

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

Effective Date October 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://mes.medicaid.ncdhhs.gov/> then click on the Pharmacy Benefit Administrator tile. More information on the PDL can be found at: <https://medicaid.ncdhhs.gov/providers/programs-services/prescription-drugs/outpatient-pharmacy-services>

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

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

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

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

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

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

ALZHEIMER'S AGENTS	
Preferred	Non-Preferred
donepezil 5mg, 10mg tablet / ODT (generic for Aricept® / ODT)	Adlarity® Patch
Exelon® Patch	Aduhelm™ Vial - Clinical criteria apply
memantine tablet / titration pack (generic for Namenda®)	Aricept® Tablet
rivastigmine capsule (generic for Exelon™)	donepezil 23mg tablet (generic for Aricept®)
	galantamine ER capsule / solution / tablet (generic for Razadyne® / ER)
	Kisinda™ (Donepezil-a286) Vial
	Lesgenib® Vial / Autoinjector - Clinical criteria apply
	memantine ER capsule / solution (generic for Namenda® XR / Solution)
	Memantine HCl- Donepezil HDL ER capsule (generic for NAMZARIC®)
	Namenda® Titration Packs/ XR Capsule / XR Titration Pack
	Namzaric® Capsule / Titration Pack
	rivastigmine patch (generic for Exelon™)
	Zanveyl® 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	Belbusca® (Buccal) Film
fentanyl patch 12mcg / 25mcg / 50mcg / 75mcg / 100mcg (generic for Duragesic™)	buprenorphine patch (generic for Butrans®)
methadone concentrate / disks / intensol / tablets / solution	Conzip® Capsule
morphine sulfate ER tablet (generic for MS Contin™)	fentanyl patch (37.5 / 62.5 / 87.5mcg dosages) (generic for Duragesic™)
Oxycotin® Tablet	hydrocodone ER capsule (generic for Zohydro® ER)
	hydrocodone ER tablet (generic for Hysingla® ER)
	hydromorphone ER tablet (generic for Exalgo®)
	Hysingla® ER Tablet
	Methadose™ Oral Concentrate / Tablet
	morphine sulfate ER capsule (generic for Avinza®, Kadian®)
	MS Contin™ Tablet
	oxycodone ER tablet (generic for Oxycotin®)
	oxycodone ER tablet
	tapentadol ER Tablet (generic for Nucynta® ER)
	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 Zohvit)
morphine solution / tablet (generic for MSIR®)	hydrocodone-bupropion 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 Oxycotin®)
	oxycodone concentrated solution (generic for Roxicodone® Intensol)
	oxycodone-acetaminophen solution
	oxycodone tablet (generic for Opana®)
	Percocet® Tablet
	Prolate® Tablet / Solution
	Roxicodone® Tablet
	Roxycodone® Tablet
	tapentadol Tablet (generic for Nucynta®)
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™)	Asacomp® 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®)
	ibuprofen-codeine-acetaminophen-caffeine tablet (generic for Panlor SS®)
	Fioricet with Codeine® Capsule
	pentazocine-naloxone tablet (generic for Talwin NX®)
	tramadol solution (generic for Odolol™)
	tramadol tablet (25 mg, 75 mg, 100 mg)
NON-OPIOID ANALGESICS	
Plans may not apply additional utilization management or prior authorization criteria to this category	
Preferred	Non-Preferred
Journavx™ Tablet Quantity limit of a 14 day supply	Open Class- No Recommendations

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NSAIDS		
Preferred		Non-Preferred
celecoxib capsule (generic for Celebrex [®])		Arthroce [®] Tab
diclofenac sodium tablet (generic for Voltaren [®])		Celebrex [®] Capsule
ibuprofen suspension / tablet (generic for Motrin [®])	NTM: Added Zybic [™] Solution to non-preferred	Coxanto [™] Capsule
indomethacin capsule (generic for Indocin [®])		Davpro [®] Canlet
ketorolac tablet (generic for Toradol [®])		diclofenac potassium capsule (generic for Zipsor [®])
meloxicam tablet (generic for Mobic [®])		diclofenac potassium tablet (generic for Cataflam [®])
naproxen EC / DR tablet (generic for Naprosyn [®] EC)		diclofenac sodium ER tablet (generic for Voltaren [®] XR)
naproxen sodium tablet (generic for Anaprox [®])		diclofenac sodium-misoprostol tablet (generic for Arthroce [®])
naproxen tablet (generic for Naprosyn [®])		diflunisal tablet (generic for Dolobid [®])
sulindac tablet (generic for Clinoril [®])		Dolobid tablet
		etodolac capsule / tablet / ER tablet (generic for Lodine [®] / XL)
		Feldene [®] Capsule
		fenoprofen capsule / tablet (generic for Nalfon [®])
		flurbiprofen tablet (generic for Ansaid [®])
		ibuprofen / fentanyl tablet (generic for Duexis [®]) - T/F of only celecoxib required
		indomethacin ER capsule (generic for Indocin SR [®])
		indomethacin suppository
		ketoprofen capsule (generic for Orudis [®])
		ketoprofen ER capsule (generic for Oruvail [®])
		Kipirofen [™] (ketoprofen) Capsule (branded generic for Orudis [®])
		Lofena [™] Tablet
		Lurbio [™] Tablet
		meclizemate capsule (generic for Meclomen [®])
		mefenamic acid capsule (generic for Ponstel [®])
		meloxicam capsule (generic for Vivlodex [®])
		nabumetone tablet (generic for Relafen [®])
		Nalfon [™] Capsule / Tablet
		Nareclan [™] Tablet
		Naprosyn [™] Suspension
		naproxen sodium ER tablet (generic for Naprelan [®])
		naproxen suspension (generic for Naprosyn [®])
		naproxen-esomeprazole tablet (generic for Vimovo [®]) - T/F of only celecoxib required
		oxaprozin tablet (generic for DavPro [®])
		piroxicam capsule (generic for Feldene [®])
		Relafen [™] DS Tablet
		Tolectin [®] (tolmetin) Tablet
		tolmetin tablet / capsule (generic for Tolectin [®] / DS)
		Vimovo [™] Tablet - T/F of only celecoxib required
		Vvscoa [™] Suspension
		Zybic [™] Solution
NEUROPATHIC PAIN		
Preferred		Non-Preferred
duloxetine capsule (generic for Cymbalta [®])		Cymbalta [®] Capsule
gabapentin capsule / solution / tablet (generic for Neurontin [®])		DemasinR [™] Lidocain Patch - Clinical criteria apply
lidocaine patch (generic for Lidoderm [®]) - Clinical criteria apply		Drizalma [™] Sprinkle
pregabalin capsule / solution (generic for Lyrica [®])		duloxetine capsule (generic for Irenka [®])
	NTM: Added milnacipran Tablet / DS Tablet Pack (generic for Savella [®]) and Relgaabi Capsule to non-preferred Moved Tommya [™] Sublingual Tablet from Skeletal Muscle Relaxant to Neuropathic pain	gabapentin ER tablet (generic for Gralise [®])
		Gabaron [™] Tablet
		Gralise [™] Tablet
		Horizant [™] Tablet
		Lidocain [™] Patch - Clinical criteria apply
		Lidoderm [™] Patch - Clinical criteria apply
		Lyrica [®] Capsule / Solution / CR Tablet
		milnacipran Tablet / DS Tablet Pack (generic for Savella[®])
		Neurontin [®] Capsule / Solution / Tablet
		pregabalin ER tablet (generic for Lyrica [™] CR)
		Quenza [™] Kit
		Relgaabi Capsule
		Savella [™] Tablet / Titration Pack
		Tommya[™] Sublingual Tablet
		Tridacaine [™] Patch
		Z/Lido [™] Patch - Clinical criteria apply
ANTICONVULSANTS		
CARBAMAZEPINE DERIVATIVES		
	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 carbamazepine product.	
Preferred		Non-Preferred
carbamazepine tablet / suspension / chewable tablet / XR tablet (generic for Tegretol [®] / XR)		Aptiom [®] Tablet
Equetro [®] Capsule	Moved Trilepta [®] Suspension from preferred to non-preferred	carbamazepine ER capsule (generic for Carbatrol [®])
eslicarbazepine acetate Tablet (generic for Aptiom [®])		Carbatrol [®] Capsule
oxcarbazepine suspension / tablet (generic for Trilepta [®])		Epitol [®] Tablet
Oxtellar [®] XR Tablet		Oxcarbazepine ER (generic for Oxtellar [®] XR)
Tegretol [®] Suspension / Tablet / XR Tablet		Trilepta [®] Tablet Suspension
Trilepta[®] Suspension		
FIRST GENERATION		
	Patients with a diagnosis of seizure disorder are exempt from T/F criteria and may use any first generation product.	
Preferred		Non-Preferred
Celontin [®] Kapsel		Denakote [®] ER Tablet / Sprinkle Capsule
Dilantin [®] Capsule / Infatab / Suspension		Depakote [®] Tablet
divalproex sprinkle capsule / ER tablet / tablet (generic for Depakote [®] / ER / Sprinkle)		felbamate tablet (generic for Felbatol [®])
ethosuximide capsule / solution (generic for Zarontin [®])		methsuximide capsule (generic for Celontin [®])
felbamate suspension (generic for Felbatol [®])		Sezaby [®] Vial
Felbatol [®] Suspension / Tablet		Zarontin [®] Capsule / Solution
phenobarbital tablet / elixir / solution		
Phenivtek [®] Capsule		
phenytoin chewable / extended capsules / infatab / suspension (generic for Dilantin [®])		
phenytoin extended capsules (generic for Phenivtek [®])		
primidone Tablet (generic for Mysoline [®])		
valproic acid capsule / solution (generic for Depakene [®])		Obsolete: Removed Felbatol [®] Suspension

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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
Brivact [®] Tablet / Solution	Banzel [®] Suspension
clonazepam suspension / tablet (generic for Onfi [®])	Banzel [®] Tablet
clonazepam tablet (generic for Klonopin [®])	Brivaracetam Tablet / Solution (generic for Brivact [®])
Diaconit [®] Capsule / Powder Pack	clonazepam ODT (generic for Klonopin [®] Wafer)
diazepam rectal / system (generic for Diansta [®] Accudial / Pofi System)	Elespia [™] XR Tablet
Eprontia [®] Solution	Epidiolex [®] Solution - Clinical criteria apply
Finlepla [®] Solution	Gabaron [™] Tablet
Fvcompa [®] Tablet / Suspension	Keppra [®] Tablet / Solution / XR Tablet
gabapentin capsule / solution / tablet (generic for Neurontin [®])	Klonopin [®] Tablet
lacosamide tablet / Solution (generic for Vimpat [®])	lacosamide solution (generic for Vimpat [®])
lamotrigine chewable / tablet / ODT (generic for Lamictal [®])	Lamictal [®] Chewable / ODT / ODT Starter Kit / Starter Kit / Tablet / XR / XR Starter Kit
lamotrigine ER tablet (generic for Lamicta [®] XR)	lamotrigine ER capsule (generic for Trokendi XR [®]) - T/F of Trokendi [®] XR Capsule required for coverage
levetiracetam tablet / ER tablet / solution (generic for Keppra [®] / XR)	levetiracetam ODT dose pack / tablet dose pack (generic for Lamictal [®])
Navzilam [™] Nasal Spray	Levetiracetam tablet (generic for Spritam [®])
Oudexv [®] XR Capsule	Libervant [™] (diazepam) Buccal Film
Rowcepra [™] Tablet	Lvrica [®] Capsule / Solution
rufinamide suspension (generic for Banzel [®])	Motopoly XR [™] (lacosamide extended release) Capsule
rufinamide tablet (generic for Banzel [®])	Neurontin [®] Capsule / Solution / Tablet
Sabril [®] Tablet / Powder Packet	Onfi [®] Suspension / Tablet
Subvenite [®] Tablet / Tab Start Kit	perampanel Tablet / Suspension (generic for Fvcompa [®])
tiagabine tablet (generic for Gabitril [®])	Spritam [®] Tablet
topiramate sprinkle capsule / tablet (generic for Topamax [®])	Subvenite [®] Suspension
Valtoco [™] Nasal Spray	Sympazan [®] Film
vigabatrin Powder Packet (generic for Sabril [®])	Toramax [®] Sprinkle Capsule / Tablet
Xcopri [®] Tablet / Titration Pack	topiramate ER capsule (generic for Trokendi XR [®]) - T/F of Trokendi [®] XR Capsule required for coverage
zonisamide capsule (generic for Zonisgran [®])	topiramate ER sprinkle capsule (generic for Oudexv [®])
	Torimramate Solution
	Trokendi [®] XR Capsule
	vigabatrin tablet (generic for Sabril [®])
	Vigadrone [®] Powder Packet / Tablet
	Vigafde [™] Solution
	Vigoder [™] Powder Packet
	Vimpat [®] Solution / Starter Kit / Tablet
	Zonisade [™] Oral Suspension
	Zalmy [®] Oral Suspension

ANTI-INFECTIVES - SYSTEMIC

ANTIBIOTICS

Preferred	Non-Preferred
Penicillins, Cephalosporins and Related	
amoxicillin capsule / chewable / suspension / tablet (generic for Amoxil [®] , Trimox [®])	amoxicillin-clavulanate chewable tablet (generic for Augmentin [®])
amoxicillin-clavulanate suspension / tablet (generic for Augmentin [®])	amoxicillin-clavulanate XR tablet (generic for Augmentin [®] / XR)
ampicillin capsule / injection / vial	Augmentin [®] Suspension / ES-600 / XR Tablet
ampicillin-sulbactam injection / vial	ceftaclor capsule / suspension / ER tablet (generic for Ceclor [®] / CD)
Bicillin [®] C-R injection	cefdroxil tablet (generic for Duricef [®])
cefadroxil capsule / suspension (generic for Duricef [®])	cefixime Tablet (generic for Suprax [®])
cefclor capsule / suspension (generic for Omnicef [®])	cefixime suspension (generic for Suprax [®]) T/F of preferred agents not required for children < 12 years of age
cefixime capsule (generic for Suprax [®])	cefpodoxime suspension / tablet (generic for Vantin [®])
cefprozil suspension / tablet (generic for Cefzil [®])	cephalexin tablet (generic for Keflex [®])
cefuroxime tablet (generic for Cefin [®])	piperacillin - tazobactam IV piggy back
cephalexin capsule / suspension (generic for Keflex [®])	Priva [®] Tablet
dicloxacillin capsule	
nafcillin injection / vial	
oxacillin injection / vial	
penicillin G injection / vial	
penicillin V suspension / tablet	
Phizerpen [®] injection / vial	
piperacillin - tazobactam injection / vial	
Unasyn [®] injection / vial	
Zosyn [®] injection / vial	

Lincomides and Oxazolidinones

Preferred	Non-Preferred
clindamycin capsules / solution (generic for Cleocin [®])	Cleocin Pediatric Solution
linezolid suspension (oral) - tablet (generic for Zovox [®])	Cleocin [®] Capsules / Vial
Zovox [®] Suspension	clindamycin injection (generic for Cleocin [®])
	Lineocin [®] Vial
	lincomycin vial (generic for Lineocin [®])
	linezolid IV solution (generic for Zovox [®])
	linezolid suspension (oral) (generic for Zovox [®])
	Sivestro [®] Tablet / Vial
	Zovox [®] Tablet / IV Solution / Suspension

