



MEDIMPACT PREFERRED DRUG LIST (PDL)

MEDPERFORM® PREMIER

July 1, 2026

[medimpact.com](https://www.medimpact.com)

Copyright © 2025. MedImpact Healthcare Systems, Inc.

This document is confidential and proprietary to MedImpact and contains material MedImpact may consider Trade Secrets. This document is intended for specified use by Business Partners of MedImpact under permission by MedImpact and may not otherwise be used, reproduced, transmitted, published, or disclosed to others without prior written authorization. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document.



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.

Are there any restrictions on coverage of drugs on the formulary?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits are noted throughout the Formulary listing using the following symbols:

Symbol	Guideline	Description
PA	Prior Authorization	Requires specific physician request and clinical criteria be met for prescription to be covered
QL	Quantity Limit	Prescription quantity limits for specific drugs and/or time period needed for coverage
ST	Step Therapy	Coverage requires a trial of certain clinically appropriate alternative drug(s) before obtaining the prescribed drug
SP	Specialty Drug	Coverage may require dispensing from a specialty pharmacy. Specialty copay/coinsurance applies according to benefit plan

Tier Benefit Design

A tier benefit design is where a member is responsible for a portion of the cost of a prescription drug based on the drug's tier and copayment or coinsurance. Specialty drugs may be covered at a higher copay or coinsurance. Per the Affordable Care Act (ACA), some medications qualify as preventive under the Essential Health Benefit (EHB). If available on the plan, EHB medications will be covered without cost share (\$0 copay for members). The following is an example of a formulary tier design:

- Tier 0: EHB
- Tier 1: Generic medications
- Tier 2: Preferred brand medications (formulary agents)
- Tier 3: Non-preferred brand medications (non-formulary agents)
- Tier X: Formulary Exclusions



How do I get the greatest benefit from my PDL?

- Ask your physician to prescribe generic medications whenever possible.
- 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. 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.



Drug	Tier Status	Specialty	Prior Authorization	Step Therapy	Quantity Limits
Allergy					
Antihistamines - 1St Generation					
<i>hydroxyzine hcl</i>	1				
<i>hydroxyzine pamoate</i>	1				
Antihistamines - 2Nd Generation					
<i>cetirizine</i>	1				
<i>levocetirizine oral solution</i>	1				
<i>levocetirizine oral tablet</i>	1				
Nasal Antihistamine					
<i>azelastine</i>	1				
<i>olopatadine</i>	1				
Nasal Antihistamine & Anti-Inflam. Steroid Comb.					
<i>azelastine-fluticasone</i>	1				QL
RYALTRIS	X				
Nasal Anti-Inflammatory Steroids					
<i>flunisolide</i>	1				QL
<i>fluticasone propionate</i>	1				
<i>mometasone</i>	1				
QNASL	2				QL
XHANCE	2				QL
Antiemesis/Antivertigo					
Antiemetic/Antivertigo Agents					
<i>ondansetron hcl oral solution</i>	1				QL
<i>ondansetron hcl oral tablet</i>	1				
<i>ondansetron oral tablet, disintegrating 16 mg</i>	X				
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	1				

Drug	Tier Status	Specialty	Prior Authorization	Step Therapy	Quantity Limits
Asthma And Copd					
5-Lipoxygenase Inhibitors					
<i>zileuton</i>	X				
Anticholinergic, Orally Inhaled Short Acting					
ATROVENT HFA	2				QL
<i>ipratropium bromide inhalation hfa aerosol inhaler</i>	X				
<i>ipratropium bromide inhalation solution</i>	1				
Anticholinergics, Orally Inhaled Long Acting					
INCRUSE ELLIPTA	2				QL
SPIRIVA RESPIMAT	2				QL
<i>tiotropium bromide</i>	1				QL
TUDORZA PRESSAIR	X				
<i>umeclidinium</i>	X				
YUPELRI	3				QL
Beta-Adrenergic Agents					
<i>albuterol sulfate</i>	1				
Beta-Adrenergic Agents, Inhaled, Short Acting					
<i>albuterol hfa 90 mcg inhaler</i>	1				QL
<i>albuterol hfa 90 mcg inhaler</i>	1				QL
<i>albuterol hfa 90 mcg inhaler</i>	1				
<i>albuterol hfa 90 mcg inhaler</i>	1				QL
<i>albuterol sulfate inhalation solution for nebulization</i>	1				
<i>levalbuterol hcl</i>	1				
<i>levalbuterol tartrate</i>	1				
PROAIR RESPICLICK	X				

PDL Premier Formulary

07/01/2026

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Tier Status	Specialty	Prior Authorization	Step Therapy	Quantity Limits
Beta-Adrenergic Agents, Orally Inhaled, Long Acting					
<i>arformoterol</i>	1				QL
<i>formoterol fumarate</i>	1				QL
SEREVENT DISKUS	2				QL
Beta-Adrenergic And Anticholinergic Combinations					
ANORO ELLIPTA	2				QL
BEVESPI AEROSPHERE	X				
COMBIVENT RESPIMAT	2				
DUAKLIR PRESSAIR	X				
<i>ipratropium-albuterol</i>	1				
STIOLTO RESPIMAT	2				QL
<i>umeclidinium-vilanterol</i>	X				
Beta-Adrenergic And Glucocorticoid Combinations					
ADVAIR HFA	2				QL
AIRSUPRA	2				QL
BREO ELLIPTA	2				QL
<i>breyna</i>	1				QL
<i>budesonide-formoterol</i>	1				QL
DULERA	2				QL
<i>fluticasone furoate-vilanterol</i>	X				
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated</i>	1				QL
<i>fluticasone propion-salmeterol inhalation blister with device</i>	1				QL
<i>fluticasone propion-salmeterol inhalation hfa aerosol inhaler</i>	X				
<i>wixela inhub</i>	1				QL

Drug	Tier Status	Specialty	Prior Authorization	Step Therapy	Quantity Limits
Beta-Adrenergic-Anticholinergic-Glucocort, Inhaled					
TRELEGY ELLIPTA	2				QL
Glucocorticoids, Orally Inhaled					
ALVESCO	X				
ARNUITY ELLIPTA	2				QL
ASMANEX HFA	2				QL
ASMANEX TWISTHALER	2				QL
<i>beclomethasone dipropionate</i>	X				
<i>budesonide</i>	1				QL
<i>fluticasone furoate</i>	X				
<i>fluticasone propionate</i>	1				QL
PULMICORT FLEXHALER	X				
QVAR REDHALER	2				QL
Interleukin-4(II-4) Receptor Alpha Antagonist, Mab					
DUPIXENT PEN	2	SP	PA		
DUPIXENT SYRINGE	2	SP	PA		
Leukotriene Receptor Antagonists					
<i>montelukast</i>	1				
<i>zafirlukast</i>	1				
Monoclonal Antibodies To Immunoglobulin E(Ige)					
XOLAIR	2	SP	PA		
Xanthines					
<i>caffeine citrate</i>	1				
Behavioral Health - Antidepressants					
Alpha-2 Receptor Antagonist Antidepressants					
<i>mirtazapine</i>	1				
Norepinephrine And Dopamine Reuptake Inhib (Ndris)					
<i>bupropion hcl oral tablet</i>	1				

PDL Premier Formulary

07/01/2026

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Tier Status	Specialty	Prior Authorization	Step Therapy	Quantity Limits
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	1				
<i>bupropion hcl oral tablet extended release 24 hr 450 mg</i>	1				QL
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	1				
Selective Serotonin Reuptake Inhibitor (Ssris)					
<i>citalopram oral capsule</i>	X				
<i>citalopram oral solution</i>	1				
<i>citalopram oral tablet</i>	1				
<i>escitalopram oxalate oral capsule</i>	X				
<i>escitalopram oxalate oral solution</i>	1				
<i>escitalopram oxalate oral tablet</i>	1				
<i>fluoxetine</i>	1				
<i>paroxetine hcl</i>	1				
<i>sertraline oral capsule</i>	X				
<i>sertraline oral concentrate</i>	1				
<i>sertraline oral tablet</i>	1				
Serotonin-2 Antagonist/Reuptake Inhibitors (Sarls)					
RALDESY	3		PA		
<i>trazodone</i>	1				
Serotonin-Norepinephrine Reuptake-Inhib (Snris)					
<i>desvenlafaxine succinate</i>	1				
DRIZALMA SPRINKLE	3				QL
<i>duloxetine oral capsule, delayed release(drlec) 20 mg, 30 mg, 60 mg</i>	1				
<i>duloxetine oral capsule, delayed release(drlec) 40 mg</i>	1				QL
<i>venlafaxine</i>	1				
Ssri & 5HT1a Partial Agonist Antidepressant					
<i>vilazodone</i>	1				

Drug	Tier Status	Specialty	Prior Authorization	Step Therapy	Quantity Limits
Ssri & Serotonin Receptor Modulator Antidepressant					
TRINTELLIX	2				QL
Tricyclic Antidepressants & Rel. Non-SEL. Ru-Inhib					
<i>amitriptyline</i>	1				
<i>nortriptyline</i>	1				
Behavioral Health - Other					
Adrenergics, Aromatic, Non-Catecholamine					
<i>amphetamine</i>	X				
<i>amphetamine sulfate</i>	1				QL
ARYNTA	3		PA		QL
<i>dextroamphetamine sulfate oral capsule, extended release</i>	1				QL
<i>dextroamphetamine sulfate oral solution</i>	1				QL
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	1				QL
<i>dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 20 mg, 30 mg, 7.5 mg</i>	1				QL
<i>dextroamphetamine-amphetamine</i>	1				QL
DYANAVAL XR	X				
<i>lisdexamfetamine</i>	1				QL
<i>methamphetamine</i>	1				QL
XELSTRYM	X				
ZENZEDI	3				QL
Anti-Anxiety - Benzodiazepines					
<i>alprazolam</i>	1				
ALPRAZOLAM INTENSOL	2				
<i>diazepam</i>	1				
<i>diazepam intensol</i>	1				

PDL Premier Formulary

07/01/2026

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Tier Status	Specialty	Prior Authorization	Step Therapy	Quantity Limits
<i>lorazepam</i>	1				
<i>lorazepam intensol</i>	1				
LOREEV XR	X				
Anti-Anxiety Drugs					
<i>bupirone</i>	1				
Antipsych,Dopamine Antag.,Diphenylbutylpiperidines					
<i>pimozide</i>	1				
Antipsychotic-Atypical,D3/D2 Partial Ag-5Ht Mixed					
VRAYLAR	2				QL
Antipsychotics, Atyp, D2 Partial Agonist/5Ht Mixed					
ABILIFY ASIMTUFI	2				QL
ABILIFY MAINTENA	2				QL
<i>aripiprazole oral solution</i>	1				
<i>aripiprazole oral tablet</i>	1				
<i>aripiprazole oral tablet,disintegrating</i>	1				QL
ARISTADA	2				QL
ARISTADA INITIO	2				
OPIPZA	3				
REXULTI	2				QL
Antipsychotics, Dopamine & Serotonin Antagonists					
ADASUVE	2	SP			
<i>loxapine succinate</i>	1				
Antipsychotics,Atypical,Dopamine,& Serotonin Antag					
<i>asenapine maleate</i>	1				QL
BYSANTI	X				
BYSANTI TITRATION PACK A	X				
BYSANTI TITRATION PACK B	X				

