



# MedPerform Medium – Preferred Drug List (PDL)

October 1, 2021

## 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](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.

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

10/1/2021



[MedImpact.com](http://MedImpact.com)

Copyright © 2021 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.



# MedPerform Medium – Preferred Drug List (PDL)

October 1, 2021

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

10/1/2021



**MedImpact.com**

Copyright © 2021 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.



# MedPerform Medium – Preferred Drug List (PDL)

October 1, 2021

| PDL DRUG CATEGORY                                    | GENERIC                                                                                                                                                             | PREFERRED BRAND                                                                                                                     | NON-PREFERRED BRAND                                                                                 | EXCLUDED                                                                                                            |
|------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| DPP-4 INHIBITOR AND SGLT-2 INHIBITOR COMBINATIONS    |                                                                                                                                                                     |                                                                                                                                     | Glyxambi (QL, ST)                                                                                   | Qtern<br>Steglujan<br>Trijardy XR                                                                                   |
| GLP-1 AGONISTS                                       |                                                                                                                                                                     | Ozempic (QL)<br>Rybelsus (QL)<br>Bydureon (QL)<br>Bydureon BCise (QL)<br>Byetta (QL)<br>Trulicity (QL)<br>Victoza (QL)              |                                                                                                     | Adlyxin                                                                                                             |
| INSULINS, RAPID-ACTING                               |                                                                                                                                                                     | Humalog (QL)<br>Lyumjev (QL)                                                                                                        | Afrezza (PA)                                                                                        | Admelog<br>Apidra<br>Fiasp<br>insulin aspart (authorized generic)<br>insulin Lispro (authorized generic)<br>Novolog |
| INSULINS, SHORT-ACTING                               |                                                                                                                                                                     | Humulin (QL)                                                                                                                        |                                                                                                     | Novolin                                                                                                             |
| INSULINS, LONG-ACTING                                |                                                                                                                                                                     | Basaglar (QL)<br>Levemir (QL)<br>Tresiba (QL)                                                                                       |                                                                                                     | Lantus<br>Semglee<br>Toujeo                                                                                         |
| INSULIN (LONG-ACTING) AND GLP-1 AGONIST COMBINATIONS |                                                                                                                                                                     | Soliqua (QL, ST)<br>Xultophy (QL, ST)                                                                                               |                                                                                                     |                                                                                                                     |
| DIABETIC SUPPLIES                                    |                                                                                                                                                                     | Abbott diabetic supplies (Precision, FreeStyle, FreeStyle Neo) (QL)                                                                 |                                                                                                     | All non-Abbott manufacturers of diabetic test strips and meters                                                     |
| <b>ENDOCRINE</b>                                     |                                                                                                                                                                     |                                                                                                                                     |                                                                                                     |                                                                                                                     |
| ANDROGENS                                            | me-testosterone (PA)<br>testosterone cypionate (PA)<br>testosterone enanthate (PA)<br>testosterone gel (PA)<br>testosterone solution (PA)                           |                                                                                                                                     | Androderm patch (PA)<br>Jatenzo (PA)<br>Methitest (PA)<br>Striant (PA)<br>Xyosted (PA)              | Natesto                                                                                                             |
| ESTROGENS/ESTROGEN MODIFIERS                         | estradiol<br>estradiol patch (QL)<br>estradiol/norethindrone<br>estropipate<br>medroxyprogesterone<br>norethindrone ac-eth<br>estradiol<br>progesterone, micronized | Combipatch (QL)<br>Crinone<br>Duavee<br>Estring (QL)<br>Intrarosa (QL)<br>Menest<br>Osphena (QL)<br>Premarin<br>Premphase<br>Prempo | Cenestin<br>Climara Pro (QL)<br>Enjuvia<br>Femring (QL, ST)<br>Imvexxy (QL, ST)<br>Prefest          | Estrogel                                                                                                            |
| FERTILITY AGENTS (IF COVERED)                        |                                                                                                                                                                     | Cetrotide<br>Endometrin<br>Gonal-F<br>Menopur<br>Novarel<br>Ovidrel                                                                 | Chorionic gonadotropin (ST)<br>Crinone (ST)<br>Follistim AQ (ST)<br>Granirelix (ST)<br>Pregnyl (ST) |                                                                                                                     |

10/1/2021



**MedImpact.com**

Copyright © 2021 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.



