

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
ALLERGY			
NASAL CORTICOSTEROIDS	OTC budesonide flunisolide (QL) fluticasone (QL) mometasone (QL) OTC triamcinolone	Qnasl (QL) Xhance (QL, ST)	Beconase AQ (QL, ST) Dymista (QL, ST) Omnaris (QL, ST) Ticanase (QL) Zetonna (QL, ST)
OPHTHALMIC ANTIHISTAMINES	azelastine (QL) olopatadine (QL)		Bepreve (QL, ST) Emadine (QL, ST) Lastacaft (QL, ST) Pazeo (QL, ST)
BEHAVIORAL HEALTH			
ADHD AGENTS	dextroamphetamine/ amphetamine (QL) methylphenidate (QL) dexmethylphenidate (QL)	Adderall XR (QL) Concerta (QL) Quillichew (QL) Quillivant (QL) Vyvanse (QL)	Adhansia XR (QL,ST) Adzenys ER (QL, ST) Adzenys XR-ODT (QL, ST) Aptensio XR (QL, ST) Cotempla XR-ODT (QL, ST) Daytrana (QL, ST) Dyanavel XR (QL, ST) Evekeo ODT (QL,ST) Jornay PM (QL, ST) Mydayis (QL, ST) Relexxii (QL, ST) Zenedi (QL, ST)
ANTIPSYCHOTICS	aripiprazole, ODT/ oral solution (QL) clozapine (QL) olanzapine (QL) paliperidone (QL) quetiapine IR/XR (QL) risperidone (QL) ziprasidone (QL)	Latuda (QL) Rexulti (QL) Saphris (QL) Vraylar (QL)	Abilify Mycite (PA) Fanapt (QL) Fazaclor (QL) Versacloz (QL)
CARDIOVASCULAR			

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LIPID-LOWERING AGENTS	atorvastatin (QL) ezetimibe (QL) fluvastatin IR/ER (QL, ST) lovastatin (QL) pravastatin (QL) rosuvastatin (QL) simvastatin (QL) (ST on 80mg) simvastatin/ezetimibe (QL, ST on 80mg)	Livalo (QL)	Altoprev (QL, ST) Ezallor Sprinkle (QL) Folipid (PA) Zypitamag (QL, ST)
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 (QL, ST)
DIABETES			
DPP-4 INHIBITORS		Januvia (QL) Janumet (QL) Janumet XR (QL) Jentaduetto (QL) Jentaduetto XR (QL) Tradjenta (QL)	Kazano (QL, ST) Kombiglyze XR (QL, ST) Nesina (QL, ST) Onglyza (QL, ST) Oseni (QL, ST)
SGLT-2 INHIBITORS		Farxiga (QL, ST) Jardiance (QL, ST) Synjardy (QL,ST) Synjardy XR (QL, ST) Xigduo XR (QL, ST)	Invokana (QL, ST) Invokamet (QL,ST) Invokamet XR (QL,ST) Segluromet (QL, ST) Steglatro (QL, ST)
SGLT-2/DPP-4 INHIBITOR COMBINATIONS		Glyxambi (QL,ST)	Qtern (QL, ST) Steglujan (QL, ST)
GLP-1 AGONISTS		Bydureon (QL, ST) Bydureon BCise (QL, ST) Byetta (QL, ST) Trulicity (QL, ST)	Adlyxin (QL, ST) Ozempic (QL, ST) Victoza (QL, ST) (no step age <18)
INSULINS, RAPID-ACTING	Insulin lispro (QL)		Admelog (QL, ST) Afrezza (PA,QL) Apidra (QL, ST) Fiasp (QL, ST) Novolog (QL, ST)
INSULINS, SHORT-ACTING		Humulin (QL)	Novolin (QL, ST)
INSULINS, LONG-ACTING		Lantus (QL) Levemir (QL) Toujeo (QL) Tresiba (QL)	Basaglar (QL, ST)
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)	All non-Abbott diabetic supplies (e.g., Contour, Breeze, OneTouch brand) (QL, ST)
ENDOCRINE			
ANDROGENS	me-testosterone (PA) testosterone cypionate (PA) testosterone enanthate (PA) testosterone gel (PA) testosteronesolution (PA)		Androderm patch (PA) Methitest (PA) Natesto (PA) Striant (PA) Xyosted (PA)

