Portfolio High- Preferred Drug List (PDL)

July 2014

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.

PDL THERAPEUTIC DRUG CATEGORIES

Preferred Generic	Preferred Brand	Non-Preferred
Allergy - Antihistamines		
azelastine 0.15% (QL, ST) azelastine 0.1% (QL) cetirizine (OTC) cetirizine/pseudoephedrine (OTC) chlorpheniramine fexofenadine tablet (OTC) fexofenadine/pseudoephedrine (OTC) hydroxyzine levocetirizine tabs loratadine (OTC) loratadine/pseudoephedrine (OTC)		All carbinoxamine (AGE) containing products, (e.g., Palgic,Tussafed) Clarinex (QL, ST) Clarinex D (QL, ST) Clarinex ODT (QL, ST) Patanase (QL, ST) Xyzal soln (QL, ST)
Allergy – Nasal Corticosteroids		
flunisolide (QL) fluticasone (QL) 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 bupropion/SR/XL citalopram duloxetine (QL) escitalopram fluoxetine / fluoxetine ER fluoxetine/olanzapine (QL) mirtazapine/soltab nortriptyline paroxetine IR sertraline trazodone venlafaxine IR/XR	Abilify (QL, ST) Nardil Pristiq (QL, ST) Seroquel XR (QL, ST)	Aplenzin (QL, ST) Brintellix (QL, ST) Desvenlafaxine ER (fumarate) (QL, ST) Fetzima (QL, ST) Forfivo XL (QL, ST) Luvox CR (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 naratriptan (QL) rizatriptan benzoate (QL) sumatriptan succinate (QL) zolmitriptan/ZMT (QL, ST)	Cafergot (QL) Migergot (QL)	Alsuma (QL) Axert (QL, ST) Cambia (QL) D.H.E. 45 (QL) Ergomar SL (QL) Frova (QL, ST) Migranal (QL) Relpax (QL, ST) Sumavel DosePro (QL, ST) Treximet (QL)

Preferred Generic	Preferred Brand	Non-Preferred
Anti-Ulcer / Gastrointestinal Agents		
cimetidine famotidine lansoprazole metoclopramide omeprazole omeprazole OTC pantoprazole ranitidine sucralfate	Nexium (QL, ST) Prevpac (QL)	Aciphex (QL, ST) Aciphex Sprinkle (QL, ST) Dexilant (QL, ST) esomeprazole strontium (QL,ST) Helidac Zegerid (QL, ST)
Asthma / COPD		
albuterol / ipratropium cromolyn ipratropium levalbuterol HCl solution montelukast theophylline	Advair Diskus (QL) Advair HFA (QL) Anoro Ellipta (QL) Atrovent HFA (QL) Breo Ellipta (QL) Combivent Combivent Respimat Daliresp (QL, ST) Dulera (QL) Flovent Diskus Flovent HFA Perforomist (QL) ProAir HFA Pulmicort Respules (QL) QVAR (QL) Serevent Diskus (QL) Spiriva (QL) Tudorza (QL) Ventolin HFA	Aerospan (QL, ST) Alvesco (QL) Arcapta (QL, ST) Asmanex (QL, ST) Brovana (QL) Foradil (QL ,ST) Proventil HFA Pulmicort Flexhaler (QL, ST) Pulmicort Respules (QL, ST) Symbicort (QL, ST) Xopenex HFA Zyflo

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Cardiovascular – ACE Inhibitors / ARBs / DRIs/ Combinations		
benazepril benazepril/HCTZ enalapril enalapril/HCTZ irbesartan irbesartan/HCTZ lisinopril lisinopril/HCTZ losartan losartan/HCTZ quinapril quinapril/HCTZ ramipril caps valsartan valsartan/HCTZ	Altace tabs Benicar (ST) Benicar HCT (ST) Diovan (ST) Exforge (ST) Exforge HCT (ST)	Amturnide (PA) Atacand Atacand HCT Azor (ST) Edarbi (ST) Edarbyclor (ST) Epaned solution (QL, ST) Micardis Micardis HCT Tekamlo (PA) Tekturna (PA) Tekturna HCT (PA) Teveten (ST) Teveten HCT (ST) Tribenzor (ST) Twynsta
Cardiovascular – Beta Blockers / Combinations		
atenolol atenolol/chlorthalidone carvedilol metoprolol tartrate metoprolol tartrate/HCTZ metoprolol succinate propranolol propranolol/HCTZ propranolol LA	Coreg CR Bystolic	Inderal XL (ST) Innopran XL (ST) 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, Loryna, or Vestura (ST) Kariva Levora Low-Ogestrel medroxyprogesterone acetate Microgestin/Fe norelgestromin/ethin. estrad. Patch (QL, ST) Nortrel Ocella Syeda, or Zarah (ST) Plan B / Plan B One Step (AGE) Sprintec Trinessa Tri-Sprintec Trivora	Lo Loestrin Fe (ST) Nuvaring (QL, ST) Ortho Tri-Cyclen Lo (ST) Seasonale (QL, ST) Yasmin (ST) Yaz (ST)	Beyaz (ST) Estrostep Fe (ST) Femcon Fe (ST) Loestrin 24 Fe (ST) Lo-Seasonique (QL, ST) Lybrel (ST) Natazia (ST) Ovcon-50 (ST) Ovcon Fe (ST) Safyral (ST) Seasonique (QL, ST)
Diabetes Agents		
glimepiride glipizide glipizide/metformin glyburide glyburide/metformin metformin metformin ER nateglinide pioglitazone pioglitazone/glimepiride (ST) pioglitazone/metformin (ST) repaglinide	Actoplus Met/XR (ST) Bydureon (QL, ST) Byetta (QL, ST) Human Insulin (Novo/Lilly) Invokana (QL, ST) Janumet (QL) Janumet XR (QL) Januvia (QL) Jentadueto (QL) Lantus Prandimet Precose Riomet Symlin Tradjenta (QL) Victoza (QL, ST)	Apidra Avandamet (ST) Avandaryl (ST) Avandia (ST) Cycloset (ST) Farxiga (QL, ST) Fortamet (ST) Glumetza (ST) Glyset Kazano (QL, ST) Kombiglyze XR (QL, ST) Levemir (ST) Nesina (QL, ST) Onglyza (QL, ST) Oseni (QL, ST)

