

## Summary of Formulary Benefits

The information in this document will help you understand the prescription drug benefits offered under this plan and to compare these benefits to those offered by other plans. Information in this summary will help you compare the value and scope of formulary benefits.

### How to Find Information on the Cost of Prescription Drugs

This document and the Drug List will help you understand your options. This document will answer questions about:

- 1) Covered medications under Community Health Choice plans formulary
- 2) Lower cost medication options
- 3) Development of the formulary
- 4) Appeals
- 5) Medical Management

Community Health Choice offers web-based tool to determine cost sharing for drugs on our formulary. Cost-sharing information reflects a consumer's share of the cost. This cost excludes any deductible requirement. It is calculated using an estimate of the full price of the drug. This is based on the plan's median or the actual cost allowed amount.

A formulary is a list of brand and generic drugs which are covered by your plan. The formulary is a good way to choose the best drug for your condition at your lowest out-of-pocket expense. You can obtain more information about your pharmacy benefits by visiting our website:

<https://www.communityhealthchoice.org/en-us/plans-benefits/marketplace/know-the-details-2020/>

Community Health Choice requires Members to use generic medications when available. The Member will pay the applicable copay plus the cost difference between the brand and generic if a brand name drug is dispensed when a generic is available (multi-source brand). This is regardless of if the doctor's prescription indicates the branded medication should be dispensed. This amount will not apply to the Member's maximum out of pocket. The Provider must submit a prior authorization for medical necessity of branded medications when an equivalent generic alternative is available.

### Formulary by Health Benefit Plan

You can view a comparison of pharmacy benefits for each plan on our website at :

<https://www.communityhealthchoice.org/media/2664/formulary-2020.pdf>

You can also view the Summary and Benefit along with Evidence of Coverage documents for our plans at:

<https://www.communityhealthchoice.org/en-us/plans-benefits/marketplace/know-the-details-2020/>

## Drugs by Cost-Sharing Tier

### TIER NAME

Tier 1	18.98%	
Tier 2	13.73%	
Tier 3	28.97%	
Specialty	8.13%	
Medical Service Drugs		0.70%
Zero Cost Share	3.27%	
Not Covered	24.44%	

How Prescription Drugs are Covered under the Plan Formulary Composition Community Health Choice formulary is a closed formulary. This means some drugs are excluded or not covered. The formulary is developed and maintained by a Pharmacy and Therapeutics (P&T) Committee.

The Community Health Choice delegated P&T Committee meets quarterly to review new drugs and new information on existing drugs available in the market. The Committee consists of licensed nurses, pharmacists, and physicians. It includes medical professionals employed by Community Health Choice's delegated PBM Navitus as well as those currently practicing in the community.

The task of the Committee is to review scientific evidence balancing the effectiveness and side effects of the drugs. This is how they determine the appropriateness on the formulary. The Committee's review, recommendations, and approval are based on information presented through peer-reviewed journals and national best-practice guidelines. These evidence-based outcomes may come from private parties (e.g. pharmaceutical companies) or public parties (e.g., government and/or medical associations).

The Committee will look at the overall value of the drug (including costs and current coverages) once the Committee has completed their clinical reviews. Then, they will decide its outcome on the formulary.

The committee may make a decision to

- (1) Add/remove a drug
- (2) Tier placement
- (3) Add/remove utilization management (UM) rules such as step therapy (ST), quantity limits (QL), and prior authorization (PA).

The committee may also choose to place drug(s) on the Exclusion List. This means the reviewed drug will no longer be covered on the formulary.

All committee members are bound by a non-conflict agreement that requires members to notify the committee if there are financial stake that may affect their decisions.

### Right to Appeal

Contact Community Health Choice at 713-295-2294 or 1-855-315-5386

if you need to make a complaint or file an appeal. If your issue or concern is not resolved by calling Community Health Choice, you have the right to file a written appeal with Community Health Choice. Please send this appeal and related information from your doctor to: MAIL Community Health Choice, Inc. Attn: Appeals Coordinator 2636 South Loop West, Suite 125 Houston, TX 77054 FAX Community Health Choice, Inc. 713-295-7033 Attn: Appeals Coordinator

### Continuation of Coverage

New members will be permitted a one-time override at Navitus' discretion for medications that require a PA (or ST). The override will be placed for one 30 d/s while the prescriber requests a PA. The intent of the one-time override is to allow the provider to submit a prior authorization request to Navitus for review.

### Off-Label Drug Use

You have the right to seek review by an Independent Review Organization if a claim is denied as being experimental or investigational. Refer to the Appeals, Complaints and External Review Rights provision in the General Provisions section in this Contract for more information.

**Prescription Drug Exclusions** - Except as expressly stated otherwise, no benefit will be provided for, or on account of, the following items:

- a. Any drug prescribed for intended use other than for:
  - a. Indications approved by the FDA; or off-label indications recognized through peer-reviewed medical literature;
  - b. Any drug, medicine or medication that is either:
    - a. Labeled "Caution-limited by Federal law to investigational use"; or
    - b. Experimental or Investigational, even though a charge is made to the Covered Person

### Cost Sharing

What you expect to pay depends on the type of drugs your doctor ordered for you. Each drug is placed in a Tier (or Level). Different tiers represent the different levels of payment for covered medications. Tier structures are developed to encourage you to use quality products at the most cost-effective option to you. The lower cost option does not represent a lower quality product. It is simply the best cost option considering covered products within that treatment category. You can be assured that drugs provided through your pharmacy benefit have been through rigorous processes to be approved by the FDA.

The Gold 001 plan do not have a deductible.

All of our other plans have a combined pharmacy and medical deductible.

Generics are exempt from the pharmacy deductible (except for Bronze 008 HSA plan).

The pharmacy deductible must be met in full before the plan will begin to pay for benefits.

- Tier 1: Formulary preferred generics and some lower cost brand products (listed on the formulary as Tier 1)
- Tier 2: Formulary preferred brand products and some higher cost generic products (listed on the formulary as Tier 2)
- Tier 3: Non-preferred formulary products (can include non-preferred generic products) (listed on the formulary as Tier 3)
- Tier 4: Specialty (listed on the formulary as SP or MSP)
- Tier 5: Medical Service Drugs – N/A
- Tier 6: Zero Cost Share Preventive Drugs (i.e., ACA covered products) (listed on the formulary as \$0)

The Mail Order Service allows you to receive up to a 90-day supply of maintenance medications. This program is part of your pharmacy benefit and is voluntary.

**Generics First Requirement:** Your plan encourages you to choose a generic drug over a branded drug to help reduce what you pay for overall health benefit. You will have to pay your copay where the generic alternative lies PLUS the difference in cost between the brand and generic drug if you choose to fill a BRAND drug where its generic equivalent is available. This applies even when the generic is in the same Tier group. You will only pay for that copay when a BRAND is preferred over its generic equivalent.

#### Medical Management Requirements

Drug coverage review is used to encourage appropriate and cost-effective use of prescription drugs by allowing coverage only when certain conditions are met. Some reasons for pre-certification may include:

- Compliance with dosing guidelines
- Avoid duplicate therapies
- Help health care providers check medically accepted criteria that helps ensure high efficacy and low side effects

Community Health Choice implements approval criteria based on FDA-approved labeling, national guidelines, best-practices and manufacturer cost/rebates arrangements.

**Clinical Prior Authorization (PA):** This edit is clinically based and looks at requirements such as appropriateness of indication, age, dose, lab values, and others for that specific prescription drug.

**Quantity Limits (QL):** Community Health Choice limits the quantity and dosing of certain drugs to be consistent with recommendations of the U.S. Food & Drug Administration (FDA). The quantity limit program can include limits on number of doses per day, maximum daily dose based on labeled dosing, and quantity over time. This includes number of prescription fills per month or year.

**Step Therapy (ST):** This drug coverage review promotes the appropriate use of equally effective but lower-cost drugs first. Prerequisite drugs are FDA-approved and treat the same condition as the corresponding step therapy drugs.

**Restricted to Specialist (RS):** This edit is clinically based and limits prescribing of certain high-cost or high-risk drugs to certain specialists who are trained to treat the associated disease states.

Some pre-certification processes are automated: Where we have your complete information for review in our system, the Prior Authorization approvals are automated at the pharmacy, and you will have no delays in access.

When the information we have for you does not meet approval criteria, your pharmacy may notify your doctor of the rejection and PA requirement. In which case, your doctor may choose to either make changes to obtain coverage for a similar drug, OR request for a prior approval of that specific drug.

The most common automated PA is the Step Therapy requirement. This is when the pharmacy system checks for a previously filled drug that meets the requirement for tried/failed first step drug, which is often a clinically comparable generic or brand drug.

Coverage determinations will be provided to you by mail within 72 hours from time of request for the first-level of determination (or within 24 hours for expedited requests). If approved, the corresponding Tier copayment will apply for that specific drug. If denied, you may still fill the prescribed drug, but you will have to pay for the complete cost of the drug. Our Pharmacy Benefit Manager (Navitus Health Solutions) performs our initial precertification drug reviews.

**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 Health Choice Formulary****Alphabetical Index****Last Updated 7/1/2020**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
8-MOP CAP	-	2 DERMATOLOGICALS
abacavir soln (ZIAGEN equiv)	-	SP ANTIVIRALS
abacavir tab (ZIAGEN equiv)	-	SP ANTIVIRALS
abacavir/lamivudine tab (EPZICOM equiv)	-	SP ANTIVIRALS
abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv)	-	SP ANTIVIRALS
ABILIFY DISCMELT (QL= 2 tabs/day)	PA-QL	3 ANTIPSYCHOTICS / ANTIMANIC AGENTS
ABILIFY MAINTENA INJ	-	3 ANTIPSYCHOTICS / ANTIMANIC AGENTS
ABILIFY MYCITE TAB	-	NC ANTIPSYCHOTICS / ANTIMANIC AGENTS
ABILIFY SOLN	PA	3 ANTIPSYCHOTICS / ANTIMANIC AGENTS
ABILIFY TAB	-	3 ANTIPSYCHOTICS / ANTIMANIC AGENTS
abiraterone tab 250mg (ZYTIGA equiv)	LMSP	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ABSORICA CAP	-	NC DERMATOLOGICALS

	<b>NC</b> =Not Covered	<b>generic</b> =small letters	<b>BRANDS</b> =CAPITAL LETTERS
EXC	Plan Exclusion	INF	Infertility
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program
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.

# Community Health Choice Formulary Cont.

## Alphabetical Index

Last Updated 7/1/2020

Drug Name	Special Code	Tier Category
ABSORICA LD CAP	-	NC DERMATOLOGICALS
ABSTRAL SL TAB (QL= 120 tabs/30 days)	PA-QL	3 ANALGESICS - OPIOID
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
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

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M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
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Drug Name	Special Code	Tier Category
ACCUPRIL TAB	-	3 ANTIHYPERTENSIVES
ACCURETIC TAB	-	3 ANTIHYPERTENSIVES
acebutolol cap (SECTRAL equiv)	-	1 BETA BLOCKERS
ACEON TAB	-	3 ANTIHYPERTENSIVES
acetaminophen/caffeine/dihydrocodeine tab (PANLOR SS equiv)	-	2 ANALGESICS - OPIOID
acetaminophen/codeine soln	-	1 ANALGESICS - OPIOID
acetaminophen/codeine tab (TYLENOL/CODEINE equiv)	-	1 ANALGESICS - OPIOID
ACETAMINOPHEN/ISOMETHEPTENE/DICHLORAL 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	-	2 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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Drug Name	Special Code	Tier Category
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)	LMSP-PA-QL	SP ANALGESICS - ANTI-INFLAMMATORY
ACTEMRA IV INJ	M	M ANALGESICS - ANTI-INFLAMMATORY
ACTEMRA SC INJ (QL= 2 inj/28 days)	LMSP-PA-QL	SP ANALGESICS - ANTI-INFLAMMATORY
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
ACTONEL TAB	-	3 ENDOCRINE AND METABOLIC AGENTS - MISC.
ACTOPLUS MET TAB	-	NC ANTIDIABETICS

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Drug Name	Special Code	Tier Category
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	\$0 TOXOIDS
ADAGEN INJ	M	M BIOLOGICALS MISC
ADALAT CC TAB	-	3 CALCIUM CHANNEL BLOCKERS
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
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
ADASUVE INHALER	-	NC ANTIPSYCHOTICS / ANTIMANIC AGENTS

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Drug Name	Special Code	Tier Category
ADAZIN CREAM	-	NC DERMATOLOGICALS
ADCIRCA TAB	LMSP-PA	SP CARDIOVASCULAR AGENTS - MISC.
ADDERALL TAB	-	3 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
ADDERALL XR CAP	-	2 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
ADDYI TAB	-	EX C PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
adefovir dipivoxil tab (HEPSERA equiv)	-	2 ANTIVIRALS
ADEMPAS TAB (QL= 3 tabs/day; Only available through Accredo 888-773-7376)	LD-PA-QL	SP CARDIOVASCULAR AGENTS - MISC.
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)		

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ADOXA PAK	-	NC TETRACYCLINES
ADOXA TAB	-	3 TETRACYCLINES
ADRENALIN INJ, EPINEPHRINE INJ	-	NC VASOPRESSORS
ADVAIR DISKUS INHALER	-	2 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
ADVAIR HFA INHALER	-	2 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
ADVICOR TAB	-	NC ANTI-HYPERLIPIDEMICS
ADZENYS ER SUSP, AMPHETAMINE ER SUSP	-	NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXICANTS
ADZENYS XR TAB	-	NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXICANTS
AEMCOLO TAB	-	NC ANTI-INFECTIVE AGENTS MISC.
AEROCHAMBER	OTC	2 MEDICAL DEVICES AND SUPPLIES
AEROCHAMBER SUPPLIES	-	2 MEDICAL DEVICES AND SUPPLIES

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AFINITOR DISPERZ (QL= 1 tab/day)	LMSP-PA-QL-SF	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AFINITOR TAB 10MG (QL= 1 tab/day)	LMSP-PA-QL-SF	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AFINITOR TAB 2.5MG, 5MG, 7.5MG (QL= 1 tab/day)	LMSP-PA-QL-SF	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AFLURIA INJ	VAC	\$0 VACCINES
AFLURIA INJ, FLUZONE INJ	VAC	\$0 VACCINES
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
AIRDUO RESPICLICK	-	NC ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AJOVY INJ	-	NC 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

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Drug Name	Special Code	Tier Category
ALAMAST OPTH SOLN	-	2 OPTHALMIC AGENTS
ALBATUSSIN LIQUID	-	3 COUGH / COLD / ALLERGY
albendazole tab (ALBENZA equiv)	-	3 ANTHELMINTICS
ALBENZA TAB	-	3 ANTHELMINTICS
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 OPTH SOLN	-	3 OPTHALMIC AGENTS
alclometasone cream (ACLOVATE equiv)	-	2 DERMATOLOGICALS

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LD	Limited Distribution		LMSP		Lumicera Mandatory Specialty Pharmacy Program
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 Health Choice Formulary Cont.

## Alphabetical Index

Last Updated 7/1/2020

Drug Name	Special Code	Tier Category
alclometasone oint (ACLOVATE OINT equiv)	-	2 DERMATOLOGICALS
ALCOHOL SWABS	OTC	1 MEDICAL DEVICES AND SUPPLIES
ALCORTIN A GEL	-	NC DERMATOLOGICALS
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)	LMSP-PA-QL	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALENDRONATE SOLN	-	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

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EXC	Plan Exclusion	INF	Infertility
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# Community Health Choice Formulary Cont.

## Alphabetical Index

Last Updated 7/1/2020

Drug Name	Special Code	Tier Category
ALFERON-N INJ	LMSP	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
alfuzosin SR tab (UROXATRAL equiv)	-	1 GENITOURINARY AGENTS - MISCELLANEOUS
ALINIA SUSP (QL= 60ml/3 days)	PA-QL	2 ANTI-INFECTIVE AGENTS MISC.
ALINIA TAB (QL= 6 tabs/3 days)	PA-QL	2 ANTI-INFECTIVE AGENTS MISC.
aliskiren tab (TEKTURNA equiv)	¢	3 ANTIHYPERTENSIVES
ALKERAN INJ	M	M ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALKERAN TAB	-	3 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALLEGRA ODT	OTC	NC 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

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# Community Health Choice Formulary Cont.

## Alphabetical Index

Last Updated 7/1/2020

Drug Name	Special Code	Tier Category
ALOQUIN GEL	-	NC DERMATOLOGICALS
ALORA PATCH	-	3 ESTROGENS
alosetron tab (LOTIRONEX 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 ANTIANXIETY AGENTS
alprazolam ODT (NIRAVAM equiv)	-	3 ANTIANXIETY AGENTS
alprazolam tab (XANAX equiv)	-	1 ANTIANXIETY 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

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# Community Health Choice Formulary Cont.

## Alphabetical Index

Last Updated 7/1/2020

Drug Name	Special Code	Tier Category
ALVESCO INHALER	-	NC ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
ALZAIER 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; Restricted to Cardiology or Pulmonology Specialist; Only available through Walgreens 888-347-3416)	LD-QL-RS	SP CARDIOVASCULAR AGENTS - MISC.
AMCINONIDE CREAM 0.1%	-	NC DERMATOLOGICALS
AMCINONIDE LOTION	-	NC 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

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Last Updated 7/1/2020

Drug Name	Special Code	Tier	Category
AMICAR SYRUP	-	3	HEMOSTATICS
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	PA	3	GASTROINTESTINAL AGENTS - MISC.
amitriptyline tab (ELAVIL equiv)	-	1	ANTIDEPRESSANTS
amlodipine tab (NORVASC equiv)	-	1	CALCIUM CHANNEL BLOCKERS
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
amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv)	-	2	ANTIHYPERTENSIVES

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Last Updated 7/1/2020

Drug Name	Special Code	Tier Category
AMMONIUM CHLORIDE INJ	M	M MINERALS & ELECTROLYTES
ammonium lactate cream (LAC-HYDRIN equiv)	-	1 DERMATOLOGICALS
ammonium lactate lotion (LAC-HYDRIN equiv)	-	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
amphetamine tab (EVEKEO equiv)	-	NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS

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Last Updated 7/1/2020

Drug Name	Special Code	Tier Category
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
anagrelide cap (AGRYLIN equiv)	-	1 HEMATOLOGICAL AGENTS - MISC.
ANALPRAM-E KIT	-	3 ANORECTAL AGENTS
ANALPRAM-HC CREAM	-	NC ANORECTAL AGENTS

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Drug Name	Special Code	Tier Category
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
ANDROID CAP, TESTRED CAP	PA	3 ANDROGENS-ANABOLIC
ANDROXY TAB	-	2 ANDROGENS-ANABOLIC
ANGELIQ TAB	-	3 ESTROGENS
ANNOVERA RING	-	NC CONTRACEPTIVES
ANORO ELLIPTA INHALER	-	2 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS

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Drug Name	Special Code	Tier Category
ANTABUSE TAB	-	3 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ANTARA 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 (Only available through CVS Specialt 800-237-2767)	LD	SP ANTIPARKINSON 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

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Drug Name	Special Code	Tier Category
APRISO CAP	-	2 GASTROINTESTINAL AGENTS - MISC.
APRIZIO PAK KIT	-	NC DERMATOLOGICALS
APTOM TAB	-	NC ANTICONVULSANTS
APTIVUS CAP	-	SP ANTIVIRALS
APTIVUS SOLN	-	SP 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
ARAVA TAB	-	3 ANALGESICS - ANTI-INFLAMMATORY
ARAZLO LOTION	-	NC DERMATOLOGICALS
ARCAPTA NEOHALER	-	3 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
ARICEPT ODT (QL= 1 tab/day)	QL	3 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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Drug Name	Special Code	Tier Category
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) (QL= 2 tabs/day)	PA-QL	3 ANTIPSYCHOTICS / ANTIMANIC AGENTS
aripiprazole soln (ABILIFY equiv)	PA	3 ANTIPSYCHOTICS / ANTIMANIC AGENTS
aripiprazole tab (ABILIFY equiv)	-	1 ANTIPSYCHOTICS / ANTIMANIC AGENTS
ARISTADA INJ	-	3 ANTIPSYCHOTICS / ANTIMANIC AGENTS
ARIXTRA INJ	-	3 ANTICOAGULANTS
armodafinil tab (NUVIGIL equiv) (QL= 1 tab/day)	PA-QL	1 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS

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Drug Name	Special Code	Tier Category
ARMONAIR RESPICLICK	-	NC ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
ARMOUR THYROID TAB, NATURE THYROID TAB	-	1 THYROID AGENTS
ARNUITY ELLIPTA INHALER	-	1 ANTI-ASTHMATIC 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.
ASMANEX HFA INHALER	-	1 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
ASMANEX INHALER	-	1 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
aspirin chew tab 81mg (Covered for males age 45-79; Covered for females (no age restriction) )	OTC	\$0 ANALGESICS - NONNARCOTIC

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## Alphabetical Index

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Drug Name	Special Code	Tier Category
aspirin ec tab 325mg (Covered for males age 45-79 and females age 55-79)	OTC	\$0 ANALGESICS - NONNARCOTIC
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 (AGGRENOLX equiv)	-	2 HEMATOLOGICAL AGENTS - MISC.
ASPIRIN/OMEPRazole ER TAB	-	NC HEMATOLOGICAL AGENTS - MISC.
ASTAGRAF XL CAP	-	NC MISCELLANEOUS THERAPEUTIC CLASSES
ASTAMED MYO CAP	-	NC DIETARY PRODUCTS / DIETARY MANAGEMENT PRODUCTS
ASTELIN NASAL SPRAY, ASTEPRO NASAL SPRAY	-	3 NASAL AGENTS - SYSTEMIC AND TOPICAL
ATACAND HCT TAB	-	3 ANTIHYPERTENSIVES
ATACAND TAB	-	NC ANTIHYPERTENSIVES
atazanavir cap (REYATAZ equiv)	-	SP ANTIVIRALS

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EXC	Plan Exclusion	INF	Infertility
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program
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 Health Choice Formulary Cont.

## Alphabetical Index

Last Updated 7/1/2020

Drug Name	Special Code	Tier Category
ATELVIA TAB (Step Therapy requires trial of alendronate)	ST	3 ENDOCRINE AND METABOLIC AGENTS - MISC.
atenolol tab (TENORMIN equiv)	-	1 BETA BLOCKERS
atenolol/chlorthalidone tab (TENORETIC equiv)	-	1 ANTIHYPERTENSIVES
ATIVAN TAB	-	3 ANTIANXIETY 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	-	SP ANTIVIRALS
atropine inj	M	M ULCER DRUGS
atropine ophth oint	-	1 OPHTHALMIC AGENTS
atropine ophth soln (ISOPTO ATROPINE equiv)	-	1 OPHTHALMIC AGENTS
ATROPINE SULFATE INJ	M	M ULCER DRUGS

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# Community Health Choice Formulary Cont.

## Alphabetical Index

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Drug Name	Special Code	Tier Category
ATROVENT HFA INHALER	-	2 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
ATROVENT NASAL SPRAY	-	3 NASAL AGENTS - SYSTEMIC AND TOPICAL
AUBAGIO TAB	LMSP	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)	LMSP-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

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Drug Name	Special Code	Tier Category
AVAR GEL	-	2 DERMATOLOGICALS
AVAR PAD	-	NC DERMATOLOGICALS
AVC VAGINAL CREAM	-	2 VAGINAL PRODUCTS
AVELOX TAB	-	3 FLUOROQUINOLONES
aviane tab (ALESSE equiv)	-	\$0 CONTRACEPTIVES
AVINZA CAP (QL= 2 caps/day)	QL	3 ANALGESICS - OPIOID
AVODART CAP	-	3 GENITOURINARY AGENTS - MISCELLANEOUS
AVONEX INJ	LMSP	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	-	NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AZASAN TAB	-	NC ASSORTED CLASSES
AZASITE SOLN	-	2 OPHTHALMIC AGENTS
azathioprine tab (IMURAN equiv)	-	1 ASSORTED CLASSES
azelaic acid gel (FINACEA equiv)	-	2 DERMATOLOGICALS
azelastine nasal spray 0.1% (ASTELIN equiv)	-	1 NASAL AGENTS - SYSTEMIC AND TOPICAL

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Drug Name	Special Code	Tier Category
azelastine nasal spray 0.15% (ASTEPRO equiv)	-	2 NASAL AGENTS - SYSTEMIC AND TOPICAL
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
AZESCO TAB	-	NC MULTIVITAMINS
AZILECT TAB	-	3 ANTIPARKINSON AGENTS
azithromycin susp (ZITHROMAX equiv)	-	1 MACROLIDES
azithromycin tab (ZITHROMAX equiv)	-	1 MACROLIDES
AZOPT OPHTH SUSP	-	2 OPHTHALMIC AGENTS
AZULFIDINE EN TAB	-	3 GASTROINTESTINAL AGENTS - MISC.
AZULFIDINE TAB	-	3 GASTROINTESTINAL AGENTS - MISC.
BACITRACIN OPHTH OINT	-	2 OPHTHALMIC AGENTS
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

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Last Updated 7/1/2020

Drug Name	Special Code	Tier Category
BACLOFEN CREAM COMPOUND KIT	-	NC DERMATOLOGICALS
baclofen tab 10mg, 20mg	-	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
BALCOLTRA TAB	-	NC CONTRACEPTIVES
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	-	2 ANTICONVULSANTS
BANZEL TAB	-	2 ANTICONVULSANTS
BAQSIMI NASAL POWDER (QL= 2 inhalations/fill)	QL	2 ANTIDIABETICS
BARACLUDE SOLN	-	NC ANTIVIRALS

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Drug Name	Special Code	Tier Category
BARACLUDE TAB (QL= 1 tab/day)	QL	SP 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
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	-	3 HYPNOTICS
benazepril tab (LOTENSIN equiv)	-	1 ANTIHYPERTENSIVES
benazepril/hydrochlorothiazide tab (LOTENSIN HCT1 equiv)	-	1 ANTIHYPERTENSIVES
BENICAR HCT TAB	-	3 ANTIHYPERTENSIVES
BENICAR TAB	-	3 ANTIHYPERTENSIVES
BENLYSTA AUTO-INJECTOR (QL= 4 inj/28 day)	LMSP-PA-QL	SP MISCELLANEOUS THERAPEUTIC CLASSES
BENLYSTA INJ (QL= 4 inj/28 day)	LMSP-PA-QL	SP MISCELLANEOUS THERAPEUTIC CLASSES

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Drug Name	Special Code	Tier Category
BENTYL CAP	-	3 ULCER DRUGS
BENTYL SYRUP	-	3 ULCER DRUGS
BENTYL TAB	-	3 ULCER DRUGS
BENZAC WASH	-	NC DERMATOLOGICALS
BENZACLIN GEL	-	3 DERMATOLOGICALS
BENZAMYCIN GEL	-	3 DERMATOLOGICALS
BENZAMYCIN GEL PACK	-	NC DERMATOLOGICALS
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
benztropine tab	-	1 ANTIPARKINSON AGENTS
BEPREVE OPTH SOLN	-	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 OPTH SUSP	-	NC OPHTHALMIC AGENTS
BETAGAN OPTH SOLN	-	3 OPHTHALMIC AGENTS

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Drug Name	Special Code	Tier	Category
betamethasone augmented cream (DIPROLENE AF CREAM equiv)	-	1	DERMATOLOGICALS
betamethasone augmented gel	-	1	DERMATOLOGICALS
betamethasone augmented lotion (DIPROLENE LOTION equiv)	-	1	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)	-	1	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
BETASERON INJ	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
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	-	NC AMINOGLYCOSIDES
BETIMOL OPTH SOLN	-	2 OPHTHALMIC AGENTS
BETOPTIC-S OPTH SOLN	-	2 OPHTHALMIC AGENTS
BEVESPI AEROSPHERE INHALER	-	NC ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BEVYXXA CAP	-	NC ANTICOAGULANTS
bexarotene cap (TARGRETIN equiv)	LMSP-PA-SF	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BEXSERO INJ	VAC	\$0 VACCINES
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
BIFERARX TAB	-	NC HEMATOPOIETIC AGENTS
BIJUVA CAP	-	NC ESTROGENS
BIKTARVY TAB	-	SP ANTIVIRALS
BILTRICIDE TAB	-	3 ANTHELMINTICS
bimatoprost ophth soln (QL= 2.5ml/30 days)	QL	2 OPHTHALMIC AGENTS

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Drug Name	Special Code	Tier Category
BINOSTO TAB	-	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; Restricted to Cardiology or Pulmonology Specialist; Only available through Walgreens 888-347-3416)	LD-QL-RS	SP CARDIOVASCULAR AGENTS - MISC.
BOSULIF TAB	MSP-PA-SF	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BRAFTOVI CAP 50MG (QL= 4 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	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

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Drug Name	Special Code	Tier Category
BRAVELLE INJ	INF	NC ENDOCRINE AND METABOLIC AGENTS - MISC.
BREO ELLIPTA 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
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
BRONCOPECTOL SYRUP	-	3 COUGH / COLD / ALLERGY

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Drug Name	Special Code	Tier Category
BROVANA NEB SOLN	-	3 ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BROVEX PEB LIQUID	OTC	NC COUGH / COLD / ALLERGY
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, SYMBICORT INHALER	-	NC ANTIASTHMATIC AND BRONCHODILATOR AGENTS
bumetanide tab (BUMEX equiv)	-	1 DIURETICS
BUNAVAIL FILM	-	NC ANALGESICS - OPIOID
BUPHENYL POWDER	-	3 ENDOCRINE AND METABOLIC AGENTS - MISC.

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EXC	Plan Exclusion	INF	Infertility
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program
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 Health Choice Formulary Cont.

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Drug Name	Special Code	Tier Category
BUPHENYL TAB	-	3 ENDOCRINE AND METABOLIC AGENTS - MISC.
buprenorphine patch (BUTRANS equiv) (QL= 4 patches/28 days)	QL	3 ANALGESICS - OPIOID
buprenorphine SL tab (SUBUTEX equiv)	-	NC 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 ANTIANXIETY AGENTS
buspirone tab (BUSPAR equiv)	-	1 ANTIANXIETY AGENTS
butalbital/acetaminophen cap	-	NC ANALGESICS - NONNARCOTIC
butalbital/acetaminophen/caffeine soln	-	NC ANALGESICS - NONNARCOTIC
butalbital/acetaminophen/caffeine tab (FIORICET equiv)	-	NC ANALGESICS - NONNARCOTIC
BUTALBITAL/ASPIRIN/CAFFEINE TAB	-	NC ANALGESICS - NONNARCOTIC

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Drug Name	Special Code	Tier Category
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
BYNFEZIA PEN INJ	-	NC ENDOCRINE AND METABOLIC AGENTS - MISC.
BYSTOLIC TAB	¢	2 BETA BLOCKERS
BYVALSON TAB	-	NC ANTIHYPERTENSIVES
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.

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Drug Name	Special Code	Tier Category
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
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 FOAM	-	NC DERMATOLOGICALS
calcipotriene oint	-	2 DERMATOLOGICALS
calcipotriene soln (DOVONEX SOLN equiv)	-	2 DERMATOLOGICALS
calcipotriene/betamethasone dipropionate susp	-	3 DERMATOLOGICALS
calcipotriene/betamethasone oint (TACLONEX equiv)	-	3 DERMATOLOGICALS

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Drug Name	Special Code	Tier Category
calcitonin nasal spray (MIACALCIN equiv)	-	2 ENDOCRINE AND METABOLIC AGENTS - MISC.
calcitriol cap (ROCALTROL equiv)	-	1 ENDOCRINE AND METABOLIC AGENTS - MISC.
CALCITRIOL INJ	LMSP	SP 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 Lumicera Pharmacy 855-847-3553)	LD-PA-QL-SF	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CAMBIA POWDER PACKET	-	NC MIGRAINE PRODUCTS

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Drug Name	Special Code	Tier Category
CAMPRAL TAB	-	3 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
candesartan tab (ATACAND equiv)	-	3 ANTIHYPERTENSIVES
candesartan/hydrochlorothiazide tab (ATACAND HCT equiv)	-	2 ANTIHYPERTENSIVES
CANTIL TAB	-	3 ULCER DRUGS
CAPASTAT INJ	M	M ANTIMYCOBACTERIAL AGENTS
capecitabine tab (XELODA equiv)	LMSP	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CAPEX SHAMPOO	-	3 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

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Drug Name	Special Code	Tier Category
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
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 (PARCOPA equiv)	-	1 ANTIPARKINSON AGENTS
carbidopa/levodopa tab (SINEMET equiv)	-	1 ANTIPARKINSON AGENTS
CARBIDOPA/LEVODOPA/ENTACAPONE TAB (STALEVO equiv)	-	2 ANTIPARKINSON AGENTS
CARBINOXAMINE SOLN	-	3 ANTIHISTAMINES
carbinoxamine soln (PALGIC equiv)	-	3 ANTIHISTAMINES
CARBINOXAMINE TAB	-	3 ANTIHISTAMINES
carbinoxamine tab (PALGIC equiv)	-	3 ANTIHISTAMINES
CARDENE SR CAP	-	3 CALCIUM CHANNEL BLOCKERS
CARDIZEM CD CAP	-	3 CALCIUM CHANNEL BLOCKERS

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Drug Name	Special Code	Tier Category
CARDIZEM LA TAB	-	3 CALCIUM CHANNEL BLOCKERS
CARDIZEM TAB	-	3 CALCIUM CHANNEL BLOCKERS
CARDURA TAB	-	3 ANTIHYPERTENSIVES
CARDURA XL TAB	-	3 GENITOURINARY AGENTS - MISCELLANEOUS
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	-	NC MUSCULOSKELETAL THERAPY AGENTS
carisoprodol/aspirin/codeine tab (SOMA COMPOUND/CODEINE equiv)	-	NC MUSCULOSKELETAL THERAPY AGENTS
CARMOL LOTION	-	NC DERMATOLOGICALS
CARMOL-HC CREAM	-	3 DERMATOLOGICALS
CARNITOR SOLN	-	3 ENDOCRINE AND METABOLIC AGENTS - MISC.

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Drug Name	Special Code	Tier Category
CARNITOR TAB	-	3 ENDOCRINE AND METABOLIC AGENTS - MISC.
CAROSPIR SUSP	-	NC 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 (CECLOR equiv)	-	3 CEPHALOSPORINS
CEFACLOR ER TAB	-	3 CEPHALOSPORINS
CEFACLOR SUSP	-	3 CEPHALOSPORINS
cefadroxil cap (DURICEF equiv)	-	1 CEPHALOSPORINS
cefadroxil susp (DURICEF equiv)	-	1 CEPHALOSPORINS

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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
celecoxib cap (CELEBREX equiv) (QL= 2 caps/day)	QL	1 ANALGESICS - ANTI-INFLAMMATORY
CELEXA SOLN	-	3 ANTIDEPRESSANTS
CELEXA TAB	-	3 ANTIDEPRESSANTS
CELLCEPT CAP	-	SP ASSORTED CLASSES
CELLCEPT SUSP	-	SP ASSORTED CLASSES
CELLCEPT TAB	-	SP ASSORTED CLASSES
CELONTIN CAP	-	2 ANTICONVULSANTS

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Drug Name	Special Code	Tier Category
CENESTIN TAB	-	3 ESTROGENS
CENTANY OINT	-	3 DERMATOLOGICALS
cephalexin cap (KEFLEX equiv)	-	1 CEPHALOSPORINS
cephalexin cap 750mg (KEFLEX equiv)	-	1 CEPHALOSPORINS
cephalexin susp (KEFLEX equiv)	-	1 CEPHALOSPORINS
CEPHALEXIN TAB	-	NC CEPHALOSPORINS
CEQUA (PF) OPHTH SOLN	-	NC OPHTHALMIC AGENTS
CERDELGA CAP	-	NC HEMATOPOIETIC AGENTS
CERVARIX INJ	VAC	\$0 VACCINES
CERVICAL CAP	-	\$0 MEDICAL DEVICES AND SUPPLIES
CESAMET CAP	-	3 ANTIEMETICS
cesia tab (CYCLESSA equiv)	-	\$0 CONTRACEPTIVES
cetirizine chew tab (Zyrtec equiv)	OTC	NC ANTIHISTAMINES
CETROTIDE INJ	INF	NC ENDOCRINE AND METABOLIC AGENTS - MISC.
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.

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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	-	1 ANTIMALARIALS
chloroquine tab (ARALEN equiv)	-	1 ANTIMALARIALS
CHLOROTHIAZIDE TAB	-	1 DIURETICS
chlorothiazide tab (DIURIL equiv)	-	1 DIURETICS
chlorpheniramine ER cap	-	1 ANTIHISTAMINES
chlorpromazine tab (THORAZINE equiv)	-	1 ANTIPSYCHOTICS / ANTIMANIC AGENTS
CHLORPROPAMIDE TAB	-	1 ANTIDIABETICS
chlorpropamide tab (DIABINESE equiv)	-	1 ANTIDIABETICS
CHLORTHALIDONE TAB	-	1 DIURETICS
chlorzoxazone tab	-	NC MUSCULOSKELETAL THERAPY AGENTS

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Drug Name	Special Code	Tier Category
CHLORZOXAZONE TAB 250MG	-	NC MUSCULOSKELETAL THERAPY AGENTS
CHLORZOXAZONE TAB 250MG, LORZONE TAB	-	NC MUSCULOSKELETAL THERAPY AGENTS
chlorzoxazone tab 500mg	-	1 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 ANTIHYPERLIPIDEMICS
cholestyramine lite powder pack (QUESTRAN LITE equiv)	-	1 ANTIHYPERLIPIDEMICS
cholestyramine powder (QUESTRAN equiv)	-	1 ANTIHYPERLIPIDEMICS
cholestyramine powder pack (QUESTRAN equiv)	-	1 ANTIHYPERLIPIDEMICS
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.

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EXC	Plan Exclusion	INF	Infertility
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program
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 Health Choice Formulary Cont.

## Alphabetical Index

Last Updated 7/1/2020

Drug Name	Special Code	Tier Category
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 OPTH OINT	-	3 OPHTHALMIC AGENTS
CILOXAN OPTH SOLN	-	3 OPHTHALMIC AGENTS
CIMDUO TAB	-	2 ANTIVIRALS
CIMETIDINE SOLN	-	1 ULCER DRUGS
cimetidine tab (TAGAMET equiv)	-	1 ULCER DRUGS
CIMZIA INJ (QL= 2 inj/28 days)	LMSP-PA-QL	SP GASTROINTESTINAL AGENTS - MISC.
CIMZIA STARTER INJ KIT (QL= 1 kit/plan year)	LMSP-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

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# Community Health Choice Formulary Cont.

## Alphabetical Index

Last Updated 7/1/2020

Drug Name	Special Code	Tier Category
CIPRO TAB	-	3 FLUOROQUINOLONES
CIPRO XR TAB	-	3 FLUOROQUINOLONES
CIPRODEX OTIC SUSP	-	2 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
citalopram soln (CELEXA equiv)	-	1 ANTIDEPRESSANTS
citalopram tab (CELEXA equiv)	-	1 ANTIDEPRESSANTS
CITRANATAL CAP MEDLEY	-	NC MULTIVITAMINS
CLARIFOAM EF FOAM	-	3 DERMATOLOGICALS
CLARINEX REDITAB	-	NC ANTIHISTAMINES
CLARINEX SYRUP	PA	3 ANTIHISTAMINES
CLARINEX TAB	-	NC ANTIHISTAMINES
CLARINEX-D TAB	-	NC COUGH / COLD / ALLERGY
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

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# Community Health Choice Formulary Cont.

## Alphabetical Index

Last Updated 7/1/2020

Drug Name	Special Code	Tier Category
CLENPIQ SOLN	-	2 LAXATIVES
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	-	3 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
CLINDAGEL	-	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)	-	3 ANTI-INFECTIVE AGENTS MISC.
clindamycin topical soln (CLEOCIN-T equiv)	-	1 DERMATOLOGICALS

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# Community Health Choice Formulary Cont.

## Alphabetical Index

Last Updated 7/1/2020

Drug Name	Special Code	Tier	Category
clindamycin vaginal cream (CLEOCIN equiv)	-	1	VAGINAL PRODUCTS
clindamycin/benzoyl peroxide gel (BENZACLIN equiv)	-	2	DERMATOLOGICALS
clindamycin/benzoyl peroxide gel (DUAC GEL equiv)	-	2	DERMATOLOGICALS
clindamycin/tretinoin gel (ZIANA equiv)	-	3	DERMATOLOGICALS
CLINDESSE VAGINAL CREAM	-	3	VAGINAL PRODUCTS
CLINISTIX TEST STRIP	OTC	1	DIAGNOSTIC PRODUCTS
CLINORIL TAB	-	3	ANALGESICS - ANTI-INFLAMMATORY
clobazam susp (ONFI equiv)	-	NC	ANTICONSULSANTS
clobazam tab (ONFI equiv)	-	1	ANTICONSULSANTS
clobetasol E foam (OLUX E equiv)	-	NC	DERMATOLOGICALS
clobetasol foam (OLUX equiv)	-	3	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)	-	3	DERMATOLOGICALS
clobetasol spray (CLOBEX equiv)	-	3	DERMATOLOGICALS
CLOBEX LOTION	-	3	DERMATOLOGICALS

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# Community Health Choice Formulary Cont.

## Alphabetical Index

Last Updated 7/1/2020

Drug Name	Special Code	Tier Category
CLOBEX SHAMPOO	-	3 DERMATOLOGICALS
CLOBEX SPRAY	-	3 DERMATOLOGICALS
CLOCORTOLONE CREAM	-	3 DERMATOLOGICALS
CLODERM CREAM	-	3 DERMATOLOGICALS
CLOMIPHENE CITRATE POWDER	INF	NC ENDOCRINE AND METABOLIC AGENTS - MISC.
CLOMIPHENE CITRATE TAB	INF	NC ENDOCRINE AND METABOLIC AGENTS - MISC.
clomiphene citrate tab (CLOMID equiv)	INF	NC ENDOCRINE AND METABOLIC AGENTS - MISC.
clomipramine cap (ANAFRANIL equiv)	-	3 ANTIDEPRESSANTS
clonazepam ODT (KLONOPIN equiv)	-	3 ANTICONVULSANTS
clonazepam tab (KLONOPIN equiv)	-	1 ANTICONVULSANTS
clonidine ER tab (KAPVAY equiv)	-	NC 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.

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Drug Name	Special Code	Tier Category
CLOPIDOGREL THERAPY PACK	-	NC HEMATOLOGICAL AGENTS - MISC.
clorazepate tab (TRANXENE-T equiv)	-	2 ANTIANXIETY AGENTS
clotrimazole cream (LOTRIMIN AF CREAM equiv)	-	NC DERMATOLOGICALS
clotrimazole troches (MYCELEX TROCHES equiv)	-	1 MOUTH / THROAT / DENTAL AGENTS
clotrimazole/betamethasone cream (LORTRISONE CREAM equiv)	-	1 DERMATOLOGICALS
clotrimazole/betamethasone lotion (LOTRISONE LOTION equiv)	-	2 DERMATOLOGICALS
CLOZAPINE ODT	-	2 ANTIPSYCHOTICS / ANTIMANIC AGENTS
CLOZAPINE ODT 12.5MG	-	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

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# Community Health Choice Formulary Cont.

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Drug Name	Special Code	Tier Category
CODEINE SULFATE TAB	-	1 ANALGESICS - OPIOID
COLAZAL CAP	-	3 GASTROINTESTINAL AGENTS - MISC.
COLCHICINE CAP	-	NC GOUT AGENTS
colchicine tab (COLCRYS equiv)	-	NC GOUT AGENTS
colchicine/probenecid tab (COL-BENEMID equiv)	-	1 GOUT AGENTS
COLCRYS TAB	-	NC GOUT AGENTS
colesevelam pack (WELCHOL equiv)	-	2 ANTIHYPERLIPIDEMICS
colesevelam tab (WELCHOL equiv)	-	2 ANTIHYPERLIPIDEMICS
COLESTID GRANULE	-	3 ANTIHYPERLIPIDEMICS
COLESTID POWDER PACK	-	3 ANTIHYPERLIPIDEMICS
COLESTID TAB	-	3 ANTIHYPERLIPIDEMICS
colestipol granule (COLESTID equiv)	-	3 ANTIHYPERLIPIDEMICS
colestipol powder packet (COLESTID equiv)	-	3 ANTIHYPERLIPIDEMICS
colestipol tab (COLESTID equiv)	-	1 ANTIHYPERLIPIDEMICS
COLY-MYCIN S OTIC SUSP	-	2 OTIC AGENTS
COMBIGAN OPTH SOLN	-	2 OPHTHALMIC AGENTS
COMBIPATCH	-	3 ESTROGENS
COMBIVENT INHALER	-	2 ANTIASTHMATIC AND BRONCHODILATOR AGENTS
COMBIVENT RESPIMAT INHALER	-	2 ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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## Alphabetical Index

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Drug Name	Special Code	Tier Category
COMBIVIR TAB	-	3 ANTIVIRALS
COMETRIQ KIT (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COMPLERA TAB	-	SP ANTIVIRALS
COMTAN TAB	-	3 ANTIPARKINSON AGENTS
CONCEPT DHA CAP	-	1 MULTIVITAMINS
CONCEPTROL GEL	OTC	\$0 VAGINAL PRODUCTS
CONCERTA TAB, RITALIN SR TAB	-	3 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
CONDYLOX GEL	-	3 DERMATOLOGICALS
CONDYLOX SOLN	-	3 DERMATOLOGICALS
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.
COPEGUS TAB	LMSP	SP ANTIVIRALS

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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	-	3 DERMATOLOGICALS
CORDRAN CREAM 0.025%	-	3 DERMATOLOGICALS
CORDRAN LOTION	-	3 DERMATOLOGICALS
CORDRAN OINT	-	NC DERMATOLOGICALS
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
CORTIFOAM	-	3 ANORECTAL AGENTS
CORTISONE ACETATE TAB	-	2 CORTICOSTEROIDS
CORTISPORIN CREAM	-	3 DERMATOLOGICALS
CORTISPORIN OINT	-	3 DERMATOLOGICALS
CORTISPORIN OPHTH SOLN	-	3 OPHTHALMIC AGENTS

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Drug Name	Special Code	Tier Category
CORTISPORIN OTIC SOLN	-	3 OTIC AGENTS
CORZIDE TAB	-	3 ANTIHYPERTENSIVES
CORZIDE TAB 80-5MG	-	3 ANTIHYPERTENSIVES
COSENTYX INJ (1-PACK) (QL= 1 inj/28 days)	LMSP-PA-QL	SP DERMATOLOGICALS
COSENTYX INJ (2-PACK) (QL= 2 inj/28 days)	LMSP-PA-QL	SP DERMATOLOGICALS
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
COZAAR TAB	-	3 ANTIHYPERTENSIVES
CPM CAP	-	3 ANTIHISTAMINES
CREON CAP	-	2 DIGESTIVE AIDS
CRESEMBA CAP	-	NC 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	-	SP ANTIVIRALS

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Drug Name	Special Code	Tier Category
CROLOM OPTH SOLN	-	3 OPTHALMIC AGENTS
cromolyn conc (GASTROCROM equiv)	-	2 GASTROINTESTINAL AGENTS - MISC.
cromolyn neb soln (INTAL equiv)	-	1 ANTIASTHMATIC AND BRONCHODILATOR AGENTS
cromolyn ophth soln (CROLOM equiv)	-	1 OPTHALMIC AGENTS
CROTAN LOTION	-	3 DERMATOLOGICALS
cryselle tab	-	\$0 CONTRACEPTIVES
CUPRIMINE CAP	-	NC MISCELLANEOUS THERAPEUTIC CLASSES
CUTAQUIG INJ	-	NC PASSIVE IMMUNIZING ANI TREATMENT AGENTS
CUTIVATE CREAM	-	3 DERMATOLOGICALS
CUTIVATE LOTION	-	NC DERMATOLOGICALS
CUTIVATE OINT	-	3 DERMATOLOGICALS
CUVITRU INJ	-	NC PASSIVE IMMUNIZING AGENTS
CUVPOSA SOLN	-	3 ULCER DRUGS
cyanocobalamin inj	-	1 HEMATOPOIETIC AGENTS
CYCLESSA TAB	-	3 CONTRACEPTIVES
CYCLOBENZAPRINE COMPOUND KIT	-	NC MUSCULOSKELETAL THERAPY AGENTS

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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 Health Choice Formulary Cont.

## Alphabetical Index

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Drug Name	Special Code	Tier Category
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 OPTH SOLN	-	3 OPHTHALMIC AGENTS
CYCLOMYDRIL OPTH SOLN	-	2 OPHTHALMIC AGENTS
cyclopentolate ophth soln (CYCLOGYL equiv)	-	1 OPHTHALMIC AGENTS
cyclophosphamide cap	-	2 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CYCLOPHOSPHAMIDE CAP	-	3 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cyclophosphamide tab (CYTOXAN equiv)	-	2 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cycloserine cap (CYCLOSERINE equiv)	-	NC ANTIMYCOBACTERIAL AGENTS
CYCLOSET TAB	-	3 ANTIDIABETICS
cyclosporine cap (SANDIMMUNE equiv)	-	SP ASSORTED CLASSES
cyclosporine modified cap (NEORAL equiv)	-	SP ASSORTED CLASSES
cyclosporine modified soln (NEORAL equiv)	-	SP ASSORTED CLASSES
CYCLOSPORINE OPTH EMULSION	-	NC OPHTHALMIC AGENTS

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# Community Health Choice Formulary Cont.

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Drug Name	Special Code	Tier Category
CYFOLEX CAP	-	NC HEMATOPOIETIC AGENTS
CYKLOKAPRON INJ	M	M HEMOSTATICS
CYMBALTA CAP	-	3 ANTIDEPRESSANTS
cyproheptadine syrup	-	1 ANTIHISTAMINES
cyproheptadine tab	-	1 ANTIHISTAMINES
CYSTAGON CAP (Only available through CVS Specialty 800-238-7828)	LD	SP GENITOURINARY AGENTS - MISCELLANEOUS
CYSTARAN OPHTH SOLN (QL= 4 bottles/30 days Only available through Walgreens 888-347-3416)	LD-PA-QL	SP OPHTHALMIC AGENTS
CYTOMEL TAB	-	3 THYROID AGENTS
CYTOTEC TAB	-	3 ULCER DRUGS
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)	LMSP-PA-QL	3 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DALIRESP TAB	-	3 ANTIASTHMATIC AND BRONCHODILATOR AGENTS
danazol cap (DANOCRINE equiv)	-	2 ANDROGENS-ANABOLIC
DANTRIUM CAP	-	3 MUSCULOSKELETAL THERAPY AGENTS

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Drug Name	Special Code	Tier Category
dantrolene cap (DANTRIUM equiv)	-	2 MUSCULOSKELETAL THERAPY AGENTS
dapsone gel (ACZONE equiv)	-	NC DERMATOLOGICALS
dapsone tab	-	1 ANTI-INFECTIVE AGENTS MISC.
DARAPRIM TAB (QL= 3 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	SP ANTIMALARIALS
darifenacin SR tab (ENABLEX equiv)	-	2 URINARY ANTISPASMODICS
DAURISMO TAB	-	NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DAXBIA CAP	-	NC CEPHALOSPORINS
DAYPRO TAB	-	3 ANALGESICS - ANTI-INFLAMMATORY
DAYTRANA PATCH	-	3 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
DAYVIGO TAB	-	NC HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
DAZIDOX TAB	-	3 ANALGESICS - OPIOID

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## Alphabetical Index

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Drug Name	Special Code	Tier Category
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	-	NC MOUTH / THROAT / DENTAL AGENTS
DECON-A ELIXIR	-	3 COUGH / COLD / ALLERGY
DECON-A LIQUID	OTC	NC COUGH / COLD / ALLERGY
deferasirox tab (EXJADE equiv)	LMSP	SP ANTIDOTES AND SPECIFIC ANTAGONISTS
deferasirox tab 180mg (JADENU equiv)	LMSP	SP ANTIDOTES AND SPECIFIC ANTAGONISTS
deferasirox tab 90mg, 360mg (JADENU equiv)	LMSP	SP ANTIDOTES AND SPECIFIC ANTAGONISTS
DELSTRIGO TAB	-	SP ANTIVIRALS

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Drug Name	Special Code	Tier Category
DELZICOL CAP	-	NC GASTROINTESTINAL AGENTS - MISC.
DEMADEX TAB	-	3 DIURETICS
demeclocycline tab (DECLOMYCIN equiv)	-	3 TETRACYCLINES
DEMEROL TAB	-	3 ANALGESICS - OPIOID
DENAVIR CREAM	-	2 DERMATOLOGICALS
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	-	2 MISCELLANEOUS THERAPEUTIC CLASSES
DEPLIN CAP	-	NC 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 KIT	-	NC DERMATOLOGICALS
DERMA-SMOOTH/FS OIL	-	2 DERMATOLOGICALS
DERMATOP CREAM	-	3 DERMATOLOGICALS

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## Alphabetical Index

Last Updated 7/1/2020

Drug Name	Special Code	Tier Category
DERMATOP OINT	-	3 DERMATOLOGICALS
DERMOTIC OIL	-	3 OTIC AGENTS
DESCOVY TAB	PA	SP ANTIVIRALS
desipramine tab (NORPRAMIN equiv)	-	2 ANTIDEPRESSANTS
DESLORATADINE ODT	PA	3 ANTIHISTAMINES
desloratadine tab (CLARINEX equiv)	PA	3 ANTIHISTAMINES
desmopressin acetate inj (DDAVP equiv)	-	2 ENDOCRINE AND METABOLIC AGENTS - MISC.
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

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Drug Name	Special Code	Tier Category
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 gel (TOPICORT equiv)	-	2 DERMATOLOGICALS
desoximetasone oint (TOPICORT equiv)	-	2 DERMATOLOGICALS
DESOXYN TAB	-	3 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
desvenlafaxine ER tab (PRISTIQ equiv)	-	2 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 pak (DEXPAK equiv)	-	NC CORTICOSTEROIDS
DEXAMETHASONE SOLN	-	1 CORTICOSTEROIDS

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Drug Name	Special Code	Tier	Category
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
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 CAP	-	NC	ULCER DRUGS
dexmethylphenidate ER cap (FOCALIN XR equiv)	-	3	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
dexmethylphenidate tab (FOCALIN equiv)	-	1	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
DEXPAK TAB	-	NC	CORTICOSTEROIDS
DEXTENZA OPTH INSERT	-	NC	OPHTHALMIC AGENTS

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Drug Name	Special Code	Tier Category
dextroamphetamine ER cap (DEXEDRINE equiv)	-	2 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
dextroamphetamine soln (PROCENTRA equiv)	-	3 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
dextroamphetamine tab (DEXEDRINE equiv)	-	1 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
DIABETA TAB	-	3 ANTIDIABETICS
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

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Drug Name	Special Code	Tier Category
DIAPHRAGM	-	\$0 MEDICAL DEVICES AND SUPPLIES
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL	-	3 ANTICONVULSANTS
DIATZ ZN TAB	-	3 MULTIVITAMINS
diazepam conc (VALIUM equiv)	-	1 ANTIANXIETY AGENTS
DIAZEPAM SOLN	-	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	3 DERMATOLOGICALS
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 tab (CATAFLAM equiv)	-	1 ANALGESICS - ANTI-INFLAMMATORY
diclofenac sodium EC tab (VOLTAREN equiv)	-	1 ANALGESICS - ANTI-INFLAMMATORY
diclofenac sodium ophth soln (VOLTAREN equiv)	-	1 OPHTHALMIC AGENTS
diclofenac sodium XR tab (VOLTAREN XR equiv)	-	1 ANALGESICS - ANTI-INFLAMMATORY

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Drug Name	Special Code	Tier	Category
diclofenac soln 1.5% (PENNSAID equiv) (QL= 3 bottles/fill)	QL	2	DERMATOLOGICALS
diclofenac/misoprostol DR tab (ARTHROTEC equiv)	-	3	ANALGESICS - ANTI-INFLAMMATORY
dicloxacillin cap (DYNAPEN equiv)	-	1	PENICILLINS
dicyclomine cap (BENTYL equiv)	-	1	ULCER DRUGS
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	-	SP	ANTIVIRALS
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 TAB (QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, vancomycin soln, or FIRVANQ SOLN)	QL-ST	2	MACROLIDES
DIFLORASONE CREAM	-	NC	DERMATOLOGICALS
diflorasone oint	-	NC	DERMATOLOGICALS
DIFLUCAN SUSP	-	3	ANTIFUNGALS
DIFLUCAN TAB	-	3	ANTIFUNGALS
diflunisal tab (DOLOBID equiv)	-	1	ANALGESICS - NONNARCOTIC

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Drug Name	Special Code	Tier Category
DIGOXIN SOLN	-	1 CARDIOTONICS
digoxin soln (LANOXIN equiv)	-	1 CARDIOTONICS
digoxin tab (LANOXIN equiv)	-	1 CARDIOTONICS
dihydroergotamine mesylate inj (D.H.E. equiv)	-	NC 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 CAP	-	1 CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (CARDIZEM CD equiv)	-	1 CALCIUM CHANNEL BLOCKERS
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

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Drug Name	Special Code	Tier Category
diltiazem ER tab (CARDIZEM LA equiv)	-	2 CALCIUM CHANNEL BLOCKERS
diltiazem tab (CARDIZEM equiv)	-	1 CALCIUM CHANNEL BLOCKERS
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
DIPHENOXYLATE/ATROPINE LIQUID	-	1 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 (ANTABUSE equiv)	-	1 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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EXC	Plan Exclusion	INF	Infertility
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program
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 Health Choice Formulary Cont.

