

Covered Drug List

July 2020

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, Salt Lake City School District, USBA*

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.
- » **Tier C:** 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)
 AGGRENOL (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
 benzotropine
 BESIVANCE (QL)*
 betamethasone
 betaxolol
 BETIMOL
 BETOPTIC-S
 bisoprolol
 bisoprolol/hctz
 BRILINTA (QL)
 brimonidine
 bromocriptine
 buprenorphine 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
 cephalixin*
 chloral hydrate*
 chlordiazepoxide*
 chloroquine
 chlorothiazide
 chlorpromazine
 chlorpropamide
 chlorthalidone
 chlorzoxazone*
 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)

clopidogrel (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)*
 DESCOVY (QL)
 desipramine
 desmopressin (PA)
 desmopressin nasal (PA) (QL)
 desonide
 dexamethasone
 dexmethylphenidate*
 dextroamphetamine*
 DIASTAT (QL)*
 diazepam*
 dibenzylamine
 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)*
EMTRIVA, SOL
ENABLEX
enalapril
enalapril/hctz
endacof dc (QL)*
endocet (QL)*
ENJU VIA
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)
fluocinonide
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 (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
hyoscyamine
HYPER-SAL 7%

I

ibuprofen
imipramine hcl
imiquimod (QL)
indapamide

indomethacin
introvale (QL)
ipratropium
ipratropium-albuterol
isometheptene/
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 Solution
levothyroxine
levoxyll
lidocaine patches(QL)
lindane

Preferred Medications

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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
 meclufenamate
 medroxyprogesterone (QL)
 meggestrol
 meloxicam
 mepiridine*
 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
 methyl dopa
 methyl dopa/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
 MYCOBUTIN
 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
 norgestimate, ethinyl estradiol
 nortriptyline
 NORVIR
 NOVOLIN R, N, L, U, or 70/30
 NOVOLOG, 70/30
 NOXAFIL (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)
 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
 proctozone-hc
 progesterone
 progesterone in oil (QL)
 PROGRAF
 promethazine
 promethazine/codeine*
 propafenone
 propranolol
 propranolol/hctz
 propylthiouracil
 PROSTIGMIN
 protriptyline
 PULMICORT FLEXHALER (QL)
 pyrazinamide

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Q

quinapril
quinapril/hctz
QVAR (QL)

R

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

zafirlukast
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 home 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
ABILIFY (QL)	aripiprazole (QL)
ACCUPRIL	quinapril
ACCURETIC	quinapril/hctz
ACEON (QL)	perindopril (QL), lisinopril, benazepril
ACIPHEX (QL)	omeprazole (QL), pantoprazole (QL), lansoprazole capsules (QL)
ACTIQ (PA) (QL)*	fentanyl citrate (QL)*
ACTONEL (QL)	alendronate (QL)
ACTOPLUS MET XR (QL)	pioglitazone/metformin (QL)
ACTOPLUS MET (QL)	pioglitazone/metformin (QL)
ACTOS (QL)	pioglitazone (QL)
ACZONE GEL (QL)	benzoyl peroxide/clindamycin
ADDERALL*	amphetamine/dextroamphetamine mixed salt tablets*
ADDERALL XR *	methylphenidate ER tablets (QL)*, methylphenidate ER capsules (QL)*
amphet./dextroamphet. mixed ER caps*	methylphenidate ER tablets (QL)*, methylphenidate ER capsules (QL)*
ADVAIR HFA DISKUS (PA) (QL)	fluticasone/salmeterol diskus (QL), SYMBICORT (QL), DULERA (QL)
ADVICOR (QL)	
AEROCHAMBER (QL)*	EASIVENT (QL)*
ALDARA (QL)	imiquimod (QL)
ALPHAGAN P 0.15% (QL), 0.2%	brimonidine
ALTACE (QL)	ramipril (QL)
AMARYL	glimepiride
AMBIEN (QL)	zolpidem (QL)
AMBIEN CR (QL)	zolpidem ER (QL)
AMERGE (QL)*	naratriptan (QL)*
AMITIZA (QL) (PA)	LINZESS (QL)
ANALPRAM E CREAM	hydrocortisone/pramoxine hydrochloride
ANALPRAM HC	hydrocortisone/pramoxine hydrochloride

