

UFCP Preferred Drug List

Plan Year 2023

Three-tier Preferred Drug List (effective January 1, 2023)

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 are able to receive any medication their physician chooses to prescribe, medications not listed below 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 edit, 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 copayment, 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 medication that contains the same active ingredient(s) as an existing over-the-counter medication 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 | ② | Allow 1-2 business days for the University Health Pharmacy to order |
| QL | Quantity Limit |  | Available for mail-order through University Health Pharmacies |
| ST | Step Therapy | | |
| * | Maintenance medication | | |

A

baclovir tablets
baclovir-lamivudine-zidovudine tablets
acetabutolol* ②
acetaminophen w/ codeine
acetaminophen w/ hydrocodone
acetaminophen-butalbital ②
acetaminophen-caffbutalbital ②
acetazolamide* ②
acetazolamide capsules
acetylcysteine
acyclovir ②
adapalene cream PA ②
adapalene/benzoyl peroxide 0.1-2.5% gel ②
adefovir dipivoxil
ADVAIR* ②
AIMOVIG ②
albuterol* ②
alclometasone ②
alendronate ②
alfuzosin
allopurinol* ②
almotriptan QL ②
ALOMIDE
alprazolam
amantadine* ②
amiloride* ②
amiloride and HCTZ* ②
aminocaproic acid
amiodarone* ②
amitriptyline* ②
amlodipine/atorvastatin ②
amlodipine/valsartan ②
amlodipine and benazepril* ②
amoxapine*
amoxicillin
amoxicillin & pot clavulanate
amphetamine mixtures*
ampicillin ②
anagrelide*
ANDRODERM*
ANDROGEL
apraclonidine*
aripiprazole ②
ARNUITY ellipta inhaler ②
ASMANEX ②
aspirin w/ codeine
aspirin/caffeine/butalbital ②
atenolol & chlorthalidon* ② ②
atenolol* ②
atorvastatin ②
atropine sulfate ②
aug betamethasone dipropionate ②
AVANDIA ST* ② ②
AVIANE* ②
AZASITE
azathioprine ②
azelaic acid ②
azelastine ②
azithromycin ②

B

baclofen tablet* ②
bacitracin/polymyxin B ophth ointment ②
benazepril* ② ②
benazepril and HCTZ* ② ②
benzonatate tessalon equiv
benztropine mesylate* ②
betamethasone & clotrimazole ②
betamethasone dipropionate ②
betamethasone valerate cream/lotion/ointment ② ②
betaxolol* ②
bethanechol chloride ②
betimol ②

C

bicalutamide
bisoprolol & HCTZ* ② ②
bisoprolol* ② ②
BREO ellipta inhaler ②
brimonidine ophthalmic*
brinzolamide ophthalmic suspension
bromocriptine*
budesonide inhaler suspension ②
bumetanide ② ②
bupropion SR QL* ②
bupropion QL* ②
buspirone* ②
butalbital/aspirin/caffeine w/codeine
BYDUREON ②

C

CALCIFEROL
calcipotriene topical cream ②
calcitonin
calcitriol oint/cap/solution* ②
captopril* ②
carbamazepine* ②
carbamazepine ER*
carbidopa-levodopa* ②
carvedilol ②
cefaclor ②
cefaclor ER
cefadroxil ②
cefdenir ②
cefpodoxime
cefuroxime ②
celecoxib QL ST ②
cephalexin cap/solution
cevimeline
chlor diazepoxide
chlorothiazide* ②
chlorpromazine
chlorpropamide*
chlorthalidone* ②
cholestyramine* ②
ciprofloxacin
citalopram solution/tab* ② ②
clarithromycin
CLIMARA PRO* ②
clindamycin
clindamycin and benzoyl peroxide gel ②
clindamycin, benzoyl peroxide
clobetasol propionate* ②
clomipramine
clonazepam*
clonidine* ②
clonidine patches ②
clopidogrel ②
clobetasol 0.05% lotion ②
clobetasol 0.05% topical shampoo ②
clonidine HCl SR 12HR
clotrimazole troche ②
clozapine tablet ②
codeine
colchicine w/ probenecid* ② ②
COMBIVENT RESPIMAT* ② ②
CORTIFOAM ② ②
cromolyn conc/ophth sol ②
cyclobenzaprine tablet* ②
cyclophosphamide
cyclosporine cap/solution
cyproheptadine* ②

D

desipramine* ②
desloratadine ②
desmopressin* ②
desoximetasone ② ②
dexmethasone ② ②
dexmethylphenidate
dexmethylphenidate ER
dextroamphetamine*

D

diazepam
diclofenac 1% gel/patch/potassium tab/sodium EC/XR Tab/Ophth Sol/Solution 1.5%* ② ②
diclofenac ER* ②
diclofenac/misoprostol DR ②
dicloxacillin
dicyclomine ②
didanosine
diflunisal* ② ②
digoxin* ②
diltiazem* ②
diltiazem SA* ②
dipyridamole* ②
disopyramide* ②
divalproex sodium er ②
divalproex sodium sprinkles
donepezil ②
dorzolamide HCl/timolol maleate* ②
doxazosin* ②
doxepin* ② ②
doxercalciferol
doxycycline ②
DULERA inhaler QL ②
 duloxetine ec capsule