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Drug Name	Special Code	Tier Category
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
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

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# Community Health Choice Formulary Cont.

## Alphabetical Index

Last Updated 7/1/2020

Drug Name	Special Code	Tier Category
DOPTelet TAB (QL= 2 tabs/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	SP HEMATOPOIETIC AGENTS
DORAL TAB	-	NC HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
DORYX MPC TAB	-	NC TETRACYCLINES
DORYX TAB	-	3 TETRACYCLINES
DORYX TAB 200MG	-	NC TETRACYCLINES
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)	-	NC HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS

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Drug Name	Special Code	Tier Category
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 DR tab 200mg (DORYX equiv)	-	NC TETRACYCLINES
doxycycline hyclate tab (VIBRATAB equiv)	-	1 TETRACYCLINES
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

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Drug Name	Special Code	Tier Category
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
DROXIA CAP	-	2 HEMATOPOIETIC AGENTS
DRYSOL SOLN	-	1 DERMATOLOGICALS
DST PLUS PAK KIT	-	NC DERMATOLOGICALS
DSUVIA SL TAB	-	NC ANALGESICS - OPIOID
DUAC CS KIT	-	3 DERMATOLOGICALS
DUAC GEL	-	3 DERMATOLOGICALS
DUAKLIR INHALER	-	NC ANTIASTHMATIC AND BRONCHODILATOR AGENTS
DUAVEE TAB	-	NC ESTROGENS
DUETACT TAB	-	NC ANTIDIABETICS
DUEXIS TAB	-	NC ANALGESICS - ANTI-INFLAMMATORY

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Drug Name	Special Code	Tier Category
DULERA INHALER	-	2 ANTI-ASTHMATIC 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 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
DUOPA ENTERAL SUSP	-	NC ANTIPARKINSON AGENTS
DUPIXENT INJ (QL= 2 inj/ 28 days)	LMSP-PA-QL	SP DERMATOLOGICALS
DUPIXENT INJ (QL= 2 inj/28 days)	LMSP-PA-QL	SP DERMATOLOGICALS
DURAGESIC PATCH	-	3 ANALGESICS - OPIOID
DUREZOL OPHTH EMULSION	-	2 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
DVORAH TAB, ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE TAB	-	2 ANALGESICS - OPIOID
DXEVO 11-DAY PAK	-	NC CORTICOSTEROIDS

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Drug Name	Special Code	Tier Category
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
EDLUAR SL TAB	-	NC HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
EDURANT TAB	-	SP ANTIVIRALS
efavirenz cap (SUSTIVA equiv)	-	SP ANTIVIRALS
efavirenz tab (SUSTIVA equiv)	-	SP ANTIVIRALS
EFFEXOR TAB	-	3 ANTIDEPRESSANTS
EFFEXOR XR CAP	-	3 ANTIDEPRESSANTS
EFFIENT TAB	-	3 HEMATOLOGICAL AGENTS - MISC.
EFUDEX CREAM	-	3 DERMATOLOGICALS

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Drug Name	Special Code	Tier Category
EGATEN TAB	-	NC ANTHELMINTICS
EGRIFTA INJ	-	EX ENDOCRINE AND C METABOLIC AGENTS - MISC.
ELDEPYRL CAP	-	3 ANTIPARKINSON AGENTS
ELESTAT OPHTH SOLN	-	3 OPHTHALMIC AGENTS
eletriptan tab (RELPAX equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	2 MIGRAINE PRODUCTS
ELIDEL CREAM (Covered for members 2 years or older)	-	3 DERMATOLOGICALS
ELIGEN B12 TAB	-	NC 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

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Drug Name	Special Code	Tier Category
ELOCON OINT	-	3 DERMATOLOGICALS
ELOCON SOLN	-	3 DERMATOLOGICALS
eluryng vaginal ring (NUVARING equiv)	-	NC CONTRACEPTIVES
EMADINE OPHTH SOLN	-	3 OPHTHALMIC AGENTS
EMBEDA CAP	-	3 ANALGESICS - OPIOID
EMCYT CAP	-	2 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
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
EMSAM PATCH	-	3 ANTIDEPRESSANTS
EMTRIVA CAP	-	SP ANTIVIRALS
EMTRIVA SOLN	-	SP ANTIVIRALS
EMVERM TAB	-	NC ANTHELMINTICS
ENABLEX TAB	-	3 URINARY ANTISPASMODICS
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)	LMSP-PA-QL	SP ANALGESICS - ANTI-INFLAMMATORY
ENBREL INJ 50MG (QL= 4 inj/28 days)	LMSP-PA-QL	SP ANALGESICS - ANTI-INFLAMMATORY
ENBREL MINI INJ (QL= 4 inj/28 days)	LMSP-PA-QL	SP ANALGESICS - ANTI-INFLAMMATORY
ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days)	LMSP-PA-QL	SP ANALGESICS - ANTI-INFLAMMATORY
ENDARI POWDER PACK (QL= 6 packets/day)	LMSP-PA-QL	SP HEMATOPOIETIC AGENTS
ENDOMETRIN INSERT	PA	2 VAGINAL PRODUCTS
ENGRIX-B INJ	VAC	\$0 VACCINES
ENGRIX-B INJ, RECOMBIVAX-HB INJ	VAC	\$0 VACCINES
ENJUVIA TAB	-	3 ESTROGENS
enoxaparin inj (LOVENOX equiv) (QL= 17 days supply)	QL	2 ANTICOAGULANTS
enpresse tab (TRI-LEVELLEN equiv)	-	\$0 CONTRACEPTIVES
ENSTILAR FOAM	-	NC DERMATOLOGICALS
entacapone tab (COMTAN equiv)	-	2 ANTIPARKINSON AGENTS
entecavir tab (BARACLUDE equiv) (QL= 1 tab/day)	QL	SP ANTIVIRALS
ENTRESTO TAB (QL= 2 tabs/day)	QL	2 CARDIOVASCULAR AGENTS - MISC.
ENVARUS XR TAB	-	NC ASSORTED CLASSES
EPANED PREMIXED SOLN	PA	3 ANTIHYPERTENSIVES
EPANED SOLN	PA	3 ANTIHYPERTENSIVES

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Drug Name	Special Code	Tier Category
EPCLUSA TAB	-	NC ANTIVIRALS
EPICERAM EMULSION	-	NC DERMATOLOGICALS
EPIDIOLEX SOLN (Only available through Walgreens 888-347-3416)	LD-PA	SP ANTICONVULSANTS
EPIDUO FORTE GEL (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 opthth soln (ELESTAT equiv)	-	3 OPHTHALMIC AGENTS
epinephrine pen inj 0.15mg, 0.3mg (EPIPEN (JR) equiv) (QL= 2 inj/fill)	QL	2 VASOPRESSORS
EPIPEN (JR) INJ	-	NC VASOPRESSORS
EPIVIR HBV SOLN	-	SP ANTIVIRALS
EPIVIR HBV TAB	-	SP ANTIVIRALS
EPIVIR SOLN	-	SP ANTIVIRALS
EPIVIR TAB	-	SP ANTIVIRALS
eplerenone tab (INSPIRA equiv)	¢	3 ANTIHYPERTENSIVES
EPOGEN INJ	-	2 HEMATOPOIETIC AGENTS
EPROSARTAN TAB	-	3 ANTIHYPERTENSIVES
EPZICOM TAB	-	SP ANTIVIRALS
EQUETRO CAP	-	2 ANTIPSYCHOTICS / ANTIMANIC AGENTS
ERGOCAL CAP	-	NC VITAMINS

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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/cafeine tab (CAFERGOT equiv)	-	3 MIGRAINE PRODUCTS
ERIVEDGE CAP	MSP-PA-SF	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERLEADA TAB (QL= 4 tabs/day)	LMSP-PA-QL	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
erlotinib tab (TARCEVA equiv)	LMSP-PA-SF	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERTACZO CREAM	-	NC DERMATOLOGICALS
ERY PAD	-	1 DERMATOLOGICALS
ERYPED SUSP	-	3 MACROLIDES
erythromycin DR cap (ERYC equiv)	-	2 MACROLIDES
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

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Drug Name	Special Code	Tier	Category
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)	LMSP-PA-QL-SF	SP	RESPIRATORY AGENTS - MISC.
ESBRIET TAB 267MG (QL= 9 tabs/day)	LMSP-PA-QL-SF	SP	RESPIRATORY AGENTS - MISC.
ESBRIET TAB 801MG (QL= 3 tabs/day)	LMSP-PA-QL-SF	SP	RESPIRATORY AGENTS - MISC.
ESCAVITE CHEW TAB	-	3	MULTIVITAMINS
escitalopram soln (LEXAPRO equiv)	-	2	ANTIDEPRESSANTS
escitalopram tab (LEXAPRO equiv)	-	1	ANTIDEPRESSANTS
ESGIC TAB	-	NC	ANALGESICS - NONNARCOTIC
ESKATA SOLN	-	NC	DERMATOLOGICALS
esomeprazole cap (NEXIUM equiv)	-	3	ULCER DRUGS

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EXC	Plan Exclusion	INF	Infertility
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program
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 Health Choice Formulary Cont.

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Drug Name	Special Code	Tier Category
esomeprazole DR granule pack (NEXIUM equiv)	-	NC 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
estradiol vaginal tab, yuvafem vaginal tab (VAGIFEM equiv) (QL= 8 tabs/28 days (18 tabs on first fill))	QL	2 VAGINAL PRODUCTS
estradiol/norethindrone tab (ACTIVEVELLA equiv)	-	2 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

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# Community Health Choice Formulary Cont.

## Alphabetical Index

Last Updated 7/1/2020

Drug Name	Special Code	Tier Category
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
etodolac ER tab (LODINE XL equiv)	-	3 ANALGESICS - ANTI-INFLAMMATORY
etodolac tab	-	1 ANALGESICS - ANTI-INFLAMMATORY
ETOPOSIDE CAP	LMSP	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EUCRISA OINT	-	NC DERMATOLOGICALS
EURAX CREAM	-	2 DERMATOLOGICALS
EURAX LOTION	-	3 DERMATOLOGICALS
EVAMIST SPRAY	-	3 ESTROGENS

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# Community Health Choice Formulary Cont.

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Last Updated 7/1/2020

Drug Name	Special Code	Tier Category
EVEKEO ODT	-	NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
EVEKEO TAB	-	NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
everolimus tab (AFINITOR equiv) (QL= 1 tab/day)	LMSP-PA-QL-SF	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
everolimus tab 0.25mg, 0.5mg, 0.75mg (ZORTRESS equiv)	PA	SP MISCELLANEOUS THERAPEUTIC CLASSES
EVISTA TAB	-	3 ENDOCRINE AND METABOLIC AGENTS - MISC.
EVIVO LIQUID	-	NC ANTIDIARRHEALS
EVOCLIN FOAM	-	NC DERMATOLOGICALS
EVOTAZ TAB	-	SP ANTIVIRALS
EVOXAC CAP	-	3 MOUTH / THROAT / DENTAL AGENTS
EVZIO INJ	-	NC ANTIDOTES AND SPECIFIC ANTAGONISTS
EVZIO INJ	-	NC ANTIDOTES
EXALGO TAB	-	NC ANALGESICS - OPIOID

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Drug Name	Special Code	Tier Category
EXELDERM CREAM, SULCONAZOLE CREAM	-	3 DERMATOLOGICALS
EXELDERM SOLN	-	3 DERMATOLOGICALS
EXELDERM SOLN, SULCONAZOLE SOLN	-	3 DERMATOLOGICALS
EXELON CAP	-	3 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
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	LMSP	SP ANTIDOTES AND SPECIFIC ANTAGONISTS
EXTAVIA INJ	LMSP	SP PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
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

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Drug Name	Special Code	Tier Category
ezetimibe/simvastatin tab 10-80mg (VYTORIN equiv)	-	NC ANTIHYPERLIPIDEMICS
FABIOR AEROSOL FOAM	-	NC DERMATOLOGICALS
FABRAZYME INJ	M	M ENDOCRINE AND METABOLIC AGENTS - MISC.
FACTIVE TAB	-	3 FLUOROQUINOLONES
FALESSA KIT	-	NC CONTRACEPTIVES
FALESSA TAB	-	NC DIETARY PRODUCTS / DIETARY MANAGEMENT PRODUCTS
famciclovir tab (FAMVIR equiv)	-	3 ANTIVIRALS
famotidine susp (PEPCID equiv)	-	2 ULCER DRUGS
famotidine tab (PEPCID equiv)	-	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	-	2 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FARXIGA TAB (QL= 1 tab/day)	QL	2 ANTIDIABETICS

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Last Updated 7/1/2020

Drug Name	Special Code	Tier Category
FARYDAK CAP (QL= 6 caps/21 days)	MSP-PA-QL	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FASENRA PEN INJ (QL= 1 inj/56 days)	LMSP-PA-QL	SP ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
FAZACLO ODT 12.5MG, 25MG, 100MG	-	3 ANTIPSYCHOTICS / ANTIMANIC 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

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Drug Name	Special Code	Tier Category
FEMRING (3 copays per Rx)	-	3 VAGINAL PRODUCTS
fenofibrate cap 43mg, 130mg (ANTARA equiv)	-	NC ANTIHYPERLIPIDEMICS
fenofibrate cap 67mg, 134mg, 200mg (LOFIBRA equiv)	-	1 ANTIHYPERLIPIDEMICS
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
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

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Drug Name	Special Code	Tier Category
FENTORA TAB, FENTANYL BUCCAL TAB (QL= 120 tabs/30 days)	PA-QL	3 ANALGESICS - OPIOID
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 (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	SP ANTIDOTES
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 (Covered for members 1 year or younger)	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
FIASP FLEXTOUCH INJ	-	2 ANTIDIABETICS
FIASP INJ	-	2 ANTIDIABETICS
FIASP PENFILL INJ	-	2 ANTIDIABETICS

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Drug Name	Special Code	Tier Category
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 DERMATOLOGICALS C
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	-	NC ANTIMYASTHENIC / CHOLINERGIC AGENTS
FIRST ATENOLOL SOLN	-	3 BETA BLOCKERS
FIRST BACLOFEN SUSP KIT	-	NC MUSCULOSKELETAL THERAPY AGENTS
FIRST DUKES MOUTHWASH	-	3 MOUTH / THROAT / DENTAL AGENTS

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Drug Name	Special Code	Tier Category
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.
FLAGYL CAP	-	3 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
FLEXERIL TAB	-	3 MUSCULOSKELETAL THERAPY AGENTS
FLOLIPID SUSP	-	NC ANTIHYPERLIPIDEMICS

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Drug Name	Special Code	Tier Category
FLOMAX CAP	-	3 GENITOURINARY AGENTS - MISCELLANEOUS
FLO-PRED SUSP	-	NC CORTICOSTEROIDS
FLORIVA CHEW TAB	-	NC MULTIVITAMINS
FLORIVA PLUS DROPS	-	2 MULTIVITAMINS
FLOVENT DISKUS INHALER	-	1 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
FLOVENT HFA INHALER	-	1 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
FLUAD INJ	VAC	\$0 VACCINES
FLUAD QUAD INJ	VAC	\$0 VACCINES
FLUBLOK INJ	VAC	\$0 VACCINES
FLUBLOK QUAD PF INJ	VAC	\$0 VACCINES
FLUCELVAX INJ	VAC	\$0 VACCINES
FLUCELVAX QUAD INJ	VAC	\$0 VACCINES
fluconazole susp (DIFLUCAN equiv)	-	1 ANTIFUNGALS
fluconazole tab (DIFLUCAN equiv)	-	1 ANTIFUNGALS
flucytosine cap (ANCOBON equiv)	-	2 ANTIFUNGALS
fludarabine inj	M	M ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
fludrocortisone tab (FLORINEF equiv)	-	1 CORTICOSTEROIDS
FLULAVAL QUAD INJ, FLUZONE QUAD INJ	VAC	\$0 VACCINES

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Drug Name	Special Code	Tier Category
FLUMADINE TAB	-	3 ANTIVIRALS
FLUMIST QUADRIVALENT NASAL SUSP	VAC	\$0 VACCINES
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)	-	NC 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	-	NC DERMATOLOGICALS
FLUOR-A-DAY CHEW TAB	-	1 MINERALS & ELECTROLYTES
fluorometholone ophth soln (FML LIQUIFILM equiv)	-	1 OPHTHALMIC AGENTS

NC =Not Covered		generic =small letters	BRANDS =CAPITAL LETTERS
EXC	Plan Exclusion	INF	Infertility
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program
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 Health Choice Formulary Cont.

## Alphabetical Index

Last Updated 7/1/2020

Drug Name	Special Code	Tier	Category
FLUOROPLEX CREAM	-	2	DERMATOLOGICALS
fluorouracil cream (EFUDEX CREAM equiv)	-	1	DERMATOLOGICALS
FLUOROURACIL CREAM 0.5%	-	2	DERMATOLOGICALS
FLUOROURACIL SOLN	-	2	DERMATOLOGICALS
FLUOVIX PAK	-	NC	DERMATOLOGICALS
fluoxetine (pmdd) tab (SARAFEM equiv)	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
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 decanoate inj	-	2	ANTIPSYCHOTICS / ANTIMANIC AGENTS
FLUPHENAZINE TAB	-	1	ANTIPSYCHOTICS / ANTIMANIC AGENTS
fluphenazine tab (PROLIXIN equiv)	-	1	ANTIPSYCHOTICS / ANTIMANIC AGENTS
flurandrenolide cream (CORDRAN equiv)	-	3	DERMATOLOGICALS
flurandrenolide lotion (CORDRAN equiv)	-	3	DERMATOLOGICALS

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VAC	Vaccine Program		¢		RxCENTS

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Drug Name	Special Code	Tier Category
flurandrenolide oint (CORDRAN equiv)	-	NC DERMATOLOGICALS
FLURAZEPAM CAP	-	1 HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
FLURBIPROFEN OPHTH SOLN	-	1 OPHTHALMIC AGENTS
flurbiprofen ophth soln (OCUFEN equiv)	-	1 OPHTHALMIC AGENTS
flurbiprofen tab (ANSAID equiv)	-	1 ANALGESICS - ANTI-INFLAMMATORY
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
fluvastatin cap (LESCOL equiv)	-	2 ANTIHYPERLIPIDEMICS
fluvastatin ER tab (LESCOL XL equiv)	-	3 ANTIHYPERLIPIDEMICS
FLUVIRIN INJ	VAC	\$0 VACCINES

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Drug Name	Special Code	Tier Category
FLUVIRIN PF INJ	VAC	\$0 VACCINES
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
FLUZONE HD PF INJ	VAC	\$0 VACCINES
FLUZONE HIGH DOSE PF INJ	VAC	\$0 VACCINES
FLUZONE INTRADERMAL INJ	VAC	\$0 VACCINES
FLUZONE QUADRIVALENT INJ	VAC	\$0 VACCINES
FLUZONE/FLUARIX QUAD INJ	VAC	\$0 VACCINES
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

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Drug Name	Special Code	Tier Category
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
FOLITE TAB	-	NC HEMATOPOIETIC AGENTS
FOLLISTIM AQ INJ	INF	NC ENDOCRINE AND METABOLIC AGENTS - MISC.
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
FORTAMET TAB	-	NC ANTIDIABETICS
FORTEO INJ	LMSP	SP ENDOCRINE AND METABOLIC AGENTS - MISC.
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)	-	SP ANTIVIRALS
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.
FRAGMIN INJ	-	3 ANTICOAGULANTS
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
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

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Drug Name	Special Code	Tier Category
FREESTYLE LITE METER	OTC	\$0 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	LMSP	SP HEMATOPOIETIC AGENTS
FURADANTIN SUSP	-	3 URINARY ANTI-INFECTIVES
FUROSEMIDE SOLN	-	1 DIURETICS
furosemide soln (LASIX equiv)	-	1 DIURETICS
furosemide tab (LASIX equiv)	-	1 DIURETICS
FUZEON INJ	LMSP	SP ANTIVIRALS
FYCOMPA TAB	-	NC ANTICONVULSANTS
FYCOMPA SUSP	-	NC ANTICONVULSANTS
gabapentin cap (NEURONTIN equiv)	-	1 ANTICONVULSANTS
gabapentin soln (NEURONTIN equiv)	-	2 ANTICONVULSANTS
gabapentin tab (NEURONTIN equiv)	-	1 ANTICONVULSANTS
GABAPENTIN/NAPROXEN CREAM COMPOUND KIT	-	NC DERMATOLOGICALS

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Drug Name	Special Code	Tier Category
GABITRIL TAB	-	3 ANTICONVULSANTS
GALAFOLD CAP (QL= 15 caps/30 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
GARDASIL 9 INJ	VAC	\$0 VACCINES
GARDASIL INJ	VAC	\$0 VACCINES
gatifloxacin ophth soln (ZYMAXID equiv)	-	3 OPHTHALMIC AGENTS
GATTEX KIT	-	NC GASTROINTESTINAL AGENTS - MISC.
GAVILYTE-C SOLN (Covered at \$0 for members 50-75 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
gavilyte-h kit	-	NC LAXATIVES
GAZYVA INJ	-	NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GELCLAIR GEL	-	NC MOUTH / THROAT / DENTAL AGENTS
GELNIQUE	-	NC URINARY ANTISPASMODICS
gemfibrozil tab (LOPID equiv)	-	1 ANTIHYPERLIPIDEMICS
GEN7T LOTION	-	NC DERMATOLOGICALS
GEN7T PLUS LOTION	-	NC DERMATOLOGICALS
GEN7T PLUS PAD	-	NC DERMATOLOGICALS
GENOTROPIN INJ	LMSP-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	-	SP ANTIVIRALS
GEODON CAP	-	3 ANTIPSYCHOTICS / ANTIMANIC AGENTS
GIALAX KIT	-	NC LAXATIVES
gianvi tab, ocella tab (YASMIN, YAZ equiv)	-	\$0 CONTRACEPTIVES

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Drug Name	Special Code	Tier Category
GILENYA CAP	LMSP	SP PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GILOTRIF TAB (QL= 1 tab/day; Only available through Accredo 888-773-7376)	LD-PA-QL	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GILTUSS LIQUID	-	3 COUGH / COLD / ALLERGY
GILTUSS TR TAB	-	3 COUGH / COLD / ALLERGY
glatiramer inj (COPAXONE equiv)	LMSP	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	-	NC GOUT AGENTS
GLUCAGEN HYPOKIT INJ (QL= 2 inj/fill)	QL	2 ANTIDIABETICS
GLUCAGEN INJ	-	2 DIAGNOSTIC PRODUCTS
GLUCAGON DIAGNOSTIC INJ	-	NC DIAGNOSTIC PRODUCTS
GLUCAGON EMR INJ	-	NC ANTIDIABETICS
GLUCAGON INJ KIT (QL= 2 inj/fill)	QL	2 ANTIDIABETICS

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GLUCOPHAGE TAB	-	3 ANTIDIABETICS
GLUCOPHAGE XR TAB	-	3 ANTIDIABETICS
GLUCOTROL TAB	-	3 ANTIDIABETICS
GLUCOTROL XL TAB	-	3 ANTIDIABETICS
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, GLYCOPYRROLATE TAB	-	NC ULCER DRUGS / ANTISPASMODICS / ANTICHOLINERGICS
glycopyrrolate tab (ROBINUL equiv)	-	2 ULCER DRUGS
GLYGEST PAK	-	NC DIETARY PRODUCTS / 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	-	NC LAXATIVES

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GONAL-F RFF INJ	INF	NC ENDOCRINE AND METABOLIC AGENTS - MISC.
GONITRO POWDER	-	NC ANTIANGINAL AGENTS
GOPRELTO SOLN	-	NC NASAL AGENTS - SYSTEMIC AND TOPICAL
GORDON'S UREA OINT 40%	-	NC DERMATOLOGICALS
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
GUANABENZ TAB	-	3 ANTIHYPERTENSIVES
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 PFS INJ (QL= 2 inj/fill)	QL	2 ANTIDIABETICS
GYNAZOLE CREAM	-	NC 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
HALOG OINT	-	NC DERMATOLOGICALS
HALOG SOLN	-	NC DERMATOLOGICALS
halonate pac kit (ULTRAVATE KIT equiv)	-	NC DERMATOLOGICALS

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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 Health Choice Formulary Cont.

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Last Updated 7/1/2020

Drug Name	Special Code	Tier Category
haloperidol decanoate inj (HALDOL equiv)	-	2 ANTIPSYCHOTICS / ANTIMANIC AGENTS
haloperidol lactate conc (HALDOL equiv)	-	1 ANTIPSYCHOTICS / ANTIMANIC AGENTS
haloperidol lactate inj (HALDOL equiv)	-	2 ANTIPSYCHOTICS / ANTIMANIC AGENTS
haloperidol tab (HALDOL equiv)	-	1 ANTIPSYCHOTICS / ANTIMANIC AGENTS
HARVONI PELLETT PAK	-	NC ANTIVIRALS
HARVONI TAB	-	NC ANTIVIRALS
HAVRIX INJ, VAQTA INJ	VAC	\$0 VACCINES
HC-LIDOCAINE CREAM	-	NC DERMATOLOGICALS
HECTOROL CAP	-	3 ENDOCRINE AND METABOLIC AGENTS - MISC.
HELIDAC PACK	-	NC ULCER DRUGS
HEMANGEOL SOLN	-	NC BETA BLOCKERS
HEMLIBRA INJ	LMSP-PA	SP HEMATOLOGICAL AGENTS - MISC.
heparin porcine inj	M	M ANTICOAGULANTS
HEPLISAV-B INJ	VAC	\$0 VACCINES
HEPSERA TAB	-	3 ANTIVIRALS
HERCEPTIN HYLECTA INJ	-	NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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# Community Health Choice Formulary Cont.

## Alphabetical Index

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Drug Name	Special Code	Tier Category
HETLIOZ CAP	-	NC HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
HEXALEN CAP	-	2 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HIPREX TAB	-	3 URINARY ANTI-INFECTIVES
HIZENTRA INJ	MSP	SP PASSIVE IMMUNIZING AGENTS
homatropine ophth soln (ISOPTO HOMATROPINE equiv)	-	1 OPHTHALMIC AGENTS
HOMATROPINE OPTH SOLN	-	2 OPHTHALMIC AGENTS
HOMATROPINE OPTH SOLN 5%	-	1 OPHTHALMIC AGENTS
HORIZANT TAB	-	NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
HUMALOG INJ	-	NC ANTIDIABETICS
HUMALOG KWIKPEN INJ	-	NC ANTIDIABETICS
HUMALOG MIX INJ (Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	ST	3 ANTIDIABETICS
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

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# Community Health Choice Formulary Cont.

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Drug Name	Special Code	Tier Category
HUMATROPE INJ, ZOMACTON INJ	-	NC ENDOCRINE AND METABOLIC AGENTS - MISC.
HUMIRA INJ 10MG (QL= 2 syringes/28 days)	LMSP-PA-QL	SP ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ 20MG (QL= 2 syringes/28 days)	LMSP-PA-QL	SP ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ 40MG (QL= 2 syringes/28 days)	LMSP-PA-QL	SP ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	LMSP-PA-QL	SP ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	LMSP-PA-QL	SP ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	LMSP-PA-QL	SP ANALGESICS - ANTI-INFLAMMATORY
HUMIRA PEN INJ 40MG (QL= 2 pens/28 days)	LMSP-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

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Drug Name	Special Code	Tier	Category
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
HYCANTIN CAP	LMSP-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
hydrochlorothiazide cap (MICROZIDE equiv)	-	1	DIURETICS
hydrochlorothiazide tab (HYDRODIURIL equiv)	-	1	DIURETICS
hydrocodone bitartrate ER cap (ZOHYDRO equiv)	-	NC	ANALGESICS - OPIOID
hydrocodone/acetaminophen cap (LORCET equiv)	-	1	ANALGESICS - OPIOID
hydrocodone/acetaminophen soln (HYCET, LORTAB equiv)	-	1	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab (LORTAB equiv)	-	1	ANALGESICS - OPIOID

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## Alphabetical Index

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Drug Name	Special Code	Tier Category
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
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 (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

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Drug Name	Special Code	Tier Category
hydrocortisone lotion (LOCOID 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
hydromorphone ER tab (EXALGO equiv)	-	NC ANALGESICS - OPIOID
HYDROMORPHONE SUPP	-	1 ANALGESICS - OPIOID
hydromorphone tab (DILAUDID equiv)	-	1 ANALGESICS - OPIOID
hydroquinone cream (LUSTRA equiv)	-	EX DERMATOLOGICALS C
hydroxychloroquine tab (PLAQUENIL equiv)	-	1 ANTIMALARIALS
HYDROXYPROGESTERONE CAPROATE INJ	-	NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
hydroxyprogesterone inj (MAKENA equiv)	PA-SP	3 PROGESTINS
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

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Drug Name	Special Code	Tier Category
HYLAMEND GEL FIRST AID	-	NC ANTISEPTICS & DISINFECTANTS
HYLINATE LOTION	-	NC DERMATOLOGICALS
HYOPHEN TAB	-	NC URINARY ANTI-INFECTIVES
hyoscyamine inj (LEVSIN equiv)	-	3 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
HYQVIA INJ	MSP-PA	SP PASSIVE IMMUNIZING AGENTS
HYSINGLA ER TAB (QL= 1 tab/day)	QL	2 ANALGESICS - OPIOID
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.

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Drug Name	Special Code	Tier Category
IBRANCE CAP (QL= 21 caps/28 days)	MSP-PA-QL	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IBRANCE TAB (QL= 1 tabs/day)	MSP-PA-QL	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
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
icatibant inj (FIRAZYR equiv)	LMSP-PA	SP HEMATOLOGICAL AGENTS - MISC.
ICLUSIG TAB (Only available through AcariaHealth 800-511-5144)	LD-PA-SF	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IDHIFA TAB (QL= 1 tab/day)	MSP-PA-QL	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ILEVRO OPTH SUSP	-	2 OPHTHALMIC AGENTS
imatinib tab (GLEEVEC equiv)	LMSP	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

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Drug Name	Special Code	Tier Category
IMBRUVICA CAP 70MG (QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMDUR TAB	-	3 ANTIANGINAL AGENTS
imipramine pamoate cap (TOFRANIL PM equiv)	-	3 ANTIDEPRESSANTS
imipramine tab (TOFRANIL equiv)	-	1 ANTIDEPRESSANTS
imiquimod cream (ALDARA equiv)	-	2 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.
IMPLANON IMPLANT, NEXPLANON IMPLANT	-	\$0 CONTRACEPTIVES
IMPOYZ CREAM	-	NC DERMATOLOGICALS
IMURAN TAB	-	3 ASSORTED CLASSES
IMVEXXY SUPP	-	NC VAGINAL PRODUCTS
INBRIJA INH POWDER	-	NC ANTIPARKINSON AND RELATED THERAPY AGENTS
INCIVEK TAB	LMSP-PA-SF	SP ANTIVIRALS

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Drug Name	Special Code	Tier Category
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
INFLAMMA-K KIT	-	NC DERMATOLOGICALS
INFLATHERM PAK	-	NC ANALGESICS - ANTI-INFLAMMATORY

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Drug Name	Special Code	Tier Category
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
INREBIC CAP	-	NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INSPIRA 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
INSULIN SYRINGE	OTC	NC MEDICAL DEVICES AND SUPPLIES
INTELENCE TAB	-	SP ANTIVIRALS
INTERMEZZO SL TAB	-	NC HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS

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INTRAROSA SUPP	-	NC VAGINAL PRODUCTS
INTRON-A INJ	MSP	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INTUNIV TAB	-	3 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
INVEGA SUSTENNA INJ	-	3 ANTIPSYCHOTICS / ANTIMANIC AGENTS
INVEGA TAB	PA	3 ANTIPSYCHOTICS / ANTIMANIC AGENTS
INVEGA TRINZA INJ	-	3 ANTIPSYCHOTICS / ANTIMANIC AGENTS
INVELTYS OPHTH SUSP	-	NC OPHTHALMIC AGENTS
INVIRASE CAP	-	SP ANTIVIRALS
INVIRASE TAB	-	SP ANTIVIRALS
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

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EXC	Plan Exclusion	INF	Infertility
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program
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 Health Choice Formulary Cont.

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Drug Name	Special Code	Tier Category
iodoquinol/hydrocortisone cream 1.9-1% (VYTONA equiv)	-	NC DERMATOLOGICALS
iodoquinol/hydrocortisone/aloe polysaccharide gel (ALCORTIN A equiv)	-	NC DERMATOLOGICALS
IOPIDINE OPTH SOLN	-	3 OPHTHALMIC AGENTS
IOPIDINE OPTH SOLN 1%	-	2 OPHTHALMIC AGENTS
ipratropium nasal spray (ATROVENT equiv)	-	1 NASAL AGENTS - SYSTEMIC AND TOPICAL
ipratropium neb soln (ATROVENT equiv)	-	1 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
irbesartan tab (AVAPRO equiv)	-	1 ANTIHYPERTENSIVES
irbesartan/hydrochlorothiazide tab (AVALIDE equiv)	-	1 ANTIHYPERTENSIVES
IRESSA TAB (Only available through Lumicera Pharmacy 855-847-3553)	LD-PA	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IRON POLYSACCH/THREONIC ACID/B12/FA CAF	-	1 HEMATOPOIETIC AGENTS
IRON SUSP (Covered for members 1 year or younger)	OTC	\$0 HEMATOPOIETIC AGENTS
ISENTRESS (HD) TAB	-	3 ANTIVIRALS
ISENTRESS CHEW TAB	-	3 ANTIVIRALS
ISENTRESS POWDER PACK	-	3 ANTIVIRALS
isibloom tab, enskyce tab, apri tab (DESOGEN equiv)	-	\$0 CONTRACEPTIVES

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Drug Name	Special Code	Tier Category
ISOMETHEPTENE/CAFFEINE/ACETAMINOPHEN TAB	-	NC MIGRAINE PRODUCTS
isometheptene/caffeine/acetaminophen tab (PRODRIN equiv)	-	NC MIGRAINE PRODUCTS
ISONIAZID SYRUP	-	1 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
isosorbide dinitrate tab 40mg (ISORDIL equiv)	-	3 ANTIANGINAL AGENTS
isosorbide mononitrate ER tab (IMDUR equiv)	-	1 ANTIANGINAL AGENTS
isosorbide mononitrate tab (MONOKET equiv)	-	1 ANTIANGINAL AGENTS
isoxsuprine tab	-	2 CARDIOVASCULAR AGENTS - MISC.
isradipine cap (DYNACIRC equiv)	-	1 CALCIUM CHANNEL BLOCKERS

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Drug Name	Special Code	Tier Category
ISTALOL OPTH SOLN	-	2 OPTHALMIC AGENTS
ISTURISA TAB	-	NC ENDOCRINE AND METABOLIC AGENTS - MISC.
itraconazole cap (SPORANOX equiv)	PA	2 ANTIFUNGALS
itraconazole soln (SPORANOX equiv)	PA	3 ANTIFUNGALS
IVERMECTIN CREAM	-	NC DERMATOLOGICALS
ivermectin cream (SOOLANTRA equiv)	-	NC DERMATOLOGICALS
ivermectin tab (STROMEKTOL equiv)	-	2 ANTHELMINTICS
JADENU SPRINKLE	LMSP	SP ANTIDOTES AND SPECIFIC ANTAGONISTS
JADENU TAB 180MG	LMSP	SP ANTIDOTES AND SPECIFIC ANTAGONISTS
JADENU TAB 90MG, 360MG	LMSP	SP ANTIDOTES AND SPECIFIC ANTAGONISTS
JAKAFI TAB (QL= 2 tabs/day)	MSP-PA-QL	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-¢	2 ANTIDIABETICS
JARDIANCE TAB (QL= 1 tab/day)	QL	2 ANTIDIABETICS
JATENZO CAP	-	NC ANDROGENS-ANABOLIC

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Drug Name	Special Code	Tier Category
JENTADUETO TAB (QL= 2 tabs/day)	QL	2 ANTIDIABETICS
JENTADUETO XR TAB (QL= 2 tabs/day)	QL	2 ANTIDIABETICS
jinteli tab (FEMHRT equiv)	-	2 ESTROGENS
jolessa tab, amethia tab (SEASONALE, SEASONIQUE equiv)	-	\$0 CONTRACEPTIVES
JUBLIA SOLN	-	NC DERMATOLOGICALS
JULUCA TAB	-	SP 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	-	SP 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.

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Drug Name	Special Code	Tier Category
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
KAPVAY TAB	-	NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
KARBINAL ER SUSP	-	NC ANTIHISTAMINES
KATERZIA SUSP	-	NC CALCIUM CHANNEL BLOCKERS
KAYEXALATE POWDER	-	3 ASSORTED CLASSES
KEFLEX CAP	-	3 CEPHALOSPORINS
KEFLEX CAP 750MG	-	3 CEPHALOSPORINS
kelnor tab (DEMULEN equiv)	-	\$0 CONTRACEPTIVES
KENALOG SPRAY	-	3 DERMATOLOGICALS
KEPPRA SOLN	-	3 ANTICONVULSANTS
KEPPRA TAB	-	3 ANTICONVULSANTS
KEPPRA XR TAB	-	3 ANTICONVULSANTS
KERAFOAM	-	NC DERMATOLOGICALS
KERALAC CREAM	-	NC DERMATOLOGICALS
KERLONE TAB	-	3 BETA BLOCKERS
KERYDIN SOLN	-	NC DERMATOLOGICALS
KETAMINE HCL TROCHES	-	NC GENERAL ANESTHETICS

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Drug Name	Special Code	Tier Category
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	-	3 ANALGESICS - ANTI-INFLAMMATORY
ketoprofen cap (ORUDIS equiv)	-	3 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
ketorolac tab (TORADOL equiv) (QL= 20 tabs/5 days)	QL	1 ANALGESICS - ANTI-INFLAMMATORY
KETOROLAC TROMETHAMINE NASAL SPRAY, SPRIX NASAL SPRAY	-	NC ANALGESICS - ANTI-INFLAMMATORY
KETOSTIX	OTC	1 DIAGNOSTIC PRODUCTS

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Drug Name	Special Code	Tier Category
ketotifen ophth soln (ZADITOR equiv) (OTC covere only)	OTC	1 OPTHALMIC AGENTS
KEVEYIS TAB	-	NC DIURETICS
KEVZARA INJ (QL= 2 inj/28 days)	LMSP-PA-QL	SP ANALGESICS - ANTI-INFLAMMATORY
KHEDEZLA ER TAB	-	NC ANTIDEPRESSANTS
KINERET INJ (QL= 1 inj/day; Only available throug Biologics 800-850-4306)	LD-PA-QL	SP ANALGESICS - ANTI-INFLAMMATORY
KISQALI PAK (QL= 91 tabs/28 days)	LMSP-PA-QL	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KISQALI TAB (QL= 63 tabs/28 days)	LMSP-PA-QL	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KITABIS PAK NEB SOLN	-	NC AMINOGLYCOSIDES
KLARITY-B DROPS	-	NC OPTHALMIC AGENTS
KLARITY-L DROPS	-	NC OPTHALMIC AGENTS
KLARON LOTION	-	3 DERMATOLOGICALS
KLONOPIN TAB	-	3 ANTICONSULSANTS
KLOR-CON M15 TAB	-	2 MINERALS & ELECTROLYTES
KLOR-CON POWDER PACKET	-	3 MINERALS & ELECTROLYTES
KLOR-CON POWDER PACKET 25MEQ	-	3 MINERALS & ELECTROLYTES
KOMBIGLYZE XR TAB	-	NC ANTIDIABETICS

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Drug Name	Special Code	Tier Category
KORLYM TAB (Only available through Korlym SPARK program 855-4Korlym (855-456-7596))	LD-PA	SP ANTIDIABETICS
KOSELUGO CAP	-	NC 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 (Only available through Walgreens 888-347-3416)	LD-PA	SP ENDOCRINE AND METABOLIC AGENTS - MISC.
KUVAN TAB (Only available through Walgreens 888-347-3416)	LD-PA	SP ENDOCRINE AND METABOLIC AGENTS - MISC.
KYBELLA INJ	-	NC DERMATOLOGICALS
KYNAMRO INJ	-	NC ANTIHYPERLIPIDEMICS
KYNMOBI FILM	-	NC ANTIPARKINSON AND RELATED THERAPY AGENTS

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Drug Name	Special Code	Tier Category
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
LACRISERT OPTH INSERT	-	NC OPHTHALMIC AGENTS
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, LAMICTAL XR KIT	-	3 ANTICONVULSANTS
LAMICTAL STARTER KIT	-	3 ANTICONVULSANTS
LAMICTAL TAB	-	3 ANTICONVULSANTS
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)	-	SP 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

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lamotrigine tab (LAMICTAL equiv)	-	1	ANTICONVULSANTS
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 0.0625MG, 0.1875MG	-	NC	CARDIOTONICS
lansoprazole cap (PREVACID equiv)	OTC	3	ULCER DRUGS
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
LARIAM TAB	-	3	ANTIMALARIALS
LASIX TAB	-	3	DIURETICS
LASTACFT OPTH SOLN (QL= 3ml/30 days)	QL	3	OPHTHALMIC AGENTS

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Drug Name	Special Code	Tier Category
latanoprost ophth soln (XALATAN equiv) (QL= 2.5ml/30 days)	QL	1 OPTHALMIC AGENTS
LATUDA TAB (QL= 1 tab/day; Step Therapy requires trial of quetiapine)	QL-ST-¢	2 ANTIPSYCHOTICS / ANTIMANIC AGENTS
LAZANDA NASAL SPRAY (QL= 15 bottles/30 days)	PA-QL	3 ANALGESICS - OPIOID
LEDIPASVIR/SOFOSBUVIR TAB (QL= 1 tab/ day)	LMSP-PA-QL	SP ANTIVIRALS
leflunomide tab (ARAVA equiv)	-	1 ANALGESICS - ANTI-INFLAMMATORY
LENVIMA CAP (QL= 3 caps/day; Only available through Accredo 888-773-7376)	LD-PA-QL	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LESCOL CAP	-	3 ANTIHYPERLIPIDEMICS
LESCOL XL TAB	-	3 ANTIHYPERLIPIDEMICS
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	LMSP	SP HEMATOPOIETIC AGENTS
leuprolide inj (LUPRON equiv)	INF-LMSP	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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# Community Health Choice Formulary Cont.

## Alphabetical Index

Last Updated 7/1/2020

Drug Name	Special Code	Tier Category
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
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 C CARDIOVASCULAR 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.

	NC =Not Covered	generic =small letters	BRANDS =CAPITAL LETTERS
EXC	Plan Exclusion	INF	Infertility
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program
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 Health Choice Formulary Cont.

## Alphabetical Index

Last Updated 7/1/2020

Drug Name	Special Code	Tier Category
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
levonorgestrel tab (PLAN B equiv)	OTC	\$0 CONTRACEPTIVES
LEVONORGESTREL TAB 0.75MG	-	\$0 CONTRACEPTIVES
LEVORPHANOL TAB	-	2 ANALGESICS - OPIOID
levorphanol tab (LEVORPHANOL equiv)	-	2 ANALGESICS - OPIOID
levothyroxine tab (SYNTHROID equiv)	-	NC THYROID AGENTS
LEVSIN INJ	-	3 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	-	SP ANTIVIRALS
LEXIVA TAB	-	SP ANTIVIRALS
LIALDA TAB	-	NC GASTROINTESTINAL AGENTS - MISC.

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# Community Health Choice Formulary Cont.

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Last Updated 7/1/2020

Drug Name	Special Code	Tier Category
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	-	1 DERMATOLOGICALS
lidocaine gel (GLYDO equiv)	-	1 DERMATOLOGICALS
lidocaine gel (XYLOCAINE equiv)	-	1 DERMATOLOGICALS
lidocaine lotion (LIDAMANTLE equiv)	-	NC DERMATOLOGICALS
lidocaine oint (QL= 107gm/30 days)	QL	2 DERMATOLOGICALS
LIDOCAINE ORAL SOLN 4%	-	2 MOUTH / THROAT / DENTAL AGENTS
lidocaine patch (LIDODERM equiv) (QL= 3 patches/day)	QL	3 DERMATOLOGICALS
lidocaine soln (XYLOCAINE equiv)	-	1 DERMATOLOGICALS
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

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Last Updated 7/1/2020

Drug Name	Special Code	Tier Category
LIDOCAINE/TETRACAINE CREAM	-	NC DERMATOLOGICALS
LIDOCIN GEL	-	NC DERMATOLOGICALS
LIDODERM PATCH (QL= 3 patches/day)	QL	3 DERMATOLOGICALS
LIDOLOG KIT	-	NC CORTICOSTEROIDS
LIDOSTREAM KIT	-	NC DERMATOLOGICALS
LIDOTRAL CREAM	-	NC DERMATOLOGICALS
LIDOTREX GEL	-	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 (QL= 1 cap/day)	PA-QL	3 GASTROINTESTINAL AGENTS - MISC.
liothyronine tab (CYTOMEL equiv)	-	1 THYROID AGENTS
LIPITOR TAB	-	3 ANTIHYPERLIPIDEMICS
LIPTRUZET TAB	-	3 ANTIHYPERLIPIDEMICS
lisinopril tab (PRINIVIL/ZESTRIL equiv)	-	1 ANTIHYPERTENSIVES
lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv)	-	1 ANTIHYPERTENSIVES

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# Community Health Choice Formulary Cont.

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Drug Name	Special Code	Tier Category
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
L-METHYLFOLATE TAB	-	NC DIETARY PRODUCTS / DIETARY MANAGEMENT PRODUCTS
LMR PLUS KIT	-	NC DERMATOLOGICALS
LO LOESTRIN TAB	-	3 CONTRACEPTIVES
LOCOID CREAM	-	NC DERMATOLOGICALS
LOCOID LIPOCREAM	-	NC DERMATOLOGICALS

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Drug Name	Special Code	Tier Category
LOCOID LOTION	-	NC DERMATOLOGICALS
LOCOID OINT	-	NC DERMATOLOGICALS
LOCOID SOLN	-	NC DERMATOLOGICALS
LODOSYN TAB	-	3 ANTIPARKINSON AGENTS
LOESTRIN 24 FE TAB	-	3 CONTRACEPTIVES
LOESTRIN FE TAB	-	3 CONTRACEPTIVES
LOESTRIN TAB	-	3 CONTRACEPTIVES
Iohist liquid (DECON-A equiv)	OTC	NC COUGH / COLD / ALLERGY
LOKELMA PAK	PA	2 MISCELLANEOUS THERAPEUTIC CLASSES
LOMAIRA TAB	-	NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXICANTS
LOMOTIL LIQUID	-	3 ANTIDIARRHEALS
LOMOTIL TAB	-	3 ANTIDIARRHEALS
LONHALA MAGNAIR SOLN (Step Therapy requires trial of INCRUSE ELLIPTA INHALER)	ST	2 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
LONSURF TAB (Only available through Walgreens 888-347-3416)	LD-PA	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
loperamide cap	-	NC ANTIDIARRHEALS
LOPERAMIDE SOLN	-	NC ANTIDIARRHEAL / PROBIOTIC AGENTS

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Drug Name	Special Code	Tier Category
LOPID TAB	-	3 ANTIHYPERLIPIDEMICS
lopinavir/ritonavir soln (KALETRA equiv)	-	SP 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 ANTIHISTAMINES C
lorazepam conc (ATIVAN equiv)	-	1 ANTIANXIETY AGENTS
lorazepam tab (ATIVAN equiv)	-	1 ANTIANXIETY AGENTS
LORBRENA TAB 100MG (QL= 1 tab/day)	MSP-PA-QL-SF	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LORBRENA TAB 25MG (QL= 3 tabs/day)	MSP-PA-QL-SF	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
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 OINT	-	2 OPHTHALMIC AGENTS
LOTEMAX OPHTH SUSP	-	NC OPHTHALMIC AGENTS

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Drug Name	Special Code	Tier Category
LOTEMAX SM GEL 0.38%	-	NC OPTHALMIC AGENTS
LOTENSIN HCT TAB	-	3 ANTIHYPERTENSIVES
LOTENSIN TAB	-	3 ANTIHYPERTENSIVES
loteprednol ophth susp (LOTEMAX equiv)	-	2 OPTHALMIC AGENTS
LOTREL CAP	-	3 ANTIHYPERTENSIVES
LOTRIMIN AF CREAM	-	NC DERMATOLOGICALS
LOTRISONE CREAM	-	3 DERMATOLOGICALS
LOTRISONE LOTION	-	3 DERMATOLOGICALS
LOTRONEX TAB	-	3 GASTROINTESTINAL AGENTS - MISC.
lovastatin tab (MEVACOR equiv)	-	\$0 ANTIHYPERLIPIDEMICS
LOVAZA CAP	-	3 ANTIHYPERLIPIDEMICS
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= 84 tabs/7 days)	PA-QL	3 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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Drug Name	Special Code	Tier Category
LUFYLLIN TAB	-	3 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
LULICONAZOLE CREAM, LUZU CREAM	-	NC DERMATOLOGICALS
LUMIFY OPTH SOLN	-	NC OPHTHALMIC AGENTS
LUMIGAN OPTH SOLN (QL= 2.5ml/30 days)	QL	2 OPHTHALMIC AGENTS
LUNESTA TAB (QL= 1 tab/day)	QL	3 HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
LUPANETA PACK	-	NC ENDOCRINE AND METABOLIC AGENTS - MISC.
LUPRON DEPOT INJ	LMSP	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUPRON DEPOT PED INJ	LMSP	SP ENDOCRINE AND METABOLIC AGENTS - MISC.
LUPRON DEPOT-PED INJ	LMSP	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

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## Alphabetical Index

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Drug Name	Special Code	Tier Category
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	-	NC DIETARY PRODUCTS / DIETARY MANAGEMENT PRODUCTS
LUVOX CR CAP (Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine)	ST	3 ANTIDEPRESSANTS
LUXIQ FOAM	-	NC DERMATOLOGICALS
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	-	NC ANTICONVULSANTS
LYRICA CR TAB	-	NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LYRICA SOLN	-	3 ANTICONVULSANTS
LYSODREN TAB (Only available through Direct Success 732-919-1234)	LD	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYSTEDA TAB	-	3 HEMOSTATICS
LYUMJEV INJ	-	NC ANTIDIABETICS
LYUMJEV KWIKPEN INJ	-	NC ANTIDIABETICS

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OTC	Over-the-Counter		PA		Prior Authorization
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Drug Name	Special Code	Tier Category
MACRILEN PACK	-	NC DIAGNOSTIC PRODUCTS
MACROBID CAP	-	3 URINARY ANTI-INFECTIVES
MACRODANTIN CAP	-	3 URINARY ANTI-INFECTIVES
MACRODANTIN CAP 25MG	-	3 URINARY ANTI-INFECTIVES
magnesium sulfate inj	M	M MINERALS & ELECTROLYTES
MAKENA INJ	PA-SP	SP PROGESTINS
MALARONE TAB	-	3 ANTIMALARIALS
malathion lotion (OVIDE equiv) (QL= 2 bottles/fill)	QL	3 DERMATOLOGICALS
maldemar tab (SCOPACE equiv)	-	1 ANTIEMETICS
MAPROTILINE TAB	-	1 ANTIDEPRESSANTS
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 TAB (QL= 3 tabs/day)	LMSP-PA-QL	SP ANTIVIRALS
MAXALT MLT TAB (QL= 12 tabs/fill, 3 fills/60 days)	QL	3 MIGRAINE PRODUCTS

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Drug Name	Special Code	Tier Category
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	LMSP	SP PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MAYZENT TAB STARTER PACK	LMSP	SP PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
mebendazole chew tab (VERMOX equiv)	-	1 ANTHELMINTICS
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
medroxyprogesterone tab (PROVERA equiv)	-	1 PROGESTINS

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

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# Community Health Choice Formulary Cont.

## Alphabetical Index

Last Updated 7/1/2020

Drug Name	Special Code	Tier Category
mefenamic acid cap (PONSTEL equiv)	-	NC ANALGESICS - ANTI-INFLAMMATORY
MEFLOQUINE TAB	-	2 ANTIMALARIALS
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)	LMSP-PA-QL	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKINIST TAB 2MG (QL= 1 tab/day)	LMSP-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 COMFORT KIT	-	NC ANALGESICS - ANTI-INFLAMMATORY
MELOXICAM SUSP	-	3 ANALGESICS - ANTI-INFLAMMATORY
meloxicam tab (MOBIC equiv)	-	1 ANALGESICS - ANTI-INFLAMMATORY

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EXC	Plan Exclusion	INF	Infertility
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program
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
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# Community Health Choice Formulary Cont.

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Drug Name	Special Code	Tier Category	
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	\$0	VACCINES
MENEST TAB	-	3	ESTROGENS
MENHIBRIX INJ	VAC	\$0	VACCINES
MENOMUNE INJ	VAC	\$0	VACCINES
MENOPUR INJ	INF	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
MENOSTAR PATCH	-	3	ESTROGENS
MENTAX CREAM	-	3	DERMATOLOGICALS
MENVEO INJ	VAC	\$0	VACCINES
MEPERIDINE TAB	-	1	ANALGESICS - OPIOID

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M	Medical Benefit		MSP		Mandatory Specialty Pharmacy Program
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# Community Health Choice Formulary Cont.

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Last Updated 7/1/2020

Drug Name	Special Code	Tier Category
meperidine tab (DEMEROL equiv)	-	1 ANALGESICS - OPIOID
MEPHYTON TAB	-	3 VITAMINS
meprobamate tab (MILTOWN equiv)	-	1 ANTIANXIETY AGENTS
MEPRON SUSP	-	3 ANTI-INFECTIVE AGENTS MISC.
mercaptopurine tab (PURINETHOL equiv)	-	2 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
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	LMSP	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MESTINON TAB	-	3 ANTIMYASTHENIC / CHOLINERGIC AGENTS

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Drug Name	Special Code	Tier Category
MESTINON TIMESPAN TAB	-	3 ANTIMYASTHENIC / CHOLINERGIC AGENTS
METADATE CD CAP	-	3 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
METAGLIP TAB	-	3 ANTIDIABETICS
METANX CAP	-	NC DIETARY PRODUCTS / DIETARY MANAGEMENT PRODUCTS
METAPROTERENOL SYRUP	-	1 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
METAPROTERENOL TAB	-	3 ANTI-ASTHMATIC 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
metformin soln (RIOMET equiv)	-	3 ANTIDIABETICS
metformin tab (GLUCOPHAGE equiv)	-	1 ANTIDIABETICS

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Last Updated 7/1/2020

Drug Name	Special Code	Tier Category
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 URINARY ANTI-INFECTIVES
methenamine mandelate tab	-	1 URINARY ANTI-INFECTIVES
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 (OXSORALEN ULTRA equiv)	-	2 DERMATOLOGICALS
methscopolamine tab (PAMINE equiv)	-	3 ULCER DRUGS
METHYCLOTHIAZIDE TAB	-	1 DIURETICS

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## Alphabetical Index

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Drug Name	Special Code	Tier	Category
methyldopa 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
methylphenidate ER cap (RITALIN LA equiv)	-	2	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS

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Drug Name	Special Code	Tier Category
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
methylphenidate soln (METHYLIN equiv)	-	2 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
methylphenidate tab (RITALIN equiv)	-	1 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS

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Drug Name	Special Code	Tier Category
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 tab 37.5mg, 75mg (LOPRESSOR equiv)	-	NC BETA BLOCKERS
METOPROLOL/HYDROCHLOROTHIAZIDE TAB	-	2 ANTIHYPERTENSIVES
metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv)	-	2 ANTIHYPERTENSIVES
METOSOLV ODT	-	NC GASTROINTESTINAL AGENTS - MISC.
METROCREAM	-	3 DERMATOLOGICALS
METROGEL 1%	-	3 DERMATOLOGICALS
METROGEL VAGINAL GEL	-	3 VAGINAL PRODUCTS
METROLOTION	-	3 DERMATOLOGICALS
metronidazole cap (FLAGYL equiv)	-	1 ANTI-INFECTIVE AGENTS MISC.
metronidazole cream (METROCREAM equiv)	-	2 DERMATOLOGICALS

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Drug Name	Special Code	Tier	Category
metronidazole gel (METROGEL equiv)	-	2	DERMATOLOGICALS
metronidazole lotion (METROLOTION equiv)	-	1	DERMATOLOGICALS
metronidazole tab (FLAGYL equiv)	-	1	ANTI-INFECTIVE AGENTS MISC.
metronidazole vaginal gel (METROGEL equiv)	-	1	VAGINAL PRODUCTS
MEVACOR TAB	-	3	ANTIHYPERLIPIDEMICS
MEXILETINE CAP	-	2	ANTIARRHYTHMICS
MEXPAROX HC CREAM	-	NC	DERMATOLOGICALS
MIACALCIN INJ	LMSP	SP	ENDOCRINE AND METABOLIC AGENTS - MISC.
MIACALCIN NASAL SPRAY	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
mibelas chew tab (MINASTRIN equiv)	-	3	CONTRACEPTIVES
micafungin inj (MYCAMINE equiv)	M	M	ANTIFUNGALS
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

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# Community Health Choice Formulary Cont.

