

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

**DRAFT April 2025 PDL Panel Meeting**

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

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

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

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

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

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

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

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

**ALZHEIMER'S AGENTS**

**Preferred**

**Non-Preferred**

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

**ANALGESICS**

**OPIOID ANALGESICS**

**Long Acting Opioids**

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

**Preferred**

**Non-Preferred**

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

**Orally Disintegrating / Oral Spray Schedule II Opioids**

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

**Preferred**

**Non-Preferred**

Actiq® Lozenge	Dsuvia™ SL Tablet
	fentanyl citrate buccal tablet (generic for Fentora®)
	fentanyl citrate lozenge (generic for Actiq®)
	Fentora® Buccal Tablet

**Open class-No recommendations**

**Short Acting Schedule II Opioids**

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

**Preferred**

**Non-Preferred**

Endocet® Tablet (branded generic for Percocet®)	codeine sulfate tablet
hydrocodone-acetaminophen solution / tablet (generic for Hycet®, Lorecet®, Lortab®, Norco®, Vicodin®)	Dilaudid® Liquid / Tablet
hydrocodone-ibuprofen tablet (generic for Ibudone®, Reprexain®, Vicoprofen®)	hydromorphone solution / suppository (generic for Dilaudid®)
hydromorphone tablet (generic for Dilaudid®)	levorphanol tablet (generic for Levo-Dromoran®)
morphine solution / tablet (generic for MSIR®)	meperidine solution / tablet (generic for Demerol®)
oxycodone solution / tablet (generic for Roxicodone®)	morphine oral syringe
oxycodone-acetaminophen capsules (generic for Tylox®)	morphine suppositories (generic for Roxanol®)
oxycodone-acetaminophen tablets (generic for Percocet®)	Nalocet® Tablet
	Nucynta® 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

**Open class-No recommendations**

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

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

Preferred	Non-Preferred
codeine-acetaminophen solution / tablet (generic for Tylenol with Codeine <sup>®</sup> )	Ascomp <sup>®</sup> Capsule (branded generic for Fiorinal with Codeine <sup>®</sup> )
tramadol tablet (generic for Ultram <sup>®</sup> )	butalbital compound with codeine capsule (generic for Fiorinal with Codeine <sup>®</sup> )
tramadol-acetaminophen tablet (generic for Ultracet <sup>®</sup> )	butalbital-caffeine-APAP with codeine tablet (generic for Fioricet with Codeine <sup>®</sup> )
	butorphanol spray (generic for Stadol <sup>®</sup> )
	dihydrocodeine-acetaminophen-caffeine tablet (generic for Panlor SS <sup>®</sup> )
	Fioricet with Codeine <sup>®</sup> Capsule
	pentazocine-naloxone tablet (generic for Talwin NX <sup>®</sup> )
	<del>Qdolo<sup>™</sup> Solution</del>
	Seglentis <sup>®</sup> Tablet
	tramadol solution (generic for Qdolo <sup>™</sup> )
	tramadol tablet (25 mg)
	<b>tramadol tablet (75 mg)</b>
	NSAIDS

**NTM: Added tramadol (75mg) to non-preferred  
Obsolete: Removed Qdolo<sup>™</sup> Solution**

Preferred	Non-Preferred
celecoxib capsule (generic for Celebrex <sup>®</sup> )	Arthroce <sup>®</sup> Tablet
ibuprofen suspension / tablet (generic for Motrin <sup>®</sup> )	Celebrex <sup>®</sup> Capsule
indomethacin capsule (generic for Indocin <sup>®</sup> )	Daypro <sup>®</sup> Caplet
ketorolac tablet (generic for Toradol <sup>®</sup> )	diclofenac potassium capsule (generic for Zipsor <sup>®</sup> )
meloxicam tablet (generic for Mobic <sup>®</sup> )	diclofenac potassium tablet (generic for Cataflam <sup>®</sup> )
naproxen EC / DR tablet (generic for Naprosyn <sup>®</sup> EC)	diclofenac sodium tablet / ER tablet (generic for Voltaren <sup>®</sup> / XR)
naproxen tablet (generic for Naprosyn <sup>®</sup> )	diclofenac sodium-misoprostol tablet (generic for Arthroce <sup>®</sup> )
naproxen sodium tablet (generic for Anaprox <sup>®</sup> )	diflunisal tablet (generic for Dolobid <sup>®</sup> )
sulindac tablet (generic for Clinoril <sup>®</sup> )	Dolobid tablet
	Duexis <sup>®</sup> Tablet - <b>T/F of only celecoxib required</b>
	etodolac capsule / tablet / ER tablet (generic for Lodine <sup>®</sup> / XL)
	Feldene <sup>®</sup> Capsule
	fenoprofen capsule / tablet (generic for Nalfon <sup>®</sup> )
	flurbiprofen tablet (generic for Ansaid <sup>®</sup> )
	ibuprofen / famotidine tablet (generic for Duexis <sup>®</sup> ) - <b>T/F of only celecoxib required</b>
	indomethacin ER capsule (generic for Indocin SR <sup>®</sup> )
	indomethacin suppository
	ketoprofen capsule (generic for Orudis <sup>®</sup> )
	ketoprofen ER capsule (generic for Oruvail <sup>®</sup> )
	<del>ketorolac tromethamine nasal spray (generic for Sprix<sup>®</sup>)</del>
	Kiprofen <sup>™</sup> (ketoprofen) Capsule (branded generic for Orudis <sup>®</sup> )
	Lofena <sup>™</sup> Tablet
	meclizolam capsule (generic for Meclomen <sup>®</sup> )
	mefenamic acid capsule (generic for Ponstel <sup>®</sup> )
	meloxicam capsule (generic for Vivlodex <sup>®</sup> )
	nabumetone tablet (generic for Relafen <sup>®</sup> )
	Nalfon <sup>®</sup> Capsule / Tablet
	Naprelan <sup>®</sup> Tablet
	Naprosyn <sup>®</sup> Suspension
	naproxen sodium ER tablet (generic for Naprelan <sup>®</sup> )
	naproxen suspension (generic for Naprosyn <sup>®</sup> )
	naproxen-esomeprazole tablet (generic for Vimovo <sup>®</sup> ) - <b>T/F of only celecoxib required</b>
	oxaprozin tablet (generic for DayPro <sup>®</sup> )
	piroxicam capsule (generic for Feldene <sup>®</sup> )
	Relafen <sup>™</sup> DS Tablet
	Tolectin <sup>®</sup> (tolmetin) Tablet
	tolmetin tablet / capsule (generic for Tolectin <sup>®</sup> / DS)
	Vimovo <sup>®</sup> Tablet - <b>T/F of only celecoxib required</b>
	NEUROPATHIC PAIN

**Obsolete: Removed ketorolac tromethamine nasal spray (generic for Sprix<sup>®</sup>)**

**ANTICONVULSANTS**

**CARBAMAZEPINE DERIVATIVES**

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

Preferred	Non-Preferred
Aptiom <sup>®</sup> Tablet	carbamazepine ER capsule (generic for Carbatrol <sup>®</sup> )

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carbamazepine tablet / suspension / chewable tablet / XR tablet (generic for Tegretol® / XR)	Carbatrol® Capsule
Equetro® Capsule	Epitol® Tablet
oxcarbazepine suspension / tablet (generic for Trileptal®)	Oxcarbazepine ER (generic for Oxtellar® XR)
Oxtellar® XR Tablet	Trileptal® Tablet
Tegretol® Suspension / Tablet / XR Tablet	
Trileptal® Suspension	

**FIRST GENERATION**

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

Preferred	Non-Preferred
Celontin® Kapsaal	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 Zaronin®)	methsuximide capsule (generic for Celontin®)
felbamate suspension (generic for Felbatol®)	Mysoline® Tablet
Felbatol® Suspension / Tablet	Sezaby® Vial
phenobarbital tablet / elixir / solution	Zaronin® Capsule / 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®)	

**SECOND GENERATION**

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

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

**Moved Brand Banzel® Tablet from preferred to Non-preferred**  
**Moved generic rufinamide tablet from Non-preferred to Preferred**

**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 / XR tablet (generic for Augmentin® / XR)	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	cefepodoxime suspension / tablet (generic for Vantin®)
cefadroxil capsule / suspension (generic for Duricef®)	
cefdinir capsule / suspension (generic for Omnicel®)	
cefixime capsule / suspension (generic for Suprax®)	
cefprozil suspension / tablet (generic for Cefzil®)	
cefuroxime tablet (generic for Ceftin®)	
cephalexin capsule / suspension / tablet (generic for Keflex®)	
dicloxacillin capsule	
nafcillin injection / vial	
oxacillin injection / vial	
penicillin G injection / vial	
penicillin V suspension / tablet	

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piperacillin - tazobactam injection / vial	
Pfizerpen <sup>®</sup> injection / vial	
Unasyn <sup>®</sup> injection / vial	
Zosyn <sup>®</sup> injection / vial	
<b>Lincosamides and Oxazolidinones</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
clindamycin capsules / solution (generic for Cleocin <sup>®</sup> )	Cleocin <sup>®</sup> Capsules / Vial
linezolid suspension (oral) / tablet (generic for Zyvox <sup>®</sup> )	Cleocin <sup>®</sup> Pediatric Solution
	clindamycin injection (generic for Cleocin <sup>®</sup> )
	Lineocin <sup>®</sup> Vial
	lincomycin vial (generic for Lineocin <sup>®</sup> )
	linezolid IV solution (generic for Zyvox <sup>®</sup> )
	Sivextro <sup>®</sup> Tablet / Vial
	Zyvox <sup>®</sup> Tablet / IV Solution / Suspension
<b>Macrolides and Ketolides</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
azithromycin powder packet / suspension / tablet (generic for Zithromax <sup>®</sup> )	clarithromycin ER tablet (generic for Biaxin XL <sup>®</sup> )
clarithromycin suspension / tablet (generic for Biaxin <sup>®</sup> )	Eryped <sup>®</sup> 200/400 Suspension
E.E.S. <sup>®</sup> Filmtab / Suspension	Ery-Tab <sup>®</sup> Tablet
Erythrocin <sup>®</sup> Filmtab	Zithromax <sup>®</sup> Powder Packet / Suspension / Tablet / Tri-Pak / Z-Pak
erythromycin ES 200 mg and 400 mg suspension (generic for E.E.S. <sup>®</sup> Suspension, Eryped <sup>®</sup> )	<b>Open class-No recommendations</b>
erythromycin EC capsule (generic for Eryc <sup>®</sup> )	
erythromycin filmtab	
erythromycin ES tablet (generic for E.E.S. <sup>®</sup> Filmtab)	
<b>Nitroimidazoles (Gastrointestinal Antibiotics)</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
metronidazole tablet (generic for Flagyl <sup>®</sup> )	Aemcolo <sup>®</sup> DR Tablet
vancomycin capsule (generic for Vancocin <sup>®</sup> )	Difcid <sup>®</sup> Suspension / Tablet - <b>T/F of only vancomycin is required for treatment of Clostridium difficile</b>
vancomycin oral solution (generic for Firvang <sup>®</sup> )	Firvang <sup>®</sup> Solution
	Flagyl <sup>®</sup> Capsule
	Likmez <sup>™</sup> Suspension
	metronidazole capsule (generic for Flagyl <sup>®</sup> )
	neomycin tablet (generic for Mycifradin <sup>®</sup> )
	nitazoxanide tablet (generic for Alinia <sup>®</sup> Tablet)
	paromomycin capsule (generic for Humatin <sup>®</sup> )
	Solosec <sup>™</sup> Granules
	tinidazole tablet (generic for Tindamax <sup>®</sup> )
	Vancocin <sup>®</sup> Capsule
	Vovst <sup>™</sup> Capsule - <b>Clinical criteria apply</b>
	Xifaxan <sup>®</sup> Tablet - <b>T/F of preferred agents not required for diagnosis of Hepatic Encephalopathy</b>
<b>Quinolones</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
Cipro <sup>®</sup> Suspension	Baxdela <sup>™</sup> Tablet
ciprofloxacin tablet (generic for Cipro <sup>®</sup> )	Cipro <sup>®</sup> Tablet
levofloxacin tablet (generic for Levaquin <sup>®</sup> )	ciprofloxacin suspension (generic for Cipro <sup>®</sup> )
moxifloxacin tablet (generic for Avelox <sup>®</sup> )	levofloxacin solution (generic for Levaquin <sup>®</sup> )
	ofloxacin tablet (generic for Floxin <sup>®</sup> )
<b>Open class-No recommendations</b>	
<b>Tetracycline Derivatives</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
doxycycline hyclate capsule / tablet (generic for Vibramycin <sup>®</sup> , Vibra-Tab <sup>™</sup> )	demeclocycline tablet (generic for Declomycin <sup>®</sup> )
doxycycline monohydrate 50mg, 100mg capsule (generic for Monodox <sup>®</sup> )	Doryx <sup>®</sup> DR / MPC Tablet
minocycline 50mg, 75mg, 100mg capsule (generic for Minocin <sup>®</sup> )	doxycycline hyclate DR tablet (generic for Doryx <sup>®</sup> DR)
	doxycycline monohydrate 75mg, 150mg capsule (generic for Monodox <sup>®</sup> , Adoxa <sup>®</sup> )
	doxycycline monohydrate 40mg IR-DR capsule (generic for Oracea <sup>®</sup> )
	doxycycline monohydrate 50mg, 75mg, 100mg, 150mg tablet
	doxycycline suspension (generic for Vibramycin <sup>®</sup> ) - <b>T/F of preferred agents not required for patients &lt; 12 years of age</b>
	Lymepak <sup>™</sup> Tablet
<b>Obsolete: Removed Vibramycin<sup>®</sup> Capsule</b>	minocycline ER tablet (generic for Solodyn <sup>®</sup> ER) <b>Clinical justification and failure of doxycycline and minocycline required. Limited to a 12 week supply.</b>
	minocycline 50mg, 75mg, 100mg tablet
	Minolira <sup>™</sup> ER Tablet
	Morgidox <sup>™</sup> Capsule / Kit
	Nuzyra <sup>™</sup> Tablet
	Solodyn <sup>®</sup> ER Tablet - <b>Clinical justification and failure of doxycycline and minocycline required. Limited to a 12 week supply.</b>
	tetracycline capsule (generic for Sumycin <sup>®</sup> )
	tetracycline tablet (generic for Sumycin <sup>®</sup> / Panmycin <sup>®</sup> )
	<del>Vibramycin<sup>®</sup> Capsule</del>
<b>Antifungals</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
clotrimazole troche / lozenge (generic for Mycelex <sup>®</sup> Troche)	Ancobon <sup>®</sup> Capsule
fluconazole suspension / tablet (generic for Diflucan <sup>®</sup> )	Brexafemme <sup>®</sup> Tablet

