

# Community First Health Plans

## UFCP Preferred Drug List • Plan Year 2017



### Three-tier Preferred Drug List effective January 1, 2017

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.

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.

**KEY**

PA Prior authorization  
 QL Quantity limit  
 ST Step therapy  
 \* Maintenance medication  
 ② Allow 1-2 business days for the University System Pharmacy to order  
 Available for mail-order through the University System Pharmacies

### Third tier drugs available through UHS Pharmacies

<b>-A-</b> ACTEMRA SC INJ PA AMITIZA PA ANORO ELLIPTA INHALER APTIVUS ATRIPLA AVONEX	<b>-F-</b> FETZIMA PA FLECTOR PATCH	<b>-N-</b> NASONEX * NEBUPENT NORVIR *	<b>-T-</b> TRADJENTA TRIUMEQ TRULICITY TRUVADA *
<b>-B-</b> BETASERON QL* BYETTA *	<b>-H-</b> HUMIRA PA	<b>-O-</b> ONFI*	<b>-V-</b> VESICARE VIRACEPT * VIREAD *
<b>-C-</b> CHANTIX CIMZIA CLARINEX-D colchicine COMPLERA	<b>-I-</b> INTELENCE INVIRASE * INVOKANA ISENTRESS QL	<b>-P-</b> PREZISTA PROVENTIL HFA *	
<b>-D-</b> DYMISTA PA	<b>-J-</b> JANUVIA * JANUMET*	<b>-Q-</b> QVAR*	
<b>-E-</b> ENBREL PA QL EPZICOM *	<b>-K-</b> KALETRA	<b>-R-</b> REBIF PA QL * RESCRIPTOR * RESTASIS PA * REYATAZ *	
	<b>-L-</b> LATUDA PA * LEXIVA * LYRICA	<b>-S-</b> SELZENTRY STRIBILD SUSTIVA *	
	<b>-M-</b> MYRBETRIQ		

