



Portfolio Medium – Preferred Drug List (PDL)

July 1, 2022

What is the MedImpact Preferred Drug List (PDL)?

The PDL is a list of commonly prescribed medications within select classes of drugs covered by your prescription drug plan. The PDL was created to promote clinically appropriate utilization of medications in a cost-effective manner.

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

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

How do I get the greatest benefit from my PDL?

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

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

PDL DRUG CATEGORY	GENERIC	PREFERRED BRAND	NON-PREFERRED BRAND
ALLERGY			
NASAL CORTICOSTEROIDS	azelastine/fluticasone (QL, ST) OTC budesonide flunisolide (QL) fluticasone (QL) mometasone (QL) OTC triamcinolone	Qnasl (QL) Xhance (QL, ST)	Beconase AQ (QL, ST) Dymista (QL, ST) Omnaris (QL, ST) Ticanase (QL) Zetonna (QL, ST)
OPHTHALMIC ANTIHISTAMINES	azelastine (QL) epinastine (QL) olopatadine (QL)	Alomide (ST, QL)	Bepreve (QL, ST) Emadine (QL, ST) Lastacast (QL, ST) Pazeo (QL, ST)
BEHAVIORAL HEALTH			
ADHD AGENTS	dextroamphetamine/ amphetamine (QL) dexmethylphenidate (QL) dextroamphetamine ER (QL) dextroamphetamine (QL) methylphenidate (QL)	Adderall XR (QL) Concerta (QL) Mydayis (QL) Vyvanse (QL)	Adhansia XR (QL,ST) Adzenys ER (QL, ST) Adzenys XR-ODT (QL, ST) Aptensio XR (QL, ST) Azstarys (ST) Cotempla XR-ODT (QL, ST) Daytrana (QL, ST) Dyanavel XR (QL, ST) Evekeo (PA) Evekeo ODT (QL,ST) Jornay PM (QL, ST) Relexxii (QL, ST) Qelbree (AGE, QL, ST) Quillichew (QL)

7/1/2022



MedImpact.com

Copyright © 2022 MedImpact Healthcare Systems, Inc. All rights reserved. These materials are intended strictly for referential use by MedImpact's business partners. Any other use, or use by any other party, is strictly forbidden and requires written consent of MedImpact Healthcare Systems, Inc.



Portfolio Medium – Preferred Drug List (PDL)

July 1, 2022

PDL DRUG CATEGORY	GENERIC	PREFERRED BRAND	NON-PREFERRED BRAND
			Quillivant (QL) Zenzedi (QL, ST)
ANTIPSYCHOTICS	aripiprazole, ODT/ oral solution (QL) asenapine (QL) clozapine (QL) olanzapine (QL) paliperidone (QL) quetiapine IR/XR (QL) risperidone (QL) ziprasidone (QL)	Latuda (QL) Rexulti (QL) Vraylar (QL)	Abilify Mycite (PA) Caplyta (QL) Fanapt (QL) Fazaclo (QL) Lybalvi (PA) Secuado (QL, ST) Versacloz (QL) Saphris (QL)
CARDIOVASCULAR			
LIPID-LOWERING AGENTS	atorvastatin (QL) ezetimibe (QL) fluvastatin IR/ER (QL, ST) lovastatin (QL) pravastatin (QL) rosuvastatin (QL) simvastatin (QL) (ST on 80mg) simvastatin/ezetimibe (QL, ST on 80mg)	Livalo (QL)	Altoprev (QL, ST) Ezallor Sprinkle (QL) Flolipid (PA) Roszet (QL) Zypitamag (QL, ST)
ANTICOAGULANTS		Eliquis (QL) Xarelto (QL)	Bevyxxa (QL) Pradaxa (QL, ST) Savaysa (QL, ST)
PCSK9 INHIBITORS		Praluent (ST) Repatha (ST)	
ACL INHIBITORS		Nexletol (ST) Nexlizet (ST)	
DERMATOLOGY			
ACTINIC KERATOSIS AGENTS	diclofenac 3% (QL) fluorouracil 0.5% (PA) fluorouracil 5%	Tolak	Carac 0.5% (PA) Fluoroplex (PA) Klisyri (PA) Picato (PA) Zyclara (PA)
DIABETES			
DPP-4 INHIBITORS		Januvia (QL) Janumet (QL) Janumet XR (QL)	Jentadueto (QL, ST) Jentadueto XR (QL, ST) Kazano (QL, ST) Kombiglyze XR (QL, ST) Nesina (QL, ST) (brand and authorized generic) Onglyza (QL, ST) Oseni (QL, ST) Tradjenta (QL, ST)
SGLT-2 INHIBITORS		Farxiga (QL) Jardiance (QL) Synjardy (QL) Synjardy XR (QL) Xigduo XR (QL)	Invokana (QL, ST) Invokamet (QL, ST) Invokamet XR (QL, ST) Segluromet (QL, ST) Steglatro (QL, ST)
SGLT-2/DPP-4 INHIBITOR COMBINATIONS			Glyxambi (QL, ST) Qtern (QL, ST) Steglujan (QL, ST) Trijardy XR (QL, ST)
GLP-1 AGONISTS		Bydureon (QL) Bydureon BCise (QL)	Adlyxin (QL, ST) Mounjaro (QL, ST)

