	-	NC OPHTHALMIC AGENTS

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Drug Name	Special Code	Tier Category
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPTH SUSP	-	NC OPTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN/KETOROLAC OPTH SOLN	-	NC OPTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN/NEPAFENAC OPTH SUSP	-	NC OPTHALMIC AGENTS
PREDNISOLONE/NEPAFENAC OPTH SUSP	-	NC OPTHALMIC AGENTS
prednisone pack	-	NC CORTICOSTEROIDS
PREDNISONE SOLN	-	2 CORTICOSTEROIDS
prednisone tab (DELTASONE equiv)	-	1 CORTICOSTEROIDS
PREDNISONE/DIPHENHYDRAMINE KIT	-	NC CORTICOSTEROIDS
PREFEST TAB	-	3 ESTROGENS
pregabalin cap (LYRICA equiv)	-	1 ANTICONVULSANTS
pregabalin cap 225mg (LYRICA equiv)	-	1 ANTICONVULSANTS
pregabalin cap 300mg (LYRICA equiv)	-	1 ANTICONVULSANTS
pregabalin ER tab (LYRICA CR equiv)	-	NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
pregabalin soln (LYRICA equiv)	-	2 ANTICONVULSANTS
PREGEN DHA CAP	-	NC MULTIVITAMINS
PREGENNA TAB	-	NC MULTIVITAMINS
PREHEVBRIO SUSP	VAC	EX VACCINES
PRELONE SYRUP	-	3 CORTICOSTEROIDS

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PREMARIN TAB	-	2	ESTROGENS
PREMARIN VAGINAL CREAM	-	2	VAGINAL PRODUCTS
PREMPHASE TAB, PREMPRO TAB	-	2	ESTROGENS
PRENARA CAP	-	NC	MULTIVITAMINS
PRENATABS RX TAB	-	1	MULTIVITAMINS
PRENATAL 19 CHEW TAB	-	1	MULTIVITAMINS
PRENATAL 19 TAB	-	1	MULTIVITAMINS
PRENATAL VITAMINS (NON-PREFERRED)	-	3	VITAMINS
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS)	-	1	MULTIVITAMINS
PRENATRIX TAB	-	NC	MULTIVITAMINS
PRENATRYL TAB	-	NC	MULTIVITAMINS
PREPOPIK PAK	-	NC	LAXATIVES
PRESTALIA TAB	-	NC	ANTIHYPERTENSIVES
PRETOMANID TAB (QL= 1 tab/day; Restricted to Infectious Disease Specialist)	QL-RS	2	ANTIMYCOBACTERIAL AGENTS
PREVACID CAP	-	NC	ULCER DRUGS
PREVACID OTC CAP	OTC	1	ULCER DRUGS
PREVACID SOLUTAB	-	NC	ULCER DRUGS / ANTISPASMODICS / ANTICHOLINERGICS
PREVIDENT 5000 PLUS CREAM (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay)	-	\$0	MOUTH / THROAT / DENTAL AGENTS

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Drug Name	Special Code	Tier	Category
PREVIDENT GEL	-	2	MOUTH / THROAT / DENTAL AGENTS
PREVIDENT PASTE	-	2	MOUTH / THROAT / DENTAL AGENTS
PREVNAR 20 INJ	VAC	EX	VACCINES
PREVPAC KIT	-	3	ULCER DRUGS
PREVYMIS TAB	-	NC	ANTIVIRALS
PREZCOBIX TAB	-	2	ANTIVIRALS
PREZISTA SUSP	-	2	ANTIVIRALS
PREZISTA TAB	-	2	ANTIVIRALS
PRIFTIN TAB	-	2	ANTIMYCOBACTERIAL AGENTS
PRILOSEC CAP	-	NC	ULCER DRUGS
PRILOSEC OTC DR TAB	OTC	3	ULCER DRUGS / ANTISPASMODICS / ANTICHOLINERGICS
PRILOSEC OTC DR TAB	OTC	NC	ULCER DRUGS
primaquine tab (PRIMAQUINE equiv)	-	1	ANTIMALARIALS
PRIMAQUINE TAB	-	3	ANTIMALARIALS
primidone tab (MYSOLINE equiv)	-	1	ANTICONVULSANTS
PRIMLEV TAB 10-300MG	-	NC	ANALGESICS - OPIOID
PRIMLEV TAB 5-300MG	-	NC	ANALGESICS - OPIOID

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Drug Name	Special Code	Tier Category	
PRIMSOL SOLN	-	3	ANTI-INFECTIVE AGENTS MISC.
PRINIVIL TAB, ZESTRIL TAB	-	3	ANTIHYPERTENSIVES
PRISTIQ TAB	-	3	ANTIDEPRESSANTS
PROAIR HFA INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
PROAMATINE TAB	-	3	VASOPRESSORS
probenecid tab (BENEMID equiv)	-	1	GOUT AGENTS
procainamide inj	M	M	ANTIARRHYTHMICS
PROCARDIA CAP	-	3	CALCIUM CHANNEL BLOCKERS
prochlorperazine supp (COMPAZINE equiv)	-	1	ANTIPSYCHOTICS / ANTIMANIC AGENTS
prochlorperazine tab (COMPAZINE equiv)	-	1	ANTIPSYCHOTICS / ANTIMANIC AGENTS
PROCORT CREAM	-	NC	ANORECTAL AGENTS
PROCRIT INJ	-	NC	HEMATOPOIETIC AGENTS
PROCTOCORT CREAM	-	3	DERMATOLOGICALS
PROCTOFOAM HC FOAM	-	2	ANORECTAL AGENTS
proctosol HC cream (ANUSOL HC equiv)	-	1	ANORECTAL AGENTS
PROCYSBI GRANULES PACKET	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
PRODRIN TAB	-	NC	MIGRAINE PRODUCTS

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EXC	Plan Exclusion	INF	Infertility
LD	Limited Distribution	M	Medical Benefit
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 fo first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	VAC	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.

Community First Insurance Plan Formulary Cont.

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Drug Name	Special Code	Tier	Category
progesterone cap (PROMETRIUM equiv)	-	1	PROGESTINS
progesterone oil inj	-	1	PROGESTINS
PROGESTERONE SUPP	PA	3	VAGINAL PRODUCTS
PROGLYCEM SUSP	-	3	ANTIDIABETICS
PROGRAF CAP	-	3	ASSORTED CLASSES
PROGRAF PACKET	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
PROLATE TAB 7.5-300MG	-	NC	ANALGESICS - OPIOID
PROLENSA OPHTH SOLN	-	2	OPHTHALMIC AGENTS
PROLEUKIN INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PROLIA INJ	M	M	ENDOCRINE AND METABOLIC AGENTS - MISC.
PROMACTA POWDER	MSP-PA	SP	HEMATOPOIETIC AGENTS
PROMACTA TAB	MSP-PA	SP	HEMATOPOIETIC AGENTS
promethazine DM syrup	-	1	COUGH / COLD / ALLERGY
promethazine supp (PHENERGAN equiv)	-	2	ANTIHISTAMINES
promethazine syrup	-	1	ANTIHISTAMINES
promethazine tab (PHENERGAN equiv)	-	1	ANTIHISTAMINES
promethazine VC syrup (PHENERGAN VC equiv)	-	1	COUGH / COLD / ALLERGY
promethazine VC/codeine syrup (PHENERGAN VC/CODEINE equiv)	-	1	COUGH / COLD / ALLERGY

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Drug Name	Special Code	Tier	Category
promethazine/codeine syrup (PHENERGAN/CODEINE equiv)	-	1	COUGH / COLD / ALLERGY
PROMETHEGAN SUPP	-	2	ANTIHISTAMINES
PROMETRIUM CAP	-	3	PROGESTINS
PROMISEB CREAM	-	NC	DERMATOLOGICALS
propafenone ER cap (RYTHMOL SR equiv)	-	2	ANTIARRHYTHMICS
propafenone tab (RYTHMOL equiv)	-	1	ANTIARRHYTHMICS
PROPANTHELINE TAB	-	2	ULCER DRUGS
proparacaine ophth soln (ALCAINE equiv)	-	1	OPHTHALMIC AGENTS
propranolol ER cap (INDERAL LA equiv)	-	1	BETA BLOCKERS
propranolol oral soln 20mg/5ml (PROPRANOLOL equiv)	-	1	BETA BLOCKERS
PROPRANOLOL SOLN	-	1	BETA BLOCKERS
propranolol tab (INDERAL equiv)	-	1	BETA BLOCKERS
PROPRANOLOL/HYDROCHLOROTHIAZIDE TAB	-	1	ANTIHYPERTENSIVES
propylthiouracil tab	-	1	THYROID AGENTS
PROQUIN XR TAB	-	3	FLUOROQUINOLONES
PROSCAR TAB	-	3	GENITOURINARY AGENTS - MISCELLANEOUS
PROSED DS TAB	-	NC	URINARY ANTI-INFECTIVES
PROSOM TAB	-	3	HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS

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Drug Name	Special Code	Tier	Category
PROSTIGMIN TAB	-	2	ANTIMYASTHENIC / CHOLINERGIC AGENTS
PROTHELIAL PASTE	-	NC	MOUTH / THROAT / DENTAL AGENTS
PROTONIX EC TAB	-	NC	ULCER DRUGS
PROTOPIC OINT	-	3	DERMATOLOGICALS
protriptyline tab (VIVACTIL equiv)	-	3	ANTIDEPRESSANTS
PROVENTIL HFA INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
PROVERA TAB	-	3	PROGESTINS
PROVIGIL TAB (QL= 2 tabs/day)	PA-QL	3	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
PROZAC CAP	-	3	ANTIDEPRESSANTS
PROZAC SOLN	-	3	ANTIDEPRESSANTS
PROZAC TAB	-	3	ANTIDEPRESSANTS
PROZAC WEEKLY CAP	-	NC	ANTIDEPRESSANTS
PULMICORT FLEXHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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Drug Name	Special Code	Tier Category	
PULMICORT INH SUSP	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
PULMOZYME INH SOLN	MSP	SP	RESPIRATORY AGENTS - MISC.
PUREFOLIX TAB	-	NC	HEMATOPOIETIC AGENTS
PURINETHOL TAB	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PURIXAN SUSP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PYLERA CAP	-	3	ULCER DRUGS
pyrazinamide tab	-	1	ANTIMYCOBACTERIAL AGENTS
pyridostigmine CR tab (MESTINON equiv)	-	2	ANTIMYASTHENIC / CHOLINERGIC AGENTS
pyridostigmine tab (MESTINON equiv)	-	1	ANTIMYASTHENIC / CHOLINERGIC AGENTS
PYRIDOSTIGMINE TAB 30MG	-	NC	ANTIMYASTHENIC / CHOLINERGIC AGENTS
pyridstigmine soln (MESTINON equiv)	-	3	ANTIMYASTHENIC / CHOLINERGIC AGENTS
pyrimethamine tab (DARAPRIM equiv) (QL= 3 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	SP	ANTIMALARIALS

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Drug Name	Special Code	Tier Category
PYRIMETHAMINE/LEUCOVORIN CAP	-	NC ANTIMALARIALS
PYRUKYND TAB	-	NC HEMATOLOGICAL AGENTS - MISC.
PYRUKYND THERAPY PACK	-	NC HEMATOLOGICAL AGENTS - MISC.
QBRELIS SOLN (Prior Authorization required for members age 9 or older)	PA	3 ANTIHYPERTENSIVES
QBREXZA PAD	-	NC DERMATOLOGICALS
QDOLO SOLN, TRAMADOL SOLN	-	NC ANALGESICS - OPIOID
QELBREE ER CAP	-	NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
QINLOCK TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
QMIIZ ODT TAB	-	NC ANALGESICS - ANTI-INFLAMMATORY
QNASL NASAL SPRAY	-	NC NASAL AGENTS - SYSTEMIC AND TOPICAL
QTERN TAB	-	NC ANTIDIABETICS
QUALAQUIN CAP	-	3 ANTIMALARIALS
QUDEXY XR CAP	-	NC ANTICONVULSANTS
QUESTRAN LITE POWDER	-	3 ANTIHYPERLIPIDEMICS
QUESTRAN LITE POWDER PACK	-	3 ANTIHYPERLIPIDEMICS

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Drug Name	Special Code	Tier	Category
QUESTRAN POWDER	-	3	ANTIHYPERSLIPIDEMICS
QUESTRAN POWDER PACK	-	3	ANTIHYPERSLIPIDEMICS
quetiapine tab (SEROQUEL equiv)	-	1	ANTIPSYCHOTICS / ANTIMANIC AGENTS
quetiapine XR tab (SEROQUEL XR equiv)	-	1	ANTIPSYCHOTICS / ANTIMANIC AGENTS
QUFLORA PEDIATRIC CHEW TAB	-	3	MULTIVITAMINS
QUILLIVANT XR SUSP	-	NC	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
quinapril tab (ACCUPRIL equiv)	-	1	ANTIHYPERTENSIVES
quinapril/hydrochlorothiazide tab (ACCURETIC equiv)	-	1	ANTIHYPERTENSIVES
quinidine gluconate CR tab	-	2	ANTIARRHYTHMICS
QUINIDINE SULFATE ER TAB	-	3	ANTIARRHYTHMICS
quinidine sulfate tab	-	1	ANTIARRHYTHMICS
QUINIDINE SULFATE TAB	-	NC	ANTIARRHYTHMICS
quinine sulfate cap (QUALAQUIN equiv)	-	3	ANTIMALARIALS
QUINIXIL PAK	-	NC	DERMATOLOGICALS
QUINOSONE KIT	-	NC	DERMATOLOGICALS
QULIPTA TAB	-	NC	MIGRAINE PRODUCTS

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Drug Name	Special Code	Tier Category
QUVIVIQ TAB	-	NC HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
QVAR INHALER	-	NC ANTIASTHMATIC AND BRONCHODILATOR AGENTS
QVAR REDIHALER	-	NC ANTIASTHMATIC AND BRONCHODILATOR AGENTS
rabeprazole EC tab (ACIPHEX equiv)	-	3 ULCER DRUGS
RAGWITEK SL TAB	-	NC BIOLOGICALS MISC
raloxifene tab (EVISTA equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	\$0 ENDOCRINE AND METABOLIC AGENTS - MISC.
ramelteon tab (ROZEREM equiv) (QL= 1 tab/day)	QL	2 HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
ramipril cap (ALTACE equiv)	-	1 ANTIHYPERTENSIVES
RANEXA TAB	-	3 ANTIANGINAL AGENTS
ranitidine cap (ZANTAC equiv)	-	NC ULCER DRUGS
ranitidine syrup (ZANTAC equiv)	-	NC ULCER DRUGS
ranitidine tab (Rx Only) (ZANTAC equiv)	-	NC ULCER DRUGS
ranolazine tab (RANEXA equiv)	-	2 ANTIANGINAL AGENTS

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RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	VAC	Vaccine Program
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Drug Name	Special Code	Tier Category
RAPAFLO CAP	-	3 GENITOURINARY AGENTS - MISCELLANEOUS
RAPAMUNE SOLN	-	3 MISCELLANEOUS THERAPEUTIC CLASSES
RAPAMUNE TAB	-	3 ASSORTED CLASSES
rasagiline tab (AZILECT equiv)	¢	2 ANTIPARKINSON AGENTS
RAVICTI LIQUID	-	NC ENDOCRINE AND METABOLIC AGENTS - MISC.
RAYALDEE CAP	-	NC ENDOCRINE AND METABOLIC AGENTS - MISC.
RAYOS TAB	-	NC CORTICOSTEROIDS
RAZADYNE ER CAP	-	3 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
RAZADYNE SOLN	-	3 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
RAZADYNE TAB	-	3 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
REBETOL SOLN	MSP	SP ANTIVIRALS

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Drug Name	Special Code	Tier Category
REBIF INJ	MSP	SP PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
REBLOZYL INJ	-	NC HEMATOPOIETIC AGENTS
RECORLEV TAB	-	NC ENDOCRINE AND METABOLIC AGENTS - MISC.
RECTIV OINT	-	3 ANORECTAL AGENTS
REDITREX INJ	-	NC ANALGESICS - ANTI-INFLAMMATORY
REGLAN TAB	-	3 GASTROINTESTINAL AGENTS - MISC.
REGRANEX GEL (QL= 30gm/fill)	QL	2 DERMATOLOGICALS
RELAFEN DS TAB	-	NC ANALGESICS - ANTI-INFLAMMATORY
RELENZA DISKHALER (QL= 1 inhaler/fill)	QL	2 ANTIVIRALS
RELEUKO INJ	-	NC HEMATOPOIETIC AGENTS
RELEUKO PREFILLED SYRINGE INJ	-	NC HEMATOPOIETIC AGENTS
RELISTOR INJ	-	NC GASTROINTESTINAL AGENTS - MISC.
RELISTOR INJ KIT	-	NC GASTROINTESTINAL AGENTS - MISC.
RELISTOR TAB	-	NC GASTROINTESTINAL AGENTS - MISC.

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Drug Name	Special Code	Tier Category
RELPAK TAB (QL= 9 tabs/fill, 2 fills/30 days)	QL	3 MIGRAINE PRODUCTS
RELTONE CAP	-	NC GASTROINTESTINAL AGENTS - MISC.
REMERON SOLUTAB	-	3 ANTIDEPRESSANTS
REMERON TAB	-	3 ANTIDEPRESSANTS
REMODULIN INJ 10MG/ML	-	NC CARDIOVASCULAR AGENTS - MISC.
REMODULIN INJ 1MG/ML	-	NC CARDIOVASCULAR AGENTS - MISC.
REMODULIN INJ 2.5MG/ML	-	NC CARDIOVASCULAR AGENTS - MISC.
REMODULIN INJ 5MG/ML	-	NC CARDIOVASCULAR AGENTS - MISC.
RENACIDIN SOLN	-	3 GENITOURINARY AGENTS - MISCELLANEOUS
RENAGEL TAB	-	3 GASTROINTESTINAL AGENTS - MISC.
RENAGEL TAB 800MG	-	3 GASTROINTESTINAL AGENTS - MISC.
renaphro cap (NEPHROCAP equiv)	-	1 MULTIVITAMINS
RENOVA CREAM	-	EX C DERMATOLOGICALS
RENVELA TAB	-	3 GASTROINTESTINAL AGENTS - MISC.

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Drug Name	Special Code	Tier	Category
repaglinide tab (PRANDIN equiv)	-	1	ANTIDIABETICS
REPAGLINIDE TAB	-	NC	ANTIDIABETICS
REPATHA INJ (QL= 2 inj/28 days)	PA-QL	2	ANTIHYPERTENSIVES
REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days)	PA-QL	2	ANTIHYPERTENSIVES
REQUIP TAB	-	3	ANTIPARKINSON AGENTS
REQUIP XL TAB	-	3	ANTIPARKINSON AGENTS
RESCON TAB	-	3	COUGH / COLD / ALLERGY
RESCRIPTOR TAB	-	2	ANTIVIRALS
RESERPINE TAB	-	3	ANTIHYPERTENSIVES
RESERVAPAK SYRUP	-	NC	ALTERNATIVE MEDICINES
RESTASIS MULTIDOSE (Restricted to Ophthalmology or Optometry Specialist)	RS	2	OPHTHALMIC AGENTS
RESTASIS OPHTH EMULSION (Restricted to Ophthalmology or Optometry Specialist)	RS	2	OPHTHALMIC AGENTS
RESTORIL CAP 15MG	-	3	HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
RESTORIL CAP 22.5MG	-	3	HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
RESTORIL CAP 30MG	-	3	HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS

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Drug Name	Special Code	Tier Category	
RESTORIL CAP 7.5MG	-	3	HYPNOTICS / SEDATIVES / SLEEP DISORDER AGENTS
RETACRIT INJ	-	2	HEMATOPOIETIC AGENTS
RETEVMO CAP (QL= 4 caps/day)	MSP-PA-QL-SF	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RETIN-A CREAM	PA	3	DERMATOLOGICALS
RETIN-A MICRO GEL 0.04%, 0.1%	-	NC	DERMATOLOGICALS
RETIN-A MICRO GEL 0.08%, 0.06%	-	NC	DERMATOLOGICALS
RETROVIR CAP	-	3	ANTIVIRALS
RETROVIR SYRUP	-	3	ANTIVIRALS
RETROVIR TAB	-	3	ANTIVIRALS
REVATIO SUSP	-	NC	CARDIOVASCULAR AGENTS - MISC.
REVATIO TAB	PA	3	CARDIOVASCULAR AGENTS - MISC.
REVIA TAB	-	3	ANTIDOTES
REVLIMID CAP (QL= 1 cap/day; Restricted to Oncology or Hematology Specialist)	MSP-QL-RS	SP	ASSORTED CLASSES
REXAPHENAC CREAM	-	NC	DERMATOLOGICALS
REXULTI TAB	-	NC	ANTIPSYCHOTICS / ANTIMANIC AGENTS
REYATAZ CAP	-	3	ANTIVIRALS
REYATAZ POWDER PACK	-	2	ANTIVIRALS

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Drug Name	Special Code	Tier Category
REYVOW TAB (QL= 8 tabs/30 days, 6 fills/year)	PA-QL	2 MIGRAINE PRODUCTS
REZIRA SOLN	-	3 COUGH / COLD / ALLERGY
REZUROCK TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL	SP MISCELLANEOUS THERAPEUTIC CLASSES
REZYST CHEW TAB	-	NC ANTIDIARRHEALS
RHEUMATREX TAB	-	3 ANALGESICS - ANTI-INFLAMMATORY
RHINOCORT AQUA NASAL SPRAY	-	NC NASAL AGENTS - SYSTEMIC AND TOPICAL
RHOFADE CREAM	-	EX C DERMATOLOGICALS
RHOPRESSA OPHTH SOLN	-	NC OPHTHALMIC AGENTS
RIABNI SOLN	-	NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RIBAPAK TAB	-	NC ANTIVIRALS
ribavirin cap (REBETOL equiv)	MSP	1 ANTIVIRALS
ribavirin inh soln (VIRAZOLE equiv)	-	NC ANTIVIRALS
ribavirin tab (COPEGUS equiv)	MSP	1 ANTIVIRALS
RIBAVIRIN TAB 400MG	-	NC ANTIVIRALS
RIDAURA CAP	-	2 ANALGESICS - ANTI-INFLAMMATORY
rifabutin cap (MYCOBUTIN equiv)	-	2 ANTIMYCOBACTERIAL AGENTS

	NC =Not Covered	generic =small letters	BRANDS =CAPITAL LETTERS
EXC	Plan Exclusion	INF	Infertility
LD	Limited Distribution	M	Medical Benefit
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 fo first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	VAC	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.

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Drug Name	Special Code	Tier	Category
RIFADIN CAP	-	3	ANTIMYCOBACTERIAL AGENTS
RIFAMATE CAP	-	2	ANTIMYCOBACTERIAL AGENTS
rifampin cap (RIFADIN equiv)	-	2	ANTIMYCOBACTERIAL AGENTS
RIFATER TAB	PA	3	ANTIMYCOBACTERIAL AGENTS
RILUTEK TAB	-	NC	NEUROMUSCULAR AGENTS
riluzole tab (RILUTEK equiv)	-	2	NEUROMUSCULAR AGENTS
RIMANTADINE TAB	-	3	ANTIVIRALS
RINVOQ ER TAB (QL= 1 tab/day)	MSP-PA-QL	SP	ANALGESICS - ANTI-INFLAMMATORY
RIOMET ER SUSP	-	3	ANTIDIABETICS
RIOMET SOLN	-	3	ANTIDIABETICS
risedronate DR tab (ATELVIA equiv) (Step Therapy requires trial of alendronate)	ST	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
risedronate tab (ACTONEL equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.

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SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
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Drug Name	Special Code	Tier	Category
RISPERDAL M ODT	-	3	ANTIPSYCHOTICS / ANTIMANIC AGENTS
RISPERDAL SOLN	-	3	ANTIPSYCHOTICS / ANTIMANIC AGENTS
RISPERDAL TAB	-	3	ANTIPSYCHOTICS / ANTIMANIC AGENTS
RISPERIDONE ODT	-	2	ANTIPSYCHOTICS / ANTIMANIC AGENTS
risperidone ODT (RISPERDAL M equiv)	-	2	ANTIPSYCHOTICS / ANTIMANIC AGENTS
risperidone soln (RISPERDAL equiv)	-	1	ANTIPSYCHOTICS / ANTIMANIC AGENTS
risperidone tab (RISPERDAL equiv)	-	1	ANTIPSYCHOTICS / ANTIMANIC AGENTS
RITALIN LA CAP	-	3	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
RITALIN TAB	-	3	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
ritonavir tab (NORVIR equiv)	-	2	ANTIVIRALS

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PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month fo first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	VAC	Vaccine Program
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Drug Name	Special Code	Tier	Category
RITUXAN INJ	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
rivastigmine cap (EXELON equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
rivastigmine patch (EXELON equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)	QL	1	MIGRAINE PRODUCTS
rizatriptan tab (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)	QL	1	MIGRAINE PRODUCTS
ROAOXIA GEL	-	NC	DERMATOLOGICALS
ROBAXIN TAB	-	3	MUSCULOSKELETAL THERAPY AGENTS
ROBINUL TAB	-	3	ULCER DRUGS
ROCALTROL CAP	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
ROCALTROL SOLN	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
ROCKLATAN OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
ropinirole ER tab (REQUIP XL equiv)	-	3	ANTIPARKINSON AGENTS

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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	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	VAC	Vaccine Program
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Drug Name	Special Code	Tier	Category
ropinirole tab (REQUIP equiv)	-	1	ANTIPARKINSON AGENTS
ROPIVICAINE/CLONIDINE/KETOROLAC INJ	-	NC	LOCAL ANESTHETICS-PARENTERAL
ROSADAN KIT	-	NC	DERMATOLOGICALS
ROSULA EMULSION	-	3	DERMATOLOGICALS
ROSULA GEL	-	3	DERMATOLOGICALS
ROSULA PAD	-	3	DERMATOLOGICALS
ROSULA WASH	-	NC	DERMATOLOGICALS
rosuvastatin tab 10mg (CRESTOR equiv) (QL= 1 tab/day)	QL	\$0	ANTIHYPERLIPIDEMICS
rosuvastatin tab 20mg (CRESTOR equiv) (QL= 1.5 tabs/day)	QL	1	ANTIHYPERLIPIDEMICS
rosuvastatin tab 40mg (CRESTOR equiv) (QL= 1 tab/day)	QL	1	ANTIHYPERLIPIDEMICS
rosuvastatin tab 5mg (CRESTOR equiv) (QL= 1 tab/day)	QL	\$0	ANTIHYPERLIPIDEMICS
ROSZET TAB	-	NC	ANTIHYPERLIPIDEMICS
ROWASA KIT	-	NC	GASTROINTESTINAL AGENTS - MISC.
ROXICODONE TAB	-	3	ANALGESICS - OPIOID
ROZEREM TAB (QL= 1 tab/day)	QL	3	HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS

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ST	Step Therapy	VAC	Vaccine Program
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Drug Name	Special Code	Tier Category	
ROZLYTREK CAP (QL= 3 caps/day)	MSP-PA-QL-SF	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RUBRACA TAB (QL= 4 tabs/day; Only available through Avella Pharmacy (877) 546-5779)	LD-PA-QL-SF	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RUCONEST INJ (Only available through CVS Specialty 800-237-2767)	LD-PA	SP	HEMATOLOGICAL AGENTS - MISC.
rufinamide susp (BANZEL equiv)	PA	2	ANTICONSULSANTS
rufinamide tab (BANZEL equiv)	PA	2	ANTICONSULSANTS
RUKOBIA ER TAB (Restricted to Infectious Disease Specialist)	RS	2	ANTIVIRALS
RYBELSUS TAB (QL=1 tab/day)	QL	2	ANTIDIABETICS
RYBIX ODT	-	NC	ANALGESICS - OPIOID
RYCLORA SOLN	-	NC	ANTIHISTAMINES
RYDAPT CAP	MSP-PA	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RYTARY CAP	-	NC	ANTIPARKINSON AGENTS
RYTHMOL SR CAP	-	3	ANTIARRHYTHMICS
RYTHMOL TAB	-	3	ANTIARRHYTHMICS
RYVENT TAB	-	NC	ANTIHISTAMINES
SABRIL POWDER PACK	-	NC	ANTICONSULSANTS
SABRIL TAB	-	NC	ANTICONSULSANTS
SAFYRAL TAB	-	NC	CONTRACEPTIVES

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ST	Step Therapy	VAC	Vaccine Program
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Drug Name	Special Code	Tier Category
SAIZEN INJ, SEROSTIM INJ, ZORBTIVE INJ	-	NC ENDOCRINE AND METABOLIC AGENTS - MISC.
SALAGEN TAB	-	3 MOUTH / THROAT / DENTAL AGENTS
SALEX LOTION KIT	-	NC DERMATOLOGICALS
SALEX SHAMPOO	-	3 DERMATOLOGICALS
salicylic acid soln	-	NC DERMATOLOGICALS
salicylic acid cream (CERAVE PSORIASIS equiv)	-	NC DERMATOLOGICALS
salicylic acid shampoo (SALEX equiv)	-	2 DERMATOLOGICALS
SALIMEZ FORTE CREAM	-	NC DERMATOLOGICALS
salsalate tab (DISALCID equiv)	-	2 ANALGESICS - NONNARCOTIC
SAMSCA TAB	MSP	SP ENDOCRINE AND METABOLIC AGENTS - MISC.
SANCTURA TAB	-	3 URINARY ANTISPASMODICS
SANCUSO PATCH (QL= 4 patches/fill)	QL	3 ANTIEMETICS
SANDIMMUNE CAP	-	3 ASSORTED CLASSES
SANDIMMUNE SOLN 100MG/ML	-	2 ASSORTED CLASSES
SANDOSTATIN INJ	-	NC ENDOCRINE AND METABOLIC AGENTS - MISC.

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Drug Name	Special Code	Tier Category
SANDOSTATIN LAR INJ KIT	-	NC ENDOCRINE AND METABOLIC AGENTS - MISC.
SANTYL OINT (QL= 90gm/30 days)	QL	2 DERMATOLOGICALS
SAPHRIS SL TAB (QL= 2 tabs/day)	QL	3 ANTIPSYCHOTICS / ANTIMANIC AGENTS
sapropterin dihydrochloride powder packet (KUVAN equiv) (Only available through Walgreens 888-347-3416)	MSP-PA	SP ENDOCRINE AND METABOLIC AGENTS - MISC.
sapropterin dihydrochloride soluble tab (KUVAN equiv)	MSP-PA	SP ENDOCRINE AND METABOLIC AGENTS - MISC.
SARAFEM TAB	-	NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SAVAYSA TAB	-	NC ANTICOAGULANTS
SAVELLA PAK	-	2 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SAVELLA TAB (QL= 2 tabs/day)	QL	2 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SCARCIN GEL	-	NC DERMATOLOGICALS
scarcin gel (SCARCIN equiv)	-	NC DERMATOLOGICALS

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PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
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Drug Name	Special Code	Tier Category
SCARCIN LIQUID ROLL-ON	-	NC DERMATOLOGICALS
SCEMBLIX TAB	-	NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
scopolamine patch (TRANSDERM-SCOP equiv)	-	2 ANTIEMETICS
SEASONIQUE TAB	-	3 CONTRACEPTIVES
seb-prev cream (OVACE CREAM equiv)	-	3 DERMATOLOGICALS
SECONAL CAP	-	2 HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
SECTRAL CAP	-	3 BETA BLOCKERS
SECUADO PATCH	-	NC ANTIPSYCHOTICS / ANTIMANIC AGENTS
SEEBRI NEOHALER CAP	-	NC ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SEGLENTIS TAB	-	NC ANALGESICS - OPIOID
SEGLUROMET TAB	-	NC ANTIDIABETICS
selegiline cap (ELDEPRYL equiv)	-	1 ANTIPARKINSON AGENTS
selegiline tab (ELDEPRYL equiv)	-	1 ANTIPARKINSON AGENTS
selenium sulfide lotion	OTC	1 DERMATOLOGICALS
selenium sulfide lotion 2.5% (SELSUN equiv)	-	1 DERMATOLOGICALS
selenium sulfide shampoo (SELSEB equiv)	-	2 DERMATOLOGICALS
selenium sulfide shampoo 2.3% (SELRX equiv)	-	NC DERMATOLOGICALS
SELRX SHAMPOO 2.3%	-	NC DERMATOLOGICALS

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Drug Name	Special Code	Tier	Category
SELZENTRY SOLN	-	2	ANTIVIRALS
SELZENTRY TAB	-	2	ANTIVIRALS
SELZENTRY TAB	-	3	ANTIVIRALS
SEMGLEE INJ, INSULIN GLARGINE INJ (LANTUS Equiv)	-	2	ANTIDIABETICS
SEMGLEE PEN, INSULIN GLARGINE PEN (LANTUS Equiv)	-	2	ANTIDIABETICS
SEMPREX-D CAP	-	EX	COUGH / COLD / ALLERGY C
SENSIPAR TAB	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
SEREVENT DISKUS INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SERNIVO SPRAY	-	NC	DERMATOLOGICALS
SEROQUEL TAB	-	3	ANTIPSYCHOTICS / ANTIMANIC AGENTS
SEROQUEL XR TAB	-	3	ANTIPSYCHOTICS / ANTIMANIC AGENTS
SERTRALINE CAP	-	NC	ANTIDEPRESSANTS
sertraline conc (ZOLOFT equiv)	-	1	ANTIDEPRESSANTS
sertraline tab (ZOLOFT equiv)	-	1	ANTIDEPRESSANTS

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Drug Name	Special Code	Tier	Category
SEVELAMER CARBONATE TAB	-	2	GASTROINTESTINAL AGENTS - MISC.
sevelamer hydrochloride tab (RENAGEL equiv)	-	3	GASTROINTESTINAL AGENTS - MISC.
sevelamer powder pak (RENVELA equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
sevelamer tab (RENVELA TAB equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
SEYSARA TAB	-	NC	TETRACYCLINES
SFROWASA ENEMA	-	3	GASTROINTESTINAL AGENTS - MISC.
SIGNIFOR INJ (QL= 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	SP	ENDOCRINE AND METABOLIC AGENTS - MISC.
SIKLOS TAB	-	NC	HEMATOPOIETIC AGENTS
SILALITE PAK MIS	-	NC	DERMATOLOGICALS
SILATRIX GEL	-	NC	MOUTH / THROAT / DENTAL AGENTS
sildenafil susp (REVATIO equiv)	-	NC	CARDIOVASCULAR AGENTS - MISC.
sildenafil tab (VIAGRA equiv)	-	EX C	CARDIOVASCULAR AGENTS - MISC.
sildenafil tab 20mg (REVATIO equiv)	PA	1	CARDIOVASCULAR AGENTS - MISC.

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Drug Name	Special Code	Tier Category
SILIPAC KIT	-	NC DERMATOLOGICALS
SILIQ INJ	-	NC DERMATOLOGICALS
silodosin cap (RAPAFLO equiv)	-	1 GENITOURINARY AGENTS - MISCELLANEOUS
SILVADENE CREAM	-	3 DERMATOLOGICALS
silver sulfadiazine cream (SILVADENE CREAM equiv)	-	1 DERMATOLOGICALS
SILVERA PAD	-	NC DERMATOLOGICALS
SIMBRINZA OPHTH SUSP	-	2 OPHTHALMIC AGENTS
SIMCOR TAB	-	NC ANTIHYPERLIPIDEMICS
SIMPONI ARIA INJ	-	NC ANALGESICS - ANTI-INFLAMMATORY
SIMPONI AUTO-INJECTOR 100MG (QL=1 inj/28 days)	MSP-PA-QL	SP ANALGESICS - ANTI-INFLAMMATORY
SIMPONI AUTO-INJECTOR 50MG	-	NC ANALGESICS - ANTI-INFLAMMATORY
SIMPONI INJ 100MG (QL=1 inj/28 days)	MSP-PA-QL	SP ANALGESICS - ANTI-INFLAMMATORY
SIMPONI INJ 50MG	-	NC ANALGESICS - ANTI-INFLAMMATORY
SIMVASTATIN SUSP	-	NC ANTIHYPERLIPIDEMICS
simvastatin tab (ZOCOR equiv) (80mg is Not Covered)	-	\$0 ANTIHYPERLIPIDEMICS

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Drug Name	Special Code	Tier	Category
simvastatin tab 80mg (ZOCOR equiv) (This strength excluded from coverage)	-	NC	ANTIHYPERTENSIVES
SINEMET CR TAB	-	3	ANTIPARKINSON AGENTS
SINEMET TAB	-	3	ANTIPARKINSON AGENTS
SINGULAIR CHEW TAB	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SINGULAIR GRANULE PACK	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SINGULAIR TAB	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SINUVA NASAL IMPLANT	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
sirolimus soln (RAPAMUNE equiv)	-	2	MISCELLANEOUS THERAPEUTIC CLASSES
sirolimus tab (RAPAMUNE equiv)	-	2	ASSORTED CLASSES
SIRTURO TAB (Restricted to Infectious Disease Specialist)	MSP-RS	SP	ANTIMYCOBACTERIAL AGENTS
SITAVIG TAB	-	NC	ANTIVIRALS
SITZMARKS CAP	-	NC	DIAGNOSTIC PRODUCTS
SIVEXTRO TAB (QL= 6 tabs/fill; Restricted to Infectious Disease Specialist)	QL-RS	2	ANTI-INFECTIVE AGENTS MISC.

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Drug Name	Special Code	Tier	Category
SKELAXIN TAB	-	3	MUSCULOSKELETAL THERAPY AGENTS
SKELID TAB	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
SKLICE LOTION (QL= 1 tube/fill)	PA-QL	3	DERMATOLOGICALS
SKYRIZI INJ 150MG/ML (QL= 1 inj/84 days)	MSP-PA-QL	SP	DERMATOLOGICALS
SKYRIZI INJ 75MG/0.83ML (QL= 2 inj/84 days)	MSP-PA-QL	SP	DERMATOLOGICALS
SKYTROFA INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SLO-NIACIN TAB	OTC	3	VITAMINS
SLYND TAB	-	3	CONTRACEPTIVES
smz/tmp (DS) tab (BACTRIM DS equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
smz/tmp susp (BACTRIM, SEPTRA equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
SOAANZ TAB	-	NC	DIURETICS
sodium chloride 0.9% irr soln	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
sodium chloride inj	M	M	MINERALS & ELECTROLYTES
sodium chloride neb soln (HYPER-SAL equiv)	-	1	COUGH / COLD / ALLERGY

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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	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS		

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Community First Insurance Plan Formulary Cont.

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Drug Name	Special Code	Tier Category
sodium citrate/citric acid soln (BICITRA equiv)	-	1 GENITOURINARY AGENTS - MISCELLANEOUS
sodium fluoride cream (PREVIDENT equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0 MOUTH / THROAT / DENTAL AGENTS
sodium fluoride gel (PREVIDENT equiv)	-	1 MOUTH / THROAT / DENTAL AGENTS
SODIUM FLUORIDE LOZENGE (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0 MINERALS & ELECTROLYTES
sodium fluoride paste (PREVIDENT equiv)	-	1 MOUTH / THROAT / DENTAL AGENTS
sodium fluoride rinse (PREVIDENT equiv)	-	1 MOUTH / THROAT / DENTAL AGENTS
sodium fluoride soln (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0 MINERALS & ELECTROLYTES
SODIUM FLUORIDE TAB (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0 MINERALS & ELECTROLYTES
sodium fluoride tab (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0 MINERALS & ELECTROLYTES

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EXC	Plan Exclusion	INF	Infertility
LD	Limited Distribution	M	Medical Benefit
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	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	VAC	Vaccine Program
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Community First Insurance Plan Formulary Cont.

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Drug Name	Special Code	Tier	Category
sodium fluoride/potassium nitrate paste (PREVIDENT equiv)	-	1	MOUTH / THROAT / DENTAL AGENTS
SODIUM IODIDE I-131 SOLN	-	NC	THYROID AGENTS
sodium phenylbutyrate powder (BUPHENYL equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
sodium phenylbutyrate tab (BUPHENYL equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
sodium polystyrene powder (KAYEXALATE equiv)	-	2	ASSORTED CLASSES
sodium polystyrene susp (SPS equiv)	-	1	ASSORTED CLASSES
sodium sulfacetamide gel (OVACE PLUS equiv)	-	3	DERMATOLOGICALS
sodium sulfacetamide lotion (KLARON equiv)	-	2	DERMATOLOGICALS
sodium sulfacetamide shampoo (OVACE equiv)	-	3	DERMATOLOGICALS
sodium sulfacetamide wash (OVACE WASH equiv)	-	2	DERMATOLOGICALS
sodium sulfacetamide/sulfur emulsion (ROSAC WASH equiv)	-	2	DERMATOLOGICALS
sodium sulfacetamide/sulfur emulsion (ROSULA equiv)	-	2	DERMATOLOGICALS
SODIUM SULFACETAMIDE/SULFUR EMULSION	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sulfur emulsion 10-1% (ROSAC WASH equiv)	-	2	DERMATOLOGICALS
sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv)	-	3	DERMATOLOGICALS

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Drug Name	Special Code	Tier	Category
sodium sulfacetamide/sulfur gel (ROSULA equiv)	-	2	DERMATOLOGICALS
SODIUM SULFACETAMIDE/SULFUR LOTION	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sulfur lotion (SULFACET R equiv)	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sulfur pad (PLEXION CLEANSING CLOTH equiv)	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sulfur susp (SUMAXIN equiv)	-	2	DERMATOLOGICALS
SODIUM SULFACETAMIDE/SULFUR SUSP	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sulfur wash (SUMAXIN equiv)	-	2	DERMATOLOGICALS
sodium sulfacetamide/sunscreen kit (SUMADEN XLT equiv)	-	NC	DERMATOLOGICALS
sodium sulfacetamide/urea pad (ROSULA equiv)	-	3	DERMATOLOGICALS
SOFOSBUVIR/VELPATASVIR TAB (QL= 1 tab/day)	MSP-PA-QL	SP	ANTIVIRALS
SOLAICE PATCH	-	NC	DERMATOLOGICALS
SOLARAVIX PAK	-	NC	DERMATOLOGICALS
SOLARAZE GEL (QL= 300gm/30 days)	PA-QL	3	DERMATOLOGICALS
SOLARCAINE EXTRA GEL	-	3	DERMATOLOGICALS
solifenacin tab (VESICARE equiv)	-	1	URINARY ANTISPASMODICS
SOLIQUA INJ (QL= 15ml/25 days)	PA-QL	2	ANTIDIABETICS
SOLODYN TAB	-	NC	TETRACYCLINES
SOLOSEC GRANULES PACKET (QL= 1 packet/fill)	PA-QL	3	AMEBICIDES

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Drug Name	Special Code	Tier Category
SOMA TAB	-	3 MUSCULOSKELETAL THERAPY AGENTS
SOMA TAB 250MG	-	NC MUSCULOSKELETAL THERAPY AGENTS
SOMATULINE INJ	MSP	SP ENDOCRINE AND METABOLIC AGENTS - MISC.
SOMAVERT INJ (Only available through Walgreens 888-347-3416)	LD-PA	SP ENDOCRINE AND METABOLIC AGENTS - MISC.
SOMNOTE CAP	-	3 HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
SONATA CAP	-	3 HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
SOOLANTRA CREAM	-	NC DERMATOLOGICALS
SORIATANE CAP	-	3 DERMATOLOGICALS
SORILUX FOAM	-	3 DERMATOLOGICALS
sotalol AF tab (BETAPACE AF equiv)	-	1 BETA BLOCKERS
sotalol tab (BETAPACE equiv)	-	1 BETA BLOCKERS
SOTYLIZE SOLN	-	NC BETA BLOCKERS
SOTYLIZE SOLN 5MG/ML (Prior Authorization required for members age 9 or older)	PA	3 BETA BLOCKERS

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Drug Name	Special Code	Tier Category
SOVALDI PELLETT PAK	-	NC ANTIVIRALS
SOVALDI TAB	-	NC ANTIVIRALS
SPECTRACEF TAB	-	3 CEPHALOSPORINS
SPINOSAD SUSP (QL= 1 bottle/fill)	QL	2 DERMATOLOGICALS
SPIRIVA HANDIHALER (For use with Handihaler device)	PA	3 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
SPIRIVA RESPIMAT INHALER 2.5MCG/ACT	PA	3 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
spironolactone tab (ALDACTONE equiv)	-	1 DIURETICS
spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)	-	1 DIURETICS
SPORANOX CAP	-	3 ANTIFUNGALS
SPORANOX SOLN	PA	3 ANTIFUNGALS
SPRAVATO NASAL SOLN	-	NC ANTIDEPRESSANTS
sprintec 28 tab (ORTHO-CYCLEN equiv)	-	\$0 CONTRACEPTIVES
SPRITAM TAB	-	NC ANTICONVULSANTS
SPRIX NASAL SPRAY	-	NC ANALGESICS - ANTI-INFLAMMATORY
SPRYCEL TAB	MSP-PA-SF	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SPS SUSP	-	1 MISCELLANEOUS THERAPEUTIC CLASSES

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Drug Name	Special Code	Tier Category
SSKI SOLN	-	2 COUGH / COLD / ALLERGY
STALEVO TAB	-	3 ANTIPARKINSON AND RELATED THERAPY AGENTS
STAMARIL INJ	-	NC VACCINES
STARLIX TAB	-	3 ANTIDIABETICS
STAVUDINE CAP	-	1 ANTIVIRALS
stavudine cap (ZERIT equiv)	-	1 ANTIVIRALS
stavudine soln (ZERIT equiv)	-	1 ANTIVIRALS
STAVZOR CAP	-	NC ANTICONVULSANTS
STEGLATRO TAB	-	NC ANTIDIABETICS
STEGLUJAN TAB	-	NC ANTIDIABETICS
STELARA INJ (QL= 1 inj/84 days)	PA-QL-SP	SP DERMATOLOGICALS
STIMATE NASAL SOLN	-	2 ENDOCRINE AND METABOLIC AGENTS - MISC.
STIOLTO INHALER	-	2 ANTIASTHMATIC AND BRONCHODILATOR AGENTS
STIVARGA TAB (QL= 4 tabs/day)	MSP-PA-QL-SF	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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Drug Name	Special Code	Tier	Category
STRATTERA CAP	-	3	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
STRENSIQ INJ (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	SP	ENDOCRINE AND METABOLIC AGENTS - MISC.
STRIANT FILM	-	NC	ANDROGENS-ANABOLIC
STRIBILD TAB	-	2	ANTIVIRALS
STRIVERDI RESPIMAT INHALER (QL= 1 inhaler/30 days)	QL	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
STROMEKTOL TAB	PA	3	ANTHELMINTICS
SUBLOCADE INJ	-	NC	ANALGESICS - OPIOID
SUBOXONE SL FILM	-	NC	ANALGESICS - OPIOID
SUBSYS SPRAY	-	NC	ANALGESICS - OPIOID
SUCLEAR KIT	-	NC	LAXATIVES
SUCRAID SOLN	-	NC	DIGESTIVE AIDS
sucrafate susp (CARAFATE equiv)	-	2	ULCER DRUGS / ANTISPASMODICS / ANTICHOLINERGICS
sucrafate tab (CARAFATE equiv)	-	1	ULCER DRUGS
SULAR TAB	-	3	CALCIUM CHANNEL BLOCKERS

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MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit
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ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS		

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Drug Name	Special Code	Tier	Category
sulfacetamide sodium ophth soln (BLEPH-10 equiv)	-	1	OPHTHALMIC AGENTS
sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv)	-	1	OPHTHALMIC AGENTS
sulfacetamide sodium/sulfur cream 10-2% (AVAR-E LS equiv)	-	2	DERMATOLOGICALS
sulfacetamide sodium/sulfur cream 10-5% (PLEXION SCT equiv)	-	2	DERMATOLOGICALS
sulfacetamide sodium/sulfur cream 9.8-4.8% (PLEXION equiv)	-	2	DERMATOLOGICALS
SULFACETAMIDE/PREDNISOLONE OPHTH SOLN	-	1	OPHTHALMIC AGENTS
sulfadiazine tab	-	3	SULFONAMIDES
SULFADIAZINE TAB	-	NC	SULFONAMIDES
SULFAMYLON CREAM	-	2	DERMATOLOGICALS
SULFAMYLON PACK	-	NC	DERMATOLOGICALS
sulfasalazine EC tab (AZULFIDINE equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
sulfasalazine tab (AZULFIDINE equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
sulindac tab (CLINORIL equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
SUMADEN XLT KIT	-	NC	DERMATOLOGICALS
SUMANSETRON PAK	-	NC	MIGRAINE PRODUCTS
SUMATRIPTAN INJ (QL= 4 inj/fill, 2 fills/30 days)	QL	2	MIGRAINE PRODUCTS

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Drug Name	Special Code	Tier	Category
sumatriptan inj (IMITREX equiv) (QL= 4 inj/fill, 2 fills/30 days)	QL	2	MIGRAINE PRODUCTS
SUMATRIPTAN INJ 6MG/0.5ML (QL= 4 inj/fill, 2 fills/30 days)	QL	2	MIGRAINE PRODUCTS
sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv) (QL= 6 sprays/fill, 2 fills/30 days)	QL	2	MIGRAINE PRODUCTS
sumatriptan tab (IMITREX equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	1	MIGRAINE PRODUCTS
sumatriptan vial inj (IMITREX equiv) (QL= 5 inj/fill, 2 fills/30 days)	QL	2	MIGRAINE PRODUCTS
sumatriptan/naproxen tab (TREXIMET equiv)	-	NC	MIGRAINE PRODUCTS
SUMAVEL DOSEPRO INJ	-	NC	MIGRAINE PRODUCTS
SUMAXIN PAD	-	NC	DERMATOLOGICALS
SUMAXIN TS SUSP	-	3	DERMATOLOGICALS
SUMAXIN WASH	-	3	DERMATOLOGICALS
sunitinib malate cap (SUTENT equiv)	MSP-PA-SF	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SUNOSI TAB (QL= 1 tab/day)	PA-QL	2	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
SUPRAX CAP	-	3	CEPHALOSPORINS
SUPRAX CHEW TAB	-	3	CEPHALOSPORINS
SUPRAX SUSP	-	3	CEPHALOSPORINS

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Drug Name	Special Code	Tier	Category
SUPRAX SUSP 500MG/5ML	-	3	CEPHALOSPORINS
SUPRAX TAB	-	3	CEPHALOSPORINS
SUPREP SOLN (Step Therapy requires trial of CLENPIQ)	ST	3	LAXATIVES
SURMONTIL CAP	-	3	ANTIDEPRESSANTS
SUSTIVA CAP	-	3	ANTIVIRALS
SUSTIVA TAB	-	3	ANTIVIRALS
SUSTOL INJ	-	NC	ANTIEMETICS
SUTAB TAB	-	NC	LAXATIVES
SUTENT CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SUTTAR SF SYRUP	-	3	COUGH / COLD / ALLERGY
SYLATRON INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYMAX DUOTAB	-	3	ULCER DRUGS
SYMBICORT INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SYMBYAX CAP	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SYMDEKO TAB (QL= 2 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416)	LD-PA-QL-SF	SP	RESPIRATORY AGENTS - MISC.

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Drug Name	Special Code	Tier	Category
SYMFI (LO) TAB	-	3	ANTIVIRALS
SYMJEPI INJ (QL= 2 inj/fill)	QL	1	VASOPRESSORS
SYMLINPEN INJ	-	NC	ANTIDIABETICS
SYMPAZAN ORAL FILM	-	NC	ANTICONVULSANTS
SYMPROIC TAB	PA	2	GASTROINTESTINAL AGENTS - MISC.
SYMTUZA TAB	-	2	ANTIVIRALS
SYNAGIS INJ	M	M	PASSIVE IMMUNIZING AGENTS
SYNAREL NASAL SOLN	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
SYNDROS SOLN	-	NC	ANTIEMETICS
SYNERA PATCH	-	3	DERMATOLOGICALS
SYNJARDY TAB (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
SYNJARDY XR TAB 10-1000MG, 25-1000MG (QL= 1 tab/day)	QL	2	ANTIDIABETICS
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
SYNRIBO INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYNTHROID TAB	-	1	THYROID AGENTS
SYNVEXIA TC CREAM	-	NC	DERMATOLOGICALS

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Drug Name	Special Code	Tier Category
SYPRINE CAP	-	NC MISCELLANEOUS THERAPEUTIC CLASSES
TABLOID TAB	-	2 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TABRECTA TAB (QL= 4 tabs/day)	MSP-PA-QL-SF	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TACLONEX OINT	-	NC DERMATOLOGICALS
tacrolimus cap (PROGRAF equiv)	-	1 ASSORTED CLASSES
tacrolimus oint (PROTOPIC OINT equiv)	-	1 DERMATOLOGICALS
tadalafil tab (CIALIS equiv)	-	EX C AGENTS - MISC.
tadalafil tab (PAH) (ADCIRCA equiv)	MSP-PA	SP CARDIOVASCULAR AGENTS - MISC.
tadalafil tab 2.5mg, 5mg (CIALIS equiv) (QL= 1 tab/day; Prior Authorization for BPH)	PA-QL	1 CARDIOVASCULAR AGENTS - MISC.
TAFINLAR CAP (QL= 4 caps/day)	MSP-PA-QL	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAGAMET TAB	-	3 ULCER DRUGS
TAGRISSO TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAKHZYRO INJ (QL= 2 inj/28 days; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	SP HEMATOLOGICAL AGENTS - MISC.

