

January 5, 2026 Statewide PDL Changes

Change Made	Drug Name	Alternatives	Notes	Effective Date
Moved to Non-Preferred on PDL	Quinapril-Hydrochlorothiazide Tablet	Benazepril-Hydrochlorothiazide Tablet, Enalapril-Hydrochlorothiazide Tablet, Fosinopril-Hydrochlorothiazide Tablet, Lisinopril-Hydrochlorothiazide Tablet	Proir Authorization Required	1/5/2026
Moved to Non-Preferred on PDL	Pradaxa Capsule	Dabigatran Capsule	Proir Authorization Required	1/5/2026
Moved to Non-Preferred on PDL	Diclegis Tablet	Doxylamine Succinate-Pyridoxine DR Tablet (generic Diclegis)	Proir Authorization Required	1/5/2026
Moved to Non-Preferred on PDL	Meclizine 50 mg Tablet	Meclizine Chewable Tablet, Meclizine 12.5 mg, 25 mg Tablet	Proir Authorization Required	1/5/2026
Moved to Non-Preferred on PDL	Trimethobenzamide Capsule	Metoclopramide Tablet, Ondansetron Tablet, Prochlorperazine Tablet	Proir Authorization Required	1/5/2026
Moved to Non-Preferred on PDL	Trimazole (clotrimazole) Cream	Clotrimazole Cream	Proir Authorization Required	1/5/2026
Moved to Non-Preferred on PDL	Adalimumab-adaz(CF) 100 mg/mL Pen or Syringe	Adalimumab-aaty(CF) 100 mg/mL Autoinjector, Adalimumab-aaty(CF) 100 mg/mL Syringe, Simlandi(CF) (adalimumab-ryvk) 100 mg/mL Autoinjector, Simlandi(CF) (adalimumab-ryvk) 100 mg/mL Syringe	Proir Authorization Required	1/5/2026
Moved to Non-Preferred on PDL	Adalimumab-adbm (labeler Boehringer Ingelheim) 100 mg/mL Pen or Syringe	Adalimumab-aaty(CF) 100 mg/mL Autoinjector, Adalimumab-aaty(CF) 100 mg/mL Syringe, Simlandi(CF) (adalimumab-ryvk) 100 mg/mL Autoinjector, Simlandi(CF) (adalimumab-ryvk) 100 mg/mL Syringe	Proir Authorization Required	1/5/2026
Moved to Non-Preferred on PDL	Hadlima(CF) (adalimumab-bwwd) 100 mg/mL Syringe or Pushtouch	Adalimumab-aaty(CF) 100 mg/mL Autoinjector, Adalimumab-aaty(CF) 100 mg/mL Syringe, Simlandi(CF) (adalimumab-ryvk) 100 mg/mL Autoinjector, Simlandi(CF) (adalimumab-ryvk) 100 mg/mL Syringe	Proir Authorization Required	1/5/2026
Moved to Non-Preferred on PDL	Humira(CF) (adalimumab) 100 mg/mL Pen or Syringe	Adalimumab-aaty(CF) 100 mg/mL Autoinjector, Adalimumab-aaty(CF) 100 mg/mL Syringe, Simlandi(CF) (adalimumab-ryvk) 100 mg/mL Autoinjector, Simlandi(CF) (adalimumab-ryvk) 100 mg/mL Syringe	Proir Authorization Required	1/5/2026

