



What if your drug is not on the Formulary?

If your prescription is not listed on the formulary, you should first contact the Member Services Center at 1-415-834-2118 to ensure that it is not covered. If the Member Services Center confirms that we do not cover your drug, you have three options:

- 1) You can ask your doctor if you can switch to another drug covered by us.
- 2) You can ask us to make an authorization to cover your drug.
- 3) You can pay out-of-pocket for the drug and request that the Plan reimburse you by requesting an authorization. If the authorization request is not approved, the Plan is not obligated to reimburse you. If the authorization request is not approved, you may appeal the Plan's denial.

You can obtain non-formulary prescription drugs (those not listed on our drug formulary for your condition) if authorized by the Plan and a CCHP physician determines that they are medically necessary. If you disagree with your physician's determination that a non-formulary prescription drug is not medically necessary, you may file a grievance as described in the "Grievances and Appeals Process" section of your Evidence of Coverage booklet.

Chinese Community Health Plan 4-Tier Formulary (Commercial)

Drug Name	Tier	Requirements/Limits	
ALLERGY			
ANTIHISTAMINES - 1ST GENERATION			
<i>carbinoxamine maleate</i>	CLISTIN	1	
<i>carbinoxamine maleate</i>	PALGIC	1	
<i>cyproheptadine hcl</i>	PERIACTIN	1	
<i>diphenhydramine hcl</i>	BENADRYL (50 MG) (CAPSULE) (OTC)	1	
<i>hydroxyzine hcl</i>	ATARAX	1	
<i>hydroxyzine pamoate</i>	VISTARIL	1	
<i>promethazine hcl</i>	PHENERGAN (12.5 MG) (TABLET)	1	
<i>promethazine hcl</i>	PHENERGAN (25 MG) (TABLET)	1	
<i>promethazine hcl</i>	PHENERGAN (50 MG) (TABLET)	1	
<i>promethazine hcl</i>	PHENERGAN VC	1	
NASAL ANTIHISTAMINE			
<i>azelastine hcl</i>	ASTELIN	1	
<i>azelastine hcl</i>	ASTEPRO	1	
<i>olopatadine hcl</i>	PATANASE	1	
NASAL ANTI-INFLAMMATORY STEROIDS			
<i>flunisolide</i>	NASALIDE	1	QL: 50mL PER FILL
FLUTICASONE FUROATE	CHILDREN'S FLONASE SENSIMIST	3	ST, QL: 31.6mL PER FILL
FLUTICASONE FUROATE	FLONASE SENSIMIST	3	ST, QL: 31.6mL PER FILL
<i>fluticasone propionate</i>	CHILDREN'S FLONASE ALLERGY RLF	1	QL: 31.6mL PER FILL
<i>fluticasone propionate</i>	FLONASE	1	QL: 32gm PER FILL
<i>fluticasone propionate</i>	FLONASE ALLERGY RELIEF	1	QL: 31.6mL PER FILL
<i>mometasone furoate</i>	NASONEX	1	QL: 34gm PER FILL
<i>triamcinolone acetonide</i>	NASACORT	1	QL: 33.8mL PER FILL
ANTIEMESIS/ANTIVERTIGO			
ANTIEMETIC/ANTIVERTIGO AGENTS			
<i>aprepitant</i>	EMEND (125 MG) (CAPSULE)	2	QL: 3 PER FILL, PR: RESTRICTED TO ONCOLOGIST OR HEMATOLOGIST
<i>aprepitant</i>	EMEND (125MG-80MG) (CAP DS PK)	2	QL: 3 PER FILL, PR: RESTRICTED TO ONCOLOGIST OR HEMATOLOGIST
<i>aprepitant</i>	EMEND (40 MG) (CAPSULE)	2	QL: 3 PER FILL, PR: RESTRICTED TO

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Drug Name		Tier	Requirements/Limits
			ONCOLOGIST OR HEMATOLOGIST
<i>aprepitant</i>	EMEND (80 MG) (CAPSULE)	2	QL: 3 PER FILL, PR: RESTRICTED TO ONCOLOGIST OR HEMATOLOGIST
<i>dronabinol</i>	MARINOL	1	
<i>granisetron hcl</i>	KYTRIL	1	QL: 9 PER FILL
NETUPITANT/PALONOSETRON HCL	AKYNZEO	2	QL: 1 PER FILL, PR: RESTRICTED TO ONCOLOGIST OR HEMATOLOGIST
<i>ondansetron</i>	ZOFRAN ODT	1	
<i>ondansetron hcl</i>	ZOFRAN	1	
<i>prochlorperazine</i>	COMPAZINE	1	
<i>prochlorperazine maleate</i>	COMPAZINE	1	
<i>promethazine hcl</i>	PHENERGAN	1	
ROLAPITANT HCL	VARUBI	2	QL: 2 IN 1 DAY, PR: RESTRICTED TO ONCOLOGIST OR HEMATOLOGIST
<i>scopolamine</i>	TRANSDERM- SCOP	3	
<i>trimethobenzamide hcl</i>	TIGAN	1	
ASTHMA AND COPD			
ANTICHOLINERGIC, ORALLY INHALED SHORT ACTING			
<i>ipratropium bromide</i>	ATROVENT	1	
IPRATROPIUM BROMIDE	ATROVENT HFA	2	
ANTICHOLINERGICS, ORALLY INHALED LONG ACTING			
TIOTROPIUM BROMIDE	SPIRIVA	2	
TIOTROPIUM BROMIDE	SPIRIVA RESPIMAT	2	
UMECLIDINIUM BROMIDE	INCRUSE ELLIPTA	2	
BETA-ADRENERGIC AGENTS			
<i>albuterol sulfate</i>		1	
<i>metaproterenol sulfate</i>	ALUPENT (10 MG/5 ML) (SYRUP)	1	
<i>terbutaline sulfate</i>		1	
BETA-ADRENERGIC AGENTS, INHALED, SHORT ACTING			
<i>albuterol sulfate</i>		1	
ALBUTEROL SULFATE	PROAIR HFA	2	
ALBUTEROL SULFATE	PROVENTIL HFA	2	
ALBUTEROL SULFATE	VENTOLIN HFA	2	
<i>levalbuterol hcl</i>	XOPENEX	1	
<i>levalbuterol hcl</i>	XOPENEX CONCENTRATE	1	

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Drug Name	Tier	Requirements/Limits
BETA-ADRENERGIC AGENTS, INHALED, ULTRA-LONG ACTING		
OLODATEROL HCL STRIVERDI RESPIMAT	3	QL: 1gm IN 30 DAYS
BETA-ADRENERGIC AGENTS, ORALLY INHALED, LONG ACTING		
SALMETEROL XINAFOATE SEREVENT DISKUS	2	
BETA-ADRENERGIC AND ANTICHOLINERGIC COMBINATIONS		
IPRATROPIUM/ALBUTEROL SULFATE COMBIVENT RESPIMAT	2	
<i>ipratropium/albuterol sulfate</i> DUONEB	1	
TIOTROPIUM BR/OLODATEROL HCL STIOLTO RESPIMAT	2	
BETA-ADRENERGIC AND GLUCOCORTICOID COMBINATIONS		
FLUTICASONE/SALMETEROL ADVAIR DISKUS	2	
FLUTICASONE/SALMETEROL ADVAIR HFA	2	
FLUTICASONE/VILANTEROL BREQ ELLIPTA	2	
MOMETASONE/FORMOTEROL DULERA	2	
GLUCOCORTICOID, ORALLY INHALED		
<i>budesonide</i> PULMICORT	1	
FLUTICASONE FUROATE ARNUITY ELLIPTA	1	
FLUTICASONE PROPIONATE FLOVENT DISKUS	1	
FLUTICASONE PROPIONATE FLOVENT HFA	1	
MOMETASONE FUROATE ASMANEX	1	
MOMETASONE FUROATE ASMANEX HFA	1	
LEUKOTRIENE RECEPTOR ANTAGONISTS		
<i>montelukast sodium</i> SINGULAIR	1	
<i>zafirlukast</i> ACCOLATE	1	
MAST CELL STABILIZERS		
<i>cromolyn sodium</i> GASTROCROM	1	
MAST CELL STABILIZERS, ORALLY INHALED		
<i>cromolyn sodium</i>	1	
RESPIRATORY AIDS, DEVICES, EQUIPMENT		
COMPRESSOR, FOR NEBULIZER DEVILBISS COMPACT	2	
COMPRESSOR, FOR NEBULIZER DEVILBISS PULMO-AIDE	2	
COMPRESSOR, FOR NEBULIZER DEVILBISS PULMOMATE	2	
COMPRESSOR, FOR NEBULIZER DEVILBLISS	2	
COMPRESSOR, FOR NEBULIZER EBASE CONTROLLER	2	
COMPRESSOR, FOR NEBULIZER PULMO-AIDE	2	
COMPRESSOR, FOR NEBULIZER SUNRISE COMPRESSOR- NEBULIZER	2	
HUMIDIFIER COOL MIST	2	
HUMIDIFIER COOL MIST HUMIDIFIER	2	

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Drug Name	Tier	Requirements/Limits
HUMIDIFIER HEALTHMIST	2	
HUMIDIFIER	2	
HUMIDIFIER VICKS COOL MIST	2	
INHALER, ASSIST DEVICES ACE AEROSOL CLOUD ENHANCER	2	
INHALER, ASSIST DEVICES AEROCHAMBER MINI	2	
INHALER, ASSIST DEVICES AEROCHAMBER MV	2	
INHALER, ASSIST DEVICES AEROCHAMBER PLUS FLOW-VU	2	
INHALER, ASSIST DEVICES AEROCHAMBER WITH FLOWSIGNAL	2	
INHALER, ASSIST DEVICES AEROCHAMBER Z-STAT PLUS	2	
INHALER, ASSIST DEVICES AEROTRACH PLUS	2	
INHALER, ASSIST DEVICES AEROVENT PLUS	2	
INHALER, ASSIST DEVICES BREATHERITE	2	
INHALER, ASSIST DEVICES BREATHERITE SPACER-ADULT MASK	2	
INHALER, ASSIST DEVICES BREATHERITE SPACER-INFANT MASK	2	
INHALER, ASSIST DEVICES BREATHERITE SPACER-LG CHLD MSK	2	
INHALER, ASSIST DEVICES BREATHERITE SPACER-NEONATE MSK	2	
INHALER, ASSIST DEVICES BREATHERITE SPACER-SM CHLD MSK	2	
INHALER, ASSIST DEVICES BREATHRITE	2	
INHALER, ASSIST DEVICES CLEVER CHOICE HOLDING CHAMBER	2	
INHALER, ASSIST DEVICES COMPACT SPACE CHAMBER	2	
INHALER, ASSIST DEVICES COMPACT SPACE CHAMBER PLUS	2	
INHALER, ASSIST DEVICES EASIVENT	2	
INHALER, ASSIST DEVICES E-Z SPACER	2	

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Drug Name	Tier	Requirements/Limits
INHALER, ASSIST DEVICES FLEXICHAMBER	2	
INHALER, ASSIST DEVICES INSPIRACHAMBER	2	
INHALER, ASSIST DEVICES LITEAIRE	2	
INHALER, ASSIST DEVICES MICROCHAMBER	2	
INHALER, ASSIST DEVICES MICROSPACER	2	
INHALER, ASSIST DEVICES OPTICHAMBER DIAMOND	2	
INHALER, ASSIST DEVICES POCKET CHAMBER	2	
INHALER, ASSIST DEVICES PRIMEAIRE	2	
INHALER, ASSIST DEVICES PROCHAMBER	2	
INHALER, ASSIST DEVICES RITEFLO	2	
INHALER, ASSIST DEVICES SPACE CHAMBER PLUS	2	
INHALER, ASSIST DEVICES VORTEX	2	
INHALER, ASSIST DEVICES VORTEX HOLDING CHAMBER-CHILD	2	
INHALER, ASSIST DEVICES VORTEX HOLDING CHAMBER-TODDLER	2	
INHALER, ASSIST DEVICES VORTEX VHC FROG MASK	2	
INHALER, ASSIST DEVICES VORTEX VHC LADYBUG MASK	2	
INHALER,ASSIST DEVICE,ACCESORY EASIVENT	2	
INHALER,ASSIST DEVICE,ACCESORY FLEXICHAMBER MASK	2	
INHALER,ASSIST DEVICE,ACCESORY LITETOUCH	2	
INHALER,ASSIST DEVICE,ACCESORY MOUTHPIECE	2	
INHALER,ASSIST DEVICE,ACCESORY ONE WAY MOUTHPIECE	2	
INHALER,ASSIST DEVICE,ACCESORY OPTICHAMBER	2	
INHALER,ASSIST DEVICE,ACCESORY PANDA MASK	2	
INHALER,ASSIST DEVICE,ACCESORY PEDIATRIC MASK	2	
INHALER,ASSIST DEVICE,ACCESORY PEDIATRIC PANDA MASK	2	
INHALER,ASSIST DEVICE,ACCESORY SIDESTREAM PEDIATRIC	2	
INHALER,ASSIST DEVICE,ACCESORY SILICONE MASK	2	
INHALER,ASSIST DEVICE,ACCESORY VORTEX	2	
INHALER,ASSIST DEVICE,ACCESORY VORTEX FROG MASK	2	

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Drug Name		Tier	Requirements/Limits
INHALER,ASSIST DEVICE,ACCESORY	VORTEX LADYBUG MASK	2	
NEBULIZER	AEROECLIPSE II	2	
NEBULIZER	AERONEB GO NEBULIZER	2	
NEBULIZER	AIRS DISPOSABLE NEBULIZER	2	
NEBULIZER	ALTERA NEBULIZER	2	
NEBULIZER	BABY NEBULIZER	2	
NEBULIZER	COMPACT COMPRESSOR NEBULIZER	2	
NEBULIZER	COMPACT ULTRASONIC NEBULIZER	2	
NEBULIZER	DEVILBISS DISPOSABLE NEBULIZER	2	
NEBULIZER	ERAPID NEBULIZER	2	
NEBULIZER	LC D NEBULIZER SET	2	
NEBULIZER	LC PLUS	2	
NEBULIZER	LC PLUS NEBULIZER- PED MASK	2	
NEBULIZER	LC SPRINT NEBULIZER	2	
NEBULIZER	LC STAR	2	
NEBULIZER	MICRO AIR	2	
NEBULIZER	MINI PLUS NEBULIZER	2	
NEBULIZER	MINICOMP COMPRESSOR NEBULIZER	2	
NEBULIZER	NASONEB NASAL NEBULIZER	2	
NEBULIZER	PARI LC SPRINT SINUS	2	
NEBULIZER	PRODIGY MINI- MIST	2	
NEBULIZER	SIDESTREAM	2	
NEBULIZER	SIDESTREAM NEBULIZER	2	
NEBULIZER	SIDESTREAM PLUS	2	

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Drug Name	Tier	Requirements/Limits
NEBULIZER SINUSTAR	2	
NEBULIZER SOOTHENEB MESH NEBULIZER	2	
NEBULIZER TRUNEB NEBULIZER	2	
NEBULIZER VIXONE NEBULIZER	2	
NEBULIZER AND COMPRESSOR CLEVER CHOICE NEBULIZER	2	
NEBULIZER AND COMPRESSOR CLEVER CHOICE WHISPER AIRE PED	2	
NEBULIZER AND COMPRESSOR COMP-AIR NEBULIZER COMPRESSOR	2	
NEBULIZER AND COMPRESSOR DEVILBISS PULMONEB LT COMP-NEB	2	
NEBULIZER AND COMPRESSOR DEVILBISS TRAVELER	2	
NEBULIZER AND COMPRESSOR EASY AIR	2	
NEBULIZER AND COMPRESSOR HOME NEBULIZER PLUS SIDESTREAM	2	
NEBULIZER AND COMPRESSOR INNOSPIRE DELUXE	2	
NEBULIZER AND COMPRESSOR INNOSPIRE ELEGANCE	2	
NEBULIZER AND COMPRESSOR INNOSPIRE ESSENCE	2	
NEBULIZER AND COMPRESSOR INNOSPIRE MINI	2	
NEBULIZER AND COMPRESSOR MY MDI PORTABLE NEBULISER	2	
NEBULIZER AND COMPRESSOR OMBRA COMPRESSOR SYSTEM	2	
NEBULIZER AND COMPRESSOR PARI SINUS AEROSOL SYSTEM	2	
NEBULIZER AND COMPRESSOR PEDIATRIC DINOSAUR NEBULIZER	2	
NEBULIZER AND COMPRESSOR PEDIATRIC DOG NEBULIZER	2	

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Drug Name	Tier	Requirements/Limits
NEBULIZER AND COMPRESSOR PEDIATRIC FROG NEBULIZER	2	
NEBULIZER AND COMPRESSOR PORTABLE NEBULIZER SYSTEM	2	
NEBULIZER AND COMPRESSOR PRONEB ULTRA II	2	
NEBULIZER AND COMPRESSOR PULMONEB LT COMPRESSOR NEBUL	2	
NEBULIZER AND COMPRESSOR SAMI THE SEAL	2	
NEBULIZER AND COMPRESSOR SINUSTAR	2	
NEBULIZER AND COMPRESSOR SOOTHENEB COMPRESSOR NEBULIZER	2	
NEBULIZER AND COMPRESSOR TREK S COMBO PACK	2	
NEBULIZER AND COMPRESSOR TREK S COMPACT COMPRESSOR	2	
NEBULIZER AND COMPRESSOR VIOS AEROSOL DELIVERY SYSTEM	2	
PEAK FLOW METER AIRZONE PEAK FLOW METER	1	
PEAK FLOW METER ASTHMA CHECK	1	
PEAK FLOW METER IN-CHECK NASAL WITH MASK	1	
PEAK FLOW METER IN-CHECK ORAL	1	
PEAK FLOW METER MICROLIFE PEAK FLOW	1	
PEAK FLOW METER MINI-WRIGHT PEAK FLOW METER	1	
PEAK FLOW METER PEAK-AIR	1	
PEAK FLOW METER PERSONAL BEST	1	
PEAK FLOW METER PIKO 1	1	
PEAK FLOW METER POCKET PEAK	1	
PEAK FLOW METER TRUZONE PEAK FLOW METER	1	
PEAK FLOW METER/INH ASSIT DEV AEROGEAR ASTHMA ACTION KIT	1	
PEAK FLOW METER/INH ASSIT DEV ASTHMAPACK CHILDREN'S	1	
SPIROMETERS AND ACCESSORIES IN-CHECK DIAL	2	

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Drug Name		Tier	Requirements/Limits
SPIROMETERS AND ACCESSORIES	MISTASSIST	2	
SPIROMETERS AND ACCESSORIES	PFLEX TRAINER	2	
SPIROMETERS AND ACCESSORIES	THRESHOLD IMT	2	
SPIROMETERS AND ACCESSORIES	THRESHOLD PEP	2	
SPIROMETERS AND ACCESSORIES	WINDMILL TRAINER	2	
VAPORIZER		2	
VAPORIZER	VICKS WARM STEAM VAPORIZER	2	
VAPORIZER	WARM STEAM VAPORIZER	2	
VAPORIZER-HUMIDIFIER SUPPLIES	KAZ INHALANT	2	
VAPORIZER-HUMIDIFIER SUPPLIES	VAPORIZER CLEANING TABLETS	2	
VAPORIZER-HUMIDIFIER SUPPLIES	VAPORIZER INHALANT	2	
XANTHINES			
<i>caffeine citrate</i>	CAFCIT	1	AGE: < 1 YEAR
<i>theophylline anhydrous</i>	ELIXOPHYLLIN	2	
<i>theophylline anhydrous</i>	SLO-PHYLLIN	1	
<i>theophylline anhydrous</i>	THEO-DUR	1	
<i>theophylline anhydrous</i>	UNIPHYL	1	
AUTONOMIC NERVOUS SYSTEM DISORDERS			
ALZHEIMER'S THERAPY, NMDA RECEPTOR ANTAGONISTS			
<i>memantine hcl</i>	NAMENDA	1	
MEMANTINE HCL	NAMENDA XR (14 MG) (CAP SPR 24)	2	
MEMANTINE HCL	NAMENDA XR (21 MG) (CAP SPR 24)	2	
MEMANTINE HCL	NAMENDA XR (28 MG) (CAP SPR 24)	2	
MEMANTINE HCL	NAMENDA XR (7 MG) (CAP SPR 24)	2	
MEMANTINE HCL	NAMENDA XR (7-14-21-28) (CAP24 DSPK)	2	
ALZHEIMER'S THX,NMDA RECEPT ANTAG & CHOLINES INHIB			
MEMANTINE HCL/DONEPEZIL HCL	NAMZARIC	2	ST
CHOLINESTERASE INHIBITORS			
<i>donepezil hcl</i>	ARICEPT (10 MG) (TABLET)	1	QL: 2 IN 1 DAY

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Drug Name		Tier	Requirements/Limits
<i>donepezil hcl</i>	ARICEPT (23 MG) (TABLET)	1	ST, QL: 1 IN 1 DAY
<i>donepezil hcl</i>	ARICEPT (5 MG) (TABLET)	1	QL: 2 IN 1 DAY
<i>donepezil hcl</i>	ARICEPT ODT	1	QL: 1 IN 1 DAY
<i>galantamine hbr</i>	RAZADYNE	1	
<i>galantamine hbr</i>	RAZADYNE ER	1	
<i>pyridostigmine bromide</i>	MESTINON (180 MG) (TABLET ER)	1	
<i>pyridostigmine bromide</i>	MESTINON (60 MG) (TABLET)	1	
<i>rivastigmine</i>	EXELON	1	
<i>rivastigmine tartrate</i>	EXELON	1	
BEHAVIORAL HEALTH - ANTIDEPRESSANTS			
ALPHA-2 RECEPTOR ANTAGONIST ANTIDEPRESSANTS			
<i>mirtazapine</i>		1	
MAOIS - NON-SELECTIVE & IRREVERSIBLE			
ISOCARBOXAZID	MARPLAN	2	
<i>phenelzine sulfate</i>	NARDIL	1	
<i>tranylcypromine sulfate</i>	PARNATE	1	
NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIB (NDRIS)			
<i>bupropion hcl</i>	WELLBUTRIN	1	
<i>bupropion hcl</i>	WELLBUTRIN SR	1	
<i>bupropion hcl</i>	WELLBUTRIN XL	1	
SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS)			
<i>citalopram hydrobromide</i>	CELEXA	1	
<i>escitalopram oxalate</i>	LEXAPRO	1	
<i>fluoxetine hcl</i>	PROZAC	1	
<i>fluvoxamine maleate</i>	LUVOX	1	
<i>fluvoxamine maleate</i>	LUVOX CR	1	ST
<i>paroxetine hcl</i>	PAXIL (10 MG) (TABLET)	1	
<i>paroxetine hcl</i>	PAXIL (20 MG) (TABLET)	1	
<i>paroxetine hcl</i>	PAXIL (30 MG) (TABLET)	1	
<i>paroxetine hcl</i>	PAXIL (40 MG) (TABLET)	1	
<i>paroxetine hcl</i>	PAXIL CR	1	
<i>sertraline hcl</i>	ZOLOFT	1	
SEROTONIN-2 ANTAGONIST/REUPTAKE INHIBITORS (SARIS)			
<i>nefazodone hcl</i>	SERZONE	1	
<i>trazodone hcl</i>	DESYREL (100 MG) (TABLET)	1	
<i>trazodone hcl</i>	DESYREL (150 MG) (TABLET)	1	

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Drug Name	Tier	Requirements/Limits
<i>trazodone hcl</i> DESYREL (50 MG) (TABLET)	1	
SEROTONIN-NOREPINEPHRINE REUPTAKE-INHIB (SNRIS)		
<i>duloxetine hcl (20 mg) (capsule dr)</i>	1	QL: 2 IN 1 DAY
<i>duloxetine hcl (30 mg) (capsule dr)</i>	1	QL: 2 IN 1 DAY
<i>duloxetine hcl (60 mg) (capsule dr)</i>	1	QL: 2 IN 1 DAY
LEVOMILNACIPRAN HCL FETZIMA	3	PA, QL: 1 IN 1 DAY
<i>venlafaxine hcl</i> EFFEXOR	1	
<i>venlafaxine hcl</i> EFFEXOR XR	1	
<i>venlafaxine hcl er</i>	1	
SSRI & SEROTONIN RECEPTOR MODULATOR ANTIDEPRESSANT		
VORTIOXETINE HYDROBROMIDE TRINTELLIX	3	PA, QL: 1 IN 1 DAY
TRICYCLIC ANTIDEPRESSANT/BENZODIAZEPINE COMBINATNS		
<i>amitriptyline/chlordiazepoxide</i> LIMBITROL	1	
<i>amitriptyline/chlordiazepoxide</i> LIMBITROL DS	1	
TRICYCLIC ANTIDEPRESSANT/PHENOTHIAZINE COMBINATNS		
<i>perphenazine/amitriptyline hcl</i> ETRAFON-A	1	
<i>perphenazine/amitriptyline hcl</i> TRIAVIL 2-10	1	
<i>perphenazine/amitriptyline hcl</i> TRIAVIL 2-25	1	
<i>perphenazine/amitriptyline hcl</i> TRIAVIL 4-25	1	
<i>perphenazine/amitriptyline hcl</i> TRIAVIL 4-50	1	
TRICYCLIC ANTIDEPRESSANTS & REL. NON-SEL. RU-INHIB		
<i>amitriptyline hcl</i> ELAVIL	1	
<i>amoxapine</i> ASENDIN	1	
<i>clomipramine hcl</i> ANAFRANIL	1	
<i>desipramine hcl</i> NORPRAMIN	1	
<i>doxepin hcl</i> SINEQUAN	1	
<i>imipramine hcl</i> TOFRANIL	1	
<i>imipramine pamoate</i> TOFRANIL-PM	1	
<i>maprotiline hcl</i> LUDIOMIL	1	
<i>nortriptyline hcl</i> PAMELOR	1	
<i>protriptyline hcl</i> VIVACTIL	1	
<i>trimipramine maleate</i> SURMONTIL	1	
BEHAVIORAL HEALTH - OTHER		
ADRENERGICS, AROMATIC, NON-CATECHOLAMINE		
<i>dextroamphetamine sulfate</i> DEXEDRINE	1	
<i>dextroamphetamine sulfate</i> PROCENTRA	1	
<i>dextroamphetamine/amphetamine</i> ADDERALL	1	
<i>dextroamphetamine/amphetamine</i> ADDERALL XR	1	
LISDEXAMFETAMINE DIMESYLATE VYVANSE (10 MG) (CAPSULE)	2	
LISDEXAMFETAMINE DIMESYLATE VYVANSE (20 MG) (CAPSULE)	2	
LISDEXAMFETAMINE DIMESYLATE VYVANSE (30 MG) (CAPSULE)	2	
LISDEXAMFETAMINE DIMESYLATE VYVANSE (40 MG) (CAPSULE)	2	
LISDEXAMFETAMINE DIMESYLATE VYVANSE (50 MG) (CAPSULE)	2	

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Drug Name		Tier	Requirements/Limits
LISDEXAMFETAMINE DIMESYLATE	VYVANSE (60 MG) (CAPSULE)	2	
LISDEXAMFETAMINE DIMESYLATE	VYVANSE (70 MG) (CAPSULE)	2	
<i>methamphetamine hcl</i>	DESOXYN	1	
ANTI-ALCOHOLIC PREPARATIONS			
<i>acamprosate calcium</i>	CAMPRAL	1	
<i>disulfiram</i>	ANTABUSE	1	
ANTI-ANXIETY - BENZODIAZEPINES			
<i>alprazolam</i>		1	
<i>chlordiazepoxide hcl</i>		1	
<i>clorazepate dipotassium</i>		1	
<i>diazepam</i>		1	
<i>lorazepam</i>		1	
<i>oxazepam</i>		1	
ANTI-ANXIETY DRUGS			
<i>alprazolam</i>		1	
<i>bupirone hcl</i>	BUSPAR (10 MG) (TABLET)	1	
<i>bupirone hcl</i>	BUSPAR (15 MG) (TABLET)	1	
<i>bupirone hcl</i>	BUSPAR (5 MG) (TABLET)	1	
<i>bupirone hcl</i>	BUSPAR (7.5 MG) (TABLET)	1	
<i>meprobamate</i>		1	
ANTI-MANIA DRUGS			
CARBAMAZEPINE	EQUETRO	2	
<i>lithium carbonate</i>		1	
LITHIUM CARBONATE	LITHOBID	3	
<i>lithium citrate</i>		1	
ANTIPSYCH,DOPAMINE ANTAG.,DIPHENYLBUTYLPYPERIDINES			
<i>pimozide</i>	ORAP	1	
ANTIPSYCHOTICS, ATYP, D2 PARTIAL AGONIST/5HT MIXED			
<i>aripiprazole</i>	ABILIFY (1 MG/ML) (SOLUTION)	1	PA
<i>aripiprazole</i>	ABILIFY (10 MG) (TABLET)	1	
<i>aripiprazole</i>	ABILIFY (15 MG) (TABLET)	1	
<i>aripiprazole</i>	ABILIFY (2 MG) (TABLET)	1	
<i>aripiprazole</i>	ABILIFY (20 MG) (TABLET)	1	
<i>aripiprazole</i>	ABILIFY (30 MG) (TABLET)	1	
<i>aripiprazole</i>	ABILIFY (5 MG) (TABLET)	1	

Chinese Community Health Plan 4-Tier Formulary (Commercial)

Drug Name	Tier	Requirements/Limits
<i>aripiprazole</i> ABILIFY DISCMELT	1	PA
ANTIPSYCHOTICS, DOPAMINE & SEROTONIN ANTAGONISTS		
<i>loxapine succinate</i> LOXITANE	1	
ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG		
<i>clozapine</i>	1	
<i>clozapine</i> CLOZARIL	1	
<i>clozapine</i> FAZACLO (100 MG) (TAB RAPDIS)	1	
<i>clozapine</i> FAZACLO (12.5 MG) (TAB RAPDIS)	2	
<i>clozapine</i> FAZACLO (150 MG) (TAB RAPDIS)	2	
<i>clozapine</i> FAZACLO (200 MG) (TAB RAPDIS)	2	
<i>clozapine</i> FAZACLO (25 MG) (TAB RAPDIS)	1	
<i>olanzapine</i> ZYPREXA	1	
<i>olanzapine</i> ZYPREXA ZYDIS	1	
<i>quetiapine fumarate</i> SEROQUEL	1	
<i>quetiapine fumarate</i> SEROQUEL XR (150 MG) (TAB ER 24H)	1	
<i>quetiapine fumarate</i> SEROQUEL XR (200 MG) (TAB ER 24H)	1	
<i>quetiapine fumarate</i> SEROQUEL XR (300 MG) (TAB ER 24H)	1	
<i>quetiapine fumarate</i> SEROQUEL XR (400 MG) (TAB ER 24H)	1	
<i>quetiapine fumarate</i> SEROQUEL XR (50 MG) (TAB ER 24H)	1	
<i>risperidone</i>	1	
<i>ziprasidone hcl</i> GEODON	1	
ANTIPSYCHOTICS, DOPAMINE ANTAGONISTS, THIOXANTHENES		
<i>thiothixene</i> NAVANE	1	
ANTIPSYCHOTICS, DOPAMINE ANTAGONISTS, BUTYROPHENONES		
<i>haloperidol</i> HALDOL	1	
<i>haloperidol lactate</i>	1	
ANTI-PSYCHOTICS, PHENOTHIAZINES		
<i>chlorpromazine hcl</i> THORAZINE	1	

Chinese Community Health Plan 4-Tier Formulary (Commercial)

Drug Name	Tier	Requirements/Limits
<i>fluphenazine hcl</i>	PROLIXIN (1 MG) (TABLET)	1
<i>fluphenazine hcl</i>	PROLIXIN (10 MG) (TABLET)	1
<i>fluphenazine hcl</i>	PROLIXIN (2.5 MG) (TABLET)	1
<i>fluphenazine hcl</i>	PROLIXIN (5 MG) (TABLET)	1
<i>perphenazine</i>	TRILAFON	1
<i>thioridazine hcl</i>	MELLARIL	1
<i>trifluoperazine hcl</i>	STELAZINE	1
BARBITURATES		
<i>phenobarbital</i>		1
SECOBARBITAL SODIUM	SECONAL SODIUM	2
HYPNOTICS, MELATONIN MT1/MT2 RECEPTOR AGONISTS		
RAMELTEON	ROZEREM	2 PA, QL: 1 IN 1 DAY
NARCOLEPSY AND SLEEP DISORDER THERAPY AGENTS		
<i>modafinil</i>	PROVIGIL	1 PA, QL: 2 IN 1 DAY
NARCOTIC ANTAGONISTS		
<i>naloxone hcl</i>	NARCAN (0.4 MG/ML) (SYRINGE)	1
<i>naloxone hcl</i>	NARCAN (1 MG/ML) (SYRINGE)	1
<i>naltrexone hcl</i>	RE VIA	1
SEDATIVE-HYPNOTICS - BENZODIAZEPINES		
<i>estazolam</i>		1
<i>flurazepam hcl</i>		1
<i>temazepam</i>	RESTORIL	1
<i>triazolam</i>		1
SEDATIVE-HYPNOTICS, NON-BARBITURATE		
<i>diphenhydramine hcl</i>	BENADRYL (50 MG) (CAPSULE) (OTC)	1
<i>zaleplon</i>	SONATA	1
<i>zolpidem tartrate</i>	AMBIEN	1 QL: 1 IN 1 DAY
SSRI & ANTIPSYCH, ATYP, DOPAMINE & SEROTONIN ANTAG COMB		
<i>olanzapine/fluoxetine hcl</i>	SYMBYAX	1
TX FOR ADHD - SELECTIVE ALPHA-2A RECEPTOR AGONIST		
<i>guanfacine hcl</i>	INTUNIV	1
TX FOR ATTENTION DEFICIT-HYPERACT(ADHD)/NARCOLEPSY		
<i>dexmethylphenidate hcl</i>	FOCALIN	1
<i>methylphenidate hcl (10 mg) (cpbp 30-70)</i>		1
<i>methylphenidate hcl (10 mg) (tablet er)</i>		1
<i>methylphenidate hcl (10 mg) (tablet)</i>		1
<i>methylphenidate hcl (10 mg/5 ml) (solution)</i>		1
<i>methylphenidate hcl (18 mg) (tab er 24)</i>		1
<i>methylphenidate hcl (20 mg) (cpbp 30-70)</i>		1

Chinese Community Health Plan 4-Tier Formulary (Commercial)

