

Connecticut Medicaid Preferred Drug List (PDL) Changes

Effective 7/1/2019

Therapeutic Classes	Additions (preferred)	Removals (non-preferred)
ACNE AGENTS, TOPICAL	CLINDAMYCIN / BENZOYL PEROXIDE (DUAC) (TOPICAL)	CLINDAMYCIN / BENZOYL PEROXIDE (BENZAFLIN) W/PUMP (TOPICAL)
ANDROGENIC AGENTS	TESTOSTERONE GEL (VOGELXO) (TRANSDERM) TESTOSTERONE GEL PUMP (VOGELXO) (TRANSDERM)	ANDROGEL GEL PACKET (TRANSDERM.) ANDROGEL GEL PUMP (TRANSDERM)
ANTIBIOTICS, GI	FIRVANQ (ORAL)	VANCOMYCIN CAPSULE (ORAL)
ANTIBIOTICS, INHALED		CAYSTON (INHALATION)
ANTIBIOTICS, VAGINAL	NUVESSA (VAGINAL)	
ANTICOAGULANTS	ELIQUIS DOSE PACK (ORAL)	FRAGMIN VIAL (SUBCUTANE.) XARELTO (ORAL) (2.5 MG TABLET)
ANTIFUNGALS, TOPICAL	CLOTRIMAZOLE CREAM OTC (TOPICAL) KETOCONAZOLE CREAM (TOPICAL) MICONAZOLE CREAM OTC (TOPICAL) MICONAZOLE POWDER OTC (TOPICAL) MICONAZOLE SPRAY OTC (TOPICAL)	ALEVAZOL OTC (TOPICAL) CLOTRIMAZOLE SOLUTION OTC (TOPICAL) DESENEX AERO POWDER OTC (TOPICAL) FUNGOID OTC (TOPICAL) LOTRIMIN AF CREAM OTC (TOPICAL) LOTRIMIN ULTRA OTC (TOPICAL) MICONAZOLE OINT OTC (TOPICAL)
ANTIMIGRAINE AGENTS, OTHER	EMGALITY PEN (SUBCUTANEOUS) EMGALITY SYRINGE (SUBCUTANEOUS)	
ANTIMIGRAINE AGENTS, TRIPTANS	SUMATRIPTAN DISP SYRIN (SUBCUTANE.)	
ANTIVIRALS, ORAL		RELENZA (INHALATION) RIMANTADINE (ORAL)
BONE RESORPTION SUPPRESSION AND RELATED AGENTS	FORTEO (SUBCUTANE.)	
CEPHALOSPORINS AND RELATED ANTIBIOTICS		CEFIXIME SUSPENSION (ORAL) SUPRAX CAPSULE (ORAL) SUPRAX TAB CHEW (ORAL)
CONTRACEPTIVES, ORAL	LARISSIA (ORAL) LEVONORGESTREL OTC (ORAL) LILLOW (ORAL) TRI-LO-MARZIA (ORAL) TRI-LO-SPRINTEC (ORAL) TRINESSA (ORAL)	JUNEL FE 24 (ORAL) NORETHINDRONE/ETHINYL ESTRADIOL FE (ORAL) NORETHINDRONE/ETHINYL ESTRADIOL FE MONOPHASIC (FEMCON FE) (ORAL) SAFYRAL (ORAL) TILIA FE (ORAL) TRI-LEGEST FE (ORAL)

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HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS	OZEMPIC (SUBCUTANE.) TRULICITY (SUBCUTANE.)	
HYPOGLYCEMICS, INSULIN AND RELATED AGENTS		NOVOLIN 70/30 PEN OTC (SUBCUTANE.)
HYPOGLYCEMICS, METFORMINS	GLYBURIDE-METFORMIN (ORAL)	
HYPOGLYCEMICS, SGLT2	INVOKAMET (ORAL) XIGDUO XR (ORAL)	
IMMUNOSUPPRESSIVES, ORAL		CYCLOSPORINE SOFTGEL (ORAL) NEORAL CAPSULE (ORAL) SANDIMMUNE CAPSULE (ORAL) SANDIMMUNE SOLUTION (ORAL) SIROLIMUS TABLET (ORAL)
LIPOTROPICS, OTHER	NIACIN (INOSITOL NIACINATE) OTC (ORAL) NIACIN CAPSULE ER OTC (ORAL) NIACIN TABLET ER OTC (ORAL) NIACIN TABLET OTC (ORAL) OMEGA-3 OTC (ORAL)	CHOLESTYRAMINE/ASPARTAME (ORAL)
MACROLIDES/KETOLIDES	ERYTHROMYCIN BASE CAPSULE DR (ORAL)	ERYTHROMYCIN BASE TABLET (ORAL)
MULTIPLE SCLEROSIS AGENTS		TYSABRI (INTRAVEN.)
PHOSPHATE BINDERS		REVELA TABLET (ORAL)
PITUITARY SUPPRESSIVE AGENTS, LHRH	LUPANETA PACK (INJECTION/ORAL) ZOLADEX (SUB-Q)	
PLATELET AGGREGATION INHIBITORS	PRASUGREL (ORAL)	
PRENATAL VITAMINS	VITAFOL TAB CHEW (ORAL)	COMPLETENATE CHEW TABLET (ORAL) PNV66/IRON FUMARATE/FA/DSS/DHA (ORAL)
TETRACYCLINES	DOXYCYCLINE HYCLATE CAPSULE (ORAL)	
ULCERATIVE COLITIS AGENTS	MESALAMINE (RECTAL) PENTASA (ORAL)	

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UTERINE DISORDER TREATMENTS*	ORILISSA (ORAL)	
VASODILATORS, CORONARY		NITROGLYCERIN (TRANSLINGUAL) NITROSTAT (SUBLINGUAL)

* New Therapeutic Class added to PDL effective 7/1/2019.

Please Note: The additions and removals listed refer to all strengths and dosage forms unless otherwise stated.