Provider Basics

A Reference Guide for Treating PEHP Patients

PEHP Health & Benefits

PROUDLY SERVING UTAH PUBLIC EMPLOYEES

10/27/20

FROM THE PEHP MANAGING DIRECTOR

Let Us Help You Help Our Members

On behalf of PEHP, our members, and employer groups, I want to sincerely thank you for partnering with us in so ably serving our members.

The purpose of this publication is to be as transparent as possible in helping you understand the health plan policies of PEHP to:

» reduce payment denials for you, and

» minimize uncovered and/or unnecessary healthcare costs for our members

At PEHP, we do everything at cost. We have no financial interest in improperly denying claims. We have been entrusted by our groups to administer their health benefits under the terms of the plan.

Every dollar paid for a claim comes directly from the reserves of the participating employer group. Similarly, every dollar that remains is theirs as well. We do our very best to be fair and prudent in our duties.

It is our sincere hope that you use this publication to help our members. Our members work in the public sector as teachers, firefighters, social service workers, and the like. We know how important health benefits are to them as well as the significant financial burden of such things as unnecessarily paying for a brand name drug or facing a denied genetic testing bill of $5,000 that was never preauthorized.

If you have suggestions on how we can improve this publication, our relationship, or our efforts to minimize uncovered and/or unnecessary costs for our members, please feel free to email me at chet.loftis@pehp.org or call me at 801-366-7399.

Thanks again for partnering with us and so ably serving our members.

R. Chet Loftis
PEHP Managing Director

PROVIDER TIPS

IMPORTANT: This is a brief list of common medications, exclusions, preauthorizations 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.

Preauthorization

- » See the list on Page 7 for services that require preauthorization.
- » To obtain preauthorization, fill out the appropriate form at PEHP for Providers at www.pehp.org and fax or mail it to us.
- » These services generally require preauthorization:
  - › Inpatient hospital medical admissions at Primary Children's Medical Center.
  - › These types of inpatient admissions: hospital rehabilitation, skilled nursing facilities, mental health, LTAC, and substance abuse.
  - › All out-of-network inpatient admissions.
  - › Facility-based sleep studies.
- » For more information about preauthorization, contact your Provider Relations Representative or visit our website at pehp.org

Referrals/Networks

PEHP offers five different Networks. Please help us protect PEHP members from unnecessary large bills by referring them to providers in the PEHP network selected by the patient. This includes making sure that every person, lab, and facility involved in the patient's care is not just contracted with PEHP but is specifically part of the member's network. Otherwise, the patient can be balanced billed for out-of-network services. Find in-network providers at www.pehp.org/ProviderLookup.

Networks

PEHP Advantage » Includes Intermountain Healthcare. Includes certain others based on geographic need.

PEHP Summit » Includes University of Utah, Steward, and MountainStar. Includes Primary Children's Hospital and rural IHC facilities except Logan Regional Hospital.

PEHP Summit Exclusive » Includes University of Utah, Steward, and MountainStar facilities. Includes Primary Children's Hospital and rural IHC facilities.

PEHP Preferred » Includes both Advantage and Summit providers.

PEHP Capital » Primarily IASIS and University of Utah Healthcare. Includes Primary Children's Hospital and all rural facilities.

Prescription Drugs

Get preauthorization by calling 801-366-7551. Forms are available at PEHP for Providers at www pehp.org. See the Preferred Drug List on Page 8.

Affordable Care Act (ACA)

We cover preventive services at no cost to members. To help your office understand which CPT and diagnosis code combinations qualify for the ACA preventive visits, see our ACA Coding Table. It's available at www.pehp.org/providers (click "Preventive Services" under the "Claims and Billing" menu at left).

Labs and Imaging

Find in-network laboratories at www.pehp.org/ProviderLookup. In-network, free-standing labs, such as LabCorp and Quest Diagnostics, are less-expensive alternatives to sending the tests through a hospital. In general, the cost for labs are three to six times more expensive in a hospital outpatient setting. For example, in 2018, a comprehensive metabolic panel costs a patient around $13-14 when done in office or by an independent laboratory, compared to $86 at a hospital. Another example: Urinalysis done in office or by an independent laboratory costs a patient around $3-4, compared to $41 when done by a hospital. This same comparison is true for all labs. Free-standing imaging centers are also less expensive and are available in-network for patients on the PEHP Summit, Preferred, and Capital networks. All genetic tests require preauthorization.

Exclusions

See complete list of exclusions on Page 26.

Tips by Specialty

This is a partial list only.

All genetic tests require preauthorization. Complete medical necessity policies (such as celiac disease, colon cancer, IBD, and hereditary pancreatitis) are available at PEHP for Providers. Tests performed at Prometheus Laboratory will not be reimbursed by PEHP.

Cardiology

- Life Vests (only provided by Zoll) are paid at the in-network benefit, but member may be balance billed. This provider will not contract with PEHP.
- All genetic/molecular diagnostic tests require preauthorization.
- PEHP pays non-contracted Holter monitoring as a out-of-network provider; the member may be balance billed.
- Genetic testing for predisposition to hypertrophic cardiomyopathy (HCM) is considered medically necessary for individuals who are at risk for development of HCM, defined as having a first-degree relative (e.g., siblings, parents, and offspring) with established HCM, only when there is a known pathogenic gene mutation present in that affected relative.
- PEHP does not cover genetic testing for Brugada syndrome.
- PCSK9 inhibitors (Repatha, Praluent) are not covered.

Gastroenterology

- Crohn's Disease: PEHP requires a trial and failure to 1 conventional therapy (if the disease is severe or fistulizing and TNF therapy is recommended first line, please send appropriate documentation). PEHP preferred agents (Remicade, Cimzia, Enyvio)at Tier A $150 max copayment.
- Humira is covered after failure of the above agents at a tier C (20%) benefit after any applicable deductible.
- Cimzia and Entyvio are available through Accredo. They are only covered through the pharmacy benefit.
- Ulcerative Colitis » PEHP requires a trial and failure to 1 conventional therapy. PEHP preferred agents are Remicade and Entyvio.
- Humira and Simponi are not covered.
- PEHP covers moderate conscious sedation for colonoscopies and endoscopies. Monitored Anesthesia Care (MAC) requires preauthorization.
- Capsule endoscopy tests require preauthorization.

Ophthalmology

» Intravitreal Avastin (bevacizumab) does not require preauthorization.

» Amniotic membranes and intra-corneal rings require preauthorization.

» In all instances, extended ophthalmologic tests or screening (92283, 92284) must be medically necessary. To establish medical necessity, a serious ophthalmologic condition must exist, or be suspected, based on routine ophthalmological tests and require further detailed study.

» Vision therapy (92065) is covered for convergence insufficiency. There is a lifetime limit of 12 visits.

Orthopedic

» Bone grafts and skin grafts require preauthorization. Total ankle replacement requires PA. PEHP does not cover subtalar implants.

» Post-op pain management: Because of safety and efficacy concerns, PEHP limits high-dose opioids (≥ 150 MED) to pain management physicians. PEHP requires preauthorization on all long-acting opioids, with the exception of morphine sulfate ER (MS Contin) and Nucynta ER. However, after surgery patients can fill up to three months of Oxycontin without a preauthorization. If a patient has a need for long-term, high-dose opioids following surgery, PEHP can help to arrange a pain management consultation with our preferred pain providers. Please contact us at 888-366-7551 for additional questions.

» Bone growth stimulators require preauthorization.

