

Covered Drug List

July 2025

This is a list of common medications
and may not be complete.



PEHP
Health & Benefits

PROUDLY SERVING UTAH PUBLIC EMPLOYEES

Covered Drug List



IMPORTANT: This is a list of common medications and may not be complete. It was current at the time of printing and is subject to change. Additions and subtractions can be made to the list at any time. For the latest list, go to www.pehp.org or call PEHP at 801-366-7555 or 800-765-7347.

About the Covered Drug List

The Covered Drug List is a listing of prescription medications chosen by PEHP to be available at a lower copayment. The medications on the Covered Drug List provide the best overall value based on quality, safety, effectiveness, and cost. The Covered Drug List is modified periodically with changes based on recommendations from PEHP's Pharmacy and Therapeutics Committee.

*PEHP pharmacy benefits do not apply to the following groups:
Jordan School District, Park City School District, and school districts under USBA benefits.*

Always consult with your doctor before making medication changes.

Categories of Medications

Your pharmacy and specialty benefit is categorized by the following tiers:

- » **Tier 1:** Preferred generic drugs available at the lowest copayment.
- » **Tier 2:** Preferred brand name drugs available at the middle copayment.
- » **Tier 3:** Non-preferred medications available at the highest copayment.
- » **Tier A:** Specialty medications available at the lowest specialty Copayment listed in your Benefit Summary.
- » **Tier B:** Specialty medications available at the intermediate specialty Copayment listed in your Benefit Summary.
- » **Tiers C1, C2 & C3:** Specialty medications available at the highest specialty Copayment listed in your Benefit Summary.

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Preferred Medications

Lowercase = Tier 1 | **ALL CAPS** = Tier 2 | **QL** = Quantity limit applies | **PA** = Requires preauthorization

^ = Must use specialty pharmacy Accredo | * = Not available for home delivery

A

a-b otic*
abacavir/lamivudine/
zidovudine
aripiprazole (QL)
ACANYA GEL PUMP (QL)
acetaminophen with codeine (QL)*
acetazolamide
acetylcysteine
ACTIVELLA 0.5/0.1
acyclovir
adapalene (QL)
adefovir dipivoxi (QL)
AGGRENOX (QL)
AJOVY (PA) (QL)
ALAMAST
albuterol
alendronate (QL)
alfuzosin
ALKERAN
allopurinol
allres g suspension*
ALPHAGAN P 0.1%
alprazolam, xr*
ALTOPREV (QL)
ALVESCO (QL)
amantadine
amiloride
amiloride/hctz
aminocaproic acid
amiodarone
amitriptyline
amlodipine
amlodipine/benazepril
amoxicillin*
amoxicillin-pot clavulanate*
amphetamine salt*
ampicillin*
anagrelide
anastrozole (QL)
ANDRODERM (QL)
antipyrine/benzocaine (QL)*
ASMANEX (QL)
aspirin-codeine*
atenolol

atenolol/chlorthalidone
atomoxetine
ATROVENT HFA
AXID SOLUTION
azathioprine
azithromycin*
AZOPT

B

bacitracin*
baclofen
BAQSIMI
benazepril
benazepril/hctz
benzonatate
benzoyl peroxide
benzoyl peroxide/
clindamycin
benztropine
BESIVANCE (QL)*
betamethasone
betaxolol
BETIMOL
BETOPTIC-S
bisoprolol
bisoprolol/hctz
BRILINTA (QL)
brimonidine
bromocriptine
budeprion sr, xl (QL)
budesonide nasal (QL)
budesonide respules (QL)
bumetanide
buprenorphine (QL)*
bupropion, sr, xl (QL)
buspirone
butalbital-apap-caffeine*
butalbital-aspirin-caffeine*
butalbital-caff-apap-codeine*
butorphanol (QL)*
BUTRANS TRANSDERMAL (QL)*

C

calcipotriene solution
calcitonin

calcitriol
camila
CANASA SUPPOSITORY
CAPEX SHAMPOO
captopril
captopril/hctz
carbamazepine
CARBATROL
carbidopa/levodopa
carisoprodol*
cartia xt
carvedilol
cefaclor*
cefadroxil*
cefdinir*
cefprozil*
ceftriaxone*
cefuroxime*
CENESTIN
cephalexin*
chloral hydrate*
chlordiazepoxide*
chloroquine
chlorothiazide
chlorpromazine
chlorpropamide
chlorthalidone
chlorzoaxone*
cholestyramine
choline & magnesium
salicylates
cimetidine
CIPRODEX
ciprofloxacin*
citalopram (QL)
clarithromycin*
clemastine, syrup*
clindamycin*
clindinium/chlordiazepoxide
clobetasol
clomipramine
clonazepam*
clonidine
clonidine ER (QL)
clonidine patches (QL)

clopидогрел (QL)
clorazepate
clotrimazole troche
clotrimazole w/
betamethasone
clozapine
codeine sulfate (QL)*
COLAZAL
colestipol
colesevelam (QL)
COMBIPATCH
COMBIVENT
COMTAN
CONDYLOX
CORTIFOAM
CREON
CRINONE (PA)
cromolyn
cyclobenzaprine*
cyclopentolate
cyclophosphamide
cyclosporine
CYTOMEL

D

dantrolene*
DAYTRANA (QL)*
DESCOZY (QL)
desipramine
desmopressin (PA)
desmopressin nasal (PA) (QL)
desonide
dexamethasone
dexmethylphenidate*
dextroamphetamine*
DIASTAT (QL)*
diazepam*
dibenzyline
diclofenac
dicloxacillin*
dicyclomine
didanosine
diethylstilbestrol
DIFFERIN GEL 0.3%,
LOTION (QL)

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Preferred Medications

Lowercase = Tier 1 | **ALL CAPS** = Tier 2 | **QL** = Quantity limit applies | **PA** = Requires preauthorization

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diflorasone
diflunisal
digoxin
dihydroergotamine (PA) (QL)*
DILANTIN 30MG, 50 MG
DILAUDID LIQUID*
diltiazem, er
diphenoxylate/atropine
dipyridamole
disopyramide
disulfiram
divalproex
divalproex er
donepezil
DOVONEX CREAM
doxazosin (QL)
doxepin
doxycycline hyclate
dronabinol (PA) (QL)
DULERA (QL)
 duloxetine (QL)
 dutasteride
 dutasteride/tamsulosin

E

EASIVENT (QL)*
econazole
EDURANT (QL)
EFFIENT (QL)
eletriptan (QL)*
ELIDEL (QL)
ELIQUIS (QL)
ELMIRON (QL)
EMCYT
EMEND (QL)*
EMGALITY (PA) (QL)
EMTRIVA, SOL
ENABLEX
enalapril
enalapril/hctz
endacof dc (QL)*
endocet (QL)*
ENJUVIA
ENTRESTO (QL)
entecavir
EPIPEN, EPIPEN JR (QL)*

epitol
erythromycin capsules*
erythromycin/benzoyl peroxide
esterified estrogens
ESTRACE VAGINAL
CREAM
ESTRADERM PATCH (QL)
estradiol, inj (QL)
estradiol transderm patch (QL)
estropipate
eszopiclone (QL)
ethosuximide
etodolac, xl
EURAX
EVOXAC
EXALL-D LIQUID*

F

famciclovir
famotidine
FARXIGA
felodipine er
fenofibrate (QL)
fentanyl lozenge (PA) (QL)*
finasteride (QL)
flecainide
fluconazole
fludrocortisone
flunisolide nasal spray (QL)
fluocinolone
fluocinonide
fluorouracil
fluoxetine, solution (QL)
fluphenazine
flurazepam (QL)
flurbiprofen
flutamide
fluticasone
fluticasone nasal spray (QL)
fluticasone-salmeterol inhaler (QL)
fluvoxamine
folic acid 1 mg (QL)
FORADIL
fortical
FOSAMAX SOLUTION (QL)
fosinopril

fosinopril/hctz
FREESTYLE LIBRE 2/3/3+
(PA) (QL)
FREESTYLE TEST STRIPS (QL)
furosemide

G

gabapentin
ganciclovir
gemfibrozil
gentamicin*
glimepiride
glipizide, er, xl
glipizide-metformin
glyburide
glyburide/metformin
griseofulvin
guaifenesin/codeine*
guanfacine
GYNAZOLE-1

