

North Carolina Division of Health Benefits
North Carolina Medicaid Preferred Drug List (PDL)

October PDL Draft
(July PDL MEETING)

Revised 6.16.25 Off-Cycle Change: Epidiolex® Solution was moved from Preferred to Non-preferred

Trial and failure (T/F) of two Preferred drugs are required unless only one Preferred option is listed or a T/F criteria exemption is otherwise indicated.

Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred. In addition to

T/F criteria, clinical criteria (indicated in **RED**) may also apply. **New to market products typically default to Non-Preferred status until reviewed by the PDL Panel. These drugs are listed as TO BE REVIEWED.** For drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at: <https://www.nctracks.nc.gov/content/public/providers/pharmacy.html>

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Yellow shade signifies a new product being added as a new to market Non-Preferred product OR current coverage is being clarified

Orange shade signifies a significant change to the drug, category, or a clinical recommendation

Pink Shade signifies an Off-Cycle PDL move from Preferred to Non-Preferred or vice versa

Green shade signifies a Brand / Generic switch within the same category

Peach shade signifies categories that will be open for discussion even though there are no recommendations in that category

Purple shade signifies a product either no longer covered (rebatable) or no longer available from the manufacturer

ALZHEIMER'S AGENTS

Preferred	Non-Preferred
donepezil 5mg, 10mg tablet / ODT (generic for Aricept® / ODT)	Adlarity® Patch
Exelon® Patch	Aduhelm® Vial - Clinical criteria apply
memantine tablet / titration pack (generic for Namenda®)	Aricept® Tablet
rivastigmine capsule (generic for Exelon®)	donepezil 23mg tablet (generic for Aricept®)
	galantamine ER capsule / solution / tablet (generic for Razadyne® / ER)
NTM: Added memantine ER capsule / solution (generic for Namenda® XR / Solution) and Zunevyl® tablet to non-preferred	Kisinda™ (donanemab-azbt) Vial
	Leqembi® Vial - Clinical criteria apply
	memantine ER capsule / solution (generic for Namenda® XR / Solution)
	Memantine HCL-Donpezil HDL ER capsule (generic for NAMZARIC™)
	Namenda® Titration Pack / XR Capsule / XR Titration Pack
	Nanzaric® Capsule / Titration Pack
	rivastigmine patch (generic for Exelon®)
	Zunevyl® tablet

ANALGESICS

OPIOID ANALGESICS

Long Acting Opioids

Clinical criteria apply to all drugs in this class

Preferred	Non-Preferred
Butrans® Patch	Belbuca® (Buccal) Film
fentanyl patch 12mcg / 25mcg / 50mcg / 75mcg / 100mcg (generic for Duragesic®)	buprenorphine patch (generic for Butrans®)
methadone concentrate / disks / intensol / tablets / solution	Conzip® Capsule
morphine sulfate ER tablet (generic for MS Contin®)	fentanyl patch (37.5, / 62.5 / 87.5mcg dosages) (generic for Duragesic®)
OxyContin® Tablet	hydrocodone ER capsule (generic for Zohydro® ER)
tramadol ER tablet (Ultram ER®, Ryzolt®)	hydrocodone ER tablet (generic for Hysingla® ER)
Move tramadol ER tablet (Ultram ER®, Ryzolt®) from preferred to NP	hydromorphone ER tablet (generic for Exalgo®)
	Hysingla® ER Tablet
	Methadose™ Oral Concentrate / Tablet
	morphine sulfate ER capsule (generic for Avinza®, Kadian®)
	MS Contin® Tablet
	oxycodone ER tablet (generic for OxyContin®)
	oxymorphone ER tablet
	tramadol ER capsule (generic for Conzip®)
	tramadol ER tablet (Ultram ER®, Ryzolt®)

Orally Disintegrating / Oral Spray Schedule II Opioids

Clinical criteria apply to all drugs in this class

Preferred	Non-Preferred
Actiq® Lozenge	Duavia™ SL Tablet
Obsolete: Removed Duavia™ SL Tablet	fentanyl citrate buccal tablet (generic for Fentora®)
	fentanyl citrate lozenge (generic for Actiq®)
	Fentora® Buccal Tablet

Short Acting Schedule II Opioids

Clinical criteria apply to all drugs in this class

Preferred	Non-Preferred
Endocet® Tablet (branded generic for Percocet®)	codeine sulfate tablet
hydrocodone-acetaminophen solution / tablet (generic for Hycet®, Lorcet®, Lortab®, Norco®, Vicodin®)	Dilaudid® Liquid / Tablet
hydrocodone-ibuprofen tablet (generic for Ibudone®, Reprexain®, Vicoprofen®)	hydrocodone-ibuprofen tablet (generic for Ibudone®, Reprexain®, Vicoprofen®)
hydromorphone tablet (generic for Dilaudid®)	hydromorphone solution / suppository (generic for Dilaudid®)
morphine solution / tablet (generic for MSIR®)	levorphanol tablet (generic for Levo-Dromoran®)
oxycodone solution / tablet (generic for Roxicodone®)	mepiridine solution / tablet (generic for Demerol®)
oxycodone-acetaminophen capsules (generic for Tylox®)	morphine oral syringe
oxycodone-acetaminophen tablets (generic for Percocet®)	morphine suppositories (generic for Roxanol®)
	Naloxet® Tablet
Move hydrocodone-ibuprofen tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) from preferred to NP	oxycodone capsule (generic for OxyIR®)
	oxycodone concentrated solution (generic for Roxicodone® Intensol)
	oxycodone-acetaminophen solution
	oxymorphone tablet (generic for Opana®)
	Percocet® Tablet
	Prolate® Tablet / Solution
	Roxicodone® Tablet
	Roxybond® Tablet

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Short Acting Schedule III – IV Opioids / Analgesic Combinations		
Clinical criteria apply to all drugs in this class		
Preferred		Non-Preferred
codeine-acetaminophen solution / tablet (generic for Tylenol with Codeine [®])	Ascomp [®] Capsule (branded generic for Fiorinal with Codeine [®])	
tramadol tablet (100 mg)	butalbital compound with codeine capsule (generic for Fiorinal with Codeine [®])	
tramadol tablet 50 mg (generic for Ultram [®])	butalbital-caffeine-APAP with codeine tablet (generic for Fioricet with Codeine [®])	
tramadol-acetaminophen tablet (generic for Ultracet [®])	butorphanol spray (generic for Stadol [®])	
	dihydrocodeine-acetaminophen-caffeine tablet (generic for Pantlor SS [®])	
	Fioricet with Codeine [®] Capsule	
Move tramadol tablet (100 mg) from preferred to NP	pentazocine-naloxone tablet (generic for Talwin NX [®])	
	Sglenis [®] Tablet	
	tramadol solution (generic for Qdolo [™])	
	tramadol tablet (25 mg, 75 mg, 100 mg)	
NON-OPIOID ANALGESICS		
Preferred		Non-Preferred
Journavx [™] Tablet	NTM: Added Journavx[™] Tablet as preferred	
NSAIDS		
Preferred		Non-Preferred
celecoxib capsule (generic for Celebrex [®])	Arthrotec [®] Tablet	
diclofenac sodium tablet (generic for Voltaren[®])	Celebrex [®] Capsule	
ibuprofen suspension / tablet (generic for Motrin [®])	Daypro [®] Caplet	
indomethacin capsule (generic for Indocin [®])	diclofenac potassium capsule (generic for Zipsor [®])	
ketorolac tablet (generic for Toradol [®])	diclofenac potassium tablet (generic for Cataflam [®])	
meloxicam tablet (generic for Mobic [®])	diclofenac sodium ER tablet (generic for Voltaren [®] XR)	
naproxen EC / DR tablet (generic for Naprosyn [®] EC)	diclofenac sodium tablet (generic for Voltaren[®])	
naproxen sodium tablet (generic for Anaprox [®])	diclofenac sodium-misoprostol tablet (generic for Arthrotec [®])	
naproxen tablet (generic for Naprosyn [®])	diffunisal tablet (generic for Dolobid [®])	
sulindac tablet (generic for Clinoril [®])	Dolobid tablet	
	Duaxis[®] Tablet - T/F of only celecoxib required	
Move diclofenac sodium tablet (generic for Voltaren[®]) NP to Preferred	etodolac capsule / tablet / ER tablet (generic for Lodine [®] / XL)	
Obsolete: Removed Duaxis[®] Tablet - T/F of only celecoxib required	Feldene [®] Capsule	
	fenoprofen capsule / tablet (generic for Nalfon [®])	
	flurbiprofen tablet (generic for Anamid [®])	
	ibuprofen / famotidine tablet (generic for Duaxis [®]) - T/F of only celecoxib required	
	indomethacin ER capsule (generic for Indocin SR [®])	
	indomethacin suppository	
	ketoprofen capsule (generic for Orudis [®])	
	ketoprofen ER capsule (generic for Oruvail [®])	
	Kipirofen [®] (ketoprofen) Capsule (branded generic for Orudis [®])	
	Lofena [®] Tablet	
	meclizemate capsule (generic for Meclomen [®])	
	mefenamic acid capsule (generic for Ponstel [®])	
	meloxicam capsule (generic for Viridex [®])	
	nabumetone tablet (generic for Relafen [®])	
	Nalfon [®] Capsule / Tablet	
	Naprelan [®] Tablet	
	Naprosyn [®] Suspension	
	naproxen sodium ER tablet (generic for Naprelan [®])	
	naproxen suspension (generic for Naprosyn [®])	
	naproxen-esomeprazole tablet (generic for Vimovo [®]) - T/F of only celecoxib required	
	oxaprozin tablet (generic for DayPro [®])	
	piroxicam capsule (generic for Feldene [®])	
	Relafen [®] DS Tablet	
	Tolectin [®] (tolmetin) Tablet	
	tolmetin tablet / capsule (generic for Tolectin [®] / DS)	
	Vimovo [®] Tablet - T/F of only celecoxib required	
NEUROPATHIC PAIN		
Preferred		Non-Preferred
duloxetine capsule (generic for Cymbalta [®])	Cymbalta [®] Capsule	
gabapentin capsule / solution / tablet (generic for Neurontin [®])	Dermacin [™] Lidocaine Patch - Clinical criteria apply	
lidocaine patch (generic for Lidoderm [®]) - Clinical criteria apply	Drizalma [™] Sprinkle	
pregabalin capsule / solution (generic for Lyrica [®])	duloxetine capsule (generic for Irenka [®])	
	gabapentin ER tablet (generic for Gralise [®])	
	Gralise [®] Tablet	
	Horizant [®] Tablet	
	Lidocan [®] Patch - Clinical criteria apply	
	Lidoderm [®] Patch - Clinical criteria apply	
	Lyrica [®] Capsule / Solution / CR Tablet	
	Neurontin [®] Capsule / Solution / Tablet	
	pregabalin ER tablet (generic for Lyrica [®] CR)	
	Quenza [®] Kit	
	Savella [®] Tablet / Titration Pack	
	Tridacaine [™] Patch	
	ZTLido [™] Patch - Clinical criteria apply	

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ANTICONVULSANTS	
CARBAMAZEPINE DERIVATIVES	
Patients with a diagnosis of seizure disorder are exempt from T/F criteria and may use any carbamazepine product.	
Preferred	Non-Preferred
Aptiom [®] Tablet	carbamazepine ER capsule (generic for Carbatrol [®])
carbamazepine tablet / suspension / chewable tablet / XR tablet (generic for Tegretol [®] / XR)	Carbatrol [®] Capsule
Equetro [®] Capsule	Epiol [®] Tablet
oxcarbazepine suspension / tablet (generic for Trileptal [®])	Oxcarbazepine ER (generic for Oxtellar [®] XR)
Oxtellar [®] XR Tablet	Trileptal [®] Tablet
Tegretol [®] Suspension / Tablet / XR Tablet	
Trileptal [®] Suspension	
FIRST GENERATION	
Patients with a diagnosis of seizure disorder are exempt from T/F criteria and may use any first generation product.	
Preferred	Non-Preferred
Celontin [®] Capsule	Depakote [®] ER Tablet / Sprinkle Capsule
Dilantin [®] Capsule / Infatab / Suspension	Depakote [®] Tablet
divalproex sprinkle capsule / ER tablet / tablet (generic for Depakote [®] / ER / Sprinkle)	felbamate tablet (generic for Felbatol [®])
ethosuximide capsule / solution (generic for Felbatol [®])	methsuximide capsule (generic for Celontin [®])
felbamate suspension (generic for Felbatol [®])	Mysoline [®] Tablet
Felbatol [®] Suspension / Tablet	Sezaby [®] Vial
phenobarbital tablet / clixir / solution	Zarontin [®] Capsule / Solution
Phenytek [®] Capsule	
phenytoin chewable / extended capsules / infatab / suspension (generic for Dilantin [®])	
phenytoin extended capsules (generic for Phenytek [®])	
primidone Tablet (generic for Mvaoiline [®])	
valproic acid capsule / solution (generic for Depakene [®])	
SECOND GENERATION	
Patients with a diagnosis of seizure disorder are exempt from T/F criteria and may use any second generation product.	
Preferred	Non-Preferred
Briviact [®] Tablet / Solution	Banzel [®] Suspension
clobazam suspension / tablet (generic for Onfi [®])	Banzel [®] Tablet
clonazepam tablet (generic for Klonopin [®])	clonazepam ODT (generic for Klonopin [®] Wafer)
Diacomit [®] Capsule / Powder Pack	Elepsia [®] XR Tablet
diazepam rectal / system (generic for Diastat [®] Accudial / Pedi System)	Epidiolex [®] Solution - Clinical criteria apply
Eprontia [®] Solution	Keppra [®] Tablet / Solution / XR Tablet
Finlepsin [®] Solution	Klonopin [®] Tablet
Fycompa [®] Tablet / Suspension	lacosamide solution (generic for Vimpat [®])
gabapentin capsule / solution / tablet (generic for Neurontin [®])	Lamictal [®] Chewable / ODT / ODT Starter Kit / Starter Kit / Tablet / XR / XR Starter Kit
lacosamide solution (generic for Vimpat [®])	lamotrigine ODT dose pack / tablet dose pack (generic for Lamictal [®])
lacosamide tablet (generic for Vimpat [®])	Levetiracetam tablet (generic for Spritam [®])
lamotrigine chewable / tablet (generic for Lamictal [®])	Libervant [®] (diazepam) Buccal Film
lamotrigine ER tablet (generic for Lamictal [®] XR)	Lyrica [®] Capsule / Solution
lamotrigine ODT dose pack / tablet dose pack (generic for Lamictal [®])	Motopoly XR [®] (lacosamide extended release) Capsule
lamotrigine starter kits (generic for Lamictal [®])	Neurontin [®] Capsule / Solution / Tablet
levetiracetam tablet / ER tablet / solution (generic for Keppra [®] / XR)	Onfi [®] Suspension / Tablet
Nayzilam [®] Nasal Spray	Quexxy[®] XR Capsule
Quexxy [®] XR Capsule	Spritam [®] Tablet
Rowcepra [®] Tablet	Sympazan [®] Film
rufinamide suspension (generic for Banzel [®])	Topamax [®] Sprinkle Capsule / Tablet
rufinamide tablet (generic for Banzel [®])	topiramate ER capsule (generic for Trokendi XR [®]) - T/F of Trokendi[®] XR Capsule required for coverage
Sabril [®] Tablet / Powder Packet	topiramate ER sprinkle capsule (generic for Quexxy [®])
Subvenite [®] Tablet / Tab Start Kit	Trokendi [®] XR Capsule
tiagabine tablet (generic for Gabitril [®])	vigabatrin tablet (generic for Sabril [®])
topiramate sprinkle capsule / tablet (generic for Topamax [®])	Vigadrone [®] Powder Packet / Tablet
Valtoco [®] Nasal Spray	Vimpat [®] Solution
vigabatrin powder packet (generic for Sabril [®])	Vigpod [®] Powder Packet
Xcopri [®] Tablet / Titration Pack	Vimpat [®] Solution / Starter Kit / Tablet
zonisamide capsule (generic for Zonegran [®])	Zonisade [®] Oral Suspension
	Zalmy [®] Oral Suspension
ANTI-INFECTIVES - SYSTEMIC	

