

# 2012 CCHP Senior Program (HMO) and CCHP Senior Select Program (HMO SNP) Quantity Limit Drug Requirements

*Last Updated 02/01/2012*

FORMULARY DRUG BRAND Drug Name <i>generic</i> Drug Name	DRUG TIER LEVEL	DRUG TIER LABEL DESCRIPTION	RETAIL QUANTITY LIMIT AMOUNT	RETAIL QUANTITY LIMIT DAYS SUPPLY	MAIL ORDER QUANTITY LIMIT AMOUNT	MAIL ORDER QUANTITY LIMIT DAYS SUPPLY
ABILIFY DISCMELT TAB	2	PREFERRED BRAND	68 TAB	34 DAY	108 TAB	90 DAY
ABILIFY TAB 10MG, 15MG	2	PREFERRED BRAND	34 TAB	34 DAY	90 TAB	90 DAY
ABILIFY TAB 20MG, 30MG	3	PREFERRED BRAND	34 TAB	34 TAB	N/A	N/A
ACTOPLUS MET TAB	2	PREFERRED BRAND	68 TAB	34 DAY	108 TAB	90 DAY
ACTOPLUS MET XR TAB	2	PREFERRED BRAND	68 TAB	34 DAY	108 TAB	90 DAY
ACTOS TAB	2	PREFERRED BRAND	68 TAB	34 DAY	108 TAB	90 DAY
ADCIRCA TAB	3	PREFERRED BRAND	68 TAB	34 DAY	N/A	N/A
ADVAIR DISKUS INHALER	2	PREFERRED BRAND	2 INHALERS	34 DAY	6 INHALERS	90 DAYS
ADVAIR HFA INHALER	2	PREFERRED BRAND	2 INHALERS	34 DAY	6 INHALERS	90 DAYS
ADVICOR TAB	2	PREFERRED BRAND	68 TAB	34 DAY	108 TAB	90 DAY
ADVICOR TAB 500-20MG	2	PREFERRED BRAND	34 TAB	34 DAY	90 TAB	90 DAY
<i>alendronate tab 35mg, 70mg</i>	1	PREFERRED GENERIC	5 TAB	34 DAY	15 TAB	90 DAY
<i>alendronate tab 5mg, 10mg, 40mg</i>	1	PREFERRED GENERIC	34 TAB	34 DAY	90 TAB	90 DAY
ALOXI INJ.	3	PREFERRED BRAND	2 VIAL	30 DAY	N/A	N/A
ASMANEX INHALER	2	PREFERRED BRAND	2 INHALERS	30 DAY	6 INHALERS	90 DAYS
ATROVENT HFA INHALER	2	PREFERRED BRAND	2 INHALERS	34 DAY	6 INHALERS	90 DAYS
<i>atorvastatin tab 40mg, 80mg</i>						
AVANDAMET TAB	2	PREFERRED BRAND	68 TAB	34 DAY	108 TAB	90 DAY
AVANDARYL TAB	2	PREFERRED BRAND	68 TAB	34 DAY	108 TAB	90 DAY

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# 2012 CCHP Senior Program (HMO) and CCHP Senior Select Program (HMO SNP) Quantity Limit Drug Requirements