H

halobetasol
haloperidol
hydralazine
hydralazine/hctz
hydrochlorothiazide
hydrocodone/apap (QL)*
hydrocodone/
chlorpheniramine (QL)*
hydrocodone/homatropine*
hydrocodone/ibuprofen (QL)*
hydrocortisone
hydrocortisone/lidocaine
hydromet
hydromorphone (QL)*
hydromorphone ER (PA)(QL)*
hydroxychloroquine
hydroxyurea
hydroxyzine
hyomax sl, sr
hyoscymamine
HYPER-SAL 7%

I

ibuprofen

imipramine hcl
imiiquimod (QL)
indapamide
indomethacin
insulin lispro
introvale (QL)
ipratropium
ipratropium-albuterol
isomethptene/
acetaminophen/
dichloralphenazone*
isoniazid
isosorbide
itraconazole (PA) (QL)

J

JARDIANCE
JENTADUETO (QL)

K

KALETRA
ketoconazole
ketoprofen
ketorolac (QL)*
klor-con (except 25 meq)
klor-con ef
klor-con m (except 15 meq)
KOMBIGLYZE XR
k-phos neutral

L

labetalol
lactulose
LAMISIL GRANULE (PA) (QL)*
lamivudine
lamotrigine
LANOXIN
lansoprazole capsules(QL)
LANTUS, SOLOSTAR
latanoprost
leflunomide (QL)
LEUKERAN
levalbuterol solution (QL)
levetiracetam
levobunolol
levofloxacin 0.5% Ophthalmic

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Solution
levothyroxine
levoxyl
lidocaine patches(QL)
lindane
LINZESS (QL)
liothyronine
LIPOFEN (QL)
lipram
lisinopril
lisinopril/hctz
lithium, er
lorazepam*
losartan, hctz
LOTRONEX (PA) (QL)
lovastatin (QL)
low-ogestrel
loxapine
LUMIGAN

M

MATULANE (PA)
mebendazole
meclizine
meclofenamate
medroxyprogesterone (QL)
megestrol
meloxicam
meperidine*
MEPHYTON (PA)
MEPRON
mercaptopurine
mesalamine enema
mesalamine tablet
MESTINON SYRUP, 180 MG
METADATE CD (QL)*
metadate er (QL)*
metaproterenol
metformin, er (QL)
metformin-glyburide
methadone 5mg, 10mg
tablet* (PA)(QL)
methadone 40mg tablet* (PA)
(QL)
methazolamide
methenamine
METHERGINE TABLET

methimazole
methocarbamol*
methotrexate, inj
methyldopa
methyldopa/hctz
methylin er (QL)*
methylphenidate er (QL)*
methylphenidate sr (QL)*
methylphenidate, solution*
methylprednisolone
metoclopramide
metolazone
metoprolol, xl
metoprolol/hctz
metronidazole
mexiletine
metaxalone*
MINITRAN
minocycline capsule
mirtazapine (QL)
misoprostol
modafinil 100mg (PA) (QL)
modafinil 200mg (QL)
molindone
mometasone topical
mometasone nasal spray (QL)
MONOJECT INS SYR
montelukast (QL)
morphine tablet, IR (QL)*
MOXEZA
moxifloxacin (QL)*
MULTAQ (QL)
mupirocin
mycophenolate
MYLERAN
MYRBETRIQ

N

nabumetone
nadolol
naloxone injection
naltrexone tablet (QL)
NAMENDA XR (QL)
naproxen
naratriptan (QL)*
NEBUPENT
nefazodone

neomycin*
nevirapine, ER
niacin extended release
nifedipine, er, xl
nimodipine
NITRO-BID OINTMENT
nitrofurantoin,macrocrystal
nitroglycerin
NITROLINGUAL SPRAY*
NITROSTAT
nizatidine
nogestimate, ethinyl estradiol
nortriptyline
NORVIR
NOXAFL (PA) (QL)
NUCYNTA ER (QL)*
nystatin*

O

ofloxacin*
olanzapine
olmesartan (QL)
olmesartan/hctz (QL)
olopatadine
omega-3-acid ethyl esters
omeprazole (QL)
ondansetron (QL)*
ondansetron ODT (PA) (QL)*
ONGLYZA (QL)
OPTIVAR (QL)
orphenadrine, compound
forte*
OTIC CARE OTIC*
oxaprozin
oxazepam*
oxcarbazepine tablets,
suspension
oxybutynin, er (QL)
oxycodone (QL)*
oxycodone/apap (QL)*
oxymorphone er (PA) (QL)*
oxymorphone (PA) (QL)*
OZEMPIC (QL) (PA)

P

pancrelipase
pantoprazole (QL)

paricalcitol
paromomycin
paroxetine (QL)
PATADAY
penicillin*
perindopril (QL)
permethrin
perphenazine
phenazopyridine
phenobarbital
phenytoin
pilocarpine
pindolol
pioglitazone (QL)
pioglitazone/metformin (QL)
piroxicam
portia
potassium chloride
potassium citrate
pramipexole
pramoxine/hc
pravastatin (QL)
prazosin
prednisolone
prednisone
pregabalin (QL)
PREMPHASE (QL)
PREMPRO (QL)
prevalite
primidone
PROAIR HFA (QL)
PROAIR RESPICLICK (QL)
probenecid
prochlorperazine
PROCTOFOAM-HC
proctosol-hc
protozone-hc
progesterone
progesterone in oil (QL)
PROGRAF
promethazine
promethazine/codeine*
propafenone
propranolol
propranolol/hctz
propylthiouracil
PROSTIGMIN

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protriptyline
PULMICORT FLEXHALER (QL)
pyrazinamide
quinapril
quinapril/hctz

Q

QVAR (QL)

R

rabeprazole (QL)
raloxifene (QL)
ramipril (QL)
RANEXA (QL)
ranitidine
RENAGEL
REYATAZ
rifampin*
risperidone, odt (QL)
rivastigmine (QL)
ropinirole
rosuvastatin (QL)
RYBELSUS (PA) (QL)
RYTARY

S

SANCTURA XR (QL)
SANDIMMUNE
SAVELLA (QL)
SELZENTRY (QL)
SEREVENT DISKUS
sertraline (QL)
sevelamer carbonate
simvastatin (QL)
sirolimus
sodium fluoride (age 1-11)

sodium polystyrene sulfonate
solifenacin
sotalol
SPIRIVA (QL)
spironolactone
spironolactone/hctz
sprintec
STRIBILD
sucralfate
sulfacetamide prednisolone
sulfacetamide topical sol (QL)
sulfamethoxazole/
trimethoprim*
sulfasalazine, EC
sumatriptan (QL)*
SUSTIVA
SYMBICORT (QL)

T

TAMIFLU (QL)*
tamoxifen
tamsulosin (QL)
TAZORAC (PA) (QL)
telmisartan (QL)
temazepam (QL)
terazosin
terbinafine (QL)
terbutaline
testosterone cypionate (QL)*
testosterone enanthate (QL)*
tetracycline
theophylline
THIOLA
thioridazine
thiothixene
ticlopidine
TIKOSYN (QL)
timolol
timolol-dorzolamide
TIVICAY
tizanidine
TOBRADEX*
tobramycin*
TOBREX OINTMENT*
tolazamide
tolbutamide
tolmetin
tolterodine tartrate
tolterodine tartrate er
topiramate
torsemide
TOUJEO
TRADJENTA (QL)
tramadol (QL)*
tramadol/apap (QL)*
trandolapril
trandolapril/verapamil
tranylcypromine
trazodone
TRELEGY (QL)
tretinoin (PA) (QL)
triamcinolone
triamterene/hctz
triazolam (QL)
TRIBENZENOR (QL)
trifluoperazine
trifluridine
trihexyphenidyl
trimethobenzamide
trimethoprim
trimethoprim-polymyxin B
TRULICITY (PA)
TRUVADA (QL)

TUDORZA PRESSAIR

U

ULORIC (QL)
estradiol vaginal tablet

V

valacyclovir (QL)
VALCYTE
valproic acid
valsartan/hctz (QL)
VASCEPA (QL)
venlafaxine, er
VENTOLIN HFA (QL)
verapamil, er
VIGAMOX*
VIMPAT (QL)
VIRACEPT
VOLTAREN GEL (QL)

W

warfarin

X

XARELTO (QL)
XIFAXAN 550MG (PA) (QL)

