

# Covered Drug List

January 2019

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](http://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.

**Always consult with your doctor before making medication changes.**

1-15-19

## 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  
 benazepril  
 benazepril/hctz  
 benzonatate  
 benzoyl peroxide  
 benzoyl peroxide/  
 clindamycin  
 benzotropine  
 BESIVANCE (QL)\*  
 betamethasone  
 betaxolol  
 BETIMOL  
 BETOPTIC-S  
 bisoprolol  
 bisoprolol/hctz  
 BRILINTA (QL)  
 brimonidine  
 bromocriptine  
 budesprion 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  
 colesivelam (QL)  
 COMBIPATCH  
 COMBIVENT  
 COMTAN  
 concerta\*  
 CONDYLOX  
 CORTIFOAM  
 CREON  
 CRINONE (PA)  
 cromolyn  
 cyclobenzaprine\*  
 cyclopentolate  
 cyclophosphamide  
 cyclosporine  
 CYTOMEL

## D

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

Always consult with your doctor before making medication changes.

# 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

LOTION (QL)  
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)  
ELMIRON (QL)  
EMCYT  
EMEND (QL)\*  
EMTRIVA, SOL  
ENABLEX  
enalapril  
enalapril/hctz  
endacof dc (QL)\*  
endocet (QL)\*  
ENJUVA  
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)  
estropiate  
eszopiclone (QL)  
ethosuximide  
etodolac, xl  
EURAX  
EVOXAC  
EXALL-D LIQUID\*

## F

famciclovir  
famotidine  
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)  
flvoxamine  
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 (QL)  
LANTUS, SOLOSTAR  
latanoprost  
leflunomide (QL)  
LEUKERAN  
levabuterol solution (QL)  
levetiracetam  
levobunolol  
levofloxacin 0.5% Ophthalmic Solution  
levothyroxine  
levoxyll  
lidocaine patches(QL)  
lindane  
LINZESS (QL)  
liothyronine

# Preferred Medications

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LIPOFEN (QL)  
lipram  
lisinopril  
lisinopril/hctz  
lithium, er  
lorazepam\*  
losartan, hctz  
LOTRONEX (PA) (QL)  
lovastatin (QL)  
low-ogestrel  
loxapine  
LUMIGAN  
LYRICA (QL)

## M

MATULANE (PA)  
mebendazole  
meclizine  
meclofenamate  
medroxyprogesterone (QL)  
megestrol  
meloxicam  
mepidine\*  
MEPHYTON (PA)  
MEPRON  
mercaptapurine  
mesalamine enema  
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 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  
nogestimate, 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)\*  
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)\*

## 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  
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

## Q

quinapril  
quinapril/hctz  
QVAR (QL)

# Preferred Medications

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## R

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

## S

SANCTURA XR (QL)  
SANDIMMUNE  
SAVELLA (QL)  
SELZENTRY (QL)  
SENSIPAR  
SEREVENT DISKUS  
sertraline (QL)  
sevelamer carbonate  
simvastatin (QL)  
sirolimus  
sodium fluoride (age 1-11)  
sodium polystyrene sulfonate  
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  
tretinoin (PA) (QL)  
triamcinolone  
triamterene/hctz  
triazolam (QL)  
TRIBENZENOR (QL)  
trifluoperazine  
trifluridine  
trihexyphenidyl  
trimethobenzamide  
trimethoprim  
trimethoprim-polymyxin B  
TRULICITY  
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  
VESICARE  
VIGAMOX\*  
VIMPAT (QL)  
VIRACEPT  
VOLTAREN GEL (QL)

## W

warfarin

## X

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 (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 *	"CONCERTA (QL)*, methylphenidate ER capsules (QL)*"
amphet./dextroamphet. mixed ER caps*	"CONCERTA (QL)*, methylphenidate ER capsules (QL)*"
ADVAIR HFA DISKUS (PA) (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