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griseofulvin suspension (generic for Grifulvin V <sup>®</sup> )	Cresamba <sup>®</sup> Capsule
griseofulvin ultra tablet (generic for Gris-Peg <sup>®</sup> )	Diffucan <sup>®</sup> Suspension / Tablet
nystatin suspension (generic for Nilstat <sup>®</sup> )	flucytosine capsule (generic for Ancobon <sup>®</sup> )
nystatin tablet (generic for Mycostatin <sup>®</sup> )	griseofulvin micro tablets (generic for Grifulvin V <sup>®</sup> )
terbinafine tablet (generic for Lamisil <sup>®</sup> )	itraconazole capsule / solution (generic for Sporanox <sup>®</sup> )
	ketoconazole tablet (generic for Nizoral <sup>®</sup> )
	Noxafil <sup>®</sup> Suspension / Tablet / DR Suspension Packet
	Oravig <sup>®</sup> Buccal Tablet
	posaconazole tablet / suspension (generic for Noxafil <sup>®</sup> )
	Sporanox <sup>®</sup> Capsule / Solution
	Tolsura <sup>™</sup> Capsule
	Vfend <sup>®</sup> Suspension / Tablet
	Vivjoa <sup>®</sup> Capsule - <b>Clinical criteria apply</b>
	voriconazole suspension / tablet (generic for Vfend <sup>®</sup> )
<b>Antivirals (Hepatitis B Agents)</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
entecavir tablet (generic for Baraclude <sup>®</sup> )	adefovir tablet (generic for Hepsera <sup>®</sup> )
lamivudine HBV tablet (generic for Epivir <sup>®</sup> HBV)	Baraclude <sup>®</sup> Solution / Tablet
Viread <sup>®</sup> Powder / Tablet	Vemlidy <sup>®</sup> Tablet
<b>Antivirals (Hepatitis C Agents)</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
Pegasys <sup>®</sup> Syringe / Vial	
ribavirin capsule / tablet (generic for Copegus <sup>®</sup> , Rebetol <sup>®</sup> )	
<b>Clinical criteria apply to all drugs listed below</b>	
<b>Prior Approval Not Required for Mavyret<sup>®</sup> Tablet / Pellet Pack and sofosbuvir-velpatasvir tablet (generic for Epclusa<sup>®</sup>)</b>	
<b>All genotypes without cirrhosis</b>	
Mavyret <sup>®</sup> Tablet (8 weeks of therapy)	Epclusa <sup>®</sup> Pellet Pack/ Tablet
Mavyret <sup>®</sup> Pellet Pack	Harvoni <sup>®</sup> Pellet Pack / Tablet
sofosbuvir-velpatasvir tablet (generic for Epclusa <sup>®</sup> )	ledipasvir-sofosbuvir tablet (generic for Harvoni <sup>®</sup> )
	Sovaldi <sup>®</sup> Pellet Pack / Tablet
	Zepatier <sup>®</sup> Tablet
<b>All genotypes with compensated cirrhosis (Child Pugh-A)</b>	
Mavyret <sup>®</sup> Tablet (Up to 12 weeks of therapy)	
Mavyret <sup>®</sup> Pellet Pack	<b>Open class-No recommendations</b>
sofosbuvir-velpatasvir tablet (generic for Epclusa <sup>®</sup> )	
<b>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.</b>	
Vosevi <sup>™</sup> Tablet	
<b>All genotypes with decompensated cirrhosis</b>	
sofosbuvir-velpatasvir tablet (generic for Epclusa <sup>®</sup> )	
<b>Antivirals (Herpes Treatments)</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
acyclovir capsule / tablet / suspension (generic for Zovirax <sup>®</sup> )	Sitavig <sup>®</sup> Buccal Tablet
famciclovir tablet (generic for Famvir <sup>®</sup> )	Valtrex <sup>®</sup> Caplet
valacyclovir tablet (generic for Valtrex <sup>®</sup> )	
<b>Antivirals (Influenza)</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
oseltamivir phosphate capsule / suspension (generic for Tamiflu <sup>®</sup> )	amantadine tablet (generic for Symmetrel <sup>®</sup> )
rimantadine tablet (generic for Flumadine <sup>®</sup> )	Flumadine <sup>®</sup> Tablet
	Relenza <sup>®</sup> Diskhaler
<b>Open class-No recommendations</b>	Tamiflu <sup>®</sup> Capsule / Suspension
	Xofluza <sup>™</sup> Tablet - <b>T/F of only one preferred drug required</b>
<b>Antibiotics, Inhaled</b>	
<b>T/F of only one preferred drug required</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
Kitabis <sup>™</sup> Pak	Arikayce <sup>®</sup> Vial
Bethkis <sup>®</sup> Ampule	Cayston <sup>®</sup> Solution
tobramycin inhalation solution (generic for Tobin <sup>™</sup> )	tobramycin inhalation pak (generic for Kitabis <sup>™</sup> )
	Tobi <sup>™</sup> Podhaler <sup>™</sup> / Solution
	tobramycin Ampule (generic for Bethkis)
<b>BEHAVIORAL HEALTH</b>	
<b>ANTIDEPRESSANTS</b>	
<b>Other</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
bupropion tablet / SR tablet / XL tablet (generic for Wellbutrin <sup>®</sup> Tablet / SR / XL)	Aplenzin <sup>®</sup> Tablet
desvenlafaxine ER tablet (generic for Pristiq <sup>®</sup> )	Auvelity <sup>®</sup> Tablet
duloxetine capsule (generic for Cymbalta <sup>®</sup> )	Bupropion XL tablet (generic for Forfivo <sup>®</sup> XL)
Effexor <sup>®</sup> XR Capsule	Cymbalta <sup>®</sup> Capsule
mirtazapine ODT / tablet (generic for Remeron <sup>®</sup> )	desvenlafaxine ER tablet (generic for Khedezla <sup>®</sup> )
Nardil <sup>®</sup> Tablet	duloxetine capsule (generic for Irenka <sup>®</sup> )
phenelzine tablet (generic for Nardil <sup>®</sup> )	Emsam <sup>®</sup> Patch
tranylcypromine tablet (generic for Parlate <sup>®</sup> )	Fetzima <sup>®</sup> Capsule / Titration Pak
trazodone tablet (generic for Desyre <sup>™</sup> )	Forfivo <sup>®</sup> XL Tablet

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venlafaxine tablet / ER capsules (generic for Effexor <sup>®</sup> , Effexor <sup>®</sup> XR)	Marplan <sup>®</sup> Tablet
vilazodone tablet (generic for Viibryd <sup>®</sup> )	nefazodone tablet (generic for Serzone <sup>®</sup> )
	Pristiq <sup>®</sup> ER Tablet
	Remeron <sup>®</sup> Soltab <sup>™</sup> / Tablet
	Trintellix <sup>®</sup> Tablet
	venlafaxine besylate ER tablet
	venlafaxine ER tablet
	Viibryd <sup>®</sup> Tablet
	Wellbutrin <sup>®</sup> SR / XL Tablet
	Zurzuvac <sup>™</sup> Capsule
<b>Selective Serotonin Reuptake Inhibitor (SSRI)</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
citalopram solution / tablet (generic for Celexa <sup>®</sup> )	Celexa <sup>®</sup> Tablet
escitalopram tablet (generic for Lexapro <sup>®</sup> )	citalopram capsule
fluoxetine capsule / solution (generic for Prozac <sup>®</sup> )	escitalopram solution (generic for Lexapro <sup>®</sup> )
fluvoxamine tablet (generic for Luvox <sup>®</sup> )	fluoxetine DR capsules (generic for Prozac <sup>®</sup> Weekly)
paroxetine tablet (generic for Paxil <sup>®</sup> )	fluoxetine tablet (generic for Prozac <sup>®</sup> ) - <b>T/F of preferred agents not required for children &lt; 18 years of age</b>
Paxil <sup>®</sup> Suspension	fluvoxamine ER capsule (generic for Luvox CR <sup>™</sup> )
sertraline concentrated solution / tablet (generic for Zoloft <sup>®</sup> )	Lexapro <sup>®</sup> Tablet
	paroxetine capsule (generic for Brisdelle <sup>®</sup> )
	paroxetine suspension / CR tablet (generic for Paxil <sup>®</sup> / CR)
	Paxil <sup>®</sup> Tablet / CR Tablet
	Prozac <sup>®</sup> Pulvule
	sertraline capsule
	Zoloft <sup>®</sup> Solution / Tablet
<b>ANTIHYPERKINESIS / ADHD</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
Adderall <sup>®</sup> Tablet ( <b>Generic Product Per FDA</b> )	Adzenys <sup>®</sup> XR ODT
Adderall <sup>®</sup> XR Capsule	amphetamine salt combo ER capsule (generic for Mydayis <sup>®</sup> )
amphetamine salt combo tablet (generic for Adderall <sup>®</sup> )	amphetamine sulfate tablet (generic for Evekeo <sup>®</sup> )
amphetamine salt combo XR capsule (generic for Adderall <sup>®</sup> XR)	Azstarys <sup>™</sup> Capsule
Aptensio <sup>®</sup> XR Capsule	Cotempla <sup>™</sup> XR-ODT
atomoxetine capsule (generic for Strattera <sup>®</sup> )	Dexedrine <sup>®</sup> Spansule <sup>®</sup>
clonidine ER tablet (generic for Kapvay <sup>®</sup> )	dextroamphetamine ER capsule (generic for Dexedrine <sup>®</sup> Spansule <sup>®</sup> )
Concerta <sup>®</sup> Tablet	dextroamphetamine solution (generic for ProCentra <sup>®</sup> )
Daytrana <sup>®</sup> Patch	Dyanavel <sup>®</sup> XR Suspension - <b>T/F of preferred agents not required for children &lt; 12 years of age</b>
dexamethylphenidate tablet / ER capsule (generic for Focalin <sup>®</sup> / XR)	Dyanavel <sup>®</sup> XR Tablet
dextroamphetamine tablet (generic for Dexedrine <sup>®</sup> )	Evekeo <sup>®</sup> Tablet / Evekeo <sup>®</sup> ODT Tablet
Focalin <sup>®</sup> XR Capsule	Focalin <sup>®</sup> Tablet
guanfacine ER tablet (generic for Intuniv <sup>®</sup> )	Intuniv <sup>®</sup> Tablet
lisdexamfetamine chewable tablet (generic for Vyvanse <sup>®</sup> )	Jornay PM <sup>™</sup> Capsule
Methylin <sup>®</sup> Solution	lisdexamfetamine capsule (generic for Vyvanse <sup>®</sup> )
methylphenidate ER capsule (generic for Aptensio <sup>®</sup> XR)	methamphetamine tablet (generic for Desoxyn <sup>®</sup> )
methylphenidate ER tablet (generic for Concerta <sup>®</sup> )	methylphenidate CD capsule (generic for Metadate <sup>®</sup> CD)
methylphenidate tablet / solution (generic for Methylin <sup>®</sup> , Ritalin <sup>®</sup> )	methylphenidate chewable (generic for Methylin <sup>®</sup> )
Vyvanse <sup>®</sup> Capsule / Chewable Tablet	methylphenidate ER tablet (45 mg and 63 mg) (Branded Product Per FDA)
	methylphenidate LA capsule (generic for Ritalin <sup>®</sup> LA)
	methylphenidate patch (generic for Daytrana <sup>®</sup> )
	Mydayis <sup>®</sup> ER Capsule
	Onyda XR Suspension
	ProCentra <sup>®</sup> Solution
	Qelbree <sup>™</sup> Capsule
	Quillichew <sup>®</sup> ER Tablet - <b>T/F of preferred agents not required for children &lt; 12 years of age</b>
	Quillivant <sup>®</sup> XR Suspension - <b>T/F of preferred agents not required for children &lt; 12 years of age</b>
	Relexxi <sup>™</sup> ER Tablet
	Ritalin <sup>®</sup> LA Capsule
	Ritalin <sup>®</sup> Tablet
	Strattera <sup>®</sup> Capsule
	Xelstrym <sup>®</sup> Patch
	Zenzedi <sup>®</sup> Tablet
<b>INJECTABLE ANTIPSYCHOTICS</b>	
<b>Injectable Long Acting</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
Abilify Asimtufii <sup>®</sup> Syringe Kit	
Abilify Maintena <sup>®</sup> Syringe / Vial	
Aristada <sup>®</sup> / Intivo <sup>™</sup> Syringe	
<b>Erzofri<sup>®</sup> (paliperidone palmitate) extended-release injectable suspension</b>	
fluphenazine decanoate vial (generic for Prolixin decanoate <sup>®</sup> )	
Haldol <sup>®</sup> decanoate Ampule	
haloperidol decanoate ampule / vial (generic for Haldol decanoate <sup>®</sup> )	
Invega <sup>®</sup> Hafyera Prefilled Syringe Kit	
Invega <sup>®</sup> Sustenna Prefilled Syringe	
Invega <sup>®</sup> Trinza Syringe	
Perseris <sup>®</sup> Syringe	
Risperdal <sup>®</sup> Consta Vial	
risperidone ER vial (generic for Risperdal <sup>®</sup> Consta)	
Rykindo <sup>®</sup> Vial / Vial Kit	
Uzedy <sup>™</sup> Syringe Kit	

**NTM: Added Erzofri (paliperidone palmitate) extended-release injectable**



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Preferred	Non-Preferred
amlodipine-olmesartan tablet (generic for Azor <sup>®</sup> )	Azor <sup>®</sup> Tablet
amlodipine-valsartan tablet (generic for Exforge <sup>®</sup> )	Exforge <sup>®</sup> Tablet / HCT Tablet
amlodipine-valsartan-HCTZ tablet (generic for Exforge <sup>®</sup> HCT)	telmisartan-amlodipine tablet (generic for Twynsta <sup>®</sup> )
olmesartan-amlodipine-HCTZ tablet (generic for Tribenzor <sup>®</sup> )	Tribenzor <sup>®</sup> Tablet
ANGIOTENSIN II RECEPTOR BLOCKER DIURETIC COMBINATIONS	
Preferred	Non-Preferred
irbesartan-HCTZ tablet (generic for Avalide <sup>®</sup> )	Atacand <sup>®</sup> HCT Tablet
losartan-HCTZ tablet (generic for Hyzaar <sup>®</sup> )	Avalide <sup>®</sup> Tablet
olmesartan-HCTZ tablet (generic for Benicar <sup>®</sup> HCT)	Benicar <sup>®</sup> HCT Tablet
valsartan-HCTZ tablet (generic for Diovan <sup>®</sup> HCT)	candesartan-HCTZ tablet (generic for Atacand <sup>®</sup> HCT)
	Diovan <sup>®</sup> HCT Tablet
	Edarbyclor <sup>®</sup> Tablet
	Hyzaar <sup>®</sup> Tablet
	Micardis <sup>®</sup> HCT Tablet
	telmisartan-HCTZ tablet (generic for Micardis <sup>®</sup> HCT)
ANGIOTENSIN II RECEPTOR / NEPRILYSIN BLOCKER COMBINATIONS	
Preferred	Non-Preferred
Entresto <sup>®</sup> Tablet	Entresto <sup>®</sup> (sacubitril / valsartan) Sprinkle Pellet- <b>T/F of preferred agents not required for children &lt; 12 years of age</b>
<b>NTM: Added sacubitril and valsartan tablet (generic for</b>	sacubitril and valsartan tablet (generic for Entresto <sup>®</sup> )
ANTI-ARRHYTHMICS	
Preferred	Non-Preferred
amiodarone tablet (generic for Cordarone <sup>®</sup> )	Multaq <sup>®</sup> Tablet
disopyramide capsule (generic for Norpace <sup>®</sup> )	Norpace <sup>®</sup> Capsule / CR Capsule
dofetilide capsule (generic for Tikosyn <sup>®</sup> )	Pacerone <sup>®</sup> Tablet
flecainide tablet (generic for Tambocor <sup>®</sup> )	quinidine gluconate ER tablet (generic for Quinaglute DuraTabs <sup>®</sup> )
mexiletine capsule (generic for Mexitil <sup>®</sup> )	<b>Rythmol SR<sup>®</sup>-Capsule</b>
propafenone tablet (generic for Rythmol <sup>®</sup> )	Tikosyn <sup>®</sup> Capsule
propafenone SR capsule (generic for Rythmol SR <sup>®</sup> )	<b>Obsolete: Removed Rythmol SR<sup>®</sup> Capsule</b>
quinidine sulfate tablet (generic for Quinidex <sup>®</sup> Tablet)	
BETA BLOCKERS	
Preferred	Non-Preferred
atenolol tablet (generic for Tenormin <sup>®</sup> )	acebutolol capsule (generic for Sectral <sup>®</sup> )
carvedilol tablet (generic for Coreg <sup>®</sup> )	Betapace <sup>®</sup> Tablet / AF Tablet
Hemangeol <sup>®</sup> Solution	betaxolol tablet (generic for Kerlone <sup>®</sup> )
labetalol tablet (generic for Trandate <sup>®</sup> )	bisoprolol tablet (generic for Zebeta <sup>®</sup> )
metoprolol succinate XL tablet (generic for Toprol XL <sup>®</sup> )	Bystolic <sup>®</sup> Tablet
metoprolol tartrate tablet (generic for Lopressor <sup>®</sup> )	carvedilol ER capsule (generic for Coreg <sup>®</sup> CR Capsule)
nebivolol tablet (generic for Bystolic <sup>®</sup> )	Coreg <sup>®</sup> Tablet / CR Capsule
propranolol solution / tablet / ER capsule (generic for Inderal <sup>®</sup> )	<b>Corgard<sup>®</sup>-Tablet</b>
Sorine <sup>®</sup> Tablet	Inderal <sup>®</sup> LA Capsule / XL Capsule
sotalol tablet / AF tablet (generic for Betapace <sup>®</sup> / AF, Sorine <sup>®</sup> )	Innopran <sup>®</sup> XL Capsule
	Kapsargo <sup>™</sup> Sprinkle - <b>T/F of preferred agents not required for children &lt; 12 years of age</b>
	Lopressor <sup>®</sup> Tablet
<b>Obsolete: Removed Corgard<sup>®</sup> Tablet</b>	nadolol tablet (generic for Corgard <sup>®</sup> )
	pindolol tablet (generic for Visken <sup>®</sup> )
	Sotylize <sup>®</sup> Solution
	Tenormin <sup>®</sup> Tablet
	timolol tablet (generic for Blocadren <sup>®</sup> )
	Toprol XL <sup>®</sup> Tablet
BETA BLOCKER DIURETIC COMBINATIONS	
Preferred	Non-Preferred
atenolol-chlorthalidone tablet (generic for Tenoretic <sup>®</sup> )	metoprolol-HCTZ tablet (generic for Lopressor <sup>®</sup> HCT)
bisoprolol-HCTZ tablet (generic for Ziac <sup>®</sup> )	propranolol-HCTZ tablet (generic for Inderide <sup>®</sup> )
	Tenoretic <sup>®</sup> Tablet
	Ziac <sup>®</sup> Tablet
BILE ACID SEQUESTRANTS	
Preferred	Non-Preferred
cholestyramine packet / powder / light packet / light powder (generic for Questran <sup>®</sup> / Questran <sup>®</sup> Light)	colesevelam packet / tablet (generic for Welchol <sup>®</sup> )
colestipol tablet (generic for Colestid <sup>®</sup> Tablet)	Colestid <sup>®</sup> Granules / Tablet
	colestipol granules (generic for Colestid <sup>®</sup> )
	Prevalite <sup>®</sup> Packet / Powder
	Questran <sup>®</sup> Light Powder / Packet / Powder
	Welchol <sup>®</sup> Packet / Tablet
CHOLESTEROL LOWERING AGENTS	
Preferred	Non-Preferred
atorvastatin tablet (generic for Lipitor <sup>®</sup> )	Altprev <sup>®</sup> Tablet
ezetimibe (generic for Zetia <sup>®</sup> )	amlodipine-atorvastatin tablet (generic for Caduet <sup>®</sup> )
lovastatin tablet (generic for Mevacor <sup>®</sup> )	Atorvaliq <sup>®</sup> Suspension
pravastatin tablet (generic for Pravachol <sup>®</sup> )	Caduet <sup>®</sup> Tablet
rosuvastatin tablet (generic for Crestor <sup>®</sup> )	Ezallor <sup>™</sup> Capsule
simvastatin tablet (generic for Zocor <sup>®</sup> )	ezetimibe-simvastatin (generic for Vytorin <sup>®</sup> )



