

## 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 non-sedating antihistamines, Prilosec, etc.)  
Abortion pill  
Vaccines and Immunizations  
Diagnostic products  
Drugs with cosmetic indications  
Fertility drugs  
Fluoride preparations  
Impotency drugs  
Implanon®

Mifeprex®  
Non-sedating antihistamines  
Non-sedating 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](http://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)

## PDL THERAPEUTIC DRUG CATEGORIES

Preferred Generic	Preferred Brand	Non-Preferred
<b>Allergy – Nasal Corticosteroids</b>		
budesonide (QL, ST) flunisolide (QL) fluticasone (QL) triamcinolone (QL)	Nasonex (QL) Qnasl (QL, ST)	Beconase AQ (QL, ST) Dymista (QL, ST) Omnaris (QL, ST) Veramyst (QL, ST) Zetonna (QL, ST)
<b>Antidepressants</b>		
amitriptyline bupropion SR/XL citalopram desvenlafaxine ER (Ranbaxy brand) (QL) escitalopram fluoxetine fluoxetine ER fluoxetine/olanzapine (QL) fluvoxamine ER (QL, ST) mirtazapine/soltab nortriptyline paroxetine CR paroxetine IR phenelzine sertraline trazodone venlafaxine IR/XR	Fetzima (QL) Pristiq ER (QL) Trintellix (QL) Viibryd (QL)	Aplenzin (QL) Desvenlafaxine fumarate ER (QL) Emsam (QL) Irenka (QL) Khedezla (QL) Luvox CR (QL) Olepro ER (QL) Sarafem
<b>Antimigraine Agents</b>		
butalbital/APAP butalbital/APAP/caffeine butalbital/aspirin/caffeine dihydroergotamine (QL) ergotamine/caffeine (QL) isomethept/dichlphn/acetaminop naratriptan (QL) rizatriptan benzoate (QL) sumatriptan succinate (QL) zolmitriptan/ODT (QL, ST)	Cafergot (QL) Migergot (QL)	Alsuma (QL) Axert (QL, ST) Bupap (QL, ST) Cambia (QL) Ergomar (QL) Frova (QL, ST) Relpax (QL, ST) Sumavel DosePro (QL, ST) Treximet (QL, ST)
<b>Anti-Psychotics</b>		
aripiprazole, aripiprazole ODT/PO solution (QL) clozapine (QL) olanzapine (QL) quetiapine IR/XR (QL) risperidone (QL) ziprasidone (QL)	Abilify Discmelt (QL) Abilify oral solution (QL) Latuda (QL) Rexulti (QL) Saphris (QL) Seroquel XR (QL) Vraylar (QL)	Fanapt (QL) Fazaclo (QL) Invega (QL) Versacloz (QL)
<b>Anti-Ulcer / Gastrointestinal Agents</b>		
cimetidine esomeprazole magnesium (QL) esomeprazole strontium (QL, ST) famotidine lansoprazole lansoprazole/amoxicil/clarithro (QL) metoclopramide omeprazole capsules 40mg (Rx only) omeprazole/sod bicarbonate (QL, ST) pantoprazole rabeprazole (QL) ranitidine 300mg (Rx only) sucralfate	Linzess (QL) Movantik (QL) Protonix susp (ST)	Aciphex Sprinkle (QL, ST) Amitiza (ST, QL) Cholbam (PA) Helidac Relistor (PA, QL) Trulance (QL, ST)

Preferred Generic	Preferred Brand	Non-Preferred
<b>Asthma / COPD</b>		
albuterol/ipratropium cromolyn ipratropium levalbuterol hcl soln montelukast theophylline	Advair Diskus (QL) Advair HFA (QL) Asmanex HFA (QL) Asmanex Twisthaler (QL) Atrovent HFA (QL) Breo Ellipta (QL) Combivent Respimat Daliresp (QL, ST) Dulera (QL) Perforomist (QL) ProAir HFA ProAir RespiClick Pulmicort Flexhaler (QL) Pulmicort Respules (QL) QVAR (QL) Serevent Diskus (QL) Singulair Spiriva (QL) Spiriva Respimat (QL) Stiolto Respimat (QL) Striverdi Respimat (QL) Symbicort (QL) Ventolin HFA	Aerospan (QL, ST) Alvesco (QL, ST) Anoro Ellipta (QL) Arcapta (QL, ST) Arnuity Ellipta (QL, ST) Bevespi Aerosphere (QL, ST) Brovana (QL) Flovent Diskus (QL, ST) Flovent HFA (QL, ST) Foradil (QL, ST) Incruse Ellipta (QL, ST) Nucala (PA) Proventil HFA Seebri Neohaler (QL, ST) Tudorza (QL, ST) Utibron Neohaler (QL, ST) Xopenex HFA Zyflo
<b>Cardiovascular – ACE Inhibitors / ARBs / DRIs/ Combinations</b>		
amlodipine/valsartan amlodipine/valsartan/HCTZ benazepril benazepril/HCTZ candesartan candesartan/HCTZ enalapril enalapril/HCTZ eprosartan eprosartan/HCTZ irbesartan irbesartan/HCTZ lisinopril lisinopril/HCTZ losartan losartan/HCTZ olmesartan olmesartan/HCTZ quinapril quinapril/HCTZ ramipril telmisartan telmisartan/amlodipine telmisartan/HCTZ valsartan valsartan/HCTZ	Azor Benicar Benicar HCT Entresto (QL) Tribenzor Edarbi Edarbyclor Exforge Exforge HCT	Amturnide (PA) Epaned (QL, ST) Tekamlo (PA) Tekturna (PA) Tekturna HCT (PA) Teveten Teveten HCT Qbrelis (QL, ST)
<b>Cardiovascular – Beta Blockers / Combinations / Alternatives</b>		
atenolol atenolol/chlorthalidone carvedilol metoprolol tartrate metoprolol tartrate/HCTZ metoprolol succinate propranolol propranolol/HCTZ propranolol LA	Bystolic Coreg CR Corlanor (PA, QL) Byvalson	Dutoprolol (QL) Inderal XL (ST) Innopran XL (ST) Levotal
<b>Cardiovascular – Calcium Channel Blockers / Combinations</b>		
amlodipine		Cardene SR