Drug Name	Tier	Requirements/Limits
<i>methylphenidate hcl (20 mg) (cpbp 50-50)</i>	1	
<i>methylphenidate hcl (20 mg) (tablet er)</i>	1	
<i>methylphenidate hcl (20 mg) (tablet)</i>	1	
<i>methylphenidate hcl (27 mg) (tab er 24)</i>	1	
<i>methylphenidate hcl (30 mg) (cpbp 30-70)</i>	1	
<i>methylphenidate hcl (30 mg) (cpbp 50-50)</i>	1	
<i>methylphenidate hcl (36 mg) (tab er 24)</i>	1	
<i>methylphenidate hcl (40 mg) (cpbp 30-70)</i>	1	
<i>methylphenidate hcl (40 mg) (cpbp 50-50)</i>	1	
<i>methylphenidate hcl (5 mg) (tablet)</i>	1	
<i>methylphenidate hcl (5 mg/5 ml) (solution)</i>	1	
<i>methylphenidate hcl (50 mg) (cpbp 30-70)</i>	1	
<i>methylphenidate hcl (54 mg) (tab er 24)</i>	1	
<i>methylphenidate hcl (60 mg) (cpbp 30-70)</i>	1	
TX FOR ATTENTION DEFICIT-HYPERACT.(ADHD), NRI-TYPE		
<i>atomoxetine hcl</i>	STRATTERA	2
CARDIOVASCULAR DISEASE - ARRHYTHMIA		
ANTIARRHYTHMICS		
<i>amiodarone hcl</i>	CORDARONE	1
<i>disopyramide phosphate</i>	NORPACE	1
DISOPYRAMIDE PHOSPHATE	NORPACE CR	2
<i>dofetilide</i>	TIKOSYN	1
DRONEDARONE HCL	MULTAQ	2
<i>flecainide acetate</i>	TAMBOCOR	1
<i>mexiletine hcl</i>	MEXITIL	1
<i>propafenone hcl</i>	RYTHMOL	1
<i>propafenone hcl</i>	RYTHMOL SR	1
<i>quinidine gluconate</i>		1
<i>quinidine sulfate</i>		1
CARDIOVASCULAR DISEASE - CARDIAC STIMULANT		
DIGITALIS GLYCOSIDES		
DIGOXIN		1
<i>digoxin</i>	LANOXIN (125 MCG) (TABLET)	1
<i>digoxin</i>	LANOXIN (250 MCG) (TABLET)	1
CARDIOVASCULAR DISEASE - HYPERTENSION		
ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATION		
<i>amlodipine besylate/benazepril</i>	LOTREL	1
<i>trandolapril/verapamil hcl</i>		1
ACE INHIBITOR/THIAZIDE & THIAZIDE-LIKE DIURETIC		
<i>benazepril/hydrochlorothiazide</i>	LOTENSIN HCT	1
<i>captopril/hydrochlorothiazide</i>	CAPOZIDE	1
<i>enalapril/hydrochlorothiazide</i>	VASERETIC	1
<i>fosinopril/hydrochlorothiazide</i>	MONOPRIL-HCT	1
<i>lisinopril/hydrochlorothiazide</i>	ZESTORETIC	1
<i>moexipril/hydrochlorothiazide</i>	UNIRETIC	1
<i>quinapril/hydrochlorothiazide</i>	ACCURETIC	1

Chinese Community Health Plan 4-Tier Formulary (Commercial)

Drug Name	Tier	Requirements/Limits	
ALPHA/BETA-ADRENERGIC BLOCKING AGENTS			
<i>carvedilol</i>	COREG	1	
<i>labetalol hcl</i>	TRANDATE	1	
ALPHA-ADRENERGIC BLOCKING AGENTS			
<i>doxazosin mesylate</i>	CARDURA	1	
<i>phenoxybenzamine hcl</i>	DIBENZYLINE	1	
<i>prazosin hcl</i>	MINIPRESS	1	
<i>terazosin hcl</i>	HYTRIN	1	
ANGIOTEN.RECEPTR ANTAG./CAL.CHANL BLKR/THIAZIDE CB			
<i>amlodipine/valsartan/hcthiazid</i>	EXFORGE HCT	1	
ANGIOTENSIN RECEPTOR ANTAG./THIAZIDE DIURETIC COMB			
<i>candesartan/hydrochlorothiazid</i>	ATACAND HCT	1	
<i>irbesartan/hydrochlorothiazide</i>	AVALIDE	1	
<i>losartan/hydrochlorothiazide</i>	HYZAAR	1	
<i>valsartan/hydrochlorothiazide</i>	DIOVAN HCT	1	
ANGIOTENSIN RECEPTOR ANTGNST & CALC.CHANNEL BLOCKR			
<i>amlodipine besylate/valsartan</i>	EXFORGE	1	
<i>telmisartan/amlodipine</i>	TWYNSTA	1	
ANTIHYPERTENSIVES, ACE INHIBITORS			
<i>benazepril hcl</i>	LOTENSIN	1	
<i>captopril</i>	CAPOTEN	1	
ENALAPRIL MALEATE	EPANED	3	PA
<i>enalapril maleate</i>	VASOTEC	1	
<i>fosinopril sodium</i>	MONOPRIL	1	
<i>lisinopril</i>	PRINIVIL	1	
<i>lisinopril</i>	ZESTRIL	1	
<i>moexipril hcl</i>	UNIVASC	1	
<i>perindopril erbumine</i>	ACEON	1	
<i>quinapril hcl</i>	ACCUPRIL	1	
<i>ramipril</i>	ALTACE	1	
<i>trandolapril</i>	MAVIK	1	
ANTIHYPERTENSIVES, ANGIOTENSIN RECEPTOR ANTAGONIST			
<i>candesartan cilexetil</i>	ATACAND	1	
<i>irbesartan</i>	AVAPRO	1	
<i>losartan potassium</i>	COZAAR	1	
<i>valsartan</i>	DIOVAN	1	
ANTIHYPERTENSIVES, SYMPATHOLYTIC			
<i>clonidine</i>	CATAPRES-TTS 1	1	
<i>clonidine</i>	CATAPRES-TTS 2	1	
<i>clonidine</i>	CATAPRES-TTS 3	1	
<i>clonidine hcl</i>	CATAPRES	1	
<i>guanfacine hcl</i>	TENEX	1	
<i>methyldopa</i>	ALDOMET	1	
<i>methyldopa/hydrochlorothiazide</i>	ALDORIL 15	1	
<i>methyldopa/hydrochlorothiazide</i>	ALDORIL 25	1	

Chinese Community Health Plan 4-Tier Formulary (Commercial)

Drug Name	Tier	Requirements/Limits
ANTIHYPERTENSIVES, VASODILATORS		
<i>hydralazine hcl</i>	APRESOLINE	1
<i>minoxidil</i>	LONITEN	1
BETA-ADRENERGIC BLOCKING AGENTS		
<i>acebutolol hcl</i>	SECTRAL	1
<i>atenolol</i>	TENORMIN	1
<i>betaxolol hcl</i>	KERLONE	1
<i>bisoprolol fumarate</i>	ZEBETA	1
<i>metoprolol succinate</i>	TOPROL XL	1
<i>metoprolol tartrate (100 mg) (tablet)</i>		1
<i>metoprolol tartrate (25 mg) (tablet)</i>		1
<i>metoprolol tartrate (50 mg) (tablet)</i>		1
<i>nadolol</i>	CORGARD	1
NEBIVOLOL HCL	BYSTOLIC	2
<i>pindolol</i>	VISKEN	1
<i>propranolol hcl</i>	INDERAL	1
<i>propranolol hcl</i>	INDERAL LA	1
PROPRANOLOL HCL	INDERAL XL	1
PROPRANOLOL HCL	INNOPRAN XL	1
<i>sotalol hcl</i>		1
<i>timolol maleate</i>	BLOCADREN	1
BETA-ADRENERGIC BLOCKING AGENTS/THIAZIDE & RELATED		
<i>atenolol/chlorthalidone</i>	TENORETIC 100	1
<i>atenolol/chlorthalidone</i>	TENORETIC 50	1
<i>bisoprolol/hydrochlorothiazide</i>	ZIAC	1
<i>metoprolol su/hydrochlorothiaz</i>	DUTOPROL	2
METOPROLOL SU/HYDROCHLOROTHIAZ	DUTOPROL	2
<i>metoprolol/hydrochlorothiazide</i>	LOPRESSOR HCT	1
<i>propranolol/hydrochlorothiazid</i>	INDERIDE-40/25	1
<i>propranolol/hydrochlorothiazid</i>	INDERIDE-80/25	1
CALCIUM CHANNEL BLOCKING AGENTS		
<i>amlodipine besylate</i>	NORVASC	1
<i>diltiazem hcl</i>	CARDIZEM	1
<i>diltiazem hcl</i>	CARDIZEM CD	1
<i>diltiazem hcl</i>	CARDIZEM LA (180 MG) (TAB ER 24H)	1
<i>diltiazem hcl</i>	CARDIZEM LA (240 MG) (TAB ER 24H)	1
<i>diltiazem hcl</i>	CARDIZEM LA (300 MG) (TAB ER 24H)	1
<i>diltiazem hcl</i>	CARDIZEM LA (360 MG) (TAB ER 24H)	1

Chinese Community Health Plan 4-Tier Formulary (Commercial)

Drug Name	Tier	Requirements/Limits
<i>diltiazem hcl</i>	1	
<i>diltiazem hcl</i>	1	
<i>diltiazem hcl</i>	1	
<i>diltiazem hcl</i>	1	
<i>felodipine</i>	1	
<i>isradipine</i>	1	
<i>nicardipine hcl</i>	1	
<i>nifedipine</i>	1	
<i>nifedipine</i>	1	
<i>nifedipine</i>	1	
<i>nimodipine</i>	1	
<i>nisoldipine</i>	1	
<i>verapamil hcl</i>	1	
<i>verapamil hcl</i>	1	
<i>verapamil hcl</i>	1	
<i>verapamil hcl</i>	1	
LOOP DIURETICS		
<i>bumetanide</i>	1	
<i>ethacrynic acid</i>	1	
<i>furosemide</i>	1	
<i>torseamide</i>	1	
POTASSIUM SPARING DIURETICS		
<i>amiloride hcl</i>	1	
<i>eplerenone</i>	1	
<i>spironolactone</i>	1	
TRIAMTERENE	2	
POTASSIUM SPARING DIURETICS IN COMBINATION		
<i>amiloride/hydrochlorothiazide</i>	1	
<i>spironolact/hydrochlorothiazid</i>	1	
<i>triamterene/hydrochlorothiazid</i>	1	
<i>triamterene/hydrochlorothiazid</i>	1	
<i>triamterene/hydrochlorothiazid</i>	1	
PULM.ANTI-HTN,SEL.C-GMP PHOSPHODIESTERASE T5 INHIB		
<i>sildenafil citrate</i>	1	PA
TADALAFIL	4	PA
PULMONARY ANTI-HTN, ENDOTHELIN RECEPTOR ANTAGONIST		
AMBRISENTAN	4	PA, QL: 1 IN 1 DAY
BOSENTAN	4	PA, QL: 2 IN 1 DAY
BOSENTAN	4	PA, QL: 2 IN 1 DAY
MACITENTAN	4	PA, QL: 1 IN 1 DAY

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Drug Name		Tier	Requirements/Limits
THIAZIDE AND RELATED DIURETICS			
<i>chlorothiazide</i>	DIURIL (250 MG) (TABLET)	1	
CHLOROTHIAZIDE	DIURIL (250 MG/5ML) (ORAL SUSP)	2	
<i>chlorothiazide</i>	DIURIL (500 MG) (TABLET)	1	
<i>chlorthalidone</i>	HYGROTON	1	
<i>hydrochlorothiazide</i>		1	
<i>indapamide</i>	LOZOL	1	
<i>methyclothiazide</i>		1	
<i>metolazone</i>	ZAROXOLYN	1	
<i>phenoxybenzamine hcl</i>		1	
CARDIOVASCULAR DISEASE - LIPID IRREGULARITY			
ANTHYPERLIPIDEMIC - HMG COA REDUCTASE INHIBITORS			
<i>atorvastatin calcium</i>	LIPITOR (10 MG) (TABLET)	\$0	
<i>atorvastatin calcium</i>	LIPITOR (20 MG) (TABLET)	\$0	
<i>atorvastatin calcium</i>	LIPITOR (40 MG) (TABLET)	1	
<i>atorvastatin calcium</i>	LIPITOR (80 MG) (TABLET)	1	
<i>fluvastatin sodium</i>	LESCOL	\$0	
<i>fluvastatin sodium</i>	LESCOL XL	1	PA
<i>lovastatin</i>	MEVACOR	\$0	
<i>pravastatin sodium</i>	PRAVACHOL	\$0	
<i>rosuvastatin calcium</i>	CRESTOR (10 MG) (TABLET)	\$0	QL: 1 IN 1 DAY
<i>rosuvastatin calcium</i>	CRESTOR (20 MG) (TABLET)	1	QL: 1 IN 1 DAY
<i>rosuvastatin calcium</i>	CRESTOR (40 MG) (TABLET)	1	QL: 1 IN 1 DAY
<i>rosuvastatin calcium</i>	CRESTOR (5 MG) (TABLET)	\$0	QL: 1 IN 1 DAY
<i>simvastatin</i>	ZOCOR (10 MG) (TABLET)	\$0	
<i>simvastatin</i>	ZOCOR (20 MG) (TABLET)	\$0	
<i>simvastatin</i>	ZOCOR (40 MG) (TABLET)	\$0	
<i>simvastatin</i>	ZOCOR (5 MG) (TABLET)	\$0	
ANTHYPERLIPIDEMIC - PCSK9 INHIBITORS			
EVOLOCUMAB	REPATHA SURECLICK	4	PA, QL: 3mL IN 28 DAYS
EVOLOCUMAB	REPATHA SYRINGE	4	PA, QL: 3mL IN 28 DAYS

Chinese Community Health Plan 4-Tier Formulary (Commercial)

Drug Name	Tier	Requirements/Limits
BILE SALT SEQUESTRANTS		
<i>cholestyramine (with sugar)</i>	QUESTRAN	1
<i>cholestyramine/aspartame</i>	QUESTRAN LIGHT	1
COLESEVELAM HCL	WELCHOL	3
<i>colestipol hcl</i>	COLESTID (1 G) (TABLET)	1
<i>colestipol hcl</i>	COLESTID (5 G) (GRANULES)	1
<i>colestipol hcl</i>	COLESTID (5 G) (PACKET)	1
COLESTIPOL HCL	COLESTID (7.5 G) (PACKET)	3
LIPOTROPICS		
<i>ezetimibe</i>	ZETIA	2
<i>fenofibrate</i>	FENOGLIDE	1
<i>fenofibrate</i>	LOFIBRA	1
<i>fenofibrate nanocrystallized</i>	TRICOR	1
<i>fenofibrate,micronized</i>	ANTARA (130 MG) (CAPSULE)	1
<i>fenofibrate,micronized</i>	ANTARA (43 MG) (CAPSULE)	1
<i>fenofibrate,micronized</i>	LOFIBRA	1
<i>fenofibric acid (choline)</i>	TRILIPIX	1
<i>gemfibrozil</i>	LOPID	1
<i>niacin</i>	NIACOR	1
<i>niacin</i>	NIASPAN	2
<i>omega-3 acid ethyl esters</i>	LOVAZA	1
CARDIOVASCULAR DISEASE - MISCELLANEOUS AGENTS		
ADRENERGIC VASOPRESSOR AGENTS		
<i>midodrine hcl</i>	PROAMATINE	1
ANGIOTENSIN RECEPT-NEPRILYSIN INHIBITOR COMB(ARNI)		
SACUBITRIL/VALSARTAN	ENTRESTO	2
ANTIANGINAL & ANTI-ISCHEMIC AGENTS, NON-HEMODYNAMIC		
RANOLAZINE	RANEXA	2
ANTIANGINAL, HEART RATE REDUCING, I(F) INHIBITOR		
IVABRADINE HCL	CORLANOR	3
ANTIHYPERLIP - HMG-COA&CALCIUM CHANNEL BLOCKER CB		
<i>amlodipine/atorvastatin</i>	CADUET	1
CARDIOVASCULAR DISEASE - VASODILATION		
VASODILATORS, CORONARY		
<i>isosorbide dinitrate</i>	ISOCHRON	1
<i>isosorbide dinitrate</i>	ISORDIL (10 MG) (TABLET)	1
<i>isosorbide dinitrate</i>	ISORDIL (20 MG) (TABLET)	1
<i>isosorbide dinitrate</i>	ISORDIL (30 MG) (TABLET)	1

Chinese Community Health Plan 4-Tier Formulary (Commercial)

Drug Name		Tier	Requirements/Limits
<i>isosorbide dinitrate</i>	ISORDIL TITRADOSE	1	
<i>isosorbide mononitrate</i>	IMDUR	1	
<i>isosorbide mononitrate</i>	MONOKET	1	
<i>nitroglycerin</i>	NITRO-DUR (0.1MG/HR) (PATCH TD24)	1	
<i>nitroglycerin</i>	NITRO-DUR (0.2MG/HR) (PATCH TD24)	1	
NITROGLYCERIN	NITRO-DUR (0.3 MG/HR) (PATCH TD24)	2	
<i>nitroglycerin</i>	NITRO-DUR (0.4MG/HR) (PATCH TD24)	1	
<i>nitroglycerin</i>	NITRO-DUR (0.6MG/HR) (PATCH TD24)	1	
NITROGLYCERIN	NITRO-DUR (0.8MG/HR) (PATCH TD24)	2	
<i>nitroglycerin</i>	NITROSTAT	1	
<i>nitroglycerin</i>	NITRO-TIME	1	
VASODILATORS,PERIPHERAL			
<i>ergoloid mesylates</i>	HYDERGINE	1	
CONTRACEPTION/OXYTOCICS			
CONTRACEPTIVES, INTRAVAGINAL, SYSTEMIC			
ETONOGESTREL/ETHINYL ESTRADIOL	NUVARING	\$0	
CONTRACEPTIVES,INJECTABLE			
<i>medroxyprogesterone acetate</i>	DEPO-PROVERA	\$0	QL: 1mL IN 90 DAYS
MEDROXYPROGESTERONE ACETATE	DEPO-SUBQ PROVERA 104	\$0	QL: 1mL IN 90 DAYS
CONTRACEPTIVES,INTRAVAGINAL			
<i>nonoxynol 9</i>	CONCEPTROL	\$0	
<i>nonoxynol 9</i>	DELFIN	\$0	
NONOXYNOL 9	GYNOL II	\$0	
NONOXYNOL 9	TODAY CONTRACEPTIV E SPONGE	\$0	
NONOXYNOL 9	VCF	\$0	
CONTRACEPTIVES,ORAL			
<i>desog-e.estradiol/e.estradiol</i>	MIRCETTE	\$0	
<i>desogestrel-ethinyl estradiol</i>	CYCLESSA	\$0	
<i>desogestrel-ethinyl estradiol</i>	DESOGEN	\$0	
<i>desogestrel-ethinyl estradiol</i>	ORTHO-CEPT	\$0	
<i>drospir/eth estra/levomefol ca</i>	BEYAZ	\$0	
<i>ethinyl estradiol/drospirenone</i>	YASMIN 28	\$0	
<i>ethinyl estradiol/drospirenone</i>	YAZ	\$0	
<i>ethynodiol d-ethinyl estradiol</i>	DEMULEN	\$0	

Chinese Community Health Plan 4-Tier Formulary (Commercial)

Drug Name		Tier	Requirements/Limits
<i>ethynodiol d-ethinyl estradiol</i>	DEMULEN 1-50-21	\$0	
<i>levonorgestrel</i>	PLAN B ONE-STEP	\$0	
<i>levonorgestrel</i>	TAKE ACTION	\$0	
<i>levonorgestrel-ethin estradiol (0.1-0.02mg) (tablet)</i>		\$0	
<i>levonorgestrel-ethin estradiol (0.15-0.03) (tablet)</i>		\$0	
<i>levonorgestrel-ethin estradiol (0.15-0.03) (tblspk 3mo)</i>		\$0	
<i>levonorgestrel-ethin estradiol (6-5-10) (tablet)</i>		\$0	
<i>l-norgest/e.estradiol-e.estr</i>	LOSEASONIQUE	\$0	
<i>l-norgest/e.estradiol-e.estr</i>	SEASONIQUE	\$0	
<i>noreth-ethinyl estradiol/iron</i>	FEMCON FE	\$0	
<i>noreth-ethinyl estradiol/iron</i>	GENERESS FE	\$0	
<i>norethindrone</i>	NOR-Q-D	\$0	
<i>norethindrone</i>	ORTHO MICRONOR	\$0	
<i>norethindrone ac-eth estradiol</i>	LOESTRIN	\$0	
<i>norethindrone-e.estradiol-iron</i>	ESTROSTEP FE	\$0	
NORETHINDRONE-E.ESTRADIOL-IRON	LO LOESTRIN FE	\$0	
<i>norethindrone-e.estradiol-iron</i>	LOESTRIN 24 FE	\$0	
<i>norethindrone-e.estradiol-iron</i>	LOESTRIN FE	\$0	
<i>norethindrone-ethinyl estrad</i>	MODICON	\$0	
<i>norethindrone-ethinyl estrad</i>	ORTHO-NOVUM	\$0	
<i>norethindrone-ethinyl estrad</i>	OVCON-35	\$0	
<i>norethindrone-ethinyl estrad</i>	TRI-NORINYL	\$0	
<i>norgestimate-ethinyl estradiol</i>	ORTHO TRI-CYCLEN	\$0	
<i>norgestimate-ethinyl estradiol</i>	ORTHO TRI-CYCLEN LO	\$0	
<i>norgestimate-ethinyl estradiol</i>	ORTHO-CYCLEN	\$0	
<i>norgestrel-ethinyl estradiol</i>	LO-OVRAL-28	\$0	
<i>norgestrel-ethinyl estradiol</i>	LO-OVRAL-8	\$0	
ULIPRISTAL ACETATE	ELLA	\$0	
CONTRACEPTIVES, TRANSDERMAL			
<i>norelgestromin/ethin.estradiol</i>	ORTHO EVRA	\$0	
DIAPHRAGMS/CERVICAL CAP			
CERVICAL CAP	FEMCAP	\$0	
DIAPHRAGMS, CONTOURED	CAYA CONTOURED	\$0	
DIAPHRAGMS, WIDE SEAL	WIDE SEAL DIAPHRAGM	\$0	
OXYTOCICS			
METHYLERGONOVINE MALEATE	METHERGINE	1	QL: 28 PER FILL

Chinese Community Health Plan 4-Tier Formulary (Commercial)

Drug Name	Tier	Requirements/Limits	
COUGH AND COLD			
1ST GEN ANTIHISTAMINE & DECONGESTANT COMBINATIONS			
<i>phenylephrine hcl/prometh hcl</i>	PHENERGAN VC	1	
<i>phenylephrine hcl/prometh hcl</i>	PHEN-TUSS AD	1	
ANTITUSSIVES, NON-NARCOTIC			
<i>benzonatate</i>	TESSALON	1	
<i>benzonatate</i>	TESSALON PERLE	1	
<i>benzonatate</i>	ZONATUSS	3	
NARCOTIC ANTITUSS-1ST GEN. ANTIHISTAMINE-DECONGEST			
<i>bromphenira/pseudoephed/codein (1.3-10-6.3) (liquid) (otc)</i>		1	
<i>promethazine/phenyleph/codeine</i>	PENTAZINE VC WITH CODEINE	1	
<i>promethazine/phenyleph/codeine</i>	PHENERGAN VC WITH CODEINE	1	
NARCOTIC ANTITUSSIVE-1ST GENERATION ANTIHISTAMINE			
<i>hydrocodone/chlorphen p-stirex</i>	TUSSIONEX	1	QL: 120mL PER FILL
<i>promethazine hcl/codeine</i>	PHENERGAN WITH CODEINE	1	
NARCOTIC ANTITUSSIVE-ANTICHOLINERGIC COMB.			
<i>hydrocodone bit/homatrop me-br</i>		1	
NARCOTIC ANTITUSSIVE-EXPECTORANT COMBINATION			
<i>codeine phosphate/guaifenesin (10-100mg/5) (liquid) (otc)</i>		1	QL: 240mL PER FILL
<i>codeine phosphate/guaifenesin (20-200/10) (liquid) (otc)</i>		1	QL: 240mL PER FILL
<i>codeine phosphate/guaifenesin (6.3-100/5) (liquid) (otc)</i>		1	QL: 240mL PER FILL
NON-NARC ANTITUSSIVE-1ST GEN ANTIHISTAMINE COMB.			
<i>promethazine/dextromethorphan</i>	PHEN TUSS DM	1	
NOSE PREPARATIONS, VASOCONSTRICTORS (RX)			
TETRAHYDROZOLINE HCL	TYZINE	3	
DERMATOLOGY - ACNE			
ACNE AGENTS, SYSTEMIC			
<i>isotretinoin</i>		1	
ACNE AGENTS, TOPICAL			
<i>clindamycin phos/benzoyl perox</i>	BENZAACLIN	1	
<i>clindamycin phos/benzoyl perox</i>	DUAC	1	
<i>sulfacetamide sodium</i>	KLARON	1	
ROSACEA AGENTS, TOPICAL			
AZELAIC ACID	FINACEA	2	
<i>metronidazole</i>	METROCREAM	1	
<i>metronidazole</i>	METROGEL	1	
<i>metronidazole</i>	METROLOTION	1	
<i>metronidazole</i>	ROSADAN	1	
VITAMIN A DERIVATIVES			
<i>adapalene</i>	DIFFERIN (0.1%) (CREAM (G))	1	AGE: < 35 YEARS

Chinese Community Health Plan 4-Tier Formulary (Commercial)

Drug Name		Tier	Requirements/Limits
<i>adapalene</i>	DIFFERIN (0.1 %) (GEL (GRAM))	1	AGE: < 35 YEARS
<i>adapalene</i>	DIFFERIN (0.1 %) (LOTION)	2	AGE: < 35 YEARS
<i>adapalene</i>	DIFFERIN (0.3 %) (GEL (GRAM))	1	AGE: < 35 YEARS
<i>adapalene</i>	DIFFERIN (0.3 %) (GEL W/PUMP)	1	AGE: < 35 YEARS
<i>tretinoin</i>	ATRALIN	1	AGE: < 35 YEARS
<i>tretinoin</i>	RETIN-A	1	AGE: < 35 YEARS
<i>tretinoin microspheres</i>	RETIN-A MICRO	1	AGE: < 35 YEARS
<i>tretinoin microspheres</i>	RETIN-A MICRO PUMP (0.04 %) (GEL W/PUMP)	1	AGE: < 35 YEARS
<i>tretinoin microspheres</i>	RETIN-A MICRO PUMP (0.1 %) (GEL W/PUMP)	1	AGE: < 35 YEARS
DERMATOLOGY - ANTIINFECTIVE			
TOPICAL ANTIBIOTICS			
<i>bacitracin/polymyxin b sulfate (500-10k/g) (oint. (g)) (otc)</i>		1	
<i>clindamycin phosphate</i>	CLEOCIN T	1	
<i>clindamycin phosphate</i>	CLINDACIN ETZ	1	
<i>clindamycin phosphate</i>	CLINDACIN P	1	
<i>erythromycin base/ethanol</i>	ERY	1	
<i>erythromycin base/ethanol</i>	ERYGEL	1	
<i>erythromycin base/ethanol</i>	ERYMAX	1	
<i>erythromycin/benzoyl peroxide</i>	BENZAMYCIN	1	
<i>gentamicin sulfate</i>		1	
<i>mupirocin</i>	BACTROBAN	1	
<i>mupirocin</i>	CENTANY	1	
<i>mupirocin calcium</i>	BACTROBAN	1	
<i>neomycin/bacitracin/polymyxin/pramox (3.5-10k-10) (oint. (g)) (otc)</i>		1	
TOPICAL ANTIFUNGAL/ANTIINFLAMMATORY, STEROID AGENT			
<i>clotrimazole/betamethasone dip</i>	LOTRISONE	1	
TOPICAL ANTIFUNGALS			
<i>ciclopirox</i>	CICLODAN	1	
<i>ciclopirox</i>	LOPROX	1	
<i>ciclopirox</i>	PENLAC	1	
<i>ciclopirox olamine</i>	CICLODAN	1	
<i>ciclopirox olamine</i>	LOPROX	1	
<i>econazole nitrate</i>	SPECTAZOLE	2	
<i>ketoconazole</i>	NIZORAL	1	
<i>naftifine hcl</i>	NAFTIN (1 %) (CREAM (G))	1	

Chinese Community Health Plan 4-Tier Formulary (Commercial)

Drug Name		Tier	Requirements/Limits
NAFTIFINE HCL	NAFTIN (1 %) (GEL (GRAM))	3	
<i>naftifine hcl</i>	NAFTIN (2 %) (CREAM (G))	1	
<i>nystatin</i>	MYCOSTATIN	1	
<i>nystatin</i>	NYAMYC	1	
<i>nystatin</i>	NYSTEX	1	
<i>nystatin</i>	NYSTOP	1	
<i>nystatin/triamcin (100000-0.1) (cream (g))</i>		1	
<i>nystatin/triamcin (100000-0.1) (oint. (g))</i>		1	
<i>oxiconazole nitrate</i>	OXISTAT (1 %) (CREAM (G))	1	
OXICONAZOLE NITRATE	OXISTAT (1 %) (LOTION)	3	
TOPICAL ANTIPARASITICS			
CROTAMITON	EURAX (10 %) (CREAM (G))	2	
<i>lindane</i>	KWELL	1	
<i>malathion</i>	OVIDE	1	QL: 118mL PER FILL
<i>permethrin (5 %) (cream (g))</i>		1	
<i>spinosad</i>	NATROBA	2	QL: 120mL PER FILL
TOPICAL ANTIVIRALS			
<i>acyclovir</i>	ZOVIRAX (5 %) (OINT. (G))	4	ST
PENCICLOVIR	DENAVIR	2	
TOPICAL SULFONAMIDES			
MAFENIDE ACETATE	SULFAMYLON (8.5 %) (CREAM (G))	2	
<i>silver sulfadiazine</i>	SILVADENE	1	
<i>silver sulfadiazine</i>	THERMAZENE	1	
<i>sulfacetamide sod/sulfur/urea</i>		1	
<i>sulfacetamide sodium/sulfur</i>	AVAR (10- 5%(W/W)) (CLEANSER)	1	
<i>sulfacetamide sodium/sulfur</i>	AVAR LS (10 %-2) (CLEANSER)	1	
<i>sulfacetamide sodium/sulfur</i>	AVAR-E	1	
<i>sulfacetamide sodium/sulfur</i>	AVAR-E GREEN	1	
<i>sulfacetamide sodium/sulfur</i>	AVAR-E LS	1	
<i>sulfacetamide sodium/sulfur</i>	BP 10-1	1	
<i>sulfacetamide sodium/sulfur</i>	CLARIFOAM EF	1	
<i>sulfacetamide sodium/sulfur</i>	PLEXION (10- 5%(W/W)) (LOTION)	1	
<i>sulfacetamide sodium/sulfur</i>	PLEXION (9.8%- 4.8%) (CLEANSER)	1	

Chinese Community Health Plan 4-Tier Formulary (Commercial)

Drug Name		Tier	Requirements/Limits
<i>sulfacetamide sodium/sulfur</i>	PLEXION (9.8%-4.8%) (CREAM (G))	1	
<i>sulfacetamide sodium/sulfur</i>	PLEXION (9.8%-4.8%) (LOTION)	1	
<i>sulfacetamide sodium/sulfur</i>	PLEXION TS	1	
SULFACETAMIDE SODIUM/SULFUR	ROSANIL	1	
<i>sulfacetamide sodium/sulfur</i>	ROSULA (10 %-5 %) (MED. PAD)	1	
<i>sulfacetamide sodium/sulfur</i>	SODIUM SULFACETAMIDE-SULFUR	1	
<i>sulfacetamide sodium/sulfur</i>	SULFACET-R	1	
<i>sulfacetamide sodium/sulfur</i>	SUMADAN	1	
<i>sulfacetamide sodium/sulfur</i>	SUMAXIN	1	
<i>sulfacetamide sodium/sulfur</i>	SUMAXIN TS	1	
<i>sulfacetamide sodium/sulfur</i>	ZENCIA	1	
DERMATOLOGY - ANTIINFLAMMATORY			
TOPICAL ANTI-INFLAMMATORY STEROIDAL			
<i>alclometasone dipropionate</i>	ACLOVATE	1	QL: 60gm PER FILL
<i>betamethasone dipropionate</i>	DIPROLENE (0.05 %) (CREAM (G))	1	QL: 45gm PER FILL
<i>betamethasone dipropionate</i>	DIPROLENE (0.05 %) (GEL (GRAM))	1	
<i>betamethasone dipropionate</i>	DIPROLENE (0.05 %) (LOTION)	1	QL: 60mL PER FILL
<i>betamethasone dipropionate</i>	DIPROLENE (0.05 %) (OINT. (G))	1	QL: 45gm PER FILL
<i>betamethasone valerate</i>	VALISONE (0.1 %) (CREAM (G))	1	QL: 45gm PER FILL
<i>betamethasone valerate</i>	VALISONE (0.1 %) (LOTION)	1	QL: 60mL PER FILL
<i>betamethasone valerate</i>	VALISONE (0.1 %) (OINT. (G))	1	QL: 45gm PER FILL
<i>betamethasone/propylene glyc</i>	DIPROLENE	1	
<i>betamethasone/propylene glyc</i>	DIPROLENE AF	1	
<i>clobetasol propionate</i>	CLOBEX (0.05 %) (LOTION)	2	PA
<i>clobetasol propionate</i>	CLOBEX (0.05 %) (SHAMPOO)	2	PA
<i>clobetasol propionate</i>	CLODAN	2	PA
<i>clobetasol propionate</i>	OLUX	2	PA
<i>clobetasol propionate</i>	TEMOVATE (0.05 %) (CREAM (G))	2	PA, QL: 30gm PER FILL

Chinese Community Health Plan 4-Tier Formulary (Commercial)

