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

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	
		Fulple shade signifies a product either no	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®)		
2 1 32 7	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 fentanyl patch 12mcg / 25mcg / 50mcg / 75mcg / 100mcg (generic for Duragesic®)	Belbuca® (Buccal) Film 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		
	tranadol ER capsule (generic for Conzip®)		
	y Disintegrating / Oral Spray Schedule II Opioids Clinical criteria apply to all drugs in this class		
Preferred	Non-Preferred		
Actiq [®] Lozenge	Dsuvia SL Tablet		
	fentanyl citrate buccal tablet (generic for Fentora*)		
	fentanyl citrate lozenge (generic for Actiq [®])		
	Fentora® Buccal Tablet		
	Short Acting Schedule II Opioids		
	Clinical criteria apply to all drugs in this class		
Preferred	Non-Preferred		
Endocet Tablet (branded generic for Percocet) hydrocodone-acetaminophen solution / tablet (generic for Hycet , Lorcet , Lortab , Norco , Vicodin)	codeine sulfate tablet Dilaudid* Liouid / Tablet		
hydrocodone-acetaminophen solution / tablet (generic for Hycet , Lorcet , Lortab , Norco , Vicodin) hydrocodone-ibuprofen tablet (generic for Ibudone*, Reprexain*, Vicoprofen*)	Dilaudid Liquid / Tablet 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®) oxycodone-acetaminophen tablets (generic for Percocet®)	morphine suppositories (generic for Roxanol*) Nalocet* Tablet		
	oxycodone capsule (generic for OxylR*)		
	oxycodone concentrated solution (generic for Roxicodone® Intensol)		
	oxycodone-acetaminophen solution		
	oxymorphone tablet (generic for Opana®) Percocet® Tablet		
	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*)	
ramadol-acetaminophen tablet (generic for Ultracet®)	butalbital-caffeine-APAP with codeine tablet (generic for Fioricet with Codeine*)	
1 0 /	butorphanol spray (generic for Stadol*)	
	dihydrocodeine-acetaminophen-eaffeine 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	
elecoxib capsule (generic for Celebrex®)	Arthrotec® Tablet	
ouprofen suspension / tablet (generic for Motrin®)	Celebrex® Capsule	
ndomethacin capsule (generic for Indocin®)	Daypro [®] Caplet	
etorolac tablet (generic for Toradol®)	diclofenae potassium capsule (generic for Zipsor*)	
neloxicam tablet (generic for Mobic®)	diclofenac potassium tablet (generic for Cataflam*)	
aproxen 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 $^{\otimes}$)	
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 Ansaid*)	
	ibuprofen / famotidine tablet (generic for Duexis®) - T/F of only celecoxib required	
	indomethacin ER capsule (generic for Indocin SR®)	
	indomethacin suppository	
	ketoprofen capsule (generic for Orudis*)	
	ketoprofen ER capsule (generic for Oruvail*)	
	Kiprofen™ (ketoprofen) Capsule (branded generic for Orudis®)	
	Lofena™ Tablet	
	meclofenamate capsule (generic for Meclomen*)	
	mefenamic acid capsule (generic for Ponstel®)	
	meloxicam capsule (generic for Vivlodex®)	
	nabumetone tablet (generic for Relafen*)	
	Nalfon [®] Capsule / Tablet	
	Naprelan® Tablet	
	Naprosyn [®] Suspension	
	naproxen sodium ER tablet (generic for Naprelan®)	
	naproxen suspension (generic for Naprosyn*)	
	naproxen-esomeprazole tablet (generic for Vimovo®) - T/F of only celecoxib required	
	oxaprozin tablet (generic for DayPro*)	
	piroxicam capsule (generic for Feldene®)	
	Relafen [™] DS Tablet	
	Tolectin [®] (tolmetin) Tablet	
	tolmetin tablet / capsule (generic for Tolectin * / DS)	
	Vimovo® Tablet - T/F of only celecoxib required	
	NEUROPATHIC PAIN	
Preferred	Non-Preferred	
uloxetine capsule (generic for Cymbalta®)	Cymbalta* Capsule	
abapentin capsule / solution / tablet (generic for Neurontin®)	DermacinRx [™] Lidocan Patch - Clinical criteria apply	
docaine patch (generic for Lidoderm®) - Clinical criteria apply	Drizalma™ Sprinkle	
regabalin 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)	
	Qutenza* Kit	
	Savella * Tablet / Titration Pack	
	Tridacaine™ Patch	
	ZTLido [™] Patch - Clinical criteria apply	

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

	ANTICONVULSANTS	
	CARBAMAZEPINE DERIVATIVES	
Patients with a diagnosis of seiz	zure 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	
	zure disorder are exempt from T/F criteria and may use any first generation product.	
Preferred	Non-Preferred	
Celontin [®] Kapseal	Depakote® ER Tablet / Sprinkle Capsule	
Dilantin® Capsule / Infatab / Suspension	Depakote® Tablet	
divalproex sprinkle capsule / ER tablet / tablet (generic for Depakote® / ER / Sprinkle)	felbamate tablet (generic for Felbatol®)	
ethosuximide capsule / solution (generic for Zarontin®)	methsuximide capsule (generic for Celontin*)	
felbamate suspension (generic for Felbatol®)	Mysoline® Tablet	
Felbatol® Suspension / Tablet	Sezaby [®] Vial	
phenobarbital tablet / elixir / solution	Zarontin® 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	
	izure disorder are exempt from T/F criteria and may use any second generation product.	
Preferred	Non-Preferred	
Preferred Briviact® Tablet / Solution	Non-Preferred Banzel® Suspension	
Preferred Briviact® Tablet / Solution clobazam suspension / tablet (generic for Onfi®)	Non-Preferred Banzel® Suspension Banzel® Tablet	
Preferred Briviact ** Tablet / Solution clobazam suspension / tablet (generic for Onfi *) clonazepam tablet (generic for Klonopin *)	Non-Preferred Banzel® Suspension Banzel® Tablet clonazepam ODT (generic for Klonopin® Wafer)	
Preferred Briviact* Tablet / Solution clobazam suspension / tablet (generic for Onfi*) clonazepam tablet (generic for Klonopin*) Diacomit* Capsule / Powder Pack	Non-Preferred Banzel® Suspension Banzel® Tablet clonazepam ODT (generic for Klonopin® Wafer) Elepsia® XR Tablet	
Briviact® Tablet / Solution clobazam suspension / tablet (generic for Onf®) clonazepam tablet (generic for Klonopin®) Diacomit® Capsule / Powder Pack diazepam rectal / system (generic for Diastat® Accudial / Pedi System)	Non-Preferred Banzel* Suspension Banzel* Tablet clonazepam ODT (generic for Klonopin* Wafer) Elepsia* XR Tablet Epidiolex* Solution - Clinical criteria apply	
Preferred Briviact® Tablet / Solution clobazam suspension / tablet (generic for Onfi®) clonazepam tablet (generic for Klonopin®) Diacomit® Capsule / Powder Pack diazepam rectal / system (generic for Diastat® Accudial / Pedi System) Eprontia™ Solution	Non-Preferred Banzel * Suspension Banzel * Tablet clonazepam ODT (generic for Klonopin * Wafer) Elepsia * XR Tablet Epidiolex * Solution - Clinical criteria apply Keppra * Tablet / Solution / XR Tablet	
Preferred Briviact* Tablet / Solution clonazepam tablet (generic for Onfi*) clonazepam tablet (generic for Klonopin*) Diacomit* Capsale / Powder Pack diazepam rectal / system (generic for Diastat* Accudial / Pedi System) Eprontia* Solution Fintepla* Solution	Non-Preferred Banzel® Suspension Banzel® Tablet clonazepam ODT (generic for Klonopin® Wafer) Elepsia® XR Tablet Epidioes Solution - Clinical criteria apply Keppra® Tablet / Solution / XR Tablet Klonopin® Tablet / Solution / XR Tablet	
Briviact* Tablet / Solution clobazam suspension / tablet (generic for Onfi*) clonazepam tablet (generic for Klonopin*) Diacomit* Capsule / Powder Pack diazepam rectal / system (generic for Diastat* Accudial / Pedi System) Eprontia** Solution Fincepla* Solution Fycompa* Tablet / Suspension	Non-Preferred Banzel® Suspension Banzel® Tablet clonazepam ODT (generic for Klonopin® Wafer) Elepsia® XR Tablet Epidiolex® Solution • Clinical criteria apply Keppra® Tablet / Solution / XR Tablet Klonopin® Tablet Lamictal® Chewable / ODT / ODT Starter Kit / Starter Kit / Tablet / XR / XR Starter Kit	
Briviact® Tablet / Solution clobazam suspension / tablet (generic for Onfs®) clonazapem tablet (generic for Klonopin®) Diacomit® Capsule / Powder Pack diazepan rectal / system (generic for Diastat® Accudial / Pedi System) Eprontia® Solution Firetpal® Solution Fyconpa® Tablet / Suspension gabapentin capsule / solution / tablet (generic for Neurontin®)	Non-Preferred	
Briviact* Tablet / Solution clobazam suspension / tablet (generic for Onfs*) clonazema tablet (generic for Klonopin*) Diacomit* Capsule / Powder Pack diazepam rectal / system (generic for Diastat* Accudial / Pedi System) Eprontia* Solution Fintepla* Solution Fintepla* Solution Fintepla* Solution gabapentin capsule / solution / tablet (generic for Neurontin*) lacosamide solution / tablet (generic for Vimpat*)	Non-Preferred	
Briviact Tablet / Solution clobazam suspension / tablet (generic for Onfi *) clonazepam tablet (generic for Klonopin *) Diacomit ** Capsule / Powder Pack diazepam rectal / system (generic for Diastat ** Accudial / Pedi System) Eprontia ** Solution Fintepla ** Solution Fivenpa ** Tablet / Suspension gabapentin capsule / solutior / tablet (generic for Neurontin *) lacosamide solution / tablet (generic for Vimpat *) lamotrigine chewable / tablet (generic for Lamictal *)	Non-Preferred Banzel* Suspension Banzel* Tablet clonazepam ODT (generic for Klonopin* Wafer) Elepsia** XR Tablet Epidiolex* Solution - Clinical criteria apply Keppna* Tablet / Solution / XR Tablet Klonopin* Tablet / Solution / XR Tablet Lamictal** (hewable / ODT / ODT Starter Kit / Starter Kit / Tablet / XR / XR Starter Kit lamotrigine starter kits (generic for Lamictal*) Libervan** (dazepam) Buccal Film Lyrica** Capsule / Solution	
Briviact* Tablet / Solution clonazepam tablet (generic for Onfi*) clonazepam tablet (generic for Klonopin*) Diacomit* Capsule / Powder Pack diazepam rectal / system (generic for Diastat* Accudial / Pedi System) Eprontia** Solution Fintepla* Solution Fintepla* Solution Fycompa* Tablet / Suspension gabapentin capsule / solution / tablet (generic for Neurontin*) lacosamide solution / tablet (generic for Vimpat*) lamotrigine chewable / tablet (generic for Lamictat*) lamotrigine chewable / tablet (generic for Lamictat*) lamotrigine ER tablet / ODT / ODT Starter Kit / Starter Kit (generic for Lamictal* XR / ODT)	Non-Preferred Banzel® Suspension Banzel® Tablet clonazepam ODT (generic for Klonopin® Wafer) Elepsia® XR Tablet Epidolex® Solution • Clinical criteria apply Keppra® Tablet / Solution / XR Tablet Klonopin® Tablet Lamictal® Chewable / ODT / ODT Starter Kit / Starter Kit / Tablet / XR / XR Starter Kit lamotrigine starter kits (generic for Lamictal®) Libervant® (diazepam) Buccal Film Lyrica® Capsule / Solution Motopoly XR® (lacosamide extended release) Capsule	
Briviact Tablet / Solution clobazam suspension / tablet (generic for Onft) clonazepam tablet (generic for Klonopin) Diacomit Capsule / Powder Pack diazepam rectal / system (generic for Diastat Accudial / Pedi System) Eprontia Solution Firstepla Solution Fivonpa Tablet / Suspension gabapentin capsule / solution / tablet (generic for Neurontin) lacosamide solution / tablet (generic for Vimpat) lamotrigine ER tablet / ODT / ODT Starter Kit / Starter Kit (generic for Lamictal XR / ODT) levetiracetam tablet / ER tablet / solution (generic for Keppra / XR)	Non-Preferred	
Preferred Briviact ** Tablet / Solution clobazam suspension / tablet (generic for Onfi *) clonazepam tablet (generic for Klonopin *) Diacomit ** Capsule / Powder Pack diazepam rectal / system (generic for Diastat ** Accudial / Pedi System) Egrontia ** Solution Fintepla ** Solution Firepla ** Solution Fyconpa ** Tablet / Suspension gabapentin capsule / solution / tablet (generic for Neurontin *) lacosamide solution / tablet (generic for Vimpat *) lamotrigine chewable / tablet / generic for Lamietal *) lamotrigine ER tablet / ODT / ODT Starter Kit / Starter Kit (generic for Lamietal ** XR / ODT) levetiraceatm labet / ER tablet / solution (generic for Keppra ** / XR) Nayzilam ** Nasal Spray	Non-Preferred	
Briviact Tablet / Solution clobazam suspension / tablet (generic for Onfi) clonazepam tablet (generic for Klonopin) Diacomit Capsule / Powder Pack diazepam rectal / system (generic for Diastat Accudial / Pedi System) Eprontia Solution Eprontia Solution Firitepla Solution Fyconpa Tablet / Suspension gabapentin capsule / solution / tablet (generic for Neurontin) lamotrigine chewable / tablet (generic for Lamictal) lamotrigine ER tablet / ODT / ODT Starter Kit / Starter Kit (generic for Lamictal KAR / ODT) levetiracetam tablet / ER tablet / Solution (generic for Keppra / XR) Nazyalam Nasaa Spray Roweepra Tablet Roweepra Tablet	Non-Preferred Banzel® Suspension Banzel® Tablet clonazepam ODT (generic for Klonopin® Wafer) Elepsia® XR Tablet Epidiolex® Solution • Clinical criteria apply Keppn® Tablet / Solution / XR Tablet Klonopin® Tablet Lamictal® Chewable / ODT / ODT Starter Kit / Starter Kit / Tablet / XR / XR Starter Kit lamotrigine starter kits (generic for Lamictal®) Libervam® (dazepam) Buccal Film Lyrica® Capsule / Solution Motopoly XR® (Jacosamide extended release) Capsule Neurontin® Capsule / Solution / Tablet Onth® Suspension / Tablet Qudexy® XR Capsule	
Briviact Tablet / Solution clobazam suspension / tablet (generic for Onfi) clonazepam tablet (generic for Klonopin) Diacomit Capsule / Powder Pack diazepam rectal / system (generic for Diastat Accudial / Pedi System) Eprontia Solution Eprontia Solution Firitepla Solution Fyconpa Tablet / Suspension gabapentin capsule / solution / tablet (generic for Neurontin) lamotrigine chewable / tablet (generic for Lamictal) lamotrigine ER tablet / ODT / ODT Starter Kit / Starter Kit (generic for Lamictal KAR / ODT) levetiracetam tablet / ER tablet / Solution (generic for Keppra / XR) Nazyalam Nasaa Spray Roweepra Tablet Roweepra Tablet	Non-Preferred	
Briviact * Tablet / Solution	Non-Preferred	
Briviact Tablet / Solution clobazam suspension / tablet (generic for Onft) clonazepam tablet (generic for Klonopin) Diacomit Capsule / Powder Pack diazepam rectal / system (generic for Diastat Accudial / Pedi System) Eprontia Solution Eprontia Solution Fycompa Tablet / Suspension gabapentin capsule / solution / tablet (generic for Neurontin) lacosamide solution / tablet (generic for Vimpat) lamostrigine chewable / tablet (generic for Lamictal) lamostrigine chewable / tablet (generic for Lamictal) lamostrigine ER tablet / ODT / ODT Starter Kit / Starter Kit (generic for Lamictal XR / ODT) levetiracetam tablet / ER tablet / solution (generic for Keppra / XR) Nayzilam Nasal Spray Roweepra Tablet Tufinamide suspension (generic for Banzel) rufinamide tablet (generic for Banzel) rufinamide tablet (generic for Banzel)	Non-Preferred Banzel® Suspension Banzel® Tablet clonazepam ODT (generic for Klonopin® Wafer) Elepsia® XR Tablet Epidiolex® Solution • Clinical criteria apply Keppra® Tablet / Solution / XR Tablet Klonopin® Tablet Lamictal® Chewable / ODT / ODT Starter Kit / Starter Kit / Tablet / XR / XR Starter Kit lamotrigine starter kits (generic for Lamictal®) Libervant® (diazepam) Buccal Film Lyrica® Capsule / Solution Motopoly XR® (acosamide extended release) Capsule Neurontin® Capsule / Solution / Tablet Onfi® Suspension / Tablet Qudexy® XR Capsule Spritam® Tablet	
Briviact ** Tablet / Solution clobazam suspension / tablet (generic for Onfi *) clonazepam tablet (generic for Klonopin *) Diacomit ** Capsule / Powder Pack diazepam rectal / system (generic for Diastat ** Accudial / Pedi System) Eprontia ** Solution Fintepla ** Solution Firepla ** Solution Fyconpa ** Tablet / Suspension gabapentin capsule / solution / tablet (generic for Neurontin **) lamosamide solution / tablet (generic for Vimpat **) lamotrigine ER tablet / ODT / ODT Starter Kit / Starter Kit (generic for Lamictal **) lamotrigine ER tablet / Fat tablet / solution (generic for Keppra **/ XR) Nayzilam ** Nasal Syray Rowcepra ** Tablet Tufinamide suspension (generic for Banzel **) Tufinamide suspension (generic for Banzel **) Tufinamide subelt (generic for Banzel **) Sabril ** Tablet / Powder Packet	Non-Preferred	
Briviact ** Tablet / Solution clobazam suspension / tablet (generic for Onfi *) clonazepam tablet (generic for Klonopin *) Diacomit ** Capsule / Powder Pack diazepam rectal / system (generic for Diastat ** Accudial / Pedi System) Eprontia ** Solution Fintepla ** Solution Firepla ** Solution Fyconpa ** Tablet / Suspension gabapentin capsule / solution / tablet (generic for Neurontin **) lamosamide solution / tablet (generic for Vimpat **) lamotrigine ER tablet / ODT / ODT Starter Kit / Starter Kit (generic for Lamictal **) lamotrigine ER tablet / Fat tablet / solution (generic for Keppra **/ XR) Nayzilam ** Nasal Syray Rowcepra ** Tablet Tufinamide suspension (generic for Banzel **) Tufinamide suspension (generic for Banzel **) Tufinamide subelt (generic for Banzel **) Sabril ** Tablet / Powder Packet	Non-Preferred	
Briviact* Tablet / Solution clobazam suspension / tablet (generic for Onfi*) clonazepamt tablet (generic for Klonopin*) Diacomit* Capsule / Powder Pack diazepam rectal / system (generic for Diastat* Accudial / Pedi System) Eprontia ** Solution Eprontia ** Solution Fycompa* Tablet / Suspension gabapentin capsule / solution / tablet (generic for Neurontin*) lanosamide solution / tablet (generic for Vimpat*) lamotrigine chewable / tablet (generic for Immitat*) lamotrigine ER tablet / ODT / ODT Starter Kit / Starter Kit (generic for Lamictal* XR / ODT) levetiracetam tablet / ER tablet / solution (generic for Keppra* / XR) Nayzilam* Nasal Spray Roweepra* Tablet rufinamide tablet (generic for Banzel*) Sabrit* Tablet / Powder Packet Subvenite* Tablet / Tab Start Kit tiagabine tablet (generic for Gabitril*)	Non-Preferred Banzel® Suspension Banzel® Tablet clonazepam ODT (generic for Klonopin® Wafer) Elepsia® XR Tablet Epidiolex® Solution • Clinical criteria apply Keppra® Tablet / Solution / XR Tablet Klonopin® Tablet Lamictal® Chewable / ODT / ODT Starter Kit / Starter Kit / Tablet / XR / XR Starter Kit lamotrigine starter kits (generic for Lamictal®) Libervan® (diazepam) Buccal Film Lyrica® Capsule / Solution Motopoly XR® (Jacosamide extended release) Capsule Neurontin® Capsule / Solution / Tablet Qudexy® XR Capsule Spritam® Tablet Sympaza® Firink Capsule / Tablet topiramate ER capsule (generic for Trokendi XR®) - T/F of Trokendi® XR Capsule required for coverage	
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Briviact* Tablet / Solution clonazepant tablet (generic for Onfi*) clonazepant tablet (generic for Confi*) Diacomit* Capsule / Powder Pack diazepant metal / system (generic for Diastat* Accudial / Pedi System) Eprontia** Solution Fintepla* Solution Fintepla* Solution Fycompa* Tablet / Suspension gabapenitic capsule / solution / tablet (generic for Neurontia*) lamosamide solution / tablet (generic for Vimpat*) lamotrigine chewable / tablet (generic for tramictat*) lamotrigine ER tablet / ODT / ODT Starter Kit / Starter Kit (generic for Lamictat* XR / ODT) levetracetant tablet / ER tablet / solution (generic for Keppra* / XR) Nazyilam* Nasal Spray Roweepra* Tablet rufinamide suspension (generic for Banzet*) rufinamide tablet (generic for Banzet*) stablet / Powder Packet Sabrit* Tablet / Powder Packet Sabrenit* Tablet / Powder Packet Subvenite* Tablet / Tab Start Kit tiagabine tablet (generic for Gabritit*) topiramate sprinkle capsule / tablet (generic for Topamax®) vigabatrin powder packet (generic for Sabrit*) vigabatrin powder packet (generic for Sabrit*)	Non-Preferred	
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Briviact® Tablet / Solution clobazam suspension / tablet (generic for Onfi®) clonazepant tablet (generic for Klonopin®) Diacomit® Capsule / Powder Pack diazepant metal / system (generic for Diastat® Accudial / Pedi System) Eprontia® Solution Fintepla® Solution Fintepla® Solution Fycompa® Tablet / Suspension gabapentin capsule / solution / tablet (generic for Neurontin®) lacosamide solution / tablet (generic for Vimpat®) lamotrigine ehwable / tablet / generic for Lamictat®) lamotrigine ER tablet / ODT / ODT Starter Kit / Starter Kit (generic for Lamictat® XR / ODT) levetriacetam tablet / ER tablet / solution (generic for Keppra® / XR) Nayzilam® Nasal Spray Rowcepra® Tablet rufinamide suspension (generic for Banzel®) Sabril® Tablet / Powder Packet Subvenite® Tablet / Tab Start Kit tiagabine tablet (generic for Gabitril®) topiramate sprinkle capsule / tablet (generic for Topamax®) Valtoc® Nasal Spray	Non-Preferred	
Briviact* Tablet / Solution clobazam suspension / tablet (generic for Onfi*) clonazepam tablet (generic for Klonopin*) Diacomit* Capsule / Powder Pack diazepam rectal / system (generic for Diastat* Accudial / Pedi System) Eprontia** Solution Fintepla** Solution Fintepla** Solution Fycompa** Tablet / Suspension gabapentin capsule / solution / tablet (generic for Neurontin*) lacosamide solution / tablet (generic for Vimpat*) lamotrigine ex tablet / ODT / ODT Starter Kit / Starter Kit (generic for Lamictal* XR / ODT) levetriacetam tablet / Ext tablet / solution (generic for Keppra* / XR) Nayzilam** Nasal Spray Rowcepra** Tablet rufinamide suspension (generic for Banzel*) rufinamide tablet (generic for Banzel*) Sabril** Tablet / Powder Packet Subvenite** Tablet / Tab Start Kit tlagabine tablet (generic for Gabitril*) topiramate sprinkle capsule / tablet (generic for Topamax®) Valtoco** Nasal Spray (supparties of Topamax®)	Non-Preferred Banzel® Suspension Banzel® Tablet clonazepam ODT (generic for Klonopin® Wafer) Elepsia® XR Tablet Epidiolex® Solution - Clinical criteria apply Keppne® Tablet Solution / XR Tablet Klonopin® Tablet Lamictal® Chewable / ODT / ODT Starter Kit / Starter Kit / Tablet / XR / XR Starter Kit lamotrigine starter kits (generic for Lamictal®) Libervam® (dazepam) Buccal Film Lyrica® Capsule / Solution Motopoly XR® (lacosamide extended release) Capsule Neurontin® Capsule / Solution / Tablet Ont® Suspension / Tablet Qudexy® XR Capsule Spritam® Tablet Sympazam® Film Topamax® Sprinkle Capsule / Tablet topiramate ER capsule (generic for Trokendi XR®) - T/F of Trokendi® XR Capsule required for coverage topiramate ER sprinkle capsule (generic for Qudexy®) Trokendi® XR Capsule vigabatria tablet (generic for Sabril®) Vigadrone® Powder Packet / Tablet Vigafyde™ Solution / Starter Kit / Tablet Vingaf® Solution / Starter Kit / Tablet Vingaf® Solution / Starter Kit / Tablet	

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

	ANTI-INFECTIVES - SYSTEMIC
	ANTIBIOTICS
D. 6	Penicillins, Cephalosporins and Related
Preferred	Non-Preferred
amoxicillin capsule / chewable / suspension / tablet (generic for Amoxil®, Trimox®)	amoxicillin-clavulanate chewable tablet (generic for Augmentin*)
amoxicillin-clavulanate suspension / tablet / XR tablet (generic for Augmentin® / XR)	Augmentin® Suspension / ES-600 / XR Tablet
ampicillin capsule / injection / vial	cefaclor capsule / suspension / ER tablet (generic for Ceclor® / CD)
ampicillin-sulbactam injection / vial	cefadroxil tablet (generic for Duricef®)
Bicillin® C-R injection	cefpodoxime suspension / tablet (generic for Vantin®)
cefadroxil capsule / suspension (generic for Duricef®)	
cefdinir capsule / suspension (generic for Omnicef®)	
refixime capsule / suspension (generic for Suprax®)	
efprozil suspension / tablet (generic for Cefzil®)	
refuroxime tablet (generic for Ceftin®)	
ephalexin capsule / suspension / tablet (generic for Keflex®)	
licloxacillin capsule	
afcillin injection / vial	
xacillin injection / vial	
enicillin G injection / vial enicillin V suspension / tablet	
iperacillin - tazobactam injection / vial	
Pfizerpen® injection / vial	
Jnasyn® injection / vial	
Zosyn [®] injection / vial	
	Linear Charles Complete Comple
D. C 1	Lincosamides and Oxazolidinones
Preferred	Non-Preferred Cleocin® Capsules / Vial
indamycin capsules / solution (generic for Cleocin®) nezolid suspension (oral) / tablet (generic for Zyvox®)	Cleocin Capsules / Vial Cleocin Pediatric Solution
nezond suspension (oral) / lablet (generic for Zyvox)	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
zithromycin powder packet / suspension / tablet (generic for Zithromax®)	clarithromycin ER tablet (generic for Biaxin XL*)
larithromycin suspension / tablet (generic for Biaxin®)	Eryped® 200/400 Suspension
.E.S.® Filmtab / Suspension	Ery-Tab [®] Tablet
rythrocin® Filmtab	Zithromax® Powder Packet / Suspension / Tablet / Tri-Pak / Z-Pak
rythromycin ES 200 mg and 400 mg suspension (generic for E.E.S.* Suspension, Eryped*)	
rythromycin filmtab	
rythromycin filmtab	
rythromycin filmtab	
rythromycin filmtab rythromycin ES tablet (generic for E.E.S* Filmtab)	Nitroimidazoles (Gastrointestinal Antibiotics)
rythromycin filmtab yythromycin ES tablet (generic for E.E.S* Filmtab) Preferred	Non-Preferred
cythromycin filmtab yythromycin ES tablet (generic for E.E.S* Filmtab) Preferred etronidazole tablet (generic for Flagyt*)	Non-Preferred Aemoolo® DR Tablet
rythromycin filmtab rythromycin ES tablet (generic for E.E.S* Filmtab) Preferred etronidazole tablet (generic for Flagyt*) ancomycin capsule (generic for Vancocin*)	Non-Preferred Aemoolo® DR Tablet Dificid® Suspension / Tablet - T/F of only vancomycin is required for treatment of Clostridium difficile
rythromycin filmtab rythromycin ES tablet (generic for E.E.S* Filmtab) Preferred netronidazole tablet (generic for Flagyl*) ancomycin capsule (generic for Vancocin*)	Non-Preferred Aemools DR Tablet Dificid Suspension / Tablet - T/F of only vancomycin is required for treatment of Clostridium difficile Firvang Solution
rythromycin filmtab rythromycin ES tablet (generic for E.E.S* Filmtab) Preferred etronidazole tablet (generic for Flagyt*) ancomycin capsule (generic for Vancocin*)	Non-Preferred Aemcolo® DR Tablet Dificid® Suspension / Tablet - T/F of only vancomycin is required for treatment of Clostridium difficile Firvang® solution Flaggd® Capsule
ythromycin filmtab ythromycin ES tablet (generic for E.E.S* Filmtab) Preferred etronidazole tablet (generic for Flagyt*) uncomycin capsule (generic for Vancocin*)	Non-Preferred Aemcolo® DR Tablet Dificid® Suspension / Tablet - T/F of only vancomycin is required for treatment of Clostridium difficile Firvang® Solution Flagy® Capsule Likmez™ Suspension
rythromycin filmtab rythromycin ES tablet (generic for E.E.S* Filmtab) Preferred etronidazole tablet (generic for Flagyt*) ancomycin capsule (generic for Vancocin*)	Non-Preferred Aemcolo® DR Tablet Dificid® Suspension / Tablet - T/F of only vancomycin is required for treatment of Clostridium difficile Firvang® Solution Flagyt® Capsule Likmez® Suspension metronidazole capsule (generic for Flagyt®)
rythromycin filmtab rythromycin ES tablet (generic for E.E.S* Filmtab) Preferred netronidazole tablet (generic for Flagyl*) ancomycin capsule (generic for Vancocin*)	Non-Preferred Aemools Difficid 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 Mycifradiu*)
rythromycin filmtab rythromycin ES tablet (generic for E.E.S* Filmtab) Preferred etronidazole tablet (generic for Flagyt*) ancomycin capsule (generic for Vancocin*)	Non-Preferred Aemcolo® DR Tablet Dificid® Suspension / Tablet - T/F of only vancomycin is required for treatment of Clostridium difficile Firvang® solution Flagg® Capsule Likmez® Suspension metronidazole capsule (generic for Flagyl®) neomycin tablet (generic for Mycifradin®) nitazoxanide tablet (generic for Alinia® Tablet)
rythromycin filmtab rythromycin ES tablet (generic for E.E.S* Filmtab) Preferred etronidazole tablet (generic for Flagyt*) ancomycin capsule (generic for Vancocin*)	Non-Preferred Aemcolo® DR Tablet Dificid® Suspension / Tablet - T/F of only vancomycin is required for treatment of Clostridium difficile Firvang® Souther Flagy® Capsule Likmez® Suspension metronidazole capsule (generic for Flagy®) neomycin tablet (generic for Mycifradin®) nitazoxanide tablet (generic for Alinia® Tablet) paromomycin capsule (generic for Humatin®)
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rythromycin filmtab rythromycin ES tablet (generic for E.E.S* Filmtab) Preferred etronidazole tablet (generic for Flagyt*) ancomycin capsule (generic for Vancocin*)	Non-Preferred Aemoolo® DR Tablet Dificid® Suspension / Tablet - T/F of only vancomycin is required for treatment of Clostridium difficile Firvang® solution Flagy® Capsule Likmez® Suspension metronidazole capsule (generic for Flagyl®) neomycin tablet (generic for Mycifadin®) nitazoxanide tablet (generic for Humatin® Tablet) paromomycin capsule (generic for Humatin®) Solosce® Granules tinidazole tablet (generic for Tindamax®) Vancocin® Capsule
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rythromycin filmtab rythromycin ES tablet (generic for E.E.S* Filmtab) Preferred netronidazole tablet (generic for Flagyl*) ancomycin capsule (generic for Vancocin*)	Non-Preferred Aemools DR Tablet Dificid Suspension / Tablet - T/F of only vancomycin is required for treatment of Clostridium difficile Firvang Solution Flagsd Capsule Likmez Suspension metronidazole capsule (generic for Flagyd) neomycin tablet (generic for Mycifradin) nitrazoxanide tablet (generic for Mycifradin) parromomycin capsule (generic for Humatin) Solosee Granules tinidazole tablet (generic for Tindamax) Vancocin Capsule Vowst Capsule - Clinical criteria apply
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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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Xofluza [™] Tablet - T/F of only one preferred drug required	previously been treated with an HCV regimen containing sofosbuvir without an NSSA inhibitor. All genotypes with decompensated cirrhosis	Non-Preferred Sitavig* Buccal Tablet Valtrex* Caplet Antivirals (Influenza) Non-Preferred amantadine tablet (generic for Symmetrel*) Flumadine* Tablet
	previously been treated with an HCV regimen containing sofosbuvir without an NSSA inhibitor. All genotypes with decompensated cirrhosis	Non-Preferred Sitavig* Buccal Tablet Valtrex* Caplet Antivirals (Influenza) Non-Preferred amantadine tablet (generic for Symmetrel*) Flumadine* Tablet Relenza* Diskhaler
Authority Tababa	previously been treated with an HCV regimen containing sofosbuvir without an NSSA inhibitor. All genotypes with decompensated cirrhosis	Non-Preferred Sitavig ** Buccal Tablet Valtrex ** Caplet Antivirals (Influenza) Non-Preferred amantadine tablet (generic for Symmetrel *) Flumadine ** Tablet Relenza ** Diskhaler Tamiflu ** Capsule / Suspension
Animytic innued	previously been treated with an HCV regimen containing sofosbuvir without an NSSA inhibitor. All genotypes with decompensated cirrhosis	Non-Preferred Sitavig ** Buccal Tablet Valtrex ** Caplet Antivirals (Influenza) Non-Preferred amantadine tablet (generic for Symmetrel *) Flumadine ** Tablet Relenza ** Diskhaler Tamiflu ** Capsule / Suspension
	previously been treated with an HCV regimen containing sofosbuvir without an NSSA inhibitor. All genotypes with decompensated cirrhosis	Non-Preferred Sitavig® Buccal Tablet Valtrex® Caplet Antivirals (Influenza) Non-Preferred amantadine tablet (generic for Symmetrel®) Flumadine® Tablet Relenza® Diskhaler Tamiflu® Capsule / Suspension