*Last Updated 02/01/2012*

FORMULARY DRUG BRAND Drug Name <i>generic Drug Name</i>	DRUG TIER LEVEL	DRUG TIER LABEL DESCRIPTION	RETAIL QUANTITY LIMIT AMOUNT	RETAIL QUANTITY LIMIT DAYS SUPPLY	MAIL ORDER QUANTITY LIMIT AMOUNT	MAIL ORDER QUANTITY LIMIT DAYS SUPPLY
AVANDIA TAB	2	PREFERRED BRAND	68 TAB	34 DAY	108 TAB	90 DAY
AVONEX INJ.	3	PREFERRED BRAND	4 INJECTION	28 DAY	N/A	N/A
<i>azelastine nasal spray</i>	1	PREFERRED GENERIC	2 BOTTLE	34 DAY	6 BOTTLE	90 DAY
<i>azithromycin susp. 100mg/5ml</i>	1	PREFERRED GENERIC	30 ML	FILL	N/A	N/A
<i>azithromycin susp. 200mg/5ml</i>	1	PREFERRED GENERIC	90 ML	FILL	N/A	N/A
<i>azithromycin tab 250mg</i>	1	PREFERRED GENERIC	8 TAB	FILL	N/A	N/A
<i>azithromycin tab 500mg</i>	1	PREFERRED GENERIC	4 TAB	FILL	N/A	N/A
BETASERON INJ.	3	PREFERRED BRAND	15 INJECTIONS	30 DAY	N/A	N/A
BONIVA TAB 150MG	2	PREFERRED BRAND	1 TAB	30 DAY	3 TAB	90 DAY
<i>budeprion SR tab</i>	1	PREFERRED GENERIC	68 TAB	34 DAY	108 TAB	90 DAY
<i>budeprion XL tab</i>	1	PREFERRED GENERIC	34 TAB	34 DAY	90 TAB	90 DAY
<i>bupropion SR tab</i>	1	PREFERRED GENERIC	68 TAB	34 DAY	108 TAB	90 DAY
<i>butorphanol nasal spray</i>	1	PREFERRED GENERIC	2 BOTTLE	30 DAY	6 BOTTLE	90 DAY
BYETTA INJ. 10MCG	2	PREFERRED BRAND	2 SYRINGES	34 DAY	6 SYRINGE	90 DAY
BYETTA INJ. 5MCG	2	PREFERRED BRAND	2 SYRINGES	34 DAY	6 SYRINGE	90 DAY
<i>cabergoline tab</i>	1	PREFERRED GENERIC	20 TAB	34 DAY	60 TAB	90 DAY
CAYSTON NEB	3	PREFERRED BRAND	84 VIALS	28 DAY	N/A	N/A
<i>chorionic gonadotropin inj.</i>	1	PREFERRED GENERIC	1 VIAL	34 DAY	3 VIAL	90 DAY
<i>citalopram tab</i>	1	PREFERRED GENERIC	34 TAB	34 DAY	90 TAB	90 DAY
<i>clonidine patch</i>	1	PREFERRED GENERIC	5 PATCH	34 DAY	15 PATCH	90 DAY

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# 2012 CCHP Senior Program (HMO) and CCHP Senior Select Program (HMO SNP)

## Quantity Limit Drug Requirements

*Last Updated 02/01/2012*

FORMULARY DRUG BRAND Drug Name <i>generic</i> Drug Name	DRUG TIER LEVEL	DRUG TIER LABEL DESCRIPTION	RETAIL QUANTITY LIMIT AMOUNT	RETAIL QUANTITY LIMIT DAYS SUPPLY	MAIL ORDER QUANTITY LIMIT AMOUNT	MAIL ORDER QUANTITY LIMIT DAYS SUPPLY
COMBIVENT INHALER	2	PREFERRED BRAND	3 INHALERS	34 DAY	9 INHALER	90 DAY
COPAXONE INJ.	3	PREFERRED BRAND	1 KIT	30 DAY	N/A	N/A
CRESTOR TAB	2	PREFERRED BRAND	34 TAB	34 DAY	90 TAB	90 DAY
CRESTOR TAB 5MG	2	PREFERRED BRAND	34 TAB	34 DAY	90 TAB	90 DAY
CYMBALTA CAP	2	PREFERRED BRAND	34 CAP	34 DAY	90 CAP	90 DAY
CYMBALTA CAP 20MG, 60MG	2	PREFERRED BRAND	68 CAP	34 DAY	180 CAP	90 DAY
<i>doxazosin tab</i>	1	PREFERRED GENERIC	34 TAB	34 DAY	90 TAB	90 DAY
DUETACT TAB	2	PREFERRED BRAND	68 TAB	34 DAY	108 TAB	90 DAY
EMEND CAP 40MG, 125MG	2	PREFERRED BRAND	1 CAP	FILL	N/A	N/A
EMEND CAP 80MG	2	PREFERRED BRAND	2 CAP	FILL	N/A	N/A
EMEND PACK	2	PREFERRED BRAND	3 CAP	FILL	N/A	N/A
ENBREL INJ.	3	PREFERRED BRAND	10 INJECTION	35 DAY	N/A	N/A
EPIPEN INJ.	2	PREFERRED BRAND	4 INJECTION	FILL	N/A	N/A
EPIPEN JR. INJ.	2	PREFERRED BRAND	4 INJECTION	FILL	N/A	N/A
<i>estradiol patch</i>	1	PREFERRED GENERIC	5 PATCH	34 DAY	15 PATCH	90 DAY
<i>famciclovir tab 125mg</i>	1	PREFERRED GENERIC	21 TAB	10 DAY	N/A	N/A
<i>famciclovir tab 250mg</i>	1	PREFERRED GENERIC	68 TAB	34 DAY	108 TAB	90 DAY
<i>famciclovir tab 500mg</i>	1	PREFERRED GENERIC	21 TAB	7 DAY	N/A	N/A
FANAPT TAB	2	PREFERRED BRAND	68 TAB	34 DAY	108 TAB	90 DAY

