



State of Vermont  
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**\*\*UPCOMING PREFERRED DRUG LIST CHANGES\*\***

May 15, 2017

Dear Medicaid Provider,

**Effective 5/26/17**, there will be changes to the Preferred Drug List (PDL) in the contraceptive and prenatal vitamins therapeutic categories. Please refer to <http://dvha.vermont.gov/for-providers/preferred-drug-list-clinical-criteria> for a comprehensive list of all medications as well as clinical criteria for non-preferred agents.

Medication Moving to Non-Preferred	Preferred Alternatives
Monophasic Oral Contraceptives: Blisovi FE 24, Junel FE 24, Microgestin FE 24	Norethindrone 1mg/Ethinyl Estradiol 20mcg/FE, Larin FE 24
Monophasic Oral Contraceptives: Norethindrone 0.4mg/Ethinyl Estradiol 35mcg/FE, Zenchent FE	Femcon FE, Wymza FE
Monophasic Oral Contraceptives: Drospirenone/Ethinyl Estradiol/Levomefolate, Rajani	Beyaz
Biphasic Oral Contraceptives: Azurette, LoLoestrin FE	Bekyree, Kariva, Kimidess, Pimtrea, Viorele, Desogestrel/Ethinyl Estadiol
Triphasic Oral Contraceptives: Ortho Tri-Cyclen LO	Tri-LO Estarylla, Tri-LO Marzia, Tri-LO Sprintec, Trinessa LO, Norgestimate/Ethinyl Estradiol
Extended Cycle Oral Contraceptives: Amethia, Ashlyna, Daysee, Quartette	Seasonique, Camrese
Long-Acting Reversible Contraceptives: Kyleena	Liletta, Mirena, Nexplanon, Skyla
Prenatal Vitamins: Prenate AM, Prenate Enhance, Prenate Essential, Prenate Restore, Prenate DHA, Prenate Mini, Virt-PN DHA, Virt-PN Plus	Vol-Plus, Prenatal Plus (Preferred DHA formulations are Citranatal DHA and Concept DHA)

Please contact the Change Healthcare Provider Helpdesk at 1-844-679-5362 with any questions.

Thank you for your continued support of Vermont’s clinical pharmacy programs.