

Preferred Drug List (PDL) Updates

On April 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
Indomethacin suppository™	Add	Non-Preferred	
Xyliderm (lidocaine patch) Kit	Add	Non-Preferred	
DermacinRx™ Lidocaine Patch	Add	Non-Preferred	
methsuximide capsule (generic for Celontin®)	Add	Non-Preferred	
Sezaby™ (phenobarbital sodium) Vial	Add	Non-Preferred	
felbamate suspension (generic for Felbatol®)	Move	Preferred	Off-cycle change
tiagabine tablet (generic for Gabitril®)	Move	Preferred	
vigabatrin powder packet (generic for Sabril®)	Move	Preferred	Off-cycle change
Vowst™ (fecal microbiota spores, live—brpk) Capsule	Add	Non-Preferred	
Lymepak™ (doxycycline hyclate) Tablet	Add	Non-Preferred	
posaconazole suspension	Add	Non-Preferred	
lisdexamfetamine capsule / chewable tablet (generic for Vyvanse®)	Add	Non-Preferred	
Abilify Asimtufii® (aripiprazole extended release) Syringe Kit	Add	Preferred	
Rykindo® (risperidone extended release) Vial / Vial Kit	Add	Preferred	
Uzedy™ (risperidone extended release) Syringe Kit	Add	Preferred	
valsartan oral solution	Add	Non-Preferred	
Liqrev® (sildenafil) Suspension	Add	Non-Preferred	
Upravi® (selexipag) Titration Pack	Add	Non-Preferred	
Zavzpret™ (zavegepant) Nasal Spray	Add	Non-Preferred	
Qalsody™ (tofersen) Vial	Add	Non-Preferred	
zolpidem capsule	Add	Non-Preferred	

Drug Name	Update	Preferred/Non-Preferred Status	Notes
flurazepam capsule	Add	Preferred	
Sogroya® (somapacitan-beco) Pen	Add	Non-Preferred	
Ngenla® (somatragon-ghla) Pen	Add	Non-Preferred	
Skytrofa® Cartridge	No movement	Non-Preferred	Added a trial and failure exemption for patients < 18 years of age
Fiasp® (insulin aspart) PumpCart®	Add	Non-Preferred	
metformin tablet (625 mg)	Add	Non-Preferred	
saxagliptin tablet (generic for Onglyza®)	Add	Preferred	Off-cycle change
saxagliptin-metformin ER tablet (generic for Kombiglyze® XR)	Add	Non-Preferred	
Inpefa™ (sotagliflozin) Tablet	Add	Non-Preferred	
esomeprazole magnesium OTC tablet (generic for Nexium® OTC)	Move	Non-Preferred	
budesonide rectal foam	Add	Non-Preferred	
Udenyca® (pegfilgrastim-cbqv) Autoinjector	Add	Preferred	
Jesduvroq® (daprodustat) Tablet	Add	Non-Preferred	
tobramycin-dexamethasone suspension (generic for Tobradex®)	Move	Preferred	Off-cycle change
Miebo™ (perfluorohexyloctane) Drops	Add	Non-Preferred	
Iyuzeh™ (latanoprost) Drops	Add	Non-Preferred	
ciprofloxacin-dexamethasone suspension (generic for Ciprodex®)	Move	Preferred	Off-cycle change
tiotropium inhaler (generic for Spiriva® Handihaler®)	Add	Non-Preferred	
fluticasone propionate HFA (generic for Flovent® HFA)	Move	Preferred	Off-cycle change
fluticasone propionate diskus (generic for Flovent® Diskus)	Add	Preferred	
AirSupra™ (albuterol / budesonide) Inhaler	Add	Non-Preferred	
Breyna™ (formoterol / budesonide) Inhaler	Add	Non-Preferred	
dapsone gel pump	Add	Non-Preferred	
azelaic acid gel (generic for Finacea®)	Move	Preferred	Off-cycle change
BP® 10-1 Wash / Cleansing Wash	Move	Preferred	
Triamazole™ (triamcinolone ointment / econazole cream) Combo Pack	Add	Non-Preferred	
Adbry® Syringe	Move	Preferred	
Protopic® Ointment	Add	Preferred	