Physical Medicine

» Neurolysis (64640) requires preauthorization.

» PEHP allows up to 20 PT/OT visits without preauthorization. The physical and occupational therapy benefit is capped at 20 visits per plan year for most groups.

» Spinal cord stimulators require preauthorization.

» PEHP does not cover trigger point injections, greater or lesser occipital nerve blocks, or radiofrequency for headaches.

» Cervical and lumber radiofrequency requires preauthorization.

Neurology

» Video and ambulatory EEG requires preauthorization.

» Vagus nerve stimulators require preauthorization.

» Ear lobe cutaneous peripheral nerve stimulator for pain control are not covered.

Podiatry

» Skin substitutes require preauthorization.

» PEHP considers platelet-rich plasma and/or stem cells, alone or in conjunction with treatment of plantar fasciitis, experimental.

» Metatarsal or tarsometatarsal arthodesis requires preauthorization.

» Hammer toe surgery (28285) requires preauthorization.

» Implants for hammer toe surgery are considered investigational and not covered

» Chemical neurolysis for Morton's neuroma and plantar fasciitis are considered investigational.

Rheumatology

Rheumatoid Arthritis

PEHP requires trial and failure of at least one DMARD. PEHP preferred agents (Enbrel, Cimzia, Remicade, Xeljanz, Actemra) at Tier A $150 max copayment.

Humira and **Simponi** are covered after failure of preferred agents at a tier C (20%) benefit.

Enbrel, **Cimzia**, **Remicade**, **Actemra,** and **Xeljanz** available through Accredo.

Juvenile Idiopathic Arthritis

PEHP requires 30-day trial and failure of at least one NSAID and eight-week trial and failure of at least one DMARD

PEHP preferred agents — **Enbrel**, **Actemra**, **Orencia**

Humira is covered following at least an 8 week trial and failure of Enbrel

Psoriatic Arthritis

PEHP requires 30-day trial and failure of at least one DMARD.

PEHP preferred agents – **Enbrel**, **Cimzia**, **Remicade**, **Otezla**, and **Stelara** (dose will not exceed 45mg)

Humira and **Simponi** are covered after failure of preferred agents

Services That Need Preauthorization

SURGERY

» All out-of-state surgery
» Blepharoplasty — select plans only
» Breast reconstruction surgery
» Breast reduction — select plans only
» Cochlear implant and related devices
» Collagen knee implant
» Destruction of cutaneous vascular proliferative lesions
» Facial reconstruction surgery
» Foot surgeries with implants
» Gastric neurostimulator placement/removal
» Implantable infusion pumps
» Implantable medications (excluding contraception)
» Implantation of artificial devices
» Intrastromal corneal ring segments implantation
» Jaw surgery
» Male urinary incontinence procedures
» Neuroelectrode implantation/removal
» Neurostimulator placement/removal
» Obstructive sleep apnea surgery, including uvulopalatoplasty/uvuloplasty, or any other surgery for snoring
» Organ or tissue transplants (except cornea)
» Palatoplasty
» Panniculectomy
» Pectus excavatum or carinatum
» Penile revascularization
» Rhinoplasty
» Skin grafts
» Spinal cord stimulator placement/removal
» Stereotactic radiosurgery procedures
» Strayer Procedure (Gastroc recession)
» Surgery performed in conjunction with obesity surgery
» TMJ Surgery
» Total ankle replacement
» Total disc arthroplasty
» Transanal endoscopic microsurgery
» Vein surgery — endovenous ablation — radiofrequency or laser
» Vestibuloplasty
» Video EEG monitoring (VEEG)

IMAGING / RADIOLOGY / NUCLEAR MEDICINE

» Coronary CT angiography (CCTA)
» Gastrointestinal tract imaging, intraluminal (Pillcam)
» Intensity modulated radiotherapy (IMRT)
» Magnetocephalography (MEG)/magnetic source imaging
» Neutron beam treatment
» Proton beam treatment
» Stereotactic radiation treatment delivery
» Virtual (CT or MRI) colonoscopy

INJECTIONS/INFUSIONS

» Botox
» Growth hormone
» Hemophilia medications
» IV Iron
» IVIG (intravenous immunoglobulin)
» Lupron
» Remicade
» Synagis
» Vivitrol

MEDICAL EQUIPMENT (DME)

See list at www.pehp.org

LABORATORY

Genetic testing (molecular diagnostics)

OTHER

» Anesthesia during standard colonoscopy or EGD surgery, other than moderate sedation (conscious sedation)
» Attended Sleep Studies and Sleep Studies performed in a facility.» Chelation therapy
» Dental procedures performed in an outpatient facility for patients 6 years of age or older
» Dialysis when using non-contracted providers
» Extracorporeal shock wave therapy
» Home Health
» Human pasteurized milk
» Hyperbaric oxygen treatment
» Inpatient stays with an expected length of greater than 6 days requires authorization» Intrathecal pumps
» New and unproven technologies
» Outpatient Mental Health (certain plans only)
» Psoriasis treatment (laser)
» Radiofrequency (RF) neurolysis for lower back (lumbosacral) or neck (cervical) pain.
» Transcranial Magnetic Stimulation
» Voice therapy
» Wound care, except for diagnosis of burns
» Wound vac

INPATIENT ADMISSIONS

» Inpatient hospital medical admissions at Primary Children's Medical Center or any inpatient hospital admission of more than six days
» These types of inpatient admissions: hospital rehabilitation, skilled nursing facilities, mental health and substance abuse, long-term acute care (LTAC) stays
» Mental health and substance abuse (including Day Treatment and Intensive Outpatient)
» All out-of-network inpatient admissions

To get preauthorization, your doctor must call PEHP. Most doctors know how and when to do this, but it's your responsibility to verify. Otherwise, your benefits could be reduced or denied.

» Phone: 801-366-7555 » Fax: 801-366-7449

This is a list of the most common services requiring written Preauthorization. It is not all inclusive. Call PEHP if you have any questions regarding Preauthorization.

CURRENT AS OF OCTOBER 2020

Covered Drug List

PEHP Health & Benefits

IMPORTANT: This is a list of common medications and may not be complete. It was current at the time of printing and is subject to change. Additions and subtractions can be made to the list at any time. For the latest list, go to www.pehp.org or call PEHP at 801-366-7555 or 800-765-7347.

About the Covered Drug List

The Covered Drug List is a listing of prescription medications chosen by PEHP to be available at a lower copayment. The medications on the Covered Drug List provide the best overall value based on quality, safety, effectiveness, and cost. The Covered Drug List is modified periodically with changes based on recommendations from PEHP's Pharmacy and Therapeutics Committee.

PEHP pharmacy benefits do not apply to the following groups: Jordan School District, Salt Lake City School District, USBA

Always consult with your doctor before making medication changes.

