COMMUNITY FIRST HEALTH PLANS

UFCP Preferred Drug List
Plan Year 2026

Three-tier Preferred Drug List (effective January 1, 2026)

Preferred Drug List Development & Use: This Preferred Drug List was developed by the Community First Health Plans Pharmacy and Therapeutics (P&T) Committee to ensure Members receive cost-effective pharmaceutical care with an emphasis on quality and safety. The P&T Committee is comprised of Community First physicians and other health care providers. Using this list will allow Community First to keep its prescription benefits affordable for Members. Although Members may receive any medication their physician chooses to prescribe, medications not listed in this list may require a higher copay and will not be available via University Health mail-order. Information about prior authorization requirements or limitations for certain medications is available to prescribers via the Navitus Web Portal.
For more information, please visit **www.navitus.com** or call **866-333-2757**.

Drug Tiers: All generic drugs are (1) considered preferred, (2) are 1st Tier medications, and (3) are displayed on the Preferred Drug List in lower case type. Preferred brand name drugs are (1) 2nd Tier medications and (2) are capitalized. Medications not listed are considered (1) non-preferred brand name drugs and (2) are 3rd Tier medications. For additional outpatient prescription medication coverage information, you may contact Member Services at **210-358-6090** or toll-free at **1-800-434-2347**. Please refer to your Certificate of Coverage and your Outpatient Drug Rider for drug exclusions, quantity limits, and step therapy, which may apply to certain medications. If you choose a brand name medication when a generic is available, you will be responsible for the generic copay, plus the price difference between the generic medication and the brand name medication, even if the prescriber writes, "Brand Name Medically Necessary."

Over-The-Counter Medications: Over-the-counter (OTC) medications and any prescription medications that contain the same active ingredient(s) as existing OTC medications are not covered. If you decide to try a non-prescription medication, talk to your doctor or pharmacist about the most economical way to purchase the drug and the appropriate dosing that matches your prescription strength and brand.

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

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

LEGEND generic = lower case letters • BRANDS = CAPITAL LETTERS

PA	Prior Authorization	❷	Allow 1–2 business days for University Health Pharmacy to order
QL	Quantity Limit		
ST	Step Therapy		
*	Maintenance Medication		Available for mail-order through University Health Pharmacies

A

abacavir tablets
abacavir-lamivudine-zidovudine tablets
acebutolol cap (SECTRAL equiv) - 1
acetaminophen w/ codeine
acetaminophen w/ hydrocodone
butalbital/acetaminophen cap - 1
butalbital/acetaminophen/caffeine tab (FIORICET equiv) -1
acetazolamide*
acetazolamide ER cap (DIAMOX SEQUEL equiv) - 1
acetylcysteine
acyclovir
adapalene cream PA
adapalene/benzoyl peroxide 0.1-2.5% gel
adefovir dipivoxil
AIMOVIG INJ (QL= 1 pack/28 days) PA-QL 2
albuterol*
alclometasone
alendronate
alfuzosin
allopurinol*
almotriptan QL
ALOMIDE
alprazolam
amantadine*
amiloride*
amiloride and HCTZ*
aminocaproic acid
amiodarone*
amitriptyline*
amlodipine/valsartan
amlodipine and benazepril*
amoxapine*
amoxicillin
amoxicillin/clavulanate tab (AUGMENTIN equiv) - 1
amphetamine mixtures (Adderall equiv)
ampicillin cap (AMPICILLIN equiv) - 1
anagrelide*
ANDRODERM PATCH (QL= 1 patch/day) PA-QL 2
testosterone gel pump 1.62% (ANDROGEL equiv) PA-QL 1
apraclonidine*
aripiprazole
ARNUITY ellipta inhaler
ASMANEX
aspirin w/ codeine
butalbital/aspirin/caffeine cap (FIORINAL equiv) - 1
atenolol/chlorthalidone tab (TENORETIC equiv) - 1
atenolol*
atorvastatin
atropine sulfate
betamethasone augmented cream (DIPROLENE AF CREAM equiv) - 1
AZASITE
azathioprine
azelaic acid
azelastine
azithromycin