Preferred Generic	Preferred Brand	Non-Preferred
Diabetes Diagnostics		
	All Abbott diabetic supplies (Precision and Freestyle) All Bayer diabetic supplies (Contour and Breeze brands)	All LifeScan diabetic supplies (One Touch brand) (ST on test strips) All Roche diabetic supplies (Accu-Chek brand) (ST on test strips)
Genitourinary Agents-Benign Prostatic Hyperplasia		
alfuzosin doxazosin finasteride (G) tamsulosin terazosin	Avodart (G, ST) Cialis (G, QL) Jalyn (G, ST) Uroxatral	Rapaflo (G, ST)
Genitourinary Agents-Overactive Bladder		
oxybutynin oxybutynin extended release tolterodine tartrate	Detrol/Detrol LA (ST) Toviaz (ST) Vesicare (ST)	Enablex (ST) Gelnique (ST) Myrbetriq (QL, ST) Oxytrol (ST) Sanctura/Sanctura XR (ST)
Glaucoma Agents		
betaxolol brimonidine dorzolamide latanoprost levobunolol timolol timolol/dorzolamide	Alphagan P Azopt Betimol Betoptic S Combigan Lumigan (QL) Simbrinza Travatan/Z (QL) Xalatan	Cosopt PF (QL, ST) Rescula (QL, ST) Timoptic Ocudose (QL, ST) Zioptan (QL, ST)
Hormone Replacement		
estradiol estradiol patches (QL) estropipate me-testosterone me-testosterone/ estrogen, esterified medroxyprogesterone progesterone, micronized testosterone cypionate (PA) testosterone enanthate (PA)	Androgel (PA) Axiron (PA) Combipatch (QL) Crinone Delatestryl (PA) Depo-Testosterone (PA) Duavee FemHRT Menest Premarin Premphase Prempro Vagifem	Activella Androderm (PA) Cenestin Climara Pro (QL) Enjuvia Estring (QL) Femtrace Fortesta (PA) Prefest Striant (PA) Testim (PA)
Lipid Lowering Agents		
amlodipine/atorvastatin (QL) atorvastatin cholestyramine colestipol fenofibrate gemfibrozil lovastatin omega-3 ethyl esters (QL) niacin (Rx only) pravastatin simvastatin (ST on 80mg)	Crestor (QL, ST) Fenoglide (ST) Lofibra (ST) Niaspan (ST) Simcor (QL, ST) Tricor Vascepa (QL) Welchol Zetia (QL)	Advicor (QL, ST) Altoprev (QL, ST) Antara (ST) fluvastatin / XL (QL, ST) Lipofen (ST) Liptruzet (QL, ST) Livalo (QL, ST) Trilipix Vytorin (QL, ST)
Non-Steroidal Anti-Inflammatory Agents		
diclofenac sodium ibuprofen indomethacin meloxicam nabumetone naproxen	Celebrex (AGE, ST) Vimovo (ST) Voltaren Gel	Duexis (QL,ST) Pennsaid solution (ST) Zipsor (QL, ST) Zorvolex (QL, ST)
Osteoporosis Agents		

Preferred Generic	Preferred Brand	Non-Preferred
alendronate ibandronate 150mg raloxifene (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)
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	Intron A (PA) Olysio (PA) Pegasys (PA) PegIntron (PA) Sovaldi (PA)	Incivek (PA) Ribapak (ST) ribavirin 400, 600mg (ST) Victrelis (PA)
Multiple Sclerosis		
	Avonex (PA) Betaseron (PA) Copaxone (PA) Extavia (PA) Rebif (PA) Rebif Rebidose (PA) Tecfidera (PA)	Ampyra (PA) Aubagio (PA) Gilenya (PA)
Rheumatoid Arthritis		
methotrexate	Enbrel (PA) Humira (PA)	Actemra SC/IV (PA) Cimzia (PA) Kineret (PA) Orencia SC/IV (PA) Otrexup (QL, ST) Rayos (ST) Remicade (PA) Rituxan (PA) Simponi SC/IV (PA) Stelara (PA) Xeljanz (PA)

| Preferred Generic | Preferred Brand | Non-Preferred |

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

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