North Carolina Division of Health Benefits

North Carolina Medicaid Preferred Drug List (PDL)

Effective Date January 1, 2026

Revised 11.03.2025 Off Cycle Change: Moved Pyzchiva® Syringe/Vial and Steqeyma® Vial /Syringe from non-preferred to preferred due to fiscal impact. Added red writing to Stelara® Syringe / Vial T/F of preferred ustekinumab is required

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

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

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

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

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

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

ALZHEIMER'S AGENTS

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

ANALGESICS

OPIOID ANALGESICS

Long Acting Opioids

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

Clinical criteria apply to all drugs in this class

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

Orally Disintegrating / Oral Spray Schedule II Opioids

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

Clinical criteria apply to all drugs in this class

Preferred	Non-Preferred
Actiq® Lozenge	fentanyl citrate buccal tablet (generic for Fentora®)
	fentanyl citrate lozenge (generic for Actiq®)
	Fentora® Buccal Tablet

Short Acting Schedule II Opioids

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

Clinical criteria apply to all drugs in this class

Preferred	Non-Preferred
Endocet® Tablet (branded generic for Percocet®)	codeine sulfate tablet
hydrocodone-acetaminophen solution / tablet (generic for Hycet®, Lorcet®, Lortab®, Norco®, Vicodin®)	Dilaudid® Liquid / Tablet
hydromorphone tablet (generic for Dilaudid®)	hydrocodone-ibuprofen tablet (generic for Ibudone®, Reprexain®, Vicoprofen®)
morphine solution / tablet (generic for MSIR®)	hydromorphone solution / suppository (generic for Dilaudid®)
oxycodone solution / tablet (generic for Roxicodone®)	levorphanol tablet (generic for Levo-Dromoran®)
oxycodone-acetaminophen capsules (generic for Tylox®)	meperidine solution / tablet (generic for Demerol®)
oxycodone-acetaminophen tablets (generic for Percocet®)	morphine oral syringe
	hydrocodone-acetaminophen Solution (generic for Zolvit)
	morphine suppositories (generic for Roxanol®)
	Nalocet® Tablet
	oxycodone capsule (generic for OxyIR®)
	oxycodone concentrated solution (generic for Roxicodone® Intensol)
	oxycodone-acetaminophen solution
	oxymorphone tablet (generic for Opana®)
	Percocet® Tablet
	Pvolate® Tablet / Solution
	Roxicodone® Tablet
	Roxybond® Tablet

Short Acting Schedule III – IV Opioids / Analgesic Combinations

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

Clinical criteria apply to all drugs in this class

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

NON-OPIOID ANALGESICS

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

Preferred	Non-Preferred
Journavx® Tablet **Quantity limit of a 14 day supply**	

NSAIDS

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

NEUROPATHIC PAIN

Preferred	Non-Preferred
duloxetine capsule (generic for Cymbalta®)	Cymbalta® Capsule
gabapentin capsule / solution / tablet (generic for Neurontin®)	DermacinRx™ Lidocan Patch - **Clinical criteria apply**
lidocaine patch (generic for Lidoderm®) - **Clinical criteria apply**	Dolzalma™ Sprinkle
pregabalin capsule /solution (generic for Lyrica®)	duloxetine capsule (generic for Ireuka®)
	gabapentin ER tablet (generic for Gralise®)
	Gralise® Tablet
	Horizant® Tablet
	Lidocan™ Patch - **Clinical criteria apply**
	Lidoderm® Patch - **Clinical criteria apply**
	Lyrica® Capsule / Solution / CR Tablet
	Neurontin® Capsule / Solution / Tablet
	pregabalin ER tablet (generic for Lyrica® CR)
	Qutenza® Kit
	Savella® Tablet / Titration Pack
	Tridacaine™ Patch
	ZTLido™ Patch - **Clinical criteria apply**

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ANTICONVULSANTS

CARBAMAZEPINE DERIVATIVES

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

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

Preferred	Non-Preferred
Aptiom® Tablet	carbamazepine ER capsule (generic for Carbatrol®)
carbamazepine tablet / suspension / chewable tablet / XR tablet (generic for Tegretol® / XR)	Carbatrol® Capsule
Equetro® Capsule	Epitol® Tablet
oxcarbazepine suspension / tablet (generic for Trileptal®)	eslicarbazepine acetate Tablet (generic for Aptiom®)
Oxtellar® XR Tablet	Oxcarbazepine ER (generic for Oxtellar® XR)
Tegretol® Suspension / Tablet / XR Tablet	Trileptal® Tablet
Trileptal® Suspension	

FIRST GENERATION

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

Preferred	Non-Preferred
Celontin® Kapseal	Depakote® ER Tablet / Sprinkle Capsule
Dilantin® Capsule / Infatab / Suspension	Depakote® Tablet
divalproex sprinkle capsule / ER tablet / tablet (generic for Depakote® / ER / Sprinkle)	felbamate tablet (generic for Felbatol®)
ethosuximide capsule / solution (generic for Zarontin®)	methsuximide capsule (generic for Celontin®)
felbamate suspension (generic for Felbatol®)	Sezaby® Vial
Felbatol® Suspension / Tablet	Zarontin® Capsule / Solution
phenobarbital tablet / elixir / solution	
Phenytek® Capsule	
phenytoin chewable / extended capsules / infatab / suspension (generic for Dilantin®)	
phenytoin extended capsules (generic for Phenytek®)	
primidone Tablet (generic for Mysoline®)	
valproic acid capsule / solution (generic for Depakene®)	

SECOND GENERATION

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

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

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

ANTI-INFECTIVES - SYSTEMIC

ANTIBIOTICS

Penicillins, Cephalosporins and Related

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

Lincosamides and Oxazolidinones

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

Macrolides and Ketolides

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

Nitroimidazoles (Gastrointestinal Antibiotics)

Preferred	Non-Preferred
metronidazole tablet (generic for Flagyl®)	Acmecolo® DR Tablet
vancomycin capsule (generic for Vancocin®)	Difficid® Suspension / Tablet - **T/F of only vancomycin is required for treatment of Clostridium difficile**
vancomycin oral solution (generic for Firvanq®)	Firvanq® Solution
	Flagyl® Capsule
	Likmez® Suspension
	metronidazole 125 mg tablet (generic for Flagyl®)
	metronidazole capsule (generic for Flagyl®)
	neomycin tablet (generic for Mycifradin®)
	nitazoxanide tablet (generic for Alinia® Tablet)
	paromomycin capsule (generic for Humatin®)
	Solosec™ Granules
	tinidazole tablet (generic for Tindamax®)
	Vancocin® Capsule
	Vowst™ Capsule - **Clinical criteria apply**

Quinolones

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

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Tetracycline Derivatives

Preferred	Non-Preferred
doxycycline hyclate capsule / tablet (generic for Vibramycin®, Vibra-Tab®)	demeclocycline tablet (generic for Declomycin®)
doxycycline monohydrate 50mg, 100mg capsule (generic for Monodox®)	Doryx® DR / MPC Tablet
minocycline 50mg, 75mg, 100mg capsule (generic for Minocin®)	doxycycline hyclate DR tablet (generic for Doryx® DR)
	doxycycline monohydrate 40mg IR-DR capsule (generic for Oracea®)
	doxycycline monohydrate 50mg, 75mg, 100mg, 150mg tablet
	doxycycline monohydrate 75mg, 150mg capsule (generic for Monodox®, Adoxa®)
	doxycycline suspension (generic for Vibramycin®) - **T/F of preferred agents not required for patients < 12 years of age**
	Lymepak® Tablet
	minocycline 50mg, 75mg, 100mg tablet
	minocycline ER tablet (generic for Solodyn® ER) **Clinical justification and failure of doxycycline and minocycline required. Limited to a 12 week supply.**
	Minolira™ ER Tablet
	Morgidox® Capsule / Kit
	Nuzyra™ Tablet
	Oracea® capsule
	tetracycline capsule (generic for Sumycin®)
	tetracycline tablet (generic for Sumycin® / Panmycin®)

Antifungals

Preferred	Non-Preferred
clotrimazole troche / lozenge (generic for Mycelex® Troche)	Brexafemme® Tablet
fluconazole suspension / tablet (generic for Diflucan®)	Cresemba® Capsule
griseofulvin suspension (generic for Grifulvin V®)	Diflucan® Suspension / Tablet
griseofulvin ultra tablet (generic for Gris-Peg®)	flucytosine capsule (generic for Ancobon®)
nystatin suspension (generic for Nilstat®)	griseofulvin micro tablets (generic for Grifulvin V®)
nystatin tablet (generic for Mycostatin®)	itraconazole capsule / solution (generic for Sporanox®)
terbinafine tablet (generic for Lamisil®)	ketoconazole tablet (generic for Nizoral®)
	Noxafil® Suspension / Tablet / DR Suspension Packet
	Oravig® Buccal Tablet
	posaconazole tablet / suspension (generic for Noxafil®)
	Sporanox® Capsule / Solution
	Tolsura™ Capsule
	Vfend® Suspension / Tablet
	Vivjoa® Capsule - **Clinical criteria apply**
	voriconazole suspension / tablet (generic for Vfend®)

Antivirals (General)

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

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

Antivirals (Hepatitis B Agents)

Preferred	Non-Preferred
entecavir tablet (generic for Baraclude®)	adefovir tablet (generic for Hepsera®)
lamivudine HBV tablet (generic for Epivir® HBV)	Baraclude® Solution / Tablet
Viread® Powder / Tablet	Vemlidy® Tablet

Antivirals (Hepatitis C Agents)

