

# Commercial HMO Preferred Drug List

## Plan Year 2024-2025

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

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).

*This document is subject to change. The most updated version of this document, as well as a complete formulary listing, are available at [www.navitus.com](http://www.navitus.com) or upon request. Drugs will be filled as generics when acceptable generic equivalents are available. This document is copyrighted by Navitus Health Solutions® and may be reprinted for personal use only. Reproduction of this document for any other reason is expressly prohibited, unless prior written consent is obtained from Navitus.*

### Maintenance drugs are coded as such if they meet the following criteria:

1. Medications that do not require frequent monitoring and dosage adjustments for side effects or therapeutic responses. Certain drugs that may have potential life-threatening toxicity when taken as an intentional overdose may be excluded.
2. Medications that are used to treat a chronic condition with no therapy endpoint. These drugs are taken continuously, but do not provide a cure for the condition for which it is being treated.
3. Medications that are typically used as outpatient type of drugs.

#### LEGEND

generic = lower case letters | BRANDS = CAPITAL LETTERS

|            |  |             |                                      |            |   |
|------------|--|-------------|--------------------------------------|------------|---|
| <b>NC</b>  | Not Covered  | <b>TMSP</b> | Available through Specialty Network  | <b>ST</b>  | Step Therapy  |
| <b>EXC</b> | Plan Exclusion   | <b>¢</b>    | RxCENTS                              | <b>VAC</b> | Vaccine Program   |
| <b>LD</b>  | Limited Distribution                                     | <b>INF</b>  | Infertility                          | <b>*</b>   | Maintenance Medication  |
| <b>OTC</b> | Over-the-Counter   | <b>MSP</b>  | Mandatory Specialty Pharmacy Program | <b>🕒</b>   | Allow 1-2 business days for the University Health Pharmacy to order |
| <b>QL</b>  | Quantity Limit   | <b>PA</b>   | Prior Authorization                  | <b>📦</b>   | Available for mail-order through University Health Pharmacies       |
| <b>SF</b>  | Limited to two 15 day fills per month for first 3 months | <b>RS</b>   | Restricted to Specialist             |            |   |
| <b>SP</b>  | Available through Specialty Pharmacy Program             | <b>SMKG</b> | Smoking Cessation                    |            |   |

**ADHD/ ANTI-NARCOLEPSY/ ANTI-OBESITY/ ANOREXIANTS**

dexmethylphenidate ER cap 1  
 dexmethylphenidate tab 1  
 methylphenidate ER cap 1  
 methylphenidate tab 1 QL  
 VYVANSE CAP 3 QL  
 ADDERALL XR CAP NC

**AMINOGLYCOSIDES**

TOBI PODHALER 3 MSP, RS

**ANALGESICS - ANTI-INFLAMMATORY**

celecoxib cap 1 QL  
 diclofenac sodium EC tab 1  
 diclofenac sodium XR tab 1  
 diclofenac/ misoprostol DR tab 1  
 ibuprofen tab 1  
 ketorolac tab 1 QL  
 meloxicam tab 1  
 meloxicam tab 7.5mg 1 QL  
 nabumetone tab 1  
 piroxicam cap 1  
 sulindac tab 1

**ANALGESICS - OPIOID**

acetaminophen/ codeine tab 1 QL  
 fentanyl patch 1 QL  
 hydrocodone/ acetaminophen tab 1  
 morphine sulfate ER tab 1  
 oxycodone/ acetaminophen tab 1  
 tramadol tab 1 QL  
 OXYCODONE ER TAB 2 QL  
 MORPHINE SULFATE ER BEAD CAP 3  
 OXYCONTIN CR TAB NC

**ANTIANKXIETY AGENTS**

alprazolam tab 1  
 buspirone tab 1  
 hydroxyzine tab 1  
 lorazepam tab 1

**ANTIARRHYTHMICS**

MULTAQ TAB 2 QL

**ANTIASTHMATIC AND BRONCHODILATOR AGENTS**

albuterol/ ipratropium neb soln 1  
 ARNUITY ELLIPTA INHALER 1  
 budesonide inh susp 1  
 ipratropium neb soln 1  
 montelukast chew tab 1 QL  
 montelukast tab 1 QL  
 ADVAIR HFA INHALER 2 QL  
 ASMANEX HFA INHALER 2 QL  
 ASMANEX INHALER 2 QL  
 COMBIVENT INHALER 2 QL  
 COMBIVENT RESPIMAT INHALER 2 QL  
 DULERA INHALER 2 QL  
 FLOVENT DISKUS INHALER 2 QL  
 INCRUSE ELLIPTA INHALER 2  
 SEREVENT DISKUS INHALER 2 QL  
 ANORO ELLIPTA INHALER 3  
 PULMICORT FLEXHALER NC  
 QVAR INHALER NC  
 TUDORZA PRESSAIR INHALER NC

