January PDL Changes Posted

1-1-2026	Paxlovid™ (nirmatrelvir tablets/ritonavir)	Preferred	DHHS P & T Decision August 6, 2025
1-1-2026	Armodafinil (generic for Nuvigil®)	Preferred	DHHS P & T Decision August 6, 2025
1-1-2026	Modafinil (generic for Provigil®)	Preferred	DHHS P & T Decision August 6, 2025
1-1-2026	Sunosi™ (Solriamfetol)	PDL, Non-Preferred	DHHS P & T Decision August 6, 2025
1-1-2026	Wakix® (Pitolisant)	PDL, Non-Preferred	DHHS P & T Decision August 6, 2025
1-1-2026	Injectable Immunomodulators Criteria update: Adding Bullous Pemphigoid indication to Dupixent® (dupilumab) pen/syringe	Preferred	DHHS P & T Decision August 6, 2025
1-1-2026	Injectable Immunomodulators Criteria update: Adding Chronic Spontaneous Urticaria indication to Dupixent® (dupilumab) pen/syringe and Xolair (omalizumab) pen/syringe	Preferred	DHHS P & T Decision August 6, 2025
1-1-2026	Uzedy (Risperidone) Extended-Release Suspension for Injection	Preferred	DHHS P & T Decision August 6, 2025