

# PHARMACY BENEFIT UPDATE

## FALL/WINTER 2016 ISSUE
















*Preferred Drug List (PDL) News:*


### PDL Changes

**This issue of the Pharmacy Benefit Updates contains January 1, 2017 changes to the Preferred Drug List.**

Moved to Non-preferred			
AEROSPAN HFA	ANDROID CAPSULE (10MG)	ALENDRONATE ORAL SOLUTION	BACITRACIN OPHTHALMIC OINTMENT
BENICAR	CEFIXIME SUSPENSION	CEFPODOXIME TABLETS	CEFPODOXIME SUSPENSION
DEXAMETHASONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION	DIOVAN	ENABLEX	EXFORGE
EXTAVIA	FARXIGA	FOSRENOL	FRAGMIN
INVOKANA	KOMBIGLYZE ER	LETAIRIS	LOTEMAX OPHTHALMIC GEL
LOTEMAX OPHTHALMIC OINTMENT	METHYLTESTOSTERONE CAPSULES (10MG)	NAMENDA TABLETS, TITRATION PACK	NAMENDA XR
NEOMYCIN/POLYMYXIN B/HC OPHTHALMIC SUSPENSION	NEVANAC OPHTHALMIC SUSPENSION	OFLOXACIN OPHTHALMIC SOLUTION	ONGLYZA
PATADAY	PATANOL	STRIANT BUCCAL ER	SULFACETAMIDE SODIUM OPHTHALMIC OINTMENT, SOLUTION
SUPRAX SUSPENSION	TANZEUM	TESTRED CAPSULE	TOBREX OPHTHALMIC SOLUTION
TOBRADEX ST OPHTHALMIC SUSPENSION	TIMOLOL MALEATE SOL-GEL	TRICOR	TRILIPIX

**Moved to Preferred (no PA required unless marked with )**

ADVAIR DISKUS	ANDROGEL 1% PUMP	ANDROGEL 1.62 % PACKETS, PUMP	ANDRODERM PATCH
AUBAGIO	BETHKIS 	BINOSTO EFFERVESCENT TABLETS	BYDUREON 
BYETTA 	CILOXAN OPHTHALMIC OINTMENT	CLEOCIN VAGINAL OVULES	CLINDESSE
DONEPEZIL ODT	DUREZOL OPHTHALMIC SOLUTION	EPINEPHRINE AUTO- INJECTOR	FENOFIBRIC ACID 
FENOFIBRATE NANOCRYSTALLIZED 	GALANTAMINE ER CAPSULES	GALANTAMINE TABLETS	GENOTROPIN 
JARDIANCE 	JENTADUETO 	KETOROLAC TROMETHAMINE 0.4%,0.5% OPHTHALMIC SOLUTION	KAPVAY
MEMANTINE TABLETS, TITRATION PACK	METHITEST TABLETS	MITIGARE CAPSULES (0.6MG)	NOVOEIGHT
OLOPATADINE AUTHORIZED GENERIC (LABELER 61314)	OXYBUTYNIN ER	PAZEO	RIVASTIGMINE CAPSULES
SKLICE 	SILDENAFIL 20MG	STRATTERA	SYNJARDY 
TRADJENTA 	TOVIAZ	VALSARTAN 	VALSARTAN/AMLODIPINE 
XYNTHA VIAL, SYRINGE			

 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>