Z

zaflirlukast
zaleplon (QL)
ZIANA (QL)
zolpidem, er (QL)
zonisamide
ZYLET*

Common Tier 3 Medications With Preferred Alternatives

QL = Quantity limit applies | **PA** = Requires preauthorization | * = Not available for hme delivery | PREFERRED ALTERNATIVES: **Lowercase** = Tier 1 | **ALL CAPS** = Tier 2

Did you know that you may lower your copayment by asking your doctor if your prescription can be changed to a similar Tier 1 or Tier 2 medication? Tier 1 medications are available at the lowest copayment and Tier 2 medications can save you up to 25% compared to Tier 3 medications. PEHP recommends speaking with your doctor about Tier 1 and Tier 2 alternatives when he/she has chosen a Tier 3 drug

NON PREFERRED BRAND	PREFERRED ALTERNATIVE	NON PREFERRED BRAND	PREFERRED ALTERNATIVE
ABILIFY (QL)	aripiprazole (QL)	ANORO ELLIPTA (QL)	SPIRIVA (QL)
ACCUPRIL	quinapril	APTIOM (QL)	
ACCURETIC	quinapril/hctz	ARAVA (QL)	leflunomide
ACEON (QL)	perindopril (QL), lisinopril, benazepril	ARCAPTA (PA) (QL)	FORADIL
ACIPHEX (QL)	omeprazole (QL), pantoprazole (QL), lansoprazole capsules (QL)	ARICEPT (QL)	donepezil (QL)
ACTIQ (PA) (QL)*	fentanyl citrate (QL)*	ARIMIDEX (QL)	anastrozole (QL)
ACTONEL (QL)	alendronate (QL)	armodafinil (QL)	modafinil (PA) (QL)
ACTOPLUS MET XR (QL)	pioglitazone/metformin (QL)	ARMOUR THYROID	levothyroxine
ACTOPLUS MET (QL)	pioglitazone/metformin (QL)	AROMASIN	exemestane
ACTOS (QL)	pioglitazone (QL)	ARTHROTEC	diclofenac/misoprostol
ACZONE GEL (QL)	benzoyl peroxide/clindamycin	ATACAND (QL)	olmesartan (QL), losartan
ADDERALL*	amphetamine/dextroamphetamine mixed salt tablets*	ATACAND HCT (QL)	olmesartan/hctz (QL), losartan/hctz
ADDERALL XR *	methylphenidate ER tablets (QL)*, methylphenidate ER capsules (QL)*	ATRALIN (PA) (QL)	tretinoin (PA) (QL)
amphet./dextroamphet. mixed ER caps*	methylphenidate ER tablets (QL)*, methylphenidate ER capsules (QL)*	ATROVENT	ipratropium
ADVAIR HFA DISKUS (PA) (QL)	fluticasone/salmeterol diskus (QL), SYMBICORT (QL), DULERA (QL)	ASACOL HD	DELZICOL
ADVICOR (QL)		AURALGAN (QL)*	antipyrine/benzocaine*
AEROCHAMBER (QL)*	EASIVENT (QL)*	AVALIDE (QL)	olmesartan/hctz tabs (QL), losartan/hctz, irbesartan/hctz (QL)
ALDARA (QL)	imiquimod (QL)	AVANDAMET (QL)	pioglitazone/metformin (QL)
ALPHAGAN P 0.15% (QL), 0.2%	brimonidine	AVANDARYL (QL)	DUETACT (QL)
ALTACE (QL)	ramipril (QL)	AVANDIA (QL)	pioglitazone (QL)
AMARYL	glimepiride	AVapro (QL)	olmesartan (QL), irbesartan (QL)
AMBIEN (QL)	zolpidem (QL)	AVELOX (QL)*	moxifloxacin (QL)*
AMBIEN CR (QL)	zolpidem ER (QL)	AVINZA (PA) (QL)*	
AMERGE (QL)*	naratriptan (QL)*	AVODART	dutasteride
AMITIZA (QL) (PA)	LINZESS (QL)	AXERT (QL)*	sumatriptan (QL)*, rizatriptan (QL)*, eletriptan (QL)*
ANALPRAM E CREAM	hydrocortisone/pramoxine hydrochloride	AXID	nizatidine
ANALPRAM HC	hydrocortisone/pramoxine hydrochloride	AXIRON	testosterone topical solution
ANZEMET TABLETS (QL)*	ondansetron (QL)*	AZELEX	benzoyl peroxide/clindamycin
		AZMACORT	ASMANEX (QL), QVAR (QL)
		AZOR (QL)	
		AZULFIDINE	sulfasalazine
		BACTRIM DS	sulfamethoxazole(trimethoprim

Common Tier 3 Medications With Preferred Alternatives

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NON PREFERRED BRAND	PREFERRED ALTERNATIVE	NON PREFERRED BRAND	PREFERRED ALTERNATIVE
BACTROBAN	mupirocin*	COREG	carvedilol
BANZEL (PA) (QL)	divalproex, carbamazepine, phenytoin	COREG CR (QL)	carvedilol
BARACLUDÉ	entecavir	CORGARD	nadolol
BENICAR, HCT (QL)	olmesartan (QL), olmesartan/hctz (QL)	COSOPT	timolol/dorzolamide
BENSAL HP OINTMENT		COUMADIN	warfarin
BENZACLIN	benzoyl peroxide/clindamycin phosphate	COZAAR (QL)	losartan
BEPREVE (QL)	PATANOL	CRESTOR (QL)	rosuvastatin (QL)
BETAPACE, AF	sotalol	CYMBALTA (QL)	duloxetine (QL)
BIAXIN, XL*	clarithromycin*	DALMANE (QL)	flurazepam (QL)
BONIVA TABLETS (QL)	alendronate (QL)	DDAVP TABLETS, NASAL SPRAY (PA) (QL)	desmopressin (PA) (QL)
BREO ELLIPTA (QL)	SYMBICORT (QL)	DELATESTRYL (PA) (QL)*	
BROMDAY (QL)*	bromfenac*	DELZICOL	mesalamine tablet
buprenorphine-naloxone (generic suboxone)		DEMEROL TABLETS*	meperidine*
BUSPAR	buspirone	DENAVIR	acyclovir
BYDUREON (QL) (PA)	TRULICITY (QL) (PA)	DEPAKENE	valproic acid
BYETTA (QL) (PA)	TRULICITY (QL) (PA)	DEPAKOTE, ER	divalproex
BYSTOLIC (QL)	metoprolol	DEPO-TESTOSTERONE (QL)*	
CADUET (QL)	amlodipine/atorvastatin (QL)	DESOXYN*	methamphetamine hcl*
CALAN, SR	verapamil	DETROL	tolterodine tartrate
CAMPRAL		DETROL LA	tolterodine tartrate er
CARAFATE	sucralfate	DEXCOM G4/G5/G6 (PA)(QL)	FREESTYLE LIBRE (PA)(QL)
CARDIZEM, CD, LA	diltiazem, verapamil	DEXEDRINE*	"methylphenidate ER tablets (QL)*, methylphenidate ER capsules (QL)*"
CARDURA, XL	doxazosin	DEXILANT (QL)	omeprazole (QL), pantoprazole (QL), lansoprazole capsules (QL)
CASODEX	bicalutamide	dexamethyphendiate ER tabs (QL)*	methylphenidate ER tablets (QL)*
CATAPRES TTS (QL)	clonidine patches (QL)	dextroamphetamine SR capsules (QL)*	"methylphenidate ER tablets (QL)*, methylphenidate ER capsules (QL)*"
CELEBREX (QL)	ibuprofen, meloxicam, naproxen	DICLEGIS	
CELEXA (QL)	citalopram (QL)	DIFFERIN (QL)	adapalene (QL)
CELLCEPT	mycophenolate	DILANTIN 100 MG	phenytoin
CESAMET (PA) (QL)	ondansetron (QL)*	DILAUDID (QL)*	hydromorphone (QL)*
CHENODAL (PA)		DIOVAN/HCT (QL)	valsartan/hctz (QL)
CLIMARA (QL)	estradiol patch (QL)	DIPENTUM	DELZICOL
CLIMARA PRO (QL)	COMBIPATCH (QL)	DIPROLENE, AF	betamethasone
colchicine (QL)		DIPROSONE	betamethasone
COLCRYS		DITROPOAN, XL (QL)	oxybutynin, ER (QL)
COMBIVIR	lamivudine/zidovudine		
CONCERTA (QL)*	methylphenidate ER (QL)*		

