

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

**Effective Date April 1 2025**

Revised 3.18.25 added red writing on insulins: Prior authorization is required for NP insulins. Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes (Effective 5.01.25)

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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>
	hyp
	Namenda® Titration Pack / XR Capsule / XR Titration Pack
	Namzaric® Capsule / Titration Pack
	rivastigmine patch (generic for Exelon®)
ANALGESICS	
OPIOID ANALGESICS	
Long Acting Opioids	
<b>Clinical criteria apply to all drugs in this class</b>	
Preferred	Non-Preferred
Butrans® Patch	Belbuca® (Buccal) Film
fentanyl patch 12mcg / 25mcg / 50mcg / 75mcg / 100mcg (generic for Duragesic®)	buprenorphine patch (generic for Butrans®)
methadone concentrate / disks / intensol / tablets / solution	Conzip® Capsule
morphine sulfate ER tablet (generic for MS Contin®)	fentanyl patch (37.5 / 62.5 / 87.5mcg dosages) (generic for Duragesic®)
OxyContin® Tablet	hydrocodone ER capsule (generic for Zohydro® ER)
tramadol ER tablet (generic for Ultram ER®, Ryzoil®)	hydrocodone ER tablet (generic for Hysingla® ER)
Xiampza® 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	
<b>Clinical criteria apply to all drugs in this class</b>	
Preferred	Non-Preferred
Actiq® Lozenge	Dsuvia™ SL Tablet
	fentanyl citrate buccal tablet (generic for Fentora®)
	fentanyl citrate lozenge (generic for Actiq®)
	Fentora® Buccal Tablet
Short Acting Schedule II Opioids	
<b>Clinical criteria apply to all drugs in this class</b>	
Preferred	Non-Preferred
Endocet® Tablet (branded generic for Percocet®)	codeine sulfate tablet
hydrocodone-acetaminophen solution / tablet (generic for Hycet®, Lorcet®, Lortab®, Norco®, Vicodin®)	Dilaudid® Liquid / Tablet
hydrocodone-ibuprofen tablet (generic for Ibudone®, Reprexain®, Vicoprofen®)	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 Opium®)
	Percocet® Tablet
	Prolate® Tablet / Solution
	Roxicodone® Tablet
	Roxybond® Tablet
Short Acting Schedule III – IV Opioids / Analgesic Combinations	
<b>Clinical criteria apply to all drugs in this class</b>	
Preferred	Non-Preferred
codeine-acetaminophen solution / tablet (generic for Tylenol with Codeine®)	Ascomp® Capsule (branded generic for Fiorinal with Codeine®)
tramadol tablet (generic for Ultram®)	bupropion compound with codeine capsule (generic for Fiorinal with Codeine®)
tramadol-acetaminophen tablet (generic for Ultracet®)	bupropion-caffeine-APAP with codeine tablet (generic for Fioricet with Codeine®)
	butorphanol spray (generic for Stadol®)
	dihydrocodeine-acetaminophen-caffeine tablet (generic for Panlor SS®)
	Fioricet with Codeine® Capsule
	pentazocine-naloxone tablet (generic for Talwin NX®)
	Qdolo® Solution
	Seglentis® Tablet
	tramadol solution (generic for Qdolo®)
	tramadol tablet (25 mg)

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NSAIDS	
Preferred	Non-Preferred
celecoxib capsule (generic for Celebrex <sup>®</sup> )	Arthrotec <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 Arthrotec <sup>®</sup> )
naproxen sodium tablet (generic for Anaprox <sup>®</sup> )	difunisal 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> )
	ketorolac tromethamine nasal spray (generic for Sprix <sup>®</sup> )
	Kiprofen <sup>™</sup> (ketoprofen) Capsule (branded generic for Orudis <sup>®</sup> )
	Lofena <sup>™</sup> Tablet
	meclofenamate 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	
Preferred	Non-Preferred
duloxetine capsule (generic for Cymbalta <sup>®</sup> )	Cymbalta <sup>®</sup> Capsule
gabapentin capsule / solution / tablet (generic for Neurontin <sup>®</sup> )	DermacinRx <sup>™</sup> Lidocan Patch - <b>Clinical criteria apply</b>
lidocaine patch (generic for Lidoderm <sup>®</sup> ) - <b>Clinical criteria apply</b>	Drizalma <sup>™</sup> Sprinkle
pregabalin capsule / solution (generic for Lyrica <sup>®</sup> )	duloxetine capsule (generic for Irenka <sup>®</sup> )
	gabapentin ER tablet (generic for Gralise <sup>®</sup> )
	Gralise <sup>®</sup> Tablet
	Horizant <sup>®</sup> Tablet
	Lidocan <sup>™</sup> Patch - <b>Clinical criteria apply</b>
	Lidoderm <sup>®</sup> Patch - <b>Clinical criteria apply</b>
	Lyrica <sup>®</sup> Capsule / Solution / CR Tablet
	Neurontin <sup>®</sup> Capsule / Solution / Tablet
	pregabalin ER tablet (generic for Lyrica <sup>®</sup> CR)
	Quenza <sup>®</sup> Kit
	Savella <sup>®</sup> Tablet / Titration Pack
	Tindacaine <sup>®</sup> Patch
	ZTLido <sup>™</sup> Patch - <b>Clinical criteria apply</b>
ANTICONVULSANTS	
CARBAMAZEPINE DERIVATIVES	
<b>Patients with a diagnosis of seizure disorder are exempt from T/F criteria and may use any carbamazepine product.</b>	
Preferred	Non-Preferred
Aptiom <sup>®</sup> Tablet	carbamazepine ER capsule (generic for Carbatrol <sup>®</sup> )
carbamazepine tablet / suspension / chewable tablet / XR tablet (generic for Tegretol <sup>®</sup> / XR)	Carbatrol <sup>®</sup> Capsule
Equetro <sup>®</sup> Capsule	Epitol <sup>®</sup> Tablet
oxcarbazepine suspension / tablet (generic for Trileptal <sup>®</sup> )	Oxcarbazepine ER (generic for Oxtellar <sup>®</sup> XR)
Oxtellar <sup>®</sup> XR Tablet	Trileptal <sup>®</sup> Tablet
Tegretol <sup>®</sup> Suspension / Tablet / XR Tablet	
Trileptal <sup>®</sup> Suspension	

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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 <sup>®</sup> Capsule	Depakote <sup>®</sup> ER Tablet / Sprinkle Capsule
Dilantin <sup>®</sup> Capsule / Infatab / Suspension	Depakote <sup>®</sup> Tablet
divalproex sprinkle capsule / ER tablet / tablet (generic for Depakote <sup>®</sup> / ER / Sprinkle)	felbamate tablet (generic for Felbatol <sup>®</sup> )
ethosuximide capsule / solution (generic for Zaronit <sup>®</sup> )	mehsuximide capsule (generic for Celontin <sup>®</sup> )
felbamate suspension (generic for Felbatol <sup>®</sup> )	Mysoline <sup>®</sup> Tablet
Felbatol <sup>®</sup> Suspension / Tablet	Sczaby <sup>®</sup> Vial
phenobarbital tablet / elixir / solution	Zarontin <sup>®</sup> Capsule / Solution
Phenytek <sup>®</sup> Capsule	
phenytoin chewable / extended capsules / infatab / suspension (generic for Dilantin <sup>®</sup> )	
phenytoin extended capsules (generic for Phenytek <sup>®</sup> )	
primidone Tablet (generic for Mysoline <sup>®</sup> )	
valproic acid capsule / solution (generic for Depakene <sup>®</sup> )	
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 <sup>®</sup> Tablet	Banzel <sup>®</sup> Suspension
Briavact <sup>®</sup> Tablet / Solution	clonazepam ODT (generic for Klonopin <sup>®</sup> Wafer)
clobazam suspension / tablet (generic for Onfi <sup>®</sup> )	Elepsia <sup>™</sup> XR Tablet
clonazepam tablet (generic for Klonopin <sup>®</sup> )	Keppra <sup>®</sup> Tablet / Solution / XR Tablet
Diacomit <sup>®</sup> Capsule / Powder Pack	Klonopin <sup>®</sup> Tablet
Diastat <sup>®</sup> Acudial <sup>®</sup> / Pedi System	Lamictal <sup>®</sup> Chewable / ODT / ODT Starter Kit / Starter Kit / Tablet / XR / XR Starter Kit
diazepam rectal / system (generic for Diastat <sup>®</sup> Accudial <sup>®</sup> / Pedi System)	lamotrigine starter kits (generic for Lamictal <sup>®</sup> )
Epidiolex <sup>®</sup> Solution - <b>Clinical criteria apply</b>	Libervant <sup>™</sup> (diazepam) Buccal Film
Eprontia <sup>™</sup> Solution	Lyrica <sup>®</sup> Capsule / Solution
Fintepla <sup>®</sup> Solution	Motopoly XR <sup>™</sup> (lacosamide extended release) Capsule
Fycopma <sup>®</sup> Tablet / Suspension	Neurontin <sup>®</sup> Capsule / Solution / Tablet
gabapentin capsule / solution / tablet (generic for Neurontin <sup>®</sup> )	Onfi <sup>®</sup> Suspension / Tablet
lacosamide solution / tablet (generic for Vimpat <sup>®</sup> )	Qudexy <sup>®</sup> XR Capsule
lamotrigine chewable / tablet (generic for Lamictal <sup>®</sup> )	rufinamide tablet (generic for Banzel <sup>®</sup> )
lamotrigine ER tablet / ODT / ODT Starter Kit / Starter Kit (generic for Lamictal <sup>®</sup> XR / ODT)	Spritam <sup>®</sup> Tablet
levetiracetam tablet / ER tablet / solution (generic for Keppra <sup>®</sup> / XR)	Sympazan <sup>®</sup> Film
Nayzilam <sup>®</sup> Nasal Spray	Topamax <sup>®</sup> Sprinkle Capsule / Tablet
Roweepra <sup>™</sup> Tablet	topiramate ER capsule (generic for Qudexy <sup>®</sup> )
rufinamide suspension (generic for Banzel <sup>®</sup> )	topiramate ER capsule (generic for Trokendi XR <sup>®</sup> ) - <b>T/F of Trokendi<sup>®</sup> XR Capsule required for coverage</b>
Sabril <sup>®</sup> Tablet / Powder Packet	Trokendi <sup>®</sup> XR Capsule
Subvenite <sup>®</sup> Tablet / Tab Start Kit	vigabatrin tablet (generic for Sabril <sup>®</sup> )
tiagabine tablet (generic for Gabitril <sup>®</sup> )	Vigadrone <sup>®</sup> Powder Packet / Tablet
topiramate sprinkle capsule / tablet (generic for Topamax <sup>®</sup> )	Vigafyte <sup>™</sup> Solution
Valtoco <sup>®</sup> Nasal Spray	Vigpoder <sup>™</sup> Powder Packet
vigabatrin powder packet (generic for Sabril <sup>®</sup> )	Vimpat <sup>®</sup> Solution / Starter Kit / Tablet
Xcopri <sup>®</sup> Tablet / Titration Pack	Zonisade <sup>™</sup> Oral Suspension
zonisamide capsule (generic for Zonegran <sup>®</sup> )	Zalmy <sup>®</sup> Oral Suspension
ANTI-INFECTIVES - SYSTEMIC	
ANTIBIOTICS	
Penicillins, Cephalosporins and Related	
Preferred	Non-Preferred
amoxicillin capsule / chewable / suspension / tablet (generic for Amoxil <sup>®</sup> , Trimox <sup>®</sup> )	amoxicillin-clavulanate chewable tablet (generic for Augmentin <sup>®</sup> )
amoxicillin-clavulanate suspension / tablet / XR tablet (generic for Augmentin <sup>®</sup> / XR)	Augmentin <sup>®</sup> Suspension / ES-600 / XR Tablet
ampicillin capsule / injection / vial	cefactor capsule / suspension / ER tablet (generic for Ceclor <sup>®</sup> / CD)
ampicillin-sulbactam injection / vial	cefadroxil tablet (generic for Duricef <sup>®</sup> )
Bicillin <sup>®</sup> C-R injection	cefepodoxime suspension / tablet (generic for Vantin <sup>®</sup> )
cefadroxil capsule / suspension (generic for Duricef <sup>®</sup> )	
cefdinir capsule / suspension (generic for Omnicef <sup>®</sup> )	
cefixime capsule / suspension (generic for Suprax <sup>®</sup> )	
cefprozil suspension / tablet (generic for Cefzil <sup>®</sup> )	
cefuroxime tablet (generic for Ceftin <sup>®</sup> )	
cephalexin capsule / suspension / tablet (generic for Keflex <sup>®</sup> )	
dicloxacillin capsule	
nafcillin injection / vial	
oxacillin injection / vial	
penicillin G injection / vial	
penicillin V suspension / tablet	
piperacillin - tazobactam injection / vial	
Pfizerpen <sup>®</sup> injection / vial	
Unasyn <sup>®</sup> injection / vial	
Zosyn <sup>®</sup> injection / vial	
Lincosamides and Oxazolidinones	
Preferred	Non-Preferred
clindamycin capsules / solution (generic for Cleocin <sup>®</sup> )	Cleocin <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> )
	Lincocin <sup>®</sup> Vial
	linecomycin vial (generic for Lincocin <sup>®</sup> )
	linezolid IV solution (generic for Zyvox <sup>®</sup> )
	Sivextro <sup>®</sup> Tablet / Vial
	Zyvox <sup>®</sup> Tablet / IV Solution / Suspension
Macrolides and Ketolides	
Preferred	Non-Preferred
azithromycin powder packet / suspension / tablet (generic for Zithromax <sup>®</sup> )	clarithromycin ER tablet (generic for Biaxin XL <sup>™</sup> )
clarithromycin suspension / tablet (generic for Biaxin <sup>®</sup> )	Eryped <sup>®</sup> 200/400 Suspension

