

**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 Premier Formulary  
Alphabetical Index  
Last Updated 11/1/2023**

| <b>Drug Name</b>  | <b>Special Code</b> | <b>Tier</b> | <b>Category</b>                                   |
|---|---------------------|-------------|---|
| abacavir soln (ZIAGEN equiv)  | -                   | SP          | ANTIVIRALS  |
| abacavir tab (ZIAGEN equiv)   | -                   | 1           | ANTIVIRALS  |
| abacavir/lamivudine tab (EPZICOM equiv)   | -                   | 1           | ANTIVIRALS  |
| abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv)                                 | -                   | SP          | ANTIVIRALS  |
| ABILIFY ASIMTUFII INJ 720MG/2.4ML (aripiprazole im er susp prefilled syringe equiv) | -                   | NC          | ANTIPSYCHOTICS/ANTIMANIC AGENTS                   |
| ABILIFY ASIMTUFII INJ 960MG/3.2ML (aripiprazole im er susp prefilled syringe equiv) | -                   | NC          | ANTIPSYCHOTICS/ANTIMANIC AGENTS                   |
| ABILIFY MAINTENA INJ  | -                   | 3           | ANTIPSYCHOTICS/ANTIMANIC AGENTS                   |
| ABILIFY MYCITE PACK   | -                   | NC          | ANTIPSYCHOTICS/ANTIMANIC AGENTS                   |
| ABILIFY MYCITE TAB  | -                   | NC          | ANTIPSYCHOTICS/ANTIMANIC AGENTS                   |
| ABILIFY TAB   | -                   | NC          | ANTIPSYCHOTICS/ANTIMANIC AGENTS                   |
| abiraterone acetate tab 500mg (ZYTIGA equiv)  | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| abiraterone tab 250mg (ZYTIGA equiv)  | TMSP                | SP          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| ABRYSVO INJ   | VAC                 | EXC         | VACCINES  |
| ABSORICA CAP  | -                   | NC          | DERMATOLOGICALS                                   |
| 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  | -                   | NC          | ANTIASTHMATIC AND BRONCHODILATOR AGENTS           |
| ACCRUFER CAP  | -                   | NC          | HEMATOPOIETIC AGENTS                              |
| ACCU-CHEK AVIVA PLUS METER  | OTC                 | \$0         | MEDICAL DEVICES AND SUPPLIES                      |
| ACCU-CHEK AVIVA PLUS TEST STRIP   | OTC                 | 2           | DIAGNOSTIC PRODUCTS                               |
| ACCU-CHEK GUIDE CARE METER  | OTC                 | \$0         | MEDICAL DEVICES AND SUPPLIES                      |
| ACCU-CHEK GUIDE ME KIT  | OTC                 | \$0         | MEDICAL DEVICES AND SUPPLIES                      |
| ACCU-CHEK GUIDE TEST STRIP  | OTC                 | 2           | DIAGNOSTIC PRODUCTS                               |
| ACCU-CHEK NANO METER  | OTC                 | \$0         | MEDICAL DEVICES AND SUPPLIES                      |
| ACCU-CHEK SMARTVIEW TEST STRIP  | OTC                 | 2           | DIAGNOSTIC PRODUCTS                               |
| ACCU-CHEK TEST STRIP  | OTC                 | 2           | DIAGNOSTIC PRODUCTS                               |
| ACCUPRIL TAB  | -                   | NC          | ANTIHYPERTENSIVES                                 |
| ACCURETIC TAB   | -                   | NC          | ANTIHYPERTENSIVES                                 |
| acebutolol cap (SECTRAL equiv)  | -                   | 1           | BETA BLOCKERS                                     |
| ACEON TAB   | -                   | NC          | ANTIHYPERTENSIVES                                 |
| ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE TAB   | -                   | NC          | 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   | -                   | 1           | OTIC AGENTS                                       |
| acetazolamide ER cap (DIAMOX SEQUEL equiv)  | -                   | 2           | DIURETICS   |

|     |  |     |  |      |                                     |
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|     | <b>NC/3P</b> = Not Covered, Third Party Reviewer |     |  |      |                                     |
| EXC | Plan Exclusion                                   | INF | Infertility  | LD   | Limited Distribution                |
| M   | Medical Benefit                                  | MSP | Mandatory Specialty Pharmacy Program                     | OTC  | Over-the-Counter                    |
| PA  | Prior Authorization                              | QL  | Quantity Limit   | RDX  | Restricted to Diagnosis             |
| 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   | TMSP | Available through Specialty Network |

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|--|---------------------|-------------|--|
| acetazolamide tab  | -                   | 1           | DIURETICS                                  |
| acetic acid otic soln (VOSOL equiv)  | -                   | 1           | OTIC AGENTS                                |
| ACETIC ACID/ALUMINUM ACETATE OTIC SOLN   | -                   | 1           | OTIC AGENTS                                |
| acetic acid/hydrocortisone otic soln (VOSOL HC equiv)  | -                   | 1           | OTIC AGENTS                                |
| acetylcysteine soln (MUCOMYST equiv)   | -                   | 1           | COUGH/COLD/ALLERGY                         |
| ACIPHEX SPRINKLE CAP   | -                   | NC          | ULCER DRUGS                                |
| ACIPHEX SPRINKLE CAP 10MG, RABEPRAZOLE SPRINKLE CAP 10MG   | -                   | NC          | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| ACIPHEX TAB  | -                   | NC          | ULCER DRUGS                                |
| acitretin cap (SORIATANE equiv)  | -                   | 2           | DERMATOLOGICALS                            |
| ACTEMRA ACTPEN INJ (QL= 2 inj/28 days)   | PA-QL-TMSP          | SP          | ANALGESICS - ANTI-INFLAMMATORY             |
| ACTEMRA IV INJ   | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY             |
| ACTEMRA SC INJ (QL= 2 inj/28 days)   | PA-QL-TMSP          | SP          | ANALGESICS - ANTI-INFLAMMATORY             |
| ACTHAR GEL INJ   | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.     |
| ACTHIB INJ, HIBERIX INJ  | VAC                 | \$0         | VACCINES                                   |
| ACTICLATE TAB 75MG, 150MG  | -                   | NC          | TETRACYCLINES                              |
| ACTIGALL CAP   | -                   | NC          | GASTROINTESTINAL AGENTS - MISC.            |
| ACTIMMUNE INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)              | LD-PA               | SP          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES   |
| ACTIQ LOZENGE  | -                   | NC          | ANALGESICS - OPIOID                        |
| ACTIVELLA TAB  | -                   | NC          | ESTROGENS                                  |
| ACTONEL TAB  | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.     |
| ACTOPLUS MET TAB   | -                   | NC          | ANTIDIABETICS                              |
| ACTOPLUS MET XR TAB  | -                   | 3           | ANTIDIABETICS                              |
| ACTOS TAB  | -                   | NC          | ANTIDIABETICS                              |
| ACULAR (LS) OPHTH SOLN   | -                   | NC          | OPHTHALMIC AGENTS                          |
| ACUVAIL OPHTH SOLN   | -                   | 3           | OPHTHALMIC AGENTS                          |
| acyclovir cap (ZOVIRAX equiv)  | -                   | 1           | ANTIVIRALS                                 |
| acyclovir cream (ZOVIRAX equiv)  | -                   | NC          | DERMATOLOGICALS                            |
| acyclovir oint (ZOVIRAX equiv)   | -                   | 1           | 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   | -                   | NC          | BIOLOGICALS MISC                           |
| ADALAT CC TAB  | -                   | NC          | CALCIUM CHANNEL BLOCKERS                   |
| ADALIMUMAB-ADAZ INJ (QL= 2 inj/28 days)  | PA-QL-TMSP          | SP          | ANALGESICS - ANTI-INFLAMMATORY             |
| ADALIMUMAB-ADAZ PFS INJ (QL= 2 inj/28 days)  | PA-QL-TMSP          | SP          | ANALGESICS - ANTI-INFLAMMATORY             |
| ADALIMUMAB-FKJP AUTO-INJECTOR KIT (QL= 2 inj/28 days)  | PA-QL-TMSP          | SP          | ANALGESICS - ANTI-INFLAMMATORY             |
| ADALIMUMAB-FKJP PFS KIT 20 MG/0.4ML (QL= 2 inj/28 days)  | PA-QL-TMSP          | SP          | ANALGESICS - ANTI-INFLAMMATORY             |
| ADALIMUMAB-FKJP PFS KIT 40 MG/0.8ML (QL= 2 inj/28 days)  | PA-QL-TMSP          | SP          | ANALGESICS - ANTI-INFLAMMATORY             |
| ADAPALENE SOLN   | -                   | NC          | DERMATOLOGICALS                            |
| adapalene cream (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization) | PA                  | 2           | DERMATOLOGICALS                            |
| adapalene gel (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization)   | PA                  | 2           | DERMATOLOGICALS                            |
| ADAPALENE LOTION   | -                   | NC          | DERMATOLOGICALS                            |

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| EXC Plan Exclusion                               | INF Infertility   | LD Limited Distribution                  |
| M Medical Benefit                                | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter                     |
| PA Prior Authorization                           | QL Quantity Limit   | RDX Restricted to Diagnosis              |
| 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   | TMSP Available through Specialty Network |

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|--|---------------------|-------------|--|
| adapalene/benzoyl peroxide gel 0.1-2.5% (EPIDUO equiv)       | -                   | 2           | DERMATOLOGICALS                                      |
| adapalene/benzoyl peroxide gel 0.3-2.5% (EPIDUO FORTE equiv) | -                   | 2           | DERMATOLOGICALS                                      |
| ADAPALENE/BENZOYL PEROXIDE PAD                               | -                   | NC          | DERMATOLOGICALS                                      |
| ADASUVE INHALER  | -                   | NC          | ANTI-PSYCHOTICS/ANTIMANIC AGENTS                     |
| ADAZIN CREAM   | -                   | NC          | DERMATOLOGICALS                                      |
| ADBRY INJ (QL= 4 inj/28 days)                                | MSP-PA-QL           | SP          | DERMATOLOGICALS                                      |
| ADCIRCA TAB  | -                   | NC          | CARDIOVASCULAR AGENTS - MISC.                        |
| ADDERALL TAB   | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS    |
| ADDERALL XR CAP  | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS    |
| adefovir dipivoxil tab (HEPSERA equiv)                       | -                   | 2           | ANTIVIRALS   |
| ADEMPAS TAB  | -                   | NC          | CARDIOVASCULAR AGENTS - MISC.                        |
| ADLARITY PATCH   | -                   | NC          | PSYCHOTHERAPEUTIC AND<br>NEUROLOGICAL AGENTS - MISC. |
| ADLYXIN INJ  | -                   | NC          | ANTIDIABETICS  |
| ADMELOG INJ  | -                   | NC          | ANTIDIABETICS  |
| ADRENACLICK INJ, EPINEPHRINE INJ                             | -                   | NC          | VASOPRESSORS   |
| ADRENALIN NASAL SOLN   | -                   | NC          | NASAL AGENTS - SYSTEMIC AND TOPICAL                  |
| ADVAIR DISKUS INHALER  | -                   | NC          | ANTI-ASTHMATIC AND BRONCHODILATOR<br>AGENTS          |
| ADVAIR HFA INHALER   | -                   | 2           | ANTI-ASTHMATIC AND BRONCHODILATOR<br>AGENTS          |
| ADVICOR TAB  | -                   | NC          | ANTI-HYPERLIPIDEMICS                                 |
| ADZENYS ER SUSP  | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS    |
| ADZENYS XR TAB   | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS    |
| AEMCOLO TAB  | -                   | NC          | ANTI-INFECTIVE AGENTS - MISC.                        |
| AEROCHAMBER  | OTC                 | 2           | MEDICAL DEVICES AND SUPPLIES                         |
| AEROCHAMBER SUPPLIES   | -                   | 2           | MEDICAL DEVICES AND SUPPLIES                         |
| AEROSPAN INH   | -                   | NC          | ANTI-ASTHMATIC AND BRONCHODILATOR<br>AGENTS          |
| AFINITOR DISPERZ TAB   | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES          |
| AFINITOR TAB   | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES          |
| AFLURIA INJ (QL= 1 inj/28 days)                              | QL-VAC              | \$0         | VACCINES   |
| AFLURIA INJ, FLUZONE INJ (QL= 1 inj/28 days)                 | QL-VAC              | \$0         | VACCINES   |
| AFSTYLA KIT  | -                   | NC          | HEMATOLOGICAL AGENTS - MISC.                         |
| AGGRENOX CAP   | -                   | NC          | HEMATOLOGICAL AGENTS - MISC.                         |
| AGRYLIN CAP  | -                   | NC          | HEMATOLOGICAL AGENTS - MISC.                         |
| AIMOVIG INJ (QL= 1 pack/28 days)                             | PA-QL               | 2           | MIGRAINE PRODUCTS                                    |
| AIRDUO POWDER INHALER W/SENSOR                               | -                   | NC          | ANTI-ASTHMATIC AND BRONCHODILATOR<br>AGENTS          |
| AIRDUO RESPICLICK  | -                   | NC          | ANTI-ASTHMATIC AND BRONCHODILATOR<br>AGENTS          |
| AIRSUPRA INH   | -                   | NC          | ANTI-ASTHMATIC AND BRONCHODILATOR<br>AGENTS          |
| AJOVY INJ (QL= 1 pack/28 days)                               | PA-QL               | 2           | MIGRAINE PRODUCTS                                    |

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| EXC | NC/3P = Not Covered, Third Party Reviewer<br>Plan Exclusion | INF | Infertility  | LD   | Limited Distribution                |
| M   | Medical Benefit   | MSP | Mandatory Specialty Pharmacy Program                     | OTC  | Over-the-Counter                    |
| PA  | Prior Authorization   | QL  | Quantity Limit   | RDX  | Restricted to Diagnosis             |
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|---|---------------------|-------------|--|
| AKEEGA TAB  | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| AKLIEF CREAM  | -                   | NC          | DERMATOLOGICALS                          |
| AKYNZEO CAP (QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist) | QL-RS               | 2           | ANTIEMETICS                              |
| ALA-SCALP LOTION  | -                   | NC          | DERMATOLOGICALS                          |
| albendazole tab (ALBENZA equiv)   | -                   | 3           | ANTHELMINTICS                            |
| ALBENZA TAB   | -                   | NC          | ANTHELMINTICS                            |
| albuterol HFA inhaler (PROAIR, PROVENTIL equiv) (QL= 2 inhalers/30 days)      | QL                  | 1           | ANTIASTHMATIC AND BRONCHODILATOR AGENTS  |
| ALBUTEROL HFA INHALER   | QL--                | NC          | ANTIASTHMATIC AND BRONCHODILATOR AGENTS  |
| albuterol neb soln  | -                   | 1           | ANTIASTHMATIC AND BRONCHODILATOR AGENTS  |
| ALBUTEROL NEBULIZER SOLN  | -                   | 1           | ANTIASTHMATIC AND BRONCHODILATOR AGENTS  |
| albuterol sulfate syrup   | -                   | 1           | ANTIASTHMATIC AND BRONCHODILATOR AGENTS  |
| albuterol sulfate tab   | -                   | 2           | ANTIASTHMATIC AND BRONCHODILATOR AGENTS  |
| ALBUTEROL TAB ER  | -                   | 2           | ANTIASTHMATIC AND BRONCHODILATOR AGENTS  |
| albuterol/ipratropium neb soln (DUONEB equiv)                                 | -                   | 1           | ANTIASTHMATIC AND BRONCHODILATOR AGENTS  |
| ALCAINE OPHTH SOLN  | -                   | NC          | OPHTHALMIC AGENTS                        |
| alclometasone cream (ACLOVATE equiv)  | -                   | 2           | DERMATOLOGICALS                          |
| alclometasone oint (ACLOVATE OINT equiv)                                      | -                   | 2           | DERMATOLOGICALS                          |
| ALCOHOL SWABS   | OTC                 | 1           | MEDICAL DEVICES AND SUPPLIES             |
| ALCORTIN A GEL  | -                   | NC          | DERMATOLOGICALS                          |
| ALDACTAZIDE TAB   | -                   | NC          | DIURETICS                                |
| ALDACTAZIDE TAB 50-50MG   | -                   | 3           | DIURETICS                                |
| ALDACTONE TAB   | -                   | NC          | DIURETICS                                |
| ALDARA CREAM  | -                   | NC          | DERMATOLOGICALS                          |
| ALDURAZYME INJ  | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.   |
| ALECENSA CAP (QL= 8 caps/day)   | PA-QL-TMSP          | SP          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| alendronate sodium oral soln (FOSAMAX equiv)                                  | -                   | 3           | ENDOCRINE AND METABOLIC AGENTS - MISC.   |
| alendronate tab (FOSAMAX equiv)   | -                   | 1           | ENDOCRINE AND METABOLIC AGENTS - MISC.   |
| ALENDRONATE TAB 40MG  | -                   | 2           | ENDOCRINE AND METABOLIC AGENTS - MISC.   |
| ALEVICYN SOLN DERMAL  | -                   | NC          | DERMATOLOGICALS                          |
| ALFERON-N INJ   | TMSP                | 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  | -                   | NC          | ANTI-INFECTIVE AGENTS - MISC.            |
| aliskiren tab (TEKTURNA equiv)  | -                   | 2           | ANTIHYPERTENSIVES                        |

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|---|---------------------|-------------|---|
| ALKERAN INJ   | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES  |
| ALKERAN TAB   | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES  |
| ALKINDI SPRINKLE CAP  | -                   | NC          | CORTICOSTEROIDS                           |
| ALKINDI SPRINKLE CAP 0.5MG (QL= 3 caps/day; Members age 9 or older require Prior Authorization) | PA-QL               | 3           | CORTICOSTEROIDS                           |
| ALKINDI SPRINKLE CAP 1MG (QL= 3 caps/day; Members age 9 or older require Prior Authorization)   | PA-QL               | 3           | CORTICOSTEROIDS                           |
| ALLEGRA ODT   | OTC                 | NC          | ANTIHISTAMINES                            |
| allopurinol tab (ZYLOPRIM equiv)  | -                   | 1           | GOUT AGENTS                               |
| ALLOPURINOL TAB   | -                   | NC          | GOUT AGENTS                               |
| ALLZITAL TAB  | -                   | NC          | ANALGESICS - NONNARCOTIC                  |
| almotriptan tab (QL= 9 tabs/fill, 2 fills/30 days)  | QL                  | 3           | MIGRAINE PRODUCTS                         |
| ALOCRILOPHTH SOLN   | -                   | 2           | OPHTHALMIC AGENTS                         |
| ALOGLIPTIN TAB, NESINA TAB  | -                   | NC          | ANTIDIABETICS                             |
| ALOGLIPTIN/METFORMIN TAB, KAZANO TAB  | -                   | NC          | ANTIDIABETICS                             |
| ALOGLIPTIN/PIOGLITAZONE TAB, OSENI TAB  | -                   | NC          | ANTIDIABETICS                             |
| ALOMIDE OPHTH SOLN  | -                   | 2           | OPHTHALMIC AGENTS                         |
| ALOQUIN GEL   | -                   | NC          | DERMATOLOGICALS                           |
| ALORA PATCH   | -                   | 3           | ESTROGENS                                 |
| alosetron tab (LOTRONEX equiv)  | -                   | 3           | GASTROINTESTINAL AGENTS - MISC.           |
| ALPHAGAN P OPHTH SOLN 0.15%   | -                   | NC          | OPHTHALMIC AGENTS                         |
| alprazolam ER tab (XANAX XR equiv)  | -                   | 2           | ANTIANSXIETY AGENTS                       |
| alprazolam ODT (NIRAVAM equiv)  | -                   | 3           | ANTIANSXIETY AGENTS                       |
| alprazolam tab (XANAX equiv)  | -                   | 1           | ANTIANSXIETY AGENTS                       |
| ALREX OPHTH SUSP  | -                   | 2           | OPHTHALMIC AGENTS                         |
| ALSUMA INJ, ZEMBRACE SYMTOUCH INJ   | -                   | NC          | MIGRAINE PRODUCTS                         |
| ALTABAX OINT  | -                   | NC          | DERMATOLOGICALS                           |
| ALTACE CAP  | -                   | NC          | ANTIHYPERTENSIVES                         |
| ALTOPREV TAB  | -                   | NC          | ANTIHYPERLIPIDEMICS                       |
| ALTRENO LOTION  | -                   | NC          | DERMATOLOGICALS                           |
| ALUNBRIG PAK  | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES  |
| ALUNBRIG TAB 30MG (QL= 4 tabs/day; Only available through Biologics 800-850-4306)               | LD-PA-QL-SF         | SP          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES  |
| ALUNBRIG TAB 90MG, 180MG (QL= 1 tab/day; Only available through Biologics 800-850-4306)         | LD-PA-QL-SF         | SP          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES  |
| ALVESCO INHALER   | -                   | NC          | ANTIASTHMATIC AND BRONCHODILATOR AGENTS   |
| alvimopan cap (ENTEREG equiv)   | -                   | NC          | GASTROINTESTINAL AGENTS - MISC.           |
| ALZAIR NASAL SPRAY  | -                   | NC          | NASAL AGENTS - SYSTEMIC AND TOPICAL       |
| amantadine cap (SYMMETREL equiv)  | -                   | 1           | ANTIPARKINSON AGENTS                      |
| amantadine syrup (SYMMETREL equiv)  | -                   | 1           | ANTIPARKINSON AGENTS                      |
| amantadine tab  | -                   | 2           | ANTIPARKINSON AGENTS                      |
| AMARYL TAB  | -                   | NC          | ANTIDIABETICS                             |
| AMBIEN CR TAB   | -                   | NC          | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS |
| AMBIEN TAB  | -                   | NC          | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS |

|  |   |  |
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| EXC Plan Exclusion                               | INF Infertility   | LD Limited Distribution                  |
| M Medical Benefit                                | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter                     |
| PA Prior Authorization                           | QL Quantity Limit   | RDX Restricted to Diagnosis              |
| 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   | TMSP Available through Specialty Network |

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**Community Health Choice Premier Formulary Cont.  
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| <b>Drug Name</b>  | <b>Special Code</b> | <b>Tier</b> | <b>Category</b>                                   |
|---|---------------------|-------------|---|
| ambrisentan tab (LETAIRIS equiv) (QL= 1 tab/day; Only available through Walgreens 888-347-3416) | LD-PA-QL            | SP          | CARDIOVASCULAR AGENTS - MISC.                     |
| AMCINONIDE CREAM 0.1%   | -                   | NC          | DERMATOLOGICALS                                   |
| AMCINONIDE LOTION   | -                   | 3           | DERMATOLOGICALS                                   |
| amcinonide oint 0.1% (AMCINONIDE OINT equiv)  | -                   | NC          | DERMATOLOGICALS                                   |
| AMCINONIDE OINTMENT   | -                   | NC          | DERMATOLOGICALS                                   |
| AMERGE TAB  | -                   | NC          | MIGRAINE PRODUCTS                                 |
| amethyst tab (LYBREL equiv)   | -                   | \$0         | CONTRACEPTIVES                                    |
| AMICAR SOLN   | -                   | NC          | HEMOSTATICS                                       |
| AMICAR TAB  | -                   | NC          | HEMOSTATICS                                       |
| amiloride tab (MIDAMOR equiv)   | -                   | 1           | DIURETICS   |
| AMILORIDE/HCTZ TAB  | -                   | 1           | DIURETICS   |
| amiloride/hydrochlorothiazide tab (MODURETIC equiv)   | -                   | 1           | DIURETICS   |
| aminocaproic acid soln (AMICAR equiv)   | -                   | 2           | HEMOSTATICS                                       |
| aminocaproic acid tab (AMICAR equiv)  | -                   | 2           | HEMOSTATICS                                       |
| amiodarone tab (CORDARONE equiv)  | -                   | 1           | ANTIARRHYTHMICS                                   |
| AMITIZA CAP   | -                   | NC          | GASTROINTESTINAL AGENTS - MISC.                   |
| amitriptyline tab (ELAVIL equiv)  | -                   | 1           | ANTIDEPRESSANTS                                   |
| AMJEVITA AUTO-INJECTOR (adalimumab-atto)  | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                    |
| AMJEVITA INJ (adalimumab-atto)  | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                    |
| 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)                                | -                   | NC          | ANTIHYPERTENSIVES                                 |
| ammonium lactate cream (LAC-HYDRIN equiv)   | OTC                 | EXC         | DERMATOLOGICALS                                   |
| ammonium lactate lotion (LAC-HYDRIN equiv)  | OTC                 | EXC         | DERMATOLOGICALS                                   |
| amnesteem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap (ACCUTANE equiv)      | -                   | 2           | DERMATOLOGICALS                                   |
| amoxapine tab (AMOXAPINE equiv)   | -                   | 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 ER TAB  | -                   | 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//<br>NOREXIANTS |
| amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv)  | -                   | 1           | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| amphetamine/dextroamphetamine tab (ADDERALL equiv)  | -                   | 1           | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5mg (MYDAYIS equiv)                         | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| amphetamine-dextroamphetamine 3-bead cap er 24hr 25mg (MYDAYIS equiv)                           | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5mg (MYDAYIS equiv)                         | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |

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| M   | Medical Benefit   | MSP | Mandatory Specialty Pharmacy Program                     | OTC  | Over-the-Counter                    |
| PA  | Prior Authorization   | QL  | Quantity Limit   | RDX  | Restricted to Diagnosis             |
| 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   | TMSP | Available through Specialty Network |

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|---|---------------------|-------------|--|
| amphetamine-dextroamphetamine 3-bead cap er 24hr 50mg (MYDAYIS equiv)   | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS    |
| AMPICILLIN CAP  | -                   | 1           | PENICILLINS  |
| AMPYRA TAB  | -                   | NC          | PSYCHOTHERAPEUTIC AND<br>NEUROLOGICAL AGENTS - MISC. |
| AMRIX CAP   | -                   | NC          | MUSCULOSKELETAL THERAPY AGENTS                       |
| AMZEEQ FOAM   | -                   | NC          | DERMATOLOGICALS                                      |
| ANADROL TAB   | -                   | 3           | ANDROGENS-ANABOLIC                                   |
| ANAFRANIL CAP   | -                   | NC          | ANTIDEPRESSANTS                                      |
| anagrelide cap (AGRYLIN equiv)  | -                   | 1           | HEMATOLOGICAL AGENTS - MISC.                         |
| ANALPRAM-E KIT  | -                   | 3           | ANORECTAL AGENTS                                     |
| ANALPRAM-HC CREAM   | -                   | NC          | ANORECTAL AGENTS                                     |
| ANAPROX TAB   | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                       |
| ANASPAZ ODT   | -                   | NC          | 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<br>THERAPIES          |
| ANCOBON CAP   | -                   | NC          | ANTIFUNGALS  |
| ANDRODERM PATCH (QL= 1 patch/day)   | PA-QL               | 2           | ANDROGENS-ANABOLIC                                   |
| ANDROGEL 1% 25MG  | -                   | NC          | ANDROGENS-ANABOLIC                                   |
| ANDROGEL 1% 50MG, TESTIM GEL 1%   | -                   | NC          | ANDROGENS-ANABOLIC                                   |
| ANDROGEL 1.62% 1.25GM   | -                   | NC          | ANDROGENS-ANABOLIC                                   |
| ANDROGEL 1.62% 2.5GM  | -                   | NC          | ANDROGENS-ANABOLIC                                   |
| ANDROGEL PUMP 1%  | -                   | NC          | ANDROGENS-ANABOLIC                                   |
| ANDROGEL PUMP 1.62%   | -                   | NC          | ANDROGENS-ANABOLIC                                   |
| ANGELIQ TAB   | -                   | NC          | ESTROGENS  |
| ANNOVERA RING (QL= 1 ring/year)   | QL                  | \$0         | CONTRACEPTIVES                                       |
| ANORO ELLIPTA INHALER   | -                   | 2           | ANTIASTHMATIC AND BRONCHODILATOR<br>AGENTS           |
| ANTABUSE TAB  | -                   | NC          | PSYCHOTHERAPEUTIC AND<br>NEUROLOGICAL AGENTS - MISC. |
| ANTARA CAP, FENOFIBRATE MICRONIZED CAP  | -                   | NC          | ANTIHYPERTENSIVES                                    |
| ANTARA CAP, LOFIBRA CAP   | -                   | NC          | ANTIHYPERTENSIVES                                    |
| antipyrine/benzocaine otic soln (AURALGAN equiv)  | -                   | NC          | OTIC AGENTS  |
| ANTIVERT TAB, MECLIZINE TAB   | -                   | NC          | ANTIEMETICS  |
| ANUSOL-HC CREAM   | -                   | NC          | 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                                      |
| APIDRA INJ  | -                   | NC          | ANTIDIABETICS  |
| APIDRA SOLOSTAR INJ   | -                   | NC          | ANTIDIABETICS  |
| APLENZIN TAB  | -                   | NC          | ANTIDEPRESSANTS                                      |
| APOKYN INJ  | -                   | NC          | ANTIPARKINSON AND RELATED THERAPY<br>AGENTS          |
| apomorphine inj (APOKYN equiv)  | -                   | NC          | ANTIPARKINSON AND RELATED THERAPY<br>AGENTS          |
| APRACLONIDINE OPHTH SOLN  | -                   | 2           | OPHTHALMIC AGENTS                                    |
| apraclonidine ophth soln (IOPIDINE equiv)   | -                   | 2           | OPHTHALMIC AGENTS                                    |
| aprepitant cap (EMEND equiv) (QL= 3 caps/fill)  | QL                  | 2           | ANTIEMETICS  |

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|--|---------------------|-------------|---|
| aprepitant pak (EMEND equiv) (QL= 3 caps/fill)                                     | QL                  | 2           | ANTIEMETICS                                       |
| APRISO CAP   | -                   | NC          | GASTROINTESTINAL AGENTS - MISC.                   |
| APRIZIO PAK KIT  | -                   | NC          | DERMATOLOGICALS                                   |
| APTIOM TAB   | -                   | NC          | ANTICONVULSANTS                                   |
| APTIVUS CAP  | -                   | SP          | ANTIVIRALS  |
| APTIVUS SOLN   | -                   | SP          | ANTIVIRALS  |
| ARAKODA TAB  | -                   | 3           | ANTIMALARIALS                                     |
| ARALAST/PROLASTIN/ZEMAIRA INJ  | -                   | NC          | RESPIRATORY AGENTS - MISC.                        |
| aranelle tab (TRI-NORINYL equiv)   | -                   | \$0         | CONTRACEPTIVES                                    |
| ARANESP INJ  | -                   | NC          | HEMATOPOIETIC AGENTS                              |
| ARAVA TAB  | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                    |
| ARAZLO LOTION  | -                   | NC          | DERMATOLOGICALS                                   |
| ARCALYST INJ   | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                    |
| ARCAPTA NEOHALER   | -                   | 3           | ANTIASTHMATIC AND BRONCHODILATOR AGENTS           |
| AREXVY INJ   | VAC                 | EXC         | VACCINES  |
| arformoterol tartrate neb soln (BROVANA equiv)                                     | -                   | 2           | ANTIASTHMATIC AND BRONCHODILATOR AGENTS           |
| ARICEPT TAB  | -                   | NC          | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| ARICEPT TAB 23MG   | -                   | NC          | 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   | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| aripiprazole ODT (ABILIFY equiv)   | -                   | NC          | 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  | -                   | NC          | ANTICOAGULANTS                                    |
| armodafinil tab (NUVIGIL equiv) (QL= 1 tab/day)                                    | QL                  | 1           | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS    |
| ARMONAIR DIGITAL INHALER 113MCG/ACT  | -                   | NC          | ANTIASTHMATIC AND BRONCHODILATOR AGENTS           |
| ARMONAIR DIGITAL INHALER 232MCG/ACT  | -                   | NC          | ANTIASTHMATIC AND BRONCHODILATOR AGENTS           |
| ARMONAIR DIGITAL INHALER 55MCG/ACT   | -                   | NC          | ANTIASTHMATIC AND BRONCHODILATOR AGENTS           |
| ARMONAIR RESPICLICK  | -                   | NC          | ANTIASTHMATIC AND BRONCHODILATOR AGENTS           |
| ARMOUR THYROID TAB, NATURE THROID TAB  | -                   | 1           | THYROID AGENTS                                    |
| ARNUITY ELLIPTA INHALER  | -                   | 2           | ANTIASTHMATIC AND BRONCHODILATOR AGENTS           |
| AROMASIN TAB   | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| ARTHROTEC TAB  | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                    |
| ARYMO ER TAB   | -                   | NC          | ANALGESICS - OPIOID                               |
| ASACOL HD TAB  | -                   | NC          | GASTROINTESTINAL AGENTS - MISC.                   |
| ASACOL HD TAB, MESALAMINE TAB  | -                   | NC          | GASTROINTESTINAL AGENTS - MISC.                   |
| asenapine maleate SL tab (SAPHRIS equiv) (QL= 2 tabs/day)                          | PA-QL               | 2           | ANTIPSYCHOTICS/ANTIMANIC AGENTS                   |

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|---|---------------------|-------------|---|
| ASMANEX HFA INHALER   | -                   | 2           | ANTIASTHMATIC AND BRONCHODILATOR AGENTS           |
| ASMANEX INHALER   | -                   | 2           | ANTIASTHMATIC AND BRONCHODILATOR AGENTS           |
| aspirin chew tab 81mg (Covered for males age 45-79; Covered for females (no age restriction)) | OTC                 | \$0         | ANALGESICS - NONNARCOTIC                          |
| ASPIRIN EC TAB 325MG  | OTC                 | \$0         | ANALGESICS - NONNARCOTIC                          |
| aspirin ec tab 81mg (Covered for males age 45-79 and females age 55-79)                       | OTC                 | \$0         | ANALGESICS - NONNARCOTIC                          |
| aspirin tab 325mg (Covered for males age 45-79 and females age 55-79)                         | OTC                 | \$0         | ANALGESICS - NONNARCOTIC                          |
| aspirin/codeine tab   | -                   | 1           | ANALGESICS - OPIOID                               |
| aspirin/dipyridamole cap (AGGRENEX equiv)   | -                   | 2           | HEMATOLOGICAL AGENTS - MISC.                      |
| ASPIRIN/OMEPRAZOLE ER TAB   | -                   | 3           | HEMATOLOGICAL AGENTS - MISC.                      |
| ASPRUZYO SPRINKLE GRANULES  | -                   | NC          | ANTIANGINAL AGENTS                                |
| ASTAGRAF XL CAP   | -                   | NC          | MISCELLANEOUS THERAPEUTIC CLASSES                 |
| ASTAMED MYO CAP   | -                   | EXC         | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS      |
| ASTELIN NASAL SPRAY, ASTEPRO NASAL SPRAY  | -                   | NC          | NASAL AGENTS - SYSTEMIC AND TOPICAL               |
| ATACAND HCT TAB   | -                   | NC          | ANTIHYPERTENSIVES                                 |
| ATACAND TAB   | -                   | NC          | ANTIHYPERTENSIVES                                 |
| atazanavir cap (REYATAZ equiv)  | -                   | 1           | ANTIVIRALS  |
| ATELVIA TAB   | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.            |
| atenolol tab (TENORMIN equiv)   | -                   | 1           | BETA BLOCKERS                                     |
| atenolol/chlorthalidone tab (TENORETIC equiv)   | -                   | 1           | ANTIHYPERTENSIVES                                 |
| ATIVAN TAB  | -                   | NC          | ANTIAXIETY AGENTS                                 |
| atomoxetine cap (STRATTERA equiv)   | -                   | 1           | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS     |
| ATORVALIQ SUSP (Members age 9 or older require Prior Authorization)                           | PA                  | 3           | ANTIHYPERLIPIDEMICS                               |
| atorvastatin tab (LIPITOR equiv)  | -                   | \$0         | ANTIHYPERLIPIDEMICS                               |
| atovaquone susp (MEPRON equiv)  | -                   | 2           | ANTI-INFECTIVE AGENTS - MISC.                     |
| atovaquone/proguanil tab (MALARONE equiv)   | -                   | 1           | ANTIMALARIALS                                     |
| ATRALIN GEL, RETIN-A GEL  | -                   | NC          | DERMATOLOGICALS                                   |
| ATRIPLA TAB   | -                   | NC          | ANTIVIRALS  |
| ATRIX SYSTEM KIT  | -                   | NC          | DERMATOLOGICALS                                   |
| atropine inj  | M                   | M           | ULCER DRUGS                                       |
| atropine ophth oint   | -                   | 1           | OPHTHALMIC AGENTS                                 |
| ATROPINE OPHTH SOLN   | -                   | 1           | OPHTHALMIC AGENTS                                 |
| atropine ophth soln (ISOPTO ATROPINE equiv)   | -                   | 1           | OPHTHALMIC AGENTS                                 |
| ATROPINE SUL INJ  | M                   | M           | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS         |
| ATROPINE SUL SOLN 1% OPHTH  | -                   | 1           | OPHTHALMIC AGENTS                                 |
| ATROPINE SULFATE INJ  | --M                 | M           | ULCER DRUGS                                       |
| ATROVENT HFA INHALER  | -                   | 2           | ANTIASTHMATIC AND BRONCHODILATOR AGENTS           |
| AUBAGIO TAB   | -                   | NC          | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| AUGMENTIN ES-600 SUSP   | -                   | NC          | PENICILLINS                                       |
| AUGMENTIN SUSP  | -                   | 3           | PENICILLINS                                       |
| AUGMENTIN TAB   | -                   | NC          | PENICILLINS                                       |

|     |   |     |  |      |                                     |
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|--|---------------------|-------------|---|
| AURYXIA TAB  | -                   | 3           | GASTROINTESTINAL AGENTS - MISC.                   |
| AUSTEDO TAB (QL= 4 tabs/day)   | PA-QL-TMSP          | SP          | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| AUSTEDO TITRATION PACK   | -                   | NC          | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| AUSTEDO XR TAB (QL= 2 tabs/day)  | PA-QL-TMSP          | SP          | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| AUSTEDO XR TAB 6MG (QL= 3 tabs/day)  | PA-QL-TMSP          | SP          | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| AUSTEDO XR TAB TITRATION KIT (QL= 1 pack/28 days)                          | PA-QL-TMSP          | SP          | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| AUVELITY TAB   | -                   | NC          | ANTIDEPRESSANTS                                   |
| AUVI-Q INJ   | -                   | NC          | VASOPRESSORS                                      |
| AVALIDE TAB  | -                   | NC          | ANTIHYPERTENSIVES                                 |
| AVANDIA TAB  | -                   | 2           | ANTIDIABETICS                                     |
| AVAPRO TAB   | -                   | NC          | ANTIHYPERTENSIVES                                 |
| AVAR AEROSOL FOAM  | -                   | NC          | DERMATOLOGICALS                                   |
| AVAR GEL   | -                   | 2           | DERMATOLOGICALS                                   |
| AVAR PAD   | -                   | NC          | DERMATOLOGICALS                                   |
| AVAR-E LS CREAM 10-2%  | -                   | NC          | DERMATOLOGICALS                                   |
| AVELOX TAB   | -                   | NC          | FLUOROQUINOLONES                                  |
| aviane tab (ALESSE equiv)  | -                   | \$0         | CONTRACEPTIVES                                    |
| AVODART CAP  | -                   | NC          | GENITOURINARY AGENTS - MISCELLANEOUS              |
| AVONEX INJ   | TMSP                | SP          | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| AXERT TAB  | -                   | NC          | MIGRAINE PRODUCTS                                 |
| AXID CAP   | -                   | NC          | ULCER DRUGS                                       |
| AYGESTIN TAB   | -                   | NC          | PROGESTINS  |
| AYVAKIT TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF         | SP          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| AZASITE SOLN   | -                   | 2           | OPHTHALMIC AGENTS                                 |
| azathioprine tab (IMURAN equiv)  | -                   | 1           | ASSORTED CLASSES                                  |
| azathioprine tab 100mg (AZASAN equiv)                                      | -                   | NC          | MISCELLANEOUS THERAPEUTIC CLASSES                 |
| azathioprine tab 75mg (AZASAN equiv)                                       | -                   | NC          | MISCELLANEOUS THERAPEUTIC CLASSES                 |
| azelaic acid gel (FINACEA equiv)   | -                   | 2           | DERMATOLOGICALS                                   |
| azelastine nasal spray 0.1% (ASTELIN equiv)                                | -                   | 1           | NASAL AGENTS - SYSTEMIC AND TOPICAL               |
| azelastine nasal spray 0.15% (ASTEPRO equiv)                               | -                   | 2           | NASAL AGENTS - SYSTEMIC AND TOPICAL               |
| azelastine ophth soln (OPTIVAR equiv)                                      | -                   | 1           | OPHTHALMIC AGENTS                                 |
| azelastine/fluticasone nasal spray (DYMISTA equiv)                         | -                   | NC          | NASAL AGENTS - SYSTEMIC AND TOPICAL               |
| AZELEX CREAM   | -                   | NC          | DERMATOLOGICALS                                   |
| AZENASE PAK  | -                   | NC          | NASAL AGENTS - SYSTEMIC AND TOPICAL               |
| AZESCHEW TAB 13-1MG  | -                   | 3           | MULTIVITAMINS                                     |
| AZESCO TAB   | -                   | NC          | MULTIVITAMINS                                     |
| AZILECT TAB  | -                   | NC          | ANTIPARKINSON AGENTS                              |
| azithromycin susp (ZITHROMAX equiv)  | -                   | 1           | MACROLIDES  |
| azithromycin tab (ZITHROMAX equiv)   | -                   | 1           | MACROLIDES  |
| AZO URINARY TAB  | OTC                 | NC          | GENITOURINARY AGENTS - MISCELLANEOUS              |
| AZOPT OPHTH SUSP   | -                   | NC          | OPHTHALMIC AGENTS                                 |

|     |  |     |  |      |                                     |
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|     | <b>NC/3P</b> = Not Covered, Third Party Reviewer |     |  |      |                                     |
| EXC | Plan Exclusion                                   | INF | Infertility  | LD   | Limited Distribution                |
| M   | Medical Benefit                                  | MSP | Mandatory Specialty Pharmacy Program                     | OTC  | Over-the-Counter                    |
| PA  | Prior Authorization                              | QL  | Quantity Limit   | RDX  | Restricted to Diagnosis             |
| 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   | TMSP | Available through Specialty Network |

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| <b>Drug Name</b>  | <b>Special Code</b> | <b>Tier</b> | <b>Category</b>                                      |
|---|---------------------|-------------|--|
| AZSTARYS CAP  | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS    |
| AZULFIDINE EN TAB   | -                   | NC          | GASTROINTESTINAL AGENTS - MISC.                      |
| AZULFIDINE TAB  | -                   | NC          | 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                                    |
| BACLOFEN CREAM COMPOUND KIT   | -                   | NC          | DERMATOLOGICALS                                      |
| baclofen intrathecal inj (BACLOFEN equiv)   | -                   | NC          | MUSCULOSKELETAL THERAPY AGENTS                       |
| BACLOFEN SUSP (Prior Authorization Required for members age 9 or older)   | PA                  | 3           | MUSCULOSKELETAL THERAPY AGENTS                       |
| baclofen susp (BACLOFEN equiv)  | PA--                | NC          | MUSCULOSKELETAL THERAPY AGENTS                       |
| baclofen tab (BACLOFEN equiv)   | -                   | 1           | MUSCULOSKELETAL THERAPY AGENTS                       |
| BACLOFEN TAB 5MG  | -                   | NC          | MUSCULOSKELETAL THERAPY AGENTS                       |
| BACTRIM DS TAB  | -                   | NC          | ANTI-INFECTIVE AGENTS - MISC.                        |
| BACTROBAN CREAM   | -                   | NC          | DERMATOLOGICALS                                      |
| BACTROBAN NASAL OINT  | -                   | 3           | NASAL AGENTS - SYSTEMIC AND TOPICAL                  |
| BAFIERTAM CAP   | -                   | NC          | PSYCHOTHERAPEUTIC AND<br>NEUROLOGICAL AGENTS - MISC. |
| BALCOLTRA TAB   | -                   | \$0         | CONTRACEPTIVES                                       |
| balsalazide cap (COLAZAL equiv)   | -                   | 1           | GASTROINTESTINAL AGENTS - MISC.                      |
| BALVERSA TAB 3MG (QL= 3 tabs/day; Only available through CVS Specialty 800-237-2767)  | LD-PA-QL-SF         | SP          | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES          |
| BALVERSA TAB 4MG (QL= 2 tabs/day; Only available through CVS Specialty 800-237-2767)  | LD-PA-QL-SF         | SP          | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES          |
| BALVERSA TAB 5MG (QL= 1 tab/day; Only available through CVS Specialty 800-237-2767)   | LD-PA-QL-SF         | SP          | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES          |
| BANZEL SUSP   | -                   | NC          | ANTICONVULSANTS                                      |
| BANZEL TAB  | -                   | NC          | ANTICONVULSANTS                                      |
| BAQSIMI NASAL POWDER (QL= 2 inhalations/fill)   | QL                  | 2           | ANTIDIABETICS  |
| BARACLUDE SOLN  | -                   | NC          | ANTIVIRALS   |
| BARACLUDE TAB   | -                   | NC          | ANTIVIRALS   |
| BASAGLAR KWIKPEN  | -                   | NC          | ANTIDIABETICS  |
| BAXDELA TAB (QL= 2 tabs/day; Restricted to Infectious Disease Specialist)   | QL-RS               | 2           | FLUOROQUINOLONES                                     |
| BCG INJ   | VAC                 | EXC         | VACCINES   |
| 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 HCT equiv)   | -                   | 1           | ANTIHYPERTENSIVES                                    |
| BENICAR HCT TAB   | -                   | NC          | ANTIHYPERTENSIVES                                    |
| BENICAR TAB   | -                   | NC          | ANTIHYPERTENSIVES                                    |
| BENLYSTA AUTO-INJECTOR (QL= 4 inj/28 day)   | PA-QL-TMSP          | SP          | MISCELLANEOUS THERAPEUTIC CLASSE                     |
| BENLYSTA INJ (QL= 4 inj/28 day)   | PA-QL-TMSP          | SP          | MISCELLANEOUS THERAPEUTIC CLASSE                     |

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| EXC | Plan Exclusion                                   | INF | Infertility  | LD   | Limited Distribution                |
| M   | Medical Benefit                                  | MSP | Mandatory Specialty Pharmacy Program                     | OTC  | Over-the-Counter                    |
| PA  | Prior Authorization                              | QL  | Quantity Limit   | RDX  | Restricted to Diagnosis             |
| RS  | Restricted to Specialist                         | SF  | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation                   |
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|--|---------------------|-------------|--|
| BENTIVITE TAB  | -                   | NC          | HEMATOPOIETIC AGENTS                                 |
| BENTYL CAP   | -                   | NC          | ULCER DRUGS  |
| BENTYL SYRUP   | -                   | NC          | ULCER DRUGS  |
| BENZAC WASH  | -                   | NC          | DERMATOLOGICALS                                      |
| BENZACLIN GEL  | -                   | NC          | DERMATOLOGICALS                                      |
| BENZAMYCIN GEL   | -                   | NC          | DERMATOLOGICALS                                      |
| BENZAMYCIN GEL PACK  | -                   | NC          | DERMATOLOGICALS                                      |
| BENZNIDAZOLE TAB (Restricted to Infectious Disease Specialist)                                     | RS                  | 2           | ANTHELMINTICS  |
| BENZOCAINE/LIDOCAINE/TETRACAINE OINT   | -                   | NC          | DERMATOLOGICALS                                      |
| benzonatate cap (TESSALON equiv)   | -                   | 1           | COUGH/COLD/ALLERGY                                   |
| benzonatate cap 150mg (ZONATUSS equiv)   | -                   | NC          | COUGH/COLD/ALLERGY                                   |
| BENZOYL PEROXIDE CREAM   | OTC                 | NC          | DERMATOLOGICALS                                      |
| BENZOYL PEROXIDE/HYDROCORTISONE LOTION   | -                   | NC          | DERMATOLOGICALS                                      |
| benzoyl peroxide/hydrocortisone lotion (VANOXIDE-HC equiv)   | -                   | NC          | DERMATOLOGICALS                                      |
| BENZPHETAMINE TAB  | -                   | EXC         | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS    |
| benztropine tab  | -                   | 1           | ANTIPARKINSON AGENTS                                 |
| bepotastine ophth soln (BEPREVE equiv)   | -                   | 3           | OPHTHALMIC AGENTS                                    |
| BERINERT INJ (Only available through Accredo 800-803-2523)   | LD-PA               | SP          | HEMATOLOGICAL AGENTS - MISC.                         |
| BESER KIT 0.05%  | -                   | NC          | DERMATOLOGICALS                                      |
| BESIVANCE OPHTH SUSP   | -                   | NC          | OPHTHALMIC AGENTS                                    |
| BESREMI INJ  | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES          |
| BETAGAN OPHTH SOLN   | -                   | NC          | OPHTHALMIC AGENTS                                    |
| betaine powder for oral solution (CYSTADANE equiv) (Only available through Walgreens 888-347-3416) | LD                  | SP          | ENDOCRINE AND METABOLIC AGENTS - MISC.               |
| betamethasone augmented cream (DIPROLENE AF CREAM equiv)   | -                   | 1           | DERMATOLOGICALS                                      |
| betamethasone augmented gel  | -                   | 1           | DERMATOLOGICALS                                      |
| BETAMETHASONE AUGMENTED GEL  | -                   | 2           | DERMATOLOGICALS                                      |
| betamethasone augmented lotion (DIPROLENE LOTION equiv)  | -                   | 2           | DERMATOLOGICALS                                      |
| betamethasone augmented oint (DIPROLENE OINT equiv)  | -                   | 1           | DERMATOLOGICALS                                      |
| betamethasone dipropionate cream (DIPROSONE CREAM equiv)   | -                   | 1           | DERMATOLOGICALS                                      |
| betamethasone dipropionate lotion  | -                   | 1           | DERMATOLOGICALS                                      |
| betamethasone dipropionate oint (DIPROSONE OINT equiv)   | -                   | 2           | DERMATOLOGICALS                                      |
| betamethasone valerate cream   | -                   | 1           | DERMATOLOGICALS                                      |
| betamethasone valerate foam (LUXIQ FOAM equiv)   | -                   | NC          | DERMATOLOGICALS                                      |
| betamethasone valerate lotion  | -                   | 1           | DERMATOLOGICALS                                      |
| betamethasone valerate oint  | -                   | 1           | DERMATOLOGICALS                                      |
| BETAPACE AF TAB  | -                   | NC          | BETA BLOCKERS  |
| BETAPACE TAB   | -                   | NC          | BETA BLOCKERS  |
| BETASERON INJ  | -                   | NC          | PSYCHOTHERAPEUTIC AND<br>NEUROLOGICAL AGENTS - MISC. |
| BETAXOLOL OPHTH SOLN   | -                   | 1           | OPHTHALMIC AGENTS                                    |
| betaxolol ophth soln (BETOPTIC-S equiv)  | -                   | 1           | OPHTHALMIC AGENTS                                    |
| betaxolol tab (KERLONE equiv)  | -                   | 1           | BETA BLOCKERS  |
| bethanechol tab (URECHOLINE equiv)   | -                   | 1           | URINARY ANTISPASMODICS                               |
| BETHKIS NEB SOLN, TOBI NEB SOLN  | -                   | NC          | AMINOGLYCOSIDES                                      |
| BETIMOL OPHTH SOLN   | -                   | 2           | OPHTHALMIC AGENTS                                    |
| BETOPTIC-S OPHTH SOLN  | -                   | 2           | OPHTHALMIC AGENTS                                    |

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| EXC | Plan Exclusion                                   | INF | Infertility  | LD   | Limited Distribution                |
| M   | Medical Benefit                                  | MSP | Mandatory Specialty Pharmacy Program                     | OTC  | Over-the-Counter                    |
| PA  | Prior Authorization                              | QL  | Quantity Limit   | RDX  | Restricted to Diagnosis             |
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|---|---------------------|-------------|---|
| BEVESPI AEROSPHERE INHALER  | -                   | NC          | ANTIASTHMATIC AND BRONCHODILATOR AGENTS   |
| bexarotene cap (TARGRETIN equiv)  | PA-SF-TMSP          | SP          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES  |
| bexarotene gel (TARGRETIN equiv)  | PA-TMSP             | SP          | DERMATOLOGICALS                           |
| BEXSERO INJ   | VAC                 | \$0         | VACCINES                                  |
| BEYAZ TAB   | -                   | 3           | CONTRACEPTIVES                            |
| BEYFORTUS INJ   | VAC                 | \$0         | PASSIVE IMMUNIZING AND TREATMENT AGENTS   |
| BIAFINE EMULSION  | -                   | NC          | DERMATOLOGICALS                           |
| BIAXIN TAB  | -                   | NC          | MACROLIDES                                |
| bicalutamide tab (CASODEX equiv)  | -                   | 1           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES  |
| BIDIL TAB   | -                   | NC          | CARDIOVASCULAR AGENTS - MISC.             |
| BIFERARX TAB  | -                   | NC          | HEMATOPOIETIC AGENTS                      |
| BIJUVA CAP  | -                   | NC          | ESTROGENS                                 |
| BIKTARVY TAB  | -                   | NC          | ANTIVIRALS                                |
| BILTRICIDE TAB  | -                   | NC          | ANTHELMINTICS                             |
| bimatoprost ophth soln (QL= 2.5ml/30 days)  | QL                  | 2           | OPHTHALMIC AGENTS                         |
| bimatoprost ophth soln  | QL--                | EXC         | DERMATOLOGICALS                           |
| BINOSTO TAB   | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.    |
| bismuth/metro/tetra cap (PYLERA equiv)  | -                   | NC          | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS |
| bisoprolol tab (ZEBETA equiv)   | -                   | 1           | BETA BLOCKERS                             |
| bisoprolol/hydrochlorothiazide tab (ZIAC equiv)   | -                   | 1           | ANTIHYPERTENSIVES                         |
| BLEPH-10 OPHTH SOLN   | -                   | NC          | OPHTHALMIC AGENTS                         |
| BLEPHAMIDE OPHTH SOLN   | -                   | 2           | OPHTHALMIC AGENTS                         |
| BLEPHAMIDE S.O.P. OPHTH OINT  | -                   | 3           | OPHTHALMIC AGENTS                         |
| BONIVA TAB 150MG  | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.    |
| bosentan tab (TRACLEER equiv) (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL            | SP          | CARDIOVASCULAR AGENTS - MISC.             |
| BOSULIF TAB   | MSP-PA-SF           | SP          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES  |
| BRAFTOVI CAP 75MG (QL= 6 caps/day; Only available through Diplomat Pharmacy 877-977-9118)     | LD-PA-QL            | SP          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES  |
| BRENZAVVY TAB   | -                   | NC          | ANTIDIABETICS                             |
| BREO ELLIPTA INH  | -                   | NC          | ANTIASTHMATIC AND BRONCHODILATOR AGENTS   |
| BREO ELLIPTA INHALER  | -                   | 2           | ANTIASTHMATIC AND BRONCHODILATOR AGENTS   |
| BREXAFEMME TAB  | -                   | NC          | ANTIFUNGALS                               |
| BREZTRI AEROSPHERE INHALER  | -                   | 2           | ANTIASTHMATIC AND BRONCHODILATOR AGENTS   |
| BRILINTA TAB  | -                   | 2           | HEMATOLOGICAL AGENTS - MISC.              |
| brimonidine ophth soln 0.15% (ALPHAGAN P 0.15% equiv)   | -                   | 2           | OPHTHALMIC AGENTS                         |
| brimonidine ophth soln 0.2%   | -                   | 1           | OPHTHALMIC AGENTS                         |
| brimonidine tartrate gel (MIRVASO equiv)  | -                   | EXC         | DERMATOLOGICALS                           |
| brimonidine tartrate ophth soln 0.1% (ALPHAGAN equiv)   | -                   | 2           | OPHTHALMIC AGENTS                         |

|            |   |            |  |             |                                     |
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| <b>M</b>   | Medical Benefit   | <b>MSP</b> | Mandatory Specialty Pharmacy Program                     | <b>OTC</b>  | Over-the-Counter                    |
| <b>PA</b>  | Prior Authorization   | <b>QL</b>  | Quantity Limit   | <b>RDX</b>  | Restricted to Diagnosis             |
| <b>RS</b>  | Restricted to Specialist  | <b>SF</b>  | Limited to two 15 day fills per month for first 3 months | <b>SMKG</b> | Smoking Cessation                   |
| <b>SP</b>  | Available through Specialty Pharmacy Program  | <b>ST</b>  | Step Therapy   | <b>TMSP</b> | Available through Specialty Network |

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|---|---------------------|-------------|--|
| brimonidine/timolol ophth soln (COMBIGAN equiv)                                 | -                   | 2           | OPHTHALMIC AGENTS                                    |
| brinzolamide ophth susp (AZOPT equiv)   | -                   | 2           | OPHTHALMIC AGENTS                                    |
| BRISDELLE CAP   | -                   | NC          | PSYCHOTHERAPEUTIC AND<br>NEUROLOGICAL AGENTS - MISC. |
| BRIVIACT INJ 50MG/5ML   | -                   | NC          | ANTICONVULSANTS                                      |
| BRIVIACT SOLN 10MG/ML   | -                   | NC          | ANTICONVULSANTS                                      |
| BRIVIACT TAB  | -                   | NC          | ANTICONVULSANTS                                      |
| BRIXADI SOLN  | -                   | NC          | ANALGESICS - OPIOID                                  |
| 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                                    |
| BRONCHITOL CAP  | -                   | NC          | RESPIRATORY AGENTS - MISC.                           |
| BROVANA NEB SOLN  | -                   | 3           | ANTIASTHMATIC AND BRONCHODILATOR<br>AGENTS           |
| BROVEX PEB LIQUID   | OTC                 | NC          | COUGH/COLD/ALLERGY                                   |
| BRUKINSA CAP (QL= 4 caps/day; Only available through Biologics<br>800-850-4306) | LD-PA-QL-SF         | SP          | ANTINEOPLASTICS AND ADJUNCTIVE<br>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<br>AGENTS           |
| budesonide nasal spray (RHINOCORT AQUA equiv) (QL= 2 bottles/fill)              | OTC-QL              | 1           | NASAL AGENTS - SYSTEMIC AND TOPICAL                  |
| budesonide rectal foam (UCERIS RECTAL FOAM equiv)                               | PA                  | 3           | ANORECTAL AND RELATED PRODUCTS                       |
| budesonide SR cap (ENTOCORT EC equiv)   | -                   | 2           | CORTICOSTEROIDS                                      |
| budesonide/formoterol inhaler (SYMBICORT equiv)                                 | -                   | 2           | ANTIASTHMATIC AND BRONCHODILATOR<br>AGENTS           |
| bumetanide tab (BUMEX equiv)  | -                   | 1           | DIURETICS  |
| BUNAVAIL FILM   | -                   | NC          | ANALGESICS - OPIOID                                  |
| BUPHENYL POWDER   | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS -<br>MISC.            |
| BUPHENYL TAB  | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS -<br>MISC.            |
| buprenorphine hcl buccal film (BELBUCA equiv)                                   | -                   | NC          | ANALGESICS - OPIOID                                  |
| buprenorphine patch (BUTRANS equiv) (QL= 4 patches/28 days)                     | QL                  | 3           | ANALGESICS - OPIOID                                  |
| buprenorphine SL tab (SUBUTEX equiv)  | -                   | 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<br>NEUROLOGICAL AGENTS - MISC. |
| bupropion tab (WELLBUTRIN equiv)  | -                   | 1           | ANTIDEPRESSANTS                                      |
| bupropion XL tab (WELLBUTRIN XL equiv)  | -                   | 1           | ANTIDEPRESSANTS                                      |
| bupirone tab (BUSPAR equiv)   | -                   | 1           | ANTIANKXIETY 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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| M   | Medical Benefit                                  | MSP | Mandatory Specialty Pharmacy Program                     | OTC  | Over-the-Counter                    |
| PA  | Prior Authorization                              | QL  | Quantity Limit   | RDX  | Restricted to Diagnosis             |
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|--|---------------------|-------------|---|
| 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  | -                   | NC          | ANALGESICS - OPIOID                           |
| BYDUREON BCISE AUTO INJ (QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))          | QL-RDX              | 2           | ANTIDIABETICS                                 |
| BYDUREON INJ (QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))                     | QL-RDX              | 2           | ANTIDIABETICS                                 |
| BYDUREON PEN INJ (QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))                 | QL-RDX              | 2           | ANTIDIABETICS                                 |
| BYETTA INJ (QL= 1 pen/30 days; Diagnosis Restricted – Type 2 Diabetes (E11))                       | QL-RDX              | 3           | ANTIDIABETICS                                 |
| BYLVAY CAP 1200MCG (QL= 2 caps/day; Only available through PantheRx Pharmacy 855-726-8479)         | LD-PA-QL            | SP          | GASTROINTESTINAL AGENTS - MISC.               |
| BYLVAY CAP 400MCG (QL= 6 caps/day; Only available through PantheRx Pharmacy 855-726-8479)          | LD-PA-QL            | SP          | GASTROINTESTINAL AGENTS - MISC.               |
| BYLVAY SPRINKLE CAP 200MCG (QL= 4 caps/day; Only available through PantheRx Pharmacy 855-726-8479) | LD-PA-QL            | SP          | GASTROINTESTINAL AGENTS - MISC.               |
| BYLVAY SPRINKLE CAP 600MCG (QL= 4 caps/day; Only available through PantheRx Pharmacy 855-726-8479) | LD-PA-QL            | SP          | GASTROINTESTINAL AGENTS - MISC.               |
| BYNFEZIA PEN INJ   | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.        |
| BYVALSON TAB   | -                   | NC          | ANTIHYPERTENSIVES                             |
| CABENUVA IM SUSP   | -                   | NC          | ANTIVIRALS                                    |
| cabergoline tab (DOSTINEX equiv)   | -                   | 1           | ENDOCRINE AND METABOLIC AGENTS - MISC.        |
| CABLIVI INJ KIT (QL= 1 vial/day; Only available through Biologics 800-850-4306)                    | LD-PA-QL            | SP          | HEMATOLOGICAL AGENTS - MISC.                  |
| CABOMETYX TAB (QL= 1 tab/day)  | MSP-PA-QL-SF        | SP          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES      |
| CADUET TAB   | -                   | NC          | CARDIOVASCULAR AGENTS - MISC.                 |
| CAFCIT INJ   | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| caffeine citrate soln (CAFCIT equiv) (Only covered for members less than 1 year old)               | -                   | 2           | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| CALAN SR TAB   | -                   | NC          | CALCIUM CHANNEL BLOCKERS                      |
| CALAN TAB  | -                   | NC          | CALCIUM CHANNEL BLOCKERS                      |
| calcipotriene cream (DOVONEX CREAM equiv)  | -                   | 2           | DERMATOLOGICALS                               |
| calcipotriene cream (TRIONEX equiv)  | -                   | NC          | DERMATOLOGICALS                               |
| CALCIPOTRIENE FOAM   | -                   | NC          | DERMATOLOGICALS                               |
| CALCIPOTRIENE FOAM, SORILUX FOAM   | -                   | NC          | DERMATOLOGICALS                               |
| calcipotriene oint   | -                   | 2           | DERMATOLOGICALS                               |
| calcipotriene soln (DOVONEX SOLN equiv)  | -                   | 2           | DERMATOLOGICALS                               |
| calcipotriene/betamethasone dipropionate susp  | -                   | NC          | DERMATOLOGICALS                               |
| calcipotriene/betamethasone oint (TACLONEX equiv)  | -                   | NC          | DERMATOLOGICALS                               |
| calcitonin inj (MIACALCIN equiv)   | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.        |
| calcitonin nasal spray (MIACALCIN equiv)   | -                   | 2           | ENDOCRINE AND METABOLIC AGENTS - MISC.        |
| calcitriol cap (ROCALTROL equiv)   | -                   | 1           | ENDOCRINE AND METABOLIC AGENTS - MISC.        |

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|--|---------------------|-------------|--|
| CALCITRIOL INJ   | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.       |
| CALCITRIOL OINT  | -                   | 3           | DERMATOLOGICALS                              |
| calcitriol soln (ROCALTRONL equiv)   | -                   | 1           | ENDOCRINE AND METABOLIC AGENTS - MISC.       |
| calcium acetate cap (PHOSLO equiv)   | -                   | 1           | GASTROINTESTINAL AGENTS - MISC.              |
| calcium acetate tab (ELIPHOS equiv)  | -                   | 1           | GASTROINTESTINAL AGENTS - MISC.              |
| CALIBRATION LIQUID   | OTC                 | 1           | MEDICAL DEVICES AND SUPPLIES                 |
| CALOMIST NASAL SPRAY   | -                   | NC          | HEMATOPOIETIC AGENTS                         |
| CALQUENCE CAP (QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118)              | LD-PA-QL-SF         | SP          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES     |
| CALQUENCE TAB (QL= 2 tabs/day; Only available through Diplomat Pharmacy 877-977-9118)              | LD-PA-QL-SF         | SP          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES     |
| CALSODORE PAK  | -                   | NC          | DERMATOLOGICALS                              |
| CAMBIA POWDER  | -                   | NC          | MIGRAINE PRODUCTS                            |
| CAMZYOS CAP (QL= 1 cap/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD-PA-QL            | SP          | CARDIOVASCULAR AGENTS - MISC.                |
| candesartan tab (ATACAND equiv)  | -                   | 1           | ANTIHYPERTENSIVES                            |
| candesartan/hydrochlorothiazide tab (ATACAND HCT equiv)  | -                   | NC          | ANTIHYPERTENSIVES                            |
| CAPASTAT INJ   | M                   | M           | ANTIMYCOBACTERIAL AGENTS                     |
| capecitabine tab (XELODA equiv)  | TMSP                | SP          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES     |
| CAPEX SHAMPOO  | -                   | NC          | DERMATOLOGICALS                              |
| 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  | -                   | NC          | ULCER<br>DRUGS/ANTISPASMODICS/ANTICHOLINEFCS |
| CARAFATE TAB   | -                   | NC          | 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           | ANTICONSULSANTS                              |
| carbamazepine ER cap (CARBATROL equiv)   | -                   | 2           | ANTICONSULSANTS                              |
| carbamazepine ER tab (TEGRETOL XR equiv)   | -                   | 2           | ANTICONSULSANTS                              |
| carbamazepine susp (TEGRETOL equiv)  | -                   | 1           | ANTICONSULSANTS                              |
| carbamazepine tab (TEGRETOL equiv)   | -                   | 1           | ANTICONSULSANTS                              |
| CARBATROL CAP  | -                   | NC          | ANTICONSULSANTS                              |
| carbidopa tab (LODOSYN equiv)  | -                   | 2           | ANTIPARKINSON AGENTS                         |
| carbidopa/levodopa ER tab (SINEMET CR equiv)   | -                   | 1           | ANTIPARKINSON AGENTS                         |
| CARBIDOPA/LEVODOPA ODT   | -                   | 1           | ANTIPARKINSON AND RELATED THERAPY AGENTS     |
| carbidopa/levodopa ODT (PARCOPA equiv)   | -                   | 1           | ANTIPARKINSON AGENTS                         |
| carbidopa/levodopa tab (SINEMET equiv)   | -                   | 1           | ANTIPARKINSON AGENTS                         |
| CARBIDOPA/LEVODOPA/ENTACAPONE TAB (STALEVO equiv)  | -                   | 2           | ANTIPARKINSON AGENTS                         |
| carbidopa-levodopa-entacapone tab (STALEVO equiv)  | -                   | 2           | ANTIPARKINSON AND RELATED THERAPY AGENTS     |

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|--|---------------------|-------------|--|
| CARBINOXAMINE SOLN   | -                   | 3           | ANTIHISTAMINES                           |
| carbinoxamine tab (PALGIC equiv)   | -                   | 3           | ANTIHISTAMINES                           |
| CARDIZEM CD CAP  | -                   | NC          | CALCIUM CHANNEL BLOCKERS                 |
| CARDIZEM LA TAB  | -                   | NC          | CALCIUM CHANNEL BLOCKERS                 |
| CARDIZEM TAB   | -                   | NC          | CALCIUM CHANNEL BLOCKERS                 |
| CARDURA TAB  | -                   | NC          | ANTIHYPERTENSIVES                        |
| CARDURA XL TAB   | -                   | NC          | GENITOURINARY AGENTS - MISCELLANEOUS     |
| CARETOUCH MIS  | OTC                 | 1           | MEDICAL DEVICES AND SUPPLIES             |
| carglumic acid tab (CARBAGLU equiv) (Only available through AnovoRx 844-288-5007)  | LD-PA               | SP          | ENDOCRINE AND METABOLIC AGENTS - MISC.   |
| carisoprodol tab (SOMA equiv)  | -                   | 1           | MUSCULOSKELETAL THERAPY AGENTS           |
| carisoprodol tab 250mg (SOMA equiv)  | -                   | NC          | MUSCULOSKELETAL THERAPY AGENTS           |
| CARISOPRODOL/ASPIRIN TAB   | -                   | NC          | MUSCULOSKELETAL THERAPY AGENTS           |
| carisoprodol/aspirin tab (SOMA COMPOUND equiv)   | -                   | NC          | MUSCULOSKELETAL THERAPY AGENTS           |
| CARISOPRODOL/ASPIRIN/CODEINE TAB   | -                   | NC          | MUSCULOSKELETAL THERAPY AGENTS           |
| carisoprodol/aspirin/codeine tab (SOMA COMPOUND/CODEINE equiv)   | -                   | NC          | MUSCULOSKELETAL THERAPY AGENTS           |
| CARMOL LOTION  | -                   | NC          | DERMATOLOGICALS                          |
| CARNITOR SOLN  | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.   |
| CARNITOR TAB   | -                   | NC          | 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)   | -                   | NC          | BETA BLOCKERS                            |
| carvedilol tab (COREG equiv)   | -                   | 1           | BETA BLOCKERS                            |
| CASODEX TAB  | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| CATAPRES TAB   | -                   | NC          | ANTIHYPERTENSIVES                        |
| CATAPRES-TTS PATCH   | -                   | NC          | 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.            |
| CEFACLOR CAP   | -                   | 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                           |
| CEFADROXIL TAB   | -                   | 1           | CEPHALOSPORINS                           |
| cefadroxil tab (DURICEF equiv)   | -                   | 1           | CEPHALOSPORINS                           |
| cefdinir cap (OMNICEF equiv)   | -                   | 1           | CEPHALOSPORINS                           |
| cefdinir susp (OMNICEF equiv)  | -                   | 1           | CEPHALOSPORINS                           |
| CEFDITOREN TAB   | -                   | 3           | CEPHALOSPORINS                           |
| cefixime cap (SUPRAX equiv)  | -                   | 3           | CEPHALOSPORINS                           |
| cefixime susp (SUPREX equiv)   | -                   | 3           | CEPHALOSPORINS                           |
| cefpodoxime proxetil susp (VANTIN equiv)   | -                   | 3           | CEPHALOSPORINS                           |
| cefpodoxime proxetil tab (VANTIN equiv)  | -                   | 3           | CEPHALOSPORINS                           |
| cefprozil susp (CEFZIL equiv)  | -                   | 1           | CEPHALOSPORINS                           |
| cefprozil tab (CEFZIL equiv)   | -                   | 1           | CEPHALOSPORINS                           |

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|--|---------------------|-------------|---|
| cefuroxime tab (CEFTIN equiv)                                | -                   | 1           | CEPHALOSPORINS                                    |
| CELEBREX CAP   | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                    |
| celecoxib cap (CELEBREX equiv)                               | -                   | 1           | ANALGESICS - ANTI-INFLAMMATORY                    |
| CELEXA TAB   | -                   | NC          | ANTIDEPRESSANTS                                   |
| CELLCEPT CAP   | -                   | NC          | ASSORTED CLASSES                                  |
| CELLCEPT SUSP  | -                   | NC          | ASSORTED CLASSES                                  |
| CELLCEPT TAB   | -                   | NC          | ASSORTED CLASSES                                  |
| CELONTIN CAP   | -                   | 3           | ANTICONSULTANTS                                   |
| CENTANY OINT   | -                   | 3           | DERMATOLOGICALS                                   |
| cephalexin cap (KEFLEX equiv)                                | -                   | 1           | CEPHALOSPORINS                                    |
| CEPHALEXIN CAP   | -                   | NC          | CEPHALOSPORINS                                    |
| cephalexin cap 750mg (KEFLEX equiv)                          | -                   | NC          | CEPHALOSPORINS                                    |
| cephalexin susp (KEFLEX equiv)                               | -                   | 1           | CEPHALOSPORINS                                    |
| CEPHALEXIN TAB   | -                   | NC          | CEPHALOSPORINS                                    |
| CEQUA (PF) OPHTH SOLN  | -                   | NC          | OPHTHALMIC AGENTS                                 |
| CEQR SIMPLICITY  | -                   | NC          | MEDICAL DEVICES AND SUPPLIES                      |
| CERDELGA CAP   | -                   | NC          | HEMATOPOIETIC AGENTS                              |
| CERVICAL CAP   | -                   | \$0         | MEDICAL DEVICES AND SUPPLIES                      |
| CESAMET CAP  | -                   | 3           | ANTIEMETICS                                       |
| cesia tab (CYCLESSA equiv)                                   | -                   | \$0         | CONTRACEPTIVES                                    |
| cetirizine chew tab (ZYRTEC equiv)                           | OTC                 | NC          | ANTIHISTAMINES                                    |
| cetrotirelix acetate for inj kit (CETROTIDE equiv)           | INF                 | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.            |
| CETROTIDE KIT  | INF                 | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.            |
| CETYLEV TAB  | -                   | NC          | ANTIDOTES AND SPECIFIC ANTAGONISTS                |
| cevimeline cap (EVOXAC equiv)                                | -                   | 2           | MOUTH/THROAT/DENTAL AGENTS                        |
| CHEMET CAP   | -                   | 2           | ANTIDOTES   |
| chlorthiazepoxide cap (LIBRIUM equiv)                        | -                   | 1           | ANTIANSIETY AGENTS                                |
| CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB                           | -                   | NC          | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| chlorthiazepoxide/clidinium cap (LIBRAX equiv)               | -                   | NC          | ULCER DRUGS                                       |
| chlorhexidine gluconate soln (PERIDEX equiv)                 | -                   | 1           | MOUTH/THROAT/DENTAL AGENTS                        |
| chloroquine tab (ARALEN equiv)                               | -                   | 1           | ANTIMALARIALS                                     |
| CHLOROTHIAZIDE TAB   | -                   | 1           | DIURETICS   |
| chlorothiazide tab (DIURIL equiv)                            | -                   | 1           | DIURETICS   |
| CHLORPROMAZINE CONC  | -                   | NC          | ANTIPSYCHOTICS/ANTIMANIC AGENTS                   |
| chlorpromazine tab (THORAZINE equiv)                         | -                   | 1           | ANTIPSYCHOTICS/ANTIMANIC AGENTS                   |
| chlorthalidone tab   | -                   | 1           | DIURETICS   |
| chlorzoxazone tab  | -                   | NC          | MUSCULOSKELETAL THERAPY AGENTS                    |
| CHLORZOAZONE TAB 250MG, LORZONE TAB                          | -                   | NC          | MUSCULOSKELETAL THERAPY AGENTS                    |
| chlorzoxazone tab 500mg                                      | -                   | 2           | MUSCULOSKELETAL THERAPY AGENTS                    |
| CHOLBAM CAP (Only available through Dohmen LSS 844-246-5226) | LD-PA               | SP          | GASTROINTESTINAL AGENTS - MISC.                   |
| cholecalciferol cap 50000 unit                               | -                   | 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                               |
| CIALIS TAB   | -                   | EXC         | CARDIOVASCULAR AGENTS - MISC.                     |
| CIALIS TAB 2.5MG, 5MG  | -                   | NC          | CARDIOVASCULAR AGENTS - MISC.                     |

|     |  |     |  |      |                                     |
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| EXC | NC/3P = Not Covered, Third Party Reviewer Plan Exclusion | INF | Infertility  | LD   | Limited Distribution                |
| M   | Medical Benefit  | MSP | Mandatory Specialty Pharmacy Program                     | OTC  | Over-the-Counter                    |
| PA  | Prior Authorization                                      | QL  | Quantity Limit   | RDX  | Restricted to Diagnosis             |
| RS  | Restricted to Specialist                                 | SF  | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation                   |
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| <b>Drug Name</b>   | <b>Special Code</b> | <b>Tier</b> | <b>Category</b>                                  |
|--|---------------------|-------------|--|
| CIBINQO TAB (QL= 1 tab/day)  | PA-QL-TMSP          | SP          | DERMATOLOGICALS                                  |
| cicatrace kit (REXASIL equiv)  | -                   | NC          | DERMATOLOGICALS                                  |
| ciclopirox cream (LOPROX CREAM equiv)  | -                   | 1           | DERMATOLOGICALS                                  |
| ciclopirox gel (LOPROX GEL equiv)  | -                   | 1           | DERMATOLOGICALS                                  |
| ciclopirox nail soln (PENLAC equiv)  | -                   | 1           | DERMATOLOGICALS                                  |
| ciclopirox shampoo (LOPROX SHAMPOO equiv)  | -                   | 2           | DERMATOLOGICALS                                  |
| ciclopirox topical susp (LOPROX SUSP equiv)  | -                   | 1           | DERMATOLOGICALS                                  |
| cilostazol tab (PLETAL equiv)  | -                   | 1           | HEMATOLOGICAL AGENTS - MISC.                     |
| CILOXAN OPTH OINT  | -                   | 3           | OPHTHALMIC AGENTS                                |
| CILOXAN OPTH SOLN  | -                   | NC          | OPHTHALMIC AGENTS                                |
| CIMDUO TAB   | -                   | 2           | ANTIVIRALS                                       |
| CIMETIDINE SOLN  | -                   | 1           | ULCER<br>DRUGS/ANTISPASMODICS/ANTICHOLINEF<br>CS |
| cimetidine soln (CIMETIDINE equiv)   | -                   | 1           | ULCER DRUGS                                      |
| cimetidine tab (TAGAMET equiv)   | OTC                 | 1           | ULCER DRUGS                                      |
| CIMZIA INJ (QL= 2 inj/28 days)   | PA-QL-TMSP          | SP          | GASTROINTESTINAL AGENTS - MISC.                  |
| CIMZIA STARTER INJ KIT (QL= 1 kit/plan year)                                       | PA-QL-TMSP          | SP          | GASTROINTESTINAL AGENTS - MISC.                  |
| cinacalcet tab (SENSIPAR equiv)  | -                   | 2           | ENDOCRINE AND METABOLIC AGENTS -<br>MISC.        |
| CINRYZE INJ (QL= 16 vials/28 days; Only available through Accredo<br>800-803-2523) | LD-PA-QL            | SP          | HEMATOLOGICAL AGENTS - MISC.                     |
| CIPRO HC OTIC SUSP   | -                   | 3           | OTIC AGENTS                                      |
| CIPRO SUSP   | -                   | 3           | FLUOROQUINOLONES                                 |
| CIPRO TAB  | -                   | NC          | FLUOROQUINOLONES                                 |
| CIPRODEX OTIC SUSP   | -                   | NC          | OTIC AGENTS                                      |
| CIPROFLOXACIN 100MG TAB  | -                   | 3           | FLUOROQUINOLONES                                 |
| ciprofloxacin ophth soln (CILOXAN equiv)   | -                   | 1           | OPHTHALMIC AGENTS                                |
| CIPROFLOXACIN OTIC SOLN  | -                   | 2           | OTIC AGENTS                                      |
| ciprofloxacin susp (CIPRO equiv)   | -                   | 2           | FLUOROQUINOLONES                                 |
| ciprofloxacin tab (CIPRO equiv)  | -                   | 1           | FLUOROQUINOLONES                                 |
| ciprofloxacin/dexamethasone otic susp (CIPRODEX equiv)                             | -                   | 2           | OTIC AGENTS                                      |
| CITALOPRAM CAP   | -                   | NC          | ANTIDEPRESSANTS                                  |
| citalopram soln (CELEXA equiv)   | -                   | 1           | ANTIDEPRESSANTS                                  |
| citalopram tab (CELEXA equiv)  | -                   | 1           | ANTIDEPRESSANTS                                  |
| CITRANATAL CAP MEDLEY  | -                   | NC          | MULTIVITAMINS                                    |
| CITRULLINE EASY TAB  | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS -<br>MISC.        |
| CLARIFOAM EF FOAM  | -                   | NC          | DERMATOLOGICALS                                  |
| 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  | -                   | 2           | MACROLIDES                                       |
| clarithromycin tab (BIAXIN equiv)  | -                   | 1           | MACROLIDES                                       |
| CLARITIN CHEW TAB  | OTC                 | EXC         | ANTIHISTAMINES                                   |
| CLEMASTINE TAB   | -                   | 3           | ANTIHISTAMINES                                   |
| clemastine tab (TAVIST equiv)  | -                   | 3           | ANTIHISTAMINES                                   |
| CLENIA PLUS SUSP   | -                   | NC          | DERMATOLOGICALS                                  |
| CLENPIQ SOLN   | -                   | NC          | LAXATIVES  |

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|---|---------------------|-------------|--|
| CLEOCIN CAP   | -                   | NC          | ANTI-INFECTIVE AGENTS - MISC.          |
| CLEOCIN SOLN  | -                   | NC          | ANTI-INFECTIVE AGENTS - MISC.          |
| CLEOCIN VAGINAL CREAM   | -                   | NC          | VAGINAL PRODUCTS                       |
| CLEOCIN VAGINAL SUPP (QL= 3 suppositories/fill)                                 | QL                  | 3           | VAGINAL PRODUCTS                       |
| CLEOCIN-T GEL   | -                   | NC          | DERMATOLOGICALS                        |
| CLEOCIN-T LOTION  | -                   | NC          | DERMATOLOGICALS                        |
| CLEOCIN-T PAD   | -                   | NC          | DERMATOLOGICALS                        |
| CLEOCIN-T SOLN  | -                   | NC          | DERMATOLOGICALS                        |
| CLIMARA PATCH   | -                   | NC          | ESTROGENS                              |
| CLIMARA PRO PATCH   | -                   | NC          | ESTROGENS                              |
| CLINDACIN KIT   | -                   | NC          | DERMATOLOGICALS                        |
| clindamycin cap (CLEOCIN equiv)   | -                   | 1           | ANTI-INFECTIVE AGENTS - MISC.          |
| clindamycin foam (EVOCLIN equiv)  | -                   | NC          | DERMATOLOGICALS                        |
| clindamycin gel (CLEOCIN GEL equiv)   | -                   | 1           | DERMATOLOGICALS                        |
| clindamycin lotion (CLEOCIN- T equiv)   | -                   | 1           | DERMATOLOGICALS                        |
| clindamycin pad (CLEOCIN-T equiv)   | -                   | 1           | DERMATOLOGICALS                        |
| clindamycin phosphate-benzoyl peroxide gel 1.2-3.75% (ONEXTON equiv)            | -                   | NC          | DERMATOLOGICALS                        |
| clindamycin soln (CLEOCIN equiv)  | -                   | 2           | ANTI-INFECTIVE AGENTS - MISC.          |
| clindamycin topical soln (CLEOCIN-T equiv)                                      | -                   | 1           | DERMATOLOGICALS                        |
| clindamycin vaginal cream (CLEOCIN equiv)                                       | QL                  | 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)   | -                   | NC          | DERMATOLOGICALS                        |
| CLINDAVIX KIT   | -                   | NC          | DERMATOLOGICALS                        |
| CLINDESSE VAGINAL CREAM (QL= 1 applicator/fill)                                 | QL                  | 3           | VAGINAL AND RELATED PRODUCTS           |
| CLINISTIX TEST STRIP  | OTC                 | 1           | DIAGNOSTIC PRODUCTS                    |
| clobazam susp (ONFI equiv) (Members age 9 or older require Prior Authorization) | PA                  | 2           | ANTICONVULSANTS                        |
| clobazam tab (ONFI equiv)   | -                   | 1           | ANTICONVULSANTS                        |
| clobetasol E foam (OLUX E equiv)  | -                   | NC          | DERMATOLOGICALS                        |
| clobetasol foam (OLUX equiv)  | -                   | 2           | DERMATOLOGICALS                        |
| clobetasol lotion (CLOBEX equiv)  | -                   | 2           | DERMATOLOGICALS                        |
| clobetasol propionate cream (TEMOVATE equiv)                                    | -                   | 1           | DERMATOLOGICALS                        |
| clobetasol propionate emollient cream (TEMOVATE E equiv)                        | -                   | 2           | DERMATOLOGICALS                        |
| clobetasol propionate gel (TEMOVATE GEL equiv)                                  | -                   | 2           | DERMATOLOGICALS                        |
| clobetasol propionate oint (TEMOVATE equiv)                                     | -                   | 1           | DERMATOLOGICALS                        |
| clobetasol propionate soln (TEMOVATE equiv)                                     | -                   | 1           | DERMATOLOGICALS                        |
| clobetasol shampoo (CLOBEX equiv)   | -                   | 2           | DERMATOLOGICALS                        |
| clobetasol spray (CLOBEX equiv)   | -                   | 2           | DERMATOLOGICALS                        |
| CLOBETAVIX KIT  | -                   | NC          | DERMATOLOGICALS                        |
| CLOBEX LOTION   | -                   | NC          | DERMATOLOGICALS                        |
| CLOBEX SHAMPOO  | -                   | NC          | DERMATOLOGICALS                        |
| CLOBEX SPRAY  | -                   | NC          | DERMATOLOGICALS                        |
| CLOCORTOLONE CREAM  | -                   | NC          | DERMATOLOGICALS                        |
| clocortolone pivalate cream   | -                   | NC          | DERMATOLOGICALS                        |
| CLODERM CREAM   | -                   | NC          | DERMATOLOGICALS                        |
| CLOMID TAB  | INF                 | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| CLOMIPHENE TAB  | INF                 | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC. |

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|--|---------------------|-------------|---|
| clomipramine cap (ANAFRANIL equiv)                                   | -                   | 3           | ANTIDEPRESSANTS                                   |
| clonazepam ODT (KLONOPIN equiv)                                      | -                   | 3           | ANTICONVULSANTS                                   |
| clonazepam tab (KLONOPIN equiv)                                      | -                   | 1           | ANTICONVULSANTS                                   |
| clonidine ER tab (KAPVAY equiv)                                      | -                   | 2           | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| clonidine patch (CATAPRES-TTS equiv)                                 | -                   | 2           | ANTIHYPERTENSIVES                                 |
| clonidine tab (CATAPRES equiv)                                       | -                   | 1           | ANTIHYPERTENSIVES                                 |
| clopidogrel tab 75mg (PLAVIX equiv)                                  | -                   | 1           | HEMATOLOGICAL AGENTS - MISC.                      |
| CLOPIDOGREL THERAPY PACK   | -                   | NC          | HEMATOLOGICAL AGENTS - MISC.                      |
| clorazepate tab (TRANXENE-T equiv)                                   | -                   | 3           | ANTIANKXIETY AGENTS                               |
| clotrimazole cream (LOTRIMIN AF equiv)                               | OTC                 | NC          | DERMATOLOGICALS                                   |
| clotrimazole troches (MYCELEX TROCHES equiv)                         | -                   | 1           | MOUTH/THROAT/DENTAL AGENTS                        |
| clotrimazole/betamethasone cream (LORTRISONE CREAM equiv)            | -                   | 1           | DERMATOLOGICALS                                   |
| clotrimazole/betamethasone lotion (LORTRISONE LOTION equiv)          | -                   | NC          | DERMATOLOGICALS                                   |
| CLOZAPINE ODT  | -                   | NC          | ANTI PSYCHOTICS/ANTIMANIC AGENTS                  |
| clozapine odt tab (CLOZAPINE, FAZACLO equiv)                         | -                   | NC          | ANTI PSYCHOTICS/ANTIMANIC AGENTS                  |
| CLOZAPINE ODT, FAZACLO ODT   | -                   | NC          | ANTI PSYCHOTICS/ANTIMANIC AGENTS                  |
| clozapine tab (CLOZARIL equiv)                                       | -                   | 2           | ANTI PSYCHOTICS/ANTIMANIC AGENTS                  |
| CLOZARIL TAB   | -                   | NC          | ANTI PSYCHOTICS/ANTIMANIC AGENTS                  |
| COARTEM TAB  | -                   | 3           | ANTIMALARIALS                                     |
| CODEINE SULFATE SOLN   | -                   | 3           | ANALGESICS - OPIOID                               |
| codeine sulfate tab  | -                   | 1           | ANALGESICS - OPIOID                               |
| COLAZAL CAP  | -                   | NC          | GASTROINTESTINAL AGENTS - MISC.                   |
| colchicine tab (COLCRYS equiv)                                       | -                   | 2           | GOUT AGENTS                                       |
| colchicine/probenecid tab (COL-BENEMID equiv)                        | -                   | 1           | GOUT AGENTS                                       |
| COLCRYS TAB  | -                   | NC          | GOUT AGENTS                                       |
| colesevelam pack (WELCHOL equiv)                                     | -                   | 2           | ANTIHYPERLIPIDEMICS                               |
| colesevelam tab (WELCHOL equiv)                                      | -                   | 2           | ANTIHYPERLIPIDEMICS                               |
| COLESTID GRANULE   | -                   | NC          | ANTIHYPERLIPIDEMICS                               |
| COLESTID POWDER PACK   | -                   | NC          | ANTIHYPERLIPIDEMICS                               |
| COLESTID TAB   | -                   | NC          | ANTIHYPERLIPIDEMICS                               |
| colestipol granule (COLESTID equiv)                                  | -                   | 3           | ANTIHYPERLIPIDEMICS                               |
| colestipol powder packet (COLESTID equiv)                            | -                   | 3           | ANTIHYPERLIPIDEMICS                               |
| colestipol tab (COLESTID equiv)                                      | -                   | 1           | ANTIHYPERLIPIDEMICS                               |
| COLLANEX   | -                   | NC          | DERMATOLOGICALS                                   |
| COLY-MYCIN S OTIC SUSP   | -                   | 2           | OTIC AGENTS                                       |
| COMBIGAN OPHTH SOLN  | -                   | NC          | OPHTHALMIC AGENTS                                 |
| COMBIPATCH   | -                   | NC          | ESTROGENS   |
| COMBIVENT RESPIMAT INHALER   | -                   | 2           | ANTI ASTHMATIC AND BRONCHODILATOR<br>AGENTS       |
| COMBIVIR TAB   | -                   | NC          | ANTIVIRALS  |
| COMETRIQ KIT (Only available through Diplomat Pharmacy 877-977-9118) | LD-PA               | SP          | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES       |
| COMIRNATY INJ (QL= 1 dose/17 days)                                   | QL-VAC              | \$0         | VACCINES  |
| COMIRNATY INJ 30MCG/0.3ML (QL= 1 dose/17 days)                       | QL-VAC              | \$0         | VACCINES  |
| COMPLERA TAB   | -                   | SP          | ANTIVIRALS  |
| COMTAN TAB   | -                   | NC          | ANTIPARKINSON AGENTS                              |
| CONCEPT DHA CAP  | -                   | 1           | MULTIVITAMINS                                     |
| CONCEPTROL GEL   | OTC                 | \$0         | VAGINAL PRODUCTS                                  |

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|---|---------------------|-------------|--|
| CONCERTA TAB, RITALIN SR TAB  | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS    |
| CONDYLOX GEL  | -                   | 3           | DERMATOLOGICALS                                      |
| CONJUPRI TAB, LEVAMLODIPINE TAB   | -                   | NC          | CALCIUM CHANNEL BLOCKERS                             |
| CONSENSI TAB  | -                   | NC          | CALCIUM CHANNEL BLOCKERS                             |
| CONTRACEPTIVE FILM  | OTC                 | \$0         | VAGINAL PRODUCTS                                     |
| CONTRACEPTIVE FOAM  | OTC                 | \$0         | VAGINAL PRODUCTS                                     |
| CONTRACEPTIVE GEL   | OTC                 | \$0         | VAGINAL PRODUCTS                                     |
| CONTRACEPTIVE SUPP  | OTC                 | \$0         | VAGINAL PRODUCTS                                     |
| COPAXONE INJ  | -                   | NC          | PSYCHOTHERAPEUTIC AND<br>NEUROLOGICAL AGENTS - MISC. |
| COPIKTRA CAP (QL= 2 caps/day; Only available through Diplomat Pharmacy<br>877-977-9118) | LD-PA-QL            | SP          | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES          |
| CORDARONE TAB   | -                   | NC          | ANTIARRHYTHMICS                                      |
| CORDRAN CREAM   | -                   | NC          | DERMATOLOGICALS                                      |
| CORDRAN CREAM 0.025%  | -                   | NC          | DERMATOLOGICALS                                      |
| CORDRAN LOTION  | -                   | NC          | DERMATOLOGICALS                                      |
| CORDRAN OINTMENT  | -                   | NC          | DERMATOLOGICALS                                      |
| CORDRAN TAPE  | -                   | 3           | DERMATOLOGICALS                                      |
| COREG CR CAP  | -                   | NC          | BETA BLOCKERS  |
| COREG TAB   | -                   | NC          | BETA BLOCKERS  |
| CORGARD TAB   | -                   | NC          | BETA BLOCKERS  |
| CORLANOR SOLN   | PA                  | 3           | CARDIOVASCULAR AGENTS - MISC.                        |
| CORLANOR TAB  | PA                  | 3           | CARDIOVASCULAR AGENTS - MISC.                        |
| CORTANE-B OTIC SOLN   | -                   | NC          | OTIC AGENTS  |
| CORTEF TAB  | -                   | NC          | CORTICOSTEROIDS                                      |
| CORTENEMA   | -                   | NC          | ANORECTAL AGENTS                                     |
| CORTIC-ND DROPS   | -                   | NC          | OTIC AGENTS  |
| CORTIFOAM   | -                   | 3           | ANORECTAL AGENTS                                     |
| CORTISONE ACETATE TAB   | -                   | 2           | CORTICOSTEROIDS                                      |
| CORTISPORIN CREAM   | -                   | 3           | DERMATOLOGICALS                                      |
| CORTISPORIN OINT  | -                   | 3           | DERMATOLOGICALS                                      |
| CORTROPHIN INJ GEL  | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS -<br>MISC.            |
| CORVITE TAB   | -                   | NC          | HEMATOPOIETIC AGENTS                                 |
| COSENTYX INJ (1-PACK)   | -                   | NC          | DERMATOLOGICALS                                      |
| COSENTYX INJ (2-PACK)   | -                   | NC          | DERMATOLOGICALS                                      |
| COSENTYX INJ 300MG/2ML  | -                   | NC          | DERMATOLOGICALS                                      |
| COSOPT (PF) OPHTH SOLN  | -                   | NC          | OPHTHALMIC AGENTS                                    |
| COTELLIC TAB (QL= 3 tabs/day)   | MSP-PA-QL           | SP          | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES          |
| COTEMPLA XR ODT   | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS    |
| COUMADIN TAB  | -                   | NC          | ANTICOAGULANTS                                       |
| COVID-19 TEST   | OTC                 | EXC         | DIAGNOSTIC PRODUCTS                                  |
| COVID-19 VACCINE BIVALENT BOOSTER INJ (MODERNA) (QL= 1 inj/fill)                        | QL-VAC              | \$0         | VACCINES   |
| COVID-19 VACCINE BIVALENT BOOSTER INJ (PFIZER) (QL= 1 inj/fill)                         | QL-VAC              | \$0         | VACCINES   |
| COVID-19 VACCINE BIVALENT BOOSTER INJ 5-11Y (PFIZER) (QL= 1 inj/fill)                   | QL-VAC              | \$0         | VACCINES   |
| COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-4Y (PFIZER) (QL= 1 inj/fill)                   | QL-VAC              | \$0         | VACCINES   |

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| <b>Drug Name</b>   | <b>Special Code</b> | <b>Tier</b> | <b>Category</b>                           |
|--|---------------------|-------------|---|
| COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-5Y (MODERNA) (QL= 1 inj/fill) | QL-VAC              | \$0         | VACCINES                                  |
| COVID-19 VACCINE INJ (JANSSEN) (QL= 1 dose/45 days)                    | QL-VAC              | \$0         | VACCINES                                  |
| COVID-19 VACCINE INJ (NOVAVAX) (QL= 1 dose/17 days)                    | QL-VAC              | \$0         | VACCINES                                  |
| COVID-19 VACCINE INJ 5-11Y (PFIZER) (QL= 1 dose/17 days)               | QL-VAC              | \$0         | VACCINES                                  |
| COVID-19 VACCINE INJ 6M-11Y (MODERNA) (QL= 1 dose/24 days)             | QL-VAC              | \$0         | VACCINES                                  |
| COVID-19 VACCINE INJ 6M-4Y (PFIZER) (QL= 1 dose/17 days)               | QL-VAC              | \$0         | VACCINES                                  |
| COZAAR TAB   | -                   | NC          | ANTIHYPERTENSIVES                         |
| CREON CAP  | -                   | NC          | DIGESTIVE AIDS                            |
| CRESEMBA CAP   | -                   | NC          | ANTIFUNGALS                               |
| CRESTOR TAB  | -                   | NC          | ANTIHYPERLIPIDEMICS                       |
| CRINONE GEL  | PA                  | 2           | VAGINAL PRODUCTS                          |
| CRIXIVAN CAP   | -                   | SP          | ANTIVIRALS                                |
| cromolyn conc (GASTROCROM equiv)                                       | -                   | 2           | GASTROINTESTINAL AGENTS - MISC.           |
| cromolyn neb soln (INTAL equiv)  | -                   | NC          | ANTIASTHMATIC AND BRONCHODILATOR AGENTS   |
| cromolyn ophth soln (CROLOM equiv)                                     | -                   | 1           | OPHTHALMIC AGENTS                         |
| CROMOLYN SODIUM OPHTH SOLN   | -                   | 1           | OPHTHALMIC AGENTS                         |
| CROTAN LOTION  | -                   | NC          | DERMATOLOGICALS                           |
| cryselle tab   | -                   | \$0         | CONTRACEPTIVES                            |
| CUE COVID-19 TEST CARTRIDGE  | OTC                 | EXC         | DIAGNOSTIC PRODUCTS                       |
| CUE HEALTH MONITOR   | OTC                 | EXC         | DIAGNOSTIC PRODUCTS                       |
| CUPRIMINE CAP  | -                   | NC          | MISCELLANEOUS THERAPEUTIC CLASSES         |
| CUTAQUIG INJ   | -                   | NC          | PASSIVE IMMUNIZING AND TREATMENT AGENTS   |
| CUTIVATE LOTION  | -                   | NC          | DERMATOLOGICALS                           |
| CUVITRU INJ  | -                   | NC          | PASSIVE IMMUNIZING AGENTS                 |
| CUVPOSA SOLN   | -                   | 3           | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGS |
| CUVRIOR TAB  | -                   | NC          | MISCELLANEOUS THERAPEUTIC CLASSES         |
| cyanocobalamin inj   | -                   | 1           | HEMATOPOIETIC AGENTS                      |
| CYCLOBENZAPRINE COMPOUND KIT   | -                   | NC          | MUSCULOSKELETAL THERAPY AGENTS            |
| cyclobenzaprine ER cap (AMRIX equiv)                                   | -                   | NC          | MUSCULOSKELETAL THERAPY AGENTS            |
| cyclobenzaprine tab 10mg (FLEXERIL equiv)                              | -                   | 1           | MUSCULOSKELETAL THERAPY AGENTS            |
| cyclobenzaprine tab 5mg (FLEXERIL equiv)                               | -                   | 1           | MUSCULOSKELETAL THERAPY AGENTS            |
| cyclobenzaprine tab 7.5mg (FEXMID equiv)                               | -                   | 3           | MUSCULOSKELETAL THERAPY AGENTS            |
| CYCLOGYL OPHTH SOLN  | -                   | 3           | OPHTHALMIC AGENTS                         |
| CYCLOGYL OPHTH SOLN  | -                   | NC          | OPHTHALMIC AGENTS                         |
| CYCLOMYDRIL OPHTH SOLN   | -                   | 2           | OPHTHALMIC AGENTS                         |
| cyclopentolate ophth soln (CYCLOGYL equiv)                             | -                   | 1           | OPHTHALMIC AGENTS                         |
| cyclophosphamide cap   | -                   | 2           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES  |
| CYCLOPHOSPHAMIDE CAP   | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES  |
| CYCLOPHOSPHAMIDE TAB   | -                   | 2           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES  |
| cycloserine cap (CYCLOSERINE equiv)                                    | -                   | NC          | ANTIMYCOBACTERIAL AGENTS                  |
| CYCLOSET TAB   | -                   | 3           | ANTIDIABETICS                             |
| cyclosporine cap (SANDIMMUNE equiv)                                    | -                   | SP          | ASSORTED CLASSES                          |

|  |   |  |
|--|---|--|
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| EXC Plan Exclusion                               | INF Infertility   | LD Limited Distribution                  |
| M Medical Benefit                                | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter                     |
| PA Prior Authorization                           | QL Quantity Limit   | RDX Restricted to Diagnosis              |
| 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   | TMSP Available through Specialty Network |

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|---|---------------------|-------------|---|
| cyclosporine modified cap (NEORAL equiv)  | -                   | SP          | ASSORTED CLASSES                                  |
| cyclosporine modified soln (NEORAL equiv)   | -                   | SP          | ASSORTED CLASSES                                  |
| cyclosporine ophth emulsion (RESTASIS equiv) (Restricted to Ophthalmology or Optometry Specialist)  | RS                  | 2           | OPHTHALMIC AGENTS                                 |
| CYCLOSPORINE OPHTH EMULSION 0.1%  | -                   | NC          | OPHTHALMIC AGENTS                                 |
| CYFOLEX CAP   | -                   | NC          | HEMATOPOIETIC AGENTS                              |
| CYKLOKAPRON INJ   | -                   | NC          | HEMOSTATICS                                       |
| CYLTEZO AUTO-INJECTOR KIT (aAdalimumab-adbm)  | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                    |
| CYLTEZO INJ (adalimumab-adbm)   | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                    |
| CYMBALTA CAP  | -                   | NC          | ANTIDEPRESSANTS                                   |
| cyproheptadine syrup  | -                   | 1           | ANTIHISTAMINES                                    |
| cyproheptadine tab  | -                   | 1           | ANTIHISTAMINES                                    |
| CYSTADANE POWDER  | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.            |
| CYSTADROPS SOLN (QL = 4 bottles/28 days; Restricted to Ophthalmology Specialist; Only available through Anovo Specialty Pharmacy 844-288-5007)  | LD-QL-RS            | SP          | OPHTHALMIC AGENTS                                 |
| CYSTAGON CAP (Only available through CVS Specialty 800-238-7828)  | LD                  | SP          | GENITOURINARY AGENTS - MISCELLANEOUS              |
| CYSTARAN OPHTH SOLN (QL= 4 bottles/28 days; Restricted to Ophthalmology or Optometry Specialist; Only available through Walgreens 888-347-3416) | LD-QL-RS            | SP          | OPHTHALMIC AGENTS                                 |
| CYTOMEL TAB   | -                   | NC          | THYROID AGENTS                                    |
| CYTOTEC TAB   | -                   | NC          | ULCER DRUGS                                       |
| CYTRA K CRYSTALS  | -                   | 1           | GENITOURINARY AGENTS - MISCELLANEOUS              |
| CYTRA-3 SYRUP   | -                   | 1           | GENITOURINARY AGENTS - MISCELLANEOUS              |
| D.H.E. INJ  | -                   | NC          | MIGRAINE PRODUCTS                                 |
| dabigatran etexilate mesylate cap (PRADAXA equiv)   | -                   | 2           | ANTICOAGULANTS                                    |
| DAKLINZA TAB  | -                   | NC          | ANTIVIRALS  |
| dalfampridine ER tab (AMPYRA equiv)   | TMSP                | 1           | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| DALIRESP TAB  | -                   | NC          | ANTIASTHMATIC AND BRONCHODILATOR AGENTS           |
| danazol cap (DANOCRINE equiv)   | -                   | 2           | ANDROGENS-ANABOLIC                                |
| DANTRIUM CAP  | -                   | NC          | MUSCULOSKELETAL THERAPY AGENTS                    |
| dantrolene cap (DANTRIUM equiv)   | -                   | 2           | MUSCULOSKELETAL THERAPY AGENTS                    |
| dapsone gel (ACZONE equiv)  | -                   | NC          | DERMATOLOGICALS                                   |
| DAPSONE GEL 7.5%  | -                   | NC          | DERMATOLOGICALS                                   |
| dapsone tab   | -                   | 1           | ANTI-INFECTIVE AGENTS - MISC.                     |
| DAPTACEL INJ, INFANRIX INJ  | VAC                 | \$0         | TOXOIDS   |
| DARAPRIM TAB  | -                   | NC          | ANTIMALARIALS                                     |
| darifenacin SR tab (ENABLEX equiv)  | -                   | 2           | URINARY ANTISPASMODICS                            |
| DARTISLA ODT TAB  | -                   | NC          | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS        |
| darunavir tab (PREZISTA equiv)  | -                   | 2           | ANTIVIRALS  |
| DAURISMO TAB  | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| DAYBUE SOLN (QL= 8 bottles/30 days; Only available through AnovoRx 844-288-5007)  | LD-PA-QL            | SP          | NEUROMUSCULAR AGENTS                              |

|            |   |            |  |             |                                     |
|------------|---|------------|--|-------------|-------------------------------------|
| <b>EXC</b> | <b>NC</b> = Not Covered<br><b>NC/3P</b> = Not Covered, Third Party Reviewer<br>Plan Exclusion | <b>INF</b> | Infertility  | <b>LD</b>   | Limited Distribution                |
| <b>M</b>   | Medical Benefit   | <b>MSP</b> | Mandatory Specialty Pharmacy Program                     | <b>OTC</b>  | Over-the-Counter                    |
| <b>PA</b>  | Prior Authorization   | <b>QL</b>  | Quantity Limit   | <b>RDX</b>  | Restricted to Diagnosis             |
| <b>RS</b>  | Restricted to Specialist  | <b>SF</b>  | Limited to two 15 day fills per month for first 3 months | <b>SMKG</b> | Smoking Cessation                   |
| <b>SP</b>  | Available through Specialty Pharmacy Program  | <b>ST</b>  | Step Therapy   | <b>TMSP</b> | Available through Specialty Network |

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|--|---------------------|-------------|---|
| DAYPRO TAB   | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                    |
| DAYTRANA PATCH   | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| DAYVIGO TAB  | -                   | NC          | HYPNOTICS/SEDATIVES/SLEEP DISORDEF<br>AGENTS      |
| DAZOMON GEL  | -                   | NC          | DERMATOLOGICALS                                   |
| DDAVP INJ  | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS -<br>MISC.         |
| DDAVP NASAL SOLN   | -                   | 3           | ENDOCRINE AND METABOLIC AGENTS -<br>MISC.         |
| DDAVP NASAL SPRAY  | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS -<br>MISC.         |
| DDAVP TAB  | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS -<br>MISC.         |
| DEBACTEROL SOLN  | -                   | NC          | MOUTH/THROAT/DENTAL AGENTS                        |
| deferasirox granules packet (JADENU equiv)   | TMSP                | SP          | ANTIDOTES AND SPECIFIC ANTAGONISTS                |
| deferasirox tab (EXJADE equiv)   | -                   | NC          | ANTIDOTES AND SPECIFIC ANTAGONISTS                |
| deferasirox tab 180mg (JADENU equiv)   | -                   | NC          | ANTIDOTES AND SPECIFIC ANTAGONISTS                |
| deferasirox tab 90mg, 360mg (JADENU equiv)   | -                   | NC          | ANTIDOTES AND SPECIFIC ANTAGONISTS                |
| deferiprone tab (FERRIPROX equiv) (Only available through Walgreens<br>888-347-3416) | LD-PA               | SP          | ANTIDOTES AND SPECIFIC ANTAGONISTS                |
| DEGLUDEC FLEXTOUCH INJ   | -                   | NC          | ANTIDIABETICS                                     |
| DEGLUDEC INJ   | -                   | NC          | ANTIDIABETICS                                     |
| DELESTROGEN INJ (QL= 5ml/fill)   | QL                  | 3           | ESTROGENS   |
| DELSTRIGO TAB  | -                   | SP          | ANTIVIRALS  |
| DELZICOL CAP   | -                   | NC          | GASTROINTESTINAL AGENTS - MISC.                   |
| DEMADEX TAB  | -                   | NC          | DIURETICS   |
| demeclocycline tab (DECLOMYCIN equiv)  | -                   | 3           | TETRACYCLINES                                     |
| DEMEROL TAB  | -                   | NC          | ANALGESICS - OPIOID                               |
| DEMSEER CAP  | -                   | NC          | ANTIHYPERTENSIVES                                 |
| DENAVIR CREAM  | -                   | NC          | DERMATOLOGICALS                                   |
| DENGXAXIA SUSP   | VAC                 | \$0         | VACCINES  |
| DEPAACON INJ   | -                   | NC          | ANTICONVULSANTS                                   |
| DEPAKENE CAP   | -                   | NC          | ANTICONVULSANTS                                   |
| DEPAKENE SYRUP   | -                   | NC          | ANTICONVULSANTS                                   |
| DEPAKOTE ER TAB  | -                   | NC          | ANTICONVULSANTS                                   |
| DEPAKOTE SPRINKLE CAP  | -                   | NC          | ANTICONVULSANTS                                   |
| DEPAKOTE TAB   | -                   | NC          | ANTICONVULSANTS                                   |
| DEPEN TITRATAB   | -                   | NC          | MISCELLANEOUS THERAPEUTIC CLASSE                  |
| DEPLIN CAP   | -                   | EXC         | DIETARY PRODUCTS/DIETARY<br>MANAGEMENT PRODUCTS   |
| DEPO-MEDROL INJ  | -                   | 3           | CORTICOSTEROIDS                                   |
| DEPO-MEDROL INJ, METHYLPREDNISOLONE ACE INJ  | -                   | 3           | CORTICOSTEROIDS                                   |
| DEPO-PROVERA INJ   | -                   | NC          | CONTRACEPTIVES                                    |
| DEPO-PROVERA SC INJ 104MG (QL= 1 inj/90 days)  | QL                  | \$0         | CONTRACEPTIVES                                    |
| DERMACINRX CREAM   | -                   | NC          | DERMATOLOGICALS                                   |
| DERMACINRX KIT   | -                   | NC          | DERMATOLOGICALS                                   |
| DERMALID PAK   | -                   | NC          | DERMATOLOGICALS                                   |
| DERMA-SMOOTH/FS OIL  | -                   | 2           | DERMATOLOGICALS                                   |
| DERMOTIC OIL   | -                   | NC          | OTIC AGENTS                                       |

|     |   |     |  |      |                                     |
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| EXC | NC/3P = Not Covered, Third Party Reviewer<br>Plan Exclusion | INF | Infertility  | LD   | Limited Distribution                |
| M   | Medical Benefit   | MSP | Mandatory Specialty Pharmacy Program                     | OTC  | Over-the-Counter                    |
| PA  | Prior Authorization   | QL  | Quantity Limit   | RDX  | Restricted to Diagnosis             |
| 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   | TMSP | Available through Specialty Network |