Drug	Tier Status	Specialty	Prior Authorization	Step Therapy	Quantity Limits
BYSANTI TITRATION PACK C	X				
CAPLYTA	2				QL
<i>clozapine oral tablet</i>	1				
<i>clozapine oral tablet,disintegrating</i>	1				QL
ERZOFRI	3				QL
FANAPT	3				QL
FANAPT TITRATION PACK A	3				QL
FANAPT TITRATION PACK B	3				QL
FANAPT TITRATION PACK C	3				QL
INVEGA HAFYERA	2				QL
INVEGA SUSTENNA	2				QL
INVEGA TRINZA	2				QL
<i>lurasidone</i>	1				
LYBALVI	3				QL
<i>olanzapine</i>	1				
<i>paliperidone</i>	1				QL
PERSERIS	3				QL
<i>quetiapine</i>	1				
<i>risperidone</i>	1				
<i>risperidone microspheres</i>	1				QL
RYKINDO	2				QL
SECUADO	3				QL
UZEDY	2				QL
VERSACLOZ	3				QL
<i>ziprasidone hcl</i>	1				
ZYPREXA RELPREVV	3				QL
Antipsychotics,Dopamine Antagonists, Thioxanthenes					
<i>thiothixene</i>	1				

PDL Premier Formulary

07/01/2026

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Tier Status	Specialty	Prior Authorization	Step Therapy	Quantity Limits
Antipsychotics,Dopamine Antagonists,Butyrophenones					
<i>haloperidol</i>	1				
<i>haloperidol lactate</i>	1				
Antipsychotics,Dopamine Antagonist,Dihydroindolones					
<i>molindone oral tablet 10 mg, 25 mg</i>	1				QL
<i>molindone oral tablet 5 mg</i>	1				
Anti-Psychotics,Phenothiazines					
<i>chlorpromazine</i>	1				
<i>fluphenazine hcl</i>	1				
<i>perphenazine</i>	1				
<i>thioridazine</i>	1				
<i>trifluoperazine</i>	1				
Hsdd Agents-Mixed Serotonin Agonist/Antagonists					
ADDYI	3		PA		
VYLEESI	3		PA		
Narcotic Antagonists					
LOTREXONE	3				
NALTREX	3				
<i>naltrexone</i>	1				
Sedative-Hypnotics,Non-Barbiturate					
EDLUAR	X				
<i>eszopiclone</i>	1				QL
<i>zolpidem oral</i>	1				QL
<i>zolpidem sublingual</i>	1				QL
Selective Serotonin 5-Ht2a Inverse Agonists (Ssia)					
NUPLAZID	3	SP	PA		
Tx For Adhd - Selective Alpha-2A Receptor Agonist					
<i>clonidine hcl</i>	1				

Drug	Tier Status	Specialty	Prior Authorization	Step Therapy	Quantity Limits
<i>guanfacine</i>	1				
ONYDA XR	3				QL
Tx For Attention Deficit-Hyperact(Adhd)/Narcolepsy					
AZSTARYS	2				QL
COTEMPLA XR-ODT	X				
<i>dexmethylphenidate</i>	1				QL
JORNAY PM	2				QL
<i>methylphenidate</i>	1				QL
<i>methylphenidate hcl oral cap,er sprinkle,biphasic 40-60</i>	X				
<i>methylphenidate hcl oral capsule,er biphasic 30-70</i>	1				QL
<i>methylphenidate hcl oral capsule,er biphasic 50-50</i>	1				QL
<i>methylphenidate hcl oral solution</i>	1				
<i>methylphenidate hcl oral tablet</i>	1				QL
<i>methylphenidate hcl oral tablet extended release</i>	1				QL
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	1				QL
<i>methylphenidate hcl oral tablet extended release 24hr 45 mg, 63 mg, 72 mg</i>	X				
<i>methylphenidate hcl oral tablet, chewable</i>	1				QL
QUILLICHEW ER	3				QL
QUILLIVANT XR 25 MG/5 ML SUSP	3				QL
QUILLIVANT XR 25 MG/5 ML SUSP	3				QL

PDL Premier Formulary

07/01/2026

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Tier Status	Specialty	Prior Authorization	Step Therapy	Quantity Limits
QUILLIVANT XR 25 MG/5 ML SUSP	3				QL
QUILLIVANT XR 25 MG/5 ML SUSP	3				QL
RELEXXII	X				
Tx For Attention Deficit-Hyperact.(Adhd), Nri-Type					
<i>atomoxetine</i>	1				
QELBREE	3				QL
Cardiovascular Disease - Hypertension					
Ace Inhibitor/Calcium Channel Blocker Combination					
<i>amlodipine-benazepril</i>	1				
Ace Inhibitor/Thiazide & Thiazide-Like Diuretic					
<i>lisinopril-hydrochlorothiazide</i>	1				
Alpha/Beta-Adrenergic Blocking Agents					
<i>carvedilol</i>	1				
<i>labetalol</i>	1				
Alpha-Adrenergic Blocking Agents					
<i>prazosin</i>	1				
Angiotensin Receptor Antag./Thiazide Diuretic Comb					
<i>losartan-hydrochlorothiazide</i>	1				
<i>olmesartan-hydrochlorothiazide</i>	1				
<i>valsartan-hydrochlorothiazide</i>	1				
Antihypertensives, Ace Inhibitors					
<i>lisinopril</i>	1				
QBRELIS	3		PA		
Antihypertensives, Angiotensin Receptor Antagonist					
ARBLI	3		PA		

Drug	Tier Status	Specialty	Prior Authorization	Step Therapy	Quantity Limits
<i>irbesartan</i>	1				
<i>losartan</i>	1				
<i>olmesartan</i>	1				
<i>valsartan oral solution</i>	X				
<i>valsartan oral tablet</i>	1				
Antihypertensives, Sympatholytic					
<i>clonidine hcl oral tablet 0.05 mg</i>	X				
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1				
<i>clonidine hcl oral tablet extended release 24 hr</i>	X				
<i>guanfacine</i>	1				
JAVADIN	3		PA		QL
Antihypertensives, Vasodilators					
<i>hydralazine</i>	1				
<i>minoxidil</i>	1				
Beta-Adrenergic Blocking Agents					
<i>atenolol</i>	1				
HEMANGEOL	3				QL
INDERAL XL	X				
INNOPRAN XL	X				
KAPSPARGO SPRINKLE	3				
LOPRESSOR	3		PA		
<i>metoprolol succinate</i>	1				
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1				
METOPROLOL TARTRATE ORAL TABLET 12.5 MG	3				QL
<i>nebivolol</i>	1				
<i>propranolol</i>	1				

PDL Premier Formulary

07/01/2026

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Tier Status	Specialty	Prior Authorization	Step Therapy	Quantity Limits
Calcium Channel Blocking Agents					
<i>amlodipine</i>	1				
<i>cartia xt</i>	1				
<i>diltiazem hcl</i>	1				
<i>dilt-xr</i>	1				
<i>matzim la</i>	1				
<i>nifedipine</i>	1				
NORLIQVA	3		PA		
SDAMLO	X				
<i>tiadytl er</i>	1				
Loop Diuretics					
FUROSCIX	3	SP	PA		
<i>furosemide</i>	1				
Potassium Sparing Diuretics					
<i>spironolactone oral suspension</i>	1		PA		
<i>spironolactone oral tablet</i>	1				
Potassium Sparing Diuretics In Combination					
<i>triamterene-hydrochlorothiazid</i>	1				
Pulm.Anti-Htn, Sel.C-Gmp Phosphodiesterase T5 Inhib					
<i>alyq</i>	1	SP	PA		QL
<i>sildenafil (pulm.hypertension)</i>	1		PA		
<i>tadalafil (pulm. hypertension)</i>	1	SP	PA		QL
TADLIQ	X				
Thiazide And Related Diuretics					
<i>chlorthalidone</i>	1				
HEMICLOR	3				
<i>hydrochlorothiazide</i>	1				
INZIRQO	3		PA		
THALITONE	3				

Drug	Tier Status	Specialty	Prior Authorization	Step Therapy	Quantity Limits
Cardiovascular Disease - Lipid Irregularity					
Antihyperlip.Hmg Coa Reduct Inhib&Cholest.Ab.Inhib					
<i>ezetimibe-rosuvastatin</i>	1				QL
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg</i>	1				
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i>	1		PA		QL
ROSZET	3				QL
Antihyperlipidemic - Atp Citrate Lyase Inhibitor					
NEXLETOL	2				
Antihyperlipidemic - Hmg Coa Reductase Inhibitors					
ATORVALIQ	3		PA		
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	0				
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	1				
EZALLOR SPRINKLE	X				
FLOLIPID	3		PA		
<i>fluvastatin oral capsule 20 mg</i>	0				QL
<i>fluvastatin oral capsule 40 mg</i>	0				QL
<i>fluvastatin oral tablet extended release 24 hr</i>	0				QL
<i>lovastatin oral tablet 10 mg, 20 mg</i>	0				
<i>lovastatin oral tablet 40 mg</i>	0				
<i>pitavastatin calcium</i>	0				QL
<i>pravastatin oral tablet 10 mg, 80 mg</i>	0				
<i>pravastatin oral tablet 20 mg, 40 mg</i>	0				QL
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	0				

PDL Premier Formulary

07/01/2026

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Tier Status	Specialty	Prior Authorization	Step Therapy	Quantity Limits
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	1				
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	0				
<i>simvastatin oral tablet 80 mg</i>	1		PA		QL
ZYPITAMAG	X				
Antihyperlipidemic - Pcsk9 Inhibitors					
LEROCHOL	X				
PRALUENT PEN	X				
REPATHA PUSHTRONEX	2				QL
REPATHA SURECLICK	2				QL
REPATHA SYRINGE	2				QL
Antihyperlipidemic-Acly And Choles Absorp Inhib					
NEXLIZET	2				
Lipotropics					
<i>ezetimibe</i>	1				QL
<i>fenofibrate</i>	1				
<i>fenofibrate nanocrystallized</i>	1				
Cardiovascular Disease - Miscellaneous Agents					
Angiotensin Recept-Nepriylsin Inhibitor Comb(Arni)					
ENTRESTO SPRINKLE	3				QL
<i>sacubitril-valsartan</i>	1				QL
Antihyperlip - Hmg-Coa&Calcium Channel Blocker Cb					
<i>amlodipine-atorvastatin</i>	1				QL
Anti-Inflammatory - Antimitotics					
LODOCO	X				

Drug	Tier Status	Specialty	Prior Authorization	Step Therapy	Quantity Limits
Contraception/Oxytocics					
Contraceptives,Injectable					
DEPO-SUBQ PROVERA 104	0				QL
<i>medroxyprogesterone</i>	0				QL
Contraceptives,Oral					
<i>aurovela 24 fe</i>	0				
<i>aurovela fe 1.5/30 (28)</i>	0				
<i>aurovela fe 1-20 (28)</i>	0				
<i>blisovi 24 fe</i>	0				
<i>blisovi fe 1.5/30 (28)</i>	0				
<i>blisovi fe 1/20 (28)</i>	0				
<i>charlotte 24 fe</i>	0				
<i>drospirenone-ethinyl estradiol</i>	0				
<i>feirza</i>	0				
<i>finzala</i>	0				
<i>gemmily</i>	0				
<i>hailey 24 fe</i>	0				
<i>hailey fe 1.5/30 (28)</i>	0				
<i>hailey fe 1/20 (28)</i>	0				
<i>jasmiel (28)</i>	0				
<i>junel fe 1.5/30 (28)</i>	0				
<i>junel fe 1/20 (28)</i>	0				
<i>junel fe 24</i>	0				
<i>larin 24 fe</i>	0				
<i>larin fe 1.5/30 (28)</i>	0				
<i>larin fe 1/20 (28)</i>	0				
LO LOESTRIN FE	0				
<i>loryna (28)</i>	0				
<i>lo-zumandimine (28)</i>	0				
<i>mibelas 24 fe</i>	0				

