

Preferred Drug List (PDL) Updates

On **October 1, 2022**, the below PDL updates will go into effect. Trial and failure of two preferred drugs are required unless only one preferred option is listed or is otherwise indicated. Clinical criteria and prior authorization forms can be found [here](#).

For a copy of the current Preferred Drug List (PDL), please [click here](#).

For more information, please visit our [Pharmacy website](#).

Drug Name	Update	Preferred/ Non-Preferred Status	Notes
Seglentis® solution	Add	Non-Preferred	Clinical criteria apply
Tramadol HCl solution (authorized generic for Qdolo® oral solution)	Add	Non-Preferred	Clinical criteria apply
Diclofenac potassium capsule (generic for Zipsor®)	Add	Non-Preferred	
Lidocaine patch (generic for Lidoderm®)	Move	Preferred	Clinical criteria apply
Felbatol® Suspension / Tablet	Move	Preferred	
Banzel® Suspension / Tablet	Move	Preferred	
Briviact® Tablet and Solution	Move	Preferred	
Clobazam suspension (generic for Onfi® Suspension)	Move	Preferred	
Clobazam tablet (generic for Onfi® Tablet)	Move	Preferred	
Diacomit® Capsule / Powder Pack	Move	Preferred	
Fycopa® Tablet / Suspension	Move	Preferred	
lamotrigine ER tablet / ODT / ODT Starter Kit / Starter Kit (generic for Lamictal® XR / ODT)	Move	Preferred	
Sabriil® Tablet	Move	Preferred	
Vimpat® Solution / Starter Kit / Tablet	Move	Preferred	
Xcopri® Tablet / Titration Pack	Move	Preferred	
Lacosamide Solution and Tablet	Add	Non-Preferred	
Eprontia™ Solution	Add/Move	Preferred	
Diazepam rectal / system (generic for Diastat® Accudial / Pedi System)	Move	Preferred	

Drug Name	Update	Preferred/ Non-Preferred Status	Notes
Erythromycin ethylsuccinate 400 Suspension (Generic for Eryped®)	Add	Non-Preferred	
Erythromycin ethylsuccinate 400 Suspension (authorized generic for Eryped®)	Add	Non-Preferred	
Minocycline ER Capsule (Generic for Ximino™ ER)	Add	Non-Preferred	
Targadox®	Add	Non-Preferred	
Mavyret™ Pellet Pack	Add/Move	Preferred	Clinical criteria apply
Effexor® XR Capsule	Move	Preferred	
Nardil® Tablet	Move	Preferred	
Pristiq® ER Tablet	Move	Preferred	
Bupropion XL Tablet (generic for Forfivo® XL)	Add	Non-Preferred	
Citalopram capsule	Add	Non-Preferred	
Sertraline capsule	Add	Non-Preferred	
Amphetamine sulfate tablet (generic for Evekeo® Tablet)	Add	Non-Preferred	
Nuplazid® Capsule	Add	Non-Preferred	
Isosorbide dinitrate/hydralazine tablet (authorized generic for Bidil®)	Add	Non-Preferred	
Apomorphine (subcutaneous) (generic for Apokyn®)	Add	Non-Preferred	
Dhivy Tablet™	Add	Non-Preferred	
Tysabri®	Add	Non-Preferred	
Tecfidera® Capsule / Starter Pack	Move	Non-Preferred	
Dimethyl fumarate DR capsule (generic for Tecfidera® Capsule)	Move	Preferred	
Skytrofa® Cartridge	Add	Non-Preferred	Clinical criteria apply
Insulin lispro U-100 Junior KwikPen® (generic for Humalog® Junior)	Move	Preferred	
Insulin lispro U-100 KwikPen® / vial (generic for Humalog®)	Move	Preferred	
Novolog® Mix 70/30 Vial	Move	Non-Preferred	Trial and failure of only one Preferred product is required for the class.
Insulin aspart protamine-aspart 70/30 U-100 FlexPen® / vial (generic for Novolog® Mix 70/30)	Move	Preferred	
Novolog® Mix 70/30 Vial	Move	Non-Preferred	
Ozempic® Injection	Move	Preferred	
Glyxambi® Tablet	Move	Non-Preferred	