8-21-20

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

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)
AGGRENOX (QL)
ALAMAST
albuterol
alendronate (QL)
alfuzosin
ALKERAN
allopurinol
allres g suspension*
ALPHAGAN P 0.1%
alprazolam, xr*
ALTOPREV (QL)
ALVESCO (QL)
amantadine
amiloride
amiloride/hctz
aminocaproic acid
amiodarone
amitriptyline
amlodipine
amlodipine/benazepril
amoxicillin*
amoxicillin-pot clavulanate*
amphetamine salt*
ampicillin*
anagrelide
anastrozole (QL)
ANDRODERM (QL)
antipyrine/benzocaine (QL)*
ASMANEX (QL)
aspirin-codeine*
atenolol
atenolol/chlorthalidone
atomoxetine
ATROVENT HFA
AXID SOLUTION
azathioprine
azithromycin*
AZOPT

B

bacitracin*
baclofen
BAQSIMI
benazepril
benazepril/hctz
benzonatate
benzoyl peroxide
benzoyl peroxide/clindamycin
benztropine
BESIVANCE (QL)*
betamethasone
betaxolol
BETIMOL
BETOPTIC-S
bisoprolol
bisoprolol/hctz
BRILINTA (QL)
brimonidine
bromocriptine
budeprion 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
cephalexin*
chloral hydrate*
chlordiazepoxide*
chloroquine
chlorothiazide
chlorpromazine
chlorpropamide
chlorthalidone
chlorzoxazone*
cholestyramine
choline & magnesium salicylates
cimetidine
CIPRODEX
ciprofloxacin*
citalopram (QL)
clarithromycin*
clemastine, syrup*
clindamycin*
clindinium/chlordiazepoxide
clobetasol
clomipramine
clonazepam*
clonidine
clonidine ER (QL)
clonidine patches (QL)
clopidogrel (QL)
clorazepate
clotrimazole troche
clotrimazole w/ betamethasone
clozapine
codeine sulfate (QL)*
COLAZAL
colestipol
colesevelam (QL)
COMBIPATCH
COMBIVENT
COMTAN
CONDYLOX
CORTIFOAM
CREON
CRINONE (PA)
cromolyn
cyclobenzaprine*
cyclopentolate
cyclophosphamide
cyclosporine
CYTOMEL

D

dantrolene*
DAYTRANA (QL)*
DESCOVY (QL)
desipramine
desmopressin (PA)
desmopressin nasal (PA) (QL)
desonide
dexamethasone
dexmethylphenidate*
dextroamphetamine*
DIASTAT (QL)*
diazepam*
dibenzyline
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 hycolate
dronabinol (PA) (QL)
DULERA (QL)
duloxetine (QL)
dutasteride
dutasteride/tamsulosin

E

EASIVENT (QL)*
econazole
EDURANT (QL)
EFFIENT (QL)
eletriptan (QL)*
ELIDEL (QL)
ELIQUIS (QL)
ELMIRON (QL)
EMCYT
EMEND (QL)*
EMTRIVA, SOL
ENABLEX
enalapril
enalapril/hctz
endacof dc (QL)*
endocet (QL)*
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
FARXIGA
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
levalbuterol solution (QL)
levetiracetam
levobunolol
levofloxacin 0.5% Opthalmic Solution
levothyroxine
levoxyl
lidocaine patches(QL)
lindane

Preferred Medications

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

M

MATULANE (PA)
mebendazole
meclizine
meclofenamate
medroxyprogesterone (QL)
megestrol
meloxicam
meperidine*
MEPHYTON (PA)
MEPRON
mercaptopurine
mesalamine enema
mesalamine tablet
MESTINON SYRUP, 180 MG
METADATE CD (QL)*
metadate er (QL)*
metaproterenol
metformin, er (QL)
metformin-glyburide
methadone 5mg, 10mg tablet* (PA)(QL)
methadone 40mg tablet* (PA) (QL)
methazolamide
methenamine
METHERGINE TABLET
methimazole
methocarbamol*
methotrexate, inj
methyldopa
methyldopa/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
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)*
ondansetron ODT (PA) (QL)*
ONGLYZA (QL)
OPTIVAR (QL)
orphenadrine, compound forte*
OTIC CARE OTIC*
oxaprozin
oxazepam*
oxcarbazepine tablets, suspension
oxybutynin, er (QL)
oxycodone (QL)*
oxycodone/apap (QL)*
oxymorphone er (PA) (QL)*
oxymorphone (PA) (QL)*
OZEMPIC (QL)
pancrelipase
pantoprazole (QL)
paricalcitol
paromomycin
paroxetine (QL)
PATADAY
penicillin*
perindopril (QL)
permethrin
perphenazine
phenazopyridine
phenobarbital
phenytoin
pilocarpine
pindolol
pioglitazone (QL)
pioglitazone/metformin (QL)
piroxicam
portia
potassium chloride
potassium citrate
pramipexole
pramoxine/hc
pravastatin (QL)
prazosin
prednisolone
prednisone
pregabalin (QL)
PREMPHASE (QL)
PREMPRO (QL)
prevalite
primidone
PROAIR HFA (QL)
PROAIR RESPICLICK (QL)
probenecid
prochlorperazine
PROCTOFOAM-HC
proctosol-hc
proctozone-hc
progesterone
progesterone in oil (QL)
PROGRAF
promethazine
promethazine/codeine*
propafenone
propranolol
propranolol/hctz
propylthiouracil
PROSTIGMIN
protriptyline
PULMICORT FLEXHALER (QL)
pyrazinamide

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

Q

quinapril
quinapril/hctz
QVAR (QL)

R

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

S

SANCTURA XR (QL)
SANDIMMUNE
SAVELLA (QL)
SELZENTRY (QL)
SEREVENT DISKUS
sertraline (QL)
sevelamer carbonate
simvastatin (QL)
sirolimus
sodium fluoride (age 1-11)
sodium polystyrene sulfonate
solifenacin
sotalol
SPIRIVA (QL)
spironolactone
spironolactone/hctz
sprintec
STRIBILD
SUBOXONE (PA) (QL)*
sucralfate
sulfacetamide prednisolone
sulfacetamide topical sol (QL)
sulfamethoxazole/trimethoprim*
sulfasalazine, EC
sumatriptan (QL)*
SUSTIVA
SYMBICORT (QL)

T

TAMIFLU (QL)*
tamoxifen
tamsulosin (QL)
TAZORAC (PA) (QL)
telmisartan (QL)
temazepam (QL)
terazosin
terbinafine (QL)
terbutaline
testosterone cypionate (QL)*
testosterone enanthate (QL)*
tetracycline
theophylline
THIOLA
thioridazine
thiothixene
ticlopidine
TIKOSYN (QL)
timolol
timolol-dorzolamide
TIVICAY
tizanidine
TOBRADEX*
tobramycin*
TOBREX OINTMENT*
tolazamide
tolbutamide
tolmetin
tolterodine tartrate
tolterodine tartrate er
topiramate
torsemide
TOUJEO
TRADJENTA (QL)
tramadol (QL)*
tramadol/apap (QL)*
trandolapril
trandolapril/verapamil
tranylcypromine
trazodone
TRELEGY (QL)
tretinoin (PA) (QL)
triamcinolone
triamterene/hctz
triazolam (QL)
TRIBENZENOR (QL)
trifluoperazine
trifluridine
trihexyphenidyl
trimethobenzamide
trimethoprim
trimethoprim-polymyxin B
TRULICITY
TRUVADA (QL)
TUDORZA PRESSAIR

U

ULORIC (QL)
estradiol vaginal tablet

V

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

W

warfarin

X

XARELTO (QL)
XIFAXAN 550MG (PA) (QL)

