

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

Effective Date July 1, 2025

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

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

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

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

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

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

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

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

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

ALZHEIMER'S AGENTS

Preferred

Non-Preferred

donepezil 5mg, 10mg tablet / ODT (generic for Aricept® / ODT)

Adlarity® Patch

Exelon® Patch

Aduhelm® Vial - **Clinical criteria apply**

memantine tablet / titration pack (generic for Namenda®)

Aricept® Tablet

rivastigmine capsule (generic for Exelon®)

donepezil 23mg tablet (generic for Aricept®)

galantamine ER capsule / solution / tablet (generic for Razadyne® / ER)

Kisunla™ (donanemab-azbt) Vial

Leqembi® Vial - **Clinical criteria apply**

memantine ER capsule / solution (generic for Namenda® XR / Solution)

Namenda® Titration Pack / XR Capsule / XR Titration Pack

Namzaric® Capsule / Titration Pack

rivastigmine patch (generic for Exelon®)

ANALGESICS

OPIOID ANALGESICS

Long Acting Opioids

Clinical criteria apply to all drugs in this class

Preferred

Non-Preferred

Butrans® Patch

Belbuca® (Buccal) Film

fentanyl patch 12mcg / 25mcg / 50mcg / 75mcg / 100mcg (generic for Duragesic®)

buprenorphine patch (generic for Butrans®)

methadone concentrate / diskets / intensol / tablets / solution

Conzip® Capsule

morphine sulfate ER tablet (generic for MS Contin®)

fentanyl patch (37.5, / 62.5 / 87.5mcg dosages) (generic for Duragesic®)

OxyContin® Tablet

hydrocodone ER capsule (generic for Zohydro® ER)

tramadol ER tablet (generic for Ultram ER®, Ryzolt®)

hydrocodone ER tablet (generic for Hysingla® ER)

hydromorphone ER tablet (generic for Exalgo®)

Hysingla® ER Tablet

Methadose™ Oral Concentrate / Tablet

morphine sulfate ER capsule (generic for Avinza®, Kadian®)

MS Contin® Tablet

oxycodone ER tablet (generic for OxyContin®)

oxymorphone ER tablet

tramadol ER capsule (generic for Conzip®)

Orally Disintegrating / Oral Spray Schedule II Opioids

Clinical criteria apply to all drugs in this class

Preferred

Non-Preferred

Actiq® Lozenge

Dauvia™ SL Tablet

fentanyl citrate buccal tablet (generic for Fentora®)

fentanyl citrate lozenge (generic for Actiq®)

Fentora® Buccal Tablet

Short Acting Schedule II Opioids

Clinical criteria apply to all drugs in this class

Preferred

Non-Preferred

Endocet® Tablet (branded generic for Percocet®)

codeine sulfate tablet

hydrocodone-acetaminophen solution / tablet (generic for Hycet®, Lorcet®, Lortab®, Norco®, Vicodin®)

Dilaudid® Liquid / Tablet

hydrocodone-ibuprofen tablet (generic for Ibudone®, Reprexain®, Vicoprofen®)

hydromorphone solution / suppository (generic for Dilaudid®)

hydromorphone tablet (generic for Dilaudid®)

levorphanol tablet (generic for Levo-Dromoran®)

morphine solution / tablet (generic for MSIR®)

meperidine solution / tablet (generic for Demerol®)

oxycodone solution / tablet (generic for Roxicodone®)

morphine oral syringe

oxycodone-acetaminophen capsules (generic for Tylox®)

morphine suppositories (generic for Roxanol®)

oxycodone-acetaminophen tablets (generic for Percocet®)

Nalocet® Tablet

oxycodone capsule (generic for OxyIR®)

oxycodone concentrated solution (generic for Roxicodone® Intensol)

oxycodone-acetaminophen solution

oxymorphone tablet (generic for Opana®)

Percocet® Tablet

Prolate® Tablet / Solution

Roxicodone® Tablet

Roxybond® Tablet

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Short Acting Schedule III – IV Opioids / Analgesic Combinations		
Clinical criteria apply to all drugs in this class		
Preferred		Non-Preferred
codeine-acetaminophen solution / tablet (generic for Tylenol with Codeine [®])	Ascomp [®] Capsule (branded generic for Fiorinal with Codeine [®])	
tramadol tablet (generic for Ultram [®])	butalbital compound with codeine capsule (generic for Fiorinal with Codeine [®])	
tramadol-acetaminophen tablet (generic for Ultracet [®])	butalbital-caffeine-APAP with codeine tablet (generic for Fioricet with Codeine [®])	
	butorphanol spray (generic for Stadol [™])	
	dihydrocodeine-acetaminophen-caffeine tablet (generic for Panlor SS [®])	
	Fioricet with Codeine [®] Capsule	
	pentazocine-naloxone tablet (generic for Talwin NX [®])	
	Seglentis [®] Tablet	
	tramadol solution (generic for Qdolo [™])	
	tramadol tablet (25 mg)	
	tramadol tablet (75 mg)	
NSAIDS		
Preferred		Non-Preferred
celecoxib capsule (generic for Celebrex [®])	Arthrotec [®] Tablet	
ibuprofen suspension / tablet (generic for Motrin [®])	Celebrex [®] Capsule	
indomethacin capsule (generic for Indocin [®])	Daypro [®] Caplet	
ketorolac tablet (generic for Toradol [®])	diclofenac potassium capsule (generic for Zipsor [®])	
meloxicam tablet (generic for Mobic [®])	diclofenac potassium tablet (generic for Cataflam [®])	
naproxen EC / DR tablet (generic for Naprosyn [®] EC)	diclofenac sodium tablet / ER tablet (generic for Voltaren [®] / XR)	
naproxen tablet (generic for Naprosyn [™])	diclofenac sodium-misoprostol tablet (generic for Arthrotec [®])	
naproxen sodium tablet (generic for Anaprox [®])	diflunisal tablet (generic for Dolobid [®])	
sulindac tablet (generic for Clinoril [®])	Dolobid tablet	
	Duexis [®] Tablet - T/F of only celecoxib required	
	etodolac capsule / tablet / ER tablet (generic for Lodine [®] / XL)	
	Feldene [®] Capsule	
	fenoprofen capsule/ tablet (generic for Nalfon [®])	
	flurbiprofen tablet (generic for Ansaïd [®])	
	ibuprofen / famotidine tablet (generic for Duexis [®]) - T/F of only celecoxib required	
	indomethacin ER capsule (generic for Indocin SR [™])	
	indomethacin suppository	
	ketoprofen capsule (generic for Orudis [®])	
	ketoprofen ER capsule (generic for Oruvail [®])	
	Kiprofen [™] (ketoprofen) Capsule (branded generic for Orudis [®])	
	Lofena [™] Tablet	
	meclizolamine capsule (generic for Meclomen [®])	
	mefenamic acid capsule (generic for Ponstel [®])	
	meloxicam capsule (generic for Vivlodex [®])	
	nabumetone tablet (generic for Relafen [®])	
	Nalfon [®] Capsule / Tablet	
	Naprelan [®] Tablet	
	Naprosyn [®] Suspension	
	naproxen sodium ER tablet (generic for Naprelan [®])	
	naproxen suspension (generic for Naprosyn [®])	
	naproxen-esomeprazole tablet (generic for Vimovo [®]) - T/F of only celecoxib required	
	oxaprozin tablet (generic for DayPro [®])	
	piroxicam capsule (generic for Feldene [®])	
	Relafen [™] DS Tablet	
	Tolectin [®] (tolmetin) Tablet	
	tolmetin tablet / capsule (generic for Tolectin [®] / DS)	
	Vimovo [®] Tablet - T/F of only celecoxib required	
NEUROPATHIC PAIN		
Preferred		Non-Preferred
duloxetine capsule (generic for Cymbalta [®])	Cymbalta [®] Capsule	
gabapentin capsule / solution / tablet (generic for Neurontin [®])	DermacinRx [™] Lidocan Patch - Clinical criteria apply	
lidocaine patch (generic for Lidoderm [™]) - Clinical criteria apply	Drizalma [™] Sprinkle	
pregabalin capsule /solution (generic for Lyrica [™])	duloxetine capsule (generic for Irenka [®])	
	gabapentin ER tablet (generic for Gralise [®])	
	Gralise [®] Tablet	
	Horizant [®] Tablet	
	Lidocan [™] Patch - Clinical criteria apply	
	Lidoderm [®] Patch - Clinical criteria apply	
	Lyrica [®] Capsule / Solution / CR Tablet	
	Neurontin [®] Capsule / Solution / Tablet	
	pregabalin ER tablet (generic for Lyrica [®] CR)	
	Quenza [®] Kit	
	Savella [®] Tablet / Titration Pack	
	Tridacaine [™] Patch	
	ZTLido [™] Patch - Clinical criteria apply	

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

FIRST GENERATION

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

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

SECOND GENERATION

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

Preferred	Non-Preferred
Briivact [®] Tablet / Solution	Banzel [®] Suspension
clobazam suspension / tablet (generic for Onfi [™])	Banzel [®] Tablet
clonazepam tablet (generic for Klonopin [®])	clonazepam ODT (generic for Klonopin [®] Wafer)
Diaconit [®] Capsule / Powder Pack	Eilepsia [™] XR Tablet
diazepam rectal / system (generic for Diastat [®] Accudial / Pedi System)	Epidiolex [®] Solution - Clinical criteria apply
Eprontia [®] Solution	Keppra [®] Tablet / Solution / XR Tablet
Fintepla [®] Solution	Klonopin [®] Tablet
Fycompa [®] Tablet / Suspension	Lamictal [®] Chewable / ODT / ODT Starter Kit / Starter Kit / Tablet / XR / XR Starter Kit
gabapentin capsule / solution / tablet (generic for Neurontin [®])	lamotrigine starter kits (generic for Lamictal [®])
lacosamide solution / tablet (generic for Vimpat [®])	Libervant [™] (diazepam) Buccal Film
lamotrigine chewable / tablet (generic for Lamictal [®])	Lyrica [®] Capsule / Solution
lamotrigine ER tablet / ODT / ODT Starter Kit / Starter Kit (generic for Lamictal [®] XR / ODT)	Motopoly XR [™] (lacosamide extended release) Capsule
levetiracetam tablet / ER tablet / solution (generic for Keppra [®] / XR)	Neurontin [®] Capsule / Solution / Tablet
Nayzilam [®] Nasal Spray	Onfi [®] Suspension / Tablet
Rowcepra [™] Tablet	Qudexy [®] XR Capsule
rufinamide suspension (generic for Banzel [®])	Spritam [®] Tablet
rufinamide tablet (generic for Banzel [®])	Sympazan [®] Film
Sabril [®] 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 Qudexy [®])
topiramate sprinkle capsule / tablet (generic for Topamax [®])	Trokendi [®] XR Capsule
Valtoco [®] Nasal Spray	vigabatrin tablet (generic for Sabril [®])
vigabatrin powder packet (generic for Sabril [®])	Vigadrone [®] Powder Packet / Tablet
Xcopri [®] Tablet / Titration Pack	Vigfyde [™] Solution
zonisamide capsule (generic for Zonegran [®])	Vigpoder [™] Powder Packet
	Vimpat [®] Solution / Starter Kit / Tablet
	Zonisade [™] Oral Suspension
	Ztalmi [®] Oral Suspension

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ANTI-INFECTIVES - SYSTEMIC

ANTIBIOTICS

Penicillins, Cephalosporins and Related

Preferred

Non-Preferred

amoxicillin capsule / chewable / suspension / tablet (generic for Amoxil[®], Trimox[®])
amoxicillin-clavulanate suspension / tablet / XR tablet (generic for Augmentin[®] / XR)
ampicillin capsule / injection / vial
ampicillin-sulbactam injection / vial
Bicillin[®] C-R injection
cefadroxil capsule / suspension (generic for Duricef[®])
cefdinir capsule / suspension (generic for Omnicel[®])
cefixime capsule / suspension (generic for Suprax[®])
cefprozil suspension / tablet (generic for Cefzil[®])
cefuroxime tablet (generic for Cefin[®])
cephalexin capsule / suspension / tablet (generic for Keflex[®])
dicloxacillin capsule
nafcillin injection / vial
oxacillin injection / vial
penicillin G injection / vial
penicillin V suspension / tablet
piperacillin - tazobactam injection / vial
Pfizerpen[®] injection / vial
Unasyn[®] injection / vial
Zosyn[®] injection / vial

amoxicillin-clavulanate chewable tablet (generic for Augmentin[®])
Augmentin[®] Suspension / ES-600 / XR Tablet
cefactor capsule / suspension / ER tablet (generic for Ceclor[®] / CD)
cefadroxil tablet (generic for Duricef[®])
cefprozime suspension / tablet (generic for Vantin[®])

Lincosamides and Oxazolidinones

Preferred

Non-Preferred

clindamycin capsules / solution (generic for Cleocin[®])
linezolid suspension (oral) / tablet (generic for Zyvox[®])