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

Preferred	Non-Preferred
Pegasys® Syringe / Vial	
ribavirin capsule / tablet (generic for Copegus®, Rebetol®)	
Clinical criteria apply to all drugs listed below	
Prior Approval Not Required for Mavyret® Tablet / Pellet Pack and sofosbuvir-velpatasvir tablet (generic for Epclusa®)	
All genotypes without cirrhosis	Epclusa® Pellet Pack/Tablet
Mavyret® Tablet (8 weeks of therapy)	Harvoni® Pellet Pack / Tablet
Mavyret® Pellet Pack	ledipasvir-sofosbuvir tablet (generic for Harvoni®)
sofosbuvir-velpatasvir tablet (generic for Epclusa®)	Sovaldi® Pellet Pack / Tablet
	Zepatier® Tablet
All genotypes with compensated cirrhosis (Child Pugh-A)	
Mavyret® Tablet (Up to 12 weeks of therapy)	
Mavyret® Pellet Pack	
sofosbuvir-velpatasvir tablet (generic for Epclusa®)	
All genotypes previously treated with an HCV regimen containing an NS5A inhibitor or genotype 1a or 3 infection and have previously been treated with an HCV regimen containing sofosbuvir without an NS5A inhibitor.	
Vosevi™ Tablet	
All genotypes with decompensated cirrhosis	
sofosbuvir-velpatasvir tablet (generic for Epclusa®)	

Antivirals (Herpes Treatments)

Preferred	Non-Preferred
acyclovir capsule / tablet / suspension (generic for Zovirax®)	Sitavig® Buccal Tablet
famciclovir tablet (generic for Famvir®)	Valtrex® Caplet
valacyclovir tablet (generic for Valtrex®)	

Antivirals (Influenza)

Preferred	Non-Preferred
oseltamivir phosphate capsule / suspension (generic for Tamiflu®)	amantadine tablet (generic for Symmetrel®)
rimantadine tablet (generic for Flumadine®)	Flumadine® Tablet
	Relenza® Diskhaler
	Tamiflu® Capsule / Suspension
	Xofluza™ Tablet - **T/F of only one preferred drug required**

Antibiotics, Inhaled

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

T/F of only one preferred drug required

Preferred	Non-Preferred
Kitabis™ Pak	Arikayce® Vial
Bethkis® Ampule	Cayston® Solution
tobramycin inhalation solution (generic for Tobi®)	tobramycin inhalation pak (generic for Kitabis®)
	Tobi® Podhaler®® / Solution
	tobramycin Ampule (generic for Bethkis)

BEHAVIORAL HEALTH

ANTIDEPRESSANTS

Other

Preferred	Non-Preferred
bupropion tablet / SR tablet / XL tablet (generic for Wellbutrin® Tablet / SR / XL)	Aurvelity® Tablet
desvenlafaxine ER tablet (generic for Pristiq®)	Bupropion XL tablet (generic for Forfivo® XL)
duloxetine capsule (generic for Cymbalta®)	Cymbalta® Capsule
Effexor® XR Capsule	desvenlafaxine ER tablet (generic for Khedezla®)
mirtazapine ODT / tablet (generic for Remeron®)	duloxetine capsule (generic for Irenka®)
trazodone tablet (generic for Desyrel®)	Emsam® Patch
venlafaxine tablet / ER capsules (generic for Effexor®, Effexor® XR)	Fetzima® Capsule / Titration Pak
vilazodone tablet (generic for Viibryd®)	Forfivo® XL Tablet
	Marplan® Tablet
	Nardil® Tablet
	nefazodone tablet (generic for Serzone®)
	phenelzine tablet (generic for Nardil®)
	Pristiq® ER Tablet
	Ridenza™ Solution
	Remeron® Soltab™ / Tablet
	tranylcypromine tablet (generic for Parnate®)
	Trintellix® Tablet
	venlafaxine besylate ER tablet
	venlafaxine ER tablet
	Viibryd® Tablet
	Wellbutrin® SR
	Zurzuvae™ Capsule **T/F of preferred agents not required for diagnosis of post-partum depression**

Selective Serotonin Reuptake Inhibitor (SSRI)

Preferred	Non-Preferred
citalopram solution / tablet (generic for Celexa®)	Celexa® Tablet
escitalopram tablet (generic for Lexapro®)	citalopram capsule
fluoxetine capsule / solution (generic for Prozac®)	escitalopram solution (generic for Lexapro®)
fluvoxamine tablet (generic for Luvox®)	fluoxetine DR capsules (generic for Prozac® Weekly)
paroxetine tablet (generic for Paxil®)	fluoxetine tablet (generic for Prozac®) - **T/F of preferred agents not required for children < 18 years of age**
Paxil® Suspension	fluvoxamine ER capsule (generic for Luvox CR®)
sertraline concentrated solution / tablet (generic for Zoloft®)	Lexapro® Tablet
	paroxetine capsule (generic for Brisdelle®)
	paroxetine suspension / CR tablet (generic for Paxil® / CR)
	Paxil® Tablet / CR Tablet
	Prozac® Pulvule
	sertraline capsule
	Zoloft® Solution / Tablet

North Carolina Division of Health Benefits

North Carolina Medicaid Preferred Drug List (PDL)

Effective Date January 1, 2026

Revised 11.03.2025 Off Cycle Change: Moved Pyzchiva® Syringe/Vial and Steqeyma® Vial /Syringe from non-preferred to preferred due to fiscal impact. Added red writing to Stelara® Syringe / Vial T/F of preferred ustekinumab is required

Revised 12.10.2025 Off Cycle Change: GLP-1 weight management class added to the PDL. See clinical criteria for coverage.

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

Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred. In addition to T/F criteria, clinical criteria (indicated in **RED**) may also apply. **New to market products typically default to Non-Preferred status until reviewed by the PDL Panel. These drugs are listed as TO BE REVIEWED**. For drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at: **https://www.nctracks.nc.gov/content/public/providers/pharmacy.html**

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

ANTIHYPERKINESIS / ADHD

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

Preferred	Non-Preferred
Adderall® Tablet (**Generic Product Per FDA**)	Adderall® XR Capsule
amphetamine salt combo tablet (generic for Adderall®)	Adzenys® XR ODT
amphetamine salt combo XR capsule (generic for Adderall® XR)	amphetamine salt combo ER capsule (generic for Mydayis®)
atomoxetine capsule (generic for Strattera®)	amphetamine sulfate tablet (generic for Evekeo®)
clonidine ER tablet (generic for Kapvay®)	Aptensio® XR Capsule
Daytrana® Patch	Azstarys™ Capsule
dexmethylphenidate tablet / ER capsule (generic for Focalin® / XR)	Concerta® Tablet
dextroamphetamine tablet (generic for Dexedrine®)	Cotempla™ XR-ODT
guanfacine ER tablet (generic for Intuniv®)	Dexedrine® Spansule®
lisdexamfetamine chewable tablet (generic for Vyvanse®)	dextroamphetamine ER capsule (generic for Dexedrine® Spansule®)
Methylin® Solution	dextroamphetamine solution (generic for ProCentra®)
methylphenidate CD capsule (generic for Metadate® CD)	Dyanavel® XR Suspension - **T/F of preferred agents not required for children < 12 years of age**
methylphenidate ER tablet (generic for Concerta®)	Dyanavel® XR Tablet
methylphenidate tablet / solution (generic for Methylin®, Ritalin®)	Evekeo® Tablet / Evekeo® ODT Tablet
Vyvanse® Capsule	Focalin® Tablet
	Focalin® XR Capsule
	Intuniv® Tablet
	Jornay PM™ Capsule
	lisdexamfetamine capsule (generic for Vyvanse®)
	methamphetamine tablet (generic for Desoxyn®)
	methylphenidate chewable (generic for Methylin®)
	methylphenidate ER capsule (generic for Aptensio® XR)
	methylphenidate ER tablet (45 mg and 63 mg) (Branded Product Per FDA)
	methylphenidate LA capsule (generic for Ritalin® LA)
	methylphenidate patch (generic for Daytrana®)
	Mydayis® ER Capsule
	Onyda XR Suspension- **T/F of preferred agents not required for children < 12 years of age**
	ProCentra® Solution
	Qelbree™ Capsule
	Quillichew® ER Tablet - **T/F of preferred agents not required for children < 12 years of age**
	Quillivant® XR Suspension -**T/F of preferred agents not required for children < 12 years of age**
	Relexxii™ ER Tablet
	Ritalin® LA Capsule
	Ritalin® Tablet
	Strattera® Capsule
	Vyvanse® Chewable Tablet
	Xelstrym® Patch
	Zenzedi® Tablet

INJECTABLE ANTIPSYCHOTICS

Injectable Long Acting

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

Preferred	Non-Preferred
Abilify Asimtufii® Syringe Kit	
Abilify Maintena® Syringe / Vial	
Aristada® / Initio™ Syringe	
Erzofri® (paliperidone palmitate) extended-release injectable suspension	
fluphenazine decanoate vial (generic for Prolixin decanoate®)	
Haldol® decanoate Ampule	
haloperidol decanoate ampule / vial (generic for Haldol decanoate®)	
Invega® Hafyera Prefilled Syringe Kit	
Invega® Sustenna Prefilled Syringe	
Invega® Trinza Syringe	
Perseris™ Syringe	
Risperdal® Consta Vial	
risperidone ER vial (generic for Risperdal® Consta)	
Rykindo® Vial / Vial Kit	
Uzedy™ Syringe Kit	
Zyprexa® Relprevv™ Vial Kit	

ATYPICAL ANTIPSYCHOTICS

Oral / Transdermal

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

T/F of only one preferred drug required

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

CARDIOVASCULAR

ACE INHIBITORS

Preferred	Non-Preferred
benazepril tablet (generic for Lotensin®)	Accupril® Tablet
enalapril tablet (generic for Vasotec®)	Altace® Capsule
lisinopril tablet (generic for Prinivil® and Zestril®)	captopril tablet (generic for Capoten®)
ramipril capsule (generic for Altace®)	enalapril solution (generic for Epaned®) - **T/F of preferred agents not required for children < 12 years of age**
	Epaned® Solution - **T/F of preferred agents not required for children < 12 years of age**
	fosinopril tablet (generic for Monopril®)
	Lotensin® Tablet
	moexipril tablet (generic for Univasc®)
	perindopril tablet (generic for Aceon®)
	Qbrelis® Solution - **T/F of preferred agents not required for children < 12 years of age**
	quinapril tablet (generic for Accupril®)
	trandolapril tablet (generic for Mavik®)
	Zestril® Tablet