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Drug Name	Special Code	Tier Category
MICROZIDE CAP	-	3 DIURETICS
MIDAMOR TAB	-	3 DIURETICS
midodrine tab (PROAMATINE equiv)	-	1 VASOPRESSORS
MIGERGOT SUPP	-	2 MIGRAINE PRODUCTS
miglitol tab (GLYSET equiv)	-	3 ANTIDIABETICS
miglustat cap (ZAVESCA equiv) (Only available through Accredo 888-773-7376 )	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
minocycline tab (DYNACIN equiv)	-	2 TETRACYCLINES
minoxidil tab (LONITEN equiv)	-	1 ANTIHYPERTENSIVES
MIRALAX PACKET	-	NC LAXATIVES
MIRALAX POWDER	-	NC LAXATIVES
MIRAPEX ER TAB	-	3 ANTIPARKINSON AGENTS
MIRAPEX TAB	-	3 ANTIPARKINSON AGENTS
MIRCERA INJ	-	NC HEMATOPOIETIC AGENTS
MIRCETTE TAB	-	3 CONTRACEPTIVES

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Drug Name	Special Code	Tier Category
MIRENA IUD	-	\$0 CONTRACEPTIVES
mirtazapine ODT (REMERON equiv)	-	1 ANTIDEPRESSANTS
mirtazapine tab (REMERON equiv)	-	1 ANTIDEPRESSANTS
MIRVASO GEL	-	NC DERMATOLOGICALS
misoprostol tab (CYTOTEC equiv)	-	1 ULCER DRUGS
MITIGARE CAP	-	2 GOUT AGENTS
M-M-R II INJ	VAC	\$0 VACCINES
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
moexipril/hydrochlorothiazide tab (UNIRETIC equiv)	-	1 ANTIHYPERTENSIVES
MOLINDONE TAB	-	NC ANTIPSYCHOTICS / ANTIMANIC AGENTS
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

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Drug Name	Special Code	Tier	Category
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	URINARY ANTI-INFECTIVES
MORPHABOND TAB	-	NC	ANALGESICS - OPIOID
MORPHINE SULFATE ER BEAD CAP (QL= 2 caps/day)	QL	3	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.

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Drug Name	Special Code	Tier Category
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	-	NC OPHTHALMIC AGENTS
MOXEZA OPHTH SOLN 0.5%	-	NC OPHTHALMIC AGENTS
moxifloxacin hcl ophth soln 0.5% (MOXEZA equiv)	-	NC OPHTHALMIC AGENTS
moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv)	-	1 OPHTHALMIC AGENTS
MOXIFLOXACIN SOLN	-	NC OPHTHALMIC 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 (QL= 7 tabs/fill)	LMSP-PA-QL	SP HEMATOPOIETIC AGENTS
MULTAQ TAB	-	2 ANTIARRHYTHMICS
MULTIGEN FOLIC TAB	-	1 HEMATOPOIETIC AGENTS
MULTIGEN PLUS TAB	-	1 HEMATOPOIETIC AGENTS

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EXC	Plan Exclusion	INF	Infertility
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program
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
MULTIGEN TAB	-	1 HEMATOPOIETIC AGENTS
MULTIVITAMIN TAB	-	3 HEMATOPOIETIC AGENTS
MULTIVITAMIN/FLUORIDE CHEW TAB	-	NC 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
MYCAMINE INJ	M	M ANTIFUNGALS
MYCELEX TROCHES	-	3 MOUTH / THROAT / DENTAL AGENTS
MYCOBUTIN CAP	-	3 ANTIMYCOBACTERIAL AGENTS
mycophenolate DR tab (MYFORTIC equiv)	-	SP ASSORTED CLASSES
mycophenolate mofetil cap (CELLCEPT equiv)	-	SP ASSORTED CLASSES
mycophenolate mofetil susp (CELLCEPT SUSP equiv)	-	SP ASSORTED CLASSES
mycophenolate mofetil tab (CELLCEPT equiv)	-	SP ASSORTED CLASSES

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Drug Name	Special Code	Tier Category
MYDAYIS CAP	-	NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
MYDFRIN OPTH SOLN	-	3 OPHTHALMIC AGENTS
MYDRIACYL OPTH SOLN	-	3 OPHTHALMIC AGENTS
MYFORTIC TAB	-	SP ASSORTED CLASSES
MYLERAN TAB	LMSP	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MYNATAL-Z TAB	-	1 MULTIVITAMINS
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

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Drug Name	Special Code	Tier Category
NAFTIN GEL	-	3 DERMATOLOGICALS
NAFTIN GEL 2%	-	NC DERMATOLOGICALS
nalbuphine inj	M	M ANALGESICS - OPIOID
naloxone inj	-	1 ANTIDOTES
naloxone prefilled inj (QL= 2 inj/fill)	QL	1 ANTIDOTES AND SPECIFIC ANTAGONISTS
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	-	NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMENDA XR TITRATION PACK	-	2 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMZARIC CAP	-	NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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Drug Name	Special Code	Tier Category
NAMZARIC STARTER PACK	-	NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
naphazoline ophth soln	-	3 OPHTHALMIC AGENTS
NAPRELAN CR TAB	-	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)	-	1 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

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Drug Name	Special Code	Tier Category
naproxen tab (NAPROSYN equiv)	-	1 ANALGESICS - ANTI-INFLAMMATORY
naproxen/esomeprazole magnesium DR tab (VIMOVO equiv)	-	NC ANALGESICS - ANTI-INFLAMMATORY
naratriptan tab (AMERGE equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	2 MIGRAINE PRODUCTS
NARCAN NASAL SPRAY	-	2 ANTIDOTES
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 OPTH SUSP	-	3 OPHTHALMIC AGENTS
NATAZIA TAB	-	3 CONTRACEPTIVES
nateglinide tab (STARLIX equiv)	-	3 ANTIDIABETICS
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	-	NC ANTICONVULSANTS
NEBUPENT NEB SOLN	-	3 ANTI-INFECTIVE AGENTS MISC.
NEBUSAL NEB SOLN	-	2 COUGH / COLD / ALLERGY

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Drug Name	Special Code	Tier Category
NECON TAB	-	\$0 CONTRACEPTIVES
NEFAZODONE TAB	-	1 ANTIDEPRESSANTS
nefazodone tab 50mg, 250mg	-	1 ANTIDEPRESSANTS
neomycin tab	-	1 AMINOGLYCOSIDES
NEOMYCIN/POLYMYXIN/GRAMICIDIN OPTH 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 OPTH SOLN	-	1 OPHTHALMIC AGENTS
NEORAL CAP	-	SP ASSORTED CLASSES
NEORAL SOLN	-	SP ASSORTED CLASSES
NEOSALUS FOAM	-	NC DERMATOLOGICALS
NEOSPORIN OPTH SOLN	-	3 OPHTHALMIC AGENTS
NEO-SYNALAR CREAM	-	NC DERMATOLOGICALS
NEOTUSS-D LIQUID	-	3 COUGH / COLD / ALLERGY
NEPHROCAP	-	3 MULTIVITAMINS
NEPHRON FA TAB	-	2 HEMATOPOIETIC AGENTS

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Drug Name	Special Code	Tier Category
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
NEUMEGA INJ	LMSP	SP HEMATOPOIETIC AGENTS
NEUPOGEN INJ	-	NC HEMATOPOIETIC AGENTS
NEUPRO PATCH	-	3 ANTIPARKINSON AGENTS
NEURONTIN CAP	-	3 ANTICONVULSANTS
NEURONTIN SOLN	-	3 ANTICONVULSANTS
NEURONTIN TAB	-	3 ANTICONVULSANTS
NEVANAC OPTH SUSP	-	2 OPHTHALMIC AGENTS
NEVIRAPINE ER TAB (Step Therapy requires trial of nevirapine)	ST	SP ANTIVIRALS
nevirapine ER tab (VIRAMUNE XR equiv) (Step Therapy requires trial of nevirapine)	ST	SP ANTIVIRALS
NEVIRAPINE SUSP	-	SP ANTIVIRALS
nevirapine susp (VIRAMUNE equiv)	-	SP 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	-	3 ANTIHYPERTENSIVES
NEXIUM 24HR TAB	-	NC ULCER DRUGS

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Drug Name	Special Code	Tier Category
NEXIUM CAP	-	NC ULCER DRUGS
NEXIUM GRANULE PACK	-	NC ULCER DRUGS
NEXLETOL TAB	-	NC ANTIHYPERLIPIDEMICS
NEXLIZET TAB	-	NC ANTIHYPERLIPIDEMICS
niacin cap	OTC	1 VITAMINS
niacin CR tab (SLO-NIACIN equiv)	OTC	1 VITAMINS
niacin ER tab (NIASPAN equiv)	-	1 ANTIHYPERLIPIDEMICS
niacin tab	OTC	1 VITAMINS
NIACIN TR TAB	OTC	1 VITAMINS
niacinamide tab	OTC	1 VITAMINS
NIACOR TAB	-	1 ANTIHYPERLIPIDEMICS
NIASPAN ER TAB	-	NC ANTIHYPERLIPIDEMICS
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.
NICORETTE LOZENGE (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
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
nifedipine ER tab (ADALAT CC equiv)	-	1 CALCIUM CHANNEL BLOCKERS
nilutamide tab (NILANDRON equiv)	LMSP	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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Drug Name	Special Code	Tier Category
nimodipine cap (NIMOTOP equiv)	-	3 CALCIUM CHANNEL BLOCKERS
NIMOTOP CAP	-	3 CALCIUM CHANNEL BLOCKERS
NINLARO CAP	MSP-PA	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NIRAVAM ODT	-	3 ANTIANXIETY 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
nitisinone cap (ORFADIN equiv)	-	NC ENDOCRINE AND METABOLIC AGENTS - MISC.
NITRO-BID OINT	-	2 ANTIANGINAL AGENTS
NITRO-DUR PATCH	-	3 ANTIANGINAL AGENTS
NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR	-	3 ANTIANGINAL AGENTS
nitrofurantoin macrocrystals cap (MACRODANTIN equiv)	-	1 URINARY ANTI-INFECTIVES
nitrofurantoin macrocrystals cap 25mg (MACRODANTIN equiv)	-	1 URINARY ANTI-INFECTIVES

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Drug Name	Special Code	Tier Category
nitrofurantoin monohydrate cap (MACROBID equiv)	-	1 URINARY ANTI-INFECTIVES
nitrofurantoin susp (FURADANTIN equiv)	-	2 URINARY ANTI-INFECTIVES
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	LMSP	SP HEMATOPOIETIC AGENTS
NIZATIDINE CAP	-	1 ULCER DRUGS / ANTISPASMODICS / ANTICHOLINERGICS
nizatidine cap (AXID equiv)	-	1 ULCER DRUGS
nizoral a-d shampoo (NIZORAL equiv)	OTC	NC DERMATOLOGICALS
NIZORAL SHAMPOO	-	3 DERMATOLOGICALS
NOCDURNA SL TAB	-	NC ENDOCRINE AND METABOLIC AGENTS - MISC.

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Drug Name	Special Code	Tier Category
NOCTIVA EMULSION SPRAY	-	NC ENDOCRINE AND METABOLIC AGENTS - MISC.
NORDITROPIN INJ, NUTROPIN AQ INJ, OMNITROPE INJ	-	NC ENDOCRINE AND METABOLIC AGENTS - MISC.
norethindrone tab (NORA-QD equiv)	-	\$0 CONTRACEPTIVES
norethindrone tab (AYGESTIN equiv)	-	1 PROGESTINS
NORGESIC FORTE TAB	-	3 MUSCULOSKELETAL THERAPY AGENTS
NORGESIC TAB FORTE	-	3 MUSCULOSKELETAL THERAPY AGENTS
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	-	1 ANTIDEPRESSANTS

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EXC	Plan Exclusion		INF		Infertility
LD	Limited Distribution		LMSP		Lumicera Mandatory Specialty Pharmacy Program
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 Health Choice Formulary Cont.

## Alphabetical Index

Last Updated 7/1/2020

Drug Name	Special Code	Tier Category
NORVASC TAB	-	3 CALCIUM CHANNEL BLOCKERS
NORVIR CAP	-	3 ANTIVIRALS
NORVIR POWDER PACK	-	3 ANTIVIRALS
NORVIR SOLN	-	3 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
NOVOLIN 70/30 FLEXPEN INJ	OTC	2 ANTIDIABETICS
NOVOLIN INJ	OTC	2 ANTIDIABETICS
NOVOLIN N FLEXPEN INJ	OTC	2 ANTIDIABETICS
NOVOLIN R FLEXPEN 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

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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)	LMSP-PA-QL	SP ANTIASTHMATIC AND BRONCHODILATOR AGENTS
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.
NULYTELY SOLN	-	NC LAXATIVES
NUPLAZID CAP	-	NC ANTIPSYCHOTICS / ANTIMANIC AGENTS

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Drug Name	Special Code	Tier Category
NUPLAZID TAB	-	NC ANTIPSYCHOTICS / ANTIMANIC AGENTS
NURTEC ODT	-	NC MIGRAINE PRODUCTS
NUVAKAAN II KIT	-	NC DERMATOLOGICALS
NUVARING	-	\$0 CONTRACEPTIVES
NUVIGIL TAB (QL= 1 tab/day)	PA-QL	3 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
NUZYRA TAB (QL= 1 tab/day, 30 tabs/180 days; Restricted to Infectious Disease or Pulmonology Specialist; Only available through Walgreens 888-347-3416)	LD-QL-RS	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

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nystatin/triamcinolone cream	-	3	DERMATOLOGICALS
nystatin/triamcinolone oint	-	3	DERMATOLOGICALS
OCALIVA TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF-¢	SP	GASTROINTESTINAL AGENTS - MISC.
octreotide inj (SANDOSTATIN equiv)	LMSP	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	-	SP	ANTIVIRALS
ODOMZO CAP	LMSP-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)	-	3	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	-	NC DIETARY PRODUCTS / 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)	LMSP-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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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	NC ULCER DRUGS / ANTISPASMODICS / ANTICHOLINERGICS
omeprazole tab	OTC	NC 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 PACK PODS (QL= 10 pods/month)	QL	2 MEDICAL DEVICES AND SUPPLIES
OMNIPOD DASH PODS (QL= 10 pods/month)	QL	2 MEDICAL DEVICES AND SUPPLIES
OMNIPOD STARTER KIT (QL= 1 kit/year)	QL	2 MEDICAL DEVICES AND SUPPLIES
ondansetron ODT (ZOFTRAN equiv)	-	1 ANTIEMETICS
ondansetron soln (ZOFTRAN equiv)	-	1 ANTIEMETICS

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Drug Name	Special Code	Tier Category
ONDANSETRON TAB	-	1 ANTIEMETICS
ondansetron tab (ZOFTRAN equiv)	-	1 ANTIEMETICS
ONEXTON GEL	-	NC DERMATOLOGICALS
ONFI SUSP	-	NC ANTICONVULSANTS
ONFI TAB	-	NC ANTICONVULSANTS
ONGLYZA TAB	-	NC ANTIDIABETICS
ONYCHO-MED KIT	-	NC DERMATOLOGICALS
ONZETRA XSAIL	-	NC MIGRAINE PRODUCTS
OPANA ER TAB	-	NC ANALGESICS - OPIOID
OPANA ER TAB (CRUSH RESISTANT)	-	NC ANALGESICS - OPIOID
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 OPTH SOLN	-	3 OPHTHALMIC AGENTS
ORACIT SOLN	-	1 GENITOURINARY AGENTS - MISCELLANEOUS
ORALAIR SL TAB	-	NC BIOLOGICALS MISC
ORAP TAB	-	3 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ORAPRED ODT	-	2 CORTICOSTEROIDS
ORAPRED ODT	-	3 CORTICOSTEROIDS
ORAPRED SOLN	-	3 CORTICOSTEROIDS

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Drug Name	Special Code	Tier Category
ORAVIG TAB	-	3 MOUTH / THROAT / DENTAL AGENTS
ORAXYL CAP	-	3 TETRACYCLINES
ORENCIA CLICK INJ (QL= 4 inj/28 days)	LMSP-PA-QL	SP ANALGESICS - ANTI-INFLAMMATORY
ORENCIA SC INJ 125MG/ML (QL= 4 inj/28 days)	LMSP-PA-QL	SP ANALGESICS - ANTI-INFLAMMATORY
ORENCIA SC INJ 50MG/0.4ML (QL= 4 inj/28 days)	LMSP-PA-QL	SP ANALGESICS - ANTI-INFLAMMATORY
ORENCIA SC INJ 87.5MG/0.7ML (QL= 4 inj/28 days)	LMSP-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.
ORIAHNN CAP	-	NC ESTROGENS
ORILISSA TAB 150MG (QL= 1 tab/day)	PA-QL	2 ENDOCRINE AND METABOLIC AGENTS - MISC.

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Drug Name	Special Code	Tier Category
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.
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.
orphenadrine citrate ER tab (NORFLEX equiv)	-	1 MUSCULOSKELETAL THERAPY AGENTS
orphenadrine/aspirin/caffeine tab (NORGESIC FORTE equiv)	-	3 MUSCULOSKELETAL THERAPY AGENTS
ORTHO TRI-CYCLEN (LO) TAB	-	3 CONTRACEPTIVES
ORTHO-CYCLEN TAB	-	3 CONTRACEPTIVES
ORTHO-EVRA PATCH	-	3 CONTRACEPTIVES
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

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Drug Name	Special Code	Tier Category
OSMOPREP TAB (Step Therapy requires trial of CLENPIQ)	ST	3 LAXATIVES
OSPHENA TAB	-	NC ENDOCRINE AND METABOLIC AGENTS - MISC.
OTEZLA STARTER PACK (QL= 1 pack/28 days)	LMSP-PA-QL	SP ANALGESICS - ANTI-INFLAMMATORY
OTEZLA TAB (QL= 2 tabs/day)	LMSP-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

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OVIDREL INJ	INF	NC ENDOCRINE AND METABOLIC AGENTS - MISC.
OXANDRIN TAB	-	3 ANDROGENS-ANABOLIC
oxandrolone tab (OXANDRIN equiv)	-	1 ANDROGENS-ANABOLIC
oxaprozin tab (DAYPRO equiv)	-	2 ANALGESICS - ANTI-INFLAMMATORY
OXAZEPAM CAP	-	2 ANTIANXIETY AGENTS
oxazepam cap (SERAX equiv)	-	2 ANTIANXIETY AGENTS
OXBRYTA TAB (QL= 3 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 888-773-7376 )	LD-PA-QL	SP OPHTHALMIC AGENTS
oxiconazole nitrate cream (OXISTAT equiv)	-	3 DERMATOLOGICALS
OXISTAT CREAM	-	3 DERMATOLOGICALS
OXISTAT LOTION	-	3 DERMATOLOGICALS
OXSORALEN ULTRA CAP	-	3 DERMATOLOGICALS
OXTELLAR XR TAB	-	NC ANTICONVULSANTS
oxybutynin ER tab (DITROPAN XL equiv)	-	1 URINARY ANTISPASMODICS

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Drug Name	Special Code	Tier Category
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
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 tab (PERCOCET equiv)	-	1 ANALGESICS - OPIOID
oxycodone/acetaminophen tab 2.5-300mg (NALOCET equiv)	-	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 ER tab (OPANA ER equiv)	-	3 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

	<b>NC</b> =Not Covered	<b>generic</b> =small letters	<b>BRANDS</b> =CAPITAL LETTERS
EXC	Plan Exclusion	INF	Infertility
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program
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 Health Choice Formulary Cont.

## Alphabetical Index

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Drug Name	Special Code	Tier Category
OZOBAX SOLN	-	NC MUSCULOSKELETAL THERAPY AGENTS
PALFORZIA POWDER PACK	-	NC ALLERGENIC EXTRACTS / BIOLOGICALS MISC
PALFORZIA SPRINKLE CAP	-	NC ALLERGENIC EXTRACTS / BIOLOGICALS MISC
PALGIC SOLN	-	3 ANTIHISTAMINES
PALGIC TAB	-	3 ANTIHISTAMINES
paliperidone ER tab (INVEGA equiv)	PA	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	LMSP-PA	SP DERMATOLOGICALS
pantoprazole EC tab (PROTONIX equiv)	-	1 ULCER DRUGS

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PARAFON FORTE TAB	-	3 MUSCULOSKELETAL THERAPY AGENTS
PARAGARD IUD	-	\$0 CONTRACEPTIVES
paramox hc gel (NOVACORT GEL equiv)	-	NC DERMATOLOGICALS
PARCOPA ODT	-	3 ANTIPARKINSON AGENTS
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	-	3 AMINOGLYCOSIDES
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 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

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Drug Name	Special Code	Tier Category
PATANOL OPHTH SOLN	-	3 OPTHALMIC AGENTS
PAXIL CR TAB	-	3 ANTIDEPRESSANTS
PAXIL SUSP	-	3 ANTIDEPRESSANTS
PAXIL TAB	-	3 ANTIDEPRESSANTS
PAZEO OPHTH SOLN 0.7%	-	NC OPTHALMIC 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/electrolytes soln (COLYTE equiv) (Covered at \$0 for members 50-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	\$0 LAXATIVES
PEGANONE TAB	-	2 ANTICONVULSANTS
PEGASYS INJ	LMSP	SP ANTIVIRALS
PEG-INTRON INJ	LMSP	SP ANTIVIRALS

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Drug Name	Special Code	Tier Category
PEMAZYRE TAB	-	NC 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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Drug Name	Special Code	Tier Category
PEPCID TAB	-	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 (PYRIDIUM equiv)	-	1 GENITOURINARY AGENTS - MISCELLANEOUS

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Drug Name	Special Code	Tier Category
phendimetrazine tab	-	NC 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
PHEXXI GEL	-	NC VAGINAL AND RELATED PRODUCTS
PHISOHEX LIQUID	-	3 ANTISEPTICS & DISINFECTANTS
PHOSLO CAP	-	3 GASTROINTESTINAL AGENTS - MISC.
PHOSLYRA SOLN	-	2 GASTROINTESTINAL AGENTS - MISC.

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Drug Name	Special Code	Tier Category
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	-	SP 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
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	LMSP-PA-SF	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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Drug Name	Special Code	Tier Category
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	LMSP	SP PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PLEGRIDY PEN INJ	LMSP	SP PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PLENDIL TAB	-	3 CALCIUM CHANNEL BLOCKERS
PLENVU SOLN	-	NC LAXATIVES
PLETAL TAB	-	3 HEMATOLOGICAL AGENTS - MISC.
PLEXION LOTION	-	NC DERMATOLOGICALS
PLEXION SCT CREAM	-	3 DERMATOLOGICALS
PLIAGLIS CREAM	-	NC DERMATOLOGICALS
PNEUMOVAX INJ	VAC	\$0 VACCINES

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Drug Name	Special Code	Tier Category
PODIAPN CAP	-	NC 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)	-	NC LAXATIVES
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
posaconazole DR tab (NOXAFIL equiv)	-	2 ANTIFUNGALS
POT/CHLORIDE EFFER TAB	-	1 MINERALS & ELECTROLYTES

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Drug Name	Special Code	Tier Category
POTABA CAP	-	3 VITAMINS
POTABA POWDER PACKET	-	2 VITAMINS
POTABA TAB	-	2 VITAMINS
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
POTIGA TAB (QL= 3 tabs/day)	QL	2 ANTICONVULSANTS

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Drug Name	Special Code	Tier	Category
POTIGA TAB 50MG (QL= 9 tabs/day)	QL	2	ANTICONVULSANTS
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%	-	2	DERMATOLOGICALS
PRAMOSONE CREAM 2.5-1%	-	NC	DERMATOLOGICALS
PRAMOSONE E CREAM	-	NC	DERMATOLOGICALS
PRAMOSONE LOTION	-	3	DERMATOLOGICALS
PRAMOSONE OINT	-	2	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

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Drug Name	Special Code	Tier Category
prazosin cap (MINIPRESS equiv)	-	1 ANTIHYPERTENSIVES
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 OPTH SUSP	-	3 OPHTHALMIC AGENTS
PRED MILD OPTH SOLN	-	2 OPHTHALMIC AGENTS
PRED-G OPTH 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 OPTH SUSP	-	1 OPHTHALMIC AGENTS
PREDNISOLONE SODIUM PHOSPHATE OPTH 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 OPTH SOLN	-	NC OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN OPTH SUSP	-	NC OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPTH SOLN	-	NC OPHTHALMIC AGENTS

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LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program
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 Health Choice Formulary Cont.

## Alphabetical Index

Last Updated 7/1/2020

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	-	1 CORTICOSTEROIDS
prednisone tab (DELTASONE equiv)	-	1 CORTICOSTEROIDS
PREDNISONE/DIPHENHYDRAMINE KIT	-	NC CORTICOSTEROIDS
PREFEST TAB	-	3 ESTROGENS
pregabalin cap (LYRICA equiv)	-	1 ANTICONVULSANTS
pregabalin soln (LYRICA equiv)	-	2 ANTICONVULSANTS
PREGENNA TAB	-	NC MULTIVITAMINS
PREGNYL INJ	INF-M	M ENDOCRINE AND METABOLIC AGENTS - MISC.
PRELONE SYRUP	-	3 CORTICOSTEROIDS
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

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# Community Health Choice Formulary Cont.

## Alphabetical Index

Last Updated 7/1/2020

Drug Name	Special Code	Tier Category
PRENATAL 19 CHEW TAB	-	1 MULTIVITAMINS
PRENATAL 19 TAB	-	1 MULTIVITAMINS
PRENATAL VITAMINS (NON-PREFERRED)	-	3 MULTIVITAMINS
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS)	-	1 MULTIVITAMINS
PREPOPIK PAK	-	NC LAXATIVES
PRESTALIA TAB	-	NC ANTIHYPERTENSIVES
PRETOMANID TAB	-	NC 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
PREVIDENT GEL	-	2 MOUTH / THROAT / DENTAL AGENTS
PREVIDENT PASTE	-	2 MOUTH / THROAT / DENTAL AGENTS
PREVIDENT RINSE	-	2 MOUTH / THROAT / DENTAL AGENTS
PREVNAR 13 INJ	VAC	\$0 VACCINES

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# Community Health Choice Formulary Cont.

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Last Updated 7/1/2020

Drug Name	Special Code	Tier Category
PREVPAC KIT	-	3 ULCER DRUGS
PREVYMIS TAB	-	NC ANTIVIRALS
PREZCOBIX TAB	-	SP ANTIVIRALS
PREZISTA SUSP	-	SP ANTIVIRALS
PREZISTA TAB	-	SP ANTIVIRALS
PRIFTIN TAB	-	2 ANTIMYCOBACTERIAL AGENTS
PRIOSEC CAP	-	NC ULCER DRUGS
PRIOSEC OTC DR TAB	OTC	NC ULCER DRUGS
primaquine tab (PRIMAQUINE equiv)	-	1 ANTIMALARIALS
PRIMAQUINE TAB	-	2 ANTIMALARIALS
primidone tab (MYSOLINE equiv)	-	1 ANTICONVULSANTS
PRIMLEV TAB	-	NC ANALGESICS - OPIOID
PRIMSOL SOLN	-	3 ANTI-INFECTIVE AGENTS MISC.
PRINIVIL TAB, ZESTRIL TAB	-	3 ANTIHYPERTENSIVES
PRISTIQ TAB	-	3 ANTIDEPRESSANTS
PROAIR HFA INHALER (QL= 2 inhalers/fill, 2 fills/30 days)	QL	1 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
PROAMATINE TAB	-	3 VASOPRESSORS
probenecid tab (BENEMID equiv)	-	1 GOUT AGENTS
procainamide inj	M	M ANTIARRHYTHMICS

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# Community Health Choice Formulary Cont.

## Alphabetical Index

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Drug Name	Special Code	Tier Category
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	-	2 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
progesterone cap (PROMETRIUM equiv)	-	2 PROGESTINS
progesterone oil inj	-	1 PROGESTINS
PROGESTERONE SUPP	PA	3 VAGINAL PRODUCTS
PROGLYCEM SUSP	-	3 ANTIDIABETICS
PROGRAF CAP	-	SP ASSORTED CLASSES
PROGRAF PACKET	-	NC MISCELLANEOUS THERAPEUTIC CLASSES
PROLENSA OPTH SOLN	-	2 OPHTHALMIC AGENTS
PROLEUKIN INJ	-	NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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## Alphabetical Index

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Drug Name	Special Code	Tier Category
PROLIA INJ	LMSP-PA	SP ENDOCRINE AND METABOLIC AGENTS - MISC.
PROMACTA POWDER	LMSP-PA	SP HEMATOPOIETIC AGENTS
PROMACTA TAB	LMSP-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	-	1 COUGH / COLD / ALLERGY
promethazine VC syrup (PHENERGAN VC equiv)	-	1 COUGH / COLD / ALLERGY
PROMETHAZINE VC/CODEINE SYRUP	-	1 COUGH / COLD / ALLERGY
promethazine VC/codeine syrup (PHENERGAN VC/CODEINE equiv)	-	1 COUGH / COLD / ALLERGY
promethazine/codeine syrup (PHENERGAN/CODEINE equiv)	-	1 COUGH / COLD / ALLERGY
PROMETHEGAN SUPP	-	2 ANTIHISTAMINES
PROMETRIUM CAP	-	3 PROGESTINS
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 SOLN	-	1 BETA BLOCKERS

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Drug Name	Special Code	Tier Category
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
PROSTIGMIN TAB	-	2 ANTIMYASTHENIC / CHOLINERGIC AGENTS
PROTHELIAL PASTE	-	NC MOUTH / THROAT / DENTAL AGENTS
PROTONIX EC TAB	-	NC ULCER DRUGS
PROTONIX PAK	-	NC ULCER DRUGS
PROTOPIC OINT	-	3 DERMATOLOGICALS
protriptyline tab (VIVACTIL equiv)	-	3 ANTIDEPRESSANTS
PROVERA TAB	-	3 PROGESTINS
PROVIGIL TAB (QL= 2 tabs/day)	PA-QL	3 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS

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# Community Health Choice Formulary Cont.

## Alphabetical Index

Last Updated 7/1/2020

Drug Name	Special Code	Tier Category
PROZAC CAP	-	3 ANTIDEPRESSANTS
PROZAC SOLN	-	3 ANTIDEPRESSANTS
PROZAC TAB	-	3 ANTIDEPRESSANTS
PROZAC WEEKLY CAP	-	NC ANTIDEPRESSANTS
PULMICORT FLEXHALER	-	NC ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
PULMICORT INH SUSP	-	3 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
PULMOZYME INH SOLN	LMSP	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
PYRIDIDIUM TAB	-	3 GENITOURINARY AGENTS - MISCELLANEOUS
pyridostigmine CR tab (MESTINON equiv)	-	2 ANTIMYASTHENIC / CHOLINERGIC AGENTS

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Drug Name	Special Code	Tier Category
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
PYRIMETHAMINE/LEUCOVORIN CAP	-	NC ANTIMALARIALS
QBRELIS SOLN	PA	3 ANTIHYPERTENSIVES
QBREXZA PAD	-	NC DERMATOLOGICALS
QINLOCK TAB	-	NC 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, TOPIRAMATE ER CAP	-	NC ANTICONVULSANTS
QUESTRAN LITE POWDER	-	3 ANTIHYPERLIPIDEMICS
QUESTRAN LITE POWDER PACK	-	3 ANTIHYPERLIPIDEMICS
QUESTRAN POWDER	-	3 ANTIHYPERLIPIDEMICS

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Drug Name	Special Code	Tier Category
QUESTRAN POWDER PACK	-	3 ANTIHYPERLIPIDEMICS
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
quinine sulfate cap (QUALAQUIN equiv)	-	3 ANTIMALARIALS
QUINIXIL PAK	-	NC DERMATOLOGICALS
QUINOSONE KIT	-	NC DERMATOLOGICALS
QVAR INHALER	-	NC ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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QVAR REDIHALER	-	NC ANTI-ASTHMATIC 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 ANGIANGINAL 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 ANGIANGINAL AGENTS
RAPAFLO CAP	-	2 GENITOURINARY AGENTS - MISCELLANEOUS
RAPAMUNE SOLN	-	SP MISCELLANEOUS THERAPEUTIC CLASSES
RAPAMUNE TAB	-	SP ASSORTED CLASSES
rasagiline tab (AZILECT equiv)	¢	2 ANTIPARKINSON AGENTS

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Drug Name	Special Code	Tier Category
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 CAP	LMSP	SP ANTIVIRALS
REBETOL SOLN	LMSP	SP ANTIVIRALS
REBIF INJ	LMSP	SP PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
REBLOZYL INJ	-	NC HEMATOPOIETIC AGENTS
RECTIV OINT	-	3 ANORECTAL AGENTS

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Drug Name	Special Code	Tier Category
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
RELISTOR INJ	-	NC GASTROINTESTINAL AGENTS - MISC.
RELISTOR INJ KIT	-	NC GASTROINTESTINAL AGENTS - MISC.
RELISTOR TAB	-	NC GASTROINTESTINAL AGENTS - MISC.
RELPAK TAB (QL= 9 tabs/fill, 2 fills/30 days)	QL	3 MIGRAINE PRODUCTS
REMEDIENT CAP	-	NC MULTIVITAMINS
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.

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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.
repaglinide tab (PRANDIN equiv)	-	1 ANTIDIABETICS
REPAGLINIDE TAB	-	NC ANTIDIABETICS
REPATHA INJ (QL= 2 inj/28 days)	PA-QL	2 ANTIHYPERLIPIDEMICS
REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days)	PA-QL	2 ANTIHYPERLIPIDEMICS
REPREXAIN TAB	-	3 ANALGESICS - OPIOID
REQUIP TAB	-	3 ANTIPARKINSON AGENTS
REQUIP XL TAB	-	3 ANTIPARKINSON AGENTS
RESCON TAB	-	3 COUGH / COLD / ALLERGY
RESCRIPTOR TAB	-	SP ANTIVIRALS
RESERPINE TAB	-	3 ANTIHYPERTENSIVES
RESERVAPAK SYRUP	-	NC ALTERNATIVE MEDICINES
RESTASIS OPTH EMULSION (Restricted to Ophthalmology or Optometry Specialist)	RS	2 OPHTHALMIC AGENTS

	<b>NC</b> =Not Covered	<b>generic</b> =small letters	<b>BRANDS</b> =CAPITAL LETTERS
EXC	Plan Exclusion	INF	Infertility
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program
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.



# Community Health Choice Formulary Cont.

## Alphabetical Index

Last Updated 7/1/2020

Drug Name	Special Code	Tier Category
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
RESTORIL CAP 7.5MG	-	3 HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
RETACRIT INJ	-	2 HEMATOPOIETIC AGENTS
RETEVMO CAP	-	NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RETIN-A CREAM	PA	3 DERMATOLOGICALS
RETIN-A MICRO GEL 0.04%, 0.1% (Acne Only – members age 35 or older require Prior Authorization)	PA	2 DERMATOLOGICALS
RETIN-A MICRO GEL 0.08%, 0.06%	-	NC DERMATOLOGICALS
RETROVIR CAP	-	SP ANTIVIRALS
RETROVIR SYRUP	-	SP ANTIVIRALS
RETROVIR TAB	-	SP ANTIVIRALS
REVATIO SUSP	-	NC CARDIOVASCULAR AGENTS - MISC.

	<b>NC</b> =Not Covered	<b>generic</b> =small letters	<b>BRANDS</b> =CAPITAL LETTERS
EXC	Plan Exclusion	INF	Infertility
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program
M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RS	Restricted to Specialist
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SP	Available through Specialty Pharmacy Program	ST	Step Therapy
VAC	Vaccine Program	¢	RxCENTS

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# Community Health Choice Formulary Cont.

## Alphabetical Index

Last Updated 7/1/2020

Drug Name	Special Code	Tier Category
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 (QL= 1 tab/day)	PA-QL	3 ANTIPSYCHOTICS / ANTIMANIC AGENTS
REYATAZ CAP	-	SP ANTIVIRALS
REYATAZ POWDER PACK	-	SP ANTIVIRALS
REYVOW TAB	-	NC MIGRAINE PRODUCTS
REZIRA SOLN	-	3 COUGH / COLD / ALLERGY
REZYST CHEW TAB	-	NC ANTIDIARRHEALS
RHEUMATREX TAB	-	3 ANALGESICS - ANTI-INFLAMMATORY
RHINOCORT AQUA NASAL SPRAY	-	NC NASAL AGENTS - SYSTEMIC AND TOPICAL
RHOFADE CREAM	-	NC DERMATOLOGICALS
RHOPRESSA OPHTH SOLN	-	NC OPHTHALMIC AGENTS
RIBAPAK TAB	-	NC ANTIVIRALS
ribavirin cap (REBETOL equiv)	LMSP	1 ANTIVIRALS
ribavirin inh soln (VIRAZOLE equiv)	-	NC ANTIVIRALS
ribavirin tab (COPEGUS equiv)	LMSP	1 ANTIVIRALS
RIBAVIRIN TAB 400MG	-	NC ANTIVIRALS

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OTC	Over-the-Counter	PA	Prior Authorization
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SP	Available through Specialty Pharmacy Program	ST	Step Therapy
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# Community Health Choice Formulary Cont.

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Drug Name	Special Code	Tier Category
RIDAURA CAP	-	2 ANALGESICS - ANTI-INFLAMMATORY
rifabutin cap (MYCOBUTIN equiv)	-	2 ANTIMYCOBACTERIAL AGENTS
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	-	1 ANTIVIRALS
RINVOQ ER TAB (QL= 1 tab/day)	LMSP-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.

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OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RS	Restricted to Specialist
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Drug Name	Special Code	Tier	Category
risedronate tab (ACTONEL equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
RISPERDAL CONSTA INJ	-	2	ANTIPSYCHOTICS / ANTIMANIC AGENTS
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

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Drug Name	Special Code	Tier Category
RITALIN TAB	-	3 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
ritonavir tab (NORVIR equiv)	-	2 ANTIVIRALS
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
ROBAXIN TAB	-	3 MUSCULOSKELETAL THERAPY AGENTS
ROBINUL TAB	-	3 ULCER DRUGS
ROCALtrol CAP	-	3 ENDOCRINE AND METABOLIC AGENTS - MISC.

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LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program
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VAC	Vaccine Program	¢	RxCENTS

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## Alphabetical Index

Last Updated 7/1/2020

Drug Name	Special Code	Tier Category
ROCALtrol SOLN	-	3 ENDOCRINE AND METABOLIC AGENTS - MISC.
ROCKLATAN OPHTH SOLN	-	NC OPHTHALMIC AGENTS
ropinirole ER tab (REQUIP XL equiv)	-	3 ANTIPARKINSON AGENTS
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
ROWASA KIT	-	NC GASTROINTESTINAL AGENTS - MISC.

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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
ROXICET SOLN	-	3 ANALGESICS - OPIOID
ROXICODONE TAB	-	3 ANALGESICS - OPIOID
ROZEREM TAB (QL= 1 tab/day)	QL	3 HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
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.
RUZURGI TAB (Only available through PantheRx Pharmacy 855-726-8479)	LD-PA	SP ANTIMYASTHENIC / CHOLINERGIC AGENTS
RYBELSUS TAB (QL=1 tab/day)	QL	2 ANTIDIABETICS
RYBIX ODT	-	NC ANALGESICS - OPIOID
RYCLORA SYRUP, DEXCHLORPHENIRAMINE SYRUP	-	NC ANTIHISTAMINES
RYDAPT CAP	LMSP-PA	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RYTARY CAP	-	NC ANTIPARKINSON AGENTS
RYTHMOL SR CAP	-	3 ANTIARRHYTHMICS
RYTHMOL TAB	-	3 ANTIARRHYTHMICS
RYVENT TAB	-	NC ANTIHISTAMINES

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EXC	Plan Exclusion	INF	Infertility
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program
M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
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QL	Quantity Limit	RS	Restricted to Specialist
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SP	Available through Specialty Pharmacy Program	ST	Step Therapy
VAC	Vaccine Program	¢	RxCENTS

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Drug Name	Special Code	Tier Category
SABRIL POWDER PACK (Only available through Walgreens 888-347-3416)	LD-PA	SP ANTICONVULSANTS
SABRIL TAB	-	NC ANTICONVULSANTS
SAFYRAL TAB	-	NC CONTRACEPTIVES
SAIZEN INJ, SEROSTIM INJ, ZORBTIVE INJ	-	NC ENDOCRINE AND METABOLIC AGENTS - MISC.
SALAGEN TAB	-	3 MOUTH / THROAT / DENTAL AGENTS
SALEX SHAMPOO	-	3 DERMATOLOGICALS
salicyclic acid soln	-	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	-	SP ASSORTED CLASSES
SANDIMMUNE SOLN 100MG/ML	-	SP ASSORTED CLASSES

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M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
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Drug Name	Special Code	Tier Category
SANDOSTATIN INJ	LMSP	SP ENDOCRINE AND METABOLIC AGENTS - MISC.
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)	PA-QL	3 ANTIPSYCHOTICS / ANTIMANIC AGENTS
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
SCARCIN LIQUID ROLL-ON	-	NC DERMATOLOGICALS
scopolamine patch (TRANSDERM-SCOP equiv)	-	3 ANTIEMETICS
SEASONIQUE TAB	-	3 CONTRACEPTIVES

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Drug Name	Special Code	Tier Category
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
SEGLUROMET TAB	-	NC ANTIDIABETICS
selegiline cap (ELDEPRYL equiv)	-	1 ANTIPARKINSON AGENTS
selegiline tab (ELDEPRYL equiv)	-	1 ANTIPARKINSON AGENTS
selenium sulfide lotion	-	1 DERMATOLOGICALS
selenium sulfide shampoo (SELSEB equiv)	-	2 DERMATOLOGICALS
selenium sulfide shampoo 2.3% (SELRX equiv)	-	NC DERMATOLOGICALS
SELRX SHAMPOO 2.3%	-	NC DERMATOLOGICALS
SELZENTRY SOLN	-	SP ANTIVIRALS
SELZENTRY TAB	-	SP ANTIVIRALS
SEMPREX-D CAP	-	3 COUGH / COLD / ALLERGY
SENSIPAR TAB	-	NC ENDOCRINE AND METABOLIC AGENTS - MISC.

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Drug Name	Special Code	Tier Category
SEREVENT DISKUS INHALER	-	2 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
SERNIVO SPRAY	-	NC DERMATOLOGICALS
SEROQUEL TAB	-	3 ANTIPSYCHOTICS / ANTIMANIC AGENTS
SEROQUEL XR TAB	-	3 ANTIPSYCHOTICS / ANTIMANIC AGENTS
sertraline conc (ZOLOFT equiv)	-	1 ANTIDEPRESSANTS
sertraline tab (ZOLOFT equiv)	-	1 ANTIDEPRESSANTS
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.
SHINGRIX INJ (Covered for members age 50 or older)	VAC	\$0 VACCINES

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Drug Name	Special Code	Tier Category
SIGNIFOR INJ (QL= 2 vials/day; Only available through Accredo 888-773-7376)	LD-PA-QL	SP ENDOCRINE AND METABOLIC AGENTS - MISC.
SIKLOS TAB	-	NC HEMATOPOIETIC AGENTS
SILALITE PAK MIS	-	NC DERMATOLOGICALS
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.
SILIPAC KIT	-	NC DERMATOLOGICALS
SILIQ INJ	-	NC DERMATOLOGICALS
silodosin cap (RAPAFLO equiv)	-	2 GENITOURINARY AGENTS - MISCELLANEOUS
SILVADENE CREAM	-	3 DERMATOLOGICALS
silver sulfadiazine cream (SILVADENE CREAM equiv)	-	1 DERMATOLOGICALS
SILVERA PAD	-	NC DERMATOLOGICALS
SIMBRINZA OPTH SUSP	-	2 OPHTHALMIC AGENTS
SIMCOR TAB	-	NC ANTIHYPERLIPIDEMICS
SIMPONI ARIA INJ	-	NC ANALGESICS - ANTI-INFLAMMATORY

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Drug Name	Special Code	Tier Category
SIMPONI SC INJ	-	NC ANALGESICS - ANTI-INFLAMMATORY
SIMVASTATIN SUSP	-	NC ANTIHYPERLIPIDEMICS
simvastatin tab (ZOCOR equiv) (80mg is Not Covered)	-	\$0 ANTIHYPERLIPIDEMICS
simvastatin tab 80mg (ZOCOR equiv) (This strength excluded from coverage)	-	NC ANTIHYPERLIPIDEMICS
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)	-	SP MISCELLANEOUS THERAPEUTIC CLASSES
sirolimus tab (RAPAMUNE equiv)	-	SP ASSORTED CLASSES

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EXC	Plan Exclusion	INF	Infertility
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program
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 Health Choice Formulary Cont.

## Alphabetical Index

Last Updated 7/1/2020

Drug Name	Special Code	Tier Category
SIRTURO TAB (QL= 4 tabs/day; Restricted to Infectious Disease Specialist)	QL-RS-SP	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.
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 (QL= 2 inj/84 days)	LMSP-PA-QL	SP DERMATOLOGICALS
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.
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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# Community Health Choice Formulary Cont.

## Alphabetical Index

Last Updated 7/1/2020

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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Drug Name	Special Code	Tier Category
sodium fluoride/potassium nitrate paste (PREVIDENT equiv)	-	1 MOUTH / THROAT / DENTAL 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 cream (PLEXION SCT 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 foam (CLARIFOAM EF equiv)	-	3 DERMATOLOGICALS
sodium sulfacetamide/sulfur gel (ROSULA equiv)	-	2 DERMATOLOGICALS

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Last Updated 7/1/2020

Drug Name	Special Code	Tier Category
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)	LMSP-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
SOLQUA INJ	-	NC 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	LMSP	SP ENDOCRINE AND METABOLIC AGENTS - MISC.
SOMAVERT INJ (Only available through Walgreen: 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
SORIATANE CK KIT	-	2 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
SOVALDI PELLET PAK	-	NC ANTIVIRALS

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Drug Name	Special Code	Tier Category
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 ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial c ADVAIR, BREO, DULERA, or FLUTICASONE/SALMETEROL)	QL-ST	2 ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SPIRIVA RESPIMAT INHALER 2.5MCG/ACT	PA	3 ANTIASTHMATIC AND BRONCHODILATOR AGENTS
spironolactone tab (ALDACTONE equiv)	-	1 DIURETICS
spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)	-	1 DIURETICS
SPORANOX CAP	PA	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

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Drug Name	Special Code	Tier Category
SPRYCEL TAB	LMSP-PA-SF	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SSKI SOLN	-	2 COUGH / COLD / ALLERGY
STAMARIL INJ	-	NC VACCINES
STARLIX TAB	-	3 ANTIDIABETICS
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)	LMSP-PA-QL	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
STRATTERA CAP	-	3 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS

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Drug Name	Special Code	Tier Category
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	-	SP ANTIVIRALS
STRIVERDI RESPIMAT INHALER (QL= 1 inhaler/30 days)	QL	3 ANTIASTHMATIC AND BRONCHODILATOR AGENTS
STROMEKTOL TAB	-	3 ANTHELMINTICS
STROVITE TAB	-	3 MULTIVITAMINS
SUBLOCADE INJ	-	NC ANALGESICS - OPIOID
SUBOXONE SL FILM	-	2 ANALGESICS - OPIOID
SUBSYS SPRAY	-	NC ANALGESICS - OPIOID
SUCLEAR KIT	-	NC LAXATIVES
SUCRAID SOLN	-	NC DIGESTIVE AIDS
sucralfate susp (CARAFATE equiv)	-	2 ULCER DRUGS / ANTISPASMODICS / ANTICHOLINERGICS
sucralfate tab (CARAFATE equiv)	-	1 ULCER DRUGS
SULAR TAB	-	3 CALCIUM CHANNEL BLOCKERS
sulfacetamide sodium ophth soln (BLEPH-10 equiv)	-	1 OPHTHALMIC AGENTS
sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv)	-	1 OPHTHALMIC AGENTS

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Drug Name	Special Code	Tier Category
SULFACETAMIDE/PREDNISOLONE OPHTH SOLN	-	1 OPHTHALMIC AGENTS
SULFADIAZINE TAB	-	1 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
SUMADAN KIT	-	NC DERMATOLOGICALS
SUMADEN XLT KIT	-	NC DERMATOLOGICALS
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

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Drug Name	Special Code	Tier Category
SUMAVEL DOSEPRO INJ	-	NC MIGRAINE PRODUCTS
SUMAXIN PAD	-	NC DERMATOLOGICALS
SUMAXIN TS SUSP	-	3 DERMATOLOGICALS
SUMAXIN WASH	-	3 DERMATOLOGICALS
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
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	-	SP ANTIVIRALS
SUSTIVA TAB	-	SP ANTIVIRALS
SUSTOL INJ	-	NC ANTIEMETICS
SUTENT CAP	MSP-PA-SF	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SUTTAR SF SYRUP	-	3 COUGH / COLD / ALLERGY
SYLATRON INJ	-	NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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Drug Name	Special Code	Tier Category
SYMAX DUOTAB	-	3 ULCER DRUGS
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.
SYMFI (LO) TAB	-	2 ANTIVIRALS
SYMJEPI INJ (QL= 2 inj/fill)	QL	2 VASOPRESSORS
SYMLINPEN INJ	-	SP ANTIDIABETICS
SYMPAZAN ORAL FILM	-	NC ANTICONVULSANTS
SYMPROIC TAB	PA	2 GASTROINTESTINAL AGENTS - MISC.
SYMTUZA TAB	-	2 ANTIVIRALS
SYNAGIS INJ (Only available through Lumicera an Avella Specialty Pharmacies)	LD-PA	\$0 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

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Drug Name	Special Code	Tier Category
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
SYPRINE CAP	MSP-PA	SP MISCELLANEOUS THERAPEUTIC CLASSES
TABLOID TAB	-	2 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TABRECTA TAB	-	NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TACLONEX OINT	-	3 DERMATOLOGICALS
tacrolimus cap (PROGRAF equiv)	-	1 ASSORTED CLASSES
tacrolimus oint (PROTOPIC OINT equiv)	-	2 DERMATOLOGICALS
tadalafil tab (CIALIS equiv)	-	EX CARDIOVASCULAR C AGENTS - MISC.
tadalafil tab (PAH) (ADCIRCA equiv)	LMSP-PA	SP CARDIOVASCULAR AGENTS - MISC.
tadalafil tab 2.5mg, 5mg (CIALIS equiv) (QL= 1 tab/day; Prior Authorization for BPH)	PA-QL	2 CARDIOVASCULAR AGENTS - MISC.
TAFINLAR CAP (QL= 4 caps/day)	LMSP-PA-QL	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAGAMET TAB	-	3 ULCER DRUGS

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EXC	Plan Exclusion	INF	Infertility
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program
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 Health Choice Formulary Cont.

## Alphabetical Index

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Drug Name	Special Code	Tier Category
TAGRISSO TAB (QL= 1 tab/day; Only available through Lumicera Pharmacy 855-847-3553)	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.
TALICIA CAP	-	NC ULCER DRUGS / ANTISPASMODICS / ANTICHOLINERGICS
TALTZ INJ	-	NC DERMATOLOGICALS
TALZENNA CAP 0.25MG (QL= 3 caps/day)	MSP-PA-QL-SF	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TALZENNA CAP 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	LMSP-PA-SF	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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Drug Name	Special Code	Tier Category
TARGADOX TAB	-	NC TETRACYCLINES
TARGRETIN CAP	LMSP-PA-SF	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TARGRETIN GEL	LMSP-PA	SP DERMATOLOGICALS
TARKA TAB	-	3 ANTIHYPERTENSIVES
TARKA TAB	-	NC ANTIHYPERTENSIVES
TASIGNA CAP	LMSP-PA-SF	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TASMAR TAB	-	3 ANTIPARKINSON AGENTS
TAVALISSE TAB (QL= 2 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	SP 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	-	NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TECFIDERA CAP	LMSP	SP PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TECFIDERA STARTER PACK	LMSP	SP PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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Drug Name	Special Code	Tier Category
TECHNIVIE TAB	-	NC ANTIVIRALS
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 888-773-7376)	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)	-	2 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	LMSP	SP 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)	LMSP	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TENEX TAB	-	3 ANTIHYPERTENSIVES
tenofovir disoproxil fumarate tab (VIREAD equiv)	-	SP ANTIVIRALS
TENORETIC TAB	-	3 ANTIHYPERTENSIVES
TENORMIN TAB	-	3 BETA BLOCKERS
TERAZOL CREAM	-	3 VAGINAL PRODUCTS
TERAZOL SUPP	-	3 VAGINAL PRODUCTS
terazosin cap (HYTRIN equiv)	-	1 ANTIHYPERTENSIVES
terbinafine tab (LAMISIL equiv)	-	1 ANTIFUNGALS
terbutaline sulfate tab (BRETHINE equiv)	-	2 ANTIASTHMATIC AND BRONCHODILATOR AGENTS
terconazole cream (TERAZOL equiv)	-	1 VAGINAL PRODUCTS

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Drug Name	Special Code	Tier Category
TERCONAZOLE CREAM 0.8%	-	1 VAGINAL PRODUCTS
terconazole supp (TERAZOL equiv)	-	1 VAGINAL PRODUCTS
TERIPARATIDE INJ	-	NC ENDOCRINE AND METABOLIC AGENTS - MISC.
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 (QL= 2 packets/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	2 ANDROGENS-ANABOLIC
testosterone gel 1.62% 2.5gm (ANDROGEL equiv) (QL= 2 packets/day)	PA-QL	2 ANDROGENS-ANABOLIC

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Drug Name	Special Code	Tier Category
testosterone gel 2% (FORTESTA equiv) (QL= 2 bottles/30 days)	PA-QL	3 ANDROGENS-ANABOLIC
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 (QL= 2 packets/day)	PA-QL	3 ANDROGENS-ANABOLIC
testosterone soln (AXIRON equiv) (QL= 2 bottles/30 days)	PA-QL	3 ANDROGENS-ANABOLIC
TETANUS/DIPHTHERIA TOXOID INJ	VAC	\$0 TOXOIDS
tetrabenazine tab (XENAZINE equiv)	LMSP-PA	SP PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
tetracycline cap	-	3 TETRACYCLINES
TEVETEN HCT TAB	-	3 ANTIHYPERTENSIVES
TEVETEN TAB	-	3 ANTIHYPERTENSIVES
TEXACORT SOLN	-	3 DERMATOLOGICALS
THALOMID CAP	MSP-PA	SP ASSORTED CLASSES
THEO-24 CAP	-	3 ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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Drug Name	Special Code	Tier Category
THEOCHRON TAB	-	1 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
theophylline CR tab (QUIBRON-T equiv)	-	1 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
theophylline ER tab (UNIPHYL equiv)	-	1 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
theophylline soln	-	1 ANTI-ASTHMATIC 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
THYROLAR TAB	-	2 THYROID AGENTS
tiagabine tab (GABITRIL equiv)	-	2 ANTICONVULSANTS
TIAZAC CAP	-	3 CALCIUM CHANNEL BLOCKERS

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Drug Name	Special Code	Tier Category
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
TICLOPIDINE TAB	-	1 HEMATOLOGICAL AGENTS - MISC.
ticlopidine tab (TICLID equiv)	-	1 HEMATOLOGICAL AGENTS - MISC.
TIGAN CAP	-	3 ANTIEMETICS
TIGLUTIK SUSP	-	NC NEUROMUSCULAR AGENTS
TIKOSYN CAP	-	3 ANTIARRHYTHMICS
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 (BLOCADREN equiv)	-	1 BETA BLOCKERS
TIMOLOL OPHTH GEL SOLN	-	2 OPHTHALMIC AGENTS
TIMOPTIC OCUDOSE OPHTH SOLN	-	3 OPHTHALMIC AGENTS
TIMOPTIC OPHTH SOLN	-	3 OPHTHALMIC AGENTS
TIMOPTIC-XE OPHTH GEL	-	3 OPHTHALMIC AGENTS
TINDAMAX TAB	-	3 ANTI-INFECTIVE AGENTS MISC.
tinidazole tab (TINDAMAX equiv)	-	3 ANTI-INFECTIVE AGENTS MISC.