NTM: Added Levetiracetam tablet (generic for Spritam[®]) to NP
Move lacosamide solution (generic for Vimpat[®]), lamotrigine ODT dose pack / tablet dose pack (generic for Lamictal[®]) from Preferred to NP
Move Quexxy[®] XR Capsule from NP to Preferred

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ANTIBIOTICS	
Penicillins, Cephalosporins and Related	
Preferred	Non-Preferred
amoxicillin capsule / chewable / suspension / tablet (generic for Amoxil [®] , Trimox [®])	amoxicillin-clavulanate chewable tablet (generic for Augmentin [®])
amoxicillin-clavulanate suspension / tablet (generic for Augmentin [®])	amoxicillin-clavulanate XR tablet (generic for Augmentin [®] / XR)
amoxicillin-clavulanate XR tablet (generic for Augmentin[®] / XR)	Augmentin [®] Suspension / ES-600 / XR Tablet
ampicillin capsule / injection / vial	cefactor capsule / suspension / ER tablet (generic for Ceclor [®] / CD)
ampicillin-sulbactam injection / vial	cefadroxil tablet (generic for Duricef [®])
Bicillin [®] C-R injection	cefixime suspension (generic for Suprax[®]) T/F of preferred agents not required for children < 12 years of age
cefadroxil capsule / suspension (generic for Duricef [®])	cefepodoxime suspension / tablet (generic for Vantin [®])
ceftin [®] capsule / suspension (generic for Omnicef [®])	cephalexin tablet (generic for Keflex[®])
cefixime capsule (generic for Suprax [®])	
cefixime suspension (generic for Suprax[®])	
cefprozil suspension / tablet (generic for Cefzil [®])	
cefuroxime tablet (generic for Cefin [®])	Move amoxicillin-clavulanate XR tablet (generic for Augmentin[®] / XR), cefixime suspension and cephalixin tablet (generic for Keflex[®]) (generic for Suprax[®]) from Preferred to NP
cephalexin capsule / suspension (generic for Keflex [®])	
cephalexin tablet (generic for Keflex[®])	
dicloxacillin capsule	
nafcillin injection / vial	
oxacillin injection / vial	
penicillin G injection / vial	
penicillin V suspension / tablet	
Pfizerpen [®] injection / vial	
piperacillin-tazobactam injection / vial	
Unasyn [®] injection / vial	
Zosyn [®] injection / vial	
Lincosamides and Oxazolidinones	
Preferred	Non-Preferred
clindamycin capsules / solution (generic for Cleocin [®])	Cleocin [®] Capsules / Vial
linezolid suspension (oral) / tablet (generic for Zyvox [®])	Cleocin [®] Pediatric Solution
	clindamycin injection (generic for Cleocin [®])
	Lincozin [®] Vial
	lincomycin vial (generic for Lincozin [®])
	linezolid IV solution (generic for Zyvox [®])
	Sivextro [®] Tablet / Vial
	Zyvox [®] Tablet / IV Solution / Suspension
Macrolides and Ketolides	
Preferred	Non-Preferred
azithromycin powder packet / suspension / tablet (generic for Zithromax [®])	clarithromycin ER tablet (generic for Biaxin XL [®])
clarithromycin suspension / tablet (generic for Biaxin [®])	Eryped [®] 200/400 Suspension
E.E.S. [®] Filintab / Suspension	Ery-Tab [®] Tablet
Erythrocin [®] Filintab	Zithromax [®] Powder Packet / Suspension / Tablet / Tri-Pak / Z-Pak
erythromycin ES 200 mg and 400 mg suspension (generic for E.E.S. [®] Suspension, Eryped [®])	
erythromycin EC capsule (generic for Eryc [®])	
erythromycin filintab	
erythromycin ES tablet (generic for E.E.S. [®] Filintab)	
Nitroimidazoles (Gastrointestinal Antibiotics)	
Preferred	Non-Preferred
metronidazole tablet (generic for Flagyl [®])	Aemcolo [®] DR Tablet
vancomycin capsule (generic for Vancocin [®])	Difucid [®] Suspension / Tablet - T/F of only vancomycin is required for treatment of Clostridium difficile
vancomycin oral solution (generic for Firvanq [®])	Firvanq [®] Solution
	Flagyl [®] Capsule
	Likmez [®] Suspension
	metronidazole 125 mg tablet (generic for Flagyl[®])
	metronidazole capsule (generic for Flagyl [®])
NTM: Added metronidazole 125 mg tablet (generic for Flagyl[®]) to non-preferred	neomycin tablet (generic for Mycifradin [®])
	nitazoxanide tablet (generic for Alinia [®] Tablet)
	paromomycin capsule (generic for Humatin [®])
	Solosec [®] Granules
	tinidazole tablet (generic for Tindamax [®])
	Vancocin [®] Capsule
	Vovost [®] Capsule - Clinical criteria apply
	Xifaxan [®] Tablet - T/F of preferred agents not required for diagnosis of Hepatic Encephalopathy
Quinolones	
Preferred	Non-Preferred
Cipro [®] Suspension	Baxdela [™] Tablet
ciprofloxacin tablet (generic for Cipro [®])	Cipro [®] Tablet
levofloxacin tablet (generic for Levaquin [®])	ciprofloxacin suspension (generic for Cipro [®])
moxifloxacin tablet (generic for Avelox [®])	levofloxacin solution (generic for Levaquin [®])
	ofloxacin tablet (generic for Floxin [®])

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Tetracycline Derivatives	
Preferred	Non-Preferred
doxycycline hyclate capsule / tablet (generic for Vibramycin®, Vibra-Tab®)	demeclocycline tablet (generic for Declomycin®)
doxycycline monohydrate 50mg, 100mg capsule (generic for Monodox®)	Doryx® DR / MPC Tablet
minocycline 50mg, 75mg, 100mg capsule (generic for Minocin®)	doxycycline hyclate DR tablet (generic for Doryx® DR)
	doxycycline monohydrate 75mg, 150mg capsule (generic for Monodox®, Adoxa®)
	doxycycline monohydrate 40mg IR-DR capsule (generic for Oracca®)
	doxycycline monohydrate 50mg, 75mg, 100mg, 150mg tablet
	doxycycline suspension (generic for Vibramycin®) - T/F of preferred agents not required for patients < 12 years of age
	Lymepak® Tablet
	minocycline ER tablet (generic for Solodyn® ER) Clinical justification and failure of doxycycline and minocycline required. Limited to a 12 week supply.
	minocycline 50mg, 75mg, 100mg tablet
	Minolin® ER Tablet
	Morgidox® Capsule / Kit
	Nuzyra® Tablet
	Solodyn® ER Tablet - Clinical justification and failure of doxycycline and minocycline required. Limited to a 12 week supply.
	tetracycline capsule (generic for Sumycin®)
	tetracycline tablet (generic for Sunycin® / Panmycin®)
Antifungals	
Preferred	Non-Preferred
clotrimazole troche / lozenge (generic for Mycelex® Troche)	Ancobon® Capsule
fluconazole suspension / tablet (generic for Diflucan®)	Brexafemme® Tablet
griseofulvin suspension (generic for Grifulvin V®)	Cresamba® Capsule
griseofulvin ultra tablet (generic for Gris-Pog®)	Diflucan® Suspension / Tablet
niastatin suspension (generic for Nilstat®)	flucytosine capsule (generic for Ancobon®)
niastatin tablet (generic for Mycostatin®)	griseofulvin micro tablets (generic for Grifulvin V®)
terbinafine tablet (generic for Lamisil®)	itraconazole capsule / solution (generic for Sporanox®)
	ketocozonazole tablet (generic for Nizoral®)
	Noxafil® Suspension / Tablet / DR Suspension Packet
	Oravig® Buccal Tablet
	posaconazole tablet / suspension (generic for Noxafil®)
	Sporanox® Capsule / Solution
	Tolsura® Capsule
	Vfend® Suspension / Tablet
	Vivjoa® Capsule - Clinical criteria apply
	voriconazole suspension / tablet (generic for Vfend®)
Antivirals (General)	
Preferred	Non-Preferred
Paxlovid™ Tablet dose Pack	
	Added new category: Antiviral (General)
	Added Paxlovid™ Tablet dose Pack
Antivirals (Hepatitis B Agents)	
Preferred	Non-Preferred
entecavir tablet (generic for Baraclude®)	adefovir tablet (generic for Hepsera®)
lamivudine HBV tablet (generic for Epivir® HBV)	Baraclude® Solution / Tablet
Viread® Powder / Tablet	Vemlidy® Tablet
Antivirals (Hepatitis C Agents)	
Preferred	Non-Preferred
Peggyso® Syringe / Vial	
sofosbuvir capsule / tablet (generic for Copegus®, Rebetol®)	
	Clinical criteria apply to all drugs listed below
	Prior Approval Not Required for Mavyret® Tablet / Pellet Pack and sofosbuvir-velpatasvir tablet (generic for Epclusa®)
All genotypes without cirrhosis	Epclusa® Pellet Pack/Tablet
Mavyret® Tablet (8 weeks of therapy)	Harvoni® Pellet Pack / Tablet
Mavyret® Pellet Pack	ledipasvir-sofosbuvir tablet (generic for Harvoni®)
sofosbuvir-velpatasvir tablet (generic for Epclusa®)	Sovaldi® Pellet Pack / Tablet
	Zepatier® Tablet
All genotypes with compensated cirrhosis (Child Pugh-A)	
Mavyret® Tablet (Up to 12 weeks of therapy)	
Mavyret® Pellet Pack	
sofosbuvir-velpatasvir tablet (generic for Epclusa®)	
All genotypes previously treated with an HCV regimen containing an NS5A inhibitor or genotype 1a or 3 infection and have previously been treated with an HCV regimen containing sofosbuvir without an NS5A inhibitor.	
Vosevi® Tablet	
All genotypes with decompensated cirrhosis	
sofosbuvir-velpatasvir tablet (generic for Epclusa®)	
Antivirals (Herpes Treatments)	
Preferred	Non-Preferred
acyclovir capsule / tablet / suspension (generic for Zovirax®)	Stavug® Buccal Tablet
famciclovir tablet (generic for Famvir®)	Valtrex® Caplet
valacyclovir tablet (generic for Valtrex®)	
	Open class-No recommendations
Antivirals (Influenza)	
Preferred	Non-Preferred
oseltamivir phosphate capsule / suspension (generic for Tamiflu®)	amantadine tablet (generic for Symmetrel®)
rimantadine tablet (generic for Flumadine®)	Flumadine® Tablet
	Relenza® Diskhaler
	Tamiflu® Capsule / Suspension
	Xofluza® Tablet - T/F of only one preferred drug required

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T/F criteria, clinical criteria (indicated in **RED**) may also apply. **New to market products typically default to Non-Preferred status until reviewed by the PDL Panel. These drugs are listed as TO BE REVIEWED.** For drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at: <https://www.nctracks.nc.gov/content/public/providers/pharmacy.html>

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Antibiotics, Inhaled		
T/F of only one preferred drug required		
Preferred		Non-Preferred
Kitabis TM Pak	Arikayce [®] Vial	
Bethkis [®] Ampule	Cayston [®] Solution	
tobramycin inhalation solution (generic for Tobl [™])	tobramycin inhalation pak (generic for Kitabis [™])	
	Tobi [™] Podhaler [™] / Solution	
	tobramycin Ampule (generic for Bethkis)	
BEHAVIORAL HEALTH		
ANTIDEPRESSANTS		
Other		
Preferred		Non-Preferred
bupropion tablet / SR tablet / XL tablet (generic for Wellbutrin [®] Tablet / SR / XL)	Aplenzin [®] Tablet	
desvenlafaxine ER tablet (generic for Pristiq [™])	Auvelity [®] Tablet	
duloxetine capsule (generic for Cymbalta [™])	Bupropion XL tablet (generic for Forfivo [®] XL)	
Effexor [®] XR Capsule	Cymbalta [™] Capsule	
mirtazapine ODT / tablet (generic for Remeron [®])	desvenlafaxine ER tablet (generic for Khedozia [™])	
Nardil [™] Tablet	duloxetine capsule (generic for Irenka [™])	
phenelzine tablet (generic for Nardil [™])	Emsam [®] Patch	
tranylcypromine tablet (generic for Parnate [®])	Fetzima [®] Capsule / Titration Pak	
trazodone tablet (generic for Desyrel [™])	Forfivo [®] XL Tablet	
venlafaxine tablet / ER capsules (generic for Effexor [®] , Effexor [®] XR)	Marplan [®] Tablet	
vilazodone tablet (generic for Viibryd [™])	Nardil [™] Tablet	
	nefazodone tablet (generic for Serzone [®])	
	phenelzine tablet (generic for Nardil [™])	
	Pristiq [™] ER Tablet	
	Raldesyl [™] Solution	
	Remeron [®] Solab [™] / Tablet	
	tranylcypromine tablet (generic for Parnate [®])	
	Trintellix [™] Tablet	
	venlafaxine besylate ER tablet	
	venlafaxine ER tablet	
	Viibryd [™] Tablet	
	Wellbutrin [®] SR / XL Tablet	
	Zurzuvae [™] Capsule T/F of preferred agents not required for diagnosis of post-partum depression	
	Selective Serotonin Reuptake Inhibitor (SSRI)	
Preferred		Non-Preferred
citalopram solution / tablet (generic for Celexa [®])	Celexa [®] Tablet	
escitalopram tablet (generic for Lexapro [®])	citalopram capsule	
fluoxetine capsule / solution (generic for Prozac [®])	escitalopram solution (generic for Lexapro [®])	
fluvoxamine tablet (generic for Luvox [®])	fluoxetine DR capsules (generic for Prozac [®] Weekly)	
paroxetine tablet (generic for Paxil [®])	fluoxetine tablet (generic for Prozac [®]) - T/F of preferred agents not required for children < 18 years of age	
Paxil [®] Suspension	fluvoxamine ER capsule (generic for Luvox CR [™])	
sertraline concentrated solution / tablet (generic for Zoloft [®])	Lexapro [®] Tablet	
	paroxetine capsule (generic for Bridelle [®])	
	paroxetine suspension / CR tablet (generic for Paxil [®] / CR)	
	Paxil [®] Tablet / CR Tablet	
	Prozac [®] Pulvule	
	sertraline capsule	
	Zoloft [®] Solution / Tablet	
ANTHYPERKINESIS / ADHD		
Preferred		Non-Preferred
Adderall [®] Tablet (Generic Product Per FDA)	Adderall [®] XR Capsule	
Adderall [®] XR Capsule	Adreem [®] XR ODT	
amphetamines salt combo tablet (generic for Adderall [®])	amphetamines salt combo ER capsule (generic for Mvdavis [™])	
amphetamines salt combo XR capsule (generic for Adderall [®] XR)	amphetamines sulfate tablet (generic for Evekeo [®])	
Aptensio [®] XR Capsule	Aptensio [®] XR Capsule	
atomoxetine capsule (generic for Strattera [™])	Azstavis [®] Capsule	
clonidine ER tablet (generic for Kapvay [™])	Concerta [®] Tablet	
Concerta [®] Tablet	Cotempla [™] XR-ODT	
Daytrana [™] Patch	Dexedrine [®] Spansule [™]	
dexamethylphenidate tablet / ER capsule (generic for Focalin [®] / XR)	dextroamphetamine ER capsule (generic for Dexedrine [®] Spansule [™])	
dextroamphetamine tablet (generic for Dexedrine [™])	dextroamphetamine solution (generic for ProCentra [®])	
Focalin [®] XR Capsule	Dyanavel [™] XR Suspension - T/F of preferred agents not required for children < 12 years of age	
guanfacine ER tablet (generic for Intuniv [®])	Dyanavel [™] XR Tablet	
lisdexamfetamine chewable tablet (generic for Vyvanse [®])	Evekeo [®] Tablet / Evekeo [®] ODT Tablet	
Methylphen [™] Solution	Focalin [®] Tablet	
methylphenidate CD capsule (generic for Metadate [®] CD)	Focalin [®] XR Capsule	
methylphenidate ER capsule (generic for Aptensio [®] XR)	Intuniv [®] Tablet	
methylphenidate ER tablet (generic for Concerta [®])	Jornay PM [™] Capsule	
methylphenidate tablet / solution (generic for Methylphen [™] , Ritalin [®])	lisdexamfetamine capsule (generic for Vyvanse [®])	
Vyvanse [®] Capsule	methamphetamine tablet (generic for Desosyn [™])	
Vyvanse [®] Chewable Tablet	methylphenidate CD capsule (generic for Metadate [®] CD)	
	methylphenidate chewable (generic for Methylphen [™])	
	methylphenidate ER capsule (generic for Aptensio [®] XR)	
	methylphenidate ER tablet (45 mg and 63 mg) (Branded Product Per FDA)	
	methylphenidate LA capsule (generic for Ritalin [®] LA)	
	methylphenidate patch (generic for Daytrana [™])	
	Mvdavis [™] ER Capsule	
	Onda XR Suspension - T/F of preferred agents not required for children < 12 years of age	
	ProCentra [®] Solution	
	Qelbree [®] Capsule	
	Quilchew [®] ER Tablet - T/F of preferred agents not required for children < 12 years of age	
	Quilivant [®] XR Suspension - T/F of preferred agents not required for children < 12 years of age	
	Releccix [™] ER Tablet	
	Ritalin [®] LA Capsule	
	Ritalin [®] Tablet	
	Strattera [™] Capsule	
	Vyvanse [®] Chewable Tablet	
	Xelstrym [™] Patch	
	Zenzedi [™] Tablet	

