

Preferred Drug List (PDL) News:

This issue of the Pharmacy Benefit Updates contains January 1, 2021 changes to the Preferred Drug List.












Preferred				
Abilify Maintena® ❄️	Adderall XR®	Advair Diskus®	Ajovy® ❄️	Azelastine 0.1% nasal spray
Cetirizine/pseudoephedrine 12-HR	Cinqair® ❄️	Dymista®	Eszopiclone	Fasenra® ❄️
Icatibant ❄️	Invokamet®	Letairis®	Levocetirizine tabs	Methylphenidate SR
Nuessa®	Olopatadine 0.2% ophthalmic solution	Orilissa® ❄️	Synjardy®	Taltz® ❄️
Ventolin® HFA	Xeljanz® (5mg dose for Rheumatoid Arthritis and Psoriatic Arthritis only) ❄️	Xigduo XR®		
Non-Preferred				
Aimovig®	Albuterol HFA (generics)	Ambrisentan	Bydureor. ❄️	Byetta ❄️
Cosentyx®	Doxercalciferol	Dysport®	Fexofenadine tabs	Firazyr®
Fluticasone/salmeterol inhalation powder	Glucagon Emergency Kit (labeler 63323 only)	Ilaris®	Methylphenidate SA OSM (AB and non-AB rated generics for Concerta)	Praluent® (labeler 00024)
Proventil® HFA	Ruconest	Tamiflu®		

Newly Managed HIV Antiretroviral Category

Non-preferred				
Abacavir-lamivudine-zidovudine ❄️	Aptivus® ❄️	Combivir® (brand only)	Crixivan® ❄️	Didanosine ❄️
Epivir® (brand only)	Epzicom® (brand only)	Fosamprenavi. ❄️	Fuzeon® ❄️	Invirase® ❄️

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Lexiva® 	lopinavir/ritonavir solution (generic only)	Nevirapine 	Retrovir® (brand only)	Reyataz® (brand only)
Ritonavir (generic only)	Selzentry® 	stavudine 	Stribild® 	Sustiva® (brand only)
Symtuza® 	Trizivir® 	Tybost® 	Videx® 	Viracept® 
Viramune® 	Viread® 300mg (brand only)	Ziagen® (brand only)		

To review the complete PDL please refer to:

<https://dvha.vermont.gov/providers/pharmacy/preferred-drug-list-pdl-clinical-criteria>

Note:

 Indicates that current uses will be grandfathered.

 Indicates that the drug is preferred on the PDL but will require a clinical Prior Authorization