PDL Premier Formulary

07/01/2026

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Tier Status	Specialty	Prior Authorization	Step Therapy	Quantity Limits
<i>microgestin fe 1.5/30 (28)</i>	0				
<i>microgestin fe 1/20 (28)</i>	0				
<i>nikki (28)</i>	0				
<i>norethindrone-e.estradiol-iron</i>	0				
SLYND	0				QL
<i>syeda</i>	0				
<i>tarina 24 fe</i>	0				
<i>tarina fe 1-20 eq (28)</i>	0				
<i>tilia fe</i>	0				
<i>tri-legest fe</i>	0				
<i>vestura (28)</i>	0				
<i>xarah fe</i>	0				
<i>zumandimine (28)</i>	0				
Cough And Cold					
Antitussives,Non-Narcotic					
<i>benzonatate</i>	1				
Non-Narc Antituss-1St Gen. Antihistamine-Decongest					
<i>bromfed dm</i>	1				
<i>brompheniramine-pseudoeph-dm</i>	1				
Non-Narc Antitussive-1St Gen Antihistamine Comb.					
<i>promethazine-dm</i>	1				
Dermatology - Acne					
Acne Agents,Topical					
AZELEX	3		PA		
Rosacea Agents, Topical					
<i>azelaic acid</i>	1				
FINACEA	2				
<i>metronidazole</i>	1				

Drug	Tier Status	Specialty	Prior Authorization	Step Therapy	Quantity Limits
NORITATE	X				
Vitamin A Derivatives					
ALTRENO	3				
<i>tretinoin</i>	1				
Dermatology - Antiinfective					
Topical Antibiotics					
<i>clindamycin phosphate topical foam</i>	1				
<i>clindamycin phosphate topical gel</i>	1				
<i>clindamycin phosphate topical gel, once daily</i>	1				
<i>clindamycin phosphate topical lotion</i>	1				
<i>clindamycin phosphate topical solution</i>	1				QL
<i>clindamycin phosphate topical swab</i>	1				
<i>mupirocin</i>	1				QL
Topical Antifungal/Antiinflammatory,Steroid Agent					
<i>clotrimazole-betamethasone</i>	1				
Topical Antifungals					
<i>ciclopirox topical gel</i>	1				
<i>ciclopirox topical shampoo</i>	1				
<i>ciclopirox topical solution</i>	1				QL
<i>ciclopirox topical suspension</i>	1				QL
<i>ketconazole topical cream</i>	1				QL
<i>ketconazole topical foam</i>	X				
<i>ketconazole topical shampoo</i>	1				QL
<i>ketodan</i>	X				
<i>klayesta</i>	1				
<i>nyamyc</i>	1				
<i>nystatin topical cream</i>	1				

PDL Premier Formulary

07/01/2026

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Tier Status	Specialty	Prior Authorization	Step Therapy	Quantity Limits
<i>nystatin topical ointment</i>	1				QL
<i>nystatin topical powder</i>	1				
<i>nystop</i>	1				
Topical Antivirals					
<i>acyclovir topical cream</i>	X				
<i>acyclovir topical ointment</i>	1				
Dermatology - Antiinflammatory					
Topical Anti-Inflammatory Steroidal					
<i>ala-cort</i>	1				
<i>ala-scalp</i>	1				
<i>clobetasol scalp</i>	1				
<i>clobetasol topical cream 0.025 %</i>	X				
<i>clobetasol topical cream 0.05 %</i>	1				
<i>clobetasol topical foam</i>	1				
<i>clobetasol topical gel</i>	1				
<i>clobetasol topical lotion</i>	1				
<i>clobetasol topical ointment</i>	1				
<i>clobetasol topical shampoo</i>	1				
<i>clobetasol topical spray, non-aerosol</i>	1				
<i>clobetasol-emollient</i>	1				
<i>fluticasone propionate</i>	1				
<i>hydrocortisone topical cream</i>	1				
<i>hydrocortisone topical cream with perineal applicator</i>	1				
<i>hydrocortisone topical gel</i>	X				
<i>hydrocortisone topical lotion 2 %</i>	1				
<i>hydrocortisone topical lotion 2.5 %</i>	1				
<i>hydrocortisone topical ointment</i>	1				
HYDROXYM	X				
<i>mometasone</i>	1				

Drug	Tier Status	Specialty	Prior Authorization	Step Therapy	Quantity Limits
<i>procto-med hc</i>	1				
<i>proctosol hc</i>	1				
<i>proctozone-hc</i>	1				
QUINIXIL	X				
<i>triamcinolone acetonide topical aerosol</i>	1				
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %</i>	1				
<i>triamcinolone acetonide topical cream 0.5 %</i>	1				QL
<i>triamcinolone acetonide topical lotion</i>	1				
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1				
<i>triamcinolone acetonide topical ointment 0.05 %</i>	X				
<i>trianex</i>	X				
<i>triderm</i>	1				QL
Topical Anti-Inflammatory, Nsaids					
<i>diclofenac sodium topical drops</i>	1				QL
<i>diclofenac sodium topical solution in metered-dose pump</i>	1				QL
DICLOFONO	X				
FROTEK	X				
VENNGEL II	X				
Dermatology - Miscellaneous					
Topical Antineoplastic & Premalignant Lesion Agnts					
<i>bexarotene</i>	1	SP	PA		
<i>diclofenac sodium</i>	1				
<i>fluorouracil topical cream 0.5 %</i>	1		PA		
<i>fluorouracil topical cream 5 %</i>	1				

PDL Premier Formulary

07/01/2026

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Tier Status	Specialty	Prior Authorization	Step Therapy	Quantity Limits
<i>fluorouracil topical solution</i>	1				
KLISYRI (250 MG)	3				QL
KLISYRI (350 MG)	3				QL
PANRETIN	3	SP			QL
TOLAK	2				
VALCHLOR	2	SP	PA		
Topical Local Anesthetics					
<i>dermacinrx lidocan</i>	1				QL
<i>lidocaine</i>	1				QL
<i>lidocan iii</i>	1				QL
<i>lidocan iv</i>	1				QL
<i>lidocan v</i>	1				QL
LIDTOPIC	3				
ZTLIDO	X				
Topical Preparations,Miscellaneous					
KEFUNOVA	3				
Dermatology - Psoriasis/Eczema					
Topical Agents,Miscellaneous					
MUSCUSOLICE	3				
SIVORA	3				
Topical Immunosuppressive Agents					
HOVYN	3				
NUJO	3				
<i>tacrolimus</i>	1				
Diabetes					
Antihypergly, (Dpp-4) Inhibitor & Biguanide Comb.					
<i>alogliptin-metformin</i>	X				
JANUMET	2				QL
JANUMET XR	2				QL

Drug	Tier Status	Specialty	Prior Authorization	Step Therapy	Quantity Limits
JENTADUETO XR	X				
<i>saxagliptin-metformin</i>	X				
<i>sitagliptin-metformin</i>	X				
ZITUVIMET	X				
ZITUVIMET XR	X				
Antihypergly,Dpp-4 Enzyme Inhib &Thiazolidinedione					
<i>alogliptin-pioglitazone</i>	X				
Antihypergly,Incretin Mimetic(Glp-1 Recept.Agolist)					
<i>exenatide</i>	1		PA		QL
<i>liraglutide</i>	1		PA		QL
OZEMPIC	2		PA		QL
RYBELSUS	2		PA		QL
TRULICITY	2		PA		QL
Antihyperglycemc-Sod/Gluc Cotransport2(SglT2)Inhib					
BRENZAVVY	X				
<i>dapagliflozin</i>	1				QL
INPEFA	X				
INVOKANA	X				
JARDIANCE	2				QL
STEGLATRO	X				
Antihyperglycemic - Incretin Mimetics Combination					
MOUNJARO	2		PA		QL
Antihyperglycemic, Dpp-4 Inhibitors					
<i>alogliptin</i>	X				
BRYNOVIN	X				
JANUVIA	2				QL
<i>saxagliptin</i>	X				

PDL Premier Formulary

07/01/2026

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Tier Status	Specialty	Prior Authorization	Step Therapy	Quantity Limits
<i>sitagliptin</i>	X				
TRADJENTA	X				
Antihyperglycemic, Insulin-Release Stimulant Type					
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1				
<i>glimepiride oral tablet 3 mg</i>	X				
<i>glipizide oral tablet 10 mg, 5 mg</i>	1				
<i>glipizide oral tablet 15 mg</i>	X				
<i>glipizide oral tablet 2.5 mg</i>	1				QL
<i>glipizide oral tablet extended release 24hr</i>	1				
Antihyperglycemic, Insulin-Response Enhancer (N-S)					
<i>pioglitazone</i>	1				
Antihyperglycemic, Sglit-2 & Dpp-4 Inhibitor Comb.					
GLYXAMBI	2				QL
STEGLUJAN	X				
Antihyperglycemic,Biguanide Type(Non-Sulfonylurea)					
<i>metformin oral solution</i>	1		PA		QL
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	1				
<i>metformin oral tablet 625 mg, 750 mg</i>	X				
<i>metformin oral tablet extended release 24 hr</i>	1				
<i>metformin oral tablet extended release 24hr</i>	X				
<i>metformin oral tablet,er gast.retention 24 hr</i>	X				

Drug	Tier Status	Specialty	Prior Authorization	Step Therapy	Quantity Limits
Antihyperglycemic,Insulin & Glp-1 Receptor Agonist					
SOLIQUA 100/33	2				QL
XULTOPHY 100/3.6	2				QL
Antihyperglycemic-Sglit2 Inhibitor & Biguanide Comb					
<i>dapagliflozin-metformin</i>	1				QL
INVOKAMET	X				
INVOKAMET XR	X				
SEGLUROMET	X				
SYNJARDY	2				QL
SYNJARDY XR	2				QL
XIGDUO XR	2				QL
Antihypergly-Sglit-2 Inhib,Dpp-4 Inhib,Biguanide Cb					
TRIJARDY XR	2				QL
Blood Sugar Diagnostics					
ACCU-CHEK AVIVA PLUS TEST STRP	X				
ACCU-CHEK GUIDE TEST STRIPS	X				
ACCU-CHEK SMARTVIEW TEST STRIP	X				
ACCUTREND GLUCOSE TEST STRIPS	X				
ADVANCED GLUC METER TEST STRIP	X				
ADVOCATE REDI-CODE PLUS	X				
AGAMATRIX AMP TEST STRIPS	X				
AGAMATRIX JAZZ TEST STRIPS	X				
AGAMATRIX PRESTO TEST STRIPS	X				
ASSURE 4 STRIPS	X				

