

# SilverSummit Healthplan

## Preferred Drug List (PDL) Updates – Q2 2023

**S**ilverSummit Healthplan routinely reviews medications available on the Preferred Drug List. Items are added, removed or modified periodically due to industry standard, market availability, and/or assessment of use. The document below outlines changes to the published PDL for the current quarter.

For a copy of the preferred drug list (PDL), you may call Member Services at 1-844-366-2880 (TTY/TTD 1-844-804-6086) or visit the SilverSummit Healthplan website at <https://www.silversummithealthplan.com/>

For the most current program description, you may call Member Services at 1-844-366-2880 (TTY/TTD 1-844-804-6086) or visit the SilverSummit Healthplan website at <https://www.silversummithealthplan.com/>

| Drug Name                         | Ingredients          | Dosage Form               | Strength   | Update | Notes                                  |
|-----------------------------------|----------------------|---------------------------|--|--------|--|
| AUBAGIO                           | teriflunomide        | Tablet                    | 7 MG, 14 MG  | UPDATE | Remove from PDL<br>(Use Teriflunomide) |
| BYDUREON PEN<br>PEN               | Exenatide            | solution for<br>injection | 2MG  | REMOVE | Remove from PDL                        |
| GOODSENSE<br>PRENATAL<br>VITAMINS | Multiple<br>vitamins | Tablet                    | 8 MCG-20 MG-1.7<br>MG-1.8 MG-2.6<br>MG-25 MG-28<br>MG-30 UNIT-120<br>MG-200 MG-400<br>UNIT-800 MCG-<br>4000 UNIT | REMOVE | Remove from PDL                        |
| Teriflunomide                     | Teriflunomide        | Tablet                    | 7 MG, 14 MG  | ADD    | Add to PDL                             |
| 4-N-1 CREA                        | Dimethicone          | Topical                   | 1%   | REMOVE | Remove from PDL                        |

| Drug Name                                  | Ingredients                  | Dosage Form | Strength                     | Update | Notes                  |
|--|------------------------------|-------------|------------------------------|--------|------------------------|
| CELONTIN                                   | Methsuximide                 | Capsule     | 300mg                        | REMOVE | Remove from PDL        |
| GERI-TUSSIN SYRP                           | Guaifenesin                  | Syrup       | 100mg                        | ADD    | Add to PDL             |
| OIL EMULSION DRESSINGS/NON-ADHERENT PADS 0 | Bandages-Dressings-Tape      | Pads        | Bandages-Dressings-Tape      | ADD    | Add to PDL             |
| OPTIFOAM PADS 0                            | Medical Devices and Supplies | Pads        | Medical Devices and Supplies | REMOVE | QL(5 ea daily); RX/OTC |
| VERIFINE INSULIN SYRINGE0.3ML/31G X 8MM    | Parenteral Therapy Supplies  | Syringe     | Parenteral Therapy Supplies  | ADD    | QL(5 ea daily); RX/OTC |
| VERIFINE INSULIN SYRINGE0.5ML/29G X 12MM   | Parenteral Therapy Supplies  | Syringe     | Parenteral Therapy Supplies  | ADD    | QL(5 ea daily); RX/OTC |
| VERIFINE INSULIN SYRINGE0.5ML/31G X 8MM    | Parenteral Therapy Supplies  | Syringe     | Parenteral Therapy Supplies  | ADD    | QL(5 ea daily); RX/OTC |
| VERIFINE INSULIN SYRINGE1ML/29G X 12MM     | Parenteral Therapy Supplies  | Syringe     | Parenteral Therapy Supplies  | ADD    | QL(5 ea daily); RX/OTC |
| VERIFINE INSULIN SYRINGE1ML/31G X 8MM      | Parenteral Therapy Supplies  | Syringe     | Parenteral Therapy Supplies  | ADD    | QL(5 ea daily); RX/OTC |