

Connecticut Medicaid Preferred Drug List (PDL) Changes

Effective 1/1/2024

Therapeutic Classes	Additions (preferred)	Removals (non-preferred)
ANTIHYPURICEMICS	FEBUXOSTAT (ORAL)	
ANTIPSYCHOTICS	ABILIFY ASIMTUFI (INTRAMUSC) CAPLYTA (ORAL) UZEDY (SUBCUTANEOUS)	
BOTULINUM TOXINS	DYSPO (INTRAMUSC)	
BRONCHODILATORS, BETA AGONIST	PROAIR RESPICLICK (INHALATION) XOPENEX HFA (INHALATION)	
COLONY STIMULATING FACTORS	FYLN (SUBCUTANEOUS)	FULPHILA (SUBCUTANEOUS) NYVEPRIA (SUBCUTANEOUS)
CYTOKINE AND CAM ANTAGONISTS	INFLIXIMAB (INJECTION) XELJANZ (ORAL)	
ERYTHROPOIESIS STIMULATING PROTEINS	EPOGEN (INJECTION)	RETACRIT (VIFOR) (INJECTION)
GLUCOCORTICOID, INHALED	ARNUITY ELLIPTA (INHALATION)	
IDIOPATHIC PULMONARY FIBROSIS	PIRFENIDONE CAPSULE (ESBRIET) (ORAL) PIRFENIDONE TABLET (ESBRIET) (ORAL)	
IMMUNOMODULATORS, ATOPIC DERMATITIS	DUPIXENT PEN (SUBCUTANEOUS) ¹ DUPIXENT SYRINGE (SUBCUTANEOUS) ¹	
MOVEMENT DISORDERS	AUSTEDO XR (ORAL) AUSTEDO XR TITR PK (ORAL)	
NSAIDS	FLECTOR (TOPICAL) IBUPROFEN DROPS SUSPENSION OTC (ORAL) PENNSAID PUMP (TOPICAL)	
ONCOLOGY, ORAL - BREAST	FULVESTRANT (INTRAMUSC)	
OPHTHALMICS, ANTI- INFLAMMATORIES	DUREZOL (OPHTHALMIC)	
SICKLE CELL ANEMIA TREATMENTS	SIKLOS (ORAL)	

¹ Clinical Medically Necessary Prior Authorization requirement will still apply.

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STERIODS, TOPICAL VERY HIGH	CLOBETASOL SHAMPOO (TOPICAL)	
STIMULANTS AND RELATED AGENTS	DEXMETHYLPHENIDATE ER (ORAL)	
THROMBOPOIESIS STIMULATING PROTEINS	DOPTELET (ORAL)	

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