carolina complete health

Preferred Drug List (PDL) Updates

On October 1, 2026, 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 ER Tablet (generic for Nucynta® ER)	Added	Non-Preferred	
tapentadol Tablet (generic for Nucynta®)	Added	Non-Preferred	
Zybic™ Solution	Added	Non-Preferred	
milnacipran Tablet / DS Tablet Pack (generic for Savella®)	Added	Non-Preferred	
Relgaabi Capsule	Added	Non-Preferred	
Tonmya™ Sublingual Tablet	Moved	Non-Preferred	Skeletal Muscle Relaxant to Neuropathic pain
Trileptal® Suspension	Moved	Non-Preferred	
Brivaracetam Tablet / Solution (generic for Briviact®)	Added	Non-Preferred	
lacosamide Solution (generic for Vimpat®)	Moved	Preferred	
Subvenite® Suspension	Added	Non-Preferred	
Pivya® Tablet	Added	Non-Preferred	
Zyvox® Suspension	Moved	Preferred	
linezolid suspension (oral) (generic for Zyvox®)	Moved	Non-Preferred	
Zyvox® Tablet / IV Solution	Moved	Non-Preferred	
E.E.S.® 200 mg Suspension	Moved	Non-Preferred	
erythromycin EC capsule (generic for Eryc®)	Moved	Non-Preferred	
neomycin tablet (generic for Mycifradin®)	Moved	Preferred	
tinidazole tablet (generic for Tindamax®)	Moved	Preferred	

Vosevi™ Tablet	Moved	Non-Preferred	
rimantadine tablet (generic for Flumadine®)	Moved	Non-Preferred	
Arynta™ Solution	Added	Non-Preferred	
Hemangeol® Solution	Moved	Non-Preferred	
Myqorzo™ Tablet	Added	Non-Preferred	
Sdamlo™ Solution	Added	Non-Preferred	
Cardamyst™ Nasal Spray	Added	Non-Preferred	
niacin tablet (generic for Niacor®)	Added	Non-Preferred	
Praluent® Pen	Added	Preferred	
Evkeeza® IV	Added	Non-Preferred	
Redemplo® Syringe	Added	Non-Preferred	
Tryngolza™ Autoinjecto	Added	Non-Preferred	
Tyruko® IV	Added	Non-Preferred	
Igalmi® SL tablet	Added	Non-Preferred	
Glucagon Emergency Kit	Added	Preferred	New Category
Gvoke® Pen / Syringe / Vial	Added	Preferred	New Category
Proglycem® Oral Suspension	Added	Preferred	New Category
Baqsimi® Nasal spray	Added	Non-Preferred	New Category
Diazoxide Oral Suspension (generic for Proglycem®)	Added	Non-Preferred	New Category
Glucagon emergency kit (Manufacturer: Amphastar	Added	Non-Preferred	New Category
Glucagon Injection	Added	Non-Preferred	New Category
Zegalogue® Syringe / Autoinjector	Added	Non-Preferred	New Category
Novolog® U-100 Penfill/ FlexPen® / Vial	Moved	Preferred	
Novolog® Mix 70/30 Vial / FlexPen®	Moved	Preferred	
Mounjaro™ Pen	Moved	Preferred	
Ozempic® Tablet	Added	Non-Preferred	
Octreotide acetate™ Ampule/ Syringe	Added	Preferred	New Category
Sandostatin LAR depot™ vial	Added	Preferred	New Category
Lanreotide acetate syringe™	Added	Non-Preferred	New Category
Mycapssa™ Capsule	Added	Non-Preferred	New Category
Octreotide acetate™ Vial	Added	Non-Preferred	New Category
Palsonify™ tablet	Added	Non-Preferred	New Category
Signifor™ Injection	Added	Non-Preferred	New Category
Signifor LAR™ Injection	Added	Non-Preferred	New Category
Somatuline depot™ Injection	Added	Non-Preferred	New Category
Voquezna® Tablet / Dual Pak / Triple Pak	Moved	Preferred	