Common Tier 3 Medications With Preferred Alternatives

QL = Quantity limit applies | **PA** = Requires preauthorization | * = Not available for hme delivery | PREFERRED ALTERNATIVES: **Lowercase** = Tier 1 | **ALL CAPS** = Tier 2

NON PREFERRED BRAND	PREFERRED ALTERNATIVE	NON PREFERRED BRAND	PREFERRED ALTERNATIVE
DUAC	benzoyl peroxide/clindamycin	FYCOMPA (QL)	
DUETACT (QL)	glimepiride/pioglitazone	GARAMYCIN*	gentamycin*
DUONEB	ipratropium-albuterol	GLUCOPHAGE, XR (QL)	metformin, XR (QL)
DURAGESIC PATCH (PA)(QL)*		GLUCOVANCE	glyburide/metformin
EFFEXOR XR	venlafaxine ER	GLYNASE	glyburide micronized
EFUDEX	fluorouracil	GEODON	ziprasidone
ELAVIL	amitriptyline	GOLYTELY	trityle
ENTOCORT EC (QL)	budesonide EC	HALCION (QL)	triazolam (QL)
EPIVIR	lamivudine	HALDOL*	haloperidol
EPIVIR HPV	lamivudine	HEPSERA (QL)	adefovir dipivoxi (QL)
ESTRACE	estradiol	HYCODAN*	hydrocodone bit-homatropine*
EVISTA (QL)	alendronate (QL), raloxifene (QL)	HYTRIN	terazosin
EXALGO (PA) (QL)*	hydromorphone ER (PA)(QL)*	HYZAAR (QL)	losartan/hctz
EXELON (QL)	rivastigmine (QL)	IMDUR	isosorbide
EXELON PATCH (QL)	rivastigmine (QL)	IMITREX (QL)*	sumatriptan (QL)*
EXFORGE (QL)	amlodipine/valsartan (QL) tabs, olmesartan (QL) plus amlodipine	IMURAN	azathioprine
FAMVIR	famciclovir	INDERAL, LA	metoprolol, LA, propranolol, LA
FANAPT (QL)	risperidone (QL), quetiapine fumarate, olanzapine, ziprasidone	INDOCIN, SR	indomethacin, SR
FELDENE	piroxicam	INNOPRAN XL	metoprolol LA, propranolol LA
FEMARA	letrozole	INTUNIV ER (QL) (PA)	guanfacine, ER (QL)
FENTANYL PATCHES (PA) (QL)*		INVEGA (QL)	risperidone (QL), quetiapine fumarate, olanzapine
FENTORA (PA) (QL)*	fentanyl citrate (QL)*	JALYN (QL)	dutasteride/tamsulosin (QL)
FIORICET*	butalbital-apap-caffeine*	KADIAN (QL) (PA)*	morphine sulfate ER caps (QL) (PA)*
FIORINAL W/CODEINE*	butalbital-aspirin-caffeine-codeine*	KEPPRA, XR (QL)	levetiracetam, ER (QL)
FLAGYL	metronidazole	KLONOPIN*	clonazepam*
FLEXERIL*	cyclobenzaprine*	LAMICTAL	lamotrigine
FLOMAX (QL)	tamsulosin (QL)	LAMISIL TABLET (QL)*	terbinafine tabs (QL)*
FLOVENT HFA (QL)	ALVESCO (QL), QVAR (QL), PULMICORT FLEXHALER (QL), ASMANEX (QL)	LATUDA (QL)	risperidone (QL), quetiapine fumarate, olanzapine
FLOXIN*	ofloxacin*	LEVAQUIN (QL)*	levofloxacin (QL)*
FOCALIN, XR (QL)*	dexmethylphenidate*	LEVSIN	hyoscamine
FOSAMAX (QL)	alendronate (QL)	LEXAPRO (QL)	escitalopram oxalate (QL)
FOSAMAX PLUS D (QL)	alendronate (QL)	LIALDA (QL)	DELZICOL
FOSRENOL	sevelamer carbonate	LIDEX	fluocinonide
FROVA	sumatriptan (QL)*	LIDODERM (QL)	lidocaine patches (QL)
		LIPITOR (QL)	atorvastatin (QL)
		LOCOID, LOTION	hydrocortisone butyrate

Common Tier 3 Medications With Preferred Alternatives

QL = Quantity limit applies | **PA** = Requires preauthorization | * = Not available for hme delivery | PREFERRED ALTERNATIVES: **Lowercase** = Tier 1 | **ALL CAPS** = Tier 2

NON PREFERRED BRAND	PREFERRED ALTERNATIVE	NON PREFERRED BRAND	PREFERRED ALTERNATIVE
LOFIBRA	fenofibrate	NEXIUM (QL)	omeprazole (QL), pantoprazole (QL), lansoprazole capsules (QL)
LOMOTIL	diphenoxylate/atropine	NIASPAN	niacin ER
LOPROX	ciclopirox	NIMOTOP	nimodipine
LORCET (QL)*	hydrocodone/apap (QL)*	NITRO-DUR PATCH	nitroglycerin td patch
LORTAB (QL)*	hydrocodone/apap (QL)*	NITROMIST SPRAY (QL)	nitrostat
LOTENSIN/HCT	benazepril/hctz	NIZORAL	ketoconazole
LOTREL	amlodipine/benazepril (QL)	NOLVADEX	tamoxifen
LOTRISONE	clotrimazole/betamethasone	NORCO (QL)*	hydrocodone/apap (QL)*
LOVAZA (QL)	omega-3-acid ethyl esters (QL)	NORPACE, CR	disopyramide
LUNESTA (QL)	eszopiclone (QL)	NORVASC (QL)	amlodipine
LYRICA (QL)	pregabalin (QL)	OCUFEN	flurbiprofen
LYSTEDA (QL)*	tranexamic acid (QL)*	OCUFLOX*	ofloxacin*
MACROBID	nitrofurantoin macrocrystal	ONFI (PA) (QL)	
MACRODANTIN	nitrofurantoin	ONSOLIS (PA) (QL)*	fentanyl lozenge (QL)*
MARINOL (PA) (QL)	dronabinol (PA) (QL)	OPANA, ER (PA) (QL)*	oxycodone (QL)*, oxymorphone (PA) (QL)*
MAXALT, MLT (QL)*	rizatriptan (QL)*	OPTICHAMBER (QL)*	EASIVENT (QL)*
MAXZIDE	triamterene/hctz	ORTHO-TRI-CYCLEN LO	nogestimate, ethinyl estradiol
MEDROL	methylprednisolone	OXISTAT*	econazole, nystatin
MEGACE	megestrol	XTAMPZA (PA) (QL)*	"NUCYNTA ER (QL)*, BUTRANS (QL), morphine sulfate ER (QL)*"
METROGEL	metronidazole	OXYIR*	oxycodone IR*
MEVACOR (QL)	lovastatin	PAMELOR	nortriptyline
MICARDIS (QL)	telmisartan (QL)	PANCREASE MT	lipram, CREON, ULTRASE
MICARDIS HCT (QL)	valsartan/hctz (QL), losartan/hctz, irbesartan/hctz (QL), olmesartan/hctz (QL)	PANCREASE DR	lipram, CREON, ULTRASE
MIDRIN*	isometheptene/acetaminophen/dichloralphenazone*	PARLODEL	bromocriptine
MINOCIN	minocycline	PATANOL	olopatadine
MIRAPEX ER (QL)	pramipexole	PAXIL (QL)	paroxetine (QL)
MOBAN	molindone	PENTASA	sulfasalazine, DELZICOL, COLAZAL, balsalazide
MOBIC	meloxicam	PERCOSET (QL)*	oxycodone/apap (QL)*
MONOPRIL HCT	fosinopril/hctz	PERCODAN (QL)*	oxycodone/aspirin (QL)*
MOUNJARO (PA) (QL)	TRULICITY (QL) (PA), OZEMPIC (QL) (PA)	PERSANTINE	dipyridamole
MOVANTIK	LINZESS	PHENERGAN*	promethazine
MS CONTIN (QL)*	morphine sulfate ER tabs (QL)*	PHENERGAN WITH CODEINE*	promethazine with codeine*
MYCOBUTIN	rifabutin	PHOSLO	calcium acetate
MYFORTIC	mycophenolate	PLAVIX (QL)	clopidogrel (QL)
NEURONTIN	gabapentin		

Common Tier 3 Medications With Preferred Alternatives

QL = Quantity limit applies | **PA** = Requires preauthorization | * = Not available for hme delivery | PREFERRED ALTERNATIVES: **Lowercase** = Tier 1 | **ALL CAPS** = Tier 2

