

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

Effective Date October 1, 2025

Revised 6.16.25 Off-Cycle Change: Epidiolex® Solution was moved from Preferred to Non-preferred

Revised 08.28.2025 Off Cycle Change: DermaSmooth® FS Scalp and Body Oil was moved from Non-preferred to Preferred due to patient safety

Revised 10.01.2025 Off Cycle Change: The following drugs were removed from the PDL due to fiscal impact (No longer Rebate eligible): Vasotec Tablet, Acanya Gel Pump, Altreno Lotion, Arazo Lotion, Atralin Gel, Benzamycin Gel, Caltreo Gel, Kloron Lotion, Onexton Gel/Gel Pump, Retin-A Cream/Gel, Retin-A Micro Gel, Retin-A Micro Pump Gel, Ziana Gel, Aplenzin Tablet, Wellbutrin XL Tablets, Ancothon Capsule, Ertaczo Cream, Luza Cream, Jublia Topical Solution, Lodosyn Tablet, Tasmar Tablet, Zelapar ODT, Xerex Cream, Zovirax Cream/Ointment, Glumetza Tablet, Flolipid Suspension, Isordil Tablet, Siliq Syringe, Mysoline Tablet, Pepcid Tablet, Zyclara Cream/Cream Pump, Elidel Cream, Azasan Tablet, Xifaxan Tablet, Cardizem CD Capsules, Cardizem Tablet/LA Tablet, Tiazac Capsule, Zegerid Rx/Capsule/Packet, Durbion Lotion, Noritate Cream, Diastal, Relistor Syringe/Vial/Tablet, Trulance Tablet, Vanos Cream, Bryhali Lotion, Soliday ER Tablet, Fenoglide Tablet, Apriso Capsule, Colazac Capsule, Uceris Rectal Foam, Uceris Rectal Foam.

Revised 11.03.2025 Off Cycle Change: Moved Pyzchiva® Syringe/Vial and Stegyma® 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 effective 10.01.2025. See clinical criteria for coverage.

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NSAIDS	
Preferred	Non-Preferred
celecoxib capsule (generic for Celebrex®)	Arthroce® 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®)
mefenamic acid tablet (generic for Meclon®)	diclofenac sodium ER tablet (generic for Voltaren® XR)
nabuprofen EC DR tablet (generic for Naproxen® EC)	diclofenac sodium-mesopropil tablet (generic for Arthroce®)
naproxen sodium tablet (generic for Anaprox®)	difenhydramine tablet (generic for Dolobid®)
naproxen tablet (generic for Naproxen®)	Dolobid® tablet
salsalicyl tablet (generic for Clonert®)	etodolac capsule / tablet / ER tablet (generic for Lodine® / XL)
	Feldene® Capsule
	fenoprofen capsule/ tablet (generic for Nalfon®)
	flurbiprofen tablet (generic for Analdin®)
	ibuprofen / famotidine tablet (generic for Daexin®) - T/F of only celecoxib required
	indomethacin ER capsule (generic for Indocin SR®)
	indomethacin suppository
	ketoprofen capsule (generic for Orudis®)
	ketoprofen ER capsule (generic for Oruvail®)
	Ketoprofen® (ketoprofen) Capsule (branded generic for Orudis®)
	Lidocaine® Tablet
	meloxicam capsule (generic for Meclonin®)
	metformin acid capsule (generic for Ponstel®)
	meloxicam capsule (generic for Viridex®)
	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®)
	peroxicam capsule (generic for Feldene®)
	Roflumilol® DR Tablet
	Tolmetin® (tolmetin) Tablet
	tolmetin tablet / capsule (generic for Tolmetin® / 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®)	Dermacin® Lidocaine Patch - Clinical criteria apply
lidocaine patch (generic for Lidoderm®) - Clinical criteria apply	Dorzalim® Sprinkle
pregabalin capsule / solution (generic for Lyrica®)	duloxetine capsule (generic for Irenbra®)
	gabapentin ER tablet (generic for Gralise®)
	Gralise® Tablet
	Horizant® Tablet
	Lidocaine® 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)
	Quenza® Kit
	Savella® Tablet / Titration Pack
	Tindacaine® Patch
	ZTLado® Patch - Clinical criteria apply
ANTICONVULSANTS	
CARBAMAZEPINE DERIVATIVES	
Patients with a diagnosis of seizure disorder are exempt from T/F criteria and may use any carbamazepine product.	
Preferred	Non-Preferred
Aptiom® Tablet	carbamazepine ER capsule (generic for Carbatol®)
carbamazepine tablet / suspension / chewable tablet / XR tablet (generic for Tegretol® / XR)	Carbatol® Capsule
Eqatio® Capsule	Epitol® Tablet
oxcarbazepine suspension / tablet (generic for Trileptal®)	Oxcarbazepine ER (generic for Oxicel® XR)
Oxicel® XR Tablet	Trileptal® Tablet
Tegretol® Suspension / Tablet / XR Tablet	
Trileptal® Suspension	
FIRST GENERATION	
Patients with a diagnosis of seizure disorder are exempt from T/F criteria and may use any first generation product.	
Preferred	Non-Preferred
Clobetasol® Kenalog	Denkavit® 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 Zaranit®)	methsuximide capsule (generic for Clobetasol®)
felbamate suspension (generic for Felbatol®)	Seraby® Vial
Felbatol® Suspension / Tablet	Zaranit® Capsule / Solution
phenobarbital tablet / elixir / solution	
Phenytek® Capsule	
phenytoin chewable / extended capsules / infatab / suspension (generic for Dilantin®)	
phenytoin extended capsules (generic for Phenytek®)	
primidone Tablet (generic for Mysoline®)	
valproic acid capsule / solution (generic for Depakene®)	

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SECOND GENERATION	
Patients with a diagnosis of seizure disorder are exempt from T/F criteria and may use any second generation product.	
Preferred	Non-Preferred
Briivact® Tablet / Solution	Banzel® Suspension
clobazam suspension / tablet (generic for Onfi®)	Banzel® Tablet
clonazepam tablet (generic for Klonopin®)	clonazepam ODT (generic for Klonopin® Wafer)
Diacomi® Capsule / Powder Pack	Ekepsin® XR Tablet
diazepam rectal / system (generic for Diastat® Accudial / Pedi System)	Epidiolex® Solution - Clinical criteria apply
Eprontia® Solution	Keppra® Tablet / Solution / XR Tablet
Fronepla® Solution	Klonopin® Tablet
Pycompri® Tablet / Suspension	lacosamide solution (generic for Vimpat®)
gabapentin capsule / solution / tablet (generic for Neurontin®)	Lamictal® chewable / ODT / ODT Starter Kit / Starter Kit / Tablet / XR / XR Starter Kit
lacosamide tablet (generic for Vimpat®)	lamotrigine ODT dose pack/ tablet dose pack (generic for Lamictal®)
lamotrigine chewable / tablet / ODT (generic for Lamictal®)	levetiracetam tablet (generic for Spritam®)
lamotrigine ER tablet (generic for Lamictal® XR)	Libsum® (diazepam) Buccal Film
levetiracetam tablet / ER tablet / solution (generic for Keppra® / XR)	Lysixa® Capsule / Solution
Nayzilam® Nasal Spray	Monopoly XR® (lacosamide extended release) Capsule
Quexy® XR Capsule	Neurontin® Capsule / Solution / Tablet
Rowepra® Tablet	Onfi® Suspension / Tablet
rufinamide suspension (generic for Banzel®)	Spiritam® Tablet
rufinamide tablet (generic for Banzel®)	Sympacan® Film
Sabri® Tablet / Powder Packet	Topamax® Sprinkle Capsule / Tablet
Subvenite® Tablet / Tab Start Kit	topiramate ER capsule (generic for Trokendi XR®) - T/F of Trokendi® XR Capsule required for coverage
tiagabine tablet (generic for Gabitril®)	topiramate ER sprinkle capsule (generic for Quexy®)
topiramate sprinkle capsule / tablet (generic for Topamax®)	Trokendi® XR Capsule
Valtoo® Nasal Spray	vigabatrin tablet (generic for Sabri®)
vigabatrin powder packet (generic for Sabri®)	Vigadrone® Powder Packet / Tablet
Xcopri® Tablet / Titration Pack	Vigafyle™ Solution
zonisamide capsule (generic for Zonisgran®)	Vigopder® Powder Packet
	Vimpat® Solution / Starter Kit / Tablet
	Zonisade® Oral Suspension
	Zulmy® Oral Suspension
ANTI-INFECTIVES - SYSTEMIC	
ANTIBIOTICS	
Penicillins, Cephalosporins and Related	
Preferred	Non-Preferred
amoxicillin capsule / chewable / suspension / tablet (generic for Amoxil®, Timox®)	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®)	cefepime suspension (generic for Suprax®) T/F of preferred agents not required for children < 12 years of age
cefdinir capsule / suspension (generic for Omnicef®)	cefepodoxime 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 Cefin®)	
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
linzolid suspension (oral) / tablet (generic for Zyvox®)	Cleocin® Pediatric Solution
	clindamycin injection (generic for Cleocin®)
	Lincocin® Vial
	lincomycin vial (generic for Lincocin®)
	linzolid 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.® Filmatub® Suspension	Ery-Tab® Tablet
Erythromycin® Filmatub	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 filmatub	
erythromycin ES tablet (generic for E.E.S.® Filmatub)	
Nitroimidazoles (Gastrointestinal Antibiotics)	
Preferred	Non-Preferred
metronidazole tablet (generic for Flagyl®)	Aemcolo® DR Tablet
vancomycin capsule (generic for Vanocin®)	Diflacid® Suspension / Tablet - T/F of only vancomycin is required for treatment of Clostridium difficile
vancomycin oral solution (generic for Firvang®)	Firvang® Solution
	Flagyl® Capsule
	Likmez® Suspension
	metronidazole 125 mg tablet (generic for Flagyl®)
	metronidazole capsule (generic for Flagyl®)
	paromomycin tablet (generic for Mowbratan®)
	paromomycin tablet (generic for Alinia® Tablet)
	paromomycin capsule (generic for Humatin®)
	Solosec® Granules
	tinidazole tablet (generic for Tindamax®)
	Vanocin® Capsule
	Vovax® Capsule - Clinical criteria apply
Quinolones	
Preferred	Non-Preferred
Cipro® Suspension	Baraclude™ 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®)	demedocycline 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 75mg, 150mg capsule (generic for Monodox®, Adoxa®)
	doxycycline monohydrate 40mg BR-DR capsule (generic for Oraoca®)
	doxycycline monohydrate 50mg, 75mg, 100mg, 150mg tablet
	doxycycline suspension (generic for Vibramycin®) - T/F of preferred agents not required for patients < 12 years of age
	Lymepak® Tablet
	minocycline ER tablet (generic for Solodyn® ER) Clinical justification and failure of doxycycline and minocycline required. Limited to a 12 week supply.
	minocycline 50mg, 75mg, 100mg tablet
	Minolina® ER Tablet
	Monglox® Capsule / Kit
	Nazyna® Tablet
	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®)	Cresmeth® Capsule
griseofulvin suspension (generic for Grifulvin V®)	Diflucan® Suspension / Tablet
griseofulvin ultra tablet (generic for Gris-Pop®)	flucytosine capsule (generic for Ancothon®)
itraconazole suspension (generic for Itracon®)	griseofulvin micro tablets (generic for Grifulvin V®)
itraconazole tablet (generic for Mycostatin®)	itraconazole capsule / solution (generic for Sporanox®)
terbinafine tablet (generic for Lamisil®)	itraconazole tablet (generic for Natrona®)
	Novafil® Suspension / Tablet / DR Suspension Packet
	Oraspic® Buccal Tablet
	posaconazole tablet / suspension (generic for Novafil®)
	Sporanox® Capsule / Solution
	Tolsura® Capsule
	Vfend® Suspension / Tablet
	Viviron® Capsule - Clinical criteria apply
	voriconazole suspension / tablet (generic for Vfend®)
Antivirals (General)	
Preferred	Non-Preferred
Prolovisal™ Tablet dose Pack	
Lagovis™ 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
Viroad® Powder / Tablet	Vemlidy® Tablet
Antivirals (Hepatitis C Agents)	
Preferred	Non-Preferred
Pegasis® Syringe / Vial	
sofosbuvir 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	
Mavyret® Tablet (8 weeks of therapy)	Epclusa® Pellet Pack/ Tablet
Mavyret® Pellet Pack	Harvoni® Pellet Pack / Tablet
sofosbuvir-velpatasvir tablet (generic for Epclusa®)	ledipasvir-sofosbuvir tablet (generic for Harvoni®)
	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 2 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®)	Stavvir® 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	
Preferred	Non-Preferred
Kitabis™ Pak	Arikayce® Vial
Bethkis® Ampule	Cayston® Solution
tobramycin inhalation solution (generic for Tobin™)	tobramycin inhalation pak (generic for Kitabis™)
	Tobi® Podhaler / Solution
	tobramycin Ampule (generic for Bethkis)

