

RXSELECT® PREVENTIVE PRESCRIPTION DRUG LIST (UTAH)

The prescription drug categories listed in this document are identified as preventive drugs and may be covered at a different benefit level than non-preventive drugs. Prescriptions vary in strength and formulation, and your specific prescription may be covered at a different tier than is listed here. Your drug benefit has four tiers (levels) of coverage. The tiers determine the amount you are responsible to pay. Copay and coinsurance amounts are shown on your Plan documents and ID Card.

This is not a complete list of all drugs and may change due to new drugs, therapies, or other factors. If you have questions about your prescription drug benefits, please call Member Services at 800-538-5038 weekdays, from 7:00 a.m. to 8:00 p.m., and Saturdays, from 9:00 a.m. to 2:00 p.m.

View the most current drug coverage and pharmacy benefit information by logging in to *My Health* at selecthealth.org. Once logged in, go to “Pharmacy Claims” to find:

- Drug prices and potential lower-cost alternatives for drugs you already take
- A drug lookup, searchable by drug name and dose
- Tier statuses of prescription drugs, including injectables
- Your prescription copays and benefits
- Maintenance drug (90-day) medications
- Explanations of Benefits (EOBs) for your drug claims
- Preauthorization and step therapy requirements
- Participating pharmacies, including Retail90®

LEGEND

(PA) Preauthorization

Coverage of certain drugs is based on medical necessity. For these drugs, you will need preauthorization from SelectHealth; otherwise, you will be responsible to pay the drug's full retail price.

(GS) GenericSample®

This program eliminates your copay/coinsurance for the first 30-day fill of select generic prescriptions.

(M) Maintenance Drug

These drugs qualify for the 90-day maintenance drug benefit.

(ST) Step Therapy

Drugs that require step therapy are covered by SelectHealth only after you have tried the alternative therapy, and it didn't work (the therapy failed). Step therapy generally applies only to brand-name drugs.

(QL) Quantity Limits

Quantity limitations apply to certain drugs (maximum number of tablets/capsules, etc. per prescription). Preauthorization is required if the medication exceeds the plan limits.

(AGE) Age Limit

A minimum or maximum age limit requirement must be met for coverage.

If your plan includes the **value-based option**, Tier 2 drugs in these categories are covered at the Tier 1 benefit. Refer to your Member Payment Summary (MPS) and ID Card for details.

Drugs that are not covered may be obtained through an exception process. SelectHealth may cover these drugs after you have tried alternative, covered medications in the same therapeutic category that have failed to meet your medical needs. Approved exceptions will be priced as Tier 3 drugs.



Category	Generic Name	Gen. Tier	Brand Name	Brand Tier	Spec. Requirements
<i>ASTHMA</i>					
	zafirlukast	1	Accolate	3	(QL)(M)
			Advair	2	(M)
			Alvesco	2	(QL)(M)
			Asmanex	2	(QL)(M)
			Atrovent HFA	3	(M)
			Dulera	2	(M)
			Flovent HFA	2	(QL)(M)
			Maxair	3	(M)
			Proair HFA	2	(QL)(M)
			Proventil HFA	3	(QL)(M)
			Pulmicort	2	(QL)(M)
			Qvar	2	(QL)(M)
	montelukast	1	Singulair 10mg	3	(ST)(QL)(M)
	montelukast	1	Singulair 4mg & 5mg	3	(QL)(M)
			Symbicort	2	(QL)(M)
	theophylline	1	Theo-24	3	(M)
			Ventolin HFA	2	(QL)(M)
			Xopenex	3	(QL)(M)
			Xopenex HFA	3	(QL)(M)
			Zyflo CR	3	(ST)(QL)(M)
<i>CARDIOVASCULAR ACE INHIBITORS</i>					
	quinapril	1	Accupril	3	(M)(GS)
	perindopril	1	Aceon	3	(M)
	ramipril	1	Altace	3	(M)
	captopril	1	Capoten	3	(M)
	trandolapril	1	Mavik	3	(M)
	lisinopril	1	Prinivil, Zestril	3	(M)(GS)
	enalapril	1	Vasotec	3	(M)(GS)
<i>CARDIOVASCULAR ANGIOTENSIN II RECEPTOR BLOCKERS</i>					
	candesartan	1	Atacand	3	(ST)(QL)(M)
	irbesartan	1	Avapro	3	(ST)(QL)(M)
			Benicar	2	(ST)(QL)(M)
	losartan	1	Cozaar	3	(QL)(M)
			Diovan	3	(ST)(QL)(M)
			Edarbi	3	(ST)
			Micardis	3	(ST)(QL)(M)
	eprosartan	1	Teveten	3	(ST)(QL)(M)
<i>CARDIOVASCULAR ANTIADRENERGICS</i>					
	methyl dopa	1	Aldomet	3	(M)
	clonidine	1	Catapres	3	(M)
	clonidine patch	1	Catapres TTS	3	(M)
<i>CARDIOVASCULAR BETA-BLOCKERS</i>					
	sotalol/AF	1	Betapace/AF	3	(M)
			Bystolic	2	(QL)(M)
	carvedilol	1	Coreg	3	(M)(GS)
			Coreg CR	3	(M)
	propranolol ER	1	Inderal LA	3	(M)