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|--|---------------------|-------------|--|
| DESCOVY TAB  | PA                  | \$0         | ANTIVIRALS                                     |
| desipramine tab (NORPRAMIN equiv)  | -                   | 2           | ANTIDEPRESSANTS                                |
| DESLORATADINE ODT  | -                   | EXC         | ANTIHISTAMINES                                 |
| desloratadine tab (CLARINEX equiv)   | -                   | EXC         | 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.         |
| DESOGEN TAB  | -                   | NC          | CONTRACEPTIVES                                 |
| DESONATE GEL   | -                   | NC          | DERMATOLOGICALS                                |
| desonide cream (DESOWEN equiv)   | -                   | 2           | DERMATOLOGICALS                                |
| desonide gel   | -                   | NC          | DERMATOLOGICALS                                |
| desonide lotion  | -                   | NC          | DERMATOLOGICALS                                |
| desonide oint  | -                   | 2           | DERMATOLOGICALS                                |
| DESOWEN CREAM  | -                   | NC          | DERMATOLOGICALS                                |
| DESOWEN CREAM KIT  | -                   | NC          | DERMATOLOGICALS                                |
| DESOWEN LOTION   | -                   | NC          | DERMATOLOGICALS                                |
| DESOWEN LOTION KIT   | -                   | NC          | DERMATOLOGICALS                                |
| DESOWEN OINT   | -                   | NC          | DERMATOLOGICALS                                |
| DESOWEN OINT KIT   | -                   | NC          | DERMATOLOGICALS                                |
| desoximetasone cream (TOPICORT CREAM equiv)  | -                   | 2           | DERMATOLOGICALS                                |
| desoximetasone cream 0.05% (TOPICORT equiv)  | -                   | NC          | DERMATOLOGICALS                                |
| desoximetasone gel (TOPICORT equiv)  | -                   | NC          | DERMATOLOGICALS                                |
| desoximetasone oint (TOPICORT equiv)   | -                   | 2           | DERMATOLOGICALS                                |
| desoximetasone oint 0.05% (TOPICORT equiv)   | -                   | NC          | DERMATOLOGICALS                                |
| DESOXYN TAB  | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| desvenlafaxine ER tab (PRISTIQ equiv)  | -                   | 1           | ANTIDEPRESSANTS                                |
| DESVENLAFAXINE ER TAB  | -                   | NC          | ANTIDEPRESSANTS                                |
| DETROL LA CAP  | -                   | NC          | URINARY ANTISPASMODICS                         |
| DETROL TAB   | -                   | NC          | URINARY ANTISPASMODICS                         |
| DEXAMETHASONE CONC   | -                   | 1           | CORTICOSTEROIDS                                |
| dexamethasone elixir   | -                   | 1           | CORTICOSTEROIDS                                |
| DEXAMETHASONE OPHTH SOLN   | -                   | 2           | OPHTHALMIC AGENTS                              |
| dexamethasone pak (DEXPAK equiv)   | -                   | NC          | CORTICOSTEROIDS                                |
| dexamethasone sodium phosphate inj   | -                   | 1           | CORTICOSTEROIDS                                |
| DEXAMETHASONE SOLN   | -                   | 1           | CORTICOSTEROIDS                                |
| DEXAMETHASONE TAB  | -                   | 1           | CORTICOSTEROIDS                                |
| dexamethasone tab (DECADRON equiv)   | -                   | 1           | CORTICOSTEROIDS                                |
| DEXATLAN CAP   | -                   | NC          | MULTIVITAMINS                                  |
| DEXCHLORPHENIRAMINE SYRUP  | -                   | NC          | ANTIHISTAMINES                                 |
| DEXCOM G6 RECEIVER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin)          | QL-ST               | 2           | MEDICAL DEVICES AND SUPPLIES                   |
| DEXCOM G6 SENSOR (QL= 3 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin)          | QL-ST               | 2           | MEDICAL DEVICES AND SUPPLIES                   |
| DEXCOM G6 TRANSMITTER (QL= 1 transmitter/90 days; Prior authorization (exception) required if member is not currently utilizing insulin) | QL-ST               | 2           | MEDICAL DEVICES AND SUPPLIES                   |

|  |   |  |
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| M Medical Benefit                                | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter                     |
| PA Prior Authorization                           | QL Quantity Limit   | RDX Restricted to Diagnosis              |
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|---|---------------------|-------------|---|
| DEXCOM G7 RECEIVER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin) | QL-ST               | 2           | MEDICAL DEVICES AND SUPPLIES                  |
| DEXCOM G7 SENSOR (QL= 3 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin) | QL-ST               | 2           | MEDICAL DEVICES AND SUPPLIES                  |
| DEXEDRINE CAP   | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| DEXILANT DR CAP   | -                   | NC          | ULCER<br>DRUGS/ANTISPASMODICS/ANTICHOLINEFCS  |
| dexlansoprazole DR cap (DEXILANT equiv)   | -                   | NC          | ULCER<br>DRUGS/ANTISPASMODICS/ANTICHOLINEFCS  |
| dexmethylphenidate ER cap (FOCALIN XR equiv)  | -                   | 3           | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| dexmethylphenidate tab (FOCALIN equiv)  | -                   | 1           | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| DEXTENZA OPHTH INSERT   | -                   | NC          | CORTICOSTEROIDS                               |
| dextroamphetamine ER cap (DEXEDRINE equiv)  | -                   | 2           | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| dextroamphetamine soln (PROCENTRA equiv)  | -                   | 3           | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| dextroamphetamine sulfate tab 15mg (ZENZEDI equiv)  | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| dextroamphetamine sulfate tab 20mg (ZENZEDI equiv)  | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| dextroamphetamine sulfate tab 30mg (ZENZEDI equiv)  | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| dextroamphetamine tab (DEXEDRINE equiv)   | -                   | 1           | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| DHIVY TAB   | -                   | NC          | ANTIPARKINSON AND RELATED THERAPY AGENTS      |
| DIABETIC METER (all other diabetic meters)  | OTC                 | NC          | MEDICAL DEVICES AND SUPPLIES                  |
| DIACOMIT CAP  | -                   | NC          | ANTICONVULSANTS                               |
| DIACOMIT POWDER PACK  | -                   | SP          | ANTICONVULSANTS                               |
| DIALYVITE TAB   | -                   | 1           | MULTIVITAMINS                                 |
| dialyvite tab (NEPHRO-VITE equiv)   | -                   | 1           | MULTIVITAMINS                                 |
| DIALYVITE/ZINC TAB  | -                   | 1           | MULTIVITAMINS                                 |
| DIAPHRAGM   | -                   | \$0         | MEDICAL DEVICES AND SUPPLIES                  |
| DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL   | -                   | NC          | ANTICONVULSANTS                               |
| diazepam conc (VALIUM equiv)  | -                   | 1           | ANTIANKXIETY AGENTS                           |
| diazepam oral soln 5mg/5ml (DIAZEPAM equiv)   | -                   | 1           | ANTIANKXIETY AGENTS                           |
| diazepam tab (VALIUM equiv)   | -                   | 1           | ANTIANKXIETY AGENTS                           |
| diazoxide susp (PROGLYCEM equiv)  | -                   | 3           | ANTIDIABETICS                                 |
| DIBENZYLINE CAP   | -                   | NC          | ANTIHYPERTENSIVES                             |
| dichlorphenamide tab (KEVEYIS equiv)  | -                   | NC          | DIURETICS                                     |
| DICLEGIS TAB  | -                   | NC          | ANTIEMETICS                                   |
| DICLOFENAC CAP  | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                |
| diclofenac gel (SOLARAZE equiv) (QL= 300gm/30 days)   | PA-QL               | 2           | DERMATOLOGICALS                               |
| diclofenac gel 1% (VOLTAREN equiv) (QL= 5 tubes/fill)   | QL                  | 1           | DERMATOLOGICALS                               |
| DICLOFENAC PATCH, FLECTOR PATCH (QL= 30 patches/fill)   | QL                  | 3           | DERMATOLOGICALS                               |

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| EXC Plan Exclusion                               | INF Infertility   | LD Limited Distribution                  |
| M Medical Benefit                                | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter                     |
| PA Prior Authorization                           | QL Quantity Limit   | RDX Restricted to Diagnosis              |
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|---|---------------------|-------------|---|
| diclofenac potassium (migraine) packet (CAMBIA equiv)   | -                   | NC          | MIGRAINE PRODUCTS                                 |
| diclofenac potassium cap (ZIPSOR equiv)   | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                    |
| diclofenac potassium tab (CATAFLAM equiv)   | -                   | 1           | ANALGESICS - ANTI-INFLAMMATORY                    |
| diclofenac potassium tab 25mg (DICLOFENAC equiv)  | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                    |
| diclofenac sodium EC tab (VOLTAREN equiv)   | -                   | 1           | ANALGESICS - ANTI-INFLAMMATORY                    |
| diclofenac sodium gel kit (VENNGEL equiv)   | -                   | NC          | DERMATOLOGICALS                                   |
| diclofenac sodium ophth soln (VOLTAREN equiv)   | -                   | 1           | OPHTHALMIC AGENTS                                 |
| diclofenac sodium soln (XRYLIX equiv)   | -                   | NC          | DERMATOLOGICALS                                   |
| diclofenac sodium XR tab (VOLTAREN XR equiv)  | -                   | 1           | ANALGESICS - ANTI-INFLAMMATORY                    |
| diclofenac soln 1.5% (PENNSAID equiv) (QL= 3 bottles/fill)  | QL                  | 2           | DERMATOLOGICALS                                   |
| diclofenac/misoprostol DR tab (ARTHROTEC equiv)   | -                   | 3           | ANALGESICS - ANTI-INFLAMMATORY                    |
| DICLONA GEL   | -                   | NC          | DERMATOLOGICALS                                   |
| DICLOTREX PAK   | -                   | NC          | DERMATOLOGICALS                                   |
| 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  |
| DIETHYLPROPION ER TAB   | -                   | EXC         | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| diethylpropion tab  | -                   | EXC         | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| DIFFERIN CREAM  | -                   | NC          | DERMATOLOGICALS                                   |
| DIFFERIN GEL  | -                   | NC          | DERMATOLOGICALS                                   |
| DIFFERIN LOTION   | -                   | NC          | DERMATOLOGICALS                                   |
| DIFICID SUSP (QL= 136 mL/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYCIN SOLN, or FIRVANQ SOLN) | QL-ST               | 2           | MACROLIDES  |
| DIFICID TAB (QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYCIN SOLN, or FIRVANQ SOLN) | QL-ST               | 2           | MACROLIDES  |
| DIFLORASONE CREAM, PSORCON CREAM  | -                   | NC          | DERMATOLOGICALS                                   |
| diflorasone oint  | -                   | NC          | DERMATOLOGICALS                                   |
| DIFLUCAN SUSP   | -                   | NC          | ANTIFUNGALS                                       |
| DIFLUCAN TAB  | -                   | NC          | ANTIFUNGALS                                       |
| diflunisal tab (DOLOBID equiv)  | -                   | 1           | ANALGESICS - NONNARCOTIC                          |
| difluprednate ophth emulsion (DUREZOL equiv)  | -                   | 2           | OPHTHALMIC AGENTS                                 |
| digoxin soln (LANOXIN equiv)  | -                   | 1           | CARDIOTONICS                                      |
| DIGOXIN SOLN 0.05MG/ML  | -                   | 1           | CARDIOTONICS                                      |
| digoxin tab (LANOXIN equiv)   | -                   | 1           | CARDIOTONICS                                      |
| digoxin tab 62.5mcg (LANOXIN equiv)   | -                   | NC          | CARDIOTONICS                                      |
| dihydroergotamine mesylate inj (D.H.E. equiv)   | -                   | NC          | MIGRAINE PRODUCTS                                 |
| dihydroergotamine mesylate nasal spray (MIGRANAL equiv)   | -                   | NC          | MIGRAINE PRODUCTS                                 |
| DILACOR XR CAP  | -                   | NC          | CALCIUM CHANNEL BLOCKERS                          |
| DILANTIN CAP 100MG  | -                   | NC          | ANTICONSULSANTS                                   |
| DILANTIN CAP 30MG   | -                   | 2           | ANTICONSULSANTS                                   |
| DILANTIN INFATABS   | -                   | NC          | ANTICONSULSANTS                                   |
| DILANTIN SUSP   | -                   | NC          | ANTICONSULSANTS                                   |
| DILATRATE SR CAP  | -                   | 3           | ANTIANGINAL AGENTS                                |
| DILAUDID TAB  | -                   | NC          | ANALGESICS - OPIOID                               |
| diltiazem ER cap (CARDIZEM CD equiv)  | -                   | 1           | CALCIUM CHANNEL BLOCKERS                          |

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|---|---------------------|-------------|--|
| diltiazem ER cap (CARDIZEM SR equiv)  | -                   | 1           | CALCIUM CHANNEL BLOCKERS                             |
| diltiazem ER cap (DILACOR XR equiv)   | -                   | 1           | CALCIUM CHANNEL BLOCKERS                             |
| diltiazem ER cap (TIAZAC equiv)   | -                   | 1           | CALCIUM CHANNEL BLOCKERS                             |
| diltiazem ER tab (CARDIZEM LA equiv)  | -                   | 2           | CALCIUM CHANNEL BLOCKERS                             |
| diltiazem tab (CARDIZEM equiv)  | -                   | 1           | CALCIUM CHANNEL BLOCKERS                             |
| dimethyl fumarate DR cap (TECFIDERA equiv)                                    | TMSP                | SP          | PSYCHOTHERAPEUTIC AND<br>NEUROLOGICAL AGENTS - MISC. |
| dimethyl fumarate DR starter pack (TECFIDERA STARTER PACK equiv)              | TMSP                | SP          | PSYCHOTHERAPEUTIC AND<br>NEUROLOGICAL AGENTS - MISC. |
| DIOVAN HCT TAB  | -                   | NC          | ANTIHYPERTENSIVES                                    |
| DIOVAN TAB  | -                   | NC          | 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   | -                   | 3           | ANTIDIARRHEAL/PROBIOTIC AGENTS                       |
| diphenoxylate/atropine tab (LOMOTIL equiv)                                    | -                   | 1           | ANTIDIARRHEALS                                       |
| DIPROLENE AF CREAM  | -                   | NC          | DERMATOLOGICALS                                      |
| DIPROLENE OINT  | -                   | NC          | DERMATOLOGICALS                                      |
| DIPHTHERIA/TETANUS TOXOID (PEDIATRIC) INJ                                     | VAC                 | \$0         | TOXOIDS  |
| 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<br>NEUROLOGICAL AGENTS - MISC. |
| DITROPAN XL TAB   | -                   | NC          | 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   | -                   | NC          | ESTROGENS  |
| DIVIGEL GEL, ELESTRIN GEL   | -                   | NC          | ESTROGENS  |
| dofetilide cap (TIKOSYN equiv)  | -                   | 2           | ANTIARRHYTHMICS                                      |
| DOJOLVI ORAL LIQUID   | -                   | NC          | NUTRIENTS  |
| DOLGIC PLUS TAB   | -                   | NC          | ANALGESICS - NONNARCOTIC                             |
| DOLOPHINE TAB   | -                   | NC          | ANALGESICS - OPIOID                                  |
| donepezil ODT (ARICEPT equiv) (QL= 1 tab/day)                                 | QL                  | 1           | PSYCHOTHERAPEUTIC AND<br>NEUROLOGICAL AGENTS - MISC. |
| donepezil tab (ARICEPT equiv) (QL= 2 tabs/day)                                | QL                  | 1           | PSYCHOTHERAPEUTIC AND<br>NEUROLOGICAL AGENTS - MISC. |
| donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day)                            | QL                  | 2           | PSYCHOTHERAPEUTIC AND<br>NEUROLOGICAL AGENTS - MISC. |
| DONNATAL ELIXIR   | -                   | NC          | ULCER DRUGS  |
| DONNATAL TAB  | -                   | NC          | ULCER DRUGS  |
| DOPTELET TAB (QL= 2 tabs/day; Only available through Accredo<br>800-803-2523) | LD-PA-QL            | SP          | HEMATOPOIETIC AGENTS                                 |
| DORAL TAB   | -                   | NC          | HYPNOTICS/SEDATIVES/SLEEP DISORDEF<br>AGENTS         |
| DORYX MPC TAB   | -                   | NC          | TETRACYCLINES  |
| DORYX TAB   | -                   | NC          | TETRACYCLINES  |
| dorzolamide ophth soln (TRUSOPT equiv)  | -                   | 1           | OPHTHALMIC AGENTS                                    |

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| EXC | Plan Exclusion                                   | INF | Infertility  | LD   | Limited Distribution                |
| M   | Medical Benefit                                  | MSP | Mandatory Specialty Pharmacy Program                     | OTC  | Over-the-Counter                    |
| PA  | Prior Authorization                              | QL  | Quantity Limit   | RDX  | Restricted to Diagnosis             |
| RS  | Restricted to Specialist                         | SF  | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation                   |
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|---|---------------------|-------------|---|
| doorzolamide/timolol (pf) ophth soln (COSOPT equiv)           | -                   | 1           | OPHTHALMIC AGENTS                                 |
| DORZOLAMIDE/TIMOLOL OPHTH SOLN                                | -                   | 2           | OPHTHALMIC AGENTS                                 |
| DOVATO TAB  | -                   | 2           | ANTIVIRALS  |
| DOVONEX CREAM   | -                   | NC          | DERMATOLOGICALS                                   |
| doxazosin tab (CARDURA equiv)                                 | -                   | 1           | ANTIHYPERTENSIVES                                 |
| doxepin cap (SINEQUAN equiv)                                  | -                   | 1           | ANTIDEPRESSANTS                                   |
| doxepin conc (SINEQUAN equiv)                                 | -                   | 1           | ANTIDEPRESSANTS                                   |
| DOXEPIN CREAM, PRUDOXIN CREAM, ZONALON CREAM                  | PA                  | 3           | DERMATOLOGICALS                                   |
| DOXEPIN HCL CREAM   | PA                  | 3           | DERMATOLOGICALS                                   |
| doxepin tab (SILENOR equiv)                                   | -                   | NC          | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS         |
| doxercalciferol cap (HECTOROL equiv)                          | -                   | 2           | ENDOCRINE AND METABOLIC AGENTS - MISC.            |
| DOXYCYCLINE CAP, ORACEA CAP                                   | -                   | NC          | DERMATOLOGICALS                                   |
| doxycycline hyclate cap (VIBRAMYCIN equiv)                    | -                   | 1           | TETRACYCLINES                                     |
| doxycycline hyclate DR tab (DORYX equiv)                      | -                   | 3           | TETRACYCLINES                                     |
| doxycycline hyclate tab (VIBRATAB equiv)                      | -                   | 1           | TETRACYCLINES                                     |
| doxycycline hyclate tab (TARGADOX equiv)                      | -                   | NC          | TETRACYCLINES                                     |
| doxycycline hyclate tab 75mg, 150mg (ACTICLATE equiv)         | -                   | NC          | TETRACYCLINES                                     |
| doxycycline monohydrate cap 100mg (MONODOX equiv)             | -                   | 1           | TETRACYCLINES                                     |
| doxycycline monohydrate cap 150mg (MONODOX equiv)             | -                   | NC          | TETRACYCLINES                                     |
| doxycycline monohydrate cap 50mg (MONODOX equiv)              | -                   | 1           | TETRACYCLINES                                     |
| doxycycline monohydrate cap 75mg (MONODOX equiv)              | -                   | NC          | TETRACYCLINES                                     |
| doxycycline monohydrate tab (ADOXA equiv)                     | -                   | 1           | TETRACYCLINES                                     |
| doxycycline monohydrate tab 150mg (ADOXA equiv)               | -                   | NC          | TETRACYCLINES                                     |
| doxycycline susp (VIBRAMYCIN equiv)                           | -                   | 2           | TETRACYCLINES                                     |
| doxylamine/pyridoxine dr tab (DICLEGIS equiv)                 | -                   | NC          | ANTIEMETICS                                       |
| D-PENAMINE TAB  | -                   | 2           | ASSORTED CLASSES                                  |
| DRISDOL CAP   | -                   | NC          | 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) | -                   | \$0         | CONTRACEPTIVES                                    |
| DROXIA CAP  | -                   | 2           | HEMATOPOIETIC AGENTS                              |
| droxidopa cap (NORTHERA equiv)                                | -                   | NC          | VASOPRESSORS                                      |
| DRYSOL SOLN   | -                   | 1           | DERMATOLOGICALS                                   |
| DSUVIA SL TAB   | -                   | NC          | ANALGESICS - OPIOID                               |
| DUAC GEL  | -                   | NC          | DERMATOLOGICALS                                   |
| DUAKLIR INHALER   | -                   | NC          | ANTIASTHMATIC AND BRONCHODILATOR AGENTS           |
| DUETACT TAB   | -                   | NC          | ANTIDIABETICS                                     |
| DUEXIS TAB  | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                    |
| DULERA INHALER  | -                   | 2           | ANTIASTHMATIC AND BRONCHODILATOR AGENTS           |
| duloxetine cap 40mg (IRENKA equiv)                            | -                   | NC          | ANTIDEPRESSANTS                                   |
| duloxetine EC cap (CYMBALTA equiv)                            | -                   | 1           | ANTIDEPRESSANTS                                   |
| DULOXICAINE PACK  | -                   | NC          | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| DUOBRII LOTION  | -                   | NC          | DERMATOLOGICALS                                   |
| DUOPA ENTERAL SUSP  | -                   | NC          | ANTIPARKINSON AGENTS                              |

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|--|---------------------|-------------|---|
| DUOVISC KIT  | -                   | NC          | OPHTHALMIC AGENTS                             |
| DUPIXENT INJ   | -                   | NC          | DERMATOLOGICALS                               |
| DUPIXENT PEN INJ   | -                   | NC          | DERMATOLOGICALS                               |
| DURAGESIC PATCH  | -                   | NC          | ANALGESICS - OPIOID                           |
| DUREZOL OPHTH EMULSION   | -                   | NC          | OPHTHALMIC AGENTS                             |
| dutasteride cap (AVODART equiv)                                  | -                   | 1           | GENITOURINARY AGENTS - MISCELLANEOUS          |
| dutasteride/tamsulosin cap (JALYN equiv)                         | -                   | 2           | GENITOURINARY AGENTS - MISCELLANEOUS          |
| DUTOPROL TAB   | -                   | NC          | ANTIHYPERTENSIVES                             |
| DUZALLO TAB  | -                   | NC          | GOUT AGENTS                                   |
| DXEVO 11-DAY PAK   | -                   | NC          | CORTICOSTEROIDS                               |
| DYANAVEL XR CHEW   | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| DYMISTA SPRAY  | -                   | NC          | NASAL AGENTS - SYSTEMIC AND TOPICAL           |
| DYNACIN TAB  | -                   | NC          | TETRACYCLINES                                 |
| DYRENIUM CAP   | -                   | NC          | DIURETICS                                     |
| EB-N3 DR CAP   | -                   | NC          | MULTIVITAMINS                                 |
| ECONASIL KIT   | -                   | NC          | DERMATOLOGICALS                               |
| econazole cream (SPECTAZOLE equiv)                               | -                   | 1           | DERMATOLOGICALS                               |
| ECOZA FOAM   | -                   | NC          | DERMATOLOGICALS                               |
| EDARBI TAB   | -                   | NC          | ANTIHYPERTENSIVES                             |
| EDARBYCLOR TAB   | -                   | NC          | ANTIHYPERTENSIVES                             |
| EDECRIN TAB  | -                   | NC          | DIURETICS                                     |
| EDLUAR SL TAB  | -                   | NC          | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS     |
| EDURANT TAB  | -                   | 2           | ANTIVIRALS                                    |
| EFAVIRENZ CAP  | -                   | SP          | ANTIVIRALS                                    |
| efavirenz tab (SUSTIVA equiv)                                    | -                   | 1           | ANTIVIRALS                                    |
| efavirenz/emtricitabine/tenofovir df tab (ATRIPLA equiv)         | -                   | 2           | ANTIVIRALS                                    |
| efavirenz/lamivudine/tenofovir df (lo) tab (SYMFI (LO) equiv)    | -                   | 2           | ANTIVIRALS                                    |
| EFFEXOR XR CAP   | -                   | NC          | ANTIDEPRESSANTS                               |
| EFFIENT TAB  | -                   | NC          | HEMATOLOGICAL AGENTS - MISC.                  |
| EFUDEX CREAM   | -                   | NC          | DERMATOLOGICALS                               |
| EGATEN TAB   | -                   | NC          | ANTHELMINTICS                                 |
| EGRIFTA INJ  | -                   | EXC         | ENDOCRINE AND METABOLIC AGENTS - MISC.        |
| ELDEPYRL CAP   | -                   | NC          | ANTIPARKINSON AGENTS                          |
| ELEPSIA XR TAB   | -                   | NC          | ANTICONVULSANTS                               |
| ELESTAT OPHTH SOLN   | -                   | NC          | OPHTHALMIC AGENTS                             |
| eletriptan tab (RELPAK equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL                  | 2           | MIGRAINE PRODUCTS                             |
| ELIDEL CREAM   | -                   | NC          | DERMATOLOGICALS                               |
| ELIGEN B12 TAB   | -                   | EXC         | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS  |
| ELIMITE CREAM  | -                   | NC          | DERMATOLOGICALS                               |
| ELIPHOS TAB  | -                   | NC          | GASTROINTESTINAL AGENTS - MISC.               |
| ELIQUIS TAB, ELIQUIS STARTER PACK                                | -                   | 2           | ANTICOAGULANTS                                |
| ELIXOPHYLLIN ELIXIR  | -                   | 2           | ANTIASTHMATIC AND BRONCHODILATOR AGENTS       |
| ELLA TAB   | -                   | \$0         | CONTRACEPTIVES                                |

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|--|---------------------|-------------|--|
| ELMIRON CAP  | -                   | 2           | GENITOURINARY AGENTS - MISCELLANEOUS     |
| ELOCON CREAM   | -                   | NC          | DERMATOLOGICALS                          |
| ELOCON OINT  | -                   | NC          | DERMATOLOGICALS                          |
| eluryng vaginal ring (NUVARING equiv)  | -                   | NC          | CONTRACEPTIVES                           |
| ELYXYB SOLN  | -                   | NC          | MIGRAINE PRODUCTS                        |
| EMADINE OPHTH SOLN   | -                   | 3           | OPHTHALMIC AGENTS                        |
| EMBEDA CAP   | -                   | NC          | ANALGESICS - OPIOID                      |
| EMCYT CAP  | -                   | 2           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| EMEND PAK  | -                   | NC          | ANTIEMETICS                              |
| EMEND SUSP   | -                   | NC          | ANTIEMETICS                              |
| EMFLAZA SUSP   | -                   | NC          | CORTICOSTEROIDS                          |
| EMFLAZA TAB  | -                   | NC          | CORTICOSTEROIDS                          |
| EMGALITY INJ   | -                   | NC          | MIGRAINE PRODUCTS                        |
| EMGALITY INJ 100MG/ML  | -                   | NC          | MIGRAINE PRODUCTS                        |
| EMPAVELI INJ   | -                   | NC          | HEMATOLOGICAL AGENTS - MISC.             |
| EMSAM PATCH  | -                   | 3           | ANTIDEPRESSANTS                          |
| emtricitabine cap (EMTRIVA equiv)  | -                   | 1           | ANTIVIRALS                               |
| emtricitabine/tenofovir disoproxil fumarate tab (TRUVADA equiv)                                      | -                   | \$0         | ANTIVIRALS                               |
| EMTRIVA CAP  | -                   | NC          | ANTIVIRALS                               |
| EMTRIVA SOLN   | -                   | SP          | ANTIVIRALS                               |
| EMVERM TAB   | -                   | NC          | ANTHELMINTICS                            |
| ENABLEX TAB  | -                   | NC          | URINARY ANTISPASMODICS                   |
| enalapril maleate oral soln (EPANED equiv) (Prior Authorization required for members age 9 or older) | PA                  | 3           | ANTIHYPERTENSIVES                        |
| enalapril tab (VASOTEC equiv)  | -                   | 1           | ANTIHYPERTENSIVES                        |
| enalapril/hydrochlorothiazide tab (VASERETIC equiv)  | -                   | 1           | ANTIHYPERTENSIVES                        |
| ENBREL INJ 25MG (QL= 8 inj/28 days)  | PA-QL-TMSP          | SP          | ANALGESICS - ANTI-INFLAMMATORY           |
| ENBREL INJ 50MG (QL= 4 inj/28 days)  | PA-QL-TMSP          | SP          | ANALGESICS - ANTI-INFLAMMATORY           |
| ENBREL MINI INJ (QL= 4 inj/28 days)  | PA-QL-TMSP          | SP          | ANALGESICS - ANTI-INFLAMMATORY           |
| ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days)  | PA-QL-TMSP          | SP          | ANALGESICS - ANTI-INFLAMMATORY           |
| ENDARI POWDER PACK (QL= 6 packets/day)   | PA-QL-TMSP          | SP          | HEMATOPOIETIC AGENTS                     |
| ENDOMETRIN INSERT  | PA                  | 2           | VAGINAL PRODUCTS                         |
| ENGERIX-B INJ, RECOMBIVAX-HB INJ   | VAC                 | \$0         | VACCINES                                 |
| ENOXAPARIN INJ   | -                   | NC          | ANTICOAGULANTS                           |
| enoxaparin inj (LOVENOX equiv)   | -                   | 2           | ANTICOAGULANTS                           |
| enpresse tab (TRI-LEVELLEN equiv)  | -                   | \$0         | CONTRACEPTIVES                           |
| ENSPRYNG INJ   | -                   | NC          | MISCELLANEOUS THERAPEUTIC CLASSES        |
| ENSTILAR FOAM  | -                   | NC          | DERMATOLOGICALS                          |
| entacapone tab (COMTAN equiv)  | -                   | 2           | ANTIPARKINSON AGENTS                     |
| ENTADFI CAP  | -                   | NC          | GENITOURINARY AGENTS - MISCELLANEOUS     |
| entecavir tab (BARACLUDE equiv) (QL= 1 tab/day)  | QL                  | SP          | ANTIVIRALS                               |
| ENTEREG CAP  | -                   | NC          | GASTROINTESTINAL AGENTS - MISC.          |
| ENTRESTO TAB (QL= 2 tabs/day)  | QL                  | 2           | CARDIOVASCULAR AGENTS - MISC.            |
| ENTYVIO INJ  | -                   | NC          | GASTROINTESTINAL AGENTS - MISC.          |
| ENVARUSUS XR TAB   | -                   | NC          | ASSORTED CLASSES                         |
| EPCLUSA PAK  | -                   | NC          | ANTIVIRALS                               |
| EPCLUSA TAB  | -                   | NC          | ANTIVIRALS                               |

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| EXC | <b>NC/3P</b> = Not Covered, Third Party Reviewer Plan Exclusion | INF | Infertility  | LD   | Limited Distribution                |
| M   | Medical Benefit   | MSP | Mandatory Specialty Pharmacy Program                     | OTC  | Over-the-Counter                    |
| PA  | Prior Authorization   | QL  | Quantity Limit   | RDX  | Restricted to Diagnosis             |
| RS  | Restricted to Specialist  | SF  | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation                   |
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|---|---------------------|-------------|---|
| EPICERAM EMULSION   | -                   | NC          | DERMATOLOGICALS                                   |
| EPIDIOLEX SOLN (Only available through Walgreens 888-347-3416)  | LD-PA               | SP          | ANTICONVULSANTS                                   |
| EPIDUO GEL 0.1-2.5%   | -                   | NC          | DERMATOLOGICALS                                   |
| EPIFOAM AEROSOL   | -                   | 2           | DERMATOLOGICALS                                   |
| epinastine ophth soln (ELESTAT equiv)   | -                   | 3           | OPHTHALMIC AGENTS                                 |
| epinephrine hcl nasal soln (ADRENALIN equiv)  | -                   | NC          | NASAL AGENTS - SYSTEMIC AND TOPICAL               |
| epinephrine pen inj 0.15mg, 0.3mg (EPIPEN (JR) equiv) (QL= 2 inj/fill)  | QL                  | 1           | VASOPRESSORS                                      |
| EPIPEN (JR) INJ   | -                   | NC          | VASOPRESSORS                                      |
| EPIVIR HBV SOLN   | -                   | SP          | ANTIVIRALS  |
| EPIVIR HBV TAB  | -                   | NC          | ANTIVIRALS  |
| EPIVIR SOLN   | -                   | NC          | ANTIVIRALS  |
| EPIVIR TAB  | -                   | NC          | ANTIVIRALS  |
| eplerenone tab (INSPRA equiv)   | -                   | 1           | ANTIHYPERTENSIVES                                 |
| EPOGEN INJ  | -                   | 2           | HEMATOPOIETIC AGENTS                              |
| EPRONTIA SOLN (Members age 9 or older require Prior Authorization)  | PA                  | 3           | ANTICONVULSANTS                                   |
| EPSOLAY CREAM   | -                   | NC          | DERMATOLOGICALS                                   |
| EPZICOM TAB   | -                   | NC          | ANTIVIRALS  |
| EQUETRO CAP   | -                   | 2           | ANTIPSYCHOTICS/ANTIMANIC AGENTS                   |
| ERGOCAL CAP   | -                   | NC          | VITAMINS  |
| ERGOLOID MESYLATES TAB  | -                   | 3           | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| ERGOMAR SL TAB  | -                   | 3           | MIGRAINE PRODUCTS                                 |
| ergotamine tartrate/caffeine tab (CAFERGOT equiv)   | -                   | 3           | MIGRAINE PRODUCTS                                 |
| ERIVEDGE CAP (Only available through Diplomat 877-977-9118, Walgreens 888-347-3416, Walmart Specialty 877-453-4566) | LD-PA-SF            | SP          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| ERLEADA TAB (QL= 4 tabs/day)  | PA-QL-TMSP          | SP          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| ERLEADA TAB 240MG (QL= 1 tab/day)   | PA-QL-TMSP          | SP          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| erlotinib tab (TARCEVA equiv)   | PA-SF-TMSP          | SP          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| ERTACZO CREAM   | -                   | NC          | DERMATOLOGICALS                                   |
| ERY PAD   | -                   | 2           | DERMATOLOGICALS                                   |
| ERYPED SUSP   | -                   | NC          | 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 OPHTH OINT   | -                   | NC          | OPHTHALMIC AGENTS                                 |
| erythromycin pad  | -                   | 1           | DERMATOLOGICALS                                   |
| erythromycin soln   | -                   | 1           | DERMATOLOGICALS                                   |
| erythromycin tab (ERYTHROMYCIN equiv) (all forms except PCE)  | -                   | 2           | MACROLIDES  |
| erythromycin tab (ERY-TAB equiv)  | -                   | 3           | MACROLIDES  |
| erythromycin/benzoyl peroxide gel (BENZAMYCIN equiv)  | -                   | 2           | DERMATOLOGICALS                                   |
| ESBRIET CAP (QL= 9 caps/day)  | PA-QL-SF-TMSP       | SP          | RESPIRATORY AGENTS - MISC.                        |
| ESBRIET TAB 267MG (QL= 9 tabs/day)  | PA-QL-SF-TMSP       | SP          | RESPIRATORY AGENTS - MISC.                        |
| ESBRIET TAB 801MG (QL= 3 tabs/day)  | PA-QL-SF-TMSP       | SP          | RESPIRATORY AGENTS - MISC.                        |
| ESCAVITE CHEW TAB   | -                   | 3           | MULTIVITAMINS                                     |

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| EXC | Plan Exclusion                                   | INF | Infertility  | LD   | Limited Distribution                |
| M   | Medical Benefit                                  | MSP | Mandatory Specialty Pharmacy Program                     | OTC  | Over-the-Counter                    |
| PA  | Prior Authorization                              | QL  | Quantity Limit   | RDX  | Restricted to Diagnosis             |
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|--|---------------------|-------------|---|
| 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)  | OTC                 | 1           | ULCER DRUGS                                       |
| esomeprazole DR granule pack (NEXIUM equiv)  | -                   | NC          | ULCER<br>DRUGS/ANTISPASMODICS/ANTICHOLINEF<br>CS  |
| esomeprazole magnesium DR tab (NEXIUM equiv)   | OTC                 | 3           | ULCER<br>DRUGS/ANTISPASMODICS/ANTICHOLINEF<br>CS  |
| estazolam tab (PROSOM equiv)   | -                   | 1           | HYPNOTICS/SEDATIVES/SLEEP DISORDEF<br>AGENTS      |
| esterified estrogens/methyltestosterone tab (ESTRATEST equiv)  | -                   | NC          | ESTROGENS   |
| ESTRACE TAB  | -                   | NC          | ESTROGENS   |
| ESTRACE VAGINAL CREAM  | -                   | NC          | 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 td gel (DIVIGEL equiv)   | -                   | NC          | ESTROGENS   |
| estradiol vaginal tab, yuvaferm vaginal tab (VAGIFEM equiv) (QL= 8 tabs/28 days (18 tabs on first fill)) | QL                  | 2           | VAGINAL PRODUCTS                                  |
| estradiol valerate inj (DELESTROGEN equiv) (QL= 5ml/fill)  | QL                  | 2           | ESTROGENS   |
| estradiol/norethindrone tab (ACTIVELLA equiv)  | -                   | 1           | ESTROGENS   |
| ESTRATEST TAB  | -                   | NC          | ESTROGENS   |
| ESTRING (3 copays per Rx)  | -                   | 2           | VAGINAL PRODUCTS                                  |
| ESTROPIPATE TAB  | -                   | 1           | ESTROGENS   |
| estropipate tab (OGEN equiv)   | -                   | 1           | ESTROGENS   |
| ESTROSTEP FE TAB   | -                   | NC          | CONTRACEPTIVES                                    |
| eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day)  | QL                  | 1           | HYPNOTICS/SEDATIVES/SLEEP DISORDEF<br>AGENTS      |
| ethacrynic tab (EDECRIN 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 -<br>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  | TMSP                | SP          | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES       |
| etravirine tab (INTELENCE equiv)   | -                   | 1           | ANTIVIRALS  |
| EUCRISA OINT   | -                   | NC          | DERMATOLOGICALS                                   |
| EULEXIN CAP  | -                   | 2           | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES       |
| EVAMIST SPRAY  | -                   | NC          | ESTROGENS   |
| EVEKEO ODT   | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |

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|---|---------------------|-------------|--|
| EVEKEO TAB  | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS    |
| everolimus tab (AFINITOR equiv) (QL= 1 tab/day)   | PA-QL-TMSP          | SP          | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES          |
| everolimus tab (ZORTRESS equiv)   | PA-QL-TMSP          | SP          | MISCELLANEOUS THERAPEUTIC CLASSE!                    |
| everolimus tab 5mg (AFINITOR equiv) (QL= 2 tabs/day)  | PA-QL-TMSP          | SP          | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES          |
| everolimus tab for oral susp (AFINITOR DISPERZ equiv) (QL= 1 tab/day)   | PA-QL-SF-TMSP       | SP          | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES          |
| EVISTA TAB  | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS -<br>MISC.            |
| EVIVO LIQUID  | -                   | NC          | ANTIDIARRHEALS                                       |
| EVOCLIN FOAM  | -                   | NC          | DERMATOLOGICALS                                      |
| EVOTAZ TAB  | -                   | 2           | ANTIVIRALS   |
| EVOXAC CAP  | -                   | NC          | MOUTH/THROAT/DENTAL AGENTS                           |
| EVRYSDI SOLN  | -                   | NC          | NEUROMUSCULAR AGENTS                                 |
| EVZIO INJ   | -                   | NC          | ANTIDOTES AND SPECIFIC ANTAGONISTS                   |
| EVZIO INJ   | -                   | NC          | ANTIDOTES  |
| EXALGO TAB  | -                   | NC          | ANALGESICS - OPIOID                                  |
| EXELDERM CREAM, SULCONAZOLE CREAM   | -                   | NC          | DERMATOLOGICALS                                      |
| EXELDERM SOLN   | -                   | 3           | DERMATOLOGICALS                                      |
| EXELDERM SOLN, SULCONAZOLE SOLN   | -                   | NC          | DERMATOLOGICALS                                      |
| EXELON PATCH  | -                   | NC          | PSYCHOTHERAPEUTIC AND<br>NEUROLOGICAL AGENTS - MISC. |
| exemestane tab (AROMASIN equiv) (Covered at \$0 for women 35 years or<br>older; All other members covered at generic copay) | -                   | \$0         | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES          |
| EXFORGE TAB   | -                   | NC          | ANTIHYPERTENSIVES                                    |
| EXJADE TAB  | -                   | NC          | ANTIDOTES AND SPECIFIC ANTAGONISTS                   |
| EXKIVITY CAP (QL= 4 caps/day; Only available through Biologics<br>800-850-4306)   | LD-PA-QL-SF         | SP          | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES          |
| EXSERVAN FILM   | -                   | NC          | NEUROMUSCULAR AGENTS                                 |
| EXTAVIA INJ   | TMSP                | SP          | PSYCHOTHERAPEUTIC AND<br>NEUROLOGICAL AGENTS - MISC. |
| EYSUVIS OPHTH SUSP  | -                   | NC          | OPHTHALMIC AGENTS                                    |
| EZALLOR SPRINKLE CAP  | -                   | NC          | ANTIHYPERLIPIDEMICS                                  |
| ezetimibe tab (ZETIA equiv)   | -                   | 1           | ANTIHYPERLIPIDEMICS                                  |
| EZETIMIBE/ATORVASTATIN TAB  | -                   | NC          | ANTIHYPERLIPIDEMICS                                  |
| ezetimibe/simvastatin tab (VYTORIN equiv) (QL= 1 tab/day (10-80mg is Not<br>Covered))                                       | QL                  | 3           | ANTIHYPERLIPIDEMICS                                  |
| ezetimibe/simvastatin tab 10-80mg (VYTORIN equiv)   | -                   | NC          | ANTIHYPERLIPIDEMICS                                  |
| FABIOR AEROSOL FOAM   | -                   | NC          | DERMATOLOGICALS                                      |
| FABRAZYME INJ   | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS -<br>MISC.            |
| FACTIVE TAB   | -                   | NC          | FLUOROQUINOLONES                                     |
| FALESSA KIT   | -                   | NC          | CONTRACEPTIVES                                       |
| FALESSA TAB   | -                   | EXC         | DIETARY PRODUCTS/DIETARY<br>MANAGEMENT PRODUCTS      |
| famciclovir tab (FAMVIR equiv)  | -                   | 2           | ANTIVIRALS   |
| famotidine susp (PEPCID equiv)  | -                   | 2           | ULCER DRUGS  |
| famotidine tab (PEPCID equiv)   | OTC                 | NC          | ULCER DRUGS  |
| FANAPT TAB (QL= 2 tabs/day)   | PA-QL               | 3           | ANTIPSYCHOTICS/ANTIMANIC AGENTS                      |

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|---|---------------------|-------------|--|
| FANAPT TITRATION PACK (QL= 1 pack/plan year)                                    | PA-QL               | 3           | ANTIPSYCHOTICS/ANTIMANIC AGENTS          |
| FARESTON TAB  | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| FARXIGA TAB (QL= 1 tab/day)   | QL                  | 2           | ANTIDIABETICS                            |
| FASENRA PEN INJ   | -                   | NC          | ANTIASTHMATIC AND BRONCHODILATOR AGENTS  |
| FAZACLO ODT 12.5MG, 25MG, 100MG   | -                   | NC          | 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   | -                   | NC          | ANTICONVULSANTS                          |
| FELBATOL TAB  | -                   | NC          | ANTICONVULSANTS                          |
| FELDENE CAP   | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY           |
| felodipine ER tab (PLENDIL equiv)   | -                   | 1           | CALCIUM CHANNEL BLOCKERS                 |
| FEM PH GEL  | -                   | 3           | VAGINAL PRODUCTS                         |
| FEMALE CONDOMS (QL= 12 condoms/fill)  | OTC-QL              | \$0         | MEDICAL DEVICES AND SUPPLIES             |
| FEMARA TAB  | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| FEMCON FE CHEW TAB  | -                   | NC          | CONTRACEPTIVES                           |
| FEMHRT TAB  | -                   | NC          | ESTROGENS                                |
| FEMRING (3 copays per Rx)   | -                   | 3           | VAGINAL PRODUCTS                         |
| fenofibrate cap 43mg, 130mg (ANTARA equiv)                                      | -                   | NC          | ANTIHYPERTENSIVES                        |
| fenofibrate cap 67mg, 134mg, 200mg (LOFIBRA equiv)                              | -                   | 1           | ANTIHYPERTENSIVES                        |
| FENOFIBRATE CAP, LIPOFEN CAP  | -                   | NC          | ANTIHYPERTENSIVES                        |
| FENOFIBRATE CAP, LIPOFEN CAP 50MG, 150MG  | -                   | NC          | ANTIHYPERTENSIVES                        |
| fenofibrate tab 40mg, 120mg (FENOGLIDE equiv)                                   | -                   | NC          | ANTIHYPERTENSIVES                        |
| fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv)                         | -                   | 1           | ANTIHYPERTENSIVES                        |
| fenofibric acid DR cap (TRILIPIX equiv)   | -                   | 1           | ANTIHYPERTENSIVES                        |
| FENOFIBRIC TAB, FIBRICOR TAB  | -                   | 3           | ANTIHYPERTENSIVES                        |
| FENOGLIDE TAB   | -                   | NC          | ANTIHYPERTENSIVES                        |
| fenopropfen calcium cap (NALFON equiv)  | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY           |
| fenopropfen calcium tab   | -                   | 3           | ANALGESICS - ANTI-INFLAMMATORY           |
| FENOPROFEN CAP  | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY           |
| FENOPROFEN TAB  | -                   | 3           | ANALGESICS - ANTI-INFLAMMATORY           |
| FENSOLVI INJ  | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.   |
| fantanyl citrate lollipop (ACTIQ equiv)   | -                   | NC          | ANALGESICS - OPIOID                      |
| fantanyl patch (DURAGESIC equiv)  | -                   | 2           | ANALGESICS - OPIOID                      |
| fantanyl patch 37.5mcg, 62.5mcg, 87.5mcg (FENTANYL equiv)                       | -                   | NC          | ANALGESICS - OPIOID                      |
| FENTORA TAB, FENTANYL BUCCAL TAB (QL= 120 tabs/30 days)                         | PA-QL               | 3           | ANALGESICS - OPIOID                      |
| FEONYX TAB  | -                   | NC          | HEMATOPOIETIC AGENTS                     |
| ferrex 150 forte cap  | -                   | 1           | HEMATOPOIETIC AGENTS                     |
| FERREX 28 TAB   | -                   | 3           | HEMATOPOIETIC AGENTS                     |
| FERRIPROX SOLN (Only available through Ferriprox Total Care 866-758-7071)       | LD-PA               | SP          | ANTIDOTES                                |
| FERRIPROX TAB 1000MG (Only available through Ferriprox Total Care 866-758-7071) | LD-PA               | SP          | ANTIDOTES AND SPECIFIC ANTAGONISTS       |
| FERRIPROX TAB 1000MG (TWICE DAILY)  | -                   | NC          | ANTIDOTES AND SPECIFIC ANTAGONISTS       |
| FERRIPROX TAB 500MG   | -                   | NC          | ANTIDOTES AND SPECIFIC ANTAGONISTS       |
| FERRO-PLEX TAB  | -                   | NC          | HEMATOPOIETIC AGENTS                     |

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| EXC Plan Exclusion                               | INF Infertility   | LD Limited Distribution                  |
| M Medical Benefit                                | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter                     |
| PA Prior Authorization                           | QL Quantity Limit   | RDX Restricted to Diagnosis              |
| 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   | TMSP Available through Specialty Network |

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|---|---------------------|-------------|---|
| ferrous sulfate elixir  | OTC                 | NC          | HEMATOPOIETIC AGENTS                              |
| FERROUS SULFATE LIQUID  | OTC                 | NC          | HEMATOPOIETIC AGENTS                              |
| ferrous sulfate soln  | OTC                 | NC          | HEMATOPOIETIC AGENTS                              |
| fesoterodine fumarate ER tab (TOVIAZ equiv)                               | -                   | 2           | URINARY ANTISPASMODICS                            |
| FETZIMA CAP   | -                   | NC          | ANTIDEPRESSANTS                                   |
| FETZIMA TITRATION PACK  | -                   | NC          | ANTIDEPRESSANTS                                   |
| FIASP FLEXTOUCH INJ   | -                   | NC          | ANTIDIABETICS                                     |
| FIASP INJ   | -                   | NC          | ANTIDIABETICS                                     |
| FIASP PENFILL INJ   | -                   | NC          | ANTIDIABETICS                                     |
| FIBRIK CAP  | -                   | NC          | MULTIVITAMINS                                     |
| FILSPARI TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523) | LD-PA-QL            | SP          | GENITOURINARY AGENTS - MISCELLANEOUS              |
| FINACEA FOAM  | -                   | 2           | DERMATOLOGICALS                                   |
| FINACEA GEL   | -                   | NC          | DERMATOLOGICALS                                   |
| finasteride tab (PROSCAR equiv)   | -                   | 1           | GENITOURINARY AGENTS - MISCELLANEOUS              |
| finasteride tab (PROPECIA equiv)  | -                   | EXC         | DERMATOLOGICALS                                   |
| fingolimod hcl cap 0.5mg (GILENYA equiv)                                  | TMSP                | SP          | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| FINTEPLA SOLN   | -                   | NC          | ANTICONVULSANTS                                   |
| FIORICET CAP  | -                   | NC          | ANALGESICS - NONNARCOTIC                          |
| FIORICET/CODEINE CAP  | -                   | NC          | ANALGESICS - OPIOID                               |
| FIORINAL CAP  | -                   | NC          | ANALGESICS - NONNARCOTIC                          |
| FIORINAL/CODEINE CAP  | -                   | NC          | ANALGESICS - OPIOID                               |
| FIRAZYR INJ   | -                   | NC          | HEMATOLOGICAL AGENTS - MISC.                      |
| FIRDAPSE TAB (Only available through AnovoRx 844-288-5007)                | LD-PA               | SP          | ANTIMYASTHENIC/CHOLINERGIC AGENTS                 |
| FIRST METRONIDAZOLE SUSP  | -                   | 3           | ANTI-INFECTIVE AGENTS - MISC.                     |
| FIRST MOUTHWASH BLM   | -                   | 3           | MOUTH/THROAT/DENTAL AGENTS                        |
| FIRST OMEPRAZOLE SUSP   | -                   | 3           | ULCER DRUGS                                       |
| FIRST PANTOPRAZOLE SUSP   | -                   | NC          | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS        |
| FLAGYL CAP  | -                   | NC          | ANTI-INFECTIVE AGENTS - MISC.                     |
| FLAGYL TAB  | -                   | NC          | ANTI-INFECTIVE AGENTS - MISC.                     |
| FLAREX OPHTH SUSP   | -                   | 3           | OPHTHALMIC AGENTS                                 |
| flavoxate tab (URISPAS equiv)   | -                   | 3           | URINARY ANTISPASMODICS                            |
| flecainide tab (TAMBOCOR equiv)   | -                   | 1           | ANTIARRHYTHMICS                                   |
| FLEQSUVY SUSP   | -                   | NC          | MUSCULOSKELETAL THERAPY AGENTS                    |
| FLOLIPID SUSP (Members age 9 or older require Prior Authorization)        | PA                  | 3           | ANTIHYPERLIPIDEMICS                               |
| FLOMAX CAP  | -                   | NC          | GENITOURINARY AGENTS - MISCELLANEOUS              |
| FLONASE SENSIMIST NASAL SPRAY   | OTC                 | 2           | NASAL AGENTS - SYSTEMIC AND TOPICAL               |
| FLO-PRED SUSP   | -                   | NC          | CORTICOSTEROIDS                                   |
| FLORIVA CHEW TAB  | -                   | NC          | MULTIVITAMINS                                     |
| FLORIVA PLUS DROPS  | -                   | 2           | MULTIVITAMINS                                     |
| FLOVENT DISKUS INHALER  | -                   | 2           | ANTIASTHMATIC AND BRONCHODILATOR AGENTS           |
| FLOVENT HFA INHALER   | -                   | NC          | ANTIASTHMATIC AND BRONCHODILATOR AGENTS           |
| FLUAD INJ (QL= 1 inj/28 days)   | QL-VAC              | \$0         | VACCINES  |

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| EXC | Plan Exclusion                                   | INF | Infertility  | LD   | Limited Distribution                |
| M   | Medical Benefit                                  | MSP | Mandatory Specialty Pharmacy Program                     | OTC  | Over-the-Counter                    |
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|--|---------------------|-------------|---|
| FLUAD QUAD INJ (QL= 1 inj/28 days)   | QL-VAC              | \$0         | VACCINES  |
| FLUBLOK QUAD PF INJ (QL= 1 inj/28 days)  | QL-VAC              | \$0         | VACCINES  |
| FLUCELVAX QUAD INJ (QL= 1 inj/28 days)   | QL-VAC              | \$0         | VACCINES  |
| fluconazole susp (DIFLUCAN equiv)  | -                   | 1           | ANTIFUNGALS                                       |
| fluconazole tab (DIFLUCAN equiv)   | -                   | 1           | ANTIFUNGALS                                       |
| flucytosine cap (ANCOBON equiv)  | -                   | 2           | ANTIFUNGALS                                       |
| fludarabine inj  | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| fludrocortisone tab (FLORINEF equiv)   | -                   | 1           | CORTICOSTEROIDS                                   |
| FLULAVAL QUAD INJ, FLUZONE QUAD INJ (QL= 1 inj/28 days)  | QL-VAC              | \$0         | VACCINES  |
| FLUMADINE TAB  | -                   | NC          | ANTIVIRALS  |
| FLUMIST QUADRIVALENT NASAL SUSP (QL= 1 inj/28 days)  | QL-VAC              | \$0         | VACCINES  |
| flunisolide nasal soln (QL= 2 bottles/fill)  | QL                  | 1           | NASAL AGENTS - SYSTEMIC AND TOPICAL               |
| fluocinolone acetonide cream   | -                   | 1           | DERMATOLOGICALS                                   |
| fluocinolone acetonide oil (DERMA-SMOOTH/FS equiv)   | -                   | 2           | DERMATOLOGICALS                                   |
| fluocinolone acetonide oint  | -                   | 1           | DERMATOLOGICALS                                   |
| fluocinolone acetonide soln  | -                   | 1           | DERMATOLOGICALS                                   |
| fluocinolone otic oil (DERMOTIC equiv)   | -                   | 2           | OTIC AGENTS                                       |
| fluocinonide cream 0.05% (LIDEX equiv)   | -                   | 1           | DERMATOLOGICALS                                   |
| fluocinonide cream 0.1% (VANOS CREAM equiv)  | -                   | 1           | DERMATOLOGICALS                                   |
| fluocinonide emollient cream   | -                   | 1           | DERMATOLOGICALS                                   |
| fluocinonide gel   | -                   | 1           | DERMATOLOGICALS                                   |
| fluocinonide oint  | -                   | 1           | DERMATOLOGICALS                                   |
| fluocinonide soln  | -                   | 1           | DERMATOLOGICALS                                   |
| FLUOPAR KIT  | -                   | NC          | DERMATOLOGICALS                                   |
| FLUORABON SOLN (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay) | -                   | \$0         | MINERALS & ELECTROLYTES                           |
| FLUORAC CREAM  | -                   | NC          | DERMATOLOGICALS                                   |
| FLUORIDEX SENSITIVITY PASTE  | -                   | 1           | MOUTH/THROAT/DENTAL AGENTS                        |
| fluorometholone ophth soln (FML LIQUIFILM equiv)   | -                   | 1           | OPHTHALMIC AGENTS                                 |
| FLUOROPLEX CREAM   | -                   | 2           | DERMATOLOGICALS                                   |
| fluorouracil cream (EFUDEX CREAM equiv)  | -                   | 1           | DERMATOLOGICALS                                   |
| FLUOROURACIL CREAM 0.5%  | -                   | 3           | DERMATOLOGICALS                                   |
| FLUOROURACIL SOLN  | -                   | 2           | DERMATOLOGICALS                                   |
| FLUOVIX PAK  | -                   | NC          | DERMATOLOGICALS                                   |
| fluoxetine cap (PROZAC equiv)  | -                   | 1           | ANTIDEPRESSANTS                                   |
| fluoxetine cap (SARAFEM equiv)   | -                   | 3           | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| FLUOXETINE CAP (PMDD)  | -                   | 3           | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| fluoxetine soln (PROZAC equiv)   | -                   | 1           | ANTIDEPRESSANTS                                   |
| fluoxetine tab (PROZAC equiv)  | -                   | 1           | ANTIDEPRESSANTS                                   |
| FLUOXETINE TAB   | -                   | 3           | ANTIDEPRESSANTS                                   |
| fluoxetine weekly cap (PROZAC equiv)   | -                   | NC          | ANTIDEPRESSANTS                                   |
| fluphenazine decanoate inj   | -                   | 2           | ANTIPSYCHOTICS/ANTIMANIC AGENTS                   |
| fluphenazine tab (PROLIXIN equiv)  | -                   | 1           | ANTIPSYCHOTICS/ANTIMANIC AGENTS                   |
| flurandrenolide cream (CORDRAN equiv)  | -                   | NC          | DERMATOLOGICALS                                   |
| flurandrenolide lotion (CORDRAN equiv)   | -                   | NC          | DERMATOLOGICALS                                   |
| flurandrenolide oint (CORDRAN equiv)   | -                   | NC          | DERMATOLOGICALS                                   |

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|--|---------------------|-------------|---|
| FLURAZEPAM CAP   | -                   | 1           | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS     |
| FLURBIPROFEN OPHTH SOLN  | -                   | 2           | OPHTHALMIC AGENTS                             |
| FLURBIPROFEN TAB   | -                   | 1           | ANALGESICS - ANTI-INFLAMMATORY                |
| flurbiprofen tab (ANSAID equiv)  | -                   | 1           | ANALGESICS - ANTI-INFLAMMATORY                |
| FLUTAMIDE CAP  | -                   | 2           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES      |
| flutamide cap (EULEXIN equiv)  | -                   | 2           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES      |
| FLUTICASONE HFA INHALER 110 MCG/ACT  | -                   | 2           | ANTIASTHMATIC AND BRONCHODILATOR AGENTS       |
| FLUTICASONE HFA INHALER 220MCG/ACT   | -                   | 2           | ANTIASTHMATIC AND BRONCHODILATOR AGENTS       |
| FLUTICASONE HFA INHALER 44 MCG/ACT   | -                   | 2           | ANTIASTHMATIC AND BRONCHODILATOR AGENTS       |
| 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)  | -                   | 2           | ANTIASTHMATIC AND BRONCHODILATOR AGENTS       |
| FLUTICASONE/VILANTEROL INHALER   | -                   | NC          | ANTIASTHMATIC AND BRONCHODILATOR AGENTS       |
| fluvastatin cap (LESCOL equiv)   | -                   | 2           | ANTIHYPERLIPIDEMICS                           |
| fluvastatin ER tab (LESCOL XL equiv)   | -                   | 3           | ANTIHYPERLIPIDEMICS                           |
| 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 (QL= 1 inj/28 days)  | QL-VAC              | \$0         | VACCINES                                      |
| FLUZONE HIGH DOSE PF INJ (QL= 1 inj/28 days)   | QL-VAC              | \$0         | VACCINES                                      |
| FLUZONE/FLUARIX QUAD INJ (QL= 1 inj/28 days)   | QL-VAC              | \$0         | VACCINES                                      |
| FML FORTE OPHTH SUSP   | -                   | 3           | OPHTHALMIC AGENTS                             |
| FML LIQUIFLIM OPHTH SUSP   | -                   | NC          | OPHTHALMIC AGENTS                             |
| FML S.O.P. OPHTH OINT  | -                   | 3           | OPHTHALMIC AGENTS                             |
| FOCALIN TAB  | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| FOCALIN XR CAP   | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| FOLAGENT DHA CAP   | -                   | NC          | MULTIVITAMINS                                 |
| FOLAMED DHA CAP  | -                   | NC          | MULTIVITAMINS                                 |
| FOLBEE PLUS CZ TAB   | -                   | 1           | MULTIVITAMINS                                 |
| folbee tab   | -                   | 1           | HEMATOPOIETIC AGENTS                          |
| folic acid tab 1mg (Covered at \$0 for females only; All other members covered at generic copay)   | -                   | \$0         | HEMATOPOIETIC AGENTS                          |
| folic acid tab 400mcg (Covered for females only)   | OTC                 | \$0         | HEMATOPOIETIC AGENTS                          |
| folic acid tab 800mcg (Covered for females only)   | OTC                 | \$0         | HEMATOPOIETIC AGENTS                          |
| FOLIKA-V TAB   | -                   | NC          | MULTIVITAMINS                                 |
| FOLITE TAB   | -                   | NC          | HEMATOPOIETIC AGENTS                          |

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|--|---------------------|-------------|--|
| FOLLISTIM AQ INJ   | INF                 | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.       |
| FOLTANX TAB  | -                   | EXC         | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS |
| folvite-d tab (GENICIN equiv)  | -                   | NC          | HEMATOPOIETIC AGENTS                         |
| FOLVITE-FE TAB   | -                   | NC          | HEMATOPOIETIC AGENTS                         |
| fondaparinux inj (ARIXTRA equiv)   | -                   | 2           | ANTICOAGULANTS                               |
| FORFIVO XL TAB   | -                   | NC          | ANTIDEPRESSANTS                              |
| formoterol fumarate neb soln (PERFOROMIST equiv)   | -                   | 3           | ANTIASTHMATIC AND BRONCHODILATOR AGENTS      |
| FORTEO INJ   | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.       |
| FORTICAL NASAL SPRAY   | -                   | 2           | ENDOCRINE AND METABOLIC AGENTS - MISC.       |
| FOSAMAX TAB  | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.       |
| FOSAMAX+D TAB  | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.       |
| fosamprenavir tab (LEXIVA equiv)   | -                   | SP          | ANTIVIRALS                                   |
| fosfomycin tromethamine powder pack (MONUROL equiv)  | -                   | 3           | ANTI-INFECTIVE AGENTS - MISC.                |
| fosinopril tab (MONOPRIL equiv)  | -                   | 1           | ANTIHYPERTENSIVES                            |
| fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv)  | -                   | 1           | ANTIHYPERTENSIVES                            |
| FOSRENOL CHEW TAB  | -                   | NC          | GASTROINTESTINAL AGENTS - MISC.              |
| FOSRENOL POWDER PACK   | -                   | 2           | GASTROINTESTINAL AGENTS - MISC.              |
| FOTIVDA CAP  | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES     |
| FRAGMIN INJ  | -                   | 3           | ANTICOAGULANTS                               |
| FREESTLY LITE METER  | OTC                 | NC          | MEDICAL DEVICES AND SUPPLIES                 |
| FREESTYLE FREEDOM LITE METER   | OTC                 | NC          | MEDICAL DEVICES AND SUPPLIES                 |
| FREESTYLE INSULINX METER   | OTC                 | NC          | MEDICAL DEVICES AND SUPPLIES                 |
| FREESTYLE INSULINX TEST STRIP  | OTC                 | NC          | DIAGNOSTIC PRODUCTS                          |
| FREESTYLE LIBRE 2 RECEIVER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin)        | QL-ST               | 2           | MEDICAL DEVICES AND SUPPLIES                 |
| FREESTYLE LIBRE 2 SENSOR (QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin)        | QL-ST               | 2           | MEDICAL DEVICES AND SUPPLIES                 |
| FREESTYLE LIBRE 3 SENSOR (QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin)        | QL-ST               | 2           | MEDICAL DEVICES AND SUPPLIES                 |
| FREESTYLE LIBRE RECEIVER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin)          | QL-ST               | 2           | MEDICAL DEVICES AND SUPPLIES                 |
| FREESTYLE LIBRE SENSOR (14-DAY) (QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin) | QL-ST               | 2           | MEDICAL DEVICES AND SUPPLIES                 |
| FREESTYLE LITE TEST STRIP  | OTC                 | NC          | DIAGNOSTIC PRODUCTS                          |
| FREESTYLE PRECISION NEO METER  | OTC                 | NC          | MEDICAL DEVICES AND SUPPLIES                 |
| FREESTYLE PRECISION NEO TEST STRIP   | OTC                 | NC          | DIAGNOSTIC PRODUCTS                          |
| FREESTYLE TEST STRIP   | OTC                 | NC          | DIAGNOSTIC PRODUCTS                          |
| FROVA TAB  | -                   | NC          | MIGRAINE PRODUCTS                            |
| frovatriptan tab (FROVA equiv)   | -                   | NC          | MIGRAINE PRODUCTS                            |
| FULPHILA INJ   | TMSP                | SP          | HEMATOPOIETIC AGENTS                         |
| FUROSCIX KIT (QL= 8 inj/fill; Only available through BioMatrix Specialty Pharmacy 855-359-9679)  | LD-QL               | SP          | DIURETICS                                    |
| FUROSEMIDE SOLN  | -                   | 1           | DIURETICS                                    |

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| RS Restricted to Specialist                      | SF Limited to two 15 day fills per month for first 3 months | SMKG Smoking Cessation                   |
| SP Available through Specialty Pharmacy Program  | ST Step Therapy   | TMSP Available through Specialty Network |

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| <b>Drug Name</b>  | <b>Special Code</b> | <b>Tier</b> | <b>Category</b>                                   |
|---|---------------------|-------------|---|
| furosemide soln (LASIX equiv)   | -                   | 1           | DIURETICS   |
| furosemide tab (LASIX equiv)  | -                   | 1           | DIURETICS   |
| FUZEON INJ  | TMSP                | SP          | ANTIVIRALS  |
| FYCOMPA TAB   | -                   | NC          | ANTICONVULSANTS                                   |
| FYCOMPA SUSP  | -                   | NC          | ANTICONVULSANTS                                   |
| FYLNETRA INJ  | -                   | NC          | HEMATOPOIETIC AGENTS                              |
| gabapentin cap (NEURONTIN equiv) (QL= 9 caps/day)   | QL                  | 1           | ANTICONVULSANTS                                   |
| gabapentin soln (NEURONTIN equiv) (QL= 72 mls/day)  | QL                  | 2           | ANTICONVULSANTS                                   |
| gabapentin tab 600mg (NEURONTIN equiv) (QL= 6 tabs/day)   | QL                  | 1           | ANTICONVULSANTS                                   |
| gabapentin tab 800mg (NEURONTIN equiv) (QL= 4.5 tabs/day)   | QL                  | 1           | ANTICONVULSANTS                                   |
| GABAPENTIN/NAPROXEN CREAM COMPOUND KIT  | -                   | NC          | DERMATOLOGICALS                                   |
| GABITRIL TAB  | -                   | NC          | ANTICONVULSANTS                                   |
| GALAFOLD CAP (QL= 14 caps/28 days; Only available through Accredo 800-803-2523 or 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                           |
| GARDASIL 9 INJ  | VAC                 | \$0         | VACCINES  |
| GASTROCROM CONC   | -                   | NC          | GASTROINTESTINAL AGENTS - MISC.                   |
| gatifloxacin ophth soln (ZYMAXID equiv)   | -                   | 3           | OPHTHALMIC AGENTS                                 |
| GATTEX KIT  | -                   | NC          | GASTROINTESTINAL AGENTS - MISC.                   |
| GAVILYTE-C SOLN (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay) | QL                  | \$0         | LAXATIVES   |
| GAVRETO CAP (QL= 4 caps/day; Only available through Walgreens 888-347-3416)   | LD-PA-QL-SF         | SP          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| GAZYVA INJ  | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| GEAMETDRAY GEL  | -                   | NC          | DERMATOLOGICALS                                   |
| gefitinib tab (IRESSA equiv) (Only available through Diplomat Pharmacy 877-977-9118)  | LD-PA               | SP          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| GELCLAIR GEL  | -                   | NC          | MOUTH/THROAT/DENTAL AGENTS                        |
| GELNIQUE  | -                   | NC          | URINARY ANTISPASMODICS                            |
| gemfibrozil tab (LOPID equiv)   | -                   | 1           | ANTIHYPERTENSIVES                                 |
| GEMTESA TAB   | -                   | NC          | URINARY ANTISPASMODICS                            |
| GEN7T LOTION  | -                   | NC          | DERMATOLOGICALS                                   |
| GEN7T PLUS LOTION   | -                   | NC          | DERMATOLOGICALS                                   |
| GEN7T PLUS PAD  | -                   | NC          | DERMATOLOGICALS                                   |
| GENOTROPIN INJ  | PA-TMSP             | SP          | ENDOCRINE AND METABOLIC AGENTS - MISC.            |
| GENTAK OPHTH OINT   | -                   | 1           | OPHTHALMIC AGENTS                                 |
| gentamicin ophth soln (GARAMYCIN equiv)   | -                   | 1           | OPHTHALMIC AGENTS                                 |
| gentamicin sulfate cream  | -                   | 1           | DERMATOLOGICALS                                   |
| gentamicin sulfate oint   | -                   | 1           | DERMATOLOGICALS                                   |
| GENVOYA TAB   | -                   | NC          | ANTIVIRALS  |
| GEODON CAP  | -                   | NC          | ANTIPSYCHOTICS/ANTIMANIC AGENTS                   |
| GIALAX KIT  | -                   | NC          | LAXATIVES   |

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|---|---------------------|-------------|---|
| gianvi tab, ocella tab (YASMIN, YAZ equiv)                                | -                   | \$0         | CONTRACEPTIVES                                    |
| GILENYA CAP 0.25MG  | TMSP                | SP          | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| GILENYA CAP 0.5MG   | -                   | NC          | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| GILOTRIF TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523) | LD-PA-QL            | SP          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| GIMOTI NASAL SPRAY  | -                   | NC          | GASTROINTESTINAL AGENTS - MISC.                   |
| glatiramer inj (COPAXONE equiv)   | TMSP                | 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 TAB   | -                   | NC          | 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 (rdna) for inj kit (GLUCAGON equiv) (QL= 2 inj/fill)             | QL                  | 2           | ANTIDIABETICS                                     |
| GLUCAGON DIAGNOSTIC INJ   | -                   | NC          | DIAGNOSTIC PRODUCTS                               |
| GLUCAGON EMR INJ (QL= 2 inj/fill)   | QL                  | 2           | ANTIDIABETICS                                     |
| GLUCAGON INJ KIT (QL= 2 inj/fill)   | QL                  | 2           | ANTIDIABETICS                                     |
| GLUCOCARD 01 BLOOD GLUCOSE W/DEVICE KIT                                   | -                   | 2           | MEDICAL DEVICES AND SUPPLIES                      |
| GLUCOCARD 01-MINI GLUCOSE W/DEVICE KIT                                    | -                   | 2           | MEDICAL DEVICES AND SUPPLIES                      |
| GLUCOCARD EXPRESSION MONITOR W/DEVICE KIT                                 | -                   | 2           | MEDICAL DEVICES AND SUPPLIES                      |
| GLUCOCARD EXPRESSION TEST STRIPS  | -                   | 2           | DIAGNOSTIC PRODUCTS                               |
| GLUCOCARD KIT SHINE   | -                   | 2           | MEDICAL DEVICES AND SUPPLIES                      |
| GLUCOCARD SHINE CONNEX W/DEVICE KIT                                       | -                   | 2           | MEDICAL DEVICES AND SUPPLIES                      |
| GLUCOCARD SHINE EXPRESS W/DEVICE KIT                                      | -                   | 2           | MEDICAL DEVICES AND SUPPLIES                      |
| GLUCOCARD SHINE TEST STRIPS   | -                   | 2           | DIAGNOSTIC PRODUCTS                               |
| GLUCOCARD VITAL MONITOR W/DEVICE KIT                                      | -                   | 2           | MEDICAL DEVICES AND SUPPLIES                      |
| GLUCOCARD VITAL TEST STRIPS   | -                   | 2           | DIAGNOSTIC PRODUCTS                               |
| GLUCOCARD X-METER W/DEVICE KIT  | -                   | 2           | MEDICAL DEVICES AND SUPPLIES                      |
| GLUCOPHAGE TAB  | -                   | NC          | ANTIDIABETICS                                     |
| GLUCOPHAGE XR TAB   | -                   | NC          | ANTIDIABETICS                                     |
| GLUCOTROL TAB   | -                   | NC          | ANTIDIABETICS                                     |
| GLUCOTROL XL TAB  | -                   | NC          | ANTIDIABETICS                                     |
| glyburide micronized tab (GLYNASE equiv)                                  | -                   | 1           | ANTIDIABETICS                                     |
| glyburide tab (MICRONASE equiv)   | -                   | 1           | ANTIDIABETICS                                     |
| glyburide/metformin tab (GLUCOVANCE equiv)                                | -                   | 1           | ANTIDIABETICS                                     |
| GLYCATE TAB   | -                   | NC          | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS         |
| GLYCATE TAB, GLYCOPYRROLATE TAB   | -                   | NC          | ULCER DRUGS                                       |

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|--|---------------------|-------------|--|
| glycopyrrolate oral soln (CUVPOSA equiv)   | -                   | 3           | ULCER<br>DRUGS/ANTISPASMODICS/ANTICHOLINEF<br>CS     |
| glycopyrrolate tab (ROBINUL equiv)   | -                   | 2           | ULCER DRUGS  |
| GLYGEST PAK  | -                   | EXC         | DIETARY PRODUCTS/DIETARY<br>MANAGEMENT PRODUCTS      |
| GLYNASE TAB  | -                   | NC          | ANTIDIABETICS  |
| GLYSET TAB   | -                   | NC          | ANTIDIABETICS  |
| GLYXAMBI TAB (QL= 1 tab/day)   | QL                  | 2           | ANTIDIABETICS  |
| GOCOVRI CAP  | -                   | NC          | ANTIPARKINSON AGENTS                                 |
| GOLYTELY SOLN (Covered at \$0 for members 45-75 years-Limited to 2<br>fills/calendar year; All other members covered at generic copay) | QL                  | \$0         | LAXATIVES  |
| GONAL-F RFF INJ  | INF                 | NC          | ENDOCRINE AND METABOLIC AGENTS -<br>MISC.            |
| GONITRO POWDER   | -                   | NC          | ANTIANGINAL AGENTS                                   |
| GOPRELTO SOLN  | -                   | NC          | NASAL AGENTS - SYSTEMIC AND TOPICAL                  |
| GORDON'S UREA OINT 40%   | -                   | NC          | DERMATOLOGICALS                                      |
| GRALISE STARTER PACK   | -                   | NC          | PSYCHOTHERAPEUTIC AND<br>NEUROLOGICAL AGENTS - MISC. |
| GRALISE TAB  | -                   | NC          | PSYCHOTHERAPEUTIC AND<br>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                                     |
| griseofulvin micro tab (GRIFULVIN V equiv)   | -                   | 2           | ANTIFUNGALS  |
| griseofulvin susp (GRIFULVIN equiv)  | -                   | 2           | ANTIFUNGALS  |
| griseofulvin tab (GRIS-PEG equiv)  | -                   | 2           | ANTIFUNGALS  |
| GRIS-PEG TAB   | -                   | NC          | 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                                   |
| guaifenesin-DM oral liquid (ROBITUSSIN equiv)  | -                   | NC          | COUGH/COLD/ALLERGY                                   |
| guanfacine ER tab (INTUNIV equiv)  | -                   | 1           | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS    |
| guanfacine IR tab (TENEX equiv)  | -                   | 1           | ANTIHYPERTENSIVES                                    |
| GUANIDINE TAB  | -                   | 3           | ANTIMYASTHENIC/CHOLINERGIC AGENTS                    |
| GVOKE INJ (QL= 2 inj/fill)   | QL                  | 2           | ANTIDIABETICS  |
| GVOKE INJ KIT (QL= 2 inj/fill)   | QL                  | 2           | ANTIDIABETICS  |
| GVOKE PFS INJ (QL= 2 inj/fill)   | QL                  | 2           | ANTIDIABETICS  |
| GYNAZOLE CREAM   | -                   | NC          | VAGINAL PRODUCTS                                     |
| HADLIMA INJ (QL= 2 inj/28 days)  | PA-QL-TMSP          | SP          | ANALGESICS - ANTI-INFLAMMATORY                       |
| HADLIMA INJ 40MG/0.8ML (QL= 2 inj/28 days)   | PA-QL-TMSP          | SP          | ANALGESICS - ANTI-INFLAMMATORY                       |
| HADLIMA PUSH INJ (QL= 2 inj/28 days)   | PA-QL-TMSP          | SP          | ANALGESICS - ANTI-INFLAMMATORY                       |
| HADLIMA PUSH INJ 40MG/0.8ML (QL= 2 inj/28 days)  | PA-QL-TMSP          | SP          | ANALGESICS - ANTI-INFLAMMATORY                       |
| HAEGARDA INJ (Only available through Accredo 800-803-2523)   | LD-PA               | SP          | HEMATOLOGICAL AGENTS - MISC.                         |
| halcinonide cream (HALOG equiv)  | -                   | NC          | DERMATOLOGICALS                                      |
| HALCION TAB  | -                   | NC          | HYPNOTICS/SEDATIVES/SLEEP DISORDEF<br>AGENTS         |

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|--|---------------------|-------------|---|
| 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                                   |
| 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 BUTYRATE CREAM                              | -                   | NC          | DERMATOLOGICALS                                   |
| HC BUTYRATE SOLN                               | -                   | NC          | DERMATOLOGICALS                                   |
| HC/PRAMOXINE CREAM 1-2.35%                     | -                   | NC          | DERMATOLOGICALS                                   |
| HC-LIDOCAINE CREAM                             | -                   | NC          | DERMATOLOGICALS                                   |
| HECTOROL CAP                                   | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.            |
| HELIDAC PACK                                   | -                   | NC          | ULCER DRUGS                                       |
| HEMADY TAB                                     | -                   | NC          | CORTICOSTEROIDS                                   |
| HEMANGEOL SOLN                                 | -                   | NC          | BETA BLOCKERS                                     |
| HEMLIBRA INJ                                   | PA-TMSP             | SP          | HEMATOLOGICAL AGENTS - MISC.                      |
| heparin porcine inj                            | -                   | NC          | ANTICOAGULANTS                                    |
| HEPLISAV-B INJ                                 | VAC                 | \$0         | VACCINES  |
| HEPSERA TAB                                    | -                   | NC          | ANTIVIRALS  |
| HERCEPTIN HYLECTA INJ                          | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| HETLIOZ CAP                                    | -                   | NC          | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS         |
| HETLIOZ SUSP                                   | -                   | NC          | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS         |
| HEXALEN CAP                                    | -                   | 2           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| HIPREX TAB                                     | -                   | NC          | ANTI-INFECTIVE AGENTS - MISC.                     |
| HIXDEFRIMA SOLN                                | -                   | NC          | DERMATOLOGICALS                                   |
| HIZENTRA INJ                                   | MSP-PA              | SP          | PASSIVE IMMUNIZING AND TREATMENT AGENTS           |
| HOMATROPINE OPHTH SOLN                         | -                   | 2           | OPHTHALMIC AGENTS                                 |
| HORIZANT TAB                                   | -                   | NC          | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| HULIO INJ (adalimumab-fkjp)                    | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                    |
| HULIO KIT (adalimumab-fkjp)                    | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                    |
| HUMALOG JR KWIKPEN INJ                         | -                   | 2           | ANTIDIABETICS                                     |
| HUMALOG KWIKPEN INJ                            | -                   | 2           | ANTIDIABETICS                                     |
| HUMALOG MIX INJ                                | -                   | 2           | ANTIDIABETICS                                     |
| HUMALOG MIX KWIKPEN INJ                        | -                   | 2           | ANTIDIABETICS                                     |
| HUMALOG PEN INJ                                | -                   | 2           | ANTIDIABETICS                                     |
| HUMATIN CAP                                    | -                   | NC          | AMINOGLYCOSIDES                                   |

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|--|---------------------|-------------|--|
| HUMATROPE INJ, ZOMACTON INJ  | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.   |
| HUMIRA INJ 10MG (QL= 2 syringes/28 days)   | PA-QL-TMSP          | SP          | ANALGESICS - ANTI-INFLAMMATORY           |
| HUMIRA INJ 20MG (QL= 2 syringes/28 days)   | PA-QL-TMSP          | SP          | ANALGESICS - ANTI-INFLAMMATORY           |
| HUMIRA INJ 40MG (QL= 2 syringes/28 days)   | PA-QL-TMSP          | SP          | ANALGESICS - ANTI-INFLAMMATORY           |
| HUMIRA INJ 80MG (QL= 2 syringes/28 days)   | PA-QL-TMSP          | SP          | ANALGESICS - ANTI-INFLAMMATORY           |
| HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)                     | PA-QL-TMSP          | SP          | ANALGESICS - ANTI-INFLAMMATORY           |
| HUMIRA INJ PEDIATRIC CROHNS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)                           | PA-QL-TMSP          | SP          | ANALGESICS - ANTI-INFLAMMATORY           |
| HUMIRA INJ PEDIATRIC UC STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)                               | PA-QL-TMSP          | SP          | ANALGESICS - ANTI-INFLAMMATORY           |
| HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)                          | PA-QL-TMSP          | SP          | ANALGESICS - ANTI-INFLAMMATORY           |
| HUMIRA PEN INJ 40MG (QL= 2 pens/28 days)   | PA-QL-TMSP          | SP          | ANALGESICS - ANTI-INFLAMMATORY           |
| HUMULIN MIX INJ  | OTC                 | 2           | ANTIDIABETICS                            |
| HUMULIN MIX PEN INJ  | OTC                 | 2           | ANTIDIABETICS                            |
| HUMULIN N INJ  | OTC                 | 2           | ANTIDIABETICS                            |
| HUMULIN N PEN INJ  | OTC                 | 2           | ANTIDIABETICS                            |
| HUMULIN R INJ  | OTC                 | 2           | ANTIDIABETICS                            |
| HUMULIN R U-500 KWIKPEN INJ  | -                   | 2           | ANTIDIABETICS                            |
| HURRISEAL MIS SNAP   | -                   | NC          | MEDICAL DEVICES AND SUPPLIES             |
| HYCANTIN CAP   | PA-TMSP             | SP          | ANTINEOPLASTICS                          |
| HYCLODEX SOLN  | -                   | NC          | DERMATOLOGICALS                          |
| HYCODAN SYRUP  | -                   | NC          | COUGH/COLD/ALLERGY                       |
| HYCOFENIX SOLN   | -                   | NC          | COUGH/COLD/ALLERGY                       |
| HYD POL/CPM SUSP (QL= 120ml/fill; 2 fills/30 days)   | QL                  | 3           | COUGH/COLD/ALLERGY                       |
| hydralazine tab (APRESOLINE equiv)   | -                   | 1           | ANTIHYPERTENSIVES                        |
| HYDREA CAP   | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| hydrochlorothiazide cap (MICROZIDE equiv)  | -                   | 1           | DIURETICS                                |
| hydrochlorothiazide tab (HYDRODIURIL equiv)  | -                   | 1           | DIURETICS                                |
| hydrocodone bitartrate ER cap (ZOHYDRO equiv) (QL= 1 cap/day)  | QL                  | 2           | ANALGESICS - OPIOID                      |
| HYDROCODONE BITARTRATE ER CAP  | QL--                | NC          | ANALGESICS - OPIOID                      |
| hydrocodone bitartrate er tab (HYSINGLA equiv) (QL= 1 tab/day)   | QL                  | 2           | ANALGESICS - OPIOID                      |
| hydrocodone/acetaminophen cap (LORCET equiv)   | -                   | 1           | ANALGESICS - OPIOID                      |
| hydrocodone/acetaminophen soln (HYCET, LORTAB equiv)   | -                   | 1           | ANALGESICS - OPIOID                      |
| hydrocodone/acetaminophen soln 10-325 mg/15ml (HYCET equiv)  | -                   | 3           | ANALGESICS - OPIOID                      |
| hydrocodone/acetaminophen tab (LORTAB equiv)   | -                   | 1           | ANALGESICS - OPIOID                      |
| hydrocodone/acetaminophen tab 10mg-300mg (XODOL equiv)   | -                   | NC          | ANALGESICS - OPIOID                      |
| hydrocodone/acetaminophen tab 2.5-325mg (NORCO equiv)  | -                   | 3           | ANALGESICS - OPIOID                      |
| hydrocodone/acetaminophen tab 5mg-300mg (XODOL equiv)  | -                   | NC          | ANALGESICS - OPIOID                      |
| hydrocodone/acetaminophen tab 7.5mg-300mg (XODOL equiv)  | -                   | NC          | ANALGESICS - OPIOID                      |
| hydrocodone/chlorpheniramine CR susp (TUSSIONEX equiv) (QL= 120ml/fill; 2 fills/30 days)               | QL                  | 3           | COUGH/COLD/ALLERGY                       |
| hydrocodone/chlorpheniramine/pseudoephedrine liquid (ZUTRIPRO equiv) (QL= 120ml/fill, 2 fills/30 days) | QL                  | 3           | COUGH/COLD/ALLERGY                       |
| hydrocodone/homatropine syrup (HYCODAN equiv)  | -                   | 1           | COUGH/COLD/ALLERGY                       |
| HYDROCODONE/IBUPROFEN TAB  | -                   | 3           | ANALGESICS - OPIOID                      |
| hydrocodone/ibuprofen tab (VICOPROFEN equiv)   | -                   | 3           | ANALGESICS - OPIOID                      |
| HYDROCODONE/IBUPROFEN TAB 10-200MG   | -                   | 3           | ANALGESICS - OPIOID                      |

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| EXC Plan Exclusion                               | INF Infertility   | LD Limited Distribution                  |
| M Medical Benefit                                | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter                     |
| PA Prior Authorization                           | QL Quantity Limit   | RDX Restricted to Diagnosis              |
| 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   | TMSP Available through Specialty Network |

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|--|---------------------|-------------|---|
| hydrocortisone butyrate cream (LOCOID equiv)                                     | -                   | NC          | DERMATOLOGICALS                           |
| hydrocortisone butyrate lipocream (LOCOID equiv)                                 | -                   | NC          | DERMATOLOGICALS                           |
| hydrocortisone butyrate oint (LOCOID equiv)                                      | -                   | NC          | DERMATOLOGICALS                           |
| hydrocortisone butyrate soln (LOCOID equiv)                                      | -                   | NC          | DERMATOLOGICALS                           |
| hydrocortisone cream (PROCTOCORT equiv)  | -                   | 1           | DERMATOLOGICALS                           |
| hydrocortisone enema (CORTENEMA equiv)   | -                   | 2           | ANORECTAL AGENTS                          |
| hydrocortisone lotion (HYTONE equiv)   | -                   | 1           | DERMATOLOGICALS                           |
| hydrocortisone lotion (LOCOID equiv)   | -                   | NC          | DERMATOLOGICALS                           |
| hydrocortisone lotion 2% (ALA SCALP equiv)                                       | -                   | NC          | DERMATOLOGICALS                           |
| hydrocortisone oint  | -                   | 1           | DERMATOLOGICALS                           |
| HYDROCORTISONE PAK   | -                   | NC          | 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                           |
| HYDROCORTISONE/PRAMOXINE SUPP  | -                   | NC          | ANORECTAL AND RELATED PRODUCTS            |
| hydromorphone ER tab (EXALGO equiv) (QL= 1 tab/day)                              | QL                  | 3           | ANALGESICS - OPIOID                       |
| HYDROMORPHONE SUPP   | -                   | NC          | ANALGESICS - OPIOID                       |
| hydromorphone tab (DILAUDID equiv)   | -                   | 1           | ANALGESICS - OPIOID                       |
| hydroquinone cream (LUSTRA equiv)  | -                   | EXC         | DERMATOLOGICALS                           |
| hydroxychloroquine tab (PLAQUENIL equiv)   | -                   | 1           | ANTIMALARIALS                             |
| HYDROXYM GEL   | -                   | NC          | DERMATOLOGICALS                           |
| 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           | ANTIANKXIETY AGENTS                       |
| HYDROXYZINE PAMOATE CAP 100MG  | -                   | 1           | ANTIANKXIETY AGENTS                       |
| hydroxyzine syrup (ATARAX equiv)   | -                   | 1           | ANTIANKXIETY AGENTS                       |
| hydroxyzine tab (ATARAX equiv)   | -                   | 1           | ANTIANKXIETY AGENTS                       |
| HYFTOR GEL (QL= 10 grams/30 days; Only available through Walgreens 888-347-3416) | LD-PA-QL            | SP          | DERMATOLOGICALS                           |
| HYLAMEND GEL FIRST AID   | -                   | NC          | ANTISEPTICS & DISINFECTANTS               |
| HYLINATE LOTION  | -                   | NC          | DERMATOLOGICALS                           |
| HYOPHEN TAB  | -                   | NC          | ANTI-INFECTIVE AGENTS - MISC.             |
| HYOSCYAMINE INJ  | -                   | NC          | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS |
| hyoscyamine sulfate CR tab (LEVBIID 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 tab (LEVSIN equiv)   | -                   | 1           | ULCER DRUGS                               |
| HYPER-SAL NEB SOLN   | -                   | NC          | COUGH/COLD/ALLERGY                        |
| HYQVIA INJ   | MSP-PA              | SP          | PASSIVE IMMUNIZING AGENTS                 |
| HYRIMOZ INJ (adalimumab-adaz)  | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY            |
| HYRIMOZ PFS INJ (adalimumab-adaz)  | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY            |

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| EXC | Plan Exclusion                                   | INF | Infertility  | LD   | Limited Distribution                |
| M   | Medical Benefit                                  | MSP | Mandatory Specialty Pharmacy Program                     | OTC  | Over-the-Counter                    |
| PA  | Prior Authorization                              | QL  | Quantity Limit   | RDX  | Restricted to Diagnosis             |
| RS  | Restricted to Specialist                         | SF  | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation                   |
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|---|---------------------|-------------|---|
| HYZAAR TAB  | -                   | NC          | ANTIHYPERTENSIVES                             |
| ibandronate tab 150mg (BONIVA equiv) (QL= 1 tab/30 days)  | QL                  | 1           | ENDOCRINE AND METABOLIC AGENTS - MISC.        |
| IBRANCE CAP   | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES      |
| IBRANCE TAB   | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES      |
| IBSRELA TAB   | -                   | NC          | GASTROINTESTINAL AGENTS - MISC.               |
| IBU 600-EZS KIT   | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                |
| ibuprofen susp (Rx ONLY) (ADVIL, MOTRIN equiv)  | -                   | 1           | ANALGESICS - ANTI-INFLAMMATORY                |
| ibuprofen tab   | -                   | 1           | ANALGESICS - ANTI-INFLAMMATORY                |
| ibuprofen tab (Rx covered Only)   | -                   | 1           | ANALGESICS - ANTI-INFLAMMATORY                |
| ibuprofen-famotidine tab (DUEXIS equiv)   | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                |
| icatibant inj (FIRAZYR equiv)   | -                   | NC          | HEMATOLOGICAL AGENTS - MISC.                  |
| ICLUSIG TAB (Only available through AcariaHealth 800-511-5144)                                    | LD-PA-SF            | SP          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES      |
| icosapent ethyl cap (VASCEPA equiv)   | -                   | NC          | ANTIHYPERLIPIDEMICS                           |
| IDACIO INJ (adalimumab-aacf)  | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                |
| IDHIFA TAB (QL= 1 tab/day)  | MSP-PA-QL           | SP          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES      |
| IHEEZO GEL  | -                   | NC          | OPHTHALMIC AGENTS                             |
| ILEVRO OPHTH SUSP   | -                   | 2           | OPHTHALMIC AGENTS                             |
| imatinib tab (GLEEVEC equiv)  | TMSP                | SP          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES      |
| IMBRUVICA CAP 140MG (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118)       | LD-PA-QL            | SP          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES      |
| IMBRUVICA CAP 70MG (QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118)         | LD-PA-QL            | SP          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES      |
| IMBRUVICA SUSP (QL= 6ml/day; Only available through Diplomat Pharmacy 877-977-9118)               | LD-PA-QL            | SP          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES      |
| IMBRUVICA TAB 140MG   | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES      |
| IMBRUVICA TAB 280MG   | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES      |
| IMBRUVICA TAB 420MG, 560MG (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL            | SP          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES      |
| IMCIVREE INJ (QL= 1 inj/day; Only available through PantherRx Pharmacy 855-726-8479)              | LD-PA-QL            | SP          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| imipramine pamoate cap (TOFRANIL PM equiv)  | -                   | 3           | ANTIDEPRESSANTS                               |
| imipramine tab (TOFRANIL equiv)   | -                   | 1           | ANTIDEPRESSANTS                               |
| imiquimod cream (ALDARA equiv)  | -                   | 1           | DERMATOLOGICALS                               |
| imiquimod cream 3.75% (IMIQUIMOD equiv)   | -                   | NC          | DERMATOLOGICALS                               |
| IMITREX INJ (QL= 4 inj/fill, 2 fills/30 days)   | QL                  | 3           | MIGRAINE PRODUCTS                             |
| IMITREX INJ   | QL--                | NC          | MIGRAINE PRODUCTS                             |
| IMITREX TAB   | -                   | NC          | MIGRAINE PRODUCTS                             |
| IMITREX VIAL INJ  | -                   | NC          | MIGRAINE PRODUCTS                             |
| IMOVAX INJ  | VAC                 | EXC         | VACCINES                                      |
| IMPAVIDO CAP  | -                   | NC          | ANTI-INFECTIVE AGENTS - MISC.                 |
| IMPEKLO LOTION  | -                   | NC          | DERMATOLOGICALS                               |
| IMPOYZ CREAM  | -                   | NC          | DERMATOLOGICALS                               |
| IMURAN TAB  | -                   | NC          | ASSORTED CLASSES                              |

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|--|---------------------|-------------|---|
| IMVEXXY SUPP   | -                   | NC          | VAGINAL PRODUCTS                                  |
| INBRIJA INH POWDER (QL= 10 caps/day)   | PA-QL               | 3           | ANTIPARKINSON AND RELATED THERAPY AGENTS          |
| INCRELEX INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)   | LD                  | SP          | ENDOCRINE AND METABOLIC AGENTS - MISC.            |
| INCRUSE ELLIPTA INHALER  | -                   | 2           | ANTIASTHMATIC AND BRONCHODILATOR AGENTS           |
| indapamide tab (LOZOL equiv)   | -                   | 1           | DIURETICS   |
| INDERAL LA CAP   | -                   | NC          | BETA BLOCKERS                                     |
| INDERAL XL CAP, INNOPRAN XL CAP  | -                   | NC          | 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                    |
| indomethacin suppository (INDOCIN equiv)   | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                    |
| INFLAMMA-K KIT   | -                   | NC          | DERMATOLOGICALS                                   |
| INFLATHERM PAK   | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                    |
| INGREZZA CAP (QL= 1 cap/day; Only available through PantherRx Pharmacy 855-726-8479)   | LD-PA-QL            | SP          | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| INGREZZA PACK 40-80MG  | -                   | NC          | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| INLYTA TAB (QL= 8 tabs/day)  | MSP-PA-QL-SF        | SP          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| INPEFA TAB   | -                   | NC          | CARDIOVASCULAR AGENTS - MISC.                     |
| INPEN INSULIN INJECTION DEVICE   | -                   | NC          | MEDICAL DEVICES                                   |
| INQOVI TAB   | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| INREBIC CAP  | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| INSPRA TAB   | -                   | NC          | ANTIHYPERTENSIVES                                 |
| INSULIN ASPART FLEXPEN INJ   | -                   | NC          | ANTIDIABETICS                                     |
| INSULIN ASPART INJ   | -                   | NC          | ANTIDIABETICS                                     |
| INSULIN ASPART MIX FLEXPEN INJ   | -                   | NC          | ANTIDIABETICS                                     |
| INSULIN ASPART MIX INJ   | -                   | NC          | ANTIDIABETICS                                     |
| INSULIN ASPART PENFILL INJ   | -                   | NC          | ANTIDIABETICS                                     |
| INSULIN GLARGINE INJ   | -                   | 2           | ANTIDIABETICS                                     |
| INSULIN GLARGINE SOLOSTAR INJ  | -                   | 2           | ANTIDIABETICS                                     |
| INSULIN LISPRO INJ   | -                   | 1           | ANTIDIABETICS                                     |
| INSULIN LISPRO KWIKPEN, INSULIN LISPRO JR KWIKPEN, ADMELOG SOLOSTAR, HUMALOG TEMPO PEN | -                   | NC          | ANTIDIABETICS                                     |
| INSULIN LISPRO PROTAMINE PEN INJ   | -                   | NC          | ANTIDIABETICS                                     |
| INSULIN PROTAMINE INJ  | -                   | NC          | ANTIDIABETICS                                     |
| INSULIN SYRINGE  | OTC                 | NC          | MEDICAL DEVICES AND SUPPLIES                      |
| INTELENCE TAB  | -                   | SP          | ANTIVIRALS  |
| INTENSE COUGH LIQUID   | -                   | NC          | COUGH/COLD/ALLERGY                                |
| INTERMEZZO SL TAB  | -                   | NC          | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS         |
| INTRAROSA SUPP   | -                   | NC          | VAGINAL PRODUCTS                                  |
| INTRON-A INJ   | MSP                 | SP          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |

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|--|---------------------|-------------|---|
| INTUNIV TAB  | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| INVEGA HAFYERA INJ   | -                   | NC          | ANTIPSYCHOTICS/ANTIMANIC AGENTS                   |
| INVEGA SUSTENNA INJ  | -                   | 3           | ANTIPSYCHOTICS/ANTIMANIC AGENTS                   |
| INVEGA TAB   | -                   | NC          | 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  | -                   | NC          | ANTIDIABETICS                                     |
| INVOKAMET XR TAB   | -                   | NC          | ANTIDIABETICS                                     |
| INVOKANA TAB   | -                   | NC          | ANTIDIABETICS                                     |
| IODOFLEX PAD   | -                   | NC          | ANTISEPTICS & DISINFECTANTS                       |
| iodoquinol/hydrocortisone cream 1% (VYTONE equiv)                    | -                   | NC          | DERMATOLOGICALS                                   |
| iodoquinol/hydrocortisone cream 1.9-1% (VYTONE equiv)                | -                   | NC          | DERMATOLOGICALS                                   |
| iodoquinol/hydrocortisone/aloe polysaccharide gel (ALCORTIN A equiv) | -                   | NC          | DERMATOLOGICALS                                   |
| IOPIDINE OPHTH SOLN  | -                   | 2           | OPHTHALMIC AGENTS                                 |
| IOPIDINE OPHTH SOLN  | -                   | NC          | OPHTHALMIC AGENTS                                 |
| IPOL INJ   | VAC                 | \$0         | VACCINES  |
| ipratropium nasal spray (ATROVENT equiv)                             | -                   | 1           | NASAL AGENTS - SYSTEMIC AND TOPICAL               |
| ipratropium neb soln (ATROVENT equiv)                                | -                   | 1           | ANTIASTHMATIC AND BRONCHODILATOR<br>AGENTS        |
| irbesartan tab (AVAPRO equiv)  | -                   | 1           | ANTIHYPERTENSIVES                                 |
| irbesartan/hydrochlorothiazide tab (AVALIDE equiv)                   | -                   | 1           | ANTIHYPERTENSIVES                                 |
| IRESSA TAB (Only available through Diplomat Pharmacy 877-977-9118)   | LD-PA               | SP          | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES       |
| IRON POLYSACCH/THREONIC ACID/B12/FA CAP                              | -                   | 1           | HEMATOPOIETIC AGENTS                              |
| ISENTRESS (HD) TAB   | -                   | 2           | ANTIVIRALS  |
| ISENTRESS CHEW TAB   | -                   | 3           | ANTIVIRALS  |
| ISENTRESS POWDER PACK  | -                   | 3           | ANTIVIRALS  |
| isibloom tab, enskyce tab, apri tab (DESOGEN equiv)                  | -                   | \$0         | CONTRACEPTIVES                                    |
| ISOMETHEPTENE/CAFFEINE/ACETAMINOPHEN TAB                             | -                   | NC          | MIGRAINE PRODUCTS                                 |
| isometheptene/caffeine/acetaminophen tab (PRODRIN equiv)             | -                   | NC          | MIGRAINE PRODUCTS                                 |
| isoniazid syrup (ISONIAZID equiv)                                    | -                   | 3           | ANTIMYCOBACTERIAL AGENTS                          |
| isoniazid tab  | -                   | 1           | ANTIMYCOBACTERIAL AGENTS                          |
| ISOPTO CARBACHOL OPHTH SOLN  | -                   | 2           | OPHTHALMIC AGENTS                                 |
| ISOPTO CARPINE OPHTH SOLN  | -                   | NC          | OPHTHALMIC AGENTS                                 |
| ISORDIL TITRADOSE TAB  | -                   | NC          | ANTIANGINAL AGENTS                                |
| isosorbide dinitrate tab (ISORDIL equiv)                             | -                   | 1           | ANTIANGINAL AGENTS                                |
| isosorbide dinitrate tab 40mg (ISORDIL equiv)                        | -                   | 3           | ANTIANGINAL AGENTS                                |
| isosorbide dinitrate/hydralazine hcl tab (BIDIL equiv)               | -                   | NC          | CARDIOVASCULAR AGENTS - MISC.                     |
| isosorbide mononitrate ER tab (IMDUR equiv)                          | -                   | 1           | ANTIANGINAL AGENTS                                |
| ISOSORBIDE MONONITRATE TAB   | -                   | 1           | ANTIANGINAL AGENTS                                |
| isosorbide mononitrate tab (MONOKET equiv)                           | -                   | 1           | ANTIANGINAL AGENTS                                |
| isotretinoin cap 25mg (ABSORICA equiv)                               | -                   | NC          | DERMATOLOGICALS                                   |
| isotretinoin cap 35mg (ABSORICA equiv)                               | -                   | NC          | DERMATOLOGICALS                                   |
| ISOXSUPRINE TAB  | -                   | 2           | CARDIOVASCULAR AGENTS - MISC.                     |
| isradipine cap (DYNACIRC equiv)                                      | -                   | 1           | CALCIUM CHANNEL BLOCKERS                          |
| ISTALOL OPHTH SOLN   | -                   | 2           | OPHTHALMIC AGENTS                                 |

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| EXC | Plan Exclusion                                   | INF | Infertility  | LD   | Limited Distribution                |
| M   | Medical Benefit                                  | MSP | Mandatory Specialty Pharmacy Program                     | OTC  | Over-the-Counter                    |
| PA  | Prior Authorization                              | QL  | Quantity Limit   | RDX  | Restricted to Diagnosis             |
| 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   | TMSP | Available through Specialty Network |

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|---|---------------------|-------------|---|
| ISTURISA TAB 10MG   | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.        |
| ISTURISA TAB 1MG  | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.        |
| ISTURISA TAB 5MG  | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.        |
| itraconazole cap (SPORANOX equiv)   | -                   | 2           | ANTIFUNGALS                                   |
| itraconazole soln (SPORANOX equiv)  | PA                  | 3           | ANTIFUNGALS                                   |
| IVERMECTIN CREAM  | -                   | NC          | DERMATOLOGICALS                               |
| ivermectin cream (SOOLANTRA equiv)  | -                   | NC          | DERMATOLOGICALS                               |
| IVERMECTIN LOTION   | -                   | NC          | DERMATOLOGICALS                               |
| ivermectin tab (STROMEKTOL equiv)   | -                   | 2           | ANTHELMINTICS                                 |
| IYUZEH OPHTH DROPS  | -                   | NC          | OPHTHALMIC AGENTS                             |
| JADENU SPRINKLE   | -                   | NC          | ANTIDOTES AND SPECIFIC ANTAGONISTS            |
| JADENU TAB 180MG  | -                   | NC          | ANTIDOTES AND SPECIFIC ANTAGONISTS            |
| JADENU TAB 90MG, 360MG  | -                   | NC          | ANTIDOTES AND SPECIFIC ANTAGONISTS            |
| JAKAFI TAB (QL= 2 tabs/day)   | MSP-PA-QL-SF        | SP          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES      |
| JALYN CAP   | -                   | NC          | 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- $\phi$          | 2           | ANTIDIABETICS                                 |
| JARDIANCE TAB (QL= 1 tab/day)   | QL                  | 2           | ANTIDIABETICS                                 |
| JAYPIRCA TAB (QL= 2 tabs/day)   | PA-QL-SP            | SP          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES      |
| JENLIVA CAP   | -                   | NC          | MULTIVITAMINS                                 |
| JENTADUETO TAB (QL= 2 tabs/day)   | QL                  | 2           | ANTIDIABETICS                                 |
| JENTADUETO XR TAB (QL= 2 tabs/day)  | QL                  | 2           | ANTIDIABETICS                                 |
| JESDUVROQ TAB   | -                   | NC          | HEMATOPOIETIC AGENTS                          |
| jinteli tab (FEMHRT equiv)  | -                   | 1           | ESTROGENS                                     |
| JOENJA TAB  | -                   | NC          | MISCELLANEOUS THERAPEUTIC CLASSES             |
| jolessa tab, amethia tab (SEASONALE, SEASONIQUE equiv)                          | -                   | \$0         | CONTRACEPTIVES                                |
| JUBLIA SOLN   | -                   | NC          | DERMATOLOGICALS                               |
| JULUCA TAB  | -                   | SP          | ANTIVIRALS                                    |
| JUXTAPID CAP  | -                   | NC          | ANTHYPERLIPIDEMICS                            |
| 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  | -                   | NC          | ANTIVIRALS                                    |
| KALETRA TAB   | -                   | SP          | ANTIVIRALS                                    |
| KALYDECO PAK (QL= 2 packets/day; Only available through Walgreens 888-347-3416) | LD-PA-QL-SF         | SP          | RESPIRATORY AGENTS - MISC.                    |
| KALYDECO TAB (QL= 2 tabs/day; Only available through 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//NOREXIANTS |
| KARBINAL ER SUSP  | -                   | NC          | ANTIHISTAMINES                                |

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| EXC Plan Exclusion                               | INF Infertility   | LD Limited Distribution                  |
| M Medical Benefit                                | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter                     |
| PA Prior Authorization                           | QL Quantity Limit   | RDX Restricted to Diagnosis              |
| 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   | TMSP Available through Specialty Network |

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|--|---------------------|-------------|---|
| KATERZIA SUSP  | -                   | NC          | CALCIUM CHANNEL BLOCKERS                          |
| KEFLEX CAP   | -                   | NC          | CEPHALOSPORINS                                    |
| kelnor tab (DEMULEN equiv)                               | -                   | \$0         | CONTRACEPTIVES                                    |
| KENALOG INJ  | -                   | 3           | CORTICOSTEROIDS                                   |
| KENALOG INJ, TRIAMCINOLONE ACE INJ                       | -                   | 3           | CORTICOSTEROIDS                                   |
| KENALOG SPRAY  | -                   | NC          | DERMATOLOGICALS                                   |
| KEPPRA SOLN  | -                   | NC          | ANTICONVULSANTS                                   |
| KEPPRA TAB   | -                   | NC          | ANTICONVULSANTS                                   |
| KEPPRA XR TAB  | -                   | NC          | ANTICONVULSANTS                                   |
| KERAFOAM   | -                   | NC          | DERMATOLOGICALS                                   |
| KERALAC CREAM  | -                   | NC          | DERMATOLOGICALS                                   |
| KERAMATRIX   | -                   | NC          | DERMATOLOGICALS                                   |
| KERASTAT CREAM   | -                   | NC          | DERMATOLOGICALS                                   |
| KERASTAT GEL   | -                   | NC          | DERMATOLOGICALS                                   |
| KERENDIA TAB (QL= 1 tab/day)                             | PA-QL               | 3           | ENDOCRINE AND METABOLIC AGENTS - MISC.            |
| KERLONE TAB  | -                   | NC          | BETA BLOCKERS                                     |
| KERYDIN SOLN   | -                   | NC          | DERMATOLOGICALS                                   |
| KESIMPTA INJ   | -                   | NC          | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| KETAMINE HCL TROCHES                                     | -                   | NC          | GENERAL ANESTHETICS                               |
| ketoconazole cream (NIZORAL CREAM equiv)                 | -                   | 1           | DERMATOLOGICALS                                   |
| ketoconazole shampoo (NIZORAL SHAMPOO equiv)             | -                   | 1           | DERMATOLOGICALS                                   |
| ketoconazole tab (NIZORAL equiv)                         | -                   | 1           | ANTIFUNGALS                                       |
| KETO-DIASTIX TEST STRIP                                  | OTC                 | 1           | DIAGNOSTIC PRODUCTS                               |
| KETOPROFEN CAP   | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                    |
| ketoprofen cap (ORUDIS equiv)                            | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                    |
| KETOPROFEN ER CAP  | -                   | 3           | ANALGESICS - ANTI-INFLAMMATORY                    |
| KETOROLAC INJ  | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                    |
| ketorolac inj (TORADOL equiv)                            | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                    |
| ketorolac inj 15mg/ml (TORADOL equiv) (QL= 20ml/5 days)  | QL                  | 1           | ANALGESICS - ANTI-INFLAMMATORY                    |
| ketorolac inj 30mg/ml (TORADOL equiv) (QL= 20ml/5 days)  | QL                  | 1           | ANALGESICS - ANTI-INFLAMMATORY                    |
| ketorolac inj 60mg/2ml (TORADOL equiv) (QL= 20ml/5 days) | QL                  | 1           | 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                    |
| KETOSTIX   | OTC                 | 1           | DIAGNOSTIC PRODUCTS                               |
| ketotifen ophth soln (ZADITOR equiv) (OTC covered only)  | OTC                 | 1           | OPHTHALMIC AGENTS                                 |
| KEVEYIS TAB  | -                   | NC          | DIURETICS   |
| KEVZARA INJ (QL= 2 inj/28 days)                          | PA-QL-TMSP          | SP          | ANALGESICS - ANTI-INFLAMMATORY                    |
| KINERET INJ  | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                    |
| KINRIX INJ, QUADRACEL DTAP-IPV INJ                       | VAC                 | \$0         | TOXOIDS   |
| KINRIX PREF SYRINGE, QUADRACEL PREF SYRINGE              | VAC                 | \$0         | TOXOIDS   |
| KISQALI PAK (QL= 91 tabs/28 days)                        | PA-QL-TMSP          | SP          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| KISQALI TAB (QL= 63 tabs/28 days)                        | PA-QL-TMSP          | SP          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| KITABIS PAK NEB SOLN                                     | -                   | NC          | AMINOGLYCOSIDES                                   |
| KLARITY-B DROPS  | -                   | NC          | OPHTHALMIC AGENTS                                 |
| KLARITY-L DROPS  | -                   | NC          | OPHTHALMIC AGENTS                                 |
| KLARON LOTION  | -                   | NC          | DERMATOLOGICALS                                   |

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|---|---------------------|-------------|--|
| KLISYRI OINT  | -                   | NC          | DERMATOLOGICALS                                  |
| KLONOPIN TAB  | -                   | NC          | ANTICONVULSANTS                                  |
| KLOXXADO NASAL SPRAY  | -                   | 2           | ANTIDOTES AND SPECIFIC ANTAGONISTS               |
| KOMBIGLYZE XR TAB   | -                   | NC          | ANTIDIABETICS                                    |
| KONVOMEK SUSP   | -                   | NC          | ULCER<br>DRUGS/ANTISPASMODICS/ANTICHOLINEF<br>CS |
| KORLYM TAB (QL= 4 tabs/day; Only available through Korlym SPARK program 855-4Korlym (855-456-7596)) | LD-PA-QL            | SP          | ANTIDIABETICS                                    |
| KOSELUGO CAP  | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES      |
| KOSELUGO CAP 10MG   | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES      |
| K-PHOS NEUTRAL TAB  | -                   | NC          | MINERALS & ELECTROLYTES                          |
| K-PHOS TAB  | -                   | 2           | MINERALS & ELECTROLYTES                          |
| KRAZATI TAB (QL= 6 tabs/day; Only available through Biologics 800-850-4306)                         | LD-PA-QL-SF         | SP          | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES      |
| KRINTAFEL TAB   | -                   | 2           | ANTIMALARIALS                                    |
| KRISTALOSE PACK, LACTULOSE PACK   | -                   | NC          | LAXATIVES  |
| KRISTALOSE PACKET   | -                   | NC          | LAXATIVES  |
| K-TAB   | -                   | 1           | MINERALS & ELECTROLYTES                          |
| KUVAN POWDER PACK   | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS -<br>MISC.        |
| KUVAN TAB   | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS -<br>MISC.        |
| KYBELLA INJ   | -                   | NC          | DERMATOLOGICALS                                  |
| KYNAMRO INJ   | -                   | NC          | ANTIHYPERTENSIVES                                |
| KYNMOBI FILM  | -                   | NC          | ANTIPARKINSON AND RELATED THERAPY<br>AGENTS      |
| KYNMOBI TITRATION KIT   | -                   | NC          | ANTIPARKINSON AND RELATED THERAPY<br>AGENTS      |
| KYTRIL TAB  | -                   | NC          | ANTIEMETICS                                      |
| KYZATREX CAP, JATENZO CAP, TLANDO CAP   | -                   | NC          | ANDROGENS-ANABOLIC                               |
| L.E.T. GEL  | -                   | NC          | DERMATOLOGICALS                                  |
| labetalol tab (NORMODYNE equiv)   | -                   | 1           | BETA BLOCKERS                                    |
| LAC-HYDRIN CREAM  | -                   | NC          | DERMATOLOGICALS                                  |
| LAC-HYDRIN LOTION   | -                   | NC          | DERMATOLOGICALS                                  |
| lacosamide oral solution (VIMPAT equiv)   | -                   | 1           | ANTICONVULSANTS                                  |
| lacosamide tab (VIMPAT equiv)   | -                   | 1           | ANTICONVULSANTS                                  |
| LACRISERT OPHTH INSERT  | -                   | NC          | OPHTHALMIC AGENTS                                |
| LACTIC ACID LOTION  | -                   | 1           | DERMATOLOGICALS                                  |
| lactulose soln  | -                   | 1           | GASTROINTESTINAL AGENTS - MISC.                  |
| LAGEVRIO CAP (QL= 40 caps/fill)   | QL                  | 2           | ANTIVIRALS                                       |
| LAMICTAL CHEW TAB   | -                   | NC          | ANTICONVULSANTS                                  |
| LAMICTAL ODT  | -                   | NC          | ANTICONVULSANTS                                  |
| LAMICTAL ODT KIT  | -                   | NC          | ANTICONVULSANTS                                  |
| LAMICTAL ODT KIT, LAMICTAL XR KIT   | -                   | 3           | ANTICONVULSANTS                                  |
| LAMICTAL STARTER KIT  | -                   | NC          | ANTICONVULSANTS                                  |
| LAMICTAL TAB  | -                   | NC          | ANTICONVULSANTS                                  |
| LAMICTAL XR TAB   | -                   | NC          | ANTICONVULSANTS                                  |

