

**Preferred Drug List (PDL) News: January 1, 2024 PDL changes**

<b>PREFERRED</b>			
Abacavir Sulfate solution	Abacavir Sulfate tablet	Abilify Asimtufii® (aripiprazole)	Azasite® ophthalmic solution (azithromycin)
Cabenuva® Kit (cabotegravir/rilpivirine)	Dextroamphetamine 24 SR	Dhivy® (carbidopa/levodopa) #	Emflaza® (deflazacort) #
Endari® (L-glutamine) #	Eylea® (afibercept)	Febuxostat	Firvanq® solution (vancomycin HCl)
Gelnique® (oxybutynin)	Kesimpta® (ofatumumab) #	Kloxxado® (naloxone)	Lansoprazole ODT Solutabs (age <12)
Lopinavir/ritonavir	Lotemax® 0.5% gel (loteprednol etabonate ophthalmic)	Lucentis® (ranibizumab)	Lyrica® capsules (pregabalin)
Lyrica® solution (pregabalin)	Ofloxacin ophthalmic solution	Olopatadine 0.6% Nasal Spray	Omeprazole/Sodium Bicarb capsules
Oxytrol® (oxybutynin)	Protonix® packets (pantoprazole) (age <12)	Rebinyn® (Coagulation Factor IX (recombinant), GlycoPEGylated)	Revatio® Suspension (sildenafil) #
Tobramycin w/dexamethasone ophthalmic suspension	Tolterodine	Tolterodine ER	Trospium
Vancomycin capsules	Xeljanz® oral solution (tofacitinib) #	Xiidra® ophthalmic solution (lifitegrast)	Zegerid® RX capsules (omeprazole/sodium bicarb)
Zioptan® (tafluprost) ophthalmic solution			

**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 will require a clinical Prior Authorization

**Preferred Drug List (PDL) News: January 1, 2024 PDL changes**

<b>NON-PREFERRED</b>			
Alprolix® (coagulation factor IX (recombinant), Fc fusion protein) *	Beovu® (brolucizumab-dbll)	Bismuth Subcitrate, Metronidazole, Tetracycline capsules	Brimonidine Tartrate 0.1% ophthalmic solution
Brinzolamide 1% ophthalmic solution	Byooviz™ (ranibizumab-nuna)	Cimduo™ (lamivudine/tenofovir)*	Cimerli® (ranibizumab-eqrn)
Cosopt® (dorzolamide/timolol)	Darunavir*	Dexlansoprazole capsules	Dorzolamide w/timolol ophthalmic solution
Eylea® HD (afibercept)	Fesoterodine ER	Idelvion® (coagulation factor IX (recombinant), Albumin fusion protein (rIX-FP)) *	Kaletra® (lopinavir/ritonavir)
Konvomep® suspension (omeprazole and sodium bicarbonate)	Lansoprazole, Amoxicillin, Clarithromycin pack	Lisdexamfetamine capsules	Nevanac® (nepafenac) ophthalmic suspension
Norvir® (ritonavir)	Omeprazole/Sodium bicarb packet	Oriahnn® (elagolix, estradiol and norethindrone acetate and elagolix) capsules*	Orilissa® (elagolix)*
Pantoprazole packets	Phospholine iodine	Pirfenidone tablets	Prezista® (darunavir)*
SPS® suspension (sodium polystyrene sulfonate)	Susvimo® (ranibizumab)	Symfi™ (efavirenz/lamivudine/tenofovir disoproxil fumarate)*	Symfi™ Lo (efavirenz/lamivudine/tenofovir disoproxil fumarate)*
Tafluprost ophthalmic solution	Timolol maleate PF dropperette	Timoptic® Ocudose PF	Vabysmo® (faricimab-svoa)
Zegerid® RX packets (omeprazole/sodium bicarb)	Ziagen® solution (abacavir sulfate)		

**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 will require a clinical Prior Authorization