



Preferred Drug List (PDL) Updates

On July 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 [here](#).

Drug Name	Update	Preferred/Non-Preferred Status	Notes
tramadol tablet (75 mg)	Add	Non-Preferred	
rufinamide tablet (generic for Banzel®)	Move	Preferred	
Banzel® Tablet	Move	Non-Preferred	
Erzofri® (paliperidone palmitate) extended-release injectable suspension	Add	Preferred	
Opipza™ (Aripiprazole) oral film	Add	Non-Preferred	
sacubitril and valsartan tablet (generic for Entresto®)	Add	Non-Preferred	
Verapamil Capsule SR (generic for Verelan®)	Add	Non-Preferred	
edaravone Vial (generic for Radicava®)	Add	Non-Preferred	
insulin lispro protamine 75/25 KwikPen® (generic for Humalog® 75/25 Mix)	Move	Preferred	
Humalog® 75/25 Mix KwikPen®	Move	Non-Preferred	
exenatide Pen (generic for Byetta®)	Add	Non-Preferred	
scopolamine patch (generic for Transderm-Scop®)	Move	Preferred	Off-Cycle Change
Posfrea™ Ψ Vial	Add	Non-Preferred	
olopatadine drops (generic for Pataday®, Patanol®) (OTC	Added	Preferred	Off-Cycle Change
timolol hemihydrate (generic for Betimol® drops)	Add	Non-Preferred	
Ohtuvayre™ Inhalation suspension	Add	Non-Preferred	
Aklief®	Add	Non-Preferred	

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>

Drug Name	Update	Preferred/Non-Preferred Status	Notes
Twynéo® Cream	Add	Non-Preferred	
Elimite™ Cream	Add	Non-Preferred	
Vectical Ointment	Add	Non-Preferred	
fluocinolone body / scalp oil (generic for DermaSmoothe® FS Scalp / Body Oil	Move	Preferred	
DermaSmoothe® FS Scalp and Body Oil	Move	Non-Preferred	
Hydrocortisone Solution	Add	Non-Preferred	
Ebglyss™ Syringe (lebrikizumab-lbkz)	Add	Non-Preferred	
Nemluvio®	Add	Non-Preferred	
Auvi-Q® Auto Injector	Move	Preferred	
neffy® nasal spray	Add	Non-Preferred	
Simlandi® Autoinjector/Kit	Add	Non-Preferred	

PRODUCT REMOVAL SUMMARY

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

Qdolo Solution	Comtan® Tablet
ketorolac tromethamine nasal spray (generic for Sprix®)	Mirapex® ER Tablet
Diastat® Accudial / Pedi System	Exservan Oral Film
Symbyax® Capsule	Saizen® Vial
Vibramycin® Capsule	Urso® Tablet / Urso® Forte Tablet
Rythmol SR® Capsule	Phoslyra® (calcium acetate) Solution
Corgard® Tablet	Gelnique® Gel Sachets
Calan SR® Caplet	Alocril® Drops
	Ciprodex® Suspension

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