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
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	benzoyl peroxide
BENZACLIN	benzoyl peroxide/clindamycin phosphate
BEPREVE (QL)	PATANOL
BETAPACE, AF	sotalol
BIAXIN, XL*	clarithromycin*
BONIVA TABLETS (QL)	alendronate (QL)
BREO ELLIPTA (PA) (QL)	SYMBICORT (QL)
BROMDAY (QL)*	bromfenac*
BUSPAR	bupirone
BYDUREON (QL)	TRULICITY (QL)
BYETTA (QL)	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
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)*	
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*	"concerta (QL)*, methylphenidate ER capsules (QL)*"
DEXILANT (QL)	omeprazole (QL), pantoprazole (QL), lansoprazole (QL)
dexmethyphendiate ER tabs (QL)*	concerta (QL)*
dextroamphetamine SR capsules (QL)*	"concerta (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)
DUAC	benzoyl peroxide/clindamycin
DUETACT (QL)	glimepiride/pioglitazone



# 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
DUONEB	ipratropium-albuterol
DURAGESIC PATCH (PA)(QL)*	
EFFEXOR XR	venlafaxine ER
EFUDEX	fluorouracil
ELAVIL	amitriptyline
ELIQUIS (QL)	warfarin
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 (PA) (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)*
FYCOMPA (QL)	

NON PREFERRED BRAND	PREFERRED ALTERNATIVE
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
LOFIBRA	fenofibrate

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NON PREFERRED BRAND	PREFERRED ALTERNATIVE
LOMOTIL	diphenoxylate/atropine
LOPROX	ciclopirox
LORCET (QL)*	hydrocodone/apap (QL)*
LORTAB (QL)*	hydrocodone/apap (QL)*
LOTENSIN/HCTZ	benazepril/hctz
LOTREL	amlodipine/benazepril (QL)
LOTRISONE	clotrimazole/betamethasone
LOVAZA (QL)	omega-3-acid ethyl esters (QL)
LUNESTA (QL)	eszopiclone (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 (QL)
NIASPAN	niacin ER
NIMOTOP	nimodipine
NITRO-DUR PATCH	nitroglycerin td patch

NON PREFERRED BRAND	PREFERRED ALTERNATIVE
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)*	NUCYNTA 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)	warfarin
PRAMOSON E	hydrocortisone/pramoxine
PRANDIN	repaglinide

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NON PREFERRED BRAND	PREFERRED ALTERNATIVE
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 (QL)
PREVPAC (QL)*	omeprazole (QL), clarithromycin*, amoxicillin*
PRILOSEC (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
RELPAX (QL)*	eletriptan (QL)*
REMERON (QL)	mirtazapine (QL)
REVELA	sevelamer carbonate
REPREXAIN (QL)*	hydrocodone/ibuprofen (QL)*
REQUIP, XL (QL)	ropinirole, XL (QL)

NON PREFERRED BRAND	PREFERRED ALTERNATIVE
RESTASIS (QL)	hydroxymethylcellulose (OTC)
RESTORIL (QL)	temazepam (QL)
RETIN-A (PA) (QL)	tretinoin (PA) (QL)
RISPERDAL M	risperidone odt
RITALIN, SR, LA (QL)*	concerta*
ROBAXIN*	methocarbamol*
ROSULA FOAM	sulfacetamide topical solution
ROXICODONE*	oxycodone (QL)*
ROZEREM (QL)	zolpidem (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
TEKTURNAL (QL)	losartan, olmesartan (QL)
TENORETIC	atenolol/chlorthalidone
TENORMIN	atenolol
TERAZOL*	terconazole*

# Common Tier 3 Medications With Preferred Alternatives

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NON PREFERRED BRAND	PREFERRED ALTERNATIVE
TIAZAC	diltiazem
TICLID	ticlopidine
TIGAN	trimethobenzamide
TOBREX 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)*
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
VFEND	voriconazole
VICODIN (QL)*	hydrocodone/apap (QL)*
VIRAMUNE	nevirapine
VISTARIL	hydroxyzine pamoate
VIVELLE DOT (QL)	estradiol transderm patches (QL)
VYTORIN (QL)	
VYVANSE (QL)*	CONCERTA (QL)*, methylphenidate ER capsules (QL)*
WELCHOL (QL)	colesevelam (QL)