Cleocin[®] Capsules / Vial
Cleocin[®] Pediatric Solution
clindamycin injection (generic for Cleocin[®])
Lincocin[®] Vial
lincomycin vial (generic for Lincocin[®])
linezolid IV solution (generic for Zyvox[®])
Sivextro[®] Tablet / Vial
Zyvox[®] Tablet / IV Solution / Suspension

Macrolides and Ketolides

Preferred

Non-Preferred

azithromycin powder packet / suspension / tablet (generic for Zithromax[®])
clarithromycin suspension / tablet (generic for Biaxin[®])
E.E.S.[®] Filmtab / Suspension
Erythrocin[®] Filmtab
erythromycin ES 200 mg and 400 mg suspension (generic for E.E.S.[®] Suspension, Eryped[®])
erythromycin EC capsule (generic for Erye[®])
erythromycin filmtab
erythromycin ES tablet (generic for E.E.S.[®] Filmtab)

clarithromycin ER tablet (generic for Biaxin XL[®])
Eryped[®] 200/400 Suspension
Ery-Tab[®] Tablet
Zithromax[®] Powder Packet / Suspension / Tablet / Tri-Pak / Z-Pak

Nitroimidazoles (Gastrointestinal Antibiotics)

Preferred

Non-Preferred

metronidazole tablet (generic for Flagyl[®])
vancomycin capsule (generic for Vancocin[®])
vancomycin oral solution (generic for Firvanq[®])

Aemcolo[®] DR Tablet
Dificid[®] Suspension / Tablet - **T/F of only vancomycin is required for treatment of Clostridium difficile**
Firvanq[®] Solution
Flagyl[®] Capsule
Likmez[™] Suspension
metronidazole capsule (generic for Flagyl[®])
neomycin tablet (generic for Mycifradin[®])
nitazoxanide tablet (generic for Alinia[®] Tablet)
paromomycin capsule (generic for Humatin[®])
Solosec[™] Granules
tinidazole tablet (generic for Tindamax[®])
Vancocin[®] Capsule
Vowst[™] Capsule - **Clinical criteria apply**
Xifaxan[®] Tablet - **T/F of preferred agents not required for diagnosis of Hepatic Encephalopathy**

Quinolones

Preferred

Non-Preferred

Cipro[®] Suspension
ciprofloxacin tablet (generic for Cipro[®])
levofloxacin tablet (generic for Levaquin[®])
moxifloxacin tablet (generic for Avelox[®])

Baxdela[™] Tablet
Cipro[®] Tablet
ciprofloxacin suspension (generic for Cipro[®])
levofloxacin solution (generic for Levaquin[®])
ofloxacin tablet (generic for Floxin[®])

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Tetracycline Derivatives	
Preferred	Non-Preferred
doxycycline hyclate capsule / tablet (generic for Vibramycin [®] , Vibra-Tab [®])	demeclocycline tablet (generic for Declomycin [®])
doxycycline monohydrate 50mg, 100mg capsule (generic for Monodox [®])	Doryx [®] DR / MPC Tablet
minocycline 50mg, 75mg, 100mg capsule (generic for Minocin [®])	doxycycline hyclate DR tablet (generic for Doryx [®] DR)
	doxycycline monohydrate 75mg, 150mg capsule (generic for Monodox [®] , Adoxa [®])
	doxycycline monohydrate 40mg IR-DR capsule (generic for Oracea [®])
	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
	Minolira [™] ER Tablet
	Morgidox [®] Capsule / Kit
	Nuzyra [®] Tablet
	Solodyn [®] ER Tablet - Clinical justification and failure of doxycycline and minocycline required. Limited to a 12 week supply.
	tetracycline capsule (generic for Sumycin [®])
	tetracycline tablet (generic for Sumycin [®] / Panmycin [®])
Antifungals	
Preferred	Non-Preferred
clotrimazole troche / lozenge (generic for Mycelex [®] Troche)	Ancobon [®] Capsule
fluconazole suspension / tablet (generic for Diflucan [®])	Brexafemme [®] Tablet
griseofulvin suspension (generic for Grifulvin V [®])	Cresemba [®] Capsule
griseofulvin ultra tablet (generic for Gris-Peg [®])	Diflucan [®] Suspension / Tablet
nystatin suspension (generic for Nilstat [®])	flucytosine capsule (generic for Ancobon [®])
nystatin tablet (generic for Mycostatin [®])	griseofulvin micro tablets (generic for Grifulvin V [®])
terbinafine tablet (generic for Lamisil [®])	itraconazole capsule / solution (generic for Sporanox [®])
	ketoconazole tablet (generic for Nizoral [®])
	Noxafil [®] Suspension / Tablet / DR Suspension Packet
	Oravig [®] Buccal Tablet
	posaconazole tablet / suspension (generic for Noxafil [®])
	Sporanox [®] Capsule / Solution
	Tolsura [™] Capsule
	Vfend [®] Suspension / Tablet
	Vivjoa [®] Capsule - Clinical criteria apply
	voriconazole suspension / tablet (generic for Vfend [®])
Antivirals (Hepatitis B Agents)	
Preferred	Non-Preferred
entecavir tablet (generic for Baraclude [®])	adefovir tablet (generic for Hepsera [®])
lamivudine HBV tablet (generic for Epivir [®] HBV)	Baraclude [®] Solution / Tablet
Viread [®] Powder / Tablet	Vemlidy [®] Tablet
Antivirals (Hepatitis C Agents)	
Preferred	Non-Preferred
Pegassys [®] Syringe / Vial	
ribavirin capsule / tablet (generic for Copegus [®] , Rebetol [®])	
Clinical criteria apply to all drugs listed below	
Prior Approval Not Required for Mavyret[®] Tablet / Pellet Pack and sofosbuvir-velpatasvir tablet (generic for Epclusa[®])	
All genotypes without cirrhosis	Epclusa [®] Pellet Pack/Tablet
Mavyret [®] Tablet (8 weeks of therapy)	Harvoni [®] Pellet Pack / Tablet
Mavyret [®] Pellet Pack	ledipasvir-sofosbuvir tablet (generic for Harvoni [®])
sofosbuvir-velpatasvir tablet (generic for Epclusa [®])	Sovaldi [®] Pellet Pack / Tablet
	Zepatier [®] Tablet
All genotypes with compensated cirrhosis (Child Pugh-A)	
Mavyret [®] Tablet (Up to 12 weeks of therapy)	
Mavyret [®] Pellet Pack	
sofosbuvir-velpatasvir tablet (generic for Epclusa [®])	
All genotypes previously treated with an HCV regimen containing an NS5A inhibitor or genotype 1a or 3 infection and have previously been treated with an HCV regimen containing sofosbuvir without an NS5A inhibitor.	
Vosevi [™] Tablet	
All genotypes with decompensated cirrhosis	
sofosbuvir-velpatasvir tablet (generic for Epclusa [®])	
Antivirals (Herpes Treatments)	
Preferred	Non-Preferred
acyclovir capsule / tablet / suspension (generic for Zovirax [®])	Sitavig [®] Buccal Tablet
famciclovir tablet (generic for Famvir [®])	Valtrex [®] Caplet
valacyclovir tablet (generic for Valtrex [®])	
Antivirals (Influenza)	
Preferred	Non-Preferred
oseltamivir phosphate capsule / suspension (generic for Tamiflu [®])	amantadine tablet (generic for Symmetrel [®])
rimantadine tablet (generic for Flumadine [®])	Flumadine [®] Tablet
	Relenza [®] Diskhaler
	Tamiflu [®] Capsule / Suspension
	Xofluza [™] Tablet - T/F of only one preferred drug required
Antibiotics, Inhaled	
T/F of only one preferred drug required	

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

Effective Date July 1, 2025

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

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

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

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

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Preferred	Non-Preferred
Kitabis [™] Pak	Arikayce [®] Vial
Bethkis [®] Ampule	Cayston [®] Solution
tobramycin inhalation solution (generic for Tobl [™])	tobramycin inhalation pak (generic for Kitabis [™])
	Tobi [™] Podhaler [™] / Solution
	tobramycin Ampule (generic for Bethkis)
BEHAVIORAL HEALTH	
ANTIDEPRESSANTS	
Other	
Preferred	Non-Preferred
bupropion tablet / SR tablet / XL tablet (generic for Wellbutrin [®] Tablet / SR / XL)	Aplenzin [®] Tablet
desvenlafaxine ER tablet (generic for Pristiq [®])	Auvelity [®] Tablet
duloxetine capsule (generic for Cymbalta [®])	Bupropion XL tablet (generic for Forfivo [®] XL)
Effexor [®] XR Capsule	Cymbalta [®] Capsule
mirtazapine ODT / tablet (generic for Remeron [®])	desvenlafaxine ER tablet (generic for Khedezla [®])
Nardil [®] Tablet	duloxetine capsule (generic for Irenka [®])
phenelzine tablet (generic for Nardil [®])	Emsam [®] Patch
tranylcypromine tablet (generic for Parnate [®])	Fetzima [®] Capsule / Titration Pak
trazodone tablet (generic for Desyrel [®])	Forfivo [®] XL Tablet
venlafaxine tablet / ER capsules (generic for Effexor [®] , Effexor [®] XR)	Marplan [®] Tablet
vilazodone tablet (generic for Viibryd [®])	nefazodone tablet (generic for Serzone [®])
	Pristiq [®] ER Tablet
	Remeron [®] Soltab [™] / Tablet
	Trintellix [®] Tablet
	venlafaxine besylate ER tablet
	venlafaxine ER tablet
	Viibryd [®] Tablet
	Wellbutrin [®] SR / XL Tablet
	Zuruvae [™] Capsule
Selective Serotonin Reuptake Inhibitor (SSRI)	
Preferred	Non-Preferred
citalopram solution / tablet (generic for Celexa [®])	Celexa [®] Tablet
escitalopram tablet (generic for Lexapro [®])	citalopram capsule
fluoxetine capsule / solution (generic for Prozac [®])	escitalopram solution (generic for Lexapro [®])
fluvoxamine tablet (generic for Luvox [®])	fluoxetine DR capsules (generic for Prozac [®] Weekly)
paroxetine tablet (generic for Paxil [®])	fluoxetine tablet (generic for Prozac [®]) - T/F of preferred agents not required for children < 18 years of age
Paxil [®] Suspension	fluvoxamine ER capsule (generic for Luvox CR [®])
sertraline concentrated solution / tablet (generic for Zoloft [®])	Lexapro [®] Tablet
	paroxetine capsule (generic for Brisdelle [®])
	paroxetine suspension / CR tablet (generic for Paxil [®] / CR)
	Paxil [®] Tablet / CR Tablet
	Prozac [®] Pulvule
	sertraline capsule
	Zoloft [®] Solution / Tablet
ANTIHYPERKINESIS / ADHD	
Preferred	Non-Preferred
Adderall [®] Tablet (Generic Product Per FDA)	Adzenys [®] XR ODT
Adderall [®] XR Capsule	amphetamine salt combo ER capsule (generic for Mydayis [®])
amphetamine salt combo tablet (generic for Adderall [®])	amphetamine sulfate tablet (generic for Evekeo [®])
amphetamine salt combo XR capsule (generic for Adderall [®] XR)	Azstarys [™] Capsule
Aptensio [®] XR Capsule	Cotempla [™] XR-ODT
atomoxetine capsule (generic for Strattera [®])	Dexedrine [®] Spansule [®]
clonidine ER tablet (generic for Kapvay [®])	dextroamphetamine ER capsule (generic for Dexedrine [®] Spansule [®])
Concerta [®] Tablet	dextroamphetamine solution (generic for ProCentra [®])
Daytrana [®] Patch	Dyanavel [®] XR Suspension - T/F of preferred agents not required for children < 12 years of age
dexmethylphenidate tablet / ER capsule (generic for Focalin [®] / XR)	Dyanavel [®] XR Tablet
dextroamphetamine tablet (generic for Dexedrine [®])	Evekeo [®] Tablet / Evekeo [®] ODT Tablet
Focalin [®] XR Capsule	Focalin [®] Tablet
guanfacine ER tablet (generic for Intuniv [®])	Intuniv [®] Tablet
lisdexamfetamine chewable tablet (generic for Vyvanse [®])	Jornay PM [™] Capsule
Methylfin [®] Solution	lisdexamfetamine capsule (generic for Vyvanse [®])
methylphenidate ER capsule (generic for Aptensio [®] XR)	methamphetamine tablet (generic for Desoxyn [®])
methylphenidate ER tablet (generic for Concerta [®])	methylphenidate CD capsule (generic for Metadate [®] CD)
methylphenidate tablet / solution (generic for Methylfin [®] , Ritalin [®])	methylphenidate chewable (generic for Methylfin [®])
Vyvanse [®] Capsule / Chewable Tablet	methylphenidate ER tablet (45 mg and 63 mg) (Branded Product Per FDA)
	methylphenidate LA capsule (generic for Ritalin [®] LA)
	methylphenidate patch (generic for Daytrana [®])
	Mydayis [®] ER Capsule
	Onyda XR Suspension- T/F of preferred agents not required for children < 12 years of age
	ProCentra [®] Solution
	Qelbree [™] Capsule
	Quillichew [®] ER Tablet - T/F of preferred agents not required for children < 12 years of age
	Quillivant [®] XR Suspension - T/F of preferred agents not required for children < 12 years of age
	Relexxii [®] ER Tablet
	Ritalin [®] LA Capsule
	Ritalin [®] Tablet
	Strattera [®] Capsule
	Xelstrym [®] Patch
	Zenzedi [®] Tablet

