

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
Impotency drugs

Mifeprex®
Non-sedating antihistamines
Non-sedating antihistamine combination products
Ostomy supplies
Penlac®
Reusable needles
Reusable syringes

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

\$15 = Generics (Tier 1)
\$40 = Preferred Brands (Tier 2)
\$60 = Nonpreferred Brands (Tier 3)

PDL THERAPEUTIC DRUG CATEGORIES

Preferred Generic	Preferred Brand	Non-Preferred
Allergy – Nasal Corticosteroids		
budesonide (QL, ST) flunisolide (QL) fluticasone (QL) triamcinolone (QL)	Nasonex (QL) Qnasl (QL)	Beconase AQ (QL, ST) Dymista (QL, ST) Omnaris (QL, ST) Veramyst (QL, ST) Zetonna (QL, ST)
Antidepressants		
amitriptyline bupropion SR/XL citalopram desvenlafaxine succinate ER (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) Trintellix (QL) Viibryd (QL)	Desvenlafaxine fumarate ER (QL) Emsam (QL) Irenka (QL) Khedezla (QL) Luvox CR (QL) Olepro ER (QL) Sarafem
Antimigraine Agents		
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) Allzital (QL, ST) Axert (QL, ST) Bupap (QL, ST) Cambia (QL) Ergomar (QL) Frova (QL, ST) Relpax (QL, ST) Sumavel DosePro (QL, ST)
Anti-Psychotics		
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)
Anti-Ulcer / Gastrointestinal Agents		
cimetidine esomeprazole magnesium (QL) esomeprazole strontium (QL, ST) famotidine lansoprazole lansoprazole/amoxicil/clarithro (QL) metoclopramide omeprazole capsules (Rx only) omeprazole/sod bicarbonate (QL, ST) pantoprazole rabeprazole (QL) ranitidine (Rx only) sucralfate	Linzess (QL) Movantik (QL)	Aciphex Sprinkle (QL, ST) Amitiza (ST, QL) Cholbam (PA) Dexilant (QL, ST) Helidac Protonix Granule Packet (ST) Symproic (QL, ST) Trulance (QL, ST)

Preferred Generic	Preferred Brand	Non-Preferred
Asthma/COPD		
albuterol/ipratropium budesonide respules (QL) cromolyn ipratropium levalbuterol hcl soln levalbuterol tartrate montelukast theophylline	Advair Diskus (QL) Advair HFA (QL) Anoro Ellipta (QL) Arnuity Ellipta (QL) Atrovent HFA (QL) Breo Ellipta (QL) Combivent RespiMat Daliresp (QL, ST) Dulera (QL) Flovent Diskus (QL) Flovent HFA (QL) Perforomist (QL) ProAir HFA ProAir RespiClick QVAR (QL) Serevent Diskus (QL) Spiriva (QL) Spiriva RespiMat (QL) Stiolto RespiMat (QL) Striverdi RespiMat (QL) Symbicort (QL) Trelegy Ellipta (QL) Ventolin HFA	Aerospan (QL, ST) AirDuo RespiClick (QL) Alvesco (QL, ST) Arcapta (QL, ST) Armonair RespiClick (QL, ST) Asmanex HFA (QL, ST) Asmanex Twisthaler (QL, ST) Bevespi Aerosphere (QL, ST) Brovana (QL) Foradil (QL, ST) Incruse Ellipta (QL, ST) Lonhala Magnair (QL) Nucala (PA) Proventil HFA Pulmicort Flexhaler (QL, ST) Seebri Neohaler (QL, ST) Tudorza (QL, ST) Utibron Neohaler (QL, ST) Xopenex HFA
Cardiovascular – ACE Inhibitors / ARBs / ARNI / Combinations		
benazepril benazepril/HCTZ candesartan candesartan/HCTZ enalapril enalapril/HCTZ eprosartan irbesartan irbesartan/HCTZ lisinopril lisinopril/HCTZ losartan losartan/HCTZ olmesartan olmesartan/amlodipine olmesartan/HCTZ olmesartan/HCTZ/ amlodipine quinapril quinapril/HCTZ ramipril telmisartan telmisartan/amlodipine telmisartan/HCTZ valsartan valsartan/HCTZ	Edarbi Edarbyclor Entresto (QL)	Amturide (PA) Epaned (QL, ST) Tekamlo (PA) Tekturna (PA) Tekturna HCT (PA) Qbrelis (QL, ST)
Cardiovascular – Beta Blockers / Combinations / Alternatives		
atenolol atenolol/chlorthalidone carvedilol metoprolol tartrate metoprolol tartrate/HCTZ metoprolol succinate propranolol propranolol/HCTZ	Bystolic Coreg CR Corlanor (PA, QL) Byvalson	Inderal XL (ST) Levotal
Cardiovascular – Calcium Channel Blockers / Combinations		
amlodipine amlodipine/benazepril amlodipine/valsartan amlodipine/valsartan/HCTZ diltiazem, CD, ER felodipine nifedipine/SA nisoldipine verapamil verapamil LA		Cardene SR Covera-HS Dynacirc CR

