

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.**

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| 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 |

PDL DRUG CATEGORY	GENERIC	PREFERRED BRAND	NON-PREFERRED BRAND	EXCLUDED
ALLERGY				
NASAL CORTICOSTEROIDS	OTC budesonide flunisolide (QL) fluticasone (QL) mometasone (QL) OTC triamcinolone	Qnasl (QL)	Dymista (QL, ST)	Beconase AQ Omnaris Ticanase Xhance Zetonna
OPHTHALMIC ANTIHISTAMINES	azelastine (QL) olopatadine (QL)			Bepreve Emadine Lastacaft Pazeo
BEHAVIORAL HEALTH				
ADHD AGENTS	dextroamphetamine/ amphetamine methylphenidate (QL) dexmethylphenidate (QL)	Adderall XR (QL, AGE) Concerta (QL, AGE) Quillichew (QL, AGE) Quillivant (QL, AGE) Vyvanse (QL, AGE)	Daytrana (QL, ST, AGE) Dynavel XR (QL, ST, AGE) Zenzedi (QL, ST, AGE)	Adzenys ER Adzenys XR-ODT Aptensio XR Cotempla XR-ODT Mydayis
ANTIPSYCHOTICS	aripiprazole (QL) aripiprazole ODT/ oral solution (QL) clozapine (QL) clozapine ODT (QL) olanzapine (QL) quetiapine IR/ER (QL) risperidone (QL) ziprasidone (QL)	Latuda (QL) Rexulti (QL) Saphris (QL) Vraylar (QL)	Abilify Mycite (PA) Fanapt (QL) Fazaclor (QL) Invega (QL) Versacloz (QL)	

PDL DRUG CATEGORY	GENERIC	PREFERRED BRAND	NON-PREFERRED BRAND	EXCLUDED
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) Folipid (PA) Zypitamag (QL, ST)	
ANTICOAGULANTS		Eliquis (QL) Xarelto (QL)	Bevyxxa (QL) Savaysa (QL, ST)	Pradaxa
DERMATOLOGY				
ACTINIC KERATOSIS AGENTS	Diclofenac 3% (QL) Fluorouracil 5%	Picato (QL) Tolak	Carac 0.5% (brand and generic) (PA) Fluoroplex	Zyclara
DIABETES				
DPP-4 INHIBITORS		Januvia (QL) Janumet (QL) Janumet XR (QL) Jentadueto (QL) Jentadueto XR (QL) Tradjenta (QL)		Kazano Kombiglyze XR Nesina Onglyza Oseni
SGLT-2 INHIBITORS		Farxiga (QL, ST) Jardiance (QL, ST) Synjardy (QL, ST) Synjardy XR (QL, ST) Xigduo XR (QL, ST)		Invokana Invokamet Invokamet XR Segluromet Steglatro
DPP-4 INHIBITOR AND SGLT-2 INHIBITOR COMBINATIONS		Glyxambi (QL, ST)		Qtern Steglujan
GLP-1 AGONISTS		Bydureon (QL, ST) Bydureon BCise (QL, ST) Byetta (QL, ST) Trulicity (QL, ST)	Victoza (QL, ST)	Adlyxin Ozempic
INSULINS, RAPID-ACTING		Humalog (QL)	Afrezza (PA, QL) Fiasp (QL, ST)	Admelog Apidra Novolog
INSULINS, SHORT-ACTING		Humulin (QL)		Novolin
INSULINS, LONG-ACTING		Lantus (QL) Levemir (QL) Toujeo (QL) Tresiba (QL)		Basaglar
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)		Androderm patch (PA) Methitest (PA) Striant (PA)	Natesto

