

Preferred Drug List

July 2017

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



PEHP
Health & Benefits

PROUDLY SERVING UTAH PUBLIC EMPLOYEES

Preferred Drug List



IMPORTANT: This is a brief 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 Preferred Drug List

The Preferred Drug List is a listing of prescription medications chosen by PEHP to be available at a lower copayment. The medications on the Preferred Drug List provide the best overall value based on quality, safety, effectiveness, and cost. The Preferred 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.

6-1-17

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 at mail-order

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 (QL)
 amlodipine/benazepril
 amoxicillin*
 amoxicillin-pot clavulanate*
 amphetamine salt*
 ampicillin*
 anagrelide
 anastrozole (QL)
 ANDRODERM (QL)
 antipyrine/benzocaine (QL)*
 ASMANEX (QL)
 aspirin-codeine*
 atenolol

atenolol/chlorthalidone
 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)
 clonidine (QL)

clorazepate
 clotrimazole troche
 clotrimazole w/betamethasone
 clozapine
 codeine sulfate (QL)*
 COLAZAL
 colestipol
 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
 DEXCOM G4/G5 (PA) (QL)
 dexmethylphenidate*
 dextroamphetamine*
 dextroamphetamine ER (QL)*
 DIASTAT (QL)*
 diazepam*
 dibenzylamine
 diclofenac
 dicloxacillin*
 dicyclomine
 didanosine
 diethylstilbestrol
 DIFFERIN GEL 0.3%,
 LOTION (QL)

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Preferred Medications

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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)
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 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
LAMICTAL DOSE PACK
LAMISIL GRANULE (PA)
(QL)*
lamivudine
lamotrigine
LANOXIN
LANTUS, SOLOSTAR
latanoprost
leflunomide (QL)
LEUKERAN
levabuterol solution (QL)
levetiracetam
levobunolol
levofloxacin 0.5% Ophthalmic
Solution
levothyroxine
levoxyil
lidocaine patches(QL)
lindane
LINZESS (QL)

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

M

MATULANE (PA)
mebendazole
meclizine
meclofenamate
medroxyprogesterone (QL)
megestrol
meloxicam
mepiridine*
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 (PA) (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

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Q

quinapril
quinapril/hctz
QVAR (QL)

R

rabeprazole (QL)
raloxifene (QL)
ramipril (QL)
RANEXA (PA) (QL)
ranitidine
RELPAX (QL)*
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
sotalol
SPIRIVA (QL)

spironolactone
spironolactone/hctz
sprintec
STRATTERA (QL)
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 at mail-order | 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)
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 salt*
ADDERALL XR (QL)*	dextroamphetamine ER (QL)*
amphetamine mixed er*	dextroamphetamine ER (QL)*
ADVAIR HFA DISKUS (PA) (QL)	SYMBICORT (QL), DULERA (QL)
ADVICOR (QL)	
AEROCHAMBER (QL)*	EASIVENT (QL)*
ALDARA (QL)	imiquimod (QL)
ALPHAGAN P 0.15%, 0.2%	brimonidine
ALTACE (QL)	ramipril
AMARYL	glimepiride
AMBIEN (QL)	zolpidem (QL)
AMBIEN CR (QL)	zolpidem er (QL)
AMERGE (QL)*	naratriptan (QL)*
AMITIZA (QL) (PA)	LINZESS
ANALPRAM E CREAM	hydrocortisone/pramoxine hydrochloride
ANALPRAM HC	hydrocortisone/pramoxine hydrochloride
ANZEMET TABLETS (QL)*	ondansetron (QL)*
ANORO ELLIPTA (QL)	SPIRIVA (QL)

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

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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)	atorvastatin plus amlodipine
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
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 (QL)
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 (PA)*	amphetamine mixed er*
DETROL	tolterodine tartrate
DETROL LA	tolterodine tartrate er
DEXEDRINE (PA)*	dextroamphetamine (PA)*
DEXILANT (QL)	omeprazole (QL), pantoprazole (QL)
dexmethyphendidate ER (QL)*	concerta (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
DUONEB	ipratropium-albuterol
DURAGESIC PATCH (PA) (QL)*	
EFFEXOR XR	venlafaxine er

