

### Effective October 1st, 2025, the following Preferred Drug List (PDL) changes will take place:

#### 1. Adderall® XR Capsule

- 🌱 *Change:* Moving to non-preferred status
- 🌱 *Preferred Alternative:* amphetamine salt combo XR capsule (generic equivalent)

#### 2. Focalin® XR Capsule

- 🌱 *Change:* Moving to non-preferred status
- 🌱 *Preferred Alternative:* dexmethylphenidate ER capsule (generic equivalent)

#### 3. Concerta® Tablet

- 🌱 *Change:* Moving to non-preferred status
- 🌱 *Preferred Alternative:* methylphenidate ER tablet (generic equivalent)

#### 4. Vyvanse® Chewable Tablet

- 🌱 *Change:* Moving to non-preferred status
- 🌱 *Preferred Alternative:* lisdexamfetamine chewable tablet (generic equivalent)

#### 5. Novolog® U-100 Penfill

- 🌱 *Change:* Moving to non-preferred status
- 🌱 *Preferred Alternative:* insulin aspart U-100 Penfill (generic equivalent)

#### 6. Humalog® U-100 Cartridge/ Junior KwikPen®/ KwikPen® / Vial

- 🌱 *Change:* Moving to non-preferred status
- 🌱 *Preferred Alternative:* insulin lispro U-100 Junior KwikPen®, insulin lispro U-100 KwikPen® / vial (generic equivalent)

#### 7. Insulin Glargine vial / SoloStar® (authorized biologic for Lantus)

- 🌱 *Change:* Moving to non-preferred status
- 🌱 *Preferred Alternative:* Lantus® SoloStar® / Vial (Brand equivalent)

#### 8. Novolog® Mix 70/30 FlexPen®

- 🌱 *Change:* Moving to **non-preferred** status
- 🌱 *Preferred Alternative:* **insulin aspart protamine-aspart 70/30 U-100 FlexPen®** (generic equivalent)

### 9. **Amitiza® Capsule from preferred to non-preferred**

- 🌱 *Change:* Moving to **non-preferred** status
- 🌱 *Preferred Alternative:* **lubiprostone capsule** (generic equivalent)

### 10. **Dermtic® Oil**

- 🌱 Moving to **non-preferred** status
- 🌱 *Preferred Alternative:* **fluocinolone 0.01% oil (generic for Demotic®)** (generic equivalent)

### 11. **Adapalene Cream (generic for Differin®)**

- 🌱 Moving to **non-preferred** status
- 🌱 *Preferred Alternative:* **Differin® cream** (Brand equivalent)

### 12. **MetroCream®**

- 🌱 Moving to **non-preferred** status
- 🌱 *Preferred Alternative:* **metronidazole cream** (generic equivalent)

### 13. **MetroGel®**

- 🌱 Moving to **non-preferred** status
- 🌱 *Preferred Alternative:* **metronidazole gel / pump** (generic equivalent)

### 14. **Clobex® Shampoo**

- 🌱 Moving to **non-preferred** status
- 🌱 *Preferred Alternative:* **clobetasol shampoo** (generic equivalent)

#### **Please Note:**

Patients currently using these medications may notice a change in the product being dispensed. However, this change **should not affect their ability to obtain the medication**, as equivalent generic or Brand alternatives will be available as preferred medications.

**Effective October 1st, 2025, the following PDL changes will take place which will result in the requirement for a prior authorization to continue the medication:**

**1. Tramadol ER tablet (generic for Ultram ER® or Ryzolt®)**

🌱 *Change: Moving to non-preferred status*

**2. Hydrocodone-ibuprofen tablet (generic for Ibudone®, Reprexain®, Vicoprofen®)**

🌱 *Change: Moving to non-preferred status*

**3. Tramadol tablet (generic for Ultram®)**

🌱 *Change: Moving to non-preferred status*

**4. Diclofenac sodium tablet (generic for Voltaren®)**

🌱 *Change: Moving to non-preferred status*

**5. Lacosamide solution (generic for Vimpat®)**

🌱 *Change: Moving to non-preferred status (seizure disorder exempt from change)*

**6. Lamotrigine ODT dose pack/ tablet dose pack (generic for Lamictal®)**

🌱 *Change: Moving to non-preferred status (seizure disorder exempt from change)*

**7. Nardil® Tablet**

🌱 *Change: Moving to non-preferred status*

**8. Phenezine tablet (generic for Nardil®)**

🌱 *Change: Moving to non-preferred status*

**9. Tranylcypromine tablet (generic for Parnate®)**

🌱 *Change: Moving to non-preferred status*

**10. Aptensio® XR Capsule**

🌱 *Change: Moving to non-preferred status*

**11. Methylphenidate ER capsule (generic for Aptensio® XR)**

🌱 *Change: Moving to non-preferred status*

**12. Emgality® Syringe 100 MG from preferred to non-preferred**

🌱 *Change: Moving to non-preferred status*

**13. Nuvigil® Tablet from preferred to non-preferred**

 *Change:* Moving to non-preferred status

**14. Levemir® / FlexPen® / FlexTouch® / Vial**

 *Change:* Moving to non-preferred status

**15. Humalog® 50/50 Mix KwikPen®**

 *Change:* Moving to non-preferred status

**16. Humalog® 75/25 Vial**

 *Change:* Moving to non-preferred status

**17. Dexilant® Capsule Tablet**

 *Change:* Moving to non-preferred status

**18. Mesalamine DR tablet (generic for Lialda®)**

 *Change:* Moving to non-preferred status

**19. Mesalamine enema (generic for SF Rowasa®)**

 *Change:* Moving to non-preferred status

**20. Fragmin® Syringe**

 *Change:* Moving to non-preferred status

**21. Udenyca® Autoinjector / Syringe**

 *Change:* Moving to non-preferred status

**22. Ketorolac solution (generic for Acular® / LS)**

 *Change:* Moving to non-preferred status

**23. Restasis® Multidose™ Drops**

 *Change:* Moving to non-preferred status

**24. Dimenhydrinate vial (generic for Dramamine®)**

 *Change:* Moving to non-preferred status

**25. Clindamycin phosphate gel (generic for Clindagel®)**

 *Change:* Moving to non-preferred status

**26. Zovirax® Cream**

 *Change:* Moving to non-preferred status

## 27. Adalimumab-fkjp Pen / Syringe from preferred to non-preferred

- *Change:* Moving to **non-preferred** status

## 28. Aprepitant pack (generic for Emend®)

- 🔄 *Change:* Moving to **non-preferred** status

aprepitant pack (generic for Emend®) Solution already requires an additional prior authorization. This change will not affect anyone already on aprepitant pack (generic for Emend®)