October 2013

Preferred Drug List (PDL)

MedImpact® Delivering · Flexible · Choice

Benefit Options Formulary

The Benefit Options Formulary keeps prescription medications affordable. We monitor our formulary to make sure you receive the most clinically effective medications at the lowest cost. The formulary is updated regularly and is subject to change without advance notice.

Preferred Drug List (PDL)

The PDL is a list of commonly prescribed medications within select classes of drugs covered on your formulary. The list is developed and maintained by a committee comprised of physicians and pharmacists (the Pharmacy and Therapeutics Committee). Inclusion on the list is based on consideration of a medication's safety, effectiveness and associated clinical outcomes. The PDL was created to promote clinically appropriate utilization of medications in a cost-effective manner. The PDL is updated quarterly to reflect any applicable formulary changes. The PDL does not represent all preferred formulary medications available under your plan. For complete formulary information, visit the Benefit Options website.

Exclusions

Prescription medications that have over-the-counter (OTC) equivalents are not a covered prescription benefit. As new products are made available OTC, they will be removed from the formulary. Additionally, the formulary does not include the products listed below. This list is not all-inclusive and is subject to change.

- All OTC products (including nonsedating antihistamines, Prilosec, etc.)
- Abortion pill
- Biologicals & vaccines
- Diagnostic products
- Drugs with cosmetic indications
- Fertility drugs
- Fluoride preparations
- Impotency drugs
- Implanon®
- Mifeprex®
- Nonsedating antihistamines
- Nonsedating antihistamine combination products
- Ostomy supplies
- Penlac®
- Plan B
- Reusable needles
- Reusable syringes
- Topical contraceptives
- Vitamins

Getting Answers to Your Questions

This Preferred Drug List (PDL) does not contain all drugs in each tier that is available under Benefit Options.

For a comprehensive listing, please access the entire formulary by logging onto www.benefitoptions.az.gov and click on the Pharmacy tab and then click the MedImpact Member Portal. For specific questions, please contact the Customer Contact Center at 1-888-648-6769. It is available 24 hours a day, 7 days a week.

Maximize Your Benefits!
Generic medications offer the lowest copay

$10 = Generics (Tier 1)
$20 = Preferred Brands (Tier 2)
$40 = Nonpreferred Brands (Tier 3)