NON PREFERRED BRAND	PREFERRED ALTERNATIVE
WELLBUTRIN, SR, XL (PA) (QL)	bupropion, SR, XL (QL)
XALATAN	latanoprost
XANAX, XR*	alprazolam, XL*
XARELTO (QL)	warfarin
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)*
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	Daklinza	Invokamet, XR	Orthovisc	Tevtropin
Absorica	Deplin	Invokana	Oxycontin	Tirosint
Abstral SL	Dificid	Janumet, XR	Oxytrol	Tofranil PM
Accu-Chek test strips	Doryx	Januvia	Paroxetine ER	Transderm-Scop
Acyclovir Ointment, Cream	Doxycycline-MonoTabs	Kapvay	Patanase	Tresiba
Adoxa	Duexis	Karbinal ER	Paxil CR	Treximet
Aimovig	Dymista	Karigel	Penlac	Trintellix
Ajovy	Dynacin	Keto-Diastix	Pennsaid	Tri-Vi-Flor
Alevicyn	Edarbi	Ketoralac Isecure	Pentacel	Tri-Vite
Align	Edarbyclor	Lac-Hydrin	Phentermine	Trokendi XR
Allegra, D	Edex	Lamictal Dose Pack	Picato	Vaniqa
Ammonium lactate	Egriftra	Latisse	Polyethylene glycol powder	Vantas
Amrix	Embeda	Lazanda	Prevident	Veltin
Androgel	Enfolast, N	Lemtrada	Proctocream-HC	Veramyst
Antara	Esbriet	Levemir	Propocia	Viagra
Apidra	Evekeo	Levitra	Protropin	Viberzi
Ascensia test strips	Extavia	Levocetirizine	Qnasl	Victoza
Astelin	Farxiga	Lidocaine/Prilocaine Topical Kit	Qsymia	Viekira
Astepro	Fenoprofen	Lorzone	Qudexy XR	Viibryd
Atrapro	Fentanyl 37.5mg, 62.5mg, 87.5mg	Lustra	Quillivant XR	Vitamins (except prescription prenatal vitamins)
Auvi-Q	Fetzima	Menopur	Rayos	Viteka
Avita cream, gel	Fexofenadine	Minocin combo pack	Refissa	Vimovo
Azelastine	Firazyr	Miralax	Renflexis	VSL
Basaglar	Flonase	Monodox	Renova	Xenical
Baygam	Fluorigard	Mouthkote	Repronex	Xiidra
Beleodaq	Follistim AQ	Muse	Restoril 22.5mg	Xultophy
Belviq	Forfivo XL	Myferon 150	Riax	Xyzal
Belsomra	Fortesta	Myrac	Rosula	Zegerid
Benzefoam	Ganirelix	Nasalide	Saizen	Zelapar
Beyaz	Gelnique Gel	Nasarel	Sarafem	Zenedi
Bifera	Genotropin	Nasonex	Semprex D	Zetonna
Bravelle	Glatopa	Neurpath-b	Serostim	Zinbryta
Brisdelle	Glumetza	Nuedexta	Siliq	Zohydro
Calomist Nasal Spray	Glyxambi	Nuquin	Sitavig	Zolpimist
Cambia	Gonal F	Nuvessa	Sklice	Zovirax Ointment, Cream
Cartivisc	Gralise	Nymalize	Solaquin	Zyban
Caverject	Harvoni	Ofev	Solodyn	Zyoptin
Cerefolin	Hetlioz	Omeprazole/sodium bicarbonate	Sovaldi	Zyrtec, D
Cetirizine, D	Horizant	Omniaris	Sprix	
Cialis	Humalog	Omnitrope	Striant	
Clarinet, D	Humatrope	One Touch test strips	Subsys	
Claripel	Humulin	Oracea	Sumavel DosePro	
Corlanor	Hydroquinone	Oravig	Sumaxin	
Contour Test Strips	Imipramine Pamoate	Orenitram	Sustol	
Copaxone 20mg	Inflectra	Orkambi	Temazepam 22.5 mg	
Cyanocobalamin injection	Innohep		Testim	
	Intermezzo		Testosterone Gel	