**ANTICOAGULANTS**

warfarin tab 1

**ANTICONSULSANTS**

carbamazepine ER tab 1  
 carbamazepine tab 1  
 clonazepam tab 1  
 divalproex sodium DR tab 1  
 gabapentin cap 1 QL  
 gabapentin cap 100mg 1 QL  
 lamotrigine ER tab 1 QL  
 lamotrigine tab 1 QL

levetiracetam tab 1  
 phenytoin cap 1  
 topiramate tab 1

**ANTIDEPRESSANTS**

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

**ANTI-DIABETICS**

glipizide ER tab 1  
 glipizide tab 1  
 glyburide tab 1  
 metformin tab 1  
 ACTOPLUS MET XR TAB 2 ST  
 AVANDAMET TAB 2 QL  
 AVANDIA TAB 2 QL  
 AVANDIA TAB 8MG 2 QL  
 BYDUREON PEN INJ 2 QL  
 FARXIGA TAB 2 QL  
 HUMULIN MIX PEN INJ 2 OTC  
 JANUMET TAB 2 QL  
 JANUMET XR TAB 2 QL  
 JANUVIA TAB 2 QL, c  
 JENTADUETO TAB 2 QL  
 LEVEMIR FLEXTOUCH INJ 2  
 LEVEMIR INJ 2  
 NOVOLIN 70/ 30 INJ 2 OTC  
 NOVOLIN N INJ 2 OTC  
 NOVOLIN R INJ 2 OTC  
 SEMGLEE INJ, INSULIN  
 GLARGINE-YFGN INJ 2  
 SEMGLEE PEN, INSULIN  
 GLARGINE-YFGN PEN 2  
 TRAJENTA TAB 2 QL  
 TRESIBA FLEXTOUCH INJ 2  
 VICTOZA INJ 2 QL  
 ADMELOG INJ, INSULIN LISPRO INJ 3  
 ADMELOG SOLOSTAR INJ, INSULIN  
 LISPRO KWIKPEN INJ (JUNIOR) 3  
 AVANDARYL TAB 3 QL, ST  
 HUMALOG MIX INJ 3  
 HUMALOG MIX KWIKPEN INJ,  
 INSULIN LISPRO PROTAMINE INJ 3  
 HUMALOG PEN INJ 3  
 HUMULIN MIX INJ 3 OTC  
 HUMULIN N INJ 3 OTC  
 HUMULIN N PEN INJ 3 OTC  
 HUMULIN R INJ 3 OTC  
 KOMBIGLYZE XR TAB NC  
 ONGLYZA TAB NC  
 pioglitazone/ metformin tab NC

**ANTIFUNGALS**

fluconazole susp 1  
 fluconazole tab 1  
 griseofulvin micro tab 1  
 griseofulvin susp 1  
 itraconazole cap 1  
 ketoconazole tab 1

nystatin tab 1  
 terbinafine tab 1  
 voriconazole tab 1 RS

**ANTI-HISTAMINES**

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

**ANTIHYPERLIPIDEMICS**

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

**ANTI-HYPERTENSIVES**

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

**ANTI-INFECTIVE AGENTS - MISCELLANEOUS**

clindamycin cap 1  
 erythromycin/ sulfisoxazole susp 1  
 metronidazole tab 1  
 nitrofurantoin monohydrate cap 1  
 smz/ tmp (DS) tab 1  
 metronidazole cap NC

**ANTIMALARIALS**

hydroxychloroquine tab 1

**ANTIMYCOBACTERIAL AGENTS**

rifampin cap 1

**ANTINEOPLASTICS**

methotrexate tab 1

**ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES**

tamoxifen tab \$0  
 bexarotene cap PA, SF, TMSP 1  
 letrozole tab 1  
 ERIVEDGE CAP 2 LD, PA, SF  
 BOSULIF TAB MSP, PA, QL, SF 3

