North Carolina Division of Health Benefits

North Carolina Medicaid Preferred Drug List (PDL)

Effective Date January 1, 2027

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.**

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

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

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

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

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

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

ALZHEIMER'S AGENTS

Preferred	Non-Preferred
donepezil 5mg, 10mg tablet / ODT (generic for Aricept® / ODT)	Adlarity® Patch
Exelon® Patch	Aduhelm® Vial - **Clinical criteria apply**
memantine tablet / titration pack (generic for Namenda®)	Aricept® Tablet
rivastigmine capsule (generic for Exelon®)	donepezil 23mg tablet (generic for Aricept®)
	galantamine ER capsule / solution / tablet (generic for Razadyne® / ER)
	Kisunla™ Vial
	Leqembi® Vial / Autoinjector - **Clinical criteria apply**
	memantine ER capsule / solution (generic for Namenda® XR / Solution)
	memantine HCL-donepezil HCL ER capsule (generic for Namzaric®)
	Namenda® XR Capsule / XR Titration Pack
	Namzaric® Capsule / Titration Pack
	rivastigmine patch (generic for Exelon®)
	Zunveyl® tablet

ANALGESICS

OPIOID ANALGESICS

Long-Acting Opioids

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

Clinical criteria apply to all drugs in this class

Preferred	Non-Preferred
Butrans® Patch	Belbuca® Film
fentanyl patch (12mcg / 25mcg / 50mcg / 75mcg / 100mcg) (generic for Duragesic®)	buprenorphine patch (generic for Butrans®)
methadone concentrate / diskets / intensol / tablets / solution	Conzip® Capsule
morphine sulfate ER tablet (generic for MS Contin®)	fentanyl patch (37.5mcg / 62.5mcg / 87.5mcg) (generic for Duragesic®)
OxyContin® Tablet	hydrocodone ER capsule (generic for Zohydro® ER)
	hydrocodone ER tablet (generic for Hysingla® ER)
	hydromorphone ER tablet (generic for Exalgo®)
	Hysingla® ER Tablet
	Methadose™ Oral Concentrate / Tablet
	morphine sulfate ER capsule (generic for Avinza®, Kadian®)
	MS Contin® Tablet
	oxycodone ER tablet (generic for OxyContin®)
	oxymorphone 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 Zolvit)
morphine solution / tablet (generic for MSIR®)	hydrocodone-ibuprofen tablet (generic for Ibudone®, Reprexain®, Vicoprofen®)
oxycodone solution / tablet (generic for Roxicodone®)	hydromorphone solution / suppository (generic for Dilaudid®)
oxycodone-acetaminophen capsules (generic for Tylox®)	levorphanol tablet (generic for Levo-Dromoran®)
oxycodone-acetaminophen tablets (generic for Percocet®)	meperidine solution / tablet (generic for Demerol®)
	morphine oral syringe
	morphine suppositories (generic for Roxanol®)
	Naloxet® Tablet
	oxycodone capsule (generic for OxyIR®)
	oxycodone concentrated solution (generic for Roxicodone® Intensol)
	~~oxycodone-acetaminophen solution~~
	oxymorphone tablet (generic for Opana®)
	Percocet® Tablet
	Prolate® Tablet / Solution
	Roxicodone® Tablet
	Roxybond® Tablet
	tapentadol tablet/ solution(generic for Nucynta®)
	Xyvona® Tablet

Reconciliation: Added Xyvona® Tablet to non-preferred
Removed: oxycodone-acetaminophen solution
NTM: Added tapentadol solution (generic for Nucynta®) to non -preferred

Short-Acting Schedule III – IV Opioids / Analgesic Combinations

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

Clinical criteria apply to all drugs in this class

Preferred	Non-Preferred
codeine-acetaminophen solution / tablet (generic for Tylenol with Codeine®)	Ascomp® Capsule (branded generic for Fiorinal with Codeine®)
tramadol tablet 50 mg (generic for Ultram®)	butalbital compound with codeine capsule (generic for Fiorinal with Codeine®)
tramadol-acetaminophen tablet (generic for Ultracet®)	butalbital-caffeine-APAP with codeine tablet (generic for Fioricet with Codeine®)
	butorphanol spray (generic for Stadol®)
	dihydrocodeine-acetaminophen-caffeine tablet (generic for Panlor SS®)
	Fioricet with Codeine® Capsule
	pentazocine-naloxone tablet (generic for Talwin NX®)
	tramadol solution (generic for Qdolo™)
	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**	

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NSAIDS

Preferred	Non-Preferred
celecoxib capsule (generic for Celebrex®)	Arthrotec® Tab
diclofenac sodium tablet (generic for Voltaren®)	Celebrex® Capsule
ibuprofen suspension / tablet (generic for Motrin®)	Coxanto™ Capsule
indomethacin capsule (generic for Indocin®)	Daypro® Caplet
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 Arthrotec®)
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~~
Reconciliation: Added Orudis® 75 Mg Capsule to non-preferred **Obsolete: Removed Feldene® Capsule and Kiprofen™ Capsule (branded generic for Orudis®)** **Removed: Vimovo® Tablet**	fenoprofen capsule/ tablet (generic for Nalfon®)
	flurbiprofen tablet (generic for Ansaid®)
	ibuprofen / famotidine 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®)
	~~Kiprofen™ Capsule (branded generic for Orudis®)~~
	Lofena™ Tablet
	Lurbiro™ Tablet
	meclofenamate capsule (generic for Meclomen®)
	mefenamic acid capsule (generic for Ponstel®)
	meloxicam capsule (generic for Vivlodex®)
	nabumetone tablet (generic for Relafen®)
	Nalfon® Capsule / Tablet
	Naprelan® Tablet
	Naprosyn® Suspension
	naproxen sodium ER tablet (generic for Naprelan®)
	naproxen suspension (generic for Naprosyn®)
	naproxen-esomeprazole tablet (generic for Vimovo®) - **T/F of only celecoxib required**
	Orudis® 75 mg Capsule
	oxaprozin tablet (generic for DayPro®)
	piroxicam capsule (generic for Feldene®)
	Relafen™ DS Tablet
	Tolectin® Tablet
	tolmetin tablet / capsule (generic for Tolectin® / DS)
	~~Vimovo® Tablet – T/F of only celecoxib required~~
	Vyscoxa™ Suspension
	Zybic™ Solution

NEUROPATHIC PAIN

Preferred	Non-Preferred
duloxetine capsule (generic for Cymbalta®)	Cymbalta® Capsule
gabapentin capsule / solution / tablet (generic for Neurontin®)	DermacinRx™ Lidocan 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 gabapentin 200 mg capsule (generic for Relgaabi) to non-preferred	gabapentin 200 mg capsule (generic for Relgaabi)
	gabapentin ER tablet (generic for Gralise®)
	Gabarone™ Tablet
	Gralise® Tablet
	Horizant® Tablet
	Lidocan™ 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)
	Qutenza® Kit
	Relgaabi Capsule
	Savella® Tablet / Titration Pack
	Tonmya™ Sublingual Tablet
	Tridacaine™ Patch
	ZTLido™ 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	carbamazepine ER capsule (generic for Carbatrol®)
eslicarbazepine acetate Tablet (generic for Aptiom®)	Carbatrol® Capsule
oxcarbazepine suspension / tablet (generic for Trileptal®)	Epitol® Tablet
Oxtellar® XR Tablet	oxcarbazepine ER tablet (generic for Oxtellar® XR)
Tegretol® Suspension / Tablet / XR Tablet	Trileptal® Tablet / 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® Kapseal	Depakote® ER Tablet / Sprinkle Capsule
Dilantin® Capsule / Infatab / Suspension	Depakote® Tablet
divalproex sprinkle capsule / ER tablet / tablet (generic for Depakote® / ER / Sprinkle)	felbamate tablet (generic for Felbatol®)
ethosuximide capsule / solution (generic for Zarontin®)	methsuximide capsule (generic for Celontin®)
felbamate suspension (generic for Felbatol®)	Sezaby® Vial
Felbatol® Tablet	Zarontin® Capsule / Solution
phenobarbital tablet / elixir / solution	
Phenytek® Capsule	
phenytoin chewable / extended capsules / infatab / suspension (generic for Dilantin®)	
phenytoin extended capsules (generic for Phenytek®)	
primidone Tablet (generic for Mysoline®)	
valproic acid capsule / solution (generic for Depakene®)	

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SECOND GENERATION

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

Patients with a diagnosis of seizure disorder are exempt from T/F criteria and may use any second generation product.

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

NTM: Added topiramate solution cup (generic for Eprontia™) to non-preferred
Moved Brivaracetam Solution (generic for Briviact®) from non -preferred to preferred
Moved Briviact® Solution from preferred to non -preferred
Obsolete: Removed Vimpat® Starter Kit

ANTI-INFECTIVES - SYSTEMIC

ANTIBIOTICS

Penicillins, Cephalosporins and Related

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

Obsolete: Removed Augmentin® XR Tablet

Lincosamides and Oxazolidinones

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

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 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 Ery®)~~
erythromycin ES tablet (generic for E.E.S® Filmtab)	Zithromax® ~~Powder Packet~~ / Suspension / Tablet / Tri-Pak / Z-Pak
erythromycin filmtab	

Obsolete: Removed erythromycin EC capsule (generic for Ery®) and Zithromax® Powder Packet

Nitroimidazoles (Gastrointestinal Antibiotics)

Preferred	Non-Preferred
metronidazole tablet (generic for Flagyl®)	Aemcolo® DR Tablet
neomycin tablet (generic for Mycifradin®)	Dificid® Suspension / Tablet - **T/F of only vancomycin is required for treatment of Clostridium difficile**
tinidazole tablet (generic for Tindamax®)	fidaxomicin Tablet (generic for Dificid®)- **T/F of only vancomycin is required for treatment of Clostridium difficile**
vancomycin capsule (generic for Vancocin®)	Firvanq® Solution
vancomycin oral solution (generic for Firvanq®)	Likmez™ Suspension
	metronidazole 125 mg tablet (generic for Flagyl®)
	metronidazole capsule (generic for Flagyl®)
	nitazoxanide tablet (generic for Alinia® Tablet)
	Solosec™ Granules
	Vancocin® Capsule
	Vowst™ 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®)	Doryx® DR / MPC Tablet
minocycline 50mg, 75mg, 100mg capsule (generic for Minocin®)	doxycycline hyclate 75mg capsule (generic for Acticlate®)
NTM: Added doxycycline hyclate 75mg capsule (generic for Acticlate®) to non-preferred	doxycycline hyclate DR tablet (generic for Doryx® DR)
	doxycycline monohydrate 40mg IR-DR capsule (generic for Oracea®)
	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**
	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®)	Cresemba® Capsule
griseofulvin suspension (generic for Grifulvin V®)	Diflucan® Suspension ~~/ Tablet~~
griseofulvin ultra tablet (generic for Gris-Peg®)	flucytosine capsule (generic for Ancobon®)
nystatin suspension (generic for Nilstat®)	Fulvicin P/G* Tablet
nystatin tablet (generic for Mycostatin®)	griseofulvin micro tablets (generic for Grifulvin V®)
terbinafine tablet (generic for Lamisil®)	itraconazole capsule / solution (generic for Sporanox®)
Reconciliation: Fulvicin P/G* Tablet to non-preferred Removed Diflucan* Tablet and Noxafil* Tablet	ketoconazole tablet (generic for Nizoral®)
	Noxafil® Suspension / ~~Tablet~~/ DR Suspension Packet
	Oravig® Buccal Tablet
	posaconazole tablet / suspension (generic for Noxafil®)
	Sporanox® Capsule
	Tolsura™ Capsule
	Vfend® Suspension / Tablet
	Vivjoa® Capsule - **Clinical criteria apply**
	voriconazole suspension / tablet (generic for Vfend®)

Antivirals (General)

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

Preferred	Non-Preferred
Paxlovid™ Tablet Dose Pack	
Lagevrio™ Capsule	

Antivirals (Hepatitis B Agents and Related)