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# 2012 CCHP Senior Program (HMO) and CCHP Senior Select Program (HMO SNP) Quantity Limit Drug Requirements

*Last Updated 02/01/2012*

FORMULARY DRUG BRAND Drug Name <i>generic</i> Drug Name	DRUG TIER LEVEL	DRUG TIER LABEL DESCRIPTION	RETAIL QUANTITY LIMIT AMOUNT	RETAIL QUANTITY LIMIT DAYS SUPPLY	MAIL ORDER QUANTITY LIMIT AMOUNT	MAIL ORDER QUANTITY LIMIT DAYS SUPPLY
FANAPT TITRATION PACK	2	PREFERRED BRAND	1 PACK	34 DAY	N/A	N/A
<i>fentanyl citrate lozenge</i>	3	PREFERRED GENERIC	136 UNIT	34 DAY	N/A	N/A
<i>fentanyl citrate lozenge 200mcg</i>	1	PREFERRED GENERIC	136 UNIT	34 DAY	360 UNIT	90 DAY
<i>fexofenadine tab</i>	1	PREFERRED GENERIC	68 TAB	34 DAY	108 TAB	90 DAY
<i>fexofenadine tab 180mg</i>	1	PREFERRED GENERIC	34 TAB	34 DAY	90 TAB	90 DAY
<i>fluconazole tab</i>	1	PREFERRED GENERIC	2 TAB	FILL	N/A	N/A
<i>flunisolide nasal soln.</i>	1	PREFERRED GENERIC	3 BOTTLE	34 DAY	9 BOTTLE	90 DAY
<i>fluoxetine cap 10mg</i>	1	PREFERRED GENERIC	34 CAP	34 DAY	90 CAP	90 DAY
<i>fluoxetine cap 40mg</i>	1	PREFERRED GENERIC	68 CAP	34 DAY	180 CAP	90 DAY
<i>fluoxetine DR cap</i>	1	PREFERRED GENERIC	5 CAP	34 DAY	15 CAP	90 DAY
<i>fluoxetine tab 10mg</i>	1	PREFERRED GENERIC	34 TAB	34 DAY	90 TAB	90 DAY
<i>fluticasone nasal spray</i>	1	PREFERRED GENERIC	2 BOTTLE	34 DAY	6 BOTTLE	90 DAY
<i>fluvoxamine tab 100mg</i>	1	PREFERRED GENERIC	102 TAB	34 DAY	270 TAB	90 DAY
<i>fluvoxamine tab 25mg</i>	1	PREFERRED GENERIC	34 TAB	34 DAY	90 TAB	90 DAY
<i>fluvoxamine tab 50mg</i>	1	PREFERRED GENERIC	68 TAB	34 DAY	108 TAB	90 DAY
FORADIL AEROLIZER CAP	2	PREFERRED BRAND	120 CAP	34 DAY	360 CAP	90 DAY
FORTEO INJ.	3	PREFERRED BRAND	1 INJECTION	28 DAY	N/A	N/A
FROVA TAB	2	PREFERRED BRAND	27 TAB	28 DAY	81 TAB	90 DAY
GEODON CAP	2	PREFERRED BRAND	68 CAP	34 DAY	180 CAP	90 DAY

