

# Community First Health Plans

## Preferred Drug List • Plan Year 2019



### Three-tier Preferred Drug List effective September 1, 2018

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

### Reading the Drug List

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

Relative Cost to Member

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

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

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

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

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

amphetamine/	QL	1
dextroamphetamine ER		
cap		
dexamethylphenidate ER		1
cap		
dexamethylphenidate tab		1
methylphenidate ER cap		1
methylphenidate tab	QL	1
ADDERALL XR CAP	QL	2
DAYTRANA PATCH		3
VYVANSE CAP	QL	3

#### AMINOGLYCOSIDES

TOBI PODHALER	MSP RS	3
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#### ANALGESICS - ANTI-INFLAMMATORY

celecoxib cap	QL ST	1
diclofenac sodium EC tab		1
diclofenac sodium XR tab		1
diclofenac/ misoprostol DR		
tab		1
ibuprofen tab		1
ketorolac tab	QL	1
meloxicam tab		1
meloxicam tab 7.5mg	QL	1
nabumetone tab		1
piroxicam cap		1
sulindac tab		1
ENBREL INJ 25MG LMSP PA	QL	3
ENBREL INJ 50MG LMSP PA	QL	3
ENBREL SURECLICK INJ LMSP PA	QL	3
50MG		

HUMIRA INJ LMSP PA	QL	3
HUMIRA PEN INJ LMSP PA	QL	3

#### ANALGESICS - OPIOID

acetaminophen/ codeine	QL	1
tab		
fentanyl patch	QL	1
hydrocodone/		
acetaminophen tab		1
morphine sulfate ER tab		1
oxycodone/		
acetaminophen tab		1
tramadol tab	QL	1
MORPHINE SULFATE ER		3
BEAD CAP		

#### ANTIANGINAL AGENTS

RANEXA TAB		2
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<b>NC</b>	Not Covered
<b>INF</b>	Infertility
<b>MSP</b>	Mandatory Specialty Pharmacy Program
<b>QL</b>	Quantity Limit
<b>SMKG</b>	SMOKING CESSATION

<b>VAC</b>	VACCINE PROGRAM
<b>LD</b>	Limited Distribution
<b>OTC</b>	Over-the-Counter
<b>RS</b>	Restricted to Specialist
<b>SP</b>	Available through Specialty Pharmacy Program

<b>¢</b>	RxCENTS
<b>LMSP</b>	Lumicera Mandatory Specialty Pharmacy Program
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### ANTIANSXIETY AGENTS

alprazolam tab	1
bupirone tab	1
hydroxyzine tab	1
lorazepam tab	1

### ANTIARRHYTHMICS

ULTAQ TAB	QL	2
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### ANTIASTHMATIC AND BRONCHODILATOR AGENTS

albuterol neb soln 0.083%	1	
albuterol/ ipratropium neb soln	1	
ARNUITY ELLIPTA INHALER	1	
budesonide inh susp	1	
ipratropium neb soln	1	
montelukast chew tab	QL	1
montelukast tab	QL	1
ADVAIR DISKUS INHALER	QL	1
ADVAIR HFA INHALER	QL	2
ASMANEX HFA INHALER	QL	2
ASMANEX INHALER	QL	2
BREO ELLIPTA INHALER	2	
COMBIVENT INHALER	QL	2
COMBIVENT RESPIMAT INHALER	QL	2
DULERA INHALER	QL	2
FLOVENT DISKUS INHALER	QL	2
FLOVENT HFA INHALER	QL	2
FORADIL AEROLIZER	QL	2
INCRUSE ELLIPTA INHALER	2	
SEREVENT DISKUS INHALER	QL	2
VENTOLIN HFA INHALER	QL	2
ANORO ELLIPTA INHALER	3	

PROVENTIL HFA INHALER	NC
PULMICORT FLEXHALER	NC
QVAR INHALER	NC
SYMBICORT INHALER	NC
TUDORZA PRESSAIR INHALER	NC

### ANTICOAGULANTS

warfarin tab	1
PRADAXA CAP	2

### ANTICONVULSANTS

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

### ANTIDEPRESSANTS

amitriptyline tab	1	
bupropion ER tab	QL	1
bupropion XL tab	QL	1
citalopram soln	1	
citalopram tab	QL	1
citalopram tab 40mg	QL	1
duloxetine EC cap	1	
escitalopram soln	QL	1
escitalopram tab	QL	1
fluoxetine cap	1	
fluoxetine tab	1	
mirtazapine tab	QL	1

