



Preferred Drug List (PDL) Updates-

On October 1, 2025, 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
memantine ER capsule / solution (generic for Namenda® XR / Solution)	Add	Non-Preferred	
Zunveyl® tablet	Add	Non-Preferred	
tramadol ER tablet (Ultram ER®, Ryzolt®)	Moved	Non-Preferred	
hydrocodone-ibuprofen tablet (generic for Ibudone®, Reprexain®, Vicoprofen®)	Moved	Non-Preferred	
tramadol tablet (100 mg)	Moved	Non-Preferred	
Journavx Tablet	Add	Preferred	
diclofenac sodium tablet (generic for Voltaren®)	Moved	Preferred	
Levetiracetam tablet (generic for Spritam®)	Add	Non-Preferred	
lacosamide solution (generic for Vimpat®),	Moved	Non-Preferred	

lamotrigine ODT dose pack/ tablet dose pack (generic for Lamictal®)	Moved	Non-Preferred	
Qudexy® XR Capsule	Moved	Preferred	
amoxicillin-clavulanate XR tablet (generic for Augmentin® / XR)	Moved	Non-Preferred	
cephalexin tablet (generic for Keflex®)	Moved	Non-Preferred	
cefixime suspension (generic for Suprax®)	Moved	Non-Preferred	
metronidazole 125 mg tablet (generic for Flagyl®)	Add	Non-Preferred	
Antiviral (General)	Add		New Category
Paxlovid™ Tablet dose Pack	Add	Preferred	
Raldesy™ Solution	Add	Non-Preferred	
Nardil® Tablet	Moved	Non-Preferred	
phenelzine tablet (generic for Nardil®),	Moved	Non-Preferred	
tranylcypromine tablet (generic for Parnate®)	Moved	Non-Preferred	
Zurzuva Capsule	Add		T/F of preferred agents not required for diagnosis of post-partum depression
methylphenidate CD capsule (generic for Metadate® CD)	Moved	Preferred	
Adderall® XR Capsule	Moved	Non-Preferred	

Aptensio® XR Capsule	Moved	Non-Preferred	
Concerta® Tablet	Moved	Non-Preferred	
Focalin® XR Capsule	Moved	Non-Preferred	
methylphenidate ER capsule (generic for Aptensio® XR)	Moved	Non-Preferred	
Vyvanse® Chewable Tablet	Moved	Non-Preferred	
bisoprolol tablet (generic for Zebeta®)	Moved	Preferred	
nadolol tablet (generic for Corgard®)	Moved	Preferred	
Norliqva® Solution	Moved	Preferred	
Symbravo®	Add	Non-Preferred	added as non-preferred to the Antimigraine agents category
Emgality® Syringe 100 MG	Moved	Non-Preferred	
Nuvigil® Tablet	Moved	Non-Preferred	
Onapgo Cartridge	Add	Non-Preferred	
Copaxone® 40 MG/ML Syringe	Moved	Non-Preferred	
glatiramer syringe 40 MG/ML (generic for Copaxone® Syringe)	Moved	Preferred	
zolpidem ER tablet (generic for Ambien® CR)	Moved	Preferred	
Novolog® U-100 Penfill/ FlexPen/ Vial	Moved	Non-Preferred	
insulin aspart U-100 Penfill/ FlexPen/ Vial	Moved	Preferred	
Humalog® U-100 Cartridge/ Junior KwikPen® / KwikPen® / Vial	Moved	Non-Preferred	
Levemir® / FlexPen® / FlexTouch® / Vial	Moved	Non-Preferred	
Humalog® 50/50 Mix KwikPen®	Moved	Non-Preferred	
Humalog® 75/25 Vial	Moved	Non-Preferred	
Novolog® Mix 70/30 Vial / FlexPen®	Moved	Non-Preferred	
aprepitant pack (generic for Emend®)	Moved	Non-Preferred	
dimenhydrinate vial (generic for Dramamine®)	Moved	Non-Preferred	
Ctexli Tablet	Add	Non-Preferred	
Viokase® Tablet	Moved	Preferred	
Dexilant® Capsule	Moved	Non-Preferred	

