



Preferred Drug List (PDL) Updates

On July 1, 2026, the below PDL updates will go into effect. Trial and failure of two preferred drugs are required unless only one preferred option is listed or is otherwise indicated. Clinical criteria and prior authorization forms can be found [here](#).

Drug Name	Update	Preferred/Non-Preferred Status	Notes
Skytrofa® Cartridge	Moved	Preferred	Revised 03.31.2026 Off cycle change removed the red writing T/F (Trial/Failure) of preferred agents not being required for children
Vtama® Cream	Moved	Preferred	Revised 03.31.2026 Offcycle change
Halog® Solution	Added	Non-Preferred	Reconciliation
Wegovy® Pen	Added	Preferred	
Saxenda® (liraglutide) Pen	Added	Non-Preferred	
Zepbound® (tirzepatide) Pen	Added	Non-Preferred	
Zepbound® (tirzepatide) Vial	Added	Non-Preferred	Reconciliation
liraglutide Pen/5 -pak (generic Saxenda®)	Added	Non-Preferred	Reconciliation
Wegovy® Tablet	Added	Preferred	Revised 03.31.2026 Offcycle change
Exdensus Syringe	Added	Non-Preferred	
Ebglyss™ (lebrikizumab-lbkz) Syringe / Pen	Moved	Preferred	Revised 03.31.2026 Offcycle change
Abigale™	Added	Non-Preferred	Reconciliation
Conjugated estrogen tablet (generic for Premarin®)	Added	Non-Preferred	
Lynkuet® Capsule	Added	Non-Preferred	
Kymbee Tablet	Added	Non-Preferred	
Jaythari Suspension (generic for Emflaza®)	Added	Non-Preferred	Added Red writing- Clinical Criteria apply
Prednisone Tablet DR (generic for Rayos®)	Added	Non-Preferred	

Drug Name	Update	Preferred/Non-Preferred Status	Notes
Pyquvi™ Suspension (generic for Emflaza®)			Added Red writing- Clinical Criteria apply
deflazacort suspension (generic for Emflaza®)			Removed Red writing- T/F of preferred agents not required for children < 12 years of age.
ustekinumab-aauz syringe (biosimilar to Stelara®)	Added	Non-Preferred	
Starjemza Vial / Syringe (biosimilar to Stelara®)	Moved	Preferred	Revised 03.31.2026 Off-cycle change
Taltz® Auto-injector / Syringe	Moved	Preferred	Revised 03.31.2026 Off-cycle change
Tyenne® (tocilizumab-aazg) Autoinjector / Syringe/ Vial	Moved	Preferred	Revised 03.31.2026 Off-cycle change
adalimumab-adbm Pen/Psoriasis-UV Pen/Crohn's Pen/Syringe (Manufacturer: Boehringer-Ingelheim)	Moved	Preferred	Revised 03.31.2026 Off-cycle change
adalimumab-adaz Pen / Syringe	Moved	Non-Preferred	Revised 03.31.2026 Off-cycle change
adalimumab-adbm Pen/Syringe (Manufacturer: Quallent)	Moved	Non-Preferred	Revised 03.31.2026 Off-cycle change
Cosentyx® Sensoready® Pen / UnoReady® Pen / Syringe	Moved	Non-Preferred	Revised 03.31.2026 Off-cycle change
Humira® Crohn's Starter Pack / Ped. Crohn's Starter Pack / Pen / Psoriasis Starter Pack / Syringe	Moved	Non-Preferred	Revised 03.31.2026 Off-cycle change
Steqeyma® (ustekinumab-stba) Vial /Syringe	Moved	Non-Preferred	Revised 03.31.2026 Off-cycle change
Tonmya™ Sublingual Tablet	Added	Non-Preferred	

PRODUCT REMOVAL SUMMARY

The following products indicated on the posted PDL in purple highlight are removed from the PDL due to manufacturer discontinuation of the product or removal from CMS' list of rebateable products.

For a copy of the current Preferred Drug List (PDL), please visit [NCDHHS's website](#). For more information, please visit our [website](#).