

# Covered Drug List

July 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.**

10-10-19

## 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  
 buprenorphine sr, xl (QL)  
 budesonide nasal (QL)  
 budesonide respules (QL)  
 bumetanide  
 buprenorphine (QL)\*  
 bupropion, sr, xl (QL)  
 buspirone  
 butalbital-apap-caffeine\*  
 butalbital-aspirin-caffeine\*  
 butalbital-caff-apap-codeine\*  
 butorphanol (QL)\*  
 BUTRANS TRANSDERMAL  
 (QL)\*

## C

calcipotriene solution  
 calcitonin

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

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

## D

dantrolene\*  
 DAYTRANA (QL)\*  
 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)

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

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

## E

EASIVENT (QL)\*  
econazole  
EDURANT (QL)  
EFFIENT (QL)  
eletriptan (QL)\*  
ELIDEL (QL)  
ELMIRON (QL)  
EMCYT  
EMEND (QL)\*  
EMTRIVA, SOL  
ENABLEX  
enalapril  
enalapril/hctz  
endacof dc (QL)\*  
endocet (QL)\*  
ENJUUIA  
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)  
fluticasone-salmeterol inhaler  
(QL)  
fluvoxamine  
folic acid 1 mg (QL)  
FORADIL  
fortical  
FOSAMAX SOLUTION (QL)  
fosinopril  
fosinopril/hctz  
FREESTYLE LIBRE (PA) (QL)

FREESTYLE TEST STRIPS (QL)  
furosemide

## G

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

## H

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

## I

ibuprofen  
imipramine hcl  
imiquimod (QL)  
indapamide  
indomethacin

introvale (QL)  
ipratropium  
ipratropium-albuterol  
isometheptene/  
acetaminophen/  
dichloralphenazone\*  
isoniazid  
isosorbide  
itraconazole (PA) (QL)

## J

JARDIANCE  
JENTADUETO (QL)

## K

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

## L

labetalol  
lactulose  
LAMISIL GRANULE (PA)  
(QL)\*  
lamivudine  
lamotrigine  
LANOXIN  
lansoprazole capsules (QL)  
LANTUS, SOLOSTAR  
latanoprost  
leflunomide (QL)  
LEUKERAN  
levabuterol solution (QL)  
levetiracetam  
levobunolol  
levofloxacin 0.5% Ophthalmic  
Solution  
levothyroxine  
levoxyol  
lidocaine patches(QL)  
lindane

# Preferred Medications

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

## M

MATULANE (PA)  
 mebendazole  
 meclizine  
 meclufenamate  
 medroxyprogesterone (QL)  
 meggestrol  
 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  
 methyl dopa  
 methyl dopa/hctz  
 methylin er (QL)\*

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

## N

nabumetone  
 nadolol  
 naloxone injection  
 naltrexone tablet (QL)  
 NAMENDA XR (QL)  
 naproxen  
 naratriptan (QL)\*  
 NEBUPENT  
 nefazodone  
 neomycin\*  
 nevirapine, ER  
 niacin extended release  
 nifedipine, er, xl

nimodipine  
 NITRO-BID OINTMENT  
 nitrofurantoin, macrocrystal  
 nitroglycerin  
 NITROLINGUAL SPRAY\*  
 NITROSTAT  
 nizatidine  
 norgestimate, ethinyl estradiol  
 nortriptyline  
 NORVIR  
 NOVOLIN R, N, L, U, or  
 70/30  
 NOVOLOG, 70/30  
 NOXAFIL (PA) (QL)  
 NUCYNTA ER (QL)\*  
 nystatin\*

## O

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

## 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

# Preferred Medications

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

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## Q

quinapril  
quinapril/hctz  
QVAR (QL)

## R

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

## S

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

SPIRIVA (QL)  
spironolactone  
spironolactone/hctz  
sprintec  
STRIBILD  
SUBOXONE (PA) (QL)\*  
sucralfate  
sulfacetamide prednisolone  
sulfacetamide topical sol  
(QL)  
sulfamethoxazole/  
trimethoprim\*  
sulfasalazine, EC  
sumatriptan (QL)\*  
SUSTIVA  
SYMBICORT (QL)