Drug Name	Tier	Requirements/Limits
<i>clobetasol propionate</i> TEMOVATE (0.05 %) (GEL (GRAM))	2	PA
<i>clobetasol propionate</i> TEMOVATE (0.05 %) (OINT. (G))	2	PA, QL: 30gm PER FILL
<i>clobetasol propionate</i> TEMOVATE (0.05 %) (SOLUTION)	2	PA
<i>clobetasol propionate/emoll</i> OLUX-E	2	PA
<i>clobetasol propionate/emoll</i> TEMOVATE E	2	PA
<i>clobetasol propionate/emoll</i> TEMOVATE EMOLLIENT	2	PA
<i>desoximetasone</i> TOPICORT (0.05 %) (CREAM (G))	1	QL: 60gm PER FILL
<i>desoximetasone</i> TOPICORT (0.25 %) (CREAM (G))	1	QL: 60gm PER FILL
<i>diflorasone diacetate</i> APEXICON	1	
<i>fluocinolone acetonide</i> DERMA-SMOOTH- FS	1	
<i>fluocinolone acetonide</i> SYNALAR	1	
<i>fluocinolone/shower cap</i> DERMA-SMOOTH- FS	1	
<i>fluocinonide</i> LIDEX	1	
<i>fluocinonide</i> VANOS	1	PA
<i>fluocinonide/emollient base</i> LIDEX-E	1	QL: 30gm PER FILL
<i>fluticasone propionate</i> CUTIVATE (0.005 %) (OINT. (G))	1	
<i>fluticasone propionate</i> CUTIVATE (0.05 %) (CREAM (G))	1	
<i>halobetasol propionate</i> ULTRAVATE (0.05 %) (CREAM (G))	2	PA, QL: 50gm PER FILL
HALOBETASOL PROPIONATE ULTRAVATE (0.05 %) (LOTION)	3	PA, QL: 60mL PER FILL
<i>halobetasol propionate</i> ULTRAVATE (0.05 %) (OINT. (G))	2	PA, QL: 50gm PER FILL
<i>hydrocort/min oil/petrolat,wht</i>	1	
<i>hydrocortisone (0.5 %) (cream (g)) (otc)</i>	1	
<i>hydrocortisone (0.5 %) (oint. (g)) (otc)</i>	1	
<i>hydrocortisone (1 %) (cream (g))</i>	1	
<i>hydrocortisone (1 %) (cream (g)) (otc)</i>	1	
<i>hydrocortisone (1 %) (cream pack) (otc)</i>	1	
<i>hydrocortisone (1 %) (crm/pe app)</i>	1	
<i>hydrocortisone (1 %) (lotion) (otc)</i>	1	
<i>hydrocortisone (1 %) (oint. (g))</i>	1	
<i>hydrocortisone (1 %) (oint. (g)) (otc)</i>	1	
<i>hydrocortisone (2 %) (lotion)</i>	1	
<i>hydrocortisone (2.5 %) (cream (g))</i>	1	
<i>hydrocortisone (2.5 %) (crm/pe app)</i>	1	

Chinese Community Health Plan 4-Tier Formulary (Commercial)

Drug Name		Tier	Requirements/Limits
<i>hydrocortisone (2.5 %) (lotion)</i>		1	
<i>hydrocortisone (2.5 %) (oint. (g))</i>		1	
<i>hydrocortisone acetate</i>		1	
<i>hydrocortisone/aloe vera (1 %) (cream (g)) (otc)</i>		1	
<i>hydrocortisone/aloe/vit.e/a/d</i>		1	
<i>hydrocortisone/oatmeal/aloe/e</i>		1	
<i>mometasone furoate</i>	ELOCON	1	
<i>prednicarbate</i>	DERMATOP	1	
<i>triamcinolone acetonide (0.025 %) (cream (g))</i>		1	
<i>triamcinolone acetonide (0.025 %) (lotion)</i>		1	
<i>triamcinolone acetonide (0.025 %) (oint. (g))</i>		1	
<i>triamcinolone acetonide (0.1 %) (cream (g))</i>		1	
<i>triamcinolone acetonide (0.1 %) (lotion)</i>		1	
<i>triamcinolone acetonide (0.1 %) (oint. (g))</i>		1	
<i>triamcinolone acetonide (0.5 %) (cream (g))</i>		1	
<i>triamcinolone acetonide (0.5 %) (oint. (g))</i>		1	
TOPICAL ANTI-INFLAMMATORY, NSAIDS			
<i>diclofenac sodium</i>	VOLTAREN	1	QL: 500gm PER FILL
DERMATOLOGY - MISCELLANEOUS			
ANTIPERSPIRANTS			
ALUMINUM CHLORIDE	DRYSOL	1	
ANTISEBORRHEIC AGENTS			
<i>selenium sulfide (1 %) (shampoo) (otc)</i>		1	
<i>selenium sulfide (2.5 %) (lotion)</i>		1	
SELENIUM SULFIDE/ALOE VERA	DANDRUFF SHAMPOO	1	
SELENIUM SULFIDE/ALOE VERA	SELSUN BLUE MOISTURIZING	1	
<i>selenium sulfide/menthol</i>	SELSUN BLUE	1	
SULFACETAMIDE SODIUM	OVACE PLUS (10 %) (SHAMPOO)	3	
<i>sulfacetamide sodium (10 %) (cleanser)</i>		1	
<i>sulfacetamide sodium (10 %) (shampoo)</i>		1	
ANTISEPTICS, GENERAL			
ALCOHOL ANTISEPTIC PADS	ALCOHOL PADS	1	
ALCOHOL ANTISEPTIC PADS	ALCOHOL PREP PADS	1	
ALCOHOL ANTISEPTIC PADS	ALCOHOL SWAB	1	
ALCOHOL ANTISEPTIC PADS	ALCOHOL SWABS	1	
ALCOHOL ANTISEPTIC PADS	ALCOHOL WIPES	1	
ALCOHOL ANTISEPTIC PADS	CARETOUCH ALCOHOL PREP PAD	1	

Chinese Community Health Plan 4-Tier Formulary (Commercial)

Drug Name		Tier	Requirements/Limits
ALCOHOL ANTISEPTIC PADS	CURITY ALCOHOL PREPS	1	
ALCOHOL ANTISEPTIC PADS	EASY TOUCH ALCOHOL PREP PADS	1	
ALCOHOL ANTISEPTIC PADS	INCONTROL ALCOHOL PADS	1	
ALCOHOL ANTISEPTIC PADS	IV ANTISEPTIC WIPES	1	
ALCOHOL ANTISEPTIC PADS	IV PREP WIPES	1	
ALCOHOL ANTISEPTIC PADS	PRO COMFORT ALCOHOL PADS	1	
ALCOHOL ANTISEPTIC PADS	SINGLE USE SWAB	1	
ALCOHOL ANTISEPTIC PADS	SURE COMFORT ALCOHOL	1	
ALCOHOL ANTISEPTIC PADS	SURE-PREP ALCOHOL PREP PADS	1	
ALCOHOL ANTISEPTIC PADS	ULTILET ALCOHOL SWAB	1	
ALCOHOL ANTISEPTIC PADS	WEBCOL	1	
DEODORANTS			
	<i>aluminum chloride</i>	1	
EMOLLIENTS			
	<i>ammonium lactate</i>	1	
AMMONIUM LACTATE	LAC-HYDRIN FIVE	1	
IRRIGANTS			
	<i>sod cl irrigat/decyl glucoside</i>	1	
	<i>sodium chloride irrig solution (0.9 %) (irrig soln)</i>	1	
	<i>sodium chloride irrig solution (0.9 %) (irrig soln) (otc)</i>	2	
KERATOLYTICS			
	<i>benzoyl peroxide (2.5 %) (gel (gram)) (otc)</i>	1	
<i>podofilox</i>	CONDYLOX (0.5 %) (SOLUTION)	1	
<i>podophyllum resin</i>		2	
<i>salicylic acid (6 %) (shampoo)</i>		1	
TOPICAL ANTI-INFLAMMATORY STEROID-LOCAL ANESTHETIC			
HYDROCORTISONE/PRAMOXINE	EPIFOAM	2	
HYDROCORTISONE/PRAMOXINE	PRAMOSONE (1 %-1 %) (CREAM (G))	2	
HYDROCORTISONE/PRAMOXINE	PRAMOSONE (1 %-1 %) (OINT. (G))	2	

Chinese Community Health Plan 4-Tier Formulary (Commercial)

Drug Name	Tier	Requirements/Limits
HYDROCORTISONE/PRAMOXINE PRAMOSONE (2.5 %-1 %) (OINT. (G))	2	
<i>lidocaine/hydrocortisone ac</i> LIDAMANTLE HC	1	
TOPICAL ANTINEOPLASTIC & PREMALIGNANT LESION AGNTS		
BEXAROTENE TARGRETIN	4	
<i>diclofenac sodium</i> SOLARAZE	1	PA
<i>fluorouracil</i> CARAC	2	
<i>fluorouracil</i> EFUDEX	1	
FLUOROURACIL FLUOROPLEX	2	
FLUOROURACIL TOLAK	2	
TOPICAL LOCAL ANESTHETICS		
<i>lidocaine (4 %) (adh. patch) (otc)</i>	2	PA, QL: 1 IN 1 DAY
<i>lidocaine (5 %) (adh. patch)</i>	2	PA, QL: 1 IN 1 DAY
<i>lidocaine (5 %) (oint. (g))</i>	2	ST, QL: 50gm IN 30 DAYS
<i>lidocaine hcl (3 %) (cream (g))</i>	1	
<i>lidocaine hcl (4 %) (solution)</i>	1	
<i>lidocaine/aloe vera (0.5 %) (gel (gram)) (otc)</i>	1	
<i>lidocaine/hyaluronic/collagen (2 %) (gel (ml)) (otc)</i>	1	
LIDOCAINE/HYALURONIC/COLLAGEN REGENECARE HA	1	
<i>lidocaine/prilocaine</i> EMLA	1	
TOPICAL/MUCOUS MEMBR./SUBCUT. ENZYMES		
COLLAGENASE CLOSTRIDIUM HIST. SANTYL	2	
DERMATOLOGY - PSORIASIS/ECZEMA		
ANTIPSORIATIC AGENTS,SYSTEMIC		
<i>acitretin</i> SORIATANE	1	
<i>methoxsalen</i>	1	
SECUKINUMAB COSENTYX (2 SYRINGES)	4	PA, QL: 2mL IN 28 DAYS
SECUKINUMAB COSENTYX PEN	4	PA, QL: 2mL IN 28 DAYS
SECUKINUMAB COSENTYX PEN (2 PENS)	4	PA, QL: 2mL IN 28 DAYS
SECUKINUMAB COSENTYX SYRINGE	4	PA, QL: 2mL IN 28 DAYS
ANTIPSORIATICS AGENTS		
<i>calcipotriene</i> DOVONEX	2	
<i>calcitriol</i> VECTICAL	3	
TOPICAL IMMUNOSUPPRESSIVE AGENTS		
PIMECROLIMUS ELIDEL	2	
<i>tacrolimus</i> PROTOPIC	1	
TOPICAL VIT D ANALOG/ANTIINFLAMMATORY, STEROIDAL		
<i>calcipotriene/betamethasone</i> TACLONEX (0.005-.064) (OINT. (G))	2	

Chinese Community Health Plan 4-Tier Formulary (Commercial)

Drug Name	Tier	Requirements/Limits
DIABETES		
ANTIHYPERGLY, (DPP-4) INHIBITOR & BIGUANIDE COMB.		
<i>alogliptin benz/metformin hcl</i>	KAZANO	2 ST
LINAGLIPTIN/METFORMIN HCL	JENTADUETO	2 QL: 2 IN 1 DAY
LINAGLIPTIN/METFORMIN HCL	JENTADUETO XR	2 QL: 2 IN 1 DAY
SITAGLIPTIN PHOS/METFORMIN HCL	JANUMET	2 QL: 2 IN 1 DAY
SITAGLIPTIN PHOS/METFORMIN HCL	JANUMET XR	2 QL: 2 IN 1 DAY
ANTIHYPERGLY,DPP-4 ENZYME INHIB &THIAZOLIDINEDIONE		
<i>alogliptin benz/pioglitazone</i>	OSENI	2 ST
ANTIHYPERGLY,INCRETIN MIMETIC(GLP-1 RECEP.AGONIST)		
DULAGLUTIDE	TRULICITY	2 QL: 4mL IN 28 DAYS
EXENATIDE MICROSPHERES	BYDUREON	3 QL: 4 IN 28 DAYS
EXENATIDE MICROSPHERES	BYDUREON PEN	3 QL: 4 IN 28 DAYS
LIRAGLUTIDE	VICTOZA 2-PAK	2 QL: 9mL IN 30 DAYS
LIRAGLUTIDE	VICTOZA 3-PAK	2 QL: 9mL IN 30 DAYS
ANTIHYPERGLYCEMC-SOD/GLUC COTRANSPORT2(SGLT2)INHIB		
DAPAGLIFLOZIN PROPANEDIOL	FARXIGA	3 QL: 1 IN 1 DAY
EMPAGLIFLOZIN	JARDIANCE	2 QL: 1 IN 1 DAY
ANTIHYPERGLYCEMIC, ALPHA-GLUCOSIDASE INHIB (N-S)		
<i>acarbose</i>	PRECOSE	1
ANTIHYPERGLYCEMIC, DPP-4 INHIBITORS		
<i>alogliptin benzoate</i>	NESINA	2 ST
LINAGLIPTIN	TRADJENTA	2 QL: 1 IN 1 DAY
SITAGLIPTIN PHOSPHATE	JANUVIA	2 QL: 1 IN 1 DAY
ANTIHYPERGLYCEMIC, INSULIN-RELEASE STIMULANT TYPE		
<i>chlorpropamide</i>	DIABINESE	1
<i>glimpiride</i>	AMARYL	1
<i>glipizide</i>	GLUCOTROL	1
<i>glipizide</i>	GLUCOTROL XL	1
<i>glyburide</i>		1
<i>glyburide,micronized</i>	GLYNASE	1
<i>nateglinide</i>	STARLIX	1
<i>repaglinide</i>	PRANDIN	1
<i>tolazamide</i>	TOLINASE	1
<i>tolbutamide</i>	ORINASE	1
ANTIHYPERGLYCEMIC, INSULIN-RESPONSE ENHANCER (N-S)		
<i>pioglitazone hcl</i>	ACTOS	1
ROSIGLITAZONE MALEATE	AVANDIA	2
ANTIHYPERGLYCEMIC, SGLT-2 & DPP-4 INHIBITOR COMB.		
EMPAGLIFLOZIN/LINAGLIPTIN	GLYXAMBI	2 QL: 1 IN 1 DAY
ANTIHYPERGLYCEMIC,BIGUANIDE TYPE(NON-SULFONYLUREA)		
<i>metformin hcl</i>	FORTAMET	1 ST
<i>metformin hcl</i>	GLUCOPHAGE	1
<i>metformin hcl</i>	GLUCOPHAGE XR	1
ANTIHYPERGLYCEMIC,INSULIN-REL STIM.& BIGUANIDE CMB		
<i>glipizide/metformin hcl</i>	METAGLIP	1
<i>glyburide/metformin hcl</i>	GLUCOVANCE	1

Chinese Community Health Plan 4-Tier Formulary (Commercial)

Drug Name	Tier	Requirements/Limits
ANTIHYPERGLYCEMIC,INSULIN-RESPONSE & RELEASE COMB.		
<i>pioglitazone hcl/glimepiride</i>	DUETACT	1
ANTIHYPERGLYCEMIC-SGLT2 INHIBITOR & BIGUANIDE COMB		
DAPAGLIFLOZIN/METFORMIN HCL	XIGDUO XR (10-1000 MG) (TAB BP 24H)	3 QL: 1 IN 1 DAY
DAPAGLIFLOZIN/METFORMIN HCL	XIGDUO XR (10MG-500MG) (TAB BP 24H)	3 QL: 1 IN 1 DAY
DAPAGLIFLOZIN/METFORMIN HCL	XIGDUO XR (2.5-1000MG) (TAB BP 24H)	3 QL: 1 IN 1 DAY
DAPAGLIFLOZIN/METFORMIN HCL	XIGDUO XR (5 MG-500MG) (TAB BP 24H)	3 QL: 1 IN 1 DAY
DAPAGLIFLOZIN/METFORMIN HCL	XIGDUO XR (5MG-1000MG) (TAB BP 24H)	3 QL: 2 IN 1 DAY
EMPAGLIFLOZIN/METFORMIN HCL	SYNJARDY	2 QL: 2 IN 1 DAY
ANTIHYPERGLYCM,INSUL-RESP.ENHANCER & BIGUANIDE CMB		
<i>pioglitazone hcl/metformin hcl</i>	ACTOPLUS MET	1
ROSIGLITAZONE/METFORMIN HCL	AVANDAMET	2
BLOOD SUGAR DIAGNOSTICS		
BLOOD SUGAR DIAGNOSTIC	ACCU-CHEK AVIVA PLUS (STRIP) (OTC)	\$0
BLOOD SUGAR DIAGNOSTIC	ACCU-CHEK GUIDE TEST STRIP (STRIP) (OTC)	\$0
BLOOD SUGAR DIAGNOSTIC	ACCU-CHEK SMARTVIEW	\$0
BLOOD SUGAR DIAGNOSTIC	FREESTYLE INSULINX (STRIP) (OTC)	\$0
BLOOD SUGAR DIAGNOSTIC	FREESTYLE INSULINX TEST STRIPS	\$0
BLOOD SUGAR DIAGNOSTIC	FREESTYLE LITE STRIPS (STRIP) (OTC)	\$0
BLOOD SUGAR DIAGNOSTIC	FREESTYLE TEST STRIPS (STRIP) (OTC)	\$0
BLOOD SUGAR DIAGNOSTIC	PRECISION XTRA (STRIP) (OTC)	\$0
BLOOD SUGAR DIAGNOSTIC, DRUM	ACCU-CHEK COMPACT PLUS STRIPS (STRIP) (OTC)	\$0

Chinese Community Health Plan 4-Tier Formulary (Commercial)

Drug Name	Tier	Requirements/Limits
DIABETIC SUPPLIES		
BLOOD GLUCOSE CNTL HIGH,NORMAL 2TEK	1	
BLOOD GLUCOSE CNTL HIGH,NORMAL AGAMATRIX CONTROL	1	
BLOOD GLUCOSE CNTL HIGH,NORMAL ASSURE DOSE	1	
BLOOD GLUCOSE CNTL HIGH,NORMAL ASSURE PRISM	1	
BLOOD GLUCOSE CNTL HIGH,NORMAL BLOOD GLUCOSE CONTROL	1	
BLOOD GLUCOSE CNTL HIGH,NORMAL CARESENS	1	
BLOOD GLUCOSE CNTL HIGH,NORMAL EMBRACE PRO	1	
BLOOD GLUCOSE CNTL HIGH,NORMAL GLUCOCARD 01 CONTROL	1	
BLOOD GLUCOSE CNTL HIGH,NORMAL ON CALL PLUS CONTROL	1	
BLOOD GLUCOSE CNTL HIGH,NORMAL ON CALL VIVID CONTROL	1	
BLOOD GLUCOSE CNTL HIGH,NORMAL OPTUMRX	1	
BLOOD GLUCOSE CONTROL HIGH,LOW ACCU-CHEK	1	
BLOOD GLUCOSE CONTROL HIGH,LOW ACCU-CHEK COMPACT PLUS CONTROL	1	
BLOOD GLUCOSE CONTROL HIGH,LOW ACCU-CHEK GUIDE CONTROL SOLN	1	
BLOOD GLUCOSE CONTROL HIGH,LOW ACCU-TREND GLUCOSE	1	
BLOOD GLUCOSE CONTROL HIGH,LOW EASY TOUCH CONTROL SOLUTION	1	
BLOOD GLUCOSE CONTROL HIGH,LOW EVENCARE	1	
BLOOD GLUCOSE CONTROL HIGH,LOW EVENCARE G2	1	
BLOOD GLUCOSE CONTROL HIGH,LOW EVENCARE G3	1	
BLOOD GLUCOSE CONTROL HIGH,LOW FREESTYLE CONTROL SOLUTION	1	
BLOOD GLUCOSE CONTROL HIGH,LOW HEALTHPRO GLUCOSE CONTROL SOLN	1	
BLOOD GLUCOSE CONTROL HIGH,LOW MICRODOT	1	
BLOOD GLUCOSE CONTROL HIGH,LOW TELCARE CONTROL SOLUTION	1	
BLOOD GLUCOSE CONTROL HIGH,LOW ULTRATRAK	1	

Chinese Community Health Plan 4-Tier Formulary (Commercial)

Drug Name	Tier	Requirements/Limits
BLOOD GLUCOSE CONTROL HIGH,LOW ULTRATRAK ULTIMATE	1	
BLOOD GLUCOSE CTL HIGH,NML,LOW GLUCOSE CONTROL SOLUTION	1	
BLOOD GLUCOSE CTL HIGH,NML,LOW MYGLUCOHEAL TH CONTROL SOLUTION	1	
BLOOD GLUCOSE CTL HIGH,NML,LOW ON CALL EXPRESS CONTROL SOLN	1	
BLOOD GLUCOSE,KETONE CNTRL NML NOVAMAX PLUS GLU-KET	1	
BLOOD-GLUCOSE CALIB. CONTROL ASSURE 4	1	
BLOOD-GLUCOSE CALIB. CONTROL MEDISENSE	1	
BLOOD-GLUCOSE CALIB. CONTROL MEDISENSE CONTROL	1	
BLOOD-GLUCOSE CALIB. CONTROL MEDISENSE GLUCOSE KETONE	1	
BLOOD-GLUCOSE CALIB. CONTROL PRECISION	1	
BLOOD-GLUCOSE CALIB. CONTROL PRECISION GLUCOSE CONTROL	1	
BLOOD-GLUCOSE CONTROL, HIGH ADVOCATE CONTROL SOLUTION	1	
BLOOD-GLUCOSE CONTROL, HIGH ADVOCATE REDI-CODE+ CTRL SOLN	1	
BLOOD-GLUCOSE CONTROL, HIGH AGAMATRIX CONTROL	1	
BLOOD-GLUCOSE CONTROL, HIGH BREEZE 2	1	
BLOOD-GLUCOSE CONTROL, HIGH CLEVER CHOICE CONTROL SOLUTION	1	
BLOOD-GLUCOSE CONTROL, HIGH CONTOUR	1	
BLOOD-GLUCOSE CONTROL, HIGH CONTROL SOLUTION	1	
BLOOD-GLUCOSE CONTROL, HIGH COOL CONTROL SOLUTION	1	
BLOOD-GLUCOSE CONTROL, HIGH DIATRUE	1	
BLOOD-GLUCOSE CONTROL, HIGH EASY PLUS II	1	
BLOOD-GLUCOSE CONTROL, HIGH EASY TALK	1	
BLOOD-GLUCOSE CONTROL, HIGH EASY TRAK	1	
BLOOD-GLUCOSE CONTROL, HIGH ELEMENT COMPACT CONTROL SOLN	1	

Chinese Community Health Plan 4-Tier Formulary (Commercial)

Drug Name	Tier	Requirements/Limits
BLOOD-GLUCOSE CONTROL, HIGH ELEMENT CONTROL SOLUTION	1	
BLOOD-GLUCOSE CONTROL, HIGH EMBRACE	1	
BLOOD-GLUCOSE CONTROL, HIGH EZ SMART	1	
BLOOD-GLUCOSE CONTROL, HIGH FORACARE GDH	1	
BLOOD-GLUCOSE CONTROL, HIGH FORTISCARE	1	
BLOOD-GLUCOSE CONTROL, HIGH GLUCOCOM CONTROL SOLUTION	1	
BLOOD-GLUCOSE CONTROL, HIGH INFINITY CONTROL SOLUTION	1	
BLOOD-GLUCOSE CONTROL, HIGH ONETOUCH VERIO	1	
BLOOD-GLUCOSE CONTROL, HIGH REFUAH PLUS GLUCOSE CONTROL	1	
BLOOD-GLUCOSE CONTROL, HIGH RIGHTEST CONTROL SOLUTION	1	
BLOOD-GLUCOSE CONTROL, HIGH SOLUS V2 CONTROL SOLUTION	1	
BLOOD-GLUCOSE CONTROL, HIGH TD GOLD LEVEL 3 CONTROL SOL	1	
BLOOD-GLUCOSE CONTROL, HIGH TRUE METRIX	1	
BLOOD-GLUCOSE CONTROL, HIGH TRUECONTROL	1	
BLOOD-GLUCOSE CONTROL, HIGH UNISTRIP	1	
BLOOD-GLUCOSE CONTROL, LOW ADVOCATE CONTROL SOLUTION	1	
BLOOD-GLUCOSE CONTROL, LOW ADVOCATE REDI-CODE+ CTRL SOLN	1	
BLOOD-GLUCOSE CONTROL, LOW BREEZE 2	1	
BLOOD-GLUCOSE CONTROL, LOW CLEVER CHOICE CONTROL SOLUTION	1	
BLOOD-GLUCOSE CONTROL, LOW CONTOUR	1	
BLOOD-GLUCOSE CONTROL, LOW CONTOUR NEXT CONTROL SOLUTION	1	
BLOOD-GLUCOSE CONTROL, LOW CONTROL SOLUTION	1	
BLOOD-GLUCOSE CONTROL, LOW DIATRUE	1	
BLOOD-GLUCOSE CONTROL, LOW EASY PLUS II	1	
BLOOD-GLUCOSE CONTROL, LOW EASY TALK	1	

Chinese Community Health Plan 4-Tier Formulary (Commercial)

Drug Name	Tier	Requirements/Limits
BLOOD-GLUCOSE CONTROL, LOW EASY TRAK	1	
BLOOD-GLUCOSE CONTROL, LOW EASYMAX	1	
BLOOD-GLUCOSE CONTROL, LOW EASYMAX 15	1	
BLOOD-GLUCOSE CONTROL, LOW ELEMENT CONTROL SOLUTION	1	
BLOOD-GLUCOSE CONTROL, LOW EMBRACE EVO	1	
BLOOD-GLUCOSE CONTROL, LOW EMBRACE GLUCOSE CONTROL SOLN	1	
BLOOD-GLUCOSE CONTROL, LOW EZ SMART	1	
BLOOD-GLUCOSE CONTROL, LOW FORACARE GDH	1	
BLOOD-GLUCOSE CONTROL, LOW FORTISCARE	1	
BLOOD-GLUCOSE CONTROL, LOW INFINITY CONTROL SOLUTION	1	
BLOOD-GLUCOSE CONTROL, LOW PRODIGY CONTROL SOLUTION	1	
BLOOD-GLUCOSE CONTROL, LOW SOLUS V2 CONTROL SOLUTION	1	
BLOOD-GLUCOSE CONTROL, LOW TD GOLD LEVEL 1 CONTROL SOL	1	
BLOOD-GLUCOSE CONTROL, LOW TRUE METRIX	1	
BLOOD-GLUCOSE CONTROL, LOW TRUECONTROL	1	
BLOOD-GLUCOSE CONTROL, LOW UNISTRIP	1	
BLOOD-GLUCOSE CONTROL, NORMAL ACCU-CHEK SMARTVIEW	1	
BLOOD-GLUCOSE CONTROL, NORMAL ASSURE DOSE	1	
BLOOD-GLUCOSE CONTROL, NORMAL BLOOD-GLUCOSE CONTROL	1	
BLOOD-GLUCOSE CONTROL, NORMAL BREEZE 2	1	
BLOOD-GLUCOSE CONTROL, NORMAL CARESENS	1	
BLOOD-GLUCOSE CONTROL, NORMAL CHOICEDM CLARUS CONTROL SOLN	1	
BLOOD-GLUCOSE CONTROL, NORMAL CLEVER CHOICE CONTROL SOLUTION	1	
BLOOD-GLUCOSE CONTROL, NORMAL CONTOUR	1	
BLOOD-GLUCOSE CONTROL, NORMAL CONTOUR NEXT CONTROL SOLUTION	1	
BLOOD-GLUCOSE CONTROL, NORMAL CONTROL SOLUTION	1	

Chinese Community Health Plan 4-Tier Formulary (Commercial)

Drug Name	Tier	Requirements/Limits
BLOOD-GLUCOSE CONTROL, NORMAL COOL CONTROL SOLUTION	1	
BLOOD-GLUCOSE CONTROL, NORMAL DIATRUE	1	
BLOOD-GLUCOSE CONTROL, NORMAL EASYGLUCO PLUS CONTROL NORMAL	1	
BLOOD-GLUCOSE CONTROL, NORMAL EASYMAX	1	
BLOOD-GLUCOSE CONTROL, NORMAL EASYMAX 15	1	
BLOOD-GLUCOSE CONTROL, NORMAL ELEMENT COMPACT CONTROL SOLN	1	
BLOOD-GLUCOSE CONTROL, NORMAL ELEMENT CONTROL SOLUTION	1	
BLOOD-GLUCOSE CONTROL, NORMAL EVENCARE MINI GLUCOSE CONTROL	1	
BLOOD-GLUCOSE CONTROL, NORMAL EVOLUTION CONTROL SOLUTION	1	
BLOOD-GLUCOSE CONTROL, NORMAL EZ SMART	1	
BLOOD-GLUCOSE CONTROL, NORMAL FORA CONTROL SOLUTION	1	
BLOOD-GLUCOSE CONTROL, NORMAL FORACARE GDH	1	
BLOOD-GLUCOSE CONTROL, NORMAL FORTISCARE	1	
BLOOD-GLUCOSE CONTROL, NORMAL FREESTYLE CONTROL SOLUTION	1	
BLOOD-GLUCOSE CONTROL, NORMAL GE100 CONTROL SOLUTION NORMAL	1	
BLOOD-GLUCOSE CONTROL, NORMAL GLUCOCARD 01 CONTROL	1	
BLOOD-GLUCOSE CONTROL, NORMAL GLUCOCARD EXPRESSION	1	
BLOOD-GLUCOSE CONTROL, NORMAL GLUCOCARD SHINE	1	
BLOOD-GLUCOSE CONTROL, NORMAL GLUCOCOM CONTROL SOLUTION	1	
BLOOD-GLUCOSE CONTROL, NORMAL GLUCOSE CONTROL	1	
BLOOD-GLUCOSE CONTROL, NORMAL GLUCOSE CONTROL SOLUTION	1	
BLOOD-GLUCOSE CONTROL, NORMAL INFINITY CONTROL SOLUTION	1	
BLOOD-GLUCOSE CONTROL, NORMAL INFINITY VOICE CONTROL SOLN	1	

Chinese Community Health Plan 4-Tier Formulary (Commercial)

Drug Name	Tier	Requirements/Limits
BLOOD-GLUCOSE CONTROL, NORMAL MEDISENSE	1	
BLOOD-GLUCOSE CONTROL, NORMAL MEDISENSE GLUCOSE KETONE CONTR	1	
BLOOD-GLUCOSE CONTROL, NORMAL METER-CHECK	1	
BLOOD-GLUCOSE CONTROL, NORMAL MICRODOT	1	
BLOOD-GLUCOSE CONTROL, NORMAL NOVA MAX GLUCOSE CONTROL SOLN	1	
BLOOD-GLUCOSE CONTROL, NORMAL ONETOUCH ULTRA CONTROL SOLN	1	
BLOOD-GLUCOSE CONTROL, NORMAL ONETOUCH VERIO	1	
BLOOD-GLUCOSE CONTROL, NORMAL RIGHTEST CONTROL SOLUTION	1	
BLOOD-GLUCOSE CONTROL, NORMAL RIGHTEST GC250S CONTROL SOLN	1	
BLOOD-GLUCOSE CONTROL, NORMAL SMARTEST	1	
BLOOD-GLUCOSE CONTROL, NORMAL SURE-TEST EASYPLUS MINI	1	
BLOOD-GLUCOSE CONTROL, NORMAL TD GOLD LEVEL 2 CONTROL SOL	1	
BLOOD-GLUCOSE CONTROL, NORMAL TRUE METRIX	1	
BLOOD-GLUCOSE CONTROL, NORMAL ULTRATRAK	1	
BLOOD-GLUCOSE CONTROL, NORMAL WAVESENSE CONTROL SOLUTION	1	
BLOOD-GLUCOSE METER ACCU-CHEK AVIVA CONNECT	\$0	
BLOOD-GLUCOSE METER ACCU-CHEK AVIVA PLUS (EACH) (OTC)	\$0	
BLOOD-GLUCOSE METER ACCU-CHEK GUIDE MONITOR SYSTEM (EACH) (OTC)	\$0	
BLOOD-GLUCOSE METER ACCU-CHEK NANO SMARTVIEW	\$0	
BLOOD-GLUCOSE METER FREESTYLE FREEDOM LITE (KIT) (OTC)	\$0	
BLOOD-GLUCOSE METER FREESTYLE INSULINX (EACH) (OTC)	\$0	

Chinese Community Health Plan 4-Tier Formulary (Commercial)

Drug Name	Tier	Requirements/Limits
BLOOD-GLUCOSE METER	FREESTYLE LITE METER (KIT) (OTC)	\$0
BLOOD-GLUCOSE METER	PRECISION XTRA (EACH) (OTC)	\$0
LANCING DEVICE	ADJUSTABLE LANCING DEVICE (EACH) (OTC)	1
LANCING DEVICE	ADVOCATE LANCING DEVICE (EACH) (OTC)	1
LANCING DEVICE	ADVOCATE RAPID-SAFE	1
LANCING DEVICE	ALTERNATE SITE LANCING DEVICE	1
LANCING DEVICE	AQUA LANCE LANCING DEVICE (EACH) (OTC)	1
LANCING DEVICE	AUTO-LANCET MINI	1
LANCING DEVICE	AUTOLET LANCING DEVICE (EACH) (OTC)	1
LANCING DEVICE	AUTOLET PLUS (EACH) (OTC)	1
LANCING DEVICE	CAREONE (EACH) (OTC)	1
LANCING DEVICE	CARETOUCH LANCING DEVICE	1
LANCING DEVICE	DROPLET LANCING DEVICE (EACH) (OTC)	1
LANCING DEVICE	EASY CLICK	1
LANCING DEVICE	EASY MINI EJECT LANCING DEVICE	1
LANCING DEVICE	EASY TOUCH LANCING DEVICE	1
LANCING DEVICE	FORA LANCING DEVICE	1
LANCING DEVICE	HEALTHY ACCENTS	1

Chinese Community Health Plan 4-Tier Formulary (Commercial)

Drug Name	Tier	Requirements/Limits
AUTOLET (EACH) (OTC)		
LANCING DEVICE INCONTROL LANCING DEVICE	1	
LANCING DEVICE (EACH) (OTC)	1	
LANCING DEVICE LANCING SYSTEM	1	
LANCING DEVICE LITE TOUCH	1	
LANCING DEVICE MINI LANCING DEVICE	1	
LANCING DEVICE ON CALL LANCING DEVICE	1	
LANCING DEVICE ON CALL PLUS LANCING DEVICE	1	
LANCING DEVICE PRODIGY LANCING DEVICE	1	
LANCING DEVICE RELIAMED MINI LANCING DEVICE	1	
LANCING DEVICE RIGHTEST GD500	1	
LANCING DEVICE SMARTDIABETE S VANTAGE	1	
LANCING DEVICE SURE COMFORT LANCING PEN	1	
LANCING DEVICE SUREFLEX	1	
LANCING DEVICE TRUEDRAW (EACH) (OTC)	1	
LANCING DEVICE ULTI-LANCE	1	
LANCING DEVICE/LANCETS ACCU-CHEK	1	
LANCING DEVICE/LANCETS ACCU-CHEK FASTCLIX	1	
LANCING DEVICE/LANCETS ACCU-CHEK SOFTCLIX	1	
LANCING DEVICE/LANCETS ADVANCED LANCING DEVICE (KIT) (OTC)	1	
LANCING DEVICE/LANCETS AUTOLET IMPRESSION (KIT) (OTC)	1	
LANCING DEVICE/LANCETS HYPOLANCE (KIT) (OTC)	1	
LANCING DEVICE/LANCETS LANCING DEVICE (KIT) (OTC)	1	
LANCING DEVICE/LANCETS LANZO	1	