NTM: Added Raldesyl[™] Solution to non-preferred
Move Nardil[™] Tablet, phenelzine tablet (generic for Nardil[™]),
tranylcypromine tablet (generic for Parnate[®]) from Preferred to
NP
Added red writing to Zurzuvae[™] Capsule: T/F of preferred agents
not required for diagnosis of post-partum depression

Move methylphenidate CD capsule (generic for Metadate[®] CD)
from NP to preferred
Move Adderall[®] XR Capsule, Aptensio[®] XR Capsule, Concerta[®]
Tablet, Focalin[®] XR Capsule, methylphenidate ER capsule (generic
for Aptensio[®] XR) and Vyvanse[®] Chewable Tablet from Preferred
to NP

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T/F criteria, clinical criteria (indicated in **RED**) may also apply. **New to market products typically default to Non-Preferred status until reviewed by the PDL Panel. These drugs are listed as TO BE REVIEWED.** For drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at: <https://www.nctracks.nc.gov/content/public/providers/pharmacy.html>

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INJECTABLE ANTIPSYCHOTICS		
Injectable Long Acting		
Preferred		Non-Preferred
Abilify Asimtufi [®] Syringe Kit		
Abilify Maintena [®] Syringe / Vial		
Aristada [®] / Intivo [®] Syringe		
Erzofri [®] (paliperidone palmitate) extended-release injectable suspension		
Fluphenazine decanoate vial (generic for Prolixin decanoate [®])		
Haldol [®] decanoate Ampule		
haloperidol decanoate ampule / vial (generic for Haldol decanoate [®])		
Invega [®] Hafyera Prefilled Syringe Kit		
Invega [®] Sustenna Prefilled Syringe		
Invega [®] Trinza Syringe		
Perseus [®] Syringe		
Risperdal [®] Consta Vial		
risperidone ER vial (generic for Risperdal [®] Consta)		
Rykindo [®] Vial / Vial Kit		
Uzedy [®] Syringe Kit		
Zyprexa [®] Relprexv [™] Vial Kit		
ATYPICAL ANTIPSYCHOTICS		
Oral / Transdermal		
T/F of only one preferred drug required		
Preferred		Non-Preferred
aripiprazole Tablet / Solution (generic for Abilify [®])	Abilify [®] Tablet / Abilify [®] MyCite [™] Tablet	
asenapine SL tablet (generic for Saphris [®] SL)	aripiprazole ODT (generic for Abilify [®] Discmelt [™])	
clozapine tablet (generic for Clozaril [®])	Caplyta [™] Capsule	
lurasidone tablet (generic for Latuda [®])	clozapine ODT (generic for FazaClo [®])	
olanzapine ODT / tablet (generic for Zyprexa [®])	Clozaril [®] Tablet	
paliperidone ER tablet (generic for Invega [®])	Cobenly	
quetiapine tablet / ER tablet (generic for Seroquel [®] / XR)	Cobenly Starter Pack	
risperidone ODT / solution / tablet (generic for Risperdal [®])	Faanap [®] Tablet / Titration Pack	
Vraylar [®] Capsule	Geodon [®] Capsule	
ziprasidone capsule (generic for Geodon [®])	Invega [®] Tablet	
	Latuda [®] Tablet	
	Lybalvi [™] Tablet	
	Nuplazid [®] Tablet / Capsule	
	olanzapine-fluoxetine capsule (generic for Symbyax [®])	
	Opipza [™] (Aripiprazole) Oral Film	
	Resulti [®] Tablet / 7-Day Pack / 14-Day Pack	
	Risperdal [®] Solution / Tablet	
	Saphris [®] SL Tablet	
	Scasudo [®] Patch	
	Seroquel [®] Tablet / XR Tablet / XR Sample Kit	
	Veracloz [®] Suspension	
	Zyprexa [®] Tablet / Zydys [®] Tablet	
CARDIOVASCULAR		
ACE INHIBITORS		
Preferred		Non-Preferred
benazepril tablet (generic for Lotensin [®])	Accupril [®] Tablet	
enalapril tablet (generic for Vasotec [®])	Allace [®] Capsule	
lisinopril tablet (generic for Prilavel [®] and Zestril [®])	captopril tablet (generic for Capoten [®])	
ramipril capsule (generic for Allace [®])	enalapril solution (generic for Epaned [®]) - T/F of preferred agents not required for children < 12 years of age	
	Epaned [®] Solution - T/F of preferred agents not required for children < 12 years of age	
	fosinopril tablet (generic for Monopril [®])	
	Lotensin [®] Tablet	
	moexipril tablet (generic for Univas [®])	
	Obrelis [®] Solution - T/F of preferred agents not required for children < 12 years of age	
	perindopril tablet (generic for Accon [®])	
	quinapril tablet (generic for Accupril [®])	
	trandolapril tablet (generic for Mavik [®])	
	Vasotec [®] Tablet	
	Zestril [®] Tablet	
ACE INHIBITOR / CALCIUM CHANNEL BLOCKER COMBINATIONS		
Preferred		Non-Preferred
amlodipine-benazepril capsule (generic for Lotrel [®])	Lotrel [®] Capsule	
	trandolapril-verapamil ER tablet (generic for Tarka [®])	
ACE INHIBITOR / DIURETIC COMBINATIONS		
Preferred		Non-Preferred
enalapril-HCTZ tablet (generic for Vasoretic [®])	Accuretic [®] Tablet	
lisinopril-HCTZ tablet (generic for Prinzide [®] , Zestoretic [®])	benazepril-HCTZ tablet (generic for Lotensin [®] HCT)	
	captopril-HCTZ tablet (generic for Capozide [®])	
	fosinopril-HCTZ tablet (generic for Monopril [®] HCT)	
	Lotensin [®] HCT Tablet	
	quinapril-HCTZ tablet (generic for Accuretic [®] , Quinaretic [®])	
	Vasoretic [®] Tablet	
	Zestoretic [®] Tablet	
Open class-No recommendations		

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ANGIOTENSIN II RECEPTOR BLOCKERS	
Preferred	Non-Preferred
irbesartan tablet (generic for Avapro [®])	Atacand [®] Tablet
losartan tablet (generic for Cozaar [®])	Avapro [®] Tablet
olmesartan tablet (generic for Benicar [®])	Benicar [®] Tablet
valsartan tablet (generic for Diovan [®])	candesartan tablet (generic for Atacand [®])
	Cozaar [®] Tablet
	Diovan [®] Tablet
	Edarbi [®] Tablet
	eprosartan tablet (generic for Teveten [®])
	Micardis [®] Tablet
	telmisartan tablet (generic for Micardis [®])
	valsartan oral solution
Open class-No recommendations	
ANGIOTENSIN II RECEPTOR BLOCKER COMBINATIONS	
Preferred	Non-Preferred
amlodipine-olmesartan tablet (generic for Azor [®])	Azor [®] Tablet
amlodipine-valsartan tablet (generic for Exforge [®])	Exforge [®] Tablet / HCT Tablet
amlodipine-valsartan-HCTZ tablet (generic for Exforge[®] HCTZ)	telmisartan-amlodipine tablet (generic for Twynsta [®])
olmesartan-amlodipine-HCTZ tablet (generic for Tribenzor [®])	Tribenzor [®] Tablet
	amlodipine-valsartan-HCTZ tablet (generic for Exforge[®] HCT)
Move amlodipine-valsartan-HCTZ tablet (generic for Exforge[®] HCT) from preferred to NP	
ANGIOTENSIN II RECEPTOR BLOCKER DIURETIC COMBINATIONS	
Preferred	Non-Preferred
irbesartan-HCTZ tablet (generic for Avalide [®])	Atacand [®] HCT Tablet
losartan-HCTZ tablet (generic for Hyzaar [®])	Avalide [®] Tablet
olmesartan-HCTZ tablet (generic for Benicar [®] HCT)	Benicar [®] HCT Tablet
valsartan-HCTZ tablet (generic for Diovan [®] HCT)	candesartan-HCTZ tablet (generic for Atacand [®] HCT)
	Diovan [®] HCT Tablet
	Edarbyclor [®] Tablet
	Hyzaar [®] Tablet
	Micardis [®] HCT Tablet
	telmisartan-HCTZ tablet (generic for Micardis [®] HCT)
Open class-No recommendations	
ANGIOTENSIN II RECEPTOR / NEPRILYSIN BLOCKER COMBINATIONS	
Preferred	Non-Preferred
Entresto [®] Tablet	Entresto [®] (sacubitril / valsartan) Sprinkle Pellet- T/F of preferred agents not required for children < 12 years of age sacubitril and valsartan tablet (generic for Entresto[®])
Obsolete: Removed sacubitril and valsartan tablet (generic for Entresto[®])	
ANTI-ARRHYTHMICS	
Preferred	Non-Preferred
amiodarone tablet (generic for Cordarone [®])	Multaq [®] Tablet
disopyramide capsule (generic for Norpace [®])	Norpace [®] Capsule / CR Capsule
dofetilide capsule (generic for Tikosyn [®])	Pacerone [®] Tablet
flecainide tablet (generic for Tambocor [®])	quinidine gluconate ER tablet (generic for Quinaglute DuraTabs [®])
mexiletine capsule (generic for Mexitil [®])	Tikosyn [®] Capsule
propafenone tablet (generic for Rythmol [®])	
propafenone SR capsule (generic for Rythmol SR [®])	
quinidine sulfate tablet (generic for Quinidex [®] Tablet)	
BETA BLOCKERS	
Preferred	Non-Preferred
atenolol tablet (generic for Tenormin [®])	acebutolol capsule (generic for Sectral [®])
bisoprolol tablet (generic for Zebeta[®])	Betapace [®] Tablet / AF Tablet
carvedilol tablet (generic for Coreg [®])	betaxolol tablet (generic for Kerlone [®])
Hemangeol [®] Solution	bisoprolol tablet (generic for Zebeta[®])
labetalol tablet (generic for Trandate [®])	Bystolic [®] Tablet
metoprolol succinate XL tablet (generic for Toprol XL [®])	carvedilol ER capsule (generic for Coreg [®] CR Capsule)
metoprolol tartrate tablet (generic for Lopressor [®])	Coreg [®] Tablet / CR Capsule
nadolol tablet (generic for Corgard[®])	Inderal [®] LA Capsule / XL Capsule
nebivololol tablet (generic for Bystolic [®])	Imopran [®] XL Capsule
propranolol solution / tablet / ER capsule (generic for Inderal [®])	Kapsargo [®] Sprinkle - T/F of preferred agents not required for children < 12 years of age
Sorine [®] Tablet	Lopressor [®] Tablet
sotalol tablet / AF tablet (generic for Betapace [®] / AF, Sorine [®])	nadolol tablet (generic for Corgard[®])
	pindolol tablet (generic for Visken [®])
	Sotylze [®] Solution
	Tenormin [®] Tablet
	timolol tablet (generic for Blocadren [®])
	Toprol XL [®] Tablet
Move bisoprolol tablet (generic for Zebeta[®]) and nadolol tablet (generic for Corgard[®]) from NP to preferred	
BETA BLOCKER DIURETIC COMBINATIONS	
Preferred	Non-Preferred
atenolol-chlorthalidone tablet (generic for Tenoretic [®])	metoprolol-HCTZ tablet (generic for Lopressor [®] HCT)
bisoprolol-HCTZ tablet (generic for Ziac [®])	propranolol-HCTZ tablet (generic for Inderide [®])
	Tenoretic [®] Tablet
Open class-No recommendations	Ziac [®] Tablet
BILE ACID SEQUESTRANTS	
Preferred	Non-Preferred
cholestyramine packet / powder /light packet /light powder (generic for Questran [®] / Questran [®] Light)	colesevelam packet / tablet (generic for Welchol [®])
colestipol tablet (generic for Colestid [®] Tablet)	Colestid [®] Granules / Tablet
	colestipol granules (generic for Colestid [®])
Obsolete: Removed cholestyramine light packet / light powder (generic for Questran[®] Light), Prevalite[®] Packet / Powder, and Questran[®] Light Powder	Prevalite[®] Packet / Powder
	Questran [®] Light Powder/ Packet / Powder
	Welchol [®] Packet / Tablet