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|---|---------------------|-------------|--|
| LAMISIL TAB   | -                   | NC          | 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)  | -                   | 1           | ANTIVIRALS                                       |
| lamotrigine chew tab (LAMICTAL equiv)   | -                   | 1           | ANTICONVULSANTS                                  |
| lamotrigine ER tab (LAMICTAL XR equiv)  | -                   | 3           | ANTICONVULSANTS                                  |
| lamotrigine ODT (LAMICTAL equiv)  | -                   | 3           | ANTICONVULSANTS                                  |
| lamotrigine ODT kit (LAMICTAL ODT KIT equiv)  | -                   | 3           | ANTICONVULSANTS                                  |
| lamotrigine tab (LAMICTAL equiv)  | -                   | 1           | ANTICONVULSANTS                                  |
| LAMPIT TAB  | PA                  | 2           | ANTI-INFECTIVE AGENTS - MISC.                    |
| LANCET DEVICE   | OTC                 | 1           | MEDICAL DEVICES AND SUPPLIES                     |
| LANCET KIT  | OTC                 | 1           | MEDICAL DEVICES AND SUPPLIES                     |
| LANCETS   | OTC                 | 1           | MEDICAL DEVICES AND SUPPLIES                     |
| LANOXIN TAB   | -                   | NC          | CARDIOTONICS                                     |
| lansoprazole cap (PREVACID equiv)   | OTC                 | 1           | ULCER DRUGS                                      |
| lansoprazole odt (PREVACID SOLUTAB equiv)   | -                   | NC          | ULCER<br>DRUGS/ANTISPASMODICS/ANTICHOLINEF<br>CS |
| LANSOPRAZOLE SUSP   | -                   | 3           | ULCER DRUGS                                      |
| lansoprazole/amoxicillin/clarithromycin kit (PREVPAC equiv)   | -                   | NC          | ULCER<br>DRUGS/ANTISPASMODICS/ANTICHOLINEF<br>CS |
| LANSOPRAZOLE/AMOXICILLIN/CLARITHROMYCIN KIT   | -                   | NC          | ULCER<br>DRUGS/ANTISPASMODICS/ANTICHOLINEF<br>CS |
| lanthanum carbonate chew tab (FOSRENOL equiv)   | -                   | 2           | GASTROINTESTINAL AGENTS - MISC.                  |
| LANTUS INJ  | -                   | 2           | ANTIDIABETICS                                    |
| LANTUS SOLOSTAR INJ   | -                   | 2           | ANTIDIABETICS                                    |
| lapatinib ditosylate tab (TYKERB equiv)   | PA-TMSP             | SP          | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES      |
| LASIX TAB   | -                   | NC          | DIURETICS  |
| LASTACFT OPHTH SOLN (QL= 3ml/30 days)   | QL                  | 3           | OPHTHALMIC AGENTS                                |
| latanoprost ophth soln (XALATAN equiv) (QL= 2.5ml/30 days)  | QL                  | 1           | OPHTHALMIC AGENTS                                |
| LATUDA TAB  | -                   | NC          | ANTIPTYCHOTICS/ANTIMANIC AGENTS                  |
| LAZANDA NASAL SPRAY (QL= 15 bottles/30 days)  | PA-QL               | 3           | ANALGESICS - OPIOID                              |
| LEDIPASVIR/SOFOSBUVIR TAB (QL= 1 tab/day)   | PA-QL-TMSP          | SP          | ANTIVIRALS                                       |
| leflunomide tab (ARAVA equiv)   | -                   | 1           | ANALGESICS - ANTI-INFLAMMATORY                   |
| lenalidomide cap (REVLIMID equiv) (QL= 1 cap/day; Restricted to Oncology or Hematology Specialist; Only available through Walgreens 888-347-3416) | LD-QL-RS            | SP          | MISCELLANEOUS THERAPEUTIC CLASSE                 |
| LENVIMA CAP (QL= 3 caps/day; Only available through Optum 877-445-6874)   | LD-PA-QL            | SP          | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES      |
| LESCOL CAP  | -                   | NC          | ANTIHYPERTENSIVES                                |
| LESCOL XL TAB   | -                   | NC          | ANTIHYPERTENSIVES                                |
| LETAIRIS TAB  | -                   | NC          | CARDIOVASCULAR AGENTS - MISC.                    |
| letrozole tab (FEMARA equiv)  | -                   | 1           | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES      |
| leucovorin tab  | -                   | 1           | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES      |
| LEUKERAN TAB  | -                   | 2           | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES      |

|     |  |     |  |      |                                     |
|-----|--|-----|--|------|-------------------------------------|
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|     | <b>NC/3P</b> = Not Covered, Third Party Reviewer |     |  |      |                                     |
| EXC | Plan Exclusion                                   | INF | Infertility  | LD   | Limited Distribution                |
| M   | Medical Benefit                                  | MSP | Mandatory Specialty Pharmacy Program                     | OTC  | Over-the-Counter                    |
| PA  | Prior Authorization                              | QL  | Quantity Limit   | RDX  | Restricted to Diagnosis             |
| 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   | TMSP | Available through Specialty Network |

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| <b>Drug Name</b>  | <b>Special Code</b> | <b>Tier</b> | <b>Category</b>                          |
|---|---------------------|-------------|--|
| LEUKINE INJ   | -                   | NC          | HEMATOPOIETIC AGENTS                     |
| leuprolide inj (LUPRON equiv)   | INF-TMSP            | SP          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LEVALBUTEROL INHALER, XOPENEX HFA INHALER (QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA) | QL-ST               | 3           | ANTIASTHMATIC AND BRONCHODILATOR AGENTS  |
| levalbuterol neb soln (XOPENEX equiv)   | -                   | 2           | ANTIASTHMATIC AND BRONCHODILATOR AGENTS  |
| LEVAQUIN TAB  | -                   | NC          | FLUOROQUINOLONES                         |
| LEVBID TAB  | -                   | NC          | 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   | -                   | EXC         | 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.   |
| 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 OPHTH SOLN   | -                   | NC          | OPHTHALMIC AGENTS                        |
| LEVOFLOXACIN OPHTH SOLN 0.5%  | -                   | 1           | OPHTHALMIC AGENTS                        |
| levofloxacin soln (LEVAQUIN equiv)  | -                   | 1           | FLUOROQUINOLONES                         |
| LEVOFLOXACIN SOLN 25MG/ML   | -                   | 1           | FLUOROQUINOLONES                         |
| levofloxacin tab (LEVAQUIN equiv)   | -                   | 1           | FLUOROQUINOLONES                         |
| levonorgestrel tab (PLAN B equiv)   | OTC                 | \$0         | CONTRACEPTIVES                           |
| levonorgestrel-ethinyl estradiol-fe tab (BALCOLTRA equiv)   | -                   | \$0         | CONTRACEPTIVES                           |
| LEVORPHANOL TAB   | -                   | NC          | ANALGESICS - OPIOID                      |
| levorphanol tab (LEVORPHANOL equiv)   | -                   | NC          | ANALGESICS - OPIOID                      |
| LEVOTHYROXINE INJ   | -                   | NC          | THYROID AGENTS                           |
| levothyroxine tab (SYNTHROID equiv)   | -                   | 1           | THYROID AGENTS                           |
| LEVSIN INJ  | -                   | NC          | ULCER DRUGS                              |
| LEVSIN SL TAB   | -                   | NC          | ULCER DRUGS                              |
| LEVSIN TAB  | -                   | NC          | ULCER DRUGS                              |
| LEXAPRO TAB   | -                   | NC          | ANTIDEPRESSANTS                          |
| LEXETTE FOAM  | -                   | NC          | DERMATOLOGICALS                          |
| LEXIVA SUSP   | -                   | SP          | ANTIVIRALS                               |
| LEXIVA TAB  | -                   | NC          | ANTIVIRALS                               |
| LIALDA TAB  | -                   | NC          | GASTROINTESTINAL AGENTS - MISC.          |
| LIBRAX CAP  | -                   | NC          | ULCER DRUGS                              |
| LICART PATCH  | -                   | NC          | DERMATOLOGICALS                          |
| LIDAMANTLE LOTION   | -                   | NC          | DERMATOLOGICALS                          |
| LIDO/MENTHOL SPRAY  | -                   | NC          | DERMATOLOGICALS                          |
| LIDO/RAC/TET GEL  | -                   | NC          | DERMATOLOGICALS                          |
| LIDOCAINE CREAM   | -                   | NC          | DERMATOLOGICALS                          |
| lidocaine cream 3% (LIDAMANTLE equiv)   | -                   | 1           | DERMATOLOGICALS                          |

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| EXC | Plan Exclusion                                   | INF | Infertility  | LD   | Limited Distribution                |
| M   | Medical Benefit                                  | MSP | Mandatory Specialty Pharmacy Program                     | OTC  | Over-the-Counter                    |
| PA  | Prior Authorization                              | QL  | Quantity Limit   | RDX  | Restricted to Diagnosis             |
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|---|---------------------|-------------|--|
| lidocaine cream 3.88% (LIDOTRAL equiv)  | -                   | NC          | DERMATOLOGICALS                                      |
| lidocaine gel (GLYDO equiv)   | -                   | 1           | DERMATOLOGICALS                                      |
| lidocaine gel (XYLOCAINE equiv)   | -                   | 1           | DERMATOLOGICALS                                      |
| LIDOCAINE GEL   | -                   | 2           | DERMATOLOGICALS                                      |
| lidocaine lotion (LIDAMANTLE equiv)   | -                   | NC          | DERMATOLOGICALS                                      |
| lidocaine oint (QL= 107gm/30 days)  | QL                  | 1           | DERMATOLOGICALS                                      |
| lidocaine oint/transparent dressing kit (LIDOPAC equiv)   | -                   | NC          | DERMATOLOGICALS                                      |
| LIDOCAINE ORAL SOLN 4%  | -                   | NC          | MOUTH/THROAT/DENTAL AGENTS                           |
| lidocaine patch (LIDODERM equiv) (QL= 3 patches/day)  | QL                  | 3           | DERMATOLOGICALS                                      |
| lidocaine patch 3.5% (GEN7T equiv)  | -                   | NC          | DERMATOLOGICALS                                      |
| lidocaine patch 5% (LIDODERM equiv) (QL= 3 patches/day)   | QL                  | 2           | DERMATOLOGICALS                                      |
| lidocaine soln (XYLOCAINE equiv)  | -                   | 1           | DERMATOLOGICALS                                      |
| LIDOCAINE SUPP  | -                   | NC          | ANORECTAL AND RELATED PRODUCTS                       |
| lidocaine viscous soln (LIDOCAINE HCL (MOUTH-THROAT) equiv)   | -                   | 1           | MOUTH/THROAT/DENTAL AGENTS                           |
| lidocaine/hydrocortisone cream (ANAMANTLE equiv)  | -                   | 2           | ANORECTAL AGENTS                                     |
| LIDOCAINE/HYDROCORTISONE RECTAL CREAM KIT   | -                   | NC          | ANORECTAL AGENTS                                     |
| lidocaine/prilocaine cream (EMLA equiv)   | -                   | 1           | DERMATOLOGICALS                                      |
| LIDOCAINE/TETRACAINE CREAM  | -                   | NC          | DERMATOLOGICALS                                      |
| LIDOCIN GEL   | -                   | NC          | DERMATOLOGICALS                                      |
| LIDODERM PATCH  | -                   | NC          | DERMATOLOGICALS                                      |
| LIDOLOG KIT   | -                   | NC          | CORTICOSTEROIDS                                      |
| LIDOSTREAM KIT  | -                   | NC          | DERMATOLOGICALS                                      |
| LIDOTIN PAK   | -                   | NC          | PSYCHOTHERAPEUTIC AND<br>NEUROLOGICAL AGENTS - MISC. |
| LIDOTRAL CREAM  | -                   | NC          | DERMATOLOGICALS                                      |
| LIDOTREX GEL  | -                   | NC          | DERMATOLOGICALS                                      |
| LIDOVEX CREAM   | -                   | NC          | DERMATOLOGICALS                                      |
| LIKMEZ SUSP   | -                   | NC          | ANTI-INFECTIVE AGENTS - MISC.                        |
| 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   | -                   | NC          | ANTIHYPERLIPIDEMICS                                  |
| LIQREV SUSP   | -                   | NC          | CARDIOVASCULAR AGENTS - MISC.                        |
| lisdexamfetamine dimesylate cap (VYVANSE equiv)   | -                   | 1           | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS    |
| lisinopril tab (PRINIVIL/ZESTRIL equiv)   | -                   | 1           | ANTIHYPERTENSIVES                                    |
| lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv)   | -                   | 1           | ANTIHYPERTENSIVES                                    |
| LITFULO CAP   | -                   | NC          | DERMATOLOGICALS                                      |
| 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                      |
| LITHOBID TAB  | -                   | NC          | ANTIPSYCHOTICS/ANTIMANIC AGENTS                      |
| LITHOSTAT TAB   | -                   | 3           | GENITOURINARY AGENTS -<br>MISCELLANEOUS              |
| LIVALO TAB (Step Therapy requires trial of atorvastatin, fluvastatin,<br>lovastatin, pravastatin, rosuvastatin, or simvastatin) | ST                  | 3           | ANTIHYPERLIPIDEMICS                                  |

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| EXC | Plan Exclusion                                   | INF | Infertility  | LD   | Limited Distribution                |
| M   | Medical Benefit                                  | MSP | Mandatory Specialty Pharmacy Program                     | OTC  | Over-the-Counter                    |
| PA  | Prior Authorization                              | QL  | Quantity Limit   | RDX  | Restricted to Diagnosis             |
| RS  | Restricted to Specialist                         | SF  | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation                   |
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|--|---------------------|-------------|---|
| LIVMARLI SOLN (QL= 90ml/30 days; Only available through Eversana 866-849-4481) | LD-PA-QL            | SP          | GASTROINTESTINAL AGENTS - MISC.               |
| LIVTENCITY TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL            | SP          | ANTIVIRALS                                    |
| L-METHYLFOLATE TAB   | -                   | EXC         | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS  |
| LMR PLUS KIT   | -                   | NC          | DERMATOLOGICALS                               |
| LO LOESTRIN TAB  | -                   | \$0         | CONTRACEPTIVES                                |
| LOCOID CREAM   | -                   | NC          | DERMATOLOGICALS                               |
| LOCOID LIPOCREAM   | -                   | NC          | DERMATOLOGICALS                               |
| LOCOID LOTION  | -                   | NC          | DERMATOLOGICALS                               |
| LOCOID OINT  | -                   | NC          | DERMATOLOGICALS                               |
| LOCOID SOLN  | -                   | NC          | DERMATOLOGICALS                               |
| LODOCO TAB   | -                   | NC          | CARDIOVASCULAR AGENTS - MISC.                 |
| LODOSYN TAB  | -                   | NC          | ANTIPARKINSON AGENTS                          |
| lohist liquid (DECON-A equiv)  | OTC                 | NC          | COUGH/COLD/ALLERGY                            |
| LOKELMA PAK  | PA                  | 2           | MISCELLANEOUS THERAPEUTIC CLASSES             |
| LOMAIRA TAB  | -                   | EXC         | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| LOMOTIL TAB  | -                   | NC          | ANTIIDIARRHEALS                               |
| LONHALA MAGNAIR SOLN   | -                   | 2           | ANTIASTHMATIC AND BRONCHODILATOR AGENTS       |
| LONSURF TAB  | MSP-PA              | SP          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES      |
| loperamide cap   | -                   | NC          | ANTIIDIARRHEALS                               |
| loperamide hcl soln (LOPERAMIDE equiv)   | OTC                 | NC          | ANTIIDIARRHEAL/PROBIOTIC AGENTS               |
| LOPID TAB  | -                   | NC          | ANTIHYPERTENSIVES                             |
| lopinavir/ritonavir soln (KALETRA equiv)                                       | -                   | SP          | ANTIVIRALS                                    |
| lopinavir/ritonavir tab (KALETRA equiv)  | -                   | 1           | ANTIVIRALS                                    |
| LOPRESSOR HCT TAB  | -                   | NC          | ANTIHYPERTENSIVES                             |
| LOPRESSOR TAB  | -                   | NC          | BETA BLOCKERS                                 |
| LOPROX CREAM   | -                   | NC          | DERMATOLOGICALS                               |
| LOPROX SHAMPOO   | -                   | NC          | DERMATOLOGICALS                               |
| loratadine cap (CLARITIN equiv)  | OTC                 | EXC         | ANTIHISTAMINES                                |
| lorazepam conc (ATIVAN equiv)  | -                   | 1           | ANTIAXIETY AGENTS                             |
| lorazepam tab (ATIVAN equiv)   | -                   | 1           | ANTIAXIETY 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      |
| LOREEV XR CAP  | -                   | NC          | ANTIAXIETY AGENTS                             |
| LORTAB   | -                   | NC          | 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                             |
| LOTEMAX SM GEL 0.38%   | -                   | NC          | OPHTHALMIC AGENTS                             |

|            |   |            |  |             |                                     |
|------------|---|------------|--|-------------|-------------------------------------|
| <b>EXC</b> | <b>NC</b> = Not Covered<br><b>NC/3P</b> = Not Covered, Third Party Reviewer<br>Plan Exclusion | <b>INF</b> | Infertility  | <b>LD</b>   | Limited Distribution                |
| <b>M</b>   | Medical Benefit   | <b>MSP</b> | Mandatory Specialty Pharmacy Program                     | <b>OTC</b>  | Over-the-Counter                    |
| <b>PA</b>  | Prior Authorization   | <b>QL</b>  | Quantity Limit   | <b>RDX</b>  | Restricted to Diagnosis             |
| <b>RS</b>  | Restricted to Specialist  | <b>SF</b>  | Limited to two 15 day fills per month for first 3 months | <b>SMKG</b> | Smoking Cessation                   |
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|--|---------------------|-------------|---|
| LOTENSIN HCT TAB   | -                   | NC          | ANTIHYPERTENSIVES                                 |
| LOTENSIN TAB   | -                   | NC          | ANTIHYPERTENSIVES                                 |
| loteprednol etabonate ophth gel (LOTEMAX equiv)  | -                   | 2           | OPHTHALMIC AGENTS                                 |
| loteprednol ophth susp (LOTEMAX equiv)   | -                   | 2           | OPHTHALMIC AGENTS                                 |
| LOTREL CAP   | -                   | NC          | ANTIHYPERTENSIVES                                 |
| LOTRIMIN AF CREAM  | -                   | NC          | DERMATOLOGICALS                                   |
| LOTRISONE CREAM  | -                   | NC          | DERMATOLOGICALS                                   |
| LOTRONEX TAB   | -                   | NC          | GASTROINTESTINAL AGENTS - MISC.                   |
| lovastatin tab (MEVACOR equiv)   | -                   | \$0         | ANTIHYPERLIPIDEMICS                               |
| LOVAZA CAP   | -                   | NC          | ANTIHYPERLIPIDEMICS                               |
| LOVENOX INJ  | -                   | NC          | ANTICOAGULANTS                                    |
| loxapine cap (LOXITANE equiv)  | -                   | 1           | ANTIpsychOTICS/ANTIMANIC AGENTS                   |
| lubiprostone cap (AMITIZA equiv) (QL= 2 caps/day)  | PA-QL               | 2           | GASTROINTESTINAL AGENTS - MISC.                   |
| LUCEMYRA TAB (QL= 96 tabs/7 days)  | PA-QL               | 3           | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| LULICONAZOLE CREAM, LUZU CREAM   | -                   | NC          | DERMATOLOGICALS                                   |
| LUMAKRAS TAB   | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| LUMAKRAS TAB 320MG   | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| LUMIGAN OPHTH SOLN (QL= 2.5ml/30 days)   | QL                  | 2           | OPHTHALMIC AGENTS                                 |
| LUMRYZ PACK (QL= 1 pack/day; Only available through Accredo 800-803-2523)                                      | LD-PA-QL            | SP          | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| LUNESTA TAB  | -                   | NC          | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS         |
| LUPANETA PACK  | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.            |
| LUPKYNIS CAP (QL= 6 caps/day; Only available through Biologics 800-850-4306 or PantheRx Pharmacy 855-726-8479) | LD-PA-QL            | SP          | MISCELLANEOUS THERAPEUTIC CLASSES                 |
| LUPRON DEPOT INJ   | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| LUPRON DEPOT INJ   | --TMSP              | SP          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| LUPRON DEPOT PED INJ   | TMSP                | SP          | ENDOCRINE AND METABOLIC AGENTS - MISC.            |
| LUPRON DEPOT-PED INJ   | TMSP                | SP          | ENDOCRINE AND METABOLIC AGENTS - MISC.            |
| lurasidone hcl tab (LATUDA equiv)  | -                   | 1           | ANTIpsychOTICS/ANTIMANIC AGENTS                   |
| LUVIRA CAP   | -                   | EXC         | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS      |
| LUXIQ FOAM   | -                   | NC          | DERMATOLOGICALS                                   |
| LYBALVI TAB  | -                   | NC          | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| LYNPARZA TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306)                                   | LD-PA-QL-SF         | SP          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| LYRICA CAP   | -                   | NC          | ANTICONVULSANTS                                   |
| LYRICA CAP 225MG   | -                   | NC          | ANTICONVULSANTS                                   |
| LYRICA CAP 300MG   | -                   | NC          | ANTICONVULSANTS                                   |
| LYRICA CR TAB  | -                   | NC          | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| LYRICA SOLN  | -                   | NC          | ANTICONVULSANTS                                   |

|  |   |  |
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| M Medical Benefit                                | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter                     |
| PA Prior Authorization                           | QL Quantity Limit   | RDX Restricted to Diagnosis              |
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|--|---------------------|-------------|---|
| LYSODREN TAB (Only available through Walgreens 888-347-3416)                       | LD                  | SP          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| LYSTEDA TAB  | -                   | NC          | HEMOSTATICS                                       |
| LYTGOBI THERAPY PACK (QL= 5 tabs/day; Only available through Onco360 877-662-6633) | LD-PA-QL-SF         | SP          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| LYUMJEV INJ  | -                   | 2           | ANTIDIABETICS                                     |
| LYUMJEV KWIKPEN INJ  | -                   | 2           | ANTIDIABETICS                                     |
| LYUMJEV TEMPO PEN INJ  | -                   | NC          | ANTIDIABETICS                                     |
| LYVISPAH GRANULE PACKET (Members age 9 or older require Prior Authorization)       | PA                  | 3           | MUSCULOSKELETAL THERAPY AGENTS                    |
| MACRILEN PACK  | -                   | NC          | DIAGNOSTIC PRODUCTS                               |
| MACROBID CAP   | -                   | NC          | ANTI-INFECTIVE AGENTS - MISC.                     |
| MACRODANTIN CAP  | -                   | NC          | ANTI-INFECTIVE AGENTS - MISC.                     |
| magnesium sulfate inj  | -                   | NC          | MINERALS & ELECTROLYTES                           |
| MAKENA INJ   | -                   | NC          | PROGESTINS  |
| MALARONE TAB   | -                   | NC          | ANTIMALARIALS                                     |
| malathion lotion (OVIDE equiv) (QL= 2 bottles/fill)                                | QL                  | 3           | DERMATOLOGICALS                                   |
| MALE CONDOMS (QL= 12 condoms/fill)   | OTC-QL              | \$0         | MEDICAL DEVICES AND SUPPLIES                      |
| mannitol soln (OSMITROL equiv)   | -                   | NC          | DIURETICS   |
| MAPROTILINE TAB  | -                   | 1           | ANTIDEPRESSANTS                                   |
| maraviroc tab (SELZENTRY equiv)  | -                   | 1           | ANTIVIRALS  |
| MARINOL CAP  | -                   | NC          | ANTIEMETICS                                       |
| MARPLAN TAB  | -                   | 2           | ANTIDEPRESSANTS                                   |
| MATULANE CAP   | -                   | 2           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| MAVENCLAD PAK (Only available through Walgreens 888-347-3416)                      | LD                  | SP          | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| MAVIK TAB  | -                   | NC          | ANTIHYPERTENSIVES                                 |
| MAVYRET PAK (QL= 5 packs/day)  | PA-QL-TMSP          | SP          | ANTIVIRALS  |
| MAVYRET TAB (QL= 3 tabs/day)   | PA-QL-TMSP          | SP          | ANTIVIRALS  |
| MAXALT MLT TAB   | -                   | NC          | MIGRAINE PRODUCTS                                 |
| MAXALT TAB   | -                   | NC          | MIGRAINE PRODUCTS                                 |
| MAXIDEX OPHTH SOLN   | -                   | 2           | OPHTHALMIC AGENTS                                 |
| MAXITROL OPHTH OINT  | -                   | NC          | OPHTHALMIC AGENTS                                 |
| MAXITROL OPHTH SUSP  | -                   | NC          | OPHTHALMIC AGENTS                                 |
| MAXZIDE TAB  | -                   | NC          | DIURETICS   |
| MAYZENT TAB  | TMSP                | SP          | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| MAYZENT TAB STARTER PACK   | TMSP                | SP          | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| mebendazole chew tab   | -                   | 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   | -                   | NC          | CORTICOSTEROIDS                                   |
| MEDROL TAB   | -                   | 2           | CORTICOSTEROIDS                                   |
| MEDROL TAB   | -                   | NC          | CORTICOSTEROIDS                                   |
| medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/90 days)                   | QL                  | \$0         | CONTRACEPTIVES                                    |
| medroxyprogesterone tab (PROVERA equiv)  | -                   | 1           | PROGESTINS  |

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| EXC | <b>NC/3P</b> = Not Covered, Third Party Reviewer Plan Exclusion | INF | Infertility  | LD   | Limited Distribution                |
| M   | Medical Benefit   | MSP | Mandatory Specialty Pharmacy Program                     | OTC  | Over-the-Counter                    |
| PA  | Prior Authorization   | QL  | Quantity Limit   | RDX  | Restricted to Diagnosis             |
| 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   | TMSP | Available through Specialty Network |

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|---------------------------------------|---------------------|-------------|---|
| mefenamic acid cap (PONSTEL equiv)    | -                   | 2           | ANALGESICS - ANTI-INFLAMMATORY                    |
| mefloquine tab (LARIAM equiv)         | -                   | 2           | ANTIMALARIALS                                     |
| MEGACE ES SUSP                        | -                   | NC          | PROGESTINS  |
| 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 SOLN                         | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| MEKINIST TAB 0.5MG (QL= 3 tabs/day)   | PA-QL-TMSP          | SP          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| MEKINIST TAB 2MG (QL= 1 tab/day)      | PA-QL-TMSP          | SP          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| MEKTOVI TAB (QL= 6 tabs/day)          | MSP-PA-QL           | SP          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| meloxicam cap (VIVLODEX equiv)        | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                    |
| MELOXICAM COMFORT KIT                 | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                    |
| MELOXICAM SUSP                        | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                    |
| meloxicam tab (MOBIC equiv)           | -                   | 1           | ANALGESICS - ANTI-INFLAMMATORY                    |
| melphalan inj (ALKERAN equiv)         | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| MELPHALAN TAB                         | -                   | 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   |
| MENOPUR INJ                           | INF                 | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.            |
| MENOSTAR PATCH                        | -                   | NC          | ESTROGENS   |
| MENQUADFI INJ                         | VAC                 | \$0         | VACCINES  |
| MENTAX CREAM                          | -                   | 3           | DERMATOLOGICALS                                   |
| MENTHOREAL10 THERAPY PACK             | -                   | NC          | DERMATOLOGICALS                                   |
| MENVEO INJ                            | VAC                 | \$0         | VACCINES  |
| MEPERIDINE TAB                        | -                   | NC          | ANALGESICS - OPIOID                               |
| meperidine tab (DEMEROL equiv)        | -                   | NC          | ANALGESICS - OPIOID                               |
| MEPHYTON TAB                          | -                   | NC          | VITAMINS  |
| meprobamate tab (MILTOWN equiv)       | -                   | 3           | ANTI-ANXIETY AGENTS                               |
| MEPRON SUSP                           | -                   | NC          | ANTI-INFECTIVE AGENTS - MISC.                     |
| mercaptopurine tab (PURINETHOL equiv) | -                   | 2           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| meropenem inj (MERREM equiv)          | -                   | 3           | ANTI-INFECTIVE AGENTS - MISC.                     |
| mesalamine DR cap (DELZICOL equiv)    | -                   | 2           | GASTROINTESTINAL AGENTS - MISC.                   |
| mesalamine DR tab (LIALDA equiv)      | -                   | 2           | GASTROINTESTINAL AGENTS - MISC.                   |
| mesalamine enema (ROWASA equiv)       | -                   | 2           | GASTROINTESTINAL AGENTS - MISC.                   |
| mesalamine ER cap (APRISO equiv)      | -                   | 2           | GASTROINTESTINAL AGENTS - MISC.                   |

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| M   | Medical Benefit  | MSP | Mandatory Specialty Pharmacy Program                     | OTC  | Over-the-Counter                    |
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|--|---------------------|-------------|---|
| mesalamine ER cap (PENTASA CR equiv)                                       | -                   | NC          | GASTROINTESTINAL AGENTS - MISC.               |
| mesalamine supp (CANASA equiv)   | -                   | 2           | GASTROINTESTINAL AGENTS - MISC.               |
| mesalamine tab (ASACOL equiv)  | -                   | 3           | GASTROINTESTINAL AGENTS - MISC.               |
| MESALAMINE TAB DR  | -                   | 3           | GASTROINTESTINAL AGENTS - MISC.               |
| MESNEX TAB   | TMSP                | SP          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES      |
| MESTINON TAB   | -                   | NC          | ANTIMYASTHENIC/CHOLINERGIC AGENTS             |
| MESTINON TIMESPAN TAB  | -                   | NC          | ANTIMYASTHENIC/CHOLINERGIC AGENTS             |
| METANX CAP   | -                   | EXC         | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS  |
| METAPROTERENOL SYRUP   | -                   | 1           | ANTIASTHMATIC AND BRONCHODILATOR AGENTS       |
| METAPROTERENOL TAB   | -                   | 3           | ANTIASTHMATIC AND BRONCHODILATOR AGENTS       |
| metaxalone tab (SKELAXIN equiv)  | -                   | 3           | MUSCULOSKELETAL THERAPY AGENTS                |
| METAXALONE TAB 400MG   | -                   | 3           | MUSCULOSKELETAL THERAPY AGENTS                |
| METDRAY GEL  | -                   | NC          | DERMATOLOGICALS                               |
| metformin ER osmotic tab (FORTAMET equiv)                                  | -                   | NC          | ANTIDIABETICS                                 |
| metformin ER tab (GLUCOPHAGE XR equiv)                                     | -                   | 1           | ANTIDIABETICS                                 |
| metformin soln (RIOMET equiv)  | -                   | 3           | ANTIDIABETICS                                 |
| metformin tab (GLUCOPHAGE equiv)   | -                   | 1           | ANTIDIABETICS                                 |
| METFORMIN TAB  | -                   | NC          | ANTIDIABETICS                                 |
| methadone soln   | -                   | 1           | ANALGESICS - OPIOID                           |
| methadone tab (DOLOPHINE equiv)  | -                   | 1           | ANALGESICS - OPIOID                           |
| METHADOSE CONC   | -                   | NC          | ANALGESICS - OPIOID                           |
| methadose tab  | -                   | 1           | ANALGESICS - OPIOID                           |
| methamphetamine tab (DESOXYN equiv)  | -                   | 1           | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| methazolamide tab (NEPTAZANE equiv)  | -                   | 2           | DIURETICS                                     |
| methenamine hippurate tab (HIPREX equiv)                                   | -                   | 2           | ANTI-INFECTIVE AGENTS - MISC.                 |
| methenamine mandelate tab  | -                   | 1           | ANTI-INFECTIVE AGENTS - MISC.                 |
| methimazole tab (TAPAZOLE equiv)   | -                   | 1           | THYROID AGENTS                                |
| METHITEST TAB  | PA                  | 3           | ANDROGENS-ANABOLIC                            |
| methocarbamol tab (ROBAXIN equiv)  | -                   | 1           | MUSCULOSKELETAL THERAPY AGENTS                |
| METHOCARBAMOL TAB  | -                   | NC          | MUSCULOSKELETAL THERAPY AGENTS                |
| METHOTREXATE INJ   | -                   | 1           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES      |
| methotrexate tab (TREXALL equiv)   | -                   | 1           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES      |
| METHOXSALEN CAP  | -                   | 2           | DERMATOLOGICALS                               |
| methoxsalen cap (OXSORALEN ULTRA equiv)                                    | -                   | 2           | DERMATOLOGICALS                               |
| methscopolamine tab (PAMINE equiv)   | -                   | 3           | ULCER DRUGS                                   |
| methsuximide cap (CELONTIN equiv)  | -                   | 2           | ANTICONVULSANTS                               |
| METHYLDOPA TAB   | -                   | 1           | ANTIHYPERTENSIVES                             |
| methyldopa tab (ALDOMET equiv)   | -                   | 1           | ANTIHYPERTENSIVES                             |
| METHYLDOPA/HYDROCHLOROTHIAZIDE TAB   | -                   | 1           | ANTIHYPERTENSIVES                             |
| methylegonovine tab (METHERGINE equiv) (QL= 28 tabs/fill, 1 fill/365 days) | QL                  | 2           | OXYTOCICS                                     |
| METHYLIN SOLN  | -                   | 2           | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |

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|--|---------------------|-------------|---|
| methylphenidate CD cap (METADATE CD equiv)               | -                   | 2           | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| methylphenidate chew tab (METHYLIN equiv)                | -                   | 3           | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| methylphenidate ER cap (RITALIN LA equiv)                | -                   | 2           | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| methylphenidate ER cap (APTENSIO XR equiv)               | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| METHYLPHENIDATE ER TAB                                   | -                   | 2           | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| methylphenidate ER tab (CONCERTA equiv)                  | -                   | 2           | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| methylphenidate ER tab 10mg, 20mg (RITALIN equiv)        | -                   | 1           | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| METHYLPHENIDATE ER TAB 45MG, RELEXXI TAB 45MG            | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| METHYLPHENIDATE ER TAB 63MG, RELEXXI TAB 63MG            | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| METHYLPHENIDATE ER TAB 72MG                              | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| methylphenidate soln (METHYLIN equiv)                    | -                   | 2           | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| methylphenidate tab (RITALIN equiv)                      | -                   | 1           | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| methylphenidate td patch (DAYTRANA equiv)                | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| methylprednisolone acetate inj (DEPO-MEDROL equiv)       | -                   | 1           | CORTICOSTEROIDS                                   |
| methylprednisolone dose pack (MEDROL equiv)              | -                   | 1           | CORTICOSTEROIDS                                   |
| methylprednisolone tab (MEDROL equiv)                    | -                   | 1           | CORTICOSTEROIDS                                   |
| methylprenisolone sod succinate inj (SOLU-MEDROL equiv)  | -                   | 1           | CORTICOSTEROIDS                                   |
| methyltestosterone cap                                   | PA                  | 3           | ANDROGENS-ANABOLIC                                |
| METIPRANOLOL OPTH SOLN                                   | -                   | 2           | OPHTHALMIC AGENTS                                 |
| metoclopramide soln (REGLAN equiv)                       | -                   | 1           | GASTROINTESTINAL AGENTS - MISC.                   |
| metoclopramide tab (REGLAN equiv)                        | -                   | 1           | GASTROINTESTINAL AGENTS - MISC.                   |
| metolazone tab (ZAROXOLYN equiv)                         | -                   | 1           | DIURETICS   |
| metoprolol ER tab (TOPROL XL equiv)                      | -                   | 1           | BETA BLOCKERS                                     |
| metoprolol tab (LOPRESSOR equiv)                         | -                   | 1           | BETA BLOCKERS                                     |
| metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv) | -                   | 2           | ANTIHYPERTENSIVES                                 |
| METOZOLV ODT   | -                   | NC          | GASTROINTESTINAL AGENTS - MISC.                   |
| METROCREAM   | -                   | NC          | DERMATOLOGICALS                                   |
| METROGEL 1%  | -                   | NC          | DERMATOLOGICALS                                   |
| METROGEL VAGINAL GEL                                     | -                   | NC          | VAGINAL PRODUCTS                                  |
| METROLOTION  | -                   | NC          | DERMATOLOGICALS                                   |
| metronidazole cap (FLAGYL equiv)                         | -                   | NC          | ANTI-INFECTIVE AGENTS - MISC.                     |
| metronidazole cream (METROCREAM equiv)                   | -                   | 1           | DERMATOLOGICALS                                   |
| metronidazole gel (METROGEL equiv)                       | -                   | 2           | DERMATOLOGICALS                                   |
| metronidazole gel 0.75% (METROGEL equiv)                 | -                   | 1           | DERMATOLOGICALS                                   |
| metronidazole lotion (METROLOTION equiv)                 | -                   | 2           | DERMATOLOGICALS                                   |
| metronidazole tab (FLAGYL equiv)                         | -                   | 1           | ANTI-INFECTIVE AGENTS - MISC.                     |
| metronidazole vaginal gel (METROGEL equiv)               | -                   | 1           | VAGINAL PRODUCTS                                  |
| metyrosine cap (DEMSEER equiv)                           | -                   | NC          | ANTIHYPERTENSIVES                                 |

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|---|---------------------|-------------|---|
| mexiletine hcl cap  | -                   | 2           | ANTIARRHYTHMICS                           |
| MEXPAROX HC CREAM   | -                   | NC          | DERMATOLOGICALS                           |
| MIACALCIN INJ   | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.    |
| MIACALCIN NASAL SPRAY   | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.    |
| micafungin inj (MYCAMINE equiv)   | M                   | M           | ANTIFUNGALS                               |
| MICARDIS HCT TAB  | -                   | NC          | ANTIHYPERTENSIVES                         |
| MICARDIS TAB  | -                   | NC          | ANTIHYPERTENSIVES                         |
| MICLARA LIQUID  | -                   | NC          | ANTIHISTAMINES                            |
| MICONAZOLE 3 SUPP 200MG   | -                   | 3           | VAGINAL PRODUCTS                          |
| MICORT-HC CREAM   | -                   | NC          | DERMATOLOGICALS                           |
| MICROVIX LP PAK   | -                   | NC          | DERMATOLOGICALS                           |
| MICROZIDE CAP   | -                   | NC          | DIURETICS                                 |
| midazolam inj (MIDAZOLAM equiv) (Restricted to Neurology Specialist)        | RS                  | 1           | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS |
| midodrine tab (PROAMATINE equiv)  | -                   | 1           | VASOPRESSORS                              |
| MIEBO OPTH SOLN   | -                   | NC          | OPHTHALMIC AGENTS                         |
| mifepristone tab (MIFIPREX equiv)   | -                   | 1           | ENDOCRINE AND METABOLIC AGENTS - MISC.    |
| MIFIPREX TAB  | -                   | 3           | ENDOCRINE AND METABOLIC AGENTS - MISC.    |
| MIGERGOT SUPP   | -                   | NC          | MIGRAINE PRODUCTS                         |
| MIGLITOL TAB  | -                   | 3           | ANTIDIABETICS                             |
| miglitol tab (MIGLITOL equiv)   | -                   | 3           | ANTIDIABETICS                             |
| miglustat cap (ZAVESCA equiv) (Only available through Accredo 800-803-2523) | LD-PA               | SP          | HEMATOPOIETIC AGENTS                      |
| MIGRANAL SPRAY  | -                   | NC          | MIGRAINE PRODUCTS                         |
| MILLIPRED DP PAK  | -                   | NC          | CORTICOSTEROIDS                           |
| MILLIPRED TAB   | -                   | NC          | CORTICOSTEROIDS                           |
| MINASTRIN CHEW TAB  | -                   | NC          | CONTRACEPTIVES                            |
| MINIPRESS CAP   | -                   | NC          | ANTIHYPERTENSIVES                         |
| MINOCIN CAP   | -                   | NC          | 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                             |
| MINOLIRA TAB  | -                   | NC          | TETRACYCLINES                             |
| minoxidil tab (LONITEN equiv)   | -                   | 1           | ANTIHYPERTENSIVES                         |
| MIRALAX   | OTC                 | NC          | LAXATIVES                                 |
| MIRALAX PACKET  | OTC                 | NC          | LAXATIVES                                 |
| MIRAPEX ER TAB  | -                   | NC          | ANTIPARKINSON AGENTS                      |
| MIRAPEX TAB   | -                   | NC          | ANTIPARKINSON AGENTS                      |
| MIRCERA INJ   | -                   | NC          | HEMATOPOIETIC AGENTS                      |
| MIRCETTE TAB  | -                   | NC          | CONTRACEPTIVES                            |
| MIRENA IUD  | -                   | \$0         | CONTRACEPTIVES                            |
| mirtazapine ODT (REMERON equiv)   | -                   | 1           | ANTIDEPRESSANTS                           |
| mirtazapine tab (REMERON equiv)   | -                   | 1           | ANTIDEPRESSANTS                           |
| MIRVASO GEL   | -                   | EXC         | DERMATOLOGICALS                           |
| misoprostol tab (CYTOTEC equiv)   | -                   | 1           | ULCER DRUGS                               |

|            |   |            |  |             |                                     |
|------------|---|------------|--|-------------|-------------------------------------|
| <b>EXC</b> | <b>NC</b> = Not Covered<br><b>NC/3P</b> = Not Covered, Third Party Reviewer<br>Plan Exclusion | <b>INF</b> | Infertility  | <b>LD</b>   | Limited Distribution                |
| <b>M</b>   | Medical Benefit   | <b>MSP</b> | Mandatory Specialty Pharmacy Program                     | <b>OTC</b>  | Over-the-Counter                    |
| <b>PA</b>  | Prior Authorization   | <b>QL</b>  | Quantity Limit   | <b>RDX</b>  | Restricted to Diagnosis             |
| <b>RS</b>  | Restricted to Specialist  | <b>SF</b>  | Limited to two 15 day fills per month for first 3 months | <b>SMKG</b> | Smoking Cessation                   |
| <b>SP</b>  | Available through Specialty Pharmacy Program  | <b>ST</b>  | Step Therapy   | <b>TMSP</b> | Available through Specialty Network |

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| <b>Drug Name</b>   | <b>Special Code</b> | <b>Tier</b> | <b>Category</b>                                   |
|--|---------------------|-------------|---|
| MITIGARE CAP, COLCHICINE CAP   | -                   | NC          | GOUT AGENTS                                       |
| M-M-R II INJ   | VAC                 | \$0         | VACCINES  |
| MOBIC TAB  | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                    |
| modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day)                                | QL                  | 1           | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| 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                                   |
| MONODOX CAP  | -                   | NC          | TETRACYCLINES                                     |
| montelukast chew tab (SINGULAIR equiv)   | -                   | 1           | ASTHMA AND BRONCHODILATOR<br>AGENTS               |
| montelukast granule pack (SINGULAIR equiv)                                     | -                   | 2           | ASTHMA AND BRONCHODILATOR<br>AGENTS               |
| montelukast tab (SINGULAIR equiv)  | -                   | 1           | ASTHMA AND BRONCHODILATOR<br>AGENTS               |
| MONUROL GRANULE PACK   | -                   | NC          | ANTI-INFECTIVE AGENTS - MISC.                     |
| MORPHABOND TAB   | -                   | NC          | ANALGESICS - OPIOID                               |
| MORPHINE SULFATE ER CAP  | -                   | NC          | ANALGESICS - OPIOID                               |
| morphine sulfate ER cap (KADIAN equiv)   | -                   | NC          | ANALGESICS - OPIOID                               |
| morphine sulfate ER tab (MS CONTIN equiv)                                      | -                   | 1           | ANALGESICS - OPIOID                               |
| morphine sulfate soln  | -                   | 1           | ANALGESICS - OPIOID                               |
| MORPHINE SULFATE SUPP  | -                   | 2           | ANALGESICS - OPIOID                               |
| MORPHINE SULFATE TAB   | -                   | 1           | ANALGESICS - OPIOID                               |
| MOTEGRITY TAB  | PA                  | 3           | GASTROINTESTINAL AGENTS - MISC.                   |
| MOTOFEN TAB  | -                   | 3           | ANTIDIARRHEALS                                    |
| MOTPOLY XR CAP   | -                   | NC          | ANTICONVULSANTS                                   |
| MOTRIN SUSP  | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                    |
| MOUNJARO INJ (QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX              | 2           | ANTIDIABETICS                                     |
| MOVANTI TAB  | PA                  | 2           | GASTROINTESTINAL AGENTS - MISC.                   |
| MOVIPREP SOLN  | -                   | NC          | LAXATIVES   |
| MOXATAG TAB  | -                   | NC          | PENICILLINS                                       |
| MOXATAG TAB 775MG  | -                   | NC          | PENICILLINS                                       |
| MOXEZA OPHTH SOLN, MOXIFLOXACIN OPHTH SOLN, VIGAMOX OPHTH SOLN                 | -                   | 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  | -                   | NC          | HEMATOPOIETIC AGENTS                              |
| MPM PAK  | -                   | NC          | OXYTOCICS   |
| MS CONTIN TAB  | -                   | NC          | ANALGESICS - OPIOID                               |
| MUCINEX LIQUID   | -                   | NC          | COUGH/COLD/ALLERGY                                |
| MUCINEX TAB  | -                   | NC          | COUGH/COLD/ALLERGY                                |
| MULPLETA TAB   | -                   | NC          | HEMATOPOIETIC AGENTS                              |

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| EXC Plan Exclusion                               | INF Infertility   | LD Limited Distribution                  |
| M Medical Benefit                                | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter                     |
| PA Prior Authorization                           | QL Quantity Limit   | RDX Restricted to Diagnosis              |
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|--|---------------------|-------------|---|
| MULTAQ TAB                                       | -                   | 2           | ANTIARRHYTHMICS                               |
| MULTIGEN FOLIC TAB                               | -                   | 1           | HEMATOPOIETIC AGENTS                          |
| MULTIGEN PLUS TAB                                | -                   | 1           | HEMATOPOIETIC AGENTS                          |
| MULTIGEN TAB                                     | -                   | 1           | HEMATOPOIETIC AGENTS                          |
| MULTI-MAC TAB                                    | -                   | NC          | MULTIVITAMINS                                 |
| multivitamin tab                                 | -                   | 3           | HEMATOPOIETIC AGENTS                          |
| MULTIVITAMIN TAB                                 | -                   | NC          | HEMATOPOIETIC AGENTS                          |
| MULTIVITAMIN/FLOURIDE CHEW 0.25MG                | -                   | 1           | MULTIVITAMINS                                 |
| MULTIVITAMIN/FLOURIDE CHEW 1MG                   | -                   | 1           | MULTIVITAMINS                                 |
| MULTIVITAMIN/FLUORIDE CHEW TAB                   | -                   | 1           | MULTIVITAMINS                                 |
| multivitamin/minerals tab (STROVITE equiv)       | -                   | 1           | MULTIVITAMINS                                 |
| mupirocin cream (BACTROBAN equiv)                | -                   | NC          | DERMATOLOGICALS                               |
| mupirocin oint (BACTROBAN OINT equiv)            | -                   | 1           | DERMATOLOGICALS                               |
| MYALEPT INJ                                      | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.        |
| MYAMBUTOL TAB                                    | -                   | NC          | ANTIMYCOBACTERIAL AGENTS                      |
| MYCAMINE INJ                                     | M                   | M           | ANTIFUNGALS                                   |
| MYCAPSSA CAP                                     | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.        |
| MYCOBUTIN CAP                                    | -                   | NC          | 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                              |
| MYDAYIS CAP 12.5MG                               | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| MYDAYIS CAP 25MG                                 | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| MYDAYIS CAP 37.5MG                               | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| MYDAYIS CAP 50MG                                 | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| MYDRIACYL OPHTH SOLN                             | -                   | NC          | OPHTHALMIC AGENTS                             |
| MYFEMBREE TAB                                    | -                   | NC          | ESTROGENS                                     |
| MYFORTIC TAB                                     | -                   | NC          | ASSORTED CLASSES                              |
| MYLERAN TAB                                      | TMSP                | SP          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES      |
| MYNATAL-Z TAB                                    | -                   | 3           | MULTIVITAMINS                                 |
| MYRBETRIQ SUSP                                   | -                   | NC          | URINARY ANTISPASMODICS                        |
| MYRBETRIQ TAB                                    | -                   | 2           | URINARY ANTISPASMODICS                        |
| MYSOLINE TAB                                     | -                   | NC          | ANTICONSULSANTS                               |
| MYTESI TAB                                       | -                   | NC          | ANTIDIARRHEALS                                |
| gabapentin tab (RELAFEN equiv)                   | -                   | 1           | ANALGESICS - ANTI-INFLAMMATORY                |
| nadolol tab (CORGARD equiv)                      | -                   | 2           | BETA BLOCKERS                                 |
| NAFLON CAP                                       | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                |
| naftifine cream (NAFTIN equiv)                   | -                   | 3           | DERMATOLOGICALS                               |
| NAFTIFINE CREAM                                  | -                   | NC          | DERMATOLOGICALS                               |
| naftifine gel (NAFTIN equiv)                     | -                   | 3           | DERMATOLOGICALS                               |
| naftifine hcl gel 2% (NAFTIN equiv)              | -                   | NC          | DERMATOLOGICALS                               |
| NAFTIN CREAM                                     | -                   | NC          | DERMATOLOGICALS                               |

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|---|---------------------|-------------|---|
| NAFTIN GEL  | -                   | NC          | DERMATOLOGICALS                                   |
| NAFTIN GEL 2%   | -                   | NC          | DERMATOLOGICALS                                   |
| nalbuphine inj  | M                   | M           | ANALGESICS - OPIOID                               |
| naloxone hcl nasal spray (NARCAN equiv)   | -                   | 1           | ANTIDOTES AND SPECIFIC ANTAGONISTS                |
| naloxone inj  | -                   | 1           | ANTIDOTES   |
| naloxone prefilled inj  | -                   | 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 TAB   | -                   | NC          | 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. |
| NAMZARIC STARTER PACK   | -                   | NC          | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NAPRELAN CR TAB   | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                    |
| NAPROSYN EC TAB   | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                    |
| NAPROSYN SUSP   | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                    |
| NAPROSYN TAB  | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                    |
| NAPROXEN CREAM COMPOUND KIT   | -                   | NC          | DERMATOLOGICALS                                   |
| naproxen EC tab (NAPROSYN EC equiv)   | -                   | 2           | ANALGESICS - ANTI-INFLAMMATORY                    |
| naproxen EC tab 500mg (NAPROSYN EC equiv)   | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                    |
| naproxen sodium CR tab (NAPRELAN CR equiv)  | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                    |
| naproxen sodium tab (ANAPROX equiv)   | -                   | 2           | ANALGESICS - ANTI-INFLAMMATORY                    |
| NAPROXEN SUSP   | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                    |
| naproxen susp (NAPROSYN equiv)  | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                    |
| naproxen tab (NAPROSYN equiv)   | -                   | 1           | ANALGESICS - ANTI-INFLAMMATORY                    |
| naproxen/esomeprazole magnesium DR tab (VIMOVO equiv)                               | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                    |
| naratriptan tab (AMERGE equiv) (QL= 9 tabs/fill, 2 fills/30 days)                   | QL                  | 2           | MIGRAINE PRODUCTS                                 |
| NARCAN NASAL SPRAY  | OTC                 | 1           | ANTIDOTES AND SPECIFIC ANTAGONISTS                |
| NARDIL TAB 15MG   | -                   | 3           | ANTIDEPRESSANTS                                   |
| NASACORT OTC NASAL SPRAY (QL= 2 bottles/fill)                                       | OTC-QL              | 3           | NASAL AGENTS - SYSTEMIC AND TOPICAL               |
| NASCOBAL NASAL SPRAY  | -                   | 3           | HEMATOPOIETIC AGENTS                              |
| NATACYN OPTHH SUSP  | -                   | NC          | OPHTHALMIC AGENTS                                 |
| NATAZIA TAB   | -                   | \$0         | CONTRACEPTIVES                                    |
| nateglinide tab (STARLIX equiv)   | -                   | 2           | ANTIDIABETICS                                     |
| NATESTO GEL   | -                   | NC          | ANDROGENS-ANABOLIC                                |
| NATESTO NASAL GEL   | -                   | NC          | ANDROGENS-ANABOLIC                                |
| NATPARA INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD-PA               | SP          | ENDOCRINE AND METABOLIC AGENTS - MISC.            |
| NATROBA SUSP (QL= 1 bottle/fill)  | QL                  | 3           | DERMATOLOGICALS                                   |
| NAYZILAM SPRAY  | -                   | NC          | ANTICONVULSANTS                                   |
| nebivolol hcl tab (BYSTOLIC equiv)  | ¢                   | 2           | BETA BLOCKERS                                     |
| NEBUPENT NEB SOLN   | -                   | NC          | ANTI-INFECTIVE AGENTS - MISC.                     |
| NEBUSAL NEB SOLN  | -                   | NC          | COUGH/COLD/ALLERGY                                |
| NEFAZODONE TAB  | -                   | 1           | ANTIDEPRESSANTS                                   |
| nefazodone tab 50mg, 250mg  | -                   | 1           | ANTIDEPRESSANTS                                   |

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| <b>M</b>   | Medical Benefit   | <b>MSP</b> | Mandatory Specialty Pharmacy Program                     | <b>OTC</b>  | Over-the-Counter                    |
| <b>PA</b>  | Prior Authorization   | <b>QL</b>  | Quantity Limit   | <b>RDX</b>  | Restricted to Diagnosis             |
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|---|---------------------|-------------|--|
| NENDRUX GEL   | -                   | NC          | DERMATOLOGICALS                            |
| neomycin tab  | -                   | 1           | AMINOGLYCOSIDES                            |
| NEOMYCIN/POLYMYXIN/GRAMICIDIN OPHTH SOLN  | -                   | 1           | OPHTHALMIC AGENTS                          |
| neomycin/polymixin/hydrocortisone otic soln (CORTISPORIN equiv)                     | -                   | 1           | OTIC AGENTS                                |
| neomycin/polymixin/hydrocortisone otic susp (CORTISPORIN equiv)                     | -                   | 1           | OTIC AGENTS                                |
| neomycin/polymixin/dexamethasone ophth oint (MAXITROL equiv)                        | -                   | 1           | OPHTHALMIC AGENTS                          |
| neomycin/polymixin/dexamethasone ophth soln (MAXITROL equiv)                        | -                   | 1           | OPHTHALMIC AGENTS                          |
| NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN  | -                   | 1           | OPHTHALMIC AGENTS                          |
| NEONATAL 19 TAB   | -                   | 3           | MULTIVITAMINS                              |
| NEONATAL FE TAB   | -                   | 3           | MULTIVITAMINS                              |
| NEORAL CAP  | -                   | NC          | ASSORTED CLASSES                           |
| NEORAL SOLN   | -                   | NC          | ASSORTED CLASSES                           |
| NEOSALUS FOAM   | -                   | NC          | DERMATOLOGICALS                            |
| NEOSALUS LOTION   | -                   | NC          | DERMATOLOGICALS                            |
| NEOSPORIN OPHTH SOLN  | -                   | NC          | OPHTHALMIC AGENTS                          |
| NEO-SYNALAR CREAM   | -                   | NC          | DERMATOLOGICALS                            |
| NEPHROCAP   | -                   | NC          | MULTIVITAMINS                              |
| NEPHRON FA TAB  | -                   | 2           | HEMATOPOIETIC AGENTS                       |
| NEPTAZANE TAB   | -                   | NC          | DIURETICS                                  |
| NERLYNX TAB (QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL-SF         | SP          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES   |
| NEULASTA INJ  | -                   | NC          | HEMATOPOIETIC AGENTS                       |
| NEUPOGEN INJ  | -                   | NC          | HEMATOPOIETIC AGENTS                       |
| NEUPRO PATCH  | -                   | 3           | ANTIPARKINSON AGENTS                       |
| NEURONTIN CAP   | -                   | NC          | ANTICONVULSANTS                            |
| NEURONTIN SOLN  | -                   | NC          | ANTICONVULSANTS                            |
| NEURONTIN TAB 600MG   | -                   | NC          | ANTICONVULSANTS                            |
| NEURONTIN TAB 800MG   | -                   | NC          | ANTICONVULSANTS                            |
| NEVANAC OPHTH SUSP  | -                   | 2           | OPHTHALMIC AGENTS                          |
| nevirapine ER tab (VIRAMUNE XR equiv)   | -                   | 1           | ANTIVIRALS                                 |
| NEVIRAPINE ER TAB   | -                   | 2           | ANTIVIRALS                                 |
| NEVIRAPINE SUSP   | -                   | SP          | ANTIVIRALS                                 |
| nevirapine tab (VIRAMUNE equiv)   | -                   | 1           | ANTIVIRALS                                 |
| NEXAVAR TAB   | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES   |
| NEXICLON XR TAB   | -                   | NC          | ANTIHYPERTENSIVES                          |
| NEXIUM 24HR TAB   | OTC                 | 3           | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| NEXIUM GRANULE PACK   | -                   | NC          | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| NEXLETOL TAB (QL= 1 tab/day)  | PA-QL               | 2           | ANTIHYPERLIPIDEMICS                        |
| NEXLIZET TAB (QL= 1 tab/day)  | PA-QL               | 2           | ANTIHYPERLIPIDEMICS                        |
| NEXPLANON IMPLANT   | -                   | \$0         | CONTRACEPTIVES                             |
| NEXTSTELLIS TAB   | -                   | \$0         | CONTRACEPTIVES                             |
| NGENLA INJ  | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.     |
| niacin cap  | OTC                 | 1           | VITAMINS                                   |
| niacin CR tab (SLO-NIACIN equiv)  | OTC                 | 1           | VITAMINS                                   |

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|--|---------------------|-------------|---|
| 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   | -                   | NC          | 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. |
| 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)   | TMSP                | SP          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| nimodipine cap (NIMOTOP equiv)   | -                   | 3           | CALCIUM CHANNEL BLOCKERS                          |
| NINLARO CAP (Only available through Diplomat 877-977-9118, Walgreens 888-347-3416, Walmart Specialty 877-453-4566) | LD-PA               | SP          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| NIRAVAM ODT  | -                   | NC          | ANTIANKXIETY AGENTS                               |
| nisoldipine ER tab (SULAR equiv)   | -                   | 3           | CALCIUM CHANNEL BLOCKERS                          |
| NISOLDIPINE ER TAB 20MG, 30MG, 40MG  | -                   | 3           | CALCIUM CHANNEL BLOCKERS                          |
| NISOLDIPINE ER TAB 25.5MG  | -                   | 3           | CALCIUM CHANNEL BLOCKERS                          |
| nitazoxanide tab (ALINIA equiv) (QL= 6 tabs/3 days)  | PA-QL               | 2           | ANTI-INFECTIVE AGENTS - MISC.                     |
| nitisinone cap (ORFADIN equiv)   | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.            |
| NITRO-BID OINT   | -                   | 2           | ANTIANGINAL AGENTS                                |
| NITRO-DUR PATCH  | -                   | NC          | ANTIANGINAL AGENTS                                |
| NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR   | -                   | 3           | ANTIANGINAL AGENTS                                |
| nitrofurantoin macrocrystals cap (MACRODANTIN equiv)   | -                   | 1           | ANTI-INFECTIVE AGENTS - MISC.                     |
| nitrofurantoin macrocrystals cap 25mg (MACRODANTIN equiv)  | -                   | NC          | ANTI-INFECTIVE AGENTS - MISC.                     |
| nitrofurantoin monohydrate cap (MACROBID equiv)  | -                   | 1           | ANTI-INFECTIVE AGENTS - MISC.                     |
| nitrofurantoin susp (FURADANTIN equiv) (Prior Authorization Required for members age 9 or older)                   | PA                  | 3           | ANTI-INFECTIVE AGENTS - MISC.                     |
| NITROFURANTOIN SUSP  | PA--                | NC          | ANTI-INFECTIVE AGENTS - MISC.                     |
| NITROGLYCERIN ER CAP   | -                   | 1           | ANTIANGINAL AGENTS                                |
| nitroglycerin lingual spray (NITROLINGUAL equiv)   | -                   | 3           | ANTIANGINAL AGENTS                                |
| nitroglycerin patch (NITRO-DUR equiv)  | -                   | 1           | ANTIANGINAL AGENTS                                |

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| EXC | Plan Exclusion                                   | INF | Infertility  | LD   | Limited Distribution                |
| M   | Medical Benefit                                  | MSP | Mandatory Specialty Pharmacy Program                     | OTC  | Over-the-Counter                    |
| PA  | Prior Authorization                              | QL  | Quantity Limit   | RDX  | Restricted to Diagnosis             |
| 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   | TMSP | Available through Specialty Network |

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| <b>Drug Name</b>  | <b>Special Code</b> | <b>Tier</b> | <b>Category</b>                                  |
|---|---------------------|-------------|--|
| nitroglycerin SL tab (NITROSTAT equiv)                                  | -                   | 1           | ANTIANGINAL AGENTS                               |
| NITROLINGUAL PUMP SPRAY   | -                   | NC          | ANTIANGINAL AGENTS                               |
| NITROMIST SPRAY   | -                   | 3           | ANTIANGINAL AGENTS                               |
| NITROSTAT SL TAB  | -                   | NC          | ANTIANGINAL AGENTS                               |
| NITYR TAB   | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.           |
| NIVESTYM INJ  | TMSP                | SP          | HEMATOPOIETIC AGENTS                             |
| NIZATIDINE CAP  | -                   | 1           | ULCER<br>DRUGS/ANTISPASMODICS/ANTICHOLINEF<br>CS |
| nizatidine cap (AXID equiv)   | -                   | 1           | ULCER DRUGS                                      |
| NIZATIDINE SOLN   | -                   | NC          | ULCER<br>DRUGS/ANTISPASMODICS/ANTICHOLINEF<br>CS |
| NIZORAL A-D SHAMPOO   | OTC                 | EXC         | DERMATOLOGICALS                                  |
| nizoral a-d shampoo (NIZORAL equiv)                                     | OTC                 | EXC         | DERMATOLOGICALS                                  |
| NIZORAL SHAMPOO   | -                   | NC          | DERMATOLOGICALS                                  |
| NOCDURNA SL TAB   | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.           |
| NOCTIVA EMULSION SPRAY  | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.           |
| NORDITROPIN INJ, NUTROPIN AQ INJ  | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.           |
| norethindrone ace-ethinyl estradiol-fe cap (TAYTULLA equiv)             | -                   | \$0         | CONTRACEPTIVES                                   |
| norethindrone acetate/ethinyl estradiol FE chew tab (MINASTRIN equiv)   | -                   | \$0         | CONTRACEPTIVES                                   |
| norethindrone acetate/ethinyl estradiol tab (LOESTRIN equiv)            | -                   | \$0         | CONTRACEPTIVES                                   |
| norethindrone tab (NORA-QD equiv)                                       | -                   | \$0         | CONTRACEPTIVES                                   |
| norethindrone tab (AYGESTIN equiv)                                      | -                   | 1           | PROGESTINS                                       |
| norethindrone/ethinyl estradiol FE tab (LOESTRIN FE equiv)              | -                   | \$0         | CONTRACEPTIVES                                   |
| NORGESIC TAB FORTE  | -                   | NC          | MUSCULOSKELETAL THERAPY AGENTS                   |
| NORITATE CREAM  | -                   | NC          | DERMATOLOGICALS                                  |
| NORLIQVA ORAL SOLN (Members age 9 or older require Prior Authorization) | PA                  | 3           | CALCIUM CHANNEL BLOCKERS                         |
| NORPACE CAP   | -                   | NC          | ANTIARRHYTHMICS                                  |
| NORPACE CR CAP  | -                   | 2           | ANTIARRHYTHMICS                                  |
| NORPRAMIN TAB   | -                   | NC          | ANTIDEPRESSANTS                                  |
| NOR-QD TAB  | -                   | NC          | CONTRACEPTIVES                                   |
| NORTHERA CAP  | -                   | NC          | VASOPRESSORS                                     |
| nortrel tab (OVCON 35 equiv)  | -                   | \$0         | CONTRACEPTIVES                                   |
| nortriptyline cap (PAMELOR equiv)                                       | -                   | 1           | ANTIDEPRESSANTS                                  |
| nortriptyline oral soln (NORTRIPTYLINE equiv)                           | -                   | 1           | ANTIDEPRESSANTS                                  |
| NORTRIPTYLINE SOLN  | -                   | 2           | ANTIDEPRESSANTS                                  |
| NORVASC TAB   | -                   | NC          | CALCIUM CHANNEL BLOCKERS                         |
| NORVIR CAP  | -                   | 3           | ANTIVIRALS                                       |
| NORVIR POWDER PACK  | -                   | 3           | ANTIVIRALS                                       |
| NORVIR SOLN   | -                   | 3           | ANTIVIRALS                                       |
| NORVIR TAB  | -                   | NC          | ANTIVIRALS                                       |
| NOURIANZ TAB  | -                   | NC          | ANTIPARKINSON AND RELATED THERAPY AGENTS         |
| NOVACORT GEL  | -                   | NC          | DERMATOLOGICALS                                  |
| NOVOFINE PEN NEEDLE   | OTC                 | 1           | MEDICAL DEVICES AND SUPPLIES                     |

|            |   |            |  |             |                                     |
|------------|---|------------|--|-------------|-------------------------------------|
| <b>EXC</b> | <b>NC</b> = Not Covered<br><b>NC/3P</b> = Not Covered, Third Party Reviewer<br>Plan Exclusion | <b>INF</b> | Infertility  | <b>LD</b>   | Limited Distribution                |
| <b>M</b>   | Medical Benefit   | <b>MSP</b> | Mandatory Specialty Pharmacy Program                     | <b>OTC</b>  | Over-the-Counter                    |
| <b>PA</b>  | Prior Authorization   | <b>QL</b>  | Quantity Limit   | <b>RDX</b>  | Restricted to Diagnosis             |
| <b>RS</b>  | Restricted to Specialist  | <b>SF</b>  | Limited to two 15 day fills per month for first 3 months | <b>SMKG</b> | Smoking Cessation                   |
| <b>SP</b>  | Available through Specialty Pharmacy Program  | <b>ST</b>  | Step Therapy   | <b>TMSP</b> | Available through Specialty Network |

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| <b>Drug Name</b>   | <b>Special Code</b> | <b>Tier</b> | <b>Category</b>                                   |
|--|---------------------|-------------|---|
| NOVOLIN 70/30 FLEXPEN INJ  | OTC                 | NC          | ANTIDIABETICS                                     |
| NOVOLIN 70/30 FLEXPEN RELION INJ   | OTC                 | NC          | ANTIDIABETICS                                     |
| NOVOLIN 70/30 INJ  | OTC                 | NC          | ANTIDIABETICS                                     |
| NOVOLIN 70/30 RELION INJ   | OTC                 | NC          | ANTIDIABETICS                                     |
| NOVOLIN N FLEXPEN INJ  | OTC                 | NC          | ANTIDIABETICS                                     |
| NOVOLIN R FLEXPEN INJ  | OTC                 | NC          | ANTIDIABETICS                                     |
| NOVOLIN R INJ  | OTC                 | NC          | ANTIDIABETICS                                     |
| NOVOLIN R RELION INJ   | OTC                 | NC          | ANTIDIABETICS                                     |
| NOVOLOG FLEXPEN INJ  | -                   | NC          | ANTIDIABETICS                                     |
| NOVOLOG INJ  | -                   | NC          | ANTIDIABETICS                                     |
| NOVOLOG MIX FLEXPEN INJ  | -                   | NC          | ANTIDIABETICS                                     |
| NOVOLOG MIX INJ  | -                   | NC          | ANTIDIABETICS                                     |
| NOVOLOG PENFILL INJ  | -                   | NC          | ANTIDIABETICS                                     |
| NOVOLOIN N INJ   | OTC                 | NC          | ANTIDIABETICS                                     |
| NOVOTWIST PEN NEEDLE   | OTC                 | 1           | MEDICAL DEVICES AND SUPPLIES                      |
| NOVOTWIST/NOVOFINE PEN NEEDLE  | OTC                 | 1           | MEDICAL DEVICES AND SUPPLIES                      |
| NOXAFIL PAK  | -                   | 3           | ANTIFUNGALS                                       |
| NOXAFIL SUSP   | -                   | NC          | 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   | -                   | NC          | ANTIASTHMATIC AND BRONCHODILATOR AGENTS           |
| NUCALA INJ (QL= 1 inj/28 days)   | -                   | NC          | 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                                   |
| NUEDEXTA CAP (QL= 2 caps/day)  | PA-QL               | 2           | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| nulido pad (NULIDO equiv)  | -                   | NC          | DERMATOLOGICALS                                   |
| NULYTELY SOLN (Covered at \$0 for members 45-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year)         | QL                  | \$0         | LAXATIVES   |
| NUPLAZID CAP   | -                   | NC          | ANTIPSYCHOTICS/ANTIMANIC AGENTS                   |
| NUPLAZID TAB   | -                   | NC          | ANTIPSYCHOTICS/ANTIMANIC AGENTS                   |
| NUVAKAAN II KIT  | -                   | NC          | DERMATOLOGICALS                                   |
| NUVARING   | -                   | \$0         | CONTRACEPTIVES                                    |
| NUVESSA VAGINAL GEL  | -                   | NC          | VAGINAL AND RELATED PRODUCTS                      |
| NUVIGIL TAB  | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS    |
| NUZYRA TAB (QL= 30 tabs/180 days; Restricted to Infectious Disease or Pulmonology Specialist; Only available through Walgreens 888-347-3416) | LD-QL-RS            | SP          | TETRACYCLINES                                     |
| NYATA KIT  | -                   | NC          | DERMATOLOGICALS                                   |
| NYMALIZE SOLN  | -                   | NC          | CALCIUM CHANNEL BLOCKERS                          |
| nystatin cream (MYCOSTATIN CREAM equiv)  | -                   | 1           | DERMATOLOGICALS                                   |
| nystatin oint  | -                   | 1           | DERMATOLOGICALS                                   |

|  |   |  |
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| EXC Plan Exclusion                               | INF Infertility   | LD Limited Distribution                  |
| M Medical Benefit                                | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter                     |
| PA Prior Authorization                           | QL Quantity Limit   | RDX Restricted to Diagnosis              |
| 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   | TMSP Available through Specialty Network |

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| <b>Drug Name</b>   | <b>Special Code</b>       | <b>Tier</b> | <b>Category</b>                                   |
|--|---------------------------|-------------|---|
| nystatin powder  | -                         | 1           | ANTIFUNGALS                                       |
| nystatin susp  | -                         | 1           | MOUTH/THROAT/DENTAL AGENTS                        |
| nystatin tab   | -                         | 1           | ANTIFUNGALS                                       |
| nystatin topical powder  | -                         | 1           | DERMATOLOGICALS                                   |
| nystatin/triamcinolone cream   | -                         | 1           | DERMATOLOGICALS                                   |
| nystatin/triamcinolone oint  | -                         | 1           | DERMATOLOGICALS                                   |
| NYVEPRIA INJ   | -                         | NC          | HEMATOPOIETIC AGENTS                              |
| OCALIVA TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD-PA-QL-SF- <del>g</del> | SP          | GASTROINTESTINAL AGENTS - MISC.                   |
| octreotide inj (SANDOSTATIN equiv)   | TMSP                      | SP          | ENDOCRINE AND METABOLIC AGENTS - MISC.            |
| OCTREOTIDE INJ 100MCG  | TMSP                      | SP          | ENDOCRINE AND METABOLIC AGENTS - MISC.            |
| OCUFLOX OPHTH SOLN   | -                         | NC          | OPHTHALMIC AGENTS                                 |
| ODACTRA SL TAB   | PA                        | 3           | ALLERGENIC EXTRACTS/BIOLOGICALS<br>MISC           |
| ODEFSEY TAB  | -                         | NC          | ANTIVIRALS  |
| ODOMZO CAP   | PA-SF-TMSP                | SP          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| OFEV CAP (QL= 2 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)   | LD-PA-QL-SF               | SP          | RESPIRATORY AGENTS - MISC.                        |
| ofloxacin ophth soln (OCUFLOX equiv)   | -                         | 1           | OPHTHALMIC AGENTS                                 |
| ofloxacin otic soln (FLOXIN equiv)   | -                         | 1           | OTIC AGENTS                                       |
| ofloxacin tab (FLOXIN equiv)   | -                         | 1           | FLUOROQUINOLONES                                  |
| OJJAARA TAB  | -                         | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| olanzapine ODT (ZYPREXA equiv)   | -                         | 2           | ANTIPSYCHOTICS/ANTIMANIC AGENTS                   |
| olanzapine tab (ZYPREXA equiv)   | -                         | 1           | ANTIPSYCHOTICS/ANTIMANIC AGENTS                   |
| olanzapine/fluoxetine cap (SYMBYAX equiv)  | -                         | 2           | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| OLLIZAC POWDER   | -                         | EXC         | 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)  | OTC                       | 1           | OPHTHALMIC AGENTS                                 |
| olopatadine ophth soln 0.2% (PATADAY equiv) (QL= 2.5ml/30 days)                                    | OTC-QL                    | 1           | OPHTHALMIC AGENTS                                 |
| OLPRUVA PACK   | -                         | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.            |
| OLUMIANT TAB (QL= 1 tab/day)   | PA-QL-TMSP                | SP          | ANALGESICS - ANTI-INFLAMMATORY                    |
| OLUX E FOAM  | -                         | NC          | DERMATOLOGICALS                                   |
| OLUX FOAM  | -                         | NC          | DERMATOLOGICALS                                   |
| OLYSIO CAP   | -                         | NC          | ANTIVIRALS  |
| OMEGA-3 RX PAK COMPLETE  | -                         | NC          | ANTIHYPERLIPIDEMICS                               |
| 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/ANTICHOLINEF CS        |

|     |   |     |  |      |                                     |
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|---|---------------------|-------------|--|
| omeprazole tab  | OTC                 | 1           | ULCER<br>DRUGS/ANTISPASMODICS/ANTICHOLINEF<br>CS |
| 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  | -                   | NC          | CEPHALOSPORINS                                   |
| OMNIPAQUE SOLN  | -                   | NC          | DIAGNOSTIC PRODUCTS                              |
| OMNIPOD 5 INTRO KIT (QL= 1 kit/year)  | QL                  | 2           | MEDICAL DEVICES AND SUPPLIES                     |
| OMNIPOD 5 PACK PODS (QL= 10 pods/month)                                     | QL                  | 2           | MEDICAL DEVICES AND SUPPLIES                     |
| OMNIPOD DASH INTRO KIT (QL= 1 kit/year)                                     | QL                  | 2           | MEDICAL DEVICES AND SUPPLIES                     |
| OMNIPOD DASH PDM KIT  | -                   | NC          | MEDICAL DEVICES AND SUPPLIES                     |
| OMNIPOD DASH PODS (QL= 10 pods/month)                                       | QL                  | 2           | MEDICAL DEVICES AND SUPPLIES                     |
| OMNIPOD GO KIT (QL= 10 pods/month)  | QL                  | 2           | MEDICAL DEVICES AND SUPPLIES                     |
| OMNIPOD STARTER KIT (QL= 1 kit/year)  | QL                  | 2           | MEDICAL DEVICES AND SUPPLIES                     |
| OMNITROPE INJ   | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS -<br>MISC.        |
| OMNITROPE INJ, ZOMACTON INJ   | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS -<br>MISC.        |
| ondansetron ODT (ZOFTRAN equiv)   | -                   | 1           | ANTIEMETICS                                      |
| ondansetron soln (ZOFTRAN equiv)  | -                   | 1           | ANTIEMETICS                                      |
| ONDANSETRON TAB   | -                   | 1           | ANTIEMETICS                                      |
| ondansetron tab (ZOFTRAN equiv)   | -                   | 1           | ANTIEMETICS                                      |
| ONETOUCH DELICA LANCETS   | OTC                 | 2           | MEDICAL DEVICES AND SUPPLIES                     |
| ONETOUCH DELICA PLUS LANCETS  | OTC                 | 2           | MEDICAL DEVICES AND SUPPLIES                     |
| ONETOUCH DELICA ULTRASOFT LANCETS   | OTC                 | 2           | MEDICAL DEVICES AND SUPPLIES                     |
| ONETOUCH METER  | OTC                 | NC          | MEDICAL DEVICES AND SUPPLIES                     |
| ONETOUCH TEST STRIP   | OTC                 | NC          | DIAGNOSTIC PRODUCTS                              |
| ONETOUCH VERIO FLEX METER   | OTC                 | NC          | MEDICAL DEVICES AND SUPPLIES                     |
| ONETOUCH VERIO IQ METER   | OTC                 | NC          | MEDICAL DEVICES AND SUPPLIES                     |
| ONETOUCH VERIO METER  | OTC                 | NC          | MEDICAL DEVICES AND SUPPLIES                     |
| ONETOUCH VERIO REFLECT METER  | OTC                 | NC          | MEDICAL DEVICES AND SUPPLIES                     |
| ONETOUCH VERIO TEST STRIP   | OTC                 | NC          | DIAGNOSTIC PRODUCTS                              |
| ONFI SUSP   | -                   | NC          | ANTICONVULSANTS                                  |
| ONFI TAB  | -                   | NC          | ANTICONVULSANTS                                  |
| ONGLYZA TAB   | -                   | NC          | ANTIDIABETICS                                    |
| ONUREG TAB  | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES      |
| ONYCHO-MED KIT  | -                   | NC          | DERMATOLOGICALS                                  |
| ONZETRA XSAIL   | -                   | NC          | MIGRAINE PRODUCTS                                |
| OPANA ER TAB  | -                   | NC          | ANALGESICS - OPIOID                              |
| OPANA TAB   | -                   | NC          | ANALGESICS - OPIOID                              |
| OPFOLDA CAP   | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS -<br>MISC.        |
| opium tincture  | -                   | 3           | ANTIDIARRHEALS                                   |
| OPSUMIT TAB (QL= 1 tab/day; Only available through Accredo<br>800-803-2523) | LD-PA-QL            | SP          | CARDIOVASCULAR AGENTS - MISC.                    |
| OPVEE NASAL SPRAY   | -                   | NC          | ANTIDOTES AND SPECIFIC ANTAGONISTS               |
| OPZELURA CREAM (QL= 12 tubes/year)  | PA-QL               | 3           | DERMATOLOGICALS                                  |

|  |   |  |
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| EXC Plan Exclusion                               | INF Infertility   | LD Limited Distribution                  |
| M Medical Benefit                                | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter                     |
| PA Prior Authorization                           | QL Quantity Limit   | RDX Restricted to Diagnosis              |
| 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   | TMSP Available through Specialty Network |

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| <b>Drug Name</b>   | <b>Special Code</b> | <b>Tier</b> | <b>Category</b>                                   |
|--|---------------------|-------------|---|
| ORACIT SOLN  | -                   | 1           | GENITOURINARY AGENTS - MISCELLANEOUS              |
| ORALAIR SL TAB   | -                   | NC          | BIOLOGICALS MISC                                  |
| ORAP TAB   | -                   | NC          | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| ORAPRED ODT TAB  | -                   | 3           | CORTICOSTEROIDS                                   |
| ORAPRED SOLN   | -                   | NC          | CORTICOSTEROIDS                                   |
| ORAVIG TAB   | -                   | 3           | MOUTH/THROAT/DENTAL AGENTS                        |
| ORENCIA CLICK INJ (QL= 4 inj/28 days)  | PA-QL-TMSP          | SP          | ANALGESICS - ANTI-INFLAMMATORY                    |
| ORENCIA SC INJ 125MG/ML (QL= 4 inj/28 days)  | PA-QL-TMSP          | SP          | ANALGESICS - ANTI-INFLAMMATORY                    |
| ORENCIA SC INJ 50MG/0.4ML (QL= 4 inj/28 days)  | PA-QL-TMSP          | SP          | ANALGESICS - ANTI-INFLAMMATORY                    |
| ORENCIA SC INJ 87.5MG/0.7ML (QL= 4 inj/28 days)  | PA-QL-TMSP          | SP          | ANALGESICS - ANTI-INFLAMMATORY                    |
| ORENITRAM TAB  | -                   | NC          | CARDIOVASCULAR AGENTS - MISC.                     |
| ORENITRAM TAB MONTH PAK  | -                   | NC          | CARDIOVASCULAR AGENTS - MISC.                     |
| ORFADIN CAP  | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.            |
| ORFADIN SUSP   | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.            |
| ORGOVYX TAB (QL= 30 tabs/28 days; Only available through Biologics 800-850-4306)           | LD-PA-QL            | SP          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| ORIAHNN CAP (QL= 2 caps/day)   | PA-QL               | 2           | ESTROGENS   |
| ORILISSA TAB 150MG (QL= 1 tab/day)   | PA-QL               | 2           | ENDOCRINE AND METABOLIC AGENTS - MISC.            |
| ORILISSA TAB 200MG (QL= 2 tabs/day)  | PA-QL               | 2           | ENDOCRINE AND METABOLIC AGENTS - MISC.            |
| ORKAMBI GRANULES PACKET (QL= 2 packets/day; Only available through Walgreens 888-347-3416) | LD-PA-QL-SF         | SP          | RESPIRATORY AGENTS - MISC.                        |
| ORKAMBI TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)                | LD-PA-QL-SF         | SP          | RESPIRATORY AGENTS - MISC.                        |
| ORLADEYO CAP   | -                   | NC          | HEMATOLOGICAL AGENTS - MISC.                      |
| orphenadrine citrate ER tab (NORFLEX equiv)  | -                   | 1           | MUSCULOSKELETAL THERAPY AGENTS                    |
| orphenadrine/aspirin/caffeine tab (NORGESIC FORTE equiv)                                   | -                   | NC          | MUSCULOSKELETAL THERAPY AGENTS                    |
| ORSERDU TAB  | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| ORSERDU TAB 345MG  | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| ORTHO TRI-CYCLLEN (LO) TAB   | -                   | NC          | CONTRACEPTIVES                                    |
| ORTHO-CYCLLEN TAB  | -                   | NC          | CONTRACEPTIVES                                    |
| ORTIKOS ER CAP   | -                   | NC          | CORTICOSTEROIDS                                   |
| oseltamivir cap (TAMIFLU equiv) (QL= 10 caps/fill)   | QL                  | 1           | ANTIVIRALS  |
| oseltamivir cap 30mg (TAMIFLU equiv) (QL= 20 caps/fill)                                    | QL                  | 1           | ANTIVIRALS  |
| oseltamivir susp (TAMIFLU equiv) (QL= 250ml/fill)  | QL                  | 2           | ANTIVIRALS  |
| OSMOLEX ER TAB   | -                   | NC          | ANTIPARKINSON AND RELATED THERAPY AGENTS          |
| OSMOPREP TAB   | -                   | NC          | LAXATIVES   |
| OSPHENA TAB  | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.            |
| OTEZLA STARTER PACK  | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                    |
| OTEZLA TAB   | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                    |
| otomax-HC otic soln (CORTANE-B equiv)  | -                   | NC          | OTIC AGENTS                                       |
| OTOVEL OTIC SOLN, CIPROFLOXACIN/FLUOCINOLONE OTIC SOLN                                     | -                   | NC          | OTIC AGENTS                                       |

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| EXC | Plan Exclusion                                   | INF | Infertility  | LD   | Limited Distribution                |
| M   | Medical Benefit                                  | MSP | Mandatory Specialty Pharmacy Program                     | OTC  | Over-the-Counter                    |
| PA  | Prior Authorization                              | QL  | Quantity Limit   | RDX  | Restricted to Diagnosis             |
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|---|---------------------|-------------|--|
| OVACE PLUS CREAM  | -                   | 3           | DERMATOLOGICALS                        |
| OVACE PLUS GEL  | -                   | NC          | DERMATOLOGICALS                        |
| OVACE PLUS LOTION   | -                   | NC          | DERMATOLOGICALS                        |
| OVACE PLUS SHAMPOO  | -                   | NC          | DERMATOLOGICALS                        |
| OVACE PLUS FOAM   | -                   | NC          | DERMATOLOGICALS                        |
| OVACE WASH  | -                   | NC          | DERMATOLOGICALS                        |
| OVCON 35 TAB  | -                   | NC          | CONTRACEPTIVES                         |
| OVEEZA CAP  | -                   | NC          | HEMATOPOIETIC AGENTS                   |
| OVIDE LOTION  | -                   | NC          | DERMATOLOGICALS                        |
| OVIDREL INJ   | INF                 | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| OXANDRIN TAB  | -                   | NC          | ANDROGENS-ANABOLIC                     |
| OXANDROLONE TAB   | -                   | 1           | ANDROGENS-ANABOLIC                     |
| oxandrolone tab (OXANDRIN equiv)  | -                   | 1           | ANDROGENS-ANABOLIC                     |
| oxaprozin tab (DAYPRO equiv)  | -                   | 2           | ANALGESICS - ANTI-INFLAMMATORY         |
| oxazepam cap (SERAX equiv)  | -                   | 2           | ANTI-ANXIETY AGENTS                    |
| OXBRYTA TAB (QL= 3 tabs/day; Only available through Accredo 800-803-2523)                           | LD-PA-QL            | SP          | HEMATOPOIETIC AGENTS                   |
| OXBRYTA TAB FOR ORAL SUSP (QL= 5 tabs/day; Only available through Accredo 800-803-2523)             | LD-PA-QL            | SP          | HEMATOPOIETIC AGENTS                   |
| oxcarbazepine susp (TRILEPTAL equiv)  | -                   | 1           | ANTICONVULSANTS                        |
| oxcarbazepine tab (TRILEPTAL equiv)   | -                   | 1           | ANTICONVULSANTS                        |
| OXERVATE OPHTH SOLN (QL= 8 kits/affected eye/lifetime; Only available through Accredo 800-803-2523) | LD-PA-QL            | SP          | OPHTHALMIC AGENTS                      |
| OXIANUJO CREAM  | -                   | NC          | DERMATOLOGICALS                        |
| oxiconazole nitrate cream (OXISTAT equiv)   | -                   | 3           | DERMATOLOGICALS                        |
| OXISTAT CREAM   | -                   | NC          | DERMATOLOGICALS                        |
| OXISTAT LOTION  | -                   | NC          | DERMATOLOGICALS                        |
| OXSORALEN ULTRA CAP   | -                   | NC          | DERMATOLOGICALS                        |
| OXTELLAR XR TAB   | -                   | NC          | ANTICONVULSANTS                        |
| oxybutynin ER tab (DITROPAN XL equiv)   | -                   | 1           | URINARY ANTISPASMODICS                 |
| oxybutynin syrup  | -                   | 1           | URINARY ANTISPASMODICS                 |
| oxybutynin tab (DITROPAN equiv)   | -                   | 1           | URINARY ANTISPASMODICS                 |
| OXYBUTYNIN TAB  | -                   | NC          | URINARY ANTISPASMODICS                 |
| oxycodone cap (OXYIR equiv)   | -                   | 1           | ANALGESICS - OPIOID                    |
| oxycodone conc (ROXICODONE equiv)   | -                   | 2           | ANALGESICS - OPIOID                    |
| OXYCODONE ER TAB (QL= 2 tabs/day)   | QL                  | 2           | ANALGESICS - OPIOID                    |
| oxycodone soln (ROXICODONE equiv)   | -                   | 2           | ANALGESICS - OPIOID                    |
| oxycodone tab (ROXICODONE equiv)  | -                   | 1           | ANALGESICS - OPIOID                    |
| oxycodone/acetaminophen cap (TYLOX equiv)   | -                   | 1           | ANALGESICS - OPIOID                    |
| OXYCODONE/ACETAMINOPHEN SOLN  | -                   | 2           | ANALGESICS - OPIOID                    |
| OXYCODONE/ACETAMINOPHEN SOLN 10-300MG/5ML, PROLATE SOLN 10-300MG/5ML                                | -                   | NC          | ANALGESICS - OPIOID                    |
| oxycodone/acetaminophen tab (PERCOCET equiv)  | -                   | 1           | ANALGESICS - OPIOID                    |
| OXYCODONE/ACETAMINOPHEN TAB 2.5-300MG   | -                   | NC          | ANALGESICS - OPIOID                    |
| OXYCODONE/ASPIRIN TAB   | -                   | 1           | ANALGESICS - OPIOID                    |
| oxycodone/ibuprofen tab (COMBUNOX equiv)  | -                   | 3           | ANALGESICS - OPIOID                    |
| OXYCONTIN CR TAB  | -                   | NC          | ANALGESICS - OPIOID                    |
| OXYIR CAP   | -                   | 2           | ANALGESICS - OPIOID                    |
| oxymorphone tab (OPANA equiv)   | -                   | NC          | ANALGESICS - OPIOID                    |

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|--|---------------------|-------------|--|
| OXYTROL PATCH (OTC)  | OTC                 | 1           | URINARY ANTISPASMODICS                               |
| OZEMPIC INJ (QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX              | 2           | ANTIDIABETICS  |
| OZOBAX SOLN, BACLOFEN SOLN   | PA                  | 3           | MUSCULOSKELETAL THERAPY AGENTS                       |
| PALFORZIA POWDER PACK (Only available through Walgreens 888-347-3416)          | LD-PA               | SP          | ALLERGENIC EXTRACTS/BIOLOGICALS<br>MISC              |
| PALFORZIA SPRINKLE CAP (Only available through Walgreens 888-347-3416)         | LD-PA               | SP          | ALLERGENIC EXTRACTS/BIOLOGICALS<br>MISC              |
| paliperidone ER tab (INVEGA equiv)   | -                   | 2           | ANTIPSYCHOTICS/ANTIMANIC AGENTS                      |
| PALYNZIQ INJ   | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS -<br>MISC.            |
| PAMELOR CAP  | -                   | NC          | ANTIDEPRESSANTS                                      |
| pamidronate inj  | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS -<br>MISC.            |
| PANCREAZE CAP, PERTZYE CAP, ULTRESA CAP, ZENPEP CAP                            | -                   | NC          | DIGESTIVE AIDS                                       |
| PANDEL CREAM   | -                   | NC          | DERMATOLOGICALS                                      |
| PANRETIN GEL   | PA-TMSP             | SP          | DERMATOLOGICALS                                      |
| pantoprazole EC tab (PROTONIX equiv)   | -                   | 1           | ULCER DRUGS  |
| pantoprazole sodium packet (PROTONIX PAK equiv)                                | -                   | NC          | ULCER<br>DRUGS/ANTISPASMODICS/ANTICHOLINEF<br>CS     |
| PARAGARD IUD   | -                   | \$0         | CONTRACEPTIVES                                       |
| paramox hc gel (NOVACORT GEL equiv)  | -                   | NC          | DERMATOLOGICALS                                      |
| PAREGORIC TINCTURE   | -                   | NC          | ANTIDIARRHEALS                                       |
| paricalcitol cap (ZEMPLAR equiv)   | -                   | 2           | ENDOCRINE AND METABOLIC AGENTS -<br>MISC.            |
| PARLODEL CAP   | -                   | NC          | ANTIPARKINSON AGENTS                                 |
| PARLODEL TAB   | -                   | NC          | ANTIPARKINSON AGENTS                                 |
| PARNATE TAB  | -                   | NC          | ANTIDEPRESSANTS                                      |
| paromomycin cap (HUMATIN equiv)  | -                   | 3           | AMINOGLYCOSIDES                                      |
| paroxetine cap (BRISDELLE equiv)   | -                   | NC          | PSYCHOTHERAPEUTIC AND<br>NEUROLOGICAL AGENTS - MISC. |
| paroxetine ER tab (PAXIL CR equiv)   | -                   | 2           | ANTIDEPRESSANTS                                      |
| paroxetine oral susp (PAXIL equiv)   | -                   | 3           | ANTIDEPRESSANTS                                      |
| paroxetine tab (PAXIL equiv)   | -                   | 1           | ANTIDEPRESSANTS                                      |
| PASER GRANULE  | -                   | NC          | ANTIMYCOBACTERIAL AGENTS                             |
| PATANASE NASAL SPRAY   | -                   | NC          | NASAL AGENTS - SYSTEMIC AND TOPICAL                  |
| PATANOL OPTH SOLN  | -                   | NC          | OPHTHALMIC AGENTS                                    |
| PAXIL CR TAB   | -                   | NC          | ANTIDEPRESSANTS                                      |
| PAXIL ORAL SUSP  | -                   | 3           | ANTIDEPRESSANTS                                      |
| PAXIL TAB  | -                   | NC          | ANTIDEPRESSANTS                                      |
| PAXLOVID TAB (QL= 20 tabs/fill)  | QL                  | 2           | ANTIVIRALS   |
| PAXLOVID TAB (QL= 30 tabs/fill)  | QL                  | 2           | ANTIVIRALS   |
| PAZEO OPTH SOLN 0.7%   | -                   | NC          | OPHTHALMIC AGENTS                                    |
| pazopanib tab (VOTRIENT equiv) (QL= 4 tabs/day)                                | PA-QL-SF-TMSP       | SP          | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES          |
| pb-belladonna elixir (DONNATAL equiv)  | -                   | NC          | ULCER DRUGS  |
| PCE TAB  | -                   | 3           | MACROLIDES   |
| PEAK FLOW METER  | OTC                 | 1           | MEDICAL DEVICES AND SUPPLIES                         |
| PEDIARIX INJ   | VAC                 | \$0         | TOXOIDS  |

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|--|---------------------|-------------|---|
| pediatric multiple vitamins/fluoride chew tab  | -                   | 1           | MULTIVITAMINS                                     |
| pediatric multiple vitamins/fluoride soln  | -                   | 1           | MULTIVITAMINS                                     |
| pediatric multiple vitamins/fluoride/iron soln   | -                   | 1           | MULTIVITAMINS                                     |
| PEDIZOLPAK THERAPY PACK  | -                   | NC          | DERMATOLOGICALS                                   |
| PEDVAXHIB INJ  | VAC                 | \$0         | VACCINES  |
| peg 3350 soln (100 gram Moviprep equiv) (MOVIPREP equiv) (QL= 2 fills/year; \$0 for members 45-75 years, all other members covered at generic copay)               | QL                  | \$0         | LAXATIVES   |
| peg 3350/electrolytes soln (COLYTE equiv) (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)    | QL                  | \$0         | LAXATIVES   |
| peg 3350/electrolytes soln (NULYTELY equiv) (Covered at \$0 for members 45-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year) | QL                  | \$0         | LAXATIVES   |
| PEGANONE TAB   | -                   | 2           | ANTICONVULSANTS                                   |
| PEGASYS INJ  | TMSP                | SP          | ANTIVIRALS  |
| PEG-INTRON INJ   | TMSP                | SP          | ANTIVIRALS  |
| PEG-PREP KIT   | -                   | NC          | LAXATIVES   |
| PEMAZYRE TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306)  | LD-PA-QL            | SP          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| PEN NEEDLE   | OTC                 | NC          | MEDICAL DEVICES AND SUPPLIES                      |
| peniclovir cream (DENA VIR equiv)  | -                   | NC          | DERMATOLOGICALS                                   |
| penicillamine tab (DEPEN TITRATAB equiv)   | -                   | 2           | MISCELLANEOUS THERAPEUTIC CLASSES                 |
| penicillamine cap (CUPRIMINE equiv)  | -                   | NC          | MISCELLANEOUS THERAPEUTIC CLASSES                 |
| PENICILLIN VK SOLN   | -                   | 1           | PENICILLINS                                       |
| penicillin vk tab (VEETIDS equiv)  | -                   | 1           | PENICILLINS                                       |
| PENLAC SOLN  | -                   | NC          | DERMATOLOGICALS                                   |
| PENNSAID SOLN  | -                   | NC          | DERMATOLOGICALS                                   |
| PENTACEL INJ   | VAC                 | \$0         | TOXOIDS   |
| 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  | -                   | NC          | ULCER DRUGS                                       |
| PEPCID TAB   | OTC                 | NC          | ULCER DRUGS                                       |
| PERCOCET TAB   | -                   | NC          | ANALGESICS - OPIOID                               |
| PERFOROMIST NEB SOLN   | -                   | 3           | ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS          |
| PERIDEX SOLN   | -                   | NC          | MOUTH/THROAT/DENTAL AGENTS                        |
| PERINDOPRIL TAB  | -                   | 1           | ANTI-HYPERTENSIVES                                |
| perindopril tab (ACEON equiv)  | -                   | 1           | ANTI-HYPERTENSIVES                                |
| permethrin cream (ELIMITE CREAM equiv)   | -                   | 1           | DERMATOLOGICALS                                   |
| perphenazine tab (TRILAFON equiv)  | -                   | 1           | ANTI-PSYCHOTICS/ANTI-MANIC AGENTS                 |
| PERPHENAZINE/ AMITRIPTYLINE TAB  | -                   | 1           | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| PEXEVA TAB   | -                   | NC          | ANTI-DEPRESSANTS                                  |
| PHEBURANE ORAL PELLETS   | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.            |

|            |   |            |  |             |                                     |
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| <b>M</b>   | Medical Benefit   | <b>MSP</b> | Mandatory Specialty Pharmacy Program                     | <b>OTC</b>  | Over-the-Counter                    |
| <b>PA</b>  | Prior Authorization   | <b>QL</b>  | Quantity Limit   | <b>RDX</b>  | Restricted to Diagnosis             |
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| <b>Drug Name</b>   | <b>Special Code</b> | <b>Tier</b> | <b>Category</b>                                   |
|--|---------------------|-------------|---|
| phenazopyridine tab (PYRIDIDIUM equiv)                                   | -                   | 1           | GENITOURINARY AGENTS - MISCELLANEOUS              |
| phenazopyridine tab 95mg (AZO equiv)                                     | OTC                 | 1           | GENITOURINARY AGENTS - MISCELLANEOUS              |
| phenazopyridine tab 97.5mg (AZO equiv)                                   | OTC                 | 1           | GENITOURINARY AGENTS - MISCELLANEOUS              |
| phenazopyridine tab 99.5mg (AZO equiv)                                   | OTC                 | 1           | GENITOURINARY AGENTS - MISCELLANEOUS              |
| PHENDIMETRAZINE ER TAB   | -                   | EXC         | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS     |
| phendimetrazine tab (BONTRIL PDM equiv)                                  | -                   | EXC         | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS     |
| PHENELZINE SULFATE TAB   | -                   | 1           | ANTIDEPRESSANTS                                   |
| phenelzine tab (NARDIL equiv)  | -                   | 1           | ANTIDEPRESSANTS                                   |
| phenobarbital elixir   | -                   | 1           | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS         |
| PHENOBARBITAL TAB  | -                   | 1           | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS         |
| phenoxybenzamine cap (DIBENZYLININE 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 (QL= 1 box/fill)  | QL                  | \$0         | VAGINAL AND RELATED PRODUCTS                      |
| PHOSLO CAP   | -                   | NC          | GASTROINTESTINAL AGENTS - MISC.                   |
| PHOSLYRA SOLN  | -                   | 2           | GASTROINTESTINAL AGENTS - MISC.                   |
| phospha 250 neutral tab (K-PHOS NEUTRAL equiv)                           | -                   | 1           | MINERALS & ELECTROLYTES                           |
| PHOSPHOLINE OPHTH SOLN   | -                   | NC          | 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                        |
| 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   | PA-SF-TMSP          | SP          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| pirfenidone cap (ESBRIET equiv) (QL= 9 caps/day)                         | PA-QL-SF-TMSP       | SP          | RESPIRATORY AGENTS - MISC.                        |
| PIRFENIDONE TAB  | -                   | NC          | RESPIRATORY AGENTS - MISC.                        |
| pirfenidone tab 267mg (ESBRIET equiv) (QL= 9 tabs/day)                   | PA-QL-SF-TMSP       | SP          | RESPIRATORY AGENTS - MISC.                        |
| pirfenidone tab 801mg (ESBRIET equiv) (QL= 3 tabs/day)                   | PA-QL-SF-TMSP       | SP          | RESPIRATORY AGENTS - MISC.                        |
| piroxicam cap (FELDENE equiv)  | -                   | 1           | ANALGESICS - ANTI-INFLAMMATORY                    |
| PLAN B TAB   | OTC                 | \$0         | CONTRACEPTIVES                                    |
| PLAQUENIL TAB  | -                   | NC          | ANTIMALARIALS                                     |

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| EXC | Plan Exclusion                                   | INF | Infertility  | LD   | Limited Distribution                |
| M   | Medical Benefit                                  | MSP | Mandatory Specialty Pharmacy Program                     | OTC  | Over-the-Counter                    |
| PA  | Prior Authorization                              | QL  | Quantity Limit   | RDX  | Restricted to Diagnosis             |
| RS  | Restricted to Specialist                         | SF  | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation                   |
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|--|---------------------|-------------|--|
| PLAVIX TAB 75MG                                      | -                   | NC          | HEMATOLOGICAL AGENTS - MISC.                         |
| PLEGRIDY INJ   | TMSP                | SP          | PSYCHOTHERAPEUTIC AND<br>NEUROLOGICAL AGENTS - MISC. |
| PLEGRIDY PEN INJ                                     | TMSP                | SP          | PSYCHOTHERAPEUTIC AND<br>NEUROLOGICAL AGENTS - MISC. |
| PLENITY CAP  | -                   | EXC         | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS    |
| PLENVU SOLN  | -                   | NC          | LAXATIVES  |
| plerixafor subcutaneous inj (MOZOBIL equiv)          | -                   | NC          | HEMATOPOIETIC AGENTS                                 |
| PLEXION CREAM 9.8-4.8%                               | -                   | NC          | DERMATOLOGICALS                                      |
| PLEXION LOTION                                       | -                   | NC          | DERMATOLOGICALS                                      |
| PLIAGLIS CREAM                                       | -                   | NC          | DERMATOLOGICALS                                      |
| PLIAGLIS KIT   | -                   | NC          | DERMATOLOGICALS                                      |
| PNEUMOVAX INJ  | VAC                 | \$0         | VACCINES   |
| PODIAPN CAP  | -                   | EXC         | DIETARY PRODUCTS/DIETARY<br>MANAGEMENT PRODUCTS      |
| PODOCON SOLN   | -                   | 2           | DERMATOLOGICALS                                      |
| PODOFILOX SOLN                                       | -                   | 2           | DERMATOLOGICALS                                      |
| podofilox soln (CONDYLOX equiv)                      | -                   | 2           | DERMATOLOGICALS                                      |
| POKONZA POWDER                                       | -                   | NC          | MINERALS & ELECTROLYTES                              |
| polyethylene glycol 3350 powder (MIRALAX equiv)      | OTC                 | NC          | LAXATIVES  |
| POLYETHYLENE GLYCOL 8000 GRANULES                    | -                   | 2           | PHARMACEUTICAL ADJUVANTS                             |
| polyethylene glycol packet (MIRALAX equiv)           | OTC                 | NC          | LAXATIVES  |
| polymyxin b/trimethoprim ophth soln (POLYTRIM equiv) | -                   | 1           | OPHTHALMIC AGENTS                                    |
| POLYTRIM OPTH SOLN                                   | -                   | NC          | OPHTHALMIC AGENTS                                    |
| POLY-TUSSIN DM SYRUP                                 | -                   | NC          | COUGH/COLD/ALLERGY                                   |
| POLY-VI-FLOR CHEW 0.25MG                             | -                   | NC          | MULTIVITAMINS  |
| POLY-VI-FLOR CHEW 0.5MG                              | -                   | NC          | MULTIVITAMINS  |
| POLY-VI-FLOR CHEW 1MG                                | -                   | NC          | MULTIVITAMINS  |
| POLY-VI-FLOR CHEW W/IRON                             | -                   | NC          | MULTIVITAMINS  |
| POLY-VI-FLOR SUSP                                    | -                   | NC          | MULTIVITAMINS  |
| POMALYST CAP (QL= 21 caps/28 days)                   | MSP-PA-QL           | SP          | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES          |
| PONSTEL CAP  | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                       |
| PONVORY TAB  | -                   | NC          | PSYCHOTHERAPEUTIC AND<br>NEUROLOGICAL AGENTS - MISC. |
| PONVORY TAB STARTER PACK                             | -                   | NC          | PSYCHOTHERAPEUTIC AND<br>NEUROLOGICAL AGENTS - MISC. |
| posaconazole DR tab (NOXAFIL equiv)                  | -                   | 3           | ANTIFUNGALS  |
| posaconazole susp (NOXAFIL equiv)                    | -                   | 3           | ANTIFUNGALS  |
| POT/CHLORIDE EFFER TAB                               | -                   | 1           | MINERALS & ELECTROLYTES                              |
| POTABA CAP   | -                   | 3           | VITAMINS   |
| POTABA POWDER PACKET                                 | -                   | 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                              |

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| EXC Plan Exclusion                               | INF Infertility   | LD Limited Distribution                  |
| M Medical Benefit                                | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter                     |
| PA Prior Authorization                           | QL Quantity Limit   | RDX Restricted to Diagnosis              |
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|---|---------------------|-------------|--------------------------------------|
| POTASSIUM CHLORIDE TAB ER                                   | -                   | 1           | MINERALS & ELECTROLYTES              |
| potassium citrate CR tab (UROCIT-K TAB equiv)               | -                   | 2           | GENITOURINARY AGENTS - MISCELLANEOUS |
| potassium citrate/citric acid powder pack (POLYCITRA equiv) | -                   | 1           | GENITOURINARY AGENTS - MISCELLANEOUS |
| potassium citrate/citric acid soln (POLYCITRA-K equiv)      | -                   | 1           | GENITOURINARY AGENTS - MISCELLANEOUS |
| potassium iodide oral soln (SSKI equiv)                     | -                   | 2           | COUGH/COLD/ALLERGY                   |
| potassium phosphate monobasic tab (K-PHOS equiv)            | -                   | 2           | MINERALS & ELECTROLYTES              |
| POTIGA TAB (QL= 3 tabs/day)                                 | QL                  | 2           | ANTICONVULSANTS                      |
| POTIGA TAB 50MG (QL= 9 tabs/day)                            | QL                  | 2           | ANTICONVULSANTS                      |
| PRADAXA CAP 110MG   | -                   | 3           | ANTICOAGULANTS                       |
| PRADAXA CAP 75MG, 150MG                                     | -                   | 3           | ANTICOAGULANTS                       |
| PRADAXA PELLETT PACK  | -                   | NC          | ANTICOAGULANTS                       |
| PRALUENT INJ (QL= 2 inj/28 days)                            | PA-QL               | 3           | ANTIHYPERLIPIDEMICS                  |
| pramipexole ER tab (MIRAPEX ER equiv)                       | -                   | 3           | ANTIPARKINSON AGENTS                 |
| pramipexole tab (MIRAPEX equiv)                             | -                   | 1           | ANTIPARKINSON AGENTS                 |
| PRAMOSONE CREAM 1%  | -                   | NC          | DERMATOLOGICALS                      |
| PRAMOSONE CREAM 2.5-1%                                      | -                   | NC          | DERMATOLOGICALS                      |
| PRAMOSONE E CREAM   | -                   | NC          | DERMATOLOGICALS                      |
| PRAMOSONE LOTION  | -                   | NC          | DERMATOLOGICALS                      |
| PRAMOSONE OINT  | -                   | NC          | DERMATOLOGICALS                      |
| pramoxine/hydrocortisone cream (ANALPRAM-HC equiv)          | -                   | NC          | ANORECTAL AGENTS                     |
| PRANDIMET TAB   | -                   | NC          | ANTIDIABETICS                        |
| PRANDIN TAB   | -                   | NC          | ANTIDIABETICS                        |
| PRASCION RA CREAM   | -                   | 2           | DERMATOLOGICALS                      |
| prasugrel tab (EFFIENT equiv)                               | -                   | 1           | HEMATOLOGICAL AGENTS - MISC.         |
| PRAVACHOL TAB   | -                   | NC          | ANTIHYPERLIPIDEMICS                  |
| pravastatin tab (PRAVACHOL equiv)                           | -                   | \$0         | ANTIHYPERLIPIDEMICS                  |
| praziquantel tab (BILTRICIDE equiv)                         | -                   | 2           | ANTHELMINTICS                        |
| prazosin cap (MINIPRESS equiv)                              | -                   | 1           | ANTIHYPERTENSIVES                    |
| PRECISION XTRA KETONE TEST STRIP                            | OTC                 | NC          | DIAGNOSTIC PRODUCTS                  |
| PRECISION XTRA METER  | OTC                 | NC          | MEDICAL DEVICES AND SUPPLIES         |
| PRECISION XTRA TEST STRIP                                   | OTC                 | NC          | DIAGNOSTIC PRODUCTS                  |
| PRECOSE TAB   | -                   | NC          | ANTIDIABETICS                        |
| PRED FORTE OPHTH SUSP                                       | -                   | NC          | OPHTHALMIC AGENTS                    |
| PRED MILD OPHTH SOLN  | -                   | 2           | OPHTHALMIC AGENTS                    |
| PRED-G OPHTH SOLN   | -                   | 2           | OPHTHALMIC AGENTS                    |
| PREDNICARBATE CREAM   | -                   | 2           | DERMATOLOGICALS                      |
| PREDNICARBATE OIN   | -                   | 2           | DERMATOLOGICALS                      |
| prednisolone ODT (ORAPRED equiv)                            | -                   | 2           | CORTICOSTEROIDS                      |
| PREDNISOLONE ODT TAB  | -                   | 2           | CORTICOSTEROIDS                      |
| PREDNISOLONE OPHTH SUSP                                     | -                   | 1           | OPHTHALMIC AGENTS                    |
| PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN                    | -                   | 1           | OPHTHALMIC AGENTS                    |
| prednisolone soln   | -                   | 1           | CORTICOSTEROIDS                      |
| prednisolone soln (PEDIAPRED equiv)                         | -                   | 1           | CORTICOSTEROIDS                      |
| PREDNISOLONE SOLN   | -                   | 3           | CORTICOSTEROIDS                      |
| prednisolone tab (MILLIPRED equiv)                          | -                   | NC          | CORTICOSTEROIDS                      |
| PREDNISOLONE/MOXIFLOXACIN OPHTH SOLN                        | -                   | NC          | OPHTHALMIC AGENTS                    |
| PREDNISOLONE/MOXIFLOXACIN OPHTH SUSP                        | -                   | NC          | OPHTHALMIC AGENTS                    |

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|--|---------------------|-------------|--|
| PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SOLN   | -                   | NC          | OPHTHALMIC AGENTS                                    |
| PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SUSP   | -                   | NC          | OPHTHALMIC AGENTS                                    |
| PREDNISOLONE/MOXIFLOXACIN/KETOROLAC OPHTH SOLN   | -                   | NC          | OPHTHALMIC AGENTS                                    |
| PREDNISOLONE/MOXIFLOXACIN/NEPAFENAC OPHTH SUSP   | -                   | NC          | OPHTHALMIC AGENTS                                    |
| PREDNISOLONE/NEPAFENAC OPHTH SUSP  | -                   | NC          | OPHTHALMIC AGENTS                                    |
| prednisone pack  | -                   | NC          | CORTICOSTEROIDS                                      |
| PREDNISON SOLN   | -                   | 2           | CORTICOSTEROIDS                                      |
| prednisone tab (DELTASONE equiv)   | -                   | 1           | CORTICOSTEROIDS                                      |
| PREDNISON/DIPHENHYDRAMINE KIT  | -                   | NC          | CORTICOSTEROIDS                                      |
| PREFEST TAB  | -                   | 3           | ESTROGENS  |
| pregabalin cap (LYRICA equiv) (QL= 3 caps/day)   | QL                  | 1           | ANTICONVULSANTS                                      |
| pregabalin cap 225mg (LYRICA equiv) (QL= 2 caps/day)   | QL                  | 1           | ANTICONVULSANTS                                      |
| pregabalin cap 300mg (LYRICA equiv) (QL= 2 caps/day)   | QL                  | 1           | ANTICONVULSANTS                                      |
| pregabalin ER tab (LYRICA CR equiv)  | -                   | NC          | PSYCHOTHERAPEUTIC AND<br>NEUROLOGICAL AGENTS - MISC. |
| pregabalin soln (LYRICA equiv) (QL= 30ml/day)  | QL                  | 2           | ANTICONVULSANTS                                      |
| PREGEN DHA CAP   | -                   | NC          | MULTIVITAMINS  |
| PREGENNA TAB   | -                   | NC          | MULTIVITAMINS  |
| PREGNYL INJ  | INF-M               | M           | ENDOCRINE AND METABOLIC AGENTS -<br>MISC.            |
| PREHEVBRIO SUSP  | VAC                 | \$0         | VACCINES   |
| PREMARIN TAB   | -                   | 2           | ESTROGENS  |
| PREMARIN VAGINAL CREAM   | -                   | 2           | VAGINAL PRODUCTS                                     |
| PREMPHASE TAB, PREMPRO TAB   | -                   | 2           | ESTROGENS  |
| PRENARA CAP  | -                   | NC          | MULTIVITAMINS  |
| PRENATABS RX TAB   | -                   | 1           | MULTIVITAMINS  |
| PRENATAL 19 CHEW TAB   | -                   | 1           | MULTIVITAMINS  |
| PRENATAL 19 TAB  | -                   | 1           | MULTIVITAMINS  |
| PRENATAL VITAMINS (NON-PREFERRED)  | -                   | 3           | MULTIVITAMINS  |
| PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS)  | -                   | 1           | MULTIVITAMINS  |
| PRENATRIX TAB  | -                   | NC          | MULTIVITAMINS  |
| PRENATRYL TAB  | -                   | NC          | MULTIVITAMINS  |
| PRESTALIA TAB  | -                   | NC          | ANTIHYPERTENSIVES                                    |
| PRETOMANID TAB (QL= 1 tab/day; Restricted to Infectious Disease<br>Specialist)   | QL-RS               | 2           | ANTIMYCOBACTERIAL AGENTS                             |
| PREVACID CAP (RX Only)   | -                   | 3           | ULCER DRUGS  |
| PREVACID SOLUTAB   | -                   | NC          | ULCER<br>DRUGS/ANTISPASMODICS/ANTICHOLINEF<br>CS     |
| PREVIDENT 5000 PLUS CREAM (Covered at \$0 for members 5 years or<br>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 SOLN   | -                   | 2           | MOUTH/THROAT/DENTAL AGENTS                           |
| PREVNAR 13 INJ   | VAC                 | \$0         | VACCINES   |
| PREVNAR 20 INJ (Covered for members age 19 years or older)   | VAC                 | \$0         | VACCINES   |
| PREVYMIS TAB (QL= 1 tab/day; Limit 100 tabs/6 months)  | PA-QL-TMSP          | SP          | ANTIVIRALS   |
| PREZCOBIX TAB  | -                   | 2           | ANTIVIRALS   |
| PREZISTA SUSP  | -                   | SP          | ANTIVIRALS   |
| PREZISTA TAB   | -                   | 2           | ANTIVIRALS   |