Macrolides and Ketolides

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

Nitroimidazoles (Gastrointestinal Antibiotics)

Preferred	Non-Preferred
metronidazole tablet (generic for Flagyl [®])	Aemcolo [®] DR Tablet
neomycin tablet (generic for Mycifradin [®])	Difficid [®] Suspension / Tablet - T/F of only vancomycin is required for treatment of Clostridium difficile
tinidazole tablet (generic for Tindamax [®])	fidaxomicin Tablet (generic for Difficid [®]); T/F of only vancomycin is required for treatment of Clostridium difficile
vancomycin capsule (generic for Vancocin [®])	Firvang [®] Solution
vancomycin oral solution (generic for Firvana [®])	Flavel [®] Capsule
	Likmez [™] Suspension
	metronidazole 125 mg tablet (generic for Flagyl [®])
	metronidazole capsule (generic for Flagyl [®])
	neomycin tablet (generic for Mycifradin [®])
	nifazoxamide tablet (generic for Alinia [®] Tablet)
	Solosec [®] Granules
	tinidazole tablet (generic for Tindamax [®])
	Vancocin [®] Capsule
	Yovost [™] Capsule - Clinical criteria apply

Quinolones

Preferred	Non-Preferred
Cipro [®] Suspension	Baxdela [™] Tablet
ciprofloxacin tablet (generic for Cipro [®])	Cipro [®] Tablet
levofloxacin tablet (generic for Levaquin [®])	ciprofloxacin suspension (generic for Cipro [®])
moxifloxacin tablet (generic for Avelox [®])	levofloxacin solution (generic for Levaquin [®])
	ofloxacin tablet (generic for Floxin [®])

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Tetracycline Derivatives	
Preferred	Non-Preferred
doxycycline hyclate capsule / tablet (generic for Vibramycin [®] , Vibra-Tab [®])	demeclocycline tablet (generic for Declomycin [®])
doxycycline monohydrate 50mg, 100mg capsule (generic for Monodox [®])	Dorxy [®] DR / MPC Tablet
minocycline 50mg, 75mg, 100mg capsule (generic for Minocin [®])	doxycycline hyclate DR tablet (generic for Dorxy [®] DR)
Obsolete: Removed Lymeapak [™] Tablet	doxycycline monohydrate 40mg IR-DR capsule (generic for Oracen [®])
	doxycycline monohydrate 50mg, 75mg, 100mg, 150mg tablet
	doxycycline monohydrate 75mg, 150mg capsule (generic for Monodox [®] , Adoxa [®])
	doxycycline suspension (generic for Vibramycin [®]) - T/F of preferred agents not required for patients < 12 years of age
	Emoxal [™] Tablet
	minocycline 50mg, 75mg, 100mg tablet
	minocycline ER tablet (generic for Solodyn [®] ER) Clinical justification and failure of doxycycline and minocycline required. Limited to a 12 week supply.
	Morgidox [®] Capsule / Kit
	Nuzyra [™] Tablet
	Oracea [®] capsule
	tetracycline capsule (generic for Sumycin [®])
	tetracycline tablet (generic for Sumycin [®] / Panmycin [®])
Antifungals	
Preferred	Non-Preferred
clotrimazole troche / lozenge (generic for Mycelex [®] Troche)	Brexafemme [®] Tablet
fluconazole suspension / tablet (generic for Diflucan [®])	Cresamba [®] Capsule
griseofulvin suspension (generic for Grifulvin V [™])	Diflucan [®] Suspension / Tablet
griseofulvin ultra tablet (generic for Gris-Pex [®])	flucytosine capsule (generic for Ancobon [®])
mycostatin suspension (generic for Nilstat [®])	griseofulvin micro tablets (generic for Grifulvin V [™])
mycostatin tablet (generic for Mycostatin [®])	itraconazole capsule / solution (generic for Sporanox [®])
terbinafine tablet (generic for Lamisil [®])	ketoconazole tablet (generic for Nizoral [®])
Open Class- No Recommendations No longer rebate eligible: removed Sporanox [®] Solution	Noxafil [®] Suspension / Tablet / DR Suspension Packet
	Oravia [®] Buccal Tablet
	posaconazole tablet / suspension (generic for Noxafil [®])
	Sporanox [®] Capsule / Solution
	Tolura [®] Capsule
	Vlend [®] Suspension / Tablet
	Viviton [®] Capsule - Clinical criteria apply
	voriconazole suspension / tablet (generic for Vield [®])
Antivirals (General)	
Plans may not apply additional utilization management or prior authorization criteria to this category	
Preferred	Non-Preferred
Paxlovid [™] Tablet dose Pack	Open Class- No Recommendations
Lagevrio [™] Capsule	
Antivirals (Hepatitis B Agents)	
Preferred	Non-Preferred
entecavir tablet (generic for Baraclude [®])	adefovir tablet (generic for Hepsera [®])
lamivudine HBV tablet (generic for Epivir [®] HBV)	Baraclude [®] Solution / Tablet
tenofovir disoproxil fumarate tablet (generic for Viread [®])	Venlidy [®] Tablet
Viread [®] Powder / Tablet	
Antivirals (Hepatitis C Agents)	
Plans may not apply additional utilization management or prior authorization criteria to this category	
Preferred	Non-Preferred
Pegasis [®] Syringe / Vial	
ribavirin capsule / tablet (generic for Copegus [®] , Rebetol [®])	
Clinical criteria apply to all drugs listed below	
Prior Approval Not Required for Mavvret [®] Tablet / Pellet Pack and sofosbuvir-velpatasvir tablet (generic for Epclusa [®])	
All genotypes without cirrhosis	
Mavvret [®] Tablet (8 weeks of therapy)	Epclusa [®] Pellet Pack/ Tablet
Mavvret [®] Pellet Pack	Harvoni [®] Pellet Pack / Tablet
sofosbuvir-velpatasvir tablet (generic for Epclusa [®])	ledipasvir-sofosbuvir tablet (generic for Harvoni [®])
	Savaldi [®] Pellet Pack / Tablet
	Zepatier [®] Tablet
All genotypes with compensated cirrhosis (Child Pugh-A)	
Mavvret [®] Tablet (Up to 12 weeks of therapy)	
Mavvret [®] Pellet Pack	
sofosbuvir-velpatasvir tablet (generic for Epclusa [®])	
All genotypes previously treated with an HCV regimen containing an NS5A inhibitor or genotype 1a or 3 infection and have previously been treated with an HCV regimen containing sofosbuvir without an NS5A inhibitor.	
Vosevi [™] Tablet	Vosevi [™] Tablet
All genotypes with decompensated cirrhosis	
sofosbuvir-velpatasvir tablet (generic for Epclusa [®])	Moved Vosevi [™] Tablet from preferred to non-preferred
Antivirals (Herpes Treatments)	
Preferred	Non-Preferred
aciclovir capsule / tablet / suspension (generic for Zovirax [®])	Valtrex [®] Caplet
famciclovir tablet (generic for Famvir [®])	
valacyclovir tablet (generic for Valtrex [®])	
Antivirals (Influenza)	
Preferred	Non-Preferred
oseltamivir phosphate capsule / suspension (generic for Tamiflu [®])	amantadine tablet (generic for Symmetrel [®])
rimantadine tablet (generic for Flumadine [®])	Flumadine [®] Tablet
Moved rimantadine tablet (generic for Flumadine [®]) from preferred to non-preferred	Relenza [®] Diskhaler
	rimantadine tablet (generic for Flumadine [®])
	Tamiflu [®] Capsule / Suspension
	Xofluja [™] Tablet - T/F of only one preferred drug required
Antibiotics, Inhaled	
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
Kitabis [™] Pak	Arikavec [®] Vial
Bethkis [™] Ampule	Cavston [®] Solution
tobramycin inhalation solution (generic for Tobl [™])	tobramycin inhalation pak (generic for Kitabis [™])
	Tobi [™] Podhaler [™] / Solution
	tobramycin Ampule (generic for Bethkis [™])

North Carolina Division of Health Benefits

North Carolina Medicaid Preferred Drug List (PDL)

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BEHAVIORAL HEALTH ANTIDEPRESSANTS		
Preferred	Other	Non-Preferred
butripton tablet / SR tablet / XL tablet (generic for Wellbutrin® Tablet / SR / XL)	Avvelitn® Tablet	
desvenlafaxine ER tablet (generic for Pristal®)	Bupropion XL tablet (generic for Forfivo® XL)	
duloxetine capsule (generic for Cymbalta®)	Cymbalta® Capsule	
Effexor® XR Capsule	desvenlafaxine ER tablet (generic for Khedezla®)	
mirazantine ODT / tablet (generic for Remeron®)	duloxetine capsule (generic for Irenka®)	
trazodone tablet (generic for Desvrel®)	Einsam® Patch	
venlafaxine tablet / ER capsules (generic for Effexor®, Effexor® XR)	Exxua™ ER Tablet / ER Titration Pack	
vilazodone tablet (generic for Viibryd®)	Fetzima® Capsule / Titration Pak	
	Forfivo® XL Tablet	
	Marplan® Tablet	
	Nardil® Tablet	
	nefazodone tablet (generic for Serzone®)	
	phenelzine tablet (generic for Nardil®)	
	Pristia® ER Tablet	
	Ralidex™ Solution	
	Remeron® Soltab™ / Tablet	
	tranylcypromine tablet (generic for Parnate®)	
	Trintellix® Tablet	
	venlafaxine besylate ER tablet	
	venlafaxine ER tablet	
	Viibryd® Tablet	
	Wellbutrin® SR	
	Zarzuva™ Capsule T/F of preferred agents not required for diagnosis of post-partum depression	
Selective Serotonin Reuptake Inhibitor (SSRI)		
Preferred		Non-Preferred
citalopram solution / tablet (generic for Celexa®)	Celexa® Tablet	
escitalopram tablet (generic for Lexapro®)	citalopram capsule	
fluoxetine capsule / solution (generic for Prozac®)	escitalopram solution / Capsule (generic for Lexapro®)	
fluvoxamine tablet (generic for Luvox®)	fluoxetine DR capsules (generic for Prozac® Weekly)	
paroxetine tablet (generic for Paxil®)	fluoxetine tablet (generic for Prozac®) - T/F of preferred agents not required for children < 18 years of age	
sertraline concentrated solution / tablet (generic for Zoloft®)	fluvoxamine ER capsule (generic for Luvox CR®)	
	Lexapro® Tablet	
	paroxetine capsule (generic for Bristolle®)	
	paroxetine suspension / CR tablet (generic for Paxil® / CR)	
	Paxil® Tablet / CR Tablet	
	Prozac® Pulvule	
	sertraline capsule	
	Zoloft® Solution / Tablet	
ANTIHYPERTENSIVES / ADHD		
Preferred	Plans may not apply additional utilization management or prior authorization criteria to this category	Non-Preferred
Adderall® Tablet (Generic Product Per FDA)	Adzems® XR ODT	
Adderall® XR Capsule	Amphetamine ER ODT (generic for Adzems® XR ODT) - T/F of preferred agents not required for children < 12 years of age	
amphetamine salt combo tablet (generic for Adderall®)	amphetamine salt combo ER capsule (generic for Mydavis®)	
amphetamine salt combo XR capsule (generic for Adderall® XR)	amphetamine sulfate tablet (generic for Evekeo®)	
atomoxetine capsule (generic for Strattera®)	Antensio® XR Capsule	
clonidine ER tablet (generic for Kapvay®)	Arynta® Solution	
Concerta® Tablet	Azstarys™ Capsule	
Daytrana® Patch	Cotempla™ XR-ODT	
dexamfetamine tablet / ER capsule (generic for Focalin® / XR)	Dexedrine® Spansule®	
dextroamphetamine tablet (generic for Dexedrine®)	dextroamphetamine ER capsule (generic for Dexedrine® Spansule®)	
guanfacine ER tablet (generic for Intuniv®)	dextroamphetamine solution (generic for ProCentra®)	
lisdexamfetamine chewable tablet (generic for Vyvanse®)	Dvanavel® XR Suspension - T/F of preferred agents not required for children < 12 years of age	
Methylphen Solution	Dvanavel® XR Tablet	
methylphenidate CD capsule (generic for Metadate® CD)	Evekeo® Tablet / Evekeo® ODT Tablet	
methylphenidate ER tablet (generic for Concerta®)	Focalin® Tablet	
methylphenidate tablet / solution (generic for Methylin®, Ritalin®)	Focalin® XR Capsule	
Vyvanse® Capsule	Intuniv® Tablet	
Vyvanse® Chewable Tablet	Jornay PM™ Capsule	
	lisdexamfetamine capsule (generic for Vyvanse®)	
	methamphetamine tablet (generic for Desoxyn®)	
	methylphenidate chewable (generic for Methylin®)	
	methylphenidate ER capsule (generic for Antensio® XR)	
	methylphenidate ER tablet (45 mg and 63 mg) (Branded Product Per FDA)	
	methylphenidate LA capsule (generic for Ritalin® LA)	
	methylphenidate patch (generic for Daytrana®)	
	Mydavis® ER Capsule	
	Onvada XR Suspension - T/F of preferred agents not required for children < 12 years of age	
	ProCentra® Solution	
	Qelbree™ Capsule	
	Quillichev® ER Tablet - T/F of preferred agents not required for children < 12 years of age	
	Quilivant® XR Suspension - T/F of preferred agents not required for children < 12 years of age	
	Relexxi™ ER Tablet	
	Ritalin® LA Capsule	
	Ritalin® Tablet	
	Strattera® Capsule	
	Xelstrym® Patch	
	Zenzedi® Tablet	
INJECTABLE ANTIPSYCHOTICS		
Preferred	Injectable Long Acting	Non-Preferred
Plans may not apply additional utilization management or prior authorization criteria to this category		
Abilify Asimtrifin® Syringe Kit		
Abilify Mairrema® Syringe / Vial		
Aristada® / Inlito™ Syringe		
Erzoft® (paliperidone palmitate) extended-release injectable suspension		
fluphenazine decanoate vial (generic for Prolixin decanoate®)		
Haldol® decanoate Ampule		
haloperidol decanoate ampule / vial (generic for Haldol decanoate®)		
Inveesa® Hafvera Prefilled Syringe Kit		
Inveesa® Sustenna Prefilled Syringe		
Inveesa® Trinza Syringe		
Perseris® Syringe		
Risperdal™ Consta Vial		
risperidone ER vial (generic for Risperdal® Consta)		
Rvkindo® Vial / Vial Kit		
Uzedv® Syringe Kit		
Zyprexa® Relprecv™ Vial Kit		

