



MedPerform Medium – Preferred Drug List (PDL)

October 1, 2021

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 does not represent all preferred formulary medications available under your plan. For complete formulary information, visit the Benefit Options website by logging onto www.benefitoptions.az.gov and click on the Pharmacy tab and then click on 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.

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 due to updates and availability of generic alternatives.**

All OTC products	Mifeprex®
Abortion pill	Nonsedating antihistamines
Vaccines and Immunizations	Nonsedating antihistamine combination products
Diagnostic products	Ostomy supplies
Drugs with cosmetic indications	Penlac®
Fertility drugs	Reusable needles
Impotency drugs	Reusable syringes

How do I get the greatest benefit from my PDL?

- **Print out the Preferred Drug List and take it with you when visiting your physician.**
- Ask your physician to prescribe generic medications whenever possible. All FDA approved generic drugs are considered preferred medications and should reduce your copays.
- When there is more than one brand name drug available for your medical condition, ask your physician to prescribe a preferred drug listed on your PDL. This should also reduce your copays.

PDL DRUG CATEGORY	GENERIC	PREFERRED BRAND	NON-PREFERRED BRAND	EXCLUDED
ALLERGY				
NASAL CORTICOSTEROIDS	azelastine/fluticasone (QL, ST) flunisolide (QL) mometasone (QL)	Qnasl (QL) Xhance (QL, ST)		Beconase AQ Dymista Omnaris Ticanase Zetonna
OPHTHALMIC ANTIHISTAMINES	azelastine (QL) epinastine (QL)	Alomide (ST, QL)		Bepreve Emadine

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	olopatadine (QL)			Lastacaft Pazeo
BEHAVIORAL HEALTH				
ADHD AGENTS (PA)	dextroamphetamine/ amphetamine dextroamphetamine ER (QL) dextroamphetamine (QL) methylphenidate (QL) dexmethylphenidate (QL)	Adderall XR (QL) Concerta (QL) Mydayis (QL) Vyvanse (QL)	Daytrana (QL, ST) Dyanavel XR (QL, ST) Evekeo ODT (QL, ST) Zenzedi (QL, ST) Quillichew (QL) Quillivant (QL)	Adhansia XR Adzenys ER Adzenys XR-ODT amphetamine ER Aptensio XR Azstarys Cotempla XR-ODT dextroamphetamine/ amphetamine XR Evekeo methylphenidate ER Jornay PM Qelbree Relexxii
ANTIPSYCHOTICS	aripiprazole (QL) aripiprazole ODT/ oral solution (QL) asenapine (QL) clozapine (QL) clozapine ODT (QL) olanzapine (QL) paliperidone (QL) quetiapine IR/ER (QL) risperidone (QL) ziprasidone (QL)	Latuda (QL) Rexulti (QL) Vraylar (QL)	Abilify Mycite (PA) Caplyta (QL) Fanapt (QL) Fazaclo (QL) Secuado (QL, ST) Versacloz (QL)	Saphris
CARDIOVASCULAR				
LIPID-LOWERING AGENTS	atorvastatin (QL) ezetimibe (QL) fluvastatin IR/ER (QL) lovastatin IR/ER (QL) pravastatin (QL) rosuvastatin (QL) simvastatin (QL) (ST on 80mg) simvastatin/ezetimibe (QL) (ST on 80mg)	Livalo (QL)	Altoprev (QL, ST) Ezallor Sprinkle (QL) Flolipid (PA) Zypitamag (QL, ST)	Roszet
ANTICOAGULANTS		Eliquis (QL) Xarelto (QL)	Bevyxxa (QL)	Pradaxa Savaysa
PCSK9 INHIBITORS		Praluent (ST) Repatha (ST)		
ACL INHIBITOR		Nexletol (ST) Nexlizet (ST)		
DERMATOLOGY				
ACTINIC KERATOSIS AGENTS	diclofenac 3% (QL) fluorouracil 0.5% (PA) fluorouracil 5%	Picato (QL) Tolak	Fluoroplex (PA) Klisyri (PA)	Carac 0.5% Zyclara
DIABETES				
DPP-4 INHIBITORS		Januvia (QL) Janumet (QL) Janumet XR (QL)	Jentadueto (QL, ST) Jentadueto XR (QL, ST) Tradjenta (QL, ST)	alogliptin alogliptin/metformin alogliptin/pioglitazone