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|---|---------------------|-------------|--|
| PREZISTA TAB                              | -                   | NC          | ANTIVIRALS                                       |
| PRIFTIN TAB                               | -                   | 2           | ANTIMYCOBACTERIAL AGENTS                         |
| PRILOSEC CAP                              | -                   | NC          | ULCER DRUGS                                      |
| PRILOSEC OTC DR TAB                       | OTC                 | NC          | ULCER<br>DRUGS/ANTISPASMODICS/ANTICHOLINEF<br>CS |
| primaquine tab (PRIMAQUINE equiv)         | -                   | 1           | ANTIMALARIALS                                    |
| PRIMAQUINE TAB                            | -                   | NC          | ANTIMALARIALS                                    |
| primidone tab (MYSOLINE equiv)            | -                   | 1           | ANTICONVULSANTS                                  |
| PRIMIDONE TAB                             | -                   | NC          | ANTICONVULSANTS                                  |
| PRIMLEV TAB 10-300MG                      | -                   | NC          | ANALGESICS - OPIOID                              |
| PRIMLEV TAB 5-300MG                       | -                   | NC          | ANALGESICS - OPIOID                              |
| PRIMSOL SOLN                              | -                   | 3           | ANTI-INFECTIVE AGENTS - MISC.                    |
| PRINIVIL TAB, ZESTRIL TAB                 | -                   | NC          | ANTIHYPERTENSIVES                                |
| PRIORIX INJ                               | VAC                 | \$0         | VACCINES   |
| PRISTIQ TAB                               | -                   | NC          | ANTIDEPRESSANTS                                  |
| PROAIR HFA INHALER, PROVENTIL HFA INHALER | -                   | NC          | ANTIASTHMATIC AND BRONCHODILATOR<br>AGENTS       |
| PROAIR RESPICLICK INHALER                 | -                   | NC          | ANTIASTHMATIC AND BRONCHODILATOR<br>AGENTS       |
| probenecid tab (BENEMID equiv)            | -                   | 1           | GOUT AGENTS                                      |
| PROCAINAMIDE INJ                          | -                   | NC          | ANTIARRHYTHMICS                                  |
| PROCARDIA CAP                             | -                   | NC          | 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                          | -                   | NC          | DERMATOLOGICALS                                  |
| PROCTOFOAM HC FOAM                        | -                   | 2           | ANORECTAL AGENTS                                 |
| proctosol HC cream (ANUSOL HC equiv)      | -                   | 1           | ANORECTAL AGENTS                                 |
| PROCYSBI GRANULES PACKET                  | -                   | NC          | GENITOURINARY AGENTS -<br>MISCELLANEOUS          |
| PRODRIN TAB                               | -                   | NC          | MIGRAINE PRODUCTS                                |
| progesterone cap (PROMETRIUM equiv)       | -                   | 1           | PROGESTINS                                       |
| progesterone oil inj                      | -                   | 1           | PROGESTINS                                       |
| PROGESTERONE SUPP                         | PA                  | 3           | VAGINAL PRODUCTS                                 |
| PROGLYCEM SUSP                            | -                   | NC          | ANTIDIABETICS                                    |
| PROGRAF CAP                               | -                   | NC          | ASSORTED CLASSES                                 |
| PROGRAF PACKET                            | -                   | NC          | MISCELLANEOUS THERAPEUTIC CLASSE                 |
| PROLATE TAB 7.5-300MG                     | -                   | NC          | ANALGESICS - OPIOID                              |
| PROLENSA OPHTH SOLN                       | -                   | 2           | OPHTHALMIC AGENTS                                |
| PROLEUKIN INJ                             | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES      |
| PROLIA INJ                                | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS -<br>MISC.        |
| PROMACTA POWDER                           | PA-TMSP             | SP          | HEMATOPOIETIC AGENTS                             |
| PROMACTA TAB                              | PA-TMSP             | SP          | HEMATOPOIETIC AGENTS                             |
| promethazine DM syrup                     | -                   | 1           | COUGH/COLD/ALLERGY                               |
| promethazine supp (PHENERGAN equiv)       | -                   | 2           | ANTIHISTAMINES                                   |
| promethazine syrup                        | -                   | 1           | ANTIHISTAMINES                                   |

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| EXC Plan Exclusion                               | INF Infertility   | LD Limited Distribution                  |
| M Medical Benefit                                | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter                     |
| PA Prior Authorization                           | QL Quantity Limit   | RDX Restricted to Diagnosis              |
| 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   | TMSP Available through Specialty Network |

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| <b>Drug Name</b>  | <b>Special Code</b> | <b>Tier</b> | <b>Category</b>                               |
|---|---------------------|-------------|---|
| 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  | -                   | NC          | PROGESTINS                                    |
| PROMISEB CREAM  | -                   | NC          | DERMATOLOGICALS                               |
| propafenone ER cap (RYTHMOL SR equiv)                             | -                   | 2           | ANTIARRHYTHMICS                               |
| propafenone tab (RYTHMOL equiv)                                   | -                   | 1           | ANTIARRHYTHMICS                               |
| PROPANTHELINE TAB   | -                   | 2           | ULCER DRUGS                                   |
| proparacaine ophth soln (ALCAINE equiv)                           | -                   | 1           | OPHTHALMIC AGENTS                             |
| propranolol ER cap (INDERAL LA equiv)                             | -                   | 1           | BETA BLOCKERS                                 |
| propranolol oral soln 20mg/5ml (PROPRANOLOL equiv)                | -                   | 1           | BETA BLOCKERS                                 |
| PROPRANOLOL SOLN  | -                   | 1           | BETA BLOCKERS                                 |
| propranolol tab (INDERAL equiv)                                   | -                   | 1           | BETA BLOCKERS                                 |
| PROPRANOLOL/HYDROCHLOROTHIAZIDE TAB                               | -                   | 1           | ANTIHYPERTENSIVES                             |
| propylthiouracil tab  | -                   | 1           | THYROID AGENTS                                |
| PROQUIN XR TAB  | -                   | NC          | FLUOROQUINOLONES                              |
| PROSCAR TAB   | -                   | NC          | GENITOURINARY AGENTS - MISCELLANEOUS          |
| PROSED DS TAB   | -                   | NC          | URINARY ANTI-INFECTIVES                       |
| PROTHELIAL PASTE  | -                   | NC          | MOUTH/THROAT/DENTAL AGENTS                    |
| PROTONIX EC TAB   | -                   | NC          | ULCER DRUGS                                   |
| PROTOPIC OINT   | -                   | NC          | DERMATOLOGICALS                               |
| protriptyline tab (VIVACTIL equiv)                                | -                   | 3           | ANTIDEPRESSANTS                               |
| PROVERA TAB   | -                   | NC          | PROGESTINS                                    |
| PROVIGIL TAB  | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| PROZAC CAP  | -                   | NC          | ANTIDEPRESSANTS                               |
| PROZAC WEEKLY CAP   | -                   | NC          | ANTIDEPRESSANTS                               |
| PULMICORT FLEXHALER   | -                   | NC          | ANTIASTHMATIC AND BRONCHODILATOR AGENTS       |
| PULMICORT INH SUSP  | -                   | NC          | ANTIASTHMATIC AND BRONCHODILATOR AGENTS       |
| PULMOZYME INH SOLN  | TMSP                | SP          | RESPIRATORY AGENTS - MISC.                    |
| PUREFOLIX TAB   | -                   | NC          | HEMATOPOIETIC AGENTS                          |
| PURIXAN SUSP (Members age 9 or older require Prior Authorization) | PA                  | 3           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES      |
| PYLERA CAP  | -                   | NC          | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS     |
| pyrazinamide tab  | -                   | 1           | ANTIMYCOBACTERIAL AGENTS                      |
| PYRIDIDIUM TAB  | -                   | NC          | GENITOURINARY AGENTS - MISCELLANEOUS          |
| pyridostigmine CR tab (MESTINON equiv)                            | -                   | 2           | ANTIMYASTHENIC/CHOLINERGIC AGENTS             |
| pyridostigmine tab (MESTINON equiv)                               | -                   | 1           | ANTIMYASTHENIC/CHOLINERGIC AGENTS             |
| PYRIDOSTIGMINE TAB 30MG   | -                   | NC          | ANTIMYASTHENIC/CHOLINERGIC AGENTS             |
| pyridstigmine soln (MESTINON equiv)                               | -                   | 3           | ANTIMYASTHENIC/CHOLINERGIC AGENTS             |

|     |  |     |  |      |                                     |
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| EXC | NC/3P = Not Covered, Third Party Reviewer Plan Exclusion | INF | Infertility  | LD   | Limited Distribution                |
| M   | Medical Benefit  | MSP | Mandatory Specialty Pharmacy Program                     | OTC  | Over-the-Counter                    |
| PA  | Prior Authorization                                      | QL  | Quantity Limit   | RDX  | Restricted to Diagnosis             |
| 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   | TMSP | Available through Specialty Network |

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|--|---------------------|-------------|---|
| 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                                 |
| PYRUKYND TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306)                       | LD-PA-QL            | SP          | HEMATOLOGICAL AGENTS - MISC.                  |
| PYRUKYND TAPER PACK (QL= 1 tab/day; Only available through Biologics 800-850-4306)                 | LD-PA-QL            | SP          | HEMATOLOGICAL AGENTS - MISC.                  |
| QBRELIS SOLN (Prior Authorization required for members age 9 or older)                             | PA                  | 3           | ANTIHYPERTENSIVES                             |
| QBREXZA PAD  | -                   | NC          | DERMATOLOGICALS                               |
| QDOLO SOLN, TRAMADOL SOLN  | -                   | NC          | ANALGESICS - OPIOID                           |
| QELBREE ER CAP   | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| QINLOCK TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306)                        | LD-PA-QL            | SP          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES      |
| QMIIZ ODT TAB  | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                |
| QNASL NASAL SPRAY  | -                   | NC          | NASAL AGENTS - SYSTEMIC AND TOPICAL           |
| QTERN TAB  | -                   | NC          | ANTIDIABETICS                                 |
| QUALAQUIN CAP  | -                   | NC          | ANTIMALARIALS                                 |
| QUDEXY XR CAP  | -                   | NC          | ANTICONVULSANTS                               |
| QUESTRAN LITE POWDER   | -                   | NC          | ANTIHYPERLIPIDEMICS                           |
| QUESTRAN POWDER  | -                   | NC          | ANTIHYPERLIPIDEMICS                           |
| QUESTRAN POWDER PACK   | -                   | NC          | ANTIHYPERLIPIDEMICS                           |
| quetiapine tab (SEROQUEL equiv)  | -                   | 1           | ANTIPSYCHOTICS/ANTIMANIC AGENTS               |
| QUETIAPINE TAB   | -                   | NC          | 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//NOREXIANTS |
| quinapril tab (ACCUPRIL equiv)   | -                   | 1           | ANTIHYPERTENSIVES                             |
| quinapril/hydrochlorothiazide tab (ACCURETIC equiv)  | -                   | 1           | ANTIHYPERTENSIVES                             |
| quinidine gluconate CR tab   | -                   | 2           | ANTIARRHYTHMICS                               |
| quinidine sulfate tab  | -                   | 1           | ANTIARRHYTHMICS                               |
| QUINIDINE SULFATE TAB  | -                   | NC          | ANTIARRHYTHMICS                               |
| quinine sulfate cap (QUALAQUIN equiv)  | -                   | NC          | ANTIMALARIALS                                 |
| QUINIXIL PAK   | -                   | NC          | DERMATOLOGICALS                               |
| QUINOSONE KIT  | -                   | NC          | DERMATOLOGICALS                               |
| QULIPTA TAB  | -                   | NC          | MIGRAINE PRODUCTS                             |
| QUVIVIQ TAB  | -                   | NC          | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS     |
| QVAR INHALER   | -                   | NC          | ANTIASTHMATIC AND BRONCHODILATOR AGENTS       |
| QVAR REDIHALER   | -                   | NC          | ANTIASTHMATIC AND BRONCHODILATOR AGENTS       |
| RABAVERT INJ   | VAC                 | EXC         | VACCINES                                      |
| rabeprazole EC tab (ACIPHEX equiv)   | -                   | 1           | ULCER DRUGS                                   |
| RADICAVA ORS STARTER KIT (QL= 70ml/365 days; Only available through Accredo 800-803-2523)          | LD-PA-QL            | SP          | NEUROMUSCULAR AGENTS                          |
| RADICAVA ORS SUSP (QL= 50mL/28 days; Only available through Accredo 800-803-2523)                  | LD-PA-QL            | SP          | NEUROMUSCULAR AGENTS                          |
| RAGWITEK SL TAB  | -                   | NC          | BIOLOGICALS MISC                              |

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| <b>Drug Name</b>   | <b>Special Code</b> | <b>Tier</b> | <b>Category</b>                                   |
|--|---------------------|-------------|---|
| 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 DISORDEF AGENTS         |
| ramipril cap (ALTACE equiv)  | -                   | 1           | ANTIHYPERTENSIVES                                 |
| RANEXA TAB   | -                   | NC          | ANTIANGINAL AGENTS                                |
| ranitidine cap (ZANTAC equiv)  | -                   | NC          | ULCER DRUGS                                       |
| ranitidine syrup (ZANTAC equiv)  | -                   | NC          | ULCER DRUGS                                       |
| ranitidine tab (Rx Only) (ZANTAC equiv)  | -                   | NC          | ULCER DRUGS                                       |
| ranolazine tab (RANEXA equiv)  | -                   | 2           | ANTIANGINAL AGENTS                                |
| RAPAFLO CAP  | -                   | NC          | GENITOURINARY AGENTS - MISCELLANEOUS              |
| RAPAMUNE SOLN  | -                   | NC          | MISCELLANEOUS THERAPEUTIC CLASSES                 |
| RAPAMUNE TAB   | -                   | NC          | ASSORTED CLASSES                                  |
| rasagiline tab (AZILECT equiv)   | ¢                   | 2           | ANTIPARKINSON AGENTS                              |
| RAVICTI LIQUID   | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.            |
| RAYALDEE CAP   | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.            |
| RAYOS TAB  | -                   | NC          | CORTICOSTEROIDS                                   |
| RAZADYNE ER CAP  | -                   | NC          | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| RAZADYNE SOLN  | -                   | NC          | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| RAZADYNE TAB   | -                   | NC          | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| REBETOL SOLN   | TMSP                | SP          | ANTIVIRALS  |
| REBIF INJ  | TMSP                | SP          | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| REBLOZYL INJ   | -                   | NC          | HEMATOPOIETIC AGENTS                              |
| RECORLEV TAB   | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.            |
| RECTIV OINT  | -                   | 3           | ANORECTAL AGENTS                                  |
| REDITREX INJ   | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                    |
| REGLAN TAB   | -                   | NC          | GASTROINTESTINAL AGENTS - MISC.                   |
| REGRANEX GEL (QL= 30gm/fill)   | QL                  | 2           | DERMATOLOGICALS                                   |
| RELAFEN DS TAB   | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                    |
| RELENZA DISKHALER (QL= 1 inhaler/fill)   | QL                  | 2           | ANTIVIRALS  |
| RELEUKO INJ  | -                   | NC          | HEMATOPOIETIC AGENTS                              |
| RELEUKO PREFILLED SYRINGE INJ  | -                   | NC          | HEMATOPOIETIC AGENTS                              |
| RELISTOR INJ   | -                   | NC          | GASTROINTESTINAL AGENTS - MISC.                   |
| RELISTOR INJ KIT   | -                   | NC          | GASTROINTESTINAL AGENTS - MISC.                   |
| RELISTOR TAB   | -                   | NC          | GASTROINTESTINAL AGENTS - MISC.                   |
| RELPAK TAB   | -                   | NC          | MIGRAINE PRODUCTS                                 |
| RELTONE CAP  | -                   | NC          | GASTROINTESTINAL AGENTS - MISC.                   |
| RELYVRIO PAK (QL= 2 packets/day; Only available through Accredo 800-803-2523)  | LD-PA-QL            | SP          | NEUROMUSCULAR AGENTS                              |
| REMEDIENT CAP  | -                   | NC          | MULTIVITAMINS                                     |
| REMERON SOLUTAB  | -                   | NC          | ANTIDEPRESSANTS                                   |
| REMERON TAB  | -                   | NC          | ANTIDEPRESSANTS                                   |
| REMODULIN INJ 10MG/ML  | -                   | NC          | CARDIOVASCULAR AGENTS - MISC.                     |

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| EXC Plan Exclusion                               | INF Infertility   | LD Limited Distribution                  |
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|--|---------------------|-------------|---|
| REMODULIN INJ 1MG/ML   | -                   | NC          | CARDIOVASCULAR AGENTS - MISC.             |
| REMODULIN INJ 2.5MG/ML   | -                   | NC          | CARDIOVASCULAR AGENTS - MISC.             |
| REMODULIN INJ 5MG/ML   | -                   | NC          | CARDIOVASCULAR AGENTS - MISC.             |
| RENACIDIN SOLN   | -                   | NC          | GENITOURINARY AGENTS - MISCELLANEOUS      |
| RENAGEL TAB  | -                   | 3           | GASTROINTESTINAL AGENTS - MISC.           |
| RENAGEL TAB 800MG  | -                   | NC          | GASTROINTESTINAL AGENTS - MISC.           |
| renaphro cap (NEPHROCAP equiv)   | -                   | 1           | MULTIVITAMINS                             |
| RENOVA CREAM   | -                   | EXC         | DERMATOLOGICALS                           |
| RENVELA TAB  | -                   | NC          | GASTROINTESTINAL AGENTS - MISC.           |
| repaglinide tab (PRANDIN equiv)  | -                   | 1           | ANTIDIABETICS                             |
| REPAGLINIDE TAB  | -                   | NC          | ANTIDIABETICS                             |
| REPATHA INJ (QL= 2 inj/28 days)  | PA-QL               | 2           | ANTIHYPERTENSIVES                         |
| REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days)   | PA-QL               | 2           | ANTIHYPERTENSIVES                         |
| REQUIP TAB   | -                   | NC          | ANTIPARKINSON AGENTS                      |
| REQUIP XL TAB  | -                   | NC          | ANTIPARKINSON AGENTS                      |
| RESCRIPTOR TAB   | -                   | SP          | ANTIVIRALS                                |
| RESERVAPAK SYRUP   | -                   | NC          | ALTERNATIVE MEDICINES                     |
| RESTASIS OPHTH EMULSION  | -                   | NC          | OPHTHALMIC AGENTS                         |
| RESTORIL CAP 15MG  | -                   | NC          | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS |
| RESTORIL CAP 22.5MG  | -                   | NC          | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS |
| RESTORIL CAP 30MG  | -                   | NC          | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS |
| RESTORIL CAP 7.5MG   | -                   | NC          | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS |
| RETACRIT INJ   | -                   | 2           | HEMATOPOIETIC AGENTS                      |
| RETEVMO CAP (QL= 4 caps/day)   | PA-QL-SF-TMSP       | SP          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES  |
| RETIN-A CREAM  | -                   | NC          | DERMATOLOGICALS                           |
| RETIN-A MICRO GEL 0.04%, 0.1%  | -                   | NC          | DERMATOLOGICALS                           |
| RETIN-A MICRO GEL 0.08%, 0.06%   | -                   | NC          | DERMATOLOGICALS                           |
| RETROVIR CAP   | -                   | NC          | ANTIVIRALS                                |
| RETROVIR SYRUP   | -                   | NC          | ANTIVIRALS                                |
| RETROVIR TAB   | -                   | NC          | ANTIVIRALS                                |
| REVATIO SUSP   | -                   | NC          | CARDIOVASCULAR AGENTS - MISC.             |
| REVATIO TAB  | -                   | NC          | CARDIOVASCULAR AGENTS - MISC.             |
| REVLIMID CAP (QL= 1 cap/day; Only available through Walgreens 888-347-3416; Restricted to Oncology or Hematology Specialist) | LD-QL-RS            | SP          | MISCELLANEOUS THERAPEUTIC CLASSES         |
| REXAPHENAC CREAM   | -                   | NC          | DERMATOLOGICALS                           |
| REXULTI TAB (QL= 1 tab/day)  | PA-QL               | 3           | ANTIPSYCHOTICS/ANTIMANIC AGENTS           |
| REYATAZ CAP  | -                   | NC          | ANTIVIRALS                                |
| REYATAZ POWDER PACK  | -                   | SP          | ANTIVIRALS                                |
| REYVOW TAB   | -                   | NC          | MIGRAINE PRODUCTS                         |
| REZLIDHIA CAP (QL= 2 caps/day; Only available through Biologics 800-850-4306)  | LD-PA-QL-SF         | SP          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES  |
| REZUROCK TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306)  | LD-PA-QL            | SP          | MISCELLANEOUS THERAPEUTIC CLASSES         |
| REZVOGLAR INJ  | -                   | NC          | ANTIDIABETICS                             |

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| <b>EXC</b> Plan Exclusion                              | <b>INF</b> Infertility   | <b>LD</b> Limited Distribution                  |
| <b>M</b> Medical Benefit                               | <b>MSP</b> Mandatory Specialty Pharmacy Program                    | <b>OTC</b> Over-the-Counter                     |
| <b>PA</b> Prior Authorization                          | <b>QL</b> Quantity Limit   | <b>RDX</b> Restricted to Diagnosis              |
| <b>RS</b> Restricted to Specialist                     | <b>SF</b> Limited to two 15 day fills per month for first 3 months | <b>SMKG</b> Smoking Cessation                   |
| <b>SP</b> Available through Specialty Pharmacy Program | <b>ST</b> Step Therapy   | <b>TMSP</b> Available through Specialty Network |

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| <b>Drug Name</b>  | <b>Special Code</b> | <b>Tier</b> | <b>Category</b>                                   |
|---|---------------------|-------------|---|
| REZYST CHEW TAB   | -                   | NC          | ANTIDIARRHEALS                                    |
| RHEUMATREX TAB  | -                   | 3           | ANALGESICS - ANTI-INFLAMMATORY                    |
| RHINOCORT AQUA NASAL SPRAY  | -                   | NC          | NASAL AGENTS - SYSTEMIC AND TOPICAL               |
| RHOFADE CREAM   | -                   | EXC         | DERMATOLOGICALS                                   |
| RHOPRESSA OPTH SOLN   | -                   | NC          | OPHTHALMIC AGENTS                                 |
| RIABNI SOLN   | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| RIBAPAK TAB   | -                   | NC          | ANTIVIRALS  |
| RIBAVIRIN CAP   | TMSP                | 1           | ANTIVIRALS  |
| ribavirin cap (REBETOL equiv)   | TMSP                | 1           | ANTIVIRALS  |
| ribavirin inh soln (VIRAZOLE equiv)   | -                   | NC          | ANTIVIRALS  |
| RIBAVIRIN TAB   | TMSP                | 1           | ANTIVIRALS  |
| RIDAURA CAP   | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                    |
| rifabutin cap (MYCOBUTIN equiv)   | -                   | 2           | ANTIMYCOBACTERIAL AGENTS                          |
| RIFADIN CAP   | -                   | NC          | ANTIMYCOBACTERIAL AGENTS                          |
| RIFAMATE CAP  | -                   | 2           | ANTIMYCOBACTERIAL AGENTS                          |
| rifampin cap (RIFADIN equiv)  | -                   | 2           | ANTIMYCOBACTERIAL AGENTS                          |
| RIFATER TAB   | PA                  | 3           | ANTIMYCOBACTERIAL AGENTS                          |
| RILUTEK TAB   | -                   | NC          | NEUROMUSCULAR AGENTS                              |
| riluzole tab (RILUTEK equiv)  | -                   | 2           | NEUROMUSCULAR AGENTS                              |
| RIMANTADINE TAB   | -                   | 3           | ANTIVIRALS  |
| RINVOQ ER TAB (QL= 1 tab/day)   | PA-QL-TMSP          | SP          | ANALGESICS - ANTI-INFLAMMATORY                    |
| RIOMET ER SUSP  | -                   | 3           | ANTIDIABETICS                                     |
| RIOMET SOLN   | -                   | NC          | ANTIDIABETICS                                     |
| risedronate DR tab (ATELVIA equiv) (Step Therapy requires trial of alendronate) | ST                  | 3           | ENDOCRINE AND METABOLIC AGENTS - MISC.            |
| risedronate tab (ACTONEL equiv)   | -                   | 2           | ENDOCRINE AND METABOLIC AGENTS - MISC.            |
| RISPERDAL CONSTA INJ  | -                   | 2           | ANTIPSYCHOTICS/ANTIMANIC AGENTS                   |
| RISPERDAL M ODT   | -                   | NC          | ANTIPSYCHOTICS/ANTIMANIC AGENTS                   |
| RISPERDAL SOLN  | -                   | NC          | ANTIPSYCHOTICS/ANTIMANIC AGENTS                   |
| RISPERDAL TAB   | -                   | NC          | 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  | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS     |
| RITALIN TAB   | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS     |
| ritonavir tab (NORVIR equiv)  | -                   | 1           | ANTIVIRALS  |
| RITUXAN INJ   | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| rivastigmine cap (EXELON equiv)   | -                   | 1           | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| rivastigmine patch (EXELON equiv)   | -                   | 2           | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)              | QL                  | 1           | MIGRAINE PRODUCTS                                 |
| rizatriptan tab (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)              | QL                  | 1           | MIGRAINE PRODUCTS                                 |
| ROAOXIA GEL   | -                   | NC          | DERMATOLOGICALS                                   |

|     |  |     |  |      |                                     |
|-----|--|-----|--|------|-------------------------------------|
|     | <b>NC</b> = Not Covered                          |     | <b>generic</b> = small letters                           |      | <b>BRANDS</b> = CAPITAL LETTERS     |
|     | <b>NC/3P</b> = Not Covered, Third Party Reviewer |     |  |      |                                     |
| EXC | Plan Exclusion                                   | INF | Infertility  | LD   | Limited Distribution                |
| M   | Medical Benefit                                  | MSP | Mandatory Specialty Pharmacy Program                     | OTC  | Over-the-Counter                    |
| PA  | Prior Authorization                              | QL  | Quantity Limit   | RDX  | Restricted to Diagnosis             |
| 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   | TMSP | Available through Specialty Network |

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|---|---------------------|-------------|---|
| ROBAXIN TAB   | -                   | NC          | MUSCULOSKELETAL THERAPY AGENTS            |
| ROBINUL TAB   | -                   | NC          | ULCER DRUGS                               |
| ROCALTROL CAP   | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.    |
| ROCALTROL SOLN  | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.    |
| ROCKLATAN OPTH SOLN   | -                   | NC          | OPHTHALMIC AGENTS                         |
| roflumilast tab (DALIRESP equiv)  | -                   | 2           | ANTIASTHMATIC AND BRONCHODILATOR AGENTS   |
| ropinirole ER tab (REQUIP XL equiv)                                       | -                   | 2           | ANTIPARKINSON AGENTS                      |
| ropinirole tab (REQUIP equiv)   | -                   | 1           | ANTIPARKINSON AGENTS                      |
| ROPIVICAINE/CLONIDINE/KETOROLAC INJ                                       | -                   | NC          | LOCAL ANESTHETICS-PARENTERAL              |
| ROSADAN KIT   | -                   | NC          | DERMATOLOGICALS                           |
| ROSULA EMULSION   | -                   | NC          | DERMATOLOGICALS                           |
| ROSULA GEL  | -                   | NC          | DERMATOLOGICALS                           |
| rosuvastatin tab (CRESTOR equiv)  | -                   | \$0         | ANTIHYPERTENSIVES                         |
| ROSZET TAB  | -                   | NC          | ANTIHYPERTENSIVES                         |
| ROTARIX SUSP  | VAC                 | \$0         | VACCINES                                  |
| ROTATEQ INJ   | VAC                 | \$0         | VACCINES                                  |
| ROWASA KIT  | -                   | NC          | GASTROINTESTINAL AGENTS - MISC.           |
| ROXICODONE TAB  | -                   | NC          | ANALGESICS - OPIOID                       |
| ROXYBOND TAB  | -                   | NC          | ANALGESICS - OPIOID                       |
| ROZEREM TAB   | -                   | NC          | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS |
| ROZLYTREK CAP (QL= 3 caps/day)  | PA-QL-TMSP          | SP          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES  |
| RUBRACA TAB (QL= 4 tabs/day; Only available through Optum 877-445-6874)   | LD-PA-QL-SF         | SP          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES  |
| RUCONEST INJ (Only available through Accredo 800-803-2523)                | LD-PA               | SP          | HEMATOLOGICAL AGENTS - MISC.              |
| rufinamide susp (BANZEL equiv)  | PA                  | 2           | ANTICONSULTANTS                           |
| rufinamide tab (BANZEL equiv)   | PA                  | 2           | ANTICONSULTANTS                           |
| RUKOBIA ER TAB  | -                   | NC          | ANTIVIRALS                                |
| RYALTRIS SPRAY  | -                   | NC          | NASAL AGENTS - SYSTEMIC AND TOPICAL       |
| RYBELSUS TAB (QL=1 tab/day; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX              | 2           | ANTIDIABETICS                             |
| RYBIX ODT   | -                   | NC          | ANALGESICS - OPIOID                       |
| RYCLOLA SOLN  | -                   | NC          | ANTIHISTAMINES                            |
| RYDAPT CAP (QL= 56 caps/28 days)  | PA-QL-TMSP          | SP          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES  |
| RYTARY CAP  | -                   | NC          | ANTIPARKINSON AGENTS                      |
| RYTHMOL SR CAP  | -                   | NC          | ANTIARRHYTHMICS                           |
| RYVENT TAB  | -                   | NC          | ANTIHISTAMINES                            |
| SABRIL POWDER PACK  | -                   | NC          | ANTICONSULTANTS                           |
| SABRIL TAB  | -                   | NC          | ANTICONSULTANTS                           |
| SAFYRAL TAB   | -                   | 3           | CONTRACEPTIVES                            |
| SAIZEN INJ, SEROSTIM INJ, ZORBTIVE INJ                                    | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.    |
| SALAGEN TAB   | -                   | NC          | MOUTH/THROAT/DENTAL AGENTS                |
| SALEX LOTION KIT  | -                   | NC          | DERMATOLOGICALS                           |
| SALEX SHAMPOO   | -                   | 3           | DERMATOLOGICALS                           |

|  |   |  |
|--|---|--|
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| EXC Plan Exclusion                               | INF Infertility   | LD Limited Distribution                  |
| M Medical Benefit                                | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter                     |
| PA Prior Authorization                           | QL Quantity Limit   | RDX Restricted to Diagnosis              |
| 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   | TMSP Available through Specialty Network |

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|--|---------------------|-------------|---|
| SALEX SHAMPOO  | -                   | NC          | DERMATOLOGICALS                                   |
| SALICATE LIQUID  | -                   | NC          | DERMATOLOGICALS                                   |
| salicylic acid soln                                      | -                   | NC          | DERMATOLOGICALS                                   |
| salicylic acid cream (CERAVE PSORIASIS equiv)            | -                   | NC          | DERMATOLOGICALS                                   |
| salicylic acid shampoo (SALEX equiv)                     | -                   | 2           | DERMATOLOGICALS                                   |
| SALIMEZ FORTE CREAM                                      | -                   | NC          | DERMATOLOGICALS                                   |
| salsalate tab (DISALCID equiv)                           | -                   | 2           | ANALGESICS - NONNARCOTIC                          |
| SAMSCA TAB   | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.            |
| SAMSCA TAB 15MG  | MSP                 | SP          | ENDOCRINE AND METABOLIC AGENTS - MISC.            |
| SANCUSO PATCH (QL= 4 patches/fill)                       | QL                  | 3           | ANTIEMETICS                                       |
| SANDIMMUNE CAP   | -                   | NC          | ASSORTED CLASSES                                  |
| SANDIMMUNE SOLN 100MG/ML                                 | -                   | SP          | ASSORTED CLASSES                                  |
| SANDOSTATIN INJ  | -                   | NC          | 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   | -                   | NC          | ANTIPSYCHOTICS/ANTIMANIC AGENTS                   |
| sapropterin dihydrochloride powder packet (KUVAN equiv)  | TMSP                | SP          | ENDOCRINE AND METABOLIC AGENTS - MISC.            |
| sapropterin dihydrochloride soluble tab (KUVAN equiv)    | TMSP                | SP          | ENDOCRINE AND METABOLIC AGENTS - MISC.            |
| SARAFEM TAB  | -                   | NC          | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| SAVAYSA TAB  | -                   | NC          | ANTICOAGULANTS                                    |
| SAVELLA PAK  | -                   | 2           | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| SAVELLA TAB (QL= 2 tabs/day)                             | QL                  | 2           | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| saxagliptin hcl tab (ONGLYZA equiv)                      | -                   | NC          | ANTIDIABETICS                                     |
| saxagliptin-metformin hcl tab er 24hr (KOMBIGLYZE equiv) | -                   | NC          | ANTIDIABETICS                                     |
| SCARCIN GEL  | -                   | NC          | DERMATOLOGICALS                                   |
| scarcin gel (SCARCIN equiv)                              | -                   | NC          | DERMATOLOGICALS                                   |
| SCARCIN LIQUID ROLL-ON                                   | -                   | NC          | DERMATOLOGICALS                                   |
| SCEMBLIX TAB   | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| scopolamine patch (TRANSDERM-SCOP equiv)                 | -                   | 2           | ANTIEMETICS                                       |
| SEASONIQUE TAB   | -                   | NC          | CONTRACEPTIVES                                    |
| SECONAL CAP  | -                   | 2           | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS         |
| SECUADO PATCH  | -                   | NC          | ANTIPSYCHOTICS/ANTIMANIC AGENTS                   |
| SEEBRI NEOHALER CAP                                      | -                   | NC          | ANTIASTHMATIC AND BRONCHODILATOR AGENTS           |
| SEGLENTIS TAB  | -                   | NC          | ANALGESICS - OPIOID                               |
| SEGLUROMET TAB   | -                   | NC          | ANTIDIABETICS                                     |
| selegiline cap (ELDEPRYL equiv)                          | -                   | 1           | ANTIPARKINSON AGENTS                              |
| selegiline tab (ELDEPRYL equiv)                          | -                   | 1           | ANTIPARKINSON AGENTS                              |
| selenium sulfide lotion                                  | OTC                 | 1           | DERMATOLOGICALS                                   |
| selenium sulfide lotion 2.5% (SELSUN equiv)              | -                   | 1           | DERMATOLOGICALS                                   |

|     |  |     |  |      |                                     |
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| EXC | NC/3P = Not Covered, Third Party Reviewer Plan Exclusion | INF | Infertility  | LD   | Limited Distribution                |
| M   | Medical Benefit  | MSP | Mandatory Specialty Pharmacy Program                     | OTC  | Over-the-Counter                    |
| PA  | Prior Authorization                                      | QL  | Quantity Limit   | RDX  | Restricted to Diagnosis             |
| 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   | TMSP | Available through Specialty Network |

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|--|---------------------|-------------|--|
| 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                             |
| SEMGLEE INJ  | -                   | NC          | ANTIDIABETICS                          |
| SEMGLEE INJ, INSULIN GLARGINE-YFGN INJ   | -                   | NC          | ANTIDIABETICS                          |
| SEMGLEE PEN INJ  | -                   | NC          | ANTIDIABETICS                          |
| SEMGLEE PEN, INSULIN GLARGINE-YFGN PEN   | -                   | NC          | ANTIDIABETICS                          |
| SEMPREX-D CAP  | -                   | EXC         | COUGH/COLD/ALLERGY                     |
| SENSIPAR TAB   | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| SEREVENT DISKUS INHALER  | -                   | 2           | ASTHMA AND BRONCHODILATOR AGENTS       |
| SERNIVO SPRAY  | -                   | NC          | DERMATOLOGICALS                        |
| SEROQUEL TAB   | -                   | NC          | ANTIPSYCHOTICS/ANTIMANIC AGENTS        |
| SEROQUEL XR TAB  | -                   | NC          | ANTIPSYCHOTICS/ANTIMANIC AGENTS        |
| SERTRALINE CAP   | -                   | NC          | ANTIDEPRESSANTS                        |
| 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 (REVELA equiv)  | -                   | 2           | GASTROINTESTINAL AGENTS - MISC.        |
| sevelamer tab (REVELA TAB equiv)   | -                   | 2           | GASTROINTESTINAL AGENTS - MISC.        |
| SEYSARA TAB  | -                   | NC          | TETRACYCLINES                          |
| SFROWASA ENEMA   | -                   | 3           | GASTROINTESTINAL AGENTS - MISC.        |
| SHINGRIX INJ (Covered for members age 19 years or older)                                     | VAC                 | \$0         | VACCINES                               |
| SIGNIFOR INJ (QL= 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007) | LD-PA-QL            | SP          | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| SIKLOS TAB   | -                   | NC          | HEMATOPOIETIC AGENTS                   |
| SILALITE PAK MIS   | -                   | NC          | DERMATOLOGICALS                        |
| SILATRIX GEL   | -                   | NC          | MOUTH/THROAT/DENTAL AGENTS             |
| sildenafil susp (REVATIO equiv) (Members age 9 or older require Prior Authorization)         | PA                  | 2           | CARDIOVASCULAR AGENTS - MISC.          |
| sildenafil tab (VIAGRA equiv)  | -                   | EXC         | 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)  | -                   | 1           | GENITOURINARY AGENTS - MISCELLANEOUS   |
| SILVADENE CREAM  | -                   | NC          | DERMATOLOGICALS                        |
| silver sulfadiazine cream (SILVADENE CREAM equiv)  | -                   | 1           | DERMATOLOGICALS                        |
| SILVERA PAD  | -                   | NC          | DERMATOLOGICALS                        |
| SIMBRINZA OPHTH SUSP   | -                   | 2           | OPHTHALMIC AGENTS                      |
| SIMCOR TAB   | -                   | NC          | ANTIHYPERTENSIVES                      |
| SIMPONI ARIA INJ   | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY         |
| SIMPONI AUTO-INJECTOR 100MG (QL=1 inj/28 days)   | PA-QL-TMSP          | SP          | ANALGESICS - ANTI-INFLAMMATORY         |
| SIMPONI AUTO-INJECTOR 50MG   | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY         |
| SIMPONI INJ 100MG (QL=1 inj/28 days)   | PA-QL-TMSP          | SP          | ANALGESICS - ANTI-INFLAMMATORY         |
| SIMPONI INJ 50MG   | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY         |

|            |   |            |  |             |                                     |
|------------|---|------------|--|-------------|-------------------------------------|
| <b>EXC</b> | <b>NC</b> = Not Covered<br><b>NC/3P</b> = Not Covered, Third Party Reviewer<br>Plan Exclusion | <b>INF</b> | Infertility  | <b>LD</b>   | Limited Distribution                |
| <b>M</b>   | Medical Benefit   | <b>MSP</b> | Mandatory Specialty Pharmacy Program                     | <b>OTC</b>  | Over-the-Counter                    |
| <b>PA</b>  | Prior Authorization   | <b>QL</b>  | Quantity Limit   | <b>RDX</b>  | Restricted to Diagnosis             |
| <b>RS</b>  | Restricted to Specialist  | <b>SF</b>  | Limited to two 15 day fills per month for first 3 months | <b>SMKG</b> | Smoking Cessation                   |
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|---|---------------------|-------------|---|
| 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  | -                   | NC          | ANTIPARKINSON AGENTS                    |
| SINEMET TAB   | -                   | NC          | ANTIPARKINSON AGENTS                    |
| SINGULAIR CHEW TAB  | -                   | NC          | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| SINGULAIR GRANULE PACK  | -                   | NC          | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| SINGULAIR TAB   | -                   | NC          | 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                        |
| 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  | -                   | NC          | MUSCULOSKELETAL THERAPY AGENTS          |
| SKLICE LOTION   | -                   | NC          | DERMATOLOGICALS                         |
| SKYCLARYS CAP (QL= 3 caps/day; Only available through Biologics 800-850-4306)   | LD-PA-QL            | SP          | NEUROMUSCULAR AGENTS                    |
| SKYRIZI INJ 150MG/ML (QL= 1 inj/84 days)  | PA-QL-TMSP          | SP          | DERMATOLOGICALS                         |
| SKYRIZI INJ 180 MG/1.2ML (QL= 1 inj/56 days)  | PA-QL-TMSP          | SP          | GASTROINTESTINAL AGENTS - MISC.         |
| SKYRIZI INJ 360MG/2.4ML (QL= 1 inj/56 days)   | PA-QL-TMSP          | SP          | GASTROINTESTINAL AGENTS - MISC.         |
| SKYRIZI INJ 75MG/0.83ML (QL= 2 inj/84 days)   | PA-QL-TMSP          | SP          | DERMATOLOGICALS                         |
| SKYTROFA INJ  | PA-TMSP             | SP          | ENDOCRINE AND METABOLIC AGENTS - MISC.  |
| SLO-NIACIN TAB  | -                   | NC          | VITAMINS                                |
| SLYND TAB   | -                   | \$0         | CONTRACEPTIVES                          |
| smz/tmp (DS) tab (BACTRIM DS equiv)   | -                   | 1           | ANTI-INFECTIVE AGENTS - MISC.           |
| smz/tmp susp (BACTRIM, SEPTRA equiv)  | -                   | 1           | ANTI-INFECTIVE AGENTS - MISC.           |
| SOAANZ TAB  | -                   | NC          | DIURETICS                               |
| SOD CHLORIDE INJ  | M                   | M           | MINERALS & ELECTROLYTES                 |
| sodium chloride 0.9% irr soln   | -                   | NC          | GENITOURINARY AGENTS - MISCELLANEOUS    |
| sodium chloride inj   | -                   | NC          | MINERALS & ELECTROLYTES                 |
| sodium chloride neb soln (HYPER-SAL equiv)  | -                   | 1           | COUGH/COLD/ALLERGY                      |
| 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 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                 |
| sodium fluoride/potassium nitrate paste (PREVIDENT equiv)   | -                   | 1           | MOUTH/THROAT/DENTAL AGENTS              |

|     |  |     |  |      |                                     |
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| EXC | Plan Exclusion                                   | INF | Infertility  | LD   | Limited Distribution                |
| M   | Medical Benefit                                  | MSP | Mandatory Specialty Pharmacy Program                     | OTC  | Over-the-Counter                    |
| PA  | Prior Authorization                              | QL  | Quantity Limit   | RDX  | Restricted to Diagnosis             |
| 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   | TMSP | Available through Specialty Network |

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| <b>Drug Name</b>  | <b>Special Code</b> | <b>Tier</b> | <b>Category</b>                                   |
|---|---------------------|-------------|---|
| SODIUM IODIDE I-131 SOLN  | -                   | NC          | THYROID AGENTS                                    |
| SODIUM OXYBATE SOLN (QL= 540ml/30 days; Only available through Xyrem Certified Pharmacy 1-866-997-3688)   | LD-PA-QL            | SP          | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| 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 equiv)  | -                   | NC          | DERMATOLOGICALS                                   |
| sodium sulfacetamide lotion (KLARON equiv)  | -                   | 2           | DERMATOLOGICALS                                   |
| sodium sulfacetamide shampoo (OVACE equiv)  | -                   | NC          | DERMATOLOGICALS                                   |
| sodium sulfacetamide wash (OVACE WASH equiv)  | -                   | 2           | DERMATOLOGICALS                                   |
| sodium sulfacetamide/sulfur cleanser 10-5% (SUMAXIN equiv)  | -                   | 2           | DERMATOLOGICALS                                   |
| sodium sulfacetamide/sulfur cleanser 9-4.5% (SUMADAN WASH equiv)  | -                   | 2           | DERMATOLOGICALS                                   |
| sodium sulfacetamide/sulfur emulsion (ROSAC WASH equiv)   | -                   | 2           | DERMATOLOGICALS                                   |
| sodium sulfacetamide/sulfur emulsion (ROSULA equiv)   | -                   | 2           | DERMATOLOGICALS                                   |
| SODIUM SULFACETAMIDE/SULFUR EMULSION  | -                   | NC          | DERMATOLOGICALS                                   |
| sodium sulfacetamide/sulfur emulsion 10-1% (ROSAC WASH equiv)   | -                   | NC          | DERMATOLOGICALS                                   |
| sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv)   | -                   | 3           | DERMATOLOGICALS                                   |
| sodium sulfacetamide/sulfur gel (ROSULA equiv)  | -                   | 2           | DERMATOLOGICALS                                   |
| SODIUM SULFACETAMIDE/SULFUR LOTION  | -                   | NC          | DERMATOLOGICALS                                   |
| sodium sulfacetamide/sulfur lotion (SULFACET R equiv)   | -                   | NC          | DERMATOLOGICALS                                   |
| sodium sulfacetamide/sulfur pad (PLEXION CLEANSING CLOTH equiv)   | -                   | NC          | DERMATOLOGICALS                                   |
| sodium sulfacetamide/sulfur susp (SUMAXIN equiv)  | -                   | 2           | DERMATOLOGICALS                                   |
| SODIUM SULFACETAMIDE/SULFUR SUSP  | -                   | NC          | DERMATOLOGICALS                                   |
| sodium sulfacetamide/sulfur wash (SUMAXIN equiv)  | -                   | NC          | DERMATOLOGICALS                                   |
| sodium sulfacetamide/sunscreen kit (SUMADEN XLT equiv)  | -                   | NC          | DERMATOLOGICALS                                   |
| sodium/magnesium/potassium soln (SUPREP equiv) (QL= 2 fills/calendar year; \$0 for members 45-75 years, all other members covered at generic copay) | QL                  | \$0         | LAXATIVES   |
| SOFOSBUVIR/VELPATASVIR TAB (QL= 1 tab/day)  | PA-QL-TMSP          | SP          | ANTIVIRALS  |
| SOGROYA INJ   | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.            |
| SOHONOS CAP   | -                   | NC          | MUSCULOSKELETAL THERAPY AGENTS                    |
| SOLAICE PATCH   | -                   | NC          | DERMATOLOGICALS                                   |
| SOLARAVIX PAK   | -                   | NC          | DERMATOLOGICALS                                   |
| SOLARCAINE EXTRA GEL  | -                   | NC          | DERMATOLOGICALS                                   |
| solifenacin tab (VESICARE equiv)  | -                   | 1           | URINARY ANTISPASMODICS                            |
| SOLIQUA INJ (QL= 15ml/25 days)  | PA-QL               | 2           | ANTIDIABETICS                                     |
| SOLODYN TAB   | -                   | NC          | TETRACYCLINES                                     |
| SOLOSEC GRANULES PACKET (QL= 1 packet/fill)   | PA-QL               | 3           | AMEBICIDES  |
| SOLU-CORTEF INJ (QL= 1 vial/fill)   | QL                  | 2           | CORTICOSTEROIDS                                   |
| SOLU-CORTEF INJ 100MG (QL= 2 vials/fill)  | QL                  | 2           | CORTICOSTEROIDS                                   |
| SOLU-MEDROL INJ   | -                   | NC          | CORTICOSTEROIDS                                   |
| SOLU-MEDROL INJ 2GM   | -                   | 2           | CORTICOSTEROIDS                                   |
| SOLU-MEDROL PF INJ  | -                   | NC          | CORTICOSTEROIDS                                   |
| SOMA TAB  | -                   | NC          | MUSCULOSKELETAL THERAPY AGENTS                    |
| SOMATULINE INJ  | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.            |

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| EXC Plan Exclusion                               | INF Infertility   | LD Limited Distribution                  |
| M Medical Benefit                                | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter                     |
| PA Prior Authorization                           | QL Quantity Limit   | RDX Restricted to Diagnosis              |
| 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   | TMSP Available through Specialty Network |

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|--|---------------------|-------------|---|
| SOMAVERT INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD-PA               | SP          | ENDOCRINE AND METABOLIC AGENTS - MISC.        |
| SOOLANTRA CREAM  | -                   | NC          | DERMATOLOGICALS                               |
| sorafenib tosylate tab (NEXAVAR equiv)   | MSP-PA-SF           | SP          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES      |
| SORIATANE CAP  | -                   | NC          | DERMATOLOGICALS                               |
| sotalol AF tab (BETAPACE AF equiv)   | -                   | 1           | BETA BLOCKERS                                 |
| sotalol tab (BETAPACE equiv)   | -                   | 1           | BETA BLOCKERS                                 |
| SOTYKTU TAB  | -                   | NC          | DERMATOLOGICALS                               |
| SOTYLIZE SOLN  | -                   | NC          | BETA BLOCKERS                                 |
| SOTYLIZE SOLN 5MG/ML   | -                   | NC          | BETA BLOCKERS                                 |
| SOVALDI PELLET PAK   | -                   | NC          | ANTIVIRALS                                    |
| SOVALDI TAB  | -                   | NC          | ANTIVIRALS                                    |
| SPECTRACEF TAB   | -                   | 3           | CEPHALOSPORINS                                |
| SPIKEVAX INJ (QL= 1 dose/24 days)  | QL-VAC              | \$0         | VACCINES                                      |
| SPIKEVAX INJ 50MCG/0.5ML (QL= 1 dose/24 days)  | QL-VAC              | \$0         | VACCINES                                      |
| 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 2.5MCG/ACT  | PA                  | 3           | ANTIASTHMATIC AND BRONCHODILATOR AGENTS       |
| spironolactone tab (ALDACTONE equiv)   | -                   | 1           | DIURETICS                                     |
| spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)                           | -                   | 1           | DIURETICS                                     |
| SPORANOX CAP   | -                   | NC          | ANTIFUNGALS                                   |
| SPORANOX SOLN  | -                   | NC          | ANTIFUNGALS                                   |
| SPRAVATO NASAL SOLN  | -                   | NC          | ANTIDEPRESSANTS                               |
| sprintec 28 tab (ORTHO-CYCLEN equiv)   | -                   | \$0         | CONTRACEPTIVES                                |
| SPRITAM TAB  | -                   | NC          | ANTICONSULSANTS                               |
| SPRIX NASAL SPRAY  | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                |
| SPRYCEL TAB  | PA-SF-TMSP          | SP          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES      |
| SPS SUSP   | -                   | 1           | MISCELLANEOUS THERAPEUTIC CLASSES             |
| SSKI ORAL SOLN   | -                   | 3           | COUGH/COLD/ALLERGY                            |
| STALEVO TAB  | -                   | 3           | ANTIPARKINSON AND RELATED THERAPY AGENTS      |
| STARLIX TAB  | -                   | NC          | ANTIDIABETICS                                 |
| STAVUDINE CAP  | -                   | 1           | ANTIVIRALS                                    |
| stavudine cap (ZERIT equiv)  | -                   | 1           | ANTIVIRALS                                    |
| STAVZOR CAP  | -                   | NC          | ANTICONSULSANTS                               |
| STEGLATRO TAB  | -                   | NC          | ANTIDIABETICS                                 |
| STEGLUJAN TAB  | -                   | NC          | ANTIDIABETICS                                 |
| STELARA INJ (QL= 1 inj/84 days)  | PA-QL-TMSP          | SP          | DERMATOLOGICALS                               |
| STIMATE NASAL SOLN   | -                   | 2           | ENDOCRINE AND METABOLIC AGENTS - MISC.        |
| STIMUFEND INJ  | -                   | NC          | HEMATOPOIETIC AGENTS                          |
| STIOLTO INHALER  | -                   | 2           | ANTIASTHMATIC AND BRONCHODILATOR AGENTS       |
| STIVARGA TAB (QL= 4 tabs/day)  | MSP-PA-QL-SF        | SP          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES      |
| STRATTERA CAP  | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |

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| EXC Plan Exclusion                               | INF Infertility   | LD Limited Distribution                  |
| M Medical Benefit                                | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter                     |
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|---|---------------------|-------------|---|
| 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  | -                   | NC          | ANTIVIRALS  |
| STRIVERDI RESPIMAT INHALER (QL= 1 inhaler/30 days)  | QL                  | 3           | ANTIASTHMATIC AND BRONCHODILATOR AGENTS           |
| STROMEKTOL TAB  | -                   | NC          | ANTHELMINTICS                                     |
| STROVITE TAB  | -                   | NC          | MULTIVITAMINS                                     |
| SUBOXONE SL FILM  | -                   | NC          | ANALGESICS - OPIOID                               |
| SUBSYS SPRAY  | -                   | NC          | ANALGESICS - OPIOID                               |
| SUCRAID SOLN  | -                   | NC          | DIGESTIVE AIDS                                    |
| sucrafate susp (CARAFATE equiv)   | -                   | 2           | ULCER<br>DRUGS/ANTISPASMODICS/ANTICHOLINEFCS      |
| sucrafate tab (CARAFATE equiv)  | -                   | 1           | ULCER DRUGS                                       |
| SUFLAVE SOLN  | -                   | NC          | LAXATIVES   |
| SULAR TAB   | -                   | NC          | CALCIUM CHANNEL BLOCKERS                          |
| sulfacetamide sodium ophth soln (BLEPH-10 equiv)  | -                   | 1           | OPHTHALMIC AGENTS                                 |
| sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv)                            | -                   | 1           | OPHTHALMIC AGENTS                                 |
| sulfacetamide sodium/sulfur cream 10-2% (AVAR-E LS equiv)                                 | -                   | NC          | DERMATOLOGICALS                                   |
| sulfacetamide sodium/sulfur cream 10-5% (PLEXION SCT equiv)                               | -                   | 2           | DERMATOLOGICALS                                   |
| sulfacetamide sodium/sulfur cream 9.8-4.8% (PLEXION equiv)                                | -                   | NC          | DERMATOLOGICALS                                   |
| SULFACETAMIDE/PREDNISOLONE OPHTH SOLN   | -                   | 1           | OPHTHALMIC AGENTS                                 |
| sulfadiazine tab  | -                   | 3           | SULFONAMIDES                                      |
| SULFADIAZINE TAB  | -                   | NC          | SULFONAMIDES                                      |
| SULFAMYLON CREAM  | -                   | 2           | DERMATOLOGICALS                                   |
| SULFAMYLON PACK   | -                   | NC          | DERMATOLOGICALS                                   |
| sulfasalazine EC tab (AZULFIDINE equiv)   | -                   | 1           | GASTROINTESTINAL AGENTS - MISC.                   |
| sulfasalazine tab (AZULFIDINE equiv)  | -                   | 1           | GASTROINTESTINAL AGENTS - MISC.                   |
| sulindac tab (CLINORIL equiv)   | -                   | 1           | ANALGESICS - ANTI-INFLAMMATORY                    |
| SUMADAN WASH 9-4.5%   | -                   | NC          | DERMATOLOGICALS                                   |
| SUMADEN XLT KIT   | -                   | NC          | DERMATOLOGICALS                                   |
| SUMANSETRON PAK   | -                   | NC          | MIGRAINE PRODUCTS                                 |
| SUMATRIPTAN INJ (QL= 4 inj/fill, 2 fills/30 days)   | QL                  | 2           | MIGRAINE PRODUCTS                                 |
| 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 (TREMIMET equiv)   | -                   | NC          | MIGRAINE PRODUCTS                                 |
| SUMAVEL DOSEPRO INJ   | -                   | NC          | MIGRAINE PRODUCTS                                 |
| SUMAXIN PAD   | -                   | NC          | DERMATOLOGICALS                                   |
| SUMAXIN WASH  | -                   | NC          | DERMATOLOGICALS                                   |
| sunitinib malate cap (SUTENT equiv)   | PA-SF-TMSP          | SP          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| SUNLENCA TAB  | -                   | NC          | ANTIVIRALS  |
| SUNOSI TAB (QL= 1 tab/day)  | PA-QL               | 2           | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| SUPRAX CAP  | -                   | 3           | CEPHALOSPORINS                                    |

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|---|---------------------|-------------|---|
| SUPRAX CAP  | -                   | NC          | CEPHALOSPORINS                                    |
| SUPRAX CHEW TAB   | -                   | 3           | CEPHALOSPORINS                                    |
| SUPRAX SUSP   | -                   | NC          | CEPHALOSPORINS                                    |
| SUPRAX SUSP 500MG/5ML   | -                   | 3           | CEPHALOSPORINS                                    |
| SUPREP BOWEL PREP PACK  | -                   | NC          | LAXATIVES   |
| SURMONTIL CAP   | -                   | NC          | ANTIDEPRESSANTS                                   |
| SUSTIVA CAP   | -                   | NC          | ANTIVIRALS  |
| SUSTIVA TAB   | -                   | NC          | ANTIVIRALS  |
| SUSTOL INJ  | -                   | NC          | ANTIEMETICS                                       |
| SUTAB TAB   | -                   | NC          | LAXATIVES   |
| SUTENT CAP  | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| SYLATRON INJ  | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| SYMAX DUOTAB  | -                   | 3           | ULCER DRUGS                                       |
| SYMBICORT INHALER   | -                   | NC          | ANTIASTHMATIC AND BRONCHODILATOR AGENTS           |
| SYMBYAX CAP   | -                   | NC          | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| SYMDEKO TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL            | SP          | RESPIRATORY AGENTS - MISC.                        |
| SYMFI (LO) TAB  | -                   | NC          | ANTIVIRALS  |
| SYMJEPI INJ (QL= 2 inj/fill)  | QL                  | 1           | VASOPRESSORS                                      |
| SYMLINPEN INJ   | -                   | SP          | ANTIDIABETICS                                     |
| SYMPAZAN ORAL FILM  | -                   | NC          | ANTICONVULSANTS                                   |
| SYMPROIC TAB  | PA                  | 2           | GASTROINTESTINAL AGENTS - MISC.                   |
| SYMTUZA TAB   | -                   | NC          | ANTIVIRALS  |
| SYNAGIS INJ (Only available through AcariaHealth Pharmacy 800-511-5144)     | 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                                     |
| SYNJARDY XR TAB 5-1000MG, 12.5-1000MG (QL= 2 tabs/day)                      | QL                  | 2           | ANTIDIABETICS                                     |
| SYNRIBO INJ   | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| SYNTHROID TAB   | -                   | 3           | THYROID AGENTS                                    |
| SYNVEXIA TC CREAM   | -                   | NC          | DERMATOLOGICALS                                   |
| SYPRINE CAP   | -                   | NC          | MISCELLANEOUS THERAPEUTIC CLASSES                 |
| TABLOID TAB   | -                   | 2           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| TABRECTA TAB (QL= 4 tabs/day)   | PA-QL-SF-TMSP       | SP          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| TACLONEX OINT   | -                   | NC          | DERMATOLOGICALS                                   |
| tacrolimus cap (PROGRAF equiv)  | -                   | 1           | ASSORTED CLASSES                                  |
| tacrolimus oint (PROTOPIC OINT equiv)                                       | -                   | 1           | DERMATOLOGICALS                                   |
| tadalafil tab (CIALIS equiv)  | -                   | EXC         | CARDIOVASCULAR AGENTS - MISC.                     |
| tadalafil tab (PAH) (ADCIRCA equiv)   | PA-TMSP             | SP          | CARDIOVASCULAR AGENTS - MISC.                     |

|  |   |  |
|--|---|--|
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| EXC Plan Exclusion                               | INF Infertility   | LD Limited Distribution                  |
| M Medical Benefit                                | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter                     |
| PA Prior Authorization                           | QL Quantity Limit   | RDX Restricted to Diagnosis              |
| 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   | TMSP Available through Specialty Network |

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| <b>Drug Name</b>  | <b>Special Code</b> | <b>Tier</b> | <b>Category</b>                                   |
|---|---------------------|-------------|---|
| tadalafil tab 2.5mg, 5mg (CIALIS equiv) (QL= 1 tab/day; Step Therapy requires trial of doxazosin tab, prazosin cap, terazosin cap, dutasteride cap, finasteride 5mg tab, alfuzosin tab, silodosin cap, or tamsulosin cap) | QL-ST               | 1           | CARDIOVASCULAR AGENTS - MISC.                     |
| TADLIQ SUSP (Members age 9 or older require Prior Authorization)  | MSP-PA              | SP          | CARDIOVASCULAR AGENTS - MISC.                     |
| TAFINLAR CAP (QL= 4 caps/day)   | PA-QL-TMSP          | SP          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| TAFINLAR TAB  | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| tafluprost preservative free (pf) ophth soln (ZIOPTAN OPHTH SOLN equiv) (QL= 1 vial/day)  | PA-QL               | 2           | OPHTHALMIC AGENTS                                 |
| TAGAMET TAB   | -                   | NC          | ULCER DRUGS                                       |
| TAGRISSE TAB  | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| TAKHZYRO INJ (QL= 2 inj/28 days; Only available through Accredo 800-803-2523)   | LD-PA-QL            | SP          | HEMATOLOGICAL AGENTS - MISC.                      |
| TAKHZYRO INJ 150MG/ML (QL= 2 inj/28 days; Only available through Accredo 800-803-2523)  | LD-PA-QL            | SP          | HEMATOLOGICAL AGENTS - MISC.                      |
| TALICIA CAP   | -                   | NC          | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS         |
| TALTZ INJ (QL= 1 inj/28 days)   | PA-QL-TMSP          | SP          | DERMATOLOGICALS                                   |
| TALZENNA CAP 0.25MG (QL= 3 caps/day)  | MSP-PA-QL-SF        | SP          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| TALZENNA CAP 0.5MG, 0.75MG, 1MG (QL= 1 cap/day)   | MSP-PA-QL-SF        | SP          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| TAMIFLU CAP   | -                   | NC          | ANTIVIRALS  |
| TAMIFLU CAP 30MG  | -                   | NC          | 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  | -                   | NC          | THYROID AGENTS                                    |
| TARCEVA TAB   | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| TARGRETIN CAP   | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| TARGRETIN GEL   | -                   | NC          | DERMATOLOGICALS                                   |
| TARKA TAB   | -                   | NC          | ANTIHYPERTENSIVES                                 |
| TARPEYO CAP   | -                   | NC          | CORTICOSTEROIDS                                   |
| TASCENSO ODT TAB  | -                   | NC          | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| TASIGNA CAP   | PA-SF-TMSP          | SP          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| tasimelteon cap (HETLIOZ equiv)   | -                   | NC          | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS         |
| TASMAR TAB  | -                   | NC          | ANTIPARKINSON AGENTS                              |
| TASOPROL CREAM KIT  | -                   | NC          | DERMATOLOGICALS                                   |
| tavaborole soln (KERYDIN equiv) (QL= 10ml/30 days; Step Therapy requires trial of both ciclopirox nail soln and terbinafine tab)  | QL-ST               | 2           | DERMATOLOGICALS                                   |
| TAVALISSE TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306)   | LD-PA-QL-SF         | SP          | HEMATOLOGICAL AGENTS - MISC.                      |

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|--|---------------------|-------------|---|
| TAVNEOS CAP (QL= 6 caps/day; Only available through PantheRx 855-726-8479)   | LD-PA-QL            | SP          | HEMATOLOGICAL AGENTS - MISC.                      |
| TAYTULLA CAP   | -                   | 3           | CONTRACEPTIVES                                    |
| tazarotene cream 0.1% (TAZORAC equiv)  | -                   | 2           | DERMATOLOGICALS                                   |
| tazarotene gel (TAZORAC equiv)   | -                   | NC          | DERMATOLOGICALS                                   |
| TAZORAC CREAM  | -                   | NC          | DERMATOLOGICALS                                   |
| TAZORAC CREAM 0.05%  | -                   | 3           | DERMATOLOGICALS                                   |
| TAZORAC GEL  | -                   | NC          | DERMATOLOGICALS                                   |
| TAZVERIK TAB (QL= 8 tabs/day; Only available through Onco360 877-662-6633)   | LD-PA-QL            | SP          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| TECFIDERA CAP  | -                   | NC          | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| TECFIDERA STARTER PACK   | -                   | NC          | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| TECHNIVIE TAB  | -                   | NC          | ANTIVIRALS  |
| TEGRETOL SUSP  | -                   | NC          | ANTICONSULSANTS                                   |
| TEGRETOL TAB   | -                   | NC          | ANTICONSULSANTS                                   |
| TEGRETOL XR TAB  | -                   | NC          | ANTICONSULSANTS                                   |
| TEGSEDI INJ (QL= 4 inj/28 days; Only available through Accredo 800-803-2523) | LD-PA-QL            | SP          | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| TEKURNA HCT TAB  | -                   | 3           | ANTIHYPERTENSIVES                                 |
| TEKURNA TAB  | -                   | NC          | ANTIHYPERTENSIVES                                 |
| telmisartan tab (MICARDIS equiv)   | -                   | 1           | ANTIHYPERTENSIVES                                 |
| telmisartan/amlodipine tab (TWYNSTA equiv)                                   | -                   | 2           | ANTIHYPERTENSIVES                                 |
| TELMISARTAN/AMLODIPINE TAB   | -                   | NC          | ANTIHYPERTENSIVES                                 |
| telmisartan/hydrochlorothiazide tab (MICARDIS HCT equiv)                     | -                   | NC          | ANTIHYPERTENSIVES                                 |
| temazepam cap 15mg (RESTORIL equiv)  | -                   | 1           | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS         |
| temazepam cap 22.5mg (RESTORIL equiv)  | -                   | 3           | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS         |
| temazepam cap 30mg (RESTORIL equiv)  | -                   | 1           | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS         |
| temazepam cap 7.5mg (RESTORIL equiv)   | -                   | 3           | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS         |
| TEMODAR CAP  | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| TEMOVATE CREAM   | -                   | NC          | DERMATOLOGICALS                                   |
| TEMOVATE OINT  | -                   | NC          | DERMATOLOGICALS                                   |
| temozolomide cap (TEMODAR equiv)   | TMSP                | SP          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| tenofovir disoproxil fumarate tab (VIREAD equiv)                             | -                   | 1           | ANTIVIRALS  |
| TENORETIC TAB  | -                   | NC          | ANTIHYPERTENSIVES                                 |
| TENORMIN TAB   | -                   | NC          | BETA BLOCKERS                                     |
| TEPMETKO TAB   | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| TERAZOL CREAM  | -                   | NC          | 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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|---|---------------------|-------------|---|
| TERCONAZOLE CREAM 0.8%  | -                   | 1           | VAGINAL PRODUCTS                                  |
| terconazole supp (TERAZOL equiv)  | -                   | 1           | VAGINAL PRODUCTS                                  |
| teriflunomide tab (AUBAGIO TAB equiv)                                       | TMSP                | SP          | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| TERIPARATIDE INJ  | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.            |
| TESSALON CAP  | -                   | NC          | COUGH/COLD/ALLERGY                                |
| TEST STRIP (all other test strips)  | OTC                 | NC          | DIAGNOSTIC PRODUCTS                               |
| testosterone cypionate inj (DEPO-TESTOSTERONE equiv)                        | -                   | 1           | ANDROGENS-ANABOLIC                                |
| TESTOSTERONE ENANTHATE INJ 200MG/ML (QL= 5ml/fill)                          | QL                  | 2           | ANDROGENS-ANABOLIC                                |
| TESTOSTERONE GEL 1% 25MG (QL= 1 packet/day)                                 | PA-QL               | 2           | ANDROGENS-ANABOLIC                                |
| testosterone gel 1% 25mg (ANDROGEL equiv) (QL= 1 packet/day)                | PA-QL               | 2           | ANDROGENS-ANABOLIC                                |
| testosterone gel 1% 50mg (ANDROGEL equiv) (QL= 2 packets/day)               | PA-QL               | 2           | ANDROGENS-ANABOLIC                                |
| testosterone gel 1% pump (ANDROGEL equiv) (QL= 4 bottles/30 days)           | PA-QL               | 2           | ANDROGENS-ANABOLIC                                |
| testosterone gel 1.62% 1.25gm (ANDROGEL equiv) (QL= 1 packet/day)           | PA-QL               | 3           | ANDROGENS-ANABOLIC                                |
| testosterone gel 1.62% 2.5gm (ANDROGEL equiv) (QL= 2 packets/day)           | PA-QL               | 3           | ANDROGENS-ANABOLIC                                |
| testosterone gel 2% (FORTESTA equiv)  | -                   | NC          | ANDROGENS-ANABOLIC                                |
| TESTOSTERONE GEL PUMP (QL= 4 bottles/30 days)                               | PA-QL               | 2           | ANDROGENS-ANABOLIC                                |
| testosterone gel pump 1.62% (ANDROGEL equiv) (QL= 2 bottles/30 days)        | PA-QL               | 2           | ANDROGENS-ANABOLIC                                |
| TESTOSTERONE GEL, VOGELXO GEL   | -                   | NC          | ANDROGENS-ANABOLIC                                |
| testosterone soln (AXIRON equiv) (QL= 2 bottles/30 days)                    | PA-QL               | 2           | ANDROGENS-ANABOLIC                                |
| TETANUS/DIPHTHERIA TOXOID INJ   | VAC                 | \$0         | TOXOIDS   |
| tetrabenazine tab (XENAZINE equiv)  | PA-TMSP             | SP          | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| tetracycline cap  | -                   | 3           | TETRACYCLINES                                     |
| TEXACORT SOLN   | -                   | NC          | DERMATOLOGICALS                                   |
| TEZSPIRE INJ (QL= 1 pen/28 days)  | PA-QL-TMSP          | SP          | ANTIASTHMATIC AND BRONCHODILATOR AGENTS           |
| THALITONE TAB   | -                   | NC          | DIURETICS   |
| THALOMID CAP  | MSP-PA              | SP          | ASSORTED CLASSES                                  |
| THEO-24 CAP   | -                   | 3           | ANTIASTHMATIC AND BRONCHODILATOR AGENTS           |
| theophylline ER tab (UNIPHYL equiv)   | -                   | 1           | ANTIASTHMATIC AND BRONCHODILATOR AGENTS           |
| theophylline soln   | -                   | 1           | ANTIASTHMATIC AND BRONCHODILATOR AGENTS           |
| theophylline tab er (THEOPHYLLINE ER equiv)                                 | -                   | 2           | ANTIASTHMATIC AND BRONCHODILATOR AGENTS           |
| THEOPHYLLINE TAB ER   | -                   | NC          | ANTIASTHMATIC AND BRONCHODILATOR AGENTS           |
| THIOLA EC TAB   | -                   | NC          | GENITOURINARY AGENTS - MISCELLANEOUS              |
| THIOLA TAB  | -                   | NC          | GENITOURINARY AGENTS - MISCELLANEOUS              |
| thioridazine tab (MELLARIL equiv)   | -                   | 1           | ANTIPSYCHOTICS/ANTIMANIC AGENTS                   |
| thiothixene cap (NAVANE equiv)  | -                   | 1           | ANTIPSYCHOTICS/ANTIMANIC AGENTS                   |
| THYROLAR TAB  | -                   | 2           | THYROID AGENTS                                    |
| tiagabine tab (GABITRIL equiv)  | -                   | 2           | ANTICONVULSANTS                                   |
| TIAZAC CAP  | -                   | NC          | CALCIUM CHANNEL BLOCKERS                          |
| TIBSOVO TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL            | SP          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |

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|---|---------------------|-------------|--|
| TICANASE PAK  | -                   | NC          | NASAL AGENTS - SYSTEMIC AND TOPICAL      |
| TICOVAC INJ   | VAC                 | \$0         | VACCINES                                 |
| TIGAN CAP   | -                   | NC          | ANTIEMETICS                              |
| TIGLUTIK SUSP   | -                   | NC          | NEUROMUSCULAR AGENTS                     |
| TIKOSYN CAP   | -                   | NC          | ANTIARRHYTHMICS                          |
| timolol maleate (pf) ophth soln 0.5% (TIMOPTIC equiv)   | -                   | 3           | OPHTHALMIC AGENTS                        |
| timolol maleate ophth gel (TIMOPTIC-XE equiv)   | -                   | 2           | OPHTHALMIC AGENTS                        |
| timolol maleate ophth soln (TIMOPTIC equiv)   | -                   | 1           | OPHTHALMIC AGENTS                        |
| timolol maleate ophth soln 0.5% (ISTALOL equiv)   | -                   | 2           | OPHTHALMIC AGENTS                        |
| timolol maleate preservative free ophth soln 0.25% (TIMOPTIC equiv)                           | -                   | 3           | OPHTHALMIC AGENTS                        |
| timolol maleate tab (BLOCADREN equiv)   | -                   | 1           | BETA BLOCKERS                            |
| TIMOPTIC OCUDOSE OPHTH SOLN 0.25%   | -                   | NC          | OPHTHALMIC AGENTS                        |
| TIMOPTIC OCUDOSE OPHTH SOLN 0.5%  | -                   | NC          | OPHTHALMIC AGENTS                        |
| TIMOPTIC OPHTH SOLN   | -                   | NC          | OPHTHALMIC AGENTS                        |
| TIMOPTIC-XE OPHTH GEL   | -                   | NC          | OPHTHALMIC AGENTS                        |
| TINDAMAX TAB  | -                   | NC          | ANTI-INFECTIVE AGENTS - MISC.            |
| tinidazole tab (TINDAMAX equiv)   | -                   | 3           | ANTI-INFECTIVE AGENTS - MISC.            |
| tiopronin tab (THIOLA equiv)  | PA-TMSP             | SP          | GENITOURINARY AGENTS - MISCELLANEOUS     |
| tiotropium bromide cap inhaler (SPIRIVA equiv) (For use with Handihaler device)               | PA                  | 3           | ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| TIROSINT CAP  | -                   | NC          | THYROID AGENTS                           |
| TIROSINT-SOL  | -                   | NC          | THYROID AGENTS                           |
| TIVICAY PD TAB  | -                   | 2           | ANTIVIRALS                               |
| TIVICAY TAB   | -                   | 2           | ANTIVIRALS                               |
| tizanidine cap (ZANAFLEX equiv)   | -                   | 2           | MUSCULOSKELETAL THERAPY AGENTS           |
| TIZANIDINE COMFORT KIT  | -                   | NC          | MUSCULOSKELETAL THERAPY AGENTS           |
| tizanidine tab (ZANAFLEX equiv)   | -                   | 1           | MUSCULOSKELETAL THERAPY AGENTS           |
| TOBI PODHALER (Only available through Walgreens 888-347-3416)                                 | LD-PA               | SP          | AMINOGLYCOSIDES                          |
| TOBRADEX OPHTH OINT   | -                   | 2           | OPHTHALMIC AGENTS                        |
| TOBRADEX OPHTH SOLN   | -                   | NC          | OPHTHALMIC AGENTS                        |
| TOBRADEX ST OPHTH SUSP  | -                   | NC          | OPHTHALMIC AGENTS                        |
| tobramycin neb soln (TOBI equiv) (Restricted to Infectious Disease or Pulmonology Specialist) | RS-TMSP             | 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   | -                   | NC          | OPHTHALMIC AGENTS                        |
| TODAY SPONGE  | OTC                 | \$0         | VAGINAL PRODUCTS                         |
| TOFRANIL TAB  | -                   | NC          | ANTIDEPRESSANTS                          |
| TOLAZAMIDE TAB  | -                   | 1           | ANTIDIABETICS                            |
| TOLBUTAMIDE TAB   | -                   | 2           | ANTIDIABETICS                            |
| tolcapone tab (TASMAR equiv)  | -                   | 3           | ANTIPARKINSON AGENTS                     |
| TOLMETIN CAP  | -                   | 3           | ANALGESICS - ANTI-INFLAMMATORY           |
| tolmetin cap (TOLECTIN DS equiv)  | -                   | 3           | ANALGESICS - ANTI-INFLAMMATORY           |
| TOLMETIN TAB  | -                   | 3           | ANALGESICS - ANTI-INFLAMMATORY           |
| TOLSURA CAP   | -                   | NC          | ANTIFUNGALS                              |
| tolterodine SR cap (DETROL LA equiv)  | -                   | 2           | URINARY ANTISPASMODICS                   |
| tolterodine tab (DETROL equiv)  | -                   | 1           | URINARY ANTISPASMODICS                   |

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|---|---------------------|-------------|--|
| TOLVAPTAN TAB   | MSP                 | SP          | ENDOCRINE AND METABOLIC AGENTS - MISC.   |
| tolvaptan tab (SAMSCA equiv)  | MSP                 | SP          | ENDOCRINE AND METABOLIC AGENTS - MISC.   |
| TOPAMAX SPRINKLE CAP  | -                   | NC          | ANTICONVULSANTS                          |
| TOPAMAX TAB   | -                   | NC          | ANTICONVULSANTS                          |
| TOPICORT CREAM  | -                   | NC          | DERMATOLOGICALS                          |
| TOPICORT GEL  | -                   | NC          | DERMATOLOGICALS                          |
| TOPICORT OINT   | -                   | NC          | DERMATOLOGICALS                          |
| topiramate ER cap (QUDEXY equiv)  | -                   | NC          | ANTICONVULSANTS                          |
| topiramate er cap (TROKENDI XR equiv)   | -                   | NC          | ANTICONVULSANTS                          |
| topiramate sprinkle cap (TOPAMAX equiv)   | -                   | 1           | ANTICONVULSANTS                          |
| topiramate tab (TOPAMAX equiv)  | -                   | 1           | ANTICONVULSANTS                          |
| TOPROL XL TAB   | -                   | NC          | BETA BLOCKERS                            |
| toremifene tab (FARESTON equiv)   | -                   | 2           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| torsemide tab (DEMADEX equiv)   | -                   | 1           | DIURETICS                                |
| torsemide tab 20mg (SOANZ 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  | -                   | 3           | URINARY ANTISPASMODICS                   |
| TRACLEER TAB 32MG (QL= 4 tabs/day; Only available through Accredo 800-803-2523) | LD-PA-QL            | SP          | CARDIOVASCULAR AGENTS - MISC.            |
| TRACLEER TAB 62.5MG, 125MG  | -                   | NC          | CARDIOVASCULAR AGENTS - MISC.            |
| TRADJENTA TAB (QL= 1 tab/day)   | QL                  | 2           | ANTIDIABETICS                            |
| TRAMADOL COMPOUND KIT   | -                   | NC          | DERMATOLOGICALS                          |
| TRAMADOL ER CAP   | -                   | NC          | ANALGESICS - OPIOID                      |
| tramadol ER tab (ULTRAM ER equiv)   | -                   | 3           | ANALGESICS - OPIOID                      |
| TRAMADOL HCL ER TAB   | -                   | 3           | ANALGESICS - OPIOID                      |
| tramadol hcl tab 100mg  | -                   | NC          | ANALGESICS - OPIOID                      |
| tramadol tab (ULTRAM equiv)   | -                   | 1           | ANALGESICS - OPIOID                      |
| tramadol/acetaminophen tab (ULTRACET equiv)                                     | -                   | 1           | ANALGESICS - OPIOID                      |
| trandolapril tab (MAVIK equiv)  | -                   | 1           | ANTIHYPERTENSIVES                        |
| TRANDOLAPRIL/VERAPAMIL ER TAB   | -                   | NC          | ANTIHYPERTENSIVES                        |
| tranexamic acid inj (CYKLOKAPRON equiv)   | -                   | NC          | HEMOSTATICS                              |
| tranexamic acid tab (LYSTEDA equiv)   | -                   | 2           | HEMOSTATICS                              |
| TRANSDERM-SCOP PATCH  | -                   | NC          | ANTIEMETICS                              |
| TRANXENE-T TAB  | -                   | NC          | ANTIANKXIETY AGENTS                      |
| tranylcypromine tab (PARNATE equiv)   | -                   | 2           | ANTIDEPRESSANTS                          |
| TRAVATAN Z DROPS  | -                   | NC          | 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   | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TREATOR TAB (Restricted to Infectious Disease Specialist)                       | RS                  | 3           | ANTIMYCOBACTERIAL AGENTS                 |
| TRELEGY ELLIPTA INHALER   | -                   | 2           | ANTIASTHMATIC AND BRONCHODILATOR AGENTS  |

|     |  |     |  |      |                                     |
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|     | <b>NC/3P</b> = Not Covered, Third Party Reviewer |     |  |      |                                     |
| EXC | Plan Exclusion                                   | INF | Infertility  | LD   | Limited Distribution                |
| M   | Medical Benefit                                  | MSP | Mandatory Specialty Pharmacy Program                     | OTC  | Over-the-Counter                    |
| PA  | Prior Authorization                              | QL  | Quantity Limit   | RDX  | Restricted to Diagnosis             |
| 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   | TMSP | Available through Specialty Network |

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|---|---------------------|-------------|---|
| TREMFYA INJ   | -                   | NC          | DERMATOLOGICALS                           |
| 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)  | TMSP                | 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  | -                   | NC          | DERMATOLOGICALS                           |
| TREXALL TAB   | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES  |
| TREXIMET TAB  | -                   | NC          | MIGRAINE PRODUCTS                         |
| TREZIX CAP, ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE CAP   | -                   | NC          | ANALGESICS - OPIOID                       |
| triamcinolone acetate inj (KENALOG equiv)   | -                   | 1           | CORTICOSTEROIDS                           |
| triamcinolone acetonide oint (TRIANEX equiv)  | -                   | NC          | DERMATOLOGICALS                           |
| triamcinolone cream   | -                   | 1           | DERMATOLOGICALS                           |
| triamcinolone in orabase paste (KENALOG/ORABASE equiv)  | -                   | 1           | MOUTH/THROAT/DENTAL AGENTS                |
| triamcinolone lotion  | -                   | 1           | DERMATOLOGICALS                           |
| triamcinolone oint  | -                   | 1           | DERMATOLOGICALS                           |
| triamcinolone OTC nasal spray (NASACORT equiv) (QL= 2 bottles/fill)                                 | OTC-QL              | 1           | NASAL AGENTS - SYSTEMIC AND TOPICAL       |
| triamcinolone spray (KENALOG equiv)   | -                   | NC          | DERMATOLOGICALS                           |
| triamterene cap (DYRENIUM equiv)  | -                   | 2           | DIURETICS                                 |
| triamterene/hydrochlorothiazide cap (DYAZIDE equiv)   | -                   | 1           | DIURETICS                                 |
| triamterene/hydrochlorothiazide tab (MAXZIDE equiv)   | -                   | 1           | DIURETICS                                 |
| TRIANEX OINT  | -                   | NC          | DERMATOLOGICALS                           |
| triazolam tab (HALCION equiv)   | -                   | 1           | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS |
| TRIBENZOR TAB   | -                   | NC          | ANTIHYPERTENSIVES                         |
| TRICHOPHYTON MENTAGROPHYTES (DIAGNOSTIC) SOLN   | -                   | NC          | DIAGNOSTIC PRODUCTS                       |
| TRICHOPHYTON MENTAGROPHYTES SOLN  | -                   | NC          | ALLERGENIC EXTRACTS/BIOLOGICALS MISC      |
| TRICHOSOL SOLN  | -                   | NC          | PHARMACEUTICAL ADJUVANTS                  |
| tricitrates soln (POLYCITRA-LC equiv)   | -                   | 1           | GENITOURINARY AGENTS - MISCELLANEOUS      |
| tricon cap (TRINSICON equiv)  | -                   | 1           | HEMATOPOIETIC AGENTS                      |
| TRICOR TAB  | -                   | NC          | ANTIHYPERLIPIDEMICS                       |
| TRIENTINE CAP   | -                   | NC          | MISCELLANEOUS THERAPEUTIC CLASSES         |
| trientine cap (SYPRINE equiv)   | --PA-TMSP           | SP          | MISCELLANEOUS THERAPEUTIC CLASSES         |
| trifluoperazine tab (STELAZINE equiv)   | -                   | 1           | ANTIPSYCHOTICS/ANTIMANIC AGENTS           |
| TRIFLURIDINE OPHTH SOLN   | -                   | 2           | OPHTHALMIC AGENTS                         |
| TRIGLIDE TAB  | -                   | NC          | ANTIHYPERLIPIDEMICS                       |
| trihexyphenidyl elixir (ARTANE equiv)   | -                   | 1           | ANTIPARKINSON AND RELATED THERAPY AGENTS  |

|     |  |     |  |      |                                     |
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| EXC | NC/3P = Not Covered, Third Party Reviewer Plan Exclusion | INF | Infertility  | LD   | Limited Distribution                |
| M   | Medical Benefit  | MSP | Mandatory Specialty Pharmacy Program                     | OTC  | Over-the-Counter                    |
| PA  | Prior Authorization                                      | QL  | Quantity Limit   | RDX  | Restricted to Diagnosis             |
| 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   | TMSP | Available through Specialty Network |

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|--|---------------------|-------------|--|
| TRIHXYPHENIDYL SOLN  | -                   | 1           | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| trihxyphenidyl tab (ARTANE equiv)  | -                   | 1           | ANTIPARKINSON AGENTS                     |
| TRIJARDY XR TAB 10-5-1000MG, 25-5-1000MG (QL= 1 tab/day)                                 | QL                  | 2           | ANTIDIABETICS                            |
| TRIJARDY XR TAB 5-25-1000MG, 12.5-2.5-1000MG (QL= 2 tabs/day)                            | QL                  | 2           | ANTIDIABETICS                            |
| TRIKAFTA TAB (QL= 84 tabs/28 days; Only available through Walgreens 888-347-3416)        | LD-PA-QL            | SP          | RESPIRATORY AGENTS - MISC.               |
| TRIKAFTA THERAPY PACK (QL= 2 packets/day; Only available through Walgreens 888-347-3416) | LD-PA-QL            | SP          | RESPIRATORY AGENTS - MISC.               |
| tri-legest tab (ESTROSTEP FE equiv)  | -                   | \$0         | CONTRACEPTIVES                           |
| TRILEPTAL SUSP   | -                   | NC          | ANTICONVULSANTS                          |
| TRILEPTAL TAB  | -                   | NC          | ANTICONVULSANTS                          |
| TRILIPIX CAP   | -                   | NC          | ANTIHYPERLIPIDEMICS                      |
| TRIOLOCICLO KIT  | -                   | NC          | DERMATOLOGICALS                          |
| TRI-LUMA CREAM   | -                   | EXC         | DERMATOLOGICALS                          |
| trimethobenzamide cap (TIGAN equiv)  | -                   | 1           | ANTIEMETICS                              |
| TRIMETHOPRIM TAB   | -                   | 1           | ANTI-INFECTIVE AGENTS - MISC.            |
| trimethoprim tab (PROLOPRIM equiv)   | -                   | 1           | ANTI-INFECTIVE AGENTS - MISC.            |
| trimipramine cap (SURMONTIL equiv)   | -                   | 3           | ANTIDEPRESSANTS                          |
| TRI-NORINYL TAB  | -                   | NC          | CONTRACEPTIVES                           |
| TRINTELLIX TAB (QL= 1 tab/day)   | PA-QL-¢             | 3           | ANTIDEPRESSANTS                          |
| TRIONEX PACK   | -                   | NC          | DERMATOLOGICALS                          |
| tri-sprintec tab (ORTHO TRI-CYCLEN (LO) equiv)   | -                   | \$0         | CONTRACEPTIVES                           |
| TRIUMEQ PD TAB   | -                   | NC          | ANTIVIRALS                               |
| TRIUMEQ TAB  | -                   | NC          | ANTIVIRALS                               |
| TRIZIVIR TAB   | -                   | NC          | ANTIVIRALS                               |
| TROKENDI XR CAP  | -                   | NC          | ANTICONVULSANTS                          |
| tropicamide ophth soln (MYDRIACYL equiv)   | -                   | 1           | OPHTHALMIC AGENTS                        |
| TROPICAMIDE/CYCLOPENT/KETOROLAC/PE OPHTH SOLN  | -                   | NC          | OPHTHALMIC AGENTS                        |
| tropium chloride SR cap (SANCTURA XR equiv)  | -                   | 2           | URINARY ANTISPASMODICS                   |
| tropium tab (SANCTURA equiv)   | -                   | 1           | URINARY ANTISPASMODICS                   |
| TRUDHESA NASAL SPRAY   | -                   | NC          | MIGRAINE PRODUCTS                        |
| TRULANCE TAB   | PA                  | 2           | GASTROINTESTINAL AGENTS - MISC.          |
| TRULICITY INJ (QL= 4 pens/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))         | QL-RDX              | 2           | ANTIDIABETICS                            |
| TRUMENBA INJ   | VAC                 | \$0         | VACCINES                                 |
| TRUSOPT OPHTH SOLN   | -                   | NC          | OPHTHALMIC AGENTS                        |
| TUDORZA PRESSAIR INHALER   | -                   | NC          | ANTIASTHMATIC AND BRONCHODILATOR AGENTS  |
| TUKYSA TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306)               | LD-PA-QL-SF         | SP          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TURALIO CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306)              | LD-PA-QL-SF         | SP          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TUSSICAPS  | -                   | NC          | COUGH/COLD/ALLERGY                       |
| tussigon tab (HYCODAN equiv)   | -                   | 1           | COUGH/COLD/ALLERGY                       |
| TUSSIONEX SUSP   | -                   | NC          | COUGH/COLD/ALLERGY                       |
| TUXARIN ER TAB   | -                   | NC          | COUGH/COLD/ALLERGY                       |
| TUZISTRA XR SUSP   | -                   | NC          | COUGH/COLD/ALLERGY                       |
| TWINRIX INJ  | VAC                 | \$0         | VACCINES                                 |
| TWIRLA PATCH   | -                   | \$0         | CONTRACEPTIVES                           |

|     |   |     |  |      |                                     |
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| M   | Medical Benefit   | MSP | Mandatory Specialty Pharmacy Program                     | OTC  | Over-the-Counter                    |
| PA  | Prior Authorization   | QL  | Quantity Limit   | RDX  | Restricted to Diagnosis             |
| RS  | Restricted to Specialist  | SF  | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation                   |
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|---|---------------------|-------------|---|
| TWYNEO CREAM  | -                   | NC          | DERMATOLOGICALS                                   |
| TWYNSTA TAB   | -                   | NC          | ANTIHYPERTENSIVES                                 |
| TYBLUME TAB   | -                   | \$0         | CONTRACEPTIVES                                    |
| TYBOST TAB  | -                   | NC          | ANTIVIRALS  |
| TYKERB TAB  | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| TYLENOL/CODEINE TAB   | -                   | NC          | ANALGESICS - OPIOID                               |
| TYMLOS INJ  | TMSP                | SP          | ENDOCRINE AND METABOLIC AGENTS - MISC.            |
| TYPHIM VI INJ   | VAC                 | \$0         | VACCINES  |
| TYRVAYA SOLN  | -                   | NC          | OPHTHALMIC AGENTS                                 |
| TYSABRI INJ   | -                   | NC          | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| TYVASO DPI POWDER   | -                   | NC          | CARDIOVASCULAR AGENTS - MISC.                     |
| TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG                                      | -                   | NC          | CARDIOVASCULAR AGENTS - MISC.                     |
| TYVASO DPI POWDER TITRATION KIT 16-32-48MCG                                     | -                   | NC          | CARDIOVASCULAR AGENTS - MISC.                     |
| TYVASO DPI POWDER TITRATION KIT 16-32MCG  | -                   | NC          | CARDIOVASCULAR AGENTS - MISC.                     |
| TYVASO INH SOLN (QL= 1 ampule/day; Only available through Accredo 800-803-2523) | LD-PA-QL            | SP          | CARDIOVASCULAR AGENTS - MISC.                     |
| UBRELVY TAB   | -                   | NC          | MIGRAINE PRODUCTS                                 |
| UCERIS RECTAL FOAM  | PA                  | 3           | ANORECTAL AND RELATED PRODUCTS                    |
| UCERIS TAB  | -                   | NC          | CORTICOSTEROIDS                                   |
| UDENYCA INJ   | -                   | NC          | HEMATOPOIETIC AGENTS                              |
| ULORIC TAB  | -                   | NC          | GOUT AGENTS                                       |
| ULTRACET TAB  | -                   | NC          | ANALGESICS - OPIOID                               |
| ULTRAM TAB  | -                   | NC          | ANALGESICS - OPIOID                               |
| ULTRAVATE CREAM   | -                   | NC          | DERMATOLOGICALS                                   |
| ULTRAVATE LOTION  | -                   | NC          | DERMATOLOGICALS                                   |
| ULTRAVATE OINT  | -                   | NC          | DERMATOLOGICALS                                   |
| ULTRAVATE PAC KIT   | -                   | NC          | DERMATOLOGICALS                                   |
| UMECTA EMULSION   | -                   | NC          | DERMATOLOGICALS                                   |
| UMECTA SUSP   | -                   | NC          | DERMATOLOGICALS                                   |
| UNIRETIC TAB  | -                   | NC          | ANTIHYPERTENSIVES                                 |
| UNIVASC TAB   | -                   | NC          | ANTIHYPERTENSIVES                                 |
| UPNEEQ SOLN   | -                   | EXC         | OPHTHALMIC AGENTS                                 |
| UPTRAVI INJ   | -                   | NC          | CARDIOVASCULAR AGENTS - MISC.                     |
| UPTRAVI TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)       | LD-PA-QL            | SP          | CARDIOVASCULAR AGENTS - MISC.                     |
| URAMAXIN CREAM  | -                   | NC          | DERMATOLOGICALS                                   |
| URAMAXIN GEL  | -                   | NC          | DERMATOLOGICALS                                   |
| urea cream  | -                   | NC          | DERMATOLOGICALS                                   |
| urea emulsion   | -                   | NC          | DERMATOLOGICALS                                   |
| urea gel (URAMAXIN equiv)   | -                   | NC          | DERMATOLOGICALS                                   |
| UREA NAIL KIT   | -                   | NC          | DERMATOLOGICALS                                   |
| UREA SUSP   | -                   | NC          | DERMATOLOGICALS                                   |
| urea susp 40% (UMECTA equiv)  | -                   | NC          | DERMATOLOGICALS                                   |
| URECHOLINE TAB  | -                   | NC          | URINARY ANTISPASMODICS                            |
| URELIEF PLUS TAB  | -                   | NC          | URINARY ANTISPASMODICS                            |
| UROKIT-K TAB  | -                   | NC          | GENITOURINARY AGENTS - MISCELLANEOUS              |

|  |   |  |
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| EXC Plan Exclusion                               | INF Infertility   | LD Limited Distribution                  |
| M Medical Benefit                                | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter                     |
| PA Prior Authorization                           | QL Quantity Limit   | RDX Restricted to Diagnosis              |
| RS Restricted to Specialist                      | SF Limited to two 15 day fills per month for first 3 months | SMKG Smoking Cessation                   |
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|---|---------------------|-------------|---|
| UROXATRAL TAB   | -                   | NC          | GENITOURINARY AGENTS - MISCELLANEOUS              |
| URSO FORTE TAB  | -                   | NC          | GASTROINTESTINAL AGENTS - MISC.                   |
| ursodiol cap (ACTIGALL equiv)   | -                   | 1           | GASTROINTESTINAL AGENTS - MISC.                   |
| URSODIOL CAP  | -                   | NC          | GASTROINTESTINAL AGENTS - MISC.                   |
| ursodiol tab (URSO (FORTE) equiv)   | -                   | 1           | GASTROINTESTINAL AGENTS - MISC.                   |
| UTA cap   | -                   | NC          | ANTI-INFECTIVE AGENTS - MISC.                     |
| UTIBRON NEOHALER CAP  | -                   | NC          | ANTIASTHMATIC AND BRONCHODILATOR AGENTS           |
| VAGIFEM TAB   | -                   | NC          | VAGINAL PRODUCTS                                  |
| valacyclovir tab (VALTREX equiv)  | -                   | 1           | ANTIVIRALS  |
| VALCHLOR GEL (QL= 4 tubes/30 days; Only available through Optum Pharmacy 877-445-6874)        | LD-PA-QL            | SP          | DERMATOLOGICALS                                   |
| VALCYTE SOLN  | -                   | NC          | ANTIVIRALS  |
| VALCYTE TAB   | -                   | NC          | ANTIVIRALS  |
| valganciclovir soln (VALCYTE equiv)   | -                   | 2           | ANTIVIRALS  |
| valganciclovir tab (VALCYTE equiv)  | -                   | 2           | ANTIVIRALS  |
| VALIUM TAB  | -                   | NC          | ANTIANKXIETY AGENTS                               |
| valproate inj (DEPACON equiv)   | -                   | NC          | ANTICONVULSANTS                                   |
| valproic acid cap (DEPAKENE equiv)  | -                   | 1           | ANTICONVULSANTS                                   |
| valproic acid syrup (DEPAKENE equiv)  | -                   | 1           | ANTICONVULSANTS                                   |
| VALSARTAN ORAL SOLN   | -                   | NC          | ANTIHYPERTENSIVES                                 |
| valsartan tab (DIOVAN equiv)  | -                   | 1           | ANTIHYPERTENSIVES                                 |
| valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv)  | -                   | 1           | ANTIHYPERTENSIVES                                 |
| VALTOCO NASAL SPRAY (QL= 2 packs/fill; Restricted to Neurology Specialist)                    | QL-RS               | 3           | ANTICONVULSANTS                                   |
| VALTREX TAB   | -                   | NC          | ANTIVIRALS  |
| VANOCOCIN CAP   | -                   | NC          | ANTI-INFECTIVE AGENTS - MISC.                     |
| vancomycin cap (VANOCOCIN equiv) (QL= 56 caps/fill)   | QL                  | 1           | ANTI-INFECTIVE AGENTS - MISC.                     |
| vancomycin hcl soln (VANCOMYCIN equiv)  | -                   | 1           | ANTI-INFECTIVE AGENTS - MISC.                     |
| VANCOMYCIN ORAL SOLN  | -                   | 1           | ANTI-INFECTIVE AGENTS - MISC.                     |
| VANCOMYCIN SOLN   | -                   | 1           | ANTI-INFECTIVE AGENTS - MISC.                     |
| VANCOMYCIN SOLN   | -                   | NC          | OPHTHALMIC AGENTS                                 |
| VANDAZOLE GEL   | -                   | 1           | VAGINAL AND RELATED PRODUCTS                      |
| VANFLYTA TAB  | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| VANIQA CREAM  | -                   | EXC         | DERMATOLOGICALS                                   |
| VANOS CREAM   | -                   | NC          | DERMATOLOGICALS                                   |
| vardenafil ODT (STAXYN equiv)   | -                   | EXC         | CARDIOVASCULAR AGENTS - MISC.                     |
| vardenafil tab (LEVITRA equiv)  | -                   | EXC         | CARDIOVASCULAR AGENTS - MISC.                     |
| VARENICLINE TAB (Limited to 180 days/plan year)   | QL-SMKG             | \$0         | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| varenicline tartrate tab (VARENICLINE equiv) (Limited to 180 days/plan year)                  | QL-SMKG             | \$0         | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| varenicline tartrate tab starter pack (VARENICLINE PAK equiv) (Limited to 180 days/plan year) | QL-SMKG             | \$0         | PSYCHOTHERAPEUTIC AND NEUROLOGICAL 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                                       |

|     |  |     |  |      |                                     |
|-----|--|-----|--|------|-------------------------------------|
|     | <b>NC</b> = Not Covered                          |     | <b>generic</b> = small letters                           |      | <b>BRANDS</b> = CAPITAL LETTERS     |
|     | <b>NC/3P</b> = Not Covered, Third Party Reviewer |     |  |      |                                     |
| EXC | Plan Exclusion                                   | INF | Infertility  | LD   | Limited Distribution                |
| M   | Medical Benefit                                  | MSP | Mandatory Specialty Pharmacy Program                     | OTC  | Over-the-Counter                    |
| PA  | Prior Authorization                              | QL  | Quantity Limit   | RDX  | Restricted to Diagnosis             |
| 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   | TMSP | Available through Specialty Network |

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| <b>Drug Name</b>   | <b>Special Code</b> | <b>Tier</b> | <b>Category</b>                          |
|--|---------------------|-------------|--|
| VASCEPA CAP (QL= 4 caps/day)   | QL                  | 2           | ANTIHYPERLIPIDEMICS                      |
| VASERETIC TAB  | -                   | NC          | ANTIHYPERTENSIVES                        |
| vasolex oint (XENADERM equiv)  | -                   | NC          | DERMATOLOGICALS                          |
| VASOTEC TAB  | -                   | NC          | ANTIHYPERTENSIVES                        |
| VAXNEUVANCE INJ  | VAC                 | \$0         | VACCINES                                 |
| V-C FORTE CAP  | -                   | 3           | MULTIVITAMINS                            |
| v-c forte cap (V-C FORTE equiv)  | -                   | 3           | MULTIVITAMINS                            |
| VECAMYL TAB  | -                   | NC          | ANTIHYPERTENSIVES                        |
| VECTICAL OINT  | -                   | NC          | DERMATOLOGICALS                          |
| VELIVET PAK  | -                   | \$0         | CONTRACEPTIVES                           |
| VELPHORO CHEW TAB  | -                   | 3           | GASTROINTESTINAL AGENTS - MISC.          |
| VELTASSA POWDER  | PA                  | 3           | MISCELLANEOUS THERAPEUTIC CLASSE         |
| 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                          |
| VENLAFAXINE TAB  | -                   | NC          | ANTIDEPRESSANTS                          |
| VENNGEL ONE KIT  | -                   | NC          | DERMATOLOGICALS                          |
| VENTAVIS INH SOLN  | -                   | NC          | CARDIOVASCULAR AGENTS - MISC.            |
| VENTOLIN HFA INHALER (QL= 2 inhalers/30 days)                                  | QL                  | 1           | ANTIASTHMATIC AND BRONCHODILATOR AGENTS  |
| VEOZAH TAB   | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.   |
| VERAPAMIL ER CAP 100MG   | -                   | 1           | CALCIUM CHANNEL BLOCKERS                 |
| VERAPAMIL ER CAP 200MG   | -                   | 1           | CALCIUM CHANNEL BLOCKERS                 |
| VERAPAMIL ER CAP 300MG   | -                   | 1           | CALCIUM CHANNEL BLOCKERS                 |
| VERAPAMIL ER CAP, VERELAN CAP  | -                   | 3           | 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  | -                   | NC          | CALCIUM CHANNEL BLOCKERS                 |
| VERELAN PM CAP   | -                   | NC          | CALCIUM CHANNEL BLOCKERS                 |
| VERELAN PM ER CAP 200MG, 300MG   | -                   | 3           | CALCIUM CHANNEL BLOCKERS                 |
| VERELAN SR CAP 360mg   | -                   | 3           | CALCIUM CHANNEL BLOCKERS                 |
| VERQUVO TAB (QL= 1 tab/day; Restricted to Cardiology Specialist)               | QL-RS               | 2           | CARDIOVASCULAR AGENTS - MISC.            |
| VERSACLOZ SUSP   | -                   | NC          | ANTIPSYCHOTICS/ANTIMANIC AGENTS          |
| VERZENIO TAB (QL= 2 tabs/day)  | PA-QL-TMSP          | SP          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VESICARE LS SUSP   | -                   | NC          | URINARY ANTISPASMODICS                   |
| VESICARE TAB   | -                   | NC          | URINARY ANTISPASMODICS                   |
| VFEND SUSP   | -                   | NC          | ANTIFUNGALS                              |
| VFEND TAB  | -                   | NC          | ANTIFUNGALS                              |

|     |  |     |  |      |                                     |
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| EXC | NC/3P = Not Covered, Third Party Reviewer Plan Exclusion | INF | Infertility  | LD   | Limited Distribution                |
| M   | Medical Benefit  | MSP | Mandatory Specialty Pharmacy Program                     | OTC  | Over-the-Counter                    |
| PA  | Prior Authorization                                      | QL  | Quantity Limit   | RDX  | Restricted to Diagnosis             |
| 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   | TMSP | Available through Specialty Network |

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| <b>Drug Name</b>   | <b>Special Code</b> | <b>Tier</b> | <b>Category</b>                          |
|--|---------------------|-------------|--|
| V-GO INJ KIT (QL= 1 kit/day)   | QL                  | 2           | MEDICAL DEVICES AND SUPPLIES             |
| VIBERZI TAB  | -                   | NC          | GASTROINTESTINAL AGENTS - MISC.          |
| VIBRAMYCIN CAP   | -                   | NC          | TETRACYCLINES                            |
| VIBRAMYCIN SUSP  | -                   | NC          | TETRACYCLINES                            |
| VIBRAMYCIN SYRUP   | -                   | 3           | TETRACYCLINES                            |
| VICOPROFEN TAB   | -                   | NC          | ANALGESICS - OPIOID                      |
| VICTOZA INJ (QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11))      | QL-RDX              | 2           | ANTIDIABETICS                            |
| VIDEX EC CAP   | -                   | SP          | ANTIVIRALS                               |
| VIDEX SOLN   | -                   | SP          | ANTIVIRALS                               |
| VIEKIRA PAK TAB  | -                   | NC          | ANTIVIRALS                               |
| VIEKIRA XR TAB   | -                   | NC          | ANTIVIRALS                               |
| vigabatrin powder pack (SABRIL POWDER equiv)                                     | -                   | NC          | ANTICONVULSANTS                          |
| vigabatrin tab (SABRIL equiv)  | -                   | NC          | ANTICONVULSANTS                          |
| vigadrone powder pack  | -                   | NC          | ANTICONVULSANTS                          |
| VIGAMOX OPHTH SOLN   | -                   | NC          | OPHTHALMIC AGENTS                        |
| VIIBRYD STARTER KIT  | -                   | NC          | ANTIDEPRESSANTS                          |
| VIIBRYD TAB  | -                   | NC          | ANTIDEPRESSANTS                          |
| VIJOICE TAB (QL= 1 tab/day)  | MSP-PA-QL           | SP          | MISCELLANEOUS THERAPEUTIC CLASSES        |
| VIJOICE TAB 250MG (QL= 2 tabs/day)   | MSP-PA-QL           | SP          | MISCELLANEOUS THERAPEUTIC CLASSES        |
| vilazodone hcl tab (VIIBRYD equiv)   | PA                  | 2           | ANTIDEPRESSANTS                          |
| VIMOVO TAB   | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY           |
| VIMPAT SOLN  | -                   | NC          | ANTICONVULSANTS                          |
| VIMPAT TAB   | -                   | NC          | ANTICONVULSANTS                          |
| viorele tab, kariva tab (MIRCETTE equiv)   | -                   | \$0         | CONTRACEPTIVES                           |
| VIRACEPT TAB   | -                   | SP          | ANTIVIRALS                               |
| VIRAMUNE SUSP  | -                   | NC          | ANTIVIRALS                               |
| VIRAMUNE TAB   | -                   | NC          | ANTIVIRALS                               |
| VIRAMUNE XR TAB  | -                   | NC          | ANTIVIRALS                               |
| VIREAD TAB   | -                   | NC          | ANTIVIRALS                               |
| VIREAD TAB   | -                   | SP          | ANTIVIRALS                               |
| VISTARIL CAP   | -                   | NC          | ANTI-ANXIETY AGENTS                      |
| VISTOGARD PAK  | -                   | NC          | ANTIDOTES                                |
| VITAFOL STRIPS   | -                   | 3           | MULTIVITAMINS                            |
| vitamin D cap (Rx covered Only)  | -                   | 1           | VITAMINS                                 |
| vitamin D cap 1000unit   | OTC                 | NC          | VITAMINS                                 |
| vitamin D cap 400unit  | OTC                 | NC          | VITAMINS                                 |
| VITAMIN D TAB 400UNIT  | OTC                 | NC          | VITAMINS                                 |
| VITRAKVI CAP 100MG (QL= 2 caps/day; Only available through Accredo 800-803-2523) | LD-PA-QL-SF         | SP          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VITRAKVI CAP 25MG (QL= 6 caps/day; Only available through Accredo 800-803-2523)  | LD-PA-QL-SF         | SP          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VITRAKVI SOLN (QL= 10ml/day; Only available through Accredo 800-803-2523)        | LD-PA-QL-SF         | SP          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VITRECYL IRON TAB  | -                   | NC          | MULTIVITAMINS                            |
| VITRECYL TAB   | -                   | NC          | MULTIVITAMINS                            |
| VIVELLE-DOT PATCH  | -                   | NC          | ESTROGENS                                |
| VIVITROL INJ   | TMSP                | SP          | ANTIDOTES                                |
| VIVJOA CAP   | -                   | NC          | ANTIFUNGALS                              |
| VIVLODEX CAP   | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY           |

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|     | <b>NC/3P</b> = Not Covered, Third Party Reviewer |     |  |      |                                     |
| EXC | Plan Exclusion                                   | INF | Infertility  | LD   | Limited Distribution                |
| M   | Medical Benefit                                  | MSP | Mandatory Specialty Pharmacy Program                     | OTC  | Over-the-Counter                    |
| PA  | Prior Authorization                              | QL  | Quantity Limit   | RDX  | Restricted to Diagnosis             |
| RS  | Restricted to Specialist                         | SF  | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation                   |
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|---|---------------------|-------------|---|
| VIZIMPRO TAB  | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| VOCABRIA TAB  | -                   | NC          | ANTIVIRALS  |
| VOGELXO PUMP  | -                   | NC          | ANDROGENS-ANABOLIC                                |
| VOLTAREN GEL  | OTC                 | EXC         | DERMATOLOGICALS                                   |
| VONJO CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306)                             | LD-PA-QL            | SP          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| VOPAC 5 CREAM   | -                   | NC          | DERMATOLOGICALS                                   |
| VOPAC CREAM   | -                   | NC          | DERMATOLOGICALS                                   |
| VOPAC GB CREAM  | -                   | NC          | DERMATOLOGICALS                                   |
| VOQUEZNA DUAL PAK   | -                   | NC          | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS        |
| VOQUEZNA TRIP PAK   | -                   | NC          | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS        |
| voriconazole susp (VFEND equiv)   | -                   | 3           | ANTIFUNGALS                                       |
| voriconazole tab (VFEND equiv)  | -                   | 2           | ANTIFUNGALS                                       |
| VOSEVI TAB (QL= 1 tab/day)  | PA-QL-TMSP          | SP          | ANTIVIRALS  |
| VOTRIENT TAB  | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| VOTRIENT TAB (QL= 4 tabs/day)   | --PA-QL-SF-TMSP     | SP          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| VOWST CAP   | -                   | NC          | GASTROINTESTINAL AGENTS - MISC.                   |
| VOXZOGO INJ (QL= 1 vial/day; Only available through Accredo 888-773-7376)                             | LD-PA-QL            | SP          | ENDOCRINE AND METABOLIC AGENTS - MISC.            |
| VP-PNV-DHA CAP  | -                   | 1           | MULTIVITAMINS                                     |
| VRAYLAR CAP   | -                   | NC          | ANTIPSYCHOTICS/ANTIMANIC AGENTS                   |
| VRAYLAR PACK  | -                   | NC          | ANTIPSYCHOTICS/ANTIMANIC AGENTS                   |
| VSL #3 CAP  | -                   | NC          | ANTIDIARRHEALS                                    |
| VTAMA CREAM   | -                   | NC          | DERMATOLOGICALS                                   |
| VTOL SOLN   | -                   | NC          | ANALGESICS - NONNARCOTIC                          |
| VUITY OPHTH SOLN  | -                   | NC          | OPHTHALMIC AGENTS                                 |
| VUMERITY CAP  | -                   | NC          | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| VYNDAMAX CAP (QL= 1 cap/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)   | LD-PA-QL            | SP          | CARDIOVASCULAR AGENTS - MISC.                     |
| VYENDAQEL CAP (QL= 4 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD-PA-QL            | SP          | CARDIOVASCULAR AGENTS - MISC.                     |
| VYTON CREAM 1.9-1%  | -                   | NC          | DERMATOLOGICALS                                   |
| VYTORIN TAB   | -                   | NC          | ANTHYPERLIPIDEMICS                                |
| VYVANSE CAP   | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS     |
| VYVANSE CHEW TAB  | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS     |
| VYZULTA SOLN  | -                   | NC          | OPHTHALMIC AGENTS                                 |
| WAKIX TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)                               | LD-PA-QL            | SP          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS     |
| warfarin tab (COUMADIN equiv)   | -                   | 1           | ANTICOAGULANTS                                    |
| WEGOVY INJ  | -                   | EXC         | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS     |

|     |  |     |  |      |                                     |
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| EXC | Plan Exclusion                                   | INF | Infertility  | LD   | Limited Distribution                |
| M   | Medical Benefit                                  | MSP | Mandatory Specialty Pharmacy Program                     | OTC  | Over-the-Counter                    |
| PA  | Prior Authorization                              | QL  | Quantity Limit   | RDX  | Restricted to Diagnosis             |
| 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   | TMSP | Available through Specialty Network |

