



## Preferred Drug List (PDL) Updates-

On April 1, 2026, the PDL updates below 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
Leqembi® Vial / Autoinjector	Added	Non-Preferred	Clinical Criteria Apply
Luribiro™ Tablet	Added	Non-Preferred	
Gabarone™ Tablet	Added	Non-Preferred	
Aptiom® Tablet	Moved	Non-Preferred	
eslicarbazepine acetate Tablet (generic for Aptiom®)	Moved	Preferred	
Topiramate Solution	Added	Non-Preferred	
Fidaxomicin Tablet (generic for Dificid®)	Added	Non-Preferred	
Tenofovir disoproxil fumarate tablet (generic for Viread®)	Added	Non-Preferred	
Exxua™ ER Tablet / ER Titration Pack	Added	Non-Preferred	
escitalopram solution / Capsule (generic for Lexapro®)	Added	Non-Preferred	
Amphetamine ER ODT (generic for Adzenys® XR ODT)	Added	Non-Preferred	
Arbli™ Suspension	Added	Non-Preferred	
Lopressor® Tablet / Solution	Added	Non-Preferred	
Yutrepia™ DPI	Added	Non-Preferred	
Leqvio® Injection	Added	Non-Preferred	Added New managed Category PCSK9
Repatha® Syringe / Pushtronix / Sureclick and Praluent® Pen	Added	Preferred	Added New managed Category PCSK9
tasimelteon capsule (generic for Hetlioz®)	Added	Non-Preferred	Clinical criteria apply, T/F of Hetlioz® Capsule required for coverage
Humalog® U-100 Tempo Pen™	Added	Non-Preferred	
Kirsty Vial / Pen (biosimilar to Novolog®)	Added	Non-Preferred	

Novolin R FlexPen®/ ReliOn® R FlexPen	Added	Non-Preferred	
Basaglar® U-100 Tempo Pen™	Added	Non-Preferred	
Relion Novolog® 70/30 Vial / FlexPen®	Added	Non-Preferred	
Pradaxa® Capsule	Moved	Non-Preferred	
dabigatran capsule (generic for Pradaxa® Capsule)	Moved	Preferred	
Rivaroxaban Suspension	Added	Non-Preferred	
Eliquis® Sprinkle / Suspension	Added	Preferred	
Doptelet Tablet / Sprinkle	Added	Non-Preferred	
Wayrilz™ Tablet	Added	Non-Preferred	
Bildyos® Syringe (Prolia® Biosimilar)	Added	Preferred	
Conexence® Syringe (Prolia® Biosimilar)	Added	Non-Preferred	
Jubbonti® Syringe (Prolia® Biosimilar)	Added	Non-Preferred	
Ospomyv™ Syringe (Prolia® Biosimilar)	Added	Non-Preferred	
Stoboclo® Syringe (Prolia® Biosimilar)	Added	Non-Preferred	
Umeclidinium-Vilanterol Inhaler (generic for Anoro®)	Added	Non-Preferred	
fluticasone furoate DPI (generic for Arnuity Ellipta™)	Added	Non-Preferred	
Carbzah Solution	Added	Preferred	
Clemsza™ Tablet	Added	Non-Preferred	
Epiduo® Forte gel pump	Added	Non-Preferred	
econazole foam (generic for Ecoza®)	Added	Non-Preferred	
Ertaczo® Cream	Added	Non-Preferred	
Buphenyl® Tablet/Powder	Moved	Preferred	
glycerol phenylbutyrate oral liquid (generic for Ravicti®)	Added	Non-Preferred	T/F of preferred drug is not required for Urea cycle disorder
Jaythari Tablet (generic for Emflaza®)	Added	Non-Preferred	
Pyquvi™ Suspension	Added	Non-Preferred	
Anzupgo® Cream	Added	Non-Preferred	

Zoryve® (roflumilast) 0.05% Cream	Added	Non-Preferred	
Otezla® XR Initiation Pack / Tablet	Added	Non-Preferred	
Avtozma® Vial	Added	Non-Preferred	
adalimumab-aacf Psoriasis-UV Pen / Crohn's Pen / Syringe	Added	Non-Preferred	
Pyzchiva® (ustekinumab-ttwe) Syringe / Vial and Steqeyma® (ustekinumab-stba) Vial/Syringe	Moved	Preferred	Off-cycle change
Dawnzera™ Auto syringe	Added	Non-Preferred	
Ekterly® Tablet	Added	Non-Preferred	
Andembry® Auto Injector	Added	Non-Preferred	
Zurnai™ Injection	Added	Preferred	
Ozobax DS® Solution	Added	Non-Preferred	
Ozobax® Solution	Added	Non-Preferred	
Dexcom G7® Sensor (10 day sensor and 15 day sensor)	Clarification	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.

Orally Disintegrating / Oral Spray Schedule II Opioids

Diastat® Rectal Gel

Paromomycin capsule (generic for Humatin®)

Minolira ER Tablet

Sitavig® Buccal Tablet

Sorine® Tablet

Ziac® Tablet

Isordil® Titrados® Tablet

Liqrev® Suspension

Kynmobi Titration Kit

Glynase® Tablet

Delzicol® Capsule

Timoptic® Drops and / XE® Solution

Flovent® Diskus / HFA Inhaler

Androgel® Packet

Bensal HP® Ointment  
lindane shampoo  
Cloderm® Cream / Pump and Locoid® Lipocream / Lotion  
Halog® Ointment  
Impeklo Lotion and Temovate® Ointment

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>