Preferred	Non-Preferred
entecavir tablet (generic for Baraclude®)	adefovir tablet (generic for Hepsera®)
lamivudine HBV tablet (generic for Epivir® HBV)	Baraclude® Solution / Tablet
NTM: Added Hepcludex® vial to non-preferred	Hepcludex® vial
tenofovir disoproxil fumarate tablet (generic for Viread®)	Vemlidy® 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
Pegasys® Syringe / Vial	
ribavirin capsule / tablet (generic for Copegus®, Rebetol®)	
Clinical criteria apply to all drugs listed below	
Prior Approval Not Required for Mavyret® Tablet / Pellet Pack and sofosbuvir-velpatasvir tablet (generic for Epclusa®)	
All genotypes without cirrhosis	Epclusa® Pellet Pack/Tablet
Mavyret® Tablet (8 weeks of therapy)	Harvoni® Pellet Pack / Tablet
Mavyret® Pellet Pack	ledipasvir-sofosbuvir tablet (generic for Harvoni®)
sofosbuvir-velpatasvir tablet (generic for Epclusa®)	Sovaldi® Pellet Pack / Tablet
	Zepatier® Tablet
All genotypes with compensated cirrhosis (Child Pugh-A)	
Mavyret® Tablet (Up to 12 weeks of therapy)	
Mavyret® Pellet Pack	
sofosbuvir-velpatasvir tablet (generic for Epclusa®)	
All genotypes previously treated with an HCV regimen containing an NS5A inhibitor or genotype 1a or 3 infection and have previously been treated with an HCV regimen containing sofosbuvir without an NS5A inhibitor.	
	Vosevi™ Tablet
All genotypes with decompensated cirrhosis	
sofosbuvir-velpatasvir tablet (generic for Epclusa®)	

Antivirals (Herpes Treatments)

Preferred	Non-Preferred
acyclovir capsule / tablet / suspension (generic for Zovirax®)	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®)
	Flumadine® Tablet
	Relenza® Diskhaler
	rimantadine tablet (generic for Flumadine®)
	Tamiflu® Capsule / Suspension
	Xofluza™ 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	Arikayce® Vial
Bethkis® Ampule	Cayston® Solution
tobramycin inhalation solution (generic for Tobi™)	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)

Effective Date January 1, 2027

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.**

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BEHAVIORAL HEALTH	
ANTIDEPRESSANTS	
Other	
Preferred	**Non-Preferred**
bupropion tablet / SR tablet / XL tablet (generic for Wellbutrin® Tablet / SR / XL)	Auvelity® Tablet / Titration pack
desvenlafaxine ER tablet (generic for Pristiq®)	Bupropion XL tablet (generic for Forfivo® XL)
duloxetine capsule (generic for Cymbalta®) — NTM: Added Auvelity® Titration pack and duloxetine capsule 80 mg, 90mg, 120 mg to non-preferred	Cymbalta® Capsule
Effexor® XR Capsule	desvenlafaxine ER tablet (generic for Khedezla®)
mirtazapine ODT / tablet (generic for Remeron®)	duloxetine capsule (generic for Irenka®)
trazodone tablet (generic for Desyrel®)	duloxetine capsule 80 mg, 90mg, 120 mg
venlafaxine tablet / ER capsules (generic for Effexor®, Effexor® XR)	Emsam® Patch
vilazodone tablet (generic for Viibryd®)	Exxua™ ER Tablet / ER Titration Pack
	Fetzima® Capsule / Titration Pak
	Forfivo® XL Tablet
	Marplan® Tablet
	Nardil® Tablet
	nefazodone tablet (generic for Serzone®)
	phenelzine tablet (generic for Nardil®)
	Pristiq® ER Tablet
	Raldesy™ Solution
	Remeron® Soltab™ / Tablet
	tranylcypromine tablet (generic for Parnate®)
	Trintellix® Tablet
	venlafaxine besylate ER tablet
	venlafaxine ER tablet
	Viibryd® Tablet
	Wellbutrin® SR Tablet
	Zurzuvae™ Capsule **T/F of preferred agents not required for diagnosis of post-partum depression**
Selective Serotonin Reuptake Inhibitor (SSRI)	
Preferred	**Non-Preferred**
citalopram solution / tablet (generic for Celexa®)	Celexa® Tablet
escitalopram tablet (generic for Lexapro®)	citalopram capsule
fluoxetine capsule / solution (generic for Prozac®)	escitalopram solution / 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 Brisdelle®)
	paroxetine suspension / CR tablet (generic for Paxil® / CR)
	Paxil® Tablet / CR Tablet
	Prozac® Pulvule
	sertraline capsule
	Zoloft® Solution / Tablet
ANTIHYPERKINESIS / ADHD	
Plans may not apply additional utilization management or prior authorization criteria to this category	
Preferred	**Non-Preferred**
Adderall® Tablet **(Generic Product Per FDA)**	Adzenys® XR ODT
Adderall® XR Capsule	amphetamine ER ODT (generic for Adzenys® 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 Mydayis®)
amphetamine salt combo XR capsule (generic for Adderall® XR)	amphetamine sulfate tablet (generic for Evekeo®)
atomoxetine capsule (generic for Strattera®) — Reconciliation: Added Atoncy® Solution and atomoxetine solution (generic for Atoncy®) to non-preferred; Obsolete: Removed Evekeo® ODT Tablet	Aptensio® XR Capsule
clonidine ER tablet (generic for Kapvay®)	Arynta™ Solution
Concerta® Tablet	atomoxetine solution (generic for Atoncy®)
Daytrana® Patch	Atoncy® Solution
dexmethylphenidate tablet / ER capsule (generic for Focalin® / XR)	Azstarys™ Capsule
dextroamphetamine tablet (generic for Dexedrine®)	Cotempla™ XR-ODT
guanfacine ER tablet (generic for Intuniv®)	Dexedrine® Spansule®
lisdexamfetamine chewable tablet (generic for Vyvanse®)	dextroamphetamine ER capsule (generic for Dexedrine® Spansule®)
Methylin® Solution	dextroamphetamine solution (generic for ProCentra®)
methylphenidate CD capsule (generic for Metadate® CD)	Dyanavel® XR Suspension - **T/F of preferred agents not required for children < 12 years of age**
methylphenidate ER tablet (generic for Concerta®)	Dyanavel® XR Tablet
methylphenidate tablet / solution (generic for Methylin®, Ritalin®)	Evekeo® Tablet / ODT
Vyvanse® Capsule	Focalin® Tablet / XR Capsule
Vyvanse® Chewable Tablet	Intuniv® Tablet
	Jornay PM™ Capsule
	lisdexamfetamine capsule (generic for Vyvanse®)
	methamphetamine tablet (generic for Desoxyn®)
	methylphenidate chewable (generic for Methylin®)
	methylphenidate ER capsule (generic for Aptensio® XR)
	methylphenidate ER tablet (45 mg and 63 mg) (Branded Product Per FDA)
	methylphenidate LA capsule (generic for Ritalin® LA)
	methylphenidate patch (generic for Daytrana®)
	Mydayis® ER Capsule
	Onyda XR Suspension- **T/F of preferred agents not required for children < 12 years of age**
	ProCentra® Solution
	Qelbree™ Capsule
	Quillichew® ER Tablet - **T/F of preferred agents not required for children < 12 years of age**
	Quillivant® XR Suspension -**T/F of preferred agents not required for children < 12 years of age**
	Relexxii™ ER Tablet
	Ritalin® LA Capsule
	Ritalin® Tablet
	Strattera® Capsule
	Xelstrym® Patch
	Zenzedi® Tablet
INJECTABLE ANTIPSYCHOTICS	
Long - Acting Injectable	
Plans may not apply additional utilization management or prior authorization criteria to this category	
Preferred	**Non-Preferred**
Abilify Asimtufii® Syringe Kit	
Abilify Maintena® Syringe / Vial	
Aristada® / Initio™ Syringe	
Erzofri® (paliperidone palmitate) ER Injectable Suspension	
fluphenazine decanoate vial (generic for Prolixin Decanoate®)	
~~Haldol® decanoate Ampule~~ — Removed Haldol® Decanoate Ampule	
haloperidol decanoate ampule / vial (generic for Haldol Decanoate®)	
Invega® Hafyera Prefilled Syringe Kit	
Invega® Sustenna Prefilled Syringe	
Invega® Trinza Syringe	
Perseris® Syringe	
Risperdal® Consta Vial	
risperidone ER vial (generic for Risperdal® Consta)	
Rykindo® Vial / Vial Kit	
Uzedy™ Syringe Kit	
Zyprexa® Relprevv™ Vial Kit	

North Carolina Division of Health Benefits

North Carolina Medicaid Preferred Drug List (PDL)

Effective Date January 1, 2027

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

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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® Discmelt®)
clozapine tablet (generic for Clozaril®) — NTM: Added Bysanti™ Tablet / Titration Pack to non-preferred	Bysanti™ Tablet / Titration Pack
lurasidone tablet (generic for Latuda®)	Caplyta™ Capsule
olanzapine ODT / tablet (generic for Zyprexa®)	clozapine ODT (generic for FazaClo®)
paliperidone ER tablet (generic for Invega®)	Clozaril® Tablet
quetiapine tablet / ER tablet (generic for Seroquel® / XR)	Cobenfy™ Capsule / Starter Pack
risperidone ODT / solution / tablet (generic for Risperdal®)	Fanapt® Tablet / Titration Pack
Vraylar® Capsule	Geodon® Capsule
ziprasidone capsule (generic for Geodon®)	Invega® Tablet
	Latuda® Tablet
	Lybalvi™ Tablet
	Nuplazid® Tablet / Capsule
	olanzapine-fluoxetine capsule (generic for Symbyax®)
	Opipza™ (Aripiprazole) Oral Film
	Rexulti® Tablet / 7-Day Pack / 14-Day Pack
	Risperdal® Solution / Tablet
	Saphris® SL Tablet
	Secuado® Patch
	Seroquel® Tablet / XR Tablet / XR Sample Kit
	Versacloz® Suspension
	Zyprexa® Tablet / Zyprexa® Zydis® Tablet

CARDIOVASCULAR

ACE INHIBITORS

Preferred	Non-Preferred
benazepril tablet (generic for Lotensin®)	Accupril® Tablet
enalapril tablet (generic for Vasotec®)	Altace® Capsule
lisinopril tablet (generic for Prinivil® and Zestril®)	captopril tablet (generic for Capoten®)
ramipril capsule (generic for Altace®)	enalapril solution (generic for Epaned®) - **T/F of preferred agents not required for children < 12 years of age**
	Epaned® Solution - **T/F of preferred agents not required for children < 12 years of age**
	fosinopril tablet (generic for Monopril®)
	Lotensin® Tablet
	moexipril tablet (generic for Univasc®)
	perindopril tablet (generic for Aceon®)
	Qbrelis® Solution - **T/F of preferred agents not required for children < 12 years of age**
	quinapril tablet (generic for Accupril®)
	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 Vaseretic®)	Accuretic® Tablet
lisinopril-HCTZ tablet (generic for Prinzide®, Zestoretic®) — Removed Vaseretic® Tablet	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®)
	~~Vaseretic® 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®)	azilsartan medoxomil tablet (generic for Edarbi®)
NTM: Added azilsartan medoxomil tablet (generic for Edarbi®) to non -preferred Obsolete: Removed eprosartan tablet (generic for Teveten®)	Benicar® Tablet
	candesartan tablet (generic for Atacand®)
	Cozaar® Tablet
	Diovan® Tablet
	Edarbi® Tablet
	~~eprosartan tablet (generic for Teveten®)~~
	Micardis® Tablet
	telmisartan tablet (generic for Micardis®)
	valsartan oral solution (generic for Diovan®)

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 Hyzaar®) — NTM: Added Widaplik™ Tablet to non-preferred	Avalide® Tablet
olmesartan-HCTZ tablet (generic for Benicar® HCT)	Benicar® HCT Tablet
valsartan-HCTZ tablet (generic for Diovan® HCT)	candesartan-HCTZ tablet (generic for Atacand® HCT)
	Diovan® HCT Tablet
	Edarbyclor® Tablet
	Hyzaar® Tablet
	Micardis® HCT Tablet
	telmisartan-HCTZ tablet (generic for Micardis® HCT)
	Widaplik™ Tablet

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)	

North Carolina Division of Health Benefits

North Carolina Medicaid Preferred Drug List (PDL)