NON PREFERRED BRAND	PREFERRED ALTERNATIVE
ANZEMET TABLETS (QL)*	ondansetron (QL)*
ANORO ELLIPTA (QL)	SPIRIVA (QL)
APTIOM (QL)	
ARAVA (QL)	leflunomide
ARCAPTA (PA) (QL)	FORADIL
ARICEPT (QL)	donepezil (QL)
ARIMIDEX (QL)	anastrozole (QL)
armodafinil (QL)	modafinil (PA) (QL)
ARMOUR THYROID	levothyroxine
AROMASIN	exemestane
ARTHROTEC	diclofenac/misoprostol
ATACAND (QL)	olmesartan (QL), losartan
ATACAND HCT (QL)	olmesartan/hctz (QL), losartan/hctz
ATRALIN (PA) (QL)	tretinoin (PA) (QL)
ATROVENT	ipratropium
ASACOL HD	DELZICOL
AURALGAN (QL)*	antipyrine/benzocaine*
AVALIDE (QL)	olmesartan/hctz tabs (QL), losartan/hctz, irbesartan/hctz (QL)
AVANDAMET (QL)	pioglitazone/metformin (QL)
AVANDARYL (QL)	DUETACT (QL)
AVANDIA (QL)	pioglitazone (QL)
AVAPRO (QL)	olmesartan (QL), irbesartan (QL)
AVELOX (QL)*	moxifloxacin (QL)*
AVINZA (PA) (QL)*	
AVODART	dutasteride
AXERT (QL)*	sumatriptan (QL)*, rizatriptan (QL)*, eletriptan (QL)*
AXID	nizatidine
AXIRON	testosterone topical solution
AZELEX	benzoyl peroxide/clindamycin
AZMACORT	ASMANEX (QL), QVAR (QL)
AZOR (QL)	

Common Tier 3 Medications With Preferred Alternatives

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NON PREFERRED BRAND	PREFERRED ALTERNATIVE
AZULFIDINE	sulfasalazine
BACTRIM DS	sulfamethoxazole/trimethoprim
BACTROBAN	mupirocin*
BANZEL (PA) (QL)	divalproex, carbamazepine, phenytoin
BARACLUDE	entecavir
BENICAR, HCT (QL)	olmesartan (QL), olmesartan/hctz (QL)
BENSAL HP OINTMENT	
BENZACLIN	benzoyl peroxide/clindamycin phosphate
BEPREVE (QL)	PATANOL
BETAPACE, AF	sotalol
BIAXIN, XL*	clarithromycin*
BONIVA TABLETS (QL)	alendronate (QL)
BREO ELLIPTA (QL)	SYMBICORT (QL)
BROMDAY (QL)*	bromfenac*
BUSPAR	bupirone
BYDUREON (QL) (PA)	TRULICITY (QL)
BYETTA (QL) (PA)	TRULICITY (QL)
BYSTOLIC (QL)	metoprolol
CADUET (QL)	amlodipine/atorvastatin (QL)
CALAN, SR	verapamil
CAMPRAL	
CARAFATE	sucralfate
CARDIZEM, CD, LA	diltiazem, verapamil
CARDURA, XL	doxazosin
CASODEX	bicalutamide
CATAPRES TTS (QL)	clonidine patches (QL)
CELEBREX (QL)	ibuprofen, meloxicam, naproxen
CELEXA (QL)	citalopram (QL)
CELLCEPT	mycophenolate
CESAMET (PA) (QL)	ondansetron (QL)*
CHENODAL (PA)	
CLIMARA (QL)	estradiol patch (QL)
CLIMARA PRO (QL)	COMBIPATCH (QL)
colchicine (QL)	
COLCRYS	
COMBIVIR	lamivudine/zidovudine
CONCERTA (QL)*	methlyphenidate ER (QL)*
COREG	carvedilol

NON PREFERRED BRAND	PREFERRED ALTERNATIVE
COREG CR (QL)	carvedilol
CORGARD	nadolol
COSOPT	timolol/dorzolamide
COUMADIN	warfarin
COZAAR (QL)	losartan
CRESTOR (QL)	rosuvastatin (QL)
CYMBALTA (QL)	duloxetine (QL)
DALMANE (QL)	flurazepam (QL)
DDAVP TABLETS, NASAL SPRAY (PA) (QL)	desmopressin (PA) (QL)
DELATESTRYL (PA) (QL)*	
DELZICOL	mesalamine tablet
DEMEROL TABLETS*	meperidine*
DENAVIR	acyclovir
DEPAKENE	valproic acid
DEPAKOTE, ER	divalproex
DEPO-TESTOSTERONE (QL)*	
DESOXYN*	methamphetamine hcl*
DETROL	tolterodine tartrate
DETROL LA	tolterodine tartrate er
DEXCOM G4/G5/G6 (PA) (QL)	FREESTYLE LIBRE (PA)(QL)
DEXEDRINE*	methylphenidate ER tablets (QL)*, methylphenidate ER capsules (QL)*
DEXILANT (QL)	omeprazole (QL), pantoprazole (QL), lansoprazole capsules (QL)
dexmethyphendidate ER tabs (QL)*	methylphenidate ER tablets (QL)*
dextroamphetamine SR capsules (QL)*	methylphenidate ER tablets (QL)*, methylphenidate ER capsules (QL)*
DICLEGIS	
DIFFERIN (QL)	adapalene (QL)
DILANTIN 100 MG	phenytoin
DILAUDID (QL)*	hydromorphone (QL)*
DIOVAN/HCT (QL)	valsartan/hctz (QL)
DIPENTUM	DELZICOL
DIPROLENE, AF	betamethasone
DIPROSONE	betamethasone
DITROPAN, XL (QL)	oxybutynin, ER (QL)

