

## DVHA PREFERRED DRUG LIST (PDL) CHANGES

This notice contains October 11, 2019 changes to the Vermont Medicaid Preferred Drug List:

### Moved to Preferred Status

- Testosterone 1.62% Gel Packets
- Testosterone 1.62% Gel Pump
- Fluticasone/Salmeterol inhalation powder (compare to Advair® Diskus) (authorized generic, Prasco labeler code 66993 is the **only preferred form**)
- Spiriva® Respimat (tiotropium)
- Xerac-AC (aluminum chloride) 6.25% Solution

### Moved to Non-Preferred Status

- Androgel® Pump (testosterone pump bottles)
- Advair® Diskus (fluticasone/salmeterol)
- Albuterol HFA (compare to Proventil® HFA, ProAir® HFA, Ventolin® HFA)
- Androgel® 1.62% Gel Packets (testosterone)

**NOTE:** Androgel 1% packets, Proventil HFA, and ProAir HFA will remain preferred

In addition, the DURB reviewed the following newly marketed drugs. PDL status and criteria can be found via the link below:

- Apadaz® (benzhydrocodone and acetaminophen)
- Firdapse® (amifampridine)
- Gamifant® (emapalumab-lzsg)
- Inbrija® (levodopa inhalation powder)
- Lexette® (halobetasol propionate)
- Motegrity® (prucalopride)
- Nuzyra® (omadacycline)
- Spravato® (esketamine nasal spray)
- Qbrexza® (glycopyrronium)
- Seysara® (sarecycline tablets)
- Wixela™ Inhub™ (fluticasone/salmeterol inhalation powder) (compare to Advair® diskus)
- Symjepi® (epinephrine)

To review the complete PDL please refer to:

<http://dvha.vermont.gov/for-providers/preferred-drug-list-clinical-criteria>