

**PHARMACY BENEFIT UPDATE**

WINTER 2018

*Preferred Drug List (PDL) News:*

**This issue of the Pharmacy Benefit Updates contains January 1, 2019 changes to the Preferred Drug List as well as updates on Vermont pharmacy benefit changes.**

<b>PREFERRED</b>			
Alprolix	Anoro Ellipta	Apriso	Asmanex
Azelastine ophthalmic solution	Budesonide Inh Suspension (age ≤ 12 yrs)	Byetta❄	Delzicol
Durezol ophthalmic emulsion	Epogen❄	Fosrenol	Fulphila
Granix	Invokana❄	Janumet XR❄	Lotemax ophthalmic Ointment
Moxeza ophthalmic solution	Moxifloxacin ophthalmic solution (authorized generic, laberler 00781 only)	Neupogen (vials only)	Olopatadine 0.1%
Praluent❄	Prasugrel	ProAir Respiclick	Qvar Redihaler
Retacrit❄	Rizatriptan	Rizatriptan ODT	Tudorza Pressair
<b>NON-PREFERRED</b>			
Adzenys XR ODT	Aranesp	Asmanex HFA	Cotempla XR
Effient	Lanthanum Carbonate	Leukine	Methylphenidate ER (Authorized generic for Concerta®)
Moxifloxacin ophthalmic solution (Non-AG forms)	Neulasta	Neupogen Pre-filled Syringes	Pulmicort Respules
Renvela tablets	Valsartan/amlodipine/HCTZ	Vigamox ophthalmic solution	

**To review the complete PDL please refer to:**

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

**Note:** ❄ Indicates that the drug will require a clinical Prior Authorization.