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T/F criteria, clinical criteria (indicated in **RED**) may also apply. **New to market products typically default to Non-Preferred status until reviewed by the PDL Panel. These drugs are listed as TO BE REVIEWED**. For drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at: **https://mes.medicaid.ncdhhs.gov/ then click on the Pharmacy Benefit Administrator tile.**
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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®)	Pacerone® Tablet
flecainide tablet (generic for Tambocor®)	quinidine gluconate ER tablet (generic for Quinaglute DuraTabs®)
mexiletine capsule (generic for Mexitil®)	Tikosyn® Capsule
propafenone tablet (generic for Rythmol®)	
propafenone SR capsule (generic for Rythmol SR®)	
quinidine sulfate tablet (generic for Quinidex® Tablet)	

BETA BLOCKERS

Preferred	Non-Preferred
atenolol tablet (generic for Tenormin®)	acebutolol capsule (generic for Sectral®)
bisoprolol tablet (generic for Zebeta®)	Betapace® Tablet / AF Tablet
carvedilol tablet (generic for Coreg®)	betaxolol tablet (generic for Kerlone®)
labetalol tablet (generic for Trandate®)	Bystolic® Tablet
metoprolol succinate XL tablet (generic for Toprol XL®)	carvedilol ER capsule (generic for Coreg® CR Capsule)
metoprolol tartrate tablet (generic for Lopressor®)	Hemangeol® Solution
nadolol tablet (generic for Corgard®)	Inderal® LA Capsule / XL Capsule
nebivolol tablet (generic for Bystolic®)	Innopran® XL Capsule
propranolol solution / tablet / ER capsule (generic for Inderal®)	Kapspargo™ Sprinkle - **T/F of preferred agents not required for children < 12 years of age**
sotalol tablet / AF tablet (generic for Betapace® / AF, Sorine®)	Lopressor® Tablet / Solution
	pindolol tablet (generic for Visken®)
	Sotylize® 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

Obsolete: Removed propranolol-HCTZ tablet (generic for Inderide®)

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
Camzyos® Capsule - **Clinical criteria apply**	Lodoco®
	Myqorzo™ Tablet

CHOLESTEROL LOWERING AGENTS

Preferred	Non-Preferred
atorvastatin tablet (generic for Lipitor®)	Altoprev® Tablet
ezetimibe tablet (generic for Zetia®)	amlodipine-atorvastatin tablet (generic for Caduet®)
lovastatin tablet (generic for Mevacor®)	Atorvaliq® Suspension
pravastatin tablet (generic for Pravachol®)	Caduet® Tablet
rosuvastatin tablet (generic for Crestor®)	Crestor® Tablet
simvastatin tablet (generic for Zocor®)	ezetimibe-simvastatin tablet (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
	Zypitamag™ Tablet

CORONARY VASODILATORS

Preferred	Non-Preferred
isosorbide dinitrate tablet (generic for Isordil® Titradose®, IsoDitrate®, et.al.)	Gonitro® Sublingual Powder
isosorbide mononitrate tablet / ER tablet (generic for Ismo®, Monoket®, Imdur®)	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®)	isradipine capsule (generic for Dynacirc®)
nifedipine ER tablet (generic for Adalat CC® / Procardia XL®)	Katerzia™ Suspension - **T/F of preferred agents not required for children < 12 years of age**
Norliqva® Solution	levamlodipine tablet (generic for Conjupri®)
	nicardipine capsule (generic for Cardene®)
	nimodipine capsule (generic for Nimotop®)
	nimodipine solution
	nisoldipine ER tablet (generic for Sular®)
	Norvasc® Tablet
	Nymalize® Solution / Oral Syringe
	Procardia® XL Tablet
	Sdamlo™ Solution
	Sular® Tablet

DIRECT RENIN INHIBITORS

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®)
bosentan tablet (generic for Tracleer®)	Letairis® Tablet
~~Tracleer® Tablet~~	macitentan tablet (generic for Opsumit®)
	Opsumit® Tablet
	Opsynvi® Tablet
	Tracleer® Tablet/ Suspension

NTM: Added macitentan tablet (generic for Opsumit®) to non -preferred
Moved bosentan Moved bosentan tablet (generic for Tracleer®) from non-preferred to preferred
Moved Tracleer® Tablet fron preferred to non-preferred

North Carolina Division of Health Benefits

North Carolina Medicaid Preferred Drug List (PDL)

Effective Date January 1, 2027

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INHALED PROSTACYCLIN ANALOGS

Preferred	Non-Preferred
Tyvaso® Refill Kit / Solution / Starter Kit	Tyvaso® DPI
~~Ventavis® Solution~~	Yutrepia™ DPI

Removed Ventavis® Solution

NIACIN DERIVATIVES

Preferred	Non-Preferred
niacin ER tablet (generic for Niaspan®)	niacin tablet (generic for Niacor®)

NITRATE COMBINATIONS

Preferred	Non-Preferred
isosorbide dinit/hydralazine tablet (generic for Bidil®)	Bidil® Tablet

NON-DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS

Preferred	Non-Preferred
Cartia XT® Capsule (branded generic for Cardizem CD®)	Cardamyst™ Nasal Spray
Dilt XR® Capsule (branded generic for Dilacor XR®)	diltiazem LA tablet (generic for Cardizem LA®)
diltiazem ER 24 hour capsule (generic for Dilacor XR®, Tiazac®)	Matzim® LA Tablet (generic for Cardizem LA®)
diltiazem tablet / CD capsule / ER 12 hour capsule (generic for Cardizem® / CD / SR)	verapamil capsule SR (generic for Verelan®)
~~Taztia XT® Capsule (branded generic for Tiazac®)~~	verapamil ER capsule / PM capsule (generic for Verelan® / Verelan® PM)
Tiadylt® ER Capsule	Verelan® PM Capsule
verapamil tablet / ER tablet (generic for Calan® / SR)	

Obsolete: Removed Taztia XT® Capsule (branded generic for Tiazac®)

ORAL PULMONARY HYPERTENSION

Covered for diagnosis of Pulmonary Arterial Hypertension (all) and Chronic Thromboembolic Pulmonary Hypertension- Adempas® only

Preferred	Non-Preferred
Alyq® Tablet (branded generic for tadalafil)	Adcirca® Tablet
sildenafil tablet (generic for Revatio®)	Adempas® Tablet
tadalafil tablet (generic for Adcirca®)	Orenitram® 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**
	Tadliq® Suspension
	Uptravi® Tablet / Titration Pack

Obsolete: Removed Revatio® Suspension

PCSK9 INHIBITORS

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

Clinical criteria apply to all drugs in this class

Preferred	Non-Preferred
Repatha® Syringe / Pushtronix / Sureclick	Evkeeza® IV
Praluent® Pen	Leqvio® Injection
	Redemplo® Syringe
	Tryngolza™ Autoinjector

PLATELET INHIBITORS

Preferred	Non-Preferred
clopidogrel tablet (generic for Plavix®)	aspirin/dipyridamole ER capsule (generic for Aggrenox®)
dipyridamole tablet (generic for Persantine®)	Brilinta® Tablet
prasugrel tablet (generic for Effient® Tablet)	Effient® Tablet
ticagrelor tablet (generic for Brilinta®)	Plavix® Tablet

SYMPATHOLYTICS AND COMBINATIONS

Preferred	Non-Preferred
clonidine tablet / patch (generic for Catapres® / TTS)	clonidine 0.05 mg tablet (generic for Catapres®)
guanfacine tablet (generic for Tenex®)	clonidine ER tablet (generic for Nexiclon™ XR)
methyldopa tablet (generic for Aldomet®)	Javadin™ Solution
	~~methyldopa vial (generic for Aldomet®)~~
	~~methyldopa-HCTZ tablet (generic for Aldoril®)~~
	Nexiclon™ XR Tablet

NTM: Added Clonidine 0.05 mg tablet (generic for Catapres®) to non-preferred

Obsolete: Removed methyldopa vial (generic for Aldomet®) and methyldopa-HCTZ tablet (generic for Aldoril®)

TRIGLYCERIDE LOWERING AGENTS

Preferred	Non-Preferred
fenofibrate tablet (generic for Tricor®)	fenofibrate capsule / tablet (generic for Antara®, Lofibra®, Fenoglide®, et. al)
gemfibrozil tablet (generic for Lopid®)	fenofibric acid tablet (generic for Fibricor®, Trilipix®)
icosapent ethyl capsule (generic for Vascepa®)	Fibricor® Tablet
omega-3 acid ethyl esters capsule (generic for Lovaza®)	Lipofen® Capsule
	Lopid® Tablet
	~~Tricor® Tablet~~

Obsolete: Removed Tricor® Tablet

CENTRAL NERVOUS SYSTEM

ANTIMIGRAINE AGENTS

Triptans

Quantity limits apply to all triptans

Preferred	Non-Preferred
rizatriptan tablet / ODT (generic for MaxaIt®)	almotriptan tablet (generic for Axert®)
sumatriptan nasal spray / tablet / vial (generic for Imitrex®)	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 Relpax®)
	Elyxyb™ 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
	frovatriptan tablet (generic for Frova®)
	Imitrex® Cartridge / ~~Nasal Spray~~ / Pen / Tablet
	MaxaIt® Tablet / MLT Tablet
	naratriptan tablet (generic for Amerge®)
	Relpax® Tablet
	Reyvow™ Tablet
	sumatriptan / naproxen tablet (generic for Treximet®)
	sumatriptan injection kit / refill / syringe (generic for Imitrex®)
	Symbravo® Tablet
	Tosymra™ Nasal Spray
	Zembrace® SymTouch®
	zolmitriptan nasal spray / ODT / tablet (generic for Zomig®)
	Zomig® Nasal Spray / Tablet

Obsolete: Removed Nasal Spray

CGRP Blockers / Modulators PREVENTATIVE

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

Clinical criteria apply to all drugs in this class

Preferred	Non-Preferred
Aimovig® Autoinjector	Emgality® Syringe 100 MG
Ajovy® Autoinjector / Syringe	Vyepti® Vial
Emgality® Pen / Syringe	
Nurtec® ODT	
Qulipta® Tablet	

CGRP Blockers / Modulators ACUTE TREATMENT

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

Clinical criteria apply to all drugs in this class

Preferred	Non-Preferred
Nurtec® ODT	Zavzpret™ Nasal Spray
Ubrelvy® Tablet	

North Carolina Division of Health Benefits

North Carolina Medicaid Preferred Drug List (PDL)

Effective Date January 1, 2027

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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 Nuvigil®)
	modafinil tablet (generic for Provigil®)
	Nuvigil® Tablet
	Sunosi™ Tablet
	Wakix® 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®)
bromocriptine capsule / tablet (generic for Parlodel®)	Azilect® Tablet
carbidopa-levodopa ODT (generic for Parcopa®)	carbidopa tablet (generic for Lodosyn®)
carbidopa-levodopa tablet / ER tablet (generic for Sinemet® / CR)	carbidopa-levodopa ER (generic for Rytary®)
pramipexole tablet (generic for Mirapex®)	carbidopa-levodopa-entacapone tablet (generic for Stalevo®)
ropinirole tablet (generic for Requip®)	Crexont Capsule ER
selegiline capsule / tablet (generic for Emsam®)	Dhivy Tablet™
trihexyphenidyl elixir / tablet (generic for Artane®)	Duopa® Suspension
	entacapone tablet (generic for Comtan®)
	Gocovri® Capsule - **Clinical criteria apply**
	Horizant® Tablet
	Inbrija™ Inhalation - **Clinical criteria apply**
	Neupro® Patch
	Nourianz™ Tablet
	Onapgo™ Cartridge
	Ongentys® Capsule- **Clinical criteria apply**
	pramipexole ER tablet (generic for Mirapex ER®)
	rasagiline tablet (generic for Azilect®)
	ropinirole ER tablet (generic for Requip XL®)
	Rytary® ER Capsule
	Sinemet® Tablet
	tolcapone tablet (generic for Tasmar®)
	Vyalev 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)	Glatopa® Syringe
Kesimpta® Pen	Lemtrada® Vial
Rebif® Rebidose® / Titration Pack / Syringe	Ocrevus® Vial - **T/F of preferred agents not required for diagnosis of Primary Progressive MS (PPMS)**
	Ocrevus® Zonovo Vial **T/F of preferred agents not required for diagnosis of Primary Progressive MS (PPMS)**
	Plegridy® Pen / Pen Starter Pack / Syringe / Syringe Starter Pack
	Tyruko® IV
	Tysabri® Vial