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CHOLESTEROL LOWERING AGENTS	
Preferred	Non-Preferred
atorvastatin tablet (generic for Lipitor®)	Aloprev® Tablet
ezetimibe (generic for Zetia®)	amiodipine-atorvastatin tablet (generic for Caduet®)
lovastatin tablet (generic for Mevacor®)	Atorvaliq® Suspension
pravastatin tablet (generic for Pravachol®)	Caduet® Tablet
rosuvastatin tablet (generic for Crestor®)	Ezallor™ Capsule
simvastatin tablet (generic for Zocor®)	ezetimibe-simvastatin (generic for Vytorin®)
	Flolipid™ (simvastatin) Suspension- T/F of preferred agents not required for children < 12 years of age
	fluvastatin capsule / ER tablet (generic for Lescol™ / XL)
	Juxtapid® Capsule - Clinical criteria apply
	Lescol® XL Tablet
	Lipitor® Tablet
	Livalo® Tablet - T/F of preferred agents not required with concomitant antiretroviral therapy in patients diagnosed with HIV
	Nesleto® Tablet - Clinical criteria apply
	Nesliet® Tablet - Clinical criteria apply
	pitavastatin tablet (generic for Livalo®) - T/F of preferred agents not required with concomitant antiretroviral therapy in patients diagnosed with HIV
	Vytorin® Tablet
	Zetia® Tablet
	Zocor® Tablet
	Zypitamag™ Tablet
	Crestor®
CORONARY VASODILATORS	
Preferred	Non-Preferred
isosorbide dinitrate tablet (generic for Isordil® Titradose®, IsoDitrat®, et al.)	Gonitro® Sublingual Powder
isosorbide mononitrate tablet / ER tablet (generic for Ismo®, Monocket®, Imdur®)	Isordil® Tablet / Titradose® Tablet
nitroglycerin patch / spray / SL tablet (generic for Nitro-Dur®, Minitrans®, Nitrostat®, et al)	Nitro-Bid® Ointment
Nitrostat® SL Tablet	Nitro-Dur® Patch
	Nitrolingual® Spray
	Verquvo® Tablet
DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS	
Preferred	Non-Preferred
amlodipine tablet (generic for Norvasc®)	felodipine ER tablet (generic for Plendil®)
nifedipine capsule (generic for Procardia®)	isradipine capsule (generic for Dynacirc®)
nifedipine ER tablet (generic for Adalat CC® / Procardia XL®)	Katerzia™ Suspension - T/F of preferred agents not required for children < 12 years of age
Norliqva® Solution	levamlodipine tablet (generic for Conjupir®)
	nicardipine capsule (generic for Cardene®)
Move Norliqva® Solution NP to preferred	nimodipine capsule (generic for Nimotop®)
	nimodipine solution
	nifedipine ER tablet (generic for Sular®)
	Norliqva® Substitution
	Norvasc® Tablet
	Nymalize® Solution / oral syringe
	Procardia® XL Tablet
	Sular® Tablet
DIRECT RENIN INHIBITOR	
Preferred	Non-Preferred
Tektura® Tablet	alisikiren tablet (generic for Tektura® Tablet)
Tektura® HCT Tablet	
ENDOTHELIN RECEPTOR ANTAGONISTS	
	Covered for diagnosis of Pulmonary Arterial Hypertension only
Preferred	Non-Preferred
ambrisentan tablet (generic for Letairis® Tablet)	bosentan tablet (generic for Tracleer® Tablet)
Tracleer® Tablet	Letairis® Tablet
	Opsumit® Tablet
	Opsumi® Tablet
	Tracleer® Suspension
INHALED PROSTACYCLIN ANALOGS	
Preferred	Non-Preferred
Tyvaso® Refill Kit / Solution / Starter Kit	Tyvaso® DPI
Ventavis® Solution	
NIACIN DERIVATIVES	
Preferred	Non-Preferred
niacin ER tablet (generic for Niaspan®)	
NITRATE COMBINATION	
Preferred	Non-Preferred
Bidi® Tablet	isosorbide dinit/hydralazine tablet (generic for Bidi®)
NON-DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS	
Preferred	Non-Preferred
Cartia XT® Capsule (branded generic for Cardizem CD®)	Cardizem CD® Capsule
Dilt XR® Capsule (branded generic for Dilacor XR®)	Cardizem® Tablet / LA Tablet
diltiazem ER 24 hour capsule (generic for Dilacor XR®, Tiazac®)	diltiazem LA tablet (generic for Cardizem LA®)
diltiazem tablet / CD capsule / ER 12 hour capsule (generic for Cardizem® / CD / SR)	Matrizen® LA Tablet (generic for Cardizem LA®)
Tiazia XT® Capsule (branded generic for Tiazac®)	Tiazac® Capsule
Tiadyl® ER Capsule	Verapamil Capsule SR (generic for Verelan®)
verapamil tablet / ER tablet (generic for Calan® / SR)	verapamil ER capsule / PM capsule (generic for Verelan® / Verelan® PM)
	Verelan® PM Capsule
ORAL PULMONARY HYPERTENSION	
	Covered for diagnosis of Pulmonary Arterial Hypertension (all) and Chronic Thromboembolic Pulmonary Hypertension- Adempas® only
Preferred	Non-Preferred
Alyq® Tablet (branded generic for tadalafil)	Adecirca® Tablet
sildenafil tablet (generic for Revatio®)	Adempas® Tablet
tadalafil tablet (generic for Adecirca®)	Liqrev® Suspension
	Orenitram® ER Tablet / Titration Kit
Open class-No recommendations	Revatio® Suspension / Tablet - T/F of preferred agents not required for children < 12 years of age for Suspension ONLY
	sildenafil suspension (generic for Revatio®) - T/F of preferred agents not required for children < 12 years of age
	Tadliq® Suspension
	Uptravi® Tablet / Titration Pack
PLATELET INHIBITORS	

North Carolina Division of Health Benefits
North Carolina Medicaid Preferred Drug List (PDL)

October PDL Draft
(July PDL MEETING)

Revised 6.16.25 Off-Cycle Change: Epidiolex® Solution was moved from Preferred to Non-preferred

Trial and failure (T/F) of two Preferred drugs are required unless only one Preferred option is listed or a T/F criteria exemption is otherwise indicated.

Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred. In addition to

T/F criteria, clinical criteria (indicated in **RED**) may also apply. **New to market products typically default to Non-Preferred status until reviewed by the PDL Panel. These drugs are listed as TO BE REVIEWED.** For drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at: <https://www.nctracks.nc.gov/content/public/providers/pharmacy.html>

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ANTIMIGRAINE AGENTS	
CGRP Blockers/Modulators ACUTE TREATMENT	
Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred
Nurtec® ODT	Symbravo® Tablet
Ubrelvy® Tablet	Zavzpret® Nasal Spray
	NTM: Added Symbravo® to non-preferred
ANTI-NARCOLEPSY	
Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred
Provigil® Tablet	armodafinil tablet (generic for Nuvigil®)
Move Nuvigil® Tablet from Preferred to NP	modafinil tablet (generic for Provigil®)
	Nuvigil® Tablet
	Sunos™ Tablet
	Wakis® Tablet
ANTIPARKINSON AND RESTLESS LEG SYNDROME AGENTS	
Preferred	Non-Preferred
amantadine capsule / solution (generic for Symmetrel®)	Apokyn® Cartridge
benztropine tablet (generic for Cogentin®)	apomorphine cartridge (generic for Apokyn®)
bromocriptine capsule / tablet (generic for Parlodel®)	Azilect® Tablet
carbidopa-levodopa ODT (generic for Parcopa®)	carbidopa tablet (generic for Lodosyn®)
carbidopa-levodopa tablet / ER tablet (generic for Sinemet® / CR)	carbidopa-levodopa-entacapone tablet (generic for Stalevo®)
pramipexole tablet (generic for Mirapex®)	Crexont Capsule ER
ropinirole tablet (generic for Requip®)	Dhivy® Tablet
selegiline capsule / tablet (generic for Emsam®)	Duopa® Suspension
trihexphenidyl elixir / tablet (generic for Artane®)	entacapone tablet (generic for Comtan®)
	NTM: Add Onagpo™ Cartridge to NP
	Obsolete: Removed Sinemet® Tablet
	Gocovri® Capsule - Clinical criteria apply
	Horizant® Tablet
	Inhrija™ Inhalation - Clinical criteria apply
	Kynmobi™ Titration Kit
	Lodostyn® Tablet
	Neupro® Patch
	Nourian™ Tablet
	Onagpo™ Cartridge
	Ongentys® Capsule - Clinical criteria apply
	Olanex ER® Tablet - Clinical criteria apply
	pramipexole ER tablet (generic for Mirapex ER®)
	rasagiline tablet (generic for Azilect®)
	ropinirole ER tablet (generic for Requip XL®)
	Rytary® ER Capsule
	Sinemet® Tablet
	Stalevo® Tablet
	Tasmar® Tablet
	tolcapone tablet (generic for Tasmar®)
	Vyalev Vial
	Xadago® Tablet
	Zelapax® ODT
MULTIPLE SCLEROSIS	
Injectable	
Preferred	Non-Preferred
Avonex® Pack / Pen / Syringe	Briumvi™ Vial
Bebetasem® Kit / Vial	Copaxone® 40 MG/ML Syringe
Copaxone® Syringe 20 MG/ML / 40 MG/ML	glatiramer syringe (generic for Copaxone® Syringe)
glatiramer syringe 40 MG/ML (generic for Copaxone® Syringe)	Glatopa® Syringe
Keimplin® Pen	Lentradol® Vial
Rebit® Rebidose® / Titration Pack / Syringe	Ocrevus® Vial - T/F of preferred agents not required for diagnosis of Primary Progressive MS (PPMS)
	Ocrevus® Zonovo Vial T/F of preferred agents not required for diagnosis of Primary Progressive MS (PPMS)
	Plegidy™ Pen / Pen Starter Pack / Syringe / Syringe Starter Pack
	Tysabri® Vial
Oral	
Preferred	Non-Preferred
dalfampridine ER tablet (generic for Ampyra®)	Ampyra® Tablet
dimethyl fumarate DR capsule / starter pack (generic for Tecfidera® Capsule / Starter Pack)	Aubagio® Tablet
fingolimod capsule (generic for Gilenya®)	Bafiertam® Capsule
teriflunomide tablet (generic for Aubagio®)	Gilenya® Capsule
	Mavenclad® Tablet
	Mayzent® Starter Pack / Tablet
	Ponvory™ Starter Pack / Tablet
	Tascenso ODT™
	Tecfidera® Capsule / Starter Pack
	Viamerity™ Capsule
	Zeposia® Starter Pack / Capsule
AMYOTROPHIC LATERAL SCLEROSIS (ALS) AGENTS	
Preferred	Non-Preferred
riluzole tablet (generic for Rilutek®)	edaravone infusion bag (generic for Radicava®)
	edaravone Vial (generic for Radicava®)
	Qalsody® Vial T/F of preferred agents not required for SOD1 gene mutation
	Radicava® ORS® Suspension / ORS® Starter Kit Suspension / Infusion Bag
	Tiglutik® Suspension

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North Carolina Medicaid Preferred Drug List (PDL)

October PDL Draft
(July PDL MEETING)

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T/F criteria, clinical criteria (indicated in **RED**) may also apply. **New to market products typically default to Non-Preferred status until reviewed by the PDL Panel. These drugs are listed as TO BE REVIEWED.** For drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at: <https://www.nctracks.nc.gov/content/public/providers/pharmacy.html>

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SEDATIVE HYPNOTICS			
Quantity limits apply to all sedative hypnotics			
Preferred		Non-Preferred	
eszopiclone tablet (generic for Lunesta®)	Ambien® Tablet / CR Tablet		
flurazepam capsule (generic for Dalmane®)	Belsomra® Tablet		
ramelteon tablet (generic for Rozerem® Tablet)	Dayvigo® Tablet		
temazepam 15mg, 30mg capsule (generic for Restoril®)	Doral® Tablet		
zaleplon capsule (generic for Sonata®)	doxepin tablet (generic for Silenor®)		
zolpidem tablet (generic for Ambien®)	Edluar® SL Tablet		
zolpidem ER tablet (generic for Ambien® CR)	estazolam tablet (generic for Proson®)		
Move zolpidem ER tablet (generic for Ambien® CR) from NP to Preferred	Halcion® Tablet		
	Hellioz® Capsule / LQ Suspension - Clinical criteria apply		
	Lunesta® Tablet		
	quazepam tablet (generic for Doral®)		
	Quviviq® Tablet		
	Restoril® Capsule		
	Rozerem® Tablet		
	tasimelteon capsule (generic for Hellioz®) - T/F of Hellioz® Capsule required for coverage		
	temazepam 7.5, 22.5 mg capsule (generic for Restoril®)		
	triazolam tablet (generic for Halcion®)		
	zolpidem capsule		
	zolpidem ER tablet (generic for Ambien® CR)		
	zolpidem SL tablet (generic for Intermezzo®)		
	TOBACCO CESSATION		
Preferred		Non-Preferred	
bupropion SR tablet (generic for Zyban®)	Nicotrol® Inhaler / NS Nasal Spray		
Chantix® Tablet / Starting Box / Continuation Month Box			
nicotine gum / lozenge (buccal) / patch			
varenicline tablet / starting month box (generic for Chantix®)			
varenicline continuation month box (generic for Chantix®)			
ENDOCRINOLOGY			
GROWTH HORMONE			
Clinical criteria apply to all drugs in this class			
Prior Approval Not Required for Use of Serostim® in AIDS Wasting Syndrome			
Preferred		Non-Preferred	
Genotropin® Cartridge / MiniQuick®	Humatrope® Cartridge		
Norditropin® Flexpro®	Ngenta® Pen		
	Nutropin® AQ NuSpin®		
	Omnitrope® Cartridge / Vial		
	Serostim® Vial		
	Skystro® Cartridge - T/F of preferred agents not required for children <18 years of age		
	Sogroya® Pen		
	Zomacton® Vial		
HYPOGLYCEMICS - INJECTABLE			
Rapid Acting Insulin			
T/F of only one preferred drug required; Prior authorization is required for NP insulins. Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes.			
Preferred		Non-Preferred	
insulin aspart U-100 Penfill (generic for Novolog®)	Admelog® SoloStar® / Vial		
Humalog® U-100 Cartridge/ Junior KwikPen® / Vial	Afrezza® Inhalation Powder		
insulin lispro U-100 Junior KwikPen® (generic for Humalog® Junior)	Apidra® SoloStar® / Vial		
insulin lispro U-100 KwikPen® / vial (generic for Humalog®)	Fiasp® FlexTouch® / Penfill® / PumpCart® / Vial		
Novolog® U-100 Penfill/ FlexPen® / Vial	Humalog® U-100 Cartridge/ Junior KwikPen® / KwikPen® / Vial		
Relion Novolog® U-100 FlexPen® / Vial	Humalog® U-200 KwikPen®		
Move Brand Novolog® U-100 Penfill from Preferred to Non-preferred Move Generic insulin aspart U-100 Penfill from Non-preferred to Preferred Move Humalog® U-100 Cartridge/ Junior KwikPen® / KwikPen® / Vial from preferred to NP	insulin aspart U-100 Penfill (generic for Novolog®)		
	Lyumjev® U-100 KwikPen® / U-200 KwikPen® / Vial		
	Novolog® U-100 Penfill/ FlexPen® / Vial		
Short Acting Insulin			
T/F of only one preferred drug required; Prior authorization is required for NP insulins. Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes.			
Preferred		Non-Preferred	
Humulin® R Vial	Myxredlin™ Injection		
Humulin® R U-500 KwikPen® / U500 Vial	Novolin® R Vial / ReliOn® R Vial		
	Novolin R FlexPen®		
Intermediate Acting Insulin			
Preferred		Non-Preferred	
Humulin® N Vial	Humulin® N KwikPen®		
	Novolin® N FlexPen® / ReliOn® N FlexPen®		
	Novolin® N Vial / ReliOn® N Vial		
Long Acting Insulin			
T/F of only one preferred drug required; Prior authorization is required for NP insulins. Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes.			
Preferred		Non-Preferred	
Lantus® SoloStar® / Vial	Basaglar® U-100 KwikPen®		
insulin glargine vial - SoloStar® (authorized biologic for Lantus)	insulin degludec pen / vial (generic for Tresiba®)		
Levemir® / FlexPen® / FlexTouch® / Vial	insulin glargine SoloStar® / Max SoloStar® (generic for Toujeo®)		
Move insulin glargine vial / SoloStar® (authorized biologic for Lantus) and Levemir® / FlexPen® / FlexTouch® / Vial from preferred to NP	insulin glargine vial / SoloStar® (authorized biologic for Lantus)		
	insulin glargine-yfgn pen / vial (generic for Semglee™ yfgn)		
	Levemir® / FlexPen® / FlexTouch® / Vial		
	Rezvoglar® Kwikpen®		
	Semglee™ yfgn Pen / Vial		
	Toujeo® SoloStar® / Max SoloStar®		
	Tresiba® FlexTouch® / Vial		
Premixed Rapid Combination Insulin			
Preferred		Non-Preferred	
Humalog® 50/50 Mix KwikPen®	Humalog® 75/25 Mix KwikPen®		
Humalog® 75/25 Vial	Humalog® 50/50 Mix KwikPen®		

North Carolina Division of Health Benefits
North Carolina Medicaid Preferred Drug List (PDL)

October PDL Draft
(July PDL MEETING)

Revised 6.16.25 Off-Cycle Change: Epidiolex® Solution was moved from Preferred to Non-preferred

Trial and failure (T/F) of two Preferred drugs are required unless only one Preferred option is listed or a T/F criteria exemption is otherwise indicated.

Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred. In addition to

T/F criteria, clinical criteria (indicated in **RED**) may also apply. **New to market products typically default to Non-Preferred status until reviewed by the PDL Panel. These drugs are listed as TO BE REVIEWED.** For drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at: <https://www.nctracks.nc.gov/content/public/providers/pharmacy.html>

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insulin aspart protamine-aspart 70/30 U-100 FlexPen® (generic for Novolog® Mix 70/30)	Humalog® 75/25 Vial	Move Humalog® 50/50 Mix KwikPen®, Humalog® 75/25 Vial, and Novolog® Mix 70/30 Vial / FlexPen® from preferred to NP
insulin lispro protamine 75/25 KwikPen® (generic for Humalog® 75/25 Mix)	Novolog® Mix 70/30 Vial / FlexPen®	
Novolog® Mix 70/30 Vial / FlexPen®		
Premixed 70/30 Combination Insulin		
Preferred		Non-Preferred
T/F of only one preferred drug required; Prior authorization is required for NP insulins. Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes.		
Humulin® 70/30 KwikPen® / Vial	Novolin® 70/30 FlexPen® / Vial	
	Relion Novolin® 70/30 Vial	
	Relion Novolin® (human insulin NPH / human insulin) 70/30 FlexPen®	
	Relion Novolin® (human insulin NPH / human insulin) 70/30 FlexPen®	
Amylin Analogs		
Requires T/F or insufficient response to metformin containing product unless contraindicated or documented adverse event when using either a preferred or non-preferred Amylin Analog		
Preferred		Non-Preferred
Symlin® Pen Injector		
GLP-1 Receptor Agonists and Combinations indicated for the treatment of Diabetes		
Clinical criteria apply to all drugs in this class		
Preferred		Non-Preferred
Byetta® Pen	Bydureon® BCise™	
Trulicity® Pen	exenatide Pen (generic for Byetta®)	
Victoza® Pen	liraglutide pen (generic for Victoza®)	
Ozempic® Pen	Mounjaro® Pen	
	Rybelsus® Tablet	
	Soliqua® Pen	
	Xultophy® Pen	
HYPOGLYCEMICS - ORAL		
2nd Generation Sulfonylureas		
Preferred		Non-Preferred
gliclazide tablet (generic for Amaryl®)		
gliclazide tablet / ER tablet (generic for Glucotrol® / XL)		
Glucotrol® XL Tablet		
glyburide micronized tablet (generic for Micronase®, Glynuce®)		
glyburide tablet (generic for Diabeta®)		
Glynuce® Tablet		
Alpha-Glucosidase Inhibitors		
Preferred		Non-Preferred
acarbose tablet (generic for Precose®)	miglitol tablet (generic for Glyset®)	
	Precose® Tablet	
Biguanides and Combinations		
Preferred		Non-Preferred
glipizide-metformin tablet (generic for Metaglip®)	Glumetza® Tablet ** requires documentation as to why the beneficiary cannot use preferred long acting metformin product	
glyburide-metformin tablet (generic for Glucovance®)	metformin solution (generic for Riomet®) - T/F of preferred agents not required for children < 12 years of age	
metformin tablet / ER tablet (generic for Glucophage® / ER)	metformin tablet (625 mg)	
	metformin ER tablet (generic for Fortamet®)	
	metformin ER tablet (generic for Glumetza®)	
	Riomet® Solution / ER-Suspension	
Obsolete: Removed Riomet® ER Suspension		
DPP-IV Inhibitors and Combinations		
Requires T/F or insufficient response to metformin containing products unless contraindicated or documented adverse event when using either a preferred or a non-preferred DPP-IV Inhibitor or Combination		
Preferred		Non-Preferred
Janumet® Tablet / XR Tablet	alogliptin tablet (generic for Nesina®)	
Januvia® Tablet	alogliptin-metformin tablet (generic for Kazano®)	
Jentaduo® Tablet / XR Tablet	alogliptin-pioglitazone tablet (generic for Osemi®)	
Onglyza® Tablet	Glyxambi® Tablet	
Tradjenta® Tablet	Kazano® Tablet	
	Kombiglyze® XR Tablet	
	Nesina® Tablet	
	Osemi® Tablet	
	Qtern® Tablet	
	saxagliptin tablet (generic for Onglyza®)	
	saxagliptin-metformin ER tablet (generic for Kombiglyze® XR)	
	sitagliptin tablet (generic for Januvia®)	
	sitagliptin-metformin tablet (generic for Zinuvimet™)	
	Steglujan® Tablet	
	Trinjardy® XR Tablet	
	Zinuvimet	
	Zinuvimet XR	
	Zituvio® Tablet	
Meglitinides		
Preferred		Non-Preferred
nateglinide tablet (generic for Starlix®)		
repaglinide tablet (generic for Prandin®)		

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T/F criteria, clinical criteria (indicated in **RED**) may also apply. **New to market products typically default to Non-Preferred status until reviewed by the PDL Panel. These drugs are listed as TO BE REVIEWED.** For drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at: <https://www.nctracks.nc.gov/content/public/providers/pharmacy.html>

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SGLT-2 Inhibitors and Combinations		
Clinical criteria apply to all drugs in this class		
Preferred		Non-Preferred
Farxiga® Tablet	dapagliflozin tablet (generic for Farxiga®)	
Jardiance® Tablet	dapagliflozin / metformin ER tablet (generic for Xigduo® XR)	
Synjardy® Tablet	Inpefa® Tablet	
Synjardy® XR Tablet	Invokamet® Tablet / XR Tablet	
Xigduo® XR Tablet	Invokana® Tablet	
	Segluromet™ Tablet	
	Steglatro™ Tablet	
Thiazolidinediones and Combinations		
Preferred		Non-Preferred
pioglitazone tablet (generic for Actos®)	ActoPlus Met® Tablet	
	Actos® Tablet	
	Duetact® Tablet	
	pioglitazone-glimepiride tablet (generic for Duetact®)	
	pioglitazone-metformin tablet (generic for ActoPlus Met®)	
GASTROINTESTINAL ANTIEMETIC-ANTIVERTIGO AGENTS		
Preferred		Non-Preferred
aprepitant capsule (generic for Emend®) - Clinical criteria apply	Akzyneo® Capsule / Vial	
Diclegis® Tablet	Antivert® Tablet / Chewable Tablet	
dimenhydrinate vial (generic for Dramamine®)	Anzemet® Tablet	
meclizine tablet (generic for Antivert®)	Apoivic™ Vial	
metoclopramide solution / tablet (generic for Reglan®)	aprepitant pack (generic for Emend®) - Clinical criteria apply	
ondansetron ODT 4mg and 8 mg/ solution / tablet (generic for Zofran®)	Burhenysa® Vial	
prochlorperazine tablet (generic for Compazine®)	Bonjesta® Tablet	
promethazine syrup / suppository (12.5 mg and 25 mg) / tablet / ampule / vial (generic for Phenergan®)	Civanti® Vial	
Promethegan® (promethazine) Suppository (12.5 mg and 25 mg)	Compro® Suppository	
scopolamine patch (generic for Transderm-Scop®)	dimenhydrinate vial (generic for Dramamine®)	
Transderm-Scop® Patch	doxylamine-pyridoxine tablet (generic for Diclegis®)	
	drabinol capsule (generic for Marinol®)	
	Emend® Capsule / Powder Packet / Trifold Pack - Clinical criteria apply	
	Emend® Vial	
	Focivert™ (fosaprepitant) Vial	
	fosaprepitant vial (generic for Emend®)	
	Gimoti™ Nasal Spray	
	granisetron vial / tablet (generic for Kytril®)	
	Marinol® Capsule	
	metoclopramide vial	
	ondansetron ODT (16 mg)	
	ondansetron vial	
	palonosetron injection (generic for Aloxi®)	
	Phenergan® Ampule / Vial	
	Posifree™ Vial	
	prochlorperazine vial / suppository (generic for Compazine®)	
	Promethegan® Suppository (50 mg)	
	Reglan® Tablet	
	Sancuso® Patch	
	Sustol® Syringe	
	Tigan® Vial	
	trimethobenzamide capsule (generic for Tigan®)	
BILE ACID SALTS		
Preferred		Non-Preferred
ursodiol capsule (generic for Actigall®)	Bylisy™ Capsule / Pellet - T/F of preferred agents not required for diagnosis of PFIC	
ursodiol tablet (generic for Ursol®)	Chenodal® Tablet	
	Choliban® Capsule	
	Ctedi™ Tablet	
	Iqirvo® (elafiberanor) Tablet	
	Livdetri Capsule	
	Livmaril® Oral Solution	
	Ocaliva® Tablet	
	Reltone™ Capsule	
H. PYLORI COMBINATIONS		
Preferred		Non-Preferred
Pylera® Capsule	bismuth / metronidazole / tetracycline capsule (generic for Pylera®)	
	lansoprazole-amoxicillin-clarithromycin pack (generic for Prevpac®)	
	Oneclamox-Pak® Combo Pack	
	Talicia® Capsule	
	Voquezna® Tablet / Dual Pak / Triple Pak	
HISTAMINE-2 RECEPTOR ANTAGONISTS		
Preferred		Non-Preferred
famotidine tablet / suspension (generic for Pepcid®)	cimetidine tablet (generic for Tagamet®)	
	cimetidine solution (generic for Tagamet®)	
	nizatidine capsule (generic for Axid®)	
	Pepcid® Tablet	
PANCREATIC ENZYMES		
Preferred		Non-Preferred
Creon® Capsule	Pertrye® Capsule	
Viokase® Tablet	Viokase®-2 Tablet	
Zenpep® Capsule		Move Viokase® Tablet from NP to Preferred

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Trial and failure (T/F) of two Preferred drugs are required unless only one Preferred option is listed or a T/F criteria exemption is otherwise indicated.

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T/F criteria, clinical criteria (indicated in **RED**) may also apply. **New to market products typically default to Non-Preferred status until reviewed by the PDL Panel. These drugs are listed as TO BE REVIEWED.** For drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at:

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PROGESTINS USED FOR CACHEXIA	
Preferred	Non-Preferred
megestrol suspension / tablet (generic for Megace®)	megestrol ES suspension (generic for Megace® ES)
PROTON PUMP INHIBITORS	
Preferred	Non-Preferred
Dexlanta® Capsule	T/F of preferred agents not required for children < 12 years of age
esomeprazole magnesium capsule (generic for Nexium® Rx)	Aciphex® Tablet
lansoprazole capsule (generic for Prevacid® Rx)	Dexlanta® Capsule
Nexium® Rx Packet	dexlanoprazole capsules (generic for Dexlanta®)
omeprazole Rx capsule (generic for Prilosec® Rx)	esomeprazole magnesium OTC capsule / tablet (generic for Nexium® OTC)
pantoprazole tablet (generic for Protonix®)	esomeprazole magnesium packet (generic for Nexium® Rx Packet)
Protonix® Suspension	Konvonop® Suspension
	lansoprazole capsule (generic for Prevacid® OTC)
	lansoprazole ODT (generic for Prevacid® SoluTab™)
	Nexium® Rx Capsule
	omeprazole OTC capsule / ODT / tablet (generic for Prilosec® OTC)
	omeprazole-sodium bicarbonate capsule / packet (generic for Zegerid® Rx / OTC)
	pantoprazole suspension (generic for Protonix®)
	Prevacid® Rx / OTC Capsule / SoluTab
	Prilosec® Rx Suspension
	Protonix® Tablet
	rabeprazole tablet (generic for Aciphex®)
	Zegerid® Rx / Capsule / Packet
SELECTIVE CONSTIPATION AGENTS	
Preferred	Non-Preferred
Amitiza® Capsule	alosetron tablet (generic for Lotronex®)
Linzess® Capsule	Amitiza® Capsule
lubiprostone capsule (generic for Amitiza®)	Ibserla® Tablet
	Lotronex® Tablet
	Motegrity® Tablet
	Movantik® Tablet
	prucalopride tablet (generic for Motegrity®)
	Relistor® Syringe / Vial / Tablet - Clinical criteria apply
	Synproic® Tablet
	Trulance® Tablet
	Viberz® Tablet - T/F of preferred agents not required for Irritable Bowel Syndrome with Diarrhea (IBS-D)
ULCERATIVE COLITIS	
Oral	
Preferred	Non-Preferred
Apriso® Capsule	Asacol® HD Tablet
balsalazir capsule (generic for Colazal®)	Azulfidine® Entab / Tablet
mesalamine DR capsule / tablet (generic for Delzicol®, Asacol® HD, Lialda®)	budesonide ER tablet (generic for Uceris®)
Pentasa® Capsule	Colazal® Capsule
sulfasalazine IR / DR tablet (generic for Azulfidine® / Entab)	Delzicol® Capsule
	Dipentum® Capsule
	Lialda® Tablet
	mesalamine DR capsule / tablet (generic for Delzicol®, Asacol® HD, Lialda®)
	mesalamine ER capsule (generic for Apriso®, Pentasa®)
	Uceris® Tablet
ULCERATIVE COLITIS	
Rectal	
T/F of only one preferred drug required	
Preferred	Non-Preferred
mesalamine enema (generic for Rowasa®)	budesonide rectal foam
mesalamine enema (generic for SF-Rowasa®)	Canasa® Suppository
mesalamine suppository (generic for Canasa®)	mesalamine enema (generic for SF Rowasa®)
SF Rowasa® Enema	mesalamine kit (generic for Rowasa®)
	Rowasa® Kit
	SF-Rowasa® Enema
	Uceris® Rectal Foam
GENITOURINARY / RENAL	
ELECTROLYTE DEPLETERS (KIDNEY DISEASE)	
Preferred	Non-Preferred
calcium acetate capsule (generic for PhosLo®)	Auryxia® Tablet
calcium acetate tablet (generic for Eliphos®)	ferric citrate Tablet (generic for Auryxia®)
sevelamer carbonate powder pack / tablet (generic for Renvela®)	Fostrenol® Chewable Tablet / Powder Pack
	lanthanum carbonate chewable tablet (generic for Fostrenol®)
	MagneBind® 400 Rx Tablet
	Renvela® Powder Pack / Tablet
	sevelamer hydrochloride tablet (generic for Renagel®)
	Velphoro® Chewable
	Xphozab® Tablet
BENIGN PROSTATIC HYPERPLASIA TREATMENTS	
Preferred	Non-Preferred
affuzosin ER tablet (generic for Uroxatral®)	Avodart® Softgel
doxazosin tablet (generic for Cardura®)	Cardura® Tablet / XL Tablet
dutasteride capsule (generic for Avodart®)	Cialis® Tablet 5 mg - Clinical criteria apply
finasteride tablet (generic for Proscar®)	dutasteride / tamsulosin capsule (generic for Jalyn®)
tamsulosin capsule (generic for Flomax®)	Entadfi® Capsule
terazosin capsule (generic for Hytrin®)	Flomax® Capsule
	Proscar® Tablet
	Rapaflo® Capsule
	silodosin capsule (generic for Rapaflo®)
	tadalafil tablet (2.5 mg / 5 mg) (generic for Cialis®) - Clinical criteria apply

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October PDL Draft
(July PDL MEETING)

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Trial and failure (T/F) of two Preferred drugs are required unless only one Preferred option is listed or a T/F criteria exemption is otherwise indicated.

