

PHARMACY BENEFIT UPDATE

WINTER 2017



Preferred Drug List (PDL) News:

This issue of the Pharmacy Benefit Updates contains January 1, 2018 changes to the Preferred Drug List.

Moved to Preferred			
Abilify Maintena	Amantadine tablets (days' supply must be > 10)	Amitiza	Aristada
Armodafinil	Atomoxetine (labeler 66993 only)	Bevespi	Farxiga
Invega Sustenna	Invega Trinza (after at least 4 months of Invega Sustenna use)	Kyleena	Linzess 145mcg, 290mcg
Modafinil	Restasis (droperette only)	Risperdal Consta	Voltaren Gel
Vyvanse Chewable			
Moved to Non-preferred			
Adzenys XR	Apriso	Asmanex	Asmanex HFA
Byetta	Combivent Respimat (current users as of 1/1/18 will have a grace period of 3 months until PA is required.)	Delzicol	Etodolac ER
Invokana	Ketoprofen ER	Naproxen ER	Qvar
Recombinant	Stiolto Respimat	Strattera	Synjardy
Tecfidera (current users grandfathered)	Vesicare	Xyntha	



To review the complete PDL please refer to:
<http://dvha.vermont.gov/for-providers/preferred-drug-list-clinical-criteria>