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

Effective Date July 1, 2025

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

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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INJECTABLE ANTIPSYCHOTICS		
Injectable Long Acting		
Preferred		Non-Preferred
Abilify Asimtufii [®] Syringe Kit		
Abilify Maintena [®] Syringe / Vial		
Aristada [®] / Initio [™] Syringe		
Erzofri [®] (paliperidone palmitate) extended-release injectable suspension		
fluphenazine decanoate vial (generic for Prolixin decanoate [®])		
Haldol [®] decanoate Ampule		
haloperidol decanoate ampule / vial (generic for Haldol decanoate [®])		
Invenga [®] Hafyera Prefilled Syringe Kit		
Invenga [®] Sustenna Prefilled Syringe		
Invenga [®] Trinza Syringe		
Perseris [®] Syringe		
Risperdal [®] Consta Vial		
risperidone ER vial (generic for Risperdal [®] Consta)		
Rykindo [®] Vial / Vial Kit		
Uzedy [™] Syringe Kit		
Zyprexa [®] Relprevv [™] Vial Kit		
ATYPICAL ANTIPSYCHOTICS		
Oral / Transdermal		
T/F of only one preferred drug required		
Preferred		Non-Preferred
aripiprazole Tablet / Solution (generic for Abilify [®])		Abilify [®] Tablet / Abilify [®] MyCite [®] Tablet
asenapine SL tablet (generic for Saphris [®] SL)		aripiprazole ODT (generic for Abilify [®] Discmelt [®])
clozapine tablet (generic for Clozaril [®])		Caplyta [™] Capsule
lurasidone tablet (generic for Latuda [®])		clozapine ODT (generic for FazaClo [®])
olanzapine ODT / tablet (generic for Zyprexa [®])		Clozaril [®] Tablet
paliperidone ER tablet (generic for Invega [®])		Cobenly
quetiapine tablet / ER tablet (generic for Seroquel [®] / XR)		Cobenly Starter Pack
risperidone ODT / solution / tablet (generic for Risperdal [®])		Fanapt [®] Tablet / Titration Pack
Vraylar [®] Capsule		Geodon [®] Capsule
ziprasidone capsule (generic for Geodon [®])		Invenga [®] Tablet
		Latuda [®] Tablet
		Lybalvi [™] Tablet
		Nuplazid [®] Tablet / Capsule
		olanzapine-fluoxetine capsule (generic for Symbyax [®])
		Opipza [™] (Aripiprazole) Oral Film
		Rexulti [®] Tablet / 7-Day Pack / 14-Day Pack
		Risperdal [®] Solution / Tablet
		Saphris [®] SL Tablet
		Secuado [®] Patch
		Seroquel [®] Tablet / XR Tablet / XR Sample Kit
		Versacoz [®] Suspension
		Zyprexa [®] Tablet / Zydis [®] Tablet
CARDIOVASCULAR		
ACE INHIBITORS		
Preferred		Non-Preferred
benazepril tablet (generic for Lotensin [®])		Accupril [®] Tablet
enalapril tablet (generic for Vasotec [®])		Altace [®] Capsule
lisinopril tablet (generic for Prinivil [®] and Zestril [®])		captopril tablet (generic for Capoten [®])
ramipril capsule (generic for Altace [®])		enalapril solution (generic for Epaned [®]) - T/F of preferred agents not required for children < 12 years of age
		Epaned [®] Solution - T/F of preferred agents not required for children < 12 years of age
		fosinopril tablet (generic for Monopril [®])
		Lotensin [®] Tablet
		moexipril tablet (generic for Univasc [®])
		Qbrelis [®] 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 [®])
		Vasotec [®] Tablet
		Zestril [®] Tablet
ACE INHIBITOR / CALCIUM CHANNEL BLOCKER COMBINATIONS		
Preferred		Non-Preferred
amlodipine-benazepril capsule (generic for Lotrel [®])		Lotrel [®] Capsule
		trandolapril-verapamil ER tablet (generic for Turka [®])
ACE INHIBITOR / DIURETIC COMBINATIONS		
Preferred		Non-Preferred
enalapril-HCTZ tablet (generic for Vaseretic [®])		Accuretic [®] Tablet
lisinopril-HCTZ tablet (generic for Prinzide [®] , Zestoretic [®])		benazepril-HCTZ tablet (generic for Lotensin [®] HCT)
		captopril-HCTZ tablet (generic for Capozide [®])
		fosinopril-HCTZ tablet (generic for Monopril [®] HCT)
		Lotensin [®] HCT Tablet
		quinapril-HCTZ tablet (generic for Accuretic [®] , Quinaretic [®])
		Vaseretic [®] Tablet
		Zestoretic [®] Tablet

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

Effective Date July 1, 2025

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

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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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 Avalide [®])	Atacand [®] HCT Tablet
losartan-HCTZ tablet (generic for Hyzaar [®])	Avalide [®] Tablet
olmesartan-HCTZ tablet (generic for Benicar [®] HCT)	Benicar [®] HCT Tablet
valsartan-HCTZ tablet (generic for Diovan [®] HCT)	candesartan-HCTZ tablet (generic for Atacand [®] HCT)
	Diovan [®] HCT Tablet
	Edarbyclor [®] Tablet
	Hyzaar [®] Tablet
	Micardis [®] HCT Tablet
	telmisartan-HCTZ tablet (generic for Micardis [®] HCT)
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 [®])	Pacerone [®] Tablet
flecainide tablet (generic for Tambocor [®])	quinidine gluconate ER tablet (generic for Quinaglute DuraTabs [®])
mexiletine capsule (generic for Mexiti [®])	Tikosyn [®] Capsule
propafenone tablet (generic for Rythmol [®])	
propafenone SR capsule (generic for Rythmol SR [®])	
quinidine sulfate tablet (generic for Quinidex [®] Tablet)	
BETA BLOCKERS	
Preferred	Non-Preferred
atenolol tablet (generic for Tenormin [®])	acebutolol capsule (generic for Sectral [®])
carvedilol tablet (generic for Coreg [®])	Betapace [®] Tablet / AF Tablet
Hemangeol [®] Solution	betaxolol tablet (generic for Kerlone [®])
labetalol tablet (generic for Trandate [®])	bisoprolol tablet (generic for Zebeta [®])
metoprolol succinate XL tablet (generic for Toprol XL [®])	Bystolic [®] Tablet
metoprolol tartrate tablet (generic for Lopressor [®])	carvedilol ER capsule (generic for Coreg [®] CR Capsule)
nebivolol tablet (generic for Bystolic [®])	Coreg [®] Tablet / CR Capsule
propranolol solution / tablet / ER capsule (generic for Inderal [®])	Inderal [®] LA Capsule / XL Capsule
Sorine [®] Tablet	Innopran [®] XL Capsule
sotalol tablet / AF tablet (generic for Betapace [®] / AF, Sorine [®])	Kapspargo [™] Sprinkle - T/F of preferred agents not required for children < 12 years of age
	Lopressor [®] Tablet
	nadolol tablet (generic for Corgard [®])
	pindolol tablet (generic for Viskin [®])
	Sorylize [®] Solution
	Tenormin [®] Tablet
	timolol tablet (generic for Blocadren [®])
	Toprol XL [®] Tablet
BETA BLOCKER DIURETIC COMBINATIONS	
Preferred	Non-Preferred
atenolol-chlorthalidone tablet (generic for Tenoretic [®])	metoprolol-HCTZ tablet (generic for Lopressor [®] HCT)
bisoprolol-HCTZ tablet (generic for Ziac [®])	propranolol-HCTZ tablet (generic for Inderide [®])
	Tenoretic [®] Tablet
	Ziac [®] Tablet
BILE ACID SEQUESTRANTS	
Preferred	Non-Preferred
cholestyramine packet / powder / light packet / light powder (generic for Questran [®] / Questran [®] Light)	colesevelam packet / tablet (generic for Welchol [®])
colestipol tablet (generic for Colestid [®] Tablet)	Colestid [®] Granules / Tablet
	colestipol granules (generic for Colestid [®])
	Prevalite [®] Packet / Powder
	Questran [®] Light Powder / Packet / Powder
	Welchol [®] Packet / Tablet

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

Effective Date July 1, 2025

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

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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CHOLESTEROL LOWERING AGENTS	
Preferred	Non-Preferred
atorvastatin tablet (generic for Lipitor®)	Altoprev® Tablet
ezetimibe (generic for Zetia®)	amlodipine-atorvastatin tablet (generic for Caduet®)
lovastatin tablet (generic for Mevacor®)	Atorvaliq® Suspension
pravastatin tablet (generic for Pravachol®)	Caduet® Tablet
rosuvastatin tablet (generic for Crestor®)	Ezallor™ Capsule
simvastatin tablet (generic for Zocor®)	ezetimibe-simvastatin (generic for Vytorin®)
	Flolipid™ (simvastatin) Suspension- T/F of preferred agents not required for children < 12 years of age
	fluvastatin capsule / ER tablet (generic for Lescol® / XL)
	Juxtapid® Capsule - Clinical criteria apply
	Lescol® XL Tablet
	Lipitor® Tablet
	Livalo® Tablet - T/F of preferred agents not required with concomitant antiretroviral therapy in patients diagnosed with HIV
	Nexletol® Tablet - Clinical criteria apply
	Nexlizet® Tablet - Clinical criteria apply
	pitavastatin tablet (generic for Livalo®) - T/F of preferred agents not required with concomitant antiretroviral therapy in patients diagnosed with HIV
	Vytorin® Tablet
	Zetia® Tablet
	Zocor® Tablet
	Zypitamag™ Tablet
	Crestor®
CORONARY VASODILATORS	
Preferred	Non-Preferred
isosorbide dinitrate tablet (generic for Isordil® Titradose®, IsoDitrate®, et.al.)	Gonitro® Sublingual Powder
isosorbide mononitrate tablet / ER tablet (generic for Ismo®, Monoket®, Imdur®)	Isordil® Tablet / Titradose® Tablet
nitroglycerin patch / spray / SL tablet (generic for Nitro-Dur®, Minitran®, Nitrostat®, et. al)	Nitro-Bid® Ointment
Nitrostat® SL Tablet	Nitro-Dur® Patch
	Nitrolingual® Spray
	Verquvo® Tablet
DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS	
Preferred	Non-Preferred
amlodipine tablet (generic for Norvasc®)	felodipine ER tablet (generic for Plendil®)
nifedipine capsule (generic for Procardia®)	isradipine capsule (generic for Dynacirc®)
nifedipine ER tablet (generic for Adalat CC® / Procardia XL®)	Katerzia™ Suspension - T/F of preferred agents not required for children < 12 years of age
	levamlodipine tablet (generic for Conjugri®)
	nicardipine capsule (generic for Cardene®)
	nimodipine capsule (generic for Nimotop®)
	nimodipine solution
	nisoldipine ER tablet (generic for Sular®)
	Norliqua® Solution
	Norvasc® Tablet
	Nymalize® Solution / oral syringe
	Procardia® XL Tablet
	Sular® Tablet
DIRECT RENIN INHIBITOR	
Preferred	Non-Preferred
Tekturna® Tablet	aliskiren tablet (generic for Tekturna® Tablet)
Tekturna® HCT Tablet	
ENDOTHELIN RECEPTOR ANTAGONISTS	
Covered for diagnosis of Pulmonary Arterial Hypertension only	
Preferred	Non-Preferred
ambrisentan tablet (generic for Letairis® Tablet)	bosentan tablet (generic for Tracleer® Tablet)
Tracleer® Tablet	Letairis® Tablet
	Opsumit® Tablet
	Opsumvi® Tablet
	Tracleer® Suspension
INHALED PROSTACYCLIN ANALOGS	
Preferred	Non-Preferred
Tyvaso® Refill Kit / Solution / Starter Kit	Tyvaso® DPI
Ventavis® Solution	
NIACIN DERIVATIVES	
Preferred	Non-Preferred
niacin ER tablet (generic for Niaspan®)	
NITRATE COMBINATION	
Preferred	Non-Preferred
Bidil® Tablet	isosorbide dinit/hydralazine tablet (generic for Bidil®)

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North Carolina Medicaid Preferred Drug List (PDL)

