

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

**April Meeting Draft  
(Effective July 2026)**

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 - <b>Clinical criteria apply</b>
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)
	Kisunla® (donanemab-azbt) Vial
	Leqembi® Vial / Autoinjector - <b>Clinical criteria apply</b>
	memantine ER capsule / solution (generic for Namenda® XR / Solution)
	Memantine HCL- Donepezil HDL ER capsule (generic for NAMZARIC®)
	Namenda® Titration Pack / XR Capsule / XR Titration Pack
	Namzaric® Capsule / Titration Pack
	rivastigmine patch (generic for Exelon®)
	Zunveyi® tablet

**ANALGESICS**

**OPIOID ANALGESICS**

**Long Acting Opioids**

**Plans may not apply additional utilization management or prior authorization criteria to this category**

**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 / diskets / 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)
	hydrocodone ER tablet (generic for Hysingla® ER)
	hydromorphone ER tablet (generic for Exalgo®)
	Hysingla® ER Tablet
	Methodose™ 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®)

**Short Acting Schedule II Opioids**

**Plans may not apply additional utilization management or prior authorization criteria to this category**

**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
hydromorphone tablet (generic for Dilaudid®)	hydrocodone-acetaminophen Solution (generic for Zolvit)
morphine solution / tablet (generic for MSIR®)	hydrocodone-ibuprofen tablet (generic for Ibudone®, Reprexain®, Vicoprofen®)
oxycodone solution / tablet (generic for Roxicodone®)	hydromorphone solution / suppository (generic for Dilaudid®)
oxycodone-acetaminophen capsules (generic for Tylox®)	levorphanol tablet (generic for Levo-Dromoran®)
oxycodone-acetaminophen tablets (generic for Percocet®)	meperidine solution / tablet (generic for Demerol®)
	morphine oral syringe
	morphine suppositories (generic for Roxanol®)
	Nalocet® Tablet
	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

**Short Acting Schedule III – IV Opioids / Analgesic Combinations**

**Plans may not apply additional utilization management or prior authorization criteria to this category**

**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 50 mg (generic for Ultram®)	butalbital compound with codeine capsule (generic for Fiorinal with Codeine®)
tramadol-acetaminophen tablet (generic for Ultracet®)	butalbital-caffeine-APAP with codeine tablet (generic for Fioricet with Codeine®)
	butorphanol spray (generic for Stadol®)
	dihydrocodeine-acetaminophen-caffeine tablet (generic for Panlor SS®)
	Fioricet with Codeine® Capsule
	pentazocine-naloxone tablet (generic for Talwin NX®)
	Seglentis® Tablet
	tramadol solution (generic for Qdolo®)
	tramadol tablet (25 mg, 75 mg, 100 mg)

**NON-OPIOID ANALGESICS**

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Preferred	Non-Preferred
Journavx™ Tablet <b>Quantity limit of a 14 day supply</b>	

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NSAIDS	
Preferred	Non-Preferred
celecoxib capsule (generic for Celebrex <sup>®</sup> )	Arthroce <sup>®</sup> Tablet
diclofenac sodium tablet (generic for Voltaren <sup>®</sup> )	Celebrex <sup>®</sup> Capsule
ibuprofen suspension / tablet (generic for Motrin <sup>®</sup> )	<b>Coxanto<sup>™</sup> Capsule</b>
indomethacin capsule (generic for Indocin <sup>®</sup> )	Daypro <sup>™</sup> Caplet
ketorolac tablet (generic for Toradol <sup>®</sup> )	diclofenac potassium capsule (generic for Zipsor <sup>®</sup> )
meloxicam tablet (generic for Mobic <sup>®</sup> )	diclofenac potassium tablet (generic for Cataflam <sup>®</sup> )
naproxen EC / DR tablet (generic for Naprosyn <sup>®</sup> EC)	diclofenac sodium ER tablet (generic for Voltaren <sup>®</sup> XR)
naproxen sodium tablet (generic for Anaprox <sup>®</sup> )	diclofenac sodium-misoprostol tablet (generic for Arthroce <sup>®</sup> )
naproxen tablet (generic for Naprosyn <sup>®</sup> )	diffunisal tablet (generic for Dolobid <sup>®</sup> )
sulindac tablet (generic for Clinoril <sup>®</sup> )	Dolobid tablet
	etodolac capsule / tablet / ER tablet (generic for Lodine <sup>®</sup> / XL)
	Feldene <sup>®</sup> Capsule
	fenoprofen capsule/ tablet (generic for Nalfon <sup>®</sup> )
	flurbiprofen tablet (generic for Ansaid <sup>™</sup> )
	ibuprofen / famotidine tablet (generic for Duexis <sup>®</sup> ) - <b>T/F of only celecoxib required</b>
	indomethacin ER capsule (generic for Indocin SR <sup>®</sup> )
	indomethacin suppository
	ketoprofen capsule (generic for Orudis <sup>®</sup> )
	ketoprofen ER capsule (generic for Oruvail <sup>®</sup> )
	Kiprofen <sup>™</sup> (ketoprofen) Capsule (branded generic for Orudis <sup>®</sup> )
	Lofera <sup>™</sup> Tablet
	Lurbiro <sup>™</sup> Tablet
	meclfenamate capsule (generic for Meclomen <sup>®</sup> )
	mefenamic acid capsule (generic for Ponstel <sup>®</sup> )
	meloxicam capsule (generic for Vivlodex <sup>®</sup> )
	nabumetone tablet (generic for Relafen <sup>®</sup> )
	Nalfon <sup>®</sup> Capsule / Tablet
	Naprelan <sup>®</sup> Tablet
	Naprosyn <sup>®</sup> Suspension
	naproxen sodium ER tablet (generic for Naprelan <sup>®</sup> )
	naproxen suspension (generic for Naprosyn <sup>®</sup> )
	naproxen-esomeprazole tablet (generic for Vimovo <sup>®</sup> ) - <b>T/F of only celecoxib required</b>
	oxaprozin tablet (generic for DayPro <sup>®</sup> )
	piroxicam capsule (generic for Feldene <sup>®</sup> )
	Relafen <sup>™</sup> DS Tablet
	Tolectin <sup>™</sup> (tolmetin) Tablet
	tolmetin tablet / capsule (generic for Tolectin <sup>®</sup> / DS)
	Vimovo <sup>®</sup> Tablet - <b>T/F of only celecoxib required</b>
	<b>Vyscixa<sup>™</sup> Suspension</b>
NEUROPATHIC PAIN	
Preferred	Non-Preferred
duloxetine capsule (generic for Cymbalta <sup>®</sup> )	Cymbalta <sup>®</sup> Capsule
gabapentin capsule / solution / tablet (generic for Neurontin <sup>®</sup> )	DermacinRx <sup>™</sup> Lidocan Patch - <b>Clinical criteria apply</b>
lidocaine patch (generic for Lidoderm <sup>®</sup> ) - <b>Clinical criteria apply</b>	Drizalma <sup>™</sup> Sprinkle
pregabalin capsule / solution (generic for Lyrica <sup>®</sup> )	duloxetine capsule (generic for Irenka <sup>®</sup> )
	gabapentin ER tablet (generic for Gralise <sup>®</sup> )
	Gabarone <sup>™</sup> Tablet
	Gralise <sup>®</sup> Tablet
	Horizant <sup>®</sup> Tablet
	Lidocan <sup>™</sup> Patch - <b>Clinical criteria apply</b>
	Lidoderm <sup>®</sup> Patch - <b>Clinical criteria apply</b>
	Lyrica <sup>®</sup> Capsule / Solution / CR Tablet
	Neurontin <sup>®</sup> Capsule / Solution / Tablet
	pregabalin ER tablet (generic for Lyrica <sup>®</sup> CR)
	Quitenza <sup>®</sup> Kit
	Savella <sup>®</sup> Tablet / Titration Pack
	Tridacaine <sup>™</sup> Patch
	ZTLido <sup>™</sup> Patch - <b>Clinical criteria apply</b>
ANTICONSULSANTS	
CARBAMAZEPINE DERIVATIVES	
<b>Plans may not apply additional utilization management or prior authorization criteria to this category</b>	
<b>Patients with a diagnosis of seizure disorder are exempt from T/F criteria and may use any carbamazepine product.</b>	
Preferred	Non-Preferred
carbamazepine tablet / suspension / chewable tablet / XR tablet (generic for Tegretol <sup>®</sup> / XR)	Aptiom <sup>®</sup> Tablet
Equetro <sup>®</sup> Capsule	carbamazepine ER capsule (generic for Carbatrol <sup>®</sup> )
eslicarbazepine acetate Tablet (generic for Aptiom <sup>®</sup> )	Carbatrol <sup>®</sup> Capsule
oxcarbazepine suspension / tablet (generic for Trileptal <sup>®</sup> )	Epitol <sup>®</sup> Tablet
Oxtellar <sup>®</sup> XR Tablet	Oxcarbazepine ER (generic for Oxtellar <sup>®</sup> XR)
Tegretol <sup>®</sup> Suspension / Tablet / XR Tablet	Trileptal <sup>®</sup> Tablet
Trileptal <sup>®</sup> Suspension	
FIRST GENERATION	
<b>Patients with a diagnosis of seizure disorder are exempt from T/F criteria and may use any first generation product.</b>	
Preferred	Non-Preferred
Celontin <sup>®</sup> Kapsal	Depakote <sup>®</sup> ER Tablet / Sprinkle Capsule
Dilantin <sup>®</sup> Capsule / Infatab / Suspension	Depakote <sup>®</sup> Tablet
divalproex sprinkle capsule / ER tablet / tablet (generic for Depakote <sup>®</sup> / ER / Sprinkle)	felbamate tablet (generic for Felbatol <sup>®</sup> )
ethosuximide capsule / solution (generic for Zaronin <sup>®</sup> )	methsuximide capsule (generic for Celontin <sup>®</sup> )
felbamate suspension (generic for Felbatol <sup>®</sup> )	Sezaby <sup>®</sup> Vial
Felbatol <sup>®</sup> Suspension / Tablet	Zaronin <sup>®</sup> Capsule / Solution
phenobarbital tablet / elixir / solution	
Phenytek <sup>®</sup> Capsule	
phenytoin chewable / extended capsules / infatab / suspension (generic for Dilantin <sup>®</sup> )	
phenytoin extended capsules (generic for Phenytek <sup>®</sup> )	
primidone Tablet (generic for Mysoline <sup>®</sup> )	
valproic acid capsule / solution (generic for Depakene <sup>®</sup> )	

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SECOND GENERATION

Plans may not apply additional utilization management or prior authorization criteria to this category  
Patients with a diagnosis of seizure disorder are exempt from T/F criteria and may use any second generation product.

Preferred	Non-Preferred
Briviact <sup>®</sup> Tablet / Solution	Banzel <sup>®</sup> Suspension
clobazam suspension / tablet (generic for Onfi <sup>®</sup> )	Banzel <sup>®</sup> Tablet
clonazepam tablet (generic for Klonopin <sup>®</sup> )	Brivaracetam Tablet (generic for Briviact <sup>®</sup> )
Diacomit <sup>®</sup> Capsule / Powder Pack	clonazepam ODT (generic for Klonopin <sup>®</sup> Wafer)
diazepam rectal / system (generic for Diastat <sup>®</sup> Accudial / Pedi System)	Elepsia <sup>™</sup> XR Tablet
Eprontia <sup>™</sup> Solution	Epidiolex <sup>®</sup> Solution - <b>Clinical criteria apply</b>
Fintepla <sup>®</sup> Solution	Gabarone <sup>™</sup> Tablet
Fycempa <sup>®</sup> Tablet / Suspension	Keppra <sup>®</sup> Tablet / Solution / XR Tablet
gabapentin capsule / solution / tablet (generic for Neurontin <sup>®</sup> )	Klonopin <sup>®</sup> Tablet
lacosamide tablet (generic for Vimpat <sup>®</sup> )	lacosamide solution (generic for Vimpat <sup>®</sup> )
lamotrigine chewable / tablet / ODT (generic for Lamictal <sup>™</sup> )	Lamictal <sup>®</sup> Chewable / ODT / ODT Starter Kit / Starter Kit / Tablet / XR / XR Starter Kit
lamotrigine ER tablet (generic for Lamictal <sup>®</sup> XR)	lamotrigine ODT dose pack/ tablet dose pack (generic for Lamictal <sup>®</sup> )
levetiracetam tablet / ER tablet / solution (generic for Keppra <sup>®</sup> / XR)	Levetiracetam tablet (generic for Spritam <sup>®</sup> )
Nayzilam <sup>®</sup> Nasal Spray	Libervant <sup>™</sup> (diazepam) Buccal Film
Qudexy <sup>®</sup> XR Capsule	Lyrica <sup>®</sup> Capsule / Solution
Rowcepra <sup>™</sup> Tablet	Motopoly XR <sup>™</sup> (lacosamide extended release) Capsule
rufinamide suspension (generic for Banzel <sup>®</sup> )	Neurontin <sup>®</sup> Capsule / Solution / Tablet
rufinamide tablet (generic for Banzel <sup>®</sup> )	Onfi <sup>®</sup> Suspension / Tablet
Sabril <sup>®</sup> Tablet / Powder Packet	perampanel Tablet / Suspension (generic for Fycempa <sup>®</sup> )
Subvenite <sup>®</sup> Tablet / Tab Start Kit	Spritam <sup>®</sup> Tablet
tiagabine tablet (generic for Gabitril <sup>®</sup> )	Sympazan <sup>™</sup> Film
topiramate sprinkle capsule / tablet (generic for Topamax <sup>®</sup> )	Topamax <sup>®</sup> Sprinkle Capsule / Tablet
Valtoco <sup>®</sup> Nasal Spray	topiramate ER capsule (generic for Trokendi XR <sup>®</sup> ) - <b>T/F of Trokendi<sup>®</sup> XR Capsule required for coverage</b>
vigabatrin Powder Packet (generic for Sabril <sup>®</sup> )	topiramate ER sprinkle capsule (generic for Quedxy <sup>®</sup> )
Xcopri <sup>®</sup> Tablet / Titration Pack	Topiramate Solution
zonisamide capsule (generic for Zonegran <sup>®</sup> )	Trokendi <sup>®</sup> XR Capsule
	vigabatrin tablet (generic for Sabril <sup>®</sup> )
	Vigadrone <sup>™</sup> Powder Packet / Tablet
	Vigafyde <sup>™</sup> Solution
	Vigpoder <sup>™</sup> Powder Packet
	Vimpat <sup>®</sup> Solution / Starter Kit / Tablet
	Zonisade <sup>™</sup> Oral Suspension
	Zulmyl <sup>®</sup> Oral Suspension

ANTI-INFECTIVES - SYSTEMIC

ANTIBIOTICS

Penicillins, Cephalosporins and Related

Preferred	Non-Preferred
amoxicillin capsule / chewable / suspension / tablet (generic for Amoxil <sup>®</sup> , Trimox <sup>®</sup> )	amoxicillin-clavulanate chewable tablet (generic for Augmentin <sup>®</sup> )
amoxicillin-clavulanate suspension / tablet (generic for Augmentin <sup>®</sup> )	amoxicillin-clavulanate XR tablet (generic for Augmentin <sup>®</sup> / XR)
ampicillin capsule / injection / vial	Augmentin <sup>®</sup> Suspension / ES-600 / XR Tablet
ampicillin-sulbactam injection / vial	ceclor capsule / suspension / ER tablet (generic for Ceclor <sup>®</sup> / CD)
Bicillin <sup>®</sup> C-R injection	cefadroxil tablet (generic for Duricef <sup>®</sup> )
cefadroxil capsule / suspension (generic for Duricef <sup>®</sup> )	cefixime Tablet (generic for Suprax <sup>®</sup> )
cefdinir capsule / suspension (generic for Omnicef <sup>®</sup> )	cefixime suspension (generic for Suprax <sup>®</sup> ) <b>T/F of preferred agents not required for children &lt; 12 years of age</b>
cefixime capsule (generic for Suprax <sup>®</sup> )	cefepodoxime suspension / tablet (generic for Vantin <sup>®</sup> )
cefprozil suspension / tablet (generic for Ceftin <sup>®</sup> )	cephalexin tablet (generic for Keflex <sup>®</sup> )
cefuroxime tablet (generic for Cefin <sup>®</sup> )	piperacillin - tazobactam IV piggy back
cephalexin capsule / suspension (generic for Keflex <sup>®</sup> )	
dicloxacillin capsule	
nafcillin injection / vial	
oxacillin injection / vial	
penicillin G injection / vial	
penicillin V suspension / tablet	
Pfizerpen <sup>®</sup> injection / vial	
piperacillin - tazobactam injection / vial	
Unasyn <sup>®</sup> injection / vial	
Zosyn <sup>®</sup> injection / vial	

Lincosamides and Oxazolidinones

Preferred	Non-Preferred
clindamycin capsules / solution (generic for Cleocin <sup>®</sup> )	Cleocin Pediatric Solution
linezolid suspension (oral) / tablet (generic for Zyvox <sup>®</sup> )	Cleocin <sup>®</sup> Capsules / Vial
	Cleocin <sup>®</sup> Pediatric Solution
	clindamycin injection (generic for Cleocin <sup>®</sup> )
	Lincocin <sup>®</sup> Vial
	lincomycin vial (generic for Lincocin <sup>®</sup> )
	linezolid IV solution (generic for Zyvox <sup>®</sup> )
	Sivextro <sup>®</sup> Tablet / Vial
	Zyvox <sup>®</sup> Tablet / IV Solution / Suspension

