

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 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	OTC budesonide flunisolide (QL) fluticasone (QL) mometasone (QL) OTC triamcinolone	Qnasl (QL, ST)	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)	Adderall XR (QL) Concerta (QL,AGE) Quillichew (QL, ST) Quillivant (QL, ST) Vyvanse (QL, ST)	Daytrana (QL) Dynavel XR (QL) Zenzedi (QL)	Adzenys ER Adzenys XR-ODT Aptensio XR Cotempla XR-ODT Mydayis
ANTIPSYCHOTICS	aripiprazole (QL) aripiprazole ODT/oral solution (QL, ST) clozapine (QL) clozapine ODT (QL, ST) olanzapine (QL) quetiapine IR/XR (QL) risperidone (QL) ziprasidone (QL)	Latuda (QL, ST) Rexulti (QL, ST) Saphris (QL, ST) Vraylar (QL, ST)	Abilify Mycite (QL) Fanapt (QL, ST) Fazaclo (QL, ST) Invega (QL, ST) Versacloz (QL, ST)	
CARDIOVASCULAR				
LIPID-LOWERING AGENTS	atorvastatin (QL) ezetimibe (QL) fluvastatin IR/ER (QL,ST) lovastatin IR/ER (QL) pravastatin (QL)	Livalo (QL)	Altoprev (QL, ST) Folipid (PA) Zypitamag (QL, ST)	

PDL DRUG CATEGORY	GENERIC	PREFERRED BRAND	NON-PREFERRED BRAND	EXCLUDED
	rosuvastatin (QL) simvastatin (QL) (ST on 80mg) simvastatin/ezetimibe (QL) (ST on 80mg)			
ANTICOAGULANTS		Eliquis (QL) Xarelto (QL)	Bevyxxa (QL) Pradaxa (QL, ST) Savaysa (QL, ST)	
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) Abbott Freestyle CGM (PA)	Dexcom CGM (G4, G5, G6) (PA)	All non-Abbott manufacturers of diabetic test strips and meters
ENDOCRINE				
ANDROGENS	me-testosterone (PA) testosterone cypionate (PA) testosterone enanthate (PA) testosterone gel (PA) testosterone solution (PA)		Androderm patch (PA) Xyosted (PA)	Fortesta Natesto Testim Vogelxo
ESTROGENS	estradiol	Combipatch (QL)	Cenestin	

PDL DRUG CATEGORY	GENERIC	PREFERRED BRAND	NON-PREFERRED BRAND	EXCLUDED
	estradiol patch estradiol/norethindrone estropipate medroxyprogesterone norethindrone ac-eth estradiol progesterone, micronized	Crinone Duavee Menest Premarin Premphase Prempro	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 Pertzeye
GENITOURINARY				
DRUGS TO TREAT IMPOTENCY	Sildenafil tadalafil 2.5mg, 5 mg (PA, QL) tadalafil 10 mg, 20 mg (QL, ST)			Stendra vardenafil
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
RESPIRATORY				
ANAPHYLAXIS TREATMENT AGENTS	epinephrine autoinjector (QL)	EpiPen (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 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)	Arcapta (QL, ST) Brovana (QL)	

PDL DRUG CATEGORY	GENERIC	PREFERRED BRAND	NON-PREFERRED BRAND	EXCLUDED
		Striverdi Respimat (QL)		
INHALED LONG-ACTING MUSCARINIC ANTAGONISTS (LAMA)		Incruse Ellipta (QL) Spiriva Handihaler (QL) Spiriva Respimat (QL)	Lonhala Magnair (QL) Yupelri (QL)	Seebri Neohaler Tudorza Pressair
INHALED LONG-ACTING MUSCARINIC ANTAGONIST/ 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		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 100mg (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		Eplusa (PA) Harvoni (PA) Mavyret (PA) Vosevi (PA)	Sovaldi (PA)	Daklinza Technivie Viekira Pak Viekira XR Zepatier
MULTIPLE SCLEROSIS AGENTS	Glatopa (PA) Glatiramer (PA)	Aubagio (PA) Avonex (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