# MedPerform Medium – Preferred Drug List (PDL)

October 1, 2021

| PDL DRUG CATEGORY                  | GENERIC                                                                                                                                                   | PREFERRED BRAND                                                                 | NON-PREFERRED BRAND | EXCLUDED                                                                                            |
|------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------|-----------------------------------------------------------------------------------------------------|
| ELECTROLYTE REGULATION             |                                                                                                                                                           | Lokelma                                                                         | Veltassa (PA)       |                                                                                                     |
| OSTEOPOROSIS AGENTS                | alendronate (QL on solution)<br>calcitonin, synthetic<br>ibandronate<br>raloxifene (QL)<br>risedronate (QL, ST)<br>risedronate DR (QL, ST)                | Forteo (PA)<br>Tymlos (PA)                                                      |                     | Binosto<br>teriparatide                                                                             |
| WEIGHT REDUCTION (IF COVERED)      | phentermine<br>phendimetrazine<br>diethylpropion<br>topiramate                                                                                            | Contrave (PA)<br>Saxenda (PA)<br>Wegovy (PA)                                    | Xenical (PA)        | Belviq<br>Belviq XR<br>Plenity<br>Qsymia                                                            |
| <b>GASTROINTESTINAL</b>            |                                                                                                                                                           |                                                                                 |                     |                                                                                                     |
| IRRITABLE BOWEL & CONSTIPATION     | Lubiprostone (QL, ST)                                                                                                                                     | Linzess (QL)<br>Movantik (QL)                                                   |                     | Amitiza<br>Motegrity<br>Symproic<br>Trulance<br>Zelnorm                                             |
| INFLAMMATORY BOWEL DISEASE AGENTS  | balsalazide disodium<br>mesalamine ER<br>sulfasalazine                                                                                                    | Lialda<br>Pentasa                                                               |                     | Mesalamine DR<br>Dipentum                                                                           |
| PANCREATIC ENZYMES                 |                                                                                                                                                           | Creon<br>Zenpep                                                                 |                     | Pancreaze<br>Pertzye                                                                                |
| <b>GENITOURINARY</b>               |                                                                                                                                                           |                                                                                 |                     |                                                                                                     |
| DRUGS TO TREAT IMPOTENCY           | sildenafil (QL)<br>tadalafil 2.5mg, 5 mg (PA, QL)<br>tadalafil 10 mg, 20 mg (QL)                                                                          |                                                                                 |                     | Stendra<br>vardenafil                                                                               |
| <b>INFLAMMATORY DISEASE</b>        |                                                                                                                                                           |                                                                                 |                     |                                                                                                     |
| AUTOIMMUNE AGENTS                  | methotrexate                                                                                                                                              | Otrexup (QL)                                                                    |                     | Rasuvo                                                                                              |
| <b>PAIN MANAGEMENT</b>             |                                                                                                                                                           |                                                                                 |                     |                                                                                                     |
| OPIOIDS - FENTANYL                 | fentanyl citrate (QL)                                                                                                                                     |                                                                                 |                     | Abstral<br>Fentora<br>Lazanda<br>Onsolis<br>Subsys                                                  |
| HEADACHE/ MIGRAINE TREATMENT       | almotriptan (QL, ST)<br>eletriptan (QL, ST)<br>frovatriptan (QL, ST)<br>naratriptan (QL)<br>rizatriptan (QL)<br>sumatriptan (QL)<br>zolmitriptan (QL, ST) | Aimovig (PA)<br>Ergality (PA)<br>Ubrelvy (PA)<br>Reyvow (PA)<br>Nurtec ODT (PA) |                     | Ajovy<br>Onzetra Xsail<br>Tosymra<br>Treximet<br>Zembrace Symtouch<br>Zomig Nasal                   |
| <b>RESPIRATORY</b>                 |                                                                                                                                                           |                                                                                 |                     |                                                                                                     |
| BETA-AGONISTS, SHORT-ACTING (SABA) | albuterol HFA<br>levalbuterol HFA                                                                                                                         |                                                                                 |                     | ProAir HFA<br>ProAir Digihaler<br>ProAir RespiClick<br>Proventil HFA<br>Ventolin HFA<br>Xopenex HFA |

10/1/2021



**MedImpact.com**

Copyright © 2021 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.