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Drug Name	Special Code	Tier Category
TIROSINT CAP	-	NC THYROID AGENTS
TIROSINT-SOL	-	NC THYROID AGENTS
TIVICAY PD TAB	-	NC ANTIVIRALS
TIVICAY TAB (QL= 2 tabs/day)	QL	SP ANTIVIRALS
tizanidine cap (ZANAFLEX equiv)	-	3 MUSCULOSKELETAL THERAPY AGENTS
TIZANIDINE COMFORT KIT	-	NC MUSCULOSKELETAL THERAPY AGENTS
tizanidine tab (ZANAFLEX equiv)	-	1 MUSCULOSKELETAL THERAPY AGENTS
TOBI NEB SOLN	-	NC AMINOGLYCOSIDES
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)	LMSP-RS	SP AMINOGLYCOSIDES
tobramycin ophth soln (TOBREX equiv)	-	1 OPHTHALMIC AGENTS
tobramycin/dexamethasone ophth soln (TOBRADEX equiv)	-	1 OPHTHALMIC AGENTS
TOBREX OPHTH OINT	-	3 OPHTHALMIC AGENTS
TOBREX OPHTH SOLN	-	3 OPHTHALMIC AGENTS
TODAY SPONGE	OTC	\$0 VAGINAL PRODUCTS
TOFRANIL PM CAP	-	3 ANTIDEPRESSANTS

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Drug Name	Special Code	Tier Category
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)	¢	2 URINARY ANTISPASMODICS
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 GEL	-	3 DERMATOLOGICALS
TOPICORT OINT	-	3 DERMATOLOGICALS
topiramate sprinkle cap (TOPAMAX equiv)	-	1 ANTICONVULSANTS

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Drug Name	Special Code	Tier Category
topiramate tab (TOPAMAX equiv)	-	1 ANTICONVULSANTS
TOPROL XL TAB	-	3 BETA BLOCKERS
toremifene tab (FARESTON equiv)	-	2 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
torsemide tab (DEMADEX 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	-	NC URINARY ANTISPASMODICS
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 (QL= 2 tabs/day; Restricted to Cardiology or Pulmonology Specialist; Only available through Walgreens 888-347-3416)	LD-QL-RS	SP 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 TAB 100MG	-	NC ANALGESICS - OPIOID
tramadol tab (ULTRAM equiv)	-	1 ANALGESICS - OPIOID
tramadol/acetaminophen tab (ULTRACET equiv)	-	3 ANALGESICS - OPIOID

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TRANDATE TAB	-	3 BETA BLOCKERS
trandolapril tab (MAVIK equiv)	-	1 ANTIHYPERTENSIVES
trandolapril/verapamil ER tab (TARKA equiv)	-	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
trazodone tab 300mg (DESYREL equiv)	-	NC ANTIDEPRESSANTS
TREANDA INJ	M	M ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TRECATOR TAB	PA	3 ANTIMYCOBACTERIAL AGENTS
TRELEGY ELLIPTA INHALER	-	2 ANTIASTHMATIC AND BRONCHODILATOR AGENTS
TRELSTAR INJ	INF	NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TREMFYA INJ	-	NC DERMATOLOGICALS

	NC =Not Covered	generic =small letters	BRANDS =CAPITAL LETTERS
EXC	Plan Exclusion	INF	Infertility
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program
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 Health Choice Formulary Cont.

## Alphabetical Index

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Drug Name	Special Code	Tier Category
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)	LMSP	SP ANTINEOPLASTICS
tretinoin cream (Acne Only – members age 35 or older require Prior Authorization)	PA	2 DERMATOLOGICALS
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

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# Community Health Choice Formulary Cont.

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Last Updated 7/1/2020

Drug Name	Special Code	Tier Category
TREZIX CAP, ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE CAP	-	3 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 nasal spray (NASACORT equiv) (QL= 2 bottles/fill)	QL	1 NASAL AGENTS - SYSTEMIC AND TOPICAL
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)	-	3 DERMATOLOGICALS
TRIAMINIC SYRUP	OTC	NC COUGH / COLD / ALLERGY
triamterene cap (DYRENIUM equiv)	-	2 DIURETICS
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

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Drug Name	Special Code	Tier Category
triazolam tab (HALCION equiv)	-	1 HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
TRIBENZOR TAB	-	NC ANTIHYPERTENSIVES
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 OPTH SOLN	-	2 OPHTHALMIC AGENTS
trifluridine ophth soln (VIROPTIC equiv)	-	2 OPHTHALMIC AGENTS
TRIGLIDE TAB	-	NC ANTIHYPERLIPIDEMICS
trihexyphenidyl elixir (ARTANE equiv)	-	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

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Drug Name	Special Code	Tier Category
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
TRI-LUMA CREAM	-	EX C DERMATOLOGICALS
trilyte soln (NULYTELY equiv) (Covered at \$0 for members 50-75 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 (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 TAB	-	SP ANTIVIRALS
TRIZIVIR TAB	-	SP ANTIVIRALS
TROKENDI XR CAP	-	NC ANTICONVULSANTS
tropicamide ophth soln (MYDRIACYL equiv)	-	1 OPHTHALMIC AGENTS

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Drug Name	Special Code	Tier Category
trosipium chloride SR cap (SANCTURA XR equiv)	-	2 URINARY ANTISPASMODICS
trosipium tab (SANCTURA equiv)	-	2 URINARY ANTISPASMODICS
TRULANCE TAB	PA	2 GASTROINTESTINAL AGENTS - MISC.
TRULICITY INJ (QL= 4 pens/28 days)	QL	2 ANTIDIABETICS
TRUMENBA INJ	VAC	\$0 VACCINES
TRUSOPT OPHTH SOLN	-	3 OPHTHALMIC AGENTS
TRUVADA TAB	-	\$0 ANTIVIRALS
TUDORZA PRESSAIR INHALER	-	NC ANTIASTHMATIC AND BRONCHODILATOR AGENTS
TUKYSA TAB	-	NC 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
TUXARIN ER TAB	-	NC COUGH / COLD / ALLERGY

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Drug Name	Special Code	Tier Category
TUZISTRA XR SUSP	-	NC COUGH / COLD / ALLERGY
TWINRIX INJ	VAC	\$0 VACCINES
TWYNSTA TAB	-	NC ANTIHYPERTENSIVES
TYBOST TAB	-	NC ANTIVIRALS
TYKERB TAB	LMSP-PA	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TYLENOL/CODEINE TAB	-	3 ANALGESICS - OPIOID
TYMLOS INJ	LMSP	SP ENDOCRINE AND METABOLIC AGENTS - MISC.
TYSABRI INJ	M	M PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TYVASO INH SOLN (QL= 1 ampule/day; Only available through Accredo 888-773-7376)	LD-PA-QL	SP CARDIOVASCULAR AGENTS - MISC.
TYZEKA TAB	PA-SP	SP ANTIVIRALS
TYZINE NASAL SOLN	-	3 NASAL AGENTS - SYSTEMIC AND TOPICAL
UBRELVY TAB	-	NC MIGRAINE PRODUCTS
UCERIS RECTAL FOAM	PA	3 ANORECTAL AGENTS
UCERIS TAB (QL= 1 tab/day)	PA-QL	3 CORTICOSTEROIDS
U-CORT CREAM	-	2 DERMATOLOGICALS
UDENYCA INJ	LMSP	SP HEMATOPOIETIC AGENTS
ULESFIA LOTION (QL= 4 bottles/fill)	QL	3 DERMATOLOGICALS

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Drug Name	Special Code	Tier Category
ULORIC TAB (Step Therapy requires trial of allopurinol)	ST-¢	2 GOUT AGENTS
ULTRACET TAB	-	3 ANALGESICS - OPIOID
ULTRAM ER 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
UPTRAVI TAB (QL= 2 tabs/day; Only available through Accredo 888-773-7376)	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 LOTION	-	NC DERMATOLOGICALS

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Drug Name	Special Code	Tier Category
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
UROCIT-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.
ursodiol tab (URSO (FORTE) equiv)	-	1 GASTROINTESTINAL AGENTS - MISC.
UTA cap	-	NC URINARY ANTI-INFECTIVES
UTIBRON NEOHALER CAP	-	NC ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS

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Drug Name	Special Code	Tier	Category
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	ANTI-HYPERTENSIVES
valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv)	-	1	ANTI-HYPERTENSIVES
VALTOCO LIQUID	-	NC	ANTICONVULSANTS
VALTOCO SPRAY	-	NC	ANTICONVULSANTS
VALTREX TAB	-	3	ANTIVIRALS
VALTURNA TAB	-	3	ANTI-HYPERTENSIVES
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.

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VANCOMYCIN INJ	-	NC ANTI-INFECTIVE AGENTS MISC.
VANCOMYCIN SOLN	-	1 ANTI-INFECTIVE AGENTS MISC.
VANIQA CREAM	-	EX DERMATOLOGICALS C
VANOS CREAM	-	NC DERMATOLOGICALS
VANTIN TAB	-	3 CEPHALOSPORINS
varденаfil ODT (STAXYN equiv)	-	EX CARDIOVASCULAR C AGENTS - MISC.
varденаfil tab (LEVITRA equiv)	-	EX CARDIOVASCULAR C AGENTS - MISC.
VARIVAX INJ	VAC	\$0 VACCINES
VAROPHEN KIT	-	NC DERMATOLOGICALS
VARUBI TAB (QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist)	QL-RS	2 ANTIEMETICS
VASCEPA CAP (QL= 4 caps/day)	QL	2 ANTIHYPERLIPIDEMICS
VASERETIC TAB	-	3 ANTIHYPERTENSIVES
vasolex oint (XENADERM equiv)	-	NC DERMATOLOGICALS
VASOTEC TAB	-	3 ANTIHYPERTENSIVES
VAXCHORA SUSP	VAC	\$0 VACCINES
V-C FORTE CAP	-	3 MULTIVITAMINS
vcf vaginal gel (CONCEPTROL equiv)	OTC	\$0 VAGINAL PRODUCTS
VECAMEYL TAB	-	NC ANTIHYPERTENSIVES

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Drug Name	Special Code	Tier Category
VECTICAL OINT	-	NC DERMATOLOGICALS
VELPHORO CHEW TAB	-	3 GASTROINTESTINAL AGENTS - MISC.
VELTASSA POWDER	PA	2 MISCELLANEOUS THERAPEUTIC CLASSES
VELTIN GEL	-	3 DERMATOLOGICALS
VEMLIDY TAB	-	2 ANTIVIRALS
VENCLEXTA STARTER PACK (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
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 888-773-7376)	LD-PA-QL	SP CARDIOVASCULAR AGENTS - MISC.
VENTOLIN HFA INHALER (QL= 2 inhalers/30 days)	QL	1 ANTIASTHMATIC AND BRONCHODILATOR AGENTS
VERAMYST NASAL SPRAY	-	NC NASAL AGENTS - SYSTEMIC AND TOPICAL
VERAPAMIL CAP 100MG	-	1 CALCIUM CHANNEL BLOCKERS

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Drug Name	Special Code	Tier Category
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
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

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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.

# Community Health Choice Formulary Cont.

## Alphabetical Index

Last Updated 7/1/2020

Drug Name	Special Code	Tier Category
VERSACLOZ SUSP	-	NC ANTIPSYCHOTICS / ANTIMANIC AGENTS
VERZENIO TAB (QL= 2 tabs/day)	LMSP-PA-QL-SF	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VESICARE TAB	-	3 URINARY ANTISPASMODICS
VEXOL OPTH SUSP	-	2 OPHTHALMIC AGENTS
VFEND SUSP (Restricted to Infectious Disease Specialist)	RS	3 ANTIFUNGALS
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	LMSP-PA-SF	SP ANTIVIRALS
VIDEX EC CAP	-	SP ANTIVIRALS
VIDEX SOLN	-	SP ANTIVIRALS
VIEKIRA PAK TAB	-	NC ANTIVIRALS

NC =Not Covered		generic =small letters	BRANDS =CAPITAL LETTERS
EXC	Plan Exclusion	INF	Infertility
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program
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 Health Choice Formulary Cont.

## Alphabetical Index

Last Updated 7/1/2020

Drug Name	Special Code	Tier Category
VIEKIRA XR TAB	-	NC ANTIVIRALS
vigabatrin powder pack (SABRIL POWDER equiv) (Only available through Walgreens 888-347-3416)	LD-PA	SP ANTICONVULSANTS
vigabatrin tab (SABRIL equiv) (Only available through Walgreens 888-347-3416)	LD-PA	SP ANTICONVULSANTS
VIGAMOX OPTH SOLN	-	3 OPTHALMIC AGENTS
VIIBRYD STARTER KIT	-	NC ANTIDEPRESSANTS
VIIBRYD TAB	PA	3 ANTIDEPRESSANTS
VIMOVO TAB	-	NC ANALGESICS - ANTI-INFLAMMATORY
VIMPAT SOLN	-	2 ANTICONVULSANTS
VIMPAT TAB (QL= 2 tabs/day)	QL	2 ANTICONVULSANTS
violele tab, kariva tab (MIRCETTE equiv)	-	\$0 CONTRACEPTIVES
VIRACEPT POWDER	-	SP ANTIVIRALS
VIRACEPT TAB	-	SP ANTIVIRALS
VIRAMUNE SUSP	-	SP ANTIVIRALS
VIRAMUNE TAB	-	SP ANTIVIRALS
VIRAMUNE XR TAB (Step Therapy requires trial of nevirapine)	ST	SP ANTIVIRALS
VIREAD TAB	-	SP ANTIVIRALS
VIROPTIC OPTH SOLN	-	3 OPTHALMIC AGENTS
VISICOL TAB	-	3 LAXATIVES
VISTARIL CAP	-	3 ANTIANXIETY AGENTS
VISTOGARD PAK	-	NC ANTIDOTES

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EXC	Plan Exclusion	INF	Infertility
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program
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 Health Choice Formulary Cont.

## Alphabetical Index

Last Updated 7/1/2020

Drug Name	Special Code	Tier Category
VITAFOL STRIPS	-	3 MULTIVITAMINS
vitamin D cap (Rx covered Only)	-	1 VITAMINS
vitamin D cap 1000unit (Covered for members 65 years or older)	OTC	\$0 VITAMINS
vitamin D cap 400unit (Covered for members 65 years or older)	OTC	\$0 VITAMINS
VITAMIN D TAB 400UNIT (Covered for members 65 years or older)	OTC	\$0 VITAMINS
VITEKTA TAB	-	SP 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
VIVACTIL TAB	-	3 ANTIDEPRESSANTS
VIVELLE-DOT PATCH	-	3 ESTROGENS
VIVITROL INJ	LMSP	SP ANTIDOTES
VIVLODEX CAP	-	NC ANALGESICS - ANTI-INFLAMMATORY
VIVOTIF CAP	VAC	NC VACCINES
VIZIMPRO TAB	-	NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VOGELXO PUMP (QL= 4 bottles/30 days)	PA-QL	3 ANDROGENS-ANABOLIC

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion		INF		Infertility
LD	Limited Distribution		LMSP		Lumicera Mandatory Specialty Pharmacy Program
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 Health Choice Formulary Cont.

## Alphabetical Index

Last Updated 7/1/2020

Drug Name	Special Code	Tier Category
VOLTAREN GEL (QL= 5 tubes/fill)	QL	3 DERMATOLOGICALS
VOLTAREN OPTH SOLN	-	3 OPHTHALMIC AGENTS
VOLTAREN TAB	-	3 ANALGESICS - ANTI-INFLAMMATORY
VOLTAREN XR TAB	-	3 ANALGESICS - ANTI-INFLAMMATORY
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)	LMSP-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	LMSP-PA-SF	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VP-PNV-DHA CAP	-	1 MULTIVITAMINS
VRAYLAR CAP	-	NC ANTIPSYCHOTICS / ANTIMANIC AGENTS

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EXC	Plan Exclusion	INF	Infertility
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program
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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## Alphabetical Index

Last Updated 7/1/2020

Drug Name	Special Code	Tier Category
VRAYLAR PACK	-	NC ANTIPSYCHOTICS / ANTIMANIC AGENTS
VSL #3 CAP	-	NC ANTIDIARRHEALS
VUMERITY CAP	-	NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
VYLEESI INJ	-	EX PSYCHOTHERAPEUTIC C AND NEUROLOGICAL AGENTS - MISC.
VYNDAMAX CAP (QL= 1 cap/day)	MSP-PA-QL	SP CARDIOVASCULAR AGENTS - MISC.
VYND AQEL CAP (QL= 4 caps/day)	MSP-PA-QL	SP CARDIOVASCULAR AGENTS - MISC.
VY TONE 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

	NC =Not Covered	generic =small letters	BRANDS =CAPITAL LETTERS
EXC	Plan Exclusion	INF	Infertility
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program
M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RS	Restricted to Specialist
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SP	Available through Specialty Pharmacy Program	ST	Step Therapy
VAC	Vaccine Program	¢	RxCENTS

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# Community Health Choice Formulary Cont.

## Alphabetical Index

Last Updated 7/1/2020

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
WELCHOL PACK	-	2 ANTIHYPERLIPIDEMICS
WELCHOL TAB	-	2 ANTIHYPERLIPIDEMICS
WELLBUTRIN SR TAB	-	3 ANTIDEPRESSANTS
WELLBUTRIN TAB	-	3 ANTIDEPRESSANTS
WELLBUTRIN XL TAB	-	3 ANTIDEPRESSANTS
WESTCORT OINT	-	NC DERMATOLOGICALS
WPR PLUS	-	NC DERMATOLOGICALS
wymzya FE tab (FEMCON FE equiv)	-	\$0 CONTRACEPTIVES
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

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EXC	Plan Exclusion	INF	Infertility
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program
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 Health Choice Formulary Cont.

## Alphabetical Index

Last Updated 7/1/2020

Drug Name	Special Code	Tier Category
XANAX XR TAB	-	3 ANTIANXIETY AGENTS
XAQUIL XR TAB	-	NC DIETARY PRODUCTS / DIETARY MANAGEMENT PRODUCTS
XARELTO STARTER PACK	-	2 ANTICOAGULANTS
XARELTO TAB	-	2 ANTICOAGULANTS
XARTEMIS XR TAB	-	NC ANALGESICS - OPIOID
XATMEP SOLN	-	NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XCOPRI PAK	-	NC ANTICONVULSANTS
XCOPRI TAB	-	NC ANTICONVULSANTS
XELJANZ TAB	-	NC ANALGESICS - ANTI-INFLAMMATORY
XELJANZ XR TAB	-	NC ANALGESICS - ANTI-INFLAMMATORY
XELODA TAB	LMSP	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XELPROS OPTH EMULSION	-	NC OPHTHALMIC AGENTS
XEMBIFY INJ (Only available through CVS Specialty 800-237-2767)	LD-PA	SP PASSIVE IMMUNIZING ANI TREATMENT AGENTS
XENADERM OINT	-	NC DERMATOLOGICALS
XENAZINE TAB	-	NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program
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 Health Choice Formulary Cont.

## Alphabetical Index

Last Updated 7/1/2020

Drug Name	Special Code	Tier Category
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	-	NC DERMATOLOGICALS
XERESE CREAM	-	NC DERMATOLOGICALS
XERMELO TAB	-	NC GASTROINTESTINAL AGENTS - MISC.
XGEVA INJ	LMSP-PA	SP ENDOCRINE AND METABOLIC 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 (QL= 2 tabs/day)	PA-QL	3 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
XIIDRA OPHTH SOLN	-	NC OPHTHALMIC AGENTS

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LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program
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 Health Choice Formulary Cont.

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Drug Name	Special Code	Tier Category
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
XOLEGEL	-	NC DERMATOLOGICALS
XOPENEX NEB SOLN	-	3 ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOSPATA TAB (QL= 3 tabs/day; Only available through Diplomat Pharmacy 877-977-9118)	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
XTAMPZA ER CAP (QL= 120 caps/30 days)	QL	2 ANALGESICS - OPIOID
XTANDI CAP	-	NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XULANE PATCH	-	\$0 CONTRACEPTIVES
XULTOPHY INJ (QL= 15ml/30 days)	PA-QL	2 ANTIDIABETICS
XURIDEN POWDER	-	NC ENDOCRINE AND METABOLIC AGENTS - MISC.
XYLOCAINE SOLN	-	3 DERMATOLOGICALS
XYOSTED INJ	-	NC ANDROGENS-ANABOLIC

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LD	Limited Distribution		LMSP		Lumicera Mandatory Specialty Pharmacy Program
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 Health Choice Formulary Cont.

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Last Updated 7/1/2020

Drug Name	Special Code	Tier Category
XYREM SOLN (QL= 540ml/30 days; Only available through Xyrem Central Pharmacy 866-997-3688)	LD-PA-QL	SP PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
XYZAL SOLN	-	NC ANTIHISTAMINES
XYZAL TAB	-	NC ANTIHISTAMINES
XYZBAC TAB	-	NC DIETARY PRODUCTS / DIETARY MANAGEMENT PRODUCTS
YAZ TAB	-	\$0 CONTRACEPTIVES
YBUPHEN TAB	-	NC ANALGESICS - ANTI-INFLAMMATORY
YODOXIN TAB	-	3 AMEBICIDES
YONSA TAB	-	NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
YOSPRALA TAB	-	NC HEMATOLOGICAL AGENTS - MISC.
YUPELRI SOLN	-	NC ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ZADITOR OPTH SOLN	OTC	NC OPHTHALMIC AGENTS
zafirlukast tab (ACCOLATE equiv)	-	2 ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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# Community Health Choice Formulary Cont.

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Drug Name	Special Code	Tier Category
zaleplon cap (SONATA equiv)	-	1 HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
ZANAFLEX CAP	-	3 MUSCULOSKELETAL THERAPY AGENTS
ZANAFLEX TAB	-	3 MUSCULOSKELETAL THERAPY AGENTS
ZANOSAR INJ	M	M ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZANTAC CAP	-	NC ULCER DRUGS
ZANTAC EFFER TAB	-	NC ULCER DRUGS
ZANTAC GRANULE PACKET	-	3 ULCER DRUGS
ZANTAC SYRUP	-	NC ULCER DRUGS
ZANTAC TAB	-	NC ULCER DRUGS
ZARONTIN CAP	-	3 ANTICONSULSANTS
ZARONTIN SOLN	-	3 ANTICONSULSANTS
ZAROXOLYN TAB	-	3 DIURETICS
ZARXIO INJ	LMSP	SP HEMATOPOIETIC AGENTS
ZAVESCA CAP (Only available through Accredo 888-773-7376 )	LD-PA	SP HEMATOPOIETIC AGENTS
ZEBETA TAB	-	3 BETA BLOCKERS
ZECUITY PAD	-	NC MIGRAINE PRODUCTS
ZEGERID CAP	-	NC ULCER DRUGS
ZEGERID CAP OTC	OTC	1 ULCER DRUGS

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M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RS	Restricted to Specialist
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SP	Available through Specialty Pharmacy Program	ST	Step Therapy
VAC	Vaccine Program	¢	RxCENTS

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Drug Name	Special Code	Tier Category
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
ZEMPLAR CAP	-	3 ENDOCRINE AND METABOLIC AGENTS - MISC.
ZENZEDI TAB	-	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	-	NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ZEPOSIA STARTER PACK	-	NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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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
ZERIT CAP	-	SP ANTIVIRALS
ZERIT SOLN	-	SP ANTIVIRALS
ZERViate OPTH SOLN	-	NC OPHTHALMIC AGENTS
ZESTORETIC TAB	-	3 ANTIHYPERTENSIVES
ZETIA TAB	-	NC ANTIHYPERLIPIDEMICS
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	-	SP ANTIVIRALS
ZIAGEN TAB	-	SP 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 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
ZILXI FOAM	-	NC DERMATOLOGICALS
ZINBRYTA INJ	-	NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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EXC	Plan Exclusion	INF	Infertility
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program
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 Health Choice Formulary Cont.

## Alphabetical Index

Last Updated 7/1/2020

Drug Name	Special Code	Tier Category
zinc sulfate cap	-	1 MINERALS & ELECTROLYTES
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 ANTIHYPERLIPIDEMICS
ZOCOR TAB 80MG	-	NC ANTIHYPERLIPIDEMICS
ZOFRAN ODT	-	3 ANTIEMETICS
ZOFRAN SOLN	-	3 ANTIEMETICS
ZOFRAN TAB	-	3 ANTIEMETICS
ZOXYDRO ER CAP	-	NC ANALGESICS - OPIOID
ZOLINZA CAP	LMSP-PA-SF	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
zolmitriptan ODT (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	3 MIGRAINE PRODUCTS
zolmitriptan tab (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	3 MIGRAINE PRODUCTS

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# Community Health Choice Formulary Cont.

## Alphabetical Index

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Drug Name	Special Code	Tier Category
ZOLOFT CONC	-	3 ANTIDEPRESSANTS
ZOLOFT TAB	-	3 ANTIDEPRESSANTS
zolpidem ER tab (AMBIEN CR equiv)	-	NC 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 NASAL SPRAY (QL= 6 sprays/fill, 2 fills/30 days)	QL	3 MIGRAINE PRODUCTS
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
zonisamide cap (ZONEGRAN equiv)	-	1 ANTICONVULSANTS
ZONTIVITY TAB (Restricted to Cardiology Specialist)	RS	3 HEMATOLOGICAL AGENTS - MISC.

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Drug Name	Special Code	Tier Category
ZORPRIN TAB	-	3 ANALGESICS - NONNARCOTIC
ZORTRESS TAB	PA	SP MISCELLANEOUS THERAPEUTIC CLASSES
ZORTRESS TAB 1MG	PA	SP ASSORTED CLASSES
ZORVOLEX CAP	-	NC ANALGESICS - ANTI-INFLAMMATORY
ZOSTAVAX INJ (Covered for members age 50 or older)	VAC	\$0 VACCINES
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-SF	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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VAC	Vaccine Program	¢	RxCENTS		

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## Alphabetical Index

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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)	LMSP-PA-QL-SF	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYKADIA TAB (QL= 3 tabs/day)	LMSP-PA-QL-SF	SP ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYLET OPTH SUSP (QL= 5ml/fill (10ml bottle is Not Covered))	QL	2 OPHTHALMIC AGENTS
ZYLOPRIM TAB	-	3 GOUT AGENTS
ZYMAXID OPTH SOLN	-	3 OPHTHALMIC AGENTS
ZYPITAMAG TAB	-	NC ANTIHYPERLIPIDEMICS
ZYPREXA RELPREVV INJ	-	3 ANTIPSYCHOTICS / ANTIMANIC AGENTS
ZYPREXA TAB	-	3 ANTIPSYCHOTICS / ANTIMANIC AGENTS
ZYPREXA ZYDIS TAB	-	3 ANTIPSYCHOTICS / ANTIMANIC AGENTS
ZYRTEC CHEW TAB	OTC	NC ANTIHISTAMINES
ZYTIGA TAB 250MG	-	NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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

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Drug Name	Special Code	Tier Category
ZYTIGA TAB 500MG	-	NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
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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# Community Health Choice Formulary

## Category/Class

Last Updated\* 7/1/2020

DrugName	Special Code	Tier
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS</b>		
<b>AMPHETAMINES</b>		
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, AMPHETAMINE ER SUSP	-	NC
ADZENYS XR TAB	-	NC
amphetamine tab (EVEKEO equiv)	-	NC
amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv)	-	NC
EVEKEO ODT	-	NC
EVEKEO TAB	-	NC
MYDAYIS CAP	-	NC
ZENZEDI TAB	-	NC
zenzedi tab 5mg (DEXEDRINE equiv)	-	NC
<b>ANALEPTICS</b>		

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EXC	Plan Exclusion	INF	Infertility
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## Category/Class

Last Updated\* 7/1/2020

DrugName	Special Code	Tier
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont.</b>		
caffeine citrate soln (CAFCIT equiv) (Only covered for members less than 1 year old)	-	2
CAFCIT INJ	-	NC
<b>ANOREXIANTS NON-AMPHETAMINE</b>		
LOMAIRA TAB	-	NC
phendimetrazine tab	-	NC
<b>ANTI-OBESITY AGENTS</b>		
XENICAL CAP	-	EXC
<b>ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS</b>		
guanfacine ER tab (INTUNIV equiv)	-	1
atomoxetine cap (STRATTERA equiv)	-	2
INTUNIV TAB	-	3
STRATTERA CAP	-	3
clonidine ER tab (KAPVAY equiv)	-	NC
KAPVAY TAB	-	NC
<b>DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)</b>		
SUNOSI TAB (QL= 1 tab/day)	PA-QL	2
<b>HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS</b>		
WAKIX TAB (QL= 2 tabs/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	SP
<b>STIMULANTS - MISC.</b>		
armodafinil tab (NUVIGIL equiv) (QL= 1 tab/day)	PA-QL	1
dexmethylphenidate tab (FOCALIN equiv)	-	1
methylphenidate ER tab 10mg, 20mg (RITALIN equiv)	-	1

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# Community Health Choice Formulary

## Category/Class

Last Updated\* 7/1/2020

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<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont.</b>		
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
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
COTEMPLA XR ODT	-	NC
METHYLPHENIDATE ER TAB 72MG	-	NC

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## Category/Class

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<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont.</b>		
QUILLIVANT XR SUSP	-	NC
<b>ALLERGENIC EXTRACTS/BIOLOGICALS MISC</b>		
<b>ALLERGENIC EXTRACTS</b>		
ODACTRA SL TAB	PA	3
PALFORZIA POWDER PACK	-	NC
PALFORZIA SPRINKLE CAP	-	NC
<b>ALTERNATIVE MEDICINES</b>		
<b>ALTERNATIVE MEDICINE - R'S</b>		
RESERVAPAK SYRUP	-	NC
<b>AMEBICIDES</b>		
<b>AMEBICIDES</b>		
SOLOSEC GRANULES PACKET (QL= 1 packet/fill)	PA-QL	3
YODOXIN TAB	-	3
<b>AMINOGLYCOSIDES</b>		
<b>AMINOGLYCOSIDES</b>		
neomycin tab	-	1
PAROMOMYCIN CAP	-	3
paromomycin cap (HUMATIN equiv)	-	3
BETHKIS NEB SOLN	-	NC
KITABIS PAK NEB SOLN	-	NC
TOBI NEB SOLN	-	NC
ARIKAYCE SUSP (QL= 1 vial/day; Only available through Maxor Pharmacy 800-658-6046)	LD-PA-QL	SP

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## Category/Class

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DrugName	Special Code	Tier
<b>AMINOGLYCOSIDES Cont.</b>		
TOBI PODHALER	MSP-PA	SP
tobramycin neb soln (TOBI equiv) (Restricted to Infectious Disease or Pulmonology Specialist)	LMSP-RS	SP
<b>ANALGESICS - ANTI-INFLAMMATORY</b>		
<b>ANTIRHEUMATIC - ENZYME INHIBITORS</b>		
XELJANZ TAB	-	NC
XELJANZ XR TAB	-	NC
OLUMIANT TAB (QL= 1 tab/day)	LMSP-PA-QL	SP
RINVOQ ER TAB (QL= 1 tab/day)	LMSP-PA-QL	SP
<b>ANTIRHEUMATIC ANTIMETABOLITES</b>		
RHEUMATREX TAB	-	3
<b>ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES</b>		
SIMPONI ARIA INJ	-	NC
SIMPONI SC INJ	-	NC
HUMIRA INJ 10MG (QL= 2 syringes/28 days)	LMSP-PA-QL	SP
HUMIRA INJ 20MG (QL= 2 syringes/28 days)	LMSP-PA-QL	SP
HUMIRA INJ 40MG (QL= 2 syringes/28 days)	LMSP-PA-QL	SP
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	LMSP-PA-QL	SP
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	LMSP-PA-QL	SP
HUMIRA INJ PSORIASIS/UEVITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	LMSP-PA-QL	SP
HUMIRA PEN INJ 40MG (QL= 2 pens/28 days)	LMSP-PA-QL	SP
<b>GOLD COMPOUNDS</b>		

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## Category/Class

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DrugName	Special Code	Tier
<b>ANALGESICS - ANTI-INFLAMMATORY Cont.</b>		
RIDAURA CAP	-	2
<b>INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)</b>		
KINERET INJ (QL= 1 inj/day; Only available through Biologics 800-850-4306)	LD-PA-QL	SP
<b>INTERLEUKIN-6 RECEPTOR INHIBITORS</b>		
ACTEMRA IV INJ	M	M
ACTEMRA ACTPEN INJ (QL= 2 inj/28 days)	LMSP-PA-QL	SP
ACTEMRA SC INJ (QL= 2 inj/28 days)	LMSP-PA-QL	SP
KEVZARA INJ (QL= 2 inj/28 days)	LMSP-PA-QL	SP
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)</b>		
celecoxib cap (CELEBREX equiv) (QL= 2 caps/day)	QL	1
diclofenac potassium tab (CATAFLAM equiv)	-	1
diclofenac sodium EC tab (VOLTAREN equiv)	-	1
diclofenac sodium XR tab (VOLTAREN XR equiv)	-	1
etodolac cap (LODINE equiv)	-	1
etodolac tab	-	1
flurbiprofen tab (ANSAID equiv)	-	1
ibuprofen susp (Rx ONLY) (ADVIL, MOTRIN equiv)	-	1
ibuprofen tab	-	1
ibuprofen tab (Rx 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

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DrugName	Special Code	Tier
<b>ANALGESICS - ANTI-INFLAMMATORY Cont.</b>		
meloxicam tab (MOBIC equiv)	-	1
nabumetone tab (RELAFEN equiv)	-	1
naproxen EC tab (NAPROSYN EC equiv)	-	1
naproxen tab (NAPROSYN equiv)	-	1
sulindac tab (CLINORIL equiv)	-	1
naproxen sodium tab (ANAPROX equiv)	-	2
oxaprozin tab (DAYPRO equiv)	-	2
piroxicam cap (FELDENE equiv)	-	2
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
FELDENE CAP	-	3
fenoprofen calcium tab	-	3
FENOPROFEN TAB	-	3
KETOPROFEN CAP	-	3
ketoprofen cap (ORUDIS equiv)	-	3
KETOPROFEN ER CAP	-	3

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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 Health Choice Formulary

## Category/Class

Last Updated\* 7/1/2020

DrugName	Special Code	Tier
<b>ANALGESICS - ANTI-INFLAMMATORY Cont.</b>		
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
DUEXIS TAB	-	NC
FENOPROFEN CAP	-	NC
IBU 600-EZS KIT	-	NC
INDOCIN SUPP	-	NC
INDOCIN SUSP	-	NC
INDOMETHACIN CAP, TIVORBEX CAP	-	NC
INFLATHERM PAK	-	NC
KETOROLAC INJ	-	NC
ketorolac inj (TORADOL equiv)	-	NC
KETOROLAC TROMETHAMINE NASAL SPRAY, SPRIX NASAL SPRAY	-	NC

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DrugName	Special Code	Tier
<b>ANALGESICS - ANTI-INFLAMMATORY Cont.</b>		
mefenamic acid cap (PONSTEL equiv)	-	NC
MELOXICAM COMFORT KIT	-	NC
NAPRELAN CR TAB	-	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
VIVLODEX CAP	-	NC
YBUPHEN TAB	-	NC
ZIPSOR CAP	-	NC
ZORVOLEX CAP	-	NC
<b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>		
OTEZLA STARTER PACK (QL= 1 pack/28 days)	LMSP-PA-QL	SP
OTEZLA TAB (QL= 2 tabs/day)	LMSP-PA-QL	SP
<b>PYRIMIDINE SYNTHESIS INHIBITORS</b>		
leflunomide tab (ARAVA equiv)	-	1
ARAVA TAB	-	3

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# Community Health Choice Formulary

## Category/Class

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DrugName	Special Code	Tier
<b>ANALGESICS - ANTI-INFLAMMATORY Cont.</b>		
<b>SELECTIVE COSTIMULATION MODULATORS</b>		
ORENCIA CLICK INJ (QL= 4 inj/28 days)	LMSP-PA-QL	SP
ORENCIA SC INJ 125MG/ML (QL= 4 inj/28 days)	LMSP-PA-QL	SP
ORENCIA SC INJ 50MG/0.4ML (QL= 4 inj/28 days)	LMSP-PA-QL	SP
ORENCIA SC INJ 87.5MG/0.7ML (QL= 4 inj/28 days)	LMSP-PA-QL	SP
<b>SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS</b>		
ENBREL INJ 25MG (QL= 8 inj/28 days)	LMSP-PA-QL	SP
ENBREL INJ 50MG (QL= 4 inj/28 days)	LMSP-PA-QL	SP
ENBREL MINI INJ (QL= 4 inj/28 days)	LMSP-PA-QL	SP
ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days)	LMSP-PA-QL	SP
<b>ANALGESICS - NONNARCOTIC</b>		
<b>ANALGESIC COMBINATIONS</b>		
ALLZITAL TAB	-	NC
butalbital/acetaminophen cap	-	NC
butalbital/acetaminophen/caffeine soln	-	NC
butalbital/acetaminophen/caffeine tab (FIORICET equiv)	-	NC
BUTALBITAL/ASPIRIN/CAFFEINE TAB	-	NC
DOLGIC PLUS TAB	-	NC
ESGIC TAB	-	NC
FIORICET CAP	-	NC
FIORINAL CAP	-	NC
<b>SALICYLATES</b>		

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<b>ANALGESICS - NONNARCOTIC Cont.</b>		
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
<b>ANALGESICS - OPIOID</b>		
<b>OPIOID AGONISTS</b>		
codeine sulfate tab	-	1
HYDROMORPHONE SUPP	-	1
hydromorphone tab (DILAUDID equiv)	-	1
MEPERIDINE TAB	-	1
meperidine tab (DEMEROL equiv)	-	1
METHADONE SOLN	-	1
methadone tab (DOLOPHINE equiv)	-	1
methadose tab	-	1

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<b>ANALGESICS - OPIOID Cont.</b>		
morphine sulfate ER tab (MS CONTIN equiv)	-	1
morphine sulfate soln	-	1
morphine sulfate tab	-	1
oxycodone cap (OXYIR equiv)	-	1
oxycodone tab (ROXICODONE equiv)	-	1
tramadol tab (ULTRAM equiv)	-	1
fentanyl citrate lollipop (ACTIQ equiv) (QL= 120 lozenges/30 days)	PA-QL	2
fentanyl patch (DURAGESIC equiv)	-	2
HYSINGLA ER TAB (QL= 1 tab/day)	QL	2
LEVORPHANOL TAB	-	2
levorphanol tab (LEVORPHANOL equiv)	-	2
MORPHINE SULFATE SUPP	-	2
NUCYNTA ER TAB (QL= 2 tabs/day)	QL	2
oxycodone conc (ROXICODONE equiv)	-	2
oxycodone soln (ROXICODONE equiv)	-	2
OXYIR CAP	-	2
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

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<b>ANALGESICS - OPIOID Cont.</b>		
DEMEROL 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
LAZANDA NASAL SPRAY (QL= 15 bottles/30 days)	PA-QL	3
METHADOSE CONC	-	3
MORPHINE SULFATE ER BEAD CAP (QL= 2 caps/day)	QL	3
MS CONTIN TAB	-	3
NUCYNIA TAB	-	3
oxymorphone ER tab (OPANA ER equiv)	-	3
oxymorphone tab (OPANA equiv)	-	3
ROXICODONE TAB	-	3
tramadol ER tab (ULTRAM ER equiv)	-	3
ULTRAM ER TAB	-	3
ULTRAM TAB	-	3
ARYMO ER TAB	-	NC
DSUVIA SL TAB	-	NC
EXALGO TAB	-	NC
fentanyl patch 37.5mcg, 62.5mcg, 87.5mcg (FENTANYL equiv)	-	NC
hydrocodone bitartrate ER cap (ZOHYDRO equiv)	-	NC

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<b>ANALGESICS - OPIOID Cont.</b>		
hydromorphone ER tab (EXALGO equiv)	-	NC
KADIAN CAP	-	NC
MORPHABOND TAB	-	NC
morphine sulfate ER cap (KADIAN equiv)	-	NC
OPANA ER TAB	-	NC
OPANA ER TAB (CRUSH RESISTANT)	-	NC
OPANA TAB	-	NC
OXYCODONE ER TAB, OXYCONTIN CR TAB	-	NC
OXYCONTIN CR TAB	-	NC
RYBIX ODT	-	NC
SUBSYS SPRAY	-	NC
TRAMADOL ER CAP	-	NC
TRAMADOL HCL TAB 100MG	-	NC
ZOHYDRO ER CAP	-	NC
<b>OPIOID COMBINATIONS</b>		
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

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<b>ANALGESICS - OPIOID Cont.</b>		
oxycodone/acetaminophen tab (PERCOCET equiv)	-	1
OXYCODONE/ASPIRIN TAB	-	1
oxycodone/aspirin tab (PERCODAN equiv)	-	1
pentazocine/acetaminophen tab (TALACEN equiv)	-	1
acetaminophen/caffeine/dihydrocodeine tab (PANLOR SS equiv)	-	2
DVORAH TAB, ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE TAB	-	2
OXYCODONE/ACETAMINOPHEN SOLN	-	2
CAPITAL/CODEINE SUSP	-	3
HYCET SOLN	-	3
hydrocodone/acetaminophen tab 2.5-325mg (NORCO equiv)	-	3
hydrocodone/ibuprofen tab (VICOPROFEN equiv)	-	3
LORTAB	-	3
LORTAB ELIXIR	-	3
oxycodone/ibuprofen tab (COMBUNOX equiv)	-	3
PERCOCET TAB	-	3
PERCODAN TAB	-	3
REPREXAIN TAB	-	3
ROXICET SOLN	-	3
tramadol/acetaminophen tab (ULTRACET equiv)	-	3
TREZIX CAP, ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE CAP	-	3
TYLENOL/CODEINE TAB	-	3
ULTRACET TAB	-	3

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<b>ANALGESICS - OPIOID Cont.</b>		
VICOPROFEN TAB	-	3
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 tab 2.5-300mg (NALOCET equiv)	-	NC
PRIMLEV TAB	-	NC
VERDROCET TAB 2.5MG-325MG	-	NC
XARTEMIS XR TAB	-	NC
XODOL TAB 10MG-300MG	-	NC
XODOL TAB 5MG-300MG	-	NC
XODOL TAB 7.5MG-300MG	-	NC
<b>OPIOID PARTIAL AGONISTS</b>		
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
SUBOXONE SL FILM	-	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

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pentazocine/naloxone tab (TALWIN NX equiv)	-	3
nalbuphine inj	M	M
BELBUCA FILM	-	NC
BUNAVAIL FILM	-	NC
buprenorphine SL tab (SUBUTEX equiv)	-	NC
SUBLOCADE INJ	-	NC
<b>ANDROGENS-ANABOLIC</b>		
<b>ANABOLIC STEROIDS</b>		
oxandrolone tab (OXANDRIN equiv)	-	1
ANADROL TAB	-	3
OXANDRIN TAB	-	3
<b>ANDROGENS</b>		
testosterone cypionate inj (DEPO-TESTOSTERONE equiv)	-	1
ANDRODERM PATCH (QL= 1 patch/day)	PA-QL	2
ANDROXY TAB	-	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 (QL= 2 packets/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 1.62% 1.25gm (ANDROGEL equiv) (QL= 1 packet/day)	PA-QL	2

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<b>ANDROGENS-ANABOLIC Cont.</b>		
testosterone gel 1.62% 2.5gm (ANDROGEL equiv) (QL= 2 packets/day)	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
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
ANDROID CAP, TESTRED CAP	PA	3
AXIRON SOLN (QL= 2 bottles/30 days)	PA-QL	3
DEPO-TESTOSTERONE INJ	-	3
METHITEST TAB	PA	3
METHYLTESTOSTERONE CAP	PA	3
testosterone gel 2% (FORTESTA equiv) (QL= 2 bottles/30 days)	PA-QL	3
TESTOSTERONE GEL, VOGELXO GEL (QL= 2 packets/day)	PA-QL	3
testosterone soln (AXIRON equiv) (QL= 2 bottles/30 days)	PA-QL	3
VOGELXO PUMP (QL= 4 bottles/30 days)	PA-QL	3
JATENZO CAP	-	NC
STRIANT FILM	-	NC
XYOSTED INJ	-	NC
<b>ANORECTAL AGENTS</b>		

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# Community Health Choice Formulary

## Category/Class

Last Updated\* 7/1/2020

DrugName	Special Code	Tier
<b>ANORECTAL AGENTS Cont.</b>		
<b>INTRARECTAL STEROIDS</b>		
hydrocortisone enema (CORTENEMA equiv)	-	2
CORTENEMA	-	3
CORTIFOAM	-	3
UCERIS RECTAL FOAM	PA	3
<b>RECTAL COMBINATIONS</b>		
pramoxine/hydrocortisone cream kit (ANALPRAM-HC equiv)	-	1
lidocaine/hydrocortisone cream (ANAMANTLE equiv)	-	2
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
<b>RECTAL STEROIDS</b>		
proctosol HC cream (ANUSOL HC equiv)	-	1
ANUSOL-HC CREAM	-	3
ANUSOL-HC SUPP	-	NC
hydrocortisone supp (ANUSOL HC equiv)	-	NC
<b>VASODILATING AGENTS</b>		
RECTIV OINT	-	3

## ANTHELMINTICS

### ANTHELMINTICS

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# Community Health Choice Formulary

## Category/Class

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DrugName	Special Code	Tier
<b>ANTHELMINTICS Cont.</b>		
mebendazole chew tab (VERMOX equiv)	-	1
BENZNIDAZOLE TAB	PA	2
ivermectin tab (STROMECTOL equiv)	-	2
praziquantel tab (BILTRICIDE equiv)	-	2
albendazole tab (ALBENZA equiv)	-	3
ALBENZA TAB	-	3
BILTRICIDE TAB	-	3
STROMECTOL TAB	-	3
EGATEN TAB	-	NC
EMVERM TAB	-	NC
<b>ANTIANGINAL AGENTS</b>		
<b>ANTIANGINALS-OTHER</b>		
ranolazine tab (RANEXA equiv)	-	2
RANEXA TAB	-	3
<b>NITRATES</b>		
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

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<b>ANTIANGINAL AGENTS Cont.</b>		
nitroglycerin patch (NITRO-DUR equiv)	-	1
nitroglycerin SL tab (NITROSTAT equiv)	-	1
NITRO-BID OINT	-	2
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
<b>ANTIANXIETY AGENTS</b>		
<b>ANTIANXIETY AGENTS - MISC.</b>		
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
meprobamate tab (MILTOWN equiv)	-	1

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DrugName	Special Code	Tier
<b>ANTIANXIETY AGENTS Cont.</b>		
BUSPAR TAB	-	3
VISTARIL CAP	-	3
<b>BENZODIAZEPINES</b>		
alprazolam tab (XANAX equiv)	-	1
chlordiazepoxide cap (LIBRIUM equiv)	-	1
diazepam conc (VALIUM equiv)	-	1
DIAZEPAM SOLN	-	1
diazepam tab (VALIUM equiv)	-	1
lorazepam conc (ATIVAN equiv)	-	1
lorazepam tab (ATIVAN equiv)	-	1
alprazolam ER tab (XANAX XR equiv)	-	2
clorazepate tab (TRANXENE-T equiv)	-	2
OXAZEPAM CAP	-	2
oxazepam cap (SERAX equiv)	-	2
alprazolam ODT (NIRAVAM equiv)	-	3
ATIVAN TAB	-	3
LIBRIUM CAP	-	3
NIRAVAM ODT	-	3
TRANXENE-T TAB	-	3
VALIUM TAB	-	3
XANAX TAB	-	3
XANAX XR TAB	-	3

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<b>ANTIARRHYTHMICS</b>		
<b>ANTIARRHYTHMICS TYPE I-A</b>		
disopyramide cap (NORPACE equiv)	-	1
QUINIDINE SULFATE TAB	-	1
disopyramide ER cap (NORPACE CR equiv)	-	2
NORPACE CR CAP	-	2
quinidine gluconate CR tab	-	2
NORPACE CAP	-	3
QUINIDINE SULFATE ER TAB	-	3
procainamide inj	M	M
<b>ANTIARRHYTHMICS TYPE I-B</b>		
MEXILETINE CAP	-	2
<b>ANTIARRHYTHMICS TYPE I-C</b>		
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
<b>ANTIARRHYTHMICS TYPE III</b>		
amiodarone tab (CORDARONE equiv)	-	1
dofetilide cap (TIKOSYN equiv)	-	2
MULTAQ TAB	-	2

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<b>ANTIARRHYTHMICS Cont.</b>		
CORDARONE TAB	-	3
TIKOSYN CAP	-	3
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS</b>		
<b>ANTIASTHMATIC - MONOCLONAL ANTIBODIES</b>		
FASENRA PEN INJ (QL= 1 inj/56 days)	LMSP-PA-QL	SP
NUCALA INJ (QL= 1 inj/28 days)	LMSP-PA-QL	SP
<b>ANTI-INFLAMMATORY AGENTS</b>		
cromolyn neb soln (INTAL equiv)	-	1
<b>BRONCHODILATORS - ANTICHOLINERGICS</b>		
ipratropium neb soln (ATROVENT equiv)	-	1
ATROVENT HFA INHALER	-	2
INCRUSE ELLIPTA INHALER	-	2
LONHALA MAGNAIR SOLN (Step Therapy requires trial of INCRUSE ELLIPTA INHALER)	ST	2
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT (QL= 1 inhaler/30 days; Step Thera requires trial of ADVAIR, BREO, DULERA, or FLUTICASONE/SALMETEROL)	QL-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
<b>LEUKOTRIENE MODULATORS</b>		
montelukast chew tab (SINGULAIR equiv)	-	1

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<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.</b>		
montelukast tab (SINGULAIR equiv)	-	1
montelukast granule pack (SINGULAIR equiv)	-	2
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
<b>SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>		
DALIRESP TAB	-	3
<b>STERIOD INHALANTS</b>		
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
PULMICORT INH SUSP	-	3
ALVESCO INHALER	-	NC
ARMONAIR RESPICLICK	-	NC

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<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.</b>		
PULMICORT FLEXHALER	-	NC
QVAR INHALER	-	NC
QVAR REDIHALER	-	NC
<b>SYMPATHOMIMETICS</b>		
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
PROAIR HFA INHALER (QL= 2 inhalers/fill, 2 fills/30 days)	QL	1
VENTOLIN HFA INHALER (QL= 2 inhalers/30 days)	QL	1
ADVAIR DISKUS INHALER	-	2
ADVAIR HFA INHALER	-	2
albuterol sulfate tab	-	2
ALBUTEROL TAB ER	-	2
ANORO ELLIPTA INHALER	-	2
BREO ELLIPTA INHALER	-	2
COMBIVENT INHALER	-	2
COMBIVENT RESPIMAT INHALER	-	2
DULERA INHALER	-	2
SEREVENT DISKUS INHALER	-	2

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DrugName	Special Code	Tier
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.</b>		
STIOLTO INHALER	-	2
terbutaline sulfate tab (BRETHINE equiv)	-	2
TRELEGY ELLIPTA INHALER	-	2
ACCUNEb NEB SOLN	-	3
ARCAPTA NEOHALER	-	3
BROVANA NEB SOLN	-	3
DUONEb NEB SOLN	-	3
LEVALBUTEROL INHALER, XOPENEX HFA INHALER (QL= 2 inhalers/fill, 2 fills/3 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 RESPICLICK	-	NC
BEVESPI AEROSPHERE INHALER	-	NC
BUDESONIDE/FORMOTEROL INHALER, SYMBICORT INHALER	-	NC
DUAKLIR INHALER	-	NC
fluticasone/salmeterol inhaler, wixela inhaler (ADVAIR equiv)	-	NC
UTIBRON NEOHALER CAP	-	NC
<b>XANTHINES</b>		

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<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.</b>		
aminophylline tab	-	1
THEOCHRON TAB	-	1
theophylline CR tab (QUIBRON-T equiv)	-	1
theophylline ER tab (UNIPHYL equiv)	-	1
theophylline soln	-	1
ELIXOPHYLLIN ELIXIR	-	2
LUFYLLIN TAB	-	3
THEO-24 CAP	-	3
UNIPHYL TAB	-	3
<b>ANTICOAGULANTS</b>		
<b>COUMARIN ANTICOAGULANTS</b>		
warfarin tab (COUMADIN equiv)	-	1
COUMADIN TAB	-	3
<b>DIRECT FACTOR XA INHIBITORS</b>		
ELIQUIS TAB, ELIQUIS STARTER PACK	-	2
XARELTO STARTER PACK	-	2
XARELTO TAB	-	2
BEVYXXA CAP	-	NC
SAVAYSA TAB	-	NC
<b>HEPARINS AND HEPARINOID-LIKE AGENTS</b>		
enoxaparin inj (LOVENOX equiv) (QL= 17 days supply)	QL	2
fondaparinux inj (ARIXTRA equiv)	-	2

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<b>ANTICOAGULANTS Cont.</b>		
ARIXTRA INJ	-	3
FRAGMIN INJ	-	3
LOVENOX INJ (QL= 17 days supply)	QL	3
heparin porcine inj	M	M
<b>THROMBIN INHIBITORS</b>		
PRADAXA CAP	-	2
<b>ANTICONVULSANTS</b>		
<b>AMPA GLUTAMATE RECEPTOR ANTAGONISTS</b>		
FYCOMPA TAB	-	NC
FYCOMPA SUSP	-	NC
<b>ANTICONVULSANTS - BENZODIAZEPINES</b>		
clobazam tab (ONFI equiv)	-	1
clonazepam tab (KLONOPIN equiv)	-	1
clonazepam ODT (KLONOPIN equiv)	-	3
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL	-	3
KLONOPIN TAB	-	3
clobazam susp (ONFI equiv)	-	NC
NAYZILAM SPRAY	-	NC
ONFI SUSP	-	NC
ONFI TAB	-	NC
SYMPAZAN ORAL FILM	-	NC
VALTOCO LIQUID	-	NC

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<b>ANTICONVULSANTS Cont.</b>		
VALTOCO SPRAY	-	NC
<b>ANTICONVULSANTS - MISC.</b>		
carbamazepine chew tab (TEGRETOL equiv)	-	1
carbamazepine susp (TEGRETOL equiv)	-	1
carbamazepine tab (TEGRETOL equiv)	-	1
gabapentin cap (NEURONTIN equiv)	-	1
gabapentin tab (NEURONTIN equiv)	-	1
lamotrigine chew tab (LAMICTAL equiv)	-	1
lamotrigine tab (LAMICTAL equiv)	-	1
levetiracetam ER tab (KEPPRA XR equiv)	-	1
levetiracetam soln (KEPPRA equiv)	-	1
levetiracetam tab (KEPPRA equiv)	-	1
oxcarbazepine susp (TRILEPTAL equiv)	-	1
oxcarbazepine tab (TRILEPTAL equiv)	-	1
pregabalin cap (LYRICA equiv)	-	1
primidone tab (MYSOLINE equiv)	-	1
topiramate sprinkle cap (TOPAMAX equiv)	-	1
topiramate tab (TOPAMAX equiv)	-	1
zonisamide cap (ZONEGRAN equiv)	-	1
BANZEL SUSP	-	2
BANZEL TAB	-	2
carbamazepine ER cap (CARBATROL equiv)	-	2

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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
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# Community Health Choice Formulary

## Category/Class

Last Updated\* 7/1/2020

DrugName	Special Code	Tier
<b>ANTICONVULSANTS Cont.</b>		
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
VIMPAT SOLN	-	2
VIMPAT TAB (QL= 2 tabs/day)	QL	2
CARBATROL CAP	-	3
KEPPRA SOLN	-	3
KEPPRA TAB	-	3
KEPPRA XR TAB	-	3
LAMICTAL CHEW TAB	-	3
LAMICTAL ODT	-	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 SOLN	-	3

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# Community Health Choice Formulary

## Category/Class

Last Updated\* 7/1/2020

DrugName	Special Code	Tier
<b>ANTICONVULSANTS Cont.</b>		
MYSOLINE TAB	-	3
NEURONTIN CAP	-	3
NEURONTIN SOLN	-	3
NEURONTIN TAB	-	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
APTiom TAB	-	NC
BRIVIACT INJ 50MG/5ML	-	NC
BRIVIACT SOLN 10MG/ML	-	NC
BRIVIACT TAB	-	NC
LYRICA CAP	-	NC
OXTELLAR XR TAB	-	NC
QUDEXY XR CAP, TOPIRAMATE ER CAP	-	NC
SPRITAM TAB	-	NC
TROKENDI XR CAP	-	NC

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## Category/Class

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<b>ANTICONVULSANTS Cont.</b>		
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
EPIDIOLEX SOLN (Only available through Walgreens 888-347-3416)	LD-PA	SP
<b>CARBAMATES</b>		
felbamate susp (FELBATOL equiv)	-	2
felbamate tab (FELBATOL equiv)	-	2
FELBATOL SUSP	-	3
FELBATOL TAB	-	3
XCOPRI PAK	-	NC
XCOPRI TAB	-	NC
<b>GABA MODULATORS</b>		
tiagabine tab (GABITRIL equiv)	-	2
GABITRIL TAB	-	3
SABRIL TAB	-	NC
SABRIL POWDER PACK (Only available through Walgreens 888-347-3416)	LD-PA	SP
vigabatrin powder pack (SABRIL POWDER equiv) (Only available through Walgreer 888-347-3416)	LD-PA	SP
vigabatrin tab (SABRIL equiv) (Only available through Walgreens 888-347-3416)	LD-PA	SP
<b>HYDANTOINS</b>		
phenytoin cap (DILANTIN equiv)	-	1
phenytoin susp (DILANTIN equiv)	-	1
DILANTIN CAP 30MG	-	2