Macrolides and Ketolides

Preferred	Non-Preferred
azithromycin powder packet / suspension / tablet (generic for Zithromax <sup>®</sup> )	clarithromycin ER tablet (generic for Biaxin XL <sup>®</sup> )
clarithromycin suspension / tablet (generic for Biaxin <sup>®</sup> )	Eryped <sup>®</sup> 200/400 Suspension
E.E.S. <sup>®</sup> Filmtab / Suspension	Ery-Tab <sup>®</sup> Tablet
Erythrocin <sup>®</sup> Filmtab	Zithromax <sup>®</sup> Powder Packet / Suspension / Tablet / Tri-Pak / Z-Pak
erythromycin ES 200 mg and 400 mg suspension (generic for E.E.S. <sup>®</sup> Suspension, Eryped <sup>®</sup> )	
erythromycin EC capsule (generic for Erye <sup>®</sup> )	
erythromycin filmtab	
erythromycin ES tablet (generic for E.E.S. <sup>®</sup> Filmtab)	

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Nitroimidazoles (Gastrointestinal Antibiotics)	
Preferred	Non-Preferred
metronidazole tablet (generic for Flagyl <sup>®</sup> )	Aemcolo <sup>®</sup> DR Tablet
vancomycin capsule (generic for Vancocin <sup>®</sup> )	Difucid <sup>®</sup> Suspension / Tablet - <b>T/F of only vancomycin is required for treatment of Clostridium difficile</b>
vancomycin oral solution (generic for Firvanq <sup>®</sup> )	fidaxomicin Tablet (generic for Dificid <sup>®</sup> )- <b>T/F of only vancomycin is required for treatment of Clostridium difficile</b>
	Firvanq <sup>®</sup> Solution
	Flagyl <sup>®</sup> Capsule
	Likmez <sup>™</sup> Suspension
	metronidazole 125 mg tablet (generic for Flagyl <sup>®</sup> )
	metronidazole capsule (generic for Flagyl <sup>®</sup> )
	neomycin tablet (generic for Mycifradin <sup>®</sup> )
	nitazoxanide tablet (generic for Alinia <sup>®</sup> Tablet)
	Solosec <sup>™</sup> Granules
	tinidazole tablet (generic for Tindamax <sup>®</sup> )
	Vancocin <sup>®</sup> Capsule
	Vowst <sup>™</sup> Capsule - <b>Clinical criteria apply</b>
Quinolones	
Preferred	Non-Preferred
Cipro <sup>®</sup> Suspension	Baxdela <sup>™</sup> Tablet
ciprofloxacin tablet (generic for Cipro <sup>®</sup> )	Cipro <sup>®</sup> Tablet
levofloxacin tablet (generic for Levaquin <sup>®</sup> )	ciprofloxacin suspension (generic for Cipro <sup>®</sup> )
moxifloxacin tablet (generic for Avelox <sup>®</sup> )	levofloxacin solution (generic for Levaquin <sup>®</sup> )
	ofloxacin tablet (generic for Floxin <sup>®</sup> )
Tetracycline Derivatives	
Preferred	Non-Preferred
doxycycline hyclate capsule / tablet (generic for Vibramycin <sup>®</sup> , Vibra-Tab <sup>®</sup> )	demeclocycline tablet (generic for Declomycin <sup>®</sup> )
doxycycline monohydrate 50mg, 100mg capsule (generic for Monodox <sup>®</sup> )	Doryx <sup>®</sup> DR / MPC Tablet
minocycline 50mg, 75mg, 100mg capsule (generic for Minocin <sup>®</sup> )	doxycycline hyclate DR tablet (generic for Doryx <sup>®</sup> DR)
	doxycycline monohydrate 40mg IR-DR capsule (generic for Oracea <sup>®</sup> )
	doxycycline monohydrate 50mg, 75mg, 100mg, 150mg tablet
	doxycycline monohydrate 75mg, 150mg capsule (generic for Monodox <sup>®</sup> , Adoxa <sup>®</sup> )
	doxycycline suspension (generic for Vibramycin <sup>®</sup> ) - <b>T/F of preferred agents not required for patients &lt; 12 years of age</b>
	Lymepak <sup>™</sup> Tablet
	minocycline 50mg, 75mg, 100mg tablet
	minocycline ER tablet (generic for Solodyn <sup>®</sup> ER) <b>Clinical justification and failure of doxycycline and minocycline required. Limited to a 12 week supply.</b>
	Morgidox <sup>®</sup> Capsule / Kit
	Nuzra <sup>™</sup> Tablet
	Oracea <sup>®</sup> capsule
	tetracycline capsule (generic for Sumycin <sup>®</sup> )
	tetracycline tablet (generic for Sumycin <sup>®</sup> / Panmycin <sup>®</sup> )
Antifungals	
Preferred	Non-Preferred
clotrimazole troche / lozenge (generic for Mycelex <sup>®</sup> Troche)	Brexafemme <sup>®</sup> Tablet
fluconazole suspension / tablet (generic for Diflucan <sup>®</sup> )	Cresemba <sup>®</sup> Capsule
griseofulvin suspension (generic for Grifulvin V <sup>®</sup> )	Diflucan <sup>®</sup> Suspension / Tablet
griseofulvin ultra tablet (generic for Gris-Peg <sup>®</sup> )	flucytosine capsule (generic for Ancobon <sup>®</sup> )
nystatin suspension (generic for Nilstat <sup>®</sup> )	griseofulvin micro tablets (generic for Grifulvin V <sup>®</sup> )
nystatin tablet (generic for Mycostatin <sup>®</sup> )	itraconazole capsule / solution (generic for Sporanox <sup>®</sup> )
terbinafine tablet (generic for Lamisil <sup>®</sup> )	ketoconazole tablet (generic for Nizoral <sup>®</sup> )
	Noxafil <sup>®</sup> Suspension / Tablet / DR Suspension Packet
	Oravig <sup>®</sup> Buccal Tablet
	posaconazole tablet / suspension (generic for Noxafil <sup>®</sup> )
	Sporanox <sup>®</sup> Capsule / Solution
	Tolsura <sup>®</sup> Capsule
	Vfend <sup>®</sup> Suspension / Tablet
	Vivjoa <sup>®</sup> Capsule - <b>Clinical criteria apply</b>
	voriconazole suspension / tablet (generic for Vfend <sup>®</sup> )
Antivirals (General)	
	<b>Plans may not apply additional utilization management or prior authorization criteria to this category</b>
Preferred	Non-Preferred
Paxlovid <sup>™</sup> Tablet dose Pack	
Lagevrio <sup>™</sup> Capsule	
Antivirals (Hepatitis B Agents)	
Preferred	Non-Preferred
entecavir tablet (generic for Baraclude <sup>®</sup> )	adefovir tablet (generic for Hepsera <sup>®</sup> )
lamivudine HBV tablet (generic for Epivir <sup>®</sup> )	Baraclude <sup>®</sup> Solution / Tablet
tenofovir disoproxil fumarate tablet (generic for Viread <sup>®</sup> )	<del>Tenofovir disoproxil fumarate tablet (generic for Viread<sup>®</sup>)</del>
Viread <sup>®</sup> Powder / Tablet	Vemlidy <sup>®</sup> Tablet



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**ANTIHYPERKINESIS / ADHD**

**Plans may not apply additional utilization management or prior authorization criteria to this category**

**Preferred** **Non-Preferred**

Adderall® Tablet (Generic Product Per FDA)	Adzenys® XR ODT
Adderall® XR Capsule	Adderall® XR Capsule
amphetamine salt combo tablet (generic for Adderall®)	Amphetamine ER ODT (generic for Adzenys® XR ODT)- <b>T/F of preferred agents not required for children &lt; 12 years of age</b>
amphetamine salt combo XR capsule (generic for <b>Off Cycle Change: Moved Adderall® XR Capsule, Concerta® Tablet, and Vyvanse® Chewable Tablet from non-preferred to preferred due to drug shortages.</b> )	amphetamine salt combo ER capsule (generic for Mydavis®)
atomoxetine capsule (generic for Strattera®)	amphetamine sulfate tablet (generic for Evekeo®)
clonidine ER tablet (generic for Kapvay®)	Aptensio® XR Capsule
Concerta® Tablet	Azstarys® Capsule
Davtrana® Patch	Concerta® Tablet
dexamethylphenidate tablet / ER capsule (generic for Focalin® / XR)	Cotempla® XR-ODT
dextroamphetamine tablet (generic for Dexedrine®)	Dexedrine® Spansule®
guanfacine ER tablet (generic for Intuniv®)	dextroamphetamine ER capsule (generic for Dexedrine® Spansule®)
lisdexamfetamine chewable tablet (generic for Vyvanse®)	dextroamphetamine solution (generic for ProCentra®)
Methylin® Solution	Dyanavel® XR Suspension - <b>T/F of preferred agents not required for children &lt; 12 years of age</b>
methylphenidate CD capsule (generic for Metadate® CD)	Dyanavel® XR Tablet
methylphenidate ER tablet (generic for Concerta®)	Evekeo® Tablet / Evekeo® ODT Tablet
methylphenidate tablet / solution (generic for Methylin®, Ritalin®)	Focalin® Tablet
Vyvanse® Capsule	Focalin® XR Capsule
Vyvanse® Chewable Tablet	Intuniv® Tablet
	Jornav PM® Capsule
	lisdexamfetamine capsule (generic for Vyvanse®)
	methamphetamine tablet (generic for Desoxyn®)
	methylphenidate chewable (generic for Methylin®)
	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 Davtrana®)
	Mydavis® ER Capsule
	Onyda XR Suspension- <b>T/F of preferred agents not required for children &lt; 12 years of age</b>
	ProCentra® Solution
	Qelbree® Capsule
	Quillichew® ER Tablet - <b>T/F of preferred agents not required for children &lt; 12 years of age</b>
	Quilivant® XR Suspension - <b>T/F of preferred agents not required for children &lt; 12 years of age</b>
	Relexxi® ER Tablet
	Ritalin® LA Capsule
	Ritalin® Tablet
	Strattera® Capsule
	<b>Vyvanse® Chewable Tablet</b>
	Xelstrym® Patch
	Zenzedi® Tablet

**INJECTABLE ANTIPSYCHOTICS**

Injectable Long Acting

**Plans may not apply additional utilization management or prior authorization criteria to this category**

**Preferred** **Non-Preferred**

Abilify Asimtufo® Syringe Kit	
Abilify Maintena® Syringe / Vial	
Aristada® / Initio® Syringe	Open class-No recommendations
Erzofri® (paliperidone palmitate) extended-release sus	
fluphenazine decanoate vial (generic for Prolixin decanoate®)	
Haldol® decanoate Ampule	
haloperidol decanoate ampule / vial (generic for Haldol decanoate®)	
Invenga® Hafyera Prefilled Syringe Kit	
Invenga® Sustenna Prefilled Syringe	
Invenga® Trinza Syringe	
Perseris® Syringe	
Risperdal® Consta Vial	
risperidone ER vial (generic for Risperdal® Consta)	
Rykindo® Vial / Vial Kit	
Uzedly® Syringe Kit	
Zyprexa® Relprevv® Vial Kit	

**ATYPICAL ANTIPSYCHOTICS**

Oral / Transdermal

**Plans may not apply additional utilization management or prior authorization criteria to this category**

**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 Invenga®)	Cobenfy
quetiapine tablet / ER tablet (generic for Seroquel® / XR)	Cobenfy Starter Pack
risperidone ODT / solution / tablet (generic for Risperdal®)	Famapt® Tablet / Titration Pack
Vraylar® Capsule	Geodon® Capsule
ziprasidone capsule (generic for Geodon®)	Invenga® Tablet
	Latuda® Tablet
	Lybalvi® Tablet
	Nuplazid® Tablet / Capsule
	olanzapine-fluoxetine capsule (generic for Symbyax®)
	Opipza™ (Aripiprazole) Oral Film
	Rexulti® Tablet / 7-Day Pack / 14-Day Pack
	Risperdal® Solution / Tablet
	Saphris® SL Tablet
	Secuado® Patch
	Seroquel® Tablet / XR Tablet / XR Sample Kit
	Versacloz® Suspension
	Zyprexa® Tablet / Zydis® Tablet

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CARDIOVASCULAR		
ACE INHIBITORS		
Preferred		Non-Preferred
benazepril tablet (generic for Lotensin <sup>®</sup> )		Accupril <sup>®</sup> Tablet
enalapril tablet (generic for Vasotec <sup>®</sup> )		Altace <sup>®</sup> Capsule
lisinopril tablet (generic for Prinivil <sup>®</sup> and Zestril <sup>®</sup> )		captopril tablet (generic for Capoten <sup>®</sup> )
ramipril capsule (generic for Altace <sup>®</sup> )		enalapril solution (generic for Epaned <sup>®</sup> ) - <b>T/F of preferred agents not required for children &lt; 12 years of age</b>
		Epaned <sup>®</sup> Solution - <b>T/F of preferred agents not required for children &lt; 12 years of age</b>
		fosinopril tablet (generic for Monopril <sup>®</sup> )
		Lotensin <sup>®</sup> Tablet
		moexipril tablet (generic for Univas <sup>®</sup> )
		perindopril tablet (generic for Aceon <sup>®</sup> )
		Qbrelis <sup>®</sup> Solution - <b>T/F of preferred agents not required for children &lt; 12 years of age</b>
		quinapril tablet (generic for Accupril <sup>®</sup> )
		trandolapril tablet (generic for Mavik <sup>®</sup> )
		Zestril <sup>®</sup> Tablet
ACE INHIBITOR / CALCIUM CHANNEL BLOCKER COMBINATIONS		
Preferred		Non-Preferred
amlodipine-benazepril capsule (generic for Lotrel <sup>®</sup> )	Open class-No recommendations	Lotrel <sup>®</sup> Capsule
		trandolapril-verapamil ER tablet (generic for Tarka <sup>®</sup> )
ACE INHIBITOR / DIURETIC COMBINATIONS		
Preferred		Non-Preferred
enalapril-HCTZ tablet (generic for Vasoretic <sup>®</sup> )		Accuretic <sup>®</sup> Tablet
lisinopril-HCTZ tablet (generic for Prinizide <sup>®</sup> , Zestoretic <sup>®</sup> )		benazepril-HCTZ tablet (generic for Lotensin <sup>®</sup> HCT)
		captopril-HCTZ tablet (generic for Capozide <sup>®</sup> )
		fosinopril-HCTZ tablet (generic for Monopril <sup>®</sup> HCT)
		Lotensin <sup>®</sup> HCT Tablet
		quinapril-HCTZ tablet (generic for Accuretic <sup>®</sup> , Quinaretic <sup>®</sup> )
		Vasoretic <sup>®</sup> Tablet
		Zestoretic <sup>®</sup> Tablet
ANGIOTENSIN II RECEPTOR BLOCKERS		
Preferred		Non-Preferred
irbesartan tablet (generic for Avapro <sup>®</sup> )		Arbli <sup>™</sup> Suspension
losartan tablet (generic for Cozaar <sup>®</sup> )		Atacand <sup>®</sup> Tablet
olmesartan tablet (generic for Benicar <sup>®</sup> )		Avapro <sup>®</sup> Tablet
valsartan tablet (generic for Diovan <sup>®</sup> )		Benicar <sup>®</sup> Tablet
		candesartan tablet (generic for Atacand <sup>®</sup> )
		Cozaar <sup>®</sup> Tablet
		Diovan <sup>®</sup> Tablet
		Edarbi <sup>®</sup> Tablet
		eprosartan tablet (generic for Teveten <sup>®</sup> )
		Micardis <sup>®</sup> Tablet
		telmisartan tablet (generic for Micardis <sup>®</sup> )
		valsartan oral solution
ANGIOTENSIN II RECEPTOR BLOCKER COMBINATIONS		
Preferred		Non-Preferred
amlodipine-olmesartan tablet (generic for Azor <sup>®</sup> )		Azor <sup>®</sup> Tablet
amlodipine-valsartan tablet (generic for Exforge <sup>®</sup> )		Exforge <sup>®</sup> Tablet / HCT Tablet
olmesartan-amlodipine-HCTZ tablet (generic for Tribenzor <sup>®</sup> )		telmisartan-amlodipine tablet (generic for Twynsta <sup>®</sup> )
		Tribenzor <sup>®</sup> Tablet
		amlodipine-valsartan-HCTZ tablet (generic for Exforge <sup>®</sup> HCT)
ANGIOTENSIN II RECEPTOR BLOCKER DIURETIC COMBINATIONS		
Preferred		Non-Preferred
irbesartan-HCTZ tablet (generic for Avalide <sup>®</sup> )		Atacand <sup>®</sup> HCT Tablet
losartan-HCTZ tablet (generic for Hyzaar <sup>®</sup> )		Avalide <sup>®</sup> Tablet
olmesartan-HCTZ tablet (generic for Benicar <sup>®</sup> HCT)		Benicar <sup>®</sup> HCT Tablet
valsartan-HCTZ tablet (generic for Diovan <sup>®</sup> HCT)		candesartan-HCTZ tablet (generic for Atacand <sup>®</sup> HCT)
		Diovan <sup>®</sup> HCT Tablet
		Edarbyclor <sup>®</sup> Tablet
		Hyzaar <sup>®</sup> Tablet
		Micardis <sup>®</sup> HCT Tablet
		telmisartan-HCTZ tablet (generic for Micardis <sup>®</sup> HCT)
ANGIOTENSIN II RECEPTOR / NEPRILYSIN BLOCKER COMBINATIONS		
Preferred		Non-Preferred
Entresto <sup>®</sup> Tablet		Entresto <sup>®</sup> (sacubitril / valsartan) Sprinkle Pellet - <b>T/F of preferred agents not required for children &lt; 12 years of age</b>
sacubitril and valsartan tablet (generic for Entresto <sup>®</sup> )	Moved Entresto <sup>®</sup> Tablet from preferred to non-preferred Moved sacubitril and valsartan tablet (generic for Entresto <sup>®</sup> ) from non-preferred to preferred	Entresto <sup>®</sup> Tablet
		sacubitril and valsartan tablet (generic for Entresto <sup>®</sup> )
ANTIANGINAL & ANTI-ISCHEMIC		
Preferred		Non-Preferred
ranolazine ER tablet (generic for Ranexa <sup>®</sup> Tablet)	Removed: No Longer Rebate Eligible Aspruzo <sup>™</sup> Sprinkle	Aspruzo <sup>™</sup> Sprinkle
ANTI-ARRHYTHMICS		
Preferred		Non-Preferred
amiodarone tablet (generic for Cordarone <sup>®</sup> )		Multaq <sup>®</sup> Tablet
disopyramide capsule (generic for Norpace <sup>®</sup> )		Norpace <sup>®</sup> Capsule / CR Capsule
dofetilide capsule (generic for Tikosyn <sup>®</sup> )	Open class-No recommendations	Pacerone <sup>®</sup> Tablet
flecainide tablet (generic for Tambocor <sup>®</sup> )		quinidine gluconate ER tablet (generic for Quinaglute DuraTabs <sup>®</sup> )
mexiletine capsule (generic for Mexitil <sup>®</sup> )		Tikosyn <sup>®</sup> Capsule
propafenone tablet (generic for Rhythmol <sup>®</sup> )		
propafenone SR capsule (generic for Rhythmol SR <sup>®</sup> )		
quinidine sulfate tablet (generic for Quinidex <sup>®</sup> Tablet)		