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BEHAVIORAL HEALTH

ANTI-DEPRESSANTS

Preferred	Other	Non-Preferred
bupropion tablet / SR tablet / XL tablet (generic for Wellbutrin® Tablet / SR / XL)	Auzelvi® 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®)	
mirazapine ODT / tablet (generic for Remeron®)	duloxetine capsule (generic for Irenka®)	
trazodone tablet (generic for Desyrel®)	Ensam® Patch	
venlafaxine tablet / ER capsules (generic for Effexor®, Effexor® XR)	FeZim® Capsule / Titration Pak	
vilansone tablet (generic for Vibryd®)	FeZim® XL Tablet	
	Mamlian® Tablet	
	Nardil® Tablet	
	nefazodone tablet (generic for Serzone®)	
	phenelzine tablet (generic for Nardil®)	
	Pristiq® ER Tablet	
	Raldexy® Solution	
	Remeron® Solub® / Tablet	
	tranylopramine tablet (generic for Parmite®)	
	Trintellix® Tablet	
	venlafaxine besylate ER tablet	
	venlafaxine ER tablet	
	Vibryd® Tablet	
	Wellbutrin® SR Tablet	
	Zarzone® 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 Brisdolite®)
	paroxetine suspension / CR tablet (generic for Paxil® / CR)
	Paxil® Tablet / CR Tablet
	Prozac® Capsule
	sertraline capsule
	Zoloft® Solution / Tablet

ANTHYPERKINESIS / ADHD

Preferred	Non-Preferred
Adderall® Tablet (Generic Product Per FDA)	Adderall® XR Capsule
amphetamine salt combo tablet (generic for Adderall®)	Adzenes® 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®)
atomoxetine ER tablet (generic for Kapway®)	Aptensio® XR Capsule
Atomoxetine Patch	Azymine® Capsule
desmethylphenidate tablet / ER capsule (generic for Focalin® / XR)	Concerta® Tablet
dextroamphetamine tablet (generic for Dexedrine®)	Concerta® XR-ODT
guanfacine ER tablet (generic for Intuniv®)	Dexedrine® Spansule®
lisdexamfetamine chewable tablet (generic for Vyvanse®)	dextroamphetamine ER capsule (generic for Dexedrine® Spansule®)
Methylphen 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 Methylphen®, Ritalin®)	Evekeo® Tablet / Evekeo® ODT Tablet
Vyvanse® Capsule	Focalin® Tablet
	Focalin® XR Capsule
	Intuniv® Tablet
	Intuniv® Patch
	lisdexamfetamine capsule (generic for Vyvanse®)
	methamphetamine tablet (generic for Desoxyn®)
	methylphenidate chewable (generic for Methylphen®)
	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
	Oxyda XR Suspension: T/F of preferred agents not required for children < 12 years of age
	ProCentra® Solution
	Qelbree® Capsule
	Quillivant® 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
	Ritalin® ER Tablet
	Ritalin® LA Capsule
	Ritalin® Tablet
	Strattera® Capsule
	Vyvanse® Chewable Tablet
	Xelstrym® Patch
	Zenzedi® Tablet

INJECTABLE ANTIPSYCHOTICS

Preferred	Injectable Long Acting	Non-Preferred
Ablify Avmavil® Syringe Kit		
Ablify Maintena® Syringe / Vial		
Arista® Injio® Syringe		
Eraxis® (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® Haffera Prefilled Syringe Kit		
Invega® Sustenna Prefilled Syringe		
Invega® Trinza Syringe		
Persena® Syringe		
Risperdal® Consta Vial		
risperidone ER vial (generic for Risperdal® Consta)		
Rykindo® Vial / Vial Kit		
Uzedy® Syringe Kit		
Zyprexa® Relprevv® Vial Kit		

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

Effective Date October 1, 2025

Revised 6.16.25 Off-Cycle Change: Epidiolex® Solution was moved from Non-preferred to Non-preferred

Revised 08.28.2025 Off Cycle Change: DermaSmooth® FS Scalp and Body Oil was moved from Non-preferred to Preferred due to patient safety

Revised 10.01.2025 Off Cycle Change: The following drugs were removed from the PDL due to fiscal impact (No longer Rebate eligible): Vasotec Tablet, Acanya Gel Pump, Altreneo Lotion, Arazo Lotion, Atralin Gel, Benzamycin Gel, Caltreo Gel, Klaron Lotion, Onexton Gel/Gel Pump, Retin-A Cream/Gel, Retin-A Micro Gel, Retin-A Micro Pump Gel, Ziana Gel, Aplenzin Tablet, Wellbutrin XL Tablets, Anconban Capsule, Ertaczo Cream, Luzu Cream, Jublia Topical Solution, Lodosyn Tablet, Tasmar Tablet, Zelapar ODT, Xerex Cream, Zovirax Cream/Ointment, Glumetza Tablet, Flolipid Suspension, Isordil Tablet, Siliq Syringe, Mysoline Tablet, Pepcid Tablet, Zyclara Cream/Cream Pump, Elidel Cream, Azasan Tablet, Mifasan Tablet, Cardizem CD Capsules, Cardizem Tablet/LA Tablet, Tiazac Capsule, Zegerid Rx/Capsule/Packet, Durbrii Lotion, Noritate Cream, Diastat, Relistor Syringe/Vial/Tablet, Trulance Tablet, Vanos Cream, Bryhali Lotion, Solydoy ER Tablet, Fenoglide Tablet, Apriso Capsule, Colazal Capsule, Uceris Tablet, Uceris Rectal Foam.

Revised 11.03.2025 Off Cycle Change: Moved Pyzchiva® Syringe/Vial/Tray and Steyema® 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 effective 10.01.2025. See clinical criteria for coverage.

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ATYPICAL ANTIPSYCHOTICS		
Oral / Transdermal		
Preferred	T/F of only one preferred drug required	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 Clozani®)	Caplyta® Capsule	
lurasidone tablet (generic for Latuda®)	clozapine ODT (generic for FazaClo®)	
olanzapine ODT / tablet (generic for Zyprexa®)	Clozani® Tablet	
paliperidone ER tablet (generic for Invega®)	CoBren®	
quetiapine tablet / ER tablet (generic for Seroquel® / XR)	CoBren® Starter Pack	
risperidone ODT / solution / tablet (generic for Risperdal®)	Fansyr® Tablet / Titration Pack	
Yasofin® Capsule	Geodon® Capsule	
zotepidone capsule (generic for Geodon®)	Invega® Tablet	
	Latuda® Tablet	
	Lybalvi® Tablet	
	Naplatzia® Tablet / Capsule	
	olanzapine-fluoxetine capsule (generic for Symbyax®)	
	Otipura® (Aripiprazole) Oral Film	
	Revulti® Tablet / 7-Day Pack / 14-Day Pack	
	Risperdal® Solution / Tablet	
	Saphris® SL Tablet	
	Securo® Patch	
	Seroquel® Tablet / XR Tablet / XR Sample Kit	
	Versachoz® Suspension	
	Zyprexa® Tablet / Zydis® Tablet	
CARDIOVASCULAR		
ACE INHIBITORS		
Preferred		Non-Preferred
benazepril tablet (generic for Lotensin®)	Accupril® Tablet	
enalapril tablet (generic for Vasotec®)	Alace® Capsule	
lisinopril tablet (generic for Prinvil® and Zestrin®)	captopril tablet (generic for Capoten®)	
ramipril capsule (generic for Altace®)	enalapril solution (generic for Enpace®) - 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	
	lisinopril tablet (generic for Monopril®)	
	Lotensin® Tablet	
	moxipril tablet (generic for Univase®)	
	Obrelis® Solution - T/F of preferred agents not required for children < 12 years of age	
	perindopril tablet (generic for Accon®)	
	quinapril tablet (generic for Accupril®)	
	trandolapril tablet (generic for Mavik®)	
	Zestrin® 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 Vasoretic®)	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®)	
	Vasoretic® 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	
amlodipine-valsartan-HCTZ tablet (generic for Exforge® HCT)	telmisartan-amlodipine tablet (generic for Twynsta®)	
olmesartan-amlodipine-HCTZ tablet (generic for Tribenzor®)	Tribenzor® Tablet	
ANGIOTENSIN II RECEPTOR BLOCKER DIURETIC COMBINATIONS		
Preferred		Non-Preferred
irbesartan-HCTZ tablet (generic for Avsilde®)	Atacand® HCT Tablet	
losartan-HCTZ tablet (generic for Hyzaar®)	Avsilde® Tablet	
olmesartan-HCTZ tablet (generic for Benicar® HCT)	Benicar® HCT Tablet	
valsartan-HCTZ tablet (generic for Diovan® HCT)	candesartan-HCTZ tablet (generic for Atacand® HCT)	
	Diovan® HCT Tablet	
	Edarbyclor® Tablet	
	Hyzaar® Tablet	
	Micardis® HCT Tablet	
	telmisartan-HCTZ tablet (generic for Micardis® HCT)	
ANGIOTENSIN II RECEPTOR / NEPRILYSIN BLOCKER COMBINATIONS		
Preferred		Non-Preferred
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®)	Pacronex® Tablet	
flcainide tablet (generic for Tambocor®)	quinidine gluconate ER tablet (generic for Quinaglate DaraTabs®)	
metoprolol tablet (generic for Mexitin®)	Tikosyn® Capsule	
propafenone tablet (generic for Rhythmol®)		
propafenone SR capsule (generic for Rhythmol SR®)		

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Revised 11.03.2025 Off Cycle Change: Moved Pyzeviva® Syringe/Vial and Stegema® 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 effective 10.01.2025. See clinical criteria for coverage.