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ESTROGENS/ESTROGEN MODIFIERS	estradiol estradiol patches (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) Femtrace Imvexxy (QL) Prefest
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)
OSTEOPOROSIS AGENTS	alendronate (QL on solution) calcitonin, synthetic ibandronate raloxifene (QL) risedronate (QL, ST) risedronate DR (QL, ST)	Forteo (QL, PA) Tymlos (PA)	Binosto (QL, ST)
WEIGHT REDUCTION (IF COVERED)	phentermine phendimetrazine diethylpropion topiramate	Contrave (PA)	Belviq (PA) Belviq XR (PA) Qsymia (PA) Saxenda (PA) Xenical (PA)
GASTROINTESTINAL			
IRRITABLE BOWEL & CONSTIPATION		Linzess (QL) Movantik (QL)	Amitiza (QL, ST) Motegrity (QL,ST) Symproic (QL, ST) Trulance (QL, ST) Zelnorm (QL,ST)
INFLAMMATORY BOWEL DISEASE AGENTS	balsalazide disodium mesalmine DR (ST) sulfasalazine	Apriso Lialda Pentasa	Dipentum (ST)
PANCREATIC ENZYMES		Creon Zenpep	Pancreaze Pertzey
GENITOURINARY			
DRUGS TO TREAT IMPOTENCY	Sildenafil (QL) Tadalafil 2.5mg, 5 mg (PA, QL) Tadalafil 10 mg, 20 mg (QL, ST) Vardenafil (QL, ST)		Stendra (QL, ST)
PAIN MANAGEMENT			
FENTANYL	fentanyl citrate (QL)		Abstral (PA) Fentora (PA) Lazanda (PA) Onsolis (PA) Subsys (PA)
HEADACHE/MIGRAINE TREATMENT		Aimovig (PA) Emgality (PA)	Ajovy (PA)
RESPIRATORY			
BETA-AGONISTS, SHORT-ACTING (SABA)		ProAir HFA ProAir RespiClick Ventolin HFA	levalbuterol tartrate Proventil HFA (brand and authorized generic) Xopenex HFA
INHALED CORTICOSTEROIDS (ICS)		Arnuity Ellipta (QL) Flovent Diskus/HFA (QL)	Aerospan (QL, ST) Alvesco (QL, ST)

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		Qvar Redihaler (QL)	Armonair RespiClick (QL, ST) Asmanex (QL, ST) Pulmicort (QL, ST)
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) Striverdi Respimat (QL)	Arcapta (QL, ST) Brovana (QL) Foradil (QL, ST)
INHALED LONG-ACTING MUSCARINIC ANTAGONISTS (LAMA)		Incruse Ellipta (QL) Spiriva Handihaler (QL) Spiriva Respimat (QL)	Lonhala Magnair (QL) Seebri Neohaler (QL, ST) Tudorza Pressair (QL, ST) Yupelri (QL, ST)
INHALED LONG-ACTING MUSCARINIC ANTAGONISTS AND LONG-ACTING BETA AGONIST (LAMA/LABA) COMBINATIONS		Anoro Ellipta (QL) Bevespi Aerosphere (QL) Stiolto Respimat (QL)	Utibron Neohaler (QL, ST)
INHALED CORTICOSTEROID, LONG-ACTING MUSCARINIC ANTAGONIST, AND LONG-ACTING BETA AGONIST (ICS/LAMA/LABA) COMBINATIONS		Trelegy Ellipta (QL)	
ANTI-LEUKOTRIENES	montelukast zafirlukast		Zyflo (QL, ST) Zyflo CR (QL, ST)
SPECIALTY			
ANEMIA AGENTS		Procrit (PA)	Aranesp (PA) Epogen (PA) Mircera (PA) Retacrit (PA)
AUTOIMMUNE AGENTS		Actemra (PA) Cosentyx (PA) Enbrel (PA) Humira (PA) Otezla (PA) Otrexup (QL) Rinvoq (PA) Simponi 100 mg (PA) Skyrizi (PA) Stelara (PA) Tremfya (PA) Xeljanz (PA) Xeljanz XR (PA)	Cimzia (PA) Inflectra (PA) Kevzara (PA) Kineret (PA) Olumiant (PA) Orencia (PA) Rasuvo (ST) Remicade (PA) Renflexis (PA) Siliq (PA) Simponi 50 mg (PA) Simponi Aria (PA) Taltz (PA)
GROWTH HORMONES		Norditropin (PA)	Genotropin (PA) Humatrope (PA) Nutropin AQ NuSpin (PA) Omnitrope (PA) Saizen (PA) Serostim (PA) Zomacton (PA) Zorbtive (PA)
HEMATOLOGICAL DISORDERS-LEUKOCYTE (WBC) STIMULANTS		Granix (PA) Neulasta (PA) Fulphila (PA)	Neulasta Onpro (PA) Neupogen (PA) Nivestym (PA) Udenyca (PA) Zarxio (PA)
HEPATITIS C AGENTS		Epclusa (PA) Harvoni (PA) Mavyret (PA) Vosevi (PA)	Daklinza (PA) Sovaldi (PA) Technivie (PA) Viekira Pak (PA)

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			Viekira XR (PA) Zepatier (PA)
MULTIPLE SCLEROSIS AGENTS	Glatopa (PA) Glatiramer (PA)	Avonex (PA) Copaxone (PA) Gilenya (PA) Plegridy (PA) Rebif (PA) Rebif Rebidose (PA) Tecfidera (PA)	Ampyra (PA) Aubagio (PA) Betaseron (PA) Extavia (PA) Mavenclad (PA) Mayzent (PA)
ONCOLOGY AGENTS- BREAST CANCER		Ibrance (PA) Verzenio (PA)	Kisqali (PA) Kisqali/Femara Co-pack (PA)
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