



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 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 hydroxyzine loratadine (OTC) loratadine / pseudoephedrine (OTC)	Allegra D Astelin Xyzal	All carbinoxamine containing products (e.g., Palgic, Tussafed) Clarinx / Clarinx D
Allergy - Nasal Corticosteroids		
flunisolide fluticasone	Nasarel Nasonex Rhinocort AQ Veramyst	Beconase AQ Nasacort AQ
Antidepressants		
amitriptyline bupropion / SR / XL citalopram fluoxetine mirtazapine / soltab nortriptyline paroxetine IR / CR sertraline trazodone venlafaxine IR	Cymbalta Effexor XR Lexapro Nardil	Pexeva Prozac Weekly (QL) Sarafem
Antimigraine Agents		
APAP / dichloralphenazone / isometheptene butalbital / APAP / caffeine butalbital / aspirin / caffeine ergotamine / caffeine	Depakote ER (ST) Imitrex (QL) Treximet (QL) Zomig / ZMT (QL)	Amerge (QL) Axert (QL) Frova (QL) Maxalt / MLT (QL) Migranal Relpax (QL)

Preferred Generic	Preferred Brand	Non-Preferred
Anti-Ulcer / Gastrointestinal Agents		
cimetidine famotidine metoclopramide omeprazole (QL) omeprazole OTC (QL) pantoprazole (QL) ranitidine sucralfate	Prevacid (QL) Prevpac (QL) Protonix (QL)	Aciphex (QL) Helidac Nexium (QL) Zegerid (QL)
Asthma / COPD		
albuterol albuterol / ipratropium cromolyn ipratropium theophylline	Accolate Advair Diskus Advair HFA Asmanex Atrovent HFA Azmacort Combivent Flovent Diskus Flovent HFA Foradil Perforomist (QL) ProAir HFA Proventil HFA Pulmicort / Respules QVAR Serevent Diskus Singulair Spiriva Symbicort Tilade	Aerobid Brovana Maxair Xopenex / HFA Zyflo

Preferred Generic	Preferred Brand	Non-Preferred
Asthma / COPD - continued		
	Ventolin HFA Xolair (AGE,QL,MD,ST)	
Cardiovascular – ACE Inhibitors / ARBs / Combinations		
benazepril / HCTZ enalapril / HCTZ lisinopril / HCTZ quinapril / HCTZ ramipril caps	Altace tabs (AGE,ST) Benicar / HCT (ST) Cozaar (ST) Diovan / HCT (ST) Hyzaar (ST)	Atacand / HCT Avalide Avapro Micardis / HCT Teveten / HCT
Cardiovascular – Beta Blockers / Combinations		
atenolol atenolol / chlorthalidone carvedilol metoprolol tartrate 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 / nifedipine SA verapamil verapamil LA	Exforge (ST)	Cardene SR Cardizem LA Covera-HS Dynacirc CR Lexxel Sular Tarka Tiazac
Contraceptives		
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
Diabetes Agents		
glimepiride glipizide glipizide / metformin glyburide glyburide / metformin metformin metformin ER	Actos (ST) Actoplus Met (ST) Avandamet (ST) Avandaryl (ST) Avandia (ST) Byetta (ST,QL) Duetact (ST) Human Insulins (Novo / Lilly) Janumet (ST) Januvia (ST) Lantus Levemir Prandin Precose Riomet Starlix Symlin	Apidra Fortamet Glumetza Glyset
Diabetes Diagnostics		
	Accu-Chek Strips and Meters One-Touch Strips and Meters	Ascensia Freestyle Precision Softact
Genitourinary Agents-Benign Prostatic Hyperplasia		
doxazosin finasteride terazosin	Avodart Flomax	Uroxatral
Genitourinary Agents-Overactive Bladder		
oxybutynin	Detrol/Detrol LA Enablex	Oxytrol Sanctura/Sanctura XR
Glaucoma Agents		
betaxolol brimonidine	Alphagan P Azopt	Combigan
Glaucoma Agents - continued		
levobunolol timolol	Betimol Betoptic S Cosopt Lumigan Travatan/Z Trusopt Xalatan	

Preferred Generic	Preferred Brand	Non-Preferred
Hormone Replacement		
estradiol estradiol patches estropipate me-testosterone me-testosterone / estrogen, esterified medroxyprogesterone	Androderm (QL) Androgel (QL) Combipatch Crinone Menest Premarin Premphase Prompro / Low Dose Prometrium	Activella Cenestin Climara Pro Enjuvia FemHRT Femtrace Prefest Striant Testim (QL)
Lipid Lowering Agents		
cholestyramine fenofibrate gemfibrozil lovastatin niacin (Rx only) pravastatin simvastatin	Antara Caduet Lipitor Niaspan Simcor Tricor Vytorin Welchol Zetia	Advicor Altroprev Crestor Lescol / XL
Non-Steroidal Anti-Inflammatory Agents		
diclofenac sodium ibuprofen indomethacin meloxicam nabumetone naproxen	Celebrex (AGE,ST)	
Osteoporosis Agents		
alendronate	Actonel Actonel with Calcium Evista Fosamax D Forteo (QL)	Boniva Fortical Miacalcin
Sleep Aids		
temazepam zolpidem	Ambien CR (ST) Lunesta (ST)	Rozerem Sonata

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

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
MD	Physician Speciality Edit	Coverage may depend on prescribing physician's speciality 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 may depend on previous use of another drug