NON PREFERRED BRAND	PREFERRED ALTERNATIVE	NON PREFERRED BRAND	PREFERRED ALTERNATIVE
POTIGA (QL)	lamotrigine, levetiracetam, valproate	RELPAX (QL)*	eletriptan (QL)*
PRADAXA (QL) (PA)	warfarin, ELIQUIS, XARELTO	REMERON (QL)	mirtazapine (QL)
PRAMOSON E	hydrocortisone/pramoxine	RENVELA	sevelamer carbonate
PRANDIN	repaglinide	REPREXAIN (QL)*	hydrocodone/ibuprofen (QL)*
PRAVACHOL (QL)	pravastatin (QL)	REQUIP, XL (QL)	ropinirole, XL (QL)
PRECOSE (QL)	acarbose (QL)	RESTASIS (QL)	hydroxymethylcellulose (OTC)
PRED FORTE	prednisolone	RESTORIL (QL)	temazepam (QL)
PREFEST	estradiol/noreth tabs (QL), PREMPHASE (QL), PREMPRO (QL)	RETIN-A (PA) (QL)	tretinoïn (PA) (QL)
PRELONE	prednisolone	RISPERDAL M	risperidone odt
PREMARIN	estradiol	RITALIN, SR, LA (QL)*	methylphenidate ER tablets (QL)*
PREMARIN VAGINAL CREAM	ESTRACE VAGINAL CREAM	ROBAXIN*	methocarbamol*
PREVACID, SOLUTAB (QL)	omeprazole (QL), pantoprazole (QL), lansoprazole capsules(QL)	ROSULA FOAM	sulfacetamide topical solution
PREVPAC (QL)*	omeprazole (QL), clarithromycin*, amoxicillin*	ROXICODONE*	oxycodone (QL)*
PRILOSEC (QL)	omeprazole (QL)	ROZEREM (QL)	zolpidem (QL)
PRINVIL	lisinopril	RYTHMOL, SR	propafenone
PRINZIDE	lisinopril/hctz	SALVAX DUO KIT	salicylic acid
PRISTIQ (QL)	desvenlafaxine (QL), duloxetine (QL)	SANCTURA (QL)	trospium (QL), tolterodine tartrate, tolterodine tartrate er, ENABLEX (QL), VESICARE (QL)
PROCARDIA XL	nifedipine ER	SANCUSO (QL)*	granisetron (QL)*, ondansetron (QL)*
PROCHEIVE (PA)	CRINONE (PA)	SEROQUEL	quetiapine fumarate
PROCTOCORT	hydrocortisone	SEROQUEL XR (QL)	quetiapine fumarate ER (QL)
PROMETRIUM	progesterone	SILENOR (PA) (QL)	zolpidem (QL), amitriptyline, imipramine
PROSCAR (QL)	finasteride (QL)	SINemet	carbidopa/levodopa, ER
PROTONIX (PA) (QL)	pantoprazole (QL)	SINGULAIR (QL)	montelukast (QL)
PROTOPIC (QL)	ELIDEL (QL)	SIMCOR (QL)	
PROVENTIL HFA (QL)	PROAIR HFA (QL)	SIVEXTRO (QL)*	
PROVERA	medroxyprogesterone	SKELAXIN*	
PROVIGIL (PA) (QL)	modafinil (PA) (QL)	SOMA*	carisoprodol*
PROZAC (QL)	fluoxetine (QL)	SONATA (QL)	zaleplon (QL), zolpidem (QL)
PROZAC WEEKLY (QL)	fluoxetine (QL)	SORIATANE (QL)	acitretin (QL)
PULMICORT RESPULES (QL)	ASMANEX (QL), QVAR (QL), budesonide respules (QL)	SPORANOX (PA) (QL)*	itraconazole (PA) (QL)*
QUTENZA (QL)		STRATTERA	atomoxetine
RAPAMUNE	sirolimus	SUBOXONE (QL)	
REGLAN	metoclopramide	SUNOSI	modafinil (PA) (QL)
		SYMBYAX	olanzapine/fluoxetine
		SYNTROID	levothyroxine
		TAGAMET	cimetidine

Common Tier 3 Medications With Preferred Alternatives

QL = Quantity limit applies | **PA** = Requires preauthorization | * = Not available for hme delivery | PREFERRED ALTERNATIVES: **Lowercase** = Tier 1 | **ALL CAPS** = Tier 2

NON PREFERRED BRAND	PREFERRED ALTERNATIVE	NON PREFERRED BRAND	PREFERRED ALTERNATIVE
TEGRETOL	carbamazepine	VISTARIL	hydroxyzine pamoate
TEGRETOL XR	carbamazepine ER	VIVELLE DOT (QL)	estradiol transderm patches (QL)
TEKTURNIA (QL)	losartan, olmesartan (QL)	VYTORIN (QL)	
TENORETIC	atenolol/chlorthalidone	VYVANSE (QL)*	"methylphenidate ER tablets (QL)*, methylphenidate ER capsules (QL)**"
TENORMIN	atenolol	WELCHOL (QL)	colesevelam (QL)
TERAZOL*	terconazole*	WELLBUTRIN, SR, XL (PA) (QL)	bupropion, SR, XL (QL)
TIAZAC	diltiazem	XALATAN	latanoprost
TICLID	ticlopidine	XANAX, XR*	alprazolam, XL*
TIGAN	trimethobenzamide	XOPENEX HFA (QL)	PROAIR HFA (QL)
TOBREX DROPS*	tobramycin drops*	XOPENEX NEBULIZER (QL)	albuterol, levalbuterol (QL)
TOFRANIL	imipramine	ZANAFLEX	tizanidine
TOLECTIN	tolmetin	ZANTAC	ranitidine
TOPAMAX	topiramate	ZARONTIN	ethosuximide
TOPICORT, LP	desoximetasone	ZAROXOLYN	metolazone
TOPROL XL	metoprolol ER	ZEMPLAR	paroicalcitol
TRAVATAN Z (PA)	lantanoprost, LUMIGAN	ZESTRIL	lisinopril
TRETIN-X (PA) (QL)	tretinooin (PA) (QL)	ZETIA (QL)	simvastatin (QL), fenofibrate (QL), WELCHOL (QL), atorvastatin (QL), niacin ER
TRICOR (QL)	fenofibrate	ZIAC	bisoprolol
TRIGLIDE	fenofibrate	ZIAGEN	abacavir
TRILEPTAL	oxcarbazepine	ZITHROMAX (QL)*	azithromycin (QL)*
TRIZIVIR	abacavir/lamivudine/zidovudine	ZMAX (QL)*	azithromycin (QL)*
TRUSOPT	dorzolamide	ZOCOR (QL)	simvastatin (QL)
TUSSIONEX (QL)*	hydrocodone/chlopheniramine (QL)*	ZOFRAN, ODT (QL)*	ondansetron (QL)*, ondasetron ODT (PA) (QL)*
UBRELVY (PA) (QL)	sumatriptan (QL), rizatriptan(QL)	ZOLOFT (QL)	sertraline (QL)
ULTRACET (QL)*	tramadol/apap (QL)*	ZOMIG (QL)*	sumatriptan (QL)*, rizatriptan (QL)*, RELPAX (QL)*
ULTRAM, ER (QL)*	tramadol, ER (QL)*	ZONTIVITY (QL)	
ULTRAVATE, PAC KIT (QL)	halobetasol	ZORTRESS (QL)	mycophenolate, PROGRAF, cyclosporine
URELLE	methenamine-hyoscamine-salicylate	ZOVIRAX TABS, CAPS	acyclovir tabs, caps
UROXATRAL (QL)	alfuzosin	ZUPLENZ (QL)*	ondansetron (QL)*
URSO FORTE	ursodiol	ZYCLARA (QL)*	imiquimod (QL)
VAGIFEM	estradiol vaginal tablet	ZYLOPRIM	allopurinol
VALIUM*	diazepam*	ZYMAR*	VIGAMOX*, BESIVANCE*
VALTREX (QL)	valacyclovir (QL)	ZYMAXID (QL)*	VIGAMOX*, BESIVANCE*
VALTURNA (QL)	olmesartan (QL), losartan	ZYPREXA	olanzapine
VASERETIC	enalapril/hctz	ZYPREXA ZYDIS	olanzapine
VESICARE	solifenacain	ZYVOX (QL)*	linezolid (QL)*
VFEND	voriconazole		
VICODIN (QL)*	hydrocodone/apap (QL)*		
VIRAMUNE	nevirapine		

ACA Medication List

Under the Affordable Care Act, PEHP Pharmacy offers the following preventive services covered at no cost to you, payable through the Pharmacy Plan when received at a participating pharmacy with a prescription from your doctor. Over-the-counter purchases are not covered.