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BETA BLOCKERS		
Preferred	Plans may not apply additional utilization management or prior authorization criteria to this category	Non-Preferred
atenolol tablet (generic for Tenormin <sup>®</sup> )		acebutolol capsule (generic for Sectral <sup>®</sup> )
bisoprolol tablet (generic for Zebeta <sup>®</sup> )		Betapace <sup>®</sup> Tablet / AF Tablet
carvedilol tablet (generic for Coreg <sup>®</sup> )	Removed: No Longer Rebate Eligible Coreg <sup>®</sup> Tablet / CR Capsule	betaxolol tablet (generic for Kerlone <sup>®</sup> )
Hemangeol <sup>®</sup> Solution		Bystolic <sup>®</sup> Tablet
labetalol tablet (generic for Trandate <sup>®</sup> )		carvedilol ER capsule (generic for Coreg <sup>®</sup> CR Capsule)
metoprolol succinate XL tablet (generic for Toprol XL <sup>®</sup> )		Coreg <sup>®</sup> Tablet / CR Capsule
metoprolol tartrate tablet (generic for Lopressor <sup>®</sup> )		Inderal <sup>®</sup> LA Capsule / XL Capsule
nadolol tablet (generic for Corgard <sup>®</sup> )		Innopran <sup>®</sup> XL Capsule
nebivolol tablet (generic for Bystolic <sup>®</sup> )		Kaspargo <sup>®</sup> Sprinkle - T/F of preferred agents not required for children < 12 years of age
propranolol solution / tablet / ER capsule (generic for Inderal <sup>®</sup> )		Lopressor <sup>®</sup> Tablet / Solution
sotalol tablet / AF tablet (generic for Betapace <sup>®</sup> / AF, Sorine <sup>®</sup> )		pindolol tablet (generic for Viskin <sup>®</sup> )
		Sotylize <sup>®</sup> Solution
		Tenormin <sup>®</sup> Tablet
		timolol tablet (generic for Blocadren <sup>®</sup> )
		Toprol XL <sup>®</sup> Tablet
BETA BLOCKER DIURETIC COMBINATIONS		
Preferred		Non-Preferred
atenolol-chlorthalidone tablet (generic for Tenoretic <sup>®</sup> )		metoprolol-HCTZ tablet (generic for Lopressor <sup>®</sup> HCT)
bisoprolol-HCTZ tablet (generic for Ziac <sup>®</sup> )		propranolol-HCTZ tablet (generic for Inderide <sup>®</sup> )
		Tenoretic <sup>®</sup> Tablet
BILE ACID SEQUESTRANTS		
Preferred		Non-Preferred
cholestyramine packet / powder / light packet / light powder (generic for Questran <sup>®</sup> / Questran <sup>®</sup> Light)		colesevelam packet / tablet (generic for Welchol <sup>®</sup> )
colestipol tablet (generic for Colestid <sup>®</sup> Tablet)		Colestid <sup>®</sup> Granules / Tablet
		colestipol granules (generic for Colestid <sup>®</sup> )
		Prevalite <sup>®</sup> Packet / Powder
		Questran <sup>®</sup> Light Powder / Packet / Powder
		Welchol <sup>®</sup> Packet / Tablet
CARDIOVASCULAR, OTHER		
Preferred		Non-Preferred
Camzyos <sup>®</sup> Capsule - <b>Clinical criteria apply</b>		Lodoco <sup>®</sup>
CHOLESTEROL LOWERING AGENTS		
Preferred		Non-Preferred
atorvastatin tablet (generic for Lipitor <sup>®</sup> )		Altprev <sup>®</sup> Tablet
ezetimibe (generic for Zetia <sup>®</sup> )		amlodipine-atorvastatin tablet (generic for Caduet <sup>®</sup> )
lovastatin tablet (generic for Mevacor <sup>®</sup> )		Atorvaliq <sup>®</sup> Suspension
pravastatin tablet (generic for Pravachol <sup>®</sup> )		Caduet <sup>®</sup> Tablet
rosuvastatin tablet (generic for Crestor <sup>®</sup> )		Crestor <sup>®</sup>
simvastatin tablet (generic for Zocor <sup>®</sup> )		Ezallor <sup>™</sup> Capsule
		ezetimibe-simvastatin (generic for Vytorin <sup>®</sup> )
		fluvastatin capsule / ER tablet (generic for Lescol <sup>®</sup> / XL)
		Juxtapid <sup>®</sup> Capsule - <b>Clinical criteria apply</b>
		Lescol <sup>®</sup> XL Tablet
		Lipitor <sup>®</sup> Tablet
		Livalo <sup>®</sup> Tablet - T/F of preferred agents not required with concomitant antiretroviral therapy in patients diagnosed with HIV
		Nextletol <sup>®</sup> Tablet - <b>Clinical criteria apply</b>
		Nextizet <sup>®</sup> Tablet - <b>Clinical criteria apply</b>
		pitavastatin tablet (generic for Livalo <sup>®</sup> ) - T/F of preferred agents not required with concomitant antiretroviral therapy in patients diagnosed with HIV
		Vytorin <sup>®</sup> Tablet
		Zetia <sup>®</sup> Tablet
		Zocor <sup>®</sup> Tablet
		Zypitamag <sup>™</sup> Tablet
CORONARY VASODILATORS		
Preferred		Non-Preferred
isosorbide dinitrate tablet (generic for Isordil <sup>®</sup> Titradose <sup>®</sup> , IsoDitrane <sup>®</sup> , et al.)		Gonitro <sup>®</sup> Sublingual Powder
isosorbide mononitrate tablet / ER tablet (generic for Ismo <sup>®</sup> , Monoket <sup>®</sup> , Imdur <sup>®</sup> )		Nitro-Bid <sup>®</sup> Ointment
nitroglycerin patch / spray / SL tablet (generic for Nitro-Dur <sup>®</sup> , Minitran <sup>®</sup> , Nitrostat <sup>®</sup> , et al.)		Nitro-Dur <sup>®</sup> Patch
Nitrostat <sup>®</sup> SL Tablet		nitroglycerin ointment (generic for Nitro-Bid <sup>®</sup> )
		Nitrolingual <sup>®</sup> Spray
		Verquvo <sup>™</sup> Tablet
DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS		
Preferred	Plans may not apply additional utilization management or prior authorization criteria to this category	Non-Preferred
amlodipine tablet (generic for Norvasc <sup>®</sup> )		felodipine ER tablet (generic for Plendil <sup>®</sup> )
nifedipine capsule (generic for Procardia <sup>®</sup> )		isradipine capsule (generic for Dynacirc <sup>®</sup> )
nifedipine ER tablet (generic for Adalat CC <sup>®</sup> / Procardia XL <sup>®</sup> )		Katerzia <sup>™</sup> Suspension - T/F of preferred agents not required for children < 12 years of age
Norliqua <sup>®</sup> Solution		levamlodipine tablet (generic for Coniupri <sup>®</sup> )
		nicardipine capsule (generic for Cardene <sup>®</sup> )
		nimodipine capsule (generic for Nimotop <sup>®</sup> )
		nimodipine solution
		nisoldipine ER tablet (generic for Sular <sup>®</sup> )
		Norvasc <sup>®</sup> Tablet
		Nymalize <sup>®</sup> Solution / oral syringe
		Procardia <sup>®</sup> XL Tablet
		Sular <sup>®</sup> Tablet

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DIRECT RENIN INHIBITOR		
Preferred		Non-Preferred
Tekturna <sup>®</sup> Tablet	Removed: Obsolete: Tekturna <sup>®</sup> HCT Tablet	aliskiren tablet (generic for Tekturna <sup>®</sup> Tablet)
Tekturna <sup>®</sup> HCT Tablet		
ENDOTHELIN RECEPTOR ANTAGONISTS		
Covered for diagnosis of Pulmonary Arterial Hypertension only		
Preferred		Non-Preferred
ambisentan tablet (generic for Letairis <sup>®</sup> Tablet)		bosentan tablet /tablet for suspension (generic for Tracleer <sup>®</sup> )
Tracleer <sup>®</sup> Tablet		Letairis <sup>®</sup> Tablet
		Opsumit <sup>®</sup> Tablet
		Opsynvi <sup>®</sup> Tablet
		Tracleer <sup>®</sup> Suspension
INHALED PROSTACYCLIN ANALOGS		
Preferred		Non-Preferred
Tyvaso <sup>®</sup> Refill Kit / Solution / Starter Kit		Tyvaso <sup>®</sup> DPI
Ventavis <sup>®</sup> Solution		Yutrepia <sup>®</sup> DPI
NIACIN DERIVATIVES		
Preferred		Non-Preferred
niacin ER tablet (generic for Niaspan <sup>®</sup> )		
NITRATE COMBINATION		
Preferred		Non-Preferred
Bidil <sup>®</sup> Tablet	Moved Bidil <sup>®</sup> Tablet from preferred to non-preferred	isosorbide dinitr/hydralazine tablet (generic for Bidil <sup>®</sup> )
isosorbide dinitr/hydralazine tablet (generic for Bidil <sup>®</sup> )	Moved isosorbide dinitr/hydralazine tablet (generic for Bidil <sup>®</sup> ) from non-preferred to preferred	Bidil <sup>®</sup> Tablet
NON-DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS		
Preferred		Non-Preferred
Cartia XT <sup>®</sup> Capsule (branded generic for Cardizem CD <sup>®</sup> )		diltiazem LA tablet (generic for Cardizem LA <sup>®</sup> )
Dilt XR <sup>®</sup> Capsule (branded generic for Dilacor XR <sup>®</sup> )		Matzim <sup>®</sup> LA Tablet (generic for Cardizem LA <sup>®</sup> )
diltiazem ER 24 hour capsule (generic for Dilacor XR <sup>®</sup> , Tiazac <sup>®</sup> )	Open class-No recommendations	Verapamil Capsule SR (generic for Verelan <sup>®</sup> )
diltiazem tablet / CD capsule / ER 12 hour capsule (generic for Cardizem <sup>®</sup> / CT)		verapamil ER capsule / PM capsule (generic for Verelan <sup>®</sup> / Verelan <sup>®</sup> PM)
Taztia XT <sup>®</sup> Capsule (branded generic for Tiazac <sup>®</sup> )		Verelan <sup>®</sup> PM Capsule
Tiadyl <sup>®</sup> ER Capsule		
verapamil tablet / ER tablet (generic for Calan <sup>®</sup> / SR)		
ORAL PULMONARY HYPERTENSION		
Covered for diagnosis of Pulmonary Arterial Hypertension (all) and Chronic Thromboembolic Pulmonary Hypertension- Adempas <sup>®</sup> only		
Preferred		Non-Preferred
Alyq <sup>®</sup> Tablet (branded generic for tadalafil)		Adcirca <sup>®</sup> Tablet
sildenafil tablet (generic for Revatio <sup>®</sup> )		Adempas <sup>®</sup> Tablet
tadalafil tablet (generic for Adcirca <sup>®</sup> )		Orenitram <sup>®</sup> ER Tablet / Titration Kit
		Revatio <sup>®</sup> Suspension / Tablet - T/F of preferred agents not required for children < 12 years of age for Suspension ONLY
		sildenafil suspension (generic for Revatio <sup>®</sup> ) - T/F of preferred agents not required for children < 12 years of age
		Tadliq <sup>®</sup> Suspension
		Upravi <sup>®</sup> Tablet / Titration Pack
PCSK9		
Plans may not apply additional utilization management or prior authorization criteria to this category Clinical criteria apply to all drugs in this class		
Preferred		Non-Preferred
Repatha <sup>®</sup> Syringe / Pushtironix / Sureclick		Leqvio <sup>®</sup> Injection
Praluent <sup>®</sup> Pen		
PLATELET INHIBITORS		
Plans may not apply additional utilization management or prior authorization criteria to this category		
Preferred		Non-Preferred
Brilinta <sup>®</sup> Tablet	Moved Brilinta <sup>®</sup> Tablet from preferred to non-preferred	aspirin/dipyridamole ER capsule (generic for Aggrenox <sup>®</sup> )
clopidogrel tablet (generic for Plavix <sup>®</sup> )	Moved Ticagrelor Tablet (generic for Brilinta <sup>®</sup> ) from non-preferred to preferred	Brilinta <sup>®</sup> Tablet
dipyridamole tablet (generic for Persantine <sup>®</sup> )		Effient <sup>®</sup> Tablet
prasugrel tablet (generic for Effient <sup>®</sup> Tablet)		Plavix <sup>®</sup> Tablet
Ticagrelor Tablet (generic for Brilinta <sup>®</sup> )		Ticagrelor Tablet (generic for Brilinta <sup>®</sup> )
SYMPATHOLYTICS AND COMBINATIONS		
Preferred		Non-Preferred
clonidine tablet / patch (generic for Catapres <sup>®</sup> / TTS)		clonidine ER tablet (generic for Nexiclon <sup>™</sup> XR)
guanfacine tablet (generic for Tenex <sup>®</sup> )	NTM: Added Javadin <sup>™</sup> Solution to non-preferred	Javadin <sup>™</sup> Solution
methylodopa tablet (generic for Aldomet <sup>®</sup> )		methylodopa vial (generic for Aldomet <sup>®</sup> )
		methylodopa-HCTZ tablet (generic for Aldoril <sup>®</sup> )
		Nexiclon <sup>™</sup> XR Tablet
TRIGLYCERIDE LOWERING AGENTS		
Preferred		Non-Preferred
fenofibrate tablet (generic for Tricor <sup>®</sup> )		fenofibrate capsule / tablet (generic for Antara <sup>®</sup> , Lofibra <sup>®</sup> , Fenoglide <sup>®</sup> , et. al)
gemfibrozil tablet (generic for Lopid <sup>®</sup> )		fenofibric acid tablet (generic for Fibricor <sup>®</sup> , Trilipix <sup>®</sup> )
icosapent ethyl capsule (generic for Vascepa <sup>®</sup> )		Fibricor <sup>®</sup> Tablet
omega-3 acid ethyl esters capsule (generic for Lovaza <sup>®</sup> )		Lipofen <sup>®</sup> Capsule
		Lopid <sup>®</sup> Tablet
		Tricor <sup>®</sup> Tablet
		Trilipix <sup>®</sup> Capsule

