



# MedPerform Medium – Preferred Drug List (PDL)

July 1, 2021

## 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.

## 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](http://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 BRAND
<b>ALLERGY</b>				
NASAL CORTICOSTEROIDS	azelastine/fluticasone (QL, ST) OTC budesonide flunisolide (QL) fluticasone (QL) mometasone (QL) OTC triamcinolone	Qnasl (QL) Xhance (QL, ST)		Beconase AQ Dymista Omnaris Ticanase Zetonna
OPHTHALMIC ANTIHISTAMINES	azelastine olopatadine (QL)			Bepreve Emadine Lastacaft Pazeo
<b>BEHAVIORAL HEALTH</b>				
ADHD AGENTS	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 Cotempla XR-ODT dextroamphetamine/amphetamine XR Evekeo methylphenidate ER Jornay PM Qelbree

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				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
<b>CARDIOVASCULAR</b>				
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)		
<b>DERMATOLOGY</b>				
ACTINIC KERATOSIS AGENTS	diclofenac 3% (QL) fluorouracil 0.5% (PA) fluorouracil 5%	Picato (QL) Tolak	Fluoroplex	Zyclara Carac 0.5%
<b>DIABETES</b>				
DPP-4 INHIBITORS		Januvia (QL) Janumet (QL) Janumet XR (QL)		alogliptin alogliptin/metformin alogliptin/pioglitazone Jentadueto Jentadueto XR Tradjenta 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

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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)	Admelog Apidra Fiasp insulin aspart (authorized generic) insulin Lispro (authorized generic) Novolog
INSULINS, SHORT-ACTING		Humulin (QL)		Novolin
INSULINS, LONG-ACTING		Basaglar (QL) Levemir (QL) Tresiba (QL)		Lantus Semglee Toujeo
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
<b>ENDOCRINE</b>				
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 norethindrone ac-eth estradiol progesterone, micronized	Combipatch (QL) Crinone Duavee Estring (QL) Intrarosa (QL) Menest Osphena (QL) Premarin Premphase Prempro	Cenestin Climara Pro (QL) Enjuvia Femring (QL, ST) Imvexxy (QL, ST) Prefest	Estrogel
FERTILITY AGENTS (IF COVERED)		Cetrotide Endometrin Gonal-F Menopur Novarel Ovidrel	Chorionic gonadotropin (ST) Crinone (ST) Follistim AQ (ST) Granirelix (ST) Pregnyl (ST)	
ELECTROLYTE REGULATION		Lokelma	Veltassa (PA)	

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OSTEOPOROSIS AGENTS	alendronate (QL on solution) calcitonin, synthetic ibandronate raloxifene (QL) risedronate (QL, ST) risedronate DR (QL, ST)	Forteo (PA) Tymlos (PA)		Binosto teriparatide
WEIGHT REDUCTION (IF COVERED)	phentermine phendimetrazine diethylpropion topiramate	Contrave (PA) Saxenda (PA)	Xenical (PA)	Qsymia Wegovy
<b>GASTROINTESTINAL</b>				
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 Pertzye
<b>GENITOURINARY</b>				
DRUGS TO TREAT IMPOTENCY	sildenafil (QL) tadalafil 2.5mg, 5 mg (PA, QL) tadalafil 10 mg, 20 mg (QL)			Stendra vardenafil
<b>INFLAMMATORY DISEASE</b>				
AUTOIMMUNE AGENTS	methotrexate	Otrexup (QL)		Rasuvo
<b>PAIN MANAGEMENT</b>				
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) Ubrelvy (PA) Reyvow (PA) Nurtec ODT (PA)		Ajovy Onzetra Xsail Tosymra Treximet Zembrace Symtouch Zomig Nasal
<b>RESPIRATORY</b>				
BETA-AGONISTS, SHORT-ACTING (SABA)	albuterol HFA levalbuterol HFA	ProAir RespiClick (ST)		ProAir DigiHaler ProAir HFA Proventil HFA Ventolin HFA
INHALED CORTICOSTEROIDS (ICS)		Arnuity Ellipta (QL) Flovent Diskus/HFA (QL)		Aerospan Alvesco Armonair RespiClick Armonair DigiClick Asmanex

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				Pulmicort Flexhaler Qvar Redihaler
INHALED CORTICOSTEROID/LONG-ACTING BETA AGONIST (ICS/LABA) COMBINATIONS		Advair Diskus/HFA (QL) Breo Ellipta (QL) Symbicort (QL)		Airduo (brand and authorized generic) 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)	Lonhala Magnair (QL)	Incruse Ellipta 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
<b>SPECIALTY</b>				
ANEMIA AGENTS		Procrit (PA)	Aranesp (PA) Epogen (PA) Mircera (PA) Retacrit (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) Simponi 100 mg (PA) Simponi Aria (PA)	Ilumya Kevzara Kineret Olumiant Siliq Simponi 50 mg Taltz

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GROWTH HORMONES		Norditropin (PA)	Serostim (PA) Zorbtive (PA)	Genotropin Humatrope Nutropin AQ NuSpin Omnitrope Saizen Zomacton
HEMATOLOGICAL DISORDERS-LEUKOCYTE (WBC) STIMULANTS		Granix (PA) Neulasta (PA) Fulphila (PA)	Neulasta Onpro (PA) Neupogen (PA) Nivestym (PA) Udenyca (PA) Zarxio (PA) Ziextenzo (PA)	
HEPATITIS C AGENTS		Eplclusa (PA) Harvoni (PA) Vosevi (PA)	Sovaldi (PA) Mavyret (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):**

<b>AGE</b>	Age Edit	Coverage may depend on patient age.
<b>CU</b>	Concurrent Use Edit	Coverage or lack thereof may depend upon concurrent use of another drug
<b>PA</b>	Prior Authorization	Requires specific physician request process.
<b>QL</b>	Quantity Limit	Coverage may be limited to specific quantities per prescription and/or time period.
<b>ST</b>	Step Therapy	Coverage depends on previous use of another drug

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