

RXSELECTSM PREVENTIVE DRUG LIST

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 three tiers (levels) of coverage. The tiers determine the amount you are responsible to pay. If your plan includes the value-based option, Tier 2 drugs in these categories are covered at the Tier 1 benefit. Drugs on this list do not apply to your deductible if your plan has a pharmacy deductible waiver. Your Member Payment Summary (MPS) contains specific information about coverage for preventive drugs.

This is not a complete list of all drugs—it contains only the most commonly prescribed drugs in their most common strengths and formulations. It does not include injectable drugs, and it may change due to new drugs, therapies, or other factors. If you have any questions about your prescription drug benefits, please call Member Services at 801-442-5038 (Salt Lake area) or 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, click on “Pharmacy Tools,” then go to “My Pharmacy Tools” 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 (90-day) drugs
- Explanations of Benefits (EOBs) for your drug claims
- Preauthorization and step therapy requirements
- Participating pharmacies, including Retail90SM

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) Generic SampleSM

This program eliminates your copay/coinsurance for the first 30-day fill of select generic prescriptions. This is not available under the 90-day maintenance drug benefit or on HealthSaveSM plans.

(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 an 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.

Drugs that are not covered can be obtained through an exception process. SelectHealth will cover these drugs after you have tried alternative, covered medications in the same therapeutic category that have failed to meet your medical needs. All 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)
			Asmanex	2	(QL)(M)
			Atrovent HFA	3	(M)
			Azmacort	3	(M)
			Dulera	2	
			Flovent HFA	2	(M)
			Foradil	3	(M)
			Maxair	2	(M)
			Proair HFA	2	(QL)(M)
			Proventil HFA	3	(QL)(M)
			Pulmicort	2	(M)
			Qvar	2	(M)
			Serevent	2	(M)
			Singulair 10 mg	2	(ST)(QL)(M)
			Singulair 4 mg & 5 mg	2	(QL)(M)
			Symbicort	2	(M)
	theophylline	1	Theo-24	3	(M)
			Uniphyll	2	(M)
			Ventolin HFA	2	(QL)(M)
			Xopenex	3	(QL)(M)
			Xopenex HFA	3	(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/ALPHA-1 BLOCKERS</i>					
	terazosin	1	Hytrin	3	(M)
<i>CARDIOVASCULAR/ANGIOTENSIN II RECEPTOR BLOCKERS</i>					
			Atacand	3	(ST)(QL)(M)
			Avapro	3	(ST)(QL)(M)
			Benicar	3	(ST)(QL)(M)
	losartan	1	Cozaar	3	(QL)(M)
			Diovan	2	(QL)(M)
			Edarbi	3	(ST)
			Micardis	3	(ST)(QL)(M)
			Teveten	3	(ST)(QL)(M)
			Tribenzor	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)



Category	Generic Name	Gen. Tier	Brand Name	Brand Tier	Spec. Requirements
<i>CARDIOVASCULAR/BETA-BLOCKERS</i>					
	sotalol/AF	1	Betapace / AF	3	(M)
			Bystolic	3	(QL)(M)
	carvedilol	1	Coreg	3	(M)(GS)
			Coreg CR	2	(M)
	propranolol ER	1	Inderal LA	3	(M)
			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>					
			Aggrenox	2	(M)
			Brilinta	3	(QL)(M)
	warfarin	1	Coumadin	2	(M)
			Effient	2	(QL)(M)
	enoxaparin	1	Lovenox	3	
			Plavix	2	(QL)(M)
			Pradaxa	3	(PA)(QL)(M)
			Xarelto	3	(QL)
<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	2	(ST)(QL)(M)
			Atacand HCT	3	(ST)(QL)(M)
			Avalide	3	(ST)(QL)(M)
			Azor	3	(ST)(QL)(M)
			Benicar HCT	3	(ST)(QL)(M)
	captopril/HCTZ	1	Capozide	3	(M)
			Diovan HCT	2	(QL)(M)
			Exforge	2	(QL)(M)
			Exforge HCT	2	(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)
			Rythmol	3	(M)
	trandolapril/verapamil	1	Tarka	2	(M)
			Tekamlo	3	(ST)(QL)(M)
			Tekturna	3	(ST)(QL)(M)
			Teveten HCT	3	(ST)(QL)(M)