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

Preferred	Non-Preferred
Kitabis [™] Pak	Arikayce [®] Vial
Bethkis [®] Ampule	Cayston Solution
tobramycin inhalation solution (generic for Tobi TM)	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 mirtazapine ODT / tablet (generic for Remeron®)	Cymbalta* Capsule desvenlafaxine ER tablet (generic for Khedezla*)
Nardil® Tablet	duloxetine capsule (generic for Irenka*)
phenelzine tablet (generic for Nardil®)	Guinacettie cajssure generic not neuraa 7 Emasse Patch
tranylcypromine tablet (generic for Parnate [®])	Fetzina Capule / 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 [®] Solatab [™] / Tablet
	Trintellis* Tablet
-	venlafaxine besylate ER tablet
	venlafaxine ER tablet
	Viibryd [®] Tablet
	Wellbutrin® SR / XL Tablet
	Zurzuvae ^{to} Capsule
	Selective Serotonin Reuptake Inhibitor (SSRI)
Preferred	Non-Preferred
citalopram solution / tablet (generic for Celexa®)	Celexa® Tablet
escitalopram tablet (generic for Lexapro®)	citalogram 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	ANTIHYPERKINESIS / ADHD Non-Preferred
Preferred Adderall* Tablet (Generic Product Per FDA)	
	Non-Preferred
Adderall® Tablet (Generic Product Per FDA)	Non-Preferred Adzenys® XR ODT amphetamine salt combo ER capsule (generic for Mydayis®) amphetamine sulfate tablet (generic for Evekoo®)
Adderall* Tablet (Generic Product Per FDA) Adderall* XR Capsule amphetamine salt combo tablet (generic for Adderall*) amphetamine salt combo XR capsule (generic for Adderall* XR)	Non-Preferred Adzenys* XR ODT amphetamine salt combo ER capsule (generic for Mydayis*) amphetamine sulfate tablet (generic for Evekco*) Azstarys** Capsule
Adderall® Tablet (Generic Product Per FDA) Adderall® XR Capsule amphetamine salt combo tablet (generic for Adderall®) amphetamine salt combo XR capsule (generic for Adderall® XR) Aptensio® XR Capsule	Non-Preferred Adzenys® XR ODT amphetamine salf combo ER capsule (generic for Mydayis®) amphetamine sulfate tablet (generic for Evekeo®) Azstarys® Capsule Cotempla® XR-ODT
Adderall® Tablet (Generic Product Per FDA) Adderall® XR Capsule amphetamine salt combo XR capsule (generic for Adderall®) amphetamine salt combo XR capsule (generic for Adderall® XR) Aptensio® XR Capsule atomoxetine capsule (generic for Strattera®)	Non-Preferred Adzenys® XR ODT amphetamine salf combo ER capsule (generic for Mydayis®) amphetamine sulfate tablet (generic for Evekeo®) Azstarys® Capsule Cotempla® XR-ODT Dexedrine® Spansule®
Adderall® Tablet (Generic Product Per FDA) Adderall® XR Capsule amphetamine salt combo tablet (generic for Adderall®) amphetamine salt combo XR capsule (generic for Adderall® XR) Aptensio® XR Capsule atomoxetine capsule (generic for Strattera®) clonidine ER tablet (generic for Kapvay®)	Non-Preferred Adzenys* XR ODT amphetamine salt combo ER capsule (generic for Mydayis*) amphetamine sulfate tablet (generic for Evekeo*) Azstarys** Capsule Cotempla** XR-ODT Dexedrine* Spansule* destroamphetamine ER capsule (generic for Dexedrine* Spansule*)
Adderall* Tablet (Generic Product Per FDA) Adderall* XR Capsule amphetamine salt combo tablet (generic for Adderall*) amphetamine salt combo XR capsule (generic for Adderall* XR) Aptensio* XR Capsule atomoxetine capsule (generic for Strattera*) clonidine ER tablet (generic for Strattera*) Concerta* Tablet	Non-Preferred Adzenys* XR ODT amphetamine salt combo ER capsule (generic for Mydayis*) amphetamine sulfate tablet (generic for Evekeo*) Azstarys** Capsule Cotempla** XR-ODT Dexedrine* Spansule* dextroamphetamine ER capsule (generic for Dexedrine* Spansule*) dextroamphetamine solution (generic for ProCentra*)
Adderall® Tablet (Generic Product Per FDA) Adderall® XR Capsule amphetamine salt combo tablet (generic for Adderall®) amphetamine salt combo XR capsule (generic for Adderall® XR) Aptensio® XR Capsule atomocetine capsule (generic for Strattera®) clonidine ER tablet (generic for Kapvay®) Concerta® Tablet Daytrana® Patch	Non-Preferred Adzenys® XR ODT amphetamine salt combo ER capsule (generic for Mydayis®) amphetamine sulfate tablet (generic for Evekeo®) Azstarys® Capsule Cotempla® XR-ODT Dexedrine® Spansule® dextroamphetamine ER capsule (generic for Dexedrine® Spansule®) dextroamphetamine ER capsule (generic for Dexedrine® Spansule®) Dyanavel® XR Suspension - T/F of preferred agents not required for children < 12 years of age
Adderall® Tablet (Generic Product Per FDA) Adderall® XR Capsule amphetamine salt combo tablet (generic for Adderall®) amphetamine salt combo XR capsule (generic for Adderall® XR) Aptensio® XR Capsule atomoxetine capsule (generic for Strattera®) clonidine ER tablet (generic for Kapvay®) Concerta® Tablet Daytrana® Patch dexmethylphenidate tablet / ER capsule (generic for Focalin® / XR)	Non-Preferred Adzenys* XR ODT amphetamine salt combo ER capsule (generic for Mydayis*) amphetamine sulfate tablet (generic for Evekeo*) Azstarys** Capsule Cotempla** XR V-ODT Dexedrine* Spansule* dextroamphetamine ER capsule (generic for Dexedrine* Spansule*) dextroamphetamine ER capsule (generic for ProCentra*) Dynavel** XR Suspension - T/F of preferred agents not required for children < 12 years of age Dynavel** XR Tablet
Adderall* Tablet (Generic Product Per FDA) Adderall* XR Capsule amphetamine salt combo tablet (generic for Adderall*) amphetamine salt combo XR capsule (generic for Adderall* XR) Aptensie* XR Capsule atomoxetine capsule (generic for Strattera*) clonidine ER tablet (generic for Kapvay*) Concerta* Tablet Daytrana* Patch dexmethylphenidate tablet / ER capsule (generic for Focalin* / XR) dextroamphetamine tablet (generic for Dexedrine*)	Non-Preferred Adzenys* XR ODT amphetamine salt combo ER capsule (generic for Mydayis*) amphetamine sulfate tablet (generic for Evekeo*) Azstarys** Capsule Cotempla** XR AODT Dexedrine* Spansule* dextroamphetamine ER capsule (generic for Dexedrine* Spansule*) dextroamphetamine ER capsule (generic for ProCentra*) Dynanvel* XR Suspension - T/F of preferred agents not required for children < 12 years of age Dynanvel* XR Tablet / Evekeo* ODT Tablet Evekeo* Tablet / Evekeo* ODT Tablet
Adderall* Tablet (Generic Product Per FDA) Adderall* XR Capsule amphetamine salt combo tablet (generic for Adderall*) amphetamine salt combo XR capsule (generic for Adderall* XR) Aptensio* XR Capsule atomoxetine capsule (generic for Strattera*) clonidine ER tablet (generic for Strattera*) Concerta* Tablet Daytrana* Patch dexmethylphenidate tablet / ER capsule (generic for Focalin* / XR) dextroamphetamine tablet (generic for Dexedrine*) Focalin* XR Capsule	Non-Preferred Adzenys* XR ODT amphetamine salt combo ER capsule (generic for Mydayis*) amphetamine sulfate tablet (generic for Evekeo*) Azstarys** Capsule Cotempla** XR-ODT Dexedrine* Spansule* dextroamphetamine ER capsule (generic for Dexedrine* Spansule*) dextroamphetamine is Dution (generic for ProCentra*) Dyanavel* XR Suspension - T/F of preferred agents not required for children < 12 years of age Dyanavel* XR Tablet Evekoo* Tablet (Evekoo* ODT Tablet Focalin* Tablet
Adderall* Tablet (Generic Product Per FDA) Adderall* XR Capsule amphetamine salt combo tablet (generic for Adderall*) amphetamine salt combo tablet (generic for Adderall* XR) Aptensio* XR Capsule atomocetine capsule (generic for Strattera*) clonidine ER tablet (generic for Strattera*) clonidine ER tablet (generic for Kapvay*) Concerta* Tablet Daytrana* Patch dexmethylphenidate tablet / ER capsule (generic for Focalin* / XR) dextroamphetamine tablet (generic for Dexedrine*) Focalin* XR Capsule guanfacine ER tablet (generic for Intuniv*)	Non-Preferred Adzenys® XR ODT amphetamine salt combo ER capsule (generic for Mydayis®) amphetamine sulfate tablet (generic for Evekeo®) Azstarys® Capsule Cotempla® XR-ODT Dexedrine® Spansule® dextroamphetamine ER capsule (generic for Dexedrine® Spansule®) dextroamphetamine ER capsule (generic for ProCentra®) Dynane® XR Suspension = T/F of preferred agents not required for children < 12 years of age Dynanes® XR Tablet Evekeo® Tablet / Evekeo® ODT Tablet Focalin® Tablet Intuniv® Tablet
Adderall* Tablet (Generic Product Per FDA) Adderall* XR Capsule amphetamine salt combo tablet (generic for Adderall*) amphetamine salt combo XR capsule (generic for Adderall* XR) Aptensio* XR Capsule atomoxetine capsule (generic for Strattera*) clonidine ER tablet (generic for Strattera*) Concerta* Tablet Daytrana* Patch dexmethylphenidate tablet / ER capsule (generic for Focalin* / XR) dextroamphetamine tablet (generic for Dexedrine*) Focalin* XR Capsule	Non-Preferred Adzenys* XR ODT amphetamine salt combo ER capsule (generic for Mydayis*) amphetamine sulfate tablet (generic for Evekeo*) Azstarys** Capsule Cotempla** XR-ODT Dexedrine* Spansule* dextroamphetamine ER capsule (generic for Dexedrine* Spansule*) dextroamphetamine is Dution (generic for ProCentra*) Dyanavel* XR Suspension - T/F of preferred agents not required for children < 12 years of age Dyanavel* XR Tablet Evekoo* Tablet (Evekoo* ODT Tablet Focalin* Tablet
Adderall* Tablet (Generic Product Per FDA) Adderall* XR Capsule amphetamine salt combo tablet (generic for Adderall*) amphetamine salt combo XR capsule (generic for Adderall* XR) Aptensie* XR Capsule atomoxetine capsule (generic for Strattera*) clonidine ER tablet (generic for Kapvay*) Concerta* Tablet Daytrana* Patch dexmethylphenidate tablet / ER capsule (generic for Focalin* / XR) dextroamphetamine tablet (generic for Dexedrine*)	Non-Preferred Adzenys* XR ODT amphetamine salt combo ER capsule (generic for Mydayis*) amphetamine sulfate tablet (generic for Evekeo*) Azstarys** Capsule Cotempla** XR-ODT Dexedrine* Spansule** dextroamphetamine ER capsule (generic for Dexedrine* Spansule*) dextroamphetamine ER capsule (generic for Dexedrine* Spansule*) dextroamphetamine solution (generic for ProCentra*) Dyanavel** XR Suspension - Tyf of preferred agents not required for children < 12 years of age Dyanavel** XR Tablet Evekeo** Tablet / Evekeo** ODT Tablet Focalin** Tablet Intuniv** Tablet Jornay PM** Capsule
Adderall* Tablet (Generic Product Per FDA) Adderall* XR Capsule amphetamine salt combo tablet (generic for Adderall*) amphetamine salt combo tablet (generic for Adderall* XR) Aptensio* XR Capsule atomoxetine capsule (generic for Strattera*) clonidine ER tablet (generic for Strattera*) clonidine ER tablet (generic for Kapvay*) Concerta* Tablet Daytrana* Patch dextroamphetamine tablet generic for Dexedrine* Jecticali* XR Capsule guanfacine ER tablet (generic for Dexedrine*) Focalin* XR Capsule guanfacine ER tablet (generic for Intuniv*) lisidexamfetamine chewable tablet (generic for Vyvanse*) Methylin* Solution	Non-Preferred Adzenys* XR ODT amphetamine salt combo ER capsule (generic for Mydayis*) amphetamine sulfate tablet (generic for Evekeo*) Azstarys** Capsule Cotempla** XR AODT Dexedrine* Spansule** dextroamphetamine ER capsule (generic for Dexedrine* Spansule*) dextroamphetamine ER capsule (generic for ProCentra*) Dyanavel** XR Suspension - T/F of preferred agents not required for children < 12 years of age Dyanavel** XR Tablet Evekeo** Tablet / Evekeo** ODT Tablet Focalin** Tablet Intuniv** Tablet Jornay PM** Capsule lisdexamfetamine capsule (generic for Vyvanse*)
Adderall* Tablet (Generic Product Per FDA) Adderall* XR Capsule amphetamine salt combo tablet (generic for Adderall*) amphetamine salt combo tablet (generic for Adderall* XR) Aptensio* XR Capsule atomoxetine capsule (generic for Strattera*) clonidine ER tablet (generic for Strattera*) clonidine ER tablet (generic for Kapvay*) Concerta* Tablet Daytrans* Patch dexmethylphenidate tablet / ER capsule (generic for Focalin* / XR) dextroamphetamine tablet (generic for Dexedrine*) Focalin* XR Capsule guanfacine ER tablet (generic for Intuniv*) Methylin* Solution methylphenidate ER capsule (generic for Vyvanse*) Methylin* Solution methylphenidate ER tablet (generic for Concerta*) methylphenidate ER tablet (generic for Concerta*) methylphenidate ER tablet (generic for Concerta*) methylphenidate ER tablet (generic for Methylin*, Ritalin*)	Non-Preferred Adzenys* XR ODT amphetamine salt combo ER capsule (generic for Mydayis*) amphetamine sulfate tablet (generic for Evekeo*) Azstarys** Capsule Cotempla** XR ADDT Dexedrine* Spansule* dextroamphetamine ER capsule (generic for Dexedrine* Spansule*) dextroamphetamine ER capsule (generic for ProCentra*) Dyanavel* XR Suspension - T/F of preferred agents not required for children < 12 years of age Dyanavel* XR Tablet Evekeo* Tablet / Evekeo* ODT Tablet Focalin* Tablet Intuniv* Tablet Jornay PM** Capsule lisdexamfetamine capsule (generic for Vyvanse*) methamphetamine tablet (generic for Tvyvanse*) methamphetamine tablet (generic for Dexoxyn*) methylphenidate CD capsule (generic for Metadate* CD) methylphenidate CD capsule (generic for Metadate* CD) methylphenidate CD capsule (generic for Metadate* CD)
Adderall* Tablet (Generic Product Per FDA) Adderall* XR Capsule amphetamine salt combo tablet (generic for Adderall*) amphetamine salt combo tablet (generic for Adderall* XR) Aptensio* XR Capsule atomocetine capsule (generic for Strattera*) clonidine ER tablet (generic for Strattera*) clonidine ER tablet (generic for Kapvay*) Concerta* Tablet Daytrana* Patch dexmethylphenidate tablet / ER capsule (generic for Focalin* / XR) dextroamphetamine tablet (generic for Dexedrine*) Focalin* XR Capsule guanfacine ER tablet (generic for Intuniv*) lisdexamfetamine chewable tablet (generic for Vyvanse*) Methylin* Solution methylphenidate ER capsule (generic for Aptensio* XR) methylphenidate ER capsule (generic for Concerta*)	Non-Preferred Adzenys* XR ODT amphetamine salt combo ER capsule (generic for Mydayis*) amphetamine sulfate tablet (generic for Evekeo*) Azstarys** Capsule Cotempla** XR AODT Dexedrine* Spansule* dextroamphetamine ER capsule (generic for Dexedrine* Spansule*) dextroamphetamine in ER capsule (generic for Dexedrine* Spansule*) dextroamphetamine solution (generic for ProCentra*) Dyanavel** XR Suspension - T/F of preferred agents not required for children < 12 years of age Dyanavel** XR Tablet Evekeo** Tablet / Evekeo** ODT Tablet Focalin** Tablet Iornay PM** Capsule Iisdexamfetamine capsule (generic for Vyvanse*) methamphetamine tablet (generic for Desoxyn*) methylphenidate CD capsule (generic for Methadate* CD) methylphenidate chewable (generic for Methylin**) methylphenidate chewable (generic for Methadate* CD)
Adderall* Tablet (Generic Product Per FDA) Adderall* XR Capsule amphetamine salt combo tablet (generic for Adderall*) amphetamine salt combo tablet (generic for Adderall* XR) Aptensio* XR Capsule atomoxetine capsule (generic for Strattera*) clonidine ER tablet (generic for Strattera*) clonidine ER tablet (generic for Kapvay*) Concerta* Tablet Daytrana* Patch dexmethylphenidate tablet / ER capsule (generic for Focalin* / XR) dextroamphetamine tablet (generic for Dexedrine*) Focalin* XR Capsule guanfacine ER tablet (generic for Intuniv*) Inseksamfetamine chewable tablet (generic for Vyvanse*) Methylin* Solution methylphenidate ER capsule (generic for Aptensio* XR) methylphenidate ER tablet (generic for Concerta*)	Non-Preferred Adzenys* XR ODT amphetamine salt combo ER capsule (generic for Mydayis*) amphetamine sulfate tablet (generic for Evekeo*) Azstarys* Capsule Cotempla* Capsule Cotempla* Spansule* dextroamphetamine ER capsule (generic for Dexedrine* Spansule*) dextroamphetamine ER capsule (generic for ProCentra*) Dynasvel* XR Stapension - T/F of preferred agents not required for children < 12 years of age Dynasvel* XR Tablet Evekeo* Tablet / Evekeo* ODT Tablet Focalin* Tablet Intuni* Tablet Jornay PM** Capsule lisdexamfetamine capsule (generic for Vyvanse*) methaphetamine tablet (generic for Desoxyn*) methylphenidate CD capsule (generic for Metadate* CD) methylphenidate CD capsule (generic for Metadate* CD) methylphenidate CB capsule (generic for Ritalin* LA)
Adderall* Tablet (Generic Product Per FDA) Adderall* XR Capsule amphetamine salt combo tablet (generic for Adderall*) amphetamine salt combo tablet (generic for Adderall* XR) Aptensio* XR Capsule atomoxetine capsule (generic for Strattera*) clonidine ER tablet (generic for Strattera*) clonidine ER tablet (generic for Kapvay*) Concerta* Tablet Daytrana* Patch dexmethylphenidate tablet / ER capsule (generic for Focalin* / XR) dextroamphetamine tablet (generic for Dexedrine*) Focalin* XR Capsule guanfacine ER tablet (generic for Intuniv*) Inseksamfetamine chewable tablet (generic for Vyvanse*) Methylin* Solution methylphenidate ER capsule (generic for Aptensio* XR) methylphenidate ER tablet (generic for Concerta*)	Non-Preferred Adzenys* XR ODT amphetamine salt combo ER capsule (generic for Mydayis*) amphetamine sulfate tablet (generic for Evekeo*) Azstarys** Capsule Cotempla** XR-ODT Dexedrine* Spansule* dextroamphetamine ER capsule (generic for Dexedrine* Spansule*) dextroamphetamine ER capsule (generic for ProCentra*) Dyanavel** XR Suspension - Tyf of preferred agents not required for children < 12 years of age Dyanavel** XR Suspension - Tyf of preferred agents not required for children < 12 years of age Dyanavel** XR Tablet Evekeo** Tablet / Evekeo** ODT Tablet Focalin** Tablet Intun's* Tablet Jornay PM** Capsule lisdexamfetamine capsule (generic for Vyyanse*) methyphenidate (generic for Desoxyn*) methyphenidate (generic for Methydin*) methyphenidate ER tablet (45 mg and 63 mg) (Branded Product Per FDA) methyphenidate ER tablet (45 mg and 63 mg) (Branded Product Per FDA) methyphenidate ER tablet (45 mg and 63 mg) (Branded Product Per FDA) methyphenidate LA capsule (generic for Methytin*) methyphenidate ER tablet (45 mg and 63 mg) (Branded Product Per FDA) methyphenidate LA capsule (generic for Methytin*) methyphenidate text tablet (45 mg and 63 mg) (Branded Product Per FDA) methyphenidate LA capsule (generic for Methytin*) methyphenidate text tablet (45 mg and 63 mg) (Branded Product Per FDA) methyphenidate text tablet (45 mg and 63 mg) (Branded Product Per FDA) methyphenidate text tablet (45 mg and 63 mg) (Branded Product Per FDA) methyphenidate text tablet (45 mg and 63 mg) (Branded Product Per FDA)
Adderall* Tablet (Generic Product Per FDA) Adderall* XR Capsule amphetamine salt combo tablet (generic for Adderall*) amphetamine salt combo tablet (generic for Adderall* XR) Aptensio* XR Capsule atomoxetine capsule (generic for Strattera*) clonidine ER tablet (generic for Strattera*) clonidine ER tablet (generic for Kapvay*) Concerta* Tablet Daytrana* Patch dexmethylphenidate tablet / ER capsule (generic for Focalin* / XR) dextroamphetamine tablet (generic for Dexedrine*) Focalin* XR Capsule guanfacine ER tablet (generic for Intuniv*) Inseksamfetamine chewable tablet (generic for Vyvanse*) Methylin* Solution methylphenidate ER capsule (generic for Aptensio* XR) methylphenidate ER tablet (generic for Concerta*)	Non-Preferred Adzenys* XR ODT umphetamine salf combo ER capsule (generic for Mydayis*) amphetamine sulfate tablet (generic for Evekeo*) Azstarys** Capsule Cotempla** XR ADDT Dexedrine* Spansule* dextroamphetamine ER capsule (generic for Dexedrine* Spansule*) dextroamphetamine ER capsule (generic for Dexedrine* Spansule*) dextroamphetamine solution (generic for ProCentra*) Dynaneel* XR Suspension - T/F of preferred agents not required for children < 12 years of age Dynaneel* XR Tablet Evekeo* Tablet / Evekeo* ODT Tablet Focalin* Tablet Intuniv* Tablet Jornay PM** Capsule iisdexamfetamine capsule (generic for Vyvanse*) methamphetamine tablet (generic for Desoxyn*) methylphenidate CD capsule (generic for Metadate* CD) methylphenidate CD capsule (generic for Metadate* CD) methylphenidate ER tablet (45 mg and 63 mg) (Branded Product Per FDA) methylphenidate LA capsule (generic for Ritalin* LA) methylphenidate LA capsule (generic for Daytrana*) Mydayis* ER Capsule
Adderall* Tablet (Generic Product Per FDA) Adderall* XR Capsule amphetamine salt combo tablet (generic for Adderall*) amphetamine salt combo tablet (generic for Adderall* XR) Aptensio* XR Capsule atomoxetine capsule (generic for Strattera*) clonidine ER tablet (generic for Strattera*) clonidine ER tablet (generic for Kapvay*) Concerta* Tablet Daytrana* Patch dexmethylphenidate tablet / ER capsule (generic for Focalin* / XR) dextroamphetamine tablet (generic for Dexedrine*) Focalin* XR Capsule guanfacine ER tablet (generic for Intuniv*) Inseksamfetamine chewable tablet (generic for Vyvanse*) Methylin* Solution methylphenidate ER capsule (generic for Aptensio* XR) methylphenidate ER tablet (generic for Concerta*)	Non-Preferred Adzenys* XR ODT amphetamine salt combo ER capsule (generic for Mydayis*) amphetamine salfate tablet (generic for Evekeo*) Azstarys* Capsule Cotempla* XR-ODT Dexedrine* Spansule* dextroamphetamine ER capsule (generic for Dexedrine* Spansule*) dextroamphetamine ER capsule (generic for ProCentra*) Dynanvel* XR Suspension - T/F of preferred agents not required for children < 12 years of age Dynanvel* XR Tablet Evekeo* Tablet / Evekeo* ODT Tablet Focalin* Tablet Intuniv* Tablet Jornay PM** Capsule isdexamfetamine capsule (generic for Vyvanse*) methaphetamine tablet (generic for Desoxyn*) methylphenidate CD capsule (generic for Metadate* CD) methylphenidate chevable (generic for Metadate* CD) methylphenidate LA capsule (generic for Ritalin* LA)
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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