**ANTIPARKINSON AGENTS**

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

**ANTI-PSYCHOTICS/ ANTIMANIC AGENTS**

aripiprazole tab 1  
 clozapine tab 1  
 lithium carbonate cap 1  
 lithium carbonate tab 1  
 olanzapine ODT 1 QL  
 olanzapine tab 1 QL  
 paliperidone ER tab 1  
 quetiapine tab 1 QL  
 quetiapine tab 300mg 1 QL  
 risperidone ODT 1 QL  
 risperidone odt 2mg 1 QL  
 risperidone tab 1 QL  
 ziprasidone cap 1 QL

**ANTIVIRALS**

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

**ASSORTED CLASSES**

azathioprine tab 1  
 cyclosporine cap 1  
 mycophenolate mofetil tab 1

**BETA BLOCKERS**

atenolol tab 1  
 carvedilol tab 1 QL  
 carvedilol tab 25mg 1 QL  
 labetalol tab 1  
 metoprolol ER tab 1 QL  
 metoprolol tab 1  
 propranolol tab 1  
 LEVATOL TAB 2  
 INDERAL XL CAP, INNOPRAN XL  
 CAP 3

**CALCIUM CHANNEL BLOCKERS**

amlodipine tab 1 QL  
 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 1  
 verapamil SR tab 1  
 COVERA-HS TAB 3

**CARDIOVASCULAR AGENTS - MISCELLANEOUS**

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

**CEPHALOSPORINS**

cefaclor cap 1  
 cefadroxil cap 1  
 cefdinir cap 1  
 cefdinir susp 1  
 cefpodoxime proxetil tab 1  
 cefprozil susp 1  
 cefprozil tab 1  
 cefuroxime susp 1

cephalexin cap 1

### CONTRACEPTIVES

amethyst tab 1  
norethindrone tab 1  
isibloom tab, enskyce tab, apr  
tab 2  
tri-sprintec tab 2  
YAZ TAB, YASMIN 28 TAB 2

### CORTICOSTEROIDS

prednisolone soln 1

### COUGH/ COLD/ALLERGY

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

### DERMATOLOGICALS

adapalene cream 1 PA  
adapalene gel 1 PA  
amnestem cap, claravis cap,  
isotretinoin cap, myorisan cap,  
zenatane cap 1  
calcipotriene cream 1  
clindamycin gel 1  
clindamycin/ benzoyl peroxide  
gel 1  
clotrimazole/ betamethasone  
cream 1  
erythromycin gel 1  
imiquimod cream 1  
ketoconazole cream 1  
lidocaine patch 1 QL  
lidocaine/ prilocaine cream 1  
metronidazole cream 1  
metronidazole gel 1  
mupirocin oint 1  
nystatin/ triamcinolone oint 1  
pimecrolimus cream 1 QL, ST  
tacrolimus oint 1  
tretinoin cream 1 PA  
tretinoin gel 1 PA  
ELIDEL CREAM 2 QL, ST  
TAZORAC CREAM 0.05% 3  
AZELEX CREAM NC  
mupirocin cream NC

### DIAGNOSTIC PRODUCTS

ACCU-CHECK TEST STRIP 15% OTC  
FREESTYLE LITE TEST STRIP 15%  
OTC  
FREESTYLE TEST STRIP 15% OTC  
PRECISION XTRA TEST STRIP 15%  
OTC  
TEST STRIP (all other test strips)  
NC OTC

### DIURETICS

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

### ENDOCRINE AND METABOLIC AGENTS - MISCELLANEOUS

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

alendronate tab 5mg 1 QL  
ibandronate tab 150mg 1 QL  
risedronate tab 150mg 1  
FORTICAL NASAL SPRAY 2  
FOSAMAX+D TAB 2 QL  
FORTEO INJ 3 TMSP

### ESTROGENS

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

### FLUOROQUINOLONES

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

### GENITOURINARY AGENTS- MISCELLANEOUS

finasteride tab 1  
tamsulosin cap 1 QL

### GOUT AGENTS

allopurinol tab 1

### HEMATOLOGICAL AGENTS - MISCELLANEOUS

clopidogrel tab 75mg 1 QL

### HYPNOTICS/ SEDATIVES/ SLEEP DISORDER AGENTS

phenobarbital tab 1  
temazepam cap 15mg 1  
temazepam cap 30mg 1  
zaleplon cap 1  
ramelteon tab NC  
ROZEREM TAB NC

### MACROLIDES

azithromycin susp 1  
azithromycin tab 1  
clarithromycin tab 1 QL  
DIFICID TAB 2 QL, ST