Z

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

Common Tier 3 Medications
With Preferred Alternatives

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

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

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

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

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

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

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

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

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

NON PREFERRED BRAND	PREFERRED ALTERNATIVE
NIMOTOP	nimodipine
NITRO-DUR PATCH	nitroglycerin td patch
NITROMIST SPRAY (QL)	nitrostat
NIZORAL	ketoconazole
NOLVADEX	tamoxifen
NORCO (QL)*	hydrocodone/apap (QL)*
NORPACE, CR	disopyramide
NORVASC (QL)	amlodipine
OCUFEN	flurbiprofen
OCUFLOX*	ofloxacin*
ONFI (PA) (QL)	
ONSOLIS (PA) (QL)*	fentanyl lozenge (QL)*
OPANA, ER (PA) (QL)*	oxycodone (QL)*, oxymorphone (PA) (QL)*
OPTICHAMBER (QL)*	EASIVENT (QL)*
ORTHO-TRI-CYCLEN LO	nogestimate, ethinyl estradiol
OXISTAT*	econazole, nystatin
XTAMPZA (PA) (QL)*	"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) (PA)	warfarin, ELIQUIS, XARELTO

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

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

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TENORMIN	atenolol
TERAZOL*	terconazole*
TIAZAC	diltiazem
TICLID	ticlopidine
TIGAN	trimethobenzamide
TOBREX DROPS*	tobramycin drops*
TOFRANIL	imipramine
TOLECTIN	tolmetin
TOPAMAX	topiramate
TOPICORT, LP	desoximetasone
TOPROL XL	metoprolol ER
TRAVATAN Z (PA)	lantanoprost, LUMIGAN
TRETIN-X (PA) (QL)	tretinoin (PA) (QL)
TRICOR (QL)	fenofibrate
TRIGLIDE	fenofibrate
TRILEPTAL	oxcarbazepine
TRIZIVIR	abacavir/lamivudine/zidovudine
TRUSOPT	dorzolamide
TUSSIONEX (QL)*	hydrocodone/chlopheniramine (QL)*
UBRELVY (PA) (QL)	sumatriptan (QL), rizatriptan(QL)
ULTRACET (QL)*	tramadol/apap (QL)*
ULTRAM, ER (QL)*	tramadol, ER (QL)*
ULTRAVATE, PAC KIT (QL)	halobetasol
URELLE	methenamine-hyoscamine-salicylate
UROXATRAL (QL)	alfuzosin
URSO FORTE	ursodiol
VAGIFEM	estradiol vaginal tablet
VALIUM*	diazepam*
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)	

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

ACA Medication List

Under the Affordable Care Act, PEHP Pharmacy offers the following preventive services covered at no cost to you, payable through the Pharmacy Plan when received at a participating pharmacy with a prescription from your doctor. Over-the-counter purchases are not covered.

DRUG NAME	RESTRICTIONS
aspirin 325mg	Female age 55-79 Male age 45-79
aspirin 81mg	Female age 55-79 Male age 45-79
buproban	Over age 18
buproprion 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
Pnemonia 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-Diptheria vaccine	Age 7-65
VCF	Female under age 50
Whooping cough, Tetanus, Diptheria 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
Absorica
Abstral SL
Accu-Chek test strips
Acyclovir Ointment, Cream
Adoxa
Aimovig
Alevicyn
Align
Allegra, D
Ammonium lactate
Amrix
Androgel
Antara
Apidra
Ascensia test strips
Astelin
Astepro
Atrapro
Auvi-Q
Avita cream, gel
Azelastine
Basaglar
Baygam
Beleodaq
Belviq
Belsomra
Benzefoam
Beyaz
Bifera
Bravelle
Brisdelle
Calomist Nasal Spray
Cambia
Cartivisc
Caverject
Cerefolin
Cetirizine, D
Cialis
Clarinex, D
Claripel
Corlanor
Contour Test Strips
Copaxone 20mg
Cyanocobalamin injection
Daklinza
Deplin
Dificid
Doryx
Doxycycline-MonoTabs
Duexis
Dymista
Dynacin
Edarbi
Edarbyclor
Edex
Egrifta
Embeda
Enfolast, N
Erleda
Esbriet
Evekeo
Extavia
Fenofibrate 40mg, 120mg
Fenoglide 40mg, 120mg
Fenoprofen
Fentanyl 37.5mg, 62.5mg, 87.5mg
Fetzima
Fexofenadine
Firazyr
Flonase
Fluorigard
Fluoxetine tablets 20mg, 60mg
Follistim AQ
Forfivo XL
Fortesta
Ganirelix
Gelnique Gel
Genotropin
Glatopa
Glumetza
Glyxambi
Gonal F
Gralise
Harvoni
Hetlioz
Horizant
Humalog
Humatrope
Humulin
Hydroquinone
Ilumya
Imipramine Pamoate
Inflectra
Innohep
Intermezzo
Invokamet, XR
Invokana
Janumet, XR
Januvia
Jornay
Kapvay
Karbinal ER
Karigel
Keto-Diastix
Ketoralac Isecure
Lac-Hydrin
Lamictal Dose Pack
Latisse
Lazanda
Lemtrada
Levemir
Levitra
Levocetirizine
Lidocaine/Prilocaine Topical Kit
Lorzone
Lustra
Menopur
Minocin combo pack
Miralax
Monodox
Mouthkote
Muse
Myferon 150
Myrac
Nasalide
Nasarel
Nasonex
Neurpath-b
Nuedexta
Nuquin
Nurtec
Nutropin AQ
Nuvessa
Nymalize
Ofev
Olumiant
Omeprazole/sodium bicarbonate
Omnaris
Omnitrope
One Touch test strips
Onpattro
Oracea
Oravig
Orenitram
Orkambi
Orthovisc
Oxycontin
Oxytrol
Paroxetine ER
Patanase
Paxil CR
Penlac
Pennsaid
Pentacel
Phentermine
Picato
Polyethylene glycol powder
Pregenna
Prevident
Proctocream-HC
Propecia
Protropin
Qnasl
Qsymia
Qudexy XR
Quillivant XR
Rayos
Refissa
Renflexis
Renova
Repronex
Restoril 22.5mg
Reyvow
Riax
Rituxan Hycela
Rosula
Saizen
Sarafem
Semprex D
Serostim
Siliq
Sitavig
Sklice
Skyrizi
Solaquin
Solodyn
Sovaldi
Sprix
Striant
Subsys
Sumavel DosePro
Sumaxin
Sustol
Tegsedi
Temazepam 22.5 mg
Testim
Testosterone Gel
Tevtropin
Tirosint
Tofranil PM
Transderm-Scop
Tresiba
Treximet
Trinaz
Trintellix
Tri-Vi-Flor
Tri-Vite
Trokendi XR
Vaniqa
Vantas
Veltin
Veramyst
Viagra
Viberzi
Victoza
Viekira
Viibryd
Vitamins (except prescription prenatal vitamins)
Viteka
Vimovo
VSL
Xenical
Xiidra
Xultophy
Xyzal
Zegerid
Zelapar
Zenzedi
Zetonna
Zinbryta
Zohydro
Zolpimist
Zovirax Ointment, Cream
Zyban
Zyoptin
Zyrtec, D

Always consult with your doctor before making medication changes.

