Effective Date July 1, 2025

Revised 6.16.25 Off-Cycle Change: Epidiolex® Solution was moved from Preferred to Non-preferred
Revised 8.28.25 Off-Cycle Change: DermaSmoothe® FS Scalp and Body Oil was moved from Non-preferred to Preferred due to patient safety

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Yellow shade signifies a new product being added as	a new to market Non-Preferred product OR current coverage is being clarified
Orange shade signifies a significant	change to the drug, category, or a clinical recommendation
Pink Shade signifies an Off-Cycle	PDL move from Preferred to Non-Preferred or vice versa
Green shade signifies a	Brand / Generic switch within the same category
	for discussion even though there are no recommendations in that category
	ger covered (rebatable) or no longer available from the manufacturer
, , ,	LZHEIMER'S AGENTS
Preferred	Non-Preferred
donepezil 5mg, 10mg tablet / ODT (generic for Aricept® / ODT) Exelon® Patch	Adlarity® Patch Aduhelm® Vial - Clinical criteria apply
memantine tablet / titration pack (generic for Namenda®)	Aricept Tablet
rivastigmine capsule (generic for Exelon*)	donepezil 23mg tablet (generic for Aricept®)
	galantamine ER capsule / solution / tablet (generic for Razadyne® / ER) Kisunla™ (donanemab-azbt) Vial
	Leqembi® Vial - Clinical criteria apply
	memantine ER capsule / solution (generic for Namenda® XR / Solution)
	Namenda® Titration Pack / XR Capsule / XR Titration Pack
	Namzaric® Capsule / Titration Pack
	rivastigmine patch (generic for Exelon®)
	ANALGESICS
	OPIOID ANALGESICS
	Long Acting Opioids
Clinics	al criteria apply to all drugs in this class
Preferred	Non-Preferred
Butrans® Patch	Belbuca® (Buccal) Film
fentanyl patch 12mcg / 25mcg / 50mcg / 75mcg / 100mcg (generic for Duragesic®)	buprenorphine pateh (generic for Butrans*)
methadone concentrate / diskets / intensol / tablets / solution	Conzip* Capsule fentanyl patch (37.5. / 62.5 / 87.5mcg dosages) (generic for Duragesic*)
morphine sulfate ER tablet (generic for MS Contin*) OxyContin* Tablet	Itentanyl patch (37.5.7 62.5 / 87.5meg dosages) (generic for Duragesic) 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*)
	oxynorphone ER tablet
	tramadol ER capsule (generic for Conzip®)
	ntegrating / Oral Spray Schedule II Opioids
	al criteria apply to all drugs in this class
Preferred	Non-Preferred Dsuvia™ SL Tablet
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
Clinics Preferred	al criteria apply to all drugs in this class
Endocet® Tablet (branded generic for Percocet®)	Non-Preferred codeine sulfate tablet
hydrocodone-acetaminophen solution / tablet (generic for Hycet [®] , Lorcet [®] , Lortab [®] , Norco [®] , Vicodin [®])	Dilaudid [®] Liquid / Tablet
hydrocodone-ibuprofen tablet (generic for Ibudone *, Reprexain *, Vicoprofen *)	hydromorphone solution / suppository (generic for Dilaudid®)
hydromorphone tablet (generic for Dilaudid®)	levorphanol tablet (generic for Levo-Dromoran®)
morphine solution / tablet (generic for MSIR®)	meperidine solution / tablet (generic for Demerol®)
oxycodone solution / tablet (generic for Roxicodone®)	morphine oral syringe
oxycodone-acetaminophen capsules (generic for Tylox*) oxycodone-acetaminophen tablets (generic for Percocet*)	morphine suppositories (generic for Roxanol®) Nalocee® Tablet
	oxycodone capsule (generic for OxylR®)
	oxycodone concentrated solution (generic for Roxicodone® Intensol)
	oxycodone-acetaminophen solution
	oxymorphone tablet (generic for Opana®)
	Percocet® Tablet
	Prolate [®] Tablet / Solution Roxicodone [®] Tablet
	Roxybond® Tablet

