



## Preferred Drug List (PDL) Updates-

On April 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
Dolobid Tablet	Add	Non-Preferred	
Oxcarbazepine ER (generic for Oxtellar® XR)	Add	Non-Preferred	
Vigafyde™ Solution	Add	Non-Preferred	
tobramycin Ampule (generic for Bethkis)	Add	Non-Preferred	
Onyda XR Suspension	Add	Non-Preferred	
Cobenfy	Add	Non-Preferred	
Cobenfy Starter Pack	Add	Non-Preferred	
nimodipine solution	Add	Non-Preferred	
icosapent ethyl capsule (generic for Vascepa®)	Move	Preferred	Off-Cycle Change
Crexont Capsule ER	Add	Non-Preferred	
Vyalev Vial	Add	Non-Preferred	
Ocrevus® Zonovo Vial	Add	Non-Preferred	T/F of preferred agents not required for diagnosis of Primary Progressive MS (PPMS)
Zituvimet	Add	Non-Preferred	
Zituvimet XR	Add	Non-Preferred	
Livdelzi Capsule	Add	Non-Preferred	
Doptlet	Add	Non-Preferred	
Mulpleta	Add	Non-Preferred	
Ebglyss Pen	Add	Non-Preferred	
Xolair® (omalizumab) Autoinjector	Move	Preferred	Xolair Auto Injector and Syringe are now Preferred
Tremfya® Syringe / Injector/ Vial	Add	Non-Preferred	

Lofexidine Tablet	Add	Non-Preferred	T/F of preferred agents not required for diagnosis of opioid withdrawal
Tanlor® Tablet	Add	Non-Preferred	
CeQur Simplicity™	Add	Preferred	
CeQur Simplicity™ Inserter	Add	Preferred	
Freestyle Libre™ 3 Plus Sensor	Add	Preferred	Off-Cycle Change addition, 3 Sensor being phased out

### 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.

Synercid Vial	Flector® Patch
Epivir® HBV Tablet / Solution	Licart™ Patch
aspirin-omeprazole DR tablet	Protopic® Ointment
Vascepa®	Aqua Glycolic® HC Kit
Dexycu™ Vial	flurandrenolide cream / lotion / ointment (generic for Cordran®)
Proventil® HFA Inhaler	Symjepi™ Syringe
Androderm® Patch	Prefest® Tablet
Fortesta® Gel Pump	

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>