Common Tier 3 Medications With Preferred Alternatives

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

NON PREFERRED BRAND	PREFERRED ALTERNATIVE
DUAC	benzoyl peroxide/clindamycin
DUETACT (QL)	glimepiride/pioglitazone
DUONEB	ipratropium-albuterol
DURAGESIC PATCH (PA) (QL)*	
EFFEXOR XR	venlafaxine ER
EFUDEX	fluorouracil
ELAVIL	amitriptyline
ENTOCORT EC (QL)	budesonide EC
EPIVIR	lamivudine
EPIVIR HPV	lamivudine
ESTRACE	estradiol
EVISTA (QL)	alendronate (QL), raloxifene (QL)
EXALGO (PA) (QL)*	hydromorphone ER (PA)(QL)*
EXELON (QL)	rivastigmine (QL)
EXELON PATCH (QL)	rivastigmine (QL)
EXFORGE (QL)	amlodipine/valsartan (QL) tabs, olmesartan (QL) plus amlodipine
FAMVIR	famciclovir
FANAPT (QL)	risperidone (QL), quetiapine fumarate, olanzapine, ziprasidone
FELDENE	piroxicam
FEMARA	letrozole
FENTANYL PATCHES (PA) (QL)*	
FENTORA (PA) (QL)*	fentanyl citrate (QL)*
FIORICET*	butalbital-apap-caffeine*
FIORINAL W/CODEINE*	butalbital-aspirin-caffeine-codeine*
FLAGYL	metronidazole
FLEXERIL*	cyclobenzaprine*
FLOMAX (QL)	tamsulosin (QL)
FLOVENT HFA (QL)	ALVESCO (QL), QVAR (QL), PULMICORT FLEXHALER (QL), ASMANEX (QL)
FLOXIN*	ofloxacin*
FOCALIN, XR (QL)*	dexmethylphenidate*
FOSAMAX (QL)	alendronate (QL)
FOSAMAX PLUS D (QL)	alendronate (QL)
FOSRENOL	sevelamer carbonate
FROVA	sumatriptan (QL)*

NON PREFERRED BRAND	PREFERRED ALTERNATIVE
FYCOMPA (QL)	
GARAMYCIN*	gentamycin*
GLUCOPHAGE, XR (QL)	metformin, XR (QL)
GLUCOVANCE	glyburide/metformin
GLYNASE	glyburide micronized
GEODON	ziprasidone
GOLYTELY	trilyte
HALCION (QL)	triazolam (QL)
HALDOL*	haloperidol
HEPSERA (QL)	adefovir dipivoxi (QL)
HYCODAN*	hydrocodone bit-homatropine*
HYTRIN	terazosin
HYZAAR (QL)	losartan/hctz
IMDUR	isosorbide
IMITREX (QL)*	sumatriptan (QL)*
IMURAN	azathioprine
INDERAL, LA	metoprolol, LA, propranolol, LA
INDOCIN, SR	indomethacin, SR
INNOPRAN XL	metoprolol LA, propranolol LA
INTUNIV ER (QL) (PA)	guanfacine, ER (QL)
INVEGA (QL)	risperidone (QL), quetiapine fumarate, olanzapine
JALYN (QL)	dutasteride/tamsulosin (QL)
KADIAN (QL) (PA)*	morphine sulfate ER caps (QL) (PA)*
KEPPRA, XR (QL)	levetiracetam, ER (QL)
KLONOPIN*	clonazepam*
LAMICTAL	lamotrigine
LAMISIL TABLET (QL)*	terbinafine tabs (QL)*
LATUDA (QL)	risperidone (QL), quetiapine fumarate, olanzapine
LEVAQUIN (QL)*	levofloxacin (QL)*
LEVSIN	hyoscamine
LEXAPRO (QL)	escitalopram oxalate (QL)
LIALDA (QL)	DELZICOL
LIDEX	fluocinonide
LIDODERM (QL)	lidocaine patches (QL)
LIPITOR (QL)	atorvastatin (QL)
LOCOID, LOTION	hydrocortisone butyrate