Specialty Medications – Tier A

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

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

ABRAXANE
ACTHAR HP (PA)
ACTEMRA (PA) (HH)
ACTEMRA SUB Q^ (PA)
ACTIMMUNE (PA) (HH)
ADAGEN (PA)
ADCETRIS (PA)
ADCIRCA^ (PA) (QL)
ADVATE (PA)
AFINITOR^ (PA) (QL)
ALDURAZYME (PA) (HH)
ALFERON-N^ (PA)
ALPHANATE (PA)
ALPHANINE SD (PA)
AMNESTEEM (QL)
ANZEMET INJ (QL)
APOKYN^ (QL)
ARALAST (PA) (HH)
ARANESP (HH)
ARCALYST (PA)
ARRANON (PA)
ARZERRA^ (PA) (QL)
AVASTIN
AZACITIDINE (PA)
BEBULIN VH (PA)
BENEFIX (PA)
BENLYSTA (PA) (HH)
BETASERON^
BOTOX (PA)(QL)
BROVANA (PA)
capecitabine^ (PA)
CAPRELSA^ (PA)
CARBAGLU^
CARIMUNE (PA) (HH)
CAYSTON (PA)
CHORIONIC GONADOTROPIN^ (PA)
CIMZIA^ (PA)
CLARAVIS (QL)
COMETRIQ^ (PA)
COPAXONE 40mg^(QL)
COPEGUS^ (PA) (QL) (NO MAX)
COSENTYX^ (PA)
CYRAMZA^ (PA) (HH)
CYTOGAM (PA) (HH)

What are specialty medications?

They are costly drugs that require special handling and shipping or are required by the manufacturer to be dispensed by a specific pharmacy, such as PEHP's specialty pharmacy, Accredo. PEHP may require you to buy your specialty medications through Accredo for coverage. You can find out where to buy your specialty medication for coverage at www.pehp.org.

CYTOVENE
D.H.E. (QL)
decitabine (PA)
DEMEROL PCA
ELAPRASE (PA) (HH)
ELELYSO^ (PA)
ELIGARD (PA) (HH)
enoxaparin
ENTYVIO^ (PA) (QL)
epoprostenol, RTS (PA) (HH)
ERBITUX (PA)
ERIVEDGE^ (PA)
EUFLEXXA (QL)
EXJADE^
FABRAZYME (PA) (HH)
FEIBA VH (PA)
FERRIPROX (PA)
FIRMAGON (PA) (HH)
FLEBOGAMMA (PA) (HH)
FLOLAN (PA) (HH)
FOLOTYN (PA)
fondaparinux (QL)
FUZEON (PA) (HH)
GAMASTAN S/D (PA)
GAMUNEX^ (PA) (HH)
GAMUNEX-C^ (PA)
GAZYVA^ (PA)
GRANISITRON INJ (QL)

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

Specialty Medications – Tier A

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

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

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

Specialty Medications – Tier B

Tier B: Specialty mediations available at the intermediate specialty Copayment listed in your Benefit Summary.

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

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

Specialty Medications – Tier C

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

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

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

Expanded Preventive Medications – STAR HSA Plan

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

Diabetes

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

Depression

citalopram
escitalopram
fluoxetine
sertraline

Cardiovascular

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

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

Respiratory

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

Osteoporosis

alendronate

PEHP Health & Benefits

Specialty Medications – Agencies

The following are the ONLY PEHP approved Home Health Agencies through which the specified Specialty Medications are allowed:

- Central Valley Home Health
- Community Nursing Services/ Love
- Infusion Innovations
- Intermountain Healthcare Homecare
- NuFactor for factor drugs
- Rock Springs IV Center
- Uintah Basin Home Health
- University of Utah Home Infusion

Contact Information

PEHP Customer Service
801-366-7555
or 800-765-7347

PEHP Appeal Address
Benefits Review Committee
PEHP
560 East 200 South
Salt Lake City, UT 84102-2004

Express Scripts Customer Service
800-903-4725
www.express-scripts.com

Express Scripts COB/Direct Claims
Express Scripts
PO Box 2904
Clinton, IA 52733-2904

Accredo Specialty Pharmacy
Physician Customer Service Line:
800-987-4904, option 5

PEHP Customer Service Line:
877-766-3572

Home Delivery Address
Express Scripts
PO Box 747000
Cincinnati, OH 45274-7000

PEHP Health & Benefits

IMPORTANT: This is a brief list of common exclusions 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.

Exclusions From Coverage

GENERAL EXCLUSIONS

1. Charges in excess of contract Limitations or In-Network Rate.
2. All charges for services received as a result of an Industrial Claim (on-the job) injury or illness, any portion of which is payable under Worker's Compensation or Employer's liability laws.
3. PEHP will only be liable for Eligible Benefits for which the Member is liable. Payment will not be made, nor credit given toward Deductibles or out-of-pocket expenses for any expense for which the Member is not legally bound.
4. Charges for educational material or literature.
5. Charges for nutritional counseling except for the benefits provided for diabetes education, anorexia, bulimia, or as allowed under the Affordable Care Act (Preventive Services under Section 6.14).
6. Charges for scholastic education, vocational training, learning disabilities, or behavior modification.
7. Charges for medical care rendered by an Immediate Family Member.
8. Charges prior to Coverage or after termination of Coverage even if illness or injury occurred while a Member.
9. Provider's telephone calls or travel time, unless specifically covered by Employer group as indicated in the Benefits Summary.
10. Charges for services primarily for convenience, contentment, or other non-therapeutic purpose.
11. Overutilization of medical benefits as determined by PEHP.
12. Charges that are not medically necessary to treat the condition, as determined by PEHP, or charges for any service, supply or medication not reasonable or necessary for the medical care of the patient's illness or injury.
13. Charges for Unproven medical practices or care, treatment, Devices or medications that are Experimental or Investigational in nature or generally considered Experimental or Investigational by the medical profession as determined solely by PEHP.
14. Charges for services without adequate diagnosis or dates of service.
15. Charges for services, supplies or medications to the extent they are provided by any governmental plan or law under which the individual is, or could be covered.
16. Charges for services as a result of an auto related injury and covered under No-fault insurance. If a Member fails to maintain No-fault insurance on his/ her own vehicle as required by law in the state they reside in, the minimum dollar amount they are required to maintain ($3,000 in Utah) for claims related to the auto injury are also excluded from Coverage.
17. Services, treatments, or supplies furnished by a Hospital or facility owned or operated by the United States Government or any agency thereof while a Member is on active duty.
18. Services, drugs, or supplies received which were caused by a Member's active participation as a result of an insurrection, terrorism, war or an act of war, whether declared or undeclared, or due to injur or illness incurred in the armed services of any country.
19. Any service or supply not specifically identified as a benefit.
20. Charges for commercial or private aviation services, meals, accommodations and car rental.
21. Charges for mileage reimbursement except for eligible ambulance service.
22. Charges by a Provider for case management.
23. Charges for independent medical evaluations and/or testing for the purpose of legal defenses or disputes.
24. Charges for submission of Medical Records necessary for claims review.
25. Delivery, shipping, handling, sales tax, or finance charges.

