

Preferred Drug List (PDL) Updates

On October 1, 2023, 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
Leqembi®	Add	Non-Preferred	
Prolate® (oxycodone/acetaminophen) Solution	Add	Non-Preferred	Clinical criteria apply
Roxybond® (oxycodone) Tablet	Add	Non-Preferred	Clinical criteria apply
Gralise® (gabapentin) Tablet	Add	Non-Preferred	
Trileptal® Suspension	Move	Preferred	
topiramate ER capsule (generic for Trokendi XR®)	Add	Non-Preferred	Trial and failure of Trokendi XR® required
Subvenite® Tab Start Kit	Move	Preferred	
Augmentin® (amoxicillin-clavulanate) Suspension / ES-600 / XR Tablet	Add	Non-Preferred	
Eryped® 200/400 Suspension	Move	Non-Preferred	
erythromycin ethylsuccinate (200 mg and 400 mg)	Move	Preferred	
vancomycin oral solution (generic for Firvanq™)	Add	Non-Preferred	
Noxafil® (posaconazole) DR suspension packet	Add	Non-Preferred	
Oravig® (miconazole) Buccal Tablet	Add	Non-Preferred	
Pegasys® Vial	Move	Preferred	
Tamiflu® Capsule / Suspension	Move	Non-Preferred	
tobramycin inhalation solution (generic for Tobi™)	Move	Preferred	
Auvelity® (dextromethorphan/bupropion) Tablet	Add	Non-Preferred	

Viiibryd® Tablet	Move	Preferred	
paroxetine suspension (generic for Paxil® Suspension)	Move	Non-Preferred	
Paxil® Suspension	Move	Preferred	
Xelstrym® (dextroamphetamine) Patch	Add	Non-Preferred	
methylphenidate ER tablet 45 mg and 63 mg - Branded Product Named as a Generic per FDA	Add	Non-Preferred	
Focalin® Tablet / XR Capsule	Move	Non-Preferred	
dexmethylphenidate tablet / ER capsule (generic for Focalin® / XR)	Move	Preferred	
methylphenidate solution (generic for Methylin®)	Move	Preferred	
Adderall® Tablet	Move	Preferred	Off-cycle change
amphetamine salt combo XR capsule (generic for Adderall® XR)	Move	Preferred	Off-cycle change
methylphenidate ER tablet (generic for Concerta® Tablet)	Move	Preferred	Off-cycle change
lurasidone tablet (generic for Latuda®)	Add	Preferred	
Latuda® Tablet	Move	Non-Preferred	
Atorvaliq® (atorvastatin) Suspension	Add	Non-Preferred	
Tadliq® (tadalafil) Suspension	Add	Non-Preferred	
Orenitram® (trepostinil) Titration Kit	Add	Non-Preferred	
aspirin-omeprazole DR tablet	Add	Non-Preferred	
clonidine ER tablet (generic for Nexiclon™ XR)	Add	Non-Preferred	
omega-3 acid ethyl esters capsule (generic for Lovaza®)	Move	Preferred	
Vascepa® Capsule	Move	Preferred	
diclofenac potassium powder packet (generic for Cambia®)	Add	Non-Preferred	Trial and failure of 2 preferred NSAIDs, in addition to trial and failure of 2 preferred triptans in the Antimigraine Agents class
Ajovy® Injection	Move	Preferred	Clinical criteria apply

