UFCP Preferred Drug List
Plan Year 2027

COMMUNITY FIRST HEALTH PLANS

Three-tier Preferred Drug List (effective January 1, 2027)

Preferred Drug List Development & Use: This Preferred Drug List was developed by the Community First Health Plans Pharmacy and Therapeutics (P&T) Committee comprised of internal and community health care professionals to promote safe, high-quality, and cost-effective pharmaceutical care for Members. Using this list will allow University Health to keep medication costs affordable for Members. Information about prior authorization requirements or limitations for certain medications is available to prescribers via the Navitus Web Prescriber Portal. For more information, please visit **www.navitus.com** or call **866-333-2757.**

Tier Level	Medication Type	30-Day Supply (Retail / Standard)	90-Day Supply (Maintenance)	UH Pharmacy Copay Rule
Tier 1	Preferred Generic Medications	$20 copay	$40 copay	$0 copay when filled at UH Pharmacy
Tier 2	Preferred Brand Medications (including select high-cost generics)	$40 copay	$60 copay	$0 copay when filled at UH Pharmacy
Tier 3	Non-Preferred Medications (including select generics)	$60 copay	$100 copay	$0 copay when filled at UH Pharmacy
Weight-loss GLP-1 Medications	Weight management & select obesity-related conditions (prior authorization required)	Not applicable	Not applicable / limited to 30-day fills	$200 copay required; MUST be filled at UH Pharmacy

For information on tiered medications and outpatient prescription coverage, contact Member Services at **210-358-6090** or toll free at **1-800-434-2347**. Refer to your Certificate of Coverage and Outpatient Drug Rider for details on exclusions, quantity limits, and step therapy.

Over-The-Counter Medications: Over-the-counter (OTC) products, including prescription drugs with the same active ingredient(s) as available OTC options, are not covered. If using an OTC medication, consult your physician or pharmacist for cost-effective and appropriate dosing equivalent to your prescription.

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

1. Used for the ongoing management of chronic conditions.
2. Intended for long-term use, often without a defined treatment endpoint, with possible dose adjustments for therapeutic response or side effects.
3. Typically prescribed for outpatient use.

Certain medications may be excluded, including those with high risk of serious toxicity if misused or taken in overdose.

LEGEND

Available for mail-order through University Health Pharmacies

generic = lower case letters • **BRAND** = CAPITAL LETTERS

NC	Not Covered	**INF**	Infertility
EXC	Plan Exclusion	**OTC**	Over-the-Counter
LD	Limited Distribution	**QL**	Quantity Limit
PA	Prior Authorization	**RS**	Restricted to Specialist
RDX	Restricted to Diagnosis	**SMKG**	Smoking Cessation
SF	Limited to two 15 day fills per month for first 3 months	**ST**	Step-Therapy
		VAC	Vaccine Program
SP	Available through Specialty Pharmacy Program	**¢**	RxCENTS

NOTE: For medications not listed on this PDL, contact your UH pharmacy for coverage and mail-order eligibility.

Contact information for questions:

1. **Medical coverage: Community First Member Services – 210-358-6090**
2. **Prescription coverage or medications not listed: Navitus – 866-333-2757**
3. **Refills, mail/shipping eligibility, or order forms: Robert B. Green Employee Pharmacy – 210-358-9654**

Antidiabetics

metformin, metformin ER - 1
glimepiride, glipizide, glyburide (± metformin) - 1
pioglitazone -QL- 1
FARXIGA, JARDIANCE -QL- 2
SYNJARDY XR, XIGDUO XR -QL- 2
OZEMPIC -QL+RDX- 2
VICTOZA -QL+RDX- 2
HUMALOG (lispro) -QL- 2
HUMULIN -QL- 2
LANTUS -QL- 2
TRESIBA -QL- 2

Anti-Obesity/Anorexiants

phentermine -QL- 1
WEGOVY -PA+QL+RDX- 2
ZEPBOUND - PA+QL+RDX- 2

Anti-infectives

amoxicillin, cephalexin, doxycycline – 1
azithromycin – 1
levofloxacin tab (LEVAQUIN equiv) -QL- 1
emtricitabine/tenofovir disoproxil fumarate tab (TRUVADA equiv) – 1
TIVICAY – 2
acyclovir (ZOVIRAX equiv), valacyclovir (VALTREX equiv) – 1
entecavir tab (BARACLUDE equiv) -QL- 1
famciclovir (FAMVIR equiv) – 1