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# 2012 CCHP Senior Program (HMO) and CCHP Senior Select Program (HMO SNP)

## Quantity Limit Drug Requirements

*Last Updated 02/01/2012*

FORMULARY DRUG BRAND Drug Name <i>generic</i> Drug Name	DRUG TIER LEVEL	DRUG TIER LABEL DESCRIPTION	RETAIL QUANTITY LIMIT AMOUNT	RETAIL QUANTITY LIMIT DAYS SUPPLY	MAIL ORDER QUANTITY LIMIT AMOUNT	MAIL ORDER QUANTITY LIMIT DAYS SUPPLY
<i>granisetron tab</i>	1	PREFERRED GENERIC	2 TAB	FILL	N/A	N/A
<i>granisol soln.</i>	1	PREFERRED GENERIC	30 ML	FILL	N/A	N/A
HUMIRA INJ.	3	PREFERRED BRAND	6 INJECTION	34 DAY	N/A	N/A
HUMIRA PEN-CROHNS INJ.	3	PREFERRED BRAND	6 INJECTION	180 DAY	N/A	N/A
INVEGA TAB	2	PREFERRED BRAND	34 TAB	34 DAY	90 TAB	90 DAY
INVEGA TAB 6MG	2	PREFERRED BRAND	68 TAB	34 DAY	108 TAB	90 DAY
<i>ipratropium nasal soln. 0.03%</i>	1	PREFERRED GENERIC	2 BOTTLE	34 DAY	6 BOTTLE	90 DAY
<i>ipratropium nasal soln.. 0.06%</i>	1	PREFERRED GENERIC	2 BOTTLE	34 DAY	6 BOTTLE	90 DAY
<i>itraconzaole cap</i>	1	PREFERRED GENERIC	136 CAP	34 DAY	408 CAP	90 DAY
JANUMET TAB	2	PREFERRED BRAND	68 TAB	34 DAY	108 TAB	90 DAY
JANUVIA TAB	2	PREFERRED BRAND	34 TAB	34 DAY	90 TAB	90 DAY
<i>ketorolac tab</i>	1	PREFERRED GENERIC	20 TAB	5 DAY	N/A	N/A
KOMBIGLYZE XR TAB	2	PREFERRED BRAND	34 TAB	34 DAY	90 TAB	90 DAY
KOMBIGLYZE XR TAB 2.5- 1000MG	2	PREFERRED BRAND	68 TAB	34 DAY	108 TAB	90 DAY
<i>lansoprazole ODT tab</i>	1	PREFERRED GENERIC	34 TAB	34 DAY	90 TAB	90 DAY
<i>lansoprazole tab</i>	1	PREFERRED GENERIC	34 TAB	34 DAY	90 TAB	90 DAY
LATUDA TAB	2	PREFERRED BRAND	34 TAB	34 DAY	90 TAB	90 DAY
<i>leflunomide tab</i>	1	PREFERRED GENERIC	34 TAB	34 DAY	90 TAB	90 DAY

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# 2012 CCHP Senior Program (HMO) and CCHP Senior Select Program (HMO SNP) Quantity Limit Drug Requirements