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| <b>Drug Name</b>   | <b>Special Code</b> | <b>Tier</b> | <b>Category</b>                                   |
|--|---------------------|-------------|---|
| WEGOVY INJ 1.7MG/0.75ML  | -                   | EXC         | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| WEGOVY INJ 2.4MG/0.75ML  | -                   | EXC         | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| WELCHOL PACK   | -                   | NC          | ANTIHYPERLIPIDEMICS                               |
| WELCHOL TAB  | -                   | NC          | ANTIHYPERLIPIDEMICS                               |
| WELIREG TAB (QL= 3 tabs/day; Only available through Biologics<br>800-850-4306) | LD-PA-QL            | SP          | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES       |
| WELLBUTRIN SR TAB  | -                   | NC          | ANTIDEPRESSANTS                                   |
| WELLBUTRIN XL TAB  | -                   | NC          | ANTIDEPRESSANTS                                   |
| WESTCORT OINT  | -                   | NC          | DERMATOLOGICALS                                   |
| WINLEVI CREAM  | -                   | NC          | DERMATOLOGICALS                                   |
| WOUND-DRESSING GELS  | -                   | NC          | DERMATOLOGICALS                                   |
| WPR PLUS   | -                   | NC          | DERMATOLOGICALS                                   |
| wymzya FE tab (FEMCON FE equiv)  | -                   | \$0         | CONTRACEPTIVES                                    |
| WYNZORA CREAM  | -                   | NC          | DERMATOLOGICALS                                   |
| XACIATO GEL  | -                   | NC          | VAGINAL AND RELATED PRODUCTS                      |
| XADAGO TAB (QL= 1 tab/day)   | PA-QL               | 3           | ANTIPARKINSON AGENTS                              |
| XALATAN OPTH SOLN  | -                   | NC          | OPHTHALMIC AGENTS                                 |
| XALIX SOL  | -                   | NC          | DERMATOLOGICALS                                   |
| XALKORI CAP (QL= 2 caps/day)   | MSP-PA-QL-SF        | SP          | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES       |
| XANAX TAB  | -                   | NC          | ANTIANKXIETY AGENTS                               |
| XANAX XR TAB   | -                   | NC          | ANTIANKXIETY AGENTS                               |
| XAQUIL XR TAB  | -                   | EXC         | DIETARY PRODUCTS/DIETARY<br>MANAGEMENT PRODUCTS   |
| XARELTO STARTER PACK   | -                   | 2           | ANTICOAGULANTS                                    |
| XARELTO SUSP   | -                   | 2           | ANTICOAGULANTS                                    |
| XARELTO TAB  | -                   | 2           | ANTICOAGULANTS                                    |
| XARTEMIS XR TAB  | -                   | NC          | ANALGESICS - OPIOID                               |
| XATMEP SOLN  | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES       |
| XCOPRI PAK 100-150MG   | -                   | NC          | ANTICONVULSANTS                                   |
| XCOPRI PAK 150-200MG   | -                   | NC          | ANTICONVULSANTS                                   |
| XCOPRI PAK 50-200MG  | -                   | NC          | ANTICONVULSANTS                                   |
| XCOPRI TAB 150MG, 200MG  | -                   | NC          | ANTICONVULSANTS                                   |
| XCOPRI TAB 50MG, 100MG   | -                   | NC          | ANTICONVULSANTS                                   |
| XCOPRI TITRATION PAK 12.5-25MG   | -                   | NC          | ANTICONVULSANTS                                   |
| XCOPRI TITRATION PAK 150-200MG   | -                   | NC          | ANTICONVULSANTS                                   |
| XCOPRI TITRATION PAK 50-100MG  | -                   | NC          | ANTICONVULSANTS                                   |
| XDEMZY DROP  | -                   | NC          | OPHTHALMIC AGENTS                                 |
| XELJANZ SOLN (QL= 10ml/day)  | PA-QL-TMSP          | SP          | ANALGESICS - ANTI-INFLAMMATORY                    |
| XELJANZ TAB (QL= 2 tabs/day)   | PA-QL-TMSP          | SP          | ANALGESICS - ANTI-INFLAMMATORY                    |
| XELJANZ XR TAB (QL= 1 tab/day)   | PA-QL-TMSP          | SP          | ANALGESICS - ANTI-INFLAMMATORY                    |
| XELPROS OPTH EMULSION  | -                   | NC          | OPHTHALMIC AGENTS                                 |
| XELSTRYM PAD   | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| XEMBIFY INJ (Only available through Diplomat Pharmacy 877-977-9118)            | LD-PA               | SP          | PASSIVE IMMUNIZING AND TREATMENT<br>AGENTS        |
| XENADERM OINT  | -                   | NC          | DERMATOLOGICALS                                   |

|            |   |            |  |             |                                     |
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| <b>EXC</b> | <b>NC</b> = Not Covered<br><b>NC/3P</b> = Not Covered, Third Party Reviewer<br>Plan Exclusion | <b>INF</b> | Infertility  | <b>LD</b>   | Limited Distribution                |
| <b>M</b>   | Medical Benefit   | <b>MSP</b> | Mandatory Specialty Pharmacy Program                     | <b>OTC</b>  | Over-the-Counter                    |
| <b>PA</b>  | Prior Authorization   | <b>QL</b>  | Quantity Limit   | <b>RDX</b>  | Restricted to Diagnosis             |
| <b>RS</b>  | Restricted to Specialist  | <b>SF</b>  | Limited to two 15 day fills per month for first 3 months | <b>SMKG</b> | Smoking Cessation                   |
| <b>SP</b>  | Available through Specialty Pharmacy Program  | <b>ST</b>  | Step Therapy   | <b>TMSP</b> | Available through Specialty Network |

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|---|---------------------|-------------|---|
| XENAZINE TAB  | -                   | NC          | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| XENICAL CAP   | -                   | EXC         | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS     |
| 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   | PA-TMSP             | 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= 60 tabs/30 days)   | QL                  | 2           | ANTI-INFECTIVE AGENTS - MISC.                     |
| XIGDUO XR TAB 2.5-1000MG, 5-1000MG (QL= 2 tabs/day)                             | QL                  | 2           | ANTIDIABETICS                                     |
| XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG (QL= 1 tab/day)                      | QL                  | 2           | ANTIDIABETICS                                     |
| XIIDRA OPTH SOLN  | -                   | NC          | OPHTHALMIC AGENTS                                 |
| XOFLUZA TAB (QL= 2 tabs/fill)   | QL                  | 3           | ANTIVIRALS  |
| XOFLUZA TAB THERAPY PACK 40MG (QL= 1 tab/fill)                                  | QL                  | 3           | ANTIVIRALS  |
| XOFLUZA TAB THERAPY PACK 80MG (QL= 1 tab/fill)                                  | QL                  | 3           | ANTIVIRALS  |
| XOLAIR SYRINGE  | -                   | NC          | ANTIASTHMATIC AND BRONCHODILATOR AGENTS           |
| XOLEGEL   | -                   | NC          | DERMATOLOGICALS                                   |
| XOPENEX NEB SOLN  | -                   | NC          | ANTIASTHMATIC AND BRONCHODILATOR AGENTS           |
| XOSPATA TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306)     | LD-PA-QL-SF         | SP          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| XPOVIO PAK (QL= 32 tabs/28 days; Only available through Biologics 800-850-4306) | LD-PA-QL-SF         | SP          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| XRYLIX PAK  | -                   | NC          | DERMATOLOGICALS                                   |
| XTAMPZA ER CAP (QL= 120 caps/30 days)   | QL                  | 2           | ANALGESICS - OPIOID                               |
| XTANDI CAP  | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| XTANDI TAB 40MG   | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| XTANDI TAB 80MG   | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| XULTOPHY INJ (QL= 15ml/30 days)   | PA-QL               | 2           | ANTIDIABETICS                                     |
| XURIDEN POWDER  | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.            |
| XYOSTED INJ   | -                   | NC          | ANDROGENS-ANABOLIC                                |
| XYREM SOLN  | -                   | NC          | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| XYWAV SOLN  | -                   | NC          | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| XYZAL SOLN  | -                   | NC          | ANTIHISTAMINES                                    |
| XYZAL TAB   | -                   | NC          | ANTIHISTAMINES                                    |
| XYZBAC TAB  | -                   | EXC         | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS      |
| YAZ TAB, YASMIN 28 TAB  | -                   | NC          | CONTRACEPTIVES                                    |
| YBUPHEN TAB   | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                    |

|  |   |  |
|--|---|--|
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| <b>NC/3P</b> = Not Covered, Third Party Reviewer |   |  |
| EXC Plan Exclusion                               | INF Infertility   | LD Limited Distribution                  |
| M Medical Benefit                                | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter                     |
| PA Prior Authorization                           | QL Quantity Limit   | RDX Restricted to Diagnosis              |
| 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   | TMSP Available through Specialty Network |

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| <b>Drug Name</b>   | <b>Special Code</b> | <b>Tier</b> | <b>Category</b>                                   |
|--|---------------------|-------------|---|
| YONSA TAB  | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| YOSPRALA TAB   | -                   | NC          | HEMATOLOGICAL AGENTS - MISC.                      |
| YUFLYMA INJ KIT (adalimumab-aaty)  | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                    |
| YUFLYMA KIT (aAdalimumab-aaty)   | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                    |
| YUPELRI SOLN   | -                   | NC          | ANTIASTHMATIC AND BRONCHODILATOR AGENTS           |
| YUSIMRY INJ (adalimumab-aqvh)  | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                    |
| ZADITOR OPHTH SOLN   | OTC                 | NC          | OPHTHALMIC AGENTS                                 |
| zafemy patch (XULANE equiv)  | -                   | \$0         | CONTRACEPTIVES                                    |
| zafirlukast tab (ACCOLATE equiv)   | -                   | 2           | ANTIASTHMATIC AND BRONCHODILATOR AGENTS           |
| zaleplon cap (SONATA equiv) (QL= 1 cap/day)  | QL                  | 1           | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS         |
| ZANAFLEX CAP   | -                   | NC          | MUSCULOSKELETAL THERAPY AGENTS                    |
| ZANAFLEX TAB   | -                   | NC          | MUSCULOSKELETAL THERAPY AGENTS                    |
| ZANOSAR INJ  | M                   | M           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| ZANTAC CAP   | -                   | NC          | ULCER DRUGS                                       |
| ZANTAC EFFER TAB   | -                   | NC          | ULCER DRUGS                                       |
| ZANTAC SYRUP   | -                   | NC          | ULCER DRUGS                                       |
| ZANTAC TAB   | -                   | NC          | ULCER DRUGS                                       |
| ZARONTIN CAP   | -                   | NC          | ANTICONVULSANTS                                   |
| ZARONTIN SOLN  | -                   | NC          | ANTICONVULSANTS                                   |
| ZARXIO INJ   | TMSP                | SP          | HEMATOPOIETIC AGENTS                              |
| ZAVESCA CAP  | -                   | NC          | HEMATOPOIETIC AGENTS                              |
| ZAVZPRET SPRAY   | -                   | NC          | MIGRAINE PRODUCTS                                 |
| ZECUITY PAD  | -                   | NC          | MIGRAINE PRODUCTS                                 |
| ZEGALOGUE INJ  | -                   | NC          | ANTIDIABETICS                                     |
| ZEGERID CAP  | -                   | NC          | ULCER DRUGS                                       |
| ZEGERID CAP OTC  | OTC                 | 1           | ULCER DRUGS                                       |
| ZEGERID POWDER PACK  | -                   | NC          | ULCER DRUGS                                       |
| ZEJULA CAP (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL-SF         | SP          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| ZEJULA TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)  | LD-PA-QL-SF         | SP          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| ZELAPAR ODT  | -                   | NC          | ANTIPARKINSON AGENTS                              |
| ZELBORAF TAB (QL= 8 tabs/day)  | MSP-PA-QL           | SP          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| ZELNORM TAB  | -                   | NC          | GASTROINTESTINAL AGENTS - MISC.                   |
| ZEMPLAR CAP  | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.            |
| ZENZEDI TAB  | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS     |
| zenzedi tab 10mg (DEXEDRINE equiv)   | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS     |
| zenzedi tab 5mg (DEXEDRINE equiv)  | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS     |
| ZEPATIER TAB   | -                   | NC          | ANTIVIRALS  |
| ZEPOSIA CAP (QL= 1 cap/day)  | PA-QL-TMSP          | SP          | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |

|     |   |     |  |      |                                     |
|-----|---|-----|--|------|-------------------------------------|
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| EXC | NC/3P = Not Covered, Third Party Reviewer<br>Plan Exclusion | INF | Infertility  | LD   | Limited Distribution                |
| M   | Medical Benefit   | MSP | Mandatory Specialty Pharmacy Program                     | OTC  | Over-the-Counter                    |
| PA  | Prior Authorization   | QL  | Quantity Limit   | RDX  | Restricted to Diagnosis             |
| 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   | TMSP | Available through Specialty Network |

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| <b>Drug Name</b>  | <b>Special Code</b> | <b>Tier</b> | <b>Category</b>                                   |
|---|---------------------|-------------|---|
| ZEPOSIA STARTER PACK (QL= 1 cap/day)  | PA-QL-TMSP          | SP          | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| ZERIT CAP   | -                   | NC          | ANTIVIRALS  |
| ZERVIATE OPHTH SOLN   | -                   | NC          | OPHTHALMIC AGENTS                                 |
| ZESTORETIC TAB  | -                   | NC          | 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  | -                   | NC          | ANTIHYPERTENSIVES                                 |
| ZIAGEN SOLN   | -                   | NC          | ANTIVIRALS  |
| ZIAGEN TAB  | -                   | NC          | ANTIVIRALS  |
| ZIANA GEL   | -                   | NC          | DERMATOLOGICALS                                   |
| zidovudine cap (RETROVIR equiv)   | -                   | 1           | ANTIVIRALS  |
| zidovudine syrup (RETROVIR equiv)   | -                   | 1           | ANTIVIRALS  |
| zidovudine tab (RETROVIR equiv)   | -                   | 1           | ANTIVIRALS  |
| ZIEXTENZO INJ   | -                   | NC          | HEMATOPOIETIC AGENTS                              |
| ZILACAINE PAK   | -                   | NC          | DERMATOLOGICALS                                   |
| zileuton ER tab (ZYFLO CR equiv)  | -                   | NC          | ANTIASTHMATIC AND BRONCHODILATOR AGENTS           |
| ZILXI FOAM  | -                   | NC          | DERMATOLOGICALS                                   |
| ZIMHI SOLN  | -                   | 2           | ANTIDOTES AND SPECIFIC ANTAGONISTS                |
| ZINBRYTA INJ  | -                   | NC          | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| ZIOPTAN OPHTH SOLN (QL= 1 vial/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  | -                   | NC          | MACROLIDES  |
| ZITHROMAX TAB   | -                   | NC          | MACROLIDES  |
| ZOCOR TAB   | -                   | NC          | ANTIHYPERLIPIDEMICS                               |
| ZOFRAN ODT  | -                   | NC          | ANTIEMETICS                                       |
| ZOFRAN SOLN   | -                   | NC          | ANTIEMETICS                                       |
| ZOFRAN TAB  | -                   | NC          | ANTIEMETICS                                       |
| ZOHYDRO ER CAP  | -                   | NC          | ANALGESICS - OPIOID                               |
| ZOKINVY CAP   | -                   | NC          | MISCELLANEOUS THERAPEUTIC CLASSES                 |
| ZOLINZA CAP   | PA-SF-TMSP          | SP          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| zolmitriptan nasal spray (ZOLMITRIPTAN, ZOMIG equiv) (QL= 6 sprays/fill, 2 fills/30 days)   | QL                  | 3           | MIGRAINE PRODUCTS                                 |
| zolmitriptan ODT (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days)   | QL                  | 2           | MIGRAINE PRODUCTS                                 |
| ZOLMITRIPTAN SPRAY (QL= 6 sprays/fill, 2 fills/30 days)   | QL                  | 3           | MIGRAINE PRODUCTS                                 |
| ZOLMITRIPTAN SPRAY, ZOMIG SPRAY (QL= 6 sprays/fill, 2 fills/30 days)  | QL                  | 3           | MIGRAINE PRODUCTS                                 |
| zolmitriptan tab (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days)   | QL                  | 2           | MIGRAINE PRODUCTS                                 |
| ZOLOFT CONC   | -                   | NC          | ANTIDEPRESSANTS                                   |
| ZOLOFT TAB  | -                   | NC          | ANTIDEPRESSANTS                                   |
| ZOLPAK KIT  | -                   | NC          | DERMATOLOGICALS                                   |
| ZOLPIDEM CAP  | -                   | NC          | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS         |

|            |   |            |  |             |                                     |
|------------|---|------------|--|-------------|-------------------------------------|
| <b>EXC</b> | <b>NC</b> = Not Covered<br><b>NC/3P</b> = Not Covered, Third Party Reviewer<br>Plan Exclusion | <b>INF</b> | Infertility  | <b>LD</b>   | Limited Distribution                |
| <b>M</b>   | Medical Benefit   | <b>MSP</b> | Mandatory Specialty Pharmacy Program                     | <b>OTC</b>  | Over-the-Counter                    |
| <b>PA</b>  | Prior Authorization   | <b>QL</b>  | Quantity Limit   | <b>RDX</b>  | Restricted to Diagnosis             |
| <b>RS</b>  | Restricted to Specialist  | <b>SF</b>  | Limited to two 15 day fills per month for first 3 months | <b>SMKG</b> | Smoking Cessation                   |
| <b>SP</b>  | Available through Specialty Pharmacy Program  | <b>ST</b>  | Step Therapy   | <b>TMSP</b> | Available through Specialty Network |

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| <b>Drug Name</b>   | <b>Special Code</b> | <b>Tier</b> | <b>Category</b>                                   |
|--|---------------------|-------------|---|
| zolpidem ER tab (AMBIEN CR equiv) (QL= 1 tab/day)                            | QL                  | 2           | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS         |
| zolpidem tab (AMBIEN equiv) (QL= 1 tab/day)                                  | QL                  | 1           | HYPNOTICS   |
| zolpidem tartrate SL tab (INTERMEZZO equiv)                                  | -                   | NC          | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS         |
| ZOLPIMIST SPRAY  | -                   | NC          | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS         |
| ZOMETA INJ   | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.            |
| ZOMIG SPRAY (QL= 6 sprays/fill, 2 fills/30 days)                             | QL                  | 3           | MIGRAINE PRODUCTS                                 |
| ZOMIG TAB  | -                   | NC          | MIGRAINE PRODUCTS                                 |
| ZOMIG ZMT  | -                   | NC          | MIGRAINE PRODUCTS                                 |
| ZONEGRAN CAP   | -                   | NC          | ANTICONVULSANTS                                   |
| ZONISADE SUSP (PA required for members age 9 years or older)                 | PA                  | 3           | ANTICONVULSANTS                                   |
| zonisamide cap (ZONEGRAN equiv)  | -                   | 1           | ANTICONVULSANTS                                   |
| ZONTIVITY TAB (Restricted to Cardiology Specialist)                          | RS                  | 3           | HEMATOLOGICAL AGENTS - MISC.                      |
| ZORTRESS TAB   | -                   | NC          | MISCELLANEOUS THERAPEUTIC CLASSE                  |
| ZORVOLEX CAP   | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                    |
| ZORYVE CREAM (QL= 60 grams/30 days)  | PA-QL               | 2           | DERMATOLOGICALS                                   |
| ZOVIRAX CAP  | -                   | NC          | ANTIVIRALS  |
| ZOVIRAX CREAM  | -                   | NC          | DERMATOLOGICALS                                   |
| ZOVIRAX OINT   | -                   | NC          | DERMATOLOGICALS                                   |
| ZOVIRAX SUSP   | -                   | NC          | ANTIVIRALS  |
| ZOVIRAX TAB  | -                   | NC          | ANTIVIRALS  |
| ZTALMY SUSP (QL= 1100ml/30 days; Only available through Orsini 800-410-8575) | LD-PA-QL            | SP          | ANTICONVULSANTS                                   |
| ZUBSOLV SL TAB   | -                   | 2           | ANALGESICS - OPIOID                               |
| ZUPLENZ SL FILM  | -                   | NC          | ANTIEMETICS                                       |
| ZURAMPIC TAB   | -                   | NC          | GOUT AGENTS                                       |
| ZUTRIPRO LIQUID  | -                   | NC          | COUGH/COLD/ALLERGY                                |
| ZYBAN TAB (Limited to 180 days/plan year)                                    | QL-SMKG             | \$0         | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| ZYCLARA CREAM  | -                   | NC          | DERMATOLOGICALS                                   |
| ZYDELIG TAB (Only available through Diplomat Pharmacy 877-977-9118)          | LD-PA               | SP          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| ZYFLO CR TAB   | -                   | NC          | ANTIASTHMATIC AND BRONCHODILATOR AGENTS           |
| ZYFLO TAB  | -                   | 3           | ANTIASTHMATIC AND BRONCHODILATOR AGENTS           |
| ZYKADIA CAP (QL= 3 caps/day)   | PA-QL-SF-TMSP       | SP          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| ZYKADIA TAB (QL= 3 tabs/day)   | PA-QL-SF-TMSP       | SP          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| ZYLET OPHTH SUSP (QL= 5ml/fill (10ml bottle is Not Covered))                 | QL                  | 2           | OPHTHALMIC AGENTS                                 |
| ZYLOPRIM TAB   | -                   | NC          | GOUT AGENTS                                       |
| ZYLOTROL-L KIT   | -                   | NC          | DERMATOLOGICALS                                   |
| ZYMAXID OPHTH SOLN   | -                   | NC          | OPHTHALMIC AGENTS                                 |
| ZYPITAMAG TAB  | -                   | NC          | ANTIHYPERLIPIDEMICS                               |
| ZYPREXA RELPREVV INJ   | -                   | 3           | ANTIpsychOTICS/ANTIMANIC AGENTS                   |
| ZYPREXA TAB  | -                   | NC          | ANTIpsychOTICS/ANTIMANIC AGENTS                   |
| ZYPREXA ZYDIS TAB  | -                   | NC          | ANTIpsychOTICS/ANTIMANIC AGENTS                   |

|     |  |     |  |      |                                     |
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| EXC | NC/3P = Not Covered, Third Party Reviewer Plan Exclusion | INF | Infertility  | LD   | Limited Distribution                |
| M   | Medical Benefit  | MSP | Mandatory Specialty Pharmacy Program                     | OTC  | Over-the-Counter                    |
| PA  | Prior Authorization                                      | QL  | Quantity Limit   | RDX  | Restricted to Diagnosis             |
| 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   | TMSP | Available through Specialty Network |

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| <b>Drug Name</b>          | <b>Special Code</b> | <b>Tier</b> | <b>Category</b>                          |
|---------------------------|---------------------|-------------|--|
| ZYRTEC CHILD CHEW ALLERGY | OTC                 | NC          | ANTIHISTAMINES                           |
| ZYTIGA TAB 250MG          | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ZYTIGA TAB 500MG          | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ZYVOX SUSP                | -                   | NC          | ANTI-INFECTIVE AGENTS - MISC.            |
| ZYVOX TAB                 | -                   | NC          | ANTI-INFECTIVE AGENTS - MISC.            |

|  |   |  |
|--|---|--|
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| <b>NC/3P</b> = Not Covered, Third Party Reviewer |   |  |
| EXC Plan Exclusion                               | INF Infertility   | LD Limited Distribution                  |
| M Medical Benefit                                | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter                     |
| PA Prior Authorization                           | QL Quantity Limit   | RDX Restricted to Diagnosis              |
| 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   | TMSP Available through Specialty Network |

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**Community Health Choice Premier Formulary  
Category/Class**

Last Updated\* 11/1/2023

| DrugName   | Special Code | Tier |
|--|--------------|------|
| <b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS</b>                                 |              |      |
| <b>AMPHETAMINES</b>  |              |      |
| amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv)                             | -            | 1    |
| amphetamine/dextroamphetamine tab (ADDERALL equiv)                                   | -            | 1    |
| dextroamphetamine tab (DEXEDRINE equiv)  | -            | 1    |
| lisdexamfetamine dimesylate cap (VYVANSE equiv)                                      | -            | 1    |
| methamphetamine tab (DESOXYN equiv)  | -            | 1    |
| dextroamphetamine ER cap (DEXEDRINE equiv)   | -            | 2    |
| dextroamphetamine soln (PROCENTRA equiv)   | -            | 3    |
| ADDERALL TAB   | -            | NC   |
| ADDERALL XR CAP  | -            | NC   |
| ADZENYS ER SUSP  | -            | NC   |
| ADZENYS XR TAB   | -            | NC   |
| amphetamine tab (EVEKEO equiv)   | -            | NC   |
| amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5mg (MYDAYIS equiv)              | -            | NC   |
| amphetamine-dextroamphetamine 3-bead cap er 24hr 25mg (MYDAYIS equiv)                | -            | NC   |
| amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5mg (MYDAYIS equiv)              | -            | NC   |
| amphetamine-dextroamphetamine 3-bead cap er 24hr 50mg (MYDAYIS equiv)                | -            | NC   |
| DESOXYN TAB  | -            | NC   |
| DEXEDRINE CAP  | -            | NC   |
| dextroamphetamine sulfate tab 15mg (ZENZEDI equiv)                                   | -            | NC   |
| dextroamphetamine sulfate tab 20mg (ZENZEDI equiv)                                   | -            | NC   |
| dextroamphetamine sulfate tab 30mg (ZENZEDI equiv)                                   | -            | NC   |
| DYANAVEL XR CHEW   | -            | NC   |
| EVEKEO ODT   | -            | NC   |
| EVEKEO TAB   | -            | NC   |
| MYDAYIS CAP 12.5MG   | -            | NC   |
| MYDAYIS CAP 25MG   | -            | NC   |
| MYDAYIS CAP 37.5MG   | -            | NC   |
| MYDAYIS CAP 50MG   | -            | NC   |
| VYVANSE CAP  | -            | NC   |
| VYVANSE CHEW TAB   | -            | NC   |
| XELSTRYM PAD   | -            | NC   |
| ZENZEDI TAB  | -            | NC   |
| zenzedi tab 10mg (DEXEDRINE equiv)   | -            | NC   |
| zenzedi tab 5mg (DEXEDRINE equiv)  | -            | NC   |
| <b>ANALECTICS</b>  |              |      |
| caffeine citrate soln (CAFCIT equiv) (Only covered for members less than 1 year old) | -            | 2    |
| CAFCIT INJ   | -            | NC   |
| <b>ANOREXIANTS NON-AMPHETAMINE</b>   |              |      |
| BENZPHETAMINE TAB  | -            | EXC  |
| DIETHYLPROPION ER TAB  | -            | EXC  |
| diethylpropion tab   | -            | EXC  |
| LOMAIRA TAB  | -            | EXC  |
| PHENDIMETRAZINE ER TAB   | -            | EXC  |
| phendimetrazine tab (BONTRIL PDM equiv)  | -            | EXC  |
| PLENITY CAP  | -            | EXC  |

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| EXC Plan Exclusion                               | INF Infertility   | LD Limited Distribution                  |
| M Medical Benefit                                | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter                     |
| PA Prior Authorization                           | QL Quantity Limit   | RDX Restricted to Diagnosis              |
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**Community Health Choice Premier Formulary  
Category/Class**

Last Updated\* 11/1/2023

| DrugName   | Special Code | Tier |
|--|--------------|------|
| <b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont.</b>   |              |      |
| <b>ANTI-OBESITY AGENTS</b>   |              |      |
| WEGOVY INJ   | -            | EXC  |
| WEGOVY INJ 1.7MG/0.75ML  | -            | EXC  |
| WEGOVY INJ 2.4MG/0.75ML  | -            | EXC  |
| XENICAL CAP  | -            | EXC  |
| IMCIVREE INJ (QL= 1 inj/day; Only available through PantherRx Pharmacy 855-726-8479)                                       | LD-PA-QL     | SP   |
| <b>ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS</b>  |              |      |
| atomoxetine cap (STRATTERA equiv)  | -            | 1    |
| guanfacine ER tab (INTUNIV equiv)  | -            | 1    |
| clonidine ER tab (KAPVAY equiv)  | -            | 2    |
| INTUNIV TAB  | -            | NC   |
| KAPVAY TAB   | -            | NC   |
| QELBREE ER CAP   | -            | NC   |
| STRATTERA CAP  | -            | 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 Accredo 800-803-2523)  | LD-PA-QL     | SP   |
| <b>STIMULANTS - MISC.</b>  |              |      |
| armodafinil tab (NUVIGIL equiv) (QL= 1 tab/day)  | QL           | 1    |
| dexmethylphenidate tab (FOCALIN equiv)   | -            | 1    |
| methylphenidate ER tab 10mg, 20mg (RITALIN equiv)  | -            | 1    |
| methylphenidate tab (RITALIN equiv)  | -            | 1    |
| modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day)  | 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    |
| dexmethylphenidate ER cap (FOCALIN XR equiv)   | -            | 3    |
| methylphenidate chew tab (METHYLIN equiv)  | -            | 3    |
| AZSTARYS CAP   | -            | NC   |
| CONCERTA TAB, RITALIN SR TAB   | -            | NC   |
| COTEMPLA XR ODT  | -            | NC   |
| DAYTRANA PATCH   | -            | NC   |
| FOCALIN TAB  | -            | NC   |
| FOCALIN XR CAP   | -            | NC   |
| methylphenidate ER cap (APTENSIO XR equiv)   | -            | NC   |
| METHYLPHENIDATE ER TAB 45MG, RELEXXI TAB 45MG  | -            | NC   |
| METHYLPHENIDATE ER TAB 63MG, RELEXXI TAB 63MG  | -            | NC   |
| METHYLPHENIDATE ER TAB 72MG  | -            | NC   |
| methylphenidate td patch (DAYTRANA equiv)  | -            | NC   |
| NUVIGIL TAB  | -            | NC   |
| PROVIGIL TAB   | -            | NC   |
| QUILLIVANT XR SUSP   | -            | NC   |
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| <b>DrugName</b>  | <b>Special Code</b> | <b>Tier</b> |
|--|---------------------|-------------|
| <b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont.</b> |                     |             |
| RITALIN LA CAP   | -                   | NC          |
| RITALIN TAB  | -                   | NC          |

**ALLERGENIC EXTRACTS/BIOLOGICALS MISC**

**ALLERGENIC EXTRACTS**

|  |       |    |
|--|-------|----|
| ODACTRA SL TAB   | PA    | 3  |
| TRICHOPHYTON MENTAGROPHYTES SOLN                                       | -     | NC |
| PALFORZIA POWDER PACK (Only available through Walgreens 888-347-3416)  | LD-PA | SP |
| PALFORZIA SPRINKLE CAP (Only available through Walgreens 888-347-3416) | LD-PA | SP |

**ALTERNATIVE MEDICINES**

**ALTERNATIVE MEDICINE - R'S**

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

**AMEBICIDES**

**AMEBICIDES**

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

**AMINOGLYCOSIDES**

**AMINOGLYCOSIDES**

|   |          |    |
|---|----------|----|
| neomycin tab  | -        | 1  |
| paromomycin cap (HUMATIN equiv)   | -        | 3  |
| BETHKIS NEB SOLN, TOBI NEB SOLN   | -        | NC |
| HUMATIN CAP   | -        | NC |
| KITABIS PAK NEB SOLN  | -        | NC |
| ARIKAYCE SUSP (QL= 1 vial/day; Only available through Maxor Pharmacy 800-658-6046)            | LD-PA-QL | SP |
| TOBI PODHALER (Only available through Walgreens 888-347-3416)                                 | LD-PA    | SP |
| tobramycin neb soln (TOBI equiv) (Restricted to Infectious Disease or Pulmonology Specialist) | RS-TMSP  | SP |

**ANALGESICS - ANTI-INFLAMMATORY**

**ANTIRHEUMATIC - ENZYME INHIBITORS**

|                                |            |    |
|--------------------------------|------------|----|
| OLUMIANT TAB (QL= 1 tab/day)   | PA-QL-TMSP | SP |
| RINVOQ ER TAB (QL= 1 tab/day)  | PA-QL-TMSP | SP |
| XELJANZ SOLN (QL= 10ml/day)    | PA-QL-TMSP | SP |
| XELJANZ TAB (QL= 2 tabs/day)   | PA-QL-TMSP | SP |
| XELJANZ XR TAB (QL= 1 tab/day) | PA-QL-TMSP | SP |

**ANTIRHEUMATIC ANTIMETABOLITES**

|                |   |    |
|----------------|---|----|
| RHEUMATREX TAB | - | 3  |
| REDITREX INJ   | - | NC |

**ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES**

|  |   |    |
|--|---|----|
| AMJEVITA AUTO-INJECTOR (adalimumab-atto)     | - | NC |
| AMJEVITA INJ (adalimumab-atto)               | - | NC |
| CYLTEZO AUTO-INJECTOR KIT (aAdalimumab-adbm) | - | NC |
| CYLTEZO INJ (adalimumab-adbm)                | - | NC |
| HULIO INJ (adalimumab-fkjp)                  | - | NC |
| HULIO KIT (adalimumab-fkjp)                  | - | NC |
| HYRIMOZ INJ (adalimumab-adaz)                | - | NC |
| HYRIMOZ PFS INJ (adalimumab-adaz)            | - | NC |
| IDACIO INJ (adalimumab-aacf)                 | - | NC |

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|--|---------------------|-------------|
| <b>ANALGESICS - ANTI-INFLAMMATORY Cont.</b>  |                     |             |
| SIMPONI ARIA INJ   | -                   | NC          |
| SIMPONI AUTO-INJECTOR 50MG   | -                   | NC          |
| SIMPONI INJ 50MG   | -                   | NC          |
| YUFLYMA INJ KIT (adalimumab-aaty)  | -                   | NC          |
| YUFLYMA KIT (aAdalimumab-aaty)   | -                   | NC          |
| YUSIMRY INJ (adalimumab-aqvh)  | -                   | NC          |
| ADALIMUMAB-ADAZ INJ (QL= 2 inj/28 days)  | PA-QL-TMSP          | SP          |
| ADALIMUMAB-ADAZ PFS INJ (QL= 2 inj/28 days)  | PA-QL-TMSP          | SP          |
| ADALIMUMAB-FKJP AUTO-INJECTOR KIT (QL= 2 inj/28 days)                              | PA-QL-TMSP          | SP          |
| ADALIMUMAB-FKJP PFS KIT 20 MG/0.4ML (QL= 2 inj/28 days)                            | PA-QL-TMSP          | SP          |
| ADALIMUMAB-FKJP PFS KIT 40 MG/0.8ML (QL= 2 inj/28 days)                            | PA-QL-TMSP          | SP          |
| HADLIMA INJ (QL= 2 inj/28 days)  | PA-QL-TMSP          | SP          |
| HADLIMA INJ 40MG/0.8ML (QL= 2 inj/28 days)   | PA-QL-TMSP          | SP          |
| HADLIMA PUSH INJ (QL= 2 inj/28 days)   | PA-QL-TMSP          | SP          |
| HADLIMA PUSH INJ 40MG/0.8ML (QL= 2 inj/28 days)                                    | PA-QL-TMSP          | SP          |
| HUMIRA INJ 10MG (QL= 2 syringes/28 days)   | PA-QL-TMSP          | SP          |
| HUMIRA INJ 20MG (QL= 2 syringes/28 days)   | PA-QL-TMSP          | SP          |
| HUMIRA INJ 40MG (QL= 2 syringes/28 days)   | PA-QL-TMSP          | SP          |
| HUMIRA INJ 80MG (QL= 2 syringes/28 days)   | PA-QL-TMSP          | SP          |
| HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year) | PA-QL-TMSP          | SP          |
| HUMIRA INJ PEDIATRIC CROHNS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)       | PA-QL-TMSP          | SP          |
| HUMIRA INJ PEDIATRIC UC STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)           | PA-QL-TMSP          | SP          |
| HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)      | PA-QL-TMSP          | SP          |
| HUMIRA PEN INJ 40MG (QL= 2 pens/28 days)   | PA-QL-TMSP          | SP          |
| SIMPONI AUTO-INJECTOR 100MG (QL=1 inj/28 days)                                     | PA-QL-TMSP          | SP          |
| SIMPONI INJ 100MG (QL=1 inj/28 days)   | PA-QL-TMSP          | SP          |
| <b>GOLD COMPOUNDS</b>  |                     |             |
| RIDAURA CAP  | -                   | NC          |
| <b>INTERLEUKIN-1 BLOCKERS</b>  |                     |             |
| ARCALYST INJ   | -                   | NC          |
| <b>INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)</b>                                  |                     |             |
| KINERET INJ  | -                   | NC          |
| <b>INTERLEUKIN-6 RECEPTOR INHIBITORS</b>   |                     |             |
| ACTEMRA IV INJ   | -                   | NC          |
| ACTEMRA ACTPEN INJ (QL= 2 inj/28 days)   | PA-QL-TMSP          | SP          |
| ACTEMRA SC INJ (QL= 2 inj/28 days)   | PA-QL-TMSP          | SP          |
| KEVZARA INJ (QL= 2 inj/28 days)  | PA-QL-TMSP          | SP          |
| <b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)</b>                              |                     |             |
| celecoxib cap (CELEBREX equiv)   | -                   | 1           |
| diclofenac potassium tab (CATAFLAM equiv)  | -                   | 1           |
| diclofenac sodium EC tab (VOLTAREN equiv)  | -                   | 1           |
| diclofenac sodium XR tab (VOLTAREN XR equiv)                                       | -                   | 1           |
| etodolac cap (LODINE equiv)  | -                   | 1           |
| etodolac tab   | -                   | 1           |
| FLURBIPROFEN TAB   | -                   | 1           |
| flurbiprofen tab (ANSAID equiv)  | -                   | 1           |

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|--|---------------------|-------------|
| <b>ANALGESICS - ANTI-INFLAMMATORY Cont.</b>              |                     |             |
| 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 inj 15mg/ml (TORADOL equiv) (QL= 20ml/5 days)  | QL                  | 1           |
| ketorolac inj 30mg/ml (TORADOL equiv) (QL= 20ml/5 days)  | QL                  | 1           |
| ketorolac inj 60mg/2ml (TORADOL equiv) (QL= 20ml/5 days) | QL                  | 1           |
| ketorolac tab (TORADOL equiv) (QL= 20 tabs/5 days)       | QL                  | 1           |
| meloxicam tab (MOBIC equiv)                              | -                   | 1           |
| nabumetone tab (RELAFEN equiv)                           | -                   | 1           |
| naproxen tab (NAPROSYN equiv)                            | -                   | 1           |
| piroxicam cap (FELDENE equiv)                            | -                   | 1           |
| sulindac tab (CLINORIL equiv)                            | -                   | 1           |
| mefenamic acid cap (PONSTEL equiv)                       | -                   | 2           |
| naproxen EC tab (NAPROSYN EC equiv)                      | -                   | 2           |
| naproxen sodium tab (ANAPROX equiv)                      | -                   | 2           |
| oxaprozin tab (DAYPRO equiv)                             | -                   | 2           |
| diclofenac/misoprostol DR tab (ARTHROTEC equiv)          | -                   | 3           |
| etodolac ER tab (LODINE XL equiv)                        | -                   | 3           |
| fenoprofen calcium tab                                   | -                   | 3           |
| FENOPROFEN TAB   | -                   | 3           |
| KETOPROFEN ER CAP  | -                   | 3           |
| MECLOFENAMATE CAP  | -                   | 3           |
| TOLMETIN CAP   | -                   | 3           |
| tolmetin cap (TOLECTIN DS equiv)                         | -                   | 3           |
| TOLMETIN TAB   | -                   | 3           |
| ANAPROX TAB  | -                   | NC          |
| ARTHROTEC TAB  | -                   | NC          |
| CELEBREX CAP   | -                   | NC          |
| DAYPRO TAB   | -                   | NC          |
| DICLOFENAC CAP   | -                   | NC          |
| diclofenac potassium cap (ZIPSOR equiv)                  | -                   | NC          |
| diclofenac potassium tab 25mg (DICLOFENAC equiv)         | -                   | NC          |
| DUEXIS TAB   | -                   | NC          |
| FELDENE CAP  | -                   | NC          |
| fenoprofen calcium cap (NALFON equiv)                    | -                   | NC          |
| FENOPROFEN CAP   | -                   | NC          |
| IBU 600-EZS KIT  | -                   | NC          |
| ibuprofen-famotidine tab (DUEXIS equiv)                  | -                   | NC          |
| INDOCIN SUPP   | -                   | NC          |
| INDOCIN SUSP   | -                   | NC          |
| INDOMETHACIN CAP, TIVORBEX CAP                           | -                   | NC          |
| indomethacin suppository (INDOCIN equiv)                 | -                   | NC          |
| INFLATHERM PAK   | -                   | NC          |
| KETOPROFEN CAP   | -                   | NC          |
| ketoprofen cap (ORUDIS equiv)                            | -                   | NC          |

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| KETOROLAC INJ   | -            | NC   |
| ketorolac inj (TORADOL equiv)                         | -            | NC   |
| meloxicam cap (VIVLODEX equiv)                        | -            | NC   |
| MELOXICAM COMFORT KIT                                 | -            | NC   |
| MELOXICAM SUSP  | -            | NC   |
| MOBIC TAB   | -            | NC   |
| MOTRIN SUSP   | -            | NC   |
| NAFLON CAP  | -            | NC   |
| NAPRELAN CR TAB                                       | -            | NC   |
| NAPROSYN EC TAB                                       | -            | NC   |
| NAPROSYN SUSP   | -            | NC   |
| NAPROSYN TAB  | -            | NC   |
| naproxen EC tab 500mg (NAPROSYN EC equiv)             | -            | 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   |
| PONSTEL CAP   | -            | 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                                   | -            | NC   |
| OTEZLA TAB  | -            | NC   |
| <b>PYRIMIDINE SYNTHESIS INHIBITORS</b>                |              |      |
| leflunomide tab (ARAVA equiv)                         | -            | 1    |
| ARAVA TAB   | -            | NC   |
| <b>SELECTIVE COSTIMULATION MODULATORS</b>             |              |      |
| ORENCIA CLICK INJ (QL= 4 inj/28 days)                 | PA-QL-TMSP   | SP   |
| ORENCIA SC INJ 125MG/ML (QL= 4 inj/28 days)           | PA-QL-TMSP   | SP   |
| ORENCIA SC INJ 50MG/0.4ML (QL= 4 inj/28 days)         | PA-QL-TMSP   | SP   |
| ORENCIA SC INJ 87.5MG/0.7ML (QL= 4 inj/28 days)       | PA-QL-TMSP   | SP   |
| <b>SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS</b>  |              |      |
| ENBREL INJ 25MG (QL= 8 inj/28 days)                   | PA-QL-TMSP   | SP   |
| ENBREL INJ 50MG (QL= 4 inj/28 days)                   | PA-QL-TMSP   | SP   |
| ENBREL MINI INJ (QL= 4 inj/28 days)                   | PA-QL-TMSP   | SP   |
| ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days)         | PA-QL-TMSP   | SP   |
| <b>ANALGESICS - NONNARCOTIC</b>                       |              |      |
| <b>ANALGESIC COMBINATIONS</b>                         |              |      |
| ALLZITAL TAB  | -            | NC   |

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| DrugName   | Special Code | Tier |
|--|--------------|------|
| <b>ANALGESICS - NONNARCOTIC Cont.</b>                  |              |      |
| BUTALBITAL/ACETAMINOPHEN CAP                           | -            | NC   |
| butalbital/acetaminophen/caffeine soln                 | -            | NC   |
| butalbital/acetaminophen/caffeine tab (FIORICET equiv) | -            | NC   |
| BUTALBITAL/ASPIRIN/CAFFEINE TAB                        | -            | NC   |
| DOLGIC PLUS TAB  | -            | NC   |
| ESGIC TAB  | -            | NC   |
| FIORICET CAP   | -            | NC   |
| FIORINAL CAP   | -            | NC   |
| VTOL SOLN  | -            | NC   |

**SALICYLATES**

|   |     |     |
|---|-----|-----|
| aspirin chew tab 81mg (Covered for males age 45-79; Covered for females (no age restriction)) | OTC | \$0 |
| aspirin ec tab 325mg  | OTC | \$0 |
| aspirin ec tab 81mg (Covered for males age 45-79 and females age 55-79)                       | OTC | \$0 |
| aspirin tab 325mg (Covered for males age 45-79 and females age 55-79)                         | OTC | \$0 |
| diffunisal tab (DOLOBID equiv)  | -   | 1   |
| salsalate tab (DISALCID equiv)  | -   | 2   |

**ANALGESICS - OPIOID**

**OPIOID AGONISTS**

|  |       |   |
|--|-------|---|
| codeine sulfate tab  | -     | 1 |
| hydromorphone tab (DILAUDID equiv)                             | -     | 1 |
| methadone soln   | -     | 1 |
| methadone tab (DOLOPHINE equiv)                                | -     | 1 |
| methadose tab  | -     | 1 |
| morphine sulfate ER tab (MS CONTIN equiv)                      | -     | 1 |
| morphine sulfate soln  | -     | 1 |
| MORPHINE SULFATE TAB   | -     | 1 |
| oxycodone cap (OXYIR equiv)                                    | -     | 1 |
| oxycodone tab (ROXICODONE equiv)                               | -     | 1 |
| tramadol tab (ULTRAM equiv)                                    | -     | 1 |
| fentanyl patch (DURAGESIC equiv)                               | -     | 2 |
| hydrocodone bitartrate ER cap (ZOHYDRO equiv) (QL= 1 cap/day)  | QL    | 2 |
| hydrocodone bitartrate er tab (HYSINGLA equiv) (QL= 1 tab/day) | QL    | 2 |
| MORPHINE SULFATE SUPP  | -     | 2 |
| NUCYNTA ER TAB (QL= 2 tabs/day)                                | QL    | 2 |
| oxycodone conc (ROXICODONE equiv)                              | -     | 2 |
| OXYCODONE ER TAB (QL= 2 tabs/day)                              | QL    | 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 |
| CODEINE SULFATE SOLN   | -     | 3 |
| FENTORA TAB, FENTANYL BUCCAL TAB (QL= 120 tabs/30 days)        | PA-QL | 3 |
| hydromorphone ER tab (EXALGO equiv) (QL= 1 tab/day)            | QL    | 3 |
| LAZANDA NASAL SPRAY (QL= 15 bottles/30 days)                   | PA-QL | 3 |
| NUCYNTA TAB  | -     | 3 |
| tramadol ER tab (ULTRAM ER equiv)                              | -     | 3 |

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|---|---------------------|-------------|
| <b>ANALGESICS - OPIOID Cont.</b>                          |                     |             |
| TRAMADOL HCL ER TAB                                       | -                   | 3           |
| ACTIQ LOZENGE   | -                   | NC          |
| ARYMO ER TAB  | -                   | NC          |
| DEMEROL TAB   | -                   | NC          |
| DILAUDID TAB  | -                   | NC          |
| DOLOPHINE TAB   | -                   | NC          |
| DSUVIA SL TAB   | -                   | NC          |
| DURAGESIC PATCH   | -                   | NC          |
| EMBEDA CAP  | -                   | NC          |
| EXALGO TAB  | -                   | NC          |
| fentanyl citrate lollipop (ACTIQ equiv)                   | -                   | NC          |
| fentanyl patch 37.5mcg, 62.5mcg, 87.5mcg (FENTANYL equiv) | -                   | NC          |
| HYDROCODONE BITARTRATE ER CAP                             | -                   | NC          |
| HYDROMORPHONE SUPP  | -                   | NC          |
| KADIAN CAP  | -                   | NC          |
| LEVORPHANOL TAB   | -                   | NC          |
| levorphanol tab (LEVORPHANOL equiv)                       | -                   | NC          |
| MEPERIDINE TAB  | -                   | NC          |
| meperidine tab (DEMEROL equiv)                            | -                   | NC          |
| METHADOSE CONC  | -                   | NC          |
| MORPHABOND TAB  | -                   | NC          |
| MORPHINE SULFATE ER CAP                                   | -                   | NC          |
| morphine sulfate ER cap (KADIAN equiv)                    | -                   | NC          |
| MS CONTIN TAB   | -                   | NC          |
| OPANA ER TAB  | -                   | NC          |
| OPANA TAB   | -                   | NC          |
| OXYCONTIN CR TAB  | -                   | NC          |
| oxymorphone tab (OPANA equiv)                             | -                   | NC          |
| QDOLO SOLN, TRAMADOL SOLN                                 | -                   | NC          |
| ROXICODONE TAB  | -                   | NC          |
| ROXYBOND TAB  | -                   | NC          |
| RYBIX ODT   | -                   | NC          |
| SUBSYS SPRAY  | -                   | NC          |
| TRAMADOL ER CAP   | -                   | NC          |
| tramadol hcl tab 100mg                                    | -                   | NC          |
| ULTRAM TAB  | -                   | NC          |
| ZOHYDRO ER CAP  | -                   | NC          |

**OPIOID COMBINATIONS**

|  |   |   |
|--|---|---|
| acetaminophen/codeine soln                           | - | 1 |
| acetaminophen/codeine tab (TYLENOL/CODEINE equiv)    | - | 1 |
| aspirin/codeine tab                                  | - | 1 |
| hydrocodone/acetaminophen cap (LORCET equiv)         | - | 1 |
| hydrocodone/acetaminophen soln (HYCET, LORTAB equiv) | - | 1 |
| hydrocodone/acetaminophen tab (LORTAB equiv)         | - | 1 |
| oxycodone/acetaminophen cap (TYLOX equiv)            | - | 1 |
| oxycodone/acetaminophen tab (PERCOCET equiv)         | - | 1 |

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|--|---------------------|-------------|
| <b>ANALGESICS - OPIOID Cont.</b>                                     |                     |             |
| OXYCODONE/ASPIRIN TAB  | -                   | 1           |
| pentazocine/acetaminophen tab (TALACEN equiv)                        | -                   | 1           |
| tramadol/acetaminophen tab (ULTRACET equiv)                          | -                   | 1           |
| OXYCODONE/ACETAMINOPHEN SOLN   | -                   | 2           |
| hydrocodone/acetaminophen soln 10-325 mg/15ml (HYCET equiv)          | -                   | 3           |
| hydrocodone/acetaminophen tab 2.5-325mg (NORCO equiv)                | -                   | 3           |
| HYDROCODONE/IBUPROFEN TAB  | -                   | 3           |
| hydrocodone/ibuprofen tab (VICOPROFEN equiv)                         | -                   | 3           |
| HYDROCODONE/IBUPROFEN TAB 10-200MG                                   | -                   | 3           |
| LORTAB ELIXIR  | -                   | 3           |
| oxycodone/ibuprofen tab (COMBUNOX equiv)                             | -                   | 3           |
| ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE TAB                            | -                   | NC          |
| APADAZ TAB   | -                   | NC          |
| FIORICET/CODEINE CAP   | -                   | NC          |
| FIORINAL/CODEINE CAP   | -                   | NC          |
| hydrocodone/acetaminophen tab 10mg-300mg (XODOL equiv)               | -                   | NC          |
| hydrocodone/acetaminophen tab 5mg-300mg (XODOL equiv)                | -                   | NC          |
| hydrocodone/acetaminophen tab 7.5mg-300mg (XODOL equiv)              | -                   | NC          |
| LORTAB   | -                   | NC          |
| OXYCODONE/ACETAMINOPHEN SOLN 10-300MG/5ML, PROLATE SOLN 10-300MG/5ML | -                   | NC          |
| OXYCODONE/ACETAMINOPHEN TAB 2.5-300MG                                | -                   | NC          |
| PERCOCET TAB   | -                   | NC          |
| PRIMLEV TAB 10-300MG   | -                   | NC          |
| PRIMLEV TAB 5-300MG  | -                   | NC          |
| PROLATE TAB 7.5-300MG  | -                   | NC          |
| SEGLENTIS TAB  | -                   | NC          |
| TREZIX CAP, ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE CAP                | -                   | NC          |
| TYLENOL/CODEINE TAB  | -                   | NC          |
| ULTRACET TAB   | -                   | NC          |
| VERDROCET TAB 2.5MG-325MG  | -                   | NC          |
| VICOPROFEN TAB   | -                   | NC          |
| XARTEMIS XR TAB  | -                   | NC          |

**OPIOID PARTIAL AGONISTS**

|   |    |    |
|---|----|----|
| buprenorphine/naloxone sl film (SUBOXONE equiv)                             | -  | 1  |
| buprenorphine/naloxone SL tab (SUBOXONE equiv)                              | -  | 1  |
| butorphanol nasal spray (STADOL equiv) (QL= 1 bottle/fill, 2 fills/30 days) | QL | 2  |
| ZUBSOLV SL TAB  | -  | 2  |
| buprenorphine patch (BUTRANS equiv) (QL= 4 patches/28 days)                 | QL | 3  |
| pentazocine/naloxone tab (TALWIN NX equiv)                                  | -  | 3  |
| nalbuphine inj  | M  | M  |
| BELBUCA FILM  | -  | NC |
| BRIXADI SOLN  | -  | NC |
| BUNAVAIL FILM   | -  | NC |
| buprenorphine hcl buccal film (BELBUCA equiv)                               | -  | NC |
| buprenorphine SL tab (SUBUTEX equiv)  | -  | NC |
| BUTRANS PATCH   | -  | NC |

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| SUBOXONE SL FILM   | -            | NC   |
| <b>ANDROGENS-ANABOLIC</b>  |              |      |
| <b>ANABOLIC STEROIDS</b>   |              |      |
| OXANDROLONE TAB  | -            | 1    |
| oxandrolone tab (OXANDRIN equiv)                                     | -            | 1    |
| ANADROL TAB  | -            | 3    |
| OXANDRIN TAB   | -            | NC   |
| <b>ANDROGENS</b>   |              |      |
| testosterone cypionate inj (DEPO-TESTOSTERONE equiv)                 | -            | 1    |
| ANDRODERM PATCH (QL= 1 patch/day)                                    | PA-QL        | 2    |
| danazol cap (DANOCRINE equiv)  | -            | 2    |
| TESTOSTERONE ENANTHATE INJ 200MG/ML (QL= 5ml/fill)                   | QL           | 2    |
| TESTOSTERONE GEL 1% 25MG (QL= 1 packet/day)                          | PA-QL        | 2    |
| testosterone gel 1% 25mg (ANDROGEL equiv) (QL= 1 packet/day)         | PA-QL        | 2    |
| testosterone gel 1% 50mg (ANDROGEL equiv) (QL= 2 packets/day)        | PA-QL        | 2    |
| testosterone gel 1% pump (ANDROGEL equiv) (QL= 4 bottles/30 days)    | PA-QL        | 2    |
| TESTOSTERONE GEL PUMP (QL= 4 bottles/30 days)                        | PA-QL        | 2    |
| testosterone gel pump 1.62% (ANDROGEL equiv) (QL= 2 bottles/30 days) | PA-QL        | 2    |
| testosterone soln (AXIRON equiv) (QL= 2 bottles/30 days)             | PA-QL        | 2    |
| METHITEST TAB  | PA           | 3    |
| methyltestosterone cap   | PA           | 3    |
| testosterone gel 1.62% 1.25gm (ANDROGEL equiv) (QL= 1 packet/day)    | PA-QL        | 3    |
| testosterone gel 1.62% 2.5gm (ANDROGEL equiv) (QL= 2 packets/day)    | PA-QL        | 3    |
| ANDROGEL 1% 25MG   | -            | NC   |
| ANDROGEL 1% 50MG, TESTIM GEL 1%                                      | -            | NC   |
| ANDROGEL 1.62% 1.25GM  | -            | NC   |
| ANDROGEL 1.62% 2.5GM   | -            | NC   |
| ANDROGEL PUMP 1%   | -            | NC   |
| ANDROGEL PUMP 1.62%  | -            | NC   |
| KYZATREX CAP, JATENZO CAP, TLANDO CAP                                | -            | NC   |
| NATESTO GEL  | -            | NC   |
| NATESTO NASAL GEL  | -            | NC   |
| STRIANT FILM   | -            | NC   |
| testosterone gel 2% (FORTESTA equiv)                                 | -            | NC   |
| TESTOSTERONE GEL, VOGELXO GEL  | -            | NC   |
| VOGELXO PUMP   | -            | NC   |
| XYOSTED INJ  | -            | NC   |
| <b>ANORECTAL AGENTS</b>  |              |      |
| <b>INTRARECTAL STEROIDS</b>  |              |      |
| hydrocortisone enema (CORTENEMA equiv)                               | -            | 2    |
| CORTIFOAM  | -            | 3    |
| CORTENEMA  | -            | NC   |
| <b>RECTAL COMBINATIONS</b>   |              |      |
| lidocaine/hydrocortisone cream (ANAMANTLE equiv)                     | -            | 2    |
| PROCTOFOAM HC FOAM   | -            | 2    |

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| <b>ANORECTAL AGENTS Cont.</b>                                  |              |      |
| 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  | -            | NC   |
| ANUSOL-HC SUPP   | -            | NC   |
| hydrocortisone supp (ANUSOL HC equiv)                          | -            | NC   |
| <b>VASODILATING AGENTS</b>                                     |              |      |
| RECTIV OINT  | -            | 3    |
| <b>ANORECTAL AND RELATED PRODUCTS</b>                          |              |      |
| <b>INTRARECTAL STEROIDS</b>                                    |              |      |
| budesonide rectal foam (UCERIS RECTAL FOAM equiv)              | PA           | 3    |
| UCERIS RECTAL FOAM   | PA           | 3    |
| <b>RECTAL COMBINATIONS</b>                                     |              |      |
| HYDROCORTISONE/PRAMOXINE SUPP                                  | -            | NC   |
| <b>RECTAL LOCAL ANESTHETICS</b>                                |              |      |
| LIDOCAINE SUPP   | -            | NC   |
| <b>ANTHELMINTICS</b>   |              |      |
| <b>ANTHELMINTICS</b>   |              |      |
| mebendazole chew tab   | -            | 1    |
| BENZNIDAZOLE TAB (Restricted to Infectious Disease Specialist) | RS           | 2    |
| ivermectin tab (STROMECTOL equiv)                              | -            | 2    |
| praziquantel tab (BILTRICIDE equiv)                            | -            | 2    |
| albendazole tab (ALBENZA equiv)                                | -            | 3    |
| ALBENZA TAB  | -            | NC   |
| BILTRICIDE TAB   | -            | NC   |
| EGATEN TAB   | -            | NC   |
| EMVERM TAB   | -            | NC   |
| STROMECTOL TAB   | -            | NC   |
| <b>ANTIANGINAL AGENTS</b>                                      |              |      |
| <b>ANTIANGINALS-OTHER</b>                                      |              |      |
| ranolazine tab (RANEXA equiv)                                  | -            | 2    |
| ASPRUZYO SPRINKLE GRANULES                                     | -            | NC   |
| RANEXA TAB   | -            | NC   |
| <b>NITRATES</b>  |              |      |
| isosorbide dinitrate tab (ISORDIL equiv)                       | -            | 1    |
| isosorbide mononitrate ER tab (IMDUR equiv)                    | -            | 1    |
| ISOSORBIDE MONONITRATE TAB                                     | -            | 1    |
| isosorbide mononitrate tab (MONOKET equiv)                     | -            | 1    |
| NITROGLYCERIN ER CAP   | -            | 1    |
| nitroglycerin patch (NITRO-DUR equiv)                          | -            | 1    |

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| <b>ANTIANGINAL AGENTS Cont.</b>                  |              |      |
| nitroglycerin SL tab (NITROSTAT equiv)           | -            | 1    |
| NITRO-BID OINT                                   | -            | 2    |
| DILATRATE SR CAP                                 | -            | 3    |
| isosorbide dinitrate tab 40mg (ISORDIL equiv)    | -            | 3    |
| NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR               | -            | 3    |
| nitroglycerin lingual spray (NITROLINGUAL equiv) | -            | 3    |
| NITROMIST SPRAY                                  | -            | 3    |
| GONITRO POWDER                                   | -            | NC   |
| ISORDIL TITRADOSE TAB                            | -            | NC   |
| NITRO-DUR PATCH                                  | -            | NC   |
| NITROLINGUAL PUMP SPRAY                          | -            | NC   |
| NITROSTAT SL TAB                                 | -            | NC   |

**ANTIANGIETY AGENTS**

**ANTIANGIETY AGENTS - MISC.**

|  |   |    |
|--|---|----|
| buspirone 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)          | - | 3  |
| VISTARIL CAP                             | - | NC |

**BENZODIAZEPINES**

|   |   |    |
|---|---|----|
| alprazolam tab (XANAX equiv)                | - | 1  |
| chlordiazepoxide cap (LIBRIUM equiv)        | - | 1  |
| diazepam conc (VALIUM equiv)                | - | 1  |
| diazepam oral soln 5mg/5ml (DIAZEPAM equiv) | - | 1  |
| diazepam tab (VALIUM equiv)                 | - | 1  |
| lorazepam conc (ATIVAN equiv)               | - | 1  |
| lorazepam tab (ATIVAN equiv)                | - | 1  |
| alprazolam ER tab (XANAX XR equiv)          | - | 2  |
| oxazepam cap (SERAX equiv)                  | - | 2  |
| alprazolam ODT (NIRAVAM equiv)              | - | 3  |
| clorazepate tab (TRANXENE-T equiv)          | - | 3  |
| ATIVAN TAB                                  | - | NC |
| LOREEV XR CAP                               | - | NC |
| NIRAVAM ODT                                 | - | NC |
| TRANXENE-T TAB                              | - | NC |
| VALIUM TAB                                  | - | NC |
| XANAX TAB                                   | - | NC |
| XANAX XR TAB                                | - | NC |

**ANTIARRHYTHMICS**

**ANTIARRHYTHMICS TYPE I-A**

|  |   |   |
|--|---|---|
| disopyramide cap (NORPACE equiv)       | - | 1 |
| quinidine sulfate tab                  | - | 1 |
| disopyramide ER cap (NORPACE CR equiv) | - | 2 |
| NORPACE CR CAP                         | - | 2 |

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|  |   |  |
|--|---|--|
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| EXC Plan Exclusion                               | INF Infertility   | LD Limited Distribution                  |
| M Medical Benefit                                | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter                     |
| PA Prior Authorization                           | QL Quantity Limit   | RDX Restricted to Diagnosis              |
| 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   | TMSP Available through Specialty Network |

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| DrugName  | Special Code | Tier |
|---|--------------|------|
| <b>ANTIARRHYTHMICS Cont.</b>  |              |      |
| quinidine gluconate CR tab  | -            | 2    |
| NORPACE CAP   | -            | NC   |
| PROCAINAMIDE INJ  | -            | NC   |
| QUINIDINE SULFATE TAB   | -            | NC   |
| <b>ANTIARRHYTHMICS TYPE I-B</b>   |              |      |
| mexiletine hcl 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  | -            | NC   |
| <b>ANTIARRHYTHMICS TYPE III</b>   |              |      |
| amiodarone tab (CORDARONE equiv)  | -            | 1    |
| dofetilide cap (TIKOSYN equiv)  | -            | 2    |
| MULTAQ TAB  | -            | 2    |
| CORDARONE TAB   | -            | NC   |
| TIKOSYN CAP   | -            | NC   |
| <b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS</b>                                  |              |      |
| <b>ANTIASTHMATIC - MONOCLONAL ANTIBODIES</b>                                    |              |      |
| FASENRA PEN INJ   | -            | NC   |
| NUCALA INJ  | -            | NC   |
| NUCALA INJ (QL= 1 inj/28 days)  | -            | NC   |
| XOLAIR SYRINGE  | -            | NC   |
| TEZSPIRE INJ (QL= 1 pen/28 days)  | PA-QL-TMSP   | SP   |
| <b>ANTI-INFLAMMATORY AGENTS</b>   |              |      |
| cromolyn neb soln (INTAL equiv)   | -            | NC   |
| <b>BRONCHODILATORS - ANTICHOLINERGICS</b>                                       |              |      |
| ipratropium neb soln (ATROVENT equiv)   | -            | 1    |
| ATROVENT HFA INHALER  | -            | 2    |
| INCRUSE ELLIPTA INHALER   | -            | 2    |
| LONHALA MAGNAIR SOLN  | -            | 2    |
| SPIRIVA HANDIHALER (For use with Handihaler device)                             | PA           | 3    |
| SPIRIVA RESPIMAT INHALER 2.5MCG/ACT   | PA           | 3    |
| tiotropium bromide cap inhaler (SPIRIVA equiv) (For use with Handihaler device) | PA           | 3    |
| SEEBRI NEOHALER CAP   | -            | NC   |
| TUDORZA PRESSAIR INHALER  | -            | NC   |
| YUPELRI SOLN  | -            | NC   |
| <b>LEUKOTRIENE MODULATORS</b>   |              |      |
| montelukast chew tab (SINGULAIR equiv)  | -            | 1    |
| montelukast tab (SINGULAIR equiv)   | -            | 1    |
| montelukast granule pack (SINGULAIR equiv)                                      | -            | 2    |
| zafirlukast tab (ACCOLATE equiv)  | -            | 2    |
| ZYFLO TAB   | -            | 3    |
| ACCOLATE TAB  | -            | NC   |
| SINGULAIR CHEW TAB  | -            | NC   |

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| <b>M</b>   | Plan Exclusion  | <b>INF</b>                     | Limited Distribution                |
| <b>PA</b>  | Medical Benefit   | <b>MSP</b>                     | Over-the-Counter                    |
| <b>RS</b>  | Prior Authorization   | <b>QL</b>                      | Restricted to Diagnosis             |
| <b>SP</b>  | Restricted to Specialist  | <b>SF</b>                      | Smoking Cessation                   |
|            | Available through Specialty Pharmacy Program                                | <b>ST</b>                      | Available through Specialty Network |
|            |   | <b>LD</b>                      |                                     |
|            |   | <b>OTC</b>                     |                                     |
|            |   | <b>RDX</b>                     |                                     |
|            |   | <b>SMKG</b>                    |                                     |
|            |   | <b>TMSP</b>                    |                                     |

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|--|--------------|------|
| <b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.</b>                     |              |      |
| SINGULAIR GRANULE PACK   | -            | NC   |
| SINGULAIR TAB  | -            | NC   |
| zileuton ER tab (ZYFLO CR equiv)   | -            | NC   |
| ZYFLO CR TAB   | -            | NC   |
| <b>SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>                   |              |      |
| roflumilast tab (DALIRESP equiv)   | -            | 2    |
| DALIRESP TAB   | -            | NC   |
| <b>STEROID INHALANTS</b>   |              |      |
| budesonide inh susp (PULMICORT equiv)                                    | -            | 1    |
| ARNUITY ELLIPTA INHALER  | -            | 2    |
| ASMANEX HFA INHALER  | -            | 2    |
| ASMANEX INHALER  | -            | 2    |
| FLOVENT DISKUS INHALER   | -            | 2    |
| FLUTICASONONE HFA INHALER 110 MCG/ACT                                    | -            | 2    |
| FLUTICASONONE HFA INHALER 220MCG/ACT                                     | -            | 2    |
| FLUTICASONONE HFA INHALER 44 MCG/ACT                                     | -            | 2    |
| AEROSPAN INH   | -            | NC   |
| ALVESCO INHALER  | -            | NC   |
| ARMONAIR DIGITAL INHALER 113MCG/ACT                                      | -            | NC   |
| ARMONAIR DIGITAL INHALER 232MCG/ACT                                      | -            | NC   |
| ARMONAIR DIGITAL INHALER 55MCG/ACT                                       | -            | NC   |
| ARMONAIR RESPICLICK  | -            | NC   |
| FLOVENT HFA INHALER  | -            | NC   |
| PULMICORT FLEXHALER  | -            | NC   |
| PULMICORT INH SUSP   | -            | NC   |
| QVAR INHALER   | -            | NC   |
| QVAR REDIHALER   | -            | NC   |
| <b>SYMPATHOMIMETICS</b>  |              |      |
| albuterol HFA inhaler (PROAIR, PROVENTIL equiv) (QL= 2 inhalers/30 days) | QL           | 1    |
| albuterol neb soln   | -            | 1    |
| ALBUTEROL NEBULIZER SOLN   | -            | 1    |
| albuterol sulfate syrup  | -            | 1    |
| albuterol/ipratropium neb soln (DUONEB equiv)                            | -            | 1    |
| FLUTICASONONE/SALMETEROL INHALER   | -            | 1    |
| METAPROTERENOL SYRUP   | -            | 1    |
| VENTOLIN HFA INHALER (QL= 2 inhalers/30 days)                            | QL           | 1    |
| ADVAIR HFA INHALER   | -            | 2    |
| albuterol sulfate tab  | -            | 2    |
| ALBUTEROL TAB ER   | -            | 2    |
| ANORO ELLIPTA INHALER  | -            | 2    |
| arformoterol tartrate neb soln (BROVANA equiv)                           | -            | 2    |
| BREO ELLIPTA INHALER   | -            | 2    |
| BREZTRI AEROSPHERE INHALER   | -            | 2    |
| budesonide/formoterol inhaler (SYMBICORT equiv)                          | -            | 2    |
| COMBIVENT RESPIMAT INHALER   | -            | 2    |
| DULERA INHALER   | -            | 2    |

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| PA Prior Authorization                           | QL Quantity Limit   | RDX Restricted to Diagnosis              |
| RS Restricted to Specialist                      | SF Limited to two 15 day fills per month for first 3 months | SMKG Smoking Cessation                   |
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|---|---------------------|-------------|
| <b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.</b>  |                     |             |
| fluticasone/salmeterol inhaler, wixela inhaler (ADVAIR equiv)   | -                   | 2           |
| levalbuterol neb soln (XOPENEX equiv)   | -                   | 2           |
| SEREVENT DISKUS INHALER   | -                   | 2           |
| STIOLTO INHALER   | -                   | 2           |
| terbutaline sulfate tab (BRETHINE equiv)  | -                   | 2           |
| TRELEGY ELLIPTA INHALER   | -                   | 2           |
| ARCAPTA NEOHALER  | -                   | 3           |
| BROVANA NEB SOLN  | -                   | 3           |
| formoterol fumarate neb soln (PERFOROMIST equiv)  | -                   | 3           |
| LEVALBUTEROL INHALER, XOPENEX HFA INHALER (QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA) | QL-ST               | 3           |
| METAPROTERENOL TAB  | -                   | 3           |
| PERFOROMIST NEB SOLN  | -                   | 3           |
| STRIVERDI RESPIMAT INHALER (QL= 1 inhaler/30 days)  | QL                  | 3           |
| ADVAIR DISKUS INHALER   | -                   | NC          |
| AIRDUO POWDER INHALER W/SENSOR  | -                   | NC          |
| AIRDUO RESPICLICK   | -                   | NC          |
| AIRSUPRA INH  | -                   | NC          |
| ALBUTEROL HFA INHALER   | -                   | NC          |
| BEVESPI AEROSPHERE INHALER  | -                   | NC          |
| BREO ELLIPTA INH  | -                   | NC          |
| DUAKLIR INHALER   | -                   | NC          |
| FLUTICASONE/VILANTEROL INHALER  | -                   | NC          |
| PROAIR HFA INHALER, PROVENTIL HFA INHALER   | -                   | NC          |
| PROAIR RESPICLICK INHALER   | -                   | NC          |
| SYMBICORT INHALER   | -                   | NC          |
| UTIBRON NEOHALER CAP  | -                   | NC          |
| XOPENEX NEB SOLN  | -                   | NC          |
| <b>XANTHINES</b>  |                     |             |
| theophylline ER tab (UNIPHYL equiv)   | -                   | 1           |
| theophylline soln   | -                   | 1           |
| ELIXOPHYLLIN ELIXIR   | -                   | 2           |
| theophylline tab er (THEOPHYLLINE ER equiv)   | -                   | 2           |
| THEO-24 CAP   | -                   | 3           |
| THEOPHYLLINE TAB ER   | -                   | NC          |
| <b>ANTICOAGULANTS</b>   |                     |             |
| <b>COUMARIN ANTICOAGULANTS</b>  |                     |             |
| warfarin tab (COUMADIN equiv)   | -                   | 1           |
| COUMADIN TAB  | -                   | NC          |
| <b>DIRECT FACTOR XA INHIBITORS</b>  |                     |             |
| ELIQUIS TAB, ELIQUIS STARTER PACK   | -                   | 2           |
| XARELTO STARTER PACK  | -                   | 2           |
| XARELTO SUSP  | -                   | 2           |
| XARELTO TAB   | -                   | 2           |
| SAVAYSA TAB   | -                   | NC          |
| <b>HEPARINS AND HEPARINOID-LIKE AGENTS</b>  |                     |             |

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| <b>PA</b>  | Medical Benefit   | <b>MSP</b>                     | Over-the-Counter                    |
| <b>RS</b>  | Prior Authorization   | <b>QL</b>                      | Restricted to Diagnosis             |
| <b>SP</b>  | Restricted to Specialist  | <b>SF</b>                      | Smoking Cessation                   |
|            | Available through Specialty Pharmacy Program                                | <b>ST</b>                      | Available through Specialty Network |
|            |   | <b>SMKG</b>                    |                                     |
|            |   | <b>TMSP</b>                    |                                     |
|            |   | <b>LD</b>                      |                                     |
|            |   | <b>OTC</b>                     |                                     |
|            |   | <b>RDX</b>                     |                                     |

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|--|---------------------|-------------|
| <b>ANTICOAGULANTS Cont.</b>  |                     |             |
| enoxaparin inj (LOVENOX equiv)   | -                   | 2           |
| fondaparinux inj (ARIXTRA equiv)   | -                   | 2           |
| FRAGMIN INJ  | -                   | 3           |
| ARIXTRA INJ  | -                   | NC          |
| ENOXAPARIN INJ   | -                   | NC          |
| heparin porcine inj  | -                   | NC          |
| LOVENOX INJ  | -                   | NC          |
| <b>THROMBIN INHIBITORS</b>   |                     |             |
| dabigatran etexilate mesylate cap (PRADAXA equiv)  | -                   | 2           |
| PRADAXA CAP 110MG  | -                   | 3           |
| PRADAXA CAP 75MG, 150MG  | -                   | 3           |
| PRADAXA PELLETT PACK   | -                   | NC          |
| <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           |
| clobazam susp (ONFI equiv) (Members age 9 or older require Prior Authorization)  | PA                  | 2           |
| clonazepam ODT (KLONOPIN equiv)  | -                   | 3           |
| VALTOCO NASAL SPRAY (QL= 2 packs/fill; Restricted to Neurology Specialist)   | QL-RS               | 3           |
| DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL  | -                   | NC          |
| KLONOPIN TAB   | -                   | NC          |
| NAYZILAM SPRAY   | -                   | NC          |
| ONFI SUSP  | -                   | NC          |
| ONFI TAB   | -                   | NC          |
| SYMPAZAN ORAL FILM   | -                   | 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) (QL= 9 caps/day)  | QL                  | 1           |
| gabapentin tab 600mg (NEURONTIN equiv) (QL= 6 tabs/day)  | QL                  | 1           |
| gabapentin tab 800mg (NEURONTIN equiv) (QL= 4.5 tabs/day)  | QL                  | 1           |
| lacosamide oral solution (VIMPAT equiv)  | -                   | 1           |
| lacosamide tab (VIMPAT 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) (QL= 3 caps/day)   | QL                  | 1           |
| pregabalin cap 225mg (LYRICA equiv) (QL= 2 caps/day)   | QL                  | 1           |
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|--|---------------------|-------------|
| <b>ANTICONVULSANTS Cont.</b>                                       |                     |             |
| pregabalin cap 300mg (LYRICA equiv) (QL= 2 caps/day)               | QL                  | 1           |
| primidone tab (MYSOLINE equiv)                                     | -                   | 1           |
| topiramate sprinkle cap (TOPAMAX equiv)                            | -                   | 1           |
| topiramate tab (TOPAMAX equiv)                                     | -                   | 1           |
| zonisamide cap (ZONEGRAN equiv)                                    | -                   | 1           |
| carbamazepine ER cap (CARBATROL equiv)                             | -                   | 2           |
| carbamazepine ER tab (TEGRETOL XR equiv)                           | -                   | 2           |
| gabapentin soln (NEURONTIN equiv) (QL= 72 mls/day)                 | QL                  | 2           |
| POTIGA TAB (QL= 3 tabs/day)  | QL                  | 2           |
| POTIGA TAB 50MG (QL= 9 tabs/day)                                   | QL                  | 2           |
| pregabalin soln (LYRICA equiv) (QL= 30ml/day)                      | QL                  | 2           |
| rufinamide susp (BANZEL equiv)                                     | PA                  | 2           |
| rufinamide tab (BANZEL equiv)                                      | PA                  | 2           |
| EPRONTIA SOLN (Members age 9 or older require Prior Authorization) | PA                  | 3           |
| LAMICTAL ODT KIT, LAMICTAL XR KIT                                  | -                   | 3           |
| lamotrigine ER tab (LAMICTAL XR equiv)                             | -                   | 3           |
| lamotrigine ODT (LAMICTAL equiv)                                   | -                   | 3           |
| lamotrigine ODT kit (LAMICTAL ODT KIT equiv)                       | -                   | 3           |
| ZONISADE SUSP (PA required for members age 9 years or older)       | PA                  | 3           |
| APTIOM TAB   | -                   | NC          |
| BANZEL SUSP  | -                   | NC          |
| BANZEL TAB   | -                   | NC          |
| BRIVIACT INJ 50MG/5ML  | -                   | NC          |
| BRIVIACT SOLN 10MG/ML  | -                   | NC          |
| BRIVIACT TAB   | -                   | NC          |
| CARBATROL CAP  | -                   | NC          |
| DIACOMIT CAP   | -                   | NC          |
| ELEPSIA XR TAB   | -                   | NC          |
| FINTEPLA SOLN  | -                   | NC          |
| KEPPRA SOLN  | -                   | NC          |
| KEPPRA TAB   | -                   | NC          |
| KEPPRA XR TAB  | -                   | NC          |
| LAMICTAL CHEW TAB  | -                   | NC          |
| LAMICTAL ODT   | -                   | NC          |
| LAMICTAL ODT KIT   | -                   | NC          |
| LAMICTAL STARTER KIT   | -                   | NC          |
| LAMICTAL TAB   | -                   | NC          |
| LAMICTAL XR TAB  | -                   | NC          |
| LYRICA CAP   | -                   | NC          |
| LYRICA CAP 225MG   | -                   | NC          |
| LYRICA CAP 300MG   | -                   | NC          |
| LYRICA SOLN  | -                   | NC          |
| MOTPOLY XR CAP   | -                   | NC          |
| MYSOLINE TAB   | -                   | NC          |
| NEURONTIN CAP  | -                   | NC          |
| NEURONTIN SOLN   | -                   | NC          |
| NEURONTIN TAB 600MG  | -                   | NC          |

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|--|---------------------|-------------|
| <b>ANTICONVULSANTS Cont.</b>   |                     |             |
| NEURONTIN TAB 800MG  | -                   | NC          |
| OXTELLAR XR TAB  | -                   | NC          |
| PRIMIDONE TAB  | -                   | NC          |
| QUDEXY XR CAP  | -                   | NC          |
| SPRITAM TAB  | -                   | NC          |
| TEGRETOL SUSP  | -                   | NC          |
| TEGRETOL TAB   | -                   | NC          |
| TEGRETOL XR TAB  | -                   | NC          |
| TOPAMAX SPRINKLE CAP   | -                   | NC          |
| TOPAMAX TAB  | -                   | NC          |
| topiramate ER cap (QUDEXY equiv)   | -                   | NC          |
| topiramate er cap (TROKENDI XR equiv)  | -                   | NC          |
| TRILEPTAL SUSP   | -                   | NC          |
| TRILEPTAL TAB  | -                   | NC          |
| TROKENDI XR CAP  | -                   | NC          |
| VIMPAT SOLN  | -                   | NC          |
| VIMPAT TAB   | -                   | NC          |
| ZONEGRAN CAP   | -                   | NC          |
| DIACOMIT POWDER PACK   | -                   | SP          |
| EPIDIOLEX SOLN (Only available through Walgreens 888-347-3416)               | LD-PA               | SP          |
| ZTALMY SUSP (QL= 1100ml/30 days; Only available through Orsini 800-410-8575) | LD-PA-QL            | SP          |

**CARBAMATES**

|                                 |   |    |
|---------------------------------|---|----|
| felbamate susp (FELBATOL equiv) | - | 2  |
| felbamate tab (FELBATOL equiv)  | - | 2  |
| FELBATOL SUSP                   | - | NC |
| FELBATOL TAB                    | - | NC |
| XCOPRI PAK 100-150MG            | - | NC |
| XCOPRI PAK 150-200MG            | - | NC |
| XCOPRI PAK 50-200MG             | - | NC |
| XCOPRI TAB 150MG, 200MG         | - | NC |
| XCOPRI TAB 50MG, 100MG          | - | NC |
| XCOPRI TITRATION PAK 12.5-25MG  | - | NC |
| XCOPRI TITRATION PAK 150-200MG  | - | NC |
| XCOPRI TITRATION PAK 50-100MG   | - | NC |

**GABA MODULATORS**

|  |   |    |
|--|---|----|
| tiagabine tab (GABITRIL equiv)               | - | 2  |
| GABITRIL TAB                                 | - | NC |
| SABRIL POWDER PACK                           | - | NC |
| SABRIL TAB                                   | - | NC |
| vigabatrin powder pack (SABRIL POWDER equiv) | - | NC |
| vigabatrin tab (SABRIL equiv)                | - | NC |
| vigadrone powder pack                        | - | NC |

**HYDANTOINS**

|                                 |   |   |
|---------------------------------|---|---|
| phenytoin cap (DILANTIN equiv)  | - | 1 |
| phenytoin susp (DILANTIN equiv) | - | 1 |
| DILANTIN CAP 30MG               | - | 2 |

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|  |   |  |
|--|---|--|
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| <b>NC/3P</b> = Not Covered, Third Party Reviewer |   |  |
| EXC Plan Exclusion                               | INF Infertility   | LD Limited Distribution                  |
| M Medical Benefit                                | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter                     |
| PA Prior Authorization                           | QL Quantity Limit   | RDX Restricted to Diagnosis              |
| 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   | TMSP Available through Specialty Network |

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**Community Health Choice Premier Formulary  
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Last Updated\* 11/1/2023

| DrugName   | Special Code | Tier |
|--|--------------|------|
| <b>ANTICONVULSANTS Cont.</b>                       |              |      |
| PEGANONE TAB                                       | -            | 2    |
| phenytoin chew tab (DILANTIN equiv)                | -            | 2    |
| DILANTIN CAP 100MG                                 | -            | NC   |
| DILANTIN INFATABS                                  | -            | NC   |
| DILANTIN SUSP                                      | -            | NC   |
| <b>SUCCINIMIDES</b>                                |              |      |
| ethosuximide soln (ZARONTIN equiv)                 | -            | 1    |
| ethosuximide cap (ZARONTIN equiv)                  | -            | 2    |
| methsuximide cap (CELONTIN equiv)                  | -            | 2    |
| CELONTIN CAP                                       | -            | 3    |
| ZARONTIN CAP                                       | -            | NC   |
| ZARONTIN SOLN                                      | -            | NC   |
| <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    |
| DEPACON INJ  | -            | NC   |
| DEPAKENE CAP                                       | -            | NC   |
| DEPAKENE SYRUP                                     | -            | NC   |
| DEPAKOTE ER TAB                                    | -            | NC   |
| DEPAKOTE SPRINKLE CAP                              | -            | NC   |
| DEPAKOTE TAB                                       | -            | 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                                    | -            | NC   |
| REMERON TAB  | -            | NC   |
| <b>ANTIDEPRESSANT COMBINATIONS</b>                 |              |      |
| AUVELITY TAB                                       | -            | NC   |
| <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    |
| APLENZIN TAB                                       | -            | NC   |
| FORFIVO XL TAB                                     | -            | NC   |
| WELLBUTRIN SR TAB                                  | -            | NC   |
| WELLBUTRIN XL TAB                                  | -            | NC   |
| <b>MONOAMINE OXIDASE INHIBITORS (MAOIS)</b>        |              |      |
| PHENELZINE SULFATE TAB                             | -            | 1    |

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| PA Prior Authorization                           | QL Quantity Limit   | RDX Restricted to Diagnosis              |
| RS Restricted to Specialist                      | SF Limited to two 15 day fills per month for first 3 months | SMKG Smoking Cessation                   |
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|--|---------------|------|
| <b>ANTIDEPRESSANTS Cont.</b>   |               |      |
| phenelzine tab (NARDIL equiv)  | -             | 1    |
| MARPLAN TAB  | -             | 2    |
| tranylcypromine tab (PARNATE equiv)  | -             | 2    |
| EMSAM PATCH  | -             | 3    |
| NARDIL TAB 15MG  | -             | 3    |
| PARNATE TAB  | -             | NC   |
| <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    |
| FLUOXETINE TAB   | -             | 3    |
| paroxetine oral susp (PAXIL equiv)   | -             | 3    |
| PAXIL ORAL SUSP  | -             | 3    |
| CELEXA TAB   | -             | NC   |
| CITALOPRAM CAP   | -             | NC   |
| fluoxetine weekly cap (PROZAC equiv)   | -             | NC   |
| LEXAPRO TAB  | -             | NC   |
| PAXIL CR TAB   | -             | NC   |
| PAXIL TAB  | -             | NC   |
| PEXEVA TAB   | -             | NC   |
| PROZAC CAP   | -             | NC   |
| PROZAC WEEKLY CAP  | -             | NC   |
| SERTRALINE CAP   | -             | NC   |
| ZOLOFT CONC  | -             | NC   |
| ZOLOFT TAB   | -             | NC   |
| <b>SEROTONIN MODULATORS</b>  |               |      |
| NEFAZODONE TAB   | -             | 1    |
| nefazodone tab 50mg, 250mg   | -             | 1    |
| trazodone tab (DESYREL equiv)  | -             | 1    |
| vilazodone hcl tab (VIIBRYD equiv)   | PA            | 2    |
| TRINTELLIX TAB (QL= 1 tab/day)   | PA-QL- $\phi$ | 3    |
| trazodone tab 300mg (DESYREL equiv)  | -             | NC   |
| VIIBRYD STARTER KIT  | -             | NC   |

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| DrugName  | Special Code | Tier |
|---|--------------|------|
| <b>ANTIDEPRESSANTS Cont.</b>                                |              |      |
| VIIBRYD TAB   | -            | NC   |
| <b>SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)</b> |              |      |
| desvenlafaxine ER tab (PRISTIQ equiv)                       | -            | 1    |
| duloxetine EC cap (CYMBALTA equiv)                          | -            | 1    |
| venlafaxine ER cap (EFFEXOR XR equiv)                       | -            | 1    |
| venlafaxine tab (EFFEXOR equiv)                             | -            | 1    |
| CYMBALTA CAP  | -            | NC   |
| DESVENLAFAXINE ER TAB                                       | -            | NC   |
| DRIZALMA DR CAP   | -            | NC   |
| duloxetine cap 40mg (IRENKA equiv)                          | -            | NC   |
| EFFEXOR XR CAP  | -            | NC   |
| FETZIMA CAP   | -            | NC   |
| FETZIMA TITRATION PACK                                      | -            | NC   |
| PRISTIQ TAB   | -            | NC   |
| VENLAFAXINE ER TAB  | -            | NC   |
| VENLAFAXINE TAB   | -            | NC   |
| <b>TRICYCLIC AGENTS</b>                                     |              |      |
| amitriptyline tab (ELAVIL equiv)                            | -            | 1    |
| amoxapine tab (AMOXAPINE equiv)                             | -            | 1    |
| doxepin cap (SINEQUAN equiv)                                | -            | 1    |
| doxepin conc (SINEQUAN equiv)                               | -            | 1    |
| imipramine tab (TOFRANIL equiv)                             | -            | 1    |
| nortriptyline cap (PAMELOR equiv)                           | -            | 1    |
| nortriptyline oral soln (NORTRIPTYLINE equiv)               | -            | 1    |
| desipramine tab (NORPRAMIN equiv)                           | -            | 2    |
| NORTRIPTYLINE SOLN  | -            | 2    |
| clomipramine cap (ANAFRANIL equiv)                          | -            | 3    |
| imipramine pamoate cap (TOFRANIL PM equiv)                  | -            | 3    |
| protriptyline tab (VIVACTIL equiv)                          | -            | 3    |
| trimipramine cap (SURMONTIL equiv)                          | -            | 3    |
| ANAFRANIL CAP   | -            | NC   |
| NORPRAMIN TAB   | -            | NC   |
| PAMELOR CAP   | -            | NC   |
| SURMONTIL CAP   | -            | NC   |
| TOFRANIL TAB  | -            | NC   |
| <b>ANTIDIABETICS</b>  |              |      |
| <b>ALPHA-GLUCOSIDASE INHIBITORS</b>                         |              |      |
| acarbose tab (PRECOSE equiv)                                | -            | 1    |
| MIGLITOL TAB  | -            | 3    |
| miglitol tab (MIGLITOL equiv)                               | -            | 3    |
| GLYSET TAB  | -            | NC   |
| PRECOSE TAB   | -            | NC   |
| <b>ANTIDIABETIC - AMYLIN ANALOGS</b>                        |              |      |
| SYMLINPEN INJ   | -            | SP   |
| <b>ANTIDIABETIC COMBINATIONS</b>                            |              |      |

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|---|---------------------|-------------|
| <b>ANTIDIABETICS Cont.</b>                                    |                     |             |
| glipizide/metformin tab (METAGLIP equiv)                      | -                   | 1           |
| glyburide/metformin tab (GLUCOVANCE equiv)                    | -                   | 1           |
| 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           |
| SOLIQUA INJ (QL= 15ml/25 days)                                | PA-QL               | 2           |
| SYNJARDY TAB (QL= 2 tabs/day)                                 | QL                  | 2           |
| SYNJARDY XR TAB 10-1000MG, 25-1000MG (QL= 1 tab/day)          | QL                  | 2           |
| SYNJARDY XR TAB 5-1000MG, 12.5-1000MG (QL= 2 tabs/day)        | QL                  | 2           |
| TRIJARDY XR TAB 10-5-1000MG, 25-5-1000MG (QL= 1 tab/day)      | QL                  | 2           |
| TRIJARDY XR TAB 5-25-1000MG, 12.5-2.5-1000MG (QL= 2 tabs/day) | QL                  | 2           |
| XIGDUO XR TAB 2.5-1000MG, 5-1000MG (QL= 2 tabs/day)           | QL                  | 2           |
| XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG (QL= 1 tab/day)    | QL                  | 2           |
| XULTOPHY INJ (QL= 15ml/30 days)                               | PA-QL               | 2           |
| ACTOPLUS MET XR TAB   | -                   | 3           |
| ACTOPLUS MET TAB  | -                   | NC          |
| ALOGLIPTIN/METFORMIN TAB, KAZANO TAB                          | -                   | NC          |
| ALOGLIPTIN/PIOGLITAZONE TAB, OSENI TAB                        | -                   | NC          |
| DUETACT TAB   | -                   | NC          |
| INVOKAMET TAB   | -                   | NC          |
| INVOKAMET XR TAB  | -                   | NC          |
| KOMBIGLYZE XR TAB   | -                   | NC          |
| pioglitazone/glimepiride tab (DUETACT equiv)                  | -                   | NC          |
| pioglitazone/metformin tab (ACTOPLUS MET equiv)               | -                   | NC          |
| PRANDIMET TAB   | -                   | NC          |
| QTERN TAB   | -                   | NC          |
| REPAGLINIDE TAB   | -                   | NC          |
| saxagliptin-metformin hcl tab er 24hr (KOMBIGLYZE equiv)      | -                   | NC          |
| SEGLUROMET TAB  | -                   | NC          |
| STEGLUJAN TAB   | -                   | NC          |
| <b>BIGUANIDES</b>   |                     |             |
| metformin ER tab (GLUCOPHAGE XR equiv)                        | -                   | 1           |
| metformin tab (GLUCOPHAGE equiv)                              | -                   | 1           |
| metformin soln (RIOMET equiv)                                 | -                   | 3           |
| RIOMET ER SUSP  | -                   | 3           |
| GLUCOPHAGE TAB  | -                   | NC          |
| GLUCOPHAGE XR TAB   | -                   | NC          |
| metformin ER osmotic tab (FORTAMET equiv)                     | -                   | NC          |
| METFORMIN TAB   | -                   | NC          |
| RIOMET SOLN   | -                   | NC          |
| <b>DIABETIC OTHER</b>   |                     |             |
| BAQSIMI NASAL POWDER (QL= 2 inhalations/fill)                 | QL                  | 2           |
| GLUCAGEN HYPOKIT INJ (QL= 2 inj/fill)                         | QL                  | 2           |
| glucagon (rdna) for inj kit (GLUCAGON equiv) (QL= 2 inj/fill) | QL                  | 2           |

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| <b>M</b>   | Plan Exclusion  | <b>INF</b>                     | Limited Distribution                |
| <b>PA</b>  | Medical Benefit   | <b>MSP</b>                     | Over-the-Counter                    |
| <b>RS</b>  | Prior Authorization   | <b>QL</b>                      | Restricted to Diagnosis             |
| <b>SP</b>  | Restricted to Specialist  | <b>SF</b>                      | Smoking Cessation                   |
|            | Available through Specialty Pharmacy Program                                | <b>ST</b>                      | Available through Specialty Network |
|            |   | <b>LD</b>                      |                                     |
|            |   | <b>OTC</b>                     |                                     |
|            |   | <b>RDX</b>                     |                                     |
|            |   | <b>SMKG</b>                    |                                     |
|            |   | <b>TMSP</b>                    |                                     |

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|---|---------------------|-------------|
| <b>ANTIDIABETICS Cont.</b>  |                     |             |
| GLUCAGON EMR INJ (QL= 2 inj/fill)   | QL                  | 2           |
| GLUCAGON INJ KIT (QL= 2 inj/fill)   | QL                  | 2           |
| GVOKE INJ (QL= 2 inj/fill)  | QL                  | 2           |
| GVOKE INJ KIT (QL= 2 inj/fill)  | QL                  | 2           |
| GVOKE PFS INJ (QL= 2 inj/fill)  | QL                  | 2           |
| diazoxide susp (PROGLYCEM equiv)  | -                   | 3           |
| PROGLYCEM SUSP  | -                   | NC          |
| ZEGALOGUE INJ   | -                   | NC          |
| KORLYM TAB (QL= 4 tabs/day; Only available through Korlym SPARK program 855-4Korlym (855-456-7596)) | LD-PA-QL            | SP          |
| <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          |
| saxagliptin hcl tab (ONGLYZA equiv)   | -                   | NC          |
| <b>DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC</b>  |                     |             |
| CYCLOSET TAB  | -                   | 3           |
| <b>INCRETIN MIMETIC AGENTS</b>  |                     |             |
| OZEMPIC INJ (QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))                      | QL-RDX              | 2           |
| <b>INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)</b>  |                     |             |
| BYDUREON BCISE AUTO INJ (QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))           | QL-RDX              | 2           |
| BYDUREON INJ (QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))                      | QL-RDX              | 2           |
| BYDUREON PEN INJ (QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))                  | QL-RDX              | 2           |
| MOUNJARO INJ (QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))                      | QL-RDX              | 2           |
| OZEMPIC INJ (QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))                      | QL-RDX              | 2           |
| RYBELSUS TAB (QL=1 tab/day; Diagnosis Restricted – Type 2 Diabetes (E11))                           | QL-RDX              | 2           |
| TRULICITY INJ (QL= 4 pens/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))                    | QL-RDX              | 2           |
| VICTOZA INJ (QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11))                         | QL-RDX              | 2           |
| BYETTA INJ (QL= 1 pen/30 days; Diagnosis Restricted – Type 2 Diabetes (E11))                        | QL-RDX              | 3           |
| ADLYXIN INJ   | -                   | NC          |
| TANZEUM INJ   | -                   | NC          |
| <b>INSULIN</b>  |                     |             |
| INSULIN LISPRO INJ  | -                   | 1           |
| HUMALOG JR KWIKPEN INJ  | -                   | 2           |
| HUMALOG KWIKPEN INJ   | -                   | 2           |
| HUMALOG MIX INJ   | -                   | 2           |
| HUMALOG MIX KWIKPEN INJ   | -                   | 2           |
| HUMALOG PEN INJ   | -                   | 2           |
| HUMULIN MIX INJ   | OTC                 | 2           |
| HUMULIN MIX PEN INJ   | OTC                 | 2           |
| HUMULIN N INJ   | OTC                 | 2           |
| HUMULIN N PEN INJ   | OTC                 | 2           |
| HUMULIN R INJ   | OTC                 | 2           |
| HUMULIN R U-500 KWIKPEN INJ   | -                   | 2           |
| INSULIN GLARGINE INJ  | -                   | 2           |
| INSULIN GLARGINE SOLOSTAR INJ   | -                   | 2           |

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| <b>M</b>   | Medical Benefit   | <b>MSP</b> | Mandatory Specialty Pharmacy Program                     | <b>OTC</b>  | Over-the-Counter                    |
| <b>PA</b>  | Prior Authorization   | <b>QL</b>  | Quantity Limit   | <b>RDX</b>  | Restricted to Diagnosis             |
| <b>RS</b>  | Restricted to Specialist  | <b>SF</b>  | Limited to two 15 day fills per month for first 3 months | <b>SMKG</b> | Smoking Cessation                   |
| <b>SP</b>  | Available through Specialty Pharmacy Program                                | <b>ST</b>  | Step Therapy   | <b>TMSP</b> | Available through Specialty Network |

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| <b>DrugName</b>  | <b>Special Code</b> | <b>Tier</b> |
|--|---------------------|-------------|
| <b>ANTIDIABETICS Cont.</b>   |                     |             |
| LANTUS INJ   | -                   | 2           |
| LANTUS SOLOSTAR INJ  | -                   | 2           |
| LEVEMIR FLEXTOUCH INJ  | -                   | 2           |
| LEVEMIR INJ  | -                   | 2           |
| LYUMJEV INJ  | -                   | 2           |
| LYUMJEV KWIKPEN INJ  | -                   | 2           |
| TOUJEO MAX SOLOSTAR INJ  | -                   | 2           |
| TOUJEO SOLOSTAR INJ  | -                   | 2           |
| TRESIBA FLEXTOUCH INJ  | -                   | 2           |
| TRESIBA INJ  | -                   | 2           |
| ADMELOG INJ  | -                   | NC          |
| APIDRA INJ   | -                   | NC          |
| APIDRA SOLOSTAR INJ  | -                   | NC          |
| BASAGLAR KWIKPEN   | -                   | NC          |
| DEGLUDEC FLEXTOUCH INJ   | -                   | NC          |
| DEGLUDEC INJ   | -                   | NC          |
| FIASP FLEXTOUCH INJ  | -                   | NC          |
| FIASP INJ  | -                   | NC          |
| FIASP PENFILL INJ  | -                   | NC          |
| INSULIN ASPART FLEXPEN INJ   | -                   | NC          |
| INSULIN ASPART INJ   | -                   | NC          |
| INSULIN ASPART MIX FLEXPEN INJ   | -                   | NC          |
| INSULIN ASPART MIX INJ   | -                   | NC          |
| INSULIN ASPART PENFILL INJ   | -                   | NC          |
| INSULIN LISPRO KWIKPEN, INSULIN LISPRO JR KWIKPEN, ADMELOG SOLOSTAR, HUMALOG TEMPO PEN | -                   | NC          |
| INSULIN LISPRO PROTAMINE PEN INJ   | -                   | NC          |
| INSULIN PROTAMINE INJ  | -                   | NC          |
| LYUMJEV TEMPO PEN INJ  | -                   | NC          |
| NOVOLIN 70/30 FLEXPEN INJ  | OTC                 | NC          |
| NOVOLIN 70/30 FLEXPEN RELION INJ   | OTC                 | NC          |
| NOVOLIN 70/30 INJ  | OTC                 | NC          |
| NOVOLIN 70/30 RELION INJ   | OTC                 | NC          |
| NOVOLIN N FLEXPEN INJ  | OTC                 | NC          |
| NOVOLIN R FLEXPEN INJ  | OTC                 | NC          |
| NOVOLIN R INJ  | OTC                 | NC          |
| NOVOLIN R RELION INJ   | OTC                 | NC          |
| NOVOLOG FLEXPEN INJ  | -                   | NC          |
| NOVOLOG INJ  | -                   | NC          |
| NOVOLOG MIX FLEXPEN INJ  | -                   | NC          |
| NOVOLOG MIX INJ  | -                   | NC          |
| NOVOLOG PENFILL INJ  | -                   | NC          |
| NOVOLOIN N INJ   | OTC                 | NC          |
| REZVOGLAR INJ  | -                   | NC          |
| SEMGLEE INJ  | -                   | NC          |
| SEMGLEE INJ, INSULIN GLARGINE-YFGN INJ   | -                   | NC          |
| SEMGLEE PEN INJ  | -                   | NC          |
| SEMGLEE PEN, INSULIN GLARGINE-YFGN PEN   | -                   | NC          |

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|  |   |  |
|--|---|--|
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| EXC Plan Exclusion                               | INF Infertility   | LD Limited Distribution                  |
| M Medical Benefit                                | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter                     |
| PA Prior Authorization                           | QL Quantity Limit   | RDX Restricted to Diagnosis              |
| RS Restricted to Specialist                      | SF Limited to two 15 day fills per month for first 3 months | SMKG Smoking Cessation                   |
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|---|--------------|------|
| <b>ANTIDIABETICS Cont.</b>                                |              |      |
| <b>INSULIN SENSITIZING AGENTS</b>                         |              |      |
| pioglitazone tab (ACTOS equiv)                            | -            | 1    |
| AVANDIA TAB   | -            | 2    |
| ACTOS TAB   | -            | NC   |
| <b>MEGLITINIDE ANALOGUES</b>                              |              |      |
| repaglinide tab (PRANDIN equiv)                           | -            | 1    |
| nateglinide tab (STARLIX equiv)                           | -            | 2    |
| PRANDIN TAB   | -            | NC   |
| STARLIX TAB   | -            | NC   |
| <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    |
| BRENZAVVY TAB   | -            | NC   |
| INVOKANA TAB  | -            | NC   |
| STEGLATRO TAB   | -            | NC   |
| <b>SULFONYLUREAS</b>                                      |              |      |
| glimepiride tab (AMARYL equiv)                            | -            | 1    |
| glipizide ER tab (GLUCOTROL XL equiv)                     | -            | 1    |
| glipizide tab (GLUCOTROL equiv)                           | -            | 1    |
| glyburide micronized tab (GLYNASE equiv)                  | -            | 1    |
| glyburide tab (MICRONASE equiv)                           | -            | 1    |
| TOLAZAMIDE TAB  | -            | 1    |
| TOLBUTAMIDE TAB   | -            | 2    |
| AMARYL TAB  | -            | NC   |
| GLIPIZIDE TAB   | -            | NC   |
| GLUCOTROL TAB   | -            | NC   |
| GLUCOTROL XL TAB  | -            | NC   |
| GLYNASE TAB   | -            | NC   |
| <b>ANTIDIARRHEAL/PROBIOTIC AGENTS</b>                     |              |      |
| <b>ANTIPERISTALTIC AGENTS</b>                             |              |      |
| DIPHENOXYLATE/ATROPINE LIQUID                             | -            | 3    |
| loperamide hcl soln (LOPERAMIDE equiv)                    | OTC          | 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    |
| MOTOFEN TAB   | -            | 3    |
| opium tincture  | -            | 3    |

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| <b>ANTIDIARRHEALS Cont.</b> |              |      |
| LOMOTIL TAB                 | -            | NC   |
| loperamide cap              | -            | NC   |
| PAREGORIC TINCTURE          | -            | NC   |

**ANTIDOTES**

|   |       |    |
|---|-------|----|
| <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 |
| <b>OPIOID ANTAGONISTS</b>   |       |    |
| naloxone inj  | -     | 1  |
| naltrexone tab (REVIA equiv)  | -     | 1  |
| EVZIO INJ   | -     | NC |
| VIVITROL INJ  | TMSP  | SP |

**ANTIDOTES AND SPECIFIC ANTAGONISTS**

|   |       |    |
|---|-------|----|
| <b>ANTIDOTES - CHELATING AGENTS</b>   |       |    |
| deferasirox tab (EXJADE equiv)  | -     | NC |
| deferasirox tab 180mg (JADENU equiv)  | -     | NC |
| deferasirox tab 90mg, 360mg (JADENU equiv)  | -     | NC |
| EXJADE TAB  | -     | NC |
| FERRIPROX TAB 1000MG (TWICE DAILY)  | -     | NC |
| FERRIPROX TAB 500MG   | -     | NC |
| JADENU SPRINKLE   | -     | NC |
| JADENU TAB 180MG  | -     | NC |
| JADENU TAB 90MG, 360MG  | -     | NC |
| deferasirox granules packet (JADENU equiv)  | TMSP  | SP |
| deferiprone tab (FERRIPROX equiv) (Only available through Walgreens 888-347-3416) | LD-PA | SP |
| FERRIPROX TAB 1000MG (Only available through Ferriprox Total Care 866-758-7071)   | LD-PA | SP |

|   |     |    |
|---|-----|----|
| <b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b> |     |    |
| CETYLEV TAB                               | -   | NC |
| <b>OPIOID ANTAGONISTS</b>                 |     |    |
| naloxone hcl nasal spray (NARCAN equiv)   | -   | 1  |
| naloxone prefilled inj                    | -   | 1  |
| NARCAN NASAL SPRAY                        | OTC | 1  |
| KLOXXADO NASAL SPRAY                      | -   | 2  |
| NALOXONE PREFILLED INJ (QL= 2 inj/fill)   | QL  | 2  |
| ZIMHI SOLN                                | -   | 2  |
| EVZIO INJ                                 | -   | NC |
| OPVEE NASAL SPRAY                         | -   | NC |

**ANTIEMETICS**

|   |    |   |
|---|----|---|
| <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 |

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|---|---|--|-------------------------|--------------------------------|---------------------------------|--|--|--|--------------------|-----------------|-------------------------|-------------------|--|----------------------|------------------------|-------------------|-----------------------------|-----------------------------|---|------------------------|---|-----------------|--|
| <b>ANTIEMETICS Cont.</b>  |   |  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| ondansetron tab (ZOFTRAN equiv)   | -   | 1  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| ANZEMET TAB (QL= 9 tabs/fill)   | QL  | 3  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| GRANISOL SOLN (QL= 60ml/fill)   | QL  | 3  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| SANCUSO PATCH (QL= 4 patches/fill)  | QL  | 3  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| KYTRIL TAB  | -   | NC                                       |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| SUSTOL INJ  | -   | NC                                       |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| ZOFTRAN ODT   | -   | NC                                       |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| ZOFTRAN SOLN  | -   | NC                                       |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| ZOFTRAN TAB   | -   | NC                                       |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| ZUPLENZ SL FILM   | -   | NC                                       |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| <b>ANTIEMETICS - ANTICHOLINERGIC</b>  |   |  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| meclizine chew tab (BONINE equiv)   | OTC   | 1  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| meclizine tab (ANTIVERT equiv)  | OTC   | 1  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| trimethobenzamide cap (TIGAN equiv)   | -   | 1  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| scopolamine patch (TRANSDERM-SCOP equiv)  | -   | 2  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| ANTIVERT TAB, MECLIZINE TAB   | -   | NC                                       |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| TIGAN CAP   | -   | NC                                       |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| TRANSDERM-SCOP PATCH  | -   | NC                                       |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| <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  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| DICLEGIS TAB  | -   | NC                                       |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| doxylamine/pyridoxine dr tab (DICLEGIS equiv)   | -   | NC                                       |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| MARINOL CAP   | -   | NC                                       |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| SYNDROS SOLN  | -   | NC                                       |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| <b>SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS</b>  |   |  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| aprepitant cap (EMEND equiv) (QL= 3 caps/fill)  | QL  | 2  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| aprepitant pak (EMEND equiv) (QL= 3 caps/fill)  | QL  | 2  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| VARUBI TAB (QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist)  | QL-RS   | 2  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| EMEND PAK   | -   | NC                                       |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| EMEND SUSP  | -   | NC                                       |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| <b>ANTIFUNGALS</b>  |   |  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| <b>ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (ECHINOCANDINS)</b>   |   |  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| micafungin inj (MYCAMINE equiv)   | M   | M  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| MYCAMINE INJ  | M   | M  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| BREXAFEMME TAB  | -   | NC                                       |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| <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  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
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| <table border="1"> <tr> <td><b>NC</b> = Not Covered</td> <td><b>generic</b> = small letters</td> <td><b>BRANDS</b> = CAPITAL LETTERS</td> </tr> <tr> <td><b>NC/3P</b> = Not Covered, Third Party Reviewer</td> <td></td> <td></td> </tr> <tr> <td>EXC Plan Exclusion</td> <td>INF Infertility</td> <td>LD Limited Distribution</td> </tr> <tr> <td>M Medical Benefit</td> <td>MSP Mandatory Specialty Pharmacy Program</td> <td>OTC Over-the-Counter</td> </tr> <tr> <td>PA Prior Authorization</td> <td>QL Quantity Limit</td> <td>RDX Restricted to Diagnosis</td> </tr> <tr> <td>RS Restricted to Specialist</td> <td>SF Limited to two 15 day fills per month for first 3 months</td> <td>SMKG Smoking Cessation</td> </tr> <tr> <td>SP Available through Specialty Pharmacy Program</td> <td>ST Step Therapy</td> <td>TMSP Available through Specialty Network</td> </tr> </table> |   |  | <b>NC</b> = Not Covered | <b>generic</b> = small letters | <b>BRANDS</b> = CAPITAL LETTERS | <b>NC/3P</b> = Not Covered, Third Party Reviewer |  |  | EXC Plan Exclusion | INF Infertility | LD Limited Distribution | M Medical Benefit | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter | PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis | 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 | TMSP Available through Specialty Network |
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| EXC Plan Exclusion  | INF Infertility   | LD Limited Distribution                  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| M Medical Benefit   | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter                     |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| PA Prior Authorization  | QL Quantity Limit   | RDX Restricted to Diagnosis              |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| 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   | TMSP Available through Specialty Network |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |

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| DrugName                             | Special Code | Tier |
|--------------------------------------|--------------|------|
| <b>ANTIFUNGALS Cont.</b>             |              |      |
| ANCOBON CAP                          | -            | NC   |
| GRIS-PEG TAB                         | -            | NC   |
| LAMISIL TAB                          | -            | NC   |
| <b>IMIDAZOLE-RELATED ANTIFUNGALS</b> |              |      |
| fluconazole susp (DIFLUCAN equiv)    | -            | 1    |
| fluconazole tab (DIFLUCAN equiv)     | -            | 1    |
| ketoconazole tab (NIZORAL equiv)     | -            | 1    |
| itraconazole cap (SPORANOX equiv)    | -            | 2    |
| voriconazole tab (VFEND equiv)       | -            | 2    |
| itraconazole soln (SPORANOX equiv)   | PA           | 3    |
| NOXAFIL PAK                          | -            | 3    |
| posaconazole DR tab (NOXAFIL equiv)  | -            | 3    |
| posaconazole susp (NOXAFIL equiv)    | -            | 3    |
| voriconazole susp (VFEND equiv)      | -            | 3    |
| CRESEMBA CAP                         | -            | NC   |
| DIFLUCAN SUSP                        | -            | NC   |
| DIFLUCAN TAB                         | -            | NC   |
| NOXAFIL SUSP                         | -            | NC   |
| NOXAFIL TAB                          | -            | NC   |
| SPORANOX CAP                         | -            | NC   |
| SPORANOX SOLN                        | -            | NC   |
| TOLSURA CAP                          | -            | NC   |
| VFEND SUSP                           | -            | NC   |
| VFEND TAB                            | -            | NC   |
| VIVJOA CAP                           | -            | NC   |

**ANTIHISTAMINES**

| <b>ANTIHISTAMINES - ALKYLAMINES</b> |   |    |
|-------------------------------------|---|----|
| DEXCHLORPHENIRAMINE SYRUP           | - | NC |
| MICLARA LIQUID                      | - | NC |
| RYCLORA SOLN                        | - | NC |

| <b>ANTIHISTAMINES - ETHANOLAMINES</b>                         |   |    |
|---|---|----|
| diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered) | - | 1  |
| diphenhydramine inj (BENADRYL equiv)                          | - | 2  |
| CARBINOXAMINE SOLN  | - | 3  |
| carbinoxamine tab (PALGIC equiv)                              | - | 3  |
| CLEMASTINE TAB  | - | 3  |
| clemastine tab (TAVIST equiv)                                 | - | 3  |
| KARBINAL ER SUSP  | - | NC |
| RYVENT TAB  | - | NC |

| <b>ANTIHISTAMINES - NON-SEDATING</b> |     |     |
|--------------------------------------|-----|-----|
| CLARINEX SYRUP                       | PA  | 3   |
| levocetirizine soln (XYZAL equiv)    | -   | 3   |
| levocetirizine tab (XYZAL equiv)     | -   | 3   |
| CLARITIN CHEW TAB                    | OTC | EXC |
| DESLORATADINE ODT                    | -   | EXC |
| desloratadine tab (CLARINEX equiv)   | -   | EXC |

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| <b>M</b>   | <b>NC/3P</b> = Not Covered, Third Party Reviewer | <b>INF</b>                     | <b>LD</b>                           |
| <b>PA</b>  | Plan Exclusion                                   | <b>MSP</b>                     | Limited Distribution                |
| <b>RS</b>  | Medical Benefit                                  | <b>QL</b>                      | Over-the-Counter                    |
| <b>SP</b>  | Prior Authorization                              | <b>SF</b>                      | Restricted to Diagnosis             |
|            | Restricted to Specialist                         | <b>ST</b>                      | Smoking Cessation                   |
|            | Available through Specialty Pharmacy Program     |                                | Available through Specialty Network |

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| <b>DrugName</b>  | <b>Special Code</b> | <b>Tier</b> |
|--|---------------------|-------------|
| <b>ANTIHISTAMINES Cont.</b>  |                     |             |
| loratadine cap (CLARITIN equiv)  | OTC                 | EXC         |
| ALLEGRA ODT  | OTC                 | NC          |
| cetirizine chew tab (ZYRTEC equiv)   | OTC                 | NC          |
| CLARINEX TAB   | -                   | NC          |
| XYZAL SOLN   | -                   | NC          |
| XYZAL TAB  | -                   | NC          |
| ZYRTEC CHILD CHEW ALLERGY  | OTC                 | NC          |
| <b>ANTIHISTAMINES - PHENOTHAZINES</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>ANTIHYPERTENSIVES</b>   |                     |             |
| <b>ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS</b>                       |                     |             |
| NEXLETOL TAB (QL= 1 tab/day)   | PA-QL               | 2           |
| <b>ANTIHYPERTENSIVES - COMBINATIONS</b>  |                     |             |
| NEXLIZET TAB (QL= 1 tab/day)   | PA-QL               | 2           |
| ezetimibe/simvastatin tab (VYTORIN equiv) (QL= 1 tab/day (10-80mg is Not Covered)) | QL                  | 3           |
| EZETIMIBE/ATORVASTATIN TAB   | -                   | NC          |
| ezetimibe/simvastatin tab 10-80mg (VYTORIN equiv)                                  | -                   | NC          |
| OMEGA-3 RX PAK COMPLETE  | -                   | NC          |
| ROSZET TAB   | -                   | NC          |
| VYTORIN TAB  | -                   | NC          |
| <b>ANTIHYPERTENSIVES - MISC.</b>   |                     |             |
| omega-3-acid ethyl esters cap (LOVAZA equiv)                                       | -                   | 2           |
| VASCEPA CAP (QL= 4 caps/day)   | QL                  | 2           |
| icosapent ethyl cap (VASCEPA equiv)  | -                   | NC          |
| KYNAMRO INJ  | -                   | NC          |
| LOVAZA CAP   | -                   | 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           |
| colestipol granule (COLESTID equiv)  | -                   | 3           |
| colestipol powder packet (COLESTID equiv)  | -                   | 3           |
| COLESTID GRANULE   | -                   | NC          |
| COLESTID POWDER PACK   | -                   | NC          |
| COLESTID TAB   | -                   | NC          |