### MEDICAL DEVICES AND SUPPLIES

CALIBRATION LIQUID 15% OTC  
B-D INSULIN SYRINGE 2 OTC  
B-D PEN NEEDLE 2 OTC  
FREESTYLE INSULIN SYRINGE 2  
OTC  
NOVOFINE PEN NEEDLE 2 OTC  
NOVOTWIST PEN NEEDLE 2 OTC  
NOVOTWIST/ NOVOFINE PEN  
NEEDLE 2 OTC  
PRECISION INSULIN SYRINGE 2 OTC

### MIGRAINE PRODUCTS

almotriptan tab 1 QL  
naratriptan tab 1 QL  
rizatriptan ODT 1 QL  
rizatriptan tab 1 QL  
sumatriptan inj 1 QL  
SUMATRIPTAN INJ 6MG/ 0.5ML 1 QL  
sumatriptan tab 1 QL  
sumatriptan vial inj 1 QL  
zolmitriptan 2.5mg tab 1 QL  
zolmitriptan 5mg tab 1 QL  
zolmitriptan ODT tab 2.5mg 1 QL  
zolmitriptan ODT tab 5mg 1 QL  
TREMIMET TAB 2 QL  
acetaminophen/ isometheptene/  
dichloral cap NC  
SUMAVEL DOSEPRO INJ NC

### MOUTH/ THROAT/ DENTAL AGENTS

clotrimazole troches 1  
nystatin susp 1

### MULTIVITAMINS

PRENATAL VITAMINS  
(PRENATAL PLUS, PREPLUS,  
PRENAPLUS) 2

### NASAL AGENTS - SYSTEMIC AND TOPICAL

budesonide nasal spray 1 OTC, QL  
fluticasone nasal spray 1 QL  
FLONASE SENSIMIST NASAL SPRAY  
2 OTC  
BECONASE AQ NASAL SPRAY NC  
RHINOCORT AQUA NASAL SPRAY  
NC

### OPHTHALMIC AGENTS

azelastine ophth soln 1  
bacitracin/ polymyxin b ophth  
oint 1  
ciprofloxacin ophth soln 1  
dorzolamide/ timolol (pf) ophth  
soln 1  
gentamicin ophth soln 1  
ketorolac ophth soln 1  
latanoprost ophth soln 1 QL  
ofloxacin ophth soln 1  
pilocarpine ophth soln 1  
timolol maleate ophth soln 1  
tobramycin ophth soln 1  
tobramycin/ dexamethasone  
ophth soln 1 QL  
ACUVAIL OPHTH SOLN 2  
ALPHAGAN P OPHTH SOLN 0.1% 2  
BETIMOL OPHTH SOLN 2  
LUMIGAN OPHTH SOLN 2 QL  
NATACYN OPHTH SOLN 2  
PROLENSA OPHTH SOLN 2  
TOBRADEX OPHTH OINT 2  
ALREX OPHTH SUSP 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 - MISCELLANEOUS

bupropion SR tab \$0 QL, SMKG  
CHANTIX PAK \$0 QL, SMKG  
CHANTIX TAB \$0 QL, SMKG  
nicotine gum OTC, QL,  
SMKG \$0  
nicotine lozenge OTC, QL,  
SMKG \$0  
nicotine patch OTC, QL,  
SMKG \$0  
NICOTROL INHALER \$0 QL, SMKG  
NICOTROL NASAL SPRAY \$0 QL,  
SMKG  
donepezil ODT 1 QL  
donepezil tab 1 QL  
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 OTC  
famotidine susp 1  
famotidine tab 1 OTC  
misoprostol tab 1  
pantoprazole EC tab 1 QL  
rabeprazole EC tab 1  
PREVACID OTC CAP 3 OTC

### ULCER DRUGS/ ANTISPASMODICS/ ANTICHOLINERGICS

DEXILANT DR CAP NC

### URINARY ANTISPASMODICS

oxybutynin ER tab 1 QL  
oxybutynin ER tab 5mg 1 QL  
oxybutynin tab 1  
tolterodine SR cap 1 QL  
tolterodine tab 1

### VAGINAL PRODUCTS

PREMARIN VAGINAL CREAM 2 NC

**NOTE:**

For drugs not listed on this PDL, please contact Community First to inquire about coverage or mail delivery status.

**If you have medical or prescription insurance related questions**  
Contact Community First Health Plans: 210-358-6070

**If you are unable to locate your medication on this list**  
Contact Community First Health Plans: 210-358-6070