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

**April Meeting Draft  
(Effective July 2026)**

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

CENTRAL NERVOUS SYSTEM	
ANTIMIGRAINE AGENTS	
Quantity limits apply to all triptans	
Preferred	Non-Preferred
rizatriptan tablet / ODT (generic for Maxalt <sup>®</sup> )	almotriptan tablet (generic for Axert <sup>®</sup> )
sumatriptan nasal spray / tablet / vial (generic for Imitrex <sup>®</sup> )	diclofenac potassium powder packet (generic for Cambia <sup>®</sup> ) - T/F of 2 preferred NSAIDs, in addition to T/F of 2 preferred triptans in the Antimigraine Agents class required for coverage
Open class-No recommendations	eletriptan tablet (generic for Relpax <sup>®</sup> )
	Elyxyb <sup>™</sup> Solution - T/F of 2 preferred NSAIDs, in addition to T/F of 2 preferred triptans in the Antimigraine Agents class required for coverage
	Frova <sup>®</sup> Tablet
	frovatriptan tablet (generic for Frova <sup>®</sup> )
	Imitrex <sup>®</sup> Cartridge / Nasal Spray / Pen / Tablet
	Maxalt <sup>®</sup> Tablet / MLT Tablet
	naratriptan tablet (generic for Amerge <sup>®</sup> )
	Relpax <sup>®</sup> Tablet
	Reyvow <sup>™</sup> Tablet
	sumatriptan / naproxen tablet (generic for Treximet <sup>®</sup> )
	sumatriptan injection kit / refill / syringe (generic for Imitrex <sup>®</sup> )
	Symbravo <sup>®</sup> Tablet
	Tosymra <sup>™</sup> Nasal Spray
	Zembrace <sup>®</sup> SymTouch <sup>®</sup>
	zolmitriptan nasal spray / ODT / tablet (generic for Zomig <sup>®</sup> )
	Zamia <sup>™</sup> Nasal Spray / Tablet
ANTIMIGRAINE AGENTS	
CGRP Blockers/Modulators PREVENTATIVE	
Plans may not apply additional utilization management or prior authorization criteria to this category	
Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred
Aimovig <sup>®</sup> Autoinjector	Emgality <sup>®</sup> Syringe 100 MG
Ajovy <sup>®</sup> Autoinjector / Syringe	Vyepti <sup>®</sup> Vial
Emgality <sup>®</sup> Pen / Syringe	
Nurtec <sup>®</sup> ODT	
Qulipta <sup>®</sup> Tablet	
ANTIMIGRAINE AGENTS	
CGRP Blockers/Modulators ACUTE TREATMENT	
Plans may not apply additional utilization management or prior authorization criteria to this category	
Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred
Nurtec <sup>®</sup> ODT	Zavzpret <sup>™</sup> Nasal Spray
Ubrovelvy <sup>®</sup> Tablet	
ANTI-NARCOLEPSY	
Plans may not apply additional utilization management or prior authorization criteria to this category	
Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred
Provigil <sup>®</sup> Tablet	armodafinil tablet (generic for Nuvigil <sup>®</sup> )
	modafinil tablet (generic for Provigil <sup>®</sup> )
	Nuvigil <sup>™</sup> Tablet
	Sunosi <sup>™</sup> Tablet
	Wakix <sup>®</sup> Tablet
ANTI-PARKINSON AND RESTLESS LEG SYNDROME AGENTS	
Preferred	Non-Preferred
amantadine capsule / solution (generic for Symmetrel <sup>®</sup> )	Apokyn <sup>®</sup> Cartridge
benztropine tablet (generic for Cogentin <sup>®</sup> )	apomorphine cartridge (generic for Apokyn <sup>®</sup> )
bromocriptine capsule / tablet (generic for Parlodel <sup>®</sup> )	Azilect <sup>®</sup> Tablet
carbidopa-levodopa ODT (generic for Parcopa <sup>®</sup> )	carbidopa tablet (generic for Lodossyn <sup>®</sup> )
carbidopa-levodopa tablet / ER tablet (generic for Sinemet <sup>®</sup> ) / <b>NTM: Added carbidopa-levodopa ER (generic for Rytary<sup>®</sup>) to non-preferred</b>	<b>carbidopa-levodopa ER (generic for Rytary<sup>®</sup>)</b>
pramipexole tablet (generic for Mirapex <sup>®</sup> )	carbidopa-levodopa-entacapone tablet (generic for Stalevo <sup>®</sup> )
ropinirole tablet (generic for Requip <sup>®</sup> )	Crexont Capsule ER
selegiline capsule / tablet (generic for Emsam <sup>®</sup> )	Dhivy Tablet <sup>™</sup>
trihexyphenidyl elixir / tablet (generic for Artane <sup>®</sup> )	Duopa <sup>®</sup> Suspension
	entacapone tablet (generic for Comtan <sup>®</sup> )
	Gocovri <sup>™</sup> Capsule - <b>Clinical criteria apply</b>
	Horizant <sup>®</sup> Tablet
	Inbrija <sup>™</sup> Inhalation - <b>Clinical criteria apply</b>
	Neupro <sup>®</sup> Patch
	Nourianz <sup>™</sup> Tablet
	Onango <sup>™</sup> Cartridge
	Ongentys <sup>®</sup> Capsule - <b>Clinical criteria apply</b>
	<b>Osmolex ER<sup>™</sup> Tablet - Clinical criteria apply</b>
	pramipexole ER tablet (generic for Mirapex ER <sup>®</sup> )
	rasagiline tablet (generic for Azilect <sup>®</sup> )
	ropinirole ER tablet (generic for Requip XL <sup>®</sup> )
	Rytary <sup>®</sup> ER Capsule
	Sinemet <sup>®</sup> Tablet
	Stalevo <sup>®</sup> Tablet
	tolcapone tablet (generic for Tasmar <sup>®</sup> )
	Vyalev Vial
	Xadago <sup>®</sup> Tablet
MULTIPLE SCLEROSIS	
Injectable	
Plans may not apply additional utilization management or prior authorization criteria to this category	
Preferred	Non-Preferred
Avonex <sup>®</sup> Pack / Pen / Syringe	Briumvi <sup>™</sup> Vial
Betaseron <sup>®</sup> Kit / Vial	Copaxone <sup>®</sup> 40 MG/ML Syringe
Copaxone <sup>®</sup> Syringe 20 MG/ML	glatiramer syringe 20 MG/ML (generic for Copaxone <sup>®</sup> Syringe)
glatiramer syringe 40 MG/ML (generic for Copaxone <sup>®</sup> Syringe)	Glatopa <sup>®</sup> Syringe
Kesimpta <sup>®</sup> Pen	Lentada <sup>®</sup> Vial
Rebif <sup>®</sup> Rebidose <sup>®</sup> / Titration Pack / Syringe	Ocrevus <sup>®</sup> Vial - T/F of preferred agents not required for diagnosis of Primary Progressive MS (PPMS)
	Ocrevus <sup>®</sup> Zonovo Vial T/F of preferred agents not required for diagnosis of Primary Progressive MS (PPMS)
	Plegridy <sup>®</sup> Pen / Pen Starter Pack / Syringe / Syringe Starter Pack
	Tysabri <sup>®</sup> Vial

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Preferred		Oral		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®)	<b>NTM: Added Cladribine Tablet (generic for Mavenclad®) to non-preferred</b>	<b>Cladribine Tablet (generic for Mavenclad®)</b>			
		Gilenya® Capsule			
		Mavenclad® Tablet			
		Mavzent® Starter Pack / Tablet			
		Ponvory® Starter Pack / Tablet			
		Tascenso ODT™			
		Tecfidera® Capsule / Starter Pack			
		Vumerity™ Capsule			
		Zeposia® Starter Pack / Capsule			
Preferred		AMYOTROPHIC LATERAL SCLEROSIS (ALS) AGENTS		Non-Preferred	
riluzole tablet (generic for Rilutek®)		edaravone infusion bag (generic for Radicava®)			
	<b>Open class-No recommendations</b>	edaravone Vial (generic for Radicava®)			
		<b>Qalsody® Vial T/F of preferred agents not required for SOD1 gene mutation</b>			
		Radicava® ORS® Suspension / ORS® Starter Kit Suspension / Infusion Bag			
		Tiglutik® Suspension			
SEDATIVE HYPNOTICS					
<b>Plans may not apply additional utilization management or prior authorization criteria to this category</b>					
<b>Quantity limits apply to all sedative hypnotics</b>					
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 Prosom®)			
		Halcion® Tablet			
		Hetlioz® Capsule / LQ Suspension - <b>Clinical criteria apply</b>			
		Lunesta® Tablet			
		quazepam tablet (generic for Doral®)			
		Quviviq™ Tablet			
		Restoril® Capsule			
		Rozerem® Tablet			
		tasimelteon capsule (generic for Hetlioz®) - <b>Clinical criteria apply, T/F of Hetlioz® Capsule required for coverage</b>			
		temazepam 7.5, 22.5 mg capsule (generic for Restoril®)			
		triazolam tablet (generic for Halcion®)			
		zolpidem capsule			
		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					
<b>Plans may not apply additional utilization management or prior authorization criteria to this category</b>					
<b>Clinical criteria apply to all drugs in this class</b>					
<b>Prior Approval Not Required for Use of Serostim® in AIDS Wasting Syndrome</b>					
Preferred				Non-Preferred	
Genotropin® Cartridge / MiniQuick®		Humatrope® Cartridge			
Norditropin® Flexpro®	<b>Open class-No recommendations</b>	Ngenia® Pen			
		Nutropin® AQ NuSpin®			
		Omnitrope® Cartridge / Vial			
		Serostim® Vial			
		Skytrofa® Cartridge - <b>T/F of preferred agents not required for children &lt;18 years of age</b>			
		Sogrova® Pen			
		Zomacton® Vial			
HYPOGLYCEMICS - INJECTABLE					
Rapid Acting Insulin					
<b>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.</b>					
Preferred				Non-Preferred	
insulin aspart U-100 Penfill/ FlexPen® / vial (generic for Novolog®)		Admelog® SoloStar® / Vial			
insulin lispro U-100 Junior KwikPen® (generic for Humalog® Junior)		Afrezza® Inhalation Powder			
insulin lispro U-100 KwikPen® / vial (generic for Humalog®)		Apidra® SoloStar® / Vial			
Relion Novolog® U-100 FlexPen® / Vial		Fiasp® FlexTouch® / Penfill® / PumpCart® / Vial			
		Humalog® U-100 Cartridge/ Junior KwikPen®/ KwikPen® / Vial			
		Humalog® U-100 Tempo Pen™			
		Humalog® U-200 KwikPen®			
		Kirsty Vial / Pen (biosimilar to Novolog®)			
		Lyumjev™ U-100 KwikPen® / U-200 KwikPen® / Vial			
		Merilog Solostar® Pen			
		Merilog® Vial			
		Novolog® U-100 Penfill/ FlexPen® / Vial			
Short Acting Insulin					
<b>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.</b>					
Preferred				Non-Preferred	
Humulin® R Vial		Mxredlin™ Injection			
Humulin® R U-500 KwikPen® / U500 Vial		Novolin® R Vial / ReliOn® R Vial			
		Novolin R FlexPen® / ReliOn® R FlexPen			
Intermediate Acting Insulin					
Preferred				Non-Preferred	
<b>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.</b>					

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Humulin <sup>®</sup> N Vial	Open class-No recommendations	Humulin <sup>®</sup> N KwikPen <sup>®</sup> Novolin <sup>®</sup> N FlexPen <sup>®</sup> / ReliOn <sup>®</sup> N FlexPen <sup>®</sup> Novolin <sup>®</sup> N Vial / ReliOn <sup>®</sup> N Vial
Long Acting Insulin		
<b>Plans may not apply additional utilization management or prior authorization criteria to this category</b>		
<b>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.</b>		
Preferred		Non-Preferred
insulin glargine vial / SoloStar <sup>®</sup> (authorized biologic for Lantus)	Removed: Obsolete: insulin glargine SoloStar <sup>®</sup> (authorized biologic for Lantus) and Levemir FlexTouch <sup>®</sup>	Basaglar <sup>®</sup> U-100 KwikPen <sup>®</sup> Basaglar <sup>®</sup> U-100 Tempo Pen <sup>™</sup> insulin degludec pen / vial (generic for Tresiba <sup>®</sup> ) insulin glargine SoloStar <sup>®</sup> / Max SoloStar <sup>®</sup> (generic for Toujeo <sup>®</sup> ) insulin glargine-yfgn pen / vial (generic for Semglee <sup>™</sup> yfgn) Levemir <sup>®</sup> / FlexPen <sup>®</sup> / FlexTouch <sup>®</sup> / Vial Rezvoglar <sup>™</sup> Kwikpen <sup>®</sup> Semglee <sup>™</sup> yfgn Pen / Vial Toujeo <sup>®</sup> SoloStar <sup>®</sup> / Max SoloStar <sup>®</sup> Tresiba <sup>™</sup> FlexTouch <sup>®</sup> / Vial
Lantus <sup>®</sup> SoloStar <sup>®</sup> / Vial		Combination Insulin
Preferred		Non-Preferred
<b>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.</b>		
Preferred		Non-Preferred
insulin lispro protamine 75/25 KwikPen <sup>®</sup> (generic for Humalog <sup>®</sup> 75/25 Mix)		Humalog <sup>®</sup> 75/25 Mix KwikPen <sup>®</sup> Humalog <sup>®</sup> 50/50 Mix KwikPen <sup>®</sup> Humalog <sup>®</sup> 75/25 Vial
Premixed Rapid Combination Insulin		
Preferred		Non-Preferred
<b>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.</b>		
insulin aspart protamine-aspart 70/30 U-100 FlexPen <sup>®</sup> (generic for Novolog <sup>®</sup> Mix 70/30)		Novolin <sup>®</sup> 70/30 FlexPen <sup>®</sup> / Vial Novolog <sup>®</sup> Mix 70/30 Vial / FlexPen <sup>®</sup> Relion Novolin <sup>®</sup> (human insulin NPH / human insulin) 70/30 FlexPen <sup>®</sup> Relion Novolin <sup>®</sup> 70/30 Vial Relion Novolog <sup>®</sup> 70/30 Vial / FlexPen <sup>®</sup>
Humulin <sup>®</sup> 70/30 KwikPen <sup>®</sup> / Vial		
Amylin Analogs		
<b>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</b>		
Preferred		Non-Preferred
Symlin <sup>®</sup> Pen Injector		
GLP-1 Receptor Agonists and Combinations indicated for the treatment of Diabetes		
<b>Plans may not apply additional utilization management or prior authorization criteria to this category</b>		
<b>Clinical criteria apply to all drugs in this class</b>		
Preferred		Non-Preferred
Byetta <sup>®</sup> Pen		Bydureon <sup>®</sup> BCise <sup>™</sup>
Trulicity <sup>®</sup> Pen		exenatide Pen (generic for Byetta <sup>®</sup> )
Victoza <sup>®</sup> Pen		liraglutide pen (generic for Victoza <sup>®</sup> )
Ozempic <sup>®</sup> Pen		Mouniario <sup>™</sup> Pen Rybelsus <sup>®</sup> Tablet Soliqua <sup>®</sup> Pen Xultophy <sup>®</sup> Pen
HYPOGLYCEMICS - ORAL		
2nd Generation Sulfonylureas		
Preferred		Non-Preferred
gliclazide tablet (generic for Amaryl <sup>®</sup> )		
glipizide tablet / ER tablet (generic for Glucotrol <sup>®</sup> / XL)		
Glucotrol <sup>®</sup> XL Tablet		
glyburide micronized tablet (generic for Micronase <sup>®</sup> , Glynase <sup>®</sup> )		
glyburide tablet (generic for Diabeta <sup>®</sup> )		
Alpha-Glucosidase Inhibitors		
Preferred		Non-Preferred
acarbose tablet (generic for Precose <sup>®</sup> )		miglitol tablet (generic for Glyset <sup>®</sup> ) Precose <sup>®</sup> Tablet
Biguanides and Combinations		
Preferred		Non-Preferred
glipizide-metformin tablet (generic for Metaglip <sup>®</sup> )		metformin ER tablet (generic for Fortamet <sup>®</sup> ) metformin ER tablet (generic for Glumetza <sup>™</sup> ) metformin solution (generic for Riomet <sup>®</sup> ) - T/F of preferred agents not required for children < 12 years of age metformin tablet (625 mg) Riomet <sup>®</sup> Solution
glyburide-metformin tablet (generic for Glucovance <sup>®</sup> )		
metformin tablet / ER tablet (generic for Glucophage <sup>®</sup> / ER)		
DPP-IV Inhibitors and Combinations		
<b>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</b>		
Preferred		Non-Preferred
Janumet <sup>®</sup> Tablet / XR Tablet		alogliptin tablet (generic for Nesina <sup>®</sup> ) alogliptin-metformin tablet (generic for Kazano <sup>®</sup> ) alogliptin-pioglitazone tablet (generic for Oseni <sup>®</sup> ) Brynovin <sup>™</sup> Solution Glyxambi <sup>®</sup> Tablet Kazano <sup>®</sup> Tablet Kombiglyze <sup>®</sup> XR Tablet Nesina <sup>®</sup> Tablet Oseni <sup>®</sup> Tablet Qtern <sup>®</sup> Tablet saxagliptin tablet (generic for Onglyza <sup>®</sup> ) saxagliptin-metformin ER tablet (generic for Kombiglyze <sup>®</sup> XR) sitagliptin / metformin ER Tablet (generic for Zituvi <sup>™</sup> XR) sitagliptin tablet (generic for Januvia <sup>®</sup> ) sitagliptin-metformin tablet (generic for Zituvi <sup>™</sup> ) Steglujan <sup>®</sup> Tablet Triajardy <sup>®</sup> XR Tablet Zituvi <sup>™</sup> Zituvi <sup>™</sup> XR Zituvi <sup>™</sup> Tablet
Januvia <sup>®</sup> Tablet		
Jentadueto <sup>®</sup> Tablet / XR Tablet		
Onglyza <sup>®</sup> Tablet		
Tradienta <sup>®</sup> Tablet		
Meglitinides		