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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 Lododyn®)
carbidopa-levodopa tablet / ER tablet (generic for Sinemet® / CR)	carbidopa-levodopa-entacapone tablet (generic for Stalevo®)
pramipexole tablet (generic for Mirapex®)	Cresem® Capsule ER
ropinirole tablet (generic for Requip®)	Dalvvy Tablet™
sequaline capsule / tablet (generic for Emsam®)	Danzol® Suspension
trihexyphenidyl elixir / tablet (generic for Artane®)	entacapone tablet (generic for Comtan®)
	Gosort® Capsule - Clinical criteria apply
	Horizant® Tablet
	Inbeja® Inhalation - Clinical criteria apply
	Kynmoh® Titration Kit
	Neupro® Patch
	Nouriant® Tablet
	Onapgo™ Cartridge
	Ongentiv® Capsule - Clinical criteria apply
	Onmolex ER® Tablet - Clinical criteria apply
	pramipexole ER tablet (generic for Mirapex ER®)
	rasagiline tablet (generic for Azilect®)
	ropinirole ER tablet (generic for Requip XL®)
	Byzury® ER Capsule
	Summet® Tablet
	Stalevo® Tablet
	indacavone tablet (generic for Tamar®)
	Vyslev Vial
	Xadago® Tablet
MULTIPLE SCLEROSIS	
Injectable	
Preferred	Non-Preferred
Avonex® Pack / Pen / Syringe	Briumo™ Vial
Beclastem® 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)	Glatiso® Syringe
Keimplin® Pen	Leustral® Vial
Rebi® Rebifone® / Titration Pack / Syringe	Ocrevus® Vial - T/F of preferred agents not required for diagnosis of Primary Progressive MS (PPMS)
	Ocrevus® Zovovo Vial T/F of preferred agents not required for diagnosis of Primary Progressive MS (PPMS)
	Plagrid® 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®)	Balafantam® Capsule
teriflunomide tablet (generic for Aubagio®)	Crifentiv® Capsule
	Marvisol® Tablet
	Mazymo® Starter Pack / Tablet
	Pamory® Starter Pack / Tablet
	Tacseno ODT™
	Tecfidera® Capsule / Starter Pack
	Vamrentvy® Capsule
	Zeposia® Starter Pack / Capsule
AMYOTROPHIC LATERAL SCLEROSIS (ALS) AGENTS	
Preferred	Non-Preferred
riluzole tablet (generic for Rilutek®)	edaravone infusion bag (generic for Radicava®)
	edaravone Vial (generic for Radicava®)
	Qalsody® Vial T/F of preferred agents not required for SOD1 gene mutation
	Radicava® ORS® Suspension / ORS® Starter Kit Suspension / Infusion Bag
	Tallink® Suspension
SEDATIVE HYPNOTICS	
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®)	Edlury® SL Tablet
zolpidem ER tablet (generic for Ambien® CR)	estazolam tablet (generic for Prosom®)
	Halcion® Tablet
	Helioz® Capsule / LQ Suspension - Clinical criteria apply
	Lunesta® Tablet
	quazepam tablet (generic for Doral®)
	Quviviq® Tablet
	Restoril® Capsule
	Rozerem® Tablet
	zimebreon capsule (generic for Helioz®) - T/F of Helioz® Capsule required for coverage
	temozepam 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®)	

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Revised 11.03.2025 Off Cycle Change: Moved Pyzchiva® Syringe/Vial and Steqyma® 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

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ENDOCRINOLOGY

GROWTH HORMONE

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 [®]	Naena [®] Pen
	Natropin [®] AQ NuSpin [®]
	Onexton [®] Cartridge / Vial
	Serostim [®] Vial
	Skytrofa [®] Cartridge - T/F of preferred agents not required for children <18 years of age
	Sogova [®] Pen
	Zenacton [®] Vial

HYPOGLYCEMICS - INJECTABLE

Rapid Acting Insulin

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

Preferred

Non-Preferred

insulin aspart U-100 PenFill/ FlexPen [®] / vial (generic for Novolog®)	Admelog [®] SoloStar [®] / Vial
insulin lispro U-100 Junior KwikPen [®] (generic for Humalog [®] Junior)	Afrezza [®] Inhalation Powder
insulin lispro U-100 KwikPen [®] vial (generic for Humalog [®])	Apidra [®] SoloStar [®] / Vial
Relion Novolog [®] U-100 FlexPen [®] / Vial	Fiasp [®] FlexTouch [®] / PenFill [®] / PumpCar [®] / Vial
	Humalog [®] U-100 Cartridge Junior KwikPen [®] / KwikPen [®] / Vial
	Humalog [®] U-200 KwikPen [®]
	Lysanor [™] U-100 KwikPen [®] / U-200 KwikPen [®] / 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

Humalin [®] R Vial	Mixedlin [™] Injection
Humalin [®] 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	Humalin [®] N KwikPen [®]
	Novolin [®] N FlexPen [®] / ReliOn [®] N FlexPen [®]
	Novolin [®] N Vial / ReliOn [®] N Vial

Long 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 glargine vial / SoloStar [®] (authorized biologic for Lantus)	Baasglar [®] U-100 KwikPen [®]
Lantus [®] SoloStar [®] / Vial	insulin degludec pen / vial (generic for Tresiba [®])
	insulin glargine SoloStar [®] Mix SoloStar [®] (generic for Toujeo [®])
	insulin glargine-yfjn pen / vial (generic for Semglee [®] , yfjn)
	Levemir [®] FlexPen [®] / FlexTouch [®] / Vial
	Razvoglin [™] KwikPen [®]
	Samglar [™] yfjn Pen [®] / Vial
	Toujeo [®] SoloStar [®] / Mix SoloStar [®]
	Tresiba [®] FlexTouch [®] / Vial

Premixed Rapid Combination Insulin

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

Preferred

Non-Preferred

insulin lispro protamine 75/25 KwikPen [®] (generic for Humalog [®] 75/25 Mix)	Humalog [®] 75/25 Mix KwikPen [®]
	Humalog [®] 50/50 Mix KwikPen [®]
	Humalog [®] 75/25 Vial

Premixed 70/30 Combination Insulin

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

Preferred

Non-Preferred

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

Syntrin [®] Pen Injector	
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GLP-1 Receptor Agonists and Combinations indicated for the treatment of Diabetes

Clinical criteria apply to all drugs in this class

Preferred

Non-Preferred

Byetta [®] Pen	Bydureon [®] BCine [™]
Tricicity [®] Pen	exenatide Pen (generic for Byetta [®])
Victoza [®] Pen	liraglutide pen (generic for Victoza [®])
Ozempic [®] Pen	Meunjam [™] Pen
	Rybelsus [®] Tablet
	Soluqua [®] Pen
	Xaltophy [®] 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 Micromase [®] , Glybuase [®])	
glyburide tablet (generic for Diabeta [®])	
Glybuase [®] 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
North Carolina Medicaid Preferred Drug List (PDL)

Effective Date October 1, 2025

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Revised 08.28.2025 Off Cycle Change: DermaSmooth® FS Scalp and Body Oil was moved from Non-preferred to Preferred due to patient safety

Revised 10.01.2025 Off Cycle Change: The following drugs were removed from the PDL due to fiscal impact (No longer Rebate eligible): Vasote Tablet, Acanya Gel Pump, Altrero Lotion, Arado Lotion, Atralin Gel, Benzamycin Gel, Caltreo Gel, Klaron Lotion, Onexton Gel/Gel Pump, Retin-A Cream/Gel, Retin-A Micro Gel, Retin-A Micro Pump Gel, Ziana Gel, Aplenzin Tablet, Wellbutrin XL Tablets, Ancofon Capsule, Ertaczo Cream, Laza Cream, Jublia Topical Solution, Lodosyn Tablet, Tasmar Tablet, Zelapar ODT, Xerex Cream, Zovirax Cream/Ointment, Glumetza Tablet, Flolipid Suspension, Isordil Tablet, Siliq Syringe, Mysoline Tablet, Pecipid Tablet, Zyclara Cream/Cream Pump, Elidel Cream, Azasan Tablet, Xifaxan Tablet, Cardizem CD Capsules, Cardizem Tablet/LA Tablet, Tiazac Capsule, Zegerid Rx/Capsule/Packet, Durbrii Lotion, Noritate Cream, Diastat, Relistor Syringe/Vial/Tablet, Trulance Tablet, Vanos Cream, Bryhali Lotion, Solydri ER Tablet, Fenoglide Tablet, Apriso Capsule, Colazac Capsule, Uceris Tablet, Uceris Rectal Foam.

Revised 11.03.2025 Off Cycle Change: Moved Pyzchiva® Syringe/Vial and Stegyma® 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 effective 10.01.2025. 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**