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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 [®] Disemelt [®])	
clozapine tablet (generic for Clozaril [®])	Caplyta [™] Capsule	
lurasidone tablet (generic for Latuda [®])	clozapine ODT (generic for FazClo [®])	
olanzapine ODT / tablet (generic for Zyprexa [®])	Clozaril [®] Tablet	
paliperidone ER tablet (generic for Invega [®])	Cobefny	
quetiapine tablet / ER tablet (generic for Seroquel [®] / XR)	Cobefny Starter Pack	
risperidone ODT / solution / tablet (generic for Risperdal [®])	Fanax [®] Tablet / Titration Pack	
Vravlar [®] Capsule	Geodon [®] Capsule	
ziprasidone capsule (generic for Geodon [®])	Invega [®] Tablet	
	Latuda [®] Tablet	
	Lvbalvi [™] Tablet	
	Nurlazid [™] Tablet / Capsule	
	olanzapine-fluoxetine capsule (generic for Symvax [®])	
	Onipiza [™] (Aripiprazole) Oral Film	
	Resulti [™] Tablet / 7-Day Pack / 14-Day Pack	
	Risperdal [®] Solution / Tablet	
	Saphris [®] SL Tablet	
	Saxenda [®] Patch	
	Seroquel [®] Tablet / XR Tablet / XR Sample Kit	
	Versachol [®] Suspension	
	Zyprexa [®] Tablet / Zolix [®] Tablet	

CARDIOVASCULAR

ACE INHIBITORS

Preferred		Non-Preferred
benazepril tablet (generic for Lotensin [®])	Accurel [™] Tablet	
enalapril tablet (generic for Vasotec [®])	Altace [®] Capsule	
lisinopril tablet (generic for Primsin [®] and Zestril [®])	captopril tablet (generic for Capoten [®])	
ramipril capsule (generic for Altace [®])	enalapril solution (generic for Enaprel [®]) - T/F of preferred agents not required for children < 12 years of age	
	Enaprel [®] Solution - T/F of preferred agents not required for children < 12 years of age	
	fosinopril tablet (generic for Monopril [®])	
	Lotensin [®] Tablet	
	moexipril tablet (generic for Univase [®])	
	perindopril tablet (generic for Aceon [®])	
	Obrelis [®] Solution - T/F of preferred agents not required for children < 12 years of age	
	quinapril tablet (generic for Accurel [™])	
	trandolapril tablet (generic for Mavik [®])	
	Zestril [®] Tablet	

ACE INHIBITOR / CALCIUM CHANNEL BLOCKER COMBINATIONS

Preferred		Non-Preferred
amlodipine-benazepril capsule (generic for Lotrel [®])	Lotrel [®] Capsule	
	trandolapril-verapamil ER tablet (generic for Tarka [®])	

ACE INHIBITOR / DIURETIC COMBINATIONS

Preferred		Non-Preferred
enalapril-HCTZ tablet (generic for Vasercite [®])	Accuretic [™] Tablet	
lisinopril-HCTZ tablet (generic for Prinzide [®] , Zestoretic [®])	benazepril-HCTZ tablet (generic for Lotensin [®] HCT)	
	captopril-HCTZ tablet (generic for Capozide [®])	
	fosinopril-HCTZ tablet (generic for Monopril [®] HCT)	
	Lotensin [®] HCT Tablet	
	quinapril-HCTZ tablet (generic for Accuretic [™] , Quinaretic [®])	
	Vasercite [®] Tablet	
	Zestoretic [®] Tablet	

ANGIOTENSIN II RECEPTOR BLOCKERS

Preferred		Non-Preferred
irbesartan tablet (generic for Avapro [®])	Arbli [™] Suspension	
losartan tablet (generic for Cozaar [®])	Atacand [®] Tablet	
olmesartan tablet (generic for Benicar [®])	Avapro [®] Tablet	
valsartan tablet (generic for Diovan [®])	Benicar [®] Tablet	
	candesartan tablet (generic for Atacand [®])	
	Cozaar [®] Tablet	
	Diovan [®] Tablet	
	Edarby [®] Tablet	
	erosartan tablet (generic for Teveten [®])	
	Micardis [®] Tablet	
	telmisartan tablet (generic for Micardis [®])	
	valsartan oral solution	

ANGIOTENSIN II RECEPTOR BLOCKER COMBINATIONS

Preferred		Non-Preferred
amlodipine-olmesartan tablet (generic for Azor [®])	Azor [®] Tablet	
amlodipine-valsartan tablet (generic for Exforge [®])	Exforge [®] Tablet / HCT Tablet	
olmesartan-amlodipine-HCTZ tablet (generic for Tribenzor [®])	telmisartan-amlodipine tablet (generic for Twynsta [®])	
	Tribenzor [®] Tablet	
	amlodipine-valsartan-HCTZ tablet (generic for Exforge [®] HCT)	

ANGIOTENSIN II RECEPTOR BLOCKER DIURETIC COMBINATIONS

Preferred		Non-Preferred
irbesartan-HCTZ tablet (generic for Avalide [®])	Atacand [®] HCT Tablet	
losartan-HCTZ tablet (generic for Hyvzar [®])	Avalide [®] Tablet	
olmesartan-HCTZ tablet (generic for Benicar [®] HCT)	Benicar [®] HCT Tablet	
valsartan-HCTZ tablet (generic for Diovan [®] HCT)	candesartan-HCTZ tablet (generic for Atacand [®] HCT)	
	Diovan [®] HCT Tablet	
	Edarbycloac [®] Tablet	
	Hyvzar [®] Tablet	
	Micardis [®] HCT Tablet	
	telmisartan-HCTZ tablet (generic for Micardis [®] HCT)	

ANGIOTENSIN II RECEPTOR / NEPRILYSIN BLOCKER COMBINATIONS

Preferred		Non-Preferred
sacubitril and valsartan tablet (generic for Entresto [®])	Entresto [®] (sacubitril / valsartan) Sprinkle Pellet- T/F of preferred agents not required for children < 12 years of age	
	Entresto [®] Tablet	

ANTIANGINAL & ANTI-ISCHEMIC

Preferred		Non-Preferred
ranolazine ER tablet (generic for Ranexa [®] Tablet)		

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ANTI-ARRHYTHMICS		
Preferred		Non-Preferred
amiodarone tablet (generic for Cordarone [®])		Multaq [®] Tablet
disopyramide capsule (generic for Norpace [®])		Norpace [®] Capsule / CR Capsule
dofetilide capsule (generic for Tikosyn [®])		Paczone [®] Tablet
flucanide tablet (generic for Tambocor [®])		quinidine gluconate ER tablet (generic for Quinazada DuraTab [®])
mexiletine capsule (generic for Mexitin [®])		Tikosyn [®] Capsule
propafenone tablet (generic for Rhythmol [®])		
propafenone SR capsule (generic for Rhythmol SR [®])		
quinidine sulfate tablet (generic for Quinidex [®] Tablet)		
BETA BLOCKERS		
Plans may not apply additional utilization management or prior authorization criteria to this category		
Preferred		Non-Preferred
atenolol tablet (generic for Tenormin [®])		acebutolol capsule (generic for Sectral [®])
bisoprolol tablet (generic for Zebeta [®])	Moved Hemangeol [®] Solution from preferred to non-preferred	Betapace [®] Tablet / AF Tablet
carvedilol tablet (generic for Coreg [®])		betaxolol tablet (generic for Kerlone [®])
Hemangeol[®] Solution		Bvolutic [®] Tablet
labetalol tablet (generic for Trandate [®])		carvedilol ER capsule (generic for Coreg [®] CR Capsule)
metoprolol succinate XL tablet (generic for Toprol XL [®])		Hemangeol[®] Solution
metoprolol tartrate tablet (generic for Lopressor [®])		Inderal [®] LA Capsule / XL Capsule
nadolol tablet (generic for Conard [®])		Incoran [®] XL Capsule
nebivolol tablet (generic for Bystolic [®])		Kapspro [®] Sprinkle - T/F of preferred agents not required for children < 12 years of age
propranolol solution / tablet / ER capsule (generic for Inderal [®])		Lopressor [®] Tablet / Solution
sotalol tablet / AF tablet (generic for Betapace [®] / AF, Somice [®])		timolol tablet (generic for Visken [®])
		Savizac [®] Solution
		Tenormin [®] Tablet
		timolol tablet (generic for Blocadren [®])
		Toprol XL [®] Tablet
BETA BLOCKER DIURETIC COMBINATIONS		
Preferred		Non-Preferred
atenolol-chlorthalidone tablet (generic for Tenoretic [®])		metoprolol-HCTZ tablet (generic for Lopressor [®] HCT)
bisoprolol-HCTZ tablet (generic for Ziac [®])		propranolol-HCTZ tablet (generic for Inderide [®])
		Tenoretic [®] Tablet
BILE ACID SEQUESTRANTS		
Preferred		Non-Preferred
cholestyramine packet / powder / light packet / light powder (generic for Questran [®] / Questran [®] Light)		colesevelam packet / tablet (generic for Welchol [®])
colestipol tablet (generic for Colestid [®] Tablet)		Colestid [®] Granules / Tablet
		colestipol granules (generic for Colestid [®])
		Prevalite [®] Packet / Powder
		Questran [®] Light Powder / Packet / Powder
		Welchol [®] Packet / Tablet
CARDIOVASCULAR, OTHER		
Preferred		Non-Preferred
Camzyso [®] Capsule - Clinical criteria apply	NTM: Added Myqozzo [™] Tablet to non-preferred	Lodoco [®]
		Myqozzo[™] Tablet
CHOLESTEROL LOWERING AGENTS		
Preferred		Non-Preferred
atorvastatin tablet (generic for Lipitor [®])		Altoprev [®] Tablet
ezetimibe (generic for Zetia [®])		amloiodine-atorvastatin tablet (generic for Caduet [®])
lovastatin tablet (generic for Mevacor [®])		Atorvia [®] Suspension
pravastatin tablet (generic for Pravachol [®])	No longer rebate eligible; removed Ezallor [™] Capsule	Caduet [®] Tablet
rosuvastatin tablet (generic for Crestor [®])		Crestor [®]
simvastatin tablet (generic for Zocor [®])		Ezallor[™] Capsule
		ezetimibe-simvastatin (generic for Vytorin [®])
		fluvastatin capsule / ER tablet (generic for Lescol [®] / XL)
		Juxtapid [®] Capsule - Clinical criteria apply
		Lescol [®] XL Tablet
		Lipitor [®] Tablet
		Livalo [®] Tablet - T/F of preferred agents not required with concomitant antiretroviral therapy in patients diagnosed with HIV
		Nexletol [®] Tablet - Clinical criteria apply
		Nexlizet [®] Tablet - Clinical criteria apply
		pitavastatin tablet (generic for Livalo [®]) - T/F of preferred agents not required with concomitant antiretroviral therapy in patients diagnosed with HIV
		Vytorin [®] Tablet
		Zetia [®] Tablet
		Zocor [®] Tablet
		Zynatama [®] Tablet
CORONARY VASODILATORS		
Preferred		Non-Preferred
isosorbide dinitrate tablet (generic for Isoirdil [®] , Titradose [®] , IsoDitrate [®] , et al.)		Gonitro [®] Sublingual Powder
isosorbide mononitrate tablet / ER tablet (generic for Ismo [®] , Monokec [®] , Indur [®])		Nitro-Bid [®] Ointment
nitroglycerin patch / spray / SL tablet (generic for Nitro-Dur [®] , Minitran [®] , Nitrostat [®] , et al)		Nitro-Dur [®] Patch
Nitrostat [®] SL Tablet		nitroglycerin ointment (generic for Nitro-Bid [®])
		Nitrolingual [®] Spray
		Verquvo [®] Tablet
DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS		
Plans may not apply additional utilization management or prior authorization criteria to this category		
Preferred		Non-Preferred
amlodipine tablet (generic for Norvasc [®])		felodipine ER tablet (generic for Plendil [®])
nifedipine capsule (generic for Procardia [®])	NTM: Added Sdamlo [™] Solution and Cardamyst [™] Nasal Spray as non-preferred	isradipine capsule (generic for Dincirc [®])
nifedipine ER tablet (generic for Adalat CC [®] / Procardia XL [®])		Katerzin [®] Suspension - T/F of preferred agents not required for children < 12 years of age
Norliqva [®] Solution		levamlodipine tablet (generic for Conjupri [®])
		nicardipine capsule (generic for Cardene [®])
		nifedipine capsule (generic for Nimotop [®])
		nifedipine solution
		nisoldipine ER tablet (generic for Sular [®])
		Norvasc [®] Tablet
		Nymalize [®] Solution / oral syringe
		Procardia [®] XL Tablet
		Sdamlo[™] Solution
		Cardamyst [™] Nasal Spray
		Sular [®] Tablet
DIRECT RENIN INHIBITOR		
Preferred		Non-Preferred
Tekturna [®] Tablet		aliskiren tablet (generic for Tekturna [®] Tablet)
ENDOTHELIN RECEPTOR ANTAGONISTS		
Covered for diagnosis of Pulmonary Arterial Hypertension only		
Preferred		Non-Preferred
ambrisentan tablet (generic for Letairis [®] Tablet)		bosentan tablet / tablet for suspension (generic for Tracleer [®])
Tracleer [®] Tablet		Letairis [®] Tablet
		Onasemn [®] Tablet
		Onasemn [®] Tablet
		Tracleer [®] Suspension