CARDIOVASCULAR/BETA-BLOCKERS TO CARDIOVASCULAR/COMBINATION/OTHER



Category	Generic Name	Gen. Tier	Brand Name	Brand Tier	Spec. Requirements
<i>CARDIOVASCULAR/COMBINATION/OTHER</i>					
			Twynsta	3	(ST)(QL)
			Valturna	2	(ST)(M)
	enalapril/HCTZ	1	Vaseretic	3	(M)
<i>CARDIOVASCULAR DIURETICS (WATER PILLS)</i>					
	spironolactone	1	Aldactone		(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)
			Caduet	3	(ST)(M)
			Crestor 10/20/40mg	2	(QL)(M)
			Crestor 5mg	2	(ST)(QL)(M)
			Lescol	3	(QL)(M)
			Lipitor	3	(ST)(QL)(M)
			Livalo	3	(ST)(QL)(M)
			Lovaza	2	(M)
			Niaspan	2	(QL)(M)
	pravastatin	1	Pravachol	3	(QL)(M)(GS)
	cholestyramine	1	Questran	3	(M)
			Simcor	3	(ST)(QL)(M)
	fenofibrate	1	Tricor	3	(M)
			Triglide	3	(M)
			Vytorin 10/10mg	2	(ST)(QL)(M)
			Vytorin 10/20, 1/40, 10/80mg	2	(QL)(M)
			Welchol	2	(M)
			Zetia	2	(M)
	simvastatin	1	Zocor	3	(QL)(M)(GS)
<i>CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)</i>					
	ipratropium	1	Atrovent	3	(M)
			Brovana	3	(QL)(M)
			Daliresp	2	(PA)(QL)(M)
			Spiriva	2	(QL)(M)
			Combivent	2	(M)
<i>CONTRACEPTION (BIRTH CONTROL)</i>					
	Cesia & Velivet	1	Cyclessa	3	(M)
	Zovia	1	Demulen	3	(M)
	Apri/Solia	1	Desogen	3	(M)
			Lybrel	3	(M)
	Kariva	1	Mircette	3	(M)



Category	Generic Name	Gen. Tier	Brand Name	Brand Tier	Spec. Requirements
<i>CONTRACEPTION (BIRTH CONTROL)</i>					
			Nuvaring	2	(QL)(M)
			Ortho Evra	3	(QL)(M)
	Jolvette/norethindrone/ Errin/Camila		Ortho Micronor	3	(M)
	Tri-Previfem	1	Ortho Tri-Cyclen Lo	3	(M)
	Apri/Solia/Desogen	1	Ortho-Cept	3	(M)
	Previfem	1	Ortho-Cyclen	3	(M)
	Notrel	1	Ortho-Novum	3	(M)
	Necon/Notrel	1	Ovcon	3	(M)
	Jolessa		Seasonale	3	(QL)(M)
	Quasense	1	Seasonique	3	(QL)(M)
			Triphasil 28	1	(M)
	Ocella	1	Yasmin	3	(M)
	Gianvi	1	YAZ	3	(M)
<i>DIABETIC/DIAGNOSTIC AGENTS</i>					
			Freestyle Test Strips	2	(QL)(M)
			Precision Test Strips	2	(QL)(M)
<i>DIABETIC/INJECTABLES</i>					
			Apidra	3	(M)
			Byetta	2	(ST)(QL)(M)(AGE)
			Glucagon	2	
			Humalog	3	(PA)(M)
			Humalog 50/50 and 75/25	2	(M)
			Humulin	3	(PA)(M)
			Lantus	2	(M)
			Levemir	2	(M)
			Novolin	2	(M)
			Novolog	2	(M)
			Symlin	2	(ST)(QL)(M)
			Victoza	2	(ST)(QL)(M)
<i>DIABETIC/ORAL ANTIDIABETICS</i>					
			ActoPlus Met/XR	2	(QL)(M)
			Actos	2	(QL)(M)
	glimepiride	1	Amaryl	3	(M)
			Avandamet	2	(QL)(M)
			Avandaryl	2	(QL)(M)
			Avandia	2	(QL)(M)
			Duetact	2	(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	2	(QL)(M)
			Januvia	2	(QL)(M)
			Kombiglyze	2	(QL)(M)
	glipizide-metformin	1	Metaglip	3	(M)

CONTRACEPTION (BIRTH CONTROL) TO DIABETIC/ORAL ANTIDIABETICS



Category	Generic Name	Gen. Tier	Brand Name	Brand Tier	Spec. Requirements
<i>DIABETIC/ORAL ANTIDIABETICS</i>					
			Onglyza	2	(QL)(M)
			Prandin	2	(M)
	acarbose	1	Precose	3	(M)
			Tradjenta	3	(QL)(M)
<i>OSTEOPOROSIS TREATMENTS</i>					
			Actonel	2	(ST)(QL)(M)
			Atelvia	2	(ST)(QL)(M)
			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 name	3	(M)
<i>SMOKING CESSATION</i>					
			Chantix	2	(QL)
	bupropion HCL	1	Zyban	3	(QL)