	NJECTABLE 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*)	
Invega® Hafyera Prefilled Syringe Kit	
Invega® Sustenna Prefilled Syringe	
Invega® Trinza Syringe	
Perseris® Syringe	
Risperdal® Consta Vial	
risperidone ER vial (generic for Risperdal [®] Consta) Rykindo [®] Vial / Vial Kit	
Uzedy [™] Syringe Kit	
Zyprexa® Relprevv™ Vial Kit	
	ATYPICAL ANTIPSYCHOTICS
T	Oral / Transdermal (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 Ability [®] Discmelt [®])
clozapine 3L taolet (generic for Sapinis 3L)	Caplyta Capsule
lurasidone tablet (generic for Latuda*)	clozapine ODT (generic for FazaClo*)
olanzapine ODT / tablet (generic for Zyprexa*)	clozapine ODI (generic for Fazacio) Clozaril [®] Tablet
paliperidone ER tablet (generic for Invega®)	Cobenfy Cobenfy
quetiapine tablet / ER tablet (generic for Seroquet */ XR)	Cobenfy Starter Pack
risperidone ODT / solution / tablet (generic for Risperdal®)	Fanapr® Tablet / Titration Pack
Vraylar® Capsule	Geodon Capsule
ziprasidone capsule (generic for Geodon®)	Invega® Tablet
	Latuda® Tablet
	Lybalvi™ Tablet
	Nuplazid® Tablet / Capsule
	olanzapine-fluoxetine capsule (generic for Symbyax®)
	Opipza" (Aripiprazole) Oral Film
	Rexulti® Tablet / 7-Day Pack / 14-Day Pack
	Risperdal* Solution / Tablet
	Saphris* SL Tablet
	Secuado [®] Patch
	Seroquel® Tablet / XR Tablet / XR Sample Kit
	Versacloz® Suspension
	Zyprexa Tablet / Zydis Tablet
	Zyprexa® Tablet / Zydis® Tablet
	CARDIOVASCULAR
Preferred	CARDIOVASCULAR ACE INHIBITORS
	CARDIOVASCULAR ACE INHIBITORS Non-Preferred
Preferred benazepril tablet (generic for Lotensin*) enalapril tablet (generic for Vasotec*)	CARDIOVASCULAR ACE INHIBITORS
benazepril tablet (generic for Lotensin®)	CARDIOVASCULAR ACE INHIBITORS Non-Preferred Accuprit* Tablet
benazepril tablet (generic for Lotensin [®]) enalapril tablet (generic for Vasotec [®])	CARDIOVASCULAR ACE INHIBITORS Non-Preferred Accupril* Tablet Altace* Capsule
benazepril tablet (generic for Lotensin [®]) enalapril tablet (generic for Vasotee [®]) lisinopril tablet (generic for Prinivil [®] and Zestril [®])	CARDIOVASCULAR ACE INHIBITORS Non-Preferred Accupril* Tablet Altace* Capsule captopril tablet (generic for Capoten*) enalparil's ollution (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
benazepril tablet (generic for Lotensin [®]) enalapril tablet (generic for Vasotee [®]) lisinopril tablet (generic for Prinivil [®] and Zestril [®])	CARDIOVASCULAR ACE INHIBITORS Non-Preferred Accupril® Tablet Altace® Capsule captopril tablet (generic for Capoten®) 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 [Sosinopril tablet (generic for Monopril®)
benazepril tablet (generic for Lotensin [®]) enalapril tablet (generic for Vasotee [®]) lisinopril tablet (generic for Prinivil [®] and Zestril [®])	CARDIOVASCULAR ACE INHIBITORS Non-Preferred Accuprit Tablet Altace Capsule captopril tablet (generic for Capoten®) enalapril solution (generic for Epaned®) - TVF of preferred agents not required for children < 12 years of age Epaned® Solution - TVF of preferred agents not required for children < 12 years of age Losinopril tablet (generic for Monopril®) Lotensin® Tablet
benazepril tablet (generic for Lotensin [®]) enalapril tablet (generic for Vasotee [®]) lisinopril tablet (generic for Prinivil [®] and Zestril [®])	CARDIOVASCULAR ACE INHIBITORS Non-Preferred Accupril* Tablet Altace* Capsule captopril tablet (generic for Capoten*) 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*)
benazepril tablet (generic for Lotensin [®]) enalapril tablet (generic for Vasotee [®]) lisinopril tablet (generic for Prinivil [®] and Zestril [®])	CARDIOVASCULAR ACE INHIBITORS Non-Preferred Accupril* Tablet Altace* Capsule captopril tablet (generic for Capoten*) enalparil 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 mockipril tablet (generic for Univase*) Qbrelis* Solution - T/F of preferred agents not required for children < 12 years of age
benazepril tablet (generic for Lotensin [®]) enalapril tablet (generic for Vasotee [®]) lisinopril tablet (generic for Prinivil [®] and Zestril [®])	CARDIOVASCULAR ACE INHIBITORS Non-Preferred Accupril* Tablet Altace* Capsule captopril tablet (generic for Capoten*) enalapril solution (generic for Capoten*) enalapril solution - TF of preferred agents not required for children < 12 years of age Epaned* Solution - TF of preferred agents not required for children < 12 years of age fosinopril tablet (generic for Monopril*) Lotensin* Tablet moexipril tablet (generic for Univase*) Opterils* Solution - TF of preferred agents not required for children < 12 years of age perindopril tablet (generic for Univase*)
benazepril tablet (generic for Lotensin [®]) enalapril tablet (generic for Vasotee [®]) lisinopril tablet (generic for Prinivil [®] and Zestril [®])	CARDIOVASCULAR ACE INHIBITORS Non-Preferred Accupril* Tablet Altace* Capsule captopril tablet (generic for Capoten*) 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 Univase*) Qbrelis* Solution - T/F of preferred agents not required for children < 12 years of age perindopril tablet (generic for Accupril*) quinapril tablet (generic for Accupril*)
benazepril tablet (generic for Lotensin [®]) enalapril tablet (generic for Vasotee [®]) lisinopril tablet (generic for Prinivil [®] and Zestril [®])	CARDIOVASCULAR ACE INHIBITORS Non-Preferred Accupril* Tablet Altace* Capsule cantepril tablet (generic for Capoten*) enalparis olution (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 Univase*) Qbrelis* Solution - T/F of preferred agents not required for children < 12 years of age perindopril tablet (generic for Accon*) quinapril tablet (generic for Accon*) trandolapril tablet (generic for Accon*) trandolapril tablet (generic for Mavik*)
benazepril tablet (generic for Lotensin [®]) enalapril tablet (generic for Vasotee [®]) lisinopril tablet (generic for Prinivil [®] and Zestril [®])	CARDIOVASCULAR ACE INHIBITORS Non-Preferred Accupril* Tablet Altace* Capsule captopril tablet (generic for Capoten*) cantapril 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 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 Accom*) quinapril tablet (generic for Accom*) quinapril tablet (generic for Accupril*) translolapril tablet (generic for Mavik*) Vasotec* Tablet
benazepril tablet (generic for Lotensin [®]) enalapril tablet (generic for Vasotee [®]) lisinopril tablet (generic for Prinivil [®] and Zestril [®])	CARDIOVASCULAR ACE INHIBITORS Non-Preferred Accupril* Tablet Altace* Capsule captopril tablet (generic for Capoten*) enalparis olution (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 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 Univase*) Qbrelis* Solution - T/F of preferred agents not required for children < 12 years of age perindopril tablet (generic for Acconf*) quinapril tablet (generic for Acconf*) trandolapril tablet (generic for Mavik*)
benazepril tablet (generic for Lotensin®) enalapril tablet (generic for Vasotec®) lisinopril tablet (generic for Prinivil® and Zestril®) ramipril capsule (generic for Altace®)	CARDIOVASCULAR ACE INHIBITORS Non-Preferred Accupril* Tablet Altace* Capsule captopril tablet (generic for Capoten*) enalparis loution (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 Univase*) Qbrelis* Solution - T/F of preferred agents not required for children < 12 years of age perindopril tablet (generic for Chivase*) Qbrelis* Solution - T/F of preferred agents not required for children < 12 years of age perindopril tablet (generic for Accon*) quinapril tablet (generic for Accon*) trandolapril tablet (generic for Mavik*) Vasotec* Tablet Zestril* Tablet
benazepril tablet (generic for Lotensin®) enalapril tablet (generic for Vasotes®) lisinopril tablet (generic for Prinivil® and Zestril®) ramipril capsule (generic for Altace®) ACE INHIBITOR /	CARDIOVASCULAR ACE INHIBITORS Non-Preferred Accupril* Tablet Altace* Capsule captopril tablet (generic for Capoten*) enalparis Joultion (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 mocstipril tablet (generic for Univase*) Qbrelis* Solution - T/F of preferred agents not required for children < 12 years of age perindopril tablet (generic for Accon*) quinapril tablet (generic for Accon*) quinapril tablet (generic for Accon*) Vasotec* Tablet Zestril* Tablet CALCIUM CHANNEL BLOCKER COMBINATIONS
benazepril tablet (generic for Lotensin®) enalapril tablet (generic for Vasotes®) lisinopril tablet (generic for Prinivil® and Zestril®) ramipril capsule (generic for Altace®) ACE INHIBITOR / Preferred	CARDIOVASCULAR ACE INHIBITORS Non-Preferred Accupri® Tablet Altace® Capsule captopril tablet (generic for Capoten®) canlapril 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 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®) Qobeils® Solution - T/F of preferred agents not required for children < 12 years of age perindopril tablet (generic for Accon®) quinapril tablet (generic for Accon®) quinapril tablet (generic for Accupril®) Vasotec® Tablet Zestri® Tablet CALCIUM CHANNEL BLOCKER COMBINATIONS
benazepril tablet (generic for Lotensin®) enalapril tablet (generic for Vasote®) lisinopril tablet (generic for Prinivit® and Zestril®) ramipril capsule (generic for Altace®) ACE INHIBITOR /	CARDIOVASCULAR ACE INHIBITORS Non-Preferred Accupril* Tablet Altace* Capsule captopril tablet (generic for Capoten*) captopril tablet (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 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 Univase*) Operlis* Solution - T/F of preferred agents not required for children < 12 years of age perindopril tablet (generic for Accupril*) trandolapril tablet (generic for Accupril*) trandolapril tablet (generic for Accupril*) trandolapril tablet (generic for Mavik*) Vasotec* Tablet Zestril* Tablet Non-Preferred Lottel* Capsule
benazepril tablet (generic for Lotensin®) enalapril tablet (generic for Vasotes®) lisinopril tablet (generic for Prinivil® and Zestril®) ramipril capsule (generic for Altace®) ACE INHIBITOR / Preferred	CARDIOVASCULAR ACE INHIBITORS Non-Preferred Accupri® Tablet Altace® Capsule captopril tablet (generic for Capoten®) canlapril 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 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®) Qobeils® Solution - T/F of preferred agents not required for children < 12 years of age perindopril tablet (generic for Accon®) quinapril tablet (generic for Accon®) quinapril tablet (generic for Accupril®) Vasotec® Tablet Zestri® Tablet CALCIUM CHANNEL BLOCKER COMBINATIONS
benazepril tablet (generic for Lotensin®) enalapril tablet (generic for Vasotec®) lisinopril tablet (generic for Prinivil® and Zestril®) ramipril capsule (generic for Altace®) ACE INHIBITOR / Preferred amlodipine-benazepril capsule (generic for Lotrel®)	CARDIOVASCULAR ACE INHIBITORS Non-Preferred Accupril* Tablet Altace* Capsule captopril tablet (generic for Capoten*) captopril tablet (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 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 Univase*) Operlis* Solution - T/F of preferred agents not required for children < 12 years of age perindopril tablet (generic for Accupril*) trandolapril tablet (generic for Accupril*) trandolapril tablet (generic for Accupril*) trandolapril tablet (generic for Mavik*) Vasotec* Tablet Zestril* Tablet Non-Preferred Lottel* Capsule
benazepril tablet (generic for Lotensin®) enalapril tablet (generic for Vasotec®) lisinopril tablet (generic for Prinivil® and Zestril®) ramipril capsule (generic for Altace®) ACE INHIBITOR / Preferred amlodipine-benazepril capsule (generic for Lotrel®)	CARDIOVASCULAR ACE INHIBITORS Non-Preferred Accupril* Tablet Altace* Capsule captopril tablet (generic for Capoten*) 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 Espaned* 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 Univase*) Qbrelis* Solution - T/F of preferred agents not required for children < 12 years of age perindopril tablet (generic for Accom*) quinapril tablet (generic for Accom*) quinapril tablet (generic for Accupril*) translolapril tablet (generic for Mavix*) Vasotec* Tablet CALCIUM CHANNEL BLOCKER COMBINATIONS Non-Preferred Lottel* Capsule translolapril-verapamil ER tablet (generic for Tarka*)
benazepril tablet (generic for Lotensin®) enalapril tablet (generic for Vasotec®) lisinopril tablet (generic for Prinivil® and Zestril®) ramipril capsule (generic for Altace®) ACE INHIBITOR / Preferred amlodipine-benazepril capsule (generic for Lotrel®) ACE IN	CARDIOVASCULAR ACE INHIBITORS Non-Preferred Accupris Tablet Altace "Capsule captopril tablet (generic for Capoten") 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 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 Univase") Qorelis "Solution - T/F of preferred agents not required for children < 12 years of age perindopril tablet (generic for Accupril") trandolapril tablet (generic for Accupril") trandolapril tablet (generic for Accupril") trandolapril tablet (generic for Mavik") Vasotee "Tablet Zestril" Tablet CALCIUM CHANNEL BLOCKER COMBINATIONS Non-Preferred Lotrel" Capsule trandolapril-verapamil ER tablet (generic for Tarka")
benazepril tablet (generic for Lotensin®) enalapril tablet (generic for Vasotee®) lisinopril tablet (generic for Prinivit® and Zestril®) ramipril capsule (generic for Altace®) ACE INHIBITOR / Preferred ACE IN Preferred	CARDIOVASCULAR ACE INHIBITORS Non-Preferred Accuprit* Tablet Altace* Capsule captopril tablet (generic for Capoten*) 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 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 Univase*) Opterlis* Solution - T/F of preferred agents not required for children < 12 years of age perindopril tablet (generic for Accon*) quinapril tablet (generic for Accon*) trandolapril tablet (generic for Mavik*) Vasotec* Tablet Zestri* Tablet CALCIUM CHANNEL BLOCKER COMBINATIONS Non-Preferred Lotrel* Capsule trandolapril-verapamil ER tablet (generic for Tarka*) HIBITOR / DIURETIC COMBINATIONS
benazepril tablet (generic for Lotensin®) enalapril tablet (generic for Vasorec®) lisinopril tablet (generic for Vasorec®) lisinopril tablet (generic for Altace®) ACE INHIBITOR / Preferred amlodipine-benazepril capsule (generic for Lotrel®) ACE IN Preferred enalapril-HCTZ tablet (generic for Vaseretic®)	CARDIOVASCULAR ACE INHIBITORS Non-Preferred Accupril* Tablet Altace* Capsule captopril tablet (generic for Capoten*) enalparis olution (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 mocatipril tablet (generic for Univase*) Qbrelis* Solution - T/F of preferred agents not required for children < 12 years of age perindopril tablet (generic for Accons*) quinapril tablet (generic for Accons*) translolapril tablet (generic for Accons*) Vasotec* Tablet Zestril* Tablet CALCIUM CHANNEL BLOCKER COMBINATIONS Non-Preferred Lotef* Capsule translolapril-verapamil ER tablet (generic for Tarka*) HIBITOR / DIURETIC COMBINATIONS Non-Preferred Accuretic* Tablet
benazepril tablet (generic for Lotensin®) enalapril tablet (generic for Vasorete®) lisinopril tablet (generic for Prinivil® and Zestril®) ramipril capsule (generic for Altace®) ACE INHIBITOR / Preferred amlodipine-benazepril capsule (generic for Lotrel®) ACE INALIBITOR / Preferred analogipine-benazepril capsule (generic for Lotrel®) ACE INALIBITOR / Preferred analogipine-benazepril capsule (generic for Lotrel®)	CARDIOVASCULAR ACE INHIBITORS Non-Preferred Accuprit* Tablet Altace* Capsule captopril tablet (generic for Capoten*) captopril tablet (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 Univase*) Qibrelis* Solution - T/F of preferred agents not required for children < 12 years of age perindopril tablet (generic for Accom*) quinapril tablet (generic for Accom*) quinapril tablet (generic for Accom*) yuinapril tablet (generic for Accom*) Lotensin* Tablet Zestiri* Tablet CALCIUM CHANNEL BLOCKER COMBINATIONS Non-Preferred Lotensi* Capsule trandolapril-verapamil ER tablet (generic for Tarka*) Non-Preferred Accuretic* Tablet benazepril-HCTZ tablet (generic for Lotensin* HCT)
benazepril tablet (generic for Lotensin®) enalapril tablet (generic for Vasorete®) lisinopril tablet (generic for Prinivil® and Zestril®) ramipril capsule (generic for Altace®) ACE INHIBITOR / Preferred amlodipine-benazepril capsule (generic for Lotrel®) ACE INALIBITOR / Preferred analogipine-benazepril capsule (generic for Lotrel®) ACE INALIBITOR / Preferred analogipine-benazepril capsule (generic for Lotrel®)	CARDIOVASCULAR ACE INHIBITORS Non-Preferred Accuprit* Tablet Altace* Capsule captopril tablet (generic for Capoten*) 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 mocxipril tablet (generic for Univase*) Qibrelis* Solution - T/F of preferred agents not required for children < 12 years of age perindopril tablet (generic for Acoen*) quinapril tablet (generic for Acoen*) quinapril tablet (generic for Acoen*) quinapril tablet (generic for Mavik*) Vasotec* Tablet Zestrif* Tablet CALCIUM CHANNEL BLOCKER COMBINATIONS Non-Preferred Lotest* Lotest* Non-Preferred Accuratic* Tablet Accuratic* Tablet (generic for Lotensin* HCT) captopril-HCTZ tablet (generic for Lotensin* HCT) captopril-HCTZ tablet (generic for Lotensin* HCT) captopril-HCTZ tablet (generic for Monopril* HCT) Lotensin* HCT Tablet Lotensin* HCT Tablet (generic for Monopril* HCT) Lotensin* HCT Tablet
benazepril tablet (generic for Vasotes*) enalapril tablet (generic for Vasotes*) lisinopril tablet (generic for Prinivil* and Zestril*) ramipril capsule (generic for Altace*) ACE INHIBITOR / Preferred amlodipine-benazepril capsule (generic for Lotrel*) ACE INALIBITOR / Preferred analodipine-benazepril capsule (generic for Lotrel*) ACE INALIBITOR / Preferred analodipine-benazepril capsule (generic for Vaseretic*)	CARDIOVASCULAR ACE INHBITORS Non-Preferred Accuprit "Tablet Altace "Capsule captopril tablet (generic for Capoten") captopril tablet (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 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 Univase") Querlis "Solution - T/F of preferred agents not required for children < 12 years of age perindopril tablet (generic for Accupril") quinapril tablet (generic for Accupril") trandolapril tablet (generic for Accupril") trandolapril tablet (generic for Mavik ") Vasotee "Tablet Zestri "Tablet CALCIUM CHANNEL BLOCKER COMBINATIONS Non-Preferred Lotrel " Capsule trandolapril-verapamil ER tablet (generic for Tarka ") HIBITOR / DIURETIC COMBINATIONS Non-Preferred Accuretic " Tablet benazepril-HCTZ tablet (generic for Lotensin " HCT) captopril-HCTZ tablet (generic for Lotensin " HCT) captopril-HCTZ tablet (generic for Monopril " HCT) Lotensin " HCT Tablet quinapril-HCTZ tablet (generic for Accuretic ", Quinaretic ")
benazepril tablet (generic for Vasotes*) enalapril tablet (generic for Vasotes*) lisinopril tablet (generic for Prinivil* and Zestril*) ramipril capsule (generic for Altace*) ACE INHIBITOR / Preferred amlodipine-benazepril capsule (generic for Lotrel*) ACE INALIBITOR / Preferred analodipine-benazepril capsule (generic for Lotrel*) ACE INALIBITOR / Preferred analodipine-benazepril capsule (generic for Vaseretic*)	CARDIOVASCULAR ACE INHIBITORS Non-Preferred Accuprit* Tablet Altace* Capsule captorit lablet (generic for Capoten*) enalapril solution (generic for Epaned*) - 7/F of preferred agents not required for children < 12 years of age Epaned* Solution - 17F of preferred agents not required for children < 12 years of age Epaned* Solution - 17F of preferred agents not required for children < 12 years of age (Soinopril lablet (generic for Monopril*) Lotensin* Tablet moexipril tablet (generic for Univase*) (Optelis* Solution - 17F of preferred agents not required for children < 12 years of age perindopril tablet (generic for Accon*) quinapril tablet (generic for Accon*) quinapril tablet (generic for Accon*) translolapril tablet (generic for Mavik*) Vasotec* Tablet CALCIUM CHANNEL BLOCKER COMBINATIONS Non-Preferred Loterd* Capsule translolapril-verapamil ER tablet (generic for Tarka*) HIBITOR / DIURETIC COMBINATIONS Non-Preferred Accuretic* Tablet benazepril-HCTZ tablet (generic for Lotensin* HCT) captoril-HCTZ tablet (generic for Lotensin* HCT) Lotensin* HCTZ tablet (generic for Monopril* HCT) Lotensin* HCTZ tablet (generic for Accuretic*, Quinaretic*) Vsacereic* Tablet Vsacereic* Tablet
benazepril tablet (generic for Vasotes*) enalapril tablet (generic for Vasotes*) lisinopril tablet (generic for Prinivil* and Zestril*) ramipril capsule (generic for Altace*) ACE INHIBITOR / Preferred amlodipine-benazepril capsule (generic for Lotrel*) ACE INALIBITOR / Preferred analodipine-benazepril capsule (generic for Lotrel*) ACE INALIBITOR / Preferred analodipine-benazepril capsule (generic for Vaseretic*)	CARDIOVASCULAR ACE INHBITORS Non-Preferred Accuprit "Tablet Altace "Capsule captopril tablet (generic for Capoten") captopril tablet (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 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 Univase") Querlis "Solution - T/F of preferred agents not required for children < 12 years of age perindopril tablet (generic for Accupril") quinapril tablet (generic for Accupril") trandolapril tablet (generic for Accupril") trandolapril tablet (generic for Mavik ") Vasotee "Tablet Zestri "Tablet CALCIUM CHANNEL BLOCKER COMBINATIONS Non-Preferred Lotrel " Capsule trandolapril-verapamil ER tablet (generic for Tarka ") HIBITOR / DIURETIC COMBINATIONS Non-Preferred Accuretic " Tablet benazepril-HCTZ tablet (generic for Lotensin " HCT) captopril-HCTZ tablet (generic for Lotensin " HCT) captopril-HCTZ tablet (generic for Monopril " HCT) Lotensin " HCT Tablet quinapril-HCTZ tablet (generic for Accuretic ", Quinaretic ")

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

AN	GIOTENSIN 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*)
	Cozar® Tablet
	Diovan® Tablet
	Edarbi [®] Tablet
	eprosartan tablet (generic for Teveten®)
	Micardis [®] Tablet
	telmisartan tablet (generic for Micardis [®])
	valsartan oral solution
	ISIN 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
ANGIOTENIONI	DESCRIPTION DI COVER DI INTETTIC COMPRIATIONS
	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
	Edarbyelor® Tablet
	Hyzaar® Tablet
	Micardis® HCT Tablet
ANGIOTENGIA II I	telmisartan-HCTZ tablet (generic for Micardis® HCT)
	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 ADDIVITIMICS
	ANTI-ARRHYTHMICS
Preferred	Non-Preferred
amiodarone tablet (generic for Cordarone®)	Multaq® Tablet
disopyramide capsule (generic for Norpace®)	Norpace® Capsule / CR Capsule
dofetilide capsule (generic for Tikosyn*)	Pacerone® Tablet
flecainide tablet (generic for Tambocor®)	quinidine gluconate ER tablet (generic for Quinaglute DuraTabs*)
mexiletine capsule (generic for Mexitil®)	Tikosyn* Capsule
propafenone tablet (generic for Rythmol®)	
propafenone SR capsule (generic for Rythmol SR®)	
quinidine sulfate tablet (generic for Quinidex® Tablet)	BETA BLOCKERS
Des Ed	
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 *) bisoprolol tablet (generic for Zebeta *)
labetalol tablet (generic for Trandate®)	
metoprolol succinate XL tablet (generic for Toprol XL®)	Bystolic® Tablet carvedilol ER capsule (generic for Coreg® CR Capsule)
metoprolol tartrate tablet (generic for Lopressor®) nebivolol tablet (generic for Bystolic®)	
	Coreg [®] Tablet / CR Capsule
propranolol solution / tablet / ER capsule (generic for Inderal®) Sorine® Tablet	Inderal® LA Capsule / XL Capsule 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 Loressor [®] Tablet
	nadolol tablet (generic for Corgard®) pindolol tablet (generic for Visken®)
	pindolol tablet (generic for Visken") Sotylize Solution
	Sotytize Solution Tenormin® Tablet
	timolol tablet (generic for Blocadren®)
	Toprol XL® Tablet
	+
RET	A BLOCKER DIURETIC COMBINATIONS
Preferred	Non-Preferred
atenolol-chlorthalidone tablet (generic for Tenoretic®)	metoprolol-HCTZ tablet (generic for Lopressor® HCT)
	propranolol-HCTZ tablet (generic for Inderide *)
bisoprolol-HCTZ tablet (generic for Ziac*)	propranotol-HCTZ tablet (generic for Indende) Tenoretic® Tablet
	Ziac® Tablet
	BILE ACID SEQUESTRANTS
Preferred	Non-Preferred
	colesevelam packet / tablet (generic for Welchol®)
cholestyramine packet / powder / light packet / light powder (generic for Questran® / Questran® Light)	
colestipol tablet (generic for Colestid® Tablet)	Colestid® Granules / Tablet
	colestipol granules (generic for Colestid*)
	Provide ® Product / Provides
	Prevalite® Packet / Powder
	Questran® Light Powder / Packet / Powder

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

CHOLESTEROL LOWERING AGENTS Preferred Non-Preferred orvastatin tablet (generic for Lipitor®) Altoprev® Tablet mlodipine-atorvastatin tablet (generic for Caduet*) zetimibe (generic for Zetia®) ovastatin tablet (generic for Mevacor®) Atorvaliq[®] Suspension avastatin tablet (generic for Pravachol®) Caduet® Tablet suvastatin tablet (generic for Crestor®) Ezallor™ Capsule imvastatin tablet (generic for Zocor®) zetimibe-simvastatin (generic for Vytorin®) FlolipidTM (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 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 itavastatin tablet (generic for Livalo®) - T/F of preferred ag Vytorin[®] Tablet Zetia® Tablet Zocor® Tablet Zypitamag [™] Tablet CORONARY VASODILATORS Non-Preferred Preferred orbide dinitrate tablet (generic for Isordil® Titradose®, IsoDitrate®, et.al.) Gonitro® Sublingual Powder sordil[®] Tablet / Titradose[®] Table sorbide mononitrate tablet / ER tablet (generic for Ismo®, Monoket®, Imdur®) itroglycerin patch / spray / SL tablet (generic for Nitro-Dur®, Minitran®, Nitrostat®, et. al) Nitro-Bid® Ointment Nitrostat® SL Tablet Nitro-Dur® Patch Nitrolingual® Spray /erquvo[™]Tablet DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS Preferred Non-Preferred elodipine ER tablet (generic for Plendil®) nlodipine tablet (generic for Norvasc®) ifedipine capsule (generic for Procardia®) sradipine capsule (generic for Dynacirc®) ifedipine ER tablet (generic for Adalat CC® / Procardia XL®) Katerzia[™] Suspension - T/F of preferred a evamlodipine tablet (generic for Conjupri®) nicardipine capsule (generic for Cardene®) nimodipine capsule (generic for Nimotop®) nisoldipine ER tablet (generic for Sular®) Norliqva® Solution Norvasc[®] Tablet Nymalize® Solution / oral syringe rocardia[®] XL Tablet Sular® Tablet DIRECT RENIN INHIBITOR Preferred Non-Preferred Γekturna[®] Tablet aliskiren tablet (generic for Tekturna® Tablet) Γekturna[®] HCT Tablet ENDOTHELIN RECEPTOR ANTAGONISTS Covered for diagnosis of Pulmonary Arterial Hypertension only Preferred Non-Preferred nbrisentan tablet (generic for Letairis® Tablet) osentan tablet (generic for Tracleer® Tablet) Opsumit® Tablet Opsvnvi® Tablet Tracleer® Suspension INHALED PROSTACYCLIN ANALOGS Preferred Non-Preferred Tyvaso® Refill Kit / Solution / Starter Kit Tyvaso® DPI NIACIN DERIVATIVES Preferred Non-Preferred niacin ER tablet (generic for Niaspan®) NITRATE COMBINATION Preferred Non-Preferred idil[®] Tablet sosorbide dinit/hydralazine tablet (generic for Bidil®)

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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
liltiazem ER 24 hour capsule (generic for Dilacor XR®, Tiazac®)	diltiazem LA tablet (generic for Cardizem LA®)
liltiazem tablet / CD capsule / ER 12 hour capsule (generic for Cardizem® / CD / SR)	Matzim [®] LA Tablet (generic for Cardizem LA [®])
Faztia XT® Capsule (branded generic for Tiazac®)	Tiazac [®] Capsule
Γiadylt [®] 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
	is 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
adalafil 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 ^w Sprinkle
	Ranexa® Tablet
	SYMMATHOLYTICS AND COMBINATIONS
	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
D. C. 1	
Preferred fenofibrate tablet (generic for Tricor®)	Non-Preferred fenofibrate capsule / tablet (generic for Antara*, Lofibra*, Fenoglide*, et. al)
gemfibrozil tablet (generic for Lopid*)	renotorate capaties / turnet igenerate for Fabricos / Trilipis // fenofibric capaties / turnet igenerate for Fabricos / Trilipis // fenofibricos / Trilipis // fenofibricos / Trilipis // fenofibricos // Trilipis // Trilipis // fenofibricos // Trilipis
icosapent ethyl capsule (generic for Vascepa®)	tenotoric diedi utaliet (generic for rioricor , Trinpix) Fenoglied Tablet
omega-3 acid ethyl esters capsule (generic for Lovaza®)	
onlega-5 actu etilyi esters capsule (generic toi Lovaza)	Eibnicos® Tablet
	Fibrico* Tablet
	Lipofen® Capsule
	Lipofen [®] Capsule Lopid [®] Tablet
	Lipofen [®] Capsule Lopid [®] Tablet Lovaza [®] Capsule
	Lipofen [®] Capsule Lopid [®] Tablet Lovaza [®] Capsule Tricor [®] Tablet
	Lipofen [®] Capsule Lopid [®] Tablet Lovaza [®] Capsule
	Lipofen [®] Capsule Lopid [®] Tablet Lovaza [®] Capsule Tricor [®] Tablet
	Lipofen [®] Capsule Lopid [®] Tablet Lovaza [®] Capsule Tricor [®] Tablet
	Lipofen [®] Capsule Lopid [®] Tablet Lovaza [®] Capsule Tricor [®] Tablet
	Lipofen [®] Capsule Lopid [®] Tablet Lovaza [®] Capsule Tricor [®] Tablet
Preferred	Lipofen® Capsule Loyat® Tablet Lovaz® Capsule Tricor® Tablet Trilipix® Capsule CARDIOVASCULAR, OTHER
Preferred Company Consults (United extents analy)	Lipofen® Capsule Lopid® Tablet Lovaz® Capsule Tricor® Tablet Tricor® Tablet Trilipix® Capsule CARDIOVASCULAR, OTHER Non-Preferred
Preferred Camzyos® Capsule - Clinical criteria apply	Lipofen® Capsule Loyat® Tablet Lovaz® Capsule Tricor® Tablet Trilipix® Capsule CARDIOVASCULAR, OTHER
	Lipofen® Capsule Loyaz® Tablet Lovaz® Capsule Tricor® Tablet Trilipix® Capsule CARDIOVASCULAR, OTHER Non-Preferred Lodoo®
	Lipofen® Capsule Lopid® Tablet Lovaza® Capsule Tricor® Tablet Trilipix® Capsule CARDIOVASCULAR, OTHER CARDIOVASCULAR, OTHER Non-Preferred Lodcc® Lodcc® CENTRAL NERVOUS SYSTEM
	Lipofen® Capsule Lopid® Tablet Lovaza® Capsule Tricor® Tablet Trilipix® Capsule CARDIOVASCULAR, OTHER CARDIOVASCULAR, OTHER Non-Preferred Lodoo® CENTRAL NERVOUS SYSTEM ANTIMIGRAINE AGENTS
Camzyos [®] Capsule - Clinical criteria apply	Lipofen® Capsule Loyata® Tablet Lovaza® Capsule Tricor® Tablet Triipix® Capsule CARDIOVASCULAR, OTHER CARDIOVASCULAR, OTHER Non-Preferred Lodoco® CENTRAL NERVOUS SYSTEM ANTIMIGRAINE AGENTS Quantity limits apply to all triptans
Camzyos [®] Capsule - Clinical criteria apply Preferred	Lipofen® Capsule Lovaza® Capsule Tricor® Tablet Tricor® Tablet Trilipix® Capsule CARDIOVASCULAR, OTHER Non-Preferred Lodeco® ANTIMIGRAINE AGENTS Quantity limits apply to all triptans Non-Preferred
Camzyos® Capsule - Clinical criteria apply Preferred rizatriptan tablet / ODT (generic for Maxalt®)	Lipofen® Capsule Lopid® Tablet Lovaza® Capsule Tricor® Tablet Trilipix® Capsule CARDIOVASCULAR, OTHER CARDIOVASCULAR, OTHER Non-Preferred Lodoco® CENTRAL NERVOUS SYSTEM ANTIMIGRAINE AGENTS Quantity limits apply to all triptans Non-Preferred almotriptan tablet (generic for Axert®)
Camzyos [®] Capsule - Clinical criteria apply Preferred	Lipofen® Capsule Lovaza® Capsule Tricor® Tablet Tricor® Tablet Trilipix® Capsule CARDIOVASCULAR, OTHER Non-Preferred Lodeco® ANTIMIGRAINE AGENTS Quantity limits apply to all triptans Non-Preferred
Camzyos [®] Capsule - Clinical criteria apply Preferred rizatriptan tablet / ODT (generic for Maxalt [®])	Lipofen® Capsule Lovaza® Tablet Lovaza® Capsule Tricor® Tablet Triipix® Capsule Triipix® Capsule CARDIOVASCULAR, OTHER Non-Preferred Lodeco® CENTRAL NERVOUS SYSTEM ANTIMIGRAINE AGENTS Quantity limits apply to all triptans Non-Preferred almotriptan tablet (generic for Axer®) diclofenae potassign powder packet (generic for Cambia®) - T/F of 2 preferred NSAIDs, in addition to T/F of 2 preferred triptans in the Antimigraine Agents required for coverage
Camzyos [®] Capsule - Clinical criteria apply Preferred rizatriptan tablet / ODT (generic for Maxalt [®])	Lipofen® Capsule Loyad® Tablet Lovaza® Capsule Tricor® Tablet Triipix® Capsule Triipix® Capsule CARDIOVASCULAR, OTHER Non-Preferred Lodoco® CENTRAL NERVOUS SYSTEM ANTIMIGRAINE AGENTS Quantity limits apply to all triptans Non-Preferred almotriptan tablet (generic for Axert®) diclofenae 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
Camzyos [®] Capsule - Clinical criteria apply Preferred rizatriptan tablet / ODT (generic for Maxalt [®])	Lipofen® Capsule Loyara® Capsule Lovara® Capsule Trior" Tablet Trilipix® Capsule CARDIOVASCULAR, OTHER CARDIOVASCULAR, OTHER Non-Preferred Lodoo® CENTRAL NERVOUS SYSTEM ANTIMIGRAINE AGENTS Quantity limits apply to all triptans Non-Preferred almotriptan tablet (generic for Axert®) diclofenae 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 required for coverage eletriptan tablet (generic for Relpax®)
Camzyos [®] Capsule - Clinical criteria apply Preferred rizatriptan tablet / ODT (generic for Maxalt [®])	Lipofen® Capsule Loyara® Tablet Lovara® Tablet Tricor® Tablet Tricor® Tablet Trilipix® Capsule Tricor® Tablet Trilipix® Capsule CARDIOVASCULAR, OTHER Non-Preferred Lodoc® CENTRAL NERVOUS SYSTEM ANTIMIGRAINE AGENTS Quantity limits apply to all triptans Non-Preferred almotriptan tablet (generic for Axert®) diclofenae 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 required for coverage cletriptan tablet (generic for Relpax®) Elyxyb® Solution - T/F of 2 preferred NSAIDs, in addition to T/F of 2 preferred triptans in the Antimigraine Agents class required for coverage Frova® Tablet
Camzyos [®] Capsule - Clinical criteria apply Preferred rizatriptan tablet / ODT (generic for Maxalt [®])	Lipofen® Capsule Loyara® Capsule Lovara® Capsule Trior® Tablet Trilipix® Capsule CARDIOVASCULAR, OTHER CARDIOVASCULAR, OTHER Non-Preferred Lodec® Non-Preferred Lodec® CENTRAL NERVOUS SYSTEM ANTIMIGRAINE AGENTS Quantity limits apply to all triptans Non-Preferred almotriptan tablet (generic for Axert®) diclofenae 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 required for coverage eletriptan tablet (generic for Relpax®) Elyxyb® Solution - T/F of 2 preferred NSAIDs, in addition to T/F of 2 preferred triptans in the Antimigraine Agents class required for coverage Frova® Tablet frovatiriptan tablet (generic for Relpax®)
Camzyos® Capsule - Clinical criteria apply Preferred rizatriptan tablet / ODT (generic for Maxalt®)	Lipofen® Capsule Loyad® Tablet Lovaza® Capsule Tricor® Tablet Trilipix® Capsule CARDIOVASCULAR, OTHER CARDIOVASCULAR, OTHER Non-Preferred Lodoo® CENTRAL NERVOUS SYSTEM ANTIMIGRAINE AGENTS Quantity limits apply to all triptans Non-Preferred almotriptan tablet (generic for Acset®) diclofenae 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 required for coverage eletriptan tablet (generic for Relpax®) Elyxyb® Solution - T/F of 2 preferred NSAIDs, in addition to T/F of 2 preferred triptans in the Antimigraine Agents class required for coverage Frowa® Tablet frovatriptan tablet (generic for Frowa®) lmitre® Capsule frowaritynat nablet (generic for Frowa®) lmitre® Capsule frowaritynat nablet (generic for Frowa®) lmitre® Capsule Tributa Capsule Tribu
Camzyos® Capsule - Clinical criteria apply Preferred rizatriptan tablet / ODT (generic for Maxalt®)	Lipofen® Capsule Lovaza® Capsule Lovaza® Capsule Tricor® Tablet Trilipix® Capsule Trilipix® Capsule CARDIOVASCULAR, OTHER Non-Preferred Lodoco® CENTRAL NERVOUS SYSTEM ANTIMIGRAINE AGENTS Quantity limits apply to all triptans Non-Preferred almotriptan tablet (generic for Axert®) diclofenae 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 required for coverage eletriptan tablet (generic for Relpax®) Elyxyb® Solution - T/F of 2 preferred NSAIDs, in addition to T/F of 2 preferred triptans in the Antimigraine Agents required for coverage Frova® Tablet frovatriptan tablet (generic for Frova®) Imitrex® Cartidge / Nasal Spray / Pen / Tablet Maxalt® Tablet / MLT Tablet
Camzyos® Capsule - Clinical criteria apply Preferred rizatriptan tablet / ODT (generic for Maxalt®)	Lipofen® Capsule Lovaza® Capsule Trior® Tablet Trilipix® Capsule Trilipix® Capsule CARDIOVASCULAR, OTHER CARDIOVASCULAR, OTHER Non-Preferred Lodoc® CENTRAL NERVOUS SYSTEM ANTIMIGRAINE AGENTS Quantity limits apply to all triptans Non-Preferred almotriptan tablet (generic for Axert®) diclofenae 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 required for coverage cletriptan tablet (generic for Relpax®) Elyxyb® Solution - TFF of 2 preferred NSAIDs, in addition to T/F of 2 preferred triptans in the Antimigraine Agents required for coverage frowa® Tablet frowatriptan tablet (generic for Frowa®) Imitrex® Cartridge / Nissal Spray / Pen / Tablet Maxalt® Tablet / MLT Tablet Maxalt® Tablet / MLT Tablet martriptan tablet (generic for Amerge®)
Camzyos® Capsule - Clinical criteria apply Preferred rizatriptan tablet / ODT (generic for Maxalt®)	Lipofen® Capsule Lopid® Tablet Lovaza® Capsule Tricos® Tablet Trilipix® Capsule Tridipix® Capsule Tridipix® Capsule CARDIOVASCULAR, OTHER Non-Preferred Lodoco® CENTRAL NERVOUS SYSTEM ANTIMIGRAINE AGENTS Quantity limits apply to all triptans Non-Preferred almotripan tablet (generic for Axert®) diclofenae potassium powder packet (generic for Cambia®) - T/F of 2 preferred triptans in the Antimigraine Agents required for coverage elettriptan tablet (generic for Relpax®) Elyyb® Solution - T/F of 2 preferred NSAIDs, in addition to T/F of 2 preferred triptans in the Antimigraine Agents required for coverage Frova® Tablet frova
Camzyos® Capsule - Clinical criteria apply Preferred rizatriptan tablet / ODT (generic for Maxalt®)	Lipofen® Capsule Loyaza® Capsule Tricos® Tablet Trilipix® Capsule Tricos® Tablet Trilipix® Capsule Trilipix® Capsule Trilipix® Capsule Trilipix® Capsule CARDIOVASCULAR, OTHER Non-Preferred Lodoco® CENTRAL NERVOUS SYSTEM ANTIMIGRAINE AGENTS Quantity limits apply to all triptans Non-Preferred almotriptan tablet (generic for Acset®) diclofenae 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 required for coverage eletriptan tablet (generic for Relpax®) Elyxyb® Solution - T/F of 2 preferred NSAIDs, in addition to T/F of 2 preferred triptans in the Antimigraine Agents required for coverage Frova® Tablet frovatriptan tablet (generic for Frova®) Initives® Cartridge / Nasal Spray / Pen / Tablet Maxait® Tablet / MLT Tablet naratriptan tablet (generic for Amerge®) Relpax® Tablet Reyvow® Tablet
Camzyos® Capsule - Clinical criteria apply Preferred rizatriptan tablet / ODT (generic for Maxalt®)	Lipofen® Capsule Loyal® Tablet Loval® Capsule Tricor® Tablet Trilipix® Capsule CARDIOVASCULAR, OTHER Non-Preferred Lodoc® CENTRAL NERVOUS SYSTEM ANTIMIGRAINE AGENTS Quantity limits apply to all triptans Non-Preferred almotriptan tablet (generic for Axert®) diclofense 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 required for coverage eletriptan tablet (generic for Relpax®) Elsys® Solution - T/F of 2 preferred NSAIDs, in addition to T/F of 2 preferred triptans in the Antimigraine Agents required for coverage frova® Tablet frowartiptan tablet (generic for Frova®) Imitrex® Cartridge / Nasal Spray / Pen / Tablet maratriptan tablet (generic for Amerge®) Relpax® Tablet frowartiptan tablet (generic for Amerge®) Relpax® Tablet maratriptan tablet (generic for Amerge®) Relpax® Tablet maratriptan tablet (generic for Amerge®) Relpax® Tablet maratriptan tablet (generic for Amerge®) Relpax® Tablet summatriptan injection kit / refill / syringe (generic for Imitrex®)
Camzyos® Capsule - Clinical criteria apply Preferred rizatriptan tablet / ODT (generic for Maxalt®)	Lipofen® Capsule Lipofen® Capsule Lipofen® Tablet Livaza® Capsule Trice® Tablet Trilipix® Capsule CARDIOVASCULAR, OTHER Non-Preferred Lodoco® CENTRAL NERVOUS SYSTEM ANTIMIGRAINE AGENTS Quantity limits apply to all triptans Non-Preferred almotriptan tablet (generic for Acert®) 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 required for coverage eletriptan tablet (generic for Relpax®) Elyxyb® Solution - T/F of 2 preferred NSAIDs, in addition to T/F of 2 preferred triptans in the Antimigraine Agents required for coverage Froo® Tablet frovatiptan tablet (generic for Relpax®) Initex® Cartridge / Nasal Spray / Pen / Tablet Maxalf® Tablet / MLT Tablet naratriptan tablet (generic for Amerge®) Relpax® Tablet Reyvox® Tablet (generic for Instirex®) Summitriptan / naproxen tablet (generic for Instirex®)
Camzyos® Capsule - Clinical criteria apply Preferred rizatriptan tablet / ODT (generic for Maxalt®)	Lipofen® Capsule Lopid® Tablet Lovaza® Capsule Trico® Tablet Trilipix® Capsule CARDIOVASCULAR, OTHER Non-Preferred Lodoc® CENTRAL NERVOUS SYSTEM ANTIMIGRAINE AGENTS Quantity limits apply to all triptans Non-Preferred almotriptan tablet (generic for Avert®) diclofenae 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 required for coverage cleriptan tablet (generic for Relpax®) Elyxyb® Solution - T/F of 2 preferred NSAIDs, in addition to T/F of 2 preferred triptans in the Antimigraine Agents required for coverage cleriptan tablet (generic for Relpax®) Elyxyb® Solution - T/F of 2 preferred NSAIDs, in addition to T/F of 2 preferred triptans in the Antimigraine Agents class required for coverage frow Tablet frowstriptan tablet (generic for Frow®) Imitrex® Cartridge / Nasal Spray / Pen / Tablet Masaid® Tablet / MIT Tablet nararriptan injection kit / refill / syringe (generic for Imitrex®) sumatriptan injection kit / refill / syringe (generic for Imitrex®) sumatriptan injection kit / refill / syringe (generic for Imitrex®) sumatriptan injection kit / refill / syringe (generic for Imitrex®) sumatriptan injection kit / refill / syringe (generic for Imitrex®) sumatriptan injection kit / refill / syringe (generic for Imitrex®) sumatriptan injection kit / refill / syringe (generic for Imitrex®) sumatriptan injection kit / refill / syringe (generic for Imitrex®) sumatriptan injection kit / refill / syringe (generic for Imitrex®)
Camzyos® Capsule - Clinical criteria apply Preferred rizatriptan tablet / ODT (generic for Maxalt®)	Lipofen Capsule Loyad Tablet Loyad Tablet Loyad Tablet Trice* Tablet Trilipix* Capsule Trice* Tablet Trilipix* Capsule CARDIOVASCULAR, OTHER CARDIOVASCULAR, OTHER Lodoco* CENTRAL NERVOUS SYSTEM ANTIMIGRAINE AGENTS Quantity limits apply to all triptans ANTIMIGRAINE AGENTS Quantity limits apply to all triptans Non-Preferred almotripan tablet (generic for Asert*) diclotense 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 required for overage electrical tablet (generic for Relpax*) Elsysb* Solution: The of 2 preferred NSAIDs, in addition to T/F of 2 preferred triptans in the Antimigraine Agents required for coverage Frow *Tablet* Maxaf* Tablet / Mi.T Tablet maratripan tablet (generic for Frowa*) Initivex* Cartridge / Nasal Spray / Pen / Tablet Maxaf* Tablet / Mi.T Tablet maratripan injection kit / refill / syringe (generic for Imitrex*) sumatripan injection kit / refill / syringe (generic for Imitrex*) sumatripan injection kit / refill / syringe (generic for Imitrex*) sumatripan injection kit / refill / syringe (generic for Imitrex*) sumatripan injection kit / refill / syringe (generic for Imitrex*) sumatripan injection kit / refill / syringe (generic for Imitrex*) sumatripan injection kit / refill / syringe (generic for Imitrex*) sumatripan injection kit / refill / syringe (generic for Imitrex*) Sumatripan injection kit / refill / syringe (generic for Imitrex*) Sumatripan injection kit / refill / syringe (generic for Imitrex*)
Camzyos® Capsule - Clinical criteria apply Preferred rizatriptan tablet / ODT (generic for Maxalt®)	Lipofen® Capsule Lopid® Tablet Lovaza® Capsule Trico® Tablet Trilipix® Capsule CARDIOVASCULAR, OTHER Non-Preferred Lodoc® CENTRAL NERVOUS SYSTEM ANTIMIGRAINE AGENTS Quantity limits apply to all triptans Non-Preferred almotriptan tablet (generic for Avert®) diclofenae 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 required for coverage cleriptan tablet (generic for Relpax®) Elyxyb® Solution - T/F of 2 preferred NSAIDs, in addition to T/F of 2 preferred triptans in the Antimigraine Agents required for coverage cleriptan tablet (generic for Relpax®) Elyxyb® Solution - T/F of 2 preferred NSAIDs, in addition to T/F of 2 preferred triptans in the Antimigraine Agents class required for coverage frow Tablet frowstriptan tablet (generic for Frow®) Imitrex® Cartridge / Nasal Spray / Pen / Tablet Masaid® Tablet / MIT Tablet nararriptan injection kit / refill / syringe (generic for Imitrex®) sumatriptan injection kit / refill / syringe (generic for Imitrex®) sumatriptan injection kit / refill / syringe (generic for Imitrex®) sumatriptan injection kit / refill / syringe (generic for Imitrex®) sumatriptan injection kit / refill / syringe (generic for Imitrex®) sumatriptan injection kit / refill / syringe (generic for Imitrex®) sumatriptan injection kit / refill / syringe (generic for Imitrex®) sumatriptan injection kit / refill / syringe (generic for Imitrex®) sumatriptan injection kit / refill / syringe (generic for Imitrex®)