Common Tier 3 Medications With Preferred Alternatives

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NON PREFERRED BRAND	PREFERRED ALTERNATIVE
LOFIBRA	fenofibrate
LOMOTIL	diphenoxylate/atropine
LOPROX	ciclopirox
LORCET (QL)*	hydrocodone/apap (QL)*
LORTAB (QL)*	hydrocodone/apap (QL)*
LOTENSIN/HCT	benazepril/hctz
LOTREL	amlodipine/benazepril (QL)
LOTRISONE	clotrimazole/betamethasone
LOVAZA (QL)	omega-3-acid ethyl esters (QL)
LUNESTA (QL)	eszopiclone (QL)
LYRICA (QL)	pregabalin (QL)
LYSTEDA (QL)*	tranexamic acid (QL)*
MACROBID	nitrofurantoin macrocrystal
MACRODANTIN	nitrofurantoin
MARINOL (PA) (QL)	dronabinol (PA) (QL)
MAXALT, MLT (QL)*	rizatriptan (QL)*
MAXZIDE	triamterene/hctz
MEDROL	methylprednisolone
MEGACE	megestrol
METROGEL	metronidazole
MEVACOR (QL)	lovastatin
MICARDIS (QL)	telmisartan (QL)
MICARDIS HCT (QL)	valsartan/hctz (QL), losartan/hctz, irbesartan/hctz (QL), olmesartan/hctz (QL)
MIDRIN*	isometheptene/acetaminophen/dichloralphenazone*
MINOCIN	minocycline
MIRAPEX ER (QL)	pramipexole
MOBAN	molindone
MOBIC	meloxicam
MONOPRIL HCT	fosinopril/hctz
MOVANTIK	LINZESS
MS CONTIN (QL)*	morphine sulfate ER tabs (QL)*
MYFORTIC	mycophenolate
NEURONTIN	gabapentin
NEXIUM (QL)	omeprazole (QL), pantoprazole (QL), lansoprazole capsules (QL)
NIASPAN	niacin ER

NON PREFERRED BRAND	PREFERRED ALTERNATIVE
NIMOTOP	nimodipine
NITRO-DUR PATCH	nitroglycerin td patch
NITROMIST SPRAY (QL)	nitrostat
NIZORAL	ketoconazole
NOLVADEX	tamoxifen
NORCO (QL)*	hydrocodone/apap (QL)*
NORPACE, CR	disopyramide
NORVASC (QL)	amlodipine
OCUFEN	flurbiprofen
OCUFLOX*	ofloxacin*
ONFI (PA) (QL)	
ONSOLIS (PA) (QL)*	fentanyl lozenge (QL)*
OPANA, ER (PA) (QL)*	oxycodone (QL)*, oxymorphone (PA) (QL)*
OPTICHAMBER (QL)*	EASIVENT (QL)*
ORTHO-TRI-CYCLEN LO	nogestimate, ethinyl estradiol
OXISTAT*	econazole, nystatin
XTAMPZA (PA) (QL)*	"NUCYN TA ER (QL)*, BUTRANS (QL), morphine sulfate ER (QL)*"
OXYIR*	oxycodone IR*
PAMELOR	nortriptyline
PANCREASE MT	lipram, CREON, ULTRASE
PANCREAZE DR	lipram, CREON, ULTRASE
PARLODEL	bromocriptine
PATANOL	olopatadine
PAXIL (QL)	paroxetine (QL)
PENTASA	sulfasalazine, DELZICOL, COLAZAL, balsalazide
PERCOCET (QL)*	oxycodone/apap (QL)*
PERCODAN (QL)*	oxycodone/aspirin (QL)*
PERSANTINE	dipyridamole
PHENERGAN*	promethazine
PHENERGAN WITH CODEINE*	promethazine with codeine*
PHOSLO	calcium acetate
PLAVIX (QL)	clopidogrel (QL)
POTIGA (QL)	lamotrigine, levetiracetam, valproate
PRADAXA (QL) (PA)	warfarin, ELIQUIS, XARELTO