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	Flolipid™ (simvastatin) Suspension- <b>T/F of preferred agents not required for children &lt; 12 years of age</b>
	fluvastatin capsule / ER tablet (generic for Lescol® / XL)
	Juxtapid® Capsule - <b>Clinical criteria apply</b>
	Lescol® XL Tablet
	Lipitor® Tablet
	Livalo® Tablet - <b>T/F of preferred agents not required with concomitant antiretroviral therapy in patients diagnosed with HIV</b>
	Nexletol® Tablet - <b>Clinical criteria apply</b>
	Nexlizet® Tablet - <b>Clinical criteria apply</b>
	pitavastatin tablet (generic for Livalo®) - <b>T/F of preferred agents not required with concomitant antiretroviral therapy in patients diagnosed with HIV</b>
	Vytorin® Tablet
	Zetia® Tablet
	Zocor® Tablet
	Zypitamag™ Tablet
	Crestor®
<b>CORONARY VASODILATORS</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
isosorbide dinitrate tablet (generic for Isordil® Titradose®, IsoDitrate®, et.al.)	Gonitro® Sublingual Powder
isosorbide mononitrate tablet / ER tablet (generic for Ismo®, Monoket®, Imdur®)	Isordil® Tablet / Titradose® Tablet
nitroglycerin patch / spray / SL tablet (generic for Nitro-Dur®, Minitran®, Nitrostat®, et. al)	Nitro-Bid® Ointment
Nitrostat® SL Tablet	Nitro-Dur® Patch
	Nitrolingual® Spray
	Verquvo™ Tablet
<b>DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
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 - <b>T/F of preferred agents not required for children &lt; 12 years of age</b>
	levamlodipine tablet (generic for Conjupri®)
	nicardipine capsule (generic for Cardene®)
	nimodipine capsule (generic for Nimotop®)
	nimodipine solution
	nisoldipine ER tablet (generic for Sular®)
	Norliqva® Solution
	Norvasc® Tablet
	Nymalize® Solution / oral syringe
	Procardia® XL Tablet
	Sular® Tablet
<b>DIRECT RENIN INHIBITOR</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
Tektura® Tablet	aliskiren tablet (generic for Tektura® Tablet)
Tektura® HCT Tablet	
<b>ENDOTHELIN RECEPTOR ANTAGONISTS</b>	
<b>Covered for diagnosis of Pulmonary Arterial Hypertension only</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
ambrisentan tablet (generic for Letairis® Tablet)	bosentan tablet (generic for Tracleer® Tablet)
Tracleer® Tablet	Letairis® Tablet
	Opsumit® Tablet
	Opsynvi® Tablet
	Tracleer® Suspension
<b>INHALED PROSTACYCLIN ANALOGS</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
Tyvaso® Refill Kit / Solution / Starter Kit	Tyvaso® DPI
Ventavis® Solution	
<b>NIACIN DERIVATIVES</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
niacin ER tablet (generic for Niaspan®)	
<b>NITRATE COMBINATION</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
Bidil® Tablet	isosorbide dinit/hydralazine tablet (generic for Bidil®)
<b>NON-DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
Cartia XT® Capsule (branded generic for Cardizem CD®)	Calan SR™ Caplet
Dilt XR® Capsule (branded generic for Dilacor XR®)	Cardizem CD® Capsule
diltiazem ER 24 hour capsule (generic for Dilacor XR®, Tiazac®)	Cardizem® Tablet / LA Tablet
diltiazem tablet / CD capsule / ER 12 hour capsule (generic for Cardizem® / CD / SR)	diltiazem LA tablet (generic for Cardizem LA®)
Taztia XT® Capsule (branded generic for Tiazac®)	Matzim® LA Tablet (generic for Cardizem LA®)
Tiadyt® ER Capsule	Tiazac® Capsule
verapamil tablet / ER tablet (generic for Calan® / SR)	<b>Verapamil Capsule SR (generic for Verelan®)</b>
	verapamil ER capsule / PM capsule (generic for Verelan® / Verelan® PM)
	Verelan® PM Capsule
<b>NTM: Added Verapamil Capsule SR (generic for Verelan®) to non-Preferred</b>	

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

**DRAFT April 2025 PDL Panel Meeting**

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Obsolete: Removed Calan SR® Caplet	
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®)	Liqrev® Suspension
	Orenitram® ER Tablet / Titration Kit
	Revatio® Suspension / Tablet - <b>T/F of preferred agents not required for children &lt; 12 years of age for Suspension ONLY</b>
	sildenafil suspension (generic for Revatio®) - <b>T/F of preferred agents not required for children &lt; 12 years of age</b>
	Tadliq® Suspension
	Uptravi® Tablet / Titration Pack
PLATELET INHIBITORS	
Preferred	Non-Preferred
Brilinta® Tablet	aspirin/dipyridamole ER capsule (generic for Aggrenox®)
clopidogrel tablet (generic for Plavix®)	Effient® Tablet
dipyridamole tablet (generic for Persantine®)	Plavix® Tablet
prasugrel tablet (generic for Effient® Tablet)	
ANTIANGINAL & ANTI-ISCHEMIC	
Preferred	Non-Preferred
ranolazine ER tablet (generic for Ranexa® Tablet)	Aspruzo™ Sprinkle
	Ranexa® Tablet
<b>Open class-No recommendations</b>	
SYMPATHOLYTICS AND COMBINATIONS	
Preferred	Non-Preferred
clonidine tablet / patch (generic for Catapres® / TTS)	clonidine ER tablet (generic for Nexiclon™ XR)
guanfacine tablet (generic for Tenex®)	methyldopa-HCTZ tablet (generic for Aldoril®)
methyldopa tablet (generic for Aldomet®)	methyldopa vial (generic for Aldomet®)
	Nexiclon™ XR Tablet
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®)	Fenoglide™ Tablet
omega-3 acid ethyl esters capsule (generic for Lovaza®)	Fibricor® Tablet
	Lipofen® Capsule
	Lopid® Tablet
	Lovaza® Capsule
	Tricor® Tablet
	Trilipix® Capsule
CARDIOVASCULAR, OTHER	
Preferred	Non-Preferred
Camzyos® Capsule - <b>Clinical criteria apply</b>	Lodoco®
CENTRAL NERVOUS SYSTEM	
ANTIMIGRAINE AGENTS	
Quantity limits apply to all triptans	
Preferred	Non-Preferred
rizatriptan tablet / ODT (generic for Maxalt®)	almotriptan tablet (generic for Axert®)
sumatriptan nasal spray / tablet / vial (generic for Imitrex®)	diclofenac potassium powder packet (generic for Cambia®) - <b>T/F of 2 preferred NSAIDs, in addition to T/F of 2 preferred triptans in the Antimigraine Agents class required for coverage</b>
	eletriptan tablet (generic for Relpax®)
	Elyxyb™ Solution - <b>T/F of 2 preferred NSAIDs, in addition to T/F of 2 preferred triptans in the Antimigraine Agents class required for coverage</b>
<b>Open class-No recommendations</b>	Frova® Tablet
	frovatriptan tablet (generic for Frova®)
	Imitrex® Cartridge / Nasal Spray / Pen / Tablet
	Maxalt® Tablet / MLT Tablet
	naratriptan tablet (generic for Amerge®)
	Relpax® Tablet
	Reyvow™ Tablet
	sumatriptan injection kit / refill / syringe (generic for Imitrex®)
	sumatriptan / naproxen tablet (generic for Treximet®)
	Tosymra™ Nasal Spray
	Zembrace® SymTouch®
	zolmitriptan nasal spray / ODT / tablet (generic for Zomig®)
	Zomig® Nasal Spray / Tablet
ANTIMIGRAINE AGENTS	
CGRP Blockers/Modulators PREVENTATIVE	
Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred

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Aimovig <sup>®</sup> Autoinjector	Qulipta <sup>®</sup> Tablet
Ajovy <sup>®</sup> Autoinjector / Syringe	Vyepti <sup>®</sup> Vial
Emgality <sup>®</sup> Pen / Syringe	
Nurtec <sup>®</sup> ODT	<b>Open class-No recommendations</b>
<b>ANTIMIGRAINE AGENTS</b>	
CGRP Blockers/Modulators ACUTE TREATMENT	
<b>Clinical criteria apply to all drugs in this class</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
Nurtec <sup>®</sup> ODT	Zavzpret <sup>™</sup> Nasal Spray
Ubrovelvy <sup>®</sup> Tablet	
<b>ANTI-NARCOLEPSY</b>	
<b>Clinical criteria apply to all drugs in this class</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
Nuvigil <sup>®</sup> Tablet	armodafinil tablet (generic for Nuvigil <sup>®</sup> )
Provigil <sup>®</sup> Tablet	modafinil tablet (generic for Provigil <sup>®</sup> )
	Sunosi <sup>™</sup> Tablet
	Wakix <sup>®</sup> Tablet
<b>ANTIPARKINSON AND RESTLESS LEG SYNDROME AGENTS</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
amantadine capsule / solution (generic for Symmetrel <sup>™</sup> )	Apokyn <sup>®</sup> Cartridge
benztropine tablet (generic for Cogentin <sup>®</sup> )	apomorphine cartridge (generic for Apokyn <sup>®</sup> )
bromocriptine capsule / tablet (generic for Parlodel <sup>®</sup> )	Azilect <sup>®</sup> Tablet
carbidopa-levodopa ODT (generic for Parcopa <sup>®</sup> )	carbidopa tablet (generic for Lodosyn <sup>®</sup> )
carbidopa-levodopa tablet / ER tablet (generic for Sinemet <sup>®</sup> / CR)	carbidopa-levodopa-entacapone tablet (generic for Stalevo <sup>®</sup> )
pramipexole tablet (generic for Mirapex <sup>®</sup> )	<del>Comtan<sup>®</sup> Tablet</del>
ropinirole tablet (generic for Requip <sup>®</sup> )	Crexont Capsule ER
selegiline capsule / tablet (generic for Emsam <sup>®</sup> )	Dhivy Tablet <sup>™</sup>
trihexphenidyl elixir / tablet (generic for Artane <sup>®</sup> )	Duopa <sup>®</sup> Suspension
	entacapone tablet (generic for Comtan <sup>®</sup> )
<b>Obsolete: Removed Comtan<sup>®</sup> Tablet and Mirapex<sup>®</sup> ER Tablet</b>	Gocovri <sup>®</sup> Capsule - <b>Clinical criteria apply</b>
	Horizant <sup>®</sup> Tablet
	Inbrija <sup>™</sup> Inhalation
	Kynnobi <sup>™</sup> Titration Kit
	Lodosyn <sup>®</sup> Tablet
	<del>Mirapex<sup>®</sup> ER Tablet</del>
	Neupro <sup>®</sup> Patch
	Nourianz <sup>™</sup> Tablet
	Ongentys <sup>®</sup> Capsule
	Osmolex ER <sup>™</sup> Tablet - <b>Clinical criteria apply</b>
	pramipexole ER tablet (generic for Mirapex ER <sup>™</sup> )
	rasagiline tablet (generic for Azilect <sup>®</sup> )
	ropinirole ER tablet (generic for Requip XL <sup>®</sup> )
	Rytary <sup>™</sup> ER Capsule
	Sinemet <sup>®</sup> Tablet
	Stalevo <sup>®</sup> Tablet
	Tasmar <sup>®</sup> Tablet
	tolcapone tablet (generic for Tasmar <sup>®</sup> )
	Vyalev Vial
	Xadago <sup>®</sup> Tablet
	Zelapar <sup>®</sup> ODT
<b>MULTIPLE SCLEROSIS</b>	
Injectable	
<b>Preferred</b>	<b>Non-Preferred</b>
Avonex <sup>®</sup> Pack / Pen / Syringe	Briumvi <sup>™</sup> Vial
Betaseron <sup>®</sup> Kit / Vial	glatiramer syringe (generic for Copaxone <sup>®</sup> Syringe)
Copaxone <sup>®</sup> Syringe	Glatope <sup>®</sup> Syringe
Kesimpta <sup>®</sup> Pen	Lemtrada <sup>®</sup> Vial
Rebif <sup>®</sup> Rebidose <sup>®</sup> / Titration Pack / Syringe	Ocrevus <sup>®</sup> Vial - <b>T/F of preferred agents not required for diagnosis of Primary Progressive MS (PPMS)</b>
	Ocrevus <sup>®</sup> Zonovo Vial <b>T/F of preferred agents not required for diagnosis of Primary Progressive MS (PPMS)</b>
	Plegridy <sup>®</sup> Pen / Pen Starter Pack / Syringe / Syringe Starter Pack
	Tysabri <sup>®</sup> Vial
Oral	
<b>Preferred</b>	<b>Non-Preferred</b>
dalfampridine ER tablet (generic for Ampyra <sup>®</sup> )	Ampyra <sup>®</sup> Tablet
dimethyl fumarate DR capsule / starter pack (generic for Tecfidera <sup>®</sup> Capsule / Starter Pack)	Aubagio <sup>®</sup> Tablet
fingolimod capsule (generic for Gilenya <sup>®</sup> )	Bafiertam <sup>™</sup> Capsule
teriflunomide tablet (generic for Aubagio <sup>®</sup> )	Gilenya <sup>®</sup> Capsule
	Mavenclad <sup>®</sup> Tablet
	Mayzent <sup>®</sup> Starter Pack / Tablet
<b>Open class-No recommendations</b>	Ponvory <sup>™</sup> Starter Pack / Tablet
	Tascenso ODT <sup>™</sup>
	Tecfidera <sup>®</sup> Capsule / Starter Pack
	Vumerity <sup>™</sup> Capsule
	Zeposia <sup>®</sup> Starter Pack / Capsule
<b>AMYOTROPHIC LATERAL SCLEROSIS (ALS) AGENTS</b>	