ACE INHIBITOR / CALCIUM CHANNEL BLOCKER COMBINATIONS

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

ACE INHIBITOR / DIURETIC COMBINATIONS

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

ANGIOTENSIN II RECEPTOR BLOCKERS

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

ANGIOTENSIN II RECEPTOR BLOCKER COMBINATIONS

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

ANGIOTENSIN II RECEPTOR BLOCKER DIURETIC COMBINATIONS

Preferred	Non-Preferred
irbesartan-HCTZ tablet (generic for Avalide®)	Atacand® HCT Tablet
losartan-HCTZ tablet (generic for Hyzaar®)	Avalide® Tablet
olmesartan-HCTZ tablet (generic for Benicar® HCT)	Benicar® HCT Tablet

North Carolina Division of Health Benefits

North Carolina Medicaid Preferred Drug List (PDL)

Effective Date January 1, 2026

Revised 11.03.2025 Off Cycle Change: Moved Pyzchiva® Syringe/Vial and Steqeyma® Vial /Syringe from non-preferred to preferred due to fiscal impact. Added red writing to Stelara® Syringe / Vial T/F of preferred ustekinumab is required

Revised 12.10.2025 Off Cycle Change: GLP-1 weight management class added to the PDL. See clinical criteria for coverage.

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

Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred. In addition to T/F criteria, clinical criteria (indicated in **RED**) may also apply. **New to market products typically default to Non-Preferred status until reviewed by the PDL Panel. These drugs are listed as TO BE REVIEWED**. For drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at: **https://www.nctracks.nc.gov/content/public/providers/pharmacy.html**

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Preferred	Non-Preferred
valsartan-HCTZ tablet (generic for Diovan® HCT)	candesartan-HCTZ tablet (generic for Atacand® HCT)
	Diovan® HCT Tablet
	Edarbyclor® Tablet
	Hyzaar® Tablet
	Micardis® HCT Tablet
	telmisartan-HCTZ tablet (generic for Micardis® HCT)
ANGIOTENSIN II RECEPTOR / NEPRILYSIN BLOCKER COMBINATIONS	
Plans may not apply additional utilization management or prior authorization criteria to this category	
Entresto® Tablet	Entresto® (sacubitril / valsartan) Sprinkle Pellet- **T/F of preferred agents not required for children < 12 years of age**
	sacubitril and valsartan tablet (generic for Entresto®)
ANTI-ARRHYTHMICS	
Preferred	**Non-Preferred**
amiodarone tablet (generic for Cordarone®)	Multaq® Tablet
disopyramide capsule (generic for Norpace®)	Norpace® Capsule / CR Capsule
dofetilide capsule (generic for Tikosyn®)	Pacerone® Tablet
flecainide tablet (generic for Tambocor®)	quinidine gluconate ER tablet (generic for Quinaglute DuraTabs®)
mexiletine capsule (generic for Mexitil®)	Tikosyn® Capsule
propafenone tablet (generic for Rythmol®)	
propafenone SR capsule (generic for Rythmol SR®)	
quinidine sulfate tablet (generic for Quinidex® Tablet)	
BETA BLOCKERS	
Plans may not apply additional utilization management or prior authorization criteria to this category	
Preferred	**Non-Preferred**
atenolol tablet (generic for Tenormin®)	acebutolol capsule (generic for Sectral®)
bisoprolol tablet (generic for Zebeta®)	Betapace® Tablet / AF Tablet
carvedilol tablet (generic for Coreg®)	betaxolol tablet (generic for Kerlone®)
Hemangeol® Solution	Bystolic® Tablet
labetalol tablet (generic for Trandate®)	carvedilol ER capsule (generic for Coreg® CR Capsule)
metoprolol succinate XL tablet (generic for Toprol XL®)	Coreg® Tablet / CR Capsule
metoprolol tartrate tablet (generic for Lopressor®)	Inderal® LA Capsule / XL Capsule
nadolol tablet (generic for Corgard®)	Innopran® XL Capsule
nebivolol tablet (generic for Bystolic®)	Kapsovaro™ Sprinkle - **T/F of nonferred aeents not required for children < 12 years of age**
propranolol solution / tablet / ER capsule (generic for Inderal®)	Lopressor® Tablet
Sorine® Tablet	pindolol tablet (generic for Visken®)
sotalol tablet / AF tablet (generic for Betapace® / AF, Sorine®)	Sotylize® Solution
	Tenormin® Tablet
	timolol tablet (generic for Blocadren®)
	Toprol XL® Tablet
BETA BLOCKER DIURETIC COMBINATIONS	
Preferred	**Non-Preferred**
atenolol-chlorthalidone tablet (generic for Tenoretic®)	metoprolol-HCTZ tablet (generic for Lopressor® HCT)
bisoprolol-HCTZ tablet (generic for Ziac®)	propranolol-HCTZ tablet (generic for Inderide®)
	Tenoretic® Tablet
	Ziac® Tablet
BILE ACID SEQUESTRANTS	
Preferred	**Non-Preferred**
cholestyramine packet / powder / light packet / light powder (generic for Questran® / Questran® Light)	colesevelam packet / tablet (generic for Welchol®)
colestipol tablet (generic for Colestid® Tablet)	Colestid® Granules / Tablet
	colestipol granules (generic for Colestid®)
	Prevalite® Packet / Powder
	Questran® Light Powder / Packet / Powder
	Welchol® Packet / Tablet
CHOLESTEROL LOWERING AGENTS	
Preferred	**Non-Preferred**
atorvastatin tablet (generic for Lipitor®)	Altoprev® Tablet
ezetimibe (generic for Zetia®)	amlodipine-atorvastatin tablet (generic for Caduet®)
lovastatin tablet (generic for Mevacor®)	Atorvaliq® Suspension
pravastatin tablet (generic for Pravachol®)	Caduet® Tablet
rosuvastatin tablet (generic for Crestor®)	Crestor®
simvastatin tablet (generic for Zocor®)	Esallos™ Capsule
	ezetimibe-simvastatin (generic for Vytorin®)
	fluvastatin capsule / ER tablet (generic for Lescol® / XL)
	Juxtapid® Capsule - **Clinical criteria apply**
	Lescol® XL Tablet
	Lipitor® Tablet
	Livalo® Tablet - **T/F of preferred agents not required with concomitant antiretroviral therapy in patients diagnosed with HIV**
	Nexletol® Tablet - **Clinical criteria apply**
	Nexlizet® Tablet - **Clinical criteria apply**
	pitavastatin tablet (generic for Livalo®) - **T/F of preferred agents not required with concomitant antiretroviral therapy in patients diagnosed with HIV**
	Vytorin® Tablet
	Zetia® Tablet
	Zocor® Tablet
	Zypitamag™ Tablet
CORONARY VASODILATORS	
Preferred	**Non-Preferred**
isosorbide dinitrate tablet (generic for Isordil® Titradose®, IsoDitrate®, et.al.)	Gonitro® Sublingual Powder
isosorbide mononitrate tablet / ER tablet (generic for Ismo®, Monoket®, Imdur®)	Isordil® Titradose® Tablet
nitroglycerin patch / spray / SL tablet (generic for Nitro-Dur®, Minitran®, Nitrostat®, et. al)	Nitro-Bid® Ointment
Nitrostat® SL Tablet	Nitro-Dur® Patch
	nitroglycerin ointment (generic for Nitro-Bid®)
	Nitrolingual® Spray
	Verquvo™ Tablet
DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS	
Plans may not apply additional utilization management or prior authorization criteria to this category	
Preferred	**Non-Preferred**
amlodipine tablet (generic for Norvasc®)	felodipine ER tablet (generic for Plendil®)
nifedipine capsule (generic for Procardia®)	isradipine capsule (generic for Dynacirc®)
nifedipine ER tablet (generic for Adalat CC® / Procardia XL®)	Katerzia™ Suspension - **T/F of preferred agents not required for children < 12 years of age**
Norliqva® Solution	levamlodipine tablet (generic for Conjupri®)
	nicardipine capsule (generic for Cardene®)
	nimodipine capsule (generic for Nimotop®)
	nimodipine solution
	nisoldipine ER tablet (generic for Sular®)
	Norvasc® Tablet
	Nymalize® Solution / oral syringe
	Procardia® XL Tablet
	Sular® Tablet
DIRECT RENIN INHIBITOR	
Preferred	**Non-Preferred**
Tekturna® Tablet	aliskiren tablet (generic for Tekturna® Tablet)
Tekturna® HCT Tablet	
ENDOTHELIN RECEPTOR ANTAGONISTS	
Covered for diagnosis of Pulmonary Arterial Hypertension only	
Preferred	**Non-Preferred**
ambrisentan tablet (generic for Letairis® Tablet)	bosentan tablet /tablet for suspension (generic for Tracleer®)
Tracleer® Tablet	Letairis® Tablet
	Opsumit® Tablet
	Opsynvi® 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**
Cartia XT® Capsule (branded generic for Cardizem CD®)	diltiazem LA tablet (generic for Cardizem LA®)
Dilt XR® Capsule (branded generic for Dilacor XR®)	Matzim® LA Tablet (generic for Cardizem LA®)
diltiazem ER 24 hour capsule (generic for Dilacor XR®, Tiazac®)	Verapamil Capsule SR (generic for Verelan®)
diltiazem tablet / CD capsule / ER 12 hour capsule (generic for Cardizem® / CD / SR)	verapamil ER capsule / PM capsule (generic for Verelan® / Verelan® PM)
Taztia XT® Capsule (branded generic for Tiazac®)	Verelan® PM Capsule
Tiadylt® ER Capsule	
verapamil tablet / ER tablet (generic for Calan® / SR)	
ORAL PULMONARY HYPERTENSION	
Covered for diagnosis of Pulmonary Arterial Hypertension (all) and Chronic Thromboembolic Pulmonary Hypertension- Adempas® only	
Preferred	**Non-Preferred**
Alyq® Tablet (branded generic for tadalafil)	Adcirca® Tablet
sildenafil tablet (generic for Revatio®)	Adempas® Tablet
tadalafil tablet (generic for Adcirca®)	Liqrev® Suspension
	Orenitram® ER Tablet / Titration Kit
	Revatio® Suspension / Tablet - **T/F of preferred agents not required for children < 12 years of age for Suspension ONLY**

North Carolina Division of Health Benefits

North Carolina Medicaid Preferred Drug List (PDL)

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Revised 12.10.2025 Off Cycle Change: GLP-1 weight management class added to the PDL. See clinical criteria for coverage.