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FORMULARY DRUG BRAND Drug Name <i>generic Drug Name</i>	DRUG TIER LEVEL	DRUG TIER LABEL DESCRIPTION	RETAIL QUANTITY LIMIT AMOUNT	RETAIL QUANTITY LIMIT DAYS SUPPLY	MAIL ORDER QUANTITY LIMIT AMOUNT	MAIL ORDER QUANTITY LIMIT DAYS SUPPLY
<i>levocetirizine tab</i>	1	PREFERRED GENERIC	34 TAB	34 DAY	90 TAB	90 DAY
LIPITOR TAB 40MG	2	PREFERRED BRAND	34 TAB	34 DAY	90 TAB	90 DAY
LIPITOR TAB 80MG	2	PREFERRED BRAND	34 TAB	34 DAY	90 TAB	90 DAY
<i>lovastatin tab</i>	1	PREFERRED GENERIC	34 TAB	34 DAY	90 TAB	90 DAY
<i>lovastatin tab 20mg, 40mg</i>	1	PREFERRED GENERIC	68 TAB	34 DAY	108 TAB	90 DAY
MAXALT TAB	2	PREFERRED BRAND	36 TAB	28 DAY	108 TAB	90 DAY
MAXALT-MLT TAB	2	PREFERRED BRAND	36 TAB	28 DAY	108 TAB	90 DAY
<i>medroxyprogesterone inj.</i>	1	PREFERRED GENERIC	1 INJECTION	90 DAY	1 INJECTION	90 DAY
<i>meloxicam tab</i>	1	PREFERRED GENERIC	34 TAB	34 DAY	90 TAB	90 DAY
<i>miconazole 3 suppository</i>	1	PREFERRED GENERIC	3 SUPP.	3 DAY	N/A	N/A
<i>morphine sulfate ER tab</i>	1	PREFERRED GENERIC	136 TAB	34 DAY	408 TAB	90 DAY
<i>naratriptan tab</i>	1	PREFERRED GENERIC	18 TAB	28 DAY	54 TAB	90 DAY
NEULASTA INJ.	3	PREFERRED BRAND	2 INJECTION	30 DAY	N/A	N/A
NEUMEGA INJ.	3	PREFERRED BRAND	21 INJECTION	21 DAY	N/A	N/A
NEXIUM CAP 20MG	2	PREFERRED BRAND	34 CAP	34 DAY	90 CAP	90 DAY
NEXIUM PACKET	2	PREFERRED BRAND	34 PACKET	34 DAY	90 PACKET	90 DAY
<i>next choice tab</i>	1	PREFERRED GENERIC	2 TAB	FILL	N/A	N/A
<i>olanzapine tab</i>	1	PREFERRED GENERIC	34 TAB	34 DAY	90 TAB	90 DAY
<i>olanzapine ODT tab</i>	1	PREFERRED GENERIC	34 TAB	34 DAY	90 TAB	90 DAY
<i>omeprazole cap 10mg, 20mg</i>	1	PREFERRED GENERIC	34 CAP	34 DAY	90 CAP	90 DAY

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# 2012 CCHP Senior Program (HMO) and CCHP Senior Select Program (HMO SNP) Quantity Limit Drug Requirements