Preferred Generic	Preferred Brand	Non-Preferred
Contraceptives		
Apri Aviane Fayosim Gianvi, Loryna, or Vestura (ST) Gildess Fe Kariva Larin Fe Levora-28 Low-Ogestrel medroxyprogesterone acetate (QL) Mibelas 24FE Microgestin Fe Tarina Fe Norethin-eth estra ferrous fum Nortrel Ocella, Syeda, or Zarah (ST) Plan B One Step Rivelsa 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 Fe Nuvaring (QL, ST) Ortho Tri-Cyclen Lo (ST) Seasonale (QL, ST) Yasmin (ST) Yaz (ST)	Beyaz (ST) Lo-Seasonique (QL) Natazia (ST) Safyral (ST) Seasonique (QL) Taytulla (ST)
Diabetes Agents		
glimepiride glipizide glipizide/metformin glyburide glyburide/metformin metformin metformin ER miglitol nateglinide pioglitazone pioglitazone/glimepiride (ST) pioglitazone/metformin (ST) repaglinide repaglinide/metformin HCl	BCise (QL) Bydureon (QL) Byetta (QL) Farxiga (QL, 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) Janumet (QL) Janumet XR (QL) Januvia (QL) Jentadueto (QL) Jardiance (QL, ST) Lantus (QL) Levemir (QL) Soliqua (QL, ST) Synjardy (QL, ST) Synjardy XR (QL, ST) Toujeo (QL) Tradjenta (QL) Tresiba (QL) Trulicity (QL, ST) Xigduo XR (QL, ST) Xultophy (QL, ST)	Adlyxin (QL, ST) Afrezza (PA, QL) Apidra (QL, ST) Avandamet (ST) Avandaryl (ST) Avandia (ST) Basaglar (QL, ST) Cycloset (ST) Fiasp (QL, ST) Fortamet (ST) Invokana (QL, ST) Invokamet (QL, ST) Kazano (QL, ST) Kombiglyze XR (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) Ozempic (QL, ST) Qtern (QL, ST) Steglatro (QL, ST) Steglujan (QL, ST) Tanzeum (QL, ST) Victoza (QL, ST)
Diabetes Diagnostics		
	Preferred Abbott diabetic supplies (Precision and FreeStyle brand) (QL) Freestyle Libre receiver(PA)	All non-Abbott diabetic supplies (i.e. Contour, Breeze, OneTouch brand) (QL, ST) Dexcom monitor (PA)
Genitourinary Agents-Benign Prostatic Hyperplasia		
alfuzosin doxazosin dutasteride dutasteride/tamsulosin HCl (ST) finasteride tamsulosin terazosin		Cialis 2.5mg, 5mg (PA, QL) Rapaflo (ST)
Genitourinary Agents-Overactive Bladder		
darifenacin	Myrbetriq	