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NON PREFERRED BRAND	PREFERRED ALTERNATIVE
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)	BENICAR (QL) plus amlodipine (QL)
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, 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)	
GARAMYCIN*	gentamycin*
GLUCOPHAGE, XR (QL)	metformin, xr (QL)
GLUCOVANCE	glyburide-metformin

NON PREFERRED BRAND	PREFERRED ALTERNATIVE
GLYNASE	glyburide micronized
GEODON	ziprasidone
GOLYTELY	trilyte
HALCION (QL)	triazolam
HALDOL*	haloperidol
HEPSERA (QL)	adefovir dipivoxi (QL)
HYCODAN*	hydrocodone bit-homatropine*
HYTRIN	terazosin
HYZAAR (QL)	losartan hctz (QL)
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)	guanfacine
INVEGA (QL)	risperidone (QL), quetiapine fumarate, olanzapine
JALYN	dutasteride/tamsulosin
KADIAN (QL) (PA)*	morphine sulfate ER (QL) (PA)*
KEPPRA, XR (QL)	levetiracetam, ER (QL)
KLONOPIN*	clonazepam*
LAMICTAL	lamotrigine
LAMISIL TABLET (QL)*	terbinafine*
LATUDA (QL)	risperidone (QL), quetiapine fumarate, olanzapine
LEVAQUIN (QL)*	levofloxacin
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
LOMOTIL	diphenoxylate-atropine
LOPROX	ciclopirox
LORCET (QL)*	hydrocodone-apap (QL)*

Common Tier 3 Medications With Preferred Alternatives

QL = Quantity limit applies | PA = Requires preauthorization | * = Not available at mail-order | PREFERRED ALTERNATIVES: **Lowercase** = Tier 1 | **ALL CAPS** = Tier 2

NON PREFERRED BRAND	PREFERRED ALTERNATIVE
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)
LYSTEDA (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 (QL), irbesartan/hctz (QL), BENICAR HCT (QL)
MIDRIN*	isometheptene/acetaminophen/dichloralphenazone*
MINOCIN	minocycline
MIRAPEX ER (QL)	pramipexole
MOBAN	molindone
MOBIC	meloxicam
MONOPRIL HCT	fosinopril/hctz
MOVANTIK	LINZESS
MS CONTIN (QL) (PA)*	morphine sulfate (QL) (PA)*
MYFORTIC	mycophenolate
NEURONTIN	gabapentin
NEXIUM	omeprazole (QL), pantoprazole (QL)
NIASPAN	niacin extended release
NIMOTOP	nimodipine
NITRO-DUR PATCH	nitroglycerin td patch
NITROMIST SPRAY (QL)	nitrostat
NIZORAL	ketokonazole
NOLVADEX	tamoxifen

NON PREFERRED BRAND	PREFERRED ALTERNATIVE
NORCO (QL)*	hydrocodone-apap (QL)*
NORPACE, CR	disopyramide
NORVASC (QL)	amlodipine (QL)
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
OXYCONTIN (PA) (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
PRAVACHOL (QL)	pravastatin
PRECOSE (QL)	acarbose
PRED FORTE	prednisolone

Common Tier 3 Medications With Preferred Alternatives

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NON PREFERRED BRAND	PREFERRED ALTERNATIVE
PREFEST	ACTIVELLA (QL), PREMPHASE (QL), PREMPRO (QL)
PRELONE	prednisolone
PREMARIN	ESTRADIOL
PREMARIN VAGINAL CREAM	ESTRACE VAGINAL CREAM
PREVACID, SOLUTAB (QL)	pantoprazole (QL), omeprazole (QL)
PREVPAC (QL)*	omeprazole, 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
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, QVAR, budesonide respules (QL)
QUTENZA (QL)	
RAPAMUNE	sirolimus
REGLAN	metoclopramide
REMERON (QL)	mirtazapine (QL)
RENVELA	sevelamer carbonate
REPREXAIN (QL)*	hydrocodone/ibuprofen
REQUIP, XL (QL)	ropinirole, xl (QL)
RESTASIS (QL)	hydroxymethylcellulose (OTC)
RESTORIL (QL)	temazepam
RETIN-A (PA) (QL)	tretinoin (PA) (QL)