# Community First Health Plans

## UFCP Preferred Drug List • Plan Year 2017



**COMMUNITY FIRST**  
HEALTH PLANS

- A-  
 abacavir tablets  
 abacavir-lamivudine-zidovudine tablets  
 acebutolol \*  
 acetaminophen w/ codeine  
 acetaminophen w/ hydrocodone  
 acetaminophen-butalbital  
 acetaminophen-caffbutalbital  
 acetazolamide \*  
 acetazolamide capsules  
 acetylcysteine  
 acyclovir  
 adefovir dipivoxil  
 ADAIR \*  
 albuterol \*  
 alclometasone  
 alendronate  
 alfuzosin  
 ALKERAN  
 allopurinol \*  
 ALOMIDE  
 alprazolam  
 amantadine \*  
 amiloride \*  
 amiloride and HCTZ \*  
 aminocaproic acid  
 amiodarone \*  
 amitriptyline \*  
 amlodipine/atorvastatin  
 amlodipine and benazepril \*  
 amoxapine \*  
 amoxicillin  
 amoxicillin & pot clavulanate  
 amphetamine mixtures \*  
 ampicillin  
 anagrelide \*  
 ANDRODERM \*  
 ANDROGEL  
 anthralin  
 APAPisometheptene-dichloral  
 apraclonidine \*  
 ASACOL \*  
 ASMANEX  
 aspirin w/ codeine  
 aspirin/cafeine/butalbital  
 atenolol & chlorthalidon \*  
 atenolol \*  
 atropine sulfate  
 aug betamethasone dipropionate  
 AUVI-Q  
 AVANDIA ST \*  
 AVIANE \*  
 AZASITE  
 azathioprine  
 azelaic acid  
 azelastine  
 azithromycin  
 AZOPT \*  
 -B-  
 baclofen \*  
 benazepril \*  
 benazepril and HCTZ \*  
 benzonatate  
 benzotropine mesylate \*  
 betamethasone & clotrimazole  
 betamethasone dipropionate  
 betamethasone valerate \*  
 betaxolol \*  
 bethanechol chloride  
 BETOPTIC-S \*  
 bicalutamide  
 bisoprolol & HCTZ \*  
 bisoprolol \*  
 brimonidine opthal \*  
 bromocriptine \*  
 bumetanide  
 bupropion SR QL \*  
 bupropion QL \*  
 buspirone \*  
 butalbital/aspirin/cafeine  
 w/codeine  
 BYDUREON  
 -C-  
 CALCIFEROL  
 calcipotriene topical cream  
 calcitonin  
 calcitriol \*  
 candesartan/HCTZ  
 captopril \*  
 captopril and HCTZ \*  
 carbachol \*  
 carbamazepine \*  
 carbamazepine ER\*  
 carbidopa-levodopa \*  
 carisoprodol w/ ASA \*  
 cefaclor  
 cefaclor ER  
 cefadroxil  
 cefpodoxime  
 cefuroxime  
 cephalixin  
 cevimeline  
 chlorthiazide  
 chlorpheniramine, phenylephrine  
 and methscopolamine  
 chlorpheniramine, phenylephrine  
 and pyrilamine  
 chlorpromazine  
 chlorpropamide \*  
 chlorthalidone \*  
 cholestyramine \*  
 ciprofloxacin  
 citalopram \*  
 clarithromycin  
 clemastine 2.68 mg tablets or syrup  
 CLIMARA PRO \*  
 clindamycin  
 clindamycin and benzoyl peroxide gel  
 clindamycin, benzyol peroxide  
 clobetasol propionate \*  
 clomipramine  
 clonazepam \*  
 clonidine \*  
 clonidine patches  
 clodogrel  
 clotrimazole (topical)  
 clobetasol 0.05% lotion  
 clobetasol 0.05% topical shampoo  
 clonidine HCl SR 12HR  
 clotrimazole troche  
 cloxacillin  
 codeine  
 colchicine w/ probenecid \*  
 COMBIVENT RESPIMAT \*  
 CORTIFOAM  
 cromolyn  
 cyclobenzaprine \*  
 cyclophosphamide  
 cyclosporine  
 cyproheptadine \*  
 CYTOMEL  
 -D-  
 desipramine \*  
 desmopressin \*  
 desoximetasone  
 dexamethasone  
 dexmethylphenidate  
 dexmethylphenidate ER  
 dextroamphetamine \*  
 diazepam  
 diclofenac \*  
 diclofenac ER \*  
 dicloxacillin  
 dicyclomine  
 didanosine  
 diflunisal \*  
 digoxin \*  
 DILATRATE SR \*  
 diltiazem \*  
 diltiazem SA \*  
 dipivefrin \*  
 dipyrindamole \*  
 disopyramide \*  
 divalproex sodium er  
 divalproex sodium sprinkles  
 donepezil  
 dorzolamide HCl/timolol maleate \*  
 doxazosin \*  
 doxepin \*  
 doxercalciferol  
 doxycycline  
 duloxetine capsule  
 -E-  
 EFFIENT QL  
 ELIDEL ST QL  
 EMADINE  
 enalapril \*  
 enalapril and HCTZ \*  
 EPIDUO  
 EPIPEN, EPI PEN Jr.  
 eplerenone  
 ERGOMAR  
 ergotamine and caff  
 erythromycin  
 erythromycin & sulfisoxazole  
 erythromycin base  
 erythromycin base (coated)  
 erythromycin estolate  
 erythromycin ethylsuccinate  
 erythromycin Pellets (generic ERYC)  
 erythromycin stearate  
 escitalopram \*  
 esterfied estrogens \*  
 ESTRACE VAG \*  
 estradiol \*  
 ESTRING QL \*  
 estrogens & methyltestosterone \*  
 estropiate \*  
 ethambutol \*  
 ethinyl estradiol/drospirenone  
 ethosuximide \*  
 ethynodiol diacet & eth estrad \*  
 etodolac \*  
 etodolac ER \*  
 etoposide  
 EURAX  
 EXELDERM  
 -F-  
 fenofibrate  
 fenofibrate 145mg  
 fenoprofen \*  
 fentanyl  
 finasteride  
 flecanide \*  
 FLOVENT HFA \*  
 fluconazole  
 fluorocortisone \*  
 flunisolide \*  
 fluocinolone  
 fluocinonide  
 fluoromethalone  
 fluorouracil  
 fluoxetine \*  
 fluoxymesterone \*  
 fluphenazine  
 flurbiprofen \*  
 flutamide \*  
 fluvastatin  
 fluvoxamine \*  
 FOSAMAX PLUS D \*  
 fosinopril & HCTZ \*  
 fosinopril \*  
 furosemide \*  
 -G-  
 gabapentin \*  
 ganciclovir  
 gatafloxacin 0.5%  
 gemfibrozil \*  
 gentamicin sulfate  
 glimepiride \*  
 glipizide \*  
 glipizide ER \*  
 glyburide \*  
 glyburide/metformin \*  
 granisetron QL PA  
 griseofulvin  
 griesofulvin ultra  
 guanfacine \*  
 -H-  
 halobetasol  
 haloperidol \*  
 HUMALOG (all forms) \*  
 HUMULIN (all forms) \*  
 hydralazine & HCTZ \*  
 hydrochlorothiazide \*  
 hydrocortisone w/ pramoxine  
 hydromorphone HCl  
 hydroxychloroquine  
 hydroxyurea \*  
 hydroxyzine  
 hyoscyamine