PDL Premier Formulary

07/01/2026

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Tier Status	Specialty	Prior Authorization	Step Therapy	Quantity Limits
ASSURE PLATINUM TEST STRIP	X				
ASSURE PRISM MULTI STRIP	X				
ASSURE TITANIUM TEST STRIP	X				
BIONIME RIGHTEST TEST STRIPS	X				
BLOOD GLUCOSE TEST	X				
BLULINK GLUCOSE TEST STRIP	X				
CARESENS N TEST STRIPS	X				
CARESENS S TEST STRIP	X				
CARETOUCH TEST STRIP	X				
CLEVER CHOICE MICRO TEST STRIP	X				
CLEVER CHOICE PRO	X				
CLEVER CHOICE TALK TEST	X				
CLEVER CHOICE TEST STRIPS	X				
CLEVER CHOICE VOICE PLUS TEST	X				
CONTOUR NEXT TEST STRIP	2				QL
CONTOUR NEXT TEST STRIP	X				
CONTOUR PLUS TEST STRIP	2				QL
CONTOUR TEST STRIPS	2				QL
DIATRUE PLUS TEST STRIP	X				
EASY PLUS II TEST	X				
EASY STEP	X				
EASY TALK GLUCOSE TEST	X				
EASY TALK PLUS II TEST STRIP	X				
EASY TOUCH BLULINK TEST STRIP	X				
EASY TOUCH TEST STRIP	X				
EASY TRAK GLUCOSE TEST	X				
EASY TRAK II TEST STRIP	X				

Drug	Tier Status	Specialty	Prior Authorization	Step Therapy	Quantity Limits
EASYGLUCO TEST	X				
EASYMAX	X				
EASYMAX 15 TEST STRIPS	X				
ELEMENT COMPACT TEST STRIPS	X				
ELEMENT TEST STRIPS	X				
EMBRACE BLOOD GLUCOSE SYSTEM	X				
EMBRACE EVO TEST STRIPS	X				
EMBRACE PRO TEST STRIPS	X				
EMBRACE TALK TEST STRIPS	X				
EVOLUTION TEST STRIPS	X				
FORA 6 CONNECT GLUCOSE STRIP	X				
FORA 6CONN-GTEL-TN'G ADV STRIP	X				
FORA D40-G31 TEST STRIPS	X				
FORA G20	X				
FORA GD50 TEST STRIPS	X				
FORA GTEL GLUCOSE TEST STRIP	X				
FORA TEST STRIP	X				
FORA TN'G ADVAN PRO TEST STRIP	X				
FORA TN'G VOICE TEST STRIPS	X				
FORA V10	X				
FORA V10-V12-D10-D20 STRIPS	X				
FORACARE GD20	X				
FORACARE GD40 TEST STRIPS	X				
FREESTYLE INSULINX	X				
FREESTYLE INSULINX TEST STRIPS	2				QL

PDL Premier Formulary

07/01/2026

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Tier Status	Specialty	Prior Authorization	Step Therapy	Quantity Limits
FREESTYLE LITE TEST STRIP	2				QL
FREESTYLE LITE TEST STRIP NFRS	X				
FREESTYLE PRECISION NEO STRIPS	2				QL
FREESTYLE TEST	2				QL
GE100 BLOOD GLUCOSE TEST STRIP	X				
GE333 BLOOD GLUCOSE TEST STRIP	X				
GLUCO NAVII TEST STRIP	X				
GLUCOCARD 01 SENSOR PLUS	X				
GLUCOCARD EXPRESSION	X				
GLUCOCARD SHINE TEST STRIPS	X				
GLUCOCARD VITAL SENSOR	X				
GLUCOCARD VITAL TEST STRIPS	X				
GLUCOCOM GLUCOSE	X				
GM100	X				
GOJJI BLOOD GLUCOSE TEST STRIP	X				
HEALTHPRO TEST STRIPS	X				
IHEALTH GLUCOSE TEST STRIP	X				
INFINITY TEST STRIPS	X				
MICRO BLOOD GLUCOSE	X				
MICRODOT BLOOD GLUCOSE SYSTEM	X				
MICRODOT XTRA BLOOD GLUCOSE	X				
MYGLUCOHEALTH	X				
NEUTEK 2TEK TEST STRIPS	X				
NOVA MAX GLUCOSE TEST	X				

Drug	Tier Status	Specialty	Prior Authorization	Step Therapy	Quantity Limits
ON CALL EXPRESS TEST STRIP	X				
ONETOUCH ULTRA TEST	X				
ONETOUCH VERIO TEST STRIPS	X				
OPTIUM EZ	X				
PHARMACIST CHOICE	X				
PIP BLOOD GLUCOSE TEST STRIP	X				
PRECISION XTRA TEST STRIPS	2				QL
PRECISION XTRA TEST STRIPS NOT FOR RETAIL SALE	X				
PREMIER TEST STRIP	X				
PREMIUM V10	X				
PRO VOICE V8-V9 TEST STRIP	X				
PRODIGY NO CODING	X				
QUINTET AC	X				
QUINTET GLUCOSE TEST STRIPS	X				
REFUAH PLUS	X				
RELION CONFIRM-MICRO	X				
RELION PRIME TEST STRIPS	X				
RIGHTEST GS550 TEST STRIPS	X				
RIGHTEST GT333 TEST STRIP	X				
SMART SENSE TEST STRIPS	X				
SMARTEST TEST	X				
SOLUS V2 TEST STRIPS	X				
TELCARE TEST STRIPS	X				
TEST N'GO TEST	X				
TRUE METRIX GLUCOSE TEST STRIP	X				
TRUETEST TEST STRIPS	X				
TRUETRACK TEST	X				

PDL Premier Formulary

07/01/2026

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Tier Status	Specialty	Prior Authorization	Step Therapy	Quantity Limits
ULTIMA TEST STRIPS	X				
UNISTRIP1 TEST STRIP	X				
VIVAGUARD INO TEST STRIP	X				
Diabetic Supplies					
DEXCOM G6 SENSOR	X				
DEXCOM G7 15 DAY SENSOR	2				QL
DEXCOM G7 SENSOR	2				QL
EVERSENSE 365 SENSOR	3		PA		
FREESTYLE LIBRE 14 DAY SENSOR	2				QL
FREESTYLE LIBRE 2 PLUS SENSOR	2				QL
FREESTYLE LIBRE 2 SENSOR	2				QL
FREESTYLE LIBRE 3 PLUS SENSOR	2				QL
FREESTYLE LIBRE 3 SENSOR	2				QL
GUARDIAN 4 GLUCOSE SENSOR	3		PA		
GUARDIAN SENSOR 3	3		PA		
MINIMED INSTINCT SENSOR	X				
OMNIPOD 5 G6-G7 PODS (GEN 5)	2				
SIMPLERA SENSOR	3		PA		
SIMPLERA SYNC SENSOR	3		PA		
Insulins					
ADMELOG SOLOSTAR U-100 INSULIN	X				
ADMELOG U-100 INSULIN LISPRO	X				
AFREZZA	3		PA		
APIDRA SOLOSTAR U-100 INSULIN	X				
APIDRA U-100 INSULIN	X				

Drug	Tier Status	Specialty	Prior Authorization	Step Therapy	Quantity Limits
BASAGLAR KWIKPEN U-100 INSULIN	X				
FIASP FLEXTOUCH U-100 INSULIN	2				QL
FIASP PENFILL U-100 INSULIN	2				QL
FIASP U-100 INSULIN	2				QL
HUMALOG KWIKPEN INSULIN	2				QL
HUMALOG MIX 50-50 KWIKPEN	2				QL
HUMALOG MIX 75-25(U-100)INSULN	2				QL
HUMALOG U-100 INSULIN	2				QL
HUMULIN R REGULAR U-100 INSULN	2				QL
HUMULIN R U-500 (CONC) KWIKPEN	2				QL
<i>insulin asp prt-insulin aspart</i>	X				
<i>insulin degludec</i>	1				QL
<i>insulin glargine u-300 conc</i>	X				
<i>insulin glargine-yfgn</i>	2				QL
<i>insulin lispro</i>	1				QL
<i>insulin lispro protamin-lispro</i>	1				QL
KIRSTY	X				
KIRSTY PEN	X				
LANTUS U-100 INSULIN	X				
LYUMJEV KWIKPEN U-100 INSULIN	2				QL
LYUMJEV KWIKPEN U-200 INSULIN	2				QL
LYUMJEV TEMPO PEN(U-100)INSULN	X				
LYUMJEV U-100 INSULIN	2				QL
MERILOG	X				

PDL Premier Formulary

07/01/2026

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Tier Status	Specialty	Prior Authorization	Step Therapy	Quantity Limits
MERIOLOG SOLOSTAR	X				
NOVOLIN R FLEXPEN	2				QL
NOVOLIN R REGULAR U100 INSULIN	2				QL
NOVOLOG FLEXPEN U-100 INSULIN	2				QL
NOVOLOG MIX 70-30 U-100 INSULN	2				QL
NOVOLOG MIX 70-30FLEXPEN U-100	2				QL
NOVOLOG PENFILL U-100 INSULIN	2				QL
NOVOLOG U-100 INSULIN ASPART	2				QL
REZVOGLAR KWIKPEN	3				QL
TOUJEO MAX U-300 SOLOSTAR	2				QL
TOUJEO SOLOSTAR U-300 INSULIN	2				QL
TRESIBA FLEXTOUCH U-100	2				QL
TRESIBA FLEXTOUCH U-200	2				QL
TRESIBA U-100 INSULIN	2				QL
Ear - General Disorders					
Ear Preparations Anti-Inflammatory					
<i>fluocinolone acetonide oil</i>	1				
Ear Preparations,Antibiotics					
<i>ciprofloxacin hcl</i>	1				
<i>ofloxacin</i>	1				
Electrolyte Regulation					
Electrolyte Depleters					
<i>kionex</i>	1				
LOKELMA	2				QL

Drug	Tier Status	Specialty	Prior Authorization	Step Therapy	Quantity Limits
<i>sodium polystyrene sulfonate</i>	1				
<i>sps (with sorbitol) oral</i>	1				
SPS (WITH SORBITOL) RECTAL	3				
VELTASSA	3		PA		
Potassium Replacement					
<i>klor-con m10</i>	1				
<i>klor-con m15</i>	1				
<i>klor-con m20</i>	1				
POKONZA	X				
<i>potassium chloride</i>	1				
Endocrine Disorder - Fertility					
Drugs To Treat Impotency					
<i>avanafil</i>	1				QL
CAVERJECT	3				QL
CAVERJECT IMPULSE	3				QL
EDEX	3				QL
<i>sildenafil</i>	1				QL
<i>tadalafil oral tablet 10 mg, 20 mg</i>	1				QL
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1		PA		QL
TRI-MIX (PAPAVRN-PHNTLMN-PGE1)	3				
Fertility Stimulating Preparations,Non-Fsh					
<i>clomiphene citrate</i>	1				
<i>milophene</i>	1				
Follicle Stim./Luteinizing Hormones					
MENOPUR	2	SP			
Follicle-Stimulating Hormone (Fsh)					
FOLLISTIM AQ	3	SP			
GONAL-F	2	SP			
GONAL-F RFF REDI-JECT	2	SP			

PDL Premier Formulary

07/01/2026

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Tier Status	Specialty	Prior Authorization	Step Therapy	Quantity Limits
Human Chorionic Gonadotropin (Hcg)					
CHORIONIC GONADOTROPIN, HUMAN	3				
NOVAREL	2				
OVIDREL	2				
PREGNYL	3				
Pregnancy Facilitating/Maintaining Agent, Hormonal					
CRINONE	2				
<i>progesterone micronized</i>	1				
Endocrine Disorder - Other					
Bone Formation Stim. Agents - Parathyroid Hormone					
<i>teriparatide</i>	1	SP	PA		
Bone Formation Stimulating Agts - Pth Rel Peptides					
TYMLOS	2	SP	PA		
Bone Resorption Inhibitor & Vitamin D Combinations					
FOSAMAX PLUS D	3				QL
Bone Resorption Inhibitors					
<i>alendronate oral solution</i>	1				QL
<i>alendronate oral tablet</i>	1				
BINOSTO	X				
<i>ibandronate</i>	1				
<i>risedronate</i>	1				QL
Growth Hormone Releasing Hormone (Ghrh) & Analogs					
EGRIFTA SV	3	SP	PA		
EGRIFTA WR	3	SP	PA		

