



**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
<b>ALLERGY</b>				
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
<b>BEHAVIORAL HEALTH</b>				
ADHD AGENTS	dextroamphetamine/ amphetamine methylphenidate (QL) dexamethylphenidate (QL)	Adderall XR (QL) Concerta (QL) Quillichew (QL, ST) Quillivant (QL, ST) Relexxii (QL) 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 (PA) Fanapt (QL, ST) Fazaclo (QL, ST) Invega (QL, ST) Versacloz (QL, ST)	
<b>CARDIOVASCULAR</b>				
LIPID-LOWERING AGENTS	atorvastatin (QL) ezetimibe (QL) fluvastatin IR/ER (QL,ST) lovastatin IR/ER (QL)	Livalo (QL)	Altoprev (QL, ST) Folipid (PA) Zypitamag (QL, ST)	



PDL DRUG CATEGORY	GENERIC	PREFERRED BRAND	NON-PREFERRED BRAND	EXCLUDED
	pravastatin (QL) rosuvastatin (QL) simvastatin (QL) (ST on 80mg) simvastatin/ezetimibe (QL) (ST on 80mg)			
ANTICOAGULANTS		Eliquis (QL) Xarelto (QL)	Bevyxxa (QL) Savaysa (QL, ST)	Pradaxa
<b>DERMATOLOGY</b>				
ACTINIC KERATOSIS AGENTS	Diclofenac 3% (QL) Fluorouracil 5%	Picato (QL) Tolak	Carac 0.5% (brand and generic) (PA) Fluoroplex	Zyclara
<b>DIABETES</b>				
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)		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) Methitest (PA) Striant (PA)Xyosted (PA)	Natesto



PDL DRUG CATEGORY	GENERIC	PREFERRED BRAND	NON-PREFERRED BRAND	EXCLUDED
ESTROGENS/ESTROGEN MODIFIERS	estradiol estradiol patch estradiol/norethindrone estropipate medroxyprogesterone norethindrone ac-eth estradiol progesterone, micronized	Combipatch (QL) Crinone Duavee Estring (QL) Intrarosa (QL) Menest Osphena (QL) Premarin Premphase Prempo	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 ibandronate raloxifene (QL) risedronate risedronate DR	Forteo (PA, QL) Tymlos (PA)		Binosto
WEIGHT REDUCTION (IF COVERED)	phentermine phendimetrazine diethylpropion topiramate	Contrave (PA)	Xenical (PA)	Belviq Belviq XR Qsymia Saxenda
<b>GASTROINTESTINAL</b>				
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		Pancrease Pertzye
<b>GENITOURINARY</b>				
DRUGS TO TREAT IMPOTENCY	Sildenafil tadalafil 2.5mg, 5 mg (PA, QL) tadalafil 10 mg, 20 mg (QL, ST)			Stendra vardenafil
<b>PAIN MANAGEMENT</b>				
FENTANYL	fentanyl citrate			Abstral Fentora Lazanda Onsolis Subsys
MIGRAINE TREATMENT		Aimovig (PA) Emgality (PA)		Ajovy
<b>RESPIRATORY</b>				
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



PDL DRUG CATEGORY	GENERIC	PREFERRED BRAND	NON-PREFERRED BRAND	EXCLUDED
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)	
INHALED LONG-ACTING MUSCARINIC ANTAGONISTS (LAMA)		Incruse Ellipta (QL) Spiriva Handihaler (QL) Spiriva Respimat (QL)	Lonhala Magnair (QL)	Seebri Neohaler Tudorza Pressair Yupelri
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
<b>SPECIALTY</b>				
ANEMIA AGENTS		Procrit (PA)	Aranesp (PA) Epogen (PA) Mircera (PA) Retacrit (PA)	
AUTOIMMUNE AGENTS		Actemra (PA) Cosentyx (PA) Enbrel (PA) Humira (PA) Otezla (PA, Simponi 100 mg (PA) Stelara (PA) Xeljanz (PA) Xeljanz XR (PA)	Cimzia (PA) Inflectra (PA) Kineret (PA) Orencia (PA) Remicade (PA) Renflexis (PA) Siliq (PA) Tremfya (PA)	Kevzara Olumiant Simponi 50 mg Taltz
GROWTH HORMONES		Norditropin (PA)	Serostim (PA) Zorbtive (PA)	Genotropin Humatrope Nutropin Nutropin AQ 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)	
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) Glatiramer (PA)	Avonex (PA) Gilenya (PA) Plegridy (PA) Rebif (PA) Rebif Rebidose (PA) Tecfidera (PA)	Ampyra (PA) Aubagio (PA) Betaseron (PA)	Extavia



PDL DRUG CATEGORY	GENERIC	PREFERRED BRAND	NON-PREFERRED BRAND	EXCLUDED
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):**

<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