7/1/2022



MedImpact.com

Copyright © 2022 MedImpact Healthcare Systems, Inc. All rights reserved. These materials are intended strictly for referential use by MedImpact's business partners. Any other use, or use by any other party, is strictly forbidden and requires written consent of MedImpact Healthcare Systems, Inc.



Portfolio Medium – Preferred Drug List (PDL)

July 1, 2022

PDL DRUG CATEGORY	GENERIC	PREFERRED BRAND	NON-PREFERRED BRAND
		Byetta (QL) Ozempic (QL) Rybelsus (QL) Trulicity (QL) Victoza (QL)	
INSULINS, RAPID-ACTING		Humalog (QL) Lyumjev (QL)	Admelog (QL, ST) Afrezza (PA) Apidra (QL, ST) Fiasp (QL, ST) Novolog (QL, ST)
INSULINS, SHORT-ACTING		Humulin (QL)	Novolin (QL, ST)
INSULINS, LONG-ACTING		Levemir (QL) Semglee (yfgn) (QL) Tresiba (QL)	Basaglar (QL, ST) Semglee (QL, ST) Toujeo (QL, ST)
INSULIN (LONG-ACTING) AND GLP-1 AGONIST COMBINATIONS		Soliqua (QL, ST) Xultophy (QL, ST)	
DIABETIC SUPPLIES		Preferred Abbott diabetic supplies (Precision, FreeStyle, FreeStyle Neo) (QL) BD insulin syringes BD pen needles	All non-Abbott diabetic supplies (e.g., Contour, Breeze, OneTouch brand) (QL, ST)
ENDOCRINE			
ANDROGENS	me-testosterone (PA) testosterone cypionate (PA) testosterone enanthate (PA) testosterone gel (PA) testosteronesolution (PA)		Androderm patch (PA) Jatenzo (PA) Methitest (PA) Natesto (PA) Striant (PA) Tlando (PA) Xyosted (PA)
ESTROGENS/ESTROGEN MODIFIERS	estradiol estradiol patches (QL) estradiol/norethindrone estropipate medroxyprogesterone norethindrone ac-eth estradiol progesterone, micronized	Combipatch (QL) Crinone Divigel (ST) Duavee Estring (QL) Intrarosa (QL) Menest Osphena (QL) Premarin Premphase Prempo	Bijuva (ST) Cenestin Climara Pro (QL) Elestrin (ST) Enjuvia Femring (QL, ST) Imvexxy (QL, ST) Prefest
FERTILITY AGENTS (IF COVERED)		Cetrotide Endometrin Gonal-F Menopur Novarel Ovidrel	Chorionic gonadotropin (ST) Crinone (ST) Follistim AQ (ST) Granirelix (ST) Pregnyl (ST)
ELECTROLYTE REGULATION		Lokelma	Veltassa (PA)
OSTEOPOROSIS AGENTS	alendronate (QL on solution) calcitonin, synthetic ibandronate raloxifene (QL) risedronate (QL, ST)	Forteo (PA) Tymlos (PA)	Binosto (QL, ST) teriparatide (PA)

7/1/2022



MedImpact.com

Copyright © 2022 MedImpact Healthcare Systems, Inc. All rights reserved. These materials are intended strictly for referential use by MedImpact's business partners. Any other use, or use by any other party, is strictly forbidden and requires written consent of MedImpact Healthcare Systems, Inc.