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

Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred. In addition to T/F criteria, clinical criteria (indicated in **RED**) may also apply. **New to market products typically default to Non-Preferred status until reviewed by the PDL Panel. These drugs are listed as TO BE REVIEWED**. For drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at: **https://www.nctracks.nc.gov/content/public/providers/pharmacy.html**

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	sildenafil suspension (generic for Revatio®) - **T/F of preferred agents not required for children < 12 years of age**
	Tadliq® Suspension
	Liptruvi® Tablet / Titration Pack

PLATELET INHIBITORS

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

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

ANTIANGINAL & ANTI-ISCHEMIC

Preferred	Non-Preferred
ranolazine ER tablet (generic for Ranexa® Tablet)	Aspruzyo™ Sprinkle

SYMPATHOLYTICS AND COMBINATIONS

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

TRIGLYCERIDE LOWERING AGENTS

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

CARDIOVASCULAR, OTHER

Preferred	Non-Preferred
Camzyos® Capsule - **Clinical criteria apply**	Lodoco®

CENTRAL NERVOUS SYSTEM

ANTIMIGRAINE AGENTS

Quantity limits apply to all triptans

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

ANTIMIGRAINE AGENTS

CGRP Blockers/Modulators PREVENTATIVE

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

Clinical criteria apply to all drugs in this class

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

ANTIMIGRAINE AGENTS

CGRP Blockers/Modulators ACUTE TREATMENT

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

Clinical criteria apply to all drugs in this class

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

ANTI-NARCOLEPSY

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

Clinical criteria apply to all drugs in this class

Preferred	Non-Preferred
Provigil® Tablet	armodafinil tablet (generic for Nuvigil®)
	modafinil tablet (generic for Provigil®)
	Nuvigil® Tablet
	Sunosi™ Tablet
	Wakix® Tablet

ANTI-PARKINSON AND RESTLESS LEG SYNDROME AGENTS

Preferred	Non-Preferred
amantadine capsule / solution (generic for Symmetrel®)	Apokyn® Cartridge
benztropine tablet (generic for Cogentin®)	apomorphine cartridge (generic for Apokyn®)
bromocriptine capsule / tablet (generic for Parlodel®)	Azilect® Tablet
carbidopa-levodopa ODT (generic for Parcopa®)	carbidopa tablet (generic for Lodosyn®)
carbidopa-levodopa tablet / ER tablet (generic for Sinemet® / CR)	carbidopa-levodopa-entacapone tablet (generic for Stalevo®)
pramipexole tablet (generic for Mirapex®)	Crexont Capsule ER
ropinirole tablet (generic for Requip®)	Duvoy Tablet®
selegiline capsule / tablet (generic for Emsam®)	Duopa® Suspension
trihexyphenidyl elixir / tablet (generic for Artane®)	entacapone tablet (generic for Comtan®)
	Gocovri® Capsule - **Clinical criteria apply**
	Horizant® Tablet
	Inbrija™ Inhalation - **Clinical criteria apply**
	Kynmobi™ Titration Kit
	Neupro® Patch
	Neuxiaraz™ Tablet
	Onapgo™ Cartridge
	Ongentys® Capsule- **Clinical criteria apply**
	Osmolex ER™ Tablet - **Clinical criteria apply**
	pramipexole ER tablet (generic for Mirapex ER®)
	rasagiline tablet (generic for Azilect®)
	ropinirole ER tablet (generic for Requip XL®)
	Rytary® ER Capsule
	Sinemet® Tablet
	Stalevo® Tablet
	tolcapone tablet (generic for Tasmar®)
	Vyalev Vial
	Xadago® Tablet

MULTIPLE SCLEROSIS

Injectable

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

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

Oral

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

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

Effective Date January 1, 2026

Revised 11.03.2025 Off Cycle Change: Moved Pyzchiva® Syringe/Vial and Steqeyma® Vial /Syringe from non-preferred to preferred due to fiscal impact. Added red writing to Stelara® Syringe / Vial T/F of preferred usteknumab is required
Revised 12.10.2025 Off Cycle Change: GLP-1 weight management class added to the PDL. See clinical criteria for coverage.
Trial and failure (T/F) of two Preferred drugs are required unless only one Preferred option is listed or a T/F criteria exemption is otherwise indicated.
Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred. In addition to
T/F criteria, clinical criteria (indicated in **RED**) may also apply. **New to market products typically default to Non-Preferred status until reviewed by the PDL Panel. These drugs are listed as TO BE REVIEWED**. For drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at: **https://www.nctracks.nc.gov/content/public/providers/pharmacy.html**
More information on the PDL can be found at: **https://medicaid.ncdhhs.gov/providers/programs-services/prescription-drugs/outpatient-pharmacy-services**

AMYOTROPHIC LATERAL SCLEROSIS (ALS) AGENTS

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

SEDATIVE HYPNOTICS

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

Preferred	Non-Preferred
eszopiclone tablet (generic for Lunesta®)	Ambien® Tablet / CR Tablet
flurazepam capsule (generic for Dalmane®)	Belsomra® Tablet
ramelteon tablet (generic for Rozerem® Tablet)	Dayvigo™ Tablet
temazepam 15mg, 30mg capsule (generic for Restoril®)	Doral® Tablet
zaleplon capsule (generic for Sonata®)	doxepin tablet (generic for Silenor®)
zolpidem tablet (generic for Ambien®)	Edluar® SL Tablet
zolpidem ER tablet (generic for Ambien® CR)	estazolam tablet (generic for Prosom®)
	Halcion® Tablet
	Hetlioz® Capsule / LQ Suspension - **Clinical criteria apply**
	Lunesta® Tablet
	quazepam tablet (generic for Doral®)
	Quviviq™ Tablet
	Restoril® Capsule
	Rozerem® Tablet
	tasimelteon capsule (generic for Hetlioz®) - **Clinical criteria apply, T/F of Hetlioz® Capsule required for coverage**
	temazepam 7.5, 22.5 mg capsule (generic for Restoril®)
	triazolam tablet (generic for Halcion®)
	zolpidem capsule
	zolpidem SL tablet (generic for Intermezzo®)

TOBACCO CESSATION

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

ENDOCRINOLOGY

GROWTH HORMONE

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

Preferred	Non-Preferred
Genotropin® Cartridge / MiniQuick®	Humatrope® Cartridge
Norditropin® Flexpro®	Ngenla® Pen
	Nutropin® AQ NuSpin®
	Omnitrope® Cartridge / Vial
	Serostim® Vial
	Skytrofa® Cartridge - **T/F of preferred agents not required for children <18 years of age**
	Sogroya® Pen
	Zomacton® Vial

HYPOGLYCEMICS - INJECTABLE

Rapid Acting Insulin

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

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

Short Acting Insulin

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

Preferred	Non-Preferred
Humulin® R Vial	Myxredlin™ Injection
Humulin® R U-500 KwikPen® / U500 Vial	Novolin® R Vial / ReliOn® R Vial
	Novolin R FlexPen®

Intermediate Acting Insulin

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

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

Long Acting Insulin

Plans may not apply additional utilization management or prior authorization criteria to this category
T/F of only one preferred drug required; Prior authorization is required for NP insulins. Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes.

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

Premixed Rapid Combination Insulin

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

Premixed 70/30 Combination Insulin

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

Amylin Analogs

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

Preferred	Non-Preferred
Symlin® Pen Injector	

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

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

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

HYPOGLYCEMICS - ORAL

2nd Generation Sulfonylureas

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

Alpha-Glucosidase Inhibitors

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

North Carolina Division of Health Benefits

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Revised 12.10.2025 Off Cycle Change: GLP-1 weight management class added to the PDL. See clinical criteria for coverage.