Effective Date July 1, 2025

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

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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

	ANTIMIGRAINE AGENTS
	CGRP Blockers/Modulators PREVENTATIVE
	Clinical criteria apply to all drugs in this class
Preferred	Non-Preferred
Aimovig® Autoinjector	Qulipta* Tablet
jovy® Autoinjector / Syringe	Vyepti [®] Vial
imgality® Pen / Syringe	
Turtec® 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
Jbrelvy® Tablet	
	ANTI-NARCOLEPSY
	Clinical criteria apply to all drugs in this class
Preferred	Non-Preferred
vluvigil® Tablet	armodafinil tablet (generic for Nuvigil*)
rovigil [®] Tablet	modafinil tablet (generic for Provigil®)
	Sunosi [™] Tablet
	Wakix® Tablet
	ANTIPARKINSON AND RESTLESS LEG SYNDROME AGENTS
Preferred	Non-Preferred
mantadine capsule / solution (generic for Symmetrel®)	Apokyn [®] Cartridge
senztropine tablet (generic for Cogentin®)	apomorphine cartridge (generic for Apokyn [®])
oromocriptine capsule / tablet (generic for Parlodel®)	Azilect [®] Tablet
arbidopa-levodopa ODT (generic for Parcopa®)	carbidopa tablet (generic for Lodosyn)
earbidopa-levodopa tablet / ER tablet (generic for Sinemet® / CR)	earbidopa-levodopa-entacapone tablet (generic for Stalevo [®])
pramipexole tablet (generic for Mirapex®)	Crexont Capsule ER
opinirole tablet (generic for Requip®)	Dhivy Tablet [™]
selegiline capsule / tablet (generic for Emsam®)	Duopa® Suspension
rihexyphenidyl elixir / tablet (generic for Artane®)	entacapone tablet (generic for Comtan*)
	Gocovii® Capsule - Clinical criteria apply
	Horizant® Tablet
	Inbrija Mahalation - Clinical eriteria apply
	Kynmobi [™] Titration Kit
	Lodosyn® 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®)
	Vyalev Vial
	Xadago [®] Tablet
	Zelapar* ODT
	MULTINE SCIEDOS
	MULTIPLE SCLEROSIS Injectable
Preferred	Non-Preferred
	Non-Preierred Briumvi™ Vial
Avonex® Pack / Pen / Syringe Betaseron® Kit / Vial	
Setaseron" Kit / Vial Copaxone® Syringe	glatiramer syringe (generic for Copaxone [®] Syringe) Glatopa [®] Syringe
Copaxone Syringe Kesimpta Pen	Gilatopa "Syringe Lemtrada® Vial
Resimpta Pen Rebif® Rebidose® / Titration Pack / Syringe	Lemtrada Vial
con condose / manon rack / Symige	Ocrevus® Viai - 1/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)
	Occessive Zonovo Viai 11F of preferred agents not required for diagnosis of Primary Progressive MS (PPMS) Plegridy® Pen / Pen Starter Pack / Syringe / Syringe Starter Pack
	Plegridy Pen / Pen Starter Pack / Syringe / Syringe Starter Pack Tysabri [®] Vial
	1 years 1 Vill
	Oral
Preferred	Non-Preferred
lalfampridine ER tablet (generic for Ampyra®)	Ampyra Tablet
limethyl fumarate DR capsule / starter pack (generic for Tecfidera® Capsule / Starter Pack)	Ampyra Tablet Aubagio Tablet
ingolimod capsule (generic for Gilenya®)	Bafiertam Capsule
eriflunomide tablet (generic for Ghenya)	Gilenya® Capsule
ermanomine adolet (generic for Addagno)	Mavenclad [®] Tablet
	Mayzent [®] Starter Pack / Tablet
	Mayzent Starter Pack / Tablet Ponvory Starter Pack / Tablet
	Ponvory Starter Pack / Tablet Tascenso ODT
_	
	Tecfidera® Capsule / Starter Pack

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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	HIC 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
	tity 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 ¹⁸ Tablet
temazepam 15mg, 30mg capsule (generic for Restoril®) zaleplon capsule (generic for Sonata®)	Doral Tablet
zalepion capsule (generic for Sonata) zolpidem tablet (generic for Ambien [®])	doxepin tablet (generic for Silenor*) Edluar* SL Tablet
zoipidein tablet (generic for Annolen)	estazolam tablet (generic for Prosom®)
	Halcion® Tablet
	Hetlioz® Capsule / LQ Suspension - Clinical criteria apply
	Lunesta * Tablet
	quazepam tablet (generic for Dorat [®])
	Quviviq Tablet
	Restoril [®] Capsule
	Rozerem® Tablet
	tasimelteon capsule (generic for Hetlioz®) - T/F of Hetlioz® Capsule required for coverage
	temazepam 7.5, 22.5 mg capsule (generic for Restoril®)
	triazolam tablet (generic for Halcion®)
	zolpidem capsule
	zolpidem ER tablet (generic for Ambien® CR)
	zolpidem SL tablet (generic for Intermezzo [®])
	TODACCO CICCATION
D. C	TOBACCO CESSATION
Preferred bupropion SR tablet (generic for Zyban*)	Non-Preferred Nicotrol® Inhaler / NS Nasal Spray
Chantix® Tablet / Starting Box / Continuation Month Box	Notice Indicate / No vision openy
nicotine gum / lozenge (buccal) / patch	
varenicline tablet / starting month box (generic for Chantix*)	
varenicline continuation month box (generic for Chantix*)	
	ENDOCRINOLOGY
	GROWTH HORMONE
Clinic	al criteria apply to all drugs in this class
	quired for Use of Serostim® in AIDS Wasting Syndrome
Preferred	Non-Preferred
Genotropin® Cartridge / MiniQuick®	Humatrope® Cartridge
Norditropin* Flexpro*	Ngenla [®] Pen
	Nutropin® AQ NuSpin® Omnitrope® Cartridge / Vial
	Serostim [®] Vial
	Skytrofa® Cartridge - T/F of preferred agents not required for children <18 years of age
	Sogroya® Pen
	Zomacton® Vial
	Zoniacion viai
	ZORIACION VIAI
H	YPOGLYCEMICS - INJECTABLE
	PPOGLYCEMICS - INJECTABLE Rapid Acting Insulin
T/F of only one preferred drug required; Prior Authorization are require	PPOGLYCEMICS - INJECTABLE Rapid Acting Insulin d for NP insulins. Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes.
T/F of only one preferred drug required; Prior Authorization are require Preferred	YPOGLYCEMICS - INJECTABLE Rapid Acting Insulin If for NP insulins, Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes. Non-Preferred
T/F of only one preferred drug required; Prior Authorization are require Preferred Humalog* U-100 Cartridge	YPOGLYCEMICS - INJECTABLE Rapid Acting Insulin If for NP insulins. Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes. Non-Preferred Admelog® SoloStar® / Vial
T/F of only one preferred drug required; Prior Authorization are require Preferred Humalog* U-100 Cartridge Humalog* U-100 Junior KwikPen®	PPOGLYCEMICS - INJECTABLE Rapid Acting Insulin If for NP insulins. Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes. Non-Preferred Admetog* SoloStar* / Vial Afreza* Inhalation Powder
T/F of only one preferred drug required; Prior Authorization are require Preferred Humalog* U-100 Cartridge Humalog* U-100 Junior KwikPen® Humalog* U-100 KwikPen* / Vial	POGLYCEMICS - INJECTABLE Rapid Acting Insulin d for NP insulins. Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes. Non-Preferred Admelog* SoloStar* / Vial Afreza* Inhalation Powder Apidra* SoloStar* / Vial
T/F of only one preferred drug required; Prior Authorization are require Preferred Humalog® U-100 Cartridge Humalog® U-100 Junior KwikPen® Humalog® U-100 KwikPen® / Vial insulin aspart U-100 FlexPen® / vial (generic for Novolog®)	PPOGLYCEMICS - INJECTABLE Rapid Acting Insulin If for NP insulins. Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes. Non-Preferred Admetog* SoloStar* / Vial Afreza* Inhalation Powder
T/F of only one preferred drug required; Prior Authorization are require Preferred Humalog* U-100 Cartridge Humalog* U-100 KwikPen® Humalog* U-100 KwikPen* / Vial insulin aspart U-100 FlexPen* / Vial (generic for Novolog*) insulin lispart U-100 Junior KwikPen* (generic for Humalog* Junior)	PPOGLYCEMICS - INJECTABLE Rapid Acting Insulin I for NP insulins, Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes. Non-Preferred Admelog ** SoloStar ** / Vial Afrezza ** Inhalation Powder Apidra** SoloStar ** / Vial Apidra** SoloStar ** / Vial I flumalog ** U-200 KwikPen ** Admelog ** U-200 KwikPen **
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T/F of only one preferred drug required; Prior Authorization are require Preferred Humalog* U-100 Cartridge Humalog* U-100 KwikPen® Humalog* U-100 KwikPen® / Vial insulin aspart U-100 FlexPen* / vial (generic for Novolog*) insulin lispro U-100 Junior KwikPen* (generic for Humalog* Junior) insulin lispro U-100 KwikPen* / vial (generic for Humalog*)	PPOGLYCEMICS - INJECTABLE Rapid Acting Insulin I for NP insulins. Prior authorizations may be valid for up to 3 years for beneficiaries with Type I Diabetes. Non-Preferred Admelog® SoloStar® / Vial Afrezza® Inhalation Powder Apidm® SoloStar® / Vial Fiasp® FlexTouch® / Penfill® / PumpCar® / Vial Humalog® U200 KwikPen® insulin aspart U-100 Penfill (generic for Novolog®)
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T/F of only one preferred drug required; Prior Authorization are require Preferred Humalog® U-100 Cartridge Humalog® U-100 Louior KwikPen® Humalog® U-100 KwikPen® / Vial insulin aspart U-100 FlexPen® / vial (generic for Novolog®) insulin lispro U-100 Junior KwikPen® (generic for Humalog® Junior) insulin lispro U-100 NwikPen® / vial (generic for Humalog® Junior) insulin lispro U-100 FlexPen® / Vial Relion Novolog® U-100 FlexPen® / Vial T/F of only one preferred drug required; Prior Authorization are require Preferred Humulin® R Vial	PPOGLYCEMICS - INJECTABLE Rapid Acting Insulin for NP insulins, Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes. Non-Preferred Admelog® SoloStar® / Vial Afrezza® Inhalation Powder Apidra® SoloStar® / Vial Fisap® FlexTouch® / Penfil® / PumpCart® / Vial Humalog® '0-200 KwikPen® / insulin aspart U-100 Penfill (generic for Novolog®) Lyumjev® U-100 KwikPen® / U-200 KwikPen® / Vial Short Acting Insulin of or NP insulins, Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes. Non-Preferred Mysredlin® injection
T/F of only one preferred drug required; Prior Authorization are require Preferred Humalog* U-100 Cartridge Humalog* U-100 KwikPen® Humalog* U-100 KwikPen® Humalog* U-100 KwikPen* / vial insulin aspart U-100 FlexPen* / vial (generic for Novolog*) insulin lispro U-100 FlexPen* / vial (generic for Humalog* Junior) insulin lispro U-100 KwikPen* / vial (generic for Humalog* Junior) insulin lispro U-100 FlexPen* / vial (generic for Humalog*) Novolog* U-100 Penfil / FlexPen* / Vial Relion Novolog* U-100 FlexPen* / Vial T/F of only one preferred drug required; Prior Authorization are require Preferred	POGLYCEMICS - INJECTABLE Rapid Acting Insulin I for NP insulins. Prior authorizations may be valid for up to 3 years for beneficiaries with Type I Diabetes. Non-Preferred Admelog® SoloStar® / Vial Afrezza® Inhalation Powder Apidra® SoloStar® / Vial Fiasp® FlexTouch® / Penfill® / PumpCar® / Vial Humalog® U200 KwikPen® insulin aspart U-100 Penfill (generic for Novolog®) Lyumjev™ U-100 KwikPen® / U-200 KwikPen® / Vial Short Acting Insulin I for NP insulins. Prior authorizations may be valid for up to 3 years for beneficiaries with Type I Diabetes. Non-Preferred Myxredin™ Injection Novolin® R Vial / ReliOn® R Vial
T/F of only one preferred drug required; Prior Authorization are require Preferred Humalog® U-100 Cartridge Humalog® U-100 Louior KwikPen® Humalog® U-100 KwikPen® / Vial insulin aspart U-100 FlexPen® / vial (generic for Novolog®) insulin ispor U-100 Junior KwikPen® (generic for Humalog® Junior) insulin lispro U-100 Insure KwikPen® (generic for Humalog®) Novolog® U-100 Penfil / FlexPen® / Vial Relion Novolog® U-100 FlexPen® / Vial T/F of only one preferred drug required; Prior Authorization are require Preferred Humalin® R Vial	PPOGLYCEMICS - INJECTABLE Rapid Acting Insulin for NP insulins, Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes. Non-Preferred Admelog® SoloStar® / Vial Afrezza® Inhalation Powder Apidm® SoloStar® / Vial Fiasp® FlexTouch® / Penfil® / PumpCart® / Vial Humalog® '0-200 KwikPen® insulin aspart U-100 Penfill (generic for Novolog® insulin aspart U-100 Penfill (generic for Novolog®) Lyumjev® U-100 KwikPen® / U-200 KwikPen® / Vial Short Acting Insulin of NP insulins, Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes. Non-Preferred Mysredlin® injection
T/F of only one preferred drug required; Prior Authorization are require Preferred Humalog® U-100 Cartridge Humalog® U-100 Louior KwikPen® Humalog® U-100 KwikPen® / Vial insulin aspart U-100 FlexPen® / vial (generic for Novolog®) insulin ispor U-100 Junior KwikPen® (generic for Humalog® Junior) insulin lispro U-100 Insure KwikPen® (generic for Humalog®) Novolog® U-100 Penfil / FlexPen® / Vial Relion Novolog® U-100 FlexPen® / Vial T/F of only one preferred drug required; Prior Authorization are require Preferred Humalin® R Vial	Rapid Acting Insulin I for NP insulins, Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes. Non-Preferred Admelog® SoloStar® / Vial Afrezza® Inhalation Powder Apidm® SoloStar® / Vial Humalog® U-200 KwikPen® Insulin aspart U-100 Penfill (generic for Novolog®) Lyumjev® U-100 KwikPen® / U-200 KwikPen® / Vial Short Acting Insulin If or NP insulins, Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes. Non-Preferred Myxredlin® Injection Novolin® R Vial / Relion® R Vial Novolin® R FlexPen®
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T/F of only one preferred drug required; Prior Authorization are require Preferred Humalog* U-100 Cartridge Humalog* U-100 Unior KwikPen® Humalog* U-100 KwikPen® / Vial insulin apart U-100 FlexPen* / Vial (generic for Novolog*) insulin lispro U-100 Junior KwikPen* (generic for Humalog* Junior) insulin lispro U-100 KwikPen* / Vial (generic for Humalog* Junior) insulin lispro U-100 KwikPen* / Vial (generic for Humalog* Junior) insulin lispro U-100 KwikPen* / Vial (generic for Humalog* Junior) insulin lispro U-100 KwikPen* / Vial (generic for Humalog* Junior) Tovolog* U-100 Penfill / FlexPen* / Vial Relion Novolog* U-100 FlexPen* / Vial T/F of only one preferred drug required; Prior Authorization are require Preferred Humulin* R Vial Humulin* R U-500 KwikPen* / U500 Vial	PPOGLYCEMICS - INJECTABLE Rapid Acting Insulin for NP insulins, Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes. Non-Preferred Admelog® SoloStar® / Vial Africza® Inhalation Powder Apidra® SoloStar® / Vial Fiasp® FletCrobe® / Penfill® / PumpCart® / Vial Humalog® U-200 KwikPen® insulin aspart U-100 Penfill (generic for Novolog®) Lyumjev® U-100 KwikPen® / U-200 KwikPen® / Vial Short Acting Insulin of NP insulins, Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes. Non-Preferred Myzredlin® Injection Novolin® R Vial / Relion® R Vial Novolin® R Vial / Relion® R Vial Novolin® R Vial / Relion® R Vial Non-Preferred
T/F of only one preferred drug required; Prior Authorization are require Preferred Humalog* U-100 Cartridge Humalog* U-100 KwikPen® Humalog* U-100 KwikPen® Humalog* U-100 KwikPen® Humalog* U-100 KwikPen® / Vial (generic for Novolog*) insulin lispro U-100 FlexPen* / Vial (generic for Humalog* Junior) insulin lispro U-100 KwikPen* / Vial (generic for Humalog*) Novolog* U-100 Penfill / FlexPen* / Vial Retion Novolog* U-100 FlexPen* / Vial T/F of only one preferred drug required; Prior Authorization are require Preferred Humulin* R Vial Humulin* R Vial Preferred T/F of only one preferred drug required; Prior Authorization are require	Rapid Acting Insulin I for NP insulins, Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes. Non-Preferred Admelog® SoloStar® / Vial Afrezza® Inhalation Powder Apidra® SoloStar® / Vial Humalog® U-200 KwikPen® Insulin aspart U-100 Penfill @pumpCar® / Vial Humalog® U-200 KwikPen® Insulin aspart U-100 Penfill generic for Novolog®) Lyumjev® U-100 KwikPen® / U-200 KwikPen® / Vial Short Acting Insulin Of NP insulins, Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes. Non-Preferred Myxredlin® Injection Novolin® R Vial / ReitOn® R Vial Novolin® R Vial / ReitOn® R Vial Novolin® R FlexPen® Intermediate Acting Insulin Non-Preferred I for NP insulins, Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes.
T/F of only one preferred drug required; Prior Authorization are require Preferred Humalog* U-100 Cartridge Humalog* U-100 Unior KwikPen® Humalog* U-100 KwikPen® / Vial insulin apart U-100 FlexPen* / Vial (generic for Novolog*) insulin lispro U-100 Junior KwikPen* (generic for Humalog* Junior) insulin lispro U-100 KwikPen* / Vial (generic for Humalog* Junior) insulin lispro U-100 KwikPen* / Vial (generic for Humalog* Junior) insulin lispro U-100 KwikPen* / Vial (generic for Humalog* Junior) insulin lispro U-100 KwikPen* / Vial (generic for Humalog* Junior) Tovolog* U-100 Penfill / FlexPen* / Vial Relion Novolog* U-100 FlexPen* / Vial T/F of only one preferred drug required; Prior Authorization are require Preferred Humulin* R Vial Humulin* R U-500 KwikPen* / U500 Vial	Rapid Acting Insulin for NP insulins, Prior authorizations may be valid for up to 3 years for beneficiaries with Type I Diabetes. Non-Preferred Admelog® SoloStar® / Vial Afrezza® Inhalation Powder Apidm® SoloStar® / Vial Fiasp® FlexTouch® / Penfil® / PumpCart® / Vial Humalog® '0.200 KwikPen® insulin aspart U-100 Penfill (generic for Novolog®) Lyumjev® U-100 KwikPen® / U-200 KwikPen® / Vial Short Acting Insulin of or NP insulins, Prior authorizations may be valid for up to 3 years for beneficiaries with Type I Diabetes. Non-Preferred Myzredlin® Injection Novolin® R Vial / Relion® R Vial Novolin R FlexPen® Intermediate Acting Insulin Non-Preferred of or NP insulins. Prior authorizations may be valid for up to 3 years for beneficiaries with Type I Diabetes. Non-Preferred of or NP insulins. Prior authorizations may be valid for up to 3 years for beneficiaries with Type I Diabetes.
T/F of only one preferred drug required; Prior Authorization are require Preferred Humalog* U-100 Cartridge Humalog* U-100 KwikPen® Humalog* U-100 KwikPen® Humalog* U-100 KwikPen® Humalog* U-100 KwikPen® / Vial (generic for Novolog*) insulin lispro U-100 FlexPen* / Vial (generic for Humalog* Junior) insulin lispro U-100 KwikPen* / Vial (generic for Humalog*) Novolog* U-100 Penfill / FlexPen* / Vial Retion Novolog* U-100 FlexPen* / Vial T/F of only one preferred drug required; Prior Authorization are require Preferred Humulin* R Vial Humulin* R Vial Preferred T/F of only one preferred drug required; Prior Authorization are require	Rapid Acting Insulin I for NP insulins, Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes. Non-Preferred Admelog® SoloStar® / Vial Afrezza® Inhalation Powder Apidra® SoloStar® / Vial Humalog® U-200 KwikPen® Insulin aspart U-100 Penfill @pumpCar® / Vial Humalog® U-200 KwikPen® Insulin aspart U-100 Penfill generic for Novolog®) Lyumjev® U-100 KwikPen® / U-200 KwikPen® / Vial Short Acting Insulin Of NP insulins, Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes. Non-Preferred Myxredlin® Injection Novolin® R Vial / ReitOn® R Vial Novolin® R Vial / ReitOn® R Vial Novolin® R FlexPen® Intermediate Acting Insulin Non-Preferred I for NP insulins, Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes.
T/F of only one preferred drug required; Prior Authorization are require Preferred Humalog® U-100 Cartridge Humalog® U-100 KwikPen® Humalog® U-100 KwikPen® Humalog® U-100 KwikPen® / Vial insulin Ispar U-100 FlexPen® / Vial (generic for Novolog®) insulin Ispar U-100 IsvaPen® / Vial (generic for Humalog® Junior) insulin Ispar U-100 FlexPen® / Vial (generic for Humalog® Junior) insulin Ispar U-100 Penfil / FlexPen® / Vial Retion Novolog® U-100 Penfil / FlexPen® / Vial Retion Novolog® U-100 FlexPen® / Vial T/F of only one preferred drug required; Prior Authorization are require Preferred Humulin® R Vial Humulin® R U-500 KwikPen® / U500 Vial Preferred T/F of only one preferred drug required; Prior Authorization are require	Rapid Acting Insulin If for NP insulins. Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes. Non-Preferred Admelog* SoloStar* / Vial Afrezza* Inhalation Powder Apidra* SoloStar* / Vial Fiasp* FlexTouch* / Penfill* / PumpCar* / Vial Humalog* U200 KwikPen* insulin aspart U-100 Penfill (generic for Novolog*) Lyumjev** U-100 KwikPen* / U-200 KwikPen* / Vial Short Acting Insulin If for NP insulins. Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes. Non-Preferred Myxredin** Injection Novolin* R Vial / ReliOn* R Vial Intermediate Acting Insulin Non-Preferred 1 for NP insulins. Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes. Non-Preferred 1 for NP insulins. Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes. Non-Preferred 1 for NP insulins. Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes.

