

Preferred Drug List (PDL) Updates

On April 1, 2023, the below PDL updates will go into effect. Trial and failure of two preferred drugs are required unless only one preferred option is listed or is otherwise indicated. Clinical criteria and prior authorization forms can be found at

<https://network.carolinacompletehealth.com/resources/pharmacy/outpatient-pharmacy-benefit.html>.

Drug Name	Update	Preferred/Non-Preferred Status	Notes
ADLARITY (donepezil transdermal system)	Add	Non-Preferred	
oxycodone-acetaminophen solution	Add	Non-Preferred	Clinical criteria apply
Lofena (diclofenac potassium) 25 mg tablet	Add	Non-Preferred	
ZONISADE (zonisamide) ORAL SUSPENSION	Add	Non-Preferred	Clinical criteria apply
ZTALMY (ganaxalone) ORAL SUSPENSION	Add	Non-Preferred	
Subvenite (lamotrigine) tablet	Add	Preferred	
Subvenite (lamotrigine) Tab Start Kit	Add	Non-Preferred	
rufinamide tablet (generic for Banzel®)	Add	Non-Preferred	
lacosamide solution and tablet (generic for Vimpat®)	Move	Preferred	
Vimpat® Solution / Starter Kit / Tablet	Move	Non-Preferred	
Aemcolo (rifamycin) DR Tablet	Add	Non-Preferred	
Vancomycin Oral Solution	Add	Non-Preferred	
VIVJOA (otesconazole) capsule	Add	Non-Preferred	Clinical criteria apply
Tamiflu® Capsule / Suspension	Move	Preferred	Off-cycle change
VENLAFAXINE BESYLATE ER TAB	Add	Non-Preferred	
VILAZODONE TABLET (GENERIC FOR VIIBRYD)	Add	Non-Preferred	
paroxetine suspension (generic for Paxil® Suspension)	Add	Preferred	
Dyanavel® XR Suspension	Move	Non-Preferred	Exemption for children less than 12 years of age
DYANAVAL (amphetamine) XR TABLET	Add	Non-Preferred	
METHYLPHENIDATE PATCH (generic for Daytrana)	Add	Non-Preferred	
Quillichew® ER Tablet	Move	Non-Preferred	Exemption for children less than 12 years of age

Quillivant® XR Suspension	Move	Non-Preferred	Exemption for children less than 12 years of age
LEVAMLODIPINE TAB (generic for Conjupri)	Add	Non-Preferred	
NORLIQVA (amlodipine) SOLUTION	Add	Non-Preferred	
Letairis® Tablet	Move	Non-Preferred	
ambrisentan tablet (generic for Letairis® Tablet)	Move	Preferred	
TYVASO (treprostinil) DPI	Add	Non-Preferred	
niacin ER tablet (generic for Niaspan®)	Move	Preferred	Off-cycle change; Niaspan to be discontinued by manufacturer
Alyq® Tablet (branded generic for tadalafil)	Move	Preferred	
ASPRUZYO SPRINKLE ER (ranolazine granules)	Add	Non-Preferred	
clonidine patch (generic for Catapres®-TTS)	Move	Preferred	Off-cycle change
CAMZYOS (mavacamten)	Add	Preferred	Clinical criteria apply
ELYXYB (celecoxib) SOLUTION	Add	Non-Preferred	Trial and failure of 2 preferred NSAIDS AND t/f of 2 preferred Antimigraine Agents class required
dimethyl fumarate starter pack (generic for Tecfidera® Capsule)	Add	Preferred	
TASCENSO (fingolimod) ODT	Add	Non-Preferred	
QUVIVIQ (daridorexant) tablet	Add	Non-Preferred	
VARENICLINE STARTING MONTH BOX (generic for Chantix® Starting Month Box)	Add	Preferred	Quantity limited to 6 months per 12 months
INSULIN GLARGINE VIAL/SOLOSTAR (authorized biologic for Lantus)	Add	Preferred	Off-cycle change
INSULIN DEGLUDEC PEN/VIAL (generic for Tresiba)	Add	Non-Preferred	
Lantus® SoloStar® / Vial	Move	Non-Preferred	Off-cycle change
MOUNJARO (tirzepatide) PEN	Add	Non-Preferred	
Antivert tablet/chewable tablet	Add	Non-Preferred	
LIVMARLI (maralixibat) oral solution	Add	Non-Preferred	
omeprazole ODT (OTC)	Add	Non-Preferred	
mesalamine ER capsule (generic for Pentasa® Capsule)	Add	Non-Preferred	

FESOTERODINE ER TABLET (generic for Toviaz)	Add	Non-Preferred	
DABIGATRAN CAPSULE (generic for Pradaxa® Capsule)	Add	Non-Preferred	
Betimol Drops®	Add	Non-Preferred	
Ventolin® HFA Inhaler	Move	Preferred	Off-cycle change
FLUTICASONE PROPIONATE HFA (generic for Flovent® HFA)	Add	Non-Preferred	
FLUTICASONE-VILANTEROL (generic for Breo® Ellipta®)	Add	Non-Preferred	
RYALTRIS® (olopatadine and mometasone) Nasal Spray	Add	Non-Preferred	
levocetirizine OTC tablet (generic for Xyzal® OTC Tablet)	Add	Preferred	
fexofenadine-pseudoephedrine ER 24 hour tablet (generic for Allegra-D® 24 hour)	Add	Non-Preferred	
ADAPALENE / BENZOYL PEROXIDE (GENERIC FOR EPIDUO® FORTE)	Move	Preferred	Off-cycle change
adapalene cream / gel / gel pump / solution (generic for Differin®)	Move	Preferred	Off-cycle change
sulfacetamide-sulfur 9-4% cleanser (generic for Zencia)	Add	Non-Preferred	
tazarotene gel (generic for Tazorac gel)	Add	Non-Preferred	
WINLEVI (clascoterone) 1% Cream	Add	Non-Preferred	
testosterone packet (generic for Androgel® packet)	Add	Non-Preferred	
diclofenac solution pump (generic for Pennsaid® pump)	Add	Non-Preferred	
XACIATO® (clindamycin phosphate) vaginal gel	Add	Non-Preferred	
Ketodan® foam/foam kit	Add	Non-Preferred	
HYFTOR (sirolimus) ge	Add	Non-Preferred	
calcipotriene foam (generic for Sorilux® Foam)	Add	Non-Preferred	
VTAMA® (tapinarof) cream	Add	Non-Preferred	
ZORYVE® (rofumilast) cream	Add	Non-Preferred	
calcipotriene cream (generic for Dovonex®)	Move	Preferred	Off-cycle change
metronidazole cream (generic for MetroCream®)	Move	Preferred	

