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Select - Preferred Drug List (PDL)

MedImpact
Delivering · Flexible · Choice

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.

SELECT PDL THERAPEUTIC DRUG CATEGORIES

Preferred Generic	Preferred Brand	Non-Preferred
Allergy - Antihistamines		
cetirizine (OTC) cetirizine/pseudoephedrine (OTC) fexofenadine/pseudoephedrine. (OTC) hydroxyzine levocetirizine loratadine (OTC) loratadine/pseudoephedrine (OTC)	Astelin/Astepro	All carbinoxamine containing products, (e.g., Palgic,Tussafed) Clarinex (QL) Clarinex D (QL) Patanase
Allergy – Nasal Corticosteroids		
flunisolide fluticasone triamcinolone (QL)	Nasonex (QL) Qnasl (QL,ST)	Beconase AQ (QL,ST) Dymista (QL, ST) Omnaris (QL,ST) Rhinocort Aqua (QL,ST) Veramyst (QL,ST) Zetonna (QL, ST)
Antidepressants		
amitriptyline escitalopram bupropion/SR/XL citalopram) fluoxetine / fluoxetine ER mirtazapine/soltab nortriptyline paroxetine IR sertraline trazodone venlafaxine IR/XR	Cymbalta (QL) Effexor XR caps Nardil Pristiq (QL, ST)	Aplenzin (QL, ST) Forfivo XL (QL, ST) Oleptro (QL, ST) Paxil CR Pexeva (QL, ST) Sarafem Viibryd (QL, ST)
Antimigraine Agents		
APAP/dichloralphenazone/ isometheptene butalbital/APAP butalbital/APAP/caffeine butalbital/aspirin/caffeine ergotamine/caffeine rizatriptan benzoate (QL, ST) sumatriptan succinate (QL)	Zomig/ZMT (QL, ST)	Alsuma (QL) Amerge (QL, ST) Axert (QL, ST) Frova (QL, ST) Helidac Migranal Relpax (QL, ST) Sumavel DosePro (QL) Treximet (QL, ST)

Preferred Generic	Preferred Brand	Non-Preferred
Anti-Ulcer / Gastrointestinal Agents		
cimetidine famotidine lansoprazole metoclopramide omeprazole omeprazole OTC pantoprazole ranitidine sucralfate	Dexilant(QL, ST) Prevpac (QL)	Aciphex (QL, ST) Nexium (QL, ST) Zegerid (QL)
Asthma / COPD		
albuterol / ipratropium cromolyn ipratropium levalbuterol hcl soln. montelukast theophylline	Asmanex Atrovent HFA (QL) Combivent Combivent Respimat Daliresp (QL, ST) Dulera (QL) Flovent Diskus Flovent HFA Perforomist (QL) Pulmicort Flexhaler Pulmicort Respules QVAR Serevent Diskus (QL) Singulair Spiriva (QL) Ventolin HFA	Advair Diskus (QL, ST) Advair HFA (QL, ST) Aerobid Arcapta (QL,ST) Brovana (QL) Foradil (QL,ST) Maxair ProAir HFA Proventil HFA Symbicort (QL, ST) Tudorza (QL, ST) Xopenex HFA Zyflo
Cardiovascular – ACE Inhibitors / ARBs / DRIs/ Combinations		
benazepril/HCTZ enalapril/HCTZ irbesartan/HCTZ lisinopril/HCTZ losartan losartan/HCTZ quinapril/HCTZ ramipril caps valsartan/HCTZ	Altace tabs Benicar/HCT (ST) Diovan (ST) Exforge/HCT (ST)	Amturnide (PA) Atacand/HCT (ST) Azor (ST) Edarbi (ST) Edarbyclor (ST) Micardis/HCT (ST) Tekamlo (PA) Tekturna/HCT (PA) Teveten/HCT (ST) Tribenzor (ST) Twynsta (ST)

