October 1st ,2026 PDL Changes

Effective October 1st, 2026, the following Preferred Drug List (PDL) changes will take place:

Analgesics

1. Opioid Analgesics-Long-Acting Opioids
    - New To Market (NTM): Added tapentadol ER Tablet (generic for Nucynta® ER) to non-preferred.
2. Opioid Analgesics- Short Acting Schedule II Opioids
    - NTM: Added tapentadol Tablet (generic for Nucynta®) to non preferred
3. NSAIDS
    - NTM: Added Zybic™ Solution to non-preferred
4. Neuropathic Pain
    - NTM: Added milnacipran Tablet / DS Tablet Pack (generic for Savella®) and Relgaabi Capsule to non-preferred
    - Moved Tonmya™ Sublingual Tablet from Skeletal Muscle Relaxant to Neuropathic pain

Anticonvulsants

1. Carbamazepine Derivatives
    - Moved Trileptal® Suspension from preferred to non-preferred
2. Second Generation
    - Moved lacosamide Solution (generic for Vimpat®) from non preferred to preferred
    - NTM: Added brivaracetam solution (generic for Briviact®) as non-preferred
    - NTM: Added Subvenite® Suspension as non-preferred

Anti-Infectives

1. Antibiotics - Penicillins, Cephalosporins and Related
    - NTM: Added Pivya® Tablet as non-preferred
2. Antibiotics - Lincosamides and Oxazolidinones
    - Moved Brand Zyvox® Suspension from non-preferred to preferred and generic linezolid suspension (oral) (generic for Zyvox®) from preferred to non-preferred

3. Antibiotics - Macrolides and Ketolides
    - Moved E.E.S.® 200 mg Suspension, and erythromycin EC capsule (generic for Eryc®) from preferred to non-preferred
4. Nitroimidazoles (Gastrointestinal Antibiotics)
    - Moved neomycin tablet (generic for Mycifradin®) and tinidazole tablet (generic for Tindamax®) from non-preferred to preferred
5. Antivirals - (Hepatitis C Agents)
    - Moved Vosevi™ Tablet from preferred to non-preferred

Cardiovascular

1. Beta Blockers
    - Moved Hemangeol® Solution from preferred to non-preferred
2. Cardiovascular, Other
    - NTM: Added Myqorzo™ Tablet to non-preferred
3. Dihydropyridine Calcium Channel Blockers
    - NTM: Added Sdamlo™ Solution and Cardamyst™ Nasal Spray as non-preferred
4. Niacin Derivatives
    - Reconciliation: Added niacin tablet (generic for Niacor®) as non-preferred
5. PCSK9
    - Added Praluent® Pen to preferred
    - Add Evkeeza® IV, Redemplo® Syringe, and Tryngolza™ Autoinjector to non-preferred

Central Nervous System

1. Multiple Sclerosis (Injectable)
    - Added Tyruko® IV to non-preferred
2. Sedative Hypnotics
    - Added Igalmi® SL tablet to non-preferred

Endocrinology

1. Glucagon Agents (New Category)
    - Added Glucagon Emergency Kit, Gvoke® Pen/Syringe/Vial and Proglycem® Oral Suspension as preferred
    - Added Baqsimi® Nasal spray, Diazoxide Oral Suspension (generic for Proglycem®), Glucagon emergency kit (Manufacturer: Amphastar), Glucagon Injection, and Zegalogue® Syringe/Autoinjector as non preferred
2. Injectable Rapid Acting Insulin
    - Moved Novolog® U-100 Penfill/FlexPen®/Vial from non preferred to preferred

3. Hypoglycemics – Injectable Premixed 70/30 combination Insulin
    - Moved Novolog® Mix 70/30 Vial / FlexPen® from non preferred to preferred
4. Hypoglycemics GLP 1 Receptor Agonists and Combinations indicated for the treatment of Diabetes
    - NTM: Added Ozempic® Tablet as non-preferred
    - Moved: Mounjaro™ Pen from non-preferred to preferred
5. Octreotides and Related (New Category)
    - Added Octreotide acetate™ Ampule/ Syringe and Sandostatin LAR depot™ vial to preferred
    - Added Lanreotide acetate syringe™, Mycapssa™ Capsule, Octreotide acetate™ Vial, Palsonify™ tablet, Signifor™ Injection, Signifor LAR™ Injection, and Somatuline depot™ Injection to non-preferred

Gastrointestinal

1. H. Pylori Combinations
    - Moved Voquezna® Tablet / Dual Pak / Triple Pakfrom from non-preferred to preferred
2. Selective Constipation Agents
    - Moved prucalopride tablet (generic for Motegrity) from non preferred to preferred
3. Ulcerative Colitis (Oral)
    - Moved mesalamine ER capsule (generic for Apriso®, Pentasa®) from non-preferred to preferred

Genitourinary/Renal

1. Electrolyte Depleters (Kidney Disease)
    - Added Calphron® Tablet and MagneBind® 400 Rx Tablet to non-preferred
2. Urinary Antispasmodics
    - Moved darifenacin ER tablet (generic for Enablex®) and trospium tablet/ER capsule (generic for Sanctura®/XR) from non-preferred to preferred, Removed red writing from mirabegron ER tablet (generic for Myrbetriq®) - T/F of preferred agents not required for diagnosis of dementia or mild cognitive impairment and for patients age 65 and older

Hematologic

1. Anticoagulants (Oral)
    - Off-cycle change: Moved Eliquis® Sprinkle/Suspension from non-preferred to preferred
2. Colony Stimulating Factors