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

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NON-DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS	
Preferred	Non-Preferred
Cartia XT [®] Capsule (branded generic for Cardizem CD [®])	Cardizem CD [®] Capsule
Dilt XR [®] Capsule (branded generic for Dilacor XR [®])	Cardizem [®] Tablet / LA Tablet
diltiazem ER 24 hour capsule (generic for Dilacor XR [®] , Tiazac [®])	diltiazem LA tablet (generic for Cardizem LA [®])
diltiazem tablet / CD capsule / ER 12 hour capsule (generic for Cardizem [®] / CD / SR)	Matzim [®] LA Tablet (generic for Cardizem LA [®])
Taztia XT [®] Capsule (branded generic for Tiazac [®])	Tiazac [®] Capsule
Tiadyt [®] ER Capsule	Verapamil Capsule SR (generic for Verelan [®])
verapamil tablet / ER tablet (generic for Calan [®] / SR)	verapamil ER capsule / PM capsule (generic for Verelan [®] / Verelan [®] PM)
	Verelan [®] PM Capsule
ORAL PULMONARY HYPERTENSION	
Covered for diagnosis of Pulmonary Arterial Hypertension (all) and Chronic Thromboembolic Pulmonary Hypertension- Adempas [®] only	
Preferred	Non-Preferred
Alyq [®] Tablet (branded generic for tadalafil)	Adcirca [®] Tablet
sildenafil tablet (generic for Revatio [®])	Adempas [®] Tablet
tadalafil tablet (generic for Adcirca [®])	Liqrev [®] Suspension
	Orenitram [®] ER Tablet / Titration Kit
	Revatio [®] Suspension / Tablet - T/F of preferred agents not required for children < 12 years of age for Suspension ONLY
	sildenafil suspension (generic for Revatio [®]) - T/F of preferred agents not required for children < 12 years of age
	Tadliq [®] Suspension
	Uptravi [®] Tablet / Titration Pack
PLATELET INHIBITORS	
Preferred	Non-Preferred
Brilinta [®] Tablet	aspirin/dipyridamole ER capsule (generic for Aggrenox [®])
clopidogrel tablet (generic for Plavix [®])	Effient [®] Tablet
dipyridamole tablet (generic for Persantine [®])	Plavix [®] Tablet
prasugrel tablet (generic for Effient [®] Tablet)	
ANTIANGINAL & ANTI-ISCHEMIC	
Preferred	Non-Preferred
ranolazine ER tablet (generic for Ranexa [®] Tablet)	Aspruzyo [™] Sprinkle
	Ranexa [®] Tablet
SYMPATHOLYTICS AND COMBINATIONS	
Preferred	Non-Preferred
clonidine tablet / patch (generic for Catapres [®] / TTS)	clonidine ER tablet (generic for Nexiclon [™] XR)
guanfacine tablet (generic for Tenex [®])	methyldopa-HCTZ tablet (generic for Aldoril [®])
methyldopa tablet (generic for Aldomet [®])	methyldopa vial (generic for Aldomet [®])
	Nexiclon [™] XR Tablet
TRIGLYCERIDE LOWERING AGENTS	
Preferred	Non-Preferred
fenofibrate tablet (generic for Tricor [®])	fenofibrate capsule / tablet (generic for Antara [®] , Lofibra [®] , Fenoglide [®] , et. al)
gemfibrozil tablet (generic for Lopid [®])	fenofibric acid tablet (generic for Fibracor [®] , Trilipix [®])
icosapent ethyl capsule (generic for Vascepa [®])	Fenoglide [®] Tablet
omega-3 acid ethyl esters capsule (generic for Lovaza [®])	Fibricor [®] Tablet
	Lipofen [®] Capsule
	Lopid [®] Tablet
	Lovaza [®] Capsule
	Tricor [®] Tablet
	Trilipix [®] Capsule
CARDIOVASCULAR, OTHER	
Preferred	Non-Preferred
Camzyos [®] Capsule - Clinical criteria apply	Lodoco [®]
CENTRAL NERVOUS SYSTEM	
ANTIMIGRAINE AGENTS	
Quantity limits apply to all triptans	
Preferred	Non-Preferred
rizatriptan tablet / ODT (generic for Maxalt [®])	almotriptan tablet (generic for Axert [®])
sumatriptan nasal spray / tablet / vial (generic for Imitrex [®])	diclofenac potassium powder packet (generic for Cambia [®]) - T/F of 2 preferred NSAIDs, in addition to T/F of 2 preferred triptans in the Antimigraine Agents class required for coverage
	eletriptan tablet (generic for Relpax [®])
	Elyxib [™] Solution - T/F of 2 preferred NSAIDs, in addition to T/F of 2 preferred triptans in the Antimigraine Agents class required for coverage
	Frova [®] Tablet
	frovatriptan tablet (generic for Frova [®])
	Imitrex [®] Cartridge / Nasal Spray / Pen / Tablet
	Maxalt [®] Tablet / MLT Tablet
	naratriptan tablet (generic for Amerge [®])
	Relpax [®] Tablet
	Reyvow [™] Tablet
	sumatriptan injection kit / refill / syringe (generic for Imitrex [®])
	sumatriptan / naproxen tablet (generic for Treximet [®])
	Tosymra [™] Nasal Spray
	Zembrace [®] SymTouch [®]
	zolmitriptan nasal spray / ODT / tablet (generic for Zomig [®])
	Zomig [®] Nasal Spray / Tablet

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

Effective Date July 1, 2025

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

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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ANTIMIGRAINE AGENTS	
CGRP Blockers/Modulators PREVENTATIVE	
Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred
Aimovig® Autoinjector	Qulipta® Tablet
Ajovy® Autoinjector / Syringe	Vyepti® Vial
Emgality® Pen / Syringe	
Nurtec® ODT	
ANTIMIGRAINE AGENTS	
CGRP Blockers/Modulators ACUTE TREATMENT	
Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred
Nurtec® ODT	Zavzpret™ Nasal Spray
Ubrelvy® Tablet	
ANTI-NARCOLEPSY	
Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred
Nuvigil® Tablet	armodafinil tablet (generic for Nuvigil®)
Provigil® Tablet	modafinil tablet (generic for Provigil®)
	Sunosi™ Tablet
	Wakix® Tablet
ANTIPARKINSON 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®)	Crexont Capsule ER
ropinirole tablet (generic for Requip®)	Dhivy Tablet™
selegiline capsule / tablet (generic for Emsam®)	Duopa® Suspension
trihexphenidyl elixir / tablet (generic for Artane®)	entacapone tablet (generic for Comtan®)
	Gocovri™ Capsule - Clinical criteria apply
	Horizant® Tablet
	Inbrija™ Inhalation - Clinical criteria apply
	Kynmobi™ Titration Kit
	Lododyn® Tablet
	Neupro® Patch
	Nourianz™ Tablet
	Ongentys® Capsule - Clinical criteria apply
	Osmolex ER™ Tablet - Clinical criteria apply
	pramipexole ER tablet (generic for Mirapex ER®)
	rasagiline tablet (generic for Azilect®)
	ropinirole ER tablet (generic for Requip XL®)
	Rytary® ER Capsule
	Sinemet® Tablet
	Stalevo® Tablet
	Tasmar® Tablet
	tolcapone tablet (generic for Tasmar®)
	Vyslev Vial
	Xadago® Tablet
	Zelapar® ODT
MULTIPLE SCLEROSIS	
Injectable	
Preferred	Non-Preferred
Avonex® Pack / Pen / Syringe	Briumvi™ Vial
Betaseron® Kit / Vial	glatiramer syringe (generic for Copaxone® Syringe)
Copaxone® Syringe	Glatopa® Syringe
Kesimpta® Pen	Lemtrada® Vial
Rebif® Rebiodose® / Titration Pack / Syringe	Ocrevus® Vial - T/F of preferred agents not required for diagnosis of Primary Progressive MS (PPMS)
	Ocrevus® Zonovo Vial T/F of preferred agents not required for diagnosis of Primary Progressive MS (PPMS)
	Plegriqy® 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
tingolimod capsule (generic for Gilenya®)	Bafiertam™ Capsule
teriflunomide tablet (generic for Aubagio®)	Gilenya® Capsule
	Mavenclad® Tablet
	Mayzent® Starter Pack / Tablet
	Ponvory™ Starter Pack / Tablet
	Tascenso ODT™
	Tecfidera® Capsule / Starter Pack
	Vumerity™ Capsule
	Zeposia® Starter Pack / Capsule

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

Effective Date July 1, 2025

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

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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AMYOTROPHIC LATERAL SCLEROSIS (ALS) AGENTS	
Preferred	Non-Preferred
riluzole tablet (generic for Rilutek®)	edaravone infusion bag (generic for Radicava®)
	edaravone Vial (generic for Radicava®)
	Qalsody® Vial T/F of preferred agents not required for SOD1 gene mutation
	Radicava® ORS® Suspension / ORS® Starter Kit Suspension / Infusion Bag
	Tiglutik® Suspension
SEDATIVE HYPNOTICS	
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®)	dosepin tablet (generic for Silenor®)
zolpidem tablet (generic for Ambien®)	Edtuar® SL Tablet
	estazolam tablet (generic for Prosom®)
	Halcion® Tablet
	Hettioz® Capsule / LQ Suspension - Clinical criteria apply
	Lunesta® Tablet
	quazepam tablet (generic for Doral®)
	Quviviq® Tablet
	Restoril® Capsule
	Rozerem® Tablet
	tasimelteon capsule (generic for Hettioz®) - T/F of Hettioz® Capsule required for coverage
	temazepam 7.5, 22.5 mg capsule (generic for Restoril®)
	triazolam tablet (generic for Halcion®)
	zolpidem capsule
	zolpidem ER tablet (generic for Ambien® CR)
	zolpidem SL tablet (generic for Intermezzo®)
TOBACCO CESSATION	
Preferred	Non-Preferred
bupropion SR tablet (generic for Zyban®)	Nicotrol® Inhaler / NS Nasal Spray
Chantix® Tablet / Starting Box / Continuation Month Box	
nicotine gum / lozenge (buccal) / patch	
varenicline tablet / starting month box (generic for Chantix®)	
varenicline continuation month box (generic for Chantix®)	
ENDOCRINOLOGY	
GROWTH HORMONE	
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®	Ngela® Pen
	Nutropin® AQ NuSpin®
	Omnitrope® Cartridge / Vial
	Serostim® Vial
	Skytrofa® Cartridge - T/F of preferred agents not required for children <18 years of age
	Sagroya® Pen
	Zomacton® Vial
HYPOGLYCEMICS - INJECTABLE	
Rapid Acting Insulin	
T/F of only one preferred drug required; Prior Authorization are required for NP insulins. Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes.	
Preferred	Non-Preferred
Humalog® U-100 Cartridge	Admelog® SoloStar® / Vial
Humalog® U-100 Junior KwikPen®	Afrezza® Inhalation Powder
Humalog® U-100 KwikPen® / Vial	Apidra® SoloStar® / Vial
insulin aspart U-100 FlexPen® / vial (generic for Novolog®)	Fiasp® FlexTouch® / Penfill® / PumpCart® / Vial
insulin lispro U-100 Junior KwikPen® (generic for Humalog® Junior)	Humalog® U-200 KwikPen®
insulin lispro U-100 KwikPen® / vial (generic for Humalog®)	insulin aspart U-100 Penfill (generic for Novolog®)
Novolog® U-100 Penfill / FlexPen® / Vial	Lyumjev™ U-100 KwikPen® / U-200 KwikPen® / Vial
Relion Novolog® U-100 FlexPen® / Vial	
Short Acting Insulin	
T/F of only one preferred drug required; Prior Authorization are required for NP insulins. Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes.	
Preferred	Non-Preferred
Humulin® R Vial	Myxredlin™ Injection
Humulin® R U-500 KwikPen® / U500 Vial	Novolin® R Vial / ReliOn® R Vial
	Novolin R FlexPen®
Intermediate Acting Insulin	
Preferred	Non-Preferred
T/F of only one preferred drug required; Prior Authorization are required for NP insulins. Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes.	
Humulin® N Vial	Humulin® N KwikPen®
	Novolin® N FlexPen® / ReliOn® N FlexPen®
	Novolin® N Vial / ReliOn® N Vial