Common Tier 3 Medications With Preferred Alternatives

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NON PREFERRED BRAND	PREFERRED ALTERNATIVE
PRAMOSON E	hydrocortisone/pramoxine
PRANDIN	repaglinide
PRAVACHOL (QL)	pravastatin (QL)
PRECOSE (QL)	acarbose (QL)
PRED FORTE	prednisolone
PREFEST	estradiol/noreth tabs (QL), PREMPHASE (QL), PREMPRO (QL)
PRELONE	prednisolone
PREMARIN	estradiol
PREMARIN VAGINAL CREAM	ESTRACE VAGINAL CREAM
PREVACID, SOLUTAB (QL)	omeprazole (QL), pantoprazole (QL), lansoprazole capsules(QL)
PREVPAC (QL)*	omeprazole (QL), clarithromycin*, amoxicillin*
PRIOSEC (QL)	omeprazole (QL)
PRINIVIL	lisinopril
PRINZIDE	lisinopril/hctz
PRISTIQ (QL)	desvenlafaxine (QL), duloxetine (QL)
PROCARDIA XL	nifedipine ER
PROCHEIVE (PA)	CRINONE (PA)
PROCTOCORT	hydrocortisone
PROMETRIUM	progesterone
PROSCAR (QL)	finasteride (QL)
PROTONIX (PA) (QL)	pantoprazole (QL)
PROTOPIC (QL)	ELIDEL (QL)
PROVENTIL HFA (QL)	PROAIR HFA (QL)
PROVERA	medroxyprogesterone
PROVIGIL (PA) (QL)	modafinil (PA) (QL)
PROZAC (QL)	fluoxetine (QL)
PROZAC WEEKLY (QL)	fluoxetine (QL)
PULMICORT RESPULES (QL)	ASMANEX (QL), QVAR (QL), budesonide respules (QL)
QUTENZA (QL)	
RAPAMUNE	sirolimus
REGLAN	metoclopramide
RELPAK (QL)*	eletriptan (QL)*
REMERON (QL)	mirtazapine (QL)
RENVELA	sevelamer carbonate

NON PREFERRED BRAND	PREFERRED ALTERNATIVE
REPREXAIN (QL)*	hydrocodone/ibuprofen (QL)*
REQUIP, XL (QL)	ropinirole, XL (QL)
RESTASIS (QL)	hydroxymethylcellulose (OTC)
RESTORIL (QL)	temazepam (QL)
RETIN-A (PA) (QL)	tretinoin (PA) (QL)
RISPERDAL M	risperidone odt
RITALIN, SR, LA (QL)*	methylphenidate ER tablets (QL)*
ROBAXIN*	methocarbamol*
ROSULA FOAM	sulfacetamide topical solution
ROXICODONE*	oxycodone (QL)*
ROZEREM (QL)	zolpidem (QL)
RYBELSUS (PA) (QL)	TRULICITY (QL), OZEMPIC (QL)
RYTHMOL, SR	propafenone
SALVAX DUO KIT	salicylic acid
SANCTURA (QL)	tropium (QL), tolterodine tartrate, tolterodine tartrate er, ENABLEX (QL), VESICARE (QL)
SANCUSO (QL)*	granisetron (QL)*, ondansetron (QL)*
SEROQUEL	quetiapine fumarate
SEROQUEL XR (QL)	quetiapine fumarate ER (QL)
SILENOR (PA) (QL)	zolpidem (QL), amitriptyline, imipramine
SINEMET	carbidopa/levodopa, ER
SINGULAIR (QL)	montelukast (QL)
SIMCOR (QL)	
SIVEXTRO (QL)*	
SKELAXIN*	metaxalone*
SOMA*	carisoprodol*
SONATA (QL)	zaleplon (QL), zolpidem (QL)
SORIATANE (QL)	acitretin (QL)
SPORANOX (PA) (QL)*	itraconazole (PA) (QL)*
STRATTERA	atomoxetine
SYMBYAX	olanzapine/fluoxetine
SYNTHROID	levothyroxine
TAGAMET	cimetidine
TEGRETOL	carbamazepine
TEGRETOL XR	carbamazepine ER
TEKTURNA (QL)	losartan, olmesartan (QL)
TENORETIC	atenolol/chlorthalidone

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NON PREFERRED BRAND	PREFERRED ALTERNATIVE
TENORMIN	atenolol
TERAZOL*	terconazole*
TIAZAC	diltiazem
TICLID	ticlopidine
TIGAN	trimethobenzamide
TOBEX DROPS*	tobramycin drops*
TOFRANIL	imipramine
TOLECTIN	tolmetin
TOPAMAX	topiramate
TOPICORT, LP	desoximetasone
TOPROL XL	metoprolol ER
TRAVATAN Z (PA)	latanoprost, LUMIGAN
TRETIN-X (PA) (QL)	tretinoin (PA) (QL)
TRICOR (QL)	fenofibrate
TRIGLIDE	fenofibrate
TRILEPTAL	oxcarbazepine
TRIZIVIR	abacavir/lamivudine/zidovudine
TRUSOPT	dorzolamide
TUSSIONEX (QL)*	hydrocodone/chlopheniramine (QL)*
UBRELVY (PA) (QL)	sumatriptan (QL), rizatriptan(QL)
ULTRACET (QL)*	tramadol/apap (QL)*
ULTRAM, ER (QL)*	tramadol, ER (QL)*
ULTRAVATE, PAC KIT (QL)	halobetasol
URELLE	methenamine-hyoscamine-salicylate
UROXATRAL (QL)	alfuzosin
URSO FORTE	ursodiol
VAGIFEM	estradiol vaginal tablet
VALIUM*	diazepam*
VALTRES (QL)	valacyclovir (QL)
VALTURNA (QL)	olmesartan (QL), losartan
VASERETIC	enalapril/hctz
VESICARE	solifenacin
VFEND	voriconazole
VICODIN (QL)*	hydrocodone/apap (QL)*
VIRAMUNE	nevirapine
VISTARIL	hydroxyzine pamoate
VIVELLE DOT (QL)	estradiol transderm patches (QL)
VYTORIN (QL)	