*Last Updated 02/01/2012*

FORMULARY DRUG BRAND Drug Name <i>generic</i> Drug Name	DRUG TIER LEVEL	DRUG TIER LABEL DESCRIPTION	RETAIL QUANTITY LIMIT AMOUNT	RETAIL QUANTITY LIMIT DAYS SUPPLY	MAIL ORDER QUANTITY LIMIT AMOUNT	MAIL ORDER QUANTITY LIMIT DAYS SUPPLY
<i>omeprazole/sodium bicarbonate cap</i>	1	PREFERRED GENERIC	34 CAP	34 DAY	90 CAP	90 DAY
<i>ondansetron ODT tab</i>	1	PREFERRED GENERIC	12 TAB	5 DAY	N/A	N/A
<i>ondansetron soln.</i>	1	PREFERRED GENERIC	150 ML	5 DAY	N/A	N/A
<i>ondansetron tab 24mg</i>	1	PREFERRED GENERIC	1 TAB	FILL	N/A	N/A
<i>ondansetron tab 4mg, 8mg</i>	1	PREFERRED GENERIC	12 TAB	5 DAY	N/A	N/A
ONGLYZA TAB	2	PREFERRED BRAND	34 TAB	34 DAY	90 TAB	90 DAY
OPANA ER TAB	2	PREFERRED BRAND	102 TAB	34 DAY	270 TAB	90 DAY
OPANA ER TAB 40MG	3	PREFERRED BRAND	102 TAB	34 DAY	N/A	N/A
<i>oxybutynin ER tab</i>	1	PREFERRED GENERIC	34 TAB	34 DAY	90 TAB	90 DAY
OXYCONTIN TAB	2	PREFERRED BRAND	102 TAB	34 DAY	270 TAB	90 DAY
OXYCONTIN TAB 80MG	3	PREFERRED BRAND	102 TAB	34 DAY	N/A	N/A
<i>pantoprazole tab</i>	1	PREFERRED GENERIC	34 TAB	34 DAY	90 TAB	90 DAY
<i>paroxetine ER tab</i>	1	PREFERRED GENERIC	68 TAB	34 DAY	108 TAB	90 DAY
<i>paroxetine tab</i>	1	PREFERRED GENERIC	34 TAB	34 DAY	90 TAB	90 DAY
<i>paroxetine tab 20mg, 30mg</i>	1	PREFERRED GENERIC	68 TAB	34 DAY	108 TAB	90 DAY
PEGASYS INJ.	3	PREFERRED BRAND	4 INJECTION	28 DAY	N/A	N/A
<i>pravastatin tab</i>	1	PREFERRED GENERIC	34 TAB	34 DAY	90 TAB	90 DAY
PRISTIQTAB	2	PREFERRED BRAND	34 TAB	34 DAY	90 TAB	90 DAY
PROAIR HFA INHALER	2	PREFERRED BRAND	3 INHALERS	34 DAY	9 INHALER	90 DAY

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# 2012 CCHP Senior Program (HMO) and CCHP Senior Select Program (HMO SNP)

## Quantity Limit Drug Requirements

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FORMULARY DRUG BRAND Drug Name <i>generic</i> Drug Name	DRUG TIER LEVEL	DRUG TIER LABEL DESCRIPTION	RETAIL QUANTITY LIMIT AMOUNT	RETAIL QUANTITY LIMIT DAYS SUPPLY	MAIL ORDER QUANTITY LIMIT AMOUNT	MAIL ORDER QUANTITY LIMIT DAYS SUPPLY
PROVENTIL HFA INHALER	2	PREFERRED BRAND	3 INHALERS	34 DAY	9 INHALER	90 DAY
QVAR INHALER	2	PREFERRED BRAND	3 INHALERS	34 DAY	9 INHALER	90 DAY
REBIF INJ.	3	PREFERRED BRAND	16 INJECTION	34 DAY	N/A	N/A
REBIF TITRATION PACK	3	PREFERRED BRAND	3 PACKS	28 DAY	N/A	N/A
REGRANEX GEL	2	PREFERRED BRAND	2 TUBES	34 DAY	6 TUBES	90 DAY
RELENZA DISKHALER	2	PREFERRED BRAND	1 INHALER	180 DAY	1 INHALER	180 DAY
RESTASIS	2	PREFERRED BRAND	1 BOTTLE	30 DAY	3 BOTTLE	90 DAY
REVATIO TAB	3	PREFERRED BRAND	102 TAB	34 DAY	N/A	N/A
<i>risperidone ODT tab</i>	1	PREFERRED GENERIC	68 TAB	34 DAY	108 TAB	90 DAY
<i>risperidone soln.</i>	1	PREFERRED GENERIC	544 ML	34 DAY	1,632 ML	90 DAY
<i>risperidone tab</i>	1	PREFERRED GENERIC	68 TAB	34 DAY	108 TAB	90 DAY
ROZEREM TAB	2	PREFERRED BRAND	34 TAB	34 DAY	90 TAB	90 DAY
SAMSCA TAB	3	PREFERRED BRAND	68 TAB	34 DAY	N/A	N/A
SANDOSTATIN LAR DEPOT KIT 10MG, 30MG	3	PREFERRED BRAND	1 KIT	28 DAY	N/A	N/A
SANDOSTATIN LAR DEPOT KIT 20MG	3	PREFERRED BRAND	2 KIT	28 DAY	N/A	N/A
SAPHRIS TAB	2	PREFERRED BRAND	68 TAB	34 DAY	108 TAB	90 DAY
SAVELLA TAB TAB	2	PREFERRED BRAND	68 TAB	34 DAY	108 TAB	90 DAY
SAVELLA TITRATION	2	PREFERRED BRAND	1 PACK	34 DAY	N/A	N/A