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INHALED PROSTACYCLIN ANALOGS		
Preferred	Tvaso [®] Refill Kit / Solution / Starter Kit Ventavis [®] Solution	Non-Preferred Tvaso [®] DPI Yutrepia [®] DPI
NIACIN DERIVATIVES		
Preferred	niacin ER tablet (generic for Niaspan [®])	Non-Preferred niacin tablet (generic for Niasco [®])
	Reconciliation: Added niacin tablet (generic for Niasco [®]) as non-preferred	
NITRATE COMBINATION		
Preferred	isosorbide dinit/hydralazine tablet (generic for Bidil [®])	Non-Preferred Bidil [®] Tablet
NON-DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS		
Preferred	Cartia XT [®] Capsule (branded generic for Cardizem CD [®]) Dilt XR [®] Capsule (branded generic for Dilacor XR [®]) diltiazem ER 24 hour capsule (generic for Dilacor XR [®] , Tiazac [®]) diltiazem tablet / CD capsule / ER 12 hour capsule (generic for Cardizem [®] / CD / SR) Tiazia XT [®] Capsule (branded generic for Tiazac [®]) Tiadyl [®] ER Capsule verapamil tablet / ER tablet (generic for Calan [®] / SR)	Non-Preferred diltiazem LA tablet (generic for Cardizem LA [®]) Matzim [®] LA Tablet (generic for Cardizem LA [®]) Verapamil Capsule SR (generic for Verelan [®]) verapamil ER capsule / PM capsule (generic for Verelan [®] / Verelan [®] PM) Verelan [®] PM Capsule
ORAL PULMONARY HYPERTENSION		
Preferred	Alva [®] Tablet (branded generic for tadalafil) sildenafil tablet (generic for Revatio [®]) tadalafil tablet (generic for Adcirca [®])	Non-Preferred Adcirca [®] Tablet Adempas [®] Tablet Orentram [®] ER Tablet / Titration Kit Revatio [®] Suspension / Tablet - T/F of preferred agents not required for children < 12 years of age for Suspension ONLY sildenafil suspension (generic for Revatio [®]) - T/F of preferred agents not required for children < 12 years of age Tadlta [®] Suspension Upravi [®] Tablet / Titration Pack
	Covered for diagnosis of Pulmonary Arterial Hypertension (all) and Chronic Thromboembolic Pulmonary Hypertension- Adempas [®] only	
PCSK9		
Preferred	Raratha [®] Syringe / Pushtronik / Sureclick Praluent [®] Pen	Non-Preferred Evkeza [®] IV Icavis [®] Injection Redemplo [®] Syringe Tryngolza [®] Autoinjector
	Added Praluent [®] Pen to preferred Add Evkeza [®] IV, Redemplo [®] Syringe, and Tryngolza [®] Autoinjector to non-preferred	
PLATELET INHIBITORS		
Preferred	clopidogrel tablet (generic for Plavix [®]) dipyridamol tablet (generic for Persantine [®]) prasugrel tablet (generic for Effient [®] Tablet) ticagrelor Tablet (generic for Brilinta [®])	Non-Preferred aspirin/dipyridamol ER capsule (generic for Aggrenox [®]) Brilinta [®] Tablet Effient [®] Tablet Plavix [®] Tablet
	Plans may not apply additional utilization management or prior authorization criteria to this category Clinical criteria apply to all drugs in this class	
SYMPATHOLYTICS AND COMBINATIONS		
Preferred	clonidine tablet / patch (generic for Catapres [®] / TTS) guanfacine tablet (generic for Tenex [®]) methyldopa tablet (generic for Aldomet [®])	Non-Preferred clonidine ER tablet (generic for Nexiclon [™] XR) Javadin [®] Solution methyldopa vial (generic for Aldomet [®]) methyldopa-HCTZ tablet (generic for Aldoni [®]) Nexiclon [™] XR Tablet
TRIGLYCERIDE LOWERING AGENTS		
Preferred	fenofibrate tablet (generic for Tricor [®]) gemfibrozil tablet (generic for Lopid [®]) icosapent ethyl capsule (generic for Vascepa [®]) omega-3 acid ethyl esters capsule (generic for Lovaza [®])	Non-Preferred fenofibrate capsule / tablet (generic for Antara [®] , Lofibra [®] , Fenofide [®] , et. al) fenofibric acid tablet (generic for Fibricor [®] , Trilipix [®]) Fibricor [®] Tablet Lipofen [®] Capsule Lond [®] Tablet Tricor [®] Tablet Trilipix [®] Capsule
	Open Class- No Recomm endations No longer rebate eligible: Removed Trilipix [®] Capsule	
CENTRAL NERVOUS SYSTEM		
ANTIMIGRAINE AGENTS		
Preferred	rizatriptan tablet / ODT (generic for Maxalt [®]) sumatriptan nasal spray / tablet / vial (generic for Imitrex [®])	Non-Preferred almotriptan tablet (generic for Axert [®]) diclofenac potassium powder packet (generic for Cambia [®]) - T/F of 2 preferred NSAIDs, in addition to T/F of 2 preferred triptans in the Antimigraine Agents class required for coverage eletriptan tablet (generic for Relmax [®]) Elexyb [®] 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 [®] Tablet froatriptan tablet (generic for Frova [®]) Imitrex [®] Cartridge / Nasal Spray / Pen / Tablet Maxalt [®] Tablet / MLT Tablet naratriptan tablet (generic for AmERGE [®]) Relpax [®] Tablet Revasc [™] Tablet sumatriptan / naroxen tablet (generic for Trecimet [®]) sumatriptan injection kit / refill / syringe (generic for Imitrex [®]) Symbravo [®] Tablet Tusymra [™] Nasal Spray Zembrace [®] SymTouch [®] zolmitriptan nasal spray / ODT / tablet (generic for Zomic [®]) Zomia [®] Nasal Spray / Tablet
	Quantity limits apply to all triptans	
ANTIMIGRAINE AGENTS		
CGRP Blockers/Modulators PREVENTATIVE		
Preferred	Aimovig [®] Autoinjector Ajovy [®] Autoinjector / Syringe Emgality [®] Pen / Syringe Nurtec [®] ODT Qulipta [®] Tablet	Non-Preferred Emgality [®] Syringe 100 MG Vyepti [®] Vial
	Open Class- No Recommendations	
ANTIMIGRAINE AGENTS		
CGRP Blockers/Modulators ACUTE TREATMENT		
Preferred	Nurtec [®] ODT Ubrovelvy [®] Tablet	Non-Preferred Zavzpret [™] Nasal Spray
	Open Class- No Recommendations	
	Plans may not apply additional utilization management or prior authorization criteria to this category Clinical criteria apply to all drugs in this class	

North Carolina Division of Health Benefits
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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® Tablet	armodafinil tablet (generic for Provigil®)
	modafinil tablet (generic for Provigil®)
	Nuvigil™ Tablet
	Stunosil™ Tablet
	Wakis® Tablet

ANTI-PARKINSON AND RESTLESS LEG SYNDROME AGENTS

Preferred	Non-Preferred
amantadine capsule / solution (generic for Symmetrel®)	Apokyn® Cartridge
benztropine tablet (generic for Cogentin®)	apomorphine cartridge (generic for Apokyn®)
brocricipine capsule / tablet (generic for Parlodel®)	Azilect® Tablet
carbidopa-levodopa ODT (generic for Parcopa®)	carbidopa tablet (generic for Lodossyn®)
carbidopa-levodopa tablet / ER tablet (generic for Sinemet® / CR)	carbidopa-levodopa ER (generic for Rvтары®)
pramipexole tablet (generic for Mirapex®)	carbidopa-levodopa-entacapone tablet (generic for Stalevo®)
ropinirole tablet (generic for Requip®)	Creon® Capsule ER
selegiline capsule / tablet (generic for Elmsam®)	Dhivy® Tablet
trihexybenzidyl elixir / tablet (generic for Artane®)	Daxopa® Suspension
	entacapone tablet (generic for Comtan®)
	Gascon® Capsule - Clinical criteria apply
	Horizant® Tablet
	lurbria™ Inhalation - Clinical criteria apply
	Neupro® Patch
	Nouriantz™ Tablet
	Onappo™ Cartridge
	Onpents™ Capsule - Clinical criteria apply
	pramipexole ER tablet (generic for Mirapex ER®)
	rasagiline tablet (generic for Azilect®)
	ropinirole ER tablet (generic for Requip XL™)
	Rvтары® ER Capsule
	Sinemet® Tablet
	Stalevo® Tablet
	tolcapone tablet (generic for Tasmar®)
	Yvates® Vial
	Xadago® Tablet

MULTIPLE SCLEROSIS

Injectable

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

Preferred	Non-Preferred
Avonex® Pack / Pen / Syringe	Briumvi™ Vial
Betaseron® Kit / Vial	Copaxone® 40 MG/ML Syringe
Copaxone® Syringe 20 MG/ML	glatiramer syringe 20 MG/ML (generic for Copaxone® Syringe)
glatiramer syringe 40 MG/ML (generic for Copaxone® Syringe)	Gilena® Syringe
Kesimpta® Pen	Lemmonid® Vial
Rebif® Rebifose® / Titration Pack / Syringe	Ocrevus® Vial - T/F of preferred agents not required for diagnosis of Primary Progressive MS (PPMS)
	Ocrevus® Zovono Vial T/F of preferred agents not required for diagnosis of Primary Progressive MS (PPMS)
	Plegridy® Pen / Pen Starter Pack / Syringe / Syringe Starter Pack
	Tyruko® IV
	Tysabri® Vial

Oral

Preferred	Non-Preferred
dalfampridine ER tablet (generic for Ampyra®)	Amypra® Tablet
dimethyl fumarate DR capsule / starter pack (generic for Tecfidera® Capsule / Starter Pack)	Aubagio® Tablet
fingolimod capsule (generic for Gilenya®)	Barfentanil® Capsule
teriflumamide tablet (generic for Aubagio®)	Chadrinbe Tablet (generic for Mavenclad®)
	Gilenya® Capsule
	Mavenclad® Tablet
	Mavyzent® Starter Pack / Tablet
	Panvory™ Starter Pack / Tablet
	Tasceno ODT™
	Tecfidera® Capsule / Starter Pack
	Vumerity™ Capsule
	Zeposia® Starter Pack / Capsule

AMYOTROPHIC LATERAL SCLEROSIS (ALS) AGENTS

Preferred	Non-Preferred
riluzole tablet (generic for Rilutek®)	edaravone infusion bag (generic for Radicava®)
	edaravone Vial (generic for Radicava®)
	Qalsody® Vial T/F of preferred agents not required for SOD1 gene mutation
	Radicava® ORS® Suspension / ORS® Starter Kit Suspension / Infusion Bag
	Tiglutik® Suspension

SEDATIVE HYPNOTICS

Plans may not apply additional utilization management or prior authorization criteria to this category
Quantity limits apply to all sedative hypnotics

Preferred	Non-Preferred
eszopiclone tablet (generic for Lunesta®)	Ambien® Tablet / CR Tablet
flurazepam capsule (generic for Dalmane®)	Balbena™ Tablet
flunitrazepam tablet (generic for Rozerem® Tablet)	Daivyn® Tablet
temazepam 15mg, 30mg capsule (generic for Restoril®)	Doral® Tablet
zalclofen capsule (generic for Sonata®)	doxent tablet (generic for Silenor®)
zolpidem tablet (generic for Ambien®)	Edhuc® SL Tablet
zolpidem ER tablet (generic for Ambien® CR)	estazolam tablet (generic for Prosom®)
	Halcion® Tablet
	Hettloz® Capsule / LO Suspension - Clinical criteria apply
	Igalim® SL tablet
	Lunesta® Tablet
	quazepam tablet (generic for Doral®)
	Quviviq® Tablet
	Restoril® Capsule
	Rozerem® Tablet
	tasimelteon capsule (generic for Hettloz®) - Clinical criteria apply. T/F of Hettloz® Capsule required for coverage
	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 Ziban®)	Nicotrol® Inhaler / NS Nasal Spray
Chantix® Tablet / Startine Box / Continuation Month Box	
nicotine gum / lozenge (buccal) / patch	
varenicline tablet / starting month box (generic for Chantix®)	
varenicline continuation month box (generic for Chantix®)	

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ENDOCRINOLOGY

Glucagon Agents

Preferred	Non-Preferred
Glucagon Emergency Kit	Baqsimi® Nasal spray
Gvoke® Pen / Syringe / Vial	Diazoxide Oral Suspension (generic for Proglycem®)
Proglycem® Oral Suspension	Glucagon emergency kit (Manufacturer: Amphastar)
	Glucagon Injection
	Zenbuque® Syringe / Autoinjector

Added Glucagon Emergency Kit, Gvoke® Pen / Syringe / Vial, and Proglycem® Oral Suspension as preferred
Added Baqsimi® Nasal spray, Diazoxide Oral Suspension (generic for Proglycem®), Glucagon emergency kit (Manufacturer: Amphastar), and Glucagon injection Zenbuque® Syringe / Autoinjector as non-preferred

Growth Hormones

Preferred	Non-Preferred
Genotropin® Cartridge / MiniQuick®	Humatrope® Cartridge
Nasditropin® FlexPen®	Nasdit® Pen
Skystro® Cartridge	Nutropin® AQ NuSprin®
	Omnitrope® Cartridge / Vial
	Serostim® Vial
	Sasrova® Pen
	Zomacton® Vial

Plans may not apply additional utilization management or prior authorization criteria to this category
Clinical criteria apply to all drugs in this class
Prior Approval Not Required for Use of Serostim® in AIDS Wasting Syndrome

HYPOGLYCEMICS - INJECTABLE

Rapid Acting Insulin

Preferred	Non-Preferred
insulin aspart U-100 Penfill® / FlexPen® / vial (generic for Novolog®) (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
Novolog® U-100 Penfill® / FlexPen® / Vial	Fiasp® FlexTouch® / Penfill® / PumpCart® / Vial
Relion Novolog® U-100 FlexPen® / Vial	Humalog® U-100 Cartridge/ Junior KwikPen®/ KwikPen® / Vial
	Humalog® U-100 Tempo Pen™
	Humalog® U-200 KwikPen®
	Kiwisy® Vial / Pen (bio-similar to Novolog®)
	Lisium® U-100 KwikPen® / U-200 KwikPen® / Vial
	Merlize SoloStar® Pen
	Merlion® Vial
	Novolog® U-100 Penfill® / FlexPen® - Vial

Short Acting Insulin

Preferred	Non-Preferred
Humulin® R Vial	Mexredlin™ 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
Humulin® N Vial	Humulin® N KwikPen®
	Novolin® N FlexPen® / ReliOn® N FlexPen®
	Novolin® N Vial / ReliOn® N Vial

Long Acting Insulin

Preferred	Non-Preferred
insulin glargine vial / SoloStar® (authorized biologic for Lantus)	Basaglar® U-100 KwikPen®
Lantus® SoloStar® / Vial	Basaglar® U-100 Tempo Pen™
	insulin dequidex pen / vial (generic for Tresiba®)
	insulin glargine SoloStar® / Max SoloStar® (generic for Toujeo®)
	insulin glargine-vfn pen / vial (generic for Semglee® vfn)
	Levemir® / FlexPen® / FlexTouch® / Vial
	Rezvoglar™ Kwikpen®
	Semglee® vfn Pen / Vial
	Toujeo® SoloStar® / Max SoloStar®
	Tresiba® FlexTouch® / Vial
	Combination Insulin

Open Class- No Recommendations

Premixed Rapid

Preferred	Non-Preferred
insulin lispro protamine 75/25 KwikPen® (generic for Humalog® 75/25 Mix)	Humalog® 75/25 Mix KwikPen®
	Humalog® 50/50 Mix KwikPen®
	Humalog® 75/25 Vial

Premixed 70/30

Preferred	Non-Preferred
Humulin® 70/30 KwikPen® / Vial	Novolin® 70/30 FlexPen® / Vial
insulin aspart protamine-aspart 70/30 U-100 FlexPen® (generic for Novolog® Mix 70/30)	Novolog® Mix 70/30 Vial / FlexPen®
Novolog® Mix 70/30 Vial / FlexPen®	Relion Novolin® (human insulin NPH / human insulin) 70/30 FlexPen®
	Relion Novolin® 70/30 Vial
	Relion Novolog® 70/30 Vial / FlexPen®

Amylin Analogs

Preferred	Non-Preferred
Symlin® Pen Injector	

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

GLP-1 Receptor Agonists and Combinations indicated for the treatment of Diabetes

Preferred	Non-Preferred
Bvetta® Pen	Bvdureon® BC:ise™
Mounjaro® Pen	exenatide Pen (generic for Bvetta®)
Ozempic® Pen	liraglutide pen (generic for Victoza®)
Trulicity® Pen	Mounjaro® Pen
Victoza® Pen	Ozempic® Tablet
	R-betaxis® Tablet
	Saliqua® Pen
	Xultophy® Pen

NTM: Added Ozempic® Tablet as non-preferred
Moved: Mounjaro® Pen from non-preferred to preferred