Portfolio Medium – Preferred Drug List (PDL)

July 1, 2022

PDL DRUG CATEGORY	GENERIC	PREFERRED BRAND	NON-PREFERRED BRAND
	risedronate DR (QL, ST)		
WEIGHT REDUCTION (IF COVERED)	phentermine (QL) phendimetrazine (QL) diethylpropion (QL) topiramate	Saxenda (PA) Wegovy (PA)	Belviq (PA) Belviq XR (PA) Contrave (PA) Plenity (PA) Qsymia (PA) Xenical (PA)
GASTROINTESTINAL			
IRRITABLE BOWEL & CONSTIPATION	Lubiprostone (QL)	Linzess (QL) Movantik (QL)	Ibsrela (PA) Motegrity (QL,ST) Symproic (QL, ST) Trulance (QL, ST) Zelnorm (QL,ST)
INFLAMMATORY BOWEL DISEASE AGENTS	balsalazide disodium mesalamine DR (ST) mesalamine ER sulfasalazine	Lialda Pentasa 250mg	Dipentum (ST)
PANCREATIC ENZYMES		Creon Zenpep	Pancreaze Pertzye
GENITOURINARY			
DRUGS TO TREAT IMPOTENCY	sildenafil (QL) tadalafil 2.5mg, 5 mg (PA, QL) tadalafil 10 mg, 20 mg (QL) vardenafil (QL, ST)		Stendra (QL, ST)
INFLAMMATORY DISEASE			
AUTOIMMUNE AGENTS	methotrexate	Otrexup (QL)	Rasuvo (QL, ST)
PAIN MANAGEMENT			
OPIOID - FENTANYL	fentanyl citrate (QL)		Abstral (PA) Fentora (PA) Lazanda (PA) Onsolis (PA) Subsys (PA)
HEADACHE/MIGRAINE TREATMENT	almotriptan (QL, ST) eletriptan (QL, ST) frovatriptan (QL, ST) naratriptan (QL) rizatriptan (QL) sumatriptan (QL) zolmitriptan (QL, ST)	Aimovig (PA) Emgality (PA) Qulipta (PA) Reyvow (PA) Ubrelvy (PA) Nurtec ODT (PA)	Ajovy (PA) Onzetra Xsail (QL, ST) Tosymra (QL, ST) Trudhesa (AGE, QL, ST) Zembrace Symtouch (QL, ST) Zomig Nasal (QL, ST)
RESPIRATORY			
BETA-AGONISTS, SHORT- ACTING (SABA)	albuterol HFA levalbuterol tartrate HFA		Proair DigiHaler (ST) ProAir RespiClick (ST) ProAir HFA Proventil HFA Ventolin HFA Xopenex HFA
INHALED CORTICOSTEROIDS (ICS)		Arnuity Ellipta (QL) Flovent Diskus/HFA (QL)	Aerospan (QL, ST) Alvesco (QL, ST) Armonair RespiClick (QL, ST) Armonair DigiClick (QL, ST) Asmanex (QL, ST) Pulmicort Flexhaler (QL, ST) Qvar Redihaler (QL,ST)

7/1/2022



MedImpact.com

Copyright © 2022 MedImpact Healthcare Systems, Inc. All rights reserved. These materials are intended strictly for referential use by MedImpact's business partners. Any other use, or use by any other party, is strictly forbidden and requires written consent of MedImpact Healthcare Systems, Inc.



Portfolio Medium – Preferred Drug List (PDL)