B

baclofen tablet*
bacitracin/polymyxin B opth ointment
benazepril tab (LOTENSIN equiv) - 1
benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv) - 1
benzonatate tessalon equiv
betamethasone & clotrimazole
betamethasone dipropionate
betamethasone valerate cream/lotion/oint 1
betaxolol*
bethanechol tab (URECHOLINE equiv) - 1
timolol ophth soln (BETIMOL equiv) - 1
bicalutamide
bisoprolol/hydrochlorothiazide tab (ZIAC equiv) - 1
bisoprolol tab (ZEBETA equiv) - 1
BREO ellipta inhaler
brimonidine opthal*
brinzolamide opthalmic suspension
bromocriptine*
budesonide inhaler suspension
bumentanide tab (Bumex equiv) - 1
bupropion SR tab (ZYBAN equiv) SMKG 1
bupropion QL*
buspirone*
butalbital/aspirin/caffeine w/codeine

C

calcipotriene cream (DOVONEX CREAM equiv) - 1
calcipotriene cream (TRIONEX equiv) - NC
calcitonin nasal spray (MIACALCIN equiv) - 1
calcitriol oint/cap/solution*
captopril*
carbamazepine*
carbamazepine ER*
carbidopa-levodopa*
carvedilol
cefaclor cap (CECLOR equiv) - 1
cefadroxil cap (DURICEF equiv) - 1
cefdinir cap (OMNICEF equiv) - 1
cefpodoxime
cefuroxime tab (CEFTIN equiv) - 1
celecoxib cap (CELEBREX equiv) - 1
cephalexin cap
cevimeline
chlordiazepoxide
chlorothiazide*
chlorpromazine
chlorthalidone*
cholestyramine*
ciprofloxacin
citalopram solution/tab* 1
clarithromycin
CLIMARA PRO PATCH (QL= 4 patches/30 days) QL 2
clindamycin
clindamycin and benzoyl peroxide gel
clobetasol propionate*
clomipramine
clonazepam*
clonidine*
clonidine patches
clopidogrel
clobetasol lotion (CLOBEX equiv) - 1
clobetasol shampoo (CLOBEX equiv) - 1
clotrimazole troche
clozapine tablet
codeine
colchicine/probenecid tab (COL-BENEMID equiv) - 1
COMBIVENT RESPIMAT* ❷
CORTIFOAM ❷
cromolyn conc/ophth sol
cyclobenzaprine tablet*
cyclophosphamide
cyclosporine cap/solution
cyproheptadine*

D

desipramine*
desloratadine
desmopressin acetate tab (DDAVP equiv) - 1
desoximetasone cream (TOPICORT CREAM equiv) - 1
dexamethasone ❷
dexmethylphenidate
dexmethylphenidate ER
dextroamphetamine*
diazepam
diclofenac/misoprostol DR
dicloxacillin
dicyclomine
didanosine DR cap (VIDEX EC equiv) - 1
diflunisal tab (DOLOBID equiv) - 1
digoxin*
diltiazem*
dipyridamole*
disopyramide*
divalproex ER tab (DEPAKOTE ER equiv) - 1
divalproex sprinkle cap (DEPAKOTE equiv) - 1
donepezil
dorzolamide/timolol (pf) ophth soln (COSOPT equiv) - 1
doxazosin*
doxepin cap (SINEQUAN equiv) - 1
doxercalciferol
doxycycline hyclate tab (VIBRATAB equiv) - 1
DULERA inhaler QL
duloxetine ec capsule

E

enalapril*
enalapril and HCTZ*
ENBREL PA QL
entecavir tab QL
eplerenone
ERGOMAR SL TAB (QL= 20 tabs/28 days) QL 2
erythromycin ethylsuccinate tab (E.E.S. equiv) - 1
escitalopram*
esterified estrogens/methyltestosterone tab - 1
estradiol cream (ESTRACE equiv) - 1 VAGINAL PRODUCTS
ESTRING QL* ❷
estropipate tab (OGEN equiv) - 1
ethambutol*
drospirenone/ethinyl estradiol/levomefolate tab - $0 CONTRACEPTIVES (BEYAZ equiv)
ethosuximide*
etodolac tab - 1
etodolac ER*
etoposide

