

Preferred Drug List (PDL) Changes Effective 7/10/2025

Generic **albuterol** HFA inhalers will no longer bypass the PDL. Only brand Ventolin HFA will continue to pay without a prior authorization.

Antibiotics, Vaginal:

Preferred to Non-Preferred

Nuvessa

Non-Preferred to Preferred

Cleocin Cream

Antifungals, Topical:

Preferred to Non-Preferred

Non-Preferred to Preferred

Ciclopirox Cream

Antineoplastic Agents, Topical:

Preferred to Non-Preferred

Efudex Cream

Non-Preferred to Preferred

Fluorouracil Cream (gen Efudex)

Glucocorticoids, Inhaled:

Preferred to Non-Preferred

Pulmicort Respules

Fluticasone HFA (≥ 6 y.o.)

Non-Preferred to Preferred

Budesonide Respules

Fluticasone HFA (≤ 5 y.o.)

Glucocorticoids, Oral:

Preferred to Non-Preferred

Prednisone Solution

Non-Preferred to Preferred

Cortef

Immunomodulators:

Preferred to Non-Preferred

Cosentyx

Non-Preferred to Preferred

Taltz

Immunomodulators, Atopic Dermatitis:

Preferred to Non-Preferred

Non-Preferred to Preferred

Pimecrolimus

Tacrolimus

Steroids, Topical Very High:

Preferred to Non-Preferred

Clobetasol Propionate Gel

Non-Preferred to Preferred