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Drug Name	Special Code	Tier Category
TALICIA CAP	-	NC ULCER DRUGS / ANTISPASMODICS / ANTICHOLINERGICS
TALTZ INJ (QL= 1 inj/28 days)	MSP-PA-QL	SP DERMATOLOGICALS
TALZENNA CAP 0.25MG (QL= 3 caps/day)	MSP-PA-QL-SF	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TALZENNA CAP 0.5MG, 0.75MG, 1MG (QL= 1 cap/day)	MSP-PA-QL-SF	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAMBOCOR TAB	-	3 ANTIARRHYTHMICS
TAMIFLU CAP (QL= 10 caps/fill)	QL	3 ANTIVIRALS
TAMIFLU CAP 30MG (QL= 20 caps/fill)	QL	3 ANTIVIRALS
tamoxifen tab (NOLVADEX equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	\$0 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tamsulosin cap (FLOMAX equiv)	-	1 GENITOURINARY AGENTS - MISCELLANEOUS
TANZEUM INJ	-	NC ANTIDIABETICS
TAPAZOLE TAB	-	3 THYROID AGENTS
TARCEVA TAB	-	NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TARGRETIN CAP	-	NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TARGRETIN GEL	MSP-PA	SP DERMATOLOGICALS
TARKA TAB	-	NC ANTIHYPERTENSIVES

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EXC	Plan Exclusion	INF	Infertility
LD	Limited Distribution	M	Medical Benefit
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	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS		

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Drug Name	Special Code	Tier Category
TARPEYO CAP	-	NC CORTICOSTEROIDS
TASIGNA CAP	MSP-PA-SF	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TASMAR TAB	-	3 ANTIPARKINSON AGENTS
TASOPROL CREAM KIT	-	NC DERMATOLOGICALS
tavaborole soln (KERYDIN equiv)	-	NC DERMATOLOGICALS
TAVALISSE TAB (QL= 2 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	SP HEMATOLOGICAL AGENTS - MISC.
TAVNEOS CAP	-	NC HEMATOLOGICAL AGENTS - MISC.
TAYTULLA CAP	-	NC CONTRACEPTIVES
tazarotene cream 0.1% (TAZORAC equiv)	-	2 DERMATOLOGICALS
TAZORAC CREAM	-	3 DERMATOLOGICALS
TAZORAC CREAM 0.05%	-	3 DERMATOLOGICALS
TAZORAC GEL	-	3 DERMATOLOGICALS
TAZVERIK TAB (QL= 8 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TECFIDERA CAP	-	NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TECFIDERA STARTER PACK	-	NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TECHNIVIE TAB	-	NC ANTIVIRALS

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Drug Name	Special Code	Tier	Category
TEGRETOL CHEW TAB	-	3	ANTICONVULSANTS
TEGRETOL SUSP	-	3	ANTICONVULSANTS
TEGRETOL TAB	-	3	ANTICONVULSANTS
TEGRETOL XR TAB	-	3	ANTICONVULSANTS
TEGSEDI INJ (QL= 4 inj/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	SP	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TEKAMLO TAB	-	3	ANTIHYPERTENSIVES
TEKTURNA HCT TAB	-	3	ANTIHYPERTENSIVES
TEKTURNA TAB	-	3	ANTIHYPERTENSIVES
telmisartan tab (MICARDIS equiv)	-	1	ANTIHYPERTENSIVES
telmisartan/amlodipine tab (TWYNSTA equiv)	-	NC	ANTIHYPERTENSIVES
telmisartan/hydrochlorothiazide tab (MICARDIS HC [®] equiv)	-	NC	ANTIHYPERTENSIVES
temazepam cap 15mg (RESTORIL equiv)	-	1	HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
temazepam cap 22.5mg (RESTORIL equiv)	-	3	HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
temazepam cap 30mg (RESTORIL equiv)	-	1	HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS

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Drug Name	Special Code	Tier Category	
temazepam cap 7.5mg (RESTORIL equiv)	-	3	HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
TEMODAR CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TEMOVATE CREAM	-	3	DERMATOLOGICALS
TEMOVATE GEL	-	3	DERMATOLOGICALS
TEMOVATE OINT	-	3	DERMATOLOGICALS
TEMOVATE SOLN	-	3	DERMATOLOGICALS
TEMOVATE-E CREAM	-	3	DERMATOLOGICALS
temozolomide cap (TEMODAR equiv)	MSP	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TENEX TAB	-	3	ANTIHYPERTENSIVES
tenofovir disoproxil fumarate tab (VIREAD equiv)	-	2	ANTIVIRALS
TENORETIC TAB	-	3	ANTIHYPERTENSIVES
TENORMIN TAB	-	3	BETA BLOCKERS
TEPMETKO TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TERAZOL CREAM	-	3	VAGINAL PRODUCTS
TERAZOL SUPP	-	3	VAGINAL PRODUCTS
terazosin cap (HYTRIN equiv)	-	1	ANTIHYPERTENSIVES
terbinafine tab (LAMISIL equiv)	-	1	ANTIFUNGALS

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Drug Name	Special Code	Tier Category	
terbutaline sulfate tab (BRETHINE equiv)	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
terconazole cream (TERAZOL equiv)	-	1	VAGINAL PRODUCTS
TERCONAZOLE CREAM 0.8%	-	1	VAGINAL PRODUCTS
terconazole supp (TERAZOL equiv)	-	1	VAGINAL PRODUCTS
TESSALON CAP	-	3	COUGH / COLD / ALLERGY
TEST STRIP (all other test strips)	OTC	NC	DIAGNOSTIC PRODUCTS
testosterone cypionate inj (DEPO-TESTOSTERONE equiv)	-	1	ANDROGENS-ANABOLIC
TESTOSTERONE GEL 1% 25MG (QL= 1 packet/day)	PA-QL	2	ANDROGENS-ANABOLIC
testosterone gel 1% 25mg (ANDROGEL equiv) (QL= 1 packet/day)	PA-QL	2	ANDROGENS-ANABOLIC
testosterone gel 1% 50mg (ANDROGEL equiv) (QL= 2 packets/day)	PA-QL	2	ANDROGENS-ANABOLIC
testosterone gel 1% pump (ANDROGEL equiv) (QL= 4 bottles/30 days)	PA-QL	2	ANDROGENS-ANABOLIC
testosterone gel 1.62% 1.25gm (ANDROGEL equiv) (QL= 1 packet/day)	PA-QL	3	ANDROGENS-ANABOLIC
testosterone gel 1.62% 2.5gm (ANDROGEL equiv) (QL= 2 packets/day)	PA-QL	3	ANDROGENS-ANABOLIC
testosterone gel 2% (FORTESTA equiv)	-	NC	ANDROGENS-ANABOLIC

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Drug Name	Special Code	Tier	Category
TESTOSTERONE GEL PUMP (QL= 4 bottles/30 days)	PA-QL	2	ANDROGENS-ANABOLIC
testosterone gel pump 1.62% (ANDROGEL equiv) (QL= 2 bottles/30 days)	PA-QL	2	ANDROGENS-ANABOLIC
TESTOSTERONE GEL, VOGELXO GEL	-	NC	ANDROGENS-ANABOLIC
testosterone soln (AXIRON equiv) (QL= 2 bottles/30 days)	PA-QL	2	ANDROGENS-ANABOLIC
tetrabenazine tab (XENAZINE equiv)	MSP-PA	SP	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
tetracycline cap	-	3	TETRACYCLINES
TEVETEN HCT TAB	-	3	ANTIHYPERTENSIVES
TEVETEN TAB	-	3	ANTIHYPERTENSIVES
TEXACORT SOLN	-	NC	DERMATOLOGICALS
THALITONE TAB	-	NC	DIURETICS
THALOMID CAP	MSP-PA	SP	ASSORTED CLASSES
THEO-24 CAP	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
theophylline ER tab (UNIPHYL equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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Drug Name	Special Code	Tier	Category
THEOPHYLLINE ER TAB	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
theophylline soln	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
THIOLA EC TAB	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
THIOLA TAB	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
thioridazine tab (MELLARIL equiv)	-	1	ANTIPSYCHOTICS / ANTIMANIC AGENTS
thiothixene cap (NAVANE equiv)	-	1	ANTIPSYCHOTICS / ANTIMANIC AGENTS
THYQUIDITY SOLN	-	NC	THYROID AGENTS
THYROLAR TAB	-	2	THYROID AGENTS
tiagabine tab (GABITRIL equiv)	-	2	ANTICONVULSANTS
TIAZAC CAP	-	3	CALCIUM CHANNEL BLOCKERS
TIBSOVO TAB (QL= 2 tabs/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TICANASE PAK	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL

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Drug Name	Special Code	Tier	Category
TICLOPIDINE TAB	-	1	HEMATOLOGICAL AGENTS - MISC.
ticlopidine tab (TICLID equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
TICOVAC INJ	VAC	NC	VACCINES
TIGAN CAP	-	3	ANTIEMETICS
TIGLUTIK SUSP	-	NC	NEUROMUSCULAR AGENTS
TIKOSYN CAP	-	3	ANTIARRHYTHMICS
timolol maleate (pf) ophth soln 0.5% (TIMOPTIC equiv)	-	3	OPHTHALMIC AGENTS
timolol maleate ophth gel (TIMOPTIC-XE equiv)	-	2	OPHTHALMIC AGENTS
timolol maleate ophth soln (TIMOPTIC equiv)	-	1	OPHTHALMIC AGENTS
timolol maleate ophth soln 0.5% (ISTALOL equiv)	-	2	OPHTHALMIC AGENTS
TIMOLOL MALEATE TAB	-	1	BETA BLOCKERS
timolol maleate tab (BLOCADREN equiv)	-	1	BETA BLOCKERS
TIMOLOL OPHTH GEL SOLN	-	2	OPHTHALMIC AGENTS
TIMOPTIC OCUDOSE OPHTH SOLN 0.25%	-	3	OPHTHALMIC AGENTS
TIMOPTIC OCUDOSE OPHTH SOLN 0.5%	-	3	OPHTHALMIC AGENTS
TIMOPTIC OPHTH SOLN	-	3	OPHTHALMIC AGENTS
TIMOPTIC-XE OPHTH GEL	-	3	OPHTHALMIC AGENTS
TINDAMAX TAB	-	3	ANTI-INFECTIVE AGENTS - MISC.

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Drug Name	Special Code	Tier	Category
tinidazole tab (TINDAMAX equiv)	-	3	ANTI-INFECTIVE AGENTS MISC.
tiopronin tab (THIOLA equiv)	MSP-PA	SP	GENITOURINARY AGENTS - MISCELLANEOUS
TIROSINT CAP	-	NC	THYROID AGENTS
TIROSINT-SOL (QL=1 ml/day; Prior Authorization required for members age 9 or older)	PA-QL	3	THYROID AGENTS
TIVICAY PD TAB	-	2	ANTIVIRALS
TIVICAY TAB	-	2	ANTIVIRALS
tizanidine cap (ZANAFLEX equiv)	-	2	MUSCULOSKELETAL THERAPY AGENTS
TIZANIDINE COMFORT KIT	-	NC	MUSCULOSKELETAL THERAPY AGENTS
tizanidine tab (ZANAFLEX equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
TOBI PODHALER	MSP-PA	SP	AMINOGLYCOSIDES
TOBRADEX OPHTH OINT	-	2	OPHTHALMIC AGENTS
TOBRADEX OPHTH SOLN	-	3	OPHTHALMIC AGENTS
TOBRADEX ST OPHTH SUSP	-	3	OPHTHALMIC AGENTS
tobramycin neb soln (TOBI equiv) (Restricted to Infectious Disease or Pulmonology Specialist)	MSP-RS	SP	AMINOGLYCOSIDES
tobramycin ophth soln (TOBREX equiv)	-	1	OPHTHALMIC AGENTS
tobramycin/dexamethasone ophth soln (TOBRADEX equiv)	-	1	OPHTHALMIC AGENTS

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Drug Name	Special Code	Tier	Category
TOBREX OPHTH OINT	-	3	OPHTHALMIC AGENTS
TOBREX OPHTH SOLN	-	3	OPHTHALMIC AGENTS
TODAY SPONGE	OTC	\$0	VAGINAL PRODUCTS
TOFRANIL PM CAP	-	3	ANTIDEPRESSANTS
TOFRANIL TAB	-	3	ANTIDEPRESSANTS
TOLAZAMIDE TAB	-	1	ANTIDIABETICS
TOLBUTAMIDE TAB	-	2	ANTIDIABETICS
tolcapone tab (TASMAR equiv)	-	3	ANTIPARKINSON AGENTS
TOLMETIN CAP	-	3	ANALGESICS - ANTI-INFLAMMATORY
tolmetin cap (TOLECTIN DS equiv)	-	3	ANALGESICS - ANTI-INFLAMMATORY
TOLMETIN TAB	-	3	ANALGESICS - ANTI-INFLAMMATORY
TOLSURA CAP	-	NC	ANTIFUNGALS
tolterodine SR cap (DETROL LA equiv)	-	2	URINARY ANTISPASMODICS
tolterodine tab (DETROL equiv)	-	1	URINARY ANTISPASMODICS
TOLVAPTAN TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.

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Drug Name	Special Code	Tier Category
tolvaptan tab (SAMSCA equiv)	--MSP	SP ENDOCRINE AND METABOLIC AGENTS - MISC.
TOPAMAX SPRINKLE CAP	-	3 ANTICONVULSANTS
TOPAMAX TAB	-	3 ANTICONVULSANTS
TOPICORT CREAM	-	3 DERMATOLOGICALS
TOPICORT CREAM 0.05%	-	NC DERMATOLOGICALS
TOPICORT GEL	-	NC DERMATOLOGICALS
TOPICORT OINT	-	3 DERMATOLOGICALS
TOPICORT OINT 0.05%	-	NC DERMATOLOGICALS
topiramate ER cap (QUDEXY equiv)	-	NC ANTICONVULSANTS
topiramate sprinkle cap (TOPAMAX equiv)	-	1 ANTICONVULSANTS
topiramate tab (TOPAMAX equiv)	-	1 ANTICONVULSANTS
TOPROL XL TAB	-	3 BETA BLOCKERS
toremifene tab (FARESTON equiv)	-	2 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
toremide tab (DEMADEX equiv)	-	1 DIURETICS
toremide tab 20mg (SOAANZ equiv)	-	1 DIURETICS
TOSYMRA SOLN	-	NC MIGRAINE PRODUCTS
TOUJEO MAX SOLOSTAR INJ	-	2 ANTIDIABETICS
TOUJEO SOLOSTAR INJ	-	2 ANTIDIABETICS
TOVET KIT	-	NC DERMATOLOGICALS
TOVIAZ TAB	PA	3 URINARY ANTISPASMODICS

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Drug Name	Special Code	Tier Category
TRACLEER TAB 32MG (QL=4 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	SP CARDIOVASCULAR AGENTS - MISC.
TRACLEER TAB 62.5MG, 125MG	-	NC CARDIOVASCULAR AGENTS - MISC.
TRADJENTA TAB (QL= 1 tab/day)	QL	2 ANTIDIABETICS
TRAMADOL COMPOUND KIT	-	NC DERMATOLOGICALS
TRAMADOL ER CAP	-	NC ANALGESICS - OPIOID
tramadol ER tab (ULTRAM ER equiv)	-	3 ANALGESICS - OPIOID
TRAMADOL HCL ER TAB	-	3 ANALGESICS - OPIOID
TRAMADOL HCL TAB 100MG	-	NC ANALGESICS - OPIOID
tramadol tab (ULTRAM equiv)	-	1 ANALGESICS - OPIOID
tramadol/acetaminophen tab (ULTRACET equiv)	-	1 ANALGESICS - OPIOID
TRANDATE TAB	-	3 BETA BLOCKERS
trandolapril tab (MAVIK equiv)	-	1 ANTIHYPERTENSIVES
TRANDOLAPRIL/VERAPAMIL ER TAB	-	3 ANTIHYPERTENSIVES
tranexamic acid inj (CYKLOKAPRON equiv)	M	M HEMOSTATICS
tranexamic acid tab (LYSTEDA equiv)	-	2 HEMOSTATICS
TRANSDERM-SCOP PATCH	-	3 ANTIEMETICS
TRANXENE-T TAB	-	3 ANTIANXIETY AGENTS
tranylcypromine tab (PARNATE equiv)	-	2 ANTIDEPRESSANTS
TRAVATAN Z DROPS (QL= 2.5ml/30 days)	QL	3 OPHTHALMIC AGENTS
travoprost ophth soln (TRAVATAN Z equiv) (QL= 2.5ml/30 days)	QL	2 OPHTHALMIC AGENTS
trazodone tab (DESYREL equiv)	-	1 ANTIDEPRESSANTS

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Drug Name	Special Code	Tier Category
trazodone tab 300mg (DESYREL equiv)	-	NC ANTIDEPRESSANTS
TREANDA INJ	M	M ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TRECTOR TAB (Restricted to Infectious Disease Specialist)	RS	3 ANTIMYCOBACTERIAL AGENTS
TRELEGY ELLIPTA INHALER	-	2 ANTIASTHMATIC AND BRONCHODILATOR AGENTS
TREMFYA INJ (QL= 1 inj/56 days)	MSP-PA-QL	SP DERMATOLOGICALS
TRENTAL TAB	-	3 HEMATOLOGICAL AGENTS - MISC.
treprostinil inj 10mg/ml (REMODULIN equiv)	-	NC CARDIOVASCULAR AGENTS - MISC.
treprostinil inj 1mg/ml (REMODULIN equiv)	-	NC CARDIOVASCULAR AGENTS - MISC.
treprostinil inj 2.5mg/ml (REMODULIN equiv)	-	NC CARDIOVASCULAR AGENTS - MISC.
treprostinil inj 5mg/ml (REMODULIN equiv)	-	NC CARDIOVASCULAR AGENTS - MISC.
TRESIBA FLEXTOUCH INJ	-	2 ANTIDIABETICS
TRESIBA INJ	-	2 ANTIDIABETICS
tretinoin cap (VESANOID equiv)	MSP	SP ANTINEOPLASTICS
tretinoin cream (Acne Only – members age 35 or older require Prior Authorization)	PA	2 DERMATOLOGICALS

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EXC	Plan Exclusion	INF	Infertility
LD	Limited Distribution	M	Medical Benefit
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	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS		

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Drug Name	Special Code	Tier	Category
tretinoin gel (Acne Only – members age 35 or older require Prior Authorization)	PA	2	DERMATOLOGICALS
tretinoin gel (RETIN-A GEL equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	2	DERMATOLOGICALS
TRETIN-X CREAM	PA	3	DERMATOLOGICALS
TREXALL TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TREXIMET TAB	-	NC	MIGRAINE PRODUCTS
TREZIX CAP, ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE CAP	-	NC	ANALGESICS - OPIOID
triamcinolone acetonide oint (TRIANEX equiv)	-	NC	DERMATOLOGICALS
triamcinolone cream	-	1	DERMATOLOGICALS
triamcinolone in orabase paste (KENALOG/ORABASE equiv)	-	1	MOUTH / THROAT / DENTAL AGENTS
triamcinolone lotion	-	1	DERMATOLOGICALS
triamcinolone oint	-	1	DERMATOLOGICALS
triamcinolone OTC nasal spray (NASACORT equiv) (QL= 2 bottles/fill)	OTC-QL	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
triamcinolone spray (KENALOG equiv)	-	NC	DERMATOLOGICALS
TRIAMINIC SYRUP	OTC	EX	COUGH / COLD / ALLERGY C
triamterene cap (DYRENIUM equiv)	-	2	DIURETICS

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Drug Name	Special Code	Tier	Category
triamterene/hydrochlorothiazide cap (DYAZIDE equiv)	-	1	DIURETICS
TRIAMTERENE/HYDROCHLOROTHIAZIDE CAP 50-25mg	-	2	DIURETICS
triamterene/hydrochlorothiazide tab (MAXZIDE equiv)	-	1	DIURETICS
TRIANEX OINT	-	NC	DERMATOLOGICALS
triazolam tab (HALCION equiv)	-	1	HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
TRIBENZOR TAB	-	NC	ANTIHYPERTENSIVES
TRICHOPHYTON MENTAGROPHYTES (DIAGNOSTIC) SOLN	-	NC	DIAGNOSTIC PRODUCTS
TRICHOPHYTON MENTAGROPHYTES SOLN	-	NC	ALLERGENIC EXTRACTS / BIOLOGICALS MISC
tricitrates soln (POLYCITRA-LC equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
tricon cap (TRINSICON equiv)	-	1	HEMATOPOIETIC AGENTS
TRICOR TAB	-	3	ANTIHYPERLIPIDEMICS
trientine cap (SYPRINE equiv)	MSP-PA	SP	MISCELLANEOUS THERAPEUTIC CLASSES
trifluoperazine tab (STELAZINE equiv)	-	1	ANTIPSYCHOTICS / ANTIMANIC AGENTS
TRIFLURIDINE OPHTH SOLN	-	2	OPHTHALMIC AGENTS

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Drug Name	Special Code	Tier Category
trifluridine ophth soln (VIROPTIC equiv)	-	2 OPTHALMIC AGENTS
TRIGLIDE TAB	-	NC ANTIHYPERLIPIDEMICS
trihexyphenidyl elixir (ARTANE equiv)	-	1 ANTIPARKINSON AND RELATED THERAPY AGENTS
TRIHEXYPHENIDYL SOLN	-	1 ANTIPARKINSON AND RELATED THERAPY AGENTS
trihexyphenidyl tab (ARTANE equiv)	-	1 ANTIPARKINSON AGENTS
TRIJARDY XR TAB 10-5-1000MG, 25-5-1000MG (QL= 1 tab/day)	QL	2 ANTIDIABETICS
TRIJARDY XR TAB 5-25-1000MG, 12.5-2.5-1000MG (QL= 2 tabs/day)	QL	2 ANTIDIABETICS
TRIKAFTA TAB (QL= 84 tabs/28 days; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416)	LD-PA-QL	SP RESPIRATORY AGENTS - MISC.
tri-legest tab (ESTROSTEP FE equiv)	-	\$0 CONTRACEPTIVES
TRILEPTAL SUSP	-	3 ANTICONVULSANTS
TRILEPTAL TAB	-	3 ANTICONVULSANTS
TRILIPIX CAP	-	NC ANTIHYPERLIPIDEMICS
TRILOCICLO KIT	-	NC DERMATOLOGICALS
TRI-LUMA CREAM	-	EX DERMATOLOGICALS C

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Drug Name	Special Code	Tier	Category
trilyte soln (NULYTELY equiv) (Covered at \$0 for members 45-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year)	QL	\$0	LAXATIVES
trimethobenzamide cap (TIGAN equiv)	-	1	ANTIEMETICS
TRIMETHOPRIM TAB	-	1	ANTI-INFECTIVE AGENTS MISC.
trimethoprim tab (PROLOPRIM equiv)	-	1	ANTI-INFECTIVE AGENTS MISC.
trimipramine cap (SURMONTIL equiv)	-	3	ANTIDEPRESSANTS
TRI-NORINYL TAB	-	3	CONTRACEPTIVES
TRINTELLIX TAB (QL= 1 tab/day)	PA-QL	3	ANTIDEPRESSANTS
tri-sprintec tab (ORTHO TRI-CYCLEN (LO) equiv)	-	\$0	CONTRACEPTIVES
TRIUMEQ PD TAB	-	2	ANTIVIRALS
TRIUMEQ TAB	-	2	ANTIVIRALS
TRIZIVIR TAB	-	3	ANTIVIRALS
TROKENDI XR CAP	-	NC	ANTICONVULSANTS
tropicamide ophth soln (MYDRIACYL equiv)	-	1	OPHTHALMIC AGENTS
TROPICAMIDE/CYCLOPENT/KETOROLAC/PE OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
tropium chloride SR cap (SANCTURA XR equiv)	-	2	URINARY ANTISPASMODICS
tropium tab (SANCTURA equiv)	-	1	URINARY ANTISPASMODICS
TRUDHESA NASAL SPRAY	-	NC	MIGRAINE PRODUCTS

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Drug Name	Special Code	Tier	Category
TRULANCE TAB	PA	2	GASTROINTESTINAL AGENTS - MISC.
TRULICITY INJ (QL= 4 pens/28 days)	QL	2	ANTIDIABETICS
TRUSELTIQ PACK 100MG (QL= 21 caps/28 days; Only available through Biologics 800-850-4306)	LD-PA-QL	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TRUSELTIQ PACK 50MG, 125MG (QL= 42 caps/28 days; Only available through Biologics 800-850-4306)	LD-PA-QL	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TRUSELTIQ PACK 75MG (QL= 63 caps/28 days; Only available through Biologics 800-850-4306)	LD-PA-QL	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TRUSOPT OPHTH SOLN	-	3	OPHTHALMIC AGENTS
TUDORZA PRESSAIR INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
TUKYSA TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TURALIO CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TUSNEL SYRUP	-	3	COUGH / COLD / ALLERGY
TUSSICAPS	-	NC	COUGH / COLD / ALLERGY
tussigon tab (HYCODAN equiv)	-	1	COUGH / COLD / ALLERGY
TUSSIONEX SUSP (QL= 120ml/fill; 2 fills/30 days)	QL	3	COUGH / COLD / ALLERGY
TUSSI-ORGANI SYRUP (QL= 240ml/fill)	QL	3	COUGH / COLD / ALLERGY
TUSSI-PRES LIQUID	-	NC	COUGH / COLD / ALLERGY

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Drug Name	Special Code	Tier Category
TUXARIN ER TAB	-	NC COUGH / COLD / ALLERGY
TUZISTRA XR SUSP	-	NC COUGH / COLD / ALLERGY
TWIRLA PATCH	-	NC CONTRACEPTIVES
TWYNEO CREAM	-	NC DERMATOLOGICALS
TWYNSTA TAB	-	NC ANTIHYPERTENSIVES
TYBLUME TAB	-	\$0 CONTRACEPTIVES
TYBOST TAB	-	NC ANTIVIRALS
TYKERB TAB	-	NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TYLENOL/CODEINE TAB	-	3 ANALGESICS - OPIOID
TYMLOS INJ	MSP	SP ENDOCRINE AND METABOLIC AGENTS - MISC.
TYRVAYA SOLN	-	NC OPHTHALMIC AGENTS
TYSABRI INJ	M	M PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TYVASO INH SOLN (QL= 1 ampule/day; Only available through Accredo 800-803-2523)	LD-PA-QL	SP CARDIOVASCULAR AGENTS - MISC.
TYZINE NASAL SOLN	-	3 NASAL AGENTS - SYSTEMIC AND TOPICAL
UBRELVY TAB (QL= 10 tabs/30 days, 6 fills/year)	PA-QL	2 MIGRAINE PRODUCTS
UCERIS RECTAL FOAM	PA	3 ANORECTAL AGENTS
UCERIS TAB (QL= 1 tab/day)	PA-QL	3 CORTICOSTEROIDS

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Drug Name	Special Code	Tier	Category
U-CORT CREAM	-	2	DERMATOLOGICALS
UDENYCA INJ	-	NC	HEMATOPOIETIC AGENTS
UKONIQ TAB (QL= 4 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ULESFIA LOTION (QL= 4 bottles/fill)	QL	3	DERMATOLOGICALS
ULORIC TAB	-	NC	GOUT AGENTS
ULTRACET TAB	-	3	ANALGESICS - OPIOID
ULTRAM TAB	-	3	ANALGESICS - OPIOID
ULTRAVATE CREAM	-	3	DERMATOLOGICALS
ULTRAVATE LOTION	-	NC	DERMATOLOGICALS
ULTRAVATE OINT	-	3	DERMATOLOGICALS
ULTRAVATE PAC KIT	-	NC	DERMATOLOGICALS
UMECTA EMULSION	-	NC	DERMATOLOGICALS
UMECTA SUSP	-	NC	DERMATOLOGICALS
UNIPHYL TAB	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
UNIRETIC TAB	-	3	ANTIHYPERTENSIVES
UNIVASC TAB	-	3	ANTIHYPERTENSIVES
UPNEEQ SOLN	-	EX	OPHTHALMIC AGENTS
UPTRAVI INJ	-	NC	CARDIOVASCULAR AGENTS - MISC.

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Drug Name	Special Code	Tier Category
UPTRAVI TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	SP CARDIOVASCULAR AGENTS - MISC.
URAMAXIN CREAM	-	NC DERMATOLOGICALS
URAMAXIN GEL	-	NC DERMATOLOGICALS
urea cream	-	NC DERMATOLOGICALS
UREA EMULSION	-	NC DERMATOLOGICALS
urea gel (URAMAXIN equiv)	-	NC DERMATOLOGICALS
UREA NAIL KIT	-	NC DERMATOLOGICALS
UREA SUSP	-	NC DERMATOLOGICALS
urea susp 40% (UMECTA equiv)	-	NC DERMATOLOGICALS
URECHOLINE TAB	-	3 URINARY ANTISPASMODICS
URELIEF PLUS TAB	-	NC URINARY ANTISPASMODICS
UROCID-K TAB	-	3 GENITOURINARY AGENTS - MISCELLANEOUS
UROQID #2 TAB	-	3 URINARY ANTI-INFECTIVES
UROXATRAL TAB	-	3 GENITOURINARY AGENTS - MISCELLANEOUS
URSO FORTE TAB	-	3 GASTROINTESTINAL AGENTS - MISC.
ursodiol cap (ACTIGALL equiv)	-	1 GASTROINTESTINAL AGENTS - MISC.

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Drug Name	Special Code	Tier Category
URSODIOL CAP	-	NC GASTROINTESTINAL AGENTS - MISC.
ursodiol tab (URSO (FORTE) equiv)	-	1 GASTROINTESTINAL AGENTS - MISC.
UTA CAP	-	NC ANTI-INFECTIVE AGENTS MISC.
UTIBRON NEOHALER CAP	-	NC ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
VAGIFEM TAB (QL= 8 tabs/28 days (18 tabs on first fill))	QL	3 VAGINAL PRODUCTS
valacyclovir tab (VALTREX equiv)	-	1 ANTIVIRALS
VALCHLOR GEL (QL= 4 tubes/30 days; Only available through Avella (877) 546-5779)	LD-PA-QL	SP DERMATOLOGICALS
VALCYTE SOLN	-	3 ANTIVIRALS
VALCYTE TAB	-	3 ANTIVIRALS
valganciclovir soln (VALCYTE equiv)	-	2 ANTIVIRALS
valganciclovir tab (VALCYTE equiv)	-	2 ANTIVIRALS
VALIUM TAB	-	3 ANTI-ANXIETY AGENTS
valproate inj (DEPAKON equiv)	-	NC ANTICONVULSANTS
valproic acid cap (DEPAKENE equiv)	-	1 ANTICONVULSANTS
valproic acid syrup (DEPAKENE equiv)	-	1 ANTICONVULSANTS
valsartan tab (DIOVAN equiv)	-	1 ANTIHYPERTENSIVES

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Drug Name	Special Code	Tier	Category
valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv)	-	1	ANTIHYPERTENSIVES
VALTOCO NASAL SPRAY (QL= 2 packs/fill; Restricted to Neurology Specialist)	QL-RS	3	ANTICONVULSANTS
VALTRESX TAB	-	3	ANTIVIRALS
VALTURNIA TAB	-	3	ANTIHYPERTENSIVES
VANCOCIN CAP (QL= 56 caps/fill)	QL	3	ANTI-INFECTIVE AGENTS MISC.
vancomycin cap (VANCOCIN equiv) (QL= 56 caps/fill)	QL	1	ANTI-INFECTIVE AGENTS MISC.
vancomycin hcl soln (VANCOMYCIN equiv)	-	NC	ANTI-INFECTIVE AGENTS MISC.
VANCOMYCIN INJ	-	NC	ANTI-INFECTIVE AGENTS MISC.
VANCOMYCIN SOLN	-	NC	OPHTHALMIC AGENTS
VANDAZOLE GEL	-	1	VAGINAL AND RELATED PRODUCTS
VANIQA CREAM	-	EX C	DERMATOLOGICALS
VANOS CREAM	-	NC	DERMATOLOGICALS
VANTIN TAB	-	3	CEPHALOSPORINS
varденаfil ODT (STAXYN equiv)	-	EX C	CARDIOVASCULAR AGENTS - MISC.

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Drug Name	Special Code	Tier	Category
vardenafil tab (LEVITRA equiv)	-	EX	CARDIOVASCULAR
VAROPHEN KIT	-	NC	DERMATOLOGICALS
VARUBI TAB (QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist)	QL-RS	2	ANTIEMETICS
VASCEPA CAP 0.5GM (QL= 4 caps/day)	QL	2	ANTIHYPERTENSIVES
VASCEPA CAP 1GM (QL= 4 caps/day)	QL	2	ANTIHYPERTENSIVES
VASERETIC TAB	-	3	ANTIHYPERTENSIVES
vasolex oint (XENADERM equiv)	-	NC	DERMATOLOGICALS
VASOTEC TAB	-	3	ANTIHYPERTENSIVES
VAXELIS INJ	VAC	EX	C TOXOIDS
VAXNEUVANCE INJ	VAC	EX	C VACCINES
V-C FORTE CAP	-	3	MULTIVITAMINS
VECAMYL TAB	-	NC	ANTIHYPERTENSIVES
VECTICAL OINT	-	NC	DERMATOLOGICALS
VELPHORO CHEW TAB	-	3	GASTROINTESTINAL AGENTS - MISC.
VELTASSA POWDER	PA	2	ASSORTED CLASSES
VEMLIDY TAB	-	2	ANTIVIRALS
VENCLEXTA STARTER PACK (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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VENCLEXTA TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
venlafaxine ER cap (EFFEXOR XR equiv)	-	1	ANTIDEPRESSANTS
venlafaxine ER tab	-	NC	ANTIDEPRESSANTS
venlafaxine tab (EFFEXOR equiv)	-	1	ANTIDEPRESSANTS
VENTAVIS INH SOLN (QL= 9 ampules/day; Only available through Accredo 800-803-2523)	LD-PA-QL	SP	CARDIOVASCULAR AGENTS - MISC.
VENTOLIN HFA INHALER (QL= 2 inhalers/30 days)	QL	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
VERAPAMIL ER CAP 100MG	-	1	CALCIUM CHANNEL BLOCKERS
VERAPAMIL ER CAP 200MG	-	1	CALCIUM CHANNEL BLOCKERS
VERAPAMIL ER CAP 300MG	-	1	CALCIUM CHANNEL BLOCKERS
verapamil SR cap (VERELAN equiv)	-	1	CALCIUM CHANNEL BLOCKERS
VERAPAMIL SR CAP 360mg	-	1	CALCIUM CHANNEL BLOCKERS
verapamil SR tab (CALAN SR, ISOPTIN SR equiv)	-	1	CALCIUM CHANNEL BLOCKERS
verapamil tab (CALAN equiv)	-	1	CALCIUM CHANNEL BLOCKERS

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Drug Name	Special Code	Tier Category
VERDESO FOAM	-	NC DERMATOLOGICALS
VERDROCET TAB 2.5MG-325MG	-	NC ANALGESICS - OPIOID
VEREGEN OINT	-	NC DERMATOLOGICALS
VERELAN CAP	-	3 CALCIUM CHANNEL BLOCKERS
VERELAN PM CAP	-	3 CALCIUM CHANNEL BLOCKERS
VERELAN PM ER CAP 100MG, 300MG	-	3 CALCIUM CHANNEL BLOCKERS
VERELAN SR CAP 360mg	-	3 CALCIUM CHANNEL BLOCKERS
VERQUVO TAB	-	NC CARDIOVASCULAR AGENTS - MISC.
VERSACLOZ SUSP	-	NC ANTIPSYCHOTICS / ANTIMANIC AGENTS
VERZENIO TAB (QL= 2 tabs/day)	MSP-PA-QL	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VESICARE LS SUSP	-	NC URINARY ANTISPASMODICS
VESICARE TAB	-	3 URINARY ANTISPASMODICS
VEXOL OPHTH SUSP	-	2 OPHTHALMIC AGENTS
VFEND SUSP (Restricted to Infectious Disease Specialist)	RS	3 ANTIFUNGALS

	NC =Not Covered	generic =small letters	BRANDS =CAPITAL LETTERS
EXC	Plan Exclusion	INF	Infertility
LD	Limited Distribution	M	Medical Benefit
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	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS		

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Drug Name	Special Code	Tier	Category
VFEND TAB (Restricted to Infectious Disease Specialist)	RS	3	ANTIFUNGALS
V-GO INJ KIT (QL= 1 kit/day)	QL	2	MEDICAL DEVICES AND SUPPLIES
VIBERZI TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
VIBRAMYCIN CAP	-	3	TETRACYCLINES
VIBRAMYCIN SUSP	-	3	TETRACYCLINES
VIBRAMYCIN SYRUP	-	3	TETRACYCLINES
VICOPROFEN TAB	-	3	ANALGESICS - OPIOID
VICTOZA INJ (QL= 9ml/30 days)	QL	2	ANTIDIABETICS
VICTRELIS CAP	MSP-PA-SF	SP	ANTIVIRALS
VIDEX EC CAP	-	3	ANTIVIRALS
VIDEX SOLN	-	2	ANTIVIRALS
VIEKIRA PAK TAB	-	NC	ANTIVIRALS
VIEKIRA XR TAB	-	NC	ANTIVIRALS
vigabatrin powder pack (SABRIL POWDER equiv) (Only available through Lumicera 855-847-3553)	LD-PA	SP	ANTICONVULSANTS
vigabatrin tab (SABRIL equiv) (Only available through Lumicera 855-847-3553)	LD-PA	SP	ANTICONVULSANTS
vigadrone powder pack (Only available through PantheRx 855-726-8479)	LD-PA	SP	ANTICONVULSANTS
VIGAMOX OPHTH SOLN	-	3	OPHTHALMIC AGENTS
VIIBRYD STARTER KIT	-	NC	ANTIDEPRESSANTS

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Drug Name	Special Code	Tier	Category
VIIBRYD TAB	PA	3	ANTIDEPRESSANTS
VIJOICE TAB	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
VIMOVO TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
VIMPAT SOLN	-	2	ANTICONSULSANTS
VIMPAT TAB (QL= 2 tabs/day)	QL	2	ANTICONSULSANTS
violele tab, kariva tab (MIRCETTE equiv)	-	\$0	CONTRACEPTIVES
VIRACEPT POWDER	-	2	ANTIVIRALS
VIRACEPT TAB	-	2	ANTIVIRALS
VIRAMUNE SUSP	-	3	ANTIVIRALS
VIRAMUNE TAB	-	3	ANTIVIRALS
VIRAMUNE XR TAB (Step Therapy requires trial of nevirapine)	ST	3	ANTIVIRALS
VIREAD TAB	-	2	ANTIVIRALS
VIREAD TAB	-	3	ANTIVIRALS
VIROPTIC OPHTH SOLN	-	3	OPHTHALMIC AGENTS
VISICOL TAB	-	3	LAXATIVES
VISTARIL CAP	-	3	ANTI-ANXIETY AGENTS
VISTOGARD PAK	-	NC	ANTIDOTES
VITAFOL STRIPS	-	3	MULTIVITAMINS
vitamin D cap (Rx covered Only)	-	1	VITAMINS
vitamin D cap 1000unit	OTC	NC	VITAMINS
vitamin D cap 400unit	OTC	NC	VITAMINS

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Drug Name	Special Code	Tier Category
VITAMIN D TAB 400UNIT	OTC	NC VITAMINS
VITEKTA TAB	-	2 ANTIVIRALS
VITRAKVI CAP 100MG (QL= 2 caps/day; Only available through US Bioservices 888-518-7246)	LD-PA-QL-SF	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VITRAKVI CAP 25MG (QL= 6 caps/day; Only available through US Bioservices 888-518-7246)	LD-PA-QL-SF	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VITRAKVI SOLN (QL= 10ml/day; Only available through US Bioservices 888-518-7246)	LD-PA-QL-SF	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VITRECYL IRON TAB	-	NC MULTIVITAMINS
VITRECYL TAB	-	NC MULTIVITAMINS
VIVACTIL TAB	-	3 ANTIDEPRESSANTS
VIVELLE-DOT PATCH	-	3 ESTROGENS
VIVITROL INJ	MSP	SP ANTIDOTES
VIVLODEX CAP	-	NC ANALGESICS - ANTI-INFLAMMATORY
VIVOTIF CAP (QL= 4 caps/fill)	QL-VAC	2 VACCINES
VIZIMPRO TAB (QL= 1 tab/day)	MSP-PA-QL-SF	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VOCABRIA TAB	-	NC ANTIVIRALS
VOGELXO PUMP	-	NC ANDROGENS-ANABOLIC
VOLTAREN GEL	OTC	3 DERMATOLOGICALS
VOLTAREN OPTH SOLN	-	3 OPHTHALMIC AGENTS
VOLTAREN TAB	-	3 ANALGESICS - ANTI-INFLAMMATORY

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RS	Restricted to Specialist	SF	Limited to two 15 day fills per month fo first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	VAC	Vaccine Program
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Drug Name	Special Code	Tier	Category
VOLTAREN XR TAB	-	3	ANALGESICS - ANTI-INFLAMMATORY
VONJO CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VOPAC 5 CREAM	-	NC	DERMATOLOGICALS
VOPAC CREAM	-	NC	DERMATOLOGICALS
VOPAC GB CREAM	-	NC	DERMATOLOGICALS
voriconazole susp (VFEND equiv) (Restricted to Infectious Disease Specialist)	RS	2	ANTIFUNGALS
voriconazole tab (VFEND equiv) (Restricted to Infectious Disease Specialist)	RS	2	ANTIFUNGALS
VOSEVI TAB (QL= 1 tab/day)	MSP-PA-QL	SP	ANTIVIRALS
VOSOL HC OTIC SOLN	-	3	OTIC AGENTS
VOSOL OTIC SOLN	-	3	OTIC AGENTS
VOSPIRE ER TAB	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
VOTRIENT TAB	MSP-PA-SF	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VOXZOGO INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
VP-PNV-DHA CAP	-	1	MULTIVITAMINS

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SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	VAC	Vaccine Program
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Drug Name	Special Code	Tier Category
VRAYLAR CAP	-	NC ANTIPSYCHOTICS / ANTIMANIC AGENTS
VRAYLAR PACK	-	NC ANTIPSYCHOTICS / ANTIMANIC AGENTS
VSL #3 CAP	-	NC ANTIDIARRHEALS
VTOL SOLN	-	NC ANALGESICS - NONNARCOTIC
VUITY OPHTH SOLN	-	NC OPHTHALMIC AGENTS
VUMERITY CAP	-	NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
VYNDAMAX CAP (QL= 1 cap/day)	MSP-PA-QL	SP CARDIOVASCULAR AGENTS - MISC.
VYNDAQEL CAP (QL= 4 caps/day)	MSP-PA-QL	SP CARDIOVASCULAR AGENTS - MISC.
VYTONE CREAM 1.9-1%	-	NC DERMATOLOGICALS
VYTORIN TAB (QL= 1 tab/day (10/80mg is Not Covered))	QL	3 ANTIHYPERLIPIDEMICS
VYTORIN TAB 10-80MG	-	NC ANTIHYPERLIPIDEMICS
VYVANSE CAP	-	2 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS

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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	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS		

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Drug Name	Special Code	Tier Category
VYVANSE CHEW TAB	-	2 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
VYZULTA SOLN	-	NC OPHTHALMIC AGENTS
WAKIX TAB (QL= 2 tabs/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	SP ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
warfarin tab (COUMADIN equiv)	-	1 ANTICOAGULANTS
WEGOVI INJ	-	EX ADHD / C ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
WEGOVI INJ 1.7MG/0.75ML	-	EX ADHD / C ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
WEGOVI INJ 2.4MG/0.75ML	-	EX ADHD / C ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
WELCHOL PACK	-	3 ANTIHYPERLIPIDEMICS
WELCHOL TAB	-	3 ANTIHYPERLIPIDEMICS

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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	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS		

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Drug Name	Special Code	Tier Category
WELIREG TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
WELLBUTRIN SR TAB	-	3 ANTIDEPRESSANTS
WELLBUTRIN XL TAB	-	3 ANTIDEPRESSANTS
WESTCORT OINT	-	NC DERMATOLOGICALS
WINLEVI CREAM	-	NC DERMATOLOGICALS
WOUND-DRESSING GELS	-	NC DERMATOLOGICALS
WPR PLUS	-	NC DERMATOLOGICALS
wymzya FE tab (FEMCON FE equiv)	-	\$0 CONTRACEPTIVES
WYNZORA CREAM	-	NC DERMATOLOGICALS
XADAGO TAB (QL= 1 tab/day)	PA-QL	3 ANTIPARKINSON AGENTS
XALATAN OPHTH SOLN (QL= 2.5ml/30 days)	QL	3 OPHTHALMIC AGENTS
XALIX SOL	-	NC DERMATOLOGICALS
XALKORI CAP (QL= 2 caps/day)	MSP-PA-QL-SF	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XANAX TAB	-	3 ANTIANXIETY AGENTS
XANAX XR TAB	-	3 ANTIANXIETY AGENTS
XAQUIL XR TAB	-	EX DIETARY PRODUCTS / C DIETARY MANAGEMENT PRODUCTS
XARELTO STARTER PACK	-	2 ANTICOAGULANTS
XARELTO SUSP	-	2 ANTICOAGULANTS
XARELTO TAB	-	2 ANTICOAGULANTS

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LD	Limited Distribution	M	Medical Benefit
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 fo first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	VAC	Vaccine Program
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Drug Name	Special Code	Tier	Category
XARTEMIS XR TAB (Step Therapy requires trial of NUCYNTA ER and XTAMPZA ER)	ST	3	ANALGESICS - OPIOID
XATMEP SOLN (Prior Authorization required for members age 9 or older)	PA	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XCOPRI PAK 100-150MG (QL= 2 tabs/day)	QL	2	ANTICONVULSANTS
XCOPRI PAK 150-200MG (QL= 2 tabs/day)	QL	2	ANTICONVULSANTS
XCOPRI PAK 50-200MG (QL= 2 tabs/day)	QL	2	ANTICONVULSANTS
XCOPRI TAB 150MG, 200MG (QL= 2 tabs/day)	QL	2	ANTICONVULSANTS
XCOPRI TAB 50MG, 100MG (QL= 1 tab/day)	QL	2	ANTICONVULSANTS
XCOPRI TITRATION PAK 12.5-25MG (QL= 1 tab/day)	QL	2	ANTICONVULSANTS
XCOPRI TITRATION PAK 150-200MG (QL= 1 tab/day)	QL	2	ANTICONVULSANTS
XCOPRI TITRATION PAK 50-100MG (QL= 1 tab/day)	QL	2	ANTICONVULSANTS
XELJANZ SOLN (QL= 10ml/day)	MSP-PA-QL	SP	ANALGESICS - ANTI-INFLAMMATORY
XELJANZ TAB (QL= 2 tabs/day)	MSP-PA-QL	SP	ANALGESICS - ANTI-INFLAMMATORY
XELJANZ XR TAB (QL= 1 tab/day)	MSP-PA-QL	SP	ANALGESICS - ANTI-INFLAMMATORY
XELPROS OPHTH EMULSION	-	NC	OPHTHALMIC AGENTS
XEMBIFY INJ (Only available through CVS Specialty 800-237-2767)	LD-PA	SP	PASSIVE IMMUNIZING AND TREATMENT AGENTS

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Drug Name	Special Code	Tier	Category
XENADERM OINT	-	NC	DERMATOLOGICALS
XENAZINE TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
XENICAL CAP	-	EX C	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
XENLETA TAB (QL= 14 tabs/180 days; Restricted to Infectious Disease Specialist)	QL-RS	2	ANTI-INFECTIVE AGENTS - MISC.
XEPI CREAM	-	3	DERMATOLOGICALS
XERESE CREAM	-	NC	DERMATOLOGICALS
XERMELO TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
XHANCE NASAL EXHALER	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
XIFAXAN TAB 200MG (QL= 9 tabs/3 days)	QL	3	ANTI-INFECTIVE AGENTS - MISC.
XIFAXAN TAB 550MG	-	2	ANTI-INFECTIVE AGENTS - MISC.
XIGDUO XR TAB 2.5-1000MG, 5-1000MG (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG (QL= 1 tab/day)	QL	2	ANTIDIABETICS

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Drug Name	Special Code	Tier Category
XIIDRA OPHTH SOLN	-	NC OPTHALMIC AGENTS
XODOL TAB 10MG-300MG	-	NC ANALGESICS - OPIOID
XODOL TAB 5MG-300MG	-	NC ANALGESICS - OPIOID
XODOL TAB 7.5MG-300MG	-	NC ANALGESICS - OPIOID
XOFLUZA TAB (QL= 2 tabs/fill)	QL	3 ANTIVIRALS
XOFLUZA TAB THERAPY PACK 40MG (QL= 1 tab/fill)	QL	3 ANTIVIRALS
XOFLUZA TAB THERAPY PACK 80MG (QL= 1 tab/fill)	QL	3 ANTIVIRALS
XOLAIR SYRINGE	MSP-PA	SP ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
XOLEGEL	-	NC DERMATOLOGICALS
XOPENEX NEB SOLN	-	3 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
XOSPATA TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XPOVIO PAK (QL= 32 tabs/28 days; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XRYLIX PAK	-	NC DERMATOLOGICALS
XTAMPZA ER CAP (QL= 120 caps/30 days)	QL	2 ANALGESICS - OPIOID
XTANDI CAP	-	NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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Drug Name	Special Code	Tier Category
XTANDI TAB 40MG	-	NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XTANDI TAB 80MG	-	NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XULTOPHY INJ (QL= 15ml/30 days)	PA-QL	2 ANTIDIABETICS
XURIDEN POWDER	M	M ENDOCRINE AND METABOLIC AGENTS - MISC.
XYLOCAINE SOLN	-	3 DERMATOLOGICALS
XYOSTED INJ	-	NC ANDROGENS-ANABOLIC
XYREM SOLN (QL= 540ml/30 days; Only available through Xyrem Certified Pharmacy 1-866-997-3688)	LD-PA-QL	SP PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
XYWAV SOLN	-	NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
XYZAL SOLN	-	NC ANTIHISTAMINES
XYZAL TAB	-	NC ANTIHISTAMINES
XYZBAC TAB	-	EX DIETARY PRODUCTS / C DIETARY MANAGEMENT PRODUCTS
YAZ TAB	-	NC CONTRACEPTIVES
YBUPHEN TAB	-	NC ANALGESICS - ANTI-INFLAMMATORY

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Drug Name	Special Code	Tier Category
YODOXIN TAB	-	3 AMEBICIDES
YONSA TAB	-	NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
YOSPRALA TAB	-	NC HEMATOLOGICAL AGENTS - MISC.
YUPELRI SOLN	-	NC ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
ZADITOR OPHTH SOLN	OTC	NC OPHTHALMIC AGENTS
zafemy patch (XULANE equiv)	-	\$0 CONTRACEPTIVES
zafirlukast tab (ACCOLATE equiv)	-	2 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
zaleplon cap (SONATA equiv)	-	1 HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
ZANAFLEX CAP	-	3 MUSCULOSKELETAL THERAPY AGENTS
ZANAFLEX TAB	-	3 MUSCULOSKELETAL THERAPY AGENTS
ZANTAC CAP	-	NC ULCER DRUGS
ZANTAC EFFER TAB	-	NC ULCER DRUGS
ZANTAC GRANULE PACKET	-	3 ULCER DRUGS
ZANTAC SYRUP	-	NC ULCER DRUGS

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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	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	VAC	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.

Community First Insurance Plan Formulary Cont.

Alphabetical Index

Last Updated 5/1/2022

Drug Name	Special Code	Tier Category
ZANTAC TAB	-	NC ULCER DRUGS
ZARONTIN CAP	-	3 ANTICONVULSANTS
ZARONTIN SOLN	-	3 ANTICONVULSANTS
ZAROXOLYN TAB	-	3 DIURETICS
ZARXIO INJ	MSP	SP HEMATOPOIETIC AGENTS
ZAVESCA CAP	-	NC HEMATOPOIETIC AGENTS
ZEBETA TAB	-	3 BETA BLOCKERS
ZECUITY PAD	-	NC MIGRAINE PRODUCTS
ZEGALOGUE INJ (QL= 2 inj/fill)	QL	2 ANTIDIABETICS
ZEGERID CAP	-	NC ULCER DRUGS
ZEGERID CAP OTC	OTC	1 ULCER DRUGS
ZEGERID POWDER PACK	-	NC ULCER DRUGS
ZEJULA CAP (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZELAPAR ODT	-	NC ANTIPARKINSON AGENTS
ZELBORAF TAB (QL= 8 tabs/day)	MSP-PA-QL	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZELNORM TAB	-	NC GASTROINTESTINAL AGENTS - MISC.
ZEMPLAR CAP	-	3 ENDOCRINE AND METABOLIC AGENTS - MISC.