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

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Biguanides and Combinations

Preferred	Non-Preferred
glipizide-metformin tablet (generic for Metaglip®)	metformin ER tablet (generic for Fortamet®)
glyburide-metformin tablet (generic for Glucovance®)	metformin ER tablet (generic for Glumetza®)
metformin tablet / ER tablet (generic for Glucophage® / ER)	metformin solution (generic for Riomet®) - **T/F of preferred agents not required for children < 12 years of age**
	metformin tablet (625 mg)
	Riomet® Solution

DPP-IV Inhibitors and Combinations

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

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

Meglitinides

Preferred	Non-Preferred
nateglinide tablet (generic for Starlix®)	
repaglinide tablet (generic for Prandin®)	

SGLT-2 Inhibitors and Combinations

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

Clinical criteria apply to all drugs in this class

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

Thiazolidinediones and Combinations

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

GASTROINTESTINAL

ANTIEMETIC-ANTIVERTIGO AGENTS

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

Preferred	Non-Preferred
aprepitant capsule (generic for Emend®) - **Clinical criteria apply**	Akynzeo® Capsule / Vial
Diclegis® Tablet	Antivert® Tablet / Chewable Tablet
meclizine tablet (generic for Antivert®)	Anzemet® Tablet
metoclopramide solution / tablet (generic for Reglan®)	Aponvie™ Vial
ondansetron ODT 4mg and 8 mg/ solution / tablet (generic for Zofran®)	aprepitant pack (generic for Emend®) - **Clinical criteria apply**
prochlorperazine tablet (generic for Compazine®)	Barhemsys™ Vial
promethazine syrup / suppository (12.5 mg and 25 mg) / tablet / ampule / vial (generic for Phenergan®)	Bonjesta® Tablet
Promethegan® (promethazine) Suppository (12.5 mg and 25 mg)	Cinvanti® Vial
scopolamine patch (generic for Transderm-Scop®)	Compro® Suppository
Transderm-Scop® Patch	dimenhydrinate vial (generic for Dramamine®)
	doxylamine-pyridoxine tablet (generic for Diclegis®)
	dronabinol capsule (generic for Marinol®)
	Emend® Capsule / Powder Packet / Trifold Pack - **Clinical criteria apply**
	Emend® Vial
	Focinvez™ (fosaprepitant) Vial
	fosaprepitant vial (generic for Emend®)
	Gimoti™ Nasal Spray
	granisetron vial / tablet (generic for Kytril®)
	Marinol® Capsule
	metoclopramide vial
	ondansetron ODT (16 mg)
	ondansetron vial
	palonosetron injection (generic for Aloxi®)
	Phenergan® Ampule / Vial
	Posfrea™ Ψ Vial
	prochlorperazine vial / suppository (generic for Compazine®)
	Promethegan® Suppository (50 mg)
	Reglan® Tablet
	Sancuso® Patch
	Sustol® Syringe
	Tigan® Vial
	trimethobenzamide capsule (generic for Tigan®)

BILE ACID SALTS

T/F of only one preferred drug required

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

H. PYLORI COMBINATIONS

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

HISTAMINE-2 RECEPTOR ANTAGONISTS

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

PANCREATIC ENZYMES

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

Preferred	Non-Preferred
Creon® Capsule	Pertzye® Capsule
Viokace® Tablet	
Zenpep® Capsule	

PROGESTINS USED FOR CACHEXIA

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

PROTON PUMP INHIBITORS

Preferred	Non-Preferred
T/F of preferred agents not required for children < 12 years of age	
esomeprazole magnesium capsule (generic for Nexium® Rx)	Dexilant® Capsule
lansoprazole capsule (generic for Prevacid® Rx)	dexlansoprazole capsules (generic for Dexilant®)
Nexium® Rx Packet	esomeprazole magnesium OTC capsule / tablet (generic for Nexium® OTC)
omeprazole Rx capsule (generic for Prilosec® Rx)	esomeprazole magnesium packet (generic for Nexium® Rx Packet)
pantoprazole tablet (generic for Protonix®)	Kesimpta™ Suspension
Protonix® Suspension	lansoprazole capsule (generic for Prevacid® OTC)
	lansoprazole ODT (generic for Prevacid® SoluTab™)
	Nexium® Rx Capsule
	omeprazole OTC capsule / ODT / tablet (generic for Prilosec® OTC)
	omeprazole-sodium bicarbonate capsule / packet (generic for Zegerid® Rx / OTC)
	pantoprazole suspension (generic for Protonix®)
	Prevacid® Rx / OTC Capsule / Solutab
	Prilosec® Rx Suspension
	Protonix® Tablet
	rabeprazole tablet (generic for Aciphex®)

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Revised 12.10.2025 Off Cycle Change: GLP-1 weight management class added to the PDL. See clinical criteria for coverage.

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

Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred. In addition to T/F criteria, clinical criteria (indicated in **RED**) may also apply. **New to market products typically default to Non-Preferred status until reviewed by the PDL Panel. These drugs are listed as TO BE REVIEWED**. For drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at: **https://www.nctracks.nc.gov/content/public/providers/pharmacy.html**

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SELECTIVE CONSTIPATION AGENTS

Preferred	Non-Preferred
Linzess® Capsule	alosetron tablet (generic for Lotronex®)
lubiprostone capsule (generic for Amitiza®)	Amitiza® Capsule
	Ibsrela® Tablet
	Lotronex® Tablet
	Motegrity™ Tablet
	Movantik® Tablet
	prucalopride tablet (generic for Motegrity®)
	Symproic® Tablet
	Viberzi® Tablet - **T/F of preferred agents not required for Irritable Bowel Syndrome with Diarrhea (IBS-D)**

ULCERATIVE COLITIS

Oral

Preferred	Non-Preferred
balsalazide capsule (generic for Colazal®)	Azulfidine® Entab / Tablet
Pentasa® Capsule	budesonide ER tablet (generic for Uceris®)
sulfasalazine IR / DR tablet (generic for Azulfidine® / Entab)	Delzicol® Capsule
	Dipentum® Capsule
	Lialda® Tablet
	mesalamine DR capsule / tablet (generic for Delzicol®, Asacol® HD, Lialda®)
	mesalamine ER capsule (generic for Apriso®, Pentasa®)

ULCERATIVE COLITIS

Rectal

T/F of only one preferred drug required

Preferred	Non-Preferred
mesalamine enema (generic for Rowasa®)	budesonide rectal foam
mesalamine suppository (generic for Canasa®)	Canasa® Suppository
SF Rowasa® Enema	mesalamine enema (generic for SF Rowasa®)
	mesalamine kit (generic for Rowasa®)
	Rowasa® Kit

GENITOURINARY / RENAL

ELECTROLYTE DEPLETERS (KIDNEY DISEASE)

Preferred	Non-Preferred
calcium acetate capsule (generic for PhosLo®)	Auryxia® Tablet
calcium acetate tablet (generic for Eliphos®)	ferric citrate Tablet (generic for Auryxia®)
sevelamer carbonate powder pack / tablet (generic for Renvela®)	Fosrenol® Chewable Tablet / Powder Pack
	lanthanum carbonate chewable tablet (generic for Fosrenol®)
	Magnefilast® 400 Rx Tablet
	Renvela® Powder Pack / Tablet
	sevelamer hydrochloride tablet (generic for Renagel®)
	Velphoro® Chewable
	Xphozah® Tablet

BENIGN PROSTATIC HYPERPLASIA TREATMENTS

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

URINARY ANTISPASMODICS

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

GOUT

Preferred	Non-Preferred
allopurinol tablet (generic for Zyloprim®)	allopurinol tablet (200 mg)
colchicine tablet (generic for Colerys®)	colchicine capsule (generic for Mitigare®)
probenecid tablet (generic for Benemid®)	Colerys® Tablet
probenecid-colchicine tablet (generic for Col-Benemid®)	febuxostat tablet (generic for Uloric® Tablet)
	Gloperba® Solution
	Krystexxa® Vial
	Mitigare® (branded colchicine 0.6mg) Capsules
	Uloric® Tablet
	Zyloprim® Tablet

HEMATOLOGIC

ANTICOAGULANTS

Injectable

Preferred	Non-Preferred
enoxaparin syringe / vial (generic for Lovenox®)	Arixtra® Syringe
Fragmin® Vial	fondaparinux syringe (generic for Arixtra®)
	Fragmin® Syringe
	Lovenox® Syringe / Vial

Oral

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

Preferred	Non-Preferred
Eliquis® Tablet / Starter Dose Pack	dabigatran capsule (generic for Pradaxa ® Capsule)
Jantoven® (branded generic for Coumadin®)	Pradaxa® Pellet Pack
Pradaxa® Capsule	Rivaroxaban tablet (generic for Xarelto®)
warfarin tablet (generic for Coumadin®)	Savaysa® Tablet
Xarelto® Starter Pack / Tablet	Xarelto® Suspension

COLONY STIMULATING FACTORS

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

Preferred	Non-Preferred
Fulphila® Syringe	Granix® Safe Syringe / Syringe / Vial
Fylnetra® Syringe	Leukine® Vial
Neupogen® Vial / Syringe	Neulasta® Syringe / Kit
	Nivestym™ Syringe / Vial
	Nyvepria™ Syringe
	Releuko® Syringe / Vial
	Rolvedon™ Syringe
	Ryzneuta™ Syringe
	Stimufend® Syringe
	Ultomyris® On-Body / Autoinjector / Syringe
	Zarxio® Syringe
	Ziextenzo® Syringe

HEMATOPOIETIC AGENTS

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

Clinical criteria apply to all drugs in this class

Preferred	Non-Preferred
Aranesp® Syringe / Vial	Mircera® Syringe
Epogen® Vial	Procrit® Vial
Retacrit® Vial	Rebiozyl® Vial
	Vafseo® (vadadustat) Tablet

THROMBOPOIESIS STIMULATING AGENTS

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

OPHTHALMIC

ALLERGIC CONJUNCTIVITIS AGENTS

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

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ANTIBIOTICS

Preferred	Non-Preferred
bacitracin-polymyxin ointment (generic for Polysporin®)	Azasite® Drops
ciprofloxacin solution drops (generic for Ciloxan®)	bacitracin ointment (generic for AK-Tracin®)
erythromycin ointment (generic for Ilotycin®)	Besivance® Suspension
gentamicin drops (generic for Garamycin®)	Ciloxan® Ointment
moxifloxacin ophthalmic solution (generic for Vigamox®)	gatifloxacin drops (generic for Zymaxid®)
ofloxacin drops (generic for Ocuflox®)	Levofloxacin Drops (Generic for Levaquin®)
Polycin® Ointment (branded generic for Polysporin®)	moxifloxacin ophthalmic solution (generic for Moxeza®)
polymyxin-trimethoprim drops (generic for Polytrim®)	Natacyn® Drops
sulfacetamide drops (generic for Bleph-10®)	neomycin-bacitracin-polymyxin ointment (generic for Neosporin® Ophthalmic Ointment)
tobramycin drops (generic for Tobrex®)	neomycin-polymyxin-gramicidin drops (generic for Neosporin® Ophthalmic Drops)
	Neo-Polycin® Ointment (branded generic for Neosporin® Ophthalmic Ointment)
	Ocuflox® Drops
	sulfacetamide ointment (generic for Cetamide®)
	Tobrex® Ointment
	Vigamox® Drops