Effective Date July 1, 2025

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

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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

TIP for the control of the latest and the latest an	Long Acting Insulin
	ed for NP insulins. Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes.
Preferred insulin glargine vial / SoloStar* (authorized biologic for Lantus)	Non-Preferred Basaglar U-100 KwikPen 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-yfgn pen / vial (generic for Semglee [™] yfgn)
	Rezvoglar Kwikpen*
	Semglee™ yfgn Pen / Vial
	Toujee® SoloStar® / Max SoloStar®
	Tresiba® FlexTouch® / Vial
	Premixed Rapid Combination Insulin
Preferred	Non-Preferred
T/F of only one preferred drug required; Prior Authorization are requir	ed 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
	ed 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 unle	ss contraindicated or documented adverse event when using either a preferred or non-preferred Amylin Analog
	·
Preferred	Non-Preferred
Symlin [®] Pen Injector	
GLD 1 Pacentor Agonis	sts and Combinations indicated for the treatment of Diabetes
	cal criteria apply to all drugs in this class
Preferred	Non-Preferred
Byetta [®] Pen	Bydureon BCise BCise
Trulicity® Pen	Exematide 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
D. C.	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 tablet / ER tablet (generic for Glucophage * / ER)	metformin solution (generic for Riomet*) - T/F of preferred agents not required for children < 12 years of age metformin tablet (625 mg)
microrium aorec / Ex tautet (generie ini Gitteophage / Ex)	metformin ER tablet (generic for Fortamet [®])
	metormin Ex tablet (generic for Fortamet) metformin ER tablet (generic for Glumetza [®])
	Riomet [®] Solution / ER Suspension
	np accounts
	PP-IV Inhibitors and Combinations
Requires T/F or insufficient response to metformin containing products unless contrain	ndicated 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 Oseni®)
Onglyza [®] Tablet Tradjenta [®] Tablet	Glyxambi® Tablet
rraujema raorei	Kazano® Tablet Kombiglyze® XR Tablet
	Nesina® Tablet
	Oseni® Tablet
	Qtem® 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

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more information on the FBE dail be lound at: https://medicard.near	ms.govproviders/programs-services/prescription-drugs/outpatient-pharmacy-services
	Trijardy [®] XR Tablet
	Zituvimet
	Zituvimet XR
	Zituvio™ Tablet
	M 22.11
D., C.,	Meglitinides No. Budowy J
Preferred nateglinide tablet (generic for Starlix®)	Non-Preferred
repaglinide tablet (generic for Prandin®)	
	GLT-2 Inhibitors and Combinations
	al criteria apply to all drugs in this class
Preferred Farxiga® Tablet	Non-Preferred dapagliflozin tablet (generic for Farxiga*)
Jardiance® Tablet	dapagintozin taolet (generic for Tarxiga) 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
T	hiazolidinediones 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*)
	programme meter (generic tot resert tas rice)
	GASTROINTESTINAL
	IEMETIC-ANTIVERTIGO AGENTS
Preferred	Non-Preferred
aprepitant capsule / pack (generic for Emend®) - Clinical criteria apply	Akynzeo [®] Capsule / Vial
Diclegis® Tablet dimenhydrinate vial (generic for Dramamine®)	Antivert® Tablet / Chewable Tablet Anzemet® Tablet
dimenhydrinate vial (generic for Dramamine) meclizine tablet (generic for Antivert ®)	Anzemet Tablet 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®) Transderm-Scop® Patch	dronabinol capsule (generic for Marinol®) Emend® Capsule / Powder Packet / Trifold Pack - Clinical criteria apply
Transucini-Scop ratur	Emend® Vial
	Focinvez (fosaprepitant) Vial
	fosaprepitant vial (generic for Emend®)
	Gimoti™ Nasal Spray
	granisetron vial / tablet (generic for Kytril®)
	Marinol® Capsule metoclopramide vial
	ondansetron ODT (16 mg)
	ondansetron vial
	palonosetron injection (generic for Aloxi®)
	Phenergan Ampule / Vial
	Posfrea™ Ψ Vial prochlorperazine vial / suppository (generic for Compazine®)
	prochlorperazine vial / suppository (generic for Compazine) Promethegan® Suppository (50 mg)
	Reglan [®] Tablet
	Sancuso [®] Patch
	Sustal® 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
	kqirvo [®] (elafibranor) Tablet Livdelzi Capsule
	Livmarii* Oral Solution
	Ocaliva® Tablet
	Reltone [™] Capsule
n : :	H. PYLORI COMBINATIONS
Preferred Profess® Consula	Non-Preferred
Pylera® Capsule	bismuth / metronidazole / tetracycline capsule (generic for Pylera*) lansoprazole-amoxicillin-clarithromycin pack (generic for Prevpac*)
	Omeclamox-Pak® Combo Pack
	Talicia* Capsule
	Voquezza® Tablet / Dual Pak / Triple Pak
	<u> </u>

Effective Date July 1, 2025

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at: https://www.nctracks.nc.gov/content/public/providers/pharmacy.html

1	
HIST	MINE-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 Zenpep [®] Capsule	Pertzye [®] Capsule Viokase [®] Tablet
<u> гарми</u>	YORAN TADE
PR	OGESTINS 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) Nexium [®] Rx Packet	dexlansoprazole capsules (generic for Dexilant [®]) esomeprazole magnesium OTC capsule / tablet (generic for Nexium [®] OTC)
omeprazole Rx capsule (generic for Prilosec® Rx)	esomeprazole magnesium o're capsure 'tablet (generic for Nexium' o're') 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-sodium bicarbonate capsule / packet (generic for zegerid - Kx / 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
	ECTIVE CONSTIPATION AGENTS
Preferred	Non-Preferred
Amitiza [®] Capsule Linzess [®] Capsule	alosetron tablet (generic for Lotronex*) Ibsrela* Tablet
lubiprostone capsule (generic for Amitiza*)	Lotronex® Tablet
	Motegrity [™] Tablet
	Movantik * Tablet
	Relistor [®] Syringe / Vial / Tablet - Clinical criteria apply Symproic [®] Tablet
	Symproic Tablet
	Trulance Tablet
	Trulance* Tablet Viberzi* Tablet - T/F of preferred agents not required for Irritable Bowel Syndrome with Diarrhea (IBS-D)
	Viberzi® Tablet - T/F of preferred agents not required for Irritable Bowel Syndrome with Diarrhea (IBS-D)
	Viberzi [®] Tablet - T/F of preferred agents not required for Irritable Bowel Syndrome with Diarrhea (IBS-D) ULCERATIVE COLITIS
Preferred	Viberza Tablet - T/F of preferred agents not required for Irritable Bowel Syndrome with Diarrhea (IBS-D) ULCERATIVE COLITIS Oral
Preferred Apriso* Capsule	Vibera® Tablet - T/F of preferred agents not required for Irritable Bowel Syndrome with Diarrhea (IBS-D) ULCERATIVE COLITIS Oral Non-Preferred
Preferred Apriso® Capsule balsalazide capsule (generic for Colazal®)	Viberza Tablet - T/F of preferred agents not required for Irritable Bowel Syndrome with Diarrhea (IBS-D) ULCERATIVE COLITIS Oral
Apriso® Capsule balsalazide capsule (generic for Colazal®) mesalamine DR tablet (generic for Lialda®)	Viberza® Tablet - T/F of preferred agents not required for Irritable Bowel Syndrome with Diarrhea (IBS-D) ULCERATIVE COLITIS Oral Non-Preferred Associ® HD Tablet Associ® HD Tablet budesonide ER tablet (generic for Uceris®)
Apriso [®] Capsule balsalaride capsule (generic for Colazal [®]) messalamine DR tablet (generic for Lialda [®]) Pentasa [®] Capsule	Vibera® Tablet - T/F of preferred agents not required for Irritable Bowel Syndrome with Diarrhea (IBS-D) ULCERATIVE COLITIS Oral Non-Preferred Assool® HD Tablet Azulfidine® Entab / Tablet budesonide ER tablet (generic for Uceris®) Colazal® Capsule
Apriso® Capsule balsalazide capsule (generic for Colazat®) mesalamine DR tablet (generic for Lialda®)	Vibera® Tablet - T/F of preferred agents not required for Irritable Bowel Syndrome with Diarrhea (IBS-D) ULCERATIVE COLITIS Oral Non-Preferred Assool® HD Tablet Azulfidine® Entab / Tablet budesonide ER tablet (generic for Uceris®) Colazal® Capsule Delzicol® Capsule
Apriso [®] Capsule balsalaride capsule (generic for Colazal [®]) messalamine DR tablet (generic for Lialda [®]) Pentasa [®] Capsule	Viberza® Tablet - T/F of preferred agents not required for Irritable Bowel Syndrome with Diarrhea (IBS-D) ULCERATIVE COLITIS Oral Non-Preferred Asscol® HD Tablet Asscol® HD Tablet budesonide ER tablet (generic for Uceris®) Colazal® Capsule Delzicol® Capsule Dipentum® Capsule Lialda® Tablet
Apriso [®] Capsule balsalaride capsule (generic for Colazal [®]) messalamine DR tablet (generic for Lialda [®]) Pentasa [®] Capsule	Viberza® Tablet - T/F of preferred agents not required for Irritable Bowel Syndrome with Diarrhea (IBS-D) ULCERATIVE COLITIS Oral Non-Preferred Asacot® HD Tablet Azulfsdime® Entab / Tablet budesonide ER tablet (generic for Uceris®) Colazal® Capsule Delzicod® Capsule Dipentum® Capsule
Apriso [®] Capsule balsalaride capsule (generic for Colazal [®]) messalamine DR tablet (generic for Lialda [®]) Pentasa [®] Capsule	Viberza® Tablet - T/F of preferred agents not required for Irritable Bowel Syndrome with Diarrhea (IBS-D) ULCERATIVE COLITIS Oral Non-Preferred Asacol® HD Tablet Azulfidine® Entab / Tablet budesonide ER tablet (generic for Uceris®) Colazal® Capsule Debzicol® Capsule Dipentum® Capsule Liaida® Tablet mesalamine DR capsule / tablet (generic for Debzicol®, Asacol® HD, Liaida®) mesalamine ER capsule (generic for Apriso®, Pentasa®) mesalamine ER capsule (generic for Apriso®, Pentasa®)
Apriso [®] Capsule balsalaride capsule (generic for Colazal [®]) messalamine DR tablet (generic for Lialda [®]) Pentasa [®] Capsule	Viberza® Tablet - T/F of preferred agents not required for Irritable Bowel Syndrome with Diarrhea (IBS-D) ULCERATIVE COLITIS Oral Non-Preferred Asscol® HD Tablet Asscol® HD Tablet budesonide ER tablet (generic for Uceris®) Colazal® Capsule Delzicol® Capsule Dipentum® Capsule Lialda® Tablet mesalamine DR capsule / tablet (generic for Delzicol®, Asscol® HD, Liakda®)
Apriso [®] Capsule balsalaride capsule (generic for Colazal [®]) messalamine DR tablet (generic for Lialda [®]) Pentasa [®] Capsule	Viberza® Tablet - T/F of preferred agents not required for Irritable Bowel Syndrome with Diarrhea (IBS-D) ULCERATIVE COLITIS Oral Non-Preferred Asacol® HD Tablet Azulfidine® Entab / Tablet budesonide ER tablet (generic for Uceris®) Colazal® Capsule Debzicol® Capsule Dipentum® Capsule Liaida® Tablet mesalamine DR capsule / tablet (generic for Debzicol®, Asacol® HD, Liaida®) mesalamine ER capsule (generic for Apriso®, Pentasa®) mesalamine ER capsule (generic for Apriso®, Pentasa®)
Apriso® Capsule balsalazide capsule (generic for Colazal®) mesalamine DR tablet (generic for Lialda®) Pentasa® Capsule sulfasalazine IR / DR tablet (generic for Azulfidine® / Entab)	Viberza® Tablet - T/F of preferred agents not required for Irritable Bowel Syndrome with Diarrhea (IBS-D) ULCERATIVE COLITIS Oral Non-Preferred Asacot® HD Tablet Azulfidine® Entab / Tablet budesonide ER tablet (generic for Uceris®) Colaza® Capsule Dizeica® Capsule Dipentum® Capsule Dipentum® Capsule Lialda® Tablet mesalamine DR capsule / tablet (generic for Delzicol®, Asacol® HD, Liaida®) mesalamine ER capsule (generic for Apriso®, Pentasa®) Uceris® Tablet ULCERATIVE COLITIS Rectal
Apriso® Capsule balsalazide capsule (generic for Colazal®) messalamine DR tablet (generic for Lialda®) Pentasa® Capsule sulfasalazine IR / DR tablet (generic for Azulfidine® / Entab)	Vibera® Tablet - T/F of preferred agents not required for Irritable Bowel Syndrome with Diarrhea (IBS-D) ULCERATIVE COLITIS Oral Non-Preferred Associ® HD Tablet Azulfidine® Entab / Tablet budesonide ER tablet (generic for Uceris®) Colaza® Capsule Delzico® Capsule Dipentum® Capsule Dipentum® Capsule Lialda® Tablet mesalamine DR capsule / tablet (generic for Delzicol®, Asacol® HD, Lialda®) mesalamine ER capsule (generic for Apriso®, Pentasa®) ULCERATIVE COLITIS Rectal F of only one preferred drug required
Apriso® Capsule bulsalaride capsule (generic for Colazal®) messalamine DR tablet (generic for Lialda®) Pentasa® Capsule sulfasalazine IR / DR tablet (generic for Azulfidine® / Entab) Tr	Vibera® Tablet - TF of preferred agents not required for Irritable Bowel Syndrome with Diarrhea (IBS-D) ULCERATIVE COLITIS Oral Non-Preferred Assool® HD Tablet Azulfidine® Entab / Tablet budesonide ER tablet (generic for Uceris®) Colazal® Capsule Delzicol® Capsule Dipentum® Capsule Lialda® Tablet mesalamine DR capsule / tablet (generic for Delzicol®, Assool® HD, Lialda®) mesalamine DR capsule (generic for Apriso®, Pentasa®) Uceris® Tablet ULCERATIVE COLITIS Roctal F of only one preferred drug required Non-Preferred
Apriso® Capsule balsalazine apsule (generic for Colazal®) mesalamine DR tablet (generic for Lialda®) Pentasa® Capsule sulfasalazine IR / DR tablet (generic for Azulfidine® / Entab) T) Preferred mesalamine enema (generic for Rowasa®)	Vibera® Tablet - T/F of preferred agents not required for Irritable Bowel Syndrome with Diarrhea (IBS-D) ULCERATIVE COLITIS Oral Non-Preferred Asacot® HD Tablet Azulfidine® Entab / Tablet budesonide ER tablet (generic for Uceris®) Colazal® Capsule Debzicot® Capsule Dipentum® Capsule Liaida® Tablet mesalamine DR capsule / tablet (generic for Debzicot®, Asacot® HDLiaida®) mesalamine ER capsule (generic for Apriso®, Pentasa®) Uceris® Tablet ULCERATIVE COLITIS Rectal F of only one preferred drug required Non-Preferred budesonide rectal foam
Apriso® Capsule bulsalaride capsule (generic for Colazal®) messalamine DR tablet (generic for Lialda®) Pentasa® Capsule sulfasalazine IR / DR tablet (generic for Azulfidine® / Entab) Tr	Vibera® Tablet - TF of preferred agents not required for Irritable Bowel Syndrome with Diarrhea (IBS-D) ULCERATIVE COLITIS Oral Non-Preferred Assool® HD Tablet Azulfidine® Entab / Tablet budesonide ER tablet (generic for Uceris®) Colazal® Capsule Delzicol® Capsule Dipentum® Capsule Lialda® Tablet mesalamine DR capsule / tablet (generic for Delzicol®, Assool® HD, Lialda®) mesalamine DR capsule (generic for Apriso®, Pentasa®) Uceris® Tablet ULCERATIVE COLITIS Roctal F of only one preferred drug required Non-Preferred
Apriso® Capsule balsalazide capsule (generic for Colazal®) messalamine DR tablet (generic for Lialda®) Pentasa® Capsule sulfasalazine IR / DR tablet (generic for Azulfidine® / Entab) T) Preferred messalamine enema (generic for Rowasa®)	Vibera® Tablet - T/F of preferred agents not required for Irritable Bowel Syndrome with Diarrhea (IBS-D) ULCERATIVE COLITIS Oral Non-Preferred Asacol® HD Tablet Asacol® HD Tablet Asacol® HD Tablet Asacol® Entab / Tablet budesonide ER tablet (generic for Uceris®) Colazal® Capsule Delzico® Capsule Dipentum® Capsule Liaida® Tablet Liaida® Tablet ULCERATIVE COLITIS Rectal For only one preferred drug required Non-Preferred budesonide rectal foam Canasa® Suppository messalamine kit (generic for Rowasa®) Rowasa® Kit
Apriso® Capsule balsalazine apsule (generic for Colazal®) mesalamine DR tablet (generic for Lialda®) Pentasa® Capsule sulfasalazine IR / DR tablet (generic for Azulfidine® / Entab) T) Preferred mesalamine enema (generic for Rowasa®)	Vibera® Tablet - T/F of preferred agents not required for Irritable Bowel Syndrome with Diarrhea (IBS-D) ULCERATIVE COLITIS Oral Non-Preferred Asscot® HD Tablet Asscot® HD Tablet Asscot® Entable (generic for Uceris®) Colaza® Capsule Debzico® Capsule Dipentum® Capsule Liada® Tablet mesalamine DR capsule (generic for Delzicol®, Asscot® HD, Liahla®) mesalamine ER capsule (generic for Apriso®, Pentasa®) Uceris® Tablet ULCERATIVE COLITIS Rectal F of only one preferred drug required Non-Preferred budesonide rectal foam Canasa® Suppository mesalamine kt (generic for Rowasa®) Rowasa® Kit SF Rowasa® Enema
Apriso® Capsule balsalazine apsule (generic for Colazal®) mesalamine DR tablet (generic for Lialda®) Pentasa® Capsule sulfasalazine IR / DR tablet (generic for Azulfidine® / Entab) T) Preferred mesalamine enema (generic for Rowasa®)	Vibera® Tablet - T/F of preferred agents not required for Irritable Bowel Syndrome with Diarrhea (IBS-D) ULCERATIVE COLITIS Oral Non-Preferred Asacol® HD Tablet Asacol® HD Tablet Asacol® HD Tablet Asacol® Entab / Tablet budesonide ER tablet (generic for Uceris®) Colazal® Capsule Delzico® Capsule Dipentum® Capsule Liaida® Tablet Liaida® Tablet ULCERATIVE COLITIS Rectal For only one preferred drug required Non-Preferred budesonide rectal foam Canasa® Suppository messalamine kit (generic for Rowasa®) Rowasa® Kit
Apriso® Capsule balsalaride capsule (generic for Colazal®) messalamine DR tablet (generic for Lialda®) Pentasa® Capsule sulfasalazine IR / DR tablet (generic for Azulfidine® / Entab) To Preferred messalamine enema (generic for Rowasa®) messalamine suppository (generic for Canasa®)	Vibera® Tablet - TF of preferred agents not required for Irritable Bowel Syndrome with Diarrhea (IBS-D) ULCERATIVE COLITIS Oral Non-Preferred Ascacl® HD Tablet Ascal® HD Tablet Ascal® HD Tablet Ascal® HD Tablet Dudesonide ER tablet (generic for Uceris®) Colazal® Capsule Delzicol® Capsule Dipentum® Capsule Liaida® Tablet mesalamine DR capsule / tablet (generic for Delzicol®, Asacol® HD, Liakla®) mesalamine ER capsule (generic for Apriso®, Pentasa®) Uceris® Tablet ULCERATIVE COLITIS Rectal F of only one preferred drug required Non-Preferred budesonide rectal foam Cansa® Suppository mesalamite (generic for Rowasa®) Rowasa® Kit (generic for Rowasa®) Rowasa® Kit (generic for Rowasa®) Rowasa® Enema Uceris® Rectal Foam
Apriso Capsule balsalazine DR tablet (generic for Colazal *) Pentasa *Capsule sulfasalazine IR / DR tablet (generic for Azulfidine * / Entab) Tr Preferred mesalamine enema (generic for Rowasa *) mesalamine suppository (generic for Canasa *)	Vibera® Tablet - T/F of preferred agents not required for Irritable Bowel Syndrome with Diarrhea (IBS-D) ULCERATIVE COLITIS Oral Non-Preferred Asscot® HD Tablet Asscot® HD Tablet Asscot® Entable (generic for Uceris®) Colaza® Capsule Debzico® Capsule Dipentum® Capsule Liada® Tablet mesalamine DR capsule (generic for Delzicol®, Asscot® HD, Liahla®) mesalamine ER capsule (generic for Apriso®, Pentasa®) Uceris® Tablet ULCERATIVE COLITIS Rectal F of only one preferred drug required Non-Preferred budesonide rectal foam Canasa® Suppository mesalamine kt (generic for Rowasa®) Rowasa® Kit SF Rowasa® Enema
Apriso Capsule balsalaride capsule (generic for Colazal*) messalamine DR tablet (generic for Lialda*) Pentasa* Capsule sulfasalazine IR / DR tablet (generic for Azulfidine* / Entab) Preferred Preferred mesalamine enema (generic for Rowasa*) mesalamine suppository (generic for Canasa*) GI ELECTR Preferred	Vibera® Tablet - TF of preferred agents not required for Irritable Bowel Syndrome with Diarrhea (IBS-D) ULCERATIVE COLITIS Oral Non-Preferred Associ® HD Tablet Azulfidine® Entab / Tablet budesonide ER tablet (generic for Uceris®) Colaza® Capsule Delzico® Capsule Dipentum® Capsule Dipentum® Capsule Lialda® Tablet mesalamine DR capsule / tablet (generic for Delzicol®, Associ® HD, Liaida®) mesalamine DR capsule (generic for Apriso®, Pentasa®) Uceris® Tablet ULCERATIVE COLITIS Roctal F of only one preferred drug required Non-Preferred budesonide rectal foam Canasa® Suppository mesalamine kit (generic for Rowasa®) Rowasa® Kit SF Rowasa® Enema Uceris® Rectal Foam ENITOURINARY / RENAL LIVER DEPLETERS (KIDNEY DISEASE) Non-Preferred
Apriso Capsule balsalaride capsule (generic for Colazal*) messalamine DR tablet (generic for Lialda*) Pentasa* Capsule sulfasalazine IR / DR tablet (generic for Azulfidine* / Entab) To Preferred mesalamine enema (generic for Rowasa*) mesalamine suppository (generic for Canasa*) Gi ELECTR Preferred calcium acetate capsule (generic for Phos.Lo*)	Vibera® Tablet - TF of preferred agents not required for Irritable Bowel Syndrome with Diarrhea (IBS-D) ULCERATIVE COLITIS Oral Non-Preferred Ascacl® HD Tablet Ascal® HD Tablet Ascal® HD Tablet Ascal® HD Tablet Dudesonide ER tablet (generic for Uceris®) Colazal® Capsule Dipentum® Capsule Dipentum® Capsule Liaida® Tablet mesalamine DR capsule (generic for Delzicol®, Asacol® HD, Liakla®) mesalamine ER capsule (generic for Apriso®, Pentasa®) Uceris® Tablet ULCERATIVE COLITIS Rectal F of only one preferred drug required Non-Preferred budesonide rectal foam Cansa® Suppository mesalamite (generic for Rowasa®) Rowasa® Kit SF Rowasa® Enema Uceris® Rectal Foam Luceris® Rectal Foam Verris® Rectal Foam Non-Preferred Aurysia® Tablet Non-Preferred Aurysia® Tablet
Apriso® Capsule balsalazine DR tablet (generic for Colazal®) mesalamine DR tablet (generic for Lialda®) Pentasa® Capsule sulfasalazine IR / DR tablet (generic for Azulfidine® / Entab) Typeferred mesalamine enema (generic for Rowasa®) mesalamine suppository (generic for Canasa®) GI ELECTRE Preferred calcium acetate capsule (generic for PhosLo®) calcium acetate tablet (generic for Eliphos®)	Vibera® Tablet - TF of preferred agents not required for Irritable Bowel Syndrome with Diarrhea (IBS-D) ULCERATIVE COLITIS Oral Non-Preferred Asacot® HD Tablet Asacot® HD Tablet Asacot® HD Tablet Asacot® Entable (generic for Uceris®) Colazal® Capsule Debzicot® Capsule Dipentum® Capsule Liaida® Tablet mesalamine DR capsule (generic for Debzicot®, Asacot® HD, Liaikla®) mesalamine ER capsule (generic for Apriso®, Pentasa®) Uceris® Tablet ULCERATIVE COLITIS Rectal F of only one preferred drug required budesonide rectal foam Canasa® Suppository mesalamine kit (generic for Rowasa®) Rowasa® Kit SF Rowasa® Enema Uceris® Rectal Foam ENITOURINARY / RENAL JUTE DEPLETERS (KIDNEY DISEASE) Non-Preferred Non-Preferred Non-Preferred Non-Preferred Non-Preferred
Apriso® Capsule balsalazide capsule (generic for Colazal®) mesalamine DR tablet (generic for Lialda®) Pentasa® Capsule sulfasalazine IR / DR tablet (generic for Azulfidine® / Entab) Preferred Preferred mesalamine enema (generic for Rowasa®) mesalamine suppository (generic for Canasa®) Gi ELECTR Preferred calcium acetate capsule (generic for Phos.Lo®)	Vibera® Tablet - TF of preferred agents not required for Irritable Bowel Syndrome with Diarrhea (IBS-D) ULCERATIVE COLITIS Oral Non-Preferred Associ® HD Tablet Azulfidine® Entab / Tablet Dudesonide ER tablet (generic for Uceris®) Colazal® Capsule Delzici® Capsule Dipentum® Capsule Lialda® Tablet mesalamine DR capsule / tablet (generic for Delzicol®, Asacot® HD,+inida®) mesalamine DR capsule (generic for Apriso®, Pentasa®) Uceris® Tablet ULCERATIVE COLITIS Rectal F of only one preferred drug required Non-Preferred budesonide rectal foam Canasa® Suppository mesalamine kit (generic for Rowasa®) Rowasa® Kit SF Rowasa® Kit SF Rowasa® Enema Uceris® Rectal Foam ENITOURINARY / RENAL DLYTE DEPLETERS (KIDNEY DISEASE) Non-Preferred Auryxia® Tablet Non-Preferred Auryxia® Tablet (Powder Pack lanthanum carbonate chewable tablet (generic for Fosrenol®)
Apriso Capsule balsalazide capsule (generic for Colazal*) mesalamine DR tablet (generic for Lialda*) Pentasa* Capsule sulfasalazine IR / DR tablet (generic for Azulfidine* / Entab) To Preferred mesalamine enema (generic for Rowasa*) mesalamine suppository (generic for Canasa*) Gl ELECTR Preferred calcium acetate capsule (generic for PhosLo*) calcium acetate tablet (generic for Fliphos*)	Vibera® Tablet - TF of preferred agents not required for Irritable Bowel Syndrome with Diarrhea (IBS-D) ULCERATIVE COLITIS Oral Non-Preferred Asacot® HD Tablet Asacot® HD Tablet Asacot® HD Tablet Asacot® Entable (generic for Uceris®) Colazal® Capsule Debzicot® Capsule Dipentum® Capsule Liaida® Tablet mesalamine DR capsule (generic for Debzicot®, Asacot® HD, Liaikla®) mesalamine ER capsule (generic for Apriso®, Pentasa®) Uceris® Tablet ULCERATIVE COLITIS Rectal F of only one preferred drug required budesonide rectal foam Canasa® Suppository mesalamine kit (generic for Rowasa®) Rowasa® Kit SF Rowasa® Enema Uceris® Rectal Foam ENITOURINARY / RENAL JUTE DEPLETERS (KIDNEY DISEASE) Non-Preferred Non-Preferred Non-Preferred Non-Preferred Non-Preferred
Apriso Capsule balsalazide capsule (generic for Colazal*) mesalamine DR tablet (generic for Lialda*) Pentasa* Capsule sulfasalazine IR / DR tablet (generic for Azulfidine* / Entab) To Preferred mesalamine enema (generic for Rowasa*) mesalamine suppository (generic for Canasa*) Gl ELECTR Preferred calcium acetate capsule (generic for PhosLo*) calcium acetate tablet (generic for Fliphos*)	Vibera* Tablet - TF of preferred agents not required for Irritable Bowel Syndrome with Diarrhea (IBS-D) ULCERATIVE COLITIS
Apriso Capsule balsalazide capsule (generic for Colazal*) mesalamine DR tablet (generic for Lialda*) Pentasa* Capsule sulfasalazine IR / DR tablet (generic for Azulfidine* / Entab) To Preferred mesalamine enema (generic for Rowasa*) mesalamine suppository (generic for Canasa*) Gl ELECTR Preferred calcium acetate capsule (generic for PhosLo*) calcium acetate tablet (generic for Fliphos*)	Viberza® Tablet - TF of preferred agents not required for Irritable Bowel Syndrome with Diarrhea (IBS-D) ULCERATIVE COLITIS Oral Non-Preferred Asscol® HD Tablet Azulfidine® Entab / Tablet budesonide ER tablet (generic for Uceris®) Colazal® Capsule Dizicol® Capsule Monesalamine ER capsule (generic for Apriso®, Pentasa®) Uceris® Tablet For only one preferred drug required Non-Preferred Dudesonide rectal foam Cansas® Suppository mesalamine kit (generic for Rowasa®) Rowasas® Kit SF Rowasa® Enema Uceris® Rectal Foam Uceris® Rectal Foam ENITOURINARY / RENAL DLYTE DEPLETERS (KIDNEY DISEASE) Non-Preferred Aunyxia® Tablet Forenof® Chewable Tablet / Powder Pack lanthaniun carbonate chewable tablet (generic for Fosrenol®) Magnelinic® Air Tablet Revecla® Powder Pack / Tablet

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

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

	BENIGN PRO	OSTATIC HYPERPLASIA TREATMENTS
Preferre	red	Non-Preferred
lfuzosin 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 Avocair)		dutasteride / tamsulosin capsule (generic for Jalyn®)
		entasteriae / tamsutosin capsule (generic for Jalyn) Entadfi TM Capsule
tamsulosin capsule (generic for Flomax®)		
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
	Ţ	IRINARY ANTISPASMODICS
Preferro		Non-Preferred
fesoterodine ER tablet (generic for Toviaz®)	eu	darifenacin ER tablet (generic for Enablex®)
	77	
oxybutynin solution / syrup / tablet / ER tablet (generic for Ditropan®/ X	AL)	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
		1 contract and strasporation (1800)
		GOUT
Preferre	red	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®)		Colorys® 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
Preferre	'ed	Non-Preferred
enoxaparin syringe / vial (generic for Lovenox®)		Arixtra® Syringe
Fragmin® Syringe / Vial		fondaparinux syringe (generic for Arixtra®)
		Lovenox® Syringe / Vial
		Oral
Preferre	red	Non-Preferred
Eliquis® Tablet / Starter Dose Pack	, cu	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		
		ONY STIMULATING FACTORS
Preferre	red	Non-Preferred
Fulphila® Syringe		Fylnetra® Syringe
Neupogen® Vial / Syringe	•	Granix® Safe Syringe / Syringe / Vial
Udenyca® Autoinjector / Syringe		Leukine® Vial
Cuchyaa Automperor / Syringe		Neulasta® Syringe / Kit
		Nivestym™ Syringe / Vial
		Nyvepria [™] Syringe
		Releuko® Syringe / Vial
		Rolvedon [™] Syringe
		Stimufend® Syringe
		Udenyca® On-Body
		Zarxio* Syringe
	-	Ziextenzo [®] Syringe
		23.000
		LINA TOROUTTIC A CITYLE
		HEMATOPOIETIC AGENTS
	Clinica	l criteria apply to all drugs in this class
Preferr	Clinica	l criteria apply to all drugs in this class Non-Preferred
Preferre Aranesp [®] Syringe / Vial	Clinica	l criteria apply to all drugs in this class
Aranesp [®] Syringe / Vial	Clinica	l criteria apply to all drugs in this class Non-Preferred
Aranesp® Syringe / Vial Epogen® Vial	Clinica	l criteria apply to all drugs in this class Non-Preferred Jesduvroq "Tablet Mirocra" Syringe
	Clinica	l criteria apply to all drugs in this class Non-Preferred Jesduvroq® Tablet Mincera® Syringe Procrit® Vial
Aranesp® Syringe / Vial Epogen® Vial	Clinica	l criteria apply to all drugs in this class Non-Preferred Jesduvroq® Tablet Mircera® Syringe Procrit® Vial Reblozyf® Vial
Aranesp [®] Syringe / Vial Epogen [®] Vial	Clinica	l criteria apply to all drugs in this class Non-Preferred Jesduvrog* Tablet Mircera* Syringe Procrit* Vial