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| <b>M</b>   | Plan Exclusion  | <b>INF</b>                     | Limited Distribution                |
| <b>PA</b>  | Medical Benefit   | <b>MSP</b>                     | Over-the-Counter                    |
| <b>RS</b>  | Prior Authorization   | <b>QL</b>                      | Restricted to Diagnosis             |
| <b>SP</b>  | Restricted to Specialist  | <b>SF</b>                      | Smoking Cessation                   |
|            | Available through Specialty Pharmacy Program                                | <b>ST</b>                      | Available through Specialty Network |
|            |   | <b>LD</b>                      |                                     |
|            |   | <b>OTC</b>                     |                                     |
|            |   | <b>RDX</b>                     |                                     |
|            |   | <b>SMKG</b>                    |                                     |
|            |   | <b>TMSP</b>                    |                                     |

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|--|--------------|------|
| <b>ANTIHYPERTENSIVES Cont.</b>   |              |      |
| QUESTRAN LITE POWDER   | -            | NC   |
| QUESTRAN POWDER  | -            | NC   |
| QUESTRAN POWDER PACK   | -            | NC   |
| WELCHOL PACK   | -            | NC   |
| WELCHOL TAB  | -            | NC   |
| <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    |
| ANTARA CAP, FENOFIBRATE MICRONIZED CAP   | -            | NC   |
| ANTARA CAP, LOFIBRA CAP  | -            | NC   |
| fenofibrate cap 43mg, 130mg (ANTARA equiv)   | -            | NC   |
| FENOFIBRATE CAP, LIPOFEN CAP   | -            | NC   |
| FENOFIBRATE CAP, LIPOFEN CAP 50MG, 150MG   | -            | NC   |
| fenofibrate tab 40mg, 120mg (FENOGLIDE equiv)  | -            | NC   |
| FENOGLIDE TAB  | -            | NC   |
| LOPID TAB  | -            | NC   |
| TRICOR TAB   | -            | NC   |
| TRIGLIDE TAB   | -            | NC   |
| TRILIPIX CAP   | -            | NC   |
| <b>HMG COA REDUCTASE INHIBITORS</b>  |              |      |
| atorvastatin tab (LIPITOR equiv)   | -            | \$0  |
| lovastatin tab (MEVACOR equiv)   | -            | \$0  |
| pravastatin tab (PRAVACHOL equiv)  | -            | \$0  |
| rosuvastatin tab (CRESTOR equiv)   | -            | \$0  |
| simvastatin tab (ZOCOR equiv) (80mg is Not Covered)  | -            | \$0  |
| fluvastatin cap (LESCOL equiv)   | -            | 2    |
| ATORVALIQ SUSP (Members age 9 or older require Prior Authorization)  | PA           | 3    |
| FLOLIPID SUSP (Members age 9 or older require Prior Authorization)   | PA           | 3    |
| fluvastatin ER tab (LESCOL XL equiv)   | -            | 3    |
| LIVALO TAB (Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin) | ST           | 3    |
| ADVICOR TAB  | -            | NC   |
| ALTOPREV TAB   | -            | NC   |
| CRESTOR TAB  | -            | NC   |
| EZALLOR SPRINKLE CAP   | -            | NC   |
| LESCOL CAP   | -            | NC   |
| LESCOL XL TAB  | -            | NC   |
| LIPITOR TAB  | -            | NC   |
| PRAVACHOL TAB  | -            | NC   |
| SIMCOR TAB   | -            | NC   |
| simvastatin tab 80mg (ZOCOR equiv) (This strength excluded from coverage)  | -            | NC   |
| ZOCOR TAB  | -            | NC   |
| ZYPITAMAG TAB  | -            | NC   |
| <b>INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS</b>  |              |      |

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| EXC Plan Exclusion                               | INF Infertility   | LD Limited Distribution                  |
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| PA Prior Authorization                           | QL Quantity Limit   | RDX Restricted to Diagnosis              |
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| <b>ANTHYPERLIPIDEMICS Cont.</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   | -            | NC   |
| NIASPAN ER TAB   | -            | NC   |
| <b>PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS</b>                                      |              |      |
| REPATHA INJ (QL= 2 inj/28 days)  | PA-QL        | 2    |
| REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days)   | PA-QL        | 2    |
| PRALUENT INJ (QL= 2 inj/28 days)   | PA-QL        | 3    |
| <b>ANTHYPERTENSIVES</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  | -            | 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    |
| enalapril maleate oral soln (EPANED equiv) (Prior Authorization required for members age 9 or older) | PA           | 3    |
| QBRELIS SOLN (Prior Authorization required for members age 9 or older)                               | PA           | 3    |
| ACCUPRIL TAB   | -            | NC   |
| ACEON TAB  | -            | NC   |
| ALTACE CAP   | -            | NC   |
| LOTENSIN TAB   | -            | NC   |
| MAVIK TAB  | -            | NC   |
| PRINIVIL TAB, ZESTRIL TAB  | -            | NC   |
| UNIVASC TAB  | -            | NC   |
| VASOTEC TAB  | -            | NC   |
| <b>AGENTS FOR PHEOCHROMOCYTOMA</b>   |              |      |
| phenoxybenzamine cap (DIBENZYLINE equiv)   | -            | 2    |
| DEMSEER CAP  | -            | NC   |
| DIBENZYLINE CAP  | -            | NC   |
| metirosine cap (DEMSEER equiv)   | -            | NC   |
| <b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>   |              |      |
| candesartan tab (ATACAND equiv)  | -            | 1    |
| irbesartan tab (AVAPRO equiv)  | -            | 1    |
| losartan tab (COZAAR equiv)  | -            | 1    |
| olmesartan tab (BENICAR equiv)   | -            | 1    |

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| <b>ANTIHYPERTENSIVES Cont.</b>                           |              |      |
| telmisartan tab (MICARDIS equiv)                         | -            | 1    |
| valsartan tab (DIOVAN equiv)                             | -            | 1    |
| ATACAND TAB  | -            | NC   |
| AVAPRO TAB   | -            | NC   |
| BENICAR TAB  | -            | NC   |
| COZAAR TAB   | -            | NC   |
| DIOVAN TAB   | -            | NC   |
| EDARBI TAB   | -            | NC   |
| MICARDIS TAB   | -            | NC   |
| VALSARTAN ORAL SOLN                                      | -            | NC   |
| <b>ANTIADRENERGIC ANTIHYPERTENSIVES</b>                  |              |      |
| clonidine tab (CATAPRES equiv)                           | -            | 1    |
| doxazosin tab (CARDURA equiv)                            | -            | 1    |
| guanfacine IR tab (TENEX equiv)                          | -            | 1    |
| METHYLDOPA TAB   | -            | 1    |
| methyldopa tab (ALDOMET equiv)                           | -            | 1    |
| prazosin cap (MINIPRESS equiv)                           | -            | 1    |
| terazosin cap (HYTRIN equiv)                             | -            | 1    |
| clonidine patch (CATAPRES-TTS equiv)                     | -            | 2    |
| CARDURA TAB  | -            | NC   |
| CATAPRES TAB   | -            | NC   |
| CATAPRES-TTS PATCH                                       | -            | NC   |
| MINIPRESS CAP  | -            | NC   |
| NEXICLON XR TAB  | -            | NC   |
| <b>ANTIHYPERTENSIVE COMBINATIONS</b>                     |              |      |
| amlodipine/benazepril cap (LOTREL equiv)                 | -            | 1    |
| atenolol/chlorthalidone tab (TENORETIC equiv)            | -            | 1    |
| benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv)  | -            | 1    |
| bisoprolol/hydrochlorothiazide tab (ZIAC equiv)          | -            | 1    |
| enalapril/hydrochlorothiazide tab (VASERETIC equiv)      | -            | 1    |
| fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv)  | -            | 1    |
| 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    |
| CAPTOPRIL/HYDROCHLOROTHIAZIDE TAB                        | -            | 2    |
| metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv) | -            | 2    |
| telmisartan/amlodipine tab (TWINSTA equiv)               | -            | 2    |

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| EXC Plan Exclusion                               | INF Infertility   | LD Limited Distribution                  |
| M Medical Benefit                                | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter                     |
| PA Prior Authorization                           | QL Quantity Limit   | RDX Restricted to Diagnosis              |
| 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   | TMSP Available through Specialty Network |

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**Community Health Choice Premier Formulary  
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| DrugName  | Special Code | Tier |
|---|--------------|------|
| <b>ANTIHYPERTENSIVES Cont.</b>                                      |              |      |
| TEKTURNA HCT TAB  | -            | 3    |
| ACCURETIC TAB   | -            | NC   |
| amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv)    | -            | NC   |
| ATACAND HCT TAB   | -            | NC   |
| AVALIDE TAB   | -            | NC   |
| BENICAR HCT TAB   | -            | NC   |
| BYVALSON TAB  | -            | NC   |
| candesartan/hydrochlorothiazide tab (ATACAND HCT equiv)             | -            | NC   |
| DIOVAN HCT TAB  | -            | NC   |
| DUTOPROL TAB  | -            | NC   |
| EDARBYCLOR TAB  | -            | NC   |
| EXFORGE TAB   | -            | NC   |
| HYZAAR TAB  | -            | NC   |
| LOPRESSOR HCT TAB   | -            | NC   |
| LOTENSIN HCT TAB  | -            | NC   |
| LOTREL CAP  | -            | NC   |
| MICARDIS HCT TAB  | -            | NC   |
| olmesartan/amlodipine/hydrochlorothiazide tab (TRIBENZOR TAB equiv) | -            | NC   |
| PRESTALIA TAB   | -            | NC   |
| TARKA TAB   | -            | NC   |
| TELMISARTAN/AMLODIPINE TAB  | -            | NC   |
| telmisartan/hydrochlorothiazide tab (MICARDIS HCT equiv)            | -            | NC   |
| TENORETIC TAB   | -            | NC   |
| TRANDOLAPRIL/VERAPAMIL ER TAB                                       | -            | NC   |
| TRIBENZOR TAB   | -            | NC   |
| TWYNSTA TAB   | -            | NC   |
| UNIRETIC TAB  | -            | NC   |
| VASERETIC TAB   | -            | NC   |
| ZESTORETIC TAB  | -            | NC   |
| ZIAC TAB  | -            | NC   |
| <b>ANTIHYPERTENSIVES - MISC.</b>                                    |              |      |
| VECAMYL TAB   | -            | NC   |
| <b>DIRECT RENIN INHIBITORS</b>                                      |              |      |
| aliskiren tab (TEKTURNA equiv)                                      | -            | 2    |
| TEKTURNA TAB  | -            | NC   |
| <b>SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)</b>           |              |      |
| eplerenone tab (INSPRA equiv)                                       | -            | 1    |
| INSPRA TAB  | -            | NC   |
| <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 tab (FLAGYL equiv)                                    | -            | 1    |
| TRIMETHOPRIM TAB  | -            | 1    |

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| <b>ANTI-INFECTIVE AGENTS - MISC. Cont.</b>          |              |      |
| trimethoprim tab (PROLOPRIM equiv)                  | -            | 1    |
| pentamidine neb soln (NEBUPENT equiv)               | -            | 2    |
| XIFAXAN TAB 550MG (QL= 60 tabs/30 days)             | QL           | 2    |
| FIRST METRONIDAZOLE SUSP                            | -            | 3    |
| PRIMSOL SOLN  | -            | 3    |
| tinidazole tab (TINDAMAX equiv)                     | -            | 3    |
| XIFAXAN TAB 200MG (QL= 9 tabs/3 days)               | QL           | 3    |
| AEMCOLO TAB   | -            | NC   |
| FLAGYL CAP  | -            | NC   |
| FLAGYL TAB  | -            | NC   |
| IMPAVIDO CAP  | -            | NC   |
| LIKMEZ SUSP   | -            | NC   |
| metronidazole cap (FLAGYL equiv)                    | -            | NC   |
| NEBUPENT NEB SOLN                                   | -            | NC   |
| TINDAMAX TAB  | -            | NC   |
| <b>ANTI-INFECTIVE MISC. - COMBINATIONS</b>          |              |      |
| smz/tmp (DS) tab (BACTRIM DS equiv)                 | -            | 1    |
| smz/tmp susp (BACTRIM, SEPTRA equiv)                | -            | 1    |
| BACTRIM DS TAB                                      | -            | NC   |
| HYOPHEN TAB   | -            | NC   |
| UTA CAP   | -            | NC   |
| <b>ANTIPROTOZOAL AGENTS</b>                         |              |      |
| ALINIA SUSP (QL= 60ml/3 days)                       | PA-QL        | 2    |
| atovaquone susp (MEPRON equiv)                      | -            | 2    |
| LAMPIT TAB  | PA           | 2    |
| nitazoxanide tab (ALINIA equiv) (QL= 6 tabs/3 days) | PA-QL        | 2    |
| ALINIA TAB  | -            | NC   |
| MEPRON SUSP   | -            | NC   |
| <b>CARBAPENEMS</b>                                  |              |      |
| meropenem inj (MERREM equiv)                        | -            | 3    |
| <b>GLYCOPEPTIDES</b>                                |              |      |
| vancomycin cap (VANCOCIN equiv) (QL= 56 caps/fill)  | QL           | 1    |
| vancomycin hcl soln (VANCOMYCIN equiv)              | -            | 1    |
| VANCOMYCIN ORAL SOLN                                | -            | 1    |
| VANCOMYCIN SOLN                                     | -            | 1    |
| VANCOCIN CAP  | -            | NC   |
| <b>LEPROSTATICS</b>                                 |              |      |
| dapsone tab   | -            | 1    |
| <b>LINCOSAMIDES</b>                                 |              |      |
| clindamycin cap (CLEOCIN equiv)                     | -            | 1    |
| clindamycin soln (CLEOCIN equiv)                    | -            | 2    |
| CLEOCIN CAP   | -            | NC   |
| CLEOCIN SOLN  | -            | NC   |
| <b>MONOBACTAMS</b>                                  |              |      |

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|--|---------------------|-------------|
| <b>ANTI-INFECTIVE AGENTS - MISC. Cont.</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   | -                   | NC          |
| ZYVOX TAB  | -                   | NC          |
| <b>PLEUROMUTILINS</b>  |                     |             |
| XENLETA TAB (QL= 14 tabs/180 days; Restricted to Infectious Disease Specialist)  | QL-RS               | 2           |
| <b>URINARY ANTI-INFECTIVES</b>   |                     |             |
| methenamine mandelate tab  | -                   | 1           |
| nitrofurantoin macrocrystals cap (MACRODANTIN equiv)   | -                   | 1           |
| nitrofurantoin monohydrate cap (MACROBID equiv)  | -                   | 1           |
| methenamine hippurate tab (HIPREX equiv)   | -                   | 2           |
| fosfomycin tromethamine powder pack (MONUROL equiv)  | -                   | 3           |
| nitrofurantoin susp (FURADANTIN equiv) (Prior Authorization Required for members age 9 or older)                             | PA                  | 3           |
| HIPREX TAB   | -                   | NC          |
| MACROBID CAP   | -                   | NC          |
| MACRODANTIN CAP  | -                   | NC          |
| MONUROL GRANULE PACK   | -                   | NC          |
| nitrofurantoin macrocrystals cap 25mg (MACRODANTIN equiv)  | -                   | NC          |
| NITROFURANTOIN SUSP  | -                   | NC          |
| <b>ANTIMALARIALS</b>   |                     |             |
| <b>ANTIMALARIAL COMBINATIONS</b>   |                     |             |
| atovaquone/proguanil tab (MALARONE equiv)  | -                   | 1           |
| COARTEM TAB  | -                   | 3           |
| MALARONE TAB   | -                   | NC          |
| PYRIMETHAMINE/LEUCOVORIN CAP   | -                   | NC          |
| <b>ANTIMALARIALS</b>   |                     |             |
| chloroquine tab (ARALEN equiv)   | -                   | 1           |
| hydroxychloroquine tab (PLAQUENIL equiv)   | -                   | 1           |
| primaquine tab (PRIMAQUINE equiv)  | -                   | 1           |
| KRINTAFEL TAB  | -                   | 2           |
| mefloquine tab (LARIAM equiv)  | -                   | 2           |
| ARAKODA TAB  | -                   | 3           |
| DARAPRIM TAB   | -                   | NC          |
| PLAQUENIL TAB  | -                   | NC          |
| PRIMAQUINE TAB   | -                   | NC          |
| QUALAQUIN CAP  | -                   | NC          |
| quinine sulfate cap (QUALAQUIN equiv)  | -                   | NC          |
| 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           |

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| <b>M</b>   | Plan Exclusion  | <b>INF</b>                     | Limited Distribution                |
| <b>PA</b>  | Medical Benefit   | <b>MSP</b>                     | Over-the-Counter                    |
| <b>RS</b>  | Prior Authorization   | <b>QL</b>                      | Restricted to Diagnosis             |
| <b>SP</b>  | Restricted to Specialist  | <b>SF</b>                      | Smoking Cessation                   |
|            | Available through Specialty Pharmacy Program                                | <b>ST</b>                      | Available through Specialty Network |
|            |   | <b>LD</b>                      |                                     |
|            |   | <b>OTC</b>                     |                                     |
|            |   | <b>RDX</b>                     |                                     |
|            |   | <b>SMKG</b>                    |                                     |
|            |   | <b>TMSP</b>                    |                                     |

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| <b>ANTIMYASTHENIC/CHOLINERGIC AGENTS Cont.</b>             |              |      |
| pyridostigmine CR tab (MESTINON equiv)                     | -            | 2    |
| GUANIDINE TAB  | -            | 3    |
| pyridostigmine soln (MESTINON equiv)                       | -            | 3    |
| MESTINON TAB   | -            | NC   |
| MESTINON TIMESPAN TAB                                      | -            | NC   |
| PYRIDOSTIGMINE TAB 30MG                                    | -            | NC   |
| FIRDAPSE TAB (Only available through AnovoRx 844-288-5007) | LD-PA        | SP   |

**ANTIMYCOBACTERIAL AGENTS**

**ANTI TB COMBINATIONS**

|              |    |   |
|--------------|----|---|
| RIFAMATE CAP | -  | 2 |
| RIFATER TAB  | PA | 3 |

**ANTIMYCOBACTERIAL AGENTS**

|   |          |    |
|---|----------|----|
| ISONIAZID TAB   | -        | 1  |
| pyrazinamide tab  | -        | 1  |
| ethambutol tab (MYAMBUTOL equiv)  | -        | 2  |
| PRETOMANID TAB (QL= 1 tab/day; Restricted to Infectious Disease Specialist) | QL-RS    | 2  |
| PRIFTIN TAB   | -        | 2  |
| rifabutin cap (MYCOBUTIN equiv)   | -        | 2  |
| rifampin cap (RIFADIN equiv)  | -        | 2  |
| isoniazid syrup (ISONIAZID equiv)   | -        | 3  |
| TRECTOR TAB (Restricted to Infectious Disease Specialist)                   | RS       | 3  |
| CAPASTAT INJ  | M        | M  |
| cycloserine cap (CYCLOSERINE equiv)   | -        | NC |
| MYAMBUTOL TAB   | -        | NC |
| MYCOBUTIN CAP   | -        | NC |
| PASER GRANULE   | -        | NC |
| RIFADIN CAP   | -        | NC |
| SIRTURO TAB (QL= 4 tabs/day; Restricted to Infectious Disease Specialist)   | QL-RS-SP | SP |

**ANTINEOPLASTICS**

**ANTINEOPLASTICS MISC.**

|                                |      |    |
|--------------------------------|------|----|
| tretinoin cap (VESANOID equiv) | TMSP | SP |
|--------------------------------|------|----|

**TOPOISOMERASE I INHIBITORS**

|              |         |    |
|--------------|---------|----|
| HYCAMTIN CAP | PA-TMSP | SP |
|--------------|---------|----|

**ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES**

**ALKYLATING AGENTS**

|                         |   |    |
|-------------------------|---|----|
| cyclophosphamide cap    | - | 2  |
| CYCLOPHOSPHAMIDE TAB    | - | 2  |
| GLEOSTINE/LOMUSTINE CAP | - | 2  |
| HEXALEN CAP             | - | 2  |
| LEUKERAN TAB            | - | 2  |
| MELPHALAN TAB           | - | 2  |
| ZANOSAR INJ             | M | M  |
| ALKERAN INJ             | - | NC |
| ALKERAN TAB             | - | NC |
| CYCLOPHOSPHAMIDE CAP    | - | NC |

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| <b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.</b>   |              |      |
| melphalan inj (ALKERAN equiv)   | -            | NC   |
| TEMODAR CAP   | -            | NC   |
| TREANDA INJ   | -            | NC   |
| MYLERAN TAB   | TMSP         | SP   |
| temozolomide cap (TEMODAR equiv)  | TMSP         | SP   |
| <b>ANTIMETABOLITES</b>  |              |      |
| methotrexate inj  | -            | 1    |
| methotrexate tab (TREXALL equiv)  | -            | 1    |
| mercaptopurine tab (PURINETHOL equiv)   | -            | 2    |
| TABLOID TAB   | -            | 2    |
| PURIXAN SUSP (Members age 9 or older require Prior Authorization)   | PA           | 3    |
| fludarabine inj   | -            | NC   |
| ONUREG TAB  | -            | NC   |
| TREXALL TAB   | -            | NC   |
| XATMEP SOLN   | -            | NC   |
| capecitabine tab (XELODA equiv)   | TMSP         | SP   |
| <b>ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS</b>   |              |      |
| INLYTA TAB (QL= 8 tabs/day)   | MSP-PA-QL-SF | SP   |
| LENVIMA CAP (QL= 3 caps/day; Only available through Optum 877-445-6874)   | LD-PA-QL     | SP   |
| <b>ANTINEOPLASTIC - ANTIBODIES</b>  |              |      |
| GAZYVA INJ  | -            | NC   |
| RIABNI SOLN   | -            | NC   |
| RITUXAN INJ   | -            | NC   |
| <b>ANTINEOPLASTIC - ANTI-HER2 AGENTS</b>  |              |      |
| TUKYSA TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306)  | LD-PA-QL-SF  | SP   |
| <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 - EGFR INHIBITORS</b>   |              |      |
| TAGRISSO TAB  | -            | NC   |
| TARCEVA TAB   | -            | NC   |
| VIZIMPRO TAB  | -            | NC   |
| erlotinib tab (TARCEVA equiv)   | PA-SF-TMSP   | SP   |
| EXKIVITY CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306)  | LD-PA-QL-SF  | SP   |
| gefitinib tab (IRESSA equiv) (Only available through Diplomat Pharmacy 877-977-9118)                                      | LD-PA        | SP   |
| GILOTRIF TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)   | LD-PA-QL     | SP   |
| IRESSA TAB (Only available through Diplomat Pharmacy 877-977-9118)  | LD-PA        | SP   |
| <b>ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS</b>   |              |      |
| DAURISMO TAB  | -            | NC   |
| ERIVEDGE CAP (Only available through Diplomat 877-977-9118, Walgreens 888-347-3416, Walmart Specialty 877-453-4566)       | LD-PA-SF     | SP   |
| ODOMZO CAP  | PA-SF-TMSP   | 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  |

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|--|---------------------|-------------|
| <b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.</b>  |                     |             |
| 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           |
| EULEXIN CAP  | -                   | 2           |
| FLUTAMIDE CAP  | -                   | 2           |
| flutamide cap (EULEXIN equiv)  | -                   | 2           |
| toremifene tab (FARESTON equiv)  | -                   | 2           |
| abiraterone acetate tab 500mg (ZYTIGA equiv)   | -                   | NC          |
| AKEEGA TAB   | -                   | NC          |
| ARIMIDEX TAB   | -                   | NC          |
| AROMASIN TAB   | -                   | NC          |
| CASODEX TAB  | -                   | NC          |
| FARESTON TAB   | -                   | NC          |
| FEMARA TAB   | -                   | NC          |
| HYDROXYPROGESTERONE CAPROATE INJ   | -                   | NC          |
| LUPRON DEPOT INJ   | -                   | NC          |
| ORSERDU TAB  | -                   | NC          |
| ORSERDU TAB 345MG  | -                   | NC          |
| XTANDI CAP   | -                   | NC          |
| XTANDI TAB 40MG  | -                   | NC          |
| XTANDI TAB 80MG  | -                   | NC          |
| YONSA TAB  | -                   | NC          |
| ZYTIGA TAB 250MG   | -                   | NC          |
| ZYTIGA TAB 500MG   | -                   | NC          |
| abiraterone tab 250mg (ZYTIGA equiv)   | TMSP                | SP          |
| ERLEADA TAB (QL= 4 tabs/day)   | PA-QL-TMSP          | SP          |
| ERLEADA TAB 240MG (QL= 1 tab/day)  | PA-QL-TMSP          | SP          |
| leuprolide inj (LUPRON equiv)  | INF-TMSP            | SP          |
| LUPRON DEPOT INJ   | TMSP                | SP          |
| LYSODREN TAB (Only available through Walgreens 888-347-3416)   | LD                  | SP          |
| nilutamide tab (NILANDRON equiv)   | TMSP                | SP          |
| NUBEQA TAB (QL= 4 tabs/day)  | MSP-PA-QL-SF        | SP          |
| ORGOVYX TAB (QL= 30 tabs/28 days; Only available through Biologics 800-850-4306)   | LD-PA-QL            | SP          |
| <b>ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS</b>  |                     |             |
| WELIREG TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306)  | LD-PA-QL            | SP          |
| <b>ANTINEOPLASTIC - IMMUNOMODULATORS</b>   |                     |             |
| POMALYST CAP (QL= 21 caps/28 days)   | MSP-PA-QL           | SP          |
| <b>ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS</b>   |                     |             |
| AYVAKIT TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306)   | LD-PA-QL-SF         | SP          |
| <b>ANTINEOPLASTIC - XPO1 INHIBITORS</b>  |                     |             |

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| <b>NC/3P</b> = Not Covered, Third Party Reviewer |   |  |
| EXC Plan Exclusion                               | INF Infertility   | LD Limited Distribution                  |
| M Medical Benefit                                | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter                     |
| PA Prior Authorization                           | QL Quantity Limit   | RDX Restricted to Diagnosis              |
| 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   | TMSP Available through Specialty Network |

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Category/Class**

**Last Updated\* 11/1/2023**

| <b>DrugName</b>   | <b>Special Code</b> | <b>Tier</b> |
|---|---------------------|-------------|
| <b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.</b>                                     |                     |             |
| XPOVIO PAK (QL= 32 tabs/28 days; Only available through Biologics 800-850-4306)           | LD-PA-QL-SF         | SP          |
| <b>ANTINEOPLASTIC COMBINATIONS</b>  |                     |             |
| HERCEPTIN HYLECTA INJ   | -                   | NC          |
| INQOVI TAB  | -                   | NC          |
| KISQALI PAK (QL= 91 tabs/28 days)   | PA-QL-TMSP          | SP          |
| LONSURF TAB   | MSP-PA              | SP          |
| <b>ANTINEOPLASTIC ENZYME INHIBITORS</b>   |                     |             |
| AFINITOR DISPERZ TAB  | -                   | NC          |
| AFINITOR TAB  | -                   | NC          |
| ALUNBRIG PAK  | -                   | NC          |
| FOTIVDA CAP   | -                   | NC          |
| GLEEVEC TAB   | -                   | NC          |
| IBRANCE CAP   | -                   | NC          |
| IBRANCE TAB   | -                   | NC          |
| IMBRUVICA TAB 140MG   | -                   | NC          |
| IMBRUVICA TAB 280MG   | -                   | NC          |
| INREBIC CAP   | -                   | NC          |
| KOSELUGO CAP  | -                   | NC          |
| KOSELUGO CAP 10MG   | -                   | NC          |
| LUMAKRAS TAB  | -                   | NC          |
| LUMAKRAS TAB 320MG  | -                   | NC          |
| MEKINIST SOLN   | -                   | NC          |
| NEXAVAR TAB   | -                   | NC          |
| OJJAARA TAB   | -                   | NC          |
| SCSEMBLIX TAB   | -                   | NC          |
| SUTENT CAP  | -                   | NC          |
| TAFINLAR TAB  | -                   | NC          |
| TEPMETKO TAB  | -                   | NC          |
| TYKERB TAB  | -                   | NC          |
| VANFLYTA TAB  | -                   | NC          |
| VOTRIENT TAB  | -                   | NC          |
| ALECENSA CAP (QL= 8 caps/day)   | PA-QL-TMSP          | 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 CVS Specialty 800-237-2767)      | LD-PA-QL-SF         | SP          |
| BALVERSA TAB 4MG (QL= 2 tabs/day; Only available through CVS Specialty 800-237-2767)      | LD-PA-QL-SF         | SP          |
| BALVERSA TAB 5MG (QL= 1 tab/day; Only available through CVS Specialty 800-237-2767)       | LD-PA-QL-SF         | SP          |
| BOSULIF TAB   | MSP-PA-SF           | SP          |
| BRAFTOVI CAP 75MG (QL= 6 caps/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL            | SP          |
| BRUKINSA CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306)              | LD-PA-QL-SF         | SP          |
| CABOMETYX TAB (QL= 1 tab/day)   | MSP-PA-QL-SF        | SP          |
| CALQUENCE CAP (QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118)     | LD-PA-QL-SF         | SP          |
| CALQUENCE TAB (QL= 2 tabs/day; Only available through Diplomat Pharmacy 877-977-9118)     | LD-PA-QL-SF         | SP          |
| CAPRELSA TAB (Only available through Biologics 800-850-4306)                              | LD-PA               | SP          |
| COMETRIQ KIT (Only available through Diplomat Pharmacy 877-977-9118)                      | LD-PA               | SP          |
| COPIKTRA CAP (QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118)      | LD-PA-QL            | SP          |

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| EXC Plan Exclusion                               | INF Infertility   | LD Limited Distribution                  |
| M Medical Benefit                                | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter                     |
| PA Prior Authorization                           | QL Quantity Limit   | RDX Restricted to Diagnosis              |
| 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   | TMSP Available through Specialty Network |

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| <b>DrugName</b>  | <b>Special Code</b> | <b>Tier</b> |
|--|---------------------|-------------|
| <b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.</b>  |                     |             |
| COTELLIC TAB (QL= 3 tabs/day)  | MSP-PA-QL           | SP          |
| everolimus tab (AFINITOR equiv) (QL= 1 tab/day)  | PA-QL-TMSP          | SP          |
| everolimus tab 5mg (AFINITOR equiv) (QL= 2 tabs/day)   | PA-QL-TMSP          | SP          |
| everolimus tab for oral susp (AFINITOR DISPERZ equiv) (QL= 1 tab/day)  | PA-QL-SF-TMSP       | SP          |
| GAVRETO CAP (QL= 4 caps/day; Only available through Walgreens 888-347-3416)  | LD-PA-QL-SF         | 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)   | TMSP                | 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 SUSP (QL= 6ml/day; Only available through Diplomat Pharmacy 877-977-9118)                                | LD-PA-QL            | SP          |
| IMBRUVICA TAB 420MG, 560MG (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)                  | LD-PA-QL            | SP          |
| JAKAFI TAB (QL= 2 tabs/day)  | MSP-PA-QL-SF        | SP          |
| JAYPIRCA TAB (QL= 2 tabs/day)  | PA-QL-SP            | SP          |
| KISQALI TAB (QL= 63 tabs/28 days)  | PA-QL-TMSP          | SP          |
| KRAZATI TAB (QL= 6 tabs/day; Only available through Biologics 800-850-4306)  | LD-PA-QL-SF         | SP          |
| lapatinib ditosylate tab (TYKERB equiv)  | PA-TMSP             | SP          |
| LORBRENA TAB 100MG (QL= 1 tab/day)   | MSP-PA-QL-SF        | SP          |
| LORBRENA TAB 25MG (QL= 3 tabs/day)   | MSP-PA-QL-SF        | SP          |
| LYNPARZA TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306)                                       | LD-PA-QL-SF         | SP          |
| LYTGOBI THERAPY PACK (QL= 5 tabs/day; Only available through Onco360 877-662-6633)                                 | LD-PA-QL-SF         | SP          |
| MEKINIST TAB 0.5MG (QL= 3 tabs/day)  | PA-QL-TMSP          | SP          |
| MEKINIST TAB 2MG (QL= 1 tab/day)   | PA-QL-TMSP          | SP          |
| MEKTOVI TAB (QL= 6 tabs/day)   | MSP-PA-QL           | SP          |
| NERLYNX TAB (QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118)                                | LD-PA-QL-SF         | SP          |
| NINLARO CAP (Only available through Diplomat 877-977-9118, Walgreens 888-347-3416, Walmart Specialty 877-453-4566) | LD-PA               | SP          |
| pazopanib tab (VOTRIENT equiv) (QL= 4 tabs/day)  | PA-QL-SF-TMSP       | SP          |
| PEMAZYRE TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306)  | LD-PA-QL            | SP          |
| PIQRAY TAB   | PA-SF-TMSP          | SP          |
| QINLOCK TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306)  | LD-PA-QL            | SP          |
| RETEVMO CAP (QL= 4 caps/day)   | PA-QL-SF-TMSP       | SP          |
| REZLIDHIA CAP (QL= 2 caps/day; Only available through Biologics 800-850-4306)                                      | LD-PA-QL-SF         | SP          |
| ROZLYTREK CAP (QL= 3 caps/day)   | PA-QL-TMSP          | SP          |
| RUBRACA TAB (QL= 4 tabs/day; Only available through Optum 877-445-6874)  | LD-PA-QL-SF         | SP          |
| RYDAPT CAP (QL= 56 caps/28 days)   | PA-QL-TMSP          | SP          |
| sorafenib tosylate tab (NEXAVAR equiv)   | MSP-PA-SF           | SP          |
| SPRYCEL TAB  | PA-SF-TMSP          | SP          |
| STIVARGA TAB (QL= 4 tabs/day)  | MSP-PA-QL-SF        | SP          |
| sunitinib malate cap (SUTENT equiv)  | PA-SF-TMSP          | SP          |
| TABRECTA TAB (QL= 4 tabs/day)  | PA-QL-SF-TMSP       | SP          |
| TAFINLAR CAP (QL= 4 caps/day)  | PA-QL-TMSP          | SP          |
| TALZENNA CAP 0.25MG (QL= 3 caps/day)   | MSP-PA-QL-SF        | SP          |
| TALZENNA CAP 0.5MG, 0.75MG, 1MG (QL= 1 cap/day)  | MSP-PA-QL-SF        | SP          |
| TASIGNA CAP  | PA-SF-TMSP          | SP          |
| TAZVERIK TAB (QL= 8 tabs/day; Only available through Onco360 877-662-6633)   | LD-PA-QL            | SP          |
| TIBSOVO TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306)  | LD-PA-QL            | SP          |

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| EXC Plan Exclusion                               | INF Infertility   | LD Limited Distribution                  |
| M Medical Benefit                                | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter                     |
| PA Prior Authorization                           | QL Quantity Limit   | RDX Restricted to Diagnosis              |
| 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   | TMSP Available through Specialty Network |

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| <b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.</b>                                 |                     |             |
| TURALIO CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306)           | LD-PA-QL-SF         | SP          |
| VERZENIO TAB (QL= 2 tabs/day)   | PA-QL-TMSP          | SP          |
| VITRAKVI CAP 100MG (QL= 2 caps/day; Only available through Accredo 800-803-2523)      | LD-PA-QL-SF         | SP          |
| VITRAKVI CAP 25MG (QL= 6 caps/day; Only available through Accredo 800-803-2523)       | LD-PA-QL-SF         | SP          |
| VITRAKVI SOLN (QL= 10ml/day; Only available through Accredo 800-803-2523)             | LD-PA-QL-SF         | SP          |
| VONJO CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306)             | LD-PA-QL            | SP          |
| VOTRIENT TAB (QL= 4 tabs/day)   | PA-QL-SF-TMSP       | SP          |
| XALKORI CAP (QL= 2 caps/day)  | MSP-PA-QL-SF        | SP          |
| XOSPATA TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306)           | LD-PA-QL-SF         | SP          |
| ZEJULA CAP (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118)    | LD-PA-QL-SF         | SP          |
| ZEJULA TAB (QL= 1 tab/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   | PA-SF-TMSP          | SP          |
| ZYDELIG TAB (Only available through Diplomat Pharmacy 877-977-9118)                   | LD-PA               | SP          |
| ZYKADIA CAP (QL= 3 caps/day)  | PA-QL-SF-TMSP       | SP          |
| ZYKADIA TAB (QL= 3 tabs/day)  | PA-QL-SF-TMSP       | SP          |
| <b>ANTINEOPLASTICS MISC.</b>  |                     |             |
| hydroxyurea cap (HYDREA equiv)  | -                   | 1           |
| MATULANE CAP  | -                   | 2           |
| BESREMI INJ   | -                   | NC          |
| HYDREA CAP  | -                   | NC          |
| PROLEUKIN INJ   | -                   | NC          |
| SYLATRON INJ  | -                   | NC          |
| SYNRIBO INJ   | -                   | NC          |
| TARGRETIN CAP   | -                   | NC          |
| ACTIMMUNE INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD-PA               | SP          |
| ALFERON-N INJ   | TMSP                | SP          |
| bexarotene cap (TARGRETIN equiv)  | PA-SF-TMSP          | SP          |
| INTRON-A INJ  | MSP                 | SP          |
| <b>CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS</b>  |                     |             |
| leucovorin tab  | -                   | 1           |
| MESNEX TAB  | TMSP                | SP          |
| <b>MITOTIC INHIBITORS</b>   |                     |             |
| ETOPOSIDE CAP   | TMSP                | SP          |
| <b>ANTIPARKINSON AGENTS</b>   |                     |             |
| <b>ANTIPARKINSON ADJUVANTS</b>  |                     |             |
| carbidopa tab (LODOSYN equiv)   | -                   | 2           |
| LODOSYN TAB   | -                   | NC          |
| <b>ANTIPARKINSON ANTICHOLINERGICS</b>   |                     |             |
| benztropine tab   | -                   | 1           |
| trihexyphenidyl tab (ARTANE equiv)  | -                   | 1           |
| <b>ANTIPARKINSON COMT INHIBITORS</b>  |                     |             |
| entacapone tab (COMTAN equiv)   | -                   | 2           |
| tolcapone tab (TASMAR equiv)  | -                   | 3           |
| COMTAN TAB  | -                   | NC          |

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| <b>M</b>   | Plan Exclusion  | <b>INF</b> Infertility   | <b>LD</b> Limited Distribution                  |
| <b>PA</b>  | Medical Benefit   | <b>MSP</b> Mandatory Specialty Pharmacy Program                    | <b>OTC</b> Over-the-Counter                     |
| <b>RS</b>  | Prior Authorization   | <b>QL</b> Quantity Limit   | <b>RDX</b> Restricted to Diagnosis              |
| <b>SP</b>  | Restricted to Specialist  | <b>SF</b> Limited to two 15 day fills per month for first 3 months | <b>SMKG</b> Smoking Cessation                   |
|            | Available through Specialty Pharmacy Program                                | <b>ST</b> Step Therapy   | <b>TMSP</b> Available through Specialty Network |

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| <b>ANTIPARKINSON AGENTS Cont.</b>                 |              |      |
| TASMAR TAB  | -            | NC   |
| <b>ANTIPARKINSON DOPAMINERGICS</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    |
| ropinirole ER tab (REQUIP XL equiv)               | -            | 2    |
| NEUPRO PATCH                                      | -            | 3    |
| pramipexole ER tab (MIRAPEX ER equiv)             | -            | 3    |
| DUOPA ENTERAL SUSP                                | -            | NC   |
| GOCOVRI CAP                                       | -            | NC   |
| MIRAPEX ER TAB                                    | -            | NC   |
| MIRAPEX TAB                                       | -            | NC   |
| PARLODEL CAP                                      | -            | NC   |
| PARLODEL TAB                                      | -            | NC   |
| REQUIP TAB  | -            | NC   |
| REQUIP XL TAB                                     | -            | NC   |
| RYTARY CAP  | -            | NC   |
| SINEMET CR TAB                                    | -            | NC   |
| SINEMET TAB                                       | -            | NC   |
| <b>ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS</b> |              |      |
| selegiline cap (ELDEPRYL equiv)                   | -            | 1    |
| selegiline tab (ELDEPRYL equiv)                   | -            | 1    |
| rasagiline tab (AZILECT equiv)                    | ¢            | 2    |
| XADAGO TAB (QL= 1 tab/day)                        | PA-QL        | 3    |
| AZILECT TAB                                       | -            | NC   |
| ELDEPYRL CAP                                      | -            | NC   |
| ZELAPAR ODT                                       | -            | NC   |

**ANTIPARKINSON AND RELATED THERAPY AGENTS**

|   |       |    |
|---|-------|----|
| <b>ANTIPARKINSON ADJUVANTS</b>                    |       |    |
| NOURIANZ TAB                                      | -     | NC |
| <b>ANTIPARKINSON ANTICHOLINERGICS</b>             |       |    |
| trihexyphenidyl elixir (ARTANE equiv)             | -     | 1  |
| TRIHEXYPHENIDYL SOLN                              | -     | 1  |
| <b>ANTIPARKINSON DOPAMINERGICS</b>                |       |    |
| CARBIDOPA/LEVODOPA ODT                            | -     | 1  |
| carbidopa-levodopa-entacapone tab (STALEVO equiv) | -     | 2  |
| INBRIJA INH POWDER (QL= 10 caps/day)              | PA-QL | 3  |

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| <b>ANTIPARKINSON AND RELATED THERAPY AGENTS Cont.</b> |              |      |
| STALEVO TAB   | -            | 3    |
| APOKYN INJ  | -            | NC   |
| apomorphine inj (APOKYN equiv)                        | -            | NC   |
| DHIVY TAB   | -            | NC   |
| KYNMOBI FILM  | -            | NC   |
| KYNMOBI TITRATION KIT                                 | -            | NC   |
| OSMOLEX ER TAB  | -            | NC   |

**ANTIPSYCHOTICS/ANTIMANIC AGENTS**

**ANTIMANIC AGENTS**

|   |   |    |
|---|---|----|
| LITHIUM CARBONATE CAP                     | - | 1  |
| lithium carbonate cap (ESKALITH ER equiv) | - | 1  |
| lithium carbonate ER tab (LITHOBID equiv) | - | 1  |
| lithium carbonate tab                     | - | 1  |
| LITHOBID TAB                              | - | NC |

**ANTIPSYCHOTICS - MISC.**

|                                   |   |    |
|-----------------------------------|---|----|
| lurasidone hcl tab (LATUDA equiv) | - | 1  |
| ziprasidone cap (GEODON equiv)    | - | 1  |
| EQUETRO CAP                       | - | 2  |
| CAPLYTA CAP                       | - | NC |
| GEODON CAP                        | - | NC |
| LATUDA TAB                        | - | NC |
| NUPLAZID CAP                      | - | NC |
| NUPLAZID TAB                      | - | NC |
| VRAYLAR CAP                       | - | NC |
| VRAYLAR PACK                      | - | NC |

**BENZISOXAZOLES**

|  |       |    |
|--|-------|----|
| risperidone soln (RISPERDAL equiv)           | -     | 1  |
| risperidone tab (RISPERDAL equiv)            | -     | 1  |
| paliperidone ER tab (INVEGA equiv)           | -     | 2  |
| RISPERDAL CONSTA INJ                         | -     | 2  |
| RISPERIDONE ODT                              | -     | 2  |
| risperidone ODT (RISPERDAL M equiv)          | -     | 2  |
| FANAPT TAB (QL= 2 tabs/day)                  | PA-QL | 3  |
| FANAPT TITRATION PACK (QL= 1 pack/plan year) | PA-QL | 3  |
| INVEGA SUSTENNA INJ                          | -     | 3  |
| INVEGA TRINZA INJ                            | -     | 3  |
| INVEGA HAFYERA INJ                           | -     | NC |
| INVEGA TAB                                   | -     | NC |
| RISPERDAL M ODT                              | -     | NC |
| RISPERDAL SOLN                               | -     | NC |
| RISPERDAL TAB                                | -     | NC |

**BUTYROPHENONES**

|  |   |   |
|--|---|---|
| haloperidol lactate conc (HALDOL equiv)  | - | 1 |
| haloperidol tab (HALDOL equiv)           | - | 1 |
| haloperidol decanoate inj (HALDOL equiv) | - | 2 |
| haloperidol lactate inj (HALDOL equiv)   | - | 2 |

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|  |   |  |
|--|---|--|
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| M Medical Benefit                                | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter                     |
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**Community Health Choice Premier Formulary  
Category/Class**

Last Updated\* 11/1/2023

| DrugName  | Special Code  | Tier                                     |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
|---|---|--|-------------------------|--------------------------------|---------------------------------|--|--|--|--------------------|-----------------|-------------------------|-------------------|--|----------------------|------------------------|-------------------|-----------------------------|-----------------------------|---|------------------------|---|-----------------|--|
| <b>ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont.</b>  |   |  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| <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  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| asenapine maleate SL tab (SAPHRIS equiv) (QL= 2 tabs/day)   | PA-QL   | 2  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| clozapine tab (CLOZARIL equiv)  | -   | 2  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| olanzapine ODT (ZYPREXA equiv)  | -   | 2  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| ZYPREXA RELPREVV INJ  | -   | 3  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| ADASUVE INHALER   | -   | NC                                       |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| CLOZAPINE ODT   | -   | NC                                       |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| clozapine odt tab (CLOZAPINE, FAZACLO equiv)  | -   | NC                                       |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| CLOZAPINE ODT, FAZACLO ODT  | -   | NC                                       |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| CLOZARIL TAB  | -   | NC                                       |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| FAZACLO ODT 12.5MG, 25MG, 100MG   | -   | NC                                       |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| QUETIAPINE TAB  | -   | NC                                       |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| SAPHRIS SL TAB  | -   | NC                                       |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| SECUADO PATCH   | -   | NC                                       |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| SEROQUEL TAB  | -   | NC                                       |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| SEROQUEL XR TAB   | -   | NC                                       |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| VERSACLOZ SUSP  | -   | NC                                       |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| ZYPREXA TAB   | -   | NC                                       |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| ZYPREXA ZYDIS TAB   | -   | NC                                       |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| <b>DIHYDROINDOLONES</b>   |   |  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| MOLINDONE TAB   | -   | NC                                       |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| <b>PHENOTHIAZINES</b>   |   |  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| chlorpromazine tab (THORAZINE equiv)  | -   | 1  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| fluphenazine tab (PROLIXIN equiv)   | -   | 1  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| perphenazine tab (TRILAFON equiv)   | -   | 1  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| prochlorperazine supp (COMPAZINE equiv)   | -   | 1  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| prochlorperazine tab (COMPAZINE equiv)  | -   | 1  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| thioridazine tab (MELLARIL equiv)   | -   | 1  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| trifluoperazine tab (STELAZINE equiv)   | -   | 1  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| fluphenazine decanoate inj  | -   | 2  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| CHLORPROMAZINE CONC   | -   | NC                                       |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| <b>QUINOLINONE DERIVATIVES</b>  |   |  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| aripiprazole tab (ABILIFY equiv)  | -   | 1  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| ABILIFY MAINTENA INJ  | -   | 3  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| aripiprazole soln (ABILIFY equiv)   | PA  | 3  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| ARISTADA INJ  | -   | 3  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| REXULTI TAB (QL= 1 tab/day)   | PA-QL   | 3  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| ABILIFY ASIMTUFII INJ 720MG/2.4ML (aripiprazole im er susp prefilled syringe equiv)   | -   | NC                                       |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| ABILIFY ASIMTUFII INJ 960MG/3.2ML (aripiprazole im er susp prefilled syringe equiv)   | -   | NC                                       |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| ABILIFY MYCITE PACK   | -   | NC                                       |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| ABILIFY MYCITE TAB  | -   | NC                                       |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| ABILIFY TAB   | -   | NC                                       |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
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| <table border="1"> <tr> <td><b>NC</b> = Not Covered</td> <td><b>generic</b> = small letters</td> <td><b>BRANDS</b> = CAPITAL LETTERS</td> </tr> <tr> <td><b>NC/3P</b> = Not Covered, Third Party Reviewer</td> <td></td> <td></td> </tr> <tr> <td>EXC Plan Exclusion</td> <td>INF Infertility</td> <td>LD Limited Distribution</td> </tr> <tr> <td>M Medical Benefit</td> <td>MSP Mandatory Specialty Pharmacy Program</td> <td>OTC Over-the-Counter</td> </tr> <tr> <td>PA Prior Authorization</td> <td>QL Quantity Limit</td> <td>RDX Restricted to Diagnosis</td> </tr> <tr> <td>RS Restricted to Specialist</td> <td>SF Limited to two 15 day fills per month for first 3 months</td> <td>SMKG Smoking Cessation</td> </tr> <tr> <td>SP Available through Specialty Pharmacy Program</td> <td>ST Step Therapy</td> <td>TMSP Available through Specialty Network</td> </tr> </table> |   |  | <b>NC</b> = Not Covered | <b>generic</b> = small letters | <b>BRANDS</b> = CAPITAL LETTERS | <b>NC/3P</b> = Not Covered, Third Party Reviewer |  |  | EXC Plan Exclusion | INF Infertility | LD Limited Distribution | M Medical Benefit | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter | PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis | 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 | TMSP Available through Specialty Network |
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| EXC Plan Exclusion  | INF Infertility   | LD Limited Distribution                  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| M Medical Benefit   | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter                     |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| PA Prior Authorization  | QL Quantity Limit   | RDX Restricted to Diagnosis              |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| 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   | TMSP Available through Specialty Network |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |

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| DrugName  | Special Code | Tier |
|---|--------------|------|
| <b>ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont.</b>                    |              |      |
| aripiprazole ODT (ABILIFY equiv)                                | -            | NC   |
| <b>THIOXANTHENES</b>  |              |      |
| thiothixene cap (NAVANE equiv)                                  | -            | 1    |
| <b>ANTISEPTICS &amp; DISINFECTANTS</b>                          |              |      |
| <b>ANTISEPTICS &amp; DISINFECTANTS</b>                          |              |      |
| HYLAMEND GEL FIRST AID  | -            | NC   |
| <b>IODINE ANTISEPTICS</b>                                       |              |      |
| IODOFLEX PAD  | -            | NC   |
| <b>ANTIVIRALS</b>   |              |      |
| <b>ANTIRETROVIRALS</b>  |              |      |
| DESCOVY TAB   | PA           | \$0  |
| emtricitabine/tenofovir disoproxil fumarate tab (TRUVADA equiv) | -            | \$0  |
| abacavir tab (ZIAGEN equiv)                                     | -            | 1    |
| abacavir/lamivudine tab (EPZICOM equiv)                         | -            | 1    |
| atazanavir cap (REYATAZ equiv)                                  | -            | 1    |
| didanosine DR cap (VIDEX EC equiv)                              | -            | 1    |
| efavirenz tab (SUSTIVA equiv)                                   | -            | 1    |
| emtricitabine cap (EMTRIVA equiv)                               | -            | 1    |
| etravirine tab (INTELENCE equiv)                                | -            | 1    |
| lamivudine soln (EPIVIR equiv)                                  | -            | 1    |
| lamivudine tab (EPIVIR equiv)                                   | -            | 1    |
| lamivudine/zidovudine tab (COMBIVIR equiv)                      | -            | 1    |
| lopinavir/ritonavir tab (KALETRA equiv)                         | -            | 1    |
| maraviroc tab (SELZENTRY equiv)                                 | -            | 1    |
| nevirapine ER tab (VIRAMUNE XR equiv)                           | -            | 1    |
| nevirapine tab (VIRAMUNE equiv)                                 | -            | 1    |
| ritonavir tab (NORVIR equiv)                                    | -            | 1    |
| STAVUDINE CAP   | -            | 1    |
| stavudine cap (ZERIT equiv)                                     | -            | 1    |
| tenofovir disoproxil fumarate tab (VIREAD equiv)                | -            | 1    |
| zidovudine cap (RETROVIR equiv)                                 | -            | 1    |
| zidovudine syrup (RETROVIR equiv)                               | -            | 1    |
| zidovudine tab (RETROVIR equiv)                                 | -            | 1    |
| CIMDUO TAB  | -            | 2    |
| darunavir tab (PREZISTA equiv)                                  | -            | 2    |
| DOVATO TAB  | -            | 2    |
| EDURANT TAB   | -            | 2    |
| efavirenz/emtricitabine/tenofovir df tab (ATRIPLA equiv)        | -            | 2    |
| efavirenz/lamivudine/tenofovir df (lo) tab (SYMFI (LO) equiv)   | -            | 2    |
| EVOTAZ TAB  | -            | 2    |
| ISENTRESS (HD) TAB  | -            | 2    |
| NEVIRAPINE ER TAB   | -            | 2    |
| PREZCOBIX TAB   | -            | 2    |
| PREZISTA TAB  | -            | 2    |
| TIVICAY PD TAB  | -            | 2    |

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|---|--------------|------|
| <b>ANTIVIRALS Cont.</b>                             |              |      |
| TIVICAY TAB   | -            | 2    |
| ISENTRESS CHEW TAB                                  | -            | 3    |
| ISENTRESS POWDER PACK                               | -            | 3    |
| NORVIR CAP  | -            | 3    |
| NORVIR POWDER PACK                                  | -            | 3    |
| NORVIR SOLN   | -            | 3    |
| ATRIPLA TAB   | -            | NC   |
| BIKTARVY TAB  | -            | NC   |
| CABENUVA IM SUSP                                    | -            | NC   |
| COMBIVIR TAB  | -            | NC   |
| EMTRIVA CAP   | -            | NC   |
| EPIVIR SOLN   | -            | NC   |
| EPIVIR TAB  | -            | NC   |
| EPZICOM TAB   | -            | NC   |
| GENVOYA TAB   | -            | NC   |
| KALETRA SOLN  | -            | NC   |
| LEXIVA TAB  | -            | NC   |
| NORVIR TAB  | -            | NC   |
| ODEFSEY TAB   | -            | NC   |
| PREZISTA TAB  | -            | NC   |
| RETROVIR CAP  | -            | NC   |
| RETROVIR SYRUP                                      | -            | NC   |
| RETROVIR TAB  | -            | NC   |
| REYATAZ CAP   | -            | NC   |
| RUKOBIA ER TAB                                      | -            | NC   |
| STRIBILD TAB  | -            | NC   |
| SUNLENCA TAB  | -            | NC   |
| SUSTIVA CAP   | -            | NC   |
| SUSTIVA TAB   | -            | NC   |
| SYMFI (LO) TAB                                      | -            | NC   |
| SYMTUZA TAB   | -            | NC   |
| TRIUMEQ PD TAB                                      | -            | NC   |
| TRIUMEQ TAB   | -            | NC   |
| TRIZIVIR TAB  | -            | NC   |
| TYBOST TAB  | -            | NC   |
| VIRAMUNE SUSP                                       | -            | NC   |
| VIRAMUNE TAB  | -            | NC   |
| VIRAMUNE XR TAB                                     | -            | NC   |
| VIREAD TAB  | -            | NC   |
| VOCABRIA TAB  | -            | NC   |
| ZERIT CAP   | -            | NC   |
| ZIAGEN SOLN   | -            | NC   |
| ZIAGEN TAB  | -            | NC   |
| abacavir soln (ZIAGEN equiv)                        | -            | SP   |
| abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv) | -            | SP   |
| APTIVUS CAP   | -            | SP   |
| APTIVUS SOLN  | -            | SP   |

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|--|---------------------|-------------|
| <b>ANTIVIRALS Cont.</b>  |                     |             |
| COMPLERA TAB   | -                   | SP          |
| CRIVAN CAP   | -                   | SP          |
| DELSTRIGO TAB  | -                   | SP          |
| DIDANOSINE DR CAP, VIDEX EC CAP  | -                   | SP          |
| EFAVIRENZ CAP  | -                   | SP          |
| EMTRIVA SOLN   | -                   | SP          |
| fosamprenavir tab (LEXIVA equiv)   | -                   | SP          |
| FUZEON INJ   | TMSP                | SP          |
| INTELENCE TAB  | -                   | SP          |
| INVIRASE CAP   | -                   | SP          |
| INVIRASE TAB   | -                   | SP          |
| JULUCA TAB   | -                   | SP          |
| KALETRA TAB  | -                   | SP          |
| LEXIVA SUSP  | -                   | SP          |
| lopinavir/ritonavir soln (KALETRA equiv)                                       | -                   | SP          |
| NEVIRAPINE SUSP  | -                   | SP          |
| PIFELTRO TAB   | -                   | SP          |
| PREZISTA SUSP  | -                   | SP          |
| RESCRIPTOR TAB   | -                   | SP          |
| REYATAZ POWDER PACK  | -                   | SP          |
| SELZENTRY SOLN   | -                   | SP          |
| SELZENTRY TAB  | -                   | SP          |
| VIDEX EC CAP   | -                   | SP          |
| VIDEX SOLN   | -                   | SP          |
| VIRACEPT TAB   | -                   | SP          |
| VIREAD TAB   | -                   | SP          |
| <b>ANTIVIRAL COMBINATIONS</b>  |                     |             |
| PAXLOVID TAB (QL= 20 tabs/fill)  | QL                  | 2           |
| PAXLOVID TAB (QL= 30 tabs/fill)  | QL                  | 2           |
| <b>CMV AGENTS</b>  |                     |             |
| valganciclovir soln (VALCYTE equiv)  | -                   | 2           |
| valganciclovir tab (VALCYTE equiv)   | -                   | 2           |
| VALCYTE SOLN   | -                   | NC          |
| VALCYTE TAB  | -                   | NC          |
| LIVTENCITY TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL            | SP          |
| PREVYMIS TAB (QL= 1 tab/day; Limit 100 tabs/6 months)                          | PA-QL-TMSP          | SP          |
| <b>HEPATITIS AGENTS</b>  |                     |             |
| lamivudine tab 100mg (EPIVIR HBV equiv)  | -                   | 1           |
| RIBAVIRIN CAP  | TMSP                | 1           |
| ribavirin cap (REBETOL equiv)  | TMSP                | 1           |
| RIBAVIRIN TAB  | TMSP                | 1           |
| adefovir dipivoxil tab (HEPSERA equiv)   | -                   | 2           |
| VEMLIDY TAB  | -                   | 2           |
| BARACLUDE SOLN   | -                   | NC          |
| BARACLUDE TAB  | -                   | NC          |
| DAKLINZA TAB   | -                   | NC          |

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|            |   |                                |                                     |
|------------|---|--------------------------------|-------------------------------------|
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| <b>M</b>   | Plan Exclusion  | <b>INF</b>                     | Limited Distribution                |
| <b>PA</b>  | Medical Benefit   | <b>MSP</b>                     | Over-the-Counter                    |
| <b>RS</b>  | Prior Authorization   | <b>QL</b>                      | Restricted to Diagnosis             |
| <b>SP</b>  | Restricted to Specialist  | <b>SF</b>                      | Smoking Cessation                   |
|            | Available through Specialty Pharmacy Program                                | <b>ST</b>                      | Available through Specialty Network |
|            |   | <b>OTC</b>                     |                                     |
|            |   | <b>RD</b>                      |                                     |
|            |   | <b>SMKG</b>                    |                                     |
|            |   | <b>TMSP</b>                    |                                     |

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**Community Health Choice Premier Formulary  
Category/Class**

**Last Updated\* 11/1/2023**

| <b>DrugName</b>   | <b>Special Code</b> | <b>Tier</b> |
|---|---------------------|-------------|
| <b>ANTIVIRALS Cont.</b>                                 |                     |             |
| EPCLUSA PAK   | -                   | NC          |
| EPCLUSA TAB   | -                   | NC          |
| EPIVIR HBV TAB  | -                   | NC          |
| HARVONI PELLETT PAK                                     | -                   | NC          |
| HARVONI TAB   | -                   | NC          |
| HEPSERA TAB   | -                   | NC          |
| MODERIBA TAB  | -                   | NC          |
| OLYSIO CAP  | -                   | NC          |
| RIBAPAK TAB   | -                   | NC          |
| SOVALDI PELLETT PAK                                     | -                   | NC          |
| SOVALDI TAB   | -                   | NC          |
| TECHNIVIE TAB   | -                   | NC          |
| VIEKIRA PAK TAB   | -                   | NC          |
| VIEKIRA XR TAB  | -                   | NC          |
| ZEPATIER TAB  | -                   | NC          |
| entecavir tab (BARACLUDE equiv) (QL= 1 tab/day)         | QL                  | SP          |
| EPIVIR HBV SOLN   | -                   | SP          |
| LEDIPASVIR/SOFOSBUVIR TAB (QL= 1 tab/day)               | PA-QL-TMSP          | SP          |
| MAVYRET PAK (QL= 5 packs/day)                           | PA-QL-TMSP          | SP          |
| MAVYRET TAB (QL= 3 tabs/day)                            | PA-QL-TMSP          | SP          |
| PEGASYS INJ   | TMSP                | SP          |
| PEG-INTRON INJ  | TMSP                | SP          |
| REBETOL SOLN  | TMSP                | SP          |
| SOFOSBUVIR/VELPATASVIR TAB (QL= 1 tab/day)              | PA-QL-TMSP          | SP          |
| VOSEVI TAB (QL= 1 tab/day)                              | PA-QL-TMSP          | SP          |
| <b>HERPES AGENTS</b>                                    |                     |             |
| acyclovir cap (ZOVIRAX equiv)                           | -                   | 1           |
| acyclovir susp (ZOVIRAX equiv)                          | -                   | 1           |
| acyclovir tab (ZOVIRAX equiv)                           | -                   | 1           |
| valacyclovir tab (VALTREX equiv)                        | -                   | 1           |
| famciclovir tab (FAMVIR equiv)                          | -                   | 2           |
| SITAVIG TAB   | -                   | NC          |
| VALTREX TAB   | -                   | NC          |
| ZOVIRAX CAP   | -                   | NC          |
| ZOVIRAX SUSP  | -                   | NC          |
| ZOVIRAX 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           |
| oseltamivir susp (TAMIFLU equiv) (QL= 250ml/fill)       | QL                  | 2           |
| RELENZA DISKHALER (QL= 1 inhaler/fill)                  | QL                  | 2           |
| RIMANTADINE TAB   | -                   | 3           |
| XOFLUZA TAB (QL= 2 tabs/fill)                           | QL                  | 3           |
| XOFLUZA TAB THERAPY PACK 40MG (QL= 1 tab/fill)          | QL                  | 3           |
| XOFLUZA TAB THERAPY PACK 80MG (QL= 1 tab/fill)          | QL                  | 3           |
| FLUMADINE TAB   | -                   | NC          |

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| EXC Plan Exclusion                               | INF Infertility   | LD Limited Distribution                  |
| M Medical Benefit                                | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter                     |
| PA Prior Authorization                           | QL Quantity Limit   | RDX Restricted to Diagnosis              |
| RS Restricted to Specialist                      | SF Limited to two 15 day fills per month for first 3 months | SMKG Smoking Cessation                   |
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| DrugName   | Special Code | Tier |
|--|--------------|------|
| <b>ANTIVIRALS Cont.</b>                          |              |      |
| TAMIFLU CAP                                      | -            | NC   |
| TAMIFLU CAP 30MG                                 | -            | NC   |
| <b>MISC. ANTIVIRALS</b>                          |              |      |
| LAGEVRIO CAP (QL= 40 caps/fill)                  | QL           | 2    |
| <b>RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS</b>  |              |      |
| ribavirin inh soln (VIRAZOLE equiv)              | -            | NC   |
| <b>ASSORTED CLASSES</b>                          |              |      |
| <b>CHELATING AGENTS</b>                          |              |      |
| D-PENAMINE TAB                                   | -            | 2    |
| <b>IMMUNOMODULATORS</b>                          |              |      |
| THALOMID CAP                                     | MSP-PA       | SP   |
| <b>IMMUNOSUPPRESSIVE AGENTS</b>                  |              |      |
| azathioprine tab (IMURAN equiv)                  | -            | 1    |
| tacrolimus cap (PROGRAF equiv)                   | -            | 1    |
| CELLCEPT CAP                                     | -            | NC   |
| CELLCEPT SUSP                                    | -            | NC   |
| CELLCEPT TAB                                     | -            | NC   |
| ENVARBUS XR TAB                                  | -            | NC   |
| IMURAN TAB                                       | -            | NC   |
| MYFORTIC TAB                                     | -            | NC   |
| NEORAL CAP                                       | -            | NC   |
| NEORAL SOLN                                      | -            | NC   |
| PROGRAF CAP                                      | -            | NC   |
| RAPAMUNE TAB                                     | -            | NC   |
| SANDIMMUNE CAP                                   | -            | NC   |
| 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   |
| SANDIMMUNE SOLN 100MG/ML                         | -            | SP   |
| sirolimus tab (RAPAMUNE equiv)                   | -            | SP   |
| <b>POTASSIUM REMOVING RESINS</b>                 |              |      |
| sodium polystyrene susp (SPS equiv)              | -            | 1    |
| sodium polystyrene powder (KAYEXALATE equiv)     | -            | 2    |
| <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)     | -            | NC   |
| COREG CR CAP                                     | -            | NC   |
| COREG TAB  | -            | NC   |
| <b>BETA BLOCKERS CARDIO-SELECTIVE</b>            |              |      |

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| M Medical Benefit                                | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter                     |
| PA Prior Authorization                           | QL Quantity Limit   | RDX Restricted to Diagnosis              |
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| <b>BETA BLOCKERS Cont.</b>                         |              |      |
| acebutolol cap (SECTRAL equiv)                     | -            | 1    |
| atenolol tab (TENORMIN equiv)                      | -            | 1    |
| betaxolol tab (KERLONE equiv)                      | -            | 1    |
| bisoprolol tab (ZEBETA equiv)                      | -            | 1    |
| metoprolol ER tab (TOPROL XL equiv)                | -            | 1    |
| metoprolol tab (LOPRESSOR equiv)                   | -            | 1    |
| nebivolol hcl tab (BYSTOLIC equiv)                 | ¢            | 2    |
| KAPSPARGO CAP                                      | -            | NC   |
| KERLONE TAB  | -            | NC   |
| LOPRESSOR TAB                                      | -            | NC   |
| TENORMIN TAB                                       | -            | NC   |
| TOPROL XL TAB                                      | -            | NC   |
| <b>BETA BLOCKERS NON-SELECTIVE</b>                 |              |      |
| pindolol tab (VISKEN equiv)                        | -            | 1    |
| propranolol ER cap (INDERAL LA equiv)              | -            | 1    |
| propranolol oral soln 20mg/5ml (PROPRANOLOL equiv) | -            | 1    |
| PROPRANOLOL SOLN                                   | -            | 1    |
| propranolol tab (INDERAL equiv)                    | -            | 1    |
| sotalol AF tab (BETAPACE AF equiv)                 | -            | 1    |
| sotalol tab (BETAPACE equiv)                       | -            | 1    |
| timolol maleate tab (BLOCADREN equiv)              | -            | 1    |
| nadolol tab (CORGARD equiv)                        | -            | 2    |
| BETAPACE AF TAB                                    | -            | NC   |
| BETAPACE TAB                                       | -            | NC   |
| CORGARD TAB  | -            | NC   |
| HEMANGEOL SOLN                                     | -            | NC   |
| INDERAL LA CAP                                     | -            | NC   |
| INDERAL XL CAP, INNOPRAN XL CAP                    | -            | NC   |
| SOTYLIZE SOLN                                      | -            | NC   |
| SOTYLIZE SOLN 5MG/ML                               | -            | 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   | -            | NC   |
| <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 ER cap (CARDIZEM CD equiv)               | -            | 1    |
| diltiazem ER cap (CARDIZEM SR equiv)               | -            | 1    |
| diltiazem ER cap (DILACOR XR equiv)                | -            | 1    |

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| <b>M</b>   | <b>NC/3P</b> = Not Covered, Third Party Reviewer | <b>INF</b>                     | <b>LD</b>                           |
| <b>PA</b>  | Plan Exclusion                                   | <b>MSP</b>                     | Limited Distribution                |
| <b>RS</b>  | Medical Benefit                                  | <b>QL</b>                      | Over-the-Counter                    |
| <b>SP</b>  | Prior Authorization                              | <b>SF</b>                      | Restricted to Diagnosis             |
|            | Restricted to Specialist                         | <b>ST</b>                      | Smoking Cessation                   |
|            | Available through Specialty Pharmacy Program     |                                | Available through Specialty Network |

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|---|--------------|------|
| <b>CALCIUM CHANNEL BLOCKERS Cont.</b>                                   |              |      |
| diltiazem ER cap (TIAZAC equiv)   | -            | 1    |
| diltiazem tab (CARDIZEM equiv)  | -            | 1    |
| felodipine ER tab (PLENDIL equiv)                                       | -            | 1    |
| isradipine cap (DYNACIRC equiv)   | -            | 1    |
| nifedipine cap (PROCARDIA equiv)  | -            | 1    |
| nifedipine ER tab (ADALAT CC equiv)                                     | -            | 1    |
| VERAPAMIL ER CAP 100MG  | -            | 1    |
| VERAPAMIL ER CAP 200MG  | -            | 1    |
| VERAPAMIL ER CAP 300MG  | -            | 1    |
| verapamil SR cap (VERELAN equiv)  | -            | 1    |
| VERAPAMIL SR CAP 360mg  | -            | 1    |
| verapamil SR tab (CALAN SR, ISOPTIN SR equiv)                           | -            | 1    |
| verapamil tab (CALAN equiv)   | -            | 1    |
| diltiazem ER tab (CARDIZEM LA equiv)                                    | -            | 2    |
| nicardipine cap (CARDENE equiv)   | -            | 3    |
| nimodipine cap (NIMOTOP equiv)  | -            | 3    |
| nisoldipine ER tab (SULAR equiv)  | -            | 3    |
| NISOLDIPINE ER TAB 20MG, 30MG, 40MG                                     | -            | 3    |
| NISOLDIPINE ER TAB 25.5MG   | -            | 3    |
| NORLIQVA ORAL SOLN (Members age 9 or older require Prior Authorization) | PA           | 3    |
| VERAPAMIL ER CAP, VERELAN CAP   | -            | 3    |
| VERELAN PM ER CAP 200MG, 300MG  | -            | 3    |
| VERELAN SR CAP 360mg  | -            | 3    |
| ADALAT CC TAB   | -            | NC   |
| CALAN SR TAB  | -            | NC   |
| CALAN TAB   | -            | NC   |
| CARDIZEM CD CAP   | -            | NC   |
| CARDIZEM LA TAB   | -            | NC   |
| CARDIZEM TAB  | -            | NC   |
| CONJUPRI TAB, LEVAMLODIPINE TAB   | -            | NC   |
| DILACOR XR CAP  | -            | NC   |
| KATERZIA SUSP   | -            | NC   |
| NORVASC TAB   | -            | NC   |
| NYMALIZE SOLN   | -            | NC   |
| PROCARDIA CAP   | -            | NC   |
| SULAR TAB   | -            | NC   |
| TIAZAC CAP  | -            | NC   |
| VERELAN CAP   | -            | NC   |
| VERELAN PM CAP  | -            | NC   |

**CARDIOTONICS**

**CARDIAC GLYCOSIDES**

|                                     |   |    |
|-------------------------------------|---|----|
| digoxin soln (LANOXIN equiv)        | - | 1  |
| DIGOXIN SOLN 0.05MG/ML              | - | 1  |
| digoxin tab (LANOXIN equiv)         | - | 1  |
| digoxin tab 62.5mcg (LANOXIN equiv) | - | NC |
| LANOXIN TAB                         | - | NC |

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| <b>CARDIOVASCULAR AGENTS - MISC.</b>  |              |      |
| <b>CARDIAC MYOSIN INHIBITORS</b>  |              |      |
| CAMZYOS CAP (QL= 1 cap/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)  | LD-PA-QL     | SP   |
| <b>CARDIOVASCULAR AGENTS MISC. - COMBINATIONS</b>   |              |      |
| amlodipine/atorvastatin tab (CADUET equiv)  | -            | 2    |
| ENTRESTO TAB (QL= 2 tabs/day)   | QL           | 2    |
| BIDIL TAB   | -            | NC   |
| CADUET TAB  | -            | NC   |
| isosorbide dinitrate/hydralazine hcl tab (BIDIL equiv)  | -            | NC   |
| <b>CARDIOVASCULAR ANTI-INFLAMMATORY/IMMUNE MODULATORS</b>   |              |      |
| LODOCO TAB  | -            | NC   |
| <b>CARDIOVASCULAR SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS</b>  |              |      |
| INPEFA TAB  | -            | NC   |
| <b>IMPOTENCE AGENTS</b>   |              |      |
| tadalafil tab 2.5mg, 5mg (CIALIS equiv) (QL= 1 tab/day; Step Therapy requires trial of doxazosin tab, prazosin cap, terazosin cap, dutasteride cap, finasteride 5mg tab, alfuzosin tab, silodosin cap, or tamsulosin cap) | QL-ST        | 1    |
| CIALIS TAB  | -            | EXC  |
| LEVITRA TAB   | -            | EXC  |
| sildenafil tab (VIAGRA equiv)   | -            | EXC  |
| tadalafil tab (CIALIS equiv)  | -            | EXC  |
| vardenafil ODT (STAXYN equiv)   | -            | EXC  |
| vardenafil tab (LEVITRA equiv)  | -            | EXC  |
| CIALIS TAB 2.5MG, 5MG   | -            | NC   |
| <b>PERIPHERAL VASODILATORS</b>  |              |      |
| ISOXSUPRINE TAB   | -            | 2    |
| <b>PROSTAGLANDIN VASODILATORS</b>   |              |      |
| ORENITRAM TAB   | -            | NC   |
| ORENITRAM TAB MONTH PAK   | -            | 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 DPI POWDER   | -            | NC   |
| TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG  | -            | NC   |
| TYVASO DPI POWDER TITRATION KIT 16-32-48MCG   | -            | NC   |
| TYVASO DPI POWDER TITRATION KIT 16-32MCG  | -            | NC   |
| VENTAVIS INH SOLN   | -            | NC   |
| TYVASO INH SOLN (QL= 1 ampule/day; Only available through Accredo 800-803-2523)   | LD-PA-QL     | SP   |
| <b>PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS</b>   |              |      |
| LETAIRIS TAB  | -            | NC   |
| TRACLEER TAB 62.5MG, 125MG  | -            | NC   |
| ambrisentan tab (LETAIRIS equiv) (QL= 1 tab/day; Only available through Walgreens 888-347-3416)   | LD-PA-QL     | SP   |

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|---|---|--|-------------------------|--------------------------------|---------------------------------|--|--|--|--------------------|-----------------|-------------------------|-------------------|--|----------------------|------------------------|-------------------|-----------------------------|-----------------------------|---|------------------------|---|-----------------|--|
| <b>CARDIOVASCULAR AGENTS - MISC. Cont.</b>  |   |  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| bosentan tab (TRACLEER equiv) (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)   | LD-PA-QL  | SP                                       |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| OPSUMIT TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)  | LD-PA-QL  | SP                                       |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| TRACLEER TAB 32MG (QL= 4 tabs/day; Only available through Accredo 800-803-2523)   | LD-PA-QL  | SP                                       |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| <b>PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS</b>  |   |  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| sildenafil tab 20mg (REVATIO equiv)   | PA  | 1  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| sildenafil susp (REVATIO equiv) (Members age 9 or older require Prior Authorization)  | PA  | 2  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| ADCIRCA TAB   | -   | NC                                       |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| LIQREV SUSP   | -   | NC                                       |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| REVATIO SUSP  | -   | NC                                       |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| REVATIO TAB   | -   | NC                                       |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| tadalafil tab (PAH) (ADCIRCA equiv)   | PA-TMSP   | SP                                       |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| TADLIQ SUSP (Members age 9 or older require Prior Authorization)  | MSP-PA  | SP                                       |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| <b>PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST</b>   |   |  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| UPTRAVI INJ   | -   | NC                                       |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| UPTRAVI TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)   | LD-PA-QL  | SP                                       |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| <b>PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR</b>  |   |  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| ADEMPAS TAB   | -   | NC                                       |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| <b>SINUS NODE INHIBITORS</b>  |   |  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| CORLANOR SOLN   | PA  | 3  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| CORLANOR TAB  | PA  | 3  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| <b>TRANSTHYRETIN STABILIZERS</b>  |   |  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| VYNDAMAX CAP (QL= 1 cap/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)   | LD-PA-QL  | SP                                       |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| VYNDAQEL CAP (QL= 4 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)  | LD-PA-QL  | SP                                       |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| <b>VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)</b>  |   |  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| VERQUVO TAB (QL= 1 tab/day; Restricted to Cardiology Specialist)  | QL-RS   | 2  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| <b>CEPHALOSPORINS</b>   |   |  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| <b>CEPHALOSPORINS - 1ST GENERATION</b>  |   |  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| cefadroxil cap (DURICEF equiv)  | -   | 1  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| cefadroxil susp (DURICEF equiv)   | -   | 1  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| CEFADROXIL TAB  | -   | 1  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| cefadroxil tab (DURICEF equiv)  | -   | 1  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| cephalexin cap (KEFLEX equiv)   | -   | 1  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| cephalexin susp (KEFLEX equiv)  | -   | 1  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| CEPHALEXIN CAP  | -   | NC                                       |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| cephalexin cap 750mg (KEFLEX equiv)   | -   | NC                                       |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| CEPHALEXIN TAB  | -   | NC                                       |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| KEFLEX CAP  | -   | NC                                       |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| <b>CEPHALOSPORINS - 2ND GENERATION</b>  |   |  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| cefprozil susp (CEFZIL equiv)   | -   | 1  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| cefprozil tab (CEFZIL equiv)  | -   | 1  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| cefuroxime tab (CEFTIN equiv)   | -   | 1  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| CEFACLOR CAP  | -   | 3  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| cefaclor cap (CECLOR equiv)   | -   | 3  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| CEFACLOR ER TAB   | -   | 3  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| CEFACLOR SUSP   | -   | 3  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
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| <table border="1"> <tr> <td><b>NC</b> = Not Covered</td> <td><b>generic</b> = small letters</td> <td><b>BRANDS</b> = CAPITAL LETTERS</td> </tr> <tr> <td><b>NC/3P</b> = Not Covered, Third Party Reviewer</td> <td></td> <td></td> </tr> <tr> <td>EXC Plan Exclusion</td> <td>INF Infertility</td> <td>LD Limited Distribution</td> </tr> <tr> <td>M Medical Benefit</td> <td>MSP Mandatory Specialty Pharmacy Program</td> <td>OTC Over-the-Counter</td> </tr> <tr> <td>PA Prior Authorization</td> <td>QL Quantity Limit</td> <td>RDX Restricted to Diagnosis</td> </tr> <tr> <td>RS Restricted to Specialist</td> <td>SF Limited to two 15 day fills per month for first 3 months</td> <td>SMKG Smoking Cessation</td> </tr> <tr> <td>SP Available through Specialty Pharmacy Program</td> <td>ST Step Therapy</td> <td>TMSP Available through Specialty Network</td> </tr> </table> |   |  | <b>NC</b> = Not Covered | <b>generic</b> = small letters | <b>BRANDS</b> = CAPITAL LETTERS | <b>NC/3P</b> = Not Covered, Third Party Reviewer |  |  | EXC Plan Exclusion | INF Infertility | LD Limited Distribution | M Medical Benefit | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter | PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis | 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 | TMSP Available through Specialty Network |
| <b>NC</b> = Not Covered   | <b>generic</b> = small letters                              | <b>BRANDS</b> = CAPITAL LETTERS          |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| <b>NC/3P</b> = Not Covered, Third Party Reviewer  |   |  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| EXC Plan Exclusion  | INF Infertility   | LD Limited Distribution                  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| M Medical Benefit   | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter                     |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| PA Prior Authorization  | QL Quantity Limit   | RDX Restricted to Diagnosis              |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| 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   | TMSP Available through Specialty Network |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |

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| DrugName                                 | Special Code | Tier |
|--|--------------|------|
| <b>CEPHALOSPORINS Cont.</b>              |              |      |
| <b>CEPHALOSPORINS - 3RD GENERATION</b>   |              |      |
| cefdinir cap (OMNICEF equiv)             | -            | 1    |
| cefdinir susp (OMNICEF equiv)            | -            | 1    |
| 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    |
| SPECTRACEF TAB                           | -            | 3    |
| SUPRAX CAP                               | -            | 3    |
| SUPRAX CHEW TAB                          | -            | 3    |
| SUPRAX SUSP 500MG/5ML                    | -            | 3    |
| OMNICEF SUSP                             | -            | NC   |
| SUPRAX CAP                               | -            | NC   |
| SUPRAX SUSP                              | -            | NC   |

**CONTRACEPTIVES**

|   |   |     |
|---|---|-----|
| <b>COMBINATION CONTRACEPTIVES - ORAL</b>                              |   |     |
| amethyst tab (LYBREL equiv)   | - | \$0 |
| aranelle tab (TRI-NORINYL equiv)                                      | - | \$0 |
| aviane tab (ALESSE equiv)   | - | \$0 |
| BALCOLTRA TAB   | - | \$0 |
| cesia tab (CYCLESSA equiv)  | - | \$0 |
| cryselle tab  | - | \$0 |
| drospirenone/ethinyl estradiol/levomefolate tab (BEYAZ equiv)         | - | \$0 |
| enpresse tab (TRI-LEVELLEN equiv)                                     | - | \$0 |
| gianvi tab, ocella tab (YASMIN, YAZ equiv)                            | - | \$0 |
| isibloom tab, enskyce tab, apri tab (DESOGEN equiv)                   | - | \$0 |
| jolessa tab, amethia tab (SEASONALE, SEASONIQUE equiv)                | - | \$0 |
| kelnor tab (DEMULEN equiv)  | - | \$0 |
| levonorgestrel-ethinyl estradiol-fe tab (BALCOLTRA equiv)             | - | \$0 |
| LO LOESTRIN TAB   | - | \$0 |
| NATAZIA TAB   | - | \$0 |
| NEXTSTELLIS TAB   | - | \$0 |
| norethindrone ace-ethinyl estradiol-fe cap (TAYTULLA equiv)           | - | \$0 |
| norethindrone acetate/ethinyl estradiol FE chew tab (MINASTRIN equiv) | - | \$0 |
| norethindrone acetate/ethinyl estradiol tab (LOESTRIN equiv)          | - | \$0 |
| norethindrone/ethinyl estradiol FE tab (LOESTRIN FE equiv)            | - | \$0 |
| nortrel tab (OVCON 35 equiv)  | - | \$0 |
| sprintec 28 tab (ORTHO-CYCLEN equiv)                                  | - | \$0 |
| tri-legest tab (ESTROSTEP FE equiv)                                   | - | \$0 |
| tri-sprintec tab (ORTHO TRI-CYCLEN (LO) equiv)                        | - | \$0 |
| TYBLUME TAB   | - | \$0 |
| VELIVET PAK   | - | \$0 |
| viorele tab, kariva tab (MIRCETTE equiv)                              | - | \$0 |
| wymzya FE tab (FEMCON FE equiv)                                       | - | \$0 |
| BEYAZ TAB   | - | 3   |

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|  |   |  |
|--|---|--|
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| <b>NC/3P</b> = Not Covered, Third Party Reviewer |   |  |
| EXC Plan Exclusion                               | INF Infertility   | LD Limited Distribution                  |
| M Medical Benefit                                | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter                     |
| PA Prior Authorization                           | QL Quantity Limit   | RDX Restricted to Diagnosis              |
| 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   | TMSP Available through Specialty Network |

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| DrugName   | Special Code | Tier |
|--|--------------|------|
| <b>CONTRACEPTIVES Cont.</b>                                      |              |      |
| SAFYRAL TAB  | -            | 3    |
| TAYTULLA CAP   | -            | 3    |
| DESOGEN TAB  | -            | NC   |
| ESTROSTEP FE TAB   | -            | NC   |
| FALESSA KIT  | -            | NC   |
| FEMCON FE CHEW TAB   | -            | NC   |
| MINASTRIN CHEW TAB   | -            | NC   |
| MIRCETTE TAB   | -            | NC   |
| ORTHO TRI-CYCLEN (LO) TAB  | -            | NC   |
| ORTHO-CYCLEN TAB   | -            | NC   |
| OVCON 35 TAB   | -            | NC   |
| SEASONIQUE TAB   | -            | NC   |
| TRI-NORINYL TAB  | -            | NC   |
| YAZ TAB, YASMIN 28 TAB   | -            | NC   |
| <b>COMBINATION CONTRACEPTIVES - TRANSDERMAL</b>                  |              |      |
| TWIRLA PATCH   | -            | \$0  |
| zafemy patch (XULANE equiv)                                      | -            | \$0  |
| <b>COMBINATION CONTRACEPTIVES - VAGINAL</b>                      |              |      |
| ANNOVERA RING (QL= 1 ring/year)                                  | QL           | \$0  |
| NUVARING   | -            | \$0  |
| 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  |
| PLAN B TAB   | OTC          | \$0  |
| <b>PROGESTIN CONTRACEPTIVES - IMPLANTS</b>                       |              |      |
| 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  |
| SLYND TAB  | -            | \$0  |
| NOR-QD TAB   | -            | NC   |

**CORTICOSTEROIDS**

| <b>GLUCOCORTICOSTEROIDS</b>        |   |   |
|------------------------------------|---|---|
| DEXAMETHASONE CONC                 | - | 1 |
| dexamethasone elixir               | - | 1 |
| dexamethasone sodium phosphate inj | - | 1 |
| DEXAMETHASONE SOLN                 | - | 1 |

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|            |   |                                |                                     |
|------------|---|--------------------------------|-------------------------------------|
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| <b>M</b>   | Plan Exclusion  | <b>INF</b>                     | Limited Distribution                |
| <b>PA</b>  | Medical Benefit   | <b>MSP</b>                     | Over-the-Counter                    |
| <b>RS</b>  | Prior Authorization   | <b>QL</b>                      | Restricted to Diagnosis             |
| <b>SP</b>  | Restricted to Specialist  | <b>SF</b>                      | Smoking Cessation                   |
|            | Available through Specialty Pharmacy Program                                | <b>ST</b>                      | Available through Specialty Network |
|            |   | <b>LD</b>                      |                                     |
|            |   | <b>OTC</b>                     |                                     |
|            |   | <b>RDX</b>                     |                                     |
|            |   | <b>SMKG</b>                    |                                     |
|            |   | <b>TMSP</b>                    |                                     |

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| <b>DrugName</b>   | <b>Special Code</b> | <b>Tier</b> |
|---|---------------------|-------------|
| <b>CORTICOSTEROIDS Cont.</b>  |                     |             |
| DEXAMETHASONE TAB   | -                   | 1           |
| dexamethasone tab (DECADRON equiv)  | -                   | 1           |
| hydrocortisone tab (CORTEF equiv)   | -                   | 1           |
| methylprednisolone acetate inj (DEPO-MEDROL equiv)  | -                   | 1           |
| methylprednisolone dose pack (MEDROL equiv)   | -                   | 1           |
| methylprednisolone tab (MEDROL equiv)   | -                   | 1           |
| methylprednisolone sod succinate inj (SOLU-MEDROL equiv)  | -                   | 1           |
| prednisolone soln   | -                   | 1           |
| prednisolone soln (PEDIAPRED equiv)   | -                   | 1           |
| prednisone tab (DELTASONE equiv)  | -                   | 1           |
| triamcinolone acetate inj (KENALOG equiv)   | -                   | 1           |
| budesonide SR cap (ENTOCORT EC equiv)   | -                   | 2           |
| CORTISONE ACETATE TAB   | -                   | 2           |
| MEDROL TAB  | -                   | 2           |
| prednisolone ODT (ORAPRED equiv)  | -                   | 2           |
| PREDNISOLONE ODT TAB  | -                   | 2           |
| PREDNISONONE SOLN   | -                   | 2           |
| SOLU-CORTEF INJ (QL= 1 vial/fill)   | QL                  | 2           |
| SOLU-CORTEF INJ 100MG (QL= 2 vials/fill)  | QL                  | 2           |
| SOLU-MEDROL INJ 2GM   | -                   | 2           |
| ALKINDI SPRINKLE CAP 0.5MG (QL= 3 caps/day; Members age 9 or older require Prior Authorization) | PA-QL               | 3           |
| ALKINDI SPRINKLE CAP 1MG (QL= 3 caps/day; Members age 9 or older require Prior Authorization)   | PA-QL               | 3           |
| budesonide ER tab (QL=1 tab/day)  | PA-QL               | 3           |
| DEPO-MEDROL INJ   | -                   | 3           |
| DEPO-MEDROL INJ, METHYLPREDNISOLONE ACE INJ   | -                   | 3           |
| KENALOG INJ   | -                   | 3           |
| KENALOG INJ, TRIAMCINOLONE ACE INJ  | -                   | 3           |
| ORAPRED ODT TAB   | -                   | 3           |
| PREDNISOLONE SOLN   | -                   | 3           |
| ALKINDI SPRINKLE CAP  | -                   | NC          |
| CORTEF TAB  | -                   | NC          |
| dexamethasone pak (DEXPAK equiv)  | -                   | NC          |
| DEXPAK TAB  | -                   | NC          |
| DXEVO 11-DAY PAK  | -                   | NC          |
| EMFLAZA SUSP  | -                   | NC          |
| EMFLAZA TAB   | -                   | NC          |
| FLO-PRED SUSP   | -                   | NC          |
| HEMADY TAB  | -                   | NC          |
| LIDOLOG KIT   | -                   | NC          |
| MEDROL DOSE PACK  | -                   | NC          |
| MEDROL TAB  | -                   | NC          |
| MILLIPRED DP PAK  | -                   | NC          |
| MILLIPRED TAB   | -                   | NC          |
| ORAPRED SOLN  | -                   | NC          |
| ORTIKOS ER CAP  | -                   | NC          |
| prednisolone tab (MILLIPRED equiv)  | -                   | NC          |
| prednisone pack   | -                   | NC          |

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|--|--------------|------|
| <b>CORTICOSTEROIDS Cont.</b>   |              |      |
| PREDNISONE/DIPHENHYDRAMINE KIT   | -            | NC   |
| RAYOS TAB  | -            | NC   |
| SOLU-MEDROL INJ  | -            | NC   |
| SOLU-MEDROL PF INJ   | -            | NC   |
| TARPEYO CAP  | -            | NC   |
| UCERIS TAB   | -            | NC   |
| <b>MINERALOCORTICIDS</b>   |              |      |
| fludrocortisone tab (FLORINEF equiv)   | -            | 1    |
| <b>COUGH/COLD/ALLERGY</b>  |              |      |
| <b>ANTITUSSIVES</b>  |              |      |
| benzonatate cap (TESSALON equiv)   | -            | 1    |
| hydrocodone/homatropine syrup (HYCODAN equiv)  | -            | 1    |
| tussion tab (HYCODAN equiv)  | -            | 1    |
| benzonatate cap 150mg (ZONATUSS equiv)   | -            | NC   |
| HYCODAN SYRUP  | -            | NC   |
| TESSALON CAP   | -            | 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    |
| HYD POL/CPM SUSP (QL= 120ml/fill; 2 fills/30 days)   | QL           | 3    |
| hydrocodone/chlorpheniramine CR susp (TUSSIONEX equiv) (QL= 120ml/fill; 2 fills/30 days)               | QL           | 3    |
| hydrocodone/chlorpheniramine/pseudoephedrine liquid (ZUTRIPRO equiv) (QL= 120ml/fill, 2 fills/30 days) | QL           | 3    |
| SEMPREX-D CAP  | -            | EXC  |
| BROVEX PEB LIQUID  | OTC          | NC   |
| CLARINEX-D TAB   | -            | NC   |
| guaifenesin-DM oral liquid (ROBITUSSIN equiv)  | -            | NC   |
| HYCOFENIX SOLN   | -            | NC   |
| INTENSE COUGH LIQUID   | -            | NC   |
| lohist liquid (DECON-A equiv)  | OTC          | NC   |
| MUCINEX LIQUID   | -            | NC   |
| POLY-TUSSIN DM SYRUP   | -            | NC   |
| TUSSICAPS  | -            | NC   |
| TUSSIONEX SUSP   | -            | NC   |
| TUXARIN ER TAB   | -            | NC   |
| TUZISTRA XR SUSP   | -            | NC   |
| ZUTRIPRO LIQUID  | -            | NC   |
| <b>EXPECTORANTS</b>  |              |      |
| potassium iodide oral soln (SSKI equiv)  | -            | 2    |
| SSKI ORAL SOLN   | -            | 3    |
| GUAIFENESEN SYRUP  | -            | NC   |

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| <b>COUGH/COLD/ALLERGY Cont.</b>   |              |      |
| guaifenesin tab (ALLFEN JR equiv)   | -            | NC   |
| MUCINEX TAB   | -            | NC   |
| <b>MISC. RESPIRATORY INHALANTS</b>  |              |      |
| sodium chloride neb soln (HYPER-SAL equiv)  | -            | 1    |
| HYPER-SAL NEB SOLN  | -            | NC   |
| NEBUSAL NEB SOLN  | -            | NC   |
| <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    |
| 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)  | -            | 2    |
| adapalene/benzoyl peroxide gel 0.3-2.5% (EPIDUO FORTE equiv)  | -            | 2    |
| amnestem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap (ACCUTANE equiv)           | -            | 2    |
| AVAR GEL  | -            | 2    |
| clindamycin/benzoyl peroxide gel (BENZACLIN equiv)  | -            | 2    |
| clindamycin/benzoyl peroxide gel (DUAC GEL equiv)   | -            | 2    |
| ERY PAD   | -            | 2    |
| erythromycin/benzoyl peroxide gel (BENZAMYCIN equiv)  | -            | 2    |
| PRASCION RA CREAM   | -            | 2    |
| sodium sulfacetamide lotion (KLARON equiv)  | -            | 2    |
| sodium sulfacetamide/sulfur cleanser 10-5% (SUMAXIN equiv)  | -            | 2    |
| sodium sulfacetamide/sulfur cleanser 9-4.5% (SUMADAN WASH 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    |
| sulfacetamide sodium/sulfur cream 10-5% (PLEXION SCT 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    |
| sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv)   | -            | 3    |
| ABSORICA CAP  | -            | NC   |
| ABSORICA LD CAP   | -            | NC   |
| ACZONE GEL  | -            | NC   |
| ADAPALENE SOLN  | -            | NC   |
| ADAPALENE LOTION  | -            | NC   |
| ADAPALENE/BENZOYL PEROXIDE PAD  | -            | NC   |

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|--|---------------------|-------------|
| <b>DERMATOLOGICALS Cont.</b>   |                     |             |
| AKLIEF CREAM   | -                   | NC          |
| ALTRENO LOTION   | -                   | NC          |
| AMZEEQ FOAM  | -                   | NC          |
| ARAZLO LOTION  | -                   | NC          |
| ATRALIN GEL, RETIN-A GEL   | -                   | NC          |
| AVAR AEROSOL FOAM  | -                   | NC          |
| AVAR PAD   | -                   | NC          |
| AVAR-E LS CREAM 10-2%  | -                   | NC          |
| AZELEX CREAM   | -                   | NC          |
| BENZAC WASH  | -                   | NC          |
| BENZACLIN GEL  | -                   | NC          |
| BENZAMYCIN GEL   | -                   | NC          |
| BENZAMYCIN GEL PACK  | -                   | NC          |
| BENZOYL PEROXIDE CREAM   | OTC                 | NC          |
| BENZOYL PEROXIDE/HYDROCORTISONE LOTION                               | -                   | NC          |
| benzoyl peroxide/hydrocortisone lotion (VANOXIDE-HC equiv)           | -                   | NC          |
| CLARIFOAM EF FOAM  | -                   | NC          |
| CLENIA PLUS SUSP   | -                   | NC          |
| CLEOCIN-T GEL  | -                   | NC          |
| CLEOCIN-T LOTION   | -                   | NC          |
| CLEOCIN-T PAD  | -                   | NC          |
| CLEOCIN-T SOLN   | -                   | NC          |
| CLINDACIN KIT  | -                   | NC          |
| clindamycin foam (EVOCLIN equiv)                                     | -                   | NC          |
| clindamycin phosphate-benzoyl peroxide gel 1.2-3.75% (ONEXTON equiv) | -                   | NC          |
| clindamycin/tretinoin gel (ZIANA equiv)                              | -                   | NC          |
| CLINDAVIX KIT  | -                   | NC          |
| dapsone gel (ACZONE equiv)   | -                   | NC          |
| DAPSONE GEL 7.5%   | -                   | NC          |
| DIFFERIN CREAM   | -                   | NC          |
| DIFFERIN GEL   | -                   | NC          |
| DIFFERIN LOTION  | -                   | NC          |
| DUAC GEL   | -                   | NC          |
| EPIDUO GEL 0.1-2.5%  | -                   | NC          |
| EPSOLAY CREAM  | -                   | NC          |
| EVOCLIN FOAM   | -                   | NC          |
| FABIOR AEROSOL FOAM  | -                   | NC          |
| isotretinoin cap 25mg (ABSORICA equiv)                               | -                   | NC          |
| isotretinoin cap 35mg (ABSORICA equiv)                               | -                   | NC          |
| KLARON LOTION  | -                   | NC          |
| NUCARACLINPA KIT   | -                   | NC          |
| NUCARARXPAK KIT  | -                   | NC          |
| PLEXION CREAM 9.8-4.8%   | -                   | NC          |
| PLEXION LOTION   | -                   | NC          |
| RETIN-A CREAM  | -                   | NC          |
| RETIN-A MICRO GEL 0.04%, 0.1%  | -                   | NC          |
| RETIN-A MICRO GEL 0.08%, 0.06%                                       | -                   | NC          |

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| <b>DERMATOLOGICALS Cont.</b>   |              |      |
| ROSULA EMULSION  | -            | NC   |
| ROSULA GEL   | -            | NC   |
| SODIUM SULFACETAMIDE/SULFUR EMULSION   | -            | NC   |
| sodium sulfacetamide/sulfur emulsion 10-1% (ROSAC WASH equiv)  | -            | 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/sulfur wash (SUMAXIN equiv)   | -            | NC   |
| sodium sulfacetamide/sunscreen kit (SUMADEN XLT equiv)   | -            | NC   |
| sulfacetamide sodium/sulfur cream 10-2% (AVAR-E LS equiv)  | -            | NC   |
| sulfacetamide sodium/sulfur cream 9.8-4.8% (PLEXION equiv)   | -            | NC   |
| SUMADAN WASH 9-4.5%  | -            | NC   |
| SUMADEN XLT KIT  | -            | NC   |
| SUMAXIN PAD  | -            | NC   |
| SUMAXIN WASH   | -            | NC   |
| TRETIN-X CREAM   | -            | NC   |
| TWYNEO CREAM   | -            | NC   |
| WINLEVI CREAM  | -            | NC   |
| ZIANA GEL  | -            | 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    |
| 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    |
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| OXISTAT LOTION   | -            | NC   |
| PEDIZOLPAK THERAPY PACK  | -            | NC   |
| PENLAC SOLN  | -            | NC   |
| VYTONA CREAM 1.9-1%  | -            | NC   |
| XOLEGEL  | -            | NC   |
| ZOLPAK KIT   | -            | NC   |
| <b>ANTI-INFLAMMATORY AGENTS - TOPICAL</b>  |              |      |
| diclofenac gel 1% (VOLTAREN equiv) (QL= 5 tubes/fill)                                  | QL           | 1    |
| diclofenac soln 1.5% (PENNSAID equiv) (QL= 3 bottles/fill)                             | QL           | 2    |
| DICLOFENAC PATCH, FLECTOR PATCH (QL= 30 patches/fill)                                  | QL           | 3    |
| VOLTAREN GEL   | OTC          | EXC  |
| diclofenac sodium gel kit (VENNGEL equiv)  | -            | NC   |
| diclofenac sodium soln (XRYLIX equiv)  | -            | NC   |
| DICLONA GEL  | -            | NC   |
| DICLOTREX PAK  | -            | NC   |
| GABAPENTIN/NAPROXEN CREAM COMPOUND KIT   | -            | NC   |
| INFLAMMA-K KIT   | -            | NC   |
| LICART PATCH   | -            | NC   |
| NAPROXEN CREAM COMPOUND KIT  | -            | NC   |
| PENNSAID SOLN  | -            | NC   |
| REXAPHENAC CREAM   | -            | NC   |
| VAROPHEN KIT   | -            | NC   |
| VENNGEL ONE KIT  | -            | NC   |
| VOPAC 5 CREAM  | -            | NC   |
| VOPAC CREAM  | -            | NC   |
| VOPAC GB CREAM   | -            | NC   |
| XRYLIX PAK   | -            | NC   |
| <b>ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL</b>                          |              |      |
| fluorouracil cream (EFUDEX CREAM equiv)  | -            | 1    |
| diclofenac gel (SOLARAZE equiv) (QL= 300gm/30 days)                                    | PA-QL        | 2    |
| FLUOROPLEX CREAM   | -            | 2    |
| FLUOROURACIL SOLN  | -            | 2    |
| FLUOROURACIL CREAM 0.5%  | -            | 3    |
| PICATO GEL (QL= 1 box/fill)  | QL           | 3    |
| CARAC CREAM  | -            | NC   |
| EFUDEX CREAM   | -            | NC   |
| FLUORAC CREAM  | -            | NC   |
| KLISYRI OINT   | -            | NC   |
| ROAOXIA GEL  | -            | NC   |
| SOLARAVIX PAK  | -            | NC   |
| TARGRETIN GEL  | -            | NC   |
| bexarotene gel (TARGRETIN equiv)   | PA-TMSP      | SP   |
| PANRETIN GEL   | PA-TMSP      | SP   |
| VALCHLOR GEL (QL= 4 tubes/30 days; Only available through Optum Pharmacy 877-445-6874) | LD-PA-QL     | SP   |
| <b>ANTIPRURITICS - TOPICAL</b>   |              |      |
| DOXEPIN CREAM, PRUDOXIN CREAM, ZONALON CREAM   | PA           | 3    |

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| doxepin hcl cream                            | PA           | 3    |
| <b>ANTIPSORIATICS</b>                        |              |      |
| acitretin cap (SORIATANE equiv)              | -            | 2    |
| calcipotriene cream (DOVONEX CREAM equiv)    | -            | 2    |
| calcipotriene oint                           | -            | 2    |
| calcipotriene soln (DOVONEX SOLN equiv)      | -            | 2    |
| METHOXSALEN CAP                              | -            | 2    |
| methoxsalen cap (OXSORALEN ULTRA equiv)      | -            | 2    |
| tazarotene cream 0.1% (TAZORAC equiv)        | -            | 2    |
| ZORYVE CREAM (QL= 60 grams/30 days)          | PA-QL        | 2    |
| CALCITRIOL OINT                              | -            | 3    |
| DRITHO-SCALP CREAM                           | -            | 3    |
| TAZORAC CREAM 0.05%                          | -            | 3    |
| calcipotriene cream (TRIONEX equiv)          | -            | NC   |
| CALCIPOTRIENE FOAM                           | -            | NC   |
| CALCIPOTRIENE FOAM, SORILUX FOAM             | -            | NC   |
| CALSODORE PAK                                | -            | NC   |
| COSENTYX INJ (1-PACK)                        | -            | NC   |
| COSENTYX INJ (2-PACK)                        | -            | NC   |
| COSENTYX INJ 300MG/2ML                       | -            | NC   |
| DOVONEX CREAM                                | -            | NC   |
| NUDERMRXPAK PAK                              | -            | NC   |
| OXSORALEN ULTRA CAP                          | -            | NC   |
| SILIQ INJ                                    | -            | NC   |
| SORIATANE CAP                                | -            | NC   |
| SOTYKTU TAB                                  | -            | NC   |
| tazarotene gel (TAZORAC equiv)               | -            | NC   |
| TAZORAC CREAM                                | -            | NC   |
| TAZORAC GEL                                  | -            | NC   |
| TREMFYA INJ                                  | -            | NC   |
| TRIONEX PACK                                 | -            | NC   |
| VECTICAL OINT                                | -            | NC   |
| VTAMA CREAM                                  | -            | NC   |
| SKYRIZI INJ 150MG/ML (QL= 1 inj/84 days)     | PA-QL-TMSP   | SP   |
| SKYRIZI INJ 75MG/0.83ML (QL= 2 inj/84 days)  | PA-QL-TMSP   | SP   |
| STELARA INJ (QL= 1 inj/84 days)              | PA-QL-TMSP   | SP   |
| TALTZ INJ (QL= 1 inj/28 days)                | PA-QL-TMSP   | SP   |
| <b>ANTISEBORRHEIC PRODUCTS</b>               |              |      |
| selenium sulfide lotion                      | OTC          | 1    |
| selenium sulfide lotion 2.5% (SELSUN equiv)  | -            | 1    |
| selenium sulfide shampoo (SELSEB equiv)      | -            | 2    |
| sodium sulfacetamide wash (OVACE WASH equiv) | -            | 2    |
| OVACE PLUS CREAM                             | -            | 3    |
| ESKATA SOLN                                  | -            | NC   |
| OVACE PLUS GEL                               | -            | NC   |
| OVACE PLUS LOTION                            | -            | NC   |

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| M Medical Benefit                                | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter                     |
| PA Prior Authorization                           | QL Quantity Limit   | RDX Restricted to Diagnosis              |
| RS Restricted to Specialist                      | SF Limited to two 15 day fills per month for first 3 months | SMKG Smoking Cessation                   |
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| DrugName   | Special Code | Tier |
|--|--------------|------|
| <b>DERMATOLOGICALS Cont.</b>                             |              |      |
| OVACE PLUS SHAMPOO                                       | -            | NC   |
| OVACE PLUS FOAM  | -            | NC   |
| OVACE WASH   | -            | NC   |
| PROMISEB CREAM   | -            | NC   |
| selenium sulfide shampoo 2.3% (SELRX equiv)              | -            | NC   |
| SELRX SHAMPOO 2.3%                                       | -            | NC   |
| sodium sulfacetamide gel (OVACE equiv)                   | -            | NC   |
| sodium sulfacetamide shampoo (OVACE equiv)               | -            | NC   |
| <b>ANTIVIRALS - TOPICAL</b>                              |              |      |
| acyclovir oint (ZOVIRAX equiv)                           | -            | 1    |
| acyclovir cream (ZOVIRAX equiv)                          | -            | NC   |
| DENAVIR CREAM  | -            | NC   |
| penciclovir cream (DENAVIR equiv)                        | -            | NC   |
| XERESE CREAM   | -            | NC   |
| ZOVIRAX CREAM  | -            | NC   |
| ZOVIRAX OINT   | -            | NC   |
| <b>BURN PRODUCTS</b>                                     |              |      |
| silver sulfadiazine cream (SILVADENE CREAM equiv)        | -            | 1    |
| SULFAMYLON CREAM   | -            | 2    |
| SILVADENE CREAM  | -            | NC   |
| SULFAMYLON PACK  | -            | NC   |
| <b>CORTICOSTEROIDS - TOPICAL</b>                         |              |      |
| betamethasone augmented cream (DIPROLENE AF CREAM equiv) | -            | 1    |
| betamethasone augmented gel                              | -            | 1    |
| betamethasone augmented oint (DIPROLENE OINT equiv)      | -            | 1    |
| betamethasone dipropionate cream (DIPROSONE CREAM equiv) | -            | 1    |
| betamethasone dipropionate lotion                        | -            | 1    |
| betamethasone valerate cream                             | -            | 1    |
| betamethasone valerate lotion                            | -            | 1    |
| betamethasone valerate oint                              | -            | 1    |
| clobetasol propionate cream (TEMOVATE equiv)             | -            | 1    |
| clobetasol propionate oint (TEMOVATE equiv)              | -            | 1    |
| clobetasol propionate soln (TEMOVATE equiv)              | -            | 1    |
| fluocinolone acetonide cream                             | -            | 1    |
| fluocinolone acetonide oint                              | -            | 1    |
| fluocinolone acetonide soln                              | -            | 1    |
| fluocinonide cream 0.05% (LIDEX equiv)                   | -            | 1    |
| fluocinonide cream 0.1% (VANOS CREAM equiv)              | -            | 1    |
| fluocinonide emollient cream                             | -            | 1    |
| fluocinonide gel   | -            | 1    |
| fluocinonide oint  | -            | 1    |
| fluocinonide soln  | -            | 1    |
| fluticasone propionate cream (CUTIVATE equiv)            | -            | 1    |
| fluticasone propionate oint (CUTIVATE equiv)             | -            | 1    |
| hydrocortisone cream (PROCTOCORT equiv)                  | -            | 1    |
| hydrocortisone lotion (HYTONE equiv)                     | -            | 1    |

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| <b>DrugName</b>  | <b>Special Code</b> | <b>Tier</b> |
|--|---------------------|-------------|
| <b>DERMATOLOGICALS Cont.</b>                             |                     |             |
| hydrocortisone oint                                      | -                   | 1           |
| mometasone cream (ELOCON equiv)                          | -                   | 1           |
| mometasone oint (ELOCON equiv)                           | -                   | 1           |
| mometasone soln (ELOCON equiv)                           | -                   | 1           |
| triamcinolone cream                                      | -                   | 1           |
| triamcinolone lotion                                     | -                   | 1           |
| triamcinolone oint                                       | -                   | 1           |
| alclometasone cream (ACLOVATE equiv)                     | -                   | 2           |
| alclometasone oint (ACLOVATE OINT equiv)                 | -                   | 2           |
| BETAMETHASONE AUGMENTED GEL                              | -                   | 2           |
| betamethasone augmented lotion (DIPROLENE LOTION equiv)  | -                   | 2           |
| betamethasone dipropionate oint (DIPROSONE OINT equiv)   | -                   | 2           |
| clobetasol foam (OLUX equiv)                             | -                   | 2           |
| clobetasol lotion (CLOBEX equiv)                         | -                   | 2           |
| clobetasol propionate emollient cream (TEMOVATE E equiv) | -                   | 2           |
| clobetasol propionate gel (TEMOVATE GEL equiv)           | -                   | 2           |
| clobetasol shampoo (CLOBEX equiv)                        | -                   | 2           |
| clobetasol spray (CLOBEX equiv)                          | -                   | 2           |
| DERMA-SMOOTH/FS OIL                                      | -                   | 2           |
| desonide cream (DESOWEN equiv)                           | -                   | 2           |
| desonide oint  | -                   | 2           |
| desoximetasone cream (TOPICORT CREAM equiv)              | -                   | 2           |
| desoximetasone oint (TOPICORT equiv)                     | -                   | 2           |
| EPIFOAM AEROSOL  | -                   | 2           |
| fluocinolone acetonide oil (DERMA-SMOOTH/FS equiv)       | -                   | 2           |
| halobetasol propionate cream (ULTRAVATE equiv)           | -                   | 2           |
| halobetasol propionate oint (ULTRAVATE equiv)            | -                   | 2           |
| PREDNICARBATE CREAM                                      | -                   | 2           |
| PREDNICARBATE OIN  | -                   | 2           |
| AMCINONIDE LOTION  | -                   | 3           |
| CORDRAN TAPE   | -                   | 3           |
| NUCORT LOTION  | -                   | 3           |
| ALA-SCALP LOTION   | -                   | NC          |
| AMCINONIDE CREAM 0.1%                                    | -                   | NC          |
| amcinonide oint 0.1% (AMCINONIDE OINT equiv)             | -                   | NC          |
| AMCINONIDE OINTMENT                                      | -                   | NC          |
| APEXICON E CREAM (PSORCON E equiv)                       | -                   | NC          |
| BESER KIT 0.05%  | -                   | NC          |
| betamethasone valerate foam (LUXIQ FOAM equiv)           | -                   | NC          |
| BRYHALI LOTION   | -                   | NC          |
| calcipotriene/betamethasone dipropionate susp            | -                   | NC          |
| calcipotriene/betamethasone oint (TACLONEX equiv)        | -                   | NC          |
| CAPEX SHAMPOO  | -                   | NC          |
| clobetasol E foam (OLUX E equiv)                         | -                   | NC          |
| CLOBETAVIX KIT   | -                   | NC          |
| CLOBEX LOTION  | -                   | NC          |
| CLOBEX SHAMPOO   | -                   | NC          |

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|--|--------------|------|
| <b>DERMATOLOGICALS Cont.</b>                     |              |      |
| CLOBEX SPRAY                                     | -            | NC   |
| CLOCORTOLONE CREAM                               | -            | NC   |
| clocortolone pivalate cream                      | -            | NC   |
| CLODERM CREAM                                    | -            | NC   |
| CORDRAN CREAM                                    | -            | NC   |
| CORDRAN CREAM 0.025%                             | -            | NC   |
| CORDRAN LOTION                                   | -            | NC   |
| CORDRAN OINTMENT                                 | -            | NC   |
| CUTIVATE LOTION                                  | -            | NC   |
| DERMACINRX KIT                                   | -            | NC   |
| DESONATE GEL                                     | -            | NC   |
| desonide gel                                     | -            | NC   |
| desonide lotion                                  | -            | NC   |
| DESOWEN CREAM                                    | -            | NC   |
| DESOWEN CREAM KIT                                | -            | NC   |
| DESOWEN LOTION                                   | -            | NC   |
| DESOWEN LOTION KIT                               | -            | NC   |
| DESOWEN OINT                                     | -            | NC   |
| DESOWEN OINT KIT                                 | -            | NC   |
| desoximetasone cream 0.05% (TOPICORT equiv)      | -            | NC   |
| desoximetasone gel (TOPICORT equiv)              | -            | NC   |
| desoximetasone oint 0.05% (TOPICORT equiv)       | -            | NC   |
| DIFLORASONE CREAM, PSORCON CREAM                 | -            | NC   |
| diflorasone oint                                 | -            | NC   |
| DIPROLENE AF CREAM                               | -            | NC   |
| DIPROLENE OINT                                   | -            | NC   |
| DUOBRII LOTION                                   | -            | NC   |
| ELOCON CREAM                                     | -            | NC   |
| ELOCON OINT                                      | -            | NC   |
| ENSTILAR FOAM                                    | -            | NC   |
| FLUOPAR KIT                                      | -            | NC   |
| FLUOVIX PAK                                      | -            | NC   |
| flurandrenolide cream (CORDRAN equiv)            | -            | NC   |
| flurandrenolide lotion (CORDRAN equiv)           | -            | NC   |
| flurandrenolide oint (CORDRAN equiv)             | -            | NC   |
| fluticasone propionate lotion (CUTIVATE equiv)   | -            | NC   |
| halcinonide cream (HALOG equiv)                  | -            | NC   |
| HALOG CREAM                                      | -            | NC   |
| HALOG OINT                                       | -            | NC   |
| HALOG SOLN                                       | -            | NC   |
| halonate pac kit (ULTRAVATE KIT equiv)           | -            | NC   |
| HC BUTYRATE CREAM                                | -            | NC   |
| HC BUTYRATE SOLN                                 | -            | NC   |
| HC/PRAMOXINE CREAM 1-2.35%                       | -            | NC   |
| HC-LIDOCAINE CREAM                               | -            | NC   |
| hydrocortisone butyrate cream (LOCOID equiv)     | -            | NC   |
| hydrocortisone butyrate lipocream (LOCOID equiv) | -            | NC   |