Preferred Generic	Preferred Brand	Non-Preferred
amlodipine/benazepril diltiazem diltiazem CD diltiazem ER felodipine nifedipine/SA nisoldipine verapamil verapamil LA		Covera-HS Dynacirc CR
<b>Contraceptives</b>		
Apri Aviane Gianvi, Loryna, or Vestura (ST) Gildess Fe Kariva Larin Fe Levora-28 Low-Ogestrel medroxyprogesterone acetate (QL) Microgestin Fe Tarina Fe Norethin-eth estra ferrous fum Nortrel Ocella, Syeda, or Zarah (ST) Sprintec Tilia Fe Tri-Legest Fe Trinessa Tri-Sprintec Trivora-28 Wymzya Fe Xulane patch (QL) Zenchent Fe Zeosa	Lo Loestrin Fe (ST) Minastrin 24 FeNuvairing (QL, ST) Ortho Tri-Cyclen Lo (ST) Seasonale (QL, ST) Yasmin (ST) Yaz (ST)	Beyaz (ST) Lo-Seasonique (QL, ST) Natazia (ST) Safyral (ST) Seasonique (QL, ST)
<b>Diabetes Agents</b>		
glimepiride glipizide glipizide/metformin glyburide glyburide/metformin metformin metformin ER miglitol nateglinide pioglitazone pioglitazone/glimepiride (ST) pioglitazone/metformin (ST) repaglinide repaglinide/metformin HCl	Actoplus Met/XR (ST) Glyxambi (QL, ST) Humulin N (QL) Humulin R (QL) Humulin R-500 (QL) Humulin 70/30 (QL) Humalog (QL) Humalog Mix 50/50 (QL) Humalog Mix 75/25 (QL) Invokamet (QL, ST) Invokamet XR (QL, ST) Invokana (QL, ST) Janumet (QL) Janumet XR (QL) Januvia (QL) Jentadueto (QL) Jardiance (QL, ST) Lantus (QL) Precose Riomet Symliin Synjardy (QL, ST) Toujeo (QL) Toujeo (QL) Tradjenta (QL) Trulicity (QL, ST) Victoza (QL, ST)	Adlyxin (QL, ST) Afrezza (PA, QL) Apidra (QL, ST) Avandamet (ST) Avandaryl (ST) Avandia (ST) Basaglar (QL, ST) Bydureon (QL, ST) Byetta (QL, ST) Cycloset (ST) Farxiga (QL, ST) Fortamet (ST) Glumetza (ST) Kazano (QL, ST) Kombiglyze XR (QL, ST) Levemir (QL, ST) Nesina (QL, ST) Novolin N (QL, ST) Novolin R (QL, ST) Novolin 70/30 (QL, ST) Novolog (QL, ST) Novolog Mix 70/30 (QL, ST) Onglyza (QL, ST) Oseni (QL, ST) Soliqua (QL, ST) Tanzeum (QL, ST) Tresiba (QL, ST) Xigduo XR (QL, ST) Xultophy (QL, ST)
<b>Diabetes Diagnostics</b>		
	Preferred Abbott diabetic supplies (Precision and FreeStyle brand)	All non-Abbott diabetic supplies (i.e. Contour, Breeze, OneTouch brand)