Drug Name	Update	Preferred/ Non-Preferred Status	Notes
Invokana® Tablet	Move	Preferred	
Synjardy® Tablet	Move	Preferred	
aprepitant capsule/pack (generic for Emend®)	Move	Preferred	Clinical criteria apply
Emend® Capsule	Move	Non-Preferred	Clinical criteria apply
Esomeprazole magnesium capsule OTC (generic for Nexium® OTC)	Move	Non-Preferred	
Dexlansoprazole capsules (authorized generic for Dexilant®)	Add	Non-Preferred	
Ibsrela® Tablet	Add	Non-Preferred	
Renvela® Tablet	Move	Preferred	
Sevelamer tablet (generic for Renagel® and Renvela®)	Move	Non-Preferred	
lanthanum carbonate Chewable Tablet (generic for Fosrenol® Chewable)	Add	Non-Preferred	
Colchicine tablet (generic for Colcrys®)	Move	Preferred	
Mitigare® (branded colchicine 0.6mg) Capsules	Move	Non-Preferred	
Xarelto® Suspension	Add	Non-Preferred	
Fulphila™ Syringe	Move	Non-Preferred	
Granix® Injection Syringe/Vial	Move	Non-Preferred	
Leukine® Injection	Move	Non-Preferred	
Zarxio® Injection	Move	Non-Preferred	
Nivestym™ Syringe	Move	Preferred	
Nyvepria™ Syringe	Move	Preferred	
Releuko® Syringe and Releuko® Vial	Add	Non-Preferred	
Azasite® Drops	Move	Non-Preferred	
Moxifloxacin ophthalmic solution (generic for Moxeza®)	Move	Non-Preferred	
Neomycin/bacitracin/polymyxin Ointment (authorized generic For Neosporin® Ophthalmic Ointment)	Add	Non-Preferred	
Xipere™ (Intraocular)	Add	Non-Preferred	
Xiidra® Drops	Move	Preferred	
Cyclosporine ophthalmic (generic and authorized generic for Restasis®)	Add	Non-Preferred	
Tyrvaya® Nasal Spray	Add	Non-Preferred	
Brimonidine tartrate/timolol Drops (generic and authorized generic for Combigan®)	Add	Non-Preferred	

Drug Name	Update	Preferred/ Non-Preferred Status	Notes
Budesonide suspension (generic for Pulmicort® Respules)	Move	Preferred	
Pulmicort® Respules 0.25mg, 0.5mg, 1mg	Move	Non-Preferred	
Adapalene / benzoyl peroxide (generic for Epiduo® Forte)	Add	Non-Preferred	
Altreno® Lotion	Add	Non-Preferred	
Twyneo® Cream	Add	Non-Preferred	
Vandazole® Vaginal Gel	Move	Non-Preferred	
Sulconazole nitrate cream and solution (generic for Exelderm®)	Add	Non-Preferred	
Acyclovir ointment (generic for Zovirax® Ointment)	Move	Preferred	
Adby™	Move	Non-Preferred	Clinical criteria apply
Dupixent® Pen	Move	Non-Preferred	Clinical criteria apply
Tacrolimus ointment (generic Protopic®)	Move	Preferred	
Protopic® Ointment	Remove	N/A	Removed from PDL due to drug going off-market
Imiquimod cream topical and pump topical (generic for Zyclara®)	Add	Non-Preferred	
Epi-Pen® Auto Injector and Epi-Pen® JR Auto Injector	Move	Preferred	
Epinephrine auto injector (generic for Epi-Pen® Auto Injector) and epinephrine JR (generic for Epi-Pen® JR Auto Injector)	Move	Non-Preferred	
Tarpeyo™ Capsule	Add	Non-Preferred	exemption from trial and fail for Tarpeyo for diagnosis of IgA neuropathy
Cibinqo™ Tablet	Add	Non-Preferred	Clinical criteria apply
Infliximab (generic for Remicade®)	Add	Non-Preferred	Clinical criteria apply
Tavneos® Capsule	Add	Preferred	
Naloxone spray (generic and authorized generic for Narcan® Nasal Spray)	Add	Preferred	
Zimhi™ (Injection)	Add	Preferred	
Buprenorphine-naloxone sublingual tablet (generic for Suboxone®)	Move	Preferred	
Lucemyra® Tablet	Add	Non-Preferred	

Drug Name	Update	Preferred/ Non-Preferred Status	Notes
Bunavail® Film	Remove	N/A	Removed from PDL due to being discontinued by manufacturer
Chlorzoxazone tablet (generic for Parafon Forte®)	Move	Non-Preferred	
Baclofen oral solution (authorized generic)	Add	Non-Preferred	
Fleqsuvy™ Suspension	Add	Non-Preferred	
Omnipod DASH® Kit, Omnipod 5® and Omnipod 5® Kit	Add	Preferred	