carolina complete health

Preferred Drug List (PDL) Updates-

On January 1, 2027, 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 here.

Drug Name	Update	Preferred/Non-Preferred Status	Notes
tapentadol tablet/ solution (generic for Nucynta®)	Added	Non-Preferred	
Xyvona® Tablet	Added	Non-Preferred	
Orudis® 75 mg Capsule	Added	Non-Preferred	
gabapentin 200 mg capsule (generic for Relgaabi)	Added	Non-Preferred	
Briviact® Tablet	Moved	Preferred	
brivaracetam solution (generic for Briviact®)	Moved	Preferred	
brivaracetam tablet (generic for Briviact®)	Moved	Non-Preferred	
Briviact® Solution	Moved	Non-Preferred	
topiramate solution cup (generic for Eprontia™)	Added	Non-Preferred	
doxycycline hyclate 75mg capsule (generic for Acticlate®)	Added	Non-Preferred	
Fulvicin P/G® Tablet	Added	Non-Preferred	
Hepcludex® vial	Added	Non-Preferred	
Auvelity® Tablet / Titration pack	Added	Non-Preferred	
duloxetine capsule 80 mg, 90mg, 120 mg	Added	Non-Preferred	
atomoxetine solution (generic for Atoncy®)	Added Red Writing	Non-Preferred	T/F of preferred agents not required for children < 12 years of age
Atoncy® Solution	Added	Non-Preferred	
Bysanti™ Tablet / Titration Pack	Added	Non-Preferred	
azilsartan medoxomil tablet (generic for Edarbi®)	Added	Non-Preferred	
Widaplik™ Tablet	Added	Non-Preferred	
bosentan tablet (generic for Tracleer®)	Moved	Preferred	
Tracleer® Tablet	Moved	Non-Preferred	

macitentan tablet (generic for Opsumit®)	Added	Non-Preferred	
clonidine 0.05 mg tablet (generic for Catapres®)	Added	Non-Preferred	
Basaglar® U-100 KwikPen®	Moved	Preferred	Off-Cycle Change
Awiqli® Flextouch® Pen	Added	Non-Preferred	
dapagliflozin-saxagliptin tablet (generic for Qtern®)	Added	Non-Preferred	
sitagliptin-metformin tablet (generic for Janumet®)	Added	Non-Preferred	
Farxiga® Tablet	Moved	Non-Preferred	
dapagliflozin tablet (generic for Farxiga®)	Moved	Preferred	
Navitrux™ Vial	Added	Non-Preferred	
Filkri Syringe (biosimilar to Neupogen®)	Added	Non-Preferred	
Osvyrti® Syringe (biosimilar to Prolia®)	Added	Non-Preferred	
umeclidinium-ellipta Inhaler (generic for Incruse®)	Added	Non-Preferred	
oxymetazoline cream (generic for Rhofade®)	Added	Non-Preferred	
Hydravex™ Gel	Added	Non-Preferred	
Dexlyt™ Tablet	Added	Non-Preferred	
Kymbee™ Tablet / Suspension (generic for Emflaza®)	Added	Non-Preferred	
tacrolimus XL capsule (generic for Astagraf®)	Added	Preferred	
Twiist™ Starter Kit / Refill Kit	Added	Preferred	

PRODUCT REMOVAL SUMMARY

The following products are being removed from the PDL due to manufacturer discontinuation of the product or removal from CMS' list of rebate-eligible products.

oxycodone-acetaminophen solution
Feldene® Capsule
Kiprofen Capsule
Vimovo® Tablet
Vimpat® Starter Kit
Augmentin® XR Tablet
erythromycin EC capsule (generic for Eryc®)
Zithromax® Powder Packet
Diflucan® Tablet
Noxafil® Tablet
Evekeo® ODT
Daytrana® Patch
Haldol® decanoate Ampule
Vaseretic® Tablet
eprosartan tablet (generic for Teveten®)

propranolol-HCTZ tablet (generic for Inderide®)
Ventavis® Solution
Taztia XT® Capsule (branded generic for Tiazac®)
Revatio® Suspension
methyldopa vial (generic for Aldomet®)
methyldopa-HCTZ tablet (generic for Aldoril®)
Tricor® Tablet
Imitrex® Nasal Spray
Lunesta® Tablet
Onglyza® Tablet
Flomax® Capsule
albuterol ER tablets (generic for VoSpire® ER)
Epiduo® gel pump
Clindagel® Gel
Erygel® Gel
Evoclin® Foam
Rosula® Cloths / Wash
Zma Clear™ Cleanser
Extina® Foam
luliconazole cream (generic for Luzu®)
Finacea® Foam
hydrocortisone cream
prednicarbate cream
Olux® Foam
Zepbound® Vial
Amabelz™ Tablet
Estrace® Tablet
Rayos® Tablet
Rapamune® Tablet
Sandimmune® Solution
Zimhi™ Syringe
adalimumab-adbm Psoriasis-UV Pen and Crohn's Pen
Cyltezo™ (adalimumab-adbm) Psoriasis-UV Pen (biosimilar to Humira®)
Cyltezo™ Crohn's-UC-HS Pen / Psoriasis Pen (biosimilar to Humira®)
Humira® Crohn's Starter Pack / Ped. Crohn's Starter Pack
Idacio® Syringe (biosimilar to Humira®
Simlandi® kit
Tremfya® Pen Induction PK-Crohn

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