	NC =Not Covered	generic =small letters	BRANDS =CAPITAL LETTERS
EXC	Plan Exclusion	INF	Infertility
LD	Limited Distribution	M	Medical Benefit
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 fo first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	VAC	Vaccine Program
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Last Updated 5/1/2022

Drug Name	Special Code	Tier Category
ZENZEDI TAB	-	NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
zenzedi tab 10mg (DEXEDRINE equiv)	-	NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
zenzedi tab 5mg (DEXEDRINE equiv)	-	NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
ZEPATIER TAB	-	NC ANTIVIRALS
ZEPOSIA CAP (QL= 1 cap/day)	MSP-PA-QL	SP PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ZEPOSIA STARTER PACK (QL= 1 cap/day)	MSP-PA-QL	SP PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ZERIT CAP	-	3 ANTIVIRALS
ZERIT SOLN	-	3 ANTIVIRALS
ZERVIAE OPHTH SOLN	-	NC OPHTHALMIC AGENTS
ZESTORETIC TAB	-	3 ANTIHYPERTENSIVES
ZETIA TAB	-	NC ANTIHYPERLIPIDEMICS

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PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month fo first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS		

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Drug Name	Special Code	Tier	Category
ZETONNA NASAL SPRAY (QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone, triamcinolone or mometasone)	QL-ST	3	NASAL AGENTS - SYSTEMIC AND TOPICAL
ZIAC TAB	-	3	ANTIHYPERTENSIVES
ZIAGEN SOLN	-	3	ANTIVIRALS
ZIAGEN TAB	-	3	ANTIVIRALS
ZIANA GEL	-	3	DERMATOLOGICALS
zidovudine cap (RETROVIR equiv)	-	1	ANTIVIRALS
zidovudine syrup (RETROVIR equiv)	-	1	ANTIVIRALS
zidovudine tab (RETROVIR equiv)	-	1	ANTIVIRALS
ZIEXTENZO INJ	MSP	SP	HEMATOPOIETIC AGENTS
ZILACAINE PAK	-	NC	DERMATOLOGICALS
zileuton ER tab (ZYFLO CR equiv)	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ZILRETTA INJ (QL= 2 inj/365 days)	QL	3	CORTICOSTEROIDS
ZILXI FOAM	-	NC	DERMATOLOGICALS
ZIMHI SOLN	-	2	ANTIDOTES AND SPECIFIC ANTAGONISTS
ZINBRYTA INJ	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
zinc sulfate cap	-	1	MINERALS & ELECTROLYTES

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LD	Limited Distribution	M	Medical Benefit
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
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ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS		

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Drug Name	Special Code	Tier	Category
ZIOPTAN OPHTH SOLN (QL= 1 bottle/day)	PA-QL	3	OPHTHALMIC AGENTS
ziprasidone cap (GEODON equiv)	-	1	ANTIPSYCHOTICS / ANTIMANIC AGENTS
ZIPSOR CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ZIRGAN OPHTH GEL	-	2	OPHTHALMIC AGENTS
ZITHROMAX POWDER PACK	-	3	MACROLIDES
ZITHROMAX SUSP	-	3	MACROLIDES
ZITHROMAX TAB	-	3	MACROLIDES
ZMAX SUSP	-	3	MACROLIDES
ZOCOR TAB (80mg is Not Covered)	-	3	ANTIHYPERTENSIVES
ZOCOR TAB 80MG	-	NC	ANTIHYPERTENSIVES
ZOFRAN ODT	-	3	ANTIEMETICS
ZOFRAN SOLN	-	3	ANTIEMETICS
ZOFRAN TAB	-	3	ANTIEMETICS
ZOHYDRO ER CAP	-	NC	ANALGESICS - OPIOID
ZOKINVY CAP (QL= 4 caps/day; Only available through US Bioservices 888-518-7246)	LD-PA-QL	SP	MISCELLANEOUS THERAPEUTIC CLASSES
ZOLINZA CAP	MSP-PA-SF	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
zolmitriptan nasal spray (ZOLMITRIPTAN, ZOMIG equiv) (QL= 6 sprays/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
zolmitriptan ODT (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	2	MIGRAINE PRODUCTS

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LD	Limited Distribution	M	Medical Benefit
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 fo first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	VAC	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.

Community First Insurance Plan Formulary Cont.

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Last Updated 5/1/2022

Drug Name	Special Code	Tier	Category
ZOLMITRIPTAN SPRAY, ZOMIG SPRAY (QL= 6 sprays/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
zolmitriptan tab (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	2	MIGRAINE PRODUCTS
ZOLOFT CONC	-	3	ANTIDEPRESSANTS
ZOLOFT TAB	-	3	ANTIDEPRESSANTS
ZOLPAK KIT	-	NC	DERMATOLOGICALS
zolpidem ER tab (AMBIEN CR equiv) (QL= 1 tab/day)	QL	2	HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
zolpidem tab (AMBIEN equiv) (QL= 1 tab/day)	QL	1	HYPNOTICS
zolpidem tartrate SL tab (INTERMEZZO equiv)	-	NC	HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
ZOLPIMIST SPRAY	-	NC	HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
ZOMETA INJ	M	M	ENDOCRINE AND METABOLIC AGENTS - MISC.
ZOMIG TAB (QL= 9 tabs/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
ZOMIG ZMT (QL= 9 tabs/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
ZONATUSS CAP 150MG	-	NC	COUGH / COLD / ALLERGY
ZONEGRAN CAP	-	3	ANTICONVULSANTS

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ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS		

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Drug Name	Special Code	Tier	Category
zonisamide cap (ZONEGRAN equiv)	-	1	ANTICONVULSANTS
ZONTIVITY TAB (Restricted to Cardiology Specialist)	RS	3	HEMATOLOGICAL AGENTS - MISC.
ZORPRIN TAB	-	3	ANALGESICS - NONNARCOTIC
ZORTRESS TAB	PA	3	MISCELLANEOUS THERAPEUTIC CLASSES
ZORVOLEX CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ZOVIRAX CAP	-	3	ANTIVIRALS
ZOVIRAX CREAM	-	3	DERMATOLOGICALS
ZOVIRAX OINT	-	NC	DERMATOLOGICALS
ZOVIRAX SUSP	-	3	ANTIVIRALS
ZOVIRAX TAB	-	3	ANTIVIRALS
ZUBSOLV SL TAB	-	2	ANALGESICS - OPIOID
ZUPLENZ SL FILM	-	NC	ANTIEMETICS
ZURAMPIC TAB	-	NC	GOUT AGENTS
ZUTRIPRO LIQUID (QL= 120ml/fill, 2 fills/30 days)	QL	3	COUGH / COLD / ALLERGY
ZYBAN TAB (Limited to 180 days/plan year)	QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ZYCLARA CREAM	-	NC	DERMATOLOGICALS
ZYDELIG TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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EXC	Plan Exclusion	INF	Infertility
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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	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	VAC	Vaccine Program
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Last Updated 5/1/2022

Drug Name	Special Code	Tier Category
ZYFLO CR TAB	-	NC ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
ZYFLO TAB	-	3 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
ZYKADIA CAP (QL= 3 caps/day)	MSP-PA-QL-SF	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYKADIA TAB (QL= 3 tabs/day)	MSP-PA-QL-SF	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYLET OPHTH SUSP (QL= 5ml/fill (10ml bottle is Not Covered))	QL	2 OPHTHALMIC AGENTS
ZYLOPRIM TAB	-	3 GOUT AGENTS
ZYLOTROL-L KIT	-	NC DERMATOLOGICALS
ZYMAXID OPHTH SOLN	-	3 OPHTHALMIC AGENTS
ZYPITAMAG TAB	-	NC ANTIHYPERLIPIDEMICS
ZYPREXA TAB	-	3 ANTIPSYCHOTICS / ANTIMANIC AGENTS
ZYPREXA ZYDIS TAB	-	3 ANTIPSYCHOTICS / ANTIMANIC AGENTS
ZYTIGA TAB 250MG	-	NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYTIGA TAB 500MG	-	NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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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	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS		

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Drug Name	Special Code	Tier Category
ZYVOX SUSP (Restricted to Infectious Disease Specialist)	RS	3 ANTI-INFECTIVE AGENTS MISC.
ZYVOX TAB (Restricted to Infectious Disease Specialist)	RS	3 ANTI-INFECTIVE AGENTS MISC.

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EXC	Plan Exclusion	INF	Infertility
LD	Limited Distribution	M	Medical Benefit
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	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS		

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Community First Insurance Plan Formulary

Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
AMPHETAMINES		
amphetamine/dextroamphetamine tab (ADDERALL equiv)	-	1
dextroamphetamine tab (DEXEDRINE equiv)	-	1
methamphetamine tab (DESOXYN equiv)	-	1
ADDERALL XR CAP	-	2
dextroamphetamine ER cap (DEXEDRINE equiv)	-	2
VYVANSE CAP	-	2
VYVANSE CHEW TAB	-	2
ADDERALL TAB	-	3
DESOXYN TAB	-	3
DEXEDRINE CAP	-	3
dextroamphetamine soln (PROCENTRA equiv)	-	3
ADZENYS ER SUSP	-	NC
ADZENYS XR TAB	-	NC
amphetamine tab (EVEKEO equiv)	-	NC
amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv)	-	NC
dextroamphetamine sulfate tab 15mg (ZENZEDI equiv)	-	NC
dextroamphetamine sulfate tab 20mg (ZENZEDI equiv)	-	NC
dextroamphetamine sulfate tab 30mg (ZENZEDI equiv)	-	NC
EVEKEO ODT	-	NC
EVEKEO TAB	-	NC
MYDAYIS CAP	-	NC

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

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EXC	Plan Exclusion	INF	Infertility
LD	Limited Distribution	M	Medical Benefit
MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter
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Community First Insurance Plan Formulary

Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont.		
ZENZEDI TAB	-	NC
zenzedi tab 10mg (DEXEDRINE equiv)	-	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		
benzphetamine tab	-	EXC
DIETHYLPROPION ER TAB	-	EXC
diethylpropion tab	-	EXC
LOMAIRA TAB	-	EXC
PHENDIMETRAZINE ER TAB	-	EXC
phendimetrazine tab (BONTRIL PDM equiv)	-	EXC
PLENITY CAP	-	EXC
ANTI-OBESITY AGENTS		
WEGOVY INJ	-	EXC
WEGOVY INJ 1.7MG/0.75ML	-	EXC
WEGOVY INJ 2.4MG/0.75ML	-	EXC
XENICAL CAP	-	EXC
IMCIVREE INJ	-	NC
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
guanfacine ER tab (INTUNIV equiv)	-	1

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MSP	Mandatory Specialty Pharmacy Program	OTC Over-the-Counter
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ST	Step Therapy	VAC Vaccine Program
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Category/Class

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DrugName	Special Code	Tier
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont.		
atomoxetine cap (STRATTERA equiv)	-	2
clonidine ER tab (KAPVAY equiv)	-	2
INTUNIV TAB	-	3
KAPVAY TAB	-	3
STRATTERA CAP	-	3
QELBREE ER CAP	-	NC
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)		
SUNOSI TAB (QL= 1 tab/day)	PA-QL	2
HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS		
WAKIX TAB (QL= 2 tabs/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	SP
STIMULANTS - MISC.		
armodafinil tab (NUVIGIL equiv) (QL= 1 tab/day)	PA-QL	1
dexmethylphenidate tab (FOCALIN equiv)	-	1
methylphenidate ER tab 10mg, 20mg (RITALIN equiv)	-	1
methylphenidate tab (RITALIN equiv)	-	1
modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day)	PA-QL	1
METHYLIN SOLN	-	2
methylphenidate CD cap (METADATE CD equiv)	-	2
methylphenidate ER cap (RITALIN LA equiv)	-	2
methylphenidate ER tab	-	2
methylphenidate ER tab (CONCERTA equiv)	-	2

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DrugName	Special Code	Tier
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont.		
methylphenidate soln (METHYLIN equiv)	-	2
CONCERTA TAB, RITALIN SR TAB	-	3
DAYTRANA PATCH	-	3
dexmethylphenidate ER cap (FOCALIN XR equiv)	-	3
FOCALIN TAB	-	3
FOCALIN XR CAP	-	3
METADATE CD CAP	-	3
METHYLIN CHEW TAB	-	3
methylphenidate chew tab (METHYLIN equiv)	-	3
NUVIGIL TAB (QL= 1 tab/day)	PA-QL	3
PROVIGIL TAB (QL= 2 tabs/day)	PA-QL	3
RITALIN LA CAP	-	3
RITALIN TAB	-	3
APTENSIO XR CAP	-	NC
AZSTARYS CAP	-	NC
COTEMPLA XR ODT	-	NC
methylphenidate ER cap (APTENSIO XR equiv)	-	NC
METHYLPHENIDATE ER TAB 72MG	-	NC
QUILLIVANT XR SUSP	-	NC
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
ALLERGENIC EXTRACTS		
ODACTRA SL TAB	PA	3

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DrugName	Special Code	Tier
ALLERGENIC EXTRACTS/BIOLOGICALS MISC Cont.		
TRICHOPHYTON MENTAGROPHYTES SOLN	-	NC
PALFORZIA POWDER PACK (Only available through Walgreens 888-347-3416)	LD-PA	SP
PALFORZIA SPRINKLE CAP (Only available through Walgreens 888-347-3416)	LD-PA	SP
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
paromomycin cap (HUMATIN equiv)	-	3
BETHKIS NEB SOLN, TOBI NEB SOLN	-	NC
HUMATIN CAP	-	NC
KITABIS PAK NEB SOLN	-	NC
ARIKAYCE SUSP (QL= 1 vial/day; Only available through Maxor Pharmacy 800-658-6046)	LD-PA-QL	SP
TOBI PODHALER	MSP-PA	SP
tobramycin neb soln (TOBI equiv) (Restricted to Infectious Disease or Pulmonology Specialist)	MSP-RS	SP
ANALGESICS - ANTI-INFLAMMATORY		

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EXC Plan Exclusion	INF Infertility	
LD Limited Distribution	M Medical Benefit	
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 fo first 3 months	
SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program	
ST Step Therapy	VAC Vaccine Program	
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Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
ANALGESICS - ANTI-INFLAMMATORY Cont.		
ANTIRHEUMATIC - ENZYME INHIBITORS		
OLUMIANT TAB (QL= 1 tab/day)	MSP-PA-QL	SP
RINVOQ ER TAB (QL= 1 tab/day)	MSP-PA-QL	SP
XELJANZ SOLN (QL= 10ml/day)	MSP-PA-QL	SP
XELJANZ TAB (QL= 2 tabs/day)	MSP-PA-QL	SP
XELJANZ XR TAB (QL= 1 tab/day)	MSP-PA-QL	SP
ANTIRHEUMATIC ANTIMETABOLITES		
RHEUMATREX TAB	-	3
REDITREX INJ	-	NC
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
SIMPONI ARIA INJ	-	NC
SIMPONI AUTO-INJECTOR 50MG	-	NC
SIMPONI INJ 50MG	-	NC
HUMIRA INJ 10MG (QL= 2 syringes/28 days)	MSP-PA-QL	SP
HUMIRA INJ 20MG (QL= 2 syringes/28 days)	MSP-PA-QL	SP
HUMIRA INJ 40MG (QL= 2 syringes/28 days)	MSP-PA-QL	SP
HUMIRA INJ 80MG (QL= 2 syringes/28 days)	MSP-PA-QL	SP
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	MSP-PA-QL	SP
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	MSP-PA-QL	SP
HUMIRA INJ PEDIATRIC UC STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	MSP-PA-QL	SP
HUMIRA INJ PSORIASIS/UEVITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	MSP-PA-QL	SP

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EXC	Plan Exclusion	INF	Infertility		
LD	Limited Distribution	M	Medical Benefit		
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	SP	Available through Specialty Pharmacy Program		
ST	Step Therapy	VAC	Vaccine Program		
¢	RxCENTS				

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Category/Class

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DrugName	Special Code	Tier
ANALGESICS - ANTI-INFLAMMATORY Cont.		
HUMIRA PEN INJ 40MG (QL= 2 pens/28 days)	MSP-PA-QL	SP
SIMPONI AUTO-INJECTOR 100MG (QL=1 inj/28 days)	MSP-PA-QL	SP
SIMPONI INJ 100MG (QL=1 inj/28 days)	MSP-PA-QL	SP
GOLD COMPOUNDS		
RIDAURA CAP	-	2
INTERLEUKIN-1 BLOCKERS		
ARCALYST INJ	-	NC
INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)		
KINERET INJ (QL= 1 inj/day; Only available through Biologics 800-850-4306)	LD-PA-QL	SP
INTERLEUKIN-6 RECEPTOR INHIBITORS		
ACTEMRA IV INJ	M	M
ACTEMRA ACTPEN INJ (QL= 2 inj/28 days)	MSP-PA-QL	SP
ACTEMRA SC INJ (QL= 2 inj/28 days)	MSP-PA-QL	SP
KEVZARA INJ (QL= 2 inj/28 days)	MSP-PA-QL	SP
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	-	1
flurbiprofen tab (ANSAID equiv)	-	1

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Last Updated* 5/1/2022

DrugName	Special Code	Tier
ANALGESICS - ANTI-INFLAMMATORY Cont.		
ibuprofen susp (Rx ONLY) (ADVIL, MOTRIN equiv)	-	1
ibuprofen tab	-	1
ibuprofen tab (Rx covered 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 tab (NAPROSYN equiv)	-	1
sulindac tab (CLINORIL equiv)	-	1
naproxen EC tab (NAPROSYN EC equiv)	-	2
naproxen sodium tab (ANAPROX equiv)	-	2
oxaprozin tab (DAYPRO equiv)	-	2
piroxicam cap (FELDENE equiv)	-	2
ANAPROX TAB	-	3
ARTHROTEC TAB	-	3
CATAFLAM TAB	-	3
CELEBREX CAP (QL= 2 caps/day)	QL	3
CLINORIL TAB	-	3
DAYPRO TAB	-	3
diclofenac/misoprostol DR tab (ARTHROTEC equiv)	-	3
etodolac ER tab (LODINE XL equiv)	-	3

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Community First Insurance Plan Formulary

Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
ANALGESICS - ANTI-INFLAMMATORY Cont.		
FELDENE CAP	-	3
fenoprofen calcium tab	-	3
FENOPROFEN TAB	-	3
KETOPROFEN ER CAP	-	3
MECLOFENAMATE CAP	-	3
MELOXICAM SUSP	-	3
MOBIC TAB	-	3
MOTRIN SUSP	-	3
NAPROSYN EC TAB	-	3
NAPROSYN TAB	-	3
PONSTEL CAP	-	3
TOLMETIN CAP	-	3
tolmetin cap (TOLECTIN DS equiv)	-	3
TOLMETIN TAB	-	3
VOLTAREN TAB	-	3
VOLTAREN XR TAB	-	3
diclofenac potassium cap (ZIPSOR equiv)	-	NC
diclofenac potassium tab 25mg (DICLOFENAC equiv)	-	NC
DUEXIS TAB	-	NC
FENOPROFEN CAP	-	NC
IBU 600-EZS KIT	-	NC
ibuprofen-famotidine tab (DUEXIS equiv)	-	NC

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DrugName	Special Code	Tier
ANALGESICS - ANTI-INFLAMMATORY Cont.		
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
mefenamic acid cap (PONSTEL equiv)	-	NC
meloxicam cap (VIVLODEX equiv)	-	NC
MELOXICAM COMFORT KIT	-	NC
NAPRELAN CR TAB	-	NC
NAPRELAN CR TAB 750MG	-	NC
NAPROSYN SUSP	-	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

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DrugName	Special Code	Tier
ANALGESICS - ANTI-INFLAMMATORY Cont.		
VIVLODEX CAP	-	NC
YBUPHEN TAB	-	NC
ZIPSOR CAP	-	NC
ZORVOLEX CAP	-	NC
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA STARTER PACK (QL= 1 pack/28 days)	MSP-PA-QL	SP
OTEZLA TAB (QL= 2 tabs/day)	MSP-PA-QL	SP
PYRIMIDINE SYNTHESIS INHIBITORS		
leflunomide tab (ARAVA equiv)	-	1
ARAVA TAB	-	3
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA CLICK INJ (QL= 4 inj/28 days)	MSP-PA-QL	SP
ORENCIA SC INJ 125MG/ML (QL= 4 inj/28 days)	MSP-PA-QL	SP
ORENCIA SC INJ 50MG/0.4ML (QL= 4 inj/28 days)	MSP-PA-QL	SP
ORENCIA SC INJ 87.5MG/0.7ML (QL= 4 inj/28 days)	MSP-PA-QL	SP
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL INJ 25MG (QL= 8 inj/28 days)	MSP-PA-QL	SP
ENBREL INJ 50MG (QL= 4 inj/28 days)	MSP-PA-QL	SP
ENBREL MINI INJ (QL= 4 inj/28 days)	MSP-PA-QL	SP
ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days)	MSP-PA-QL	SP
ANALGESICS - NONNARCOTIC		
ANALGESIC COMBINATIONS		
ALLZITAL TAB	-	NC

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

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DrugName	Special Code	Tier
ANALGESICS - NONNARCOTIC Cont.		
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
VTOL SOLN	-	NC
SALICYLATES		
aspirin chew tab 81mg (Covered for males age 45-79; Covered for females (no age restriction))	OTC	\$0
aspirin ec tab 325mg (Covered for males age 45-79 and females age 55-79)	OTC	\$0
aspirin ec tab 81mg (Covered for males age 45-79; Covered for females (no age restriction))	OTC	\$0
aspirin tab 325mg (Covered for males age 45-79 and females age 55-79)	OTC	\$0
ASPIRIN TAB 81MG (Covered for males age 45-79; Covered for females (no age restriction))	OTC	\$0
CHOLINE MAGNESIUM TRISALICYLATE TAB	-	1
choline magnesium trisalicylate tab (TRILISATE equiv)	-	1
diflunisal tab (DOLOBID equiv)	-	1
salsalate tab (DISALCID equiv)	-	2
ZORPRIN TAB	-	3

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Category/Class

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DrugName	Special Code	Tier
ANALGESICS - OPIOID		
OPIOID AGONISTS		
CODEINE SULFATE TAB	-	1
hydromorphone tab (DILAUDID 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
HYDROCODONE BITARTRATE ER CAP (QL= 2 caps/day)	QL	2
hydrocodone bitartrate ER cap (ZOHYDRO equiv) (QL= 2 caps/day)	QL	2
hydrocodone bitartrate er tab (HYSINGLA equiv) (QL= 1 tab/day)	QL	2
MORPHINE SULFATE SUPP	-	2
NUCYNTA ER TAB (QL= 2 tabs/day)	QL	2
oxycodone conc (ROXICODONE equiv)	-	2
oxycodone soln (ROXICODONE equiv)	-	2
OXYIR CAP	-	2

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ST	Step Therapy	VAC	Vaccine Program
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DrugName	Special Code	Tier
ANALGESICS - OPIOID Cont.		
XTAMPZA ER CAP (QL= 120 caps/30 days)	QL	2
ABSTRAL SL TAB (QL= 120 tabs/30 days)	PA-QL	3
ACTIQ LOZENGE (QL= 120 units/30 days)	PA-QL	3
AVINZA CAP (QL= 2 caps/day)	QL	3
CODEINE SULFATE SOLN	-	3
DAZIDOX TAB	-	3
DILAUDID TAB	-	3
DOLOPHINE TAB	-	3
DURAGESIC PATCH	-	3
EMBEDA CAP	-	3
FENTORA TAB, FENTANYL BUCCAL TAB (QL= 120 tabs/30 days)	PA-QL	3
hydromorphone ER tab (EXALGO equiv) (QL= 1 tab/day)	QL	3
LAZANDA NASAL SPRAY (QL= 15 bottles/30 days)	PA-QL	3
meperidine tab (DEMEROL equiv)	-	3
METHADOSE CONC	-	3
MORPHINE SULFATE ER BEAD CAP (QL= 2 caps/day)	QL	3
MS CONTIN TAB	-	3
NUCYNTA TAB	-	3
OPANA ER TAB (CRUSH RESISTANT) (QL= 2 tabs/day)	QL	3
oxymorphone tab (OPANA equiv)	-	3
ROXICODONE TAB	-	3
tramadol ER tab (ULTRAM ER equiv)	-	3

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MSP	Mandatory Specialty Pharmacy Program	OTC
PA	Prior Authorization	QL
RS	Restricted to Specialist	SF
SMKG	Smoking Cessation	SP
ST	Step Therapy	VAC
¢	RxCENTS	
		Infertility
		Medical Benefit
		Over-the-Counter
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Last Updated* 5/1/2022

DrugName	Special Code	Tier
ANALGESICS - OPIOID Cont.		
TRAMADOL HCL ER TAB	-	3
ULTRAM TAB	-	3
ARYMO ER TAB	-	NC
DEMEROL TAB	-	NC
DSUVIA SL TAB	-	NC
EXALGO TAB	-	NC
fentanyl patch 37.5mcg, 62.5mcg, 87.5mcg (FENTANYL equiv)	-	NC
HYDROMORPHONE SUPP	-	NC
KADIAN CAP	-	NC
levorphanol tab (LEVORPHANOL equiv)	-	NC
MEPERIDINE TAB	-	NC
MORPHABOND TAB	-	NC
MORPHINE SULFATE ER CAP	-	NC
morphine sulfate ER cap (KADIAN equiv)	-	NC
OPANA ER TAB	-	NC
OPANA TAB	-	NC
OXYCODONE ER TAB, OXYCONTIN CR TAB	-	NC
OXYCONTIN CR TAB	-	NC
QDOLO SOLN, TRAMADOL SOLN	-	NC
RYBIX ODT	-	NC
SUBSYS SPRAY	-	NC
TRAMADOL ER CAP	-	NC

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DrugName	Special Code	Tier
ANALGESICS - OPIOID Cont.		
TRAMADOL HCL TAB 100MG	-	NC
ZOXYDOL 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 soln (HYCET, LORTAB 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
tramadol/acetaminophen tab (ULTRACET equiv)	-	1
OXYCODONE/ACETAMINOPHEN SOLN	-	2
CAPITAL/CODEINE SUSP	-	3
HYCET SOLN	-	3
hydrocodone/acetaminophen soln 10-325 mg/15ml (HYCET equiv)	-	3
hydrocodone/acetaminophen tab 2.5-325mg (NORCO equiv)	-	3
HYDROCODONE/IBUPROFEN TAB	-	3
hydrocodone/ibuprofen tab (VICOPROFEN equiv)	-	3

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DrugName	Special Code	Tier
ANALGESICS - OPIOID Cont.		
LORTAB	-	3
LORTAB ELIXIR	-	3
oxycodone/ibuprofen tab (COMBUNOX equiv)	-	3
PERCOCET TAB	-	3
PERCODAN TAB	-	3
TYLENOL/CODEINE TAB	-	3
ULTRACET TAB	-	3
VICOPROFEN TAB	-	3
XARTEMIS XR TAB (Step Therapy requires trial of NUCYNTA ER and XTAMPZA ER)	ST	3
ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE TAB	-	NC
APADAZ TAB	-	NC
FIORICET/CODEINE CAP	-	NC
FIORINAL/CODEINE CAP	-	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 SOLN 10-300MG/5ML, PROLATE SOLN 10-300MG/5ML	-	NC
OXYCODONE/ACETAMINOPHEN TAB 2.5-300MG	-	NC
PRIMLEV TAB 10-300MG	-	NC
PRIMLEV TAB 5-300MG	-	NC

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DrugName	Special Code	Tier
ANALGESICS - OPIOID Cont.		
PROLATE TAB 7.5-300MG	-	NC
SEGLENTIS TAB	-	NC
TREZIX CAP, ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE CAP	-	NC
VERDROCET TAB 2.5MG-325MG	-	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 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
BUTRANS PATCH (QL= 4 patches/28 days)	QL	3
pentazocine/naloxone tab (TALWIN NX equiv)	-	3
nalbuphine inj	M	M
BELBUCA FILM	-	NC
BUNAVAIL FILM	-	NC
buprenorphine hcl buccal film (BELBUCA equiv)	-	NC
SUBLOCADE INJ	-	NC
SUBOXONE SL FILM	-	NC

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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 fo first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS		

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Category/Class

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DrugName	Special Code	Tier
ANDROGENS-ANABOLIC		
ANABOLIC STEROIDS		
oxandrolone tab (OXANDRIN equiv)	-	1
ANADROL TAB	-	3
OXANDRIN TAB	-	3
ANDROGENS		
testosterone cypionate inj (DEPO-TESTOSTERONE equiv)	-	1
ANDRODERM PATCH (QL= 1 patch/day)	PA-QL	2
danazol cap (DANOCRINE equiv)	-	2
TESTOSTERONE GEL 1% 25MG (QL= 1 packet/day)	PA-QL	2
testosterone gel 1% 25mg (ANDROGEL equiv) (QL= 1 packet/day)	PA-QL	2
testosterone gel 1% 50mg (ANDROGEL equiv) (QL= 2 packets/day)	PA-QL	2
testosterone gel 1% pump (ANDROGEL equiv) (QL= 4 bottles/30 days)	PA-QL	2
TESTOSTERONE GEL PUMP (QL= 4 bottles/30 days)	PA-QL	2
testosterone gel pump 1.62% (ANDROGEL equiv) (QL= 2 bottles/30 days)	PA-QL	2
testosterone soln (AXIRON equiv) (QL= 2 bottles/30 days)	PA-QL	2
ANDROGEL 1% 25MG (QL= 1 packet/day)	PA-QL	3
ANDROGEL 1% 50MG, TESTIM GEL 1% (QL= 2 packets/day)	PA-QL	3
ANDROGEL 1.62% 1.25GM (QL= 1 packet/day)	PA-QL	3
ANDROGEL 1.62% 2.5GM (QL= 2 packets/day)	PA-QL	3
ANDROGEL PUMP 1% (QL= 4 bottles/30 days)	PA-QL	3
ANDROGEL PUMP 1.62% (QL= 2 bottles/30 days)	PA-QL	3
AXIRON SOLN (QL= 2 bottles/30 days)	PA-QL	3

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DrugName	Special Code	Tier
ANDROGENS-ANABOLIC Cont.		
DEPO-TESTOSTERONE INJ	-	3
METHITEST TAB	PA	3
methyltestosterone cap	PA	3
testosterone gel 1.62% 1.25gm (ANDROGEL equiv) (QL= 1 packet/day)	PA-QL	3
testosterone gel 1.62% 2.5gm (ANDROGEL equiv) (QL= 2 packets/day)	PA-QL	3
FORTESTA GEL 2%	-	NC
JATENZO CAP, TLANDO CAP	-	NC
NATESTO NASAL GEL	-	NC
STRIANT FILM	-	NC
testosterone gel 2% (FORTESTA equiv)	-	NC
TESTOSTERONE GEL, VOGELXO GEL	-	NC
VOGELXO PUMP	-	NC
XYOSTED INJ	-	NC
ANORECTAL AGENTS		
INTRARECTAL STEROIDS		
hydrocortisone enema (CORTENEMA equiv)	-	2
CORTENEMA	-	3
CORTIFOAM	-	3
UCERIS RECTAL FOAM	PA	3
RECTAL COMBINATIONS		
pramoxine/hydrocortisone cream kit (ANALPRAM-HC equiv)	-	1
lidocaine/hydrocortisone cream (ANAMANTLE equiv)	-	2

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DrugName	Special Code	Tier
ANORECTAL AGENTS Cont.		
PROCTOFOAM HC FOAM	-	2
ANALPRAM-E KIT	-	3
ANALPRAM-HC CREAM	-	NC
LIDOCAINE/HYDROCORTISONE RECTAL CREAM KIT	-	NC
pramoxine/hydrocortisone cream (ANALPRAM-HC equiv)	-	NC
PROCORT CREAM	-	NC
RECTAL STEROIDS		
proctosol HC cream (ANUSOL HC equiv)	-	1
ANUSOL-HC CREAM	-	3
ANUSOL-HC SUPP	-	NC
hydrocortisone supp (ANUSOL HC equiv)	-	NC
VASODILATING AGENTS		
RECTIV OINT	-	3
ANORECTAL AND RELATED PRODUCTS		
RECTAL COMBINATIONS		
HYDROCORTISONE/PRAMOXINE SUPP	-	NC
RECTAL LOCAL ANESTHETICS		
LIDOCAINE SUPP	-	NC
ANTHELMINTICS		
ANTHELMINTICS		
mebendazole chew tab (VERMOX equiv)	-	1
BENZNIDAZOLE TAB	PA	2
ivermectin tab (STROMEKTOL equiv)	PA	2

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MSP Mandatory Specialty Pharmacy Program	OTC Over-the-Counter	
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SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program	
ST Step Therapy	VAC Vaccine Program	
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DrugName	Special Code	Tier
ANTHELMINTICS Cont.		
praziquantel tab (BILTRICIDE equiv)	-	2
albendazole tab (ALBENZA equiv)	-	3
ALBENZA TAB	-	3
BILTRICIDE TAB	-	3
STROMECTOL TAB	PA	3
EGATEN TAB	-	NC
EMVERM TAB	-	NC
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
ranolazine tab (RANEXA equiv)	-	2
RANEXA TAB	-	3
NITRATES		
ISOSORBIDE DINITRATE ER TAB	-	1
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

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DrugName	Special Code	Tier
ANTIANGINAL AGENTS Cont.		
DILATRATE SR CAP	-	3
IMDUR TAB	-	3
ISORDIL TITRADOSE TAB	-	3
isosorbide dinitrate tab 40mg (ISORDIL equiv)	-	3
NITRO-DUR PATCH	-	3
NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR	-	3
nitroglycerin lingual spray (NITROLINGUAL equiv)	-	3
NITROLINGUAL PUMP SPRAY	-	3
NITROMIST SPRAY	-	3
NITROSTAT SL TAB	-	3
GONITRO POWDER	-	NC
ANTIANKXIETY AGENTS		
ANTIANKXIETY AGENTS - MISC.		
bupirone tab (BUSPAR equiv)	-	1
hydroxyzine pamoate cap (VISTARIL equiv)	-	1
HYDROXYZINE PAMOATE CAP 100MG	-	1
hydroxyzine syrup (ATARAX equiv)	-	1
hydroxyzine tab (ATARAX equiv)	-	1
BUSPAR TAB	-	3
meprobamate tab (MILTOWN equiv)	-	3
VISTARIL CAP	-	3
BENZODIAZEPINES		

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DrugName	Special Code	Tier
ANTIANSXIETY AGENTS Cont.		
alprazolam tab (XANAX equiv)	-	1
chlordiazepoxide cap (LIBRIUM equiv)	-	1
diazepam conc (VALIUM equiv)	-	1
diazepam oral soln 5mg/5ml (DIAZEPAM equiv)	-	1
diazepam tab (VALIUM equiv)	-	1
lorazepam conc (ATIVAN equiv)	-	1
lorazepam tab (ATIVAN equiv)	-	1
alprazolam ER tab (XANAX XR equiv)	-	2
oxazepam cap (SERAX equiv)	-	2
alprazolam ODT (NIRAVAM equiv)	-	3
ATIVAN TAB	-	3
clorazepate tab (TRANXENE-T equiv)	-	3
LIBRIUM CAP	-	3
NIRAVAM ODT	-	3
TRANXENE-T TAB	-	3
VALIUM TAB	-	3
XANAX TAB	-	3
XANAX XR TAB	-	3
LOREEV XR CAP	-	NC
ANTIARRHYTHMICS		
ANTIARRHYTHMICS TYPE I-A		
disopyramide cap (NORPACE equiv)	-	1

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DrugName	Special Code	Tier
ANTIARRHYTHMICS Cont.		
quinidine sulfate tab	-	1
disopyramide ER cap (NORPACE CR equiv)	-	2
NORPACE CR CAP	-	2
quinidine gluconate CR tab	-	2
NORPACE CAP	-	3
QUINIDINE SULFATE ER TAB	-	3
procainamide inj	M	M
QUINIDINE SULFATE TAB	-	NC
ANTIARRHYTHMICS TYPE I-B		
mexiletine hcl cap	-	2
ANTIARRHYTHMICS TYPE I-C		
flecainide tab (TAMBOCOR equiv)	-	1
propafenone tab (RYTHMOL equiv)	-	1
propafenone ER cap (RYTHMOL SR equiv)	-	2
RYTHMOL SR CAP	-	3
RYTHMOL TAB	-	3
TAMBOCOR TAB	-	3
ANTIARRHYTHMICS TYPE III		
amiodarone tab (CORDARONE equiv)	-	1
dofetilide cap (TIKOSYN equiv)	-	2
MULTAQ TAB	-	2
CORDARONE TAB	-	3

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SMKG	Smoking Cessation	SP
ST	Step Therapy	VAC
¢	RxCENTS	
		Infertility
		Medical Benefit
		Over-the-Counter
		Quantity Limit
		Limited to two 15 day fills per month fo first 3 months
		Available through Specialty Pharmacy Program
		Vaccine Program

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DrugName	Special Code	Tier
ANTIARRHYTHMICS Cont.		
TIKOSYN CAP	-	3
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
FASENRA PEN INJ (QL= 1 inj/56 days)	MSP-PA-QL	SP
NUCALA INJ (QL= 1 inj/28 days)	MSP-PA-QL	SP
XOLAIR SYRINGE	MSP-PA	SP
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 HANDIHALER (For use with Handihaler device)	PA	3
SPIRIVA RESPIMAT INHALER 2.5MCG/ACT	PA	3
SEEBRI NEOHALER CAP	-	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

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ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.		
zafirlukast tab (ACCOLATE equiv)	-	2
ACCOLATE TAB	-	3
SINGULAIR CHEW TAB	-	3
SINGULAIR GRANULE PACK	-	3
SINGULAIR TAB	-	3
ZYFLO TAB	-	3
zileuton ER tab (ZYFLO CR equiv)	-	NC
ZYFLO CR TAB	-	NC
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
DALIRESP TAB	-	3
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
AEROSPAN INH	PA	3
ALVESCO INHALER	PA	3
PULMICORT INH SUSP	-	3
ARMONAIR DIGITAL INHALER 113MCG/ACT	-	NC
ARMONAIR DIGITAL INHALER 232MCG/ACT	-	NC

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ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.		
ARMONAIR DIGITAL INHALER 55MCG/ACT	-	NC
ARMONAIR RESPICLICK	-	NC
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
arformoterol tartrate neb soln (BROVANA equiv)	-	2
BREO ELLIPTA INHALER	-	2
BREZTRI AEROSPHERE INHALER	-	2
COMBIVENT INHALER	-	2

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DrugName	Special Code	Tier
ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.		
COMBIVENT RESPIMAT INHALER	-	2
DULERA INHALER	-	2
SEREVENT DISKUS INHALER	-	2
STIOLTO INHALER	-	2
SYMBICORT INHALER	-	2
terbutaline sulfate tab (BRETHINE equiv)	-	2
TRELEGY ELLIPTA INHALER	-	2
ACCUNEBS NEB SOLN	-	3
BROVANA NEB SOLN	-	3
DUONEB NEB SOLN	-	3
formoterol fumarate neb soln (PERFOROMIST equiv)	-	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
VOSPIRE ER TAB	-	3
XOPENEX NEB SOLN	-	3
AIRDUO POWDER INHALER W/SENSOR	-	NC
AIRDUO RESPICLICK	-	NC
ALBUTEROL HFA INHALER	-	NC

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ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.		
albuterol HFA inhaler (PROAIR equiv)	-	NC
albuterol HFA inhaler (PROVENTIL equiv)	-	NC
BEVESPI AEROSPHERE INHALER	-	NC
BUDESONIDE/FORMOTEROL INHALER	-	NC
DUAKLIR INHALER	-	NC
fluticasone/salmeterol inhaler, wixela inhaler (ADVAIR equiv)	-	NC
PROAIR HFA INHALER	-	NC
PROVENTIL HFA INHALER	-	NC
UTIBRON NEOHALER CAP	-	NC
XANTHINES		
aminophylline tab	-	1
theophylline ER tab (UNIPHYL equiv)	-	1
theophylline soln	-	1
ELIXOPHYLLIN ELIXIR	-	2
THEOPHYLLINE ER TAB	-	2
LUFYLLIN TAB	-	3
THEO-24 CAP	-	3
UNIPHYL TAB	-	3
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
warfarin tab (COUMADIN equiv)	-	1
COUMADIN TAB	-	3

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ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS		

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Community First Insurance Plan Formulary

Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
ANTICOAGULANTS Cont.		
DIRECT FACTOR XA INHIBITORS		
ELIQUIS TAB, ELIQUIS STARTER PACK	-	2
XARELTO STARTER PACK	-	2
XARELTO SUSP	-	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
ARIXTRA INJ	-	3
FRAGMIN INJ	-	3
LOVENOX INJ (QL= 17 days supply)	QL	3
heparin porcine inj	M	M
THROMBIN INHIBITORS		
PRADAXA CAP	-	2
ANTICONVULSANTS		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
FYCOMPA TAB	PA	3
FYCOMPA SUSP	PA	3
ANTICONVULSANTS - BENZODIAZEPINES		
clobazam tab (ONFI equiv)	-	1
clonazepam tab (KLONOPIN equiv)	-	1

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EXC	Plan Exclusion	INF	Infertility
LD	Limited Distribution	M	Medical Benefit
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 fo first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS		

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Community First Insurance Plan Formulary

Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
ANTICONVULSANTS Cont.		
clobazam susp (ONFI equiv) (Members age 9 or older require Prior Authorization)	PA	2
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL (QL= 2 packs/fill)	QL	2
clonazepam ODT (KLONOPIN equiv)	-	3
KLONOPIN TAB	-	3
NAYZILAM SPRAY (QL= 2 packs/fill; Restricted to Neurology Specialist)	QL-RS	3
ONFI SUSP (Members age 9 or older require Prior Authorization)	PA	3
VALTOCO NASAL SPRAY (QL= 2 packs/fill; Restricted to Neurology Specialist)	QL-RS	3
ONFI TAB	-	NC
SYMPAZAN ORAL FILM	-	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 600mg (NEURONTIN equiv)	-	1
gabapentin tab 800mg (NEURONTIN equiv)	-	1
lacosamide tab (VIMPAT equiv) (QL= 2 tabs/day)	QL	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

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RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	VAC	Vaccine Program
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Last Updated* 5/1/2022

DrugName	Special Code	Tier
ANTICONVULSANTS Cont.		
oxcarbazepine susp (TRILEPTAL equiv)	-	1
oxcarbazepine tab (TRILEPTAL equiv)	-	1
pregabalin cap (LYRICA equiv)	-	1
pregabalin cap 225mg (LYRICA equiv)	-	1
pregabalin cap 300mg (LYRICA equiv)	-	1
primidone tab (MYSOLINE equiv)	-	1
topiramate sprinkle cap (TOPAMAX equiv)	-	1
topiramate tab (TOPAMAX equiv)	-	1
zonisamide cap (ZONEGRAN equiv)	-	1
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
POTIGA TAB 50MG (QL= 9 tabs/day)	QL	2
pregabalin soln (LYRICA equiv)	-	2
rufinamide susp (BANZEL equiv)	PA	2
rufinamide tab (BANZEL equiv)	PA	2
VIMPAT SOLN	-	2
VIMPAT TAB (QL= 2 tabs/day)	QL	2
APTIOM TAB	PA	3
BANZEL SUSP	PA	3

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LD	Limited Distribution	M
MSP	Mandatory Specialty Pharmacy Program	OTC
PA	Prior Authorization	QL
RS	Restricted to Specialist	SF
SMKG	Smoking Cessation	SP
ST	Step Therapy	VAC
¢	RxCENTS	

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Last Updated* 5/1/2022

DrugName	Special Code	Tier
ANTICONVULSANTS Cont.		
CARBATROL CAP	-	3
EPRONTIA SOLN (Members age 9 or older require Prior Authorization)	PA	3
KEPPRA SOLN	-	3
KEPPRA TAB	-	3
KEPPRA XR TAB	-	3
LAMICTAL CHEW TAB	-	3
LAMICTAL ODT	-	3
LAMICTAL ODT KIT	-	3
LAMICTAL ODT KIT, LAMICTAL XR KIT	-	3
LAMICTAL STARTER KIT	-	3
LAMICTAL TAB	-	3
LAMICTAL XR TAB	-	3
lamotrigine ER tab (LAMICTAL XR equiv)	-	3
lamotrigine ODT (LAMICTAL equiv)	-	3
lamotrigine ODT kit (LAMICTAL ODT KIT equiv)	-	3
LYRICA CAP	-	3
LYRICA CAP 225MG	-	3
LYRICA CAP 300MG	-	3
LYRICA SOLN	-	3
MYSOLINE TAB	-	3
NEURONTIN CAP	-	3
NEURONTIN TAB 600MG	-	3

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DrugName	Special Code	Tier
ANTICONVULSANTS Cont.		
NEURONTIN TAB 800MG	-	3
TEGRETOL CHEW TAB	-	3
TEGRETOL SUSP	-	3
TEGRETOL TAB	-	3
TEGRETOL XR TAB	-	3
TOPAMAX SPRINKLE CAP	-	3
TOPAMAX TAB	-	3
TRILEPTAL SUSP	-	3
TRILEPTAL TAB	-	3
ZONEGRAN CAP	-	3
BANZEL TAB	-	NC
BRIVIACT INJ 50MG/5ML	-	NC
BRIVIACT SOLN 10MG/ML	-	NC
BRIVIACT TAB	-	NC
ELEPSIA XR TAB	-	NC
OXTELLAR XR TAB	-	NC
QUDEXY XR CAP	-	NC
SPRITAM TAB	-	NC
topiramate ER cap (QUDEXY equiv)	-	NC
TROKENDI XR CAP	-	NC
DIACOMIT CAP (Only available through US Bioservices 888-518-7246)	LD-PA	SP
DIACOMIT POWDER PACK (Only available through US Bioservices 888-518-7246)	LD-PA	SP

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ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS		

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Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
ANTICONVULSANTS Cont.		
EPIDIOLEX SOLN (Only available through Lumicera 855-847-3553)	LD-PA	SP
FINTEPLA SOLN (QL= 12ml/day; Only available through Anovo Specialty Pharmac 844-288-5007)	LD-PA-QL	SP
CARBAMATES		
felbamate susp (FELBATOL equiv)	-	2
felbamate tab (FELBATOL equiv)	-	2
XCOPRI PAK 100-150MG (QL= 2 tabs/day)	QL	2
XCOPRI PAK 150-200MG (QL= 2 tabs/day)	QL	2
XCOPRI PAK 50-200MG (QL= 2 tabs/day)	QL	2
XCOPRI TAB 150MG, 200MG (QL= 2 tabs/day)	QL	2
XCOPRI TAB 50MG, 100MG (QL= 1 tab/day)	QL	2
XCOPRI TITRATION PAK 12.5-25MG (QL= 1 tab/day)	QL	2
XCOPRI TITRATION PAK 150-200MG (QL= 1 tab/day)	QL	2
XCOPRI TITRATION PAK 50-100MG (QL= 1 tab/day)	QL	2
FELBATOL SUSP	-	3
FELBATOL TAB	-	3
GABA MODULATORS		
tiagabine tab (GABITRIL equiv)	-	2
GABITRIL TAB	-	3
SABRIL POWDER PACK	-	NC
SABRIL TAB	-	NC
vigabatrin powder pack (SABRIL POWDER equiv) (Only available through Lumicera 855-847-3553)	LD-PA	SP

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ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS		

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DrugName	Special Code	Tier
ANTICONVULSANTS Cont.		
vigabatrin tab (SABRIL equiv) (Only available through Lumicera 855-847-3553)	LD-PA	SP
vigadrone powder pack (Only available through PantheRx 855-726-8479)	LD-PA	SP
HYDANTOINS		
phenytoin cap (DILANTIN equiv)	-	1
phenytoin susp (DILANTIN equiv)	-	1
DILANTIN CAP 30MG	-	2
PEGANONE TAB	-	2
phenytoin chew tab (DILANTIN equiv)	-	2
DILANTIN CAP 100MG	-	3
DILANTIN INFATABS	-	3
DILANTIN SUSP	-	3
SUCCINIMIDES		
ethosuximide soln (ZARONTIN equiv)	-	1
CELONTIN CAP	-	2
ethosuximide cap (ZARONTIN equiv)	-	2
ZARONTIN CAP	-	3
ZARONTIN SOLN	-	3
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

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DrugName	Special Code	Tier
ANTICONVULSANTS Cont.		
valproic acid syrup (DEPAKENE equiv)	-	1
DEPAKENE CAP	-	3
DEPAKENE SYRUP	-	3
DEPAKOTE ER TAB	-	3
DEPAKOTE SPRINKLE CAP	-	3
DEPAKOTE TAB	-	3
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
REMERON SOLUTAB	-	3
REMERON TAB	-	3
ANTIDEPRESSANTS - MISC.		
bupropion ER tab (WELLBUTRIN equiv)	-	1
bupropion tab (WELLBUTRIN equiv)	-	1
bupropion XL tab (WELLBUTRIN XL equiv)	-	1
MAPROTILINE TAB	-	1
WELLBUTRIN SR TAB	-	3
WELLBUTRIN XL TAB	-	3

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LD	Limited Distribution	M
MSP	Mandatory Specialty Pharmacy Program	OTC
PA	Prior Authorization	QL
RS	Restricted to Specialist	SF
SMKG	Smoking Cessation	SP
ST	Step Therapy	VAC
¢	RxCENTS	
		Infertility
		Medical Benefit
		Over-the-Counter
		Quantity Limit
		Limited to two 15 day fills per month fo first 3 months
		Available through Specialty Pharmacy Program
		Vaccine Program

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DrugName	Special Code	Tier
ANTIDEPRESSANTS Cont.		
APLENZIN TAB	-	NC
FORFIVO XL TAB	-	NC
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
phenelzine tab (NARDIL equiv)	-	1
MARPLAN TAB	-	2
tranylcypromine tab (PARNATE equiv)	-	2
EMSAM PATCH	-	3
NARDIL TAB	-	3
PARNATE TAB	-	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
sertraline tab (ZOLOFT equiv)	-	1

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Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
ANTIDEPRESSANTS Cont.		
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
CELEXA SOLN	-	3
CELEXA TAB	-	3
LEXAPRO SOLN	-	3
LEXAPRO TAB	-	3
LUVOX CR CAP (Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine)	ST	3
paroxetine oral susp (PAXIL equiv)	-	3
PAXIL CR TAB	-	3
PAXIL ORAL SUSP	-	3
PAXIL TAB	-	3
PEXEVA TAB (Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine)	ST	3
PROZAC CAP	-	3
PROZAC SOLN	-	3
PROZAC TAB	-	3
ZOLOFT CONC	-	3
ZOLOFT TAB	-	3
CITALOPRAM CAP	-	NC

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DrugName	Special Code	Tier
ANTIDEPRESSANTS Cont.		
fluoxetine tab 60mg	-	NC
fluoxetine weekly cap (PROZAC equiv)	-	NC
PROZAC WEEKLY CAP	-	NC
SERTRALINE CAP	-	NC
SEROTONIN MODULATORS		
NEFAZODONE TAB	-	1
nefazodone tab 50mg, 250mg	-	1
trazodone tab (DESYREL equiv)	-	1
OLEPTRO TAB	-	3
TRINTELLIX TAB (QL= 1 tab/day)	PA-QL	3
VIIBRYD TAB	PA	3
trazodone tab 300mg (DESYREL equiv)	-	NC
VIIBRYD STARTER KIT	-	NC
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
desvenlafaxine ER tab (PRISTIQ equiv)	-	1
duloxetine EC cap (CYMBALTA equiv)	-	1
venlafaxine ER cap (EFFEXOR XR equiv)	-	1
venlafaxine tab (EFFEXOR equiv)	-	1
CYMBALTA CAP	-	3
EFFEXOR TAB	-	3
EFFEXOR XR CAP	-	3
FETZIMA CAP (QL= 1 cap/day)	PA-QL	3

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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 fo first 3 months	
SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program	
ST Step Therapy	VAC Vaccine Program	
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DrugName	Special Code	Tier
ANTIDEPRESSANTS Cont.		
FETZIMA TITRATION PACK (QL= 1 cap/day)	PA-QL	3
PRISTIQ TAB	-	3
DESVENLAFAXINE ER TAB	-	NC
DRIZALMA DR CAP	-	NC
duloxetine cap 40mg (IRENKA equiv)	-	NC
venlafaxine ER tab	-	NC
TRICYCLIC AGENTS		
amitriptyline tab (ELAVIL equiv)	-	1
AMOXAPINE TAB	-	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
desipramine tab (NORPRAMIN equiv)	-	2
NORTRIPTYLINE SOLN	-	2
ANAFRANIL CAP	-	3
clomipramine cap (ANAFRANIL equiv)	-	3
imipramine pamoate cap (TOFRANIL PM equiv)	-	3
NORPRAMIN TAB	-	3
PAMELOR CAP	-	3

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DrugName	Special Code	Tier
ANTIDEPRESSANTS Cont.		
protriptyline tab (VIVACTIL equiv)	-	3
SURMONTIL CAP	-	3
TOFRANIL PM CAP	-	3
TOFRANIL TAB	-	3
trimipramine cap (SURMONTIL equiv)	-	3
VIVACTIL TAB	-	3
ANTIDIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS		
acarbose tab (PRECOSE equiv)	-	1
GLYSET TAB	-	3
miglitol tab (MIGLITOL equiv)	-	3
PRECOSE TAB	-	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

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¢	RxCENTS		

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Community First Insurance Plan Formulary

Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
JENTADUETO TAB (QL= 2 tabs/day)	QL	2
JENTADUETO XR TAB (QL= 2 tabs/day)	QL	2
SOLIQUA INJ (QL= 15ml/25 days)	PA-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
GLUCOVANCE TAB	-	3
INVOKAMET TAB (QL= 2 tabs/day)	PA-QL	3
METAGLIP TAB	-	3
ACTOPLUS MET TAB	-	NC
ALOGLIPTIN/METFORMIN TAB, KAZANO TAB	-	NC
ALOGLIPTIN/PIOGLITAZONE TAB, OSENI TAB	-	NC
DUETACT TAB	-	NC
INVOKAMET XR TAB	-	NC
KOMBIGLYZE XR TAB	-	NC
pioglitazone/glimepiride tab (DUETACT equiv)	-	NC

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

NC =Not Covered	generic =small letters	BRANDS =CAPITAL LETTERS
EXC Plan Exclusion	INF Infertility	
LD Limited Distribution	M Medical Benefit	
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 fo first 3 months	
SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program	
ST Step Therapy	VAC Vaccine Program	
¢ RxCENTS		

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Community First Insurance Plan Formulary

Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
pioglitazone/metformin tab (ACTOPLUS MET equiv)	-	NC
PRANDIMET TAB	-	NC
QTERN TAB	-	NC
REPAGLINIDE TAB	-	NC
SEGLUROMET TAB	-	NC
STEGLUJAN TAB	-	NC
BIGUANIDES		
metformin ER tab (GLUCOPHAGE XR equiv)	-	1
metformin tab (GLUCOPHAGE equiv)	-	1
GLUCOPHAGE TAB	-	3
GLUCOPHAGE XR TAB	-	3
metformin ER osmotic tab (FORTAMET equiv)	-	3
metformin soln (RIOMET equiv)	-	3
RIOMET ER SUSP	-	3
RIOMET SOLN	-	3
FORTAMET TAB	-	NC
GLUMETZA TAB 1000MG	-	NC
GLUMETZA TAB 500MG	-	NC
DIABETIC OTHER		
BAQSIMI NASAL POWDER (QL= 2 inhalations/fill)	QL	2
GLUCAGEN HYPOKIT INJ (QL= 2 inj/fill)	QL	2
glucagon (rdna) for inj kit (GLUCAGON equiv) (QL= 2 inj/fill)	QL	2