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Preferred	Non-Preferred
natoglinide tablet (generic for Starlix <sup>®</sup> )	
rosiglitazone tablet (generic for Prandin <sup>™</sup> )	
SGLT-2 Inhibitors and Combinations	
<b>Plans may not apply additional utilization management or prior authorization criteria to this category</b> <b>Clinical criteria apply to all drugs in this class</b>	
Preferred	Non-Preferred
Farxiga <sup>®</sup> Tablet	dapagliflozin tablet (generic for Farxiga <sup>®</sup> )
Jardiance <sup>®</sup> Tablet	dapagliflozin / metformin ER tablet (generic for Xigduo <sup>®</sup> XR)
Synjardy <sup>®</sup> Tablet	Inpefa <sup>™</sup> Tablet
Synjardy <sup>®</sup> XR Tablet	Invokamet <sup>®</sup> Tablet / XR Tablet
Xigduo <sup>®</sup> XR Tablet	Invokana <sup>®</sup> Tablet
	Segluromet <sup>™</sup> Tablet
	Steglatro <sup>™</sup> Tablet
Thiazolidinediones and Combinations	
Preferred	Non-Preferred
pioglitazone tablet (generic for Actos <sup>®</sup> )	ActoPlus Met <sup>®</sup> Tablet
	Actos <sup>®</sup> Tablet
	Duetact <sup>®</sup> Tablet
	pioglitazone-glimepiride tablet (generic for Duetact <sup>®</sup> )
	pioglitazone-metformin tablet (generic for ActoPlus Met <sup>®</sup> )
<b>GASTROINTESTINAL</b>	
<b>ANTIEMETIC-ANTIVERTIGO AGENTS</b>	
<b>Plans may not apply additional utilization management or prior authorization criteria to this category</b>	
Preferred	Non-Preferred
aprepitant capsule (generic for Emend <sup>®</sup> ) - <b>Clinical criteria apply</b>	Akynzeo <sup>®</sup> Capsule / Vial
Diclegis <sup>®</sup> Tablet	Antivert <sup>®</sup> Tablet / Chewable Tablet
meclizine tablet (generic for Antivert <sup>®</sup> )	Anzemet <sup>®</sup> Tablet
metoclopramide solution / tablet (generic for Reglan <sup>®</sup> )	Aponiv <sup>™</sup> Vial
ondansetron ODT 4mg and 8 mg/ solution / tablet (generic for Zofran <sup>®</sup> )	aprepitant pack (generic for Emend <sup>®</sup> ) - <b>Clinical criteria apply</b>
prochlorperazine tablet (generic for Compazine <sup>®</sup> )	Barhemsys <sup>®</sup> Vial
promethazine syrup / suppository (12.5 mg and 25 mg) / tablet / ampule / vial (generic for Phenergan <sup>®</sup> )	Bonjesta <sup>®</sup> Tablet
Promethegan <sup>®</sup> (promethazine) Suppository (12.5 mg and 25 mg)	Cinvanti <sup>®</sup> Vial
scopolamine patch (generic for Transderm-Scop <sup>®</sup> )	Compro <sup>®</sup> Suppository
Transderm-Scop <sup>®</sup> Patch	dimenhydrinate vial (generic for Dramamine <sup>®</sup> )
	doxylamine-pyridoxine tablet (generic for Diclegis <sup>®</sup> )
	dronabinol capsule (generic for Marinol <sup>®</sup> )
	Emend <sup>®</sup> Capsule / Powder Packet / Trifold Pack - <b>Clinical criteria apply</b>
	Emend <sup>®</sup> Vial
	Focinvez <sup>™</sup> (fosaprepitant) Vial
	fosaprepitant vial (generic for Emend <sup>®</sup> )
	Gimoti <sup>™</sup> Nasal Spray
	granisetron vial / tablet (generic for Kytril <sup>®</sup> )
	Marinol <sup>®</sup> Capsule
	metoclopramide vial
	ondansetron ODT (16 mg)
	ondansetron vial
	palonosetron injection (generic for Aloxi <sup>®</sup> )
	Phenergan <sup>™</sup> Ampule / Vial
	Posifra <sup>™</sup> Vial
	prochlorperazine vial / suppository (generic for Compazine <sup>®</sup> )
	Promethegan <sup>®</sup> Suppository (50 mg)
	Reglan <sup>®</sup> Tablet
	Sancuso <sup>®</sup> Patch
	Sustol <sup>®</sup> Syringe
	Tigan <sup>®</sup> Vial
	trimethoprimamide capsule (generic for Tigan <sup>®</sup> )
<b>BILE ACID SALTS</b>	
<b>T/F of only one preferred drug required</b>	
Preferred	Non-Preferred
ursodiol capsule (generic for Actigall <sup>®</sup> )	Bilvay <sup>™</sup> Capsule / Pellet - <b>T/F of preferred agents not required for diagnosis of PFIC</b>
ursodiol tablet (generic for Urso <sup>®</sup> )	Chenodal <sup>®</sup> Tablet
	Cholbam <sup>®</sup> Capsule
	Citexl <sup>™</sup> Tablet
	Iqirvo <sup>®</sup> (elaftiranor) Tablet
	Livdelzi Capsule
	Livmarli <sup>®</sup> Oral Solution/ Tablet
	Ocaliva <sup>®</sup> Tablet
	Reltone <sup>™</sup> Capsule
	Urso Forte <sup>®</sup> Tablet
<b>H. PYLORI COMBINATIONS</b>	
Preferred	Non-Preferred
Pylera <sup>®</sup> Capsule	bismuth / metronidazole / tetracycline capsule (generic for Pylera <sup>®</sup> )
	lansoprazole-amoxicillin-clarithromycin pack (generic for Prevpac <sup>®</sup> )
	Omeclamox-Pak <sup>®</sup> Combo Pack
	Talicia <sup>®</sup> Capsule
	Voquezna <sup>®</sup> Tablet / Dual Pak / Triple Pak
<b>HISTAMINE-2 RECEPTOR ANTAGONISTS</b>	
Preferred	Non-Preferred
famotidine tablet / suspension (generic for Pepcid <sup>®</sup> )	cimetidine tablet (generic for Tagamet <sup>®</sup> )
	cimetidine solution (generic for Tagamet <sup>®</sup> )
	nizatidine capsule (generic for Axid <sup>®</sup> )
<b>PANCREATIC ENZYMES</b>	
<b>Plans may not apply additional utilization management or prior authorization criteria to this category</b>	
Preferred	Non-Preferred
Creon <sup>®</sup> Capsule	Pertzye <sup>®</sup> Capsule
Viokase <sup>®</sup> Tablet	
Zenpep <sup>®</sup> Capsule	
<b>PROGESTINS USED FOR CACHEXIA</b>	
Preferred	Non-Preferred
megestrol suspension / tablet (generic for Megace <sup>®</sup> )	megestrol ES suspension (generic for Megace <sup>®</sup> ES)

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PROTON PUMP INHIBITORS		
Preferred		Non-Preferred
	<b>T/F of preferred agents not required for children &lt; 12 years of age</b>	
esomeprazole magnesium capsule (generic for Nexium® Rx)		Dexilant® Capsule
lansoprazole capsule (generic for Prevacid® Rx)		dexlansoprazole capsules (generic for Dexilant®)
Nexium® Rx Packet		esomeprazole magnesium OTC capsule / tablet (generic for Nexium® OTC)
omeprazole Rx capsule (generic for Prilosec® Rx)		esomeprazole magnesium packet (generic for Nexium® Rx Packet)
pantoprazole tablet (generic for Protonix®)		Konvomep™ Suspension
Protonix® 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®)
SELECTIVE CONSTIPATION AGENTS		
Preferred		Non-Preferred
Linzess® Capsule		alosetron tablet (generic for Lotronex®)
lubiprostone capsule (generic for Amitiza®)		Amitiza® Capsule
		lberela® Tablet
		Lotronex® Tablet
		Motegrity™ Tablet
		Movantik® Tablet
		prucalopride tablet (generic for Motegrity®)
		Symploc® Tablet
		Viberzi® Tablet - <b>T/F of preferred agents not required for Irritable Bowel Syndrome with Diarrhea (IBS-D)</b>
ULCERATIVE COLITIS		
Oral		
Preferred		Non-Preferred
balsalazide capsule (generic for Colazal®)		Azulfidine® Entab / Tablet
Pentasa® Capsule		budesonide ER tablet (generic for Uceris®)
sulfasalazine IR / DR tablet (generic for Azulfidine® / Entab)		Dipentum® Capsule
		Lialda® Tablet
		mesalamine DR capsule / tablet (generic for Delzicol®, Asacol® HD, Lialda®)
		mesalamine ER capsule (generic for Apriso®, Pentasa®)
ULCERATIVE COLITIS		
Rectal		
Preferred		Non-Preferred
	<b>T/F of only one preferred drug required</b>	
mesalamine enema (generic for Rowasa®)		budesonide rectal foam
mesalamine suppository (generic for Canasa®)		Canasa® Suppository
SF Rowasa® Enema		mesalamine enema (generic for SF Rowasa®)
		mesalamine kit (generic for Rowasa®)
		Rowasa® Kit
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®)		Fosrenol® Chewable Tablet / Powder Pack
		lanthanum carbonate chewable tablet (generic for Fosrenol®)
		MagneBind® 400 Rx Tablet
		Renvela® Powder Pack / Tablet
		sevelamer hydrochloride tablet (generic for Renagel®)
		Velphoro® Chewable
		Xphozah® Tablet
BENIGN PROSTATIC HYPERPLASIA TREATMENTS		
Preferred		Non-Preferred
alfuzosin ER tablet (generic for Uroxatral®)		Cardura® Tablet / XL Tablet
doxazosin tablet (generic for Cardura®)		Cialis® Tablet 5 mg - <b>Clinical criteria apply</b>
dutasteride capsule (generic for Avodart®)		dutasteride / tamsulosin capsule (generic for Jalyn®)
finasteride tablet (generic for Proscar®)		Flomax® Capsule
tamsulosin capsule (generic for Flomax®)		Proscar® Tablet
terazosin capsule (generic for Hytrin®)		Rapaflo® Capsule
		silodosin capsule (generic for Rapaflo®)
		tadalafil tablet (2.5 mg / 5 mg) (generic for Cialis®) - <b>Clinical criteria apply</b>
		Tezruy™ Oral Solution

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**URINARY ANTISPASMODICS**

**Plans may not apply additional utilization management or prior authorization criteria to this category**

**Preferred** **Non-Preferred**

fesoterodine ER tablet (generic for Toviaz <sup>®</sup> )	darifenacin ER tablet (generic for Enablex <sup>®</sup> )
oxybutynin solution / syrup / tablet / ER tablet (generic for Ditropan <sup>®</sup> / XL)	Detrol <sup>®</sup> Tablet / LA Capsule
solifenacin tablet (generic for Vesicare <sup>®</sup> )	flavoxate tablet (generic for Urispas <sup>®</sup> )
tolterodine tablet / ER capsule (generic for Detrol <sup>®</sup> / LA)	Gentesa <sup>®</sup> Tablet - <b>T/F of preferred agents not required for diagnosis of dementia or mild cognitive impairment and for patients age ≥65 years</b>
Myrbetriq <sup>®</sup> ER Tablet	mirabegron ER Tablet (generic for Myrbetriq <sup>®</sup> ) - <b>T/F of preferred agents not required for diagnosis of dementia or mild cognitive impairment and for patients age ≥65 years</b>
	Myrbetriq <sup>®</sup> Granules- <b>T/F of preferred agents not required for diagnosis of dementia or mild cognitive impairment and for patients age ≥65 years</b>
	oxybutynin tablet (2.5 mg)
	Oxytrol <sup>®</sup> Patch
	Toviaz <sup>®</sup> Tablet
	tropium tablet / ER capsule (generic for Sanctura <sup>®</sup> / XR)
	Vesicare <sup>®</sup> LS Suspension / Tablet

**GOUT**

**Preferred** **Non-Preferred**

allopurinol tablet (generic for Zyloprim <sup>®</sup> )	allopurinol tablet (200 mg)
colchicine tablet (generic for Colcris <sup>®</sup> )	colchicine capsule (generic for Mitigare <sup>®</sup> )
probenecid tablet (generic for Benemid <sup>®</sup> )	Colcris <sup>®</sup> Tablet
probenecid-colchicine tablet (generic for Col-Benemid <sup>®</sup> )	febuxostat tablet (generic for Uloric <sup>®</sup> Tablet)
	Gloperba <sup>®</sup> Solution
	Krystexxa <sup>®</sup> Vial
	Mitigare <sup>®</sup> (branded colchicine 0.6mg) Capsules
	Uloric <sup>®</sup> Tablet
	Zyloprim <sup>®</sup> Tablet

**HEMATOLOGIC**

**ANTICOAGULANTS**

Injectable

**Preferred** **Non-Preferred**

enoxaparin syringe / vial (generic for Lovenox <sup>®</sup> )	Arixtra <sup>®</sup> Syringe
Fragmin <sup>®</sup> Vial	fondaparinux syringe (generic for Arixtra <sup>®</sup> )
	Fragmin <sup>®</sup> Syringe
	Lovenox <sup>®</sup> Syringe / Vial
	Oral

**Plans may not apply additional utilization management or prior authorization criteria to this category**

**Preferred** **Non-Preferred**

dabigatran capsule (generic for Pradaxa <sup>®</sup> Capsule)	Pradaxa <sup>®</sup> Capsule
Eliquis <sup>®</sup> Sprinkle / Suspension	Pradaxa <sup>®</sup> Pellet Pack
Eliquis <sup>®</sup> Tablet / Starter Dose Pack	Rivaroxaban tablet / Suspension (generic for Xarelto <sup>®</sup> )
Jantoven <sup>®</sup> (branded generic for Coumadin <sup>®</sup> )	Savaysa <sup>®</sup> Tablet
warfarin tablet (generic for Coumadin <sup>®</sup> )	Xarelto <sup>®</sup> Suspension
Xarelto <sup>®</sup> Starter Pack / Tablet	

**COLONY STIMULATING FACTORS**

**Plans may not apply additional utilization management or prior authorization criteria to this category**

**Preferred** **Non-Preferred**

Fulphila <sup>®</sup> Syringe	Granix <sup>®</sup> Safe Syringe / Syringe / Vial
Fvlnetra <sup>®</sup> Syringe	Leukine <sup>®</sup> Vial
Neupogen <sup>®</sup> Vial / Syringe	Neulasta <sup>®</sup> Syringe / Kit
	Nivestym <sup>™</sup> Syringe / Vial
	<b>Nyprozi<sup>™</sup> Syringe</b>
	Nvvepria <sup>™</sup> Syringe
	Releuko <sup>®</sup> Syringe / Vial
	Rolvedon <sup>™</sup> Syringe
	Ryzneuta <sup>®</sup> Syringe
	Stimufend <sup>®</sup> Syringe
	Udenyca <sup>®</sup> On-Body / Autoinjector / Syringe
	Zarxio <sup>®</sup> Syringe
	Ziextenzo <sup>®</sup> Syringe

**HEMATOPOIETIC AGENTS**

**Plans may not apply additional utilization management or prior authorization criteria to this category**

**Clinical criteria apply to all drugs in this class**

**Preferred** **Non-Preferred**

Aranesp <sup>®</sup> Syringe / Vial	Mircera <sup>®</sup> Syringe
Epogen <sup>®</sup> Vial	Procrit <sup>®</sup> Vial
Retacrit <sup>®</sup> Vial	Reblozyl <sup>®</sup> Vial
	Vafseo <sup>®</sup> (vadudastat) Tablet

**THROMBOPOIESIS STIMULATING AGENTS**

**Preferred** **Non-Preferred**

Nplate <sup>®</sup> Vial	Alvaiz <sup>™</sup> Tablet
Promacta <sup>®</sup> Suspension / Tablet	Doptelet Tablet / Sprinkle
	eltrombopag olamine Suspension / Tablet (generic for Promacta <sup>®</sup> )
	Mulpleta <sup>™</sup>
	Tavalisse <sup>™</sup> Tablet
	Wayrilz <sup>™</sup> Tablet

**OPHTHALMIC**

**ALLERGIC CONJUNCTIVITIS AGENTS**

**Preferred** **Non-Preferred**

azelastine drops (generic for Optivar <sup>®</sup> )	Alomide <sup>®</sup> Drops
cromolyn sodium drops (generic for Cromol <sup>®</sup> )	Alrex <sup>®</sup> Drops
olopatadine drops (generic for Pataday <sup>®</sup> , Patanol <sup>®</sup> )	bepotastine drops (generic for Bepreve <sup>®</sup> )
olopatadine drops (generic for Pataday <sup>®</sup> , Patanol <sup>®</sup> ) (OTC)	Bepreve <sup>®</sup> Drops
	epinastine drops (generic for Elestat <sup>®</sup> )
	loteprednol drops (generic for Alrex <sup>®</sup> )
	Zerviate <sup>™</sup> Drops