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

Effective Date July 1, 2025

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

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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Long Acting Insulin	
T/F of only one preferred drug required; Prior Authorization are required for NP insulins. Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes.	
Preferred	Non-Preferred
insulin glargine vial / SoloStar® (authorized biologic for Lantus)	Basaglar® U-100 KwikPen®
Lantus® SoloStar® / Vial	insulin degludec pen / vial (generic for Tresiba®)
Levemir® / FlexPen® / FlexTouch® / Vial	insulin glargine SoloStar® / Max SoloStar® (generic for Toujeo®)
	insulin glargine-yfgen pen / vial (generic for Semglee™ yfgen)
	Rezvoglar™ Kwikpen®
	Semglee™ yfgen Pen / Vial
	Toujeo® SoloStar® / Max SoloStar®
	Tresiba® FlexTouch® / Vial
Premixed Rapid Combination Insulin	
Preferred	Non-Preferred
T/F of only one preferred drug required; Prior Authorization are required for NP insulins. Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes.	
Humalog® 50/50 Mix KwikPen®	Humalog® 75/25 Mix KwikPen®
Humalog® 75/25 Vial	Novolog® Mix 70/30 Vial
insulin aspart protamine-aspart 70/30 U-100 FlexPen® (generic for Novolog® Mix 70/30)	
insulin lispro protamine 75/25 KwikPen® (generic for Humalog® 75/25 Mix)	
Novolog® Mix 70/30 FlexPen®	
Premixed 70/30 Combination Insulin	
Preferred	Non-Preferred
T/F of only one preferred drug required; Prior Authorization are required for NP insulins. Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes.	
Humulin® 70/30 KwikPen® / Vial	Novolin® 70/30 FlexPen® / Vial
	Relion Novolin® 70/30 Vial
	Relion Novolin® (human insulin NPH / human insulin) 70/30 FlexPen®
	Relion Novolin® (human insulin NPH / human insulin) 70/30 FlexPen®
Amylin Analogs	
Requires T/F or insufficient response to metformin containing product unless contraindicated or documented adverse event when using either a preferred or non-preferred Amylin Analog	
Preferred	Non-Preferred
Symlin® Pen Injector	
GLP-1 Receptor Agonists and Combinations indicated for the treatment of Diabetes	
Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred
Byetta® Pen	Bydureon® BCise™
Trulicity® Pen	exenatide Pen (generic for Byetta®)
Victoza® Pen	liraglutide pen (generic for Victoza®)
Ozempic® Pen	Mounjaro™ Pen
	Rybelsus® Tablet
	Soliqua® Pen
	Xultophy® Pen
HYPOGLYCEMICS - ORAL	
2nd Generation Sulfonylureas	
Preferred	Non-Preferred
glimepiride tablet (generic for Amaryl®)	
glipizide tablet / ER tablet (generic for Glucotrol® XL)	
Glucotrol® XL Tablet	
glyburide micronized tablet (generic for Micronase®, Glynase®)	
glyburide tablet (generic for Diabeta®)	
Glynase® Tablet	
Alpha-Glucosidase Inhibitors	
Preferred	Non-Preferred
acarbose tablet (generic for Precose®)	miglitol tablet (generic for Glyset®)
	Precose® Tablet
Biguanides and Combinations	
Preferred	Non-Preferred
glipizide-metformin tablet (generic for Metaglip®)	Glumetza® Tablet ** requires documentation as to why the beneficiary cannot use preferred long acting metformin product
glyburide-metformin tablet (generic for Glucovance®)	metformin solution (generic for Riomet®) - T/F of preferred agents not required for children < 12 years of age
metformin tablet / ER tablet (generic for Glucophage® / ER)	metformin tablet (625 mg)
	metformin ER tablet (generic for Fortamet®)
	metformin ER tablet (generic for Glumetza®)
	Riomet® Solution / ER Suspension
DPP-IV Inhibitors and Combinations	
Requires T/F or insufficient response to metformin containing products unless contraindicated or documented adverse event when using either a preferred or a non-preferred DPP-IV Inhibitor or Combination	
Preferred	Non-Preferred
Janumet® Tablet / XR Tablet	alogliptin tablet (generic for Nesina®)
Januvia® Tablet	alogliptin-metformin tablet (generic for Kazano®)
Jentadueto® Tablet / XR Tablet	alogliptin-pioglitazone tablet (generic for Osem®)
Onglyza® Tablet	Glyxambi® Tablet
Tradjenta® Tablet	Kazano® Tablet
	Kombiglyze® XR Tablet
	Nesina® Tablet
	Osem® Tablet
	Qtern® Tablet
	saxagliptin tablet (generic for Onglyza®)
	saxagliptin-metformin ER tablet (generic for Kombiglyze® XR)
	sitagliptin tablet (generic for Januvia®)
	sitagliptin-metformin tablet (generic for Zituvimet™)
	Steglujan® Tablet

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

Effective Date July 1, 2025

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

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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	Trijardy [®] XR Tablet
	Zituvimet
	Zituvimet XR
	Zituvio [™] Tablet
Meglitinides	
Preferred	Non-Preferred
nateglinide tablet (generic for Starlix [®])	
repaglinide tablet (generic for Prandin [®])	
SGLT-2 Inhibitors and Combinations	
Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred
Farxiga [®] Tablet	dapagliflozin tablet (generic for Farxiga [®])
Jardiance [®] Tablet	dapagliflozin / metformin ER tablet (generic for Xigduo [®] XR)
Synjardy [®] Tablet	Inpefa [™] Tablet
Synjardy [®] XR Tablet	Invokamet [®] Tablet / XR Tablet
Xigduo [®] XR Tablet	Invokana [®] Tablet
	Segluromet [™] Tablet
	Steglatro [™] Tablet
Thiazolidinediones and Combinations	
Preferred	Non-Preferred
pioglitazone tablet (generic for Actos [®])	ActoPlus Met [®] Tablet
	Actos [®] Tablet
	Duetact [®] Tablet
	pioglitazone-glimepiride tablet (generic for Duetact [®])
	pioglitazone-metformin tablet (generic for ActoPlus Met [®])
GASTROINTESTINAL	
ANTIEMETIC-ANTIVERTIGO AGENTS	
Preferred	Non-Preferred
aprepitant capsule / pack (generic for Emend [®]) - Clinical criteria apply	Akynzeo [®] Capsule / Vial
Diclegis [®] Tablet	Antivert [™] Tablet / Chewable Tablet
dimenhydrinate vial (generic for Dramamine [®])	Anzemet [®] Tablet
medizine tablet (generic for Antivert [™])	Aponvie [™] Vial
metoclopramide solution / tablet (generic for Reglan [®])	Barhemsys [®] Vial
ondansetron ODT 4mg and 8 mg/ solution / tablet (generic for Zofran [®])	Bonjesta [®] Tablet
prochlorperazine tablet (generic for Compazine [®])	Cinvanti [®] Vial
promethazine syrup / suppository (12.5 mg and 25 mg) / tablet / ampule / vial (generic for Phenergan [®])	Compro [®] Suppository
Promethegan [®] (promethazine) Suppository (12.5 mg and 25 mg)	doxylamine-pyridoxine tablet (generic for Diclegis [®])
scopolamine patch (generic for Transderm-Scop [®])	dronabinol capsule (generic for Marinol [®])
Transderm-Scop [®] Patch	Emend [®] Capsule / Powder Packet / Trifold Pack - Clinical criteria apply
	Emend [®] Vial
	Focinvez [™] (fosaprepitant) Vial
	fosaprepitant vial (generic for Emend [®])
	Gimoti [™] Nasal Spray
	granisetron vial / tablet (generic for Kytril [®])
	Marinol [®] Capsule
	metoclopramide vial
	ondansetron ODT (16 mg)
	ondansetron vial
	palonosetron injection (generic for Aloxi [®])
	Phenergan [®] Ampule / Vial
	Posfrea [™] Vial
	prochlorperazine vial / suppository (generic for Compazine [®])
	Promethegan [®] Suppository (50 mg)
	Reglan [®] Tablet
	Sancuso [®] Patch
	Sustol [®] Syringe
	Tigan [®] Vial
	trimethobenzamide capsule (generic for Tigan [®])
BILE ACID SALTS	
T/F of only one preferred drug required	
Preferred	Non-Preferred
ursodiol capsule (generic for Actigall [®])	Bylvay [™] Capsule / Pellet - T/F of preferred agents not required for diagnosis of PFIC
ursodiol tablet (generic for Urso [®])	Chenodal [®] Tablet
	Cholbam [®] Capsule
	Iqirvo [®] (elaflibanor) Tablet
	Livdelzi Capsule
	Livmarli [®] Oral Solution
	Ocaliva [®] Tablet
	Reltone [™] Capsule
H. PYLORI COMBINATIONS	
Preferred	Non-Preferred
Pylera [®] Capsule	bismuth / metronidazole / tetracycline capsule (generic for Pylera [®])
	lanoprazole-amoxicillin-clarithromycin pack (generic for Prevpac [®])
	Omeclamox-Pak [®] Combo Pack
	Talicia [®] Capsule
	Voquezna [®] Tablet / Dual Pak / Triple Pak

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

Effective Date July 1, 2025

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

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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HISTAMINE-2 RECEPTOR ANTAGONISTS	
Preferred	Non-Preferred
famotidine tablet / suspension (generic for Pepcid®)	cimetidine tablet (generic for Tagamet®)
	cimetidine solution (generic for Tagamet®)
	nizatidine capsule (generic for Axid®)
	Pepcid® Tablet
PANCREATIC ENZYMES	
Preferred	Non-Preferred
Creon® Capsule	Pertzye® Capsule
Zenpep® Capsule	VioKase® Tablet
PROGESTINS USED FOR CACHEXIA	
Preferred	Non-Preferred
megestrol suspension / tablet (generic for Megace®)	megestrol ES suspension (generic for Megace® ES)
PROTON PUMP INHIBITORS	
Preferred	Non-Preferred
Dexilant® Capsule	T/F of preferred agents not required for children < 12 years of age
esomeprazole magnesium capsule (generic for Nexium® Rx)	Aciphex® Tablet
lansoprazole capsule (generic for Prevacid® Rx)	dexlansoprazole capsules (generic for Dexilant®)
Nexium® Rx Packet	esomeprazole magnesium OTC capsule / tablet (generic for Nexium® OTC)
omeprazole Rx capsule (generic for Prilosec® Rx)	esomeprazole magnesium packet (generic for Nexium® Rx Packet)
pantoprazole tablet (generic for Protonix®)	Konvomep™ Suspension
Protonix® Suspension	lansoprazole capsule (generic for Prevacid® OTC)
	lansoprazole ODT (generic for Prevacid® SoluTab™)
	Nexium® Rx Capsule
	omeprazole-sodium bicarbonate capsule / packet (generic for Zegerid® Rx / OTC)
	omeprazole OTC capsule / ODT / tablet (generic for Prilosec® OTC)
	pantoprazole suspension (generic for Protonix®)
	Prevacid® Rx / OTC Capsule / Solutab
	Prilosec® Rx Suspension
	Protonix® Tablet
	rabeprazole tablet (generic for Aciphex®)
	Zegerid® Rx / Capsule / Packet
SELECTIVE CONSTIPATION AGENTS	
Preferred	Non-Preferred
Amitiza® Capsule	alosetron tablet (generic for Lotronex®)
Linzess® Capsule	Ibsrela® Tablet
lubiprostone capsule (generic for Amitiza®)	Lotronex® Tablet
	Motegrity™ Tablet
	Movantik® Tablet
	Relistor® Syringe / Vial / Tablet - Clinical criteria apply
	Symproic® Tablet
	Trulance® Tablet
	Viberzi® Tablet - T/F of preferred agents not required for Irritable Bowel Syndrome with Diarrhea (IBS-D)
ULCERATIVE COLITIS	
Oral	
Preferred	Non-Preferred
Apriso® Capsule	Asacol® HD Tablet
balsalazide capsule (generic for Colazal®)	Azulfidine® Entab / Tablet
mesalamine DR tablet (generic for Lialda®)	budesonide ER tablet (generic for Uceris®)
Pentasa® Capsule	Colazal® Capsule
sulfasalazine IR / DR tablet (generic for Azulfidine® / Entab)	Delzicol® Capsule
	Dipentum® Capsule
	Lialda® Tablet
	mesalamine DR capsule / tablet (generic for Delzicol®, Asacol® HD, Lialda®)
	mesalamine ER capsule (generic for Apriso®, Pentasa®)
	Uceris® Tablet
ULCERATIVE COLITIS	
Rectal	
T/F of only one preferred drug required	
Preferred	Non-Preferred
mesalamine enema (generic for Rowasa®)	budesonide rectal foam
mesalamine suppository (generic for Canasa®)	Canasa® Suppository
	mesalamine kit (generic for Rowasa®)
	Rowasa® Kit
	SF Rowasa® Enema
	Uceris® Rectal Foam
GENITOURINARY / RENAL	
ELECTROLYTE DEPLETERS (KIDNEY DISEASE)	
Preferred	Non-Preferred
calcium acetate capsule (generic for PhosLo®)	Auryxia® Tablet
calcium acetate tablet (generic for Eliphos®)	Fosrenol® Chewable Tablet / Powder Pack
sevelamer carbonate powder pack / tablet (generic for Renvela®)	lanthanum carbonate chewable tablet (generic for Fosrenol®)
	MagneBind® 400 Rx Tablet
	Renvela® Powder Pack / Tablet
	sevelamer hydrochloride tablet (generic for Renagel®)
	Velphoro® Chewable
	Xphozah® Tablet

