











*Preferred Drug List (PDL) News:*

**This issue of the Pharmacy Benefit Updates contains January 1, 2022 changes to the PDL**

<b>Preferred</b>				
Bystolic®	Clonidine ER	Colchicine Tablets	Dexmethylphenidate ER Capsules	Dipyridamole/Aspirin
Dupixent® 	Efavirenz/Emtricitabine/Tenofovir DF	Elidel® 	Emtricitabine/Tenofovir TDF	Esperoct®
Exelon® Patch	Fluoxetine Tablets	Galantamine Tablets	Idelvion®	Kineret® 
Methylphenidate SR 50:50 Capsules	Neupogen® Syringes	Otezla® 	Procentra®	Recombinant®
Renflexis™ 	Repatha® 	Repatha® Pushtronix® 	Ritalin LA®	Ritonavir
Rivastigmine Tablets	Tobramycin Inhalation Solution 300mg/5ml 	Toujeo® Solostar	Tresiba® Flextouch	Xeljanz IR®
Ziextenzo®				
<b>Non-Preferred</b>				
Aptensio® XR 	Atripla®	Cimetidine Solution	Cinqair®	Colchicine Capsule
Granix®	Nuwiq®	Nyvepria™	Pimecrolimus cream	Truvada®
Vyvanse® Chew 				

**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