



Preferred Drug List (PDL) Updates-

On July 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
tramadol tablet (25 mg)	Add	Non-Preferred	
Lidocan™ II / III (lidocaine) Patch	Add	Non-Preferred	
Banzel® Suspension	Move	Non-Preferred	
Motopoly XR™ (lacosamide extended release) Capsule	Add	Non-Preferred	
rufinamide suspension (generic for Banzel®)	Move	Preferred	
Vigadrone® (vigabatrin) Tablet	Add	Non-Preferred	
Likmez™ (metronidazole) Suspension	Add	Non-Preferred	
vilazodone tablet (generic for Viibryd®)	Move	Preferred	
Viibryd® Tablet	Move	Non-Preferred	
Zurzuvae™ (zuranolone) Capsule	Add	Non-Preferred	
amphetamine salt combo ER capsule (generic for Mydayis®)	Add	Non-Preferred	
risperidone ER vial (generic for Risperdal® Consta)	Add	Preferred	
Invega® Tablet	Move	Non-Preferred	
paliperidone ER tablet (generic for Invega®)	Move	Preferred	
Rexulti® (brexipiprazole) 7-Day / 14-Day Titration Pack	Add	Non-Preferred	

			Trial and failure of preferred agents not required with concomitant antiretroviral therapy in patients diagnosed with HIV
pitavastatin tablet (generic for Livalo®)	Add	Non-Preferred	
insulin glargine SoloStar® / Max SoloStar® (generic for Toujeo®)	Add	Non-Preferred	
Zituvio™ (sitagliptin) Tablet	Add	Non-Preferred	
dapagliflozin tablet (generic for Farxiga®)	Add	Non-Preferred	
dapagliflozin / metformin ER tablet (generic for Xigduo® XR)	Add	Non-Preferred	
Promethegan® (promethazine) Suppository (12.5 mg and 25 mg)	Add	Preferred	
Promethegan® Suppository (50 mg)	Add	Non-Preferred	
Voquezna® (vonoprazan) Tablet / Dual Pak (vonoprazan / amoxicillin) / Triple Pak (vonoprazan / amoxicillin / clarithromycin)	Add	Non-Preferred	
Xphozah® (tenapanor) Tablet	Add	Non-Preferred	
oxybutynin solution (generic for Ditropan®)	Add	Preferred	
Udenyca® (pegfilgrastim-cbqv) On-Body	Add	Non-Preferred	
bromfenac 0.07% drops (generic for Prolensa®)	Add	Non-Preferred	
loteprednol 0.2% drops (generic for Alrex®)	Add	Non-Preferred	
Vevye® (cyclosporine) Drops	Add	Non-Preferred	
Binosto® (alendronate sodium) Effervescent Tablet	Add	Non-Preferred	
risedronate DR tablet (generic for Atelvia®)	Add	Non-Preferred	
ProAir® (albuterol sulfate) HFA inhaler	Add	Preferred	
BP® 10-1 Wash / Cleansing Wash	Move	Non-Preferred	
Cabtreo™ (clindamycin / adapalene / benzoyl peroxide) Gel	Add	Non-Preferred	
clindamycin-benzoyl peroxide pump (generic for Onexton®)	Add	Non-Preferred	
Sumadan® Wash	Add	Non-Preferred	
Klayesta® (nystatin) Powder (branded generic for Nystop®)	Add	Preferred	

podofilox gel (generic for Condylox®)	Add	Non-Preferred	
Emflaza® Tablet	Move	Preferred	Trial and failure exemption for patients less than 12 years of age for Emflaza® Suspension
Abrilada™ (adalimumab-afzb) Pen / Syringe	Add	Non-Preferred	
adalimumab-aacf Pen	Add	Non-Preferred	
Bimzelx® (bimekizumab-bkzx) Autoinjector / Syringe	Add	Non-Preferred	
Cosentyx® (secukinumab) Vial	Add	Non-Preferred	
Entyvio® (vedolizumab) Pen	Add	Non-Preferred	
OmvoH™ (mirikizumab-mrkz) Pen / Vial	Add	Non-Preferred	
Velsipity® (etrasimod) Tablet	Add	Non-Preferred	
Yuflyma® (adalimumab-aaty) Crohn's-UC-HS Autoinjector	Add	Non-Preferred	
Austedo® XR (deutetrabenazine) Titration Kit	Add	Preferred	
Freestyle Libre™ 3 Reader	Add	Preferred	Off-cycle change

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.

Kadian® ER Capsule	Silenor® Tablet	neomycin-polymyxin-HC ointment (generic for Ocutricin®)
Sezaby™ Vial	Zorbtive® Vial	FML® S.O.P. Ointment
Suprax® ER Capsule/Chewable	Humalog® Tempo Pen™	Boniva® Tablet
Minocycline ER capsule (Generic for Ximino™ ER)	Lyumjev™ Tempo Pen™	Promiseb® Topical Cream
Hepsera® Tablet	Basaglar® Tempo Pen™	sodium sulfacetamide-sulfur kit (generic for Sumadan®)
Viekira™ Pak	Adlyxin® Pen	Tretin-X™ Combo Pack / Cream
Adhansia™ XR Capsule	cimetidine solution (generic for Tagamet®)	Loprox® Shampoo
Catapres® TTS Patch	Phoslyra® Solution	Skelaxin® Tablet
Onzetra™ Xsail™ Nasal Powder	Ditropan® XL Tablet	ivermectin lotion (generic for Sklice®)
Treximet® Tablet	Ciloxan® Drops	Luxiq® Foam
Qalsody™ Vial	Tobrex® Drops	

Sanaderm® Rx Solution

Ortikos™ Capsule

Dexcom G7® Transmitter

Olux® E-Foam

Temovate® Cream

(the G7 device does not have
a separate transmitter)

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>