DRUG NAME	RESTRICTIONS
aspirin 325mg	Female age 55-79 Male age 45-79
aspirin 81mg	Female age 55-79 Male age 45-79
buproban	Over age 18
bupropion HCL SR (generic Zyban)	Over age 18
calcium 500+vitamin D	Over age 65
CHANTIX (QL)	Over age 18
Chicken Pox vaccine	No Restriction
children's iron	Age 6 months - 1 year
emtricitabine-tenofovir	PrEP
FC CONDOM, FEMALE	Female under age 50
fer-iron	Age 6 months - 1 year
FLUORABON	Age 6 months - 5 years
FLUOR-A-DAY	Age 6 months - 5 years
fluoride	Age 6 months - 5 years
fluoritab	Age 6 months - 5 years
FLURA-DROPS	Age 6 months - 5 years
folic acid 0.4mg	Female age 10-50
folic acid 0.8mg	Female age 10-50
generic bowel preparations	Age 50-75
generic oral contraceptives	Female under age 50
generic prenatal vitamins	during pregnancy
Hepatitis A vaccine	No Restriction
Hepatitis B vaccine	No Restriction
HPV vaccine	Female age 11-27 Male age 11-22

DRUG NAME	RESTRICTIONS
Influenza vaccine	6 months and older
Meningitis vaccine	Age 2-56
MMR vaccine	No Restriction
MMR-Varicella vaccine	Under age 13
MY WAY	Female under age 50
NEXT CHOICE ONE DOSE	Female under age 50
NICOTROL	Over age 18
NICOTROL NS	Over age 18
NUVARING	Female under age 50
OTC SMOKING CESSATION	Limit of 180 days supply
peg 3350-electrolyte	Age 50-75
PLAN B ONE-STEP	Female under age 50
Pneumonia vaccine	2 years and older
raloxifene	Female over age 35
Shingles Zoster vaccine	50 years and older
tamoxifen	Female over age 35
Tetanus vaccine	7 years and older
Tetanus-Diphtheria vaccine	Age 7-65
Whooping cough, Tetanus, Diphtheria vaccine	No Restriction
Tetanus-Diphtheria vaccine	Age 7-65
VCF	Female under age 50
Whooping cough, Tetanus, Diphtheria vaccine	No Restriction

Individual pharmacies may have their own restrictions on age and immunizations offered.

PEHP covers Smoking Cessation for up to 180 days per rolling 365 days.

Examples of Non-Covered Medications

Note: Not a complete list

Abilify SDV	Doryx	Intermezzo	Oravig	Sustol
Absorica	Doxycycline-MonoTabs	Invokamet, XR	Orenitram	Tegsedi
Abstral SL	Duexis	Invokana	Orkambi	Temazepam 22.5 mg
Accu-Chek test strips	Dymista	Janumet, XR	Orthovisc	Testim
Acyclovir Ointment, Cream	Dynacin	Januvia	Oxycontin	Testosterone Gel
Adhansia	Edarbi	Jornay	Oxytrol	Tevtropin
Adoxa	Edarbyclor	Kapvay	Paroxetine ER	Tirosint
Aimovig	Edex	Karbinal ER	Patanase	Tofranil PM
Alevicyn	Egrifta	Karigel	Paxil CR	Transderm-Skop
Align	Embeda	Keto-Diastix	Penlac	Tresiba
Allegra, D	Enfolast, N	Ketoralac Isecure	Pennsaid	Treximet
Ammonium lactate	Erleda	Lac-Hydrin	Pentacel	Trinaz
Amrix	Esbriet	Lamictal Dose Pack	Picato	Trintellix
Androgel	Evekeo	Latisse	Polyethylene glycol powder	Tri-Vi-Flor
Antara	Extavia	Lazanda	Pregenna	Tri-Vite
Apidra	Fenofibrate 40mg, 120mg	Lemtrada	Prevident	Trokendi XR
Ascensia test strips	Fenoglide 40mg, 120mg	Levemir	Proctocream-HC	Vaniqa
Astelin	Fenoprofen	Levitra	Propecia	Vantas
Astupro	Fentanyl 37.5mg, 62.5mg, 87.5mg	Levocetirizine	Protropin	Veltin
Atrapro	Fetzima	Lidocaine/Prilocaine Topical Kit	Qnasl	Veramyst
Auvi-Q	Fexofenadine	Lorzone	Qsymia	Viagra
Avita cream, gel	Firazyr	Lustra	Qudexy XR	Viberzi
Azelastine	Flonase	Menopur	Quillivant XR	Victoza
Basaglar	Fluorgard	Minocin combo pack	Rayos	Viekira
Baygam	Fluoxetine tablets	Miralax	Refissa	Viibryd
Beleodaq	20mg, 60mg	Monodox	Renova	Vitamins (except prescription prenatal vitamins)
Belviq	Follistim AQ	Mouthkote	Repronex	Viteka
Belsomra	Forfivo XL	Muse	Restoril 22.5mg	Vimovo
Benzefoam	Fortesta	Myferon 150	Revvow	VSL
Beyaz	Ganirelix	Myrac	Riax	Wegovy
Bifera	Gelnique Gel	Nasalide	Rituxan Hycela	Xenical
Bravelle	Genotropin	Nasarel	Rosula	Xiidra
Brisdelle	Glatopa	Nasonex	Saizen	Xultophy
Calomist Nasal Spray	Glumetza	Novolog	Sarafem	Xyzal
Cambia	Glyxambi	Neurpath-b	Saxenda	Zegerid
Cartivisc	Gonal F	Nuedexta	Semprex D	Zelapar
Caverject	Gralise	Nuquin	Serostim	Zenzedi
Cerefolin	Harvoni	Nurtec	sertraline capsules	Zepbound
Cetirizine, D	Hetlioz	Nutropin AQ	Siliq	Zetonna
Cialis	Horizant	Nuvessa	Sitavig	Zinbryta
Clarinex, D	Humatrope	Nymalize	Sklice	Zohydro
Claripel	Humira	Ofev	Skyrizi	Zolpimist
Corlanor	Humulin	Olumiant	Solaquin	Zovirax Ointment, Cream
Contour Test Strips	Hydroquinone	Omeprazole/sodium bicarbonate	Solodyn	Zyban
Copaxone 20mg injection	Illumya	Omnaris	Sovaldi	Zyoptin
Daklinza	Imipramine Pamoate	Omnitrope	Sprix	Zyrtec, D
Deplein	Inflectra	One Touch test strips	Striant	
Difidicid	Innohep	Onpattro	Subsys	
		Oracea	Sumavel DosePro	
			Sumaxin	

Always consult with your doctor before making medication changes.

Specialty Medications – Tier A

Tier A: Specialty medications available at the lowest specialty Copayment listed in your Benefit Summary.

ALL CAPS = Brand name | ^ = Must use specialty pharmacy Accredo | **PA** = Requires Preauthorization

QL = Quantity limit applies | **HH** = PEHP approved Home Health agency

ABRAXANE
ACTHAR HP (PA)
ACTEMRA (PA) (HH)
ACTEMRA SUB Q^ (PA)
ACTIMMUNE (PA) (HH)
ADAGEN (PA)
ADCETRIS (PA)
ADCIRCA^ (PA) (QL)
ADVATE (PA)
AFINITOR^ (PA) (QL)
ALDURAZYME (PA) (HH)
ALFERON-N^ (PA)
ALPHANATE (PA)
ALPHANINE SD (PA)
AMNESTEEM (QL)
ANZEMET INJ (QL)
APOKYN^ (QL)
ARALAST (PA) (HH)
ARANESP (HH)
ARCALYST (PA)
ARRANON (PA)
ARZERRA^ (PA) (QL)
AVASTIN
AZACITIDINE (PA)
BEBULIN VH (PA)
BENEFIX (PA)
BETASERON^
BOTOX (PA)(QL)
BROVANA (PA)
capecitabine^ (PA)
CAPRELSA^ (PA)
CARBAGLU^
CARIMUNE (PA) (HH)
CAYSTON (PA)
CHORIONIC GONADOTROPIN^ (PA)
CLARAVIS (QL)
COMETRIQ^ (PA)
COPEGUS^ (PA) (QL) (NO MAX)
COSENTYX^ (PA)
CYRAMZA^ (PA) (HH)
CYTOGAM (PA) (HH)
CYTOVENE
D.H.E. (QL)
decitabine (PA)

What are specialty medications?