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				Kazano Kombiglyze XR Nesina (brand and authorized generic) Onglyza Oseni
SGLT-2 INHIBITORS		Farxiga (QL) Jardiance (QL) Synjardy (QL) Synjardy XR (QL) Xigduo XR (QL)		Invokana Invokamet Invokamet XR Segluromet Steglatro
DPP-4 INHIBITOR AND SGLT-2 INHIBITOR COMBINATIONS			Glyxambi (QL, ST)	Qtern Steglujan Trijardy XR
GLP-1 AGONISTS		Ozempic (QL) Rybelsus (QL) Bydureon (QL) Bydureon BCise (QL) Byetta (QL) Trulicity (QL) Victoza (QL)		Adlyxin
INSULINS, RAPID-ACTING		Humalog (QL) Lyumjev (QL)	Afrezza (PA) Fiasp (QL, ST)	Admelog Apidra insulin aspart (authorized generic) insulin Lispro (authorized generic) Novolog
INSULINS, SHORT-ACTING		Humulin (QL)		Novolin
INSULINS, LONG-ACTING		Lantus (QL) Levemir (QL) Toujeo (QL) Tresiba (QL)		Basaglar Semglee
INSULIN (LONG-ACTING) AND GLP-1 AGONIST COMBINATIONS		Soliqua (QL, ST) Xultophy (QL, ST)		
DIABETIC SUPPLIES		Abbott diabetic supplies (Precision, FreeStyle, FreeStyle Neo) (QL)		All non-Abbott manufacturers of diabetic test strips and meters
ENDOCRINE				
ANDROGENS	me-testosterone (PA) testosterone cypionate (PA) testosterone enanthate (PA) testosterone gel (PA) testosterone solution (PA)		Androderm patch (PA) Jatenzo (PA) Methitest (PA) Striant (PA) Xyosted (PA)	Natesto
ESTROGENS/ESTROGEN MODIFIERS	estradiol estradiol patch (QL) estradiol/norethindrone estropipate medroxyprogesterone	Combipatch (QL) Crinone Duavee Estring (QL) Intrarosa (QL) Menest	Cenestin Climara Pro (QL) Enjuvia Femring (QL, ST) Imvexxy (QL, ST) Prefest	Estrogel

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	norethindrone ac-eth estradiol progesterone, micronized	Osphena (QL) Premarin Premphase Prempro		
ELECTROLYTE REGULATION		Lokelma	Veltassa (PA)	
OSTEOPOROSIS AGENTS	alendronate (QL on solution) calcitonin, synthetic ibandronate raloxifene (QL) risedronate (QL, ST) risedronate DR (QL, ST)	Forteo (PA) Tymlos (PA)		Binosto teriparatide
GASTROINTESTINAL				
IRRITABLE BOWEL & CONSTIPATION	Lubiprostone (QL, ST)	Linzess (QL) Movantik (QL)		Amitiza Motegrity Symproic Trulance Zelnorm
INFLAMMATORY BOWEL DISEASE AGENTS	balsalazide disodium mesalamine ER sulfasalazine	Lialda Pentasa		Mesalamine DR Dipentum
PANCREATIC ENZYMES		Creon Zenpep		Pancreaze Pertzeye
INFLAMMATORY DISEASE				
AUTOIMMUNE AGENTS	methotrexate	Otrexup (QL)		Rasuvo
PAIN MANAGEMENT				
OPIOIDS - FENTANYL	fentanyl citrate (QL)			Abstral Fentora Lazanda Onsolis Subsys
HEADACHE/ MIGRAINE TREATMENT	almotriptan (QL, ST) eletriptan (QL, ST) frovatriptan (QL, ST) naratriptan (QL) rizatriptan (QL) sumatriptan (QL) zolmitriptan (QL, ST)	Aimovig (PA) Emgality (PA) Ubrovelvy (PA) Reyvow (PA) Nurtec ODT (PA)		Ajovy Onzetra Xsail Tosymra Treximet Zembrace Symtouch Zomig Nasal
RESPIRATORY				
BETA-AGONISTS, SHORT-ACTING (SABA)	albuterol HFA levalbuterol HFA	ProAir RespiClick (ST)		ProAir DigiHaler ProAir HFA Proventil HFA Ventolin HFA Xopenex HFA
INHALED CORTICOSTEROIDS (ICS)		Arnuity Ellipta (QL) Flovent Diskus/HFA (QL) QVAR Redihaler (QL)	Asmanex (QL, ST) Pulmicort Flexhaler (QL, ST)	Aerospan Alvesco Armonair RespiClick Armonair DigiClick
INHALED CORTICOSTEROID/LO		Advair Diskus/HFA (QL)		Airduo (brand and authorized generic)