## T

TAMIFLU (QL)\*  
tamoxifen  
tamsulosin (QL)  
TAZORAC (PA) (QL)  
telmisartan (QL)  
temazepam (QL)  
terazosin  
terbinafine (QL)  
terbutaline  
testosterone cypionate (QL)\*  
testosterone enanthate (QL)\*  
tetracycline  
theophylline  
THIOLA  
thioridazine  
thiothixene  
ticlopidine  
TIKOSYN (QL)  
timolol

timolol-dorzolamide  
TIVICAY  
tizanidine  
TOBRADEX\*  
tobramycin\*  
TOBREX OINTMENT\*  
tolazamide  
tolbutamide  
tolmetin  
tolterodine tartrate  
tolterodine tartrate er  
topiramate  
torsemide  
TOUJEO  
TRADJENTA (QL)  
tramadol (QL)\*  
tramadol/apap (QL)\*  
trandolapril  
trandolapril/verapamil  
tranylcypromine  
trazodone  
TRELEGY (QL)  
tretinoin (PA) (QL)  
triamcinolone  
triamterene/hctz  
triazolam (QL)  
TRIBENZENOR (QL)  
trifluoperazine  
trifluridine  
trihexyphenidyl  
trimethobenzamide  
trimethoprim  
trimethoprim-polymyxin B  
TRULICITY  
TUDORZA PRESSAIR

## U

ULORIC (QL)  
estradiol vaginal tablet

## V

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

## W

warfarin

## X

XIFAXAN 550MG (PA) (QL)

## Z

zafirlukast  
zaleplon (QL)  
ZIANA (QL)  
zolpidem, er (QL)  
zonisamide  
ZYLET\*

# Common Tier 3 Medications With Preferred Alternatives

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

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

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

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 (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

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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	
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	

NON PREFERRED BRAND	PREFERRED ALTERNATIVE
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/G6 (PA)(QL)	FREESTYLE LIBRE (PA)(QL)
DEXEDRINE*	methylphenidate ER tablets (QL)*, methylphenidate ER capsules (QL)*
DEXILANT (QL)	omeprazole (QL), pantoprazole (QL), lansoprazole capsules (QL)
dexmethylphenidate ER tabs (QL)*	methylphenidate ER tablets (QL)*
dextroamphetamine SR capsules (QL)*	methylphenidate ER tablets (QL)*, methylphenidate ER capsules (QL)*
DICLEGIS	
DIFFERIN (QL)	adapalene (QL)
DILANTIN 100 MG	phenytoin
DILAUDID (QL)*	hydromorphone (QL)*
DIOVAN/HCT (QL)	valsartan/hctz (QL)
DIPENTUM	DELZICOL
DIPROLENE, AF	betamethasone
DIPROSONE	betamethasone
DITROPAN, XL (QL)	oxybutynin, ER (QL)
DUAC	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
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)
FOSRENOL	sevelamer carbonate
FROVA	sumatriptan (QL)*

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

# Common Tier 3 Medications With Preferred Alternatives

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
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 capsules (QL)
NIASPAN	niacin ER
NIMOTOP	nimodipine

NON PREFERRED BRAND	PREFERRED ALTERNATIVE
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
PRADAXA (QL)	warfarin
PRAMOSON E	hydrocortisone/pramoxine

# Common Tier 3 Medications With Preferred Alternatives

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

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

# Common Tier 3 Medications With Preferred Alternatives

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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)
VALTURNA (QL)	olmesartan (QL), losartan
VASERETIC	enalapril/hctz
VESICARE	solifenacin
VFEND	voriconazole
VICODIN (QL)*	hydrocodone/apap (QL)*
VIRAMUNE	nevirapine
VISTARIL	hydroxyzine pamoate
VIVELLE DOT (QL)	estradiol transderm patches (QL)
VYTORIN (QL)	
VYVANSE (QL)*	methylphenidate ER tablets (QL)*, methylphenidate ER capsules (QL)*