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Preferred	Non-Preferred
riluzole tablet (generic for Rilutek®)	edaravone infusion bag (generic for Radicava®)
<b>NTM: Added edaravone Vial (generic for Radicava®) to non-preferred Obsolete: Removed Exservan™ Oral Film</b>	edaravone Vial (generic for Radicava®)
	<del>Exservan™ Oral Film</del>
	Qalsody® Vial
	Radicava® ORS® Suspension / ORS® Starter Kit Suspension / Infusion Bag
	Tiglutik® Suspension
<b>SEDATIVE HYPNOTICS</b>	
<b>Quantity limits apply to all sedative hypnotics</b>	
Preferred	Non-Preferred
eszopiclone tablet (generic for Lunesta®)	Ambien® Tablet / CR Tablet
flurazepam capsule (generic for Dalmane®)	Belsomra® Tablet
ramelteon tablet (generic for Rozerem® Tablet)	Dayvigo™ Tablet
temazepam 15mg, 30mg capsule (generic for Restoril®)	Doral® Tablet
zaleplon capsule (generic for Sonata®)	doxepin tablet (generic for Silenor®)
zolpidem tablet (generic for Ambien®)	Edluar® SL Tablet
	estazolam tablet (generic for Prosom®)
	Halcion® Tablet
	Hetlioz® Capsule / LQ Suspension - <b>Clinical criteria apply</b>
	Lunesta® Tablet
	quazepam tablet (generic for Doral®)
	Quviviq™ Tablet
	Restoril® Capsule
	Rozerem® Tablet
	tasimelteon capsule (generic for Hetlioz®) - <b>T/F of Hetlioz® Capsule required for coverage</b>
	temazepam 7.5, 22.5 mg capsule (generic for Restoril®)
	triazolam tablet (generic for Halcion®)
	zolpidem capsule
	zolpidem ER tablet (generic for Ambien® CR)
	zolpidem SL tablet (generic for Intermezzo®)
<b>TOBACCO CESSATION</b>	
Preferred	Non-Preferred
bupropion SR tablet (generic for Zyban®)	Nicotrol® Inhaler / NS Nasal Spray
Chantix® Tablet / Starting Box / Continuation Month Box	
nicotine gum / lozenge (buccal) / patch	
varenicline tablet / starting month box (generic for Chantix®)	
varenicline continuation month box (generic for Chantix®)	
<b>ENDOCRINOLOGY</b>	
<b>GROWTH HORMONE</b>	
<b>Clinical criteria apply to all drugs in this class</b>	
<b>Prior Approval Not Required for Use of Serostim® in AIDS Wasting Syndrome</b>	
Preferred	Non-Preferred
Genotropin® Cartridge / MiniQuick®	Humatrope® Cartridge
Norditropin® Flexpro®	Ngenla® Pen
<b>Obsolete: Removed Saizen® Vial</b>	Nutropin® AQ NuSpin®
	Omnitrope® Cartridge / Vial
	<del>Saizen® Vial</del>
	Serostim® Vial
	Skytrofa® Cartridge - <b>T/F of preferred agents not required for children &lt;18 years of age</b>
	Sogroya® Pen
	Zomacton® Vial
<b>HYPOGLYCEMICS - INJECTABLE</b>	
<b>Rapid Acting Insulin</b>	
<b>T/F of only one preferred drug required</b>	
Preferred	Non-Preferred
Humalog® U-100 Cartridge	Admelog® SoloStar® / Vial
Humalog® U-100 Junior KwikPen®	Afrezza® Inhalation Powder
Humalog® U-100 KwikPen® / Vial	Apidra® SoloStar® / Vial
insulin aspart U-100 FlexPen® / vial (generic for Novolog®)	Fiasp® FlexTouch® / Penfill® / PumpCart® / Vial
insulin lispro U-100 Junior KwikPen® (generic for Humalog® Junior)	Humalog® U-200 KwikPen®
insulin lispro U-100 KwikPen® / vial (generic for Humalog®)	insulin aspart U-100 Penfill (generic for Novolog®)
Novolog® U-100 Penfill / FlexPen® / Vial	Lyumjev™ U-100 KwikPen® / U-200 KwikPen® / Vial
Relion Novolog® U-100 FlexPen® / Vial	
<b>Short Acting Insulin</b>	
<b>T/F of only one preferred drug required</b>	
Preferred	Non-Preferred
Humulin® R Vial	Myxredlin™ Injection
Humulin® R U-500 KwikPen® / U500 Vial	Novolin® R Vial / ReliOn® R Vial
	Novolin R FlexPen®
<b>Intermediate Acting Insulin</b>	
Preferred	Non-Preferred
<b>T/F of only one preferred drug required</b>	
Humulin® N Vial	Humulin® N KwikPen®
<b>Open class-No recommendations</b>	Novolin® N FlexPen® / ReliOn® N FlexPen®
	Novolin® N Vial / ReliOn® N Vial
	Novolin® N Vial / ReliOn® N Vial

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Long Acting Insulin	
T/F of only one preferred drug required	
Preferred	Non-Preferred
insulin glargine vial / SoloStar <sup>®</sup> (authorized biologic for Lantus)	Basaglar <sup>®</sup> U-100 KwikPen <sup>®</sup>
Lantus <sup>®</sup> SoloStar <sup>®</sup> / Vial	insulin degludec pen / vial (generic for Tresiba <sup>®</sup> )
Levemir <sup>®</sup> / FlexPen <sup>®</sup> / FlexTouch <sup>®</sup> / Vial	insulin glargine SoloStar <sup>®</sup> / Max SoloStar <sup>®</sup> (generic for Toujeo <sup>®</sup> )
	insulin glargine-yfign pen / vial (generic for Semglee <sup>™</sup> yfign)
	Rezvoglar <sup>™</sup> Kwikpen <sup>®</sup>
	Semglee <sup>™</sup> yfign Pen / Vial
	Toujeo <sup>®</sup> SoloStar <sup>®</sup> / Max SoloStar <sup>®</sup>
	Tresiba <sup>®</sup> FlexTouch <sup>®</sup> / Vial
Premixed Rapid Combination Insulin	
T/F of only one preferred drug required	
Preferred	Non-Preferred
Humalog <sup>®</sup> 50/50 Mix KwikPen <sup>®</sup>	insulin lispro protamine 75/25 KwikPen <sup>®</sup> (generic for Humalog <sup>®</sup> 75/25 Mix)
Humalog <sup>®</sup> 75/25 Mix KwikPen <sup>®</sup> / Vial	Humalog <sup>®</sup> 75/25 Mix KwikPen <sup>®</sup> / Vial
insulin aspart protamine-aspart 70/30 U-100 FlexPen <sup>®</sup> (generic for Novolog <sup>®</sup> Mix 70/30)	Novolog <sup>®</sup> Mix 70/30 Vial
insulin lispro protamine 75/25 KwikPen <sup>®</sup> (generic for Humalog <sup>®</sup> 75/25 Mix)	
Novolog <sup>®</sup> Mix 70/30 FlexPen <sup>®</sup>	
<b>Moved Brand Humalog<sup>®</sup> 75/25 Mix KwikPen<sup>®</sup> / Vial preferred to Non-preferred</b> <b>Moved generic insulin lispro protamine 75/25 KwikPen<sup>®</sup> (generic for Humalog<sup>®</sup> 75/25 Mix) Non-preferred to Preferred</b>	
Premixed 70/30 Combination Insulin	
T/F of only one preferred drug required	
Preferred	Non-Preferred
Humulin <sup>®</sup> 70/30 KwikPen <sup>®</sup> / Vial	Novolin <sup>®</sup> 70/30 FlexPen <sup>®</sup> / Vial
	Relion Novolin <sup>®</sup> 70/30 Vial
	Relion Novolin <sup>®</sup> (human insulin NPH / human insulin) 70/30 FlexPen <sup>®</sup>
	Relion Novolin <sup>®</sup> (human insulin NPH / human insulin) 70/30 FlexPen <sup>®</sup>
Amylin Analogs	
<b>Requires T/F or insufficient response to metformin containing product unless contraindicated or documented adverse event when using either a preferred or non-preferred Amylin Analog</b>	
Preferred	Non-Preferred
Symlin <sup>®</sup> Pen Injector	
GLP-1 Receptor Agonists and Combinations indicated for the treatment of Diabetes	
Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred
Byetta <sup>®</sup> Pen	Bydureon <sup>®</sup> BCise <sup>™</sup>
Trulicity <sup>®</sup> Pen	exenatide Pen (generic for Byetta <sup>®</sup> )
Victoza <sup>®</sup> Pen	liraglutide pen (generic for Victoza <sup>®</sup> )
Ozempic <sup>®</sup> Pen	Mounjaro <sup>®</sup> Pen
	Rybelsus <sup>®</sup> Tablet
	Soliqua <sup>®</sup> Pen
	Xultophy <sup>®</sup> Pen
<b>NTM: Added exenatide Pen (generic for Byetta<sup>®</sup>) to non-preferred</b>	
HYPOGLYCEMICS - ORAL	
2nd Generation Sulfonylureas	
Preferred	Non-Preferred
glimepiride tablet (generic for Amaryl <sup>®</sup> )	
glipizide tablet / ER tablet (generic for Glucotrol <sup>®</sup> / XL)	
Glucotrol <sup>®</sup> XL Tablet	
glyburide micronized tablet (generic for Micronase <sup>®</sup> , Glynase <sup>®</sup> )	
glyburide tablet (generic for Diabeta <sup>®</sup> )	
Glynase <sup>®</sup> Tablet	
Alpha-Glucosidase Inhibitors	
Preferred	Non-Preferred
acarbose tablet (generic for Precose <sup>®</sup> )	miglitol tablet (generic for Glyset <sup>®</sup> )
	Precose <sup>®</sup> Tablet
Biguanides and Combinations	
Preferred	Non-Preferred
glipizide-metformin tablet (generic for Metaglip <sup>®</sup> )	Glumetza <sup>®</sup> Tablet ** requires documentation as to why the beneficiary cannot use preferred long acting metformin product
glyburide-metformin tablet (generic for Glucovance <sup>®</sup> )	metformin solution (generic for Riomet <sup>®</sup> ) - T/F of preferred agents not required for children < 12 years of age
metformin tablet / ER tablet (generic for Glucophage <sup>®</sup> / ER)	metformin tablet (625 mg)
	metformin ER tablet (generic for Fortamet <sup>®</sup> )
	metformin ER tablet (generic for Glumetza <sup>®</sup> )
	Riomet <sup>®</sup> Solution / ER Suspension
DPP-IV Inhibitors and Combinations	
<b>Requires T/F or insufficient response to metformin containing products unless contraindicated or documented adverse event when using either a preferred or a non-preferred DPP-IV Inhibitor or Combination</b>	
Preferred	Non-Preferred
Janumet <sup>®</sup> Tablet / XR Tablet	alogliptin tablet (generic for Nesina <sup>®</sup> )
Januvia <sup>®</sup> Tablet	alogliptin-metformin tablet (generic for Kazano <sup>®</sup> )
Jentadueto <sup>®</sup> Tablet / XR Tablet	alogliptin-pioglitazone tablet (generic for Oseni <sup>®</sup> )
Onglyza <sup>®</sup> Tablet	Glyxambi <sup>®</sup> Tablet
Tradjenta <sup>®</sup> Tablet	Kazano <sup>®</sup> Tablet
	Kombiglyze <sup>®</sup> XR Tablet

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	Nesina <sup>®</sup> Tablet	
	Oseni <sup>®</sup> Tablet	
	Otern <sup>®</sup> Tablet	
	saxagliptin tablet (generic for Onglyza <sup>®</sup> )	
	saxagliptin-metformin ER tablet (generic for Kombiglyze <sup>®</sup> XR)	
	sitagliptin tablet (generic for Januvia <sup>®</sup> )	
	sitagliptin-metformin tablet (generic for Zituvimet <sup>™</sup> )	
	Steglujan <sup>®</sup> Tablet	
	Trijardy <sup>®</sup> XR Tablet	
	Zituvimet	
	Zituvimet XR	
	Zituvio <sup>™</sup> Tablet	
Meglitinides		
Preferred		Non-Preferred
nateglinide tablet (generic for Starlix <sup>®</sup> )		
repaglinide tablet (generic for Prandin <sup>®</sup> )		
SGLT-2 Inhibitors and Combinations		
<b>Clinical criteria apply to all drugs in this class</b>		
Preferred		Non-Preferred
Farxiga <sup>®</sup> Tablet	dapagliflozin tablet (generic for Farxiga <sup>®</sup> )	
Jardiance <sup>®</sup> Tablet	dapagliflozin / metformin ER tablet (generic for Xigduo <sup>®</sup> XR)	
Synjardy <sup>®</sup> Tablet	Inpefa <sup>™</sup> Tablet	
Synjardy <sup>®</sup> XR Tablet	Invokamet <sup>®</sup> Tablet / XR Tablet	
Xigduo <sup>®</sup> XR Tablet	Invokana <sup>®</sup> Tablet	
	Segluromet <sup>™</sup> Tablet	
	Steglatro <sup>™</sup> Tablet	
Thiazolidinediones and Combinations		
Preferred		Non-Preferred
pioglitazone tablet (generic for Actos <sup>®</sup> )	ActoPlus Met <sup>®</sup> Tablet	
	Actos <sup>®</sup> Tablet	
	Duetact <sup>®</sup> Tablet	
	pioglitazone-glimepiride tablet (generic for Duetact <sup>®</sup> )	
	pioglitazone-metformin tablet (generic for ActoPlus Met <sup>®</sup> )	
<b>GASTROINTESTINAL</b>		
ANTIEMETIC-ANTIVERTIGO AGENTS		
Preferred		Non-Preferred
aprepitant capsule / pack (generic for Emend <sup>®</sup> ) - <b>Clinical criteria apply</b>	Akynzeo <sup>®</sup> Capsule / Vial	
Diclegis <sup>®</sup> Tablet	Antivert <sup>®</sup> Tablet / Chewable Tablet	
dimenhydrinate vial (generic for Dramamine <sup>®</sup> )	Anzemet <sup>®</sup> Tablet	
meclizine tablet (generic for Antivert <sup>®</sup> )	Aponvic <sup>™</sup> Vial	
metoclopramide solution / tablet (generic for Reglan <sup>®</sup> )	Barhemsys <sup>®</sup> Vial	
ondansetron ODT 4mg and 8 mg/ solution / tablet (generic for Zofran <sup>®</sup> )	Bonjesta <sup>®</sup> Tablet	
prochlorperazine tablet (generic for Compazine <sup>®</sup> )	Cinvanti <sup>®</sup> Vial	
promethazine syrup / suppository (12.5 mg and 25 mg) / tablet / ampule / vial (generic for Phenergan <sup>®</sup> )	Compro <sup>®</sup> Suppository	
Promethegan <sup>®</sup> (promethazine) Suppository (12.5 mg and 25 mg)	doxylamine-pyridoxine tablet (generic for Diclegis <sup>®</sup> )	
scopolamine patch (generic for Transderm-Scop <sup>®</sup> )	dronabinol capsule (generic for Marinol <sup>®</sup> )	
Transderm-Scop <sup>®</sup> Patch	Emend <sup>®</sup> Capsule / Powder Packet / Trifold Pack - <b>Clinical criteria apply</b>	
	Emend <sup>®</sup> Vial	
<b>Off-Cycle Change scopolamine patch (generic for Transderm-Scop<sup>®</sup>) moved from non-preferred to preferred</b>	Focinvez <sup>™</sup> (fosaprepitant) Vial	
	fosaprepitant vial (generic for Emend <sup>®</sup> )	
	Gimoti <sup>™</sup> Nasal Spray	
	granisetron vial / tablet (generic for Kytril <sup>®</sup> )	
	Marinol <sup>®</sup> Capsule	
	metoclopramide vial	
	ondansetron ODT (16 mg)	
	ondansetron vial	
	palonosetron injection (generic for Aloxi <sup>®</sup> )	
	Phenergan <sup>®</sup> Ampule / Vial	
	Posifree <sup>™</sup> Ψ Vial	
	prochlorperazine vial / suppository (generic for Compazine <sup>®</sup> )	
	Promethegan <sup>®</sup> Suppository (50 mg)	
	Reglan <sup>®</sup> Tablet	
	Sancuso <sup>®</sup> Patch	
	scopolamine patch (generic for Transderm-Scop <sup>®</sup> )	
	Sustol <sup>®</sup> Syringe	
	Tigan <sup>®</sup> Vial	
	trimethobenzamide capsule (generic for Tigan <sup>®</sup> )	
BILE ACID SALTS		
<b>T/F of only one preferred drug required</b>		
Preferred		Non-Preferred
ursodiol capsule (generic for Actigall <sup>®</sup> )	Bylvy <sup>™</sup> Capsule / Pellet - <b>T/F of preferred agents not required for diagnosis of PFIC</b>	
ursodiol tablet (generic for Urso <sup>®</sup> )	Chenodal <sup>®</sup> Tablet	
	Cholbam <sup>®</sup> Capsule	
	Iqirvo <sup>®</sup> (elafibranor) Tablet	
	Livdelzi Capsule	
	Livmarli <sup>®</sup> Oral Solution	
	Ocaliva <sup>®</sup> Tablet	
<b>Obsolete: Removed Urso<sup>®</sup> Tablet / Urso<sup>®</sup> Forte Tablet</b>		