PROTON PUMP INHIBITORS (CLASS)	Removed: Red writing	N/A	T/F of preferred agents not required for children < 12 years of age
Prucalopride tablet (generic for Motegrity®)	Moved	Preferred	
mesalamine ER capsule (generic for Apriso® , Pentasa®)	Moved	Preferred	
Calphron® Tablet	Added	Non-Preferred	
MagneBind® 400 Rx Tablet	Added	Non-Preferred	
darifenacin ER tablet (generic for Enablex®)	Moved	Preferred	
trospium tablet / ER capsule (generic for Sanctura® / XR)	Moved	Preferred	
Mirabegron ER Tablet (generic for Myrbetriq®)	Removed red writing	Non-Preferred	T/F of preferred agents not required for diagnosis of dementia or mild cognitive impairment and for patients age ≥65 years
Eliquis® Sprinkle / Suspension	Moved	Preferred	Off-Cycle Change
Neulasta® 4mg/0.4 MLVial	Added	Non-Preferred	
Byqlovi™ Drops	Added	Non-Preferred	
ketorolac solution (generic for Acular® / LS)	Moved	Preferred	
Bildyos® Syringe (Prolia® Biosimilar)	Moved	Non-Preferred	
Enoby Syringe (biosimilar to Prolia®)	Moved	Preferred	
Bosaya® Syringe (Prolia® Biosimilar)	Added	Non-Preferred	
albuterol HFA inhaler (generic for Ventolin® HFA Inhaler	Moved	Non-Preferred	
ipratropium bromide HFA (generic for Atrovent®)	Added	Non-Preferred	
beclomethasone dipropionate (generic for QVAR®)	Added	Non-Preferred	
mometasone nasal spray (generic for Nasonex®)	Moved	Preferred	
tretinoin Cream (generic for Retin-A®)	Moved	Preferred	
testosterone gel packet (generic for Vogelxo®)	Moved	Preferred	
Clindesse® Vaginal Cream	Moved	Non-Preferred	
Xaciato® Vaginal Gel	Moved	Preferred	
spinosad topical suspension (generic for Natroba®)	Moved	Preferred	
Vtama® Cream	Moved	Preferred	Off-Cycle Change

halobetasol propionate Lotion (generic for Ultravate®)	Added	Non-Preferred	
Wegovy® HD Pen	Added	Preferred	
Foundayo™ Table	Added	Preferred	
Zepbound® (tirzepatide) Pen/Vial	Moved	Preferred	
Zepbound® (tirzepatide) Kwikpen	Added	Preferred	
Tezspire® Pen / Syringe	Moved	Preferred	Removed: T/F of preferred agents not required for diagnosis of non-allergic, non-eosinophilic severe asthma
Xolair® (omalizumab) Autoinjector/Syringe/Vial	Moved	Preferred	
Ebglyss™ (lebrikizumab-lbkz) Syringe/Pen	Moved	Preferred	Off-Cycle Change
Lynkuet® Capsule	Moved	Preferred	
Avtozma® Vial / Autoinjector / Syringe	Added	Non-Preferred	
Humira® Crohn's Starter Pack / Ped. Crohn's Starter Pack / Pen / Psoriasis Starter Pack / Syringe	Added: Red writing	N/A	T/F of preferred adalimumab product is required
Icotyde™ Tablet	Added	Non-Preferred	
Orladeyo® Pellet Pack	Added	Non-Preferred	
Takhzyro® Vial	Moved	Preferred	
Lokelma® Powder	Added	Preferred	New Category
SPS® Suspension	Added	Preferred	New Category
Sodium polystyrene sulfonate Powder (generic for Kionex® , SPS® Suspension)	Added	Preferred	New Category
Lokelma® Unit Dose	Added	Non-Preferred	New Category
Kionex® Suspension	Added	Non-Preferred	New Category
Veltassa® Powder	Added	Non-Preferred	New Category
Atmeksi® Suspension	Added	Non-Preferred	
Ontralfy™ Solution	Added	Non-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.

Namenda® Titration Pack
Felbatol® Suspension
Ezallor Capsule

Lymepak™ Tablet
Sporanox® Capsule
Flagyl® Capsule
Trilipix® Capsule
Stalevo® Tablet
Nicotrol® Inhaler
Kombiglyze® XR Tablet
Ocaliva® Tablet
Releuko® Vial
Alomide® Drops
olopatadine drops (generic for Pataday®, Patanol®) (OTC)
Ospomyv™ Syringe (Prolia® Biosimilar)
Proair® Digihaler™
ArmonAir™ Digihaler™
Patanase® Nasal Spray
Vistaril® Capsule
Finacea® Gel

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