Preferred Generic	Preferred Brand	Non-Preferred
<b>Genitourinary Agents-Benign Prostatic Hyperplasia</b>		
alfuzosin doxazosin dutasteride dutasteride/tamsulosin HCl (ST) finasteride tamsulosin terazosin		Cialis (PA) Rapaflo (ST)
<b>Genitourinary Agents-Overactive Bladder</b>		
darifenacin oxybutynin oxybutynin ER tolterodine tartrate trospium chloride trospium chloride ER	Myrbetriq Toviaz Vesicare	Gelnique Oxytrol
<b>Glaucoma Agents</b>		
betaxolol bimatoprost 0.03% (QL) brimonidine tartrate dorzolamide latanoprost levobunolol timolol timolol/dorzolamide travoprost (QL)	Azopt Betimol Betoptic S Combigan Lumigan 0.01% (QL) Simbrinza Travatan Z (QL)	Cosopt PF (QL, ST) Rescula (QL, ST) Timoptic Ocudose (QL, ST) Zioptan (QL, ST)
<b>Hormone Replacement</b>		
estradiol estradiol patch (QL) estradiol vaginal tablets estradiol/norethindrone acet estropipate methyl-testosterone methyl-testosterone/estrogen, esterified medroxyprogesterone norethindrone ac-eth estradiol progesterone, micronized testosterone 1% gel (PA) testosterone cypionate (PA) testosterone enanthate (PA)	Androderm 2.5 & 5mg (PA) Androderm 2 & 4mg (PA) Androderm 2 & 4mg (PA) Androderm 2 & 4mg (PA) Androderm 2 & 4mg (PA) Axiron (PA) Combipatch (QL) Crinone Duavee Menest Premarin Prempase Prempo	Androderm 2 & 4mg (PA) Cenestin Climara Pro (QL) Enjuvia Estring (QL) Estrodel Femtrace Fortesta (PA) Natesto (PA) Prefest Striant (PA)
<b>Lipid Lowering Agents</b>		
amlodipine/atorvastatin (QL) atorvastatin cholestyramine colestipol fenofibrate/micronized/nanocrystallized fenofibric acid/choleline gemfibrozil lovastatin niacin ER (Rx only) (ST) omega-3 ethyl esters (QL) pravastatin rosuvastatin (QL) simvastatin (ST on 80mg)	Fenoglide Juxtapid (PA) Kynamro (PA) Praluent (PA) Repatha (PA) Triglide Vascepa (QL) Vytorin (QL) Vytorin 10/80mg (ST, QL) Welchol Zetia (QL) Livalo (QL)	Lescol XL (QL, ST) Liptruzet (QL, ST)
<b>Non-Steroidal Anti-Inflammatory Agents</b>		
celecoxib ibuprofen indomethacin nabumetone	Voltaren gel	Vimovo (ST) Zorvolex (QL, ST)
<b>Opioid Dependency Agents</b>		
buprenorphine/naloxone SL tabs (PA, CU, QL) buprenorphine (PA, CU, QL)	Suboxone Film (PA, CU, QL) Zubsolv (PA, CU, QL)	Bunavail (PA, CU, QL)
<b>Osteoporosis Agents</b>		
alendronate (QL on solution) calcitonin, salmon, synthetic ibandronate 150mg	Fosamax Plus D Forteo (QL)	Actonel (QL, ST) Atelvia (QL, ST) Fortical

Preferred Generic	Preferred Brand	Non-Preferred
raloxifene (QL)		

Seizure Disorder		
carbamazepine	Carbatrol	Aptiom (QL)
clonazepam	Tegretol/XR 100mg	Banzel (QL)
diazepam	Klonopin	Briviact tab/solution (QL)
divalproex sodium	Diastat (QL)	Felbatol (QL)
ethosuximide	Depakote/ER/Sprinkle	Fycompa (QL)
gabapentin	Zarontin	Gabitril (QL)
lamotrigine	Neurontin	Lamictal XR (QL)
levetiracetam	Lamictal	Lamictal ODT (QL)
oxcarbazepine	Keppra	Onfi (QL)
phenytoin (extended)	Trileptal	Oxtellar XR (QL)
primidone	Dilantin-125	Qudexy XR (QL)
topiramate	Dilantin Chew Tab	Spritam (QL)
valproate sodium/valproic acid	Dilantin	Stavzor (QL)
zonisamide	Phenytek	
	Potiga (QL)	
	Mysoline	
	Topamax	
	Trokendi XR (QL)	
	Depakene	
	Syrup/Capsules	
	Vimpat Tablet/Solution (QL)	
	Zonegran	
	Lyrica	

**A recommended prescribing guideline may apply (denoted throughout the document using the following symbols):**

- AGE** Age Edit                      Coverage may depend on patient age.
- CU** Concurrent Use Edit      Coverage or lack thereof may depend upon concurrent use of another drug.
- G** Gender                              Coverage may depend on patient gender.
- MD** Physician Specialty Edit      Coverage may depend on prescribing physician's specialty or board certification.
- 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.