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H. PYLORI COMBINATIONS	
Preferred	Non-Preferred
Reltone <sup>™</sup> Capsule	
	Uliso <sup>™</sup> Tablet / Uliso <sup>™</sup> Forte Tablet
Pylera <sup>®</sup> Capsule	bismuth / metronidazole / tetracycline capsule (generic for Pylera <sup>®</sup> ) lansoprazole-amoxicillin-clarithromycin pack (generic for Prevpac <sup>®</sup> ) Omeclamox-Pak <sup>®</sup> Combo Pack Talcia <sup>®</sup> Capsule Voquezna <sup>®</sup> Tablet / Dual Pak / Triple Pak
HISTAMINE-2 RECEPTOR ANTAGONISTS	
Preferred	Non-Preferred
famotidine tablet / suspension (generic for Pepcid <sup>®</sup> )	cimetidine tablet (generic for Tagamet <sup>®</sup> ) cimetidine solution (generic for Tagamet <sup>®</sup> ) nizatidine capsule (generic for Axid <sup>®</sup> ) Pepcid <sup>®</sup> Tablet
PANCREATIC ENZYMES	
Preferred	Non-Preferred
Creon <sup>®</sup> Capsule Zenpep <sup>®</sup> Capsule	Pertzye <sup>®</sup> Capsule Viokase <sup>®</sup> Tablet
PROGESTINS USED FOR CACHEXIA	
Preferred	Non-Preferred
megestrol suspension / tablet (generic for Megace <sup>®</sup> )	megestrol ES suspension (generic for Megace <sup>®</sup> ES)
PROTON PUMP INHIBITORS	
Preferred	Non-Preferred
Dexilant <sup>®</sup> Capsule esomeprazole magnesium capsule (generic for Nexium <sup>®</sup> Rx) lansoprazole capsule (generic for Prevacid <sup>®</sup> Rx) Nexium <sup>®</sup> Rx Packet omeprazole Rx capsule (generic for Prilosec <sup>®</sup> Rx) pantoprazole tablet (generic for Protonix <sup>®</sup> ) Protonix <sup>®</sup> Suspension	Aciphex <sup>®</sup> Tablet <b>T/F of preferred agents not required for children &lt; 12 years of age</b> dexlansoprazole capsules (generic for Dexilant <sup>®</sup> ) esomeprazole magnesium OTC capsule / tablet (generic for Nexium <sup>®</sup> OTC) esomeprazole magnesium packet (generic for Nexium <sup>®</sup> Rx Packet) Konvomep <sup>™</sup> Suspension lansoprazole capsule (generic for Prevacid <sup>®</sup> OTC) lansoprazole ODT (generic for Prevacid <sup>®</sup> SoHiTab <sup>™</sup> ) Nexium <sup>®</sup> Rx Capsule omeprazole-sodium bicarbonate capsule / packet (generic for Zegerid <sup>®</sup> Rx / OTC) omeprazole OTC capsule / ODT / tablet (generic for Prilosec <sup>®</sup> OTC) pantoprazole suspension (generic for Protonix <sup>®</sup> ) Prevacid <sup>®</sup> Rx / OTC Capsule / Solutab Prilosec <sup>®</sup> Rx Suspension Protonix <sup>®</sup> Tablet rabeprazole tablet (generic for Aciphex <sup>®</sup> ) Zegerid <sup>®</sup> Rx / Capsule / Packet
SELECTIVE CONSTIPATION AGENTS	
Preferred	Non-Preferred
Amitiza <sup>®</sup> Capsule Linzess <sup>®</sup> Capsule lubiprostone capsule (generic for Amitiza <sup>®</sup> )	alosetron tablet (generic for Lotronex <sup>®</sup> ) Ibsrela <sup>®</sup> Tablet Lotronex <sup>®</sup> Tablet Motegrity <sup>™</sup> Tablet Movantik <sup>®</sup> Tablet Relistor <sup>®</sup> Syringe / Vial / Tablet - <b>Clinical criteria apply</b> Symproic <sup>®</sup> Tablet Trulance <sup>®</sup> Tablet Viberzi <sup>®</sup> Tablet - <b>T/F of preferred agents not required for Irritable Bowel Syndrome with Diarrhea (IBS-D)</b>
ULCERATIVE COLITIS	
Oral	
Preferred	Non-Preferred
Apriso <sup>®</sup> Capsule balsalazide capsule (generic for Colazal <sup>®</sup> ) mesalamine DR tablet (generic for Lialda <sup>®</sup> ) Pentasa <sup>®</sup> Capsule sulfasalazine IR / DR tablet (generic for Azulfidine <sup>®</sup> / Entab)	Asacol <sup>®</sup> HD Tablet Azulfidine <sup>®</sup> Entab / Tablet budesonide ER tablet (generic for Uceris <sup>®</sup> ) Colazal <sup>®</sup> Capsule Delzicol <sup>®</sup> Capsule Dipentum <sup>®</sup> Capsule Lialda <sup>®</sup> Tablet mesalamine DR capsule / tablet (generic for Delzicol <sup>®</sup> , Asacol <sup>®</sup> HD, Lialda <sup>®</sup> ) mesalamine ER capsule (generic for Apriso <sup>®</sup> , Pentasa <sup>®</sup> ) Uceris <sup>®</sup> Tablet
ULCERATIVE COLITIS	
Rectal	
<b>T/F of only one preferred drug required</b>	
Preferred	Non-Preferred
mesalamine enema (generic for Rowasa <sup>®</sup> ) mesalamine suppository (generic for Canasa <sup>®</sup> )	budesonide rectal foam Canasa <sup>®</sup> Suppository mesalamine kit (generic for Rowasa <sup>®</sup> ) Rowasa <sup>®</sup> Kit

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	SF Rowasa® Enema
	Uceris® Rectal Foam
<b>GENITOURINARY / RENAL</b>	
ELECTROLYTE DEPLETERS (KIDNEY DISEASE)	
<b>Preferred</b>	<b>Non-Preferred</b>
calcium acetate capsule (generic for PhosLo®)	Auryxia® Tablet
calcium acetate tablet (generic for Eliphos®)	Fosrenol® Chewable Tablet / Powder Pack
sevelamer carbonate powder pack / tablet (generic for Renvela®)	Ianthanum carbonate chewable tablet (generic for Fosrenol®)
	MagneBind® 400 Rx Tablet
<b>Obsolete: Removed Phoslyra® (calcium acetate) Solution</b>	<del>Phoslyra® (calcium acetate) Solution</del>
	Renvela® Powder Pack / Tablet
	sevelamer hydrochloride tablet (generic for Renagel®)
	Velphoro® Chewable
	Xphozah® Tablet
<b>BENIGN PROSTATIC HYPERPLASIA TREATMENTS</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
alfuzosin ER tablet (generic for Uroxatral®)	Avodart® Softgel
doxazosin tablet (generic for Cardura®)	Cardura® Tablet / XL Tablet
dutasteride capsule (generic Avodart®)	Cialis® Tablet 5 mg - <b>Clinical criteria apply</b>
finasteride tablet (generic for Proscar®)	dutasteride / tamsulosin capsule (generic for Jalyn®)
tamsulosin capsule (generic for Flomax®)	Entadif™ Capsule
terazosin capsule (generic for Hytrin®)	Flomax® Capsule
	Proscar® Tablet
	Rapaflo® Capsule
	silodosin capsule (generic for Rapaflo®)
	tadalafil tablet (2.5 mg / 5 mg) (generic for Cialis®) - <b>Clinical criteria apply</b>
<b>URINARY ANTISPASMODICS</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
fesoterodine ER tablet (generic for Toviaz®)	darifenacin ER tablet (generic for Enablex®)
oxybutynin solution / syrup / tablet / ER tablet (generic for Ditropan® / XL)	Detrol® Tablet / LA Capsule
solfifenacin tablet (generic for Vesicare®)	flavoxate tablet (generic for Urispas®)
tolterodine tablet / ER capsule (generic for Detrol® / LA)	<del>Gelnique® Gel Sachets</del>
	Gemtesa® Tablet - <b>T/F of preferred agents not required for diagnosis of dementia or mild cognitive impairment and for patients age ≥65 years</b>
<b>Obsolete: Removed Gelnique® Gel Sachets</b>	mirabegron ER Tablet (generic for Myrbetriq®) - <b>T/F of preferred agents not required for diagnosis of dementia or mild cognitive impairment and for patients age ≥65 years</b>
	Myrbetriq® Granules / ER Tablet - <b>T/F of preferred agents not required for diagnosis of dementia or mild cognitive impairment and for patients age ≥65 years</b>
	oxybutynin tablet (2.5 mg)
	Oxytrol® Patch
	Toviaz® Tablet
	tropium tablet / ER capsule (generic for Sanctura® / XR)
	Vesicare® LS Suspension / Tablet
<b>GOUT</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
allopurinol tablet (generic for Zyloprim®)	allopurinol tablet (200 mg)



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colchicine tablet (generic for Colcryst <sup>®</sup> )	colchicine capsule (generic for Mitigare <sup>®</sup> )
probenecid tablet (generic for Benemid <sup>®</sup> )	Colcryst <sup>®</sup> Tablet
probenecid-colchicine tablet (generic for Col-Benemid <sup>®</sup> )	febuxostat tablet (generic for Uloric <sup>®</sup> Tablet)
<b>Open class-No recommendations</b>	Gloperba <sup>®</sup> Solution
	Krystexxa <sup>®</sup> Vial
	Mitigare <sup>®</sup> (branded colchicine 0.6mg) Capsules
	Uloric <sup>®</sup> Tablet
	Zyloprim <sup>®</sup> Tablet
<b>HEMATOLOGIC</b>	
<b>ANTICOAGULANTS</b>	
Injectable	
<b>Preferred</b>	<b>Non-Preferred</b>
enoxaparin syringe / vial (generic for Lovenox <sup>®</sup> )	Arixtra <sup>®</sup> Syringe
Fragmin <sup>®</sup> Syringe / Vial	fondaparinux syringe (generic for Arixtra <sup>®</sup> )
	Lovenox <sup>®</sup> Syringe / Vial
Oral	
<b>Preferred</b>	<b>Non-Preferred</b>
Eliquis <sup>®</sup> Tablet / Starter Dose Pack	dabigatran capsule (generic for Pradaxa <sup>®</sup> Capsule)
Jantoven <sup>®</sup> (branded generic for Coumadin <sup>®</sup> )	Pradaxa <sup>®</sup> Pellet Pack
Pradaxa <sup>®</sup> Capsule	Savaysa <sup>®</sup> Tablet
warfarin tablet (generic for Coumadin <sup>®</sup> )	Xarelto <sup>®</sup> Suspension
Xarelto <sup>®</sup> Starter Pack / Tablet	
<b>Open class-No recommendations</b>	
<b>COLONY STIMULATING FACTORS</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
Fulphila <sup>®</sup> Syringe	Fylmetra <sup>®</sup> Syringe
Neupogen <sup>®</sup> Vial / Syringe	Granix <sup>®</sup> Safe Syringe / Syringe / Vial
Udenyca <sup>®</sup> Autoinjector / Syringe	Leukine <sup>®</sup> Vial
	Neulasta <sup>®</sup> Syringe / Kit
	Nivestym <sup>™</sup> Syringe / Vial
	Nyvepria <sup>®</sup> Syringe
	Releuko <sup>®</sup> Syringe / Vial
	Rolvedon <sup>™</sup> Syringe
	Stimufend <sup>®</sup> Syringe
	Udenyca <sup>®</sup> On-Body
	Zarsio <sup>®</sup> Syringe
	Ziextenzo <sup>®</sup> Syringe
<b>HEMATOPOIETIC AGENTS</b>	
<b>Clinical criteria apply to all drugs in this class</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
Aranesp <sup>®</sup> Syringe / Vial	Jesduvroq <sup>®</sup> Tablet
Epogen <sup>®</sup> Vial	Mircera <sup>®</sup> Syringe
Retacrit <sup>®</sup> Vial	Procrit <sup>®</sup> Vial
	Reblozyl <sup>®</sup> Vial
	Vafseo <sup>®</sup> (vadudastat) Tablet
<b>THROMBOPOIESIS STIMULATING AGENTS</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
Nplate <sup>®</sup> Vial	Alvaiz <sup>™</sup> Tablet
Promacta <sup>®</sup> Suspension / Tablet	Doptlet
	Mulpleta
	Tavalisse <sup>™</sup> Tablet
<b>OPHTHALMIC</b>	
<b>ALLERGIC CONJUNCTIVITIS AGENTS</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
cromolyn sodium drops (generic for Cromol <sup>®</sup> )	Alocril <sup>®</sup> Drops
olopatadine drops (generic for Pataday <sup>®</sup> , Patanol <sup>®</sup> )	Alomide <sup>®</sup> Drops
olopatadine drops (generic for Pataday <sup>®</sup> , Patanol <sup>®</sup> ) (OTC)	Alex <sup>®</sup> Drops
<b>Off-Cycle Change olopatadine drops (generic for Pataday<sup>®</sup>, Patanol<sup>®</sup>) (OTC) added as preferred Obsolete: Removed Alocril<sup>®</sup> Drops</b>	azelastine drops (generic for Optivar <sup>®</sup> )
	bepotastine drops (generic for Bepreve <sup>®</sup> )
	Bepreve <sup>®</sup> Drops
	epinastine drops (generic for Elestat <sup>®</sup> )
	loteprednol drops (generic for Alex <sup>®</sup> )
	Zerviate <sup>™</sup> Drops
<b>ANTIBIOTICS</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
bacitracin-polymyxin ointment (generic for Polysporin <sup>®</sup> )	Azasite <sup>®</sup> Drops
ciprofloxacin solution drops (generic for Ciloxan <sup>®</sup> )	bacitracin ointment (generic for AK-Tracin <sup>®</sup> )
erythromycin ointment (generic for Ilotycin <sup>®</sup> )	Besivance <sup>®</sup> Suspension
gentamicin drops (generic for Garamycin <sup>®</sup> )	Ciloxan <sup>®</sup> Ointment
moxifloxacin ophthalmic solution (generic for Vigamox <sup>®</sup> )	gatifloxacin drops (generic for Zymaxid <sup>®</sup> )
ofloxacin drops (generic for Ocuflox <sup>®</sup> )	moxifloxacin ophthalmic solution (generic for Moxeza <sup>®</sup> )
Polycin <sup>®</sup> Ointment (branded generic for Polysporin <sup>®</sup> )	Natacyn <sup>®</sup> Drops

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polymyxin-trimethoprim drops (generic for Polytrim <sup>®</sup> )	neomycin-bacitracin-polymyxin ointment (generic for Neosporin <sup>®</sup> Ophthalmic Ointment)
sulfacetamide drops (generic for Bleph-10 <sup>®</sup> )	neomycin-polymyxin-gramicidin drops (generic for Neosporin <sup>®</sup> Ophthalmic Drops)
tobramycin drops (generic for Tobrex <sup>®</sup> )	Neo-Polycin <sup>®</sup> Ointment (branded generic for Neosporin <sup>®</sup> Ophthalmic Ointment)
	Ocuflax <sup>®</sup> Drops
	sulfacetamide ointment (generic for Cctamide <sup>®</sup> )
	Tobrex <sup>®</sup> Ointment
	Vigamox <sup>®</sup> Drops
<b>ANTIBIOTICS-STEROID COMBINATIONS</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
neomycin-polymyxin-dexamethasone drops / ointment (generic for Maxitrol <sup>®</sup> )	Maxitrol <sup>®</sup> Drops / Ointment
tobradex <sup>®</sup> Drops / Ointment	Neo-Polycin <sup>®</sup> HC (branded generic for Cortisporin <sup>®</sup> )
tobramycin-dexamethasone suspension (generic for Tobradex <sup>®</sup> )	neomycin-bacitracin-polymyxin-HC ointment (generic for Cortisporin <sup>®</sup> )
	neomycin-polymyxin-HC drops (generic for Ocutricin <sup>®</sup> )
	sulfacetamide-prednisolone drops (generic for Vasocidin <sup>®</sup> )
	Tobradex <sup>®</sup> ST Drops
	Zylet <sup>®</sup> Drops
<b>ANTI-INFLAMMATORY</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
dexamethasone drops (generic for Decadron <sup>®</sup> )	Acular <sup>®</sup> Drops / LS Solution
diclofenac drops (generic for Voltaren <sup>®</sup> )	Acurail <sup>®</sup> Solution
difluprednate drops (generic for Durezol <sup>®</sup> )	bromfenac drops (generic for ProLensa <sup>®</sup> , Xibrom <sup>®</sup> , BromSite <sup>®</sup> )
Flarex <sup>®</sup> Drops	BromSite <sup>®</sup> Solution
fluorometholone drops (generic for FML <sup>®</sup> )	Dextenza <sup>®</sup> Insert
flurbiprofen drops (generic for Ocufen <sup>®</sup> )	Durezol <sup>®</sup> Drops
ketorolac solution (generic for Acular <sup>®</sup> / LS)	FML <sup>®</sup> Forte Drops / Liquifilm <sup>®</sup> Drops
Lotemax <sup>®</sup> Drops	Ilevro <sup>®</sup> Drops
Nevanac <sup>®</sup> Droptainer	Iluvien <sup>®</sup> Implant
Pred Mild <sup>®</sup> Drops	Invectys <sup>™</sup> Drops
prednisolone acetate drops (generic for Pred Forte <sup>®</sup> )	Lotemax <sup>®</sup> Gel / SM Gel / Ointment
	loteprednol drops / gel (generic for Lotemax <sup>®</sup> )
	Maxidex <sup>®</sup> Drops
	Ozurdex <sup>®</sup> Implant
	Pred Forte <sup>®</sup> Drops
	prednisolone sodium phosphate drops (generic for Inflammase Forte <sup>®</sup> )
	ProLensa <sup>®</sup> Drops
	Retisert <sup>®</sup> Implant
	Triescence <sup>®</sup> Vial
	Xipere <sup>™</sup> (Intraocular)
	Yutiq <sup>™</sup> Implant
<b>ANTI-INFLAMMATORY / IMMUNOMODULATOR</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
Restasis <sup>®</sup> Drops / Restasis <sup>®</sup> Multidose <sup>™</sup> Drops	Cequa <sup>™</sup> Drops
Xiidra <sup>®</sup> Drops	cyclosporine emulsion (generic for Restasis <sup>®</sup> )
	Eysuvis <sup>®</sup> Drops
	Miebo <sup>™</sup> Drops
	Tyrvaya <sup>®</sup> Nasal Spray
	Verkazia <sup>®</sup> Eye Emulsion - <i>T/F of preferred agents not required for diagnosis of vernal keratoconjunctivitis (VKC)</i>
	Vevye <sup>®</sup> Drops
<b>ALPHA 2 ADRENERGIC AGENTS</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
Alphagan <sup>®</sup> P Drops	apraclonidine drops (generic for Iopidine <sup>®</sup> )
brimonidine drops (generic for Alphagan <sup>®</sup> )	brimonidine P drops (generic for Alphagan <sup>®</sup> P)
	Iopidine <sup>®</sup> Drops
<b>Open class-No recommendations</b>	
<b>BETA BLOCKER AGENTS / COMBINATIONS</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
Combigan <sup>®</sup> Drops	betaxolol drops (generic for Betoptic <sup>®</sup> )
timolol drops / GFS gel-solution (generic for Timoptic <sup>®</sup> / Timoptic XE <sup>®</sup> )	Betimol <sup>®</sup> Drops
	Betoptic <sup>®</sup> S Drops
	brimonidine tartrate / timolol drops (generic for Combigan <sup>®</sup> )
	carteolol drops (generic for Ocupress <sup>®</sup> )
	Istalol <sup>®</sup> Drops
	Ievobunolol drops (generic for Betagan <sup>®</sup> )
	<b>timolol (generic for Betimol<sup>®</sup> drops)</b>
	timolol drop (generic for Istalol <sup>®</sup> Drops)
	timolol maleate drop (generic for Timoptic <sup>®</sup> Ocudose <sup>®</sup> Drops)
	Timoptic <sup>®</sup> Drops / Ocudose <sup>®</sup> Drops / XE <sup>®</sup> Solution
<b>CARBONIC ANHYDRASE INHIBITORS / COMBINATIONS</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
dorzolamide drops (generic for Trusopt <sup>®</sup> )	Azopt <sup>®</sup> Drops
dorzolamide-timolol drops (generic for Cosopt <sup>®</sup> )	brinzolamide drops (generic for Azopt <sup>®</sup> Drops)
Simbrinza <sup>®</sup> Drops	Cosopt <sup>®</sup> Drops / PF Drops
	dorzolamide-timolol PF drops (generic for Cosopt <sup>®</sup> PF)