Oral

Preferred	Non-Preferred
dalfampridine ER tablet (generic for Ampyra®)	Ampyra® Tablet
dimethyl fumarate DR capsule / starter pack (generic for Tecfidera® Capsule / Starter Pack)	Aubagio® Tablet
fingolimod capsule (generic for Gilenya®)	Bafiertam™ Capsule
teriflunomide tablet (generic for Aubagio®)	Cladribine Tablet (generic for Mavenclad®)
	Gilenya® Capsule
	Mavenclad® Tablet
	Mayzent® Starter Pack / Tablet
	Ponvory™ Starter Pack / Tablet
	Tascenso ODT™
	Tecfidera® Capsule / Starter Pack
	Vumerity™ Capsule
	Zeposia® Capsule / Starter Pack

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®)	Belsomra® Tablet
ramelteon tablet (generic for Rozerem® Tablet)	Dayvigo™ Tablet
temazepam 15mg, 30mg capsule (generic for Restoril®)	Doral® Tablet
zaleplon capsule (generic for Sonata®)	doxepin tablet (generic for Silenor®)
zolpidem tablet / ER tablet (generic for Ambien® / Ambien® CR)	Edluar® SL Tablet
	estazolam tablet (generic for Prosom®)
	Halcion® Tablet
	Hetlioz® Capsule / LQ Suspension - **Clinical criteria apply**
	Igalmi® SL tablet
	~~Lunesta® Tablet~~
	quazepam tablet (generic for Doral®)
	Quviviq™ Tablet
	Restoril® Capsule
	Rozerem® Tablet
	tasimelteon capsule (generic for Hetlioz®) - **Clinical criteria apply, T/F of Hetlioz® 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®)

Removed Lunesta® Tablet

TOBACCO CESSATION

Preferred	Non-Preferred
bupropion SR tablet (generic for Zyban®)	Nicotrol® NS Nasal Spray
Chantix® Tablet / Starting Box / Continuation Month Box	
nicotine gum / lozenge (bucal) / patch	
varenicline tablet / starting month box (generic for Chantix®)	
varenicline continuation month box (generic for Chantix®)	

North Carolina Division of Health Benefits

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

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ENDOCRINOLOGY

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

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
	Zegalogue® Syringe / Autoinjector

Growth Hormones

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

Preferred	Non-Preferred
Genotropin® Cartridge / MiniQuick®	Humatrope® Cartridge
Norditropin® Flexpro®	Ngenla® Pen
Skytrofa® Cartridge	Nutropin® AQ NuSpin®
	Omnitrope® Cartridge / Vial
	Serostim® Vial
	Sogrova® Pen
	Zomacton® Vial

HYPOGLYCEMICS - INJECTABLE

Rapid Acting Insulin

T/F of only one preferred drug required; Prior authorization is required for NP insulins. Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes.

Preferred	Non-Preferred
insulin aspart U-100 Penfill / FlexPen® / vial (generic for Novolog®)	Admelog® SoloStar® / Vial
insulin lispro U-100 Junior KwikPen® (generic for Humalog® Junior)	Afrezza® Inhalation Powder
insulin lispro U-100 KwikPen® / vial (generic for Humalog®)	Apidra® SoloStar® / Vial
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®
	Kirsty Vial / Pen (biosimilar to Novolog®)
	Lyumjev™ U-100 KwikPen® / U-200 KwikPen® / Vial
	Merilog Solostar® Pen
	Merilog™ Vial

Short Acting Insulin

T/F of only one preferred drug required; Prior authorization is required for NP insulins. Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes.

Preferred	Non-Preferred
Humulin® R Vial	Myxredlin™ Injection
Humulin® R U-500 KwikPen® / Vial	Novolin® R Vial / ReliOn® R Vial
	Novolin R FlexPen® / ReliOn® R FlexPen

Intermediate Acting Insulin

T/F of only one preferred drug required; Prior authorization is required for NP insulins. Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes.

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

Long Acting Insulin

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

T/F of only one preferred drug required; Prior authorization is required for NP insulins. Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes.

Preferred	Non-Preferred
insulin glargine vial (authorized biologic for Lantus)	~~Basaglar® U-100 KwikPen®~~
Basaglar® U-100 KwikPen®	Awiqli® Flextouch® Pen
Lantus® SoloStar® / Vial	Basaglar® U-100 Tempo Pen™
	insulin degludec pen / vial (generic for Tresiba®)
	insulin glargine SoloStar® / Max SoloStar® (generic for Toujeo®)
	insulin glargine-yfgn pen / vial (generic for Semglee™ yfgn)
	Levemir® FlexPen® / Vial
	Rezvoglar™ Kwikpen®
	Semglee™ yfgn Pen / Vial
	Toujeo® SoloStar® / Max SoloStar®
	Tresiba® FlexTouch® / Vial

Off-cycle change: Moved Basaglar® U-100 KwikPen® from non-preferred to preferred
NTM: Added Awiqli® Flextouch® Pen to non-preferred

Premixed Rapid Combination Insulin

T/F of only one preferred drug required; Prior authorization is required for NP insulins. Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes.

Preferred	Non-Preferred
insulin 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 Combination Insulin

T/F of only one preferred drug required; Prior authorization is required for NP insulins. Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes.

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

Amylin Analogs

Requires T/F or insufficient response to metformin containing product unless contraindicated or documented adverse event when using either a preferred or non-preferred Amylin Analog

Preferred	Non-Preferred
Symlin® Pen Injector	

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

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
Byetta® Pen	Bydureon® BCise™
Mounjaro™ Pen	exenatide Pen (generic for Byetta®)
Ozempic® Pen	liraglutide pen (generic for Victoza®)
Trulicity® Pen	Ozempic® Tablet
Victoza® Pen	Rybelsus® Tablet
	Soliqua® Pen
	Xultophy® Pen

HYPOGLYCEMICS - ORAL

Second Generation Sulfonylureas

Preferred	Non-Preferred
glimepiride 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®)	

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Alpha-Glucosidase Inhibitors

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

Biguanides and Combinations

Preferred	Non-Preferred
glipizide-metformin tablet (generic for Metaglip®)	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®)
Jentadueto® Tablet / XR Tablet	alogliptin-pioglitazone tablet (generic for Oseni®)
Onglyza® Tablet	Brynovin™ Solution
Tradjenta® Tablet	dapagliflozin-saxagliptin tablet (generic for Qtern®)
	Glyxambi® Tablet
	Kazano® Tablet
	Nesina® Tablet
	Oseni® Tablet
	Qtern® Tablet
	saxagliptin tablet (generic for Onglyza®)
	saxagliptin-metformin ER tablet (generic for Kombiglyze® XR)
	sitagliptin-metformin ER tablet (generic for Zituvimet® XR)
	sitagliptin tablet (generic for Januvia®)
	sitagliptin-metformin tablet (generic for Janumet®)
	sitagliptin-metformin tablet (generic for Zituvimet™)
	Steglujan® Tablet
	Trijardy® XR Tablet
	Zituvimet Tablet / XR Tablet
	Zituvio™ Tablet

NTM: Added dapagliflozin-saxagliptin tablet (generic for Qtern®) and sitagliptin-metformin tablet (generic for Janumet®) to non-preferred
Obsolete: Removed Estrace® Tablet

Meglitinides

Preferred	Non-Preferred
nateglinide tablet (generic for Starlix®)	
repaglinide 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®)~~
dapagliflozin tablet (generic for Farxiga®)	dapagliflozin / metformin ER tablet (generic for Xigduo® XR)
Jardiance® Tablet	Farxiga® Tablet
Synjardy® Tablet / XR Tablet	Inpefa™ Tablet
Xigduo® XR Tablet	Invokamet® Tablet / XR Tablet
	Invokana® Tablet
	Segluromet™ Tablet
	Steglatro™ Tablet

Moved dapagliflozin tablet (generic for Farxiga®) from non-preferred to preferred
Moved Farxiga® Tablet from preferred to non-preferred

Thiazolidinediones and Combinations

Preferred	Non-Preferred
pioglitazone tablet (generic for Actos®)	ActoPlus Met® Tablet
	Actos® Tablet
	Duetact® Tablet
	pioglitazone-glimepiride tablet (generic for Duetact®)
	pioglitazone-metformin tablet (generic for ActoPlus Met®)

Octreotides and Related

Preferred	Non-Preferred
Octreotide Acetate™ Ampule/ Syringe/ Vial	Lanreotide Acetate Syringe™
Sandostatin LAR Depot™ Vial	Mycapssa™ Capsule
	Palsonify™ Tablet
	Signifor LAR™ Injection
	Signifor™ Injection
	Somatuline Depot™ Injection

GASTROINTESTINAL

ANTIEMETIC-ANTIVERTIGO AGENTS

Preferred	Non-Preferred
aprepitant capsule (generic for Emend®) - **Clinical criteria apply**	Akynzeo® Capsule / Vial
Diclegis® Tablet	Antivert® Tablet / Chewable Tablet
meclizine tablet (generic for Antivert®)	Anzemet® Tablet
metoclopramide solution / tablet (generic for Reglan®)	Aponvie™ 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®)	Barhemsys® Vial
promethazine syrup / suppository (12.5 mg and 25 mg) / tablet / ampule / vial (generic for Phenergan®)	Bonjesta® Tablet
Promethegan® (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
	Focinvez™ (fosaprepitant) Vial
	fosaprepitant vial (generic for Emend®)
	Gimoti™ Nasal Spray
	granisetron vial / tablet (generic for Kytril®)
	Marinol® Capsule
	metoclopramide vial
	Navitrux™ Vial
	ondansetron ODT (16 mg)
	ondansetron vial
	palonosetron injection (generic for Aloxi®)
	Phenergan® Ampule / Vial
	Posfrea™ Ψ Vial
	prochlorperazine vial / suppository (generic for Compazine®)
	Promethegan® Suppository (50 mg)
	Reglan® Tablet
	Sancuso® Patch
	Sustol® Syringe
	Tigan® Vial
	trimethobenzamide capsule (generic for Tigan®)

NTM: Added Navitrux™ Vial to non-preferred

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BILE ACID SALTS

T/F of only one preferred drug required

Preferred	Non-Preferred
ursodiol capsule (generic for Actigall®)	Bylvay™ Capsule / Pellet - **T/F of preferred agents not required for diagnosis of PFIC**
ursodiol tablet (generic for Urso®)	Chenodal® Tablet
	Cholbam® Capsule
	Ctexli™ Tablet
	Iqirvo® (elafibranor) Tablet
	Livdelzi Capsule
	Livmarli® Oral Solution/ Tablet
	Reltone™ Capsule
	Urso Forte® Tablet

H. PYLORI COMBINATIONS

Preferred	Non-Preferred
Pylera® Capsule	bismuth-metronidazole-tetracycline pack (generic for Pylera®)
Voquezna® Tablet / Dual Pak / Triple Pak	lansoprazole-amoxicillin-clarithromycin pack (generic for Prevpac®)
	Omeclamox-Pak® Combo Pack
	Talicia® Capsule

HISTAMINE-2 RECEPTOR ANTAGONISTS

Preferred	Non-Preferred
famotidine tablet / suspension (generic for Pepcid®)	cimetidine tablet (generic for Tagamet®)
	cimetidine solution (generic for Tagamet®)
	nizatidine capsule (generic for Axid®)

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

Preferred	Non-Preferred
megestrol suspension / tablet (generic for Megace®)	megestrol ES suspension (generic for Megace® ES)

PROTON PUMP INHIBITORS

Preferred	Non-Preferred
esomeprazole magnesium capsule (generic for Nexium® Rx)	Dexilant® Capsule
lansoprazole capsule (generic for Prevacid® Rx)	dexlansoprazole capsules (generic for Dexilant®)
Nexium® Rx Packet	esomeprazole magnesium OTC capsule / tablet (generic for Nexium® OTC)
omeprazole capsule (generic for Prilosec® Rx)	esomeprazole magnesium packet (generic for Nexium® Rx Packet)
pantoprazole tablet (generic for Protonix®)	Konvomep™ Suspension
Protonix® Suspension	lansoprazole capsule (generic for Prevacid® OTC)
	lansoprazole ODT (generic for Prevacid® SoluTab™)
	Nexium® Rx Capsule
	omeprazole OTC capsule / ODT / tablet (generic for Prilosec® OTC)
	omeprazole-sodium bicarbonate capsule / packet (generic for Zegerid® Rx / OTC)
	pantoprazole suspension (generic for Protonix®)
	Prevacid® Rx / OTC Capsule / Solutab
	Prilosec® Rx Suspension
	Protonix® Tablet
	rabeprazole tablet (generic for Aciphex®)