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<b>ANTICONVULSANTS Cont.</b>		
PEGANONE TAB	-	2
phenytoin chew tab (DILANTIN equiv)	-	2
DILANTIN CAP 100MG	-	3
DILANTIN INFATABS	-	3
DILANTIN SUSP	-	3
<b>SUCCINIMIDES</b>		
ethosuximide soln (ZARONTIN equiv)	-	1
CELONTIN CAP	-	2
ethosuximide cap (ZARONTIN equiv)	-	2
ZARONTIN CAP	-	3
ZARONTIN SOLN	-	3
<b>VALPROIC ACID</b>		
divalproex ER tab (DEPAKOTE ER equiv)	-	1
divalproex sodium DR tab (DEPAKOTE equiv)	-	1
divalproex sprinkle cap (DEPAKOTE equiv)	-	1
valproic acid cap (DEPAKENE equiv)	-	1
valproic acid syrup (DEPAKENE equiv)	-	1
DEPAKENE CAP	-	3
DEPAKENE SYRUP	-	3
DEPAKOTE ER TAB	-	3
DEPAKOTE SPRINKLE CAP	-	3
DEPAKOTE TAB	-	3

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<b>ANTICONVULSANTS Cont.</b>		
DEPACON INJ	-	NC
STAVZOR CAP	-	NC
valproate inj (DEPACON equiv)	-	NC
<b>ANTIDEPRESSANTS</b>		
<b>ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)</b>		
mirtazapine ODT (REMERON equiv)	-	1
mirtazapine tab (REMERON equiv)	-	1
REMERON SOLUTAB	-	3
REMERON TAB	-	3
<b>ANTIDEPRESSANTS - MISC.</b>		
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 TAB	-	3
WELLBUTRIN XL TAB	-	3
APLENZIN TAB	-	NC
FORFIVO XL TAB	-	NC
<b>MONOAMINE OXIDASE INHIBITORS (MAOIS)</b>		
phenelzine tab (NARDIL equiv)	-	1
MARPLAN TAB	-	2

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<b>ANTIDEPRESSANTS Cont.</b>		
tranylcypromine tab (PARNATE equiv)	-	2
EMSAM PATCH	-	3
NARDIL TAB	-	3
PARNATE TAB	-	3
<b>N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS</b>		
SPRAVATO NASAL SOLN	-	NC
<b>SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)</b>		
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
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

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<b>ANTIDEPRESSANTS Cont.</b>		
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
PAXIL CR TAB	-	3
PAXIL 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
fluoxetine tab 60mg	-	NC
fluoxetine weekly cap (PROZAC equiv)	-	NC
PROZAC WEEKLY CAP	-	NC
<b>SEROTONIN MODULATORS</b>		
NEFAZODONE TAB	-	1
nefazodone tab 50mg, 250mg	-	1
trazodone tab (DESYREL equiv)	-	1

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<b>ANTIDEPRESSANTS Cont.</b>		
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
<b>SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)</b>		
duloxetine EC cap (CYMBALTA equiv)	-	1
venlafaxine ER cap (EFFEXOR XR equiv)	-	1
venlafaxine tab (EFFEXOR equiv)	-	1
desvenlafaxine ER tab (PRISTIQ equiv)	-	2
CYMBALTA CAP	-	3
EFFEXOR TAB	-	3
EFFEXOR XR CAP	-	3
FETZIMA CAP (QL= 1 cap/day)	PA-QL	3
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
KHEDEZLA ER TAB	-	NC
venlafaxine ER tab	-	NC
<b>TRICYCLIC AGENTS</b>		

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<b>ANTIDEPRESSANTS Cont.</b>		
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
NORTRIPTYLINE SOLN	-	1
desipramine tab (NORPRAMIN equiv)	-	2
ANAFRANIL CAP	-	3
clomipramine cap (ANAFRANIL equiv)	-	3
imipramine pamoate cap (TOFRANIL PM equiv)	-	3
NORPRAMIN TAB	-	3
PAMELOR CAP	-	3
protriptyline tab (VIVACTIL equiv)	-	3
SURMONTIL CAP	-	3
TOFRANIL PM CAP	-	3
TOFRANIL TAB	-	3
trimipramine cap (SURMONTIL equiv)	-	3
VIVACTIL TAB	-	3
<b>ANTIDIABETICS</b>		

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<b>ANTIDIABETICS Cont.</b>		
<b>ALPHA-GLUCOSIDASE INHIBITORS</b>		
acarbose tab (PRECOSE equiv)	-	1
GLYSET TAB	-	3
miglitol tab (GLYSET equiv)	-	3
PRECOSE TAB	-	3
<b>ANTIDIABETIC - AMYLIN ANALOGS</b>		
SYMLINPEN INJ	-	SP
<b>ANTIDIABETIC COMBINATIONS</b>		
glipizide/metformin tab (METAGLIP equiv)	-	1
glyburide/metformin tab (GLUCOVANCE equiv)	-	1
AVANDAMET TAB	-	2
AVANDARYL TAB	-	2
GLYXAMBI TAB (QL= 1 tab/day)	QL	2
JANUMET TAB (QL= 2 tabs/day)	QL	2
JANUMET XR TAB (QL= 2 tabs/day)	QL	2
JENTADUETO TAB (QL= 2 tabs/day)	QL	2
JENTADUETO XR TAB (QL= 2 tabs/day)	QL	2
SYNJARDY TAB (QL= 2 tabs/day)	QL	2
SYNJARDY XR TAB 10-1000MG, 25-1000MG (QL= 1 tab/day)	QL	2
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG (QL= 2 tabs/day)	QL	2
TRIJARDY XR TAB 10-5-1000MG, 25-5-1000MG (QL= 1 tab/day)	QL	2
TRIJARDY XR TAB 5-25-1000MG, 12.5-2.5-1000MG (QL= 2 tabs/day)	QL	2

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<b>ANTIDIABETICS Cont.</b>		
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
pioglitazone/metformin tab (ACTOPLUS MET equiv)	-	NC
PRANDIMET TAB	-	NC
QTERN TAB	-	NC
REPAGLINIDE TAB	-	NC
SEGLUROMET TAB	-	NC
SOLIQUA INJ	-	NC
STEGLUJAN TAB	-	NC
<b>BIGUANIDES</b>		

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<b>ANTIDIABETICS Cont.</b>		
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
<b>DIABETIC OTHER</b>		
BAQSIMI NASAL POWDER (QL= 2 inhalations/fill)	QL	2
GLUCAGEN HYPOKIT INJ (QL= 2 inj/fill)	QL	2
GLUCAGON INJ KIT (QL= 2 inj/fill)	QL	2
GVOKE INJ (QL= 2 inj/fill)	QL	2
GVOKE PFS INJ (QL= 2 inj/fill)	QL	2
diazoxide susp (PROGLYCEM equiv)	-	3
PROGLYCEM SUSP	-	3
GLUCAGON EMR INJ	-	NC
KORLYM TAB (Only available through Korlym SPARK program 855-4Korlym (855-456-7596))	LD-PA	SP

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# Community Health Choice Formulary

## Category/Class

Last Updated\* 7/1/2020

DrugName	Special Code	Tier
<b>ANTIDIABETICS Cont.</b>		
<b>DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</b>		
JANUVIA TAB (QL= 1 tab/day)	QL-¢	2
TRADJENTA TAB (QL= 1 tab/day)	QL	2
ALOGLIPTIN TAB, NESINA TAB	-	NC
ONGLYZA TAB	-	NC
<b>DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC</b>		
CYCLOSET TAB	-	3
<b>INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)</b>		
BYDUREON BCISE AUTO INJ (QL= 4 inj/28 days)	QL	2
BYDUREON INJ (QL= 4 inj/28 days)	QL	2
BYDUREON PEN INJ (QL= 4 inj/28 days)	QL	2
OZEMPIC INJ (QL= 1 pack/28 days)	QL	2
RYBELSUS TAB (QL=1 tab/day)	QL	2
TRULICITY INJ (QL= 4 pens/28 days)	QL	2
VICTOZA INJ (QL= 9ml/30 days)	QL	2
BYETTA INJ (QL= 1 pen/30 days)	QL	3
ADLYXIN INJ	-	NC
TANZEUM INJ	-	NC
<b>INSULIN</b>		
FIASP FLEXTOUCH INJ	-	2
FIASP INJ	-	2
FIASP PENFILL INJ	-	2

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SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
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## Category/Class

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<b>ANTIDIABETICS Cont.</b>		
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
NOVOLIN INJ	OTC	2
NOVOLIN N FLEXPEN INJ	OTC	2
NOVOLIN R FLEXPEN INJ	OTC	2
NOVOLOG FLEXPEN INJ	-	2
NOVOLOG INJ	-	2
NOVOLOG MIX FLEXPEN INJ	-	2
NOVOLOG MIX INJ	-	2
NOVOLOG PENFILL INJ	-	2
TOUJEO MAX SOLOSTAR INJ	-	2
TOUJEO SOLOSTAR INJ	-	2

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## Category/Class

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<b>ANTIDIABETICS Cont.</b>		
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
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 ASPART)	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 INJ	-	NC
HUMALOG KWIKPEN INJ	-	NC
HUMALOG PEN INJ	-	NC
LYUMJEV INJ	-	NC
LYUMJEV KWIKPEN INJ	-	NC

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<b>ANTIDIABETICS Cont.</b>		
<b>INSULIN SENSITIZING AGENTS</b>		
pioglitazone tab (ACTOS equiv)	-	1
AVANDIA TAB	-	2
ACTOS TAB	-	3
<b>MEGLITINIDE ANALOGUES</b>		
repaglinide tab (PRANDIN equiv)	-	1
nateglinide tab (STARLIX equiv)	-	3
PRANDIN TAB	-	3
STARLIX TAB	-	3
<b>SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS</b>		
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
<b>SULFONYLUREAS</b>		
CHLORPROPAMIDE TAB	-	1
chlorpropamide tab (DIABINESE equiv)	-	1
glimepiride tab (AMARYL equiv)	-	1
glipizide ER tab (GLUCOTROL XL equiv)	-	1
glipizide tab (GLUCOTROL equiv)	-	1
glyburide micronized tab (GLYNASE equiv)	-	1
glyburide tab (MICRONASE equiv)	-	1

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## Category/Class

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<b>ANTIDIABETICS Cont.</b>		
TOLAZAMIDE TAB	-	1
TOLBUTAMIDE TAB	-	2
AMARYL TAB	-	3
DIABETA TAB	-	3
GLUCOTROL TAB	-	3
GLUCOTROL XL TAB	-	3
GLYNASE TAB	-	3
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS</b>		
<b>ANTIPERISTALTIC AGENTS</b>		
DIPHENOXYLATE/ATROPINE LIQUID	-	1
LOPERAMIDE SOLN	-	NC
<b>ANTIDIARRHEALS</b>		
<b>ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS</b>		
MYTESI TAB	-	NC
<b>ANTIDIARRHEAL AGENTS - MISC.</b>		
REZYST CHEW TAB	-	NC
VSL #3 CAP	-	NC
<b>ANTIDIARRHEAL COMBINATIONS</b>		
EVIVO LIQUID	-	NC
<b>ANTIPERISTALTIC AGENTS</b>		
diphenoxylate/atropine tab (LOMOTIL equiv)	-	1
LOMOTIL LIQUID	-	3
LOMOTIL TAB	-	3

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DrugName	Special Code	Tier
<b>ANTIDIARRHEALS Cont.</b>		
MOTOFEN TAB	-	3
opium tincture	-	3
loperamide cap	-	NC
PAREGORIC TINCTURE	-	NC
<b>ANTIDOTES</b>		
<b>ANTIDOTES</b>		
VISTOGARD PAK	-	NC
<b>ANTIDOTES - CHELATING AGENTS</b>		
CHEMET CAP	-	2
FERRIPROX SOLN (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	SP
FERRIPROX TAB (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	SP
<b>OPIOID ANTAGONISTS</b>		
naloxone inj	-	1
naltrexone tab (REVIA equiv)	-	1
NARCAN NASAL SPRAY	-	2
REVIA TAB	-	3
EVZIO INJ	-	NC
VIVITROL INJ	LMSP	SP
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
<b>ANTIDOTES - CHELATING AGENTS</b>		
deferasirox tab (EXJADE equiv)	LMSP	SP
deferasirox tab 180mg (JADENU equiv)	LMSP	SP
deferasirox tab 90mg, 360mg (JADENU equiv)	LMSP	SP

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DrugName	Special Code	Tier
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS Cont.</b>		
EXJADE TAB	LMSP	SP
JADENU SPRINKLE	LMSP	SP
JADENU TAB 180MG	LMSP	SP
JADENU TAB 90MG, 360MG	LMSP	SP
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
CETYLEV TAB	-	NC
<b>OPIOID ANTAGONISTS</b>		
naloxone prefilled inj (QL= 2 inj/fill)	QL	1
NALOXONE PREFILLED INJ (QL= 2 inj/fill)	QL	2
EVZIO INJ	-	NC
<b>ANTIEMETICS</b>		
<b>5-HT3 RECEPTOR ANTAGONISTS</b>		
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

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DrugName	Special Code	Tier
<b>ANTIEMETICS Cont.</b>		
ZOFRAN SOLN	-	3
ZOFRAN TAB	-	3
SUSTOL INJ	-	NC
ZUPLENZ SL FILM	-	NC
<b>ANTIEMETICS - ANTICHOLINERGIC</b>		
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)	-	3
TIGAN CAP	-	3
TRANSDERM-SCOP PATCH	-	3
<b>ANTIEMETICS - MISCELLANEOUS</b>		
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
<b>SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS</b>		
aprepitant cap (EMEND equiv) (QL= 3 caps/fill)	QL	2

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<b>ANTIEMETICS Cont.</b>		
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
EMEND SUSP	-	NC
<b>ANTIFUNGALS</b>		
<b>ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (ECHINOCANDINS)</b>		
miconazole inj (MYCAMINE equiv)	M	M
MYCAMINE INJ	M	M
<b>ANTIFUNGALS</b>		
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
<b>IMIDAZOLE-RELATED ANTIFUNGALS</b>		
fluconazole susp (DIFLUCAN equiv)	-	1

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<b>ANTIFUNGALS Cont.</b>		
fluconazole tab (DIFLUCAN equiv)	-	1
ketoconazole tab (NIZORAL equiv)	-	1
itraconazole cap (SPORANOX equiv)	PA	2
NOXAFIL SUSP	-	2
posaconazole DR tab (NOXAFIL equiv)	-	2
voriconazole susp (VFEND equiv) (Restricted to Infectious Disease Specialist)	RS	2
voriconazole tab (VFEND equiv) (Restricted to Infectious Disease Specialist)	RS	2
DIFLUCAN SUSP	-	3
DIFLUCAN TAB	-	3
itraconazole soln (SPORANOX equiv)	PA	3
SPORANOX CAP	PA	3
SPORANOX SOLN	PA	3
VFEND SUSP (Restricted to Infectious Disease Specialist)	RS	3
VFEND TAB (Restricted to Infectious Disease Specialist)	RS	3
CRESEMBA CAP	-	NC
NOXAFIL TAB	-	NC
TOLSURA CAP	-	NC
<b>ANTIHISTAMINES</b>		
<b>ANTIHISTAMINES - ALKYLAMINES</b>		
chlorpheniramine ER cap	-	1
CPM CAP	-	3
MICLARA LIQUID	-	NC

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## Category/Class

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<b>ANTIHISTAMINES Cont.</b>		
RYCLORA SYRUP, DEXCHLORPHENIRAMINE SYRUP	-	NC
<b>ANTIHISTAMINES - ETHANOLAMINES</b>		
diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered)	-	1
diphenhydramine inj (BENADRYL equiv)	-	2
CARBINOXAMINE SOLN	-	3
carbinoxamine soln (PALGIC equiv)	-	3
CARBINOXAMINE TAB	-	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
<b>ANTIHISTAMINES - NON-SEDATING</b>		
CLARINEX SYRUP	PA	3
DESLOMATADINE ODT	PA	3
desloratadine tab (CLARINEX equiv)	PA	3
levocetirizine soln (XYZAL equiv)	-	3
levocetirizine tab (XYZAL equiv)	-	3
loratadine cap (CLARITIN equiv)	OTC	EXC

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<b>ANTIHISTAMINES Cont.</b>		
ALLEGRA ODT	OTC	NC
cetirizine chew tab (ZYRTEC equiv)	OTC	NC
CLARINEX REDITAB	-	NC
CLARINEX TAB	-	NC
XYZAL SOLN	-	NC
XYZAL TAB	-	NC
ZYRTEC CHEW TAB	OTC	NC
<b>ANTIHISTAMINES - PHENOTHIAZINES</b>		
promethazine syrup	-	1
promethazine tab (PHENERGAN equiv)	-	1
promethazine supp (PHENERGAN equiv)	-	2
PROMETHEGAN SUPP	-	2
<b>ANTIHISTAMINES - PIPERIDINES</b>		
cyproheptadine syrup	-	1
cyproheptadine tab	-	1
<b>ANTIHYPERLIPIDEMICS</b>		
<b>ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS</b>		
NEXLETOL TAB	-	NC
<b>ANTIHYPERLIPIDEMICS - COMBINATIONS</b>		
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

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VAC	Vaccine Program	¢	RxCENTS

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# Community Health Choice Formulary

## Category/Class

Last Updated\* 7/1/2020

DrugName	Special Code	Tier
<b>ANTIHYPERLIPIDEMICS Cont.</b>		
ezetimibe/simvastatin tab 10-80mg (VYTORIN equiv)	-	NC
NEXLIZET TAB	-	NC
OMEGA-3 RX PAK COMPLETE	-	NC
VYTORIN TAB 10-80MG	-	NC
<b>ANTIHYPERLIPIDEMICS - MISC.</b>		
omega-3-acid ethyl esters cap (LOVAZA equiv)	-	2
VASCEPA CAP (QL= 4 caps/day)	QL	2
LOVAZA CAP	-	3
KYNAMRO INJ	-	NC
<b>BILE ACID SEQUESTRANTS</b>		
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
WELCHOL PACK	-	2
WELCHOL TAB	-	2
COLESTID GRANULE	-	3
COLESTID POWDER PACK	-	3
COLESTID TAB	-	3

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<b>ANTIHYPERLIPIDEMICS Cont.</b>		
colestipol granule (COLESTID equiv)	-	3
colestipol powder packet (COLESTID equiv)	-	3
QUESTRAN LITE POWDER	-	3
QUESTRAN LITE POWDER PACK	-	3
QUESTRAN POWDER	-	3
QUESTRAN POWDER PACK	-	3
<b>FIBRIC ACID DERIVATIVES</b>		
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	-	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

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<b>ANTIHYPERLIPIDEMICS Cont.</b>		
<b>HMG COA REDUCTASE INHIBITORS</b>		
atorvastatin tab 10mg (LIPITOR equiv)	-	\$0
atorvastatin tab 20mg (LIPITOR equiv)	-	\$0
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

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<b>ANTIHYPERLIPIDEMICS Cont.</b>		
MEVACOR TAB	-	3
PRAVACHOL TAB	-	3
ZOCOR TAB (80mg is Not Covered)	-	3
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
<b>INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS</b>		
ezetimibe tab (ZETIA equiv)	-	1
ZETIA TAB	-	NC
<b>MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS</b>		
JUXTAPID CAP	-	NC
<b>NICOTINIC ACID DERIVATIVES</b>		
niacin ER tab (NIASPAN equiv)	-	1
NIACOR TAB	-	1
NIASPAN ER TAB	-	NC
<b>PROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS</b>		
PRALUENT INJ (QL= 2 inj/28 days)	PA-QL	2

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## Category/Class

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<b>ANTIHYPERLIPIDEMICS Cont.</b>		
REPATHA INJ (QL= 2 inj/28 days)	PA-QL	2
REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days)	PA-QL	2
<b>ANTIHYPERTENSIVES</b>		
<b>ACE INHIBITORS</b>		
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
EPANED PREMIXED SOLN	PA	3
EPANED SOLN	PA	3
LOTENSIN TAB	-	3
MAVIK TAB	-	3

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## Category/Class

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DrugName	Special Code	Tier
<b>ANTIHYPERTENSIVES Cont.</b>		
MONOPRIL TAB	-	3
PRINIVIL TAB, ZESTRIL TAB	-	3
QBRELIS SOLN	PA	3
UNIVASC TAB	-	3
VASOTEC TAB	-	3
<b>AGENTS FOR PHEOCHROMOCYTOMA</b>		
phenoxybenzamine cap (DIBENZYLINE equiv)	-	2
DIBENZYLINE CAP	-	3
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
irbesartan tab (AVAPRO equiv)	-	1
losartan tab (COZAAR equiv)	-	1
olmesartan tab (BENICAR equiv)	-	1
valsartan tab (DIOVAN equiv)	-	1
telmisartan tab (MICARDIS equiv)	-	2
AVAPRO TAB	-	3
BENICAR TAB	-	3
candesartan tab (ATACAND equiv)	-	3
COZAAR TAB	-	3
DIOVAN TAB	-	3
EDARBI TAB	-	3
EPROSARTAN TAB	-	3
MICARDIS TAB	-	3

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

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atenolol/chlorthalidone tab (TENORETIC equiv)	-	1
benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv)	-	1
bisoprolol/hydrochlorothiazide tab (ZIAC equiv)	-	1
enalapril/hydrochlorothiazide tab (VASERETIC equiv)	-	1
fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv)	-	1
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
metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv)	-	2

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<b>ANTIHYPERTENSIVES Cont.</b>		
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
TARKA TAB	-	3
TEKAMLO TAB	-	3
TEKTURN HCT TAB	-	3
TENORETIC TAB	-	3
TEVETEN HCT TAB	-	3

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<b>ANTIHYPERTENSIVES Cont.</b>		
trandolapril/verapamil ER tab (TARKA equiv)	-	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
<b>ANTIHYPERTENSIVES - MISC.</b>		
VECAMEYL TAB	-	NC
<b>DIRECT RENIN INHIBITORS</b>		
aliskiren tab (TEKTURNA equiv)	¢	3
TEKTURNA TAB	-	3
<b>SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)</b>		

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eplerenone tab (INSPRA equiv)	¢	3
INSPRA TAB	-	3
<b>VASODILATORS</b>		
hydralazine tab (APRESOLINE equiv)	-	1
minoxidil tab (LONITEN equiv)	-	1
<b>ANTI-INFECTIVE AGENTS - MISC.</b>		
<b>ANTI-INFECTIVE AGENTS - MISC.</b>		
metronidazole cap (FLAGYL equiv)	-	1
metronidazole tab (FLAGYL equiv)	-	1
trimethoprim tab (PROLOPRIM equiv)	-	1
pentamidine neb soln (NEBUPENT equiv)	-	2
FIRST METRONIDAZOLE SUSP	-	3
FLAGYL CAP	-	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
XIFAXAN TAB 550MG (QL= 2 tabs/day)	PA-QL	3
AEMCOLO TAB	-	NC

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DrugName	Special Code	Tier
<b>ANTI-INFECTIVE AGENTS - MISC. Cont.</b>		
IMPAVIDO CAP	-	NC
<b>ANTI-INFECTIVE MISC. - COMBINATIONS</b>		
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
<b>ANTIPROTOZOAL AGENTS</b>		
ALINIA SUSP (QL= 60ml/3 days)	PA-QL	2
ALINIA TAB (QL= 6 tabs/3 days)	PA-QL	2
atovaquone susp (MEPRON equiv)	-	2
MEPRON SUSP	-	3
<b>GLYCOPEPTIDES</b>		
FIRST-VANCOMYCIN SOLN	-	1
vancomycin cap (VANCOCIN equiv) (QL= 56 caps/fill)	QL	1
VANCOMYCIN SOLN	-	1
VANCOCIN CAP (QL= 56 caps/fill)	QL	3
VANCOMYCIN INJ	-	NC
<b>KETOLIDES</b>		
KETEK TAB	-	3
<b>LEPROSTATICS</b>		
dapsone tab	-	1
<b>LINCOSAMIDES</b>		

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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 Health Choice Formulary

## Category/Class

Last Updated\* 7/1/2020

DrugName	Special Code	Tier
<b>ANTI-INFECTIVE AGENTS - MISC. Cont.</b>		
clindamycin cap (CLEOCIN equiv)	-	1
CLEOCIN CAP	-	3
CLEOCIN SOLN	-	3
clindamycin soln (CLEOCIN equiv)	-	3
<b>MONOBACTAMS</b>		
CAYSTON INH SOLN (Restricted to Infectious Disease or Pulmonology Specialist; Only available through Walgreens 888-347-3416)	LD-RS	SP
<b>OXAZOLIDINONES</b>		
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
<b>PLEUROMUTILINS</b>		
XENLETA TAB (QL= 14 tabs/180 days; Restricted to Infectious Disease Specialist)	QL-RS	2
<b>ANTIMALARIALS</b>		
<b>ANTIMALARIAL COMBINATIONS</b>		
atovaquone/proguanil tab (MALARONE equiv)	-	1
COARTEM TAB	-	3
FANSIDAR TAB	-	3
MALARONE TAB	-	3
PYRIMETHAMINE/LEUCOVORIN CAP	-	NC
<b>ANTIMALARIALS</b>		

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## Category/Class

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<b>ANTIMALARIALS Cont.</b>		
CHLOROQUINE TAB	-	1
chloroquine tab (ARALEN equiv)	-	1
hydroxychloroquine tab (PLAQUENIL equiv)	-	1
primaquine tab (PRIMAQUINE equiv)	-	1
KRINTAFEL TAB	-	2
MEFLOQUINE TAB	-	2
mefloquine tab (LARIAM equiv)	-	2
PRIMAQUINE TAB	-	2
ARAKODA TAB	-	3
ARALEN TAB	-	3
LARIAM TAB	-	3
PLAQUENIL TAB	-	3
QUALAQUIN CAP	-	3
quinine sulfate cap (QUALAQUIN equiv)	-	3
DARAPRIM TAB (QL= 3 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	SP
pyrimethamine tab (DARAPRIM equiv) (QL= 3 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	SP
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
pyridostigmine tab (MESTINON equiv)	-	1
PROSTIGMIN TAB	-	2
pyridostigmine CR tab (MESTINON equiv)	-	2

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## Category/Class

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DrugName	Special Code	Tier
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS Cont.</b>		
GUANIDINE TAB	-	3
MESTINON TAB	-	3
MESTINON TIMESPAN TAB	-	3
MYTELASE TAB	-	3
pyridostigmine soln (MESTINON equiv)	-	3
FIRDAPSE TAB	-	NC
PYRIDOSTIGMINE TAB 30MG	-	NC
RUZURGI TAB (Only available through PantheRx Pharmacy 855-726-8479)	LD-PA	SP
<b>ANTIMYCOBACTERIAL AGENTS</b>		
<b>ANTI TB COMBINATIONS</b>		
RIFAMATE CAP	-	2
RIFATER TAB	PA	3
<b>ANTIMYCOBACTERIAL AGENTS</b>		
ISONIAZID SYRUP	-	1
ISONIAZID TAB	-	1
pyrazinamide tab	-	1
ethambutol tab (MYAMBUTOL equiv)	-	2
PRIFTIN TAB	-	2
rifabutin cap (MYCOBUTIN equiv)	-	2
rifampin cap (RIFADIN equiv)	-	2
MYAMBUTOL TAB	-	3
MYCOBUTIN CAP	-	3

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<b>ANTIMYCOBACTERIAL AGENTS Cont.</b>		
RIFADIN CAP	-	3
TRECTOR TAB	PA	3
CAPASTAT INJ	M	M
cycloserine cap (CYCLOSERINE equiv)	-	NC
PASER GRANULE	-	NC
PRETOMANID TAB	-	NC
SIRTURO TAB (QL= 4 tabs/day; Restricted to Infectious Disease Specialist)	QL-RS-SP	SP
<b>ANTINEOPLASTICS</b>		
<b>ANTINEOPLASTICS MISC.</b>		
tretinoin cap (VESANOID equiv)	LMSP	SP
<b>TOPOISOMERASE I INHIBITORS</b>		
HYCAMTIN CAP	LMSP-PA	SP
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES</b>		
<b>ALKYLATING AGENTS</b>		
cyclophosphamide cap	-	2
cyclophosphamide tab (CYTOXAN equiv)	-	2
GLEOSTINE/LOMUSTINE CAP	-	2
HEXALEN CAP	-	2
LEUKERAN TAB	-	2
melphalan tab (ALKERAN equiv)	-	2
ALKERAN TAB	-	3
CYCLOPHOSPHAMIDE CAP	-	3
ALKERAN INJ	M	M

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<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.</b>		
melphalan inj (ALKERAN equiv)	M	M
TREANDA INJ	M	M
ZANOSAR INJ	M	M
AFINITOR TAB 10MG (QL= 1 tab/day)	LMSP-PA-QL-SF	SP
MYLERAN TAB	LMSP	SP
TEMODAR CAP	LMSP	SP
temozolomide cap (TEMODAR equiv)	LMSP	SP
<b>ANTIMETABOLITES</b>		
METHOTREXATE INJ	-	1
methotrexate tab (TREXALL equiv)	-	1
mercaptopurine tab (PURINETHOL equiv)	-	2
TABLOID TAB	-	2
PURINETHOL TAB	-	3
fludarabine inj	M	M
PURIXAN SUSP	-	NC
TREXALL TAB	-	NC
XATMEP SOLN	-	NC
capecitabine tab (XELODA equiv)	LMSP	SP
XELODA TAB	LMSP	SP
<b>ANTINEOPLASTIC - ANTIBODIES</b>		
RITUXAN INJ	M	M

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DrugName	Special Code	Tier
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.</b>		
GAZYVA INJ	-	NC
<b>ANTINEOPLASTIC - BCL-2 INHIBITORS</b>		
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
<b>ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS</b>		
DAURISMO TAB	-	NC
ERIVEDGE CAP	MSP-PA-SF	SP
ODOMZO CAP	LMSP-PA-SF	SP
<b>ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS</b>		
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
FARESTON TAB	-	2
flutamide cap (EULEXIN equiv)	-	2

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<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.</b>		
toremifene tab (FARESTON equiv)	-	2
ARIMIDEX TAB	-	3
AROMASIN TAB	-	3
CASODEX TAB	-	3
FEMARA TAB	-	3
MEGACE SUSP	-	3
HYDROXYPROGESTERONE CAPROATE INJ	-	NC
TRELSTAR INJ	INF	NC
XTANDI CAP	-	NC
YONSA TAB	-	NC
ZYTIGA TAB 250MG	-	NC
ZYTIGA TAB 500MG	-	NC
abiraterone tab 250mg (ZYTIGA equiv)	LMSP	SP
ERLEADA TAB (QL= 4 tabs/day)	LMSP-PA-QL	SP
leuprolide inj (LUPRON equiv)	INF-LMSP	SP
LUPRON DEPOT INJ	LMSP	SP
LYSODREN TAB (Only available through Direct Success 732-919-1234)	LD	SP
nilutamide tab (NILANDRON equiv)	LMSP	SP
NUBEQA TAB (QL= 4 tabs/day)	MSP-PA-QL-S F	SP
<b>ANTINEOPLASTIC - IMMUNOMODULATORS</b>		
POMALYST CAP (QL= 21 caps/28 days)	MSP-PA-QL	SP

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DrugName	Special Code	Tier
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.</b>		
<b>ANTINEOPLASTIC - XPO1 INHIBITORS</b>		
XPOVIO PAK (QL= 32 tabs/28 days; Only available through Biologics 800-850-430)	LD-PA-QL-SF	SP
<b>ANTINEOPLASTIC COMBINATIONS</b>		
HERCEPTIN HYLECTA INJ	-	NC
KISQALI PAK (QL= 91 tabs/28 days)	LMSP-PA-QL	SP
LONSURF TAB (Only available through Walgreens 888-347-3416)	LD-PA	SP
<b>ANTINEOPLASTIC ENZYME INHIBITORS</b>		
ALUNBRIG PAK	-	NC
AYVAKIT TAB	-	NC
GLEEVEC TAB	-	NC
INREBIC CAP	-	NC
KOSELUGO CAP	-	NC
PEMAZYRE TAB	-	NC
QINLOCK TAB	-	NC
RETEVMO CAP	-	NC
TABRECTA TAB	-	NC
TAZVERIK TAB	-	NC
TUKYSA TAB	-	NC
VIZIMPRO TAB	-	NC
AFINITOR DISPERZ (QL= 1 tab/day)	LMSP-PA-QL-SF	SP
AFINITOR TAB 2.5MG, 5MG, 7.5MG (QL= 1 tab/day)	LMSP-PA-QL-SF	SP

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ALECENSA CAP (QL= 8 caps/day)	LMSP-PA-QL	SP
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 50MG (QL= 4 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	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 Lumicera Pharmacy 855-847-3553)	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

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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
erlotinib tab (TARCEVA equiv)	LMSP-PA-SF	SP
everolimus tab (AFINITOR equiv) (QL= 1 tab/day)	LMSP-PA-QL-SF	SP
FARYDAK CAP (QL= 6 caps/21 days)	MSP-PA-QL	SP
GILOTRIF TAB (QL= 1 tab/day; Only available through Accredo 888-773-7376)	LD-PA-QL	SP
IBRANCE CAP (QL= 21 caps/28 days)	MSP-PA-QL	SP
IBRANCE TAB (QL= 1 tabs/day)	MSP-PA-QL	SP
ICLUSIG TAB (Only available through AcariaHealth 800-511-5144)	LD-PA-SF	SP
IDHIFA TAB (QL= 1 tab/day)	MSP-PA-QL	SP
imatinib tab (GLEEVEC equiv)	LMSP	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 Pharmacy 877-977-9118)	LD-PA-QL	SP
IMBRUVICA TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	SP
INLYTA TAB (QL= 8 tabs/day)	MSP-PA-QL-SF	SP
IRESSA TAB (Only available through Lumicera Pharmacy 855-847-3553)	LD-PA	SP
JAKAFI TAB (QL= 2 tabs/day)	MSP-PA-QL	SP

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KISQALI TAB (QL= 63 tabs/28 days)	LMSP-PA-QL	SP
LENVIMA CAP (QL= 3 caps/day; Only available through Accredo 888-773-7376)	LD-PA-QL	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
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)	LMSP-PA-QL	SP
MEKINIST TAB 2MG (QL= 1 tab/day)	LMSP-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	MSP-PA	SP
PIQRAY TAB	LMSP-PA-SF	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	LMSP-PA	SP
SPRYCEL TAB	LMSP-PA-SF	SP

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DrugName	Special Code	Tier
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.</b>		
STIVARGA TAB (QL= 4 tabs/day)	MSP-PA-QL-S F	SP
SUTENT CAP	MSP-PA-SF	SP
TAFINLAR CAP (QL= 4 caps/day)	LMSP-PA-QL	SP
TAGRISO TAB (QL= 1 tab/day; Only available through Lumicera Pharmacy 855-847-3553)	LD-PA-QL-SF	SP
TALZENNA CAP 0.25MG (QL= 3 caps/day)	MSP-PA-QL-S F	SP
TALZENNA CAP 1MG (QL= 1 cap/day)	MSP-PA-QL-S F	SP
TARCEVA TAB	LMSP-PA-SF	SP
TASIGNA CAP	LMSP-PA-SF	SP
TIBSOVO TAB (QL= 2 tabs/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	SP
TURALIO CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	SP
TYKERB TAB	LMSP-PA	SP
VERZENIO TAB (QL= 2 tabs/day)	LMSP-PA-QL- SF	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

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VAC	Vaccine Program	¢	RxCENTS

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# Community Health Choice Formulary

## Category/Class

Last Updated\* 7/1/2020

DrugName	Special Code	Tier
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.</b>		
VITRAKVI SOLN (QL= 10ml/day; Only available through US Bioservices 888-518-7246)	LD-PA-QL-SF	SP
VOTRIENT TAB	LMSP-PA-SF	SP
XALKORI CAP (QL= 2 caps/day)	MSP-PA-QL-SF	SP
XOSPATA TAB (QL= 3 tabs/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	SP
ZEJULA CAP (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	SP
ZELBORAF TAB (QL= 8 tabs/day)	MSP-PA-QL	SP
ZOLINZA CAP	LMSP-PA-SF	SP
ZYDELIG TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-SF	SP
ZYKADIA CAP (QL= 3 caps/day)	LMSP-PA-QL-SF	SP
ZYKADIA TAB (QL= 3 tabs/day)	LMSP-PA-QL-SF	SP

### ANTINEOPLASTICS MISC.

hydroxyurea cap (HYDREA equiv)	-	1
MATULANE CAP	-	2
HYDREA CAP	-	3
PROLEUKIN INJ	-	NC
SYLATRON INJ	-	NC
SYNRIBO INJ	-	NC

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<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.</b>		
ACTIMMUNE INJ (Only available through Walgreens 888-347-3416)	LD-PA	SP
ALFERON-N INJ	LMSP	SP
bexarotene cap (TARGRETIN equiv)	LMSP-PA-SF	SP
INTRON-A INJ	MSP	SP
TARGRETIN CAP	LMSP-PA-SF	SP
<b>CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS</b>		
leucovorin tab	-	1
MESNEX TAB	LMSP	SP
<b>MITOTIC INHIBITORS</b>		
ETOPOSIDE CAP	LMSP	SP
<b>ANTIPARKINSON AGENTS</b>		
<b>ANTIPARKINSON ADJUVANTS</b>		
carbidopa tab (LODOSYN equiv)	-	2
LODOSYN TAB	-	3
<b>ANTIPARKINSON ANTICHOLINERGICS</b>		
benztropine tab	-	1
trihexyphenidyl tab (ARTANE equiv)	-	1
<b>ANTIPARKINSON COMT INHIBITORS</b>		
entacapone tab (COMTAN equiv)	-	2
COMTAN TAB	-	3
TASMAR TAB	-	3
tolcapone tab (TASMAR equiv)	-	3
<b>ANTIPARKINSON DOPAMINERGICS</b>		

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<b>ANTIPARKINSON AGENTS Cont.</b>		
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
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
PARCOPA ODT	-	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

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<b>ANTIPARKINSON AGENTS Cont.</b>		
SINEMET TAB	-	3
DUOPA ENTERAL SUSP	-	NC
GOCOVRI CAP	-	NC
RYTARY CAP	-	NC
APOKYN INJ (Only available through CVS Specialty 800-237-2767)	LD	SP
<b>ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS</b>		
selegiline cap (ELDEPRYL equiv)	-	1
selegiline tab (ELDEPRYL equiv)	-	1
rasagiline tab (AZILECT equiv)	¢	2
AZILECT TAB	-	3
ELDEPYRL CAP	-	3
XADAGO TAB (QL= 1 tab/day)	PA-QL	3
ZELAPAR ODT	-	NC
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS</b>		
<b>ANTIPARKINSON ADJUVANTS</b>		
NOURIANZ TAB	-	NC
<b>ANTIPARKINSON ANTICHOLINERGICS</b>		
trihexyphenidyl elixir (ARTANE equiv)	-	1
<b>ANTIPARKINSON DOPAMINERGICS</b>		
INBRIJA INH POWDER	-	NC
KYNMOBI FILM	-	NC
OSMOLEX ER TAB	-	NC
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS</b>		

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<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont.</b>		
<b>ANTIMANIC AGENTS</b>		
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
<b>ANTIPSYCHOTICS - MISC.</b>		
ziprasidone cap (GEODON equiv)	-	1
EQUETRO CAP	-	2
LATUDA TAB (QL= 1 tab/day; Step Therapy requires trial of quetiapine)	QL-ST-¢	2
GEODON CAP	-	3
CAPLYTA CAP	-	NC
NUPLAZID CAP	-	NC
NUPLAZID TAB	-	NC
VRAYLAR CAP	-	NC
VRAYLAR PACK	-	NC
<b>BENZISOXAZOLES</b>		
risperidone soln (RISPERDAL equiv)	-	1
risperidone tab (RISPERDAL equiv)	-	1
paliperidone ER tab (INVEGA equiv)	PA	2
RISPERDAL CONSTA INJ	-	2

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DrugName	Special Code	Tier
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont.</b>		
RISPERIDONE ODT	-	2
risperidone ODT (RISPERDAL M equiv)	-	2
FANAPT TAB (QL= 2 tabs/day)	PA-QL	3
FANAPT TITRATION PACK (QL= 1 pack/plan year)	PA-QL	3
INVEGA SUSTENNA INJ	-	3
INVEGA TAB	PA	3
INVEGA TRINZA INJ	-	3
RISPERDAL M ODT	-	3
RISPERDAL SOLN	-	3
RISPERDAL TAB	-	3
<b>BUTYROPHENONES</b>		
haloperidol lactate conc (HALDOL equiv)	-	1
haloperidol tab (HALDOL equiv)	-	1
haloperidol decanoate inj (HALDOL equiv)	-	2
haloperidol lactate inj (HALDOL equiv)	-	2
<b>DIBENZAPINES</b>		
loxapine cap (LOXITANE equiv)	-	1
olanzapine tab (ZYPREXA equiv)	-	1
quetiapine tab (SEROQUEL equiv)	-	1
quetiapine XR tab (SEROQUEL XR equiv)	-	1
CLOZAPINE ODT	-	2
CLOZAPINE ODT 12.5MG	-	2

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<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont.</b>		
clozapine ODT 25mg, 100mg (CLOZAPINE, FAZACLO equiv)	-	2
CLOZAPINE ODT, FAZACLO ODT	-	2
clozapine tab (CLOZARIL equiv)	-	2
olanzapine ODT (ZYPREXA equiv)	-	2
CLOZARIL TAB	-	3
FAZACLO ODT 12.5MG, 25MG, 100MG	-	3
LOXITANE CAP	-	3
SAPHRIS SL TAB (QL= 2 tabs/day)	PA-QL	3
SEROQUEL TAB	-	3
SEROQUEL XR TAB	-	3
ZYPREXA RELPREVV INJ	-	3
ZYPREXA TAB	-	3
ZYPREXA ZYDIS TAB	-	3
ADASUVE INHALER	-	NC
SECUADO PATCH	-	NC
VERSACLOZ SUSP	-	NC
<b>DIHYDROINDOLONES</b>		
MOLINDONE TAB	-	NC
<b>PHENOTHIAZINES</b>		
chlorpromazine tab (THORAZINE equiv)	-	1
FLUPHENAZINE TAB	-	1
fluphenazine tab (PROLIXIN equiv)	-	1

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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
fluphenazine decanoate inj	-	2
<b>QUINOLINONE DERIVATIVES</b>		
aripiprazole tab (ABILIFY equiv)	-	1
ABILIFY DISCMELT (QL= 2 tabs/day)	PA-QL	3
ABILIFY MAINTENA INJ	-	3
ABILIFY SOLN	PA	3
ABILIFY TAB	-	3
aripiprazole ODT (ABILIFY equiv) (QL= 2 tabs/day)	PA-QL	3
aripiprazole soln (ABILIFY equiv)	PA	3
ARISTADA INJ	-	3
REXULTI TAB (QL= 1 tab/day)	PA-QL	3
ABILIFY MYCITE TAB	-	NC
<b>THIOXANTHENES</b>		
thiothixene cap (NAVANE equiv)	-	1
NAVANE CAP	-	3
<b>ANTISEPTICS &amp; DISINFECTANTS</b>		
<b>ANTISEPTICS &amp; DISINFECTANTS</b>		

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<b>ANTISEPTICS &amp; DISINFECTANTS Cont.</b>		
HYLAMEND GEL FIRST AID	-	NC
<b>CHLORINE ANTISEPTICS</b>		
PHISOHEX LIQUID	-	3
<b>IODINE ANTISEPTICS</b>		
IODOFLEX PAD	-	NC
<b>ANTIVIRALS</b>		
<b>ANTIRETROVIRALS</b>		
TRUVADA TAB	-	\$0
didanosine DR cap (VIDEX EC equiv)	-	1
lamivudine soln (EPIVIR equiv)	-	1
lamivudine tab (EPIVIR equiv)	-	1
nevirapine tab (VIRAMUNE equiv)	-	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
CIMDUO TAB	-	2
DOVATO TAB	-	2
ritonavir tab (NORVIR equiv)	-	2
SYMFI (LO) TAB	-	2
SYMTUZA TAB	-	2

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<b>ANTIVIRALS Cont.</b>		
COMBIVIR TAB	-	3
ISENTRESS (HD) TAB	-	3
ISENTRESS CHEW TAB	-	3
ISENTRESS POWDER PACK	-	3
KALETRA SOLN	-	3
NORVIR CAP	-	3
NORVIR POWDER PACK	-	3
NORVIR SOLN	-	3
NORVIR TAB	-	3
TIVICAY PD TAB	-	NC
TYBOST TAB	-	NC
abacavir soln (ZIAGEN equiv)	-	SP
abacavir tab (ZIAGEN equiv)	-	SP
abacavir/lamivudine tab (EPZICOM equiv)	-	SP
abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv)	-	SP
APTIVUS CAP	-	SP
APTIVUS SOLN	-	SP
atazanavir cap (REYATAZ equiv)	-	SP
ATRIPLA TAB	-	SP
BIKTARVY TAB	-	SP
COMPLERA TAB	-	SP
CRIXIVAN CAP	-	SP

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<b>ANTIVIRALS Cont.</b>		
DELSTRIGO TAB	-	SP
DESCOVY TAB	PA	SP
DIDANOSINE DR CAP, VIDEX EC CAP	-	SP
EDURANT TAB	-	SP
efavirenz cap (SUSTIVA equiv)	-	SP
efavirenz tab (SUSTIVA equiv)	-	SP
EMTRIVA CAP	-	SP
EMTRIVA SOLN	-	SP
EPIVIR SOLN	-	SP
EPIVIR TAB	-	SP
EPZICOM TAB	-	SP
EVOTAZ TAB	-	SP
fosamprenavir tab (LEXIVA equiv)	-	SP
FUZEON INJ	LMSP	SP
GENVOYA TAB	-	SP
INTELENCE TAB	-	SP
INVIRASE CAP	-	SP
INVIRASE TAB	-	SP
JULUCA TAB	-	SP
KALETRA TAB	-	SP
lamivudine/zidovudine tab (COMBIVIR equiv)	-	SP
LEXIVA SUSP	-	SP

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LEXIVA TAB	-	SP
lopinavir/ritonavir soln (KALETRA equiv)	-	SP
NEVIRAPINE ER TAB (Step Therapy requires trial of nevirapine)	ST	SP
nevirapine ER tab (VIRAMUNE XR equiv) (Step Therapy requires trial of nevirapine)	ST	SP
NEVIRAPINE SUSP	-	SP
nevirapine susp (VIRAMUNE equiv)	-	SP
ODEFSEY TAB	-	SP
PIFELTRO TAB	-	SP
PREZCOBIX TAB	-	SP
PREZISTA SUSP	-	SP
PREZISTA TAB	-	SP
RESCRIPTOR TAB	-	SP
RETROVIR CAP	-	SP
RETROVIR SYRUP	-	SP
RETROVIR TAB	-	SP
REYATAZ CAP	-	SP
REYATAZ POWDER PACK	-	SP
SELZENTRY SOLN	-	SP
SELZENTRY TAB	-	SP
STRIBILD TAB	-	SP
SUSTIVA CAP	-	SP
SUSTIVA TAB	-	SP

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VAC	Vaccine Program	¢	RxCENTS

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# Community Health Choice Formulary

## Category/Class

Last Updated\* 7/1/2020

DrugName	Special Code	Tier
<b>ANTIVIRALS Cont.</b>		
tenofovir disoproxil fumarate tab (VIREAD equiv)	-	SP
TIVICAY TAB (QL= 2 tabs/day)	QL	SP
TRIUMEQ TAB	-	SP
TRIZIVIR TAB	-	SP
VIDEX EC CAP	-	SP
VIDEX SOLN	-	SP
VIRACEPT POWDER	-	SP
VIRACEPT TAB	-	SP
VIRAMUNE SUSP	-	SP
VIRAMUNE TAB	-	SP
VIRAMUNE XR TAB (Step Therapy requires trial of nevirapine)	ST	SP
VIREAD TAB	-	SP
VITEKTA TAB	-	SP
ZERIT CAP	-	SP
ZERIT SOLN	-	SP
ZIAGEN SOLN	-	SP
ZIAGEN TAB	-	SP
<b>CMV AGENTS</b>		
GANCICLOVIR CAP	-	2
valganciclovir soln (VALCYTE equiv)	-	2
valganciclovir tab (VALCYTE equiv)	-	2
VALCYTE SOLN	-	3

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<b>ANTIVIRALS Cont.</b>		
VALCYTE TAB	-	3
PREVYMIS TAB	-	NC
<b>HEPATITIS AGENTS</b>		
lamivudine tab 100mg (EPIVIR HBV equiv)	-	1
ribavirin cap (REBETOL equiv)	LMSP	1
ribavirin tab (COPEGUS equiv)	LMSP	1
adefovir dipivoxil tab (HEPSERA equiv)	-	2
VEMLIDY TAB	-	2
HEPSERA TAB	-	3
BARACLUDE SOLN	-	NC
DAKLINZA TAB	-	NC
EPCLUSA TAB	-	NC
HARVONI PELLET PAK	-	NC
HARVONI TAB	-	NC
MODERIBA TAB	-	NC
OLYSIO CAP	-	NC
RIBAPAK TAB	-	NC
RIBAVIRIN TAB 400MG	-	NC
SOVALDI PELLET PAK	-	NC
SOVALDI TAB	-	NC
TECHNIVIE TAB	-	NC
VIEKIRA PAK TAB	-	NC

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<b>ANTIVIRALS Cont.</b>		
VIEKIRA XR TAB	-	NC
ZEPATIER TAB	-	NC
BARACLUDE TAB (QL= 1 tab/day)	QL	SP
COPEGUS TAB	LMSP	SP
entecavir tab (BARACLUDE equiv) (QL= 1 tab/day)	QL	SP
EPIVIR HBV SOLN	-	SP
EPIVIR HBV TAB	-	SP
INCIVEK TAB	LMSP-PA-SF	SP
LEDIPASVIR/SOFOSBUVIR TAB (QL= 1 tab/ day)	LMSP-PA-QL	SP
MAVYRET TAB (QL= 3 tabs/day)	LMSP-PA-QL	SP
PEGASYS INJ	LMSP	SP
PEG-INTRON INJ	LMSP	SP
REBETOL CAP	LMSP	SP
REBETOL SOLN	LMSP	SP
SOFOSBUVIR/VELPATASVIR TAB (QL= 1 tab/ day)	LMSP-PA-QL	SP
TYZEKA TAB	PA-SP	SP
VICTRELIS CAP	LMSP-PA-SF	SP
VOSEVI TAB (QL= 1 tab/day)	LMSP-PA-QL	SP
<b>HERPES AGENTS</b>		
acyclovir cap (ZOVIRAX equiv)	-	1
acyclovir susp (ZOVIRAX equiv)	-	1
acyclovir tab (ZOVIRAX equiv)	-	1

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<b>ANTIVIRALS Cont.</b>		
valacyclovir tab (VALTREX equiv)	-	1
famciclovir tab (FAMVIR equiv)	-	3
FAMVIR TAB	-	3
VALTREX TAB	-	3
ZOVIRAX CAP	-	3
ZOVIRAX SUSP	-	3
ZOVIRAX TAB	-	3
SITAVIG TAB	-	NC
<b>INFLUENZA AGENTS</b>		
oseltamivir cap (TAMIFLU equiv) (QL= 10 caps/fill)	QL	1
oseltamivir cap 30mg (TAMIFLU equiv) (QL= 20 caps/fill)	QL	1
RIMANTADINE TAB	-	1
oseltamivir susp (TAMIFLU equiv) (QL= 250ml/fill)	QL	2
RELENZA DISKHALER (QL= 1 inhaler/fill)	QL	2
FLUMADINE 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
<b>RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS</b>		
ribavirin inh soln (VIRAZOLE equiv)	-	NC
<b>ASSORTED CLASSES</b>		
<b>CHELATING AGENTS</b>		

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<b>ASSORTED CLASSES Cont.</b>		
D-PENAMINE TAB	-	2
<b>IMMUNOMODULATORS</b>		
REVLIMID CAP (QL= 1 cap/day; Restricted to Oncology or Hematology Specialist)	MSP-QL-RS	SP
THALOMID CAP	MSP-PA	SP
<b>IMMUNOSUPPRESSIVE AGENTS</b>		
azathioprine tab (IMURAN equiv)	-	1
tacrolimus cap (PROGRAF equiv)	-	1
IMURAN TAB	-	3
AZASAN TAB	-	NC
ENVARUSUS XR TAB	-	NC
CELLCEPT CAP	-	SP
CELLCEPT SUSP	-	SP
CELLCEPT TAB	-	SP
cyclosporine cap (SANDIMMUNE equiv)	-	SP
cyclosporine modified cap (NEORAL equiv)	-	SP
cyclosporine modified soln (NEORAL equiv)	-	SP
mycophenolate DR tab (MYFORTIC equiv)	-	SP
mycophenolate mofetil cap (CELLCEPT equiv)	-	SP
mycophenolate mofetil susp (CELLCEPT SUSP equiv)	-	SP
mycophenolate mofetil tab (CELLCEPT equiv)	-	SP
MYFORTIC TAB	-	SP
NEORAL CAP	-	SP

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<b>ASSORTED CLASSES Cont.</b>		
NEORAL SOLN	-	SP
PROGRAF CAP	-	SP
RAPAMUNE TAB	-	SP
SANDIMMUNE CAP	-	SP
SANDIMMUNE SOLN 100MG/ML	-	SP
sirolimus tab (RAPAMUNE equiv)	-	SP
ZORTRESS TAB 1MG	PA	SP
<b>POTASSIUM REMOVING RESINS</b>		
sodium polystyrene susp (SPS equiv)	-	1
sodium polystyrene powder (KAYEXALATE equiv)	-	2
KAYEXALATE POWDER	-	3
<b>BETA BLOCKERS</b>		
<b>ALPHA-BETA BLOCKERS</b>		
carvedilol tab (COREG equiv)	-	1
labetalol tab (NORMODYNE equiv)	-	1
carvedilol phosphate ER cap (COREG CR equiv)	-	3
COREG CR CAP	-	3
COREG TAB	-	3
TRANDATE TAB	-	3
<b>BETA BLOCKERS CARDIO-SELECTIVE</b>		
acebutolol cap (SECTRAL equiv)	-	1
atenolol tab (TENORMIN equiv)	-	1

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<b>BETA BLOCKERS Cont.</b>		
betaxolol tab (KERLONE equiv)	-	1
bisoprolol tab (ZEBETA equiv)	-	1
metoprolol ER tab (TOPROL XL equiv)	-	1
metoprolol tab (LOPRESSOR equiv)	-	1
BYSTOLIC TAB	¢	2
FIRST ATENOLOL SOLN	-	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
metoprolol tab 37.5mg, 75mg (LOPRESSOR equiv)	-	NC
<b>BETA BLOCKERS NON-SELECTIVE</b>		
pindolol tab (VISKEN equiv)	-	1
propranolol ER cap (INDERAL LA equiv)	-	1
PROPRANOLOL SOLN	-	1
propranolol tab (INDERAL equiv)	-	1
sotalol AF tab (BETAPACE AF equiv)	-	1
sotalol tab (BETAPACE equiv)	-	1

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<b>BETA BLOCKERS Cont.</b>		
timolol maleate tab (BLOCADREN equiv)	-	1
nadolol tab (CORCARD 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
HEMANGEOL SOLN	-	NC
SOTYLIZE SOLN	-	NC
<b>BIOLOGICALS MISC</b>		
<b>ALLERGENIC EXTRACTS</b>		
GRASTEK SL TAB	-	NC
ORALAIR SL TAB	-	NC
RAGWITEK SL TAB	-	NC
<b>BIOLOGICALS MISC</b>		
ADAGEN INJ	M	M
<b>CALCIUM CHANNEL BLOCKERS</b>		
<b>CALCIUM CHANNEL BLOCKER COMBINATIONS</b>		
CONSENSI TAB	-	NC
<b>CALCIUM CHANNEL BLOCKERS</b>		
amlodipine tab (NORVASC equiv)	-	1
DILTIAZEM CAP	-	1

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<b>CALCIUM CHANNEL BLOCKERS Cont.</b>		
diltiazem ER cap (CARDIZEM CD equiv)	-	1
diltiazem ER cap (CARDIZEM SR equiv)	-	1
diltiazem ER cap (DILACOR XR equiv)	-	1
diltiazem ER cap (TIAZAC equiv)	-	1
diltiazem tab (CARDIZEM equiv)	-	1
felodipine ER tab (PLENDIL equiv)	-	1
isradipine cap (DYNACIRC equiv)	-	1
nifedipine cap (PROCARDIA equiv)	-	1
nifedipine ER tab (ADALAT CC equiv)	-	1
VERAPAMIL CAP 100MG	-	1
VERAPAMIL ER CAP 200MG	-	1
VERAPAMIL ER CAP 300MG	-	1
verapamil SR cap (VERELAN equiv)	-	1
VERAPAMIL SR CAP 360mg	-	1
verapamil SR tab (CALAN SR, ISOPTIN SR equiv)	-	1
verapamil tab (CALAN equiv)	-	1
diltiazem ER tab (CARDIZEM LA equiv)	-	2
ADALAT CC TAB	-	3
CALAN SR TAB	-	3
CALAN TAB	-	3
CARDENE SR CAP	-	3
CARDIZEM CD CAP	-	3