F

FARXIGA QL*
fenofibrate capsule 67mg/134mg/200mg
fenofibrate tablet 48mg/54mg/145mg/160mg
FENOPROFEN TAB - 1
finasteride proscar equiv
fluconazole
fludrocortisone*
fluocinolone - 1
fluorouracil
fluoxetine*
fluphenazine
flurbiprofen tab (ANSAID equiv) - 1
flutamide*
fluticasone nasal spray
fluvastatin
fosinopril & HCTZ*
fosinopril*
furosemide*

G

gabapentin cap (NEURONTIN equiv) QL 1
gemfibrozil*
glimepiride*
glipizide*
glipizide ER*
glyburide*
GLYXAMBI QL
glyburide/metformin*
granisetron tab (KYTRIL equiv) (QL= 14 tabs/fill) QL 1
griseofulvin
guanfacine ER tab (INTUNIV equiv) (QL= 1 tab/day) QL 1

H

halobetasol propionate cream (ULTRAVATE equiv) - 1
haloperidol*
HUMALOG pens*
HUMULIN (all forms)*
hydrochlorothiazide*
hydrocortisone pramoxine cream (PRAMOSONE equiv) - 1
hydromorphone tab (DILAUDID equiv) - 1
hydroxychloroquine*
hydroxyurea*
hydroxyzine
hyoscyamine CR tab/elixir/ODT/SL tab/Soln/tab

I

ibandronate*
ibandronate 150 mg tablets
ibuprofen/hydrocodone
imipramine*
imiquimod cream (ALDARA equiv) - 1
indomethacin
indomethacin CR cap (INDOCIN SR equiv) - 1
ipratropium*
Irbesartan
irbesarten with HCTZ
isoniazid*
isosorbide dinitrate*
isosorbide mononitrate*
isotretinoin
isoxsuprine*
itraconazole*

J

JANUVIA*
JANUMET*
JANUMET XR*
JARDIANCE Q;*
JENTADUETO QL

UFCP Members are strongly encouraged to fill their prescriptions at participating University Health pharmacies to take advantage of their prescription drug benefit.

K

ketoconazole cream (NIZORAL CREAM equiv) - 1
ketoconazole shampoo (NIZORAL equiv) - 1
ketoconazole tab (NIZORAL equiv) - 1
ketorolac ophth sol, tablet

L

labetalol*
lamivudine
lamivudine-zidovudine
Lamotrigine
lansop/amox/clarith
leflunomide*
letrozole
leucovorin
LEVEMIR
levetiracetam
levobunolol*
levofloxacin
levothyroxine*
lidocaine patch
liothyronine
lisinopril/hydrochlorothiazide tab (ZESTORETIC - 1
lisinopril tab (PRINIVIL/ZESTRIL equiv) - 1
lithium carbonate*
lorazepam
losartan
losartan - hctz
lovastatin QL*
loxapine*
LUMIGAN OPHTH SOLN (QL= 2.5ml/30 days) QL 2

M

MAPROTILINE TAB - 1
MATULANE
medroxyprogesterone*
megestrol
meloxicam tablet
mercaptopurine
mesalamine
metformin*
metformin ER*
methazolamide*
methimazole*
methotrexate*
methyclothiazide*
methyldopa*
methylphenidate*
methylphenidate ER
metoclopramide
metolazone*
metoprolol*
metoprolol ER tab (TOPROL XL equiv) (QL= 2 tabs/day) QL 1
metronidazole tab (FLAGYL equiv) - 1
metronidazole gel
mexiletine*
midodrine tab (PROAMATINE equiv) - 1
minocycline
mirtazapine QL*
misoprostol
modafinil
mometasone cream/oint/solution
montelukast
moexipril*
morphine
moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv) - 1
mupirocin oint (BACTROBAN OINT equiv) - 1
mycophenolate
MYLERAN