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E.E.S. <sup>®</sup> Filmtab / Suspension	Ery-Tab <sup>®</sup> Tablet
Erythrocin <sup>®</sup> Filmtab	Zithromax <sup>®</sup> Powder Packet / Suspension / Tablet / Tri-Pak / Z-Pak
erythromycin ES 200 mg and 400 mg suspension (generic for E.E.S. <sup>®</sup> Suspension, Eryped <sup>®</sup> )	
erythromycin EC capsule (generic for Eryc <sup>®</sup> )	
erythromycin filmtab	
erythromycin ES tablet (generic for E.E.S. <sup>®</sup> Filmtab)	
<b>Nitroimidazoles (Gastrointestinal Antibiotics)</b>	
<b>Preferred</b> <span style="float: right;"><b>Non-Preferred</b></span>	
metronidazole tablet (generic for Flagyl <sup>®</sup> )	Aercolo <sup>®</sup> DR Tablet
vancomycin capsule (generic for Vanocin <sup>®</sup> )	Diffical <sup>®</sup> Suspension / Tablet - <b>T/F of only vancomycin is required for treatment of Clostridium difficile</b>
vancomycin oral solution (generic for Firvanq <sup>®</sup> )	Firvanq <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> <span style="float: right;"><b>Non-Preferred</b></span>	
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>Tetracycline Derivatives</b>	
<b>Preferred</b> <span style="float: right;"><b>Non-Preferred</b></span>	
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
	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> )
	Vibramycin <sup>®</sup> Capsule
<b>Antifungals</b>	
<b>Preferred</b> <span style="float: right;"><b>Non-Preferred</b></span>	
clotrimazole troche (generic for Mycelex <sup>®</sup> Troche)	Ancobon <sup>®</sup> Capsule
fluconazole suspension / tablet (generic for Diflucan <sup>®</sup> )	Brexafemme <sup>®</sup> Tablet
griseofulvin suspension (generic for Grifulvin V <sup>®</sup> )	Cresamba <sup>®</sup> Capsule
griseofulvin ultra tablet (generic for Gris-Peg <sup>®</sup> )	Diflucan <sup>®</sup> Suspension / Tablet
niastatin suspension (generic for Nistat <sup>®</sup> )	flucytosine capsule (generic for Ancobon <sup>®</sup> )
niastatin 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 Sporoxo <sup>®</sup> )
	ketocoazole tablet (generic for Nizora <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> <span style="float: right;"><b>Non-Preferred</b></span>	
entecavir tablet (generic for Baraclude <sup>®</sup> )	adefovir tablet (generic for Hepsera <sup>®</sup> )
lumivudine HBV tablet (generic for Epivir <sup>®</sup> HBV)	Baraclude <sup>®</sup> Solution / Tablet
tenofovir tablet (generic for Viread <sup>®</sup> )	Vemlidy <sup>®</sup> Tablet
Viread <sup>®</sup> Powder / Tablet	

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Antivirals (Hepatitis C Agents)	
Preferred	Non-Preferred
Pegasys <sup>®</sup> Syringe / Vial	
telbivudin 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> )
	Sovald <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	
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> )	
Antivirals (Herpes Treatments)	
Preferred	Non-Preferred
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> )	
Antivirals (Influenza)	
Preferred	Non-Preferred
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
	Tamiflu <sup>®</sup> Capsule / Suspension
	Xofluza <sup>™</sup> Tablet - <b>T/F of only one preferred drug required</b>
Antibiotics, Inhaled	
<b>T/F of only one preferred drug required</b>	
Preferred	Non-Preferred
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>	
ANTIDEPRESSANTS	
Other	
Preferred	Non-Preferred
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 Parnate <sup>®</sup> )	Fetzima <sup>®</sup> Capsule / Titration Pak
trazodone tablet (generic for Desyrel <sup>®</sup> )	Forfivo <sup>®</sup> XL Tablet
venlafaxine tablet / ER capsules (generic for Effexor <sup>®</sup> , Effexor <sup>®</sup> XR)	Marplan <sup>®</sup> Tablet
vilazodone tablet (generic for Vuibryd <sup>®</sup> )	nefazodone tablet (generic for Serzone <sup>®</sup> )
	Pristiq <sup>®</sup> ER Tablet
	Remeron <sup>®</sup> Soltan <sup>™</sup> / Tablet
	Trintellix <sup>®</sup> Tablet
	venlafaxine besylate ER tablet
	venlafaxine ER tablet
	Vuibryd <sup>®</sup> Tablet
	Wellbutrin <sup>®</sup> SR / XL Tablet
	Zuruvac <sup>™</sup> Capsule
Selective Serotonin Reuptake Inhibitor (SSRI)	
Preferred	Non-Preferred
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

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ANTHYPERKINESIS / ADHD	
Preferred	Non-Preferred
Adderall <sup>®</sup> Tablet (Generic Product Per FDA)	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>
dexmethylphenidate 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 - <b>T/F of preferred agents not required for children &lt; 12 years of age</b>
	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
INJECTABLE ANTIPSYCHOTICS	
Injectable Long Acting	
Preferred	Non-Preferred
Abilify Maitena <sup>®</sup> Syringe / Vial	
Abilify Asimufil <sup>®</sup> Syringe Kit	
Aristada <sup>®</sup> / Injivo <sup>™</sup> Syringe	
buphenazine decanoate vial (generic for Prolixin decanoate <sup>®</sup> )	
Haldol <sup>®</sup> decanoate Ampule	
haloperidol decanoate ampule / vial (generic for Haldol decanoate <sup>®</sup> )	
Invenga <sup>®</sup> Hafyera Prefilled Syringe Kit	
Invenga <sup>®</sup> Sustenna Prefilled Syringe	
Invenga <sup>®</sup> Trinzra Syringe	
Persens <sup>®</sup> Syringe	
Risperdal <sup>®</sup> Consta Vial	
risperidone ER vial (generic for Risperdal <sup>®</sup> Consta)	
Rykindo <sup>®</sup> Vial / Vial Kit	
Uzedly <sup>™</sup> Syringe Kit	
Zyprexa <sup>®</sup> Relpreve <sup>™</sup> Vial Kit	
ATYPICAL ANTIPSYCHOTICS	
Oral / Transdermal	
<b>T/F of only one preferred drug required</b>	
Preferred	Non-Preferred
aripiprazole Tablet / Solution (generic for Abilify <sup>®</sup> )	Abilify <sup>®</sup> Tablet / Abilify <sup>®</sup> MyCite <sup>®</sup> Tablet
asenapine SL tablet (generic for Saphris <sup>®</sup> SL)	aripiprazole ODT (generic for Abilify <sup>®</sup> Discmelt <sup>™</sup> )
clozapine tablet (generic for Clozaril <sup>®</sup> )	Caplyta <sup>™</sup> Capsule
lurasidone tablet (generic for Latuda <sup>®</sup> )	clozapine ODT (generic for FazaClo <sup>®</sup> )
olanzapine ODT / tablet (generic for Zyprexa <sup>®</sup> )	Clozaril <sup>®</sup> Tablet
paliperidone ER tablet (generic for Invega <sup>®</sup> )	Cobentify
quetiapine tablet / ER tablet (generic for Seroquel <sup>®</sup> / XR)	Cobentify Starter Pack
risperidone ODT / solution / tablet (generic for Risperdal <sup>®</sup> )	Fanapt <sup>®</sup> Tablet / Titration Pack
Symbax <sup>®</sup> Capsule	Geodon <sup>®</sup> Capsule
Vraylar <sup>®</sup> Capsule	Invenga <sup>®</sup> Tablet
ziprasidone capsule (generic for Geodon <sup>®</sup> )	Latuda <sup>®</sup> Tablet
	Lybalvi <sup>®</sup> Tablet
	Nuplazid <sup>®</sup> Tablet / Capsule
	olanzapine-fluoxetine capsule (generic for Symbax <sup>®</sup> )
	Revulta <sup>®</sup> Tablet / 7-Day Pack / 14-Day Pack
	Risperdal <sup>®</sup> Solution / Tablet
	Saphris <sup>®</sup> SL Tablet
	Secuado <sup>®</sup> Patch
	Seroquel <sup>®</sup> Tablet / XR Tablet / XR Sample Kit
	Versacloz <sup>®</sup> Suspension
	Zyprexa <sup>®</sup> Tablet / Zydis <sup>®</sup> Tablet

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**CARDIOVASCULAR**

ACE INHIBITORS

Preferred	Non-Preferred
benazepril tablet (generic for Lotensin <sup>®</sup> )	Accupril <sup>®</sup> Tablet
enalapril tablet (generic for Vasotec <sup>®</sup> )	Altace <sup>®</sup> Capsule
lisinopril tablet (generic for Prinivil <sup>®</sup> and Zestril <sup>®</sup> )	captropil tablet (generic for Capoten <sup>®</sup> )
ramipril capsule (generic for Altace <sup>®</sup> )	enalapril solution (generic for Epaned <sup>®</sup> ) - <b>T/F of preferred agents not required for children &lt; 12 years of age</b>
	Epaned <sup>®</sup> Solution - <b>T/F of preferred agents not required for children &lt; 12 years of age</b>
	fosinopril tablet (generic for Monopril <sup>®</sup> )
	Lotensin <sup>®</sup> Tablet
	moexipril tablet (generic for Univas <sup>®</sup> )
	Obtelis <sup>®</sup> Solution - <b>T/F of preferred agents not required for children &lt; 12 years of age</b>
	perindopril tablet (generic for Acenon <sup>®</sup> )
	quinapril tablet (generic for Accupril <sup>®</sup> )
	trandolapril tablet (generic for Mavik <sup>®</sup> )
	Vasotec <sup>®</sup> Tablet
	Zestril <sup>®</sup> Tablet

ACE INHIBITOR / CALCIUM CHANNEL BLOCKER COMBINATIONS

Preferred	Non-Preferred
amlodipine-benazepril capsule (generic for Lotrel <sup>®</sup> )	Lotrel <sup>®</sup> Capsule
	trandolapril-verapamil ER tablet (generic for Turka <sup>®</sup> )

ACE INHIBITOR / DIURETIC COMBINATIONS

Preferred	Non-Preferred
enalapril-HCTZ tablet (generic for Vasoretic <sup>®</sup> )	Accuretic <sup>®</sup> Tablet
lisinopril-HCTZ tablet (generic for Prinzide <sup>®</sup> , Zestoretic <sup>®</sup> )	benazepril-HCTZ tablet (generic for Lotensin <sup>®</sup> HCT)
	captropil-HCTZ tablet (generic for Capozide <sup>®</sup> )
	fosinopril-HCTZ tablet (generic for Monopril <sup>®</sup> HCT)
	Lotensin <sup>®</sup> HCT Tablet
	quinapril-HCTZ tablet (generic for Accuretic <sup>®</sup> , Quinaretic <sup>®</sup> )
	Vasoretic <sup>®</sup> Tablet
	Zestoretic <sup>®</sup> Tablet

