

UFCP Preferred Drug List

Plan Year 2024

Three-tier Preferred Drug List (effective January 1, 2024)

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		 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* 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* 2
amoxicillin
amoxicillin & pot clavulanate
amphetamine mixtures* 2
ampicillin 2
anagrelide* 2
ANDRODERM* 2
ANDROGEL
apraclonidine* 2
aripiprazole 2
ARNUITY ellipta inhaler 2
ASMANEX 2
aspirin w/ codeine
aspirin/cafeine/butalbital 2
atenolol & chlorthalidon* 2
atenolol* 2
atorvastatin 2
atropine sulfate 2
aug betamethasone dipropionate 2
AVANDIA ST* 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
benazepril and HCTZ* 2
benzonatate tessalon equiv
bentropine mesylate* 2
betamethasone & clotrimazole
betamethasone dipropionate 2
betamethasone valerate cream/lotion/oint 2
betaxolol* 2
bethanechol chloride 2
betimol 2

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

C

CALCIFEROL
calcipotriene topical cream 2
calcitonin
calcitriol oint/cap/solution* 2
captopril* 2
carbamazepine* 2
carbamazepine ER* 2
carbidopa-levodopa* 2
carvedilol 2
cefaclor 2
cefaclor ER
cefadroxil 2
cefenir 2
cefepodoxime
cefuroxime 2
celecoxib QL ST 2
cephalexin cap/solution
cevimeline
chlorthiazepoxide
chlorothiazide* 2
chlorpromazine
chlorpropamide* 2
chlorthalidone* 2
cholestyramine* 2
ciprofloxacin
citalopram solution/tab* 2
clarithromycin
CLIMARA PRO* 2
clindamycin
clindamycin and benzoyl peroxide gel 2
clindamycin, benzoyl peroxide
clobetasol propionate* 2
clomipramine
clonazepam* 2
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
COMBIVENT RESPIMAT* 2
CORTIFOAM 2
cromolyn conc/opth sol 2
cyclobenzaprine tablet* 2
cyclophosphamide
cyclosporine cap/solution
cyproheptadine* 2

D

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

diazepam
diclofenac 1% gel/patch/potassium tab/sodium EC/XR Tab/Ophth Sol/Solution 1.5%* 2
diclofenac ER* 2
diclofenac/misoprostol DR 2
dicloxacillin
dicyclomine 2
didanosine
diflunisal* 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
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
epplerenone
ERGOMAR 2
erythromycin
erythromycin & sulfisoxazole
erythromycin base
erythromycin base (coated)
erythromycin estolate
erythromycin ethylsuccinate 2
erythromycin Pellets (generic ERYC)
erythromycin stearate 2
escitalopram* 2
esterfied estrogens* 2
ESTRACE VAG* 2
estradiol* 2
ESTRING QL* 2
estrogens & methyltestosterone* 2
estropipate* 2
ethambutol* 2
ethinyl estradiol/drospirenone
ethosuximide* 2
etodolac* 2
etodolac ER* 2
etoposide
EURAX 2
EXELDERM

F

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

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

G

gabapentin* 2
ganciclovir
gemfibrozil* 2
gentamicin sulfate
glimperide* 2
glipizide* 2
glipizide ER* 2
glyburide* 2
GLYXAMBI* 2
glyburide/metformin* 2
granisetron QL PA
griseofulvin 2
guanfacine* 2

H

halobetasol 2
haloperidol* 2
HUMALOG (all forms)* 2
HUMULIN (all forms)* 2
hydrochlorothiazide* 2
hydrocortisone w/ pramoxine 2
hydromorphone HCl
hydroxychloroquine* 2
hydroxyurea* 2
hydroxyzine 2
hyoscyamine 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
isoxsuprine* 2
itraconazole*

J

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

K

ketoconazole 2
ketoprofen ER* 2
ketorolac ophth sol, tablet

L

labetalol* 2
lamivudine
lamivudine-zidovudine
lamotrigine 2
LANOXICAPS* 2
lansop/amoxx/clarith
leflunomide* 2
letrozole 2
leucovorin
LEVEMIR
levetiracetam 2

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

M

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

N

nabumetone*
nadolol*
naltrexone
NATACYN
nateglinide QL
neon 0.5/35, 1/35, 1/50*
nefazodone*
neomycin
neomycin-polymy-dexameth
nevirapine
niacin ER (Rx only)
nicardipine*
nifedipine*
nifedipine ER*
nitrofurantoin
nitroglycerin (all forms)*
norethindrone & eth
estradiol*

norethindrone*
norethindrone acet & estradiol
Fe*
norgestimate & ethinyl
estradiol*
norgestrel & ethinyl
estradiol*
nortriptyline*
NOVOLIN *(all forms)
NOVOLOG *(all forms)
NUVARING QL*
nystatin
nystatin vaginal

O

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

P

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

prenatal vitamin*
primidone*
PROAIR HFA*
probenecid*
prochlorperazine
PROCTOCREAM-HC
promethazine
promethazine with codeine
propafenone*
propranolol & HCTZ*
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*
selenium sulfide
SEREVENT INH and Diskus*
sertraline*
sildenafil tabs
silver sulfadiazine
simvastatin*
sirolimus tab
smz/tmp
sodium fluoride*
sodium polystyrene
sodium sulfacetamide
sotalol*
spironolactone & HCTZ*
spironolactone*
stavudine
sucralfate*
sulfacetamide sodium w/ sulfur
sulfacetamide sod-pred
sulfadiazine
sulfasalazine*
sulindac*
sumatriptan QL
SYMBICORT inhaler
SYMPROIC*
SYNJARDY*
SYNJARDY XR*

T

tacrolimus
tadalafil
tamoxifen*
tamsulosin HCl
telmisartan
telmisartan/amlodipine
temazepam
temozolomide
terazosin*
terbinafine
terbutaline*
tetracycline
theophylline*
thioridazine

thiothixene*
thyroid*
THYROLAR*
tiagabine
ticlopidine*
timolol*
timolol GFS*
TOBRADEX QL
tobramycin neb
tolazamide*
tolbutamide*
tolterodine*
tolterodine immediate release (IR)
tablets
tolterodine SR
tolmetin*
topiramate
TRADJENTA
tramadol
tramadol er
tramadol with APAP
tranylcypromine*
trazodone*
tretinoin gel 0.04%
TRESIBA
tretinoin PA if >25y/o
TREMIMET QL
triamcinolone acetamide
triamterene & HCTZ*
triazolam
trifluridine
trihexyphenidyl*
trimethobenzamide
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
VICTOZA

W

warfarin sodium*













X

XARELTO
XIGDUO XR*

Z

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

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