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NG-ACTING BETA AGONIST (ICS/LABA) COMBINATIONS		Breo Ellipta (QL) Symbicort (QL)		Airduo Respiclick Airduo Digihaler Budesonide/formoterol (authorized generic) Dulera Fluticasone-Salmeterol (generic) Wixela Inhub (brand and authorized generic)
INHALED LONG-ACTING BETA AGONIST (LABA)		Perforomist (QL) Serevent Diskus (QL) Striverdi Respimat (QL)	Arcapta (QL, ST) Brovana (QL) Foradil (QL, ST)	
INHALED LONG-ACTING MUSCARINIC ANTAGONISTS (LAMA)		Spiriva Handihaler (QL) Spiriva Respimat (QL) Incruse Ellipta (QL)	Lonhala Magnair (QL)	Seebri Neohaler Tudorza Pressair Yupelri
INHALED LONG-ACTING MUSCARINIC ANTAGONISTS AND LONG-ACTING BETA AGONIST (LAMA/LABA) COMBINATIONS		Anoro Ellipta (QL) Stiolto Respimat (QL)		Duaklir Pressair Utibron Neohaler Bevespi Aerosphere
INHALED CORTICOSTEROID, LONG-ACTING MUSCARINIC ANTAGONIST, AND LONG-ACTING BETA AGONIST (ICS/LAMA/LABA) COMBINATIONS		Trelegy Ellipta (QL) Breztri Aerosphere (QL)		
ANTI-LEUKOTRIENES	montelukast zafirlukast			Zyflo Zyflo CR
SPECIALTY				
ANEMIA AGENTS		Retacrit (PA)	Aranesp (PA) Epogen (PA) Mircera (PA) Procrit (PA)	
ASTHMA BIOLOGICS		Dupixent (PA) Fasenra (PA) Nucala (PA)	Xolair (PA)	
AUTOIMMUNE AGENTS		Cosentyx (PA) Enbrel (PA) Humira (PA) Otezla (PA) Rinvoq (PA) Skyrizi (PA) Stelara (PA) Tremfya (PA) Xeljanz (PA) Xeljanz XR (PA)	Actemra (PA) Cimzia (PA) Inflectra (PA) Orencia (PA) Remicade (PA) Renflexis (PA) Siliq (PA) Simponi 100 mg (PA) Simponi Aria (PA)	Ilumya Kevzara Kineret Olumiant Simponi 50 mg Taltz
GROWTH HORMONES		Norditropin (PA)	Serostim (PA) Zorbtive (PA)	Genotropin Humatrope

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				Nutropin AQ NuSpin Omnitrope Saizen Zomacton
HEMATOLOGICAL DISORDERS-LEUKOCYTE (WBC) STIMULANTS		Nivestym (PA) Nyvepria (PA)	Fulphila (PA) Granix (PA) Neulasta (PA) Neulasta Onpro (PA) Neupogen (PA) Udenyca (PA) Zarxio (PA) Ziextenzo (PA)	
HEPATITIS C AGENTS		Epclusa (PA) Harvoni (PA) Vosevi (PA) Mavyret (PA)	Sovaldi (PA)	Viekira Pak Viekira XR Zepatier Ledipasvir-sofosbuvir Sofosbuvir-velpatasvir
MULTIPLE SCLEROSIS AGENTS	Glatopa (PA) glatiramer (PA) dimethyl fumarate (PA)	Aubagio (PA) Avonex (PA) Betaseron (PA) Copaxone (PA) Gilenya (PA) Mavenclad (PA) Mayzent (PA) Plegridy (PA) Rebif (PA) Rebif Rebidose (PA) Vumerity (PA) Kesimpta Pen (PA)	Zeposia (PA)	Extavia Bafiertam Tecfidera Ponvory
ONCOLOGY AGENTS – HORMONE RECEPTOR-POSITIVE BREAST CANCER		Ibrance (PA) Verzenio (PA)	Kisqali (PA) Kisqali/Femara Co-pack (PA)	

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
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

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