NEFAZODONE TAB	1	
nefazodone tab 50mg, 250mg	1	
nortriptyline cap	1	
paroxetine ER tab	QL	1
paroxetine tab	QL	1
sertraline conc	QL	1
sertraline tab	1	
trazodone tab	1	
venlafaxine ER cap	QL	1
venlafaxine tab	QL	1
venlafaxine ER tab	NC	

### ANTIDIABETICS

glipizide ER tab	1		
glipizide tab	1		
glyburide tab	1		
metformin tab	1		
nateglinide tab	QL	1	
pioglitazone/ metformin tab	QL	1	
ACTOPLUS MET XR TAB	ST	2	
AVANDAMET TAB	QL	2	
AVANDIA TAB	QL	2	
AVANDIA TAB 8MG	QL	2	
BYDUREON PEN INJ	QL	ST	2
FARXIGA TAB	QL	2	
HUMULIN MIX PEN INJ	OTC	2	
JANUMET TAB	QL	2	
JANUMET XR TAB	QL	2	
JANUVIA TAB QL	¢	2	
JENTADUETO TAB	QL	2	
LANTUS INJ	2		
LEVEMIR FLETOUCH INJ	2		
LEVEMIR INJ	2		
NOVOLIN INJ	OTC	2	
NOVOLOG FLEXPEN INJ, FIASP FLETOUCH INJ	2		
NOVOLOG INJ, FIASP INJ	2		
NOVOLOG MIX FLEXPEN INJ	2		

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

**VAC** VACCINE PROGRAM  
**LD** Limited Distribution  
**OTC** Over-the-Counter  
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**SP** Available through Specialty Pharmacy Program

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# Community First Health Plans

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**COMMUNITY FIRST**  
HEALTH PLANS

NOVOLOG PENFILL INJ		2
TRADJENTA TAB	QL	2
VICTOZA INJ	QL ST	2
AVANDARYL TAB	QL ST	3
BYETTA INJ	QL ST	3
HUMALOG INJ,		3
ADMELOG INJ		
HUMALOG KWIKPEN		3
INJ, ADMELOG		
SOLOSTAR INJ		
HUMALOG MIX INJ		3
HUMALOG MIX		3
KWIKPEN INJ		
HUMALOG PEN INJ		3
HUMULIN MIX INJ	OTC	3
HUMULIN N INJ	OTC	3
HUMULIN N PEN INJ	OTC	3
HUMULIN R INJ	OTC	3
BASAGLAR INJ	NC	
KOMBIGLYZE XR TAB	NC	
ONGLYZA TAB	NC	

### ANTIFUNGALS

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

### ANTIHISTAMINES

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

### NTIHYPERLIPIDEMICS

cholestyramine powder		1
fenofibric acid DR cap	QL	1

fluvastatin cap 20mg	QL	1
fluvastatin cap 40mg	QL	1
gemfibrozil tab		1
NIASPAN ER TAB		1
TRILIPIX CAP	QL	1
ALTOPREV TAB		3

### ANTIHYPERTENSIVES

amlodipine/ benazepril cap	QL	1
amlodipine/ valsartan tab		1
benazepril tab		1
benazepril/		1
hydrochlorothiazide tab		
bisoprolol/		1
hydrochlorothiazide tab		
candesartan tab	QL	1
candesartan/	QL	1
hydrochlorothiazide tab		
captopril tab		1
clonidine patch		1
doxazosin tab		1
enalapril tab		1
enalapril/		1
hydrochlorothiazide tab		
irbesartan tab	QL	1
irbesartan/	QL	1
hydrochlorothiazide tab		
lisinopril tab		1
lisinopril/		1
hydrochlorothiazide tab		
losartan tab	QL	1
losartan/	QL	1
hydrochlorothiazide tab		
metoprolol/		1
hydrochlorothiazide tab		
perindopril tab	QL	1
phenoxybenzamine cap		1
telmisartan/	QL	1
hydrochlorothiazide tab		
terazosin cap		1
valsartan tab	QL	1
VALTURN TAB	QL	3

### ANTI-INFECTIVE AGENTS-MISC.

clindamycin cap		1
erythromycin/ sulfisoxazole susp		1
metronidazole cap		1
metronidazole tab		1
smz/ tmp (DS) tab		1
vancomycin cap	QL ST	1

### ANTIMALARIALS

hydroxychloroquine tab		1
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### ANTIMYCOBACTERIAL AGENTS

rifampin cap		1
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### ANTINEOPLASTICS

methotrexate tab		1
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### ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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

### ANTIPARKINSON AGENTS

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

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### ANTIPSYCHOTICS/ ANTIMANIC AGENTS