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EXC Plan Exclusion	INF Infertility	
LD Limited Distribution	M Medical Benefit	
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	SP Available through Specialty Pharmacy Program	
ST Step Therapy	VAC Vaccine Program	
¢ RxCENTS		

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Community First Insurance Plan Formulary

Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
GLUCAGON EMR INJ (QL= 2 inj/fill)	QL	2
GLUCAGON INJ KIT (QL= 2 inj/fill)	QL	2
GVOKE INJ (QL= 2 inj/fill)	QL	2
GVOKE INJ KIT (QL= 2 inj/fill)	QL	2
GVOKE PFS INJ (QL= 2 inj/fill)	QL	2
ZEGALOGUE INJ (QL= 2 inj/fill)	QL	2
diazoxide susp (PROGLYCEM equiv)	-	3
PROGLYCEM SUSP	-	3
KORLYM TAB (QL= 4 tabs/day; Only available through Korlym SPARK program 855-4Korlym (855-456-7596))	LD-PA-QL	SP
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
JANUVIA TAB (QL= 1 tab/day)	QL- ϕ	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

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EXC	Plan Exclusion	INF	Infertility
LD	Limited Distribution	M	Medical Benefit
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 fo first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	VAC	Vaccine Program
ϕ	RxCENTS		

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Community First Insurance Plan Formulary

Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
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
INSULIN ASPART FLEXPEN INJ (NOVOLOG equiv)	-	2
INSULIN ASPART INJ (NOVOLOG equiv)	-	2
INSULIN ASPART MIX FLEXPEN INJ (NOVOLOG equiv)	-	2
INSULIN ASPART MIX INJ (NOVOLOG equiv)	-	2
INSULIN ASPART PENFILL INJ (NOVOLOG equiv)	-	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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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 fo first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS		

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Community First Insurance Plan Formulary

Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
NOVOLIN 70/30 INJ	OTC	2
NOVOLIN N FLEXPEN INJ	OTC	2
NOVOLIN N INJ	OTC	2
NOVOLIN R FLEXPEN INJ	OTC	2
NOVOLIN R INJ	OTC	2
NOVOLOG FLEXPEN INJ	-	2
NOVOLOG INJ	-	2
NOVOLOG MIX FLEXPEN INJ	-	2
NOVOLOG MIX INJ	-	2
NOVOLOG PENFILL INJ	-	2
SEMGLEE INJ, INSULIN GLARGINE INJ (LANTUS Equiv)	-	2
SEMGLEE PEN, INSULIN GLARGINE PEN (LANTUS Equiv)	-	2
TOUJEO MAX SOLOSTAR INJ	-	2
TOUJEO SOLOSTAR INJ	-	2
TRESIBA FLEXTOUCH INJ	-	2
TRESIBA INJ	-	2
ADMELOG INJ, INSULIN LISPRO INJ (Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	ST	3
ADMELOG SOLOSTAR INJ, INSULIN LISPRO KWIKPEN INJ (JUNIOR) (Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	ST	3
APIDRA INJ (Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	ST	3

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NC =Not Covered	generic =small letters	BRANDS =CAPITAL LETTERS
EXC	Plan Exclusion	INF
LD	Limited Distribution	M
MSP	Mandatory Specialty Pharmacy Program	OTC
PA	Prior Authorization	QL
RS	Restricted to Specialist	SF
SMKG	Smoking Cessation	SP
ST	Step Therapy	VAC
¢	RxCENTS	

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Community First Insurance Plan Formulary

Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
APIDRA SOLOSTAR INJ (Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	ST	3
HUMALOG MIX INJ (Step Therapy requires trial of NOVOLOG or INSULIN ASPAR)	ST	3
HUMALOG MIX KWIKPEN INJ, INSULIN LISPRO PROTAMINE INJ (Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	ST	3
HUMULIN MIX INJ (Step Therapy requires trial of NOVOLIN)	OTC-ST	3
HUMULIN MIX PEN INJ (Step Therapy requires trial of NOVOLIN)	OTC-ST	3
HUMULIN N INJ (Step Therapy requires trial of NOVOLIN)	OTC-ST	3
HUMULIN N PEN INJ (Step Therapy requires trial of NOVOLIN)	OTC-ST	3
HUMULIN R INJ (Step Therapy requires trial of NOVOLIN)	OTC-ST	3
BASAGLAR INJ	-	NC
HUMALOG PEN INJ	-	NC
LYUMJEV INJ	-	NC
LYUMJEV KWIKPEN INJ	-	NC
INSULIN SENSITIZING AGENTS		
pioglitazone tab (ACTOS equiv)	-	1
AVANDIA TAB	-	2
ACTOS TAB	-	3
MEGLITINIDE ANALOGUES		
repaglinide tab (PRANDIN equiv)	-	1
nateglinide tab (STARLIX equiv)	-	2
PRANDIN TAB	-	3
STARLIX TAB	-	3

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EXC	Plan Exclusion	INF
LD	Limited Distribution	M
MSP	Mandatory Specialty Pharmacy Program	OTC
PA	Prior Authorization	QL
RS	Restricted to Specialist	SF
SMKG	Smoking Cessation	SP
ST	Step Therapy	VAC
¢	RxCENTS	
		Infertility
		Medical Benefit
		Over-the-Counter
		Quantity Limit
		Limited to two 15 day fills per month fo first 3 months
		Available through Specialty Pharmacy Program
		Vaccine Program

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Community First Insurance Plan Formulary

Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
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)	PA-QL	3
STEGLATRO TAB	-	NC
SULFONYLUREAS		
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
AMARYL TAB	-	3
DIABETA TAB	-	3
GLUCOTROL TAB	-	3
GLUCOTROL XL TAB	-	3
GLYNASE TAB	-	3
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIPERISTALTIC AGENTS		
DIPHENOXYLATE/ATROPINE LIQUID	-	3
loperamide soln (LOPERAMIDE equiv)	OTC	NC
ANTIDIARRHEALS		

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LD	Limited Distribution	M	Medical Benefit		
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	SP	Available through Specialty Pharmacy Program		
ST	Step Therapy	VAC	Vaccine Program		
¢	RxCENTS				

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Community First Insurance Plan Formulary

Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
ANTIDIARRHEALS Cont.		
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
loperamide cap (IMODIUM equiv) (Rx Only)	-	1
LOMOTIL LIQUID	-	3
LOMOTIL TAB	-	3
MOTOFEN TAB	-	3
opium tincture	-	3
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	SP
OPIOID ANTAGONISTS		
naloxone inj	-	1

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NC =Not Covered	generic =small letters	BRANDS =CAPITAL LETTERS
EXC Plan Exclusion	INF Infertility	
LD Limited Distribution	M Medical Benefit	
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 fo first 3 months	
SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program	
ST Step Therapy	VAC Vaccine Program	
¢ RxCENTS		

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Community First Insurance Plan Formulary

Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
ANTIDOTES Cont.		
naltrexone tab (REVIA equiv)	-	1
REVIA TAB	-	3
EVZIO INJ	-	NC
VIVITROL INJ	MSP	SP

ANTIDOTES AND SPECIFIC ANTAGONISTS

ANTIDOTES - CHELATING AGENTS

EXJADE TAB	-	NC
FERRIPROX TAB 1000MG (TWICE DAILY)	-	NC
FERRIPROX TAB 500MG	-	NC
JADENU SPRINKLE	-	NC
JADENU TAB 180MG	-	NC
JADENU TAB 90MG, 360MG	-	NC
deferasirox granules packet (JADENU equiv)	MSP	SP
deferasirox tab (EXJADE equiv)	MSP	SP
deferasirox tab 180mg (JADENU equiv)	MSP	SP
deferasirox tab 90mg, 360mg (JADENU equiv)	MSP	SP
deferiprone tab (FERRIPROX equiv) (Only available through Lumicera 855-847-355	LD-PA	SP
FERRIPROX TAB 1000MG (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	SP

ANTIDOTES AND SPECIFIC ANTAGONISTS

CETYLEV TAB	-	NC
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OPIOID ANTAGONISTS

naloxone hcl nasal spray (NARCAN equiv)	-	1
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EXC	Plan Exclusion	INF	Infertility		
LD	Limited Distribution	M	Medical Benefit		
MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter		
PA	Prior Authorization	QL	Quantity Limit		
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SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program		
ST	Step Therapy	VAC	Vaccine Program		
¢	RxCENTS				

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Community First Insurance Plan Formulary

Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
ANTIDOTES AND SPECIFIC ANTAGONISTS Cont.		
naloxone prefilled inj (QL= 2 inj/fill)	QL	1
KLOXXADO NASAL SPRAY	-	2
NALOXONE PREFILLED INJ (QL= 2 inj/fill)	QL	2
NARCAN NASAL SPRAY	-	2
ZIMHI SOLN	-	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
KYTRIL TAB (QL= 14 tabs/fill)	QL	3
SANCUSO PATCH (QL= 4 patches/fill)	QL	3
ZOFTRAN ODT	-	3
ZOFTRAN SOLN	-	3
ZOFTRAN TAB	-	3
SUSTOL INJ	-	NC
ZUPLENZ SL FILM	-	NC

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ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS		

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Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
ANTIEMETICS Cont.		
ANTIEMETICS - ANTICHOLINERGIC		
maldemar tab (SCOPACE equiv)	-	1
meclizine chew tab (BONINE equiv)	OTC	1
meclizine tab (ANTIVERT equiv)	OTC	1
trimethobenzamide cap (TIGAN equiv)	-	1
scopolamine patch (TRANSDERM-SCOP equiv)	-	2
TIGAN CAP	-	3
TRANSDERM-SCOP PATCH	-	3
MECLIZINE 50MG TAB	-	NC
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
MARINOL CAP	PA	3
DICLEGIS TAB	-	NC
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 PAK (QL= 3 caps/fill)	QL	3

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LD	Limited Distribution	M
MSP	Mandatory Specialty Pharmacy Program	OTC
PA	Prior Authorization	QL
RS	Restricted to Specialist	SF
SMKG	Smoking Cessation	SP
ST	Step Therapy	VAC
¢	RxCENTS	
		Infertility
		Medical Benefit
		Over-the-Counter
		Quantity Limit
		Limited to two 15 day fills per month fo first 3 months
		Available through Specialty Pharmacy Program
		Vaccine Program

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Community First Insurance Plan Formulary

Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
ANTIEMETICS Cont.		
EMEND SUSP	-	NC
ANTIFUNGALS		
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (ECHINOCANDINS)		
BREXAFEMME TAB	-	NC
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
ANCOBON CAP	-	3
GRIFULVIN V TAB	-	3
GRIS-PEG TAB	-	3
LAMISIL TAB	-	3
IMIDAZOLE-RELATED ANTIFUNGALS		
fluconazole susp (DIFLUCAN equiv)	-	1
fluconazole tab (DIFLUCAN equiv)	-	1
ketoconazole tab (NIZORAL equiv)	-	1
itraconazole cap (SPORANOX equiv)	-	2
NOXAFIL SUSP	-	2

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MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter
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ST	Step Therapy	VAC	Vaccine Program
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Community First Insurance Plan Formulary

Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
ANTIFUNGALS Cont.		
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
CRESEMBA CAP (Restricted to Infectious Disease Specialist)	RS	3
DIFLUCAN SUSP	-	3
DIFLUCAN TAB	-	3
itraconazole soln (SPORANOX equiv)	PA	3
SPORANOX CAP	-	3
SPORANOX SOLN	PA	3
VFEND SUSP (Restricted to Infectious Disease Specialist)	RS	3
VFEND TAB (Restricted to Infectious Disease Specialist)	RS	3
NOXAFIL TAB	-	NC
TOLSURA CAP	-	NC
ANTIHISTAMINES		
ANTIHISTAMINES - ALKYLAMINES		
chlorpheniramine ER cap	-	1
CPM CAP	-	3
DEXCHLORPHENIRAMINE SYRUP	-	NC
MICLARA LIQUID	-	NC
RYCLORA SOLN	-	NC
ANTIHISTAMINES - ETHANOLAMINES		
diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered)	-	1

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EXC Plan Exclusion	INF Infertility	
LD Limited Distribution	M Medical Benefit	
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 fo first 3 months	
SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program	
ST Step Therapy	VAC Vaccine Program	
¢ RxCENTS		

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Community First Insurance Plan Formulary

Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
ANTIHISTAMINES Cont.		
diphenhydramine inj (BENADRYL equiv)	-	2
CARBINOXAMINE SOLN	-	3
carbinoxamine soln (PALGIC equiv)	-	3
carbinoxamine tab (PALGIC equiv)	-	3
clemastine syrup (TAVIST equiv)	-	3
CLEMASTINE TAB	-	3
clemastine tab (TAVIST equiv)	-	3
PALGIC SOLN	-	3
PALGIC TAB	-	3
KARBINAL ER SUSP	-	NC
RYVENT TAB	-	NC
ANTIHISTAMINES - NON-SEDATING		
levocetirizine soln (XYZAL equiv)	-	3
levocetirizine tab (XYZAL equiv)	-	3
ALLEGRA ODT	OTC	EXC
CLARINEX REDITAB	-	EXC
CLARINEX SYRUP	-	EXC
CLARINEX TAB	-	EXC
DESLORATADINE ODT	-	EXC
desloratadine tab (CLARINEX equiv)	-	EXC
loratadine cap (CLARITIN equiv)	OTC	EXC
XYZAL SOLN	-	NC

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DrugName	Special Code	Tier
ANTI-HISTAMINES Cont.		
XYZAL TAB	-	NC
ANTI-HISTAMINES - PHENOTHIAZINES		
promethazine syrup	-	1
promethazine tab (PHENERGAN equiv)	-	1
promethazine supp (PHENERGAN equiv)	-	2
PROMETHEGAN SUPP	-	2
ANTI-HISTAMINES - PIPERIDINES		
cyproheptadine syrup	-	1
cyproheptadine tab	-	1
ANTI-HYPERLIPIDEMICS		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL TAB	-	NC
ANTI-HYPERLIPIDEMICS - COMBINATIONS		
ezetimibe/simvastatin tab (VYTORIN equiv) (QL= 1 tab/day (10-80mg is Not Covered))	QL	3
LIPTRUZET TAB	-	3
VYTORIN TAB (QL= 1 tab/day (10/80mg is Not Covered))	QL	3
ezetimibe/simvastatin tab 10-80mg (VYTORIN equiv)	-	NC
NEXLIZET TAB	-	NC
OMEGA-3 RX PAK COMPLETE	-	NC
ROSZET TAB	-	NC
VYTORIN TAB 10-80MG	-	NC
ANTI-HYPERLIPIDEMICS - MISC.		

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RS	Restricted to Specialist	SF	Limited to two 15 day fills per month fo first 3 months		
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program		
ST	Step Therapy	VAC	Vaccine Program		
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Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
ANTIHYPERLIPIDEMICS Cont.		
omega-3-acid ethyl esters cap (LOVAZA equiv)	-	2
VASCEPA CAP 0.5GM (QL= 4 caps/day)	QL	2
VASCEPA CAP 1GM (QL= 4 caps/day)	QL	2
LOVAZA CAP	-	3
icosapent ethyl cap 1gm (VASCEPA equiv)	-	NC
KYNAMRO INJ	-	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
COLESTID GRANULE	-	3
COLESTID POWDER PACK	-	3
COLESTID TAB	-	3
colestipol granule (COLESTID equiv)	-	3
colestipol powder packet (COLESTID equiv)	-	3
QUESTRAN LITE POWDER	-	3
QUESTRAN LITE POWDER PACK	-	3
QUESTRAN POWDER	-	3

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Community First Insurance Plan Formulary

Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
ANTIHYPERLIPIDEMICS Cont.		
QUESTRAN POWDER PACK	-	3
WELCHOL PACK	-	3
WELCHOL TAB	-	3
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
FENOFIBRIC TAB, FIBRICOR TAB	-	3
LOPID TAB	-	3
TRICOR TAB	-	3
ANTARA CAP, FENOFIBRATE MICRONIZED CAP	-	NC
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
FENOGLIDE TAB	-	NC
TRIGLIDE TAB	-	NC
TRILIPIX CAP	-	NC
HMG COA REDUCTASE INHIBITORS		
atorvastatin tab 10mg (LIPITOR equiv)	-	\$0
atorvastatin tab 20mg (LIPITOR equiv)	-	\$0

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Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
ANTIHYPERLIPIDEMICS Cont.		
lovastatin tab (MEVACOR equiv)	-	\$0
pravastatin tab (PRAVACHOL equiv)	-	\$0
rosuvastatin tab 10mg (CRESTOR equiv) (QL= 1 tab/day)	QL	\$0
rosuvastatin tab 5mg (CRESTOR equiv) (QL= 1 tab/day)	QL	\$0
simvastatin tab (ZOCOR equiv) (80mg is Not Covered)	-	\$0
atorvastatin tab 40mg (LIPITOR equiv)	-	1
atorvastatin tab 80mg (LIPITOR equiv)	-	1
rosuvastatin tab 20mg (CRESTOR equiv) (QL= 1.5 tabs/day)	QL	1
rosuvastatin tab 40mg (CRESTOR equiv) (QL= 1 tab/day)	QL	1
fluvastatin cap (LESCOL equiv)	-	2
ALTOPREV TAB	-	3
CRESTOR TAB (QL= 1 tab/day)	QL	3
CRESTOR TAB 20MG (QL= 1.5 tabs/day)	QL	3
fluvastatin ER tab (LESCOL XL equiv)	-	3
LESCOL CAP	-	3
LESCOL XL TAB	-	3
LIPITOR TAB	-	3
LIVALO TAB (Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)	ST	3
MEVACOR TAB	-	3
PRAVACHOL TAB	-	3
ZOCOR TAB (80mg is Not Covered)	-	3

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¢	RxCENTS		

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Community First Insurance Plan Formulary

Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
ADVICOR TAB	-	NC
EZALLOR SPRINKLE CAP	-	NC
FLOLIPID SUSP	-	NC
SIMCOR TAB	-	NC
SIMVASTATIN SUSP	-	NC
simvastatin tab 80mg (ZOCOR equiv) (This strength excluded from coverage)	-	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	-	1
NIASPAN ER TAB	-	3
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
PRALUENT INJ (QL= 2 inj/28 days)	PA-QL	2
REPATHA INJ (QL= 2 inj/28 days)	PA-QL	2
REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days)	PA-QL	2

ANTIHYPERTENSIVES

ACE INHIBITORS

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Community First Insurance Plan Formulary

Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
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
ACCUPRIL TAB	-	3
ACEON TAB	-	3
ALTACE CAP	-	3
ALTACE TAB	-	3
enalapril maleate oral soln (EPANED equiv) (Prior Authorization required for membe age 9 or older)	PA	3
EPANED SOLN	PA	3
LOTENSIN TAB	-	3
MAVIK TAB	-	3
MONOPRIL TAB	-	3
PRINIVIL TAB, ZESTRIL TAB	-	3
QBRELIS SOLN (Prior Authorization required for members age 9 or older)	PA	3

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Category/Class

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DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
UNIVASC TAB	-	3
VASOTEC TAB	-	3
AGENTS FOR PHEOCHROMOCYTOMA		
phenoxybenzamine cap (DIBENZYLINE equiv)	-	2
DIBENZYLINE CAP	-	3
DEMSER CAP	-	NC
metirosine cap (DEMSER equiv)	-	NC
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan tab (ATACAND equiv)	-	1
irbesartan tab (AVAPRO equiv)	-	1
losartan tab (COZAAR equiv)	-	1
olmesartan tab (BENICAR equiv)	-	1
telmisartan tab (MICARDIS equiv)	-	1
valsartan tab (DIOVAN equiv)	-	1
ATACAND TAB	-	3
AVAPRO TAB	-	3
BENICAR TAB	-	3
COZAAR TAB	-	3
DIOVAN TAB	-	3
EDARBI TAB	-	3
EPROSARTAN TAB	-	3
MICARDIS TAB	-	3

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DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
TEVETEN TAB	-	3
ANTIADRENERGIC ANTIHYPERTENSIVES		
clonidine tab (CATAPRES equiv)	-	1
doxazosin tab (CARDURA equiv)	-	1
guanfacine IR tab (TENEX equiv)	-	1
METHYLDOPA TAB	-	1
methyldopa tab (ALDOMET equiv)	-	1
prazosin cap (MINIPRESS equiv)	-	1
terazosin cap (HYTRIN equiv)	-	1
clonidine patch (CATAPRES-TTS equiv)	-	2
CARDURA TAB	-	3
CATAPRES TAB	-	3
CATAPRES-TTS PATCH	-	3
GUANABENZ TAB	-	3
HYTRIN CAP	-	3
MINIPRESS CAP	-	3
NEXICLON XR SUSP	-	3
RESERPINE TAB	-	3
TENEX TAB	-	3
NEXICLON XR TAB	-	NC
ANTIHYPERTENSIVE COMBINATIONS		
amlodipine/benazepril cap (LOTREL equiv)	-	1

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DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
atenolol/chlorthalidone tab (TENORETIC equiv)	-	1
BENAZEPRIL/HCT TAB	-	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
irbesartan/hydrochlorothiazide tab (AVALIDE equiv)	-	1
lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv)	-	1
losartan/hydrochlorothiazide tab (HYZAAR equiv)	-	1
METHYLDOPA/HYDROCHLOROTHIAZIDE TAB	-	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 TAB equiv)	-	2
amlodipine/valsartan tab (EXFORGE equiv)	-	2
amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv)	-	2
candesartan/hydrochlorothiazide tab (ATACAND HCT equiv)	-	2
CAPTOPRIL/HYDROCHLOROTHIAZIDE TAB	-	2
METOPROLOL/HYDROCHLOROTHIAZIDE TAB	-	2

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DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv)	-	2
ACCURETIC TAB	-	3
AMTURNIDE TAB	-	3
ATACAND HCT TAB	-	3
AVALIDE TAB	-	3
BENICAR HCT TAB	-	3
CORZIDE TAB	-	3
CORZIDE TAB 80-5MG	-	3
DIOVAN HCT TAB	-	3
EDARBYCLOR TAB	-	3
EXFORGE HCT TAB	-	3
EXFORGE TAB	-	3
HYZAAR TAB	-	3
LOPRESSOR HCT TAB	-	3
LOTENSIN HCT TAB	-	3
LOTREL CAP	-	3
MONOPRIL HCT TAB	-	3
nadolol/bendroflumethiazide tab (CORZIDE equiv)	-	3
TEKAMLO TAB	-	3
TEKTURNA HCT TAB	-	3
TENORETIC TAB	-	3
TEVETEN HCT TAB	-	3

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DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
TRANDOLAPRIL/VERAPAMIL ER TAB	-	3
UNIRETIC TAB	-	3
VALTURNA TAB	-	3
VASERETIC TAB	-	3
ZESTORETIC TAB	-	3
ZIAC TAB	-	3
BYVALSON TAB	-	NC
DUTOPROL TAB	-	NC
MICARDIS HCT TAB	-	NC
olmesartan/amlodipine/hydrochlorothiazide tab (TRIBENZOR TAB equiv)	-	NC
PRESTALIA TAB	-	NC
TARKA TAB	-	NC
telmisartan/amlodipine tab (TWYNSTA equiv)	-	NC
telmisartan/hydrochlorothiazide tab (MICARDIS HCT equiv)	-	NC
TRIBENZOR TAB	-	NC
TWYNSTA TAB	-	NC
ANTIHYPERTENSIVES - MISC.		
VECAMYL TAB	-	NC
DIRECT RENIN INHIBITORS		
aliskiren tab (TEKTURNA equiv)	-	2
TEKTURNA TAB	-	3
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		

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DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
eplerenone tab (INSPRA equiv)	-	2
INSPRA TAB	-	3
VASODILATORS		
hydralazine tab (APRESOLINE equiv)	-	1
minoxidil tab (LONITEN equiv)	-	1
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
metronidazole tab (FLAGYL equiv)	-	1
TRIMETHOPRIM TAB	-	1
trimethoprim tab (PROLOPRIM equiv)	-	1
pentamidine neb soln (NEBUPENT equiv)	-	2
XIFAXAN TAB 550MG	-	2
FIRST METRONIDAZOLE SUSP	-	3
FLAGYL ER TAB	-	3
FLAGYL TAB	-	3
NEBUPENT NEB SOLN	-	3
PRIMSOL SOLN	-	3
TINDAMAX TAB	-	3
tinidazole tab (TINDAMAX equiv)	-	3
XIFAXAN TAB 200MG (QL= 9 tabs/3 days)	QL	3
AEMCOLO TAB	-	NC
FLAGYL CAP	-	NC

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

	NC =Not Covered	generic =small letters	BRANDS =CAPITAL LETTERS
EXC	Plan Exclusion	INF	Infertility
LD	Limited Distribution	M	Medical Benefit
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 fo first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	VAC	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.

Community First Insurance Plan Formulary

Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
ANTI-INFECTIVE AGENTS - MISC. Cont.		
IMPAVIDO CAP	-	NC
metronidazole cap (FLAGYL equiv)	-	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
BACTRIM DS TAB	-	3
PEDIAZOLE SUSP	-	3
HYOPHEN TAB	-	NC
UTA CAP	-	NC
ANTIPROTOZOAL AGENTS		
ALINIA SUSP (QL= 60ml/3 days)	PA-QL	2
atovaquone susp (MEPRON equiv)	-	2
nitazoxanide tab (ALINIA equiv) (QL= 6 tabs/3 days)	PA-QL	2
ALINIA TAB (QL= 6 tabs/3 days)	PA-QL	3
MEPRON SUSP	-	3
LAMPIT TAB	-	NC
CARBAPENEMS		
meropenem inj (MERREM equiv)	-	3
GLYCOPEPTIDES		
FIRST-VANCOMYCIN SOLN	-	1
FIRVANQ SOLN	-	1

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EXC	Plan Exclusion	INF	Infertility
LD	Limited Distribution	M	Medical Benefit
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 fo first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS		

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Community First Insurance Plan Formulary

Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
ANTI-INFECTIVE AGENTS - MISC. Cont.		
vancomycin cap (VANCOCIN equiv) (QL= 56 caps/fill)	QL	1
VANCOCIN CAP (QL= 56 caps/fill)	QL	3
vancomycin hcl soln (VANCOMYCIN equiv)	-	NC
VANCOMYCIN INJ	-	NC
VANCOMYCIN SOLN	-	NC
KETOLIDES		
KETEK TAB	-	3
LEPROSTATICS		
dapsone tab	-	1
LINCOSAMIDES		
clindamycin cap (CLEOCIN equiv)	-	1
clindamycin soln (CLEOCIN equiv)	-	2
CLEOCIN CAP	-	3
CLEOCIN SOLN	-	3
MONOBACTAMS		
CAYSTON INH SOLN (Restricted to Infectious Disease or Pulmonology Specialist; Only available through Walgreens 888-347-3416)	LD-RS	SP
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
ZYVOX SUSP (Restricted to Infectious Disease Specialist)	RS	3
ZYVOX TAB (Restricted to Infectious Disease Specialist)	RS	3

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LD	Limited Distribution	M	Medical Benefit
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	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS		

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Community First Insurance Plan Formulary

Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
ANTI-INFECTIVE AGENTS - MISC. Cont.		
PLEUROMUTILINS		
XENLETA TAB (QL= 14 tabs/180 days; Restricted to Infectious Disease Specialist)	QL-RS	2
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
fosfomycin tromethamine powder pack (MONUROL equiv)	-	3
HIPREX TAB	-	3
MACROBID CAP	-	3
MACRODANTIN CAP	-	3
MONUROL GRANULE PACK	-	3
nitrofurantoin susp (FURADANTIN equiv) (Prior Authorization Required for members age 9 or older)	PA	3
MACRODANTIN CAP 25MG	-	NC
nitrofurantoin macrocrystals cap 25mg (MACRODANTIN equiv)	-	NC

ANTIMALARIALS

ANTIMALARIAL COMBINATIONS		
atovaquone/proguanil tab (MALARONE equiv)	-	1
COARTEM TAB	-	3
FANSIDAR TAB	-	3
MALARONE TAB	-	3
PYRIMETHAMINE/LEUCOVORIN CAP	-	NC

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EXC Plan Exclusion	INF Infertility	
LD Limited Distribution	M Medical Benefit	
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 fo first 3 months	
SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program	
ST Step Therapy	VAC Vaccine Program	
¢ RxCENTS		

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Community First Insurance Plan Formulary

Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
ANTIMALARIALS Cont.		
ANTIMALARIALS		
chloroquine tab (ARALEN equiv)	-	1
hydroxychloroquine tab (PLAQUENIL equiv)	-	1
primaquine tab (PRIMAQUINE equiv)	-	1
CHLOROQUINE TAB	-	2
HYDROXYCHLOROQUINE TAB 100MG (QL= 1 tab/day)	QL	2
KRINTAFEL TAB	-	2
mefloquine tab (LARIAM equiv)	-	2
ARAKODA TAB	-	3
ARALEN TAB	-	3
LARIAM TAB	-	3
PLAQUENIL TAB	-	3
PRIMAQUINE TAB	-	3
QUALAQUIN CAP	-	3
quinine sulfate cap (QUALAQUIN equiv)	-	3
DARAPRIM TAB	-	NC
HYDROXYCHLOROQUINE TAB	-	NC
pyrimethamine tab (DARAPRIM equiv) (QL= 3 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	SP
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
pyridostigmine tab (MESTINON equiv)	-	1

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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 fo first 3 months
SMKG	Smoking Cessation	SP Available through Specialty Pharmacy Program
ST	Step Therapy	VAC Vaccine Program
¢	RxCENTS	

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Community First Insurance Plan Formulary

Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
ANTIMYASTHENIC/CHOLINERGIC AGENTS Cont.		
PROSTIGMIN TAB	-	2
pyridostigmine CR tab (MESTINON equiv)	-	2
GUANIDINE TAB	-	3
MESTINON TAB	-	3
MESTINON TIMESPAN TAB	-	3
MYTELASE TAB	-	3
pyridstigmime soln (MESTINON equiv)	-	3
PYRIDOSTIGMINE TAB 30MG	-	NC
FIRDAPSE TAB (Only available through AnovoRx 844-288-5007)	LD-PA	SP
ANTIMYCOBACTERIAL AGENTS		
ANTI TB COMBINATIONS		
RIFAMATE CAP	-	2
RIFATER TAB	PA	3
ANTIMYCOBACTERIAL AGENTS		
isoniazid tab	-	1
pyrazinamide tab	-	1
ethambutol tab (MYAMBUTOL equiv)	-	2
PRETOMANID TAB (QL= 1 tab/day; Restricted to Infectious Disease Specialist)	QL-RS	2
PRIFTIN TAB	-	2
rifabutin cap (MYCOBUTIN equiv)	-	2
rifampin cap (RIFADIN equiv)	-	2
ISONIAZID SYRUP	-	3

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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 fo first 3 months		
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program		
ST	Step Therapy	VAC	Vaccine Program		
¢	RxCENTS				

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Community First Insurance Plan Formulary

Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
ANTIMYCOBACTERIAL AGENTS Cont.		
MYAMBUTOL TAB	-	3
MYCOBUTIN CAP	-	3
RIFADIN CAP	-	3
TRECTOR TAB (Restricted to Infectious Disease Specialist)	RS	3
CAPASTAT INJ	M	M
CYCLOSERINE CAP	-	NC
cycloserine cap (CYCLOSERINE equiv)	-	NC
PASER GRANULE	-	NC
SIRTURO TAB (Restricted to Infectious Disease Specialist)	MSP-RS	SP
ANTINEOPLASTICS		
ANTINEOPLASTICS MISC.		
tretinoin cap (VESANOID equiv)	MSP	SP
TOPOISOMERASE I INHIBITORS		
HYCAMTIN CAP	MSP-PA	SP
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
cyclophosphamide cap	-	2
CYCLOPHOSPHAMIDE TAB	-	2
GLEOSTINE/LOMUSTINE CAP	-	2
HEXALEN CAP	-	2
LEUKERAN TAB	-	2
melphalan tab (ALKERAN equiv)	-	2
ALKERAN TAB	-	3

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MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter
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Community First Insurance Plan Formulary

Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
CYCLOPHOSPHAMIDE CAP	-	3
ALKERAN INJ	M	M
melphalan inj (ALKERAN equiv)	M	M
TREANDA INJ	M	M
TEMODAR CAP	-	NC
MYLERAN TAB	MSP	SP
temozolomide cap (TEMODAR equiv)	MSP	SP
ANTIMETABOLITES		
METHOTREXATE INJ	-	1
methotrexate tab (Trexall equiv)	-	1
mercaptopurine tab (Purinethol equiv)	-	2
TABLOID TAB	-	2
PURINETHOL TAB	-	3
XATMEP SOLN (Prior Authorization required for members age 9 or older)	PA	3
fludarabine inj	M	M
ONUREG TAB	-	NC
PURIXAN SUSP	-	NC
TREXALL TAB	-	NC
capecitabine tab (Xeloda equiv)	MSP	SP
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
INLYTA TAB (QL= 8 tabs/day)	MSP-PA-QL-S F	SP

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EXC Plan Exclusion	INF Infertility	
LD Limited Distribution	M Medical Benefit	
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 fo first 3 months	
SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program	
ST Step Therapy	VAC Vaccine Program	
¢ RxCENTS		

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Community First Insurance Plan Formulary

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Last Updated* 5/1/2022

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
LENVIMA CAP (QL= 3 caps/day; Only available through Accredo 800-803-2523)	LD-PA-QL	SP
ANTINEOPLASTIC - ANTIBODIES		
RITUXAN INJ	M	M
GAZYVA INJ	-	NC
RIABNI SOLN	-	NC
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
TUKYSA TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	SP
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA STARTER PACK (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	SP
VENCLEXTA TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	SP
ANTINEOPLASTIC - EGFR INHIBITORS		
TARCEVA TAB	-	NC
erlotinib tab (TARCEVA equiv)	MSP-PA-SF	SP
EXKIVITY CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	SP
GILOTRIF TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)	LD-PA-QL	SP
IRESSA TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	SP
TAGRISO TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	SP
VIZIMPRO TAB (QL= 1 tab/day)	MSP-PA-QL-S F	SP
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
DAURISMO TAB	-	NC

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SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
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Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
ERIVEDGE CAP (Only available through Diplomat 877-977-9118, Walgreens 888-347-3416, Walmart Specialty 877-453-4566)	LD-PA-SF	SP
ODOMZO CAP	MSP-PA-SF	SP
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
exemestane tab (AROMASIN equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	\$0
tamoxifen tab (NOLVADEX 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
EMCYT CAP	-	2
FLUTAMIDE CAP	-	2
flutamide cap (EULEXIN equiv)	-	2
toremifene tab (FARESTON equiv)	-	2
ARIMIDEX TAB	-	3
AROMASIN TAB	-	3
CASODEX TAB	-	3
FARESTON TAB	-	3
FEMARA TAB	-	3

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MSP	Mandatory Specialty Pharmacy Program	OTC Over-the-Counter
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SMKG	Smoking Cessation	SP Available through Specialty Pharmacy Program
ST	Step Therapy	VAC Vaccine Program
¢	RxCENTS	

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Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
MEGACE SUSP	-	3
abiraterone acetate tab 500mg (ZYTIGA equiv)	-	NC
HYDROXYPROGESTERONE CAPROATE INJ	-	NC
ORGOVYX TAB	-	NC
XTANDI CAP	-	NC
XTANDI TAB 40MG	-	NC
XTANDI TAB 80MG	-	NC
YONSA TAB	-	NC
ZYTIGA TAB 250MG	-	NC
ZYTIGA TAB 500MG	-	NC
abiraterone tab 250mg (ZYTIGA equiv) (QL= 4 tabs/day)	MSP-QL	SP
ERLEADA TAB (QL= 4 tabs/day)	MSP-PA-QL	SP
leuprolide inj (LUPRON equiv)	INF-MSP	SP
LUPRON DEPOT INJ	MSP	SP
LYSODREN TAB (Only available through Walgreens 888-347-3416)	LD	SP
nilutamide tab (NILANDRON equiv)	MSP	SP
NUBEQA TAB (QL= 4 tabs/day)	MSP-PA-QL-S F	SP

ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS

WELIREG TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL	SP
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ANTINEOPLASTIC - IMMUNOMODULATORS

POMALYST CAP (QL= 21 caps/28 days)	MSP-PA-QL	SP
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ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS

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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 fo first 3 months	
SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program	
ST Step Therapy	VAC Vaccine Program	
¢ RxCENTS		

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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
AYVAKIT TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	SP
ANTINEOPLASTIC - XPO1 INHIBITORS		
XPOVIO PAK (QL= 32 tabs/28 days; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	SP
ANTINEOPLASTIC COMBINATIONS		
HERCEPTIN HYLECTA INJ	-	NC
KISQALI PAK	-	NC
INQOVI TAB (QL= 5 tabs/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	SP
LONSURF TAB (Only available through Walgreens 888-347-3416)	LD-PA	SP
ANTINEOPLASTIC ENZYME INHIBITORS		
AFINITOR TAB	-	NC
ALUNBRIG PAK	-	NC
GAVRETO CAP	-	NC
GLEEVEC TAB	-	NC
INREBIC CAP	-	NC
KISQALI TAB	-	NC
SCEMBLIX TAB	-	NC
SUTENT CAP	-	NC
TYKERB TAB	-	NC
VONJO CAP	-	NC
AFINITOR DISPERZ TAB (QL= 1 tab/day)	MSP-PA-QL-S F	SP
ALECENSA CAP (QL= 8 caps/day)	MSP-PA-QL	SP

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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
ALUNBRIG TAB 30MG (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	SP
ALUNBRIG TAB 90MG, 180MG (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	SP
BALVERSA TAB 3MG (QL= 3 tabs/day; Only available through US Bioservices 888-518-7246)	LD-PA-QL-SF	SP
BALVERSA TAB 4MG (QL= 2 tabs/day; Only available through US Bioservices 888-518-7246)	LD-PA-QL-SF	SP
BALVERSA TAB 5MG (QL= 1 tab/day; Only available through US Bioservices 888-518-7246)	LD-PA-QL-SF	SP
BOSULIF TAB	MSP-PA-SF	SP
BRAFTOVI CAP 75MG (QL= 6 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	SP
BRUKINSA CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	SP
CABOMETYX TAB (QL= 1 tab/day)	MSP-PA-QL-SF	SP
CALQUENCE CAP (QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	SP
CAPRELSA TAB (Only available through Biologics 800-850-4306)	LD-PA	SP
COMETRIQ KIT (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	SP
COPIKTRA CAP (QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	SP
COTELLIC TAB (QL= 3 tabs/day)	MSP-PA-QL	SP

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MSP	Mandatory Specialty Pharmacy Program	OTC Over-the-Counter
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RS	Restricted to Specialist	SF Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	SP Available through Specialty Pharmacy Program
ST	Step Therapy	VAC Vaccine Program
¢	RxCENTS	

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Category/Class

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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
everolimus tab (AFINITOR equiv) (QL= 1 tab/day)	MSP-PA-QL	SP
everolimus tab 5mg (AFINITOR equiv) (QL= 2 tabs/day)	MSP-PA-QL	SP
everolimus tab for oral susp (AFINITOR DISPERZ equiv) (QL= 1 tab/day)	MSP-PA-QL-S F	SP
FARYDAK CAP (QL= 6 caps/21 days)	MSP-PA-QL	SP
FOTIVDA CAP (QL= 21 caps/28 days; Only available through Biologics 800-850-4306)	LD-PA-QL	SP
IBRANCE CAP (QL= 21 caps/28 days)	MSP-PA-QL	SP
IBRANCE TAB (QL= 21 caps/28 days)	MSP-PA-QL	SP
ICLUSIG TAB (QL= 1 tab/day; Only available through AcariaHealth 800-511-5144)	LD-PA-QL-SF	SP
IDHIFA TAB (QL= 1 tab/day)	MSP-PA-QL	SP
imatinib tab (GLEEVEC equiv)	MSP	SP
IMBRUVICA CAP 140MG (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	SP
IMBRUVICA CAP 70MG (QL= 1 cap/day; Only available through Diplomat Pharmac 877-977-9118)	LD-PA-QL	SP
IMBRUVICA TAB 140MG (QL= 1 tab/day; Only available through Diplomat Pharma 877-977-9118)	LD-PA-QL	SP
IMBRUVICA TAB 280MG (QL= 1 tab/day; Only available through Diplomat Pharma 877-977-9118)	LD-PA-QL	SP
IMBRUVICA TAB 420MG, 560MG (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	SP

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EXC	Plan Exclusion	INF
LD	Limited Distribution	M
MSP	Mandatory Specialty Pharmacy Program	OTC
PA	Prior Authorization	QL
RS	Restricted to Specialist	SF
SMKG	Smoking Cessation	SP
ST	Step Therapy	VAC
¢	RxCENTS	
		Infertility
		Medical Benefit
		Over-the-Counter
		Quantity Limit
		Limited to two 15 day fills per month fo first 3 months
		Available through Specialty Pharmacy Program
		Vaccine Program

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.

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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
JAKAFI TAB (QL= 2 tabs/day)	MSP-PA-QL-S F	SP
KOSELUGO CAP (QL= 4 caps/day; Only available through Onco360 877-662-6633)	LD-PA-QL	SP
lapatinib ditosylate tab (TYKERB equiv)	MSP-PA	SP
LORBRENA TAB 100MG (QL= 1 tab/day)	MSP-PA-QL-S F	SP
LORBRENA TAB 25MG (QL= 3 tabs/day)	MSP-PA-QL-S F	SP
LUMAKRAS TAB (QL= 8 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	SP
LYNPARZA CAP (Only available through Biologics 800-850-4306, QL= 16 caps/day)	LD-PA-QL-SF	SP
LYNPARZA TAB (Only available through Biologics 800-850-4306, QL= 4 tabs/day)	LD-PA-QL-SF	SP
MEKINIST TAB 0.5MG (QL= 3 tabs/day)	MSP-PA-QL	SP
MEKINIST TAB 2MG (QL= 1 tab/day)	MSP-PA-QL	SP
MEKTOVI TAB (QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	SP
NERLYNX TAB (QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	SP
NEXAVAR TAB	MSP-PA-SF	SP
NINLARO CAP (Only available through Diplomat 877-977-9118, Walgreens 888-347-3416, Walmart Specialty 877-453-4566)	LD-PA	SP
PEMAZYRE TAB (QL= 14 tabs/21 days; Only available through Biologics 800-850-4306)	LD-PA-QL	SP
PIQRAY TAB	MSP-PA-SF	SP

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EXC	Plan Exclusion	INF	Infertility
LD	Limited Distribution	M	Medical Benefit
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	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS		

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Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
QINLOCK TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL	SP
RETEVMO CAP (QL= 4 caps/day)	MSP-PA-QL-S F	SP
ROZLYTREK CAP (QL= 3 caps/day)	MSP-PA-QL-S F	SP
RUBRACA TAB (QL= 4 tabs/day; Only available through Avella Pharmacy (877) 546-5779)	LD-PA-QL-SF	SP
RYDAPT CAP	MSP-PA	SP
SPRYCEL TAB	MSP-PA-SF	SP
STIVARGA TAB (QL= 4 tabs/day)	MSP-PA-QL-S F	SP
sunitinib malate cap (SUTENT equiv)	MSP-PA-SF	SP
TABRECTA TAB (QL= 4 tabs/day)	MSP-PA-QL-S F	SP
TAFINLAR CAP (QL= 4 caps/day)	MSP-PA-QL	SP
TALZENNA CAP 0.25MG (QL= 3 caps/day)	MSP-PA-QL-S F	SP
TALZENNA CAP 0.5MG, 0.75MG, 1MG (QL= 1 cap/day)	MSP-PA-QL-S F	SP
TASIGNA CAP	MSP-PA-SF	SP
TAZVERIK TAB (QL= 8 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL	SP
TEPMETKO TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	SP

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EXC	Plan Exclusion	INF Infertility
LD	Limited Distribution	M Medical Benefit
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 fo first 3 months
SMKG	Smoking Cessation	SP Available through Specialty Pharmacy Program
ST	Step Therapy	VAC Vaccine Program
¢	RxCENTS	

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Community First Insurance Plan Formulary

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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
TIBSOVO TAB (QL= 2 tabs/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	SP
TRUSELTIQ PACK 100MG (QL= 21 caps/28 days; Only available through Biologics 800-850-4306)	LD-PA-QL	SP
TRUSELTIQ PACK 50MG, 125MG (QL= 42 caps/28 days; Only available through Biologics 800-850-4306)	LD-PA-QL	SP
TRUSELTIQ PACK 75MG (QL= 63 caps/28 days; Only available through Biologics 800-850-4306)	LD-PA-QL	SP
TURALIO CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	SP
UKONIQ TAB (QL= 4 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	SP
VERZENIO TAB (QL= 2 tabs/day)	MSP-PA-QL	SP
VITRAKVI CAP 100MG (QL= 2 caps/day; Only available through US Bioservices 888-518-7246)	LD-PA-QL-SF	SP
VITRAKVI CAP 25MG (QL= 6 caps/day; Only available through US Bioservices 888-518-7246)	LD-PA-QL-SF	SP
VITRAKVI SOLN (QL= 10ml/day; Only available through US Bioservices 888-518-7246)	LD-PA-QL-SF	SP
VOTRIENT TAB	MSP-PA-SF	SP
XALKORI CAP (QL= 2 caps/day)	MSP-PA-QL-S F	SP
XOSPATA TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	SP
ZEJULA CAP (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	SP

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MSP	Mandatory Specialty Pharmacy Program	OTC
PA	Prior Authorization	QL
RS	Restricted to Specialist	SF
SMKG	Smoking Cessation	SP
ST	Step Therapy	VAC
¢	RxCENTS	
		Infertility
		Medical Benefit
		Over-the-Counter
		Quantity Limit
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Last Updated* 5/1/2022

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
ZELBORAF TAB (QL= 8 tabs/day)	MSP-PA-QL	SP
ZOLINZA CAP	MSP-PA-SF	SP
ZYDELIG TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	SP
ZYKADIA CAP (QL= 3 caps/day)	MSP-PA-QL-S F	SP
ZYKADIA TAB (QL= 3 tabs/day)	MSP-PA-QL-S F	SP
ANTINEOPLASTICS MISC.		
hydroxyurea cap (HYDREA equiv)	-	1
MATULANE CAP	-	2
HYDREA CAP	-	3
BESREMI INJ	-	NC
PROLEUKIN INJ	-	NC
SYLATRON INJ	-	NC
SYNRIBO INJ	-	NC
TARGRETIN CAP	-	NC
ACTIMMUNE INJ (Only available through Walgreens 888-347-3416)	LD-PA	SP
ALFERON-N INJ	MSP	SP
bexarotene cap (TARGRETIN equiv)	MSP-PA-SF	SP
INTRON-A INJ	MSP	SP
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS		
leucovorin tab	-	1
MESNEX TAB	MSP	SP

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LD	Limited Distribution	M	Medical Benefit
MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter
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ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS		

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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
MITOTIC INHIBITORS		
ETOPOSIDE CAP	MSP	SP
ANTIPARKINSON AGENTS		
ANTIPARKINSON ADJUVANTS		
carbidopa tab (LODOSYN equiv)	-	2
LODOSYN TAB	-	3
ANTIPARKINSON ANTICHOLINERGICS		
benztropine tab	-	1
trihexyphenidyl tab (ARTANE equiv)	-	1
ANTIPARKINSON COMT INHIBITORS		
entacapone tab (COMTAN equiv)	-	2
COMTAN TAB	-	3
TASMAR TAB	-	3
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

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LD	Limited Distribution	M Medical Benefit
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 fo first 3 months
SMKG	Smoking Cessation	SP Available through Specialty Pharmacy Program
ST	Step Therapy	VAC Vaccine Program
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DrugName	Special Code	Tier
ANTIPARKINSON AGENTS Cont.		
bromocriptine cap (PARLODEL equiv)	-	2
bromocriptine tab (PARLODEL equiv)	-	2
CARBIDOPA/LEVODOPA/ENTACAPONE TAB (STALEVO equiv)	-	2
MIRAPEX ER TAB	-	3
MIRAPEX TAB	-	3
NEUPRO PATCH	-	3
PARLODEL CAP	-	3
PARLODEL TAB	-	3
pramipexole ER tab (MIRAPEX ER equiv)	-	3
REQUIP TAB	-	3
REQUIP XL TAB	-	3
ropinirole ER tab (REQUIP XL equiv)	-	3
SINEMET CR TAB	-	3
SINEMET TAB	-	3
DUOPA ENTERAL SUSP	-	NC
GOCOVRI CAP	-	NC
RYTARY CAP	-	NC
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
selegiline cap (ELDEPRYL equiv)	-	1
selegiline tab (ELDEPRYL equiv)	-	1
rasagiline tab (AZILECT equiv)	¢	2
AZILECT TAB	-	3

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MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter
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ST	Step Therapy	VAC	Vaccine Program
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DrugName	Special Code	Tier
ANTIPARKINSON AGENTS Cont.		
ELDEPYRL CAP	-	3
XADAGO TAB (QL= 1 tab/day)	PA-QL	3
ZELAPAR ODT	-	NC
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ADJUVANTS		
NOURIANZ TAB	-	NC
ANTIPARKINSON ANTICHOLINERGICS		
trihexyphenidyl elixir (ARTANE equiv)	-	1
TRIHXYPHENIDYL SOLN	-	1
ANTIPARKINSON COMT INHIBITORS		
ONGENTYS CAP	-	NC
ANTIPARKINSON DOPAMINERGICS		
CARBIDOPA/LEVODOPA ODT	-	1
carbidopa-levodopa-entacapone tab (STALEVO equiv)	-	2
INBRIJA INH POWDER (QL= 10 caps/day)	PA-QL	3
KYNMOBI FILM (QL= 5 films/day)	PA-QL	3
KYNMOBI TITRATION KIT (QL=1 kit/fill)	PA-QL	3
STALEVO TAB	-	3
APOKYN INJ	-	NC
apomorphine inj (APOKYN equiv)	-	NC
DHIVY TAB	-	NC
OSMOLEX ER TAB	-	NC

ANTIPSYCHOTICS/ANTIMANIC AGENTS

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LD	Limited Distribution	M
MSP	Mandatory Specialty Pharmacy Program	OTC
PA	Prior Authorization	QL
RS	Restricted to Specialist	SF
SMKG	Smoking Cessation	SP
ST	Step Therapy	VAC
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		Medical Benefit
		Over-the-Counter
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DrugName	Special Code	Tier
ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont.		
ANTIMANIC AGENTS		
LITHIUM CARBONATE CAP	-	1
lithium carbonate cap (ESKALITH ER equiv)	-	1
lithium carbonate ER tab (LITHOBID equiv)	-	1
lithium carbonate tab	-	1
LITHIUM CITRATE SOLN	-	1
LITHOBID TAB	-	3
ANTIPSYCHOTICS - MISC.		
ziprasidone cap (GEODON equiv)	-	1
EQUETRO CAP	-	2
LATUDA TAB (QL= 1 tab/day)	QL-φ	2
GEODON CAP	-	3
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)	-	2
RISPERIDONE ODT	-	2

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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	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	VAC	Vaccine Program
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DrugName	Special Code	Tier
ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont.		
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 TAB	-	3
RISPERDAL M ODT	-	3
RISPERDAL SOLN	-	3
RISPERDAL TAB	-	3
INVEGA HAFYERA INJ	-	NC
INVEGA INJ	-	NC
BUTYROPHENONES		
haloperidol lactate conc (HALDOL equiv)	-	1
haloperidol tab (HALDOL equiv)	-	1
DIBENZAPINES		
loxapine cap (LOXITANE equiv)	-	1
olanzapine tab (ZYPREXA equiv)	-	1
quetiapine tab (SEROQUEL equiv)	-	1
quetiapine XR tab (SEROQUEL XR equiv)	-	1
asenapine maleate SL tab (SAPHRIS equiv) (QL= 2 tabs/day)	QL	2
CLOZAPINE ODT	-	2
clozapine ODT 25mg, 100mg (CLOZAPINE, FAZACLO equiv)	-	2
CLOZAPINE ODT, FAZACLO ODT	-	2
clozapine tab (CLOZARIL equiv)	-	2

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MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter
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Last Updated* 5/1/2022

DrugName	Special Code	Tier
ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont.		
olanzapine ODT (ZYPREXA equiv)	-	2
CLOZARIL TAB	-	3
LOXITANE CAP	-	3
SAPHRIS SL TAB (QL= 2 tabs/day)	QL	3
SEROQUEL TAB	-	3
SEROQUEL XR TAB	-	3
ZYPREXA TAB	-	3
ZYPREXA ZYDIS TAB	-	3
ADASUVE INHALER	-	NC
SECUADO PATCH	-	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
CHLORPROMAZINE CONC	-	NC

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DrugName	Special Code	Tier
ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont.		
QUINOLINONE DERIVATIVES		
aripiprazole tab (ABILIFY equiv)	-	1
ABILIFY TAB	-	3
aripiprazole soln (ABILIFY equiv)	-	3
ABILIFY MYCITE TAB	-	NC
aripiprazole ODT (ABILIFY equiv)	-	NC
REXULTI TAB	-	NC
THIOXANTHENES		
thiothixene cap (NAVANE equiv)	-	1
NAVANE CAP	-	3
ANTISEPTICS & DISINFECTANTS		
ANTISEPTICS & DISINFECTANTS		
HYLAMEND GEL FIRST AID	-	NC
CHLORINE ANTISEPTICS		
PHISOHEX LIQUID	-	3
IODINE ANTISEPTICS		
IODOFLEX PAD	-	NC
ANTIVIRALS		
ANTIRETROVIRALS		
DESCOVY TAB	PA	\$0
emtricitabine/tenofovir disoproxil fumarate tab (TRUVADA equiv)	-	\$0
didanosine DR cap (VIDEX EC equiv)	-	1
DIDANOSINE DR CAP, VIDEX EC CAP	-	1

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Infertility
Medical Benefit
Over-the-Counter
Quantity Limit
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DrugName	Special Code	Tier
ANTIVIRALS Cont.		
lamivudine soln (EPIVIR equiv)	-	1
lamivudine tab (EPIVIR equiv)	-	1
nevirapine tab (VIRAMUNE equiv)	-	1
STAVUDINE CAP	-	1
stavudine cap (ZERIT equiv)	-	1
stavudine soln (ZERIT equiv)	-	1
zidovudine cap (RETROVIR equiv)	-	1
zidovudine syrup (RETROVIR equiv)	-	1
zidovudine tab (RETROVIR 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
BIKTARVY TAB	-	2
CIMDUO TAB	-	2
COMPLERA TAB	-	2
CRIXIVAN CAP	-	2
DELSTRIGO TAB	-	2
DOVATO TAB	-	2

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	NC =Not Covered	generic =small letters	BRANDS =CAPITAL LETTERS
EXC	Plan Exclusion	INF	Infertility
LD	Limited Distribution	M	Medical Benefit
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 fo first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	VAC	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.

