COMMUNITY FIRST HEALTH PLANS

Commercial HMO Preferred Drug List
Plan Year 2026-2027

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 theNavitus Community First

A complete version of the Navitus Formulary, as well as information on prior authorization and clinical programs, are available at **CommunityFirstHealthPlans.com/MemberPortal/.**

*This document is subject to change. The most updated version of this document, as well as a complete formulary listing, are available at **CommunityFirstHealthPlans.com/MemberPortal/** or upon request. Drugs will be filled as generics when acceptable generic equivalents are available.*

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

NC	Not Covered	**SP**	Available through Specialty Pharmacy Program	**PA**	Prior Authorization
EXC	Plan Exclusion	**TMSP**	Available through Specialty Network	**RS**	Restricted to Specialist
LD	Limited Distribution	**¢**	RxCENTS	**SMKG**	Smoking Cessation
OTC	Over-the-Counter	**INF**	Infertility	**ST**	Step Therapy
QL	Quantity Limit	**MSP**	Mandatory Specialty	**VAC**	Vaccine Program
SF	Limited to two 15 day fills per month for first 3 months			*	Maintenance Medication

Toll-Free: 1-800-434-2347 | TTY: 711 | 12238 Silicon Dr. Ste 100, San Antonio, TX 78249 | CommunityFirstHealthCoverage.com

ADHD/ ANTI-NARCOLEPSY/ ANTI-OBESITY/ ANOREXIANTS
dexmethylphenidate ER cap 1
dexmethylphenidate tab 1
methylphenidate ER cap 1
methylphenidate tab 1 QL

AMINOGLYCOSIDES
TOBI PODHALER 3 LD-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-ST
hydrocodone/ acetaminophen tab 1
morphine sulfate ER tab 1-ST
oxycodone/ acetaminophen tab 1
tramadol tab 1 QL-ST
OXYCODONE ER TAB 2 QL
MORPHINE SULFATE ER BEAD CAP 3-ST

ANTIANXIETY 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 2
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 RESPIMAT INHALER 2 QL
DULERA INHALER 2 QL
INCRUSE ELLIPTA INHALER 2
ANORO ELLIPTA INHALER 3

ANTICOAGULANTS
warfarin tab 1

ANTICONVULSANTS
carbamazepine ER tab 1
carbamazepine tab 1
clonazepam tab 1
divalproex sodium DR tab 1
gabapentin cap 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

ANTIDIABETICS
glipizide ER tab 1
glipizide tab 1
glyburide tab 1
metformin tab 1
FARXIGA TAB 2 QL
HUMULIN MIX PEN INJ 2 OTC
JANUMET TAB 2 QL
JANUMET XR TAB 2 QL
JANUVIA TAB 2 QL, ç
JENTADUETO TAB 2 QL
LEVEMIR FLEXTOUCH INJ 2
LEVEMIR INJ 2
SEMGLEE INJ, INSULIN GLARGINE-YFGN INJ 2
SEMGLEE PEN, INSULIN GLARGINE-YFGN PEN 2
TRADJENTA TAB 2 QL
TRESIBA FLEXTOUCH INJ 2
VICTOZA INJ 2 QL-RDX
LISPRO KWIKPEN INJ (JUNIOR) 2
HUMALOG MIX INJ 2
HUMALOG PEN INJ 2
HUMULIN MIX INJ 2 OTC
HUMULIN N INJ 2 OTC
HUMULIN N PEN INJ 2 OTC
HUMULIN R INJ 2 OTC

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

ANTIHISTAMINES
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

ANTIHYPERTENSIVES
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

ANTI-INFECTIVE AGENTS - MISCELLANEOUS
clindamycin cap 1
metronidazole tab 1
nitrofurantoin monohydrate cap 1
smz/ tmp (DS) tab 1

ANTIMALARIALS
hydroxychloroquine tab 1

ANTIMYCOBACTERIAL AGENTS
rifampin cap 1

ANTINEOPLASTICS
methotrexate tab 1

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tamoxifen tab $0
bexarotene cap PA-TMSP 1
letrozole tab 1
ERIVEDGE CAP 2 , PA, SF-TMSP
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

ANTIPSYCHOTICS/ 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
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

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
cephalexin cap 1

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

CORTICOSTEROIDS
prednisone tab (DELTASONE equiv) 1
prednisolone soln 1

COUGH/ COLD/ALLERGY
cetirizine/ pseudoephedrine 12-hour tab1 OTC, QL
GUAIFENESIN/CODEINE SYRUP (QL= 240ml/fill), OTC, 1
loratadine/ pseudoephedrine 12-hour tab 1 OTC
loratadine/ pseudoephedrine 24-hour tab 1 OTC

DERMATOLOGICALS
adapalene cream 1 PA
adapalene gel 1 PA
amnesteem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap 1
clindamycin gel 1
clindamycin/benzoyl peroxide gel (BENZACLIN, DUAC Gel equiv) 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
pimecrolimus cream (ELIDEL equiv) QL= 30 gm/fill; ST, 1
tazarotene cream 0.05% (TAZORAC equiv) 1

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
chlorthalidone tab 1

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

ESTROGENS
estradiol patch (CLIMARA, VIVELLE-DOT quiv) QL 1
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 (ROZEREM equiv)-- QL 1

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
TREXIMET TAB 2 QL

MOUTH/ THROAT/ DENTAL AGENTS
clotrimazole troches 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

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
brimonidine tartrate ophth soln 0.1% (ALPHAGAN equiv) 1
BETIMOL OPHTH SOLN 0.25% 2
timolol ophth soln (BETIMOL equiv) 1
LUMIGAN OPHTH SOLN (QL= 2.5ml/30 days) 2
NATACYN OPHTH SOLN 2
PROLENSA OPHTH SOLN 2
TOBRADEX OPHTH OINT 2
ALREX OPHTH SUSP 3

OTIC AGENTS
acetic acid otic soln 1
neomycin/ polymixin/ hydrocoritisone 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
varenicline tartrate tab QL-SMKG $0
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
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

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

VAGINAL PRODUCTS
PREMARIN VAGINAL CREAM 2

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