# Community First Health Plans

## UFCP Preferred Drug List • Plan Year 2017



COMMUNITY FIRST  
HEALTH PLANS

- I
  - ibandronate \*
  - ibandronate 150 mg tablets
  - ibuprofen/hydrocodone
  - imipramine \*<sup>af</sup>
  - indomethacin \*<sup>af</sup>
  - indomethacin ER <sup>af</sup>
  - ipratropium \*<sup>af</sup>
  - irbesarten <sup>af</sup>
  - irbesarten with HCTZ
  - isometheptene, dichloralphenazone, APAP
  - isoniazid \*<sup>af</sup>
  - isosorbide dinitrate \*<sup>af</sup>
  - isosorbide mononitrate \*<sup>af</sup>
  - isotretinoin
  - isoxsuprine \*
  - itraconazole \*
- K
  - ketoconazole <sup>af</sup>
  - ketoprofen \*<sup>af</sup>
  - ketoprofen ER \*
  - ketorolac
  - KOMBIGLYZA <sup>af</sup>
- L
  - labetalol \*<sup>af</sup>
  - lamivudine
  - lamivudine-zidovudine
  - lamotrigine <sup>af</sup>
  - LANOXICAPS \*<sup>af</sup>
  - lansop/amox /clarith
  - LANTUS \*<sup>af</sup>
  - leflunomide \*<sup>af</sup>
  - leucovorin
  - LEVEMIR <sup>af</sup>
  - levetiracetam
  - levobunolol \*
  - levocetirizine
  - levofloxacin
  - levonorgestrel & eth estradiol \*<sup>af</sup>
  - LEVORA \*<sup>af</sup>
  - levothyroxine \*<sup>af</sup>
  - lidocaine HCl
  - lidocaine patch
  - lisinopril & HCTZ \*<sup>af</sup>
  - lisinopril \*<sup>af</sup>
  - lithium carbonate \*
  - lithium citrate \*<sup>af</sup>
  - lorazepam
  - losartan
  - losartan - hctz
  - lovastatin QL \*<sup>af</sup>
  - loxapine \*
- M
  - maprotiline \*<sup>af</sup>
  - MATULANE
  - mebendazole
  - meclufenamate \*
  - medroxyprogesterone \*<sup>af</sup>
  - megestrol
  - mercaptapurine
  - mesalamine
  - metaproterenol \*<sup>af</sup>
  - metformin \*<sup>af</sup>
  - metformin ER \*<sup>af</sup>
- N
  - methazolamide \*<sup>af</sup>
  - methimazole \*
  - methotrexate \*<sup>af</sup>
  - methyclothiazide \*
  - methyl dopa \*<sup>af</sup>
  - methylphenidate \*
  - methylphenidate ER
  - methyltestosterone \*
  - metoclopramide HCl
  - metolazone \*
  - metoprolol \*<sup>af</sup>
  - metoprolol XL \*<sup>af</sup>
  - metronidazole <sup>af</sup>
  - metronidazole gel <sup>af</sup>
  - mexiletine \*<sup>af</sup>
  - MICROGESTIN \*<sup>af</sup>
  - MICROGESTIN FE \*<sup>af</sup>
  - midodrine <sup>af</sup>
  - MIGRANAL
  - minocycline <sup>af</sup>
  - mirtazapine QL \*<sup>af</sup>
  - misoprostal \*<sup>af</sup>
  - MITIGARE <sup>af</sup>
  - modafinil
  - mometasone
  - montelukast <sup>af</sup>
  - moexipril \*
  - morphine
  - morphine ER
  - moxifloxacin <sup>af</sup>
  - mupirocin
  - mycophenolate
  - MYLERAN
- O
  - olopatadine
  - olmesartan
  - ondansetron QL PA <sup>af</sup>
  - ONGLYZA <sup>af</sup>
  - orphenadrine citrate \*<sup>af</sup>
  - orphenadrine/ASA/caffeine
  - oxaprozin \*
  - oxazepam <sup>af</sup>
  - oxcarbazepine
  - OXISTAT
  - oxybutynin \*<sup>af</sup>
  - oxybutynin er
  - oxycodone
  - oxycodone w/ aspirin
- P
  - PANCREAZE \*<sup>af</sup>
  - PANDEL <sup>af</sup>
  - pantoprazole
  - pantoprazole ST <sup>af</sup>
  - paroxetine \*<sup>af</sup>
