

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.

Who decides what medications make up the PDL?

The list is developed and maintained by a committee comprised of physicians and pharmacists (the Pharmacy and Therapeutics Committee). Inclusion on the list is based on consideration of a medication's safety, effectiveness and associated clinical outcomes.

Are the medications listed on the PDL the only drugs my physician can prescribe for me?

No. The PDL is a select list of commonly prescribed drugs and does not represent all preferred formulary medications available under your plan. The PDL does not limit your prescription coverage, but is provided to encourage the use of preferred generic and brand name drugs within major therapeutic drug classes (e.g., Cardiovascular, Diabetes, etc.). For complete formulary information, visit your Plan website or refer to the phone number listed on your benefit card.

How do I get the greatest benefit from my PDL?

- **Print out the Preferred Drug List and take it with you when visiting your physician.**
- Ask your physician to prescribe generic medications whenever possible. All FDA approved generic drugs are considered preferred medications and should reduce your copays.
- When there is more than one brand name drug available for your medical condition, ask your physician to prescribe a preferred drug listed on your PDL. This should also reduce your copays.

Please note: The MedImpact PDL is subject to change due to updates and availability of generic alternatives. Please refer to the MedImpact web site at www.medimpact.com for the most up-to-date PDL. The PDL is not a complete list of formulary drugs; therefore, you should refer to your plan for a complete drug list and details of any additional coverage or quantity limit restrictions that may apply to certain medications.

EXCLUDED DRUGS	FORMULARY THERAPEUTIC ALTERNATIVES	THERAPEUTIC DRUG CATEGORIES
VELTIN	clindamycin/tretinoin, ZIANA	ACNE AGENTS, TOPICAL
KADIAN	morphine sulfate ER tablets, oxycodone ER, NUCYNTA, NUCYNTA ER	ANALGESICS, NARCOTICS
BELBUCA	BUTRANS PATCH	ANALGESICS, NARCOTICS
ABSTRAL, FENTORA, LAZANDA, ONSOLIS, SUBSYS	fentanyl citrate lozenge	ANALGESICS, NARCOTICS
GRALISE	immediate-release gabapentin	ANTICONSULSANTS
ACTIVE-PAC KIT, SMARTRX GABA-V KIT, SMART RX GABA KIT	immediate-release gabapentin & lidocaine/menthol topical, or capsaicin/methyl salicylate/menthol topical	ANTICONSULSANTS
HORIZANT	immediate-release gabapentin, ropinirole, pramipexole	ANTICONSULSANTS (RESTLESS LEG SYNDROME/POST HERPETIC NEURALGIA)
FORFIVO XL	bupropion ER	ANTIDEPRESSANTS
IRENKA	duloxetine	ANTIDEPRESSANTS
KHEDEZLA	desvenlafaxine succinate ER, desvenlafaxine ER (Ranbaxy)	ANTIDEPRESSANTS
PEXEVA	paroxetine	ANTIDEPRESSANTS
ZUPLENZ	ondansetron ODT	ANTIEMETIC AGENTS
NYATA	nystatin topical	ANTI-INFECTIVE
ZIPSOR, ZORVOLEX	diclofenac	ANTI-INFLAMMATORY NON-STEROIDAL
NAPRELAN	naproxen	ANTI-INFLAMMATORY NON-STEROIDAL
VIVLODEX	meloxicam	ANTI-INFLAMMATORY NON-STEROIDAL
TIVORBEX	indomethacin	ANTI-INFLAMMATORY NON-STEROIDAL
VIMOVO	naproxen & esomeprazole magnesium, lansoprazole, omeprazole, or pantoprazole	ANTI-INFLAMMATORY NON-STEROIDAL COMBINATION AGENTS
DUEXIS	famotidine & ibuprofen	ANTI-INFLAMMATORY NON-STEROIDAL COMBINATION AGENTS
CAPXIB	celecoxib & capsaicin/menthol topical patch	ANTI-INFLAMMATORY NON-STEROIDAL CYCLOOXYGENASE-2 (COX-2) SELECTIVE INHIBITOR
RAYOS	immediate-release prednisone	ANTI-INFLAMMATORY STEROIDAL
HYCOFENIX	codeine/pseudoephedrine/guaifenesin sol	ANTITUSSIVES
APTENSIO XR, ADZENYS XR ODT	dextroamphetamine/ amphetamine, methylphenidate	ATTENTION DEFICIT-HYPERACTIVITY (ADHD)/NARCOLEPSY
BINOSTO	alendronate 70mg, ibandronate	BONE RESORPTION INHIBITORS

