

Preferred **Drug List**

July 2018

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.

7-6-18

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.

Table of Contents

Preferred medications (Tier 1, Tier 2)	Pages 3-6
Non-preferred medications (Tier 3)	Pages 7-12
ACA medications list	Page 13
Examples of medications that aren't covered	Page 14
Specialty medications (Tier A, B and C)	Pages 15-18
Contact information	Page 19

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

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
 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
 domipramine
 clonazepam*
 clonidine
 clonidine ER (QL)
 clonidine patches (QL)
 clopidogrel (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
 dexmethylphenidate*
 dextroamphetamine*
 DIASTAT (QL)*
 diazepam*
 dibenzylamine
 diclofenac
 dicloxacillin*
 dicyclomine
 didanosine
 diethylstilbestrol
 DIFFERIN GEL 0.3%, LOTION (QL)
 diflorasone
 diflunisal
 digoxin
 dihydroergotamine (PA) (QL)*
 DILANTIN 30MG, 50 MG
 DILAUDID LIQUID*

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

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)*
ENJUVIA
ENTRESTO (QL)
entecavir
EPIPEN, EPIPEN JR (QL)*
epitol
erythromycin capsules*
erythromycin/benzoyl peroxide
esterified estrogens
ESTRACE VAGINAL CREAM
ESTRADERM PATCH (QL)
estradiol, inj (QL)
estradiol transderm patch (QL)
estropipate
eszopiclone (QL)

ethosuximide
etodolac, xl
EURAX
EVOXAC
EXALL-D LIQUID*

F

famciclovir
famotidine
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)
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
LAMICTAL DOSE PACK
LAMISIL GRANULE (PA) (QL)*
lamivudine
lamotrigine
LANOXIN
lansoprazole (QL)
LANTUS, SOLOSTAR
latanoprost
leflunomide (QL)
LEUKERAN
levalbuterol solution (QL)
levetiracetam
levobunolol
levofloxacin 0.5% Ophthalmic
Solution
levothyroxine
levoxyol
lidocaine patches(QL)
lindane
LINZESS (QL)
liothyronine
LIPOFEN (QL)
lipram
lisinopril
lisinopril/hctz
lithium, er
lorazepam*
losartan, hctz
LOTRONEX (PA) (QL)
lovastatin (QL)
low-ogestrel
loxapine

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

LUMIGAN
LYRICA (QL)

M

MATULANE (PA)
mebendazole
medizine
meclofenamate
medroxyprogesterone (QL)
megestrol
meloxicam
meperidine*
MEPHYTON (PA)
MEPRON
mercaptopurine
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

Q

quinapril
quinapril/hctz
QVAR (QL)

R

rabeprazole (QL)
raloxifene (QL)
ramipril (QL)
RANEXA (PA) (QL)
ranitidine
RELPAZ (QL)*
RENAGEL
REYATAZ
rifampin*
risperidone, odt (QL)

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

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
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)

V

estradiol vaginal tablet
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

NON PREFERRED BRAND	PREFERRED ALTERNATIVE
ANALPRAM HC	hydrocortisone/pramoxine hydrochloride
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 (PA) (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

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
AZMACORT	ASMANEX (QL), QVAR (QL)
AZOR (QL)	
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	buspirone
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)	

NON PREFERRED BRAND	PREFERRED ALTERNATIVE
COLCRYS	
COMBIVIR	lamivudine/zidovudine
COREG	carvedilol
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 (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

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
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
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)

NON PREFERRED BRAND	PREFERRED ALTERNATIVE
FOSRENOL	sevelamer carbonate
FROVA	sumatriptan (QL)*
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)

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
LIPITOR (QL)	atorvastatin (QL)
LOCOID, LOTION	hydrocortisone butyrate
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)
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)

NON PREFERRED BRAND	PREFERRED ALTERNATIVE
NIASPAN	niacin ER
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)*	"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

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
PRADAXA (QL)	warfarin
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 (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
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)*	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)*
SYMBYAX	olanzapine/fluoxetine
SYNTHROID	levothyroxine
TAGAMET	cimetidine
TEGRETOL	carbamazepine
TEGRETOL XR	carbamazepine ER
TEKTURNAL (QL)	losartan, olmesartan (QL)
TENORETIC	atenolol/chlorthalidone
TENORMIN	atenolol

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
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)*
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)
VALTURN (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)*"

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

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

Home Delivery Address

Express Scripts
PO Box 747000
Cincinnati, OH 45274-7000

PEHP
Health & Benefits