ANTIBIOTICS-STEROID COMBINATIONS

Preferred	Non-Preferred
neomycin-polymyxin-dexamethasone drops / ointment (generic for Maxitrol®)	Maxitrol® Drops / Ointment
Tobradex® Ointment	Neo-Polycin® HC (branded generic for Cortisporin®)
tobramycin-dexamethasone suspension (generic for Tobradex®)	neomycin-bacitracin-polymyxin-HC ointment (generic for Cortisporin®)
	neomycin-polymyxin-HC drops (generic for Ocutricin®)
	sulfacetamide-prednisolone drops (generic for Vasocidin®)
	Tobradex® ST Drops
	Zylet® Drops

ANTI-INFLAMMATORY

Preferred	Non-Preferred
dexamethasone drops (generic for Decadron®)	Acular® Drops / LS Solution
diclofenac drops (generic for Voltaren®)	Accuvail® Solution
difluprednate drops (generic for Durezol®)	bromfenac drops (generic for Prolensa®, Xibrom®, BromSite®)
Flarex® Drops	BromSite® Solution
fluorometholone drops (generic for FML®)	Dexycu® Insert
flurbiprofen drops (generic for Ocufen®)	Durezol® Drops
Lotemax® Drops	FML® Forte Drops / Liquifilm® Drops
Nevanac® Droptainer	Ilevro® Drops
Pred Mild® Drops	Iluvien® Implant
prednisolone acetate drops (generic for Pred Forte®)	Invelys™ Drops
	ketorolac solution (generic for Acular® / LS)
	Lotemax® Gel / SM Gel / Ointment
	loteprednol drops / gel (generic for Lotemax®)
	Maxidex® Drops
	Ozurdex® Implant
	Pred Forte® Drops
	prednisolone sodium phosphate drops (generic for Inflamase Forte®)
	Prolensa® Drops
	Retisert® Implant
	Triesence® Vial
	Xipere™ (Intraocular)
	Yutiq™ Implant

ANTI-INFLAMMATORY / IMMUNOMODULATOR

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

Preferred	Non-Preferred
Restasis® Drops	Cequa™ Drops
Xiidra® Drops	cyclosporine emulsion (generic for Restasis®)
	Eysuvis® Drops
	Miebo™ Drops
	Restasis® Multidose™ Drops
	Tryptyr® Drops
	Tyrvaya™ Nasal Spray
	Verkazia® Eye Emulsion - **T/F of preferred agents not required for diagnosis of vernal keratoconjunctivitis (VKC)**
	Vevye® Drops

ALPHA 2 ADRENERGIC AGENTS

Preferred	Non-Preferred
Alphagan® P Drops	apraclonidine drops (generic for Iopidine®)
brimonidine drops (generic for Alphagan®)	brimonidine P drops (generic for Alphagan® P)
	Iopidine® Drops

BETA BLOCKER AGENTS / COMBINATIONS

Preferred	Non-Preferred
Combigan® Drops	betaxolol drops (generic for Betoptic®)
timolol drops / GFS gel-solution (generic for Timoptic® / Timoptic XE®)	Betimol® Drops
	Betoptic® S Drops
	brimonidine tartrate / timolol drops (generic for Combigan®)
	carteolol drops (generic for Ocupress®)
	Istalol® Drops
	levobunolol drops (generic for Betagan®)
	timolol hemihydrate (generic for Betimol® drops)
	timolol drop (generic for Istalol® Drops)
	timolol maleate drop (generic for Timoptic® Ocudose® Drops)
	Timoptic® Drops / Ocudose® 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
	Jyuzeh™ Drops
	Lumigan® Drops
	tafluprost drops (generic for Zioptan®)
	travoprost drops (generic for Travatan® Z)
	Vyzulta® Drops
	Xalatan® Drops
	Xelpros® Drops
	Zioptan® Drops

RHO KINASE MODIFIERS / COMBINATIONS

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

Preferred	Non-Preferred
Rhopressa® Drops	
Rocklatan® Drops	

OSTEOPOROSIS

BONE RESORPTION SUPPRESSION AND RELATED AGENTS

Preferred	Non-Preferred
alendronate tablet (generic for Fosamax®)	Actonel® Tablet
Forteo® Pen	alendronate solution (generic for Fosamax® Solution)
raloxifene tablet (generic for Evista®)	Atelvia® Tablet
	Binosto® Effervescent Tablet
	Bonsity Pen Injector
	calcitonin salmon nasal spray (generic for Miacalcin®)
	Evenity™ Syringe
	Evista® Tablet
	Fosamax® Tablet / Plus D Tablet
	ibandronate tablet (generic for Boniva®)
	Jubbonti® Syringe
	Prolia® Syringe
	risedronate DR tablet (generic for Atelvia®)
	risedronate tablet (generic for Actonel®)
	teriparatide pen (generic for Forteo®)
	Tymlos® Pen

OTIC

ANTIBIOTICS

Preferred	Non-Preferred
ciprofloxacin-dexamethasone suspension (generic for Ciprodex®)	Cipro® HC Suspension
neomycin-polymyxin-hydrocortisone solution / suspension (generic for Cortisporin®)	ciprofloxacin solution (generic for Cetraxal®)
ofloxacin drops (generic for Floxin®)	ciprofloxacin-fluocinolone drops (generic for Otovel®)
	Cortisporin-TC® Suspension
	Otovel® Drops

ANTI-INFECTIVES AND ANESTHETICS

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

ANTI-INFLAMMATORY

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

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

RESPIRATORY

BETA-ADRENERGIC HANDHELD, LONG ACTING

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

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BETA-ADRENERGIC HANDHELD, SHORT ACTING

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

BETA-ADRENERGIC, NEBULIZERS

T/F of only one preferred drug required

Preferred	Non-Preferred
albuterol 0.63mg / 3ml solution (generic for Accuneb®)	arformoterol solution (generic for Brovana®)
albuterol 1.25mg / 3ml solution (generic for Accuneb®)	Brovana® Solution
albuterol sulfate 2.5mg / 0.5ml solution	formoterol solution (generic for Perforomist®)
albuterol sulfate 2.5mg / 3ml solution	levalbuterol solution / concentrate solution (generic for Xopenex® / Concentrate)
	Perforomist® Solution

BETA-ADRENERGIC, ORAL

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

ORALLY INHALED ANTICHOLINERGICS / COPD AGENTS

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

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

INHALED CORTICOSTEROIDS

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

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

INHALED CORTICOSTEROID COMBINATIONS

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

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

INTRANASAL RHINITIS AGENTS

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

LEUKOTRIENE MODIFIERS

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

LOW SEDATING ANTIHISTAMINES

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

LOW SEDATING ANTIHISTAMINE COMBINATIONS

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

Quantity limit of 102 days supply per 12 months apply to all drugs in this class

Preferred	Non-Preferred
loratadine-D OTC tablet (generic for Claritin-D® OTC)	cetirizine-D OTC tablet (generic for Zyrtec-D® OTC)
	Clarinex-D® Tablet
	fexofenadine-D 12 Hour OTC Tablet (generic for Allegra-D® 12 Hour OTC)
	fexofenadine-pseudoephedrine ER 24 hour tablet (generic for Allegra-D® 24 hour)

FIRST GENERATION ANTIHISTAMINES

Preferred	Non-Preferred
carbinoxamine solution	carbinoxamine tablet
cyproheptadine syrup / tablet	clemastine tablet
hydroxyzine capsule / solution / tablet	Karbinal™ ER Suspension - **T/F of immediate release carbinoxamine solution and cetirizine syrup required for coverage**
	RyClora™ Solution
	RyVent™ Tablet
	Vistaril® Capsule

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TOPICALS

ACNE AGENTS

Preferred	Non-Preferred
adapalene / benzoyl peroxide (generic for Epiduo® Forte)	adapalene cream / gel pump generic for Differin®)
adapalene / benzoyl peroxide (generic for Epiduo® Gel)	Aklief®
adapalene gel (generic for Differin®)	Avar® Cleanser / LS Cleanser
azelaic acid gel (generic for Finacea®)	Avar-E® Emollient Cream / Green Emollient Cream / LS Cream
clindamycin lotion (generic for Cleocin-T®)	BP® 10-1 Wash / Cleansing Wash
clindamycin phosphate pledgets / solution (generic for Cleocin-T®)	ClearAcylic / ClearAcylic Pro
clindamycin-benzoyl peroxide gel (generic for Benzaclin®, Neuac®)	Cleocin-T® T Lotion
Differin® gel pump	Clindacin® ETZ Pledget / Kit / P Foam / P Pledgets / PAC Kit
Differin® lotion/cream	Clindagel® Gel
Epiduo® gel pump	clindamycin / tretinoin (generic for Veltin®)
erythromycin gel (generic for Emgel®, Erycette®, EryGel®, et. al.)	clindamycin phosphate foam (generic for Evoclin®)
erythromycin solution (generic for Emgel®, EryDerm®, EryMed®, et. al)	clindamycin phosphate gel (Clindagel®)
erythromycin-benzoyl peroxide gel (generic for Benzamycin®)	clindamycin-benzoyl peroxide pump (generic for Acanya®)
Finacea® Gel	clindamycin-benzoyl peroxide pump (generic for Benzaclin®)
	clindamycin-benzoyl peroxide pump (generic for Onexton®)
	dapsone gel / gel pump (generic for Aczone® Gel)
	Ery® Pads
	Eryzel® Gel
	Evoclin® Foam
	Fabior® Foam
	Finacea® Foam
	Neuac® Gel / Kit
	Ovace® Plus Cleansing Cream / Gel / Lotion / Shampoo / Wash
	Rosanil Cleanser lotion
	Rosula® Cloths / Wash
	sodium sulfacetamide cleanser / cream (generic for Avar® / LS)
	sodium sulfacetamide lotion (generic for Klaron®)
	sodium sulfacetamide shampoo, wash (generic for Ovace® / Plus)
	sodium sulfacetamide-sulfur lotion / suspension (generic for Novacet®, Plexion®, Zetacet®)
	sodium sulfacetamide-sulfur pad / suspension / wash (generic for Sumadan®)
	SSS® 10-5 Cream / Foam
	sulfacetamide-sulfur 9-4% cleanser (generic for Zencia™)
	sulfacetamide-sulfur cream (generic for Avar® E, SSS® 10-5)
	Sumadan® Kit / XLT Kit / Wash
	Sumaxin® Cleansing Pads / CP Kit / TS Topical Suspension / Wash
	tazarotene cream / foam / gel (generic for Tazorac®, Fabior®)
	tretinoin cream / gel (generic for Retin-A®)
	tretinoin microsphere gel / microsphere gel pump (generic for Retin-A® Micro)
	Twyneo® Cream
	Winlevi® Cream
	Zina Clear™ Cleanser