Community First Insurance Plan Formulary

Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
ANTIVIRALS Cont.		
EDURANT TAB	-	2
efavirenz cap (SUSTIVA equiv)	-	2
efavirenz tab (SUSTIVA equiv)	-	2
efavirenz/emtricitabine/tenofovir df tab (ATRIPLA equiv)	-	2
efavirenz/lamivudine/tenofovir df (lo) tab (SYMFI (LO) equiv)	-	2
emtricitabine cap (EMTRIVA equiv)	-	2
EMTRIVA SOLN	-	2
etravirine tab (INTELENCE equiv)	-	2
EVOTAZ TAB	-	2
fosamprenavir tab (LEXIVA equiv)	-	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
lamivudine/zidovudine tab (COMBIVIR equiv)	-	2
LEXIVA SUSP	-	2
lopinavir/ritonavir soln (KALETRA equiv)	-	2
lopinavir/ritonavir tab (KALETRA equiv)	-	2

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EXC	Plan Exclusion	INF Infertility
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MSP	Mandatory Specialty Pharmacy Program	OTC Over-the-Counter
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ST	Step Therapy	VAC Vaccine Program
¢	RxCENTS	

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Community First Insurance Plan Formulary

Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
ANTIVIRALS Cont.		
maraviroc tab (SELZENTRY 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	-	2
NORVIR CAP	-	2
NORVIR POWDER PACK	-	2
NORVIR SOLN	-	2
ODEFSEY TAB	-	2
PIFELTRO TAB	-	2
PREZCOBIX TAB	-	2
PREZISTA SUSP	-	2
PREZISTA TAB	-	2
RESCRIPTOR TAB	-	2
REYATAZ POWDER PACK	-	2
ritonavir tab (NORVIR equiv)	-	2
RUKOBIA ER TAB (Restricted to Infectious Disease Specialist)	RS	2
SELZENTRY SOLN	-	2
SELZENTRY TAB	-	2
STRIBILD TAB	-	2
SYMTUZA TAB	-	2
tenofovir disoproxil fumarate tab (VIREAD equiv)	-	2
TIVICAY PD TAB	-	2

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ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS		

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Community First Insurance Plan Formulary

Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
ANTIVIRALS Cont.		
TIVICAY TAB	-	2
TRIUMEQ PD TAB	-	2
TRIUMEQ TAB	-	2
VIDEX SOLN	-	2
VIRACEPT POWDER	-	2
VIRACEPT TAB	-	2
VIREAD TAB	-	2
VITEKTA TAB	-	2
COMBIVIR TAB	-	3
EMTRIVA CAP	-	3
EPIVIR SOLN	-	3
EPIVIR TAB	-	3
EPZICOM TAB	-	3
INTELENCE TAB	-	3
KALETRA SOLN	-	3
KALETRA TAB	-	3
LEXIVA TAB	-	3
NORVIR TAB	-	3
RETROVIR CAP	-	3
RETROVIR SYRUP	-	3
RETROVIR TAB	-	3
REYATAZ CAP	-	3

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ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS		

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Community First Insurance Plan Formulary

Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
ANTIVIRALS Cont.		
SELZENTRY TAB	-	3
SUSTIVA CAP	-	3
SUSTIVA TAB	-	3
SYMFI (LO) TAB	-	3
TRIZIVIR TAB	-	3
VIDEX EC CAP	-	3
VIRAMUNE SUSP	-	3
VIRAMUNE TAB	-	3
VIRAMUNE XR TAB (Step Therapy requires trial of nevirapine)	ST	3
VIREAD TAB	-	3
ZERIT CAP	-	3
ZERIT SOLN	-	3
ZIAGEN SOLN	-	3
ZIAGEN TAB	-	3
ATRIPLA TAB	-	NC
CABENUVA IM SUSP	-	NC
TYBOST TAB	-	NC
VOCABRIA TAB	-	NC
FUZEON INJ	MSP	SP
ANTIVIRAL COMBINATIONS		
PAXLOVID TAB (QL= 30 tabs/fill)	QL	\$0
CMV AGENTS		

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MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter
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ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS		

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Community First Insurance Plan Formulary

Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
ANTIVIRALS Cont.		
GANCICLOVIR CAP	-	2
valganciclovir soln (VALCYTE equiv)	-	2
valganciclovir tab (VALCYTE equiv)	-	2
VALCYTE SOLN	-	3
VALCYTE TAB	-	3
LIVTENCITY TAB	-	NC
PREVYMIS TAB	-	NC
HEPATITIS AGENTS		
lamivudine tab 100mg (EPIVIR HBV equiv)	-	1
ribavirin cap (REBETOL equiv)	MSP	1
ribavirin tab (COPEGUS equiv)	MSP	1
adefovir dipivoxil tab (HEPSERA equiv)	-	2
entecavir tab (BARACLUDE equiv) (QL= 1 tab/day)	QL	2
EPIVIR HBV SOLN	-	2
VEMLIDY TAB	-	2
BARACLUDE SOLN (Members age 9 or older require Prior Authorization)	PA	3
BARACLUDE TAB (QL= 1 tab/day)	QL	3
EPIVIR HBV TAB	-	3
HEPSERA TAB	-	3
DAKLINZA TAB	-	NC
EPCLUSA PAK	-	NC
EPCLUSA TAB	-	NC

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EXC	Plan Exclusion	INF
LD	Limited Distribution	M
MSP	Mandatory Specialty Pharmacy Program	OTC
PA	Prior Authorization	QL
RS	Restricted to Specialist	SF
SMKG	Smoking Cessation	SP
ST	Step Therapy	VAC
¢	RxCENTS	

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Community First Insurance Plan Formulary

Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
ANTIVIRALS Cont.		
HARVONI PELLETT PAK	-	NC
HARVONI TAB	-	NC
MODERIBA TAB	-	NC
OLYSIO CAP	-	NC
RIBAPAK TAB	-	NC
RIBAVIRIN TAB 400MG	-	NC
SOVALDI PELLETT PAK	-	NC
SOVALDI TAB	-	NC
TECHNIVIE TAB	-	NC
VIEKIRA PAK TAB	-	NC
VIEKIRA XR TAB	-	NC
ZEPATIER TAB	-	NC
LEDIPASVIR/SOFOSBUVIR TAB (QL= 1 tab/ day)	MSP-PA-QL	SP
MAVYRET PAK (QL= 5 packs/day)	MSP-PA-QL	SP
MAVYRET TAB (QL= 3 tabs/day)	MSP-PA-QL	SP
PEGASYS INJ	MSP	SP
PEG-INTRON INJ	MSP	SP
REBETOL SOLN	MSP	SP
SOFOSBUVIR/VELPATASVIR TAB (QL= 1 tab/ day)	MSP-PA-QL	SP
VICTRELIS CAP	MSP-PA-SF	SP
VOSEVI TAB (QL= 1 tab/day)	MSP-PA-QL	SP
HERPES AGENTS		

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LD	Limited Distribution	M
MSP	Mandatory Specialty Pharmacy Program	OTC
PA	Prior Authorization	QL
RS	Restricted to Specialist	SF
SMKG	Smoking Cessation	SP
ST	Step Therapy	VAC
¢	RxCENTS	
		Infertility
		Medical Benefit
		Over-the-Counter
		Quantity Limit
		Limited to two 15 day fills per month fo first 3 months
		Available through Specialty Pharmacy Program
		Vaccine Program

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Community First Insurance Plan Formulary

Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
ANTIVIRALS Cont.		
acyclovir cap (ZOVIRAX equiv)	-	1
acyclovir susp (ZOVIRAX equiv)	-	1
acyclovir tab (ZOVIRAX equiv)	-	1
valacyclovir tab (VALTREX equiv)	-	1
famciclovir tab (FAMVIR equiv)	-	2
FAMVIR TAB	-	3
VALTREX TAB	-	3
ZOVIRAX CAP	-	3
ZOVIRAX SUSP	-	3
ZOVIRAX TAB	-	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
oseltamivir susp (TAMIFLU equiv) (QL= 250ml/fill)	QL	2
RELENZA DISKHALER (QL= 1 inhaler/fill)	QL	2
FLUMADINE TAB	-	3
RIMANTADINE TAB	-	3
TAMIFLU CAP (QL= 10 caps/fill)	QL	3
TAMIFLU CAP 30MG (QL= 20 caps/fill)	QL	3
XOFLUZA TAB (QL= 2 tabs/fill)	QL	3
XOFLUZA TAB THERAPY PACK 40MG (QL= 1 tab/fill)	QL	3

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MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter
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ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS		

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Community First Insurance Plan Formulary

Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
ANTIVIRALS Cont.		
XOFLUZA TAB THERAPY PACK 80MG (QL= 1 tab/fill)	QL	3
MISC. ANTIVIRALS		
MOLNUIRAVIR CAP (QL= 40 caps/fill)	QL	\$0
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	SP
THALOMID CAP	MSP-PA	SP
IMMUNOSUPPRESSIVE AGENTS		
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

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MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter
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ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS		

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Community First Insurance Plan Formulary

Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
ASSORTED CLASSES Cont.		
CELLCEPT CAP	-	3
CELLCEPT SUSP	-	3
CELLCEPT TAB	-	3
IMURAN TAB	-	3
MYFORTIC TAB	-	3
NEORAL CAP	-	3
NEORAL SOLN	-	3
PROGRAF CAP	-	3
RAPAMUNE TAB	-	3
SANDIMMUNE CAP	-	3
ENVARUSUS XR TAB	-	NC
POTASSIUM REMOVING RESINS		
sodium polystyrene susp (SPS equiv)	-	1
sodium polystyrene powder (KAYEXALATE equiv)	-	2
VELTASSA POWDER	PA	2
KAYEXALATE POWDER	-	3
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
carvedilol tab (COREG equiv)	-	1
labetalol tab (NORMODYNE equiv)	-	1
carvedilol phosphate ER cap (COREG CR equiv)	-	3
COREG CR CAP	-	3

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EXC Plan Exclusion	INF Infertility	
LD Limited Distribution	M Medical Benefit	
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 fo first 3 months	
SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program	
ST Step Therapy	VAC Vaccine Program	
¢ RxCENTS		

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Community First Insurance Plan Formulary

Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
BETA BLOCKERS Cont.		
COREG TAB	-	3
TRANDATE TAB	-	3
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
nebivolol hcl tab (BYSTOLIC equiv)	¢	2
FIRST ATENOLOL SOLN	-	3
FIRST METOPROLOL ORAL SOLN	-	3
KERLONE TAB	-	3
LOPRESSOR TAB	-	3
SECTRAL CAP	-	3
TENORMIN TAB	-	3
TOPROL XL TAB	-	3
ZEBETA TAB	-	3
KAPSPARGO CAP	-	NC
BETA BLOCKERS NON-SELECTIVE		
pindolol tab (VISKEN equiv)	-	1
propranolol ER cap (INDERAL LA equiv)	-	1

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LD	Limited Distribution	M
MSP	Mandatory Specialty Pharmacy Program	OTC
PA	Prior Authorization	QL
RS	Restricted to Specialist	SF
SMKG	Smoking Cessation	SP
ST	Step Therapy	VAC
¢	RxCENTS	
		Infertility
		Medical Benefit
		Over-the-Counter
		Quantity Limit
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Community First Insurance Plan Formulary

Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
BETA BLOCKERS Cont.		
propranolol oral soln 20mg/5ml (PROPRANOLOL equiv)	-	1
PROPRANOLOL SOLN	-	1
propranolol tab (INDERAL equiv)	-	1
sotalol AF tab (BETAPACE AF equiv)	-	1
sotalol tab (BETAPACE equiv)	-	1
TIMOLOL MALEATE TAB	-	1
timolol maleate tab (BLOCADREN equiv)	-	1
nadolol tab (CORGARD equiv)	-	2
BETAPACE AF TAB	-	3
BETAPACE TAB	-	3
CORGARD TAB	-	3
INDERAL LA CAP	-	3
INDERAL XL CAP, INNOPRAN XL CAP	-	3
LEVATOL TAB	-	3
SOTYLIZE SOLN 5MG/ML (Prior Authorization required for members age 9 or older)	PA	3
HEMANGEOL SOLN	-	NC
SOTYLIZE SOLN	-	NC
BIOLOGICALS MISC		
ALLERGENIC EXTRACTS		
GRASTEK SL TAB	-	NC
ORALAIR SL TAB	-	NC
RAGWITEK SL TAB	-	NC

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Community First Insurance Plan Formulary

Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
BIOLOGICALS MISC Cont.		
BIOLOGICALS MISC		
ADAGEN INJ	M	M
CALCIUM CHANNEL BLOCKERS		
CALCIUM CHANNEL BLOCKER COMBINATIONS		
CONSENSI TAB	-	NC
CALCIUM CHANNEL BLOCKERS		
amlodipine tab (NORVASC equiv)	-	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 ER 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

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Community First Insurance Plan Formulary

Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
CALCIUM CHANNEL BLOCKERS Cont.		
verapamil tab (CALAN equiv)	-	1
diltiazem ER tab (CARDIZEM LA equiv)	-	2
ADALAT CC TAB	-	3
CALAN SR TAB	-	3
CALAN TAB	-	3
CARDENE SR CAP	-	3
CARDIZEM CD CAP	-	3
CARDIZEM LA TAB	-	3
CARDIZEM TAB	-	3
COVERA-HS TAB	-	3
DILACOR XR CAP	-	3
DYNACIRC CR TAB	-	3
KATERZIA SUSP (Prior Authorization required for members age 9 or older)	PA	3
nicardipine cap (CARDENE equiv)	-	3
nimodipine cap (NIMOTOP equiv)	-	3
NIMOTOP CAP	-	3
nisoldipine ER tab (SULAR equiv)	-	3
NISOLDIPINE ER TAB 20MG, 30MG, 40MG	-	3
NISOLDIPINE ER TAB 25.5MG	-	3
NORVASC TAB	-	3
PLENDIL TAB	-	3
PROCARDIA CAP	-	3

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SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS		

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Community First Insurance Plan Formulary

Category/Class

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DrugName	Special Code	Tier
CALCIUM CHANNEL BLOCKERS Cont.		
SULAR TAB	-	3
TIAZAC CAP	-	3
VERELAN CAP	-	3
VERELAN PM CAP	-	3
VERELAN PM ER CAP 100MG, 300MG	-	3
VERELAN SR CAP 360mg	-	3
CONJUPRI TAB	-	NC
NYMALIZE SOLN	-	NC
CARDIOTONICS		
CARDIAC GLYCOSIDES		
DIGOXIN SOLN	-	1
digoxin soln (LANOXIN equiv)	-	1
digoxin tab (LANOXIN equiv)	-	1
LANOXIN TAB	-	3
digoxin tab 62.5mcg (LANOXIN equiv)	-	NC
LANOXIN TAB 62.5MCG	-	NC
CARDIOVASCULAR AGENTS - MISC.		
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS		
AMLODIPINE/ATORVASTATIN TAB	-	2
amlodipine/atorvastatin tab (CADUET equiv)	-	2
ENTRESTO TAB (QL= 2 tabs/day)	QL	2
CADUET TAB	-	3

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NC =Not Covered	generic =small letters	BRANDS =CAPITAL LETTERS
EXC Plan Exclusion	INF Infertility	
LD Limited Distribution	M Medical Benefit	
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 fo first 3 months	
SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program	
ST Step Therapy	VAC Vaccine Program	
¢ RxCENTS		

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Last Updated* 5/1/2022

DrugName	Special Code	Tier
CARDIOVASCULAR AGENTS - MISC. Cont.		
BIDIL TAB	-	NC
isosorbide dinitrate/hydralazine hcl tab (BIDIL equiv)	-	NC
IMPOTENCE AGENTS		
tadalafil tab 2.5mg, 5mg (CIALIS equiv) (QL= 1 tab/day; Prior Authorization for BPH)	PA-QL	1
CIALIS TAB 2.5MG, 5MG (QL= 1 tab/day; Prior Authorization for BPH)	PA-QL	3
CIALIS TAB	-	EXC
LEVITRA TAB	-	EXC
sildenafil tab (VIAGRA equiv)	-	EXC
tadalafil tab (CIALIS equiv)	-	EXC
vardenafil ODT (STAXYN equiv)	-	EXC
vardenafil tab (LEVITRA equiv)	-	EXC
PERIPHERAL VASODILATORS		
ISOXSUPRINE TAB	-	2
PROSTAGLANDIN VASODILATORS		
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

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RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	VAC	Vaccine Program
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DrugName	Special Code	Tier
CARDIOVASCULAR AGENTS - MISC. Cont.		
treprostinil inj 5mg/ml (REMODULIN equiv)	-	NC
TYVASO INH SOLN (QL= 1 ampule/day; Only available through Accredo 800-803-2523)	LD-PA-QL	SP
VENTAVIS INH SOLN (QL= 9 ampules/day; Only available through Accredo 800-803-2523)	LD-PA-QL	SP
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
LETAIRIS TAB	-	NC
TRACLEER TAB 62.5MG, 125MG	-	NC
ambrisentan tab (LETAIRIS equiv) (QL= 1 tab/day; Only available through Lumicera 855-847-3553 or Walgreens 888-347-3416)	LD-PA-QL	SP
bosentan tab (TRACLEER equiv) (QL= 2 tabs/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	SP
OPSUMIT TAB (QL= 1 tab/day; Only available through CVS Specialty 800-237-276)	LD-PA-QL	SP
TRACLEER TAB 32MG (QL=4 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	SP
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
sildenafil tab 20mg (REVATIO equiv)	PA	1
REVATIO TAB	PA	3
ADCIRCA TAB	-	NC
REVATIO SUSP	-	NC
sildenafil susp (REVATIO equiv)	-	NC
tadalafil tab (PAH) (ADCIRCA equiv)	MSP-PA	SP
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		

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SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
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DrugName	Special Code	Tier
CARDIOVASCULAR AGENTS - MISC. Cont.		
UPTRAVI INJ	-	NC
UPTRAVI TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	SP
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS TAB (QL= 3 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	SP
SINUS NODE INHIBITORS		
CORLANOR SOLN	PA	3
CORLANOR TAB	PA	3
TRANSTHYRETIN STABILIZERS		
VYNDAMAX CAP (QL= 1 cap/day)	MSP-PA-QL	SP
VYNDAQEL CAP (QL= 4 caps/day)	MSP-PA-QL	SP
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
VERQUVO TAB	-	NC
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
cefadroxil cap (DURICEF equiv)	-	1
cefadroxil susp (DURICEF equiv)	-	1
CEFADROXIL TAB	-	1
cefadroxil tab (DURICEF equiv)	-	1
cephalexin cap (KEFLEX equiv)	-	1
cephalexin susp (KEFLEX equiv)	-	1
KEFLEX CAP	-	3
CEPHALEXIN CAP	-	NC
cephalexin cap 750mg (KEFLEX equiv)	-	NC

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DrugName	Special Code	Tier
CEPHALOSPORINS Cont.		
CEPHALEXIN TAB	-	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	-	3
cefaclor cap (CECLOR equiv)	-	3
CEFACLOR ER TAB	-	3
CEFACLOR SUSP	-	3
cefaclor susp (CEFACLOR equiv)	-	3
CEFTIN SUSP	-	3
CEFTIN TAB	-	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 (SUPREX equiv)	-	3

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DrugName	Special Code	Tier
CEPHALOSPORINS Cont.		
cefepodoxime proxetil susp (VANTIN equiv)	-	3
cefepodoxime proxetil tab (VANTIN equiv)	-	3
OMNICEF SUSP	-	3
SPECTRACEF TAB	-	3
SUPRAX CAP	-	3
SUPRAX CHEW TAB	-	3
SUPRAX SUSP	-	3
SUPRAX SUSP 500MG/5ML	-	3
SUPRAX TAB	-	3
VANTIN TAB	-	3
CONTRACEPTIVES		
COMBINATION CONTRACEPTIVES - ORAL		
amethyst tab (LYBREL equiv)	-	\$0
aranelle tab (TRI-NORINYL equiv)	-	\$0
aviane tab (ALESSE equiv)	-	\$0
cesia tab (CYCLESSA equiv)	-	\$0
cryselle tab	-	\$0
enpresse tab (TRI-LEVELLEN equiv)	-	\$0
gianvi tab, ocella tab (YASMIN, YAZ equiv)	-	\$0
isibloom tab, enskyce tab, apri tab (DESOGEN equiv)	-	\$0
jolessa tab, amethia tab (SEASONALE, SEASONIQUE equiv)	-	\$0
junel FE tab (LOESTRIN FE equiv)	-	\$0

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DrugName	Special Code	Tier
CONTRACEPTIVES Cont.		
junel tab (LOESTRIN equiv)	-	\$0
kelnor tab (DEMULEN equiv)	-	\$0
NECON TAB	-	\$0
nortrel tab (OVCON 35 equiv)	-	\$0
sprintec 28 tab (ORTHO-CYCLEN equiv)	-	\$0
tri-legest tab (ESTROSTEP FE equiv)	-	\$0
tri-sprintec tab (ORTHO TRI-CYCLEN (LO) equiv)	-	\$0
TYBLUME TAB	-	\$0
viorele tab, kariva tab (MIRCETTE equiv)	-	\$0
wymzya FE tab (FEMCON FE equiv)	-	\$0
CYCLESSA TAB	-	3
DESOGEN TAB	-	3
ESTROSTEP FE TAB	-	3
FEMCON FE CHEW TAB	-	3
LO LOESTRIN TAB	-	3
loestrin 21 tab	-	3
LOESTRIN 24 FE TAB	-	3
LOESTRIN FE TAB	-	3
loestrin tab	-	3
mibelas chew tab (MINASTRIN equiv)	-	3
MINASTRIN CHEW TAB	-	3
MIRCETTE TAB	-	3

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SMKG	Smoking Cessation	SP
ST	Step Therapy	VAC
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DrugName	Special Code	Tier
CONTRACEPTIVES Cont.		
NATAZIA TAB	-	3
norethindrone/ethinyl estradiol FE tab (LOESTRIN FE equiv)	-	3
OGESTREL TAB	-	3
ORTHO TRI-CYCLEN (LO) TAB	-	3
ORTHO-CYCLEN TAB	-	3
OVCON 35 TAB	-	3
SEASONIQUE TAB	-	3
TRI-NORINYL TAB	-	3
BALCOLTRA TAB	-	NC
BEYAZ TAB	-	NC
drospirenone/ethinyl estradiol/levomefolate tab (BEYAZ equiv)	-	NC
drospirenone/ethinyl estradiol/levomefolate tab (SAFYRAL equiv)	-	NC
FALESSA KIT	-	NC
NEXTSTELLIS TAB	-	NC
norethindrone ace-ethinyl estradiol-fe cap (TAYTULLA equiv)	-	NC
SAFYRAL TAB	-	NC
TAYTULLA CAP	-	NC
YAZ TAB	-	NC
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
zafemy patch (XULANE equiv)	-	\$0
ORTHO-EVRA PATCH	-	3
TWIRLA PATCH	-	NC

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DrugName	Special Code	Tier
CONTRACEPTIVES Cont.		
COMBINATION CONTRACEPTIVES - VAGINAL		
NUVARING	-	\$0
ANNOVERA RING	-	NC
eluryng vaginal ring (NUVARING equiv)	-	NC
COPPER CONTRACEPTIVES - IUD		
PARAGARD IUD	-	\$0
EMERGENCY CONTRACEPTIVES		
ELLA TAB	-	\$0
levonorgestrel tab (PLAN B equiv)	OTC	\$0
LEVONORGESTREL TAB 0.75MG	-	\$0
PLAN B TAB	OTC	\$0
PROGESTIN CONTRACEPTIVES - IMPLANTS		
NEXPLANON IMPLANT	-	\$0
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA SC INJ 104MG (QL= 1 inj/90 days)	QL	\$0
medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/90 days)	QL	\$0
DEPO-PROVERA INJ	-	NC
PROGESTIN CONTRACEPTIVES - IUD		
MIRENA IUD	-	\$0
PROGESTIN CONTRACEPTIVES - ORAL		
norethindrone tab (NORA-QD equiv)	-	\$0
NOR-QD TAB	-	3
SLYND TAB	-	3

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DrugName	Special Code	Tier
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
DEXAMETHASONE CONC	-	1
dexamethasone elixir	-	1
DEXAMETHASONE SOLN	-	1
DEXAMETHASONE TAB	-	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
prednisone tab (DELTASONE equiv)	-	1
budesonide SR cap (ENTOCORT EC equiv)	-	2
CORTISONE ACETATE TAB	-	2
MEDROL TAB	-	2
prednisolone ODT (ORAPRED equiv)	-	2
PREDNISOLONE ODT TAB	-	2
PREDNISONE SOLN	-	2
budesonide ER tab (QL=1 tab/day)	PA-QL	3
CORTEF TAB	-	3
MEDROL DOSE PACK	-	3

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DrugName	Special Code	Tier
CORTICOSTEROIDS Cont.		
MEDROL TAB	-	3
MILLIPRED TAB	-	3
ORAPRED ODT TAB	-	3
ORAPRED SOLN	-	3
PREDNISOLONE SOLN	-	3
PRELONE SYRUP	-	3
UCERIS TAB (QL= 1 tab/day)	PA-QL	3
ZILRETTA INJ (QL= 2 inj/365 days)	QL	3
ALKINDI SPRINKLE CAP	-	NC
dexamethasone pak (DEXPAK equiv)	-	NC
DEXPAK TAB	-	NC
DXEVO 11-DAY PAK	-	NC
EMFLAZA SUSP	-	NC
EMFLAZA TAB	-	NC
FLO-PRED SUSP	-	NC
HEMADY TAB	-	NC
LIDOLOG KIT	-	NC
MILLIPRED DP PAK	-	NC
ORTIKOS ER CAP	-	NC
prednisone pack	-	NC
PREDNISONONE/DIPHENHYDRAMINE KIT	-	NC
RAYOS TAB	-	NC

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DrugName	Special Code	Tier
CORTICOSTEROIDS Cont.		
TARPEYO CAP	-	NC
MINERALOCORTICOIDS		
fludrocortisone tab (FLORINEF equiv)	-	1
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
benzonatate cap (TESSALON equiv)	-	1
hydrocodone/homatropine syrup (HYCODAN equiv)	-	1
tussigon tab (HYCODAN equiv)	-	1
HYCODAN SYRUP	-	3
TESSALON CAP	-	3
benzonatate cap 150mg (ZONATUSS equiv)	-	NC
ZONATUSS CAP 150MG	-	NC
COUGH/COLD/ALLERGY COMBINATIONS		
GUAIFENESIN/CODEINE SYRUP (QL= 240ml/fill)	OTC-QL	1
guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) (QL= 240ml/fill)	OTC-QL	1
promethazine DM syrup	-	1
promethazine VC syrup (PHENERGAN VC equiv)	-	1
promethazine VC/codeine syrup (PHENERGAN VC/CODEINE equiv)	-	1
promethazine/codeine syrup (PHENERGAN/CODEINE equiv)	-	1
ALBATUSSIN LIQUID	-	3
BRONCOPECTOL SYRUP	-	3
GILTUSS LIQUID	-	3

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DrugName	Special Code	Tier
COUGH/COLD/ALLERGY Cont.		
GILTUSS TR TAB	-	3
hydrocodone/chlorpheniramine CR susp (TUSSIONEX equiv) (QL= 120ml/fill; 2 fills/ days)	QL	3
HYDROCODONE/CHLORPHENIRAMINE/PSEUDOEPHEDRINE LIQUID (QL= 120ml/fill, 2 fills/month)	QL	3
hydrocodone/chlorpheniramine/pseudoephedrine liquid (ZUTRIPRO equiv) (QL= 120ml/fill, 2 fills/30 days)	QL	3
NEOTUSS-D LIQUID	-	3
PEDIATEX TDM SUSP	-	3
RESCON TAB	-	3
REZIRA SOLN	-	3
SUTTAR SF SYRUP	-	3
TUSNEL SYRUP	-	3
TUSSIONEX SUSP (QL= 120ml/fill; 2 fills/30 days)	QL	3
TUSSI-ORGANI SYRUP (QL= 240ml/fill)	QL	3
ZUTRIPRO LIQUID (QL= 120ml/fill, 2 fills/30 days)	QL	3
BROVEX PEB LIQUID	OTC	EXC
CLARINEX-D TAB	-	EXC
DECON-A LIQUID	OTC	EXC
lohist liquid (DECON-A equiv)	OTC	EXC
SEMPREX-D CAP	-	EXC
TRIAMINIC SYRUP	OTC	EXC

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¢	RxCENTS		

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Community First Insurance Plan Formulary

Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
COUGH/COLD/ALLERGY Cont.		
DOMETUSS-DMX LIQ	-	NC
guaifenesin-DM oral liquid (ROBITUSSIN equiv)	-	NC
HYCOFENIX SOLN	-	NC
INTENSE COUGH LIQUID	-	NC
MUCINEX LIQUID	-	NC
POLY-TUSSIN DM SYRUP	-	NC
TUSSICAPS	-	NC
TUSSI-PRES LIQUID	-	NC
TUXARIN ER TAB	-	NC
TUZISTRA XR SUSP	-	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
HYPER-SAL NEB SOLN	-	3
MUCOLYTICS		
acetylcysteine soln (MUCOMYST equiv)	-	1

DERMATOLOGICALS

ACNE PRODUCTS

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

	NC =Not Covered	generic =small letters	BRANDS =CAPITAL LETTERS
EXC	Plan Exclusion	INF	Infertility
LD	Limited Distribution	M	Medical Benefit
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 fo first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS		

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Community First Insurance Plan Formulary

Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
clindamycin gel (CLEOCIN GEL equiv)	-	1
clindamycin lotion (CLEOCIN- T equiv)	-	1
clindamycin pad (CLEOCIN-T equiv)	-	1
clindamycin topical soln (CLEOCIN-T equiv)	-	1
DIFFERIN OTC GEL 0.1% (Acne Only – members age 35 or older require Prior Authorization)	OTC-PA	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 gel (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
amnestem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap (ACCUTANE equiv)	-	2
AVAR GEL	-	2
clindamycin/benzoyl peroxide gel (BENZACLIN equiv)	-	2
clindamycin/benzoyl peroxide gel (DUAC GEL equiv)	-	2
EPIDUO FORTE GEL 0.3-2.5% (Acne Only – members age 35 or older require Prior Authorization)	PA	2
ERY PAD	-	2

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ST	Step Therapy	VAC	Vaccine Program
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Community First Insurance Plan Formulary

Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
erythromycin/benzoyl peroxide gel (BENZAMYCIN equiv)	-	2
isotretinoin cap 25mg (ABSORICA equiv)	-	2
isotretinoin cap 35mg (ABSORICA equiv)	-	2
PRASCION RA CREAM	-	2
sodium sulfacetamide lotion (KLARON equiv)	-	2
sodium sulfacetamide/sulfur emulsion (ROSAC WASH equiv)	-	2
sodium sulfacetamide/sulfur emulsion (ROSULA equiv)	-	2
sodium sulfacetamide/sulfur emulsion 10-1% (ROSAC WASH equiv)	-	2
sodium sulfacetamide/sulfur gel (ROSULA equiv)	-	2
sodium sulfacetamide/sulfur susp (SUMAXIN equiv)	-	2
sodium sulfacetamide/sulfur wash (SUMAXIN equiv)	-	2
sulfacetamide sodium/sulfur cream 10-2% (AVAR-E LS equiv)	-	2
sulfacetamide sodium/sulfur cream 10-5% (PLEXION SCT equiv)	-	2
sulfacetamide sodium/sulfur cream 9.8-4.8% (PLEXION 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
AKNE-MYCIN OINT	-	3
ATRALIN GEL, RETIN-A GEL	PA	3
AVAR-E LS CREAM 10-2%	-	3
BENZAACLIN GEL	-	3

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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 fo first 3 months
SMKG	Smoking Cessation	SP Available through Specialty Pharmacy Program
ST	Step Therapy	VAC Vaccine Program
¢	RxCENTS	

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Community First Insurance Plan Formulary

Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
BENZAMYCIN GEL	-	3
CLARIFOAM EF FOAM	-	3
CLEOCIN-T LOTION	-	3
CLEOCIN-T PAD	-	3
CLEOCIN-T SOLN	-	3
clindamycin/tretinoin gel (ZIANA equiv)	-	3
DIFFERIN CREAM	PA	3
DIFFERIN GEL	PA	3
DUAC CS KIT	-	3
DUAC GEL	-	3
EPIDUO GEL 0.1-2.5%	PA	3
KLARON LOTION	-	3
PLEXION CREAM 9.8-4.8%	-	3
PLEXION SCT CREAM	-	3
RETIN-A CREAM	PA	3
ROSULA EMULSION	-	3
ROSULA GEL	-	3
sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv)	-	3
SUMAXIN TS SUSP	-	3
SUMAXIN WASH	-	3
TRETIN-X CREAM	PA	3
ZIANA GEL	-	3

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RS	Restricted to Specialist	SF	Limited to two 15 day fills per month fo first 3 months		
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program		
ST	Step Therapy	VAC	Vaccine Program		
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Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
ABSORICA CAP	-	NC
ABSORICA LD CAP	-	NC
ACZONE GEL	-	NC
ADAPALENE SOLN	-	NC
ADAPALENE LOTION	-	NC
adapalene/benzoyl peroxide gel 0.3-2.5% (EPIDUO FORTE GEL equiv)	-	NC
ADAPALENE/BENZOYL PEROXIDE PAD	-	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
BENZAMYCIN GEL PACK	-	NC
BENZOYL PEROXIDE CREAM	OTC	NC
BENZOYL PEROXIDE/HYDROCORTISONE LOTION	-	NC
benzoyl peroxide/hydrocortisone lotion (VANOXIDE-HC equiv)	-	NC
CLENIA PLUS SUSP	-	NC
CLEOCIN-T GEL	-	NC
CLINDACIN KIT	-	NC

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Community First Insurance Plan Formulary

Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
clindamycin foam (EVOCLIN equiv)	-	NC
CLINDAVIX KIT	-	NC
dapsone gel (ACZONE equiv)	-	NC
DAPSONE GEL 7.5%	-	NC
DIFFERIN LOTION	-	NC
EVOCLIN FOAM	-	NC
FABIOR AEROSOL FOAM	-	NC
NUCARACLINPA KIT	-	NC
NUCARARXPAK KIT	-	NC
ONEXTON GEL	-	NC
PLEXION LOTION	-	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 EMULSION	-	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
SUMADEN XLT KIT	-	NC
SUMAXIN PAD	-	NC

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Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
TWYNEO CREAM	-	NC
WINLEVI CREAM	-	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
BACTROBAN OINT	-	3
CENTANY OINT	-	3
CORTISPORIN CREAM	-	3
CORTISPORIN OINT	-	3
XEPI CREAM	-	3
ALTABAX OINT	-	NC
BACTROBAN CREAM	-	NC
mupirocin cream (BACTROBAN equiv)	-	NC

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

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Community First Insurance Plan Formulary

Category/Class

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
NEO-SYNALAR CREAM	-	NC
ANTIFUNGALS - TOPICAL		
ciclopirox cream (LOPROX CREAM equiv)	-	1
ciclopirox gel (LOPROX GEL equiv)	-	1
ciclopirox nail soln (PENLAC equiv)	-	1
ciclopirox topical susp (LOPROX SUSP equiv)	-	1
clotrimazole cream (LOTRIMIN AF equiv)	OTC	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
nystatin/triamcinolone cream	-	1
nystatin/triamcinolone oint	-	1
ciclopirox shampoo (LOPROX SHAMPOO equiv)	-	2
clotrimazole/betamethasone lotion (LOTRISONE LOTION equiv)	-	2
EXELDERM CREAM, SULCONAZOLE CREAM	-	3
EXELDERM SOLN	-	3
EXELDERM SOLN, SULCONAZOLE SOLN	-	3
LOPROX CREAM	-	3

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Community First Insurance Plan Formulary

Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
LOPROX GEL	-	3
LOPROX SHAMPOO	-	3
LOTRISONE CREAM	-	3
LOTRISONE LOTION	-	3
MENTAX CREAM	-	3
NAFTIFINE CREAM	-	3
naftifine cream (NAFTIN equiv)	-	3
naftifine gel (NAFTIN equiv)	-	3
NAFTIN CREAM	-	3
NAFTIN GEL	-	3
NIZORAL SHAMPOO	-	3
oxiconazole nitrate cream (OXISTAT equiv)	-	3
OXISTAT CREAM	-	3
ALCORTIN A GEL	-	NC
ALOQUIN GEL	-	NC
ECONASIL KIT	-	NC
ECOZA FOAM	-	NC
ERTACZO CREAM	-	NC
HIXDEFRIMA SOLN	-	NC
iodoquinol/hydrocortisone cream 1% (VYTONE equiv)	-	NC
iodoquinol/hydrocortisone cream 1.9-1% (VYTONE equiv)	-	NC
iodoquinol/hydrocortisone/aloe polysaccharide gel (ALCORTIN A equiv)	-	NC

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Category/Class

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
JUBLIA SOLN	-	NC
KERYDIN SOLN	-	NC
LOTRIMIN AF CREAM	-	NC
LULICONAZOLE CREAM, LUZU CREAM	-	NC
NAFTIN GEL 2%	-	NC
NIZORAL A-D SHAMPOO	OTC	NC
nizoral a-d shampoo (NIZORAL equiv)	OTC	NC
NYATA KIT	-	NC
ONYCHO-MED KIT	-	NC
OXISTAT LOTION	-	NC
PEDIZOLPAK THERAPY PACK	-	NC
PENLAC SOLN	-	NC
tavorole soln (KERYDIN equiv)	-	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
DICLOFENAC PATCH, FLECTOR PATCH (QL= 30 patches/fill)	QL	3
VOLTAREN GEL	OTC	3
diclofenac sodium gel kit (VENNGEL equiv)	-	NC

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
diclofenac sodium soln (XRYLIX equiv)	-	NC
DICLOTREX PAK	-	NC
GABAPENTIN/NAPROXEN CREAM COMPOUND KIT	-	NC
INFLAMMA-K KIT	-	NC
LICART PATCH	-	NC
NAPROXEN CREAM COMPOUND KIT	-	NC
PENNSAID SOLN	-	NC
REXAPHENAC CREAM	-	NC
VAROPHEN KIT	-	NC
VOPAC 5 CREAM	-	NC
VOPAC CREAM	-	NC
VOPAC GB CREAM	-	NC
XRYLIX PAK	-	NC
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
fluorouracil cream (EFUDEX CREAM equiv)	-	1
diclofenac gel (SOLARAZE equiv) (QL= 300gm/30 days)	PA-QL	2
FLUOROURACIL SOLN	-	2
EFUDEX CREAM	-	3
FLUORAC CREAM	-	3
FLUOROURACIL CREAM 0.5%	-	3
PICATO GEL (QL= 1 box/fill)	QL	3
SOLARAZE GEL (QL= 300gm/30 days)	PA-QL	3

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
CARAC CREAM	-	NC
FLUOROPLEX CREAM	-	NC
KLISYRI OINT	-	NC
ROAOXIA GEL	-	NC
SOLARAVIX PAK	-	NC
PANRETIN GEL	MSP-PA	SP
TARGRETIN GEL	MSP-PA	SP
VALCHLOR GEL (QL= 4 tubes/30 days; Only available through Avella (877) 546-5779)	LD-PA-QL	SP
ANTIPRURITICS - TOPICAL		
DOXEPIN CREAM, PRUDOXIN CREAM, ZONALON CREAM	PA	3
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
METHOXSALEN CAP	-	2
methoxsalen cap (OXSORALEN ULTRA equiv)	-	2
tazarotene cream 0.1% (TAZORAC equiv)	-	2
CALCITRIOL OINT	-	3
DOVONEX CREAM	-	3

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Category/Class

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
DOVONEX SOLN	-	3
DRITHO-SCALP CREAM	-	3
OXSORALEN ULTRA CAP	-	3
SORIATANE CAP	-	3
SORILUX FOAM	-	3
TAZORAC CREAM	-	3
TAZORAC CREAM 0.05%	-	3
TAZORAC GEL	-	3
COSENTYX INJ (1-PACK)	-	NC
COSENTYX INJ (2-PACK)	-	NC
NUDERMRXPAK PAK	-	NC
SILIQ INJ	-	NC
VECTICAL OINT	-	NC
SKYRIZI INJ 150MG/ML (QL= 1 inj/84 days)	MSP-PA-QL	SP
SKYRIZI INJ 75MG/0.83ML (QL= 2 inj/84 days)	MSP-PA-QL	SP
STELARA INJ (QL= 1 inj/84 days)	PA-QL-SP	SP
TALTZ INJ (QL= 1 inj/28 days)	MSP-PA-QL	SP
TREMFYA INJ (QL= 1 inj/56 days)	MSP-PA-QL	SP
ANTISEBORRHEIC PRODUCTS		
selenium sulfide lotion	OTC	1
selenium sulfide lotion 2.5% (SELSUN equiv)	-	1
selenium sulfide shampoo (SELSEB equiv)	-	2

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ST Step Therapy	VAC Vaccine Program	
¢ RxCENTS		

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Community First Insurance Plan Formulary

Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
sodium sulfacetamide wash (OVACE WASH equiv)	-	2
OVACE PLUS CREAM	-	3
OVACE PLUS GEL	-	3
OVACE PLUS SHAMPOO	-	3
OVACE WASH	-	3
ROSULA PAD	-	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
PROMISEB CREAM	-	NC
selenium sulfide shampoo 2.3% (SELRX equiv)	-	NC
SELRX SHAMPOO 2.3%	-	NC
ANTIVIRALS - TOPICAL		
acyclovir oint (ZOVIRAX OINT equiv)	-	2
acyclovir cream (ZOVIRAX equiv)	-	3
DENAVIR CREAM	-	3
ZOVIRAX CREAM	-	3
XERESE CREAM	-	NC

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EXC	Plan Exclusion	INF	Infertility
LD	Limited Distribution	M	Medical Benefit
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 fo first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS		

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Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
ZOVIRAX OINT	-	NC
BURN PRODUCTS		
silver sulfadiazine cream (SILVADENE CREAM equiv)	-	1
SULFAMYLON CREAM	-	2
SILVADENE CREAM	-	3
SULFAMYLON PACK	-	NC
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

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
fluocinonide cream 0.1% (VANOS CREAM 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
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 LOTION equiv)	-	2
betamethasone dipropionate oint (DIPROSONE OINT equiv)	-	2
clobetasol foam (OLUX equiv)	-	2

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Last Updated* 5/1/2022

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
clobetasol lotion (CLOBEX equiv)	-	2
clobetasol propionate emollient cream (TEMOVATE E equiv)	-	2
clobetasol propionate gel (TEMOVATE GEL equiv)	-	2
clobetasol shampoo (CLOBEX equiv)	-	2
clobetasol spray (CLOBEX equiv)	-	2
DERMA-SMOOTH/FS OIL	-	2
desonide cream (DESOWEN equiv)	-	2
desonide oint	-	2
desoximetasone cream (TOPICORT CREAM 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
PREDNICARBATE CREAM	-	2
prednicarbate cream (DERMATOP equiv)	-	2
PREDNICARBATE OIN	-	2
U-CORT CREAM	-	2
ACLOVATE CREAM	-	3
ACLOVATE OINT	-	3
AMCINONIDE LOTION	-	3
CARMOL-HC CREAM	-	3

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Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
CLOBEX LOTION	-	3
CLOBEX SHAMPOO	-	3
CLOBEX SPRAY	-	3
CORDRAN TAPE	-	3
CUTIVATE CREAM	-	3
CUTIVATE OINT	-	3
DERMATOP CREAM	-	3
DERMATOP OINT	-	3
DIPROLENE AF CREAM	-	3
DIPROLENE LOTION	-	3
DIPROLENE OINT	-	3
ELOCON CREAM	-	3
ELOCON OINT	-	3
ELOCON SOLN	-	3
NUCORT LOTION	-	3
OLUX FOAM	-	3
PANDEL CREAM	-	3
PROCTOCORT CREAM	-	3
TEMOVATE CREAM	-	3
TEMOVATE GEL	-	3
TEMOVATE OINT	-	3
TEMOVATE SOLN	-	3

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
TEMOVATE-E CREAM	-	3
TOPICORT CREAM	-	3
TOPICORT OINT	-	3
ULTRAVATE CREAM	-	3
ULTRAVATE OINT	-	3
ALA-SCALP LOTION	-	NC
AMCINONIDE CREAM 0.1%	-	NC
AMCINONIDE OINT	-	NC
APEXICON E CREAM (PSORCON E equiv)	-	NC
BESER KIT 0.05%	-	NC
betamethasone valerate foam (LUXIQ FOAM equiv)	-	NC
BRYHALI LOTION	-	NC
calcipotriene/betamethasone dipropionate susp	-	NC
calcipotriene/betamethasone oint (TACLONEX equiv)	-	NC
CAPEX SHAMPOO	-	NC
clobetasol E foam (OLUX E equiv)	-	NC
CLOBETAVIX KIT	-	NC
CLOCORTOLONE CREAM	-	NC
clocortolone pivalate cream	-	NC
CLODERM CREAM	-	NC
CORDRAN CREAM	-	NC
CORDRAN CREAM 0.025%	-	NC

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Last Updated* 5/1/2022

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
CORDRAN LOTION	-	NC
CORDRAN OINT	-	NC
CUTIVATE LOTION	-	NC
DERMACINRX KIT	-	NC
DESONATE GEL	-	NC
desonide gel	-	NC
desonide lotion	-	NC
DESOWEN CREAM	-	NC
DESOWEN CREAM KIT	-	NC
DESOWEN LOTION	-	NC
DESOWEN LOTION KIT	-	NC
DESOWEN OINT	-	NC
DESOWEN OINT KIT	-	NC
desoximetasone cream 0.05% (TOPICORT equiv)	-	NC
desoximetasone gel (TOPICORT equiv)	-	NC
desoximetasone oint 0.05% (TOPICORT equiv)	-	NC
DIFLORASONE CREAM, PSORCON CREAM	-	NC
diflorasone oint	-	NC
DUOBRII LOTION	-	NC
ENSTILAR FOAM	-	NC
FLUOPAR KIT	-	NC
FLUOVIX PAK	-	NC

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Last Updated* 5/1/2022

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
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 BUTYRATE CREAM	-	NC
HC BUTYRATE SOLN	-	NC
HC/PRAMOXINE CREAM 1-2.35%	-	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 lotion 2% (ALA SCALP equiv)	-	NC
hydrocortisone valerate cream	-	NC
hydrocortisone valerate oint (WESTCORT equiv)	-	NC
hydrocortisone/pramoxine cream 2.5-1% (PRAMOSONE equiv)	-	NC

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
IMPEKLO LOTION	-	NC
IMPOYZ CREAM	-	NC
KENALOG SPRAY	-	NC
LEXETTE FOAM	-	NC
LOCOID CREAM	-	NC
LOCOID LIPOCREAM	-	NC
LOCOID LOTION	-	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
paramox hc gel (NOVACORT GEL equiv)	-	NC
PRAMOSONE CREAM 1%	-	NC
PRAMOSONE CREAM 2.5-1%	-	NC
PRAMOSONE E CREAM	-	NC
PRAMOSONE LOTION	-	NC
PRAMOSONE OINT	-	NC
QUINIXIL PAK	-	NC
QUINOSONE KIT	-	NC

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
SERNIVO SPRAY	-	NC
SILALITE PAK MIS	-	NC
TACLONEX OINT	-	NC
TASOPROL CREAM KIT	-	NC
TEXACORT SOLN	-	NC
TOPICORT CREAM 0.05%	-	NC
TOPICORT GEL	-	NC
TOPICORT OINT 0.05%	-	NC
TOVET KIT	-	NC
triamcinolone acetonide oint (TRIANEX equiv)	-	NC
triamcinolone spray (KENALOG equiv)	-	NC
TRIANEX OINT	-	NC
TRILOCICLO KIT	-	NC
ULTRAVATE LOTION	-	NC
ULTRAVATE PAC KIT	-	NC
VANOS CREAM	-	NC
VERDESO FOAM	-	NC
WESTCORT OINT	-	NC
WYNZORA CREAM	-	NC
ECZEMA AGENTS		
OPZELURA CREAM (QL= 12 tubes/year)	PA-QL	3
ADBRY INJ	-	NC

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
CIBINQO TAB	-	NC
DUPIXENT INJ (QL= 2 inj/ 28 days)	MSP-PA-QL	SP
DUPIXENT INJ (QL= 2 inj/28 days)	MSP-PA-QL	SP
DUPIXENT PEN INJ (QL= 2 inj/28 days)	MSP-PA-QL	SP
EMOLLIENT/KERATOLYTIC AGENTS		
CARMOL LOTION	-	NC
GORDON'S UREA OINT 40%	-	NC
KERAFOAM	-	NC
KERALAC CREAM	-	NC
UMECTA EMULSION	-	NC
UMECTA SUSP	-	NC
URAMAXIN CREAM	-	NC
URAMAXIN GEL	-	NC
urea cream	-	NC
urea emulsion	-	NC
urea gel (URAMAXIN equiv)	-	NC
UREA NAIL KIT	-	NC
UREA SUSP	-	NC
urea susp 40% (UMECTA equiv)	-	NC
EMOLLIENTS		
ammonium lactate cream (LAC-HYDRIN equiv)	OTC	1
ammonium lactate lotion (LAC-HYDRIN equiv)	OTC	1

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
LACTIC ACID LOTION	-	1
LAC-HYDRIN CREAM	-	3
LAC-HYDRIN LOTION	-	3
HYLINATE LOTION	-	NC
ENZYMES - TOPICAL		
SANTYL OINT (QL= 90gm/30 days)	QL	2
vasolex oint (XENADERM equiv)	-	NC
XENADERM OINT	-	NC
HAIR GROWTH AGENTS		
bimatoprost ophth soln	-	EXC
finasteride tab (PROPECIA equiv)	-	EXC
HAIR REDUCTION AGENTS		
VANIQA CREAM	-	EXC
IMMUNOMODULATING AGENTS - TOPICAL		
imiquimod cream (ALDARA equiv)	-	1
ALDARA CREAM	-	3
IMIQUIMOD CREAM 3.75%	-	NC
imiquimod cream 3.75% (IMIQUIMOD equiv)	-	NC
ZYCLARA CREAM	-	NC
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
tacrolimus oint (PROTOPIC OINT equiv)	-	1
pimecrolimus cream (ELIDEL equiv) (Covered for members 2 years or older)	-	2
ELIDEL CREAM (Covered for members 2 years or older)	-	3

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
PROTOPIC OINT	-	3
OXIANUJO CREAM	-	NC
KERATOLYTIC/ANTIMITOTIC AGENTS		
PODOCON SOLN	-	2
podofilox soln (CONDYLOX equiv)	-	2
salicylic acid shampoo (SALEX equiv)	-	2
CONDYLOX GEL	-	3
CONDYLOX SOLN	-	3
SALEX SHAMPOO	-	3
ATRIX SYSTEM KIT	-	NC
GEAMETDRAY GEL	-	NC
GUANENDRUX GEL	-	NC
SALEX LOTION KIT	-	NC
salicyclic acid soln	-	NC
salicylic acid cream (CERAVE PSORIASIS equiv)	-	NC
SALIMEZ FORTE CREAM	-	NC
XALIX SOL	-	NC
LOCAL ANESTHETICS - TOPICAL		
lidocaine cream 3% (LIDAMANTLE equiv)	-	1
lidocaine gel (GLYDO equiv)	-	1
lidocaine gel (XYLOCAINE equiv)	-	1
lidocaine oint (QL= 107gm/30 days)	QL	1

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DERMATOLOGICALS Cont.		
lidocaine soln (XYLOCAINE equiv)	-	1
lidocaine/prilocaine cream (EMLA equiv)	-	1
LIDOCAINE GEL	-	2
lidocaine patch 5% (LIDODERM equiv) (QL= 3 patches/day)	QL	2
EMLA CREAM	-	3
lidocaine patch (LIDODERM equiv) (QL= 3 patches/day)	QL	3
LIDODERM PATCH (QL= 3 patches/day)	QL	3
SOLARCAINE EXTRA GEL	-	3
SYNERA PATCH	-	3
XYLOCAINE SOLN	-	3
ADAZIN CREAM	-	NC
ANASTIA LOTION	-	NC
APRIZIO PAK KIT	-	NC
BENZOCAINE/LIDOCAINE/TETRACAINE OINT	-	NC
capsaicin/menthol topical patch (SINELEE equiv)	-	NC
DERMALID PAK	-	NC
GEN7T LOTION	-	NC
GEN7T PAD 3.5%	-	NC
GEN7T PLUS LOTION	-	NC
GEN7T PLUS PAD	-	NC
L.E.T. GEL	-	NC
LIDAMANTLE LOTION	-	NC

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NC =Not Covered	generic =small letters	BRANDS =CAPITAL LETTERS
EXC	Plan Exclusion	INF
LD	Limited Distribution	M
MSP	Mandatory Specialty Pharmacy Program	OTC
PA	Prior Authorization	QL
RS	Restricted to Specialist	SF
SMKG	Smoking Cessation	SP
ST	Step Therapy	VAC
¢	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.