NON PREFERRED BRAND	PREFERRED ALTERNATIVE
RISPERDAL M	risperidone odt
RITALIN, SR, LA (QL)*	methylphenidate*
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)*
SYMBYAX	olanzapine/fluoxetine
SYNTHROID	levothyroxine
TAGAMET	cimetidine
TEGRETOL	carbamazepine
TEGRETOL XR	carbamazepine er
TEKTURN (QL)	losartan (QL), BENICAR (QL)
TENORETIC	atenolol/chlorthalidone
TENORMIN	atenolol
TERAZOL*	terconazole*
TIAZAC	diltiazem
TICLID	ticlopidine
TIGAN	trimethobenzamide
TOBEX DROPS*	tobramycin drops*

Common Tier 3 Medications With Preferred Alternatives

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NON PREFERRED BRAND	PREFERRED ALTERNATIVE
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*
VALTREX (QL)	valacyclovir (QL)
VALTURNA (QL)	BENICAR (QL), losartan (QL)
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)*	dextroamphetamine ER (QL)*
WELLBUTRIN, SR, XL (PA) (QL)	bupropion, sr, xl (QL)
XALATAN	latanoprost
XANAX, XR*	alprazolam, xl*
XARELTO (QL)	warfarin
XIFAXAN 200mg (PA)(QL)	

NON PREFERRED BRAND	PREFERRED ALTERNATIVE
XOPENEX HFA (QL)	PROAIR HFA (QL)
XOPENEX NEBULIZER (QL)	albuterol, levalbuterol (QL)
ZANAFLEX	tizanidine
ZANTAC	ranitidine
ZARONTIN	ethosuximide
ZAROXOLYN	metolazone
ZEGERID (QL)	omeprazole (QL), pantoprazole (QL)
ZEMPLAR	paroicalcitol
ZESTRIL	lisinopril
ZETIA (QL)	simvastatin (QL), fenofibrate (QL), WELCHOL (QL), atorvastatin (QL), niacin extended release
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	acyclovir
ZUPLENZ (QL)*	ondansetron (QL)*
ZYCLARA (QL)*	imiquimod (QL)
ZYLOPRIM	allopurinol
ZYMAR*	VIGAMOX*, BESIVANCE*
ZYMAXID (QL)*	VIGAMOX*, BESIVANCE*
ZYPREXA	olanzapine
ZYPREXA ZYDIS	olanzapine
ZYVOX (QL)*	
ZYPREXA	olanzapine
ZYPREXA ZYDIS	olanzapine
ZYVOX (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
children's vitamin D	Over age 65
cholecalciferol (vitamin D3) 400u	Over age 65
ergocalciferol (vitamin D2) 400u	Over age 65
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 oral contraceptives	Female under age 50
generic bowel preparations	Age 50-75
Hepatitis A vaccine	No Restriction
Hepatitis B vaccine	No Restriction