ANGIOTENSIN II RECEPTOR BLOCKERS

Preferred	Non-Preferred
irbesartan tablet (generic for Avapro <sup>®</sup> )	Atacand <sup>®</sup> Tablet
losartan tablet (generic for Cozaar <sup>®</sup> )	Avapro <sup>®</sup> Tablet
olmesartan tablet (generic for Benicar <sup>®</sup> )	Benicar <sup>®</sup> Tablet
valsartan tablet (generic for Diovan <sup>®</sup> )	candesartan tablet (generic for Atacand <sup>®</sup> )
	Cozaar <sup>®</sup> Tablet
	Diovan <sup>®</sup> Tablet
	Edarby <sup>®</sup> Tablet
	eprosartan tablet (generic for Teveten <sup>®</sup> )
	Micardis <sup>®</sup> Tablet
	telmisartan tablet (generic for Micardis <sup>®</sup> )
	valsartan oral solution

ANGIOTENSIN II RECEPTOR BLOCKER COMBINATIONS

Preferred	Non-Preferred
amlodipine-olmesartan tablet (generic for Azor <sup>®</sup> )	Azor <sup>®</sup> Tablet
amlodipine-valsartan tablet (generic for Exforge <sup>®</sup> )	Exforge <sup>®</sup> Tablet / HCT Tablet
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>

ANTI-ARRHYTHMICS

Preferred	Non-Preferred
amiodarone tablet (generic for Cordarone <sup>®</sup> )	Multa <sup>®</sup> Tablet
disopyramide capsule (generic for Norpace <sup>®</sup> )	Norpace <sup>®</sup> Capsule / CR Capsule
dofetilide capsule (generic for Tikosyn <sup>®</sup> )	Facoron <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> )	Rythmol SR <sup>®</sup> Capsule
propafenone tablet (generic for Rythmol <sup>®</sup> )	Tikosyn <sup>®</sup> Capsule
propafenone SR capsule (generic for Rythmol SR <sup>®</sup> )	
quinidine sulfate tablet (generic for Quinidex <sup>®</sup> Tablet)	

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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> )	Corgard <sup>®</sup> Tablet
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
	Karpargo <sup>®</sup> Sprinkle - <b>T/F of preferred agents not required for children &lt; 12 years of age</b>
	Lopressor <sup>®</sup> Tablet
	nadolol tablet (generic for Corgard <sup>®</sup> )
	pindolol tablet (generic for Visken <sup>®</sup> )
	Sotylze <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)	colestevam 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> )	Altoprev <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> )	Erallor <sup>™</sup> Capsule
simvastatin tablet (generic for Zocor <sup>®</sup> )	ezetimibe-simvastatin (generic for Vytorin <sup>®</sup> )
	Flolipid <sup>™</sup> (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 <sup>®</sup> / XL)
	Juxtapid <sup>®</sup> Capsule - <b>Clinical criteria apply</b>
	Lescol <sup>®</sup> XL Tablet
	Lipitor <sup>®</sup> Tablet
	Livalo <sup>®</sup> Tablet - <b>T/F of preferred agents not required with concomitant antiretroviral therapy in patients diagnosed with HIV</b>
	Nexletol <sup>®</sup> Tablet - <b>Clinical criteria apply</b>
	Nexlizer <sup>®</sup> Tablet - <b>Clinical criteria apply</b>
	pitavastatin tablet (generic for Livalo <sup>®</sup> ) - <b>T/F of preferred agents not required with concomitant antiretroviral therapy in patients diagnosed with HIV</b>
	Vytorin <sup>®</sup> Tablet
	Zetia <sup>®</sup> Tablet
	Zocor <sup>®</sup> Tablet
	Zypitamag <sup>®</sup> Tablet
CORONARY VASODILATORS	
Preferred	Non-Preferred
isosorbide dinitrate tablet (generic for Isordil <sup>®</sup> Titradose <sup>®</sup> , IsoDitrate <sup>®</sup> , et.al.)	Gonitro <sup>®</sup> Sublingual Powder
isosorbide mononitrate tablet / ER tablet (generic for Iso <sup>®</sup> , Monoket <sup>®</sup> , Indur <sup>®</sup> )	Isordil <sup>®</sup> Tablet / Titradose <sup>®</sup> Tablet
nitroglycerin patch / spray / SL tablet (generic for Nitro-Dur <sup>®</sup> , Minitran <sup>®</sup> , Nitrostat <sup>®</sup> , et. al)	Nitro-Bid <sup>®</sup> Ointment
Nitrostat <sup>®</sup> SL Tablet	Nitro-Dur <sup>®</sup> Patch
	Nitrolinqual <sup>®</sup> Spray
	Venquvo <sup>®</sup> Tablet
DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS	
Preferred	Non-Preferred
amlodipine tablet (generic for Norvasc <sup>®</sup> )	felodipine ER tablet (generic for Plendil <sup>®</sup> )
nifedipine capsule (generic for Procardia <sup>®</sup> )	isradipine capsule (generic for Dynacirc <sup>®</sup> )
nifedipine ER tablet (generic for Adalat CC <sup>®</sup> / Procardia XL <sup>®</sup> )	Katerzia <sup>™</sup> Suspension - <b>T/F of preferred agents not required for children &lt; 12 years of age</b>
	levamlodipine tablet (generic for Coniupin <sup>®</sup> )
	nicardipine capsule (generic for Cardene <sup>®</sup> )
	nimodipine capsule (generic for Nimotop <sup>®</sup> )
	nimodipine solution
	nisoldipine ER tablet (generic for Sular <sup>®</sup> )
	Norliqva <sup>®</sup> Solution
	Norvasc <sup>®</sup> Tablet
	Nymalize <sup>®</sup> Solution
	Procardia <sup>®</sup> XL Tablet
	Sular <sup>®</sup> Tablet
DIRECT RENIN INHIBITOR	
Preferred	Non-Preferred
Tekturna <sup>®</sup> Tablet	aliskiren tablet (generic for Tekturna <sup>®</sup> Tablet)
Tekturna <sup>®</sup> HCT Tablet	



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ENDOTHELIN RECEPTOR ANTAGONISTS		
Covered for diagnosis of Pulmonary Arterial Hypertension only		
Preferred		Non-Preferred
ambrisentan tablet (generic for Letairis® Tablet)	bosentan tablet (generic for Tracleer® Tablet)	
Tracleer® Tablet	Letairis® Tablet	
	Opsumit® Tablet	
	Opsumis® Tablet	
	Tracleer® Suspension	
INHALED PROSTACYCLIN ANALOGS		
Preferred		Non-Preferred
Tyvaso® Refill Kit / Solution / Starter Kit	Tyvaso® DPI	
Ventavis® Solution		
NIACIN DERIVATIVES		
Preferred		Non-Preferred
niacin ER tablet (generic for Niaspan®)		
NITRATE COMBINATION		
Preferred		Non-Preferred
Bidil® Tablet	isosorbide dinit/hydralazine tablet (generic for Bidil®)	
NON-DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS		
Preferred		Non-Preferred
Carina 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®)	
Tiadylh® ER Capsule	Tiazac® Capsule	
verapamil tablet / ER tablet (generic for Calan® / SR)	verapamil ER capsule / PM capsule (generic for Verelan® / Verelan® PM)	
	Verelan® PM Capsule	
ORAL PULMONARY HYPERTENSION		
Covered for diagnosis of Pulmonary Arterial Hypertension (all) and Chronic Thromboembolic Pulmonary Hypertension- Adempas® only		
Preferred		Non-Preferred
Alyq® Tablet (branded generic for tadalafil)	Adcirca® Tablet	
sildenafil tablet (generic for Revatio®)	Adempas® Tablet	
tadalafil tablet (generic for Adcirca®)	Lagrev® 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	
	Uprivati® Tablet / Titration Pack	
PLATELET INHIBITORS		
Preferred		Non-Preferred
Bridion® 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	
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®)	methylodopa-HCTZ tablet (generic for Aldomet®)	
methylodopa tablet (generic for Aldomet®)	methylodopa 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 Fibracor®, Trilipix®)	
icosapent ethyl capsule (generic for Vascepa®)	Fenoglide® Tablet	
omega-3 acid ethyl esters capsule (generic for Lovaza®)	Fibracor® Tablet	
	Lipofen® Capsule	
	Lorid® Tablet	
	Lovaza® Capsule	
	Tricor® Tablet	
	Trilipix® Capsule	
CARDIOVASCULAR, OTHER		
Preferred		Non-Preferred
Camzyos® Capsule - <b>Clinical criteria apply</b>		

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**CENTRAL NERVOUS SYSTEM**

**ANTIMIGRAINE AGENTS**

Quantity limits apply to all triptans

Preferred

Non-Preferred

rizatriptan tablet / ODT (generic for Maxalt <sup>®</sup> )	almotriptan tablet (generic for Axert <sup>™</sup> )
sumatriptan nasal spray / tablet / vial (generic for Imitrex <sup>®</sup> )	diclofenac potassium powder packet (generic for Cambia <sup>®</sup> ) - T/F of 2 preferred NSAIDs, in addition to T/F of 2 preferred triptans in the Antimigraine Agents class required for coverage
	eletriptan tablet (generic for Relpax <sup>®</sup> )
	Elyxyb <sup>™</sup> Solution - T/F of 2 preferred NSAIDs, in addition to T/F of 2 preferred triptans in the Antimigraine Agents class required for coverage
	Frova <sup>®</sup> Tablet
	frovatriptan tablet (generic for Frova <sup>®</sup> )
	Imitrex <sup>®</sup> Cartridge / Nasal Spray / Pen / Tablet
	Maxalt <sup>™</sup> Tablet / MLT Tablet
	naratriptan tablet (generic for Amerge <sup>®</sup> )
	Relpax <sup>™</sup> Tablet
	Reyvow <sup>™</sup> Tablet
	sumatriptan injection kit / refill / syringe (generic for Imitrex <sup>®</sup> )
	sumatriptan / naproxen tablet (generic for Treximet <sup>™</sup> )
	Tosymra <sup>™</sup> Nasal Spray
	Zembrace <sup>®</sup> SymTouch <sup>®</sup>
	zolmitriptan nasal spray / ODT / tablet (generic for Zomig <sup>®</sup> )
	Zomig <sup>®</sup> Nasal Spray / Tablet

**ANTIMIGRAINE AGENTS**

**CGRP Blockers/Modulators PREVENTATIVE**

Clinical criteria apply to all drugs in this class

Preferred

Non-Preferred

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	

**ANTIMIGRAINE AGENTS**

**CGRP Blockers/Modulators ACUTE TREATMENT**

Clinical criteria apply to all drugs in this class

Preferred

Non-Preferred

Nurtec <sup>®</sup> ODT	Zavzpret <sup>™</sup> Nasal Spray
Ubrovelvy <sup>®</sup> Tablet	

**ANTI-NARCOLEPSY**

Clinical criteria apply to all drugs in this class

Preferred

Non-Preferred

Navigil <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

**ANTIPARKINSON AND RESTLESS LEG SYNDROME AGENTS**

Preferred

Non-Preferred

amantadine capsule / solution (generic for Symmetrel <sup>™</sup> )	Apokyn <sup>®</sup> Cartridge
benztropine tablet (generic for Cogentin <sup>®</sup> )	apomorphine cartridge (generic for Apokyn <sup>®</sup> )
bromocriptine capsule / tablet (generic for Parlodel <sup>®</sup> )	Azilect <sup>®</sup> Tablet
carbidopa-levodopa ODT (generic for Parcopa <sup>®</sup> )	carbidopa tablet (generic for Lodospa <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> )	Comtan <sup>®</sup> Tablet
ropinirole tablet (generic for Requip <sup>®</sup> )	Crexont Capsule ER
selegiline capsule / tablet (generic for Emsam <sup>®</sup> )	Dhivy Tablet <sup>™</sup>
trihexyphenidyl elixir / tablet (generic for Artane <sup>®</sup> )	Duopa <sup>®</sup> Suspension
	entacapone tablet (generic for Comtan <sup>®</sup> )
	Gocovri <sup>®</sup> Capsule - Clinical criteria apply
	Horizant <sup>®</sup> Tablet
	Inbrija <sup>™</sup> Inhalation
	Kymovio <sup>™</sup> Titration Kit
	Lodospa <sup>®</sup> Tablet
	Mirapex <sup>®</sup> ER Tablet
	Neupro <sup>®</sup> Patch
	Nouriaz <sup>™</sup> Tablet
	Ongentys <sup>®</sup> Capsule
	Osmolex ER <sup>™</sup> Tablet - Clinical criteria apply
	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