Anticonvulsants

topiramate (TOPAMAX equiv) – 1
clonazepam – 1
divalproex (DEPAKOTE equiv) – 1
lamotrigine (LAMICTAL equiv) -QL- 1
Zonisamide (ZONEGRAN equiv) – 1
valproic acid (DEPAKENE equiv) – 1

Antidepressants

amitriptyline (ELAVIL equiv) – 1
fluoxetine (PROZAC equiv) – 1
citalopram (CELEXA equiv) – 1
sertraline (ZOLOFT equiv) – 1
escitalopram (LEXAPRO equiv) – 1

Antipsychotics

olanzapine (ZYPREXA equiv) – 1
quetiapine (SEROQUEL equiv) -QL- 1
lithium carbonate – 1
ziprasidone (GEODON equiv) -QL- 1
risperidone (RISPERDAL equiv) -QL- 1
aripiprazole (ABILIFY equiv) – 1

Anxiolytics

buspirone – 1
hydroxyzine pamoate – 1

ADHD/Anti-narcolepsy

guanfacine – 1
atomoxetine – 1
clonidine – 1
dexmethylphenidate -QL- 1
armodafinil – 1
amphetamine/dextroamphetamine -QL- 1

Cardiovascular Agents

lisinopril (PRINIVIL/ZESTRIL equiv) – 1
lisinopril/hydrochlorothiazide (ZESTORETIC equiv) -QL- 1
losartan (COZAAR equiv) -QL- 1
losartan/hydrochlorothiazide (HYZAAR equiv) -QL- 1
hydralazine (APRESOLINE equiv) – 1
minoxidil (LONITEN equiv) – 1
atenolol, metoprolol, propranolol – 1
carvedilol – 1
hydrochlorothiazide – 1
chlorthalidone, indapamide – 1
spironolactone – 1
furosemide – 1
atorvastatin (LIPITOR equiv) – 1
pravastatin (PRAVACHOL equiv) -QL- 1
rosuvastatin (CRESTOR equiv) – 1
ezetimibe (ZETIA equiv) – 1
fenofibrate (TRICOR & LOFIBRA equiv) – 1

Dermatological

clobetasol foam/lotion/crm/oint/gel – 1
triamcinolone lotion/crm/oint/spray – 1
ketoconazole crm/shampoo – 1
clindamycin soln/gel – 1
silver sulfadiazine – 1

Endocrine / Hormonal

levothyroxine – 1
estradiol products – 1-2
testosterone gel/patch -PA+QL- 1-2

Ophthalmic

LUMIGAN -QL- 2
BETIMOL – 2
RESTASIS – 2

Pain Management

oxycodone (ROXICODONE equiv) – 1
hydrocodone/APAP – 1
acetaminophen/codeine tab (TYLENOL/CODEINE equiv) -QL- 1
tramadol ER tab (ULTRAM ER equiv) -ST- 1
meloxicam (MOBIC equiv) – 1
celecoxib (CELEBREX equiv) – 1

Respiratory Agents

VENTOLIN HFA INHALER -QL- 1
fluticasone/salmeterol inhaler (ADVAIR equiv) – 1
budesonide inhalation (PULMICORT equiv) – 1
budesonide/formoterol (SYMBICORT equiv) -QL- 1
ipratropium nasal spray (ATROVENT equiv) – 1
Montelukast (SINGULAIR equiv) -QL- 1
zafirlukast tab (ACCOLATE equiv) -QL- 1

Ulcer / Antispasmodics

esomeprazole cap (NEXIUM equiv) – 1
pantoprazole EC tab (PROTONIX equiv) – 1
lansoprazole cap (PREVACID equiv) – 1
rabeprazole EC tab (ACIPHEX equiv) – 1
famotidine (PEPCID equiv) – 1
dicyclomine cap (BENTYL equiv) – 1

DIABETIC SUPPLIES

ACCU-CHEK meters/strips – $0
Freestyle meters/strips – $0
lancets – 1
FreeStyle Libre 3 Plus -QL- 2
Dexcom G7 -QL- 2

VACCINES FOR AGES 18 & OLDER

HPV (GARDASIL 9)
Flu
Shingles (SHINGRIX)
Tdap
Tetanus
Hepatitis A and B
Pneumonia (pneumococcal)
Meningitis vaccine
ABRYSVO (RSV)
COVID-19

SPECIAL HANDLING MEDICATIONS

Gel capsules. refrigerated medications and controlled substances are generally not eligible for mailing, including insulin products, Humira, Enbrel, vitamin D capsules, NuvaRing, Ozempic, Victoza, and Vascepa.

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