Preferred Generic	Preferred Brand	Non-Preferred
Cardiovascular – Beta Blockers / Combinations		
atenolol atenolol/chlorthalidone carvedilol metoprolol tartrate metoprolol tartrate/HCTZ metoprolol succinate propranolol propranolol/HCTZ propranolol LA	Coreg CR Bystolic Innopran XL	Levatol
Cardiovascular – Calcium Channel Blockers / Combinations		
amlodipine amlodipine / benazepril diltiazem diltiazem CD diltiazem SA, SR felodipine nifedipine/SA verapamil verapamil LA		Cardene SR Covera-HS Dynacirc CR Sular Tiazac
Contraceptives		
Apri Aviane Gianvi (ST) Kariva Levora Loryna (ST) Low-Ogestrel medroxyprogesterone acetate Microgestin/Fe Nortrel Ocella (ST) Sprintec Syeda (ST) Trinessa Tri-Sprintec Trivora Vestura (ST) Zarah (ST)	Depo-Provera Lo Loestrin Fe (ST) Nuvaring Ortho Evra Ortho Tri-Cyclen Lo Yasmin (ST) Yaz (ST)	Beyaz (ST) Estrostep Fe Femcon Fe Loestrin 24 Fe (ST) Lybrel Natazia (ST) Ovcon-50 Ovcon Fe Safyral (ST) Seasonique
Diabetes Agents		
glimepiride glipizide glipizide/metformin glyburide glyburide/metformin metformin metformin ER nateglinide pioglitazone pioglitazone/glimepiride (ST) pioglitazone/metformin	Actos Actoplus Met/XR (ST) Bydureon (QL, ST) Byetta (QL, ST) Human Insulins (Novo/Lilly) Janumet Janument XR) Januvia Jentadueto Juvisync Lantus Prandin/Prandimet Precose Riomet Symlin Tradjenta Victoza (QL, ST)	Apidra Avandamet (ST) Avandaryl (ST) Avandia (ST) Cycloset (ST) Fortamet (ST) Glumetza (ST) Glyset Kombiglyze XR (ST) Levemir (ST) Onglyza (ST)
Diabetes Diagnostics		
	All Abbott diabetic supplies All Bayer diabetic supplies	All Lifescan diabetic supplies (ST) All Roche diabetic supplies (ST)
Genitourinary Agents-Benign Prostatic Hyperplasia		
alfuzosin doxazosin finasteride tamsulosin terazosin	Avodart Cialis (G,QL) Jalyn Uroxatral	Rapaflo (ST)
Genitourinary Agents-Overactive Bladder		
oxybutynin oxybutynin extended release tolterodine tartrate	Detrol/Detrol LA Toviaz Vesicare	Enablex Myrbetriq (QL, ST) Oxytrol Sanctura/Sanctura XR
Glaucoma Agents		
betaxolol brimonidine dorzolamide latanoprost levobunolol timolol timolol/dorzolamide	Alphagan P Azopt Betimol Betoptic S Lumigan (QL) Travatan/Z (QL) Xalatan(QL on brand)	Combigan Cosopt PF (QL,ST) Timoptic Ocudose (QL,ST) Zioptan (QL,ST)

Preferred Generic	Preferred Brand	Non-Preferred
Hormone Replacement		
estradiol estradiol patches estropipate me-testosterone me-testosterone/ estrogen, esterified medroxyprogesterone progesterone, micronized	Androgel (PA) Axiron (PA) Combipatch Crinone Delatestryl (PA) Depo-Testosterone (PA) FemHRT Menest Premarin Premphase Prempro / Low Dose Vagifem	Activella Androderm (PA) Cenestin Climara Pro Enjuvia Estring (QL) Femtrace Fortesta (PA) Prefest Striant (PA) Testim (PA)
Lipid Lowering Agents		
amlodipine/atorvastatin (QL) atorvastatin cholestyramine colestipol fenofibrate fenofibrate nanocrystallized gemfibrozil lovastatin niacin (Rx only) pravastatin simvastatin (ST on 80mg)	Antara Crestor (QL, ST)) Lipitor Lovaza Niaspan Simcor (QL, ST) Welchol Zetia (QL)	Advicor (QL, ST) Altoprev (QL, ST) Lescol (QL, ST) Lescol XL (QL, ST) Livalo (QL, ST) Vytorin (QL, ST)
Non-Steroidal Anti-Inflammatory Agents		
diclofenac sodium ibuprofen indomethacin meloxicam nabumetone naproxen	Celebrex (AGE, ST) Vimovo Voltaren Gel (ST)	Duexis (QL,ST)
Osteoporosis Agents		
alendronate ibandronate 150mg	Evista (QL) Fosamax D Forteo (QL)	Actonel (QL, ST) Atelvia (QL, ST) Binosto (QL,ST) Fortical Miacalcin
Sleep Aids		
temazepam zaleplon (QL) zolpidem (QL) zolpidem CR (QL, ST)		Edluar (QL, ST) Intermezzo (QL,ST) Lunesta (QL, ST) Rozerem (QL, ST) Silenor (QL, ST) Zolpimist (QL, ST)
SPECIALTY DRUGS		
Anemia		
	Procrit (PA)	Aranesp (PA) Epogen (PA) Omontys (PA)
Growth Hormone		
	Omnitrope (PA) Saizen (PA)	Genotropin (PA) Humatrope (PA) Norditropin / Flexpro / Nordiflex (PA) Nutropin / AQ / NuSpin (PA) Serostim (PA) Tev-Tropin (PA) Zorbtive (PA)
Hepatitis C		
ribavirin 200mg	Incivek (PA) PegIntron (PA)	Infergen (PA) Pegasys (PA) Ribapak (ST) ribavirin 400, 600mg (ST) Victrelis (PA)
Multiple Sclerosis		
	Avonex (ST) Betaseron (ST) Copaxone Extavia (ST) Rebif/Rebif Rebidose	Ampyra (PA) Aubagio (PA) Gilenya (PA)
Rheumatoid Arthritis		
	Cimzia PA Humira PA	Enbrel (PA) Orencia SC (PA) Rayos (ST) Simponi (PA) Xeljanz (PA)

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.
G	Gender	Coverage may depend on patient gender
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