Category	Generic Name	Gen. Tier	Brand Name	Brand Tier	Spec. Requirements
<i>CARDIOVASCULAR BETA-BLOCKERS</i>					
			Innopran XL	2	(M)
	metoprolol tartrate	1	Lopressor	3	(M)
	atenolol	1	Tenormin	3	(M)
	metoprolol succinate	1	Toprol XL	3	(M)
<i>CARDIOVASCULAR BLOOD MODIFIERS</i>					
			Arixtra	4	
			Innohep	4	(QL)
	enoxaparin	4	Lovenox	4	
			Vitamin K	4	(QL)
			Aggrenox	2	(M)
			Brilinta	2	(QL)(M)
	warfarin	1	Coumadin	2	(M)
			Effient	2	(QL)(M)
			Eliquis	2	(QL)(M)
	clopidogrel	1	Plavix	3	(QL)(M)
			Pradaxa	3	(QL)(M)
			Xarelto 10mg	2	(QL)
			Xarelto 15mg, 20mg	2	(QL)(M)
<i>CARDIOVASCULAR CALCIUM CHANNEL BLOCKERS</i>					
	verapamil	1	Calan	3	(M)
	diltiazem	1	Cardizem CD/LA	3	(M)
	amlodipine	1	Norvasc	3	(M)(GS)
	verapamil	1	Verelan	3	(M)
<i>CARDIOVASCULAR CARDIAC GLYCOSIDES</i>					
	digoxin	1	Lanoxin	2	(M)
<i>CARDIOVASCULAR COMBINATION/OTHER</i>					
			Amturnide	3	(ST)(QL)(M)
	candesartan/HCTZ	1	Atacand HCT	3	(ST)(QL)(M)
	irbesartan/HCTZ	1	Avalide	3	(ST)(QL)(M)
			Azor	2	(ST)(QL)(M)
			Benicar HCT	2	(ST)(QL)(M)
	amlodipine/ atorvastatin	1	Caduet	3	(ST)(M)
	captopril/HCTZ	1	Capozide	3	(M)
	valsartan/HCTZ	1	Diovan HCT	3	(ST)(QL)(M)
			Dutoprol	2	(QL)(M)
			Exforge	2	(ST)(QL)(M)
			Exforge HCT	2	(ST)(QL)(M)
	losartan/HCTZ	1	Hyzaar	3	(QL)(M)
	benazepril/HCTZ	1	Lotensin HCT	3	(M)(GS)
	amlodipine/benazepril	1	Lotrel	3	(M)
			Micardis HCT	3	(ST)(QL)(M)
			Multaq	2	(M)
	lisinopril/HCTZ	1	Prinzide	3	(M)(GS)
			Ranexa	2	(ST)(QL)(M)
	propafenone	1	Rythmol	3	(M)
			Tarka	2	(M)

CARDIOVASCULAR BETA-BLOCKERS TO CARDIOVASCULAR COMBINATION/OTHER



Category	Generic Name	Gen. Tier	Brand Name	Brand Tier	Spec. Requirements
<i>CARDIOVASCULAR COMBINATION/OTHER</i>					
			Tekamlo	3	(ST)(QL)(M)
			Tekturna	3	(ST)(QL)(M)
			Teveten HCT	3	(ST)(QL)(M)
			Tribenzor	2	(ST)(QL)(M)
			Twynsta	3	(ST)(QL)
	enalapril/HCTZ	1	Vaseretic	3	(M)
<i>CARDIOVASCULAR DIURETICS (WATER PILLS)</i>					
	spironolactone	1	Aldactone	3	(M)
	eplerenone	1	Inspira	3	(ST)(M)
	furosemide	1	Lasix	3	(M)
	triamterene/HCTZ	1	Maxzide, Dyazide	3	(M)
	hydrochlorothiazide (HCTZ)	1	Microzide	3	(M)(GS)
<i>CARDIOVASCULAR NITRATES</i>					
	isosorbide mononitrate	1	Imdur	3	(M)
	isosorbide dinitrate	1	Isordil	3	(M)
	nitroglycerin	1	Nitro-Dur	2	(M)
	nitroglycerin	1	Nitrostat	2	(M)
<i>CHOLESTEROL</i>					
			Advicor	3	(ST)(QL)(M)
			Crestor 20mg, 40mg	2	(QL)(M)
			Crestor 5mg, 10mg	2	(ST)(QL)(M)
	fluvastatin	1	Lescol	3	(QL)(M)
	atorvastatin	1	Lipitor	3	(PA)(QL)(M)
			Liptruzet	3	(ST)(QL)(M)
			Livalo	3	(ST)(QL)(M)
			Lovaza	2	(M)
	lovastatin	1	Mevacor	3	(M)(GS)
			Niaspan	2	(QL)(M)
	pravastatin	1	Pravachol	3	(QL)(M)(GS)
			Simcor	3	(ST)(QL)(M)
	fenofibrate	1	Tricor	3	(M)
			Triglide	3	(M)
			Vytorin	3	(ST)(QL)(M)
			Welchol	2	(M)
			Zetia	2	(M)
	simvastatin	1	Zocor	3	(QL)(M)(GS)
<i>CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)</i>					
			Arcapta	2	(M)
	ipratropium	1	Atrovent	3	(M)
			Brovana	3	(QL)(M)
			Combivent	2	(M)
			Combivent Respimat	2	(M)
			Daliresp	2	(QL)(M)
			Foradil	3	(M)
			Serevent	2	(M)