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URINARY ANTISPASMODICS	
Preferred	Non-Preferred
fesoterodine ER tablet (generic for Toviaz [®])	darifenacin ER tablet (generic for Enablex [®])
oxybutynin solution / syrup / tablet / ER tablet (generic for Ditropan [®] XL)	Detrol [®] Tablet / LA Capsule
solifenacin tablet (generic for Vesicare [®])	flavoxate tablet (generic for Urispas [®])
tolterodine tablet / ER capsule (generic for Detrol [®] / LA)	Gentesa [®] Tablet - T/F of preferred agents not required for diagnosis of dementia or mild cognitive impairment and for patients age ≥65 years
Myrbetriq [®] ER Tablet	mirabegron ER Tablet (generic for Myrbetriq [®]) - T/F of preferred agents not required for diagnosis of dementia or mild cognitive impairment and for patients age ≥65 years
	Myrbetriq[®] ER-Tablet
Move Myrbetriq[®] ER Tablet from NP to Preferred	Myrbetriq [®] Granules- T/F of preferred agents not required for diagnosis of dementia or mild cognitive impairment and for patients age ≥65 years
	oxybutynin tablet (2.5 mg)
	Oxytrol [®] Patch
	Toviaz [®] Tablet
	tropium tablet / ER capsule (generic for Sanctura [®] / XR)
	Vesicare [®] LS Suspension / Tablet
GOUT	
Preferred	Non-Preferred
allopurinol tablet (generic for Zyloprim [®])	allopurinol tablet (200 mg)
colchicine tablet (generic for Colcrys [®])	colchicine capsule (generic for Mitigare [®])
probenecid tablet (generic for Benemid [®])	Colcrys [®] Tablet
probenecid-colchicine tablet (generic for Col-Benemid [®])	febuxostat tablet (generic for Uloric [®] Tablet)
	Gloperba [®] Solution
	Krystexxa [®] Vial
	Mitigare [®] (branded colchicine 0.6mg) Capsules
	Uloric [®] Tablet
	Zyloprim [®] Tablet
HEMATOLOGIC ANTICOAGULANTS	
Injectable	
Preferred	Non-Preferred
enoxaparin syringe / vial (generic for Lovenox [®])	Arixtra [®] Syringe
Fragmin[®] Syringe	fondaparinux syringe (generic for Arixtra [®])
Fragmin [®] Vial	Move Fragmin[®] Syringe from Preferred to NP
	Fragmin [®] Syringe
	Lovenox [®] Syringe / Vial
Oral	
Preferred	Non-Preferred
Eliquis [®] Tablet / Starter Dose Pack	dabigatran capsule (generic for Pradaxa [®] Capsule)
Jantoven [®] (branded generic for Coumadin [®])	Pradaxa [®] Pellet Pack
Pradaxa [®] Capsule	NTM: Added Rivaroxaban tablet (generic for Xarelto[®]) to non-preferred
warfarin tablet (generic for Coumadin [®])	Rivaroxaban tablet (generic for Xarelto [®])
Xarelto [®] Starter Pack / Tablet	Savaysa [®] Tablet
	Xarelto [®] Suspension
COLONY STIMULATING FACTORS	
Preferred	Non-Preferred
Fulphila [®] Syringe	Erythropo[®] Syringe
Fynetra [®] Syringe	Granix [®] Safe Syringe / Syringe / Vial
Neupogen [®] Vial / Syringe	Leukine [®] Vial
Udenyca[®] On-Body - Autoinjector - Syringe	Neulasta [®] Syringe / Kit
Move Fulphila[®] Syringe Fynetra[®] Syringe Neupogen[®] Vial / Syringe from NP to Preferred and move Udenyca[®] Autoinjector / Syringe from Preferred to NP	Nivestim [™] Syringe / Vial
	Nivestro [™] Syringe
	Rebeuko [®] Syringe / Vial
	Rolvedon [®] Syringe
	Stimufend [®] Syringe
	Udenyca[®] On-Body / Autoinjector / Syringe
	Zarxio [®] Syringe
	Ziccenzo [®] Syringe
HEMATOPOIETIC AGENTS	
Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred
Aranesp [®] Syringe / Vial	Jesduvroq[®] Tablet
Epogen [®] Vial	Mircera [®] Syringe
Retacrit [®] Vial	Procrit [®] Vial
	Reblozyl [®] Vial
	Vafseo [®] (vadadistat) Tablet
THROMBOPOIESIS STIMULATING AGENTS	
Preferred	Non-Preferred
Nplate [®] Vial	Alvaiz [™] Tablet
Promacta [®] Suspension / Tablet	Daplet [®]
	Multiplet [®]
	Tavalisse [™] Tablet

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OPHTHALMIC		
ALLERGIC CONJUNCTIVITIS AGENTS		
Preferred		Non-Preferred
azelastine drops (generic for Optivar®)	Alomide® Drops	
chromolyn sodium drops (generic for Cromolyn®)	Alrex® Drops	
olopatadine drops (generic for Pataday®, Patanol®)	azelastine drops (generic for Optivar®)	
olopatadine drops (generic for Pataday®, Patanol®) (OTC)	bepotastine drops (generic for Bepreve®)	
	Bepreve® Drops	
Move azelastine drops (generic for Optivar®) NP to Preferred	epinastine drops (generic for Elestat®)	
	loteprednol drops (generic for Alrex®)	
	Zerviate® Drops	
ANTIBIOTICS		
Preferred		Non-Preferred
bacitracin-polymyxin ointment (generic for Polysporin®)	Azasis® Drops	
ciprofloxacin solution drops (generic for Ciloxan®)	bacitracin ointment (generic for AK-Tracin®)	
erythromycin ointment (generic for Ilotycin®)	Besivance® Suspension	
gentamicin drops (generic for Garamycin®)	Ciloxan® Ointment	
moxifloxacin ophthalmic solution (generic for Vigamox®)	gatifloxacin drops (generic for Zymarid®)	
ofloxacin drops (generic for Ocuflox®)	moxifloxacin ophthalmic solution (generic for Moxeza®)	
Polycin® Ointment (branded generic for Polysporin®)	Natacyn® Drops	
polymyxin-trimethoprim drops (generic for Polyttrim®)	neomycin-bacitracin-polymyxin ointment (generic for Neosporin® Ophthalmic Ointment)	
sulfacetamide drops (generic for Bleph-10®)	neomycin-polymyxin-gramicidin drops (generic for Neosporin® Ophthalmic Drops)	
tobramycin drops (generic for Tobrex®)	Neo-Polycin® Ointment (branded generic for Neosporin® Ophthalmic Ointment)	
	Ocuflox® Drops	
	sulfacetamide ointment (generic for Cetamide®)	
	Tobrex® Ointment	
	Vigamox® Drops	
ANTIBIOTICS-STEROID COMBINATIONS		
Preferred		Non-Preferred
acetylcysteine-polymyxin-dexamethasone drops / ointment (generic for Maxitrol®)	Maxitrol® Drops / Ointment	
Tobradex® Drops, Ointment	Neo-Polycin® HC (branded generic for Cortisporin®)	
tobramycin-dexamethasone suspension (generic for Tobradex®)	acetylcysteine-bacitracin-polymyxin-HC ointment (generic for Cortisporin®)	
	acetylcysteine-polymyxin-HC drops (generic for Ocutricin®)	
Obsolete: Removed Tobradex® Drops	sulfacetamide-prednisolone drops (generic for Vasocidin®)	
	Tobradex® ST Drops	
	Zylet® Drops	
ANTI-INFLAMMATORY		
Preferred		Non-Preferred
dexamethasone drops (generic for Decadron®)	Acular® Drops / LS Solution	
diclofenac drops (generic for Voltaren®)	Acuvail® Solution	
difluprednate drops (generic for Durezol®)	bromfenac drops (generic for Prolensa®, Xibrom®, BromSite®)	
Flarex® Drops	BromSite® Solution	
fluorometholone drops (generic for FML®)	Dextenza® Insert	
flurbiprofen drops (generic for Ocufen®)	Durezol® Drops	
ketorolac solution (generic for Acular® / LS)	FML® Forte Drops / Liquifilm® Drops	
Lotemax® Drops	Ilievro® Drops	
Nevanac® Droyntainer	Iluvien® Implant	
Pred Mild® Drops	Invectys® Drops	
prednisolone acetate drops (generic for Pred Forte®)	ketorolac solution (generic for Acular® / LS)	
Move ketorolac solution (generic for Acular® / LS) from Preferred to NP	Lotemax® Gel / SM Gel / Ointment	
	loteprednol drops / gel (generic for Lotemax®)	
	Maxidex® Drops	
	Ozurdex® Implant	
	Pred Forte® Drops	
	prednisolone sodium phosphate drops (generic for Inflammase Forte®)	
	Prolensa® Drops	
	Retisert® Implant	
	Trisense® Vial	
	Xipere™ (Intraocular)	
	Yutiq™ Implant	
ANTI-INFLAMMATORY / IMMUNOMODULATOR		
Preferred		Non-Preferred
Restasis® Drops	Coqua™ Drops	
Restasis® Multidose™ Drops	cyclosporine emulsion (generic for Restasis®)	
Xiidra® Drops	Eysuvis® Drops	
	Miebo® Drops	
Move Restasis® Multidose™ Drops from Preferred to NP	Restasis® Multidose™ Drops	
	Tyrvaya® Nasal Spray	
	Verkazia® Eye Emulsion - T/F of preferred agents not required for diagnosis of vernal keratoconjunctivitis (VKC)	
	Vevye® Drops	
ALPHA 2 ADRENERGIC AGENTS		
Preferred		Non-Preferred
Alphagan® P Drops	apraclonidine drops (generic for Iopidine®)	
brimonidine drops (generic for Alphagan®)	brimonidine P drops (generic for Alphagan® P)	
	Iopidine® Drops	

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Trial and failure (T/F) of two Preferred drugs are required unless only one Preferred option is listed or a T/F criteria exemption is otherwise indicated.

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BETA BLOCKER AGENTS / COMBINATIONS		
Preferred		Non-Preferred
Combigan® Drops	betaxolol drops (generic for Betoptic®)	
timolol drops / GFS gel-solution (generic for Timoptic® / Timoptic XE®)	Betimol® Drops	
	Betoptic® S Drops	
	brimonidine tartrate / timolol drops (generic for Combigan®)	
	carteolol drops (generic for Ocupress®)	
	Istalol® Drops	
	levobunolol drops (generic for Betagan®)	
	timolol hemihydrate (generic for Betimol® drops)	
	timolol drop (generic for Istalol® Drops)	
	timolol maleate drop (generic for Timoptic® Ocudose® Drops)	
	Timoptic® Drops / Ocudose® Drops / XE® Solution	
CARBONIC ANHYDRASE INHIBITORS / COMBINATIONS		
Preferred		Non-Preferred
dorzolamide drops (generic for Trusopt®)	Azopt® Drops	
dorzolamide-timolol drops (generic for Cosopt®)	brinzolamide drops (generic for Azopt® Drops)	
Sinbravia® Drops	Cosopt® Drops / PF Drops	
	dorzolamide-timolol PF drops (generic for Cosopt® PF)	
PROSTAGLANDIN AGONISTS		
Preferred		Non-Preferred
latanoprost drops (generic for Xalatan®)	bimatoprost drops (generic for Lumigan® Drops)	
Travatan® Z Drops	Durysta® Implant	
	iDose® TR Implant	
	Iyuzeh® Drops	
	Lumigan® Drops	
	tafluprost drops (generic for Zioptan®)	
	travoprost drops (generic for Travatan® Z)	
	Vyzulta® Drops	
	Xalatan® Drops	
	Xelpros® Drops	
	Zioptan® Drops	
RHO KINASE MODIFIERS / COMBINATIONS		
Preferred		Non-Preferred
Rhopressa® Drops		
Rocklatan® Drops		
OSTEOPOROSIS		
BONE RESORPTION SUPPRESSION AND RELATED AGENTS		
Preferred		Non-Preferred
alendronate tablet (generic for Fosamax®)	Actonel® Tablet	
Forteo® Pen	alendronate solution (generic for Fosamax® Solution)	
raloxifene tablet (generic for Evista®)	Atevia® Tablet	
	Binoso® Effervescent Tablet	
	calcitonin salmon nasal spray (generic for Miacalcin®)	
	Evenity® Syringe	
	Evista® Tablet	
	Forteo® Pen	
	Fosamax® Tablet / Plus D Tablet	
	ibandronate tablet (generic for Boniva®)	
	Pralia® Syringe	
	risedronate DR tablet (generic for Atevia®)	
	risedronate tablet (generic for Actonel®)	
	teriparatide pen (generic for Forteo®)	
	Tymlos® Pen	
OTIC		
ANTIBIOTICS		
Preferred		Non-Preferred
ciprofloxacin-dexamethasone suspension (generic for Ciprodex®)	Cipro® HC Suspension	
acetylsalicylic acid-polymyxin-hydrocortisone solution / suspension (generic for Cortisporin®)	ciprofloxacin solution (generic for Cetraxal®)	
ofloxacin drops (generic for Floxin®)	ciprofloxacin-fluocinolone drops (generic for Otovel®)	
	Cartisporin-TC® Suspension	
	Otovel® Drops	
ANTI-INFECTIVES AND ANESTHETICS		
Preferred		Non-Preferred
acetic acid solution (generic for Voso®)	acetic acid-hydrocortisone solution (generic for Voso® HC)	
ANTI-INFLAMMATORY		
Preferred		Non-Preferred
thiambutolone 0.01% oil (generic for Dermotic®)	Flac® Otic Oil	
Dermotic® 4ml	Dermotic® Oil	
	thiambutolone 0.01% oil (generic for Dermotic®)	
RESPIRATORY		
BETA-ADRENERGIC HANDHELD, LONG ACTING		
Preferred		Non-Preferred
Serevent® Diskus®	Striverdi® Respimat® Inhalation Spray	

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LOW SEDATING ANTIHISTAMINES		
Preferred		Non-Preferred
cetirizine OTC syrup 1mg/1ml (generic for Zyrtec® OTC Syrup)	cetirizine chewable tablet OTC (generic for Zyrtec® OTC Tablet)	
cetirizine Rx syrup (generic for Zyrtec® Syrup)	cetirizine OTC syrup 5mg/5ml (generic for Zyrtec® OTC Syrup)	
cetirizine tablets OTC (generic for Zyrtec® OTC Tablet)	cetirizine OTC softgel	
levocetirizine OTC tablet (generic for Xyzal® OTC Tablet)	Clarinetx® Tablet - T/F of preferred agents not required for children < 2 years of age	
levocetirizine Rx tablet (generic for Xyzal® Rx Tablet)	desloratadine ODT / Tablet (generic for Clarinetx®) - T/F of preferred agents not required for children < 2 years of age	
loratadine tablet OTC (generic for Claritin® OTC)	levocetirizine OTC suspension / OTC tablet (generic for Allegra® OTC)	
	levocetirizine Rx solution (generic for Xyzal® Rx Solution)	
	loratadine OTC chewable ODT / solution (generic for Claritin® OTC)	
LOW SEDATING ANTIHISTAMINE COMBINATIONS		
Quantity limit of 102 days supply per 12 months apply to all drugs in this class		
Preferred		Non-Preferred
loratadine-D OTC tablet (generic for Claritin-D® OTC)	cetirizine-D OTC tablet (generic for Zyrtec-D® OTC)	
	Clarinetx-D® Tablet	
	levofeniramine-D 12 Hour OTC Tablet (generic for Allegra-D® 12 Hour OTC)	
	levofeniramine-pseudoephedrine ER 24 hour tablet (generic for Allegra-D® 24 hour)	
FIRST GENERATION ANTIHISTAMINES		
Preferred		Non-Preferred
carbinoxamine solution	carbinoxamine tablet	
cycloheptadine syrup / tablet	clemastine tablet	
hydroxyzine capsule / solution / tablet	Karbilin® ER Suspension - T/F of immediate release carbinoxamine solution and cetirizine syrup required for coverage	
	RyClora® Solution	
	RyVent® Tablet	
	Vistari® Capsule	
TOPICALS		
ACNE AGENTS		
Preferred		Non-Preferred
adapalene / benzoyl peroxide (generic for Epiduo® Forte)	Acanya® Gel Pump	
adapalene / benzoyl peroxide (generic for Epiduo® Gel)	adapalene cream / gel pump generic for Differin®)	
adapalene cream / gel pump generic for Differin®)	Aklief®	
adapalene gel (generic for Differin®)	Altreno® Lotion (Topical)	
azelaic acid gel (generic for Finacea®)	Azaro™ Lotion	
clindamycin lotion (generic for Cleocin-T®)	Atalim® Gel	
clindamycin phosphate gel (Clindagel®)	Avar® Cleanser / LS Cleanser	
clindamycin phosphate pledgets / solution (generic for Cleocin-T®)	Avar-E® Emollient Cream / Green Emollient Cream / LS Cream	
clindamycin-benzoyl peroxide gel (generic for Benzacilin®, Neucac®)	Benzamycin® Gel	
Differin® gel pump	BP® 10-1 Wash / Cleansing Wash	
Differin® lotion/cream	Cabtree® Gel	
Epiduo® gel pump	Cleocin® T Lotion	
erythromycin gel (generic for Emezin®, Erycette®, EryGel®, et. al.)	Clindacin® ETZ Pledget / Kit / P Foam / P Pledgets / PAC Kit	
erythromycin solution (generic for Emezin®, EryDerm®, EryMax®, et. al.)	Clindagel® Gel	
erythromycin-benzoyl peroxide gel (generic for Benzamycin®)	clindamycin / tretinoin (generic for Veltin®)	
Finacea® Gel	clindamycin phosphate foam (generic for Evoclin®)	
Retin-A® Cream / Gel	clindamycin phosphate gel (Clindagel®)	
Retin-A® Micro Gel	clindamycin-benzoyl peroxide gel (generic for Benzacilin®, Neucac®)	
	clindamycin-benzoyl peroxide pump (generic for Acanya®)	
	clindamycin-benzoyl peroxide pump (generic for Benzacilin®)	
	clindamycin-benzoyl peroxide pump (generic for Onexton®)	
	dapsone gel / gel pump (generic for Aczone® Gel)	
	Ery® Pads	
	Erygel® Gel	
	Evoclin® Foam	
	Fabior® Foam	
	Finacea® Foam	
	Klaron® Lotion	
	Neucac® Gel / Kit	
	Onexton® Gel / Gel Pump	
	Ovace® Plus Cleansing Cream / Gel / Lotion / Shampoo / Wash	
	Retin-A® Micro Pump Gel	
	Rosamil Cleanser lotion	
	Rosuda® Cloths / Wash	
	sodium sulfacetamide cleanser / cream (generic for Avar® / LS)	
	sodium sulfacetamide lotion (generic for Klaron®)	
	sodium sulfacetamide shampoo, wash (generic for Ovace® / Plus)	
	sodium sulfacetamide-sulfur lotion / suspension (generic for Novacet®, Plexion®, Zetacet®)	
	sodium sulfacetamide-sulfur pad / suspension / wash (generic for Sumaxin®)	
	SSS® 10-5 Cream / Foam	
	sulfacetamide-sulfur 9-4% cleanser (generic for Zenica™)	
	sulfacetamide-sulfur cream (generic for Avar® E, SSS® 10-5)	
	Sumadin® Kit / XLT Kit / Wash	
	Sumaxin® Cleansing Pads / CP Kit / TS Topical Suspension / Wash	
	tazarotene cream / foam / gel (generic for Tazorac®, Fabior®)	
	tretinoin cream / gel (generic for Retin-A®)	
	tretinoin microsphere gel / microsphere gel pump (generic for Retin-A® Micro)	
	Twynoo® Cream	
	Winlevi® Cream	
	Ziana® Gel	
	Zum Clear™ Cleanser	

