

July PDL Changes

7-1-2025	Benicar HCT	Non-preferred	Removed from Brand over Generic List. Generic Olmesartan HCTZ will be preferred.
7-1-2025	Olmesartan HCTZ	Preferred	DHHS P & T Decision May 2025
7-1-2025	Nexium PKT for susp	Non-preferred	Removed from Brand over Generic List. Generic esomeprazole susp will be preferred.
7-1-2025	Esomeprazole susp	Preferred	DHHS P & T Decision May 2025
7-1-2025	Sabril Tablet	Non-preferred	Removed from Brand over Generic List. Generic vigabatrin tablet will be preferred.
7-1-2025	Vigabatrin tablet	Preferred	DHHS P & T Decision May 2025. Clinical criteria remain in effect
7-1-2025	Saphris	Non-preferred	Removed from Brand over Generic List. Generic asenapine will be preferred.
7-1-2025	Asenapine SL	Preferred	DHHS P & T Decision May 2025
7-1-2025	Scopolamine Patch	Preferred	Removed Transderm Scop from Brand over Generic list.
7-1-2025	Rapamune Tablet	Non-Preferred	Removed from Brand over Generic List.
7-1-2025	Sirolimus Tablet	Preferred	Generic Rapamune. DHHS P & T Decision May 2025
7-1-2025	Banzel Susp	Non-preferred	Removed from Brand over Generic List. Generic rufinamide susp will be preferred.
7-1-2025	Rufinamide Susp	Preferred	DHHS P & T Decision May 2025