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ANTIBIOTICS	
Preferred	Non-Preferred
bacitracin-polymyxin ointment (generic for Polysporin <sup>®</sup> )	Azasisite <sup>®</sup> Drops
ciprofloxacin solution drops (generic for Ciloxan <sup>®</sup> )	bacitracin ointment (generic for AK-Tracin <sup>®</sup> )
erythromycin ointment (generic for Ilotycin <sup>®</sup> )	<b>NTM: besifloxacin Suspension (generic for Besivance<sup>®</sup>) to non-preferred</b> besifloxacin Suspension (generic for Besivance <sup>®</sup> )
gentamicin drops (generic for Garamycin <sup>®</sup> )	Besivance <sup>®</sup> Suspension
moxifloxacin ophthalmic solution (generic for Vigamox <sup>®</sup> )	Ciloxan <sup>®</sup> Ointment
ofloxacin drops (generic for Ocuflox <sup>®</sup> )	gatifloxacin drops (generic for Zymar <sup>®</sup> )
Polycin <sup>®</sup> Ointment (branded generic for Polysporin <sup>®</sup> )	Levofloxacin Drops (Generic for Levaquin <sup>®</sup> )
polymyxin-trimethoprim drops (generic for Polytrim <sup>®</sup> )	moxifloxacin ophthalmic solution (generic for Moxeza <sup>®</sup> )
sulfacetamide drops (generic for Bleph-10 <sup>®</sup> )	Natacyn <sup>®</sup> Drops
tobramycin drops (generic for Tobrex <sup>®</sup> )	neomycin-bacitracin-polymyxin ointment (generic for Neosporin <sup>®</sup> Ophthalmic Ointment)
	neomycin-polymyxin-gramicidin drops (generic for Neosporin <sup>®</sup> Ophthalmic Drops)
	Neo-Polycin <sup>®</sup> Ointment (branded generic for Neosporin <sup>®</sup> Ophthalmic Ointment)
	Ocuflox <sup>®</sup> Drops
	sulfacetamide ointment (generic for Cetamide <sup>®</sup> )
	Tobrex <sup>®</sup> Ointment
	Vigamox <sup>®</sup> Drops
ANTIBIOTICS-STERIOD COMBINATIONS	
Preferred	Non-Preferred
neomycin-polymyxin-dexamethasone drops / ointment (generic for Maxitrol <sup>®</sup> )	Maxitrol <sup>®</sup> Drops / Ointment
Tobradex <sup>®</sup> Ointment	Neo-Polycin <sup>®</sup> HC (branded generic for Cortisporin <sup>®</sup> )
tobramycin-dexamethasone suspension (generic for Tobradex <sup>®</sup> )	neomycin-bacitracin-polymyxin-HC ointment (generic for Cortisporin <sup>®</sup> )
	neomycin-polymyxin-HC drops (generic for Ocetricin <sup>®</sup> )
	sulfacetamide-prednisolone drops (generic for Vasocidin <sup>®</sup> )
	Tobradex <sup>®</sup> ST Drops
	Zylet <sup>®</sup> Drops
	<b>loteprednol-tobramycin Drops (generic for Zylet<sup>®</sup>)</b>
ANTI-INFLAMMATORY	
Preferred	Non-Preferred
dexamethasone drops (generic for Decadron <sup>®</sup> )	Acular <sup>®</sup> Drops / LS Solution
diclofenac drops (generic for Voltaren <sup>®</sup> )	Acuvail <sup>®</sup> Solution
difluprednate drops (generic for Durezol <sup>®</sup> )	bromfenac drops (generic for ProLensa <sup>®</sup> , Xibrom <sup>®</sup> , BromSite <sup>®</sup> )
Flarex <sup>®</sup> Drops	BromSite <sup>®</sup> Solution
flurumetholone drops (generic for FML <sup>®</sup> )	Dextenza <sup>®</sup> Insert
flurbiprofen drops (generic for Ocufen <sup>®</sup> )	Durezol <sup>®</sup> Drops
Lotemax <sup>®</sup> Drops	FML <sup>®</sup> Forte Drops / Liquefilm <sup>®</sup> Drops
Nevanac <sup>®</sup> Droptainer	Ilevro <sup>®</sup> Drops
Pred Mild <sup>®</sup> Drops	Iluvien <sup>®</sup> Implant
prednisolone acetate drops (generic for Pred Forte <sup>®</sup> )	Invectys <sup>™</sup> Drops
	ketorolac solution (generic for Acular <sup>®</sup> / LS)
	Lotemax <sup>®</sup> Gel / SM Gel / Ointment
	loteprednol drops / gel (generic for Lotemax <sup>®</sup> )
	Maxidex <sup>®</sup> Drops
	Ozurdex <sup>®</sup> Implant
	Pred Forte <sup>®</sup> Drops
	prednisolone sodium phosphate drops (generic for Inflammase Forte <sup>®</sup> )
	Prolensa <sup>®</sup> Drops
	Retisert <sup>®</sup> Implant
	Triessen <sup>®</sup> Vial
	Xipere <sup>™</sup> (Intraocular)
	Yutiq <sup>™</sup> Implant
ANTI-INFLAMMATORY / IMMUNOMODULATOR	
	<b>Plans may not apply additional utilization management or prior authorization criteria to this category</b>
Preferred	Non-Preferred
Restasis <sup>®</sup> Drops	Cequa <sup>™</sup> Drops
Xiidra <sup>®</sup> Drops	cyclosporine emulsion (generic for Restasis <sup>®</sup> )
	Eysavis <sup>®</sup> Drops
	Miebo <sup>™</sup> Drops
	Restasis <sup>®</sup> Multidose <sup>™</sup> Drops
	Trivapt <sup>®</sup> Drops
	Tyrvaya <sup>®</sup> Nasal Spray
	Verkazia <sup>®</sup> Eye Emulsion - <b>T/F of preferred agents not required for diagnosis of vernal keratoconjunctivitis (VKC)</b>
	Vevye <sup>®</sup> Drops
ALPHA 2 ADRENERGIC AGENTS	
Preferred	Non-Preferred
Alphagan <sup>®</sup> P Drops	apraclonidine drops (generic for Iopidine <sup>®</sup> )
brimonidine drops (generic for Alphagan <sup>®</sup> )	brimonidine P drops (generic for Alphagan <sup>®</sup> P)
	Iopidine <sup>®</sup> Drops
BETA BLOCKER AGENTS / COMBINATIONS	
Preferred	Non-Preferred
Combigan <sup>®</sup> Drops	betaxolol drops (generic for Betoptic <sup>®</sup> )
timolol drops / GFS gel-solution (generic for Timoptic <sup>®</sup> / Timoptic XE <sup>®</sup> )	Betimol <sup>®</sup> Drops
	Betoptic <sup>®</sup> S Drops
	brimonidine tartrate / timolol drops (generic for Combigan <sup>®</sup> )
	carteolol drops (generic for Ocupress <sup>®</sup> )
	Istalol <sup>®</sup> Drops
	levobunolol drops (generic for Betagan <sup>®</sup> )
	timolol hemihydrate (generic for Betimol <sup>®</sup> drops)
	timolol drop (generic for Istalol <sup>®</sup> Drops)
	timolol maleate drop (generic for Timoptic <sup>®</sup> Ocudose <sup>®</sup> Drops)
	Ocudose <sup>®</sup> Drops
CARBONIC ANHYDRASE INHIBITORS / COMBINATIONS	
Preferred	Non-Preferred
dorzolamide drops (generic for Trusopt <sup>®</sup> )	Azopt <sup>®</sup> Drops
dorzolamide-timolol drops (generic for Cosopt <sup>®</sup> )	brinzolamide drops (generic for Azopt <sup>®</sup> Drops)
Simbrinza <sup>®</sup> Drops	Cosopt <sup>®</sup> Drops / PF Drops
	dorzolamide-timolol PF drops (generic for Cosopt <sup>®</sup> PF)

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PROSTAGLANDIN AGONISTS	
Preferred	Non-Preferred
latanoprost drops (generic for Xalatan <sup>®</sup> )	bimatoprost drops (generic for Lumigan <sup>®</sup> Drops)
Travatan <sup>®</sup> Z Drops	Durysta <sup>®</sup> Implant
	iDose <sup>®</sup> TR Implant
	lyuzeh <sup>™</sup> Drops
	Lumigan <sup>®</sup> Drops
	tafluprost drops (generic for Zioptan <sup>®</sup> )
	travoprost drops (generic for Travatan <sup>®</sup> Z)
	Vvzulta <sup>®</sup> Drops
	Xalatan <sup>®</sup> Drops
	Xelpros <sup>®</sup> Drops
	Zioptan <sup>®</sup> Drops
RHO KINASE MODIFIERS / COMBINATIONS	
	<b>Plans may not apply additional utilization management or prior authorization criteria to this category</b>
Preferred	Non-Preferred
Rhopressa <sup>®</sup> Drops	
Rocklatan <sup>®</sup> Drops	
OSTEOPOROSIS	
BONE RESORPTION SUPPRESSION AND RELATED AGENTS	
Preferred	Non-Preferred
alendronate tablet (generic for Fosamax <sup>®</sup> )	Actonel <sup>®</sup> Tablet
Bildyos <sup>®</sup> Syringe (Prolia <sup>®</sup> Biosimilar)	alendronate solution (generic for Fosamax <sup>®</sup> Solution)
Forteo <sup>®</sup> Pen	Atelvia <sup>®</sup> Tablet
raloxifene tablet (generic for Evista <sup>®</sup> )	Binosto <sup>®</sup> Effervescent Tablet
	Bonsity Pen Injector
	calcitonin salmon nasal spray (generic for Miacalcin <sup>®</sup> )
	Conexence <sup>®</sup> Syringe (Prolia <sup>®</sup> Biosimilar)
	<b>Enoby Syringe (biosimilar to Prolia<sup>®</sup>)</b>
	Eventy <sup>®</sup> Syringe
	Evista <sup>®</sup> Tablet
	Fosamax <sup>®</sup> Tablet / Plus D Tablet
	ibandronate tablet (generic for Boniva <sup>®</sup> )
	Jubbonti <sup>®</sup> Syringe (Prolia <sup>®</sup> Biosimilar)
	Ospomyv <sup>®</sup> Syringe (Prolia <sup>®</sup> Biosimilar)
	Prolia <sup>®</sup> Syringe
	risedronate DR tablet (generic for Atelvia <sup>®</sup> )
	risedronate tablet (generic for Actonel <sup>®</sup> )
	Stoboclo <sup>®</sup> Syringe (Prolia <sup>®</sup> Biosimilar)
	teriparatide pen (generic for Forteo <sup>®</sup> )
	Tymlos <sup>®</sup> Pen
OTC	
ANTIBIOTICS	
Preferred	Non-Preferred
ciprofloxacin-dexamethasone suspension (generic for Ciprodex <sup>®</sup> )	Cipro <sup>®</sup> HC Suspension
neomycin-polymyxin-hydrocortisone solution / suspension	ciprofloxacin solution (generic for Cetraxal <sup>®</sup> )
ofloxacin drops (generic for Floxin <sup>®</sup> )	ciprofloxacin-fluocinolone drops (generic for Otovel <sup>®</sup> )
	<b>Ciprofloxacin-Hydrocortisone Suspension (generic for Cipro<sup>®</sup> HC)</b>
	Cortisporin-TC <sup>®</sup> Suspension
	Otovel <sup>®</sup> Drops
ANTI-INFECTIVES AND ANESTHETICS	
Preferred	Non-Preferred
acetic acid solution (generic for Vosol <sup>®</sup> )	acetic acid-hydrocortisone solution (generic for Vosol <sup>®</sup> HC)
ANTI-INFLAMMATORY	
Preferred	Non-Preferred
fluocinolone 0.01% oil (generic for Dermotic <sup>®</sup> )	Flac <sup>®</sup> Otic Oil
fluocinolone 0.01% oil (generic for Dermotic <sup>®</sup> )	Dermotic <sup>®</sup> Oil
RESPIRATORY	
BETA-ADRENERGIC HANDHELD, LONG ACTING	
Preferred	Non-Preferred
Serevent <sup>®</sup> Diskus <sup>®</sup>	Striverdi <sup>®</sup> Respimat <sup>®</sup> Inhalation Spray
BETA-ADRENERGIC HANDHELD, SHORT ACTING	
Preferred	Non-Preferred
albuterol HFA inhaler (generic for Proair <sup>®</sup> HFA Inhaler / Proventil <sup>®</sup> HFA Inhaler / Ventolin <sup>®</sup> HFA Inhaler)	levalbuterol HFA inhaler (generic for Xopenex <sup>®</sup> HFA Inhaler)
Ventolin <sup>®</sup> HFA Inhaler	Proair <sup>®</sup> Digihaler <sup>™</sup>
Xopenex <sup>®</sup> HFA Inhaler	Proair <sup>®</sup> RespiClick <sup>®</sup>
BETA-ADRENERGIC, NEBULIZERS	
	<b>T/F of only one preferred drug required</b>
Preferred	Non-Preferred
albuterol 0.63mg / 3ml solution (generic for Accuneb <sup>®</sup> )	arformoterol solution (generic for Brovana <sup>®</sup> )
albuterol 1.25mg / 3ml solution (generic for Accuneb <sup>®</sup> )	Brovana <sup>®</sup> Solution
albuterol sulfate 2.5mg / 0.5ml solution	formoterol solution (generic for Perforomist <sup>®</sup> )
albuterol sulfate 2.5mg / 3ml solution	levalbuterol solution / concentrate solution (generic for Xopenex <sup>®</sup> / Concentrate )
	Perforomist <sup>®</sup> Solution
BETA-ADRENERGIC, ORAL	
Preferred	Non-Preferred
albuterol tablets (generic for Proventil <sup>®</sup> Repetabs)	albuterol ER tablets (generic for VoSpire <sup>®</sup> ER)
albuterol syrup (generic for Ventolin <sup>®</sup> Syrup)	
terbutaline tablet (generic for Brethine <sup>®</sup> )	

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**ORALLY INHALED ANTICHOLINERGICS / COPD AGENTS**

**Plans may not apply additional utilization management or prior authorization criteria to this category**

**Preferred** **Non-Preferred**

Anoro <sup>®</sup> Ellipta <sup>®</sup> Inhaler	Bevespi <sup>®</sup> Aerosphere <sup>®</sup>
Atrovent <sup>®</sup> HFA Inhaler	Daliresp <sup>®</sup> Tablet
Combivent <sup>®</sup> Respimat <sup>®</sup> Inhalation Spray	Duaklir <sup>®</sup> Pressair <sup>®</sup>
Incruse <sup>®</sup> Ellipta <sup>®</sup> Inhaler	Ohtuvayr <sup>™</sup> Inhalation suspension
ipratropium nebulizer solution (generic for Atrovent <sup>®</sup> )	tiotropium inhaler (generic for Spiriva <sup>®</sup> Handihaler <sup>®</sup> )
ipratropium / albuterol solution (generic for Duoneb <sup>®</sup> )	Tudorza <sup>®</sup> Pressair <sup>®</sup> Inhaler
roflumilast tablet (generic for Daliresp <sup>®</sup> )	Umeclidinium-Vilanterol Inhaler (generic for Anoro <sup>®</sup> E)
Spiriva <sup>®</sup> Handihaler <sup>®</sup> / Respimat <sup>®</sup> Inhalation Spray	Yupelri <sup>®</sup> Solution
Stiolto <sup>®</sup> Respimat <sup>®</sup> Inhalation Spray	

**INHALED CORTICOSTEROIDS**

**Plans may not apply additional utilization management or prior authorization criteria to this category**

**Preferred** **Non-Preferred**

Abusco <sup>®</sup> Inhaler	ArmonAir <sup>™</sup> Digihaler <sup>™</sup>
Amuity <sup>®</sup> Ellipta <sup>®</sup> Inhaler	fluticasone furoate DPI (generic for Arnuity Ellipta <sup>™</sup> )
Asmanex <sup>®</sup> HFA Inhaler / Twisthaler <sup>®</sup>	fluticasone propionate diskus (generic for Flovent <sup>®</sup> Diskus)
budesonide suspension 0.25mg, 0.5mg, 1mg (generic for Pulmicort <sup>®</sup> Respules)	Pulmicort <sup>®</sup> Respules 0.25mg, 0.5mg, 1mg
fluticasone propionate HFA (generic for Flovent <sup>®</sup> HFA)	
Pulmicort <sup>®</sup> Flexhaler	
QVAR <sup>®</sup> RediHaler <sup>™</sup>	

**INHALED CORTICOSTEROID COMBINATIONS**

**Plans may not apply additional utilization management or prior authorization criteria to this category**

**Preferred** **Non-Preferred**

Advair <sup>®</sup> Diskus <sup>®</sup>	AirDuo <sup>®</sup> Digihaler <sup>™</sup> / RespiClick <sup>®</sup>
Advair <sup>®</sup> HFA Inhaler	AirSupra <sup>™</sup> Inhaler
Dulera <sup>®</sup> Inhaler	Breo <sup>®</sup> Ellipta <sup>®</sup>
Symbicort <sup>®</sup> Inhaler	Breyna <sup>™</sup> Inhaler
	Breztri <sup>™</sup> Aerosphere <sup>™</sup>
	budesonide / formoterol inhalation (generic for Symbicort <sup>®</sup> )
	fluticasone / salmeterol HFA inhaler (generic for Advair <sup>®</sup> HFA)
	fluticasone / salmeterol inhalation (generic for Advair <sup>®</sup> Diskus <sup>®</sup> )
	fluticasone / salmeterol inhalation (generic for AirDuo <sup>®</sup> )
	fluticasone / vilanterol inhalation (generic for Breo <sup>®</sup> Ellipta <sup>®</sup> )
	Trelegy <sup>®</sup> Ellipta <sup>®</sup>
	Wixela <sup>™</sup> Inhub <sup>™</sup>

**INTRANASAL RHINITIS AGENTS**

**Preferred** **Non-Preferred**

**T/F of preferred agents not required in children < 4 years of age for steroid-containing products**

azelastine spray (generic for Astelin <sup>®</sup> )	azelastine nasal spray (generic for Astepro <sup>®</sup> )
Dymista <sup>®</sup> Nasal Spray	azelastine-fluticasone nasal spray (generic for Dymista <sup>®</sup> )
fluticasone spray (generic for Flonase <sup>®</sup> )	flunisolide nasal spray (generic for Nasalide <sup>®</sup> )
ipratropium spray (generic for Atrovent <sup>®</sup> Nasal)	mometasone nasal spray (generic for Nasonex <sup>®</sup> )
olopatadine nasal spray (generic for Patanase <sup>®</sup> )	Omnaris <sup>®</sup> Nasal Spray
	Patanase <sup>®</sup> Nasal Spray
	QNasal <sup>™</sup> Nasal Spray / Children's Spray
	Rvaltris <sup>®</sup> Nasal Spray
	Sinuva <sup>™</sup> Implant
	Xhance <sup>™</sup> Nasal Spray
	Zetonna <sup>®</sup> Nasal Spray