Community First Insurance Plan Formulary

Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
LIDOCAINE CREAM	-	NC
lidocaine cream 3.88% (LIDOTRAL equiv)	-	NC
lidocaine lotion (LIDAMANTLE equiv)	-	NC
lidocaine oint/transparent dressing kit (LIDOPAC equiv)	-	NC
lidocaine patch 3.5% (GEN7T equiv)	-	NC
LIDOCAINE/TETRACAINE CREAM	-	NC
LIDOCIN GEL	-	NC
LIDOSTREAM KIT	-	NC
LIDOTRAL CREAM	-	NC
LIDOTREX GEL	-	NC
LIDOVEX CREAM	-	NC
LMR PLUS KIT	-	NC
MEDI-PATCH W/LIDOCAINE PATCH	-	NC
MENTHOREAL10 THERAPY PACK	-	NC
MICROVIX LP PAK	-	NC
NENDRUX GEL	-	NC
nulido pad (NULIDO equiv)	-	NC
NUVAKAAN II KIT	-	NC
PLIAGLIS CREAM	-	NC
PLIAGLIS KIT	-	NC
SILVERA PAD	-	NC
SOLAICE PATCH	-	NC

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EXC	Plan Exclusion	INF	Infertility
LD	Limited Distribution	M	Medical Benefit
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 fo first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS		

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Community First Insurance Plan Formulary

Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
SYNVEXIA TC CREAM	-	NC
WPR PLUS	-	NC
ZILACAINE PAK	-	NC
ZYLOTROL-L KIT	-	NC
MISC. DERMATOLOGICAL PRODUCTS		
EPICERAM EMULSION	-	NC
NEOSALUS FOAM	-	NC
MISC. TOPICAL		
aluminum chloride soln (DRYSOL equiv)	-	1
DRYSOL SOLN	-	1
DERMACINRX CREAM	-	NC
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 cream (METROCREAM equiv)	-	1
metronidazole gel 0.75% (METROGEL equiv)	-	1
azelaic acid gel (FINACEA equiv)	-	2
FINACEA FOAM	-	2

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MSP	Mandatory Specialty Pharmacy Program	OTC Over-the-Counter
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ST	Step Therapy	VAC Vaccine Program
¢	RxCENTS	

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Community First Insurance Plan Formulary

Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
FINACEA PLUS KIT	-	2
metronidazole gel (METROGEL equiv)	-	2
metronidazole lotion (METROLOTION equiv)	-	2
FINACEA GEL	-	3
METROCREAM	-	3
METROGEL 1%	-	3
METROLOTION	-	3
NORITATE CREAM (Step Therapy requires trial of FINACEA)	ST	3
MIRVASO GEL	-	EXC
RHOFADE CREAM	-	EXC
DOXYCYCLINE CAP, ORACEA CAP	-	NC
IVERMECTIN CREAM	-	NC
ivermectin cream (SOOLANTRA equiv)	-	NC
ROSADAN KIT	-	NC
SOOLANTRA CREAM	-	NC
ZILXI FOAM	-	NC
SCABICIDES & PEDICULICIDES		
permethrin cream (ELIMITE CREAM equiv)	-	1
EURAX CREAM	-	2
SPINOSAD SUSP (QL= 1 bottle/fill)	QL	2
CROTAN LOTION	-	3
ELIMITE CREAM	-	3

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SMKG	Smoking Cessation	SP Available through Specialty Pharmacy Program
ST	Step Therapy	VAC Vaccine Program
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Community First Insurance Plan Formulary

Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
EURAX LOTION	-	3
IVERMECTIN LOTION (QL= 1 tube/fill)	PA-QL	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
OVIDE LOTION (QL= 2 bottles/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
COLLANEX	-	NC
KERAMATRIX	-	NC
KERASTAT CREAM	-	NC

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Community First Insurance Plan Formulary

Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
KERASTAT GEL	-	NC
WOUND-DRESSING GELS	-	NC
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC BIOLOGICALS		
TRICHOPHYTON MENTAGROPHYTES (DIAGNOSTIC) SOLN	-	NC
DIAGNOSTIC DRUGS		
GLUCAGEN INJ	-	2
GLUCAGON DIAGNOSTIC INJ	-	NC
MACRILEN PACK	-	NC
DIAGNOSTIC PRODUCTS, MISC.		
FREESTYLE LITE TEST STRIP	OTC	2
DIAGNOSTIC TESTS		
COVID-19 TEST (QL= 8 tests/30 days)	OTC-QL	\$0
CUE COVID-19 INJ TEST CARTRIDGE (QL= 8 cartridges/30 days)	OTC-QL	\$0
CUE HEALTH MONITOR (QL= 1 kit/year)	OTC-QL	\$0
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

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ST	Step Therapy	VAC	Vaccine Program		
¢	RxCENTS				

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Community First Insurance Plan Formulary

Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
DIAGNOSTIC PRODUCTS Cont.		
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	-	EXC
DEPLIN CAP	-	EXC
ELIGEN B12 TAB	-	EXC
FALESSA TAB	-	EXC
FOLTANX TAB	-	EXC
GLYGEST PAK	-	EXC
L-METHYLFOLATE TAB	-	EXC
LUVIRA CAP	-	EXC
METANX CAP	-	EXC
OLLIZAC POWDER	-	EXC
PODIAPN CAP	-	EXC
XAQUIL XR TAB	-	EXC

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Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS Cont.		
XYZBAC TAB	-	EXC
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 tab	-	1
acetazolamide ER cap (DIAMOX SEQUEL equiv)	-	2
methazolamide tab (NEPTAZANE equiv)	-	2
DIAMOX SEQUEL CAP	-	3
NEPTAZANE TAB	-	3
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
ALDACTAZIDE TAB	-	3
ALDACTAZIDE TAB 50-50MG	-	3

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ST	Step Therapy	VAC Vaccine Program
¢	RxCENTS	

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Category/Class

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DrugName	Special Code	Tier
DIURETICS Cont.		
DYAZIDE CAP	-	3
MAXZIDE TAB	-	3
LOOP DIURETICS		
bumetanide tab (BUMEX equiv)	-	1
FUROSEMIDE SOLN	-	1
furosemide soln (LASIX equiv)	-	1
furosemide tab (LASIX equiv)	-	1
toremide tab (DEMADEX equiv)	-	1
toremide tab 20mg (SOAANZ equiv)	-	1
ethacrynic tab (EDECIN equiv)	-	2
DEMADEX TAB	-	3
EDECIN TAB	-	3
LASIX TAB	-	3
SOAANZ TAB	-	NC
OSMOTIC DIURETICS		
mannitol soln (OSMITROL equiv)	-	3
POTASSIUM SPARING DIURETICS		
amiloride tab (MIDAMOR equiv)	-	1
spironolactone tab (ALDACTONE equiv)	-	1
triamterene cap (DYRENIUM equiv)	-	2
ALDACTONE TAB	-	3
CAROSPIR SUSP (Prior Authorization required for members age 9 or older)	PA	3

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¢	RxCENTS		

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Community First Insurance Plan Formulary

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DrugName	Special Code	Tier
DIURETICS Cont.		
DYRENIUM CAP	-	3
MIDAMOR TAB	-	3
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
CHLOROTHIAZIDE TAB	-	1
chlorothiazide tab (DIURIL equiv)	-	1
chlorthalidone tab	-	1
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
MICROZIDE CAP	-	3
ZAROXOLYN TAB	-	3
THALITONE TAB	-	NC
ENDOCRINE AND METABOLIC AGENTS - MISC.		
ADRENAL STEROID INHIBITORS		
RECORLEV TAB	-	NC
ISTURISA TAB 10MG (QL= 6 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	SP
ISTURISA TAB 1MG (QL= 8 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	SP

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MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter		
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SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program		
ST	Step Therapy	VAC	Vaccine Program		
¢	RxCENTS				

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Community First Insurance Plan Formulary

Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
ISTURISA TAB 5MG (QL= 2 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	SP
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
FORTICAL NASAL SPRAY	-	2
risedronate tab (ACTONEL equiv)	-	2
ACTONEL TAB	-	3
alendronate sodium oral soln (FOSAMAX equiv)	-	3
ATELVIA TAB (Step Therapy requires trial of alendronate)	ST	3
BONIVA TAB 150MG (QL= 1 tab/30 days)	QL	3
ETIDRONATE DISODIUM TAB 400MG	-	3
FOSAMAX TAB	-	3
FOSAMAX+D TAB	-	3
MIACALCIN NASAL SPRAY	-	3
risedronate DR tab (ATELVIA equiv) (Step Therapy requires trial of alendronate)	ST	3
SKELID TAB	-	3
pamidronate inj	M	M
PROLIA INJ	M	M
ZOMETA INJ	M	M

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PA	Prior Authorization	QL
RS	Restricted to Specialist	SF
SMKG	Smoking Cessation	SP
ST	Step Therapy	VAC
¢	RxCENTS	
		Infertility
		Medical Benefit
		Over-the-Counter
		Quantity Limit
		Limited to two 15 day fills per month fo first 3 months
		Available through Specialty Pharmacy Program
		Vaccine Program

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Category/Class

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DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
BINOSTO TAB	-	NC
calcitonin inj (MIACALCIN equiv)	-	NC
MIACALCIN INJ	-	NC
FORTEO INJ	MSP	SP
NATPARA INJ (Only available through Walgreens 888-347-3416)	LD-PA	SP
TYMLOS INJ	MSP	SP
CORTICOTROPIN		
ACTHAR GEL INJ (QL= 4 vials/fill)	MSP-PA-QL	SP
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	SP
GROWTH HORMONE RELEASING HORMONES (GHRH)		
EGRIFTA INJ	-	EXC
GROWTH HORMONES		
HUMATROPE INJ, ZOMACTON INJ	-	NC
NORDITROPIN INJ, NUTROPIN AQ INJ	-	NC
OMNITROPE INJ	-	NC
SAIZEN INJ, SEROSTIM INJ, ZORBTIVE INJ	-	NC
SKYTROFA INJ	-	NC
GENOTROPIN INJ	MSP-PA	SP
HORMONE RECEPTOR MODULATORS		

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Category/Class

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DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
raloxifene tab (EVISTA equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	\$0
EVISTA TAB	-	3
OSPHENA TAB	-	3
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX INJ	MSP	SP
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
SYNAREL NASAL SOLN	-	2
FENSOLVI INJ	-	NC
LUPANETA PACK	-	NC
LUPRON DEPOT PED INJ	MSP	SP
LUPRON DEPOT-PED INJ	MSP	SP
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
paricalcitol cap (ZEMPLAR equiv)	-	2
sodium phenylbutyrate powder (BUPHENYL equiv)	-	2
sodium phenylbutyrate tab (BUPHENYL equiv)	-	2

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Last Updated* 5/1/2022

DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
BUPHENYL POWDER	-	3
BUPHENYL TAB	-	3
CARNITOR SOLN	-	3
CARNITOR TAB	-	3
HECTOROL CAP	-	3
ROCALTROL CAP	-	3
ROCALTROL SOLN	-	3
SENSIPAR TAB	-	3
ZEMPLAR CAP	-	3
ALDURAZYME INJ	M	M
FABRAZYME INJ	M	M
XURIDEN POWDER	M	M
CALCITRIOL INJ	-	NC
CITRULLINE EASY TAB	-	NC
CYSTADANE POWDER	-	NC
KUVAN POWDER PACK	-	NC
KUVAN TAB	-	NC
MYALEPT INJ	-	NC
nitisinone cap (ORFADIN equiv)	-	NC
NITYR TAB	-	NC
ORFADIN CAP	-	NC
ORFADIN SUSP	-	NC

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SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS		

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Community First Insurance Plan Formulary

Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
RAVICTI LIQUID	-	NC
RAYALDEE CAP	-	NC
betaine powder for oral solution (CYSTADANE equiv) (Only available through Anovc Specialty Pharmacy 844-288-5007)	LD	SP
CARBAGLU TAB (Only available through Accredo 888-773-7376)	LD-PA	SP
carglumic acid tab (CARBAGLU equiv) (Only available through Accredo 888-773-7376)	LD-PA	SP
GALAFOLD CAP (QL= 14 caps/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	SP
PALYNZIQ INJ (QL= 1 inj/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	SP
sapropterin dihydrochloride powder packet (KUVAN equiv) (Only available through Walgreens 888-347-3416)	MSP-PA	SP
sapropterin dihydrochloride soluble tab (KUVAN equiv)	MSP-PA	SP
STRENSIQ INJ (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	SP
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA TAB (QL= 1 tab/day)	PA-QL	3
NATRIURETIC PEPTIDES		
VOXZOGO INJ	-	NC
POSTERIOR PITUITARY HORMONES		
desmopressin acetate inj (DDAVP equiv)	-	2
desmopressin acetate nasal spray (DDAVP equiv)	-	2
desmopressin acetate tab (DDAVP equiv)	-	2

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NC =Not Covered	generic =small letters	BRANDS =CAPITAL LETTERS
EXC Plan Exclusion	INF Infertility	
LD Limited Distribution	M Medical Benefit	
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 fo first 3 months	
SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program	
ST Step Therapy	VAC Vaccine Program	
¢ RxCENTS		

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Community First Insurance Plan Formulary

Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
desmopressin nasal soln (DDAVP equiv)	-	2
STIMATE NASAL SOLN	-	2
DDAVP INJ	-	3
DDAVP NASAL SOLN	-	3
DDAVP NASAL SPRAY	-	3
DDAVP TAB	-	3
NOCDURNA SL TAB	-	NC
NOCTIVA EMULSION SPRAY	-	NC
PROLACTIN INHIBITORS		
cabergoline tab (DOSTINEX equiv)	-	1
SOMATOSTATIC AGENTS		
BYNFEZIA PEN INJ	-	NC
MYCAPSSA CAP	-	NC
SANDOSTATIN INJ	-	NC
SANDOSTATIN LAR INJ KIT	-	NC
octreotide inj (SANDOSTATIN equiv)	MSP	SP
OCTREOTIDE INJ 100MCG	MSP	SP
SIGNIFOR INJ (QL= 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	SP
SOMATULINE INJ	MSP	SP
VASOPRESSIN RECEPTOR ANTAGONISTS		
TOLVAPTAN TAB	-	NC

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LD	Limited Distribution	M	Medical Benefit
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 fo first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS		

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Community First Insurance Plan Formulary

Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
JYNARQUE PAK (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	SP
JYNARQUE TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	SP
SAMSCA TAB	MSP	SP
tolvaptan tab (SAMSCA equiv)	MSP	SP
ESTROGENS		
ESTROGEN COMBINATIONS		
estradiol/norethindrone tab (ACTIVELLA equiv)	-	1
jinteli tab (FEMHRT equiv)	-	1
MYFEMBREE TAB (QL= 1 tab/day)	PA-QL	2
ORIAHNN CAP (QL= 2 caps/day)	PA-QL	2
PREMPHASE TAB, PREMPRO TAB	-	2
ACTIVELLA TAB	-	3
ANGELIQ TAB	-	3
CLIMARA PRO PATCH	-	3
COMBIPATCH	-	3
FEMHRT TAB	-	3
PREFEST TAB	-	3
BIJUVA CAP	-	NC
esterified estrogens/methyltestosterone tab (ESTRATEST equiv)	-	NC
ESTRATEST TAB	-	NC
ESTROGENS		
estradiol patch (CLIMARA equiv)	-	1

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LD Limited Distribution	M Medical Benefit	
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	SP Available through Specialty Pharmacy Program	
ST Step Therapy	VAC Vaccine Program	
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DrugName	Special Code	Tier
ESTROGENS Cont.		
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
CLIMARA PATCH	-	3
DIVIGEL GEL, ELESTRIN GEL	-	3
ENJUVIA TAB	-	3
ESTRACE TAB	-	3
ESTRASORB EMULSION	-	3
EVAMIST SPRAY	-	3
MENEST TAB	-	3
MENOSTAR PATCH	-	3
VIVELLE-DOT PATCH	-	3
FLUROQUINOLONES		
FLUROQUINOLONES		
ciprofloxacin tab (CIPRO equiv)	-	1
levofloxacin soln (LEVAQUIN equiv)	-	1
levofloxacin tab (LEVAQUIN equiv)	-	1
ofloxacin tab (FLOXIN equiv)	-	1

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MSP	Mandatory Specialty Pharmacy Program	OTC Over-the-Counter
PA	Prior Authorization	QL Quantity Limit
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SMKG	Smoking Cessation	SP Available through Specialty Pharmacy Program
ST	Step Therapy	VAC Vaccine Program
¢	RxCENTS	

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Category/Class

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DrugName	Special Code	Tier
FLUOROQUINOLONES Cont.		
BAXDELA TAB (QL= 2 tabs/day; Restricted to Infectious Disease Specialist)	QL-RS	2
ciprofloxacin susp (CIPRO equiv)	-	2
moxifloxacin tab (AVELOX equiv)	-	2
AVELOX TAB	-	3
CIPRO SUSP 5%	-	3
CIPRO TAB	-	3
CIPRO XR TAB	-	3
CIPROFLOXACIN 100MG TAB	-	3
CIPROFLOXACIN ER TAB	-	3
FACTIVE TAB	-	3
LEVAQUIN SOLN	-	3
LEVAQUIN TAB	-	3
NOROXIN TAB	-	3
PROQUIN XR TAB	-	3

GASTROINTESTINAL AGENTS - MISC.

5-HT4 RECEPTOR AGONISTS

MOTEGRITY TAB	PA	3
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AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)

TRULANCE TAB	PA	2
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BILE ACID SYNTHESIS DISORDER AGENTS

CHOLBAM CAP (Only available through Dohmen LSS 844-246-5226)	LD-PA	SP
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FARNESOID X RECEPTOR (FXR) AGONISTS

OCALIVA TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	SP
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LD	Limited Distribution	M	Medical Benefit
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 fo first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS		

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Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
GASTROINTESTINAL AGENTS - MISC. Cont.		
GALLSTONE SOLUBILIZING AGENTS		
ursodiol cap (ACTIGALL equiv)	-	1
ursodiol tab (URSO (FORTE) equiv)	-	1
ACTIGALL CAP	-	3
URSO FORTE TAB	-	3
RELTONE CAP	-	NC
URSODIOL CAP	-	NC
GASTROINTESTINAL ANTIALLERGY AGENTS		
cromolyn conc (GASTROCROM equiv)	-	2
GASTROCROM CONC	-	3
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
AMITIZA CAP, LUBIPROSTONE CAP	PA	3
GASTROINTESTINAL STIMULANTS		
metoclopramide soln (REGLAN equiv)	-	1
metoclopramide tab (REGLAN equiv)	-	1
REGLAN TAB	-	3
GIMOTI NASAL SPRAY	-	NC
METZOZOLV ODT	-	NC
ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS		
LIVMARLI SOLN	-	NC
BYLVAY CAP 1200MCG (QL= 5 caps/day; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	SP

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EXC	Plan Exclusion	INF
LD	Limited Distribution	M
MSP	Mandatory Specialty Pharmacy Program	OTC
PA	Prior Authorization	QL
RS	Restricted to Specialist	SF
SMKG	Smoking Cessation	SP
ST	Step Therapy	VAC
¢	RxCENTS	
		Infertility
		Medical Benefit
		Over-the-Counter
		Quantity Limit
		Limited to two 15 day fills per month fo first 3 months
		Available through Specialty Pharmacy Program
		Vaccine Program

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Category/Class

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DrugName	Special Code	Tier
GASTROINTESTINAL AGENTS - MISC. Cont.		
BYLVAY CAP 400MCG (QL= 15 caps/day; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	SP
BYLVAY SPRINKLE CAP 200MCG (QL= 8 caps/day; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	SP
BYLVAY SPRINKLE CAP 600MCG (QL= 4 caps/day; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	SP
INFLAMMATORY BOWEL AGENTS		
balsalazide cap (COLAZAL equiv)	-	1
sulfasalazine EC tab (AZULFIDINE equiv)	-	1
sulfasalazine tab (AZULFIDINE equiv)	-	1
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
AZULFIDINE EN TAB	-	3
AZULFIDINE TAB	-	3
COLAZAL CAP	-	3
DIPENTUM CAP	-	3
mesalamine tab (ASACOL equiv)	-	3
SFROWASA ENEMA	-	3
APRISO CAP	-	NC
ASACOL HD TAB	-	NC

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LD	Limited Distribution	M
MSP	Mandatory Specialty Pharmacy Program	OTC
PA	Prior Authorization	QL
RS	Restricted to Specialist	SF
SMKG	Smoking Cessation	SP
ST	Step Therapy	VAC
¢	RxCENTS	

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Community First Insurance Plan Formulary

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DrugName	Special Code	Tier
GASTROINTESTINAL AGENTS - MISC. Cont.		
ASACOL HD TAB, MESALAMINE TAB	-	NC
DELZICOL CAP	-	NC
LIALDA TAB	-	NC
PENTASA CAP	-	NC
ROWASA KIT	-	NC
CIMZIA INJ (QL= 2 inj/28 days)	MSP-PA-QL	SP
CIMZIA STARTER INJ KIT (QL= 1 kit/plan year)	MSP-PA-QL	SP
INTESTINAL ACIDIFIERS		
lactulose soln	-	1
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
alosetron tab (LOTRONEX equiv)	-	3
LINZESS CAP	PA	3
LOTRONEX TAB	-	3
IBSRELA TAB	-	NC
VIBERZI TAB	-	NC
ZELNORM TAB	-	NC
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
MOVANTIK TAB	PA	2
SYMPROIC TAB	PA	2
alvimopan cap (ENTEREG equiv)	-	NC
ENTEREG CAP	-	NC
RELISTOR INJ	-	NC

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MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit
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SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
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¢	RxCENTS		

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DrugName	Special Code	Tier
GASTROINTESTINAL AGENTS - MISC. Cont.		
RELISTOR INJ KIT	-	NC
RELISTOR TAB	-	NC
PHOSPHATE BINDER AGENTS		
calcium acetate cap (PHOSLO equiv)	-	1
calcium acetate tab (ELIPHOS equiv)	-	1
FOSRENOL POWDER PACK	-	2
lanthanum carbonate chew tab (FOSRENOL equiv)	-	2
PHOSLYRA SOLN	-	2
SEVELAMER CARBONATE TAB	-	2
sevelamer powder pak (RENVELA equiv)	-	2
sevelamer tab (RENVELA TAB equiv)	-	2
AURYXIA TAB	-	3
ELIPHOS TAB	-	3
FOSRENOL CHEW TAB	-	3
PHOSLO CAP	-	3
RENAGEL TAB	-	3
RENAGEL TAB 800MG	-	3
RENVELA TAB	-	3
sevelamer hydrochloride tab (RENAGEL equiv)	-	3
VELPHORO CHEW TAB	-	3
SHORT BOWEL SYNDROME (SBS) AGENTS		
GATTEX KIT	-	NC

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MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter
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ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS		

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DrugName	Special Code	Tier
GASTROINTESTINAL AGENTS - MISC. Cont.		
TRYPTOPHAN HYDROXYLASE INHIBITORS		
XERMELO TAB	-	NC
GENERAL ANESTHETICS		
ANESTHETICS - MISC.		
KETAMINE HCL TROCHES	-	NC
GENITOURINARY AGENTS - MISCELLANEOUS		
ALKALINIZERS		
CYTRA K CRYSTALS	-	1
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 (UROCIT-K TAB equiv)	-	2
POLYCITRA CRYSTAL PACK	-	3
POLYCITRA-LC SOLN	-	3
UROCIT-K TAB	-	3
CYSTINOSIS AGENTS		
PROCYSBI GRANULES PACKET	-	NC
CYSTAGON CAP (Only available through CVS Specialty 800-238-7828)	LD	SP
GENITOURINARY IRRIGANTS		
sodium chloride 0.9% irr soln	-	1

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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 fo first 3 months	
SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program	
ST Step Therapy	VAC Vaccine Program	
¢ RxCENTS		

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Category/Class

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DrugName	Special Code	Tier
GENITOURINARY AGENTS - MISCELLANEOUS Cont.		
RENACIDIN SOLN	-	3
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON CAP	-	2
PENTOSAN CAP	-	NC
PROSTATIC HYPERTROPHY AGENTS		
alfuzosin SR tab (UROXATRAL equiv)	-	1
dutasteride cap (AVODART equiv)	-	1
finasteride tab (PROSCAR equiv)	-	1
silodosin cap (RAPAFLO equiv)	-	1
tamsulosin cap (FLOMAX equiv)	-	1
dutasteride/tamsulosin cap (JALYN equiv)	-	2
AVODART CAP	-	3
CARDURA XL TAB	-	3
FLOMAX CAP	-	3
JALYN CAP	-	3
PROSCAR TAB	-	3
RAPAFLO CAP	-	3
UROXATRAL TAB	-	3
URINARY ANALGESICS		
phenazopyridine tab (PYRIDIDIUM equiv)	-	1
phenazopyridine tab 95mg (AZO equiv)	OTC	1
phenazopyridine tab 97.5mg (AZO equiv)	OTC	1

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Category/Class

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DrugName	Special Code	Tier
GENITOURINARY AGENTS - MISCELLANEOUS Cont.		
phenazopyridine tab 99.5mg (AZO equiv)	OTC	1
AZO URINARY TAB	OTC	3
URINARY STONE AGENTS		
LITHOSTAT TAB	-	3
THIOLA EC TAB	-	NC
THIOLA TAB	-	NC
tiopronin tab (THIOLA equiv)	MSP-PA	SP
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
colchicine/probenecid tab (COL-BENEMID equiv)	-	1
DUZALLO TAB	-	NC
GOUT AGENTS		
allopurinol tab (ZYLOPRIM equiv)	-	1
colchicine tab (COLCRYS equiv)	-	2
febuxostat tab (ULORIC equiv) (Step Therapy requires trial of allopurinol)	ST- ϕ	2
GLOPERBA SOLN (Prior Authorization required for members age 9 or older)	PA	3
ZYLOPRIM TAB	-	3
COLCRYS TAB	-	NC
MITIGARE CAP, COLCHICINE CAP	-	NC
ULORIC TAB	-	NC
ZURAMPIC TAB	-	NC
URICOSURICS		
probenecid tab (BENEMID equiv)	-	1

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DrugName	Special Code	Tier
HEMATOLOGICAL AGENTS - MISC.		
ANTIHEMOPHILIC PRODUCTS		
AFSTYLA KIT	-	NC
HEMLIBRA INJ	MSP-PA	SP
BRADYKININ B2 RECEPTOR ANTAGONISTS		
FIRAZYR INJ	-	NC
icatibant inj (FIRAZYR equiv)	MSP-PA	SP
COMPLEMENT INHIBITORS		
TAVNEOS CAP	-	NC
BERINERT INJ (Only available through Walgreens 888-347-3416)	LD-PA	SP
CINRYZE INJ (QL= 16 vials/28 days; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	SP
EMPAVELI INJ (QL= 160ml/28 days; Only available through PantheRx 855-726-847)	LD-PA-QL	SP
HAEGARDA INJ	MSP-PA	SP
RUCONEST INJ (Only available through CVS Specialty 800-237-2767)	LD-PA	SP
HEMATAOLOGIC - TYROSINE KINASE INHIBITORS		
TAVALISSE TAB (QL= 2 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	SP
HEMATORHEOLOGIC AGENTS		
pentoxifylline ER tab (TRENTAL equiv)	-	1
TRENTAL TAB	-	3
PLASMA KALLIKREIN INHIBITORS		
ORLADEYO CAP	-	NC
TAKHZYRO INJ (QL= 2 inj/28 days; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	SP

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RS Restricted to Specialist	SF Limited to two 15 day fills per month fo first 3 months	
SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program	
ST Step Therapy	VAC Vaccine Program	
¢ RxCENTS		

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Community First Insurance Plan Formulary

Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
HEMATOLOGICAL AGENTS - MISC. Cont.		
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	-	1
ticlopidine tab (TICLID equiv)	-	1
aspirin/dipyridamole cap (AGGRENOX equiv)	-	2
AGGRENOX CAP	-	3
AGRYLIN CAP	-	3
BRILINTA TAB	-	3
EFFIENT TAB	-	3
PERSANTINE TAB	-	3
PLAVIX TAB 75MG	-	3
PLETAL TAB	-	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
CABLIVI INJ KIT (QL= 1 vial/day; Only available through Biologics 800-850-4306)	LD-PA-QL	SP

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EXC	Plan Exclusion	INF	Infertility
LD	Limited Distribution	M	Medical Benefit
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	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS		

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Community First Insurance Plan Formulary

Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
HEMATOLOGICAL AGENTS - MISC. Cont.		
PYRUVATE KINASE ACTIVATORS		
PYRUKYND TAB	-	NC
PYRUKYND THERAPY PACK	-	NC
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CERDELGA CAP	-	NC
ZAVESCA CAP	-	NC
miglustat cap (ZAVESCA equiv) (Only available through Accredo 800-803-2523)	LD-PA	SP
AGENTS FOR SICKLE CELL ANEMIA		
DROXIA CAP	-	2
SIKLOS TAB	-	NC
ENDARI POWDER PACK (QL= 6 packets/day)	MSP-PA-QL	SP
OXBRYTA TAB (QL= 3 tabs/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	SP
AGENTS FOR SICKLE CELL DISEASE		
OXBRYTA TAB (QL= 5 tabs/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	SP
COBALAMINS		
cyanocobalamin inj	-	1
NASCOBAL NASAL SPRAY	-	3
CALOMIST NASAL SPRAY	-	NC
FOLIC ACID/FOLATES		

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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	SP	Available through Specialty Pharmacy Program		
ST	Step Therapy	VAC	Vaccine Program		
¢	RxCENTS				

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Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
HEMATOPOIETIC AGENTS Cont.		
folic acid tab 1mg (Covered at \$0 for females only; All other members covered at generic copay)	-	\$0
folic acid tab 400mcg (Covered for females only)	OTC	\$0
folic acid tab 800mcg (Covered for females only)	OTC	\$0
HEMATOPOIETIC GROWTH FACTORS		
ARANESP INJ (Step Therapy requires trial of EPOGEN or PROCRIT)	ST	2
EPOGEN INJ	-	2
RETACRIT INJ	-	2
GRANIX INJ	-	NC
LEUKINE INJ	-	NC
MIRCERA INJ	-	NC
MULPLETA TAB	-	NC
NEULASTA INJ	-	NC
NEUPOGEN INJ	-	NC
NYVEPRIA INJ	-	NC
PROCRIT INJ	-	NC
REBLOZYL INJ	-	NC
RELEUKO INJ	-	NC
RELEUKO PREFILLED SYRINGE INJ	-	NC
UDENYCA INJ	-	NC
DOPTELET TAB (QL= 2 tabs/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	SP

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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 fo first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	VAC	Vaccine Program
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Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
HEMATOPOIETIC AGENTS Cont.		
FULPHILA INJ	MSP	SP
NIVESTYM INJ	MSP	SP
PROMACTA POWDER	MSP-PA	SP
PROMACTA TAB	MSP-PA	SP
ZARXIO INJ	MSP	SP
ZIEXTENZO INJ	MSP	SP
HEMATOPOIETIC MIXTURES		
ferrex 150 forte cap	-	1
ferrex 150 forte cap (NIFEREX 150 FORTE equiv)	-	1
folbee tab	-	1
IRON POLYSACCH/THREONIC ACID/B12/FA CAP	-	1
MULTIGEN FOLIC TAB	-	1
MULTIGEN PLUS TAB	-	1
MULTIGEN TAB	-	1
tricon cap (TRINSICON equiv)	-	1
NEPHRON FA TAB	-	2
CHROMAGEN FA TAB	-	3
FERREX 28 TAB	-	3
MULTIVITAMIN TAB	-	3
BENTIVITE TAB	-	NC
BIFERARX TAB	-	NC
B-SERENE PAD	-	NC

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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 fo first 3 months	
SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program	
ST Step Therapy	VAC Vaccine Program	
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Category/Class

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DrugName	Special Code	Tier
HEMATOPOIETIC AGENTS Cont.		
CORVITE TAB	-	NC
CYFOLEX CAP	-	NC
FEONYX TAB	-	NC
FERRO-PLEX TAB	-	NC
FOLITE TAB	-	NC
folvite-d tab (GENICIN equiv)	-	NC
FOLVITE-FE TAB	-	NC
OVEEZA CAP	-	NC
PUREFOLIX TAB	-	NC
IRON		
ferrous sulfate elixir (Covered for members 1 year or younger)	OTC	\$0
FERROUS SULFATE LIQUID (Covered for members 1 year or younger)	OTC	\$0
ferrous sulfate soln (Covered for members 1 year or younger)	OTC	\$0
ferrous sulfate syrup (FERROUS SULFATE equiv)	OTC	\$0
IRON SUSP (Covered for members 1 year or younger)	OTC	\$0
ACCRUFER CAP	-	NC
STEM CELL MOBILIZERS		
MOZOBIL INJ	M	M
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
aminocaproic acid syrup (AMICAR equiv)	-	1
aminocaproic acid soln (AMICAR equiv)	-	2

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SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	VAC	Vaccine Program
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Community First Insurance Plan Formulary

Category/Class

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DrugName	Special Code	Tier
HEMOSTATICS Cont.		
aminocaproic acid tab (AMICAR equiv)	-	2
tranexamic acid tab (LYSTEDA equiv)	-	2
AMICAR SOLN	-	3
AMICAR SYRUP	-	3
AMICAR TAB	-	3
LYSTEDA TAB	-	3
CYKLOKAPRON INJ	M	M
tranexamic acid inj (CYKLOKAPRON equiv)	M	M
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		

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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 fo first 3 months	
SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program	
ST Step Therapy	VAC Vaccine Program	
¢ RxCENTS		

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DrugName	Special Code	Tier
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS Cont.		
doxepin tab (SILENOR equiv) (QL= 1 tab/day)	QL	3
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
zolpidem ER tab (AMBIEN CR equiv) (QL= 1 tab/day)	QL	2
AMBIEN TAB (QL= 1 tab/day)	QL	3
HALCION TAB	-	3
LUNESTA TAB (QL= 1 tab/day)	QL	3
PROSOM TAB	-	3
RESTORIL CAP 15MG	-	3
RESTORIL CAP 22.5MG	-	3
RESTORIL CAP 30MG	-	3
RESTORIL CAP 7.5MG	-	3
SOMNOTE CAP	-	3
SONATA CAP	-	3
temazepam cap 22.5mg (RESTORIL equiv)	-	3
temazepam cap 7.5mg (RESTORIL equiv)	-	3

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DrugName	Special Code	Tier
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS Cont.		
AMBIEN CR TAB	-	NC
DORAL TAB	-	NC
EDLUAR SL TAB	-	NC
INTERMEZZO SL TAB	-	NC
zolpidem tartrate SL tab (INTERMEZZO equiv)	-	NC
ZOLPIMIST SPRAY	-	NC
OREXIN RECEPTOR ANTAGONISTS		
DAYVIGO TAB (QL= 1 tab/day)	PA-QL	3
QUVIVIQ TAB	-	NC
SELECTIVE MELATONIN RECEPTOR AGONISTS		
ramelteon tab (ROZEREM equiv) (QL= 1 tab/day)	QL	2
ROZEREM TAB (QL= 1 tab/day)	QL	3
HETLIOZ CAP	-	NC
HETLIOZ SUSP	-	NC
LAXATIVES		
LAXATIVE COMBINATIONS		
GAVILYTE-C SOLN (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	\$0
GOLYTELY SOLN (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	\$0
NULYTELY SOLN (Covered at \$0 for members 45-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year)	QL	\$0

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ST	Step Therapy	VAC	Vaccine Program
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DrugName	Special Code	Tier
LAXATIVES Cont.		
peg 3350/electrolytes soln (COLYTE equiv) (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	\$0
trilyte soln (NULYTELY equiv) (Covered at \$0 for members 45-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year)	QL	\$0
CLENPIQ SOLN	-	2
MOVIPREP SOLN (Step Therapy requires trial of CLENPIQ)	ST	3
peg 3350 soln (100 gram Moviprep equiv) (MOVIPREP equiv) (Step Therapy requires trial of CLENPIQ)	ST	3
SUPREP SOLN (Step Therapy requires trial of CLENPIQ)	ST	3
gavilyte-h kit	-	NC
HALFLYTELY BOWEL PREP KIT	-	NC
PLENVU SOLN	-	NC
PREPOPIK PAK	-	NC
SUCLEAR KIT	-	NC
SUTAB TAB	-	NC

LAXATIVES - MISCELLANEOUS

lactulose soln	-	1
polyethylene glycol 3350 powder (MIRALAX equiv)	OTC	1
KRISTALOSE PACK	-	3
KRISTALOSE PACKET	-	3
MIRALAX PACKET	OTC	3
MIRALAX POWDER	OTC	3
GIALAX KIT	-	NC

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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	SP Available through Specialty Pharmacy Program	
ST Step Therapy	VAC Vaccine Program	
¢ RxCENTS		

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DrugName	Special Code	Tier
LAXATIVES Cont.		
LACTULOSE PACK	-	NC
SALINE LAXATIVES		
OSMOPREP TAB (Step Therapy requires trial of CLENPIQ)	ST	3
VISICOL TAB	-	3
LOCAL ANESTHETICS-PARENTERAL		
LOCAL ANESTHETIC COMBINATIONS		
ROPIVICAINE/CLONIDINE/KETOROLAC INJ	-	NC
MACROLIDES		
AZITHROMYCIN		
azithromycin susp (ZITHROMAX equiv)	-	1
azithromycin tab (ZITHROMAX equiv)	-	1
ZITHROMAX POWDER PACK	-	3
ZITHROMAX SUSP	-	3
ZITHROMAX TAB	-	3
ZMAX SUSP	-	3
CLARITHROMYCIN		
clarithromycin susp (BIAXIN equiv)	-	1
clarithromycin tab (BIAXIN equiv)	-	1
CLARITHROMYCIN SUSP	-	2
BIAXIN SUSP	-	3
BIAXIN TAB	-	3
BIAXIN XL TAB	-	3
clarithromycin ER tab (BIAXIN XL equiv)	-	3

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DrugName	Special Code	Tier
MACROLIDES Cont.		
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
ERYPED SUSP	-	3
ERYTHROMYCIN ETHYLSUCCINATE TAB	-	3
erythromycin tab (ERY-TAB equiv)	-	3
PCE TAB	-	3

FIDAXOMICIN		
DIFICID SUSP (QL= 136 mL/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYCIN SOLN, or FIRVANQ SOLN)	QL-ST	2
DIFICID TAB (QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYCIN SOLN, or FIRVANQ SOLN)	QL-ST	2

MEDICAL DEVICES

PARENTERAL THERAPY SUPPLIES		
INPEN INSULIN INJECTION DEVICE	-	NC

MEDICAL DEVICES AND SUPPLIES

CONTRACEPTIVES		
CERVICAL CAP	-	\$0
DIAPHRAGM	-	\$0
FEMALE CONDOMS	OTC	\$0

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DrugName	Special Code	Tier
MEDICAL DEVICES AND SUPPLIES Cont.		
DIABETIC SUPPLIES		
ACCU-CHEK AVIVA PLUS METER	OTC	\$0
ACCU-CHEK GUIDE CARE METER	OTC	\$0
ACCU-CHEK GUIDE ME KIT	OTC	\$0
ACCU-CHEK NANO METER	OTC	\$0
FREESTLY LITE METER	OTC	\$0
FREESTYLE FREEDOM LITE METER	OTC	\$0
FREESTYLE INSULINX METER	OTC	\$0
FREESTYLE PRECISION NEO METER	OTC	\$0
PRECISION XTRA METER	OTC	\$0
CALIBRATION LIQUID	OTC	1
LANCET DEVICE	OTC	1
LANCET KIT	OTC	1
LANCETS	OTC	1
OMNIPOD 5 INTRO KIT (QL= 1 kit/year)	QL	2
OMNIPOD 5 PACK PODS (QL= 10 pods/month)	QL	2
OMNIPOD DASH INTRO KIT (QL= 1 kit/year)	QL	2
OMNIPOD DASH PODS (QL= 10 pods/month)	QL	2
OMNIPOD STARTER KIT (QL= 1 kit/year)	QL	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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ST	Step Therapy	VAC
¢	RxCENTS	
		Infertility
		Medical Benefit
		Over-the-Counter
		Quantity Limit
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		Available through Specialty Pharmacy Program
		Vaccine Program

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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 2 RECEIVER (QL= 1 receiver/year)	PA-QL	3
FREESTYLE LIBRE 2 SENSOR (QL= 2 sensors/28 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
CEQR SIMPLICITY	-	NC
INSULIN SYRINGE	OTC	NC
PEN NEEDLE	OTC	NC
RESPIRATORY THERAPY SUPPLIES		
PEAK FLOW METER	OTC	1

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Last Updated* 5/1/2022

DrugName	Special Code	Tier
MEDICAL DEVICES AND SUPPLIES Cont.		
AEROCHAMBER	OTC	2
AEROCHAMBER SUPPLIES	-	2
MIGRAINE PRODUCTS		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG		
AJOVY INJ (QL= 1 pack/28 days)	PA-QL	2
NURTEC ODT (QL= 8 tabs/30 days, 6 fills/year)	PA-QL	2
QULIPTA TAB	-	NC
MIGRAINE COMBINATIONS		
ergotamine tartrate/caffeine tab (CAFERGOT equiv)	-	3
ACETAMINOPHEN/ISOMETHEPTENE/DICHLORAL CAP	-	NC
acetaminophen/isometheptene/dichloral cap (MIDRIN equiv)	-	NC
ISOMETHEPTENE/CAFFEINE/ACETAMINOPHEN TAB	-	NC
isometheptene/caffeine/acetaminophen tab (PRODRIN equiv)	-	NC
MIGERGOT SUPP	-	NC
PRODRIN TAB	-	NC
SUMANSETRON PAK	-	NC
sumatriptan/naproxen tab (TREXIMET equiv)	-	NC
TREXIMET TAB	-	NC
MIGRAINE PRODUCTS		
dihydroergotamine mesylate inj (D.H.E. equiv) (QL= 10 inj/14 days)	QL	3
ERGOMAR SL TAB	-	3
D.H.E. INJ	-	NC

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EXC Plan Exclusion	INF Infertility	
LD Limited Distribution	M Medical Benefit	
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 fo first 3 months	
SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program	
ST Step Therapy	VAC Vaccine Program	
¢ RxCENTS		

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DrugName	Special Code	Tier
MIGRAINE PRODUCTS Cont.		
dihydroergotamine mesylate nasal spray (MIGRANAL equiv)	-	NC
MIGRANAL SPRAY	-	NC
TRUDHESA NASAL SPRAY	-	NC
MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES		
AIMOVIG INJ (QL= 1 pack/28 days)	PA-QL	2
AJOVY 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
UBRELVY TAB (QL= 10 tabs/30 days, 6 fills/year)	PA-QL	2
MIGRAINE PRODUCTS - NSAIDS		
CAMBIA POWDER PACKET	-	NC
ELYXYB SOLN	-	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
REYVOW TAB (QL= 8 tabs/30 days, 6 fills/year)	PA-QL	2
SUMATRIPTAN INJ (QL= 4 inj/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

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LD	Limited Distribution	M
MSP	Mandatory Specialty Pharmacy Program	OTC
PA	Prior Authorization	QL
RS	Restricted to Specialist	SF
SMKG	Smoking Cessation	SP
ST	Step Therapy	VAC
¢	RxCENTS	
		Infertility
		Medical Benefit
		Over-the-Counter
		Quantity Limit
		Limited to two 15 day fills per month fo first 3 months
		Available through Specialty Pharmacy Program
		Vaccine Program

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DrugName	Special Code	Tier
MIGRAINE PRODUCTS Cont.		
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	2
zolmitriptan tab (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	2
almotriptan tab (AXERT equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	3
AMERGE TAB (QL= 9 tabs/fill, 2 fills/30 days)	QL	3
AXERT TAB (QL= 9 tabs/fill, 2 fills/30 days)	QL	3
FROVA TAB (QL= 9 tabs/fill, 2 fills/30 days)	QL	3
frovatriptan tab (FROVA equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	3
IMITREX INJ (QL= 4 inj/fill, 2 fills/30 days)	QL	3
IMITREX TAB (QL= 9 tabs/fill, 2 fills/30 days)	QL	3
IMITREX VIAL INJ (QL= 5 inj/fill, 2 fills/30 days)	QL	3
MAXALT MLT TAB (QL= 12 tabs/fill, 3 fills/60 days)	QL	3
MAXALT TAB (QL= 12 tabs/fill, 3 fills/60 days)	QL	3
RELPAX TAB (QL= 9 tabs/fill, 2 fills/30 days)	QL	3
zolmitriptan nasal spray (ZOLMITRIPTAN, ZOMIG equiv) (QL= 6 sprays/fill, 2 fills/30 days)	QL	3
ZOLMITRIPTAN SPRAY, ZOMIG SPRAY (QL= 6 sprays/fill, 2 fills/30 days)	QL	3
ZOMIG TAB (QL= 9 tabs/fill, 2 fills/30 days)	QL	3
ZOMIG ZMT (QL= 9 tabs/fill, 2 fills/30 days)	QL	3
ALSUMA INJ, ZEMBRACE SYMTOUCH INJ	-	NC

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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	SP	Available through Specialty Pharmacy Program		
ST	Step Therapy	VAC	Vaccine Program		
¢	RxCENTS				

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DrugName	Special Code	Tier
MIGRAINE PRODUCTS Cont.		
ONZETRA XSAIL	-	NC
SUMAVEL DOSEPRO INJ	-	NC
TOSYMRA SOLN	-	NC
ZECUITY PAD	-	NC
MINERALS & ELECTROLYTES		
CHLORIDE		
AMMONIUM CHLORIDE INJ	M	M
FLUORIDE		
FLUORABON SOLN (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay)	-	\$0
LURIDE SOLN (Covered at \$0 for members 5 years or younger; All other members covered at non-preferred brand copay)	-	\$0
LURIDE TAB (Covered at \$0 for members 5 years or younger; All other members covered at non-preferred brand copay)	-	\$0
SODIUM FLUORIDE LOZENGE (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0
sodium fluoride soln (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0
SODIUM FLUORIDE TAB (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0
sodium fluoride tab (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0
FLUOR-A-DAY CHEW TAB	-	1

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RS	Restricted to Specialist	SF
SMKG	Smoking Cessation	SP
ST	Step Therapy	VAC
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DrugName	Special Code	Tier
MINERALS & ELECTROLYTES Cont.		
MAGNESIUM		
magnesium sulfate inj	M	M
PHOSPHATE		
phospha 250 neutral tab (K-PHOS NEUTRAL equiv)	-	1
K-PHOS TAB	-	2
potassium phosphate monobasic tab (K-PHOS equiv)	-	2
K-PHOS NEUTRAL TAB	-	3
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
potassium chloride powder packet (KLOR-CON equiv)	-	2
potassium chloride soln	-	2
KLOR-CON POWDER PACKET	-	3
KLOR-CON POWDER PACKET 25MEQ	-	3
MICRO-K CAP	-	3
SODIUM		
sodium chloride inj	M	M
ZINC		

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SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program	
ST Step Therapy	VAC Vaccine Program	
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DrugName	Special Code	Tier
MINERALS & ELECTROLYTES Cont.		
zinc sulfate cap	-	1
GALZIN CAP	-	2
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
penicillamine tab (DEPEN TITRATAB equiv)	-	2
DEPEN TITRATAB	-	3
CUPRIMINE CAP	-	NC
penicilliamine cap (CUPRIMINE equiv)	-	NC
SYPRINE CAP	-	NC
trientine cap (SYPRINE equiv)	MSP-PA	SP
IMMUNOMODULATORS		
lenalidomide cap (REVLIMID equiv) (QL= 1 cap/day; Restricted to Oncology or Hematology Specialist)	MSP-QL-RS	SP
REVLIMID CAP (QL= 1 cap/day; Restricted to Oncology or Hematology Specialist)	MSP-QL-RS	SP
REZUROCK TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL	SP
IMMUNOSUPPRESSIVE AGENTS		
everolimus tab (ZORTRESS equiv)	PA	2
sirolimus soln (RAPAMUNE equiv)	-	2
RAPAMUNE SOLN	-	3
ZORTRESS TAB	PA	3
ASTAGRAF XL CAP	-	NC
azathioprine tab 100mg (AZASAN equiv)	-	NC
azathioprine tab 75mg (AZASAN equiv)	-	NC

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SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program		
ST	Step Therapy	VAC	Vaccine Program		
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DrugName	Special Code	Tier
MISCELLANEOUS THERAPEUTIC CLASSES Cont.		
PROGRAF PACKET	-	NC
ENSPRYNG INJ (QL= 1 inj/28 days)	MSP-PA-QL	SP
LUPKYNIS CAP (QL= 6 caps/day; Only available through Biologics 800-850-4306 c PantheRx Pharmacy 855-726-8479)	LD-PA-QL	SP
PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS		
VIJOICE TAB	-	NC
POTASSIUM REMOVING AGENTS		
SPS SUSP	-	1
LOKELMA PAK	PA	2
PROGERIA TREATMENT AGENTS		
ZOKINVY CAP (QL= 4 caps/day; Only available through US Bioservices 888-518-7246)	LD-PA-QL	SP
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA AUTO-INJECTOR (QL= 4 inj/28 day)	MSP-PA-QL	SP
BENLYSTA INJ (QL= 4 inj/28 day)	MSP-PA-QL	SP
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
lidocaine viscous soln	-	1
LIDOCAINE ORAL SOLN 4%	-	2
FIRST MOUTHWASH BLM	-	3
LTA 360 KIT	-	3
ANTIALLERGY AGENTS - MOUTH/THROAT		
APHTHASOL PASTE	-	2

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DrugName	Special Code	Tier
MOUTH/THROAT/DENTAL AGENTS Cont.		
ANTI-INFECTIVES - THROAT		
clotrimazole troches (MYCELEX TROCHES equiv)	-	1
nystatin susp	-	1
FIRST DUKES MOUTHWASH	-	3
FIRST MARYS MOUTHWASH	-	3
MYCELEX TROCHES	-	3
ORAVIG TAB	-	3
ANTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate soln (PERIDEX equiv)	-	1
PERIDEX SOLN	-	3
DEBACTEROL SOLN	M	M
DENTAL PRODUCTS		
PREVIDENT 5000 PLUS CREAM (Covered at \$0 for members 5 years or younger; - All other members covered at preferred brand copay)	-	\$0
sodium fluoride cream (PREVIDENT equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0
FLUORIDEX SENSITIVITY PASTE	-	1
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 GEL	-	2
PREVIDENT PASTE	-	2

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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
EVOXAC CAP	-	3
SALAGEN TAB	-	3
GELCLAIR GEL	-	NC
PROTHELIAL PASTE	-	NC
SILATRIX GEL	-	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
DIATZ ZN TAB	-	3
NEPHROCAP	-	3
NEPHRO-VITE TAB	-	3
FIBRIK CAP	-	NC
MULTIPLE VITAMINS W/ MINERALS		
multivitamin/minerals tab (STROVITE equiv)	-	1

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DrugName	Special Code	Tier
MULTIVITAMINS Cont.		
V-C FORTE CAP	-	3
VITRECYL IRON TAB	-	NC
VITRECYL TAB	-	NC
MULTIVITAMINS		
FOLIKA-V TAB	-	NC
PED MULTI VITAMINS W/FL & FE		
pediatric multiple vitamins/fluoride/iron soln	-	1
ESCAVITE CHEW TAB	-	3
PED MV W/ FLUORIDE		
MULTIVITAMIN/FLOURIDE CHEW 0.25MG	-	1
MULTIVITAMIN/FLOURIDE CHEW 1MG	-	1
MULTIVITAMIN/FLUORIDE CHEW TAB	-	1
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

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DrugName	Special Code	Tier
MULTIVITAMINS Cont.		
PRENATAL 19 TAB	-	1
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, RENAPLUS)	-	1
VP-PNV-DHA CAP	-	1
MYNATAL-Z TAB	-	3
NEONATAL 19 TAB	-	3
NEONATAL FE TAB	-	3
PRENATAL VITAMINS (NON-PREFERRED)	-	3
VITAFOL STRIPS	-	3
AZESCHEW TAB 13-1MG	-	NC
AZESCO TAB	-	NC
CITRANATAL CAP MEDLEY	-	NC
JENLIVA CAP	-	NC
MULTI-MAC TAB	-	NC
PREGEN DHA CAP	-	NC
PREGENNA TAB	-	NC
PRENARA CAP	-	NC
PRENATRIX TAB	-	NC
PRENATRYL TAB	-	NC
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
baclofen tab (BACLOFEN equiv)	-	1
carisoprodol tab (SOMA equiv)	-	1

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DrugName	Special Code	Tier
MUSCULOSKELETAL THERAPY AGENTS Cont.		
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
chlorzoxazone tab 500mg	-	2
tizanidine cap (ZANAFLEX equiv)	-	2
cyclobenzaprine tab 7.5mg (FEXMID equiv)	-	3
FEXMID TAB	-	3
FLEQSUVY SUSP (Prior Authorization required for members age 9 or older)	PA	3
FLEXERIL TAB	-	3
metaxalone tab (SKELAXIN equiv)	-	3
METAXALONE TAB 400MG	-	3
PARAFON FORTE TAB	-	3
ROBAXIN TAB	-	3
SKELAXIN TAB	-	3
SOMA TAB	-	3
ZANAFLEX CAP	-	3
ZANAFLEX TAB	-	3
AMRIX CAP	-	NC
baclofen intrathecal inj (BACLOFEN equiv)	-	NC
BACLOFEN TAB 5MG	-	NC

