

# Community First Health Plans

## UFCP Preferred Drug List • Plan Year 2019



### Three-tier Preferred Drug List effective January 1, 2019

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](http://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.

**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 ANORO ELLIPTA INHALER ☞ APTIVUS ☞ ATRIPLA ☞	<b>-F-</b> FETZIMA PA ☞ FLECTOR PATCH ☞	<b>-N-</b> NORVIR *☞	<b>-T-</b> TRIUMEQ ☞ TRUVADA *☞
<b>-B-</b> BYETTA *	<b>-H-</b> HUMIRA PA	<b>-P-</b> PREZISTA ☞ PROVENTIL HFA *☞	<b>-V-</b> VESICARE ☞ VIRACEPT *☞ VIREAD *☞
<b>-C-</b> CHANTIX ☞ CIMZIA CLARINEX-D ☞ COMPLERA ☞	<b>-I-</b> INTELENCE ☞ INVIRASE *☞ ISENTRESS QL☞	<b>-Q-</b> QVAR*☞	
<b>-D-</b> DYMISTA PA ☞	<b>-K-</b> KALETRA ☞	<b>-R-</b> RESCRIPTOR *☞ REYATAZ *☞	
<b>-E-</b> ENBREL PA QL	<b>-L-</b> LEXIVA *☞ LYRICA	<b>-S-</b> SELZENTRY☞ STRIBILD ☞ SUSTIVA *☞	
	<b>-M-</b> MYRBETRIQ ☞		

# Community First Health Plans

## UFCP Preferred Drug List • Plan Year 2019



**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/caffeine/butalbital  
 atenolol & chlorthalidon \*  
 atenolol \*  
 atorvastatin  
 atropine sulfate  
 aug betamethasone dipropionate  
 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 ophthal \*  
 bromocriptine \*  
 bumetanide  
 bupropion SR QL  
 bupropion QL  
 buspirone \*  
 butalbital/aspirin/caffeine  
 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  
 cephalexin  
 cevimeline  
 chlordiazepoxide  
 chlorothiazide  
 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  
 clindaymcin, benzyol peroxide  
 clobetasol propionate \*  
 clomipramine  
 clonazepam \*  
 clonidine \*  
 clonidine patches  
 clodidogrel  
 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 \*

estropipate \*  
 ethambutol \*  
 ethinyl estradiol/drospirenone  
 ethosuximide \*  
 ethynodiol diacet & eth estrad \*  
 etodolac \*  
 etodolac ER \*  
 etoposide  
 EURAX  
 EXELDERM

### -F-

FARXIGA \*  
 fenofibrate  
 fenofibrate 145mg  
 fenpropfen \*  
 fentanyl  
 finasteride  
 flecanide \*  
 FLOVENT HFA  
 fluconazole  
 fludrocortisone \*  
 flunisolide \*  
 fluocinolone  
 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 \*  
 GLYXAMBI \*  
 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 2019



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   
tramadol  
tramadol er  
tramadol with APAP  
tranylcypromine \*  
TRAVATAN Z  
trazodone \*   
trentinoin gel 0.04%  
TRESIBA   
tretinoin PA if >25y/o  
TREMIMET QL  
triamcinolone acetonide   
triamterene & HCTZ \*   
triazolam  
trifluridine  
trihexyphenidyl \*   
trimethobenzamide   
trimethoprim  
trimethoprim / sulfamethoxazole   
trimethoprim-polymyxin b

**-U-**  
ursodiol \*

**-V-**  
valacyclovir HCl \*   
valproate sodium \*   
valproic acid \*   
valsartan   
valsartan HCTZ   
venlafaxine QL \*   
verapamil \*   
verapamil ER \*   
VEXOL   
VIAGRA QL PA Criteria   
VICTOZA

**-W-**  
warfarin sodium \*

**-X-**  
XARELTO   
XIGDUO XR \*   
XULANE PATCH QL

**-Z-**  
ZENPEP  
zidovudine   
ziprasidone  
zolmitriptan   
zolpidem  
ZOMIG QL   
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

**SPECIAL HANDLING  
MEDICATIONS:**  
*Members may pick up these medications  
at the RBG or Pavilion pharmacy at a  
\$0 co-pay*

Any medication requiring refrigeration  
All insulins  
Humira or Enbrel  
Vitamin D capsules  
Nuvaring  
Restasis  
Byetta or Bydureon  
Victoza  
Lovaza

**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 or (210) 358-9657

**If you're unable to locate your medication on the list then  
please contact  
Navitus at (866) 333-2757**