



Preferred Drug List (PDL) Updates-

On October 1, 2024, 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
Methadose™ (methadone) Oral Concentrate / Tablet	Add	Non-Preferred	
Qdolo™ (tramadol) Solution	Add	Non-Preferred	
naproxen sodium tablet (generic for Anaprox®)	Move	Preferred	
Naprosyn® (naproxen) Suspension	Add	Non-Preferred	
tolmetin capsule (generic for Tolectin® DS)	Add	Non-Preferred	
gabapentin ER tablet (generic for Gralise®)	Add	Non-Preferred	
Tridacaine™ (lidocaine) Patch	Add	Non-Preferred	
carbamazepine suspension / tablet / XR tablet (generic for Tegretol® / XR)	Move	Preferred	
carbamazepine ER capsule (generic for Carbatrol®)	Move	Non-Preferred	
Sezaby® (phenobarbital sodium) Vial	Add	Non-Preferred	
Vigpoder™ (vigabatrin) Powder Packet	Add	Non-Preferred	
vancomycin oral solution (generic for Firvanq®)	Move	Preferred	
Pristiq® ER Tablet	Move	Non-Preferred	
Nuplazid® (pimavanserin) Tablet / Capsule	Add	Non-Preferred	
Hemangeol® Solution	Move	Preferred	
nebivolol tablet (generic for Bystolic®)	Move	Preferred	

Opsynvi® (macitentan / tadalafil) Tablet	Add	Non-Preferred	
Nexiclon™ (clonidine) XR Tablet	Add	Non-Preferred	
Fibricor® (fenofibric acid) Tablet	Add	Non-Preferred	
Qalsody® (tofersen) Vial	Add	Non-Preferred	
Relyvrio™ Powder Packet	Removed	Non-Preferred	Off-Cycle Change
sitagliptin tablet (generic for Januvia®)	Add	Non-Preferred	
lubiprostone capsule (generic for Amitiza®)	Move	Preferred	Off-Cycle Change
fesoterodine ER tablet (generic for Toviaz®)	Move	Preferred	
tolterodine tablet / ER capsule (generic for Detrol® / LA)	Move	Preferred	
mirabegron ER Tablet (generic for Myrbetriq®)	Add	Non-Preferred	T/F of preferred agents not required for diagnosis of dementia or mild cognitive impairment and for patients age ≥65 years
Fulphila® Syringe	Move	Preferred	
Nyvepria™ Syringe	Move	Non-Preferred	
Alvaiz™ (eltrombopag) Tablet	Add	Non-Preferred	
bromfenac 0.075% drops (generic for BromSite®)	Add	Non-Preferred	
Eysuvis® Drops	Move	Non-Preferred	
iDose® TR (travoprost intracameral) Implant	Add	Non-Preferred	
clindamycin phosphate gel / lotion (generic for Cleocin-T®, Clindagel®)	Move	Preferred	
fluocinonide cream / gel (generic for Lidex®)	Move	Preferred	
Weight Management Category	Add	Category	Covered ONLY for reduction of major adverse cardiovascular [CV] events (CV death, non-fatal myocardial infarction, or non-fatal stroke) in adults with established CV disease who are either obese or overweight
Wegovy® (semaglutide) Pen	Add	Preferred	Off-Cycle Change
Saxenda® Pen	Add	Non-Preferred	Off-Cycle Change

Zepbound® Pen	Add	Non-Preferred	Off-Cycle Change
Osphena® (ospemifene) Tablet	Add	Non-Preferred	
deflazacort tablet (generic for Emflaza®)	Add	Non-Preferred	Clinical Criteria Apply
Eohilia® (budesonide) Suspension	Add	Non-Preferred	T/F of preferred agents not required for diagnosis of eosinophilic esophagitis
adalimumab-adaz Pen / Syringe	Move	Preferred	
adalimumab-fkjp Pen / Syringe	Move	Preferred	
Hadlima™ Syringe / PushTouch	Move	Preferred	
Otezla® Starter Pack / Tablet	Move	Preferred	
adalimumab-aaty Autoinjector / Syringe	Add	Non-Preferred	
adalimumab-ryvk Autoinjector	Add	Non-Preferred	
Simlandi® (adalimumab-ryvk) Autoinjector	Add	Non-Preferred	
Spevigo® (spesolimab-sbzo) Syringe	Add	Non-Preferred	
Tyenne® (tocilizumab-aazg) Vial	Add	Non-Preferred	
Zymfentra™ (infliximab-dyyb) Pen / Syringe	Add	Non-Preferred	
Omnipod 5® G6-G7 Pods / G6-G7 Intro Kit	Add	Preferred	Off-Cycle Change

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.

Mobic® Tablet	Zomig® ZMT® Tablet	Metrogel® Vaginal Gel
Gabitril® Tablet	Humalog® 50/50 Mix Vial	clocortolone pump (generic for Cloderm®)
Viibryd® Starter Pack	metoclopramide ODT	
Desoxyn® Tablet	Renagel® Tablet	
Minitran® Patch	Jalyn® Capsule	
Antara® Capsule	Avita® Cream	

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>