# MedPerform Medium – Preferred Drug List (PDL)

October 1, 2021

| PDL DRUG CATEGORY                                                                                                    | GENERIC                    | PREFERRED BRAND                                                     | NON-PREFERRED BRAND                                           | EXCLUDED                                                                                                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------------------------------------------------|---------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| INHALED CORTICOSTEROIDS (ICS)                                                                                        |                            | Arnuity Ellipta (QL)<br>Flovent Diskus/HFA (QL)                     |                                                               | Aerospan<br>Alvesco<br>Armonair RespiClick<br>Armonair DigiClick<br>Asmanex<br>Pulmicort Flexhaler<br>Qvar Redihaler                                                                                                      |
| INHALED CORTICOSTEROID/LONG-ACTING BETA AGONIST (ICS/LABA) COMBINATIONS                                              |                            | Advair Diskus/HFA (QL)<br>Breo Ellipta (QL)<br>Symbicort (QL)       |                                                               | Airduo (brand and authorized generic)<br>Airduo Respiclick<br>Airduo DigiHaler<br>Budesonide/formoterol (authorized generic)<br>Dulera<br>Fluticasone-Salmeterol (generic)<br>Wixela Inhub (brand and authorized generic) |
| INHALED LONG-ACTING BETA AGONIST (LABA)                                                                              |                            | Perforomist (QL)<br>Serevent Diskus (QL)<br>Striverdi Respimat (QL) | Arcapta (QL, ST)<br>Brovana (QL)<br>Foradil (QL, ST)          |                                                                                                                                                                                                                           |
| INHALED LONG-ACTING MUSCARINIC ANTAGONISTS (LAMA)                                                                    |                            | Spiriva Handihaler (QL)<br>Spiriva Respimat (QL)                    | Lonhala Magnair (QL)                                          | Incruse Ellipta<br>Seebri Neohaler<br>Tudorza Pressair<br>Yupelri                                                                                                                                                         |
| INHALED LONG-ACTING MUSCARINIC ANTAGONISTS AND LONG-ACTING BETA AGONIST (LAMA/LABA) COMBINATIONS                     |                            | Anoro Ellipta (QL)<br>Stiolto Respimat (QL)                         |                                                               | Duaklir Pressair<br>Utibron Neohaler<br>Bevespi Aerosphere                                                                                                                                                                |
| INHALED CORTICOSTEROID, LONG-ACTING MUSCARINIC ANTAGONIST, AND LONG-ACTING BETA AGONIST (ICS/LAMA/LABA) COMBINATIONS |                            | Trelegy Ellipta (QL)<br>Breztri Aerosphere (QL)                     |                                                               |                                                                                                                                                                                                                           |
| ANTI-LEUKOTRIENES                                                                                                    | montelukast<br>zafirlukast |                                                                     |                                                               | Zyflo<br>Zyflo CR                                                                                                                                                                                                         |
| <b>SPECIALTY</b>                                                                                                     |                            |                                                                     |                                                               |                                                                                                                                                                                                                           |
| ANEMIA AGENTS                                                                                                        |                            | Retacrit (PA)                                                       | Aranesp (PA)<br>Epogen (PA)<br>Mircera (PA)<br>Procrit (PA)   |                                                                                                                                                                                                                           |
| ASTHMA BIOLOGICS                                                                                                     |                            | Dupixent (PA)<br>Fasenra (PA)<br>Nucala (PA)                        | Xolair (PA)                                                   |                                                                                                                                                                                                                           |
| AUTOIMMUNE AGENTS                                                                                                    |                            | Cosentyx (PA)<br>Enbrel (PA)<br>Humira (PA)<br>Otezla (PA)          | Actemra (PA)<br>Cimzia (PA)<br>Inflectra (PA)<br>Orencia (PA) | Ilumya<br>Kevzara<br>Kineret<br>Olumiant                                                                                                                                                                                  |

10/1/2021



**MedImpact.com**

Copyright © 2021 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.



