FORMULARY UPDATES

Posted 8/26/2026

Key			
AL= Age Limit	ST= Step Therapy	OTC= Over the Counter	PA Prior Authorization
PA, QL= Quantity Limit is applied after Prior Authorization approval	QL= Quantity Limit	SP= Specialty Drugs; these drugs must be obtained through a specialty pharmacy	

Date Effective	Product Name	Change	Notes
8/1/2026	Dupixent® (dupilumab) pen/syringe	Add to formulary, PDL Preferred	DHHS P & T Decision May 6, 2026
8/1/2026	Humira® / Humira® CF Injection	Change from PDL preferred to PDL Non-preferred	DHHS P & T Decision May 6, 2026
8/1/2026	Mavyret® Pellet Pack / Tablet	Clinical Criteria Removed	DHHS P & T Decision May 6, 2026
8/1/2026	Epclusa® Pellet Pack/Tablet	Change from PDL preferred to PDL Non-preferred	DHHS P & T Decision May 6, 2026
8/1/2026	sofosbuvir-velpatasvir (generic for Epclusa®)	Change from PDL preferred to PDL Non-preferred	DHHS P & T Decision May 6, 2026
8/1/2026	Vosevi® Tablet	Change from PDL preferred to PDL Non-preferred	DHHS P & T Decision May 6, 2026
/1/2026	Kesimpta	Change from PDL preferred to PDL Non-preferred	DHHS P & T Decision August 5, 2026

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10/1/2026	Viracept® Tablet	Change from PDL Preferred to PDL Non-Preferred	DHHS P & T Decision May 6, 2026
10/1/2026	exenatide injection (generic for Byetta®)	Updated Criteria	DHHS P & T Decision May 6, 2026
10/1/2026	liraglutide injection (generic for Victoza®)	Updated Criteria	DHHS P & T Decision May 6, 2026
10/1/2026	Mounjaro® Injection	Updated Criteria	DHHS P & T Decision May 6, 2026
10/1/2026	Soliqua® Injection	Updated Criteria	DHHS P & T Decision May 6, 2026
10/1/2026	Victoza® Injection	Updated Criteria	DHHS P & T Decision May 6, 2026
10/1/2026	Xultophy® Injection	Updated Criteria	DHHS P & T Decision May 6, 2026
10/1/2026	roflumilast tablet (generic for Daliresp®)	Change from PDL Non-preferred to PDL Preferred	DHHS P & T Decision May 6, 2026
10/1/2026	Spiriva® Respimat® Inhalation Spray	Change from PDL Non-preferred to PDL Preferred	DHHS P & T Decision May 6, 2026
10/1/2026	esomeprazole magnesium Rx capsule/packet for suspension (generic for Nexium® Rx)	Change from PDL Non-preferred to PDL Preferred	DHHS P & T Decision May 6, 2026
10/1/2026	lansoprazole capsule Rx (generic for Prevacid®)	Change from PDL Non-preferred to PDL Preferred	DHHS P & T Decision May 6, 2026
10/1/2026	rabeprazole tablet (generic for Aciphex®)	Change from PDL Non-preferred to PDL Preferred	DHHS P & T Decision May 6, 2026
10/1/2026	Dexilant® Capsule	Change from PDL Preferred to PDL Non-Preferred	DHHS P & T Decision May 6, 2026

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10/1/2026	eszopiclone tablet (generic for Lunesta®)	Change from PDL Non-preferred to PDL Preferred	DHHS P & T Decision May 6, 2026
10/1/2026	ramelteon tablet (generic for Rozerem®)	Change from PDL Non-preferred to PDL Preferred	DHHS P & T Decision May 6, 2026
10/1/2026	zaleplon capsule (generic for Sonata®)	Change from PDL Non-preferred to PDL Preferred	DHHS P & T Decision May 6, 2026
10/1/2026	zolpidem ER tablet (generic for Ambien® CR)	Change from PDL Non-preferred to PDL Preferred	DHHS P & T Decision May 6, 2026
10/1/2026	amlodipine-olmesartan tablet (generic for Azor®)	Change from PDL Non-preferred to PDL Preferred	DHHS P & T Decision May 6, 2026
10/1/2026	olmesartan-amlodipine-HCTZ tablet (generic for Tribenzor®)	Change from PDL Non-preferred to PDL Preferred	DHHS P & T Decision May 6, 2026
10/1/2026	Azor® Tablet	Updated Criteria	DHHS P & T Decision May 6, 2026
10/1/2026	Exforge® Tablet	Updated Criteria	DHHS P & T Decision May 6, 2026
10/1/2026	Exforge HCT® Tablet	Updated Criteria	DHHS P & T Decision May 6, 2026
10/1/2026	telmisartan-amlodipine tablet (generic for Twynsta®)	Updated Criteria	DHHS P & T Decision May 6, 2026
10/1/2026	Tribenzor® Tablet	Updated Criteria	DHHS P & T Decision May 6, 2026
10/1/2026	Invokamet® Tablet	Change from PDL Preferred to PDL Non-Preferred	DHHS P & T Decision August 5, 2026
10/1/2026	Invokana® Tablet	Change from PDL Preferred to PDL Non-Preferred	DHHS P & T Decision August 5, 2026
10/1/2026	clotrimazole troche (generic for Mycelex® troche)	Change from Non-PDL to PDL Preferred	DHHS P & T Decision August 5, 2026
10/1/2026	griseofulvin microsized tablet (generic for Grifulvin V®)	Change from PDL Non-preferred to PDL Preferred	DHHS P & T Decision August 5, 2026
10/1/2026	ketoconazole tablet (generic for Nizoral®)	Change from PDL Non-preferred to PDL Preferred	DHHS P & T Decision August 5, 2026

Date Effective	Product Name	Change	Notes
10/1/2026	posaconazole tablet/suspension (generic for Noxafil®)	Change from PDL Non-preferred to PDL Preferred with Clinical Criteria	DHHS P & T Decision August 5, 2026