NON PREFERRED BRAND	PREFERRED ALTERNATIVE
VYVANSE (QL)*	"methylphenidate ER tablets (QL)*, methylphenidate ER capsules (QL)*"
WELCHOL (QL)	colesevelam (QL)
WELLBUTRIN, SR, XL (PA) (QL)	bupropion, SR, XL (QL)
XALATAN	latanoprost
XANAX, XR*	alprazolam, XL*
XOPENEX HFA (QL)	PROAIR HFA (QL)
XOPENEX NEBULIZER (QL)	albuterol, levalbuterol (QL)
ZANAFLEX	tizanidine
ZANTAC	ranitidine
ZARONTIN	ethosuximide
ZAROXOLYN	metolazone
ZEMPLAR	paroicalcitol
ZESTRIL	lisinopril
ZETIA (QL)	simvastatin (QL), fenofibrate (QL), WELCHOL (QL), atorvastatin (QL), niacin ER
ZIAC	bisoprolol
ZIAGEN	abacavir
ZITHROMAX (QL)*	azithromycin (QL)*
ZMAX (QL)*	azithromycin (QL)*
ZOCOR (QL)	simvastatin (QL)
ZOFRAN, ODT (QL)*	ondansetron (QL)*, ondansetron ODT (PA) (QL)*
ZOLOFT (QL)	sertraline (QL)
ZOMIG (QL)*	sumatriptan (QL)*, rizatriptan (QL)*, RELPAX (QL)*
ZONTIVITY (QL)	
ZORTRESS (QL)	mycophenolate, PROGRAF, cyclosporine
ZOVIRAX TABS, CAPS	acyclovir tabs, caps
ZUPLENZ (QL)*	ondansetron (QL)*
ZYCLARA (QL)*	imiquimod (QL)
ZYLOPRIM	allopurinol
ZYMAR*	VIGAMOX*, BESIVANCE*
ZYMAXID (QL)*	VIGAMOX*, BESIVANCE*
ZYPREXA	olanzapine
ZYPREXA ZYDIS	olanzapine
ZYVOX (QL)*	linezolid (QL)*