**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](http://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  
HYCANTIN^ (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^  
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)	RAVICTI <sup>^</sup> (PA) (QL)	TRELSTAR LA, DEPOT (PA)
MYORISAN (QL)	REBETOL <sup>^</sup> (PA) (NO MAX)	TYKERB <sup>^</sup> (PA) (QL)
MYOZYME (PA) (HH)	RECOMBINATE (PA)	TYSABRI <sup>^</sup> (PA)(QL)(HH)
NAGLAZYME (PA) (HH)	REMICADE <sup>^</sup> (PA) (HH)	TYVASO <sup>^</sup> (PA)
NEUMEGA (PA) (QL) (HH)	REMODULIN (PA) (HH)	VANTAS (PA) (HH)
NEUPOGEN <sup>^</sup> (HH)	REVIATIO INJECTION (PA)	VECTIBIX (PA) (QL)
NEXAVAR <sup>^</sup> (PA) (QL)	REVLIMID <sup>^</sup> (PA)	VELCADE <sup>^</sup> (PA)
NORDITROPIN <sup>^</sup> (PA)	RIBAPAK <sup>^</sup> (PA)	VELETRI <sup>^</sup> (PA)
NOVAREL <sup>^</sup> (PA)	RIBASPHERE <sup>^</sup> (PA)	VENTAVIS (PA) (HH)
NOVOSEVEN (PA)	RIBAVIRIN <sup>^</sup> (PA)	VIMIZIM <sup>^</sup> (PA)
NPLATE (PA) (HH)	RITUXAN <sup>^</sup> (HH)	VIVITROL <sup>^</sup> (PA) (QL) (HH)
NUCALA <sup>^</sup> (PA)	SABRIL <sup>^</sup> (PA) (QL)	VOTRIENT <sup>^</sup> (PA) (QL)
NULOJIX <sup>^</sup> (PA)	SAMSCA <sup>^</sup> (PA)	VPRIV (PA) (HH)
octreotide acetate <sup>^</sup> (PA) (HH)	SANDOSTATIN <sup>^</sup> (PA) (HH)	WILATE (PA)
OFORTA <sup>^</sup> (PA)	sildenafil 20mg <sup>^</sup> (PA) (QL)	XALKORI <sup>^</sup> (PA)
OLYSIO <sup>^</sup> (PA) (QL)	SOMATULINE <sup>^</sup> (PA) (HH)	XELJANZ <sup>^</sup> (PA) (QL)
OPDIVO (PA)	SOMAVERT <sup>^</sup> (PA) (QL)	XENAZINE <sup>^</sup> (PA)
OPSUMIT <sup>^</sup> (PA) (QL)	SOTRET (QL)	XGEVA <sup>^</sup> (PA) (HH)
ORFADIN <sup>^</sup>	STELARA <sup>^</sup> (PA)(QL)	XOFIGO (PA)
OTEZLA <sup>^</sup> (PA) (QL)	SUPARTZ	XOLAIR <sup>^</sup> (PA) (QL) (HH)
OVIDREL <sup>^</sup> (PA)	SUPRELIN LA (PA)(QL) <sup>^</sup>	XYNTHA (PA)
PEGASYS <sup>^</sup> (PA)	SYNAGIS (PA) (QL) (HH)	YERVOY (PA)
PEG-INTRON <sup>^</sup> (PA)	TAFINLAR <sup>^</sup> (PA)	ZAVESCA (PA) (QL)
PERFOROMIST	TASIGNA <sup>^</sup> (PA) (QL)	ZEMAIRA (PA) (HH)
PERJETA <sup>^</sup>	temozolomide <sup>^</sup> (QL)	ZENATANE (QL)
PREGNYL <sup>^</sup> (PA)	THALOMID <sup>^</sup> (PA) (QL)	ZOLADEX (PA) (QL) (HH)
PRIALT (PA)	TOBI PODHALER <sup>^</sup> (PA) (QL)	ZOLINZA <sup>^</sup> (PA) (QL)
PROFASI HP <sup>^</sup> (PA)	tobramycin inh solution <sup>^</sup> (PA) (QL) (HH)	ZORBTIVE <sup>^</sup> (PA) (QL)