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Preferred		Non-Preferred	
Biguanides and Combinations			
glimepiride-metformin tablet (generic for Metaglin®) glyburide-metformin tablet (generic for Glucovance®) 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) metformin ER tablet (generic for Fortamet®) metformin ER tablet (generic for Glumetza®) Riomet® Solution	
DPP-IV Inhibitors and Combinations			
Requires T/F or insufficient response to metformin containing products unless contraindicated or documented adverse event when using either a preferred or a non-preferred DPP-IV Inhibitor or Combination			
Preferred		Non-Preferred	
Janumet® Tablet / XR Tablet Januvia® Tablet Jentaducto® Tablet / XR Tablet Onglyza® Tablet Tradjenta® Tablet		alogliptin tablet (generic for Nesina®) alogliptin-metformin tablet (generic for Kazano®) alogliptin-pioglitazone tablet (generic for Oseni®) Givamba® Tablet Kazano® Tablet Kombiglyze® XR Tablet Nesina® Tablet Oseni® Tablet Ozempic® Tablet saxagliptin tablet (generic for Onglyza®) saxagliptin-metformin ER tablet (generic for Kombiglyze® XR) sitagliptin tablet (generic for Januvia®) sitagliptin-metformin tablet (generic for Zinivet™) Steglatro® Tablet Trijardy® XR Tablet Zinivet Zinivet XR Zinivo® Tablet	
Meglitinides			
Preferred		Non-Preferred	
nateglinide tablet (generic for Starlix®) repaglinide tablet (generic for Prandin®)			
SGLT-2 Inhibitors and Combinations			
Clinical criteria apply to all drugs in this class			
Preferred		Non-Preferred	
Farxiga® Tablet Jardiance® Tablet Synchrony® Tablet Xigduo® XR Tablet		dapagliflozin tablet (generic for Farxiga®) dapagliflozin / metformin ER tablet (generic for Xigduo® XR) Inpefa® Tablet Invokamet® Tablet / XR Tablet Invokana® Tablet Sglxromet® Tablet Steglatro® Tablet	
Thiazolidinediones and Combinations			
Preferred		Non-Preferred	
pioglitazone tablet (generic for Actos®)		ActoPlus Met® Tablet Actos® Tablet Duactac® Tablet pioglitazone-glimepiride tablet (generic for Duactac®) pioglitazone-metformin tablet (generic for ActoPlus Met®)	
GASTROINTESTINAL			
ANTIEMETIC-ANTIVERTIGO AGENTS			
Preferred		Non-Preferred	
aprepitant capsule (generic for Emend®) - Clinical criteria apply Diclegia® Tablet metoclopramide solution / tablet (generic for Reglan®) ondansetron ODT 4mg and 8 mg solution / tablet (generic for Zofran®) prochlorperazine tablet (generic for Compazine®) promethazine syrup / suppositories (12.5 mg and 25 mg) / tablet / ampule / vial (generic for Phenergan®) Promethegan® (promethazine) Suppository (12.5 mg and 25 mg) scopolamine patch (generic for Transderm-Scop®) Transderm-Scop® Patch		Akvanzo® Capsule / Vial Antivert® Tablet / Chewable Tablet Anzemet® Tablet Apoviv® Vial aprepitant pack (generic for Emend®) - Clinical criteria apply Barhemo® Vial Bonesta® Tablet Civantiv® Vial Compso® Suppository dimenhydrinate vial (generic for Dramamine®) doxylamine-pyridoxine tablet (generic for Diclegia®) dronabinol capsule (generic for Marinol®) Emend® Capsule / Powder Packet / Trifold Pack - Clinical criteria apply Emend® Vial Focivetz® (fosaprepitant) Vial fosaprepitant vial (generic for Emend®) Gimsot® 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 Posifra™ W Vial prochlorperazine vial / suppository (generic for Compazine®) Promethegan® Suppository (50 mg) Reglan® Tablet Sancuso® Patch Samsol® Syringe Tigan® Vial trimethoprimamide capsule (generic for Tigan®)	
BILE ACID SALTS			
Preferred		Non-Preferred	
ursodiol capsule (generic for Actigall®) ursodiol tablet (generic for Liso®)		Bilyaxi® Capsule / Pellet - T/F of preferred agents not required for diagnosis of PFC Chenodal® Tablet Cholbam® Capsule Ctesli® Tablet Igitro® (elfalibranor) Tablet Livdelo Capsule Livmarli® Oral Solution Ocaliva® Tablet Releco® Capsule	
H. PYLORI COMBINATIONS			
Preferred		Non-Preferred	
Pylera® Capsule		bismuth / metronidazole / tetracycline capsule (generic for Pylera®) lansoprazole-amoxicillin-clarithromycin pack (generic for Prevpac®) Omecloxax-Pak® Combo Pack Talicia® Capsule	

North Carolina Division of Health Benefits
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Revised 11.03.2025 Off Cycle Change: Moved Pyzchiva® Syringe/Vial and Stegyma® 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 effective 10.01.2025. 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:

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HISTAMINE-2 RECEPTOR ANTAGONISTS	
Preferred	Vaqerna® Tablet / Dual Pak / Triple Pak
famotidine tablet / suspension (generic for Pepcid®)	Non-Preferred
	cimetidine tablet (generic for Tagamet®)
	cimetidine solution (generic for Tagamet®)
	nizatidine capsule (generic for Axid®)
PANCREATIC ENZYMES	
Preferred	Non-Preferred
Cresol® Capsule	Panzyl® Capsule
Viokeas® Tablet	
Zenpep® Capsule	
PROGESTINS USED FOR CACHEXIA	
Preferred	Non-Preferred
megestrol suspension / tablet (generic for Mevoce®)	megestrol ES suspension (generic for Mevoce® ES)
PROTON PUMP INHIBITORS	
Preferred	T/F of preferred agents not required for children < 12 years of age
Non-Preferred	
esomeprazole magnesium capsule (generic for Nexium® Rx)	Dezilam® Capsule
esomeprazole capsule (generic for Prevacid® Rx)	esomeprazole capsules (generic for Dezilam®)
Nexium® Rx Packet	esomeprazole magnesium OTC capsule / tablet (generic for Nexium® OTC)
esomeprazole Rx capsule (generic for Prilosec® Rx)	esomeprazole magnesium packet (generic for Nexium® Rx Packet)
esomeprazole tablet (generic for Pretonix®)	Konvexim® Suspension
Protonix® Suspension	esomeprazole capsules (generic for Prevacid® OTC)
	esomeprazole ODT (generic for Prevacid® SoloTab®)
	Nexium® Rx Capsule
	esomeprazole OTC capsule / ODT / tablet (generic for Prilosec® OTC)
	esomeprazole sodium bicarbonate capsule / packet (generic for Zegerid® Rx / OTC)
	esomeprazole suspension (generic for Pretonix®)
	Prevacid® Rx / OTC Capsule / Solatab
	Prilosec® Rx Suspension
	Protonix® Tablet
	esomeprazole tablet (generic for Aciphex®)
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
	Vibezra® 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)	Delzico® Capsule
	Dipentum® Capsule
	Lialda® Tablet
	mesalamine DR capsule / tablet (generic for Delzico®, Asacol® HD, Lialda®)
	mesalamine ER capsule (generic for Apriso®, Pentasa®)
ULCERATIVE COLITIS	
Rectal	
Preferred	T/F of only one preferred drug required
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®)	Aurixia® Tablet
calcium acetate tablet (generic for Eliphos®)	ferric citrate Tablet (generic for Aurixia®)
sevelamer carbonate powder pack / tablet (generic for Renvela®)	Forenol® Chewable Tablet / Powder Pack
	lanthanum carbonate chewable tablet (generic for Forenol®)
	MagneBind® 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 Uroctam®)	Cardura® Tablet / XL Tablet
doxazosin tablet (generic for Cardura®)	Cialis® Tablet 5 mg - Clinical criteria apply
doxazosin capsule (generic for Avodart®)	doxazosin tablet (generic for Idrin®)
finasteride tablet (generic for Proscar®)	Flomax® Capsule
tamsulosin capsule (generic for Flomax®)	Proscar® Tablet
terazosin capsule (generic for Hytrin®)	Rapaflo® Capsule
	sildenafil capsule (generic for Rapaflo®)
	tadalafil tablet (2.5 mg / 5 mg) (generic for Cialis®) - Clinical criteria apply

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URINARY ANTISPASMODICS	
Preferred	Non-Preferred
feoterodine 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)	Genesa [®] 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 Sanctum [®] / XR)
	Vesicare [®] LS Suspension / Tablet
GOUT	
Preferred	Non-Preferred
allopurinol tablet (generic for Zyloric [®])	allopurinol tablet (200 mg)
colchicine tablet (generic for Colcrys [®])	colchicine capsule (generic for Mitigare [®])
probencicid tablet (generic for Benemid [®])	Colcrys [®] Tablet
probencicid-colchicine tablet (generic for Col-Benemid [®])	febuxostat tablet (generic for Uloric [®] Tablet)
	Gloperba [®] Solution
	Krytoxexa [®] Vial
	Mitigare [®] (branded colchicine 0.6mg) Capsules
	Uloric [®] Tablet
	Zyloprim [®] Tablet
HEMATOLOGIC ANTICOAGULANTS	
Injectable	
Preferred	Non-Preferred
enoxaparin syringe / vial (generic for Lovenox [®])	Arista [®] Syringe
Fragmin [®] Vial	fondaparinux syringe (generic for Arista [®])
	Fragmin [®] Syringe
	Lovenox [®] Syringe / Vial
Oral	
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 [®])	Savaya [®] Tablet
Xarelto [®] Starter Pack / Tablet	Xarelto [®] Suspension
COLONY STIMULATING FACTORS	
Preferred	Non-Preferred
Fulphila [®] Syringe	Granix [®] Safe Syringe / Syringe / Vial
Fybrotra [®] Syringe	Leukine [®] Vial
Neupogen [®] Vial / Syringe	Neulasta [®] Syringe / Kit
	Nivestym [®] Syringe / Vial
	Nvvepra [®] Syringe
	Reluko [®] Syringe / Vial
	Rebvedon [®] Syringe
	Stimufend [®] Syringe
	Udenveca [®] On-Body / Autoinjector / Syringe
	Zarxio [®] Syringe
	Zenxteno [®] Syringe
HEMATOPOIETIC AGENTS	
Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred
Anasoop [®] Syringe / Vial	Mircera [®] Syringe
Epogen [®] Vial	Procrit [®] Vial
Retacrit [®] Vial	Rebzojil [®] Vial
	Vafeco [®] (vadadustat) Tablet
THROMBOPOIESIS STIMULATING AGENTS	
Preferred	Non-Preferred
Nplate [®] Vial	Abniz [™] Tablet
Promacta [®] Stiposetin / Tablet	Dauplet
	Malpita
	Tavalose [™] Tablet
OPHTHALMIC ALLERGIC CONJUNCTIVITIS AGENTS	
Preferred	Non-Preferred
azelastine drops (generic for Optivar [®])	Alomide [®] Drops
cromolyn sodium drops (generic for Cromol [®])	Alexa [®] Drops
olopatadine drops (generic for Pataday [®] , Patanol [®])	bepotastine drops (generic for Bepeve [®])
olopatadine drops (generic for Pataday [®] , Patanol [®]) (OTC)	Bepeve [®] Drops
	epinastine drops (generic for Elesta [®])
	loteprednol drops (generic for Alex [®])
	Zerviate [™] Drops
ANTIBIOTICS	
Preferred	Non-Preferred
bacitracin polymyxin ointment (generic for Polysporin [®])	Azactin [®] Drops
cephalexin solution drops (generic for Ciloxxam [®])	bacitracin ointment (generic for AK-Tracin [®])
erythromycin ointment (generic for Iloxylin [®])	Bevasone [®] Suspension
gentamicin drops (generic for Garamycin [®])	Ciloxxam [®] Ointment
moxifloxacin ophthalmic solution (generic for Vigamox [®])	gatifloxacin drops (generic for Zymar [®])
ofloxacin drops (generic for Ocuflax [®])	moxifloxacin ophthalmic solution (generic for Moxeza [®])
Polycin [®] Ointment (branded generic for Polysporin [®])	Natacya [®] Drops
polymyxin-biotinopolim drops (generic for Polystim [®])	neomycin-bacitracin-polymyxin ointment (generic for Neosporin [®] Ophthalmic Ointment)
sulfacetamide drops (generic for Bleph-10 [®])	neomycin-polymyxin-gramicidin drops (generic for Neosporin [®] Ophthalmic Drops)
tobramycin drops (generic for Tobex [®])	Neo-Polycin [®] Ointment (branded generic for Neosporin [®] Ophthalmic Ointment)
	Ocuflax [®] Drops
	sulfacetamide ointment (generic for Cetamide [®])
	Tobex [®] Ointment
	Vigamox [®] Drops