Drug	Tier Status	Specialty	Prior Authorization	Step Therapy	Quantity Limits
Growth Hormones					
GENOTROPIN	2	SP	PA		
GENOTROPIN MINIQUICK	2	SP	PA		
HUMATROPE	X				
NGENLA	X				
NORDITROPIN FLEXPLO	2	SP	PA		
NUTROPIN AQ NUSPIN	X				
OMNITROPE	3	SP	PA		
SEROSTIM	X				
SKYTROFA	2	SP	PA		
SOGROYA	2	SP	PA		
ZOMACTON	X				
Insulin-Like Growth Factor-1 (Igf-1) Hormones					
INCRELEX	3	SP	PA		
Lhrh(Gnrh) Antagonist, Pituitary Suppressant Agents					
<i>cetorelix</i>	1	SP			
<i>ganirelix</i>	1	SP			
Menopausal Sympt Supp-Sel Estrogen Recep Modulator					
OSPHENA	X				
Parathyroid Hormones					
YORVIPATH	3	SP	PA		
Pituitary Suppressive Agents					
<i>danazol</i>	1				
Endocrine Disorder - Thyroid					
Thyroid Hormones					
ARMOUR THYROID	X				
<i>euthyrox</i>	1				
<i>levothyroxine oral capsule</i>	1				QL

PDL Premier Formulary

07/01/2026

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Tier Status	Specialty	Prior Authorization	Step Therapy	Quantity Limits
<i>levothyroxine oral tablet</i>	1				
<i>liomny</i>	1				
<i>liothyronine</i>	1				
THYQUIDITY	3		PA		QL
<i>thyroid (pork)</i>	X				
TIROSINT	3				QL
TIROSINT-SOL	3		PA		
Eye - General Disorders					
Eye Antibiotic, Glucocorticoid And Nsaid Comb.					
<i>prednisoln sp-moxiflox-bromfen</i>	1				
Eye Antihistamines					
<i>azelastine</i>	1				QL
<i>bepotastine besilate</i>	X				
<i>epinastine</i>	1				QL
<i>olopatadine</i>	1				QL
ZERVIAE	X				
Eye Antiinflammatory Agents					
ACUVAIL (PF)	3				QL
DEXTENZA	3				
<i>diclofenac sodium</i>	1				QL
<i>difluprednate</i>	1				QL
EYSUVIS	2				QL
FLAREX	X				
<i>fluorometholone</i>	1				QL
FML FORTE	X				
INVELTYS	X				
<i>ketorolac ophthalmic (eye) drops 0.4 %</i>	1				
<i>ketorolac ophthalmic (eye) drops 0.5 %</i>	1				QL

Drug	Tier Status	Specialty	Prior Authorization	Step Therapy	Quantity Limits
LOTEMAX	2				QL
LOTEMAX SM	2				QL
<i>loteprednol etabonate ophthalmic (eye) drops,gel</i>	1				QL
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %</i>	1				QL
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	1				QL
MAXIDEX	3				QL
PRED MILD	X				
<i>prednisolone acetate</i>	1				QL
<i>prednisolone sod ph-bromfenac</i>	1				
<i>prednisolone sodium phosphate</i>	1				QL
Ophthalmic Antibiotics					
AZASITE	X				
CILOXAN	2				
<i>ciprofloxacin hcl</i>	1				
<i>erythromycin</i>	1				
<i>levofloxacin</i>	1				
<i>ofloxacin</i>	1				
<i>polymyxin b sulf-trimethoprim</i>	1				
Ophthalmic Mast Cell Stabilizers					
<i>cromolyn</i>	1				QL
Eye - Glaucoma					
Miotics/Other Intraoc. Pressure Reducers					
<i>latanoprost</i>	1				
XELPROS	3				QL
Gout And Related Diseases					
Colchicine					
<i>colchicine oral capsule</i>	1				QL

PDL Premier Formulary

07/01/2026

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Tier Status	Specialty	Prior Authorization	Step Therapy	Quantity Limits
<i>colchicine oral tablet</i>	1				
GLOPERBA	3		PA		QL
Hyperuricemia Tx - Purine Inhibitors					
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1				
<i>allopurinol oral tablet 200 mg</i>	X				
Hematological Disorders					
Anticoagulants,Coumarin Type					
<i>jantoven</i>	1				
<i>warfarin</i>	1				
Citrates As Anticoagulants					
ACD-A	3				
<i>sodium citrate</i>	1				
<i>sodium citrate in 0.9 % nacl</i>	1				
Direct Factor Xa Inhibitors					
ELIQUIS	2				QL
ELIQUIS DVT-PE TREAT 30D START	2				QL
ELIQUIS SPRINKLE	2				QL
<i>rivaroxaban</i>	1				QL
SAVAYSA	X				
XARELTO	2				QL
XARELTO DVT-PE TREAT 30D START	2				QL
Hematinics,Other					
ARANESP (IN POLYSORBATE)	X				
EPOGEN	X				
MIRCERA	3	SP	PA		
PROCRIT	X				
RETACRIT	2	SP	PA		

Drug	Tier Status	Specialty	Prior Authorization	Step Therapy	Quantity Limits
Heparin And Related Preparations					
<i>enoxaparin subcutaneous solution</i>	1				QL
<i>enoxaparin subcutaneous syringe</i>	1				
<i>fondaparinux</i>	1				QL
FRAGMIN	3				QL
<i>heparin (porcine)</i>	1				
<i>heparin (porcine) in 0.9% nacl</i>	1				
<i>heparin, porcine (pf)</i>	1				
Hypoxia Inducible Factor Prolyl Hydroxylase Inh.					
VAFSEO	3		PA		
Leukocyte (Wbc) Stimulants					
FILKRI	X	SP			
FULPHILA	X				
GRANIX	X				
LEUKINE	3	SP	PA		
NEULASTA	X				
NEULASTA ONPRO	X				
NEUPOGEN	X				
NIVESTYM	2	SP	PA		
NYPOZI	X				
NYVEPRIA	X				
RELEUKO	X				
UDENYCA	X				
UDENYCA AUTOINJECTOR	X				
UDENYCA ONBODY	3	SP	PA		
ZARXIO	X				
ZIEXTENZO	2	SP	PA		
Platelet Aggregation Inhibitors					
<i>adult aspirin regimen</i>	0				
<i>aspirin</i>	0				

PDL Premier Formulary

07/01/2026

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Tier Status	Specialty	Prior Authorization	Step Therapy	Quantity Limits
<i>aspirin childrens</i>	0				
<i>bayer low dose aspirin</i>	0				
<i>clopidogrel oral tablet 300 mg</i>	1				QL
<i>clopidogrel oral tablet 75 mg</i>	1				
<i>st joseph aspirin</i>	0				
<i>st. joseph aspirin</i>	0				
Sickle Cell Anemia Agents					
DROXIA	3				
SIKLOS ORAL TABLET 1,000 MG	3				
SIKLOS ORAL TABLET 100 MG	3				QL
XROMI	3		PA		
Thrombin Inhibitors, Selective, Direct, & Reversible					
<i>dabigatran etexilate</i>	1				QL
PRADAXA	X				
Thrombopoietin Receptor Agonists					
ALVAIZ	3	SP	PA		
DOPTELET (10 TAB PACK)	2	SP	PA		
DOPTELET (15 TAB PACK)	2	SP	PA		
DOPTELET (30 TAB PACK)	2	SP	PA		
DOPTELET SPRINKLE	2	SP	PA		
<i>eltrombopag olamine</i>	1	SP	PA		
MULPLETA	3	SP	PA		
Hormonal Deficiency					
Androgen/Estrogen Preps For Female Sexual Dysfunc					
INTRAROSA	X				
Androgenic Agents					
JATENZO	X				
KYZATREX	X				
METHITEST	3		PA		

Drug	Tier Status	Specialty	Prior Authorization	Step Therapy	Quantity Limits
<i>methyltestosterone</i>	1		PA		
NATESTO	X				
<i>testosterone</i>	1		PA		QL
<i>testosterone cypionate</i>	1		PA		QL
<i>testosterone enanthate</i>	1		PA		QL
TLANDO	3		PA		QL
XYOSTED	3		PA		QL
Estrogen & Progestin With Antimineralocorticoid Cb					
ANGELIQ	3				
Estrogen & Selective Estrogen Recept Mod(Serm)Comb					
DUAVEE	2				
Estrogen And Progestin Combinations					
BIJUVA	2				QL
Estrogen/Androgen Combinations					
<i>estrogens-methyltestosterone</i>	1				
Estrogenic Agents					
<i>abigale</i>	1				
<i>abigale lo</i>	1				
CLIMARA PRO	X				
COMBIPATCH	2				QL
<i>conjugated estrogens</i>	1				
DEPO-ESTRADIOL	3				
<i>dotti</i>	1				QL
ELESTRIN	3				QL
<i>estradiol oral</i>	1				
<i>estradiol transdermal gel in metered-dose pump</i>	1				
<i>estradiol transdermal gel in packet</i>	1				QL

PDL Premier Formulary

07/01/2026

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Tier Status	Specialty	Prior Authorization	Step Therapy	Quantity Limits
<i>estradiol transdermal patch semiweekly</i>	1				QL
<i>estradiol transdermal patch weekly</i>	1				QL
<i>estradiol valerate</i>	1				
<i>estradiol-norethindrone acet</i>	1				
EVAMIST	3				QL
<i>fyavolv</i>	1				
<i>jinteli</i>	1				
<i>lyllana</i>	1				QL
MENEST	X				
MENOSTAR	3				QL
<i>mimvey</i>	1				
<i>norethindrone ac-eth estradiol</i>	1				
PREMPHASE	2				
PREMPRO	2				
Progestational Agents					
CRINONE	2				
<i>medroxyprogesterone</i>	1				
<i>progesterone micronized</i>	1				
Immunization					
Covid-19 Vaccines					
COMIRNATY 2025-26 (12Y UP)(PF)	0				
MNEXSPIKE 2025-2026 (PF)	0				
SPIKEVAX 2025-2026(12Y UP)(PF)	0				
Gram Positive Cocci Vaccines					
CAPVAXIVE	0				
PREVNAR 20 (PF)	0				

Drug	Tier Status	Specialty	Prior Authorization	Step Therapy	Quantity Limits
Influenza Virus Vaccines					
AFLURIA 2025-2026 (3YR UP)(PF)	0				
FLUAD 2025-2026 (65 YR UP)(PF)	0				
FLUARIX 2025-2026 (PF)	0				
FLUBLOK 2025-2026 (PF)	0				
FLUCELVAX 2025-2026 (PF)	0				
FLULAVAL 2025-2026 (PF)	0				
FLUZONE 2025-2026 (PF)	0				
FLUZONE HIGH-DOSE 2025-26 (PF)	0				
Vaccine/Toxoid Preparations,Combinations					
ADACEL(TDAP ADOLESN/ADULT)(PF)	0				
BOOSTRIX TDAP	0				
Viral/Tumorigenic Vaccines					
SHINGRIX (PF)	0				
Immunosuppression/Modulation					
Immunomodulators					
BESREMI	3	SP	PA		
<i>imiquimod topical cream in metered-dose pump</i>	X				
<i>imiquimod topical cream in packet 3.75 %</i>	X				
<i>imiquimod topical cream in packet 5 %</i>	1				
ZYCLARA	X				
Immunosuppressives					
ASTAGRAF XL	X				
ENVARUS XR	X				
<i>everolimus (immunosuppressive)</i>	1				
PROGRAF ORAL CAPSULE	3				