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DrugName	Special Code	Tier
<b>CALCIUM CHANNEL BLOCKERS Cont.</b>		
CARDIZEM LA TAB	-	3
CARDIZEM TAB	-	3
COVERA-HS TAB	-	3
DILACOR XR CAP	-	3
DYNACIRC CR TAB	-	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
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
KATERZIA SUSP	-	NC
NYMALIZE SOLN	-	NC

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DrugName	Special Code	Tier
<b>CARDIOTONICS</b>		
<b>CARDIAC GLYCOSIDES</b>		
DIGOXIN SOLN	-	1
digoxin soln (LANOXIN equiv)	-	1
digoxin tab (LANOXIN equiv)	-	1
LANOXIN TAB	-	3
LANOXIN TAB 0.0625MG, 0.1875MG	-	NC
<b>CARDIOVASCULAR AGENTS - MISC.</b>		
<b>CARDIOVASCULAR AGENTS MISC. - COMBINATIONS</b>		
amlodipine/atorvastatin tab (CADUET equiv)	-	2
ENTRESTO TAB (QL= 2 tabs/day)	QL	2
CADUET TAB	-	3
<b>IMPOTENCE AGENTS</b>		
tadalafil tab 2.5mg, 5mg (CIALIS equiv) (QL= 1 tab/day; Prior Authorization for BPH	PA-QL	2
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
vardeafil ODT (STAXYN equiv)	-	EXC
vardeafil tab (LEVITRA equiv)	-	EXC
<b>PERIPHERAL VASODILATORS</b>		
isoxsuprine tab	-	2
<b>PROSTAGLANDIN VASODILATORS</b>		

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DrugName	Special Code	Tier
<b>CARDIOVASCULAR AGENTS - MISC. Cont.</b>		
ORENITRAM TAB	-	NC
REMODULIN INJ 10MG/ML	-	NC
REMODULIN INJ 1MG/ML	-	NC
REMODULIN INJ 2.5MG/ML	-	NC
REMODULIN INJ 5MG/ML	-	NC
treprostinil inj 10mg/ml (REMODULIN equiv)	-	NC
treprostinil inj 1mg/ml (REMODULIN equiv)	-	NC
treprostinil inj 2.5mg/ml (REMODULIN equiv)	-	NC
treprostinil inj 5mg/ml (REMODULIN equiv)	-	NC
TYVASO INH SOLN (QL= 1 ampule/day; Only available through Accredo 888-773-7376)	LD-PA-QL	SP
VENTAVIS INH SOLN (QL= 9 ampules/day; Only available through Accredo 888-773-7376)	LD-PA-QL	SP
<b>PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS</b>		
LETAIRIS TAB	-	NC
ambrisentan tab (LETAIRIS equiv) (QL= 1 tab/day; Restricted to Cardiology or Pulmonology Specialist; Only available through Walgreens 888-347-3416)	LD-QL-RS	SP
bosentan tab (TRACLEER equiv) (QL= 2 tabs/day; Restricted to Cardiology or Pulmonology Specialist; Only available through Walgreens 888-347-3416)	LD-QL-RS	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

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SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
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# Community Health Choice Formulary

## Category/Class

Last Updated\* 7/1/2020

DrugName	Special Code	Tier
<b>CARDIOVASCULAR AGENTS - MISC. Cont.</b>		
TRACLEER TAB 62.5MG, 125MG (QL= 2 tabs/day; Restricted to Cardiology or Pulmonology Specialist; Only available through Walgreens 888-347-3416)	LD-QL-RS	SP
<b>PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS</b>		
sildenafil tab 20mg (REVATIO equiv)	PA	1
REVATIO TAB	PA	3
REVATIO SUSP	-	NC
sildenafil susp (REVATIO equiv)	-	NC
ADCIRCA TAB	LMSP-PA	SP
tadalafil tab (PAH) (ADCIRCA equiv)	LMSP-PA	SP
<b>PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST</b>		
UPTRAVI TAB (QL= 2 tabs/day; Only available through Accredo 888-773-7376)	LD-PA-QL	SP
<b>PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR</b>		
ADEMPAS TAB (QL= 3 tabs/day; Only available through Accredo 888-773-7376)	LD-PA-QL	SP
<b>SINUS NODE INHIBITORS</b>		
CORLANOR SOLN	PA	3
CORLANOR TAB	PA	3
<b>TRANSTHYRETIN STABILIZERS</b>		
VYNDAMAX CAP (QL= 1 cap/day)	MSP-PA-QL	SP
VYNDALIN CAP (QL= 4 caps/day)	MSP-PA-QL	SP
<b>CEPHALOSPORINS</b>		
<b>CEPHALOSPORINS - 1ST GENERATION</b>		
cefadroxil cap (DURICEF equiv)	-	1
cefadroxil susp (DURICEF equiv)	-	1

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<b>CEPHALOSPORINS Cont.</b>		
cefadroxil tab (DURICEF equiv)	-	1
cephalexin cap (KEFLEX equiv)	-	1
cephalexin cap 750mg (KEFLEX equiv)	-	1
cephalexin susp (KEFLEX equiv)	-	1
KEFLEX CAP	-	3
KEFLEX CAP 750MG	-	3
CEPHALEXIN TAB	-	NC
DAXBIA CAP	-	NC
<b>CEPHALOSPORINS - 2ND GENERATION</b>		
cefprozil susp (CEFZIL equiv)	-	1
cefprozil tab (CEFZIL equiv)	-	1
cefuroxime susp (CEFTIN equiv)	-	1
cefuroxime tab (CEFTIN equiv)	-	1
cefaclor cap (CECLOR equiv)	-	3
CEFACLOR ER TAB	-	3
CEFACLOR SUSP	-	3
CEFTIN SUSP	-	3
CEFTIN TAB	-	3
<b>CEPHALOSPORINS - 3RD GENERATION</b>		
cefdinir cap (OMNICEF equiv)	-	1
cefdinir susp (OMNICEF equiv)	-	1
CEDAX CAP	-	3

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<b>CEPHALOSPORINS Cont.</b>		
CEDAX SUSP	-	3
CEFDITOREN TAB	-	3
cefixime cap (SUPRAX equiv)	-	3
cefixime susp (SUPREX equiv)	-	3
cefpodoxime proxetil susp (VANTIN equiv)	-	3
cefpodoxime 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
<b>CONTRACEPTIVES</b>		
<b>COMBINATION CONTRACEPTIVES - ORAL</b>		
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

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<b>CONTRACEPTIVES Cont.</b>		
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
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
viorele tab, kariva tab (MIRCETTE equiv)	-	\$0
wymzya FE tab (FEMCON FE equiv)	-	\$0
YAZ TAB	-	\$0
CYCLESSA TAB	-	3
DESOGEN TAB	-	3
ESTROSTEP FE TAB	-	3
FEMCON FE CHEW TAB	-	3
LO LOESTRIN TAB	-	3
LOESTRIN 24 FE TAB	-	3
LOESTRIN FE TAB	-	3
LOESTRIN TAB	-	3

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<b>CONTRACEPTIVES Cont.</b>		
mibelas chew tab (MINASTRIN equiv)	-	3
MINASTRIN CHEW TAB	-	3
MIRCETTE TAB	-	3
NATAZIA TAB	-	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
SAFYRAL TAB	-	NC
TAYTULLA CAP	-	NC
<b>COMBINATION CONTRACEPTIVES - TRANSDERMAL</b>		
XULANE PATCH	-	\$0
ORTHO-EVRA PATCH	-	3
<b>COMBINATION CONTRACEPTIVES - VAGINAL</b>		
NUVARING	-	\$0

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DrugName	Special Code	Tier
<b>CONTRACEPTIVES Cont.</b>		
ANNOVERA RING	-	NC
eluryng vaginal ring (NUVARING equiv)	-	NC
<b>COPPER CONTRACEPTIVES - IUD</b>		
PARAGARD IUD	-	\$0
<b>EMERGENCY CONTRACEPTIVES</b>		
ELLA TAB	-	\$0
levonorgestrel tab (PLAN B equiv)	OTC	\$0
LEVONORGESTREL TAB 0.75MG	-	\$0
PLAN B TAB	OTC	\$0
<b>PROGESTIN CONTRACEPTIVES - IMPLANTS</b>		
IMPLANON IMPLANT, NEXPLANON IMPLANT	-	\$0
<b>PROGESTIN CONTRACEPTIVES - INJECTABLE</b>		
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
<b>PROGESTIN CONTRACEPTIVES - IUD</b>		
MIRENA IUD	-	\$0
<b>PROGESTIN CONTRACEPTIVES - ORAL</b>		
norethindrone tab (NORA-QD equiv)	-	\$0
NOR-QD TAB	-	3
SLYND TAB	-	3

## CORTICOSTEROIDS

### GLUCOCORTICOSTEROIDS

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# Community Health Choice Formulary

## Category/Class

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DrugName	Special Code	Tier
<b>CORTICOSTEROIDS Cont.</b>		
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
PREDNISON SOLN	-	1
prednisone tab (DELTASONE equiv)	-	1
budesonide SR cap (ENTOCORT EC equiv)	-	2
CORTISONE ACETATE TAB	-	2
MEDROL TAB	-	2
ORAPRED ODT	-	2
prednisolone ODT (ORAPRED equiv)	-	2
budesonide ER tab (QL=1 tab/day)	PA-QL	3
CORTEF TAB	-	3
MEDROL DOSE PACK	-	3
MEDROL TAB	-	3

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# Community Health Choice Formulary

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DrugName	Special Code	Tier
<b>CORTICOSTEROIDS Cont.</b>		
MILLIPRED TAB	-	3
ORAPRED ODT	-	3
ORAPRED SOLN	-	3
PREDNISOLONE SOLN	-	3
PRELONE SYRUP	-	3
UCERIS TAB (QL= 1 tab/day)	PA-QL	3
dexamethasone pak (DEXPAK equiv)	-	NC
DEXPAK TAB	-	NC
DXEVO 11-DAY PAK	-	NC
EMFLAZA SUSP	-	NC
EMFLAZA TAB	-	NC
FLO-PRED SUSP	-	NC
LIDOLOG KIT	-	NC
MILLIPRED DP PAK	-	NC
prednisone pack	-	NC
PREDNISONE/DIPHENHYDRAMINE KIT	-	NC
RAYOS TAB	-	NC
<b>MINERALOCORTICIDS</b>		
fludrocortisone tab (FLORINEF equiv)	-	1
<b>COUGH/COLD/ALLERGY</b>		
<b>ANTITUSSIVES</b>		
benzonatate cap (TESSALON equiv)	-	1

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<b>COUGH/COLD/ALLERGY Cont.</b>		
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
<b>COUGH/COLD/ALLERGY COMBINATIONS</b>		
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	-	1
promethazine VC syrup (PHENERGAN VC equiv)	-	1
PROMETHAZINE VC/CODEINE SYRUP	-	1
promethazine VC/codeine syrup (PHENERGAN VC/CODEINE equiv)	-	1
promethazine/codeine syrup (PHENERGAN/CODEINE equiv)	-	1
ALBATUSSIN LIQUID	-	3
BRONCOPECTOL SYRUP	-	3
DECON-A ELIXIR	-	3
GILTUSS LIQUID	-	3
GILTUSS TR TAB	-	3
hydrocodone/chlorpheniramine CR susp (TUSSIONEX equiv) (QL= 120ml/fill; 2 fills/ QL days)		3

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<b>COUGH/COLD/ALLERGY Cont.</b>		
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
SEMPREX-D CAP	-	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	NC
CLARINEX-D TAB	-	NC
DECON-A LIQUID	OTC	NC
DOMETUSS-DMX LIQ	-	NC
HYCOFENIX SOLN	-	NC
lohist liquid (DECON-A equiv)	OTC	NC
MUCINEX LIQUID	-	NC
POLY-TUSSIN DM SYRUP	-	NC

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TRIAMINIC SYRUP	OTC	NC
TUSSICAPS	-	NC
TUSSI-PRES LIQUID	-	NC
TUXARIN ER TAB	-	NC
TUZISTRA XR SUSP	-	NC
<b>EXPECTORANTS</b>		
SSKI SOLN	-	2
GUAIFENESEN SYRUP	-	NC
guaifenesin tab (ALLFEN JR equiv)	-	NC
MUCINEX TAB	-	NC
<b>MISC. RESPIRATORY INHALANTS</b>		
sodium chloride neb soln (HYPER-SAL equiv)	-	1
NEBUSAL NEB SOLN	-	2
HYPER-SAL NEB SOLN	-	3
<b>MUCOLYTICS</b>		
acetylcysteine soln (MUCOMYST equiv)	-	1
<b>DERMATOLOGICALS</b>		
<b>ACNE PRODUCTS</b>		
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

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DrugName	Special Code	Tier
<b>DERMATOLOGICALS Cont.</b>		
DIFFERIN OTC GEL 0.1% (Acne Only – members age 35 or older require Prior Authorization)	OTC-PA	1
ERY PAD	-	1
erythromycin gel	-	1
erythromycin pad	-	1
erythromycin soln	-	1
adapalene cream (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	2
adapalene 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 (AC CUTANE equiv)	-	2
AVAR GEL	-	2
clindamycin/benzoyl peroxide gel (BENZACLIN equiv)	-	2
clindamycin/benzoyl peroxide gel (DUAC GEL equiv)	-	2
EPIDUO FORTE GEL (Acne Only – members age 35 or older require Prior Authorization)	PA	2
erythromycin/benzoyl peroxide gel (BENZAMYCIN equiv)	-	2
PRASCION RA CREAM	-	2
RETIN-A MICRO GEL 0.04%, 0.1% (Acne Only – members age 35 or older require Prior Authorization)	PA	2

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SP	Available through Specialty Pharmacy Program	ST	Step Therapy
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# Community Health Choice Formulary

## Category/Class

Last Updated\* 7/1/2020

DrugName	Special Code	Tier
<b>DERMATOLOGICALS Cont.</b>		
sodium sulfacetamide lotion (KLARON equiv)	-	2
sodium sulfacetamide/sulfur cream (PLEXION SCT equiv)	-	2
sodium sulfacetamide/sulfur emulsion (ROSAC WASH equiv)	-	2
sodium sulfacetamide/sulfur emulsion (ROSULA equiv)	-	2
sodium sulfacetamide/sulfur gel (ROSULA equiv)	-	2
sodium sulfacetamide/sulfur susp (SUMAXIN equiv)	-	2
sodium sulfacetamide/sulfur wash (SUMAXIN equiv)	-	2
tretinoin cream (Acne Only – members age 35 or older require Prior Authorization)	PA	2
tretinoin gel (Acne Only – members age 35 or older require Prior Authorization)	PA	2
tretinoin gel (RETIN-A GEL equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	2
AKNE-MYCIN OINT	-	3
ATRALIN GEL, RETIN-A GEL	PA	3
BENZACLIN GEL	-	3
BENZAMYCIN GEL	-	3
CLARIFOAM EF FOAM	-	3
CLEOCIN-T GEL	-	3
CLEOCIN-T LOTION	-	3
CLEOCIN-T PAD	-	3
CLEOCIN-T SOLN	-	3
clindamycin/tretinoin gel (ZIANA equiv)	-	3
DIFFERIN CREAM	PA	3

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# Community Health Choice Formulary

## Category/Class

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<b>DERMATOLOGICALS Cont.</b>		
DIFFERIN GEL	PA	3
DUAC CS KIT	-	3
DUAC GEL	-	3
EPIDUO GEL 0.1-2.5%	PA	3
KLARON LOTION	-	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
VELTIN GEL	-	3
ZIANA GEL	-	3
ABSORICA CAP	-	NC
ABSORICA LD CAP	-	NC
ACZONE GEL	-	NC
ADAPALENE LOTION	-	NC
AKLIEF CREAM	-	NC
ALTRENO LOTION	-	NC
AMZEEQ FOAM	-	NC

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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
CLINDACIN KIT	-	NC
CLINDAGEL	-	NC
clindamycin foam (EVOCLIN equiv)	-	NC
dapsone gel (ACZONE equiv)	-	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 0.08%, 0.06%	-	NC
ROSULA WASH	-	NC

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<b>DERMATOLOGICALS Cont.</b>		
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
SUMADAN KIT	-	NC
SUMADEN XLT KIT	-	NC
SUMAXIN PAD	-	NC
<b>AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS</b>		
VEREGEN OINT	-	NC
<b>AGENTS FOR WRINKLES/LIPOATROPHY/OTHER AESTHETIC USES</b>		
RENOVA CREAM	-	EXC
KYBELLA INJ	-	NC
<b>ANALGESICS - TOPICAL</b>		
BACLOFEN CREAM COMPOUND KIT	-	NC
TRAMADOL COMPOUND KIT	-	NC
<b>ANTIBIOTICS - TOPICAL</b>		
gentamicin sulfate cream	-	1
gentamicin sulfate oint	-	1
mupirocin oint (BACTROBAN OINT equiv)	-	1
BACTROBAN OINT	-	3

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<b>DERMATOLOGICALS Cont.</b>		
CENTANY OINT	-	3
CORTISPORIN CREAM	-	3
CORTISPORIN OINT	-	3
ALTABAX OINT	-	NC
BACTROBAN CREAM	-	NC
mupirocin cream (BACTROBAN equiv)	-	NC
NEO-SYNALAR CREAM	-	NC
XEPI CREAM	-	NC
<b>ANTIFUNGALS - TOPICAL</b>		
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/betamethasone cream (LORTRISONE CREAM equiv)	-	1
econazole cream (SPECTAZOLE equiv)	-	1
ketoconazole cream (NIZORAL CREAM equiv)	-	1
ketoconazole shampoo (NIZORAL SHAMPOO equiv)	-	1
nystatin cream (MYCOSTATIN CREAM equiv)	-	1
nystatin oint	-	1
nystatin topical powder	-	1
ciclopirox shampoo (LOPROX SHAMPOO equiv)	-	2
clotrimazole/betamethasone lotion (LOTRISONE LOTION equiv)	-	2

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## Category/Class

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<b>DERMATOLOGICALS Cont.</b>		
EXELDERM CREAM, SULCONAZOLE CREAM	-	3
EXELDERM SOLN	-	3
EXELDERM SOLN, SULCONAZOLE SOLN	-	3
LOPROX CREAM	-	3
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
nystatin/triamcinolone cream	-	3
nystatin/triamcinolone oint	-	3
oxiconazole nitrate cream (OXISTAT equiv)	-	3
OXISTAT CREAM	-	3
OXISTAT LOTION	-	3
ALCORTIN A GEL	-	NC
ALOQUIN GEL	-	NC

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clotrimazole cream (LOTRIMIN AF CREAM equiv)	-	NC
ECONASIL KIT	-	NC
ECOZA FOAM	-	NC
ERTACZO CREAM	-	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
JUBLIA SOLN	-	NC
KERYDIN SOLN	-	NC
LOTRIMIN AF CREAM	-	NC
LULICONAZOLE CREAM, LUZU CREAM	-	NC
NAFTIN GEL 2%	-	NC
nizoral a-d shampoo (NIZORAL equiv)	OTC	NC
NYATA KIT	-	NC
ONYCHO-MED KIT	-	NC
PEDIZOLPAK THERAPY PACK	-	NC
PENLAC SOLN	-	NC
VYTONE CREAM 1.9-1%	-	NC
XOLEGEL	-	NC
<b>ANTI-INFLAMMATORY AGENTS - TOPICAL</b>		
diclofenac gel 1% (VOLTAREN equiv) (QL= 5 tubes/fill)	QL	2
diclofenac soln 1.5% (PENNSAID equiv) (QL= 3 bottles/fill)	QL	2

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<b>DERMATOLOGICALS Cont.</b>		
DICLOFENAC PATCH, FLECTOR PATCH (QL= 30 patches/fill)	QL	3
VOLTAREN GEL (QL= 5 tubes/fill)	QL	3
DST PLUS PAK KIT	-	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
<b>ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL</b>		
fluorouracil cream (EFUDEX CREAM equiv)	-	1
FLUOROPLEX CREAM	-	2
FLUOROURACIL CREAM 0.5%	-	2
FLUOROURACIL SOLN	-	2
diclofenac gel (SOLARAZE equiv) (QL= 300gm/30 days)	PA-QL	3
EFUDEX CREAM	-	3
PICATO GEL (QL= 1 box/fill)	QL	3
SOLARAZE GEL (QL= 300gm/30 days)	PA-QL	3

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<b>DERMATOLOGICALS Cont.</b>		
CARAC CREAM	-	NC
FLUORAC CREAM	-	NC
SOLARAVIX PAK	-	NC
PANRETIN GEL	LMSP-PA	SP
TARGRETIN GEL	LMSP-PA	SP
VALCHLOR GEL (QL= 4 tubes/30 days; Only available through Avella (877) 546-5779)	LD-PA-QL	SP
<b>ANTIPRURITICS - TOPICAL</b>		
DOXEPIN CREAM, PRUDOXIN CREAM, ZONALON CREAM	PA	3
<b>ANTIPSORIATICS</b>		
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 (OXSORALEN ULTRA equiv)	-	2
SORIATANE CK KIT	-	2
tazarotene cream 0.1% (TAZORAC equiv)	-	2
CALCITRIOL OINT	-	3
DOVONEX CREAM	-	3
DOVONEX SOLN	-	3
DRITHO-SCALP CREAM	-	3

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OXSORALEN ULTRA CAP	-	3
SORIATANE CAP	-	3
SORILUX FOAM	-	3
TAZORAC CREAM	-	3
TAZORAC CREAM 0.05%	-	3
TAZORAC GEL	-	3
CALCIPOTRIENE FOAM	-	NC
NUDERMRXPAK PAK	-	NC
SILIQ INJ	-	NC
TALTZ INJ	-	NC
TREMFYA INJ	-	NC
VECTICAL OINT	-	NC
COSENTYX INJ (1-PACK) (QL= 1 inj/28 days)	LMSP-PA-QL	SP
COSENTYX INJ (2-PACK) (QL= 2 inj/28 days)	LMSP-PA-QL	SP
SKYRIZI INJ (QL= 2 inj/84 days)	LMSP-PA-QL	SP
STELARA INJ (QL= 1 inj/84 days)	LMSP-PA-QL	SP
<b>ANTISEBORRHEIC PRODUCTS</b>		
selenium sulfide lotion	-	1
selenium sulfide shampoo (SELSEB equiv)	-	2
sodium sulfacetamide wash (OVACE WASH equiv)	-	2
OVACE PLUS CREAM	-	3
OVACE PLUS GEL	-	3

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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
selenium sulfide shampoo 2.3% (SELRX equiv)	-	NC
SELRX SHAMPOO 2.3%	-	NC
<b>ANTIVIRALS - TOPICAL</b>		
acyclovir oint (ZOVIRAX OINT equiv)	-	2
DENAVIR CREAM	-	2
acyclovir cream (ZOVIRAX equiv)	-	3
ZOVIRAX CREAM	-	3
XERESE CREAM	-	NC
ZOVIRAX OINT	-	NC
<b>BURN PRODUCTS</b>		
silver sulfadiazine cream (SILVADENE CREAM equiv)	-	1
SULFAMYLON CREAM	-	2

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SILVADENE CREAM	-	3
SULFAMYLON PACK	-	NC
<b>CORTICOSTEROIDS - TOPICAL</b>		
betamethasone augmented cream (DIPROLENE AF CREAM equiv)	-	1
BETAMETHASONE AUGMENTED GEL	-	1
betamethasone augmented lotion (DIPROLENE LOTION equiv)	-	1
betamethasone augmented oint (DIPROLENE OINT equiv)	-	1
betamethasone dipropionate cream (DIPROSONE CREAM equiv)	-	1
betamethasone dipropionate lotion	-	1
betamethasone dipropionate oint (DIPROSONE OINT equiv)	-	1
betamethasone valerate cream	-	1
betamethasone valerate lotion	-	1
betamethasone valerate oint	-	1
clobetasol propionate cream (TEMOVATE equiv)	-	1
clobetasol propionate oint (TEMOVATE equiv)	-	1
clobetasol propionate soln (TEMOVATE equiv)	-	1
fluocinolone acetonide cream	-	1
fluocinolone acetonide oint	-	1
fluocinolone acetonide soln	-	1
fluocinonide cream 0.05% (LIDEX equiv)	-	1
fluocinonide emollient cream	-	1
fluocinonide gel	-	1

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# Community Health Choice Formulary

## Category/Class

Last Updated\* 7/1/2020

DrugName	Special Code	Tier
<b>DERMATOLOGICALS Cont.</b>		
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
clobetasol lotion (CLOBEX equiv)	-	2
clobetasol propionate emollient cream (TEMOVATE E equiv)	-	2
clobetasol propionate gel (TEMOVATE GEL equiv)	-	2
DERMA-SMOOTH/FS OIL	-	2
desonide cream (DESOWEN equiv)	-	2
desonide oint	-	2
desoximetasone cream (TOPICORT CREAM equiv)	-	2

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DrugName	Special Code	Tier
<b>DERMATOLOGICALS Cont.</b>		
desoximetasone gel (TOPICORT equiv)	-	2
desoximetasone oint (TOPICORT equiv)	-	2
EPIFOAM AEROSOL	-	2
fluocinolone acetonide oil (DERMA-SMOOTH/FS equiv)	-	2
halobetasol propionate cream (ULTRAVATE equiv)	-	2
halobetasol propionate oint (ULTRAVATE equiv)	-	2
PRAMOSONE CREAM 1%	-	2
PRAMOSONE OINT	-	2
PREDNICARBATE CREAM	-	2
prednicarbate cream (DERMATOP equiv)	-	2
PREDNICARBATE OIN	-	2
U-CORT CREAM	-	2
ACLOVATE CREAM	-	3
ACLOVATE OINT	-	3
calcipotriene/betamethasone dipropionate susp	-	3
calcipotriene/betamethasone oint (TACLONEX equiv)	-	3
CAPEX SHAMPOO	-	3
CARMOL-HC CREAM	-	3
clobetasol foam (OLUX equiv)	-	3
clobetasol shampoo (CLOBEX equiv)	-	3
clobetasol spray (CLOBEX equiv)	-	3
CLOBEX LOTION	-	3

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<b>DERMATOLOGICALS Cont.</b>		
CLOBEX SHAMPOO	-	3
CLOBEX SPRAY	-	3
CLOCORTOLONE CREAM	-	3
CLODERM CREAM	-	3
CORDRAN CREAM	-	3
CORDRAN CREAM 0.025%	-	3
CORDRAN LOTION	-	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
flurandrenolide cream (CORDRAN equiv)	-	3
flurandrenolide lotion (CORDRAN equiv)	-	3
KENALOG SPRAY	-	3
NUCORT LOTION	-	3

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<b>DERMATOLOGICALS Cont.</b>		
OLUX FOAM	-	3
PANDEL CREAM	-	3
PRAMOSONE LOTION	-	3
PROCTOCORT CREAM	-	3
TACLONEX OINT	-	3
TEMOVATE CREAM	-	3
TEMOVATE GEL	-	3
TEMOVATE OINT	-	3
TEMOVATE SOLN	-	3
TEMOVATE-E CREAM	-	3
TEXACORT SOLN	-	3
TOPICORT CREAM	-	3
TOPICORT GEL	-	3
TOPICORT OINT	-	3
triamcinolone spray (KENALOG equiv)	-	3
ULTRAVATE CREAM	-	3
ULTRAVATE OINT	-	3
ALA SCALP LOTION	-	NC
AMCINONIDE CREAM 0.1%	-	NC
AMCINONIDE LOTION	-	NC
AMCINONIDE OINT	-	NC
APEXICON E CREAM (PSORCON E equiv)	-	NC

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<b>DERMATOLOGICALS Cont.</b>		
BESER KIT 0.05%	-	NC
betamethasone valerate foam (LUXIQ FOAM equiv)	-	NC
BRYHALI LOTION	-	NC
clobetasol E foam (OLUX E equiv)	-	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
DIFLORASONE CREAM	-	NC
diflorasone oint	-	NC
DUOBRII LOTION	-	NC
ENSTILAR FOAM	-	NC
fluocinonide cream 0.1% (VANOS CREAM equiv)	-	NC
FLUOPAR KIT	-	NC

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<b>DERMATOLOGICALS Cont.</b>		
FLUOVIX PAK	-	NC
flurandrenolide oint (CORDRAN equiv)	-	NC
fluticasone propionate lotion (CUTIVATE equiv)	-	NC
halcinonide cream (HALOG equiv)	-	NC
HALOG CREAM	-	NC
HALOG OINT	-	NC
HALOG SOLN	-	NC
halonate pac kit (ULTRAVATE KIT equiv)	-	NC
HC-LIDOCAINE CREAM	-	NC
hydrocortisone butyrate cream (LOCOID equiv)	-	NC
hydrocortisone butyrate lipocream (LOCOID equiv)	-	NC
hydrocortisone butyrate oint (LOCOID equiv)	-	NC
hydrocortisone butyrate soln (LOCOID equiv)	-	NC
hydrocortisone lotion (LOCOID equiv)	-	NC
hydrocortisone valerate cream	-	NC
hydrocortisone valerate oint (WESTCORT equiv)	-	NC
hydrocortisone/pramoxine cream 2.5-1% (PRAMOSONE equiv)	-	NC
IMPOYZ CREAM	-	NC
LEXETTE FOAM	-	NC
LOCOID CREAM	-	NC
LOCOID LIPOCREAM	-	NC
LOCOID LOTION	-	NC

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<b>DERMATOLOGICALS Cont.</b>		
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 2.5-1%	-	NC
PRAMOSONE E CREAM	-	NC
QUINIXIL PAK	-	NC
QUINOSONE KIT	-	NC
SERNIVO SPRAY	-	NC
SILALITE PAK MIS	-	NC
TOVET KIT	-	NC
triamcinolone acetonide oint (TRIANEX equiv)	-	NC
TRIANEX OINT	-	NC
ULTRAVATE LOTION	-	NC
ULTRAVATE PAC KIT	-	NC
VANOS CREAM	-	NC
VERDESO FOAM	-	NC
WESTCORT OINT	-	NC

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DrugName	Special Code	Tier
<b>DERMATOLOGICALS Cont.</b>		
<b>ECZEMA AGENTS</b>		
DUPIXENT INJ (QL= 2 inj/ 28 days)	LMSP-PA-QL	SP
DUPIXENT INJ (QL= 2 inj/28 days)	LMSP-PA-QL	SP
<b>EMOLLIENT/KERATOLYTIC AGENTS</b>		
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 LOTION	-	NC
UREA NAIL KIT	-	NC
UREA SUSP	-	NC
urea susp 40% (UMECTA equiv)	-	NC
<b>EMOLLIENTS</b>		
ammonium lactate cream (LAC-HYDRIN equiv)	-	1
ammonium lactate lotion (LAC-HYDRIN equiv)	-	1

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<b>DERMATOLOGICALS Cont.</b>		
LAC-HYDRIN CREAM	-	3
LAC-HYDRIN LOTION	-	3
HYLINATE LOTION	-	NC
<b>ENZYMES - TOPICAL</b>		
SANTYL OINT (QL= 90gm/30 days)	QL	2
vasolex oint (XENADERM equiv)	-	NC
XENADERM OINT	-	NC
<b>HAIR GROWTH AGENTS</b>		
finasteride tab (PROPECIA equiv)	-	EXC
<b>HAIR REDUCTION AGENTS</b>		
VANIQA CREAM	-	EXC
<b>IMMUNOMODULATING AGENTS - TOPICAL</b>		
imiquimod cream (ALDARA equiv)	-	2
ALDARA CREAM	-	3
ZYCLARA CREAM	-	NC
<b>IMMUNOSUPPRESSIVE AGENTS - TOPICAL</b>		
pimecrolimus cream (ELIDEL equiv) (Covered for members 2 years or older)	-	2
tacrolimus oint (PROTOPIC OINT equiv)	-	2
ELIDEL CREAM (Covered for members 2 years or older)	-	3
PROTOPIC OINT	-	3
<b>KERATOLYTIC/ANTIMITOTIC AGENTS</b>		
ODOCON SOLN	-	2
podofilox soln (CONDYLOX equiv)	-	2

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<b>DERMATOLOGICALS Cont.</b>		
salicylic acid shampoo (SALEX equiv)	-	2
CONDYLOX GEL	-	3
CONDYLOX SOLN	-	3
SALEX SHAMPOO	-	3
salicylic acid soln	-	NC
SALIMEZ FORTE CREAM	-	NC
XALIX SOL	-	NC
<b>LOCAL ANESTHETICS - TOPICAL</b>		
lidocaine cream 3% (LIDAMANTLE equiv)	-	1
LIDOCAINE GEL	-	1
lidocaine gel (GLYDO equiv)	-	1
lidocaine gel (XYLOCAINE equiv)	-	1
lidocaine soln (XYLOCAINE equiv)	-	1
lidocaine/prilocaine cream (EMLA equiv)	-	1
lidocaine oint (QL= 107gm/30 days)	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

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<b>DERMATOLOGICALS Cont.</b>		
ANASTIA LOTION	-	NC
APRIZIO PAK KIT	-	NC
BENZOCAINE/LIDOCAINE/TETRACAINE OINT	-	NC
capsaicin/menthol topical patch (SINELEE equiv)	-	NC
GEN7T LOTION	-	NC
GEN7T PLUS LOTION	-	NC
GEN7T PLUS PAD	-	NC
L.E.T. GEL	-	NC
LIDAMANTLE LOTION	-	NC
LIDOCAINE CREAM	-	NC
lidocaine cream 3.88% (LIDOTRAL equiv)	-	NC
lidocaine lotion (LIDAMANTLE equiv)	-	NC
LIDOCAINE/TETRACAINE CREAM	-	NC
LIDOCIN GEL	-	NC
LIDOSTREAM KIT	-	NC
LIDOTRAL CREAM	-	NC
LIDOTREX GEL	-	NC
LMR PLUS KIT	-	NC
MEDI-PATCH W/LIDOCAINE PATCH	-	NC
MICROVIX LP PAK	-	NC
NUVAKAAN II KIT	-	NC
PLIAGLIS CREAM	-	NC

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<b>DERMATOLOGICALS Cont.</b>		
SILVERA PAD	-	NC
SOLAICE PATCH	-	NC
SYNVEXIA TC CREAM	-	NC
WPR PLUS	-	NC
ZILACAINA PAK	-	NC
<b>MISC. DERMATOLOGICAL PRODUCTS</b>		
EPICERAM EMULSION	-	NC
NEOSALUS FOAM	-	NC
<b>MISC. TOPICAL</b>		
aluminum chloride soln (DRYSOL equiv)	-	1
DRYSOL SOLN	-	1
HYCLODEX SOLN	-	NC
QBREXZA PAD	-	NC
<b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL</b>		
EUCRISA OINT	-	NC
<b>PIGMENTING-DEPIGMENTING AGENTS</b>		
hydroquinone cream (LUSTRA equiv)	-	EXC
TRI-LUMA CREAM	-	EXC
<b>ROSACEA AGENTS</b>		
metronidazole lotion (METROLOTION equiv)	-	1
azelaic acid gel (FINACEA equiv)	-	2
FINACEA FOAM	-	2
FINACEA PLUS KIT	-	2

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

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# Community Health Choice Formulary

## Category/Class

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<b>DERMATOLOGICALS Cont.</b>		
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
<b>SCAR TREATMENT PRODUCTS</b>		
SCARCIN GEL	-	NC
scarcin gel (SCARCIN equiv)	-	NC
SCARCIN LIQUID ROLL-ON	-	NC
SILIPAC KIT	-	NC
<b>WOUND CARE PRODUCTS</b>		
REGRANEX GEL (QL= 30gm/fill)	QL	2
ALEVICYN SOLN DERMAL	-	NC
BIAFINE EMULSION	-	NC
cicatrace kit (REXASIL equiv)	-	NC
<b>DIAGNOSTIC PRODUCTS</b>		
<b>DIAGNOSTIC DRUGS</b>		
GLUCAGEN INJ	-	2
GLUCAGON DIAGNOSTIC INJ	-	NC
MACRILEN PACK	-	NC
<b>DIAGNOSTIC PRODUCTS, MISC.</b>		

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<b>DIAGNOSTIC PRODUCTS Cont.</b>		
FREESTYLE LITE TEST STRIP	OTC	2
<b>DIAGNOSTIC TESTS</b>		
CLINISTIX TEST STRIP	OTC	1
KETO-DIASTIX TEST STRIP	OTC	1
KETOSTIX	OTC	1
ACCU-CHEK AVIVA PLUS TEST STRIP	OTC	2
ACCU-CHEK GUIDE TEST STRIP	OTC	2
ACCU-CHEK SMARTVIEW TEST STRIP	OTC	2
ACCU-CHEK TEST STRIP	OTC	2
FREESTYLE INSULINX TEST STRIP	OTC	2
FREESTYLE PRECISION NEO TEST STRIP	OTC	2
FREESTYLE TEST STRIP	OTC	2
PRECISION XTRA KETONE TEST STRIP	OTC	2
PRECISION XTRA TEST STRIP	OTC	2
TEST STRIP (all other test strips)	OTC	NC
<b>RADIOGRAPHIC CONTRAST MEDIA</b>		
OMNIPAQUE SOLN	-	NC
SITZMARKS CAP	-	NC
<b>DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS</b>		
<b>DIETARY MANAGEMENT PRODUCTS</b>		
ASTAMED MYO CAP	-	NC
DEPLIN CAP	-	NC

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DrugName	Special Code	Tier
<b>DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS Cont.</b>		
ELIGEN B12 TAB	-	NC
FALESSA TAB	-	NC
GLYGEST PAK	-	NC
L-METHYLFOLATE TAB	-	NC
LUVIRA CAP	-	NC
METANX CAP	-	NC
OLLIZAC POWDER	-	NC
PODIAPN CAP	-	NC
XAQUIL XR TAB	-	NC
XYZBAC TAB	-	NC
<b>DIGESTIVE AIDS</b>		
<b>DIGESTIVE ENZYMES</b>		
CREON CAP	-	2
PANCREAZE CAP, PERTZYE CAP, ULTRESA CAP, ZENPEP CAP	-	NC
PANCRELIPASE CAP	-	NC
SUCRAID SOLN	-	NC
<b>DIURETICS</b>		
<b>CARBONIC ANHYDRASE INHIBITORS</b>		
acetazolamide ER cap (DIAMOX SEQUEL equiv)	-	2
acetazolamide tab	-	2
methazolamide tab (NEPTAZANE equiv)	-	2
DIAMOX SEQUEL CAP	-	3

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DrugName	Special Code	Tier
<b>DIURETICS Cont.</b>		
NEPTAZANE TAB	-	3
KEVEYIS TAB	-	NC
<b>DIURETIC COMBINATIONS</b>		
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
DYAZIDE CAP	-	3
MAXZIDE TAB	-	3
<b>LOOP DIURETICS</b>		
bumetanide tab (BUMEX equiv)	-	1
FUROSEMIDE SOLN	-	1
furosemide soln (LASIX equiv)	-	1
furosemide tab (LASIX equiv)	-	1
torsemide tab (DEMADEX equiv)	-	1
ethacrynic tab (EDECIN equiv)	-	2
DEMADEX TAB	-	3
EDECIN TAB	-	3
LASIX TAB	-	3

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<b>DIURETICS Cont.</b>		
<b>POTASSIUM SPARING DIURETICS</b>		
amiloride tab (MIDAMOR equiv)	-	1
spironolactone tab (ALDACTONE equiv)	-	1
triamterene cap (DYRENIUM equiv)	-	2
ALDACTONE TAB	-	3
DYRENIUM CAP	-	3
MIDAMOR TAB	-	3
CAROSPIR SUSP	-	NC
<b>THIAZIDES AND THIAZIDE-LIKE DIURETICS</b>		
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
<b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>		
<b>ADRENAL STEROID INHIBITORS</b>		

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DrugName	Special Code	Tier
<b>ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.</b>		
ISTURISA TAB	-	NC
<b>BONE DENSITY REGULATORS</b>		
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 SOLN	-	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
ZOMETA INJ	M	M
BINOSTO TAB	-	NC
TERIPARATIDE INJ	-	NC

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<b>ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.</b>		
FORTEO INJ	LMSP	SP
MIACALCIN INJ	LMSP	SP
NATPARA INJ (Only available through Walgreens 888-347-3416)	LD-PA	SP
PROLIA INJ	LMSP-PA	SP
TYMLOS INJ	LMSP	SP
XGEVA INJ	LMSP-PA	SP
<b>FERTILITY REGULATORS</b>		
PREGNYL INJ	INF-M	M
BRAVELLE INJ	INF	NC
CLOMIPHENE CITRATE POWDER	INF	NC
CLOMIPHENE CITRATE TAB	INF	NC
clomiphene citrate tab (CLOMID equiv)	INF	NC
FOLLISTIM AQ INJ	INF	NC
GONAL-F RFF INJ	INF	NC
MENOPUR INJ	INF	NC
OVIDREL INJ	INF	NC
<b>GNRH/LHRH ANTAGONISTS</b>		
ORILISSA TAB 150MG (QL= 1 tab/day)	PA-QL	2
ORILISSA TAB 200MG (QL= 2 tabs/day)	PA-QL	2
CETROTIDE INJ	INF	NC
<b>GROWTH HORMONE RECEPTOR ANTAGONISTS</b>		
SOMAVERT INJ (Only available through Walgreens 888-347-3416)	LD-PA	SP

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DrugName	Special Code	Tier
<b>ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.</b>		
<b>GROWTH HORMONE RELEASING HORMONES (GHRH)</b>		
EGRIFTA INJ	-	EXC
<b>GROWTH HORMONES</b>		
HUMATROPE INJ, ZOMACTON INJ	-	NC
NORDITROPIN INJ, NUTROPIN AQ INJ, OMNITROPE INJ	-	NC
SAIZEN INJ, SEROSTIM INJ, ZORBTIVE INJ	-	NC
GENOTROPIN INJ	LMSP-PA	SP
<b>HORMONE RECEPTOR MODULATORS</b>		
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	-	NC
<b>INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)</b>		
INCRELEX INJ	MSP	SP
<b>LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS</b>		
SYNAREL NASAL SOLN	-	2
LUPANETA PACK	-	NC
LUPRON DEPOT PED INJ	LMSP	SP
LUPRON DEPOT-PED INJ	LMSP	SP
<b>METABOLIC MODIFIERS</b>		
calcitriol cap (ROCALtrol equiv)	-	1
calcitriol soln (ROCALtrol equiv)	-	1
levocarnitine soln (CARNITOR equiv)	-	1

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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
BUPHENYL POWDER	-	3
BUPHENYL TAB	-	3
CARNITOR SOLN	-	3
CARNITOR TAB	-	3
HECTOROL CAP	-	3
ROCALTROL CAP	-	3
ROCALTROL SOLN	-	3
ZEMPLAR CAP	-	3
ALDURAZYME INJ	M	M
FABRAZYME INJ	M	M
MYALEPT INJ	-	NC
nitisinone cap (ORFADIN equiv)	-	NC
NITYR TAB	-	NC
ORFADIN CAP	-	NC
ORFADIN SUSP	-	NC
RAVICTI LIQUID	-	NC

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RAYALDEE CAP	-	NC
SENSIPAR TAB	-	NC
XURIDEN POWDER	-	NC
CALCITRIOL INJ	LMSP	SP
CARBAGLU TAB (Only available through Accredo 888-773-7376)	LD-PA	SP
GALAFOLD CAP (QL= 15 caps/30 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	SP
KUVAN POWDER PACK (Only available through Walgreens 888-347-3416)	LD-PA	SP
KUVAN TAB (Only available through Walgreens 888-347-3416)	LD-PA	SP
PALYNZIQ INJ (QL= 1 inj/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	SP
STRENSIQ INJ (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	SP
<b>POSTERIOR PITUITARY HORMONES</b>		
desmopressin acetate inj (DDAVP equiv)	-	2
desmopressin acetate nasal spray (DDAVP equiv)	-	2
desmopressin acetate tab (DDAVP equiv)	-	2
desmopressin nasal soln (DDAVP equiv)	-	2
STIMATE NASAL SOLN	-	2
DDAVP INJ	-	3
DDAVP NASAL SOLN	-	3
DDAVP NASAL SPRAY	-	3
DDAVP TAB	-	3

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NOC DURNA SL TAB	-	NC
NOCTIVA EMULSION SPRAY	-	NC
<b>PROLACTIN INHIBITORS</b>		
cabergoline tab (DOSTINEX equiv)	-	1
<b>SOMATOSTATIC AGENTS</b>		
BYNFEZIA PEN INJ	-	NC
SANDOSTATIN LAR INJ KIT	-	NC
octreotide inj (SANDOSTATIN equiv)	LMSP	SP
SANDOSTATIN INJ	LMSP	SP
SIGNIFOR INJ (QL= 2 vials/day; Only available through Accredo 888-773-7376)	LD-PA-QL	SP
SOMATULINE INJ	LMSP	SP
<b>VASOPRESSIN RECEPTOR ANTAGONISTS</b>		
JYNARQUE PAK (QL= 2 tabs/day; Only available through Walgreens 888-347-3411)	LD-PA-QL	SP
JYNARQUE TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3411)	LD-PA-QL	SP
SAMSCA TAB	MSP	SP
tolvaptan tab (SAMSCA equiv)	MSP	SP
<b>ESTROGENS</b>		
<b>ESTROGEN COMBINATIONS</b>		
estradiol/norethindrone tab (ACTIVEVELLA equiv)	-	2
jinteli tab (FEMHRT equiv)	-	2
PREMPHASE TAB, PREMPRO TAB	-	2
ACTIVEVELLA TAB	-	3
ANGELIQ TAB	-	3

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<b>ESTROGENS Cont.</b>		
CLIMARA PRO PATCH	-	3
COMBIPATCH	-	3
FEMHRT TAB	-	3
PREFEST TAB	-	3
BIJUVA CAP	-	NC
DUAVEE TAB	-	NC
esterified estrogens/methyltestosterone tab (ESTRATEST equiv)	-	NC
ESTRATEST TAB	-	NC
ORIAHNN CAP	-	NC
<b>ESTROGENS</b>		
estradiol patch (CLIMARA equiv)	-	1
estradiol patch (VIVELLE-DOT equiv)	-	1
estradiol tab (ESTRACE equiv)	-	1
ESTROPIPATE TAB	-	1
estropipate tab (OGEN equiv)	-	1
PREMARIN TAB	-	2
ALORA PATCH	-	3
CENESTIN TAB	-	3
CLIMARA PATCH	-	3
DIVIGEL GEL, ELESTRIN GEL	-	3
ENJUVIA TAB	-	3
ESTRACE TAB	-	3

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# Community Health Choice Formulary

## Category/Class

Last Updated\* 7/1/2020

DrugName	Special Code	Tier
<b>ESTROGENS Cont.</b>		
ESTRASORB EMULSION	-	3
EVAMIST SPRAY	-	3
MENEST TAB	-	3
MENOSTAR PATCH	-	3
VIVELLE-DOT PATCH	-	3
<b>FLUOROQUINOLONES</b>		
<b>FLUOROQUINOLONES</b>		
ciprofloxacin tab (CIPRO equiv)	-	1
levofloxacin soln (LEVAQUIN equiv)	-	1
levofloxacin tab (LEVAQUIN equiv)	-	1
ofloxacin tab (FLOXIN equiv)	-	1
BAXDELA TAB (QL= 2 tabs/day; Restricted to Infectious Disease Specialist)	QL-RS	2
ciprofloxacin susp (CIPRO equiv)	-	2
moxifloxacin tab (AVELOX equiv)	-	2
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

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## Category/Class

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DrugName	Special Code	Tier
<b>FLUOROQUINOLONES Cont.</b>		
LEVAQUIN TAB	-	3
NOROXIN TAB	-	3
PROQUIN XR TAB	-	3
<b>GASTROINTESTINAL AGENTS - MISC.</b>		
<b>5-HT4 RECEPTOR AGONISTS</b>		
MOTEGRITY TAB	PA	3
<b>AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)</b>		
TRULANCE TAB	PA	2
<b>BILE ACID SYNTHESIS DISORDER AGENTS</b>		
CHOLBAM CAP (Only available through Dohmen LSS 844-246-5226)	LD-PA	SP
<b>FARNESOID X RECEPTOR (FXR) AGONISTS</b>		
OCALIVA TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF- ¢	SP
<b>GALLSTONE SOLUBILIZING AGENTS</b>		
ursodiol cap (ACTIGALL equiv)	-	1
ursodiol tab (URSO (FORTE) equiv)	-	1
ACTIGALL CAP	-	3
URSO FORTE TAB	-	3
<b>GASTROINTESTINAL ANTIALLERGY AGENTS</b>		
cromolyn conc (GASTROCROM equiv)	-	2
<b>GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS</b>		
AMITIZA CAP	PA	3
<b>GASTROINTESTINAL STIMULANTS</b>		

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<b>GASTROINTESTINAL AGENTS - MISC. Cont.</b>		
metoclopramide soln (REGLAN equiv)	-	1
metoclopramide tab (REGLAN equiv)	-	1
REGLAN TAB	-	3
METOSOLV ODT	-	NC
<b>INFLAMMATORY BOWEL AGENTS</b>		
balsalazide cap (COLAZAL equiv)	-	1
sulfasalazine EC tab (AZULFIDINE equiv)	-	1
sulfasalazine tab (AZULFIDINE equiv)	-	1
APRISO CAP	-	2
mesalamine DR cap (DELZICOL equiv)	-	2
mesalamine DR tab (LIALDA equiv)	-	2
mesalamine enema (ROWASA equiv)	-	2
mesalamine ER cap (APRISO equiv)	-	2
mesalamine supp (CANASA equiv)	-	2
AZULFIDINE EN TAB	-	3
AZULFIDINE TAB	-	3
COLAZAL CAP	-	3
DIPENTUM CAP	-	3
mesalamine tab (ASACOL equiv)	-	3
SFROWASA ENEMA	-	3
ASACOL HD TAB	-	NC
ASACOL HD TAB, MESALAMINE TAB	-	NC

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<b>GASTROINTESTINAL AGENTS - MISC. Cont.</b>		
DELZICOL CAP	-	NC
LIALDA TAB	-	NC
PENTASA CAP	-	NC
ROWASA KIT	-	NC
CIMZIA INJ (QL= 2 inj/28 days)	LMSP-PA-QL	SP
CIMZIA STARTER INJ KIT (QL= 1 kit/plan year)	LMSP-PA-QL	SP
<b>INTESTINAL ACIDIFIERS</b>		
lactulose soln	-	1
<b>IRRITABLE BOWEL SYNDROME (IBS) AGENTS</b>		
alosetron tab (LOTROXON equiv)	-	3
LINZESS CAP (QL= 1 cap/day)	PA-QL	3
LOTROXON TAB	-	3
VIBERZI TAB	-	NC
<b>PERIPHERAL OPIOID RECEPTOR ANTAGONISTS</b>		
MOVANTIK TAB	PA	2
SYMPROIC TAB	PA	2
RELISTOR INJ	-	NC
RELISTOR INJ KIT	-	NC
RELISTOR TAB	-	NC
<b>PHOSPHATE BINDER AGENTS</b>		
calcium acetate cap (PHOSLO equiv)	-	1
calcium acetate tab (ELIPHOS equiv)	-	1

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## Category/Class

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DrugName	Special Code	Tier
<b>GASTROINTESTINAL AGENTS - MISC. Cont.</b>		
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
<b>SHORT BOWEL SYNDROME (SBS) AGENTS</b>		
GATTEX KIT	-	NC
<b>TRYPTOPHAN HYDROXYLASE INHIBITORS</b>		
XERMELO TAB	-	NC
<b>GENERAL ANESTHETICS</b>		
<b>ANESTHETICS - MISC.</b>		
KETAMINE HCL TROCHES	-	NC
<b>GENITOURINARY AGENTS - MISCELLANEOUS</b>		

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DrugName	Special Code	Tier
<b>GENITOURINARY AGENTS - MISCELLANEOUS Cont.</b>		
<b>ALKALINIZERS</b>		
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
<b>CYSTINOSIS AGENTS</b>		
PROCYSBI GRANULES PACKET	-	NC
CYSTAGON CAP (Only available through CVS Specialty 800-238-7828)	LD	SP
<b>GENITOURINARY IRRIGANTS</b>		
sodium chloride 0.9% irr soln	-	1
<b>INTERSTITIAL CYSTITIS AGENTS</b>		
ELMIRON CAP	-	2
PENTOSAN CAP	-	NC
<b>PROSTATIC HYPERTROPHY AGENTS</b>		
alfuzosin SR tab (UROXATRAL equiv)	-	1
dutasteride cap (AVODART equiv)	-	1
finasteride tab (PROSCAR equiv)	-	1

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<b>GENITOURINARY AGENTS - MISCELLANEOUS Cont.</b>		
tamsulosin cap (FLOMAX equiv)	-	1
dutasteride/tamsulosin cap (JALYN equiv)	-	2
RAPAFLO CAP	-	2
silodosin cap (RAPAFLO equiv)	-	2
AVODART CAP	-	3
CARDURA XL TAB	-	3
FLOMAX CAP	-	3
JALYN CAP	-	3
PROSCAR TAB	-	3
UROXATRAL TAB	-	3
<b>URINARY ANALGESICS</b>		
phenazopyridine tab (PYRIDIUM equiv)	-	1
PYRIDIUM TAB	-	3
<b>URINARY STONE AGENTS</b>		
LITHOSTAT TAB	-	3
THIOLA EC TAB	-	NC
THIOLA TAB	-	NC
<b>GOUT AGENTS</b>		
<b>GOUT AGENT COMBINATIONS</b>		
colchicine/probenecid tab (COL-BENEMID equiv)	-	1
DUZALLO TAB	-	NC
<b>GOUT AGENTS</b>		
allopurinol tab (ZYLOPRIM equiv)	-	1

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<b>GOUT AGENTS Cont.</b>		
febuxostat tab (ULORIC equiv) (Step Therapy requires trial of allopurinol)	ST-¢	2
MITIGARE CAP	-	2
ULORIC TAB (Step Therapy requires trial of allopurinol)	ST-¢	2
ZYLOPRIM TAB	-	3
COLCHICINE CAP	-	NC
colchicine tab (COLCRYS equiv)	-	NC
COLCRYS TAB	-	NC
GLOPERBA SOLN	-	NC
ZURAMPIC TAB	-	NC
<b>URICOSURICS</b>		
probenecid tab (BENEMID equiv)	-	1
<b>HEMATOLOGICAL AGENTS - MISC.</b>		
<b>ANTIHEMOPHILIC PRODUCTS</b>		
AFSTYLA KIT	-	NC
HEMLIBRA INJ	LMSP-PA	SP
<b>BRADYKININ B2 RECEPTOR ANTAGONISTS</b>		
FIRAZYR INJ	-	NC
icatibant inj (FIRAZYR equiv)	LMSP-PA	SP
<b>COMPLEMENT INHIBITORS</b>		
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
HAEGARDA INJ	MSP-PA	SP

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## Category/Class

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<b>HEMATOLOGICAL AGENTS - MISC. Cont.</b>		
RUCONEST INJ (Only available through CVS Specialty 800-237-2767)	LD-PA	SP
<b>HEMATOLOGIC - TYROSINE KINASE INHIBITORS</b>		
TAVALISSE TAB (QL= 2 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	SP
<b>HEMATORHEOLOGIC AGENTS</b>		
pentoxifylline ER tab (TRENTAL equiv)	-	1
TRENTAL TAB	-	3
<b>PLASMA KALLIKREIN INHIBITORS</b>		
TAKHZYRO INJ (QL= 2 inj/28 days; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	SP
<b>PLATELET AGGREGATION INHIBITORS</b>		
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

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<b>HEMATOLOGICAL AGENTS - MISC. Cont.</b>		
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
<b>HEMATOPOIETIC AGENTS</b>		
<b>AGENTS FOR GAUCHER DISEASE</b>		
CERDELGA CAP	-	NC
miglustat cap (ZAVESCA equiv) (Only available through Accredo 888-773-7376 )	LD-PA	SP
ZAVESCA CAP (Only available through Accredo 888-773-7376 )	LD-PA	SP
<b>AGENTS FOR SICKLE CELL ANEMIA</b>		
DROXIA CAP	-	2
SIKLOS TAB	-	NC
OXBRYTA TAB (QL= 3 tabs/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	SP
<b>AGENTS FOR SICKLE CELL DISEASE</b>		
ENDARI POWDER PACK (QL= 6 packets/day)	LMSP-PA-QL	SP
<b>COBALAMINS</b>		
cyanocobalamin inj	-	1
NASCOBAL NASAL SPRAY	-	3