# MedPerform Medium – Preferred Drug List (PDL)

October 1, 2021

| PDL DRUG CATEGORY                                         | GENERIC                                                   | PREFERRED BRAND                                                                                                                                                                                              | NON-PREFERRED BRAND                                                                                                                    | EXCLUDED                                                                                 |
|-----------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
|                                                           |                                                           | Rinvoq (PA)<br>Skyrizi (PA)<br>Stelara (PA)<br>Tremfya (PA)<br>Xeljanz (PA)<br>Xeljanz XR (PA)                                                                                                               | Remicade (PA)<br>Renflexis (PA)<br>Simponi 100 mg (PA)<br>Simponi Aria (PA)                                                            | Siliq<br>Simponi 50 mg<br>Taltz                                                          |
| GROWTH HORMONES                                           |                                                           | Norditropin (PA)                                                                                                                                                                                             | Serostim (PA)<br>Zorbtive (PA)                                                                                                         | Genotropin<br>Humatrope<br>Nutropin AQ NuSpin<br>Omnitrope<br>Saizen<br>Zomacton         |
| HEMATOLOGICAL DISORDERS-LEUKOCYTE (WBC) STIMULANTS        |                                                           | Nivestym (PA)<br>Nyvepria (PA)                                                                                                                                                                               | Fulphila (PA)<br>Granix (PA)<br>Neulasta (PA)<br>Neulasta Onpro (PA)<br>Neupogen (PA)<br>Udenyca (PA)<br>Zarxio (PA)<br>Ziextenzo (PA) |                                                                                          |
| HEPATITIS C AGENTS                                        |                                                           | Epclusa (PA)<br>Harvoni (PA)<br>Vosevi (PA)                                                                                                                                                                  | Sovaldi (PA)<br>Mavyret (PA)                                                                                                           | Viekira Pak<br>Viekira XR<br>Zepatier<br>Ledipasvir-sofosbuvir<br>Sofosbuvir-velpatasvir |
| MULTIPLE SCLEROSIS AGENTS                                 | Glatopa (PA)<br>glatiramer (PA)<br>dimethyl fumarate (PA) | Aubagio (PA)<br>Avonex (PA)<br>Betaseron (PA)<br>Copaxone (PA)<br>Gilenya (PA)<br>Mavenclad (PA)<br>Mayzent (PA)<br>Plegridy (PA)<br>Rebif (PA)<br>Rebif Rebidose (PA)<br>Vumerity (PA)<br>Kesimpta Pen (PA) | Zeposia (PA)                                                                                                                           | Extavia<br>Bafiertam<br>Tecfidera<br>Ponvory                                             |
| ONCOLOGY AGENTS – HORMONE RECEPTOR-POSITIVE BREAST CANCER |                                                           | Ibrance (PA)<br>Verzenio (PA)                                                                                                                                                                                | Kisqali (PA)<br>Kisqali/Femara Co-pack (PA)                                                                                            |                                                                                          |

**A recommended prescribing guideline may apply (denoted throughout the document using the following symbols):**

|            |                     |                                                                                     |
|------------|---------------------|-------------------------------------------------------------------------------------|
| <b>AGE</b> | Age Edit            | Coverage may depend on patient age.                                                 |
| <b>CU</b>  | Concurrent Use Edit | Coverage or lack thereof may depend upon concurrent use of another drug             |
| <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. |
| <b>ST</b>  | Step Therapy        | Coverage depends on previous use of another drug                                    |

10/1/2021



**MedImpact.com**

Copyright © 2021 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.