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

### ANTIVIRALS

acyclovir cap		1
acyclovir susp		1
entecavir tab	QL ¢	1
nevirapine tab		1
rimantadine tab		1
valacyclovir tab		1
zidovudine cap		1
FUZEON INJ	LMSP	3
PEG-INTRON INJ	LMSP	3
PEGASYS INJ	LMSP	3
RELENZA DISKHALER	QL	3

### ASSORTED CLASSES

azathioprine tab		1
cyclosporine cap		1
mycophenolate mofetil tab		1

### BETA BLOCKERS

atenolol tab 1		
carvedilol tab QL 1		
carvedilol tab 25mg QL 1		
labetalol tab		1

metoprolol ER tab	QL	1
metoprolol tab		1
propranolol tab		1
LEVATOL TAB		2
BYSTOLIC TAB		3
INNOPRAN XL CAP		3

### CALCIUM CHANNEL BLOCKERS

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

### CARDIOVASCULAR AGENTS - MISC.

CAVERJECT INJ	QL	3
LEVITRA TAB	QL	3
MUSE SUPP	QL	3
STAXYN ODT	QL	3
STENDRA TAB	QL	3

### CEPHALOSPORINS

cefaclor cap		1
cefadroxil cap		1
cefdinir cap		1
cefdinir susp		1
cefepodoxime proxetil tab		1
cefprozil susp		1
cefprozil tab		1
cefuroxime susp		1
cephalexin cap		1

### CONTRACEPTIVES

necon tab		\$0
NUVARING		\$0

tri-nessa (LO) tab		\$0
YASMIN TAB		\$0
YAZ TAB		\$0

### CORTICOSTEROIDS

prednisolone soln		1
PREDNISONE TAB		1

### COUGH/COLD/ALLERGY

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

### DERMATOLOGICALS

adapalene cream	PA	1
adapalene gel	PA	1
calcipotriene cream		1
clindamycin gel		1
clindamycin/ benzoyl peroxide gel		1
clotrimazole/		1
betamethasone cream		
erythromycin gel		1
imiquimod cream		1
isotretinoin cap		1
ketoconazole cream		1
lidocaine patch	QL	1
lidocaine/ prilocaine cream		1
metronidazole cream		1
metronidazole gel		1
mupirocin cream		1
mupirocin oint		1
tacrolimus oint	ST	1
tretinoin cream	PA	1

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**COMMUNITY FIRST**  
HEALTH PLANS

tretinoin gel	PA	1
ELIDEL CREAM	QL ST	2
AZELEX CREAM	PA	3
TAZORAC CREAM		3
TAZORAC GEL		3
nystatin/ triamcinolone oint	NC	

### DIAGNOSTIC PRODUCTS

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

### DIGESTIVE AIDS

PANCRELIPASE CAP	ST	3
PERTZYE CAP	ST	3
ZENPEP CAP	ST	3

### DIURETICS

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

### ENDOCRINE AND METABOLIC AGENTS - MISC.

raloxifene tab	QL	\$0
alendronate tab	QL	1
alendronate tab 10mg	QL	1
alendronate tab 5mg	QL	1

ibandronate tab 150mg	QL	1
risedronate tab 150mg		1
FORTICAL NASAL SPRAY		2
FOSAMAX+D TAB	QL	2
FORTEO INJ	LMSP	3
MIACALCIN INJ	LMSP	3

### ESTROGENS

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

### FLUOROQUINOLONES

ciprofloxacin ER tab		1
ciprofloxacin tab		1
levofloxacin tab	QL	1
moxifloxacin tab		1
ofloxacin tab		1

### GASTROINTESTINAL AGENTS - MISC.

AMITIZA CAP	PA	3
CIMZIA INJ	LMSP PA QL	3

### GENITOURINARY AGENTS - MISC.

finasteride tab		1
tamsulosin cap	QL	1

### GOUT AGENTS

allopurinol tab		1
ULORIC TAB	ST	3

### HEMATOLOGICAL AGENTS - MISC.

clopidogrel tab 75 mg	QL	1
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### HYPNOTICS/SEDATIVES/ SLEEP DISORDER AGENTS

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

### MACROLIDES

azithromycin susp		1
azithromycin tab		1
clarithromycin tab	QL	1
DIFICID TAB	QL ST	3

### MEDICAL DEVICES AND SUPPLIES

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

### MIGRAINE PRODUCTS

isometheptene/ dichloral cap		1
almotriptan tab	QL	1
naratriptan tab	QL	1
rizatriptan	ODT QL	1

