

Connecticut Medicaid Preferred Drug List (PDL) Changes

Effective 1/1/2025

Therapeutic Classes	Additions (preferred)	Removals (non-preferred)
ANTICONVULSANTS	CLOBAZAM SUSPENSION (ORAL)	
ANTIDEPRESSANTS, OTHER	VENLAFAXINE (ORAL)	
ANTI-HISTAMINES, MINIMALLY SEDATING	CETIRIZINE CAPSULE OTC (ORAL)	
CYTOKINE AND CAM ANTAGONISTS	ADALIMUMAB-ADAZ KIT (INJECTION) (CF) 100 MG/ML ADALIMUMAB-ADAZ PEN KIT (INJECTION) (CF) 100 MG/ML ADALIMUMAB-ADBIM KIT (BI) (INJECTION) (CF) 100 MG/ML ADALIMUMAB-ADBIM KIT (BI) (INJECTION) (CF) 50 MG/ML ADALIMUMAB-ADBIM PEN KIT (BI) (INJECTION) (CF) 100 MG/ML ADALIMUMAB-ADBIM PEN KIT (BI) (INJECTION) (CF) 50 MG/ML CYLTEZO KIT (INJECTION) (CF) 100 MG/ML CYLTEZO KIT (INJECTION) (CF) 50 MG/ML CYLTEZO PEN KIT (INJECTION) (CF) 100 MG/ML CYLTEZO PEN KIT (INJECTION) (CF) 50 MG/ML HADLIMA KIT (INJECTION) (CF) 100 MG/ML HADLIMA KIT (INJECTION) 50 MG/ML HADLIMA PEN KIT (INJECTION) (CF) 100 MG/ML HADLIMA PEN KIT (INJECTION) 50 MG/ML ORENCIA CLICKJECT (SUBCUTANE.) ORENCIA SYRINGE (SUBCUTANE.) TYENNE AUTOINJECTOR (SUBCUTANE.) TYENNE SYRINGE (SUBCUTANE.) TYENNE VIAL (INTRAVENOUS)	
GLUCOCORTICOIDS, INHALED	ASMANEX HFA (INHALATION) QVAR REDHALER (INHALATION)	PULMICORT 0.25, 0.5 MG RESPULES (INHALATION) PULMICORT 1 MG RESPULES (INHALATION)
IDIOPATHIC PULMONARY FIBROSIS		OFEV (ORAL)
IMMUNOMODULATORS, ATOPIC DERMATITIS	ADBRY AUTOINJECTOR (SUBCUTANEOUS) ¹ ADBRY SYRINGE (SUBCUTANEOUS) ¹ PIMECROLIMUS (AG) (TOPICAL)	
MOVEMENT DISORDERS	INGREZZA SPRINKLE (ORAL)	
NEUROPATHIC PAIN		LIDOCAN PATCH (PURETEK) (TOPICAL)

¹ Clinical Medically Necessary Prior Authorization requirement will apply.

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OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS	AZELASTINE (OPHTHALMIC)	
OPHTHALMICS, ANTI-INFLAMMATORY/IMMUNOMODULATOR		RESTASIS MULTIDOSE (OPHTHALMIC)
OPHTHALMICS, GLAUCOMA AGENTS		DORZOLAMIDE/TIMOLOL/PF DROPS (OPHTHALMIC)
OTIC ANTIBIOTICS		CIPRODEX (OTIC)
SEDATIVE HYPNOTICS		FLURAZEPAM (ORAL)
SICKLE CELL ANEMIA TREATMENTS		DROXIA (ORAL)
STERIODS, TOPICAL HIGH	FLUOCINONIDE OINTMENT (TOPICAL)	
STERIODS, TOPICAL LOW	HYDROCORTISONE ACETATE CREAM OTC (TOPICAL)	
STIMULANTS AND RELATED AGENTS	METHYLPHENIDATE CHEWABLE TABLETS (ORAL)	

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