E

EMADINE
enalapril* ②
enalapril and HCTZ* ②
ENBREL PA QL
entecavir tab QL ②
EPIDUO ②
eplerenone
ERGOMAR ②
erythromycin
erythromycin & sulfisoxazole
erythromycin base (coated)
erythromycin estolate
erythromycin ethylsuccinate ②
erythromycin Pellets (generic ERYC)
erythromycin stearate ②
escitalopram* ②
esterified estrogens* ②
ESTRACE VAG* ② ②
estradiol* ② ②
ESTRING QL* ② ②
estrogens & methyltestosterone*
estropipate* ② ②
ethambutol*
ethinyl estradiol/drospirenone
ethosuximide*
etodolac* ② ②
etodolac ER* ②
etoposide
EURAX ②
EXELDERM

F

FARXIGA* ②
fenofibrate capsule 67mg/134mg/200mg ②
fenofibrate tablet
48mg/54mg/145mg/160mg ②
fenoprofen tablet* ② ②
fentanyl
finasteride proscar equiv ②
flecainide* ②
FLOVENT diskus inhaler QL ②
FLOVENT HFA* ②
fluconazole ②
fludrocortisone* ②
fluocinolone ② ②
fluoromethalone ② ②
fluorouracil ②
fluoxetine* ②
fluphenazine ②
flurbiprofen* ② ②

G

flutamide* ②
fluticasone nasal spray ②
fluvastatin
fluvoxamine* ② ②
FOSAMAX PLUS D* ②
fosinopril & HCTZ* ②
fosinopril* ②
furosemide* ②

H

halobetasol ②
haloperidol* ②
HUMALOG (all forms)*
HUMULIN (all forms)*
hydrochlorothiazide* ②
hydrocortisone w/ pramoxine ②
hydromorphone HCl
hydroxychloroquine* ②
hydroxyurea* ②
hydroxyzine ②
hyoscymine CR tab/elixir/ODT/SL tab/Soln/tab ②

I

ibandronate* ②
ibandronate 150 mg tablets ②
ibuprofen/hydrocodone
imipramine* ②
imiquimod 5% cream ②
indomethacin ②
indomethacin ER ②
ipratropium* ②
irbesarten ②
irbesarten with HCTZ
isoniazid* ②
isosorbide dinitrate* ②
isosorbide mononitrate* ②
isotretinoin
isoxyprine*
itraconazole*

J

JANUVIA* ②
JANUMET* ②
JANUMET XR* ②
JARDIANCE* ②
JENTADUETO QL ②

K

ketoconazole ② ②
ketoprofen ER*
ketorolac ophth sol, tablet

L

labetalol* ②
lamivudine
lamivudine-zidovudine
lamotrigine ②
LANOXICAPS* ② ②
lansop/amox/clarith
LANTUS*
leflunomide* ②
letrozole ②
leucovorin

LEVEMIR
levetiracetam
levobunolol*
levocetirizine
levofloxacin
LEVORA*
levothyroxine*
lidocaine patch
liothyronine
lisinopril & HCTZ* ②
lisinopril* ②
lithium carbonate*
lithium citrate* ②
lorazepam
losartan
losartan - hctz
lovastatin QL*
loxapine*
LUMIGAN QL

M

maprotiline* ②
MATULANE
medroxyprogesterone*
megestrol
meloxicam tablet
mercaptopurine
mesalamine
metaproterenol* ②
metformin*
metformin ER*
methazolamide*
methimazole*
methotrexate*
methylchlorothiazide*
methyldopa*
methylphenidate*
methylphenidate ER
methyltestosterone*
metoclopramide HCl
metolazone*
metoprolol*
metoprolol XL*
metronidazole tablet
metronidazole gel
mexiletine*
MICROGESTIN*
MICROGESTIN FE*
midodrine ②
minocycline
mirtazapine QL*
misoprostol*
modafinil
mometasone cream/ointment
montelukast
moexipril*
morphine
morphine ER
moxifloxacin ophth
mupirocin ointment
mycophenolate
MYLERAN

N

nabumetone* ②
nadolol*
naltrexone
NATACYN ②
nateglinide QL
necon 0.5/35, 1/35, 1/50*
nefazodone*
neomycin
neomycin-polymyx-dexameth
nevirapine
niacin ER (Rx only)
nicardipine*
nifedipine* ②
nifedipine ER*
nitrofurantoin

nitroglycerin (all forms)*
norethindrone & eth
estradiol* ②
norethindrone*
norethindrone acet & estradiol
Fe* ②
norgestimate & ethynodiol
estradiol* ②
norgestrel & ethynodiol
estradiol* ②
nortriptyline* ②
NOVOLIN *(all forms)
NOVOLOG *(all forms)
NUVARING QL*
nystatin
nystatin vaginal ②