SELECTIVE CONSTIPATION AGENTS

Preferred	Non-Preferred
Linzess® Capsule	alosetron tablet (generic for Lotronex®)
lubiprostone capsule (generic for Amitiza®)	Amitiza® Capsule
prucalopride tablet (generic for Motegrity®)	Ibsrela® Tablet
	Lotronex® Tablet
	Motegrity™ Tablet
	Movantik® Tablet
	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 Colazal®)	Azulfidine® Entab / Tablet
mesalamine ER capsule (generic for Apriso®, Pentasa®)	budesonide ER tablet (generic for Uceris®)
Pentasa® Capsule	Dipentum® Capsule
sulfasalazine IR / DR tablet (generic for Azulfidine® / Entab)	Lialda® Tablet
	mesalamine DR capsule / tablet (generic for Delzicol®, Asacol® HD, Lialda®)

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®)	Canasa® Suppository
SF Rowasa® Enema	mesalamine enema (generic for SF Rowasa®)
	mesalamine kit (generic for Rowasa®)
	Rowasa® Kit

GENITOURINARY / RENAL

ELECTROLYTE DEPLETERS (KIDNEY DISEASE)

Preferred	Non-Preferred
calcium acetate capsule (generic for PhosLo®)	Auryxia® Tablet
calcium acetate tablet (generic for Eliphos®)	ferric citrate Tablet (generic for Auryxia®)
sevelamer carbonate powder pack / tablet (generic for Renvela®)	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®)
	Velphoro® Chewable Tablet
	Xphozah® Tablet

North Carolina Division of Health Benefits

North Carolina Medicaid Preferred Drug List (PDL)

Effective Date January 1, 2027

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

reviewed by the PDL Panel. These drugs are listed as TO BE REVIEWED. For drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at: **https://mes.medicaid.ncdhhs.gov/ then click on the Pharmacy Benefit Administrator tile.**

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BENIGN PROSTATIC HYPERPLASIA TREATMENTS

Preferred	Non-Preferred
alfuzosin ER tablet (generic for Uroxatral®)	Cardura® Tablet / XL Tablet
doxazosin tablet (generic for Cardura®)	Cialis® Tablet 5 mg - **Clinical criteria apply**
dutasteride capsule (generic Avodart®)	dutasteride-tamsulosin capsule (generic for Jalyn®)
finasteride tablet (generic for Proscar®)	~~Flomax® Capsule~~
tamsulosin capsule (generic for Flomax®)	Proscar® Tablet
terazosin capsule (generic for Hytrin®)	Rapaflo® Capsule
	silodosin capsule (generic for Rapaflo®)
	tadalafil tablet (2.5 mg / 5 mg) (generic for Cialis®) - **Clinical criteria apply**
	Tezruly™ Oral Solution

Removed Flomax® Capsule

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

GOUT

Preferred	Non-Preferred
allopurinol tablet (generic for Zyloprim®)	allopurinol tablet (200 mg)
colchicine tablet (generic for Colcrys®)	colchicine capsule (generic for Mitigare®)
probenecid tablet (generic for Benemid®)	Colcrys® Tablet
probenecid-colchicine tablet (generic for Col-Benemid®)	febuxostat tablet (generic for Uloric® Tablet)
	Gloperba® Solution
	Krystexxa® Vial
	Mitigare® Capsules
	Uloric® Tablet
	Zyloprim® Tablet

HEMATOLOGIC

ANTICOAGULANTS

Injectable

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	Pradaxa® Pellet Pack
Eliquis® Tablet / Starter Dose Pack	rivaroxaban tablet / suspension (generic for Xarelto®)
Jantoven® Tablet (branded generic for Coumadin®)	Savaysa® Tablet
warfarin tablet (generic for Coumadin®)	Xarelto® Suspension
Xarelto® Starter Pack / Tablet	

COLONY STIMULATING FACTORS

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

Preferred	Non-Preferred
Fulphila® Syringe (biosimilar to Neulasta®)	Filkri Syringe (biosimilar to Neupogen®)
Fylnetra® Syringe (biosimilar to Neulasta®)	Granix® Safe Syringe / Syringe / Vial
Neupogen® Vial / Syringe	Leukine® Vial
	Neulasta® 4mg/0.4 MLVial
	Neulasta® Syringe / Kit
	Nivestym™ Syringe / Vial (biosimilar to Neupogen®)
	Nypozi™ Syringe (biosimilar to Neupogen®)
	Nyvepria™ Syringe (biosimilar to Neulasta®)
	Releuko® Syringe (biosimilar to Neupogen®)
	Rolvedon™ Syringe
	Ryzneuta® Syringe
	Stimufend® Syringe (biosimilar to Neulasta®)
	Udenyca® On-Body / Autoinjector / Syringe (biosimilar to Neulasta®)
	Zarxio® Syringe (biosimilar to Neupogen®)
	Ziextenzo® Syringe (biosimilar to Neulasta®)

NTM: Added Filkri Syringe (biosimilar to Neupogen®)to non-preferred

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
Epogen® Vial	Procrit® Vial
Retacrit® Vial	Reblozyl® Vial
	Vafseo® Tablet

THROMBOPOIESIS STIMULATING AGENTS

Preferred	Non-Preferred
Nplate® Vial	Alvaiz™ Tablet
Promacta® Suspension / Tablet	Doptelet® Tablet / Sprinkle
	eltrombopag olamine suspension / tablet (generic for Promacta®)
	Mulpleta® Tablet
	Tavalisse™ Tablet
	Wayrilz™ Tablet

OPHTHALMIC

ALLERGIC CONJUNCTIVITIS AGENTS

Preferred	Non-Preferred
azelastine drops (generic for Optivar®)	Alrex® Drops
cromolyn sodium drops (generic for Crolom®)	bepotastine drops (generic for Bepreve®)
olopatadine drops (generic for Pataday®, Patanol®)	Bepreve® Drops
	epinastine drops (generic for Elestat®)
	loteprednol drops (generic for Alrex®)
	Zerviate™ Drops

North Carolina Division of Health Benefits

North Carolina Medicaid Preferred Drug List (PDL)

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ANTIBIOTICS	
Preferred	**Non-Preferred**
bacitracin-polymyxin ointment (generic for Polysporin®)	Azasite® Drops
ciprofloxacin solution drops (generic for Ciloxan®)	bacitracin ointment (generic for AK-Tracin®)
erythromycin ointment (generic for Ilotycin®)	besifloxacin Suspension (generic for Besivance®)
gentamicin drops (generic for Garamycin®)	Besivance® Suspension
moxifloxacin ophthalmic solution (generic for Vigamox®)	Ciloxan® Ointment
ofloxacin drops (generic for Ocuflox®)	gatifloxacin drops (generic for Zymaxid®)
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 Bleph-10®)	Natacyn® Drops
tobramycin 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
ANTIBIOTICS-STEROID COMBINATIONS	
Preferred	**Non-Preferred**
neomycin-polymyxin-dexamethasone drops / ointment (generic for Maxitrol®)	Maxitrol® Drops / Ointment
Tobradex® Ointment	Neo-Polycin® 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 Ocutricin®)
	sulfacetamide-prednisolone drops (generic for Vasocidin®)
	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 Durezol®)	bromfenac drops (generic for Prolensa®, Xibrom®, BromSite®)
Flarex® Drops	BromSite® Solution
fluorometholone drops (generic for FML®)	Bvqlovi™ Drops
flurbiprofen drops (generic for Ocufen®)	Dextenza® Insert
ketorolac solution (generic for Acular® / LS)	Durezol® Drops
Lotemax® Drops	FML® Forte Drops / Liquifilm® Drops
Nevanac® Droptainer	Ilevro® Drops
Pred Mild® Drops	Iluvien® Implant
prednisolone acetate drops (generic for Pred Forte®)	Inveltys™ Drops
	Lotemax® Gel / SM Gel / Ointment
	loteprednol drops / gel (generic for Lotemax®)
	Maxidex® Drops
	Ozurdex® Implant
	Pred Forte® Drops
	prednisolone sodium phosphate drops (generic for Inflamase Forte®)
	Prolensa® Drops
	Retisert® Implant
	Triesence® Vial
	Xipere™ (Intraocular)
	Yutiq™ Implant
ANTI-INFLAMMATORY / IMMUNOMODULATOR	
Preferred	**Non-Preferred**
Restasis® Drops	Cequa™ Drops
Xiidra® Drops	cyclosporine emulsion (generic for Restasis®)
	Eysuvis® Drops
	Miebo™ Drops
	Restasis® Multidose™ Drops
	Tryptyr® Drops
	Tyrvaya® Nasal Spray
	Verkazia® Eye Emulsion - **T/F of preferred agents not required for diagnosis of vernal keratoconjunctivitis (VKC)**
	Vevye® Drops
ALPHA 2 ADRENERGIC AGENTS	
Preferred	**Non-Preferred**
Alphagan® P Drops	apraclonidine drops (generic for Iopidine®)
brimonidine drops (generic for Alphagan®)	brimonidine P drops (generic for Alphagan® P)
	Iopidine® Drops
BETA BLOCKER AGENTS / COMBINATIONS	
Preferred	**Non-Preferred**
Combigan® Drops	betaxolol drops (generic for Betoptic®)
timolol drops / GFS gel-solution (generic for Timoptic® / Timoptic XE®)	Betimol® Drops
	Betoptic® S Drops
	brimonidine tartrate / timolol drops (generic for Combigan®)
	carteolol drops (generic for Ocupress®)
	Istalol® Drops
	levobunolol drops (generic for Betagan®)
	timolol hemihydrate (generic for Betimol® drops)
	timolol drop (generic for Istalol® Drops)
	timolol maleate drop (generic for Timoptic® Ocudose® Drops)
	Timoptic Ocudose® Drops
CARBONIC ANHYDRASE INHIBITORS / COMBINATIONS	
Preferred	**Non-Preferred**
dorzolamide drops (generic for Trusopt®)	Azopt® Drops
dorzolamide-timolol drops (generic for Cosopt®)	brinzolamide drops (generic for Azopt® Drops)
Simbrinza® Drops	Cosopt® Drops / PF Drops
	dorzolamide-timolol PF drops (generic for Cosopt® PF)
PROSTAGLANDIN AGONISTS	
Preferred	**Non-Preferred**
latanoprost drops (generic for Xalatan®)	bimatoprost drops (generic for Lumigan® Drops)
Travatan® Z Drops	Durysta® Implant
	iDose® TR Implant
	Iyuzeh™ Drops
	Lumigan® Drops
	tafluprost drops (generic for Zioptan®)
	travoprost drops (generic for Travatan® Z)
	Vyzulta® Drops
	Xalatan® Drops
	Xelpros® Drops
	Zioptan® Drops
RHO KINASE MODIFIERS / COMBINATIONS	
Plans may not apply additional utilization management or prior authorization criteria to this category	
Preferred	**Non-Preferred**
Rhopressa® Drops	
Rocklatan® Drops	

North Carolina Division of Health Benefits

North Carolina Medicaid Preferred Drug List (PDL)