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MUSCULOSKELETAL THERAPY AGENTS Cont.		
carisoprodol tab 250mg (SOMA equiv)	-	NC
chlorzoxazone tab	-	NC
CHLORZOXAZONE TAB 250MG	-	NC
CHLORZOXAZONE TAB 250MG, LORZONE TAB	-	NC
CYCLOBENZAPRINE COMPOUND KIT	-	NC
cyclobenzaprine ER cap (AMRIX equiv)	-	NC
OZOBAX SOLN	-	NC
SOMA TAB 250MG	-	NC
DIRECT MUSCLE RELAXANTS		
dantrolene cap (DANTRIUM equiv)	-	2
DANTRIUM CAP	-	3
MUSCLE RELAXANT COMBINATIONS		
carisoprodol/aspirin/codeine tab (SOMA COMPOUND/CODEINE equiv)	-	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
LORVATUS PHARMAPAK KIT	-	NC
NORGESIC TAB FORTE	-	NC
ORPHENADRINE/ASPIRIN/CAFFEINE TAB	-	NC
TIZANIDINE COMFORT KIT	-	NC
NASAL AGENTS - SYSTEMIC AND TOPICAL		

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EXC	Plan Exclusion	INF	Infertility
LD	Limited Distribution	M	Medical Benefit
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 fo first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS		

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Community First Insurance Plan Formulary

Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
NASAL AGENTS - SYSTEMIC AND TOPICAL Cont.		
NASAL AGENT COMBINATIONS		
azelastine/fluticasone nasal spray (DYMISTA equiv)	-	NC
AZENASE PAK	-	NC
DYMISTA SPRAY	-	NC
NASAL AGENTS - MISC.		
ALCOHOL SWABS	OTC	1
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
ASTELIN NASAL SPRAY, ASTEPRO NASAL SPRAY	-	3
PATANASE NASAL SPRAY	-	3
NASAL ANTICHOLINERGICS		
ipratropium nasal spray (ATROVENT equiv)	-	1
ATROVENT NASAL SPRAY	-	3
NASAL ANTI-INFECTIVES		
BACTROBAN NASAL OINT	-	3
NASAL STEROIDS		
budesonide nasal spray (RHINOCORT AQUA equiv) (QL= 2 bottles/fill)	OTC-QL	1

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LD Limited Distribution	M Medical Benefit	
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	SP Available through Specialty Pharmacy Program	
ST Step Therapy	VAC Vaccine Program	
¢ RxCENTS		

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Community First Insurance Plan Formulary

Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
NASAL AGENTS - SYSTEMIC AND TOPICAL Cont.		
FLUNISOLIDE NASAL SPRAY (QL= 2 bottles/fill)	QL	1
fluticasone nasal spray (FLONASE equiv) (QL= 2 bottles/fill)	QL	1
mometasone nasal spray (NASONEX equiv) (QL= 2 bottles/fill)	QL	1
NASACORT OTC NASAL SPRAY (QL= 2 bottles/fill)	OTC-QL	1
triamcinolone OTC nasal spray (NASACORT equiv) (QL= 2 bottles/fill)	OTC-QL	1
FLONASE SENSIMIST NASAL SPRAY	OTC	2
BECONASE AQ NASAL SPRAY (QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone, triamcinolone or mometasone)	QL-ST	3
ZETONNA NASAL SPRAY (QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone, triamcinolone or mometasone)	QL-ST	3
OMNARIS NASAL SPRAY	-	NC
QNASL NASAL SPRAY	-	NC
RHINOCORT AQUA NASAL SPRAY	-	NC
SINUVA NASAL IMPLANT	-	NC
XHANCE NASAL EXHALER	-	NC
SYMPATHOMIMETIC DECONGESTANTS		
TYZINE NASAL SOLN	-	3
ADRENALIN SOLN	-	NC
epinephrine hcl nasal soln (ADRENALIN equiv)	-	NC

NEUROMUSCULAR AGENTS

ALS AGENTS

riluzole tab (RILUTEK equiv)	-	2
EXSERVAN FILM	-	NC

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MSP Mandatory Specialty Pharmacy Program	OTC Over-the-Counter	
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RS Restricted to Specialist	SF Limited to two 15 day fills per month fo first 3 months	
SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program	
ST Step Therapy	VAC Vaccine Program	
¢ RxCENTS		

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Community First Insurance Plan Formulary

Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
NEUROMUSCULAR AGENTS Cont.		
RILUTEK TAB	-	NC
TIGLUTIK SUSP	-	NC
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
EVRYSDI SOLN (QL= 6.67ml/day; Only available through Accredo 800-803-2523)	LD-PA-QL	SP
NUTRIENTS		
LIPIDS		
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

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LD	Limited Distribution	M
MSP	Mandatory Specialty Pharmacy Program	OTC
PA	Prior Authorization	QL
RS	Restricted to Specialist	SF
SMKG	Smoking Cessation	SP
ST	Step Therapy	VAC
¢	RxCENTS	

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Community First Insurance Plan Formulary

Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
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
BETAGAN OPHTH SOLN	-	3
COSOPT (PF) OPHTH SOLN	-	3
timolol maleate (pf) ophth soln 0.5% (TIMOPTIC equiv)	-	3
TIMOPTIC OCUDOSE OPHTH SOLN 0.25%	-	3
TIMOPTIC OCUDOSE OPHTH SOLN 0.5%	-	3
TIMOPTIC OPHTH SOLN	-	3
TIMOPTIC-XE OPHTH GEL	-	3
brimonidine/timolol ophth soln (COMBIGAN OPHTH SOLN equiv)	-	NC
CHOLINERGIC AGONISTS		
TYRVAYA SOLN	-	NC
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

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Community First Insurance Plan Formulary

Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
HOMATROPINE OPHTH SOLN	-	2
ISOPTO HYOSCINE OPHTH SOLN	-	2
CYCLOGYL OPHTH SOLN	-	3
ISOPTO ATROPINE OPHTH SOLN	-	3
MYDRIACYL OPHTH SOLN	-	3
TROPICAMIDE/CYCLOPENT/KETOROLAC/PE OPHTH SOLN	-	NC
MIOTICS		
pilocarpine ophth soln (ISOPTO CARPINE equiv)	-	1
ISOPTO CARBACHOL OPHTH SOLN	-	2
PHOSPHOLINE OPHTH SOLN	-	2
ISOPTO CARPINE OPHTH SOLN	-	3
PILOPINE HS OPHTH GEL	-	3
VUITY OPHTH SOLN	-	NC
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
ALPHAGAN P OPHTH SOLN 0.15%	-	3
IOPIDINE OPHTH SOLN	-	3

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SMKG	Smoking Cessation	SP Available through Specialty Pharmacy Program
ST	Step Therapy	VAC Vaccine Program
¢	RxCENTS	

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Community First Insurance Plan Formulary

Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
LUMIFY OPHTH SOLN	-	NC
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 (TOBREX equiv)	-	1
AZASITE SOLN	-	2
BACITRACIN OPHTH OINT	-	2
NATACYN OPHTH SUSP (QL= 15ml/fill)	QL	2
TRIFLURIDINE OPHTH SOLN	-	2
trifluridine ophth soln (VIROPTIC equiv)	-	2
ZIRGAN OPHTH GEL	-	2

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RS	Restricted to Specialist	SF	Limited to two 15 day fills per month fo first 3 months		
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program		
ST	Step Therapy	VAC	Vaccine Program		
¢	RxCENTS				

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Community First Insurance Plan Formulary

Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
BESIVANCE OPHTH SUSP (QL= 5ml/fill)	QL	3
BLEPH-10 OPHTH SOLN	-	3
CILOXAN OPHTH OINT	-	3
CILOXAN OPHTH SOLN	-	3
gatifloxacin ophth soln (ZYMAXID equiv)	-	3
NEOSPORIN OPHTH SOLN	-	3
OCUFLOX OPHTH SOLN	-	3
POLYTRIM OPHTH SOLN	-	3
TOBREX OPHTH OINT	-	3
TOBREX OPHTH SOLN	-	3
VIGAMOX OPHTH SOLN	-	3
VIROPTIC OPHTH SOLN	-	3
ZYMAXID OPHTH SOLN	-	3
MOXEZA OPHTH SOLN 0.5%	-	NC
MOXEZA OPHTH SOLN, MOXIFLOXACIN OPHTH SOLN, VIGAMOX OPHTH SOL	-	NC
MOXIFLOXACIN SOLN	-	NC
VANCOMYCIN SOLN	-	NC
OPHTHALMIC DECONGESTANTS		
MYDFRIN OPHTH SOLN	-	3
naphazoline ophth soln	-	3
OPHTHALMIC IMMUNOMODULATORS		
RESTASIS MULTIDOSE (Restricted to Ophthalmology or Optometry Specialist)	RS	2

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SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program	
ST Step Therapy	VAC Vaccine Program	
¢ RxCENTS		

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Community First Insurance Plan Formulary

Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
RESTASIS OPHTH EMULSION (Restricted to Ophthalmology or Optometry Specialist)	RS	2
CEQUA (PF) OPHTH SOLN	-	NC
cyclosporine ophth emulsion (RESTASIS equiv)	-	NC
CYCLOSPORINE OPHTH EMULSION 0.1%	-	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
ALCAINE OPHTH SOLN	-	3
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE OPHTH SOLN (QL= 8 kits/affected eye/lifetime; Only available through Accredo 800-803-2523)	LD-PA-QL	SP
OPHTHALMIC PHOTOENHANCERS		
PHOTREXA OP KIT	-	NC
PHOTREXA VISCOUS OPHTH SOLN	-	NC
OPHTHALMIC STEROIDS		
bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv)	-	1
dexamethasone ophth soln	-	1
fluorometholone ophth soln (FML LIQUIFILM equiv)	-	1

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Community First Insurance Plan Formulary

Category/Class

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DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
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
SULFACETAMIDE/PREDNISOLONE OPHTH SOLN	-	1
tobramycin/dexamethasone ophth soln (TOBRADEX equiv)	-	1
ALREX OPHTH SUSP	-	2
BLEPHAMIDE OPHTH SOLN	-	2
DEXAMETHASONE OPHTH SOLN	-	2
difluprednate ophth emulsion (DUREZOL equiv)	-	2
LOTEMAX OPHTH GEL	-	2
LOTEMAX OPHTH OINT	-	2
loteprednol etabonate ophth gel (LOTEMAX equiv)	-	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

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MSP	Mandatory Specialty Pharmacy Program	OTC
PA	Prior Authorization	QL
RS	Restricted to Specialist	SF
SMKG	Smoking Cessation	SP
ST	Step Therapy	VAC
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DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
BLEPHAMIDE S.O.P. OPHTH OINT	-	3
CORTISPORIN OPHTH SOLN	-	3
DUREZOL OPHTH EMULSION	-	3
FLAREX OPHTH SUSP	-	3
FML FORTE OPHTH SUSP	-	3
FML LIQUIFLIM OPHTH SUSP	-	3
FML S.O.P. OPHTH OINT	-	3
LOTEMAX OPHTH GEL	-	3
MAXITROL OPHTH OINT	-	3
MAXITROL OPHTH SUSP	-	3
PRED FORTE OPHTH SUSP	-	3
TOBRADEX OPHTH SOLN	-	3
TOBRADEX ST OPHTH SUSP	-	3
DEXTENZA OPHTH INSERT	-	NC
EYSUVIS OPHTH SUSP	-	NC
INVELTYS OPHTH SUSP	-	NC
KLARITY-B DROPS	-	NC
KLARITY-L DROPS	-	NC
LOTEMAX OPHTH SUSP	-	NC
LOTEMAX SM GEL 0.38%	-	NC
PREDNISOLONE/MOXIFLOXACIN OPHTH SOLN	-	NC
PREDNISOLONE/MOXIFLOXACIN OPHTH SUSP	-	NC

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DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
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
OPHTHALMIC SURGICAL AIDS		
DUOVISC KIT	-	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
flurbiprofen ophth soln (OCUFEN equiv)	-	1
ketorolac ophth soln (ACULAR (LS) equiv)	-	1
ketotifen ophth soln (ZADITOR equiv) (OTC covered only)	OTC	1
olopatadine ophth soln 0.1% (PATANOL equiv)	-	1
olopatadine ophth soln 0.2% (PATADAY equiv) (QL= 2.5ml/30 days)	QL	1
ALOCRILOPHTH SOLN	-	2
ALOMIDE OPHTH SOLN	-	2
brinzolamide ophth susp (AZOPT equiv)	-	2
bromfenac ophth soln (BROMDAY equiv)	-	2
BROMFENAC OPHTH SOLN 0.09% (TWICE DAILY)	-	2

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Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
FLURBIPROFEN OPHTH SOLN	-	2
ILEVRO OPHTH SUSP	-	2
NEVANAC OPHTH SUSP	-	2
PROLENSA OPHTH SOLN	-	2
ACULAR (LS) OPHTH SOLN	-	3
ACUVAIL OPHTH SOLN	-	3
AZOPT OPHTH SUSP	-	3
bepotastine ophth soln (BEPREVE equiv)	-	3
CROLOM OPHTH SOLN	-	3
ELESTAT OPHTH SOLN	-	3
EMADINE OPHTH SOLN	-	3
epinastine ophth soln (ELESTAT equiv)	-	3
LASTACFT OPHTH SOLN (QL= 3ml/30 days)	QL	3
OCUFEN OPHTH SOLN	-	3
OPTIVAR OPHTH SOLN	-	3
PATANOL OPHTH SOLN	-	3
TRUSOPT OPHTH SOLN	-	3
VOLTAREN OPTH SOLN	-	3
UPNEEQ SOLN	-	EXC
BROMSITE OPHTH SOLN	-	NC
PATADAY OPHTH SOLN	-	NC
PAZEO OPHTH SOLN 0.7%	-	NC

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EXC	Plan Exclusion	INF	Infertility
LD	Limited Distribution	M	Medical Benefit
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 fo first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	VAC	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.

Community First Insurance Plan Formulary

Category/Class

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DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
ZADITOR OPHTH SOLN	OTC	NC
ZERVIAE OPHTH SOLN	-	NC
CYSTADROPS SOLN (QL = 4 bottles/28 days; Restricted to Ophthalmology Specialist; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-QL-RS	SP
CYSTARAN OPHTH SOLN (QL= 4 bottles/28 days; Restricted to Ophthalmology or Optometry Specialist; Only available through Walgreens 888-347-3416)	LD-QL-RS	SP
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
TRAVATAN Z DROPS (QL= 2.5ml/30 days)	QL	3
XALATAN OPHTH SOLN (QL= 2.5ml/30 days)	QL	3
ZIOPTAN OPHTH SOLN (QL= 1 bottle/day)	PA-QL	3
VYZULTA SOLN	-	NC
XELPROS OPHTH EMULSION	-	NC

OTIC AGENTS

OTIC AGENTS - MISCELLANEOUS		
acetic acid otic soln (VOSOL equiv)	-	1
ACETIC ACID/ALUMINUM ACETATE OTIC SOLN	-	1
CRESYLATE OTIC SOLN	-	3
VOSOL OTIC SOLN	-	3

OTIC ANALGESICS

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ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS		

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Last Updated* 5/1/2022

DrugName	Special Code	Tier
OTIC AGENTS Cont.		
omedia otic soln (AMERICAINE equiv)	-	1
OTIC ANTI-INFECTIVES		
ofloxacin otic soln (FLOXIN equiv)	-	1
CIPROFLOXACIN OTIC SOLN	-	2
OTIC COMBINATIONS		
neomycin/polymixin/hydrocortisone otic soln (CORTISPORIN equiv)	-	1
neomycin/polymixin/hydrocortisone otic susp (CORTISPORIN equiv)	-	1
pramoxine-HC AQ otic soln (CORTANE-B AQUEOUS equiv)	-	1
ciprofloxacin/dexamethasone otic susp (CIPRODEX equiv)	-	2
COLY-MYCIN S OTIC SUSP	-	2
CIPRO HC OTIC SUSP	-	3
CIPRODEX OTIC SUSP	-	3
CORTANE-B AQUEOUS OTIC SOLN	-	3
CORTISPORIN OTIC SOLN	-	3
OTOZIN OTIC DROPS	-	3
antipyrine/benzocaine otic soln (AURALGAN equiv)	-	NC
CORTANE-B OTIC SOLN	-	NC
CORTIC-ND DROPS	-	NC
otomax-HC otic soln (CORTANE-B equiv)	-	NC
OTOVEL OTIC SOLN, CIPROFLOXACIN/FLUOCINOLONE OTIC SOLN	-	NC
OTIC STEROIDS		
acetic acid/hydrocortisone otic soln (VOSOL HC equiv)	-	1

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Community First Insurance Plan Formulary

Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
OTIC AGENTS Cont.		
fluocinolone otic oil (DERMOTIC equiv)	-	2
ACETASOL HC OTIC SOLN	-	3
DERMOTIC OIL	-	3
VOSOL 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		
CUVITRU INJ	-	NC
HIZENTRA INJ	MSP-PA	SP
MONOCLONAL ANTIBODIES		
SYNAGIS INJ	M	M
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
IMMUNE SERUMS		
CUTAQUIG INJ	-	NC
HIZENTRA INJ	MSP-PA	SP
XEMBIFY INJ (Only available through CVS Specialty 800-237-2767)	LD-PA	SP
PENICILLINS		
AMINOPENICILLINS		
amoxicillin cap (TRIMOX equiv)	-	1
AMOXICILLIN CHEW TAB	-	1
amoxicillin susp (TRIMOX equiv)	-	1

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NC =Not Covered	generic =small letters	BRANDS =CAPITAL LETTERS
EXC Plan Exclusion	INF Infertility	
LD Limited Distribution	M Medical Benefit	
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	SP Available through Specialty Pharmacy Program	
ST Step Therapy	VAC Vaccine Program	
¢ RxCENTS		

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Last Updated* 5/1/2022

DrugName	Special Code	Tier
PENICILLINS Cont.		
amoxicillin tab (AMOXIL equiv)	-	1
AMPICILLIN CAP	-	1
ampicillin cap (PRINCIPEN equiv)	-	1
ampicillin susp (PRINCIPEN equiv)	-	1
MOXATAG TAB	-	NC
MOXATAG TAB 775MG	-	NC
NATURAL PENICILLINS		
PENICILLIN VK SOLN	-	1
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
AUGMENTIN ES-600 SUSP	-	3
AUGMENTIN SUSP	-	3
AUGMENTIN TAB	-	3
AUGMENTIN XR TAB	-	3
PENICILLINASE-RESISTANT PENICILLINS		
dicloxacillin cap (DYNAPEN equiv)	-	1

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MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter		
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RS	Restricted to Specialist	SF	Limited to two 15 day fills per month fo first 3 months		
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program		
ST	Step Therapy	VAC	Vaccine Program		
¢	RxCENTS				

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DrugName	Special Code	Tier
PHARMACEUTICAL ADJUVANTS		
SEMI SOLID VEHICLES		
POLYETHYLENE GLYCOL 8000 GRANULES	-	2
PROGESTINS		
PROGESTINS		
medroxyprogesterone tab (PROVERA equiv)	-	1
norethindrone tab (AYGESTIN equiv)	-	1
progesterone cap (PROMETRIUM equiv)	-	1
progesterone oil inj	-	1
AYGESTIN TAB	-	3
MEGACE ES SUSP	-	3
megestrol ES susp (MEGACE ES equiv)	-	3
PROMETRIUM CAP	-	3
PROVERA TAB	-	3
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
DISULFIRAM TAB	-	1
disulfiram tab (ANTABUSE equiv)	-	1
acamprosate calcium DR tab (CAMPRAL equiv)	-	2
ANTABUSE TAB	-	3
CAMPRAL TAB	-	3
LUCEMYRA TAB (QL= 96 tabs/7 days)	PA-QL	3
ANTI-CATAPLECTIC AGENTS		
XYWAV SOLN	-	NC

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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 fo first 3 months	
SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program	
ST Step Therapy	VAC Vaccine Program	
¢ RxCENTS		

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Community First Insurance Plan Formulary

Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
XYREM SOLN (QL= 540ml/30 days; Only available through Xyrem Certified Pharmacy 1-866-997-3688)	LD-PA-QL	SP
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 sol (NAMENDA equiv)	-	2
NAMENDA XR TITRATION PACK	-	2
rivastigmine patch (EXELON equiv)	-	2
ARICEPT ODT (QL= 1 tab/day)	QL	3
ARICEPT TAB (QL= 2 tabs/day)	QL	3
ARICEPT TAB 23MG (QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg)	QL-ST	3
EXELON CAP	-	3
EXELON PATCH	-	3
NAMENDA SOL	-	3

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DrugName	Special Code	Tier
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
NAMENDA TAB	-	3
NAMENDA XR CAP	-	3
RAZADYNE ER CAP	-	3
RAZADYNE SOLN	-	3
RAZADYNE TAB	-	3
NAMZARIC CAP	-	NC
NAMZARIC STARTER PACK	-	NC
COMBINATION PSYCHOTHERAPEUTICS		
CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB	-	1
PERPHENAZINE/ AMITRIPTYLINE TAB	-	1
olanzapine/fluoxetine cap (SYMBYAX equiv)	-	2
LIMBITROL TAB	-	3
SYMBYAX CAP	-	3
LYBALVI TAB	-	NC
FIBROMYALGIA AGENTS		
SAVELLA PAK	-	2
SAVELLA TAB (QL= 2 tabs/day)	QL	2
MOVEMENT DISORDER DRUG THERAPY		
INGREZZA PACK 40-80MG	-	NC
XENAZINE TAB	-	NC
AUSTEDO TAB (QL= 4 tabs/day)	MSP-PA-QL	SP

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MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter
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¢	RxCENTS		

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DrugName	Special Code	Tier
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
INGREZZA CAP (QL= 1 cap/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	SP
tetrabenazine tab (XENAZINE equiv)	MSP-PA	SP
MULTIPLE SCLEROSIS AGENTS		
dalfampridine ER tab (AMPYRA equiv) (QL= 2 tabs/day; Restricted to Neurology Specialist)	MSP-QL-RS	3
TYSABRI INJ	M	M
AMPYRA TAB	-	NC
BAFIERTAM CAP	-	NC
COPAXONE INJ	-	NC
MAVENCLAD PAK	-	NC
PONVORY TAB	-	NC
PONVORY TAB STARTER PACK	-	NC
TECFIDERA CAP	-	NC
TECFIDERA STARTER PACK	-	NC
VUMERITY CAP	-	NC
ZINBRYTA INJ	-	NC
AUBAGIO TAB	MSP	SP
AVONEX INJ	MSP	SP
dimethyl fumarate DR cap (TECFIDERA equiv)	MSP	SP
dimethyl fumarate DR starter pack (TECFIDERA STARTER PACK equiv)	MSP	SP
EXTAVIA INJ	MSP	SP

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LD	Limited Distribution	M
MSP	Mandatory Specialty Pharmacy Program	OTC
PA	Prior Authorization	QL
RS	Restricted to Specialist	SF
SMKG	Smoking Cessation	SP
ST	Step Therapy	VAC
¢	RxCENTS	
		Infertility
		Medical Benefit
		Over-the-Counter
		Quantity Limit
		Limited to two 15 day fills per month fo first 3 months
		Available through Specialty Pharmacy Program
		Vaccine Program

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PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
GILENYA CAP	MSP	SP
glatiramer inj (COPAXONE equiv)	MSP	SP
KESIMPTA INJ	MSP	SP
MAYZENT TAB	MSP	SP
MAYZENT TAB STARTER PACK	MSP	SP
PLEGRIDY INJ	MSP	SP
PLEGRIDY PEN INJ	MSP	SP
REBIF INJ	MSP	SP
ZEPOSIA CAP (QL= 1 cap/day)	MSP-PA-QL	SP
ZEPOSIA STARTER PACK (QL= 1 cap/day)	MSP-PA-QL	SP
POSTHERPETIC NEURALGIA (PHN) AGENTS		
GRALISE TAB	-	NC
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS		
GRALISE STARTER PACK	-	NC
LIDOTIN PAK	-	NC
LYRICA CR TAB	-	NC
pregabalin ER tab (LYRICA CR equiv)	-	NC
PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS		
FLUOXETINE CAP (PMDD)	-	3
SARAFEM TAB	-	NC
PSEUDOBULBAR AFFECT (PBA) AGENTS		
NUEDEXTA CAP (QL= 2 caps/day)	PA-QL	2
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		

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MSP	Mandatory Specialty Pharmacy Program	OTC
PA	Prior Authorization	QL
RS	Restricted to Specialist	SF
SMKG	Smoking Cessation	SP
ST	Step Therapy	VAC
¢	RxCENTS	
		Infertility
		Medical Benefit
		Over-the-Counter
		Quantity Limit
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		Vaccine Program

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DrugName	Special Code	Tier
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
PIMOZIDE TAB	-	2
ERGOLOID MESYLATES TAB	-	3
ergoloid mesylates tab (HYDERGINE equiv)	-	3
ORAP TAB	-	3
RESTLESS LEG SYNDROME (RLS) AGENTS		
HORIZANT TAB	-	NC
SMOKING DETERRENTS		
bupropion SR tab (ZYBAN equiv) (Limited to 180 days/plan year)	QL-SMKG	\$0
CHANTIX PAK (Limited to 180 days/plan year)	QL-SMKG	\$0
CHANTIX TAB (Limited to 180 days/plan year)	QL-SMKG	\$0
NICODERM PATCH (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0
NICORETTE GUM (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0
NICORETTE LOZENGE (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0
nicotine gum (NICORETTE equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0
NICOTINE KIT (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0
nicotine lozenge (COMMIT equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0
nicotine patch (NICODERM equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0
NICOTROL INHALER (Limited to 180 days/plan year)	QL-SMKG	\$0
NICOTROL NASAL SPRAY (Limited to 180 days/plan year)	QL-SMKG	\$0
ZYBAN TAB (Limited to 180 days/plan year)	QL-SMKG	\$0
CHANTIX PAK	-	NC
TRANSTHYRETIN AMYLOIDOSIS AGENTS		

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Last Updated* 5/1/2022

DrugName	Special Code	Tier
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
TEGSEDI INJ (QL= 4 inj/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	SP
VASOMOTOR SYMPTOM AGENTS		
BRISDELLE CAP	-	NC
paroxetine cap (BRISDELLE equiv)	-	NC
RESPIRATORY AGENTS - MISC.		
ALPHA-PROTEINASE INHIBITOR (HUMAN)		
ARALAST/PROLASTIN/ZEMAIRA INJ	M	M
CYSTIC FIBROSIS AGENTS		
BRONCHITOL CAP	-	NC
KALYDECO PAK (QL= 2 packets/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416)	LD-PA-QL-SF	SP
KALYDECO TAB (QL= 2 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416)	LD-PA-QL-SF	SP
ORKAMBI GRANULES PACKET (QL= 2 packets/day; Only available through Maxo Pharmacy 800-658-6046 or Walgreens 888-347-3416)	LD-PA-QL-SF	SP
ORKAMBI TAB (QL= 4 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416)	LD-PA-QL-SF	SP
PULMOZYME INH SOLN	MSP	SP
SYMDEKO TAB (QL= 2 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416)	LD-PA-QL-SF	SP
TRIKAFTA TAB (QL= 84 tabs/28 days; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416)	LD-PA-QL	SP
PULMONARY FIBROSIS AGENTS		

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DrugName	Special Code	Tier
RESPIRATORY AGENTS - MISC. Cont.		
ESBRIET CAP (QL= 9 caps/day)	MSP-PA-QL-S F	SP
ESBRIET TAB 267MG (QL= 9 tabs/day)	MSP-PA-QL-S F	SP
ESBRIET TAB 801MG (QL= 3 tabs/day)	MSP-PA-QL-S F	SP
OFEV CAP (QL= 2 caps/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	SP
SULFONAMIDES		
SULFONAMIDES		
sulfadiazine tab	-	3
SULFADIAZINE TAB	-	NC
TETRACYCLINES		
AMINOMETHYLCYCLINES		
NUZYRA TAB (QL= 30 tabs/180 days; Restricted to Infectious Disease or Pulmonology Specialist; Only available through Walgreens 888-347-3416)	LD-QL-RS	SP
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

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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	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	VAC	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.

Community First Insurance Plan Formulary

Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
TETRACYCLINES Cont.		
minocycline tab (DYNACIN equiv)	-	2
ADOXA TAB	-	3
demeclocycline tab (DECLOMYCIN equiv)	-	3
DORYX TAB	-	3
DOXYCYCLINE HYCLATE DR CAP	-	3
doxycycline hyclate DR tab (DORYX equiv)	-	3
doxycycline monohydrate cap 150mg (MONODOX equiv)	-	3
doxycycline monohydrate cap 75mg (MONODOX equiv)	-	3
DYNACIN TAB	-	3
MINOCIN CAP	-	3
MONODOX CAP	-	3
ORAXYL CAP	-	3
tetracycline cap	-	3
VIBRAMYCIN CAP	-	3
VIBRAMYCIN SUSP	-	3
VIBRAMYCIN SYRUP	-	3
ACTICLATE TAB 75MG, 150MG	-	NC
ADOXA PAK	-	NC
DORYX MPC TAB	-	NC
doxycycline hyclate tab (TARGADOX equiv)	-	NC
doxycycline hyclate tab 75mg, 150mg (ACTICLATE equiv)	-	NC
doxycycline monohydrate tab 150mg (ADOXA equiv)	-	NC

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	NC =Not Covered	generic =small letters	BRANDS =CAPITAL LETTERS
EXC	Plan Exclusion	INF	Infertility
LD	Limited Distribution	M	Medical Benefit
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 fo first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS		

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Community First Insurance Plan Formulary

Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
TETRACYCLINES Cont.		
MINOCYCLINE ER CAP	-	NC
minocycline ER tab (SOLODYN equiv)	-	NC
SEYSARA TAB	-	NC
SOLODYN TAB	-	NC
THYROID AGENTS		
ANTITHYROID AGENTS		
methimazole tab (TAPAZOLE equiv)	-	1
propylthiouracil tab	-	1
TAPAZOLE TAB	-	3
SODIUM IODIDE I-131 SOLN	-	NC
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
CYTOMEL TAB	-	3
TIROSINT-SOL (QL=1 ml/day; Prior Authorization required for members age 9 or older)	PA-QL	3
LEVOTHYROXINE INJ	-	NC
levothyroxine tab (SYNTHROID equiv)	-	NC
THYQUIDITY SOLN	-	NC

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LD	Limited Distribution	M
MSP	Mandatory Specialty Pharmacy Program	OTC
PA	Prior Authorization	QL
RS	Restricted to Specialist	SF
SMKG	Smoking Cessation	SP
ST	Step Therapy	VAC
¢	RxCENTS	
		Infertility
		Medical Benefit
		Over-the-Counter
		Quantity Limit
		Limited to two 15 day fills per month fo first 3 months
		Available through Specialty Pharmacy Program
		Vaccine Program

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Community First Insurance Plan Formulary

Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
THYROID AGENTS Cont.		
TIROSINT CAP	-	NC
TOXOIDS		
TOXOID COMBINATIONS		
ADACEL/BOOSTRIX INJ	VAC	EXC
VAXELIS INJ	VAC	EXC
ULCER DRUGS		
ANTISPASMODICS		
dicyclomine cap (BENTYL equiv)	-	1
dicyclomine tab (BENTYL equiv)	-	1
hyoscyamine sulfate CR tab (LEVVID 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
dicyclomine soln (BENTYL equiv)	-	2
glycopyrrolate tab (ROBINUL equiv)	-	2
PROPANTHELINE TAB	-	2
ANASPAZ ODT	-	3
BENTYL CAP	-	3

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PA	Prior Authorization	QL Quantity Limit
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SMKG	Smoking Cessation	SP Available through Specialty Pharmacy Program
ST	Step Therapy	VAC Vaccine Program
¢	RxCENTS	

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Community First Insurance Plan Formulary

Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
ULCER DRUGS Cont.		
BENTYL SYRUP	-	3
BENTYL TAB	-	3
CANTIL TAB	-	3
LEVBID TAB	-	3
LEVSIN SL TAB	-	3
LEVSIN TAB	-	3
LEVSINEX CAP	-	3
methscopolamine tab (PAMINE equiv)	-	3
PAMINE TAB	-	3
ROBINUL TAB	-	3
SYMAX DUOTAB	-	3
b-donna tab (DONNATAL equiv)	-	NC
chlordiazepoxide/clidinium cap (LIBRAX equiv)	-	NC
DONNATAL ELIXIR	-	NC
DONNATAL EXTENTABS	-	NC
DONNATAL TAB	-	NC
GLYCATE TAB, GLYCOPYRROLATE TAB	-	NC
LEVSIN INJ	-	NC
LIBRAX CAP	-	NC
pb-belladonna elixir (DONNATAL equiv)	-	NC
H-2 ANTAGONISTS		
CIMETIDINE SOLN	-	1

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ST	Step Therapy	VAC	Vaccine Program
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Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
ULCER DRUGS Cont.		
cimetidine soln (CIMETIDINE equiv)	-	1
cimetidine tab (TAGAMET equiv)	OTC	1
famotidine tab (PEPCID equiv)	OTC	1
nizatidine cap (AXID equiv)	-	1
famotidine susp (PEPCID equiv)	-	2
AXID CAP	-	3
NIZATIDINE SOLN (Members age 9 or older require Prior Authorization)	PA	3
PEPCID SUSP	-	3
PEPCID TAB	OTC	3
TAGAMET TAB	-	3
ZANTAC GRANULE PACKET	-	3
ranitidine cap (ZANTAC equiv)	-	NC
ranitidine syrup (ZANTAC equiv)	-	NC
ranitidine tab (Rx Only) (ZANTAC equiv)	-	NC
ZANTAC CAP	-	NC
ZANTAC EFFER TAB	-	NC
ZANTAC SYRUP	-	NC
ZANTAC TAB	-	NC
MISC. ANTI-ULCER		
sucralfate tab (CARAFATE equiv)	-	1
CARAFATE TAB	-	3
PROTON PUMP INHIBITORS		

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ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS		

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Community First Insurance Plan Formulary

Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
ULCER DRUGS Cont.		
omeprazole DR cap (PRILOSEC equiv)	-	1
pantoprazole EC tab (PROTONIX equiv)	-	1
PREVACID OTC CAP	OTC	1
esomeprazole cap (NEXIUM equiv)	OTC	3
FIRST OMEPRAZOLE SUSP	-	3
lansoprazole cap (PREVACID equiv)	OTC	3
LANSOPRAZOLE SUSP	-	3
rabeprazole EC tab (ACIPHEX equiv)	-	3
ACIPHEX SPRINKLE CAP	-	NC
ACIPHEX TAB	-	NC
ESOMEPRAZOLE STRONTIUM CAP	-	NC
NEXIUM GRANULE PACK	-	NC
PREVACID CAP	-	NC
PRILOSEC CAP	-	NC
PRILOSEC OTC DR TAB	OTC	NC
PROTONIX EC TAB	-	NC
ULCER DRUGS - PROSTAGLANDINS		
misoprostol tab (CYTOTEC equiv)	-	1
CYTOTEC TAB	-	3
ULCER THERAPY COMBINATIONS		
ZEGERID CAP OTC	OTC	1
lansoprazole/amoxicillin/clarithromycin kit (PREVPAC equiv)	-	3

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¢	RxCENTS		

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Community First Insurance Plan Formulary

Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
ULCER DRUGS Cont.		
PREVPAC KIT	-	3
PYLERA CAP	-	3
HELIDAC PACK	-	NC
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		
CUVPOSA SOLN	-	3
glycopyrrolate oral soln (CUVPOSA equiv)	-	3
DARTISLA ODT TAB	-	NC
GLYCATE TAB	-	NC
hyoscyamine inj (LEVSIN equiv)	-	NC
H-2 ANTAGONISTS		
NIZATIDINE CAP	-	1
MISC. ANTI-ULCER		
sucralfate susp (CARAFATE equiv)	-	2
CARAFATE SUSP	-	3
PROTON PUMP INHIBITORS		
esomeprazole magnesium DR tab (NEXIUM equiv)	OTC	3
NEXIUM 24HR TAB	OTC	3
omeprazole magnesium DR tab 20mg (PRILOSEC equiv)	OTC	3

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ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS		

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Community First Insurance Plan Formulary

Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS Cont.		
omeprazole tab	OTC	3
PRILOSEC OTC DR TAB	OTC	3
ACIPHEX SPRINKLE CAP 10MG, RABEPRAZOLE SPRINKLE CAP 10MG	-	NC
DEXILANT DR CAP	-	NC
esomeprazole DR granule pack (NEXIUM equiv)	-	NC
lansoprazole odt (PREVACID SOLUTAB equiv)	-	NC
NEXIUM GRANULE PACK	-	NC
pantoprazole sodium packet (PROTONIX PAK equiv)	-	NC
PREVACID SOLUTAB	-	NC
ULCER THERAPY COMBINATIONS		
TALICIA CAP	-	NC
URINARY ANTI-INFECTIVES		
URINARY ANTI-INFECTIVE COMBINATIONS		
UROQID #2 TAB	-	3
PROSED DS TAB	-	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
OXYTROL PATCH (OTC)	OTC	1

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MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter
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Community First Insurance Plan Formulary

Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
URINARY ANTISPASMODICS Cont.		
solifenacin tab (VESICARE equiv)	-	1
tolterodine tab (DETROL equiv)	-	1
tropium tab (SANCTURA equiv)	-	1
darifenacin SR tab (ENABLEX equiv)	-	2
tolterodine SR cap (DETROL LA equiv)	-	2
DETROL LA CAP	-	3
DETROL TAB	-	3
DITROPAN XL TAB	-	3
ENABLEX TAB	-	3
SANCTURA TAB	-	3
TOVIAZ TAB	PA	3
VESICARE TAB	-	3
GELNIQUE	-	NC
VESICARE LS SUSP	-	NC
URINARY ANTISPASMODIC COMBINATIONS		
URELIEF PLUS TAB	-	NC
URINARY ANTISPASMODICS		
hyoscyamine tab (LEVSIN equiv)	-	1
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
MYRBETRIQ TAB	-	2
GEMTESA TAB	-	NC
MYRBETRIQ SUSP	-	NC

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ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS		

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Community First Insurance Plan Formulary

Category/Class

Last Updated* 5/1/2022

DrugName	Special Code	Tier
URINARY ANTISPASMODICS Cont.		
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
bethanechol tab (URECHOLINE equiv)	-	1
URECHOLINE TAB	-	3
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS (NEW)		
flavoxate tab (URISPAS equiv)	-	3
VACCINES		
BACTERIAL VACCINES		
VIVOTIF CAP (QL= 4 caps/fill)	QL-VAC	2
MENACTRA INJ	VAC	EXC
MENQUADFI INJ	VAC	EXC
PREVNAR 20 INJ	VAC	EXC
VAXNEUVANCE INJ	VAC	EXC
VIRAL VACCINES		
COVID-19 VACCINE BOOSTER INJ (MODERNA) (QL= 1 inj/year)	QL	\$0
COVID-19 VACCINE INJ (JANSSEN) (QL= 1 dose/45 days; limit 2 fills/12 months)	QL	\$0
COVID-19 VACCINE INJ (MODERNA) (QL= 1 dose/24 days; limit 4 fills/12 months)	QL	\$0
COVID-19 VACCINE INJ (PFIZER) (QL= 1 dose/17 days; limit 4 fills/12 months)	QL	\$0
COVID-19 VACCINE INJ 5-11Y (PFIZER) (QL= 1 dose/17 days; limit 4 fills/12 months)	QL	\$0
FLUAD QUAD INJ	VAC	EXC
PREHEVBRIO SUSP	VAC	EXC
DENGVAXIA SUSP	VAC	NC
STAMARIL INJ	-	NC

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ST	Step Therapy	VAC Vaccine Program
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Category/Class

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DrugName	Special Code	Tier
VACCINES Cont.		
TICOVAC INJ	VAC	NC
VAGINAL AND RELATED PRODUCTS		
VAGINAL ANTI-INFECTIVES		
VANDAZOLE GEL	-	1
NUVESSA VAGINAL GEL	-	NC
VAGINAL CONTRACEPTIVE - PH MODULATORS		
PHEXXI GEL	-	NC
VAGINAL PRODUCTS		
MISCELLANEOUS VAGINAL PRODUCTS		
ACIDIC VAGINAL JELLY	-	2
FEM PH GEL	-	3
INTRAROSA SUPP	-	NC
SPERMICIDES		
CONCEPTROL GEL	OTC	\$0
CONTRACEPTIVE FILM	OTC	\$0
CONTRACEPTIVE FOAM	OTC	\$0
CONTRACEPTIVE GEL	OTC	\$0
CONTRACEPTIVE SUPP	OTC	\$0
TODAY SPONGE	OTC	\$0
VAGINAL ANTI-INFECTIVES		
clindamycin vaginal cream (CLEOCIN equiv)	-	1
metronidazole vaginal gel (METROGEL equiv)	-	1
NYSTATIN VAGINAL TAB	-	1

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DrugName	Special Code	Tier
VAGINAL PRODUCTS Cont.		
terconazole cream (TERAZOL equiv)	-	1
TERCONAZOLE CREAM 0.8%	-	1
terconazole supp (TERAZOL equiv)	-	1
AVC VAGINAL CREAM	-	2
CLEOCIN VAGINAL CREAM	-	3
CLEOCIN VAGINAL SUPP	-	3
CLINDESSE VAGINAL CREAM	-	3
GYNAZOLE CREAM	-	3
METROGEL VAGINAL GEL	-	3
MICONAZOLE 3 SUPP 200MG	-	3
TERAZOL CREAM	-	3
TERAZOL SUPP	-	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
ESTRACE VAGINAL CREAM	-	3
FEMRING (3 copays per Rx)	-	3
VAGIFEM TAB (QL= 8 tabs/28 days (18 tabs on first fill))	QL	3
IMVEXXY SUPP	-	NC

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DrugName	Special Code	Tier
VAGINAL PRODUCTS Cont.		
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	1
SYMJEPI INJ (QL= 2 inj/fill)	QL	1
ADRENALICK INJ, EPINEPHRINE INJ	-	NC
AUVI-Q INJ	-	NC
EPIPEN (JR) INJ	-	NC
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
droxidopa cap (NORTHERA equiv)	-	NC
NORTHERA CAP	-	NC
VASOPRESSORS		
midodrine tab (PROAMATINE equiv)	-	1
PROAMATINE TAB	-	3
VITAMINS		
MISC. NUTRITIONAL FACTORS		
PRENATAL VITAMINS (NON-PREFERRED)	-	3
OIL SOLUBLE VITAMINS		
cholecalciferol cap 50000 unit	OTC	1
vitamin D cap (Rx covered Only)	-	1

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DrugName	Special Code	Tier
VITAMINS Cont.		
phytonadione tab (MEPHYTON equiv)	-	2
DRISDOL CAP	-	3
MEPHYTON TAB	-	3
ERGOCAL CAP	-	NC
vitamin D cap 1000unit	OTC	NC
vitamin D cap 400unit	OTC	NC
VITAMIN D TAB 400UNIT	OTC	NC
WATER SOLUBLE VITAMINS		
niacin cap	OTC	1
niacin CR tab (SLO-NIACIN equiv)	OTC	1
niacin tab	OTC	1
NIACIN TR TAB	OTC	1
niacinamide tab	OTC	1
POTABA POWDER PACKET	-	2
POTABA TAB	-	2
POTABA CAP	-	3
SLO-NIACIN TAB	OTC	3

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

	NC =Not Covered	generic =small letters	BRANDS =CAPITAL LETTERS
EXC	Plan Exclusion	INF	Infertility
LD	Limited Distribution	M	Medical Benefit
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 fo first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS		

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Community First Insurance Plan Formulary

Prior Authorization Drug List

Last Updated* 5/1/2022

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
ABSTRAL SL TAB	3
ACTEMRA ACTPEN INJ	SP
ACTEMRA SC INJ	SP
ACTHAR GEL INJ	SP
ACTIMMUNE INJ	SP
ACTIQ LOZENGE	3
adapalene cream	2
adapalene gel	2
adapalene/benzoyl peroxide gel 0.1-2.5%	2
ADEMPAS TAB	SP
AEROSPAN INH	3
AFINITOR DISPERZ TAB	SP
AIMOVIG INJ	2
AJOVY INJ	2
ALECENSA CAP	SP
ALINIA SUSP	2
ALINIA TAB	3
ALUNBRIG TAB 30MG	SP
ALUNBRIG TAB 90MG, 180MG	SP
ALVESCO INHALER	3
ambrisentan tab	SP

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Community First Insurance Plan Formulary cont.

Prior Authorization Drug List

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<u>Drug Name</u>	<u>Tier # for Drug Copay (if prior auth is approved)</u>
AMITIZA CAP, LUBIPROSTONE CAP	3
ANDRODERM PATCH	2
ANDROGEL 1% 25MG	3
ANDROGEL 1% 50MG, TESTIM GEL 1%	3
ANDROGEL 1.62% 1.25GM	3
ANDROGEL 1.62% 2.5GM	3
ANDROGEL PUMP 1%	3
ANDROGEL PUMP 1.62%	3
APTIOM TAB	3
ARIKAYCE SUSP	SP
armodafinil tab	1
ATRALIN GEL, RETIN-A GEL	3
AUSTEDO TAB	SP
AXIRON SOLN	3
AYVAKIT TAB	SP
BALVERSA TAB 3MG	SP
BALVERSA TAB 4MG	SP
BALVERSA TAB 5MG	SP
BANZEL SUSP	3
BARACLUDE SOLN	3
BENLYSTA AUTO-INJECTOR	SP

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Community First Insurance Plan Formulary cont.

Prior Authorization Drug List

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
BENLYSTA INJ	SP
BENZNIDAZOLE TAB	2
BERINERT INJ	SP
bexarotene cap	SP
bosentan tab	SP
BOSULIF TAB	SP
BRAFTOVI CAP 75MG	SP
BRUKINSA CAP	SP
budesonide ER tab	3
BYLVAY CAP 1200MCG	SP
BYLVAY CAP 400MCG	SP
BYLVAY SPRINKLE CAP 200MCG	SP
BYLVAY SPRINKLE CAP 600MCG	SP
CABLIVI INJ KIT	SP
CABOMETYX TAB	SP
CALQUENCE CAP	SP
CAPRELSA TAB	SP
CARBAGLU TAB	SP
carglumic acid tab	SP
CAROSPIR SUSP	3
CHOLBAM CAP	SP

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Community First Insurance Plan Formulary cont.**Prior Authorization Drug List****Last Updated* 5/1/2022**

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
CIALIS TAB 2.5MG, 5MG	3
CIMZIA INJ	SP
CIMZIA STARTER INJ KIT	SP
CINRYZE INJ	SP
clobazam susp	2
COMETRIQ KIT	SP
COPIKTRA CAP	SP
CORLANOR SOLN	3
CORLANOR TAB	3
COTELLIC TAB	SP
CRINONE GEL	2
DAYVIGO TAB	3
deferiprone tab	SP
DESCOVY TAB	\$0
DEXCOM G6 RECEIVER	3
DEXCOM G6 SENSOR	3
DEXCOM G6 TRANSMITTER	3
DIACOMIT CAP	SP
DIACOMIT POWDER PACK	SP
diclofenac gel	2
DIFFERIN CREAM	3

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
DIFFERIN GEL	3
DIFFERIN OTC GEL 0.1%	1
DOPTELET TAB	SP
DOXEPIN CREAM, PRUDOXIN CREAM, ZONALOF CREAM	3
dronabinol cap	2
DUPIXENT INJ	SP
DUPIXENT PEN INJ	SP
EMGALITY INJ	2
EMGALITY INJ 100MG/ML	2
EMPAVELI INJ	SP
enalapril maleate oral soln	3
ENBREL INJ 25MG	SP
ENBREL INJ 50MG	SP
ENBREL MINI INJ	SP
ENBREL SURECLICK INJ 50MG	SP
ENDARI POWDER PACK	SP
ENDOMETRIN INSERT	2
ENSPRYNG INJ	SP
EPANED SOLN	3
EPIDIOLEX SOLN	SP

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
EPIDUO FORTE GEL 0.3-2.5%	2
EPIDUO GEL 0.1-2.5%	3
EPRONTIA SOLN	3
ERIVEDGE CAP	SP
ERLEADA TAB	SP
erlotinib tab	SP
ESBRIET CAP	SP
ESBRIET TAB 267MG	SP
ESBRIET TAB 801MG	SP
everolimus tab	SP
everolimus tab 5mg	SP
everolimus tab for oral susp	SP
EVRYSDI SOLN	SP
EXKIVITY CAP	SP
FANAPT TAB	3
FANAPT TITRATION PACK	3
FARYDAK CAP	SP
FASENRA PEN INJ	SP
fentanyl citrate lollipop	2
FENTORA TAB, FENTANYL BUCCAL TAB	3
FERRIPROX SOLN	SP

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Community First Insurance Plan Formulary cont.

Prior Authorization Drug List

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
FERRIPROX TAB 1000MG	SP
FETZIMA CAP	3
FETZIMA TITRATION PACK	3
FINTEPLA SOLN	SP
FIRDAPSE TAB	SP
FLEQSUVY SUSP	3
FOTIVDA CAP	SP
FREESTYLE LIBRE 2 RECEIVER	3
FREESTYLE LIBRE 2 SENSOR	3
FREESTYLE LIBRE RECEIVER	3
FREESTYLE LIBRE SENSOR (10-DAY)	3
FREESTYLE LIBRE SENSOR (14-DAY)	3
FYCOMPA TAB	3
FYCOMPA SUSP	3
GALAFOLD CAP	SP
GENOTROPIN INJ	SP
GILOTRIF TAB	SP
GLOPERBA SOLN	3
HAEGARDA INJ	SP
HEMLIBRA INJ	SP
HIZENTRA INJ	SP

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Community First Insurance Plan Formulary cont.

Prior Authorization Drug List

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
HUMIRA INJ 10MG	SP
HUMIRA INJ 20MG	SP
HUMIRA INJ 40MG	SP
HUMIRA INJ 80MG	SP
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK	SP
HUMIRA INJ PEDIATRIC CROHNS STARTER PAC	SP
HUMIRA INJ PEDIATRIC UC STARTER PACK	SP
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK	SP
HUMIRA PEN INJ 40MG	SP
HYCAMTIN CAP	SP
IBRANCE CAP	SP
IBRANCE TAB	SP
icatibant inj	SP
ICLUSIG TAB	SP
IDHIFA TAB	SP
IMBRUVICA CAP 140MG	SP
IMBRUVICA CAP 70MG	SP
IMBRUVICA TAB 140MG	SP
IMBRUVICA TAB 280MG	SP
IMBRUVICA TAB 420MG, 560MG	SP

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Community First Insurance Plan Formulary cont.

Prior Authorization Drug List

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
INBRIJA INH POWDER	3
INGREZZA CAP	SP
INLYTA TAB	SP
INQOVI TAB	SP
INVOKAMET TAB	3
INVOKANA TAB	3
IRESSA TAB	SP
ISTURISA TAB 10MG	SP
ISTURISA TAB 1MG	SP
ISTURISA TAB 5MG	SP
itraconazole soln	3
IVERMECTIN LOTION	3
ivermectin tab	2
JAKAFI TAB	SP
JYNARQUE PAK	SP
JYNARQUE TAB	SP
KALYDECO PAK	SP
KALYDECO TAB	SP
KATERZIA SUSP	3
KERENDIA TAB	3
KEVZARA INJ	SP

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Community First Insurance Plan Formulary cont.

Prior Authorization Drug List

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<u>Drug Name</u>	<u>Tier # for Drug Copay (if prior auth is approved)</u>
KINERET INJ	SP
KORLYM TAB	SP
KOSELUGO CAP	SP
KYNMOBI FILM	3
KYNMOBI TITRATION KIT	3
lapatinib ditosylate tab	SP
LAZANDA NASAL SPRAY	3
LEDIPASVIR/SOFOSBUVIR TAB	SP
LENVIMA CAP	SP
LINZESS CAP	3
LOKELMA PAK	2
LONSURF TAB	SP
LORBRENA TAB 100MG	SP
LORBRENA TAB 25MG	SP
LUCEMYRA TAB	3
LUMAKRAS TAB	SP
LUPKYNIS CAP	SP
LYNPARZA CAP	SP
LYNPARZA TAB	SP
MARINOL CAP	3
MAVYRET PAK	SP

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Community First Insurance Plan Formulary cont.

Prior Authorization Drug List

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
MAVYRET TAB	SP
MEKINIST TAB 0.5MG	SP
MEKINIST TAB 2MG	SP
MEKTOVI TAB	SP
METHITEST TAB	3
methyltestosterone cap	3
miglustat cap	SP
modafinil tab	1
MOTEGRITY TAB	3
MOVANTIK TAB	2
MYFEMBREE TAB	2
NATPARA INJ	SP
NERLYNX TAB	SP
NEXAVAR TAB	SP
NINLARO CAP	SP
nitazoxanide tab	2
nitrofurantoin susp	3
NIZATIDINE SOLN	3
NUBEQA TAB	SP
NUCALA INJ	SP
NUEDEXTA CAP	2

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Community First Insurance Plan Formulary cont.

Prior Authorization Drug List

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
NURTEC ODT	2
NUVIGIL TAB	3
OCALIVA TAB	SP
ODACTRA SL TAB	3
ODOMZO CAP	SP
OFEV CAP	SP
OLUMIANT TAB	SP
ONFI SUSP	3
OPSUMIT TAB	SP
OPZELURA CREAM	3
ORENCIA CLICK INJ	SP
ORENCIA SC INJ 125MG/ML	SP
ORENCIA SC INJ 50MG/0.4ML	SP
ORENCIA SC INJ 87.5MG/0.7ML	SP
ORIAHNN CAP	2
ORILISSA TAB 150MG	2
ORILISSA TAB 200MG	2
ORKAMBI GRANULES PACKET	SP
ORKAMBI TAB	SP
OTEZLA STARTER PACK	SP
OTEZLA TAB	SP

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Community First Insurance Plan Formulary cont.

