

# 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  
Nuversa

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 ( $\geq 6$ y.o.)

Non-Preferred to Preferred  
Budesonide Respules  
Fluticasone HFA ( $\leq 5$ 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

## Retinoids, Topical:

Preferred to Non-Preferred

Non-Preferred to Preferred  
Differin Gel OTC

## Steroids, Topical Very High:

Preferred to Non-Preferred  
Clobetasol Propionate Gel

Non-Preferred to Preferred