



Preferred Drug List (PDL) Updates-

On January 1, 2025, 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
Kisunla™ (donanemab-azbt) Vial	Add	Non-Preferred	
Kiprofen™ (ketoprofen) Capsule (branded generic for Orudis®)	Add	Non-Preferred	
Tolectin® (tolmetin) Tablet	Add	Non-Preferred	
Libervant™ (diazepam) Buccal Film	Add	Non-Preferred	
tetracycline tablet (generic for Sumycin® / Panmycin®)	Add	Non-Preferred	
lisdexamfetamine chewable tablet (generic for Vyvanse®)	Move	Preferred	
methylphenidate ER capsule (generic for Aptensio® XR)	Move	Preferred	
asenapine SL tablet (generic for Saphris® SL)	Move	Preferred	
Saphris® SL Tablet	Move	Non-Preferred	
Entresto® (sacubitril / valsartan) Sprinkle Pellet	Add	Non-Preferred	T/F of preferred agents not required for children < 12 years of age
Flolipid™ (simvastatin) Suspension	Add	Non-Preferred	T/F of preferred agents not required for children < 12 years of age
icosapent ethyl capsule (generic for Vascepa®)	Move	Preferred	Off-Cycle Change
edaravone infusion bag (generic for Radicava®)	Add	Non-Preferred	
varenicline continuation month box (generic for Chantix®)	Add	Preferred	
Relion Novolin® (human insulin NPH / human insulin) 70/30 FlexPen®	Add	Non-Preferred	
liraglutide pen (generic for Victoza®)	Add	Non-Preferred	
saxagliptin tablet (generic for Onglyza®)	Move	Non-Preferred	

sitagliptin-metformin tablet (generic for Zituvimet™)	Add	Non-Preferred	
Synjardy® XR Tablet	Move	Preferred	
Xigduo® XR Tablet	Move	Preferred	
Invokana® Tablet	Moved	Non-Preferred	
Focinvez™ (fosaprepitant) Vial	Add	Non-Preferred	
ondansetron ODT (16 mg)	Add	Non-Preferred	
Iqirvo® (elafibranor) Tablet	Add	Non-Preferred	
cimetidine solution (generic for Tagamet®)	Add	Non-Preferred	
mesalamine DR tablet (generic for Lialda®)	Move	Preferred	
Lialda® Tablet	Move	Non-Preferred	
Pentasa® Capsule	Move	Preferred	
sevelamer carbonate powder pack / tablet (generic for Renvela®)	Move	Preferred	
Phoslyra® (calcium acetate) Solution	Add	Non-Preferred	
Renvela® Powder Pack / Tablet	Move	Non-Preferred	
Toviaz® Tablet	Move	Non-Preferred	
Vafseo® (vadudastat) Tablet	Add	Non-Preferred	
Alvesco® Inhaler	Move	Preferred	
Arnuity® Ellipta® Inhaler	Move	Preferred	
Asmanex® HFA Inhaler / Twisthaler®	Move	Preferred	
QVAR® RediHaler™	Move	Preferred	
fluticasone propionate diskus (generic for Flovent® Diskus)	Move	Non-Preferred	
metronidazole vaginal gel (generic for Nuvessa® Vaginal Gel)	Add	Non-Preferred	
Adbry® (tralokinumab-ldrm) Autoinjector	Add	Non-Preferred	
Zoryve® (roflumilast) 0.15% Cream	Add	Non-Preferred	
halcinonide solution (generic for Halog®)	Add	Non-Preferred	
Saxenda® (liraglutide) Pen	Add	Non-Preferred	Off-Cycle Change
Zepbound® (tirzepatide) Pen	Add	Non-Preferred	Off-Cycle Change
diethylpropion tablet / ER tablet	Add	Preferred	Off-Cycle change
phendimetrazine tablet / ER capsule	Add	Preferred	Off-Cycle Change
phentermine tablet / capsule	Add	Preferred	Off-Cycle Change
benzphetamine tablet	Add	Non-Preferred	Off-Cycle Change
orlistat capsule (generic for Xenical®)	Add	Non-Preferred	Off-Cycle Change

Xenical® (orlistat) Capsule	Add	Non-Preferred	Off-Cycle Change
Xolair® (omalizumab) Autoinjector	Add	Non-Preferred	
deflazacort suspension (generic for Emflaza®)	Add	Non-Preferred	T/F of preferred agents not required for children < 12 years of age.
Cyltezo™ (adalimumab-adbm) Psoriasis-UV Pen	Add	Non-Preferred	
Omvo™ (mirikizumab-mrkz) Syringe	Add	Non-Preferred	
Rinvoq® (upadacitinib) LQ Solution	Add	Non-Preferred	
Tofidence™ (tocilizumab-bavi) Vial	Add	Non-Preferred	
Tyenne® (tocilizumab-aazg) Autoinjector / Syringe	Add	Non-Preferred	
Myhibbin™ (mycophenolate mofetil) Suspension	Add	Preferred	
Ingrezza® (valbenazine) Sprinkle Capsules	Add	Non-Preferred	
Rextovy™ (naloxone) Nasal Spray	Add	Preferred	
Freestyle Libre™ 3 Plus Sensor	Add	Preferred	Off-Cycle

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.

Namenda® Tablet	Extavia® Kit / Vial	Cialis® Tablet (2.5 mg)
Suprax® Suspension	insulin aspart protamine- aspart vial (generic for Novolog® Mix 70/30)	Zymaxid® Drops
Pexeva® Tablet	Triamazole™ Combo Pack	ProAir® HFA inhaler
Crestor® Tablet	promethazine 50 mg suppository (generic for Phenergan®)	
verapamil 360 mg capsule		
Verelan® Capsule		
Vascepa® Capsule		
Parlodel® Capsule / Tablet		

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>