Nurtec® ODT	Move	Preferred	Clinical criteria apply; preventative
Nurtec® ODT	Move	Preferred	Clinical criteria apply; acute treatment
bromocriptine capsule (generic for Parlodel®)	Add	Preferred	
Kynmobi™ (apomorphine) Titration Kit	Add	Non-Preferred	
Briumvi™ (ublituximab-xiiy) Vial	Add	Non-Preferred	
Kesimpta® Injection	Move	Preferred	
fingolimod capsule (generic for Gilenya®)	Add	Preferred	
teriflunomide tablet (generic for Aubagio®)	Add	Preferred	
Gilenya® Capsule	Move	Non-Preferred	
riluzole tablet (generic for Rilutek®)	Add	Preferred	*New drug category addition*
Exservan™ (riluzole) Oral Film	Add	Non-Preferred	*New drug category addition*
Tiglutik® (riluzole) Suspension	Add	Non-Preferred	*New drug category addition*
Radicava® (edaravone) Injection / ORS® Suspension	Add	Non-Preferred	*New drug category addition*
Relvyrio™ (sodium phenylbutyrate / taurursodiol) Suspension	Add	Non-Preferred	*New drug category addition*
tasimelteon capsule (generic for Hetlioz®)	Add	Non-Preferred	Trial and Failure of Hetlioz® capsule required
Doral® Tablet	Add	Non-Preferred	
quazepam tablet (generic for Doral®)	Add	Non-Preferred	
eszopiclone tablet (generic for Lunesta®)	Move	Preferred	
ramelteon tablet (generic for Rozerem® Tablet)	Move	Preferred	
zaleplon capsule (generic for Sonata®)	Move	Preferred	
Serostim® Vial	Move	Non-Preferred	
Humalog® (insulin lispro) Tempo Pen™	Add	Non-Preferred	
Lyumjev® (insulin lispro-aabc) Tempo Pen™	Add	Non-Preferred	
Humalog® U-100 Cartridge	Move	Preferred	
insulin aspart U-100 FlexPen® / vial (generic for Novolog®)	Move	Preferred	
Novolin® N FlexPen®	Add	Non-Preferred	
ReliOn® N FlexPen®	Add	Non-Preferred	

Basaglar® (insulin glargine) Tempo Pen™	Add	Non-Preferred	
Rezvoglar™ (insulin glargine-aglr) Kwikpen®	Add	Non-Preferred	
Levemir® FlexPen®	Add	Preferred	
Lantus® Solostar® / Vial	Move	Preferred	Off-cycle change
Jentaduo® XR Tablet	Move	Preferred	
Aponvie™ (aprepitant) Vial	Add	Non-Preferred	
metoclopramide ODT	Add	Non-Preferred	
bismuth / metronidazole / tetracycline capsule (generic for Pylera®)	Add	Non-Preferred	
Konvomep™ (omeprazole / sodium bicarbonate) Suspension	Add	Non-Preferred	
Dexilant® Capsule	Move	Preferred	
Aciphex® Tablet	Add	Non-Preferred	
omeprazole / sodium bicarbonate packet	Add	Non-Preferred	
Movantik® Tablet	Move	Non-Preferred	
Canasa® Suppository	Move	Non-Preferred	
mesalamine suppository (generic for Canasa® Suppository)	Move	Preferred	
Renvela® Powder Pack	Move	Preferred	
sevelamer carbonate powder pack (generic for Renvela® Powder Pack)	Move	Non-Preferred	
Entadfi™ (finasteride / tadalafil) Capsule	Add	Non-Preferred	
oxybutynin tablet (2.5 mg tablet)	Add	Non-Preferred	
allopurinol tablet (200 mg)	Add	Non-Preferred	
Pradaxa® (dabigatran) Pellet Pack	Add	Non-Preferred	
Fylnetra® (pegfilgrastim-pbbk) Syringe	Add	Non-Preferred	
Stimufend® (pegfilgrastim-fpgk) Syringe	Add	Non-Preferred	
Rolvedon™ (eflapegrastim-xnst) Syringe	Add	Non-Preferred	
Nivestym™ Syringe	Move	Non-Preferred	
Epogen® Vial	Move	Preferred	Clinical criteria apply
Retacrit® Vial	Move	Preferred	Clinical criteria apply
Procrit® Vial	Move	Non-Preferred	Clinical criteria apply
olopatadine drops (generic for Patanol®)	Move	Preferred	
Durezol® Drops	Move	Non-Preferred	
difluprednate drops (generic for Durezol®)	Move	Preferred	
Nevanac® Droptainer	Move	Preferred	