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Drug Name		Tier	Requirements/Limits
LANCING DEVICE/LANCETS	MICROLET 2	1	
LANCING DEVICE/LANCETS	MICROLET NEXT LANCING DEVICE	1	
LANCING DEVICE/LANCETS	MULTI-LANCET	1	
LANCING DEVICE/LANCETS	ONETOUCH DELICA	1	
LANCING DEVICE/LANCETS	SOLUS V2 LANCING DEVICE	1	
LANCING DEVICE/LANCETS	SUREFLEX (KIT) (OTC)	1	
LANCING DEVICE/LANCETS	ULTI-LANCE	1	
LANCING DEVICE/LANCETS	UNISTIK 2 NORMAL (KIT) (OTC)	1	
SUB-Q INSULIN DEVICE, 20 UNIT	VGO 20	2	QL: 1 IN 1 DAY
SUB-Q INSULIN DEVICE, 30 UNIT	VGO 30	2	QL: 1 IN 1 DAY
SUB-Q INSULIN DEVICE, 40 UNIT	VGO 40	2	QL: 1 IN 1 DAY
DIABETIC ULCER PREPARATIONS, TOPICAL			
BECAPLERMIN	REGRANEX	2	QL: 30gm PER FILL
HYPERGLYCEMICS			
GLUCAGON, HUMAN RECOMBINANT	GLUCAGEN	2	
GLUCAGON, HUMAN RECOMBINANT	GLUCAGON EMERGENCY KIT	2	
INSULINS			
INSULIN ASPART	NOVOLOG	3	
INSULIN ASPART	NOVOLOG FLEXPEN	3	
INSULIN ASPART PROT/INSULN ASP	NOVOLOG MIX 70-30	3	
INSULIN ASPART PROT/INSULN ASP	NOVOLOG MIX 70-30 FLEXPEN	3	
INSULIN DEGLUDEC	TRESIBA FLEXTOUCH U- 100	3	
INSULIN DEGLUDEC	TRESIBA FLEXTOUCH U- 200	3	
INSULIN DETEMIR	LEVEMIR	3	
INSULIN DETEMIR	LEVEMIR FLEXTOUCH	3	
INSULIN GLARGINE, HUM.REC.ANLOG	LANTUS	2	
INSULIN GLARGINE, HUM.REC.ANLOG	LANTUS SOLOSTAR (100/ML (3)) (INSULN PEN)	2	
INSULIN GLARGINE, HUM.REC.ANLOG	TOUJEO SOLOSTAR	2	

Chinese Community Health Plan 4-Tier Formulary (Commercial)

Drug Name		Tier	Requirements/Limits
INSULIN LISPRO	HUMALOG	2	
INSULIN LISPRO	HUMALOG KWIKPEN U-100	2	
INSULIN LISPRO	HUMALOG KWIKPEN U-200	2	
INSULIN LISPRO PROTAMIN/LISPRO	HUMALOG MIX 50-50	2	
INSULIN LISPRO PROTAMIN/LISPRO	HUMALOG MIX 50-50 KWIKPEN	2	
INSULIN LISPRO PROTAMIN/LISPRO	HUMALOG MIX 75-25	2	
INSULIN LISPRO PROTAMIN/LISPRO	HUMALOG MIX 75-25 KWIKPEN	2	
INSULIN NPH HUM/REG INSULIN HM	HUMULIN 70/30 KWIKPEN	2	
INSULIN NPH HUM/REG INSULIN HM	HUMULIN 70-30 (70-30/ML) (VIAL) (OTC)	2	
INSULIN NPH HUM/REG INSULIN HM	NOVOLIN 70-30	3	
INSULIN NPH HUMAN ISOPHANE	HUMULIN N	2	
INSULIN NPH HUMAN ISOPHANE	HUMULIN N KWIKPEN	2	
INSULIN NPH HUMAN ISOPHANE	NOVOLIN N	3	
INSULIN REGULAR, HUMAN	HUMULIN R	2	
INSULIN REGULAR, HUMAN	HUMULIN R U- 500	2	
INSULIN REGULAR, HUMAN	HUMULIN R U- 500 KWIKPEN	2	
INSULIN REGULAR, HUMAN	NOVOLIN R	3	
URINE GLUCOSE TEST AIDS			
URINE GLUCOSE TEST STRIP	DIASTIX REAGENT	1	
URINE GLUCOSE TEST STRIP	NO-STICK GLUCOSE	1	
URINE GLUCOSE/ACETONE TEST AIDS,STRIPS			
URINE GLUCOSE-ACET TEST STRIP	CHEMSTRIP UGK	1	
URINE GLUCOSE-ACET TEST STRIP	KETO-DIASTIX REAGENT	1	
EAR - GENERAL DISORDERS			
EAR PREPARATIONS ANTI-INFLAMMATORY			
<i>fluocinolone acetonide oil</i>	DERMOTIC	1	
EAR PREPARATIONS, MISC. ANTI-INFECTIVES			
<i>acetic acid</i>	VOSOL	1	
<i>hydrocortisone/acetic acid</i>	VOSOL HC	1	
EAR PREPARATIONS,ANTIBIOTICS			
<i>ciprofloxacin hcl</i>	CETRAXAL	2	
NEOMYC/COLIST/HYDROCORT/THONZ N	COLY-MYCIN S	2	
<i>neomycin/polymyxin b/hydrocort</i>		1	

Chinese Community Health Plan 4-Tier Formulary (Commercial)

Drug Name		Tier	Requirements/Limits
<i>ofloxacin</i>	FLOXIN	1	
OTIC PREPARATIONS, ANTI-INFLAMMATORY-ANTIBIOTICS			
CIPROFLOXACIN HCL/DEXAMETH	CIPRODEX	2	
ELECTROLYTE REGULATION			
ELECTROLYTE DEPLETERS			
<i>calcium acetate</i>	CALPHRON	1	
<i>calcium acetate</i>	ELIPHOS	1	
<i>calcium acetate</i>	PHOSLO	1	
CALCIUM ACETATE	PHOSLYRA	2	
FERRIC CITRATE	AURYXIA	3	
<i>lanthanum carbonate</i>	FOSRENOL	2	
LANTHANUM CARBONATE	FOSRENOL	2	
<i>sevelamer carbonate</i>	RENVELA	2	
<i>sodium polystyrene sulfon/sorb</i>		1	
SODIUM POLYSTYRENE SULFON/SORB	SPS	1	
<i>sodium polystyrene sulfonate</i>		1	
POTASSIUM REPLACEMENT			
<i>pot chloride/pot bicarb/cit ac</i>		1	
<i>potassium bicarbonate/cit ac</i>	KLOR-CON-EF	1	
<i>potassium chloride (10 meq) (capsule er)</i>		1	
<i>potassium chloride (10 meq) (tab er prt)</i>		1	
<i>potassium chloride (10 meq) (tablet er)</i>		1	
<i>potassium chloride (15 meq) (tab er prt)</i>		2	
<i>potassium chloride (20 meq) (packet)</i>		1	
<i>potassium chloride (20 meq) (tab er prt)</i>		1	
<i>potassium chloride (20 meq) (tablet er)</i>		1	
<i>potassium chloride (8 meq) (capsule er)</i>		1	
<i>potassium chloride (8 meq) (tablet er)</i>		1	
ENDOCRINE DISORDER - FERTILITY			
DRUGS TO TREAT IMPOTENCY			
TADALAFIL	CIALIS (2.5 MG) (TABLET)	4	PA
TADALAFIL	CIALIS (5 MG) (TABLET)	4	PA
ENDOCRINE DISORDER - OTHER			
ANTIDIURETIC AND VASOPRESSOR HORMONES			
<i>desmopressin (nonrefrigerated)</i>	DDAVP	1	
<i>desmopressin acetate</i>		1	
DESMOPRESSIN ACETATE	STIMATE	2	
BONE FORMATION STIM. AGENTS - PARATHYROID HORMONE			
TERIPARATIDE	FORTEO	4	
BONE RESORPTION INHIBITORS			
<i>alendronate sodium</i>	FOSAMAX (10 MG) (TABLET)	1	
<i>alendronate sodium</i>	FOSAMAX (35 MG) (TABLET)	1	
<i>alendronate sodium</i>	FOSAMAX (40 MG) (TABLET)	2	

Chinese Community Health Plan 4-Tier Formulary (Commercial)

Drug Name	Tier	Requirements/Limits	
<i>alendronate sodium</i>	FOSAMAX (5 MG) (TABLET)	1	
<i>alendronate sodium</i>	FOSAMAX (70 MG) (TABLET)	1	
CALCITONIN,SALMON,SYNTHETIC	MIACALCIN (200/ML) (VIAL)	4	
<i>calcitonin,salmon,synthetic</i>	MIACALCIN (200/SPRAY) (SPRAY/PUMP)	1	
<i>etidronate disodium</i>	DIDRONEL	1	
<i>ibandronate sodium</i>	BONIVA	1	
<i>raloxifene hcl</i>	EVISTA	1	AG: IF FEMALE, >= 35 YEARS, COPAY=\$0
<i>risedronate sodium</i>	ACTONEL	1	
CALCIMIMETIC,PARATHYROID CALCIUM ENHANCER			
CINACALCET HCL	SENSIPAR	2	
GROWTH HORMONE RECEPTOR ANTAGONISTS			
PEGVISOMANT	SOMAVERT	4	PA
GROWTH HORMONES			
SOMATROPIN	NORDITROPIN FLEXPOR	4	PA
HYPERPARATHYROID TX AGENTS - VITAMIN D ANALOG-TYPE			
<i>doxercalciferol</i>		1	
<i>paricalcitol</i>		1	
INSULIN-LIKE GROWTH FACTOR-1 (IGF-1) HORMONES			
MECASERMIN	INCRELEX	4	
LHRH(GNRH) AGONIST ANALOG PITUITARY SUPPRESSANTS			
NAFARELIN ACETATE	SYNAREL	2	
PITUITARY SUPPRESSIVE AGENTS			
<i>cabergoline</i>	DOSTINEX	1	
<i>danazol</i>	DANOCRINE	1	
ENDOCRINE DISORDER - THYROID			
ANTITHYROID PREPARATIONS			
<i>methimazole</i>	TAPAZOLE	1	
<i>propylthiouracil</i>		1	
IODINE CONTAINING AGENTS			
<i>potassium iodide (1 g/ml) (solution)</i>		2	
THYROID HORMONES			
<i>levothyroxine sodium</i>	LEVO-T	1	
<i>levothyroxine sodium</i>	LEVOXYL	1	
<i>levothyroxine sodium</i>	SYNTHROID	1	
<i>levothyroxine sodium</i>	UNITHROID	1	
<i>liothyronine sodium</i>	CYTOMEL	1	
LIOTRIX	THYROLAR-1	2	
LIOTRIX	THYROLAR-1/2	2	
LIOTRIX	THYROLAR-1/4	2	
LIOTRIX	THYROLAR-2	2	
LIOTRIX	THYROLAR-3	2	

Chinese Community Health Plan 4-Tier Formulary (Commercial)

Drug Name		Tier	Requirements/Limits
THYROID,PORK	ARMOUR THYROID	1	
<i>thyroid,pork (113.75 mg) (tablet)</i>		1	
<i>thyroid,pork (130 mg) (tablet)</i>		1	
<i>thyroid,pork (146.25 mg) (tablet)</i>		1	
<i>thyroid,pork (15 mg) (tablet)</i>		1	
<i>thyroid,pork (16.25 mg) (tablet)</i>		1	
<i>thyroid,pork (162.5 mg) (tablet)</i>		1	
<i>thyroid,pork (195 mg) (tablet)</i>		1	
<i>thyroid,pork (260 mg) (tablet)</i>		1	
<i>thyroid,pork (30 mg) (tablet)</i>		1	
<i>thyroid,pork (32.5 mg) (tablet)</i>		1	
<i>thyroid,pork (325 mg) (tablet)</i>		1	
<i>thyroid,pork (48.75 mg) (tablet)</i>		1	
<i>thyroid,pork (60 mg) (tablet)</i>		1	
<i>thyroid,pork (65 mg) (tablet)</i>		1	
<i>thyroid,pork (81.25 mg) (tablet)</i>		1	
<i>thyroid,pork (90 mg) (tablet)</i>		1	
<i>thyroid,pork (97.5 mg) (tablet)</i>		1	
EYE - GENERAL DISORDERS			
EYE ANTIBIOTIC-CORTICOID COMBINATIONS			
GENTAMICIN SULF/PREDNISOLONE	PRED-G (0.3%-1%) (DROPS SUSP)	2	
<i>neomycin/bacit/p-myx/hydrocort</i>		1	
<i>neomycin/polymyxin b/dexametha</i>		1	
<i>neomycin/polymyxin b/hydrocort</i>		1	
<i>tobramycin/dexamethasone</i>	TOBRADEX (0.3%-0.1%) (DROPS SUSP)	1	
TOBRAMYCIN/DEXAMETHASONE	TOBRADEX (0.3%-0.1%) (OINT. (G))	2	
TOBRAMYCIN/LOTEPRED ETAB	ZYLET	2	QL: 5mL PER FILL
EYE ANTIHISTAMINES			
<i>azelastine hcl</i>	OPTIVAR	1	
<i>epinastine hcl</i>	ELESTAT	1	
<i>ketotifen fumarate</i>	ZADITOR	\$0	QL: 10mL IN 30 DAYS
<i>olopatadine hcl</i>	PATADAY	2	ST, QL: 2.5mL IN 30 DAYS
EYE ANTIINFLAMMATORY AGENTS			
<i>bromfenac sodium</i>		1	QL: 2.5mL PER FILL
BROMFENAC SODIUM	BROMSITE	2	QL: 5mL PER FILL
BROMFENAC SODIUM	PROLENSA	2	QL: 3mL PER FILL
DEXAMETHASONE	MAXIDEX	2	
<i>dexamethasone sod phosphate</i>	DEXASOL	1	
<i>diclofenac sodium</i>	VOLTAREN	1	
DIFLUPREDNATE	DUREZOL	2	QL: 5mL PER FILL
<i>fluorometholone</i>	FML	1	
<i>flurbiprofen sodium</i>	OCUFEN	1	

Chinese Community Health Plan 4-Tier Formulary (Commercial)

Drug Name		Tier	Requirements/Limits
<i>ketorolac tromethamine</i>	ACULAR	1	
<i>ketorolac tromethamine</i>	ACULAR LS	1	
LOTEPREDNOL ETABONATE	ALREX	2	
LOTEPREDNOL ETABONATE	LOTEMAX	2	
NEPAFENAC	ILEVRO	2	QL: 3mL PER FILL
NEPAFENAC	NEVANAC	2	
<i>prednisolone acetate</i>	OMNIPRED	1	
<i>prednisolone acetate</i>	PRED FORTE	1	
PREDNISOLONE ACETATE	PRED MILD	2	
<i>prednisolone sod phosphate</i>		2	
EYE ANTIVIRALS			
GANCICLOVIR	ZIRGAN	2	
<i>trifluridine</i>	VIROPTIC	1	
EYE LOCAL ANESTHETICS			
<i>proparacaine hcl</i>		1	
EYE SULFONAMIDES			
<i>sulfacetamide sodium</i>	SODIUM SULAMYD (10 %) (DROPS)	1	
SULFACETAMIDE/PREDNISOLONE	BLEPHAMIDE	2	
<i>sulfacetamide/prednisolone sp</i>		1	
EYE VASOCONSTRICTORS (RX ONLY)			
<i>phenylephrine hcl</i>		1	
OPHTHALMIC ANTIBIOTICS			
AZITHROMYCIN	AZASITE	2	QL: 2.5mL PER FILL
<i>bacitracin</i>		2	
<i>bacitracin/polymyxin b sulfate</i>		1	
<i>ciprofloxacin hcl</i>	CILOXAN (0.3 %) (DROPS)	1	
<i>erythromycin base</i>	ILOTYCIN	1	
<i>gatifloxacin</i>	ZYMAXID	1	ST
<i>gentamicin sulfate</i>	GARAMYCIN	1	
<i>gentamicin sulfate</i>	GENTAK	1	
<i>levofloxacin</i>		1	
<i>moxifloxacin hcl</i>	VIGAMOX	2	QL: 3mL PER FILL
<i>neomycin sulf/bacitracin/poly</i>	NEO-POLYCIN	1	
<i>neomycin/polymyxn b/gramicidin</i>	NEOSPORIN	1	
<i>ofloxacin</i>	OCUFLOX	1	
<i>polymyxin b sulf/trimethoprim</i>	POLYTRIM	1	
<i>tobramycin</i>	TOBREX (0.3 %) (DROPS)	1	
OPHTHALMIC ANTI-INFLAMMATORY IMMUNOMODULATOR-TYPE			
CYCLOSPORINE	RESTASIS	2	PR: RESTRICTED TO OPHTHALMOLOGIST OR OPTOMETRIST
CYCLOSPORINE	RESTASIS MULTIDOSE	2	PR: RESTRICTED TO OPHTHALMOLOGIST OR OPTOMETRIST
OPHTHALMIC MAST CELL STABILIZERS			
<i>cromolyn sodium</i>	OPTICROM	1	

Chinese Community Health Plan 4-Tier Formulary (Commercial)

Drug Name		Tier	Requirements/Limits
LODOXAMIDE TROMETHAMINE	ALOMIDE	2	
NEDOCROMIL SODIUM	ALOCRIAL	2	
EYE - GLAUCOMA			
CARBONIC ANHYDRASE INHIBITORS			
<i>acetazolamide</i>		1	
<i>methazolamide</i>	NEPTAZANE	1	
MIOTICS/OTHER INTRAOC. PRESSURE REDUCERS			
<i>apraclonidine hcl</i>	IOPIDINE (0.5 %) (DROPS)	1	
APRACLONIDINE HCL	IOPIDINE (1 %) (DROPERETTE)	2	
<i>betaxolol hcl</i>	BETOPTIC	1	
BETAXOLOL HCL	BETOPTIC S	2	
<i>bimatoprost</i>	LUMIGAN	2	QL: 5mL IN 30 DAYS
BIMATOPROST	LUMIGAN	2	QL: 5mL IN 30 DAYS
<i>brimonidine tartrate</i>	ALPHAGAN	1	QL: 10mL IN 30 DAYS
BRIMONIDINE TARTRATE	ALPHAGAN P (0.1 %) (DROPS)	2	QL: 10mL IN 30 DAYS
<i>brimonidine tartrate</i>	ALPHAGAN P (0.15 %) (DROPS)	1	QL: 10mL IN 30 DAYS
BRIMONIDINE TARTRATE/TIMOLOL	COMBIGAN	2	
BRINZOLAMIDE	AZOPT	2	
BRINZOLAMIDE/BRIMONIDINE TART	SIMBRINZA	2	
<i>carteolol hcl</i>	OCUPRESS	1	
<i>dorzolamide hcl</i>	TRUSOPT	1	
<i>dorzolamide hcl/timolol maleat</i>	COSOPT	1	
DORZOLAMIDE/TIMOLOL/PF	COSOPT PF	2	
ECHOTHIOPHATE IODIDE	PHOSPHOLINE IODIDE	2	
<i>latanoprost</i>	XALATAN	1	QL: 2.5mL IN 30 DAYS
<i>levobunolol hcl</i>	BETAGAN	1	
<i>metipranolol</i>	OPTIPRANOLOL	2	
<i>pilocarpine hcl</i>	ISOPTO CARPINE	1	
TIMOLOL	BETIMOL	2	
<i>timolol maleate</i>	TIMOPTIC	1	
<i>timolol maleate</i>	TIMOPTIC-XE	1	
TRAVOPROST	TRAVATAN Z	2	QL: 5mL IN 30 DAYS
MYDRIATICS			
<i>atropine sulfate</i>		1	
<i>atropine sulfate</i>	ISOPTO ATROPINE	1	
<i>cyclopentolate hcl</i>	CYCLOGYL	1	
CYCLOPENTOLATE/PHENYLEPHRINE	CYCLOMYDRIL	2	
<i>homatropine hbr</i>	ISOPTO HOMATROPINE	1	
<i>tropicamide</i>	MYDRIACYL	1	

Chinese Community Health Plan 4-Tier Formulary (Commercial)

Drug Name	Tier	Requirements/Limits
EYE - MISCELLANEOUS		
ARTIFICIAL TEARS		
CARBOXYMETHYLCELL/GLYCERIN/PF	REFRESH OPTIVE SENSITIVE (0.5%-0.9%) (DROPERETTE) (OTC)	\$0
DEXTRAN 70/HYPROMELLOSE/PF	GENTEAL TEARS	\$0
HYDROXYPROPYL CELLULOSE	LACRISERT	2
GOUT AND RELATED DISEASES		
COLCHICINE		
<i>colchicine</i>	MITIGARE	1
<i>probenecid/colchicine</i>		1
HYPERURICEMIA TX - PURINE INHIBITORS		
<i>allopurinol</i>	ZYLOPRIM	1
FEBUXOSTAT	ULORIC	2 ST
URICOSURIC AGENTS		
<i>probenecid</i>	BENEMID	1
HEMATOLOGICAL DISORDERS		
ANTICOAGULANTS, COUMARIN TYPE		
<i>warfarin sodium</i>	COUMADIN	1
ANTIFIBRINOLYTIC AGENTS		
AMINOCAPROIC ACID	AMICAR	1
<i>tranexamic acid</i>	LYSTEDA	1
DIRECT FACTOR XA INHIBITORS		
APIXABAN	ELIQUIS (2.5 MG) (TABLET)	2
APIXABAN	ELIQUIS (5 MG (74)) (TAB DS PK)	3
APIXABAN	ELIQUIS (5 MG) (TABLET)	2
RIVAROXABAN	XARELTO	2
HEMATINICS, OTHER		
DARBEPOETIN ALFA IN POLYSORBAT	ARANESP	4 ST
EPOETIN ALFA	EPOGEN	4 PA
EPOETIN ALFA	PROCRIT	4 PA
HEMORRHOLOGIC AGENTS		
<i>pentoxifylline</i>	TRENTAL	1
HEPARIN AND RELATED PREPARATIONS		
<i>enoxaparin sodium</i>	LOVENOX	2
<i>fondaparinux sodium</i>	ARIXTRA	2 PA
LEUKOCYTE (WBC) STIMULANTS		
FILGRASTIM-SNDZ	ZARXIO	4
PEGFILGRASTIM	NEULASTA	4
SARGRAMOSTIM	LEUKINE	4

Chinese Community Health Plan 4-Tier Formulary (Commercial)

Drug Name		Tier	Requirements/Limits
PLATELET AGGREGATION INHIBITORS			
<i>aspirin</i>		\$0	AG: IF MALE, 45-79 YEARS
<i>aspirin</i>	BAYER CHEWABLE ASPIRIN	\$0	AG: IF MALE, 45-79 YEARS
<i>aspirin</i>	ECOTRIN	\$0	AG: IF MALE, 45-79 YEARS
ASPIRIN/DIPYRIDAMOLE	AGGRENOX	2	
<i>aspirin/dipyridamole</i>		2	
<i>cilostazol</i>	PLETAL	1	
<i>clopidogrel bisulfate</i>	PLAVIX (75 MG) (TABLET)	1	
<i>dipyridamole</i>	PERSANTINE	1	
<i>prasugrel hcl</i>	EFFIENT	2	
TICAGRELOR	BRILINTA	3	
VORAPAXAR SULFATE	ZONTIVITY	3	PR: RESTRICTED TO CARDIOLOGIST
PLATELET REDUCING AGENTS			
<i>anagrelide hcl</i>	AGRYLIN	1	
SICKLE CELL ANEMIA AGENTS			
HYDROXYUREA	DROXIA	2	
THROMBIN INHIBITORS,SELECTIVE,DIRECT, & REVERSIBLE			
DABIGATRAN ETEXILATE MESYLATE	PRADAXA (110 MG) (CAPSULE)	2	QL: 2 IN 1 DAY
DABIGATRAN ETEXILATE MESYLATE	PRADAXA (150 MG) (CAPSULE)	3	QL: 2 IN 1 DAY
DABIGATRAN ETEXILATE MESYLATE	PRADAXA (75 MG) (CAPSULE)	3	QL: 2 IN 1 DAY
THROMBOPOIETIN RECEPTOR AGONISTS			
ELTROMBOPAG OLAMINE	PROMACTA	4	PA
VITAMIN K PREPARATIONS			
PHYTONADIONE (VIT K1)	MEPHYTON	2	
HORMONAL DEFICIENCY			
ANDROGENIC AGENTS			
<i>methyltestosterone</i>	ANDROID	1	
METHYLTESTOSTERONE	METHITEST	3	
<i>methyltestosterone</i>	TESTRED	1	
<i>oxandrolone</i>	OXANDRIN	1	
TESTOSTERONE	ANDRODERM	2	PA, QL: 1 IN 1 DAY
TESTOSTERONE	ANDROGEL (1.25G-1.62) (GEL PACKET)	2	PA, QL: 1.25gm IN 1 DAY
<i>testosterone</i>	ANDROGEL (12.5/1.25G) (GEL MD PMP)	1	PA, QL: 4gm IN 30 DAYS
TESTOSTERONE	ANDROGEL (2.5G-1.62%) (GEL PACKET)	2	PA, QL: 5gm IN 1 DAY
TESTOSTERONE	ANDROGEL (20.25/1.25) (GEL MD PMP)	2	PA, QL: 2gm IN 30 DAYS

Chinese Community Health Plan 4-Tier Formulary (Commercial)

Drug Name		Tier	Requirements/Limits
<i>testosterone</i>	ANDROGEL (25MG(1%)) (GEL PACKET)	1	PA, QL: 2.5gm IN 1 DAY
<i>testosterone</i>	ANDROGEL (50 MG (1%)) (GEL PACKET)	1	PA, QL: 10gm IN 1 DAY
<i>testosterone</i>	AXIRON	3	
<i>testosterone</i>	TESTIM	1	PA, QL: 10gm IN 1 DAY
<i>testosterone</i>	VOGELXO (12.5/1.25G) (GEL MD PMP)	1	PA, QL: 4gm IN 30 DAYS
<i>testosterone</i>	VOGELXO (50 MG (1%)) (GEL (GRAM))	1	PA, QL: 10gm IN 1 DAY
<i>testosterone</i>	VOGELXO (50 MG (1%)) (GEL PACKET)	1	PA, QL: 10gm IN 1 DAY
<i>testosterone cypionate</i>	DEPO- TESTOSTERONE	1	
ESTROGEN & SELECTIVE ESTROGEN RECEPT MOD(SERM)COMB			
ESTROGENS,CONJ/BAZEDOXIFENE	DUAVEE	2	
ESTROGENIC AGENTS			
ESTRADIOL	ALORA	3	
<i>estradiol</i>	CLIMARA	1	
<i>estradiol</i>	ESTRACE	1	
ESTRADIOL	MINIVELLE	3	
<i>estradiol</i>	VIVELLE-DOT	1	
<i>estradiol/norethindrone acet</i>	ACTIVELLA	1	
ESTRADIOL/NORETHINDRONE ACET	COMBIPATCH	3	
ESTROGEN,CON/M-PROGEST ACET	PREMPHASE	2	
ESTROGEN,CON/M-PROGEST ACET	PREMPRO	2	
ESTROGENS, CONJUGATED	PREMARIN	2	
<i>estropipate</i>	ORTHO-EST	1	
<i>norethindrone ac-eth estradiol</i>	FEMHRT	1	
<i>norethindrone ac-eth estradiol</i>	JEVANTIQUE	1	
<i>norethindrone ac-eth estradiol</i>	JEVANTIQUE LO	1	
PROGESTATIONAL AGENTS			
<i>medroxyprogesterone acetate</i>	PROVERA	1	
<i>norethindrone acetate</i>	AYGESTIN	1	
PROGESTERONE, MICRONIZED	CRINONE	2	PA
<i>progesterone, micronized</i>	PROMETRIUM	1	
IMMUNIZATION			
ANTISERA			
IMMUN GLOB G(IGG)/PRO/IGA 0-50	HIZENTRA	3	PA
GRAM (-) BACILLI (NON-ENTERIC) VACCINES			
TYPHOID VACC,LIVE,ATTENUATED	VIVOTIF	2	QL: 4 PER FILL
INFLUENZA VIRUS VACCINES			
FLU VAC QS 17-18 (4YR UP) CELL	FLUCELVAX QUAD 2017-2018	\$0	QL: 0.5mL IN 180 DAYS

Chinese Community Health Plan 4-Tier Formulary (Commercial)

Drug Name		Tier	Requirements/Limits
FLU VAC QS 17-18(4YR UP)CEL/PF	FLUCELVAX QUAD 2017-2018	\$0	QL: 0.5mL IN 180 DAYS
FLU VAC QV 2017(18YR UP)RCM/PF	FLUBLOK QUAD 2017-2018	\$0	AGE: >= 18 YEARS, QL: 0.5mL IN 180 DAYS
FLU VAC TS 2017-18(4 YR UP)/PF	FLUVIRIN 2017-2018	\$0	QL: 0.5mL IN 180 DAYS
FLU VAC TV 2017(18YR UP)RCM/PF	FLUBLOK 2017-2018	\$0	AGE: >= 18 YEARS, QL: 0.5mL IN 180 DAYS
FLU VACC QS 2017 (18-64YRS)/PF	FLUZONE INTRADERM QUAD 2017-18	\$0	AGE: >= 18 YEARS, QL: 0.1mL IN 180 DAYS
FLU VACC QS 2017 (6-35MOS)/PF	FLUZONE QUAD PEDI 2017-2018	\$0	QL: 0.25mL IN 180 DAYS
FLU VACC QS2017-18 36MOS UP/PF	FLUZONE QUAD 2017-2018	\$0	QL: 0.5mL IN 180 DAYS
FLU VACC QS2017-18(6MOS UP)/PF	FLUARIX QUAD 2017-2018	\$0	QL: 0.5mL IN 180 DAYS
FLU VACC QS2017-18(6MOS UP)/PF	FLULAVAL QUAD 2017-2018	\$0	QL: 0.5mL IN 180 DAYS
FLU VACC QUAD 2017(5 YR UP)/PF	AFLURIA QUAD 2017-2018	\$0	QL: 0.5mL IN 180 DAYS
FLU VACC QUAD 2017-18(5 YR UP)	AFLURIA QUAD 2017-2018	\$0	QL: 0.5mL IN 180 DAYS
FLU VACC QUAD 2017-18(6MOS UP)	FLULAVAL QUAD 2017-2018	\$0	QL: 0.5mL IN 180 DAYS
FLU VACC QUAD 2017-18(6MOS UP)	FLUZONE QUAD 2017-2018	\$0	QL: 0.5mL IN 180 DAYS
FLU VACC QV LIVE 2017(2-49YRS)	FLUMIST QUAD 2017-2018	3	
FLU VACC TS2017(65UP)/MF59C/PF	FLUAD 2017-2018	\$0	AGE: >= 65 YEARS, QL: 0.5mL IN 180 DAYS
FLU VACC TS2017-18(65YR UP)/PF	FLUZONE HIGH-DOSE 2017-2018	\$0	AGE: >= 65 YEARS, QL: 0.5mL IN 180 DAYS
FLU VACCIN TS2017-18 5YR UP/PF	AFLURIA 2017-2018	\$0	QL: 0.5mL IN 180 DAYS
FLU VACCINE TS2017-18(4 YR UP)	FLUVIRIN 2017-2018	\$0	QL: 0.5mL IN 180 DAYS
FLU VACCINE TS2017-18(5 YR UP)	AFLURIA 2017-2018	\$0	QL: 0.5mL IN 180 DAYS
IMMUNOSUPPRESSION/MODULATION			
IMMUNOMODULATORS			
ALDESLEUKIN	PROLEUKIN	2	
<i>imiquimod</i>	ALDARA	1	
INTERFERON ALFA-2B,RECOMB.	INTRON A	4	
IMMUNOSUPPRESSIVES			
<i>azathioprine</i>	IMURAN	1	
<i>cyclosporine (100 mg) (capsule)</i>		4	
<i>cyclosporine (25 mg) (capsule)</i>		4	

Chinese Community Health Plan 4-Tier Formulary (Commercial)

Drug Name		Tier	Requirements/Limits
CYCLOSPORINE	SANDIMMUNE (100 MG/ML) (SOLUTION)	4	
<i>cyclosporine, modified</i>		4	
EVEROLIMUS	ZORTRESS	4	PA
<i>mycophenolate mofetil</i>		4	
<i>mycophenolate sodium</i>		4	
SIROLIMUS	RAPAMUNE (1 MG/ML) (SOLUTION)	4	
<i>sirolimus</i>		4	
TACROLIMUS	PROGRAF (0.5 MG) (CAPSULE)	4	
TACROLIMUS	PROGRAF (1 MG) (CAPSULE)	4	
TACROLIMUS	PROGRAF (5 MG) (CAPSULE)	4	
<i>tacrolimus</i>		4	
INFECTIOUS DISEASE - BACTERIAL			
BETALACTAMS			
AZTREONAM LYSINE	CAYSTON	4	PR: RESTRICTED TO INFECTIOUS DISEASE OR PULMONOLOGY SPECIALIST
CEPHALOSPORINS - 1ST GENERATION			
<i>cefadroxil</i>	DURICEF	1	
<i>cephalexin</i>	KEFLEX	1	
CEPHALOSPORINS - 2ND GENERATION			
<i>cefaclor</i>	CECLOR (250 MG) (CAPSULE)	1	
<i>cefaclor</i>	CECLOR (500 MG) (CAPSULE)	1	
<i>cefprozil</i>	CEFZIL	1	
<i>cefuroxime axetil</i>	CEFTIN (250 MG) (TABLET)	1	
<i>cefuroxime axetil</i>	CEFTIN (500 MG) (TABLET)	1	
CEPHALOSPORINS - 3RD GENERATION			
<i>cefdinir</i>	OMNICEF	1	
<i>cefixime</i>	SUPRAX (100 MG/5ML) (SUSP RECON)	1	
<i>cefixime</i>	SUPRAX (200 MG/5ML) (SUSP RECON)	1	
CEFIXIME	SUPRAX (500 MG/5ML) (SUSP RECON)	3	
<i>cefpodoxime proxetil</i>	VANTIN	1	

Chinese Community Health Plan 4-Tier Formulary (Commercial)