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	testosterone enanthate (PA) testosterone gel (PA) testosterone solution (PA)		Xyosted (PA)	
ESTROGENS/ESTROGEN MODIFIERS	estradiol estradiol patch estradiol/norethindrone estropiate medroxyprogesterone norethindrone ac-eth estradiol progesterone, micronized	Combipatch (QL) Crinone Duavee Estring (QL) Intrarosa (QL) Menest Osphena (QL) Premarin Premphase Prempo	Cenestin Climara Pro (QL) Enjuvia Femring (QL, ST) Femtrace Imvexxy (QL) Prefest	
ELECTROLYTE REGULATION		Lokelma	Veltassa (PA)	
OSTEOPOROSIS AGENTS	alendronate (QL on solution) calcitonin ibandronate raloxifene (QL) risedronate risedronate DR	Forteo (PA, QL) Tymlos (PA)		Binosto
GASTROINTESTINAL				
IRRITABLE BOWEL & CONSTIPATION		Linzess (QL) Movantik (QL)	Amitiza (QL, ST)	Motegrity Symproic Trulance
INFLAMMATORY BOWEL DISEASE AGENTS	balsalazide disodium sulfasalazine	Apriso Lialda Pentasa		Delzicol Dipentum
PANCREATIC ENZYMES		Creon Zenpep		Pancreaze Pertzze
PAIN MANAGEMENT				
FENTANYL	fentanyl citrate			Abstral Fentora Lazanda Onsolis Subsys
MIGRAINE TREATMENT		Aimovig (PA) Emgality (PA)		Ajovy
RESPIRATORY				
BETA-AGONISTS, SHORT-ACTING (SABA)		ProAir HFA ProAir RespiClick Ventolin HFA		levalbuterol tartrate Proventil HFA (brand and authorized generic) Xopenex HFA
INHALED CORTICOSTEROIDS (ICS)		Arnuity Ellipta (QL) Flovent Diskus/HFA (QL) Qvar Redihaler (QL)	Asmanex (QL, ST) Pulmicort (QL, ST)	Aerospan Alvesco Armonair RespiClick
INHALED CORTICOSTEROID/LONG-ACTING BETA AGONIST (ICS/LABA) COMBINATIONS		Advair Diskus/HFA (QL) Breo Ellipta (QL) Dulera (QL) Symbicort (QL)		Airduo RespiClick (brand and authorized generic)
INHALED LONG-ACTING BETA AGONIST (LABA)		Perforomist (QL) Serevent Diskus (QL) Striverdi Respimat (QL)	Arcapta (QL, ST) Brovana (QL)	
INHALED LONG-ACTING MUSCARINIC ANTAGONISTS (LAMA)		Incruse Ellipta (QL) Spiriva Handihaler (QL) Spiriva Respimat (QL)	Lonhala Magnair (QL)	Seebri Neohaler Tudorza Pressair Yupelri

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INHALED LONG-ACTING MUSCARINIC ANTAGONISTS AND LONG-ACTING BETA AGONIST (LAMA/LABA) COMBINATIONS		Anoro Ellipta (QL) Bevespi Aerosphere (QL) Stiolto Respimat (QL)		Utibron Neohaler
INHALED CORTICOSTEROID, LONG-ACTING MUSCARINIC ANTAGONIST, AND LONG-ACTING BETA AGONIST (ICS/LAMA/LABA) COMBINATIONS		Trelegy Ellipta (QL)		
ANTI-LEUKOTRIENES	montelukast zafirlukast			Zyflo Zyflo CR
SPECIALTY				
ANEMIA AGENTS		Procrit (PA)	Aranesp (PA) Epogen (PA) Mircera (PA) Retacrit (PA)	
AUTOIMMUNE AGENTS		Actemra (PA) Cosentyx (PA) Enbrel (PA) Humira (PA) Otezla (PA) Simponi 100 mg (PA) Stelara (PA) Tremfya (PA) Xeljanz (PA) Xeljanz XR (PA)	Cimzia (PA) Inflectra (PA) Kineret (PA) Orencia (PA) Remicade (PA) Renflexis (PA) Siliq (PA)	Kevzara Olumiant Simponi 50 mg Taltz
GROWTH HORMONES		Norditropin (PA)	Serostim (PA) Zorbtive (PA)	Genotropin Humatrope Nutropin Nutropin AQ Omnitrope Saizen Zomacton
HEMATOLOGICAL DISORDERS- LEUKOCYTE (WBC) STIMULANTS		Granix (PA) Neulasta (PA) Fulphila (PA)	Neulasta Onpro Neupogen (PA) Nivestym (PA) Udenyca (PA) Zarxio (PA)	
HEPATITIS C AGENTS		Epclusa (PA) Harvoni (PA) Mavyret (PA) Vosevi (PA)	Sovaldi (PA)	Daklinza Technivie Viekira Pak Viekira XR Zepatier
MULTIPLE SCLEROSIS AGENTS	Glatopa (PA) Glatiramer (PA)	Avonex (PA) Gilenya (PA) Plegridy (PA) Rebif (PA) Rebif Rebidose (PA) Tecfidera (PA)	Ampyra (PA) Aubagio (PA) Betaseron (PA)	Extavia
ONCOLOGY AGENTS – BREAST CANCER		Ibrance (PA) Verzenio (PA)	Kisqali (PA) Kisqali/Femara Co-pack (PA)	
PCSK9 INHIBITORS		Praluent (PA) Repatha (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