Ilevro® Drops	Move	Non-Preferred	
Verkazia® (cyclosporine) Eye Emulsion	Add	Non-Preferred	
tafluprost drops (generic for Zioptan®)	Add	Non-Preferred	
Durysta® (bimatoprost) Implant (intracameral)	Add	Non-Preferred	
Xopenex® HFA Inhaler	Move	Preferred	
albuterol tablets (generic for Proventil® Repetabs)	Move	Preferred	
roflumilast tablet (generic for Daliresp®)	Add	Preferred	
Bevespi® Aerosphere®	Move	Non-Preferred	
Incruse® Ellipta® Inhaler	Move	Preferred	
fluticasone/salmeterol HFA inhaler (generic for Advair® HFA)	Add	Non-Preferred	
Dymista® Nasal Spray	Move	Preferred	
cetirizine OTC soft gel	Add	Non-Preferred	
carbinoxamine solution	Add	Preferred	
cyproheptadine syrup / tablet	Add	Preferred	
hydroxyzine capsule / solution / tablet	Add	Preferred	
carbinoxamine tablet	Add	Non-Preferred	
clemastine tablet	Add	Non-Preferred	
Karbinal™ ER (carbinoxamine) Suspension	Add	Non-Preferred	Trial and failure of Immediate release carbinoxamine solution and cetirizine syrup
RyClora™ (dexchlorpheniramine) Solution	Add	Non-Preferred	
RyVent™ (carbinoxamine) Tablet	Add	Non-Preferred	
Vistaril® (hydroxyzine pamoate) Capsule	Add	Non-Preferred	
Zma Clear™ (sulfacetamide sodium/sulfur) Cleanser	Add	Non-Preferred	
erythromycin gel (generic for Emcin®, Erycette®, EryDerm®, EryGel®, EryMax®)	Move	Preferred	
adapalene / benzoyl peroxide (generic for Epiduo® Gel)	Move	Preferred	
Finacea® Gel	Move	Preferred	
adapalene gel pump (generic for Differin®)	Move	Non-Preferred	
Retin-A® Micro Pump Gel	Move	Non-Preferred	
Avar-E® LS (sodium sulfacetamide/sulfur) Cream	Add	Non-Preferred	
Clindacin® P (clindamycin) Foam	Add	Non-Preferred	
testosterone gel pump (generic for AndroGel® Pump, Fortesta®)	Move	Preferred	Off-cycle change

salicylic acid ointment (generic for Bensal HP®)	Add	Non-Preferred	
penciclovir cream (generic for Denavir® Cream)	Add	Non-Preferred	
Dupixent® Injection and Dupixent® Pen	Move	Preferred	
calcipotriene solution (generic for Dovonex®)	Move	Preferred	
brimonidine gel pump (generic for Mirvaso®)	Add	Non-Preferred	
Finacea® Gel	Move	Preferred	
Rosadan® Cream / Gel	Move	Preferred	
desonide cream / ointment (generic for DesOwen®)	Move	Preferred	
fluocinonide ointment (generic for Lidex® ointment)	Move	Preferred	
fluocinonide solution (generic for Lidex® solution)	Move	Preferred	
ApexiCon® E (diflorasone) Cream	Add	Non-Preferred	
Auvi-Q® (epinephrine) Auto Injector	Add	Non-Preferred	
epinephrine auto injector (generic for Epi-Pen® Auto Injector)	Move	Preferred	
epinephrine JR (generic for Epi-Pen® JR Auto Injector)	Move	Preferred	
Makena® (hydroxyprogesterone caproate injection) Auto Injector	Remove		Off-cycle change
hydroxyprogesterone caproate injection (generic for Makena®) single dose vial	Remove		Off-cycle change
hydroxyprogesterone caproate injection (generic for Makena®) multi dose vial	Remove		Off-cycle change
Compounded 17P	Remove		Off-cycle change
estradiol gel packet (generic for Divigel®)	Add	Non-Preferred	
Amjevita™ (adalimumab-atto) Syringe / Autoinjector	Add	Non-Preferred	
infliximab injection (generic for Remicade®)	Move	Preferred	
Austedo® XR (deutetrabenazine) Tablet	Add	Non-Preferred	
Haegarda® (C1 Esterase Inhibitor Subcutaneous [Human]) Vial	Add	Preferred	New drug category addition
Orladeyo® (berotralstat) Capsule	Add	Preferred	New drug category addition
Cinryze® (C1 Esterase Inhibitor [Human]) Vial	Add	Non-Preferred	New drug category addition
Takhzyro® (lanadelumab-flyo) Vial / Syringe	Add	Non-Preferred	New drug category addition