  - PATADAY ST
  - pediatric multivitamins w/F1 & Fe <sup>af</sup>
  - pediatric multivitamins w/F1 <sup>af</sup>
  - pediatric vitamins ACD w/ fluoride <sup>af</sup>
  - pediatric vitamins ACD w/ fluoride & iron <sup>af</sup>
  - penicillin V potassium
  - pentazocin and naloxone
  - pentazocin/APAP
  - pentoxifylline \*<sup>af</sup>
  - perphenazine
  - perphenazine and amitriptyline
  - phenobarbital & belladonna alk
  - phenobarbital \*
  - phenyleph-CPM w/ hydrocod <sup>af</sup>
  - phenyltoloxamine w/ APAP <sup>af</sup>
  - phenytoin (all forms) \*<sup>af</sup>
  - PHOSPHOLINE IODIDE <sup>af</sup>
  - pilocarpine<sup>af</sup>
  - PILOPINE HS \*<sup>af</sup>
  - pindolol \*<sup>af</sup>
  - pioglitazone <sup>af</sup>
  - pioglitazone/metformin <sup>af</sup>
  - piroxicam \*<sup>af</sup>
  - podofilox
  - potassium bicarbonate \*<sup>af</sup>
  - potassium chloride \*<sup>af</sup>
  - potassium citrate \*
  - potassium gluconate \*<sup>af</sup>
  - pramoxine <sup>af</sup>
  - pravastatin QL \*<sup>af</sup>
  - prazosin \*<sup>af</sup>
  - prednisolone <sup>af</sup>
  - prednisone <sup>af</sup>
  - PREMARIN \*<sup>af</sup>
  - PREMARIN VAG <sup>af</sup>
  - PREMPHASE \*<sup>af</sup>
  - PREMPRO \*<sup>af</sup>
  - prenatal multivitamin w/ Fe-Fa <sup>af</sup>
  - prenatal vitamin \*<sup>af</sup>
  - primidone \*<sup>af</sup>
  - PROAIR HFA \*<sup>af</sup>
  - probenecid \*<sup>af</sup>
  - prochlorperazine <sup>af</sup>
  - PROCTOCREAM-HC <sup>af</sup>
  - promethazine <sup>af</sup>
  - promethazine with codeine
- Q
  - propafenone \*
  - propranolol & HCTZ \*<sup>af</sup>
  - propranolol \*<sup>af</sup>
  - propranolol LA \*<sup>af</sup>
  - propylthiouracil \*
  - pyrazinamide \*
  - pyridostigmine \*
- R
  - quetiapine <sup>af</sup>
  - quinidine gluconate \*<sup>af</sup>
  - quinidine sulfate \*
- S
  - salsalate \*<sup>af</sup>
  - selegiline \*<sup>af</sup>
  - selenium sulfide <sup>af</sup>
  - SEREVENT INH and Diskus \*<sup>af</sup>
  - sertraline \*<sup>af</sup>
  - sildenafil 20mg tabs
  - silver sulfadiazine <sup>af</sup>
  - simvastatin \*<sup>af</sup>
  - sirolimus tab
  - sodium fluoride \*<sup>af</sup>
  - sodium polystyrene
  - sodium sulfacetamide
  - sotalol \*<sup>af</sup>
  - SPIRIVA
  - spironolactone & HCTZ \*<sup>af</sup>
  - spironolactone \*<sup>af</sup>
  - stannous fluoride \*<sup>af</sup>
  - stavudine
  - sucalfate <sup>af</sup>
  - sulfacetamide sodium w/ sulfur <sup>af</sup>
  - sulfacetamide sod-pred
  - sulfadiazine <sup>af</sup>
  - sulfamethoxazole
  - sulfasalazine \*<sup>af</sup>
  - sulindac \*<sup>af</sup>
  - sumatriptan QL <sup>af</sup>
  - SYNTHROID \*<sup>af</sup>
- T
  - tacrolimus
  - tamoxifen \*<sup>af</sup>
  - tamsulosin HCl
  - telmisartan
  - telmisartan/amlodipine
  - temazepam <sup>af</sup>
  - temozolomide
  - terazosin \*<sup>af</sup>
  - terbinafine <sup>af</sup>
  - terbutaline \*
  - tetracycline <sup>af</sup>
  - theophylline \*<sup>af</sup>
  - thioridazine
  - thiothixene \*<sup>af</sup>