**LEUKOTRIENE MODIFIERS**

**Preferred** **Non-Preferred**

montelukast chewable / tablet (generic for Singulair <sup>®</sup> )	Accolate <sup>®</sup> Tablet
	montelukast granules (generic for Singulair <sup>®</sup> )
	Singulair <sup>®</sup> Chewable / Granules / Tablet
	zafirlukast tablet (generic for Accolate <sup>®</sup> )
	zileuton tablet (generic for Zylflo <sup>®</sup> )
	Zylflo <sup>®</sup> FilmTAB

**LOW SEDATING ANTIHISTAMINES**

**Preferred** **Non-Preferred**

cetirizine OTC syrup 1mg/1ml (generic for Zyrtec <sup>®</sup> OTC Syrup)	cetirizine chewable tablet OTC (generic for Zyrtec <sup>®</sup> OTC Tablet)
cetirizine Rx syrup (generic for Zyrtec <sup>®</sup> Syrup)	cetirizine OTC 5mg/5ml (generic for Zyrtec <sup>®</sup> OTC Syrup)
cetirizine tablets OTC (generic for Zyrtec <sup>®</sup> OTC)	cetirizine OTC softgel
levocetirizine OTC tablet (generic for Xyzal <sup>®</sup> OTC 1 abiet)	Clarinex <sup>®</sup> Tablet - <b>T/F of preferred agents not required for children &lt; 2 years of age</b>
levocetirizine Rx tablet (generic for Xyzal <sup>®</sup> Rx Tablet)	desloratadine ODT / Table / Solution (generic for Clarinex <sup>®</sup> ) - <b>T/F of preferred agents not required for children &lt; 2 years of age</b>
loratadine tablet OTC (generic for Claritin <sup>®</sup> OTC)	fexofenadine OTC suspension / OTC tablet (generic for Allegra <sup>®</sup> OTC)
	levocetirizine Rx solution (generic for Xyzal <sup>®</sup> Rx Solution)
	loratadine OTC chewable ODT / solution (generic for Claritin <sup>®</sup> OTC)

**LOW SEDATING ANTIHISTAMINE COMBINATIONS**

**Plans may not apply additional utilization management or prior authorization criteria to this category**

**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 <sup>®</sup> OTC)	cetirizine-D OTC tablet (generic for Zyrtec-D <sup>®</sup> OTC)
	Clarinex-D <sup>®</sup> Tablet
	fexofenadine-D 12 Hour OTC Tablet (generic for Allegra-D <sup>®</sup> 12 Hour OTC)
	fexofenadine-pseudoephedrine ER 24 hour tablet (generic for Allegra-D <sup>®</sup> 24 hour)

**FIRST GENERATION ANTIHISTAMINES**

**Preferred** **Non-Preferred**

carbinoxamine solution	carbinoxamine ER Suspension (generic for Karbinal <sup>™</sup> ) - <b>T/F of immediate release carbinoxamine solution and cetirizine syrup required for coverage</b>
CarbZah Solution	carbinoxamine tablet
cyproheptadine syrup / tablet	clémastine tablet (generic for Clemenza <sup>™</sup> )
hydroxyzine capsule / solution / tablet	Clemenza <sup>™</sup> Tablet
	Karbinal <sup>™</sup> ER Suspension - <b>T/F of immediate release carbinoxamine solution and cetirizine syrup required for coverage</b>
	RyClora <sup>™</sup> Solution
	RyVent <sup>™</sup> Tablet
	Vistarti <sup>®</sup> Capsule



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ANTIFUNGALS	
Preferred	Non-Preferred
ciclopirox cream / solution (generic for Loprox <sup>®</sup> , Penlac <sup>®</sup> )	Cicloclolan <sup>®</sup> Cream / Cream Kit / Kit / Solution
clotrimazole Rx cream (generic for Lotrimin <sup>®</sup> Rx)	ciclopirox gel / shampoo / suspension (generic for Loprox <sup>®</sup> )
clotrimazole-betamethasone cream (generic for Lotrisone <sup>®</sup> )	ciclopirox treatment kit (generic for Cicloclolan <sup>®</sup> )
ketconazole cream / shampoo (generic for Nizoral <sup>®</sup> )	clotrimazole Rx solution (generic for Lotrimin <sup>®</sup> Rx)
Klayesta <sup>®</sup> Powder (branded generic for Nystop <sup>®</sup> )	clotrimazole-betamethasone lotion (generic for Lotrisone <sup>®</sup> )
Nyamve <sup>®</sup> Powder (branded generic for Nystop <sup>®</sup> )	econazole cream (generic for Spectazole <sup>®</sup> )
nystatin cream / ointment / powder (generic for Mycostatin <sup>®</sup> , Nystop <sup>®</sup> )	econazole foam (generic for Ecoza <sup>®</sup> )
Nystop <sup>®</sup> Powder	Ertaczo <sup>®</sup> Cream
nystatin-triamcinolone cream / ointment (generic for Mycolog II <sup>®</sup> )	Extina <sup>®</sup> Foam
	ketconazole foam (generic for Extina <sup>®</sup> )
	Ketodan <sup>®</sup> Foam / Foam Kit
	Loprox <sup>®</sup> Suspension / Cream / Kit
	luliconazole cream (generic for Luzu <sup>®</sup> )
	miconazole / zinc oxide / petrolatum ointment (generic for Vusion <sup>®</sup> ) - <b>Clinical criteria apply</b>
	naftifine cream / gel (generic for Naftin <sup>®</sup> )
	Naftin <sup>®</sup> Gel
	oxiconazole cream (generic for Oxistat <sup>®</sup> )
	Oxistat <sup>®</sup> Lotion
	salicylic acid ointment (generic for Bensal HP <sup>®</sup> )
	tavaborole topical solution (generic for Kerydin <sup>®</sup> )
	Vusion <sup>®</sup> Ointment - <b>Clinical criteria apply</b>
ANTIPARASITICS	
<b>Plans may not apply additional utilization management or prior authorization criteria to this category</b>	
<b>T/F of only one preferred drug required</b>	
Preferred	Non-Preferred
Natroba <sup>®</sup> Topical Suspension	Crotan <sup>™</sup> Lotion
permethrin cream (generic for Elimite <sup>®</sup> )	Elimite <sup>™</sup> Cream
	Eurax <sup>®</sup> Cream / Lotion
	malathion lotion (generic for Ovide <sup>®</sup> )
	Ovide <sup>®</sup> Lotion
	Pruradik <sup>™</sup> Lotion
	Sklice <sup>®</sup> Lotion
	spinosad topical suspension (generic for Natroba <sup>®</sup> )
ANTIVIRAL	
Preferred	Non-Preferred
acyclovir Cream / Ointment (generic for Zovirax <sup>®</sup> )	peniclovir cream (generic for Denavir <sup>®</sup> )
Denavir <sup>®</sup> Cream	<b>Open class-No recommendations</b>
Imidazoquinolinamines	
Preferred	Non-Preferred
imiquimod cream packet (generic for Aldara <sup>®</sup> )	Condylox <sup>®</sup> Gel
	Hvitor <sup>™</sup> Gel
	imiquimod cream / cream pump (generic for Zyclara <sup>®</sup> )
	podofilox gel / solution (generic for Condylox <sup>®</sup> )
	Veregen <sup>®</sup> Ointment
PSORIASIS	
Preferred	Non-Preferred
calcipotriene cream / solution (generic for Dovonex <sup>®</sup> )	calcipotriene ointment / foam (generic for Dovonex <sup>®</sup> , Sorilux <sup>®</sup> )
calcipotriene-betamethasone suspension / ointment (generic for Talconex <sup>®</sup> )	calcitriol ointment (generic for Vectical <sup>®</sup> )
	Enstilar <sup>®</sup> Foam
	Sorilux <sup>®</sup> Foam
	Talconex <sup>®</sup> Ointment / Suspension
	Vectical Ointment
	Viana <sup>®</sup> Cream
	Zoryve <sup>®</sup> 0.3% Cream / Foam
ROSACEA AGENTS	
Preferred	Non-Preferred
azelaic acid gel (generic for Finacea <sup>®</sup> )	brimonidine gel pump (generic for Mirvaso <sup>®</sup> )
Finacea <sup>®</sup> Gel	Epsolay <sup>®</sup> (benzoyl peroxide)
metronidazole cream (generic for MetroCream <sup>®</sup> )	Finacea <sup>®</sup> Foam
metronidazole gel / pump (generic for MetroGel <sup>®</sup> )	ivermectin cream (generic for Soolantra <sup>®</sup> )
Rosadan <sup>®</sup> Cream / Gel	MetroCream <sup>®</sup>
	MetroGel <sup>®</sup>
	metronidazole lotion (generic for MetroLotion <sup>®</sup> )
	Mirvaso <sup>®</sup> (brimonidine)
	Rhofade <sup>®</sup> Cream
	Rosadan <sup>®</sup> Kit
	Soolantra <sup>®</sup> Cream
STEROIDS	
Low Potency	
<b>Plans may not apply additional utilization management or prior authorization criteria to this category</b>	
Preferred	Non-Preferred
desonide cream / ointment (generic for DesOwen <sup>®</sup> )	alclometasone dipropionate cream / ointment (generic for Aclovetate <sup>®</sup> )
DermaSmoothe <sup>®</sup> FS Scalp and Body Oil	Capex <sup>®</sup>
hydrocortisone cream / lotion / ointment (generic for Hytone <sup>®</sup> )	desonide lotion (generic for DesOwen <sup>®</sup> Lotion)
	fluocinolone body / scalp oil (generic for DermaSmoothe <sup>®</sup> FS Scalp / Body Oil)
	Hydrocortisone Solution
	Hydroxym <sup>™</sup> Gel
	Texacort <sup>®</sup> Solution

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Medium Potency	
Preferred	Non-Preferred
fluticasone cream / ointment (generic for Cutivate <sup>®</sup> )	Beser <sup>™</sup> Lotion / Kit
mometasone cream / ointment / solution (generic for Elocon <sup>®</sup> )	cloacortolone cream (generic for Cloderm <sup>®</sup> )
	fluocinolone cream / ointment / solution (generic for Synalar <sup>®</sup> )
	flurandemolide Lotion / Ointment
	fluticasone lotion (generic for Cutivate <sup>®</sup> Lotion)
	hydrocortisone butyrate cream / lipid cream / lotion / ointment / solution (generic for Locoid <sup>®</sup> )
	hydrocortisone valerate cream / ointment (generic for Westcort <sup>®</sup> )
	Pandel <sup>™</sup> Cream
	prednicarbate cream / ointment (generic for Dermatop <sup>®</sup> )
	Synalar <sup>®</sup> Cream / Ointment / Kit / Solution / TS Kit
High Potency	
Preferred	Non-Preferred
betamethasone valerate cream / ointment (generic for Valisone <sup>®</sup> )	amcinonide cream (generic for Cyclocort <sup>®</sup> )
fluocinonide cream / gel / ointment / solution (generic for Lidex <sup>®</sup> )	betamethasone dipropionate augmented cream / gel / lotion / ointment (generic for Diprolene <sup>®</sup> )
triamcinolone acetone cream / lotion / ointment (generic for Kenalog <sup>®</sup> )	betamethasone dipropionate cream / lotion / ointment (generic for Diprosone <sup>®</sup> )
	betamethasone valerate foam / lotion (generic for Valisone <sup>®</sup> )
	desoximetasone cream / gel / ointment / spray (generic for Topicort <sup>®</sup> )
	diflorasone cream / ointment (generic for Florone <sup>®</sup> )
	Diprolene <sup>®</sup> Ointment
	fluocinonide emollient cream (generic for Lidex <sup>®</sup> E)
	halcinonide cream (generic for Halog <sup>®</sup> )
	halcinonide solution (generic for Halog <sup>®</sup> )
	Halog <sup>®</sup> Cream / Solution
	Kenalog <sup>®</sup> Spray
	Topicort <sup>®</sup> Cream / Gel / Ointment / Spray
	triamcinolone spray (generic for Kenalog <sup>®</sup> )
Very High Potency	
Preferred	Non-Preferred
clobetasol cream / emollient cream / gel / ointment (generic for Temovate <sup>®</sup> )	ApexiCon <sup>®</sup> E Cream
clobetasol shampoo (generic for Clobex <sup>®</sup> )	clobetasol foam / emollient foam / emulsion foam (generic for Olux <sup>®</sup> / Olux-E <sup>®</sup> )
clobetasol solution (generic for Cormax <sup>®</sup> )	clobetasol lotion / spray (generic for Clobex <sup>®</sup> )
halobetasol propionate cream / ointment (generic for Ultravate <sup>®</sup> )	Clobex <sup>®</sup> Shampoo / Spray
	Clodan <sup>®</sup> Kit / Shampoo
	halobetasol propionate foam (generic for Lexette <sup>®</sup> )
	Lexette <sup>®</sup> Foam
	Olux <sup>®</sup> Foam
	Tovet <sup>™</sup> Foam / Foam Kit
	Ultravate <sup>®</sup> Lotion
MISCELLANEOUS	
Uterine Disorder Treatments	
	<b>Plans may not apply additional utilization management or prior authorization criteria to this category</b>
Preferred	Non-Preferred
Oriahnn <sup>®</sup> Capsule	
Orilissa <sup>®</sup> Tablet	
Myfembree <sup>®</sup> Tablet	
Urea Cycle Disorder Treatments, Oral	
	<b>Plans may not apply additional utilization management or prior authorization criteria to this category</b>
	<b>T/F of only one Preferred drug required</b>
Preferred	Non-Preferred
Buphenyl <sup>®</sup> Tablet/Powder	carglumic acid Tablet for oral suspension (generic for Carbaglu <sup>®</sup> )
Carbaglu <sup>®</sup> Tablet for oral suspension	glycerol phenylbutyrate oral liquid (generic for Ravicti <sup>®</sup> ) <b>T/F of preferred drug is not required for Urea cycle disorder</b>
	Olpruva <sup>™</sup> Suspension
	Pheburane <sup>®</sup> Oral Pellets
	Ravicti <sup>®</sup> Liquid <b>T/F of preferred drug is not required for Urea cycle disorder</b>
	sodium phenylbutyrate Tablet/Powder (generic for Buphenyl <sup>®</sup> )
WEIGHT MANAGEMENT AGENTS	
GLP-1 Receptor Agonists indicated for the treatment of obesity (Incretin Mimetics)	
	<b>Clinical criteria apply to all drugs in this class</b>
Preferred	Non-Preferred
Wegovy <sup>®</sup> Pen	Saxenda <sup>®</sup> (tiraglutide) Pen
	liraglutide Pen/5-pak (generic Saxenda <sup>®</sup> )
	Wegovy <sup>®</sup> Tablet
	Zepbound <sup>®</sup> (tirzepatide) Pen/Vial
Weight Management (Non-Incretin Mimetics)	
Preferred	Non-Preferred
diethylpropion tablet / ER tablet	benzphetamine tablet
phendimetrazine tablet / ER capsule	orlistat capsule (generic for Xenical <sup>®</sup> )
phentermine tablet / capsule	phentermine/Topiramate Capsule (generic for Qsymia <sup>®</sup> )
	Xenical <sup>®</sup> (orlistat) Capsule
IMMUNOMODULATORS, ASTHMA	
	<b>Plans may not apply additional utilization management or prior authorization criteria to this category</b>
	<b>Clinical criteria apply to all drugs in this class</b>
Preferred	Non-Preferred
Fasenra <sup>®</sup> Pen / Syringe	Cinqair <sup>®</sup> Vial
Xolair <sup>®</sup> (omalizumab) Autoinjector/Syringe	Exdensus Syringe
	Nucala <sup>®</sup> Syringe / Vial / Autoinjector
	Tezspire <sup>®</sup> Pen / Syringe - <b>T/F of preferred agents not required for diagnosis of non-allergic, non-cosinophilic severe asthma</b>
	Xolair <sup>®</sup> Vial