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	THROMBOPOIESIS STIMULATING AGENTS
Preferred	Non-Preferred
late [®] Vial	Alvaiz [™] Tablet
macta® Suspension / Tablet	Doptlet
	Mulpleta
	Tavalisse [™] Tablet
	ОРНТНАІМІС
	ALLERGIC CONJUNCTIVITIS AGENTS
Preferred	Non-Preferred
molyn sodium drops (generic for Crolom®)	Alomide* Drops
opatadine drops (generic for Pataday®, Patanol®)	Alrex® Drops
patadine drops (generic for Pataday®, Patanol®) (OTC)	azelastine drops (generic for Optivar®)
	bepotastine drops (gneric for Bepreve [®])
	Bepreve* Drops
	epinastine drops (generic for Elestat*)
	loteprednol drops (generic for Alrex®)
	Zerviate [™] Drops
	ANTIBIOTICS
Preferred	Non-Preferred
itracin-polymyxin ointment (generic for Polysporin®)	Azasite [®] Drops
rofloxacin solution drops (generic for Ciloxan®)	bacitracin ointment (generic for AK-Tracin*)
thromycin ointment (generic for Ilotycin®)	Besivance [®] Suspension
ntamicin drops (generic for Garamycin®)	Ciloxan® Ointment
xifloxacin ophthalmic solution (generic for Vigamox®)	gatifloxacin drops (generic for Zymaxid [®])
oxacin drops (generic for Ocuflox®)	moxifloxacin ophthalmic solution (generic for Moxeza [®])
lycin® Ointment (branded generic for Polysporin®)	Natacyn® Drops
lymyxin-trimethoprim drops (generic for Polytrim®)	neomycin-bacitracin-polymyxin ointment (generic for Neosporin® Ophthalmic Ointment)
facetamide drops (generic for Bleph-10 [®])	neomycin-polymyxin-gramicidin drops (generic for Neosporin® Ophthalmic Drops)
oramycin drops (generic for Tobrex®)	Neo-Polycin [®] Ointment (branded generic for Neosporin [®] Ophthalmic Ointment)
	Ocuflox Drops
	sulfacetamide ointment (generic for Cetamide®)
	Tobrex® Ointment
	Vigamox [®] Drops
	ANTINOTICS STEPAID COMPRISTING
D. 4	ANTIBIOTICS-STEROID COMBINATIONS
Preferred	Non-Preferred
omycin-polymyxin-dexamethasone drops / ointment (generic for Maxitrol*)	Maxitrof Drops / Ointment
bradex® Drops / Ointment	Neo-Polycin® HC (branded generic for Cortisporin®)
bramycin-dexamethasone suspension (generic for Tobradex®)	neomycin-bacitracin-polymyxin-HC ointment (generic for Cortisporin®)
	neomycin-polymyxin-HC drops (generic for Ocutricin [®])
	sulfacetamide-prednisolone drops (generic for Vasocidin®)
	Tobradex [®] ST Drops Zylet [®] Drops
	Egypte Laterpa
	ANTI-INFLAMMATORY
Preferred	Non-Preferred
xamethasone drops (generic for Decadron®)	Acular® Drops / LS Solution
lofenac drops (generic for Voltaren®)	Acuvaii [®] Solution
luprednate drops (generic for Durezol®)	
	bromfenac drops (generic for Prolensa®, Xibrom®, BromSite®)
arex [®] Drops	bromfenac drops (generic for Prolensa®, Xibrom®, BromSite®) BromSite® Solution
	BromSite® Solution
orometholone drops (generic for FML®)	BromSite [®] Solution Dextenza [®] Insert
orometholone drops (generic for FML*) rbiprofen drops (generic for Oculen*)	BromSite * Solution Dextenza * Insert Durezot * Drops
orometholone drops (generic for FML [®]) rbiprofen drops (generic for Ocufen [®]) torolae solution (generic for Acular [®] / LS)	BromSite* Solution Dextenza* Insert Durezot* Drops FML* Forte Drops / Liquifilm* Drops
orometholone drops (generic for FML [®]) rbiprofen drops (generic for Ocuten [®]) oroolae solution (generic for Acutar [®] /LS) temax [®] Drops	BromSite* Solution Detternz* Insert Durezot* Drops FML* Forte Drops / Liquifilm* Drops llevro* Drops
orometholone drops (generic for FML*) rbiprofen drops (generic for Ocuten*) torolae solution (generic for Acular* / LS) ternax* Drops vanae* Droptainer	BromSite* Solution Dexteraz* Insert Durezol* Drops FML* Forte Drops / Liquifilm* Drops [levo* Drops [luvie* Implant
orometholone drops (generic for FML*) rbiprofen drops (generic for Ocufen*) torolac solution (generic for Acular* / LS) temax* Drops vanac* Droptainer ed Mild* Drops	BromSite® Solution Dextenza® Insert Durzzal® Drops FML® Forte Drops / Liquifilm® Drops Ilevo® Drops Iluvien® Implant Inveltys™ Drops
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orometholone drops (generic for FML*) rbiprofen drops (generic for Ocufen*) torolac solution (generic for Acular* / LS) temax* Drops vanac* Droptainer ed Mild* Drops	BromSite* Solution Dexterna* Insert Durezol* Drops FML* Forte Drops / Liquifilm* Drops Ilevro* Drops Iluvien* Implant Inveltys** Drops Lotemax* Gel / SM Gel / Ointment loteprednol drops / gel (generic for Lotemax*)
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norometholone drops (generic for FML®) urbiprofen drops (generic for Ocuten®) torolae solution (generic for Acular® / LS) tennax® Drops evanac® Droptainer ed Mild® Drops ednisolone acetate drops (generic for Pred Forte®) Preferred estasis® Drops / Restasis® Multidoes™ Drops	BromSite® Solution Dexterna® Insert Durezol® Drops FML® Forte Drops / Liquifilm® Drops Ilevro® Drops Iluvien® Implant Inveltys™ Drops Lotemax® Gel / SM Gel / Ointment loteprednol drops / gel (generic for Lotemax®) Maxidex® Drops Ozurdex® Implant Pred Forte® Drops prednisolone sodium phosphate drops (generic for Inflamase Forte®) Retisert® Implant Triesence® Vial Xipero® (Intraocular) Yutiq® Implant ANTI-INFLAMMATORY / IMMUNOMODULATOR
torometholone drops (generic for FML®) ribiprofen drops (generic for Ocuten®) torolae solution (generic for Acular® / LS) ternax® Drops evanac® Droptainer ed Mild® Drops defisiolone acetate drops (generic for Pred Forte®) Preferred sstasis® Drops / Restasis® Multidose™ Drops	BromSite* Solution Dexterna* Insert Durezot* Drops FML* Forte Drops / Liquifilm* Drops Ilevro* Drops Ilevro* Drops Ilevro* Drops Lotemax* Gel / SM Gel / Ointment loteprednol drops / gel (generic for Lotemax*) Maxidex* Drops Ozurdex* Implant Pred Forte* Drops predisolone sodium phosphate drops (generic for Inflamase Forte*) Prolensa* Drops Retiser* Implant Triesence* Vial Xiprer* (Intracoular) Yutiq* Implant ANTI-INFLAMMATORY / IMMUNOMODULATOR Non-Preferred Ccqua** Drops oyclosporine emulsion (generic for Restasis*)
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orometholone drops (generic for FML®) rbiprofen drops (generic for Ocuten®) orolae solution (generic for Acular® / LS) tennax® Drops vanae® Droptainer dd Mild® Drops ddissolone acetate drops (generic for Pred Forte®) Preferred stasis® Drops / Restasis® Multidose™ Drops	BromSite* Solution Dexterna* Insert Durezof* Drops FML* Forte Drops / Liquifilm* Drops llevo* Drops llevo* Drops lluvien* Implant Inveltys** Drops Lotemax** Gel / SM Gel / Ointment loteprednol drops / gel (generic for Lotemax*) Maxidex** Drops Ozurdex** Implant Pred Forte* Drops prednisolone sodium phosphate drops (generic for Inflamase Forte*) Prolensa* Drops Retisert* Implant Triesence* Vial Xipere** (Intraocular) Yutiq** Implant ANTI-INFLAMMATORY / IMMUNOMODULATOR Non-Preferred Cequa** Drops oyelosporine emulsion (generic for Restasis*) Eysuwis** Drops yelosporine emulsion (generic for Restasis*) Eysuwis** Drops yliceb** Drops yliceb** Drops yliceb** Drops oyelosporine emulsion (generic for Restasis*) Eysuwis** Drops Micbo** Drops
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torometholone drops (generic for FML®) ribiprofen drops (generic for Ocuten®) torolae solution (generic for Acular® / LS) ternax® Drops evanac® Droptainer ed Mild® Drops defisiolone acetate drops (generic for Pred Forte®) Preferred sstasis® Drops / Restasis® Multidose™ Drops	BromSite* Solution Dexterna* Insert Durezol* Drops FML* Forte Drops / Liquifilm* Drops Ilevro* Drops Ilevro* Drops Ilevro* Drops Lotemax* Gel / SM Gel / Ointment loteprednol drops / gel (generic for Lotemax*) Maxidex* Drops Ozurdex* Implant Pred Forte* Drops prednisolone sodium phosphate drops (generic for Inflamase Forte*) Prolensa* Orops Retisert* Implant Triesence* Vial Xipero** (Intraocular) Yutiq** Implant ANTI-INFLAMMATORY / IMMUNOMODULATOR Non-Preferred Cequa** Drops cyclosporine emulsion (generic for Restasis*) Eysuvis** Drops Gyclosporine emulsion (generic for Restasis*) Eysuvis** Drops Gyclosporine emulsion (generic for Restasis*) Eysuvis** Drops Gyclosporine emulsion (generic for Restasis*) Eysuvis** Drops Tyrvaya** Nasal Spray Verkazia** Eye Emulsion - T/F of preferred agents not required for diagnosis of vernal keratoconjunctivitis (VKC)
larex® Drops uorometholone drops (generic for FML®) utriprofen drops (generic for Ceufen®) torolae solution (generic for Acular® / LS) otemax® Drops evanae® Droptainer red Mild® Drops edmisolone acetate drops (generic for Pred Forte®) Preferred estasis® Drops / Restasis® Multidose® Drops iidra® Drops	BromSite® Solution Dexterna® Insert Durezol® Drops FML® Forte Drops / Liquifilm® Drops llevro® Drops lluvien® Implant Inveltys™ Drops Lotemax® Gel / SM Gel / Ointment loteprednol drops / gel (generic for Lotemax®) Maxidex® Drops Ozardex® Implant Pred Forte® Drops prednisolone sodium phosphate drops (generic for Inflamase Forte®) Prolensa® Drops Retiser® Implant Triesence® Vial Xipere® (Intracoular) Yutiq™ Implant ANTI-INFLAMMATORY / IMMUNOMODULATOR Cequa™ Drops cyclosporine emulsion (generic for Restasis®) Eysuvis® Drops cyclosporine emulsion (generic for Restasis®) Eysuvis® Drops Micbo™ Drops Micbo™ Drops Tyraya® Nasal Spray

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

A	LPHA 2 ADRENERGIC AGENTS
Preferred	Non-Preferred
Alphagan® P Drops	apraclonidine drops (generic for lopidine*)
brimonidine drops (generic for Alphagan®)	brimonidine P drops (generic for Alphagan® P)
	lopidine [®] Drops
BETA B	LOCKER 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 [®])
	Istalof® 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)
CARRONIC A	Timoptic *Drops / Ocudose *Drops / XE *Solution VHYDRASE INHIBITORS / COMBINATIONS
Preferred 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)
	DOCT ACLANDIN ACQUICTE
Preferred	PROSTAGLANDIN AGONISTS Non-Preferred
latanoprost 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 Xalattan [®] Drops
	Xelpros® Drops
	Zioptan® Drops
RHO KI	NASE MODIFIERS / COMBINATIONS
Preferred	Non-Preferred
Rhopressa® Drops	
Rocklatan® Drops	+
	OSTEOPOROSIS
BONE RESORP?	ION SUPPRESSION AND RELATED AGENTS
Preferred	Non-Preferred
alendronate tablet (generic for Fosamax®)	Actonel® Tablet
	Actorici Tablet
raloxifene tablet (generic for Evista®)	alendronate solution (generic for Fosamax® Solution)
raloxifene tablet (generic for Evista®)	alendronate solution (generic for Fosamax® Solution) Atelvia® Tablet
raloxifene tablet (generic for Evista®)	alendronate solution (generic for Fosamax® Solution) Atelvia® Tablet Binosto® Effervescent Tablet
raloxifene tablet (generic for Evista®)	alendronate solution (generic for Fosamax® Solution) Atelvia® Tablet Binosto® Effervescent Tablet calcitonin salmon nasal spray (generic for Miacalcin®)
raloxifene tablet (generic for Evista®)	alendronate solution (generic for Fosamax* Solution) Aletiva* Tablet Binosto* Effervescent Tablet calcitonin salmon nasal spray (generic for Miacalcin*) Evenity** Syringe
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
raloxifene tablet (generic for Evista*)	alendronate solution (generic for Fosamax* Solution) Aletiva* Tablet Binosto* Effervescent Tablet calcitonin salmon nasal spray (generic for Miacalcin*) Evenity** Syringe
raloxifene tablet (generic for Evista*)	alendronate solution (generic for Fosamax® Solution) Atelvia® Tablet Binosto® Effervescent Tablet acleitonin salmon nasal spray (generic for Miacalcin®) Evenity™ Syringe Evista® Tablet Forteo® Pen
raloxifene tablet (generic for Evista®)	alendronate solution (generic for Fosamax* Solution) Aletiva* Tablet Binosto* Effervescent Tablet calcitonin salmon nasal spray (generic for Miacalcin*) Evenity** Syringe Evista* Tablet Fosamax* Tablet / Plus D 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 bandronate tablet (generic for Boniva®) Prolia® Syringe risedronate tablet (generic for Actonel®)
raloxifene tablet (generic for Evista*)	alendronate solution (generic for Fosamax* Solution) Aletiva* Tablet Galcitonin salmon nasal spray (generic for Miacalcin*) Evenity** Syringe Evista* Tablet Fosamax* Tablet / Plus D Tablet bandronate tablet (generic for Boniva*) Froia* Syringe Fosamax* Tablet / Plus D Tablet bandronate tablet (generic for Actonel*) Froia* Syringe
raloxifene tablet (generic for Evista*)	alendronate solution (generic for Fosamax* Solution) Alelvia* 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 tablet (generic for Actonel*) risedronate DR tablet (generic for Actonel*) feriparatide pen (generic for Forteo*)
raloxifene tablet (generic for Evista*)	alendronate solution (generic for Fosamax* Solution) Aletiva* Tablet Galcitonin salmon nasal spray (generic for Miacalcin*) Evenity** Syringe Evista* Tablet Fosamax* Tablet / Plus D Tablet bandronate tablet (generic for Boniva*) Froia* Syringe Fosamax* Tablet / Plus D Tablet bandronate tablet (generic for Actonel*) Froia* Syringe
raloxifene tablet (generic for Evista*)	alendronate solution (generic for Fosamax* Solution) Aletivia* Tablet calcitonin salmon nasal spray (generic for Miacalcin*) Evenity** Syringe Evista* Tablet Fosamax* Tablet / Plus D Tablet ibandronate tablet (generic for Boniva*) Prolia* Syringe fosamax* Tablet / Plus D Tablet ibandronate tablet (generic for Actonel*) risedronate tablet (generic for Actonel*) risedronate tablet (generic for Actonel*) risedronate tablet (generic for Actonel*) Tymlos* Pen
raloxifene tablet (generic for Evista*)	alendronate solution (generic for Fosamax® Solution) Aletivia® Tablet Binosto® Effervescent Tablet calcitonin salmon nasal spray (generic for Miacalcin®) Evenity™ Syringe Evista® Tablet Forteo® Pen Fosamax® Tablet / Plus D Tablet bandronate tablet (generic for Boniva®) Profia® Syringe Tisedronate Date (generic for Actonel®) risedronate DR tablet (generic for Actonel®) Trynlos® Pen OTHC
	alendronate solution (generic for Fosamax® Solution) Aletivia® Tablet Binosto® Effervescent Tablet calcitonin salmon nasal spray (generic for Miacalcin®) Evenity™ Syringe Evista® Tablet Fosamax® Tablet Plus D Tablet ibandronate tablet (generic for Boniva®) Profia® Syringe ibandronate tablet (generic for Actonel®) isadronate tablet (generic for Actonel®) isadronate tablet (generic for Actonel®) isadronate tablet (generic for Fosto®) Irisadronate tablet (generic for Fosto®) Irisadronate pic (generic for Fosto®) Irisadronate pic (generic for Fosto®) Irisadronate for Michigan (generic for Actonel®) isadronate for Michigan (generic for Fosto®) Irisadronate for Michigan (generic for Fosto®) Irisadronate for Michigan (generic for Michigan) Irisadronate for Michigan (generic f
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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

		DECRIPATORY
	DEC. ADD	RESPIRATORY
Preferred		ENERGIC HANDHELD, LONG ACTING Non-Preferred
Serevent Diskus Serevent Diskus Serevent Serevent Diskus Serevent Serevent Serevent Diskus Serevent Serevent Diskus Serevent Sere		Striverdi* Respinat* Inhalation Spray
Service Siskes		Victoria recognist immunica apity
	BETA-ADR!	ENERGIC 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® Digitaler™
		Proair® RespiClick®
	BET	TA-ADRENERGIC, NEBULIZERS
		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 ⁶)
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)		personne (general variation to spins and)
terbutaline tablet (generic for Brethine®)	-	
/		
		LED ANTICHOLINERGICS / COPD AGENTS
Preferred		Non-Preferred
Anoro® Ellipta® Inhaler		Bevespi* Aerosphere*
Atrovent® HFA Inhaler		Daliresp [®] Tablet
Combivent® Respirat® Inhalation Spray		Duaklir® Pressair®
Incruse® Ellipta® Inhaler		tiotropium inhaler (generic for Spiriva® Handihaler®)
ipratropium nebulizer solution (generic for Atrovent®) ipratropium / albuterol solution (generic for Duoneb®)		Tudorza® Pressair® Inhaler Yupelri™ Solution
roflumilast tablet (generic for Daliresp®)		1 upen Solution Ohtuvayre Inhalation suspension
Spiriva® Handihaler® / Respirat® Inhalation Spray		Ontragre miniation suspension
Stiolto* Respirat* Inhalation Spray	-	
	II	NHALED CORTICOSTEROIDS
Preferred		Non-Preferred
Alvesco® Inhaler		ArmonAir [™] Digihaler [™]
Arnuity® 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® Respu	iles)	Pulmicort® Respules 0.25mg, 0.5mg, 1mg
Flovent® Diskus / HFA Inhaler		
fluticasone propionate HFA / diskus (generic for Flovent [®] HFA / Diskus) QVAR [®] RediHaler TM		
QVAR Rediffaler		
	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 TM
	·	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 [™]
		wixeia innuo
	IN	I TRANASAL 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®)
		Omnaris® Nasal Spray
		Patanase® Nasal Spray
		QNasi® Nasal Spray / Children's Spray
		Ryaltris® Nasal Spray
		Sinuva Implant
		Xhanee [™] Nasal Spray
<u> </u>		Zetonna® Nasal Spray
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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

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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 Zvflo*)
-	
	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)	eetinzine chewane tander OTC (generic no Zyriec OTC Syrup) cetrizine OTC syrup Sm/5/ml (generic for Zyriec OTC Syrup)
cetinizate Rx synth (generic for Zyrtee Synth) cetinizate Rx synth (generic for Zyrtee OTC Tablet)	centain OTC syndy and general to Lynde OTC syndy centrain OTC syndy and centrain Control of Control
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 Clarines*) - 1/F of preferred agents not required for children < 2 years of age
loratadine tablet OTC (generic for Claritin® OTC)	fexofenadine OTC suspension / OTC tablet (generic for Allegra® OTC)
,	levocetirizine Rx solution (generic for Xyzal [®] Rx Solution)
	loratadine OTC chewable ODT / solution (generic for Claritin* OTC)
	LOW SEDATING ANTIHISTAMINE COMBINATIONS
Qu	nantity limit of 102 days supply per 12 months apply to all drugs in this class
Preferred	Non-Preferred
loratadine-D OTC tablet (generic for Claritin-D® OTC)	cetirizine-D OTC tablet (generic for Zyrtec-D* OTC)
	Clarinex-D [®] Tablet
	fexofenadine-D 12 Hour OTC Tablet (generic for Allegra-D [®] 12 Hour OTC)
	fexofenadine-pseudoephedrine ER 24 hour tablet (generic for Allegra-D* 24 hour)
	FIRST GENERATION ANTIHISTAMINES
Preferred	Non-Preferred
carbinoxamine solution	carbinoxamine tablet
cyproheptadine syrup / tablet	clemastine tablet
hydroxyzine capsule / solution / tablet	Karbinal ³³ ER Suspension - T/F of immediate release carbinoxamine solution and cetirizine syrup required for coverage
	RyClora Solution
	RyVent [™] Tablet
	Vistaril® Capsule
	TONGLYG
	TOPICALS
	ACNE AGENTS
Preferred	Non-Preferred
adapalene / benzoyl peroxide (generic for Epiduo® Forte)	Acanya* Gel Pump
adapalene / benzoyl peroxide (generic for Epiduo® Gel)	adapalene gel pump (generic for Differin [®])
adapalene cream / gel (generic for Differin®)	Aklief®
azelaic acid gel (generic for Finacea®)	Altreno® Lotion (Topical)
clindamycin phosphate gel / lotion (generic for Cleocin-T®, Clindagel®)	Arazlo [™] Lotion
clindamycin phosphate pledgets / solution (generic for Cleocin-T®)	Arralin [®] 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 [®] Emolliert 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 Retin-A [®] Micro Gel	Cabtreo™ Gel Cleocin® T Lotion
Epiduo® gel pump	
Differin® lotion/cream	Clindacin® ETZ Pledget / Kit / P Foam / P Pledgets / PAC Kit Clindagel® Gel
Differin® gel pump	
этисти дегринр	clindamycin / tretinoin (generic for Veltin*) clindamycin phosphate foam (generic for Evoclin*)
	contrainty on presipitate to an execution (
	clindamycin,henzoyl nerovide gel (generic for Neuac®)
	clindamycin-benzoyl peroxide gel (generic for Neuac®)
	clindamycin-benzoyl peroxide gel / pump (generic for Benzaelin®)
	clindamycin-benzoyl peroxide gel / pump (generic for Benzaclin*) clindamycin-benzoyl peroxide pump (generic for Acanya*)
	clindamycin-benzoyl peroxide gel / pump (generic for Benzaclin*) clindamycin-benzoyl peroxide pump (generic for Acanya*) clindamycin-benzoyl peroxide pump (generic for Onexton*)
	elindamycin-benzoyl peroxide ged / pump (generic for Benzaclin [®]) elindamycin-benzoyl peroxide pump (generic for Acanya [®]) elindamycin-benzoyl peroxide pump (generic for Onexton [®]) dapsone gel / gel pump (generic for Acanon [®] Gel)
	clindamycin-benzoyl peroxide ged / pump (generic for Benzaclin*) clindamycin-benzoyl peroxide pump (generic for Acanya*) clindamycin-benzoyl peroxide pump (generic for Onexton*) dapsone gel / gel pump (generic for Aczone* Gel) Ery* Pads
	clindamycin-benzoyl peroxide gel / pump (generic for Benzaclin [®]) 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
	clindamycin-benzoyl peroxide ged / pump (generic for Benzaclin [®]) 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 Evolin [®] Foam
	clindamycin-benzoyl peroxide gel / pump (generic for Benzaclin [®]) 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
	elindamycin-benzoyl peroxide ged / pump (generic for Benzaclin [®]) clindamycin-benzoyl peroxide pump (generic for Acanya [®]) elindamycin-benzoyl peroxide pump (generic for Onexton [®]) dapsone gel / gel pump (generic for Aczone [®] Gel) Ery [®] Pads Erygel [®] Gel Evoclin [®] Foam Fabior [®] Foam
	clindamycin-benzoyl peroxide ged / pump (generic for Benzaclin*) 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
	clindamycin-benzoyl peroxide gel / pump (generic for Benzaclin*) 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 Evolin* Foam Fabior* Foam Finacea* Foam Klaron* Lotion
	clindamycin-benzoyl peroxide ged / pump (generic for Benzaclin*) 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 Neue* Gel / Kit Onexton* Gel / Gel Pump Ovace* Plus Cleansing Cream / Gel / Lotion / Shampoo / Wash
	clindamycin-benzoyl peroxide guel / pump (generic for Benzaclin [®]) 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 Evolin [®] Foam Fahior [®] Foam Fahior [®] Foam Klaron [®] Foam Klaron [®] Lotion Neune [®] Gel / Kit Onexton [®] Gel / Evil Pump Ovace [®] Plus Cleansing Cream / Gel / Lotion / Shampoo / Wash Retin-A [®] Micro Pump Gel
	elindamycin-benzoyl peroxide guel / pump (generic for Benzaclin*) clindamycin-benzoyl peroxide pump (generic for Acanya*) dapsone gel / gel pump (generic for Acanoa*) dapsone gel / gel pump (generic for Acanoa*) Ery* Pads Erygel* Gel Evolin* Foam Fabior* Foam Finacea* Foam Klaro* Lotion Neue* Gel / Kit Onexton* Gel / Gel Pump Ovace* Plus Cleansing Cream / Gel / Lotion / Shampoo / Wash Rein-A* Micro Pump Gel Rosanil Cleanser Iotion
	elindamycin-benzoyl peroxide ged / pump (generic for Benzaclin*) clindamycin-benzoyl peroxide pump (generic for Acanya*) dindamycin-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 Neuæ** Gel / Kit Onexton** Gel / Gel Pump Ovace** Plus Cleansing Cream / Gel / Lotion / Shampoo / Wash Retin-A*** Micro Pump Gel Rosanil **Cloths / Wash
	clindamycin-benzoyl peroxide ged / pump (generic for Benzaclin*) 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 Neuse** Gel / Kit Onexton** Cel / Gel Pump Ovace** Plus Cleansing Cream / Gel / Lotion / Shampoo / Wash Retin-A** Micro Pump Gel Rosula** Cloths / Wash sodium sulfacetamide cleanser / cream (generic for Avar** / LS)
	elindamycin-benzoyl peroxide guel / pump (generic for Benzaclin [®]) elindamycin-benzoyl peroxide pump (generic for Acanya [®]) elindamycin-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 Neuac [®] Gel / Kit Onexton [®] Gel / Kit Onexton [®] Gel / Eupup Ovace [®] Plus Cleansing Cream / Gel / Lotion / Shampoo / Wash Retin-A [®] Micro Pump Gel Rosanil Cleanser lotion Rosula [®] Cloths / Wash oodium sulfacetamide cleanser / cream (generic for Avar [®] / LS) sodium sulfacetamide cleanser / cream (generic for Avar [®] / LS)
	elindamycin-benzoyl peroxide guel / pump (generic for Benzaclin*) 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 Evocin* Foam Fabior* Foam Finacea* Foam Klaron* Lotion Neue* Gel / Kit Onexton* Gel / Gel Pump Ovace* Plus Cleansing Cream / Gel / Lotion / Shampoo / Wash Retin-A* Micro Pump Gel Rosanil Cleanser Iotion Rosula* Cloths / Wash sodium sulfacetamide cleanser / cream (generic for Avar* / LS) sodium sulfacetamide lotion (generic for Klaron*)
	elindamycin-benzoyl peroxide gud / pump (generic for Benzaclin*) clindamycin-benzoyl peroxide pump (generic for Acanya*) dipsone gel / gel pump (generic for Aczone* Gel) Ery* Pads Erygel** Gel Evoclin** Foam Fabior** Foam Finacea** Foam Klaron** Lotion Neue** Gel / Kit Onexton** Gel / Gel Pump Ovace** Plus Cleansing Cream / Gel / Lotion / Shampoo / Wash Retin-A** Micro Pump Gel Rosanil Cleanser Jotion Rosala** Cloths / Wash sodium sulfacetamide cleanser / cream (generic for Avar** / LS) sodium sulfacetamide lotion (generic for Klaron*) sodium sulfacetamide shampoo, wash (generic for Novace** / Plusion**, Zetacet**)
	elindamycin-benzoyl peroxide guel / pump (generic for Benzaclin [®]) elindamycin-benzoyl peroxide pump (generic for Acanya [®]) dapsone gel / gel pump (generic for Aczone [®] Gel) Ery [®] Pads Erygel [®] Gel Evolin [®] Foam Fabior [®] Foam Finacea [®] Foam Klaron [®] Lotion Neuae [®] Gel / Kit Onexton [®] Gel / Gel Pump Ovace [®] Plus Cleansing Cream / Gel / Lotion / Shampoo / Wash Retin-A [®] Micro Pump Gel Rosanil Cleanser Iotion Rosala [®] Cloths / Wash sodium sulfacetamide elanser / cream (generic for Avar [®] / LS) sodium sulfacetamide shampoo, wash (generic for Novacet [®] Plus) sodium sulfacetamide-sulfur lotion / suspension (generic for Novacet [®] Pluso) sodium sulfacetamide-sulfur lotion / suspension (generic for Novacet [®] Pluso) sodium sulfacetamide-sulfur lotion / suspension (generic for Novacet [®] Pluso) sodium sulfacetamide-sulfur lotion / suspension (generic for Novacet [®] Pluson, Zetacet [®]) sodium sulfacetamide-sulfur lotion / suspension (generic for Novacet [®] Pluson, Zetacet [®])
	elindamycin-benzoyl peroxide guel / pump (generic for Benzaclin*) elindamycin-benzoyl peroxide pump (generic for Acanya*) dapsone gel / gel pump (generic for Acanoa*) fry* Pads Erygel* Gel Evoclin* Foam Fabior* Foam Finacea* Foam Klaron* Lotion Neue* Gel / Kit Onexton* Gel / Gel Pump Ovace* Plus Cleansing Cream / Gel / Lotion / Shampoo / Wash Retin-A* Micro Pump Gel Rosanil Cleanser lotion Rosula* Cloths / Wash sodium sulfacetamide cleanser / cream (generic for Avan* / LS) sodium sulfacetamide cleanser / cream (generic for Novacet*, Plexion*, Zetacet*) sodium sulfacetamide shampoo, wash (generic for Novacet*, Plexion*, Zetacet*) sodium sulfacetamide-sulfur lotion / suspension / generic for Novacet*, Plexion*, Zetacet*) sodium sulfacetamide-sulfur lotion / suspension / generic for Novacet*, Plexion*, Zetacet*) sodium sulfacetamide-sulfur lotion / suspension / generic for Novacet*, Plexion*, Zetacet*) sodium sulfacetamide-sulfur lotion / suspension / wash (generic for Sumaxin*) SSS* 10-5 Cream / Foam SSS* 10-5 Cream / Foam solium sulfacetamide-sulfur pad / suspension / wash (generic for Sumaxin*)
	clindamycin-benzoyl peroxide guel / pump (generic for Benzaclin*) clindamycin-benzoyl peroxide pump (generic for Acanya*) clindamycin-benzoyl peroxide pump (generic for Conexto*) dapsone gel / gel pump (generic for Aczone* Gel) Ery* Pads Erygel** Gel Evoclin** Foam Fahore** Foam Fahore** Foam Finacea** Foam Klaron** Lotion Neue** Gelf / Kit Onexton** Gel / Gel Pump Ovace** Plus Cleansing Cream / Gel / Lotion / Shampoo / Wash Retin-A** Micro Pump Gel Rosani Cleanser Jotion Rosula** Cleanser Jotion Rosula** Cloths / Wash sodium sulfacetamide cleanser / cream (generic for Avar* / LS) sodium sulfacetamide lotion (generic for Klaron*) sodium sulfacetamide shampoo, wash (generic for Novacet**, Plexion**, Zetacet*) sodium sulfacetamide-sulfur pad / suspension (generic for Sumaxin*) sodium sulfacetamide-sulfur pad / suspension (generic for Sumaxin*) sodium sulfacetamide-sulfur pad / suspension (generic for Sumaxin*) solium sulfacetamide-sulfur pad / suspension / wash (generic for Sumaxin*) solium sulfacetamide-sulfur pad / suspension / wash (generic for Sumaxin*)
	clindamycin-benzoyl peroxide guel / pump (generic for Benzaclin®) clindamycin-benzoyl peroxide pump (generic for Acanya®) clindamycin-benzoyl peroxide pump (generic for Acanya®) dapsone gel / gel pump (generic for Aczone® Gel) Ery® Pads Erygel® Gel Evolin® Foam Fahio® Foam Fahio® Foam Finacea® Foam Klaron® Foam Klaron® Lotion Neua® Gel / Kit Onexton® Gel / Kit Onexton® Gel / Kit Onexton® Gel / Kit Onexton® Gel / Gel Pump Ovace® Pins Cleansing Cream / Gel / Lotion / Shampoo / Wash Retin-A® Micro Pump Gel Rosanil Cleanser lotion Rosula® Cloths / Wash sodium sulfacetamide cleanser / cream (generic for Avar® / LS) sodium sulfacetamide lotion (generic for Klaron®) sodium sulfacetamide lotion (generic for Ovace® / Plus) sodium sulfacetamide shampoo, wash (generic for Novace® , Plexion® , Zetacet®) sodium sulfacetamide-sulfur pad / suspension / wash (generic for Sumaxin®) sulfacetamide-sulfur pad / suspension / wash (generic for Sumaxin®) sulfacetamide-sulfur pad / suspension / wash (generic for Sumaxin®) sulfacetamide-sulfur pad / suspension / wash (generic for Sumaxin®) sulfacetamide-sulfur pad / suspension / wash (generic for Sumaxin®) sulfacetamide-sulfur pad / suspension / wash (generic for Sumaxin®) sulfacetamide-sulfur pad / suspension / wash (generic for Sumaxin®) sulfacetamide-sulfur pad / suspension / wash (generic for Sumaxin®) sulfacetamide-sulfur pad / suspension / wash (generic for Sumaxin®) sulfacetamide-sulfur pad / suspension / wash (generic for Sumaxin®) sulfacetamide-sulfur pad / suspension / wash (generic for Sumaxin®) sulfacetamide-sulfur pad / suspension / wash (generic for Sumaxin®)
	clindamycin-benzoyl peroxide guel / pump (generic for Benzaclin*) 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 Evocin* Foam Fabior* Foam Finacea* Foam Klaron* Lotion Neue** Gel / Kit Onexton** Gel / Gel Pump Ovace** Plus Cleansing Cream / Gel / Lotion / Shampoo / Wash Retin-A* Micro Pump Gel Rosanil Cleanser lotion Rosula** Cloths / Wash sodium sulfacetamide eleanser / cream (generic for Avar* / LS) sodium sulfacetamide eleanser / cream (generic for Novace**, Plexion*, Zetacet*) sodium sulfacetamide shampoo, wash (generic for Ovace**, Plexion*, Zetacet*) sodium sulfacetamide-sulfur pad / suspension (generic for Sumaxin*) sodium sulfacetamide-sulfur pad / suspension / wash (generic for Sumaxin*) sodium sulfacetamide-sulfur pad / suspension / wash (generic for Sumaxin*) sulfacetamide-sulfur 94% cleanser (generic for Zencia*) sulfacetamide-sulfur for can generic for Zencia**) sulfacetamide-sulfur (generic for Avar* E, SSS** 10-5) Sumadan* Kit / XLT Kit / Wash
	clindamycin-benzoyl peroxide guel / pump (generic for Benzaclin®) clindamycin-benzoyl peroxide pump (generic for Acanya®) clindamycin-benzoyl peroxide pump (generic for Acanya®) dapsone gel / gel pump (generic for Aczone® Gel) Ery® Pads Erygel® Gel Evolin® Foam Fahio® Foam Fahio® Foam Finacea® Foam Klaron® Foam Klaron® Lotion Neua® Gel / Kit Onexton® Gel / Kit Onexton® Gel / Kit Onexton® Gel / Kit Onexton® Gel / Gel Pump Ovace® Pins Cleansing Cream / Gel / Lotion / Shampoo / Wash Retin-A® Micro Pump Gel Rosanil Cleanser lotion Rosula® Cloths / Wash sodium sulfacetamide cleanser / cream (generic for Avar® / LS) sodium sulfacetamide lotion (generic for Klaron®) sodium sulfacetamide lotion (generic for Ovace® / Plus) sodium sulfacetamide shampoo, wash (generic for Novace® , Plexion® , Zetacet®) sodium sulfacetamide-sulfur pad / suspension / wash (generic for Sumaxin®) sulfacetamide-sulfur pad / suspension / wash (generic for Sumaxin®) sulfacetamide-sulfur pad / suspension / wash (generic for Sumaxin®) sulfacetamide-sulfur pad / suspension / wash (generic for Sumaxin®) sulfacetamide-sulfur pad / suspension / wash (generic for Sumaxin®) sulfacetamide-sulfur pad / suspension / wash (generic for Sumaxin®) sulfacetamide-sulfur pad / suspension / wash (generic for Sumaxin®) sulfacetamide-sulfur pad / suspension / wash (generic for Sumaxin®) sulfacetamide-sulfur pad / suspension / wash (generic for Sumaxin®) sulfacetamide-sulfur pad / suspension / wash (generic for Sumaxin®) sulfacetamide-sulfur pad / suspension / wash (generic for Sumaxin®) sulfacetamide-sulfur pad / suspension / wash (generic for Sumaxin®)