Move adapalene cream (generic for Differin®) and clindamycin phosphate gel (Clindagel®) from preferred to NP
Move clindamycin-benzoyl peroxide gel (generic for Benzacilin®, Neucac®) from NP to preferred

North Carolina Division of Health Benefits
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October PDL Draft
(July PDL MEETING)

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T/F criteria, clinical criteria (indicated in **RED**) may also apply. **New to market products typically default to Non-Preferred status until reviewed by the PDL Panel. These drugs are listed as TO BE REVIEWED.** For drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at: <https://www.nctracks.nc.gov/content/public/providers/pharmacy.html>

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ANDROGENIC AGENTS	
Preferred	Non-Preferred
Androgel [®] Pump testosterone gel pump (generic for Androgel [®])	Androgel [®] Packet Natesto [®] Nasal Gel Testim [®] Gel Trexer testosterone gel pump (generic for Fortesta [®] , Axiron [®]) testosterone packet (generic for Androgel [®]) Vogelxo [®] Gel / Packet / Pump
NSAIDS	
Preferred	Non-Preferred
diclofenac topical gel (generic for Voltaren [®] Gel)	diclofenac epolamine patch (generic for Elector [®]) diclofenac solution / pump (generic for Pennsaid [®]) Pennsaid [®] Solution Packet / Pump
ANTIBIOTICS	
Preferred	Non-Preferred
gentamicin cream / ointment (generic for Garamycin [®]) mupirocin ointment (generic for Bactroban [®])	Centany [®] AT Ointment Kit / Ointment mupirocin cream (generic for Bactroban [®]) Xepi [®] Cream
ANTIBIOTICS - VAGINAL	
Preferred	Non-Preferred
Cleocin [®] Vaginal Ovules clindamycin vaginal cream (generic for Cleocin [®] Vaginal Cream) Clindesse [®] Vaginal Cream metronidazole vaginal gel (generic for Metrogel [®] Vaginal Gel) Nuvensa [®] Vaginal Gel	Cleocin [®] Vaginal Cream clindamycin vaginal cream (generic for Cleocin [®] Vaginal Cream) metronidazole vaginal gel (generic for Nuvensa [®] Vaginal Gel) Vandazole [®] Vaginal Gel Xaciat [®] Vaginal Gel
ANTIFUNGALS	
Preferred	Non-Preferred
ciclopirox cream / solution (generic for Loprox [®] , Pentac [®]) clotrimazole Rx cream (generic for Lotrimin [®] Rx) clotrimazole-betamethasone cream (generic for Lotrisone [®]) ketoconazole cream / shampoo (generic for Nizoral [®]) Klayesta [®] Powder (branded generic for Nystop [®]) Nyamc [®] Powder (branded generic for Nystop [®]) nystatin cream / ointment / powder (generic for Mycostatin [®] , Nystop [®]) Nystop [®] Powder nystatin-triamcinolone cream / ointment (generic for Mycolog II [®])	Bensal HP [®] Ointment Cicloclan [®] Cream / Cream Kit / Kit / Solution ciclopirox gel / shampoo / suspension (generic for Loprox [®]) ciclopirox treatment kit (generic for Cicloclan [®]) clotrimazole Rx solution (generic for Lotrimin [®] Rx) clotrimazole-betamethasone lotion (generic for Lotrisone [®]) econazole cream (generic for Spectazole [®]) Ertaczo [®] Cream Extina [®] Foam Jublia [®] Topical Solution ketoconazole foam (generic for Extina [®]) Ketodan [®] Foam / Foam Kit Loprox [®] Suspension / Cream / Kit luliconazole cream (generic for Luzu [®]) Luzu [®] Cream miconazole / zinc oxide / petrolatum ointment (generic for Vision [®]) - Clinical criteria apply naftifine cream / gel (generic for Nafin [®]) Nafin [®] Gel nystatin-triamcinolone cream / ointment (generic for Mycolog II [®]) oxisozazole cream (generic for Oxistat [®]) Oxistat [®] Lotion salicylic acid ointment (generic for Bensal HP [®]) tasaborel topical solution (generic for Kerydin [®]) Vision [®] Ointment - Clinical criteria apply
Moved nystatin-triamcinolone cream / ointment (generic for Mycolog II[®]) from NP to Preferred	
ANTIPARASITICS	
T/F of only one preferred drug required	
Preferred	Non-Preferred
Natroba [®] Topical Suspension permethrin cream (generic for Elimite [®])	Crotan [™] Lotion Elimite [®] Cream Eurax [®] Cream / Lotion lindane shampoo malathion lotion (generic for Ovide [®]) Ovide [®] Lotion Sklice [®] Lotion spinosad topical suspension (generic for Natroba [®])
ANTIVIRAL	
Preferred	Non-Preferred
acyclovir Cream / Ointment (generic for Zovirax [®]) Denavir [®] Cream Zovirax [®] Cream	acyclovir cream (generic for Zovirax [®]) Denavir [®] Cream penciclovir cream (generic for Denavir [®]) Xerese [®] Cream Zovirax [®] Cream / Ointment
Moved Brand Zovirax[®] Cream from Preferred to Non-preferred Moved Generic acyclovir Cream and Denavir[®] Cream from NP to Preferred	

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Imidazoquinolinamines	
Preferred	Non-Preferred
imiquimod cream packet (generic for Aldara [®])	Condylox [®] Gel Hyflor [®] Gel imiquimod cream / cream pump (generic for Zyclara [®]) podofilox gel / solution (generic for Condylox [®]) Veregen [®] Ointment Zyclara [®] Cream / Cream Pump
PSORIASIS	
Preferred	Non-Preferred
calcipotriene cream / solution (generic for Dovonex [®])	calcipotriene ointment / foam (generic for Dovonex [®] , Sorilux [®])
calcipotriene-betamethasone suspension / ointment (generic for Talconex [®])	calcipotriene-betamethasone suspension / ointment (generic for Talconex[®]) calcitriol ointment (generic for Vectical [®]) Duobrii [®] Lotion Enstilar [®] Foam Sorilux [®] Foam Taclonex [®] Ointment / Suspension Vectical Ointment Vtama [®] Cream Zoryve [®] 0.3% Cream
Moved calcipotriene-betamethasone suspension / ointment (generic for Talconex[®]) from NP to Preferred	
ROSACEA AGENTS	
Preferred	Non-Preferred
azelaic acid gel (generic for Finacea [®])	brimonidine gel pump (generic for Mirvaso [®]) Epsolay [®] (benzoyl peroxide)
Finacea [®] Gel	Finacea [®] Foam
MetroCream [®]	ivermectin cream (generic for Soolantra [®])
MetroGel [®]	MetroCream [®]
metronidazole cream (generic for MetroCream [®])	MetroGel [®]
metronidazole gel / pump (generic for MetroGel [®])	metronidazole lotion (generic for MetroLotion [®]) Mirvaso [®] (brimonidine) Noritate [®] Cream Rhofade [®] Cream Rosadan [®] Kit
Rosadan [®] Cream / Gel	
Move MetroCream[®] and MetroGel[®] from Preferred to NP	
STEROIDS	
Low Potency	
Preferred	Non-Preferred
desonide cream / ointment (generic for DesOwen [®])	alcometasone dipropionate cream / ointment (generic for Aclovate [®]) Capex® Dermasmoother [®] FS Scalp and Body Oil
fluocinolone body / scalp oil (generic for DernaSmooth [®] FS Scalp / Body Oil)	desonide lotion (generic for DesOwen [®] Lotion) Hydrocortisone Solution Hydrocym [®] Gel Texacort [®] Solution
hydrocortisone cream / lotion / ointment (generic for Hytone [®])	
Medium Potency	
Preferred	Non-Preferred
fluticasone cream / ointment (generic for Cutivate [®])	Bese [™] Lotion / Kit clobetasolone cream (generic for Cloderm [®]) Cloderm [®] Cream / Pump flucinolone cream / ointment / solution (generic for Synalar [®]) flurandernolide Lotion / Ointment fluticasone lotion (generic for Cutivate [®] Lotion) hydrocortisone butyrate cream / lipid cream / lotion / ointment / solution (generic for Locoid [®]) hydrocortisone valerate cream / ointment (generic for Westcort [®]) Locoid [®] Lipocream / Lotion Pandel [®] Cream prednicarbate cream / ointment (generic for Dermatop [®]) Synalar [®] Cream / Ointment / Kit / Solution / TS Kit
monetasone cream / ointment / solution (generic for Elocon [®])	
High Potency	
Preferred	Non-Preferred
betamethasone valerate cream / ointment (generic for Valisone [®])	amcinonide cream (generic for Cyclocort [®]) betamethasone dipropionate augmented cream / gel / lotion / ointment (generic for Diprolene [®]) betamethasone dipropionate cream / lotion / ointment (generic for Diprosone [®]) betamethasone valerate foam / lotion (generic for Valisone [®]) desoximetasone cream / gel / ointment / spray (generic for Topicort [®]) diflorasone cream / ointment (generic for Florone [®]) Diprolene [®] Ointment fluocinonide emollient cream (generic for Lidex [®] E) halcinonide cream (generic for Halog [®]) halcinonide solution (generic for Halog [®]) Halog [®] Cream / Ointment / Solution Kenalog [®] Spray Topicort [®] Cream / Gel / Ointment / Spray triamcinolone spray (generic for Kenalog [®]) Vanos [®] Cream
fluocinonide cream / gel / ointment / solution (generic for Lidex [®])	
triamcinolone acetonide cream / lotion / ointment (generic for Kenalog [®])	
Obsolete: Removed Halog[®] Solution	

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Trial and failure (T/F) of two Preferred drugs are required unless only one Preferred option is listed or a T/F criteria exemption is otherwise indicated.

Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred. In addition to T/F criteria, clinical criteria (indicated in **RED**) may also apply. **New to market products typically default to Non-Preferred status until reviewed by the PDL Panel. These drugs are listed as TO BE REVIEWED.** For drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at:

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Preferred		Very High Potency	Non-Preferred
clobetasol cream / emollient cream / gel / ointment (generic for Temovate®)		ApexiCon® E Cream	
clobetasol shampoo (generic for Clobox®)		Bryliall™ Lotion	
clobetasol solution (generic for Cormax®)		clobetasol foam / emollient foam / emulsion foam (generic for Olux® / Olux-E®)	
Clobox® Shampoo		clobetasol lotion / spray (generic for Clobox®)	
halobetasol propionate cream / ointment (generic for Ultravate®)		Clodan® Kit / Shampoo	
Move Clobox® Shampoo from Preferred to NP		halobetasol propionate foam (generic for Lexette®)	
		Impelco™ Lotion	
		Lexette® Foam	
		Olux® Foam	
		Temovate® Ointment	
		Tovect™ Foam / Foam Kit	
		Ultravate® Lotion	
		Clobox® Shampoo	
MISCELLANEOUS			
Uterine Disorder Treatments			
Preferred		Added	Non-Preferred
Orilissa® Capsule		Added new category: Uterine disorder treatments	
Orilissa® Tablet		Oriahnn® Capsule, Orilissa® Tablet, Myfembree® Tablet to preferred	
Myfembree® Tablet			
WEIGHT MANAGEMENT AGENTS			
GLP-1 Receptor Agonists indicated for the treatment of obesity (Incretin Mimetics)			
Clinical criteria apply to all drugs in this class			
Preferred			Non-Preferred
Wegovy® Pen		Saxenda® (liraglutide) Pen	
		Zepbound® (tirzepatide) Pen	
Weight Management Other (Non-Incretin Mimetics)			
Preferred			Non-Preferred
diethylpropion tablet / ER tablet		benzphetamine tablet	
phendimetrazine tablet / ER capsule		orlistat capsule (generic for Xenical®)	
phenfermine tablet / capsule		Xenical® (orlistat) Capsule	
IMMUNOMODULATORS, ASTHMA			
Clinical criteria apply to all drugs in this class			
Preferred			Non-Preferred
Fascentra® Pen / Syringe		Cinqair® Vial	
Xolair® (omalizumab) Autoinjector/Syringe		Nucala® Syringe / Vial / Autoinjector	
		Tezspire® Pen / Syringe - T/F of preferred agents not required for diagnosis of non-allergic, non-eosinophilic severe asthma	
		Xolair® Vial	
IMMUNOMODULATORS, Atopic Dermatitis			
Clinical criteria apply to all drugs in this class			
Preferred			Non-Preferred
Adbry® Syringe / Autoinjector		Ehlglyss Pen	
Dupixent® Pen / Syringe		Adbry® Syringe - Autoinjector	
Elidel® Cream		Ehlglyss™ Syringe (tebrikizumab-ibkz)	
Eucerin® 2% Ointment		Nemolivo®	
pimecrolimus cream (generic for Elidel®)		Opzelura™ Cream	
tacrolimus ointment (generic for Protopic®)		pimecrolimus cream (generic for Elidel®)	
		Zoryve® (roflumilast) 0.15% Cream	Move Adbry® Autoinjector and pimecrolimus cream (generic for Elidel®) NP to Preferred
		Zoryve® (roflumilast) Foam	Add Zoryve® (roflumilast) Foam to NP
ANTIPSORIATICS, ORAL			
Preferred			Non-Preferred
acitretin (generic for Soriatane®)		methoxsalen rapid (generic for Oxsoalen-Ultra®)	
EPINEPHRINE, SELF ADMINISTERED			
Quantity limits apply to all drugs in this class			
Preferred			Non-Preferred
Auvi-Q® Auto Injector		epinephrine auto-injector (generic for Epi-Pen™ / Epi-Pen™ Jr. Adrenaclick®)	
epinephrine auto injector (generic for Epi-Pen™ / Epi-Pen™ Jr. Adrenaclick®)		neffy® nasal spray	Move epinephrine auto injector (generic for Adrenaclick®) and neffy® nasal spray from NP to Preferred
Epi-Pen® Auto Injector / 2-Pak / Jr. Auto Injector / Jr. 2-Pak			
neffy® nasal spray			
ESTROGEN AGENTS, COMBINATIONS			
Preferred			Non-Preferred
Activella® Tablet		Bijuva® Capsule	
Amabelz™ Tablet			
estradiol/norethindrone tablet (generic for Activella®)			
Fyavolv™ Tablet			
Jinteli® (branded generic for FemHRT®)			
Minivex® / Lo (branded generic for Activella®)			
norethindrone-ethinyl estradiol (generic for FemHRT®)			
Premphase® Tablet			
Prempro® Tablet			