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FORMULARY DRUG BRAND Drug Name <i>generic</i> Drug Name	DRUG TIER LEVEL	DRUG TIER LABEL DESCRIPTION	RETAIL QUANTITY LIMIT AMOUNT	RETAIL QUANTITY LIMIT DAYS SUPPLY	MAIL ORDER QUANTITY LIMIT AMOUNT	MAIL ORDER QUANTITY LIMIT DAYS SUPPLY
PACK						
<i>selfemra cap 10mg</i>	1	PREFERRED GENERIC	35 CAP	14 DAY	35 CAP	14 DAY
<i>selfemra cap 20mg</i>	1	PREFERRED GENERIC	140 CAP	14 DAY	140 CAP	14 DAY
SEREVENT DISKUS	2	PREFERRED BRAND	2 INHALERS	34 DAY	6 INHALERS	90 DAYS
SEROQUEL TAB	2	PREFERRED BRAND	102 TAB	34 DAY	270 TAB	90 DAY
SEROQUEL TAB 300MG, 400MG	2	PREFERRED BRAND	68 TAB	34 DAY	108 TAB	90 DAY
SEROQUEL XR TAB	2	PREFERRED BRAND	68 TAB	34 DAY	108 TAB	90 DAY
SEROQUEL XR TAB 150MG, 200MG	2	PREFERRED BRAND	34 TAB	34 DAY	90 TAB	90 DAY
<i>sertraline tab</i>	1	PREFERRED GENERIC	68 TAB	34 DAY	108 TAB	90 DAY
<i>sertraline tab 25mg</i>	1	PREFERRED GENERIC	34 TAB	34 DAY	90 TAB	90 DAY
SIMCOR TAB	2	PREFERRED BRAND	34 TAB	34 DAY	90 TAB	90 DAY
SIMCOR TAB 750-20MG	2	PREFERRED BRAND	68 TAB	34 DAY	108 TAB	90 DAY
<i>simvastatin tab</i>	1	PREFERRED GENERIC	34 TAB	34 DAY	90 TAB	90 DAY
SPIRIVA HANDIHALER	2	PREFERRED BRAND	60 CAP	34 DAY	180 CAP	90 DAY
SUBOXONE TAB	2	PREFERRED BRAND	102 TAB	34 DAY	270 TAB	90 DAY
SUBOXONE SL TAB	2	PREFERRED BRAND	102 TAB	34 DAY	270 TAB	90 DAY
<i>sumatriptan inj.</i>	1	PREFERRED GENERIC	16 INJECTION	28 DAY	48 INJECTION	90 DAY
<i>sumatriptan tab</i>	1	PREFERRED GENERIC	18 TAB	28 DAY	54 TAB	90 DAY