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rizatriptan tab	QL	1
sumatriptan inj	QL	1
SUMATRIPTAN INJ 6MG/ 0.5ML	QL	1
sumatriptan tab	QL	1
sumatriptan vial inj	QL	1
zolmitriptan 5mg tab	QL	1
zolmitriptan ODT tab 2.5mg	QL	1
zolmitriptan ODT tab 5mg	QL	1
zolmitriptan tab 2.5mg	QL	1
DIHYDROERGOTAMINE SPRAY, MIGRANAL SPRAY	QL	1
TREXIMET TAB	QL	2
ZOMIG NASAL SPRAY	QL	2
SUMAVEL DOSEPRO INJ	NC	

### MOUTH/THROAT/DENTAL AGENTS

clotrimazole troches		1
nystatin susp		1

### MULTIVITAMINS

PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS)		2
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### NASAL AGENTS - SYSTEMIC AND TOPICAL

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

### OPHTHALMIC AGENTS

azelastine ophth soln		1
bacitracin/ polymyxin b ophth oint		1
ciprofloxacin ophth soln		1
dorzolamide/ timolol ophth soln		1
gentamicin ophth soln		1

ketorolac ophth soln		1
latanoprost ophth soln	QL	1
neomycin/ polymyxin/ hydrocortisone ophth soln		1
ofloxacin ophth soln		1
pilocarpine ophth soln		1
prednisolone ophth soln		1
timolol maleate ophth soln		1
tobramycin ophth soln		1
tobramycin/ dexamethasone ophth soln	QL	1
ACUVAIL OPHTH SOLN		2
ALPHAGAN P OPHTH SOLN 0.1%		2
AZOPT OPHTH SUSP		2
BETIMOL OPHTH SOLN		2
NATACYN OPHTH SOLN		2
PROLENSA OPHTH SOLN		2
RESTASIS OPHTH EMULSION	RS	2
TOBRADEX OPHTH OINT		2
TRAVATAN Z OPHTH SOLN	QL	2
ALREX OPHTH SUSP, LOTEMAX OPHTH SUSP		3
BIMATOPROST OPHTH SOLN, LUMIGAN OPHTH SOLN	QL	3
DUREZOL OPHTH EMULSION	QL	3

### OTIC AGENTS

acetic acid otic soln		1
neomycin/ polymyxin/ hydrocortisone otic susp		1
ofloxacin otic soln		1
CIPRODEX OTIC SUSP		3

### PENICILLINS

amoxicillin cap		1
amoxicillin/ clavulanate ER tab		1

amoxicillin/ clavulanate tab		1
penicillin vk tab		1

### PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

bupropion SR tab	QL SMKG	\$0
CHANTIX PAK	QL SMKG	\$0
CHANTIX TAB	QL SMKG	\$0
nicotine gum	OTC QL	\$0
	SMKG	
nicotine lozenge	OTC QL	\$0
	SMKG	
nicotine patch	OTC QL	\$0
	SMKG	
NICOTROL INHALER	QL SMKG	\$0
NICOTROL NASAL SPRAY	QL SMKG	\$0
donepezil ODT	QL	1
donepezil tab	QL	1
galantamine ER cap		1
galantamine tab	¢	1
memantine tab		1
rivastigmine cap		1
NAMENDA XR TITRATION PACK		3

### TETRACYCLINES

doxycycline hyclate cap		1
minocycline cap		1

### THYROID AGENTS

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

### ULCER DRUGS

cimetidine tab		1
famotidine susp		1
famotidine tab		1

**generic** = small letters

**BRANDS** = CAPITAL LETTERS

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

<b>VAC</b>	VACCINE PROGRAM
<b>LD</b>	Limited Distribution
<b>OTC</b>	Over-the-Counter
<b>RS</b>	Restricted to Specialist
<b>SP</b>	Available through Specialty Pharmacy Program

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



# Community First Health Plans

## Preferred Drug List • Plan Year 2019



**COMMUNITY FIRST**  
HEALTH PLANS

misoprostol tab		1
pantoprazole EC tab	QL	1
PREVACID OTC CAP	OTC QL	1
rabeprazole EC tab		1
DEXILANT CAP	NC	

### URINARY ANTI-INFECTIVES

nitrofurantoin monohydrate cap		1
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### URINARY ANTISPASMODICS

oxybutynin ER tab	QL	1
oxybutynin ER tab 5mg	QL	1
oxybutynin tab		1
tolterodine SR cap	QL	1
tolterodine tab	QL	1
VESICARE TAB	QL	3
TOVIAZ TAB	NC	

### VAGINAL PRODUCTS

vcf vaginal gel	OTC	\$0
PREMARIN VAGINAL CREAM		2

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