Drug Name	Update	Preferred/Non-Preferred Status	Notes
Hydroxym™ (hydrocortisone) Gel	Add	Non-Preferred	
Fasenra® (benralizumab) Pen / Syringe	Add	Preferred	New drug category addition
Xolair® (omalizumab) Syringe	Add	Preferred	New drug category addition
Cinqair® (reslizumab) Vial	Add	Non-Preferred	New drug category addition
Nucala® (mepolizumab) Syringe / Vial / Autoinjector	Add	Non-Preferred	New drug category addition
Tezspire® (tezepelumab-ekko) Pen / Syringe	Add	Non-Preferred	Exemption for non-allergic, non-eosinophilic severe asthma
Xolair® Vial	Add	Non-Preferred	New drug category addition
Veozah™ (fezolinetant) Tablet	Add	Non-Preferred	
prednisolone tablet	Add	Non-Preferred	
Cosentyx® UnoReady® Pen	Add	Preferred	
adalimumab-adaz Pen / Syringe	Add	Non-Preferred	
adalimumab-adbm Pen / Psoriasis-UV Pen / Crohn's Pen / Syringe	Add	Non-Preferred	
adalimumab-fkjp Pen / Syringe	Add	Non-Preferred	
Cyltezo™ Syringe / Crohn's-UC-HS Pen / Psoriasis Pen / Pen	Add	Non-Preferred	
Hadlima™ Syringe / PushTouch	Add	Non-Preferred	
Hyrimoz™ Pen / Crohn's-UC Pen / Ped. Crohn's Pen / Syringe / Psoriasis Pen	Add	Non-Preferred	
Hulio™ Pen / Syringe	Add	Non-Preferred	
Idacio® Pen / Psoriasis Pen / Crohn's-UC Pen / Syringe	Add	Non-Preferred	
Yuflyma® Syringe / Autoinjector	Add	Non-Preferred	
Yusimry™ Pen	Add	Non-Preferred	
Austedo® XR Tablet	Move	Preferred	
Sajazir™ Syringe (branded generic for icatibant)	Add	Preferred	
LifEMS naloxone Syringe Kit	Add	Preferred	
naloxone nasal spray (OTC)	Add	Preferred	
Opvee® (nalmefene) Nasal Spray	Add	Preferred	
Narcan® Nasal Spray (OTC)	Add	Preferred	
Brixadi™ (buprenorphine extended release) Weekly Syringe / Monthly Syringe	Add	Preferred	
Omnipod GO™	Add	Preferred	

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.

Razadyne® ER Capsule	Endodan®, Percodan®)	Amzeeq™ Foam
Amerge® Tablet	Tigan® Capsule	Procardia® Capsule
buprenorphine film (generic for Belbuca®)	AK-Poly-Bac® Ointment (branded generic for Polysporin®)	Avita® Gel
Kynmobi™ SL Film	Ultracet® Tablet	Ovace® Plus Foam
MorphaBond® ER Tablet	levofloxacin drops (generic for Quixin®)	Exelderm® Cream / Solution
Saizen® Click-Easy® Cartridge	Ultram® Tablet	Kerydin® Topical Solution
Zohydro® ER Capsule	E.E.S.® Granules	Mentax® Cream
Bydureon® Pen	Trusopt® Drops	Zilxi™ Foam
Apadaz™ Tablet	Targadox® Tablet	Cutivate® Cream / Lotion
Amaryl® Tablet	albuterol sulfate 5mg / ml solution	amcinonide lotion (generic for Cyclocort®)
benzhydrocodone-acetaminophen tablet (generic for Apadaz™)	Xopenex® Solution / Concentrate Solution	Topicort® LP
Fortamet® Tablet	Vibramycin® Suspension / Syrup	Enbrel® Kit
repaglinide-metformin tablet (generic for Prandimet®)	Ximino™ ER Capsule	sodium sulfacetamide sulfur cleanser / cloth (generic for Rosula®)
Lortab® Elixir	Lonhala® Magnair®	sulconazole nitrate cream / solution (generic for Exelderm®)
oxycodone-aspirin tablet (generic for	Zovirax® Suspension	

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>