Preferred Generic	Preferred Brand	Non-Preferred
oxybutynin oxybutynin ER tolterodine tartrate trospium chloride trospium chloride ER	Toviaz Vesicare	Gelnique Oxytrol
Glaucoma Agents		
betaxolol bimatoprost 0.03% (QL) brimonidine tartrate dorzolamide latanoprost levobunolol timolol timolol/dorzolamide travoprost (QL)	Azopt Combigan Lumigan 0.01% (QL) Simbrinza Travatan Z (QL)	Betimol Betoptic S Cosopt PF (QL) Timoptic Ocudose (QL, ST) Zioptan (QL, ST)
Hormone Replacement		
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) Androgel 1% (PA) Androgel 1.62% (PA) Axiron (PA) Combipatch (QL) Crinone Duavee Menest Premarin Premphase Prempro Testred (PA)	Android (PA) Androderm 2 & 4mg (PA) Cenestin Climara Pro (QL) Enjuvia Estring (QL) Estrogel Femtrace Fortesta (PA) Methitest (PA) Natesto (PA) Prefest Striant (PA) Testim (PA)
Lipid Lowering Agents		
amlodipine/atorvastatin (QL) atorvastatin (QL) cholestyramine colestipol ezetimibe (QL) fenofibrate fenofibrate/micronized/nanocrystallized fenofibric acid/choline fluvastatin (QL, ST) gemfibrozil lovastatin (QL) niacin ER (Rx only) (ST) omega-3 ethyl esters (QL) pravastatin (QL) rosuvastatin (QL) simvastatin (QL)(ST on 80mg) simvastatin/ezetimibe (QL, ST on 80mg)	Livalo (QL) Praluent (PA) Repatha (PA) Vascepa (QL) Welchol	Altoprev (QL, ST) Lescol XL (QL, ST) Flolipid (PA) Zypitamag (ST, QL)
Non-Steroidal Anti-Inflammatory Agents		
celecoxib diclofenac sodium ibuprofen indomethacin meloxicam nambumetone naproxen	Voltaren gel	Vimovo (ST) Zorvolex (QL, ST)
Opioid Dependency Agents		
buprenorphine/naloxone SL tabs (CU, QL) buprenorphine (PA, CU, QL)	Suboxone Film (CU, QL) Zubsolv (CU, QL)	Bunavail (CU, QL) Sublocade (PA)
Osteoporosis Agents		
alendronate (QL on solution) calcitonin, salmon, synthetic ibandronate 150mg raloxifene (QL)	Forteo (QL, PA) Tymlos (PA)	Actionel (QL, ST) Atelvia (QL, ST) Fortical

Preferred Generic	Preferred Brand	Non-Preferred
Seizure Disorder		
carbamazepine	Carbatrol	Aptiom (QL)
clonazepam	Tegretol/XR	Banzel (QL)
diazepam	Klonopin	Briviact tab/solution (QL)
divalproex sodium	Diastat (QL)	Celontin
ethosuximide	Depakote/ER/Sprinkle	Felbatol (QL)
felbamate (QL)	Zarontin	Fycompa (QL)
gabapentin	Neurontin	Gabitril (QL)
lamotrigine (QL)	Lamictal	Keppra XR
levetiracetam	Keppra	Lamictal XR (QL)
oxcarbazepine	Trileptal	Lamictal ODT (QL)
phenytoin (extended)	Dilantin-125	Onfi (QL)
primidone	Dilantin Chew Tab	Oxtellar XR (QL)
tiagabine (QL)	Dilantin	Peganone
topiramate	Phenytek	Qudexy XR (QL)
valproate sodium/valproic acid	Mysoline	Roweepra XR
vigabatrin (QL)	Roweepra	Sabril (QL)
zonisamide	Topamax	Spritam (QL)
	Trokendi XR (QL)	SmartRx Gaba-V Kit
	Depakene	SmartRx Gaba Kit
	Syrup/Capsules	Active-Pac
	Vimpat Tablet/Solution (QL)	Vimpat 50mg-100mg DS PK
	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.