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North Carolina Medicaid Preferred Drug List (PDL)

Effective Date October 1, 2025

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Revised 08.28.2025 Off Cycle Change: DermaSmooth® FS Scalp and Body Oil was moved from Non-preferred to Preferred due to patient safety

Revised 10.01.2025 Off Cycle Change: The following drugs were removed from the PDL due to fiscal impact (No longer Rebate eligible): Vasote Tablet, Acanya Gel Pump, Alreono Lotion, Arazo Lotion, Atralin Gel, Benzamycin Gel, Cabtree Gel, Klaron Lotion, Onexton Gel/Gel Pump, Retin-A Cream/Gel, Retin-A Micro Pump Gel, Ziana Gel, Aplenzin Tablet, Wellbutrin XL Tablets, Anconob Capsule, Ertaczo Cream, Luzu Cream, Jublia Topical Solution, Lodosyn Tablet, Tasmir Tablet, Zelapar ODT, Xerese Cream, Zovirax Cream/Ointment, Glumetza Tablet, Flolipid Suspension, Isordil Tablet, Siliq Syringe, Mysoline Tablet, Pecipid Tablet, Zyclara Cream/Cream Pump, Elidel Cream, Azasan Tablet, Xifaxan Tablet, Cardizem CD Capsules, Cardizem Tablet/LA Tablet, Tiazac Capsule, Zegerid Rx/Capsule/Packet, Durbrii Lotion, Noritate Cream, Diastat, Relistor Syringe/Vial/Tablet, Trulance Tablet, Vanos Cream, Bryhali Lotion, Soliday ER Tablet, Fenoglide Tablet, Apriso Capsule, Colazac Capsule, Uceris Tablet, Uceris Rectal Foam.

Revised 11.03.2025 Off Cycle Change: Moved Pyzchiva® Syringe/Vial and Stegema® 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 effective 10.01.2025. 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**

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ANTIBIOTICS-STERIOD COMBINATIONS	
Preferred	Non-Preferred
neomycin-polymyxin-dexamethasone drops / ointment (generic for Maxitrol®)	Maxitrol® Drops / Ointment
Tobradex® Ointment	Neo-Polyen® 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 Ocatricin®)
	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®)	Acuvail® Solution
difluprednate drops (generic for Durezol®)	bromfenac drops (generic for Prolema®, Xbrom®, BromSite®)
Flarex® Drops	BromSite® Solution
fluorometholone drops (generic for FML®)	Dextenza® Insert
flurbiprofen drops (generic for Ocufen®)	Durezol® Drops
Lotemax® Drops	FML® Forte Drops / Liquifilm® Drops
Nevanac® Droptainer	Ileva® Drops
Pred Mild® Drops	Ibiven® Implant
prednisolone acetate drops (generic for Pred Forte®)	Invellys® 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 Inflamm® Forte®)
	Praxidex® Drops
	Reiter® Implant
	Triumeo® Vial
	Xipert® (Intracocular)
	Yasq® Implant
ANTI-INFLAMMATORY / IMMUNOMODULATOR	
Preferred	Non-Preferred
Restasis® Drops	Cogan® Drops
Xilixa® Drops	cyclosporine emulsion (generic for Restasis®)
	Eysaris® Drops
	Miebo® Drops
	Restasis® Multidose™ Drops
	Taryava® Nasal Spray
	Verkaza® 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	alphaclonidine 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®)
	Isotalol® Drops
	levobunolol drops (generic for Betagan®)
	timolol hemihydrate (generic for Betimol® drops)
	timolol drop (generic for Isotalol® Drops)
	timolol malate 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)
Sunbrinta® 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
	Dose® TR Implant
	Ivazeh® Drops
	Lumigan® Drops
	latanoprost drops (generic for Zioptan®)
	latanoprost drops (generic for Travatan® Z)
	Vyzulta® Drops
	Xalatan® Drops
	Xelpros® Drops
	Zioptan® Drops
RHO KINASE MODIFIERS / COMBINATIONS	
Preferred	Non-Preferred
Bimatoprost® Drops	
Rocklatan® Drops	
OSTEOPOROSIS	
Preferred	Non-Preferred
alendronate tablet (generic for Fosamax®)	Action® Tablet
Forteo® Pen	alendronate solution (generic for Fosamax® Solution)
raloxifene tablet (generic for Evista®)	Atelvia® Tablet
	Boniva® Effervescent Tablet
	calcitonin salmon nasal spray (generic for Miacalcin®)
	Evenity® Syringe
	Evista® Tablet
	Fosamax® Tablet / Plus D Tablet
	ibandronate tablet (generic for Boniva®)
	Prella® Syringe
	risedronate DR tablet (generic for Atelvia®)
	risedronate tablet (generic for Actonel®)
	teriparatide pen (generic for Forteo®)
	Tymlos® Pen

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Revised 08.28.2025 Off Cycle Change: DermaSmooth® FS Scalp and Body Oil was moved from Non-preferred to Preferred due to patient safety

Revised 10.01.2025 Off Cycle Change: The following drugs were removed from the PDL due to fiscal impact (No longer Rebate eligible): Vasote Tablet, Acanya Gel Pump, Altreno Lotion, Arazo Lotion, Atralin Gel, Benzamycin Gel, Cabtree Gel, Kloron Lotion, Onexton Gel/Gel Pump, Retin-A Cream/Gel, Retin-A Micro Gel, Ziana Gel, Aplenzin Tablet, Wellbutrin XL Tablets, Ancothon Capsule, Ertaczo Cream, Laza Cream, Jublia Topical Solution, Lodosyn Tablet, Tasmar Tablet, Zelapar ODT, Xerese Cream, Zovirax Cream/Ointment, Glumetza Tablet, Flolipid Suspension, Isordil Tablet, Siliq Syringe, Mysoline Tablet, Pepcid Tablet, Zyclara Cream/Cream Pump, Elidel Cream, Azasan Tablet, Xifaxan Tablet, Cardizem CD Capsules, Cardizem Tablet/LA Tablet, Tiazac Capsule, Zegerid Rx/Capsule/Packet, Durbrii Lotion, Noritate Cream, Diastat, Relistor Syringe/Vial/Tablet, Trulance Tablet, Vanos Cream, Brylhair Lotion, Soliday ER Tablet, Fenoglide Tablet, Apriso Capsule, Colazal Capsule, Uceris Tablet, Uceris Rectal Foam.

Revised 11.03.2025 Off Cycle Change: Moved Pyzchiva® Syringe/Vial and Stegyma® 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 effective 10.01.2025. See clinical criteria for coverage.

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OTIC	
ANTIBIOTICS	
Preferred	Non-Preferred
ciprofloxacin-dexamethasone suspension (generic for Ciprode [®])	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 Osovel [®])
	Cortisporin-TC [®] Suspension
	Osovel [®] Drops
ANTI-INFECTIVES AND ANESTHETICS	
Preferred	Non-Preferred
acetic acid solution (generic for Vasoal [®])	acetic acid-hydrocortisone solution (generic for Vasoal [®] HC)
ANTI-INFLAMMATORY	
Preferred	Non-Preferred
fluocinolone 0.01% oil (generic for Dermotic [®])	Flac [®] Otic Oil
	Dermotic [®] Oil
RESPIRATORY	
BETA-ADRENERGIC HANDHELD, LONG ACTING	
Preferred	Non-Preferred
Serevent [®] Diskus [®]	Serevent [®] Respimat [®] Inhalation Spray
BETA-ADRENERGIC HANDHELD, SHORT ACTING	
Preferred	Non-Preferred
albuterol HFA inhaler (generic for Proair [®] HFA Inhaler / Proventil [®] HFA Inhaler / Ventolin [®] HFA Inhaler)	levosalbutamol HFA inhaler (generic for Xopenex [®] HFA Inhaler)
Ventolin [®] HFA Inhaler	Proair [®] Digihaler [™]
Xopenex [®] HFA Inhaler	Proair [®] RespClick [®]
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	levosalbutamol solution / concentrate solution (generic for Xopenex [®] / Concentrate)
	Perforomist [®] Solution
BETA-ADRENERGIC, ORAL	
Preferred	Non-Preferred
albuterol tablets (generic for Proventil [®] Risperaba)	albuterol ER tablets (generic for VoSpire [®] ER)
albuterol syrup (generic for Ventolin [®] Syrup)	
terbutaline tablet (generic for Brethine [®])	
ORALLY INHALED ANTICHOLINERGICS / COPD AGENTS	
Preferred	Non-Preferred
Anoro [®] Ellipta [®] Inhaler	Bevoasp [®] Aerosphere [®]
Atrovent [®] HFA Inhaler	Daliresp [®] Tablet
Combivent [®] Respimat [®] Inhalation Spray	Duaklir [®] Pressair [®]
Incruse [®] Ellipta [®] Inhaler	tiotropium inhaler (generic for Spiriva [®] Handihaler [®])
ipratropium nebulizer solution (generic for Atrovent [®])	Tadorna [®] Pressair [®] Inhaler
ipratropium / albuterol solution (generic for Duoneb [®])	Yupacti [®] Solution
roflumilast tablet (generic for Daliresp [®])	Obtivore [®] Inhalation suspension
Spiriva [®] Handihaler [®] / Respimat [®] Inhalation Spray	
Stiolto [®] Respimat [®] Inhalation Spray	
INHALED CORTICOSTEROIDS	
Preferred	Non-Preferred
Alvesco [®] Inhaler	ArmonAir [™] Digihaler [™]
Armoniv [®] Ellipta [®] Inhaler	fluticasone propionate diskus (generic for Flovent [®] Diskus)
Astronics [®] 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	
Preferred	Non-Preferred
Advair [®] Diskus [®]	AirDuo [®] Digihaler [™] / RespClick [®]
Advair [®] HFA Inhaler	AirSupra [®] Inhaler
Diskus [®] Inhaler	Breo [®] Ellipta [®]
Symbicort [®] Inhaler	Brevna [®] Inhaler
	Bretri [®] 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 [®])
	Teclay [®] Ellipta [®]
	Wixela [™] Inhal [™]
INTRANASAL RHINITIS AGENTS	
Preferred	Non-Preferred
azelastine spray (generic for Astelin [®])	T/F of preferred agents not required in children < 4 years of age for steroid-containing products
Dymista [®] Nasal Spray	azelastine nasal spray (generic for Astero [®])
fluticasone spray (generic for Flonase [®])	azelastine-fluticasone nasal spray (generic for Dymista [®])
ipratropium spray (generic for Atrovent [®] Nasal)	fluticasone nasal spray (generic for Nasalide [®])
olopatadine nasal spray (generic for Patanase [®])	mometasone nasal spray (generic for Nasonex [®])
	Omnaris [®] Nasal Spray
	Patanase [®] Nasal Spray
	OPRi [®] Nasal Spray / Children's Spray
	Rhinital [®] Nasal Spray
	Sinusva [®] Implant
	Shamco [™] Nasal Spray
	Zatonna [®] Nasal Spray
LEUKOTRIENE MODIFIERS	
Preferred	Non-Preferred
montelukast chewable / tablet (generic for Singulair [®])	Accolate [®] Tablets
	montelukast granules (generic for Singulair [®])
	Singulair [®] Chewable / Granules / Tablets
	zafirlukast tablet (generic for Accolate [®])
	zileuton tablet (generic for Zyllo [®])
	Zyflo [®] Filmab