Drug Name	Tier	Requirements/Limits
CHEMOTHERAPEUTICS, ANTIBACTERIAL, MISC.		
<i>methenamine hippurate</i>	HIPREX	1
<i>methenamine mandelate</i>	MANDELAMINE (1 G) (TABLET)	1
<i>trimethoprim</i>	PROLOPRIM	1
MACROLIDES		
<i>azithromycin</i>	ZITHROMAX (100 MG/5ML) (SUSP RECON)	1
<i>azithromycin</i>	ZITHROMAX (200 MG/5ML) (SUSP RECON)	1
<i>azithromycin</i>	ZITHROMAX (250 MG) (TABLET)	1
<i>azithromycin</i>	ZITHROMAX (500 MG) (TABLET)	1
<i>azithromycin</i>	ZITHROMAX (600 MG) (TABLET)	1
<i>azithromycin</i>	ZITHROMAX TRI-PAK	1
<i>clarithromycin</i>	BIAXIN	1
<i>clarithromycin</i>	BIAXIN XL	1
ERYTHROMYCIN BASE	ERY-TAB	1
<i>erythromycin base (250 mg) (capsule dr)</i>		1
<i>erythromycin base (250 mg) (tablet dr)</i>		1
<i>erythromycin base (250 mg) (tablet)</i>		3
<i>erythromycin base (500 mg) (tablet dr)</i>		1
<i>erythromycin base (500 mg) (tablet)</i>		3
ERYTHROMYCIN ETHYLSUCCINATE	E.E.S. 200	3
ERYTHROMYCIN ETHYLSUCCINATE	ERYPED 200	3
ERYTHROMYCIN ETHYLSUCCINATE	ERYPED 400	3
<i>erythromycin ethylsuccinate</i>		1
<i>erythromycin stearate</i>	ERYTHRCIN STEARATE	1
FIDAXOMICIN	DIFICID	2
		ST, QL: 20 PER FILL
NITROFURAN DERIVATIVES		
<i>nitrofurantoin</i>	FURADANTIN	1
<i>nitrofurantoin macrocrystal</i>	MACRODANTIN	1
<i>nitrofurantoin monohyd/m-cryst</i>	MACROBID	1
OXAZOLIDINONES		
<i>linezolid</i>	ZYVOX	4
		PR: RESTRICTED TO INFECTIOUS DISEASE SPECIALIST
TEDIZOLID PHOSPHATE	SIVEXTRO	2
		QL: 6 PER FILL, PR: RESTRICTED TO INFECTIOUS DISEASE SPECIALIST

Chinese Community Health Plan 4-Tier Formulary (Commercial)

Drug Name	Tier	Requirements/Limits
PENICILLINS		
<i>amoxicillin</i>	AMOXIL	1
<i>amoxicillin/potassium clav</i>	AUGMENTIN (200-28.5/5) (SUSP RECON)	1
<i>amoxicillin/potassium clav</i>	AUGMENTIN (200-28.5MG) (TAB CHEW)	1
<i>amoxicillin/potassium clav</i>	AUGMENTIN (250-125 MG) (TABLET)	1
<i>amoxicillin/potassium clav</i>	AUGMENTIN (250-62.5/5) (SUSP RECON)	1
<i>amoxicillin/potassium clav</i>	AUGMENTIN (400-57MG) (TAB CHEW)	1
<i>amoxicillin/potassium clav</i>	AUGMENTIN (400-57MG/5) (SUSP RECON)	1
<i>amoxicillin/potassium clav</i>	AUGMENTIN (500-125 MG) (TABLET)	1
<i>amoxicillin/potassium clav</i>	AUGMENTIN (875-125 MG) (TABLET)	1
<i>amoxicillin/potassium clav</i>	AUGMENTIN ES-600	1
<i>amoxicillin/potassium clav</i>	AUGMENTIN XR	1
<i>ampicillin trihydrate</i>	AMPICILLIN	1
<i>dicloxacillin sodium</i>	PATHOCIL	1
<i>penicillin v potassium</i>		1
<i>penicillin v potassium</i>	VEETIDS	1
QUINOLONES		
CIPROFLOXACIN	CIPRO	3
<i>ciprofloxacin</i>		1
<i>ciprofloxacin hcl</i>	CIPRO (100 MG) (TABLET)	3
<i>ciprofloxacin hcl</i>	CIPRO (250 MG) (TABLET)	1
<i>ciprofloxacin hcl</i>	CIPRO (500 MG) (TABLET)	1
<i>ciprofloxacin hcl</i>	CIPRO (750 MG) (TABLET)	1
<i>ciprofloxacin/ciprofloxacin hcl</i>	CIPRO XR	1
GEMIFLOXACIN MESYLATE	FACTIVE	4
<i>levofloxacin</i>	LEVAQUIN	1
<i>moxifloxacin hcl</i>	AVELOX	1
<i>moxifloxacin hcl</i>	AVELOX ABC PACK	1

Chinese Community Health Plan 4-Tier Formulary (Commercial)

Drug Name	Tier	Requirements/Limits
<i>ofloxacin</i>	FLOXIN 1	
TETRACYCLINES		
<i>demeclocycline hcl</i>	DECLOMYCIN 1	
<i>doxycycline hyclate</i>	DORYX (100 MG) (TABLET DR) 1	
<i>doxycycline hyclate</i>	DORYX (150 MG) (TABLET DR) 1	
<i>doxycycline hyclate</i>	DORYX (50 MG) (TABLET DR) 1	
<i>doxycycline hyclate</i>	DORYX (75 MG) (TABLET DR) 1	
<i>doxycycline hyclate</i>	MORGIDOX 1	
<i>doxycycline hyclate</i>	VIBRAMYCIN 1	
<i>doxycycline hyclate</i>	VIBRA-TABS 1	
<i>doxycycline monohydrate</i>	ADOXA (150 MG) (CAPSULE) 1	
<i>doxycycline monohydrate</i>	AVIDOXY 1	
<i>doxycycline monohydrate</i>	MONDOXYNE NL 1	
<i>doxycycline monohydrate</i>	MONODOX 1	
<i>doxycycline monohydrate</i>	VIBRAMYCIN 1	
<i>minocycline hcl</i>	DYNACIN 1	
<i>minocycline hcl</i>	MINOCIN 1	
<i>tetracycline hcl</i>	PANMYCIN 1	
<i>tetracycline hcl</i>	SUMYCIN 1	
INFECTIOUS DISEASE - FUNGAL		
ANTIFUNGAL AGENTS		
<i>clotrimazole</i>	MYCELEX 1	
<i>fluconazole</i>	DIFLUCAN 1	
<i>flucytosine</i>	ANCOBON 1	
<i>itraconazole</i>	SPORANOX (100 MG) (CAPSULE) 1	PA
<i>ketoconazole</i>	NIZORAL 1	
POSACONAZOLE	NOXAFIL (200 MG/5ML) (ORAL SUSP) 2	
<i>terbinafine hcl</i>	1	
<i>voriconazole</i>	VFEND 4	PR: RESTRICTED TO INFECTIOUS DISEASE SPECIALIST
ANTIFUNGAL ANTIBIOTICS		
<i>griseofulvin ultramicrosize</i>	GRIS-PEG 1	
<i>griseofulvin, microsize</i>	GRIFULVIN V 1	
<i>nystatin</i>	1	
INFECTIOUS DISEASE - MISCELLANEOUS		
AMINOGLYCOSIDES		
<i>neomycin sulfate</i>	1	

Chinese Community Health Plan 4-Tier Formulary (Commercial)

Drug Name		Tier	Requirements/Limits
TOBRAMYCIN	BETHKIS	4	PR: RESTRICTED TO INFECTIOUS DISEASE OR PULMONOLOGY SPECIALIST
TOBRAMYCIN	TOBI PODHALER	4	PR: RESTRICTED TO INFECTIOUS DISEASE OR PULMONOLOGY SPECIALIST
<i>tobramycin in 0.225% sod chlor</i>	TOBI	4	PR: RESTRICTED TO INFECTIOUS DISEASE OR PULMONOLOGY SPECIALIST
<i>tobramycin/nebulizer</i>	KITABIS PAK	4	PR: RESTRICTED TO INFECTIOUS DISEASE OR PULMONOLOGY SPECIALIST
ANTILEPTOTICS			
<i>dapsone</i>		1	
THALIDOMIDE	THALOMID	4	PA
ANTI-MYCOBACTERIUM AGENTS			
<i>ethambutol hcl</i>	MYAMBUTOL	1	
ETHIONAMIDE	TRECTOR	3	
<i>isoniazid</i>		1	
<i>pyrazinamide</i>		1	
<i>rifabutin</i>	MYCOBUTIN	1	
ANTITUBERCULAR ANTIBIOTICS			
RIFAMP/ISONIAZID/PYRAZINAMIDE	RIFATER	3	
<i>rifampin</i>	RIFADIN	1	
RIFAMPIN/ISONIAZID	RIFAMATE	2	
RIFAPENTINE	PRIFTIN	2	
LINCOSAMIDES			
<i>clindamycin hcl</i>	CLEOCIN HCL	1	
<i>clindamycin palmitate hcl</i>	CLEOCIN PALMITATE	1	
VANCOMYCIN AND DERIVATIVES			
<i>vancomycin hcl (125 mg) (capsule)</i>		4	QL: 56 PER FILL
<i>vancomycin hcl (250 mg) (capsule)</i>		4	QL: 56 PER FILL
INFECTIOUS DISEASE - PARASITIC			
2ND GEN. ANAEROBIC ANTIPROTOZOAL-ANTIBACTERIAL			
<i>tinidazole</i>	TINDAMAX	1	
AMEBACIDES			
<i>paromomycin sulfate</i>	HUMATIN	1	
ANAEROBIC ANTIPROTOZOAL-ANTIBACTERIAL AGENTS			
<i>metronidazole</i>	FLAGYL	1	
ANTHELMINTICS			
ALBENDAZOLE	ALBENZA	2	
<i>ivermectin</i>	STROMEKTOL	1	
ANTIMALARIAL DRUGS			
ARTEMETHER/LUMEFANTRINE	COARTEM	1	
<i>atovaquone/proguanil hcl</i>	MALARONE	1	

Chinese Community Health Plan 4-Tier Formulary (Commercial)

Drug Name	Tier	Requirements/Limits
<i>chloroquine phosphate</i>	1	
<i>hydroxychloroquine sulfate</i>	1	
<i>mefloquine hcl</i>	1	
PRIMAQUINE PHOSPHATE	2	
PYRIMETHAMINE	4	PA
<i>quinine sulfate</i>	1	
ANTIPARASITICS		
NITAZOXANIDE	2	
ANTIPROTOZOAL DRUGS, MISCELLANEOUS		
<i>atovaquone</i>	1	
PENTAMIDINE ISETHIONATE	2	
INFECTIOUS DISEASE - VIRAL		
ANTIVIRALS, GENERAL		
<i>acyclovir</i>	1	
<i>famciclovir</i>	1	
<i>oseltamivir phosphate (30 mg) (capsule)</i>	1	QL: 20 PER FILL
<i>oseltamivir phosphate (45 mg) (capsule)</i>	1	QL: 10 PER FILL
<i>oseltamivir phosphate (75 mg) (capsule)</i>	1	QL: 10 PER FILL
OSELTAMIVIR PHOSPHATE	3	QL: 20 PER FILL
OSELTAMIVIR PHOSPHATE	3	QL: 10 PER FILL
OSELTAMIVIR PHOSPHATE	2	QL: 250mL PER FILL
OSELTAMIVIR PHOSPHATE	3	QL: 10 PER FILL
<i>rimantadine hcl</i>	1	
<i>valacyclovir hcl</i>	1	
<i>valganciclovir hcl</i>	1	
ZANAMIVIR	2	QL: 20 PER FILL
ANTIVIRALS, HIV-SPEC, NON-PEPTIDIC PROTEASE INHIB		
DARUNAVIR ETHANOLATE	4	
DARUNAVIR/COBICISTAT	4	
TIPRANAVIR	4	
TIPRANAVIR/VITAMIN E TPGS	4	
ANTIVIRALS, HIV-SPEC, NUCLEOSIDE-NUCLEOTIDE ANALOG		
EMTRICITABINE/TENOFOV ALAFENAM	2	PA
EMTRICITABINE/TENOFOVIR (TDF)	2	PA
ANTIVIRALS, HIV-SPEC., NUCLEOSIDE ANALOG, RTI COMB		
<i>abacavir sulfate/lamivudine</i>	4	
<i>abacavir/lamivudine/zidovudine</i>	1	
<i>lamivudine/zidovudine</i>	1	
ANTIVIRALS, HIV-SPECIFIC, CCR5 CO-RECEPTOR ANTAG.		
MARAVIROC	4	
MARAVIROC	4	

Chinese Community Health Plan 4-Tier Formulary (Commercial)

Drug Name		Tier	Requirements/Limits
MARAVIROC	SELZENTRY (300 MG) (TABLET)	4	
MARAVIROC	SELZENTRY (75 MG) (TABLET)	4	
ANTIVIRALS, HIV-SPECIFIC, FUSION INHIBITORS			
ENFUVIRTIDE	FUZEON	4	
ANTIVIRALS, HIV-SPECIFIC, NON-NUCLEOSIDE, RTI			
DELAVIRDINE MESYLATE	RESCRIPTOR	4	
<i>efavirenz</i>	SUSTIVA	4	
ETRAVIRINE	INTELENCE	4	
<i>nevirapine</i>	VIRAMUNE	1	
<i>nevirapine</i>	VIRAMUNE XR	1	
RILPIVIRINE HCL	EDURANT	4	
ANTIVIRALS, HIV-SPECIFIC, NUCLEOSIDE ANALOG, RTI			
<i>abacavir sulfate</i>	ZIAGEN (300 MG) (TABLET)	1	
DIDANOSINE	VIDEX	4	
<i>didanosine</i>	VIDEX EC	1	
EMTRICITABINE	EMTRIVA	4	
<i>lamivudine</i>	EPIVIR	1	PA
<i>stavudine</i>		1	
<i>zidovudine</i>	RETROVIR	1	
ANTIVIRALS, HIV-SPECIFIC, NUCLEOTIDE ANALOG, RTI			
TENOFOVIR DISOPROXIL FUMARATE	VIREAD (150 MG) (TABLET)	4	PA
TENOFOVIR DISOPROXIL FUMARATE	VIREAD (200 MG) (TABLET)	4	PA
TENOFOVIR DISOPROXIL FUMARATE	VIREAD (250 MG) (TABLET)	4	PA
<i>tenofovir disoproxil fumarate</i>	VIREAD (300 MG) (TABLET)	4	PA
ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITOR COMB			
<i>lopinavir/ritonavir</i>	KALETRA	4	
LOPINAVER/RITONAVIR	KALETRA	4	
ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITORS			
<i>atazanavir sulfate</i>	REYATAZ	4	
ATAZANAVIR SULFATE	REYATAZ	4	
ATAZANAVIR SULFATE/COBICISTAT	EVOTAZ	4	
FOSAMPRENAVIR CALCIUM	LEXIVA (50 MG/ML) (ORAL SUSP)	4	
<i>fosamprenavir calcium</i>	LEXIVA (700 MG) (TABLET)	2	
INDINAVIR SULFATE	CRIXIVAN	4	
NELFINAVIR MESYLATE	VIRACEPT	4	
RITONAVIR	NORVIR (100 MG) (CAPSULE)	2	
RITONAVIR	NORVIR (100 MG) (TABLET)	2	

Chinese Community Health Plan 4-Tier Formulary (Commercial)

Drug Name		Tier	Requirements/Limits
RITONAVIR	NORVIR (80 MG/ML) (SOLUTION)	2	
SAQUINAVIR MESYLATE	INVIRASE	4	
ANTIVIRALS,HIV-1 INTEGRASE STRAND TRANSFER INHIBTR			
DOLUTEGRAVIR SODIUM	TIVICAY	2	QL: 2 IN 1 DAY
RALTEGRAVIR POTASSIUM	ISENTRESS	2	
RALTEGRAVIR POTASSIUM	ISENTRESS HD	2	
ARTV CMB NUCLEOSIDE,NUCLEOTIDE,&NON-NUCLEOSIDE RTI			
EFAVIRENZ/EMTRICIT/TENOFOVR DF	ATRIPLA	2	
EMTRICITA/RILPIVIRINE/TENOF DF	COMPLERA	4	
EMTRICITAB/RILPIVIRI/TENOF ALA	ODEFSEY	4	
ARV CMB-NRTI,N(T)RTI, INTEGRASE INHIBITOR			
ELVITEG/COB/EMTRI/TENOF ALAFEN	GENVOYA	4	
ELVITEG/COB/EMTRI/TENOFO DISOP	STRIBILD	2	
ARV COMB-NRTIS & INTEGRASE INHIBITOR			
ABACA VIR/DOLUTEGRAVIR/LAMIVUDI	TRIUMEQ	4	
HEP C VIRUS - NS5A & NS5B POLYMERASE INHIB. COMBO.			
LEDIPASVIR/SOFOSBUVIR	HARVONI	4	PA, QL: 1 IN 1 DAY
SOFOSBUVIR/VELPATASVIR	EPCLUSA	4	PA, QL: 1 IN 1 DAY
HEP C VIRUS,NUCLEOTIDE ANALOG NS5B POLYMERASE INH			
SOFOSBUVIR	SOVALDI	4	PA, QL: 1 IN 1 DAY
HEPATITIS B TREATMENT AGENTS			
<i>adefovir dipivoxil</i>	HEPSERA	4	PA
ENTECAVIR	BARACLUDE (0.05 MG/ML) (SOLUTION)	4	PA
<i>entecavir</i>	BARACLUDE (0.5 MG) (TABLET)	4	PA, QL: 1 IN 1 DAY
<i>entecavir</i>	BARACLUDE (1 MG) (TABLET)	4	PA, QL: 1 IN 1 DAY
<i>lamivudine</i>	EPIVIR HBV (100 MG) (TABLET)	1	PA
LAMIVUDINE	EPIVIR HBV (25 MG/5 ML) (SOLUTION)	4	PA
HEPATITIS C TREATMENT AGENTS			
PEGINTERFERON ALFA-2A	PEGASYS	4	PA
PEGINTERFERON ALFA-2A	PEGASYS PROCLICK	4	PA
PEGINTERFERON ALFA-2B	PEGINTRON	4	PA
RIBAVIRIN	REBETOL	4	
<i>ribavirin (200 mg) (capsule)</i>		1	
<i>ribavirin (200 mg) (tablet)</i>		1	
<i>ribavirin (400 mg) (tablet)</i>		1	
<i>ribavirin (600 mg) (tablet)</i>		1	
HEPATITIS C VIRUS- NS5A AND NS3/4A INHIBITOR COMB			
ELBASVIR/GRAZOPREVIR	ZEPATIER	4	PA, QL: 1 IN 1 DAY

Chinese Community Health Plan 4-Tier Formulary (Commercial)

Drug Name	Tier	Requirements/Limits
INFLAMMATORY DISEASE		
ANTI-ARTHRITIC AND CHELATING AGENTS		
PENICILLAMINE	DEPEN	2
ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR		
ADALIMUMAB	HUMIRA	4 PA, QL: 2 IN 28 DAYS
ADALIMUMAB	HUMIRA PEDIATRIC CROHN'S	4 PA, QL: 2 IN 28 DAYS
ADALIMUMAB	HUMIRA PEN	4 PA, QL: 2 IN 28 DAYS
ADALIMUMAB	HUMIRA PEN CROHN-UC-HS STARTER	4 PA, QL: 2 IN 28 DAYS
ADALIMUMAB	HUMIRA PEN PSORIASIS- UVEITIS	4 PA, QL: 2 IN 28 DAYS
ETANERCEPT	ENBREL (25 MG) (VIAL)	4 PA, QL: 8 IN 28 DAYS
ETANERCEPT	ENBREL (25MG/0.5ML) (SYRINGE)	4 PA, QL: 8mL IN 28 DAYS
ETANERCEPT	ENBREL (50 MG/ML) (SYRINGE)	4 PA, QL: 4mL IN 28 DAYS
ETANERCEPT	ENBREL SURECLICK	4 PA, QL: 4mL IN 28 DAYS
ANTI-INFLAMMATORY, PYRIMIDINE SYNTHESIS INHIBITOR		
<i>leflunomide</i>	ARAVA	1
DRUGS TO TX CHRONIC INFLAMM. DISEASE OF COLON		
CERTOLIZUMAB PEGOL	CIMZIA	4 PA
GLUCOCORTICOIDS		
<i>budesonide</i>	ENTOCORT EC	1
<i>cortisone acetate</i>	CORTONE	2
<i>dexamethasone (0.5 mg) (tablet)</i>		1
<i>dexamethasone (0.5 mg/5ml) (elixir)</i>		1
<i>dexamethasone (0.5 mg/5ml) (solution)</i>		1
<i>dexamethasone (0.75 mg) (tablet)</i>		1
<i>dexamethasone (1 mg) (tablet)</i>		1
<i>dexamethasone (1.5 mg) (tablet)</i>		1
<i>dexamethasone (2 mg) (tablet)</i>		1
<i>dexamethasone (4 mg) (tablet)</i>		1
<i>dexamethasone (6 mg) (tablet)</i>		1
DEXAMETHASONE INTENSOL		1
<i>hydrocortisone</i>	CORTEF	1
<i>methylprednisolone</i>	MEDROL	1
METHYLPREDNISOLONE	MEDROL	1
<i>prednisolone</i>	ORAPRED	1
<i>prednisolone sod phosphate (10 mg) (tab rapdis)</i>		1
<i>prednisolone sod phosphate (10 mg/5 ml) (solution)</i>		1

Chinese Community Health Plan 4-Tier Formulary (Commercial)

Drug Name	Tier	Requirements/Limits	
<i>prednisolone sod phosphate (15 mg) (tab rapdis)</i>	1		
<i>prednisolone sod phosphate (15 mg/5 ml) (solution)</i>	1		
<i>prednisolone sod phosphate (20 mg/5 ml) (solution)</i>	1		
<i>prednisolone sod phosphate (30 mg) (tab rapdis)</i>	1		
<i>prednisolone sod phosphate (5 mg/5 ml) (solution)</i>	1		
<i>prednisone (1 mg) (tablet)</i>	1		
<i>prednisone (10 mg) (tab ds pk)</i>	2		
<i>prednisone (10 mg) (tablet)</i>	1		
<i>prednisone (2.5 mg) (tablet)</i>	1		
<i>prednisone (20 mg) (tablet)</i>	1		
<i>prednisone (5 mg) (tab ds pk)</i>	2		
<i>prednisone (5 mg) (tablet)</i>	1		
<i>prednisone (5 mg/5 ml) (solution)</i>	1		
<i>prednisone (50 mg) (tablet)</i>	1		
GOLD SALTS			
AURANOFIN	RIDAURA	2	
INTERLEUKIN-6 (IL-6) RECEPTOR INHIBITORS			
TOCILIZUMAB	ACTEMRA (162 MG/0.9) (SYRINGE)	4	PA, QL: 2mL IN 28 DAYS
JANUS KINASE (JAK) INHIBITORS			
TOFACITINIB CITRATE	XELJANZ	4	PA, QL: 2 IN 1 DAY
TOFACITINIB CITRATE	XELJANZ XR	4	PA, QL: 1 IN 1 DAY
MINERALOCORTICOIDS			
<i>fludrocortisone acetate</i>	FLORINEF	1	
NSAIDS (COX NON-SPECIFIC INHIB)& PROSTAGLANDIN CMB			
<i>diclofenac sodium/misoprostol</i>	ARTHROTEC 50	1	
<i>diclofenac sodium/misoprostol</i>	ARTHROTEC 75	1	
NSAIDS, CYCLOOXYGENASE 2 INHIBITOR - TYPE			
<i>celecoxib</i>	CELEBREX	1	ST, QL: 2 IN 1 DAY
NSAIDS, CYCLOOXYGENASE INHIBITOR-TYPE			
<i>celecoxib</i>	CELEBREX	1	ST, QL: 2 IN 1 DAY
<i>diclofenac potassium</i>	CATAFLAM	1	
<i>diclofenac sodium</i>	VOLTAREN	1	
<i>diclofenac sodium</i>	VOLTAREN-XR	1	
<i>etodolac</i>	LODINE	1	
<i>etodolac</i>	LODINE XL	1	
<i>flurbiprofen</i>	ANSAID	1	
<i>ibuprofen</i>	CHILDREN'S ADVIL	1	
<i>ibuprofen</i>	CHILDREN'S MOTRIN	1	
<i>ibuprofen</i>	INFANT'S MOTRIN	1	

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Drug Name		Tier	Requirements/Limits
<i>ibuprofen</i>	INFANTS' MOTRIN	1	
<i>ibuprofen</i>	MOTRIN (100 MG/5ML) (ORAL SUSP)	1	
<i>ibuprofen</i>	MOTRIN (400 MG) (TABLET)	1	
<i>ibuprofen</i>	MOTRIN (600 MG) (TABLET)	1	
<i>ibuprofen</i>	MOTRIN (800 MG) (TABLET)	1	
<i>indomethacin</i>	INDOCIN (25 MG) (CAPSULE)	1	
INDOMETHACIN	INDOCIN (25 MG/5 ML) (ORAL SUSP)	2	
<i>indomethacin</i>	INDOCIN (50 MG) (CAPSULE)	1	
INDOMETHACIN	INDOCIN (50 MG) (SUPP.RECT)	2	
<i>indomethacin</i>	INDOCIN SR	1	
<i>ketorolac tromethamine</i>	TORADOL (10 MG) (TABLET)	1	QL: 20 IN 5 DAYS
<i>meloxicam</i>	MOBIC (15 MG) (TABLET)	1	
<i>meloxicam</i>	MOBIC (7.5 MG) (TABLET)	1	
<i>nabumetone</i>	RELAFEN	1	
<i>naproxen</i>	EC-NAPROSYN	1	
<i>naproxen</i>	NAPROSYN	1	
<i>naproxen sodium</i>	ALEVE (220 MG) (TABLET) (OTC)	1	
<i>naproxen sodium</i>	ANAPROX	1	
<i>naproxen sodium</i>	MIDOL	1	
<i>piroxicam</i>	FELDENE	1	
<i>sulindac</i>	CLINORIL	1	
<i>tolmetin sodium</i>	TOLECTIN (200 MG) (TABLET)	3	
LOCAL ANESTHESIA			
LOCAL ANESTHETICS			
<i>lidocaine hcl</i>		1	
LOWER GASTROINTESTINAL DISORDERS - BOWEL INFLAMMAT			
ABSORBABLE SULFONAMIDES			
<i>sulfamethoxazole/trimethoprim</i>		1	
BOWEL ANTIINFLAMMATORY AGENTS			
<i>sulfadiazine</i>		1	
CHRONIC INFLAM. COLON DX, 5-A-SALICYLAT,RECTAL TX			
MESALAMINE	CANASA	2	
<i>mesalamine</i>	SFROWASA	1	

Chinese Community Health Plan 4-Tier Formulary (Commercial)

Drug Name		Tier	Requirements/Limits
DRUG TX-CHRONIC INFLAM. COLON DX,5-AMINOSALICYLAT			
<i>balsalazide disodium</i>	COLAZAL	1	
MESALAMINE	APRISO	2	
<i>mesalamine</i>	ASACOL HD	2	
MESALAMINE	DELZICOL	3	
<i>mesalamine</i>	LIALDA	2	
<i>sulfasalazine</i>	AZULFIDINE	1	
HEMORRHOIDAL PREP, ANTI-INFAM STEROID/LOCAL ANESTH			
HYDROCORTISONE/PRAMOXINE	PROCTOFOAM-HC	2	
<i>lidocaine/hydrocortisone ac</i>	ANAMANTLE HC (3 %-0.5 %) (CREAM (G))	1	
<i>lidocaine/hydrocortisone ac</i>	ANAMANTLE HC (3 %-0.5 %) (CREAM/APPL)	1	
<i>lidocaine/hydrocortisone ac</i>	ANAMANTLE HC (3 %-0.5 %) (KIT)	1	
HEMORRHOIDALS, LOCAL RECTAL ANESTHETICS			
<i>lidocaine</i>	LMX 5	\$0	QL: 50gm IN 30 DAYS
<i>lidocaine</i>	RECTICARE	\$0	QL: 50gm IN 30 DAYS
IRRITABLE BOWEL AGENTS, GUANYLATE CYLASE-C AGONIST			
LINACLOTIDE	LINZESS	2	PA, QL: 1 IN 1 DAY
RECTAL/LOWER BOWEL PREP., GLUCOCORT. (NON-HEMORR)			
BUDESONIDE	UCERIS	3	PA
<i>hydrocortisone</i>	CORTENEMA	1	
LOWER GASTROINTESTINAL DISORDERS - OTHER			
AMMONIA INHIBITORS			
<i>lactulose</i>	CHRONULAC	1	
<i>sodium phenylbutyrate</i>	BUPHENYL	4	PA
ANTIDIARRHEALS			
<i>diphenoxylate hcl/atropine</i>	LOMOTIL	1	
<i>opium tincture</i>		1	
BILE SALTS			
<i>ursodiol</i>	ACTIGALL	1	
<i>ursodiol</i>	URSO	1	
<i>ursodiol</i>	URSO FORTE	1	
LAXATIVES AND CATHARTICS			
<i>lactulose</i>	CHRONULAC	1	
LUBIPROSTONE	AMITIZA	2	PA
PEG3350/SOD SUL/NACL/ASB/C/KCL	MOVIPREP	3	QL: 1 PER FILL
<i>peg3350/sod sulf,bicarb,cl/kcl</i>	COLYTE WITH FLAVOR PACKETS	1	AG: IF 50-75 YEARS, COPAY=\$0
<i>peg3350/sod sulf,bicarb,cl/kcl</i>	GOLYTELY (236-22.74G) (SOLN RECON)	1	AG: IF 50-75 YEARS, COPAY=\$0
SOD PHOSPHATE MBAS/SOD PHOS,DI	OSMOPREP	3	

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Drug Name		Tier	Requirements/Limits
<i>sodium chloride/nahco3/kcl/peg</i>	NULYTELY WITH FLAVOR PACKS	1	AG: IF 50-75 YEARS, COPAY=\$0
NARCOTIC ANTAGONISTS, PERIPHERALLY-ACTING			
METHYLNALTREXONE BROMIDE	RELISTOR (12MG/0.6ML) (SYRINGE)	4	PA
METHYLNALTREXONE BROMIDE	RELISTOR (12MG/0.6ML) (VIAL)	4	PA
METHYLNALTREXONE BROMIDE	RELISTOR (8 MG/0.4ML) (SYRINGE)	4	PA
MEDICAL SUPPLIES			
CATHETERS AND RELATED DEVICES			
CATHETER	ADVANCE PLUS INTERMITTENT	2	
CATHETER	APOGEE HC INTERMITTENT	2	
CATHETER	APOGEE IC INTERMITTENT CATHETR	2	
CATHETER	ARGYLE TROCAR	2	
CATHETER	BARDEX LUBRICATH FOLEY	2	
CATHETER	BARDEX SILICONE FOLEY CATHETER	2	
CATHETER	BARDIA SILICONE CT LATEX CATH	2	
CATHETER		2	
CATHETER WITH STRAP		2	
CATHETER	CLEAN-CATH	2	
CATHETER	CURITY FOLEY CATHETER KIT	2	
CATHETER	CURITY ULTRAMER 2-WAY CATHETER	2	
CATHETER	CURITY ULTRAMER CATHETER	2	
CATHETER	CURITY ULTRAMER IRRG 3WAY CATH	2	

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Drug Name	Tier	Requirements/Limits
CATHETER CURITY URETHRAL CATHETER	2	
CATHETER DAVOL COMPLETE FOLEY KIT	2	
CATHETER DAVOL SILICONE FOLEY CATHETER	2	
CATHETER DOVER CATHETER	2	
CATHETER DOVER FOLEY CATHETER	2	
CATHETER DOVER LATEX FOLEY CATHETER	2	
CATHETER DOVER RED RUBBER ROBIBSON CATH	2	
CATHETER FEMALE INTERMITTENT CATHETER	2	
CATHETER FEMALE SELF CATHETER	2	
CATHETER FEMALE SPECIMEN CATHETER	2	
CATHETER FOLEY CATHETER	2	
CATHETER GENTLECATH	2	
CATHETER KENGUARD	2	
CATHETER MAGIC3 INTERMITTENT CATHETER	2	
CATHETER RETRACTED PENIS POUCH	2	
CATHETER ROBINSON CLEAR VINYL CATHETER	2	
CATHETER ROB-NEL PVC CATHETER	2	
CATHETER RUBBER UTILITY CATHETER	2	
CATHETER SELF-CATH	2	
CATHETER SPEEDICATH	2	
CATHETER TEXAS CATHETER	2	
CATHETER TOUCH-TROL	2	

Chinese Community Health Plan 4-Tier Formulary (Commercial)

Drug Name	Tier	Requirements/Limits
CATHETER	2	URETHRAL CATHETER
CATHETER ACCESSORIES,EXTERNAL	2	CATH-SECURE TUBE HOLDER
CATHETER MALE,EXTERNAL	2	ACTIVE CATH
CATHETER MALE,EXTERNAL	2	CLEAR ADVANTAGE
CATHETER MALE,EXTERNAL	2	EVERYDAY MALE CATHETER
CATHETER MALE,EXTERNAL	2	EXTENDED MALE CATHETER
CATHETER MALE,EXTERNAL	2	FREEDOM CATH
CATHETER MALE,EXTERNAL	2	GIZMO
CATHETER MALE,EXTERNAL	2	INCARE
CATHETER MALE,EXTERNAL	2	URO-SAN PLUS
CATHETERIZATION TRAY	2	ADD-A-FOLEY CATH-MONO-FLO DRNG
CATHETERIZATION TRAY	2	ADD-A-FOLEY CATH-PRE-FILL SYRN
CATHETERIZATION TRAY	2	ADD-A-FOLEY TRAY
CATHETERIZATION TRAY	2	BARDEX CLOSED SYSTEM CATH TRAY
CATHETERIZATION TRAY	2	BARDEX LUBRICATH FOLEY TRAY
CATHETERIZATION TRAY	2	BARDEX URETHRAL CATHETER TRAY
CATHETERIZATION TRAY	2	CURITY 8000 URINE METER
CATHETERIZATION TRAY	2	CURITY BEDSIDE DRAINAGE SET
CATHETERIZATION TRAY	2	CURITY BEDSIDE-MONO-FLO DRANGE
CATHETERIZATION TRAY	2	CURITY PREMIUM CATHETER TRAY

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Drug Name	Tier	Requirements/Limits
CATHETERIZATION TRAY CURITY STRMLIN CATH W-MONO-FLO	2	
CATHETERIZATION TRAY CURITY UNIVERSAL W- O DRAINAGE	2	
CATHETERIZATION TRAY CURITY URETH CATH CLOSED SYSTEM	2	
CATHETERIZATION TRAY CURITY URETH CATH OPEN SYSTEM	2	
CATHETERIZATION TRAY DAVOL CLSD SYS FOLEY CATH TRAY	2	
CATHETERIZATION TRAY DAVOL FOLEY CATH INSERT TRAY	2	
CATHETERIZATION TRAY DAVOL UNIVERSAL CATHETER TRAY	2	
CATHETERIZATION TRAY DAVOL URETHRAL CATHETER TRAY	2	
CATHETERIZATION TRAY DOVER UNIVERSAL	2	
CATHETERIZATION TRAY FOLEY CATHETER TRAY	2	
CATHETERIZATION TRAY INFECTION CONTROL TRAY	2	
CATHETERIZATION TRAY KENGUARD	2	
CATHETERIZATION TRAY KENLINE ADD- A-FOLEY TRAY 30CC	2	
CATHETERIZATION TRAY PRECISION 200 CATHETER TRAY	2	
CATHETERIZATION TRAY UNIVERSAL FOLEY CATHETER TRAY	2	
CATHETERIZATION TRAY URETHRAL CATHETER TRAY	2	
SYRINGE DISPOSABLE IRRIG,60 ML DOVER BULB SYRINGE	2	
URINARY BAG/CATHETER ADVANCE PLUS INTERMITTENT	2	