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|---|---------------------|-------------|
| <b>DERMATOLOGICALS Cont.</b>                            |                     |             |
| hydrocortisone butyrate oint (LOCOID equiv)             | -                   | NC          |
| hydrocortisone butyrate soln (LOCOID equiv)             | -                   | NC          |
| hydrocortisone lotion (LOCOID equiv)                    | -                   | NC          |
| hydrocortisone lotion 2% (ALA SCALP equiv)              | -                   | NC          |
| HYDROCORTISONE PAK                                      | -                   | NC          |
| hydrocortisone valerate cream                           | -                   | NC          |
| hydrocortisone valerate oint (WESTCORT equiv)           | -                   | NC          |
| hydrocortisone/pramoxine cream 2.5-1% (PRAMOSONE equiv) | -                   | NC          |
| HYDROXYM GEL  | -                   | NC          |
| IMPEKLO LOTION  | -                   | NC          |
| IMPOYZ CREAM  | -                   | NC          |
| KENALOG SPRAY   | -                   | NC          |
| LEXETTE FOAM  | -                   | NC          |
| LOCOID CREAM  | -                   | NC          |
| LOCOID LIPOCREAM  | -                   | NC          |
| LOCOID LOTION   | -                   | NC          |
| LOCOID OINT   | -                   | NC          |
| LOCOID SOLN   | -                   | NC          |
| LUXIQ FOAM  | -                   | NC          |
| MEXPAROX HC CREAM                                       | -                   | NC          |
| MICORT-HC CREAM   | -                   | NC          |
| NOVACORT GEL  | -                   | NC          |
| OLUX E FOAM   | -                   | NC          |
| OLUX FOAM   | -                   | NC          |
| PANDEL CREAM  | -                   | NC          |
| paramox hc gel (NOVACORT GEL equiv)                     | -                   | NC          |
| PRAMOSONE CREAM 1%                                      | -                   | NC          |
| PRAMOSONE CREAM 2.5-1%                                  | -                   | NC          |
| PRAMOSONE E CREAM                                       | -                   | NC          |
| PRAMOSONE LOTION  | -                   | NC          |
| PRAMOSONE OINT  | -                   | NC          |
| PROCTOCORT CREAM  | -                   | NC          |
| QUINIXIL PAK  | -                   | NC          |
| QUINOSONE KIT   | -                   | NC          |
| SERNIVO SPRAY   | -                   | NC          |
| SILALITE PAK MIS  | -                   | NC          |
| TACLONEX OINT   | -                   | NC          |
| TASOPROL CREAM KIT                                      | -                   | NC          |
| TEMOVATE CREAM  | -                   | NC          |
| TEMOVATE OINT   | -                   | NC          |
| TEXACORT SOLN   | -                   | NC          |
| TOPICORT CREAM  | -                   | NC          |
| TOPICORT GEL  | -                   | NC          |
| TOPICORT OINT   | -                   | NC          |
| TOVET KIT   | -                   | NC          |
| triamcinolone acetonide oint (TRIANEX equiv)            | -                   | NC          |
| triamcinolone spray (KENALOG equiv)                     | -                   | NC          |

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|--|--------------|------|
| <b>DERMATOLOGICALS Cont.</b>               |              |      |
| TRIANEX OINT                               | -            | NC   |
| TRILOCICLO KIT                             | -            | NC   |
| ULTRAVATE CREAM                            | -            | NC   |
| ULTRAVATE LOTION                           | -            | NC   |
| ULTRAVATE OINT                             | -            | NC   |
| ULTRAVATE PAC KIT                          | -            | NC   |
| VANOS CREAM                                | -            | NC   |
| VERDESO FOAM                               | -            | NC   |
| WESTCORT OINT                              | -            | NC   |
| WYNZORA CREAM                              | -            | NC   |
| <b>ECZEMA AGENTS</b>                       |              |      |
| OPZELURA CREAM (QL= 12 tubes/year)         | PA-QL        | 3    |
| DUPIXENT INJ                               | -            | NC   |
| DUPIXENT PEN INJ                           | -            | NC   |
| ADBRY INJ (QL= 4 inj/28 days)              | MSP-PA-QL    | SP   |
| CIBINQO TAB (QL= 1 tab/day)                | PA-QL-TMSP   | 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 NAIL KIT                              | -            | NC   |
| UREA SUSP                                  | -            | NC   |
| urea susp 40% (UMECTA equiv)               | -            | NC   |
| <b>EMOLLIENTS</b>                          |              |      |
| LACTIC ACID LOTION                         | -            | 1    |
| ammonium lactate cream (LAC-HYDRIN equiv)  | OTC          | EXC  |
| ammonium lactate lotion (LAC-HYDRIN equiv) | OTC          | EXC  |
| HYLINATE LOTION                            | -            | NC   |
| LAC-HYDRIN CREAM                           | -            | NC   |
| LAC-HYDRIN 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>                  |              |      |
| bimatoprost ophth soln                     | -            | EXC  |
| finasteride tab (PROPECIA equiv)           | -            | EXC  |
| LITFULO CAP                                | -            | NC   |

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| <b>M</b>   | Plan Exclusion  | <b>INF</b>                     | Limited Distribution                |
| <b>PA</b>  | Medical Benefit   | <b>MSP</b>                     | Over-the-Counter                    |
| <b>RS</b>  | Prior Authorization   | <b>QL</b>                      | Restricted to Diagnosis             |
| <b>SP</b>  | Restricted to Specialist  | <b>SF</b>                      | Smoking Cessation                   |
|            | Available through Specialty Pharmacy Program                                | <b>ST</b>                      | Available through Specialty Network |
|            |   | <b>LD</b>                      |                                     |
|            |   | <b>OTC</b>                     |                                     |
|            |   | <b>RDX</b>                     |                                     |
|            |   | <b>SMKG</b>                    |                                     |
|            |   | <b>TMSP</b>                    |                                     |

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|--|--------------|------|
| <b>DERMATOLOGICALS Cont.</b>   |              |      |
| <b>HAIR REDUCTION AGENTS</b>   |              |      |
| VANIQA CREAM   | -            | EXC  |
| <b>IMMUNOMODULATING AGENTS - TOPICAL</b>   |              |      |
| imiquimod cream (ALDARA equiv)   | -            | 1    |
| ALDARA CREAM   | -            | NC   |
| imiquimod cream 3.75% (IMIQUIMOD equiv)  | -            | NC   |
| ZYCLARA CREAM  | -            | NC   |
| <b>IMMUNOSUPPRESSIVE AGENTS - TOPICAL</b>  |              |      |
| tacrolimus oint (PROTOPIC OINT equiv)  | -            | 1    |
| pimecrolimus cream (ELIDEL equiv) (Covered for members 2 years or older)         | -            | 2    |
| ELIDEL CREAM   | -            | NC   |
| OXIANUJO CREAM   | -            | NC   |
| PROTOPIC OINT  | -            | NC   |
| HYFTOR GEL (QL= 10 grams/30 days; Only available through Walgreens 888-347-3416) | LD-PA-QL     | SP   |
| <b>KERATOLYTIC/ANTIMITOTIC AGENTS</b>  |              |      |
| PODOCON SOLN   | -            | 2    |
| PODOFILOX SOLN   | -            | 2    |
| podofilox soln (CONDYLOX equiv)  | -            | 2    |
| salicylic acid shampoo (SALEX equiv)   | -            | 2    |
| CONDYLOX GEL   | -            | 3    |
| SALEX SHAMPOO  | -            | 3    |
| ATRIX SYSTEM KIT   | -            | NC   |
| GEAMETDRAY GEL   | -            | NC   |
| METDRAY GEL  | -            | NC   |
| SALEX LOTION KIT   | -            | NC   |
| SALEX SHAMPOO  | -            | NC   |
| SALICATE LIQUID  | -            | NC   |
| salicyclic acid soln   | -            | NC   |
| salicylic acid cream (CERAVE PSORIASIS equiv)                                    | -            | NC   |
| SALIMEZ FORTE CREAM  | -            | NC   |
| XALIX SOL  | -            | NC   |
| <b>LOCAL ANESTHETICS - TOPICAL</b>   |              |      |
| lidocaine cream 3% (LIDAMANTLE equiv)  | -            | 1    |
| lidocaine gel (GLYDO equiv)  | -            | 1    |
| lidocaine gel (XYLOCAINE equiv)  | -            | 1    |
| lidocaine oint (QL= 107gm/30 days)   | QL           | 1    |
| lidocaine soln (XYLOCAINE equiv)   | -            | 1    |
| lidocaine/prilocaine cream (EMLA equiv)  | -            | 1    |
| LIDOCAINE GEL  | -            | 2    |
| lidocaine patch 5% (LIDODERM equiv) (QL= 3 patches/day)                          | QL           | 2    |
| lidocaine patch (LIDODERM equiv) (QL= 3 patches/day)                             | QL           | 3    |
| SYNERA PATCH   | -            | 3    |
| ADAZIN CREAM   | -            | NC   |
| ANASTIA LOTION   | -            | NC   |
| APRIZIO PAK KIT  | -            | NC   |
| BENZOCAINE/LIDOCAINE/TETRACAINE OINT   | -            | NC   |

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|            |   |            |  |             |                                     |
|------------|---|------------|--|-------------|-------------------------------------|
| <b>EXC</b> | <b>NC</b> = Not Covered<br><b>NC/3P</b> = Not Covered, Third Party Reviewer | <b>INF</b> | Infertility  | <b>LD</b>   | Limited Distribution                |
| <b>M</b>   | Medical Benefit   | <b>MSP</b> | Mandatory Specialty Pharmacy Program                     | <b>OTC</b>  | Over-the-Counter                    |
| <b>PA</b>  | Prior Authorization   | <b>QL</b>  | Quantity Limit   | <b>RDX</b>  | Restricted to Diagnosis             |
| <b>RS</b>  | Restricted to Specialist  | <b>SF</b>  | Limited to two 15 day fills per month for first 3 months | <b>SMKG</b> | Smoking Cessation                   |
| <b>SP</b>  | Available through Specialty Pharmacy Program                                | <b>ST</b>  | Step Therapy   | <b>TMSP</b> | Available through Specialty Network |

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| DrugName  | Special Code | Tier |
|---|--------------|------|
| <b>DERMATOLOGICALS Cont.</b>                            |              |      |
| capsaicin/menthol topical patch (SINELEE equiv)         | -            | NC   |
| DERMALID PAK  | -            | NC   |
| GEN7T LOTION  | -            | NC   |
| GEN7T PLUS LOTION                                       | -            | NC   |
| GEN7T PLUS PAD  | -            | NC   |
| L.E.T. GEL  | -            | NC   |
| LIDAMANTLE LOTION                                       | -            | NC   |
| LIDO/MENTHOL SPRAY                                      | -            | NC   |
| LIDO/RAC/TET GEL  | -            | NC   |
| LIDOCAINE CREAM   | -            | NC   |
| lidocaine cream 3.88% (LIDOTRAL equiv)                  | -            | NC   |
| lidocaine lotion (LIDAMANTLE equiv)                     | -            | NC   |
| lidocaine oint/transparent dressing kit (LIDOPAC equiv) | -            | NC   |
| lidocaine patch 3.5% (GEN7T equiv)                      | -            | NC   |
| LIDOCAINE/TETRACAINE CREAM                              | -            | NC   |
| LIDOCIN GEL   | -            | NC   |
| LIDODERM PATCH  | -            | NC   |
| LIDOSTREAM KIT  | -            | NC   |
| LIDOTRAL CREAM  | -            | NC   |
| LIDOTREX GEL  | -            | NC   |
| LIDOVEX CREAM   | -            | NC   |
| LMR PLUS KIT  | -            | NC   |
| MEDI-PATCH W/LIDOCAINE PATCH                            | -            | NC   |
| MENTHOREAL10 THERAPY PACK                               | -            | NC   |
| MICROVIX LP PAK   | -            | NC   |
| NENDRUX GEL   | -            | NC   |
| nulido pad (NULIDO equiv)                               | -            | NC   |
| NUVAKAAN II KIT   | -            | NC   |
| PLIAGLIS CREAM  | -            | NC   |
| PLIAGLIS KIT  | -            | NC   |
| SILVERA PAD   | -            | NC   |
| SOLAICE PATCH   | -            | NC   |
| SOLARCAINE EXTRA GEL                                    | -            | NC   |
| SYNVEXIA TC CREAM                                       | -            | NC   |
| WPR PLUS  | -            | NC   |
| ZILACAINE PAK   | -            | NC   |
| ZYLOTROL-L KIT  | -            | NC   |
| <b>MISC. DERMATOLOGICAL PRODUCTS</b>                    |              |      |
| EPICERAM EMULSION                                       | -            | NC   |
| NEOSALUS FOAM   | -            | NC   |
| NEOSALUS LOTION   | -            | NC   |
| <b>MISC. TOPICAL</b>                                    |              |      |
| DRYSOL SOLN   | -            | 1    |
| DERMACINRX CREAM  | -            | NC   |
| HYCLODEX SOLN   | -            | NC   |
| QBREXZA PAD   | -            | NC   |

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| <b>NC/3P</b> = Not Covered, Third Party Reviewer |   |  |
| EXC Plan Exclusion                               | INF Infertility   | LD Limited Distribution                  |
| M Medical Benefit                                | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter                     |
| PA Prior Authorization                           | QL Quantity Limit   | RDX Restricted to Diagnosis              |
| 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   | TMSP Available through Specialty Network |

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|--|--------------|------|
| <b>DERMATOLOGICALS Cont.</b>                           |              |      |
| <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 cream (METROCREAM equiv)                 | -            | 1    |
| metronidazole gel 0.75% (METROGEL equiv)               | -            | 1    |
| azelaic acid gel (FINACEA equiv)                       | -            | 2    |
| FINACEA FOAM   | -            | 2    |
| metronidazole gel (METROGEL equiv)                     | -            | 2    |
| metronidazole lotion (METROLOTION equiv)               | -            | 2    |
| brimonidine tartrate gel (MIRVASO equiv)               | -            | EXC  |
| MIRVASO GEL  | -            | EXC  |
| RHOFADE CREAM  | -            | EXC  |
| DAZOMON GEL  | -            | NC   |
| DOXYCYCLINE CAP, ORACEA CAP                            | -            | NC   |
| FINACEA GEL  | -            | NC   |
| IVERMECTIN CREAM                                       | -            | NC   |
| ivermectin cream (SOOLANTRA equiv)                     | -            | NC   |
| METROCREAM   | -            | NC   |
| METROGEL 1%  | -            | NC   |
| METROLOTION  | -            | NC   |
| NORITATE CREAM   | -            | NC   |
| ROSADAN KIT  | -            | NC   |
| SOOLANTRA CREAM  | -            | NC   |
| ZILXI FOAM   | -            | NC   |
| <b>SCABICIDES &amp; PEDICULICIDES</b>                  |              |      |
| permethrin cream (ELIMITE CREAM equiv)                 | -            | 1    |
| SPINOSAD SUSP (QL= 1 bottle/fill)                      | QL           | 2    |
| LINDANE SHAMPOO  | -            | 3    |
| malathion lotion (OVIDE equiv) (QL= 2 bottles/fill)    | QL           | 3    |
| NATROBA SUSP (QL= 1 bottle/fill)                       | QL           | 3    |
| CROTAN LOTION  | -            | NC   |
| ELIMITE CREAM  | -            | NC   |
| IVERMECTIN LOTION                                      | -            | NC   |
| OVIDE LOTION   | -            | NC   |
| SKLICE LOTION  | -            | NC   |
| <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    |

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| EXC Plan Exclusion                               | INF Infertility   | LD Limited Distribution                  |
| M Medical Benefit                                | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter                     |
| PA Prior Authorization                           | QL Quantity Limit   | RDX Restricted to Diagnosis              |
| RS Restricted to Specialist                      | SF Limited to two 15 day fills per month for first 3 months | SMKG Smoking Cessation                   |
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|---|--------------|------|
| <b>DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS Cont.</b> |              |      |
| DEPLIN CAP  | -            | EXC  |
| ELIGEN B12 TAB  | -            | EXC  |
| FALESSA TAB   | -            | EXC  |
| FOLTANX TAB   | -            | EXC  |
| GLYGEST PAK   | -            | EXC  |
| L-METHYLFOLATE TAB  | -            | EXC  |
| LUVIRA CAP  | -            | EXC  |
| METANX CAP  | -            | EXC  |
| OLLIZAC POWDER  | -            | EXC  |
| PODIAPN CAP   | -            | EXC  |
| XAQUIL XR TAB   | -            | EXC  |
| XYZBAC TAB  | -            | EXC  |

**DIGESTIVE AIDS**

**DIGESTIVE ENZYMES**

|   |   |    |
|---|---|----|
| CREON CAP   | - | NC |
| PANCREAZE CAP, PERTZYE CAP, ULTRESA CAP, ZENPEP CAP | - | NC |
| SUCRAID SOLN  | - | NC |

**DIURETICS**

**CARBONIC ANHYDRASE INHIBITORS**

|  |   |    |
|--|---|----|
| acetazolamide tab                          | - | 1  |
| acetazolamide ER cap (DIAMOX SEQUEL equiv) | - | 2  |
| methazolamide tab (NEPTAZANE equiv)        | - | 2  |
| dichlorphenamide tab (KEVEYIS equiv)       | - | NC |
| KEVEYIS TAB                                | - | NC |
| NEPTAZANE TAB                              | - | NC |

**DIURETIC COMBINATIONS**

|  |   |    |
|--|---|----|
| AMILORIDE/HCTZ TAB   | - | 1  |
| amiloride/hydrochlorothiazide tab (MODURETIC equiv)        | - | 1  |
| spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv) | - | 1  |
| triamterene/hydrochlorothiazide cap (DYAZIDE equiv)        | - | 1  |
| triamterene/hydrochlorothiazide tab (MAXZIDE equiv)        | - | 1  |
| ALDACTAZIDE TAB 50-50MG                                    | - | 3  |
| ALDACTAZIDE TAB  | - | NC |
| MAXZIDE TAB  | - | NC |

**LOOP DIURETICS**

|                                  |   |    |
|----------------------------------|---|----|
| bumetanide tab (BUMEX equiv)     | - | 1  |
| FUROSEMIDE SOLN                  | - | 1  |
| furosemide soln (LASIX equiv)    | - | 1  |
| furosemide tab (LASIX equiv)     | - | 1  |
| torsemide tab (DEMADEX equiv)    | - | 1  |
| torsemide tab 20mg (SOANZ equiv) | - | 1  |
| ethacrynic tab (EDECIN equiv)    | - | 2  |
| DEMADEX TAB                      | - | NC |
| EDECIN TAB                       | - | NC |
| LASIX TAB                        | - | NC |

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| <b>M</b>   | <b>NC/3P</b> = Not Covered, Third Party Reviewer | <b>INF</b>                     | <b>LD</b>                           |
| <b>PA</b>  | Plan Exclusion                                   | <b>INF</b>                     | Limited Distribution                |
| <b>RS</b>  | Medical Benefit                                  | <b>MSP</b>                     | OTC                                 |
| <b>SP</b>  | Prior Authorization                              | <b>MSP</b>                     | Over-the-Counter                    |
|            | Restricted to Specialist                         | <b>QL</b>                      | RDX                                 |
|            | Available through Specialty Pharmacy Program     | <b>QL</b>                      | Restricted to Diagnosis             |
|            |  | <b>SF</b>                      | SMKG                                |
|            |  | <b>SF</b>                      | Smoking Cessation                   |
|            |  | <b>ST</b>                      | TMSP                                |
|            |  | <b>ST</b>                      | Available through Specialty Network |
|            |  | <b>ST</b>                      |                                     |

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|---|---------------------|-------------|
| <b>DIURETICS Cont.</b>  |                     |             |
| SOANZ TAB   | -                   | NC          |
| FUROSCIX KIT (QL= 8 inj/fill; Only available through BioMatrix Specialty Pharmacy 855-359-9679) | LD-QL               | SP          |
| <b>OSMOTIC DIURETICS</b>  |                     |             |
| mannitol soln (OSMITROL equiv)  | -                   | NC          |
| <b>POTASSIUM SPARING DIURETICS</b>  |                     |             |
| amiloride tab (MIDAMOR equiv)   | -                   | 1           |
| spironolactone tab (ALDACTONE equiv)  | -                   | 1           |
| triamterene cap (DYRENIUM equiv)  | -                   | 2           |
| ALDACTONE TAB   | -                   | NC          |
| CAROSPIR SUSP   | -                   | NC          |
| DYRENIUM CAP  | -                   | 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           |
| metolazone tab (ZAROXOLYN equiv)  | -                   | 1           |
| DIURIL SUSP   | -                   | 2           |
| MICROZIDE CAP   | -                   | NC          |
| THALITONE TAB   | -                   | NC          |

**ENDOCRINE AND METABOLIC AGENTS - MISC.**

|   |    |    |
|---|----|----|
| <b>ADRENAL STEROID INHIBITORS</b>   |    |    |
| ISTURISA TAB 10MG   | -  | NC |
| ISTURISA TAB 1MG  | -  | NC |
| ISTURISA TAB 5MG  | -  | NC |
| RECORLEV 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  |
| alendronate sodium oral soln (FOSAMAX equiv)                                    | -  | 3  |
| ETIDRONATE DISODIUM TAB 400MG   | -  | 3  |
| risedronate DR tab (ATELVIA equiv) (Step Therapy requires trial of alendronate) | ST | 3  |
| ACTONEL TAB   | -  | NC |
| ATELVIA TAB   | -  | NC |
| BINOSTO TAB   | -  | NC |
| BONIVA TAB 150MG  | -  | NC |
| calcitonin inj (MIACALCIN equiv)  | -  | NC |
| FORTEO INJ  | -  | NC |
| FOSAMAX TAB   | -  | NC |

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| EXC Plan Exclusion                               | INF Infertility   | LD Limited Distribution                  |
| M Medical Benefit                                | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter                     |
| PA Prior Authorization                           | QL Quantity Limit   | RDX Restricted to Diagnosis              |
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|--|--------------|------|
| <b>ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.</b>  |              |      |
| FOSAMAX+D TAB  | -            | NC   |
| MIACALCIN INJ  | -            | NC   |
| MIACALCIN NASAL SPRAY  | -            | NC   |
| pamidronate inj  | -            | NC   |
| PROLIA INJ   | -            | NC   |
| TERIPARATIDE INJ   | -            | NC   |
| ZOMETA INJ   | -            | NC   |
| NATPARA INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)                                    | LD-PA        | SP   |
| TYMLOS INJ   | TMSP         | SP   |
| XGEVA INJ  | PA-TMSP      | SP   |
| <b>CORTICOTROPIN</b>   |              |      |
| ACTHAR GEL INJ   | -            | NC   |
| CORTROPHIN INJ GEL   | -            | NC   |
| <b>FERTILITY REGULATORS</b>  |              |      |
| PREGNYL INJ  | INF-M        | M    |
| CLOMID TAB   | INF          | NC   |
| CLOMIPHENE TAB   | 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>   |              |      |
| ORLISSA TAB 150MG (QL= 1 tab/day)  | PA-QL        | 2    |
| ORLISSA TAB 200MG (QL= 2 tabs/day)   | PA-QL        | 2    |
| cetorelix acetate for inj kit (CETROTIDE equiv)  | INF          | NC   |
| CETROTIDE KIT  | INF          | NC   |
| <b>GROWTH HORMONE RECEPTOR ANTAGONISTS</b>   |              |      |
| SOMAVERT INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)                                   | LD-PA        | SP   |
| <b>GROWTH HORMONE RELEASING HORMONES (GHRH)</b>  |              |      |
| EGRIFTA INJ  | -            | EXC  |
| <b>GROWTH HORMONES</b>   |              |      |
| HUMATROPE INJ, ZOMACTON INJ  | -            | NC   |
| NGENLA INJ   | -            | NC   |
| NORDITROPIN INJ, NUTROPIN AQ INJ   | -            | NC   |
| OMNITROPE INJ  | -            | NC   |
| OMNITROPE INJ, ZOMACTON INJ  | -            | NC   |
| SAIZEN INJ, SEROSTIM INJ, ZORBTIVE INJ   | -            | NC   |
| SOGROYA INJ  | -            | NC   |
| GENOTROPIN INJ   | PA-TMSP      | SP   |
| SKYTROFA INJ   | PA-TMSP      | 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   | -            | NC   |
| OSPHENA TAB  | -            | NC   |
| <b>INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)</b>  |              |      |

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| <b>ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.</b>                                  |                     |             |
| INCRELEX INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD                  | SP          |
| <b>LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS</b>                               |                     |             |
| SYNAREL NASAL SOLN   | -                   | 2           |
| FENSOLVI INJ   | -                   | NC          |
| LUPANETA PACK  | -                   | NC          |
| LUPRON DEPOT PED INJ   | TMSP                | SP          |
| LUPRON DEPOT-PED INJ   | TMSP                | SP          |
| <b>MENOPAUSAL SYMPTOMS SUPPRESSANTS</b>  |                     |             |
| VEOZAH TAB   | -                   | NC          |
| <b>METABOLIC MODIFIERS</b>   |                     |             |
| calcitriol cap (ROCALTROL equiv)   | -                   | 1           |
| calcitriol soln (ROCALTROL equiv)  | -                   | 1           |
| levocarnitine soln (CARNITOR equiv)  | -                   | 1           |
| levocarnitine tab (CARNITOR equiv)   | -                   | 1           |
| cinacalcet tab (SENSIPAR equiv)  | -                   | 2           |
| doxercalciferol cap (HECTOROL equiv)   | -                   | 2           |
| paricalcitol cap (ZEMPLAR equiv)   | -                   | 2           |
| sodium phenylbutyrate powder (BUPHENYL equiv)  | -                   | 2           |
| sodium phenylbutyrate tab (BUPHENYL equiv)   | -                   | 2           |
| ALDURAZYME INJ   | -                   | NC          |
| BUPHENYL POWDER  | -                   | NC          |
| BUPHENYL TAB   | -                   | NC          |
| CALCITRIOL INJ   | -                   | NC          |
| CARNITOR SOLN  | -                   | NC          |
| CARNITOR TAB   | -                   | NC          |
| CITRULLINE EASY TAB  | -                   | NC          |
| CYSTADANE POWDER   | -                   | NC          |
| FABRAZYME INJ  | -                   | NC          |
| HECTOROL CAP   | -                   | NC          |
| KUVAN POWDER PACK  | -                   | NC          |
| KUVAN TAB  | -                   | NC          |
| MYALEPT INJ  | -                   | NC          |
| nitisinone cap (ORFADIN equiv)   | -                   | NC          |
| NITYR TAB  | -                   | NC          |
| OLPRUVA PACK   | -                   | NC          |
| OPFOLDA CAP  | -                   | NC          |
| ORFADIN CAP  | -                   | NC          |
| ORFADIN SUSP   | -                   | NC          |
| PALYNZIQ INJ   | -                   | NC          |
| PHEBURANE ORAL PELLETS   | -                   | NC          |
| RAVICTI LIQUID   | -                   | NC          |
| RAYALDEE CAP   | -                   | NC          |
| ROCALTROL CAP  | -                   | NC          |
| ROCALTROL SOLN   | -                   | NC          |
| SENSIPAR TAB   | -                   | NC          |
| XURIDEN POWDER   | -                   | NC          |

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|            |   |                                |  |
|------------|---|--------------------------------|--|
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| <b>M</b>   | Plan Exclusion  | <b>INF</b>                     | Limited Distribution                                     |
| <b>PA</b>  | Medical Benefit   | <b>MSP</b>                     | Over-the-Counter   |
| <b>RS</b>  | Prior Authorization   | <b>QL</b>                      | Restricted to Diagnosis                                  |
| <b>SP</b>  | Restricted to Specialist  | <b>SF</b>                      | Smoking Cessation  |
|            | Available through Specialty Pharmacy Program                                | <b>ST</b>                      | Available through Specialty Network                      |
|            |   | <b>INF</b>                     | Infertility  |
|            |   | <b>MSP</b>                     | Mandatory Specialty Pharmacy Program                     |
|            |   | <b>QL</b>                      | Quantity Limit   |
|            |   | <b>SF</b>                      | Limited to two 15 day fills per month for first 3 months |
|            |   | <b>ST</b>                      | Step Therapy   |
|            |   | <b>LD</b>                      | Limited Distribution                                     |
|            |   | <b>OTC</b>                     | Over-the-Counter   |
|            |   | <b>RDX</b>                     | Restricted to Diagnosis                                  |
|            |   | <b>SMKG</b>                    | Smoking Cessation  |
|            |   | <b>TMSP</b>                    | Available through Specialty Network                      |

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| <b>DrugName</b>   | <b>Special Code</b> | <b>Tier</b> |
|---|---------------------|-------------|
| <b>ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.</b>   |                     |             |
| ZEMPLAR CAP   | -                   | NC          |
| betaine powder for oral solution (CYSTADANE equiv) (Only available through Walgreens 888-347-3416)        | LD                  | SP          |
| CARBAGLU TAB (Only available through Accredo 888-773-7376)  | LD-PA               | SP          |
| carglumic acid tab (CARBAGLU equiv) (Only available through AnovoRx 844-288-5007)                         | LD-PA               | SP          |
| GALAFOLD CAP (QL= 14 caps/28 days; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD-PA-QL            | SP          |
| sapropterin dihydrochloride powder packet (KUVAN equiv)   | TMSP                | SP          |
| sapropterin dihydrochloride soluble tab (KUVAN equiv)   | TMSP                | SP          |
| STRENSIQ INJ (Only available through PantherRx Pharmacy 855-726-8479)                                     | LD-PA               | SP          |
| <b>MINERALOCORTICOID RECEPTOR ANTAGONISTS</b>   |                     |             |
| KERENDIA TAB (QL= 1 tab/day)  | PA-QL               | 3           |
| <b>NATRIURETIC PEPTIDES</b>   |                     |             |
| VOXZOGO INJ (QL= 1 vial/day; Only available through Accredo 888-773-7376)                                 | LD-PA-QL            | 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           |
| STIMATE NASAL SOLN  | -                   | 2           |
| DDAVP NASAL SOLN  | -                   | 3           |
| DDAVP INJ   | -                   | NC          |
| DDAVP NASAL SPRAY   | -                   | NC          |
| DDAVP TAB   | -                   | NC          |
| NOCDURNA SL TAB   | -                   | NC          |
| NOCTIVA EMULSION SPRAY  | -                   | NC          |
| <b>PROGESTERONE RECEPTOR ANTAGONISTS</b>  |                     |             |
| mifepristone tab (MIFIPREX equiv)   | -                   | 1           |
| MIFIPREX TAB  | -                   | 3           |
| <b>PROLACTIN INHIBITORS</b>   |                     |             |
| cabergoline tab (DOSTINEX equiv)  | -                   | 1           |
| <b>SOMATOSTATIC AGENTS</b>  |                     |             |
| BYNFEZIA PEN INJ  | -                   | NC          |
| MYCAPSSA CAP  | -                   | NC          |
| SANDOSTATIN INJ   | -                   | NC          |
| SANDOSTATIN LAR INJ KIT   | -                   | NC          |
| SOMATULINE INJ  | -                   | NC          |
| octreotide inj (SANDOSTATIN equiv)  | TMSP                | SP          |
| OCTREOTIDE INJ 100MCG   | TMSP                | SP          |
| SIGNIFOR INJ (QL= 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007)              | LD-PA-QL            | SP          |
| <b>VASOPRESSIN RECEPTOR ANTAGONISTS</b>   |                     |             |
| SAMSCA TAB  | -                   | NC          |
| JYNARQUE PAK (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)                              | LD-PA-QL            | SP          |
| JYNARQUE TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)                              | LD-PA-QL            | SP          |
| SAMSCA TAB 15MG   | MSP                 | SP          |
| TOLVAPTAN TAB   | MSP                 | SP          |
| tolvaptan tab (SAMSCA equiv)  | MSP                 | SP          |

**ESTROGENS**

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|            |   |                                |                                     |
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| <b>M</b>   | Plan Exclusion  | <b>INF</b>                     | Limited Distribution                |
| <b>PA</b>  | Medical Benefit   | <b>MSP</b>                     | Over-the-Counter                    |
| <b>RS</b>  | Prior Authorization   | <b>QL</b>                      | Restricted to Diagnosis             |
| <b>SP</b>  | Restricted to Specialist  | <b>SF</b>                      | Smoking Cessation                   |
|            | Available through Specialty Pharmacy Program                                | <b>ST</b>                      | Available through Specialty Network |
|            |   |                                |                                     |
|            |   |                                |                                     |
|            |   |                                |                                     |
|            |   |                                |                                     |

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| DrugName | Special Code | Tier |
|----------|--------------|------|
|----------|--------------|------|

**ESTROGENS Cont.**

**ESTROGEN COMBINATIONS**

|   |       |    |
|---|-------|----|
| estradiol/norethindrone tab (ACTIVEVELLA equiv)               | -     | 1  |
| jinteli tab (FEMHRT equiv)                                    | -     | 1  |
| ORIAHNN CAP (QL= 2 caps/day)                                  | PA-QL | 2  |
| PREMPHASE TAB, PREMPRO TAB                                    | -     | 2  |
| PREFEST TAB   | -     | 3  |
| ACTIVEVELLA TAB   | -     | NC |
| ANGELIQ TAB   | -     | NC |
| BIJUVA CAP  | -     | NC |
| CLIMARA PRO PATCH   | -     | NC |
| COMBIPATCH  | -     | NC |
| esterified estrogens/methyltestosterone tab (ESTRATEST equiv) | -     | NC |
| ESTRATEST TAB   | -     | NC |
| FEMHRT TAB  | -     | NC |
| MYFEMBREE TAB   | -     | NC |

**ESTROGENS**

|   |    |    |
|---|----|----|
| estradiol patch (CLIMARA equiv)                           | -  | 1  |
| estradiol patch (VIVELLE-DOT equiv)                       | -  | 1  |
| estradiol tab (ESTRACE equiv)                             | -  | 1  |
| ESTROPIPATE TAB   | -  | 1  |
| estropipate tab (OGEN equiv)                              | -  | 1  |
| estradiol valerate inj (DELESTROGEN equiv) (QL= 5ml/fill) | QL | 2  |
| PREMARIN TAB  | -  | 2  |
| ALORA PATCH   | -  | 3  |
| DELESTROGEN INJ (QL= 5ml/fill)                            | QL | 3  |
| MENEST TAB  | -  | 3  |
| CLIMARA PATCH   | -  | NC |
| DIVIGEL GEL   | -  | NC |
| DIVIGEL GEL, ELESTRIN GEL                                 | -  | NC |
| ESTRACE TAB   | -  | NC |
| estradiol td gel (DIVIGEL equiv)                          | -  | NC |
| EVAMIST SPRAY   | -  | NC |
| MENOSTAR PATCH  | -  | NC |
| VIVELLE-DOT PATCH   | -  | NC |

**FLUOROQUINOLONES**

**FLUOROQUINOLONES**

|   |       |   |
|---|-------|---|
| ciprofloxacin tab (CIPRO equiv)   | -     | 1 |
| levofloxacin soln (LEVAQUIN equiv)  | -     | 1 |
| LEVOFLOXACIN SOLN 25MG/ML   | -     | 1 |
| levofloxacin tab (LEVAQUIN equiv)   | -     | 1 |
| ofloxacin tab (FLOXIN equiv)  | -     | 1 |
| BAXDELA TAB (QL= 2 tabs/day; Restricted to Infectious Disease Specialist) | QL-RS | 2 |
| ciprofloxacin susp (CIPRO equiv)  | -     | 2 |
| moxifloxacin tab (AVELOX equiv)   | -     | 2 |
| CIPRO SUSP  | -     | 3 |
| CIPROFLOXACIN 100MG TAB   | -     | 3 |

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| EXC Plan Exclusion                               | INF Infertility   | LD Limited Distribution                  |
| M Medical Benefit                                | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter                     |
| PA Prior Authorization                           | QL Quantity Limit   | RDX Restricted to Diagnosis              |
| 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   | TMSP Available through Specialty Network |

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|--|---------------------|------|
| <b>FLUOROQUINOLONES Cont.</b>  |                     |      |
| AVELOX TAB   | -                   | NC   |
| CIPRO TAB  | -                   | NC   |
| FACTIVE TAB  | -                   | NC   |
| LEVAQUIN TAB   | -                   | NC   |
| PROQUIN XR TAB   | -                   | NC   |
| <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 Accredo 800-803-2523 or Walgreens 888-347-3416) | LD-PA-QL-SF- $\phi$ | SP   |
| <b>GALLSTONE SOLUBILIZING AGENTS</b>   |                     |      |
| ursodiol cap (ACTIGALL equiv)  | -                   | 1    |
| ursodiol tab (URSO (FORTE) equiv)  | -                   | 1    |
| ACTIGALL CAP   | -                   | NC   |
| RELTONE CAP  | -                   | NC   |
| URSO FORTE TAB   | -                   | NC   |
| URSODIOL CAP   | -                   | NC   |
| <b>GASTROINTESTINAL ANTIALLERGY AGENTS</b>   |                     |      |
| cromolyn conc (GASTROCROM equiv)   | -                   | 2    |
| GASTROCROM CONC  | -                   | NC   |
| <b>GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS</b>  |                     |      |
| lubiprostone cap (AMITIZA equiv) (QL= 2 caps/day)  | PA-QL               | 2    |
| AMITIZA CAP  | -                   | NC   |
| <b>GASTROINTESTINAL STIMULANTS</b>   |                     |      |
| metoclopramide soln (REGLAN equiv)   | -                   | 1    |
| metoclopramide tab (REGLAN equiv)  | -                   | 1    |
| GIMOTI NASAL SPRAY   | -                   | NC   |
| METZOLV ODT  | -                   | NC   |
| REGLAN TAB   | -                   | NC   |
| <b>ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS</b>   |                     |      |
| BYLVAY CAP 1200MCG (QL= 2 caps/day; Only available through PantheRx Pharmacy 855-726-8479)         | LD-PA-QL            | SP   |
| BYLVAY CAP 400MCG (QL= 6 caps/day; Only available through PantheRx Pharmacy 855-726-8479)          | LD-PA-QL            | SP   |
| BYLVAY SPRINKLE CAP 200MCG (QL= 4 caps/day; Only available through PantheRx Pharmacy 855-726-8479) | LD-PA-QL            | SP   |
| BYLVAY SPRINKLE CAP 600MCG (QL= 4 caps/day; Only available through PantheRx Pharmacy 855-726-8479) | LD-PA-QL            | SP   |
| LIVMARLI SOLN (QL= 90ml/30 days; Only available through Eversana 866-849-4481)                     | LD-PA-QL            | SP   |
| <b>INFLAMMATORY BOWEL AGENTS</b>   |                     |      |
| balsalazide cap (COLAZAL equiv)  | -                   | 1    |
| sulfasalazine EC tab (AZULFIDINE equiv)  | -                   | 1    |
| sulfasalazine tab (AZULFIDINE equiv)   | -                   | 1    |
| mesalamine DR cap (DELZICOL equiv)   | -                   | 2    |

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| PA Prior Authorization                           | QL Quantity Limit   | RDX Restricted to Diagnosis              |
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|---|---|--|-------------------------|--------------------------------|---------------------------------|--|--|--|--------------------|-----------------|-------------------------|-------------------|--|----------------------|------------------------|-------------------|-----------------------------|-----------------------------|---|------------------------|---|-----------------|--|
| <b>GASTROINTESTINAL AGENTS - MISC. Cont.</b>  |   |  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| mesalamine DR tab (LIALDA equiv)  | -   | 2  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| mesalamine enema (ROWASA equiv)   | -   | 2  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| mesalamine ER cap (APRISO equiv)  | -   | 2  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| mesalamine supp (CANASA equiv)  | -   | 2  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| DIPENTUM CAP  | -   | 3  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| mesalamine tab (ASACOL equiv)   | -   | 3  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| MESALAMINE TAB DR   | -   | 3  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| SFROWASA ENEMA  | -   | 3  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| APRISO CAP  | -   | NC                                       |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| ASACOL HD TAB   | -   | NC                                       |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| ASACOL HD TAB, MESALAMINE TAB   | -   | NC                                       |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| AZULFIDINE EN TAB   | -   | NC                                       |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| AZULFIDINE TAB  | -   | NC                                       |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| COLAZAL CAP   | -   | NC                                       |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| DELZICOL CAP  | -   | NC                                       |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| ENTYVIO INJ   | -   | NC                                       |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| LIALDA TAB  | -   | NC                                       |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| mesalamine ER cap (PENTASA CR equiv)  | -   | NC                                       |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| PENTASA CAP   | -   | NC                                       |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| ROWASA KIT  | -   | NC                                       |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| CIMZIA INJ (QL= 2 inj/28 days)  | PA-QL-TMSP  | SP                                       |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| CIMZIA STARTER INJ KIT (QL= 1 kit/plan year)  | PA-QL-TMSP  | SP                                       |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| SKYRIZI INJ 180 MG/1.2ML (QL= 1 inj/56 days)  | PA-QL-TMSP  | SP                                       |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| SKYRIZI INJ 360MG/2.4ML (QL= 1 inj/56 days)   | PA-QL-TMSP  | SP                                       |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| <b>INTESTINAL ACIDIFIERS</b>  |   |  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| lactulose soln  | -   | 1  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| <b>IRRITABLE BOWEL SYNDROME (IBS) AGENTS</b>  |   |  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| alosetron tab (LOTROXEX equiv)  | -   | 3  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| LINZESS CAP (QL= 1 cap/day)   | PA-QL   | 3  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| IBSRELA TAB   | -   | NC                                       |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| LOTROXEX TAB  | -   | NC                                       |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| VIBERZI TAB   | -   | NC                                       |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| ZELNORM TAB   | -   | NC                                       |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| <b>LIVE FECAL MICROBIOTA</b>  |   |  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| VOWST CAP   | -   | NC                                       |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| <b>PERIPHERAL OPIOID RECEPTOR ANTAGONISTS</b>   |   |  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| MOVANTIK TAB  | PA  | 2  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| SYMPROIC TAB  | PA  | 2  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| alvimopan cap (ENTEREG equiv)   | -   | NC                                       |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| ENTEREG CAP   | -   | NC                                       |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| 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  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| <b>Note:</b> Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.  |   |  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| <table border="1"> <tr> <td><b>NC</b> = Not Covered</td> <td><b>generic</b> = small letters</td> <td><b>BRANDS</b> = CAPITAL LETTERS</td> </tr> <tr> <td><b>NC/3P</b> = Not Covered, Third Party Reviewer</td> <td></td> <td></td> </tr> <tr> <td>EXC Plan Exclusion</td> <td>INF Infertility</td> <td>LD Limited Distribution</td> </tr> <tr> <td>M Medical Benefit</td> <td>MSP Mandatory Specialty Pharmacy Program</td> <td>OTC Over-the-Counter</td> </tr> <tr> <td>PA Prior Authorization</td> <td>QL Quantity Limit</td> <td>RDX Restricted to Diagnosis</td> </tr> <tr> <td>RS Restricted to Specialist</td> <td>SF Limited to two 15 day fills per month for first 3 months</td> <td>SMKG Smoking Cessation</td> </tr> <tr> <td>SP Available through Specialty Pharmacy Program</td> <td>ST Step Therapy</td> <td>TMSP Available through Specialty Network</td> </tr> </table> |   |  | <b>NC</b> = Not Covered | <b>generic</b> = small letters | <b>BRANDS</b> = CAPITAL LETTERS | <b>NC/3P</b> = Not Covered, Third Party Reviewer |  |  | EXC Plan Exclusion | INF Infertility | LD Limited Distribution | M Medical Benefit | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter | PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis | 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 | TMSP Available through Specialty Network |
| <b>NC</b> = Not Covered   | <b>generic</b> = small letters                              | <b>BRANDS</b> = CAPITAL LETTERS          |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| <b>NC/3P</b> = Not Covered, Third Party Reviewer  |   |  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| EXC Plan Exclusion  | INF Infertility   | LD Limited Distribution                  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| M Medical Benefit   | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter                     |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| PA Prior Authorization  | QL Quantity Limit   | RDX Restricted to Diagnosis              |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| 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   | TMSP Available through Specialty Network |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |

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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    |
| RENAGEL TAB   | -            | 3    |
| sevelamer hydrochloride tab (RENAGEL equiv)                               | -            | 3    |
| VELPHORO CHEW TAB   | -            | 3    |
| ELIPHOS TAB   | -            | NC   |
| FOSRENOL CHEW TAB   | -            | NC   |
| PHOSLO CAP  | -            | NC   |
| RENAGEL TAB 800MG   | -            | NC   |
| RENVELA TAB   | -            | NC   |
| <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>                               |              |      |
| <b>ALKALINIZERS</b>   |              |      |
| CYTRA K CRYSTALS  | -            | 1    |
| CYTRA-3 SYRUP   | -            | 1    |
| ORACIT SOLN   | -            | 1    |
| potassium citrate/citric acid powder pack (POLYCITRA equiv)               | -            | 1    |
| potassium citrate/citric acid soln (POLYCITRA-K equiv)                    | -            | 1    |
| sodium citrate/citric acid soln (BICITRA equiv)                           | -            | 1    |
| tricitrates soln (POLYCITRA-LC equiv)                                     | -            | 1    |
| potassium citrate CR tab (UROCIT-K TAB equiv)                             | -            | 2    |
| UROCIT-K TAB  | -            | NC   |
| <b>CYSTINOSIS AGENTS</b>  |              |      |
| PROCYSBI GRANULES PACKET  | -            | NC   |
| CYSTAGON CAP (Only available through CVS Specialty 800-238-7828)          | LD           | SP   |
| <b>GENITOURINARY IRRIGANTS</b>  |              |      |
| RENACIDIN SOLN  | -            | NC   |
| sodium chloride 0.9% irr soln   | -            | NC   |
| <b>IGA NEPHROPATHY (IGAN) AGENTS</b>                                      |              |      |
| FILSPARI TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523) | LD-PA-QL     | SP   |
| <b>INTERSTITIAL CYSTITIS AGENTS</b>                                       |              |      |
| ELMIRON CAP   | -            | 2    |
| PENTOSAN CAP  | -            | NC   |

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| EXC Plan Exclusion                               | INF Infertility   | LD Limited Distribution                  |
| M Medical Benefit                                | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter                     |
| PA Prior Authorization                           | QL Quantity Limit   | RDX Restricted to Diagnosis              |
| 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   | TMSP Available through Specialty Network |

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| DrugName   | Special Code | Tier |
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| <b>GENITOURINARY AGENTS - MISCELLANEOUS Cont.</b>                          |              |      |
| <b>PROSTATIC HYPERTROPHY AGENTS</b>  |              |      |
| alfuzosin SR tab (UROXATRAL equiv)   | -            | 1    |
| dutasteride cap (AVODART equiv)  | -            | 1    |
| finasteride tab (PROSCAR equiv)  | -            | 1    |
| silodosin cap (RAPAFLO equiv)  | -            | 1    |
| tamsulosin cap (FLOMAX equiv)  | -            | 1    |
| dutasteride/tamsulosin cap (JALYN equiv)                                   | -            | 2    |
| AVODART CAP  | -            | NC   |
| CARDURA XL TAB   | -            | NC   |
| ENTADFI CAP  | -            | NC   |
| FLOMAX CAP   | -            | NC   |
| JALYN CAP  | -            | NC   |
| PROSCAR TAB  | -            | NC   |
| RAPAFLO CAP  | -            | NC   |
| UROXATRAL TAB  | -            | NC   |
| <b>URINARY ANALGESICS</b>  |              |      |
| phenazopyridine tab (PYRIDIDIUM equiv)                                     | -            | 1    |
| phenazopyridine tab 95mg (AZO equiv)                                       | OTC          | 1    |
| phenazopyridine tab 97.5mg (AZO equiv)                                     | OTC          | 1    |
| phenazopyridine tab 99.5mg (AZO equiv)                                     | OTC          | 1    |
| AZO URINARY TAB  | OTC          | NC   |
| PYRIDIDIUM TAB   | -            | NC   |
| <b>URINARY STONE AGENTS</b>  |              |      |
| LITHOSTAT TAB  | -            | 3    |
| THIOLA EC TAB  | -            | NC   |
| THIOLA TAB   | -            | NC   |
| tiopronin tab (THIOLA equiv)   | PA-TMSP      | SP   |
| <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    |
| colchicine tab (COLCRYS equiv)   | -            | 2    |
| febuxostat tab (ULORIC equiv) (Step Therapy requires trial of allopurinol) | ST- $\phi$   | 2    |
| ALLOPURINOL TAB  | -            | NC   |
| COLCRYS TAB  | -            | NC   |
| GLOPERBA SOLN  | -            | NC   |
| MITIGARE CAP, COLCHICINE CAP   | -            | NC   |
| ULORIC TAB   | -            | NC   |
| ZURAMPIC TAB   | -            | NC   |
| ZYLOPRIM TAB   | -            | NC   |
| <b>URICOSURICS</b>   |              |      |
| probenecid tab (BENEMID equiv)   | -            | 1    |

**HEMATOLOGICAL AGENTS - MISC.**

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|            |   |                                |                                     |
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| <b>M</b>   | Plan Exclusion  | <b>INF</b>                     | Limited Distribution                |
| <b>PA</b>  | Medical Benefit   | <b>MSP</b>                     | Over-the-Counter                    |
| <b>RS</b>  | Prior Authorization   | <b>QL</b>                      | Restricted to Diagnosis             |
| <b>SP</b>  | Restricted to Specialist  | <b>SF</b>                      | Smoking Cessation                   |
|            | Available through Specialty Pharmacy Program                                | <b>ST</b>                      | Available through Specialty Network |
|            |   | <b>LD</b>                      |                                     |
|            |   | <b>OTC</b>                     |                                     |
|            |   | <b>RDX</b>                     |                                     |
|            |   | <b>SMKG</b>                    |                                     |
|            |   | <b>TMSP</b>                    |                                     |

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|----------|--------------|------|

**HEMATOLOGICAL AGENTS - MISC. Cont.**

**ANTIHEMOPHILIC PRODUCTS**

|              |         |    |
|--------------|---------|----|
| AFSTYLA KIT  | -       | NC |
| HEMLIBRA INJ | PA-TMSP | SP |

**BRADYKININ B2 RECEPTOR ANTAGONISTS**

|                               |   |    |
|-------------------------------|---|----|
| FIRAZYR INJ                   | - | NC |
| icatibant inj (FIRAZYR equiv) | - | NC |

**COMPLEMENT INHIBITORS**

|   |          |    |
|---|----------|----|
| EMPAVELI INJ  | -        | NC |
| BERINERT INJ (Only available through Accredo 800-803-2523)                      | LD-PA    | SP |
| CINRYZE INJ (QL= 16 vials/28 days; Only available through Accredo 800-803-2523) | LD-PA-QL | SP |
| HAEGARDA INJ (Only available through Accredo 800-803-2523)                      | LD-PA    | SP |
| RUCONEST INJ (Only available through Accredo 800-803-2523)                      | LD-PA    | SP |
| TAVNEOS CAP (QL= 6 caps/day; Only available through PantheRx 855-726-8479)      | LD-PA-QL | SP |

**HEMATAOLOGIC - TYROSINE KINASE INHIBITORS**

|   |             |    |
|---|-------------|----|
| TAVALISSE TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | SP |
|---|-------------|----|

**HEMATORHEOLOGIC AGENTS**

|                                       |   |   |
|---------------------------------------|---|---|
| pentoxifylline ER tab (TRENTAL equiv) | - | 1 |
|---------------------------------------|---|---|

**PLASMA KALLIKREIN INHIBITORS**

|  |          |    |
|--|----------|----|
| ORLADEYO CAP   | -        | NC |
| TAKHZYRO INJ (QL= 2 inj/28 days; Only available through Accredo 800-803-2523)          | LD-PA-QL | SP |
| TAKHZYRO INJ 150MG/ML (QL= 2 inj/28 days; Only available through Accredo 800-803-2523) | LD-PA-QL | SP |

**PLATELET AGGREGATION INHIBITORS**

|   |          |    |
|---|----------|----|
| anagrelide cap (AGRYLIN equiv)  | -        | 1  |
| cilostazol tab (PLETAL equiv)   | -        | 1  |
| clopidogrel tab 75mg (PLAVIX equiv)   | -        | 1  |
| dipyridamole tab (PERSANTINE equiv)   | -        | 1  |
| prasugrel tab (EFFIENT equiv)   | -        | 1  |
| aspirin/dipyridamole cap (AGGRENOX equiv)                                       | -        | 2  |
| BRILINTA TAB  | -        | 2  |
| ASPIRIN/OMEPRAZOLE ER TAB   | -        | 3  |
| ZONTIVITY TAB (Restricted to Cardiology Specialist)                             | RS       | 3  |
| AGGRENOX CAP  | -        | NC |
| AGRYLIN CAP   | -        | NC |
| CLOPIDOGREL THERAPY PACK  | -        | NC |
| EFFIENT TAB   | -        | NC |
| PLAVIX TAB 75MG   | -        | NC |
| YOSPRALA TAB  | -        | NC |
| CABLIVI INJ KIT (QL= 1 vial/day; Only available through Biologics 800-850-4306) | LD-PA-QL | SP |

**PYRUVATE KINASE ACTIVATORS**

|  |          |    |
|--|----------|----|
| PYRUKYND TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306)       | LD-PA-QL | SP |
| PYRUKYND TAPER PACK (QL= 1 tab/day; Only available through Biologics 800-850-4306) | LD-PA-QL | SP |

**HEMATOPOIETIC AGENTS**

**AGENTS FOR GAUCHER DISEASE**

|              |   |    |
|--------------|---|----|
| CERDELGA CAP | - | NC |
| ZAVESCA CAP  | - | NC |

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| EXC Plan Exclusion                               | INF Infertility   | LD Limited Distribution                  |
| M Medical Benefit                                | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter                     |
| PA Prior Authorization                           | QL Quantity Limit   | RDX Restricted to Diagnosis              |
| RS Restricted to Specialist                      | SF Limited to two 15 day fills per month for first 3 months | SMKG Smoking Cessation                   |
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| <b>DrugName</b>  | <b>Special Code</b> | <b>Tier</b> |
|--|---------------------|-------------|
| <b>HEMATOPOIETIC AGENTS Cont.</b>  |                     |             |
| miglustat cap (ZAVESCA equiv) (Only available through Accredo 800-803-2523)                      | 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 Accredo 800-803-2523)                        | LD-PA-QL            | SP          |
| <b>AGENTS FOR SICKLE CELL DISEASE</b>  |                     |             |
| ENDARI POWDER PACK (QL= 6 packets/day)   | PA-QL-TMSP          | SP          |
| OXBRYTA TAB FOR ORAL SUSP (QL= 5 tabs/day; Only available through Accredo 800-803-2523)          | LD-PA-QL            | SP          |
| <b>COBALAMINS</b>  |                     |             |
| cyanocobalamin inj   | -                   | 1           |
| NASCOBAL NASAL SPRAY   | -                   | 3           |
| 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>  |                     |             |
| EPOGEN INJ   | -                   | 2           |
| PROCRIT INJ  | -                   | 2           |
| RETACRIT INJ   | -                   | 2           |
| ARANESP INJ  | -                   | NC          |
| FYLNETRA INJ   | -                   | NC          |
| GRANIX INJ   | -                   | NC          |
| JESDUVROQ TAB  | -                   | NC          |
| LEUKINE INJ  | -                   | NC          |
| MIRCERA INJ  | -                   | NC          |
| MULPLETA TAB   | -                   | NC          |
| NEULASTA INJ   | -                   | NC          |
| NEUPOGEN INJ   | -                   | NC          |
| NYVEPRIA INJ   | -                   | NC          |
| REBLOZYL INJ   | -                   | NC          |
| RELEUKO INJ  | -                   | NC          |
| RELEUKO PREFILLED SYRINGE INJ  | -                   | NC          |
| STIMUFEND INJ  | -                   | NC          |
| UDENYCA INJ  | -                   | NC          |
| ZIEXTENZO INJ  | -                   | NC          |
| DOPTELET TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)                       | LD-PA-QL            | SP          |
| FULPHILA INJ   | TMSP                | SP          |
| NIVESTYM INJ   | TMSP                | SP          |
| PROMACTA POWDER  | PA-TMSP             | SP          |
| PROMACTA TAB   | PA-TMSP             | SP          |
| ZARXIO INJ   | TMSP                | SP          |
| <b>HEMATOPOIETIC MIXTURES</b>  |                     |             |
| ferrex 150 forte cap   | -                   | 1           |
| folbee tab   | -                   | 1           |

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| <b>HEMATOPOIETIC AGENTS Cont.</b>       |              |      |
| 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    |
| FERREX 28 TAB                           | -            | 3    |
| multivitamin tab                        | -            | 3    |
| BENTIVITE TAB                           | -            | NC   |
| BIFERARX TAB                            | -            | NC   |
| B-SERENE PAD                            | -            | NC   |
| CORVITE TAB                             | -            | NC   |
| CYFOLEX CAP                             | -            | NC   |
| FEONYX TAB                              | -            | NC   |
| FERRO-PLEX TAB                          | -            | NC   |
| FOLITE TAB                              | -            | NC   |
| folvite-d tab (GENICIN equiv)           | -            | NC   |
| FOLVITE-FE TAB                          | -            | NC   |
| MULTIVITAMIN TAB                        | -            | NC   |
| OVEEZA CAP                              | -            | NC   |
| PUREFOLIX TAB                           | -            | NC   |

**IRON**

|                        |     |    |
|------------------------|-----|----|
| ACCRUFER CAP           | -   | NC |
| ferrous sulfate elixir | OTC | NC |
| FERROUS SULFATE LIQUID | OTC | NC |
| ferrous sulfate soln   | OTC | NC |

**STEM CELL MOBILIZERS**

|   |   |    |
|---|---|----|
| MOZOBIL INJ                                 | - | NC |
| plerixafor subcutaneous inj (MOZOBIL equiv) | - | NC |

**HEMOSTATICS**

**HEMOSTATICS - SYSTEMIC**

|   |   |    |
|---|---|----|
| aminocaproic acid soln (AMICAR equiv)   | - | 2  |
| aminocaproic acid tab (AMICAR equiv)    | - | 2  |
| tranexamic acid tab (LYSTEDA equiv)     | - | 2  |
| AMICAR SOLN                             | - | NC |
| AMICAR TAB                              | - | NC |
| CYKLOKAPRON INJ                         | - | NC |
| LYSTEDA TAB                             | - | NC |
| tranexamic acid inj (CYKLOKAPRON equiv) | - | NC |

**HYPNOTICS**

**NON-BARBITURATE HYPNOTICS**

|   |    |   |
|---|----|---|
| zolpidem tab (AMBIEN equiv) (QL= 1 tab/day) | QL | 1 |
|---|----|---|

**OREXIN RECEPTOR ANTAGONISTS**

|              |   |   |
|--------------|---|---|
| BELSOMRA TAB | - | 3 |
|--------------|---|---|

**HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS**

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| EXC Plan Exclusion                               | INF Infertility   | LD Limited Distribution                  |
| M Medical Benefit                                | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter                     |
| PA Prior Authorization                           | QL Quantity Limit   | RDX Restricted to Diagnosis              |
| RS Restricted to Specialist                      | SF Limited to two 15 day fills per month for first 3 months | SMKG Smoking Cessation                   |
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|---|---------------------|-------------|
| <b>MACROLIDES Cont.</b>   |                     |             |
| clarithromycin ER tab (BIAXIN XL equiv)   | -                   | 3           |
| BIAXIN TAB  | -                   | NC          |
| <b>ERYTHROMYCINS</b>  |                     |             |
| erythromycin DR cap (ERYC equiv)  | -                   | 2           |
| ERYTHROMYCIN EC CAP   | -                   | 2           |
| erythromycin ethylsuccinate susp (ERYPED equiv)   | -                   | 2           |
| erythromycin tab (ERYTHROMYCIN equiv) (all forms except PCE)  | -                   | 2           |
| ERYTHROMYCIN ETHYLSUCCINATE TAB   | -                   | 3           |
| erythromycin tab (ERY-TAB equiv)  | -                   | 3           |
| PCE TAB   | -                   | 3           |
| ERYPED SUSP   | -                   | NC          |
| <b>FIDAXOMICIN</b>  |                     |             |
| DIFICID SUSP (QL= 136 mL/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYCIN SOLN, or FIRVANQ SOLN) | QL-ST               | 2           |
| DIFICID TAB (QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYCIN SOLN, or FIRVANQ SOLN) | QL-ST               | 2           |

**MEDICAL DEVICES**

| <b>PARENTERAL THERAPY SUPPLIES</b> |   |    |
|------------------------------------|---|----|
| INPEN INSULIN INJECTION DEVICE     | - | NC |

**MEDICAL DEVICES AND SUPPLIES**

| <b>CONTRACEPTIVES</b>  |        |     |
|--|--------|-----|
| CERVICAL CAP   | -      | \$0 |
| DIAPHRAGM  | -      | \$0 |
| FEMALE CONDOMS (QL= 12 condoms/fill)   | OTC-QL | \$0 |
| MALE CONDOMS (QL= 12 condoms/fill)   | OTC-QL | \$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 |
| CALIBRATION LIQUID   | OTC    | 1   |
| LANCET DEVICE  | OTC    | 1   |
| LANCET KIT   | OTC    | 1   |
| LANCETS  | OTC    | 1   |
| DEXCOM G6 RECEIVER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin)          | QL-ST  | 2   |
| DEXCOM G6 SENSOR (QL= 3 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin)          | QL-ST  | 2   |
| DEXCOM G6 TRANSMITTER (QL= 1 transmitter/90 days; Prior authorization (exception) required if member is not currently utilizing insulin) | QL-ST  | 2   |
| DEXCOM G7 RECEIVER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin)          | QL-ST  | 2   |
| DEXCOM G7 SENSOR (QL= 3 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin)          | QL-ST  | 2   |
| FREESTYLE LIBRE 2 RECEIVER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin)  | QL-ST  | 2   |

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| EXC Plan Exclusion                               | INF Infertility   | LD Limited Distribution                  |
| M Medical Benefit                                | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter                     |
| PA Prior Authorization                           | QL Quantity Limit   | RDX Restricted to Diagnosis              |
| RS Restricted to Specialist                      | SF Limited to two 15 day fills per month for first 3 months | SMKG Smoking Cessation                   |
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|--|---------------------|-------------|
| <b>MEDICAL DEVICES AND SUPPLIES Cont.</b>  |                     |             |
| FREESTYLE LIBRE 2 SENSOR (QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin)        | QL-ST               | 2           |
| FREESTYLE LIBRE 3 SENSOR (QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin)        | QL-ST               | 2           |
| FREESTYLE LIBRE RECEIVER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin)          | QL-ST               | 2           |
| FREESTYLE LIBRE SENSOR (14-DAY) (QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin) | QL-ST               | 2           |
| GLUCOCARD 01 BLOOD GLUCOSE W/DEVICE KIT  | -                   | 2           |
| GLUCOCARD 01-MINI GLUCOSE W/DEVICE KIT   | -                   | 2           |
| GLUCOCARD EXPRESSION MONITOR W/DEVICE KIT  | -                   | 2           |
| GLUCOCARD KIT SHINE  | -                   | 2           |
| GLUCOCARD SHINE CONNEX W/DEVICE KIT  | -                   | 2           |
| GLUCOCARD SHINE EXPRESS W/DEVICE KIT   | -                   | 2           |
| GLUCOCARD VITAL MONITOR W/DEVICE KIT   | -                   | 2           |
| GLUCOCARD X-METER W/DEVICE KIT   | -                   | 2           |
| OMNIPOD 5 INTRO KIT (QL= 1 kit/year)   | QL                  | 2           |
| OMNIPOD 5 PACK PODS (QL= 10 pods/month)  | QL                  | 2           |
| OMNIPOD DASH INTRO KIT (QL= 1 kit/year)  | QL                  | 2           |
| OMNIPOD DASH PODS (QL= 10 pods/month)  | QL                  | 2           |
| OMNIPOD GO KIT (QL= 10 pods/month)   | QL                  | 2           |
| OMNIPOD STARTER KIT (QL= 1 kit/year)   | QL                  | 2           |
| ONETOUCH DELICA LANCETS  | OTC                 | 2           |
| ONETOUCH DELICA PLUS LANCETS   | OTC                 | 2           |
| ONETOUCH DELICA ULTRASOFT LANCETS  | OTC                 | 2           |
| V-GO INJ KIT (QL= 1 kit/day)   | QL                  | 2           |
| DIABETIC METER (all other diabetic meters)   | OTC                 | NC          |
| FREESTLY LITE METER  | OTC                 | NC          |
| FREESTYLE FREEDOM LITE METER   | OTC                 | NC          |
| FREESTYLE INSULINX METER   | OTC                 | NC          |
| FREESTYLE PRECISION NEO METER  | OTC                 | NC          |
| OMNIPOD DASH PDM KIT   | -                   | NC          |
| ONETOUCH METER   | OTC                 | NC          |
| ONETOUCH VERIO FLEX METER  | OTC                 | NC          |
| ONETOUCH VERIO IQ METER  | OTC                 | NC          |
| ONETOUCH VERIO METER   | OTC                 | NC          |
| ONETOUCH VERIO REFLECT METER   | OTC                 | NC          |
| PRECISION XTRA METER   | 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           |
| CARETOUCH MIS  | OTC                 | 1           |
| NOVOFINE PEN NEEDLE  | OTC                 | 1           |

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|--|--------------|------|
| <b>MEDICAL DEVICES AND SUPPLIES Cont.</b>                          |              |      |
| NOVOTWIST PEN NEEDLE   | OTC          | 1    |
| NOVOTWIST/NOVOFINE PEN NEEDLE                                      | OTC          | 1    |
| CEQR SIMPLICITY  | -            | NC   |
| INSULIN SYRINGE  | OTC          | NC   |
| PEN NEEDLE   | OTC          | NC   |
| <b>RESPIRATORY THERAPY SUPPLIES</b>                                |              |      |
| PEAK FLOW METER  | OTC          | 1    |
| AEROCHAMBER  | OTC          | 2    |
| AEROCHAMBER SUPPLIES   | -            | 2    |
| <b>MIGRAINE PRODUCTS</b>   |              |      |
| <b>CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG</b>       |              |      |
| AJOVY INJ (QL= 1 pack/28 days)                                     | PA-QL        | 2    |
| QULIPTA TAB  | -            | NC   |
| ZAVZPRET SPRAY   | -            | NC   |
| <b>MIGRAINE COMBINATIONS</b>                                       |              |      |
| 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   |
| MIGERGOT SUPP  | -            | NC   |
| PRODRIN TAB  | -            | NC   |
| SUMANSETRON PAK  | -            | 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   |
| TRUDHESA NASAL SPRAY   | -            | NC   |
| <b>MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES</b>                   |              |      |
| AIMOVIG INJ (QL= 1 pack/28 days)                                   | PA-QL        | 2    |
| AJOVY INJ (QL= 1 pack/28 days)                                     | PA-QL        | 2    |
| EMGALITY INJ   | -            | NC   |
| EMGALITY INJ 100MG/ML  | -            | NC   |
| UBRELVY TAB  | -            | NC   |
| <b>MIGRAINE PRODUCTS - NSAIDS</b>                                  |              |      |
| CAMBIA POWDER  | -            | NC   |
| diclofenac potassium (migraine) packet (CAMBIA equiv)              | -            | NC   |
| ELYXYB SOLN  | -            | 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    |

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|---|---------------------|-------------|
| <b>MIGRAINE PRODUCTS Cont.</b>  |                     |             |
| sumatriptan tab (IMITREX equiv) (QL= 9 tabs/fill, 2 fills/30 days)                        | QL                  | 1           |
| eletriptan tab (RELPAX 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 (QL= 4 inj/fill, 2 fills/30 days)   | QL                  | 2           |
| sumatriptan inj (IMITREX equiv) (QL= 4 inj/fill, 2 fills/30 days)                         | QL                  | 2           |
| SUMATRIPTAN INJ 6MG/0.5ML (QL= 4 inj/fill, 2 fills/30 days)                               | QL                  | 2           |
| sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv) (QL= 6 sprays/fill, 2 fills/30 days) | QL                  | 2           |
| sumatriptan vial inj (IMITREX equiv) (QL= 5 inj/fill, 2 fills/30 days)                    | QL                  | 2           |
| zolmitriptan ODT (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days)                         | QL                  | 2           |
| zolmitriptan tab (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days)                         | QL                  | 2           |
| almotriptan tab (QL= 9 tabs/fill, 2 fills/30 days)  | QL                  | 3           |
| IMITREX INJ (QL= 4 inj/fill, 2 fills/30 days)   | QL                  | 3           |
| zolmitriptan nasal spray (ZOLMITRIPTAN, ZOMIG equiv) (QL= 6 sprays/fill, 2 fills/30 days) | QL                  | 3           |
| ZOLMITRIPTAN SPRAY (QL= 6 sprays/fill, 2 fills/30 days)                                   | QL                  | 3           |
| ZOLMITRIPTAN SPRAY, ZOMIG SPRAY (QL= 6 sprays/fill, 2 fills/30 days)                      | QL                  | 3           |
| ZOMIG SPRAY (QL= 6 sprays/fill, 2 fills/30 days)  | QL                  | 3           |
| ALSUMA INJ, ZEMBRACE SYMTOUCH INJ   | -                   | NC          |
| AMERGE TAB  | -                   | NC          |
| AXERT TAB   | -                   | NC          |
| FROVA TAB   | -                   | NC          |
| frovatriptan tab (FROVA equiv)  | -                   | NC          |
| IMITREX INJ   | -                   | NC          |
| IMITREX TAB   | -                   | NC          |
| IMITREX VIAL INJ  | -                   | NC          |
| MAXALT MLT TAB  | -                   | NC          |
| MAXALT TAB  | -                   | NC          |
| ONZETRA XSAIL   | -                   | NC          |
| RELPAX TAB  | -                   | NC          |
| REYVOW TAB  | -                   | NC          |
| SUMAVEL DOSEPRO INJ   | -                   | NC          |
| TOSYMRA SOLN  | -                   | NC          |
| ZECUITY PAD   | -                   | NC          |
| ZOMIG TAB   | -                   | NC          |
| ZOMIG ZMT   | -                   | NC          |

**MINERALS & ELECTROLYTES**

**FLUORIDE**

|   |   |     |
|---|---|-----|
| FLUORABON SOLN (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand 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 |

**MAGNESIUM**

|                       |   |    |
|-----------------------|---|----|
| magnesium sulfate inj | - | NC |
|-----------------------|---|----|

**PHOSPHATE**

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|---|---------------------|-------------|
| <b>MINERALS &amp; ELECTROLYTES Cont.</b>          |                     |             |
| phospha 250 neutral tab (K-PHOS NEUTRAL equiv)    | -                   | 1           |
| K-PHOS TAB  | -                   | 2           |
| potassium phosphate monobasic tab (K-PHOS equiv)  | -                   | 2           |
| K-PHOS NEUTRAL TAB                                | -                   | NC          |
| <b>POTASSIUM</b>                                  |                     |             |
| K-TAB   | -                   | 1           |
| POT/CHLORIDE EFFER TAB                            | -                   | 1           |
| potassium bicarbonate effer tab (K-LYTE equiv)    | -                   | 1           |
| potassium chloride effer tab (K-LYTE/CL equiv)    | -                   | 1           |
| potassium chloride ER cap (MICRO-K equiv)         | -                   | 1           |
| potassium chloride ER tab (K-TAB equiv)           | -                   | 1           |
| potassium chloride micro tab (K-DUR equiv)        | -                   | 1           |
| POTASSIUM CHLORIDE TAB ER                         | -                   | 1           |
| potassium chloride powder packet (KLOR-CON equiv) | -                   | 2           |
| potassium chloride soln                           | -                   | 2           |
| POKONZA POWDER                                    | -                   | NC          |
| <b>SODIUM</b>                                     |                     |             |
| SOD CHLORIDE INJ                                  | M                   | M           |
| sodium chloride inj                               | -                   | NC          |
| <b>ZINC</b>                                       |                     |             |
| GALZIN CAP  | -                   | 2           |

**MISCELLANEOUS THERAPEUTIC CLASSES**

**CHELATING AGENTS**

|  |         |    |
|--|---------|----|
| penicillamine tab (DEPEN TITRATAB equiv) | -       | 2  |
| CUPRIMINE CAP                            | -       | NC |
| CUVRIOR TAB                              | -       | NC |
| DEPEN TITRATAB                           | -       | NC |
| penicilliamine cap (CUPRIMINE equiv)     | -       | NC |
| SYPRINE CAP                              | -       | NC |
| TRIENTINE CAP                            | -       | NC |
| trientine cap (SYPRINE equiv)            | PA-TMSP | SP |

**IMMUNOMODULATORS**

|   |          |    |
|---|----------|----|
| JOENJA TAB  | -        | NC |
| lenalidomide cap (REVLIMID equiv) (QL= 1 cap/day; Restricted to Oncology or Hematology Specialist; Only available through Walgreens 888-347-3416) | LD-QL-RS | SP |
| REVLIMID CAP (QL= 1 cap/day; Only available through Walgreens 888-347-3416; Restricted to Oncology or Hematology Specialist)                      | LD-QL-RS | SP |
| REZUROCK TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306)   | LD-PA-QL | SP |

**IMMUNOSUPPRESSIVE AGENTS**

|                                       |   |    |
|---------------------------------------|---|----|
| ASTAGRAF XL CAP                       | - | NC |
| azathioprine tab 100mg (AZASAN equiv) | - | NC |
| azathioprine tab 75mg (AZASAN equiv)  | - | NC |
| ENSPRYNG INJ                          | - | NC |
| PROGRAF PACKET                        | - | NC |
| RAPAMUNE SOLN                         | - | NC |
| ZORTRESS TAB                          | - | NC |

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| EXC Plan Exclusion                               | INF Infertility   | LD Limited Distribution                  |
| M Medical Benefit                                | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter                     |
| PA Prior Authorization                           | QL Quantity Limit   | RDX Restricted to Diagnosis              |
| RS Restricted to Specialist                      | SF Limited to two 15 day fills per month for first 3 months | SMKG Smoking Cessation                   |
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|--|--------------|------|
| <b>MISCELLANEOUS THERAPEUTIC CLASSES Cont.</b>   |              |      |
| everolimus tab (ZORTRESS equiv)  | PA           | SP   |
| LUPKYNIS CAP (QL= 6 caps/day; Only available through Biologics 800-850-4306 or PantheRx Pharmacy 855-726-8479)                     | LD-PA-QL     | SP   |
| sirolimus soln (RAPAMUNE equiv)  | -            | SP   |
| <b>PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS</b>  |              |      |
| VIJOICE TAB (QL= 1 tab/day)  | MSP-PA-QL    | SP   |
| VIJOICE TAB 250MG (QL= 2 tabs/day)   | MSP-PA-QL    | SP   |
| <b>POTASSIUM REMOVING AGENTS</b>   |              |      |
| SPS SUSP   | -            | 1    |
| LOKELMA PAK  | PA           | 2    |
| VELTASSA POWDER  | PA           | 3    |
| <b>PROGERIA TREATMENT AGENTS</b>   |              |      |
| ZOKINVY CAP  | -            | NC   |
| <b>SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS</b>   |              |      |
| BENLYSTA AUTO-INJECTOR (QL= 4 inj/28 day)  | PA-QL-TMSP   | SP   |
| BENLYSTA INJ (QL= 4 inj/28 day)  | PA-QL-TMSP   | SP   |
| <b>MOUTH/THROAT/DENTAL AGENTS</b>  |              |      |
| <b>ANESTHETICS TOPICAL ORAL</b>  |              |      |
| lidocaine viscous soln (LIDOCAINE HCL (MOUTH-THROAT) equiv)  | -            | 1    |
| FIRST MOUTHWASH BLM  | -            | 3    |
| LIDOCAINE ORAL SOLN 4%   | -            | NC   |
| <b>ANTI-INFECTIVES - THROAT</b>  |              |      |
| clotrimazole troches (MYCELEX TROCHES equiv)   | -            | 1    |
| nystatin susp  | -            | 1    |
| ORAVIG TAB   | -            | 3    |
| <b>ANTISEPTICS - MOUTH/THROAT</b>  |              |      |
| chlorhexidine gluconate soln (PERIDEX equiv)   | -            | 1    |
| DEBACTEROL SOLN  | -            | NC   |
| PERIDEX 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 copy)       | -            | \$0  |
| sodium fluoride cream (PREVIDENT equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copy) | -            | \$0  |
| FLUORIDEX SENSITIVITY PASTE  | -            | 1    |
| sodium fluoride gel (PREVIDENT equiv)  | -            | 1    |
| sodium fluoride paste (PREVIDENT equiv)  | -            | 1    |
| sodium fluoride rinse (PREVIDENT equiv)  | -            | 1    |
| sodium fluoride/potassium nitrate paste (PREVIDENT equiv)  | -            | 1    |
| PREVIDENT GEL  | -            | 2    |
| PREVIDENT PASTE  | -            | 2    |
| PREVIDENT SOLN   | -            | 2    |
| <b>STEROIDS - MOUTH/THROAT</b>   |              |      |
| triamcinolone in orabase paste (KENALOG/ORABASE equiv)   | -            | 1    |
| <b>THROAT PRODUCTS - MISC.</b>   |              |      |
| pilocarpine tab (SALAGEN equiv)  | -            | 1    |

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|------------|---|------------|--|-------------|-------------------------------------|
| <b>EXC</b> | <b>NC</b> = Not Covered<br><b>NC/3P</b> = Not Covered, Third Party Reviewer | <b>INF</b> | Infertility  | <b>LD</b>   | Limited Distribution                |
| <b>M</b>   | Medical Benefit   | <b>MSP</b> | Mandatory Specialty Pharmacy Program                     | <b>OTC</b>  | Over-the-Counter                    |
| <b>PA</b>  | Prior Authorization   | <b>QL</b>  | Quantity Limit   | <b>RDX</b>  | Restricted to Diagnosis             |
| <b>RS</b>  | Restricted to Specialist  | <b>SF</b>  | Limited to two 15 day fills per month for first 3 months | <b>SMKG</b> | Smoking Cessation                   |
| <b>SP</b>  | Available through Specialty Pharmacy Program                                | <b>ST</b>  | Step Therapy   | <b>TMSP</b> | Available through Specialty Network |

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| <b>MOUTH/THROAT/DENTAL AGENTS Cont.</b>        |              |      |
| cevimeline cap (EVOXAC equiv)                  | -            | 2    |
| EVOXAC CAP                                     | -            | NC   |
| GELCLAIR GEL                                   | -            | NC   |
| PROTHELIAL PASTE                               | -            | NC   |
| SALAGEN TAB                                    | -            | NC   |
| SILATRIX GEL                                   | -            | NC   |
| <b>MULTIVITAMINS</b>                           |              |      |
| <b>B-COMPLEX VITAMINS</b>                      |              |      |
| EB-N3 DR CAP                                   | -            | NC   |
| <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    |
| FIBRIK CAP                                     | -            | NC   |
| NEPHROCAP                                      | -            | NC   |
| <b>MULTIPLE VITAMINS W/ MINERALS</b>           |              |      |
| multivitamin/minerals tab (STROVITE equiv)     | -            | 1    |
| V-C FORTE CAP                                  | -            | 3    |
| v-c forte cap (V-C FORTE equiv)                | -            | 3    |
| DEXATLAN CAP                                   | -            | NC   |
| FOLAGENT DHA CAP                               | -            | NC   |
| FOLAMED DHA CAP                                | -            | NC   |
| REMEDIENT CAP                                  | -            | NC   |
| STROVITE TAB                                   | -            | NC   |
| VITRECYL IRON TAB                              | -            | NC   |
| VITRECYL TAB                                   | -            | 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    |
| POLY-VI-FLOR CHEW W/IRON                       | -            | NC   |
| <b>PED MV W/ FLUORIDE</b>                      |              |      |
| MULTIVITAMIN/FLOURIDE CHEW 0.25MG              | -            | 1    |
| MULTIVITAMIN/FLOURIDE CHEW 1MG                 | -            | 1    |
| MULTIVITAMIN/FLUORIDE CHEW TAB                 | -            | 1    |
| pediatric multiple vitamins/fluoride chew tab  | -            | 1    |
| pediatric multiple vitamins/fluoride soln      | -            | 1    |
| FLORIVA PLUS DROPS                             | -            | 2    |
| QUFLORA PEDIATRIC CHEW TAB                     | -            | 3    |
| POLY-VI-FLOR CHEW 0.25MG                       | -            | NC   |
| POLY-VI-FLOR CHEW 0.5MG                        | -            | NC   |
| POLY-VI-FLOR CHEW 1MG                          | -            | NC   |

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|---|---------------------|-------------|
| <b>MULTIVITAMINS Cont.</b>                                    |                     |             |
| 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           |
| PRENATABS RX TAB  | -                   | 1           |
| PRENATAL 19 CHEW TAB  | -                   | 1           |
| PRENATAL 19 TAB   | -                   | 1           |
| PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS)         | -                   | 1           |
| VP-PNV-DHA CAP  | -                   | 1           |
| AZESCHEW TAB 13-1MG   | -                   | 3           |
| MYNATAL-Z TAB   | -                   | 3           |
| NEONATAL 19 TAB   | -                   | 3           |
| NEONATAL FE TAB   | -                   | 3           |
| PRENATAL VITAMINS (NON-PREFERRED)                             | -                   | 3           |
| VITAFOL STRIPS  | -                   | 3           |
| AZESCO TAB  | -                   | NC          |
| CITRANATAL CAP MEDLEY   | -                   | NC          |
| JENLIVA CAP   | -                   | NC          |
| MULTI-MAC TAB   | -                   | NC          |
| PREGEN DHA CAP  | -                   | NC          |
| PREGENNA TAB  | -                   | NC          |
| PRENARA CAP   | -                   | NC          |
| PRENATRIX TAB   | -                   | NC          |
| PRENATRYL TAB   | -                   | NC          |

**MUSCULOSKELETAL THERAPY AGENTS**

**CENTRAL MUSCLE RELAXANTS**

|  |    |    |
|--|----|----|
| baclofen tab (BACLOFEN equiv)  | -  | 1  |
| carisoprodol tab (SOMA equiv)  | -  | 1  |
| cyclobenzaprine tab 10mg (FLEXERIL equiv)                                    | -  | 1  |
| cyclobenzaprine tab 5mg (FLEXERIL equiv)                                     | -  | 1  |
| methocarbamol tab (ROBAXIN equiv)  | -  | 1  |
| orphenadrine citrate ER tab (NORFLEX equiv)                                  | -  | 1  |
| tizanidine tab (ZANAFLEX equiv)  | -  | 1  |
| chlorzoxazone tab 500mg  | -  | 2  |
| tizanidine cap (ZANAFLEX equiv)  | -  | 2  |
| BACLOFEN SUSP (Prior Authorization Required for members age 9 or older)      | PA | 3  |
| cyclobenzaprine tab 7.5mg (FEXMID equiv)                                     | -  | 3  |
| LYVISPAH GRANULE PACKET (Members age 9 or older require Prior Authorization) | PA | 3  |
| metaxalone tab (SKELAXIN equiv)  | -  | 3  |
| METAXALONE TAB 400MG   | -  | 3  |
| OZOBAX SOLN, BACLOFEN SOLN   | PA | 3  |
| AMRIX CAP  | -  | NC |
| baclofen intrathecal inj (BACLOFEN equiv)                                    | -  | NC |
| baclofen susp (BACLOFEN equiv)   | -  | NC |
| BACLOFEN TAB 5MG   | -  | NC |

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|--|---------------------|-------------|
| <b>MUSCULOSKELETAL THERAPY AGENTS Cont.</b>                    |                     |             |
| carisoprodol tab 250mg (SOMA equiv)                            | -                   | NC          |
| chlorzoxazone tab  | -                   | NC          |
| CHLORZOXAZONE TAB 250MG, LORZONE TAB                           | -                   | NC          |
| CYCLOBENZAPRINE COMPOUND KIT                                   | -                   | NC          |
| cyclobenzaprine ER cap (AMRIX equiv)                           | -                   | NC          |
| FLEQSUVY SUSP  | -                   | NC          |
| METHOCARBAMOL TAB  | -                   | NC          |
| ROBAXIN TAB  | -                   | NC          |
| SKELAXIN TAB   | -                   | NC          |
| SOMA TAB   | -                   | NC          |
| ZANAFLEX CAP   | -                   | NC          |
| ZANAFLEX TAB   | -                   | NC          |
| <b>DIRECT MUSCLE RELAXANTS</b>                                 |                     |             |
| dantrolene cap (DANTRIUM equiv)                                | -                   | 2           |
| DANTRIUM CAP   | -                   | NC          |
| <b>FIBRODYSPLASIA OSSIFICANS PROGRESSIVA (FOP) AGENTS</b>      |                     |             |
| SOHONOS CAP  | -                   | NC          |
| <b>MUSCLE RELAXANT COMBINATIONS</b>                            |                     |             |
| 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          |
| NORGESIC TAB FORTE   | -                   | NC          |
| orphenadrine/aspirin/caffeine tab (NORGESIC FORTE equiv)       | -                   | 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          |
| RYALTRIS SPRAY   | -                   | NC          |
| <b>NASAL AGENTS - MISC.</b>                                    |                     |             |
| ALCOHOL SWABS  | OTC                 | 1           |
| 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           |
| azelastine nasal spray 0.15% (ASTEPRO equiv)                   | -                   | 2           |
| olopatadine nasal spray (PATANASE equiv)                       | -                   | 2           |
| ASTELIN NASAL SPRAY, ASTEPRO NASAL SPRAY                       | -                   | NC          |
| PATANASE NASAL SPRAY   | -                   | NC          |
| <b>NASAL ANTICHOLINERGICS</b>                                  |                     |             |

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| <b>NASAL AGENTS - SYSTEMIC AND TOPICAL Cont.</b>  |              |      |
| ipratropium nasal spray (ATROVENT equiv)  | -            | 1    |
| <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 soln (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    |
| triamcinolone OTC nasal spray (NASACORT equiv) (QL= 2 bottles/fill)   | OTC-QL       | 1    |
| FLONASE SENSIMIST NASAL SPRAY   | OTC          | 2    |
| BECONASE AQ NASAL SPRAY (QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone, triamcinolone or mometasone) | QL-ST        | 3    |
| NASACORT OTC NASAL SPRAY (QL= 2 bottles/fill)   | OTC-QL       | 3    |
| ZETONNA NASAL SPRAY (QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone, triamcinolone or mometasone)     | QL-ST        | 3    |
| OMNARIS NASAL SPRAY   | -            | NC   |
| QNASL NASAL SPRAY   | -            | NC   |
| RHINOCORT AQUA NASAL SPRAY  | -            | NC   |
| SINUVA NASAL IMPLANT  | -            | NC   |
| XHANCE NASAL EXHALER  | -            | NC   |
| <b>SYMPATHOMIMETIC DECONGESTANTS</b>  |              |      |
| ADRENALIN NASAL SOLN  | -            | NC   |
| epinephrine hcl nasal soln (ADRENALIN equiv)  | -            | NC   |
| <b>NEUROMUSCULAR AGENTS</b>   |              |      |
| <b>ALS AGENTS</b>   |              |      |
| riluzole tab (RILUTEK equiv)  | -            | 2    |
| EXSERVAN FILM   | -            | NC   |
| RILUTEK TAB   | -            | NC   |
| TIGLUTIK SUSP   | -            | NC   |
| RADICAVA ORS STARTER KIT (QL= 70ml/365 days; Only available through Accredo 800-803-2523)   | LD-PA-QL     | SP   |
| RADICAVA ORS SUSP (QL= 50mL/28 days; Only available through Accredo 800-803-2523)   | LD-PA-QL     | SP   |
| RELYVRIO PAK (QL= 2 packets/day; Only available through Accredo 800-803-2523)   | LD-PA-QL     | SP   |
| <b>FRIEDRICH'S ATAXIA AGENTS</b>  |              |      |
| SKYCLARYS CAP (QL= 3 caps/day; Only available through Biologics 800-850-4306)   | LD-PA-QL     | SP   |
| <b>RETT SYNDROME AGENTS</b>   |              |      |
| DAYBUE SOLN (QL= 8 bottles/30 days; Only available through AnovoRx 844-288-5007)  | LD-PA-QL     | SP   |
| <b>SPINAL MUSCULAR ATROPHY AGENTS (SMA)</b>   |              |      |
| EVRYSDI SOLN  | -            | NC   |
| <b>NUTRIENTS</b>  |              |      |
| <b>LIPIDS</b>   |              |      |
| DOJOLVI ORAL LIQUID   | -            | NC   |
| <b>OPHTHALMIC AGENTS</b>  |              |      |
| <b>ARTIFICIAL TEARS AND LUBRICANTS</b>  |              |      |
| LACRISERT OPHTH INSERT  | -            | NC   |

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| <b>OPHTHALMIC AGENTS Cont.</b>                                      |              |      |
| <b>BETA-BLOCKERS - OPHTHALMIC</b>                                   |              |      |
| BETAXOLOL OPHTH SOLN  | -            | 1    |
| betaxolol ophth soln (BETOPTIC-S equiv)                             | -            | 1    |
| CARTEOLOL OPHTH SOLN  | -            | 1    |
| carteolol ophth soln (OCUPRESS equiv)                               | -            | 1    |
| dorzolamide/timolol (pf) ophth soln (COSOPT equiv)                  | -            | 1    |
| LEVOBUNOLOL OPHTH SOLN  | -            | 1    |
| levobunolol ophth soln (BETAGAN equiv)                              | -            | 1    |
| timolol maleate ophth soln (TIMOPTIC equiv)                         | -            | 1    |
| BETIMOL OPHTH SOLN  | -            | 2    |
| BETOPTIC-S OPHTH SOLN   | -            | 2    |
| brimonidine/timolol ophth soln (COMBIGAN equiv)                     | -            | 2    |
| DORZOLAMIDE/TIMOLOL OPHTH SOLN                                      | -            | 2    |
| ISTALOL OPHTH SOLN  | -            | 2    |
| METIPRANOLOL OPHTH SOLN   | -            | 2    |
| timolol maleate ophth gel (TIMOPTIC-XE equiv)                       | -            | 2    |
| timolol maleate ophth soln 0.5% (ISTALOL equiv)                     | -            | 2    |
| timolol maleate (pf) ophth soln 0.5% (TIMOPTIC equiv)               | -            | 3    |
| timolol maleate preservative free ophth soln 0.25% (TIMOPTIC equiv) | -            | 3    |
| BETAGAN OPHTH SOLN  | -            | NC   |
| COMBIGAN OPHTH SOLN   | -            | NC   |
| COSOPT (PF) OPHTH SOLN  | -            | NC   |
| TIMOPTIC OCUDOSE OPHTH SOLN 0.25%                                   | -            | NC   |
| TIMOPTIC OCUDOSE OPHTH SOLN 0.5%                                    | -            | NC   |
| TIMOPTIC OPHTH SOLN   | -            | NC   |
| TIMOPTIC-XE OPHTH GEL   | -            | NC   |
| <b>CHOLINERGIC AGONISTS</b>   |              |      |
| TYRVAYA SOLN  | -            | NC   |
| <b>CYCLOPLEGIC MYDRIATICS</b>                                       |              |      |
| atropine ophth oint   | -            | 1    |
| ATROPINE OPHTH SOLN   | -            | 1    |
| atropine ophth soln (ISOPTO ATROPINE equiv)                         | -            | 1    |
| ATROPINE SUL SOLN 1% OPHTH  | -            | 1    |
| cyclopentolate ophth soln (CYCLOGYL equiv)                          | -            | 1    |
| phenylephrine ophth soln (MYDFRIN equiv)                            | -            | 1    |
| tropicamide ophth soln (MYDRIACYL equiv)                            | -            | 1    |
| CYCLOMYDRIL OPHTH SOLN  | -            | 2    |
| HOMATROPINE OPHTH SOLN  | -            | 2    |
| CYCLOGYL OPHTH SOLN   | -            | 3    |
| CYCLOGYL OPHTH SOLN   | -            | NC   |
| MYDRIACYL OPHTH SOLN  | -            | NC   |
| TROPICAMIDE/CYCLOPENT/KETOROLAC/PE OPHTH SOLN                       | -            | NC   |
| <b>MIOTICS</b>  |              |      |
| pilocarpine ophth soln (ISOPTO CARPINE equiv)                       | -            | 1    |
| ISOPTO CARBACHOL OPHTH SOLN   | -            | 2    |
| ISOPTO CARPINE OPHTH SOLN   | -            | NC   |

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Last Updated\* 11/1/2023

| DrugName   | Special Code | Tier |
|--|--------------|------|
| <b>OPHTHALMIC AGENTS Cont.</b>                                 |              |      |
| PHOSPHOLINE OPHTH SOLN   | -            | NC   |
| VUITY OPHTH SOLN   | -            | NC   |
| <b>OPHTHALMIC ADRENERGIC AGENTS</b>                            |              |      |
| brimonidine ophth soln 0.2%                                    | -            | 1    |
| APRACLONIDINE OPHTH SOLN                                       | -            | 2    |
| apraclonidine ophth soln (IOPIDINE equiv)                      | -            | 2    |
| brimonidine ophth soln 0.15% (ALPHAGAN P 0.15% equiv)          | -            | 2    |
| brimonidine tartrate ophth soln 0.1% (ALPHAGAN equiv)          | -            | 2    |
| IOPIDINE OPHTH SOLN  | -            | 2    |
| SIMBRINZA OPHTH SUSP   | -            | 2    |
| ALPHAGAN P OPHTH SOLN 0.15%                                    | -            | NC   |
| IOPIDINE OPHTH SOLN  | -            | NC   |
| <b>OPHTHALMIC ANTI-INFECTIVES</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 soln (GARAMYCIN equiv)                        | -            | 1    |
| levofloxacin ophth soln (QUIXIN equiv)                         | -            | 1    |
| LEVOFLOXACIN OPHTH SOLN 0.5%                                   | -            | 1    |
| moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv)             | -            | 1    |
| NEOMYCIN/POLYMIXIN/GRAMICIDIN OPHTH SOLN                       | -            | 1    |
| ofloxacin ophth soln (OCUFLOX equiv)                           | -            | 1    |
| polymyxin b/trimethoprim ophth soln (POLYTRIM equiv)           | -            | 1    |
| sulfacetamide sodium ophth soln (BLEPH-10 equiv)               | -            | 1    |
| tobramycin ophth soln (TOBEX equiv)                            | -            | 1    |
| AZASITE SOLN   | -            | 2    |
| BACITRACIN OPHTH OINT  | -            | 2    |
| TRIFLURIDINE OPHTH SOLN  | -            | 2    |
| ZIRGAN OPHTH GEL   | -            | 2    |
| CILOXAN OPHTH OINT   | -            | 3    |
| gatifloxacin ophth soln (ZYMAXID equiv)                        | -            | 3    |
| TOBEX OPHTH OINT   | -            | 3    |
| BESIVANCE OPHTH SUSP   | -            | NC   |
| BLEPH-10 OPHTH SOLN  | -            | NC   |
| CILOXAN OPHTH SOLN   | -            | NC   |
| ERYTHROMYCIN OPHTH OINT  | -            | NC   |
| LEVOFLOXACIN OPHTH SOLN  | -            | NC   |
| MOXEZA OPHTH SOLN, MOXIFLOXACIN OPHTH SOLN, VIGAMOX OPHTH SOLN | -            | NC   |
| MOXIFLOXACIN SOLN  | -            | NC   |
| NATACYN OPHTH SUSP   | -            | NC   |
| NEOSPORIN OPHTH SOLN   | -            | NC   |
| OCUFLOX OPHTH SOLN   | -            | NC   |
| POLYTRIM OPHTH SOLN  | -            | NC   |
| TOBEX OPHTH SOLN   | -            | NC   |

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|---|---------------------|-------------|
| <b>OPHTHALMIC AGENTS Cont.</b>  |                     |             |
| VANCOMYCIN SOLN   | -                   | NC          |
| VIGAMOX OPHTH SOLN  | -                   | NC          |
| XDEMZY DROP   | -                   | NC          |
| ZYMAXID OPHTH SOLN  | -                   | NC          |
| <b>OPHTHALMIC IMMUNOMODULATORS</b>  |                     |             |
| cyclosporine ophth emulsion (RESTASIS equiv) (Restricted to Ophthalmology or Optometry Specialist)  | RS                  | 2           |
| CEQUA (PF) OPHTH SOLN   | -                   | NC          |
| CYCLOSPORINE OPHTH EMULSION 0.1%  | -                   | NC          |
| RESTASIS 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  | -                   | NC          |
| IHEEZO GEL  | -                   | NC          |
| <b>OPHTHALMIC NERVE GROWTH FACTORS</b>  |                     |             |
| OXERVATE OPHTH SOLN (QL= 8 kits/affected eye/lifetime; Only available through Accredo 800-803-2523) | 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           |
| fluorometholone ophth soln (FML LIQUIFILM equiv)  | -                   | 1           |
| neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv)  | -                   | 1           |
| neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv)  | -                   | 1           |
| NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN  | -                   | 1           |
| PREDNISOLONE OPHTH SUSP   | -                   | 1           |
| PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN  | -                   | 1           |
| sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv)                                      | -                   | 1           |
| SULFACETAMIDE/PREDNISOLONE OPHTH SOLN   | -                   | 1           |
| tobramycin/dexamethasone ophth soln (TOBRADEX equiv)  | -                   | 1           |
| ALREX OPHTH SUSP  | -                   | 2           |
| BLEPHAMIDE OPHTH SOLN   | -                   | 2           |
| DEXAMETHASONE OPHTH SOLN  | -                   | 2           |
| difluprednate ophth emulsion (DUREZOL equiv)  | -                   | 2           |
| LOTEMAX OPHTH GEL   | -                   | 2           |
| LOTEMAX OPHTH OINT  | -                   | 2           |
| loteprednol etabonate ophth gel (LOTEMAX equiv)   | -                   | 2           |
| loteprednol ophth susp (LOTEMAX equiv)  | -                   | 2           |
| MAXIDEX OPHTH SOLN  | -                   | 2           |
| PRED MILD OPHTH SOLN  | -                   | 2           |
| PRED-G OPHTH SOLN   | -                   | 2           |

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|---|---------------------|-------------|
| <b>OPHTHALMIC AGENTS Cont.</b>                                  |                     |             |
| TOBRADEX OPHTH OINT   | -                   | 2           |
| ZYLET OPHTH SUSP (QL= 5ml/fill (10ml bottle is Not Covered))    | QL                  | 2           |
| BLEPHAMIDE S.O.P. OPHTH OINT                                    | -                   | 3           |
| FLAREX OPHTH SUSP   | -                   | 3           |
| FML FORTE OPHTH SUSP  | -                   | 3           |
| FML S.O.P. OPHTH OINT   | -                   | 3           |
| DEXTENZA OPHTH INSERT   | -                   | NC          |
| DUREZOL OPHTH EMULSION  | -                   | NC          |
| EYSUVIS OPHTH SUSP  | -                   | NC          |
| FML LIQUIFLIM OPHTH SUSP  | -                   | NC          |
| INVELTYS OPHTH SUSP   | -                   | NC          |
| KLARITY-B DROPS   | -                   | NC          |
| KLARITY-L DROPS   | -                   | NC          |
| LOTEMAX OPHTH SUSP  | -                   | NC          |
| LOTEMAX SM GEL 0.38%  | -                   | NC          |
| MAXITROL OPHTH OINT   | -                   | NC          |
| MAXITROL OPHTH SUSP   | -                   | NC          |
| PRED FORTE OPHTH SUSP   | -                   | 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          |
| TOBRADEX OPHTH SOLN   | -                   | NC          |
| TOBRADEX ST OPHTH SUSP  | -                   | NC          |
| <b>OPHTHALMIC SURGICAL AIDS</b>                                 |                     |             |
| DUOVISC KIT   | -                   | NC          |
| <b>OPHTHALMICS - MISC.</b>                                      |                     |             |
| azelastine ophth soln (OPTIVAR equiv)                           | -                   | 1           |
| cromolyn ophth soln (CROLOM equiv)                              | -                   | 1           |
| CROMOLYN SODIUM OPHTH SOLN                                      | -                   | 1           |
| diclofenac sodium ophth soln (VOLTAREN equiv)                   | -                   | 1           |
| dorzolamide ophth soln (TRUSOPT 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)                     | OTC                 | 1           |
| olopatadine ophth soln 0.2% (PATADAY equiv) (QL= 2.5ml/30 days) | OTC-QL              | 1           |
| ALOCRIAL OPHTH SOLN   | -                   | 2           |
| ALOMIDE OPHTH SOLN  | -                   | 2           |
| brinzolamide ophth susp (AZOPT equiv)                           | -                   | 2           |
| bromfenac ophth soln (BROMDAY equiv)                            | -                   | 2           |
| BROMFENAC OPHTH SOLN 0.09% (TWICE DAILY)                        | -                   | 2           |
| FLURBIPROFEN OPHTH SOLN   | -                   | 2           |
| ILEVRO OPHTH SUSP   | -                   | 2           |

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|---|--------------|------|
| <b>OPHTHALMIC AGENTS Cont.</b>  |              |      |
| NEVANAC OPHTH SUSP  | -            | 2    |
| PROLENSA OPHTH SOLN   | -            | 2    |
| ACUVAIL OPHTH SOLN  | -            | 3    |
| bepotastine ophth soln (BEPREVE equiv)  | -            | 3    |
| EMADINE OPHTH SOLN  | -            | 3    |
| epinastine ophth soln (ELESTAT equiv)   | -            | 3    |
| LASTACFT OPHTH SOLN (QL= 3ml/30 days)   | QL           | 3    |
| UPNEEQ SOLN   | -            | EXC  |
| ACULAR (LS) OPHTH SOLN  | -            | NC   |
| AZOPT OPHTH SUSP  | -            | NC   |
| BROMSITE OPHTH SOLN   | -            | NC   |
| ELESTAT OPHTH SOLN  | -            | NC   |
| MIEBO OPHTH SOLN  | -            | NC   |
| PATANOL OPHTH SOLN  | -            | NC   |
| PAZEO OPHTH SOLN 0.7%   | -            | NC   |
| TRUSOPT OPHTH SOLN  | -            | NC   |
| ZADITOR OPHTH SOLN  | OTC          | NC   |
| ZERVIATE OPHTH SOLN   | -            | NC   |
| CYSTADROPS SOLN (QL = 4 bottles/28 days; Restricted to Ophthalmology Specialist; Only available through Anovo Specialty Pharmacy 844-288-5007)  | LD-QL-RS     | SP   |
| CYSTARAN OPHTH SOLN (QL= 4 bottles/28 days; Restricted to Ophthalmology or Optometry Specialist; Only available through Walgreens 888-347-3416) | LD-QL-RS     | SP   |

**PROSTAGLANDINS - OPHTHALMIC**

|  |       |    |
|--|-------|----|
| latanoprost ophth soln (XALATAN equiv) (QL= 2.5ml/30 days)                               | QL    | 1  |
| bimatoprost ophth soln (QL= 2.5ml/30 days)   | QL    | 2  |
| LUMIGAN OPHTH SOLN (QL= 2.5ml/30 days)   | QL    | 2  |
| tafluprost preservative free (pf) ophth soln (ZIOPTAN OPHTH SOLN equiv) (QL= 1 vial/day) | PA-QL | 2  |
| travoprost ophth soln (TRAVATAN Z equiv) (QL= 2.5ml/30 days)                             | QL    | 2  |
| ZIOPTAN OPHTH SOLN (QL= 1 vial/day)  | PA-QL | 3  |
| IYUZEH OPHTH DROPS   | -     | NC |
| TRAVATAN Z DROPS   | -     | NC |
| VYZULTA SOLN   | -     | NC |
| XALATAN OPHTH SOLN   | -     | NC |
| XELPROS OPHTH EMULSION   | -     | NC |

**OTIC AGENTS**

**OTIC AGENTS - MISCELLANEOUS**

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

**OTIC ANTI-INFECTIVES**

|                                    |   |   |
|------------------------------------|---|---|
| ofloxacin otic soln (FLOXIN equiv) | - | 1 |
| CIPROFLOXACIN OTIC SOLN            | - | 2 |

**OTIC COMBINATIONS**

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

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| <b>OTIC AGENTS Cont.</b>                               |                     |             |
| CIPRO HC OTIC SUSP                                     | -                   | 3           |
| antipyrine/benzocaine otic soln (AURALGAN equiv)       | -                   | NC          |
| CIPRODEX OTIC SUSP                                     | -                   | NC          |
| CORTANE-B OTIC SOLN                                    | -                   | NC          |
| CORTIC-ND DROPS  | -                   | NC          |
| otomax-HC otic soln (CORTANE-B equiv)                  | -                   | NC          |
| OTOVEL OTIC SOLN, CIPROFLOXACIN/FLUOCINOLONE OTIC SOLN | -                   | NC          |
| <b>OTIC STEROIDS</b>                                   |                     |             |
| ACETASOL HC OTIC SOLN                                  | -                   | 1           |
| acetic acid/hydrocortisone otic soln (VOSOL HC equiv)  | -                   | 1           |
| fluocinolone otic oil (DERMOTIC equiv)                 | -                   | 2           |
| DERMOTIC OIL   | -                   | NC          |

**OXYTOCICS**

**ABORTIFACIENTS/AGENTS FOR CERVICAL RIPENING**

|         |   |    |
|---------|---|----|
| MPM PAK | - | NC |
|---------|---|----|

**OXYTOCICS**

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

**PASSIVE IMMUNIZING AGENTS**

**IMMUNE SERUMS**

|              |        |    |
|--------------|--------|----|
| CUVITRU INJ  | -      | NC |
| HIZENTRA INJ | MSP-PA | SP |

**MONOCLONAL ANTIBODIES**

|   |       |     |
|---|-------|-----|
| SYNAGIS INJ (Only available through AcariaHealth Pharmacy 800-511-5144) | LD-PA | \$0 |
|---|-------|-----|

**PASSIVE IMMUNIZING AGENTS - COMBINATIONS**

|            |        |    |
|------------|--------|----|
| HYQVIA INJ | MSP-PA | SP |
|------------|--------|----|

**PASSIVE IMMUNIZING AND TREATMENT AGENTS**

**IMMUNE SERUMS**

|   |        |    |
|---|--------|----|
| CUTAQUIG INJ  | -      | NC |
| HIZENTRA INJ  | MSP-PA | SP |
| XEMBIFY INJ (Only available through Diplomat Pharmacy 877-977-9118) | LD-PA  | SP |

**MONOCLONAL ANTIBODIES**

|               |     |     |
|---------------|-----|-----|
| BEYFORTUS INJ | VAC | \$0 |
|---------------|-----|-----|

**PENICILLINS**

**AMINOPENICILLINS**

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

**NATURAL PENICILLINS**

|                                   |   |   |
|-----------------------------------|---|---|
| PENICILLIN VK SOLN                | - | 1 |
| penicillin vk tab (VEETIDS equiv) | - | 1 |

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| PA Prior Authorization                           | QL Quantity Limit   | RDX Restricted to Diagnosis              |
| 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   | TMSP Available through Specialty Network |

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**Community Health Choice Premier Formulary  
Category/Class**

**Last Updated\* 11/1/2023**

| <b>DrugName</b>   | <b>Special Code</b>   | <b>Tier</b>                              |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
|---|---|--|-------------------------|--------------------------------|---------------------------------|--|--|--|--------------------|-----------------|-------------------------|-------------------|--|----------------------|------------------------|-------------------|-----------------------------|-----------------------------|---|------------------------|---|-----------------|--|
| <b>PENICILLINS Cont.</b>  |   |  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| <b>PENICILLIN COMBINATIONS</b>  |   |  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| amoxicillin/clavulanate susp (AUGMENTIN ES equiv)   | -   | 1  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| amoxicillin/clavulanate tab (AUGMENTIN equiv)   | -   | 1  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| AMOXICILLIN/CLAVULANATE ER TAB  | -   | 3  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| AUGMENTIN SUSP  | -   | 3  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| AUGMENTIN ES-600 SUSP   | -   | NC                                       |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| AUGMENTIN TAB   | -   | NC                                       |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| <b>PENICILLINASE-RESISTANT PENICILLINS</b>  |   |  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| dicloxacillin cap (DYNAPEN equiv)   | -   | 1  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| <b>PHARMACEUTICAL ADJUVANTS</b>   |   |  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| <b>LIQUID VEHICLES</b>  |   |  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| TRICHOSOL SOLN  | -   | NC                                       |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| <b>SEMI SOLID VEHICLES</b>  |   |  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| POLYETHYLENE GLYCOL 8000 GRANULES   | -   | 2  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| <b>PROGESTINS</b>   |   |  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| medroxyprogesterone tab (PROVERA equiv)   | -   | 1  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| norethindrone tab (AYGESTIN equiv)  | -   | 1  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| progesterone cap (PROMETRIUM equiv)   | -   | 1  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| progesterone oil inj  | -   | 1  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| hydroxyprogesterone inj (MAKENA equiv)  | PA-SP   | 3  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| megestrol ES susp (MEGACE ES equiv)   | -   | 3  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| AYGESTIN TAB  | -   | NC                                       |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| MAKENA INJ  | -   | NC                                       |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| MEGACE ES SUSP  | -   | NC                                       |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| PROMETRIUM CAP  | -   | NC                                       |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| PROVERA TAB   | -   | NC                                       |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| <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  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| LUCEMYRA TAB (QL= 96 tabs/7 days)   | PA-QL   | 3  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| ANTABUSE TAB  | -   | NC                                       |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| <b>ANTI-CATAPLECTIC AGENTS</b>  |   |  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| XYREM SOLN  | -   | NC                                       |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| XYWAV SOLN  | -   | NC                                       |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| LUMRYZ PACK (QL= 1 pack/day; Only available through Accredo 800-803-2523)   | LD-PA-QL  | SP                                       |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| SODIUM OXYBATE SOLN (QL= 540ml/30 days; Only available through Xyrem Certified Pharmacy 1-866-997-3688)   | 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  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
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| <table border="1"> <tr> <td><b>NC</b> = Not Covered</td> <td><b>generic</b> = small letters</td> <td><b>BRANDS</b> = CAPITAL LETTERS</td> </tr> <tr> <td><b>NC/3P</b> = Not Covered, Third Party Reviewer</td> <td></td> <td></td> </tr> <tr> <td>EXC Plan Exclusion</td> <td>INF Infertility</td> <td>LD Limited Distribution</td> </tr> <tr> <td>M Medical Benefit</td> <td>MSP Mandatory Specialty Pharmacy Program</td> <td>OTC Over-the-Counter</td> </tr> <tr> <td>PA Prior Authorization</td> <td>QL Quantity Limit</td> <td>RDX Restricted to Diagnosis</td> </tr> <tr> <td>RS Restricted to Specialist</td> <td>SF Limited to two 15 day fills per month for first 3 months</td> <td>SMKG Smoking Cessation</td> </tr> <tr> <td>SP Available through Specialty Pharmacy Program</td> <td>ST Step Therapy</td> <td>TMSP Available through Specialty Network</td> </tr> </table> |   |  | <b>NC</b> = Not Covered | <b>generic</b> = small letters | <b>BRANDS</b> = CAPITAL LETTERS | <b>NC/3P</b> = Not Covered, Third Party Reviewer |  |  | EXC Plan Exclusion | INF Infertility | LD Limited Distribution | M Medical Benefit | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter | PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis | 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 | TMSP Available through Specialty Network |
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| EXC Plan Exclusion  | INF Infertility   | LD Limited Distribution                  |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| M Medical Benefit   | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter                     |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| PA Prior Authorization  | QL Quantity Limit   | RDX Restricted to Diagnosis              |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |
| 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   | TMSP Available through Specialty Network |                         |                                |                                 |  |  |  |                    |                 |                         |                   |  |                      |                        |                   |                             |                             |   |                        |   |                 |  |