N

nabumetone tab (RELAFEN equiv) - 1
nadolol*
naltrexone
NATACYN ❷
nateglinide tab (STARLIX equiv) - 1
nefazodone*
neomycin
neomycin-polymy-dexameth
nevirapine
niacin ER (Rx only)
nicardipine*
nifedipine cap (PROCARDIA equiv) - 1
nifedipine ER*
nitrofurantoin
nitroglycerin (all forms)*
norethindrone & eth estradiol* ❷
norethindrone*
norethindrone/ethinyl estradiol FE tab (LOESTRIN - $0)
nortriptyline cap (PAMELOR equiv) - 1
NUVARING QL* ❷
nystatin tab - 1

O

ofloxacin
olanzapine*
olanzapine/fluoxetine
olmesartan
ondansetron ODT (ZOFRAN equiv) (QL= 60 tabs/30 days) QL 1
orphenadrine citrate ER tab (NORFLEX equiv) - 1
oxaprozin*
oxazepam cap (SERAX equiv) - 1
oxcarbazepine
oxybutynin*
oxybutynin er
oxycodone
OXYCODONE/ASPIRIN TAB (QL= 360 tabs/30 QL 1)
OZEMPIC INJ (QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes

P

paliperidone ER tab (INVEGA equiv) - 1
pantoprazole
PATADAY OPHTH SOLN (QL= 2.5ml/30 days) QL 2
pediatric multiple vitamins/fluoride/iron soln - 1
pediatric multiple vitamins/fluoride soln - 1
penicillin vk tab (VEETIDS equiv) - 1
pentazocine and naloxone
pentazocine/acetaminophen tab (TALACEN equiv) QL 1
pentoxifylline*
perindopril QL
perphenazine
PERPHENAZINE/ AMITRIPTYLINE TAB - 1
phenytoin (all forms)*
pilocarpine
pindolol tab (VISKEN equiv) - 1
pioglitazone
piroxicam*
podofilox
potassium bicarbonate effer tab (K-LYTE equiv) - 1
potassium chloride*
potassium citrate*
pramipexole tab (MIRAPEX equiv) (QL= 3 tabs/day) QL 1
pramipexole ER tab (MIRAPEX ER equiv) (QL= 1 tab/day) QL 1
pramoxine/hydrocortisone cream (ANALPRAM HC equiv) - 1
pravastatin tab (PRAVACHOL equiv) (QL= 1 tab/day) QL 1
prazosin*
prednisolone
prednisone
PREMARIN*
PREMARIN VAG
PREMPHASE* ❷
PREMPHASE TAB,PREMPRO TAB - 2
primidone*
probenecid*
prochlorperazine
promethazine
promethazine with codeine
propafenone*
propranolol*
propranolol LA*
propylthiouracil*
pyrazinamide*
pyridostigmine*

Q

quetiapine
quinidine gluconate*
quinidine sulfate*

R

rabeprazole tab
raloxifene tab (EVISTA equiv) QL 1
rifampin
risedronate QL
risperidone tab (RISPERDAL equiv) (QL= 2 tabs/day) QL 1
rizatriptan
ropinirole
ropinirole extended-release tablets

S

salsalate*
selegiline (ELDEPRYL equiv) - 1
selenium sulfide
sertraline*
sildenafil tabs
silver sulfadiazine
simvastatin*
sirolimus tab
smz/tmp
sodium fluoride gel (PREVIDENT equiv) - 1
sodium polystyrene
sodium sulfacetamide
sotalol*
spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv) - 1
spironolactone*
stavudine
sucralfate*
sulfacetamide sodium/sulfur cream 10-5% (PLEXION SCT equiv) - 1
sulfacetamide sod-pred
sulfadiazine
sulfasalazine*
sulindac*
sumatriptan inj (QL= 6 inj/30 days) QL 2
SYMPROIC*
SYNJARDY*
SYNJARDY XR*