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Drug Name		Tier	Requirements/Limits
DURABLE MEDICAL EQUIPMENT,MISC			
MEDICAL SUPPLY, MISCELLANEOUS	AIRZONE & MINIWRIGHT AFS	2	
MEDICAL SUPPLY, MISCELLANEOUS	AMIELLE VAGINAL TRAINER	2	
MEDICAL SUPPLY, MISCELLANEOUS	ANTI-EMBOLISM STOCKINGS	2	
MEDICAL SUPPLY, MISCELLANEOUS	AUTODROP	2	
MEDICAL SUPPLY, MISCELLANEOUS	AUTOSQUEEZE	2	
MEDICAL SUPPLY, MISCELLANEOUS	CATHETER STRAP HOLDER	2	
MEDICAL SUPPLY, MISCELLANEOUS	CURITY SPNG COUNTER BAG STRIPS	2	
MEDICAL SUPPLY, MISCELLANEOUS	DISPOSABLE PAPER MOUTHPIECE	2	
MEDICAL SUPPLY, MISCELLANEOUS	FILTERED MOUTHPIECE ATTACHMENT	2	
MEDICAL SUPPLY, MISCELLANEOUS	PEDIATRIC MOUTHPIECES	2	
MEDICAL SUPPLY, MISCELLANEOUS	PEDI-SMALL MOUTH ADAPTOR	2	
MEDICAL SUPPLY, MISCELLANEOUS	REPLACEMENT J-4 CANNULA	2	
MEDICAL SUPPLY, MISCELLANEOUS	SPLASH SHIELD FLEX	2	
MEDICAL SUPPLY, MISCELLANEOUS	SPLASH SHIELD FULL	2	
MEDICAL SUPPLY, MISCELLANEOUS	SPLASH SHIELD SHORT	2	
NEBULIZER ACCESSORIES	A.I.R.S. NEBULIZER	2	
NEBULIZER ACCESSORIES	ADULT AEROSOL MASK	2	
NEBULIZER ACCESSORIES	AERONEB GO	2	
NEBULIZER ACCESSORIES	AIR FILTER	2	
NEBULIZER ACCESSORIES	AIR TUBE WITH AIR PLUGS	2	
NEBULIZER ACCESSORIES	AIRS ADULT AEROSOL MASK	2	
NEBULIZER ACCESSORIES	ALL FLOW 1000	2	
NEBULIZER ACCESSORIES	ALL FLOW 3000 KIT	2	

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Drug Name	Tier	Requirements/Limits
NEBULIZER ACCESSORIES ALL FLOW 3000 PFT	2	
NEBULIZER ACCESSORIES ALL FLOW 4000	2	
NEBULIZER ACCESSORIES ALL FLOW 5000	2	
NEBULIZER ACCESSORIES ALL FLOW 6000	2	
NEBULIZER ACCESSORIES BABY CONVERSION KIT	2	
NEBULIZER ACCESSORIES BABY CONVERSION PACK 1	2	
NEBULIZER ACCESSORIES BABY CONVERSION PACK 2	2	
NEBULIZER ACCESSORIES BUBBLES THE FISH II	2	
NEBULIZER ACCESSORIES ERAPID NEBULIZER HANDSET	2	
NEBULIZER ACCESSORIES EXPIRATORY	2	
NEBULIZER ACCESSORIES FILTER PAD	2	
NEBULIZER ACCESSORIES FILTER, VALVE SET FOR LL & LC	2	
NEBULIZER ACCESSORIES FILTERS REPLACEMENT	2	
NEBULIZER ACCESSORIES INNOSPIRE REPLACEMENT FILTER	2	
NEBULIZER ACCESSORIES INSPIRATION ELITE FILTER	2	
NEBULIZER ACCESSORIES MASK SET WITH Y-PIECE	2	
NEBULIZER ACCESSORIES MASK VORTEX	2	
NEBULIZER ACCESSORIES MICRO ELITE REPLACEMENT FILTER	2	
NEBULIZER ACCESSORIES MINI ELITE FILTER REPLACEMENT	2	
NEBULIZER ACCESSORIES MOUTHPIECE	2	
NEBULIZER ACCESSORIES NOSE CLIP	2	
NEBULIZER ACCESSORIES PARI LC PLUS NEBULIZER	2	
NEBULIZER ACCESSORIES PEDIATRIC AEROSOL MASK	2	
NEBULIZER ACCESSORIES PILLOW MASK	2	
NEBULIZER ACCESSORIES PILLOW MASK FOR CHILDREN	2	
NEBULIZER ACCESSORIES PRONEB ULTRA	2	

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Drug Name		Tier	Requirements/Limits
NEBULIZER ACCESSORIES	REUSABLE NEBULIZER KIT	2	
NEBULIZER ACCESSORIES	RUBBER MOUTHPIECE	2	
NEBULIZER ACCESSORIES	SAMI THE SEAL FILTER	2	
NEBULIZER ACCESSORIES	SAMI THE SEAL MASK	2	
NEBULIZER ACCESSORIES	SIDESTREAM MASK	2	
NEBULIZER ACCESSORIES	SILICONE MASK	2	
NEBULIZER ACCESSORIES	SMARTMASK KIDS	2	
NEBULIZER ACCESSORIES	SOOTHENEB NBL100 ADULT MASK	2	
NEBULIZER ACCESSORIES	SOOTHENEB NBL100 CHILD MASK	2	
NEBULIZER ACCESSORIES	SOOTHENEB NBL100 MED CUP	2	
NEBULIZER ACCESSORIES	SOOTHENEB NBL100 MESH CAP	2	
NEBULIZER ACCESSORIES	TREK S PORTABLE PWR KIT	2	
NEBULIZER ACCESSORIES	WING TIP TUBING	2	
TENS UNIT	TENS 504	2	
DURABLE MEDICAL EQUIPMENT,MISC(GROUP 1)			
BLADE LANCET, SAFETY	ASSURE HAEMOLANCE PLUS	1	
BLADE LANCET, SAFETY	MEDLANCE PLUS SPECIAL BLADE	1	
BLADE LANCET, SAFETY	MICROTAINER LANCETS	1	
LANCETS	1ST TIER UNILET COMFORTOUCH	1	
LANCETS	ACCU-CHEK	1	
LANCETS	ACCU-CHEK FASTCLIX	1	
LANCETS	ACCU-CHEK SAFE-T-PRO	1	
LANCETS	ACCU-CHEK SAFE-T-PRO PLUS	1	

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Drug Name	Tier	Requirements/Limits
LANCETS ACCU-CHEK SOFTCLIX	1	
LANCETS ACTI-LANCE	1	
LANCETS ADVANCED TRAVEL LANCETS	1	
LANCETS ADVOCATE LANCET	1	
LANCETS ADVOCATE LANCETS	1	
LANCETS ALTERNATE SITE LANCETS	1	
LANCETS ASSURE HAEMOLANCE PLUS	1	
LANCETS ASSURE LANCE	1	
LANCETS ASSURE LANCE PLUS	1	
LANCETS BD MICROTAINER LANCETS	1	
LANCETS BD ULTRA-FINE	1	
LANCETS BD ULTRA-FINE II	1	
LANCETS BLOOD LANCETS	1	
LANCETS BULLSEYE MINI SAFETY LANCETS	1	
LANCETS CAREONE	1	
LANCETS CARESENS	1	
LANCETS CARETOUCH TWIST LANCET	1	
LANCETS CLEVER CHEK LANCETS	1	
LANCETS COAGUCHEK	1	
LANCETS COLOR LANCETS	1	
LANCETS COMFORT EZ	1	
LANCETS COMFORT LANCETS	1	
LANCETS DROPLET LANCETS	1	
LANCETS EASY COMFORT	1	
LANCETS EASY TOUCH	1	
LANCETS EASY TOUCH LANCETS	1	
LANCETS EASY TWIST & CAP LANCETS	1	
LANCETS EMBRACE	1	

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Drug Name	Tier	Requirements/Limits
LANCETS E-Z JECT LANCETS	1	
LANCETS EZ SMART LANCETS	1	
LANCETS E-ZJECT LANCETS	1	
LANCETS FIFTY50 SAFETY SEAL LANCETS	1	
LANCETS FINE 30 UNIVERSAL LANCETS	1	
LANCETS FINGERSTIX	1	
LANCETS FORA LANCETS	1	
LANCETS FORACARE LANCETS	1	
LANCETS FREESTYLE LANCETS	1	
LANCETS FREESTYLE UNISTIK 2	1	
LANCETS GLUCOCOM	1	
LANCETS GLUCOCOM LANCETS	1	
LANCETS HEALTHY ACCENTS UNILET LANCET	1	
LANCETS INCONTROL SUPER THIN LANCETS	1	
LANCETS INCONTROL ULTRA THIN LANCETS	1	
LANCETS INJECT EASE LANCETS	1	
LANCETS INVACARE LANCETS	1	
LANCETS	1	
LANCETS THIN	1	
LANCETS ULTRA THIN	1	
LANCETS LITE TOUCH	1	
LANCETS MEDISENSE THIN LANCETS	1	
LANCETS MEDLANCE PLUS	1	
LANCETS MICRO THIN LANCETS	1	
LANCETS MICROLET	1	
LANCETS MONOLET LANCETS	1	

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Drug Name	Tier	Requirements/Limits
LANCETS MONOLET THIN LANCETS	1	
LANCETS MYGLUCOHEAL TH LANCETS	1	
LANCETS NOVA SAFETY LANCETS	1	
LANCETS NOVA SUREFLEX	1	
LANCETS ON CALL LANCET	1	
LANCETS ON CALL PLUS LANCET	1	
LANCETS ONETOUCH DELICA	1	
LANCETS ONETOUCH LANCETS	1	
LANCETS ONETOUCH SURESOFT	1	
LANCETS ON-THE-GO	1	
LANCETS PRESSURE ACTIVATED LANCETS	1	
LANCETS PRO COMFORT LANCET	1	
LANCETS PRO COMFORT LANCETS	1	
LANCETS PRODIGY LANCETS	1	
LANCETS PRODIGY TWIST TOP LANCET	1	
LANCETS PUSH BUTTON SAFETY LANCETS	1	
LANCETS READYLANCE SAFETY LANCETS	1	
LANCETS RELIAMED	1	
LANCETS RELIAMED SAFETY SEAL LANCETS	1	
LANCETS RELION THIN	1	
LANCETS RIGHTEST GL300 LANCETS	1	
LANCETS SAFETY LANCETS	1	
LANCETS SAFETY SEAL LANCETS	1	
LANCETS SAFETY-LET	1	
LANCETS SINGLE-LET	1	
LANCETS SMART SENSE	1	

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Drug Name	Tier	Requirements/Limits
LANCETS SMART SENSE LANCETS	1	
LANCETS SMARTEST LANCET	1	
LANCETS SOFT TOUCH	1	
LANCETS SOLUS V2	1	
LANCETS SOLUS V2 LANCETS	1	
LANCETS STERILANCE TL	1	
LANCETS SUPER THIN LANCETS	1	
LANCETS SURE COMFORT LANCETS	1	
LANCETS SURE-LANCE	1	
LANCETS SURE-TOUCH	1	
LANCETS TECHLITE LANCETS	1	
LANCETS TELCARE	1	
LANCETS THIN LANCETS	1	
LANCETS TOPCARE UNIVERSAL1 LANCET	1	
LANCETS TOPCARE UNIVERSAL1 THIN LANCET	1	
LANCETS TRUEPLUS LANCETS	1	
LANCETS ULTILET BASIC	1	
LANCETS ULTILET CLASSIC	1	
LANCETS ULTILET LANCETS	1	
LANCETS ULTILET SAFETY	1	
LANCETS ULTRA THIN LANCETS	1	
LANCETS ULTRA THIN PLUS	1	
LANCETS ULTRA THIN PLUS LANCETS	1	
LANCETS ULTRALANCE	1	
LANCETS ULTRA-THIN II	1	
LANCETS ULTRATLC LANCETS	1	
LANCETS UNILET COMFORTOUCH	1	
LANCETS UNILET EXCELITE	1	
LANCETS UNILET EXCELITE II	1	

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Drug Name	Tier	Requirements/Limits
LANCETS UNILET GP LANCET	1	
LANCETS UNILET LANCET	1	
LANCETS UNILET LANCETS	1	
LANCETS UNISTIK 3	1	
LANCETS UNISTIK 3 EXTRA	1	
LANCETS UNISTIK CZT	1	
LANCETS UNISTIK SAFETY	1	
LANCETS UNISTIK TOUCH	1	
LANCETS UNIVERSAL 1	1	
MEDICAL SUPPLIES,MISCELLANEOUS		
ISOPROPYL ALCOHOL ALCOH-GLOVE	1	
ISOPROPYL ALCOHOL ALCOH-WIPE	1	
MEDICAL SUPPLIES,MISCELLANEOUS(GROUP 2)		
FACIAL MASK AIRS PEDIATRIC DISPOSABLE MASK	2	
FACIAL MASK PILLOW MASK	2	
PARENTERAL ADMINISTRATION SETS		
INTRAVENOUS CATHETER ANGIOCATH	2	
INTRAVENOUS CATHETER ANGIOCATH IV CATHETER	2	
INTRAVENOUS CATHETER INSYTE AUTOGUARD	2	
INTRAVENOUS CATHETER INSYTE IV CATHETER	2	
INTRAVENOUS CATHETER IV CATHETER	2	
INTRAVENOUS CATHETER NEXIVA	2	
INTRAVENOUS CATHETER SAF-T-INTIMA IV CATHETER	2	
INTRAVENOUS CATHETER KIT SAF-T-INTIMA	2	
INTRAVENOUS CATHETER KIT SAF-T-INTIMA IV CATHETER	2	
IV CATHETER KIT AND ACCESSORY INTROSYTE AUTOGUARD	2	
SUB-Q INFUSION PUMP ACCESSORY ACCU-CHEK SPIRIT (EACH)	2	
SUB-Q INFUSION PUMP ACCESSORY ACCU-CHEK SPIRIT (EACH) (OTC)	2	
SYRINGES AND ACCESSORIES		
SYR,NDL 0.3 ML,INS,SAFE,D.UNIT SAFESNAP INSULIN SYRINGE	2	

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Drug Name	Tier	Requirements/Limits
SYR,NDL 1 ML,INS,SAFE,DISP UNT SAFESNAP INSULIN SYRINGE	2	
SYR,NDL,INS,SAFE 0.5ML,DISP UN SAFESNAP INSULIN SYRINGE	2	
SYRGE-NDL,INS 0.3 ML HALF MARK INSULIN SYRINGE	2	
SYRGE-NDL,INS 0.3 ML HALF MARK ULTICARE INSULIN SYRINGE	2	
SYRGE-NDL,INS 0.3 ML HALF MARK ULTRA COMFORT	2	
SYRINGE AND NEEDLE,INSULIN,1ML ADVOCATE SYRINGES	2	
SYRINGE AND NEEDLE,INSULIN,1ML CARETOUCH INSULIN SYRINGE	2	
SYRINGE AND NEEDLE,INSULIN,1ML COMFORT EZ	2	
SYRINGE AND NEEDLE,INSULIN,1ML EASY COMFORT INSULIN SYRINGE	2	
SYRINGE AND NEEDLE,INSULIN,1ML EASY TOUCH	2	
SYRINGE AND NEEDLE,INSULIN,1ML EASY TOUCH INSULIN SYRINGE	2	
SYRINGE AND NEEDLE,INSULIN,1ML EASY-TOUCH INSULIN SYRINGE	2	
SYRINGE AND NEEDLE,INSULIN,1ML ECLIPSE SYRINGE	2	
SYRINGE AND NEEDLE,INSULIN,1ML FREESTYLE PRECISION	2	
SYRINGE AND NEEDLE,INSULIN,1ML INSULIN SYRINGE	2	
SYRINGE AND NEEDLE,INSULIN,1ML LITE TOUCH	2	
SYRINGE AND NEEDLE,INSULIN,1ML LITETOUCH INSULIN SYRINGE	2	
SYRINGE AND NEEDLE,INSULIN,1ML MAXI- COMFORT	2	
SYRINGE AND NEEDLE,INSULIN,1ML MONOJECT INSULIN SYRINGE	2	
SYRINGE AND NEEDLE,INSULIN,1ML PRODIGY INSULIN SYRINGE	2	
SYRINGE AND NEEDLE,INSULIN,1ML SAFETYGLIDE SYRINGE	2	
SYRINGE AND NEEDLE,INSULIN,1ML SURE COMFORT	2	

Chinese Community Health Plan 4-Tier Formulary (Commercial)

Drug Name	Tier	Requirements/Limits
SYRINGE AND NEEDLE,INSULIN,1ML SURE COMFORT INSULIN SYRINGE	2	
SYRINGE AND NEEDLE,INSULIN,1ML SURE-JECT INSULIN SYRINGE	2	
SYRINGE AND NEEDLE,INSULIN,1ML TERUMO INSULIN SYRINGE	2	
SYRINGE AND NEEDLE,INSULIN,1ML THINPRO INSULIN SYRINGE	2	
SYRINGE AND NEEDLE,INSULIN,1ML TOPCARE ULTRA COMFORT	2	
SYRINGE AND NEEDLE,INSULIN,1ML TRUEPLUS INSULIN SYRINGE	2	
SYRINGE AND NEEDLE,INSULIN,1ML ULTICARE	2	
SYRINGE AND NEEDLE,INSULIN,1ML ULTICARE INSULIN SYRINGE	2	
SYRINGE AND NEEDLE,INSULIN,1ML ULTILET INSULIN SYRINGE	2	
SYRINGE AND NEEDLE,INSULIN,1ML ULTRA COMFORT	2	
SYRINGE AND NEEDLE,INSULIN,1ML ULTRA-THIN II	2	
SYRINGE AND NEEDLE,INSULIN,1ML VANISHPOINT	2	
SYRINGE WITH NEEDLE, INSULIN MONOJECT INSULIN SAFETY SYRNG	2	
SYRINGE,INSUL U-500,NDL,0.5ML INSULIN SYRINGE U-500	2	
SYRINGE,INSULIN,NEEDLESS 1 ML EASY TOUCH LUER LOCK INSULIN	2	
SYRINGE,INSULIN,NEEDLESS 1 ML EASY TOUCH UNI-SLIP	2	
SYRINGE,INSULIN,NEEDLESS 1 ML INSULIN SYRINGE	2	
SYRINGE,INSULIN,NEEDLESS 1 ML LUER-LOK SYRINGE	2	
SYRINGE,NEEDLE,INSULN,SAFE,1ML ASSURE ID INSULIN SAFETY	2	
SYRINGE,NEEDLE,INSULN,SAFE,1ML EASY TOUCH FLIPLOCK INSULIN	2	

Chinese Community Health Plan 4-Tier Formulary (Commercial)

Drug Name	Tier	Requirements/Limits
SYRINGE,NEEDLE,INSULN,SAFE,1ML EASY TOUCH INSULIN SAFETY	2	
SYRINGE,NEEDLE,INSULN,SAFE,1ML EASY TOUCH SHEATHLOCK INSULIN	2	
SYRINGE,NEEDLE,INSULN,SAFE,1ML MAGELLAN INSULIN SAFETY SYRNG	2	
SYRINGE,NEEDLE,INSULN,SF 0.5ML ASSURE ID INSULIN SAFETY	2	
SYRINGE,NEEDLE,INSULN,SF 0.5ML EASY TOUCH INSULIN SAFETY	2	
SYRINGE,NEEDLE,INSULN,SF 0.5ML MAGELLAN INSULIN SAFETY SYRNG	2	
SYRINGE,NEEDLE,INSULN,SF 0.5ML MAGELLAN INSULIN SYRINGE	2	
SYRINGE,NEEDLE,INSULN,SF,0.3ML MAGELLAN INSULIN SAFETY SYRNG	2	
SYRINGE,NEEDLE,INSULN,SF,0.3ML MAGELLAN INSULIN SYRINGE	2	
SYRINGE,SAFETY NEEDLE,10 ML EASY TOUCH SHEATHLOCK SYRG-NDL (21GX1 1/2") (DISP SYRIN) (OTC)	2	
SYRINGE-NEEDLE,INSULIN,0.5 ML ADVOCATE SYRINGES	2	
SYRINGE-NEEDLE,INSULIN,0.5 ML CARETOUCH INSULIN SYRINGE	2	
SYRINGE-NEEDLE,INSULIN,0.5 ML COMFORT EZ	2	
SYRINGE-NEEDLE,INSULIN,0.5 ML EASY COMFORT INSULIN SYRINGE	2	
SYRINGE-NEEDLE,INSULIN,0.5 ML EASY TOUCH	2	
SYRINGE-NEEDLE,INSULIN,0.5 ML EASY TOUCH INSULIN SYRINGE	2	
SYRINGE-NEEDLE,INSULIN,0.5 ML FREESTYLE PRECISION	2	
SYRINGE-NEEDLE,INSULIN,0.5 ML INSULIN SYRINGE	2	
SYRINGE-NEEDLE,INSULIN,0.5 ML LITE TOUCH	2	

Chinese Community Health Plan 4-Tier Formulary (Commercial)

Drug Name	Tier	Requirements/Limits
SYRINGE-NEEDLE,INSULIN,0.5 ML LITETOUCH INSULIN SYRINGE	2	
SYRINGE-NEEDLE,INSULIN,0.5 ML MAXI- COMFORT	2	
SYRINGE-NEEDLE,INSULIN,0.5 ML MONOJECT	2	
SYRINGE-NEEDLE,INSULIN,0.5 ML MONOJECT INSULIN SYRINGE	2	
SYRINGE-NEEDLE,INSULIN,0.5 ML PRODIGY INSULIN SYRINGE	2	
SYRINGE-NEEDLE,INSULIN,0.5 ML SAFETYGLIDE INSULIN SYRINGE	2	
SYRINGE-NEEDLE,INSULIN,0.5 ML SURE COMFORT	2	
SYRINGE-NEEDLE,INSULIN,0.5 ML SURE COMFORT INSULIN SYRINGE	2	
SYRINGE-NEEDLE,INSULIN,0.5 ML SURE-JECT INSULIN SYRINGE	2	
SYRINGE-NEEDLE,INSULIN,0.5 ML TERUMO INSULIN SYRINGE	2	
SYRINGE-NEEDLE,INSULIN,0.5 ML THINPRO INSULIN SYRINGE	2	
SYRINGE-NEEDLE,INSULIN,0.5 ML TOPCARE ULTRA COMFORT	2	
SYRINGE-NEEDLE,INSULIN,0.5 ML TRUEPLUS INSULIN SYRINGE	2	
SYRINGE-NEEDLE,INSULIN,0.5 ML ULTICARE	2	
SYRINGE-NEEDLE,INSULIN,0.5 ML ULTICARE INSULIN SYRINGE	2	
SYRINGE-NEEDLE,INSULIN,0.5 ML ULTILET INSULIN SYRINGE	2	
SYRINGE-NEEDLE,INSULIN,0.5 ML ULTRA COMFORT	2	
SYRINGE-NEEDLE,INSULIN,0.5 ML ULTRA-THIN II	2	
SYRINGE-NEEDLE,INSULIN,0.5 ML VANISHPOINT	2	
SYRING-NEEDL,DISP,INSUL,0.3 ML ADVOCATE SYRINGES	2	
SYRING-NEEDL,DISP,INSUL,0.3 ML CARETOUCH INSULIN SYRINGE	2	
SYRING-NEEDL,DISP,INSUL,0.3 ML COMFORT EZ	2	

Chinese Community Health Plan 4-Tier Formulary (Commercial)

Drug Name	Tier	Requirements/Limits
SYRING-NEEDL,DISP,INSUL,0.3 ML EASY COMFORT INSULIN SYRINGE	2	
SYRING-NEEDL,DISP,INSUL,0.3 ML EASY TOUCH	2	
SYRING-NEEDL,DISP,INSUL,0.3 ML EASY TOUCH INSULIN SYRINGE	2	
SYRING-NEEDL,DISP,INSUL,0.3 ML INSULIN SYRINGE	2	
SYRING-NEEDL,DISP,INSUL,0.3 ML LITE TOUCH	2	
SYRING-NEEDL,DISP,INSUL,0.3 ML LITETOUCH INSULIN SYRINGE	2	
SYRING-NEEDL,DISP,INSUL,0.3 ML MONOJECT INSULIN SYRINGE	2	
SYRING-NEEDL,DISP,INSUL,0.3 ML PRODIGY INSULIN SYRINGE	2	
SYRING-NEEDL,DISP,INSUL,0.3 ML SAFETYGLIDE INSULIN SYRINGE	2	
SYRING-NEEDL,DISP,INSUL,0.3 ML SURE COMFORT	2	
SYRING-NEEDL,DISP,INSUL,0.3 ML SURE COMFORT INSULIN SYRINGE	2	
SYRING-NEEDL,DISP,INSUL,0.3 ML SURE-JECT INSULIN SYRINGE	2	
SYRING-NEEDL,DISP,INSUL,0.3 ML TERUMO INSULIN SYRINGE	2	
SYRING-NEEDL,DISP,INSUL,0.3 ML THINPRO INSULIN SYRINGE	2	
SYRING-NEEDL,DISP,INSUL,0.3 ML TOPCARE ULTRA COMFORT	2	
SYRING-NEEDL,DISP,INSUL,0.3 ML TRUEPLUS INSULIN SYRINGE	2	
SYRING-NEEDL,DISP,INSUL,0.3 ML ULTICARE	2	
SYRING-NEEDL,DISP,INSUL,0.3 ML ULTICARE INSULIN SYRINGE	2	
SYRING-NEEDL,DISP,INSUL,0.3 ML ULTILET INSULIN SYRINGE	2	
SYRING-NEEDL,DISP,INSUL,0.3 ML ULTRA COMFORT	2	
SYRING-NEEDL,DISP,INSUL,0.3 ML ULTRA-THIN II	2	

Chinese Community Health Plan 4-Tier Formulary (Commercial)

Drug Name	Tier	Requirements/Limits	
MISCELLANEOUS AGENTS			
ANAPHYLAXIS THERAPY AGENTS			
<i>epinephrine</i>	ADRENALIN	2	QL: 2 PER FILL
<i>epinephrine</i>	EPIPEN	2	QL: 2 PER FILL
<i>epinephrine</i>	EPIPEN 2-PAK	2	QL: 2 PER FILL
<i>epinephrine</i>	EPIPEN JR	2	QL: 2 PER FILL
<i>epinephrine</i>	EPIPEN JR 2-PAK	2	QL: 2 PER FILL
PARASYMPATHETIC AGENTS			
<i>bethanechol chloride</i>	URECHOLINE	1	
<i>cevimeline hcl</i>	EVOXAC	1	
<i>guanidine hcl</i>	GUANIDINE	3	
<i>pilocarpine hcl</i>	SALAGEN	1	
NEOPLASTIC DISEASE			
ALKYLATING AGENTS			
ALTRETAMINE	HEXALEN	2	
BUSULFAN	MYLERAN	4	
CHLORAMBUCIL	LEUKERAN	2	
CYCLOPHOSPHAMIDE (25 MG) (CAPSULE)		2	
CYCLOPHOSPHAMIDE (50 MG) (CAPSULE)		2	
<i>hydroxyurea</i>	HYDREA	1	
LOMUSTINE	GLEOSTINE (10 MG) (CAPSULE)	3	
LOMUSTINE	GLEOSTINE (100 MG) (CAPSULE)	3	
LOMUSTINE	GLEOSTINE (40 MG) (CAPSULE)	3	
LOMUSTINE	GLEOSTINE (5 MG) (CAPSULE)	1	
<i>melphalan</i>	ALKERAN	2	
<i>temozolomide</i>	TEMODAR (100 MG) (CAPSULE)	4	
<i>temozolomide</i>	TEMODAR (140 MG) (CAPSULE)	4	
<i>temozolomide</i>	TEMODAR (180 MG) (CAPSULE)	4	
<i>temozolomide</i>	TEMODAR (20 MG) (CAPSULE)	4	
<i>temozolomide</i>	TEMODAR (250 MG) (CAPSULE)	4	
<i>temozolomide</i>	TEMODAR (5 MG) (CAPSULE)	4	
ANTIANDROGENIC AGENTS			
ABIRATERONE ACETATE	ZYTIGA (250 MG) (TABLET)	3	PA, QL: 4 IN 1 DAY
ABIRATERONE ACETATE	ZYTIGA (500 MG) (TABLET)	3	PA, QL: 2 IN 1 DAY
<i>bicalutamide</i>	CASODEX	1	

Chinese Community Health Plan 4-Tier Formulary (Commercial)

Drug Name		Tier	Requirements/Limits
ENZALUTAMIDE	XTANDI	4	PA, QL: 4 IN 1 DAY
<i>flutamide</i>	EULEXIN	1	
<i>nilutamide</i>	NILANDRON	4	
ANTIMETABOLITES			
<i>capecitabine</i>	XELODA	4	
<i>mercaptopurine</i>	PURINETHOL	1	
<i>methotrexate sodium</i>	FOLEX	1	
METHOTREXATE SODIUM	TREXALL (10 MG) (TABLET)	2	
METHOTREXATE SODIUM	TREXALL (15 MG) (TABLET)	2	
<i>methotrexate sodium</i>	TREXALL (2.5 MG) (TABLET)	1	
METHOTREXATE SODIUM	TREXALL (5 MG) (TABLET)	2	
METHOTREXATE SODIUM	TREXALL (7.5 MG) (TABLET)	2	
<i>methotrexate sodium/pf</i>	FOLEX	1	
THIOGUANINE	TABLOID	2	
TRIFLURIDINE/TIPIRACIL HCL	LONSURF	4	PA
ANTINEOPLASTIC AROMATASE INHIBITORS			
<i>anastrozole</i>	ARIMIDEX	1	
<i>exemestane</i>	AROMASIN	1	
<i>letrozole</i>	FEMARA	1	
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITOR			
SONIDEGIB PHOSPHATE	ODOMZO	4	PA, QL: 1 IN 1 DAY
VISMODEGIB	ERIVEDGE	4	PA
ANTINEOPLASTIC - JANUS KINASE (JAK) INHIBITORS			
RUXOLITINIB PHOSPHATE	JAKAFI	4	PA, QL: 2 IN 1 DAY
ANTINEOPLASTIC - MEK1 AND MEK2 KINASE INHIBITORS			
COBIMETINIB FUMARATE	COTELLIC	4	PA, QL: 3 IN 1 DAY
TRAMETINIB DIMETHYL SULFOXIDE	MEKINIST	4	PA
ANTINEOPLASTIC - MTOR KINASE INHIBITORS			
EVEROLIMUS	AFINITOR	4	PA, QL: 1 IN 1 DAY
EVEROLIMUS	AFINITOR DISPERZ	4	PA, QL: 1 IN 1 DAY
ANTINEOPLASTIC - TOPOISOMERASE I INHIBITORS			
TOPOTECAN HCL	HYCAMTIN (0.25 MG) (CAPSULE)	4	PA
TOPOTECAN HCL	HYCAMTIN (1 MG) (CAPSULE)	4	PA
ANTINEOPLASTIC COMB - KINASE AND AROMATASE INHIBIT			
RIBOCICLIB SUCCINATE/LETROZOLE	KISQALI FEMARA CO-PACK (200-2.5 MG) (TABLET)	4	PA, QL: 49 IN 28 DAYS
RIBOCICLIB SUCCINATE/LETROZOLE	KISQALI FEMARA CO-PACK (400-2.5 MG) (TABLET)	4	PA, QL: 70 IN 28 DAYS

Chinese Community Health Plan 4-Tier Formulary (Commercial)

Drug Name		Tier	Requirements/Limits
RIBOCICLIB SUCCINATE/LETROZOLE	KISQALI FEMARA CO- PACK (600-2.5 MG) (TABLET)	4	PA, QL: 91 IN 28 DAYS
ANTINEOPLASTIC IMMUNOMODULATOR AGENTS			
LENALIDOMIDE	REVLIMID	4	PA, QL: 1 IN 1 DAY
ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS			
ALECTINIB HCL	ALECENSA	4	PA, QL: 8 IN 1 DAY
AXITINIB	INLYTA	4	PA, QL: 8 IN 1 DAY
BOSUTINIB	BOSULIF (100 MG) (TABLET)	4	PA
BOSUTINIB	BOSULIF (500 MG) (TABLET)	4	PA
BRIGATINIB	ALUNBRIG	4	PA, QL: 6 IN 1 DAY
CABOZANTINIB S-MALATE	CABOMETYX	4	PA, QL: 1 IN 1 DAY
CRIZOTINIB	XALKORI	4	PA
DABRAFENIB MESYLATE	TAFINLAR	4	PA, QL: 2 IN 1 DAY
DASATINIB	SPRYCEL	3	PA
ERLOTINIB HCL	TARCEVA	4	PA
GEFITINIB	IRESSA	4	PA
IBRUTINIB	IMBRUVICA (140 MG) (CAPSULE)	4	PA, QL: 4 IN 1 DAY
IDELALISIB	ZYDELIG	4	PA
<i>imatinib mesylate</i>	GLEEVEC (100 MG) (TABLET)	4	PA
<i>imatinib mesylate</i>	GLEEVEC (400 MG) (TABLET)	4	PA
IXAZOMIB CITRATE	NINLARO	4	PA
LAPATINIB DITOSYLATE	TYKERB	4	PA
LENVATINIB MESYLATE	LENVIMA	4	PA, QL: 3 IN 1 DAY
NILOTINIB HCL	TASIGNA (150 MG) (CAPSULE)	4	PA
NILOTINIB HCL	TASIGNA (200 MG) (CAPSULE)	4	PA
OLAPARIB	LYNPARZA	4	PA
OSIMERTINIB MESYLATE	TAGRISSE	4	PA, QL: 1 IN 1 DAY
PALBOCICLIB	IBRANCE	4	PA, QL: 21 IN 28 DAYS
PAZOPANIB HCL	VOTRIENT	4	PA
PONATINIB HCL	ICLUSIG	4	PA
REGORAFENIB	STIVARGA	4	PA, QL: 4 IN 1 DAY
RIBOCICLIB SUCCINATE	KISQALI (200 MG/DAY) (TABLET)	4	PA, QL: 21 IN 28 DAYS
RIBOCICLIB SUCCINATE	KISQALI (400 MG/DAY) (TABLET)	4	PA, QL: 42 IN 28 DAYS
RIBOCICLIB SUCCINATE	KISQALI (600 MG/DAY) (TABLET)	4	PA, QL: 63 IN 28 DAYS

Chinese Community Health Plan 4-Tier Formulary (Commercial)