SELECT PDL THERAPEUTIC DRUG CATEGORIES

Preferred Generic	Preferred Brand	Non-Preferred
Allergy – Nasal Corticosteroids		
flunisolide fluticasone triamcinolone (QL)	Nasonex (QL) Qnasl (QL,ST)	Beconase AQ (QL,ST) Dymista (QL, ST) Omnaris (QL,ST) Rhinocort Aqua (QL,ST) Veramyst (QL,ST) Zetonna (QL, ST)
Antidepressants		
amitriptyline escitalopram bupropion/SR/XL citalopram) fluoxetine / fluoxetine ER mirtazapine/soltab nortriptyline paroxetine IR sertraline trazodone venlafaxine IR/XR	Abilify (QL, ST) Cymbalta (QL) Desvenlafaxine ER (Ranbaxy) (QL,ST) Effexor XR caps Nardil Pristiq (QL, ST) Seroquel XR (QL ST)	Aplenzin (QL, ST) Forfivo XL (QL, ST) Luvox CR (QL,ST) Oleptro (QL, ST) Paxil CR Pexeva (QL, ST) Sarafem Viibryd (QL, ST)
Antimigraine Agents		
APAP/dichloralphenazone/ isometheptene butalbital/APAP butalbital/APAP/caffeine butalbital/aspirin/caffeine ergotamine/caffeine naratriptan (QL) rizatriptan benzoate (QL) sumatriptan succinate (QL) zolmitriptan (QL,ST)	Cafergot (QL)	Alsuma (QL) Axert (QL, ST) Cambia (QL) D.H.E. 45 (QL) Ergomar SL (QL) Frova (QL, ST) Migranal (QL) Relpax (QL, ST) Sumavel DosePro (QL,ST) Treximet (QL, ST)
Anti-Ulcer / Gastrointestinal Agents		
cimetidine famotidine lansoprazole 30mg cap, ODT rx only metoclopramide omeprazole 10mg, 40mg rx only pantoprazole ranitidine 300mg rx only sucralfate	Dexilant(QL, ST) Prevpac (QL)	Aciphex (QL, ST) Helidac Nexium (QL, ST) Zegerid (QL) 40mg rx only
Asthma / COPD		
albuterol / ipratropium cromolyn ipratropium levalbuterol hcl soln. montelukast theophylline	Asmanex Atrovent HFA (QL) Combivent Combivent Respimat Daliresp (QL, ST) Dulera (QL) Flovent Diskus Flovent HFA Perforomist (QL) Pulmicort Flexhaler Pulmicort Respules QVAR Serevent Diskus (QL) Singulair Spiriva (QL) Ventolin HFA	Advair Diskus (QL, ST) Advair HFA (QL, ST) Aerobid Alvesco Arcapta (QL,ST) Breo Ellipta (QL, ST) Brovana (QL) Foradil (QL,ST) Maxair ProAir HFA Proventil HFA Symbicort (QL, ST) Tudorza (QL, ST) Xopenex HFA Zyflo
Cardiovascular – ACE Inhibitors / ARBs / DRIs/ Combinations		
benazepril/HCTZ enalapril/HCTZ irbesartan/HCTZ lisinopril/HCTZ losartan losartan/HCTZ quinapril/HCTZ ramipril caps valsartan/HCTZ	Altace tabs Benicar/HCT (ST) Diovan (ST) Exforge/HCT (ST)	Amturnide (PA) Atacand/HCT (ST) Azor (ST) Edarbi (ST) Edarbyclor (ST) Micardis/HCT (ST) Tekamlo (PA) Tekturna/HCT (PA) Teveten/HCT (ST) Tribenzor (ST) Twynsta (ST)

Preferred Generic	Preferred Brand	Non-Preferred
Cardiovascular – Beta Blockers / Combinations		
atenolol atenolol/chlorthalidone carvedilol metoprolol tartrate metoprolol tartrate/HCTZ metoprolol succinate propranolol propranolol/HCTZ propranolol LA	Coreg CR Bystolic Innopran XL	Levatol
Cardiovascular – Calcium Channel Blockers / Combinations		
amlodipine amlodipine / benazepril diltiazem diltiazem CD diltiazem SA, SR felodipine nifedipine/SA verapamil verapamil LA		Cardene SR Covera-HS Dynacirc CR Sular Tiazac
Contraceptives		
Apri Aviane Gianvi, Loryna, or Vestura (ST) Kariva Levora Low-Ogestrel medroxyprogesterone acetate Microgestin/Fe Nortrel Ocella Syeda, or Zarah (ST) Sprintec Trinessa Tri-Sprintec Trivora	Depo-Provera Lo Loestrin Fe (ST) Nuvaring (ST) Ortho Evra (ST) Ortho Tri-Cyclen Lo Yasmin (ST) Yaz (ST)	Beyaz (ST) Estrostep Fe Femcon Fe Loestrin 24 Fe (ST) Lybrel Natazia (ST) Ovcon-50 Ovcon Fe Safyral (ST) Seasonique
Diabetes Agents		
glimepiride glipizide glipizide/metformin glyburide glyburide/metformin metformin metformin ER nateglinide pioglitazone pioglitazone/glimepiride (ST) pioglitazone/metformin repaglinide	Actos Actoplus Met/XR (ST) Bydureon (QL, ST) Byetta (QL, ST) Human Insulins (Novo/Lilly) Invokana (QL, ST) Janumet Janument XR) Januvia Jentadueto Juvisync Lantus Prandimet Precose Riomet Symlin Tradjenta	Apidra Avandamet (ST) Avandaryl (ST) Avandia (ST) Cycloset (ST) Fortamet (ST) Glumetza (ST) Glyset Kazano (ST) Kombiglyze XR (ST) Levemir (ST) Nesina (ST) Onglyza (ST) Oseni (ST) Victoza (QL, ST)
Diabetes Diagnostics		
	All Abbott diabetic supplies All Bayer diabetic supplies	All Lifescan diabetic supplies (ST) All Roche diabetic supplies (ST)
Genitourinary Agents-Benign Prostatic Hyperplasia		
alfuzosin doxazosin finasteride tamsulosin terazosin	Avodart Cialis (PA) Jalyn Uroxatral	Rapaflo (ST)
Genitourinary Agents-Overactive Bladder		
oxybutynin oxybutynin extended release tolterodine tartrate	Detrol/Detrol LA Toviaz Vesicare	Enablex Myrbetriq (QL, ST) Oxytrol Sanctura/Sanctura XR
Glaucoma Agents		