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	Over age 18
Chicken Pox vaccine	No Restriction
children's iron	Age 6 months - 1 year
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
LO LOESTRIN 24 FE	Female under age 50
LOESTRIN 24 FE	Female under age 50
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	Available through the PEHP Quitline 1-855-366-7500
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
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	Oracea	Sumavel DosePro
Absorica	Doxycycline-MonoTabs	Invokamet, XR	Oravig	Sumaxin
Abstral SL	Duexis	Invokana	Orenitram	Sustol
Accu-Chek test strips	Dymista	Janumet, XR	Orkambi	Tegsedi
Acyclovir Ointment, Cream	Dynacin	Januvia	Orthovisc	Temazepam 22.5 mg
Adoxa	Edarbi	Jornay	Oxycontin	Testim
Aimovig	Edarbyclor	Kapvay	Oxytrol	Testosterone Gel
Alevicyn	Edex	Karbinal ER	Paroxetine ER	Tevtropin
Align	Egriftra	Karigel	Patanase	Tirosint
Allegra, D	Embeda	Keto-Diastix	Paxil CR	Tofranil PM
Ammonium lactate	Enfolast, N	Ketoralac Isecure	Penlac	Transderm-Scop
Amrix	Erleda	Lac-Hydrin	Pennsaid	Tresiba
AndroGel	Esbriet	Lamictal Dose Pack	Pentacel	Treximet
Antara	Evekeo	Latisse	Phentermine	Trinaz
Apidra	Extavia	Lazanda	Picato	Trintellix
Ascensia test strips	Fenofibrate 40mg, 120mg	Lemtrada	Polyethylene glycol powder	Tri-Vi-Flor
Astelin	Fenoglide 40mg, 120mg	Levemir	Pregenna	Tri-Vite
Astepro	Fenoprofen	Levitra	Prevident	Trokendi XR
Atrapro	Fentanyl 37.5mg, 62.5mg, 87.5mg	Levocetirizine	Proctocream-HC	Vaniqa
Auvi-Q	Fetzima	Lidocaine/Prilocaine Topical Kit	Propecia	Vantas
Avita cream, gel	Fexofenadine	Lorzone	Protropin	Veltin
Azelastine	Firazyr	Lustra	Qnasl	Veramyst
Basaglar	Flonase	Menopur	Qsymia	Viagra
Baygam	Fluorigard	Minocin combo pack	Qudexy XR	Viberzi
Beleodaq	Fluoxetine tablets 20mg, 60mg	Miralax	Quillivant XR	Victoza
Belviq	Follistim AQ	Monodox	Rayos	Viekira
Belsomra	Forfivo XL	Mouthkote	Refissa	Viibryd
Benzefoam	Fortesta	Muse	Renflexis	Vitamins (except prescription prenatal vitamins)
Beyaz	Ganirelix	Myferon 150	Renova	Viteka
Bifera	Gelnique Gel	Myrac	Repronex	Vimovo
Bravelle	Genotropin	Nasalide	Restoril 22.5mg	VSL
Brisdelle	Glatopa	Nasarel	Reyvow	Xenical
Calomist Nasal Spray	Glumetza	Nasonex	Riax	Xiidra
Cambia	Glyxambi	Neurpath-b	Rituxan Hycela	Xultophy
Cartivisc	Gonal F	Nuedexta	Rosula	Xyzal
Caverject	Gralise	Nuquin	Saizen	Zegerid
Cerefolin	Harvoni	Nurtec	Sarafem	Semprex D
Cetirizine, D	Hetlioz	Nutropin AQ	Semprex D	Serostim
Cialis	Horizant	Nuessa	Siliq	Sitavig
Clarinet, D	Humalog	Nymalize	Sitavig	Sklice
Claripel	Humatrope	Ofev	Sklice	Skyrizi
Corlanor	Humulin	Olumiant	Skyrizi	Solaquin
Contour Test Strips	Hydroquinone	Omeprazole/sodium bicarbonate	Solaquin	Solodyn
Copaxone 20mg	Ilumya	Omnaris	Sovaldi	Sovaldi
Cyanocobalamin injection	Imipramine Pamoate	Omnitrope	Sprax	Sprax
Daklinza	Inflectra	One Touch test strips	Striant	Striant
Deplin	Innohep	Onpattro	Subsys	Subsys
Dificid				Zyrtec, D

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)
 BENLYSTA (PA) (HH)
 BETASERON^
 BOTOX (PA)(QL)
 BROVANA (PA)
 capecitabine^ (PA)
 CAPRELSA^ (PA)
 CARBAGLU^
 CARIMUNE (PA) (HH)
 CAYSTON (PA)
 CHORIONIC GONADOTROPIN^ (PA)
 CIMZIA^ (PA)
 CLARAVIS (QL)
 COMETRIQ^ (PA)
 COPAXONE 40mg^ (QL)
 COPEGUS^ (PA) (QL) (NO MAX)
 COSENTYX^ (PA)
 CYRAMZA^ (PA) (HH)
 CYTOGAM (PA) (HH)

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.

CYTOVENE
 D.H.E. (QL)
 decitabine (PA)
 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)
 GRANISITRON INJ (QL)

GRANIX (PA)(HH)
 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)
 KRYSTEXXA (PA) (HH)
 KUVAN^ (PA)
 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

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

MOZOBIL (PA) (HH)
MYORISAN (QL)
MYOZYME (PA) (HH)
NAGLAZYME (PA) (HH)
NEUMEGA (PA) (QL) (HH)
NEUPOGEN^ (HH)
NEXAVAR^ (PA) (QL)
NORDITROPIN^ (PA)
NOVAREL^ (PA)
NOVOSEVEN (PA)
NPLATE (PA) (HH)
NUCALA^ (PA)
NULOJIX^ (PA)
octreotide acetate^ (PA) (HH)
OFORTA ^ (PA)
OLYSIO^ (PA) (QL)
OPDIVO (PA)
OPSUMIT^ (PA) (QL)
ORFADIN^
OTEZLA^ (PA) (QL)
OVIDREL^ (PA)
PEGASYS^ (PA)
PEG-INTRON^ (PA)
PERFOROMIST
PERJETA^
PREGNYL^ (PA)
PRIALT (PA)
PROFASI HP^ (PA)
PROFILNINE SD (PA)
PROLEUKIN (PA)
PROMACTA^ (PA) (QL)
PULMOZYME^ (PA) (QL) (HH)