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Open class-No recommendations	
PROSTAGLANDIN AGONISTS	
Preferred	Non-Preferred
latanoprost drops (generic for Xalatan <sup>®</sup> )	bimatoprost drops (generic for Lumigan <sup>®</sup> Drops)
Travatan <sup>®</sup> Z Drops	Durysta <sup>®</sup> Implant
	iDose <sup>®</sup> TR Implant
	Jyuzeh <sup>™</sup> Drops
	Lumigan <sup>®</sup> Drops
	tafluprost drops (generic for Zioptan <sup>®</sup> )
	travoprost drops (generic for Travatan <sup>®</sup> Z)
	Vyzulta <sup>®</sup> Drops
	Xalatan <sup>®</sup> Drops
	Xelpros <sup>®</sup> Drops
	Zioptan <sup>®</sup> Drops
RHO KINASE MODIFIERS / COMBINATIONS	
Preferred	Non-Preferred
Rhopressa <sup>®</sup> Drops	
Rocklatan <sup>®</sup> Drops	
Open class-No recommendations	
OSTEOPOROSIS	
BONE RESORPTION SUPPRESSION AND RELATED AGENTS	
Preferred	Non-Preferred
alendronate tablet (generic for Fosamax <sup>®</sup> )	Actonel <sup>®</sup> Tablet
raloxifene tablet (generic for Evista <sup>®</sup> )	alendronate solution (generic for Fosamax <sup>®</sup> Solution)
	Atelvia <sup>®</sup> Tablet
	Binosto <sup>®</sup> Effervescent Tablet
	calcitonin salmon nasal spray (generic for Miacalcin <sup>®</sup> )
	Eventy <sup>™</sup> Syringe
	Evista <sup>®</sup> Tablet
	Forteo <sup>®</sup> Pen
	Fosamax <sup>®</sup> Tablet / Plus D Tablet
	ibandronate tablet (generic for Boniva <sup>®</sup> )
	Prolia <sup>®</sup> Syringe
	risedronate tablet (generic for Actonel <sup>®</sup> )
	risedronate DR tablet (generic for Atelvia <sup>®</sup> )
	teriparatide pen (generic for Forteo <sup>®</sup> )
	Tymlos <sup>®</sup> Pen
OTIC	
ANTIBIOTICS	
Preferred	Non-Preferred
Ciprodex <sup>®</sup> Suspension	Cipro <sup>®</sup> HC Suspension
ciprofloxacin-dexamethasone suspension (generic for Ciprodex <sup>®</sup> )	ciprofloxacin solution (generic for Cetraxal <sup>®</sup> )
neomycin-polymyxin-hydrocortisone solution / suspension (generic for Cortisporin <sup>®</sup> )	ciprofloxacin-fluocinolone drops (generic for Otovel <sup>®</sup> )
ofloxacin drops (generic for Floxin <sup>®</sup> )	Cortisporin-TC <sup>®</sup> Suspension
	Otovel <sup>®</sup> Drops
Obsolete: Removed Ciprodex <sup>®</sup> Suspension	
ANTI-INFECTIVES AND ANESTHETICS	
Preferred	Non-Preferred
acetic acid solution (generic for Vosol <sup>®</sup> )	acetic acid-hydrocortisone solution (generic for Vosol <sup>®</sup> HC)
Open class-No recommendations	
ANTI-INFLAMMATORY	
Preferred	Non-Preferred
Dermotic <sup>®</sup> Oil	Flac <sup>®</sup> Otic Oil
	fluocinolone 0.01% oil (generic for Dermotic <sup>®</sup> )
Open class-No recommendations	
RESPIRATORY	
BETA-ADRENERGIC HANDHELD, LONG ACTING	
Preferred	Non-Preferred
Serevent <sup>®</sup> Diskus <sup>®</sup>	Striverdi <sup>®</sup> Respimat <sup>®</sup> Inhalation Spray
Open class-No recommendations	
BETA-ADRENERGIC HANDHELD, SHORT ACTING	
Preferred	Non-Preferred
Ventolin <sup>®</sup> HFA Inhaler	albuterol HFA inhaler (generic for Proair <sup>®</sup> HFA Inhaler / Proventil <sup>®</sup> HFA Inhaler / Ventolin <sup>®</sup> HFA Inhaler)
Xopenex <sup>®</sup> HFA Inhaler	levalbuterol HFA inhaler (generic for Xopenex <sup>®</sup> HFA Inhaler)
	Proair <sup>®</sup> DigiHaler <sup>™</sup>

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	Proair <sup>®</sup> RespiClick <sup>®</sup>
<b>BETA-ADRENERGIC, NEBULIZERS</b>	
<b>T/F of only one preferred drug required</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
albuterol 0.63mg / 3ml solution (generic for Accuneb <sup>®</sup> )	arformoterol solution (generic for Brovana <sup>®</sup> )
albuterol 1.25mg / 3ml solution (generic for Accuneb <sup>®</sup> )	Brovana <sup>®</sup> Solution
albuterol sulfate 2.5mg / 0.5ml solution	formoterol solution (generic for Perforomist <sup>®</sup> )
albuterol sulfate 2.5mg / 3ml solution	levalbuterol solution / concentrate solution (generic for Xopenex <sup>®</sup> / Concentrate)
	Perforomist <sup>®</sup> Solution
<b>Open class-No recommendations</b>	
<b>BETA-ADRENERGIC, ORAL</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
albuterol tablets (generic for Proventil <sup>®</sup> Repetabs)	albuterol ER tablets (generic for VoSpire <sup>®</sup> ER)
albuterol syrup (generic for Ventolin <sup>®</sup> Syrup)	
terbutaline tablet (generic for Brethine <sup>®</sup> )	
<b>Open class-No recommendations</b>	
<b>ORALLY INHALED ANTICHOLINERGICS / COPD AGENTS</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
Anoro <sup>®</sup> Ellipta <sup>®</sup> Inhaler	Bevespi <sup>®</sup> Aerosphere <sup>®</sup>
Atrovent <sup>®</sup> HFA Inhaler	Daliresp <sup>®</sup> Tablet
Combivent <sup>®</sup> Respimat <sup>®</sup> Inhalation Spray	Duaklir <sup>®</sup> Pressair <sup>®</sup>
Incuse <sup>®</sup> Ellipta <sup>®</sup> Inhaler	tiotropium inhaler (generic for Spiriva <sup>®</sup> Handihaler <sup>®</sup> )
ipratropium nebulizer solution (generic for Atrovent <sup>®</sup> )	Tudorza <sup>®</sup> Pressair <sup>®</sup> Inhaler
ipratropium / albuterol solution (generic for Duoneb <sup>®</sup> )	Yupelri <sup>™</sup> Solution
roflumilast tablet (generic for Daliresp <sup>®</sup> )	Ohtuvayre <sup>™</sup> Inhalation suspension
Spiriva <sup>®</sup> Handihaler <sup>®</sup> / Respimat <sup>®</sup> Inhalation Spray	
Stiolto <sup>®</sup> Respimat <sup>®</sup> Inhalation Spray	
<b>Reconciliation: added Ohtuvayre<sup>™</sup> Inhalation suspension to non-preferred</b>	
<b>INHALED CORTICOSTEROIDS</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
Alvesco <sup>®</sup> Inhaler	ArmonAir <sup>™</sup> Digihaler <sup>™</sup>
Amuity <sup>™</sup> Ellipta <sup>®</sup> Inhaler	fluticasone propionate diskus (generic for Flovent <sup>®</sup> Diskus)
Asmanex <sup>®</sup> HFA Inhaler / Twisthaler <sup>®</sup>	Pulmicort <sup>®</sup> Flexhaler
budesonide suspension 0.25mg, 0.5mg, 1mg (generic for Pulmicort <sup>®</sup> Respules)	Pulmicort <sup>®</sup> Respules 0.25mg, 0.5mg, 1mg
Flovent <sup>®</sup> Diskus / HFA Inhaler	
fluticasone propionate HFA / diskus (generic for Flovent <sup>®</sup> HFA / Diskus)	
QVAR <sup>®</sup> RediHaler <sup>™</sup>	
<b>INHALED CORTICOSTEROID COMBINATIONS</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
Advair <sup>®</sup> Diskus <sup>®</sup>	AirDuo <sup>®</sup> Digihaler <sup>™</sup> / RespiClick <sup>®</sup>
Advair <sup>®</sup> HFA Inhaler	AirSupra <sup>™</sup> Inhaler
Dulera <sup>®</sup> Inhaler	Breo <sup>®</sup> Ellipta <sup>®</sup>
Symbicort <sup>®</sup> Inhaler	Breyna <sup>™</sup> Inhaler
	Breztri <sup>™</sup> Aerosphere <sup>™</sup>
	budesonide / formoterol inhalation (generic for Symbicort <sup>®</sup> )
	fluticasone / salmeterol HFA inhaler (generic for Advair <sup>®</sup> HFA)
	fluticasone / salmeterol inhalation (generic for Advair <sup>®</sup> Diskus <sup>®</sup> )
	fluticasone / salmeterol inhalation (generic for AirDuo <sup>®</sup> )
	fluticasone / vilanterol inhalation (generic for Breo <sup>®</sup> Ellipta <sup>®</sup> )
	Trelegy <sup>®</sup> Ellipta <sup>®</sup>
	Wixela <sup>™</sup> Inhub <sup>™</sup>
<b>INTRANASAL RHINITIS AGENTS</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
azelastine spray (generic for Astelin <sup>®</sup> )	<b>T/F of preferred agents not required in children &lt; 4 years of age for steroid-containing products</b>
Dymista <sup>®</sup> Nasal Spray	azelastine nasal spray (generic for Astepro <sup>®</sup> )
fluticasone spray (generic for Flonase <sup>®</sup> )	azelastine-fluticasone nasal spray (generic for Dymista <sup>®</sup> )
ipratropium spray (generic for Atrovent <sup>®</sup> Nasal)	Beconase <sup>®</sup> AQ Nasal Spray
olopatadine nasal spray (generic for Patanase <sup>®</sup> )	flunisolide nasal spray (generic for Nasalide <sup>®</sup> )
	mometasone nasal spray (generic for Nasonex <sup>®</sup> )
	Ommaris <sup>®</sup> Nasal Spray
	Patanase <sup>®</sup> Nasal Spray
	QNasi <sup>™</sup> Nasal Spray / Children's Spray
	Ryaltis <sup>®</sup> Nasal Spray
	Sinuva <sup>™</sup> Implant
	Xhance <sup>™</sup> Nasal Spray
	Zetonna <sup>®</sup> Nasal Spray
<b>LEUKOTRIENE MODIFIERS</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
montelukast chewable / tablet (generic for Singulair <sup>®</sup> )	Accolate <sup>®</sup> Tablet
	montelukast granules (generic for Singulair <sup>®</sup> )
	Singulair <sup>®</sup> Chewable / Granules / Tablet
	zafirlukast tablet (generic for Accolate <sup>®</sup> )
	zileuton tablet (generic for Zylflo <sup>®</sup> )
<b>Open class-No recommendations</b>	

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LOW SEDATING ANTIHISTAMINES	
Preferred	Non-Preferred
	Zyflo® Filmtab
LOW SEDATING ANTIHISTAMINE COMBINATIONS	
Quantity limit of 102 days supply per 12 months apply to all drugs in this class	
Preferred	Non-Preferred
loratadine-D OTC tablet (generic for Claritin-D® OTC)	cetirizine-D OTC tablet (generic for Zyrtec-D® OTC)
	Clarinetx-D® Tablet
<b>Open class-No recommendations</b>	fenofenadine-D 12 Hour OTC Tablet (generic for Allegra-D® 12 Hour OTC)
	fenofenadine-pseudoephedrine ER 24 hour tablet (generic for Allegra-D® 24 hour)
FIRST GENERATION ANTIHISTAMINES	
Preferred	Non-Preferred
carbinoxamine solution	carbinoxamine tablet
cyproheptadine syrup / tablet	clemastine tablet
hydroxyzine capsule / solution / tablet	Karbinal™ ER Suspension - <b>T/F of immediate release carbinoxamine solution and cetirizine syrup required for coverage</b>
	RyClora™ Solution
<b>Open class-No recommendations</b>	RyVent™ Tablet
	Vistaril® Capsule
TOPICALS	
ACNE AGENTS	
Preferred	Non-Preferred
adapalene / benzoyl peroxide (generic for Epiduo® Forte)	Acanya® Gel Pump
adapalene / benzoyl peroxide (generic for Epiduo® Gel)	adapalene gel pump (generic for Differin®)
adapalene cream / gel (generic for Differin®)	Aklief®
azelaic acid gel (generic for Finacea®)	Altreno® Lotion (Topical)
clindamycin phosphate gel / lotion (generic for Cleocin-T®, Clindagel®)	Arazlo™ Lotion
clindamycin phosphate pledgets / solution (generic for Cleocin-T®)	Atralin® Gel
clindamycin-benzoyl peroxide gel (generic for Duac®)	Avar® Cleanser / LS Cleanser
erythromycin gel (generic for Emcin®, Erycette®, EryGel®, et. al.)	Avar-E® Emollient Cream / Green Emollient Cream / LS Cream
erythromycin solution (generic for Emcin®, EryDerm®, EryMax®, et. al.)	Benzamycin® Gel
erythromycin-benzoyl peroxide gel (generic for Benzamycin®)	BP® 10-1 Wash / Cleansing Wash
Finacea® Gel	Cabtree™ Gel
Retin-A® Cream / Gel	Cleocin® T Lotion
Retin-A® Micro Gel	Clindacin® ETZ Pledget / Kit / P Foam / P Pledgets / PAC Kit
Epiduo® gel pump	Clindagel® Gel
Differin® lotion/cream	clindamycin / tretinoin (generic for Veltin®)
Differin® gel pump	clindamycin phosphate foam (generic for Evoclin®)
	clindamycin-benzoyl peroxide gel (generic for Neuaac®)
	clindamycin-benzoyl peroxide gel / pump (generic for Benzaclin®)
	clindamycin-benzoyl peroxide pump (generic for Acanya®)
	clindamycin-benzoyl peroxide pump (generic for Onexton®)
<b>Reconciliation: Added Twynéo® Cream and Aklief® to non-preferred</b>	dapsone gel / gel pump (generic for Aczone® Gel)
	Ery® Pads
	Erygel® Gel
	Evoclin® Foam
	Fabior® Foam
	Finacea® Foam
	Klaron® Lotion
	Neuaac® Gel / Kit
	Onexton® Gel / Gel Pump
	Ovace® Plus Cleansing Cream / Gel / Lotion / Shampoo / Wash
	Retin-A® Micro Pump Gel
	Rosamil 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 cream / gel (generic for Retin-A®)
	tretinoin microsphere gel / microsphere gel pump (generic for Retin-A® Micro)
	Twynéo® Cream
	Winlevi® Cream