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MULTIPLE SCLEROSIS		
Injectable		
Preferred		Non-Preferred
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		Glatape <sup>®</sup> Syringe
Kesimpta <sup>®</sup> Pen		Levetiracetam 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
MULTIPLE SCLEROSIS		
Oral		
Preferred		Non-Preferred
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
		Mayzen <sup>®</sup> Starter Pack / Tablet
		Pomoryn <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
AMYOTROPHIC LATERAL SCLEROSIS (ALS) AGENTS		
Preferred		Non-Preferred
riluzole tablet (generic for Rilutek <sup>®</sup> )		edaravone infusion bag (generic for Radicava <sup>®</sup> )
		Exservan <sup>™</sup> Oral Film
		Qalsody <sup>®</sup> Vial
		Tiglatik <sup>®</sup> Suspension
		Radicava <sup>®</sup> ORS <sup>®</sup> Suspension / ORS <sup>®</sup> Starter Kit Suspension / Infusion Bag
SEDATIVE HYPNOTICS		
Quantity limits apply to all sedative hypnotics		
Preferred		Non-Preferred
eszopiclone tablet (generic for Lunesta <sup>®</sup> )		Ambien <sup>®</sup> Tablet / CR Tablet
flurazepam capsule (generic for Dalmane <sup>®</sup> )		Belsomra <sup>®</sup> Tablet
ramelteon tablet (generic for Rozerem <sup>®</sup> Tablet)		Dayvigo <sup>™</sup> Tablet
temazepam 15mg, 30mg capsule (generic for Restoril <sup>®</sup> )		Doral <sup>®</sup> Tablet
zaleplon capsule (generic for Sonata <sup>®</sup> )		doxepin tablet (generic for Silenor <sup>®</sup> )
zolpidem tablet (generic for Ambien <sup>®</sup> )		Edhax <sup>™</sup> SL Tablet
		estazolam tablet (generic for Prosom <sup>®</sup> )
		Halcion <sup>®</sup> Tablet
		Hetlioz <sup>™</sup> Capsule / LQ Suspension - <b>Clinical criteria apply</b>
		Lunesta <sup>®</sup> Tablet
		quazepam tablet (generic for Doral <sup>®</sup> )
		Quviviq <sup>™</sup> Tablet
		Restoril <sup>®</sup> Capsule
		Rozerem <sup>®</sup> Tablet
		tasimelteon capsule (generic for Hetlioz <sup>™</sup> ) - <b>T/F of Hetlioz<sup>™</sup> Capsule required for coverage</b>
		temazepam 7.5, 22.5 mg capsule (generic for Restoril <sup>®</sup> )
		triazolam tablet (generic for Halcion <sup>®</sup> )
		zolpidem capsule
		zolpidem ER tablet (generic for Ambien <sup>®</sup> CR)
		zolpidem SL tablet (generic for Intermezzo <sup>®</sup> )
TOBACCO CESSATION		
Preferred		Non-Preferred
bupropion SR tablet (generic for Zyban <sup>®</sup> )		Nicotrol <sup>®</sup> Inhaler / NS Nasal Spray
Chantix <sup>®</sup> Tablet / Starting Box / Continuation Month Box		
nicotine gum / lozenge (buccal) / patch		
varenicline tablet / starting month box (generic for Chantix <sup>®</sup> )		
varenicline continuation month box (generic for Chantix <sup>®</sup> )		
ENDOCRINOLOGY		
GROWTH HORMONE		
Clinical criteria apply to all drugs in this class		
Prior Approval Not Required for Use of Serostim <sup>®</sup> in AIDS Wasting Syndrome		
Preferred		Non-Preferred
Genotropin <sup>®</sup> Cartridge / MiniQuick <sup>®</sup>		Humatrope <sup>®</sup> Cartridge
Norditropin <sup>®</sup> Flexpro <sup>®</sup>		Ngenla <sup>®</sup> Pen
		Nutropin <sup>®</sup> AQ NuSpin <sup>®</sup>
		Omnitrope <sup>®</sup> Cartridge / Vial
		Saizen <sup>®</sup> Vial
		Serostim <sup>®</sup> Vial
		Skytrofa <sup>®</sup> Cartridge - <b>T/F of preferred agents not required for children &lt;18 years of age</b>
		Sogroya <sup>®</sup> Pen
		Zomacton <sup>®</sup> Vial

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HYPOGLYCEMICS - INJECTABLE	
Rapid Acting Insulin	
<b>T/F of only one preferred drug required; Prior authorization is required for NP insulins. Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes (Effective 5.01.25)</b>	
Preferred	Non-Preferred
Humalog <sup>®</sup> U-100 Cartridge	Admelog <sup>®</sup> SoloStar <sup>®</sup> / Vial
Humalog <sup>®</sup> U-100 Junior KwikPen <sup>®</sup>	Afrezza <sup>®</sup> Inhalation Powder
Humalog <sup>®</sup> U-100 KwikPen <sup>®</sup> / Vial	Apidra <sup>®</sup> SoloStar <sup>®</sup> / Vial
insulin aspart U-100 FlexPen <sup>®</sup> / vial (generic for Novolog <sup>®</sup> )	Fiasp <sup>®</sup> FlexTouch <sup>®</sup> / Penfill <sup>®</sup> / PumpCar <sup>®</sup> / Vial
insulin lispro U-100 Junior KwikPen <sup>®</sup> (generic for Humalog <sup>®</sup> Junior)	Humalog <sup>®</sup> U-200 KwikPen <sup>®</sup>
insulin lispro U-100 KwikPen <sup>®</sup> / vial (generic for Humalog <sup>®</sup> )	insulin aspart U-100 cartridge (generic for Novolog <sup>®</sup> )
Novolog <sup>®</sup> U-100 Penfill / FlexPen <sup>®</sup> / Vial	Lyumjev <sup>™</sup> U-100 KwikPen <sup>®</sup> / U-200 KwikPen <sup>®</sup> / Vial
Short Acting Insulin	
<b>T/F of only one preferred drug required; Prior authorization is required for NP insulins. Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes (Effective 5.01.25)</b>	
Preferred	Non-Preferred
Humulin <sup>®</sup> R Vial	Myxredlin <sup>™</sup> Injection
Humulin <sup>®</sup> R U-500 KwikPen <sup>®</sup> / U500 Vial	Novolin <sup>®</sup> R Vial / ReliOn <sup>®</sup> R Vial
	Novolin R FlexPen <sup>®</sup>
Intermediate Acting Insulin	
<b>T/F of only one preferred drug required; Prior authorization is required for NP insulins. Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes (Effective 5.01.25)</b>	
Preferred	Non-Preferred
Humulin <sup>®</sup> N Vial	Humulin <sup>®</sup> N KwikPen <sup>®</sup>
	Novolin <sup>®</sup> N FlexPen <sup>®</sup> / ReliOn <sup>®</sup> N FlexPen <sup>®</sup>
	Novolin <sup>®</sup> N Vial / ReliOn <sup>®</sup> N Vial
Long Acting Insulin	
<b>T/F of only one preferred drug required; Prior authorization is required for NP insulins. Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes (Effective 5.01.25)</b>	
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-yfgn pen / vial (generic for Semglee <sup>™</sup> yfgn)
	Rezvoglar <sup>™</sup> Kwikpen <sup>®</sup>
	Semglee <sup>™</sup> yfgn Pen / Vial
	Toujeo <sup>®</sup> SoloStar <sup>®</sup> / Max SoloStar <sup>®</sup>
	Tresiba <sup>®</sup> FlexTouch <sup>®</sup> / Vial
Premixed Rapid Combination Insulin	
<b>T/F of only one preferred drug required; Prior authorization is required for NP insulins. Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes (Effective 5.01.25)</b>	
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	Novolog <sup>®</sup> Mix 70/30 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 FlexPen <sup>®</sup>	
Premixed 70/30 Combination Insulin	
<b>T/F of only one preferred drug required; Prior authorization is required for NP insulins. Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes (Effective 5.01.25)</b>	
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>
Amylin Analogs	
<b>Requires T/F or insufficient response to metformin containing product unless contraindicated or documented adverse event when using either a preferred or non-preferred Amylin Analog</b>	
Preferred	Non-Preferred
Symlin <sup>®</sup> Pen Injector	
GLP-1 Receptor Agonists and Combinations indicated for the treatment of Diabetes	
<b>Clinical criteria apply to all drugs in this class</b>	
Preferred	Non-Preferred
Byetta <sup>®</sup> Pen	Bydureon <sup>™</sup> BCise <sup>™</sup>
Trulicity <sup>®</sup> Pen	binaglutide pen (generic for Victoza <sup>®</sup> )
Victoza <sup>®</sup> Pen	Eybelsus <sup>®</sup> Tablet
Ozempic <sup>®</sup> Pen	Soliqua <sup>®</sup> Pen
	Xultophy <sup>®</sup> Pen
	Mounjaro <sup>®</sup> Pen
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 Micromase <sup>®</sup> , Glybase <sup>™</sup> )	
glyburide tablet (generic for Diabeta <sup>®</sup> )	
Glybase <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 Glucoavance <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

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

**Effective Date April 1 2025**

Revised 3.18.25 added red writing on insulins: Prior authorization is required for NP insulins. Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes (Effective 5.01.25)

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**DPP-IV Inhibitors and Combinations**

**Requires T/F or insufficient response to metformin containing products unless contraindicated or documented adverse event when using either a preferred or a non-preferred DPP-IV Inhibitor or Combination**

Preferred	Non-Preferred
Janumet <sup>®</sup> Tablet / XR Tablet	alogliptin tablet (generic for Nesina <sup>®</sup> )
Januvia <sup>®</sup> Tablet	alogliptin-metformin tablet (generic for Kazano <sup>®</sup> )
Jentaduo <sup>®</sup> Tablet / XR Tablet	alogliptin-pioglitazone tablet (generic for Osem <sup>™</sup> )
Onglyza <sup>®</sup> Tablet	Glyxambi <sup>®</sup> Tablet
Tradjenta <sup>®</sup> Tablet	Kazano <sup>®</sup> Tablet
	Kombiglyze <sup>®</sup> XR Tablet
	Nesina <sup>®</sup> Tablet
	Osem <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> )
	Stegujan <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	
Clinical criteria apply to all drugs in this class	
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	Invokana <sup>®</sup> Tablet
Synjardy <sup>®</sup> XR Tablet	Invokana <sup>®</sup> Tablet / XR Tablet
Xigduo <sup>®</sup> XR Tablet	Invokana <sup>®</sup> Tablet
	Sevflurmet <sup>™</sup> Tablet
	Steglato <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
	Duetac <sup>®</sup> Tablet
	pioglitazone-glimepiride tablet (generic for Duetac <sup>®</sup> )
	pioglitazone-metformin tablet (generic for ActoPlus Met <sup>®</sup> )
GASTROINTESTINAL	
ANTIEMETIC-ANTIVERTIGO AGENTS	
Preferred	Non-Preferred
aprepitant capsule / pack (generic for Emend <sup>®</sup> ) - <b>Clinical criteria apply</b>	Akynzo <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> )	Apoivic <sup>™</sup> Vial
metoclopramide solution / tablet (generic for Reglan <sup>®</sup> )	Barbensys <sup>™</sup> Vial
ondansetron ODT 4mg and 8 mg / solution / tablet (generic for Zofran <sup>®</sup> )	Boniesta <sup>®</sup> Tablet
prochlorperazine tablet (generic for Compazine <sup>®</sup> )	Cinvanti <sup>®</sup> Vial
Promethegan <sup>®</sup> (promethazine) Suppository (12.5 mg and 25 mg)	Compro <sup>®</sup> Suppository
promethazine syrup / suppository (12.5 mg and 25 mg) / tablet / ampule / vial (generic for Phenergan <sup>®</sup> )	doxylamine-pyridoxine tablet (generic for Diclegis <sup>®</sup> )
Transderm-Scop <sup>®</sup> Patch	ibromadol capsule (generic for Marinol <sup>®</sup> )
	Emend <sup>®</sup> Capsule / Powder Packet / Trifold Pack - <b>Clinical criteria apply</b>
	Emend <sup>®</sup> Vial
	Focirvez <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 vial
	ondansetron ODT (16 mg)
	palonosetron injection (generic for Aloxi <sup>®</sup> )
	Phenergan <sup>®</sup> Ampule / 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
	urimethobenzamide capsule (generic for Tigan <sup>®</sup> )
BILE ACID SALTS	
T/F of only one preferred drug required	
Preferred	Non-Preferred
ursodiol capsule (generic for Actigal <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> )	Chemodal <sup>®</sup> Tablet
	Cholbam <sup>®</sup> Capsule
	Iqirvo <sup>®</sup> (elafibranor) Tablet
	Livdelzi Capsule
	Livmarli <sup>®</sup> Oral Solution
	Ocaliva <sup>®</sup> Tablet
	Relstone <sup>™</sup> Capsule
	Urso <sup>®</sup> Tablet / Urso <sup>®</sup> Forte Tablet
H. PYLORI COMBINATIONS	
Preferred	Non-Preferred
Pylera <sup>®</sup> Capsule	bismuth / metronidazole / tetracycline capsule (generic for Pylera <sup>®</sup> )
	lansoprazole-amoxicillin-clarithromycin pack (generic for Prevpac <sup>®</sup> )
	Onmeclamox-Pak <sup>®</sup> Combo Pack

