

UFCP Preferred Drug List

Plan Year 2022

Three-tier Preferred Drug List effective January 1, 2022



This preferred drug list was developed by the Community First Health Plans Pharmacy and Therapeutics (P&T) Committee to ensure you receive cost-effective pharmaceutical care, emphasizing quality and safety. The P&T Committee is made up of Community First physicians and other health care providers. Using this list will allow Community First to keep its prescription benefits affordable for you. While you still will be able to receive any medication your physician chooses to prescribe for you, medications not listed below may require a higher co-pay and will not be available through UHS 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**.

All generic drugs are considered preferred, are 1st Tier medications, and are displayed in lower case. Preferred brand name drugs are 2nd Tier medications and are capitalized. Medications not listed are considered non-preferred brand name drugs and 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 to get 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 (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 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 the University System Pharmacy to order
QL	Quantity Limit		Available for mail-order through the University System Pharmacies
ST	Step Therapy		
*	Maintenance medication		

A

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

B

baclofen*
 bacitracin/polymyxin B oph
 ointment
 BANZEL tablet QL
 benazepril* 2
 benazepril and HCTZ* 2
 benzonatate
 benzotropine mesylate*

betamethasone & clotrimazole
 betamethasone dipropionate
 betamethasone valerate 2
 betaxolol*
 bethanechol chloride
 betimol
 BETOPTIC-S*
 bicalutamide
 bisoprolol & HCTZ* 2
 bisoprolol* 2
 BREO ellipta inhaler
 brimonidine ophthal*
 bromocriptine*
 budesonide inhaler suspension
 bumetanide 2
 bupropion SR QL*
 bupropion QL*
 buspirone*
 butalbital/aspirin/cafeine
 w/codeine
 BYDUREON 2

C

CALCIFEROL
 calcipotriene topical cream
 calcitonin
 calcitriol*
 candesartan/HCTZ
 captopril*
 captopril and HCTZ*
 carbachol*
 carbamazepine*
 carbamazepine ER*
 carbidopa-levodopa*
 carisoprodol w/ ASA* 2
 carvedilol
 cefaclor 2
 cefaclor ER
 cefadroxil 2
 cefdenir
 cefpodoxime
 cefuroxime 2
 celecoxib QL ST
 cephalixin
 cevimeline
 chlordiazepoxide
 chlorothiazide*
 chlorpheniramine, phenylephrine
 and methscopolamine
 chlorpheniramine, phenylephrine
 and pyrilamine
 chlorpromazine
 chlorpropamide*
 chlorthalidone*
 cholestyramine*
 ciprofloxacin
 citalopram* 2
 clarithromycin
 clemastine 2.68 mg tablets or syrup
 CLIMARA PRO*
 clindamycin
 clindamycin and benzoyl
 peroxide gel
 clindamycin, benzoyl peroxide
 clobetasol propionate*
 clomipramine
 clonazepam*
 clonidine*
 clonidine patches
 clopidogrel
 clotrimazole (topical)
 clobetasol 0.05% lotion
 clobetasol 0.05% topical shampoo
 clonidine HCl SR 12HR
 clotrimazole troche
 cloxacillin
 clozapine
 codeine
 colchicine w/ probenecid* 2

COMBIVENT RESPIMAT* 2
 CORTIFOAM 2
 cromolyn
 cyclobenzaprine*
 cyclophosphamide
 cyclosporine
 cyproheptadine*
 CYTOMEL*
 D

desipramine*
 desloratadine
 desmopressin*
 desoximetasone 2
 dexamethasone 2
 dexmethylphenidate
 dexmethylphenidate ER
 dextroamphetamine*
 diazepam
 diclofenac* 2
 diclofenac ER*
 diclofenac/misoprostol DR
 dicloxacillin
 dicyclomine
 didanosine
 diflunisal* 2
 digoxin*
 DILATRATE SR*
 diltiazem*
 diltiazem SA*
 dipivefrin*
 dipyrindamole*
 disopyramide*
 divalproex sodium er
 divalproex sodium sprinkles
 donepezil
 dorzolamide HCl/timolol maleate*
 doxazosin*
 doxepin* 2
 doxercalciferol
 doxycycline
 DULERA inhaler QL
 duloxetine capsule

E

EFFIENT QL
 ELIDEL ST QL
 EMADINE
 enalapril*
 enalapril and HCTZ*
 ENBREL PA QL
 entecavir tab QL
 EPIDUO
 EPIPEN, EPI PEN Jr.
 eplerenone
 ERGOMAR 2
 ergotamine and caff
 erythromycin
 erythromycin & sulfisoxazole
 erythromycin base
 erythromycin base (coated)
 erythromycin estolate
 erythromycin ethylsuccinate 2
 erythromycin Pellets (generic ERYC)
 erythromycin stearate 2
 escitalopram*
 esterified estrogens*
 ESTRACE VAG* 2
 estradiol* 2
 ESTRING QL* 2
 estrogens & methyltestosterone*
 estropipate* 2
 ethambutol*
 ethinyl estradiol/drospirenone
 ethosuximide*
 ethynodiol diacet & eth estrad*
 etodolac* 2
 etodolac ER*
 etoposide