Beriner [®] (C1 Esterase Inhibitor [Human]) Vial	Add	Preferred	New drug category addition
icatibant injection (generic for Firazyr [®] Injection)	Add	Preferred	New drug category addition
Kalbitor [®] (ecallantide) Vial	Add	Preferred	New drug category addition
Firazyr [®] (icatibant) Injection	Add	Non-Preferred	New drug category addition
Ruconest [®] (C1 esterase inhibitor [recombinant]) Vial	Add	Non-Preferred	New drug category addition
baclofen suspension (generic for Fleqsuvy [™])	Add	Non-Preferred	
Norgesic [™] (orphenadrine/aspirin/caffeine) Tablet	Add	Non-Preferred	
orphenadrine-aspirin-caffeine tablet	Add	Non-Preferred	
Orphengesic [®] Forte (orphenadrine/aspirin/caffeine) Tablet	Add	Non-Preferred	
Dexcom G7 [®] Receiver	Add	Preferred	Off-cycle change
Dexcom G7 [®] Sensor	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.

Lorcet [®] Tablet / HD Tablet	Adalat [®] CC Tablet	Lastacraft [®] Drops
oxycodone oral syringe	Niaspan [®] ER Tablet	Blephamide [®] S.O.P. Ointment
Tolmetin capsule (generic for Tolectin [®])	Zontivity [®] Tablet	Pred-G [®] S.O.P. Ointment / Suspension
Keflex [®] Capsule	Catapres [®] Tablet	metaproterenol syrup (generic for Alupent [®] Syrup)
Flagyl [®] Tablet	Imitrex [®] Vial	Seebri [®] Neohaler [®]
maprotiline tablet (generic for Ludiomil [®])	Humatrope [®] Vial	loratadine OTC soft gel
Brisdelle [®] Capsule	Semglee [™] Pen / Vial	Semprex-D [®] Capsule
Adzenys [®] ER Suspension	ActoPlus Met [®] XR Tablet	Aczone [®] Gel
amphetamine ER suspension (generic for Adzenys [®])	Aloxi [®] Vial	adapalene solution (generic for Differin [®])
nitroglycerin ER capsule	nizatidine solution (generic for Axid [®])	Epiduo [®] Gel
nadolol-bendroflumethiazide tablet (generic for Corzide [®])	Pancreaze [®] Capsule	Avar [®] Cleanser
	Gelnique [®] Gel	

Avar® LS Cleansing Pads / LS
Foam

Sumadan® Wash

Tazorac® Cream / Gel

Oxistat® Cream

imiquimod cream pump
(generic for Aldara®)

Epsolay® Cream Pump

Trianex® Ointment

naloxone ampule (generic for
Narcan®)

erythromycin pledgets
(generic for Emcin®,
Erycette®, EryDerm®,
EryGel®, EryMax®)

ACCU-CHEK® Softclix lancing
device kit (Blue)

ACCU-CHEK® Multiclix
lancing device kit

ACCU-CHEK® Compact Plus
clear glucose control solution
(2 levels)

ACCU-CHEK® Multiclix 102 ct
Lancets

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>