Category	Generic Name	Gen. Tier	Brand Name	Brand Tier	Spec. Requirements
<i>CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)</i>					
			Spiriva	2	(QL)(M)
			Tudorza	3	(QL)(M)
<i>CONTRACEPTION (BIRTH CONTROL)</i>					
			Beyaz	2	(M)
	Cesia, Velivet	1	Cyclessa	3	(M)
	Zovia	1	Demulen	3	(M)
			Depo-Provera	4	(QL)(M)
	Apri, Solia	1	Desogen	3	(M)
			Lybrel	3	(M)
	Kariva	1	Mircette	3	(M)
			Nuvaring	2	(QL)(M)
			Ortho Evra	3	(QL)(M)
	Jolivette, norethindrone, Errin, Camila	1	Ortho Micronor	3	(M)
	Tri-Previfem	1	Ortho Tri-Cyclen	3	(M)
	Apri, Solia	1	Ortho-Cept	3	(M)
	Previfem	1	Ortho-Cyclen	3	(M)
	Notrel	1	Ortho-Novum	3	(M)
	Necon, Notrel	1	Ovcon	3	(M)
	Jolessa	1	Seasonale	3	(QL)(M)
	Quasense	1	Seasonique	3	(QL)(M)
			Triphasil 28	3	(M)
	Ocella, Zarah	1	Yasmin	3	(M)
	Gianvi, Loryna	1	Yaz	3	(M)
<i>DIABETIC DIAGNOSTIC AGENTS</i>					
			Freestyle Test Strips	2	(QL)(M)
			Novofine	2	(M)
			Novotwist	2	(M)
			Precision Test Strips	2	(QL)(M)
<i>DIABETIC INJECTABLES</i>					
			Apidra	3	(M)
			Bydureon	2	(ST)(QL)(M)
			Byetta	2	(ST)(QL)(M)
			Glucagen	2	
			Glucagon	2	
			Lantus	2	(M)
			Lantus Solostar Pens	2	(M)
			Levemir	2	(M)
			Levemir Pens	2	(M)
			Novolin	2	(M)
			Novolog	2	(M)
			Novolog Flexpen	2	(M)
			Novolog MIX 70/30 Pens	2	(M)
			Novolog MIX 70/30 Vials	2	(M)
			Symlin	2	(ST)(QL)(M)
			Victoza	2	(ST)(QL)(M)

CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) TO DIABETIC INJECTABLES



Category	Generic Name	Gen. Tier	Brand Name	Brand Tier	Spec. Requirements
<i>DIABETIC ORAL ANTIDIABETICS</i>					
	pioglitazone/ metformin	1	ActoPlus Met/XR	3	(QL)(M)
	pioglitazone	1	Actos	3	(QL)(M)
	glimepiride	1	Amaryl	3	(M)
	glimepiride/ pioglitazone	1	Duetact	3	(QL)(M)
	metformin	1	Glucophage	3	(M)(GS)
	metformin ER	1	Glucophage XR	3	(M)(GS)
	glipizide	1	Glucotrol	3	(M)
	glipizide ER	1	Glucotrol XL	3	(M)
	glyburide/metformin	1	Glucovance	3	(M)
			Janumet	3	(ST)(QL)(M)
			Januvia	3	(ST)(QL)(M)
			Jentadueto	2	(QL)(M)
			Juvisync	3	(ST)(QL)(M)
			Kazano	2	(QL)(M)
			Kombiglyze XR	3	(ST)(QL)(M)
	glipizide/metformin	1	Metaglip	3	(M)
			Nesina	2	(QL)(M)
			Onglyza	3	(ST)(QL)(M)
			Oseni	2	(QL)(M)
	repaglinide	1	Prandin	3	(M)
	acarbose	1	Precose	3	(M)
	nateglinide	1	Starlix	3	
			Tradjenta	2	(QL)(M)
<i>OSTEOPOROSIS TREATMENTS</i>					
			Actonel	3	(ST)(QL)(M)
			Atelvia	3	(ST)(QL)(M)
	ibandronate	1	Boniva	3	(ST)(QL)(M)
			Evista	2	(QL)(M)
	alendronate	1	Fosamax	3	(ST)(QL)(M)(GS)
			Fosamax D	3	(ST)(QL)(M)
	calcitonin	1	Miacalcin	2	(M)
<i>PRENATAL VITAMINS</i>					
	Prenatal Vitamins- Generic	1	Prenatal Vitamins- Brand	3	(M)
<i>SMOKING CESSATION</i>					
			Chantix	2	(QL)
	bupropion HCL	1	Zyban	3	(QL)