O

ofloxacin
olanzapine*
olanzapine/fluoxetine
olmesartan
ondansetron QL PA
orphenadrine citrate* ②
oxaprozin*
oxazepam ②
oxcarbazepine
oxybutynin*
oxybutynin ER
oxycodone
oxycodone w/ aspirin
OZEMPIC

P

paliperidone ER PA
PANDEL ②
pantoprazole
PATADAY ST
pediatric multivitamins
w/F1 & Fe ②
pediatric multivitamins w/F1 ②
pediatric vitamins ACD
w/ fluoride ②
pediatric vitamins ACD
w/ fluoride & iron ②
penicillin V potassium
pentazocin and naloxone
pentazocin/APAP
pentoxifylline*
perindopril QL
perphenazine
perphenazine and amitriptyline
phenobarbital & belladonna alk
phenobarbital*
phenyltoloxamine w/ APAP ②
phenytoin (all forms)*
PHOSPHOLINE IODIDE ②
pilocarpine
PILOPINE HS* ②
pindolol* ②
pioglitazone
pioglitazone/metformin
piroxicam*
podofilox
potassium bicarbonate* ②
potassium chloride*
potassium citrate*
potassium gluconate* ②
PRADAXA
pramipexole QL
pramipexole ER QL
pramoxine ②
pravastatin QL*
prazosin*
prednisolone
prednisone
PREMARIN*
PREMARIN VAG
PREMPHASE* ②

tacrolimus
tadalafil
tamoxifen*
tamsulosin HCl
telmisartan
telmisartan/amlodipine
temazepam ②
temozolamide
terazosin* ②
terbinafine

PREMPRO*
prenatal multivitamin
w/ Fe-Fa ②
prenatal vitamin* ②
primidone*
PROAIR HFA*
probenecid*
procyclizine
PROCTOCREAM-HC ②
promethazine
promethazine with codeine
propafenone*
propranolol & HCTZ* ②
propranolol*
propranolol LA*
propylthiouracil*
pyrazinamide*
pyridostigmine*

Q

quetiapine
quinidine gluconate*
quinidine sulfate*

R

rabeprazole tab
raloxifene QL
RIDaura*
rifampin
rimantadine
risedronate QL
risperidone QL
rizatriptan
ropinirole
ropinirole extended-release
tablets

S

salsalate*
selegiline* ②
selenium sulfide
SEREVENT INH and Diskus*
sertraline*
sildenafil tabs
silver sulfadiazine

simvastatin*
sirolimus tab
smz/tmp
sodium fluoride* ②
sodium polystyrene
sodium sulfacetamide
sotalol*
spironolactone & HCTZ*
spironolactone*
stavudine
sucralfate*
sulfacetamide sodium w/ sulfur ②
sulfacetamide sod-pred
sulfadiazine
sulfasalazine*
sulindac*
sumatriptan QL
SYMBICORT inhaler
SYMPROIC*
SYNJARDY*
SYNJARDY XR*
SYNTHROID*

T

tadalafil
tamoxifen*
tamsulosin HCl
telmisartan
telmisartan/amlodipine
temazepam ②
temozolamide
terazosin* ②
terbinafine

terbutaline*
tetracycline
theophylline*
thioridazine
thiothixene*
thyroid*
THYROLAR* ②
tiagabine
ticlopidine* ②
timolol
timolol GFS*
TOBRADEX QL
tobramycin neb
tolazamide* ②
tolbutamide*
tolterodine*
tolterodine immediate release (IR)
tablets
tolterodine SR
tolmetin* ②
topiramate
TRADIENTA
tramadol
tramadol er
tramadol with APAP
tranylcypromine*
trazodone*
trentino gel 0.04%
TRESIBA
tretinoin PA if >25y/o
TREXIMET QL
triamicinolone acetonide ②
triamterene & HCTZ* ②
triazolam
trifluridine
trihexyphenidyl*
trimethobenzamide ②
trimethoprim
trimethoprim /
sulfamethoxazole
trimethoprim-polymyxin b

U

ursodiol*

V

valacyclovir HCl*
valproic acid*
valsartan
valsartan HCTZ
vardenafil
venlafaxine QL*
ventolin QL
verapamil*
verapamil ER*
VEXOL ②
VICTOZA

W

warfarin sodium* ②

X

XARELTO
XIGDUO XR*

Z

zafemy patch
zidovudine
ziprasidone
zolmitriptan
zolpidem
zolpidem ER QL ST
ZOMIG QL ②
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 precision 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.

Medical Insurance Related Questions

Contact Community First: (210) 358-6090

Prescription Insurance Related Questions

Contact Navitus: (866) 333-2757

Questions about Refill Order Form, Shipping Eligibility, etc.

Contact Employee Pharmacy at RBG: (210) 358-9654

If you're unable to locate your medication on the list

Contact Navitus: (866) 333-2757