They are costly drugs that require special handling and shipping or are required by the manufacturer to be dispensed by a specific pharmacy, such as PEHP's specialty pharmacy, Accredo. PEHP may require you to buy your specialty medications through Accredo for coverage. You can find out where to buy your specialty medication for coverage at www.pehp.org.

DEMEROL PCA
ELAPRASE (PA) (HH)
ELELYSO^ (PA)
ELIGARD (PA) (HH)
enoxaparin
ENTYVIO^ (PA) (QL)
epoprostenol, RTS (PA) (HH)
ERBITUX (PA)
ERIVEDGE^ (PA)
EUFLEXXA (QL)
EXJADE^
FABRAZYME (PA) (HH)
FEIBA VH (PA)
FERRIPROX (PA)
FIRMAGON (PA) (HH)
FLEBOGAMMA (PA) (HH)
FLOLAN (PA) (HH)
FOLOTYN (PA)
fondaparinux (QL)
FUZEON (PA) (HH)
GAMASTAN S/D (PA)
GAMUNEX^ (PA) (HH)
GAMUNEX-C^ (PA)
GAZYVA^ (PA)
glatopa 40mg/ml^ (QL)
glatiramer 40mg/ml^ (QL)
GRANISITRON INJ (QL)
GRANIX (PA)(HH)

HADLIMA
HALAVEN (PA)
HELIXATE FS (PA)
HEMOFIL M (PA)
HERCEPTIN
HUMATE P (PA) (HH)
HYALGAN
HYCAMTIN^ (PA)
ibandronate IV (PA) (HH)
ICLUSIG^ (PA)
ILARIS (PA) (HH)
IMBRUVICA^ (PA)
INCRELEX^ (PA)
INFERGEN (PA) (HH)
INLYTA^ (PA)
INTRON A (PA) (HH)
ISOTRETINOIN (QL)
ISTODAX (PA)
IXEMPRA^ (PA)
JEVTANA^ (PA)
KADCYLA^ (PA)
KALYDECO^ (PA)
KEYTRUDA (PA)
KOATE DVI (PA)
KOGENATE FS (PA)
KRYSPEXXA (PA) (HH)
KYPROLIS^ (PA)
LENVIMA^ (PA)
LEUKINE (PA)
LEUPROLIDE (PA)
LUCENTIS (PA) (QL)
LUMIZYME (PA) (HH)
LUPRON^ (PA) (QL) (HH)
LYNPARZA^ (PA)
MACUGEN (PA)
MAKENA VIALS^
MATULANE^ (PA)
MEKINIST^ (PA)
METOPIRONE
MITOXANTRONE (PA)
MONOCLATE-P (PA)
MONONINE (PA)
MORPHINE PCA
MOZOBIL (PA) (HH)

Specialty Medications – Tier A

Tier A: Specialty medications available at the lowest specialty Copayment listed in your Benefit Summary.

ALL CAPS = Brand name | ^ = Must use specialty pharmacy Accredo | **PA** = Requires Preauthorization

QL = Quantity limit applies | **HH** = PEHP approved Home Health agency

MYORISAN (QL)	REBETOL^ (PA) (NO MAX)	TRELSTAR LA, DEPOT (PA)
MYOZYME (PA) (HH)	RECOMBINATE (PA)	TYKERB^ (PA) (QL)
NAGLAZYME (PA) (HH)	REMODULIN (PA) (HH)	TYSABRI^ (PA)(QL)(HH)
NEUMEGA (PA) (QL) (HH)	RENFLEXIS^ (PA) (HH)	TYVASO^ (PA)
NEUPOGEN^ (HH)	REVATIO INJECTION (PA)	VANTAS (PA) (HH)
NEXAVAR^ (PA) (QL)	REVLIMID^ (PA)	VECTIBIX (PA) (QL)
NORDITROPIN^ (PA)	RIBAPAK^ (PA)	VELCADE^ (PA)
NOVAREL^ (PA)	RIBASPHERE^ (PA)	VELETRI^ (PA)
NOVOSEVEN (PA)	RIBAVIRIN^ (PA)	VENTAVIS (PA) (HH)
NPLATE (PA) (HH)	RITUXAN^ (HH)	VIMIZIM^ (PA)
NUCALA^ (PA)	SABRIL^ (PA) (QL)	VIVITROL^ (PA) (QL) (HH)
NULOJIX^ (PA)	SAMSCA^ (PA)	VOTRIENT^ (PA) (QL)
octreotide acetate^ (PA) (HH)	SANDOSTATIN^ (PA) (HH)	VPRIV (PA) (HH)
OFORTA ^ (PA)	sapropterin^ (PA)	WILATE (PA)
OLYSIO^ (PA) (QL)	SENSIPAR	XALKORI ^ (PA)
OPDIVO (PA)	sildenafil 20mg^ (PA) (QL)	XELJANZ^ (PA) (QL)
OPSUMIT^ (PA) (QL)	SOMATULINE^ (PA) (HH)	XENAZINE^ (PA)
ORFADIN^	SOMAVERT^ (PA) (QL)	XGEVA^ (PA) (HH)
OTEZLA^ (PA) (QL)	SOTRET (QL)	XOFIGO (PA)
OVIDREL^ (PA)	SUPARTZ	XOLAIR^ (PA) (QL) (HH)
PEGASYS^ (PA)	SUPRELIN LA (PA)(QL)^	XYNTHA (PA)
PEG-INTRON^ (PA)	SYNAGIS (PA) (QL) (HH)	YEROVY (PA)
PERFOROMIST	TAFINLAR^ (PA)	ZAVESCA (PA) (QL)
PERJETA^	TASIGNA^ (PA) (QL)	ZEMAIRA (PA) (HH)
PREGNYL^ (PA)	temozolomide^ (QL)	ZENATANE (QL)
PRIALT (PA)	THALOMID^ (PA) (QL)	ZOLADEX (PA) (QL) (HH)
PROFASI HP^ (PA)	TOBI PODHALER^ (PA) (QL)	ZOLINZA^ (PA) (QL)
PROFILNINE SD (PA)	tobramycin inh solution ^ (PA) (QL) (HH)	ZORBTIVE^ (PA) (QL)
PROLEUKIN (PA)	TOBRAMYCIN INJ	ZYDELIG^ (PA) (QL)
PROMACTA^ (PA) (QL)	TORISEL (PA) (QL)	ZYKADIA^ (PA) (QL)
PULMOZYME^ (PA) (QL) (HH)	TRACLEER^ (PA) (QL)	ZYTIGA^ (PA)
RAVICTI^ (PA) (QL)	TREANDA (PA)	

Specialty Medications – Tier B

Tier B: Specialty medications available at the intermediate specialty Copayment listed in your Benefit Summary.

ALL CAPS = Brand name | ^ = Must use specialty pharmacy Accredo | PA = Requires Preauthorization