PDL Premier Formulary

07/01/2026

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Tier Status	Specialty	Prior Authorization	Step Therapy	Quantity Limits
PROGRAF ORAL GRANULES IN PACKET	2				
<i>tacrolimus oral capsule</i>	1				
<i>tacrolimus oral capsule,extended release 24hr</i>	1				
Infectious Disease - Bacterial					
Absorbable Sulfonamides					
<i>sulfamethoxazole-trimethoprim</i>	1				
<i>sulfatrim</i>	1				
Cephalosporins - 1St Generation					
<i>cephalexin</i>	1				
Cephalosporins - 2Nd Generation					
<i>cefuroxime axetil</i>	1				
Cephalosporins - 3Rd Generation					
<i>cefdinir</i>	1				
Macrolides					
<i>azithromycin</i>	1				
<i>ery-tab</i>	1				
<i>erythromycin</i>	1				
Nitrofurantoin Derivatives					
<i>nitrofurantoin monohydr/m-cryst</i>	1				
Penicillins					
<i>amoxicillin</i>	1				
<i>amoxicillin-pot clavulanate</i>	1				
AUGMENTIN	X				
Quinolones					
<i>ciprofloxacin hcl</i>	1				
<i>levofloxacin</i>	1				
<i>ofloxacin</i>	1				

Drug	Tier Status	Specialty	Prior Authorization	Step Therapy	Quantity Limits
Tetracyclines					
DORYX MPC	X				
<i>doxycycline hyclate oral capsule</i>	1				
<i>doxycycline hyclate oral tablet 100 mg</i>	1				
<i>doxycycline hyclate oral tablet 150 mg</i>	1				
<i>doxycycline hyclate oral tablet 50 mg</i>	1				
<i>doxycycline hyclate oral tablet 75 mg</i>	1				
<i>doxycycline hyclate oral tablet,delayed release (dr/ec)</i>	X				
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1				
<i>doxycycline monohydrate oral capsule 150 mg</i>	1				
<i>doxycycline monohydrate oral capsule 75 mg</i>	1				
<i>doxycycline monohydrate oral capsule,ir - delay rel,biphase</i>	1		PA		
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1				
<i>doxycycline monohydrate oral tablet 100 mg</i>	1				QL
<i>doxycycline monohydrate oral tablet 150 mg</i>	1				
<i>doxycycline monohydrate oral tablet 50 mg, 75 mg</i>	1				
<i>monodoxyne nl</i>	1				
Infectious Disease - Fungal					
Antifungal Agents					
<i>fluconazole</i>	1				

PDL Premier Formulary

07/01/2026

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Tier Status	Specialty	Prior Authorization	Step Therapy	Quantity Limits
<i>ketoconazole</i>	1				
Antifungal Antibiotics					
<i>nystatin</i>	1				
Infectious Disease - Miscellaneous					
Lincosamides					
<i>clindamycin hcl</i>	1				
Infectious Disease - Parasitic					
Anaerobic Antiprotozoal-Antibacterial Agents					
LIKMEZ	3		PA		
<i>metronidazole oral capsule</i>	1				
<i>metronidazole oral tablet 125 mg</i>	X				
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1				
Antimalarial Drugs					
<i>hydroxychloroquine</i>	1				QL
SOVUNA	3				QL
Infectious Disease - Viral					
Antivirals, General					
<i>acyclovir</i>	1				
<i>oseltamivir</i>	1				
<i>valacyclovir</i>	1				
Antivirals, Hiv-Spec, Nucleoside-Nucleotide Analog					
DESCOVY ORAL TABLET 120-15 MG	2	SP			QL
DESCOVY ORAL TABLET 200-25 MG	0				QL
Arv Cmb-Nrti,N(T)Rti, Integrase Inhibitor					
BIKTARVY	2	SP			QL

Drug	Tier Status	Specialty	Prior Authorization	Step Therapy	Quantity Limits
Hep C - Ns5a, Ns3/4A, Nucleotide Ns5b Inhib Combo					
VOSEVI	2	SP	PA		
Hep C Virus - Ns5a & Ns5b Polymerase Inhib. Combo.					
EPCLUSA	2	SP	PA		
HARVONI	2	SP	PA		
<i>ledipasvir-sofosbuvir</i>	X	SP			
<i>sofosbuvir-velpatasvir</i>	X	SP			
Hep C Virus,Nucleotide Analog Ns5b Polymerase Inh					
SOVALDI	3	SP	PA		
Hepatitis C Virus- Ns5a And Ns3/4A Inhibitor Comb					
MAVYRET	3	SP	PA		
ZEPATIER	X				
Inflammatory Disease					
Anti-Arthritic, Folate Antagonist Agents					
RASUVO (PF)	2				QL
Anti-Inflammatory Tumor Necrosis Factor Inhibitor					
ABRILADA(CF)	X	SP			
ABRILADA(CF) PEN	X	SP			
<i>adalimumab-aacf</i>	X	SP			
<i>adalimumab-aacf(cf) pen crohns</i>	X	SP			
<i>adalimumab-aacf(cf) pen ps-uv</i>	X	SP			
<i>adalimumab-aaty</i>	2	SP	PA		
<i>adalimumab-aaty(cf) ai crohns</i>	2	SP	PA		
<i>adalimumab-adaz subcutaneous pen injector</i>	X	SP			
<i>adalimumab-adaz subcutaneous syringe 10 mg/0.1 ml</i>	3	SP	PA		

PDL Premier Formulary

07/01/2026

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Tier Status	Specialty	Prior Authorization	Step Therapy	Quantity Limits
<i>adalimumab-adaz subcutaneous syringe 20 mg/0.2 ml, 40 mg/0.4 ml</i>	X	SP			
<i>adalimumab-adbm</i>	X	SP			
<i>adalimumab-bwwd</i>	X	SP			
<i>adalimumab-fkjp</i>	X	SP			
<i>adalimumab-ryvk subcutaneous auto-injector, kit 80 mg/0.8 ml</i>	2	SP	PA		
<i>adalimumab-ryvk subcutaneous syringe kit</i>	X	SP			
<i>adalimumab-ryvk(cf) 40 mg/0.4 ml autoinjector suv</i>	X	SP			
<i>adalimumab-ryvk(cf) 40 mg/0.4 ml autoinjector suv, plf, outer</i>	2	SP	PA		
AMJEVITA(CF)	X	SP			
AMJEVITA(CF) AUTOINJECTOR	X	SP			
CIMZIA	3	SP	PA		
CIMZIA POWDER FOR RECONST	3	SP	PA		
CIMZIA STARTER KIT	3	SP	PA		
ENBREL	2	SP	PA		
ENBREL MINI	2	SP	PA		
ENBREL SURECLICK	2	SP	PA		
HADLIMA	X	SP			
HADLIMA PUSHTOUCH	X	SP			
HADLIMA(CF)	X	SP			
HADLIMA(CF) PUSHTOUCH	X	SP			
HUMIRA	X	SP			
HUMIRA PEN	X	SP			
HUMIRA(CF)	X	SP			
HUMIRA(CF) PEN	X	SP			
HUMIRA(CF) PEN CROHNS-UC-HS	X	SP			

Drug	Tier Status	Specialty	Prior Authorization	Step Therapy	Quantity Limits
HUMIRA(CF) PEN PSOR-UV-ADOL HS	X	SP			
HYRIMOZ PEN PSORIASIS STARTER	X	SP			
HYRIMOZ(CF) PEDI CROHN STARTER	X	SP			
SIMLANDI(CF)	X	SP			
SIMLANDI(CF) AUTOINJECTOR	X	SP			
SIMPONI	3	SP	PA		
YUFLYMA(CF)	X				
YUSIMRY(CF) PEN	X	SP			
ZYMFENTRA	X				
Glucocorticoids					
ALKINDI SPRINKLE	3	SP	PA		
<i>budesonide oral capsule, delayed, extend.release</i>	1				
<i>budesonide oral tablet, delayed and ext.release</i>	1				
DEXAMETHASONE INTENSOL	3				
<i>dexamethasone oral elixir</i>	1				
<i>dexamethasone oral solution</i>	1				
<i>dexamethasone oral tablet</i>	1				
<i>dexamethasone oral tablets, dose pack</i>	X				
EOHILIA	X				
HEMADY	X				
<i>hydrocortisone</i>	1				
KENALOG-80	3				
KHINDIVI	X				
MEDROL	2				
<i>methylprednisolone</i>	1				
<i>prednisone</i>	1				

PDL Premier Formulary

07/01/2026

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Tier Status	Specialty	Prior Authorization	Step Therapy	Quantity Limits
PREDNISONO INTENSOL	2				
<i>taperdex</i>	X				
TARPEYO	3	SP	PA		
<i>triamcinolone acetonide</i>	1				
Janus Kinase (Jak) Inhibitors					
RINVOQ	2	SP	PA		
RINVOQ LQ	2	SP	PA		
Nasal Nsaids, Cox Non-Selective, Systemic Analgesic					
SPRIX	X				
Nsaids, Cyclooxygenase 2 Inhibitor - Type					
<i>celecoxib</i>	1				
VYSCOXA	3		PA		QL
Nsaids, Cyclooxygenase Inhibitor-Type					
<i>diclofenac sodium</i>	1				
<i>ibu</i>	1				
<i>ibuprofen oral suspension</i>	1				
<i>ibuprofen oral tablet 300 mg</i>	X				
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1				
<i>ketorolac injection</i>	1				
<i>ketorolac intramuscular</i>	1				
<i>ketorolac oral</i>	1				QL
<i>meloxicam oral suspension</i>	X				
<i>meloxicam oral tablet</i>	1				
<i>naproxen oral suspension</i>	X				
<i>naproxen oral tablet</i>	1				
<i>naproxen oral tablet, delayed release (dr/ec)</i>	1				
TRESNI	X				

Drug	Tier Status	Specialty	Prior Authorization	Step Therapy	Quantity Limits
Lower Gastrointestinal Disorders - Bowel Inflammat					
Drug Tx-Chronic Inflamm. Colon Dx, 5-Aminosalicylat					
<i>balsalazide</i>	1				
DIPENTUM	X				
<i>mesalamine oral capsule (with del rel tablets)</i>	X				
<i>mesalamine oral capsule, extended release</i>	1				
<i>mesalamine oral capsule, extended release 24hr</i>	1				
<i>mesalamine oral tablet, delayed release (dr/ec)</i>	1				
PENTASA	3				
<i>sulfasalazine</i>	1				
Irritable Bowel Agents, Guanylate Cylase-C Agonist					
LINZESS	2				QL
Rectal/Lower Bowel Prep., Glucocort. (Non-Hemorr)					
<i>budesonide</i>	1				
<i>hydrocortisone</i>	1				
Lower Gastrointestinal Disorders - Other					
Laxatives And Cathartics					
CLENPIQ	0				QL
<i>constulose</i>	1				
<i>gavilyte-g</i>	0				QL
<i>gavilyte-n</i>	0				QL
<i>lactulose oral packet</i>	X				
<i>lactulose oral solution</i>	1				
<i>lubiprostone</i>	1				QL
<i>peg 3350-electrolytes</i>	0				QL
<i>peg3350-sod sul-nacl-kcl-asb-c</i>	0				QL