ANDROGENIC AGENTS

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

NSAIDS

Preferred	Non-Preferred
diclofenac topical gel (generic for Voltaren® Gel)	diclofenac epolamine patch (generic for Flector®)
diclofenac solution (generic for Pennsaid®)	diclofenac pump (generic for Pennsaid®)
	Pennsaid® Solution Packet / Pump

ANTIBIOTICS

Preferred	Non-Preferred
gentamicin cream / ointment (generic for Garamycin®)	Centany® AT Ointment Kit / Ointment
mupirocin ointment (generic for Bactroban®)	mupirocin cream (generic for Bactroban®)
	Xen™ Cream

ANTIBIOTICS - VAGINAL

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

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

ANTIFUNGALS

Preferred	Non-Preferred
ciclopirox cream / solution (generic for Loprox®, Penlac®)	Bensal HP® Ointment
clotrimazole Rx cream (generic for Lotrimin® Rx)	Ciclodan® Cream / Cream Kit / Kit / Solution
clotrimazole-betamethasone cream (generic for Lotrisone®)	ciclopirox gel / shampoo / suspension (generic for Loprox®)
ketoconazole cream / shampoo (generic for Nizoral®)	ciclopirox treatment kit (generic for Ciclodan®)
Klayesta® Powder (branded generic for Nystop®)	clotrimazole Rx solution (generic for Lotrimin® Rx)
Nyamyc® Powder (branded generic for Nystop®)	clotrimazole-betamethasone lotion (generic for Lotrisone®)
nystatin cream / ointment / powder (generic for Mycostatin®, Nystop®)	econazole cream (generic for Spectazole®)
Nystop® Powder	Extina® Foam
nystatin-triamcinolone cream / ointment (generic for Mycolog II®)	ketoconazole foam (generic for Extina®)
	Ketodan® Foam / Foam Kit
	Loprox® Suspension / Cream / Kit
	luliconazole cream (generic for Luzu®)
	miconazole / zinc oxide / petrolatum ointment (generic for Vusion®) - **Clinical criteria apply**
	naftifine cream / gel (generic for Naftin®)
	Naftin® Gel
	oxiconazole cream (generic for Oxistat®)
	Oxistat® Lotion
	salicylic acid ointment (generic for Bensal HP®)
	tavaborole topical solution (generic for Kerydin®)
	Vusion® Ointment - **Clinical criteria apply**

ANTIPARASITICS

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

T/F of only one preferred drug required

Preferred	Non-Preferred
Natroba® Topical Suspension	Crotan® Lotion
permethrin cream (generic for Elimite®)	Elimite® Cream
	Eurax® Cream / Lotion
	lindane shampoo
	malathion lotion (generic for Ovide®)
	Ovide® Lotion
	Prurodik™ Lotion
	Sklice® Lotion
	spinosad topical suspension (generic for Natroba®)

ANTIVIRAL

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

Imidazoquinolinamines

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

North Carolina Division of Health Benefits

North Carolina Medicaid Preferred Drug List (PDL)

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Revised 11.03.2025 Off Cycle Change: Moved Pyzchiva® Syringe/Vial and Steqeyma® Vial /Syringe from non-preferred to preferred due to fiscal impact. Added red writing to Stelara® Syringe / Vial T/F of preferred ustekinumab is required

Revised 12.10.2025 Off Cycle Change: GLP-1 weight management class added to the PDL. See clinical criteria for coverage.

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

Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred. In addition to T/F criteria, clinical criteria (indicated in **RED**) may also apply. **New to market products typically default to Non-Preferred status until reviewed by the PDL Panel. These drugs are listed as TO BE REVIEWED**. For drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at: **https://www.nctracks.nc.gov/content/public/providers/pharmacy.html**

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PSORIASIS

Preferred	Non-Preferred
calcipotriene cream / solution (generic for Dovonex®)	calcipotriene ointment / foam (generic for Dovonex®, Sorilux®)
calcipotriene-betamethasone suspension / ointment (generic for Taclonex®)	calcitriol ointment (generic for Vectical®)
	Enstilar® Foam
	Sorilux® Foam
	Taclonex® Ointment / Suspension
	Vectical Ointment
	Vtama® Cream
	Zoryve® 0.3% Cream / Foam

ROSACEA AGENTS

Preferred	Non-Preferred
azelaic acid gel (generic for Finacea®)	brimonidine gel pump (generic for Mirvaso®)
Finacea® Gel	Epsolay® (benzoyl peroxide)
metronidazole cream (generic for MetroCream®)	Finacea® Foam
metronidazole gel / pump (generic for MetroGel®)	ivermectin cream (generic for Soolantra®)
Rosadan® Cream / Gel	MetroCream®
	MetroGel®
	metronidazole lotion (generic for MetroLotion®)
	Mirvaso® (brimonidine)
	Rhofade® Cream
	Rosadan® Kit
	Soolantra® Cream

STEROIDS

Low Potency

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

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

Medium Potency

Preferred	Non-Preferred
fluticasone cream / ointment (generic for Cutivate®)	Beser™ Lotion / Kit
mometasone cream / ointment / solution (generic for Elocon®)	clocortolone cream (generic for Cloderm®)
	Cloderm® Cream / Pump
	fluocinolone cream / ointment / solution (generic for Synalar®)
	flurandenolide Lotion / Ointment
	fluticasone lotion (generic for Cutivate® Lotion)
	hydrocortisone butyrate cream / lipid cream / lotion / ointment / solution (generic for Locoid®)
	hydrocortisone valerate cream / ointment (generic for Westcort®)
	Locoid® Lipocream / Lotion
	Pandel® Cream
	prednicarbate cream / ointment (generic for Dermatop®)
	Synalar® Cream / Ointment / Kit / Solution / TS Kit

High Potency

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

Very High Potency

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

MISCELLANEOUS

Uterine Disorder Treatments

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

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

Urea Cycle Disorder Treatments, Oral

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

Preferred	Non-Preferred
Carbaglu® Tablet for oral suspension	Buphenyl® Tablet/Powder
	carglumic acid Tablet for oral suspension (generic for Carbaglu®)
	Olpruva® Suspension
	Phebutane® Oral Pellets
	Ravicti® Liquid **T/F of preferred drug is not required for Urea cycle disorder**
	sodium phenylbutyrate Tablet/Powder (generic for Buphenyl®)

WEIGHT MANAGEMENT AGENTS

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

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

Clinical criteria apply to all drugs in this class

Preferred	Non-Preferred
Wegovy® Pen	Saxenda® (liraglutide) Pen
	Zepbound® (tirzepatide) Pen

Weight Management (Non-Incretin Mimetics)

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

IMMUNOMODULATORS, ASTHMA

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

Clinical criteria apply to all drugs in this class

Preferred	Non-Preferred
Fasenra® Pen / Syringe	Cinqaix® Vial
Xolair® (omalizumab) Autoinjector/Syringe	Nucala® Syringe / Vial / Autoinjector
	Tezspire™ Pen / Syringe - **T/F of preferred agents not required for diagnosis of non-allergic, non-eosinophilic severe asthma**
	Xolair® Vial

IMMUNOMODULATORS, Atopic Dermatitis

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

Clinical criteria apply to all drugs in this class

Preferred	Non-Preferred
Adbry® Syringe / Autoinjector	Ebglyss Pen
Dupixent® Pen / Syringe	Cibinqo™ Tablet
Eucrisa® 2% Ointment	Ebglyss™ Syringe (lebrikizumab-lbkz)
pimecrolimus cream (generic for Elidel®)	Nemluvio® Pen
tacrolimus ointment (generic for Protopic®)	Opzelura™ Cream
	Zoryve® (roflumilast) 0.15% Cream

ANTIPSORIATICS, ORAL

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

EPINEPHRINE, SELF ADMINISTERED

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

Quantity limits apply to all drugs in this class

Preferred	Non-Preferred
Auvi-Q® Auto Injector	
epinephrine auto injector (generic for Epi-Pen® / Epi-Pen® Jr/ Adrenaclick®)	
Epi-Pen® Auto Injector / 2-Pak / Jr. Auto Injector / Jr. 2-Pak	
neffy® nasal spray	

North Carolina Division of Health Benefits

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Revised 12.10.2025 Off Cycle Change: GLP-1 weight management class added to the PDL. See clinical criteria for coverage.