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ESTROGEN AGENTS, ORAL / TRANSDERMAL	
Preferred	Non-Preferred
Cimara [®] Pro Patch	Cimara [®] Patch
CombiPatch [®] Patch	Divigel [®] Gel Packet
estradiol patch (generic for Cimara [®] , Menostar [®] , Vivelle-Dot [®])	Doti [®] Patch
estradiol tablet (generic for Estrace [®])	Duavee [®] Tablet
Evamist [®] Spray	Elestrin [®] Gel
Menest [®] Tablet	Estrace [®] Tablet
Premarin [®] Tablet	Estradiol Gel Pump
	estradiol gel packet (generic for Divigel [®])
	Lyllana [™] Patch
	Menostar [®] Patch
	Minivelle [®] Patch
	Ophelia [®] Tablet
	Yasozal [™] Tablet
	Vivelle-Dot [®] Patch
ESTROGEN AGENTS, VAGINAL PREPARATIONS	
Preferred	Non-Preferred
estradiol vaginal cream (generic for Estrace [®])	Estrace [®] Cream
Estring [®] Vaginal Ring	estradiol tablet (generic for Vagifem [®])
Premarin [®] Vaginal Cream	estradiol vaginal cream (generic for Estrace[®])
Vagifem [®] Vaginal Tablet	Femring [®] Vaginal Ring
Move estradiol vaginal cream (generic for Estrace[®]) from NP to Preferred	Imvexxy [®] Vaginal Inserts
	Yuvafem [®] Vaginal Tablet
GLUCOCORTICOID STEROIDS, ORAL	
Preferred	Non-Preferred
Agamree[®] Suspension	Alkinds [®] Sprinkle Capsule
budesonide EC capsule (generic for Entocort [®] EC)	Agamree [®] Suspension
dexamethasone elixir / tablet (generic for Decadron [®])	Cortef [®] Tablet
dexamethasone solution (generic for Concedix [®])	cortisone tablet (generic for Patisono [®])
Emflaza[®] Tablet / Suspension - Clinical criteria apply	deflazacort suspension (generic for Emflaza [®]) - Clinical criteria apply. T/F of preferred agents not required for children < 12 years of age.
hydrocortisone tablet	deflazacort tablet (generic for Emflaza [®]) - Clinical criteria apply
methylprednisolone 4mg dosepack / tablet (generic for Medrol [®])	dexamethasone tablet dosepack / Intenso [®] Drops
prednisolone sodium phosphate solution (generic for PediaPred [®] , OraPred [®] , Veripred [®])	Emflaza[®] Tablet - Suspension - Clinical criteria apply
prednisolone solution (generic for Prelone [®] , Millipred [®])	Eohilia [®] Suspension - T/F of preferred agents not required for diagnosis of eosinophilic esophagitis
prednisone dose pack (generic for Sterapred [®])	Hemady [™] Tablet
prednisone solution / tablet (generic for Deltasone [®])	Medrol [®] Dose Pack / Tablet
	methylprednisolone 8mg / 16mg / 32mg tablet (generic for Medrol [®])
Move Emflaza[®] Suspension from NP to Preferred and removed red writing T/F of preferred agents not required for children < 12 years of age. Added Agamree[®] Suspension to NP	Millipred [®] Dose Pack / Tablet
	prednisolone ODT (generic for Orapred [®] ODT)
	prednisolone tablet
	Prednisone Intenso [®] Concentrated Solution
	Rayos [®] Tablet
	Taperdex [®] Tablet
	Tarpeyo [™] Capsule - T/F of preferred agents not required for diagnosis of IgA nephropathy

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CYTOKINE AND CAM ANTAGONISTS

Clinical criteria apply to all drugs in this class

T/F of only one Preferred drug required

Preferred	Non-Preferred
adalimumab-adaq Pen / Syringe	Abrilada [™] Pen / Syringe
adalimumab-adbm Pen / Psoriasis-UV Pen / Crohn's Pen / Syringe	Actemra [®] ACTPen [™] / Syringe / Vial
adalimumab-fkjp Pen - Syringe	adalimumab-baef Pen
Cosentyx [®] Sensorcady [®] Pen / UnoReady [®] Pen / Syringe	adalimumab-aaty Autoinjector / Syringe
Ehbre [®] Mini Cartridge / Sureclick [®] Syringe / Syringe / Vial	adalimumab-adbm Pen / Psoriasis-UV Pen / Crohn's Pen / Syringe
Hadlima [®] Syringe / PushTouch	adalimumab-fkjp Pen / Syringe
Humira [®] Crohn's Starter Pack / Ped. Crohn's Starter Pack / Pen / Psoriasis Starter Pack / Syringe	adalimumab-cyvk Autoinjector / Syringe
infliximab vial (generic for Remicade [®])	Angixity [®] Syringe / Autoinjector
Onexis [®] Starter Pack / Tablet	Arcalyst [®] SQ Syringe
Xeljanz [®] Tablet	Avsola [®] Vial
	Bimzelx [®] Autoinjector / Syringe
	Cibinqo [®] Tablet
	Cimzia [®] Starter Kit / Syringe Kit / Vial Kit
	Cosentyx [®] Vial
	Cyltezo [™] (adalimumab-adbm) Psoriasis-UV Pen
	Cyltezo [™] Syringe / Crohn's-UC-HS Pen / Psoriasis Pen / Pen
	Enspryng [®] Syringe
	Entyvio [®] Pen / Vial
	Hialio [™] Pen / Syringe
	Hytimoz [™] Pen / Crohn's-UC Pen / Ped. Crohn's Pen / Syringe / Psoriasis Pen
	Idacio [™] Pen / Psoriasis Pen / Crohn's-UC Pen / Syringe
	Ilaris [®] Vial
	Ilumya [®] Syringe
	Inflectra [®] Vial
	Kezara [®] Syringe / Pen
	Kineret [®] Syringe - T/F of preferred agents not required for diagnosis of Neonatal Onset Multi-System Inflammatory Disease
	Ohumiant [®] Tablet
	Onvoh [™] (mirikizumab-mrkz) Syringe
	Onvoh [™] Pen / Vial
	Orencia [®] Clickjet [®] / Syringe / Vial
	Onlif [®] Syringe/Vial
	Pyzchiva [®] Syringe/Vial
	Remicade [®] Vial
	Renflexis [™] Vial
	Ruvooq [™] (upadacitinib) LQ Solution
	Ruvooq [™] ER Tablet
	Selarsdi [™] Vial
	Siliq [®] Syringe
	Simlandi [®] Autoinjector/kit
	Simpsoni [®] Pen / Syringe / Aria [®] Vial
	Skyriz [®] On-Body / Vial / Pen / Syringe
	Sotyktu [®] Tablet
	Spevigo [®] Vial / Syringe
	Stelara [®] Syringe / Vial
	Steqeyma [®] Vial
	Taltz [®] Auto-injector / Syringe
	Tofidence [™] (tocilizumab-bavv) Vial
	Tremfya [®] Syringe / Injector / Vial
	Tyence [™] (tocilizumab-aazg) Autoinjector / Syringe
	Tyence [®] Vial
	Uplizna [®] Vial
	Velsipity [®] Tablet
	Xeljanz [®] Solution / XR Tablet
	Xeljanz [®] Tablet
	Yesintek [®] Syringe/Vial
	Yufyma [®] Syringe / Autoinjector / Crohn's-UC-HS Autoinjector
	Yusimv [™] Pen
	Zymfentra [™] Pen / Syringe

Move adalimumab-fkjp Pen / Syringe from preferred to NP
Move adalimumab-adbm Pen / Psoriasis-UV Pen / Crohn's Pen / Syringe and Xeljanz[®] Tablet from NP to preferred
NTM: Added Otulfi[®] Syringe/Vial, Pyzchiva[®] Syringe/Vial, Selarsdi[™] Vial, Steqeyma[®] Vial, and Yesintek[™] Syringe/Vial to non-preferred

Obsolete: Removed Rapamune[®] Solution

Preferred	Non-Preferred
Astagraf [®] XL Capsule	
Azasan [®] Tablet	
azathioprine tablet (generic for Imuran [®])	
Celcept [®] Capsule / Suspension / Tablet	
cyclosporine capsule (generic for Sandimmune [®])	
cyclosporine modified capsule / solution (generic for Gengraf [®] , Neoral [®])	
Envarsus [®] XR Tablet	
everolimus tablet (generic for Zortress [®] Tablet)	
Gengraf [®] Capsule / Solution	
Imuran [®] Tablet	
mycophenolate capsule / suspension / tablet (generic for Cellcept [®])	
mycophenolic acid tablet (generic for Myfortic [®])	
Myfortic [®] Tablet	
Myhibbin [™] (mycophenolate mofetil) Suspension	
Neoral [®] Capsule / Solution	
Prograf [®] Capsule / Granule Packet	
Rapamune [®] Solution / Tablet	
Rezurock [™] Tablet	
Sandimmune [®] Capsule / Solution	
sirolimus tablet / solution (generic for Rapamune [®])	
tacrolimus capsule (generic for Hecoria [®] , Prograf [®])	
Tavneos [®] Capsule	
Zortress [®] Tablet	

North Carolina Division of Health Benefits
North Carolina Medicaid Preferred Drug List (PDL)

October PDL Draft
(July PDL MEETING)

Revised 6.16.25 Off-Cycle Change: Epidiolex® Solution was moved from Preferred to Non-preferred

Trial and failure (T/F) of two Preferred drugs are required unless only one Preferred option is listed or a T/F criteria exemption is otherwise indicated.

Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred. In addition to

T/F criteria, clinical criteria (indicated in **RED**) may also apply. **New to market products typically default to Non-Preferred status until**

reviewed by the PDL Panel. These drugs are listed as TO BE REVIEWED. For drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at:

<https://www.nctracks.nc.gov/content/public/providers/pharmacy.html>

More information on the PDL can be found at: <https://medicaid.ncdhs.gov/providers/programs-services/prescription-drugs/outpatient-pharmacy-services>

MOVEMENT DISORDERS	
Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred
Austedo [®] Tablet	Xenazine [®] Tablet
Austedo [®] XR Tablet / Titration Kit	Ingrezza [®] (valbenazine) Sprinkle Capsules
Ingrezza [®] (valbenazine) Sprinkle Capsules	
Ingrezza [®] Capsule / Initiation Pack	
tetrabenazine tablet	
Move Ingrezza[®] (valbenazine) Sprinkle Capsules from NP to Preferred	
HEREDITARY ANGIOEDEMA (HAE) PROPHYLAXIS AGENTS	
Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred
Hacgensd [®] Vial	Cinryze [®] Vial
Orladeyo [®] Capsule	Takhzyro [®] Vial / Syringe
HEREDITARY ANGIOEDEMA (HAE) TREATMENT AGENTS	
Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred
Berinert [®] Vial / Kit	Firazyne [®] Syringe
icatibant syringe (generic for Firazyne [®])	Rucones [®] Vial
Kalbitor [®] Vial	
Sajazir [®] Syringe (branded generic for icatibant)	
Open class-No recommendations	
OPIOID ANTAGONISTS	
Preferred	Non-Preferred
Kloxxado [™] Nasal Spray	
LifeEMS [™] naloxone Syringe Kit	
naloxone nasal spray (OTC)	
naloxone syringe / spray / vial (generic for Narcan [®])	
naltrexone tablet	
Narcan [®] Nasal Spray (OTC)	
Opvee [®] Nasal Spray	
Restovyo [®] (naloxone) Nasal Spray	
Vivitrol [®] Vial / Diluent	
Zimla [™] Syringe	
OPIOID DEPENDENCE	
Preferred	Non-Preferred
Prior Approval Not Required for Coverage of Preferred Agents	
Clinical Criteria Apply to Non-Preferred Agents	
Brixadi [™] Weekly Syringe / Monthly Syringe	buprenorphine-naloxone SL film (generic for Suboxone [®])
buprenorphine-naloxone SL tablet (generic for Suboxone [®])	Lofexidine Tablet T/F of preferred agents not required for diagnosis of opioid withdrawal
buprenorphine SL tablet (generic for Subutex [®])	Lucentis [™] Tablet - T/F of preferred agents not required for diagnosis of opioid withdrawal
Suboxone [®] SL Film	Zubsolv [®] Tablet SL
Sublocade [®] Syringe	
SKELETAL MUSCLE RELAXANTS	
Preferred	Non-Preferred
baclofen tablet (generic for Lioresal [™])	Amrix [®] ER Capsule
cyclobenzaprine tablet (generic for Flexeril [™])	baclofen oral solution
methocarbamol tablet (generic for Robaxin [™])	baclofen suspension (generic for Flequary [™])
tizanidine tablet (generic for Zanaflex [®])	chlorzoxazone tablet (generic for Parafon Forte [™])
	cyclobenzaprine ER capsule (generic for Amrix [®] ER)
	Dantrium [®] Capsule / Vial
	dantrolene sodium capsule (generic for Dantrium [®])
	Fexmid [®] Tablet
	Flequary [™] Suspension
	Lorzone [™] Tablet
	Lyvispah [®] Gramule Packet
	metaxalone tablet (generic for Skelaxin [™])
	Norgesic [™] Tablet / Forte Tablet
	orphenadrine / aspirin / caffeine tablet (generic for Norgesic [™])
	orphenadrine citrate tablet / vial (generic for Norflex [®])
	Orphenesic [®] Forte Tablet
	Robaxin [®] Vial
	Tanlov [®] Tablet
	tizanidine capsules (generic for Zanaflex [®])
	Zanaflex [®] Capsule / Tablet
DISPOSABLE INSULIN DELIVERY DEVICES	
Preferred	Non-Preferred
CeQur Simplicity [™]	
CeQur Simplicity [™] Inserter	
Omnipod 5 [®] G6 Pods (5-Pack) / G6 Intro Kit / G6-G7 Pods / G6-G7 Intro Kit	
Omnipod DASH [®] Pods (5-Pack) / Intro Kit	
Omnipod GO [™] Pods	
DIABETIC CONTINUOUS GLUCOSE MONITOR SUPPLIES	
Continuous Glucose Monitor Transmitters / Receivers / Readers	
Preferred	Non-Preferred
Dexcom G6 [®] Transmitter / Receiver	Freestyle Libre [™] 14 day Reader
Dexcom G7 [®] Receiver	
Freestyle Libre [™] 2 Reader	
Freestyle Libre [™] 3 Reader	
	removed red writing: Clinical criteria apply to all items in this class

North Carolina Division of Health Benefits
North Carolina Medicaid Preferred Drug List (PDL)

**October PDL Draft
(July PDL MEETING)**

Revised 6.16.25 Off-Cycle Change: Epidiolex® Solution was moved from Preferred to Non-preferred

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Continuous Glucose Monitor Sensors	
Preferred	Non-Preferred
Freestyle Libre™ 2 Sensor	Freestyle Libre™ 14 day Sensor
Freestyle Libre™ 2 Plus Sensor	
Freestyle Libre™ 3 Sensor	
Freestyle Libre™ 3 Plus Sensor	
Dexcom G6® Sensor	
Dexcom G7® Sensor	

DIABETIC SUPPLIES

N.C. Medicaid only covers, at point of sale, the designated preferred products listed below for blood glucose meters, diabetic test strips, control solutions, lancets, and lancing devices for Medicaid-primary recipients (dually eligible and third-party recipients are not affected). These products are covered under the Outpatient Pharmacy Program and can be submitted to the pharmacy point-of-sale system with a prescription. Diabetic supplies, including other brands, can also be submitted under Durable Medical Equipment using the NDC and HCPCS code. Beneficiaries are allowed 1 covered meter every 2 years (730 days). For questions or assistance regarding diabetic supplies for Medicaid Direct members, please call the NC Tracks call center at 1-800-688-6696. *All blood glucose meters are billed using the NC Medicaid Free BIN Meter program. BIN 610524, PCN 1016, Group 40026479, ID 066499643.*

Meters	Lancing Devices
ACCU-CHEK® Guide Retail care kit * (see above for billing)	ACCU-CHEK® Softclix lancing device kit (Black)
ACCU-CHEK® Guide Me Retail care kit * (see above for billing)	ACCU-CHEK® Fastclix lancing device kit
Test Strips	Control Solutions
ACCU-CHEK® AVIVA PLUS 50 ct test strips	ACCU-CHEK® Aviva glucose control solution (2 levels)
ACCU-CHEK® SMARTVIEW 50 ct test strips	ACCU-CHEK® SmartView glucose control solution (1 level)
ACCU-CHEK® Guide 50 ct test strips	ACCU-CHEK® Guide 2-Level control solution (2-levels)
ACCU-CHEK® Guide 100 ct test strips	
Lancets	
ACCU-CHEK® Softclix 100 ct Lancets	
ACCU-CHEK® Fastclix 102 ct Lancets	