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OSTEOPOROSIS

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

BONE RESORPTION SUPPRESSION AND RELATED AGENTS

Preferred	Non-Preferred
alendronate tablet (generic for Fosamax®)	Actonel® Tablet
Enoby Syringe (biosimilar to Prolia®)	alendronate solution (generic for Fosamax®)
Forteo® Pen	Atelvia® Tablet
raloxifene tablet (generic for Evista®)	Bildyos® Syringe (biosimilar to Prolia®)
NTM: Added Osvyrti® Syringe (biosimilar to Prolia®) to non-preferred	Binosto® Effervescent Tablet
	Bonsity Pen Injector
	Bosaya® Syringe (biosimilar to Prolia®)
	calcitonin salmon nasal spray (generic for Miacalcin®)
	Conexxence® Syringe (biosimilar to Prolia®)
	Evenity™ Syringe
	Evista® Tablet
	Fosamax® Tablet / Plus D Tablet
	ibandronate tablet (generic for Boniva®)
	Jubbonti® Syringe (biosimilar to Prolia®)
	Osvyrti® Syringe (biosimilar to Prolia®)
	Prolia® Syringe
	risedronate DR tablet (generic for Atelvia®)
	risedronate tablet (generic for Actonel®)
	Stoboclo® Syringe (biosimilar to Prolia®)
	teriparatide pen (biosimilar to Forteo®)
	Tymlos® Pen

OTIC

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®)
	Ciprofloxacin-Hydrocortisone Suspension (generic for Cipro® HC)
	Cortisporin-TC® Suspension
	Otovel® Drops

ANTI-INFECTIVES AND ANESTHETICS

Preferred	Non-Preferred
acetic acid solution (generic for Vosol®)	acetic acid-hydrocortisone solution (generic for Vosol® HC)

ANTI-INFLAMMATORY

Preferred	Non-Preferred
fluocinolone 0.01% oil (generic for Dermotic®)	Flac® Otic Oil
	Dermotic® Oil

RESPIRATORY

BETA-ADRENERGIC HANDHELD, LONG ACTING

Preferred	Non-Preferred
Serevent® Diskus®	Striverdi® Respimat® Inhalation Spray

BETA-ADRENERGIC HANDHELD, SHORT ACTING

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

Preferred	Non-Preferred
albuterol HFA inhaler (generic for Proair® HFA Inhaler / Proventil® HFA Inhaler)	levalbuterol HFA inhaler (generic for Xopenex® HFA Inhaler)
Ventolin® HFA Inhaler	albuterol HFA inhaler (generic for Ventolin® HFA Inhaler)
Xopenex® HFA Inhaler	Proair® RespiClick®

BETA-ADRENERGIC, NEBULIZERS

T/F of only one preferred drug required

Preferred	Non-Preferred
albuterol 0.63mg / 3ml solution (generic for Accuneb®)	arformoterol solution (generic for Brovana®)
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	levalbuterol solution / concentrate solution (generic for Xopenex® / Concentrate)
	Perforomist® Solution

BETA-ADRENERGIC, ORAL

Preferred	Non-Preferred
albuterol tablets (generic for Proventil® Repetabs)	~~albuterol ER tablets (generic for VoSpire® ER)~~
albuterol syrup (generic for Ventolin® Syrup)	
terbutaline tablet (generic for Brethine®)	
Obsolete: Removed albuterol ER tablets (generic for VoSpire® ER)	

INHALED ANTICHOLINERGICS / COPD AGENTS

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

Preferred	Non-Preferred
Anoro® Ellipta® Inhaler	Bevespi® Aerosphere®
Atrovent® HFA Inhaler	Daliresp® Tablet
Combivent® Respimat® Inhalation Spray	Duaklir® Pressair®
Incruse® Ellipta® Inhaler	ipratropium bromide HFA (generic for Atrovent®)
ipratropium nebulizer solution (generic for Atrovent®)	Ohtuvayre™ Inhalation suspension
ipratropium-albuterol solution (generic for Duoneb®)	tiotropium inhaler (generic for Spiriva® Handihaler®)
roflumilast tablet (generic for Daliresp®)	Tudorza® Pressair® Inhaler
Spiriva® Handihaler® / Respimat® Inhalation Spray	umeclidinium-ellipta Inhaler (generic for Incruse®)
Stiolto® Respimat® Inhalation Spray	umeclidinium-vilanterol inhaler (generic for Anoro®)
NTM: Added umeclidinium-ellipta Inhaler (generic for Incruse®) to non-preferred	Yupelri™ Solution

INHALED CORTICOSTEROIDS

Preferred	Non-Preferred
Alvesco® Inhaler	beclomethasone dipropionate (generic for QVAR®)
Arnuity® Ellipta® Inhaler	fluticasone furoate DPI (generic for Arnuity Ellipta™)
Asmanex® HFA Inhaler / Twisthaler®	fluticasone propionate diskus (generic for Flovent® Diskus)
budesonide suspension 0.25mg, 0.5mg, 1mg (generic for Pulmicort® Respules)	Pulmicort® Respules 0.25mg, 0.5mg, 1mg
fluticasone propionate HFA (generic for Flovent® HFA)	
Pulmicort® Flexhaler	
QVAR® RediHaler™	

INHALED CORTICOSTEROID COMBINATIONS

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

Preferred	Non-Preferred
Advair® Diskus®	AirDuo® Digihaler™ / RespiClick®
Advair® HFA Inhaler	AirSupra™ Inhaler
Dulera® Inhaler	Breo® Ellipta®
Symbicort® Inhaler	Breyna™ Inhaler
	Breztri™ Aerosphere™
	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®)
	Trelegy® Ellipta®
	Wixela™ Inhub™

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T/F criteria, clinical criteria (indicated in **RED**) may also apply. **New to market products typically default to Non-Preferred status until reviewed by the PDL Panel. These drugs are listed as TO BE REVIEWED**. For drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at: **https://mes.medicaid.ncdhhs.gov/ then click on the Pharmacy Benefit Administrator tile.**
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INTRANASAL RHINITIS AGENTS

Preferred	Non-Preferred
T/F of preferred agents not required in children < 4 years of age for steroid-containing products	
	azelastine nasal spray (generic for Astepro®)
azelastine spray (generic for Astelin®)	azelastine-fluticasone nasal spray (generic for Dymista®)
Dymista® Nasal Spray	flunisolide nasal spray (generic for Nasalide®)
fluticasone spray (generic for Flonase®)	Omnaris® Nasal Spray
ipratropium spray (generic for Atrovent® Nasal)	QNasl® Nasal Spray / Children's Spray
mometasone nasal spray (generic for Nasonex®)	Ryaltris® Nasal Spray
olopatadine nasal spray (generic for Patanase®)	Sinuva™ Implant
	Xhance™ Nasal Spray
	Zetonna® Nasal Spray

LEUKOTRIENE MODIFIERS

Preferred	Non-Preferred
montelukast chewable / tablet (generic for Singulair®)	Accolate® Tablet
	montelukast granules (generic for Singulair®)
	Singulair® Chewable / Granules / Tablet
	zafirlukast tablet (generic for Accolate®)
	zileuton tablet (generic for Zyflo®)
	Zyflo® Filmtab

LOW SEDATING ANTIHISTAMINES

Preferred	Non-Preferred
cetirizine syrup (generic for Zyrtec® OTC)	cetirizine chewable tablet (generic for Zyrtec® OTC)
cetirizine syrup (generic for Zyrtec® Rx Syrup)	cetirizine softgel (generic for Zyrtec®)
cetirizine tablets (generic for Zyrtec® OTC)	Clarinex® Tablet - **T/F of preferred agents not required for children < 2 years of age**
levocetirizine tablet (generic for Xyzal® OTC)	desloratadine ODT / tablet / solution (generic for Clarinex®) - **T/F of preferred agents not required for children < 2 years of age**
levocetirizine tablet (generic for Xyzal® Rx Tablet)	fexofenadine OTC suspension / OTC tablet (generic for Allegra® OTC)
loratadine tablet (generic for Claritin® 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-pseudoephedrine OTC tablet (generic for Claritin-D® OTC)	cetirizine-pseudoephedrine OTC tablet (generic for Zyrtec-D® OTC)
	Clarinex-D® Tablet
	fexofenadine-pseudoephedrine 12 hour OTC tablet (generic for Allegra-D® 12 Hour OTC)
	fexofenadine-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**
Carbzah™ Solution	carbinoxamine tablet
cyproheptadine syrup / tablet	clemastine tablet (generic for Clemsza™)
hydroxyzine capsule / solution / tablet	Clemsza™ Tablet
	Karbinal™ ER Suspension - **T/F of immediate release carbinoxamine solution and cetirizine syrup required for coverage**
	RyClora™ Solution
	RyVent™ Tablet

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)	Aklief®
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®)	ClearAcylic / ClearAcylic Pro
clindamycin-benzoyl peroxide gel (generic for Benzaclin®, Neuac®)	Cleocin® T Lotion
Differin® gel pump	Clindacin® ETZ Pledget / Kit / P Foam / P Pledgets / PAC Kit
Differin® lotion/cream	~~Clindagel® Gel~~
~~Epiduo® gel pump~~	clindamycin-tretinoin (generic for Veltin®)
erythromycin gel (generic for Emcin®, Erycette®, EryGel®, et. al.)	clindamycin phosphate foam (generic for Evoclin®)
erythromycin solution (generic for Emcin®, EryDerm®, EryMax®, et. al)	clindamycin phosphate gel (Clindagel®)
erythromycin-benzoyl peroxide gel (generic for Benzamycin®)	clindamycin-benzoyl peroxide pump (generic for Acanya®)
tretinoin Cream (generic for Retin-A®)	clindamycin-benzoyl peroxide pump (generic for Benzaclin®)
	clindamycin-benzoyl peroxide pump (generic for Onexton®)
	dapsone gel / gel pump (generic for Aczone® Gel)
	Epiduo® Forte Gel Pump
	Ery® Pads
	~~Erygel® Gel~~
	~~Evoclin® Foam~~
	Fabior® Foam
	Finacea® Foam
	Neuac® Gel / Kit
	Ovace® Plus Cleansing Cream / Gel / Lotion / Shampoo / Wash
	Rosanil Cleanser lotion
	~~Rosula® 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 Zencia™)
	sulfacetamide-sulfur cream (generic for Avar® E, SSS® 10-5)
	Sumadan® Kit / XLT Kit / Wash
	Sumaxin® Cleansing Pads / CP Kit / TS Topical Suspension / Wash
	tazarotene cream / foam / gel (generic for Tazorac®, Fabior®)
	tretinoin gel (generic for Retin-A®)
	tretinoin microsphere gel / microsphere gel pump (generic for Retin-A® Micro)
	Twyneo® Cream
	Winlevi® Cream
	~~Zma Clear™ Cleanser~~

Obsolete: Removed Rosula® Cloths / Wash, Evoclin® Foam, Clindagel® Gel , Erygel® Gel, Zma Clear™ Cleanser and Epiduo® gel pump

North Carolina Division of Health Benefits

North Carolina Medicaid Preferred Drug List (PDL)

Effective Date January 1, 2027

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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ANDROGENIC AGENTS

Preferred	Non-Preferred
Androgel® Pump	Natesto® Nasal Gel
testosterone gel pump (generic for Androgel®)	Testim® Gel
testosterone gel packet (generic for Vogelxo®)	testosterone gel pump (generic for Fortesta®, Axiron®)
	testosterone packet (generic for Androgel®)
	Vogelxo® Gel / Packet / Pump

NSAIDS

Preferred	Non-Preferred
diclofenac topical gel (generic for Voltaren® Gel)	diclofenac epolamine patch (generic for 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

ANTIBIOTICS - VAGINAL

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

Preferred	Non-Preferred
Cleocin® Vaginal Ovules	Cleocin® Vaginal Cream
clindamycin vaginal cream (generic for Cleocin® Vaginal Cream)	Clindesse® Vaginal Cream
metronidazole vaginal gel (generic for Metrogel® Vaginal Gel)	metronidazole vaginal gel (generic for Nuvessa® Vaginal Gel)
Nuvessa® Vaginal Gel	Vandazole® Vaginal Gel
Xaciato® Vaginal Gel	