PDL Premier Formulary

07/01/2026

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Tier Status	Specialty	Prior Authorization	Step Therapy	Quantity Limits
<i>peg-electrolyte soln</i>	0				QL
PLENVU	0				QL
<i>sodium,potassium,mag sulfates</i>	0				QL
SUFLAVE	0				QL
SUTAB	0				QL
Miscellaneous Agents					
Anaphylaxis Therapy Agents					
AUVI-Q	2				QL
<i>epinephrine</i>	1				QL
NEFFY	2				QL
Cxcr4 Chemokine Receptor Antagonist					
XOLREMDI	3	SP	PA		
Neoplastic Disease					
Alkylating Agents					
<i>cyclophosphamide</i>	1	SP			
<i>hydroxyurea</i>	1				
LEUKERAN	2	SP			
<i>lomustine</i>	1	SP	PA		
MYLERAN	2	SP			
<i>temozolomide</i>	1	SP	PA		
Antiandrogenic Agents					
<i>abiraterone</i>	1	SP	PA		
<i>abirtega</i>	1	SP	PA		
<i>bicalutamide</i>	1				
ERLEADA	2	SP	PA		
<i>nilutamide</i>	1	SP			QL
NUBEQA	2	SP	PA		
XTANDI	2	SP	PA		
YONSA	3	SP	PA		

Drug	Tier Status	Specialty	Prior Authorization	Step Therapy	Quantity Limits
Antibiotic Antineoplastics					
JELMYTO	3	SP	PA		
Antimetabolites					
<i>capecitabine</i>	1	SP	PA		
INQOVI	2	SP	PA		
JYLAMVO	3		PA		
LONSURF	2	SP	PA		
<i>mercaptopurine oral suspension</i>	1	SP			
<i>mercaptopurine oral tablet</i>	1				
<i>methotrexate sodium</i>	1				
<i>methotrexate sodium (pf)</i>	1				
ONUREG	2	SP	PA		
TABLOID	2	SP			
TREXALL	2				
XATMEP	3		PA		QL
Antineoplastic Aromatase Inhibitors					
<i>anastrozole</i>	0				
<i>exemestane</i>	0				
<i>letrozole</i>	1				
Antineoplastic - Braf Kinase Inhibitors					
BRAFTOVI	2	SP	PA		
OJEMDA	3	SP	PA		
TAFINLAR	2	SP	PA		
ZELBORAF	2	SP	PA		
Antineoplastic - Hedgehog Pathway Inhibitor					
DAURISMO	2	SP	PA		
ERIVEDGE	2	SP	PA		
ODOMZO	2	SP	PA		
Antineoplastic - Janus Kinase (Jak) Inhibitors					
JAKAFI	2	SP	PA		QL

PDL Premier Formulary

07/01/2026

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Tier Status	Specialty	Prior Authorization	Step Therapy	Quantity Limits
JAKAFI XR	X	SP			
Antineoplastic - Kras Protein Inhibitor					
KRAZATI	2	SP	PA		
LUMAKRAS	2	SP	PA		
Antineoplastic - Mek1 And Mek2 Kinase Inhibitors					
COTELLIC	2	SP	PA		
GOMEKLI	3	SP	PA		
KOSELUGO	2	SP	PA		
MEKINIST	2	SP	PA		
MEKTOVI	2	SP	PA		
Antineoplastic - Mtor Kinase Inhibitors					
<i>everolimus (antineoplastic)</i>	1	SP	PA		
<i>torpenz</i>	1	SP	PA		
<i>yulithira</i>	1	SP	PA		
Antineoplastic - Topoisomerase I Inhibitors					
HYCAMTIN	2	SP			
Antineoplastic Immunomodulator Agents					
<i>lenalidomide</i>	1	SP	PA		
<i>pomalidomide</i>	1	SP	PA		
REVLIMID	2	SP	PA		
Antineoplastic Systemic Enzyme Inhibitors					
ALECENSA	2	SP	PA		
ALUNBRIG	2	SP	PA		
AUGTYRO	2	SP	PA		
AYVAKIT	2	SP	PA		
BALVERSA	2	SP	PA		
BOSULIF	2	SP	PA		
BRUKINSA	2	SP	PA		
CABOMETYX	2	SP	PA		

Drug	Tier Status	Specialty	Prior Authorization	Step Therapy	Quantity Limits
CALQUENCE (ACALABRUTINIB MAL)	2	SP	PA		
CAPRELSA	3	SP	PA		
COMETRIQ	2	SP	PA		
COPIKTRA	3	SP	PA		
DANZITEN	2	SP	PA		
<i>dasatinib</i>	1	SP	PA		
ENSACOVE	2	SP	PA		
<i>erlotinib</i>	1	SP	PA		
FOTIVDA	2	SP	PA		
FRUZAQLA	2	SP	PA		
GAVRETO	2	SP	PA		
<i>gefitinib</i>	1	SP	PA		
GILOTRIF	2	SP	PA		
HERNEXEOS	3	SP	PA		QL
HYRNUO	3	SP	PA		QL
IBRANCE	3	SP	PA		
IBTROZI	2	SP	PA		
ICLUSIG	2	SP	PA		
<i>imatinib</i>	1	SP	PA		
IMBRUVICA	2	SP	PA		
IMKELDI	3	SP	PA		
INLYTA	2	SP	PA		
INREBIC	3	SP	PA		QL
ITOVEBI	2	SP	PA		
IWILFIN	2	SP	PA		
JAYPIRCA	3	SP	PA		
KISQALI	2	SP	PA		
KOMZIFTI	3	SP	PA		QL
<i>lapatinib</i>	1	SP	PA		
LAZCLUZE	3	SP	PA		

PDL Premier Formulary

07/01/2026

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Tier Status	Specialty	Prior Authorization	Step Therapy	Quantity Limits
LENVIMA	2	SP	PA		
LORBRENA	3	SP	PA		
LYNPARZA	2	SP	PA		
NERLYNX	2	SP	PA		
<i>nilotinib hcl</i>	1	SP	PA		
NINLARO	2	SP	PA		
OGSIVEO	3	SP	PA		
OJJAARA	2	SP	PA		
<i>pazopanib</i>	1	SP	PA		
PEMAZYRE	2	SP	PA		
PHYRAGO	X				
PIQRAY	2	SP	PA		
QINLOCK	2	SP	PA		
RETEVMO	2	SP	PA		
REVUFORJ	3	SP	PA		
ROMVIMZA	3	SP	PA		
ROZLYTREK	2	SP	PA		
RUBRACA	3	SP	PA		
RYDAPT	2	SP	PA		
SCEMBLIX	2	SP	PA		
<i>sorafenib</i>	1	SP	PA		
STIVARGA	2	SP	PA		
<i>sunitinib malate</i>	1	SP	PA		
TABRECTA	2	SP	PA		
TAGRISSE	2	SP	PA		
TALZENNA	2	SP	PA		
TEPMETKO	2	SP	PA		
TRUQAP	2	SP	PA		
TUKYSA	2	SP	PA		
TURALIO	2	SP	PA		
VANFLYTA	2	SP	PA		

Drug	Tier Status	Specialty	Prior Authorization	Step Therapy	Quantity Limits
VERZENIO	2	SP	PA		
VITRAKVI	2	SP	PA		
VIZIMPRO	3	SP	PA		
VONJO	3	SP	PA		QL
XALKORI	X				
XOSPATA	2	SP	PA		
ZEJULA	2	SP	PA		
ZYDELIG	2	SP	PA		
ZYKADIA	2	SP	PA		
Antineoplastic,Histone Deacetylase Inhibitors,Hdis					
ZOLINZA	2	SP	PA		QL
Antineoplastic-B Cell Lymphoma-2(Bcl-2) Inhibitors					
VENCLEXTA	2	SP	PA		
VENCLEXTA STARTING PACK	2	SP	PA		
Antineoplastic-Enzyme Inhib, Antiandrogen Comb.					
AKEEGA	3	SP	PA		
Antineoplastic-Hypoxia Inducible Factor (Hif) Inh					
WELIREG	2	SP	PA		
Antineoplastic-Isocitrate Dehydrogenase Inhibitors					
IDHIFA	3	SP	PA		
REZLIDHIA	2	SP	PA		
TIBSOVO	2	SP	PA		
VORANIGO	2	SP	PA		
Antineoplastics,Miscellaneous					
<i>etoposide</i>	1				
LYSODREN	2	SP			
MATULANE	2	SP			
RYLAZE	3	SP	PA		
<i>tretinoin (antineoplastic)</i>	1	SP			

PDL Premier Formulary

07/01/2026

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Tier Status	Specialty	Prior Authorization	Step Therapy	Quantity Limits
Antineoplastic-Select Inhib Of Nuclear Exp (Sine)					
XPOVIO	2	SP	PA		
Photoactivated, Antineopls. & Premalignant Lesions					
AMELUZ	3				
LEVULAN	3				
Selective Estrogen Receptor Modulators (Serm)					
INLURIYO	3	SP	PA		QL
ORSERDU	3	SP	PA		
Selective Retinoid X Receptor Agonists (Rxr)					
<i>bexarotene</i>	1	SP	PA		
Neurological Disease - Miscellaneous					
Agents To Treat Multiple Sclerosis					
AVONEX	2	SP	PA		
BAFIERTAM	X				
BETASERON	2	SP	PA		
<i>cladribine(multiple sclerosis)</i>	X				
COPAXONE	2	SP	PA		
<i>dimethyl fumarate</i>	1	SP	PA		
<i>fingolimod</i>	1	SP	PA		
GILENYA	3	SP	PA		
<i>glatiramer</i>	1	SP	PA		
<i>glatopa</i>	1	SP	PA		
KESIMPTA PEN	2	SP	PA		
MAVENCLAD (10 TABLET PACK)	2	SP	PA		
MAVENCLAD (4 TABLET PACK)	2	SP	PA		
MAVENCLAD (5 TABLET PACK)	2	SP	PA		
MAVENCLAD (6 TABLET PACK)	2	SP	PA		
MAVENCLAD (7 TABLET PACK)	2	SP	PA		
MAVENCLAD (8 TABLET PACK)	2	SP	PA		

Drug	Tier Status	Specialty	Prior Authorization	Step Therapy	Quantity Limits
MAVENCLAD (9 TABLET PACK)	2	SP	PA		
MAYZENT	2	SP	PA		
MAYZENT STARTER(FOR 1MG MAINT)	2	SP	PA		
MAYZENT STARTER(FOR 2MG MAINT)	2	SP	PA		
PLEGRIDY	2	SP	PA		
PONVORY	X				
PONVORY 14-DAY STARTER PACK	X				
REBIF (WITH ALBUMIN)	2	SP	PA		
REBIF REBIDOSE	2	SP	PA		
REBIF TITRATION PACK	2	SP	PA		
TASCENSO ODT	3	SP	PA		
<i>teriflunomide</i>	1	SP	PA		
VUMERITY	2	SP	PA		
Neuropathic Agents					
<i>pregabalin</i>	1				QL
Postherpetic Neuralgia Agents					
<i>gabapentin</i>	X				
Oral/Pharyngeal Disorders					
Dental Aids And Preparations					
<i>chlorhexidine gluconate</i>	1				
<i>oralone</i>	1				
<i>periogard</i>	1				
<i>triamcinolone acetonide</i>	1				
Nose Preparations, Miscellaneous (Rx)					
<i>ipratropium bromide</i>	1				
Periodontal Collagenase Inhibitors					
<i>doxycycline hyclate</i>	1				

