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PHARMACY BENEFIT UPDATE

Winter 2016 Issue

Preferred Drug List (PDL) Changes

This issue of the Pharmacy Benefit Updates contains January 1, 2016 changes to the Preferred Drug List as well as updates on Vermont pharmacy benefit changes.

Moved to Non-preferred			
ACULAR LS®(ketorolac 0.4% ophthalmic sol.)	ADVAIR®DISKUS (fluticasone/salmeterol)	LOVENOX®(enoxaparin) vials and syringes	NARATRIPTAN(compareto Amerge®)
NEOMYCIN/POLYMYXIN W/HYDROCORTISONE ointment	TOBRAMYCIN/DEXAMETHASONE (compare to Tobradex®) susp		
Moved to Preferred (no PA required unless marked with ❄)			
Besivance®(besifloxacin) suspension	Brilinta®(ticagrelor) Tablet	Butrans (buphrenorphine) Transdermal System	Dexmethylphenidate (compare to Focalin®)
Embeda®(morphine sulfate/naltrexone hydrochloride) Caps	Enoxaparin (compare to Lovenox®) vials and syringes	❄FARXIGA® (dapagliflozin)	Gilenya®(fingolimod) capsule
Guanfacine ER (compare to Intuniv®)	Lotemax (loteprednol) drops susp	Lotemax®(loteprednol) 0.5% Gel	Lotemax®(loteprednol) 0.5% Oint (pres. free)
Phoslyra®(calcium acetate) oral solution	❄Relpax®(eletriptan) 20 mg, 40 mg	❄Rizatriptan (compare to Maxalt®)	Simbrinza® (brinzolamide 1% and brimonidine 0.2%) Susp
❄Tanzeum® (albiglutide)	Tobradex® (tobramycin/dexamethasone) ointment	Tobradex Suspension	Zetia® (ezetimibe)

❄**Indicates that drug requires clinical criteria to be met. Please refer to the PDL at http://dvha.vermont.gov/for-providers/preferred-drug-list-clinical-criteria**