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

Effective Date July 1, 2025

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

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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BENIGN PROSTATIC HYPERPLASIA TREATMENTS	
Preferred	Non-Preferred
alfuzosin ER tablet (generic for Uroxatral [®])	Avodart [®] Softgel
doxazosin tablet (generic for Cardura [®])	Cardura [®] Tablet / XL Tablet
dutasteride capsule (generic Avodart [®])	Cialis [®] Tablet 5 mg - Clinical criteria apply
finasteride tablet (generic for Proscar [®])	dutasteride / tamsulosin capsule (generic for Jalyn [®])
tamsulosin capsule (generic for Flomax [®])	Entadri [®] Capsule
terazosin capsule (generic for Hytrin [®])	Flomax [®] Capsule
	Proscar [®] Tablet
	Rapaflo [®] Capsule
	silodosin capsule (generic for Rapaflo [®])
	tadalafil tablet (2.5 mg / 5 mg) (generic for Cialis [®]) - Clinical criteria apply
URINARY ANTISPASMODICS	
Preferred	Non-Preferred
fesoterodine ER tablet (generic for Toviaz [®])	darifenacin ER tablet (generic for Enablex [®])
oxybutynin solution / syrup / tablet / ER tablet (generic for Ditropan [®] / XL)	Detrol [®] Tablet / LA Capsule
solifenacin tablet (generic for Vesicare [®])	flavoxate tablet (generic for Urispas [®])
tolterodine tablet / ER capsule (generic for Detrol [®] / LA)	Gemtesa [®] Tablet - T/F of preferred agents not required for diagnosis of dementia or mild cognitive impairment and for patients age ≥65 years
	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 / ER Tablet - T/F of preferred agents not required for diagnosis of dementia or mild cognitive impairment and for patients age ≥65 years
	oxybutynin tablet (2.5 mg)
	Oxytrol [®] Patch
	Toviaz [®] Tablet
	trospium tablet / ER capsule (generic for Sanctura [®] / XR)
	Vesicare [®] LS Suspension / Tablet
GOUT	
Preferred	Non-Preferred
allopurinol tablet (generic for Zyloprim [®])	allopurinol tablet (200 mg)
colchicine tablet (generic for Colcrys [®])	colchicine capsule (generic for Mitigare [®])
probenecid tablet (generic for Benemid [®])	Colcrys [®] Tablet
probenecid-colchicine tablet (generic for Col-Benemid [®])	febuxostat tablet (generic for Uloric [®] Tablet)
	Gloperba [®] Solution
	Krystexxa [®] Vial
	Mitigare [®] (branded colchicine 0.6mg) Capsules
	Uloric [®] Tablet
	Zyloprim [®] Tablet
HEMATOLOGIC	
ANTICOAGULANTS	
Injectable	
Preferred	Non-Preferred
enoxaparin syringe / vial (generic for Lovenox [®])	Arixtra [®] Syringe
Fragmin [®] Syringe / Vial	fondaparinux syringe (generic for Arixtra [®])
	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	Savaysa [®] Tablet
warfarin tablet (generic for Coumadin [®])	Xarelto [®] Suspension
Xarelto [®] Starter Pack / Tablet	
COLONY STIMULATING FACTORS	
Preferred	Non-Preferred
Fulphila [®] Syringe	Fylnetra [®] Syringe
Neupogen [®] Vial / Syringe	Granix [®] Safe Syringe / Syringe / Vial
Udenyca [®] Autoinjector / Syringe	Leukine [®] Vial
	Neulasta [®] Syringe / Kit
	Nivestym [™] Syringe / Vial
	Nyvepria [™] Syringe
	Releuko [®] Syringe / Vial
	Rolveodon [™] Syringe
	Stimufend [®] Syringe
	Udenyca [®] On-Body
	Zarzio [®] Syringe
	Ziextenzo [®] Syringe
HEMATOPOIETIC AGENTS	
Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred
Aranesp [®] Syringe / Vial	Jesduvroq [™] Tablet
Epogen [®] Vial	Mircera [®] Syringe
Retacrit [®] Vial	Procrit [®] Vial
	Reblozyl [®] Vial
	Vaifeo [®] (vadudastat) Tablet

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

Effective Date July 1, 2025

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

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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THROMBOPOIESIS STIMULATING AGENTS	
Preferred	Non-Preferred
Nplate® Vial	Alvaiz™ Tablet
Promacta® Suspension / Tablet	Doptlet
	Mulpleta
	Tavalisse™ Tablet
OPHTHALMIC	
ALLERGIC CONJUNCTIVITIS AGENTS	
Preferred	Non-Preferred
cromolyn sodium drops (generic for Cromol®)	Alomide® Drops
olopatadine drops (generic for Pataday®, Patanol®)	Alex® Drops
olopatadine drops (generic for Pataday®, Patanol®) (OTC)	azelastine drops (generic for Optivar®)
	bepotastine drops (generic for Beprevé®)
	Beprevé® Drops
	epinastine drops (generic for Elestat™)
	loteprednol drops (generic for Alex®)
	Zerviate™ Drops
ANTIBIOTICS	
Preferred	Non-Preferred
bacitracin-polymyxin ointment (generic for Polysporin®)	Azasisite® Drops
ciprofloxacin solution drops (generic for Ciloxan®)	bacitracin ointment (generic for AK-Tracin™)
erythromycin ointment (generic for Ilotycin®)	Besivance® Suspension
gentamicin drops (generic for Garamycin®)	Ciloxan® Ointment
moxifloxacin ophthalmic solution (generic for Vigamox®)	gatifloxacin drops (generic for Zymaxid®)
ofloxacin drops (generic for Ocuflox®)	moxifloxacin ophthalmic solution (generic for Moxeza®)
Polycin® Ointment (branded generic for Polysporin®)	Natacyn® Drops
polymyxin-trimethoprim drops (generic for Polytrim®)	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 Tobrex®)	Neo-Polycin® Ointment (branded generic for Neosporin® Ophthalmic Ointment)
	Ocuflox® Drops
	sulfacetamide ointment (generic for Cetamide®)
	Tobrex® Ointment
	Vigamox® Drops
ANTIBIOTICS-STEROID COMBINATIONS	
Preferred	Non-Preferred
neomycin-polymyxin-dexamethasone drops / ointment (generic for Maxitrol®)	Maxitrol® Drops / Ointment
Tobradex® Drops / Ointment	Neo-Polycin® HC (branded generic for Cortisporin®)
tobramycin-dexamethasone suspension (generic for Tobradex®)	neomycin-bacitracin-polymyxin-HC ointment (generic for Cortisporin®)
	neomycin-polymyxin-HC drops (generic for Ocucrin®)
	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 Prolensa®, Xibrom®, BromSite®)
Flarex® Drops	BromSite® Solution
fluorometholone drops (generic for FML®)	Dextenza® Insert
flurbiprofen drops (generic for Ocufen®)	Durezol® Drops
ketorolac solution (generic for Acular® / LS)	FML® Forte Drops / Liquifilm® Drops
Lotemax® Drops	Illevro® Drops
Nevanac® Droptainer	Iluvien® Implant
Pred Mild® Drops	Inveltys™ Drops
prednisolone acetate drops (generic for Pred Forte®)	Lotemax® Gel / SM Gel / Ointment
	loteprednol drops / gel (generic for Lotemax®)
	Maxidex® Drops
	Ozurdex® Implant
	Pred Forte® Drops
	prednisolone sodium phosphate drops (generic for Inflammase Forte®)
	Prolensa® Drops
	Retisert® Implant
	Triescence® Vial
	Xipere™ (Intraocular)
	Yutiq® Implant
ANTI-INFLAMMATORY / IMMUNOMODULATOR	
Preferred	Non-Preferred
Restasis® Drops / Restasis® Multidose™ Drops	Cequa™ Drops
Xiidra® Drops	cyclosporine emulsion (generic for Restasis®)
	Eysuvis® Drops
	Miebo™ Drops
	Tyrvava® Nasal Spray
	Verkazia® Eye Emulsion - T/F of preferred agents not required for diagnosis of vernal keratoconjunctivitis (VKC)
	Vevye® Drops

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

Effective Date July 1, 2025

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

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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ALPHA 2 ADRENERGIC AGENTS		
Preferred		Non-Preferred
Alphagan® P Drops		apraclonidine drops (generic for Iopidine®)
brimonidine drops (generic for Alphagan®)		brimonidine P drops (generic for Alphagan® P)
		Iopidine® Drops
BETA BLOCKER AGENTS / COMBINATIONS		
Preferred		Non-Preferred
Combigan® Drops		betaxolol drops (generic for Betoptic®)
timolol drops / GFS gel-solution (generic for Timoptic® / Timoptic XE®)		Betimol® Drops
		Betoptic® S Drops
		brimonidine tartrate / timolol drops (generic for Combigan®)
		carteolol drops (generic for Ocupress®)
		Istalol® Drops
		levobunolol drops (generic for Betagan®)
		timolol hemihydrate (generic for Betimol® drops)
		timolol drop (generic for Istalol® Drops)
		timolol maleate drop (generic for Timoptic® Ocudose® Drops)
		Timoptic® Drops / Ocudose® Drops / XE® Solution
CARBONIC ANHYDRASE INHIBITORS / COMBINATIONS		
Preferred		Non-Preferred
dorzolamide drops (generic for Trusopt®)		Azopt® Drops
dorzolamide-timolol drops (generic for Cosopt®)		brinzolamide drops (generic for Azopt® Drops)
Simbrinza® Drops		Cosopt® Drops / PF Drops
		dorzolamide-timolol PF drops (generic for Cosopt® PF)
PROSTAGLANDIN AGONISTS		
Preferred		Non-Preferred
Iatanoprost drops (generic for Xalatan®)		bimatoprost drops (generic for Lumigan® Drops)
Travatan® Z Drops		Durysta® Implant
		iDose® TR Implant
		Iyuzeh™ Drops
		Lumigan® Drops
		tafluprost drops (generic for Zioptan®)
		travoprost drops (generic for Travatan® Z)
		Vyzulta® Drops
		Xalatan® Drops
		Xelpros® Drops
		Zioptan® Drops
RHO KINASE MODIFIERS / COMBINATIONS		
Preferred		Non-Preferred
Rhopressa® Drops		
Rocklatan® Drops		
OSTEOPOROSIS		
BONE RESORPTION SUPPRESSION AND RELATED AGENTS		
Preferred		Non-Preferred
alendronate tablet (generic for Fosamax®)		Actonel® Tablet
raloxifene tablet (generic for Evista®)		alendronate solution (generic for Fosamax® Solution)
		Atelvia® Tablet
		Binosto® Effervescent Tablet
		calcitonin salmon nasal spray (generic for Miacalcin®)
		Evenity™ Syringe
		Evista® Tablet
		Forteo® Pen
		Fosamax® Tablet / Plus D Tablet
		ibandronate tablet (generic for Boniva®)
		Prolia® Syringe
		risedronate tablet (generic for Actonel®)
		risedronate DR tablet (generic for Atelvia®)
		teriparatide pen (generic for Forteo®)
		Tymlos® Pen
OTIC		
ANTIBIOTICS		
Preferred		Non-Preferred
ciprofloxacin-dexamethasone suspension (generic for Ciprodex®)		Cipro® HC Suspension
neomycin-polymyxin-hydrocortisone solution / suspension (generic for Cortisporin®)		ciprofloxacin solution (generic for Cetraxal®)
ofloxacin drops (generic for Floxin®)		ciprofloxacin-fluocinolone drops (generic for Otovel®)
		Cortisporin-TC® Suspension
		Otovel® Drops
ANTI-INFECTIVES AND ANESTHETICS		
Preferred		Non-Preferred
acetic acid solution (generic for Vosol®)		acetic acid-hydrocortisone solution (generic for Vosol® HC)
ANTI-INFLAMMATORY		
Preferred		Non-Preferred
Dermotic® Oil		Flac® Otic Oil
		fluocinolone 0.01% oil (generic for Dermotic®)