Benefit Options
Choice Value Health

Preferred Generic	Preferred Brand	Non-Preferred
betaxolol brimonidine dorzolamide latanoprost levobunolol timolol timolol/dorzolamide	Alphagan P Azopt Betimol Betoptic S Combigan Lumigan (QL) Simbrinza Travatan/Z (QL) Xalatan(QL on brand)	Cosopt PF (QL,ST) Rescula (QL,ST) Timoptic Ocudose (QL,ST) Zioptan (QL,ST)
Hormone Replacement		
estradiol estradiol patches estropipate me-testosterone me-testosterone/ estrogen, esterified medroxyprogesterone progesterone, micronized	Androgel (PA) Axiron (PA) Combipatch Crinone Delatestryl (PA) Depo-Testosterone (PA) FemHRT Menest Premarin Premphase Prempro / Low Dose Vagifem	Activella Androderm (PA) Cenestin Climara Pro Enjuvia Estring (QL) Femtrace Fortesta (PA) Prefest Striant (PA) Testim (PA)
Lipid Lowering Agents		
amlodipine/atorvastatin (QL) atorvastatin cholestyramine colestipol fenofibrate / nanocrystallized (Tricor) gemfibrozil lovastatin niacin (Rx only) pravastatin simvastatin (ST on 80mg)	Antara Crestor (QL, ST) Lovaza (QL) Niaspan (ST) Simcor (QL, ST) Vascepa (QL) Welchol Zetia (QL)	Advicor (QL, ST) Altoprev (QL, ST) fluvastatin / XL (QL, ST) Lipofen Liptruzet (QL, ST) Livalo (QL, ST) Trilipix Vytorin (QL, ST)
Non-Steroidal Anti-Inflammatory Agents		
diclofenac sodium ibuprofen indomethacin meloxicam nabumetone naproxen	Celebrex (AGE, ST) Vimovo Voltaren Gel (ST)	Duexis (QL,ST)
Osteoporosis Agents		
alendronate ibandronate 150mg	Evista (QL) Fosamax D Forteo (QL)	Actonel (QL, ST) Atelvia (QL, ST) Binosto (QL,ST) Fortical Miacalcin
Seizure Disorder		
carbamazepine clonazepam diazepam divalproex sodium gabapentin lamotrigine lamotrigine xr (QL, ST) levetiracetam oxcarbazepine phenytoin topiramate valproate sodium/valproic acid zonisamide	Tegretol XR 100mg Lyrica	Lamictal ODT (QL, ST) Vimpat (QL, ST) Sabril (QL) Gabitril (QL,ST) Oxtellar XR (QL,ST)
Sleep Aids		
temazepam zaleplon (QL) zolpidem (QL) zolpidem CR (QL, ST)		Edluar (QL, ST) Intermezzo (QL,ST) Lunesta (QL, ST) Rozerem (QL, ST) Silenor (QL, ST) Zolpimist (QL, ST)

A recommended prescribing guideline may apply. These are denoted throughout the document using the following symbols:

AGE	Age Edit	Coverage may depend on patient age.
G	Gender	Coverage may depend on patient gender
PA	Prior Authorization	Requires specific physician request process.
QL	Quantity Limit	Coverage may be limited to specific quantities per prescription and/or time period.
ST	Step Therapy	Coverage depends on previous use of another drug