Prior Authorization Drug List

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
OXBRYTA TAB	SP
OXERVATE OPHTH SOLN	SP
PALFORZIA POWDER PACK	SP
PALFORZIA SPRINKLE CAP	SP
PALYNZIQ INJ	SP
PANRETIN GEL	SP
PEMAZYRE TAB	SP
PIQRAY TAB	SP
POMALYST CAP	SP
PRALUENT INJ	2
PROGESTERONE SUPP	3
PROMACTA POWDER	SP
PROMACTA TAB	SP
PROVIGIL TAB	3
pyrimethamine tab	SP
QBRELIS SOLN	3
QINLOCK TAB	SP
REPATHA INJ	2
REPATHA PUSHTRONEX INJ	2
RETEVMO CAP	SP
RETIN-A CREAM	3

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Community First Insurance Plan Formulary cont.

Prior Authorization Drug List

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
REVATIO TAB	3
REYVOW TAB	2
REZUROCK TAB	SP
RIFATER TAB	3
RINVOQ ER TAB	SP
ROZLYTREK CAP	SP
RUBRACA TAB	SP
RUCONEST INJ	SP
rufinamide susp	2
rufinamide tab	2
RYDAPT CAP	SP
sapropterin dihydrochloride powder packet	SP
sapropterin dihydrochloride soluble tab	SP
SIGNIFOR INJ	SP
sildenafil tab 20mg	1
SIMPONI AUTO-INJECTOR 100MG	SP
SIMPONI INJ 100MG	SP
SKLICE LOTION	3
SKYRIZI INJ 150MG/ML	SP
SKYRIZI INJ 75MG/0.83ML	SP
SOFOSBUVIR/VELPATASVIR TAB	SP

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
SOLARAZE GEL	3
SOLIQUA INJ	2
SOLOSEC GRANULES PACKET	3
SOMAVERT INJ	SP
SOTYLIZE SOLN 5MG/ML	3
SPIRIVA HANDIHALER	3
SPIRIVA RESPIMAT INHALER 2.5MCG/ACT	3
SPORANOX SOLN	3
SPRYCEL TAB	SP
STELARA INJ	SP
STIVARGA TAB	SP
STRENSIQ INJ	SP
STROMECTOL TAB	3
sunitinib malate cap	SP
SUNOSI TAB	2
SYMDEKO TAB	SP
SYMPROIC TAB	2
TABRECTA TAB	SP
tadalafil tab (PAH)	SP
tadalafil tab 2.5mg, 5mg	1
TAFINLAR CAP	SP

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<u>Drug Name</u>	<u>Tier # for Drug Copay (if prior auth is approved)</u>
TAGRISSE TAB	SP
TAKHZYRO INJ	SP
TALTZ INJ	SP
TALZENNA CAP 0.25MG	SP
TALZENNA CAP 0.5MG, 0.75MG, 1MG	SP
TARGRETIN GEL	SP
TASIGNA CAP	SP
TAVALISSE TAB	SP
TAZVERIK TAB	SP
TEGSEDI INJ	SP
TEPMETKO TAB	SP
TESTOSTERONE GEL 1% 25MG	2
testosterone gel 1% 50mg	2
testosterone gel 1% pump	2
testosterone gel 1.62% 1.25gm	3
testosterone gel 1.62% 2.5gm	3
TESTOSTERONE GEL PUMP	2
testosterone gel pump 1.62%	2
testosterone soln	2
tetrabenazine tab	SP
THALOMID CAP	SP

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
TIBSOVO TAB	SP
tiopronin tab	SP
TIROSINT-SOL	3
TOBI PODHALER	SP
TOVIAZ TAB	3
TRACLEER TAB 32MG	SP
TREMFYA INJ	SP
tretinoin cream	2
tretinoin gel	2
TRETIN-X CREAM	3
trientine cap	SP
TRIKAFTA TAB	SP
TRINTELLIX TAB	3
TRULANCE TAB	2
TRUSELTIQ PACK 100MG	SP
TRUSELTIQ PACK 50MG, 125MG	SP
TRUSELTIQ PACK 75MG	SP
TUKYSA TAB	SP
TURALIO CAP	SP
TYVASO INH SOLN	SP
UBRELVY TAB	2

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Community First Insurance Plan Formulary cont.

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<u>Drug Name</u>	<u>Tier # for Drug Copay (if prior auth is approved)</u>
UCERIS RECTAL FOAM	3
UCERIS TAB	3
UKONIQ TAB	SP
UPTRAVI TAB	SP
VALCHLOR GEL	SP
VELTASSA POWDER	2
VENCLEXTA STARTER PACK	SP
VENCLEXTA TAB	SP
VENTAVIS INH SOLN	SP
VERZENIO TAB	SP
VICTRELIS CAP	SP
vigabatrin powder pack	SP
vigabatrin tab	SP
vigadrone powder pack	SP
VIIBRYD TAB	3
VITRAKVI CAP 100MG	SP
VITRAKVI CAP 25MG	SP
VITRAKVI SOLN	SP
VIZIMPRO TAB	SP
VOSEVI TAB	SP
VOTRIENT TAB	SP

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Community First Insurance Plan Formulary cont.

Prior Authorization Drug List

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
VYNDAMAX CAP	SP
VYNDAQEL CAP	SP
WAKIX TAB	SP
WELIREG TAB	SP
XADAGO TAB	3
XALKORI CAP	SP
XATMEP SOLN	3
XELJANZ SOLN	SP
XELJANZ TAB	SP
XELJANZ XR TAB	SP
XEMBIFY INJ	SP
XOLAIR SYRINGE	SP
XOSPATA TAB	SP
XPOVIO PAK	SP
XULTOPHY INJ	2
XYREM SOLN	SP
ZEJULA CAP	SP
ZELBORAF TAB	SP
ZEPOSIA CAP	SP
ZEPOSIA STARTER PACK	SP
ZIOPTAN OPHTH SOLN	3

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Community First Insurance Plan Formulary cont.

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
ZOKINVY CAP	SP
ZOLINZA CAP	SP
ZORTRESS TAB	3
ZYDELIG TAB	SP
ZYKADIA CAP	SP
ZYKADIA TAB	SP

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Community First Insurance Plan Formulary

Last Updated* 5/1/2022

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	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 cost of the medication is reduced. Members may obtain tablet-splitting devices free of charge by contacting Customer Service.

RxCents Program Medications

febuxostat tab JANUVIA TAB LATUDA TAB nebivolol hcl tab
rasagiline tab

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Community First Insurance Plan Formulary

Last Updated* 5/1/2022

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	ammonium lactate cream	ammonium lactate lotion
aspirin chew tab 81mg	aspirin ec tab 325mg	aspirin ec tab 81mg	aspirin tab 325mg
aspirin tab 81mg	AZO URINARY TAB	B-D INSULIN SYRINGE	B-D PEN NEEDLE
budesonide nasal spray	CALIBRATION LIQUID	cholecalciferol cap 50000 unit	cimetidine tab
CLINISTIX TEST STRIP	clotrimazole cream	CONCEPTROL GEL	CONTRACEPTIVE FILM
CONTRACEPTIVE FOAM	CONTRACEPTIVE GEL	CONTRACEPTIVE SUPP	COVID-19 TEST
CUE COVID-19 INJ TEST CARTRIDGE	CUE HEALTH MONITOR	DIFFERIN OTC GEL 0.1%	esomeprazole cap
esomeprazole	famotidine tab	FEMALE CONDOMS	ferrous sulfate elixir
magnesium DR tab	ferrous sulfate soln	ferrous sulfate syrup	FLONASE SENSIMIST NASAL SPRAY
FERROUS SULFATE LIQUID	folic acid tab 800mcg	FREESTLY LITE METER	FREESTYLE FREEDOM LITE METER
folic acid tab 400mcg			

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.

FREESTYLE INSULINX METER	FREESTYLE INSULINX TEST STRIP	FREESTYLE LITE TEST STRIP	FREESTYLE PRECISION NEO METER
FREESTYLE PRECISION NEO TEST STRIP	FREESTYLE TEST STRIP	guaifenesin/codeine syrup	HUMULIN MIX INJ
HUMULIN MIX PEN INJ	HUMULIN N INJ	HUMULIN N PEN INJ	HUMULIN R INJ
IRON SUSP	KETO-DIASTIX TEST STRIP	KETOSTIX	ketotifen ophth soln
LANCET DEVICE	LANCET KIT	LANCETS	lansoprazole cap
levonorgestrel tab	meclizine chew tab	meclizine tab	MIRALAX PACKET
MIRALAX POWDER	NASACORT OTC NASAL SPRAY	NEXIUM 24HR TAB	niacin cap
niacin CR tab	niacin tab	NIACIN TR TAB	niacinamide tab
NICODERM PATCH	NICORETTE GUM	NICORETTE LOZENGE	nicotine gum
NICOTINE KIT	nicotine lozenge	nicotine patch	NOVOFINE PEN NEEDLE
NOVOLIN 70/30 FLEXPEN INJ	NOVOLIN 70/30 INJ	NOVOLIN N FLEXPEN INJ	NOVOLIN N INJ
NOVOLIN R FLEXPEN INJ	NOVOLIN R INJ	NOVOTWIST PEN NEEDLE	NOVOTWIST/NOVOFINE PEN NEEDLE
omeprazole magnesium DR tab 20mg	omeprazole tab	OXYTROL PATCH (OTC)	PEAK FLOW METER
PEPCID TAB	phenazopyridine tab 95mg	phenazopyridine tab 97.5mg	phenazopyridine tab 99.5mg
PLAN B TAB	polyethylene glycol 3350 powder	PRECISION XTRA KETONE TEST STRIP	PRECISION XTRA METER
PRECISION XTRA TEST STRIP	PREVACID OTC CAP	selenium sulfide lotion	SLO-NIACIN TAB
TODAY SPONGE	triamcinolone OTC nasal spray	VOLTAREN GEL	ZEGERID CAP OTC

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.

Community First Insurance Plan Formulary

Last Updated* 5/1/2022

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 GEL INJ
ACTIMMUNE INJ	ADEMPAS TAB	AFINITOR DISPERZ TAB	ALECENSA CAP
ALFERON-N INJ	ALUNBRIG TAB 30MG	ALUNBRIG TAB 90MG, 180MG	ambrisentan tab
ARIKAYCE SUSP	AUBAGIO TAB	AUSTEDO TAB	AVONEX INJ
AYVAKIT TAB	BALVERSA TAB 3MG	BALVERSA TAB 4MG	BALVERSA TAB 5MG
BENLYSTA	BENLYSTA INJ	BERINERT INJ	betaine powder for oral solution
AUTO-INJECTOR	bosentan tab	BOSULIF TAB	BRAFTOVI CAP 75MG
bexarotene cap	BYLVAY CAP 1200MCG	BYLVAY CAP 400MCG	BYLVAY SPRINKLE CAP 200MCG
BRUKINSA CAP	CABLIVI INJ KIT	CABOMETYX TAB	CALQUENCE CAP
BYLVAY SPRINKLE CAP 600MCG	CAPRELSA TAB	CARBAGLU TAB	carglumic acid tab
capecitabine tab	CHOLBAM CAP	CIMZIA INJ	CIMZIA STARTER INJ KIT
CAYSTON INH SOLN	COMETRIQ KIT	COPIKTRA CAP	COTELLIC TAB
CINRYZE INJ	CYSTAGON CAP	CYSTARAN OPPTH SOLN	dalfampridine ER tab
CYSTADROPS SOLN			

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deferasirox granules packet	deferasirox tab	deferasirox tab 180mg	deferasirox tab 90mg, 360mg
deferiprone tab	DIACOMIT CAP	DIACOMIT POWDER PACK	dimethyl fumarate DR cap
dimethyl fumarate DR starter pack	DOPTELET TAB	DUPIXENT INJ	DUPIXENT PEN INJ
EMPAVELI INJ	ENBREL INJ 25MG	ENBREL INJ 50MG	ENBREL MINI INJ
ENBREL SURECLICK INJ 50MG	ENDARI POWDER PACK	ENSPRYNG INJ	EPIDIOLEX SOLN
ERIVEDGE CAP	ERLEADA TAB	erlotinib tab	ESBRIET CAP
ESBRIET TAB 267MG	ESBRIET TAB 801MG	ETOPOSIDE CAP	everolimus tab
everolimus tab 5mg	everolimus tab for oral susp	EVRYSDI SOLN	EXKIVITY CAP
EXTAVIA INJ	FARYDAK CAP	FASENRA PEN INJ	FERRIPROX SOLN
FERRIPROX TAB 1000MG	FINTEPLA SOLN	FIRDAPSE TAB	FORTEO INJ
FOTIVDA CAP	FULPHILA INJ	FUZEON INJ	GALAFOLD CAP
GENOTROPIN INJ	GILENYA CAP	GILOTRIF TAB	glatiramer inj
HAEGARDA INJ	HEMLIBRA INJ	HIZENTRA INJ	HUMIRA INJ 10MG
HUMIRA INJ 20MG	HUMIRA INJ 40MG	HUMIRA INJ 80MG	HUMIRA INJ CROHNS/UC/HIDRADENI TIS STARTER PACK
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK	HUMIRA INJ PEDIATRIC UC STARTER PACK	HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK	HUMIRA PEN INJ 40MG
HYCAMTIN CAP	IBRANCE CAP	IBRANCE TAB	icatibant inj
ICLUSIG TAB	IDHIFA TAB	imatinib tab	IMBRUVICA CAP 140MG
IMBRUVICA CAP 70MG	IMBRUVICA TAB 140MG	IMBRUVICA TAB 280MG	IMBRUVICA TAB 420MG, 560MG

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.

INCRELEX INJ	INGREZZA CAP	INLYTA TAB	INQOVI TAB
INTRON-A INJ	IRESSA TAB	ISTURISA TAB 10MG	ISTURISA TAB 1MG
ISTURISA TAB 5MG	JAKAFI TAB	JYNARQUE PAK	JYNARQUE TAB
KALYDECO PAK	KALYDECO TAB	KESIMPTA INJ	KEVZARA INJ
KINERET INJ	KORLYM TAB	KOSELUGO CAP	lapatinib ditosylate tab
LEDIPASVIR/SOFOSBUV IR TAB	lenalidomide cap	LENVIMA CAP	leuprolide inj
LONSURF TAB	LORBRENA TAB 100MG	LORBRENA TAB 25MG	LUMAKRAS TAB
LUPKYNIS CAP	LUPRON DEPOT INJ	LUPRON DEPOT PED INJ	LUPRON DEPOT-PED INJ
LYNPARZA CAP	LYNPARZA TAB	LYSODREN TAB	MAVYRET PAK
MAVYRET TAB	MAYZENT TAB	MAYZENT TAB STARTER PACK	MEKINIST TAB 0.5MG
MEKINIST TAB 2MG	MEKTOVI TAB	MESNEX TAB	miglustat cap
MYLERAN TAB	NATPARA INJ	NERLYNX TAB	NEXAVAR TAB
nilutamide tab	NINLARO CAP	NIVESTYM INJ	NUBEQA TAB
NUCALA INJ	NUZYRA TAB	OICALIVA TAB	octreotide inj
OCTREOTIDE INJ 100MCG	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	OXBRYTA TAB	OXERVATE OPHTH SOLN	PALFORZIA POWDER PACK
PALFORZIA SPRINKLE CAP	PALYNZIQ INJ	PANRETIN GEL	PEGASYS INJ
PEG-INTRON INJ	PEMAZYRE TAB	PIQRAY TAB	PLEGRIDY INJ
PLEGRIDY PEN INJ	POMALYST CAP	PROMACTA POWDER	PROMACTA TAB

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PULMOZYME INH SOLN	pyrimethamine tab	QINLOCK TAB	REBETOL SOLN
REBIF INJ	RETEVMO CAP	REVLIMID CAP	REZUROCK TAB
ribavirin cap	ribavirin tab	RINVOQ ER TAB	ROZLYTREK CAP
RUBRACA TAB	RUCONEST INJ	RYDAPT CAP	SAMSCA TAB
sapropterin	sapropterin	SIGNIFOR INJ	SIMPONI
dihydrochloride powder	dihydrochloride soluble tab		AUTO-INJECTOR 100MG
packet			
SIMPONI INJ 100MG	SIRTURO TAB	SKYRIZI INJ 150MG/ML	SKYRIZI INJ 75MG/0.83M
SOFOSBUVIR/VELPATA	SOMATULINE INJ	SOMAVERT INJ	SPRYCEL TAB
SVIR TAB			
STIVARGA TAB	STRENSIQ INJ	sunitinib malate cap	SYMDEKO TAB
TABRECTA TAB	tadalafil tab (PAH)	TAFINLAR CAP	TAGRISSE TAB
TAKHZYRO INJ	TALTZ INJ	TALZENNA CAP 0.25MG	TALZENNA CAP 0.5MG, 0.75MG, 1MG
			TAZVERIK TAB
TARGRETIN GEL	TASIGNA CAP	TAVALISSE TAB	tetrabenazine tab
TEGSEDI INJ	temozolomide cap	TEPMETKO TAB	TOBI PODHALER
THALOMID CAP	TIBSOVO TAB	tiopronin tab	TREMFYA INJ
tobramycin neb soln	tolvaptan tab	TRACLEER TAB 32MG	TRUSELTIQ PACK
tretinoin cap	trientine cap	TRIKAFTA TAB	100MG
			TURALIO CAP
TRUSELTIQ PACK 50MG,	TRUSELTIQ PACK 75MG	TUKYSA TAB	
125MG			
TYMLOS INJ	TYVASO INH SOLN	UKONIQ TAB	UPTRAVI TAB
VALCHLOR GEL	VENCLEXTA STARTER	VENCLEXTA TAB	VENTAVIS INH SOLN
	PACK		
VERZENIO TAB	VICTRELIS CAP	vigabatrin powder pack	vigabatrin tab
vigadrone powder pack	VITRAKVI CAP 100MG	VITRAKVI CAP 25MG	VITRAKVI SOLN
VIVITROL INJ	VIZIMPRO TAB	VOSEVI TAB	VOTRIENT TAB
VYNDAMAX CAP	VYNDAQEL CAP	WAKIX TAB	WELIREG TAB

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XALKORI CAP
XEMBIFY INJ
XYREM SOLN
ZEPOSIA CAP

ZOLINZA CAP

XELJANZ SOLN
XOLAIR SYRINGE
ZARXIO INJ
ZEPOSIA STARTER
PACK
ZYDELIG TAB

XELJANZ TAB
XOSPATA TAB
ZEJULA CAP
ZIEXTENZO INJ

ZYKADIA CAP

XELJANZ XR TAB
XPOVIO PAK
ZELBORAF TAB
ZOKINVY CAP

ZYKADIA TAB

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.

Community First Insurance Plan Formulary

Last Updated* 5/1/2022

Step Therapy (ST)

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
ADMELOG INJ, INSULIN LISPRO INJ	Step Therapy requires trial of NOVOLOG or INSULIN ASPART
ADMELOG SOLOSTAR INJ, INSULIN LISPRO KWIKPEN INJ (JUNIOR)	Step Therapy requires trial of NOVOLOG or INSULIN ASPART
APIDRA INJ	Step Therapy requires trial of NOVOLOG or INSULIN ASPART
APIDRA SOLOSTAR INJ	Step Therapy requires trial of NOVOLOG or INSULIN ASPART
ARANESP INJ	Step Therapy requires trial of EPOGEN or PROCRIT
ARICEPT TAB 23MG	QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg
ATELVIA TAB	Step Therapy requires trial of alendronate
BECONASE AQ NASAL SPRAY	QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone triamcinolone or mometasone
DIFICID SUSP	QL= 136 mL/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYCIN SOLN, or FIRVANQ SOLN
DIFICID TAB	QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYCIN SOLN, or FIRVANQ SOLN
donepezil tab 23mg	QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg
febuxostat tab	Step Therapy requires trial of allopurinol
fluvoxamine ER cap	Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine
HUMALOG MIX INJ	Step Therapy requires trial of NOVOLOG or INSULIN ASPART

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.

Community First Insurance Plan Formulary Cont.

Last Updated* 5/1/2022

Step Therapy (ST)

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
HUMALOG MIX KWIKPEN INJ, INSULIN LISPRO PROTAMINE INJ	Step Therapy requires trial of NOVOLOG or INSULIN ASPART
HUMULIN MIX INJ	Step Therapy requires trial of NOVOLIN
HUMULIN MIX PEN INJ	Step Therapy requires trial of NOVOLIN
HUMULIN N INJ	Step Therapy requires trial of NOVOLIN
HUMULIN N PEN INJ	Step Therapy requires trial of NOVOLIN
HUMULIN R INJ	Step Therapy requires trial of NOVOLIN
LEVALBUTEROL INHALER, XOPENEX HFA INHALER	EX = 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
LUVOX CR CAP	Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine
MOVIPREP SOLN	Step Therapy requires trial of CLENPIQ
NEVIRAPINE ER TAB	Step Therapy requires trial of nevirapine
NORITATE CREAM	Step Therapy requires trial of FINACEA
OSMOPREP TAB	Step Therapy requires trial of CLENPIQ
peg 3350 soln (100 gram Moviprep equiv)	Step Therapy requires trial of CLENPIQ

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Community First Insurance Plan Formulary Cont.

Last Updated* 5/1/2022

Step Therapy (ST)

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
PEXEVA TAB	Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine
risedronate DR tab	Step Therapy requires trial of alendronate
SUPREP SOLN	Step Therapy requires trial of CLENPIQ
VIRAMUNE XR TAB	Step Therapy requires trial of nevirapine
XARTEMIS XR TAB	Step Therapy requires trial of NUCYNTA ER and XTAMPZA ER
ZETONNA NASAL SPRAY	QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone triamcinolone or mometasone

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Community First Insurance Plan Formulary

Smoking Cessation Agents

Last Updated* 5/1/2022

Drug Name	Tier # for Drug Copay
bupropion SR tab(Limited to 180 days/plan year)	\$0
CHANTIX PAK(Limited to 180 days/plan year)	\$0
CHANTIX TAB(Limited to 180 days/plan year)	\$0
NICODERM PATCH(Limited to 180 days/plan year)	\$0
NICORETTE GUM(Limited to 180 days/plan year)	\$0
NICORETTE LOZENGE(Limited to 180 days/plan year)	\$0
nicotine gum(Limited to 180 days/plan year)	\$0
NICOTINE KIT(Limited to 180 days/plan year)	\$0
nicotine lozenge(Limited to 180 days/plan year)	\$0
nicotine patch(Limited to 180 days/plan year)	\$0
NICOTROL INHALER(Limited to 180 days/plan year)	\$0
NICOTROL NASAL SPRAY(Limited to 180 days/plan year)	\$0
ZYBAN TAB(Limited to 180 days/plan year)	\$0

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.

Community First Insurance Plan Formulary

Infertility Drug List

Last Updated* 5/1/2022

Drug Name	Tier # for Drug Copay
leuprolide inj	SP

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Community First Insurance Plan Formulary

Last Updated* 5/1/2022

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
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
ACTHAR GEL INJ	QL= 4 vials/fill
ACTIQ LOZENGE	QL= 120 units/30 days
ADEMPAS TAB	QL= 3 tabs/day; Only available through Accredo 800-803-2523
AFINITOR DISPERZ TAB	QL= 1 tab/day
AIMOVIG INJ	QL= 1 pack/28 days
AJOVY 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
almotriptan tab	QL= 9 tabs/fill, 2 fills/30 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
AMBIEN TAB	QL= 1 tab/day
ambrisentan tab	QL= 1 tab/day; Only available through Lumicera 855-847-3553 or Walgreens 888-347-3416
AMERGE TAB	QL= 9 tabs/fill, 2 fills/30 days

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Community First Insurance Plan Formulary Cont.

Last Updated* 5/1/2022

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
ANDRODERM PATCH	QL= 1 patch/day
ANDROGEL 1% 25MG	QL= 1 packet/day
ANDROGEL 1% 50MG, TESTIM GEL 1%	QL= 2 packets/day
ANDROGEL 1.62% 1.25GM	QL= 1 packet/day
ANDROGEL 1.62% 2.5GM	QL= 2 packets/day
ANDROGEL PUMP 1%	QL= 4 bottles/30 days
ANDROGEL PUMP 1.62%	QL= 2 bottles/30 days
ANZEMET TAB	QL= 9 tabs/fill
aprepitant cap	QL= 3 caps/fill
aprepitant pak	QL= 3 caps/fill
ARICEPT ODT	QL= 1 tab/day
ARICEPT TAB	QL= 2 tabs/day
ARICEPT TAB 23MG	QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg
ARIKAYCE SUSP	QL= 1 vial/day; Only available through Maxor Pharmacy 800-658-604
armodafinil tab	QL= 1 tab/day
asenapine maleate SL tab	QL= 2 tabs/day
AUSTEDO TAB	QL= 4 tabs/day
AVINZA CAP	QL= 2 caps/day
AXERT TAB	QL= 9 tabs/fill, 2 fills/30 days
AXIRON SOLN	QL= 2 bottles/30 days

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.

Community First Insurance Plan Formulary Cont.**Last Updated* 5/1/2022****Quantity Limit (QL)**

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
AYVAKIT TAB	QL= 1 tab/day; Only available through Biologics 800-850-4306
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
BARACLUDE TAB	QL= 1 tab/day
BAXDELA TAB	QL= 2 tabs/day; Restricted to Infectious Disease Specialist
BECONASE AQ NASAL SPRAY	QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone, triamcinolone or mometasone
BENLYSTA AUTO-INJECTOR	QL= 4 inj/28 day
BENLYSTA INJ	QL= 4 inj/28 day
BESIVANCE OPHTH SUSP	QL= 5ml/fill
bimatoprost ophth soln	QL= 2.5ml/30 days
BONIVA TAB 150MG	QL= 1 tab/30 days
bosentan tab	QL= 2 tabs/day; Only available through Lumicera 855-847-3553
BRAFTOVI CAP 75MG	QL= 6 caps/day; Only available through Diplomat Pharmacy 877-977-9118
BRUKINSA CAP	QL= 4 caps/day; Only available through Biologics 800-850-4306
budesonide ER tab	QL=1 tab/day
budesonide nasal spray	QL= 2 bottles/fill
buprenorphine patch	QL= 4 patches/28 days
bupropion SR tab	Limited to 180 days/plan year

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.

Community First Insurance Plan Formulary Cont.

Last Updated* 5/1/2022

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
butorphanol nasal spray	QL= 1 bottle/fill, 2 fills/30 days
BUTRANS PATCH	QL= 4 patches/28 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
BYLVAY CAP 1200MCG	QL= 5 caps/day; Only available through PantheRx Pharmacy 855-726-8479
BYLVAY CAP 400MCG	QL= 15 caps/day; Only available through PantheRx Pharmacy 855-726-8479
BYLVAY SPRINKLE CAP 200MCG	QL= 8 caps/day; Only available through PantheRx Pharmacy 855-726-8479
BYLVAY SPRINKLE CAP 600MCG	QL= 4 caps/day; Only available through PantheRx Pharmacy 855-726-8479
CABLIVI INJ KIT	QL= 1 vial/day; Only available through Biologics 800-850-4306
CABOMETYX TAB	QL= 1 tab/day
CALQUENCE CAP	QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118
CELEBREX CAP	QL= 2 caps/day
celecoxib cap	QL= 2 caps/day
CHANTIX PAK	Limited to 180 days/plan year
CHANTIX TAB	Limited to 180 days/plan year

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.

Community First Insurance Plan Formulary Cont.**Last Updated* 5/1/2022****Quantity Limit (QL)**

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
CIALIS TAB 2.5MG, 5MG	QL= 1 tab/day; Prior Authorization for BPH
CIMZIA INJ	QL= 2 inj/28 days
CIMZIA STARTER INJ KIT	QL= 1 kit/plan year
CINRYZE INJ	QL= 16 vials/28 days; Only available through CVS Specialty 800-237-2767
COPIKTRA CAP	QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118
COTELLIC TAB	QL= 3 tabs/day
COVID-19 TEST	QL= 8 tests/30 days
COVID-19 VACCINE BOOSTER INJ (MODERNA)	QL= 1 inj/year
COVID-19 VACCINE INJ (JANSSEN)	QL= 1 dose/45 days; limit 2 fills/12 months
COVID-19 VACCINE INJ (MODERNA)	QL= 1 dose/24 days; limit 4 fills/12 months
COVID-19 VACCINE INJ (PFIZER)	QL= 1 dose/17 days; limit 4 fills/12 months
COVID-19 VACCINE INJ 5-11Y (PFIZER)	QL= 1 dose/17 days; limit 4 fills/12 months
CRESTOR TAB	QL= 1 tab/day
CRESTOR TAB 20MG	QL= 1.5 tabs/day
CUE COVID-19 INJ TEST CARTRIDGE	QL= 8 cartridges/30 days
CUE HEALTH MONITOR	QL= 1 kit/year
CYSTADROPS SOLN	QL = 4 bottles/28 days; Restricted to Ophthalmology Specialist; Only available through Anovo Specialty Pharmacy 844-288-5007

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.

Community First Insurance Plan Formulary Cont.**Last Updated* 5/1/2022****Quantity Limit (QL)**

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
CYSTARAN OPHTH SOLN	QL= 4 bottles/28 days; Restricted to Ophthalmology or Optometry Specialist; Only available through Walgreens 888-347-3416
dalfampridine ER tab	QL= 2 tabs/day; Restricted to Neurology Specialist
DAYVIGO TAB	QL= 1 tab/day
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
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL	QL= 2 packs/fill
diclofenac gel	QL= 300gm/30 days
diclofenac gel 1%	QL= 5 tubes/fill
DICLOFENAC PATCH, FLECTOR PATCH	QL= 30 patches/fill
diclofenac soln 1.5%	QL= 3 bottles/fill
DIFICID SUSP	QL= 136 mL/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYCIN SOLN, or FIRVANQ SOLN
DIFICID TAB	QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYCIN SOLN, or FIRVANQ SOLN
dihydroergotamine mesylate inj	QL= 10 inj/14 days
donepezil ODT	QL= 1 tab/day
donepezil tab	QL= 2 tabs/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.

Community First Insurance Plan Formulary Cont.

Last Updated* 5/1/2022

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

<u>Drug Name</u>	<u>Quantity Limit</u>
donepezil tab 23mg	QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg
DOPTELET TAB	QL= 2 tabs/day; Only available through CVS Specialty 800-237-2767
doxepin tab	QL= 1 tab/day
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
EMEND PAK	QL= 3 caps/fill
EMGALITY INJ	QL= 1 inj/28 days
EMGALITY INJ 100MG/ML	QL= 3 inj/fill, 6 fills/year
EMPAVELI INJ	QL= 160ml/28 days; Only available through PantheRx 855-726-8479
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
ENDARI POWDER PACK	QL= 6 packets/day
enoxaparin inj	QL= 17 days supply
ENSPRYNG INJ	QL= 1 inj/28 days
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

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.

Community First Insurance Plan Formulary Cont.

Last Updated* 5/1/2022

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
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
everolimus tab	QL= 1 tab/day
everolimus tab 5mg	QL= 2 tabs/day
everolimus tab for oral susp	QL= 1 tab/day
EVRYSOI SOLN	QL= 6.67ml/day; Only available through Accredo 800-803-2523
EXKIVITY CAP	QL= 4 caps/day; Only available through Biologics 800-850-4306
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
FASENRA PEN INJ	QL= 1 inj/56 days
fentanyl citrate lollipop	QL= 120 lozenges/30 days
FENTORA TAB, FENTANYL BUCCAL TAB	QL= 120 tabs/30 days
FETZIMA CAP	QL= 1 cap/day
FETZIMA TITRATION PACK	QL= 1 cap/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.

Community First Insurance Plan Formulary Cont.**Last Updated* 5/1/2022****Quantity Limit (QL)**

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
FINTEPLA SOLN	QL= 12ml/day; Only available through Anovo Specialty Pharmacy 844-288-5007
FLUNISOLIDE NASAL SPRAY	QL= 2 bottles/fill
fluticasone nasal spray	QL= 2 bottles/fill
FOTIVDA CAP	QL= 21 caps/28 days; Only available through Biologics 800-850-4306
FREESTYLE LIBRE 2 RECEIVER	QL= 1 receiver/year
FREESTYLE LIBRE 2 SENSOR	QL= 2 sensors/28 days
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
FROVA TAB	QL= 9 tabs/fill, 2 fills/30 days
frovatriptan tab	QL= 9 tabs/fill, 2 fills/30 days
GALAFOLD CAP	QL= 14 caps/28 days; Only available through Walgreens 888-347-3416
GAVILYTE-C SOLN	Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay
GILOTRIF TAB	QL= 1 tab/day; Only available through Accredo 800-803-2523
GLUCAGEN HYPOKIT INJ	QL= 2 inj/fill
glucagon (rdna) for inj kit	QL= 2 inj/fill
GLUCAGON EMR INJ	QL= 2 inj/fill
GLUCAGON INJ KIT	QL= 2 inj/fill
GLYXAMBI TAB	QL= 1 tab/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.

Community First Insurance Plan Formulary Cont.

Last Updated* 5/1/2022

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

<u>Drug Name</u>	<u>Quantity Limit</u>
GOLYTELY SOLN	Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay
granisetron tab	QL= 14 tabs/fill
GRANISOL SOLN	QL= 60ml/fill
guaifenesin/codeine syrup	QL= 240ml/fill
GVOKE INJ	QL= 2 inj/fill
GVOKE INJ KIT	QL= 2 inj/fill
GVOKE PFS INJ	QL= 2 inj/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 80MG	QL= 2 syringes/28 days
HUMIRA INJ	QL= 1 pack/fill, 1 fill/plan year
CROHNS/UC/HIDRADENITIS STARTER PACK	
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK	QL= 1 pack/fill, 1 fill/plan year
HUMIRA INJ PEDIATRIC UC 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

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.

Community First Insurance Plan Formulary Cont.**Last Updated* 5/1/2022****Quantity Limit (QL)**

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
hydrocodone bitartrate ER cap	QL= 2 caps/day
hydrocodone bitartrate er tab	QL= 1 tab/day
hydrocodone/chlorpheniramine CR sus	QL= 120ml/fill; 2 fills/30 days
hydrocodone/chlorpheniramine/pseudo	QL= 120ml/fill, 2 fills/30 days
phedrine liquid	
hydromorphone ER tab	QL= 1 tab/day
HYDROXYCHLOROQUINE TAB 100M	QL= 1 tab/day
ibandronate tab 150mg	QL= 1 tab/30 days
IBRANCE CAP	QL= 21 caps/28 days
IBRANCE TAB	QL= 21 caps/28 days
ICLUSIG TAB	QL= 1 tab/day; Only available through AcariaHealth 800-511-5144
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 140MG	QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118
IMBRUVICA TAB 280MG	QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118
IMBRUVICA TAB 420MG, 560MG	QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118

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Community First Insurance Plan Formulary Cont.

Last Updated* 5/1/2022

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

<u>Drug Name</u>	<u>Quantity Limit</u>
IMITREX INJ	QL= 4 inj/fill, 2 fills/30 days
IMITREX TAB	QL= 9 tabs/fill, 2 fills/30 days
IMITREX VIAL INJ	QL= 5 inj/fill, 2 fills/30 days
INBRIJA INH POWDER	QL= 10 caps/day
INGREZZA CAP	QL= 1 cap/day; Only available through PantherRx Pharmacy 855-726-8479
INLYTA TAB	QL= 8 tabs/day
INQOVI TAB	QL= 5 tabs/28 days; Only available through Walgreens 888-347-3416
INVOKAMET TAB	QL= 2 tabs/day
INVOKANA TAB	QL= 1 tab/day
ISTURISA TAB 10MG	QL= 6 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007
ISTURISA TAB 1MG	QL= 8 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007
ISTURISA TAB 5MG	QL= 2 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007
IVERMECTIN LOTION	QL= 1 tube/fill
JAKAFI TAB	QL= 2 tabs/day
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

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.

Community First Insurance Plan Formulary Cont.

Last Updated* 5/1/2022

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

<u>Drug Name</u>	<u>Quantity Limit</u>
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
KERENDIA TAB	QL= 1 tab/day
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
KORLYM TAB	QL= 4 tabs/day; Only available through Korlym SPARK program 855-4Korlym (855-456-7596)
KOSELUGO CAP	QL= 4 caps/day; Only available through Onco360 877-662-6633
KYNMOBI FILM	QL= 5 films/day
KYNMOBI TITRATION KIT	QL=1 kit/fill
KYTRIL TAB	QL= 14 tabs/fill
lacosamide tab	QL= 2 tabs/day
LASTACAPT OPHTH SOLN	QL= 3ml/30 days
latanoprost ophth soln	QL= 2.5ml/30 days
LATUDA TAB	QL= 1 tab/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.

Community First Insurance Plan Formulary Cont.

Last Updated* 5/1/2022

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
LAZANDA NASAL SPRAY	QL= 15 bottles/30 days
LEDIPASVIR/SOFOSBUVIR TAB	QL= 1 tab/ day
lenalidomide cap	QL= 1 cap/day; Restricted to Oncology or Hematology Specialist
LENVIMA CAP	QL= 3 caps/day; Only available through Accredo 800-803-2523
LEVALBUTEROL INHALER, XOPENEX	QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of
HFA INHALER	VENTOLIN HFA
lidocaine oint	QL= 107gm/30 days
lidocaine patch	QL= 3 patches/day
lidocaine patch 5%	QL= 3 patches/day
LIDODERM PATCH	QL= 3 patches/day
LORBRENA TAB 100MG	QL= 1 tab/day
LORBRENA TAB 25MG	QL= 3 tabs/day
LOVENOX INJ	QL= 17 days supply
LUCEMYRA TAB	QL= 96 tabs/7 days
LUMAKRAS TAB	QL= 8 tabs/day; Only available through Biologics 800-850-4306
LUMIGAN OPHTH SOLN	QL= 2.5ml/30 days
LUNESTA TAB	QL= 1 tab/day
LUPKYNIS CAP	QL= 6 caps/day; Only available through Biologics 800-850-4306 or PantheRx Pharmacy 855-726-8479
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

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Community First Insurance Plan Formulary Cont.

Last Updated* 5/1/2022

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
MAVYRET PAK	QL= 5 packs/day
MAVYRET TAB	QL= 3 tabs/day
MAXALT MLT TAB	QL= 12 tabs/fill, 3 fills/60 days
MAXALT TAB	QL= 12 tabs/fill, 3 fills/60 days
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
MOLNUIPIRAVIR CAP	QL= 40 caps/fill
mometasone nasal spray	QL= 2 bottles/fill
MORPHINE SULFATE ER BEAD CAP	QL= 2 caps/day
MYFEMBREE TAB	QL= 1 tab/day
NALOXONE PREFILLED INJ	QL= 2 inj/fill
naratriptan tab	QL= 9 tabs/fill, 2 fills/30 days
NASACORT OTC NASAL SPRAY	QL= 2 bottles/fill
NATACYN OPHTH SUSP	QL= 15ml/fill
NATROBA SUSP	QL= 1 bottle/fill
NAYZILAM SPRAY	QL= 2 packs/fill; Restricted to Neurology Specialist

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.

Community First Insurance Plan Formulary Cont.

Last Updated* 5/1/2022

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
NERLYNX TAB	QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118
NICODERM PATCH	Limited to 180 days/plan year
NICORETTE GUM	Limited to 180 days/plan year
NICORETTE LOZENGE	Limited to 180 days/plan year
nicotine gum	Limited to 180 days/plan year
NICOTINE KIT	Limited to 180 days/plan year
nicotine lozenge	Limited to 180 days/plan year
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
nitazoxanide tab	QL= 6 tabs/3 days
NUBEQA TAB	QL= 4 tabs/day
NUCALA INJ	QL= 1 inj/28 days
NUCYNTA ER TAB	QL= 2 tabs/day
NUEDEXTA CAP	QL= 2 caps/day
NULYTELY SOLN	Covered at \$0 for members 45-75 years, all other members covered : generic copay; Limited to 2 fills/calendar year
NURTEC ODT	QL= 8 tabs/30 days, 6 fills/year
NUVIGIL TAB	QL= 1 tab/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.

Community First Insurance Plan Formulary Cont.

Last Updated* 5/1/2022

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
NUZYRA TAB	QL= 30 tabs/180 days; Restricted to Infectious Disease or Pulmonology Specialist; Only available through Walgreens 888-347-3416
OICALIVA 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
olopatadine ophth soln 0.2%	QL= 2.5ml/30 days
OLUMIANT TAB	QL= 1 tab/day
OMNIPOD 5 INTRO KIT	QL= 1 kit/year
OMNIPOD 5 PACK PODS	QL= 10 pods/month
OMNIPOD DASH INTRO KIT	QL= 1 kit/year
OMNIPOD DASH PODS	QL= 10 pods/month
OMNIPOD STARTER KIT	QL= 1 kit/year
OPANA ER TAB (CRUSH RESISTANT)	QL= 2 tabs/day
OPSUMIT TAB	QL= 1 tab/day; Only available through CVS Specialty 800-237-2767
OPZELURA CREAM	QL= 12 tubes/year
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
ORIAHNN CAP	QL= 2 caps/day
ORILISSA TAB 150MG	QL= 1 tab/day
ORILISSA TAB 200MG	QL= 2 tabs/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.

Community First Insurance Plan Formulary Cont.

Last Updated* 5/1/2022

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
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
OVIDE LOTION	QL= 2 bottles/fill
OXBRYTA TAB	QL= 5 tabs/day; Only available through CVS Specialty 800-237-2767
OXERVATE OPHTH SOLN	QL= 8 kits/affected eye/lifetime; Only available through Accredo 800-803-2523
OZEMPIC INJ	QL= 1 pack/28 days
PALYNZIQ INJ	QL= 1 inj/day; Only available through Diplomat Pharmacy 877-977-9118
PAXLOVID TAB	QL= 30 tabs/fill
peg 3350/electrolytes soln	Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay
PEMAZYRE TAB	QL= 14 tabs/21 days; Only available through Biologics 800-850-4306
PICATO GEL	QL= 1 box/fill
POMALYST CAP	QL= 21 caps/28 days

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.

Community First Insurance Plan Formulary Cont.

Last Updated* 5/1/2022

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

<u>Drug Name</u>	<u>Quantity Limit</u>
POTIGA TAB	QL= 3 tabs/day
POTIGA TAB 50MG	QL= 9 tabs/day
PRALUENT INJ	QL= 2 inj/28 days
PRETOMANID TAB	QL= 1 tab/day; Restricted to Infectious Disease Specialist
PROVIGIL TAB	QL= 2 tabs/day
pyrimethamine tab	QL= 3 tabs/day; Only available through Walgreens 888-347-3416
QINLOCK TAB	QL= 3 tabs/day; Only available through Biologics 800-850-4306
ramelteon tab	QL= 1 tab/day
REGRANEX GEL	QL= 30gm/fill
RELENZA DISKHALER	QL= 1 inhaler/fill
RELPAK TAB	QL= 9 tabs/fill, 2 fills/30 days
REPATHA INJ	QL= 2 inj/28 days
REPATHA PUSHTRONEX INJ	QL= 1 inj/28 days
RETEVMO CAP	QL= 4 caps/day
REVLIMID CAP	QL= 1 cap/day; Restricted to Oncology or Hematology Specialist
REYVOW TAB	QL= 8 tabs/30 days, 6 fills/year
REZUROCK TAB	QL= 1 tab/day; Only available through Biologics 800-850-4306
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
rosuvastatin tab 10mg	QL= 1 tab/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.

Community First Insurance Plan Formulary Cont.**Last Updated* 5/1/2022****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 20mg	QL= 1.5 tabs/day
rosuvastatin tab 40mg	QL= 1 tab/day
rosuvastatin tab 5mg	QL= 1 tab/day
ROZEREM TAB	QL= 1 tab/day
ROZLYTREK CAP	QL= 3 caps/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 Anovo Specialty Pharmacy 844-288-5007
SIMPONI AUTO-INJECTOR 100MG	QL=1 inj/28 days
SIMPONI INJ 100MG	QL=1 inj/28 days
SIVEXTRO TAB	QL= 6 tabs/fill; Restricted to Infectious Disease Specialist
SKLICE LOTION	QL= 1 tube/fill
SKYRIZI INJ 150MG/ML	QL= 1 inj/84 days
SKYRIZI INJ 75MG/0.83ML	QL= 2 inj/84 days
SOFOSBUVIR/VELPATASVIR TAB	QL= 1 tab/ day
SOLARAZE GEL	QL= 300gm/30 days

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.

Community First Insurance Plan Formulary Cont.

Last Updated* 5/1/2022

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
SOLIQUA INJ	QL= 15ml/25 days
SOLOSEC GRANULES PACKET	QL= 1 packet/fill
SPINOSAD SUSP	QL= 1 bottle/fill
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
SUNOSI TAB	QL= 1 tab/day
SYMDEKO TAB	QL= 2 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416
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
TABRECTA TAB	QL= 4 tabs/day
tadalafil tab 2.5mg, 5mg	QL= 1 tab/day; Prior Authorization for BPH

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.

Community First Insurance Plan Formulary Cont.

Last Updated* 5/1/2022

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

<u>Drug Name</u>	<u>Quantity Limit</u>
TAFINLAR CAP	QL= 4 caps/day
TAGRISSO TAB	QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118
TAKHZYRO INJ	QL= 2 inj/28 days; Only available through CVS Specialty 800-237-2767
TALTZ INJ	QL= 1 inj/28 days
TALZENNA CAP 0.25MG	QL= 3 caps/day
TALZENNA CAP 0.5MG, 0.75MG, 1MG	QL= 1 cap/day
TAMIFLU CAP	QL= 10 caps/fill
TAMIFLU CAP 30MG	QL= 20 caps/fill
TAVALISSE TAB	QL= 2 tab/day; Only available through Biologics 800-850-4306
TAZVERIK TAB	QL= 8 tabs/day; Only available through Onco360 877-662-6633
TEGSEDI INJ	QL= 4 inj/28 days; Only available through Accredo 800-803-2523
TEPMETKO TAB	QL= 2 tabs/day; Only available through Biologics 800-850-4306
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
testosterone gel 1.62% 1.25gm	QL= 1 packet/day
testosterone gel 1.62% 2.5gm	QL= 2 packets/day
TESTOSTERONE GEL PUMP	QL= 4 bottles/30 days
testosterone gel pump 1.62%	QL= 2 bottles/30 days
testosterone soln	QL= 2 bottles/30 days

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Community First Insurance Plan Formulary Cont.

Last Updated* 5/1/2022

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
TIBSOVO TAB	QL= 2 tabs/day; Only available through Diplomat Pharmacy 877-977-9118
TIROSINT-SOL	QL=1 ml/day; Prior Authorization required for members age 9 or older
TRACLEER TAB 32MG	QL=4 tabs/day; Only available through Walgreens 888-347-3416
TRADJENTA TAB	QL= 1 tab/day
TRAVATAN Z DROPS	QL= 2.5ml/30 days
travoprost ophth soln	QL= 2.5ml/30 days
TREMFYA INJ	QL= 1 inj/56 days
triamcinolone OTC nasal spray	QL= 2 bottles/fill
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
TRIKAFTA TAB	QL= 84 tabs/28 days; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416
trilyte soln	Covered at \$0 for members 45-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year
TRINTELLIX TAB	QL= 1 tab/day
TRULICITY INJ	QL= 4 pens/28 days
TRUSELTIQ PACK 100MG	QL= 21 caps/28 days; Only available through Biologics 800-850-4306
TRUSELTIQ PACK 50MG, 125MG	QL= 42 caps/28 days; Only available through Biologics 800-850-4306
TRUSELTIQ PACK 75MG	QL= 63 caps/28 days; Only available through Biologics 800-850-4306

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Community First Insurance Plan Formulary Cont.

Last Updated* 5/1/2022

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
TUKYSA TAB	QL= 4 tabs/day; Only available through Biologics 800-850-4306
TURALIO CAP	QL= 4 caps/day; Only available through Biologics 800-850-4306
TUSSIONEX SUSP	QL= 120ml/fill; 2 fills/30 days
TUSSI-ORGANI SYRUP	QL= 240ml/fill
TYVASO INH SOLN	QL= 1 ampule/day; Only available through Accredo 800-803-2523
UBRELVY TAB	QL= 10 tabs/30 days, 6 fills/year
UCERIS TAB	QL= 1 tab/day
UKONIQ TAB	QL= 4 tabs/day; Only available through Onco360 877-662-6633
ULESFIA LOTION	QL= 4 bottles/fill
UPTRAVI TAB	QL= 2 tabs/day; Only available through Accredo 800-803-2523
VAGIFEM TAB	QL= 8 tabs/28 days (18 tabs on first fill)
VALCHLOR GEL	QL= 4 tubes/30 days; Only available through Avella (877) 546-5779
VALTOCO NASAL SPRAY	QL= 2 packs/fill; Restricted to Neurology Specialist
VANCOGIN CAP	QL= 56 caps/fill
vancomycin cap	QL= 56 caps/fill
VARUBI TAB	QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist
VASCEPA CAP 0.5GM	QL= 4 caps/day
VASCEPA CAP 1GM	QL= 4 caps/day
VENTAVIS INH SOLN	QL= 9 ampules/day; Only available through Accredo 800-803-2523
VENTOLIN HFA INHALER	QL= 2 inhalers/30 days
VERZENIO TAB	QL= 2 tabs/day

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Community First Insurance Plan Formulary Cont.

Last Updated* 5/1/2022

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

<u>Drug Name</u>	<u>Quantity Limit</u>
V-GO INJ KIT	QL= 1 kit/day
VICTOZA INJ	QL= 9ml/30 days
VIMPAT TAB	QL= 2 tabs/day
VITRAKVI CAP 100MG	QL= 2 caps/day; Only available through US Bioservices 888-518-724
VITRAKVI CAP 25MG	QL= 6 caps/day; Only available through US Bioservices 888-518-724
VITRAKVI SOLN	QL= 10ml/day; Only available through US Bioservices 888-518-7246
VIVOTIF CAP	QL= 4 caps/fill
VIZIMPRO TAB	QL= 1 tab/day
VOSEVI TAB	QL= 1 tab/day
VYNDAMAX CAP	QL= 1 cap/day
VYNDAQEL CAP	QL= 4 caps/day
VYTORIN TAB	QL= 1 tab/day (10/80mg is Not Covered)
WAKIX TAB	QL= 2 tabs/day; Only available through PantherRx Pharmacy 855-726-8479
WELIREG TAB	QL= 3 tabs/day; Only available through Biologics 800-850-4306
XADAGO TAB	QL= 1 tab/day
XALATAN OPHTH SOLN	QL= 2.5ml/30 days
XALKORI CAP	QL= 2 caps/day
XCOPRI PAK 100-150MG	QL= 2 tabs/day
XCOPRI PAK 150-200MG	QL= 2 tabs/day
XCOPRI PAK 50-200MG	QL= 2 tabs/day

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Community First Insurance Plan Formulary Cont.

Last Updated* 5/1/2022

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
XCOPRI TAB 150MG, 200MG	QL= 2 tabs/day
XCOPRI TAB 50MG, 100MG	QL= 1 tab/day
XCOPRI TITRATION PAK 12.5-25MG	QL= 1 tab/day
XCOPRI TITRATION PAK 150-200MG	QL= 1 tab/day
XCOPRI TITRATION PAK 50-100MG	QL= 1 tab/day
XELJANZ SOLN	QL= 10ml/day
XELJANZ TAB	QL= 2 tabs/day
XELJANZ XR TAB	QL= 1 tab/day
XENLETA TAB	QL= 14 tabs/180 days; Restricted to Infectious Disease Specialist
XIFAXAN TAB 200MG	QL= 9 tabs/3 days
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
XOFLUZA TAB	QL= 2 tabs/fill
XOFLUZA TAB THERAPY PACK 40MG	QL= 1 tab/fill
XOFLUZA TAB THERAPY PACK 80MG	QL= 1 tab/fill
XOSPATA TAB	QL= 3 tabs/day; Only available through Biologics 800-850-4306
XPOVIO PAK	QL= 32 tabs/28 days; Only available through Biologics 800-850-4306
XTAMPZA ER CAP	QL= 120 caps/30 days
XULTOPHY INJ	QL= 15ml/30 days

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Community First Insurance Plan Formulary Cont.

Last Updated* 5/1/2022

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
XYREM SOLN	QL= 540ml/30 days; Only available through Xyrem Certified Pharmacies 1-866-997-3688
ZEGALOGUE INJ	QL= 2 inj/fill
ZEJULA CAP	QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118
ZELBORAF TAB	QL= 8 tabs/day
ZEPOSIA CAP	QL= 1 cap/day
ZEPOSIA STARTER PACK	QL= 1 cap/day
ZETONNA NASAL SPRAY	QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone, triamcinolone or mometasone
ZILRETTA INJ	QL= 2 inj/365 days
ZIOPTAN OPHTH SOLN	QL= 1 bottle/day
ZOKINVY CAP	QL= 4 caps/day; Only available through US Bioservices 888-518-724
zolmitriptan nasal spray	QL= 6 sprays/fill, 2 fills/30 days
zolmitriptan ODT	QL= 9 tabs/fill, 2 fills/30 days
ZOLMITRIPTAN SPRAY, ZOMIG SPRAY	QL= 6 sprays/fill, 2 fills/30 days
zolmitriptan tab	QL= 9 tabs/fill, 2 fills/30 days
zolpidem ER tab	QL= 1 tab/day
zolpidem tab	QL= 1 tab/day
ZOMIG TAB	QL= 9 tabs/fill, 2 fills/30 days
ZOMIG ZMT	QL= 9 tabs/fill, 2 fills/30 days
ZUTRIPRO LIQUID	QL= 120ml/fill, 2 fills/30 days

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Community First Insurance Plan Formulary Cont.

Last Updated* 5/1/2022

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
ZYBAN TAB	Limited to 180 days/plan year
ZYKADIA CAP	QL= 3 caps/day
ZYKADIA TAB	QL= 3 tabs/day
ZYLET OPHTH SUSP	QL= 5ml/fill (10ml bottle is Not Covered)

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