- NTM: Added Neulasta® 4mg/0.4 mL Vial to non-preferred

Ophthalmic

1. Allergic Conjunctivitis Agents
   - Remove: olopatadine drops (generic for Pataday®, Patanol®) (OTC) •
2. Anti-inflammatory
   - Reconciliation: Moved ketorolac solution (generic for Acular® / LS) from non-preferred to preferred
   - NTM: Added Byqlovi™ Drops to non preferred •
3. Osteoporosis Bone Resorption Suppression And Related Agents
   - Moved Bildyos® Syringe (Prolia® Biosimilar) from preferred to non-preferred
   - Moved Enoby Syringe (biosimilar to Prolia®) from non preferred to preferred
   - NTM: Added Bosaya® Syringe (Prolia® Biosimilar) to non-preferred •

Respiratory

1. Beta-adrenergic Handheld, Short Acting
   - Moved albuterol HFA inhaler (generic for Ventolin® HFA Inhaler) from preferred to non-preferred
2. Orally Inhaled Anticholinergics / COPD Agents
   - NTM: Added ipratropium bromide HFA (generic for Atrovent®) to non-preferred
3. Inhaled Corticosteroids
   - NTM: Added beclomethasone dipropionate (generic for QVAR®) to non-preferred
4. Intranasal Rhinitis Agents
   - Moved mometasone nasal spray (generic for Nasonex®) from non-preferred to preferred

Topicals

1. Acne Agents
   - Moved tretinoin Cream (generic for Retin-A®) from non preferred to preferred, Obsolete: Removed Finacea® Gel
2. Androgenic Agents
   - Moved testosterone gel packet (generic for Vogelxo®) from non-preferred to preferred
3. Antibiotics (Vaginal)
   - Moved Xaciato® Vaginal Gel from non-preferred to preferred
   - Moved Clindesse® Vaginal Cream from preferred to non-preferred

4. Antiparasitics
    - Moved spinosad topical suspension (generic for Natroba®) from non-preferred to preferred

5. Psoriasis
    - Moved Vtama® Cream from non-preferred to preferred
6. Steroids, Very High Potency
    - NTM: Added halobetasol propionate Lotion (generic for Ultravate®) to non-preferred

Behavioral Health

1. Antihyperkinesis/ADHD
    - NTM: Added Arynta™ Solution as non-preferred

Miscellaneous

1. Weight Management Agents
    - NTM: Added Foundayo™ Tablet, Wegovy® HD Pen and Zepbound® (tirzepatide) Kwikpen as preferred
    - Moved: Zepbound Pen and Vial from non-preferred to preferred
2. Immunomodulators, Asthma
    - Moved Xolair® Vial and Tezspire® Pen / Syringe from non preferred to preferred
    - Removed red writing from Tezspire - T/F of preferred agents not required for diagnosis of non-allergic, non-eosinophilic severe asthma
3. Immunomodulators, Atopic Dermatitis
    - Off-Cycle Change: Moved Ebglyss™ (lebrikizumab-lbkz) Syringe/Pen to preferred
4. Oral / Transdermal Estrogen Agents AND OTHER
    - Moved Lynkuet® Capsule from non-preferred to preferred
5. Cytokine And Cam Antagonists
    - NTM: Added Avtozma® Autoinjector/Syringe to non preferred
    - Added red writing to Humira® Crohn's Starter Pack/Ped. Crohn's Starter Pack/Pen/Psoriasis Starter Pack / Syringe: T/F of preferred adalimumab product is required
    - NTM Added Icotyde™ Tablet to non-preferred
6. Hereditary Angioedema (Hae) Prophylaxis Agents
    - Moved Takhzyro® Vial from non-preferred to preferred
    - NTM: Added Orladeyo® Pellet Pack to non-preferred
7. Potassium Binders (New Category)
    - Added Lokelma® Powder, SPS® Suspension, and Sodium polystyrene sulfonate Powder (generic for Kionex®, SPS® Suspension) to preferred

- Added Lokelma® Unit Dose, Kionex® Suspension, and Veltassa® Powder to non-preferred

8. **Skeletal Muscle Relaxants**
   - NTM: Added Ontralfy™ Solution and Atmeksi® Suspension to non-preferred
   - Moved Tonmya™ Sublingual Tablet to neuropathic pain

OBSOLETE OR NO LONGER REBATE ELIGIBLE DRUGS REMOVED FROM THE PDL

Drug	Drug Category
Alomide Drops	Allergic Conjunctivitis Agents
Ezallor Capsule	Cholesterol Lowering Agents
Flagyl Capsule	Nitroimidazoles (Gastrointestinal Antibiotics)
Sporonax Solution	Antifungals
Triliprix Capsule	Triglyceride Lowering Agents
Namenda Titration Pack	Alzheimer's Agents
Felbatol Suspension	First Generation Anticonvulsant
Lymepak Tablet	Tetracycline Derivatives
Stalevo Tablet	Anti-Parkinson And Restless Leg Syndrome Agents
Nicotrol Inhaler	Tobacco Cessation
Kombiglyze XR Tablet	DPP-IV Inhibitors and Combinations
Releuko Vial	Colony Stimulating Factors
ProAir Digihaler	Beta-adrenergic Handheld, Short Acting
ArmonAir Digihaler	Inhaled Corticosteroids
Patanase Nasal Spray	Intranasal Rhinitis Agents
Vistaril Capsule	First Generation Antihistamines
Finacea Gel	Acne Agents
Ospomyv™ Syringe (Prolia® Biosimilar)	Bone Resorption Suppression and Related Agents
Ocaliva® Tablet (removed due to market withdrawal)	Bile Acid Salts