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	Talcia <sup>®</sup> Capsule	
	Vosgerza <sup>®</sup> Tablet / Dual Pak / Triple Pak	
<b>HISTAMINE-2 RECEPTOR ANTAGONISTS</b>		
<b>Preferred</b>		<b>Non-Preferred</b>
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	
<b>PANCREATIC ENZYMES</b>		
<b>Preferred</b>		<b>Non-Preferred</b>
Ceson <sup>®</sup> Capsule	Pertzye <sup>®</sup> Capsule	
Zenpep <sup>®</sup> Capsule	Viokase <sup>®</sup> Tablet	
<b>PROGESTINS USED FOR CACHEXIA</b>		
<b>Preferred</b>		<b>Non-Preferred</b>
megestrol suspension / tablet (generic for Megace <sup>®</sup> )	megestrol ES suspension (generic for Megace <sup>®</sup> ES)	
<b>PROTON PUMP INHIBITORS</b>		
<b>Preferred</b>		<b>Non-Preferred</b>
Dexilam <sup>®</sup> Capsule	Aciphex <sup>®</sup> Tablet	<b>T/F of preferred agents not required for children &lt; 12 years of age</b>
esomeprazole magnesium capsule (generic for Nexium <sup>®</sup> Rx )	dexlansoprazole capsules (generic for Dexilant <sup>®</sup> )	
lansoprazole capsule (generic for Prevacid <sup>®</sup> Rx)	esomeprazole magnesium OTC capsule / tablet (generic for Nexium <sup>®</sup> OTC )	
Nexium <sup>®</sup> Rx Packet	esomeprazole magnesium packet (generic for Nexium <sup>®</sup> Rx Packet)	
omeprazole Rx capsule (generic for Prilosec <sup>®</sup> Rx)	Komwomp <sup>™</sup> Suspension	
pantoprazole tablet (generic for Protonix <sup>®</sup> )	lansoprazole capsule (generic for Prevacid <sup>®</sup> OTC)	
Protonix <sup>®</sup> Suspension	lansoprazole ODT (generic for Prevacid <sup>®</sup> SoluTab <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 <sup>™</sup>	
	Prilosec <sup>®</sup> Rx Suspension	
	Protonix <sup>®</sup> Tablet	
	rabeprazole tablet (generic for Aciphex <sup>®</sup> )	
	Zegerid <sup>®</sup> Rx / Capsule / Packet	
<b>SELECTIVE CONSTIPATION AGENTS</b>		
<b>Preferred</b>		<b>Non-Preferred</b>
Amitiza <sup>®</sup> Capsule	alosetron tablet (generic for Lotronex <sup>®</sup> )	
Linzess <sup>®</sup> Capsule	Ibsrela <sup>®</sup> Tablet	
lubiprostone capsule (generic for Amitiza <sup>®</sup> )	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	
	Tnlance <sup>®</sup> Tablet	
	Viberzi <sup>®</sup> Tablet - <b>T/F of preferred agents not required for Irritable Bowel Syndrome with Diarrhea (IBS-D)</b>	
<b>ULCERATIVE COLITIS</b>		
<b>Oral</b>		
<b>Preferred</b>		<b>Non-Preferred</b>
Apriso <sup>®</sup> Capsule	Asacol <sup>®</sup> HD Tablet	
balsalazide capsule (generic for Colazal <sup>®</sup> )	Azulfidine <sup>®</sup> Entab / Tablet	
mesalamine DR tablet (generic for Lialda <sup>®</sup> )	budesonide ER tablet (generic for Uceris <sup>®</sup> )	
Pentasa <sup>®</sup> Capsule	Colazal <sup>®</sup> Capsule	
sulfasalazine IR / DR tablet (generic for Azulfidine <sup>®</sup> / Entab)	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	
<b>ULCERATIVE COLITIS</b>		
<b>Rectal</b>		
<b>Preferred</b>		<b>Non-Preferred</b>
mesalamine enema (generic for Rowasa <sup>®</sup> )	budesonide rectal foam	
mesalamine suppository (generic for Canasa <sup>®</sup> )	Canasa <sup>®</sup> Suppository	
	mesalamine kit (generic for Rowasa <sup>®</sup> )	
	Rowasa <sup>®</sup> Kit	
	SF Rowasa <sup>®</sup> Enema	
	Uceris <sup>®</sup> Rectal Foam	
<b>GENITOURINARY / RENAL</b>		
<b>ELECTROLYTE DEPLETERS (KIDNEY DISEASE)</b>		
<b>Preferred</b>		<b>Non-Preferred</b>
calcium acetate capsule (generic for PhosLo <sup>®</sup> )	Aurixia <sup>®</sup> Tablet	
calcium acetate tablet (generic for Eliphos <sup>®</sup> )	Fosrenol <sup>®</sup> Chewable Tablet / Powder Pack	
sevelamer carbonate powder pack / tablet (generic for Renvela <sup>®</sup> )	lanthanum carbonate chewable tablet (generic for Fosrenol <sup>®</sup> )	
	MagneBind <sup>®</sup> 400 Rx Tablet	
	Phoslyra <sup>®</sup> (calcium acetate) Solution	
	Renvela <sup>®</sup> Powder Pack / Tablet	
	sevelamer hydrochloride tablet (generic for Renagel <sup>®</sup> )	
	Velphoro <sup>®</sup> Chewable	
	Xphozah <sup>®</sup> Tablet	
<b>BENIGN PROSTATIC HYPERPLASIA TREATMENTS</b>		
<b>Preferred</b>		<b>Non-Preferred</b>
alfuzosin ER tablet (generic for Uroxatral <sup>®</sup> )	Avodart <sup>®</sup> Softgel	
doxazosin tablet (generic for Cardura <sup>®</sup> )	Cardura <sup>®</sup> Tablet / XL Tablet	
dutasteride capsule (generic Avodart <sup>®</sup> )	Cialis <sup>®</sup> Tablet 5 mg - <b>Clinical criteria apply</b>	
finasteride tablet (generic for Proscar <sup>®</sup> )	dutasteride / tamsulosin capsule (generic for Jalya <sup>®</sup> )	
tamsulosin capsule (generic for Flomax <sup>®</sup> )	Entadli <sup>®</sup> Capsule	
terazosin capsule (generic for Hytrin <sup>®</sup> )	Flomax <sup>®</sup> Capsule	
	Proscar <sup>®</sup> Tablet	

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	Rapaflo <sup>®</sup> Capsule	
	sildenafil capsule (generic for Rapaflo <sup>®</sup> )	
	tadalafil tablet (2.5 mg / 5 mg) (generic for Cialis <sup>®</sup> ) - <b>Clinical criteria apply</b>	
<b>URINARY ANTISPASMODICS</b>		
<b>Preferred</b>		<b>Non-Preferred</b>
fesoterodine ER tablet (generic for Toviaz <sup>®</sup> )	darifenacin ER tablet (generic for Enablex <sup>®</sup> )	
oxybutynin solution / syrup / tablet / ER tablet (generic for Ditropan <sup>®</sup> XL)	Detrol <sup>®</sup> Tablet / LA Capsule	
solifenacin tablet (generic for Vesicare <sup>®</sup> )	flavoxate tablet (generic for Urispas <sup>®</sup> )	
tolterodine tablet / ER capsule (generic for Detrol <sup>®</sup> / LA)	Gelnique <sup>®</sup> Gel Sachets	
	Gemtesa <sup>®</sup> Tablet - <b>T/F of preferred agents not required for diagnosis of dementia or mild cognitive impairment and for patients age ≥65 years</b>	
	mirabegron ER Tablet (generic for Myrbetriq <sup>®</sup> ) - <b>T/F of preferred agents not required for diagnosis of dementia or mild cognitive impairment and for patients age ≥65 years</b>	
	Myrbetriq <sup>®</sup> Granules / 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 <sup>®</sup> Patch	
	Toviaz <sup>®</sup> Tablet	
	tropium tablet / ER capsule (generic for Sanctura <sup>®</sup> / XR)	
	Vesicare <sup>®</sup> LS Suspension / Tablet	
<b>GOUT</b>		
<b>Preferred</b>		<b>Non-Preferred</b>
allopurinol tablet (generic for Zyloprim <sup>®</sup> )	allopurinol tablet (200 mg)	
colchicine tablet (generic for Colcrys <sup>®</sup> )	colchicine capsule (generic for Mitigare <sup>®</sup> )	
probenecid tablet (generic for Benemid <sup>®</sup> )	Colcrys <sup>®</sup> Tablet	
probenecid-colchicine tablet (generic for Col-Benemid <sup>®</sup> )	febuxostat tablet (generic for Uloric <sup>®</sup> Tablet)	
	Gloperba <sup>®</sup> Solution	
	Krytox <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>COLONY STIMULATING FACTORS</b>		
<b>Preferred</b>		<b>Non-Preferred</b>
Fulphla <sup>®</sup> Syringe	Eylترا <sup>®</sup> Syringe	
Neupogen <sup>®</sup> Vial / Syringe	Granis <sup>®</sup> Safe Syringe / Syringe / Vial	
Udenveca <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	
	Udenveca <sup>®</sup> On-Body	
	Zarzio <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	
	Rebkozyl <sup>®</sup> Vial	
	Vafseo <sup>®</sup> (vadidastat) Tablet	
<b>THROMBOPOIESIS STIMULATING AGENTS</b>		
<b>Preferred</b>		<b>Non-Preferred</b>
Nplate <sup>®</sup> Vial	Alvair <sup>™</sup> Tablet	
Promacta <sup>®</sup> Suspension / Tablet	Doplet	
	Mulpleta	
	Tavalisse <sup>™</sup> Tablet	

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<b>OPHTHALMIC</b>	
<b>ALLERGIC CONJUNCTIVITIS AGENTS</b>	
Preferred	Non-Preferred
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
	Alrex <sup>®</sup> Drops
	azelastine drops (generic for Optivar <sup>®</sup> )
	bepotastine drops (generic for Bepreve <sup>®</sup> )
	Bepreve <sup>®</sup> Drops
	epinastine drops (generic for Elesta <sup>®</sup> )
	loteprednol drops (generic for Alrex <sup>®</sup> )
	Zerviate <sup>™</sup> Drops
<b>ANTIBIOTICS</b>	
Preferred	Non-Preferred
bacitracin-polymyxin ointment (generic for Polysporin <sup>®</sup> )	Azaitrol <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
polymyxin-trimethoprim drops (generic for Polym <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)
	Ocuflox <sup>®</sup> Drops
	sulfacetamide ointment (generic for Cetamide <sup>®</sup> )
	Tobrex <sup>®</sup> Ointment
	Vigamox <sup>®</sup> Drops
<b>ANTIBIOTICS-STERIOD COMBINATIONS</b>	
Preferred	Non-Preferred
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 Ocumycin <sup>®</sup> )
	sulfacetamide-prednisolone drops (generic for Vasocidin <sup>®</sup> )
	Tobradex <sup>®</sup> ST Drops
	Zylet <sup>®</sup> Drops
<b>ANTI-INFLAMMATORY</b>	
Preferred	Non-Preferred
dexamethasone drops (generic for Decadron <sup>®</sup> )	Acular <sup>®</sup> Drops / LS Solution
diclofenac drops (generic for Voltaren <sup>®</sup> )	Acurval <sup>®</sup> Solution
dihydropyridine 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
ibuprofen 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	Invelys <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
	Trisenace <sup>®</sup> Vial
	Xipere <sup>®</sup> (Intraocular)
	Yutiq <sup>®</sup> Implant
<b>ANTI-INFLAMMATORY / IMMUNOMODULATOR</b>	
Preferred	Non-Preferred
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
	Tyrwaya <sup>®</sup> Nasal Spray
	Verkazia <sup>®</sup> Eye Emulsion - T/F of preferred agents not required for diagnosis of vernal keratoconjunctivitis (VKC)
	Vevye <sup>®</sup> Drops
<b>ALPHA 2 ADRENERGIC AGENTS</b>	
Preferred	Non-Preferred
Alphagan <sup>®</sup> P Drops	apraclonidine drops (generic for Iopidine <sup>®</sup> )
brimonidine drops (generic for Alphagan <sup>®</sup> )	brimonidine P drops (generic for Alphagan <sup>®</sup> P)
	Iopidine <sup>®</sup> Drops



