

What is the MedImpact Preferred Drug List (PDL)?

The PDL is a list of commonly prescribed medications within select classes of drugs covered by your prescription drug plan. The PDL was created to promote clinically appropriate utilization of medications in a cost-effective manner.

Who decides what medications make up the PDL?

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.

Are the medications listed on the PDL the only drugs my physician can prescribe for me?

No. The PDL is a select list of commonly prescribed drugs and does not represent all preferred formulary medications available under your plan. The PDL does not limit your prescription coverage, but is provided to encourage the use of preferred generic and brand name drugs within major therapeutic drug classes (e.g., Cardiovascular, Diabetes, etc.). For complete formulary information, visit your Plan website or refer to the phone number listed on your benefit card.

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.

Please note: The MedImpact PDL is subject to change due to updates and availability of generic alternatives. Please refer to the MedImpact web site at www.medimpact.com for the most up-to-date PDL. The PDL is not a complete list of formulary drugs; therefore, you should refer to your plan for a complete drug list and details of any additional coverage or quantity limit restrictions that may apply to certain medications.

PDL DRUG CATEGORY	GENERIC	PREFERRED BRAND	NON-PREFERRED BRAND	EXCLUDED
ALLERGY				
NASAL CORTICOSTEROIDS	budesonide (QL, ST) flunisolide (QL) fluticasone (QL) triamcinolone (QL)	Nasonex (QL) 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) 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)	

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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) Tadjenta (QL)		Kazano Kombiglyze XR Nesina Onglyza Oseni
SGLT-2 INHIBITORS		Invokana (QL, ST) Invokamet (QL, ST) Invokamet XR (QL, ST) Jardiance (QL, ST) Synjardy (QL, ST) Synjardy XR (QL, ST)		Farxiga Segluromet Steglatro Xigduo XR
DPP-4 INHIBITOR AND SGLT-2 INHIBITOR COMBINATIONS		Glyxambi (QL, ST)		Qtern Steglujan
GLP-1 AGONISTS		Trulicity (QL, ST) Victoza (QL, ST)		Adlyxin Bydureon Bydureon BCise Byetta 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) Toujeo (QL)		Basaglar Levemir Tresiba
INSULIN (LONG-ACTING) AND GLP-1 AGONIST COMBINATIONS		Soliqua (QL, ST) Xultophy (QL, ST)		
DIABETIC SUPPLIES		Preferred Abbott diabetic supplies (Precision, FreeStyle, FreeStyle Neo) (QL) Abbott FreestyleLibre CGM		All non-Abbott manufacturers of diabetic test strips and meters
ENDOCRINE				
ANDROGENS	me-testosterone 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 Prempo	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	EpiPen	Adrenaclick	Auvi-Q
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)	

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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 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)	
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		Eplclusa (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)		

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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