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

Effective Date July 1, 2025

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

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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RESPIRATORY	
BETA-ADRENERGIC HANDHELD, LONG ACTING	
Preferred	Non-Preferred
Serevent® Diskus®	Striverdi® Respimat® Inhalation Spray
BETA-ADRENERGIC HANDHELD, SHORT ACTING	
Preferred	Non-Preferred
Ventolin® HFA Inhaler	albuterol HFA inhaler (generic for Proair® HFA Inhaler / Proventil® HFA Inhaler / Ventolin® HFA Inhaler)
Xopenex® HFA Inhaler	levalbuterol HFA inhaler (generic for Xopenex® HFA Inhaler)
	Proair® Digihaler™
	Proair® RespiClick®
BETA-ADRENERGIC, NEBULIZERS	
T/F of only one preferred drug required	
Preferred	Non-Preferred
albuterol 0.63mg / 3ml solution (generic for Accuneb®)	arformoterol solution (generic for Brovana®)
albuterol 1.25mg / 3ml solution (generic for Accuneb®)	Brovana® Solution
albuterol sulfate 2.5mg / 0.5ml solution	formoterol solution (generic for Perforomist®)
albuterol sulfate 2.5mg / 3ml solution	levalbuterol solution / concentrate solution (generic for Xopenex® / Concentrate)
	Perforomist® Solution
BETA-ADRENERGIC, ORAL	
Preferred	Non-Preferred
albuterol tablets (generic for Proventil® Repetabs)	albuterol ER tablets (generic for VoSpire® ER)
albuterol syrup (generic for Ventolin® Syrup)	
terbutaline tablet (generic for Brethine®)	
ORALLY INHALED ANTICHOLINERGICS / COPD AGENTS	
Preferred	Non-Preferred
Anoro® Ellipta® Inhaler	Bevespi® Aerosphere®
Atrivent® 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®)	Tudorza® Pressair® Inhaler
ipratropium / albuterol solution (generic for Duoneb®)	Yupelri™ Solution
roflumilast tablet (generic for Daliresp®)	Ohtuvayre™ Inhalation suspension
Spiriva® Handihaler® / Respimat® Inhalation Spray	
Stiolto® Respimat® Inhalation Spray	
INHALED CORTICOSTEROIDS	
Preferred	Non-Preferred
Alvesco® Inhaler	ArmonAir™ Digihaler™
Amuity® Ellipta® Inhaler	fluticasone propionate diskus (generic for Flovent® Diskus)
Asmanex® HFA Inhaler / Twisthaler®	Pulmicort® Flexhaler
budesonide suspension 0.25mg, 0.5mg, 1mg (generic for Pulmicort® Respules)	Pulmicort® Respules 0.25mg, 0.5mg, 1mg
Flovent® Diskus / HFA Inhaler	
fluticasone propionate HFA / diskus (generic for Flovent® HFA / Diskus)	
QVAR® RediHaler™	
INHALED CORTICOSTEROID COMBINATIONS	
Preferred	Non-Preferred
Advair® Diskus®	AirDuo® Digihaler™ / RespiClick®
Advair® HFA Inhaler	AirSupra® Inhaler
Dulera® Inhaler	Breo® Ellipta®
Symbicort® Inhaler	Breyna™ Inhaler
	Breztri™ Aerosphere™
	budesonide / formoterol inhalation (generic for Symbicort®)
	fluticasone / salmeterol HFA inhaler (generic for Advair® HFA)
	fluticasone / salmeterol inhalation (generic for Advair® Diskus®)
	fluticasone / salmeterol inhalation (generic for AirDuo®)
	fluticasone / vilanterol inhalation (generic for Breo® Ellipta®)
	Trelegy® Ellipta®
	Wixela™ Inhub™
INTRANASAL RHINITIS AGENTS	
Preferred	Non-Preferred
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 Astepro®)
fluticasone spray (generic for Flonase®)	azelastine-fluticasone nasal spray (generic for Dymista®)
ipratropium spray (generic for Atrovent® Nasal)	Beconase® AQ Nasal Spray
olopatadine nasal spray (generic for Patanase®)	flunisolide nasal spray (generic for Nasalide®)
	mometasone nasal spray (generic for Nasonex®)
	Onmaris® Nasal Spray
	Patanase® Nasal Spray
	QNasal® Nasal Spray / Children's Spray
	Ryaltris® Nasal Spray
	Sinuva™ Implant
	Xhance™ Nasal Spray
	Zetonna® Nasal Spray

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

Effective Date July 1, 2025

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

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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LEUKOTRIENE MODIFIERS	
Preferred	Non-Preferred
montelukast chewable / tablet (generic for Singulair®)	Accolate® Tablet
	montelukast granules (generic for Singulair®)
	Singulair® Chewable / Granules / Tablet
	zafirlukast tablet (generic for Accolate®)
	zileuton tablet (generic for Zylflo®)
	Zyflo® Filmtab
LOW SEDATING ANTIHISTAMINES	
Preferred	Non-Preferred
cetirizine OTC syrup 1mg/1ml (generic for Zyrtec® OTC Syrup)	cetirizine chewable tablet OTC (generic for Zyrtec® OTC Tablet)
cetirizine Rx syrup (generic for Zyrtec® Syrup)	cetirizine OTC syrup 5mg/5ml (generic for Zyrtec® OTC Syrup)
cetirizine tablets OTC (generic for Zyrtec® OTC Tablet)	cetirizine OTC softgel
levocetirizine OTC tablet (generic for Xyzal® OTC Tablet)	Clarinex® Tablet - T/F of preferred agents not required for children < 2 years of age
levocetirizine Rx tablet (generic for Xyzal® Rx Tablet)	desloratadine ODT / Tablet (generic for Clarinex®) - T/F of preferred agents not required for children < 2 years of age
loratadine tablet OTC (generic for Claritin® OTC)	fxefenadine 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)
	Clarinex-D® Tablet
	fxefenadine-D 12 Hour OTC Tablet (generic for Allegra-D® 12 Hour OTC)
	fxefenadine-pseudoephedrine ER 24 hour tablet (generic for Allegra-D® 24 hour)
FIRST GENERATION ANTIHISTAMINES	
Preferred	Non-Preferred
carbinoxamine solution	carbinoxamine tablet
cycloproctadine syrup / tablet	clemastine tablet
hydroxyzine capsule / solution / tablet	Karbinal™ ER Suspension - T/F of immediate release carbinoxamine solution and cetirizine syrup required for coverage
	RyClora® Solution
	RyVent™ Tablet
	Vistaril® Capsule
TOPICALS	
ACNE AGENTS	
Preferred	Non-Preferred
adapalene / benzoyl peroxide (generic for Epiduo® Forte)	Acanya® Gel Pump
adapalene / benzoyl peroxide (generic for Epiduo® Gel)	adapalene gel pump (generic for Differin®)
adapalene cream / gel (generic for Differin®)	Aklief®
azelaic acid gel (generic for Finacea®)	Altreno® Lotion (Topical)
clindamycin phosphate gel / lotion (generic for Cleocin-T®, Clindagel®)	Arazzo™ Lotion
clindamycin phosphate pledgets / solution (generic for Cleocin-T®)	Atralin® Gel
erythromycin gel (generic for Emcin®, Erycette®, EryGel®, et. al.)	Avar® Cleanser / LS Cleanser
erythromycin solution (generic for Emcin®, EryDerm®, EryMax®, et. al)	Avar-E® Emollient Cream / Green Emollient Cream / LS Cream
erythromycin-benzoyl peroxide gel (generic for Benzamycin®)	Benzamycin® Gel
Finacea® Gel	BP® 10-1 Wash / Cleansing Wash
Retin-A® Cream / Gel	Cabtree® Gel
Retin-A® Micro Gel	Cleocin® T Lotion
Epiduo® gel pump	Clindacin® ETZ Pledget / Kit / P Foam / P Pledgets / PAC Kit
Differin® lotion/cream	Clindagel® Gel
Differin® gel pump	clindamycin / tretinoin (generic for Veltin®)
	clindamycin phosphate foam (generic for Evoclin®)
	clindamycin-benzoyl peroxide gel (generic for Neutac®)
	clindamycin-benzoyl peroxide gel / pump (generic for Benzaclyn®)
	clindamycin-benzoyl peroxide pump (generic for Acanya®)
	clindamycin-benzoyl peroxide pump (generic for Onexton®)
	dapsone gel / gel pump (generic for Aczone® Gel)
	Ery® Pads
	Erygel® Gel
	Evoclin® Foam
	Fabior® Foam
	Finacea® Foam
	Klaron® Lotion
	Neutac® Gel / Kit
	Onexton® Gel / Gel Pump
	Ovace® Plus Cleansing Cream / Gel / Lotion / Shampoo / Wash
	Retin-A® Micro Pump Gel
	Rosasil Cleanser lotion
	Rosula® Cloths / Wash
	sodium sulfacetamide cleanser / cream (generic for Avar® / LS)
	sodium sulfacetamide lotion (generic for Klaron®)
	sodium sulfacetamide shampoo, wash (generic for Ovace® / Plus)
	sodium sulfacetamide-sulfur lotion / suspension (generic for Novacet®, Plexion®, Zetacet®)
	sodium sulfacetamide-sulfur pad / suspension / wash (generic for Sumaxin®)
	SSS® 10-5 Cream / Foam
	sulfacetamide-sulfur 9.4% cleanser (generic for Zencia™)
	sulfacetamide-sulfur cream (generic for Avar® E, SSS® 10-5)
	Sumadan® Kit / XLT Kit / Wash
	Sumaxin® Cleansing Pads / CP Kit / TS Topical Suspension / Wash
	tazarotene cream / foam / gel (generic for Tazorac®, Fabior®)

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

Effective Date July 1, 2025

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

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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	tretinoin cream / gel (generic for Retin-A®)
	tretinoin microsphere gel / microsphere gel pump (generic for Retin-A® Micro)
	Twynéo® Cream
	Winlevi® Cream
	Ziana® Gel
	Zma Clear™ Cleanser
ANDROGENIC AGENTS	
Preferred	Non-Preferred
AndroGel® Pump	AndroGel® Packet
testosterone gel pump (generic for AndroGel®)	Natesto® Nasal Gel
	Testim® Gel
	rer
	testosterone gel pump (generic for Fortesta®, Axiron®)
	testosterone packet (generic for AndroGel®)
	Vogelxo® Gel / Packet / Pump
NSAIDS	
Preferred	Non-Preferred
diclofenac topical gel (generic for Voltaren® Gel)	diclofenac epolamine patch (generic for Flector®)
	diclofenac solution / pump (generic for Pennsaid®)
	Pennsaid® Solution Packet / Pump
ANTIBIOTICS	
Preferred	Non-Preferred
gentamicin cream / ointment (generic for Garamycin®)	Centany® AT Ointment Kit / Ointment
mupirocin ointment (generic for Bactroban®)	mupirocin cream (generic for Bactroban®)
	Xepi® Cream
ANTIBIOTICS - VAGINAL	
Preferred	Non-Preferred
Cleocin® Vaginal Ovules	Cleocin® Vaginal Cream
Clindesse® Vaginal Cream	clindamycin vaginal cream (generic for Cleocin® Vaginal Cream)
metronidazole vaginal gel (generic for Metrogel® Vaginal Gel)	metronidazole vaginal gel (generic for Nuvessa® Vaginal Gel)
Nuvessa® Vaginal Gel	Vandazole® Vaginal Gel
	Xaciat® Vaginal Gel
ANTIFUNGALS	
Preferred	Non-Preferred
ciclopirox cream / solution (generic for Loprox®, Penlac®)	Bensal HP® Ointment
clotrimazole Rx cream (generic for Lotrimin® Rx)	Cicloclan® Cream / Cream Kit / Kit / Solution
clotrimazole-betamethasone cream (generic for Lotrisone®)	ciclopirox gel / shampoo / suspension (generic for Loprox®)
ketoconazole cream / shampoo (generic for Nizoral®)	ciclopirox treatment kit (generic for Cicloclan®)
Klayesta® Powder (branded generic for Nystop®)	clotrimazole Rx solution (generic for Lotrimin® Rx)
Nyamy® Powder (branded generic for Nystop®)	clotrimazole-betamethasone lotion (generic for Lotrisone®)
nystatin cream / ointment / powder (generic for Mycostatin®, Nystop®)	econazole cream (generic for Spectazole®)
Nystop® Powder	Ertaczo® Cream
	Extina® Foam
	Jublia® Topical Solution
	ketoconazole foam (generic for Extina®)
	Ketodan® Foam / Foam Kit
	Loprox® Suspension / Cream / Kit
	luliconazole cream (generic for Luzu®)
	Luzu® Cream
	miconazole / zinc oxide / petrolatum ointment (generic for Vusion®) - Clinical criteria apply
	naftifine cream / gel (generic for Naftin®)
	Naftin® Gel
	nystatin-triamcinolone cream / ointment (generic for Mycolog II®)
	oxiconazole cream (generic for Oxistat®)
	Oxistat® Lotion
	salicylic acid ointment (generic for Bensal HP®)
	tavaborole topical solution (generic for Kerydin®)
	Vusion® Ointment - Clinical criteria apply
ANTI PARASITICS	
T/F of only one preferred drug required	
Preferred	Non-Preferred
Natroba® Topical Suspension	Crotan™ Lotion
permethrin cream (generic for Elimite®)	Elimite™ Cream
	Eurax® Cream / Lotion
	lindane shampoo
	malathion lotion (generic for Ovide®)
	Ovide® Lotion
	Sklice® Lotion
	spinosad topical suspension (generic for Natroba®)