Amitiza® Capsule	Moved	Non-Preferred	
prucalopride tablet (generic for Motegrity®)	Add	Non-Preferred	
mesalamine DR tablet (generic for Lialda®)	Moved	Non-Preferred	
mesalamine enema (generic for SF Rowasa®)	Moved	Non-Preferred	
SF Rowasa® Enema	Moved	Preferred	
ferric citrate Tablet (generic for Auryxia®)	Add	Non-Preferred	
Myrbetriq® ER Tablet	Moved	Preferred	
Fragmin® Syringe	Moved	Non-Preferred	
Rivaroxaban tablet (generic for Xarelto®)	Add	Non-Preferred	
Fynetra® Syringe	Moved	Preferred	
Udenyca® Autoinjector / Syringe	Moved	Non-Preferred	
azelastine drops (generic for Optivar®)	Moved	Preferred	
ketorolac solution (generic for Acular® / LS)	Moved	Non-Preferred	
Restasis® MultidoseDrops	Moved	Non-Preferred	

Forteo® Pen	Moved	Preferred	
Dermotic® Oil	Moved	Non-Preferred	
Fluocinolone 0.01% oil (generic for Dermotic® Oil)	Moved	Preferred	
albuterol HFA inhaler (generic for Proair® HFA Inhaler / Proventil® HFA Inhaler / Ventolin® HFA Inhaler)	Moved	Preferred	
Pulmicort® Flexhaler	Moved	Preferred	
adapalene cream (generic for Differin®)	Moved	Non-Preferred	
clindamycin phosphate gel (Clindagel®)	Moved	Non-Preferred	
clindamycin-benzoyl peroxide gel (generic for Benzaclin®, Neuac®)	Moved	Preferred	
clindamycin vaginal cream (generic for Cleocin® Vaginal Cream)	Moved	Preferred	
nystatin-triamcinolone cream / ointment (generic for Mycolog II®)	Moved	Preferred	
Zovirax® Cream	Moved	Non-Preferred	
acyclovir Cream and Denavir® Cream	Moved	Preferred	
calcipotriene-betamethasone suspension / ointment (generic for Talconex®)	Moved	Preferred	
MetroCream® and MetroGel®	Moved	Non-Preferred	
Uterine disorder treatments	Add		New Category
Oriahnn® Capsule	Add	Preferred	
Orilissa® Tablet,	Add	Preferred	
Myfembree® Tablet	Add	Preferred	
Clobex® Shampoo	Moved	Non-Preferred	
Adbry® Autoinjector	Moved	Preferred	
pimecrolimus cream (generic for Elidel®)	Moved	Preferred	
Zoryve foam 0.3%	Add	Non-Preferred	
epinephrine auto injector (generic for Adrenaclick®)	Moved	Preferred	
neffy® nasal spray	Moved	Preferred	
estradiol vaginal cream (generic for Estrace®)	Moved	Preferred	
Emflaza® Suspension	Moved	Preferred	removed red writing T/F of preferred agents not required for children < 12 years of age.
Agamree® Suspension	Moved	Non-Preferred	
adalimumab-fkjp Pen / Syringe	Moved	Non-Preferred	

adalimumab-adbm Pen / Psoriasis-UV Pen / Crohn's Pen / Syringe	Moved	Preferred	
Xeljanz® Tablet	Moved	Preferred	
Otufi® Syringe/Vial	Add	Non-Preferred	
Pyzchiva® Syringe/Vial	Add	Non-Preferred	
SelarsdiVial	Add	Non-Preferred	
Steqeyma® Vial	Add	Non-Preferred	
YesintekSyringe/Vial	Add	Non-Preferred	
Ingrezza® (valbenazine) Sprinkle Capsules	Moved	Preferred	
Omnipod 5® FSL2 G6 Intro Kit/Pods	Add	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.

DsuviaSL Tablet

Duexis® Tablet - T/F of only celecoxib required

Ranexa® Tablet

Lovaza® Capsule

Riomet® ER Suspension

Aciphex® Tablet

Asacol® HD Tablet

Avodart® Softgel

EntadfiCapsule

Jesduvroq® Tablet

Tobradex® Drops

Beconase® AQ Nasal Spray

Halog® Solution

Rapamune® Solution

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>