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LOW SEDATING ANTIHISTAMINES	
Preferred	Non-Preferred
cetirizine OTC syrup 1mg/1ml (generic for Zyrtec® OTC Syrup)	cetirizine chewable tablet OTC (generic for Zyrtec® OTC Tablet)
cetirizine Rx syrup (generic for Zyrtec® Syrup)	cetirizine OTC syrup 5mg/5ml (generic for Zyrtec® OTC Syrup)
cetirizine tablets OTC (generic for Zyrtec® OTC Tablet)	cetirizine OTC softgel
levocetirizine OTC tablet (generic for Xyzal® OTC Tablet)	Claritin® Tablet - T/F of preferred agents not required for children < 2 years of age
levocetirizine Rx tablet (generic for Xyzal® Rx Tablet)	bemisoraline ODT / Tablet (generic for Clarinet®) - T/F of preferred agents not required for children < 2 years of age
loratadine tablet OTC (generic for Claritin® OTC)	levofenofadine 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	
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)
	Clarinet-D® Tablet
	levofenofadine-D 12 Hour OTC Tablet (generic for Allegra-D® 12 Hour OTC)
	levofenofadine-pseudoephedrine ER 24 hour tablet (generic for Allegra-D® 24 hour)
FIRST GENERATION ANTIHISTAMINES	
Preferred	Non-Preferred
carbinoxamine solution	carbinoxamine tablet
cycloheptadine syrup / tablet	clemastine tablet
hydroxyzine capsule / solution / tablet	Karbilan® ER Suspension - T/F of immediate release carbinoxamine solution and cetirizine syrup required for coverage
	RyClara® Solution
	RyVent® Tablet
	Vistaril® Capsule
TOPICALS	
ACNE AGENTS	
Preferred	Non-Preferred
adapalene / benzoyl peroxide (generic for Epiduo® Forte)	adapalene cream / gel pump (generic for Differin®)
adapalene / benzoyl peroxide (generic for Epiduo® Gel)	Aklat®
adapalene gel (generic for Differin®)	Avan® Cleanser / LS Cleanser
acetic acid gel (generic for Finacea®)	Acne E® Emulsion Cream / Green Emulsion Cream / LS Cream
clindamycin lotion (generic for Clacsin-1®)	BP® 10-1 Wash / Cleansing Wash
clindamycin phosphate pledgets / solution (generic for Clacsin-1®)	Cleocin® T Lotion
clindamycin-benzoyl peroxide gel (generic for Benzaclic®; Neuce®)	Clindacin® ETZ Pledget / Kit / P Foam / P Pledgets / PAC Kit
Differin® gel pump	Clindagel® Gel
Differin® lotion/cream	clindamycin / tretinoin (generic for Veltin®)
Epiduo® gel pump	clindamycin phosphate foam (generic for Evoclin®)
erythromycin gel (generic for Erimin®, Erycette®, EryGel®, et. al.)	clindamycin phosphate gel (Clindagel®)
erythromycin solution (generic for Erimin®, EryDerm®, EryMax®, et. al.)	clindamycin-benzoyl peroxide pump (generic for Acanya®)
erythromycin-benzoyl peroxide gel (generic for Benzamycin®)	clindamycin-benzoyl peroxide pump (generic for Benzaclic®)
Finacea® Gel	clindamycin-benzoyl peroxide pump (generic for Onexton®)
	duponol gel / gel pump (generic for Aczone® Gel)
	Ery® Pads
	Erygel® Gel
	Essactin® Foam
	Fabior® Foam
	Finacea® Foam
	Neuce® Gel / Kit
	Onice® Plus Cleansing Cream / Gel / Lotion / Shampoo / Wash
	Rosamil Cleanser lotion
	Rosula® Cloths / Wash
	sodium sulfacetamide cleanser / cream (generic for Avan® / LS)
	sodium sulfacetamide lotion (generic for Klaron®)
	sodium sulfacetamide shampoo, wash (generic for Onice® / Plus)
	sodium sulfacetamide-sulfur lotion / suspension (generic for Novacet®, Plexion®, Zetacet®)
	sodium sulfacetamide-sulfur pad / suspension / wash (generic for Sunmaxin®)
	SSS® 10-5 Cream / Foam
	sulfacetamide-sulfur 9-4% cleanser (generic for Zenica®)
	sulfacetamide-sulfur cream (generic for Avan® E, SSS® 10-5)
	Sunmaxin® Kit / XLT Kit / Wash
	Sunmaxin® 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)
	Twynex® Cream
	Wanlev® Cream
	Znu Clear® Cleanser
ANDROGENIC AGENTS	
Preferred	Non-Preferred
Androgel® Pump	Androgel® Packet
testosterone gel pump (generic for Androgel®)	Naltest® Nasal Gel
	Testim® Gel
	ter
	testosterone gel pump (generic for Fortesta®, Axiron®)
	testosterone packet (generic for Androgel®)
	Voelvo® Gel / Packet / Pump
NSAIDS	
Preferred	Non-Preferred
diclofenac topical gel (generic for Voltaren® Gel)	diclofenac emolamine patch (generic for Flector®)
	diclofenac solution / pump (generic for Pennsaid®)
	Pennsaid® Solution Packet / Pump
ANTIBIOTICS	
Preferred	Non-Preferred
gentamicin cream / ointment (generic for Garamycin®)	Centany® AT Ointment Kit / Ointment
imipenem ointment (generic for Bactroban®)	imipenem cream (generic for Bactroban®)
	Xepi® Cream
ANTIBIOTICS - VAGINAL	
Preferred	Non-Preferred
Clacsin® Vaginal Ovules	Clacsin® Vaginal Cream
clindamycin vaginal cream (generic for Clacsin® Vaginal Cream)	metronidazole vaginal gel (generic for Novessa® Vaginal Gel)
Cladase® Vaginal Cream	Vandazole® Vaginal Gel
metronidazole vaginal gel (generic for Metrogel® Vaginal Gel)	Xaciat® Vaginal Gel
Novessa® Vaginal Gel	

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

Effective Date October 1, 2025

Revised 6.16.25 Off-Cycle Change: Epidiolex® Solution was moved from Preferred to Non-preferred

Revised 08.28.2025 Off Cycle Change: DermaSmooth® FS Scalp and Body Oil was moved from Non-preferred to Preferred due to patient safety

Revised 10.01.2025 Off Cycle Change: The following drugs were removed from the PDL due to fiscal impact (No longer Rebate eligible): Vasote Tablet, Acanya Gel Pump, Altrano Lotion, Arazo Lotion, Atralin Gel, Benzamycin Gel, Catreo Gel, Klaron Lotion, Onexton Gel/Gel Pump, Retin-A Cream/Gel, Retin-A Micro Pump Gel, Ziana Gel, Aplenzin Tablet, Wellbutrin XL Tablets, Anobon Capsule, Ertaczo Cream, Luzu Cream, Jublia Topical Solution, Lodosyn Tablet, Tasmar Tablet, Zelapar ODT, Xerex Cream, Zovirax Cream/Ointment, Glumetza Tablet, Flolipid Suspension, Isordil Tablet, Siliq Syringe, Mysoline Tablet, Pecipid Tablet, Zyclara Cream/Cream Pump, Elidel Cream, Azasan Tablet, Xifaxan Tablet, Cardizem CD Capsules, Cardizem Tablet/LA Tablet, Tiazac Capsule, Zegerid Rx/Capsule/Packet, Duobrii Lotion, Noritate Cream, Diastat, Relistor Syringe/Vial/Tablet, Trulance Tablet, Vanos Cream, Bryhali Lotion, Soliday ER Tablet, Fenoglide Tablet, Apriso Capsule, Colazol Capsule, Uceris Tablet, Uceris Rectal Foam.

Revised 11.03.2025 Off Cycle Change: Moved Pyzchiva® Syringe/Vial and Steqyma® 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 effective 10.01.2025. 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:

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

ANTIFUNGALS	
Preferred	Non-Preferred
ciclopirox cream / solution (generic for Lotrox®, Penlac®)	Bensal HP® Ointment
clotrimazole Rx cream (generic for Lotrimin® Rx)	Cicloclad® Cream / Cream Kit / Kit / Solution
clotrimazole-betamethasone cream (generic for Lotrisone®)	Ciclopirox gel / shampoo / suspension (generic for Lotrox®)
ketocazole cream / shampoo (generic for Nizoral®)	ciclopirox treatment kit (generic for Cicloclad®)
Klaysta® Powder (branded generic for Nystop®)	clotrimazole Rx solution (generic for Lotrimin® Rx)
Nyamyx® Powder (branded generic for Nystop®)	clotrimazole-betamethasone lotion (generic for Lotrisone®)
oxystatin cream / ointment / powder (generic for Mycostatin®, Nystop®)	ceconazole cream (generic for Spectazole®)
Waspac® Powder	Estina® Foam
oxystatin-trametinolone cream / ointment (generic for Mycozol II®)	ketocazole foam (generic for Estina®)
	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®)
	terbinafine topical solution (generic for Kerrem®)
	Vusion® Ointment - Clinical criteria apply
ANTIPARASITICS	
Preferred	Non-Preferred
Natroba® Topical Suspension	Crotan® Lotion
permethrin cream (generic for Elimite®)	Elimite® Cream
	Ertax® Cream / Lotion
	lindane shampoo
	malathion lotion (generic for Oxide®)
	Oxide® Lotion
	Sklice® Lotion
	spinosad topical suspension (generic for Natroba®)
ANTIVIRAL	
Preferred	Non-Preferred
acyclovir Cream / Ointment (generic for Zovirax®)	peniclovir cream (generic for Denavir®)
Denavir® Cream	
Imidazoquinolinamines	
Preferred	Non-Preferred
imidazoim cream packet (generic for Aldara®)	Condylux® Gel
	Hyflor® Gel
	imidazoim cream / cream pump (generic for Zyclara®)
	resolifin gel / solution (generic for Condylux®)
	Veregen® Ointment
PSORIASIS	
Preferred	Non-Preferred
calcipotriene cream / solution (generic for Dovonex®)	calcipotriene ointment / foam (generic for Dovonex®, Sorilux®)
calcipotriene-betamethasone suspension / ointment (generic for Talconex®)	calcitriol ointment (generic for Vectical®)
	Enstilar® Foam
	Sorilux® Foam
	Taclonex® Ointment / Suspension
	Vectical Ointment
	Viam® Cream
	Zaysse® 0.3% Cream
ROSACEA AGENTS	
Preferred	Non-Preferred
azelaic acid gel (generic for Finacea®)	brimonidine gel pump (generic for Mirvaso®)
Finacea® Gel	Epsoley® (benzoyl peroxide)
metronidazole cream (generic for MetroCream®)	Finacea® Foam
metronidazole gel / pump (generic for MetroGel®)	ivermectin cream (generic for Soolantra®)
Rosada® Cream / Gel	Metrocream®
	MetroGel®
	metronidazole lotion (generic for MetroLotion®)
	Mirvaso® (brimonidine)
	Rhofade® Cream
	Rosada® Kit
STEROIDS	
Low Potency	
Preferred	Non-Preferred
desonide cream / ointment (generic for DesOwen®)	alclometasone dipropionate cream / ointment (generic for Acloivate®)
DermaSmooth® FS Scalp and Body Oil	Capex®
fluocinolone body / scalp oil (generic for DermaSmooth® FS Scalp / Body Oil)	desonide lotion (generic for DesOwen® Lotion)
hydrocortisone cream / lotion / ointment (generic for Hytone®)	Hydrocortisone Solution
	Hydroxym® Gel
	Texacort® Solution
Medium Potency	
Preferred	Non-Preferred
fluticasone cream / ointment (generic for Cutivate®)	Beas® Lotion / Kit
mometasone cream / ointment / solution (generic for Elocon®)	cloxacortolone cream (generic for Cloderm®)
	Cloderm® Creams / Pump
	fluocinolone cream / ointment / solution (generic for Synalar®)
	flurandemolide 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 Dermivate®)
	Synalar® Cream / Ointment / Kit / Solution / TS Kit