July 1, 2022

PDL DRUG CATEGORY	GENERIC	PREFERRED BRAND	NON-PREFERRED BRAND
INHALED CORTICOSTEROID/LONG-ACTING BETA AGONIST (ICS/LABA) COMBINATIONS		Advair Diskus/HFA (QL) Breo Ellipta (QL) Symbicort (QL)	Airduo (brand and authorized generic) Airduo RespiClick (QL, ST) Airduo DigiClick (QL, ST) Dulera (QL, ST)
INHALED LONG-ACTING BETA AGONIST (LABA)		Perforomist (QL) Serevent Diskus (QL) Striverdi Respimat (QL)	Arcapta (QL, ST) Brovana (QL) Foradil (QL, ST)
INHALED LONG-ACTING MUSCARINIC ANTAGONISTS (LAMA)		Spiriva Handihaler (QL) Spiriva Respimat (QL)	Incruse Ellipta (QL, ST) Lonhala Magnair (QL) Seebri Neohaler (QL, ST) Tudorza Pressair (QL, ST) Yupelri (QL, ST)
INHALED LONG-ACTING MUSCARINIC ANTAGONISTS AND LONG-ACTING BETA AGONIST (LAMA/LABA) COMBINATIONS		Anoro Ellipta (QL) Stiolto Respimat (QL)	Duaklir Pressair (QL, ST) Utibron Neohaler (QL, ST) Bevespi Aerosphere (QL,ST)
INHALED CORTICOSTEROID, LONG-ACTING MUSCARINIC ANTAGONIST, AND LONG-ACTING BETA AGONIST (ICS/LAMA/LABA) COMBINATIONS		Trelegy Ellipta (QL) Breztri Aerosphere (QL)	
ANTI-LEUKOTRIENES	montelukast zafirlukast		Zyflo (QL, ST) Zyflo CR (QL, ST)
SPECIALTY			
ANEMIA AGENTS		Retacrit (PA)	Aranesp (PA) Epogen (PA) Mircera (PA) Procrit (PA)
ASTHMA BIOLOGICS		Dupixent (PA) Fasenra (PA) Nucala (PA) Xolair (PA)	
AUTOIMMUNE AGENTS		Cosentyx (PA) Enbrel (PA) Humira (PA) Otezla (PA) Rinvoq (PA) Skyrizi (PA) Stelara (PA) Tremfya (PA) Xeljanz (PA) Xeljanz XR (PA)	Actemra (PA) Cimzia (PA) Inflectra (PA) Kevzara (PA) Kineret (PA) Olumiant (PA) Orencia (PA) Remicade (PA) Renflexis (PA) Siliq (PA) Simponi 50 mg (PA) Simponi 100 mg (PA) Simponi Aria (PA) Taltz (PA)
GROWTH HORMONES		Norditropin (PA)	Genotropin (PA) Humatrope (PA) Nutropin AQ NuSpin (PA) Omnitrope (PA) Saizen (PA) Serostim (PA)

7/1/2022



MedImpact.com

Copyright © 2022 MedImpact Healthcare Systems, Inc. All rights reserved. These materials are intended strictly for referential use by MedImpact's business partners. Any other use, or use by any other party, is strictly forbidden and requires written consent of MedImpact Healthcare Systems, Inc.



Portfolio Medium – Preferred Drug List (PDL)

July 1, 2022

PDL DRUG CATEGORY	GENERIC	PREFERRED BRAND	NON-PREFERRED BRAND
			Skytrofa (PA) Zomacton (PA) Zorbtive (PA)
HEMATOLOGICAL DISORDERS- LEUKOCYTE (WBC) STIMULANTS		Nivestym (PA) Nyvepria (PA)	Fulphila (PA) Granix (PA) Neulasta (PA) Neulasta Onpro (PA) Neupogen (PA) Releuko (PA) Udenyca (PA) Zarxio (PA) Ziextenzo (PA)
HEPATITIS C AGENTS		Epclusa (PA) Harvoni (PA) Vosevi (PA)	Mavyret (PA) Sovaldi (PA) Viekira Pak (PA) Viekira XR (PA) Zepatier (PA)
MULTIPLE SCLEROSIS AGENTS	Glatopa (PA) glatiramer (PA) dimethyl fumarate (PA)	Aubagio (PA) Avonex (PA) Betaseron (PA) Copaxone (PA) Gilenya (PA) Kesimpta Pen (PA) Mavenclad (PA) Mayzent (PA) Plegridy (PA) Rebif (PA) Rebif Rebidose (PA) Vumerity (PA)	Ampyra (PA) Bafiertam (PA) Extavia (PA) Ponvory (PA) Tecfidera (PA) Zeposia (PA)
ONCOLOGY AGENTS – HORMONE RECEPTOR- POSITIVE BREAST CANCER		Ibrance (PA) Verzenio (PA)	Kisqali (PA) Kisqali/Femara Co-pack (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
NC	Not Covered	Excluded from coverage
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

7/1/2022



MedImpact.com

Copyright © 2022 MedImpact Healthcare Systems, Inc. All rights reserved. These materials are intended strictly for referential use by MedImpact's business partners. Any other use, or use by any other party, is strictly forbidden and requires written consent of MedImpact Healthcare Systems, Inc.