EURAX 2
 EXELDERM

F

FARXIGA*
 fenofibrate
 fenofibrate 145mg
 fenopropfen* 2
 fentanyl
 finasteride
 flecanide*
 FLOVENT diskus inhaler QL
 FLOVENT HFA*
 flucanazole
 fludrocortisone*
 flunisolide*
 fluocinolone 2
 fluoromethalone 2
 fluorouracil
 fluoxetine*
 fluoxymesterone* 2
 fluphenazine
 flurbiprofen* 2
 flutamide*
 fluticasone nasal spray
 fluvastatin
 fluvoxamine* 2
 FOSAMAX PLUS D*
 fosinopril & HCTZ*
 fosinopril*
 furosemide*
 G

gabapentin*
 ganciclovir
 gatafloxacin 0.5%
 gemfibrozil*
 gentamicin sulfate
 glimepiride*
 glipizide*
 glipizide ER*
 glyburide*
 GLYXAMBI*
 glyburide/metformin*
 granisetron QL PA
 griseofulvin
 griesofulvin ultra
 guanfacine* 2

H

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

I

ibandronate*
 ibandronate 150 mg tablets
 ibuprofen/hydrocodone
 imipramine*
 imiquimod cream
 indomethacin
 indomethacin ER
 ipratropium*
 irbesarten
 irbesarten with HCTZ
 isometheptene,
 dichloralphenazone, APAP
 isoniazid*
 isosorbide dinitrate*
 isosorbide mononitrate*

UFCP members are strongly encouraged to have their prescriptions filled at UHS pharmacies to take advantage of the Prescription benefit.

isotretinoin
isoxsuprine*
itraconazole*

J

JANUVIA*
JANUMET*
JANUMET XR*
JARDIANCE*
JENTADUETO QL

K

ketocoazole 2
ketoprofen* 2
ketoprofen ER*
ketorolac

L

labetalol*
lamivudine
lamivudine-zidovudine
lamotrigine
LANOXICAPS* 2
lansop/amox /clarith
LANTUS*
leflunomide*
letrozole
leucovorin
LEVEMIR
levetiracetam
levobunolol*
levocetirizine
levofloxacin
levonorgestrel & eth estradiol*
LEVORA*
levothyroxine*
lidocaine HCl
lidocaine patch
lisinopril & HCTZ* 2
lisinopril* 2
lithium carbonate*
lithium citrate* 2
lorazepam
losartan
losartan - hctz
lovastatin QL*
loxapine*
LUMIGAN QL

M

maprotiline* 2
MATULANE
mebendazole
meclofenamate*
medroxyprogesterone*
megestrol
meloxicam
mercaptapurine
mesalamine
metaproterenol* 2
metformin*
metformin ER*
methazolamide*
methimazole*
methotrexate*
methyclothiazide*
methyldopa*
methylphenidate*
methylphenidate ER
methyltestosterone*
metoclopramide HCl
metolazone*
metoprolol*
metoprolol XL*
metronidazole
metronidazole gel
mexiletine*
MICROGESTIN*
MICROGESTIN FE*

midodrine 2
minocycline
mirtazapine QL*
misoprostal*
MITIGARE
modafinil
mometasone
montelukast
moexipril*
morphine
morphine ER
moxifloxacin
mupirocin
mycophenolate
MYLERAN

N

nabumetone* 2
nadolol*
naltrexone
NARDIL*
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 & ethinyl
estradiol* 2
norgestrel & ethinyl
estradiol* 2
nortriptyline* 2
NOVOLIN *(all forms)
NOVOLOG *(all forms)
NUVARING QL* 2
nystatin 2
nystatin vaginal 2

O

ofloxacin
olanzapine*
olanzapine/fluoxetine
olapatadine
olmesartan
ondansetron QL PA
orphenadrine citrate* 2
orphenadrine/ASA/caffeine
oxaprozin*
oxazepam 2
oxcarbazepine
OXISTAT
oxybutynin*
oxybutynin er
oxycodone
oxycodone w/ aspirin
OZEMPIC

P

paliperidone ER PA
PANCREAZE*
PANDEL 2
pantoprazole
paroxetine*
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*
phenyleph-CPM w/ hydrocod 2
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
PREMPRO*
prenatal multivitamin
w/ Fe-Fa 2
prenatal vitamin* 2
primidone*
PROAIR HFA*
probenecid*
prochlorperazine
PROCTOCREAM-HC 2
promethazine
promethazine with codeine
propafenone*
propranolol & HCTZ* 2
propranolol*
propranolol LA*
propylthiouracil*
PULMICORT flexhaler
pyrazinamide*
pyridostigmine*

Q

quetiapine
quinidine gluconate*
quinidine sulfate*

R

rabepazole tab
raloxifene QL
RIDAURA*
rifampin
rifuzole
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*
stannous fluoride* 2
stavudine
sucralfate*
sulfacetamide sodium w/ sulfur 2
sulfacetamide sod-pred
sulfadiazine
sulfamethoxazole
sulfasalazine*
sulindac*
sumatriptan QL
SYMBICORT inhaler
SYMPROIC*
SYNJARDY*
SYNJARDY XR*
SYNTHROID*

T

tacrolimus
tadalafil
tamoxifen*
tamsulosin HCl
telmisartan
telmisartan/amlopidine
temazepam 2
temozolomide
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
TRADJENTA
tramadol
tramadol er
tramadol with APAP
tranylcypromine*
TRAVATAN Z
trazodone*
trentinoin gel 0.04%
TRESIBA
trentinoin PA if >25y/o
TREMIMET QL
triamcinolone acetonide 2
triamterene & HCTZ* 2

UFCP members are strongly encouraged to have their prescriptions filled at UHS pharmacies to take advantage of the Prescription benefit.

triazolam
trifluridine
trihexyphenidyl*
trimethobenzamide
trimethoprim
trimethoprim /
sulfamethoxazole
trimethoprim-polymyxin b

U

ursodiol*

V

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

W

warfarin sodium*

X

XARELTO
XIGDUO XR*
XULANE PATCH QL

Z

zafemy patch
ZENPEP
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 UHS 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 UHS
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 the 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 then
please contact:

Navitus at (866) 333-2757