26. PEHP is not responsible to pay any benefits given verbally or assumed except as written in a Preauthorization, documented by Customer Service or Medical Case Management, or as described in this policy.
27. Prescriptive services provided by the Internet or catalog.
28. Charges for remote medical evaluation and management, including prescriptive services provided by telephone, unless specifically covered by Employer group as indicated in the Benefits Summary.
29. Autopsy procedures.
30. Complications as a result of any non-covered service, procedure, Devices, or medication, regardless of when the Surgery was performed or whether the original Surgery was covered by a health plan.
31. Treatment of obesity by means of Surgery, medical services, or prescription medications, regardless of associated medical, emotional, or psychological condition.
32. Services incurred in connection with injury or illness arising from the commission of
    a. a felony;
    b. an assault, riot or breach of peace;
    c. a Class A misdemeanor;
    d. any criminal conduct involving the illegal use of firearm or other deadly weapon;
    e. other illegal acts of violence.
33. Charges incurred while a Member is incarcerated or in police custody.
34. Claims submitted past the timely filing limit allowed per Section 8.1 of this Master Policy.
35. Charges for expenses in connection with appointments scheduled and not kept.
36. Charges for the treatment of sexual dysfunction.
37. Charges for services received as a result of medical tourism, or for traveling out of the United States to seek medical services, medications, or Devices, including any complications thereof, unless specifically covered by Employer group as indicated in the Benefits Summary.
38. Medical services, procedures, supplies, Devices, or medications used to treat secondary conditions or Complications due to any non-covered medical services, procedures, supplies or medications are not covered. Such Complications include, but are not limited to:
    a. Complications relating to services and supplies for or in connection with gastric bypass or intestinal bypass, gastric stapling, or other similar Surgical Procedure to facilitate weight loss, or for or in connection with reversal or revision of such procedures, or any direct Complications or consequences thereof;
    b. Complications as a result of a Cosmetic Surgery or procedure, except in cases of Reconstructive Surgery:
        1. When the service is incidental to or follows a Surgery resulting from trauma, infection or other diseases of the involved party; or
        2. Related to a congenital disease or anomaly of a covered Dependent child that has resulted in functional defect;
    c. Complications relating to services, supplies or medications which have not yet been approved by the FDA or which are used for purposes other than its FDA-Approved purpose;
39. Pelvic or spinal manipulation under anesthesia.
40. Services, procedures, medications, or Devices received at or from a birthing center.
41. All vitamins, oral or injected, and/or the associated administration, not listed as eligible elsewhere in this Master Policy.
42. Minerals, food supplements, homeopathic medicines, and nutritional supplements (Prenatal vitamins and folic acid will be covered for pregnancy).
43. Powders, and non-covered medications used in compounded preparations.
44. Functional neuromuscular electrical stimulation Devices.
45. Whole exome and whole genome sequencing for the diagnosis of genetic disorders.
46. Out-of-Network chiropractic services.
47. Trigger point injections done by an Out-of-Network Provider.

48. Court-ordered drug screening or confirmatory drug testing.
49. Court-ordered treatment that would otherwise be paid for by a third party, such as the court.
50. Surrogate pregnancy.
51. Microprocessor-controlled prosthetic limbs, except for those plans which offer coverage, requires Preauthorization. Please refer to your Employer to inquire if Coverage is offered.
52. Charges related to obtaining or caring for a service animal.
53. Radiofrequency for the Sacroilial (SI) joint.
54. Charges in conjunction with or related to ineligible procedures, medications, or devices.
55. Surgical or medical treatment of Peyronie's Disease.
56. Micro-processor controlled braces.
57. Occipital nerve block for cervicogenic headache, occipital neuralgia, cluster headaches, chronic daily headache, and migraines.
58. Replacement of equipment, supplies, devices, Durable Medical Equipment, medications, or accessories that are lost, stolen or damaged.

ADOPTION BENEFITS

The following are Exclusions of the policy:

1. Expenses incurred for the adoption of nieces, nephews, brothers, sisters, grandchildren, cousins, stepchildren, children of adult designees or in-laws of any of the above.
2. Transportation, travel expenses or accommodations, passport fees, translation fees, photos, postage etc.
3. Living expenses, food, and/or counseling for the birth mother.

AMBULANCE BENEFITS

The following are Exclusions of the policy:

1. Charges for common or private aviation services.
2. Services for the convenience of the patient or family.
3. After-hours charges.
4. Charges for ambulance waiting time.

ANESTHESIA

The following are Exclusions of the policy:

1. Anesthesia in conjunction with ineligible Surgery.
2. Anesthesia administered by the primary surgeon.
3. Monitored anesthesia care or on-call time for consultant.
4. Additional charges for supplies, medications, equipment, etc.
5. Manipulation under anesthesia for any body part other than knees, elbows, or shoulders.
6. For Providers who bill for these services separately, General Anesthesia or Monitored Anesthesia Care for standard colonoscopy or standard EGD, if a Member does not have an ASA score of P3 or higher, or a Mallampati score of III or higher.

DIAGNOSTIC TESTING, LAB AND X-RAY

The following are Exclusions of the policy:

1. Charges in conjunction with ineligible procedures, including pre- or post- operative evaluations.
2. Routine drug screening, except when ordered by a treating physician and done for a medical purpose, as determined by PEHP, or unless otherwise allowed by the Master Policy.
3. Sublingual or colorimetric allergy testing.
4. Charges in conjunction with weight loss programs regardless of Medical Necessity.
5. Epidemiological counseling and testing.
6. Unbundling of lab charges or panels.
7. Medical or psychological evaluations or testing for legal purposes such as paternity suits, custodial rights, etc., or for insurance or employment examinations.
8. Hair analysis, trace elements, or dental filling toxicity.

9. Assisted reproductive technologies, including but not limited to: invitro fertilization; gamete intra fallopian tube transfer; embryo transfer; zygote intra fallopian transfer; pre-embryo cryopreservation techniques; and/or any conception that occurs outside the woman's body. Any related services performed in conjunction with these procedures are also excluded.
10. Drug screening or drug confirmatory laboratory tests in conjunction with PEHP authorized treatment are considered inclusive to the treatment and are not payable separately.
11. Whole exome and whole genome sequencing for the diagnosis of genetic disorders.
12. Chromosomal Microarray Analysis (CMA) for Autism Spectrum Disorder.

DURABLE MEDICAL EQUIPMENT/SUPPLY BENEFIT

The following are some, but not necessarily all, items not covered as a benefit, regardless of the relief they may provide for a medical condition. Refer to Durable Medical Equipment, Appendix A, for a more detailed list of Non-covered items.

1. Training and testing in conjunction with Durable Medical Equipment or prosthetics.
2. More than one lens for each affected eye following Surgery for corneal transplant.
3. More than two pair of support hose for a medical diagnosis per plan year.
4. Durable Medical Equipment that is inappropriate for the patient's medical condition.
5. Diabetic supplies, i.e. insulin, syringes, needles, etc., are a pharmacy benefit.
6. Equipment purchased from non-licensed Providers, and any supplies related to the equipment.
7. Used Durable Medical Equipment.
8. TENS Unit.
9. Neuromuscular Stimulator.
10. H-wave Electronic Device.
11. Sympathetic Therapy Stimulator (STS).
12. Only conventional, body powered, cable-operated prosthetics or non-electrical conventional braces will be eligible for loss of a limb or congenitally missing limb(s). Additional charges for more elaborate or precision equipment will be the Member's responsibility.
13. Functional neuromuscular electrical stimulation Devices.
14. Replacement of lost, stolen, or damaged equipment or supplies.

HOME HEALTH AND HOSPICE CARE

The following are Exclusions of the policy:

1. Nursing or aide services which are requested by or for the convenience of the Member or family, which do not require the training, judgment, and technical skills of a nurse, whether or not another person is available to perform such services. This Exclusion applies even when services are recommended by a Provider.
2. Private duty nursing.
3. Home health aide.
4. Custodial Care.
5. Respite Care.
6. Travel or transportation expenses, escort services to Provider's offices or elsewhere, or food services.
7. Total Parenteral Nutrition through Hospice.
8. Enteral Nutrition, unless obtained through the pharmacy card.
9. Skilled Nursing visits for administration of non-covered medications or related to other non-covered services under the plan.

