Preferred Drug List (PDL) Updates-

On January 1st, 2026, 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
hydrocodone-acetaminophen Solution (generic for Zolvit)	Added	Non-Preferred	Clinical criteria apply to all drugs in this class
eslicarbazepine acetate Tablet (generic for Aptiom®)	Added	Non-Preferred	Patients with a diagnosis of seizure disorder are exempt from T/F criteria and may use any carbamazepine product.
perampanel Tablet (generic for Fycompa®)	Added	Non-Preferred	Patients with a diagnosis of seizure disorder are exempt from T/F criteria and may use any second-generation product.
Epidiolex® Solution	Moved	Non-Preferred	Clinical Criteria Applies
Diastat® Rectal Gel	Added	Non-Preferred	Patients with a diagnosis of seizure disorder are exempt from T/F criteria and may use any second-generation product.
Gabarone™ Tablet	Added	Non-Preferred	Patients with a diagnosis of seizure disorder are exempt from T/F criteria and may use any second-generation product.
Oracea® capsule	Added	Non-Preferred	
nitroglycerin ointment (generic for Nitro-Bid®)	Added	Non-Preferred	
bosentan tablet /tablet for suspension (generic for Tracleer®)	Added	Non-Preferred	Covered for diagnosis of Pulmonary Arterial Hypertension only
Ticagrelor Tablet (generic for Brilinta®)	Added	Non-Preferred	
Qulipta® Tablet	Moved	Preferred	

Drug Name	Update	Preferred/Non-Preferred Status	Notes
Merilog Solostar® Pen	Added	Non-Preferred	T/F of only one preferred drug required; Prior authorization is required for NP insulins. Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes.
Merilog™ Vial	Added	Non-Preferred	T/F of only one preferred drug required; Prior authorization is required for NP insulins. Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes.
Brynovin™ Solution	Added	Non-Preferred	Requires T/F or insufficient response to metformin containing products unless contraindicated or documented adverse event when using either a preferred or a non-preferred DPP-IV Inhibitor or Combination
sitagliptin / metformin ER Tablet (generic for Zituvimet®XR)	Added	Non-Preferred	Requires T/F or insufficient response to metformin containing products unless contraindicated or documented adverse event when using either a preferred or a non-preferred DPP-IV Inhibitor or Combination
Livmarli® Oral Solution/ Tablet	Added	Non-Preferred	T/F of only one preferred drug required
Urso Forte® Tablet	Added	Non-Preferred	T/F of only one preferred drug required
Tezruly™ Oral Solution	Added	Non-Preferred	
Ryzneuta® Syringe	Added	Non-Preferred	
eltrombopag olamine Suspension / Tablet (generic for Promacta®)	Added	Non-Preferred	
Levofloxacin Drops (Generic for Levaquin®)	Added	Non-Preferred	
Tryptyr® Drops	Added	Non-Preferred	
Bonsity® Pen Injector	Added	Non-Preferred	

Drug Name	Update	Preferred/Non-Preferred Status	Notes
Jubbonti® Syringe	Added	Non-Preferred	
ClearAcylic / ClearAcylic Pro	Added	Non-Preferred	
diclofenac solution (generic for Pennsaid®)	Moved	Preferred	
Pruradik™ Lotion	Added	Non-Preferred	T/F of only one preferred drug required
Zoryve® 0.3% Cream / Foam	Moved	Non-Preferred	Moved from Immunomodulators, atopic dermatitis to Psoriasis Drug Class
Soolantra™ Cream	Added	Non-Preferred	
DermaSmoothe® FS Scalp and Body Oil	Moved	Preferred	Off-Cycle Change
fluocinolone body / scalp oil (generic for DermaSmoothe® FS Scalp / Body Oil)	Moved	Non-Preferred	Off-Cycle Change
Clobex® Shampoo / Spray	Added	Non-Preferred	
Carbaglu® Tablet for oral suspension	Added	Preferred	New Drug Class Created – Urea Cycle Disorder Treatments, Oral
Buphenyl® Tablet/Powder	Added	Non-Preferred	New Drug Class Created – Urea Cycle Disorder Treatments, Oral
carglumic acid Tablet for oral suspension (generic for Carbaglu®)	Added	Non-Preferred	New Drug Class Created – Urea Cycle Disorder Treatments, Oral
Olpruva™ Suspension	Added	Non-Preferred	New Drug Class Created – Urea Cycle Disorder Treatments, Oral
Pheburane® Oral Pellets	Added	Non-Preferred	New Drug Class Created – Urea Cycle Disorder Treatments, Oral
Ravicti® Liquid	Added	Non-Preferred	New Drug Class Created – Urea Cycle Disorder Treatments, Oral T/F of preferred drug is not required for Urea cycle disorder
sodium phenylbutyrate Tablet/Powder (generic for Buphenyl®)	Added	Non-Preferred	New Drug Class Created – Urea Cycle Disorder Treatments, Oral
phentermine/Topiramate Capsule (generic for Qsymia®)	Added	Non-Preferred	