EXCLUDED DRUGS	FORMULARY THERAPEUTIC ALTERNATIVES	THERAPEUTIC DRUG CATEGORIES
CIMZIA, SIMPONI 50mg, TALTZ	HUMIRA, ENBREL, COSENTYX, STELARA, XELJANZ/XR, *SIMPONI 100mg (*for diagnosis of ulcerative colitis only)	AUTOIMMUNE DISEASE
DURLAZA	aspirin (OTC), clopidogrel	CARDIOLOGY
YOSPRALA	aspirin (OTC)	CARDIOLOGY
GONITRO	nitroglycerin	CARDIOLOGY
BEAU RX	KELOCOTE, RECEDO	DERMATOLOGY
DERMAPAK PLUS	tretinoin topical	DERMATOLOGY
ACCUCAINE	lidocaine topical	DERMATOLOGY
PEDIPAK	ciclopirox	DERMATOLOGY
SYNERDERM	OTC EMOLLIENTS (EUCERIN, CETAPHIL, VASELINE, AQUAPHOR)	DERMATOLOGY
URE-K, KERALAC, UTOPIC, UREVAZ, DERMASORB XM	urea 40%, urea 50%	DERMATOLOGY
PENNSAID	diclofenac sodium 1% topical	DERMATOLOGY - ANTIINFLAMMATORY
ADLYXIN, BYDUREON, BYETTA, TANZEUM	TRULICITY, VICTOZA	DIABETES
XULTOPHY, SOLIQUA	TRULICITY, VICTOZA, LANTUS, TOUJEO	DIABETES
FARXIGA, XIGDUO XR	INVOKANA, INVOKAMET, JARDIANCE, SYNJARDY	DIABETES
GLUMETZA	metformin ER	DIABETES
NESINA, KAZANO, OSENI, ONGLYZA, KOMBIGLYZE XR	JENTADUETO, JENTADUETO XR, TRADJENTA, JANUVIA, JANUMET, JANUMET XR	DIABETES
ALL OTHER MANUFACTURERS OF DIABETIC TEST STRIPS AND METERS	ABBOTT (PRECISION AND FREESTYLE BRAND)	DIABETIC SUPPLIES (TEST STRIPS, METERS)
LEVITRA, STENDRA, STAXYN	VIAGRA	DRUGS TO TREAT IMPOTENCY
AUVI-Q	epinephrine 0.3mg or 0.15mg auto-injector	EMERGENCY TREATMENT OF ALLERGIC REACTIONS (TYPE 1)
GENOTROPIN, HUMATROPE, NUTROPIN, NUTROPIN AQ, NUTROPIN AQ NUSPIN, SAIZEN, ZOMACTON	OMNITROPE, NORDITROPIN	GROWTH HORMONES
VIEKIRA PAK, DAKLINZA	HARVONI, EPCLUSA	HEPATITIS C
ESTROGEL	DIVIGEL	HORMONAL DEFICIENCY
NATESTO, TESTIM, VOGELXO, FORTESTA	ANDROGEL, AXIRON	HORMONAL DEFICIENCY
PRESTALIA	amlodipine and benazepril hcl	HYPERTENSION
DUTOPROL	metoprolol succinate ER-HCTZ	HYPERTENSION
APIDRA, APIDRA SOLOSTAR, NOVOLOG, NOVOLOG FLEXPLEN	HUMALOG	INSULINS
LEVEMIR, BASAGLAR, TRESIBA	LANTUS, TOUJEO	INSULINS
NOVOLIN	HUMULIN	INSULINS
ALTOPREV, LESCOL XL	atorvastatin, lovastatin, pravastatin, simvastatin, rosuvastatin	LIPID IRREGULARITY
ANTARA	fenofibrate/ micronized/ nanocrystallized	LIPOTROPICS
ASACOL HD, DELZICOL, DIPENTUM	balsalazide disodium, APRISO, LIALDA, PENTASA, sulfasalazine	LOWER GASTROINTESTINAL DISORDERS
ONZETRA, ZEMBRACE SYMTOUCH, TREXIMET	sumatriptan	MIGRAINE
EXTAVIA	REBIF, GILENYA, PLEGRIDY, TECFIDERA, AVONEX, GLATOPIA	MULTIPLE SCLEROSIS
METHAVER	Individual vitamin components	MULTIVITAMIN PREPARATIONS
armodafinil	modafinil	NARCOLEPSY AND SLEEP DISORDER THERAPY AGENTS
OMNARIS, ZETONNA, BECONASE AQ, TICANASE	Nasal triamcinolone, flunisolide, fluticasone, budesonide, mometasone, QNASL	NASAL ANTI-INFLAMMATORY
QSYMIA	phentermine & topiramate	OBESITY AGENTS
ZIOPTAN	latanoprost, travoprost, LUMIGAN, TRAVATAN Z	OPHTHALMIC GLAUCOMA
EVZIO	NARCAN NASAL SPRAY	OPIOID REVERSAL
LASTACFT, BEPREVE, EMADINE, PAZEO	PATADAY, olopatadine	OPHTHALMIC ANTIHISTAMINES
ARESTIN	N/A	ORAL/PHARYNGEAL DISORDERS
PANCREAZE, PERTZYE	lipase/protease/amylase, CREON, ZENPEP	PANCREATIC ENZYMES
PROVENTIL HFA, levalbuterol HFA	PROAIR HFA, VENTOLIN HFA	RESPIRATORY ASTHMA AND COPD

