

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	Adderall XR (QL) Concerta (QL, ST) Quillichew (QL) Quillivant (QL) Vyvanse (QL)	Daytrana (QL, ST) Dynavel XR (QL, ST) Zenedi (QL, ST)	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)	Fanapt (QL) Fazaclo (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) Pradaxa (QL, ST) Savaysa (QL, ST)	
DERMATOLOGY				
TOPICAL ACNE AGENTS	clindamycin/tretinoin	Ziana		Veltin
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) Abbott FreestyleLibre CGM (PA)	Dexcom CGM (G4, G5, G6) (PA)	All non-Abbott manufacturers of diabetic test strips and meters
ENDOCRINE				
ANDROGENS	me-testosterone (PA) testosterone solution (PA) testosterone cypionate (PA) testosterone enanthate	Androgel (PA)	Androderm patch (PA)	Fortesta Natesto Testim Vogelxo

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	(PA)			
ESTROGENS	estradiol estradiol patch estradiol/norethindrone estropiate medroxyprogesterone norethindrone ac-eth estradiol progesterone, micronized	Combipatch (QL) Crinone Duavee Menest Premarin Premphase Prempro	Cenestin Climara Pro (QL) Enjuvia Estring (QL) Femtrace Prefest Striant (PA)	
OSTEOPOROSIS AGENTS	alendronate (QL on solution) calcitonin ibandronate raloxifene (QL) risedronate risedronate DR	Forteo (PA, QL) Tymlos (PA)		Binosto
WEIGHT REDUCTION	phentermine phendimetrazine diethylpropion topiramate		Belviq (PA) Belviq XR (PA) Contrave (PA) Saxenda (PA)	Qsymia
GASTROINTESTINAL				
IRRITABLE BOWEL & CONSTIPATION		Linzess (QL) Movantik (QL)	Amitiza (QL, ST)	Symproic Trulance
INFLAMMATORY BOWEL DISEASE AGENTS	balsalazide disodium sulfasalazine	Apriso Lialda Pentasa		Delzicol Dipentum
PANCREATIC ENZYMES		Creon Zenpep		Pancreaze Pertzye
GENITOURINARY				
DRUGS TO TREAT IMPOTENCY	sildenafil	Viagra	Cialis 2.5, 5 mg (PA, QL) Cialis 10, 20 mg (QL, ST)	Levitra Staxyn Stendra
PAIN MANAGEMENT				
BUPRENORPHINE-CONTAINING PRODUCTS	buprenorphine/naloxone (CU, QL) buprenorphine sublingual (QL) buprenorphine transdermal (QL)	Suboxone (CU, QL) Zubsolv (CU, QL)	Bunavail (CU, QL)	Belbuca
FENTANYL	fentanyl citrate			Abstral Fentora Lazanda Onsolis Subsys
MORPHINE	morphine sulfate ER			Kadian
RESPIRATORY				
ANAPHYLAXIS TREATMENT AGENTS	epinephrine autoinjector (QL)	EpiPen (QL)	Adrenaclick (QL) Auvi-Q (QL)	
BETA-AGONISTS, SHORT-ACTING (SABA)		ProAir HFA ProAir RespiClick Ventolin HFA		levalbuterol tartrate Proventil HFA Xopenex HFA
INHALED CORTICOSTEROIDS (ICS)		Arnuity Ellipta (QL) Flovent Diskus/HFA (QL) Qvar (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		Perforomist (QL)	Arcapta (QL, ST)	

PDL DRUG CATEGORY	GENERIC	PREFERRED BRAND	NON-PREFERRED BRAND	EXCLUDED
BETA AGONIST (LABA)		Serevent Diskus (QL) Striverdi Respimat (QL)	Brovana (QL)	
INHALED LONG-ACTING MUSCARINIC ANTAGONISTS (LAMA)		Spiriva Handihaler (QL) Spiriva Respimat (QL) Incruse Ellipta (QL)	Lonhala Magnair (QL)	Seebri Neohaler Tudorza Pressair
INHALED LONG-ACTING MUSCARINIC ANTAGONISTS AND LONG-ACTING BETA AGONIST (LAMA/LABA) COMBINATIONS		Anoro Ellipta (QL) Stiolto Respimat (QL) Bevespi Aerosphere (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		Cosentyx (PA) Enbrel (PA) Humira (PA) Otezla (PA, ST) Stelara (PA)	Actemra (PA) Inflectra (PA) Kineret (PA) Orencia (PA) Remicade (PA) Renflexis (PA) Siliq (PA) Simponi 100 mg (PA) Tremfya (PA) Xeljanz (PA) Xeljanz XR (PA)	Cimzia Kevzara Olumiant Simponi 50 mg Taltz
GROWTH HORMONES		Norditropin (PA) Omnitrope (PA)	Serostim (PA) Zorbtive (PA)	Genotropin Humatrope Nutropin Nutropin AQ Saizen Zomacton
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)	Aubagio (PA) Avonex (PA) Copaxone (PA) Gilenya (PA) Plegridy (PA) Rebif (PA) Rebif Rebidose (PA) Tecfidera (PA)	Ampyra (PA) Betaseron (PA)	Extavia
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