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| DrugName   | Special Code | Tier |
|--|--------------|------|
| <b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.</b>                       |              |      |
| donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day)                                   | QL           | 2    |
| galantamine ER cap (RAZADYNE ER equiv)   | -            | 2    |
| GALANTAMINE SOLN   | -            | 2    |
| memantine ER cap (NAMENDA XR equiv)  | -            | 2    |
| memantine sol (NAMENDA equiv)  | -            | 2    |
| NAMENDA XR TITRATION PACK  | -            | 2    |
| rivastigmine patch (EXELON equiv)  | -            | 2    |
| ADLARITY PATCH   | -            | NC   |
| ARICEPT TAB  | -            | NC   |
| ARICEPT TAB 23MG   | -            | NC   |
| EXELON PATCH   | -            | NC   |
| NAMENDA TAB  | -            | NC   |
| NAMENDA XR CAP   | -            | NC   |
| NAMZARIC CAP   | -            | NC   |
| NAMZARIC STARTER PACK  | -            | NC   |
| RAZADYNE ER CAP  | -            | NC   |
| RAZADYNE SOLN  | -            | NC   |
| RAZADYNE TAB   | -            | NC   |
| <b>COMBINATION PSYCHOTHERAPEUTICS</b>  |              |      |
| PERPHENAZINE/ AMITRIPTYLINE TAB  | -            | 1    |
| olanzapine/fluoxetine cap (SYMBYAX equiv)  | -            | 2    |
| CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB   | -            | NC   |
| DULOXICAINE PACK   | -            | NC   |
| LYBALVI TAB  | -            | NC   |
| SYMBYAX CAP  | -            | NC   |
| <b>FIBROMYALGIA AGENTS</b>   |              |      |
| SAVELLA PAK  | -            | 2    |
| SAVELLA TAB (QL= 2 tabs/day)   | QL           | 2    |
| <b>MOVEMENT DISORDER DRUG THERAPY</b>  |              |      |
| AUSTEDO TITRATION PACK   | -            | NC   |
| INGREZZA PACK 40-80MG  | -            | NC   |
| XENAZINE TAB   | -            | NC   |
| AUSTEDO TAB (QL= 4 tabs/day)   | PA-QL-TMSP   | SP   |
| AUSTEDO XR TAB (QL= 2 tabs/day)  | PA-QL-TMSP   | SP   |
| AUSTEDO XR TAB 6MG (QL= 3 tabs/day)  | PA-QL-TMSP   | SP   |
| AUSTEDO XR TAB TITRATION KIT (QL= 1 pack/28 days)                                    | PA-QL-TMSP   | SP   |
| INGREZZA CAP (QL= 1 cap/day; Only available through PantherRx Pharmacy 855-726-8479) | LD-PA-QL     | SP   |
| tetrabenazine tab (XENAZINE equiv)   | PA-TMSP      | SP   |
| <b>MULTIPLE SCLEROSIS AGENTS</b>   |              |      |
| dalfampridine ER tab (AMPYRA equiv)  | TMSP         | 1    |
| AMPYRA TAB   | -            | NC   |
| AUBAGIO TAB  | -            | NC   |
| BAFIERTAM CAP  | -            | NC   |
| BETASERON INJ  | -            | NC   |
| COPAXONE INJ   | -            | NC   |
| GILENYA CAP 0.5MG  | -            | NC   |

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|--|---------------------|-------------|
| <b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.</b>   |                     |             |
| KESIMPTA INJ   | -                   | NC          |
| PONVORY TAB  | -                   | NC          |
| PONVORY TAB STARTER PACK   | -                   | NC          |
| TASCENSO ODT TAB   | -                   | NC          |
| TECFIDERA CAP  | -                   | NC          |
| TECFIDERA STARTER PACK   | -                   | NC          |
| TYSABRI INJ  | -                   | NC          |
| VUMERITY CAP   | -                   | NC          |
| ZINBRYTA INJ   | -                   | NC          |
| AVONEX INJ   | TMSP                | SP          |
| dimethyl fumarate DR cap (TECFIDERA equiv)                       | TMSP                | SP          |
| dimethyl fumarate DR starter pack (TECFIDERA STARTER PACK equiv) | TMSP                | SP          |
| EXTAVIA INJ  | TMSP                | SP          |
| fingolimod hcl cap 0.5mg (GILENYA equiv)                         | TMSP                | SP          |
| GILENYA CAP 0.25MG   | TMSP                | SP          |
| glatiramer inj (COPAXONE equiv)                                  | TMSP                | SP          |
| MAVENCLAD PAK (Only available through Walgreens 888-347-3416)    | LD                  | SP          |
| MAYZENT TAB  | TMSP                | SP          |
| MAYZENT TAB STARTER PACK   | TMSP                | SP          |
| PLEGRIDY INJ   | TMSP                | SP          |
| PLEGRIDY PEN INJ   | TMSP                | SP          |
| REBIF INJ  | TMSP                | SP          |
| teriflunomide tab (AUBAGIO TAB equiv)                            | TMSP                | SP          |
| ZEPOSIA CAP (QL= 1 cap/day)                                      | PA-QL-TMSP          | SP          |
| ZEPOSIA STARTER PACK (QL= 1 cap/day)                             | PA-QL-TMSP          | SP          |
| <b>POSTHERPETIC NEURALGIA (PHN) AGENTS</b>                       |                     |             |
| GRALISE TAB  | -                   | NC          |
| <b>POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS</b>      |                     |             |
| GRALISE STARTER PACK   | -                   | NC          |
| LIDOTIN PAK  | -                   | NC          |
| LYRICA CR TAB  | -                   | NC          |
| pregabalin ER tab (LYRICA CR equiv)                              | -                   | NC          |
| <b>PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS</b>             |                     |             |
| fluoxetine cap (SARAFEM equiv)                                   | -                   | 3           |
| FLUOXETINE CAP (PMDD)  | -                   | 3           |
| SARAFEM TAB  | -                   | NC          |
| <b>PSEUDOBULBAR AFFECT (PBA) AGENTS</b>                          |                     |             |
| NUEDEXTA CAP (QL= 2 caps/day)                                    | PA-QL               | 2           |
| <b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>         |                     |             |
| PIMOZIDE TAB   | -                   | 2           |
| ERGOLOID MESYLATES TAB   | -                   | 3           |
| ORAP TAB   | -                   | NC          |
| <b>RESTLESS LEG SYNDROME (RLS) AGENTS</b>                        |                     |             |
| HORIZANT TAB   | -                   | NC          |
| <b>SMOKING DETERRENTS</b>  |                     |             |

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|---|---------------------|-------------|
| <b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.</b>                                |                     |             |
| bupropion SR tab (ZYBAN equiv) (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         |
| VARENICLINE TAB (Limited to 180 days/plan year)   | QL-SMKG             | \$0         |
| varenicline tartrate tab (VARENICLINE equiv) (Limited to 180 days/plan year)                  | QL-SMKG             | \$0         |
| varenicline tartrate tab starter pack (VARENICLINE PAK equiv) (Limited to 180 days/plan year) | QL-SMKG             | \$0         |
| ZYBAN TAB (Limited to 180 days/plan year)   | QL-SMKG             | \$0         |

**TRANSTHYRETIN AMYLOIDOSIS AGENTS**

|  |          |    |
|--|----------|----|
| TEGSEDI INJ (QL= 4 inj/28 days; Only available through Accredo 800-803-2523) | LD-PA-QL | SP |
|--|----------|----|

**VASOMOTOR SYMPTOM AGENTS**

|                                  |   |    |
|----------------------------------|---|----|
| BRISDELLE CAP                    | - | NC |
| paroxetine cap (BRISDELLE equiv) | - | NC |

**RESPIRATORY AGENTS - MISC.**

**ALPHA-PROTEINASE INHIBITOR (HUMAN)**

|                               |   |    |
|-------------------------------|---|----|
| ARALAST/PROLASTIN/ZEMAIRA INJ | - | NC |
|-------------------------------|---|----|

**CYSTIC FIBROSIS AGENTS**

|  |             |    |
|--|-------------|----|
| BRONCHITOL CAP   | -           | NC |
| KALYDECO PAK (QL= 2 packets/day; Only available through Walgreens 888-347-3416)            | LD-PA-QL-SF | SP |
| KALYDECO TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)               | LD-PA-QL-SF | SP |
| ORKAMBI GRANULES PACKET (QL= 2 packets/day; Only available through Walgreens 888-347-3416) | LD-PA-QL-SF | SP |
| ORKAMBI TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)                | LD-PA-QL-SF | SP |
| PULMOZYME INH SOLN   | TMSP        | SP |
| SYMDEKO TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)                | LD-PA-QL    | SP |
| TRIKAFTA TAB (QL= 84 tabs/28 days; Only available through Walgreens 888-347-3416)          | LD-PA-QL    | SP |
| TRIKAFTA THERAPY PACK (QL= 2 packets/day; Only available through Walgreens 888-347-3416)   | LD-PA-QL    | SP |

**PULMONARY FIBROSIS AGENTS**

|  |               |    |
|--|---------------|----|
| PIRFENIDONE TAB  | -             | NC |
| ESBRIET CAP (QL= 9 caps/day)   | PA-QL-SF-TMSP | SP |
| ESBRIET TAB 267MG (QL= 9 tabs/day)   | PA-QL-SF-TMSP | SP |
| ESBRIET TAB 801MG (QL= 3 tabs/day)   | PA-QL-SF-TMSP | SP |
| OFEV CAP (QL= 2 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD-PA-QL-SF   | SP |
| pirfenidone cap (ESBRIET equiv) (QL= 9 caps/day)   | PA-QL-SF-TMSP | SP |
| pirfenidone tab 267mg (ESBRIET equiv) (QL= 9 tabs/day)   | PA-QL-SF-TMSP | SP |
| pirfenidone tab 801mg (ESBRIET equiv) (QL= 3 tabs/day)   | PA-QL-SF-TMSP | SP |

**SULFONAMIDES**

**SULFONAMIDES**

|                  |   |    |
|------------------|---|----|
| sulfadiazine tab | - | 3  |
| SULFADIAZINE TAB | - | NC |

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| EXC Plan Exclusion                               | INF Infertility   | LD Limited Distribution                  |
| M Medical Benefit                                | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter                     |
| PA Prior Authorization                           | QL Quantity Limit   | RDX Restricted to Diagnosis              |
| 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   | TMSP Available through Specialty Network |

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Category/Class**

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|-----------------|---------------------|-------------|
|-----------------|---------------------|-------------|

**TETRACYCLINES**

**AMINOMETHYLCYCLINES**

|  |          |    |
|--|----------|----|
| NUZYRA TAB (QL= 30 tabs/180 days; Restricted to Infectious Disease or Pulmonology Specialist; Only available through Walgreens 888-347-3416) | LD-QL-RS | SP |
|--|----------|----|

**TETRACYCLINES**

|   |   |    |
|---|---|----|
| doxycycline hyclate cap (VIBRAMYCIN equiv)            | - | 1  |
| doxycycline hyclate tab (VIBRATAB equiv)              | - | 1  |
| doxycycline monohydrate cap 100mg (MONODOX equiv)     | - | 1  |
| doxycycline monohydrate cap 50mg (MONODOX equiv)      | - | 1  |
| doxycycline monohydrate tab (ADOXA equiv)             | - | 1  |
| minocycline cap (MINOCIN equiv)                       | - | 1  |
| doxycycline susp (VIBRAMYCIN equiv)                   | - | 2  |
| minocycline tab (DYNACIN equiv)                       | - | 2  |
| demeclocycline tab (DECLOMYCIN equiv)                 | - | 3  |
| doxycycline hyclate DR tab (DORYX equiv)              | - | 3  |
| tetracycline cap                                      | - | 3  |
| VIBRAMYCIN SYRUP                                      | - | 3  |
| ACTICLATE TAB 75MG, 150MG                             | - | NC |
| DORYX MPC TAB   | - | NC |
| DORYX TAB   | - | NC |
| doxycycline hyclate tab (TARGADOX equiv)              | - | NC |
| doxycycline hyclate tab 75mg, 150mg (ACTICLATE equiv) | - | NC |
| doxycycline monohydrate cap 150mg (MONODOX equiv)     | - | NC |
| doxycycline monohydrate cap 75mg (MONODOX equiv)      | - | NC |
| doxycycline monohydrate tab 150mg (ADOXA equiv)       | - | NC |
| DYNACIN TAB   | - | NC |
| MINOCIN CAP   | - | NC |
| MINOCYCLINE ER CAP                                    | - | NC |
| minocycline ER tab (SOLODYN equiv)                    | - | NC |
| MINOLIRA TAB  | - | NC |
| MONODOX CAP   | - | NC |
| SEYSARA TAB   | - | NC |
| SOLODYN TAB   | - | NC |
| VIBRAMYCIN CAP  | - | NC |
| VIBRAMYCIN SUSP                                       | - | NC |

**THYROID AGENTS**

**ANTITHYROID AGENTS**

|                                  |   |    |
|----------------------------------|---|----|
| methimazole tab (TAPAZOLE equiv) | - | 1  |
| propylthiouracil tab             | - | 1  |
| SODIUM IODIDE I-131 SOLN         | - | NC |
| TAPAZOLE TAB                     | - | NC |

**THYROID HORMONES**

|  |   |   |
|--|---|---|
| ARMOUR THYROID TAB, NATURE THROID TAB                | - | 1 |
| levothyroxine tab (SYNTHROID equiv)                  | - | 1 |
| liothyronine tab (CYTOMEL equiv)                     | - | 1 |
| np thyroid tab (ARMOUR THYROID, NATURE THROID equiv) | - | 1 |
| THYROLAR TAB   | - | 2 |

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| M Medical Benefit                                | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter                     |
| PA Prior Authorization                           | QL Quantity Limit   | RDX Restricted to Diagnosis              |
| RS Restricted to Specialist                      | SF Limited to two 15 day fills per month for first 3 months | SMKG Smoking Cessation                   |
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| <b>THYROID AGENTS Cont.</b> |              |      |
| SYNTHROID TAB               | -            | 3    |
| CYTOMEL TAB                 | -            | NC   |
| LEVOTHYROXINE INJ           | -            | NC   |
| TIROSINT CAP                | -            | NC   |
| TIROSINT-SOL                | -            | NC   |

**TOXOIDS**

| <b>TOXOID COMBINATIONS</b>                |     |     |
|---|-----|-----|
| ADACEL/BOOSTRIX INJ                       | VAC | \$0 |
| DAPTACEL INJ, INFANRIX INJ                | VAC | \$0 |
| DIPHTHERIA/TETANUS TOXOID (PEDIATRIC) INJ | VAC | \$0 |
| KINRIX INJ, QUADRACEL DTAP-IPV INJ        | VAC | \$0 |
| KINRIX PEF SYRINGE, QUADRACEL PEF SYRINGE | VAC | \$0 |
| PEDIARIX INJ                              | VAC | \$0 |
| PENTACEL INJ                              | VAC | \$0 |
| TETANUS/DIPHTHERIA TOXOID INJ             | VAC | \$0 |

**ULCER DRUGS**

| <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 tab (LEVSIN equiv)                | - | 1  |
| BELLADONNA ALKALOID/OPIUM SUPP                | - | 2  |
| dicyclomine soln (BENTYL equiv)               | - | 2  |
| glycopyrrolate tab (ROBINUL equiv)            | - | 2  |
| PROPANTHELINE TAB                             | - | 2  |
| methscopolamine tab (PAMINE equiv)            | - | 3  |
| SYMAX DUOTAB                                  | - | 3  |
| atropine inj                                  | M | M  |
| ATROPINE SULFATE INJ                          | M | M  |
| ANASPAZ ODT                                   | - | NC |
| b-donna tab (DONNATAL equiv)                  | - | NC |
| BENTYL CAP                                    | - | NC |
| BENTYL SYRUP                                  | - | NC |
| chlordiazepoxide/clidinium cap (LIBRAX equiv) | - | NC |
| DONNATAL ELIXIR                               | - | NC |
| DONNATAL TAB                                  | - | NC |
| GLYCATE TAB, GLYCOPYRROLATE TAB               | - | NC |
| LEVBIID TAB                                   | - | NC |
| LEVSIN INJ                                    | - | NC |
| LEVSIN SL TAB                                 | - | NC |
| LEVSIN TAB                                    | - | NC |
| LIBRAX CAP                                    | - | NC |

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|--|---------------------|-------------|
| <b>ULCER DRUGS Cont.</b>   |                     |             |
| pb-belladonna elixir (DONNATAL equiv)  | -                   | NC          |
| ROBINUL TAB  | -                   | NC          |
| <b>H-2 ANTAGONISTS</b>   |                     |             |
| cimetidine soln (CIMETIDINE equiv)   | -                   | 1           |
| cimetidine tab (TAGAMET equiv)   | OTC                 | 1           |
| nizatidine cap (AXID equiv)  | -                   | 1           |
| famotidine susp (PEPCID equiv)   | -                   | 2           |
| AXID CAP   | -                   | NC          |
| famotidine tab (PEPCID equiv)  | OTC                 | NC          |
| PEPCID SUSP  | -                   | NC          |
| PEPCID TAB   | OTC                 | NC          |
| ranitidine cap (ZANTAC equiv)  | -                   | NC          |
| ranitidine syrup (ZANTAC equiv)  | -                   | NC          |
| ranitidine tab (Rx Only) (ZANTAC equiv)  | -                   | NC          |
| TAGAMET TAB  | -                   | 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   | -                   | NC          |
| <b>PROTON PUMP INHIBITORS</b>  |                     |             |
| esomeprazole cap (NEXIUM equiv)  | OTC                 | 1           |
| lansoprazole cap (PREVACID equiv)  | OTC                 | 1           |
| omeprazole DR cap (PRILOSEC equiv)   | -                   | 1           |
| pantoprazole EC tab (PROTONIX equiv)   | -                   | 1           |
| rabeprazole EC tab (ACIPHEX equiv)   | -                   | 1           |
| FIRST OMEPRAZOLE SUSP  | -                   | 3           |
| LANSOPRAZOLE SUSP  | -                   | 3           |
| PREVACID CAP (RX Only)   | -                   | 3           |
| ACIPHEX SPRINKLE CAP   | -                   | NC          |
| ACIPHEX TAB  | -                   | NC          |
| NEXIUM GRANULE PACK  | -                   | NC          |
| PRILOSEC CAP   | -                   | NC          |
| PRILOSEC OTC DR TAB  | OTC                 | NC          |
| PROTONIX EC TAB  | -                   | NC          |
| <b>ULCER DRUGS - PROSTAGLANDINS</b>  |                     |             |
| misoprostol tab (CYTOTEC equiv)  | -                   | 1           |
| CYTOTEC TAB  | -                   | NC          |
| <b>ULCER THERAPY COMBINATIONS</b>  |                     |             |
| ZEGERID CAP OTC  | OTC                 | 1           |
| HELIDAC PACK   | -                   | NC          |
| omeprazole/sodium bicarbonate cap (ZEGERID equiv)  | -                   | NC          |
| omeprazole/sodium bicarbonate powder pack (ZEGERID equiv)  | -                   | NC          |
| ZEGERID CAP  | -                   | NC          |
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| <b>ULCER DRUGS Cont.</b>                                    |              |      |
| ZEGERID POWDER PACK   | -            | NC   |
| <b>ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS</b>          |              |      |
| <b>ANTISPASMODICS</b>                                       |              |      |
| CUVPOSA SOLN  | -            | 3    |
| glycopyrrolate oral soln (CUVPOSA equiv)                    | -            | 3    |
| ATROPINE SUL INJ  | M            | M    |
| ATROPINE SULFATE INJ  | -            | M    |
| DARTISLA ODT TAB  | -            | NC   |
| GLYCATE TAB   | -            | NC   |
| HYOSCYAMINE INJ   | -            | NC   |
| <b>H-2 ANTAGONISTS</b>                                      |              |      |
| CIMETIDINE SOLN   | -            | 1    |
| NIZATIDINE CAP  | -            | 1    |
| NIZATIDINE SOLN   | -            | NC   |
| <b>MISC. ANTI-ULCER</b>                                     |              |      |
| sucralfate susp (CARAFATE equiv)                            | -            | 2    |
| CARAFATE SUSP   | -            | NC   |
| <b>PROTON PUMP INHIBITORS</b>                               |              |      |
| omeprazole tab  | OTC          | 1    |
| esomeprazole magnesium DR tab (NEXIUM equiv)                | OTC          | 3    |
| NEXIUM 24HR TAB   | OTC          | 3    |
| ACIPHEX SPRINKLE CAP 10MG, RABEPRAZOLE SPRINKLE CAP 10MG    | -            | NC   |
| DEXILANT DR CAP   | -            | NC   |
| dexlansoprazole DR cap (DEXILANT equiv)                     | -            | NC   |
| esomeprazole DR granule pack (NEXIUM equiv)                 | -            | NC   |
| FIRST PANTOPRAZOLE SUSP                                     | -            | NC   |
| lansoprazole odt (PREVACID SOLUTAB equiv)                   | -            | NC   |
| NEXIUM GRANULE PACK   | -            | NC   |
| omeprazole magnesium DR tab 20mg (PRILOSEC equiv)           | OTC          | NC   |
| pantoprazole sodium packet (PROTONIX PAK equiv)             | -            | NC   |
| PREVACID SOLUTAB  | -            | NC   |
| PRILOSEC OTC DR TAB   | OTC          | NC   |
| <b>ULCER THERAPY COMBINATIONS</b>                           |              |      |
| bismuth/metro/tetra cap (PYLERA equiv)                      | -            | NC   |
| KONVOMEK SUSP   | -            | NC   |
| lansoprazole/amoxicillin/clarithromycin kit (PREVPAC equiv) | -            | NC   |
| LANSOPRAZOLE/AMOXICILLIN/CLARITHROMYCIN KIT                 | -            | NC   |
| PYLERA CAP  | -            | NC   |
| TALICIA CAP   | -            | NC   |
| VOQUEZNA DUAL PAK   | -            | NC   |
| VOQUEZNA TRIP PAK   | -            | NC   |

**URINARY ANTI-INFECTIVES**

**URINARY ANTI-INFECTIVE COMBINATIONS**

|               |   |    |
|---------------|---|----|
| PROSED DS TAB | - | NC |
|---------------|---|----|

**URINARY ANTISPASMODICS**

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| <b>URINARY ANTISPASMODICS Cont.</b>                               |              |      |
| <b>URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLIN) (NEW)</b> |              |      |
| tropium 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    |
| tolterodine tab (DETROL equiv)                                    | -            | 1    |
| tropium tab (SANCTURA equiv)                                      | -            | 1    |
| darifenacin SR tab (ENABLEX equiv)                                | -            | 2    |
| fesoterodine fumarate ER tab (TOVIAZ equiv)                       | -            | 2    |
| tolterodine SR cap (DETROL LA equiv)                              | -            | 2    |
| TOVIAZ TAB  | -            | 3    |
| DETROL LA CAP   | -            | NC   |
| DETROL TAB  | -            | NC   |
| DITROPAN XL TAB   | -            | NC   |
| ENABLEX TAB   | -            | NC   |
| GELNIQUE  | -            | NC   |
| OXYBUTYNIN TAB  | -            | NC   |
| VESICARE LS SUSP  | -            | NC   |
| VESICARE TAB  | -            | NC   |
| <b>URINARY ANTISPASMODIC COMBINATIONS</b>                         |              |      |
| URELIEF PLUS TAB  | -            | NC   |
| <b>URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS</b>        |              |      |
| MYRBETRIQ TAB   | -            | 2    |
| GEMTESA TAB   | -            | NC   |
| MYRBETRIQ SUSP  | -            | NC   |
| <b>URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS</b>              |              |      |
| bethanechol tab (URECHOLINE equiv)                                | -            | 1    |
| URECHOLINE TAB  | -            | NC   |
| <b>URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS</b>           |              |      |
| flavoxate tab (URISPAS equiv)                                     | -            | 3    |

**VACCINES**

**BACTERIAL VACCINES**

|  |     |     |
|--|-----|-----|
| ACTHIB INJ, HIBERIX INJ                                    | VAC | \$0 |
| BEXSERO INJ  | VAC | \$0 |
| MENACTRA INJ   | VAC | \$0 |
| MENQUADFI INJ  | VAC | \$0 |
| MENVEO INJ   | VAC | \$0 |
| PEDVAXHIB INJ  | VAC | \$0 |
| PNEUMOVAX INJ  | VAC | \$0 |
| PREVNAR 13 INJ   | VAC | \$0 |
| PREVNAR 20 INJ (Covered for members age 19 years or older) | VAC | \$0 |
| TRUMENBA INJ   | VAC | \$0 |

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|--|---------------------|-------------|
| <b>VACCINES Cont.</b>  |                     |             |
| TYPHIM VI INJ  | VAC                 | \$0         |
| VAXNEUVANCE INJ  | VAC                 | \$0         |
| BCG INJ  | VAC                 | EXC         |
| <b>VIRAL VACCINES</b>  |                     |             |
| AFLURIA INJ (QL= 1 inj/28 days)  | QL-VAC              | \$0         |
| AFLURIA INJ, FLUZONE INJ (QL= 1 inj/28 days)                           | QL-VAC              | \$0         |
| COMIRNATY INJ (QL= 1 dose/17 days)                                     | QL-VAC              | \$0         |
| COMIRNATY INJ 30MCG/0.3ML (QL= 1 dose/17 days)                         | QL-VAC              | \$0         |
| COVID-19 VACCINE BIVALENT BOOSTER INJ (MODERNA) (QL= 1 inj/fill)       | QL-VAC              | \$0         |
| COVID-19 VACCINE BIVALENT BOOSTER INJ (PFIZER) (QL= 1 inj/fill)        | QL-VAC              | \$0         |
| COVID-19 VACCINE BIVALENT BOOSTER INJ 5-11Y (PFIZER) (QL= 1 inj/fill)  | QL-VAC              | \$0         |
| COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-4Y (PFIZER) (QL= 1 inj/fill)  | QL-VAC              | \$0         |
| COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-5Y (MODERNA) (QL= 1 inj/fill) | QL-VAC              | \$0         |
| COVID-19 VACCINE INJ (JANSSEN) (QL= 1 dose/45 days)                    | QL-VAC              | \$0         |
| COVID-19 VACCINE INJ (NOVAVAX) (QL= 1 dose/17 days)                    | QL-VAC              | \$0         |
| COVID-19 VACCINE INJ 5-11Y (PFIZER) (QL= 1 dose/17 days)               | QL-VAC              | \$0         |
| COVID-19 VACCINE INJ 6M-11Y (MODERNA) (QL= 1 dose/24 days)             | QL-VAC              | \$0         |
| COVID-19 VACCINE INJ 6M-4Y (PFIZER) (QL= 1 dose/17 days)               | QL-VAC              | \$0         |
| DENGXAXIA SUSP   | VAC                 | \$0         |
| ENGERIX-B INJ, RECOMBIVAX-HB INJ                                       | VAC                 | \$0         |
| FLUAD INJ (QL= 1 inj/28 days)  | QL-VAC              | \$0         |
| FLUAD QUAD INJ (QL= 1 inj/28 days)                                     | QL-VAC              | \$0         |
| FLUBLOK QUAD PF INJ (QL= 1 inj/28 days)                                | QL-VAC              | \$0         |
| FLUCELVAX QUAD INJ (QL= 1 inj/28 days)                                 | QL-VAC              | \$0         |
| FLULAVAL QUAD INJ, FLUZONE QUAD INJ (QL= 1 inj/28 days)                | QL-VAC              | \$0         |
| FLUMIST QUADRIVALENT NASAL SUSP (QL= 1 inj/28 days)                    | QL-VAC              | \$0         |
| FLUZONE HD PF INJ (QL= 1 inj/28 days)                                  | QL-VAC              | \$0         |
| FLUZONE HIGH DOSE PF INJ (QL= 1 inj/28 days)                           | QL-VAC              | \$0         |
| FLUZONE/FLUARIX QUAD INJ (QL= 1 inj/28 days)                           | QL-VAC              | \$0         |
| GARDASIL 9 INJ   | VAC                 | \$0         |
| HAVRIX INJ, VAQTA INJ  | VAC                 | \$0         |
| HEPLISAV-B INJ   | VAC                 | \$0         |
| IPOL INJ   | VAC                 | \$0         |
| M-M-R II INJ   | VAC                 | \$0         |
| PREHEVBRIO SUSP  | VAC                 | \$0         |
| PRIORIX INJ  | VAC                 | \$0         |
| ROTARIX SUSP   | VAC                 | \$0         |
| ROTATEQ INJ  | VAC                 | \$0         |
| SHINGRIX INJ (Covered for members age 19 years or older)               | VAC                 | \$0         |
| SPIKEVAX INJ (QL= 1 dose/24 days)                                      | QL-VAC              | \$0         |
| SPIKEVAX INJ 50MCG/0.5ML (QL= 1 dose/24 days)                          | QL-VAC              | \$0         |
| TICOVAC INJ  | VAC                 | \$0         |
| TWINRIX INJ  | VAC                 | \$0         |
| VARIVAX INJ  | VAC                 | \$0         |
| ABRYVO INJ   | VAC                 | EXC         |
| AREXVY INJ   | VAC                 | EXC         |

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**Community Health Choice Premier Formulary  
Category/Class**

Last Updated\* 11/1/2023

| DrugName | Special Code | Tier |
|----------|--------------|------|
|----------|--------------|------|

**VACCINES Cont.**

|              |     |     |
|--------------|-----|-----|
| IMOVAX INJ   | VAC | EXC |
| RABAVERT INJ | VAC | EXC |

**VAGINAL AND RELATED PRODUCTS**

**VAGINAL ANTI-INFECTIVES**

|   |    |    |
|---|----|----|
| VANDAZOLE GEL                                   | -  | 1  |
| CLINDESSE VAGINAL CREAM (QL= 1 applicator/fill) | QL | 3  |
| NUVESSA VAGINAL GEL                             | -  | NC |
| XACIATO GEL                                     | -  | NC |

**VAGINAL CONTRACEPTIVE - PH MODULATORS**

|                             |    |     |
|-----------------------------|----|-----|
| PHEXXI GEL (QL= 1 box/fill) | QL | \$0 |
|-----------------------------|----|-----|

**VAGINAL PRODUCTS**

**MISCELLANEOUS VAGINAL PRODUCTS**

|                |   |    |
|----------------|---|----|
| FEM PH GEL     | - | 3  |
| INTRAROSA SUPP | - | NC |

**SPERMICIDES**

|                    |     |     |
|--------------------|-----|-----|
| CONCEPTROL GEL     | OTC | \$0 |
| CONTRACEPTIVE FILM | OTC | \$0 |
| CONTRACEPTIVE FOAM | OTC | \$0 |
| CONTRACEPTIVE GEL  | OTC | \$0 |
| CONTRACEPTIVE SUPP | OTC | \$0 |
| TODAY SPONGE       | OTC | \$0 |

**VAGINAL ANTI-INFECTIVES**

|   |    |    |
|---|----|----|
| clindamycin vaginal cream (CLEOCIN equiv)       | QL | 1  |
| metronidazole vaginal gel (METROGEL equiv)      | -  | 1  |
| terconazole cream (TERAZOL equiv)               | -  | 1  |
| TERCONAZOLE CREAM 0.8%                          | -  | 1  |
| terconazole supp (TERAZOL equiv)                | -  | 1  |
| CLEOCIN VAGINAL SUPP (QL= 3 suppositories/fill) | QL | 3  |
| MICONAZOLE 3 SUPP 200MG                         | -  | 3  |
| CLEOCIN VAGINAL CREAM                           | -  | NC |
| GYNAZOLE CREAM                                  | -  | NC |
| METROGEL VAGINAL GEL                            | -  | NC |
| TERAZOL CREAM                                   | -  | NC |

**VAGINAL ESTROGENS**

|  |    |    |
|--|----|----|
| estradiol cream (ESTRACE equiv)  | -  | 1  |
| estradiol vaginal tab, yuvaferm vaginal tab (VAGIFEM equiv) (QL= 8 tabs/28 days (18 tabs on first fill)) | QL | 2  |
| ESTRING (3 copays per Rx)  | -  | 2  |
| PREMARIN VAGINAL CREAM   | -  | 2  |
| FEMRING (3 copays per Rx)  | -  | 3  |
| ESTRACE VAGINAL CREAM  | -  | NC |
| IMVEXXY SUPP   | -  | NC |
| VAGIFEM TAB  | -  | NC |

**VAGINAL PROGESTINS**

|                   |    |   |
|-------------------|----|---|
| CRINONE GEL       | PA | 2 |
| ENDOMETRIN INSERT | PA | 2 |

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**Community Health Choice Premier Formulary  
Category/Class**

Last Updated\* 11/1/2023

| DrugName   | Special Code | Tier |
|--|--------------|------|
| <b>VAGINAL PRODUCTS Cont.</b>  |              |      |
| 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           | 1    |
| SYMJEPI INJ (QL= 2 inj/fill)   | QL           | 1    |
| ADRENACLICK INJ, EPINEPHRINE INJ                                       | -            | NC   |
| AUVI-Q INJ   | -            | NC   |
| EPIPEN (JR) INJ  | -            | NC   |
| <b>NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS</b>               |              |      |
| droxidopa cap (NORTHERA equiv)   | -            | NC   |
| NORTHERA CAP   | -            | NC   |
| <b>VASOPRESSORS</b>  |              |      |
| midodrine tab (PROAMATINE equiv)                                       | -            | 1    |
| <b>VITAMINS</b>  |              |      |
| <b>MISC. NUTRITIONAL FACTORS</b>                                       |              |      |
| PRENATAL VITAMINS (NON-PREFERRED)                                      | -            | 3    |
| <b>OIL SOLUBLE VITAMINS</b>  |              |      |
| cholecalciferol cap 50000 unit   | -            | 1    |
| vitamin D cap (Rx covered Only)  | -            | 1    |
| phytonadione tab (MEPHYTON equiv)                                      | -            | 2    |
| DRISDOL CAP  | -            | NC   |
| ERGOAL CAP   | -            | NC   |
| MEPHYTON TAB   | -            | NC   |
| vitamin D cap 1000unit   | OTC          | NC   |
| vitamin D cap 400unit  | OTC          | NC   |
| VITAMIN D TAB 400UNIT  | OTC          | 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 CAP   | -            | 3    |
| SLO-NIACIN TAB   | -            | NC   |

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**Community Health Choice Premier Formulary**  
**Prior Authorization Drug List**  
**Last Updated\* 11/1/2023**

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| <b>Drug Name</b>                    | <b>Tier # for Drug Copay (if prior auth is approved)</b> |
|-------------------------------------|--|
| ABSTRAL SL TAB                      | 3  |
| ACTEMRA ACTPEN INJ                  | SP   |
| ACTEMRA SC INJ                      | SP   |
| ACTIMMUNE INJ                       | SP   |
| ADALIMUMAB-ADAZ INJ                 | SP   |
| ADALIMUMAB-ADAZ PFS INJ             | SP   |
| ADALIMUMAB-FKJP AUTO-INJECTOR KIT   | SP   |
| ADALIMUMAB-FKJP PFS KIT 20 MG/0.4ML | SP   |
| ADALIMUMAB-FKJP PFS KIT 40 MG/0.8ML | SP   |
| adapalene cream                     | 2  |
| adapalene gel                       | 2  |
| ADBRY INJ                           | SP   |
| AIMOVIG INJ                         | 2  |
| AJOVY INJ                           | 2  |
| ALECENSA CAP                        | SP   |
| ALINIA SUSP                         | 2  |
| ALKINDI SPRINKLE CAP 0.5MG          | 3  |
| ALKINDI SPRINKLE CAP 1MG            | 3  |
| ALUNBRIG TAB 30MG                   | SP   |
| ALUNBRIG TAB 90MG, 180MG            | SP   |
| ambrisentan tab                     | SP   |
| ANDRODERM PATCH                     | 2  |
| ARIKAYCE SUSP                       | SP   |
| aripiprazole soln                   | 3  |
| asenapine maleate SL tab            | 2  |
| ATORVALIQ SUSP                      | 3  |
| AUSTEDO TAB                         | SP   |
| AUSTEDO XR TAB                      | SP   |
| AUSTEDO XR TAB 6MG                  | SP   |
| AUSTEDO XR TAB TITRATION KIT        | SP   |
| AYVAKIT TAB                         | SP   |
| BACLOFEN SUSP                       | 3  |
| BALVERSA TAB 3MG                    | SP   |
| BALVERSA TAB 4MG                    | SP   |
| BALVERSA TAB 5MG                    | SP   |
| BENLYSTA AUTO-INJECTOR              | SP   |
| BENLYSTA INJ                        | SP   |
| BERINERT INJ                        | SP   |
| bexarotene cap                      | SP   |
| bexarotene gel                      | SP   |
| bosentan tab                        | SP   |
| BOSULIF TAB                         | SP   |

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| <b>Drug Name</b>                             | <b>Tier # for Drug Copay (if prior auth is approved)</b> |
|--|--|
| BRAFTOVI CAP 75MG                            | SP   |
| BRUKINSA CAP                                 | SP   |
| budesonide ER tab                            | 3  |
| budesonide rectal foam                       | 3  |
| BYLVAY CAP 1200MCG                           | SP   |
| BYLVAY CAP 400MCG                            | SP   |
| BYLVAY SPRINKLE CAP 200MCG                   | SP   |
| BYLVAY SPRINKLE CAP 600MCG                   | SP   |
| CABLIVI INJ KIT                              | SP   |
| CABOMETYX TAB                                | SP   |
| CALQUENCE CAP                                | SP   |
| CALQUENCE TAB                                | SP   |
| CAMZYOS CAP                                  | SP   |
| CAPRELSA TAB                                 | SP   |
| CARBAGLU TAB                                 | SP   |
| carglumic acid tab                           | SP   |
| CHOLBAM CAP                                  | SP   |
| CIBINQO TAB                                  | SP   |
| CIMZIA INJ                                   | SP   |
| CIMZIA STARTER INJ KIT                       | SP   |
| CINRYZE INJ                                  | SP   |
| CLARINEX SYRUP                               | 3  |
| clobazam susp                                | 2  |
| COMETRIQ KIT                                 | SP   |
| COPIKTRA CAP                                 | SP   |
| CORLANOR SOLN                                | 3  |
| CORLANOR TAB                                 | 3  |
| COTELLIC TAB                                 | SP   |
| CRINONE GEL                                  | 2  |
| DAYBUE SOLN                                  | SP   |
| deferiprone tab                              | SP   |
| DESCOVY TAB                                  | \$0  |
| diclofenac gel                               | 2  |
| DOPTELET TAB                                 | SP   |
| DOXEPIN CREAM, PRUDOXIN CREAM, ZONALON CREAM | 3  |
| DOXEPIN HCL CREAM                            | 3  |
| dronabinol cap                               | 2  |
| enalapril maleate oral soln                  | 3  |
| ENBREL INJ 25MG                              | SP   |
| ENBREL INJ 50MG                              | SP   |
| ENBREL MINI INJ                              | SP   |
| ENBREL SURECLICK INJ 50MG                    | SP   |

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| <b>Drug Name</b>                               | <b>Tier # for Drug Copay (if prior auth is approved)</b> |
|--|--|
| ENDARI POWDER PACK                             | SP   |
| ENDOMETRIN INSERT                              | 2  |
| EPIDIOLEX SOLN                                 | SP   |
| EPRONTIA SOLN                                  | 3  |
| ERIVEDGE CAP                                   | SP   |
| ERLEADA TAB                                    | SP   |
| ERLEADA TAB 240MG                              | SP   |
| erlotinib tab                                  | SP   |
| ESBRIET CAP                                    | SP   |
| ESBRIET TAB 267MG                              | SP   |
| ESBRIET TAB 801MG                              | SP   |
| everolimus tab                                 | SP   |
| everolimus tab 5mg                             | SP   |
| everolimus tab for oral susp                   | SP   |
| EXKIVITY CAP                                   | SP   |
| FANAPT TAB                                     | 3  |
| FANAPT TITRATION PACK                          | 3  |
| FENTORA TAB, FENTANYL BUCCAL TAB               | 3  |
| FERRIPROX SOLN                                 | SP   |
| FERRIPROX TAB 1000MG                           | SP   |
| FILSPARI TAB                                   | SP   |
| FIRDAPSE TAB                                   | SP   |
| FLOLIPID SUSP                                  | 3  |
| GALAFOLD CAP                                   | SP   |
| GAVRETO CAP                                    | SP   |
| gefitinib tab                                  | SP   |
| GENOTROPIN INJ                                 | SP   |
| GILOTRIF TAB                                   | SP   |
| HADLIMA INJ                                    | SP   |
| HADLIMA INJ 40MG/0.8ML                         | SP   |
| HADLIMA PUSH INJ                               | SP   |
| HADLIMA PUSH INJ 40MG/0.8ML                    | SP   |
| HAEGARDA INJ                                   | SP   |
| HEMLIBRA INJ                                   | SP   |
| HIZENTRA INJ                                   | SP   |
| HUMIRA INJ 10MG                                | SP   |
| HUMIRA INJ 20MG                                | SP   |
| HUMIRA INJ 40MG                                | SP   |
| HUMIRA INJ 80MG                                | SP   |
| HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK | SP   |
| HUMIRA INJ PEDIATRIC CROHNS STARTER PACK       | SP   |
| HUMIRA INJ PEDIATRIC UC STARTER PACK           | SP   |

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|---|--|
| HUMIRA INJ PSORIASIS/UEVITIS STARTER PACK | SP   |
| HUMIRA PEN INJ 40MG                       | SP   |
| HYCAMTIN CAP                              | SP   |
| hydroxyprogesterone inj                   | 3  |
| HYFTOR GEL                                | SP   |
| HYQVIA INJ                                | SP   |
| ICLUSIG TAB                               | SP   |
| IDHIFA TAB                                | SP   |
| IMBRUVICA CAP 140MG                       | SP   |
| IMBRUVICA CAP 70MG                        | SP   |
| IMBRUVICA SUSP                            | SP   |
| IMBRUVICA TAB 420MG, 560MG                | SP   |
| IMCIVREE INJ                              | SP   |
| INBRIJA INH POWDER                        | 3  |
| INGREZZA CAP                              | SP   |
| INLYTA TAB                                | SP   |
| IRESSA TAB                                | SP   |
| itraconazole soln                         | 3  |
| JAKAFI TAB                                | SP   |
| JAYPIRCA TAB                              | SP   |
| JYNARQUE PAK                              | SP   |
| JYNARQUE TAB                              | SP   |
| KALYDECO PAK                              | SP   |
| KALYDECO TAB                              | SP   |
| KERENDIA TAB                              | 3  |
| KEVZARA INJ                               | SP   |
| KISQALI PAK                               | SP   |
| KISQALI TAB                               | SP   |
| KORLYM TAB                                | SP   |
| KRAZATI TAB                               | SP   |
| LAMPIT TAB                                | 2  |
| lapatinib ditosylate tab                  | SP   |
| LAZANDA NASAL SPRAY                       | 3  |
| LEDIPASVIR/SOFOSBUVIR TAB                 | SP   |
| LENVIMA CAP                               | SP   |
| LINZESS CAP                               | 3  |
| LIVMARLI SOLN                             | SP   |
| LIVTENCITY TAB                            | SP   |
| LOKELMA PAK                               | 2  |
| LONSURF TAB                               | SP   |
| LORBRENA TAB 100MG                        | SP   |
| LORBRENA TAB 25MG                         | SP   |

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| <b>Drug Name</b>            | <b>Tier # for Drug Copay (if prior auth is approved)</b> |
|-----------------------------|--|
| lubiprostone cap            | 2  |
| LUCEMYRA TAB                | 3  |
| LUMRYZ PACK                 | SP   |
| LUPKYNIS CAP                | SP   |
| LYNPARZA TAB                | SP   |
| LYTGOBI THERAPY PACK        | SP   |
| LYVISPAH GRANULE PACKET     | 3  |
| MAVYRET PAK                 | SP   |
| MAVYRET TAB                 | SP   |
| MEKINIST TAB 0.5MG          | SP   |
| MEKINIST TAB 2MG            | SP   |
| MEKTOVI TAB                 | SP   |
| METHITEST TAB               | 3  |
| methyltestosterone cap      | 3  |
| miglustat cap               | SP   |
| MOTEGRITY TAB               | 3  |
| MOVANTIK TAB                | 2  |
| NATPARA INJ                 | SP   |
| NERLYNX TAB                 | SP   |
| NEXLETOL TAB                | 2  |
| NEXLIZET TAB                | 2  |
| NINLARO CAP                 | SP   |
| nitazoxanide tab            | 2  |
| nitrofurantoin susp         | 3  |
| NORLIQVA ORAL SOLN          | 3  |
| NUBEQA TAB                  | SP   |
| NUDEXTA CAP                 | 2  |
| OCALIVA TAB                 | SP   |
| ODACTRA SL TAB              | 3  |
| ODOMZO CAP                  | SP   |
| OFEV CAP                    | SP   |
| OLUMIANT TAB                | SP   |
| OPSUMIT TAB                 | SP   |
| OPZELURA CREAM              | 3  |
| ORENCIA CLICK INJ           | SP   |
| ORENCIA SC INJ 125MG/ML     | SP   |
| ORENCIA SC INJ 50MG/0.4ML   | SP   |
| ORENCIA SC INJ 87.5MG/0.7ML | SP   |
| ORGOVYX TAB                 | SP   |
| ORIAHNN CAP                 | 2  |
| ORILISSA TAB 150MG          | 2  |
| ORILISSA TAB 200MG          | 2  |

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**Community Health Choice Premier Formulary cont.**  
**Prior Authorization Drug List**  
**Last Updated\* 11/1/2023**

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. Please call Customer Service if you have further questions regarding prior authorizations.

| <b>Drug Name</b>           | <b>Tier # for Drug Copay (if prior auth is approved)</b> |
|----------------------------|--|
| ORKAMBI GRANULES PACKET    | SP   |
| ORKAMBI TAB                | SP   |
| OXBRYTA TAB                | SP   |
| OXBRYTA TAB FOR ORAL SUSP  | SP   |
| OXERVATE OPHTH SOLN        | SP   |
| OZOBAX SOLN, BACLOFEN SOLN | 3  |
| PALFORZIA POWDER PACK      | SP   |
| PALFORZIA SPRINKLE CAP     | SP   |
| PANRETIN GEL               | SP   |
| pazopanib tab              | SP   |
| PEMAZYRE TAB               | SP   |
| PIQRAY TAB                 | SP   |
| pirfenidone cap            | SP   |
| pirfenidone tab 267mg      | SP   |
| pirfenidone tab 801mg      | SP   |
| POMALYST CAP               | SP   |
| PRALUENT INJ               | 3  |
| PREVYMIS TAB               | SP   |
| PROGESTERONE SUPP          | 3  |
| PROMACTA POWDER            | SP   |
| PROMACTA TAB               | SP   |
| PURIXAN SUSP               | 3  |
| pyrimethamine tab          | SP   |
| PYRUKYND TAB               | SP   |
| PYRUKYND TAPER PACK        | SP   |
| QBRELIS SOLN               | 3  |
| QINLOCK TAB                | SP   |
| RADICAVA ORS STARTER KIT   | SP   |
| RADICAVA ORS SUSP          | SP   |
| RELYVRIO PAK               | SP   |
| REPATHA INJ                | 2  |
| REPATHA PUSHTRONEX INJ     | 2  |
| RETEVMO CAP                | SP   |
| REXULTI TAB                | 3  |
| REZLIDHIA CAP              | SP   |
| REZUROCK TAB               | SP   |
| RIFATER TAB                | 3  |
| RINVOQ ER TAB              | SP   |
| ROZLYTREK CAP              | SP   |
| RUBRACA TAB                | SP   |
| RUCONEST INJ               | SP   |
| rufinamide susp            | 2  |

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**Community Health Choice Premier Formulary cont.**  
**Prior Authorization Drug List**  
**Last Updated\* 11/1/2023**

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. Please call Customer Service if you have further questions regarding prior authorizations.

| <b>Drug Name</b>                             | <b>Tier # for Drug Copay (if prior auth is approved)</b> |
|--|--|
| rufinamide tab                               | 2  |
| RYDAPT CAP                                   | SP   |
| SIGNIFOR INJ                                 | SP   |
| sildenafil susp                              | 2  |
| sildenafil tab 20mg                          | 1  |
| SIMPONI AUTO-INJECTOR 100MG                  | SP   |
| SIMPONI INJ 100MG                            | SP   |
| SKYCLARYS CAP                                | SP   |
| SKYRIZI INJ 150MG/ML                         | SP   |
| SKYRIZI INJ 180 MG/1.2ML                     | SP   |
| SKYRIZI INJ 360MG/2.4ML                      | SP   |
| SKYRIZI INJ 75MG/0.83ML                      | SP   |
| SKYTROFA INJ                                 | SP   |
| SODIUM OXYBATE SOLN                          | SP   |
| SOFOSBUVIR/VELPATASVIR TAB                   | SP   |
| SOLQUA INJ                                   | 2  |
| SOLOSEC GRANULES PACKET                      | 3  |
| SOMAVERT INJ                                 | SP   |
| sorafenib tosylate tab                       | SP   |
| SPIRIVA HANDIHALER                           | 3  |
| SPIRIVA RESPIMAT INHALER 2.5MCG/ACT          | 3  |
| SPRYCEL TAB                                  | SP   |
| STELARA INJ                                  | SP   |
| STIVARGA TAB                                 | SP   |
| STRENSIQ INJ                                 | SP   |
| sunitinib malate cap                         | SP   |
| SUNOSI TAB                                   | 2  |
| SYMDEKO TAB                                  | SP   |
| SYMPROIC TAB                                 | 2  |
| SYNAGIS INJ                                  | \$0  |
| TABRECTA TAB                                 | SP   |
| tadalafil tab (PAH)                          | SP   |
| TADLIQ SUSP                                  | SP   |
| TAFINLAR CAP                                 | SP   |
| tafluprost preservative free (pf) ophth soln | 2  |
| TAKHZYRO INJ                                 | SP   |
| TAKHZYRO INJ 150MG/ML                        | SP   |
| TALTZ INJ                                    | SP   |
| TALZENNA CAP 0.25MG                          | SP   |
| TALZENNA CAP 0.5MG, 0.75MG, 1MG              | SP   |
| TASIGNA CAP                                  | SP   |
| TAVALISSE TAB                                | SP   |

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**Community Health Choice Premier Formulary cont.  
 Prior Authorization Drug List  
 Last Updated\* 11/1/2023**

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. Please call Customer Service if you have further questions regarding prior authorizations.

| <b>Drug Name</b>               | <b>Tier # for Drug Copay (if prior auth is approved)</b> |
|--------------------------------|--|
| TAVNEOS CAP                    | SP   |
| TAZVERIK 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  | 3  |
| testosterone gel 1.62% 2.5gm   | 3  |
| TESTOSTERONE GEL PUMP          | 2  |
| testosterone gel pump 1.62%    | 2  |
| testosterone soln              | 2  |
| tetrabenazine tab              | SP   |
| TEZSPIRE INJ                   | SP   |
| THALOMID CAP                   | SP   |
| TIBSOVO TAB                    | SP   |
| tiopronin tab                  | SP   |
| tiotropium bromide cap inhaler | 3  |
| TOBI PODHALER                  | SP   |
| TRACLEER TAB 32MG              | SP   |
| tretinoin cream                | 2  |
| tretinoin gel                  | 2  |
| trientine cap                  | SP   |
| TRIKAFTA TAB                   | SP   |
| TRIKAFTA THERAPY PACK          | SP   |
| TRINTELLIX TAB                 | 3  |
| TRULANCE TAB                   | 2  |
| TUKYSA TAB                     | SP   |
| TURALIO CAP                    | SP   |
| TYVASO INH SOLN                | SP   |
| UCERIS RECTAL FOAM             | 3  |
| UPTRAVI TAB                    | SP   |
| VALCHLOR GEL                   | SP   |
| VELTASSA POWDER                | 3  |
| VENCLEXTA STARTER PACK         | SP   |
| VENCLEXTA TAB                  | SP   |
| VERZENIO TAB                   | SP   |
| VIJOICE TAB                    | SP   |
| VIJOICE TAB 250MG              | SP   |
| vilazodone hcl tab             | 2  |
| VITRAKVI CAP 100MG             | SP   |
| VITRAKVI CAP 25MG              | SP   |
| VITRAKVI SOLN                  | SP   |

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**Community Health Choice Premier Formulary cont.**  
**Prior Authorization Drug List**  
**Last Updated\* 11/1/2023**

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. Please call Customer Service if you have further questions regarding prior authorizations.

| <b>Drug Name</b>     | <b>Tier # for Drug Copay (if prior auth is approved)</b> |
|----------------------|--|
| VONJO CAP            | SP   |
| VOSEVI TAB           | SP   |
| VOTRIENT TAB         | SP   |
| VOXZOGO INJ          | SP   |
| VYNDAMAX CAP         | SP   |
| VYNDAQEL CAP         | SP   |
| WAKIX TAB            | SP   |
| WELIREG TAB          | SP   |
| XADAGO TAB           | 3  |
| XALKORI CAP          | SP   |
| XELJANZ SOLN         | SP   |
| XELJANZ TAB          | SP   |
| XELJANZ XR TAB       | SP   |
| XEMBIFY INJ          | SP   |
| XGEVA INJ            | SP   |
| XOSPATA TAB          | SP   |
| XPOVIO PAK           | SP   |
| XULTOPHY INJ         | 2  |
| ZEJULA CAP           | SP   |
| ZEJULA TAB           | SP   |
| ZELBORAF TAB         | SP   |
| ZEPOSIA CAP          | SP   |
| ZEPOSIA STARTER PACK | SP   |
| ZIOPTAN OPHTH SOLN   | 3  |
| ZOLINZA CAP          | SP   |
| ZONISADE SUSP        | 3  |
| ZORYVE CREAM         | 2  |
| ZTALMY SUSP          | SP   |
| ZYDELIG TAB          | SP   |
| ZYKADIA CAP          | SP   |
| ZYKADIA TAB          | SP   |

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**Community Health Choice Premier Formulary**  
**Last Updated\* 11/1/2023**  
**RxCents (Cost Savings Enabled by Tablet Splitting)**

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

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

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

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

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

**RxCents Program Medications**

febuxostat tab  
 rasagiline tab

JANUVIA TAB  
 TRINTELLIX TAB

nebivolol hcl tab

OCALIVA TAB

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**Community Health Choice Premier Formulary**  
**Last Updated\* 11/1/2023**  
**Over-the-Counter (OTC)**

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

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

|                                      |                                    |                                   |                                  |
|--------------------------------------|------------------------------------|-----------------------------------|----------------------------------|
| ACCU-CHEK AVIVA PLUS<br>METER        | ACCU-CHEK AVIVA PLUS<br>TEST STRIP | ACCU-CHEK GUIDE CARE<br>METER     | ACCU-CHEK GUIDE ME KIT           |
| ACCU-CHEK GUIDE TEST<br>STRIP        | ACCU-CHEK NANO METER               | ACCU-CHEK SMARTVIEW<br>TEST STRIP | ACCU-CHEK TEST STRIP             |
| AEROCHAMBER                          | ALCOHOL SWABS                      | aspirin chew tab 81mg             | ASPIRIN EC TAB 325MG             |
| aspirin ec tab 81mg                  | aspirin tab 325mg                  | B-D INSULIN SYRINGE               | B-D PEN NEEDLE                   |
| budesonide nasal spray               | CALIBRATION LIQUID                 | CARETOUCH MIS                     | cimetidine tab                   |
| CLINISTIX TEST STRIP                 | CONCEPTROL GEL                     | CONTRACEPTIVE FILM                | CONTRACEPTIVE FOAM               |
| CONTRACEPTIVE GEL                    | CONTRACEPTIVE SUPP                 | esomeprazole cap                  | esomeprazole magnesium<br>DR tab |
| FEMALE CONDOMS                       | FLONASE SENSIMIST<br>NASAL SPRAY   | folic acid tab 400mcg             | folic acid tab 800mcg            |
| guaifenesin/codeine syrup            | HUMULIN MIX INJ                    | HUMULIN MIX PEN INJ               | HUMULIN N INJ                    |
| HUMULIN N PEN INJ                    | HUMULIN R INJ                      | KETO-DIASTIX TEST STRIP           | KETOSTIX                         |
| ketotifen ophth soln                 | LANCET DEVICE                      | LANCET KIT                        | LANCETS                          |
| lansoprazole cap                     | levonorgestrel tab                 | MALE CONDOMS                      | meclizine chew tab               |
| meclizine tab                        | NARCAN NASAL SPRAY                 | NASACORT OTC NASAL<br>SPRAY       | NEXIUM 24HR TAB                  |
| niacin cap                           | niacin CR tab                      | niacin tab                        | NIACIN TR TAB                    |
| niacinamide tab                      | NICODERM PATCH                     | NICORETTE GUM                     | NICORETTE LOZENGE                |
| nicotine gum                         | NICOTINE KIT                       | nicotine lozenge                  | nicotine patch                   |
| NOVOFINE PEN NEEDLE                  | NOVOTWIST PEN NEEDLE               | NOVOTWIST/NOVOFINE<br>PEN NEEDLE  | olopatadine ophth soln 0.1%      |
| olopatadine ophth soln 0.2%          | omeprazole tab                     | ONETOUCH DELICA<br>LANCETS        | ONETOUCH DELICA PLUS<br>LANCETS  |
| ONETOUCH DELICA<br>ULTRASOFT LANCETS | OXYTROL PATCH (OTC)                | PEAK FLOW METER                   | phenazopyridine tab 95mg         |
| phenazopyridine tab 97.5mg           | phenazopyridine tab 99.5mg         | PLAN B TAB                        | selenium sulfide lotion          |
| TODAY SPONGE                         | triamcinolone OTC nasal<br>spray   | ZEGERID CAP OTC                   |                                  |

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**Community Health Choice Premier Formulary  
Last Updated\* 11/1/2023  
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                          |
| ADALIMUMAB-ADAZ INJ                    | ADALIMUMAB-ADAZ PFS<br>INJ           | ADALIMUMAB-FKJP<br>AUTO-INJECTOR KIT | ADALIMUMAB-FKJP PFS<br>KIT 20 MG/0.4ML |
| ADALIMUMAB-FKJP PFS<br>KIT 40 MG/0.8ML | ADBRY INJ                            | ALECENSA CAP                         | ALFERON-N INJ                          |
| ALUNBRIG TAB 30MG                      | ALUNBRIG TAB 90MG,<br>180MG          | ambrisentan tab                      | ARIKAYCE SUSP                          |
| AUSTEDO TAB                            | AUSTEDO XR TAB                       | AUSTEDO XR TAB 6MG                   | AUSTEDO XR TAB<br>TITRATION KIT        |
| AVONEX INJ                             | AYVAKIT TAB                          | BALVERSA TAB 3MG                     | BALVERSA TAB 4MG                       |
| BALVERSA TAB 5MG                       | BENLYSTA AUTO-INJECTOI               | BENLYSTA INJ                         | BERINERT INJ                           |
| betaine powder for oral<br>solution    | bexarotene cap                       | bexarotene gel                       | bosentan tab                           |
| BOSULIF TAB                            | BRAFTOVI CAP 75MG                    | BRUKINSA CAP                         | BYLVAY CAP 1200MCG                     |
| BYLVAY CAP 400MCG                      | BYLVAY SPRINKLE CAP<br>200MCG        | BYLVAY SPRINKLE CAP<br>600MCG        | CABLIVI INJ KIT                        |
| CABOMETYX TAB                          | CALQUENCE CAP                        | CALQUENCE TAB                        | CAMZYOS CAP                            |
| capecitabine tab                       | CAPRELSA TAB                         | CARBAGLU TAB                         | carglumic acid tab                     |
| CAYSTON INH SOLN                       | CHOLBAM CAP                          | CIBINQO TAB                          | CIMZIA INJ                             |
| CIMZIA STARTER INJ KIT                 | CINRYZE INJ                          | COMETRIQ KIT                         | COPIKTRA CAP                           |
| COTELLIC TAB                           | CYSTADROPS SOLN                      | CYTAGON CAP                          | CYSTARAN OPHTH SOLN                    |
| dalfampridine ER tab                   | DAYBUE SOLN                          | deferiasirox granules packet         | deferiprone tab                        |
| dimethyl fumarate DR cap               | dimethyl fumarate DR starter<br>pack | DOPTELET TAB                         | ENBREL INJ 25MG                        |
| ENBREL INJ 50MG                        | ENBREL MINI INJ                      | ENBREL SURECLICK INJ<br>50MG         | ENDARI POWDER PACK                     |
| EPIDIOLEX SOLN                         | ERIVEDGE CAP                         | ERLEADA TAB                          | ERLEADA TAB 240MG                      |
| erlotinib tab                          | ESBRIET CAP                          | ESBRIET TAB 267MG                    | ESBRIET TAB 801MG                      |
| ETOPOSIDE CAP                          | everolimus tab                       | everolimus tab 5mg                   | everolimus tab for oral susp           |
| EXKIVITY CAP                           | EXTAVIA INJ                          | FERRIPROX SOLN                       | FERRIPROX TAB 1000MG                   |
| FILSPARI TAB                           | fingolimod hcl cap 0.5mg             | FIRDAPSE TAB                         | FULPHILA INJ                           |
| FUROSCIX KIT                           | FUZEON INJ                           | GALAFOLD CAP                         | GAVRETO CAP                            |
| gefitinib tab                          | GENOTROPIN INJ                       | GILENYA CAP 0.25MG                   | GILOTRIF TAB                           |
| glatiramer inj                         | HADLIMA INJ                          | HADLIMA INJ 40MG/0.8ML               | HADLIMA PUSH INJ                       |
| HADLIMA PUSH INJ<br>40MG/0.8ML         | HAEGARDA INJ                         | HEMLIBRA INJ                         | HIZENTRA INJ                           |
| HUMIRA INJ 10MG                        | HUMIRA INJ 20MG                      | HUMIRA INJ 40MG                      | HUMIRA INJ 80MG                        |

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|  |   |   |  |
|--|---|---|--|
| HUMIRA INJ<br>CROHNS/UC/HIDRADENITI<br>STARTER PACK<br>HUMIRA PEN INJ 40MG<br>ICLUSIG TAB<br>IMBRUVICA CAP 70MG  | HUMIRA INJ PEDIATRIC<br>CROHNS STARTER PACK<br><br>HYCAMTIN CAP<br>IDHIFA TAB<br>IMBRUVICA SUSP   | HUMIRA INJ PEDIATRIC UC<br>STARTER PACK<br><br>HYFTOR GEL<br>imatinib tab<br>IMBRUVICA TAB 420MG,<br>560MG<br>INLYTA TAB<br>JYNARQUE PAK<br>KEVZARA INJ<br>KRAZATI TAB<br>LENVIMA CAP   | HUMIRA INJ<br>PSORIASIS/UVEITIS<br>STARTER PACK<br>HYQVIA INJ<br>IMBRUVICA CAP 140MG<br>IMCIVREE INJ<br><br>INTRON-A INJ<br>JYNARQUE TAB<br>KISQALI PAK<br>lapatinib ditosylate tab<br>leuprolide inj                                  |
| INCRELEX INJ<br>IRESSA TAB<br>KALYDECO PAK<br>KISQALI TAB<br>LEDIPASVIR/SOFOSBUVIR<br>TAB<br>LIVMARLI SOLN<br>LORBRENA TAB 25MG<br>LUPRON DEPOT PED INJ<br>LYTGOBI THERAPY PACK<br>MAYZENT TAB | INGREZZA CAP<br>JAKAFI TAB<br>KALYDECO TAB<br>KORLYM TAB<br>lenalidomide cap<br><br>LIVTENCITY TAB<br>LUMRYZ PACK<br>LUPRON DEPOT-PED INJ<br>MAVENCLAD PAK<br>MAYZENT TAB STARTER<br>PACK<br>MESNEX TAB<br>NERLYNX TAB<br>NUBEQA TAB<br>OCTREOTIDE INJ 100MCG<br>OPSUMIT TAB<br>ORENCIA SC INJ<br>87.5MG/0.7ML<br>OXBRYTA TAB | LONSURF TAB<br>LUPKYNIS CAP<br>LYNPARZA TAB<br>MAVYRET PAK<br>MEKINIST TAB 0.5MG<br><br>miglustat cap<br>nilutamide tab<br>NUZYRA TAB<br>ODOMZO CAP<br>ORENCIA CLICK INJ<br>ORGOVYX TAB<br><br>OXBRYTA TAB FOR ORAL<br>SUSP<br>PANRETIN GEL | LORBRENA TAB 100MG<br>LUPRON DEPOT INJ<br>LYSODREN TAB<br>MAVYRET TAB<br>MEKINIST TAB 2MG<br><br>MYLERAN TAB<br>NINLARO CAP<br>OCALIVA TAB<br>OFEV CAP<br>ORENCIA SC INJ 125MG/ML<br>ORKAMBI GRANULES<br>PACKET<br>OXERVATE OPHTH SOLN |
| MEKTOVI TAB<br>NATPARA INJ<br>NIVESTYM INJ<br>octreotide inj<br>OLUMIANT TAB<br>ORENCIA SC INJ<br>50MG/0.4ML<br>ORKAMBI TAB  | PALFORZIA POWDER<br>PACK<br>PEGASYS INJ<br>pirfenidone cap<br>PLEGRIDY PEN INJ<br>PROMACTA TAB<br>PYRUKYND TAPER PACK   | ORENCIA SC INJ<br>50MG/0.4ML<br>ORKAMBI TAB<br><br>OXBRYTA TAB FOR ORAL<br>SUSP<br>PANRETIN GEL   | OXERVATE OPHTH SOLN<br><br>pazopanib tab   |
| PALFORZIA POWDER<br>PACK<br>PEGASYS INJ<br>pirfenidone cap<br>PLEGRIDY PEN INJ<br>PROMACTA TAB<br>PYRUKYND TAPER PACK  | PALFORZIA SPRINKLE CAF<br><br>PEG-INTRON INJ<br>pirfenidone tab 267mg<br>POMALYST CAP<br>PULMOZYME INH SOLN<br>QINLOCK TAB  | PEMAZYRE TAB<br>pirfenidone tab 801mg<br>PREVYMIS TAB<br>pyrimethamine tab<br>RADICAVA ORS STARTER<br>KIT<br>RELYVRIO PAK<br>REZUROCK TAB<br>ROZLYTREK CAP<br>SAMSCA TAB 15MG   | PIQRAY TAB<br>PLEGRIDY INJ<br>PROMACTA POWDER<br>PYRUKYND TAB<br>RADICAVA ORS SUSP   |
| REBETOL SOLN<br>REVLIMID CAP<br>RIBAVIRIN TAB<br>RUCONEST INJ  | REBIF INJ<br>REZLIDHIA CAP<br>RINVOQ ER TAB<br>RYDAPT CAP   | RELYVRIO PAK<br>REZUROCK TAB<br>ROZLYTREK CAP<br>SAMSCA TAB 15MG  | RETEVMO CAP<br>RIBAVIRIN CAP<br>RUBRACA TAB<br>sapropterin dihydrochloride<br>powder packet<br>SIMPONI INJ 100MG   |
| sapropterin dihydrochloride<br>soluble tab<br>SKYCLARYS CAP<br>SKYRIZI INJ 75MG/0.83ML   | SIGNIFOR INJ<br><br>SKYRIZI INJ 150MG/ML<br>SKYTROFA INJ  | SIMPONI AUTO-INJECTOR<br>100MG<br>SKYRIZI INJ 180 MG/1.2ML<br>SODIUM OXYBATE SOLN   | SKYRIZI INJ 360MG/2.4ML<br>SOFOSBUVIR/VELPATASVI<br>R TAB<br>STELARA INJ<br>SYMDEKO TAB<br>TADLIQ SUSP<br>TALTZ INJ  |
| SOMAVERT INJ<br>STIVARGA TAB<br>SYNAGIS INJ<br>TAFINLAR CAP<br>TALZENNA CAP 0.25MG   | sorafenib tosylate tab<br>STRENSIQ INJ<br>TABRECTA TAB<br>TAKHZYRO INJ  | SPRYCEL TAB<br>sunitinib malate cap<br>tadalafil tab (PAH)<br>TAKHZYRO INJ 150MG/ML   | STELARA INJ<br>SYMDEKO TAB<br>TADLIQ SUSP<br>TALTZ INJ   |

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TALZENNA CAP 0.5MG,  
0.75MG, 1MG  
TAZVERIK TAB  
tetrabenazine tab  
tiopronin tab  
TRACLEER TAB 32MG  
TRIKAFTA THERAPY PACK  
TYVASO INH SOLN

TASIGNA CAP  
TEGSEDI INJ  
TEZSPIRE INJ  
TOBI PODHALER  
tretinoin cap  
TUKYSA TAB  
UPTRAVI TAB

TAVALISSE TAB  
temozolomide cap  
THALOMID CAP  
tobramycin neb soln  
trientine cap  
TURALIO CAP  
VALCHLOR GEL

TAVNEOS CAP  
teriflunomide tab  
TIBSOVO TAB  
TOLVAPTAN TAB  
TRIKAFTA TAB  
TYMLOS INJ  
VENCLEXTA STARTER  
PACK  
VIJOICE TAB 250MG  
VIVITROL INJ  
VOXZOGO INJ  
WELIREG TAB  
XELJANZ XR TAB  
XPOVIO PAK  
ZELBORAF TAB  
ZTALMY SUSP

VENCLEXTA TAB  
VITRAKVI CAP 100MG  
VONJO CAP  
VYNDAMAX CAP  
XALKORI CAP  
XEMBIFY INJ  
ZARXIO INJ  
ZEPOSIA CAP  
ZYDELIG TAB

VERZENIO TAB  
VITRAKVI CAP 25MG  
VOSEVI TAB  
VYNDAQEL CAP  
XELJANZ SOLN  
XGEVA INJ  
ZEJULA CAP  
ZEPOSIA STARTER PACK  
ZYKADIA CAP

VIJOICE TAB  
VITRAKVI SOLN  
VOTRIENT TAB  
WAKIX TAB  
XELJANZ TAB  
XOSPATA TAB  
ZEJULA TAB  
ZOLINZA CAP  
ZYKADIA TAB



**Community Health Choice Premier Formulary**  
**Last Updated\* 11/1/2023**  
**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>  |
|--|---|
| BECONASE AQ NASAL SPRAY                  | QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone, triamcinolone or mometasone   |
| DEXCOM G6 RECEIVER                       | QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin  |
| DEXCOM G6 SENSOR                         | QL= 3 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin  |
| DEXCOM G6 TRANSMITTER                    | QL= 1 transmitter/90 days; Prior authorization (exception) required if member is not currently utilizing insulin  |
| DEXCOM G7 RECEIVER                       | QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin  |
| DEXCOM G7 SENSOR                         | QL= 3 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin  |
| DIFICID SUSP                             | QL= 136 mL/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYC SOLN, or FIRVANQ SOLN  |
| DIFICID TAB                              | QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYC SOLN, or FIRVANQ SOLN   |
| febuxostat tab                           | Step Therapy requires trial of allopurinol  |
| fluvoxamine ER cap                       | Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine  |
| FREESTYLE LIBRE 2 RECEIVER               | QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin  |
| FREESTYLE LIBRE 2 SENSOR                 | QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin  |
| FREESTYLE LIBRE 3 SENSOR                 | QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin  |
| FREESTYLE LIBRE RECEIVER                 | QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin  |
| FREESTYLE LIBRE SENSOR (14-DAY)          | QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin  |
| LEVALBUTEROL INHALER, XOPENEX HF 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   |
| risedronate DR tab                       | Step Therapy requires trial of alendronate  |
| tadalafil tab 2.5mg, 5mg                 | QL= 1 tab/day; Step Therapy requires trial of doxazosin tab, prazosin cap, terazosin cap, dutasteride cap, finasteride 5mg tab, alfuzosin tab, silodosin cap, or tamsulosin cap |
| tavaborole soln                          | QL= 10ml/30 days; Step Therapy requires trial of both ciclopirox nail soln and terbinafine tab  |
| ZETONNA NASAL SPRAY                      | QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone, triamcinolone or mometasone   |

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 Premier Formulary**  
**Smoking Cessation Agents**  
**Last Updated\* 11/1/2023**

| <b>Drug Name</b>  | <b>Tier # for Drug Copay</b> |
|---|------------------------------|
| bupropion SR 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                          |
| VARENICLINE TAB( Limited to 180 days/plan year)                       | \$0                          |
| varenicline tartrate tab( Limited to 180 days/plan year)              | \$0                          |
| varenicline tartrate tab starter pack( Limited to 180 days/plan year) | \$0                          |
| ZYBAN TAB( Limited to 180 days/plan year)                             | \$0                          |

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**Community Health Choice Premier Formulary  
Infertility Drug List  
Last Updated\* 11/1/2023**

| <b>Drug Name</b>              | <b>Tier # for Drug Copay</b> |
|-------------------------------|------------------------------|
| cetorelix acetate for inj kit | NC                           |
| CETROTIDE KIT                 | NC                           |
| CLOMID TAB                    | NC                           |
| CLOMIPHENE TAB                | NC                           |
| FOLLISTIM AQ INJ              | NC                           |
| GONAL-F RFF INJ               | NC                           |
| leuprolide inj                | SP                           |
| MENOPUR INJ                   | NC                           |
| OVIDREL INJ                   | NC                           |
| PREGNYL INJ                   | M                            |

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**Community Health Choice Premier Formulary**  
**Last Updated\* 11/1/2023**  
**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>  |
|-------------------------------------|--|
| ABSTRAL SL TAB                      | QL= 120 tabs/30 days   |
| ACTEMRA ACTPEN INJ                  | QL= 2 inj/28 days  |
| ACTEMRA SC INJ                      | QL= 2 inj/28 days  |
| ADALIMUMAB-ADAZ INJ                 | QL= 2 inj/28 days  |
| ADALIMUMAB-ADAZ PFS INJ             | QL= 2 inj/28 days  |
| ADALIMUMAB-FKJP AUTO-INJECTOR KIT   | QL= 2 inj/28 days  |
| ADALIMUMAB-FKJP PFS KIT 20 MG/0.4ML | QL= 2 inj/28 days  |
| ADALIMUMAB-FKJP PFS KIT 40 MG/0.8ML | QL= 2 inj/28 days  |
| ADBRY INJ                           | QL= 4 inj/28 days  |
| AFLURIA INJ                         | QL= 1 inj/28 days  |
| AFLURIA INJ, FLUZONE INJ            | QL= 1 inj/28 days  |
| AIMOVIG INJ                         | QL= 1 pack/28 days   |
| AJOVY INJ                           | QL= 1 pack/28 days   |
| AKYNZEO CAP                         | QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist    |
| albuterol HFA inhaler               | QL= 2 inhalers/30 days   |
| ALECENSA CAP                        | QL= 8 caps/day   |
| ALINIA SUSP                         | QL= 60ml/3 days  |
| ALKINDI SPRINKLE CAP 0.5MG          | QL= 3 caps/day; Members age 9 or older require Prior Authorization |
| ALKINDI SPRINKLE CAP 1MG            | QL= 3 caps/day; Members age 9 or older require Prior Authorization |
| 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       |
| ambrisentan tab                     | QL= 1 tab/day; Only available through Walgreens 888-347-3416       |
| ANDRODERM PATCH                     | QL= 1 patch/day  |
| ANNOVERA RING                       | QL= 1 ring/year  |
| ANZEMET TAB                         | QL= 9 tabs/fill  |
| aprepitant cap                      | QL= 3 caps/fill  |
| aprepitant pak                      | QL= 3 caps/fill  |
| ARIKAYCE SUSP                       | QL= 1 vial/day; Only available through Maxor Pharmacy 800-658-6046 |
| armodafinil tab                     | QL= 1 tab/day  |
| asenapine maleate SL tab            | QL= 2 tabs/day   |
| AUSTEDO TAB                         | QL= 4 tabs/day   |
| AUSTEDO XR TAB                      | QL= 2 tabs/day   |
| AUSTEDO XR TAB 6MG                  | QL= 3 tabs/day   |
| AUSTEDO XR TAB TITRATION KIT        | QL= 1 pack/28 days   |
| AYVAKIT TAB                         | QL= 1 tab/day; Only available through Biologics 800-850-4306       |
| BALVERSA TAB 3MG                    | QL= 3 tabs/day; Only available through CVS Specialty 800-237-2767  |
| BALVERSA TAB 4MG                    | QL= 2 tabs/day; Only available through CVS Specialty 800-237-2767  |
| BALVERSA TAB 5MG                    | QL= 1 tab/day; Only available through CVS Specialty 800-237-2767   |
| BAQSIMI NASAL POWDER                | QL= 2 inhalations/fill   |
| BAXDELA TAB                         | QL= 2 tabs/day; Restricted to Infectious Disease Specialist        |

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**Community Health Choice Premier Formulary Cont.**  
**Last Updated\* 11/1/2023**  
**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>  |
|---|--|
| BECONASE AQ NASAL SPRAY                         | QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone, triamcinolon 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  |
| bosentan tab                                    | QL= 2 tabs/day; Only available through Walgreens 888-347-3416  |
| BRAFTOVI CAP 75MG                               | QL= 6 caps/day; Only available through Diplomat Pharmacy 877-977-9118                                      |
| BRUKINSA CAP                                    | QL= 4 caps/day; Only available through Biologics 800-850-4306  |
| budesonide ER tab                               | QL=1 tab/day   |
| budesonide nasal spray                          | QL= 2 bottles/fill   |
| buprenorphine patch                             | QL= 4 patches/28 days  |
| bupropion SR tab                                | Limited to 180 days/plan year  |
| butorphanol nasal spray                         | QL= 1 bottle/fill, 2 fills/30 days   |
| BYDUREON BCISE AUTO INJ                         | QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)  |
| BYDUREON INJ                                    | QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)  |
| BYDUREON PEN INJ                                | QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)  |
| BYETTA INJ                                      | QL= 1 pen/30 days; Diagnosis Restricted – Type 2 Diabetes (E11)  |
| BYLVAY CAP 1200MCG                              | QL= 2 caps/day; Only available through PantheRx Pharmacy 855-726-8479                                      |
| BYLVAY CAP 400MCG                               | QL= 6 caps/day; Only available through PantheRx Pharmacy 855-726-8479                                      |
| BYLVAY SPRINKLE CAP 200MCG                      | QL= 4 caps/day; Only available through PantheRx Pharmacy 855-726-8479                                      |
| BYLVAY SPRINKLE CAP 600MCG                      | QL= 4 caps/day; Only available through PantheRx Pharmacy 855-726-8479                                      |
| CABLIVI INJ KIT                                 | QL= 1 vial/day; Only available through Biologics 800-850-4306  |
| CABOMETYX TAB                                   | QL= 1 tab/day  |
| CALQUENCE CAP                                   | QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118                                      |
| CALQUENCE TAB                                   | QL= 2 tabs/day; Only available through Diplomat Pharmacy 877-977-9118                                      |
| CAMZYOS CAP                                     | QL= 1 cap/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416                       |
| CIBINQO TAB                                     | QL= 1 tab/day  |
| 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 Accredo 800-803-2523  |
| CLEOCIN VAGINAL SUPP                            | QL= 3 suppositories/fill   |
| clindamycin vaginal cream                       |  |
| CLINDESSE VAGINAL CREAM                         | QL= 1 applicator/fill  |
| COMIRNATY INJ                                   | QL= 1 dose/17 days   |
| COMIRNATY INJ 30MCG/0.3ML                       | QL= 1 dose/17 days   |
| COPIKTRA CAP                                    | QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118                                      |
| COTELLIC TAB                                    | QL= 3 tabs/day   |
| COVID-19 VACCINE BIVALENT BOOSTEF INJ (MODERNA) | QL= 1 inj/fill   |
| COVID-19 VACCINE BIVALENT BOOSTEF INJ (PFIZER)  | QL= 1 inj/fill   |

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**Community Health Choice Premier Formulary Cont.**  
**Last Updated\* 11/1/2023**  
**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>  |
|---|--|
| COVID-19 VACCINE BIVALENT BOOSTER INJ 5-11Y (PFIZER)  | QL= 1 inj/fill   |
| COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-4Y (PFIZER)  | QL= 1 inj/fill   |
| COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-5Y (MODERNA) | QL= 1 inj/fill   |
| COVID-19 VACCINE INJ (JANSSEN)                        | QL= 1 dose/45 days   |
| COVID-19 VACCINE INJ (NOVAVAX)                        | QL= 1 dose/17 days   |
| COVID-19 VACCINE INJ 5-11Y (PFIZER)                   | QL= 1 dose/17 days   |
| COVID-19 VACCINE INJ 6M-11Y (MODERNA)                 | QL= 1 dose/24 days   |
| COVID-19 VACCINE INJ 6M-4Y (PFIZER)                   | QL= 1 dose/17 days   |
| CYSTADROPS SOLN                                       | QL = 4 bottles/28 days; Restricted to Ophthalmology Specialist; Only available through Anovo Specialty Pharmacy 844-288-5007 |
| CYSTARAN OPHTH SOLN                                   | QL= 4 bottles/28 days; Restricted to Ophthalmology or Optometry Specialist; Only available through Walgreens 888-347-3416    |
| DAYBUE SOLN   | QL= 8 bottles/30 days; Only available through AnovoRx 844-288-5007   |
| DELESTROGEN INJ                                       | QL= 5ml/fill   |
| DEPO-PROVERA SC INJ 104MG                             | QL= 1 inj/90 days  |
| DEXCOM G6 RECEIVER                                    | QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin                   |
| DEXCOM G6 SENSOR                                      | QL= 3 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin                 |
| DEXCOM G6 TRANSMITTER                                 | QL= 1 transmitter/90 days; Prior authorization (exception) required if member is not currently utilizing insulin             |
| DEXCOM G7 RECEIVER                                    | QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin                   |
| DEXCOM G7 SENSOR                                      | QL= 3 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin                 |
| diclofenac gel  | QL= 300gm/30 days  |
| diclofenac gel 1%                                     | QL= 5 tubes/fill   |
| DICLOFENAC PATCH, FLECTOR PATCH                       | QL= 30 patches/fill  |
| diclofenac soln 1.5%                                  | QL= 3 bottles/fill   |
| DIFICID SUSP  | QL= 136 mL/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYCIN SOLN, or FIRVANQ SOLN                       |
| DIFICID TAB   | QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYCIN SOLN, or FIRVANQ SOLN                      |
| donepezil ODT   | QL= 1 tab/day  |
| donepezil tab   | QL= 2 tabs/day   |
| donepezil tab 23mg                                    | QL= 1 tab/day  |
| DOPTELET TAB  | QL= 2 tabs/day; Only available through Accredo 800-803-2523  |
| eletriptan tab  | QL= 9 tabs/fill, 2 fills/30 days   |
| ENBREL INJ 25MG                                       | QL= 8 inj/28 days  |

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**Community Health Choice Premier Formulary Cont.**  
**Last Updated\* 11/1/2023**  
**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>  |
|--|--|
| 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  |
| 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   |
| ERLEADA TAB 240MG                          | QL= 1 tab/day  |
| ESBRIET CAP                                | QL= 9 caps/day   |
| ESBRIET TAB 267MG                          | QL= 9 tabs/day   |
| ESBRIET TAB 801MG                          | QL= 3 tabs/day   |
| estradiol vaginal tab, yuvafem vaginal tab | QL= 8 tabs/28 days (18 tabs on first fill)   |
| estradiol valerate inj                     | QL= 5ml/fill   |
| eszopiclone tab                            | QL= 1 tab/day  |
| everolimus tab                             | QL= 1 tab/day  |
| everolimus tab 5mg                         | QL= 2 tabs/day   |
| everolimus tab for oral susp               | QL= 1 tab/day  |
| EXKIVITY CAP                               | QL= 4 caps/day; Only available through Biologics 800-850-4306  |
| ezetimibe/simvastatin tab                  | QL= 1 tab/day (10-80mg is Not Covered)   |
| FANAPT TAB                                 | QL= 2 tabs/day   |
| FANAPT TITRATION PACK                      | QL= 1 pack/plan year   |
| FARXIGA TAB                                | QL= 1 tab/day  |
| FEMALE CONDOMS                             | QL= 12 condoms/fill  |
| FENTORA TAB, FENTANYL BUCCAL TAB           | QL= 120 tabs/30 days   |
| FILSPARI TAB                               | QL= 1 tab/day; Only available through Accredo 800-803-2523   |
| FLUAD INJ                                  | QL= 1 inj/28 days  |
| FLUAD QUAD INJ                             | QL= 1 inj/28 days  |
| FLUBLOK QUAD PF INJ                        | QL= 1 inj/28 days  |
| FLUCELVAX QUAD INJ                         | QL= 1 inj/28 days  |
| FLULAVAL QUAD INJ, FLUZONE QUAD IN         | QL= 1 inj/28 days  |
| FLUMIST QUADRIVALENT NASAL SUSP            | QL= 1 inj/28 days  |
| flunisolide nasal soln                     | QL= 2 bottles/fill   |
| fluticasone nasal spray                    | QL= 2 bottles/fill   |
| FLUZONE HD PF INJ                          | QL= 1 inj/28 days  |
| FLUZONE HIGH DOSE PF INJ                   | QL= 1 inj/28 days  |
| FLUZONE/FLUARIX QUAD INJ                   | QL= 1 inj/28 days  |
| FREESTYLE LIBRE 2 RECEIVER                 | QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin   |
| FREESTYLE LIBRE 2 SENSOR                   | QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin |
| FREESTYLE LIBRE 3 SENSOR                   | QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin |

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**Community Health Choice Premier Formulary Cont.**  
**Last Updated\* 11/1/2023**  
**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>   |
|--|---|
| FREESTYLE LIBRE RECEIVER                       | QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin          |
| FREESTYLE LIBRE SENSOR (14-DAY)                | QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin        |
| FUROSCIX KIT                                   | QL= 8 inj/fill; Only available through BioMatrix Specialty Pharmacy 855-359-9679                                    |
| gabapentin cap                                 | QL= 9 caps/day  |
| gabapentin soln                                | QL= 72 mls/day  |
| gabapentin tab 600mg                           | QL= 6 tabs/day  |
| gabapentin tab 800mg                           | QL= 4.5 tabs/day  |
| GALAFOLD CAP                                   | QL= 14 caps/28 days; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416                          |
| GAVILYTE-C SOLN                                | Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay |
| GAVRETO CAP                                    | QL= 4 caps/day; Only available through Walgreens 888-347-3416   |
| GILOTRIF TAB                                   | QL= 1 tab/day; Only available through Accredo 800-803-2523  |
| GLUCAGEN HYPOKIT INJ                           | QL= 2 inj/fill  |
| glucagon (rdna) for inj kit                    | QL= 2 inj/fill  |
| GLUCAGON EMR INJ                               | QL= 2 inj/fill  |
| GLUCAGON INJ KIT                               | QL= 2 inj/fill  |
| GLYXAMBI TAB                                   | QL= 1 tab/day   |
| GOLYTELY SOLN                                  | Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay |
| granisetron tab                                | QL= 14 tabs/fill  |
| GRANISOL SOLN                                  | QL= 60ml/fill   |
| GUAIFENESIN/CODEINE SYRUP                      | QL= 240ml/fill  |
| GVOKE INJ                                      | QL= 2 inj/fill  |
| GVOKE INJ KIT                                  | QL= 2 inj/fill  |
| GVOKE PFS INJ                                  | QL= 2 inj/fill  |
| HADLIMA INJ                                    | QL= 2 inj/28 days   |
| HADLIMA INJ 40MG/0.8ML                         | QL= 2 inj/28 days   |
| HADLIMA PUSH INJ                               | QL= 2 inj/28 days   |
| HADLIMA PUSH INJ 40MG/0.8ML                    | QL= 2 inj/28 days   |
| HUMIRA INJ 10MG                                | QL= 2 syringes/28 days  |
| HUMIRA INJ 20MG                                | QL= 2 syringes/28 days  |
| HUMIRA INJ 40MG                                | QL= 2 syringes/28 days  |
| HUMIRA INJ 80MG                                | QL= 2 syringes/28 days  |
| HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK | QL= 1 pack/fill, 1 fill/plan year   |
| HUMIRA INJ PEDIATRIC CROHNS STARTER PACK       | QL= 1 pack/fill, 1 fill/plan year   |
| HUMIRA INJ PEDIATRIC UC STARTER PACK           | QL= 1 pack/fill, 1 fill/plan year   |

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**Community Health Choice Premier Formulary Cont.**  
**Last Updated\* 11/1/2023**  
**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 PSORIASIS/UVEITIS STARTER PACK           | QL= 1 pack/fill, 1 fill/plan year                                     |
| HUMIRA PEN INJ 40MG                                 | QL= 2 pens/28 days  |
| HYD POL/CPM SUSP                                    | QL= 120ml/fill; 2 fills/30 days                                       |
| hydrocodone bitartrate ER cap                       | QL= 1 cap/day   |
| hydrocodone bitartrate er tab                       | QL= 1 tab/day   |
| hydrocodone/chlorpheniramine CR susp                | QL= 120ml/fill; 2 fills/30 days                                       |
| hydrocodone/chlorpheniramine/pseudoephedrine liquid | QL= 120ml/fill, 2 fills/30 days                                       |
| hydromorphone ER tab                                | QL= 1 tab/day   |
| HYFTOR GEL  | QL= 10 grams/30 days; Only available through Walgreens 888-347-3416   |
| ibandronate tab 150mg                               | QL= 1 tab/30 days   |
| 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 SUSP                                      | QL= 6ml/day; Only available through Diplomat Pharmacy 877-977-9118    |
| IMBRUVICA TAB 420MG, 560MG                          | QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118  |
| IMCIVREE INJ  | QL= 1 inj/day; Only available through PantherRx Pharmacy 855-726-8479 |
| IMITREX INJ   | QL= 4 inj/fill, 2 fills/30 days                                       |
| INBRIJA INH POWDER                                  | QL= 10 caps/day   |
| INGREZZA CAP  | QL= 1 cap/day; Only available through PantherRx Pharmacy 855-726-8479 |
| INLYTA TAB  | QL= 8 tabs/day  |
| 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   |
| JAYPIRCA TAB  | QL= 2 tabs/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 Walgreens 888-347-3416      |
| KALYDECO TAB  | QL= 2 tabs/day; Only available through Walgreens 888-347-3416         |
| KERENDIA TAB  | QL= 1 tab/day   |
| ketorolac inj 15mg/ml                               | QL= 20ml/5 days   |
| ketorolac inj 30mg/ml                               | QL= 20ml/5 days   |
| ketorolac inj 60mg/2ml                              | QL= 20ml/5 days   |
| ketorolac tab                                       | QL= 20 tabs/5 days  |
| KEVZARA INJ   | QL= 2 inj/28 days   |
| KISQALI PAK   | QL= 91 tabs/28 days   |
| KISQALI TAB   | QL= 63 tabs/28 days   |

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**Community Health Choice Premier Formulary Cont.**  
**Last Updated\* 11/1/2023**  
**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>   |
|--|---|
| KORLYM TAB                               | QL= 4 tabs/day; Only available through Korlym SPARK program 855-4Korlym (855-456-7596)                        |
| KRAZATI TAB                              | QL= 6 tabs/day; Only available through Biologics 800-850-4306   |
| LAGEVRIO CAP                             | QL= 40 caps/fill  |
| LASTACAFT OPTH SOLN                      | QL= 3ml/30 days   |
| latanoprost ophth soln                   | QL= 2.5ml/30 days   |
| LAZANDA NASAL SPRAY                      | QL= 15 bottles/30 days  |
| LEDIPASVIR/SOFOSBUVIR TAB                | QL= 1 tab/day   |
| lenalidomide cap                         | QL= 1 cap/day; Restricted to Oncology or Hematology Specialist; Only available through Walgreens 888-347-3416 |
| LENVIMA CAP                              | QL= 3 caps/day; Only available through Optum 877-445-6874   |
| LEVALBUTEROL INHALER, XOPENEX HF 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   |
| lidocaine patch 5%                       | QL= 3 patches/day   |
| LINZESS CAP                              | QL= 1 cap/day   |
| LIVMARLI SOLN                            | QL= 90ml/30 days; Only available through Eversana 866-849-4481  |
| LIVTENCITY TAB                           | QL= 4 tabs/day; Only available through Biologics 800-850-4306   |
| LORBRENA TAB 100MG                       | QL= 1 tab/day   |
| LORBRENA TAB 25MG                        | QL= 3 tabs/day  |
| lubiprostone cap                         | QL= 2 caps/day  |
| LUCEMYRA TAB                             | QL= 96 tabs/7 days  |
| LUMIGAN OPTH SOLN                        | QL= 2.5ml/30 days   |
| LUMRYZ PACK                              | QL= 1 pack/day; Only available through Accredo 800-803-2523   |
| LUPKYNIS CAP                             | QL= 6 caps/day; Only available through Biologics 800-850-4306 or PantheRx Pharmacy 855-726-8479               |
| LYNPARZA TAB                             | QL= 4 tabs/day; Only available through Biologics 800-850-4306   |
| LYTGOBI THERAPY PACK                     | QL= 5 tabs/day; Only available through Onco360 877-662-6633   |
| malathion lotion                         | QL= 2 bottles/fill  |
| MALE CONDOMS                             | QL= 12 condoms/fill   |
| MAVYRET PAK                              | QL= 5 packs/day   |
| MAVYRET TAB                              | QL= 3 tabs/day  |
| medroxyprogesterone inj                  | QL= 1 inj/90 days   |
| MEKINIST TAB 0.5MG                       | QL= 3 tabs/day  |
| MEKINIST TAB 2MG                         | QL= 1 tab/day   |
| MEKTOVI TAB                              | QL= 6 tabs/day  |
| methylergonovine tab                     | QL= 28 tabs/fill, 1 fill/365 days   |
| modafinil tab                            | QL= 2 tabs/day  |
| mometasone nasal spray                   | QL= 2 bottles/fill  |
| MOUNJARO INJ                             | QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)   |
| NALOXONE PREFILLED INJ                   | QL= 2 inj/fill  |
| naratriptan tab                          | QL= 9 tabs/fill, 2 fills/30 days  |

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**Last Updated\* 11/1/2023**  
**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>  |
|-----------------------------|--|
| 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  |
| NEXLETOL TAB                | QL= 1 tab/day  |
| NEXLIZET TAB                | QL= 1 tab/day  |
| NICODERM PATCH              | Limited to 180 days/plan year  |
| NICORETTE GUM               | Limited to 180 days/plan year  |
| NICORETTE LOZENGE           | Limited to 180 days/plan year  |
| nicotine gum                | Limited to 180 days/plan year  |
| NICOTINE KIT                | Limited to 180 days/plan year  |
| nicotine lozenge            | Limited to 180 days/plan year  |
| nicotine patch              | Limited to 180 days/plan year  |
| NICOTROL INHALER            | Limited to 180 days/plan year  |
| NICOTROL NASAL SPRAY        | Limited to 180 days/plan year  |
| nitazoxanide tab            | QL= 6 tabs/3 days  |
| NUBEQA TAB                  | QL= 4 tabs/day   |
| NUCYNTA ER TAB              | QL= 2 tabs/day   |
| NUDEXTA CAP                 | QL= 2 caps/day   |
| NULYTELY SOLN               | Covered at \$0 for members 45-75 years, all other members covered at generic copay<br>Limited to 2 fills/calendar year             |
| NUZYRA TAB                  | QL= 30 tabs/180 days; Restricted to Infectious Disease or Pulmonology Specialist;<br>Only available through Walgreens 888-347-3416 |
| OCALIVA TAB                 | QL= 1 tab/day; Only available through Accredo 800-803-2523 or Walgreens<br>888-347-3416  |
| OFEV CAP                    | QL= 2 caps/day; Only available through Accredo 800-803-2523 or Walgreens<br>888-347-3416   |
| olopatadine ophth soln 0.2% | QL= 2.5ml/30 days  |
| OLUMIANT TAB                | QL= 1 tab/day  |
| OMNIPOD 5 INTRO KIT         | QL= 1 kit/year   |
| OMNIPOD 5 PACK PODS         | QL= 10 pods/month  |
| OMNIPOD DASH INTRO KIT      | QL= 1 kit/year   |
| OMNIPOD DASH PODS           | QL= 10 pods/month  |
| OMNIPOD GO KIT              | QL= 10 pods/month  |
| OMNIPOD STARTER KIT         | QL= 1 kit/year   |
| OPSUMIT TAB                 | QL= 1 tab/day; Only available through Accredo 800-803-2523   |
| OPZELURA CREAM              | QL= 12 tubes/year  |
| ORENCIA CLICK INJ           | QL= 4 inj/28 days  |
| ORENCIA SC INJ 125MG/ML     | QL= 4 inj/28 days  |
| ORENCIA SC INJ 50MG/0.4ML   | QL= 4 inj/28 days  |
| ORENCIA SC INJ 87.5MG/0.7ML | QL= 4 inj/28 days  |
| ORGOVYX TAB                 | QL= 30 tabs/28 days; Only available through Biologics 800-850-4306   |
| ORIAHNN CAP                 | QL= 2 caps/day   |
| ORILISSA TAB 150MG          | QL= 1 tab/day  |

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**Last Updated\* 11/1/2023**  
**Quantity Limit (QL)**

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**Quantity Limit (QL) Medications**

| <b>Drug Name</b>                        | <b>Quantity Limit</b>   |
|---|---|
| ORLISSA TAB 200MG                       | QL= 2 tabs/day  |
| ORKAMBI GRANULES PACKET                 | QL= 2 packets/day; Only available through Walgreens 888-347-3416  |
| ORKAMBI TAB                             | QL= 2 tabs/day; Only available through Walgreens 888-347-3416   |
| oseltamivir cap                         | QL= 10 caps/fill  |
| oseltamivir cap 30mg                    | QL= 20 caps/fill  |
| oseltamivir susp                        | QL= 250ml/fill  |
| OXBRYTA TAB                             | QL= 3 tabs/day; Only available through Accredo 800-803-2523   |
| OXBRYTA TAB FOR ORAL SUSP               | QL= 5 tabs/day; Only available through Accredo 800-803-2523   |
| OXERVATE OPHTH SOLN                     | QL= 8 kits/affected eye/lifetime; Only available through Accredo 800-803-2523                                       |
| OXYCODONE ER TAB                        | QL= 2 tabs/day  |
| OZEMPIC INJ                             | QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)  |
| PAXLOVID TAB                            | QL= 30 tabs/fill  |
| pazopanib tab                           | QL= 4 tabs/day  |
| peg 3350 soln (100 gram Moviprep equiv) | QL= 2 fills/year; \$0 for members 45-75 years, all other members covered at generic copay                           |
| peg 3350/electrolytes soln              | Covered at \$0 for members 45-75 years, all other members covered at generic copay Limited to 2 fills/calendar year |
| PEMAZYRE TAB                            | QL= 1 tab/day; Only available through Biologics 800-850-4306  |
| PHEXXI GEL                              | QL= 1 box/fill  |
| PICATO GEL                              | QL= 1 box/fill  |
| pirfenidone cap                         | QL= 9 caps/day  |
| pirfenidone tab 267mg                   | QL= 9 tabs/day  |
| pirfenidone tab 801mg                   | QL= 3 tabs/day  |
| 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   |
| pregabalin cap                          | QL= 3 caps/day  |
| pregabalin cap 225mg                    | QL= 2 caps/day  |
| pregabalin cap 300mg                    | QL= 2 caps/day  |
| pregabalin soln                         | QL= 30ml/day  |
| PRETOMANID TAB                          | QL= 1 tab/day; Restricted to Infectious Disease Specialist  |
| PREVYMIS TAB                            | QL= 1 tab/day; Limit 100 tabs/6 months  |
| pyrimethamine tab                       | QL= 3 tabs/day; Only available through Walgreens 888-347-3416   |
| PYRUKYND TAB                            | QL= 2 tabs/day; Only available through Biologics 800-850-4306   |
| PYRUKYND TAPER PACK                     | QL= 1 tab/day; Only available through Biologics 800-850-4306  |
| QINLOCK TAB                             | QL= 3 tabs/day; Only available through Biologics 800-850-4306   |
| RADICAVA ORS STARTER KIT                | QL= 70ml/365 days; Only available through Accredo 800-803-2523  |
| RADICAVA ORS SUSP                       | QL= 50mL/28 days; Only available through Accredo 800-803-2523   |
| ramelteon tab                           | QL= 1 tab/day   |
| REGANEX GEL                             | QL= 30gm/fill   |
| RELENZA DISKHALER                       | QL= 1 inhaler/fill  |
| RELYVRIO PAK                            | QL= 2 packets/day; Only available through Accredo 800-803-2523  |

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**Last Updated\* 11/1/2023**  
**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>   |
|---------------------------------|---|
| REPATHA INJ                     | QL= 2 inj/28 days   |
| REPATHA PUSHTRONEX INJ          | QL= 1 inj/28 days   |
| RETEVMO CAP                     | QL= 4 caps/day  |
| REVLIMID CAP                    | QL= 1 cap/day; Only available through Walgreens 888-347-3416; Restricted to Oncology or Hematology Specialist |
| REXULTI TAB                     | QL= 1 tab/day   |
| REZLIDHIA CAP                   | QL= 2 caps/day; Only available through Biologics 800-850-4306   |
| REZUROCK TAB                    | QL= 1 tab/day; Only available through Biologics 800-850-4306  |
| RINVOQ ER TAB                   | QL= 1 tab/day   |
| rizatriptan ODT                 | QL= 12 tabs/fill, 3 fills/60 days   |
| rizatriptan tab                 | QL= 12 tabs/fill, 3 fills/60 days   |
| ROZLYTREK CAP                   | QL= 3 caps/day  |
| RUBRACA TAB                     | QL= 4 tabs/day; Only available through Optum 877-445-6874   |
| RYBELSUS TAB                    | QL=1 tab/day; Diagnosis Restricted – Type 2 Diabetes (E11)  |
| RYDAPT CAP                      | QL= 56 caps/28 days   |
| SANCUSO PATCH                   | QL= 4 patches/fill  |
| SANTYL OINT                     | QL= 90gm/30 days  |
| SAVELLA TAB                     | QL= 2 tabs/day  |
| SIGNIFOR INJ                    | QL= 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007                                 |
| SIMPONI AUTO-INJECTOR 100MG     | QL=1 inj/28 days  |
| SIMPONI INJ 100MG               | QL=1 inj/28 days  |
| SIRTURO TAB                     | QL= 4 tabs/day; Restricted to Infectious Disease Specialist   |
| SIVEXTRO TAB                    | QL= 6 tabs/fill; Restricted to Infectious Disease Specialist  |
| SKYCLARYS CAP                   | QL= 3 caps/day; Only available through Biologics 800-850-4306   |
| SKYRIZI INJ 150MG/ML            | QL= 1 inj/84 days   |
| SKYRIZI INJ 180 MG/1.2ML        | QL= 1 inj/56 days   |
| SKYRIZI INJ 360MG/2.4ML         | QL= 1 inj/56 days   |
| SKYRIZI INJ 75MG/0.83ML         | QL= 2 inj/84 days   |
| SODIUM OXYBATE SOLN             | QL= 540ml/30 days; Only available through Xyrem Certified Pharmacy 1-866-997-3688                             |
| sodium/magnesium/potassium soln | QL= 2 fills/calendar year; \$0 for members 45-75 years, all other members covered at generic copay            |
| SOFOSBUVIR/VELPATASVIR TAB      | QL= 1 tab/day   |
| SOLQUA INJ                      | QL= 15ml/25 days  |
| SOLOSEC GRANULES PACKET         | QL= 1 packet/fill   |
| SOLU-CORTEF INJ                 | QL= 1 vial/fill   |
| SOLU-CORTEF INJ 100MG           | QL= 2 vials/fill  |
| SPIKEVAX INJ                    | QL= 1 dose/24 days  |
| SPIKEVAX INJ 50MCG/0.5ML        | QL= 1 dose/24 days  |
| SPINOSAD SUSP                   | QL= 1 bottle/fill   |
| STELARA INJ                     | QL= 1 inj/84 days   |
| STIVARGA TAB                    | QL= 4 tabs/day  |
| STRIVERDI RESPIMAT INHALER      | QL= 1 inhaler/30 days   |
| SUMATRIPTAN INJ                 | QL= 4 inj/fill, 2 fills/30 days   |

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**Last Updated\* 11/1/2023**  
**Quantity Limit (QL)**

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**Quantity Limit (QL) Medications**

| <b>Drug Name</b>                             | <b>Quantity Limit</b>   |
|--|---|
| 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 Walgreens 888-347-3416   |
| SYMJEPI INJ                                  | QL= 2 inj/fill  |
| SYNJARDY TAB                                 | QL= 2 tabs/day  |
| SYNJARDY XR TAB 10-1000MG, 25-1000MG         | QL= 1 tab/day   |
| SYNJARDY XR TAB 5-1000MG, 12.5-1000MG        | QL= 2 tabs/day  |
| TABRECTA TAB                                 | QL= 4 tabs/day  |
| tadalafil tab 2.5mg, 5mg                     | QL= 1 tab/day; Step Therapy requires trial of doxazosin tab, prazosin cap, terazosin cap, dutasteride cap, finasteride 5mg tab, alfuzosin tab, silodosin cap, or tamsulosin cap |
| TAFINLAR CAP                                 | QL= 4 caps/day  |
| tafluprost preservative free (pf) ophth soln | QL= 1 vial/day  |
| TAKHZYRO INJ                                 | QL= 2 inj/28 days; Only available through Accredo 800-803-2523  |
| TAKHZYRO INJ 150MG/ML                        | QL= 2 inj/28 days; Only available through Accredo 800-803-2523  |
| TALTZ INJ                                    | QL= 1 inj/28 days   |
| TALZENNA CAP 0.25MG                          | QL= 3 caps/day  |
| TALZENNA CAP 0.5MG, 0.75MG, 1MG              | QL= 1 cap/day   |
| tavorole soln                                | QL= 10ml/30 days; Step Therapy requires trial of both ciclopirox nail soln and terbinafine tab  |
| TAVALISSE TAB                                | QL= 2 tabs/day; Only available through Biologics 800-850-4306   |
| TAVNEOS CAP                                  | QL= 6 caps/day; Only available through PantheRx 855-726-8479  |
| TAZVERIK TAB                                 | QL= 8 tabs/day; Only available through Onco360 877-662-6633   |
| TEGSEDI INJ                                  | QL= 4 inj/28 days; Only available through Accredo 800-803-2523  |
| TESTOSTERONE ENANTHATE INJ 200MG/ML          | QL= 5ml/fill  |
| testosterone gel 1% 25mg                     | QL= 1 packet/day  |
| testosterone gel 1% 50mg                     | QL= 2 packets/day   |
| testosterone gel 1% pump                     | QL= 4 bottles/30 days   |
| testosterone gel 1.62% 1.25gm                | QL= 1 packet/day  |
| testosterone gel 1.62% 2.5gm                 | QL= 2 packets/day   |
| TESTOSTERONE GEL PUMP                        | QL= 4 bottles/30 days   |
| testosterone gel pump 1.62%                  | QL= 2 bottles/30 days   |
| testosterone soln                            | QL= 2 bottles/30 days   |
| TEZSPIRE INJ                                 | QL= 1 pen/28 days   |
| TIBSOVO TAB                                  | QL= 2 tabs/day; Only available through Biologics 800-850-4306   |
| TRACLEER TAB 32MG                            | QL= 4 tabs/day; Only available through Accredo 800-803-2523   |
| TRADJENTA TAB                                | QL= 1 tab/day   |

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**Quantity Limit (QL)**

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**Quantity Limit (QL) Medications**

| <b>Drug Name</b>                                | <b>Quantity Limit</b>  |
|---|--|
| travoprost ophth soln                           | QL= 2.5ml/30 days  |
| triamcinolone OTC nasal spray                   | QL= 2 bottles/fill   |
| TRIJARDY XR TAB 10-5-1000MG,<br>25-5-1000MG     | QL= 1 tab/day  |
| TRIJARDY XR TAB 5-25-1000MG,<br>12.5-2.5-1000MG | QL= 2 tabs/day   |
| TRIKAFTA TAB                                    | QL= 84 tabs/28 days; Only available through Walgreens 888-347-3416                       |
| TRIKAFTA THERAPY PACK                           | QL= 2 packets/day; Only available through Walgreens 888-347-3416                         |
| TRINTELLIX TAB                                  | QL= 1 tab/day  |
| TRULICITY INJ                                   | QL= 4 pens/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)                         |
| TUKYSA TAB                                      | QL= 4 tabs/day; Only available through Biologics 800-850-4306                            |
| TURALIO CAP                                     | QL= 4 caps/day; Only available through Biologics 800-850-4306                            |
| TYVASO INH SOLN                                 | QL= 1 ampule/day; Only available through Accredo 800-803-2523                            |
| UPTRAVI TAB                                     | QL= 2 tabs/day; Only available through Accredo 800-803-2523                              |
| VALCHLOR GEL                                    | QL= 4 tubes/30 days; Only available through Optum Pharmacy 877-445-6874                  |
| VALTOCO NASAL SPRAY                             | QL= 2 packs/fill; Restricted to Neurology Specialist                                     |
| vancomycin cap                                  | QL= 56 caps/fill   |
| VARENICLINE TAB                                 | Limited to 180 days/plan year  |
| varenicline tartrate tab                        | Limited to 180 days/plan year  |
| varenicline tartrate tab starter pack           | Limited to 180 days/plan year  |
| VARUBI TAB                                      | QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist                          |
| VASCEPA CAP                                     | QL= 4 caps/day   |
| VENTOLIN HFA INHALER                            | QL= 2 inhalers/30 days   |
| VERQUVO TAB                                     | QL= 1 tab/day; Restricted to Cardiology Specialist                                       |
| VERZENIO TAB                                    | QL= 2 tabs/day   |
| V-GO INJ KIT                                    | QL= 1 kit/day  |
| VICTOZA INJ                                     | QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11)                            |
| VIJOICE TAB                                     | QL= 1 tab/day  |
| VIJOICE TAB 250MG                               | QL= 2 tabs/day   |
| VITRAKVI CAP 100MG                              | QL= 2 caps/day; Only available through Accredo 800-803-2523                              |
| VITRAKVI CAP 25MG                               | QL= 6 caps/day; Only available through Accredo 800-803-2523                              |
| VITRAKVI SOLN                                   | QL= 10ml/day; Only available through Accredo 800-803-2523                                |
| VONJO CAP                                       | QL= 4 caps/day; Only available through Biologics 800-850-4306                            |
| VOSEVI TAB                                      | QL= 1 tab/day  |
| VOTRIENT TAB                                    | QL= 4 tabs/day   |
| VOXZOGO INJ                                     | QL= 1 vial/day; Only available through Accredo 888-773-7376                              |
| VYNDAMAX CAP                                    | QL= 1 cap/day; Only available through Accredo 800-803-2523 or Walgreens<br>888-347-3416  |
| VYNDAQEL CAP                                    | QL= 4 caps/day; Only available through Accredo 800-803-2523 or Walgreens<br>888-347-3416 |
| WAKIX TAB                                       | QL= 2 tabs/day; Only available through Accredo 800-803-2523                              |
| WELIREG TAB                                     | QL= 3 tabs/day; Only available through Biologics 800-850-4306                            |
| XADAGO TAB                                      | QL= 1 tab/day  |

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

**Community Health Choice Premier Formulary Cont.**  
**Last Updated\* 11/1/2023**  
**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>  |
|--|--|
| XALKORI CAP                                | QL= 2 caps/day   |
| XELJANZ SOLN                               | QL= 10ml/day   |
| XELJANZ TAB                                | QL= 2 tabs/day   |
| XELJANZ XR TAB                             | QL= 1 tab/day  |
| XENLETA TAB                                | QL= 14 tabs/180 days; Restricted to Infectious Disease Specialist  |
| XIFAXAN TAB 200MG                          | QL= 9 tabs/3 days  |
| XIFAXAN TAB 550MG                          | QL= 60 tabs/30 days  |
| XIGDUO XR TAB 2.5-1000MG, 5-1000MG         | QL= 2 tabs/day   |
| XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG | QL= 1 tab/day  |
| XOFLUZA TAB                                | QL= 2 tabs/fill  |
| XOFLUZA TAB THERAPY PACK 40MG              | QL= 1 tab/fill   |
| XOFLUZA TAB THERAPY PACK 80MG              | QL= 1 tab/fill   |
| XOSPATA TAB                                | QL= 3 tabs/day; Only available through Biologics 800-850-4306  |
| XPOVIO PAK                                 | QL= 32 tabs/28 days; Only available through Biologics 800-850-4306   |
| XTAMPZA ER CAP                             | QL= 120 caps/30 days   |
| XULTOPHY INJ                               | QL= 15ml/30 days   |
| zaleplon cap                               | QL= 1 cap/day  |
| ZEJULA CAP                                 | QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118                                      |
| ZEJULA TAB                                 | QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118                                       |
| ZELBORAF TAB                               | QL= 8 tabs/day   |
| ZEPOSIA CAP                                | QL= 1 cap/day  |
| ZEPOSIA STARTER PACK                       | QL= 1 cap/day  |
| ZETONNA NASAL SPRAY                        | QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone, triamcinolon or mometasone |
| ZIOPTAN OPHTH SOLN                         | QL= 1 vial/day   |
| zolmitriptan nasal spray                   | QL= 6 sprays/fill, 2 fills/30 days   |
| zolmitriptan ODT                           | QL= 9 tabs/fill, 2 fills/30 days   |
| ZOLMITRIPTAN SPRAY                         | QL= 6 sprays/fill, 2 fills/30 days   |
| ZOLMITRIPTAN SPRAY, ZOMIG SPRAY            | QL= 6 sprays/fill, 2 fills/30 days   |
| zolmitriptan tab                           | QL= 9 tabs/fill, 2 fills/30 days   |
| zolpidem ER tab                            | QL= 1 tab/day  |
| zolpidem tab                               | QL= 1 tab/day  |
| ZOMIG SPRAY                                | QL= 6 sprays/fill, 2 fills/30 days   |
| ZORYVE CREAM                               | QL= 60 grams/30 days   |
| ZTALMY SUSP                                | QL= 1100ml/30 days; Only available through Orsini 800-410-8575   |
| ZYBAN TAB                                  | Limited to 180 days/plan year  |
| ZYKADIA CAP                                | QL= 3 caps/day   |
| ZYKADIA TAB                                | QL= 3 tabs/day   |
| ZYLET OPHTH SUSP                           | QL= 5ml/fill (10ml bottle is Not Covered)  |

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