EXCLUDED DRUGS	FORMULARY THERAPEUTIC ALTERNATIVES	THERAPEUTIC DRUG CATEGORIES
ALVESCO, FLOVENT DISKUS, FLOVENT HFA	ASMANEX HFA, ASMANEX TWISTHALER, PULMICORT FLEXHALER, QVAR	RESPIRATORY ASTHMA
TUDORZA PRESSAIR, SEEBRI NEOHALER	SPIRIVA HANDIHALER, SPIRIVA RESPIMAT	RESPIRATORY COPD
UTIBRON, BEVESPI	STIOLTO	RESPIRATORY COPD
NORITATE	metronidazole 0.75% cream, gel or lotion	ROSACEA AGENTS, TOPICAL
EDLUAR, INTERMEZZO, ROZEREM, ZOLPIMIST	eszopiclone, zaleplon, zolpidem	SEDATIVE-HYPNOTICS, NON-BARBITURATE
AMRIX, FEXMID, FLEXEPAX	cyclobenzaprine 5mg or 10mg	SKELETAL MUSCLE RELAXANTS
ALLZITAL	butalbital/acetaminophen	TENSION HEADACHE
TIROSINT	levothyroxine	THYROID HORMONES
DEXILANT	lansoprazole, omeprazole, pantoprazole, esomeprazole	UPPER GASTROINTESTINAL DISORDERS

Preferred Generic	Preferred Brand	Non-Preferred
Cardiovascular – Calcium Channel Blockers / Combinations		
amlodipine amlodipine/benazepril diltiazem diltiazem CD diltiazem ER felodipine nifedipine/SA nisoldipine verapamil verapamil LA		Cardene SR Covera-HS Dynacirc CR
Contraceptives		
Apri Aviane Gianvi, Loryna, or Vestura (ST) Kariva Levora-28 Low-Ogestrel medroxyprogesterone acetate (QL) Microgestin Fe, Larin Fe, Gildess Fe, Tarina Fe Norethin-eth estra ferrous fum Nortrel Ocella, Syeda, or Zarah (ST) Plan B One Step Sprintec Tilia Fe, Tri-Legest Fe Trinessa Tri-Sprintec Trivora-28 Xulane patch (QL) Zeosa, Zenchent Fe, Wymzya Fe	Lo Loestrin Fe (ST) Nuvaring (QL) Ortho Tri-Cyclen Lo (ST) Seasonale (QL, ST) Yasmin (ST) Yaz (ST)	Beyaz (ST) Lo-Seasonique (QL, ST) Natazia (ST) Safyral (ST) Seasonique (QL, ST)
Diabetes Agents		
glimepiride glipizide glipizide/metformin glyburide glyburide/metformin metformin metformin ER miglitol nateglinide pioglitazone pioglitazone/glimepiride (ST) pioglitazone/metformin (ST) repaglinide repaglinide/metformin hcl	Actoplus Met/XR (ST) Glyxambi (QL, ST) Humulin N (QL) Humulin R (QL) Humulin R-500 (QL) Humulin 70/30 (QL) Humalog (QL) Humalog Mix 50/50 (QL) Humalog Mix 75/25 (QL) Invokamet (QL, ST) Invokamet XR (QL, ST) Invokana (QL, ST) Janumet (QL) Janumet XR (QL) Januvia (QL) Jentadueto (QL) Jardiance (QL, ST) Lantus (QL) Precose Riomet Symlin Synjardy (QL, ST) Toujeo (QL) Tradjenta (QL) Trulicity (QL, ST) Victoza (QL, ST)	Afrezza (PA, QL) Avandamet (ST) Avandaryl (ST) Avandia (ST) Cycloset (ST) Fortamet (ST)
Diabetes Diagnostics		
	All Abbott diabetic supplies (Precision and FreeStyle brand)	
Genitourinary Agents-Benign Prostatic Hyperplasia		
alfuzosin doxazosin dutasteride dutasteride/tamsulosin hcl (ST) finasteride tamsulosin terazosin		Cialis (PA + QL) Rapaflo (ST)