PDL Premier Formulary

07/01/2026

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Tier Status	Specialty	Prior Authorization	Step Therapy	Quantity Limits
Other Drugs					
Antineoplastic - Glucocorticoid Receptor Antag.					
LIFYORLI	X	SP			
Antineoplastic - Systemic Enzyme Inhibitors Combs					
AVMAPKI-FAKZYNJA	3	SP	PA		
Antineoplastic Systemic Enzyme Activators					
MODEYSO	3	SP	PA		QL
Antipsychotics, Muscarinic Agonist/Antagonist Comb					
COBENFY	3				QL
COBENFY STARTER PACK	3				
Pain Management - Analgesics					
Analgesic/Antipyretics, Salicylates					
<i>aspirin</i>	0				
<i>bayer aspirin</i>	0				
<i>ecotrin</i>	0				
Analgesics, Narcotics					
<i>oxycodone oral capsule</i>	1				
<i>oxycodone oral concentrate</i>	1		PA		
<i>oxycodone oral solution</i>	1				
<i>oxycodone oral tablet</i>	1				
<i>oxycodone oral tablet, oral only</i>	1				
OXYCONTIN	X				
ROXYBOND	3				
<i>tramadol oral capsule, er biphasic 24 hr 17-83</i>	X				
<i>tramadol oral capsule, er biphasic 24 hr 25-75</i>	X				
<i>tramadol oral solution</i>	1		PA		

Drug	Tier Status	Specialty	Prior Authorization	Step Therapy	Quantity Limits
<i>tramadol oral tablet 100 mg, 25 mg, 75 mg</i>	X				
<i>tramadol oral tablet 50 mg</i>	1				QL
<i>tramadol oral tablet extended release 24 hr</i>	1				QL
<i>tramadol oral tablet, er multiphasic 24 hr</i>	1				QL
Antimigraine Preparations					
AIMOVIG AUTOINJECTOR	2		PA		QL
AJOVY AUTOINJECTOR	2		PA		QL
AJOVY SYRINGE	2		PA		QL
<i>almotriptan malate</i>	1				QL
BREKIYA	X				
<i>diclofenac potassium</i>	X				
<i>dihydroergotamine injection</i>	1				QL
<i>dihydroergotamine nasal</i>	1				QL
<i>eletriptan</i>	1				QL
ELYXYB	3		PA		
EMGALITY PEN	2		PA		QL
EMGALITY SYRINGE	2		PA		QL
ERGOMAR	X				
<i>frovatriptan</i>	1				QL
MIGERGOT	X				
MIGRANOW	X				
<i>naratriptan</i>	1				QL
NURTEC ODT	2		PA		QL
ONZETRA XSAIL	X				
QULIPTA	2		PA		QL
REYVOW	2		PA		QL
<i>rizatriptan</i>	1				QL
<i>sumatriptan</i>	1				QL

PDL Premier Formulary

07/01/2026

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Tier Status	Specialty	Prior Authorization	Step Therapy	Quantity Limits
<i>sumatriptan succinate</i>	1				QL
<i>sumatriptan-naproxen</i>	X				
SYMBRAVO	X				
TOSYMRA	X				
TRUDHESA	X				
UBRELVY	2		PA		QL
ZAVZPRET	X				
ZEMBRACE SYMTOUCH	X				
<i>zolmitriptan</i>	1				QL
<i>zomig</i>	1				QL
Calcitonin Gene-Related Peptide (Cgrp) Inhibitors					
EMGALITY SYRINGE	2		PA		QL
Narcotic Analgesic & Non-Salicylate Analgesic Comb					
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml</i>	1				QL
<i>acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml</i>	1				
<i>acetaminophen-codeine oral tablet</i>	1				QL
<i>endocet</i>	1				QL
<i>hydrocodone-acetaminophen oral solution 10-300 mg/15 ml, 7.5-325 mg/15 ml</i>	1				QL
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml</i>	X				
<i>hydrocodone-acetaminophen oral tablet</i>	1				QL
<i>oxycodone-acetaminophen</i>	1				QL
PROLATE	X				

Drug	Tier Status	Specialty	Prior Authorization	Step Therapy	Quantity Limits
Narcotic Withdrawal Therapy Agents					
<i>buprenorphine-naloxone sublingual film</i>	1				
<i>buprenorphine-naloxone sublingual tablet</i>	1				QL
ZUBSOLV	2				QL
Seizure Disorder					
Anticonvulsant - Benzodiazepine Type					
<i>clonazepam</i>	1				
<i>diazepam</i>	1				
VALTOCO	2		PA		QL
Anticonvulsants					
ELEPSIA XR	X				
<i>gabapentin oral capsule</i>	1				
<i>gabapentin oral solution</i>	1		PA		QL
<i>gabapentin oral tablet</i>	1				
LAMICTAL XR STARTER (BLUE)	3				
LAMICTAL XR STARTER (GREEN)	3				
LAMICTAL XR STARTER (ORANGE)	3				
<i>lamotrigine</i>	1				
<i>levetiracetam oral solution</i>	1				
<i>levetiracetam oral tablet</i>	1				
<i>levetiracetam oral tablet extended release 24 hr</i>	1				
<i>levetiracetam oral tablet for suspension</i>	X				
<i>oxcarbazepine oral suspension</i>	1				
<i>oxcarbazepine oral tablet</i>	1				
<i>oxcarbazepine oral tablet extended release 24 hr</i>	1				QL

PDL Premier Formulary

07/01/2026

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Tier Status	Specialty	Prior Authorization	Step Therapy	Quantity Limits
<i>pregabalin oral capsule</i>	1				
<i>pregabalin oral solution</i>	1		PA		QL
RELGAABI ORAL CAPSULE 200 MG	X				
<i>relgaabi oral capsule 300 mg, 400 mg</i>	1				
SPRITAM	X				
SUBVENITE ORAL SUSPENSION	3		PA		
<i>subvenite oral tablet</i>	X				
<i>topiramate oral capsule, sprinkle</i>	1				
<i>topiramate oral capsule, extended release 24hr</i>	1				QL
<i>topiramate oral capsule, sprinkle, er 24hr</i>	1				QL
<i>topiramate oral solution</i>	1		PA		
<i>topiramate oral tablet</i>	1				
Skeletal Muscle Disorder					
Skeletal Muscle Relaxants					
ATMEKSI	3		PA		QL
<i>baclofen oral solution</i>	1		PA		
<i>baclofen oral suspension</i>	X				
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1				
<i>baclofen oral tablet 15 mg</i>	X				
<i>cyclobenzaprine oral capsule, extended release 24hr</i>	X				
<i>cyclobenzaprine oral tablet</i>	1				
<i>methocarbamol oral tablet 1,000 mg</i>	X				
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1				
ONTRALFY	X				

Drug	Tier Status	Specialty	Prior Authorization	Step Therapy	Quantity Limits
<i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i>	1				
<i>tizanidine oral capsule 8 mg</i>	X				
<i>tizanidine oral tablet</i>	1				
TONMYA	X				
ZANAFLEX	X				
Smoking Cessation					
Smoking Deterrents, Other					
<i>bupropion hcl (smoking deter)</i>	0				
Upper Gastrointestinal Disorders - Digestive					
Pancreatic Enzymes					
CREON	2				
PANCREAZE	X				
PERTZYE	X				
VIOKACE	X				
ZENPEP	2				
Upper Gastrointestinal Disorders - Spastic Disease					
Anticholinergics/Antispasmodics					
<i>dicyclomine oral capsule</i>	1				
<i>dicyclomine oral solution</i>	1				
<i>dicyclomine oral tablet 20 mg</i>	1				
<i>dicyclomine oral tablet 40 mg</i>	X				
Upper Gastrointestinal Disorders - Ulcer Disease					
Histamine H2-Receptor Inhibitors					
<i>famotidine</i>	1				
Proton-Pump Inhibitors					
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec)</i>	1				
<i>esomeprazole magnesium oral granules dr for susp in packet</i>	1				QL

PDL Premier Formulary

07/01/2026

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Tier Status	Specialty	Prior Authorization	Step Therapy	Quantity Limits
<i>lansoprazole</i>	1				
<i>omeprazole</i>	1				
<i>pantoprazole oral granules dr for susp in packet</i>	1				
<i>pantoprazole oral tablet, delayed release (dr/ec)</i>	1				
Urinary Tract - Functional Disorders					
Benign Prostatic Hypertrophy/Micturition Agents					
<i>finasteride</i>	1				
<i>tamsulosin</i>	1				
Overactive Bladder Agents, Beta-3 Adrenergic Recep					
<i>mirabegron</i>	X				
MYRBETRIQ ORAL SUSPENSION, EXTENDED REL RECON	2				
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	1				QL
Urinary Tract Anesthetic/Analgesic Agnt (Azo-Dye)					
<i>phenazopyridine</i>	1				
Vaginal Disorders					
Vaginal Antibiotics					
CLEOCIN	3				QL
<i>clindamycin phosphate</i>	1				
CLINDESSE	3				
<i>metronidazole</i>	1				
NUVESSA	3				
XACIATO	X				
Vaginal Estrogen For Sexual Dysfunction					
IMVEXXY MAINTENANCE PACK	3				QL
IMVEXXY STARTER PACK	3				QL

Drug	Tier Status	Specialty	Prior Authorization	Step Therapy	Quantity Limits
Vaginal Estrogen Preparations					
<i>estradiol</i>	1				
ESTRING	X				
FEMRING	X				
PREMARIN	2				
<i>yuvafem</i>	1				
Vitamin And/Or Mineral Deficiency					
Folic Acid Preparations					
<i>folic acid injection</i>	1				
<i>folic acid oral solution</i>	X				
<i>folic acid oral tablet 1 mg</i>	1				
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	0				
<i>purevita folic acid</i>	0				
QUIOFIC	X				
Weight Reduction					
Anorexic Agents					
<i>benzphetamine</i>	1				QL
<i>diethylpropion</i>	1				QL
<i>lomaira</i>	1				QL
<i>phendimetrazine tartrate</i>	1				QL
<i>phentermine</i>	1				QL
<i>phentermine-topiramate</i>	1		PA		
PLENITY	X				
PLENITY (WELCOME KIT)	X				
Anti-Obesity - Incretin Mimetics Combination					
ZEPBOUND	2		PA		QL
ZEPBOUND KWIKPEN	X				

PDL Premier Formulary

07/01/2026

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Tier Status	Specialty	Prior Authorization	Step Therapy	Quantity Limits
Anti-Obesity - Opioid Antag/Norepi & Da Reup Inhib					
CONTRACE	X				
Anti-Obesity Glucagon-Like Peptide-1 Recep Agonist					
FOUNDAYO	2				
<i>liraglutide (weight loss)</i>	1		PA		QL
WEGOVY HD	2		PA		QL
WEGOVY ORAL	2				
WEGOVY SUBCUTANEOUS	2		PA		QL
Fat Absorption Decreasing Agents					
<i>orlistat</i>	1		PA		

PDL Premier Formulary

07/01/2026

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.