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	Ziana <sup>®</sup> Gel	
	Zma Clear <sup>™</sup> Cleanser	
<b>ANDROGENIC AGENTS</b>		
<b>Preferred</b>		<b>Non-Preferred</b>
AndroGel <sup>®</sup> Pump	AndroGel <sup>®</sup> Packet	
testosterone gel pump (generic for AndroGel <sup>®</sup> )	Natesto <sup>®</sup> Nasal Gel	
	Testim <sup>®</sup> Gel	
	ter	
	testosterone gel pump (generic for Fortesta <sup>®</sup> , Axiron <sup>®</sup> )	
	testosterone packet (generic for AndroGel <sup>®</sup> )	
	Vogelxo <sup>®</sup> Gel / Packet / Pump	
<b>NSAIDS</b>		
<b>Preferred</b>		<b>Non-Preferred</b>
diclofenac topical gel (generic for Voltaren <sup>®</sup> Gel)	diclofenac epolamine patch (generic for Flector <sup>®</sup> )	
	diclofenac solution / pump (generic for Pennsaid <sup>®</sup> )	
	Pennsaid <sup>®</sup> Solution Packet / Pump	
<b>ANTIBIOTICS</b>		
<b>Preferred</b>		<b>Non-Preferred</b>
gentamicin cream / ointment (generic for Garamycin <sup>®</sup> )	Centany <sup>®</sup> AT Ointment Kit / Ointment	
mupirocin ointment (generic for Bactroban <sup>®</sup> )	mupirocin cream (generic for Bactroban <sup>®</sup> )	
<b>Open class-No recommendations</b>	Xepi <sup>™</sup> Cream	
<b>ANTIBIOTICS - VAGINAL</b>		
<b>Preferred</b>		<b>Non-Preferred</b>
Cleocin <sup>®</sup> Vaginal Ovules	Cleocin <sup>®</sup> Vaginal Cream	
Clindesse <sup>®</sup> Vaginal Cream	clindamycin vaginal cream (generic for Cleocin <sup>®</sup> Vaginal Cream)	
metronidazole vaginal gel (generic for Metrogel <sup>®</sup> Vaginal Gel)	metronidazole vaginal gel (generic for Nuvessa <sup>®</sup> Vaginal Gel)	
Nuversa <sup>®</sup> Vaginal Gel	Vandazole <sup>®</sup> Vaginal Gel	
	Xaciato <sup>®</sup> Vaginal Gel	
<b>ANTIFUNGALS</b>		
<b>Preferred</b>		<b>Non-Preferred</b>
ciclopirox cream / solution (generic for Loprox <sup>®</sup> , Penlac <sup>®</sup> )	Bensal HP <sup>®</sup> Ointment	
clotrimazole Rx cream (generic for Lotrimin <sup>®</sup> Rx)	Cicloclan <sup>®</sup> Cream / Cream Kit / Kit / Solution	
clotrimazole-betamethasone cream (generic for Lotrisone <sup>®</sup> )	ciclopirox gel / shampoo / suspension (generic for Loprox <sup>®</sup> )	
ketoconazole cream / shampoo (generic for Nizoral <sup>®</sup> )	ciclopirox treatment kit (generic for Cicloclan <sup>®</sup> )	
Klayesta <sup>®</sup> Powder (branded generic for Nystop <sup>®</sup> )	clotrimazole Rx solution (generic for Lotrimin <sup>®</sup> Rx)	
Nyamyce <sup>®</sup> Powder (branded generic for Nystop <sup>®</sup> )	clotrimazole-betamethasone lotion (generic for Lotrisone <sup>®</sup> )	
nystatin cream / ointment / powder (generic for Mycostatin <sup>®</sup> , Nystop <sup>®</sup> )	econazole cream (generic for Spectazole <sup>®</sup> )	
Nystop <sup>®</sup> Powder	Ertaczo <sup>®</sup> Cream	
	Extina <sup>®</sup> Foam	
	Jublia <sup>®</sup> Topical Solution	
	ketoconazole foam (generic for Extina <sup>®</sup> )	
	Ketodan <sup>®</sup> Foam / Foam Kit	
	Loprox <sup>®</sup> Suspension / Cream / Kit	
	Iuliconazole cream (generic for Luzu <sup>®</sup> )	
	Luzu <sup>®</sup> Cream	
	miconazole / zinc oxide / petrolatum ointment (generic for Vusion <sup>®</sup> ) - <b>Clinical criteria apply</b>	
	naftifine cream / gel (generic for Naftin <sup>®</sup> )	
	Naftin <sup>®</sup> Gel	
	nystatin-triamcinolone cream / ointment (generic for Mycolog II <sup>®</sup> )	
	oxiconazole cream (generic for Oxistat <sup>®</sup> )	
	Oxistat <sup>®</sup> Lotion	
	salicylic acid ointment (generic for Bensal HP <sup>®</sup> )	
	tavaborole topical solution (generic for Kerydin <sup>®</sup> )	
	Vusion <sup>®</sup> Ointment - <b>Clinical criteria apply</b>	
<b>ANTIPARASITICS</b>		
<b>Preferred</b>	<b>T/F of only one preferred drug required</b>	<b>Non-Preferred</b>
Natroba <sup>®</sup> Topical Suspension	Crotan <sup>™</sup> Lotion	
permethrin cream (generic for Elimite <sup>®</sup> )	<b>Elimite<sup>®</sup> Cream</b>	
	Eurax <sup>®</sup> Cream / Lotion	
<b>Reconciliation: added Elimite<sup>™</sup> Cream to non-preferred</b>	lindane shampoo	
	malathion lotion (generic for Ovide <sup>®</sup> )	
	Ovide <sup>®</sup> Lotion	
	Sklice <sup>®</sup> Lotion	
	spinosad topical suspension (generic for Natroba <sup>®</sup> )	
<b>ANTIVIRAL</b>		
<b>Preferred</b>		<b>Non-Preferred</b>
acyclovir ointment (generic for Zovirax <sup>®</sup> )	acyclovir cream (generic for Zovirax <sup>®</sup> )	
Zovirax <sup>®</sup> Cream	Denavir <sup>®</sup> Cream	

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Open class-No recommendations	
	penciclovir cream (generic for Denavir <sup>®</sup> )
	Xerese <sup>®</sup> Cream
	Zovirax <sup>®</sup> Ointment
Imidazoquinolinamines	
Preferred	Non-Preferred
imiquimod cream packet (generic for Aldara <sup>®</sup> )	Condylox <sup>®</sup> Gel
	Hyfitor <sup>™</sup> Gel
	imiquimod cream / cream pump (generic for Zyclara <sup>®</sup> )
	podofilox gel / solution (generic for Condylox <sup>®</sup> )
	Veregen <sup>®</sup> Ointment
	Zyclara <sup>®</sup> Cream / Cream Pump
PSORIASIS	
Preferred	Non-Preferred
calcipotriene cream / solution (generic for Dovonex <sup>®</sup> )	calcipotriene ointment / foam (generic for Dovonex <sup>®</sup> , Sorilux <sup>®</sup> )
	calcipotriene-betamethasone suspension / ointment (generic for Talconex <sup>®</sup> )
	calcitriol ointment (generic for Vectical <sup>®</sup> )
	Duobrii <sup>™</sup> Lotion
	Enstilar <sup>®</sup> Foam
	Sorilux <sup>®</sup> Foam
	Talconex <sup>®</sup> Ointment / Suspension
	Vectical Ointment
	Vtama <sup>®</sup> Cream
	Zoryve <sup>®</sup> 0.3% Cream
ROSACEA AGENTS	
Preferred	Non-Preferred
azelaic acid gel (generic for Finacea <sup>®</sup> )	brimonidie gel pump (generic for Mirvaso <sup>®</sup> )
Finacea <sup>®</sup> Gel	Epsolay <sup>®</sup> (benzoyl peroxide)
MetroCream <sup>®</sup>	Finacea <sup>®</sup> Foam
MetroGel <sup>®</sup>	ivermectin cream (generic for Soalantra <sup>®</sup> )
metronidazole cream (generic for MetroCream <sup>®</sup> )	metronidazole lotion (generic for MetroLotion <sup>®</sup> )
metronidazole gel / pump (generic for MetroGel <sup>®</sup> )	Mirvaso <sup>®</sup> (brimonidie)
Rosadan <sup>®</sup> Cream / Gel	Noritate <sup>®</sup> Cream
	Rhofade <sup>®</sup> Cream
	Rosadan <sup>®</sup> Kit
STEROIDS	
Low Potency	
Preferred	Non-Preferred
DermaSmoothe <sup>®</sup> FS Scalp and Body Oil	alclometasone dipropionate cream / ointment (generic for Aclovate <sup>®</sup> )
desonide cream / ointment (generic for DesOwen <sup>®</sup> )	Capex <sup>®</sup>
fluocinolone body / scalp oil (generic for DermaSmoothe <sup>®</sup> FS Scalp / Body Oil)	DermaSmoothe <sup>®</sup> FS Scalp and Body Oil
hydrocortisone cream / lotion / ointment (generic for Hytone <sup>®</sup> )	desonide lotion (generic for DesOwen <sup>®</sup> Lotion)
	fluocinolone body / scalp oil (generic for DermaSmoothe <sup>®</sup> FS Scalp / Body Oil)
	Hydrocortisone Solution
	Hydroxym <sup>®</sup> Gel
	Texacort <sup>®</sup> Solution
Moved Brand DermaSmoothe <sup>®</sup> FS Scalp and Body Oil from preferred to Non-preferred	
Medium Potency	
Preferred	Non-Preferred
fluticasone cream / ointment (generic for Cutivate <sup>®</sup> )	Beser <sup>™</sup> Lotion / Kit
mometasone cream / ointment / solution (generic for Elocon <sup>®</sup> )	clocortolone cream (generic for Cloderm <sup>®</sup> )
	Cloderm <sup>®</sup> Cream / Pump
	fluocinolone cream / ointment / solution (generic for Synalar <sup>®</sup> )
	flurandemolide Lotion / Ointment
	fluticasone lotion (generic for Cutivate <sup>®</sup> Lotion)
	hydrocortisone butyrate cream / lipid cream / lotion / ointment / solution (generic for Locoid <sup>®</sup> )
	hydrocortisone valerate cream / ointment (generic for Westcort <sup>®</sup> )
	Locoid <sup>®</sup> Lipocream / Lotion
	Pandel <sup>®</sup> Cream
	prednicarbate cream / ointment (generic for Dermatop <sup>®</sup> )
	Synalar <sup>®</sup> Cream / Ointment / Kit / Solution / TS Kit
High Potency	
Preferred	Non-Preferred
betamethasone valerate cream / ointment (generic for Valisone <sup>®</sup> )	amcinonide cream (generic for Cyclocort <sup>®</sup> )
fluocinonide cream / gel / ointment / solution (generic for Lidex <sup>®</sup> )	betamethasone dipropionate augmented cream / gel / lotion / ointment (generic for Diprolene <sup>®</sup> )
triamcinolone acetonide cream / lotion / ointment (generic for Kenalog <sup>®</sup> )	betamethasone dipropionate cream / lotion / ointment (generic for Diprosone <sup>®</sup> )
	betamethasone valerate foam / lotion (generic for Valisone <sup>®</sup> )
	desoximetasone cream / gel / ointment / spray (generic for Topicort <sup>®</sup> )
	diflorasone cream / ointment (generic for Florone <sup>®</sup> )
	Diprolene <sup>®</sup> Ointment
	fluocinonide emollient cream (generic for Lidex <sup>®</sup> E)
	halcinonide cream (generic for Halog <sup>®</sup> )
	halcinonide solution (generic for Halog <sup>®</sup> )
	Halog <sup>®</sup> Cream / Ointment / Solution
	Kenalog <sup>®</sup> Spray
	Topicort <sup>®</sup> Cream / Gel / Ointment / Spray

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	triamcinolone spray (generic for Kenalog <sup>®</sup> )
	Vanos <sup>®</sup> Cream
<b>Very High Potency</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
clobetasol cream / emollient cream / gel / ointment (generic for Temovate <sup>®</sup> )	ApexiCon <sup>®</sup> E Cream
clobetasol shampoo (generic for Clobex <sup>®</sup> )	Bryhali <sup>™</sup> Lotion
clobetasol solution (generic for Cormax <sup>®</sup> )	clobetasol foam / emollient foam / emulsion foam (generic for Olux <sup>®</sup> / Olux-E <sup>®</sup> )
Clobex <sup>®</sup> Shampoo	clobetasol lotion / spray (generic for Clobex <sup>®</sup> )
halobetasol propionate cream / ointment (generic for Ultravate <sup>®</sup> )	Clodan <sup>®</sup> Kit / Shampoo
<b>Open class-No recommendations</b>	halobetasol propionate foam (generic for Lexette <sup>®</sup> )
	Impklo <sup>™</sup> Lotion
	Lexette <sup>®</sup> Foam
	Olux <sup>®</sup> Foam
	Temovate <sup>®</sup> Ointment
	Tovet <sup>™</sup> Foam / Foam Kit
	Ultravate <sup>®</sup> Lotion
<b>MISCELLANEOUS</b>	
<b>WEIGHT MANAGEMENT AGENTS</b>	
GLP-1 Receptor Agonists indicated for the treatment of obesity (Incretin Mimetics)	
<b>Clinical criteria apply to all drugs in this class</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
Wegovy <sup>®</sup> Pen	Saxenda <sup>®</sup> (liraglutide) Pen
	Zepbound <sup>®</sup> (tirzepatide) Pen
<b>Weight Management Other (Non-Incretin Mimetics)</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
diethylpropion tablet / ER tablet	benzphetamine tablet
phendimetrazine tablet / ER capsule	orlistat capsule (generic for Xenical <sup>®</sup> )
phentermine tablet / capsule	Xenical <sup>®</sup> (orlistat) Capsule
<b>IMMUNOMODULATORS, ASTHMA</b>	
<b>Clinical criteria apply to all drugs in this class</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
Fasenra <sup>®</sup> Pen / Syringe	Cinqair <sup>®</sup> Vial
Xolair <sup>®</sup> (omalizumab) Autoinjector/Syringe	Nucala <sup>®</sup> Syringe / Vial / Autoinjector
	Tezspire <sup>®</sup> Pen / Syringe - <b>T/F of preferred agents not required for diagnosis of non-allergic, non-eosinophilic severe asthma</b>
	Xolair <sup>®</sup> Vial
<b>IMMUNOMODULATORS, Atopic Dermatitis</b>	
<b>Clinical criteria apply to all drugs in this class</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
Adbry <sup>®</sup> Syringe	Adbry <sup>®</sup> (tralokinumab-ldrm) Autoinjector
Dupixent <sup>®</sup> Pen / Syringe	Ebglyss Pen
Elidel <sup>®</sup> Cream	<b>Ebglyss<sup>™</sup> Syringe (lebrikizumab-lbkz)</b>
Eucrisa <sup>®</sup> 2% Ointment	Opzelura <sup>™</sup> Cream
tacrolimus ointment (generic for Protopic <sup>®</sup> )	pimecrolimus cream (generic for Elidel <sup>®</sup> )
<b>NTM: Added Ebglyss Syringe (lebrikizumab-lbkz) to non-preferred Reconciliation: added Nemluvio<sup>®</sup> to non-preferred</b>	Zoryve <sup>®</sup> (roflumilast) 0.15% Cream
	<b>Nemluvio<sup>®</sup></b>
<b>ANTIPSORIATICS, ORAL</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
acitretin (generic for Soriatane <sup>®</sup> )	methoxsalen rapid (generic for Oxsoalene-Ultra <sup>®</sup> )