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IMMUNOMODULATORS, Atopic Dermatitis		
Plans may not apply additional utilization management or prior authorization criteria to this category		
Clinical criteria apply to all drugs in this class		
Preferred		Non-Preferred
Adbry <sup>®</sup> Syringe / Autoinjector		Anzupgo <sup>®</sup> Cream
Dupixent <sup>®</sup> Pen / Syringe		Cibinqo <sup>™</sup> Tablet
Eucrisa <sup>®</sup> 2% Ointment		Eblyss <sup>™</sup> Pen
pimecrolimus cream (generic for Elidel <sup>®</sup> )		Eblyss <sup>™</sup> Syringe (lebrizumab-lbhz)
tacrolimus ointment (generic for Protopic <sup>®</sup> )		Nemluvio <sup>®</sup> Pen
		Opzelura <sup>™</sup> Cream
		Zoryve <sup>®</sup> (roflumilast) 0.15% Cream
		Zoryve <sup>®</sup> (roflumilast) 0.05% Cream
ANTIPSORIATICS, ORAL		
Preferred		Non-Preferred
acitretin (generic for Soriatane <sup>®</sup> )		methoxsalen rapid (generic for Oxsoalen-Ultra <sup>®</sup> )
EPINEPHRINE, SELF ADMINISTERED		
Plans may not apply additional utilization management or prior authorization criteria to this category		
Quantity limits apply to all drugs in this class		
Preferred		Non-Preferred
Auvi-Q <sup>®</sup> Auto Injector		
epinephrine auto injector (generic for Epi-Pen <sup>®</sup> / Epi-Pen <sup>®</sup> Jr/ AdrenaClick <sup>®</sup> )		
Epi-Pen <sup>™</sup> Auto Injector / 2-Pak / Jr. Auto Injector / Jr. 2-Pak		
neffy <sup>™</sup> nasal spray		
ESTROGEN AGENTS, COMBINATIONS		
Preferred		Non-Preferred
Activella <sup>®</sup> Tablet	Reconciliation: Added Abigale <sup>™</sup> Tablet to non-preferred	Abigale <sup>™</sup> / Abigale <sup>™</sup> Lo Tablet
Amabelz <sup>™</sup> Tablet		Bijuva <sup>®</sup> Capsule
estradiol/norethindrone tablet (generic for Activella <sup>®</sup> )		
Fyavolv <sup>™</sup> Tablet		
Jinteli <sup>®</sup> (branded generic for FemHRT <sup>®</sup> )		
Mimvey <sup>®</sup> / Lo (branded generic for Activella <sup>®</sup> )		
norethindrone-ethinyl estradiol (generic for FemHRT <sup>®</sup> )		
Premphase <sup>®</sup> Tablet		
Prempro <sup>®</sup> Tablet		
ESTROGEN AGENTS, ORAL / TRANSDERMAL		
Preferred		Non-Preferred
Climara <sup>®</sup> Pro Patch		Climara <sup>®</sup> Patch
CombiPatch <sup>®</sup> Patch		Conjugated estrogen tablet (generic for Premarin <sup>®</sup> )
estradiol patch (generic for Climara <sup>®</sup> , Menostar <sup>®</sup> , Vivelle-Dot <sup>®</sup> )		Divigel <sup>®</sup> Gel Packet
estradiol tablet (generic for Estrace <sup>®</sup> )	NTM: Added Conjugated estrogen tablet (generic for Premarin <sup>®</sup> ) and Lynkuet <sup>®</sup> Capsule to non-preferred	Doti <sup>™</sup> Patch
Evamist <sup>®</sup> Spray		Duavee <sup>®</sup> Tablet
Menest <sup>®</sup> Tablet		Elestrin <sup>®</sup> Gel
Premarin <sup>®</sup> Tablet		Estrace <sup>®</sup> Tablet
		estradiol gel packet (generic for Divigel <sup>®</sup> )
		Estradiol Gel Pump
		Lyllana <sup>™</sup> Patch
		Lynkuet <sup>®</sup> Capsule
		Menostar <sup>®</sup> Patch
		Minivelle <sup>®</sup> Patch
		Ospheo <sup>®</sup> Tablet
		Veozah <sup>™</sup> Tablet
		Vivelle-Dot <sup>®</sup> Patch
ESTROGEN AGENTS, VAGINAL PREPARATIONS		
Preferred		Non-Preferred
estradiol vaginal cream (generic for Estrace <sup>®</sup> )		Estrace <sup>®</sup> Cream
Estring <sup>®</sup> Vaginal Ring		estradiol tablet (generic for Vagifem <sup>®</sup> )
Premarin <sup>®</sup> Vaginal Cream		Femring <sup>®</sup> Vaginal Ring
Vaiofem <sup>®</sup> Vaginal Tablet		Inovox <sup>®</sup> Vaginal Inserts
		Yuvaferm <sup>®</sup> Vaginal Tablet
GLUCOCORTICOID STEROIDS, ORAL		
Plans may not apply additional utilization management or prior authorization criteria to this category		
Preferred		Non-Preferred
budesonide EC capsule (generic for Entocort <sup>®</sup> EC)		Alkindi <sup>®</sup> Sprinkle Capsule
dexamethasone elixir / tablet (generic for Decadron <sup>®</sup> )	NTM: Added Kymbee <sup>™</sup> Tablet, Jaythari Suspension (generic for Emflaza <sup>®</sup> ), and Prednisone Tablet DR (generic for Rayos <sup>®</sup> ) to non-preferred	Agamree <sup>®</sup> Suspension
dexamethasone solution (generic for Concedix <sup>®</sup> )	Added Red writing to Jaythari - Clinical Criteria apply	Cortef <sup>®</sup> Tablet
Emflaza <sup>®</sup> Tablet / Suspension - <b>Clinical criteria apply</b>	Added Red writing to Pyquvi <sup>™</sup> Suspension (generic for Emflaza <sup>®</sup> ) - Clinical Criteria apply	coritsonse tablet (generic for Patisonse <sup>®</sup> )
hydrocortisone tablet	Removed Red writing from deflazacort suspension (generic for Emflaza <sup>®</sup> ) - T/F of preferred agents not required for children < 12 years of age.	deflazacort suspension (generic for Emflaza <sup>®</sup> ) - <b>Clinical criteria apply.</b>
methylprednisolone 4mg dosepack / tablet (generic for Medrol <sup>®</sup> )		deflazacort tablet (generic for Emflaza <sup>®</sup> ) - <b>Clinical criteria apply</b>
prednisolone sodium phosphate solution (generic for Predia <sup>®</sup> )		dexamethasone tablet dosepack / Intenso <sup>®</sup> Drops
prednisolone solution (generic for Prelone <sup>®</sup> , Millipred <sup>®</sup> )		Eohilia <sup>®</sup> Suspension-T/F of preferred agents not required for diagnosis of eosinophilic esophagitis
prednisone dose pack (generic for Sterapred <sup>®</sup> )		Hemady <sup>™</sup> Tablet
prednisone solution / tablet (generic for Deltasone <sup>®</sup> )		Jaythari Tablet / Suspension (generic for Emflaza <sup>®</sup> ) - <b>Clinical criteria apply</b>
		Khindivi <sup>™</sup> Solution
		Kymbee <sup>™</sup> Tablet
		Medrol <sup>®</sup> Dose Pack / Tablet
		methylprednisolone 8mg / 16mg / 32mg tablet (generic for Medrol <sup>®</sup> )
		Millipred <sup>®</sup> Dose Pack / Tablet
		prednisolone ODT (generic for Orapred <sup>®</sup> ODT)
		prednisolone tablet
		Prednisone Intenso <sup>®</sup> Concentrated Solution
		Prednisone Tablet DR (generic for Rayos <sup>®</sup> )
		Pyquvi <sup>™</sup> Suspension (generic for Emflaza <sup>®</sup> ) - <b>Clinical criteria apply.</b>
		Rayos <sup>®</sup> Tablet
		Taperdex <sup>®</sup> Tablet
		Tarpevo <sup>™</sup> Capsule - T/F of preferred agents not required for diagnosis of IgA nephropathy

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**CYTOKINE AND CAM ANTAGONISTS**

**Plans may not apply additional utilization management or prior authorization criteria to this category**

**Clinical criteria apply to all drugs in this class**

**T/F of only one Preferred drug required**

Preferred	Non-Preferred
adalimumab-adaz Pen / Syringe	Abrilada™ Pen / Syringe
adalimumab-adbm Pen / Psoriasis-UV Pen / Crohn's Pen / Syringe	Actemra® ACTPen™ / Syringe / Vial
Cosentyx® Sensoready® Pen / UnoReady® Pen / Syringe	adalimumab-aacF Pen / Psoriasis-UV Pen / Crohn's Pen / Syringe
Enbrel® Mini Cartridge / Sureclick® Syringe / Syringe / Vial	adalimumab-aaty Autoinjector / Syringe
Hadlima™ Syringe / PushTouch	adalimumab-akip Pen / Syringe
Humira® Crohn's Starter Pack / Ped. Crohn's Starter Pack / Pen / Psoriasis Starter Pack / Syringe	adalimumab-aryk Autoinjector / Syringe
infliximab vial (generic for Remicade®)	Amjevita™ Syringe / Autoinjector
Otezla® Starter Pack / Tablet	Arcalyst™ SQ Syringe
Pyzchiva® (ustekinumab-twe) Syringe	Avsola™ Vial
Stegemya® (ustekinumab-stba) Vial	Avtozma™ Vial
Xeljanz® Tablet	Bimzelx® Autoinjector / Syringe
	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
	Hulio™ Pen / Syringe
	Hyrimoz™ 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
	Imuldosa™ Syringe/Vial
	Inflectra™ Vial
	Kevzara® Syringe / Pen
	Kineret™ Syringe - <b>T/F of preferred agents not required for diagnosis of Neonatal Onset Multi-System Inflammatory Disease</b>
F	Olumiant® Tablet
	OmvoH™ (mirikizumab-mrkz) Syringe
	OmvoH™ Pen / Vial
	Orencia® Clickjet® / Syringe / Vial
	Otezla® XR Initiation Pack / Tablet
	Otufti® Syringe/Vial
	Remicade™ Vial
	Renflexis™ Vial
	Rinvoq® (upadacitinib) LQ Solution
	Rinvoq® ER Tablet
	Selarsdi™ Vial / Syringe
	Simlanti® Autoinjector/kit
	Simponi™ Pen / Syringe / Aria® Vial
	Skyrizi™ On-Body / Vial / Pen / Syringe
	Sotyktu™ Tablet
	Spevigo® Vial / Syringe
	<b>Starjenza Vial / Syringe (biosimilar to Stelara®)</b>
	Stelara® Syringe / Vial <b>T/F of preferred ustekinumab is required</b>
	Taltz® Auto-injector / Syringe
	Toifidence™ (tocilizumab-bavi) Vial
	Tremfya® Syringe / Injector / Vial / Pen Induction PK-Crohn
	Tyenne® (tocilizumab-aazg) Autoinjector / Syringe
	Tyenne® Vial
	Uplizna® Vial
	ustekinumab Vial / Syringe (generic for Stelara®)
	<b>ustekinumab-aaaz syringe (biosimilar for Stelara®)</b>
	ustekinumab-aekn syringe (generic for Stelara®/Selarsdi B™)
	Ustekinumab-twe Vial / Syringe (generic for Pyzchiva®)
	Velsipity® Tablet
	Xeljanz® Solution / XR Tablet
	Yesintek™ Syringe/Vial
	Yuflyma® Syringe / Autoinjector / Crohn's-UC-HS Autoinjector
	Yusimry™ Pen
	Zymfentra™ Pen / Syringe
Preferred	Non-Preferred
<b>IMMUNOSUPPRESSANTS</b>	
Astagrag® XL Capsule	
azathioprine tablet (generic for Imuran®)	
Cellcept® 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® Tablet	
Rezurock™ Tablet	
Sandimmune® Capsule / Solution	
sirolimus tablet / solution (generic for Rapamune®)	
tacrolimus capsule (generic for Hecoria®, Prograf®)	
Tavneos® Capsule	
Zortress® Tablet	

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MOVEMENT DISORDERS	
Plans may not apply additional utilization management or prior authorization criteria to this category	
Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred
Austedo <sup>®</sup> Tablet	Xenazine <sup>®</sup> Tablet
Austedo <sup>®</sup> XR Tablet / Titration Kit	
Ingrezza <sup>®</sup> (valbenazine) Sprinkle Capsules	
Ingrezza <sup>®</sup> Capsule / Initiation Pack	
tetrabenazine tablet	
HEREDITARY ANGIOEDEMA (HAE) PROPHYLAXIS AGENTS	
Plans may not apply additional utilization management or prior authorization criteria to this category	
Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred
Haegarda <sup>®</sup> Vial	Cinryze <sup>®</sup> Vial
Orladeyo <sup>®</sup> Capsule	Dawnzera <sup>®</sup> Auto syringe
	Takhzyro <sup>®</sup> Vial / Syringe
HEREDITARY ANGIOEDEMA (HAE) TREATMENT AGENTS	
Plans may not apply additional utilization management or prior authorization criteria to this category	
Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred
Berinert <sup>®</sup> Vial / Kit	Ekerly <sup>®</sup> Tablet
icatibant syringe (generic for Firazyr <sup>®</sup> )	Andemby <sup>®</sup> Auto Injector
Kalbitor <sup>®</sup> Vial	Firazyr <sup>®</sup> Syringe
Sajazir <sup>™</sup> Syringe (branded generic for icatibant)	Ruconest <sup>®</sup> Vial
OPIOID ANTAGONISTS	
Plans may not apply additional utilization management or prior authorization criteria to this category	
Preferred	Non-Preferred
Kloxxado <sup>™</sup> Nasal Spray	
LiEMS <sup>™</sup> naloxone Syringe Kit	
naloxone nasal spray (OTC)	
naloxone syringe / spray / vial (generic for Narcan <sup>®</sup> )	
naltrexone tablet	
Narcan <sup>®</sup> Nasal Spray (OTC)	
Opvee <sup>®</sup> Nasal Spray	
Rextovy <sup>™</sup> (naloxone) Nasal Spray	
Vivitrol <sup>®</sup> Vial / Diluent	
Zimhi <sup>™</sup> Syringe	
Zurnai <sup>™</sup> Injection	
OPIOID DEPENDENCE	
Plans may not apply additional utilization management or prior authorization criteria to this category	
Preferred	Non-Preferred
Prior Approval Not Required for Coverage of Preferred Agents	
Clinical Criteria Apply to Non-Preferred Agents	
Brixadi <sup>™</sup> Weekly Syringe / Monthly Syringe	buprenorphine-naloxone SL film (generic for Suboxone <sup>®</sup> )
buprenorphine-naloxone SL tablet (generic for Suboxone <sup>®</sup> )	Lofexidine Tablet T/F of preferred agents not required for diagnosis of opioid withdrawal
buprenorphine SL tablet (generic for Subutex <sup>®</sup> )	Lucemyra <sup>®</sup> Tablet - T/F of preferred agents not required for diagnosis of opioid withdrawal
Suboxone <sup>®</sup> SL Film	Zubsolv <sup>®</sup> Tablet SL
Sublocade <sup>®</sup> Syringe	
SKELETAL MUSCLE RELAXANTS	
Preferred	Non-Preferred
baclofen tablet (generic for Lioresal <sup>®</sup> )	Amrix <sup>®</sup> ER Capsule
cyclobenzaprine tablet (generic for Flexeril <sup>®</sup> )	baclofen oral solution
methocarbamol tablet (generic for Robaxin <sup>®</sup> )	baclofen suspension (generic for Fleqsuvy <sup>™</sup> )
tizanidine tablet (generic for Zanaflex <sup>®</sup> )	chlorzoxazone tablet (generic for Parafon Forte <sup>®</sup> )
	cyclobenzaprine ER capsule (generic for Amrix <sup>®</sup> ER)
	Dantrium <sup>®</sup> Capsule / Vial
	dantrolene sodium capsule (generic for Dantrium <sup>®</sup> )
	Fexmid <sup>®</sup> Tablet
	Fleqsuvy <sup>™</sup> Suspension
	Lorzone <sup>®</sup> Tablet
	Lyvispah <sup>®</sup> Granule Packet
	metaxalone tablet (generic for Skelaxin <sup>®</sup> )
	Norgesic <sup>™</sup> Tablet / Forte Tablet
	orphenadrine / aspirin / caffeine tablet (generic for Norgesic <sup>™</sup> )
	orphenadrine citrate tablet / vial (generic for Norflex <sup>®</sup> )
	Orphengenic <sup>®</sup> Forte Tablet
	Ozobax DS <sup>®</sup> Solution
	Ozobax <sup>®</sup> Solution
	Robaxin <sup>®</sup> Vial
	Tanlor <sup>®</sup> Tablet
	tizanidine capsules (generic for Zanaflex <sup>®</sup> )
	<b>Tonmya<sup>™</sup> Sublingual Tablet</b>
	Zanaflex <sup>®</sup> Capsule / Tablet
DISPOSABLE INSULIN DELIVERY DEVICES	
Plans may not apply additional utilization management or prior authorization criteria to this category	
Preferred	Non-Preferred
CeQur Simplicity <sup>™</sup>	
CeQur Simplicity <sup>™</sup> Inserter	
Ilet Infusion Kit	
Ilet Starter Kit	
Omnipod 5 <sup>®</sup> DexG7/G6 Intro Kit/Pods (GEN5), FSL2 G6 Intro Kit/Pods	
Omnipod DASH <sup>®</sup> Pods (5-Pack) / Intro Kit	
Omnipod GO <sup>™</sup> Pods	
DIABETIC CONTINUOUS GLUCOSE MONITOR SUPPLIES	
Continuous Glucose Monitor Transmitters / Receivers / Readers	
Plans may not apply additional utilization management or prior authorization criteria to this category	
Clinical criteria apply to all items in this class	
Preferred	Non-Preferred
Dexcom G6 <sup>®</sup> Transmitter / Receiver	Freestyle Libre <sup>™</sup> 14 day Reader
Dexcom G7 <sup>®</sup> Receiver	
Freestyle Libre <sup>™</sup> 2 Reader	
Freestyle Libre <sup>™</sup> 3 Reader	

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

**April Meeting Draft  
(Effective July 2026)**

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.ncdhhs.gov/providers/programs-services/prescription-drugs/outpatient-pharmacy-services>

Continuous Glucose Monitor Sensors

**Plans may not apply additional utilization management or prior authorization criteria to this category**

**Clinical criteria apply to all items in this class**

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 (10 day sensor and 15 day sensor)	

DIABETIC SUPPLIES

**Plans may not apply additional utilization management or prior authorization criteria to this category**

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	