metronidazole gel / pump (generic for MetroGel®)	Move	Preferred	
EPSOLAY® (benzoyl peroxide) 5% CREAM PUMP	Add	Non-Preferred	
clobetasol shampoo (generic for Clobex)	Move	Preferred	
Amabelz Tablet	Add	Preferred	
SKYRIZI® (risankizumab-rzaa) ON-BODY	Add	Non-Preferred	Clinical criteria apply
SKYRIZI® (risankizumab-rzaa) VIAL	Add	Non-Preferred	Clinical criteria apply
SOTYKTU® (deucravacitinib) tablet	Add	Non-Preferred	Clinical criteria apply
SPEVIGO® (spesolimab-sbzo) vial	Add	Non-Preferred	Clinical criteria apply
Ingrezza® Initiation Pack	Add	Non-Preferred	Clinical criteria apply
LYVISPAH® (baclofen) 10 MG GRANULE PACKET	Add	Non-Preferred	
Freestyle Libre™ 3 Sensor	Add	Preferred	Clinical criteria apply

Product Removal Summary – the following products are removed from the PDL due to manufacturer discontinuation of the product or their removal from CMS’ list of rebateable products.

Arymo ER	Tivorbex Capsule	metoclopramide ODT
Pegintron Kit	Yosprala Tablet	(generic for Metozolv)
Duragesic Patch	Peganone Tablet	Arcapta Nebulizer
Ribasphere	Fibricor Tablet	Actigall Capsule
Capsule/Tab/RibaPak	Augmentin Suspension	ProAir HFA Inhaler
Abstral SL Tablet	Sinemet CR Tab	Helidac Therapy Pak
Khedezla Tab	Ciprofloxacin ER Tab	Utibron Neohaler
Lorcet Plus Tablet	Intermezzo SL Tab	Aciphex Sprinkle Capsule
Sarafem Tablet	Oravig Buccal Tablet	Astepro Nasal Spray
Norco Tablet	Posaconazole susp (generic	Enablex Tablet
FazaClo ODT	Noxafil)	Nasonex Nasal Spray
oxycodone-ibuprofen	Glucatorl Tablet	Bevyxxa Caps
(generic Combunox)	Bleph-10 Drops	Quzyttir Vial
Prinivil Tab	Glyset Tablet	Coumadin Tablet
Primlev Tablet	Moxeza Drops	EpiDuo Gel
Tarka ER Tab	Glucophage Tab/ER Tab	Pazeo Drops
RoxyBond Tab	Blephamide Drops	Aktipak Pouch
Pravachol Tab	Prandin Tab	Pataday Drops
Fiorinal with Codeine	Omnipred Drops	Avar Foam
Capsules	Starlix Tablet	Patanol Drops
Dilatrate SR Capsule	Binosto Effervescent Tablet	Avar-E LS Cream
Qmiiz ODT	Avandia Tablet	Baciquent Eye Ointment
Nitromist Spray	Otiprio Suspension	

Ultravate Cream/Ointment/X	Aldara Cream	Elimite Cream
Cream Combo Pak	Entocort EC Capsule	Gralise Tablet
Benzaclin Gel/Pump	Desonate Gel	Oxaydo Tablet
X Ointment Combo Pak	orphenadrine citrate amp	Sprix Nasal Spray
Cleocin-T Gel/Pledgets	Micort HC Cream	Vivlodex Capsule
Oxsoralen Ultra	Parafon® Forte Caplet	Zipsor Capsule
Promiseb Complete	Cordran Tape Robaxin Tablet	Zorvolex Capsule
Soriatane	Dermatop Ointment	MetroCream
Axiron Topical Gel / Solution	Accu-Chek Aviva 50 ct test	MetroGel
Jevantique Lo Tablet	strips	Dovonex Cream
Testosterone Sol/ Generic for	Sernivo Spray	Mirvaso Gel Pump
Axiron	Accu-Chek Compact 51ct test	Soolantra Cream
FemHRT Tablet	strips	Vectical Ointment
Diclofex DC Pack	Apexicon E Cream	Differin Cream/ Gel Pump /
Lopreeza Tablet	Accu-Chek® Compact Blue	Lotion
Voltaren Gel	Glucose Control	Epiduo Forte
Makena Vial	Clobex Lotion/Shampoo	Oracea Capsule
Naftin Cream	Solution 2 Levels	
Alora Patch	Cambia Powder Packet	

For a copy of the current Preferred Drug List (PDL), please visit:

<https://medicaid.ncdhhs.gov/preferred-drug-list>. For more information, please visit our website at <https://network.carolinacompletehealth.com/resources/pharmacy.html>.