DRUG NAME	RESTRICTIONS
HPV vaccine	Female age 11-27 Male age 11-22
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	60 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
vitamin D-400	Over age 65
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	Karbinal ER	Phentermine	Veltin
Absorica	Doxycycline-MonoTabs	Karigel	Picato	Veramyst
Abstral SL	Duexis	Keto-Diastix	Polyethylene glycol powder	Viagra
Accu-Chek test strips	Dymista	Ketoralac Isecure	Prevident	Viberzi
Acyclovir Ointment, Cream	Dynacin	Lac-Hydrin	Proctocream-HC	Victoza
Adempas	Edarbi	Latisse	Propecia	Viekira
Adoxa	Edarbyclor	Lazanda	Protropin	Viibryd
Alevicyn	Edex	Lemtrada	Qnasl	Vitamins (except prescription prenatal vitamins)
Align	Egrifta	Levemir	Qsymia	Viteka
Allegra, D	Embeda	Levitra	Qudexy XR	Vimovo
Ammonium lactate	Enfolast, N	Levocetirizine	Quillivant XR	VSL
Amrix	Esbriet	Lidocaine/Prilocaine Topical Kit	Rayos	Xenical
Androgel	Esomeprazole	Lorzone	Refissa	Xiidra
Antara	Euflexxa	Lustra	Renova	Xyzal
Apidra	Evekeo	Menopur	Repronex	Zelapar
Ascensia test strips	Extavia	Minocin combo pack	Restoril 22.5mg	Zenzedi
Astelin	Fentanyl 37.5mg, 62.5mg, 87.5mg	Miralax	Riax	Zetonna
Astepro	Fetzima	Monodox	Rosula	Zinbryta
Atrapro	Fexofenadine	Mouthkote	Saizen	Zohydro
Aubagio	Firazyr	Muse	Sarafem	Zolpimist
Avita cream, gel	Flonase	Myferon 150	Semprex D	Zovirax Ointment, Cream
Azelastine	Fluorigard	Myrac	Serostim	Zyban
Baygam	Fluoristim AQ	Nasalide	Sitavig	Zyoptin
Beleodaq	Forfivo XL	Nasarel	Sklice	Zyrtec, D
Belviq	Fortesta	Nasonex	Solaquin	
Belsomra	Ganirelix	Neurpath-b	Solodyn	
Benzefoam	Gelnique Gel	Nuedexta	Sovaldi	
Beyaz	Genotropin	Nuquin	Sprix	
Bifera	Glatopa	Nutropin AQ	Striant	
Bravelle	Glumetza	Nuvessa	Subsys	
Brintellix (Trintellix)	Glyxambi	Nymalize	Sumavel DosePro	
Brisdelle	Gonal F	Ofev	Sumaxin	
Calomist Nasal Spray	Gralise	Omnaris	Sustol	
Cambia	Harvoni	Omnitrope	Temazepam 22.5 mg	
Cartivisc	Hetlioz	One Touch test strips	Testim	
Caverject	Horizant	Oracea	Testosterone Gel	
Cerefolin	Humalog	Oravig	Tevtropin	
Cetirizine, D	Humatrope	Orenitram	Tirosint	
Cialis	Humulin	Orkambi	Tofranil PM	
Clarinet, D	Hydroquinone	Orthovisc	Transderm-Scop	
Claripel	Imipramine Pamoate	Oxytrol	Tresiba	
Corlanor	Inflectra	Paroxetine ER	Treximet	
Contour Test Strips	Innohep	Patanase	Tri-Vi-Flor	
Copaxone 20mg	Intermezzo	Paxil CR	Tri-Vite	
Daklinza	Janumet, XR	Penlac	Trokendi XR	
Deplin	Januvia	Pennsaid	Vaniqa	
Dificid	Kapvay	Pentacel	Vantas	

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 (PA)
 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 (PA) (HH)
 ARCALYST (PA)
 ARRANON (PA)
 ARZERRA ^ (PA) (QL)
 AVASTIN (PA)
 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)
 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)
 ENBREL^ (PA) (QL)
 enoxaparin
 ENTYVIO (PA)^
 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 (PA)
 HUMATE P (PA) (HH)
 HYALGAN
 HYCANTIN^ (PA)
 IBANDRONATE IV (PA) (HH)
 ICLUSIG^ (PA)
 ILARIS (PA) (HH)
 IBRANCE^ (PA)
 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)