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

	tretinoin cream / gel (generic for Retin-A*) tretinoin microsphere gel / microsphere gel pump (generic for Retin-A* Micro)	
	tretinoin microsphere gel / microsphere gel pump (generic for Retin-A" Micro) Twyneo* Cream	
	Winlevi [®] Cream	
	winevi Crean Ziana® Gel	
	Zma Clear ^a Cleanser	
	ANDROGENIC AGENTS	
Preferred	Non-Preferred	
Androgel® Pump	Androgel® Packet	
estosterone gel pump (generic for Androgel®)	Natesto [®] Nasal Gel	
	Testim* Gel	
	rer	
	testosterone gel pump (generic for Fortesta *, Axiron *)	
	testosterone packet (generic for Androget®)	
	Vogelxo* Gel / Packet / Pump	
	NSAIDS	
Preferred	Non-Preferred	
iclofenac topical gel (generic for Voltaren® Gel)	diclofenac epolamine patch (generic for Flector*)	
	diclofenac solution / pump (generic for Pennsaid*)	
	Pennsaid® Solution Packet / Pump	
	ANTIDOTICS	
	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 ⁶)	
	Xeji [™] Cream	
	ANTIDIOTICS, VACIDAL	
D. 4. 1	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	
	Xaciato® Vaginal Gel	
	ANTIFUNGALS	
Preferred	Non-Preferred	
ciclopirox cream / solution (generic for Loprox®, Penlac®)	Bensal HP® Ointment	
elotrimazole Rx cream (generic for Lotrimin® Rx)	Ciclodan Cream / Cream Kit / Kit / Solution	
clotrimazole-betamethasone cream (generic for Lotrisone®)	ciclopirox [champool champool	
tetoconazole cream / shampoo (generic for Nizoral®)		
	ciclonirox treatment kit (generic for Ciclodan®)	
	ciclopirox treatment kit (generic for Ciclodan®)	
Klayesta® Powder (branded generic for Nystop®)	clotrimazole Rx solution (generic for Lotrimin* Rx)	
Clayesta * Powder (branded generic for Nystop*) iyamyc* Powder (branded generic for Nystop*)	clotrimazole Rx solution (generic for Lotrimin ® Rx) clotrimazole-betamethasone lotion (generic for Lotrisone ®)	
Clayesta * Powder (branded generic for Nystop *) tyamye* Powder (branded generic for Nystop *) ystatin cream / ointment / powder (generic for Mycostatin *, Nystop *)	clotrimazole Rx solution (generic for Lotrimin ® Rx) clotrimazole-betamethasone lotion (generic for Lotrisone ®) econazole cream (generic for Spectazole ®)	
Clayesta * Powder (branded generic for Nystop *) syamye* Powder (branded generic for Nystop *) systatin cream / ointment / powder (generic for Mycostatin *, Nystop *)	elotrimazole Rx solution (generic for Lotrimin® Rx) elotrimazole-betamethasone lotion (generic for Lotrisone®) econazole cream (generic for Spectazole®) Ertaczo® Cream	
Clayesta * Powder (branded generic for Nystop *) syamye* Powder (branded generic for Nystop *) systatin cream / ointment / powder (generic for Mycostatin *, Nystop *)	clotrimazole Rx solution (generic for Lotrimin ® Rx) clotrimazole-betamethasone lotion (generic for Lotrisone ®) econazole cream (generic for Spectazole ®)	
Clayesta * Powder (branded generic for Nystop *) syamye* Powder (branded generic for Nystop *) systatin cream / ointment / powder (generic for Mycostatin *, Nystop *)	clotrimazole Rx solution (generic for Lotrimin® Rx) clotrimazole-betamethasone lotion (generic for Lotrisone®) econazole cream (generic for Spectazole®) Ertaczo® Cream Extina® Foam Jublia® Topical Solution	
Clayesta * Powder (branded generic for Nystop *) tyamye* Powder (branded generic for Nystop *) ystatin cream / ointment / powder (generic for Mycostatin *, Nystop *)	clotrimazole Rx solution (generic for Lotrimin® Rx) clotrimazole-betamethasone lotion (generic for Lotrisone®) econazole cream (generic for Spectazole®) Ertaczo® Cream Extina® Foam	
Clayesta * Powder (branded generic for Nystop *) syamye* Powder (branded generic for Nystop *) systatin cream / ointment / powder (generic for Mycostatin *, Nystop *)	elotrimazole Rx solution (generic for Lotrimin* Rx) elotrimazole-betamethasone lotion (generic for Lotrisone*) econazole cream (generic for Spectazole*) Ertaczo* Cream Extina* Foam Jublia* Topical Solution ketoconazole foam (generic for Extina*)	
Clayesta * Powder (branded generic for Nystop *) syamye* Powder (branded generic for Nystop *) systatin cream / ointment / powder (generic for Mycostatin *, Nystop *)	clotrimazole Rx solution (generic for Lotrimin® Rx) clotrimazole-betamethasone lotion (generic for Lotrisone®) econazole cream (generic for Spectazole®) Etraczo® Cream Extina® Foom Jubita® Topical Solution ketoconazole foam (generic for Extina®) Ketodan® Foam / Foam Kit	
Clayesta * Powder (branded generic for Nystop *) tyamye* Powder (branded generic for Nystop *) ystatin cream / ointment / powder (generic for Mycostatin *, Nystop *)	clotrimazole Rx solution (generic for Lotrimin® Rx) clotrimazole-betamethasone lotion (generic for Lotrisone®) econazole cream (generic for Spectazole®) Etraczo® Cream Extina® Foam Jubila® Topical Solution ketoconazole foam (generic for Extina®) Ketodam® Foam / Foam Kit Loprox® Suspension / Cream / Kit	
Clayesta * Powder (branded generic for Nystop *) syamye* Powder (branded generic for Nystop *) systatin cream / ointment / powder (generic for Mycostatin *, Nystop *)	clotrimazole Rx solution (generic for Lotrimin® Rx) clotrimazole-betamethasone lotion (generic for Lotrisone®) econazole cream (generic for Spectazole®) Ertaczo® Cream Extina® Foam Jublia® Topical Solution ketoconazole foam (generic for Extina®) Ketodan® Foam / Foam Kit Loprow® Suspension / Cream / Kit Juliconazole cream (generic for Luzu®)	
Clayesta * Powder (branded generic for Nystop *) tyamye* Powder (branded generic for Nystop *) ystatin cream / ointment / powder (generic for Mycostatin *, Nystop *)	elotrimazole Rx solution (generic for Lotrimin® Rx) elotrimazole-betamethasone lotion (generic for Lotrisone®) econazole cream (generic for Spectazole®) Ertaczo® Cream Extina® Foam Jubia® Topical Solution ketoconazole foam (generic for Extina®) Ketodan® Foam / Foam Kit Loprox® Suspension / Cream / Kit luliconazole cream (generic for Luzu®) Luzu® Cream	
Clayesta * Powder (branded generic for Nystop *) syamye* Powder (branded generic for Nystop *) systatin cream / ointment / powder (generic for Mycostatin *, Nystop *)	clotrimazole Rx solution (generic for Lotrimin® Rx) clotrimazole-betamethasone lotion (generic for Lotrisone®) econazole cream (generic for Spectazole®) Etraczo® Cream Extina® Foam Jubila® 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	
Clayesta * Powder (branded generic for Nystop *) tyamye* Powder (branded generic for Nystop *) ystatin cream / ointment / powder (generic for Mycostatin *, Nystop *)	clotrimazole Rx solution (generic for Lotrimin® Rx) clotrimazole-betamethasone lotion (generic for Lotrisone®) econazole cream (generic for Spectazole®) Etraczo® Cream Extina® Foam Jubila® Topical Solution ketoconazole foam (generic for Extina®) Ketodam® Foam / Foam Kit Loprox® Suspension / Cream / Kit lulticonazole cream (generic for Luzu®) Luzu® Cream miconazole / zinc oxide / petrolatum ointment (generic for Vusion®) - Clinical criteria apply nafitine cream / gel (generic for Nafin®)	
Clayesta * Powder (branded generic for Nystop *) tyamye* Powder (branded generic for Nystop *) ystatin cream / ointment / powder (generic for Mycostatin *, Nystop *)	elotrimazole Rx solution (generic for Lotrimin* Rx) elotrimazole-betamethasone lotion (generic for Lotrisone*) econazole cream (generic for Spectazole*) 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	
Clayesta * Powder (branded generic for Nystop *) syamye* Powder (branded generic for Nystop *) systatin cream / ointment / powder (generic for Mycostatin *, Nystop *)	elotrimazole Rx solution (generic for Lotrimin* Rx) clotrimazole-betamethasone lotion (generic for Lotrisone*) econazole cream (generic for Spectazole*) Etraczo* Cream Extina* Foom Jubita* Topical Solution ketoconazole foam (generic for Extina*) Ketodan* Foam / Foam Kit Loprox * Suspension / Cream / Kit ulticonazole cream (generic for Luzu*) Luzu* Cream miconazole / zinc oxide / petrolatum ointment (generic for Vusion*) - Clinical criteria apply nafifine cream / gel (generic for Nafin*) Nafiti* Gel mystatin-triamcinolone cream / ointment (generic for Mycolog II*)	
Clayesta * Powder (branded generic for Nystop *) syamye* Powder (branded generic for Nystop *) systatin cream / ointment / powder (generic for Mycostatin *, Nystop *)	elotrimazole Rx solution (generic for Lotrimin® Rx) elotrimazole-betamethasone lotion (generic for Lotrisone®) econazole cream (generic for Spectazole®) Ertaczo® Cream Extina® Foom Jubia® 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 nafitine cream / gel (generic for Nafiin®) Nafiin® Gel nystatin-triamcinolone cream / ointment (generic for Mycolog II®) oxiconazole cream (generic for Oxista®) Oxista® Lotion salicylic acid ointment (generic for Bensal HP®)	
Clayesta * Powder (branded generic for Nystop *) tyamye* Powder (branded generic for Nystop *) ystatin cream / ointment / powder (generic for Mycostatin *, Nystop *)	elotrimazole Rx solution (generic for Lotrimin* Rx) elotrimazole-betamethasone lotion (generic for Lotrisone*) econazole cream (generic for Spectazole*) 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	
Clayesta * Powder (branded generic for Nystop *) lyamyc * Powder (branded generic for Nystop *) ystatin cream / ointment / powder (generic for Mycostatin *, Nystop *)	elotrimazole Rx solution (generic for Lotrimin® Rx) elotrimazole-betamethasone lotion (generic for Lotrisone®) econazole cream (generic for Spectazole®) Ertaczo® Cream Extina® Foom Jubia® 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 nafitine cream / gel (generic for Nafiin®) Nafiin® Gel nystatin-triamcinolone cream / ointment (generic for Mycolog II®) oxiconazole cream (generic for Oxista®) Oxista® Lotion salicylic acid ointment (generic for Bensal HP®)	
Clayesta * Powder (branded generic for Nystop *) tyamye* Powder (branded generic for Nystop *) ystatin cream / ointment / powder (generic for Mycostatin *, Nystop *)	elotrimazole Rx solution (generic for Lotrimin® Rx) clotrimazole-betamethasone lotion (generic for Lotrisone®) econazole cream (generic for Spectazole®) Ertaczo® Cream Extina® Foam Jublia® Topical Solution ketoconazole foam (generic for Extina®) Ketodan® Foam (Foam Kit Loprox® Suspension / Cream / Kit lultionazole cream (generic for Luzu®) Luzu® Cream miconazole / zine oxide / petrolatum ointment (generic for Vusion®) - Clinical criteria apply natifine cream / gel (generic for Nafiin®) Nafiin® 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 Recydin®) Vusion® Ointment - Clinical criteria apply	
Clayesta * Powder (branded generic for Nystop *) tyamye* Powder (branded generic for Nystop *) ystatin cream / ointment / powder (generic for Mycostatin *, Nystop *)	elotrimazole Rx solution (generic for Lotrisine* Rx) clotrimazole-betamethasone lotion (generic for Lotrisone*) econazole cream (generic for Spectazole*) Ertaczo* Cream Extina* Foom Jubita* Topical Solution ketoconazole foam (generic for Extina*) Ketodan* Foam / Foam Kit Loprox * Suspension / Cream / Kit ulticonazole cream (generic for Luzu*) Luzu* Cream miconazole / zinc oxide / petrolatum ointment (generic for Vusion*) - Clinical criteria apply nafifine cream / gel (generic for Nafiin*) Nafiin* Cel nystatin-triamcinolone cream / ointment (generic for Mycolog II*) oxiconazole cream (generic for Oxistat*) Oxista* Lotion salicylic acid ointment (generic for Bensal HP*) tavaborole topical solution (generic for Kerydin*) Vusion* Ointment - Clinical criteria apply ANTIPARASITICS	
Clayesta ** Powder (branded generic for Nystop*) yyamy** Powder (branded generic for Nystop*) yyatain cream / ointment / powder (generic for Mycostatin*, Nystop*) yystop** Powder	elotrimazole Rx solution (generic for Lotrisine* Rx) clotrimazole-betamethasone lotion (generic for Lotrisone*) econazole cream (generic for Spectazole*) Etraczo* Cream Extina* Foam Jubita* Topical Solution ketoconazole foam (generic for Extina*) Retodan* Foam Foam Kit Loprox* Suspension / Cream / Kit Aluionazole eram (generic for Luzu*) Luza* Cream miconazole / zinc oxide / petrolatum ointment (generic for Vusion*) - Clinical criteria apply natifine cream / gel (generic for Natita*) Nattin* Gel nystatin-triamicolone cream / ointment (generic for Mycolog II*) oxiconazole cream (generic for Oxistat*) Oxistat* Lotion salicytic acid ointment (generic for Respal Hp*) tavaborole topical solution (generic for Kerydin*) Vusion* Ointment - Clinical criteria apply ANTIPARASITICS T/F of only one preferred drug required	
Clayesta ** Powder (branded generic for Nystop*) (yagmyc** Powder (branded generic for Nystop*) (yastain cream / ointment / powder (generic for Mycostatin*, Nystop*) (yastop** Powder **Preferred** **Preferred**	elotrimazole Rx solution (generic for Lotrisine* Rx) clotrimazole-betamethasone lotion (generic for Lotrisone*) econazole cream (generic for Spectazole*) 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 / zine cwide / petrolatum ointment (generic for Vusion*) - Clinical criteria apply nafitifine cream / gel (generic for Naftin*) Naftin* Gel mystatin-triamcinolone cream / ointment (generic for Mycolog II*) oxiconazole cream (generic for Oxistat*) Oxistat* Lotion salicylic acid ointment (generic for Rensal HP*) tavaborole topical solution (generic for Kerydin*) Vusion* Ointment - Clinical criteria apply ANTIPARASITICS T/F of only one preferred drug required Non-Preferred	
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Clayesta* Powder (branded generic for Nystop*) (syamyc* Powder (branded generic for Nystop*) (systain cream / ointment / powder (generic for Mycostatin*, Nystop*) (systop* Powder Preferred Natroba* Topical Suspension	elotrimazole Rx solution (generic for Lotrisine* Rx) clotrimazole-betamethasone lotion (generic for Lotrisone*) econazole cream (generic for Spectazole*) Ertaczo* Cream Extina* Foom Jubila* Topical Solution ketoconazole foam (generic for Extina*) Ketodan* Foam / Foam Kit Loprox * Suspension / Cream / Kit Iuliconazole cream (generic for Luzu*) Luzu* Cream miconazole / zinc oxide / petrolatum ointment (generic for Vusion*) - Clinical criteria apply nafitine cream / gel (generic for Nafiin*) Nafiin* Cel nystatin-triamcinolone cream / ointment (generic for Mycolog II*) oxiconazole cream (generic for Oxistat*) Oxista* Lotion salicytic acid ointment (generic for Bensal HP*) tavaborole topical solution (generic for Kerydin*) Vusion* Ointment - Clinical criteria apply ANTIPARASITICS T/F of only one preferred drug required Non-Preferred Crotan** Lotion Elimite* Cream	
Klayesta * Powder (branded generic for Nystop*) Nysany** Powder (branded generic for Nystop*) nystatin cream / ointment / powder (generic for Mycostatin*, Nystop*) Nystop* Powder	elotrimazole Rx solution (generic for Lotrimin® Rx) clotrimazole-betamethasone lotion (generic for Lotrisone®) econazole cream (generic for Spectazole®) Ertaczo® Cream Extina® Foam Jubia® 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 eram (generic for Cxistat®) Oxistas® Lotion salicylic acid ointment (generic for Bensal HP®) tavaborole topical solution (generic for Kerydin®) Vusio® Ointment - Clinical criteria apply ANTIPARASITICS T/F of only one preferred drug required Non-Preferred	
Klayesta * Powder (branded generic for Nystop*) Nysamy* Powder (branded generic for Nystop*) Nystop* Powder (branded generic for Mycostatin*, Nystop*) Nystop* Powder Preferred Natroba* Topical Suspension	elotrimazole Rx solution (generic for Lotrimin* Rx) clotrimazole-betamethasone lotion (generic for Lotrisone*) econazole cream (generic for Spectazole*) Ertaczo* Cream Extina* Foom Jubila* Topical Solution ketoconazole foam (generic for Extina*) Ketodan* Foam / Foam Kit Loprox * Suspension / Cream / Kit Iuliconazole cream (generic for Luzu*) Luzu* Cream miconazole / zinc oxide / petrolatum ointment (generic for Vusion*) - Clinical criteria apply nafitine cream / gel (generic for Nafiin*) Nafiin* Cel nystatin-triamcinolone cream / ointment (generic for Mycolog II*) oxiconazole cream (generic for Oxistat*) Oxista* Lotion salicytic acid ointment (generic for Bensal HP*) tavaborole topical solution (generic for Kerydin*) Vusion* Ointment - Clinical criteria apply ANTIPARASITICS T/F of only one preferred drug required Non-Preferred Crotan** Lotion Elimite* Cream	
Klayesta® Powder (branded generic for Nystop®) Nysmyo® Powder (branded generic for Nystop®) Nystofo® Powder Preferred Natroba® Topical Suspension	elotrimazole Rx solution (generic for Lotrisine* Rx) clotrimazole-betamethasone lotion (generic for Lotrisone*) econazole cream (generic for Spectazole*) Ertaczo* Cream Extina* Foom Jubia* Topical Solution ketoconazole form (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 nafitine cream / gel (generic for Nafiin*) Nafiin* Gel nystatin-triamcinolone cream / ointment (generic for Mycolog II*) oxiconazole veram (generic for Oxista*) Oxista* Lotion salicytic acid ointment (generic for Bensal HP*) tavaborole topical solution (generic for Kerydin*) Vusion* Ointment - Clinical criteria apply ANTIPARASITICS T/F of only one preferred drug required Crotan** Lotion Elimite** Cream Eurax** Cream / Lotion lindane shampoo malatino lotion (generic for Oxide*)	
Klayesta * Powder (branded generic for Nystop*) Nysamy* Powder (branded generic for Nystop*) Nystop* Powder (branded generic for Mycostatin*, Nystop*) Nystop* Powder Preferred Natroba* Topical Suspension	elotrimazole-betamethasone lotion (generic for Lotrisone*) econazole cream (generic for Spectazole*) Ertaczo* Cream Extina** Foam Jublia** Topical Solution ketoconazole froam (generic for Extina*) Ketodan** Foam / Foam / Kit Loprox** Suspension / Cream / Kit lultionazole cream (generic for Extina*) 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*) Oxistat** Lotion salicylic acid ointment (generic for Rensal HP*) Luzu** Cream ANTIPARASITICS T/F of only one preferred drug required Non-Preferred Crotan** Lotion Elimite** Cream Eurax** Cream / Lotion lindane shampoo	
Klayesta * Powder (branded generic for Nystop*) Nysamy* Powder (branded generic for Nystop*) Nystop* Powder (branded generic for Mycostatin*, Nystop*) Nystop* Powder Preferred Natroba* Topical Suspension	elotrimazole Rx solution (generic for Lotrisine* Rx) clotrimazole-betamethasone lotion (generic for Lotrisone*) econazole cream (generic for Spectazole*) Ertaczo* Cream Extina* Foom Jubia* Topical Solution ketoconazole form (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 nafitine cream / gel (generic for Nafiin*) Nafiin* Gel nystatin-triamcinolone cream / ointment (generic for Mycolog II*) oxiconazole veram (generic for Oxista*) Oxista* Lotion salicytic acid ointment (generic for Bensal HP*) tavaborole topical solution (generic for Kerydin*) Vusion* Ointment - Clinical criteria apply ANTIPARASITICS T/F of only one preferred drug required Crotan** Lotion Elimite** Cream Eurax** Cream / Lotion lindane shampoo malatino lotion (generic for Oxide*)	

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

	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	
	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 Soolantra®)	
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	
	Hydroxym [™] Gel	
	Texacort® Solution	
	Texacort Solution	
Professor	Medium Potency	
Preferred fluticasone cream / ointment (oeneric for Cutivate [®])	Medium Potency Non-Preferred	
fluticasone cream / ointment (generic for Cutivate *)	Medium Potency Non-Preferred Beser™ Lotion / Kit	
	Medium Potency Non-Preferred Beser™ Lotion / Kit clocortolone cream (generic for Cloderm®)	
fluticasone cream / ointment (generic for Cutivate*)	Medium Potency Non-Preferred Beser™ Lotion / Kit	
fluticasone cream / ointment (generic for Cutivate *)	Medium Potency Non-Preferred Beser™ Lotion / Kit clocortolone cream (generic for Cloderm®) Cloderm® Cream / Pump	
fluticasone cream / ointment (generic for Cutivate *)	Medium Potency Non-Preferred Beser ** Lotion / Kit	
fluticasone cream / ointment (generic for Cutivate *)	Medium Potency Non-Preferred Beser** Lotion / Kit 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*)	
fluticasone cream / ointment (generic for Cutivate *)	Medium Potency Non-Preferred Beser™ Lotion / Kit 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 / lipid cream / lotion / ointment / solution (generic for Locoid®)	
fluticasone cream / ointment (generic for Cutivate *)	Medium Potency Non-Preferred Beser™ Lotion / Kit clocortolone cream (generic for Cloderm®) Cloderm® Cream / Pump fluocinolone cream (sintment / solution (generic for Synalar®) flurandernolide Lotion / Ointment fluticasone lotion (generic for Cutivate® Lotion) hydrocortisone burytate cream / light cream / lotion / ointment / solution (generic for Locoid®) hydrocortisone valerate cream / ointment (generic for Westcort®) Locoid® Lipocream / Lotion	
fluticasone cream / ointment (generic for Cutivate *)	Medium Potency Non-Preferred Beser Lotion / Kit clocortolone cream (generic for Cloderm®) Cloderm® Cream / Pump fluocinolone cream / ointment / solution (generic for Synalar®) flurandernolide Lotion / Ointment fluticasone lotion (generic for Cutivate® Lotion) lydrocortisone butyrate cream / lipid cream / lotion / ointment / solution (generic for Locoid®) hydrocortisone valerate cream / ointment (generic for Westcort®) Locoid® Lipoceram / Lotion Pandel® Cream	
fluticasone cream / ointment (generic for Cutivate *)	Medium Potency Non-Preferred Beser **Lotion / Kit	
fluticasone cream / ointment (generic for Cutivate *)	Medium Potency Non-Preferred Beser Lotion / Kit clocortolone cream (generic for Cloderm®) Cloderm® Cream / Pump fluocinolone cream / ointment / solution (generic for Synalar®) flurandernolide Lotion / Ointment fluticasone lotion (generic for Cutivate® Lotion) lydrocortisone butyrate cream / lipid cream / lotion / ointment / solution (generic for Locoid®) hydrocortisone valerate cream / ointment (generic for Westcort®) Locoid® Lipoceram / Lotion Pandel® Cream	
fluticasone cream / ointment (generic for Cutivate ®)	Medium Potency Non-Preferred Beser Lotion / Kit clocortolone cream (generic for Cloderm [®]) Cloderm [®] Cream / Pump fluocinolone cream / ointment / solution (generic for Synalar [®]) flurandernolide Lotion / Ointment fluticasone lotion (generic for Cutivate [®] Lotion) lydrocortisone 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	
fluticasone cream / ointment (generic for Cutivate*) mometasone cream / ointment / solution (generic for Elocon*)	Medium Potency Non-Preferred Beser** Lotion / Kit 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	
fluticasone cream / ointment (generic for Cutivate *)	Medium Potency Non-Preferred Beser Lotion / Kit clocortolone cream (generic for Cloderm [®]) Cloderm [®] Cream / Pump fluocinolone cream / ointment / solution (generic for Synalar [®]) flurandernolide Lotion / Ointment fluticasone lotion (generic for Cutivate [®] Lotion) lydrocortisone 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	
fluticasone cream / ointment (generic for Cutivate*) mometasone cream / ointment / solution (generic for Elocon*) Preferred	Medium Potency Non-Preferred Beser Lotion / Kit 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 bultyrate 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 Non-Preferred	
fluticasone cream / ointment (generic for Cutivate *) mometasone cream / ointment / solution (generic for Elocon *) Preferred betamethasone valerate cream / ointment (generic for Valisone *)	Medium Potency Non-Preferred Beser Oction / Kit Clocerm* 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 Non-Preferred amcinonide cream (generic for Cyclocort*)	
fluticasone cream / ointment (generic for Cutivate*) mometasone cream / ointment / solution (generic for Elocon*) Preferred betamethasone valerate cream / ointment (generic for Valisone*) fluocinonide cream / gel / ointment / solution (generic for Valisone*)	Medium Potency Non-Preferred Beser** Lotion / Kit clocortolone cream (generic for Clodern*) Clodern** 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 / lipid eream / 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 Non-Preferred amainonide cream (generic for Cyclocort*) betamethasone dipropionate augmented cream / gel / lotion / ointment (generic for Diprolene*)	
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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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	Vanos* Cream
	l v Win.
Preferred	Very High Potency Non-Preferred
clobetasol cream / emollient cream / gel / ointment (generic for Temovate®)	ApexiCon® E Cream
clobetasol shampoo (generic for Clobex*)	Spearcon Ecteum Brytali Lotion Brytali Lotion
clobetasol solution (generic for Cormax®)	column Leanon Column Colum
Clobex® Shampoo	clobetasol lotion / spray (generic for Clobex*)
halobetasol propionate cream / ointment (generic for Ultravate®)	Clodan [®] Kit / Shampoo
	halobetasol propionate foam (generic for Lexette*)
	Impeklo [™] Lotion
	Lexette® Foam
	Olux [®] Foam
	Temovate [®] Ointment
	Tovet™ Foam / Foam Kit
	Ultravate® Lotion
	MISCELLANEOUS
	MISCELLANEOUS
	WEIGHT MANAGEMENT AGENTS
U	GLP-1 Receptor Agonists indicated for the treatment of obesity (Incretin Mimemetics)
Preferred	Clinical criteria apply to all drugs in this class Non-Preferred
Wegovy® Pen	Saxenda [®] (liraglutide) Pen
repriy and	Saccious (inaginuse) rice Zepound* (inzgratie) Pen T/F of Wegovy is not required for patients with a diagnosis of OSA Syndrome
	exposum (marpaner) to the marginal and required on patients and a diagnost of consequent
	Weight Management Other (Non-Incretin Mimetics)
Preferred	Non-Preferred
diethylpropion tablet / ER tablet	benzphetamine tablet
phendimetrazine tablet / ER capsule	orlistat capsule (generic for Xenical®)
phentermine tablet / capsule	Xenical® (orlistat) Capsule
	DATE OF A COLUMN
	IMMUNOMODULATORS, ASTHMA
D.,, C.,,,,, J	Clinical criteria apply to all drugs in this class
Preferred	Non-Preferred Cinqair* Vial
Fasenra® Pen / Syringe Xolair® (omalizumab) Autoinjector/Syringe	Uniquir viai Nucala® Syringe / Vial / Autoinjector
	Tezpire Pen / Syringe - TIF of preferred agents not required for diagnosis of non-allergic, non-cosinophilic severe asthma
	Xolair® Vial
	•
	IMMUNOMODULATORS, Atopic Dermatitis
	Clinical criteria apply to all drugs in this class
Preferred	Non-Preferred
Adbry® Syringe	Adbry® (tralokinumab-ldrm) Autoinjector
Dupixent® Pen / Syringe	Ebglyss Pen
Elidel® Cream	Ebglyss TM Syringe (lebrikizumab-lbkz)
Eucrisa® 2% Ointment	Opzelura ^M Cream
tacrolimus ointment (generic for Protopic [®])	pimecrolimus cream (generic for Elidel®)
	Zoryve* (roflumilast) 0.15% Cream
	Nemluvio*
	ANTIPSORIATICS, ORAL
Preferred	Non-Preferred
acitretin (generic for Soriatane®)	methoxsalen rapid (generic for Oxsoralen-Ultra*)
	EPINEPHRINE, SELF ADMINISTERED
	Quantity limits apply to all drugs in this class
Preferred	Non-Preferred
Auvi-Q®Auto Injector	epinephrine auto injector (generic for Adrenaclick*)
epinephrine auto injector (generic for Epi-Pen® / Epi-Pen® Jr.)	neffy [®] nasal spray
Epi-Pen® Auto Injector / 2-Pak / Jr. Auto Injector / Jr. 2-Pak	
	ESTROCEN ACENTS COMBINATIONS
D. C. 1	ESTROGEN AGENTS, COMBINATIONS
Preferred Activella® Tablet	Non-Preferred
Activella Tablet Amabelz ™ Tablet	Bijuva*Capsule
Amabelz Tablet estradiol/norethindrone tablet (generic for Activella®)	
estration/noretiniarone tablet (generic for Activella) Fyavolv Tablet	
Jinteli® (branded generic for FemHRT®)	
Mimvey® / Lo (branded generic for Activella®)	
norethindrone-ethinyl estradiol (generic for FemHRT®)	
Premphase * Tablet	
Prempro® Tablet	

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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	ESTROGEN AGENTS, ORAL / TRANSDERMAL
Preferred	Non-Preferred
Climara® Pro Patch	Climara® Patch
CombiPatch® Patch	Divigel® Gel Packet
estradiol patch (generic for Climara®, Menostar®, Vivelle-Dot®)	Dotti [™] Patch
estradiol tablet (generic for Estrace®)	Duave® Tablet
Evamist [®] Spray	Elestrin® Gel
Menest® Tablet	Estrace® Tablet
Premarin® Tablet	Estradiol Gel Pump
	estradiol gel packet (generic for Divigel®)
	Lyliana [™] 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 Patisone®)
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 - Clincal 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