Preferred Generic	Preferred Brand	Non-Preferred
Genitourinary Agents-Overactive Bladder		
darifenacin oxybutynin oxybutynin ER tolterodine tartrate trospium chloride trospium chloride ER	Myrbetriq Toviaz Vesicare	Gelnique Oxytrol
Glaucoma Agents		
betaxolol bimatoprost 0.03% (QL) brimonidine tartrate dorzolamide latanoprost levobunolol timolol timolol/dorzolamide travoprost (QL)	Azopt Betimol Betoptic S Combigan Lumigan 0.01% (QL) Simbrinza Travatan Z (QL)	Cosopt PF (QL, ST) Rescula (QL, ST) Timoptic Ocudose (QL, ST)
Hormone Replacement		
estradiol estradiol patch (QL) estradiol/norethindrone acet estropiate me-testosterone me-testosterone/estrogen, esterified medroxyprogesterone norethindrone ac-eth estradiol progesterone, micronized testosterone 1% gel (PA) testosterone cypionate (PA) testosterone enanthate (PA)	Androgel 1% (PA) Androgel 1.62% (PA) Axiron (PA) Combipatch (QL) Crinone Duavee Menest Premarin Premphase Prempro	Androderm (PA) Cenestin Climara Pro (QL) Enjuvia Estring (QL) Femtrace Prefest Striant (PA)
Lipid Lowering Agents		
amlodipine/atorvastatin (QL) atorvastatin cholestyramine colestipol fenofibrate/micronized/nanocrystallized fenofibric acid/choleline fluvastatin (QL, ST) gemfibrozil lovastatin niacin ER (Rx only) (ST) omega-3 ethyl esters (QL) pravastatin rosuvastatin (QL) simvastatin (ST on 80mg)	Fenoglide Juxtapid (PA) Kynamro (PA) Livalo (QL) Simcor (QL, ST) Triglide Praluent (PA) Repatha (PA) Vascepa (QL) Vytorin (QL) Vytorin 10/80 (QL, ST) Welchol Zetia (QL)	Advicor (QL, ST) Liptruzet (QL, ST)
Non-Steroidal Anti-Inflammatory Agents		
celecoxib diclofenac sodium ibuprofen indomethacin meloxicam nabumetone naproxen	Voltaren gel	
Osteoporosis Agents		
alendronate (QL on solution) calcitonin, salmon, synthetic ibandronate 150mg raloxifene (QL)	Fosamax Plus D Forteo (QL)	Actionel (QL, ST) Atelvia (QL, ST) Fortical

Preferred Generic	Preferred Brand	Non-Preferred
SPECIALTY DRUGS		
Anemia		
	Procrit (PA)	Aranesp (PA) Epogen (PA) Mircera (PA)
Growth Hormone		
	Norditropin FlexPro/ Nordiflex (PA) Omnitrope (PA)	Serostim (PA) Zorbtive (PA)
Hepatitis C		
Ribasphere 200mg ribavirin 200mg	Epclusa (PA) Harvoni (PA) Pegasys (PA) Rebetol soln	Daklinza (PA) Moderiba DosePack (ST) Olysio (PA) PegIntron (PA) Ribasphere 400, 600mg, RibaPak (ST) Sovaldi (PA) Technivie (PA) Zepatier (PA)
Multiple Sclerosis		
Glatopa (PA)	Avonex (PA) Copaxone (PA) Gilenya (PA) Plegridy (PA) Rebif (PA) Rebif Rebidose (PA) Tecfidera (PA)	Ampyra (PA) Aubagio (PA) Betaseron (PA) Lemtrada (PA) Zinbryta (PA)
Rheumatoid Arthritis		
methotrexate	Enbrel (PA) Humira (PA) Otrexup (QL, ST) Xeljanz (PA) Xeljanz XR (PA)	Actemra SC/IV (PA) Kineret (PA) Orencia SC/IV (PA) Rasuvo (QL, ST) Remicade (PA) Rituxan (PA)

A recommended prescribing guideline may apply (denoted throughout the document using the following symbols):

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