HOSPITAL/FACILITY AND EMERGENCY ROOM SERVICES (INPATIENT AND OUTPATIENT)

The following are Exclusions of the policy:

1. Ineligible Surgical Procedures or related Complications.
2. Treatment programs for enuresis or encopresis for Members age 18 and over.
3. Services or items primarily for convenience,

contentment, or other non-therapeutic purpose, such as: guest trays, cots, telephone calls, shampoo, toothbrush, or other personal items.

4. Occupational therapy or other therapies for activities of daily living, academic learning, vocational or life skills, developmental delay, unless authorized by PEHP for the treatment of Autism.
5. Care, confinement or services in a nursing home, rest home or a transitional living facility, community reintegration program, vocational rehabilitation, services to re-train self care, or activities of daily living.
6. Recreational therapy.
7. Autologous (self) blood storage for future use.
8. Organ or tissue donor charges, except when the recipient is an eligible Member covered under a PEHP plan, and the transplant is eligible.
9. Nutritional analysis or counseling, except in conjunction with diabetes education, anorexia, bulimia, or as covered under the Affordable Care Act (Preventive Services under Section 6.14).
10. Custodial Care and/or maintenance therapy.
11. Take-home medications., unless legally required and approved by PEHP.
12. Mastectomy for gynecomastia.

MAXIMUM OUT-OF-POCKET BENEFITS

Amounts paid by the Member for the following services will not apply to the Member's out-of-pocket maximum:

1. Attended sleep studies, regardless of place of service*, and unattended sleep studies performed in a facility whose payment is based on a percentage of the billed amount.**
2. Infertility testing, Surgery**;
3. The following surgeries or procedures payable at 50%: Blepharoplasty, Breast Reduction; Sclerotherapy of varicose veins except for spider and reticular veins; Microphlebectomy (stab phlebectomy)**;
4. Any service or amount established as ineligible under this policy or considered inappropriate medical care;
5. Charges in excess of the In-Network Rate or contract Limitations;
6. All subsequent facility claims related to a Hospital stay when the Member is discharged against medical advice;
7. Temporomandibular Joint (TMJ/TMD/Myofacial Pain) treatment**;
8. Sleep apnea equipment**.

**Except for services billed by Intermountain Health Care Facilities*

***Except for HSA-compatible STAR Plans*

MEDICAL VISITS

The following are Exclusions of the policy:

1. Hospital visits the same day as Surgery or following a Surgical Procedure except for treatment of a diagnosis unrelated to the Surgery.
2. Examinations made in connection with a hearing aid unless specifically covered as indicated in your Benefits Summary.
3. Services for weight loss or in conjunction with weight loss programs regardless of the medical indications except as allowed under the Affordable Care Act (Preventive Services under Section 6.14).
4. Sublingual antigens.
5. Dental services except those listed in previous section.
6. Charges in conjunction with ineligible procedures, including pre- or post-operative evaluations.
7. Acupuncture treatment unless specifically covered as indicated in your Benefits Summary.
8. Chiropractic, physical, or occupational therapy primarily for maintenance care unless allowed as stated in your Benefits Summary.
9. Occupational therapy or other therapies for activities of daily living, academic learning, vocational or life skills, driver's evaluation or training, developmental delay and Recreational Therapy, unless authorized by PEHP for the treament of Autism.
10. Speech therapy for educational purposes or delayed development, or speech therapy

that does not qualify within the criteria as determined solely by PEHP.

11. Functional or work capacity evaluations, impairment ratings, work hardening programs or back school.
12. Hypnotherapy or biofeedback.
13. Hair transplants or other treatment for hair loss or restoration.
14. Study models, panorex, eruption buttons, orthodontics, occlusal adjustments or equilibration, crowns, photos, and mandibular kinesiograph are some, but not necessarily all, ineligible services for the treatment of TMJ/TMD or myofacial pain.
15. Testing and treatment therapies for developmental delay or child developmental programs.
16. Rolfing or massage therapy.
17. Training and testing in conjunction with Durable Medical Equipment or prosthetics.
18. Nutritional analysis or counseling, except in conjunction with diabetes education, anorexia, bulimia, or as allowed under the Affordable Care Act (Preventive Services under Section 6.14).
19. Reports, evaluations, examinations not required for health reasons, such as employment or insurance examinations, or for legal purposes such as custodial rights, paternity suits, sports physicals, etc.
20. Visits in conjunction with palliative care of metatarsalgia or bunions; corns, calluses or toenails, except removing nail roots and care prescribed by a licensed physician treating a metabolic or peripheral vascular disease. See applicable Benefits Summary for Eligible Benefits.
21. Cardiac Rehabilitation, Phases 3 and 4.
22. Pulmonary Rehabilitation, Phase 3.
23. Fitness programs.
24. Charges for special medical equipment, machines, or Devices in the Provider's office used to enhance diagnostic or therapeutic services in a Provider's practice.
25. Childbirth education classes.
26. Topical hyperbaric oxygen treatment.
27. Any services performed by or referred by a non-covered Provider.
28. Administration fees for non-eligible injections or infusions.

MENTAL HEALTH AND SUBSTANCE ABUSE

The following are Exclusions of the policy:

1. Inpatient or outpatient treatment for Mental Health and/or substance abuse without Preauthorization, if required by the Member's plan.
2. Milieu therapy, marriage counseling, encounter groups, hypnosis, biofeedback, parental counseling, stress management or relaxation therapy, conduct disorders, oppositional disorders, learning disabilities, and situational disturbances.
3. Mental or emotional conditions without manifest psychiatric disorder or non-specific conditions.
4. Wilderness programs.
5. Inpatient treatment for behavior modification, enuresis, or encopresis.
6. Psychological evaluations or testing for legal purposes such as custodial rights, etc., or for insurance or employment examinations.
7. Occupational or Recreational Therapy.
8. Hospital leave of absence charges.
9. Sodium amobarbital interviews.
10. Unless Provider meets PEHP's defined network needs and meets the PEHP specific credentialing and quality standards, services, procedures, medications, or Devices received at or from a residential treatment center which is not providing in-patient services, including but not limited to, services for residential treatment, day treatment and/or intensive outpatient treatment.
11. Tobacco abuse.
12. Routine drug screening, except when ordered by a treating physician and done for a medical purpose, as determined by PEHP, or unless otherwise allowed by the Master Policy.
13. Drug screening or drug confirmatory laboratory tests in conjunction with PEHP authorized

treatment are considered inclusive to the treatment and are not payable separately.