HYPOGLYCEMICS - ORAL

2nd Generation Sulfonylureas

Preferred	Non-Preferred
glimpiride tablet (generic for Amaryl®)	
glipizide tablet / ER tablet (generic for Glucotrol® / XL)	
Glucotrol® XL Tablet	
glyburide micronized tablet (generic for Micronase®, GlynaSe®)	
glyburide tablet (generic for Diabeta®)	

Alpha-Glucosidase Inhibitors

Preferred	Non-Preferred
acarbose tablet (generic for Precose®)	miglitol tablet (generic for Glyset®)
	Precose® Tablet

Open Class- No Recommendations

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Biguanides and Combinations		
Preferred		Non-Preferred
alirolidine-metformin tablet (generic for Metaglin [®])		metformin ER tablet (generic for Fortamet [®])
glyburide-metformin tablet (generic for Glucovance [®])		metformin ER tablet (generic for Glumetza [®])
metformin tablet / ER tablet (generic for Glucophage [®] / ER)		metformin solution (generic for Riomet [®]) - T/F of preferred agents not required for children < 12 years of age
		metformin tablet (625 mg)
		Riomet [®] Solution
DPP-IV Inhibitors and Combinations		
Requires T/F or insufficient response to metformin containing products unless contraindicated or documented adverse event when using either a preferred or a non-preferred DPP-IV Inhibitor or Combination		
Preferred		Non-Preferred
Janumet [®] Tablet / XR Tablet		alogliptin tablet (generic for Nesina [®])
Januvia [®] Tablet		alogliptin-metformin tablet (generic for Kazano [®])
Jentadimet [®] Tablet / XR Tablet		alogliptin-nioglitzazone tablet (generic for Osem [®])
Onalvza [®] Tablet		Bravonol [™] Solution
Trasjeta [®] Tablet		Glucosam [®] Tablet
	Obsolete: Removed Kombiolyze [®] XR Tablet	Kazano [®] Tablet
		Kombiolyze[®] XR Tablet
		Nesina [®] Tablet
		Osem [®] Tablet
		Otern [®] Tablet
		saxagliptin tablet (generic for Onalvza [®])
		saxagliptin-metformin ER tablet (generic for Kombiolyze [®] XR)
		sitagliptin / metformin ER Tablet (generic for Zituvi [®] XR)
		sitagliptin tablet (generic for Januvia [®])
		sitagliptin-metformin tablet (generic for Zituvi [™])
		Steglan [®] Tablet
		Triardy [®] XR Tablet
		Zituvi [™]
		Zituvi [™] XR
		Zitavim [™] Tablet
Meglitimides		
Preferred		Non-Preferred
natoglimide tablet (generic for Starlix [®])		
repaglimide tablet (generic for Prandin [®])		
SGLT-2 Inhibitors and 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
Farxiga [®] Tablet		dapagliflozin tablet (generic for Farxiga [®])
Jardiance [®] Tablet		dapagliflozin / metformin ER tablet (generic for Xigduo [®] XR)
Synjardy [®] Tablet		Inpefa [™] Tablet
Synjardy [®] XR Tablet		Invokamet [™] Tablet / XR Tablet
Xigduo [®] XR Tablet		Invokana [™] Tablet
		Seglurimet [™] Tablet
		Steglato [™] Tablet
Thiazolidinediones and Combinations		
Preferred		Non-Preferred
pioglitazone tablet (generic for Actos [®])		ActoPlus Met [®] Tablet
	Open Class- No Recommendations	Actos [®] Tablet
		Duetact [®] Tablet
		pioglitazone-glimepiride tablet (generic for Duetact [®])
		pioglitazone-metformin tablet (generic for ActoPlus Met [®])
Oxcarotides and Related		
Preferred		Non-Preferred
Sandostatin LAR depot [™] vial	Added new Category Oxcarotides and Related Added Sandostatin LAR depot [™] vial to preferred Added Lanreotide acetate syringe [™] , Mycapssa [™] Capsule, Oxcarotide acetate [™] Ampule/ Syringe/ Vial, Palsouly [™] tablet, Signifor [™] injection, Signifor LAR [™] injection, and Somatuline depot [™] injection	Lanreotide acetate syringe [™] Mycapssa [™] Capsule Oxcarotide acetate [™] Ampule/ Syringe/ Vial Palsouly [™] tablet Signifor [™] Injection Signifor LAR [™] Injection Somatuline depot [™] Injection
GASTROINTESTINAL		
ANTIEMETIC-ANTIVERTIGO-AGENTS		
Preferred		Non-Preferred
aprepitant capsule (generic for Emend [®]) - Clinical criteria apply		Akynzoo [®] Capsule / Vial
Dielcis [®] Tablet		Antivert [®] Tablet / Chewable Tablet
meclizine tablet (generic for Antivert [®])		Anzemet [®] Tablet
metoclopramide solution / tablet (generic for Reglan [®])		Aproniv [™] Vial
ondansetron ODT 4mg and 8 mg solution / tablet (generic for Zofran [®])		aprepitant pack (generic for Emend [®]) - Clinical criteria apply
prochlorperazine tablet (generic for Compazine [®])		Barbensyl [®] Vial
promethazine syrup / suppository (12.5 mg and 25 mg) / tablet / ampule / vial (generic for Phenergan [®])		Bonesta [®] Tablet
Promethazan [®] (promethazine) Suppository (12.5 mg and 25 mg)		Cinvanti [®] Vial
scopolamine patch (generic for Transderm-Scop [®])		Compro [®] Suppository
Transderm-Scop [®] Patch		dimenhydrinate vial (generic for Dramamine [®])
		doxylamine-pyridoxine tablet (generic for Diclegis [®])
		dronabinol capsule (generic for Marinol [®])
		Emend [®] Capsule / Powder Packet / Trifold Pack - Clinical criteria apply
		Emend [®] Vial
		Focivex [™] (fosaprepitant) Vial
		fosaprepitant vial (generic for Emend [®])
		Gimoti [™] Nasal Spray
		granisetron vial / tablet (generic for Kytril [®])
		Marinol [®] Capsule
		metoclopramide vial
		ondansetron ODT (16 mg)
		ondansetron vial
		palonosetron injection (generic for Aloxi [®])
		Phenergan [®] Ampule / Vial
		Posfrea [™] Vial
		prochlorperazine vial / suppository (generic for Compazine [®])
		Promethazan [®] Suppository (50 mg)
		Reglan [®] Tablet
		Sancuso [®] Patch
		Stadol [®] Syringe
		Tigan [®] Vial
		trimethoprimamide capsule (generic for Tigan [®])
BILE ACID SALTS		
T/F of only one preferred drug required		
Preferred		Non-Preferred
ursodiol capsule (generic for Actigal [®])		Bvbvay [™] Capsule / Pellet - T/F of preferred agents not required for diagnosis of PFIC
ursodiol tablet (generic for Urso [®])		Chenodal [®] Tablet
	Open Class- No Recommendations	Cholbam [®] Capsule
		Ctexli [™] Tablet
		Iqirvo [®] (cliffbranzor) Tablet
		Lindsetl Capsule
		Limarti [®] Oral Solution/ Tablet
		Ocalisa [®] Tablet
		Relone [®] Capsule
		Urso Forte [®] Tablet

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H. PYLORI COMBINATIONS		
Preferred		Non-Preferred
Pvlera [®] Capsule		bismuth / metronidazole / tetracycline capsule (generic for Pvlera [®])
Voquezna [®] Tablet / Dual Pak / Triple Pak	Moved Voquezna [®] Tablet / Dual Pak / Triple Pak from non-preferred to preferred	lansoprazole-amoxicillin-clarithromycin pack (generic for Prevpac [®])
		Omeclamo-Pak [®] Combo Pack
		Talcia [®] Capsule
		Voquezna [®] Tablet / Dual Pak / Triple Pak
HISTAMINE-2 RECEPTOR ANTAGONISTS		
Preferred		Non-Preferred
famotidine tablet / suspension (generic for Pepcid [®])	Open Class- No Recommendations	cimetidine tablet (generic for Tagamet [®])
		cimetidine solution (generic for Tagamet [®])
		nizatidine capsule (generic for Axid [®])
PANCREATIC ENZYMES		
		Plans may not apply additional utilization management or prior authorization criteria to this category
Preferred		Non-Preferred
Creon [®] Capsule		Pertzye [®] Capsule
Viokase [®] Tablet		
Zenpep [®] Capsule		
PROGESTINS USED FOR CACHEXIA		
Pref	Open Class- No Recommendations	Non-Preferred
megestrol suspension / tablet (generic for Megace [®])		megestrol ES suspension (generic for Megace [®] ES)
PROTON PUMP INHIBITORS		
Preferred		Non-Preferred
		T/F of preferred agents not required for children < 12 years of age
esomeprazole magnesium capsule (generic for Nexium [®] Rx)		Dexilam [®] Capsule
lansoprazole capsule (generic for Prevacid [®] Rx)		dexlansoprazole capsules (generic for Dexilam [®])
Nexium [®] Rx Packet		esomeprazole magnesium OTC capsule / tablet (generic for Nexium [®] OTC)
omeprazole Rx capsule (generic for Prilosec [®] Rx)	Open Class- No Recommendations	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 Acibex [®])
SELECTIVE CONSTIPATION AGENTS		
Preferred		Non-Preferred
Linzess [®] Capsule		alosetron tablet (generic for Lotronex [®])
lubiprostone capsule (generic for Amitiza [®])	Moved prucalopride tablet (generic for Motegrity from non-preferred to preferred)	Amitiza [®] Capsule
prucalopride tablet (generic for Motegrity [®])		Iberel [®] Tablet
		Lotronex [®] Tablet
		Motegrity [®] Tablet
		Movantik [®] Tablet
		prucalopride tablet (generic for Motegrity [®])
		Symproic [®] Tablet
		Viberzi [®] Tablet - T/F of preferred agents not required for Irritable Bowel Syndrome with Diarrhea (IBS-D)
ULCERATIVE COLITIS		
		Oral
Preferred		Non-Preferred
balsalazide capsule (generic for Colaza [®])		Azulfidine [®] Entab / Tablet
mesalamine ER capsule (generic for Apriso [®] , Pentasa [®])		budesonide ER tablet (generic for Uceris [®])
Pentasa [®] Capsule		Dientium [®] Capsule
sulfasalazine IR / DR tablet (generic for Azulfidine [®] / Entab)		Liulda [®] Tablet
	Moved mesalamine ER capsule (generic for Apriso [®] , Pentasa [®]) from non-preferred to preferred	mesalamine DR capsule / tablet (generic for Delzicol [®] , Asacol [®] HD, Liulda [®])
		mesalamine ER capsule (generic for Apriso [®] , Pentasa [®])
ULCERATIVE COLITIS		
		Rectal
		T/F of only one preferred drug required
Preferred		Non-Preferred
mesalamine enema (generic for Rowasa [®])		budesonide rectal foam
mesalamine suppository (generic for Canasa [®])	Open Class- No Recommendations	Canasa [®] Suppository
SF Rowasa [®] Enema		mesalamine enema (generic for SF Rowasa [®])
		mesalamine kit (generic for Rowasa [®])
		Rowasa [®] Kit
GENTOURINARY / RENAL		
		ELECTROLYTE DEPLETERS (KIDNEY DISEASE)
Preferred		Non-Preferred
calcium acetate capsule (generic for Phosd [®])		Aurivia [®] Tablet
calcium acetate tablet (generic for Elibhos [®])	Added Calphron [®] Tablet and MagneBind [®] 400 Rx Tablet to non-preferred	ferric citrate Tablet (generic for Aurivia [®])
sevelamer carbonate powder pack / tablet (generic for Renvela [®])		Calphron [®] Tablet
		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 [®])
		Valphano [®] Chewable
		Xaphos [®] Tablet
BENIGN PROSTATIC HYPERPLASIA TREATMENTS		
Preferred		Non-Preferred
alfuzosin ER tablet (generic for Uroxatral [®])		Cardura [®] Tablet / XL Tablet
doxazosin tablet (generic for Cardura [®])	Open Class- No Recommendations	Cialis [®] Tablet 5 mg - Clinical criteria apply
dutasteride capsule (generic for Avodart [®])		dutasteride / tamsulosin capsule (generic for Jalva [®])
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 [®]) - Clinical criteria apply
		Tezruvy [™] Oral Solution

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

Effective Date October 2026

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URINARY ANTISPASMODICS

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

Preferred	Non-Preferred
darifenacin ER tablet (generic for Enablex [®])	darifenacin ER tablet (generic for Enablex [®])
fesoterodine ER tablet (generic for Toviaz [®])	Detrol [®] Tablet / LA Capsule
Mvrbetria [®] ER Tablet	flavoxate tablet (generic for Urispas [®])
oxbutynin solution / syrup / tablet / ER tablet (generic for Ditropan [®] / XL)	Genesta [®] Tablet - T/F of preferred agents not required for diagnosis of dementia or mild cognitive impairment and for patients age >65 years
solifenacin tablet (generic for Vesicare [®])	mirabegron ER Tablet (generic for Mvrbetria [®])
tolterodine tablet / ER capsule (generic for Detrol [®] / LA)	Mvrbetria [®] Granules - T/F of preferred agents not required for diagnosis of dementia or mild cognitive impairment and for patients age >65 years
trospium tablet / ER capsule (generic for Sanctura [®] / XR)	oxbutynin tablet (2.5 mg)
	Oxytrol [®] Patch
	Toviaz [®] Tablet
	trospium tablet / ER capsule (generic for Sanctura[®] / XR)
	Vesicare [®] LS Suspension / Tablet

Moved darifenacin ER tablet (generic for Enablex[®]) and trospium tablet / ER capsule (generic for Sanctura[®] / XR) from non-preferred to preferred
Removed red writing from mirabegron ER tablet (generic for Mvrbetria[®]). T/F of preferred agents not required for diagnosis of dementia or mild cognitive impairment and for patients age >65 years

GOUT

Preferred	Non-Preferred
allopurinol tablet (generic for Zyloprim [®])	allopurinol tablet (200 mg)
colchicine tablet (generic for Colcrys [®])	colchicine capsule (generic for Mitigare [®])
probencid tablet (generic for Benemid [®])	Colcrys [®] Tablet
probencid-colchicine tablet (generic for Col-Benemid [®])	febuxostat tablet (generic for Uloric [®] Tablet)
	Gloperba [®] Solution
	Krytoxexa [®] Vial
	Mitigare [®] (branded colchicine 0.6mg) Capsules
	Uloric [®] Tablet
	Zyloprim [®] Tablet

Open Class- No Recommendations

HEMATOLOGIC

ANTICOAGULANTS

Preferred	Non-Preferred
enoxaparin syringe / vial (generic for Lovenox [®])	Arixtra [®] Syringe
Fragmin [®] Vial	fondaparinux syringe (generic for Arixtra [®])
	Fragmin [®] Syringe
	Lovenox [®] 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 [®] Capsule)	Pradaxa [®] Capsule
Eliquis [®] Sprinkle / Suspension	Eliquis[®] Sprinkle / Suspension
Eliquis [®] Tablet / Starter Dose Pack	Pradaxa [®] Pellet Pack
Jantoven [®] (branded generic for Coumadin [®])	Rivaroxaban tablet / Suspension (generic for Xarelto [®])
warfarin tablet (generic for Coumadin [®])	Savava [®] Tablet
Xarelto [®] Starter Pack / Tablet	Xarelto [®] Suspension