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

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Preferred adalimumab-adaz Pen / Syringe	Clinical criteria apply to all drugs in this class
dalimumab-adaz Pen / Syringe	T/F of only one Preferred drug required
	Non-Preferred
	Abrilada ³¹ Pen / Syringe
dalimumab-fkjp 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-ryvk Autoinjector / Syringe
infliximab vial (generic for Remicade®)	Anjevita [™] 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
	Cyttezo [™] (adalimumab-adbm) Psoriasis-UV Pen
	Cyttezo Syringe / Crohn-UC-HS Pen / Psoriasis Pen / Pen
	Enspryng [™] Syringe
	Entyvi [®] Pen / Vial
	Hulio Pen / Syringe
	Hyrimoz ¹⁰ Pen / Crohn's-UC Pen / Ped. Crohn's Pen / Syringe / Psoriasis Pen
	Idacio [®] Pen / Psoriasis Pen / Crohn's-UC Pen / Syringe
	llaris* Vial
	Ilumya® Syringe
	Inflectra Vial
	Kevzara® Syringe / Pen
	Kineret Syringe - T/F of preferred agents not required for diagnosis of Neonatal Onset Multi-System Inflammatory Disease
	Olumiant® Tablet
	Omvoh [™] (mirikizumab-mrkz) Syringe
	Omvoh [™] Pen / Vial
	Orencia® Clickjet® / Syringe / Vial
	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-bavi) Vial
	Tremfya* Syringe / Injector/ Vial
	Tyenne® (localizamab-aarg) 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 [®])	
eycrosporme mounted capsule / solution (generic for Gengrai , Neorai) Envarsus * XR Tablet	
everolimus tablet (generic for Zortress® Tablet)	
Gengraf® Capsule / Solution	
Imuran [®] Tablet mycophenolate capsule / suspension / tablet (generic for Cellcept [®])	
Imuran® Tablet mycophenolate capsule / suspension / tablet (generic for Cellcept®) mycophenolic acid tablet (generic for Myfortic®)	
Imuran [®] Tablet mycophenolate capsule / suspension / tablet (generic for Cellcept [®]) mycophenolic acid tablet (generic for Myfortic [®]) Myfortic [®] Tablet	
Imuran [®] Tablet mycophenolate capsule / suspension / tablet (generic for Cellcept [®]) mycophenolic acid tablet (generic for Myfortic [®]) Myfortic [®] Tablet Myhibbin [™] (mycophenolate mofetil) Suspension	
Imuran® Tablet mycophenolate capsule / suspension / tablet (generic for Cellcept®) mycophenolic acid tablet (generic for Myfortic®) Myfortic® Tablet Myfortic® (mycophenolate mofetil) Suspension Neoral® Capsule / Solution	
Imuran [®] Tablet mycophenolate capsule / suspension / tablet (generic for Cellcept [®]) mycophenolic acid tablet (generic for Myfortic [®]) Myfortic [®] Tablet Myhibbin [®] (mycophenolate mofetii) Suspension Neorati [®] Capsule / Solution Prograf [®] Capsule / Granule Packet	
Imuran® Tablet mycophenolate capsule / suspension / tablet (generic for Celleept®) mycophenolic acid tablet (generic for Myfortic®) Myfortic® Tablet Myhibbin® (mycophenolate mofetil) Suspension Neoral® Capsule / Solution Progra® Capsule / Granule Packet Rapamune® Solution / Tablet	
Imuran* Tablet mycophenolate capsule / suspension / tablet (generic for Cellcept*) mycophenolic acid tablet (generic for Myfortic*) Myfortic* Tablet Myhibbin** (mycophenolate mofetil) Suspension Neoral** Capsule / Solution Prograf* Capsule / Granule Packet Rapamune** Solution / Tablet Rezurock** Tablet	
Imuran "Tablet mycophenolate capsule / suspension / tablet (generic for Cellcept ") mycophenolic acid tablet (generic for Myfortic ") Myfortic "Tablet Myhibbin" (mycophenolate mofetil) Suspension Neoral "Capsule / Solution Prograf" Capsule / Granule Packet Rapamune "Solution / Tablet Randimmune" Capsule / Solution	
Imuran* Tablet mycophenolate capsule / suspension / tablet (generic for Cellcept*) mycophenolate acid tablet (generic for Myfortic*) Myfortic* Tablet Myfinibin* (mycophenolate mofetil) Suspension Neroral* Capsule / Solution Prograf* Capsule / Granule Packet Rapamune* Solution / Tablet Rezurock* Tablet Sandimmune* Capsule / Solution sirolimus tablet / solution (generic for Rapamune*)	
Imuran® Tablet mycophenolate capsule / suspension / tablet (generic for Celleept®) mycophenolic acid tablet (generic for Myfortic®) Myfortic® Tablet Myhibbin® (mycophenolate mofetil) Suspension Neoral® Capsule / Solution Peroga® Capsule / Solution Peroga® Capsule / Granule Packet Rapamune® Solution / Tablet Rezurock® Tablet Sandimmune® Capsule / Solution sirolimus tablet / solution (generic for Rapamune®) tacrolimus capsule (generic for Hecoria®, Prograf®)	
Imuran* Tablet mycophenolate capsule / suspension / tablet (generic for Cellcept*) mycophenolic acid tablet (generic for Myfortic*) Myfortic* Tablet Myhibbin** (mycophenolate mofetil) Suspension Neoral** Capsule / Solution Prograf* Capsule / Solution Prograf* Capsule / Solution Rezurock** Tablet Rezurock** Tablet Sandimmune** Capsule / Solution sirolimus tablet / solution (generic for Rapamune*) tarolimus capsule (generic for Rapamune*) Taroness* Capsule	
Imuran "Tablet mycophenolate capsule / suspension / tablet (generic for Cellcept ") mycophenolate acid tablet (generic for Myfortic") Myfortic "Tablet Myfinthin" (mycophenolate mofetil) Suspension Nooral "Capsule / Solution Prograf" Capsule / Solution Prograf" Capsule / Granule Packet Rapamune "Solution / Tablet Rezurock "Tablet Sandimmune" Capsule / Solution sirolimus tablet / solution (generic for Rapamune") tuccolimus capsule (generic for Hecoria", Prograf")	MOVEMENT DISORDERS

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

Preferred	Non-Preferred
Austedo® Tablet	Ingrezza® (valbenazine) Sprinkle Capsules
Austedo® XR Tablet / Titration Kit Ingrezza® Capsule / Initiation Pack	Xenazine* Tablet
Ingrezza Capsule / Initiation Pack tetrabenazine tablet	
	NGIOEDEMA (HAE) PROPHYLAXIS AGENTS
	l criteria apply to all drugs in this class
Preferred	Non-Preferred
Haegarda [®] Vial Orladeyo [®] Capsule	Cinryze* Vial Takhzyro* Vial / Syringe
Orladeyo Capsure	Takanayio vanii ayange
HEREDITARY A	NGIOEDEMA (HAE) TREATMENT AGENTS
	l criteria apply to all drugs in this class
Preferred	Non-Preferred
Berinert* Vial / Kit icatibant syringe (generic for Firazyr*)	Firazyr Syringe Ruconest Vial
Kalbitor® Vial	Nuconest vini
Sajazir [™] Syringe (branded generic for icatibant)	
D. C. J.	OPIOID ANTAGONISTS
Preferred Kloxxado™ Nasal Spray	Non-Preferred
LifEMS [™] naloxone Syringe Kit	
naloxone nasal spray (OTC)	
naloxone syringe / spray / vial (generic for Narcan®)	
naltrexone tablet	
Narcan® Nasal Spray (OTC)	
Opvee® Nasal Spray	
Rextovy [™] (naloxone) Nasal Spray Vivitrol [®] Vial / Diluent	
Zimhi ^{nt} Syringe	
	OPIOID DEPENDENCE
Preferred	Non-Preferred
Prior Approval Not Required for Coverage of Preferred Agents Brixadi ^M Weekly Syringe / Monthly Syringe	Clinical Criteria Apply to Non-Preferred Agents 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	
	LETAL MUSCLE RELAXANTS
	LETAL MUSCLE RELAXANTS Non-Preferred
SKF	
Preferred baclofen tablet (generic for Lioresal*) cyclobenzaprine tablet (generic for Flexeril*)	Non-Preferred Amrix [®] ER Capsule baclofen oral solution
Preferred baclofen tablet (generic for Lioresal*) cyclobenzaprine tablet (generic for Flexeril*) methocarbamol tablet (generic for Robaxin*)	Non-Preferred Amrix® ER Capsule bacloften oral solution baclofen suspension (generic for Fleqsuvy™)
SKF Preferred	Non-Preferred Amrix® ER Capsule baclofen oral solution baclofen suspension (generic for Fleqsuvy®) chlorzoxazone tablet (generic for Parafon Forte®)
Preferred baclofen tablet (generic for Lioresal*) cyclobenzaprine tablet (generic for Flexeril*) methocarbamol tablet (generic for Robaxin*)	Non-Preferred Amrix * ER Capsule baclofen oral solution baclofen suspension (generic for Fleqsury*) chlorzoxazone tablet (generic for Parafon Forte*) cyclobenzaprine ER capsule (generic for Amrix* ER)
Preferred baclofen tablet (generic for Lioresal*) cyclobenzaprine tablet (generic for Flexeril*) methocarbamol tablet (generic for Robaxin*)	Non-Preferred Amrix® ER Capsule baclofen oral solution baclofen suspension (generic for Fleqsuvy®) chlorzoxazone tablet (generic for Parafon Forte®)
Preferred baclofen tablet (generic for Lioresal*) cyclobenzaprine tablet (generic for Flexeril*) methocarbamol tablet (generic for Robaxin*)	Non-Preferred Amrix® ER Capsule baclofen oral solution baclofen suspension (generic for Fleqsury®) chlorzoxazone tablet (generic for Parafon Forte®) cyclobenzaprine ER capsule (generic for Amrix® ER) Dantrium® Capsule / Vial dantrolene sodium capsule (generic for Dantrium®) Fexnid® Tablet
Preferred baclofen tablet (generic for Lioresal*) cyclobenzaprine tablet (generic for Flexeril*) methocarbamol tablet (generic for Robaxin*)	Non-Preferred Amrix® ER Capsule baclofen oral solution baclofen suspension (generic for Fleqsuvy®) chlorzoxazone tablet (generic for Parafon Forte®) cyclobenzaprine ER capsule (generic for Amrix® ER) Dantrium® Capsule / Vial dantrolene sodium capsule (generic for Dantrium®) Fexnid® Tablet Fleqsuvy® Suspension
Preferred baclofen tablet (generic for Lioresal*) cyclobenzaprine tablet (generic for Flexeril*) methocarbamol tablet (generic for Robaxin*)	Non-Preferred Amrix ** ER Capsule baclofen oral solution baclofen suspension (generic for Fleqsuvy**) chlorzouszone tablet (generic for Parafon Forte*) cyclobenzaprine ER capsule (generic for Amrix* ER) Dantrium* *Capsule / Vial dantrolene sodium capsule (generic for Dantrium*) Fexmid* 7 Fablet Fleqsuvy** Suspension Lorzone* Tablet
Preferred baclofen tablet (generic for Lioresal*) cyclobenzaprine tablet (generic for Flexeril*) methocarbamol tablet (generic for Robaxin*)	Non-Preferred Amrix® ER Capsule bacofen oral solution baclofen suspension (generic for Fleqsuvy®) chlorzoxzone tablet (generic for Parafon Forte®) cyclobenzaprine ER capsule (generic for Amrix® ER) Dantrium® capsule (yial dantrolene sodium capsule (generic for Dantrium®) Fexmid® Tablet Fleqsuvy® Suspension Lozzone® Tablet Lyvispah® Granule Packet
Preferred baclofen tablet (generic for Lioresal*) cyclobenzaprine tablet (generic for Flexeril*) methocarbamol tablet (generic for Robaxin*)	Non-Preferred Amrix ER Capsule bacelofen oral solution bacelofen suspension (generic for Fleqsuvy") chlorzoxazone tablet (generic for Parafon Forte*) cyclobenzaprine ER capsule (generic for Parafon Forte*) Dantrium* Capsule / Vial dantrolene sodium capsule (generic for Dantrium*) Fexmid* Tablet Fleqsuvy" Suspension Lorzone* Tablet Lyriyapah* Granule Packet metaxalone tablet (generic for Skelaxin*)
Preferred baclofen tablet (generic for Lioresal*) cyclobenzaprine tablet (generic for Flexeril*) methocarbamol tablet (generic for Robaxin*)	Non-Preferred Amrix® ER Capsule bacofen oral solution baclofen suspension (generic for Fleqsuvy®) chlorzoxzone tablet (generic for Parafon Forte®) cyclobenzaprine ER capsule (generic for Amrix® ER) Dantrium® capsule (yial dantrolene sodium capsule (generic for Dantrium®) Fexmid® Tablet Fleqsuvy® Suspension Lozzone® Tablet Lyvispah® Granule Packet
Preferred baclofen tablet (generic for Lioresal*) cyclobenzaprine tablet (generic for Flexeril*) methocarbamol tablet (generic for Robaxin*)	Non-Preferred Amrix® ER Capsule baclofen oral solution baclofen suspension (generic for Fleqsury®) chlorzoxazone tablet (generic for Parafon Forte®) cyclobenzaprine ER capsule (generic for Parafon Forte®) Cyclobenzaprine ER capsule (generic for Amrix® ER) Dantrium® Capsule (Vial dantrolene sodium capsule (generic for Dantrium®) Fexmid® Tablet Fleqsury® Suspension Lorzone® Tablet Lyvispah® Granule Packet metaxalone tablet (generic for Skelaxin®) Norgesic® Tablet / Forte Tablet
Preferred baclofen tablet (generic for Lioresal*) cyclobenzaprine tablet (generic for Flexeril*) methocarbamol tablet (generic for Robaxin*)	Non-Preferred Amrix ER Capsule baclofen oral solution baclofen suspension (generic for Fleqsuvy") chlorzoxazone tablet (generic for Parafon Forte*) cyclobenzaprine ER capsule (generic for Parafon Forte*) partitum Capsule / Vial dantrolene sodium capsule (generic for Dantrium*) Fexmid* Tablet Fleqsuvy" Suspension Lorzone* Tablet Lorzone* Tablet metaxalone tablet (generic for Skelaxin*) Norgesic* Tablet / Fort Tablet orphenadrine / aspirin / caffeine tablet (generic for Norflex*) Orphengesic* Forte Tablet Orphengesic* Forte Tablet Orphengesic* Forte Tablet Orphengesic* Forte Tablet
Preferred baclofen tablet (generic for Lioresal*) cyclobenzaprine tablet (generic for Flexeril*) methocarbamol tablet (generic for Robaxin*)	Non-Preferred Amrix ER Capsule backofen oral solution backoffen suspension (generic for Fleqsury") chlorzoxazone tablet (generic for Parafon Forte*) cyclobenzaprine ER capsule (generic for Parafon Forte*) cyclobenzaprine ER capsule (generic for Amrix* ER) Dantrium* Capsule (Vial dantrolene sodium capsule (generic for Dantrium*) Fexmid* Tablet Fleqsury* Suspension Lorzone* Tablet Upvispah* Granule Packet metaxalone tablet (generic for Skelaxin*) Norgesic* Tablet / Forte Tablet orphenadrine / aspirin / caffeine tablet (generic for Norgesic*) orphenadrine citarte tablet / vial (generic for Norflex*) Orphengesic* Forte Tablet Robaxin* Vial
Preferred baclofen tablet (generic for Lioresal*) cyclobenzaprine tablet (generic for Flexeril*) methocarbamol tablet (generic for Robaxin*)	Non-Preferred Amrix ER Capsule baclofien at solution baclofien suspension (generic for Fleqsuvy") chlorzoxazone tablet (generic for Parafan 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 Forter Tablet orphenadrine / sprint / caffeine tablet (generic for Norgesic") orphenadrine citrate tablet / vial (generic for Norflex*) Orphengesic Forte Tablet Tanlor® Tablet Tanlor® Tablet
Preferred baclofen tablet (generic for Lioresal*) cyclobenzaprine tablet (generic for Flexeril*) methocarbamol tablet (generic for Robaxin*)	Non-Preferred Amrix ER Capsule backofen oral solution backoffen suspension (generic for Fleqsury") chlorzoxazone tablet (generic for Parafon Forte*) cyclobenzaprine ER capsule (generic for Parafon Forte*) cyclobenzaprine ER capsule (generic for Amrix* ER) Dantrium* Capsule (Vial dantrolene sodium capsule (generic for Dantrium*) Fexmid* Tablet Fleqsury* Suspension Lorzone* Tablet Upvispah* Granule Packet metaxalone tablet (generic for Skelaxin*) Norgesic* Tablet / Forte Tablet orphenadrine / aspirin / caffeine tablet (generic for Norgesic*) orphenadrine citarte tablet / vial (generic for Norflex*) Orphengesic* Forte Tablet Robaxin* Vial
Preferred baclofen tablet (generic for Lioresal*) cyclobenzaprine tablet (generic for Flexeril*) methocarbamol tablet (generic for Robaxin*)	Non-Preferred Amrix® ER Capsule bacelofen oral solution bacelofen suspension (generic for Fleqsuy®) chlorzoxazone tablet (generic for Parafon Forte®) cyclobenzaprine ER capsule (generic for Parafon Forte®) plantrium® Capsule (Vial dantrolene sodium capsule (generic for Dantrium®) Fexmid® Tablet Fleqsuy® Suspension Lozzono® Tablet Lyvispalm® Granule Packet metaxalone tablet (generic for Skelaxin®) Norgesic® Tablet / Forte Tablet orphenadrine of spatine / caffeine tablet (generic for Norflex®) orphenadrine citrate tablet / vial (generic for Norflex®) Orphenagsic® Forte Tablet Robaxin® Vial Tanlor® Tablet tizanidine capsules (generic for Zanaflex®)
Preferred baclofen tablet (generic for Lioresal*) cyclobenzaprine tablet (generic for Flexeril*) methocarbamol tablet (generic for Robaxin*) tizanidine tablet (generic for Zanaflex*)	Non-Preferred Amrix® ER Capsule bacelofen oral solution bacelofen suspension (generic for Fleqsuy®) chlorzoxazone tablet (generic for Parafon Forte®) cyclobenzaprine ER capsule (generic for Parafon Forte®) plantrium® Capsule (Vial dantrolene sodium capsule (generic for Dantrium®) Fexmid® Tablet Fleqsuy® Suspension Lozzono® Tablet Lyvispalm® Granule Packet metaxalone tablet (generic for Skelaxin®) Norgesic® Tablet / Forte Tablet orphenadrine of spatine / caffeine tablet (generic for Norflex®) orphenadrine citrate tablet / vial (generic for Norflex®) Orphenagsic® Forte Tablet Robaxin® Vial Tanlor® Tablet tizanidine capsules (generic for Zanaflex®)
Preferred baclofen tablet (generic for Lioresal*) cyclobenzaprine tablet (generic for Flexeril*) methocarbamol tablet (generic for Robaxin*) tizanidine tablet (generic for Zanaflex*) DISPOSABL Preferred	Non-Preferred Amrix ER Capsule bacloften at solution bacloften at solution bacloften at superior for Fleqauvy (and the content of the conten
Preferred baclofen tablet (generic for Lioresal*) cyclobenzaprine tablet (generic for Flexeril*) methocarbamol tablet (generic for Robaxin*) tizanidine tablet (generic for Zanaflex*) DISPOSABI Preferred CcQur Simplicity™	Non-Preferred Amrix ER Capsule baclofien at solution baclofien at suspension (generic for Fleqsuvy'') chlorzoxazone tablet (generic for Parafin 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 / asprin / caffeine tablet (generic for Norgesic'') orphenadrine citrate tablet / vial (generic for Norflex'') Orphengesic Forte Tablet Tanlor® Tablet Tanlor® Tablet Tanlor® Tablet (generic for Skelaxin'') Norgesic Tablet / vial (generic for Norflex'') Orphengesic Forte Tablet Tanlor® Tablet Tranlidine capsules (generic for Zanaflex'') Zanaflex Capsule / Tablet
Preferred baclofen tablet (generic for Lioresal*) cyclobenzaprine tablet (generic for Flexeril*) methocarbamol tablet (generic for Robaxin*) tizanidine tablet (generic for Zanaflex*) DISPOSABL Preferred CcQur Simplicity™ CcQur Simplicity™ Inserter	Non-Preferred Amrix ER Capsule baclofien at solution baclofien at suspension (generic for Fleqsuvy'') chlorzoxazone tablet (generic for Parafin 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 / asprin / caffeine tablet (generic for Norgesic'') orphenadrine citrate tablet / vial (generic for Norflex'') Orphengesic Forte Tablet Tanlor® Tablet Tanlor® Tablet Tanlor® Tablet (generic for Skelaxin'') Norgesic Tablet / vial (generic for Norflex'') Orphengesic Forte Tablet Tanlor® Tablet Tranlidine capsules (generic for Zanaflex'') Zanaflex Capsule / Tablet
Preferred baclofen tablet (generic for Lioresal*) ycylobenzaprine tablet (generic for Flexeril*) methocarbamol tablet (generic for Robaxin*) tizanidine tablet (generic for Zanaflex*) DISPOSABI Preferred CeQur Simplicity™ CeQur Simplicity™ Inserter Omnipod 5* G6 Pods (5-Pack) / G6 Intro Kit / G6-G7 Pods / G6-G7 Intro Kit	Non-Preferred Amrix ER Capsule baclofien at solution baclofien at suspension (generic for Fleqsuvy'') chlorzoxazone tablet (generic for Parafin 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 / asprin / caffeine tablet (generic for Norgesic'') orphenadrine citrate tablet / vial (generic for Norflex'') Orphengesic Forte Tablet Tanlor® Tablet Tanlor® Tablet Tanlor® Tablet (generic for Skelaxin'') Norgesic Tablet / vial (generic for Norflex'') Orphengesic Forte Tablet Tanlor® Tablet Tranlidine capsules (generic for Zanaflex'') Zanaflex Capsule / Tablet
Preferred baclofen tablet (generic for Lioresal*) cyclobenzaprine tablet (generic for Flexeril*) methocarbamol tablet (generic for Robaxin*) tizanidine tablet (generic for Zanaflex*) tizanidine tablet (generic for Zanaflex*) DISPOSABI Preferred CeQur Simplicity™ CeQur Simplicity™ Inserter Onnaipod DASH* Pods (5-Pack) / G6 Intro Kit / G6-G7 Pods / G6-G7 Intro Kit Onnaipod DASH* Pods S-Pack / Intro Kit Onnaipod GO* Pods	Non-Preferred Amrix ER Capsule bacloften at solution bacloften suspension (generic for Fleqauvy") chlorzoxazone tablet (generic for Parafon Forte") cyclobenzaprine ER capsule (generic for Amrix ER) Dantrium Capsule (yall dantrolene sodium capsule (generic for Dantrium") Fexmid" Tablet Lyvispals Granule Packet metaxalone tablet (generic for Skelaxin") Norgesic Tablet Lyvispals Granule Packet metaxalone tablet (generic for Skelaxin") Norgesic Tablet / Forte Tablet orphenadrine of aspirin / caffeine tablet (generic for Norgesic") orphenadrine cirate tablet / via (generic for Norflex") Orphengesic® Forte Tablet Tanlor® Tablet tizandrine capsules (generic for Zanaflex®) Zanaflex® Capsule / Tablet E INSULIN DELIVERY DEVICES Non-Preferred
Preferred baclofen tablet (generic for Lioresal*) bycylobenzaprine tablet (generic for Plexerit*) methocarbamol tablet (generic for Robaxin*) tizanidine tablet (generic for Zanaflex*) tizanidine tablet (generic for Zanaflex*) DISPOSABL Preferred CeQur Simplicity™ CeQur Simplicity™ Inserter Onnaipod S* G6 Pods (S-Pack) / G6 Intro Kit / G6-G7 Pods / G6-G7 Intro Kit Onnaipod GO** Pods DIABETIC CONTIL	Non-Preferred Amrix ER Capsule bacofor at solution baclofen suspension (generic for Fleqsuvy") chlorzoxazone tablet (generic for Parafan 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 / asprin* / caffeine tablet (generic for Norgesic*) orphenadrine citrate tablet / vial (generic for Norflex*) Orphengesic* Forte Tablet Translor® Ta
Preferred baclofen tablet (generic for Lioresal*) pyclobenzaprine tablet (generic for Flexeril*) methocarbamol tablet (generic for Robaxin*) tizanidine tablet (generic for Zanaflex*) Disposable preferred CeQur Simplicity** Preferred CeQur Simplicity** CeQur Simplicity** Inserter Omnipod 5° 66 Pods (5-Pack) / 66 Intro Kit / 66-G7 Pods / 66-G7 Intro Kit Omnipod GO** Pods DIABETIC CONTU	Non-Preferred Amrix* ER Capsule bacolfor at solution bacolfor suspension (generic for Fleqsuvy*) 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 Lozzono* Tablet Lyvispah* Granule Packet metaxalone tablet (generic for Skelaxin*) Norgesic* Tablet / Forte Tablet orphenadrine sparine / caffeine tablet (generic for Norflex*) Orphenagesic* Forte Tablet Tanlor* Tablet Tanlor* Tablet Tanlor* Tablet Tanlor* Tablet Tizanidine capsules (generic for Zanaflex*) Zanaflex* Capsule / Tablet E INSULIN DELIVERY DEVICES Non-Preferred NUOUS GLUCOSE MONITOR SUPPLIES Criteria apply to all items in this class
Preferred baclofen tablet (generic for Lioresal*) pyclobenzaprine tablet (generic for Flexeril*) methocarbamol tablet (generic for Robaxin*) methocarbamol tablet (generic for Robaxin*) methocarbamol tablet (generic for Zanaflex*) methocarbamol tablet (generic for Zanaflex*) Disposable preferred CeQur Simplicity™ Preferred CeQur Simplicity™ Inserter Omnipod 5° 66 Pods (S-Pack) / G6 Intro Kit / G6-G7 Pods / G6-G7 Intro Kit Omnipod GO** Pods DIABETIC CONTIL Clinice Continuous Glu Continuous Glu	Non-Preferred Anrix® ER Capsule baclofen oral solution baclofen suspension (generic for Flequuyy®) chlorzoxazone tablet (generic for Parafun Forte®) cyclobenzaprine ER capsule (generic for Anrix® ER) Dantrium® Capsule / Vial dantrolene sodium capsule (generic for Dantrium®) Fexmid® Tablet Lyvispah® Granule Packet Lyvispah® Granule Packet metaxalone tablet (generic for Skelaxin®) Nongesie® Tablet / Forte Tablet cophenadrine / capsule / rote Tablet Robaxin® Vial Tanlords Tablet Tanlords Tablet Tanlords Tablet Tanlords Tablet Robaxin® Vial Tanlords Tablet Tanlords Table
Preferred baclofen tablet (generic for Lioresal®) pyclobenzaprine tablet (generic for Flexeri®) methocarbamol tablet (generic for Robaxi®) tizanidine tablet (generic for Zanaflex®) tizanidine tablet (generic for Zanaflex®) DISPOSABI Preferred CeQur Simplicity™ Preferred CeQur Simplicity™ Inserter Comnipod 5° G6 Pods (5-Pack) / G6 Intro Kit / G6-G7 Pods / G6-G7 Intro Kit Omnipod GO® Pods DIABETIC CONTIL Clinica Continuous Glu Preferred	Non-Preferred Anrix* ER Capsule baclofen oral solution baclofen suspension (generic for Flequuy)**) chlorzoxazone tablet (generic for Parafon Forte*) cyclobenzazprine ER enpaule (generic for Anrix* ER) Dantrium* Capsule / Vial dantrolen sodium capsule (generic for Dantrium*) Fexunid* Tablet Flequuy* Suspension Lozzone* Tablet Lyvispah* Granule Packet metaxalone tablet (generic for Skelaxin*) Norgesie** Tablet / Forte Tablet orphenadrine (raffeine tablet (generic for Norgesie*) orphenadrine (raffeine tablet (generic for Nordex*) Orphengesie** Forte Tablet transfer** Vial (generic for Nordex*) Anaflex** Capsule / Tablet E INSULIN DELIVERY DEVICES Lander** Tablet Lizindine capsules (generic for Zanaflex*) Non-Preferred Non-Preferred
Preferred baclofen tablet (generic for Lioresal*) pyclobenzaprine tablet (generic for Flexeril*) methocarbamol tablet (generic for Robaxin*) methocarbamol tablet (generic for Robaxin*) methocarbamol tablet (generic for Zanaflex*) methocarbamol tablet (generic for Zanaflex*) Disposable preferred CeQur Simplicity™ Preferred CeQur Simplicity™ Inserter Omnipod 5° 66 Pods (S-Pack) / G6 Intro Kit / G6-G7 Pods / G6-G7 Intro Kit Omnipod GO** Pods DIABETIC CONTIL Clinice Continuous Glu Continuous Glu	Non-Preferred Anrix® ER Capsule baclofen oral solution baclofen suspension (generic for Flequuyy®) chlorzoxazone tablet (generic for Parafun Forte®) cyclobenzaprine ER capsule (generic for Anrix® ER) Dantrium® Capsule / Vial dantrolene sodium capsule (generic for Dantrium®) Fexmid® Tablet Lyvispah® Granule Packet Lyvispah® Granule Packet metaxalone tablet (generic for Skelaxin®) Nongesie® Tablet / Forte Tablet cophenadrine / capsule / rote Tablet Robaxin® Vial Tanlords Tablet Tanlords Tablet Tanlords Tablet Tanlords Tablet Robaxin® Vial Tanlords Tablet Tanlords Table
Preferred baclofen tablet (generic for Lioresal*) pyclobenzaprine tablet (generic for Flexeril*) methocarbamol tablet (generic for Robaxin*) tizanidine tablet (generic for Zanaflex*) tizanidine tablet (generic for Zanaflex*) DISPOSABI Preferred CeQur Simplicity™ CeQur Simplicity™ Inserter Onnnipod S* G6 Pods (5-Pack) / G6 Intro Kit / G6-G7 Pods / G6-G7 Intro Kit Onnnipod DASH* Pods (5-Pack) / Intro Kit Onnnipod GO** Pods DIABETIC CONTI Clinic: Continuous Glu Preferred Cecur G6* Transmitter / Receiver	Non-Preferred Anrix* ER Capsule baclofen oral solution baclofen suspension (generic for Flequuy)**) chlorzoxazone tablet (generic for Parafon Forte*) cyclobenzazprine ER enpaule (generic for Anrix* ER) Dantrium* Capsule / Vial dantrolen sodium capsule (generic for Dantrium*) Fexunid* Tablet Flequuy* Suspension Lozzone* Tablet Lyvispah* Granule Packet metaxalone tablet (generic for Skelaxin*) Norgesie** Tablet / Forte Tablet orphenadrine (raffeine tablet (generic for Norgesie*) orphenadrine (raffeine tablet (generic for Nordex*) Orphengesie** Forte Tablet transfer** Vial (generic for Nordex*) Anaflex** Capsule / Tablet E INSULIN DELIVERY DEVICES Lander** Tablet Lizindine capsules (generic for Zanaflex*) Non-Preferred Non-Preferred
Preferred baclofen tablet (generic for Lioresal*) pyclobenzaprine tablet (generic for Flexeril*) methocarbamol tablet (generic for Robaxin*) tizanidine tablet (generic for Zanaflex*) DISPOSABI Preferred CeQur Simplicity** Preferred CeQur Simplicity** CeQur Simplicity** Inserter Omnipod 5° 6 Pods (5-Pack) / Intro Kit Omnipod GO** Pods DIABETIC CONTI Clinic Continuous Glu Preferred Dexcom G6** Transmitter / Receiver Dexcom G6** Transmitter / Receiver Dexcom G6** Transmitter / Receiver	Non-Preferred Anrix* ER Capsule baclofen oral solution baclofen suspension (generic for Flequuy)**) chlorzoxazone tablet (generic for Parafon Forte*) cyclobenzazprine ER enpaule (generic for Anrix* ER) Dantrium* Capsule / Vial dantrolen sodium capsule (generic for Dantrium*) Fexunid* Tablet Flequuy* Suspension Lozzone* Tablet Lyvispah* Granule Packet metaxalone tablet (generic for Skelaxin*) Norgesie** Tablet / Forte Tablet orphenadrine (raffeine tablet (generic for Norgesie*) orphenadrine (raffeine tablet (generic for Nordex*) Orphengesie** Forte Tablet transfer** Vial (generic for Nordex*) Anaflex** Capsule / Tablet E INSULIN DELIVERY DEVICES Lander** Tablet Lizindine capsules (generic for Zanaflex*) Non-Preferred Non-Preferred

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® Softelix lancing device kit (Black)
ACCU-CHEK* Guide Me Retail care kit * (see above for billing)	ACCU-CHEK® Fastelix 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® Fastelix 102 ct Lancets	