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

Effective Date October 1, 2025

Revised 6.16.25 Off-Cycle Change: Epidiolex® Solution was moved from Preferred to Non-preferred

Revised 08.28.2025 Off Cycle Change: DermaSmooth® FS Scalp and Body Oil was moved from Non-preferred to Preferred due to patient safety

Revised 10.01.2025 Off Cycle Change: The following drugs were removed from the PDL due to fiscal impact (No longer Rebate eligible): Vasotec Tablet, Acanya Gel Pump, Altreno Lotion, Arzido Lotion, Atralin Gel, Benzamycin Gel, Cabtree Gel, Klaron Lotion, Onexton Gel/Gel Pump, Retin-A Cream/Gel, Retin-A Micro Gel, Retin-A Micro Pump Gel, Ziana Gel, Aplenzin Tablet, Wellbutrin XL Tablets, Ancothon Capsule, Ertaczo Cream, Luza Cream, Jublia Topical Solution, Lodosyn Tablet, Tasmar Tablet, Zelapar ODT, Xerese Cream, Zovirax Cream/Ointment, Glumetza Tablet, Flolipid Suspension, Isordil Tablet, Siliq Syringe, Mysoline Tablet, Pepcid Tablet, Zyclara Cream/Cream Pump, Elidel Cream, Azasan Tablet, Xifaxan Tablet, Cardizem CD Capsules, Cardizem Tablet/LA Tablet, Tiazac Capsule, Zegerid Rx/Capsule/Packet, Duobrii Lotion, Noritate Cream, Diastat, Relistor Syringe/Vial/Tablet, Trulance Tablet, Vanos Cream, Bryhali Lotion, Soliday ER Tablet, Fenoglide Tablet, Apriso Capsule, Colazal Capsule, Uceris Tablet, Uceris Rectal Foam.

Revised 11.03.2025 Off Cycle Change: Moved Pyzchiva® Syringe/Vial and Steqyma® 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 effective 10.01.2025. 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:

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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 Florene®)
	Diprolene® Ointment
	fluocinonide emollient cream (generic for Lidex® E)
	halcinonide cream (generic for Haloq®)
	halcinonide solution (generic for Haloq®)
	Haloq® 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®)	ApextCon® E Cream
clobetasol shampoo (generic for Cleobex®)	clobetasol foam / emollient foam / emulsion foam (generic for Olux® / Olux-E®)
clobetasol solution (generic for Cormax®)	clobetasol lotion / spray (generic for Cleobex®)
halobetasol propionate cream / ointment (generic for Ultravate®)	Clodan® Kit / Shampoo
	halobetasol propionate foam (generic for Lesette®)
	Impaklo™ Lotion
	Lesette® Foam
	Olux® Foam
	Temovate® Ointment
	Tovet™ Foam / Foam Kit
	Ultravate® Lotion
	Cleobex® Shampoo
MISCELLANEOUS	
Uterine Disorder Treatments	
Preferred	Non-Preferred
Oralvan® Capsule	
Orilissa® Tablet	
WEIGHT MANAGEMENT AGENTS	
GLP-1 Receptor Agonists indicated for the treatment of obesity (Incretin Mimetics)	

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

Effective Date October 1, 2025

Revised 6.16.25 Off-Cycle Change: EpiDiolex® Solution was moved from Preferred to Non-preferred

Revised 08.28.2025 Off Cycle Change: DermaSmooth® FS Scalp and Body Oil was moved from Non-preferred to Preferred due to patient safety

Revised 10.01.2025 Off Cycle Change: The following drugs were removed from the PDL due to fiscal impact (No longer Rebate eligible): Vasotec Tablet, Acanya Gel Pump, Altreno Lotion, Arado Lotion, Atralin Gel, Benzamycin Gel, Cabtree Gel, Klaron Lotion, Onexton Gel/Gel Pump, Retin-A Cream/Gel, Retin-A Micro Pump Gel, Ziana Gel, Aplenzin Tablet, Wellbutrin XL Tablets, AncoBon Capsule, Ertaczo Cream, Luzu Cream, Jublia Topical Solution, Lodosyn Tablet, Tasmar Tablet, Zelapar ODT, Xerese Cream, Zovirax Cream/Ointment, Glumetza Tablet, Flolipid Suspension, Isordil Tablet, Siliq Syringe, Mysoline Tablet, Pepcid Tablet, Zyclara Cream/Cream Pump, Elidel Cream, Azasan Tablet, Xifaxan Tablet, Cardizem CD Capsules, Cardizem Tablet/LA Tablet, Tiazac Capsule, Zegerid Rx/Capsule/Packet, Duobrii Lotion, Noritate Cream, Diastat, Relistor Syringe/Vial/Tablet, Trulance Tablet, Vanos Cream, Bryhali Lotion, Solodyn ER Tablet, Fenoglide Tablet, Apriso Capsule, Colazac Capsule, Uceris Tablet, Uceris Rectal Foam.

Revised 11.03.2025 Off Cycle Change: Moved Pyzchiva® Syringe/Vial and Stegyma® 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 effective 10.01.2025. 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**

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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)	
lisdethylpropion tablet / ER tablet phendimetrazine tablet / ER capsule phentermine tablet / capsule	benzphetamine tablet orlistat capsule (generic for Xenical®) Xenical® (orlistat) Capsule
IMMUNOMODULATORS, ASTHMA	
Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred
Fasenra® Pen / Syringe Xolair® (omalizumab) Autoinjector/Syringe	Cinqair® Vial Nucala® Syringe / Vial / Autoinjector Tezspire® Pen / Syringe - T/F of preferred agents not required for diagnosis of non-allergic, non-asthmatic severe asthma Xolair® Vial
IMMUNOMODULATORS, Atopic Dermatitis	
Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred
Adhzy® Syringe / Autoinjector Dupixent® Pen / Syringe Eucerin® 2% Ointment pimecrolimus cream (generic for Elidel®) tacrolimus ointment (generic for Protopic®)	Eglyse® Pen Eglysas® Syringe (ebrikizumab-llke) Nemolvo® Pen Opzelura® Cream Zoryve® (roflumilast) 0.15% Cream Zoryve® (roflumilast) 0.3% Foam
ANTIPSORIATICS, ORAL	
Preferred	Non-Preferred
acitretin (generic for Soriatane®)	methoxsalen rapid (generic for Oxsoalen-Ultra®)
EPINEPHRINE, SELF ADMINISTERED	
Quantity limits apply to all drugs in this class	
Preferred	Non-Preferred
Austi-Q® Auto Injector epinephrine auto injector (generic for Epi-Pen® / Epi-Pen® Jr / Adrenadick®) Epi-Pen® Auto Injector / 2-Pak / Jr. Auto Injector / Jr. 2-Pak neffy® nasal spray	
ESTROGEN AGENTS, COMBINATIONS	
Preferred	Non-Preferred
Activella® Tablet Amabelz® Tablet estradiol/norethindrone tablet (generic for Activella®) Evavolv® Tablet Jinteli® (branded generic for FemHRT®) Mimveo® / Lo (branded generic for Activella®) norethindrone-ethinyl estradiol (generic for FemHRT®) Prempin® Tablet Prempin® Tablet	Biava® Capsule
ESTROGEN AGENTS, ORAL / TRANSDERMAL	
Preferred	Non-Preferred
Climara® Pro Patch CombiPatch® Patch estradiol patch (generic for Climara®, Menostar®, Vivelle-Dot®) estradiol tablet (generic for Estrace®) Evamist® Spray Mencur® Tablet Premarin® Tablet	Climara® Patch Divigel® Gel Packet Dotm® Patch Duavee® Tablet Elestrin® Gel Estrace® Tablet Estradiol Gel Pump estradiol gel packet (generic for Divigel®) Lyflama® Patch Menostar® Patch Mimivelle® Patch Ophelia® Tablet Vavozel® Tablet Vivelle-Dot® Patch

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

Effective Date October 1, 2025

Revised 6.16.25 Off-Cycle Change: Epidiolex® Solution was moved from Preferred to Non-preferred

Revised 08.28.2025 Off Cycle Change: DermaSmooth® FS Scalp and Body Oil was moved from Non-preferred to Preferred due to patient safety

Revised 10.01.2025 Off Cycle Change: The following drugs were removed from the PDL due to fiscal impact (No longer Rebate eligible): Vasotec Tablet, Acanya Gel Pump, Altroneo Lotion, Arazo Lotion, Atralin Gel, Benzamycin Gel, Cabtree Gel, Kloron Lotion, Onexton Gel/Gel Pump, Retin-A Cream/Gel, Retin-A Micro Gel, Retin-A Micro Pump Gel, Ziana Gel, Aplenzin Tablet, Wellbutrin XL Tablets, Ancothon Capsule, Ertaczo Cream, Luza Cream, Jublia Lotion, Lotodan Tablet, Tasmar Tablet, Zelapar ODT, Xerese Cream, Zovirax Cream/Ointment, Glumetza Tablet, Flolipid Suspension, Isordil Tablet, Siliq Syringe, Mysoline Tablet, Pecipid Tablet, Zyclara Cream/Cream Pump, Elidol Cream, Azasan Tablet, Xifaxan Tablet, Cardizem CD Capsules, Cardizem Tablet/LA Tablet, Tiazac Capsule, Zegerid Rx/Capsule/Packet, Durbrii Lotion, Noritate Cream, Diastat, Relistor Syringe/Vial/Tablet, Trulance Tablet, Vanos Cream, Brylioni Lotion, Soliday ER Tablet, Fenoglide Tablet, Apriso Capsule, Colazal Capsule, Uceris Tablet, Uceris Rectal Foam.

