



July 2008

Select - Preferred Drug List (PDL)



**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](http://www.medimpact.com) for the most up-to-date PDL. The PDL is not a complete list of formulary drugs; therefore, you should refer to your plan for a complete drug list and details of any additional coverage or quantity limit restrictions that may apply to certain medications.

SELECT PDL THERAPEUTIC DRUG CATEGORIES

Preferred Generic	Preferred Brand	Non-Preferred	Preferred Generic	Preferred Brand	Non-Preferred
<b>Allergy - Antihistamines</b>			<b>Anti-Ulcer / Gastrointestinal Agents</b>		
cetirizine (OTC)	Allegra D	All carbinoxamine containing products	butalbital / APAP / caffeine	Treximet	Frova
cetirizine / pseudoephedrine (OTC)	Astelín	(e.g., Palgic, Tussafed)	butalbital / aspirin / caffeine	Zomig / ZMT (QL)	Maxalt / MLT (QL)
fenofenadine	Xyzal	Clarínex / Clarínex D	ergotamine / caffeine		Migranal
hydroxyzine					Relpax
loratadine (OTC)			<b>Anti-Ulcer / Gastrointestinal Agents</b>		
loratadine / pseudoephedrine (OTC)			cimetidine	Prevacid	Aciphex
<b>Allergy - Nasal Corticosteroids</b>			famotidine	Prevpac	Helidac
flunisolide	Nasarel	Beconase AQ	metoclopramide	Protonix	Nexium
fluticasone	Nasonex	Nasacort AQ	omeprazole		Zegerid
	Rhinocort AQ		omeprazole OTC		
	Veramyst		pantoprazole		
<b>Antidepressants</b>			ranitidine		
amitriptyline	Cymbalta	Pexeva	sucralfate		
bupropion / SR / XL	Effexor XR	Prozac Weekly	<b>Asthma / COPD</b>		
citalopram	Lexapro	Sarafem	albuterol	Accolate	Aerobid
fluoxetine	Nardil		albuterol / ipratropium	Advair Diskus	Brovana
mirtazapine / soltab			cromolyn	Advair HFA	Maxair
nortriptyline			ipratropium	Asmanex	Xopenex / HFA
paroxetine IR / CR			theophylline	Atrovent HFA	Zyflo
sertraline				Azmacort	
trazodone				Combivent	
venlafaxine IR				Flovent Diskus	
<b>Antimigraine Agents</b>				Flovent HFA	
APAP / dichloralphenazone / isometheptene	Depakote ER	Amerge		Foradil	
	Imitrex (QL)	Axert (QL)		Perforomist	
				ProAir HFA	

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Preferred Generic	Preferred Brand	Non-Preferred
	Proventil HFA Pulmicort / Respules QVAR Serevent Diskus Singulair Spiriva Symbicort Tilade	
<b>Asthma / COPD - continued</b>		
	Ventolin HFA Xolair	
<b>Cardiovascular - ACE Inhibitors / ARBs / Combinations</b>		
benazepril / HCTZ enalapril / HCTZ lisinopril / HCTZ quinapril / HCTZ ramipril caps	Altace tabs Benicar / HCT Cozaar Diovan / HCT Hyzaar	Atacand / HCT Avalide Avapro Micardis / HCT Teveten / HCT
<b>Cardiovascular - Beta Blockers / Combinations</b>		
atenolol atenolol / chlorthalidone carvedilol metoprolol tartrate metoprolol succinate propranolol propranolol / HCTZ propranolol LA	Coreg CR Bystolic Innopran XL	Levotal
<b>Cardiovascular - Calcium Channel Blockers / Combinations</b>		
amlodipine amlodipine / benazepril diltiazem diltiazem CD diltiazem SA, SR felodipine nifedipine / nifedipine SA verapamil verapamil LA	Exforge	Cardene SR Cardizem LA Covera-HS Dynacirc CR Lexxel Sular Tarka Tiazac
<b>Contraceptives</b>		
Apri Aviane Kariva Levora Low-Ogestrel Microgestin / FE Nortrel Sprintec Trinessa Tri-Sprintec Trivora	Nuvaring Ortho Evra Ortho Tri-Cyclen Lo Yasmin YAZ	Depo-Provera Estrostep FE Femcon FE Loestrin 24 Fe Lybrel Ovcon-50 Ovcon Fe Seasonique
<b>Diabetes Agents</b>		
glimpiride glipizide glipizide / metformin glyburide glyburide / metformin metformin metformin ER	Actos Actoplus Met Avandamet Avandaryl Avandia Byetta (QL) Duetact Human Insulins (Novo / Lilly) Janumet Januvia Lantus Levemir Prandin Precose Riomet Starlix Symlin	Apidra Fortamet Glumetza Glyset
<b>Diabetes Diagnostics</b>		
	Accu-Chek Strips and Meters One-Touch Strips and Meters	Ascensia Freestyle Precision Softact
<b>Genitourinary Agents-Benign Prostatic Hyperplasia</b>		
doxazosin finasteride terazosin	Avodart Flomax	Uroxatral
<b>Genitourinary Agents-Overactive Bladder</b>		
oxybutynin	Detrol / Detrol LA	Oxytrol

Preferred Generic	Preferred Brand	Non-Preferred
	Enbrel	Sanctura / Sanctura XR
<b>Glaucoma Agents</b>		
betaxolol brimonidine	Alphagan P Azopt	Combigan
<b>Glaucoma Agents - continued</b>		
levobunolol timolol	Betimol Betoptic S Cosopt Lumigan Travatan / Z Trusopt Xalatan	
<b>Hormone Replacement</b>		
estradiol estradiol patches estropipate me-testosterone me-testosterone / estrogen, esterified medroxyprogesterone	Androderm Androgel Combipatch Crinone Menest Premarin Premphase Prempro / Low Dose Prometrium	Activella Cenestin Climara Pro Enjuvia FemHRT Femtrace Prefest Striant Testim
<b>Lipid Lowering Agents</b>		
cholestyramine fenofibrate gemfibrozil lovastatin niacin (Rx only) pravastatin simvastatin	Antara Caduet Lipitor Niaspan Simcor Tricor Vytorin Welchol Zetia	Advicor Altroprev Crestor Lescol / XL
<b>Non-Steroidal Anti-Inflammatory Agents</b>		
diclofenac sodium ibuprofen indomethacin meloxicam nabumetone naproxen	Celebrex (AGE)	
<b>Osteoporosis Agents</b>		
alendronate	Actonel Actonel with Calcium Evista Fosamax D Forteo	Boniva Fortical Miacalcin
<b>Sleep Aids</b>		
temazepam zolpidem	Ambien CR Lunesta	Rozerem Sonata

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SPECIALTY DRUGS		
<b>Anemia</b>		
	Procrit	Aranesp Epogen
<b>Growth Hormones</b>		
	Genotropin Humatrope Nutropin / AQ	Norditropin Omnitrope Saizen Tev-Tropin
<b>Hepatitis C</b>		
ribavirin	Pegasys PEG-Intron	
<b>Multiple Sclerosis</b>		
	Avonex Betaseron Copaxone Rebif	Tysabri
<b>Rheumatoid Arthritis</b>		
	Enbrel (QL) Humira (QL)	

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A recommended prescribing guideline may apply. These are 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
- G Gender Coverage may depend on patient gender

<b>MD</b>	Physician Speciality Edit	Coverage may depend on prescribing physician's speciality or board certification.
<b>PA</b>	Prior Authorization	Requires specific physician request process.
<b>QL</b>	Quantity Limit	Coverage may be limited to specific quantities per prescription and/or time period.