QL = Quantity limit applies | HH = PEHP approved Home Health agency

TIER B	ALTERNATIVES
ADEMPAS^ (PA) (QL)	TRACLEER^ (PA), OPSUMIT^ (PA) 9QL, sildenafil 20mg^ (PA) (QL), ADCIRCA^ (PA) (QL)
ARIXTRA (HH)	fondaparinux (QL) (HH)
BIVIGAM^ (PA)	GAMUNEX^ (PA) (HH), GAMUNEX-C^ (PA) (HH), CARIMUNE^ (PA) (HH), FLEBOGAMMA^ (PA) (HH)
BONIVA Infused (PA) (HH)	ibandronate IV (PA) (HH)
BOSULIF^ (PA)	TASIGNA^ (PA) (QL)
CEREZYME (PA) (HH)	VPRIV (PA)
CHENODAL (PA)	
DACOGEN (PA)	decitabine (PA)
EPOGEN (HH)	ARANESP
ERWINAZE (PA)	
EYLEA^ (PA)	AVASTIN, LUCENTIS (PA)
FORTEO^ (PA) (QL)	RECLAST
FRAGMIN (QL) (HH)	enoxaparin (HH), fondaparinux (QL) (HH)
GAMMAGARD^ (PA)	GAMUNEX^ (PA) (HH), GAMUNEX-C^ (PA) (HH), CARIMUNE (PA) (HH), FLEBOGAMMA (PA) (HH)
GAMMAGARD SD^ (PA)	GAMUNEX^ (PA) (HH), GAMUNEX-C^ (PA) (HH), CARIMUNE (PA) (HH), FLEBOGAMMA (PA) (HH)
GAMMAKED^ (PA)	GAMUNEX^ (PA) (HH), GAMUNEX-C^ (PA) (HH), CARIMUNE (PA) (HH), FLEBOGAMMA (PA) (HH)
GAMMAPLEX^ (PA)	GAMUNEX^ (PA) (HH), GAMUNEX-C^ (PA) (HH), CARIMUNE (PA) (HH), FLEBOGAMMA (PA) (HH)
HIZENTRA^ (PA)	GAMUNEX^ (PA) (HH), GAMUNEX-C^ (PA) (HH), CARIMUNE (PA) (HH), FLEBOGAMMA (PA) (HH)
JETREA (PA)	
KINERET^ (PA) (QL)	RENFLEXIS (PA) (HH)
LETAIRIS^ (PA)	TRACLEER^ (PA)
LOVENOX (HH)	enoxaparin (HH)
NEULASTA (HH)	NEUPOGEN (PA) (HH)
OCTAGAM^ (PA)	GAMUNEX^ (PA) (HH), GAMUNEX-C^ (PA) (HH), CARIMUNE (PA) (HH), FLEBOGAMMA (PA) (HH)
ORENCIA^ (PA) (QL) (HH)	RENFLEXIS (PA) (HH)
POMALYST^ (PA)	
PRIVIGEN^ (PA)	GAMUNEX^ (PA) (HH), GAMUNEX-C^ (PA) (HH), CARIMUNE (PA) (HH), FLEBOGAMMA (PA) (HH)
PROCRT (HH)	
REVATIO^ (PA) (QL)	sildenafil 20mg^ (PA) (QL)
RIBATAB^ (PA) (QL)	RIBAVIRIN^ (PA) (QL)
STIVARGA^ (PA)	
TEMODAR^ (QL)	temozolomide^ (QL)
TOBI (PA) (QL) (HH)	tobramycin inh solution^ (PA)(QL)(HH)
YONDELIS (PA)	
XELODA^ (PA)	capecitabine^ (PA)
XTANDI^ (PA)	ZYTIGA^ (PA)
VIDAZA (PA)	AZACITIDINE (PA)
ZALTRAP^ (PA)	AVASTIN
ZELBORAFA^ (PA)	TAFINLAR^ (PA)

Specialty Medications – Tiers C1, C2 & C3

Tier C: Specialty medications available at the highest specialty Copayment listed in your Benefit Summary.

ALL CAPS = Brand name | ^ = Must use specialty pharmacy Accredo | **PA** = Requires Preauthorization

QL = Quantity limit applies | **HH** = PEHP approved Home Health agency

TIER C1	ALTERNATIVES
CIMZIA^ (PA)	
STELARA^ (PA)(QL)	

TIER C2	ALTERNATIVES
AMPYRA^ (QL)	dalfampridine^ (QL)
AVONEX^ (PA)	BETASERON^, COPAXONE 40mg^ (QL), TYSABRI (PA)(QL)(HH), RITUXAN (HH)
COPAXONE 40mg^ (QL)	glatopa 40mg/ml^ (QL), glatiramer 40mg/ml^ (QL)
EMGALITY (PA) (QL)*	"topiramate, propanolol, metoprolol, venlafaxine, BOTOX^ (PA)(QL)"
ENBREL^ (PA) (QL)	CIMZIA^ (PA)
GLEEVEC^ (PA)	imatinib^ (PA)
GILENYA^ (PA)	BETASERON^, COPAXONE 40mg^ (QL), TYSABRI (PA)(QL)(HH), RITUXAN (HH)
IBRANCE^ (PA)	
ORKAMBI (PA) (QL)	
PROLIA^ (QL) (PA)	RECLAST
REBIF^ (PA)	BETASERON^, COPAXONE 40mg^ (QL), TYSABRI (PA)(QL)(HH), RITUXAN (HH)
REPATHA^ (PA)(QL)	atorvastatin, rosuvastatin, fenofibrate, ezetimibe
RINVOQ^ (PA)(QL)	
SIMPONI^ (PA)	CIMZIA^ (PA), ACTEMRA^ (PA), XELJANZ^ (PA), RITUXAN (HH), STELARA^ (PA), OTEZLA^ (PA), COSENTYX^ (PA) ENTYVIO^ (PA), RENFLEXIS (PA)
SPRYCEL^ (PA) (QL)	
SUTENT^ (PA)	
SYMDEKO (PA) (QL)	
TARCEVA^ (PA) (QL)	
TAGRISSO^ (PA)	
TECFIDERA^ (QL)	dimethyl fumarate^ (QL), BETASERON^, COPAXONE 40mg^ (QL), TYSABRI (PA)(QL)(HH), RITUXAN (HH)
XYREM (PA) (QL)	

TIER C3	ALTERNATIVES
BENLYSTA (PA) (HH)	
DUPIXENT^ (PA)	
REMICADE^ (PA) (HH)	

Expanded Preventive Medications – STAR HSA Plan

Expanded preventive drug coverage means that PEHP will pay a portion of the drug cost for some STAR plans even before you meet your deductible. **Check your benefit summary for plan coverage details as not all STAR plans include this benefit.** Make sure to visit an in-network pharmacy to receive this benefit.

Diabetes

GLUCOSE RESCUE PRODUCTS
Glucagon
METFORMIN PRODUCTS
glipizide-metformin
glyburide-metformin
metformin
metformin ER (non OSM, non MOD)
MISCELLANEOUS
pioglitazone
TESTING SUPPLIES
Freestyle test strips
SULFONYLUREAS
glimepiride
glipizide
glipizide ER
glyburide
glyburide micronized
tolazamide

Depression

citalopram
escitalopram
fluoxetine
sertraline

Cardiovascular

ANTICOAGULANTS/ ANTIPLATELETS
clopidogrel
dipyridamole
warfarin
BETA BLOCKERS
acebutolol
bisoprolol
carvedilol
labetalol
metoprolol succinate
metoprolol tartrate
propranolol solution
propranolol tablets
sotalol
timolol maleate tablets
CALCIUM CHANNEL BLOCKERS
amlodipine
diltiazem
felodipine ER
isradipine
nifedipine tablets ER
verapamil
COMBINATION PRODUCTS
amiloride & HCTZ
atenolol & chlorthalidone
bisoprolol & HCTZ
enalapril & HCTZ
irbesartan & HCTZ
lisinopril & HCTZ
losartan & HCTZ
metoprolol & HCTZ
nadolol & bendroflumethiazide
propranolol & HCTZ
triamterene & HCTZ

Respiratory

ANTICHOLENERGICS
ipratropium bromide solution
INHALED CORTICOSTEROIDS
QVAR inhaler
SABA/ ANTICHOLENERGICS
ipratropium-albuterol inhaler
ipratropium-albuterol nebulized
SHORT ACTING BETA AGONISTS
albuterol ER tablets
albuterol nebulized
albuterol syrup
albuterol tablets
ProAir HFA inhaler
ProAir RespiClick
Ventolin inhaler

Osteoporosis

alendronate

Specialty Medications – Agencies

The following are the ONLY PEHP approved Home Health Agencies through which the specified Specialty Medications are allowed:

- » Central Valley Home Health
- » Intermountain Healthcare Homecare
- » Uintah Basin Home Health
- » Community Nursing Services/ Love
- » NuFactor for factor drugs
- » University of Utah Home Infusion
- » Infusion Innovations
- » Rock Springs IV Center

Contact Information

PEHP Customer Service

801-366-7555
or 800-765-7347

PEHP Appeal Address

Benefits Review Committee
PEHP
560 East 200 South
Salt Lake City, UT 84102-2004

Express Scripts

Customer Service
800-903-4725
www.express-scripts.com

Express Scripts

COB/Direct Claims
Express Scripts
PO Box 2904
Clinton, IA 52733-2904

Accredo Specialty Pharmacy

Physician Customer Service Line:
800-987-4904, option 5
PEHP Customer Service Line:
877-766-3572

Home Delivery Address

Express Scripts
PO Box 747000
Cincinnati, OH 45274-7000