Revised 11.03.2025 Off Cycle Change: Moved Pyzchiva® Syringe/Vial and Stegyma® 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 effective 10.01.2025. 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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T/F criteria, clinical criteria (indicated in **RED**) may also apply. **New to market products typically default to Non-Preferred status until**

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ESTROGEN AGENTS, VAGINAL PREPARATIONS	
Preferred	Non-Preferred
estradiol vaginal cream (generic for Estimac [®])	Estimac [®] Cream
Estring [®] Vaginal Ring	estradiol tablet (generic for Vagifem [®])
Premarin [®] Vaginal Cream	Femring [®] Vaginal Ring
Vagifem [®] Vaginal Tablet	Imvexx [®] Vaginal Inserts
	Yuvafem [®] Vaginal Tablet
GLUCOCORTICOID STEROIDS, ORAL	
Preferred	Non-Preferred
budesonide EC capsule (generic for Entocort [®] EC)	Akkinet [®] Sprinkle Capsule
dexamethasone elixir / tablet (generic for Decadron [®])	Aquaner [®] Suspension
dexamethasone solution (generic for Conocidix [®])	Cortef [®] Tablet
Emflaza [®] Tablet / Suspension - Clinical criteria apply	corisone tablet (generic for Patisono [®])
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 PrediaPred [®] , OraPred [®] , Venpred [®])	deflazacort tablet (generic for Emflaza [®]) - Clinical criteria apply
prednisolone solution (generic for Prelone [®] , Millipred [®])	decahydrocorticosterone tablet / dosepack / Intenol [®] Dross
prednisone dose pack (generic for Sterapred [®])	Eohilab [®] Suspension - T/F of preferred agents not required for diagnosis of eosinophilic esophagitis
prednisone solution / tablet (generic for Delcasono [®])	Hemady [®] Tablet
	Medrol [®] Dose Pack / Tablet
	methylprednisolone 8mg / 16mg / 32mg tablet (generic for Medrol [®])
	Millipred [®] Dose Pack / Tablet
	prednisolone ODT (generic for OraPred [®] ODT)
	prednisolone tablet
	Prednisone Intensol [®] Concentrated Solution
	Rayos [®] Tablet
	Tapexol [®] Tablet
	Tarpeyo [™] Capsule - T/F of preferred agents not required for diagnosis of IgA nephropathy
CYTOKINE AND CAM ANTAGONISTS	
Clinical criteria apply to all drugs in this class	
T/F of only one Preferred drug required	
Preferred	Non-Preferred
adalimumab-saba Pen / Syringe	Abrilada [®] Pen / Syringe
adalimumab-sabm Pen / Psoriasis-UV Pen / Crohn's Pen / Syringe	Actemra [®] ACTPen [™] / Syringe / Vial
Cosentyx [®] Sensorady [®] Pen / UnoReady [®] Pen / Syringe	adalimumab-sacF Pen
Eabvel [®] Mini Cartridge / Sureclick [®] Syringe / Syringe / Vial	adalimumab-saty Autoinjector / Syringe
Hadlima [®] Syringe / PushTouch	adalimumab-dkip Pen / Syringe
Humira [®] Crohn's Starter Pack / Ped. Crohn's Starter Pack / Pen / Psoriasis Starter Pack / Syringe	adalimumab-eyk Autoinjector / Syringe
infliximab vial (generic for Remicade [®])	Anjevita [®] Syringe / Autoinjector
Ozelta [®] Starter Pack / Tablet	Arcalyst [®] SQ Syringe
Pyzchiva [®] (ustekinumab-ctwe) Syringe/Vial	Avsola [®] Vial
Stegyma [®] (ustekinumab-siba) Vial / Syringe	Binwexl [®] Autoinjector / Syringe
Xeljanz [®] Tablet	Cibinqo [®] Tablet
	Cimzia [®] Starter Kit / Syringe Kit / Vial Kit
	Cosentyx [®] Vial
	Cyltezo [™] (adalimumab-sabm) Psoriasis-UV Pen
	Cyltezo [™] Syringe / Crohn's-UC-HS Pen / Psoriasis Pen / Pen
	Empspray [®] 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
	Iumpra [®] Syringe
	Inflectra [®] Vial
	Kezadra [®] Syringe / Pen
	Kanrest [®] Syringe - T/F of preferred agents not required for diagnosis of Neonatal Onset Multi-System Inflammatory Disease
	Okunni [®] Tablet
	Onweb [™] (mirikizumab-mkz) Syringe
	Onweb [™] Pen / Vial
	Orencia [®] Clickjet [®] / Syringe / Vial
	Oraltr [®] Syringe/Vial
	Remicade [®] Vial
	Rezilnis [™] Vial
	Rivsoq [®] (upadacitinib) LQ Solution
	Rivsoq [®] ER Tablet
	Sclerals [™] Vial/Syringe
	Sieranda [®] Autoinjector/Kit
	Simponi [®] Pen / Syringe / Aria [®] Vial
	Skyriz [®] On-Body / Vial / Pen / Syringe
	Sotyktu [®] Tablet
	Spevigo [®] Vial / Syringe
	Stelara [®] Syringe / Vial T/F of preferred usteknumab is required
	Talte [®] Auto-injector / Syringe
	Tofidenex [™] (tocilizumab-bavi) Vial
	Tremfya [®] Syringe / Injector Vial
	Tyence [™] (tocilizumab-aazgl) Autoinjector / Syringe
	Tyence [™] Vial
	Uplizna [®] Vial
	Velisipity [®] Tablet
	Xeljanz [®] Solution / XR Tablet
	Yesimtek [®] Syringe/Vial
	Yufyma [®] Syringe / Autoinjector / Crohn's-UC-HS Autoinjector
	Yusimry [®] Pen
	Zymfentra [™] Pen / Syringe

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

Effective Date October 1, 2025

Revised 6.16.25 Off-Cycle Change: Epidiolex® Solution was moved from Non-preferred to Non-preferred

Revised 08.28.2025 Off Cycle Change: DermaSmooth® FS Scalp and Body Oil was moved from Non-preferred to Preferred due to patient safety

Revised 10.01.2025 Off Cycle Change: The following drugs were removed from the PDL due to fiscal impact (No longer Rebate eligible): Vasote Tablet, Acanya Gel Pump, Altreno Lotion, Arado Lotion, Atralin Gel, Benzamycin Gel, Cabtreo Gel, Klaron Lotion, Onexton Gel/Gel Pump, Retin-A Cream/Gel, Retin-A Micro Gel, Retin-A Micro Pump Gel, Ziana Gel, Aplenzin Tablet, Wellbutrin XL Tablets, Anobon Capsule, Ertaczo Cream, Luza Cream, Jublia Topical Solution, Lodosyn Tablet, Tasmar Tablet, Zelapar ODT, Xerese Cream, Zovirax Cream/Ointment, Glumetza Tablet, Flolipid Suspension, Isordil Tablet, Siliq Syringe, Mysoline Tablet, Pepcid Tablet, Zyclara Cream/Cream Pump, Elidel Cream, Azasan Tablet, Xifaxan Tablet, Cardizem CD Capsules, Cardizem Tablet/LA Tablet, Tiazac Capsule, Zegerid Rx/Capsule/Packet, Durbrii Lotion, Noritate Cream, Diastat, Relistor Syringe/Vial/Tablet, Trulance Tablet, Vanos Cream, Bryhali Lotion, Sodyln ER Tablet, Fenoglide Tablet, Apriso Capsule, Colazal Capsule, Uceris Tablet, Uceris Rectal Foam.

Revised 11.03.2025 Off Cycle Change: Moved Pyzchiva® Syringe/Vial and Stegyma® 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 effective 10.01.2025. 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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IMMUNOSUPPRESSANTS	
Preferred	Non-Preferred
Astaart [®] 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)	
Genagra [®] 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 Heceon [®] , Prograf [®])	
Triamcor [®] Capsule	
Zortress [®] Tablet	
MOVEMENT DISORDERS	
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	
Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred
Hemaphys [®] Vial	Cinrya [®] Vial
Orbaflo [®] Capsule	Takhyra [®] Vial / Syringe
HEREDITARY ANGIOEDEMA (HAE) TREATMENT AGENTS	
Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred
Bertinor [®] Vial / Kit	Firazyr [®] Syringe
icatibant syringe (generic for Fitzryr [®])	Rucosert [®] Vial
Kalbitor [®] Vial	
Sajazir [™] Syringe (branded generic for icatibant)	
OPIOID ANTAGONISTS	
Preferred	Non-Preferred
Klexxado [™] Nasal Spray	
LifEMS [™] naloxone Syringe Kit	
naloxone nasal spray (OTC)	
naloxone syringe / spray / vial (generic for Narcan [®])	
nalbuphine tablet	
Narcan [®] Nasal Spray (OTC)	
Opveo [®] Nasal Spray	
Reactivy [™] (naloxone) Nasal Spray	
Vivitrol [®] Vial / Doseant	
Zimbu [™] Syringe	
OPIOID DEPENDENCE	
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 [®])	Loxcomp [™] Tablets 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 Flexemil [®])	baclofen oral solution
methocarbamol tablet (generic for Robaxin [®])	baclofen suspension (generic for Flequary [™])
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
	Flequary [™] Suspension
	Lorazone [®] Tablet
	Lyvsipal [®] Granule Packet
	metaxalone tablet (generic for Skelevin [®])
	Norlogest [™] Tablet / Forte Tablet
	ophthalmic/ ophthalmic/ ophthalmic tablet (generic for Norlogest [™])
	ophthalmic/ ophthalmic/ ophthalmic tablet / vial (generic for Norflex [®])
	Orphenhagen [®] Forte Tablet
	Robaxin [®] Vial
	Tanlor [®] Tablet
	tizanidine capsules (generic for Zanaflex [®])
	Zanaflex [®] Capsule / Tablet
DISPOSABLE INSULIN DELIVERY DEVICES	
Preferred	Non-Preferred
CoQur Simplicity [™]	
CoQur Simplicity [™] Inserter	
Omnipod 5B 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	
Clinical criteria apply to all items in this class	
Continuous Glucose Monitor Transmitters / Receivers / Readers	
Preferred	Non-Preferred
Decom G6 [™] Transmitter / Receiver	FreeStyle Libre [™] 14 day Reader
Decom G7 [™] Receiver	
FreeStyle Libre [™] 2 Reader	
FreeStyle Libre [™] 3 Reader	

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Continuous Glucose Monitor Sensors	
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

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	