Drug Name		Tier	Requirements/Limits
RUCAPARIB CAMSYLATE	RUBRACA	4	PA, QL: 4 IN 1 DAY
SORAFENIB TOSYLATE	NEXAVAR	4	PA
SUNITINIB MALATE	SUTENT	4	PA
VEMURAFENIB	ZELBORAF	4	PA
ANTINEOPLASTIC,HISTONE DEACETYLASE INHIBITORS,HDIS			
PANOBINOSTAT LACTATE	FARYDAK	4	PA, QL: 6 IN 21 DAYS
VORINOSTAT	ZOLINZA	4	PA
ANTINEOPLASTIC-B CELL LYMPHOMA-2(BCL-2) INHIBITORS			
VENETOCLAX	VENCLEXTA (10 MG) (TABLET)	4	PA
VENETOCLAX	VENCLEXTA (100 MG) (TABLET)	4	PA
VENETOCLAX	VENCLEXTA (50 MG) (TABLET)	4	PA
ANTINEOPLASTICS,MISCELLANEOUS			
<i>etoposide</i>	VEPESID	4	
MITOTANE	LYSODREN	4	
PROCARBAZINE HCL	MATULANE	2	
<i>tretinoin</i>	VESANOID	4	
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS			
<i>leucovorin calcium</i>	WELLCOVORIN	1	
MESNA	MESNEX	4	
SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERM)			
<i>tamoxifen citrate</i>	NOLVADEX	1	AG: IF FEMALE, >= 35 YEARS, COPAY=\$0
TOREMIFENE CITRATE	FARESTON	2	
SELECTIVE RETINOID X RECEPTOR AGONISTS (RXR)			
<i>bexarotene</i>	TARGRETIN	4	PA
STEROID ANTINEOPLASTICS			
ESTRAMUSTINE PHOSPHATE SODIUM	EMCYT	2	
<i>megestrol acetate</i>	MEGACE	1	
NEUROLOGICAL DISEASE - MISCELLANEOUS			
AGENTS TO TREAT MULTIPLE SCLEROSIS			
DIMETHYL FUMARATE	TECFIDERA	4	
FINGOLIMOD HCL	GILENYA	4	PA, QL: 1 IN 1 DAY
<i>glatiramer acetate</i>	COPAXONE	4	
INTERFERON BETA-1A	AVONEX	4	
INTERFERON BETA-1A	AVONEX PEN	4	
INTERFERON BETA-1A/ALBUMIN	AVONEX	4	
INTERFERON BETA-1A/ALBUMIN	REBIF	4	
INTERFERON BETA-1A/ALBUMIN	REBIF REBIDOSE	4	
INTERFERON BETA-1B	EXTAVIA	4	
PEGINTERFERON BETA-1A	PLEGRIDY	4	
PEGINTERFERON BETA-1A	PLEGRIDY PEN	4	
TERIFLUNOMIDE	AUBAGIO	4	PA, QL: 1 IN 1 DAY
AGTS TX NEUROMUSC TRANSMISSION DIS,POT-CHAN BLKR			
DALFAMPRIDINE	AMPYRA	3	PA, QL: 2 IN 1 DAY

Chinese Community Health Plan 4-Tier Formulary (Commercial)

Drug Name		Tier	Requirements/Limits
AMYOTROPHIC LATERAL SCLEROSIS AGENTS			
<i>riluzole</i>	RILUTEK	1	
FIBROMYALGIA AGENTS,SEROTONIN-NOREPINEPH RU INHIB			
MILNACIPRAN HCL	SAVELLA (100 MG) (TABLET)	2	QL: 2 IN 1 DAY
MILNACIPRAN HCL	SAVELLA (12.5 MG) (TABLET)	2	QL: 2 IN 1 DAY
MILNACIPRAN HCL	SAVELLA (12.5-25-50) (TAB DS PK)	2	
MILNACIPRAN HCL	SAVELLA (25 MG) (TABLET)	2	QL: 2 IN 1 DAY
MILNACIPRAN HCL	SAVELLA (50 MG) (TABLET)	2	QL: 2 IN 1 DAY
MOVEMENT DISORDERS(DRUG THERAPY)			
<i>tetrabenazine</i>	XENAZINE (12.5 MG) (TABLET)	4	PA
<i>tetrabenazine</i>	XENAZINE (25 MG) (TABLET)	4	PA
PSEUDOBULBAR AFFECT (PBA) AGENTS, NMDA ANTAGONISTS			
DEXTROMETHORPHAN HBR/QUINIDINE	NUEDEXTA	2	QL: 2 IN 1 DAY
ORAL/PHARYNGEAL DISORDERS			
DENTAL AIDS AND PREPARATIONS			
<i>chlorhexidine gluconate (0.12 %) (mouthwash)</i>		1	
<i>triamcinolone acetonide</i>	KENALOG IN ORABASE	1	
NOSE PREPARATIONS, MISCELLANEOUS (RX)			
<i>ipratropium bromide</i>	ATROVENT	1	
PERIODONTAL COLLAGENASE INHIBITORS			
<i>doxycycline hyclate</i>	PERIOSTAT	1	
OTHER DRUGS			
ANTIOXIDANT AGENTS			
B-CAROTENE/VIT C/E/LUT/MIN 29	MACUVITE WITH LUTEIN	1	
<i>beta-carotene(a)-c,e/selenium (capsule) (otc)</i>		1	
ANTIOXIDANT MULTIVITAMIN COMBINATIONS			
<i>vits a,c,e/zinc/copper</i>		1	
APPETITE STIM. FOR ANOREXIA,CACHEXIA,WASTING SYND.			
<i>megestrol acetate</i>	MEGACE	1	
BLOOD TESTING PREPARATIONS,IN-VITRO			
BLOOD KETONE TEST, STRIPS	PRECISION XTRA (STRIP) (OTC)	2	
CONDOMS			
CONDOMS, FEMALE	FC2 FEMALE CONDOM	\$0	

Chinese Community Health Plan 4-Tier Formulary (Commercial)

Drug Name	Tier	Requirements/Limits
DIETARY SUPPLEMENT, MISCELLANEOUS		
<i>b3/azel/quer/tur/fa/b6/zn/copp</i> NICAZEL FORTE	1	
<i>fa/mv,calc,iron/pollen/herb101</i>	1	
<i>multivit-min/iron/folic/hrb186</i>	1	
<i>mv-mins/folic acid/guarana/caf</i>	1	
<i>mv-mn/folic acid/lutein/hrb185</i>	1	
<i>vit c/vit e ac/selenium/ginkgo</i>	1	
GENERAL INHALATION AGENTS		
SODIUM CHLORIDE FOR INHALATION HYPER-SAL	2	
SODIUM CHLORIDE FOR INHALATION NEBUSAL	2	
<i>sodium chloride for inhalation</i>	1	
METABOLIC DEFICIENCY AGENTS		
<i>levocarnitine</i>	1	
<i>levocarnitine (with sugar)</i> CARNITOR	1	
METALLIC POISON,AGENTS TO TREAT		
DEFERASIROX EXJADE	4	
DEFERASIROX JADENU	4	
SUCCIMER CHEMET	2	
ZINC ACETATE GALZIN	2	
NEEDLES/NEEDLELESS DEVICES		
PEN NEEDLE, DIABETIC	2	1ST TIER UNIFINE PENTIPS
PEN NEEDLE, DIABETIC	2	1ST TIER UNIFINE PENTIPS PLUS
PEN NEEDLE, DIABETIC	2	ADVOCATE PEN NEEDLE
PEN NEEDLE, DIABETIC	2	ADVOCATE PEN NEEDLES
PEN NEEDLE, DIABETIC	2	BD ULTRA-FINE PEN NEEDLE
PEN NEEDLE, DIABETIC	2	CAREFINE PEN NEEDLE
PEN NEEDLE, DIABETIC	2	CARETOUCH PEN NEEDLE
PEN NEEDLE, DIABETIC	2	CLICKFINE
PEN NEEDLE, DIABETIC	2	COMFORT EZ
PEN NEEDLE, DIABETIC	2	DROPLET PEN NEEDLE
PEN NEEDLE, DIABETIC	2	EASY COMFORT PEN NEEDLES
PEN NEEDLE, DIABETIC	2	EASY GLIDE PEN NEEDLE
PEN NEEDLE, DIABETIC	2	EASY TOUCH PEN NEEDLE
PEN NEEDLE, DIABETIC	2	HEALTHY ACCENTS UNIFINE PENTIP

Chinese Community Health Plan 4-Tier Formulary (Commercial)

Drug Name	Tier	Requirements/Limits
PEN NEEDLE, DIABETIC INCONTROL PEN NEEDLE	2	
PEN NEEDLE, DIABETIC INSULIN PEN NEEDLE	2	
PEN NEEDLE, DIABETIC INSUPEN	2	
PEN NEEDLE, DIABETIC LITE TOUCH	2	
PEN NEEDLE, DIABETIC MINI ULTRA- THIN II	2	
PEN NEEDLE, DIABETIC NEEDLES	2	
PEN NEEDLE, DIABETIC NOVOFINE	2	
PEN NEEDLE, DIABETIC NOVOFINE 32	2	
PEN NEEDLE, DIABETIC NOVOFINE PLUS	2	
PEN NEEDLE, DIABETIC NOVOTWIST	2	
PEN NEEDLE, DIABETIC PEN NEEDLE	2	
PEN NEEDLE, DIABETIC PEN NEEDLES	2	
PEN NEEDLE, DIABETIC PENTIPS	2	
PEN NEEDLE, DIABETIC PRO COMFORT PEN NEEDLE	2	
PEN NEEDLE, DIABETIC RELION PEN NEEDLES	2	
PEN NEEDLE, DIABETIC SURE COMFORT	2	
PEN NEEDLE, DIABETIC SURE-FINE PEN NEEDLES	2	
PEN NEEDLE, DIABETIC TECHLITE PEN NEEDLE	2	
PEN NEEDLE, DIABETIC TOPCARE CLICKFINE	2	
PEN NEEDLE, DIABETIC TRUEPLUS PEN NEEDLE	2	
PEN NEEDLE, DIABETIC ULTICARE PEN NEEDLE	2	
PEN NEEDLE, DIABETIC ULILET PEN NEEDLE	2	
PEN NEEDLE, DIABETIC ULTRA-FINE MINI PEN NEEDLE	2	
PEN NEEDLE, DIABETIC ULTRA-FINE NANO PEN NEEDLE	2	
PEN NEEDLE, DIABETIC ULTRA-FINE ORIGINAL PEN NEEDLE	2	
PEN NEEDLE, DIABETIC ULTRA-FINE SHORT PEN NEEDLE	2	
PEN NEEDLE, DIABETIC ULTRA-THIN II	2	
PEN NEEDLE, DIABETIC UNIFINE PENTIPS	2	
PEN NEEDLE, DIABETIC UNIFINE PENTIPS PLUS	2	

Chinese Community Health Plan 4-Tier Formulary (Commercial)

Drug Name		Tier	Requirements/Limits
PEN NEEDLE, DIABETIC, SAFETY	HEALTHY ACCENTS UNIFINE PENTIP	2	
PEN NEEDLE, DIABETIC, SAFETY	NOVOFINE AUTOCOVER	2	
PEN NEEDLE,DUAL SAFETY,DIABETC	AUTOSHIELD DUO PEN NEEDLE	2	
PROTEIN REPLACEMENT			
LYSINE/E/FOLIC ACID/BCOMP,C/ZN	LYSIPLEX PLUS	1	
SOLVENTS			
POLYETHYLENE GLYCOL 8000	POLYETHYLENE GLYCOL	2	
SOMATOSTATIC AGENTS			
<i>octreotide acetate</i>		4	
PASIREOTIDE DIASPARTATE	SIGNIFOR	4	PA, QL: 2mL IN 1 DAY
URINE ACETONE TEST AIDS			
URINE ACETONE TEST,STRIPS	CHEMSTRIP K	1	
URINE ACETONE TEST,STRIPS	KETONE	1	
URINE ACETONE TEST,STRIPS	KETONE CARE	1	
URINE ACETONE TEST,STRIPS	KETOSTIX REAGENT	1	
URINE ACETONE TEST,STRIPS	TRUEPLUS KETONE TEST STRIPS	1	
URINE MULTIPLE TEST AIDS			
URINE MULTIPLE TEST STRIPS	CHEK-STIX	1	
URINE MULTIPLE TEST STRIPS	CHEMSTRIP	1	
URINE MULTIPLE TEST STRIPS	CHEMSTRIP 10 WITH SG	1	
URINE MULTIPLE TEST STRIPS	CHEMSTRIP 2 GP	1	
URINE MULTIPLE TEST STRIPS	CHEMSTRIP 50B	1	
URINE MULTIPLE TEST STRIPS	CHEMSTRIP 7	1	
URINE MULTIPLE TEST STRIPS	CHEMSTRIP 9	1	
URINE MULTIPLE TEST STRIPS	COMBISTIX REAGENT	1	
URINE MULTIPLE TEST STRIPS	HEMA-COMBISTIX	1	
URINE MULTIPLE TEST STRIPS	LABSTIX REAGENT	1	
URINE MULTIPLE TEST STRIPS	MULTISTIX	1	
URINE MULTIPLE TEST STRIPS	MULTISTIX 10 SG	1	
URINE MULTIPLE TEST STRIPS	MULTISTIX 5	1	
URINE MULTIPLE TEST STRIPS	MULTISTIX 7	1	
URINE MULTIPLE TEST STRIPS	MULTISTIX 8 SG	1	
URINE MULTIPLE TEST STRIPS	MULTISTIX 9	1	
URINE MULTIPLE TEST STRIPS	MULTISTIX 9 SG	1	
URINE MULTIPLE TEST STRIPS	URISTIX 4	1	

Chinese Community Health Plan 4-Tier Formulary (Commercial)

Drug Name		Tier	Requirements/Limits
URINE MULTIPLE TEST STRIPS	URISTIX REAGENT	1	
OTHER RESPIRATORY DISORDERS			
ANTIFIBROTIC THERAPY - PYRIDONE ANALOGS			
PIRFENIDONE	ESBRIET (267 MG) (CAPSULE)	4	PA, QL: 9 IN 1 DAY
PIRFENIDONE	ESBRIET (267 MG) (TABLET)	4	PA, QL: 9 IN 1 DAY
PIRFENIDONE	ESBRIET (801 MG) (TABLET)	4	PA, QL: 3 IN 1 DAY
CYSTIC FIB.TRANSMEMB CONDUCT.REG.(CFTR)POTENTIATOR			
IVACAFTOR	KALYDECO	4	PA, QL: 2 IN 1 DAY
CYSTIC FIBROSIS-CFTR POTENTIATOR & CORRECTOR COMB.			
LUMACAFTOR/IVACAFTOR	ORKAMBI	4	PA, QL: 4 IN 1 DAY
MUCOLYTICS			
<i>acetylcysteine</i>	MUCOMYST	1	
DORNASE ALFA	PULMOZYME	4	
PULMONARY FIBROSIS - SYSTEMIC ENZYME INHIBITORS			
NINTEDANIB ESYLATE	OFEV	4	PA, QL: 2 IN 1 DAY
PAIN MANAGEMENT - ANALGESICS			
ANALGESIC/ANTIPYRETICS, SALICYLATES			
<i>aspirin (325 mg) (tablet dr) (otc)</i>		\$0	AG: IF MALE, 45-79 YEARS IF FEMALE, 55-79
<i>aspirin (325 mg) (tablet) (otc)</i>		\$0	AG: IF MALE, 45-79 YEARS IF FEMALE, 55-79
<i>aspirin (600 mg) (supp.rect) (otc)</i>		\$0	AG: IF MALE, 45-79 YEARS IF FEMALE, 55-79
<i>diflunisal</i>	DOLOBID	1	
<i>salsalate</i>	DISALCID	1	
ANALGESICS, NARCOTIC AGONIST AND NSAID COMBINATION			
<i>hydrocodone/ibuprofen</i>	IBUDONE	1	
<i>hydrocodone/ibuprofen</i>	VICOPROFEN	1	
<i>ibuprofen/oxycodone hcl</i>	COMBUNOX	1	
ANALGESICS,NARCOTICS			
<i>buprenorphine</i>	BUTRANS	3	
<i>butorphanol tartrate</i>	STADOL (10 MG/ML) (SPRAY)	1	QL: 2.5mL PER FILL
<i>carisoprodol/aspirin/codeine</i>		1	
<i>codeine sulfate</i>	CODEINE	1	
<i>fentanyl</i>	DURAGESIC (100 MCG/HR) (PATCH TD72)	1	QL: 10 IN 30 DAYS
<i>fentanyl</i>	DURAGESIC (12 MCG/HR) (PATCH TD72)	1	QL: 10 IN 30 DAYS
<i>fentanyl</i>	DURAGESIC (25 MCG/HR) (PATCH TD72)	1	QL: 10 IN 30 DAYS

Chinese Community Health Plan 4-Tier Formulary (Commercial)

Drug Name	Tier	Requirements/Limits
<i>fentanyl</i> DURAGESIC (50MCG/HR) (PATCH TD72)	1	QL: 10 IN 30 DAYS
<i>fentanyl</i> DURAGESIC (75MCG/HR) (PATCH TD72)	1	QL: 10 IN 30 DAYS
<i>fentanyl citrate</i> ACTIQ	1	PA, QL: 4 IN 1 DAY
FENTANYL CITRATE FENTORA	2	PA, QL: 4 IN 1 DAY
HYDROCODONE BITARTRATE HYSINGLA ER	3	QL: 1 IN 1 DAY
<i>hydrocodone/acetaminophen</i> HYCET	1	
<i>hydrocodone/acetaminophen</i> LORTAB (10MG- 325MG) (TABLET)	1	
<i>hydrocodone/acetaminophen</i> LORTAB (5 MG- 325MG) (TABLET)	1	
<i>hydrocodone/acetaminophen</i> LORTAB (7.5-325 MG) (TABLET)	1	
<i>hydrocodone/acetaminophen</i> NORCO	1	
<i>hydrocodone/acetaminophen</i> VERDROCET	1	
<i>hydromorphone hcl (2 mg) (tablet)</i>	1	
<i>hydromorphone hcl (3 mg) (supp.rect)</i>	1	
<i>hydromorphone hcl (4 mg) (tablet)</i>	1	
<i>hydromorphone hcl (8 mg) (tablet)</i>	1	
<i>levorphanol tartrate</i> LEVO- DROMORAN	2	
<i>meperidine hcl</i> DEMEROL (100 MG) (TABLET)	1	
<i>meperidine hcl</i> DEMEROL (50 MG) (TABLET)	1	
<i>methadone hcl (10 mg) (tablet)</i>	1	
<i>methadone hcl (10 mg/5 ml) (solution)</i>	1	
<i>methadone hcl (10 mg/ml) (oral conc)</i>	1	
<i>methadone hcl (40 mg) (tablet sol)</i>	1	
<i>methadone hcl (5 mg) (tablet)</i>	1	
<i>methadone hcl (5 mg/5 ml) (solution)</i>	1	
<i>morphine sulfate (10 mg) (cap er pel)</i>	1	
<i>morphine sulfate (10 mg) (supp.rect)</i>	1	
<i>morphine sulfate (10 mg/5 ml) (solution)</i>	1	
<i>morphine sulfate (100 mg) (cap er pel)</i>	1	
<i>morphine sulfate (100 mg) (tablet er)</i>	1	
<i>morphine sulfate (100 mg/5ml) (solution)</i>	1	
<i>morphine sulfate (15 mg) (tablet er)</i>	1	
MORPHINE SULFATE (15 MG) (TABLET)	1	
<i>morphine sulfate (20 mg) (cap er pel)</i>	1	
<i>morphine sulfate (20 mg) (supp.rect)</i>	1	
<i>morphine sulfate (20 mg/5 ml) (solution)</i>	1	
<i>morphine sulfate (200 mg) (tablet er)</i>	1	
<i>morphine sulfate (30 mg) (cap er pel)</i>	1	
<i>morphine sulfate (30 mg) (supp.rect)</i>	1	

Chinese Community Health Plan 4-Tier Formulary (Commercial)

Drug Name	Tier	Requirements/Limits	
<i>morphine sulfate (30 mg) (tablet er)</i>	1		
MORPHINE SULFATE (30 MG) (TABLET)	1		
<i>morphine sulfate (5 mg) (supp.rect)</i>	1		
<i>morphine sulfate (50 mg) (cap er pel)</i>	1		
<i>morphine sulfate (60 mg) (cap er pel)</i>	1		
<i>morphine sulfate (60 mg) (tablet er)</i>	1		
<i>morphine sulfate (80 mg) (cap er pel)</i>	1		
<i>opium/belladonna alkaloids</i>	2		
<i>oxycodone hcl (10 mg) (tab er 12h)</i>	2	QL: 4 IN 1 DAY	
<i>oxycodone hcl (10 mg) (tablet)</i>	1		
<i>oxycodone hcl (10mg/0.5ml) (syringe)</i>	1		
<i>oxycodone hcl (15 mg) (tablet)</i>	1		
<i>oxycodone hcl (20 mg) (tab er 12h)</i>	2	QL: 4 IN 1 DAY	
<i>oxycodone hcl (20 mg) (tablet)</i>	1		
<i>oxycodone hcl (20 mg/ml) (oral conc)</i>	1		
<i>oxycodone hcl (30 mg) (tablet)</i>	1		
<i>oxycodone hcl (40 mg) (tab er 12h)</i>	2	QL: 4 IN 1 DAY	
<i>oxycodone hcl (5 mg) (capsule)</i>	1		
<i>oxycodone hcl (5 mg) (tablet)</i>	1		
<i>oxycodone hcl (5 mg/5 ml) (solution)</i>	1		
<i>oxycodone hcl (80 mg) (tab er 12h)</i>	2	QL: 4 IN 1 DAY	
OXYCODONE HCL	OXYCONTIN (15 MG) (TAB ER 12H)	2	QL: 4 IN 1 DAY
OXYCODONE HCL	OXYCONTIN (30 MG) (TAB ER 12H)	2	QL: 4 IN 1 DAY
OXYCODONE HCL	OXYCONTIN (60 MG) (TAB ER 12H)	2	QL: 4 IN 1 DAY
<i>oxycodone hcl/acetaminophen</i>	PERCOCET	1	
<i>oxycodone hcl/aspirin</i>	ENDODAN	1	
<i>oxycodone hcl/aspirin</i>	PERCODAN	1	
<i>pentazocine hcl/naloxone hcl</i>	TALWIN NX	1	
TAPENTADOL HCL	NUCYNTA ER	2	QL: 2 IN 1 DAY
<i>tramadol hcl</i>	RYZOLT	1	
<i>tramadol hcl</i>	ULTRAM	1	
<i>tramadol hcl</i>	ULTRAM ER	1	
<i>tramadol hcl/acetaminophen</i>	ULTRACET	1	
ANTIMIGRAINE PREPARATIONS			
<i>dihydroergotamine mesylate</i>	D.H.E.45	1	
ERGOTAMINE TARTRATE	ERGOMAR	3	
ERGOTAMINE TARTRATE/CAFFEINE	MIGERGOT	2	
<i>naratriptan hcl</i>	AMERGE	1	QL: 9 PER FILL
<i>rizatriptan benzoate</i>		1	QL: 12 PER FILL
<i>sumatriptan</i>	IMITREX	1	QL: 6 PER FILL
<i>sumatriptan succinate</i>	IMITREX (100 MG) (TABLET)	1	QL: 9 PER FILL
<i>sumatriptan succinate</i>	IMITREX (25 MG) (TABLET)	1	QL: 9 PER FILL

Chinese Community Health Plan 4-Tier Formulary (Commercial)

Drug Name		Tier	Requirements/Limits
<i>sumatriptan succinate</i>	IMITREX (4 MG/0.5ML) (CARTRIDGE)	3	QL: 2mL PER FILL
<i>sumatriptan succinate</i>	IMITREX (4 MG/0.5ML) (PEN INJCTR)	1	QL: 2mL PER FILL
<i>sumatriptan succinate</i>	IMITREX (50 MG) (TABLET)	1	QL: 9 PER FILL
<i>sumatriptan succinate</i>	IMITREX (6 MG/0.5ML) (CARTRIDGE)	3	QL: 2mL PER FILL
<i>sumatriptan succinate</i>	IMITREX (6 MG/0.5ML) (PEN INJCTR)	1	QL: 2mL PER FILL
<i>sumatriptan succinate</i>	IMITREX (6 MG/0.5ML) (VIAL)	1	QL: 2.5mL PER FILL
<i>zolmitriptan</i>	ZOMIG (2.5 MG) (TABLET)	1	QL: 9 PER FILL
<i>zolmitriptan</i>	ZOMIG (5 MG) (TABLET)	1	QL: 9 PER FILL
<i>zolmitriptan</i>	ZOMIG ZMT	1	QL: 9 PER FILL
NARCOTIC ANALGESIC & NON-SALICYLATE ANALGESIC COMB			
<i>acetaminophen with codeine</i>		1	
NARCOTIC WITHDRAWAL THERAPY AGENTS			
BUPRENORPHINE HCL/NALOXONE HCL	SUBOXONE (12 MG-3 MG) (FILM)	2	
BUPRENORPHINE HCL/NALOXONE HCL	SUBOXONE (2 MG-0.5MG) (FILM)	2	
<i>buprenorphine hcl/naloxone hcl</i>	SUBOXONE (2 MG-0.5MG) (TAB SUBL)	1	
BUPRENORPHINE HCL/NALOXONE HCL	SUBOXONE (4MG-1MG) (FILM)	2	
BUPRENORPHINE HCL/NALOXONE HCL	SUBOXONE (8 MG-2 MG) (FILM)	2	
<i>buprenorphine hcl/naloxone hcl</i>	SUBOXONE (8 MG-2 MG) (TAB SUBL)	1	
PARKINSONS DISEASE			
ANTIPARKINSONISM DRUGS,ANTICHOLINERGIC			
<i>benztropine mesylate</i>	COGENTIN	1	
<i>trihexyphenidyl hcl</i>	ARTANE	1	

Chinese Community Health Plan 4-Tier Formulary (Commercial)

Drug Name	Tier	Requirements/Limits
ANTIPARKINSONISM DRUGS, OTHER		
<i>amantadine hcl</i> SYMMETREL (100 MG) (CAPSULE)	1	
<i>amantadine hcl</i> SYMMETREL (50 MG/5 ML) (SOLUTION)	1	
<i>bromocriptine mesylate</i> PARLODEL	1	
<i>carbidopa/levodopa</i> PARCOPA	1	
CARBIDOPA/LEVODOPA RYTARY	3	ST
<i>carbidopa/levodopa</i> SINEMET 10-100	1	
<i>carbidopa/levodopa</i> SINEMET 25-100	1	
<i>carbidopa/levodopa</i> SINEMET 25-250	1	
<i>carbidopa/levodopa</i> SINEMET CR	1	
<i>carbidopa/levodopa/entacapone</i> STALEVO 100	2	
<i>carbidopa/levodopa/entacapone</i> STALEVO 125	2	
<i>carbidopa/levodopa/entacapone</i> STALEVO 150	2	
<i>carbidopa/levodopa/entacapone</i> STALEVO 200	2	
<i>carbidopa/levodopa/entacapone</i> STALEVO 50	2	
<i>carbidopa/levodopa/entacapone</i> STALEVO 75	2	
<i>entacapone</i> COMTAN	1	
<i>pramipexole di-hcl</i> MIRAPEX	1	
<i>pramipexole di-hcl</i> MIRAPEX ER	1	
<i>rasagiline mesylate</i> AZILECT	2	
<i>ropinirole hcl</i> REQUIP	1	
<i>ropinirole hcl</i> REQUIP XL	1	
<i>selegiline hcl</i> ELDEPRYL	1	
DECARBOXYLASE INHIBITORS		
<i>carbidopa</i> LODOSYN	1	
SEIZURE DISORDER		
ANTICONVULSANT - BENZODIAZEPINE TYPE		
CLOBAZAM ONFI (10 MG) (TABLET)	2	PA
CLOBAZAM ONFI (20 MG) (TABLET)	2	PA
<i>clonazepam</i>	1	
ANTICONVULSANTS		
<i>carbamazepine</i>	1	
CARBAMAZEPINE CARBATROL	3	
CARBAMAZEPINE TEGRETOL	3	
CARBAMAZEPINE TEGRETOL XR	3	
<i>divalproex sodium</i> DEPAKOTE	1	
<i>divalproex sodium</i> DEPAKOTE ER	1	
<i>divalproex sodium</i> DEPAKOTE SPRINKLE	1	
<i>ethosuximide</i>	1	
ETHOSUXIMIDE ZARONTIN	3	
ETHOTOIN PEGANONE	2	
<i>felbamate</i>	1	

Chinese Community Health Plan 4-Tier Formulary (Commercial)

Drug Name		Tier	Requirements/Limits
FELBAMATE	FELBATOL (400 MG) (TABLET)	2	
FELBAMATE	FELBATOL (600 MG) (TABLET)	2	
FELBAMATE	FELBATOL (600 MG/5ML) (ORAL SUSP)	3	
<i>gabapentin</i>	NEURONTIN	1	
LACOSAMIDE	VIMPAT (10 MG/ML) (SOLUTION)	2	
LACOSAMIDE	VIMPAT (100 MG) (TABLET)	2	QL: 2 IN 1 DAY
LACOSAMIDE	VIMPAT (150 MG) (TABLET)	2	QL: 2 IN 1 DAY
LACOSAMIDE	VIMPAT (200 MG) (TABLET)	2	QL: 2 IN 1 DAY
LACOSAMIDE	VIMPAT (50 MG) (TABLET)	2	QL: 2 IN 1 DAY
LAMOTRIGINE	LAMICTAL	3	
LAMOTRIGINE	LAMICTAL ODT	3	
LAMOTRIGINE	LAMICTAL XR	3	
<i>lamotrigine (100 mg) (tab er 24)</i>		1	
<i>lamotrigine (100 mg) (tab rapdis)</i>		1	
<i>lamotrigine (100 mg) (tablet)</i>		1	
<i>lamotrigine (150 mg) (tablet)</i>		1	
<i>lamotrigine (200 mg) (tab er 24)</i>		1	
<i>lamotrigine (200 mg) (tab rapdis)</i>		1	
<i>lamotrigine (200 mg) (tablet)</i>		1	
<i>lamotrigine (25 mg) (tab er 24)</i>		1	
<i>lamotrigine (25 mg) (tab rapdis)</i>		1	
<i>lamotrigine (25 mg) (tablet)</i>		1	
<i>lamotrigine (25 mg) (tb chw dsp)</i>		1	
<i>lamotrigine (250 mg) (tab er 24)</i>		1	
<i>lamotrigine (300 mg) (tab er 24)</i>		1	
<i>lamotrigine (5 mg) (tb chw dsp)</i>		1	
<i>lamotrigine (50 mg) (tab er 24)</i>		1	
<i>lamotrigine (50 mg) (tab rapdis)</i>		1	
<i>levetiracetam</i>	KEPPRA	1	
<i>levetiracetam</i>	KEPPRA XR	1	
<i>levetiracetam</i>	ROWEEPRA	1	
<i>levetiracetam</i>	ROWEEPRA XR	1	
METHSUXIMIDE	CELONTIN	2	
<i>oxcarbazepine</i>	TRILEPTAL	1	
PHENYTOIN	DILANTIN	3	
PHENYTOIN	DILANTIN-125	3	
<i>phenytoin</i>		1	
PHENYTOIN SODIUM EXTENDED	DILANTIN (100 MG) (CAPSULE)	3	

Chinese Community Health Plan 4-Tier Formulary (Commercial)

Drug Name		Tier	Requirements/Limits
PHENYTOIN SODIUM EXTENDED	DILANTIN (30 MG) (CAPSULE)	2	
PHENYTOIN SODIUM EXTENDED	PHENYTEK	3	
<i>phenytoin sodium extended</i>		1	
PREGABALIN	LYRICA	2	
PRIMIDONE	MYSOLINE	3	
<i>primidone</i>		1	
RUFINAMIDE	BANZEL	2	
TIAGABINE HCL	GABITRIL (12 MG) (TABLET)	2	
TIAGABINE HCL	GABITRIL (16 MG) (TABLET)	2	
TIAGABINE HCL	GABITRIL (2 MG) (TABLET)	3	
TIAGABINE HCL	GABITRIL (4 MG) (TABLET)	3	
<i>tiagabine hcl (2 mg) (tablet)</i>		1	
<i>tiagabine hcl (4 mg) (tablet)</i>		1	
<i>topiramate</i>	TOPAMAX	1	
VALPROIC ACID	DEPAKENE	3	
<i>valproic acid</i>		1	
<i>vigabatrin</i>	SABRIL	4	PA
VIGABATRIN	SABRIL	4	PA
<i>zonisamide</i>	ZONEGRAN	1	
SKELLETAL MUSCLE DISORDER			
SKELLETAL MUSCLE RELAXANTS			
<i>baclofen</i>	LIORESAL	1	
<i>carisoprodol</i>	SOMA (350 MG) (TABLET)	1	
<i>carisoprodol/aspirin</i>	SOMA COMPOUND	1	
<i>chlorzoxazone (500 mg) (tablet)</i>		1	
<i>cyclobenzaprine hcl</i>	FEXMID	1	
<i>cyclobenzaprine hcl</i>	FLEXERIL	1	
<i>dantrolene sodium</i>	DANTRIUM	1	
<i>metaxalone</i>	SKELAXIN (400 MG) (TABLET)	3	
<i>metaxalone</i>	SKELAXIN (800 MG) (TABLET)	1	
<i>methocarbamol</i>	ROBAXIN	1	
<i>methocarbamol</i>	ROBAXIN-750	1	
<i>orphenadrine citrate</i>	NORFLEX	1	
<i>tizanidine hcl</i>	ZANAFLEX	1	
SMOKING CESSATION			
SMOKING DETERRENT AGENTS (GANGLIONIC STIM, OTHERS)			
<i>nicotine</i>	NICODERM CQ	\$0	
NICOTINE PATCH		\$0	
NICOTINE	NICOTROL	\$0	
NICOTINE	NICOTROL NS	\$0	

Chinese Community Health Plan 4-Tier Formulary (Commercial)

