

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. Dermotic® Oil

- 🌿 Moving to **non-preferred** status
- 🌿 *Preferred Alternative:* fluocinolone 0.01% oil (generic for Dermotic®) (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. Phenelzine 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®)