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SYMBICORT INHALER	2	PREFERRED BRAND	2 INHALERS	34 DAY	6 INHALERS	90 DAYS
SYMLIN INJ.	2	PREFERRED BRAND	7 VIALS	34 DAY	21 VIAL	90 DAY
SYMLINPEN 120	2	PREFERRED BRAND	8 PENS	34 DAY	24 PEN	90 DAY
SYMLINPEN 60	2	PREFERRED BRAND	8 PENS	34 DAY	24 PEN	90 DAY
TAMIFLU CAP	2	PREFERRED BRAND	42 CAP	180 DAY	42 CAP	180 DAY
TAMIFLU CAP 30MG	2	PREFERRED BRAND	84 CAP	180 DAY	84 CAP	180 DAY
TAMIFLU SOLN.	2	PREFERRED BRAND	900 ML	180 DAY	900 ML	180 DAY
<i>terazosin cap</i>	1	PREFERRED GENERIC	34 CAP	34 DAY	90 CAP	90 DAY
<i>terazosin cap 10mg</i>	1	PREFERRED GENERIC	68 CAP	34 DAY	180 CAP	90 DAY
<i>terconazole cream 0.4%</i>	1	PREFERRED GENERIC	1 TUBE	7 DAY	N/A	N/A
<i>terconazole cream 0.8%</i>	1	PREFERRED GENERIC	1 TUBE	3 DAY	N/A	N/A
<i>terconazole suppository</i>	1	PREFERRED GENERIC	3 SUPP.	3 DAY	N/A	N/A
TOBI NEB	3	PREFERRED BRAND	56 AMPULE	28 DAY	N/A	N/A
<i>tramadol ER tab</i>	1	PREFERRED GENERIC	34 TAB	34 DAY	90 TAB	90 DAY
<i>tramadol tab</i>	1	PREFERRED GENERIC	272 TAB	34 DAY	816 TAB	90 DAY
<i>tramadol/apap tab</i>	1	PREFERRED GENERIC	272 TAB	34 DAY	816 TAB	90 DAY
<i>venlafaxine ER tab</i>	1	PREFERRED GENERIC	34 TAB	34 DAY	90 TAB	90 DAY
<i>venlafaxine ER tab 75mg</i>	1	PREFERRED GENERIC	102 TAB	34 DAY	270 TAB	90 DAY
<i>venlafaxine tab</i>	1	PREFERRED GENERIC	102 TAB	34 DAY	270 TAB	90 DAY
VIIBRYD TAB	2	PREFERRED BRAND	34 TAB	34 DAY	90 TAB	90 DAY

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FORMULARY DRUG BRAND Drug Name <i>generic</i> Drug Name	DRUG TIER LEVEL	DRUG TIER LABEL DESCRIPTION	RETAIL QUANTITY LIMIT AMOUNT	RETAIL QUANTITY LIMIT DAYS SUPPLY	MAIL ORDER QUANTITY LIMIT AMOUNT	MAIL ORDER QUANTITY LIMIT DAYS SUPPLY
VYTORIN TAB	2	PREFERRED BRAND	34 TAB	34 DAY	90 TAB	90 DAY
VYTORIN TAB 10MG	2	PREFERRED BRAND	34 TAB	34 DAY	90 TAB	90 DAY
XOLAIR SOLN.	3	PREFERRED BRAND	6 VIAL	28 DAY	N/A	N/A
<i>zaleplon cap 10mg</i>	1	PREFERRED GENERIC	68 CAP	34 DAY	180 CAP	90 DAY
<i>zaleplon cap 5mg</i>	1	PREFERRED GENERIC	34 CAP	34 DAY	90 CAP	90 DAY
<i>zolpidem ER tab</i>	1	PREFERRED GENERIC	34 TAB	34 DAY	90 TAB	90 DAY
<i>zolpidem tab</i>	1	PREFERRED GENERIC	34 TAB	34 DAY	90 TAB	90 DAY
ZOMIG NASAL SPRAY	2	PREFERRED BRAND	3 BOTTLE	28 DAY	9 BOTTLE	90 DAY
ZYPREXA TAB	2	PREFERRED BRAND	34 TAB	34 DAY	90 TAB	90 DAY
ZYPREXA TAB 15MG, 20MG	3	PREFERRED BRAND	34 TAB	34 TAB	N/A	N/A
ZYPREXA ZYDIS TAB	2	PREFERRED BRAND	34 TAB	34 TAB	90 TAB	90 DAY
ZYPREXA ZYDIS TAB 15MG, 20MG	3	PREFERRED BRAND	34 TAB	34 TAB	N/A	N/A

Chinese Community Health Plan is a Medicare Advantage Organization with a Medicare contract.

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