Drug Name	Tier	Requirements/Limits
<i>nicotine polacrilex</i> NICORETTE	\$0	
SMOKING DETERRENT-NICOTINIC RECEPT.PARTIAL AGONIST		
VARENICLINE TARTRATE CHANTIX	\$0	
SMOKING DETERRENTS, OTHER		
<i>bupropion hcl</i> ZYBAN	\$0	
UPPER GASTROINTESTINAL DISORDERS - DIGESTIVE		
PANCREATIC ENZYMES		
LIPASE/PROTEASE/AMYLASE CREON	2	
LIPASE/PROTEASE/AMYLASE PANCREAZE	2	
UPPER GASTROINTESTINAL DISORDERS - SPASTIC DISEASE		
ANTICHOLINERGICS/ANTISPASMODICS		
<i>dicyclomine hcl</i>	1	
BELLADONNA ALKALOIDS		
<i>hyoscyamine sulfate</i> HYOSYNE	1	
<i>hyoscyamine sulfate</i> LEVBID	1	
<i>hyoscyamine sulfate</i> LEVSIN	1	
<i>hyoscyamine sulfate</i> LEVSIN-SL	1	
<i>hyoscyamine sulfate</i> NULEV	1	
<i>hyoscyamine sulfate</i> SYMAX	1	
<i>hyoscyamine sulfate</i> SYMAX-SL	1	
<i>hyoscyamine sulfate</i> SYMAX-SR	1	
<i>methscopolamine bromide</i> PAMINE	1	
<i>methscopolamine bromide</i> PAMINE FORTE	1	
UPPER GASTROINTESTINAL DISORDERS - ULCER DISEASE		
ANTICHOLINERGICS,QUATERNARY AMMONIUM		
<i>glycopyrrolate</i> ROBINUL	1	
<i>glycopyrrolate</i> ROBINUL FORTE	1	
<i>propantheline bromide</i> PRO-BANTHINE	2	
ANTI-ULCER PREPARATIONS		
<i>misoprostol</i> CYTOTEC	1	
<i>sucralfate</i> CARAFATE	1	
SUCRALFATE CARAFATE	1	
ANTI-ULCER-H.PYLORI AGENTS		
<i>lansoprazole/amoxiciln/clarith</i> PREVPAC	1	
HISTAMINE H2-RECEPTOR INHIBITORS		
<i>cimetidine</i> TAGAMET	1	
<i>cimetidine</i> TAGAMET HB	1	
<i>cimetidine hcl</i> TAGAMET	1	
<i>famotidine</i> PEPCID	1	
<i>famotidine</i> PEPCID AC	1	
<i>nizatidine</i> AXID	1	
<i>ranitidine hcl</i> ZANTAC	1	
<i>ranitidine hcl</i> ZANTAC 75	1	
INTESTINAL MOTILITY STIMULANTS		
<i>metoclopramide hcl</i> REGLAN	1	

Chinese Community Health Plan 4-Tier Formulary (Commercial)

Drug Name		Tier	Requirements/Limits
PROTON-PUMP INHIBITORS			
<i>lansoprazole</i>	PREVACID (15 MG) (CAPSULE DR)	1	
LANSOPRAZOLE	PREVACID (15 MG) (TAB RAP DR)	2	
<i>lansoprazole</i>	PREVACID (30 MG) (CAPSULE DR)	1	
LANSOPRAZOLE	PREVACID (30 MG) (TAB RAP DR)	2	
<i>lansoprazole</i>	PREVACID 24HR	1	
<i>omeprazole</i>	PRILOSEC (10 MG) (CAPSULE DR)	1	
<i>omeprazole</i>	PRILOSEC (20 MG) (CAPSULE DR)	1	
<i>omeprazole</i>	PRILOSEC (40 MG) (CAPSULE DR)	1	
<i>pantoprazole sodium</i>		1	
<i>rabeprazole sodium</i>	ACIPHEX	1	
URINARY TRACT - FUNCTIONAL DISORDERS			
BENIGN PROSTATIC HYPERTROPHY/MICTURITION AGENTS			
<i>alfuzosin hcl</i>	UROXATRAL	1	
<i>dutasteride</i>	AVODART	1	
<i>finasteride</i>	PROSCAR	1	
<i>tamsulosin hcl</i>	FLOMAX	1	
BPH AGENTS,5-ALPHA-RED INH & ALPHA-1-ADR ANTG CMB			
<i>dutasteride/tamsulosin hcl</i>	JALYN	1	
KIDNEY STONE AGENTS			
CYSTEAMINE BITARTRATE	CYSTAGON	4	PA
URINARY PH MODIFIERS			
<i>citric acid/sodium citrate</i>	CYTRA-2	1	
CITRIC ACID/SODIUM CITRATE	ORACIT	1	
CITRIC ACID/SODIUM CITRATE	SHOHL'S MODIFIED	2	
<i>potassium citrate</i>	UROCIT-K	1	
<i>potassium citrate/citric acid</i>	CYTRA-K	1	
POTASSIUM PHOSPHATE,MONOBASIC	K-PHOS ORIGINAL	2	
<i>sod phos di, mono/k phos mono</i>		1	
<i>sod/pot/k cit/sod cit/cit acid</i>	CYTRA-3	1	
<i>sod/pot/k cit/sod cit/cit acid</i>	TRICITRATES	1	
URINARY TRACT ANALGESIC AGENTS			
PENTOSAN POLYSULFATE SODIUM	ELMIRON	2	

Chinese Community Health Plan 4-Tier Formulary (Commercial)

Drug Name		Tier	Requirements/Limits
URINARY TRACT ANESTHETIC/ANALGESIC AGNT (AZO-DYE)			
<i>phenazopyridine hcl</i>	AZO	1	
<i>phenazopyridine hcl</i>	AZO STANDARD	1	
PHENAZOPYRIDINE HCL	AZO URINARY PAIN RELIEF	1	
<i>phenazopyridine hcl</i>	PYRIDIUM	1	
URINARY TRACT ANTISPASMODIC, M(3) SELECTIVE ANTAG.			
SOLIFENACIN SUCCINATE	VESICARE	2	
URINARY TRACT ANTISPASMODIC/ANTIINCONTINENCE AGENT			
FESOTERODINE FUMARATE	TOVIAZ	2	
<i>oxybutynin chloride</i>	DITROPAN	1	
<i>oxybutynin chloride</i>	DITROPAN XL	1	
<i>tolterodine tartrate</i>	DETROL	1	
<i>tolterodine tartrate</i>	DETROL LA	1	
<i>trospium chloride</i>	SANCTURA	1	
<i>trospium chloride</i>	SANCTURA XR	1	
VAGINAL DISORDERS			
VAGINAL ANTIBIOTICS			
<i>clindamycin phosphate</i>	CLEOCIN (2 %) (CREAM/APPL)	1	
<i>metronidazole</i>	METROGEL-VAGINAL	1	
METRONIDAZOLE	VANDAZOLE	3	
VAGINAL ANTIFUNGALS			
<i>terconazole</i>	TERAZOL 3	1	
<i>terconazole</i>	TERAZOL 7	1	
VAGINAL ESTROGEN PREPARATIONS			
<i>estradiol</i>	ESTRACE	3	
ESTRADIOL	ESTRING	2	
ESTROGENS, CONJUGATED	PREMARIN	2	
VAGINAL SULFONAMIDES			
SULFANILAMIDE	AVC	2	
VITAMIN AND/OR MINERAL DEFICIENCY			
ANTIOXIDANT MULTIVITAMIN COMBINATIONS			
VIT A/C/E AC/ZNOX/CUPRIC OXIDE	EYEPROTECT	1	
VIT A/VIT C/VIT E/SELENIUM YST	ANTIOXIDANT FORMULA	1	
<i>vit a/vit c/vit e/zinc/copper (7160-113) (tablet) (otc)</i>		1	
<i>vits a,c,e/lutein/minerals</i>		1	
CALCIUM REPLACEMENT			
CALCIUM/D3/K/FA/B12/C/MINERALS	ORTHO-TABS	1	
<i>calcium/multivitamin with iron</i>		1	
FLUORIDE PREPARATIONS			
FLUORIDE (SODIUM)	CLINPRO 5000	1	
FLUORIDE (SODIUM)	FLUORABON	2	AG: IF 0-5 YEARS, COPAY=\$0
FLUORIDE (SODIUM)	FLUOR-A-DAY	1	AG: IF 0-5 YEARS, COPAY=\$0

Chinese Community Health Plan 4-Tier Formulary (Commercial)

Drug Name		Tier	Requirements/Limits
<i>fluoride (sodium) (0.25(0.55)) (tab chew)</i>		1	AG: IF 0-5 YEARS, COPAY=\$0
<i>fluoride (sodium) (0.5 mg/ml) (drops)</i>		1	AG: IF 0-5 YEARS, COPAY=\$0
<i>fluoride (sodium) (0.5(1.1)mg) (tab chew)</i>		1	AG: IF 0-5 YEARS, COPAY=\$0
<i>fluoride (sodium) (1.1 %) (cream (g))</i>		1	AG: IF 0-5 YEARS, COPAY=\$0
<i>fluoride (sodium) (1.1 %) (gel (gram))</i>		1	
<i>fluoride (sodium) (1mg(2.2mg)) (tab chew)</i>		1	AG: IF 0-5 YEARS, COPAY=\$0
FLUORIDE (SODIUM)	FLUORIDEX	1	
FLUORIDE (SODIUM)	FLURA-DROPS	2	AG: IF 0-5 YEARS, COPAY=\$0
FLUORIDE (SODIUM)	PREVIDENT	2	
FLUORIDE (SODIUM)	PREVIDENT 5000	2	
SODIUM FLUORIDE/XYLITOL	FLUOR-A-DAY	1	
FOLIC ACID PREPARATIONS			
<i>folic acid (0.4 mg) (tablet) (otc)</i>		\$0	G
<i>folic acid (0.8 mg) (tablet) (otc)</i>		\$0	G
<i>folic acid (1 mg) (tablet)</i>		1	AG: IF FEMALE, COPAY=\$0
<i>folic acid (1 mg) (tablet) (otc)</i>		1	AG: IF FEMALE, COPAY=\$0
<i>multivit-min/fa/lycopen/lutein</i>	BIOCEL	1	
GERIATRIC VITAMIN PREPARATIONS			
<i>multivit with iron,minerals (tablet) (otc)</i>		1	
<i>multivit with minerals/lutein</i>		1	
<i>multivit-min/fa/lycopen/lutein</i>		1	
IRON REPLACEMENT			
<i>ferrous fum/vit c/b12-if/folic</i>		1	
<i>ferrous sulfate (15 mg/ml) (drops) (otc)</i>		\$0	AGE: <= 1 YEAR
<i>ferrous sulfate (220 (44)/5) (elixir) (otc)</i>		\$0	AGE: <= 1 YEAR
<i>ferrous sulfate (220 (44)/5) (solution) (otc)</i>		\$0	AGE: <= 1 YEAR
<i>ferrous sulfate (300 mg/5ml) (liquid) (otc)</i>		\$0	AGE: <= 1 YEAR
<i>iron aspgly,ps/c/b12/fa/ca/suc</i>		1	
<i>iron aspgly/c/b12/fa/ca-th/suc</i>		1	
<i>iron fum,ag/c/b12/folic/ca/suc</i>		1	
<i>iron fum/docusat/folic/bcomp,c</i>		2	
<i>iron ps complex/b12/folic acid</i>		1	
<i>iron,carb/vit c/vit b12/folic</i>		1	
<i>iron/c/b12/calciu/stomach conc</i>		1	
MULTIVITAMIN PREPARATIONS			
A/C/E/ZINC OX/CUPRIC OX/LUTEIN	MACUVITE EYE CARE	1	
<i>a/c/e/zinc/sod selenate/copper</i>		1	
B,C/FOLIC/ZINC/COPPER OX/VIT E	STRESS B-COMPLEX	1	
<i>b-complex with vitamin c (tablet) (otc)</i>		1	
<i>beta-carotene(a)-vits c,e/mins</i>		1	
<i>cal/mag/b comp/vit d3/hrb6l</i>		1	

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Drug Name	Tier	Requirements/Limits
<i>fa/mv,ca,iron,min/lycopene/lut</i>	1	
<i>folic acid/multivit,iron,miner</i>	1	
<i>folic acid/multivit-min/lutein (500-250mcg)</i> <i>(tablet) (otc)</i>	1	
<i>folic acid/mv,iron,min/lutein</i>	1	
<i>multivit with calcium,iron,min</i>	1	
<i>multivit with iron,hematinic</i>	1	
<i>multivit with iron,minerals (tablet) (otc)</i>	1	
MULTIVIT,CALC,MINS/FOLIC ACID ULTRA FREEDA	1	
<i>multivit,calc,mins/iron/folic (27mg-400)</i> <i>(tablet) (otc)</i>	1	
<i>multivit,calc,mins/iron/folic (450-18-0.4)</i> <i>(tablet) (otc)</i>	1	
<i>multivit,calc,mins/iron/folic (500-18-0.4)</i> <i>(tablet) (otc)</i>	1	
<i>multivit,calc,mins/iron/folic (6mg-267mcg)</i> <i>(tablet) (otc)</i>	1	
<i>multivit,calc,mins/iron/folic (9mg-400mcg)</i> <i>(tablet) (otc)</i>	1	
MULTIVIT,CALC,MINS/IRON/FOLIC ONE-A-DAY WOMEN'S PETITES	3	
MULTIVIT,CALC,MINS/IRON/FOLIC QUINTABS-M	1	
<i>multivit,iron,min 5/folic acid</i>	1	
<i>multivit,iron,minerals/lutein</i>	1	
MULTIVIT,IRON,MINS/FOLIC ACID CENTRUM SPECIALIST HEART	1	
<i>multivit,iron,mins/folic acid</i>	1	
<i>multivit,stress formula/zinc</i>	1	
<i>multivit,tx with iron,minerals (tablet) (otc)</i>	1	
MULTIVIT/FOLIC ACID/VIT K1 ONE-A-DAY WOMEN'S 50 PLUS	3	
<i>multivit/iron/folic acid/hb179</i>	1	
<i>multivitamin (tablet) (otc)</i>	1	
<i>multivitamin with iron</i>	1	
<i>multivitamin with minerals (tablet) (otc)</i>	1	
<i>multivitamin,stress formula</i>	1	
<i>multivitamin,ther and minerals (tablet) (otc)</i>	1	
<i>multivitamin/iron/folic acid</i>	1	
MULTIVIT-MIN/CALC/BIOTIN/D3/FA BIOTIN PLUS- CALCIUM & VIT D3	1	
MULTIVIT-MIN/FA/LUTEIN/ZEAXANT ICAPS MV	1	
MULTIVIT-MIN/FA/LYCOPEN/LUTEIN ESSENTIAL MAN	1	

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Drug Name		Tier	Requirements/Limits
MULTIVIT-MIN/FA/LYCOPEN/LUTEIN	ESSENTIAL MAN 50+	1	
<i>multivit-min/fa/lycopen/lutein</i>		1	
MULTIVIT-MIN/FOLIC ACID/BIOTIN	HAIR, SKIN AND NAILS	1	
<i>multivit-min/folic acid/vit k1</i>		1	
<i>multivit-min/folic/vit k/lycop (400-300mcg) (tablet) (otc)</i>		1	
MULTIVIT-MIN/IRON FUM/FOLIC AC	MULTI-VITAMIN WITH MINERALS	1	
<i>multivit-min/iron/fa/p.ginseng</i>		1	
<i>multivit-min/iron/folic acid/k</i>		1	
<i>multivit-min/iron/folic/lutein</i>		1	
<i>multivit-minerals/fa/lycopene (0.4 mg-600) (tablet) (otc)</i>		1	
<i>multivit-minerals/folic acid (0.4 mg) (tablet) (otc)</i>		1	
<i>multivit-minerals/folic/ginkgo</i>		1	ONE DAILY
<i>multivit-mins/iron/folic/lycop</i>		1	CENTRUM MEN
<i>multivit-mins/iron/folic/lycop</i>		1	CENTRUM ULTRA MEN'S
<i>mv,ca,min/iron/fa/guarana/caff</i>		1	ONE-A-DAY WOMEN'S
<i>mv,cal,min/iron/folic acid/lut</i>		1	
<i>mv,calc,iron,min/folic/herb145</i>		1	ONE-A-DAY WEIGHTSMART
<i>mv,calc,min/iron/folic/biotin</i>		1	
MV,CALCIUM,MIN/IRON/FOLIC ACID	ONE-A-DAY WOMEN'S HEALTHY SKIN	3	
<i>mv,calcium,min/iron/folic/vitk</i>		1	
<i>mv,iron,min/ginkgo/pan.ginseng</i>		1	
MV,IRON,MINS/FOLIC ACID/BIOTIN	HAIR, SKIN AND NAILS	1	
<i>mv,iron,mins/folic acid/biotin</i>		1	
MV,IRON,MINS/FOLIC ACID/DIET24	SUPER MULTIPLE-LOW IRON	1	
<i>m-vit,tx,iron,mins/calc/folic</i>		1	
MV-MIN/FA/VIT K/LYCOP/LUT/ZEAX	OCUVITE EYE PLUS MULTI	1	
<i>mv-min/iron/folic ac/vit k/lut</i>		1	
MV-MINS 6/FOLIC ACID/LUT/COQ10	CORVITE FREE	1	
<i>mv-mins/folic/lycopene/ginkgo</i>		1	
<i>mv-mn/folic acid/calcium/vit k</i>		1	
<i>mv-mn/folic acid/lutein/hrb178</i>		1	
VIT A/BETA-CAROT/D2/E/SELENIUM	VITAMINS A-D- E	1	
<i>vits a,c,e/lutein/minerals</i>		1	

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Drug Name	Tier	Requirements/Limits
PEDIATRIC VITAMIN PREPARATIONS		
<i>ped multivit a,c,d3 no.21/fluoride</i>	1	
<i>pedi multivit 45/fluoride/iron</i>	1	
<i>pedi multivit 75/fluoride/iron</i>	1	
<i>pedi multivit no.12 w-fluoride</i>	1	
<i>pedi multivit no.16 w-fluoride</i>	1	
<i>pedi multivit no.17 w-fluoride</i>	1	
<i>pedi multivit no.2 w-fluoride</i>	1	
PEDI MULTIVIT NO.33/FLUORIDE POLY-VI-FLOR	3	
<i>pedi multivit no.63 w-fluoride</i>	3	
<i>pedi multivit no.82 w-fluoride</i>	1	
PRENATAL VITAMIN PREPARATIONS		
PNV 102/IRON/FOLIC/DHA/LUTEIN SIMILAC PRENATAL	3	
<i>pnv 11/iron fum/folic acid/om3</i>	3	
<i>pnv 112/iron/folic/om3/dha/epa</i>	3	
PNV 117/IRON/FOLIC/OM3/DHA/EPA DUET DHA BALANCED	3	
<i>pnv 15/iron fum,ps/folic acid</i>	3	
<i>pnv 16/iron fum,ps/folic/om-3</i>	3	
<i>pnv 19/iron ps,heme/folic/dha</i>	3	
<i>pnv 21/iron ps,heme ppep/folic</i>	3	
PNV 22/IRON,GLUC/FOLIC/DSS/DHA PNV OB+DHA	3	
PNV 30/IRON CARB,AG/FOLIC/OM3 OB COMPLETE WITH DHA	3	
<i>pnv 39/iron/folic/docusate/dha</i>	3	
PNV 55/IRON FUM,B-G/FOLIC ACID NATACHEW	3	
<i>pnv 66/iron/folic/docusate/dha</i>	3	
PNV 67/IRON PS/FOLATE NO.1/DHA VITAFOL ULTRA	3	
<i>pnv 69/iron/folic/docusate/dha</i>	3	
PNV 76/IRON,GLUC/FOLIC/DSS/DHA CITRANATAL DHA	3	
<i>pnv 80/iron fum/folic/dss/dha</i>	3	
PNV 85/IRON/FOLIC/DHA/FISH OIL OB COMPLETE ONE	3	
PNV NO.106/IRON/FOLATE NO6/DHA OB COMPLETE GOLD	3	
<i>pnv no.118/iron fumarate/fa</i>	3	
<i>pnv no.133/ferrous fum/folic</i>	1	
<i>pnv no.5/ferrous fum/folic ac</i>	3	
<i>pnv no.66/iron,carb/folic/dha</i>	3	
PNV NO.74/IRON FUM/FA/DHA ACTIVE OB	3	
PNV NO.80/IRON/MFOLATE/DSS/DHA THERANATAL PLUS	3	
PNV NO.80/IRON/MFOLATE/DSS/DHA FOLET ONE	3	
PNV NO.80/IRON/MFOLATE/DSS/DHA OBSTETRIX ONE	3	
PNV NO.88/IRON PS,HEME/FA/DHA PREFERA-OB PLUS DHA	3	
<i>pnv no.95/ferrous fum/folic ac</i>	1	

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Drug Name	Tier	Requirements/Limits
<i>pnv with ca no.36/iron/fa</i>	1	
<i>pnv, calcium 62/iron/folic/dha</i>	3	
<i>pnv, calcium 70/iron/folic/dha</i>	3	NATELLE ONE
<i>pnv,calcium 72/iron,carb/folic</i>	3	
<i>pnv,calcium 72/iron/folic acid</i>	1	
<i>pnv,calcium37/iron/folic/omeg3</i>	3	
<i>pnv/ferrous fum/docusate/folic</i>	3	
<i>pnv/ferrous fum/folic acid/sel</i>	3	
<i>pnv/iron,carb/docusat/folic ac</i>	3	
<i>pnv119/iron fum/folic/docusate</i>	3	
PNV119/IRON FUM/FOLIC/DOCUSATE	3	PRENATAL 19
<i>pnv19/iron bg,s.p/folic ac/om3</i>	3	
PNV51/IRON FUM/FA/OM-3/DHA/EPA	3	PRENATAL MULTI + DHA
PNV53/IRON FUM/FA/DOCUSATE/DHA	3	NEXA PLUS
PNV59/IRON,CARB,FUM/FA/DSS/DHA	3	CITRANATAL HARMONY
PNV73/IRON,GLUC/FOLIC/DSS/DHA	3	CITRANATAL ASSURE
<i>pnv81/iron edta,ps/folic/omeg3</i>	3	
PNV83/IRON,CARB,ASP/FOLIC ACID	3	OB COMPLETE PREMIER
<i>prenat 115/iron fum/folic/dss</i>	3	
<i>prenat vit 17/iron/folic/om3,6</i>	3	
PRENAT90/IRON FUM,PS/FOLIC/DHA	3	PROVIDA DHA
<i>prenatal 105/iron/folic ac/dha</i>	3	VITATRUE
PRENATAL 118/IRON/FOLATE 6/DHA	3	PRIMACARE
<i>prenatal 12/iron/folic/dss/om3</i>	3	OBTREX DHA
PRENATAL 2/IRON/FOLIC ACID/OM3	3	COMPLETE NATAL DHA
PRENATAL 2/IRON/FOLIC ACID/OM3	3	TRUST NATAL DHA
PRENATAL 21/IRON FU/FOLIC ACID	1	PRENATAL COMPLETE
PRENATAL 25/IRON/FOLATE 6/DHA	3	VITAMEDMD ONE RX
PRENATAL 26/IRON PS/FOLIC/DHA	3	VITAFOL-ONE
<i>prenatal 34/iron/folic/dss/dha</i>	3	CITRANATAL HARMONY
PRENATAL 38/IRON/FOLATE 6/DHA	3	PRENATE DHA
<i>prenatal 47/iron/folate 1/dha</i>	3	
<i>prenatal 48/iron/folic acid/b6</i>	3	
<i>prenatal 53/iron/folic ac/omg3</i>	3	
<i>prenatal 54/iron/folic ac/omg3</i>	3	
<i>prenatal 57/iron/folic/dss/dha</i>	3	
<i>prenatal 59/iron/folic/dss/dha</i>	3	CITRANATAL HARMONY
<i>prenatal 68/iron/folic no1/dha</i>	3	
PRENATAL 78/IRON/FOLATE 1/DHA	3	PRENATE DHA
PRENATAL 86/IRON/FOLIC/DHA/EPA	3	NESTABS ABC

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Drug Name	Tier	Requirements/Limits
<i>prenatal 87/iron bis/folic/dha</i>	NESTABS DHA	3
PRENATAL 93/IRON/FOLATE 9/DHA	TRISTART DHA	3
PRENATAL 95/IRON FUM/FOLIC/DHA	PRENATAL VITAMIN + DHA	3
<i>prenatal comb no.42/folic acid</i>	VITAMEDMD REDICHEW RX	3
PRENATAL NO.116/IRON/FOLIC/DHA	EXPECTA PRENATAL	3
PRENATAL NO.123/IRON/FOLIC AC	ELITE-OB	3
PRENATAL NO.123/IRON/FOLIC AC	OB COMPLETE	3
<i>prenatal no.52/iron/fa/dha</i>		3
<i>prenatal no.75/iron/folate no1</i>		3
PRENATAL NO.77/IRON ASP GLY/FA	PRENATE STAR	3
<i>prenatal no115/iron/folic acid</i>		3
PRENATAL NO122/IRON/FOLIC ACID	PRENATAL MULTI	1
<i>prenatal no13/iron ps/folate 1</i>		3
PRENATAL NO35/IRON/FOLATE6/DHA	PRENATE ESSENTIAL	3
<i>prenatal no4/iron fum,ps/folic</i>		3
PRENATAL VIT 10/IRON FUM/FOLIC	VITAFOL-OB	1
<i>prenatal vit 10/iron/folic/dha</i>		3
<i>prenatal vit 14/iron fum/folic</i>		3
PRENATAL VIT 28/IRON FUM/FOLIC	THERANATAL	1
PRENATAL VIT 32/IRON/FOLIC/DHA	THERANATAL COMPLETE	3
PRENATAL VIT 33/IRON/FOLIC/DHA	SELECT-OB + DHA	3
PRENATAL VIT 36/IRON/FOLATE 6	PRENATE ELITE	3
PRENATAL VIT 43/IRON/FOLIC/DSS	ATABEX EC	3
PRENATAL VIT 49/IRON FUM/FOLIC	MINI PRENATAL	1
<i>prenatal vit 55/iron/folic/om3</i>		3
PRENATAL VIT 65/IRON FUM,PS/FA	PROVIDA OB	3
<i>prenatal vit 7/iron/folic/dha</i>		3
PRENATAL VIT 84/IRON/FA 1/DHA	PRENATE ESSENTIAL	3
PRENATAL VIT 85/IRON/FA 1/DHA	PRENATE PIXIE	3
PRENATAL VIT 87/IRON/FOLIC/DHA	PRENATE MINI	3
<i>prenatal vit 91/iron/folic/dha</i>		3
PRENATAL VIT 93/IRON FUM/FOLIC	PRENATAL FORMULA	3
<i>prenatal vit calc,iron,folic</i>		1
<i>prenatal vit no.109/iron/fa</i>		3
PRENATAL VIT NO.112/FOLATE NO6	PRENATE CHEWABLE	3
<i>prenatal vit no.124/iron/folic</i>		1
<i>prenatal vit no.127/iron/folic</i>		1
<i>prenatal vit no.129/iron/folic</i>		1
<i>prenatal vit no.130/iron/folic</i>		1
<i>prenatal vit,cal 73/iron/folic</i>		1

Chinese Community Health Plan 4-Tier Formulary (Commercial)

Drug Name	Tier	Requirements/Limits
<i>prenatal vit,cal 74/iron/folic</i>	1	
<i>prenatal vit,calc76/iron/folic</i>	3	
PRENATAL VIT,CALC76/IRON/FOLIC THRIVITE RX	3	
<i>prenatal vit,calc78/iron/folic</i>	1	
<i>prenatal vit/iron bisgly/folic</i>	3	
<i>prenatal vit/iron fum/folic ac (27mg-0.8mg) (tablet) (otc)</i>	1	
<i>prenatal vit/iron fum/folic ac (28mg-0.8mg) (tablet) (otc)</i>	1	
<i>prenatal vit/iron fum/folic ac (65 mg-1 mg) (capsule)</i>	3	
<i>prenatal vit/iron fum/folic ac (65 mg-1 mg) (tablet)</i>	1	
<i>prenatal vit/iron fum/folic ac (66-1mg) (tablet)</i>	1	
<i>prenatal vit100/iron/folic/om3</i>	3	
PRENATAL VIT101/IRON/FOLIC/DHA CENTRUM SPECIALIST PRENATAL	3	
PRENATAL VIT103/IRON FUM/FOLIC TRICARE	1	
PRENATAL VIT106/IRON/FOLIC/OM3 DUET DHA 400	3	
<i>prenatal vit108/iron,crb/folic</i>	3	
PRENATAL VIT114/FOLATE6/GINGER PRENATE AM	3	
PRENATAL VIT116/IRON/FOLIC/DHA PRENATAL FORMULA-DHA	3	
<i>prenatal vit22/iron/folic/om3s</i>	3	
<i>prenatal vit27,calcium/iron/fa</i>	1	
PRENATAL VIT37/IRON/FOLIC ACID PRENATA	3	
PRENATAL VIT68/IRON/FA NO6/DHA PRENATE ENHANCE	3	
PRENATAL VIT69/IRON/FOLATE6/DH PRENATE RESTORE	3	
PRENATAL VIT83/IRON/FOLAT6/DHA CADEAU DHA	3	
<i>prenatal vit86/iron/folic acid</i>	3	
PRENATAL VITS/IRON/DOCUS/FOLIC OBSTETRIX EC	3	
<i>prenatal vits/iron/folic acid</i>	3	
<i>prenatal vits15/iron/folic/dss</i>	3	
<i>prenatal vits16/iron/folic/dss</i>	3	
<i>prenatal vits18/iron/folic/dss</i>	3	
<i>prenatal vits96/iron fum/folic</i>	1	
<i>prenatal,calc no.65/iron/folic</i>	3	
<i>prenatal,calc.40/iron/folate 1</i>	3	
<i>prenatal,calc61/iron/folic/dha</i>	3	
PRENATAL56/IRON/FOLIC ACID/DHA OB COMPLETE PETITE	3	
<i>prenatal64/iron/lmfolate/algae</i>	3	
<i>prenatal71/iron/folic acid/dha</i>	3	
PRENATAL81/IRON/FOLIC/DOCUSATE CITRANATAL RX	3	

Chinese Community Health Plan 4-Tier Formulary (Commercial)

Drug Name	Tier	Requirements/Limits
PRENATAL92/IRON/FOLATE8/PS-DHA ENBRACE HR	3	
PRENATAL VITAMINS WITHOUT IRON		
<i>pnv/folic ac/b6/calcium/ginger</i> B-NEXA	3	
VITAMIN B PREPARATIONS		
<i>b comp no3/folic/c/biotin/zinc</i>	1	
<i>b complex 11/folic/c/biot/zinc</i>	1	
<i>b complex w-c no.20/folic acid</i>	1	
<i>cyanocobalamin/folic ac/vit b6 (1-2.5-25mg) (tablet)</i>	1	
FOLIC AC/VIT BCOMP,C/ZN/VIT D3 DIALYVITE 800-ULTRA D	1	
<i>folic acid/b cmplx c/rice bran</i>	1	
<i>folic acid/b complex c no.17</i>	1	
<i>folic acid/b cplx/c/selen/zinc</i>	1	
<i>folic acid/vit b complex and c (0.8 mg) (tablet) (otc)</i>	1	
<i>folic acid/vit b complex and c (1 mg-100mg) (tablet)</i>	1	
<i>folic acid/vit b complex and c (400 mcg) (tablet) (otc)</i>	1	
<i>folic acid/vit b complex and c (5 mg) (tablet)</i>	1	
<i>folic acid/vit bcomp,c/cu/zinc</i> DIATX ZN	1	
MULTIVIT-MINS NO.11/FOLIC ACID DIALYVITE 5000	1	
<i>vit b comp no.3/folic/c/biotin</i>	1	
<i>vit b complex 100 no.2/herbs</i>	1	
<i>vit b complex 100 no.3/herbs</i>	1	
VIT B COMPLX C/FOLIC ACID/ZINC DIALYVITE 800 WITH ZINC	1	
<i>vit b1 mn/b2/b3/b5/b6/b12/c/fa</i>	1	
<i>vitamin b complex (tablet) (otc)</i>	1	
<i>vitamin b complex/minerals</i>	1	
VITAMIN B12 PREPARATIONS		
<i>cyanocobalamin (vitamin b-12) (1000mcg/ml) (vial)</i>	1	
VITAMIN D PREPARATIONS		
<i>calcitriol</i> ROCALTROL	1	
<i>cholecalciferol (vitamin d3) (1000 unit) (capsule) (otc)</i>	\$0	AGE: >= 65 YEARS
<i>cholecalciferol (vitamin d3) (1000 unit) (tablet) (otc)</i>	\$0	AGE: >= 65 YEARS
<i>cholecalciferol (vitamin d3) (2000 unit) (capsule) (otc)</i>	\$0	AGE: >= 65 YEARS
<i>cholecalciferol (vitamin d3) (400 unit) (capsule) (otc)</i>	\$0	AGE: >= 65 YEARS
<i>cholecalciferol (vitamin d3) (400 unit) (tablet) (otc)</i>	\$0	AGE: >= 65 YEARS
<i>cholecalciferol (vitamin d3) (50000 unit) (capsule) (otc)</i>	1	
<i>ergocalciferol (vitamin d2) (400 unit) (tablet) (otc)</i>	\$0	AGE: >= 65 YEARS

Medication Prescribing Limitations

STEP THERAPY EDITS

• ARANESP	Prior prescription for Epogen or Procrit in 120 days
• ARICEPT (23 MG) (TABLET)	Prior prescription for Donepezil HCL in 120 days
• CELEBREX	Prior prescription for Aspirin, Cambia, Diclofenac Potassium, Diclofenac Sodium, Diflunisal, Etodolac, Flurbiprofen, Ibuprofen, Indocin, Indomethacin, Ketorolac Tromethamine, Meloxicam, Nabumetone, Naproxen, Salsalate, Sulindac, or Zipsor in 120 days
• CHILDREN'S FLONASE SENSIMIST	Prior prescription for Children's Nasacort, Flunisolide, Fluticasone Propionate, Mometasone Furoate, or Triamcinolone Acetonide in 120 days
• DIFICID	Prior prescription for Vancomycin HCL in 120 days
• FLONASE SENSIMIST	Prior prescription for Children's Nasacort, Flunisolide, Fluticasone Propionate, Mometasone Furoate, or Triamcinolone Acetonide in 120 days
• FORTAMET	Prior prescription for Metformin HCL in 120 days
• KAZANO	Prior prescription for Janumet XR, Janumet, or Januvia in 120 days
• LIDOCAINE (5 %) (OINT. (G))	Prior prescription for Lidocaine in 120 days
• LUVOX CR	Prior prescription for Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Fluvoxamine Maleate, Paroxetine HCL, Paxil, Sarafem, or Sertraline HCL in 120 days
• NAMZARIC	Prior prescription for Donepezil HCL, Memantine HCL, or Namenda XR in 120 days
• NESINA	Prior prescription for Janumet XR, Janumet, or Januvia in 120 days
• OSENI	Prior prescription for Janumet XR, Janumet, or Januvia in 120 days
• PATADAY	Prior prescription for Ketotifen Fumarate in 120 days
• RYTARY	Prior prescription for Carbidopa/levodopa or Rytary in 120 days
• ULORIC	Prior prescription for Allopurinol in 120 days
• ZOVIRAX (5 %) (OINT. (G))	Prior prescription for Acyclovir, Famciclovir, Sitavig, or Valacyclovir HCL in 120 days
• ZYMAXID	Prior prescription for Ciprofloxacin HCL, Levofloxacin, Moxeza, Moxifloxacin HCL, or Ofloxacin in 120 days

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VISKEN.....	17	VYVANSE (30 MG) (CAPSULE).....	11
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