Specialty Medications – Tier A

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

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MORPHINE PCA
 MOZOBIL (PA) (HH)
 MYORISAN (QL)
 MYOZYME (PA) (HH)
 NAGLAZYME (PA) (HH)
 NEUMEGA (PA) (QL) (HH)
 NEUPOGEN (PA) (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)
 ONDANSETRON INJ (QL)
 OPDIVO (PA)
 OPSUMIT^ (PA)(QL)
 ORFADIN^
 OTEZLA^ (PA) (QL)
 OVIDREL^ (PA)
 PEGASYS^ (PA)
 PEG-INTRON^ (PA)
 PERFOROMIST
 PERJETA^ (PA)
 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)
 REMICADE (PA) (HH)
 REMODULIN (PA) (HH)
 REVATIO INJECTION (PA)
 REVLIMID^ (PA)
 RIBAPAK^ (PA)
 RIBASPHERE^ (PA)
 RIBAVIRIN^ (PA)
 RITUXAN (PA) (HH)
 SABRIL^ (PA) (QL)
 SAMSCA^ (PA)
 SANDOSTATIN (PA) (HH)
 SENSIPAR^
 sildenafil 20mg^ (PA) (QL)
 SOMATULINE (PA) (HH)
 SOMAVERT^ (PA) (QL)
 SOTRET (QL)
 STELARA^ (PA)
 SUPARTZ
 SUPRELIN LA (PA)(QL)^
 SYNAGIS (PA) (QL) (HH)
 TAFINLAR^ (PA)
 TASIGNA^ (PA) (QL)
 TEMOZOLOMIDE^ (PA)
 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)
 XELODA^ (PA)
 XENAZINE^ (PA)
 XGEVA (PA) (HH)
 XOFIGO (PA)
 XOLAIR (PA)
 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	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 (PA) (HH)	ARANESP (PA)
ERWINAZE (PA)	
EYLEA [^] (PA)	AVASTIN (PA), 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)	ENBREL [^] (PA), 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)	ENBREL [^] (PA), REMICADE (PA) (HH)
POMALYST [^] (PA)	
PRIVIGEN [^] (PA)	GAMUNEX (PA) (HH), GAMUNEX-C (PA) (HH), CARIMUNE (PA) (HH), FLEBOGAMMA (PA) (HH)
PROCRT (PA) (HH)	
REVATIO [^] (PA) (QL)	sildenafil 20mg [^] (PA) (QL)
RIBATAB [^] (PA) (QL)	RIBAVIRIN [^] (PA) (QL)
STIVARGA [^] (PA)	
TEMODAR [^] (PA)	TEMOZOLOMIDE [^] (PA)
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 (PA)
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 [^] (QL)	
AVONEX [^] (PA)	BETASERON [^] , COPAXONE 40mg [^] (QL), TYSABRI (PA)(QL)(HH), RITUXAN (PA)(HH)
EPCLUSA [^] (QL) (PA)	
GLEEVEC [^] (PA)	
GILENYA [^] (PA)	BETASERON [^] , COPAXONE 40mg [^] (QL), TYSABRI (PA)(QL)(HH), RITUXAN (PA)(HH)
HUMIRA [^] (PA)	CIMZIA [^] (PA), ENBREL [^] (PA), ACTEMRA [^] (PA), XELJANZ [^] (PA), RITUXAN (PA) (HH), STELARA [^] (PA), OTEZLA [^] (PA), COSENTYX [^] (PA) ENTYVIO [^] (PA), REMICADE (PA)
IBRANCE [^] (PA)	
PROLIA [^] (QL) (PA)	RECLAST
REBIF [^] (PA)	BETASERON [^] , COPAXONE 40mg [^] (QL), TYSABRI (PA)(QL)(HH), RITUXAN (PA)(HH)
SIMPONI [^] (PA)	CIMZIA [^] (PA), ENBREL [^] (PA), ACTEMRA [^] (PA), XELJANZ [^] (PA), RITUXAN (PA) (HH), STELARA [^] (PA), OTEZLA [^] (PA), COSENTYX [^] (PA) ENTYVIO [^] (PA), REMICADE (PA)
SPRYCEL [^] (PA) (QL)	
SUTENT [^] (PA)	
TARCEVA [^] (PA) (QL)	
TECFIDERA [^] (QL)	BETASERON [^] , COPAXONE 40mg [^] (QL), TYSABRI (PA)(QL)(HH), RITUXAN (PA)(HH)
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

Express Scripts

COB/Direct Claims

Express Scripts
PO Box 2904
Clinton, IA 52733-2904

Accredo Specialty Pharmacy

800-803-2523

Mail-Order Address

Express Scripts
PO Box 747000
Cincinnati, OH 45274-7000

