

FORMULARY UPDATES

Posted 2/27/2026

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
4/1/2026	Tryptyr™ (acoltremon)	Add to formulary, PA required	DHHS P & T Decision November 5, 2025
4/1/2026	Anzupgo® (delgocitinib)	Add to formulary, PA required	DHHS P & T Decision November 5, 2025
4/1/2026	Zurnai™ (nalmefene)	Add to formulary, PA required	DHHS P & T Decision November 5, 2025
4/1/2026	Carbaglu® tablets	Add to formulary, PDL Preferred	Clinical Criteria Applies
4/1/2026	Carglumic acid tablets	Add to formulary, PA required	DHHS P & T Decision November 5, 2025
4/1/2026	amantadine capsule / solution / tablet (generic for Symmetrel®)	Add to formulary, PDL Preferred	DHHS P & T Decision November 5, 2025
4/1/2026	benztropine tablet (generic for Cogentin®)	Add to formulary, PDL Preferred	DHHS P & T Decision November 5, 2025
4/1/2026	bromocriptine capsule / tablet (generic for Parlodel®)	Add to formulary, PDL Preferred	DHHS P & T Decision November 5, 2025
4/1/2026	carbidopa-levodopa ODT (generic for Parcopa®)	Add to formulary, PDL Preferred	DHHS P & T Decision November 5, 2025
4/1/2026	carbidopa-levodopa tablet/ER tablet (generic for Sinemet/CR®)	Add to formulary, PDL Preferred	DHHS P & T Decision November 5, 2025
4/1/2026	selegiline capsule / tablet (generic for Eldepryl®)	Add to formulary, PDL Preferred	DHHS P & T Decision November 5, 2025
4/1/2026	trihexyphenidyl elixir / tablet (generic for Artane®)	Add to formulary, PDL Preferred	DHHS P & T Decision November 5, 2025
4/1/2026	Apokyn® Cartridge	Add to formulary, PA required	DHHS P & T Decision November 5, 2025
4/1/2026	apomorphine cartridge (generic for Apokyn®)	Add to formulary, PA required	DHHS P & T Decision November 5, 2025
4/1/2026	Azilect®	Add to formulary, PA required	DHHS P & T Decision November 5, 2025

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4/1/2026	carbidopa (generic for Lodosyn®)	Add to formulary, PA required	DHHS P & T Decision November 5, 2025
4/1/2026	carbidopa-levodopa ER capsule (generic for Rytary® ER)	Add to formulary, PA required	DHHS P & T Decision November 5, 2025
4/1/2026	carbidopa-levodopa-entacapone (generic for Stalevo®)	Add to formulary, PA required	DHHS P & T Decision November 5, 2025
4/1/2026	Crexont® ER	Add to formulary, PA required	DHHS P & T Decision November 5, 2025
4/1/2026	Dhivy™	Add to formulary, PA required	DHHS P & T Decision November 5, 2025
4/1/2026	Duopa® Suspension	Add to formulary, PA required	DHHS P & T Decision November 5, 2025
4/1/2026	entacapone (generic for Comtan®)	Add to formulary, PA required	DHHS P & T Decision November 5, 2025
4/1/2026	Gocovri®	Add to formulary, PA required	Clinical Criteria Applies
4/1/2026	Inbrija™ Inhalation	Add to formulary, PA required	DHHS P & T Decision November 5, 2025
4/1/2026	Nourianz™	Add to formulary, PA required	DHHS P & T Decision November 5, 2025
4/1/2026	Ongentys®	Add to formulary, PA required	DHHS P & T Decision November 5, 2025
4/1/2026	rasagiline (generic for Azilect®)	Add to formulary, PA required	DHHS P & T Decision November 5, 2025
4/1/2026	Rytary® ER	Add to formulary, PA required	DHHS P & T Decision November 5, 2025
4/1/2026	tolcapone (generic for Tasmar®)	Add to formulary, PA required	DHHS P & T Decision November 5, 2025
4/1/2026	Sinemet®	Add to formulary, PA required	DHHS P & T Decision November 5, 2025
4/1/2026	Xadago®	Add to formulary, PA required	DHHS P & T Decision November 5, 2025
4/1/2026	Repatha®	Add to formulary, PDL Preferred	Clinical Criteria Applies
4/1/2026	Praluent®	Add to formulary, PA required	Clinical Criteria Applies
4/1/2026	carbamazepine suspension (generic for Tegretol®)	Add to formulary, PDL Preferred	DHHS P & T Decision November 5, 2025
4/1/2026	celecoxib capsule (generic for Celebrex®)	Add to formulary, PDL Preferred	DHHS P & T Decision November 5, 2025
4/1/2026	Celebrex® Capsule	Add to formulary, PDL Preferred	DHHS P & T Decision November 5, 2025
4/1/2026	diclofenac potassium powder packet (generic for Cambia®)	Add to formulary, PA required	Clinical Criteria applies

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4/1/2026	Elyxyb™ Solution	Add to formulary, PA required	Clinical Criteria applies
4/1/2026	Reyvow™ Tablet	Add to formulary, PA required	DHHS P & T Decision November 5, 2025
4/1/2026	Pulmozyme Solution	Remove PA, CDL Preferred	Update QL to #5mL/ day