Off-cycle change: Moved Eliquis[®] Sprinkle / Suspension from non-preferred to preferred

COLONY STIMULATING FACTORS

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

Preferred	Non-Preferred
Fulphila [®] Syringe	Granix [®] Safe Syringe / Syringe / Vial
Fynetra [®] Syringe	Leukine [®] Vial
Neupogen [®] Vial / Syringe	Neulasta[®] 4mg/0.4 ML Vial
	Neulasta [®] Syringe / Kit
	Nivestym [®] Syringe / Vial
	Nyzozi [™] Syringe
	Nvvepria [®] Syringe
	Releuko [®] Syringe / Vial
	Rolvodon [®] Syringe
	Ryzincuta [®] Syringe
	Stimufend [®] Syringe
	Ularava [®] On-Body / Autoinjector / Syringe
	Zanzax [®] Syringe
	Ziextenzo [®] Syringe

NTM: Added Neulasta[®] 4mg/0.4 ML Vial to non-preferred
Obsolete: Removed Releuko[®] Vial

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 [®] Syringe / Vial	Mircera [®] Syringe
Epoegen [®] Vial	Procrit [®] Vial
Retscan [®] Vial	Rebzoxy [®] Vial
	Vafeso [®] (vadofastat) Tablet

THROMBOPOIESIS STIMULATING AGENTS

Preferred	Non-Preferred
Nplate [®] Vial	Alvaiz [™] Tablet
Promacta [®] Suspension / Tablet	Doptelet Tablet / Sprinkle
	eltrombopag olamine Suspension / Tablet (generic for Promacta [®])
	Multiketa
	Tavalise [™] Tablet
	Wayriz [™] Tablet

OPHTHALMIC

ALLERGIC CONJUNCTIVITIS AGENTS

Preferred	Non-Preferred
azelastine drops (generic for Optivar [®])	Alomid[®] Drops
cromolyn sodium drops (generic for Cromol [®])	Alex [®] Drops
olopatadine drops (generic for Pataday [®] , Patanol [®])	bepotastine drops (generic for Bepreve [®])
olopatadine drops (generic for Pataday[®], Patanol[®]) (OTC)	Betvece [®] Drops
	epinastine drops (generic for Elestat [®])
	loprendol drops (generic for Alex [®])
	Zerviate [®] Drops

No longer rebate eligible: removed Alomid[®] Drops
Remove: olopatadine drops (generic for Pataday[®], Patanol[®]) (OTC)

ANTIBIOTICS

Preferred	Non-Preferred
bacitracin-polymyxin ointment (generic for Polysporin [®])	Azastil [®] Drops
ciprofloxacin solution drops (generic for Ciloxan [®])	bacitracin ointment (generic for AK-Tracin [®])
erythromycin ointment (generic for Ilotycin [®])	besifloxacin Suspension (generic for Besivance [®])
ceftriaxime drops (generic for Garamycin [®])	Besivance [®] Suspension
moxifloxacin ophthalmic solution (generic for Vigamox [®])	Ciloxan [®] Ointment
ofloxacin drops (generic for Ocuflox [®])	gatifloxacin drops (generic for Zymar [®])
Polycin [®] Ointment (branded generic for Polysporin [®])	Levofloxacin Drops (Generic for Levaquin [®])
polymyxin-trimethoprim drops (generic for Polytrim [®])	moxifloxacin ophthalmic solution (generic for Moxeza [®])
sulfacetamide drops (generic for Biph-10 [®])	Natamax [®] Drops
tolbramycin drops (generic for Tobrex [®])	neomycin-bacitracin-polymyxin ointment (generic for Neosporin [®] Ophthalmic Ointment)
	neomycin-polymyxin-gramicidin drops (generic for Neosporin [®] Ophthalmic Drops)
	Neo-Polycin [®] Ointment (branded generic for Neosporin [®] Ophthalmic Ointment)
	Ocuflox [®] Drops
	sulfacetamide ointment (generic for Cetamide [®])
	Tobrex [®] Ointment
	Vigamox [®] Drops

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ANTIBIOTICS-STERIOD COMBINATIONS	
Preferred	Non-Preferred
neomycin-polymyxin-dexamethasone drops / ointment (generic for Maxitrol [®])	Maxitrol [®] Drops / Ointment
Tobradex [®] Ointment	Neo-Polyclin [®] HC (branded generic for Cortisporin [®])
tobramycin-dexamethasone suspension (generic for Tobradex [®])	neomycin-bacitracin-polymyxin-HC ointment (generic for Cortisporin [®])
	neomycin-polymyxin-HC drops (generic for Ocucrin [®])
	sulfacetamide-prednisolone drops (generic for Vasodol [®])
	Tobradex [®] ST Drops
	Zylet [®] Drops
	loteprednol-tobramycin Drops (generic for Zylet [®])
ANTI-INFLAMMATORY	
Preferred	Non-Preferred
dexamethasone drops (generic for Decadron [®])	Acular [®] Drops / LS Solution
diclofenac drops (generic for Voltaren [®])	Acuvail [®] Solution
difluprednate drops (generic for Durzool [®])	bromfenac drops (generic for Proleta [®] , Xibrom [®] , BromSite [®])
Flarex [®] Drops	BromSite [®] Solution
fluorometholone drops (generic for FML [®])	Bvulov [®] Drops
flurbiprofen drops (generic for Ocuflin [®])	Dextenza [®] Insert
ketorolac solution (generic for Acular [®] / LS)	Durezol [®] Drops
Lotemax [®] Drops	FML [®] Forte Drops / Liquifilm [®] Drops
Nevanac [®] Drop-inliner	Ilevro [®] Drops
Pred Mild [®] Drops	Iluvien [®] Implant
prednisolone acetate drops (generic for Pred Forte [®])	Invelys [®] Drops
	loteprednol solution (generic for Acular [®] -LS)
	Lotemax [®] Gel / SM Gel / Ointment
	loteprednol drops / gel (generic for Lotemax [®])
	Masquec [®] Drops
	Ocuflin [®] Implant
	Pred Forte [®] Drops
	prednisolone sodium phosphate drops (generic for Inflammase Forte [®])
	Proleta [®] Drops
	Retisert [®] Implant
	Triescence [®] Vial
	Xipere [™] (Intraocular)
	Yutiq [®] Implant
ANTI-INFLAMMATORY / IMMUNOMODULATOR	
Preferred	Non-Preferred
Restasis [®] Drops	Cequa [™] Drops
Xidra [®] Drops	cyclosporine emulsion (generic for Restasis [®])
	Evaxis [®] Drops
	Miebo [®] Drops
	Restasis [®] Multidose [™] Drops
	Tryptry [®] Drops
	Tyrvava [®] Nasal Spray
	Verkazia [®] Eye Emulsion - T/F of preferred agents not required for diagnosis of vernal keratoconjunctivitis (VKC)
	Vevve [®] Drops
ALPHA 2 ADRENERGIC AGENTS	
Preferred	Non-Preferred
Alphagan [®] P Drops	apraclonidine drops (generic for Iopidine [®])
brimonidine drops (generic for Alphagan [®])	brimonidine P drops (generic for Alphagan [®] P)
	Iopidine [®] Drops
BETA BLOCKER AGENTS / COMBINATIONS	
Preferred	Non-Preferred
Combigan [®] Drops	betaxolol drops (generic for Betoptic [®])
timolol drops / GFS gel-solution (generic for Timoptic [®] / Timoptic XL [™])	Betimol [®] Drops
	Betoptic [®] S Drops
	brimonidine tartrate / timolol drops (generic for Combigan [®])
	carteolol drops (generic for Ocupress [®])
	Istalol [®] Drops
	levobunolol drops (generic for Betagan [®])
	timolol hemihydrate (generic for Betimol [®] drops)
	timolol drop (generic for Istalol [®] Drops)
	timolol maleate drop (generic for Timoptic [®] Ocusol [®] Drops)
	Timoptic Ocusol [®] Drops
CARBONIC ANHYDRASE INHIBITORS / COMBINATIONS	
Preferred	Non-Preferred
dozalamide drops (generic for Trusopt [®])	Azopt [®] Drops
dozalamide-timolol drops (generic for Cosopt [®])	brinzolamide drops (generic for Azopt [®] Drops)
Simbrinza [®] Drops	Cosopt [®] Drops / PF Drops
	dozalamide-timolol PF drops (generic for Cosopt [®] PF)
PROSTAGLANDIN AGONISTS	
Preferred	Non-Preferred
latanoprost drops (generic for Xalatan [®])	binatoprost drops (generic for Lumigan [®] Drops)
Travatan [®] Z Drops	Durvata [®] Implant
	iDose [®] TR Implant
	Ivuzeh [™] Drops
	Lumigan [®] Drops
	tafluprost drops (generic for Zioptan [®])
	travoprost drops (generic for Travatan [®] Z)
	Vvzula [®] Drops
	Xalatan [®] Drops
	Xelpros [®] Drops
	Zioptan [®] Drops
RHO KINASE MODIFIERS / COMBINATIONS	
Plans may not apply additional utilization management or prior authorization criteria to this category	
Preferred	Non-Preferred
Rhopressa [®] Drops	
Rocklatan [®] Drops	
OSTEOPOROSIS	
BONE RESORPTION SUPPRESSION AND RELATED AGENTS	
Preferred	Non-Preferred
alendronate tablet (generic for Fosamax [®])	Actonel [®] Tablet
Biphosph-Syringe (Prolia[®] Biosimilar)	alendronate solution (generic for Fosamax [®] Solution)
Enbly Syringe (Bosimilars to Prolia[®])	Atelvia [®] Tablet
Forteo[®] Pen	Biphosph Syringe (Prolia[®] Biosimilar)
raloxifene tablet (generic for Evista[®])	Rinostio [®] Effervescent Tablet
	Bonisty Pen Injector
	Bosiva[®] Syringe (Prolia[®] Biosimilar)
	calcitonin salmon nasal spray (generic for Miacalcin [®])
	Conexence [®] Syringe (Prolia [®] Biosimilar)
	Enbly Syringe (Bosimilars to Prolia[®])
	Eventy [®] Syringe
	Evista [®] Tablet
	Fosamax [®] Tablet / Plus D Tablet
	ibandronate tablet (generic for Boniva [®])
	Jubron [®] Syringe (Prolia [®] Biosimilar)
	Ospomy[®] Syringe (Prolia[®] Biosimilar)
	Prolia [®] Syringe
	risedronate DR tablet (generic for Atelvia [®])
	risedronate tablet (generic for Actonel [®])
	Strabock [®] Syringe (Prolia [®] Biosimilar)
	teriparatide pen (generic for Forteo [®])
	Tymlor [®] Pen
OTC	
ANTIBIOTICS	
Preferred	Non-Preferred
ciprofloxacin-dexamethasone suspension (generic for Ciprodex [®])	Cipro [®] HC Suspension
neomycin-polymyxin-hydrocortisone solution / suspension (generic for Cortisporin [®])	ciprofloxacin solution (generic for Cetraxal [®])
ofloxacin drops (generic for Floxin [®])	ciprofloxacin-fluocinolone drops (generic for Otovel [®])

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

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Preferred	Non-Preferred
	Ciprofloxacin-Hydrocortisone Suspension (generic for Cipro [®] HC) Cortisporin-Tc [®] Suspension Otovel [®] Drops
ANTI-INFECTIVES AND ANESTHETICS	
acetic acid solution (generic for Vosol [®])	acetic acid-hydrocortisone solution (generic for Vosol [®] HC)
ANTI-INFLAMMATORY	
fluocinolone 0.01% oil (generic for Dermotic [®])	Flac [®] Otic Oil Dermotic [®] Oil
RESPIRATORY	
BETA-ADRENERGIC HANDHELD, LONG ACTING	
Plans may not apply additional utilization management or prior authorization criteria to this category	
Serevent [®] Diskus [®]	Striverdi [®] Respimat [®] Inhalation Spray
BETA-ADRENERGIC HANDHELD, SHORT ACTING	
albuterol HFA inhaler (generic for Proair [®] HFA Inhaler / Proventil [®] HFA Inhaler / Ventolin [®] HFA Inhaler)	levulbuterol HFA inhaler (generic for Xopenex [®] HFA Inhaler)
Ventolin [®] HFA Inhaler	albuterol HFA inhaler (generic for Proair [®] HFA Inhaler / Proventil [®] HFA Inhaler / Ventolin [®] HFA Inhaler)
Xopenex [®] HFA Inhaler	Proair [®] Digihaler [™] Proair [®] RespiClick [®]
BETA-ADRENERGIC, NEBULIZERS	
T/F of only one preferred drug required	
albuterol 0.63mg / 3ml solution (generic for Accuneb [®])	arformoterol solution (generic for Brevana [®])
albuterol 1.25mg / 3ml solution (generic for Accuneb [®])	Brovana [®] Solution
albuterol sulfate 2.5mg / 0.5ml solution	formoterol solution (generic for Perforomist [®])
albuterol sulfate 2.5mg / 3ml solution	levulbuterol solution / concentrate solution (generic for Xopenex [®] / Concentrate) Perforomist [®] Solution
BETA-ADRENERGIC, ORAL	
albuterol tablets (generic for Proventil [®] RespiTabs)	albuterol ER tablets (generic for VoSpire [®] ER)
albuterol syrup (generic for Ventolin [®] Syrup)	
terbutaline tablet (generic for Brethine [®])	
ORALLY INHALED ANTICHOLINERGICS / COPD AGENTS	
Plans may not apply additional utilization management or prior authorization criteria to this category	
Anoro [®] Ellipta [®] Inhaler	Bevespi [®] AcroSphere [®]
Atriovent [®] HFA Inhaler	Daliresp [®] Tablet
Combivent [®] Respimat [®] Inhalation Spray	Duaklir [®] Pressair [®]
Incruse [®] Ellipta [®] Inhaler	Obutuvayr [®] Inhalation suspension
ipratropium nebulizer solution (generic for Atrovent [®])	tiotropium inhaler (generic for Spiriva [®] Handihaler [®])
ipratropium / albuterol solution (generic for Duoneb [®])	Tudorza [®] Pressair [®] Inhaler
redihaler tablet (generic for Daliresp [®])	Vincosolidium-Vilanterol Inhaler (generic for Anoro [®])
Spiriva [®] Handihaler [®] / Respimat [®] Inhalation Spray	Yupelri [®] Solution
Stiolto [®] Respimat [®] Inhalation Spray	ipratropium bromide HFA (generic for Atrovent [®])
INHALED CORTICOSTEROIDS	
Plans may not apply additional utilization management or prior authorization criteria to this category	
Alvesco [®] Inhaler	ArmonAir [™] Digihaler [™]
Armuvy [®] Ellipta [®] Inhaler	beclomethasone dipropionate (generic for QVAR [®])
Asmanex [®] HFA Inhaler / Twisthaler [®]	fluticasone furoate DPI (generic for Arnuvy [®] Ellipta [™])
budesonide suspension 0.25mg, 0.5mg, 1mg (generic for Pulmicort [®] Respules)	fluticasone propionate diskus (generic for Flovent [®] Diskus)
fluticasone propionate HFA (generic for Flovent [®] HFA)	Pulmicort [®] Respules 0.25mg, 0.5mg, 1mg
Pulmicort [®] Flexhaler	
QVAR [®] RediHaler [™]	
INHALED CORTICOSTEROID COMBINATIONS	
Plans may not apply additional utilization management or prior authorization criteria to this category	
Advair [®] Diskus [®]	AirDuo [®] Dishaler [™] / RespiClick [®]
Advair [®] HFA Inhaler	AirSupra [™] Inhaler
Dulera [®] Inhaler	Breo [®] Ellipta [®]
Symbicort [®] Inhaler	Brevinb [™] Inhaler Brezni [™] AcroSphere [™] budesonide / formoterol inhalation (generic for Symbicort [®]) fluticasone / salmeterol HFA inhaler (generic for Advair [®] HFA) fluticasone / salmeterol inhalation (generic for Advair [®] Diskus [®]) fluticasone / salmeterol inhalation (generic for AirDuo [®]) fluticasone / vilanterol inhalation (generic for Breo [®] Ellipta [®]) Trelexv [®] Ellipta [®] Wixela [™] Inhub [™]
INTRANASAL RHINITIS AGENTS	
T/F of preferred agents not required in children < 4 years of age for steroid-containing products	
azelastine spray (generic for Astelin [™])	azelastine nasal spray (generic for Astepro [®])
Dimista [®] Nasal Spray	azelastine-fluticasone nasal spray (generic for Dimista [®])
fluticasone spray (generic for Flonase [®])	flunisolide nasal spray (generic for Nasalide [®])
ipratropium spray (generic for Atrovent [®] Nasal)	mometasone nasal spray (generic for Nasonex [®])
mometasone nasal spray (generic for Nasonex [®])	Omnicar [®] Nasal Spray
olopatadine nasal spray (generic for Patanase [®])	Patanase [®] Nasal Spray ONas [®] Nasal Spray / Children's Spray Ryaltris [®] Nasal Spray Sinuva [™] Implant Xhance [™] Nasal Spray Zetonna [®] Nasal Spray
LEUKOTRIENE MODIFIERS	
montelukast chewable / tablet (generic for Singulair [®])	Accolate [®] Tablet montelukast aramides (generic for Singulair [®]) Singulair [®] Chewable / Granules / Tablet zafirlukast tablet (generic for Accolate [®]) zileuton tablet (generic for Zflo [®]) Zflo [®] Filmtab