PROFILNINE SD (PA)	TOBRAMYCIN INJ	ZYDELIG <sup>^</sup> (PA) (QL)
PROLEUKIN (PA)	TORISEL (PA) (QL)	ZYKADIA <sup>^</sup> (PA) (QL)
PROMACTA <sup>^</sup> (PA) (QL)	TRACLEER <sup>^</sup> (PA) (QL)	ZYTIGA <sup>^</sup> (PA)
PULMOZYME <sup>^</sup> (PA) (QL) (HH)	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	TIER A ALTERNATIVE
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)	REMICADE (PA) (HH)
LETAIRIS^ (PA)	TRACLEER^ (PA)
LOVENOX (HH)	enoxaparin (HH)
NEULASTA (PA) (HH)	NEUPOGEN (PA) (HH)
OCTAGAM^ (PA)	GAMUNEX^ (PA) (HH), GAMUNEX-C^ (PA) (HH), CARIMUNE (PA) (HH), FLEBOGAMMA (PA) (HH)
ORENCIA (PA) (QL) (HH)	REMICADE (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	TIER A ALTERNATIVE
AMPYRA <sup>^</sup> (QL)	
AVONEX <sup>^</sup> (PA)	BETASERON <sup>^</sup> , COPAXONE 40mg <sup>^</sup> (QL), TYSABRI (PA)(QL)(HH), RITUXAN (HH)
ENBREL <sup>^</sup> (PA) (QL)	CIMZIA <sup>^</sup> (PA)
EPCLUSA <sup>^</sup> (QL) (PA)	
GLEEVEC <sup>^</sup> (PA)	BETASERON <sup>^</sup> , COPAXONE 40mg <sup>^</sup> (QL), TYSABRI (PA)(QL)(HH), RITUXAN (HH)
GILENYA <sup>^</sup> (PA)	CIMZIA <sup>^</sup> (PA), ACTEMRA <sup>^</sup> (PA), XELJANZ <sup>^</sup> (PA), RITUXAN (HH), STELARA <sup>^</sup> (PA), OTEZLA <sup>^</sup> (PA), COSENTYX <sup>^</sup> (PA) ENTYVIO <sup>^</sup> (PA), REMICADE (PA)
HUMIRA <sup>^</sup> (PA)	
IBRANCE <sup>^</sup> (PA)	RECLAST
PROLIA <sup>^</sup> (QL) (PA)	BETASERON <sup>^</sup> , COPAXONE 40mg <sup>^</sup> (QL), TYSABRI (PA)(QL)(HH), RITUXAN (HH)
REBIF <sup>^</sup> (PA)	CIMZIA <sup>^</sup> (PA), ACTEMRA <sup>^</sup> (PA), XELJANZ <sup>^</sup> (PA), RITUXAN (HH), STELARA <sup>^</sup> (PA), OTEZLA <sup>^</sup> (PA), COSENTYX <sup>^</sup> (PA) ENTYVIO <sup>^</sup> (PA), REMICADE (PA)
SIMPONI <sup>^</sup> (PA)	
SPRYCEL <sup>^</sup> (PA) (QL)	
SUTENT <sup>^</sup> (PA)	
TARCEVA <sup>^</sup> (PA) (QL)	BETASERON <sup>^</sup> , COPAXONE 40mg <sup>^</sup> (QL), TYSABRI (PA)(QL)(HH), RITUXAN (HH)
TECFIDERA <sup>^</sup> (QL)	
XYREM (PA) (QL)	

# 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](http://www.express-scripts.com)

### Express Scripts COB/Direct Claims

Express Scripts  
PO Box 2904  
Clinton, IA 52733-2904

### Accredo Specialty Pharmacy

800-803-2523

### Home Delivery Address

Express Scripts  
PO Box 747000  
Cincinnati, OH 45274-7000

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