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Moved to Non-Preferred on PDL	Adalimumab-aacf(CF) 50 mg/mL Pen or Syringe	Adalimumab-fkjp(CF) 50 mg/mL Pen, Adalimumab-fkjp(CF) 50 mg/mL Syringe, Hadlima (adalimumab-bwwd) 50 mg/mL Pushtouch, Hadlima (adalimumab-bwwd) 50 mg/mL Syringe	Proir Authorization Required	1/5/2026
Moved to Non-Preferred on PDL	Adalimumab-adbm (labeler Boehringer Ingelheim) 50 mg/mL Pen or Syringe	Adalimumab-fkjp(CF) 50 mg/mL Pen, Adalimumab-fkjp(CF) 50 mg/mL Syringe, Hadlima (adalimumab-bwwd) 50 mg/mL Pushtouch, Hadlima (adalimumab-bwwd) 50 mg/mL Syringe	Proir Authorization Required	1/5/2026
Moved to Non-Preferred on PDL	Humira (adalimumab) 50 mg/mL Pen or Syringe	Adalimumab-fkjp(CF) 50 mg/mL Pen, Adalimumab-fkjp(CF) 50 mg/mL Syringe, Hadlima (adalimumab-bwwd) 50 mg/mL Pushtouch, Hadlima (adalimumab-bwwd) 50 mg/mL Syringe	Proir Authorization Required	1/5/2026
Moved to Non-Preferred on PDL	Yusimry(CF) (adalimumab-aqvh) 50 mg/mL Pen	Adalimumab-fkjp(CF) 50 mg/mL Pen, Adalimumab-fkjp(CF) 50 mg/mL Syringe, Hadlima (adalimumab-bwwd) 50 mg/mL Pushtouch, Hadlima (adalimumab-bwwd) 50 mg/mL Syringe	Proir Authorization Required	1/5/2026
Moved to Non-Preferred on PDL	Imuldosa (ustekinumab-srlf) Syringe or Vial	Pyzchiva (ustekinumab-ttwe) Syringe, Pyzchiva (ustekinumab-ttwe) Vial	Proir Authorization Required	1/5/2026
Moved to Non-Preferred on PDL	Otulfi (ustekinumab-aauz) Syringe or Vial	Pyzchiva (ustekinumab-ttwe) Syringe, Pyzchiva (ustekinumab-ttwe) Vial	Proir Authorization Required	1/5/2026
Moved to Non-Preferred on PDL	Selarsdi (ustekinumab-aekn) Syringe or Vial	Pyzchiva (ustekinumab-ttwe) Syringe, Pyzchiva (ustekinumab-ttwe) Vial	Proir Authorization Required	1/5/2026
Moved to Non-Preferred on PDL	Steqeyma (ustekinumab-stba) Syringe or Vial	Pyzchiva (ustekinumab-ttwe) Syringe, Pyzchiva (ustekinumab-ttwe) Vial	Proir Authorization Required	1/5/2026
Moved to Non-Preferred on PDL	Ustekinumab Syringe or Vial (Janssen's unbranded ustekinumab)	Pyzchiva (ustekinumab-ttwe) Syringe, Pyzchiva (ustekinumab-ttwe) Vial	Proir Authorization Required	1/5/2026
Moved to Non-Preferred on PDL	Ustekinumab-aekn Syringe	Pyzchiva (ustekinumab-ttwe) Syringe, Pyzchiva (ustekinumab-ttwe) Vial	Proir Authorization Required	1/5/2026
Moved to Non-Preferred on PDL	Ustekinumab-ttwe Syringe or Vial	Pyzchiva (ustekinumab-ttwe) Syringe, Pyzchiva (ustekinumab-ttwe) Vial	Proir Authorization Required	1/5/2026

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Moved to Non-Preferred on PDL	Yesintek (ustekinumab-kfce) Syringe or Vial	Pyzchiva (ustekinumab-ttwe) Syringe, Pyzchiva (ustekinumab-ttwe) Vial	Proir Authorization Required	1/5/2026
Moved to Non-Preferred on PDL	Sajazir (icatibant) Syringe	Icatibant Syringe	Proir Authorization Required	1/5/2026
Moved to Non-Preferred on PDL	Nizatidine Capsule	Famotidine Tablet, Cimetidine Tablet, Acid Reducer Complete (famotidine-calcium carbonate-magnesium hydroxide chewable) Tablet Chew	Proir Authorization Required	1/5/2026
Moved to Non-Preferred on PDL	Invokamet Tablet	Xigduo XR Tablet	Proir Authorization Required	1/5/2026
Moved to Non-Preferred on PDL	Invokana Tablet	Farxiga Tablet, Jardiance Tablet, Synjardy Tablet, Synjardy XR Tablet	Proir Authorization Required	1/5/2026
Moved to Non-Preferred on PDL	Naproxen Suspension	Ibuprofen Suspension, Ibuprofen Suspension Drop, Naproxen 250 mg, 375 mg, 500 mg Tablet (generic Naprosyn Tablet), Naproxen DR 375 mg, 500 mg Tablet (generic Naprosyn EC Tablet), Naproxen Sodium 220 mg Capsule (generic Aleve Liquid Gel Cap), Naproxen Sodium 220 mg Tablet (generic Aleve Caplet/Tablet), Naproxen Sodium 275 mg Tablet (generic Anaprox Tablet), Naproxen Sodium DS 550 mg Tablet (generic Anaprox DS Tablet)	Proir Authorization Required	1/5/2026
Moved to Non-Preferred on PDL	Sprycel Tablet	Dasatinib Tablet	Proir Authorization Required	1/5/2026
Moved to Non-Preferred on PDL	Tasigna Capsule	Nilotinib HCl Capsule	Proir Authorization Required	1/5/2026
Moved to Non-Preferred on PDL	Ilevro Drop	Flurbiprofen Drop, Ketorolac Drop, Bromfenac 0.09% Drop	Proir Authorization Required	1/5/2026
Moved to Non-Preferred on PDL	Nevanac Drop	Flurbiprofen Drop, Ketorolac Drop, Bromfenac 0.09% Drop	Proir Authorization Required	1/5/2026

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Moved to Non-Preferred on PDL	Lokelma (<i>sodium zirconium cyclosilicate</i>) Powder Packet (NDCs 00310110501, 00310111001)	Lokelma (sodium zirconium cyclosilicate) Powder Packet (NDCs 00310111030, 00310110530, 00310110539, 00310111039 only),	Proir Authorization Required	1/5/2026
Moved to Non-Preferred on PDL	Veltassa (patiromer) Powder Packet (NDCs 53436025230, 53436025201, 53436008404)	Veltassa (patiromer) Powder Packet (NDCs 53436001060, 53436001001, 53436016830, 53436016801, 53436008430, 53436008401 only)	Proir Authorization Required	1/5/2026