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

Effective Date October 2026

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LOW SEDATING ANTIHISTAMINES	
Preferred	Non-Preferred
cetirizine OTC syrup 1mg/1ml (generic for Zyrtec [®] OTC Syrup)	cetirizine chewable tablet OTC (generic for Zyrtec [®] OTC Tablet)
cetirizine Rx syrup (generic for Zyrtec [®] Syrup)	cetirizine OTC syrup 5mg/5ml (generic for Zyrtec [®] OTC Syrup)
cetirizine tablets OTC (generic for Zyrtec [®] OTC Tablet)	cetirizine OTC softgel
levocetirizine OTC tablet (generic for Xyzal [®] OTC Tablet)	Clarimax [®] Tablet - T/F of preferred agents not required for children < 2 years of age
levocetirizine Rx tablet (generic for Xyzal [®] Rx Tablet)	desloratadine ODT / Tablet / Solution (generic for Clarinex [®]) - T/F of preferred agents not required for children < 2 years of age
loratadine tablet OTC (generic for Claritin [®] OTC)	levofenadine OTC suspension / OTC tablet (generic for Allegra [®] OTC)
	levocetirizine Rx solution (generic for Xyzal [®] Rx Solution)
	loratadine OTC chewable ODT / solution (generic for Claritin [®] OTC)
LOW SEDATING ANTIHISTAMINE COMBINATIONS	
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 [®] OTC)	cetirizine-D OTC tablet (generic for Zyrtec-D [®] OTC)
	Clarimax-D [®] Tablet
	levofenadine-D 12 Hour OTC Tablet (generic for Allegra-D [®] 12 Hour OTC)
	levofenadine-pseudoephedrine ER 24 hour tablet (generic for Allegra-D [®] 24 hour)
FIRST GENERATION ANTIHISTAMINES	
Preferred	Non-Preferred
carbinoxamine solution	carbinoxamine ER Suspension (generic for Karbinal [™]) - T/F of immediate release carbinoxamine solution and cetirizine syrup required for coverage
Carbrazil Solution	carbinoxamine tablet
cycloheptadine syrup / tablet	clemastine tablet (generic for Clemenza [™])
hydroxyzine capsule / solution / tablet	Clemenza [™] Tablet
	Karbinal [™] ER Suspension - T/F of immediate release carbinoxamine solution and cetirizine syrup required for coverage
	RxClora [™] Solution
	RxVen [™] Tablet
	Vivament [™] Capsule
TOPICALS	
ACNE AGENTS	
Preferred	Non-Preferred
adapalene / benzoyl peroxide (generic for Epiduo [®] Forte)	adapalene cream / gel pump generic for Differin [®])
adapalene / benzoyl peroxide (generic for Epiduo [®] Gel)	Akliet [®]
adapalene gel (generic for Differin [®])	Avar [®] Cleanser / LS Cleanser
azelaic acid gel (generic for Finacea [™])	Avar-E [®] Emollient Cream / Green Emollient Cream / LS Cream
clindamycin lotion (generic for Cleocin-T [™])	BP [®] 10-1 Wash / Cleansing Wash
clindamycin phosphate pledgets / solution (generic for Cleocin-T [™])	ClearAcvlic / ClearAcvlic Pro
clindamycin-benzoyl peroxide gel (generic for Benzacn [®] , Neutac [®])	Cleocin [™] T Lotion
Differin [®] ael pump	Clindacin [®] ETZ Pledget / Kit / P Foam / P Pledgets / PAC Kit
Differin [®] lotion cream	Clindazel [®] Gel
Epiduo [®] ael pump	clindamycin / tretinoin (generic for Veltin [®])
erythromycin ael (generic for Emein [®] , Erycette [®] , EryGel [®] , et al.)	clindamycin phosphate foam (generic for Evoclin [®])
erythromycin solution (generic for Emein [®] , EryDerm [®] , EryMax [®] , et al.)	clindamycin phosphate gel (Clindagel [®])
erythromycin-benzoyl peroxide gel (generic for Benzamycin [™])	clindamycin-benzoyl peroxide pump (generic for Acnaya [™])
Finacea [™] Gel	clindamycin-benzoyl peroxide pump (generic for Benzacn [®])
tretinoin Cream (generic for Retin-A [®])	clindamycin-benzoyl peroxide pump (generic for Onexton [®])
	dansone ael / gel pump (generic for Azzone [®] Gel)
	Epiduo [®] Forte ael pump
	Ery [®] Pads
	Eryved [®] Gel
	Evoclin [®] Foam
	Fabior [®] Foam
	Finacea [™] Foam
	Neuac [®] Gel / Kit
	Ovace [®] Plus Cleansing Cream / Gel / Lotion / Shampoo / Wash
	Rosani [®] Cleanser lotion
	Resulix [®] Cloths / Wash
	sodium sulfacetamide cleanser / cream (generic for Avar [®] / LS)
	sodium sulfacetamide lotion (generic for Klaron [™])
	sodium sulfacetamide shampoo, wash (generic for Ovace [®] / Plus)
	sodium sulfacetamide-sulfur lotion / suspension (generic for Novacet [®] , Plexion [®] , Zetacet [®])
	sodium sulfacetamide-sulfur pad / suspension / wash (generic for Sumaxin [™])
	SSS [®] 10-5 Cream / Foam
	sulfacetamide-sulfur 9-4% cleanser (generic for Zenica [™])
	sulfacetamide-sulfur cream (generic for Avar [®] , E, SSS [®] 10-5)
	Sumadin [™] Kit / XLT Kit / Wash
	Sumaxin [™] Cleansing Pads / CP Kit / TS Topical Suspension / Wash
	tazarotene cream / foam / gel (generic for Tazorac [®] , Fabior [®])
	tretinoin ael (generic for Retin-A [®])
	tretinoin Cream (generic for Retin-A[®])
	tretinoin microsphere ael / microsphere ael pump (generic for Retin-A [®] Micro)
	Twynex [®] Cream
	Winlest [®] Cream
	Zma Clear [™] Cleanser
ANDROGENIC AGENTS	
Preferred	Non-Preferred
Androjet [®] Pump	Natesto [®] Nasal Gel
testosterone gel pump (generic for Androjet [®])	Testim [®] Gel
testosterone gel packet (generic for Vogelxo [®])	testosterone gel packet (generic for Vogelxo[®])
	testosterone gel pump (generic for Fortesta [™] , Axiron [®])
	testosterone packet (generic for Androjet [®])
	Vogelxo [®] Gel / Packet / Pump
NSAIDS	
Preferred	Non-Preferred
diclofenac topical gel (generic for Voltaren [®] Gel)	diclofenac epolamine patch (generic for Flector [®])
diclofenac solution (generic for Pennsaid [®])	diclofenac pump (generic for Pennsaid [®])
	Pennsaid [®] Solution Packet / Pump
ANTIBIOTICS	
Preferred	Non-Preferred
gentamicin cream / ointment (generic for Garamycin [®])	Centany [®] AT Ointment Kit / Ointment
mupirocin ointment (generic for Bactroban [®])	mupirocin cream (generic for Bactroban [®])
	Xepi [®] Cream

North Carolina Division of Health Benefits

North Carolina Medicaid Preferred Drug List (PDL)

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ANTIBIOTICS - VAGINAL

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

Preferred Non-Preferred

Cleocin® Vaginal Ovals clindamycin vaginal cream (generic for Cleocin® Vaginal Cream)		Cleocin® Vaginal Cream Clindesse® Vaginal Cream
Clindesse® Vaginal Cream	Moved Xaciato® Vaginal Gel from non-preferred to preferred Moved Clindesse® Vaginal Cream from preferred to non-preferred	metronidazole vaginal gel (generic for NuVessa® Vaginal Gel)
metronidazole vaginal gel (generic for MetroGel® Vaginal Gel)		Vandazole® Vaginal Gel
NuVessa® Vaginal Gel		Xaciato® Vaginal Gel
Xaciato® Vaginal Gel		

ANTIFUNGALS

Preferred Non-Preferred

ciclopirox cream / solution (generic for Loprox® Penlac®)		Cicloclon® Cream / Cream Kit / Kit / Solution
clotrimazole Rx cream (generic for Lotrimin® Rx)		ciclopirox gel / shampoo / suspension (generic for Loprox®)
clotrimazole-betamethasone cream (generic for Lotrisone®)		ciclopirox treatment kit (generic for Cicloclon®)
ketoconazole cream / shampoo (generic for Nizora™)		clotrimazole Rx solution (generic for Lotrimin® Rx)
Klivesco® Powder (branded generic for Nvator®)		clotrimazole-betamethasone lotion (generic for Lotrisone®)
Nvator® Powder (branded generic for Nvator®)		econazole cream (generic for Spetzazole®)
mycostatin cream / ointment / powder (generic for Mycostatin® Nvator®)		econazole foam (generic for Ecoza®)
Nvator® Powder		Extina® Cream
mycostatin-triamcinolone cream / ointment (generic for Myceolog II®)		Extina® Foam
		ketoconazole foam (generic for Extina®)
		Ketodan® Foam / Foam Kit
		Loprox® Suspension / Cream / Kit
		luliconazole cream (generic for Luzun®)
		miconazole / zinc oxide / petrolatum ointment (generic for Vusion®) - Clinical criteria apply
		naftifine cream / gel (generic for Naftin®)
		Naftin® Gel
		oxiconazole cream (generic for Oxistat®)
		Oxistat® Lotion
		salicylic acid ointment (generic for Bensal HP®)
		tavaborole topical solution (generic for Kerydin®)
		Vusion® Ointment - Clinical criteria apply

ANTIPARASITICS

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

Natroba® Topical Suspension		Celstar™ Lotion
permethrin cream (generic for Elimite®)		Elimite™ Cream
spinosad topical suspension (generic for Natroba®)	Moved spinosad topical suspension (generic for Natroba®) from non-preferred to preferred	Farnix® Cream / Lotion
		malathion lotion (generic for Ovide®)
		Ovide® Lotion
		Paradik™ Lotion
		Sklice® Lotion
		spinosad topical suspension (generic for Natroba®)

ANTIVIRAL

Preferred Non-Preferred

acyclovir Cream / Ointment (generic for Zovirax®)		peniclovir cream (generic for Denavir®)
Denavir® Cream	Open Class- No Recommendations	

Imidazoquinolinamines

Preferred Non-Preferred

imiquimod cream packet (generic for Aldara®)		Condylax® Gel
		Hyfar™ Gel
		imiquimod cream / cream pump (generic for Zyclara®)
		podofilox gel / solution (generic for Condylax®)
		Veregen® Ointment

PSORIASIS

Preferred Non-Preferred

calcipotriene cream / solution (generic for Devonex®)		calcipotriene ointment / foam (generic for Devonex®, Sorilux®)
calcipotriene-betamethasone suspension / ointment (generic for Talcomex®)		salskitrid ointment (generic for Vectical™)
Viana® Cream	Moved Viana® Cream from non-preferred to preferred	Enstilar® Foam
		Sarilitx® Foam
		Taclonex® Suspension
		Vectical Ointment
		Viana® Cream
		Zorvyne® 0.3% Cream / Foam

ROSACEA AGENTS

Preferred Non-Preferred

azelaic acid gel (generic for Finacea®)		brimonidine gel pump (generic for Mirvaso®)
Finacea® Gel		Ensolay® (benzoyl peroxide)
metronidazole cream (generic for MetroCream®)		Finacea® Foam
metronidazole gel / pump (generic for MetroGel®)		ivermectin cream (generic for Soolantra®)
Rosadan® Cream / Gel		MetroCream®
		MetroGel®
		metronidazole lotion (generic for MetroLotion®)
		Mirvaso® (brimonidine)
		Rhofad® Cream
		Rosadan® Kit
		Soolantra™ Cream

STERIODS

Low Potency

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

Preferred Non-Preferred

desonide cream / ointment (generic for DesOwen®)		alclometasone dipropionate cream / ointment (generic for Aclovate™)
DermaSmooth® FS Scalp and Body Oil		Capex®
hydrocortisone cream / lotion / ointment (generic for Hytone®)		desonide lotion (generic for DesOwen® Lotion)
		fluocinolone body / scalp oil (generic for DermaSmooth® FS Scalp / Body Oil)
		Hydrocortisone Solution
		Hydroxym™ Gel
		Texacort® Solution

Medium Potency

Preferred Non-Preferred

fluticasone cream / ointment (generic for Cutivate®)		Beser™ Lotion / Kit
mometasone cream / ointment / solution (generic for Elocon®)		cloacortolone cream (generic for Cloderm®)
		fluocinolone cream / ointment / solution (generic for Svalnar®)
		flurandermolide Lotion / Ointment
		fluticasone lotion (generic for Cutivate® Lotion)
		hydrocortisone butyrate cream / lipid cream / lotion / ointment / solution (generic for Locoid®)
		hydrocortisone valerate cream / ointment (generic for Westcott®)
		Panigel™ Cream
		prednicarbate cream / ointment (generic for Dermatop®)
		Svalnar® Cream / Ointment / Kit / Solution / TS Kit