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EPINEPHRINE, SELF ADMINISTERED	
Quantity limits apply to all drugs in this class	
Preferred	Non-Preferred
Auvi-Q <sup>®</sup> Auto Injector	epinephrine auto injector (generic for Adrenaclick <sup>®</sup> )
epinephrine auto injector (generic for Epi-Pen <sup>®</sup> / Epi-Pen <sup>®</sup> Jr.)	neffy <sup>®</sup> nasal spray
Epi-Pen <sup>®</sup> Auto Injector / 2-Pak / Jr. Auto Injector / Jr. 2-Pak	
<b>NTM: Added neffy<sup>®</sup> nasal spray to non-preferred Status Change: Auvi-Q<sup>®</sup> Auto Injector moved from non-preferred to preferred</b>	
ESTROGEN AGENTS, COMBINATIONS	
Preferred	Non-Preferred
Activella <sup>®</sup> Tablet	Bijuva <sup>®</sup> Capsule
Amabelz <sup>™</sup> Tablet	
estradiol/norethindrone tablet (generic for Activella <sup>®</sup> )	
Fyavolv <sup>™</sup> Tablet	
Jinteli <sup>®</sup> (branded generic for FemHRT <sup>®</sup> )	
Minivex <sup>®</sup> / Lo (branded generic for Activella <sup>®</sup> )	
norethindrone-ethinyl estradiol (generic for FemHRT <sup>®</sup> )	
Premphase <sup>®</sup> Tablet	
Prempro <sup>®</sup> Tablet	
ESTROGEN AGENTS, ORAL / TRANSDERMAL	
Preferred	Non-Preferred
Climara <sup>®</sup> Pro Patch	Climara <sup>®</sup> Patch
CombiPatch <sup>®</sup> Patch	Divigel <sup>®</sup> Gel Packet
estradiol patch (generic for Climara <sup>®</sup> , Menostar <sup>®</sup> , Vivelle-Dot <sup>®</sup> )	Dotti <sup>™</sup> Patch
estradiol tablet (generic for Estrace <sup>®</sup> )	Duavee <sup>®</sup> Tablet
Evamist <sup>®</sup> Spray	Elestrin <sup>®</sup> Gel
Menest <sup>®</sup> Tablet	Estrace <sup>®</sup> Tablet
Premarin <sup>®</sup> Tablet	Estradiol Gel Pump
	estradiol gel packet (generic for Divigel <sup>®</sup> )
	Lyllana <sup>™</sup> Patch
	Menostar <sup>®</sup> Patch
	Minivelle <sup>®</sup> Patch
	Osphena <sup>®</sup> Tablet
	Veozah <sup>™</sup> Tablet
	Vivelle-Dot <sup>®</sup> Patch
ESTROGEN AGENTS, VAGINAL PREPARATIONS	
Preferred	Non-Preferred
Estring <sup>®</sup> Vaginal Ring	Estrace <sup>®</sup> Cream
Premarin <sup>®</sup> Vaginal Cream	estradiol vaginal cream / tablet (generic for Estrace <sup>®</sup> )
Vagifem <sup>®</sup> Vaginal Tablet	Femring <sup>®</sup> Vaginal Ring
	Imvexxy <sup>®</sup> Vaginal Inserts
	Yuvaferm <sup>®</sup> Vaginal Tablet
<b>Open class-No recommendations</b>	
GLUCOCORTICOID STEROIDS, ORAL	
Preferred	Non-Preferred
budesonide EC capsule (generic for Entocort <sup>®</sup> EC)	Alkindi <sup>®</sup> Sprinkle Capsule
dexamethasone elixir / tablet (generic for Decadron <sup>®</sup> )	Cortel <sup>®</sup> Tablet
dexamethasone solution (generic for Condecx <sup>®</sup> )	cortisone tablet (generic for Patisono <sup>®</sup> )
Emlaza <sup>®</sup> Tablet - <b>Clinical criteria apply</b>	deflazacort tablet (generic for Emlaza <sup>®</sup> ) - <b>Clinical criteria apply</b>
hydrocortisone tablet	deflazacort suspension (generic for Emlaza <sup>®</sup> ) - <b>Clinical criteria apply. T/F of preferred agents not required for children &lt; 12 years of age.</b>
methylprednisolone 4mg dosepack / tablet (generic for Medrol <sup>®</sup> )	dexamethasone tablet dosepack / Intensol <sup>®</sup> Drops
prednisolone sodium phosphate solution (generic for PediaPred <sup>®</sup> , OraPred <sup>®</sup> , Veripred <sup>®</sup> )	Emlaza <sup>®</sup> Suspension - <b>Clinical criteria apply. T/F of preferred agents not required for children &lt; 12 years of age.</b>
prednisolone solution (generic for Prelone <sup>®</sup> , Millipred <sup>®</sup> )	Eohilia <sup>®</sup> Suspension - <b>T/F of preferred agents not required for diagnosis of eosinophilic esophagitis</b>
prednisone dose pack (generic for Sterapred <sup>®</sup> )	Hemady <sup>™</sup> Tablet
prednisone solution / tablet (generic for Deltasone <sup>®</sup> )	Medrol <sup>®</sup> Dose Pack / Tablet
	methylprednisolone 8mg / 16mg / 32mg tablet (generic for Medrol <sup>®</sup> )
	Millipred <sup>®</sup> Dose Pack / Tablet
	prednisolone ODT (generic for Orapred <sup>®</sup> ODT)
	prednisolone tablet
	Prednisone Intensol <sup>®</sup> Concentrated Solution
	Rayos <sup>®</sup> Tablet
	Taperdex <sup>®</sup> Tablet
	Tarpeyo <sup>™</sup> Capsule - <b>T/F of preferred agents not required for diagnosis of IgA nephropathy</b>
CYTOKINE AND CAM ANTAGONISTS	
Clinical criteria apply to all drugs in this class	
T/F of only one Preferred drug required	
Preferred	Non-Preferred
adalimumab-adaz Pen / Syringe	Abrilada <sup>™</sup> Pen / Syringe
adalimumab-fkjp Pen / Syringe	Actemra <sup>®</sup> ACTPen <sup>™</sup> / Syringe / Vial
Cosentyx <sup>®</sup> SensorReady <sup>®</sup> Pen / UnoReady <sup>®</sup> Pen / Syringe	adalimumab-aaef Pen
Enbrel <sup>®</sup> Mini Cartridge / Sureclick <sup>®</sup> Syringe / Syringe / Vial	adalimumab-aaty Autoinjector / Syringe
Hadlima <sup>™</sup> Syringe / PushTouch	adalimumab-adbm Pen / Psoriasis-UV Pen / Crohn's Pen / Syringe
Humira <sup>®</sup> Crohn's Starter Pack / Ped. Crohn's Starter Pack / Pen / Psoriasis Starter Pack / Syringe	adalimumab-ryvk Autoinjector / Syringe
infliximab vial (generic for Remicade <sup>®</sup> )	Amjevita <sup>™</sup> Syringe / Autoinjector
Otezla <sup>®</sup> Starter Pack / Tablet	Arcalyst <sup>®</sup> SQ Syringe

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	Avsola <sup>®</sup> Vial
	Bimzelx <sup>®</sup> Autoinjector / Syringe
	Cibinqo <sup>™</sup> Tablet
	Cimzia <sup>®</sup> Starter Kit / Syringe Kit / Vial Kit
	Cosentyx <sup>®</sup> Vial
	Cyltezo <sup>™</sup> (adalimumab-adbm) Psoriasis-UV Pen
	Cyltezo <sup>™</sup> Syringe / Crohn's-UC-HS Pen / Psoriasis Pen / Pen
	Enspryng <sup>™</sup> Syringe
	Entyvio <sup>®</sup> Pen / Vial
	Hulio <sup>™</sup> Pen / Syringe
	Hyrimoz <sup>™</sup> Pen / Crohn's-UC Pen / Ped. Crohn's Pen / Syringe / Psoriasis Pen
	Idacio <sup>®</sup> Pen / Psoriasis Pen / Crohn's-UC Pen / Syringe
	Ilaris <sup>®</sup> Vial
	Ilumya <sup>®</sup> Syringe
	Infectra <sup>™</sup> Vial
	Kevzara <sup>®</sup> Syringe / Pen
	Kineret <sup>®</sup> Syringe - T/F of preferred agents not required for diagnosis of Neonatal Onset Multi-System Inflammatory Disease
	Olumiant <sup>®</sup> Tablet
	Omvo <sup>®</sup> (mirikizumab-mrkz) Syringe
	Omvo <sup>™</sup> Pen / Vial
	Orencia <sup>®</sup> Clickjet <sup>®</sup> / Syringe / Vial
	Remicade <sup>®</sup> Vial
	Renflexis <sup>™</sup> Vial
	Rinvoq <sup>®</sup> (upadacitinib) LQ Solution
	Rinvoq <sup>®</sup> ER Tablet
<b>NTM: Added Simlandi<sup>®</sup> Kit INJ (CF) 100 MG/ML to non-preferred</b>	Siliq <sup>®</sup> Syringe
	Simlandi <sup>®</sup> Autoinjector
	<b>Simlandi<sup>®</sup> Kit INJ (CF) 100 MG/ML</b>
	Simponi <sup>®</sup> Pen / Syringe / Aria <sup>®</sup> Vial
	Skyrizi <sup>®</sup> On-Body / Vial / Pen / Syringe
	Sotyktu <sup>®</sup> Tablet
	Spevigo <sup>®</sup> Vial / Syringe
	Stelara <sup>®</sup> Syringe / Vial
	Taltz <sup>®</sup> Auto-injector / Syringe
	Tofidence <sup>™</sup> (tocilizumab-bavi) Vial
	Tremfya <sup>®</sup> Syringe / Injector / Vial
	Tyenne <sup>®</sup> (tocilizumab-aazg) Autoinjector / Syringe
	Tyenne <sup>®</sup> Vial
	Uplizna <sup>®</sup> Vial
	Velsipity <sup>™</sup> Tablet
	Xeljanz <sup>®</sup> Tablet / Solution / XR Tablet
	Yuflyma <sup>®</sup> Syringe / Autoinjector / Crohn's-UC-HS Autoinjector
	Yusimry <sup>™</sup> Pen
	Zymfentra <sup>™</sup> Pen / Syringe

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

MOVEMENT DISORDERS	
Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred
Austedo <sup>®</sup> Tablet	Ingrezza <sup>®</sup> (valbenazine) Sprinkle Capsules
Austedo <sup>®</sup> XR Tablet / Titration Kit	Xenazine <sup>®</sup> Tablet
Ingrezza <sup>®</sup> Capsule / Initiation Pack	
tetrabenazine tablet	

HEREDITARY ANGIOEDEMA (HAE) PROPHYLAXIS AGENTS	
Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred
Haegarda <sup>®</sup> Vial	Cinryze <sup>®</sup> Vial

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North Carolina Medicaid Preferred Drug List (PDL)  
**DRAFT April 2025 PDL Panel Meeting**

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

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

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

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

Orladeyo <sup>®</sup> Capsule	Takhzyro <sup>®</sup> Vial / Syringe
<b>Open class-No recommendations</b>	
HEREDITARY ANGIOEDEMA (HAE) TREATMENT AGENTS	
<b>Clinical criteria apply to all drugs in this class</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
Berinet <sup>®</sup> Vial / Kit	Firazyr <sup>®</sup> Syringe
icatibant syringe (generic for Firazyr <sup>®</sup> )	Ruconest <sup>®</sup> Vial
Kalbitor <sup>®</sup> Vial	
Sajazir <sup>™</sup> Syringe (branded generic for icatibant)	
OPIOID ANTAGONISTS	
<b>Preferred</b>	<b>Non-Preferred</b>
Kloxxado <sup>™</sup> Nasal Spray	
LiEMS <sup>™</sup> naloxone Syringe Kit	
naloxone nasal spray (OTC)	
naloxone syringe / spray / vial (generic for Narcan <sup>®</sup> )	
naltrexone tablet	
Narcan <sup>®</sup> Nasal Spray (OTC)	
Opvee <sup>®</sup> Nasal Spray	
Rextovy <sup>™</sup> (naloxone) Nasal Spray	
Vivitrol <sup>®</sup> Vial / Diluent	
Zimhi <sup>™</sup> Syringe	
OPIOID DEPENDENCE	
<b>Preferred</b>	<b>Non-Preferred</b>
<b>Prior Approval Not Required for Coverage of Preferred Agents</b>	
<b>Clinical Criteria Apply to Non-Preferred Agents</b>	
Brixadi <sup>™</sup> Weekly Syringe / Monthly Syringe	buprenorphine-naloxone SL film (generic for Suboxone <sup>®</sup> )
buprenorphine-naloxone SL tablet (generic for Suboxone <sup>®</sup> )	Lofexidine Tablet <b>T/F of preferred agents not required for diagnosis of opioid withdrawal</b>
buprenorphine SL tablet (generic for Subutex <sup>®</sup> )	Lucemyra <sup>™</sup> Tablet - <b>T/F of preferred agents not required for diagnosis of opioid withdrawal</b>
Suboxone <sup>®</sup> SL Film	Zubsolv <sup>®</sup> Tablet SL
Sublocade <sup>®</sup> Syringe	
SKELETAL MUSCLE RELAXANTS	
<b>Preferred</b>	<b>Non-Preferred</b>
baclofen tablet (generic for Lioresal <sup>®</sup> )	Amrix <sup>®</sup> ER Capsule
cyclobenzaprine tablet (generic for Flexeril <sup>®</sup> )	baclofen oral solution
methocarbamol tablet (generic for Robaxin <sup>®</sup> )	baclofen suspension (generic for Fleqsuvy <sup>™</sup> )
tizanidine tablet (generic for Zanaflex <sup>®</sup> )	chlorthalozone tablet (generic for Parafon Forte <sup>®</sup> )
	cyclobenzaprine ER capsule (generic for Amrix <sup>®</sup> ER)
	Dantrium <sup>™</sup> Capsule / Vial
	dantrolene sodium capsule (generic for Dantrium <sup>™</sup> )
	Fexmid <sup>®</sup> Tablet
	Fleqsuvy <sup>™</sup> Suspension
	Lorzone <sup>®</sup> Tablet
	Lyvispah <sup>®</sup> Granule Packet
	metaxalone tablet (generic for Skelaxin <sup>®</sup> )
	Norgesic <sup>™</sup> Tablet / Forte Tablet
	orphenadrine / aspirin / caffeine tablet (generic for Norgesic <sup>™</sup> )
	orphenadrine citrate tablet / vial (generic for Norflex <sup>®</sup> )
	Orphengestic <sup>®</sup> Forte Tablet
	Robaxin <sup>™</sup> Vial
	Tanlor <sup>®</sup> Tablet
	tizanidine capsules (generic for Zanaflex <sup>®</sup> )
	Zanaflex <sup>®</sup> Capsule / Tablet
DISPOSABLE INSULIN DELIVERY DEVICES	
<b>Preferred</b>	<b>Non-Preferred</b>
CeQur Simplicity <sup>™</sup>	
CeQur Simplicity <sup>™</sup> Inserter	
Omnipod 5 <sup>®</sup> G6 Pods (5-Pack) / G6 Intro Kit / G6-G7 Pods / G6-G7 Intro Kit	
Omnipod DASH <sup>™</sup> Pods (5-Pack) / Intro Kit	
Omnipod GO <sup>™</sup> Pods	
DIABETIC CONTINUOUS GLUCOSE MONITOR SUPPLIES	
<b>Clinical criteria apply to all items in this class</b>	
Continuous Glucose Monitor Transmitters / Receivers / Readers	
<b>Preferred</b>	<b>Non-Preferred</b>
Dexcom G6 <sup>®</sup> Transmitter / Receiver	Freestyle Libre <sup>™</sup> 14 day Reader
Dexcom G7 <sup>®</sup> Receiver	
Freestyle Libre <sup>™</sup> 2 Reader	
Freestyle Libre <sup>™</sup> 3 Reader	
Continuous Glucose Monitor Sensors	
<b>Preferred</b>	<b>Non-Preferred</b>
Freestyle Libre <sup>™</sup> 2 Sensor	Freestyle Libre <sup>™</sup> 14 day Sensor
Freestyle Libre <sup>™</sup> 2 Plus Sensor	
Freestyle Libre <sup>™</sup> 3 Sensor	
Freestyle Libre <sup>™</sup> 3 Plus Sensor	

**NTM: Added free Freestyle Libre<sup>™</sup> 2 Plus Sensor**

North Carolina Division of Health Benefits  
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Dexcom G6 <sup>®</sup> Sensor	
Dexcom G7 <sup>®</sup> Sensor	

**DIABETIC SUPPLIES**

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

Meters	Lancing Devices
ACCU-CHEK <sup>®</sup> Guide Retail care kit * (see above for billing)	ACCU-CHEK <sup>®</sup> Softclix lancing device kit (Black)
ACCU-CHEK <sup>®</sup> Guide Me Retail care kit * (see above for billing)	ACCU-CHEK <sup>®</sup> Fastclix lancing device kit
Test Strips	Control Solutions
ACCU-CHEK <sup>®</sup> AVIVA PLUS 50 ct test strips	ACCU-CHEK <sup>®</sup> Aviva glucose control solution (2 levels)
ACCU-CHEK <sup>®</sup> SMARTVIEW 50 ct test strips	ACCU-CHEK <sup>®</sup> SmartView glucose control solution (1 level)
ACCU-CHEK <sup>®</sup> Guide 50 ct test strips	ACCU-CHEK <sup>®</sup> Guide 2-Level control solution (2-levels)
ACCU-CHEK <sup>®</sup> Guide 100 ct test strips	
Lancets	<b>Open class-No recommendations</b>
ACCU-CHEK <sup>®</sup> Softclix 100 ct Lancets	
ACCU-CHEK <sup>®</sup> Fastclix 102 ct Lancets	