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<b>HEMATOPOIETIC AGENTS Cont.</b>		
CALOMIST NASAL SPRAY	-	NC
<b>FOLIC ACID/FOLATES</b>		
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
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
ARANESP INJ (Step Therapy requires trial of EPOGEN or PROCRIT)	ST	2
EPOGEN INJ	-	2
PROCRIT INJ	-	2
RETACRIT INJ	-	2
GRANIX INJ	-	NC
MIRCERA INJ	-	NC
NEULASTA INJ	-	NC
NEUPOGEN INJ	-	NC
REBLOZYL INJ	-	NC
DOPTelet TAB (QL= 2 tabs/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	SP
FULPHILA INJ	LMSP	SP
LEUKINE INJ	LMSP	SP
MULPLETA TAB (QL= 7 tabs/fill)	LMSP-PA-QL	SP
NEUMEGA INJ	LMSP	SP
NIVESTYM INJ	LMSP	SP

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PROMACTA POWDER	LMSP-PA	SP
PROMACTA TAB	LMSP-PA	SP
UDENYCA INJ	LMSP	SP
ZARXIO INJ	LMSP	SP
ZIEXTENZO INJ	MSP	SP
<b>HEMATOPOIETIC MIXTURES</b>		
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
BIFERARX TAB	-	NC
B-SERENE PAD	-	NC
CYFOLEX CAP	-	NC
FOLITE TAB	-	NC

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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 Health Choice Formulary

## Category/Class

Last Updated\* 7/1/2020

DrugName	Special Code	Tier
<b>HEMATOPOIETIC AGENTS Cont.</b>		
folvite-d tab (GENICIN equiv)	-	NC
FOLVITE-FE TAB	-	NC
OVEEZA CAP	-	NC
PUREFOLIX TAB	-	NC
<b>IRON</b>		
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 (Covered for members 1 year or younger)	OTC	\$0
IRON SUSP (Covered for members 1 year or younger)	OTC	\$0
<b>STEM CELL MOBILIZERS</b>		
MOZOBIL INJ	M	M
<b>HEMOSTATICS</b>		
<b>HEMOSTATICS - SYSTEMIC</b>		
aminocaproic acid syrup (AMICAR equiv)	-	1
aminocaproic acid soln (AMICAR equiv)	-	2
aminocaproic acid tab (AMICAR equiv)	-	2
tranexamic acid tab (LYSTEDA equiv)	-	2
AMICAR SOLN	-	3
AMICAR SYRUP	-	3
AMICAR TAB	-	3
LYSTEDA TAB	-	3

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# Community Health Choice Formulary

## Category/Class

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<b>HEMOSTATICS Cont.</b>		
CYKLOKAPRON INJ	M	M
tranexamic acid inj (CYKLOKAPRON equiv)	M	M
<b>HYPNOTICS</b>		
<b>NON-BARBITURATE HYPNOTICS</b>		
zolpidem tab (AMBIEN equiv) (QL= 1 tab/day)	QL	1
<b>OREXIN RECEPTOR ANTAGONISTS</b>		
BELSOMRA TAB	-	3
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>		
<b>ANTI-HISTAMINE HYPNOTICS</b>		
diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered)	-	1
<b>BARBITURATE HYPNOTICS</b>		
phenobarbital elixir	-	1
phenobarbital tab	-	1
SECONAL CAP	-	2
BUTISOL ELIXIR	-	3
BUTISOL TAB	-	3
<b>HYPNOTICS - TRICYCLIC AGENTS</b>		
doxepin tab (SILENOR equiv)	-	NC
<b>NON-BARBITURATE HYPNOTICS</b>		
estazolam tab (PROSOM equiv)	-	1
eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day)	QL	1
FLURAZEPAM CAP	-	1
temazepam cap 15mg (RESTORIL equiv)	-	1

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## Category/Class

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DrugName	Special Code	Tier
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS Cont.</b>		
temazepam cap 30mg (RESTORIL equiv)	-	1
triazolam tab (HALCION equiv)	-	1
zaleplon cap (SONATA equiv)	-	1
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
AMBIEN CR TAB	-	NC
DORAL TAB	-	NC
EDLUAR SL TAB	-	NC
INTERMEZZO SL TAB	-	NC
zolpidem ER tab (AMBIEN CR equiv)	-	NC
zolpidem tartrate SL tab (INTERMEZZO equiv)	-	NC
ZOLPIMIST SPRAY	-	NC

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<b>OREXIN RECEPTOR ANTAGONISTS</b>		
DAYVIGO TAB	-	NC
<b>SELECTIVE MELATONIN RECEPTOR AGONISTS</b>		
ramelteon tab (ROZEREM equiv) (QL= 1 tab/day)	QL	2
ROZEREM TAB (QL= 1 tab/day)	QL	3
HETLIOZ CAP	-	NC
<b>LAXATIVES</b>		
<b>LAXATIVE COMBINATIONS</b>		
GAVILYTE-C SOLN (Covered at \$0 for members 50-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	\$0
peg 3350/electrolytes soln (COLYTE equiv) (Covered at \$0 for members 50-75 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 50-75 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
SUPREP SOLN (Step Therapy requires trial of CLENPIQ)	ST	3
gavilyte-h kit	-	NC
GOLYTELY SOLN	-	NC
HALFLYTELY BOWEL PREP KIT	-	NC
NULYTELY SOLN	-	NC
PLENVU SOLN	-	NC
PREPOPIK PAK	-	NC

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## Category/Class

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DrugName	Special Code	Tier
<b>LAXATIVES Cont.</b>		
SUCLEAR KIT	-	NC
<b>LAXATIVES - MISCELLANEOUS</b>		
lactulose soln	-	1
KRISTALOSE PACK	-	3
KRISTALOSE PACKET	-	3
GIALAX KIT	-	NC
LACTULOSE PACK	-	NC
MIRALAX PACKET	-	NC
MIRALAX POWDER	-	NC
polyethylene glycol 3350 powder (MIRALAX equiv)	-	NC
<b>SALINE LAXATIVES</b>		
OSMOPREP TAB (Step Therapy requires trial of CLENPIQ)	ST	3
VISICOL TAB	-	3
<b>LOCAL ANESTHETICS-PARENTERAL</b>		
<b>LOCAL ANESTHETIC COMBINATIONS</b>		
ROPIVICAINE/CLONIDINE/KETOROLAC INJ	-	NC
<b>MACROLIDES</b>		
<b>AZITHROMYCIN</b>		
azithromycin susp (ZITHROMAX equiv)	-	1
azithromycin tab (ZITHROMAX equiv)	-	1
ZITHROMAX POWDER PACK	-	3
ZITHROMAX SUSP	-	3
ZITHROMAX TAB	-	3

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DrugName	Special Code	Tier
<b>MACROLIDES Cont.</b>		
ZMAX SUSP	-	3
<b>CLARITHROMYCIN</b>		
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
<b>ERYTHROMYCINS</b>		
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
<b>FIDAXOMICIN</b>		
DIFICID TAB (QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, vancomycin soln, or FIRVANQ SOLN)	QL-ST	2

## MEDICAL DEVICES AND SUPPLIES

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# Community Health Choice Formulary

## Category/Class

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DrugName	Special Code	Tier
<b>MEDICAL DEVICES AND SUPPLIES Cont.</b>		
<b>CONTRACEPTIVES</b>		
CERVICAL CAP	-	\$0
DIAPHRAGM	-	\$0
FEMALE CONDOMS	OTC	\$0
<b>DIABETIC SUPPLIES</b>		
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
FREESTYLE FREEDOM LITE METER	OTC	\$0
FREESTYLE INSULINX METER	OTC	\$0
FREESTYLE LITE 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 PACK PODS (QL= 10 pods/month)	QL	2
OMNIPOD DASH PODS (QL= 10 pods/month)	QL	2
OMNIPOD STARTER KIT (QL= 1 kit/year)	QL	2
V-GO INJ KIT (QL= 1 kit/day)	QL	2

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DrugName	Special Code	Tier
<b>MEDICAL DEVICES AND SUPPLIES Cont.</b>		
DEXCOM G6 RECEIVER (QL= 1 receiver/year)	PA-QL	3
DEXCOM G6 SENSOR (QL= 3 sensors/28 days)	PA-QL	3
DEXCOM G6 TRANSMITTER (QL= 1 transmitter/90 days)	PA-QL	3
FREESTYLE LIBRE RECEIVER (QL= 1 receiver/year)	PA-QL	3
FREESTYLE LIBRE SENSOR (10-DAY) (QL= 3 sensors/30 days)	PA-QL	3
FREESTYLE LIBRE SENSOR (14-DAY) (QL= 2 sensors/28 days)	PA-QL	3
DIABETIC METER (all other diabetic meters)	OTC	NC
<b>MISC. DEVICES</b>		
ALCOHOL SWABS	OTC	1
<b>ORAL HYGIENE PRODUCTS</b>		
HURRISEAL MIS SNAP	-	NC
<b>PARENTERAL THERAPY SUPPLIES</b>		
B-D INSULIN SYRINGE	--OTC	1
B-D PEN NEEDLE	OTC	1
NOVOFINE PEN NEEDLE	OTC	1
NOVOTWIST PEN NEEDLE	OTC	1
NOVOTWIST/NOVOFINE PEN NEEDLE	OTC	1
INSULIN SYRINGE	OTC	NC
PEN NEEDLE	OTC	NC
<b>RESPIRATORY THERAPY SUPPLIES</b>		
PEAK FLOW METER	OTC	1
AEROCHAMBER	OTC	2

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<b>MEDICAL DEVICES AND SUPPLIES Cont.</b>		
AEROCHAMBER SUPPLIES	-	2
<b>MIGRAINE PRODUCTS</b>		
<b>CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG</b>		
AJOVY INJ	-	NC
<b>MIGRAINE COMBINATIONS</b>		
MIGERGOT SUPP	-	2
ergotamine tartrate/cafeine tab (CAFERGOT equiv)	-	3
ACETAMINOPHEN/ISOMETHEPTENE/DICHLORAL CAP	-	NC
acetaminophen/isometheptene/dichloral cap (MIDRIN equiv)	-	NC
ISOMETHEPTENE/CAFFEINE/ACETAMINOPHEN TAB	-	NC
isometheptene/cafeine/acetaminophen tab (PRODRIN equiv)	-	NC
PRODRIN TAB	-	NC
sumatriptan/naproxen tab (TREXIMET equiv)	-	NC
TREXIMET TAB	-	NC
<b>MIGRAINE PRODUCTS</b>		
ERGOMAR SL TAB	-	3
D.H.E. INJ	-	NC
dihydroergotamine mesylate inj (D.H.E. equiv)	-	NC
dihydroergotamine mesylate nasal spray (MIGRANAL equiv)	-	NC
MIGRANAL SPRAY	-	NC
<b>MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES</b>		
AIMOVIG INJ (QL= 1 pack/28 days)	PA-QL	2
EMGALITY INJ (QL= 1 inj/28 days)	PA-QL	2

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DrugName	Special Code	Tier
<b>MIGRAINE PRODUCTS Cont.</b>		
EMGALITY INJ 100MG/ML (QL= 3 inj/fill, 6 fills/year)	PA-QL	2
AJOVY INJ	-	NC
NURTEC ODT	-	NC
UBRELVY TAB	-	NC
<b>MIGRAINE PRODUCTS - NSAIDS</b>		
CAMBIA POWDER PACKET	-	NC
<b>SEROTONIN AGONISTS</b>		
rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)	QL	1
rizatriptan tab (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)	QL	1
sumatriptan tab (IMITREX equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	1
eletriptan tab (RELPAK equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	2
naratriptan tab (AMERGE equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	2
sumatriptan inj (IMITREX equiv) (QL= 4 inj/fill, 2 fills/30 days)	QL	2
SUMATRIPTAN INJ 6MG/0.5ML (QL= 4 inj/fill, 2 fills/30 days)	QL	2
sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv) (QL= 6 sprays/fill, 2 fills/30 days)	QL	2
sumatriptan vial inj (IMITREX equiv) (QL= 5 inj/fill, 2 fills/30 days)	QL	2
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

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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
RELPAK TAB (QL= 9 tabs/fill, 2 fills/30 days)	QL	3
zolmitriptan ODT (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	3
zolmitriptan tab (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	3
ZOMIG NASAL 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
ONZETRA XSAIL	-	NC
REYVOW TAB	-	NC
SUMAVEL DOSEPRO INJ	-	NC
TOSYMRA SOLN	-	NC
ZECUITY PAD	-	NC
<b>MINERALS &amp; ELECTROLYTES</b>		
<b>CHLORIDE</b>		
AMMONIUM CHLORIDE INJ	M	M
<b>FLUORIDE</b>		

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# Community Health Choice Formulary

## Category/Class

Last Updated\* 7/1/2020

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<b>MINERALS &amp; ELECTROLYTES Cont.</b>		
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
<b>MAGNESIUM</b>		
magnesium sulfate inj	M	M
<b>PHOSPHATE</b>		
phospha 250 neutral tab (K-PHOS NEUTRAL equiv)	-	1
K-PHOS TAB	-	2
K-PHOS NEUTRAL TAB	-	3
<b>POTASSIUM</b>		
K-TAB	-	1

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<b>MINERALS &amp; ELECTROLYTES Cont.</b>		
POT/CHLORIDE EFFER TAB	-	1
potassium bicarbonate effer tab (K-LYTE equiv)	-	1
potassium chloride effer tab (K-LYTE/CL equiv)	-	1
potassium chloride ER cap (MICRO-K equiv)	-	1
potassium chloride ER tab (K-TAB equiv)	-	1
potassium chloride micro tab (K-DUR equiv)	-	1
KLOR-CON M15 TAB	-	2
potassium chloride powder packet (KLOR-CON equiv)	-	2
potassium chloride soln	-	2
KLOR-CON POWDER PACKET	-	3
KLOR-CON POWDER PACKET 25MEQ	-	3
MICRO-K CAP	-	3
<b>SODIUM</b>		
sodium chloride inj	M	M
<b>ZINC</b>		
zinc sulfate cap	-	1
GALZIN CAP	-	2
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>		
<b>CHELATING AGENTS</b>		
DEPEN TITRATAB	-	2
penicillamine tab (DEPEN TITRATAB equiv)	-	2
CUPRIMINE CAP	-	NC

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<b>MISCELLANEOUS THERAPEUTIC CLASSES Cont.</b>		
penicillamine cap (CUPRIMINE equiv)	-	NC
SYPRINE CAP	MSP-PA	SP
trientine cap (SYPRINE equiv)	MSP-PA	SP
<b>IMMUNOSUPPRESSIVE AGENTS</b>		
ASTAGRAF XL CAP	-	NC
PROGRAF PACKET	-	NC
everolimus tab 0.25mg, 0.5mg, 0.75mg (ZORTRESS equiv)	PA	SP
RAPAMUNE SOLN	-	SP
sirolimus soln (RAPAMUNE equiv)	-	SP
ZORTRESS TAB	PA	SP
<b>POTASSIUM REMOVING AGENTS</b>		
LOKELMA PAK	PA	2
VELTASSA POWDER	PA	2
<b>SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS</b>		
BENLYSTA AUTO-INJECTOR (QL= 4 inj/28 day)	LMSP-PA-QL	SP
BENLYSTA INJ (QL= 4 inj/28 day)	LMSP-PA-QL	SP
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<b>ANESTHETICS TOPICAL ORAL</b>		
lidocaine viscous soln	-	1
LIDOCAINE ORAL SOLN 4%	-	2
FIRST MOUTHWASH BLM	-	3
LTA 360 KIT	-	3
<b>ANTIALLERGY AGENTS - MOUTH/THROAT</b>		

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<b>MOUTH/THROAT/DENTAL AGENTS Cont.</b>		
APHTHASOL PASTE	-	2
<b>ANTI-INFECTIVES - THROAT</b>		
clotrimazole troches (MYCELEX TROCHES equiv)	-	1
nystatin susp	-	1
FIRST DUKES MOUTHWASH	-	3
FIRST MARYS MOUTHWASH	-	3
MYCELEX TROCHES	-	3
ORAVIG TAB	-	3
<b>ANTISEPTICS - MOUTH/THROAT</b>		
chlorhexidine gluconate soln (PERIDEX equiv)	-	1
PERIDEX SOLN	-	3
DEBACTEROL SOLN	-	NC
<b>DENTAL PRODUCTS</b>		
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
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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<b>MOUTH/THROAT/DENTAL AGENTS Cont.</b>		
PREVIDENT RINSE	-	2
<b>STERIODS - MOUTH/THROAT</b>		
triamcinolone in orabase paste (KENALOG/ORABASE equiv)	-	1
<b>THROAT PRODUCTS - MISC.</b>		
pilocarpine tab (SALAGEN equiv)	-	1
cevimeline cap (EVOXAC equiv)	-	2
EVOXAC CAP	-	3
SALAGEN TAB	-	3
GELCLAIR GEL	-	NC
PROTHELIAL PASTE	-	NC
<b>MULTIVITAMINS</b>		
<b>B-COMPLEX W/ FOLIC ACID</b>		
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
<b>MULTIPLE VITAMINS &amp; FLUORIDE-FOLIC ACID</b>		
MULTIVITAMIN/FLUORIDE CHEW TAB	-	NC

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DrugName	Special Code	Tier
<b>MULTIVITAMINS Cont.</b>		
<b>MULTIPLE VITAMINS W/ MINERALS</b>		
multivitamin/minerals tab (STROVITE equiv)	-	1
STROVITE TAB	-	3
V-C FORTE CAP	-	3
REMEDIENT CAP	-	NC
<b>MULTIVITAMINS</b>		
FOLIKA-V TAB	-	NC
<b>PED MULTI VITAMINS W/FL &amp; FE</b>		
pediatric multiple vitamins/fluoride/iron soln	-	1
ESCAVITE CHEW TAB	-	3
<b>PED MV W/ FLUORIDE</b>		
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
<b>PEDIATRIC MULTIPLE VITAMINS &amp; MINERALS W/ FLUORIDE</b>		
FLORIVA CHEW TAB	-	NC
<b>PRENATAL VITAMINS</b>		
CONCEPT DHA CAP	-	1
MYNATAL-Z TAB	-	1
PRENATABS RX TAB	-	1
PRENATAL 19 CHEW TAB	-	1

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<b>MULTIVITAMINS Cont.</b>		
PRENATAL 19 TAB	-	1
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS)	-	1
VP-PNV-DHA CAP	-	1
PRENATAL VITAMINS (NON-PREFERRED)	-	3
VITAFOL STRIPS	-	3
AZESCO TAB	-	NC
CITRANATAL CAP MEDLEY	-	NC
PREGENNA TAB	-	NC
PRENARA CAP	-	NC
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
<b>CENTRAL MUSCLE RELAXANTS</b>		
baclofen tab 10mg, 20mg	-	1
carisoprodol tab (SOMA equiv)	-	1
chlorzoxazone tab 500mg	-	1
cyclobenzaprine tab 10mg (FLEXERIL equiv)	-	1
cyclobenzaprine tab 5mg (FLEXERIL equiv)	-	1
methocarbamol tab (ROBAXIN equiv)	-	1
orphenadrine citrate ER tab (NORFLEX equiv)	-	1
tizanidine tab (ZANAFLEX equiv)	-	1
cyclobenzaprine tab 7.5mg (FEXMID equiv)	-	3
FEXMID TAB	-	3
FLEXERIL TAB	-	3

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<b>MUSCULOSKELETAL THERAPY AGENTS Cont.</b>		
metaxalone tab (SKELAXIN equiv)	-	3
METAXALONE TAB 400MG	-	3
PARAFON FORTE TAB	-	3
ROBAXIN TAB	-	3
SKELAXIN TAB	-	3
SOMA TAB	-	3
tizanidine cap (ZANAFLEX equiv)	-	3
ZANAFLEX CAP	-	3
ZANAFLEX TAB	-	3
AMRIX CAP	-	NC
BACLOFEN TAB 5MG	-	NC
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
FIRST BACLOFEN SUSP KIT	-	NC
OZOBAX SOLN	-	NC
SOMA TAB 250MG	-	NC
<b>DIRECT MUSCLE RELAXANTS</b>		
dantrolene cap (DANTRIUM equiv)	-	2

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<b>MUSCULOSKELETAL THERAPY AGENTS Cont.</b>		
DANTRIUM CAP	-	3
<b>MUSCLE RELAXANT COMBINATIONS</b>		
NORGESIC FORTE TAB	-	3
NORGESIC TAB FORTE	-	3
orphenadrine/aspirin/caffeine tab (NORGESIC FORTE equiv)	-	3
CARISOPRODOL/ASPIRIN TAB	-	NC
carisoprodol/aspirin tab (SOMA COMPOUND equiv)	-	NC
CARISOPRODOL/ASPIRIN/CODEINE TAB	-	NC
carisoprodol/aspirin/codeine tab (SOMA COMPOUND/CODEINE equiv)	-	NC
LORVATUS PHARMAPAK KIT	-	NC
TIZANIDINE COMFORT KIT	-	NC
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL</b>		
<b>NASAL AGENT COMBINATIONS</b>		
azelastine/fluticasone nasal spray (DYMISTA equiv)	-	NC
AZENASE PAK	-	NC
DYMISTA SPRAY	-	NC
<b>NASAL AGENTS - MISC.</b>		
ALZAIR NASAL SPRAY	-	NC
TICANASE PAK	-	NC
<b>NASAL ANESTHETICS</b>		
GOPRELTO SOLN	-	NC
<b>NASAL ANTIALLERGY</b>		
azelastine nasal spray 0.1% (ASTELIN equiv)	-	1

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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
<b>NASAL ANTICHOLINERGICS</b>		
ipratropium nasal spray (ATROVENT equiv)	-	1
ATROVENT NASAL SPRAY	-	3
<b>NASAL ANTI-INFECTIVES</b>		
BACTROBAN NASAL OINT	-	3
<b>NASAL STEROIDS</b>		
budesonide nasal spray (RHINOCORT AQUA equiv) (QL= 2 bottles/fill)	OTC-QL	1
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 nasal spray (NASACORT equiv) (QL= 2 bottles/fill)	QL	1
triamcinolone OTC nasal spray (NASACORT equiv) (QL= 2 bottles/fill)	OTC-QL	1
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

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RHINOCORT AQUA NASAL SPRAY	-	NC
SINUVA NASAL IMPLANT	-	NC
VERAMYST NASAL SPRAY	-	NC
XHANCE NASAL EXHALER	-	NC
<b>SYMPATHOMIMETIC DECONGESTANTS</b>		
TYZINE NASAL SOLN	-	3
<b>NEUROMUSCULAR AGENTS</b>		
<b>ALS AGENTS</b>		
riluzole tab (RILUTEK equiv)	-	2
RILUTEK TAB	-	NC
TIGLUTIK SUSP	-	NC
<b>OPHTHALMIC AGENTS</b>		
<b>ARTIFICIAL TEARS AND LUBRICANTS</b>		
LACRISERT OPTH INSERT	-	NC
<b>BETA-BLOCKERS - OPTHALMIC</b>		
betaxolol ophth soln (BETOPTIC-S equiv)	-	1
CARTEOLOL OPTH SOLN	-	1
carteolol ophth soln (OCUPRESS equiv)	-	1
dorzolamide/timolol (pf) ophth soln (COSOPT equiv)	-	1
LEVOBUNOLOL OPTH SOLN	-	1
levobunolol ophth soln (BETAGAN equiv)	-	1
timolol maleate ophth soln (TIMOPTIC equiv)	-	1
BETIMOL OPTH SOLN	-	2

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<b>OPHTHALMIC AGENTS Cont.</b>		
BETOPTIC-S OPTH SOLN	-	2
COMBIGAN OPTH SOLN	-	2
DORZOLAMIDE/TIMOLOL OPTH SOLN	-	2
ISTALOL OPTH SOLN	-	2
METIPRANOLOL OPTH SOLN	-	2
timolol maleate ophth gel (TIMOPTIC-XE equiv)	-	2
timolol maleate ophth soln 0.5% (ISTALOL equiv)	-	2
TIMOLOL OPTH GEL SOLN	-	2
BETAGAN OPTH SOLN	-	3
COSOPT (PF) OPTH SOLN	-	3
TIMOPTIC OCUDOSE OPTH SOLN	-	3
TIMOPTIC OPTH SOLN	-	3
TIMOPTIC-XE OPTH GEL	-	3
<b>CYCLOPLEGIC MYDRIATICS</b>		
atropine ophth oint	-	1
atropine ophth soln (ISOPTO ATROPINE equiv)	-	1
cyclopentolate ophth soln (CYCLOGYL equiv)	-	1
homatropine ophth soln (ISOPTO HOMATROPINE equiv)	-	1
HOMATROPINE OPTH SOLN 5%	-	1
phenylephrine ophth soln (MYDFRIN equiv)	-	1
tropicamide ophth soln (MYDRIACYL equiv)	-	1
CYCLOMYDRIL OPTH SOLN	-	2

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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 Health Choice Formulary

## Category/Class

Last Updated\* 7/1/2020

DrugName	Special Code	Tier
<b>OPHTHALMIC AGENTS Cont.</b>		
HOMATROPINE OPTH SOLN	-	2
ISOPTO HYOSCINE OPTH SOLN	-	2
CYCLOGYL OPTH SOLN	-	3
ISOPTO ATROPINE OPTH SOLN	-	3
MYDRIACYL OPTH SOLN	-	3
<b>MIOTICS</b>		
pilocarpine ophth soln (ISOPTO CARPINE equiv)	-	1
ISOPTO CARBACHOL OPTH SOLN	-	2
PHOSPHOLINE OPTH SOLN	-	2
ISOPTO CARPINE OPTH SOLN	-	3
PILOPINE HS OPTH GEL	-	3
<b>OPHTHALMIC ADRENERGIC AGENTS</b>		
brimonidine ophth soln 0.2%	-	1
ALPHAGAN P OPTH SOLN 0.1%	-	2
apraclonidine ophth soln (IOPIDINE equiv)	-	2
brimonidine ophth soln 0.15% (ALPHAGAN P 0.15% equiv)	-	2
IOPIDINE OPTH SOLN 1%	-	2
SIMBRINZA OPTH SUSP	-	2
ALPHAGAN P OPTH SOLN 0.15%	-	3
IOPIDINE OPTH SOLN	-	3
LUMIFY OPTH SOLN	-	NC
<b>OPHTHALMIC ANTI-INFECTIVES</b>		

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## Category/Class

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<b>OPHTHALMIC AGENTS Cont.</b>		
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
TRIFLURIDINE OPHTH SOLN	-	2
trifluridine ophth soln (VIROPTIC equiv)	-	2
ZIRGAN OPHTH GEL	-	2
BLEPH-10 OPHTH SOLN	-	3
CILOXAN OPHTH OINT	-	3
CILOXAN OPHTH SOLN	-	3

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<b>OPHTHALMIC AGENTS Cont.</b>		
gatifloxacin ophth soln (Zymaxid equiv)	-	3
NATACYN OPTH SUSP	-	3
NEOSPORIN OPTH SOLN	-	3
OCUFLOX OPTH SOLN	-	3
POLYTRIM OPTH SOLN	-	3
TOBREX OPTH OINT	-	3
TOBREX OPTH SOLN	-	3
VIGAMOX OPTH SOLN	-	3
VIROPTIC OPTH SOLN	-	3
ZYMAXID OPTH SOLN	-	3
BESIVANCE OPTH SUSP	-	NC
MOXEZA OPTH SOLN	-	NC
MOXEZA OPTH SOLN 0.5%	-	NC
moxifloxacin hcl ophth soln 0.5% (MOXEZA equiv)	-	NC
MOXIFLOXACIN SOLN	-	NC
<b>OPHTHALMIC DECONGESTANTS</b>		
MYDFRIN OPTH SOLN	-	3
naphazoline ophth soln	-	3
<b>OPHTHALMIC IMMUNOMODULATORS</b>		
RESTASIS OPTH EMULSION (Restricted to Ophthalmology or Optometry Specialist)	RS	2
CEQUA (PF) OPTH SOLN	-	NC

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CYCLOSPORINE OPHTH EMULSION	-	NC
<b>OPHTHALMIC INTEGRIN ANTAGONISTS</b>		
XIIDRA OPHTH SOLN	-	NC
<b>OPHTHALMIC KINASE INHIBITORS</b>		
RHOPRESSA OPHTH SOLN	-	NC
ROCKLATAN OPHTH SOLN	-	NC
<b>OPHTHALMIC LOCAL ANESTHETICS</b>		
proparacaine ophth soln (ALCAINE equiv)	-	1
ALCAINE OPHTH SOLN	-	3
<b>OPHTHALMIC NERVE GROWTH FACTORS</b>		
OXERVATE OPHTH SOLN (QL= 8 kits/affected eye/lifetime; Only available through Accredo 888-773-7376 )	LD-PA-QL	SP
<b>OPHTHALMIC PHOTOENHANCERS</b>		
PHOTREXA OP KIT	-	NC
PHOTREXA VISCOUS OPHTH SOLN	-	NC
<b>OPHTHALMIC STEROIDS</b>		
bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv)	-	1
dexamethasone ophth soln	-	1
fluorometholone ophth soln (FML LIQUIFILM equiv)	-	1
neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv)	-	1
neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv)	-	1
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN	-	1
PREDNISOLONE OPHTH SUSP	-	1

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<b>OPHTHALMIC AGENTS Cont.</b>		
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
DUREZOL OPHTH EMULSION	-	2
LOTEMAX OPHTH GEL	-	2
LOTEMAX OPHTH OINT	-	2
loteprednol ophth susp (LOTEMAX equiv)	-	2
MAXIDEX OPHTH SOLN	-	2
PRED MILD OPHTH SOLN	-	2
PRED-G OPHTH SOLN	-	2
TOBRADEX OPHTH OINT	-	2
VEXOL OPHTH SUSP	-	2
ZYLET OPHTH SUSP (QL= 5ml/fill (10ml bottle is Not Covered))	QL	2
BLEPHAMIDE S.O.P. OPHTH OINT	-	3
CORTISPORIN OPHTH SOLN	-	3
FLAREX OPHTH SUSP	-	3
FML FORTE OPHTH SUSP	-	3
FML LIQUIFLIM OPHTH SUSP	-	3
FML S.O.P. OPHTH OINT	-	3

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<b>OPHTHALMIC AGENTS Cont.</b>		
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
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
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
<b>OPHTHALMICS - MISC.</b>		
azelastine opth soln (OPTIVAR equiv)	-	1
cromolyn opth soln (CROLOM equiv)	-	1
diclofenac sodium opth soln (VOLTAREN equiv)	-	1

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dorzolamide ophth soln (TRUSOPT equiv)	-	1
FLURBIPROFEN OPTH SOLN	-	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
ALAMAST OPTH SOLN	-	2
ALOCRILO OPTH SOLN	-	2
ALOMIDE OPTH SOLN	-	2
AZOPT OPTH SUSP	-	2
bromfenac ophth soln (BROMDAY equiv)	-	2
BROMFENAC OPTH SOLN 0.09% (TWICE DAILY)	-	2
ILEVRO OPTH SUSP	-	2
NEVANAC OPTH SUSP	-	2
PROLENSA OPTH SOLN	-	2
ACULAR (LS) OPTH SOLN	-	3
ACUVAIL OPTH SOLN	-	3
BEPREVE OPTH SOLN	-	3
CROLOM OPTH SOLN	-	3
ELESTAT OPTH SOLN	-	3
EMADINE OPTH SOLN	-	3

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<b>OPHTHALMIC AGENTS Cont.</b>		
epinastine ophth soln (ELESTAT equiv)	-	3
LASTACFT OPTH SOLN (QL= 3ml/30 days)	QL	3
OCUFEN OPTH SOLN	-	3
OPTIVAR OPTH SOLN	-	3
PATANOL OPTH SOLN	-	3
TRUSOPT OPTH SOLN	-	3
VOLTAREN OPTH SOLN	-	3
BROMSITE OPTH SOLN	-	NC
PATADAY OPTH SOLN	-	NC
PAZEO OPTH SOLN 0.7%	-	NC
ZADITOR OPTH SOLN	OTC	NC
ZERVIAE OPTH SOLN	-	NC
CYSTARAN OPTH SOLN (QL= 4 bottles/30 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	SP
<b>PROSTAGLANDINS - OPHTHALMIC</b>		
latanoprost ophth soln (XALATAN equiv) (QL= 2.5ml/30 days)	QL	1
bimatoprost ophth soln (QL= 2.5ml/30 days)	QL	2
LUMIGAN OPTH 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 OPTH SOLN (QL= 2.5ml/30 days)	QL	3
ZIOPTAN OPTH SOLN (QL= 1 bottle/day)	PA-QL	3

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VYZULTA SOLN	-	NC
XELPROS OPHTH EMULSION	-	NC
<b>OTIC AGENTS</b>		
<b>OTIC AGENTS - MISCELLANEOUS</b>		
acetic acid otic soln (VOSOL equiv)	-	1
ACETIC ACID/ALUMINUM ACETATE OTIC SOLN	-	1
CRESYLATE OTIC SOLN	-	3
VOSOL OTIC SOLN	-	3
<b>OTIC ANALGESICS</b>		
omedia otic soln (AMERICAINE equiv)	-	1
<b>OTIC ANTI-INFECTIVES</b>		
CIPROFLOXACIN OTIC SOLN	-	2
ofloxacin otic soln (FLOXIN equiv)	-	3
<b>OTIC COMBINATIONS</b>		
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
CIPRODEX OTIC SUSP	-	2
COLY-MYCIN S OTIC SUSP	-	2
CIPRO HC OTIC SUSP	-	3
CORTANE-B AQUEOUS OTIC SOLN	-	3
CORTISPORIN OTIC SOLN	-	3
OTOZIN OTIC DROPS	-	3

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<b>OTIC AGENTS Cont.</b>		
antipyrine/benzocaine otic soln (AURALGAN equiv)	-	NC
CORTANE-B OTIC SOLN	-	NC
otomax-HC otic soln (CORTANE-B equiv)	-	NC
OTOVEL OTIC SOLN, CIPROFLOXACIN/FLUOCINOLONE OTIC SOLN	-	NC
<b>OTIC STEROIDS</b>		
acetic acid/hydrocortisone otic soln (VOSOL HC equiv)	-	1
fluocinolone otic oil (DERMOTIC equiv)	-	2
ACETASOL HC OTIC SOLN	-	3
DERMOTIC OIL	-	3
VOSOL HC OTIC SOLN	-	3
<b>OXYTOCICS</b>		
<b>OXYTOCICS</b>		
methylergonovine tab (METHERGINE equiv) (QL= 28 tabs/fill, 1 fill/365 days)	QL	2
<b>PASSIVE IMMUNIZING AGENTS</b>		
<b>IMMUNE SERUMS</b>		
CUVITRU INJ	-	NC
HIZENTRA INJ	MSP	SP
<b>MONOCLONAL ANTIBODIES</b>		
SYNAGIS INJ (Only available through Lumicera and Avella Specialty Pharmacies)	LD-PA	\$0
<b>PASSIVE IMMUNIZING AGENTS - COMBINATIONS</b>		
HYQVIA INJ	MSP-PA	SP
<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS</b>		
<b>IMMUNE SERUMS</b>		

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<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS Cont.</b>		
CUTAQUIG INJ	-	NC
HIZENTRA INJ	MSP	SP
XEMBIFY INJ (Only available through CVS Specialty 800-237-2767)	LD-PA	SP
<b>PENICILLINS</b>		
<b>AMINOPENICILLINS</b>		
amoxicillin cap (TRIMOX equiv)	-	1
AMOXICILLIN CHEW TAB	-	1
amoxicillin susp (TRIMOX equiv)	-	1
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
<b>NATURAL PENICILLINS</b>		
PENICILLIN VK SOLN	-	1
penicillin vk soln (VEETIDS equiv)	-	1
penicillin vk tab (VEETIDS equiv)	-	1
<b>PENICILLIN COMBINATIONS</b>		
amoxicillin/clavulanate chew tab (AUGMENTIN equiv)	-	1
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	-	1
amoxicillin/clavulanate tab (AUGMENTIN equiv)	-	1

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# Community Health Choice Formulary

## Category/Class

Last Updated\* 7/1/2020

DrugName	Special Code	Tier
<b>PENICILLINS Cont.</b>		
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
<b>PENICILLINASE-RESISTANT PENICILLINS</b>		
dicloxacillin cap (DYNAPEN equiv)	-	1
<b>PHARMACEUTICAL ADJUVANTS</b>		
<b>SEMI SOLID VEHICLES</b>		
POLYETHYLENE GLYCOL 8000 GRANULES	-	2
<b>PROGESTINS</b>		
<b>PROGESTINS</b>		
medroxyprogesterone tab (PROVERA equiv)	-	1
norethindrone tab (AYGESTIN equiv)	-	1
progesterone oil inj	-	1
progesterone cap (PROMETRIUM equiv)	-	2
AYGESTIN TAB	-	3
hydroxyprogesterone inj (MAKENA equiv)	PA-SP	3
MEGACE ES SUSP	-	3
megestrol ES susp (MEGACE ES equiv)	-	3
PROMETRIUM CAP	-	3
PROVERA TAB	-	3

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## Category/Class

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DrugName	Special Code	Tier
<b>PROGESTINS Cont.</b>		
MAKENA INJ	PA-SP	SP
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>		
<b>AGENTS FOR CHEMICAL DEPENDENCY</b>		
disulfiram tab (ANTABUSE equiv)	-	1
acamprosate calcium DR tab (CAMPRAL equiv)	-	2
ANTABUSE TAB	-	3
CAMPRAL TAB	-	3
LUCEMYRA TAB (QL= 84 tabs/7 days)	PA-QL	3
<b>ANTI-CATAPLECTIC AGENTS</b>		
XYREM SOLN (QL= 540ml/30 days; Only available through Xyrem Central Pharma 866-997-3688)	LD-PA-QL	SP
<b>ANTIDEMENTIA AGENTS</b>		
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

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<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.</b>		
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 10m	QL-ST	3
EXELON CAP	-	3
EXELON PATCH	-	3
NAMENDA SOL	-	3
NAMENDA TAB	-	3
RAZADYNE ER CAP	-	3
RAZADYNE SOLN	-	3
RAZADYNE TAB	-	3
NAMENDA XR CAP	-	NC
NAMZARIC CAP	-	NC
NAMZARIC STARTER PACK	-	NC
<b>COMBINATION PSYCHOTHERAPEUTICS</b>		
CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB	-	1
PERPHENAZINE/ AMITRIPTYLINE TAB	-	1
olanzapine/fluoxetine cap (SYMBYAX equiv)	-	2
LIMBITROL TAB	-	3
SYMBYAX CAP	-	3
<b>FIBROMYALGIA AGENTS</b>		

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DrugName	Special Code	Tier
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.</b>		
SAVELLA PAK	-	2
SAVELLA TAB (QL= 2 tabs/day)	QL	2
<b>HYPOACTIVE SEXUAL DESIRE DISORDER (HSDD) AGENTS</b>		
ADDYI TAB	-	EXC
VYLEESI INJ	-	EXC
<b>MOVEMENT DISORDER DRUG THERAPY</b>		
INGREZZA PACK 40-80MG	-	NC
XENAZINE TAB	-	NC
AUSTEDO TAB (QL= 4 tabs/day)	LMSP-PA-QL	SP
INGREZZA CAP (QL= 1 cap/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	SP
tetrabenazine tab (XENAZINE equiv)	LMSP-PA	SP
<b>MULTIPLE SCLEROSIS AGENTS</b>		
dalfampridine ER tab (AMPYRA equiv) (QL= 2 tabs/day)	LMSP-PA-QL	3
TYSABRI INJ	M	M
AMPYRA TAB	-	NC
BETASERON INJ	-	NC
COPAXONE INJ	-	NC
MAVENCLAD PAK	-	NC
VUMERITY CAP	-	NC
ZEPOSIA CAP	-	NC
ZEPOSIA STARTER PACK	-	NC

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DrugName	Special Code	Tier
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.</b>		
ZINBRYTA INJ	-	NC
AUBAGIO TAB	LMSP	SP
AVONEX INJ	LMSP	SP
EXTAVIA INJ	LMSP	SP
GILENYA CAP	LMSP	SP
glatiramer inj (COPAXONE equiv)	LMSP	SP
MAYZENT TAB	LMSP	SP
MAYZENT TAB STARTER PACK	LMSP	SP
PLEGRIDY INJ	LMSP	SP
PLEGRIDY PEN INJ	LMSP	SP
REBIF INJ	LMSP	SP
TECFIDERA CAP	LMSP	SP
TECFIDERA STARTER PACK	LMSP	SP
<b>POSTHERPETIC NEURALGIA (PHN) AGENTS</b>		
GRALISE TAB	-	NC
LYRICA CR TAB	-	NC
<b>PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS</b>		
FLUOXETINE CAP (PMDD)	-	3
fluoxetine (pmdd) tab (SARAFEM equiv)	-	NC
SARAFEM TAB	-	NC
<b>PSEUDOBULBAR AFFECT (PBA) AGENTS</b>		
NUEDEXTA CAP (QL= 2 caps/day)	PA-QL	2

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## Category/Class

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<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.</b>		
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>		
PIMOZIDE TAB	-	2
ERGOLOID MESYLATES TAB	-	3
ergoloid mesylates tab (HYDERGINE equiv)	-	3
ORAP TAB	-	3
<b>RESTLESS LEG SYNDROME (RLS) AGENTS</b>		
HORIZANT TAB	-	NC
<b>SMOKING DETERRENTS</b>		
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
<b>TRANSTHYRETIN AMYLOIDOSIS AGENTS</b>		

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<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.</b>		
TEGSEDI INJ (QL= 4 inj/28 days; Only available through Accredo 888-773-7376)	LD-PA-QL	SP
<b>VASOMOTOR SYMPTOM AGENTS</b>		
BRISDELLE CAP	-	NC
paroxetine cap (BRISDELLE equiv)	-	NC
<b>RESPIRATORY AGENTS - MISC.</b>		
<b>ALPHA-PROTEINASE INHIBITOR (HUMAN)</b>		
ARALAST/PROLASTIN/ZEMAIRA INJ	M	M
<b>CYSTIC FIBROSIS AGENTS</b>		
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 Maxor 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	LMSP	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
<b>PULMONARY FIBROSIS AGENTS</b>		

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DrugName	Special Code	Tier
<b>RESPIRATORY AGENTS - MISC. Cont.</b>		
ESBRIET CAP (QL= 9 caps/day)	LMSP-PA-QL-SF	SP
ESBRIET TAB 267MG (QL= 9 tabs/day)	LMSP-PA-QL-SF	SP
ESBRIET TAB 801MG (QL= 3 tabs/day)	LMSP-PA-QL-SF	SP
OFEV CAP (QL= 2 caps/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	SP
<b>SULFONAMIDES</b>		
<b>SULFONAMIDES</b>		
SULFADIAZINE TAB	-	1
<b>TETRACYCLINES</b>		
<b>AMINOMETHYLCYCLINES</b>		
NUZYRA TAB (QL= 1 tab/day, 30 tabs/180 days; Restricted to Infectious Disease c Pulmonology Specialist; Only available through Walgreens 888-347-3416)	LD-QL-RS	SP
<b>TETRACYCLINES</b>		
doxycycline hyclate cap (VIBRAMYCIN equiv)	-	1
doxycycline hyclate tab (VIBRATAB equiv)	-	1
doxycycline monohydrate cap 100mg (MONODOX equiv)	-	1
doxycycline monohydrate cap 50mg (MONODOX equiv)	-	1
doxycycline monohydrate tab (ADOXA equiv)	-	1
minocycline cap (MINOCIN equiv)	-	1
doxycycline susp (VIBRAMYCIN equiv)	-	2
minocycline tab (DYNACIN equiv)	-	2

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## Category/Class

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DrugName	Special Code	Tier
<b>TETRACYCLINES Cont.</b>		
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
DORYX TAB 200MG	-	NC
doxycycline hyclate DR tab 200mg (DORYX equiv)	-	NC
doxycycline hyclate tab 75mg, 150mg (ACTICLATE equiv)	-	NC
doxycycline monohydrate tab 150mg (ADOXA equiv)	-	NC

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DrugName	Special Code	Tier
<b>TETRACYCLINES Cont.</b>		
MINOCYCLINE ER CAP	-	NC
minocycline ER tab (SOLODYN equiv)	-	NC
SEYSARA TAB	-	NC
SOLODYN TAB	-	NC
TARGADOX TAB	-	NC
<b>THYROID AGENTS</b>		
<b>ANTITHYROID AGENTS</b>		
methimazole tab (TAPAZOLE equiv)	-	1
propylthiouracil tab	-	1
TAPAZOLE TAB	-	3
<b>THYROID HORMONES</b>		
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
levothyroxine tab (SYNTHROID equiv)	-	NC
TIROSINT CAP	-	NC
TIROSINT-SOL	-	NC
<b>TOXOIDS</b>		
<b>TOXOID COMBINATIONS</b>		
ADACEL/BOOSTRIX INJ	VAC	\$0

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<b>TOXOIDS Cont.</b>		
TETANUS/DIPHTHERIA TOXOID INJ	VAC	\$0
<b>ULCER DRUGS</b>		
<b>ANTISPASMODICS</b>		
dicyclomine cap (BENTYL equiv)	-	1
dicyclomine tab (BENTYL equiv)	-	1
hyoscyamine sulfate CR tab (LEVBIID 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
BENTYL SYRUP	-	3
BENTYL TAB	-	3
CANTIL TAB	-	3
CUVPOSA SOLN	-	3

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DrugName	Special Code	Tier
<b>ULCER DRUGS Cont.</b>		
LEVBIID TAB	-	3
LEVSIN INJ	-	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
atropine inj	M	M
ATROPINE SULFATE INJ	M	M
b-donna tab (DONNATAL equiv)	-	NC
chlordiazepoxide/clidinium cap (LIBRAX equiv)	-	NC
DONNATAL ELIXIR	-	NC
DONNATAL EXTENTABS	-	NC
DONNATAL TAB	-	NC
LIBRAX CAP	-	NC
pb-belladonna elixir (DONNATAL equiv)	-	NC
<b>H-2 ANTAGONISTS</b>		
CIMETIDINE SOLN	-	1
cimetidine tab (TAGAMET equiv)	-	1
famotidine tab (PEPCID equiv)	-	1

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VAC	Vaccine Program	¢	RxCENTS

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# Community Health Choice Formulary

## Category/Class

Last Updated\* 7/1/2020

DrugName	Special Code	Tier
<b>ULCER DRUGS Cont.</b>		
nizatidine cap (AXID equiv)	-	1
famotidine susp (PEPCID equiv)	-	2
AXID CAP	-	3
PEPCID SUSP	-	3
PEPCID TAB	-	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
<b>MISC. ANTI-ULCER</b>		
sucralfate tab (CARAFATE equiv)	-	1
CARAFATE TAB	-	3
<b>PROTON PUMP INHIBITORS</b>		
omeprazole DR cap (PRILOSEC equiv)	-	1
pantoprazole EC tab (PROTONIX equiv)	-	1
PREVACID OTC CAP	OTC	1
esomeprazole cap (NEXIUM equiv)	-	3

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<b>ULCER DRUGS Cont.</b>		
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
DEXILANT CAP	-	NC
ESOMEPRAZOLE STRONTIUM CAP	-	NC
NEXIUM 24HR TAB	-	NC
NEXIUM CAP	-	NC
NEXIUM GRANULE PACK	-	NC
PREVACID CAP	-	NC
PRILOSEC CAP	-	NC
PRILOSEC OTC DR TAB	OTC	NC
PROTONIX EC TAB	-	NC
PROTONIX PAK	-	NC
<b>ULCER DRUGS - PROSTAGLANDINS</b>		
misoprostol tab (CYTOTEC equiv)	-	1
CYTOTEC TAB	-	3
<b>ULCER THERAPY COMBINATIONS</b>		
ZEGERID CAP OTC	OTC	1
lansoprazole/amoxicillin/clarithromycin kit (PREVPAC equiv)	-	3

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## Category/Class

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<b>ULCER DRUGS Cont.</b>		
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
<b>ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS</b>		
<b>ANTISPASMODICS</b>		
hyoscyamine inj (LEVSIN equiv)	-	3
GLYCATATE TAB, GLYCOPYRROLATE TAB	-	NC
<b>H-2 ANTAGONISTS</b>		
NIZATIDINE CAP	-	1
<b>MISC. ANTI-ULCER</b>		
sucralfate susp (CARAFATE equiv)	-	2
CARAFATE SUSP	-	3
<b>PROTON PUMP INHIBITORS</b>		
ACIPHEX SPRINKLE CAP 10MG, RABEPRAZOLE SPRINKLE CAP 10MG	-	NC
esomeprazole DR granule pack (NEXIUM equiv)	-	NC
lansoprazole odt (PREVACID SOLUTAB equiv)	-	NC
NEXIUM GRANULE PACK	-	NC
omeprazole magnesium DR tab 20mg (PRILOSEC equiv)	OTC	NC
omeprazole tab	OTC	NC

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# Community Health Choice Formulary

## Category/Class

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<b>ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS Cont.</b>		
PREVACID SOLUTAB	-	NC
PRILOSEC OTC DR TAB	OTC	NC
<b>ULCER THERAPY COMBINATIONS</b>		
TALICIA CAP	-	NC
<b>URINARY ANTI-INFECTIVES</b>		
<b>URINARY ANTI-INFECTIVE COMBINATIONS</b>		
UROQID #2 TAB	-	3
HYOPHEN TAB	-	NC
PROSED DS TAB	-	NC
UTA CAP	-	NC
<b>URINARY ANTI-INFECTIVES</b>		
methenamine mandelate tab	-	1
nitrofurantoin macrocrystals cap (MACRODANTIN equiv)	-	1
nitrofurantoin macrocrystals cap 25mg (MACRODANTIN equiv)	-	1
nitrofurantoin monohydrate cap (MACROBID equiv)	-	1
methenamine hippurate tab (HIPREX equiv)	-	2
nitrofurantoin susp (FURADANTIN equiv)	-	2
FURADANTIN SUSP	-	3
HIPREX TAB	-	3
MACROBID CAP	-	3
MACRODANTIN CAP	-	3
MACRODANTIN CAP 25MG	-	3

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# Community Health Choice Formulary

## Category/Class

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<b>URINARY ANTI-INFECTIVES Cont.</b>		
MONUROL GRANULE PACK	-	3
<b>URINARY ANTISPASMODICS</b>		
<b>URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLIN) (NEW)</b>		
trospium chloride SR cap (SANCTURA XR equiv)	-	2
<b>URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)</b>		
oxybutynin ER tab (DITROPAN XL equiv)	-	1
oxybutynin syrup	-	1
oxybutynin tab (DITROPAN equiv)	-	1
OXYTROL PATCH (OTC)	OTC	1
solifenacin tab (VESICARE equiv)	-	1
darifenacin SR tab (ENABLEX equiv)	-	2
tolterodine SR cap (DETROL LA equiv)	-	2
tolterodine tab (DETROL equiv)	¢	2
trospium tab (SANCTURA equiv)	-	2
DETROL LA CAP	-	3
DETROL TAB	-	3
DITROPAN XL TAB	-	3
ENABLEX TAB	-	3
SANCTURA TAB	-	3
VESICARE TAB	-	3
GELNIQUE	-	NC
TOVIAZ TAB	-	NC

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## Category/Class

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DrugName	Special Code	Tier
<b>URINARY ANTISPASMODICS Cont.</b>		
<b>URINARY ANTISPASMODIC COMBINATIONS</b>		
URELIEF PLUS TAB	-	NC
<b>URINARY ANTISPASMODICS</b>		
hyoscyamine tab (LEVSIN equiv)	-	1
<b>URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS</b>		
MYRBETRIQ TAB	-	2
<b>URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS</b>		
bethanechol tab (URECHOLINE equiv)	-	1
URECHOLINE TAB	-	3
<b>URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS (NEW)</b>		
flavoxate tab (URISPAS equiv)	-	3
<b>VACCINES</b>		
<b>BACTERIAL VACCINES</b>		
BEXSERO INJ	VAC	\$0
MENACTRA INJ	VAC	\$0
MENHIBRIX INJ	VAC	\$0
MENOMUNE INJ	VAC	\$0
MENVEO INJ	VAC	\$0
PNEUMOVAX INJ	VAC	\$0
PREVNAR 13 INJ	VAC	\$0
TRUMENBA INJ	VAC	\$0
VAXCHORA SUSP	VAC	\$0
VIVOTIF CAP	VAC	NC

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# Community Health Choice Formulary

## Category/Class

Last Updated\* 7/1/2020

DrugName	Special Code	Tier
<b>VACCINES Cont.</b>		
<b>VIRAL VACCINES</b>		
AFLURIA INJ	VAC	\$0
AFLURIA INJ, FLUZONE INJ	VAC	\$0
CERVARIX INJ	VAC	\$0
ENGRIX-B INJ	VAC	\$0
ENGRIX-B INJ, RECOMBIVAX-HB INJ	VAC	\$0
FLUAD INJ	VAC	\$0
FLUAD QUAD INJ	VAC	\$0
FLUBLOK INJ	VAC	\$0
FLUBLOK QUAD PF INJ	VAC	\$0
FLUCELVAX INJ	VAC	\$0
FLUCELVAX QUAD INJ	VAC	\$0
FLULAVAL QUAD INJ, FLUZONE QUAD INJ	VAC	\$0
FLUMIST QUADRIVALENT NASAL SUSP	VAC	\$0
FLUVIRIN INJ	VAC	\$0
FLUVIRIN PF INJ	VAC	\$0
FLUZONE HD PF INJ	VAC	\$0
FLUZONE HIGH DOSE PF INJ	VAC	\$0
FLUZONE INTRADERMAL INJ	VAC	\$0
FLUZONE QUADRIVALENT INJ	VAC	\$0
FLUZONE/FLUARIX QUAD INJ	VAC	\$0
GARDASIL 9 INJ	VAC	\$0

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<b>VACCINES Cont.</b>		
GARDASIL INJ	VAC	\$0
HAVRIX INJ, VAQTA INJ	VAC	\$0
HEPLISAV-B INJ	VAC	\$0
M-M-R II INJ	VAC	\$0
SHINGRIX INJ (Covered for members age 50 or older)	VAC	\$0
TWINRIX INJ	VAC	\$0
VARIVAX INJ	VAC	\$0
ZOSTAVAX INJ (Covered for members age 50 or older)	VAC	\$0
STAMARIL INJ	-	NC
<b>VAGINAL AND RELATED PRODUCTS</b>		
<b>VAGINAL CONTRACEPTIVE - PH MODULATORS</b>		
PHEXXI GEL	-	NC
<b>VAGINAL PRODUCTS</b>		
<b>MISCELLANEOUS VAGINAL PRODUCTS</b>		
ACIDIC VAGINAL JELLY	-	2
FEM PH GEL	-	3
INTRAROSA SUPP	-	NC
<b>SPERMICIDES</b>		
CONCEPTROL GEL	OTC	\$0
CONTRACEPTIVE FILM	OTC	\$0
CONTRACEPTIVE FOAM	OTC	\$0
CONTRACEPTIVE GEL	OTC	\$0
CONTRACEPTIVE SUPP	OTC	\$0

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## Category/Class

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<b>VAGINAL PRODUCTS Cont.</b>		
TODAY SPONGE	OTC	\$0
vcf vaginal gel (CONCEPTROL equiv)	OTC	\$0
<b>VAGINAL ANTI-INFECTIVES</b>		
clindamycin vaginal cream (CLEOCIN equiv)	-	1
metronidazole vaginal gel (METROGEL equiv)	-	1
NYSTATIN VAGINAL TAB	-	1
terconazole cream (TERAZOL equiv)	-	1
TERCONAZOLE CREAM 0.8%	-	1
terconazole supp (TERAZOL equiv)	-	1
AVC VAGINAL CREAM	-	2
CLEOCIN VAGINAL CREAM	-	3
CLEOCIN VAGINAL SUPP	-	3
CLINDESSE VAGINAL CREAM	-	3
METROGEL VAGINAL GEL	-	3
MICONAZOLE 3 SUPP 200MG	-	3
TERAZOL CREAM	-	3
TERAZOL SUPP	-	3
GYNAZOLE CREAM	-	NC
<b>VAGINAL ESTROGENS</b>		
estradiol cream (ESTRACE equiv)	-	1
estradiol vaginal tab, yuvafem vaginal tab (VAGIFEM equiv) (QL= 8 tabs/28 days (1 QL tabs on first fill))		2

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DrugName	Special Code	Tier
<b>VAGINAL PRODUCTS Cont.</b>		
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
<b>VAGINAL PROGESTINS</b>		
CRINONE GEL	PA	2
ENDOMETRIN INSERT	PA	2
PROGESTERONE SUPP	PA	3
<b>VASOPRESSORS</b>		
<b>ANAPHYLAXIS THERAPY AGENTS</b>		
epinephrine pen inj 0.15mg, 0.3mg (EPIPEN (JR) equiv) (QL= 2 inj/fill)	QL	2
SYMJEPI INJ (QL= 2 inj/fill)	QL	2
ADRENALIN INJ, EPINEPHRINE INJ	-	NC
AUVI-Q INJ	-	NC
EPIPEN (JR) INJ	-	NC
<b>NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS</b>		
NORTHERA CAP	-	NC
<b>VASOPRESSORS</b>		
midodrine tab (PROAMATINE equiv)	-	1
PROAMATINE TAB	-	3
<b>VITAMINS</b>		

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DrugName	Special Code	Tier
<b>VITAMINS Cont.</b>		
<b>MISC. NUTRITIONAL FACTORS</b>		
PRENATAL VITAMINS (NON-PREFERRED)	-	3
<b>OIL SOLUBLE VITAMINS</b>		
vitamin D cap 1000unit (Covered for members 65 years or older)	OTC	\$0
vitamin D cap 400unit (Covered for members 65 years or older)	OTC	\$0
VITAMIN D TAB 400UNIT (Covered for members 65 years or older)	OTC	\$0
cholecalciferol cap 50000 unit	OTC	1
vitamin D cap (Rx covered Only)	-	1
phytonadione tab (MEPHYTON equiv)	-	2
DRISDOL CAP	-	3
MEPHYTON TAB	-	3
ERGOCAL CAP	-	NC
<b>WATER SOLUBLE VITAMINS</b>		
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

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**Community Health Choice Formulary**  
**Prior Authorization Drug List**  
**Last Updated\* 7/1/2020**

Some products on the Formulary are only covered with a prior authorization approval. Drug products requiring prior authorization are listed below. The pharmacy will also alert members if the medication prescribed requires

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
ABILIFY DISCMELT	3
ABILIFY SOLN	3
ABSTRAL SL TAB	3
ACTEMRA ACTPEN INJ	SP
ACTEMRA SC INJ	SP
ACTIMMUNE INJ	SP
ACTIQ LOZENGE	3
adapalene cream	2
adapalene gel	2
adapalene/benzoyl peroxide gel 0.1-2.5%	2
ADCIRCA TAB	SP
ADEMPAS TAB	SP
AFINITOR DISPERZ	SP
AFINITOR TAB 10MG	SP
AFINITOR TAB 2.5MG, 5MG, 7.5MG	SP
AIMOVIG INJ	2
ALECENSA CAP	SP
ALINIA SUSP	2
ALINIA TAB	2
ALUNBRIG TAB 30MG	SP
ALUNBRIG TAB 90MG, 180MG	SP

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**Community Health Choice Formulary cont.****Prior Authorization Drug List****Last Updated\* 7/1/2020**

Some products on the Formulary are only covered with a prior authorization approval. Drug products requiring prior authorization are listed below. The pharmacy will also alert members if the medication prescribed requires prior authorization.