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

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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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ANTIVIRAL	
Preferred	Non-Preferred
acyclovir ointment (generic for Zovirax®)	acyclovir cream (generic for Zovirax®)
Zovirax® Cream	Denavir® Cream
	penciclovir cream (generic for Denavir®)
	Xerese® Cream
	Zovirax® Ointment
Imidazoquinolinamines	
Preferred	Non-Preferred
imiquimod cream packet (generic for Aldara®)	Condylox® Gel
	Hyftor™ Gel
	imiquimod cream / cream pump (generic for Zyclara®)
	podofilox gel / solution (generic for Condylox®)
	Veregen® Ointment
	Zyclara® Cream / Cream Pump
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®)
	Duobrii™ Lotion
	Enstilar® Foam
	Sorilux® Foam
	Taclonex® Ointment / Suspension
	Vectical Ointment
	Vtama® Cream
	Zoryve® 0.3% Cream
ROSACEA AGENTS	
Preferred	Non-Preferred
azelaic acid gel (generic for Finacea®)	brimonidine gel pump (generic for Mirvaso®)
Finacea® Gel	Epsolay® (benzoyl peroxide)
MetroCream®	Finacea® Foam
MetroGel®	ivermectin cream (generic for Soalantra®)
metronidazole cream (generic for MetroCream®)	metronidazole lotion (generic for MetroLotion®)
metronidazole gel / pump (generic for MetroGel®)	Mirvaso® (brimonidine)
Rosadan® Cream / Gel	Noritate® Cream
	Rhofade® Cream
	Rosadan® Kit
STEROIDS	
Low Potency	
Preferred	Non-Preferred
desonide cream / ointment (generic for DesOwen®)	alclometasone dipropionate cream / ointment (generic for Aclovate®)
fluocinolone body / scalp oil (generic for DermaSmoothe® FS Scalp / Body Oil)	Capex®
hydrocortisone cream / lotion / ointment (generic for Hytone®)	DermaSmoothe® FS Scalp and Body Oil
	desonide lotion (generic for DesOwen® Lotion)
	Hydrocortisone Solution
	Hydroxyn™ Gel
	Texacort® Solution
Medium Potency	
Preferred	Non-Preferred
fluticasone cream / ointment (generic for Cutivate®)	Beser™ Lotion / Kit
mometasone cream / ointment / solution (generic for Elocon®)	clocortolone cream (generic for Cloderm®)
	Cloderm® Cream / Pump
	fluocinolone cream / ointment / solution (generic for Synalar®)
	flurandernolide Lotion / Ointment
	fluticasone lotion (generic for Cutivate® Lotion)
	hydrocortisone butyrate cream / lipid cream / lotion / ointment / solution (generic for Locoid®)
	hydrocortisone valerate cream / ointment (generic for Westcort®)
	Locoid® Lipocream / Lotion
	Pandel® Cream
	prednicarbate cream / ointment (generic for Dermatop®)
	Synalar® Cream / Ointment / Kit / Solution / TS Kit
High Potency	
Preferred	Non-Preferred
betamethasone valerate cream / ointment (generic for Valisone®)	amcinonide cream (generic for Cyclocort®)
fluocinonide cream / gel / ointment / solution (generic for Lidex®)	betamethasone dipropionate augmented cream / gel / lotion / ointment (generic for Diprolene®)
triamcinolone acetonide cream / lotion / ointment (generic for Kenalog®)	betamethasone dipropionate cream / lotion / ointment (generic for Diprosone®)
	betamethasone valerate foam / lotion (generic for Valisone®)
	desoximetasone cream / gel / ointment / spray (generic for Topicort®)
	diflorasone cream / ointment (generic for Florone®)
	Diprolene® Ointment
	fluocinonide emollient cream (generic for Lidex® E)
	halcinonide cream (generic for Halog®)
	halcinonide solution (generic for Halog®)
	Halog® Cream / Ointment / Solution
	Kenalog® Spray
	Topicort® Cream / Gel / Ointment / Spray
	triamcinolone spray (generic for Kenalog®)

Effective Date July 1, 2025

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

Effective Date July 1, 2025

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

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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ESTROGEN AGENTS, ORAL / TRANSDERMAL	
Preferred	Non-Preferred
Climara® Pro Patch	Climara® Patch
CombiPatch® Patch	Divigel® Gel Packet
estradiol patch (generic for Climara®, Menostar®, Vivelle-Dox®)	Dotti™ Patch
estradiol tablet (generic for Estrace®)	Duavee® Tablet
Evamist® Spray	Elestrin® Gel
Menest® Tablet	Estrace® Tablet
Premarin® Tablet	Estradiol Gel Pump
	estradiol gel packet (generic for Divigel®)
	Lyllana™ Patch
	Menostar® Patch
	Minivelle® Patch
	Osphena™ Tablet
	Veozah™ Tablet
	Vivelle-Dot® Patch
ESTROGEN AGENTS, VAGINAL PREPARATIONS	
Preferred	Non-Preferred
Estring® Vaginal Ring	Estrace® Cream
Premarin® Vaginal Cream	estradiol vaginal cream / tablet (generic for Estrace®)
Vagifem® Vaginal Tablet	Femring® Vaginal Ring
	Imvexxy® Vaginal Inserts
	Yuvafem® Vaginal Tablet
GLUCOCORTICOID STEROIDS, ORAL	
Preferred	Non-Preferred
budesonide EC capsule (generic for Entocort® EC)	Alkindi® Sprinkle Capsule
dexamethasone elixir / tablet (generic for Decadron®)	Cortef® Tablet
dexamethasone solution (generic for Concedix®)	cortisone tablet (generic for Patison®)
Emflaza® Tablet - Clinical criteria apply	deflazacort tablet (generic for Emflaza®) - Clinical criteria apply
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®)	dexamethasone tablet dosepack / Intensol® Drops
prednisolone sodium phosphate solution (generic for PediaPred®, OraPred®, Veripred®)	Emflaza® Suspension - Clinical criteria apply. T/F of preferred agents not required for children < 12 years of age.
prednisolone solution (generic for Prelone®, Millipred®)	Eohilia® Suspension - T/F of preferred agents not required for diagnosis of eosinophilic esophagitis
prednisone dose pack (generic for Sterapred®)	Hemady™ Tablet
prednisone solution / tablet (generic for Deltasone®)	Medrol® Dose Pack / Tablet
	methylprednisolone 8mg / 16mg / 32mg tablet (generic for Medrol®)
	Millipred® Dose Pack / Tablet
	prednisolone ODT (generic for Orapred® ODT)
	prednisolone tablet
	Prednisone Intensol® Concentrated Solution
	Rayos® Tablet
	Taperdex® Tablet
	Tarpeyo™ Capsule - T/F of preferred agents not required for diagnosis of IgA nephropathy

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

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CYTOKINE AND CAM ANTAGONISTS

Clinical criteria apply to all drugs in this class

T/F of only one Preferred drug required

Preferred

Non-Preferred

adalimumab-adaz Pen / Syringe	Abrilada™ Pen / Syringe
adalimumab-ikjp Pen / Syringe	Actemra® ACTPen™ / Syringe / Vial
Cosentyx® Sensoready® Pen / UnoReady® Pen / Syringe	adalimumab-aacF Pen
Enbrel® Mini Cartridge / Sureclick® Syringe / Syringe / Vial	adalimumab-aaty Autoinjector / Syringe
Hadlima™ Syringe / PushTouch	adalimumab-adbm Pen / Psoriasis-UV Pen / Crohn's Pen / Syringe
Humira® Crohn's Starter Pack / Ped. Crohn's Starter Pack / Pen / Psoriasis Starter Pack / Syringe	adalimumab-ryyk Autoinjector / Syringe
infliximab vial (generic for Remicade®)	Amjevita™ Syringe / Autoinjector
Otezla® Starter Pack / Tablet	Arcalyst® SQ Syringe
	Avsola® Vial
	Bimzelx® Autoinjector / Syringe
	Cibingo™ Tablet
	Cimzia® Starter Kit / Syringe Kit / Vial Kit
	Cosentyx® Vial
	Cyltezo™ (adalimumab-adbm) Psoriasis-UV Pen
	Cyltezo™ Syringe / Crohn's-UC-HS Pen / Psoriasis Pen / Pen
	Enspryn® Syringe
	Entyvio® Pen / Vial
	Hulio™ Pen / Syringe
	Hyrimoz® Pen / Crohn's-UC Pen / Ped. Crohn's Pen / Syringe / Psoriasis Pen
	Idacio® Pen / Psoriasis Pen / Crohn's-UC Pen / Syringe
	Ilaris® Vial
	Ilumya® Syringe
	Inflixtra™ Vial
	Kevzara® Syringe / Pen
	Kineret® Syringe - T/F of preferred agents not required for diagnosis of Neonatal Onset Multi-System Inflammatory Disease
	Olumiant® Tablet
	Omnoh™ (mirikizumab-mrkz) Syringe
	Omnoh™ Pen / Vial
	Orencia® Clickjet® / Syringe / Vial
	Remicade® Vial
	Renflexis™ Vial
	Rinvoq® (upadacitinib) LQ Solution
	Rinvoq® ER Tablet
	Siliq® Syringe
	Simlandi® Autoinjector/kit
	Simponi® Pen / Syringe / Aria® Vial
	Skyrizi® On-Body / Vial / Pen / Syringe
	Sotyktu® Tablet
	Spevigo® Vial / Syringe
	Stelara® Syringe / Vial
	Taltz® Auto-injector / Syringe
	Tofidence™ (tocilizumab-bavy) Vial
	Tremfya® Syringe / Injector/ Vial
	Tyenne® (tocilizumab-aazg) Autoinjector / Syringe
	Tyenne® Vial
	Uplizna® Vial
	Velsipity® Tablet
	Xeljanz® Tablet / Solution / XR Tablet
	Yuflyma® Syringe / Autoinjector / Crohn's-UC-HS Autoinjector
	Yusimry™ Pen
	Zymfentra™ Pen / Syringe

IMMUNOSUPPRESSANTS

Preferred

Non-Preferred

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

MOVEMENT DISORDERS

Clinical criteria apply to all drugs in this class

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Preferred	Non-Preferred
Austedo® Tablet	Ingrezza® (valbenazine) Sprinkle Capsules
Austedo® XR Tablet / Titration Kit	Xenazine® Tablet
Ingrezza® Capsule / Initiation Pack	
tetrabenazine tablet	
HEREDITARY ANGIOEDEMA (HAE) PROPHYLAXIS AGENTS	
Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred
Haegarda® Vial	Cinryze® Vial
Orladeyo® Capsule	Takhzyro® Vial / Syringe
HEREDITARY ANGIOEDEMA (HAE) TREATMENT AGENTS	
Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred
Berinert® Vial / Kit	Firazyr® Syringe
icatibant syringe (generic for Firazyr®)	Ruconest® Vial
Kalbitor® Vial	
Sajazir™ Syringe (branded generic for icatibant)	
OPIOID ANTAGONISTS	
Preferred	Non-Preferred
Kloxxado™ Nasal Spray	
LiEMS™ naloxone Syringe Kit	
naloxone nasal spray (OTC)	
naloxone syringe / spray / vial (generic for Narcan®)	
naltrexone tablet	
Narcan® Nasal Spray (OTC)	
Opvee® Nasal Spray	
Rextovy™ (naloxone) Nasal Spray	
Vivitrol® Vial / Diluent	
Zimhi™ Syringe	
OPIOID DEPENDENCE	
Preferred	Non-Preferred
Prior Approval Not Required for Coverage of Preferred Agents	
Clinical Criteria Apply to Non-Preferred Agents	
Brixadi™ Weekly Syringe / Monthly Syringe	buprenorphine-naloxone SL film (generic for Suboxone®)
buprenorphine-naloxone SL tablet (generic for Suboxone®)	Lofexidine Tablet T/F of preferred agents not required for diagnosis of opioid withdrawal
buprenorphine SL tablet (generic for Subutex®)	Lucemyra® Tablet - T/F of preferred agents not required for diagnosis of opioid withdrawal
Suboxone® SL Film	Zubsolv® Tablet SL
Sublocade® Syringe	
SKELETAL MUSCLE RELAXANTS	
Preferred	Non-Preferred
baclofen tablet (generic for Lioresal®)	Amrix® ER Capsule
cyclobenzaprine tablet (generic for Flexeril®)	baclofen oral solution
methocarbamol tablet (generic for Robaxin®)	baclofen suspension (generic for Fleqsuvy™)
tizanidine tablet (generic for Zanaflex®)	chlorzoxazone tablet (generic for Parafon Forte®)
	cyclobenzaprine ER capsule (generic for Amrix® ER)
	Dantrium® Capsule / Vial
	dantrolene sodium capsule (generic for Dantrium®)
	Fexmid® Tablet
	Fleqsuvy™ Suspension
	Lorzone® Tablet
	Lyvispah® Granule Packet
	metaxalone tablet (generic for Skelaxin®)
	Norgesic™ Tablet / Forte Tablet
	orphenadrine / aspirin / caffeine tablet (generic for Norgesic™)
	orphenadrine citrate tablet / vial (generic for Norflex®)
	Orphengesic® Forte Tablet
	Robaxin® Vial
	Tanlor® Tablet
	tizanidine capsules (generic for Zanaflex®)
	Zanaflex® Capsule / Tablet
DISPOSABLE INSULIN DELIVERY DEVICES	
Preferred	Non-Preferred
CeQur Simplicity™	
CeQur Simplicity™ Inserter	
Omnipod 5® G6 Pods (5-Pack) / G6 Intro Kit / G6-G7 Pods / G6-G7 Intro Kit	
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
Dexcom G6® Transmitter / Receiver	Freestyle Libre™ 14 day Reader
Dexcom G7® Receiver	
Freestyle Libre™ 2 Reader	
Freestyle Libre™ 3 Reader	

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

Effective Date July 1, 2025

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

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

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

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

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

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	
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	