thyroid \*[a](#)[f](#)  
 THYROLAR \*[2](#)  
 tiagabine  
 ticlopidine \*[2](#)  
 timolol \*[a](#)[f](#)  
 timolol GFS \*[a](#)[f](#)  
 TOBRADEX QL  
 tobramycin neb  
 tolazamide \*[2](#) [a](#)[f](#)  
 tolbutamide \*[a](#)[f](#)  
 tolterodine \*[a](#)[f](#)  
 tolterodine immediate release (IR)  
   tablets  
 tolterodine SR  
 tolmetin \*[2](#) [a](#)[f](#)  
 topiramate  
 tramadol  
 tramadol er  
 tramadol with APAP  
 tranlycypromine \*  
 TRAVATAN Z  
 trazodone \*[a](#)[f](#)  
 tretinoin gel 0.04%  
 TRESIBA [a](#)[f](#)  
 tretinoin PA if >25y/o  
 TREXIMET QL  
 triamcinolone acetonide [2](#)  
 triamterene & HCTZ \*[2](#) [a](#)[f](#)  
 triazolam  
 trifluridine  
 trihexyphenidyl \*[a](#)[f](#)  
 trimethobenzamide [2](#)  
 trimethoprim  
 trimethoprim / sulfamethoxazole [a](#)[f](#)  
 trimethoprim-polymyxin b

-U-  
 ursodiol \*[a](#)[f](#)

-V-  
 valacyclovir HCl \*[a](#)[f](#)  
 valproate sodium \*[a](#)[f](#)  
 valproic acid \*[a](#)[f](#)  
 valsartan  
 valsartan HCTZ  
 venlafaxine QL \*[a](#)[f](#)  
 verapamil \*[a](#)[f](#)  
 verapamil ER \*[a](#)[f](#)  
 VEXOL [2](#)  
 VIAGRA QL PA Criteria [2](#)  
 VICTOZA

-W-  
 warfarin sodium \*[2](#) [a](#)[f](#)

-X-  
 XARELTO  
 XULANE PATCH QL

-Z-  
 ZENPEP  
 ZETIA ST \*[a](#)[f](#)  
 zidovudine [a](#)[f](#)  
 ziprasidone  
 zolmitriptin  
 zolpidem  
 ZOMIG QL [2](#) [a](#)[f](#)  
 zonisamide

### 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

**VIAGRA / CIALIS / LEVITRA**  
6 tabs/month per RX and PA criteria

**XULANE PATCH**  
3 per month

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