RAVICTI^ (PA) (QL)
REBETOL^ (PA) (NO MAX)
RECOMBINATE (PA)
REMODULIN (PA) (HH)
RENFLXIS^ (PA) (HH)
REVATIO INJECTION (PA)
REVLIMID^ (PA)
RIBAPAK^ (PA)
RIBASPHERE^ (PA)
RIBAVIRIN^ (PA)
RITUXAN^ (HH)
SABRIL^ (PA) (QL)
SAMSCA^ (PA)
SANDOSTATIN^ (PA) (HH)
SENSIPAR
sildenafil 20mg^ (PA) (QL)
SOMATULINE^ (PA) (HH)
SOMAVERT^ (PA) (QL)
SOTRET (QL)
STELARA^ (PA) (QL)
SUPARTZ
SUPRELIN LA (PA) (QL)^
SYNAGIS (PA) (QL) (HH)
TAFINLAR^ (PA)
TASIGNA^ (PA) (QL)
temozolomide^ (QL)
THALOMID^ (PA) (QL)
TOBI PODHALER^ (PA) (QL)
tobramycin inh solution ^ (PA) (QL) (HH)
TOBRAMYCIN INJ
TORISEL (PA) (QL)
TRACLEER^ (PA) (QL)

TREANDA (PA)
TRELSTAR LA, DEPOT (PA)
TYKERB^ (PA) (QL)
TYSABRI^ (PA) (QL) (HH)
TYVASO^ (PA)
VANTAS (PA) (HH)
VECTIBIX (PA) (QL)
VELCADE^ (PA)
VELETRI^ (PA)
VENTAVIS (PA) (HH)
VIMIZIM^ (PA)
VIVITROL^ (PA) (QL) (HH)
VOTRIENT^ (PA) (QL)
VPRIV (PA) (HH)
WILATE (PA)
XALKORI ^ (PA)
XELJANZ^ (PA) (QL)
XENAZINE^ (PA)
XGEVA^ (PA) (HH)
XOFIGO (PA)
XOLAIR^ (PA) (QL) (HH)
XYNTHA (PA)
YERVOY (PA)
ZAVESCA (PA) (QL)
ZEMAIRA (PA) (HH)
ZENATANE (QL)
ZOLADEX (PA) (QL) (HH)
ZOLINZA^ (PA) (QL)
ZORBTVIVE^ (PA) (QL)
ZYDELIG^ (PA) (QL)
ZYKADIA^ (PA) (QL)
ZYTIGA^ (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)
PROCRIT (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
ZELBORAF^ (PA)	TAFINLAR^ (PA)

Specialty Medications – Tier C

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 C	ALTERNATIVES
AJOVY (PA) (QL)*	"topirimate, propranolol, metoprolol, venlafaxine, BOTOX (PA)(QL)"
AMPYRA^ (QL)	
AVONEX^(PA)	BETASERON^, COPAXONE 40mg^(QL), TYSABRI (PA)(QL)(HH), RITUXAN (HH)
EMGALITY (PA) (QL)*	"topirimate, propranolol, metoprolol, venlafaxine, BOTOX^ (PA)(QL)"
ENBREL^ (PA) (QL)	CIMZIA^ (PA)
GLEEVEC^ (PA)	
GILENYA^(PA)	BETASERON^, COPAXONE 40mg^(QL), TYSABRI (PA)(QL)(HH), RITUXAN (HH)
HUMIRA^(PA)	CIMZIA^(PA), ACTEMRA^(PA), XELJANZ^(PA), RITUXAN (HH), STELARA^ (PA), OTEZLA^(PA), COSENTYX^(PA) ENTYVIO^(PA), RENFLEXIS (PA)
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
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)	BETASERON^, COPAXONE 40mg^(QL), TYSABRI (PA)(QL)(HH), RITUXAN (HH)
XYREM (PA) (QL)	

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
GlucaGen HypoKit
Glucagon
INSULINS
Novolog vials
Novolin vials
Lantus vials
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

RENIN/ANGIOTENSIN SYSTEM ANTAGONIST (ACEI/ARB)
enalapril
fosinopril
irbesartan
lisinopril
losartan
quinapril
ramipril
trandolapril
DIURETICS
amiloride
bumetanide
chlorothiazide
chlorthalidone
furosemide solution
furosemide tablets
hydrochlorothiazide capsules
hydrochlorothiazide tablets
indapamide
methazolamide
methyclothiazide
spironolactone
toremide
MISCELLANEOUS
prazosin
clonidine
digoxin
VASODILATORS
hydralazine
isosorbide

Respiratory

ANTICHOLENERGICS
ipratropium bromide solution
INHALED CORTICOSTEROIDS
QVAR inhaler
SABA/ ANTI-CHOLENERGICS
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
- » Community Nursing Services/ Love
- » Infusion Innovations
- » Intermountain Healthcare Homecare
- » NuFactor for factor drugs
- » Rock Springs IV Center
- » Uintah Basin Home Health
- » University of Utah Home Infusion

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