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

**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  
HYCAMTIN^ (PA)  
ibandronate IV (PA) (HH)  
ICLUSIG^ (PA)  
ILARIS (PA) (HH)  
IMBRUVICA^ (PA)  
INCRELEX^ (PA)  
INFERGEN (PA) (HH)  
INLYTA^ (PA)  
INTRON A (PA) (HH)  
ISOTRETINOIN (QL)  
ISTODAX (PA)  
IXEMPRA^ (PA)  
JEVTANA^ (PA)  
KADCYLA^ (PA)  
KALYDECO^ (PA)  
KEYTRUDA (PA)  
KOATE DVI (PA)  
KOGENATE FS (PA)  
KRYSTEXXA (PA) (HH)  
KUVAN^ (PA)  
KYPROLIS^ (PA)  
LENVIMA^ (PA)  
LEUKINE (PA)  
LEUPROLIDE (PA)  
LUCENTIS (PA) (QL)  
LUMIZYME (PA) (HH)  
LUPRON^ (PA) (QL) (HH)  
LYNPARZA^ (PA)  
MACUGEN (PA)  
MAKENA VIALS^  
MATULANE^ (PA)  
MEKINIST^ (PA)  
METOPIRONE  
MITOXANTRONE (PA)  
MONOCLATE-P (PA)  
MONONINE (PA)  
MORPHINE PCA

# Specialty Medications – Tier A

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

**ALL CAPS** = Brand name | **^** = Must use specialty pharmacy Accredo | **PA** = Requires Preauthorization  
**QL** = Quantity limit applies | **HH** = PEHP approved Home Health agency

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

# Specialty Medications – Tier C

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

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

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

TIER C	ALTERNATIVES
AJOVY (PA) (QL)*	topiramate, propranolol, metoprolol, venlafaxine, BOTOX (PA)(QL)
AMPYRA^ (QL)	
AVONEX^(PA)	BETASERON^, COPAXONE 40mg^(QL), TYSABRI (PA)(QL)(HH), RITUXAN (HH)
EMGALITY (PA) (QL)*	topiramate, propranolol, metoprolol, venlafaxine, BOTOX^ (PA)(QL)
ENBREL^ (PA) (QL)	CIMZIA^ (PA)
GLEEVEC^ (PA)	
GILENYA^(PA)	BETASERON^, COPAXONE 40mg^(QL), TYSABRI (PA)(QL)(HH), RITUXAN (HH)
HUMIRA^(PA)	CIMZIA^(PA), ACTEMRA^(PA), XELJANZ^(PA), RITUXAN (HH), STELARA^ (PA), OTEZLA^(PA), COSENTYX^(PA) ENTYVIO^(PA), REMICADE (PA)
IBRANCE^(PA)	
PROLIA^ (QL) (PA)	RECLAST
REBIF^(PA)	BETASERON^, COPAXONE 40mg^(QL), TYSABRI (PA)(QL)(HH), RITUXAN (HH)
REPATHA^(PA)(QL)	atorvastatin, rosuvastatin, fenofibrate, ezetimibe
SIMPONI^(PA)	CIMZIA^(PA), ACTEMRA^(PA), XELJANZ^(PA), RITUXAN (HH), STELARA^ (PA), OTEZLA^(PA), COSENTYX^(PA) ENTYVIO^(PA), REMICADE (PA)
SPRYCEL^ (PA) (QL)	
SUTENT^ (PA)	
TARCEVA^ (PA) (QL)	
TECFIDERA^ (QL)	BETASERON^, COPAXONE 40mg^(QL), TYSABRI (PA)(QL)(HH), RITUXAN (HH)
XYREM (PA) (QL)	

# Expanded Preventive Medications – STAR HSA Plan

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

## Diabetes

GLUCOSE RESCUE PRODUCTS
GlucaGen HypoKit
Glucagon
INSULINS
Novolog vials
Novolin vials
Lantus vials
METFORMIN PRODUCTS
glipizide-metformin
glyburide-metformin
metformin
metformin ER (non OSM, non MOD)
MISCELLANEOUS
pioglitazone
TESTING SUPPLIES
Freestyle test strips
SULFONYLUREAS
glimepiride
glipizide
glipizide ER
glyburide
glyburide micronized
tolazamide

## Depression

citalopram
escitalopram
fluoxetine
sertraline

## Cardiovascular

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

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

## Respiratory

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

## Osteoporosis

alendronate
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# 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