ANTIFUNGALS

Preferred		Non-Preferred
ciclopirox cream / solution (generic for Loprox®, Penlac®)		Ciclodan® 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 Ciclodan®)
ketoconazole cream / shampoo (generic for Nizoral®)		clotrimazole Rx solution (generic for Lotrimin® Rx)
Klayesta® Powder (branded generic for Nystop®)	**Obsolete: Removed Extina® Foam and luliconazole cream (generic for Luzu®)**	clotrimazole-betamethasone lotion (generic for Lotrisone®)
Nyamyc® Powder (branded generic for Nystop®)		econazole cream (generic for Spectazole®)
nystatin cream / ointment / powder (generic for Mycostatin®, Nystop®)		econazole foam (generic for Ecoza®)
Nystop® Powder		Ertaczo® Cream
nystatin-triamcinolone cream / ointment (generic for Mycolog II®)		~~Extina® Foam~~
		ketoconazole foam (generic for Extina®)
		Ketodan® Foam / Foam Kit
		Loprox® Suspension / Cream / Kit
		~~luliconazole cream (generic for Luzu®)~~
		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	Crotan™ Lotion
permethrin cream (generic for Elimite®)	Elimite™ Cream
spinosad topical suspension (generic for Natroba®)	Eurax® Cream / Lotion
	malathion lotion (generic for Ovide®)
	Ovide® Lotion
	Pruradik™ Lotion
	Sklice® Lotion

ANTIVIRAL

Preferred	Non-Preferred
acyclovir cream / ointment (generic for Zovirax®)	penciclovir cream (generic for Denavir®)
Denavir® Cream	

Imidazoquinolinamines

Preferred	Non-Preferred
imiquimod cream packet (generic for Aldara®)	Condylox® Gel
	Hyftor™ Gel
	imiquimod cream / cream pump (generic for Zyclara®)
	podofilox gel / solution (generic for Condylox®)
	Veregen® Ointment

PSORIASIS

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

Preferred	Non-Preferred
calcipotriene cream / solution (generic for Dovonex®)	calcipotriene ointment / foam (generic for Dovonex®, Sorilux®)
calcipotriene-betamethasone suspension / ointment (generic for Taclonex®)	calcitriol ointment (generic for Vectical®)
Vtama® Cream	Enstilar® Foam
	Sorilux® Foam
	Taclonex® Suspension
	Vectical Ointment
	Zoryve® Cream / Foam

ROSACEA AGENTS

Preferred		Non-Preferred
azelaic acid gel (generic for Finacea®)		brimonidine gel pump (generic for Mirvaso®)
metronidazole cream (generic for MetroCream®)		Epsolay® Cream
metronidazole gel / pump (generic for MetroGel®)		Finacea® Foam
Rosadan® Cream / Gel	**NTM: Added Oxymetazoline cream (generic for Rhofade®) Obsolete: Removed Finacea Foam.**	ivermectin cream (generic for Soolantra®)
		MetroCream®
		MetroGel®
		metronidazole lotion (generic for MetroLotion®)
		Mirvaso® Gel
		oxymetazoline cream (generic for Rhofade®)
		Rhofade® Cream
		Rosadan® Kit
		Soolantra™ Cream

North Carolina Division of Health Benefits

North Carolina Medicaid Preferred Drug List (PDL)

Effective Date January 1, 2027

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STEROIDS

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®)
DermaSmoothe® FS Scalp and Body Oil	Capex® Shampoo
hydrocortisone ~~cream~~ / lotion / ointment (generic for Hytone®)	desonide lotion (generic for DesOwen® Lotion)
Reconciliation: Added Hydravex™ Gel to non-preferred **Obsolete: Removed hydrocortisone cream**	fluocinolone body / scalp oil (generic for DermaSmoothe® FS)
	Hydravex™ Gel
	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®)	clocortolone cream (generic for Cloderm®)
	fluocinolone cream / ointment / solution (generic for Synalar®)
Removed hydrocortisone cream prednicarbate cream	flurandrenolide lotion / ointment (generic for Cordran®)
	fluticasone lotion (generic for Cutivate® Lotion)
	hydrocortisone butyrate cream / lipid cream / lotion / ointment / solution (generic for Locoid®)
	hydrocortisone valerate cream / ointment (generic for Westcort®)
	Pandel® Cream
	prednicarbate ~~cream~~ / ointment (generic for Dermatop®)
	Synalar® Cream / Ointment / Kit / Solution / TS Kit

High Potency

Preferred	Non-Preferred
betamethasone valerate cream / ointment (generic for Valisone®)	amcinonide cream (generic for Cyclocort®)
fluocinonide cream / gel / ointment / solution (generic for Lidex®)	betamethasone dipropionate augmented cream / gel / lotion / ointment (generic for Diprolene®)
triamcinolone acetonide cream / lotion / ointment (generic for Kenalog®)	betamethasone dipropionate cream / lotion / ointment (generic for Diprosone®)
	betamethasone valerate foam / lotion (generic for Valisone®)
	desoximetasone cream / gel / ointment / spray (generic for Topicort®)
	diflorasone cream / ointment (generic for Florone®)
	Diprolene® Ointment
	fluocinonide emollient cream (generic for Lidex® E)
	halcinonide cream (generic for Halog®)
	halcinonide solution (generic for Halog®)
	Halog® Cream / Solution
	Kenalog® Spray
	Topicort® Cream / Gel / Ointment / Spray
	triamcinolone spray (generic for Kenalog®)

Very High Potency

Preferred	Non-Preferred
clobetasol cream / emollient cream / gel / ointment (generic for Temovate®)	ApexiCon® E Cream
clobetasol shampoo (generic for Clobex®)	clobetasol foam / emollient foam / emulsion foam (generic for Olux® / Olux-E®)
clobetasol solution (generic for Cormax®)	clobetasol lotion / spray (generic for Clobex®)
halobetasol propionate cream / ointment (generic for Ultravate®)	Clobex® Shampoo / Spray
Obsolete: Removed Olux® Foam	Clodan® Kit / Shampoo
	halobetasol propionate Lotion (generic for Ultravate®)
	halobetasol propionate foam (generic for Lexette®)
	Lexette® Foam
	~~Olux® Foam~~
	Tovet™ Foam / Foam Kit
	Ultravate® Lotion

MISCELLANEOUS

UTERINE DISORDER TREATMENTS

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

Preferred	Non-Preferred
Oriahnn® Capsule	
Orilissa® Tablet	
Myfembree® Tablet	

UREA CYCLE DISORDER TREATMENTS

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
Buphenyl® Tablet / Powder	carglumic acid tablet for oral suspension (generic for Carbaglu®)
Carbaglu® Tablet for oral suspension	glycerol phenylbutyrate oral liquid (generic for Ravicti®) **T/F of preferred drug is not required for Urea cycle disorder**
	Olpruva™ Suspension
	Pheburane® Oral Pellets
	Ravicti® Liquid **T/F of preferred drug is not required for Urea cycle disorder**
	sodium phenylbutyrate tablet / powder (generic for Buphenyl®)

WEIGHT MANAGEMENT AGENTS

GLP-1 Receptor Agonists indicated for the treatment of obesity (Incretin Mimemetics)

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
Wegovy® Pen / HD Pen / Tablet	liraglutide pen (generic for Saxenda®)
Foundayo™ Tablet	Saxenda® Pen
Zepbound® Pen / Vial / Kwikpen	

Weight Management (Non-Incretin Mimetics)

Preferred	Non-Preferred
diethylpropion tablet / ER tablet	benzphetamine tablet
phendimetrazine tablet / ER capsule	orlistat capsule (generic for Xenical®)
phentermine tablet / capsule	phentermine-topiramate capsule (generic for Qsymia®)
	Xenical® Capsule

IMMUNOMODULATORS, ASTHMA

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
Fasenra® Pen / Syringe	Cinqair® Vial
Tezspire® Pen / Syringe	Exdensur Syringe
Xolair® Autoinjector / Syringe / Vial	Nucala® Syringe / Vial / Autoinjector

IMMUNOMODULATORS, Atopic Dermatitis

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

Clinical criteria apply to all drugs in this class

Preferred	Non-Preferred
Adbry® Syringe / Autoinjector	Anzupgo® Cream
Dupixent® Pen / Syringe	Cibinqo™ Tablet
Ebglyss™ Syringe / Pen	Nemluvio® Pen
Eucrisa® Ointment	Opzelura™ Cream
pimecrolimus cream (generic for Elidel®)	Zoryve® Cream
tacrolimus ointment (generic for Protopic®)	

North Carolina Division of Health Benefits

North Carolina Medicaid Preferred Drug List (PDL)

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T/F criteria, clinical criteria (indicated in **RED**) may also apply. **New to market products typically default to Non-Preferred status until reviewed by the PDL Panel. These drugs are listed as TO BE REVIEWED**. For drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at: **https://mes.medicaid.ncdhhs.gov/ then click on the Pharmacy Benefit Administrator tile.**
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ANTIPSORIATICS, ORAL

Preferred	Non-Preferred
acitretin (generic for Soriatane®)	methoxsalen rapid (generic for Oxsoralen-Ultra®)

EPINEPHRINE, SELF ADMINISTERED

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

Quantity limits apply to all drugs in this class

Preferred	Non-Preferred
Auvi-Q® Auto Injector	
epinephrine auto injector (generic for Epi-Pen® / Epi-Pen® Jr / Adrenaclick®)	
Epi-Pen® Auto Injector / Jr. Auto Injector	
Neffy® Nasal Spray	

ESTROGEN AGENTS, COMBINATIONS

Preferred	Non-Preferred
Activella® Tablet	Abigale™ Tablet / Lo Tablet
~~Amabelz™ Tablet~~ — Obsolete: Removed Amabelz™ Tablet	Bijuva® Capsule
estradiol/norethindrone tablet (generic for Activella®)	
Fyavolv™ Tablet	
Jinteli® Tablet (branded generic for FemHRT®)	
Mimvey® Tablet / Lo Tablet (branded generic for Activella®)	
norethindrone-ethinyl estradiol tbblet (generic for FemHRT®)	
Prempahse® Tablet	
Prempro® Tablet	

ORAL / TRANSDERMAL ESTROGEN AGENTS AND OTHER

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

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®)	Dotti™ Patch
Evamist® Spray — Obsolete: Removed Estrace® Tablet	Duavee® Tablet
Lynkuet® Capsule	Elestrin® Gel
Menest® Tablet	~~Estrace® Tablet~~
Premarin® Tablet	estradiol gel packet (generic for Divigel®)
	Estradiol Gel Pump
	Lyllana™ Patch
	Menostar® Patch
	Minivelle® Patch
	Osphena® Tablet
	Vcozah™ Tablet
	Vivelle-Dot® Patch

ESTROGEN AGENTS, VAGINAL PREPARATIONS

Preferred	Non-Preferred
estradiol vaginal cream (generic for Estrace®)	Estrace® Cream
Estring® Vaginal Ring	estradiol tablet (generic for Vagifem®)
Premarin® Vaginal Cream	Femring® Vaginal Ring
Vagifem® Vaginal Tablet	Imvexxy® Vaginal Inserts
	Yuvafem® Vaginal Tablet

GLUCOCORTICOID STEROIDS, ORAL

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

Preferred	Non-Preferred
budesonide EC capsule (generic for Entocort® EC)	Alkindi® Sprinkle Capsule
dexamethasone elixir / tablet (generic for Decadron®)	Agamree® Suspension
dexamethasone solution (generic for Concedix®)	Cortef® Tablet
Emflaza® Tablet / Suspension - **Clinical criteria apply**	cortisone tablet (generic for Patisone®)
hydrocortisone tablet	deflazacort suspension (generic for Emflaza®) - **Clinical criteria apply.**
methylprednisolone 4mg dose pack / tablet (generic for Medrol®)	deflazacort tablet (generic for Emflaza®) - **Clinical criteria apply**
prednisolone sodium phosphate solution (generic for PediaPred®, OraPred®, Veripred®)	dexamethasone tablet dose pack / Intensol® Drops
prednisolone solution (generic for Prelone®, Millipred®) — NTM: Added Kymbee™ Suspension (generic for Emflaza®) to non-preferred	Dexlyt® Tablet
prednisone dose pack (generic for Sterapred®) — Removed: Rayos® Tablet	Eohilia® Suspension-**T/F of preferred agents not required for diagnosis of eosinophilic esophagitis**
prednisone solution / tablet (generic for Deltasone®)	Hemady™ Tablet
	Jaythari Tablet / Suspension (branded generic for Emflaza®) - **Clinical criteria apply**
	Khindivi™ Solution
	Kymbee™ Tablet / Suspension (generic for Emflaza®)
	Medrol® Dose Pack / Tablet
	methylprednisolone 8mg / 16mg / 32mg tablet (generic for Medrol®)
	Millipred® Dosc Pack / Tablet
	prednisolone ODT (generic for Orapred® ODT)
	prednisolone tablet
	prednisone Intensol®
	prednisone tablet DR (generic for Rayos®)
	Pyquvi™ Suspension (generic for Emflaza®) - **Clinical criteria apply.**
	~~Rayos® Tablet~~
	Taperdex® Tablet
	Tarpeyo™ Capsule - **T/F of preferred agents not required for diagnosis of IgA nephropathy**

