

Preferred Drug List (PDL) News:

This issue of the Pharmacy Benefit Updates contains January 1, 2025 changes to the PDL

Moving to Preferred	
Acular LS (ketorolac)	Nevanac (nepafenac)
adalimumab-adbm	olanzapine ODT
Altuviio (Recombinant [Fc-VWF-XTEN Fusion Protein-eh1])	Opzelura (ruxolitinib) #
Albuterol HFA (Sandoz labeler)	Orilissa (elagolix) #
Asmanex (mometasone furoate) HFA	Qelbree (viloxazine hydrochloride) #
Botox (onabotulinumtoxinA)#	Rybelsus (semaglutide) #
Carbaglu (carglumic acid)	Rykindo (risperidone injection, extended release)
Cleocin (clindamycin) vaginal cream 2%	Sildenafil suspension #
Dysport (abobotulinumtoxinA)#	Skyrizi (risankizumab-rzaa) #
Ermeza (levothyroxine sodium) #	Synjardy XR (empagliflozin/metformin ER)
Eysuvis (loteprednol etabonate) ophthalmic suspension	Tazarotene cream and gel
Fiasp (insulin aspart)	Tetrabenazine
Flurbiprofen 0.03% ophthalmic suspension	Tyenne (tocilizumab-aazg)
Gavilyte –C	Vtama (tapinarof) cream
Golytely	Xaciato (clindamycin)
Humulin 70/30 (NPH/regular)	
Moving to Non-Preferred	
Adderall XR (dextroamphetamine/ amphetamine XR)	Invokana (canagliflozin)
Advate*	Kogenate
Afstyla	Methylin (methylphenidate) solution
Carglumic acid	Novolog (insulin aspart)
Clindamycin vaginal cream 2%	Ozempic (semaglutide)*
dapagliflozin	Recombinate
Enemeez (docusate) enema	risperidone ER injection suspension
Flarex (fluorometholone acetate)	Tiotropium bromide inhaler
Hemangeol (propranolol) solution	Toviaz (fesoterodine)
Humalog (insulin lispro) Kwikpen U-200	Tresiba (insulin degludec)
Invokamet (canagliflozin/metformin)	Zyprexa Relprevv (olanzapine pamoate)

To review the complete PDL please refer to:

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

Note:

*Indicates that current users will be grandfathered.

Indicates that the drug will require a clinical Prior Authorization