Drug Name	Update	Preferred/Non-Preferred Status	Notes
Cibinqo™ Tablet	Moved	Non-Preferred	Moved from Cytokine and CAM Antagonists to Immunomodulator, Atopic Dermatitis drug category
Abigale™ Lo Tablet	Added	Non-Preferred	
Khindivi™ Solution	Added	Non-Preferred	
Imuldosa™ Syringe/Vial	Added	Non-Preferred	T/F of only one Preferred drug required
Selarsdi™ Vial / Syringe	Added	Non-Preferred	T/F of only one Preferred drug required
Steqeyma® Vial /Syringe	Added	Non-Preferred	T/F of only one Preferred drug required
Tremfya® Syringe / Injector/ Vial / Pen Induction PK-Crohn	Added	Non-Preferred	T/F of only one Preferred drug required
ustekinumab Vial / Syringe (generic for Stelara®)	Added	Non-Preferred	T/F of only one Preferred drug required
Ustekinumab-ttwe Vial / Syringe (generic for Pyzchiva®)	Added	Non-Preferred	T/F of only one Preferred drug required
ustekinumab-aekn syringe (generic for Stelara® /Selarsdi B™)	Added	Non-Preferred	T/F of only one Preferred drug required
Pyzchiva® (ustekinumab-ttwe) Syringe/Vial	Added	Preferred	Clinical criteria apply to all drugs in this class
Steqeyma® (ustekinumab-stba) Vial /Syringe	Added	Preferred	Clinical criteria apply to all drugs in this class
Ilet Infusion Kit	Added	Preferred	
Ilet Starter Kit	Added	Preferred	

PRODUCT REMOVAL SUMMARY

The following products indicated on the posted PDL in purple highlight are removed from the PDL due to manufacturer discontinuation of the product or removal from CMS' list of rebateable products.

Acanya® Gel Pump
Altreno® Lotion (Topical)
Ancobon® Capsule
Aplenzin® Tablet
Apriso® Capsule
Arazlo™ Lotion
Atralin® Gel
Azasan® Tablet
Benzamycin® Gel
Bryhali™ Lotion
Cabtreo™ Gel
Cardizem CD® Capsule
Cardizem® Tablet / LA Tablet
Colazal® Capsule
Diastat® Rectal Gel 2.5 mg
Duobrii™ Lotion
Elidel® Cream
Ertaczo® Cream
Fenoglide® Tablet
Flolipid™ (simvastatin) Suspension
Glumetza® Tablet
Isordil® Tablet / Titradose® Tablet
Jublia® Topical Solution
Klaron® Lotion
Lodosyn® Tablet
Mysoline® Tablet
Noritate® Cream
Onexton® Gel / Gel Pump
Pepcid® Tablet
Relistor® Syringe / Vial / Tablet
Retin-A® Cream / Gel
Retin-A® Micro Gel
Retin-A® Micro Pump Gel
Siliq® Syringe
Solodyn® ER Tablet
Tasmar® Tablet
Tiazac® Capsule
Trulance® Tablet

Uceris® Tablet
Uceris® Rectal Foam
Vanos® Cream
Vasotec® Tablet
Wellbutrin® XL Tablet
Xerese® Cream
Xifaxan® Tablet
Zelapar® ODT.
Zegerid® Rx / Capsule / Packet
Ziana® Gel
Zovirax® Cream / Ointment
Zyclara® Cream / Cream Pump

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