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CYTOKINE AND CAM ANTAGONISTS

Plans may not apply additional utilization management or prior authorization criteria to this category
Clinical criteria apply to all drugs in this class
T/F of only one Preferred drug required

Preferred	Non-Preferred
adalimumab-adbm Pen/~~Psoriasis UV Pen/Crohn's Pen~~/Syringe (biosimilar to Humira®)	Abrilada™ Pen / Syringe (biosimilar to Humira®)
Enbrel® Mini Cartridge / Sureclick® Syringe / Syringe / Vial	Actemra® ACTPen™ / Syringe / Vial
Hadlima™ Syringe / PushTouch (biosimilar to Humira®)	adalimumab-aaef pen / Psoriasis-UV pen / Crohn's pen / syringe (biosimilar to Humira®)
infliximab vial (biosimilar to Remicade®)	adalimumab-aaty autoinjector / syringe (biosimilar to Humira®)
Otezla® Starter Pack / Tablet	adalimumab-adaz pen / syringe (biosimilar to Humira®)
Pyzchiva® Syringe / Vial (biosimilar to Stelara®)	adalimumab-adbm pen / syringe (biosimilar to Humira®, Cyltezo™)
Starjemza Vial / Syringe (biosimilar to Stelara®)	adalimumab-fkjp pen / syringe (biosimilar to Humira®)
Taltz® Autoinjector / Syringe	adalimumab-ryvk autoinjector / syringe (biosimilar to Humira®)
Tyenne® Autoinjector / Syringe / Vial (biosimilar to Actemra®)	Amjevita™ Syringe / Autoinjector (biosimilar to Humira®)
Xeljanz® Tablet	Arcalyst® SQ Syringe
	Avsola® Vial (biosimilar to Remicade®)
	Avtozma® Vial / Autoinjector / Syringe (biosimilar to Actemra®)
NTM: Added tofacitinib tablet / ER tablet/ solution (generic for Xeljanz®) to non-preferred Reconciliation: Added Humira® Crohn's-UC-HS Pen, Humira Psor-UV-ADOL HS Pen, and Simlandi® Syringe (biosimilar to Humira®) to non-preferred Removed: adalimumab-adbm Psoriasis-UV Pen and Crohn's Pen, Cyltezo™ Psoriasis-UV Pen, Crohn's-UC-HS Pen / Psoriasis Pen, Humira® Crohn's Starter Pack / Ped. Crohn's Starter Pack, Psoriasis Starter Pack, Idacio® Syringe, Simlandi® Kit, and Tremfya® Pen Induction PK -Crohn	Bimzelx® Autoinjector / Syringe
	Cimzia® Starter Kit / Syringe Kit / Vial Kit
	Cosentyx® Sensoready® 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®)
	Enspryng™ Syringe
	Entyvio® Pen / Vial
	Hulio™ Pen / Syringe (biosimilar to Humira®)
	Humira® ~~Crohn's Starter Pack / Ped. Crohn's Starter Pack /~~Crohn's-UC-HS Pen/ Pen / Psor-UV-ADOL HS 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®)
	Icotyde™ Tablet
	Idacio® Pen / Psoriasis Pen / Crohn's-UC Pen / ~~Syringe~~ (biosimilar to Humira®)
	Ilaris® Vial
	Ilumya® Syringe
	Imuldosa™ syringe / vial (biosimilar to Stelara®)
	Inflectra™ Vial (biosimilar to Remicade®)
	Kevzara® Syringe / Pen
	Kineret® Syringe - **T/F of preferred agents not required for diagnosis of Neonatal Onset Multi-System Inflammatory Disease**
	Olumiant® Tablet
	Omvoh™ Syringe / Pen / Vial
	Orencia® Clickjet® / Syringe / Vial
	Otezla® XR Initiation Pack / Tablet
	Otulfi® Syringe / Vial (biosimilar to Stelara®)
	Remicade® Vial
	Renflexis™ Vial (biosimilar to Remicade®)
	Rinvoq® LQ Solution / ER Tablet
	Selarsdi™ Vial / Syringe (biosimilar to Stelara®)
	Simlandi® Autoinjector/~~kit~~ Syringe (biosimilar to Humira®)
	Simponi® Pen / Syringe / Aria® Vial
	Skyrizi® On-Body / Vial / Pen / Syringe
	Sotyktu® Tablet
	Spevigo® Vial / Syringe
	Stelara® Syringe / Vial **T/F of preferred ustekinumab product is required**
	Steqeyma® Vial / Syringe (biosimilar to Stelara®)
	tofacitinib tablet / ER tablet/ solution (generic for Xeljanz®)
	Tofidence™ Vial (biosimilar to Actemra®)
	Tremfya® Syringe / Injector/ Vial /~~Pen Induction PK-Crohn~~
	Uplizna® Vial
	ustekinumab vial / syringe (biosimilar to Stelara®)
	ustekinumab-aauz syringe (biosimilar for Stelara®)
	ustekinumab-ackn syringe (biosimilar to Stelara®)
	ustekinumab-ttwe vial / syringe (biosimilar to Stelara®)
	Velsipity® Tablet
	Xeljanz® Solution / XR Tablet
	Yesintek™ Syringe / Vial (biosimilar to Stelara®)
	Yuflyma® Syringe / Autoinjector / Crohn's-UC-HS Autoinjector (biosimilar to Humira®)
	Yusimry™ Pen (biosimilar to Humira®)
	Zymfentra™ Pen / Syringe

IMMUNOSUPPRESSANTS

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

Reconciliation: Added tacrolimus XL capsule (generic for Astagraf® XL) as preferred
Removed: Rapamune® Tablet and Sandimmune® Solution

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	Xenazine® Tablet
Austedo® XR Tablet / Titration Kit	
Ingrezza® Sprinkle Capsules	
Ingrezza® Capsule / Initiation Pack	
tetrabenazine tablet	

HEREDITARY ANGIOEDEMA (HAE) PROPHYLAXIS AGENTS

Plans may not apply additional utilization management or prior authorization criteria to this category
Clinical criteria apply to all drugs in this class

Preferred	Non-Preferred
Haegarda® Vial	Cinryze® Vial
Orladeyo® Capsule	Dawnzera™ Autoinjector
Takhzyro® Vial	Orladeyo® Pellet Pack
	Takhzyro® Syringe

North Carolina Division of Health Benefits

North Carolina Medicaid Preferred Drug List (PDL)

Effective Date January 1, 2027

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**

HEREDITARY ANGIOEDEMA (HAE) TREATMENT AGENTS

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

Clinical criteria apply to all drugs in this class

Preferred	Non-Preferred
Berinert® Vial / Kit	Ekterly® Tablet
icatibant syringe (generic for Firazyr®)	Andembry® Autoinjector
Kalbitor® Vial	Firazyr® Syringe
Sajazir™ Syringe (branded generic for Firazyr®)	Ruconest® Vial

OPIOID ANTAGONISTS

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

Preferred	Non-Preferred
Kloxxado™ Nasal Spray	
LifeMS™ Syringe Kit	
naloxone nasal spray (OTC)	
naloxone syringe / spray / vial (generic for Narcan®)	
naltrexone tablet	
Narcan® Nasal Spray (OTC)	
Opvee® Nasal Spray	
Rextovy™ Nasal Spray	
Vivitrol® Vial / Diluent	
~~Zimhi™ Syringe~~	
Zurnai™ Injection	

Removed: Rapamune® Zimhi™ Syringe

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 (generic for Lucemyra®) **T/F of preferred agents not required for diagnosis of opioid withdrawal**
buprenorphine SL tablet (generic for Subutex®)	Lucemyra® Tablet - **T/F of preferred agents not required for diagnosis of opioid withdrawal**
Suboxone® SL Film	Zubsolv® SL Tablet
Sublocade® Syringe	

POTASSIUM BINDERS

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

Preferred	Non-Preferred
Lokelma® Powder	Lokelma® Unit Dose
SPS® Suspension	Kionex® Suspension
sodium polystyrene sulfonate powder (generic for Kionex®, SPS® Suspension)	Veltassa® Powder

SKELETAL MUSCLE RELAXANTS

Preferred	Non-Preferred
baclofen tablet (generic for Lioresal®)	Amrix® ER Capsule
cyclobenzaprine tablet (generic for Flexeril®)	Atmeksi® Suspension
methocarbamol tablet (generic for Robaxin®)	baclofen oral solution
tizanidine tablet (generic for Zanaflex®)	baclofen suspension (generic for Fleqsuvy™)
	chlorzoxazone tablet (generic for Parafon Forte®)
	cyclobenzaprine ER capsule (generic for Amrix® ER)
	Dantrium® Capsule / Vial
	dantrolene sodium capsule (generic for Dantrium®)
	Fexmid® Tablet
	Fleqsuvy™ Suspension
	Lorzone® Tablet
	Lyvispah® Granule Packet
	metaxalone tablet (generic for Skelaxin®)
	Norgesic™ Tablet / Forte Tablet
	Ontralfy℠ Solution
	orphenadrine / aspirin / caffeine tablet (generic for Norgesic™)
	orphenadrine citrate tablet / vial (generic for Norflex®)
	Orphengesic® Forte Tablet
	Ozobax DS® Solution
	Ozobax® Solution
	Robaxin® Vial
	Tanlor® Tablet
	tizanidine capsules (generic for Zanaflex®)
	Zanaflex® Capsule / Tablet

DISPOSABLE INSULIN DELIVERY DEVICES

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

Preferred	Non-Preferred
CeQur Simplicity™	
CeQur Simplicity™ Inserter	
Ilet Infusion Kit	
Ilet Starter Kit	
Omnipod 5® G6/G7 Intro Kit/Pods (GEN5), FSL2 G6 Intro Kit/Pods	
Omnipod DASH® Pods / Intro Kit	
Omnipod GO™ Pods	
Twist℠ Starter Kit / Refill Kit	

Reconciliation: Added Twist℠ Starter Kit / Refill Kit to preferred

DIABETIC CONTINUOUS GLUCOSE MONITOR (CGM) SUPPLIES

CGM 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	

CGM SENSORS

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

Clinical criteria apply to all items in this class

Preferred	Non-Preferred
Freestyle Libre™ 2 Sensor	Freestyle Libre™ 14 day Sensor
Freestyle Libre™ 2 Plus Sensor	
Freestyle Libre™ 3 Sensor	
Freestyle Libre™ 3 Plus Sensor	
Dexcom G6 Sensor	
Dexcom G7 Sensor (10 day sensor and 15 day sensor)	

DIABETIC SUPPLIES

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

N.C. Medicaid only covers, at point of sale, the designated preferred products listed below for blood glucose meters, diabetic test strips, control solutions, lancets, and lancing devices for Medicaid-primary recipients (dually eligible and third-party recipients are not affected). These products are covered under the Outpatient Pharmacy Program and can be submitted to the pharmacy point-of-sale system with a prescription. Diabetic supplies, including other brands, can also be submitted under Durable Medical Equipment using the NDC and HCPCS code. Beneficiaries are allowed 1 covered meter every 2 years (730 days). For questions or assistance regarding diabetic supplies for Medicaid Direct members, please call the 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
ACCU-CHEK® Guide Me Retail Care Kit * **(see above for billing)**	ACCU-CHEK® Fastclix Lancing Device Kit
Test Strips	**Control Solutions**
ACCU-CHEK® Aviva Plus 50 ct Test Strips	ACCU-CHEK® Aviva Glucose Control Solution (2 levels)
ACCU-CHEK® Smartview 50 ct Test Strips	ACCU-CHEK® SmartView Glucose Control Solution (1 level)
ACCU-CHEK® Guide 50 ct Test Strips	ACCU-CHEK® Guide Glucose Control Solution (2-levels)
ACCU-CHEK® Guide 100 ct Test Strips	
Lancets	
ACCU-CHEK® Softclix 100 ct Lancets	
ACCU-CHEK® Fastclix 102 ct Lancets	