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BETA BLOCKER AGENTS / COMBINATIONS	
Preferred	Non-Preferred
Combigan® Drops	betaxolol drops (generic for Betoptic®)
timolol drops / GFS gel-solution (generic for Timoptic® / Timoptic XE®)	Betimol® Drops
	Betoptic® S Drops
	brimonidine tartrate / timolol drops (generic for Combigan®)
	carteolol drops (generic for Ocupress®)
	Istalol® Drops
	levobunolol drops (generic for Betagan®)
	timolol drop (generic for Istalol® Drops)
	timolol maleate drop (generic for Timoptic® Ocadose™ Drops)
	Timoptic® Drops / Ocadose® Drops / XE® Solution
CARBONIC ANHYDRASE INHIBITORS / COMBINATIONS	
Preferred	Non-Preferred
dorzolamide drops (generic for Trusopt®)	Azopt® Drops
dorzolamide-timolol drops (generic for Cosopt®)	brinzolamide drops (generic for Azopt® Drops)
Simbrinza® Drops	Cosopt® Drops / PF Drops
	dorzolamide-timolol PF drops (generic for Cosopt® PF)
PROSTAGLANDIN AGONISTS	
Preferred	Non-Preferred
latanoprost drops (generic for Xalatan®)	bimatoprost drops (generic for Lumigan® Drops)
Travatan® Z Drops	Durysta® Implant
	iDose® TR Implant
	Iyazeh® Drops
	Lumigan® Drops
	inflaprost drops (generic for Zioptan®)
	travoprost drops (generic for Travatan® Z)
	Vyzulta® Drops
	Xalatan® Drops
	Xelpreo® Drops
	Zioptan® Drops
RHO KINASE MODIFIERS / COMBINATIONS	
Preferred	Non-Preferred
Rhopressa® Drops	
Rocklatan® Drops	
OSTEOPOROSIS	
BONE RESORPTION SUPPRESSION AND RELATED AGENTS	
Preferred	Non-Preferred
alendronate tablet (generic for Fosamax®)	Actonel® Tablet
raloxifene tablet (generic for Evista®)	alendronate solution (generic for Fosamax® Solution)
	Atevia® Tablet
	Binosto® Effervescent Tablet
	calcitonin salmon nasal spray (generic for Miacalcin®)
	Eventy® Syringe
	Evista® Tablet
	Forteo® Pen
	Fosamax® Tablet / Plus D Tablet
	ibandronate tablet (generic for Boniva®)
	Prolia® Syringe
	risedronate tablet (generic for Actonel®)
	risedronate DR tablet (generic for Atevia®)
	teriparatide pen (generic for Forteo®)
	Tymlos® Pen
OTIC	
ANTIBIOTICS	
Preferred	Non-Preferred
Ciprodex® Suspension	Cipro® HC Suspension
ciprofloxacin-dexamethasone suspension (generic for Ciprodex®)	ciprofloxacin solution (generic for Cetraxal®)
neomycin-polymyxin-hydrocortisone solution / suspension (generic for Cortisporin®)	ciprofloxacin-fluocinolone drops (generic for Otovel®)
ofloxacin drops (generic for Floxin®)	Cortisporin-TC® Suspension
	Otovel® Drops
ANTI-INFECTIVES AND ANESTHETICS	
Preferred	Non-Preferred
acetic acid solution (generic for VooSol®)	acetic acid-hydrocortisone solution (generic for VooSol® HC)
ANTI-INFLAMMATORY	
Preferred	Non-Preferred
Dermotic® Oil	Flac® Otic Oil
	fluocinolone 0.01% oil (generic for Dermotic®)
RESPIRATORY	
BETA-ADRENERGIC HANDHELD, LONG ACTING	
Preferred	Non-Preferred
Serevent® Diskus®	Striverdi® Respimat® Inhalation Spray
BETA-ADRENERGIC HANDHELD, SHORT ACTING	
Preferred	Non-Preferred
Ventolin® HFA Inhaler	albuterol HFA inhaler (generic for Proair® HFA Inhaler / Proventil® HFA Inhaler / Ventolin® HFA Inhaler)
Xopenex® HFA Inhaler	levsalbutamol HFA inhaler (generic for Xopenex® HFA Inhaler)
	Proair® Digihaler™
	Proair® RespiClick®

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BETA-ADRENERGIC, NEBULIZERS	
T/F of only one preferred drug required	
Preferred	Non-Preferred
albuterol 0.63mg / 3ml solution (generic for Accuneb <sup>®</sup> )	arformoterol solution (generic for Brovana <sup>®</sup> )
albuterol 1.25mg / 3ml solution (generic for Accuneb <sup>®</sup> )	Brovana <sup>®</sup> Solution
albuterol sulfate 2.5mg / 0.5ml solution	formoterol solution (generic for Perforomist <sup>®</sup> )
albuterol sulfate 2.5mg / 3ml solution	levalbuterol solution / concentrate solution (generic for Xopenex <sup>®</sup> / Concentrate )
	Perforomist <sup>®</sup> Solution
BETA-ADRENERGIC, ORAL	
Preferred	Non-Preferred
albuterol tablets (generic for Proventil <sup>®</sup> Repetabs)	albuterol ER tablets (generic for VoSpire <sup>®</sup> ER)
albuterol syrup (generic for Ventolin <sup>®</sup> Syrup)	
terbutaline tablet (generic for Brethine <sup>®</sup> )	
ORALLY INHALED ANTICHOLINERGICS / COPD AGENTS	
Preferred	Non-Preferred
Anoro <sup>®</sup> Ellipta <sup>®</sup> Inhaler	Bevespi <sup>®</sup> Aerosphere <sup>®</sup>
Atrovent <sup>®</sup> HFA Inhaler	Daliresp <sup>®</sup> Tablet
Combivent <sup>®</sup> Respimat <sup>®</sup> Inhalation Spray	Duaklir <sup>®</sup> Pressair <sup>®</sup>
Incruse <sup>®</sup> Ellipta <sup>®</sup> Inhaler	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> )	
Spiriva <sup>®</sup> Handihaler <sup>®</sup> / Respimat <sup>®</sup> Inhalation Spray	
Stiolto <sup>®</sup> Respimat <sup>®</sup> Inhalation Spray	
INHALED CORTICOSTEROIDS	
Preferred	Non-Preferred
Alvesco <sup>®</sup> Inhaler	ArmonAir <sup>™</sup> Digihaler <sup>™</sup>
Arnuity <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 (generic for Flovent <sup>®</sup> HFA)	
QVAR <sup>®</sup> RediHaler <sup>™</sup>	
INHALED CORTICOSTEROID COMBINATIONS	
Preferred	Non-Preferred
Advair <sup>®</sup> Diskus <sup>®</sup>	AirDuo <sup>®</sup> Digihaler <sup>™</sup> / RespiClick <sup>®</sup>
Advair <sup>®</sup> HFA Inhaler	AirSupra <sup>®</sup> Inhaler
Dulera <sup>®</sup> Inhaler	Breo <sup>®</sup> Ellipta <sup>®</sup>
Symbicort <sup>®</sup> Inhaler	Breyna <sup>™</sup> Inhaler
	Breztri <sup>™</sup> Aerosphere <sup>™</sup>
	budesonide / formoterol inhalation (generic for Symbicort <sup>®</sup> )
	fluticasone / salmeterol HFA inhaler (generic for Advair <sup>®</sup> HFA)
	fluticasone / salmeterol inhalation (generic for Advair <sup>®</sup> Diskus <sup>®</sup> )
	fluticasone / salmeterol inhalation (generic for AirDuo <sup>®</sup> )
	fluticasone / vilanterol inhalation (generic for Breo <sup>®</sup> Ellipta <sup>®</sup> )
	Trelegy <sup>®</sup> Ellipta <sup>®</sup>
	Wixela <sup>™</sup> Inhub <sup>™</sup>
INTRANASAL RHINITIS AGENTS	
Preferred	Non-Preferred
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 Flomax <sup>®</sup> )	azelastine-fluticasone nasal spray (generic for Dymista <sup>®</sup> )
ipratropium spray (generic for Atrovent <sup>®</sup> Nasal)	Becomase <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
	QNas <sup>®</sup> Nasal Spray / Children's Spray
	Ryaltis <sup>®</sup> Nasal Spray
	Simuva <sup>™</sup> Implant
	Xhance <sup>™</sup> Nasal Spray
	Zetonna <sup>®</sup> Nasal Spray
LEUKOTRIENE MODIFIERS	
Preferred	Non-Preferred
montelukast chewable / tablet (generic for Singulair <sup>®</sup> )	Accolate <sup>®</sup> Tablet
	montelukast granules (generic for Singulair <sup>®</sup> )
	Singulair <sup>®</sup> Chewable / Granules / Tablet
	zafirlukast tablet (generic for Accolate <sup>®</sup> )
	zileuton tablet (generic for Zylflo <sup>®</sup> )
	Zyflo <sup>®</sup> Filmtab
LOW SEDATING ANTIHISTAMINES	
Preferred	Non-Preferred
cetirizine OTC syrup 1mg/1ml (generic for Zyrtec <sup>®</sup> OTC Syrup)	cetirizine chewable tablet OTC (generic for Zyrtec <sup>®</sup> OTC Tablet)
cetirizine Rx syrup (generic for Zyrtec <sup>®</sup> Syrup)	cetirizine OTC syrup 5mg/5ml (generic for Zyrtec <sup>®</sup> OTC Syrup)
cetirizine tablets OTC (generic for Zyrtec <sup>®</sup> OTC Tablet)	cetirizine OTC softgel
levocetirizine OTC tablet (generic for Xyzal <sup>®</sup> OTC Tablet)	Clarimex <sup>®</sup> Tablet - <b>T/F of preferred agents not required for children &lt; 2 years of age</b>
levocetirizine Rx tablet (generic for Xyzal <sup>®</sup> Rx Tablet)	desloratadine ODT / Tablet (generic for Clarinex <sup>®</sup> ) - <b>T/F of preferred agents not required for children &lt; 2 years of age</b>
loratadine tablet OTC (generic for Claritin <sup>®</sup> OTC)	levofenadine OTC suspension / OTC tablet (generic for Allegra <sup>®</sup> OTC)
	levocetirizine Rx solution (generic for Xyzal <sup>®</sup> Rx Solution)
	loratadine OTC chewable ODT / solution (generic for Claritin <sup>®</sup> OTC)