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ESTROGEN AGENTS, COMBINATIONS

Preferred	Non-Preferred
Activella® Tablet	Abiquile® Lo Tablet
Amabelz™ Tablet	Bijuva® Capsule
estradiol/norethindrone tablet (generic for Activella®)	
Fyavoh™ Tablet	
Jinteli® (branded generic for FemHRT®)	
Mimvey® / Lo (branded generic for Activella®)	
norethindrone-ethinyl estradiol (generic for FemHRT®)	
Premphase® Tablet	
Premphro™ Tablet	

ESTROGEN AGENTS, ORAL / TRANSDERMAL

Preferred	Non-Preferred
Climara® Pro Patch	Climara® Patch
CombiPatch® Patch	Divigel® Gel Packet
estradiol patch (generic for Climara®, Menostar®, Vivelle-Dot®)	Doni™ Patch
estradiol tablet (generic for Estrace®)	Duavee® Tablet
Evamist® Spray	Elestrin® Gel
Menest® Tablet	Estrace® Tablet
Premarin® Tablet	Estradiol Gel Pump
	estradiol gel packet (generic for Divigel®)
	Lyllana™ Patch
	Menostar® Patch
	Minivelle® Patch
	Osphena® Tablet
	Vezomh™ Tablet
	Vivelle-Dot® Patch

ESTROGEN AGENTS, VAGINAL PREPARATIONS

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

GLUCOCORTICOID STEROIDS, ORAL

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

Preferred	Non-Preferred
budesonide EC capsule (generic for Entocort® EC)	Alkindi® Sprinkle Capsule
dexamethasone elixir / tablet (generic for Decadron®)	Aqamree® Suspension
dexamethasone solution (generic for Conceadix®)	Cortef® Tablet
Emflaza™ Tablet / Suspension - **Clinical criteria apply**	isotlisone tablet (generic for Patisone®)
hydrocortisone tablet	deflazacort suspension (generic for Emflaza®) - **Clinical criteria apply. T/F of preferred agents not required for children < 12 years of age.**
methylprednisolone 4mg dosepack / tablet (generic for Medrol®)	deflazacort tablet (generic for Emflaza®) - **Clinical criteria apply**
prednisolone sodium phosphate solution (generic for PediaPred®, OraPred®, Veripred®)	dexamethasone tablet dosepack / Intensol® Drops
prednisolone solution (generic for Prelone®, Millipred®)	Eohilia® Suspension-**T/F of preferred agents not required for diagnosis of eosinophilic esophagitis**
prednisone dose pack (generic for Sterapred®)	Hemady™ Tablet
prednisone solution / tablet (generic for Deltasone®)	Khindivi™ Solution
	Medrol® Dose Pack / Tablet
	methylprednisolone 8mg / 16mg / 32mg tablet (generic for Medrol®)
	Millipred® Dose Pack / Tablet
	prednisolone ODT (generic for Orapred® ODT)
	prednisolone tablet
	Prednisone Intensol® Concentrated Solution
	Rayos® Tablet
	Taperdex® Tablet
	Tarpeyo™ Capsule - **T/F of preferred agents not required for diagnosis of IgA nephropathy**

CYTOKINE AND CAM ANTAGONISTS

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

Clinical criteria apply to all drugs in this class

T/F of only one Preferred drug required

Preferred	Non-Preferred
adalimumab-adaz Pen / Syringe	Abrilada™ Pen / Syringe
adalimumab-adbm Pen / Psoriasis-UV Pen / Crohn's Pen / Syringe	Actemra® ACTPen™ / Syringe / Vial
Cosentyx® Sensoready® Pen / UnoReady® Pen / Syringe	adalimumab-aacf Pen
Enbrel® Mini Cartridge / Sureclick® Syringe / Syringe / Vial	adalimumab-aaty Autoinjector / Syringe
Hadlima™ Syringe / PushTouch	adalimumab-ftkjp Pen / Syringe
Humira® Crohn's Starter Pack / Ped. Crohn's Starter Pack / Pen / Psoriasis Starter Pack / Syringe	adalimumab-ryvk Autoinjector / Syringe
infliximab vial (generic for Remicade®)	Amjevita™ Syringe / Autoinjector
Otezla® Starter Pack / Tablet	Arcalyst® SQ Syringe
Pyzchiva® (ustekinumab-ttwe) Syringe/Vial	Avsola® Vial
Steqeyma® (ustekinumab-stba) Vial /Syringe	Bimzelx® Autoinjector / Syringe
Xeljanz® Tablet	Cimzia® Starter Kit / Syringe Kit / Vial Kit
	Cosentyx® Vial
	Cyltezo™ (adalimumab-adbm) Psoriasis-UV Pen
	Cyltezo™ Syringe / Crohn's-UC-HS Pen / Psoriasis Pen / Pen
	Enspryng™ Syringe
	Entyvio® Pen / Vial
	Hulio™ Pen / Syringe
	Hyrimoz™ Pen / Crohn's-UC Pen / Ped. Crohn's Pen / Syringe / Psoriasis Pen
	Idacio® Pen / Psoriasis Pen / Crohn's-UC Pen / Syringe
	Ilaris® Vial
	Ilumya® Syringe
	Imuldosa™ Syringe/Vial
	Inflectra™ Vial
	Kevzara® Syringe / Pen
	Kineret® Syringe - **T/F of preferred agents not required for diagnosis of Neonatal Onset Multi-System Inflammatory Disease**
	Olumiant® Tablet
	Omvoh™ (mirikizumab-mrkz) Syringe
	Omvoh™ Pen / Vial
	Orencia® Clickjet® / Syringe / Vial
	Otulfi® Syringe/Vial
	Remicade® Vial
	Renflexis™ Vial
	Rinvoq® (upadacitinib) LQ Solution
	Rinvoq® ER Tablet
	Selarsdi™ Vial / Syringe
	Simlandi® Autoinjector/kit
	Simponi® Pen / Syringe / Aria® Vial
	Skyrizi® On-Body / Vial / Pen / Syringe
	Sotyktu® Tablet
	Spevigo® Vial / Syringe
	Stelara® Syringe / Vial **T/F of preferred ustekinumab is required**
	Talz® Auto-injector / Syringe
	Tofidence™ (tocilizumab-bavi) Vial
	Tremfya® Syringe / Injector/ Vial / Pen Induction PK-Crohn
	Tyenne® (tocilizumab-aazg) Autoinjector / Syringe
	Tyenne® Vial
	Uplima® Vial
	ustekinumab Vial / Syringe (generic for Stelara®)
	ustekinumab-aekn syringe (generic for Stelara® /Selarsdi ®™)
	Ustekinumab-ttwe Vial / Syringe (generic for Pyzchiva®)
	Velsipity® Tablet
	Xeljanz® Solution / XR Tablet
	Yesintek™ Syringe/Vial
	Yuflyma® Syringe / Autoinjector / Crohn's-UC-HS Autoinjector
	Yusimry™ Pen
	Zymfentra™ Pen / Syringe

IMMUNOSUPPRESSANTS

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

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Revised 12.10.2025 Off Cycle Change: GLP-1 weight management class added to the PDL. See clinical criteria for coverage.

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

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MOVEMENT DISORDERS

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

Clinical criteria apply to all drugs in this class

Preferred	Non-Preferred
Austedo® Tablet	Xenazine® Tablet
Austedo® XR Tablet / Titration Kit	
Ingrezza® (valbenazine) Sprinkle Capsules	
Ingrezza® Capsule / Initiation Pack	
tetrabenazine tablet	

HEREDITARY ANGIOEDEMA (HAE) PROPHYLAXIS AGENTS

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

Clinical criteria apply to all drugs in this class

Preferred	Non-Preferred
Haegarda® Vial	Cinryze® Vial
Orladeyo® Capsule	Takhzyro® Vial / Syringe

HEREDITARY ANGIOEDEMA (HAE) TREATMENT AGENTS

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

Clinical criteria apply to all drugs in this class

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

OPIOID ANTAGONISTS

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

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

OPIOID DEPENDENCE

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

Preferred	Non-Preferred
Prior Approval Not Required for Coverage of Preferred Agents	**Clinical Criteria Apply to Non-Preferred Agents**
Brixadi™ Weekly Syringe / Monthly Syringe	buprenorphine-naloxone SL film (generic for Suboxone®)
buprenorphine-naloxone SL tablet (generic for Suboxone®)	Lofexidine Tablet **T/F of preferred agents not required for diagnosis of opioid withdrawal**
buprenorphine SL tablet (generic for Subutex®)	Lucemyra® Tablet - **T/F of preferred agents not required for diagnosis of opioid withdrawal**
Suboxone® SL Film	Zubsolv® Tablet SL
Sublocade® Syringe	

SKELETAL MUSCLE RELAXANTS

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

DISPOSABLE INSULIN DELIVERY DEVICES

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

Preferred	Non-Preferred
CeQur Simplicity™	
CeQur Simplicity™ Inserter	
Ilet Infusion Kit	
Ilet Starter Kit	
Omnipod 5® DexG7/G6 Intro Kit/Pods (GEN5), FSL2 G6 Intro Kit/Pods	
Omnipod DASH® Pods (5-Pack) / Intro Kit	
Omnipod GO™ Pods	

DIABETIC CONTINUOUS GLUCOSE MONITOR SUPPLIES

Continuous Glucose Monitor Transmitters / Receivers / Readers

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

Clinical criteria apply to all items in this class

Preferred	Non-Preferred
Dexcom G6® Transmitter / Receiver	Freestyle Libre™ 14 day Reader
Dexcom G7® Receiver	
Freestyle Libre™ 2 Reader	
Freestyle Libre™ 3 Reader	

Continuous Glucose Monitor Sensors

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

Clinical criteria apply to all items in this class

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

DIABETIC SUPPLIES

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

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

Meters	Lancing Devices
ACCU-CHEK® Guide Retail care kit * **(see above for billing)**	ACCU-CHEK® Softclix lancing device kit (Black)
ACCU-CHEK® Guide Me Retail care kit * **(see above for billing)**	ACCU-CHEK® Fastclix lancing device kit
Test Strips	**Control Solutions**
ACCU-CHEK® AVIVA PLUS 50 ct test strips	ACCU-CHEK® Aviva glucose control solution (2 levels)
ACCU-CHEK® SMARTVIEW 50 ct test strips	ACCU-CHEK® SmartView glucose control solution (1 level)
ACCU-CHEK® Guide 50 ct test strips	ACCU-CHEK® Guide 2-Level control solution (2-levels)
ACCU-CHEK® Guide 100 ct test strips	
Lancets	
ACCU-CHEK® Softclix 100 ct Lancets	
ACCU-CHEK® Fastclix 102 ct Lancets	