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ORAL / TRANSDERMAL ESTROGEN AGENTS AND OTHER	
Preferred	Non-Preferred
Climara [®] Pro Patch	Climara [®] Patch
CombiPatch [®] Patch	Conjugated estrogen tablet (generic for Premarin [®])
estradiol patch (generic for Climara [®] , Menostar [®] , Vivelle-Dot [®])	Divigel [®] Gel Packet
estradiol tablet (generic for Estrace [®])	Doti [®] Patch
Evamist [®] Spray	Duavee [®] Tablet
LYNKUET[®] Capsule	Elestrin [®] Gel
Menses [®] Tablet	Estrace [®] Tablet
Premarin [®] Tablet	estradiol gel packet (generic for Divigel [®])
	Estradot Gel Pump
	Livlana [®] Patch
	LYNKUET[®] Capsule
	Menostar [®] Patch
	Minivelle [®] Patch
	Ophena [®] Tablet
	Veozah [®] Tablet
	Vivelle-Dot [®] Patch
ESTROGEN AGENTS, VAGINAL PREPARATIONS	
Preferred	Non-Preferred
estradiol vaginal cream (generic for Estrace [®])	Estrace [®] Cream
Estring [®] Vaginal Ring	estradiol tablet (generic for Vagifem [®])
Breastone [®] Vaginal Cream	Evamist [®] Vaginal Ring
Vagifem [®] Vaginal Tablet	Invexxy [®] Vaginal Inserts
	Yuvafem [®] Vaginal Tablet
GLUCOCORTICOID STEROIDS, ORAL	
Preferred	Non-Preferred
budesonide EC capsule (generic for Entocort [®] EC)	Alkindi [®] Sprinkle Capsule
dexamethasone elixir / tablet (generic for Decadron [®])	Anapace [®] Suspension
dexamethasone solution (generic for Condecy [®])	Cartef [®] Tablet
Emflaza [®] Tablet / Suspension - Clinical criteria apply	corisone tablet (generic for Patisono [®])
hydrocortisone tablet	deLazacort suspension (generic for Emflaza [®]) - Clinical criteria apply.
methylprednisolone 4mg dosepack / tablet (generic for Medrol [®])	deLazacort tablet (generic for Emflaza [®]) - Clinical criteria apply
prednisolone sodium phosphate solution (generic for PediaPred [®] , OraPred [®] , Veripred [®])	dexamethasone tablet dosepack / Intensol [®] Drops
prednisolone solution (generic for Prolone [®] , Millipred [®])	Eohilia [®] Suspension - T/F of preferred agents not required for diagnosis of eosinophilic esophagitis
prednisone dose pack (generic for Sterapred [®])	Hemady [™] Tablet
prednisone solution / tablet (generic for Deltasone [®])	Jacchari Tablet / Suspension (generic for Emflaza [®]) - Clinical criteria apply
	Khindiv [™] Solution
	Kymbeo [™] Tablet
	Medrol [®] Dose Pack / Tablet
	methylprednisolone 8mg / 16mg / 32mg tablet (generic for Medrol [®])
	Millipred [®] Dose Pack / Tablet
	prednisolone ODT (generic for Orapred [®] ODT)
	prednisolone tablet
	Prednisone-Intensol [™] Concentrated Solution
	Prednisone Tablet DR (generic for Rayos [®])
	Pogavi [™] Suspension (generic for Emflaza [®]) - Clinical criteria apply.
	Rayos [®] Tablet
	Taperdex [®] Tablet
	Tapveo [™] Capsule - T/F of preferred agents not required for diagnosis of IgA nephropathy
CYTOKINE AND CAM ANTAGONISTS	
Preferred	Non-Preferred
adalimumab-adbm Pen/Psoriasis-UV Pen/Crohn's Pen/Syringe (Manufacturer: Boehringer-Ingelheim)	Abrilada [™] Pen / Syringe (biosimilar to Humira [®])
Enbrel [®] Mini Cartridge / Sureclick [®] Syringe / Syringe / Vial	Actemra [®] ACTPen [™] / Syringe / Vial
Hadlima [®] Syringe / PushTouch (biosimilar to Humira [®])	adalimumab-aac Pen / Psoriasis-UV Pen / Crohn's Pen / Syringe
infliximab vial (generic for Remicade [®])	adalimumab-aay Autoinjector / Syringe
Otezla [®] Starter Pack / Tablet	adalimumab-adaz Pen / Syringe
Pyzchiva [®] (ustekinumab-twe) Syringe/Vial	adalimumab-adbm Pen/Syringe (Manufacturer: Quallent)
Starijezna Vial / Syringe (biosimilar to Stelara [®])	adalimumab-rikj Pen / Syringe
Taltz [®] Auto-injector / Syringe	adalimumab-rvkv Autoinjector / Syringe
Tycneo [®] (tocilizumab-aazg) Autoinjector / Syringe / Vial	Atrojevita [™] Syringe / Autoinjector (biosimilar to Humira [®])
Xeljanz [®] Tablet	Atrelya [™] SO Syringe
	Avsola [®] Vial
	Avtozma[™] Vial / Autoinjector / Syringe
	Bimzelx [®] Autoinjector / Syringe
	Cimzia [®] Starter Kit / Syringe Kit / Vial Kit
	Cosentyx [®] SensorReady [™] Pen / UnoReady [™] Pen / Syringe / Vial
	Cyltezo [™] (adalimumab-adbm) Psoriasis-UV Pen (biosimilar to Humira [®])
	Cyltezo [™] Syringe / Crohn's-UC-HS Pen / Psoriasis Pen / Pen (biosimilar to Humira [®])
	Entyvio [®] Syringe
	Entyvio [®] Pen / Vial
	Halia [™] Pen / Syringe (biosimilar to Humira [®])
	Humira [®] Crohn's Starter Pack / Ped. Crohn's Starter Pack / Pen / Psoriasis Starter Pack / Syringe T/F of preferred adalimumab product is required
	Hyrimoz [™] Pen / Crohn's-UC Pen / Ped. Crohn's Pen / Syringe / Psoriasis Pen (biosimilar to Humira [®])
	Isotrode[™] Tablet
	Idacio [®] Pen / Psoriasis Pen / Crohn's-UC Pen / Syringe (biosimilar to Humira [®])
	Ilaris [®] Vial
	Humya [®] Syringe
	Imuldosa [™] Syringe/Vial
	Inflextra [™] Vial
	Kevezara [™] Syringe / Pen
	Kineret [®] Syringe - T/F of preferred agents not required for diagnosis of Neonatal Onset Multi-System Inflammatory Disease
	Olumiant [®] Tablet
	Omvoh [™] (mirikizumab-mrkc) Syringe / Pen / Vial
	Orencia [®] Clickjet [™] / Syringe / Vial
	Otezla [®] XR Initiation Pack / Tablet
	Onlivi [™] Syringe/Vial
	Remicade [®] Vial
	Remiflexis [™] Vial
	Rimvoq [™] (oprelvekin) LQ Solution
	Rimvoq [™] ER Tablet
	Selarsol [™] Vial / Syringe
	Sinalandsi [®] Autoinjector/Kit (biosimilar to Humira [®])
	Simpson [®] Pen / Syringe / Ariq [™] Vial
	Skvizi [™] On-Body / Vial / Pen / Syringe
	Satvktu [™] Tablet
	Speviao [®] Vial / Syringe
	Stelara [®] Syringe / Vial T/F of preferred ustekinumab product is required
	Stevyema [®] (ustekinumab-stba) Vial /Syringe
	Tofidence [™] (tocilizumab-bavi) Vial
	Tremfya [®] Syringe / Injector / Vial / Pen Induction PK-Crohn
	Uplizna [®] Vial
	ustekinumab Vial / Syringe (generic for Stelara [®])
	ustekinumab-auuz syringe (biosimilar to Stelara [®])
	ustekinumab-ackn syringe (generic for Stelara [®] /Selarsol B [™])
	Ustekinumab-twe Vial / Syringe (generic for Pyzchiva [®])
	Velsiniv [™] Tablet
	Xeljanz [®] Solution /XR Tablet
	Yesintek [™] Syringe/Vial
	Yuflyma [™] Syringe / Autoinjector / Crohn's-UC-HS Autoinjector (biosimilar to Humira [®])
	Yusimiv [™] Pen (biosimilar to Humira [®])
	Zenfentra [™] Pen / Syringe
IMMUNOSUPPRESSANTS	
Preferred	Non-Preferred
Astagra [®] XL Capsule	
azathioprine tablet (generic for Imuran [®])	
Cellcept [®] Capsule / Suspension / Tablet	

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

Effective Date October 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.

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cyclosporine capsule (generic for Sandimmune [®])		
cyclosporine modified capsule / solution (generic for Genera [®] , Neoral [®])		
Envarsus [®] XR Tablet		
everolimus tablet (generic for Zortress [®] Tablet)		
Genera [®] Capsule / Solution		
Imuran [®] Tablet		
mycophenolate capsule / suspension / tablet (generic for Cellcept [®])		
mycophenolic acid tablet (generic for Myfortic [®])		
Myfortic [®] Tablet		
Mvhibbin [®] (mycophenolate mofetil) Suspension		
Neoral [®] Capsule / Solution		
Prograf [®] Capsule / Granule Packet		
Ranamune [®] Tablet		
Rezurock [®] Tablet		
Sandimmune [®] Capsule / Solution		
sirolimus tablet / solution (generic for Rapamune [®])		
taclrolimus capsule (generic for Heclonia [®] , Progra [®])		
Tavneos [®] Capsule		
Zortress [®] Tablet		
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 [®] Tablet		
Austedo [®] XR Tablet / Titration Kit	Xenazine [®] Tablet	
Inatreza [®] (carbamazepine) Sprinkle Capsules		
Inatreza [®] Capsule / Initiation Pack		
tetra benzene 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 [®] Vial	Cimzia [®] Vial	
Orladeyo [®] Capsule	Davizera [™] Auto syringe	
Takhzyro [®] Vial	Orladeyo [®] Pellet Pack	
	Takhzyro [®] 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
Beriner [®] Vial / Kit	Ektely [®] Tablet	
icatibant syringe (generic for Firazyr [®])	Andemby [®] Auto Injector	
Kalbitor [®] Vial	Firazyr [®] Syringe	
Saizini [™] Syringe (branded generic for icatibant)	Rucones [®] Vial	
OPIOID ANTAGONISTS		
Plans may not apply additional utilization management or prior authorization criteria to this category		
Preferred		Non-Preferred
Kloxxado [™] Nasal Spray		
LIFE-MS [™] naloxone Syringe Kit		
naloxone nasal spray (OTC)		
<small>(naloxone syringe spray) (not generic for Narcan®)</small>		
naltrexone tablet		
Narcan [®] Nasal Spray (OTC)		
Opveo [™] Nasal Spray		
Rextovv [™] (naloxone) Nasal Spray		
Vivitrol [™] Vial / Diluent		
Zimhi [™] Syringe		
Zurvan [™] 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 [™] Weekly Syringe / Monthly Syringe	buprenorphine-naloxone SL Film (generic for Suboxone [®])	
buprenorphine-naloxone SL tablet (generic for Suboxone [®])	Lofexidine Tablet T/F of preferred agents not required for diagnosis of opioid withdrawal	
buprenorphine SL tablet (generic for Subutex [®])	Lusemyra [™] Tablet - T/F of preferred agents not required for diagnosis of opioid withdrawal	
Suboxone [®] SL Film	Zubsolv [®] Tablet SL	
Sublocade [®] Syringe		
POTASSIUM BINDERS		
Preferred		Non-Preferred
Lokelma [®] Powder	Lokelma [®] Unit Dose	
SPS [®] Suspension	Kionex [®] Suspension	
Sodium polystyrene sulfonate Powder (generic for Kionex [®] , SPS [®] Suspension)	Veltassa [®] Powder	
	Added new category Potassium Binders	
	Added Lokelma[®] Powder, SPS[®] Suspension, and Sodium polystyrene sulfonate Powder (generic for Kionex[®], SPS[®] Suspension) to pre-ferred	
	Added Lokelma[®] Unit Dose, Kionex[®] Suspension, and Veltassa[®] Powder to non-preferred	
SKELETAL MUSCLE RELAXANTS		
Preferred		Non-Preferred
baclofen tablet (generic for Lioresal [®])	Amrix [®] ER Capsule	
cyclobenzaprine tablet (generic for Flexeril [®])	Atmeks [®] Suspension	
methocarbamol tablet (generic for Robaxin [®])	baclofen oral solution	
tizanidine tablet (generic for Zanaflex [®])	baclofen suspension (generic for Fleqsuvv [™])	
	chlorzoxazone tablet (generic for Parafon Forte [®])	
	cyclobenzaprine ER capsule (generic for Amrix [®] ER)	
	Dantrium [®] Capsule / Vial	
	dantrolene sodium capsule (generic for Dantrium [®])	
	Fexmid [®] Tablet	
	Fleqsuvv [™] Suspension	
	Lorzone [®] Tablet	
	Lvivispa [®] Granule Packet	
	metaxalone tablet (generic for Skelaxin [®])	
	Norgesic [®] Tablet / Forte Tablet	
	Ortralfy [®] Solution	
	orphenadrine / aspirin / caffeine tablet (generic for Norgesic [™])	
	orphenadrine citrate tablet / vial (generic for Norflex [®])	
	Orphenesic [®] Forte Tablet	
	Ozobax [®] Solution	
	Ozobax [®] Solution	
	Robaxin [®] Vial	
	Tanlos [®] Tablet	
	tizanidine capsules (generic for Zanaflex [®])	
	Tummax [™] Sublingual Tablet	
	Zanaflex [®] Capsule / Tablet	
DISPOSABLE INSULIN DELIVERY DEVICES		
Preferred		Non-Preferred
Plans may not apply additional utilization management or prior authorization criteria to this category		
CeQur Simplicity [™]		
CeQur Simplicity [™] Inserter		
Het Infusion Kit	Open Class- No Recommendations	
Het Starter Kit		
Omnipod 5® DexG7/G6 Intro Kit/Pods (GEN5), FSL2 G6 Intro Kit/Pods		
Omnipod DASH [™] Pods (5-Pack) / Intro Kit		
Omnipod GO [™] 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 [®] Transmitter / Receiver	Freestyle Libre [™] 14 day Reader	
Dexcom G7 [®] Receiver		
Freestyle Libre [™] 2 Reader		
Freestyle Libre [™] 3 Reader		
Continuous Glucose Monitor Sensors		
Plans may not apply additional utilization management or prior authorization criteria to this category		

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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 (dualy 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 Prime Therapeutics call center at 1-844-620-6116. *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 glucoase control solution (2 levels)
ACCU-CHEK® SMARTVIEW 50 ct test strips	ACCU-CHEK® SmartView glucoase 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	