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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 <sup>®</sup> OTC)	cetirizine-D OTC tablet (generic for Zyrtec-D <sup>®</sup> OTC) Clarimex-D <sup>™</sup> Tablet fexofenadine-D 12 Hour OTC Tablet (generic for Allegra-D <sup>®</sup> 12 Hour OTC) fexofenadine-pseudoephedrine ER 24 hour tablet (generic for Allegra-D <sup>®</sup> 24 hour)
FIRST GENERATION ANTIHISTAMINES	
Preferred	Non-Preferred
carbinoxamine solution cyproheptadine syrup / tablet hydroxyzine capsule / solution / tablet	carbinoxamine tablet clemastine tablet Karbidol <sup>™</sup> ER Suspension - <b>T/F of immediate release carbinoxamine solution and cetirizine syrup required for coverage</b> ByClora <sup>™</sup> Solution ByVen <sup>™</sup> Tablet Vistam <sup>®</sup> Capsule
TOPICALS	
ACNE AGENTS	
Preferred	Non-Preferred
adapalene / benzoyl peroxide (generic for Epiduo <sup>®</sup> Forte) adapalene / benzoyl peroxide (generic for Epiduo <sup>®</sup> Gel) adapalene cream / gel (generic for Differin <sup>®</sup> ) azelaic acid gel (generic for Finacea <sup>®</sup> ) clindamycin phosphate gel / lotion (generic for Cleocin-T <sup>®</sup> , Clindagel <sup>®</sup> ) clindamycin phosphate pledgets / solution (generic for Cleocin-T <sup>®</sup> ) clindamycin-benzoyl peroxide gel (generic for Duac <sup>™</sup> ) erythromycin gel (generic for Erimin <sup>®</sup> , Erycette <sup>™</sup> , EryGel <sup>®</sup> , et. al.) erythromycin solution (generic for Erimin <sup>®</sup> , EryDerm <sup>™</sup> , EryMax <sup>™</sup> , et. al.) erythromycin-benzoyl peroxide gel (generic for Benzamycin <sup>™</sup> ) Finacea <sup>®</sup> Gel Retin-A <sup>®</sup> Cream / Gel Retin-A <sup>®</sup> Micro Gel	Acanya <sup>®</sup> Gel Pump adapalene gel pump (generic for Differin <sup>®</sup> ) Altreno <sup>®</sup> Lotion (Topical) Arazib <sup>™</sup> Lotion Atralin <sup>™</sup> Gel Avar <sup>®</sup> Cleanser / LS Cleanser Avar-E <sup>®</sup> Emollient Cream / Green Emollient Cream / LS Cream Benzamycin <sup>®</sup> Gel BP <sup>®</sup> 10-1 Wash / Cleansing Wash Cabtree <sup>®</sup> Gel Cleocin <sup>™</sup> T Lotion Clindacin <sup>®</sup> ETZ Pledget / Kit / P Foam / P Pledgets / PAC Kit Clindagel <sup>®</sup> Gel clindamycin / tretinoin (generic for Vehn <sup>™</sup> ) clindamycin phosphate foam (generic for Evoclin <sup>®</sup> ) clindamycin-benzoyl peroxide gel (generic for Neusac <sup>®</sup> ) clindamycin-benzoyl peroxide gel / pump (generic for Benzaclic <sup>®</sup> ) clindamycin-benzoyl peroxide pump (generic for Acanya <sup>®</sup> ) clindamycin-benzoyl peroxide pump (generic for Onexton <sup>®</sup> ) dapsone gel / gel pump (generic for Aczone <sup>®</sup> Gel) Ery <sup>™</sup> Pads Erygel <sup>®</sup> Gel Evoclin <sup>®</sup> Foam Fabior <sup>®</sup> Foam Finacea <sup>®</sup> Foam Klaron <sup>®</sup> Lotion Neusac <sup>®</sup> Gel / Kit Onexton <sup>®</sup> Gel / Gel Pump Ovace <sup>®</sup> Plus Cleansing Cream / Gel / Lotion / Shampoo / Wash Retin-A <sup>®</sup> Micro Pump Gel Rosula <sup>™</sup> Cloths / Wash sodium sulfacetamide cleanser / cream (generic for Avar <sup>®</sup> / LS) sodium sulfacetamide lotion (generic for Klaron <sup>®</sup> ) sodium sulfacetamide shampoo, wash (generic for Ovace <sup>®</sup> / Plus) sodium sulfacetamide-sulfur lotion / suspension (generic for Novacet <sup>®</sup> , Plexion <sup>®</sup> , Zetacet <sup>®</sup> ) sodium sulfacetamide-sulfur pad / suspension / wash (generic for Sumaxin <sup>®</sup> ) SSS <sup>®</sup> 10-5 Cream / Foam sulfacetamide-sulfur 9-4% cleanser (generic for Zencin <sup>™</sup> ) sulfacetamide-sulfur cream (generic for Avar <sup>®</sup> E, SSS <sup>®</sup> 10-5) Sumaxin <sup>®</sup> Kit / XLT Kit / Wash Sumaxin <sup>®</sup> Cleansing Pads / CP Kit / TS Topical Suspension / Wash tazarotene cream / foam / gel (generic for Tazorac <sup>™</sup> , Fabior <sup>™</sup> ) tretinoin cream / gel (generic for Retin-A <sup>®</sup> ) tretinoin microsphere gel / microsphere gel pump (generic for Retin-A <sup>®</sup> Micro) Winlevi <sup>®</sup> Cream Ziana <sup>®</sup> Gel Zma Clear <sup>™</sup> Cleanser
ANDROGENIC AGENTS	
Preferred	Non-Preferred
AndroGel <sup>®</sup> Pump testosterone gel pump (generic for AndroGel <sup>®</sup> )	AndroGel <sup>®</sup> Packet Natesto <sup>®</sup> Nasal Gel Testim <sup>®</sup> Gel testosterone gel / packet (generic for Testim <sup>®</sup> , Voegelbo <sup>®</sup> ) testosterone gel pump (generic for Fortesta <sup>™</sup> , Axiron <sup>™</sup> ) testosterone packet (generic for AndroGel <sup>®</sup> ) Voegelbo <sup>®</sup> Gel / Packet / Pump
NSAIDS	
Preferred	Non-Preferred
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

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ANTIBIOTICS	
Preferred	Non-Preferred
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> )
	Xepl <sup>®</sup> Cream
ANTIBIOTICS - VAGINAL	
Preferred	Non-Preferred
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 Nuversa <sup>®</sup> Vaginal Gel)
Nuversa <sup>®</sup> Vaginal Gel	Vandazole <sup>®</sup> Vaginal Gel
	Xaciat <sup>®</sup> Vaginal Gel
ANTIFUNGALS	
Preferred	Non-Preferred
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> )
ketconazole cream / shampoo (generic for Nizoral <sup>®</sup> )	ciclopirox treatment kit (generic for Cicloclan <sup>®</sup> )
Klavesta <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
	ketconazole foam (generic for Extina <sup>®</sup> )
	Keotodan <sup>®</sup> Foam / Foam Kit
	Loprox <sup>®</sup> Suspension / Cream / Kit
	huliconazole 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> )
	tavalbore topical solution (generic for Kerylin <sup>®</sup> )
	Vusion <sup>®</sup> Ointment - <b>Clinical criteria apply</b>
ANTIPARASITICS	
T/F of only one preferred drug required	
Preferred	Non-Preferred
Natroba <sup>®</sup> Topical Suspension	Crotan <sup>®</sup> Lotion
permethrin cream (generic for Elimite <sup>®</sup> )	Eurax <sup>®</sup> Cream / Lotion
	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> )
ANTIVIRAL	
Preferred	Non-Preferred
acyclovir ointment (generic for Zovirax <sup>®</sup> )	acyclovir cream (generic for Zovirax <sup>®</sup> )
Zovirax <sup>®</sup> Cream	Denavir <sup>®</sup> Cream
	peniclovir cream (generic for Denavir <sup>®</sup> )
	Xcresc <sup>®</sup> Cream
	Zovirax <sup>®</sup> Ointment
Imidazoquinolinamines	
Preferred	Non-Preferred
imiquimod cream packet (generic for Aldara <sup>®</sup> )	Condylox <sup>®</sup> Gel
	Hythor <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> )
	DuoDerm <sup>®</sup> Lotion
	Enstilar <sup>®</sup> Foam
	Sorilux <sup>®</sup> Foam
	Talconex <sup>®</sup> Ointment / Suspension
	Vtama <sup>®</sup> Cream
	Zoryve <sup>®</sup> 0.3% Cream
ROSACEA AGENTS	
Preferred	Non-Preferred
azelaic acid gel (generic for Finacea <sup>®</sup> )	brimonidine gel pump (generic for Mirvaso <sup>®</sup> )
Finacea <sup>®</sup> Gel	Finacea <sup>®</sup> Foam
metronidazole cream (generic for MetroCream <sup>®</sup> )	ivermectin cream (generic for Soolantra <sup>®</sup> )
metronidazole gel / pump (generic for MetroGel <sup>®</sup> )	metronidazole lotion (generic for MetroLotion <sup>®</sup> )
Rosadan <sup>®</sup> Cream / Gel	Noritate <sup>®</sup> Cream
	Rhofade <sup>®</sup> Cream
	Rosadan <sup>®</sup> Kit

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STEROIDS	
Low Potency	
Preferred	Non-Preferred
DermaSmooth <sup>®</sup> FS Scalp and Body Oil	aclometasone dipropionate cream / ointment (generic for Aclova <sup>®</sup> )
desonide cream / ointment (generic for DesOwen <sup>®</sup> )	desonide lotion (generic for DesOwen <sup>®</sup> Lotion)
hydrocortisone cream / lotion / ointment (generic for Hytone <sup>®</sup> )	fluocinolone body / scalp oil (generic for DermaSmooth <sup>®</sup> FS Scalp / Body Oil)
	Hydroxym <sup>®</sup> Gel
	Texacort <sup>®</sup> Solution
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> )
	flurandrenolide / lotion / ointment (generic for Cordran <sup>®</sup> )
	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
	Pandol <sup>®</sup> Cream
	prednicarbate cream / ointment (generic for Dermatop <sup>®</sup> )
	Synalar <sup>®</sup> Cream / Ointment / Kit / Solution / TS Kit
High Potency	
Preferred	Non-Preferred
betamethasone valerate cream / ointment (generic for Valisone <sup>®</sup> )	amcinonide cream (generic for Cyclocort <sup>®</sup> )
fluocinonide cream / gel / ointment / solution (generic for Lidex <sup>®</sup> )	betamethasone dipropionate augmented cream / gel / lotion / ointment (generic for Diprolene <sup>®</sup> )
triamcinolone acetone cream / lotion / ointment (generic for Kenalog <sup>®</sup> )	betamethasone dipropionate cream / lotion / ointment (generic for Diprosone <sup>®</sup> )
	betamethasone valerate foam / lotion (generic for Valisone <sup>®</sup> )
	desoximetasone cream / gel / ointment / spray (generic for Topicort <sup>®</sup> )
	diflorasone cream / ointment (generic for Florone <sup>®</sup> )
	Diprolene <sup>®</sup> Ointment
	fluocinonide emollient cream (generic for Lidex <sup>®</sup> E)
	halcinonide cream (generic for Halog <sup>®</sup> )
	halcinonide solution (generic for Halog <sup>®</sup> )
	Halog <sup>®</sup> Cream / Ointment / Solution
	Kenalog <sup>®</sup> Spray
	Topicort <sup>®</sup> Cream / Gel / Ointment / Spray
	triamcinolone spray (generic for Kenalog <sup>®</sup> )
	Vanos <sup>®</sup> Cream
Very High Potency	
Preferred	Non-Preferred
clobetasol cream / emollient cream / gel / ointment (generic for Temovate <sup>®</sup> )	ApexiCon <sup>®</sup> E Cream
clobetasol solution (generic for Cormax <sup>®</sup> )	Bryhali <sup>™</sup> Lotion
halobetasol propionate cream / ointment (generic for Ultravate <sup>®</sup> )	clobetasol foam / emollient foam / emulsion foam (generic for Olux <sup>®</sup> / Olux-E <sup>®</sup> )
clobetasol shampoo (generic for Clobox <sup>®</sup> )	clobetasol lotion / spray (generic for Clobox <sup>®</sup> )
	Clodan <sup>™</sup> Kit / Shampoo
	halobetasol propionate foam (generic for Lexette <sup>®</sup> )
	Impekle <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
MISCELLANEOUS	
WEIGHT MANAGEMENT AGENTS	
GLP-1 Receptor Agonists indicated for the treatment of obesity (Incretin Mimetics)	
Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred
Wegovy <sup>®</sup> Pen	Saxenda <sup>®</sup> (liraglutide) Pen
	Zepbound <sup>®</sup> (tirzepatide) Pen
Weight Management Other (Non-Incretin Mimetics)	
Preferred	Non-Preferred
diethylpropion tablet / ER tablet	benzphetamine tablet
phendimetrazine tablet / ER capsule	orlistat capsule (generic for Xenical <sup>®</sup> )
phentermine tablet / capsule	Xenical <sup>®</sup> (orlistat) Capsule
IMMUNOMODULATORS, Asthma	
Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred
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 - T/F of preferred agents not required for diagnosis of non-allergic, non-eosinophilic severe asthma
	Xolair <sup>®</sup> Vial
IMMUNOMODULATORS, Atopic Dermatitis	
Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred
Adly <sup>®</sup> Syringe	Adly <sup>®</sup> (tralokinumab-ldm) Autoinjector
Dupixent <sup>®</sup> Pen / Syringe	Elgylss Pen
Elidel <sup>®</sup> Cream	Opzelura <sup>®</sup> Cream
Eucrisa <sup>®</sup> 2% Ointment	pimcrolimus cream (generic for Elidel <sup>®</sup> )
tacrolimus ointment (generic for Protopic <sup>®</sup> )	Zorve <sup>®</sup> (roflumilast) 0.15% Cream