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
AMITIZA 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
ANDROID CAP, TESTRED CAP	3
ARIKAYCE SUSP	SP
aripiprazole ODT	3
aripiprazole soln	3
armodafinil tab	1
ATRALIN GEL, RETIN-A GEL	3
AUSTEDO TAB	SP
AXIRON SOLN	3
BALVERSA TAB 3MG	SP
BALVERSA TAB 4MG	SP
BALVERSA TAB 5MG	SP
BENLYSTA AUTO-INJECTOR	SP
BENLYSTA INJ	SP

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**Community Health Choice Formulary cont.**  
**Prior Authorization Drug List**  
**Last Updated\* 7/1/2020**

Some products on the Formulary are only covered with a prior authorization approval. Drug products requiring prior authorization are listed below. The pharmacy will also alert members if the medication prescribed requires

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
BENZNIDAZOLE TAB	2
BERINERT INJ	SP
bexarotene cap	SP
BOSULIF TAB	SP
BRAFTOVI CAP 50MG	SP
BRAFTOVI CAP 75MG	SP
BRUKINSA CAP	SP
budesonide ER tab	3
CABLIVI INJ KIT	SP
CABOMETYX TAB	SP
CALQUENCE CAP	SP
CAPRELSA TAB	SP
CARBAGLU TAB	SP
CHOLBAM CAP	SP
CIALIS TAB 2.5MG, 5MG	3
CIMZIA INJ	SP
CIMZIA STARTER INJ KIT	SP
CINRYZE INJ	SP
CLARINEX SYRUP	3
COMETRIQ KIT	SP
COPIKTRA CAP	SP

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Some products on the Formulary are only covered with a prior authorization approval. Drug products requiring prior authorization are listed below. The pharmacy will also alert members if the medication prescribed requires

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
CORLANOR SOLN	3
CORLANOR TAB	3
COSENTYX INJ (1-PACK)	SP
COSENTYX INJ (2-PACK)	SP
COTELLIC TAB	SP
CRINONE GEL	2
CYSTARAN OPHTH SOLN	SP
dalfampridine ER tab	3
DARAPRIM TAB	SP
DESCOVY TAB	SP
DESLORATADINE ODT	3
desloratadine tab	3
DEXCOM G6 RECEIVER	3
DEXCOM G6 SENSOR	3
DEXCOM G6 TRANSMITTER	3
DIACOMIT CAP	SP
DIACOMIT POWDER PACK	SP
diclofenac gel	3
DIFFERIN CREAM	3
DIFFERIN GEL	3
DIFFERIN OTC GEL 0.1%	1

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**Community Health Choice Formulary cont.**

**Prior Authorization Drug List**

**Last Updated\* 7/1/2020**

Some products on the Formulary are only covered with a prior authorization approval. Drug products requiring prior authorization are listed below. The pharmacy will also alert members if the medication prescribed requires prior authorization.

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
DOPTelet TAB	SP
DOXEPIN CREAM, PRUDOXIN CREAM, ZONALOFAN CREAM	3
dronabinol cap	2
DUPIXENT INJ	SP
EMGALITY INJ	2
EMGALITY INJ 100MG/ML	2
ENBREL INJ 25MG	SP
ENBREL INJ 50MG	SP
ENBREL MINI INJ	SP
ENBREL SURECLICK INJ 50MG	SP
ENDARI POWDER PACK	SP
ENDOMETRIN INSERT	2
EPANED PREMIXED SOLN	3
EPANED SOLN	3
EPIDIOLEX SOLN	SP
EPIDUO FORTE GEL	2
EPIDUO GEL 0.1-2.5%	3
ERIVEDGE CAP	SP
ERLEADA TAB	SP
erlotinib tab	SP

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Some products on the Formulary are only covered with a prior authorization approval. Drug products requiring prior authorization are listed below. The pharmacy will also alert members if the medication prescribed requires

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
ESBRIET CAP	SP
ESBRIET TAB 267MG	SP
ESBRIET TAB 801MG	SP
everolimus tab	SP
everolimus tab 0.25mg, 0.5mg, 0.75mg	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
FERRIPROX TAB	SP
FETZIMA CAP	3
FETZIMA TITRATION PACK	3
FREESTYLE LIBRE RECEIVER	3
FREESTYLE LIBRE SENSOR (10-DAY)	3
FREESTYLE LIBRE SENSOR (14-DAY)	3
GALAFOLD CAP	SP
GENOTROPIN INJ	SP
GILOTRIF TAB	SP

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**Community Health Choice Formulary cont.**  
**Prior Authorization Drug List**  
**Last Updated\* 7/1/2020**

Some products on the Formulary are only covered with a prior authorization approval. Drug products requiring prior authorization are listed below. The pharmacy will also alert members if the medication prescribed requires

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
HAEGARDA INJ	SP
HEMLIBRA INJ	SP
HUMIRA INJ 10MG	SP
HUMIRA INJ 20MG	SP
HUMIRA INJ 40MG	SP
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK	SP
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK	SP
HUMIRA INJ PSORIASIS/UEVITIS STARTER PACI	SP
HUMIRA PEN INJ 40MG	SP
HYCAMTIN CAP	SP
hydroxyprogesterone inj	3
HYQVIA INJ	SP
IBRANCE CAP	SP
IBRANCE TAB	SP
icatibant inj	SP
ICLUSIG TAB	SP
IDHIFA TAB	SP
IMBRUVICA CAP 140MG	SP
IMBRUVICA CAP 70MG	SP

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**Community Health Choice Formulary cont.**  
**Prior Authorization Drug List**  
**Last Updated\* 7/1/2020**

Some products on the Formulary are only covered with a prior authorization approval. Drug products requiring prior authorization are listed below. The pharmacy will also alert members if the medication prescribed requires prior authorization.

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
IMBRUVICA TAB	SP
INCIVEK TAB	SP
INGREZZA CAP	SP
INLYTA TAB	SP
INVEGA TAB	3
INVOKAMET TAB	3
INVOKANA TAB	3
IRESSA TAB	SP
itraconazole cap	2
itraconazole soln	3
JAKAFI TAB	SP
JYNARQUE PAK	SP
JYNARQUE TAB	SP
KALYDECO PAK	SP
KALYDECO TAB	SP
KEVZARA INJ	SP
KINERET INJ	SP
KISQALI PAK	SP
KISQALI TAB	SP
KORLYM TAB	SP
KUVAN POWDER PACK	SP

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**Community Health Choice Formulary cont.**  
**Prior Authorization Drug List**  
**Last Updated\* 7/1/2020**

Some products on the Formulary are only covered with a prior authorization approval. Drug products requiring prior authorization are listed below. The pharmacy will also alert members if the medication prescribed requires

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
KUVAN 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
LYNPARZA CAP	SP
LYNPARZA TAB	SP
MAKENA INJ	SP
MARINOL CAP	3
MAVYRET TAB	SP
MEKINIST TAB 0.5MG	SP
MEKINIST TAB 2MG	SP
MEKTOVI TAB	SP
METHITEST TAB	3
METHYLTESTOSTERONE CAP	3
miglustat cap	SP

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**Community Health Choice Formulary cont.**  
**Prior Authorization Drug List**  
**Last Updated\* 7/1/2020**

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<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
modafinil tab	1
MOTEGRITY TAB	3
MOVANTIK TAB	2
MULPLETA TAB	SP
NATPARA INJ	SP
NERLYNX TAB	SP
NEXAVAR TAB	SP
NINLARO CAP	SP
NUBEQA TAB	SP
NUCALA INJ	SP
NUDEXTA CAP	2
NUVIGIL TAB	3
OCALIVA TAB	SP
ODACTRA SL TAB	3
ODOMZO CAP	SP
OFEV CAP	SP
OLUMIANT TAB	SP
OPSUMIT TAB	SP
ORENCIA CLICK INJ	SP
ORENCIA SC INJ 125MG/ML	SP
ORENCIA SC INJ 50MG/0.4ML	SP

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**Community Health Choice Formulary cont.****Prior Authorization Drug List****Last Updated\* 7/1/2020**

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<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
ORENCIA SC INJ 87.5MG/0.7ML	SP
ORILISSA TAB 150MG	2
ORILISSA TAB 200MG	2
ORKAMBI GRANULES PACKET	SP
ORKAMBI TAB	SP
OTEZLA STARTER PACK	SP
OTEZLA TAB	SP
OXBRYTA TAB	SP
OXERVATE OPTH SOLN	SP
paliperidone ER tab	2
PALYNZIQ INJ	SP
PANRETIN GEL	SP
PIQRAY TAB	SP
POMALYST CAP	SP
PRALUENT INJ	2
PROGESTERONE SUPP	3
PROLIA INJ	SP
PROMACTA POWDER	SP
PROMACTA TAB	SP
PROVIGIL TAB	3
pyrimethamine tab	SP

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**Community Health Choice Formulary cont.**  
**Prior Authorization Drug List**  
**Last Updated\* 7/1/2020**

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<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
QBRELIS SOLN	3
REPATHA INJ	2
REPATHA PUSHTRONEX INJ	2
RETIN-A CREAM	3
RETIN-A MICRO GEL 0.04%, 0.1%	2
REVATIO TAB	3
REXULTI TAB	3
RIFATER TAB	3
RINVOQ ER TAB	SP
ROZLYTREK CAP	SP
RUBRACA TAB	SP
RUCONEST INJ	SP
RUZURGI TAB	SP
RYDAPT CAP	SP
SABRIL POWDER PACK	SP
SAPHRIS SL TAB	3
SIGNIFOR INJ	SP
sildenafil tab 20mg	1
SKLICE LOTION	3
SKYRIZI INJ	SP
SOFOSBUVIR/VELPATASVIR TAB	SP

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**Community Health Choice Formulary cont.**  
**Prior Authorization Drug List**  
**Last Updated\* 7/1/2020**

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<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
SOLARAZE GEL	3
SOLOSEC GRANULES PACKET	3
SOMAVERT INJ	SP
SPIRIVA HANDIHALER	3
SPIRIVA RESPIMAT INHALER 2.5MCG/ACT	3
SPORANOX CAP	3
SPORANOX SOLN	3
SPRYCEL TAB	SP
STELARA INJ	SP
STIVARGA TAB	SP
STRENSIQ INJ	SP
SUNOSI TAB	2
SUTENT CAP	SP
SYMDEKO TAB	SP
SYMPROIC TAB	2
SYNAGIS INJ	\$0
SYPRINE CAP	SP
tadalafil tab (PAH)	SP
tadalafil tab 2.5mg, 5mg	2
TAFINLAR CAP	SP
TAGRISSO TAB	SP

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Some products on the Formulary are only covered with a prior authorization approval. Drug products requiring prior authorization are listed below. The pharmacy will also alert members if the medication prescribed requires

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

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<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
TIBSOVO TAB	SP
TOBI PODHALER	SP
TRACLEER TAB 32MG	SP
TRECATOR TAB	3
tretinoin cream	2
tretinoin gel	2
TRETIN-X CREAM	3
trientine cap	SP
TRIKAFTA TAB	SP
TRINTELLIX TAB	3
TRULANCE TAB	2
TURALIO CAP	SP
TYKERB TAB	SP
TYVASO INH SOLN	SP
TYZEKA TAB	SP
UCERIS RECTAL FOAM	3
UCERIS TAB	3
UPTRAVI TAB	SP
VALCHLOR GEL	SP
VELTASSA POWDER	2
VENCLEXTA STARTER PACK	SP

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**Prior Authorization Drug List**  
**Last Updated\* 7/1/2020**

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<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
VENCLEXTA TAB	SP
VENTAVIS INH SOLN	SP
VERZENIO TAB	SP
VICTRELIS CAP	SP
vigabatrin powder pack	SP
vigabatrin tab	SP
VIIBRYD TAB	3
VITRAKVI CAP 100MG	SP
VITRAKVI CAP 25MG	SP
VITRAKVI SOLN	SP
VOGELXO PUMP	3
VOSEVI TAB	SP
VOTRIENT TAB	SP
VYNDAMAX CAP	SP
VYNDAQEL CAP	SP
WAKIX TAB	SP
XADAGO TAB	3
XALKORI CAP	SP
XEMBIFY INJ	SP
XGEVA INJ	SP
XIFAXAN TAB 550MG	3

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<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
XOSPATA TAB	SP
XPOVIO PAK	SP
XULTOPHY INJ	2
XYREM SOLN	SP
ZAVESCA CAP	SP
ZEJULA CAP	SP
ZELBORAF TAB	SP
ZIOPTAN OPHTH SOLN	3
ZOLINZA CAP	SP
ZORTRESS TAB	SP
ZORTRESS TAB 1MG	SP
ZYDELIG TAB	SP
ZYKADIA CAP	SP
ZYKADIA TAB	SP

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## Community Health Choice Formulary

Last Updated\* 7/1/2020

### RxCents (Cost Savings Enabled by Tablet Splitting)

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

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

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

	Product & Strength	Quantity	Member Copay	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

aliskiren tab	BYSTOLIC TAB	epplerenone tab	febuxostat tab
galantamine tab	JANUVIA TAB	LATUDA TAB	OCALIVA TAB
rasagiline tab	tolterodine tab	ULORIC TAB	

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## Community Health Choice Formulary

Last Updated\* 7/1/2020

### Over-the-Counter (OTC)

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

#### Over-the-Counter (OTC) Medications

ACCU-CHEK AVIVA PLUS METER	ACCU-CHEK AVIVA PLUS TEST STRIP	ACCU-CHEK GUIDE CARE METER	ACCU-CHEK GUIDE ME KIT
ACCU-CHEK GUIDE TEST STRIP	ACCU-CHEK NANO METER	ACCU-CHEK SMARTVIEW TEST STRIP	ACCU-CHEK TEST STRIP
AEROCHAMBER aspirin ec tab 81mg	ALCOHOL SWABS aspirin tab 325mg	aspirin chew tab 81mg aspirin tab 81mg	aspirin ec tab 325mg B-D INSULIN SYRINGE
B-D PEN NEEDLE	budesonide nasal spray	CALIBRATION LIQUID	cholecalciferol cap 50000 unit
CLINISTIX TEST STRIP	CONCEPTROL GEL	CONTRACEPTIVE FILM	CONTRACEPTIVE FOAM
CONTRACEPTIVE GEL	CONTRACEPTIVE SUPP	DIFFERIN OTC GEL 0.1%	FEMALE CONDOMS
ferrous sulfate elixir	FERROUS SULFATE LIQUID	ferrous sulfate soln	FERROUS SULFATE SYRUP
folic acid tab 400mcg	folic acid tab 800mcg	FREESTYLE FREEDOM LITE METER	FREESTYLE INSULINX METER
FREESTYLE INSULINX TEST STRIP	FREESTYLE LITE METER	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

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IRON SUSP	KETO-DIASTIX TEST STRIP	KETOSTIX	ketotifen ophth soln
LANCET DEVICE	LANCET KIT	LANCETS	lansoprazole cap
levonorgestrel tab	meclizine chew tab	meclizine tab	NASACORT OTC NASAL SPRAY
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	NOVOLIN 70/30	NOVOLIN INJ	NOVOLIN N FLEXPEN
NEEDLE	FLEXPEN INJ		INJ
NOVOLIN R FLEXPEN	NOVOTWIST PEN	NOVOTWIST/NOVOFINE	OXYTROL PATCH (OTC)
INJ	NEEDLE	PEN NEEDLE	
PEAK FLOW METER	PLAN B TAB	PRECISION XTRA	PRECISION XTRA
		KETONE TEST STRIP	METER
PRECISION XTRA TEST STRIP	PREVACID OTC CAP	SLO-NIACIN TAB	TODAY SPONGE
triamcinolone OTC nasal spray	vcf vaginal gel	vitamin D cap 1000unit	vitamin D cap 400unit
VITAMIN D TAB 400UNIT	ZEGERID CAP OTC		

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## Community Health Choice Formulary

Last Updated\* 7/1/2020

### Mandatory Specialty Pharmacy (MSP)

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

#### **Mandatory Specialty Pharmacy (MSP) Medications**

abiraterone tab 250mg	ACTEMRA ACTPEN INJ	ACTEMRA SC INJ	ACTIMMUNE INJ
ADCIRCA TAB	ADEMPAS TAB	AFINITOR DISPERZ	AFINITOR TAB 10MG
AFINITOR TAB 2.5MG, 5MG, 7.5MG	ALECENSA CAP	ALFERON-N INJ	ALUNBRIG TAB 30MG
ALUNBRIG TAB 90MG, 180MG	ambrisentan tab	APOKYN INJ	ARIKAYCE SUSP
AUBAGIO TAB	AUSTEDO TAB	AVONEX INJ	BALVERSA TAB 3MG
BALVERSA TAB 4MG	BALVERSA TAB 5MG	BENLYSTA	BENLYSTA INJ
		AUTO-INJECTOR	
BERINERT INJ	bexarotene cap	bosentan tab	BOSULIF TAB
BRAFTOVI CAP 50MG	BRAFTOVI CAP 75MG	BRUKINSA CAP	CABLIVI INJ KIT
CABOMETYX TAB	CALCITRIOL INJ	CALQUENCE CAP	capecitabine tab
CAPRELSA TAB	CARBAGLU TAB	CAYSTON INH SOLN	CHOLBAM CAP
CIMZIA INJ	CIMZIA STARTER INJ KIT	CINRYZE INJ	COMETRIQ KIT
COPEGUS TAB	COPIKTRA CAP	COSENTYX INJ (1-PACK)	COSENTYX INJ (2-PACK)
COTELLIC TAB	CYSTAGON CAP	CYSTARAN OPHTH SOLN	dalfampridine ER tab
		deferasirox tab 180mg	
DARAPRIM TAB	deferasirox tab		

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deferasirox tab 90mg, 360mg	DIACOMIT CAP	DIACOMIT POWDER PACK	DOPTelet TAB
DUPIXENT INJ	ENBREL INJ 25MG	ENBREL INJ 50MG	ENBREL MINI INJ
ENBREL SURECLICK INJ 50MG	ENDARI POWDER PACK	EPIDIOLEX SOLN	ERIVEDGE CAP
ERLEADA TAB	erlotinib tab	ESBRIET CAP	ESBRIET TAB 267MG
ESBRIET TAB 801MG	ETOPOSIDE CAP	everolimus tab	EXJADE TAB
EXTAVIA INJ	FARYDAK CAP	FASENRA PEN INJ	FERRIPROX SOLN
FERRIPROX TAB	FORTEO INJ	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 CROHNS/UC/HIDRADENI TIS STARTER PACK
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK	HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK	HUMIRA PEN INJ 40MG	HYCAMTIN CAP
HYQVIA INJ	IBRANCE CAP	IBRANCE TAB	icatibant inj
ICLUSIG TAB	IDHIFA TAB	imatinib tab	IMBRUVICA CAP 140MG
IMBRUVICA CAP 70MG	IMBRUVICA TAB	INCIVEK TAB	INCRELEX INJ
INGREZZA CAP	INLYTA TAB	INTRON-A INJ	IRESSA TAB
JADENU SPRINKLE	JADENU TAB 180MG	JADENU TAB 90MG, 360MG	JAKAFI TAB
JYNARQUE PAK	JYNARQUE TAB	KALYDECO PAK	KALYDECO TAB
KEVZARA INJ	KINERET INJ	KISQALI PAK	KISQALI TAB
KORLYM TAB	KUVAN POWDER PACK	KUVAN TAB	LEDIPASVIR/SOFOSBUV IR TAB
LENVIMA CAP	LEUKINE INJ	leuprolide inj	LONSURF TAB
LORBRENA TAB 100MG	LORBRENA TAB 25MG	LUPRON DEPOT INJ	

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LUPRON DEPOT PED INJ	LUPRON DEPOT-PED INJ	LYNPARZA CAP	LYNPARZA TAB
LYSODREN TAB	MAVYRET TAB	MAYZENT TAB	MAYZENT TAB STARTER PACK
MEKINIST TAB 0.5MG	MEKINIST TAB 2MG	MEKTOVI TAB	MESNEX TAB
MIACALCIN INJ	miglustat cap	MULPLETA TAB	MYLERAN TAB
NATPARA INJ	NERLYNX TAB	NEUMEGA INJ	NEXAVAR TAB
nilutamide tab	NINLARO CAP	NIVESTYM INJ	NUBEQA TAB
NUCALA INJ	NUZYRA TAB	OCALIVA TAB	octreotide inj
ODOMZO CAP	OFEV CAP	OLUMIANT TAB	OPSUMIT TAB
ORENCIA CLICK INJ	ORENCIA SC INJ 125MG/ML	ORENCIA SC INJ 50MG/0.4ML	ORENCIA SC INJ 87.5MG/0.7ML
ORKAMBI GRANULES PACKET	ORKAMBI TAB	OTEZLA STARTER PACK	OTEZLA TAB
OXBRYTA TAB	OXERVATE OPHTH SOLN	PALYNZIQ INJ	PANRETIN GEL
PEGASYS INJ	PEG-INTRON INJ	PIQRAY TAB	PLEGRIDY INJ
PLEGRIDY PEN INJ	POMALYST CAP	PROLIA INJ	PROMACTA POWDER
PROMACTA TAB	PULMOZYME INH SOLN	pyrimethamine tab	REBETOL CAP
REBETOL SOLN	REBIF INJ	REVLIMID CAP	ribavirin cap
ribavirin tab	RINVOQ ER TAB	ROZLYTREK CAP	RUBRACA TAB
RUCONEST INJ	RUZURGI TAB	RYDAPT CAP	SABRIL POWDER PACK
SAMSCA TAB	SANDOSTATIN INJ	SIGNIFOR INJ	SKYRIZI INJ
SOFOSBUVIR/VELPATA SVIR TAB	SOMATULINE INJ	SOMAVERT INJ	SPRYCEL TAB
STELARA INJ	STIVARGA TAB	STRENSIQ INJ	SUTENT CAP
SYMDEKO TAB	SYNAGIS INJ	SYPRINE CAP	tadalafil tab (PAH)
TAFINLAR CAP	TAGRISSO TAB	TAKHZYRO INJ	TALZENNA CAP 0.25MG
TALZENNA CAP 1MG	TARCEVA TAB	TARGRETIN CAP	TARGRETIN GEL

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TASIGNA CAP	TAVALISSE TAB	TECFIDERA CAP	TECFIDERA STARTER PACK
TEGSEDI INJ	TEMODAR CAP	temozolomide cap	tetrabenazine tab
THALOMID CAP	TIBSOVO TAB	TOBI PODHALER	tobramycin neb soln
tolvaptan tab	TRACLEER TAB 32MG	TRACLEER TAB 62.5MG, 125MG	tretinoin cap
trientine cap	TRIKAFTA TAB	TURALIO CAP	TYKERB TAB
TYMLOS INJ	TYVASO INH SOLN	UDENYCA INJ	UPTRAVI TAB
VALCHLOR GEL	VENCLEXTA STARTER PACK	VENCLEXTA TAB	VENTAVIS INH SOLN
VERZENIO TAB	VICTRELIS CAP	vigabatrin powder pack	vigabatrin tab
VITRAKVI CAP 100MG	VITRAKVI CAP 25MG	VITRAKVI SOLN	VIVITROL INJ
VOSEVI TAB	VOTRIENT TAB	VYNDAMAX CAP	VYNDAQEL CAP
WAKIX TAB	XALKORI CAP	XELODA TAB	XEMBIFY INJ
XGEVA INJ	XOSPATA TAB	XPOVIO PAK	XYREM SOLN
ZARXIO INJ	ZAVESCA CAP	ZEJULA CAP	ZELBORAF TAB
ZIEXTENZO INJ	ZOLINZA CAP	ZYDELIG TAB	ZYKADIA CAP
ZYKADIA TAB			

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## Community Health Choice Formulary

Last Updated\* 7/1/2020

### Step Therapy (ST)

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

#### Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
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 TAB	QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, vancomycin soln, or FIRVANQ SOLN
donepezil tab 23mg	QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg
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
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

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**Community Health Choice Formulary Cont.****Last Updated\* 7/1/2020****Step Therapy (ST)**

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

**Step Therapy (ST) Medications**

<b>Drug Name</b>	<b>Step Therapy Requirements</b>
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
LATUDA TAB	QL= 1 tab/day; Step Therapy requires trial of quetiapine
LEVALBUTEROL INHALER, XOPENEX HFA INHALER	QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA
LIVALO TAB	Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
LONHALA MAGNAIR SOLN	Step Therapy requires trial of INCRUSE ELLIPTA INHALER
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
PEXEVA TAB	Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine
risedronate DR tab	Step Therapy requires trial of alendronate

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## Community Health Choice Formulary Cont.

Last Updated\* 7/1/2020

### Step Therapy (ST)

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

#### Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT	QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR, BREO, DULERA, or FLUTICASONE/SALMETEROL
SUPREP SOLN	Step Therapy requires trial of CLENPIQ
ULORIC TAB	Step Therapy requires trial of allopurinol
VIRAMUNE XR TAB	Step Therapy requires trial of nevirapine
ZETONNA NASAL SPRAY	QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone triamcinolone or mometasone

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**Community Health Choice Formulary**  
**Smoking Cessation Agents**  
**Last Updated\* 7/1/2020**

<b>Drug Name</b>	<b>Tier # for Drug Copay</b>
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

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**Community Health Choice Formulary****Infertility Drug List****Last Updated\* 7/1/2020**

<b>Drug Name</b>	<b>Tier # for Drug Copay</b>
BRAVELLE INJ	NC
CETROTIDE INJ	NC
CLOMIPHENE CITRATE POWDER	NC
CLOMIPHENE CITRATE TAB	NC
FOLLISTIM AQ INJ	NC
GONAL-F RFF INJ	NC
leuprolide inj	SP
MENOPUR INJ	NC
OVIDREL INJ	NC
PREGNYL INJ	M
TRELSTAR INJ	NC

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## Community Health Choice Formulary

Last Updated\* 7/1/2020

### Quantity Limit (QL)

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

#### Quantity Limit (QL) Medications

Drug Name	Quantity Limit
ABILIFY DISCMELT	QL= 2 tabs/day
ABSTRAL SL TAB	QL= 120 tabs/30 days
ACTEMRA ACTPEN INJ	QL= 2 inj/28 days
ACTEMRA SC INJ	QL= 2 inj/28 days
ACTIQ LOZENGE	QL= 120 units/30 days
ADEMPAS TAB	QL= 3 tabs/day; Only available through Accredo 888-773-7376
AFINITOR DISPERZ	QL= 1 tab/day
AFINITOR TAB 10MG	QL= 1 tab/day
AFINITOR TAB 2.5MG, 5MG, 7.5MG	QL= 1 tab/day
AIMOVIG INJ	QL= 1 pack/28 days
AKYNZEO CAP	QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist
ALECENSA CAP	QL= 8 caps/day
ALINIA SUSP	QL= 60ml/3 days
ALINIA TAB	QL= 6 tabs/3 days
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; Restricted to Cardiology or Pulmonology Specialist; Only available through Walgreens 888-347-3416
AMERGE TAB	QL= 9 tabs/fill, 2 fills/30 days

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**Community Health Choice Formulary Cont.****Last Updated\* 7/1/2020****Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
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
aripiprazole ODT	QL= 2 tabs/day
armodafinil tab	QL= 1 tab/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

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**Community Health Choice Formulary Cont.****Last Updated\* 7/1/2020****Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
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
bimatoprost ophth soln	QL= 2.5ml/30 days
BONIVA TAB 150MG	QL= 1 tab/30 days
bosentan tab	QL= 2 tabs/day; Restricted to Cardiology or Pulmonology Specialist; Only available through Walgreens 888-347-3416
BRAFTOVI CAP 50MG	QL= 4 caps/day; Only available through Diplomat Pharmacy 877-977-9118
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

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**Community Health Choice Formulary Cont.****Last Updated\* 7/1/2020****Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
bupropion SR tab	Limited to 180 days/plan year
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
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 Lumicera Pharmacy 855-847-3553
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
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

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**Community Health Choice Formulary Cont.****Last Updated\* 7/1/2020****Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
COSENTYX INJ (1-PACK)	QL= 1 inj/28 days
COSENTYX INJ (2-PACK)	QL= 2 inj/28 days
COTELLIC TAB	QL= 3 tabs/day
CRESTOR TAB	QL= 1 tab/day
CRESTOR TAB 20MG	QL= 1.5 tabs/day
CYSTARAN OPTH SOLN	QL= 4 bottles/30 days; Only available through Walgreens 888-347-3416
dalfampridine ER tab	QL= 2 tabs/day
DARAPRIM TAB	QL= 3 tabs/day; Only available through Walgreens 888-347-3416
DEPO-PROVERA SC INJ 104MG	QL= 1 inj/90 days
DEXCOM G6 RECEIVER	QL= 1 receiver/year
DEXCOM G6 SENSOR	QL= 3 sensors/28 days
DEXCOM G6 TRANSMITTER	QL= 1 transmitter/90 days
diclofenac gel	QL= 300gm/30 days
diclofenac gel 1%	QL= 5 tubes/fill
DICLOFENAC PATCH, FLECTOR PATCH	QL= 30 patches/fill
diclofenac soln 1.5%	QL= 3 bottles/fill
DIFICID TAB	QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, vancomycin soln, or FIRVANQ SOLN
donepezil ODT	QL= 1 tab/day
donepezil tab	QL= 2 tabs/day

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**Community Health Choice Formulary Cont.****Last Updated\* 7/1/2020****Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
donepezil tab 23mg	QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg
DOPTelet TAB	QL= 2 tabs/day; Only available through PantherRx Pharmacy 855-726-8479
DUPIXENT INJ	QL= 2 inj/28 days
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
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
entecavir tab	QL= 1 tab/day
ENTRESTO TAB	QL= 2 tabs/day
epinephrine pen inj 0.15mg, 0.3mg	QL= 2 inj/fill
ERLEADA TAB	QL= 4 tabs/day
ESBRIET CAP	QL= 9 caps/day
ESBRIET TAB 267MG	QL= 9 tabs/day
ESBRIET TAB 801MG	QL= 3 tabs/day

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**Community Health Choice Formulary Cont.****Last Updated\* 7/1/2020****Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
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
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
FLUNISOLIDE NASAL SPRAY	QL= 2 bottles/fill
fluticasone nasal spray	QL= 2 bottles/fill
FREESTYLE LIBRE RECEIVER	QL= 1 receiver/year
FREESTYLE LIBRE SENSOR (10-DAY)	QL= 3 sensors/30 days
FREESTYLE LIBRE SENSOR (14-DAY)	QL= 2 sensors/28 days

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**Community Health Choice Formulary Cont.****Last Updated\* 7/1/2020****Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
FROVA TAB	QL= 9 tabs/fill, 2 fills/30 days
frovatriptan tab	QL= 9 tabs/fill, 2 fills/30 days
GALAFOLD CAP	QL= 15 caps/30 days; Only available through Walgreens 888-347-3416
GAVILYTE-C SOLN	Covered at \$0 for members 50-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay
GILOTRIF TAB	QL= 1 tab/day; Only available through Accredo 888-773-7376
GLUCAGEN HYPOKIT INJ	QL= 2 inj/fill
GLUCAGON INJ KIT	QL= 2 inj/fill
GLYXAMBI TAB	QL= 1 tab/day
granisetron tab	QL= 14 tabs/fill
GRANISOL SOLN	QL= 60ml/fill
guaifenesin/codeine syrup	QL= 240ml/fill
GVOKE INJ	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 CROHNS/UC/HIDRADENITIS STARTER PACK	QL= 1 pack/fill, 1 fill/plan year

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**Community Health Choice Formulary Cont.****Last Updated\* 7/1/2020****Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK	QL= 1 pack/fill, 1 fill/plan year
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK	QL= 1 pack/fill, 1 fill/plan year
HUMIRA PEN INJ 40MG	QL= 2 pens/28 days
hydrocodone/chlorpheniramine CR sus	QL= 120ml/fill; 2 fills/30 days
hydrocodone/chlorpheniramine/pseudo	QL= 120ml/fill, 2 fills/30 days
phedrine liquid	
HYSINGLA ER TAB	QL= 1 tab/day
ibandronate tab 150mg	QL= 1 tab/30 days
IBRANCE CAP	QL= 21 caps/28 days
IBRANCE TAB	QL= 1 tabs/day
IDHIFA TAB	QL= 1 tab/day
IMBRUVICA CAP 140MG	QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118
IMBRUVICA CAP 70MG	QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118
IMBRUVICA TAB	QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118
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

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 Health Choice Formulary Cont.****Last Updated\* 7/1/2020****Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
INGREZZA CAP	QL= 1 cap/day; Only available through PantherRx Pharmacy 855-726-8479
INLYTA TAB	QL= 8 tabs/day
INVOKAMET TAB	QL= 2 tabs/day
INVOKANA TAB	QL= 1 tab/day
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
JENTADUETO TAB	QL= 2 tabs/day
JENTADUETO XR TAB	QL= 2 tabs/day
JYNARQUE PAK	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
JYNARQUE TAB	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
KALYDECO PAK	QL= 2 packets/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416
KALYDECO TAB	QL= 2 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416
ketorolac tab	QL= 20 tabs/5 days
KEVZARA INJ	QL= 2 inj/28 days
KINERET INJ	QL= 1 inj/day; Only available through Biologics 800-850-4306
KISQALI PAK	QL= 91 tabs/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 Health Choice Formulary Cont.****Last Updated\* 7/1/2020****Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
KISQALI TAB	QL= 63 tabs/28 days
KYTRIL TAB	QL= 14 tabs/fill
LASTACAFT OPTH SOLN	QL= 3ml/30 days
latanoprost ophth soln	QL= 2.5ml/30 days
LATUDA TAB	QL= 1 tab/day; Step Therapy requires trial of quetiapine
LAZANDA NASAL SPRAY	QL= 15 bottles/30 days
LEDIPASVIR/SOFOSBUVIR TAB	QL= 1 tab/ day
LENVIMA CAP	QL= 3 caps/day; Only available through Accredo 888-773-7376
LEVALBUTEROL INHALER, XOPENEX HFA INHALER	QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA
lidocaine oint	QL= 107gm/30 days
lidocaine patch	QL= 3 patches/day
LIDODERM PATCH	QL= 3 patches/day
LINZESS CAP	QL= 1 cap/day
LORBRENA TAB 100MG	QL= 1 tab/day
LORBRENA TAB 25MG	QL= 3 tabs/day
LOVENOX INJ	QL= 17 days supply
LUCEMYRA TAB	QL= 84 tabs/7 days
LUMIGAN OPTH SOLN	QL= 2.5ml/30 days
LUNESTA TAB	QL= 1 tab/day
LYNPARZA CAP	Only available through Biologics 800-850-4306, QL= 16 caps/day

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**Community Health Choice Formulary Cont.****Last Updated\* 7/1/2020****Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
LYNPARZA TAB	Only available through Biologics 800-850-4306, QL= 4 tabs/day
malathion lotion	QL= 2 bottles/fill
MAVYRET TAB	QL= 3 tabs/day
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
mometasone nasal spray	QL= 2 bottles/fill
MORPHINE SULFATE ER BEAD CAP	QL= 2 caps/day
MULPLETA TAB	QL= 7 tabs/fill
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
NATROBA SUSP	QL= 1 bottle/fill
NERLYNX TAB	QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118
NICODERM PATCH	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 Health Choice Formulary Cont.****Last Updated\* 7/1/2020****Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
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
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
NUVIGIL TAB	QL= 1 tab/day
NUZYRA TAB	QL= 1 tab/day, 30 tabs/180 days; Restricted to Infectious Disease or Pulmonology Specialist; Only available through Walgreens 888-347-3416
OCALIVA TAB	QL= 1 tab/day; Only available through Walgreens 888-347-3416
OFEV CAP	QL= 2 caps/day; Only available through Walgreens 888-347-3416
olopatadine ophth soln 0.2%	QL= 2.5ml/30 days
OLUMIANT TAB	QL= 1 tab/day
OMNIPOD 5 PACK PODS	QL= 10 pods/month
OMNIPOD DASH PODS	QL= 10 pods/month

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**Community Health Choice Formulary Cont.****Last Updated\* 7/1/2020****Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
OMNIPOD STARTER KIT	QL= 1 kit/year
OPSUMIT TAB	QL= 1 tab/day; Only available through CVS Specialty 800-237-2767
ORENCIA CLICK INJ	QL= 4 inj/28 days
ORENCIA SC INJ 125MG/ML	QL= 4 inj/28 days
ORENCIA SC INJ 50MG/0.4ML	QL= 4 inj/28 days
ORENCIA SC INJ 87.5MG/0.7ML	QL= 4 inj/28 days
ORILISSA TAB 150MG	QL= 1 tab/day
ORILISSA TAB 200MG	QL= 2 tabs/day
ORKAMBI GRANULES PACKET	QL= 2 packets/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416
ORKAMBI TAB	QL= 4 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416
oseltamivir cap	QL= 10 caps/fill
oseltamivir cap 30mg	QL= 20 caps/fill
oseltamivir susp	QL= 250ml/fill
OTEZLA STARTER PACK	QL= 1 pack/28 days
OTEZLA TAB	QL= 2 tabs/day
OVIDE LOTION	QL= 2 bottles/fill
OXBRYTA TAB	QL= 3 tabs/day; Only available through CVS Specialty 800-237-2767
OXERVATE OPHTH SOLN	QL= 8 kits/affected eye/lifetime; Only available through Accredo 888-773-7376
OZEMPIC INJ	QL= 1 pack/28 days

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**Community Health Choice Formulary Cont.****Last Updated\* 7/1/2020****Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
PALYNZIQ INJ	QL= 1 inj/day; Only available through Diplomat Pharmacy 877-977-9118
peg 3350/electrolytes soln	Covered at \$0 for members 50-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay
PICATO GEL	QL= 1 box/fill
POMALYST CAP	QL= 21 caps/28 days
POTIGA TAB	QL= 3 tabs/day
POTIGA TAB 50MG	QL= 9 tabs/day
PRALUENT INJ	QL= 2 inj/28 days
PROAIR HFA INHALER	QL= 2 inhalers/fill, 2 fills/30 days
PROVIGIL TAB	QL= 2 tabs/day
pyrimethamine tab	QL= 3 tabs/day; Only available through Walgreens 888-347-3416
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
REVLIMID CAP	QL= 1 cap/day; Restricted to Oncology or Hematology Specialist
REXULTI TAB	QL= 1 tab/day
RINVOQ ER TAB	QL= 1 tab/day
rizatriptan ODT	QL= 12 tabs/fill, 3 fills/60 days

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**Community Health Choice Formulary Cont.****Last Updated\* 7/1/2020****Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
rizatriptan tab	QL= 12 tabs/fill, 3 fills/60 days
rosuvastatin tab 10mg	QL= 1 tab/day
rosuvastatin tab 20mg	QL= 1.5 tabs/day
rosuvastatin tab 40mg	QL= 1 tab/day
rosuvastatin tab 5mg	QL= 1 tab/day
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 Accredo 888-773-7376
SIRTURO TAB	QL= 4 tabs/day; Restricted to Infectious Disease Specialist
SIVEXTRO TAB	QL= 6 tabs/fill; Restricted to Infectious Disease Specialist
SKLICE LOTION	QL= 1 tube/fill
SKYRIZI INJ	QL= 2 inj/84 days
SOFOSBUVIR/VELPATASVIR TAB	QL= 1 tab/ day
SOLARAZE GEL	QL= 300gm/30 days

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**Community Health Choice Formulary Cont.****Last Updated\* 7/1/2020****Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
SOLOSEC GRANULES PACKET	QL= 1 packet/fill
SPINOSAD SUSP	QL= 1 bottle/fill
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT	QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR, BREC DULERA, or FLUTICASONE/SALMETEROL
STELARA INJ	QL= 1 inj/84 days
STIVARGA TAB	QL= 4 tabs/day
STRIVERDI RESPIMAT INHALER	QL= 1 inhaler/30 days
sumatriptan inj	QL= 4 inj/fill, 2 fills/30 days
SUMATRIPTAN INJ 6MG/0.5ML	QL= 4 inj/fill, 2 fills/30 days
sumatriptan nasal spray	QL= 6 sprays/fill, 2 fills/30 days
sumatriptan tab	QL= 9 tabs/fill, 2 fills/30 days
sumatriptan vial inj	QL= 5 inj/fill, 2 fills/30 days
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
tadalafil tab 2.5mg, 5mg	QL= 1 tab/day; Prior Authorization for BPH

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**Community Health Choice Formulary Cont.****Last Updated\* 7/1/2020****Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
TAFINLAR CAP	QL= 4 caps/day
TAGRISSO TAB	QL= 1 tab/day; Only available through Lumicera Pharmacy 855-847-3553
TAKHZYRO INJ	QL= 2 inj/28 days; Only available through CVS Specialty 800-237-2767
TALZENNA CAP 0.25MG	QL= 3 caps/day
TALZENNA CAP 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
TEGSEDI INJ	QL= 4 inj/28 days; Only available through Accredo 888-773-7376
testosterone gel 1% 25mg	QL= 1 packet/day
TESTOSTERONE GEL 1% 50MG	QL= 2 packets/day
testosterone gel 1% pump	QL= 4 bottles/30 days
testosterone gel 1.62% 1.25gm	QL= 1 packet/day
testosterone gel 1.62% 2.5gm	QL= 2 packets/day
testosterone gel 2%	QL= 2 bottles/30 days
TESTOSTERONE GEL PUMP	QL= 4 bottles/30 days
testosterone gel pump 1.62%	QL= 2 bottles/30 days
TESTOSTERONE GEL, VOGELXO GEL	QL= 2 packets/day
testosterone 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 Health Choice Formulary Cont.

Last Updated\* 7/1/2020

## Quantity Limit (QL)

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

### Quantity Limit (QL) Medications

Drug Name	Quantity Limit
TIBSOVO TAB	QL= 2 tabs/day; Only available through Diplomat Pharmacy 877-977-9118
TIVICAY TAB	QL= 2 tabs/day
TRACLEER TAB 32MG	QL=4 tabs/day; Only available through Walgreens 888-347-3416
TRACLEER TAB 62.5MG, 125MG	QL= 2 tabs/day; Restricted to Cardiology or Pulmonology Specialist; 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
triamcinolone nasal spray	QL= 2 bottles/fill
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 50-75 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
TURALIO CAP	QL= 4 caps/day; Only available through Biologics 800-850-4306

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**Community Health Choice Formulary Cont.****Last Updated\* 7/1/2020****Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
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 888-773-7376
UCERIS TAB	QL= 1 tab/day
ULESFIA LOTION	QL= 4 bottles/fill
UPTRAVI TAB	QL= 2 tabs/day; Only available through Accredo 888-773-7376
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
VANCOCIN 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	QL= 4 caps/day
VENTAVIS INH SOLN	QL= 9 ampules/day; Only available through Accredo 888-773-7376
VENTOLIN HFA INHALER	QL= 2 inhalers/30 days
VERZENIO TAB	QL= 2 tabs/day
V-GO INJ KIT	QL= 1 kit/day
VICTOZA INJ	QL= 9ml/30 days
VIMPAT TAB	QL= 2 tabs/day
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

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**Community Health Choice Formulary Cont.****Last Updated\* 7/1/2020****Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
VOGELXO PUMP	QL= 4 bottles/30 days
VOLTAREN GEL	QL= 5 tubes/fill
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
XADAGO TAB	QL= 1 tab/day
XALATAN OPTH SOLN	QL= 2.5ml/30 days
XALKORI CAP	QL= 2 caps/day
XENLETA TAB	QL= 14 tabs/180 days; Restricted to Infectious Disease Specialist
XIFAXAN TAB 200MG	QL= 9 tabs/3 days
XIFAXAN TAB 550MG	QL= 2 tabs/day
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
XOSPATA TAB	QL= 3 tabs/day; Only available through Diplomat Pharmacy 877-977-9118
XPOVIO PAK	QL= 32 tabs/28 days; Only available through Biologics 800-850-4306

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 Health Choice Formulary Cont.****Last Updated\* 7/1/2020****Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
XTAMPZA ER CAP	QL= 120 caps/30 days
XULTOPHY INJ	QL= 15ml/30 days
XYREM SOLN	QL= 540ml/30 days; Only available through Xyrem Central Pharmacy 866-997-3688
ZEJULA CAP	QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118
ZELBORAF TAB	QL= 8 tabs/day
ZETONNA NASAL SPRAY	QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone, triamcinolone or mometasone
ZIOPTAN OPHTH SOLN	QL= 1 bottle/day
zolmitriptan ODT	QL= 9 tabs/fill, 2 fills/30 days
zolmitriptan tab	QL= 9 tabs/fill, 2 fills/30 days
zolpidem tab	QL= 1 tab/day
ZOMIG NASAL SPRAY	QL= 6 sprays/fill, 2 fills/30 days
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
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)

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.

# LANGUAGE ASSISTANCE

Community Health Choice, Inc. is required by federal law to provide the following information.



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## NON-DISCRIMINATION STATEMENT MARKETPLACE

Community Health Choice, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Community Health Choice, Inc. does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. Community Health Choice, Inc. provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters, written information in other formats (large print, audio, accessible electronic formats, other formats). Community Health Choice, Inc. provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact the Community Health Choice, Inc. Member Services Department at 1.855.315.5386. If you believe that Community Health Choice, Inc. has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance.

You can file a grievance in person or by mail, fax or email:

**Service Improvement Department**

2636 South Loop West, Suite 125  
Houston, Texas 77054

**Phone:** 1.855.315.5386

**Email:** [ServiceImprovement@CommunityHealthChoice.org](mailto:ServiceImprovement@CommunityHealthChoice.org)

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

**U.S. Department of Health and Human Services**

200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1.800.368.1019, 800.537.7697 (TDD)

<b>Chinese</b>	本通知有重要信息。本通知包含關於您透過Community Health Choice提交的申請或保險的重要訊息。請留意本通知內的重要日期。您可能需要在截止日期之前採取行動，以保留您的健康保險或費用補貼。您有權免費以您的母語得到本訊息和幫助。請撥電話1.855.315.5386。
<b>French</b>	Cet avis contient d'importantes informations. Cet avis contient d'importantes informations concernant votre demande ou votre couverture avec Community Health Choice. Consultez les dates figurant dans le présent avis car il est possible que vous ayez à prendre certaines mesures avant ces dates pour conserver votre assurance santé ou profiter de meilleurs coûts. Vous êtes en droit de recevoir ces informations et de bénéficier gratuitement d'une aide dans votre langue. Appelez le 1.855.315.5386.
<b>Gujarati</b>	આ નોટિસમાં મહત્વની માહિતી છે. આ નોટિસમાં Community Health Choice દ્વારા તમારી અરજી અને કવરેજ વર્ણિ મહત્વની જાણકારી છે. આ નોટિસમાં મહત્વની તારીખો માટે જુઓ. તમારા આરોગ્ય કવરેજને રાખવા અથવા ખર્ચ બાબતે મદદ કરવા માટે અમુક ચોક્કસ મુદત સુધી પગલાં લેવાની તમારે જરૂર પડી શકે છે. તમને કોઈ પણ ખર્ચ વગર તમારી ભાષામાં આ જાણકારી અને મદદ મેળવવાનો અધિકાર છે. 1.855.315.5386 પર કોલ કરો.
<b>Japanese</b>	こと通知には必要な情報が含まれています。この通知にはCommunity Health Choiceの申請または補償範囲に関する重要な情報が含まれています。この通知に記載されている重要な日付をご確認ください。健康保険や有料サポートを維持するには、特定の期日までに行動を取らなければならない場合があります。ご希望の言語による情報とサポートが無料で提供されます。1.855.315.5386までお電話ください。
<b>Laotian</b>	ໜັງສືແຈ້ງການນີ້ມີຂໍ້ມູນທີ່ສໍາຄັນ. ໜັງສືແຈ້ງການນີ້ມີຂໍ້ມູນທີ່ສໍາຄັນກ່ຽວກັບການສະໜັກໜີງການຄຸ້ມຄອງຂອງທ່ານໂດຍຜ່ານ Community Health Choice. ໃຫ້ຊອກຫາຂໍ້ມູນວັນທີ່ສໍາຄັນໃນໜັງສືແຈ້ງການນີ້ ທ່ານຄວນຈະຕ້ອງປະຕິບັດພາຍໃນກຳນົດເວລາເພື່ອທີ່ຈະຮັກສາການຄຸ້ມຄອງສຸຂະພາບຂອງທ່ານພາຍຫຼັງການຊ່ວຍເຫຼືອໃນເລື່ອງຄໍາໃຈຈ້າຍ. ມັນເປັນສິດທິຂອງທ່ານທີ່ຈະໂດຍບໍ່ເສັຍສ່ຳຄັນນີ້ແລະການຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໂດຍບໍ່ເສັຍຄ່າ. ໂທລະສັບ: 1.855.315.5386.
<b>Russian</b>	Настоящее уведомление содержит важную информацию. Настоящее уведомление содержит важную информацию о вашем заявлении или страховом покрытии, предоставляемым Community Health Choice. Обратите внимание на основные даты, указанные в настоящем уведомлении. Возможно, будет необходимо предпринять действия до наступления конечного срока для сохранения страхового полиса или для получения помощи в оплате расходов. Вы имеете право на бесплатное получение этой информации и помощи на вашем языке. Звоните по телефону: 1.855.315.5386.
<b>Tagalog</b>	Ang Notisyang ito ay naglalaman ng Importanteng Impormasyon. Maayroon itong importanteng impormasyon tungkol sa inyong aplikasyon o pagpapaseguro sa pamamagitan Community Health Choice. Hanapin ang mga importanteng petsa sa notisyang ito. Maaaring may kailangan kayong gawin bago ang mga itinakdang deadline para manatiling nakaseguro o para matulungan kayo sa mga kailangang babayaran. Kayo ay may karapatang makatanggap nitong impormasyon at makatanggap ng pagsasalin sa inyong wika na wala kayong babayaran. Tawagan ang 1.855.315.5386.
<b>Vietnamese</b>	Thông báo này có Thông Tin Quan Trọng. Thông báo này có thông tin quan trọng về mẫu đơn của bạn hoặc bảo hiểm qua chương trình Community Health Choice. Xem những ngày quan trọng trong thông báo này. Bạn có thể cần phải thực hiện trong thời gian nhất định để giữ bảo hiểm sức khỏe của bạn hay giúp đỡ chi phí. Bạn có quyền được thông tin này và giúp đỡ trong ngôn ngữ của mình miễn phí. Xin gọi 1.855.315.5386.
<b>Arabic</b>	يتضمن هذا الإشعار معلومات مهمة. وتتعلق هذه المعلومات الهامة في الإشعار بخصوص طلبك أو التغطية تحت التأمين الصحي Community Health Choice. ابحث عن التواريخ الهامة في هذا الإشعار. قد تحتاج لاتخاذ إجراءات قبل مواعيد محددة للحفاظ على تأمينك الصحي أو مساعدتك في دفع التكاليف. لديك الحق في الحصول على هذه المعلومات والمساعدة بلغتك دون أي تكلفة. اتصل على 1.855.315.5386.
<b>English</b>	This Notice has Important Information. This notice has important information about your application or coverage through Community Health Choice. Look for key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call 1.855.315.5386.
<b>German</b>	Diese Mitteilung enthält wichtige Informationen. Diese Mitteilung enthält wichtige Informationen zu Ihrem Antrag auf Krankenversicherung bzw. Ihren Versicherungsschutz mit Community Health Choice. Achten Sie auf wichtige Termine in dieser Mitteilung. Eventuell müssen Sie zu bestimmten Stichtagen Maßnahmen ergreifen, um die Beibehaltung Ihres Versicherungsschutzes bzw. finanzieller Unterstützung in Ihrer Sprache. Rufen Sie an unter 1.855.315.5386.
<b>Hindi</b>	इस सूचना में महत्वपूर्ण जानकारी है। इस सूचना में आपके आवेदन या Community Health Choice द्वारा कवरेज के बारे में महत्वपूर्ण जानकारी है। इस सूचना में महत्वपूर्ण तारीखों के लिए खोजें। आपको अपने स्वास्थ्य के कवरेज रखने के लिए या लागत की मदद के लिए निश्चित समय सीमा से कार्रवाई करने की ज़रूरत हो सकती है। आपको अपनी भाषा में यह जानकारी और सहायता नि:शुल्क प्राप्त करने का अधिकार है। 1.855.315.5386 पर कॉल कीजिए।
<b>Korean</b>	이 통지서는 중요한 정보를 담고 있습니다. 이 통지서는 Community Health Choice를 통한 귀하의 신청이나 보험보장에 대해 중요한 정보를 담고 있습니다. 이 통지서에서 주요 날짜를 확인하십시오. 귀하의 건강보험 보장을 유지하거나 비용에서 도움을 받기 위해서는 일정한 마감일까지 조치를 취해야 할 수 있습니다. 귀하에게는, 이러한 정보를 받고 무료로 귀하의 언어로 도움을 받을 권리가 있습니다. 1.855.315.5386로 연락하십시오.
<b>Persian</b>	این اطلاعیه حاوی اطلاعات مهمی می باشد. این اطلاعیه حاوی نکات مهمی درباره تقاضانامه و پوشش بیمه ای شما توسط Community Health Choice می باشد. به تاریخ های ذکر شده در این اطلاعیه توجه نمایید. به منظور برقرار نگهداشتن پوشش بیمه ای یا دریافت کمک هزینه، ممکن است نیاز باشد که تا مهلت های مقرر، اقداماتی را انجام دهید. حق شماست که این اطلاعات و کمک را بطور رایگان به زبان خودتان دریافت نمایید. با شماره تلفن 1.855.315.5386 تماس بگیرید.
<b>Spanish or Spanish Creole</b>	Este aviso contiene información importante. Este aviso contiene información importante acerca de su solicitud o cobertura a través de Community Health Choice. Preste atención a las fechas clave que se incluyen en este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al teléfono 1.855.315.5386.
<b>Urdu</b>	اس نوٹس میں اہم معلومات ہیں۔ اس نوٹس میں Community Health Choice کے ذریعے آپ کی درخواست یا بیمے کی تحفظ سے متعلق اہم معلومات ہیں۔ اس نوٹس میں اہم تاریخوں کو دیکھیے – اپنی صحت کے بیمے کے تحفظ کو برقرار رکھنے یا اخراجات میں مدد کے لیے آپ کو کچھ خاص تاریخوں تک کارروائی کرنے کی ضرورت ہوسکتی ہیں۔ آپ کو ان معلومات اور مدد کو اپنی زبان میں مفت حاصل کرنے کا حق حاصل ہے۔ 1.855.315.5386 پر رابطہ کریں۔