PRESCRIPTION MEDICATION BENEFITS

The following are Exclusions of the policy:

1. A prescription that is not purchased from a designated pharmacy (if required) and/or exceeds any quantity levels or step therapy disclosed on PEHP's Preferred Medication List or website.
2. Vitamin B-12 for fatigue, low energy, or similar indications.
3. Dental rinses and fluoride preparations. (Fluoride tablets will be covered for children up to the age of 12 years old).
4. Hair growth and hair loss products.
5. Medications or nutritional supplements for weight loss or weight gain.
6. Investigational and non-FDA Approved medications.
7. Medications needed to participate in any medication research or medication study.
8. FDA-approved medication for Experimental or Investigational indications.
9. Non-approved indications determined by PEHP.
10. Medications for athletic and mental performance.
11. New medications released by the FDA until they are reviewed for efficacy, safety and cost-effectiveness by PEHP. Upon such review, PEHP may designate the new medication as non-covered.
12. Oral infant and medical formulas.
13. Therapeutic Devices or appliances unless listed in PEHP's Preferred Medication List.
14. Diagnostic agents.
15. Over-the-counter medications and products unless listed in PEHP's Preferred Medication List or covered under the Affordable Care Act (Preventive Services under Section 6.14) and processed by the pharmacy at the time of service with a valid prescription.
16. Take-home prescriptions from a Hospital or Skilled Nursing Facility, unless legally required and apporved by PEHP.
17. Biological serum, blood, or blood plasma.
18. Medications and injectables prescribed for Industrial Claims and Worker's Compensation.
19. Medications dispensed from an institution or substance abuse clinic when the Member does not use their pharmacy card at a PEHP Contracted pharmacy are not payable as a pharmacy claim.
20. Medications used for Cosmetic indications.
21. Replacement of lost, stolen or damaged medications.
22. Nasal immunizations unless listed in the PEHP Preferred Medication List.
23. Medications for abortions except if the pregnancy is the result of rape or incest, or if necessary to save the life of the mother.
24. Medications for the treatment of nail fungus.
25. Medications needed to treat Complications associated with Elective bariatric Surgery or other non-covered services.
26. Hypodermic needles.
27. Oral and nasal antihistamines for allergies, including but not limited to: Azelastine, Dymista, and Astepro.
28. Medications obtained outside the United States that are not for Urgent or emergency use.
29. Medications used for sexual dysfunction or enhancement, including but not limited to: Cialis, Sildenafil, and Viagra.
30. Medications for assisted reproductive technology.
31. An additional medication that may be considered duplicate therapy defined by the FDA or PEHP.
32. Specific medications not listed on the PEHP website, including but not limited to: Adoxa, ammonium lactate, Amrix, Avidoxy DK, Avita, Belsomra, Brintellix, Cialis, DMSO (Dimethylsulfoxide), Doryx, Doxal, Dynacin, Doxycycline monohydrate, Emflaza, Eucrisa, Exondys 51, Farxiga, Fetzima, Fortamet, Glumetza, Invokana, Keveyis, Northera, Oracea, Oraxyl, Orkambi, Relizorb, Riomet, Solodyn, Symbyax, Sarafem, Tresiba, Viibryd, Vraylar, Xiaflex (if prescribed to treat Peyronie's Disease), Xiidra, Xultophy, Zegerid (and its generic), Zinbryta. For a complete list of covered

medications, refer to the PEHP website.

33. Medications purchased from non-participating Providers online.
34. Minerals, food supplements, homeopathic medicines, and nutritional supplements (Prenatal vitamins and folic acid will be covered for pregnancy).

SURGERY

The following are Exclusions of the policy:

1. Breast Reconstructive Surgery, augmentation or implants solely for Cosmetic purposes.
2. Capsulotomy, replacement, removal or repair of breast implant originally placed for Cosmetic purposes or any other Complication(s) of Cosmetic or non-covered breast Surgery.
3. Obesity Surgery such as Lap Band, gastric bypass, stomach stapling, gastric balloons, etc., including any present or future Complications.
4. Any service or Surgery that is solely for Cosmetic purposes to improve or change appearance or to correct a deformity without restoring a physical bodily function, with the following exceptions:
    a. Breast Reconstructive Surgery as allowed under WHCRA for Cosmetic purposes: and
    b. Reconstructive Surgery made necessary by an Accidental injury in the preceding five years.
5. Rhinoplasty for Cosmetic reasons is excluded except when related to an Accidental injury occurring in the preceding five years and requires Preauthorization.
6. Assisted reproductive technologies: invitro fertilization; gamete intra fallopian tube transfer; embryo transfer; zygote intra fallopian transfer; pre-embryo cryopreservation techniques; and/or any conception that occurs outside the woman's body. Any related services performed in conjunction with these organ or tissue donor, where the recipient is not an eligible Member, covered by PEHP, or when the transplant for the PEHP Member is not eligible.
9. Reversal of sterilization.
10. Gender reassignment Surgery.
11. Rhytidectomy.
12. Dental services, except those listed in previous sections.
13. Complications as a result of non-covered or ineligible Surgery, regardless of when the Surgery was performed or whether the original Surgery was covered by a health plan.
14. Injection of collagen, except as approved for urological procedures.
15. Lipectomy, abdominoplasty, panniculectomy, repair of diastasis recti, unless any of these procedures are medically necessary to treat an unintended adverse event of an eligible surgery.
16. Sperm banking system, storage, treatment, or other such services.
17. Non-FDA Approved or Experimental or Investigational procedures, medications and Devices.
18. Hair transplants or other treatment for hair loss or restoration.
19. Chemical peels.
20. Treatment for spider or reticular veins.
21. Liposuction.
22. Orthodontic treatment or expansion appliance in conjunction with jaw Surgery.
23. Chin implant, genioplasty or horizontal symphyseal osteotomy.
24. Unbundling or fragmentation of surgical codes.
25. Any Surgery solely for snoring.
26. Otoplasty.
27. Abortions, except if the pregnancy is the result of rape or incest, or if necessary to save the life

This information is provided in summary form and may change without further notice. For complete details and updated information, please visit www.pehp.org/providers or call us at at 801-366-7557 or 800-677-0457.

Provider Relations Representatives

To provide optimal service to PEHP providers, each Provider Relations Representative is assigned a specific area to manage. This assignment is based on the physical locations of the providers. If you are unsure who your representative is, please call PEHP at 800-365-8772 or 801-366-7700.

SERVICE AREA #1

Chantel Lomax
Provider Relations Specialist

Phone: 801-366-7507 or 800-753-7407
Fax: 801-245-7507

In-State Cities
Holladay (84117, 84121 & 84124), Midvale (84047), Salt Lake City (All other zip codes not mentioned in other service areas), All University of Utah

Out-of-State
Colorado

SERVICE AREA #3

Henry Cruz
Provider Relations Specialist

Phone: 801-366-7721 or 800-753-7721
Fax: 801-245-7721

In-State Counties
Tooele, Utah

Out-of-State
Wyoming

In-State Cities
Kearns (84118), Magna (84044), Taylorsville (84084, 84118 & 84119), West Jordan (84084 & 84088), West Valley (84119, 84120 & 84128)

SERVICE AREA #2

Carrie Leeman
Provider Relations Specialist

Phone: 801-366-7753 or 800-753-7753
Fax: 801-245-7753

In-State Counties
Box Elder, Cache, Davis, Morgan, Rich, Weber

Out-of-State
Idaho

In-State Cities
Murray (84107, 84123 & 84157)

SERVICE AREA #4

Jenna Murphy
Provider Relations Specialist

Phone: 801-366-7419 or 800-753-7419
Fax: 801-328-7419

In-State Counties
Beaver, Carbon, Daggett, Duchesne, Emery, Garfield, Grand, Iron, Juab, Kane, Millard, Piute, San Juan, Sanpete, Sevier, Summit, Uintah, Wasatch, Washington, Wayne

Out-of-State
Arizona

In-State Cities
Draper, Herriman (84065 & 84096), Riverton (84065, 84095 & 84096), Sandy (84070, 84090, 84091, 84092, 84093 & 84094), South Jordan (84065 & 84095)

Out-of-State Cities
Las Vegas, Nevada
Mesquite, Nevada

MAILING ADDRESSES

All Service Ares & Representatives

PEHP
560 East 200 South
St. George, UT 84102


PEHP
Health & Benefits