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ANTIPSORIATICS, ORAL	
Preferred	Non-Preferred
acitretin (generic for Soriatane <sup>®</sup> )	methoxsalen rapid (generic for Oxsoresalen-Ultra <sup>®</sup> )
EPINEPHRINE, SELF INJECTED	
Quantity limits apply to all drugs in this class	
Preferred	Non-Preferred
Epi-Pen <sup>®</sup> Auto Injector / 2-Pak / Jr. Auto Injector / Jr. 2-Pak epinephrine auto injector (generic for Epi-Pen <sup>®</sup> / Epi-Pen <sup>®</sup> Jr.)	Auvi-Q <sup>®</sup> Auto Injector epinephrine auto injector (generic for Adrenaclack <sup>®</sup> )
ESTROGEN AGENTS, COMBINATIONS	
Preferred	Non-Preferred
Activella <sup>®</sup> Tablet Amabelz <sup>®</sup> Tablet estradiol/norethindrone tablet (generic for Activella <sup>®</sup> ) Fvavolv <sup>®</sup> Tablet Jinteli <sup>®</sup> (branded generic for FemHRT <sup>™</sup> ) Mimvey <sup>®</sup> / Lo (branded generic for Activella <sup>®</sup> ) norethindrone-ethinyl estradiol (generic for FemHRT <sup>™</sup> ) Premphase <sup>®</sup> Tablet Prempro <sup>®</sup> Tablet	Bijuva <sup>®</sup> Capsule
ESTROGEN AGENTS, ORAL / TRANSDERMAL	
Preferred	Non-Preferred
Climara <sup>®</sup> Pro Patch CombiPatch <sup>®</sup> Patch estradiol patch (generic for Climara <sup>®</sup> , Menostar <sup>®</sup> , Vivelle-Dot <sup>®</sup> ) estradiol tablet (generic for Estrace <sup>®</sup> ) Evamist <sup>®</sup> Spray Menest <sup>®</sup> Tablet Premarin <sup>®</sup> Tablet	Climara <sup>®</sup> Patch Divigel <sup>®</sup> Gel Packet Doti <sup>®</sup> Patch Duaevee <sup>®</sup> Tablet Elestrin <sup>®</sup> Gel Estrace <sup>®</sup> Tablet estradiol gel packet (generic for Divigel <sup>®</sup> ) Lyllana <sup>®</sup> Patch Menostar <sup>®</sup> Patch Minivelle <sup>®</sup> Patch Osphena <sup>®</sup> Tablet Veoza <sup>®</sup> Tablet Vivelle-Dot <sup>®</sup> Patch
ESTROGEN AGENTS, VAGINAL PREPARATIONS	
Preferred	Non-Preferred
Estring <sup>®</sup> Vaginal Ring Premarin <sup>®</sup> Vaginal Cream Vagifem <sup>®</sup> Vaginal Tablet	Estrace <sup>®</sup> Cream estradiol vaginal cream / tablet (generic for Estrace <sup>®</sup> ) Femring <sup>®</sup> Vaginal Ring Imvexxy <sup>®</sup> Vaginal Inserts Yuvafem <sup>®</sup> Vaginal Tablet
GLUCOCORTICOID STEROIDS, ORAL	
Preferred	Non-Preferred
budesonide EC capsule (generic for Entocort <sup>®</sup> EC) dexamethasone elixir / tablet (generic for Decadron <sup>®</sup> ) dexamethasone solution (generic for Concedix <sup>®</sup> ) Emflaza <sup>®</sup> Tablet - <b>Clinical criteria apply</b> methylprednisolone 4mg dosepack / tablet (generic for Medrol <sup>®</sup> ) prednisolone sodium phosphate solution (generic for PediaPred <sup>®</sup> , OraPred <sup>®</sup> , Veripred <sup>®</sup> ) prednisolone solution (generic for Prelone <sup>®</sup> , Millipred <sup>®</sup> ) prednisone dose pack (generic for Sterapred <sup>®</sup> ) prednisone solution / tablet (generic for Deltasone <sup>®</sup> )	Alkandi <sup>®</sup> Sprinkle Capsule Cortel <sup>®</sup> Tablet cortisone tablet (generic for Patison <sup>®</sup> ) deflazacort tablet (generic for Emflaza <sup>®</sup> ) - <b>Clinical criteria apply</b> deflazacort suspension (generic for Emflaza <sup>®</sup> ) - <b>Clinical criteria apply, T/F of preferred agents not required for children &lt; 12 years of age.</b> dexamethasone tablet dosepack / Intensol <sup>®</sup> Drops Emflaza <sup>®</sup> Suspension - <b>Clinical criteria apply, T/F of preferred agents not required for children &lt; 12 years of age.</b> Eohilar <sup>®</sup> Suspension - <b>T/F of preferred agents not required for diagnosis of eosinophilic esophagitis</b> Hemady <sup>™</sup> Tablet Medrol <sup>®</sup> Dose Pack / Tablet methylprednisolone 8mg / 16mg / 32mg tablet (generic for Medrol <sup>®</sup> ) Millipred <sup>®</sup> Dose Pack / Tablet prednisolone ODT (generic for Orapred <sup>®</sup> ODT) prednisolone tablet Prednisone Intensol <sup>®</sup> Concentrated Solution Rayos <sup>®</sup> Tablet Taperdex <sup>®</sup> Tablet Tarpevo <sup>™</sup> Capsule - <b>T/F of preferred agents not required for diagnosis of IgA nephropathy</b>

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CYTOKINE AND CAM ANTAGONISTS (previously listed as Immunomodulators, Systemic)

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>TM</sup> Pen / Syringe
adalimumab-bkjp Pen / Syringe	Actemra <sup>®</sup> ACTPen <sup>™</sup> / Syringe / Vial
Cosentyx <sup>®</sup> Sensorsready <sup>®</sup> Pen / UnoReady <sup>®</sup> Pen / Syringe	adalimumab-aac1 Pen
Eubrel <sup>®</sup> Mini Cartridge / Sureclick <sup>®</sup> Syringe / Syringe / Vial	adalimumab-aaty Autoinjector / Syringe
Hadlima <sup>®</sup> Syringe / Push/Touch	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-ryk Autoinjector
infliximab vial (generic for Remicade <sup>®</sup> )	Amjevita <sup>®</sup> Syringe / Autoinjector
Olezia <sup>®</sup> Starter Pack / Tablet	Arcalet <sup>®</sup> SQ Syringe
	Avsola <sup>®</sup> Vial
	Bimzelex <sup>®</sup> Autoinjector / Syringe
	Cibroqo <sup>®</sup> Tablet
	Cimzia <sup>®</sup> Starter Kit / Syringe Kit / Vial Kit
	Cosentyx <sup>®</sup> Vial
	Cyltezo <sup>®</sup> Syringe / Crohn's-UC-HS Pen / Psoriasis Pen / Pen
	Cyltezo <sup>®</sup> (adalimumab-adbm) Psoriasis-UV Pen
	Enspryng <sup>®</sup> Syringe
	Entyvio <sup>®</sup> Pen / Vial
	Hyrimoz <sup>®</sup> Pen / Crohn's-UC Pen / Ped. Crohn's Pen / Syringe / Psoriasis Pen
	Hulio <sup>®</sup> Pen / Syringe
	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
	Kincere <sup>®</sup> Syringe - T/F of preferred agents not required for diagnosis of Neonatal Onset Multi-System Inflammatory Disease
	Olumiana <sup>®</sup> Tablet
	Omvoth <sup>®</sup> Pen / Vial
	Omvoth <sup>®</sup> (mirikizumab-mrka) Syringe
	Orencia <sup>®</sup> Chicklet <sup>®</sup> / Syringe / Vial
	Remicade <sup>®</sup> Vial
	Renflexis <sup>®</sup> Vial
	Rimvoq <sup>®</sup> ER Tablet
	Rimvoq <sup>®</sup> (upadacitinib) LQ Solution
	Siliq <sup>®</sup> Syringe
	Simlandi <sup>®</sup> Autoinjector
	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
	Trentlya <sup>®</sup> Syringe / Injector Vial
	Tyemne <sup>®</sup> Vial
	Tyemne <sup>®</sup> (tocilizumab-aaag) Autoinjector / Syringe
	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
Astagraf <sup>®</sup> XL Capsule	
Azasan <sup>®</sup> Tablet	
azathioprine tablet (generic for Imuran <sup>®</sup> )	
Celceps <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 Celceps <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	
Rezumock <sup>™</sup> Tablet	
Sandimmune <sup>®</sup> Capsule / Solution	
sirolimus tablet / solution (generic for Rapamune <sup>®</sup> )	
tacrolimus capsule (generic for Hecozia <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	

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

**Effective Date April 1 2025**

Revised 3.18.25 added red writing on insulins: Prior authorization is required for NP insulins. Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes (Effective 5.01.25)

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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
Orladeyo <sup>®</sup> Capsule	Takvozro <sup>®</sup> Vial / Syringe
HEREDITARY ANGIOEDEMA (HAE) TREATMENT AGENTS	
Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred
Berinet <sup>®</sup> Vial / Kit	Firazyr <sup>®</sup> Syringe
icatibant syringe (generic for Firazyr <sup>®</sup> )	Ruconest <sup>®</sup> Vial
Kalbitor <sup>®</sup> Vial	
Sajzair <sup>®</sup> Syringe (branded generic for icatibant)	
OPIOID ANTAGONISTS	
Preferred	Non-Preferred
Kloxxado <sup>™</sup> Nasal Spray	
LifEMS <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	
Rexoxy <sup>™</sup> (naloxone) Nasal Spray	
Vivitrol <sup>®</sup> Vial / Diluent	
Zimhi <sup>™</sup> Syringe	
OPIOID DEPENDENCE	
Preferred	Non-Preferred
Prior Approval Not Required for Coverage of Preferred Agents	
Clinical Criteria Apply to Non-Preferred Agents	
Brixadi <sup>™</sup> Weekly Syringe / Monthly Syringe	buprenorphine-naloxone SL film (generic for Suboxone <sup>®</sup> )
buprenorphine-naloxone SL tablet (generic for Suboxone <sup>®</sup> )	Lofexidine Tablet <i>T/F of preferred agents not required for diagnosis of opioid withdrawal</i>
buprenorphine SL tablet (generic for Subutex <sup>®</sup> )	Lucentra <sup>®</sup> Tablet - <i>T/F of preferred agents not required for diagnosis of opioid withdrawal</i>
Suboxone <sup>®</sup> SL Film	Zubsolv <sup>®</sup> Tablet SL
Sublocade <sup>®</sup> Syringe	
SKELETAL MUSCLE RELAXANTS	
Preferred	Non-Preferred
baclofen tablet (generic for Lioresal <sup>®</sup> )	Amrix <sup>®</sup> ER Capsule
cyclobenzaprine tablet (generic for Flexeril <sup>®</sup> )	baclofen oral solution
methocarbamol tablet (generic for Robaxin <sup>®</sup> )	baclofen suspension (generic for Fleqsuvy <sup>™</sup> )
tizanidine tablet (generic for Zanaflex <sup>®</sup> )	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
	Lyvispa <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> )
	Orphengeseic <sup>®</sup> Forte Tablet
	Robaxin <sup>®</sup> Vial
	Tantor <sup>®</sup> Tablet
	tizanidine capsules (generic for Zanaflex <sup>®</sup> )
	Zanaflex <sup>®</sup> Capsule / Tablet



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**DISPOSABLE INSULIN DELIVERY DEVICES**

**Preferred**

**Non-Preferred**

CeQur Simplicity™
CeQur Simplicity™ 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**

Clinical criteria apply to all items in this class

**Continuous Glucose Monitor Transmitters / Receivers / Readers**

**Preferred**

**Non-Preferred**

Dexcom G6 <sup>®</sup> Transmitter / Receiver
Dexcom G7 <sup>™</sup> Receiver
Freestyle Libre <sup>™</sup> 2 Reader
Freestyle Libre <sup>™</sup> 3 Reader

Freestyle Libre <sup>™</sup> 14 day Reader

**Continuous Glucose Monitor Sensors**

**Preferred**

**Non-Preferred**

Freestyle Libre <sup>™</sup> 2 Sensor
Freestyle Libre <sup>™</sup> 3 Sensor
Freestyle Libre <sup>™</sup> 3 Plus Sensor
Dexcom G6 <sup>®</sup> Sensor
Dexcom G7 <sup>™</sup> Sensor

Freestyle Libre <sup>™</sup> 14 day 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 (dualy eligible and third-party recipients are not affected). These products are covered under the Outpatient Pharmacy Program and can be submitted to the pharmacy point-of-sale system with a prescription. Diabetic supplies, including other brands, can also be submitted under Durable Medical Equipment using the NDC and HCPCS code. Beneficiaries are allowed 1 covered meter every 2 years (730 days). For questions or assistance regarding diabetic supplies for Medicaid Direct members, please call the 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> Guide Me Retail care kit * (see above for billing)

ACCU-CHEK <sup>®</sup> Softclix lancing device kit (Black)
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> SMARTVIEW 50 ct test strips
ACCU-CHEK <sup>®</sup> Guide 50 ct test strips
ACCU-CHEK <sup>®</sup> Guide 100 ct test strips

ACCU-CHEK <sup>®</sup> Aviva glucose control solution (2 levels)
ACCU-CHEK <sup>®</sup> SmartView glucose control solution (1 level)
ACCU-CHEK <sup>®</sup> Guide 2-Level control solution (2-levels)

**Lancets**

ACCU-CHEK <sup>®</sup> Softclix 100 ct Lancets
ACCU-CHEK <sup>®</sup> Fastclix 102 ct Lancets