T

tacrolimus
tadalafil
tamoxifen*
tamsulosin cap (FLOMAX equiv) (QL= 2 caps/day) QL 1
telmisartan
telmisartan/amlodipine
temazepam cap (RESTORIL equiv) - 1
temozolomide
terazosin cap (HYTRIN equiv) - 1
terbinafine
terbutaline*
tetracycline
theophylline*
thioridazine hcl tab (THIORIDAZINE equiv) - 1
thiothixene*
THYROLAR* ❷
tiagabine
timolol*
timolol GFS*
tobramycin neb
TOLAZAMIDE TAB - 1
TOLBUTAMIDE TAB ❷
tolterodine*
tolterodine immediate release (IR) tablets
tolterodine SR
topiramate
TRADJENTA TAB (QL= 1 tab/day) QL ❷
tramadol
tramadol ER tab (ULTRAM ER equiv) ST 1
tramadol/acetaminophen tab (ULTRACET equiv) - 1
tranylcypromine*
trazodone*
TRESIBA
tretinoin cream PA if >35 years
triamcinolone acetonide oint (TRIANEX equiv) - 1
triamterene & HCTZ* ❷
triazolam
TRIFLURIDINE OPHTH SOLN - 1
trihexyphenidyl*
trimethobenzamide cap (TIGAN equiv) - 1
trimethoprim tab (PROLOPRIM equiv) - 1
smz/tmp susp (BACTRIM, SEPTRA equiv) - 1
polymyxin b/trimethoprim ophth soln (POLYTRIM - 1 equiv)

U

ursodiol*

V

valacyclovir tab (VALTREX equiv) - 1
valproic acid*
valsartan tab (DIOVAN equiv) (QL= 1 tab/day) 1
valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv) (QL= 1 tab/day) 1
vardenafil
venlafaxine QL*
VENTOLIN HFA INHALER (QL= 2 inhalers/30 days) QL 1
verapamil*
VICTOZA

W

warfarin tab (COUMADIN equiv) - 1

X

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XARELTO
XIGDUO XR QL*

Z

zafemy patch
zidovudine
ziprasidone
zolmitriptan
zolpidem
zolpidem ER tab (AMBIEN CR equiv) (QL= 1 tab/day) QL 1
zonisamide

DIABETIC SUPPLIES

accucheck test strips
accucheck aviva plus meter
contour meter
contour next EZ meter
contour test strips
contour next EZ test strips
freestyle lite meter
freestyle lite test strips
freestyle test strips
freestyle precison meter
microlet lancets
sure comfort lancets

VACCINES FOR AGES 18 & OLDER

HPV (gardasil 9)
Flu
Shingles
Tdap
Tetanus
Hepatitis A and B
Pneumonia (pneumococcal)
Meningitis vaccine

QUANTITY LIMITS:

30 per 30-day supply unless otherwise noted

bupropion
90 per month

bupropion SR
60 per month

ELIDEL
must have tried/failed low potency corticosteroid first

ENBREL
25mg INJ: 4 INJ per 28 days

ESTRING
1 every 3 months

granisetron
10 tablets per prescription

ISENTRESS
60 per 30 days

lovastatin
60 tablets per 30 days

NUVARING
1 ring per month

ondansetron
10 tablets per prescription
50ml per prescription

risperidone
60 tablets per 30 days /
120ml per 30 days
1mg/ml solution

sumatriptan
tabs: 9; spray: 6 per month

TOBRADEX
10ml per 6 months

TREXIMET
9 tablets per 30 days

venlafaxine
60 per month

ZOMIG
5mg: 3 per month;
2.5mg & spray: 6 per month

SPECIAL HANDLING MEDICATIONS:

Members may pick up these medications at any UH pharmacy for a $0 co-pay.

In general, refrigerated medications and controlled substances may not be mailed.

Any medication requiring refrigeration
All insulins
Humira or Enbrel
Vitamin D capsules
Nuvaring
Restasis
Byetta or Bydureon
Victoza
Lovaza

NOTE:
For drugs not listed on this PDL, please contact your UH pharmacy to inquire about coverage or mail out status.

Do you have questions about your medical insurance?
Call Community First Member Services: 210-358-6090

Do you have questions about your prescription insurance?
Call Navitus: 866-333-2757

Do you have questions about refill order forms, shipping eligibility, etc.?
Call Robert B. Green Employee Pharmacy: 210-358-9654

Are you unable to find your medication on this list?
Call Navitus: 866-333-2757

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