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	Short Acting Schedule III - IV Opioids / Analgesic Combinations
	Clinical criteria apply to all drugs in this class
Preferred	Non-Preferred Ascomp® Capsule (branded generic for Fiorinal with Codeine®)
odeine-acetaminophen solution / tablet (generic for Tylenol with Codeine®) ramadol tablet (generic for Ultram®)	Ascomp Capsule (branded generic for Fiorinal with Codeine) butalbital compound with codeine capsule (generic for Fiorinal with Codeine *)
ramadol-acetaminophen tablet (generic for Ultracet*)	butabitat-cafform-APAP with code to table (generic to a rooman wint code to *) butabitat-cafform-APAP with code to table (generic for Fortier with Code to *) butabitat-cafform-APAP with code to table (generic for Fortier with Code to *)
annuo detaminopien ablei (genere toi citadet)	butophanol spray (generic for Stadol**)
	dihydrocoline-acetaminophen-caffeine tablet (generic for Panlor SS*)
	Fioricet with Codeine Capsule
	pentazocine-naloxone tablet (generic for Talwin NX [®])
	Seglentis [®] Tablet
	tramadol solution (generic for Qdolo ™)
	tramadol tablet (25 mg)
	tramadol tablet (75 mg)
D. C. 1	NSAIDS
Preferred elecoxib capsule (generic for Celebrex®)	Non-Preferred Arthrotee® Tablet
puprofen suspension / tablet (generic for Motrin®)	Zutnoce raove
ndomethacin capsule (generic for Indocin®)	Dayro* Caplet Dayro* Caplet
etorolac tablet (generic for Toradol®)	Dougher Capital 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)	diciolenae sonassum tablet / Equitarie vo cantinum / diciolenae sonassum tablet / Equitarie vo cantinum / diciolenae sonassum tablet / Equitarie vo cantinum /
aproxen tablet (generic for Naprosyn®)	diclofenae sodium-misoprostol tablet (generic for Arthrotec®)
aproxen asolium tablet (generic for Anaprox®)	diflunisal tablet (generic for Dolobid*)
ulindac tablet (generic for Clinoril®)	Dolobid tablet
• /	Ducxis® 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®)	Cymonia Capsuie DermacinRx™ Lidocan Patch - Clinical criteria apply
idocaine patch (generic for Lidoderm [®]) - Clinical criteria apply	Drizalma TM Sprinkle
regabalin capsule /solution (generic for Lyrica®)	duloxetine capsule (generic for Irenka®)
	gasbapentin Et albet (generic for Gralise*)
	goodperint Ex Goter (generic for Chainse) Grafise Tablet Grafise Tablet
	Chaise Taulet Horizan [®] Tablet
	Lidocan Patch - Clinical criteria apply
	Lidoderm's Patch - Clinical criteria apply Lidoderm's Patch - Clinical criteria apply
	Lyrica Capsule / Solution / CR Tablet
	Lysica Calpainer, southeast, CA: I and CA: Neurontin Capsuler / Southeast / Tablet
	pregabalin Edjanut/ control Turica CR)
	Quenza Vance genera na Lytra Chy Quenza Vance (Service Chy)
	Savella Tablet / Titration Pack
	Tridacine Tatch
	ZTLido * Patch - Clinical criteria apply

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	ANTICONVULSANTS
C	ARBAMAZEPINE DERIVATIVES
	ARBAMAZEPINE DERIVATIVES rder 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
	Caroatro Capsue Epitol® Tablet
Equetro® Capsule	
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
Bulliote of the effective of the effecti	FIRST GENERATION
	rder 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	Depakots® 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
Patients with a diagnosis of seizure diso	order are exempt from T/F criteria and may use any second generation product.
Preferred	Non-Preferred
Preferred Briviace® Tablet / Solution	Banzel® Suspension
Briviact* Tablet / Solution clobazam suspension / tablet (generic for Onfi*)	Banzel® Suspension Banzel® Tablet
Briviact* Tablet / Solution clobazam suspension / tablet (generic for Onfi*) clonazepam tablet (generic for Klonopin*)	Banzel® Suspension Banzel® Tablet clonazepam ODT (generic for Klonopin® Wafer)
Briviace Tablet / Solution clobazam suspension / tablet (generic for Onfi®) clonazepum tablet (generic for Klonopin®) Diacomit Capsule / Powder Pack	Banzel® Suspension Banzel® Tablet
Briviact* Tablet / Solution clobazam suspension / tablet (generic for Onfi*) clonazepam tablet (generic for Klonopin*)	Banzel® Suspension Banzel® Tablet clonazepam ODT (generic for Klonopin® Wafer)
Briviace Tablet / Solution clobazam suspension / tablet (generic for Onfi®) clonazepum tablet (generic for Klonopin®) Diacomit Capsule / Powder Pack	Banzel [®] Suspension Banzel [®] Tablet clonazepam ODT (generic for Klonopin [®] Wafer) Elepsia [™] XR Tablet
Briviace 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)	Banzel® Suspension Banzel® Tablet clonazepam ODT (generic for Klonopin® Wafer) Elepsia® XR Tablet Epidiolex® Solution - Clinical criteria apply
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	Banzel® Suspension Banzel® Tablet clonazepam ODT (generic for Klonopin® Wafer) Elepsia® XR Tablet Epidolex® Solution - Clinical criteria apply Keppra® Tablet / Solution / XR Tablet
Briviace* 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	Banzel® Suspension Banzel® Tablet clonazepam ODT (generic for Klonopin® Wafer) Elepsia® XR Tablet Elepsia® XR Tablet Epidolex® Solution - Clinical criteria apply Keppra® Tablet / Solution / XR Tablet Klonopin® Tablet
Briviace 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 Finepla® Solution Fycompa® Tablet / Suspension	Banzel® Suspension Banzel® Tablet clonazepam ODT (generic for Klonopin® Wafer) Elepsia® XR Tablet Epidiolex® Solution - Clinical criteria apply Keppra® Tablet / Solution / XR Tablet Lamictal® Chewable / ODT / ODT Starter Kit / Starter Kit / Tablet / XR / XR Starter Kit
Briviaca 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® Tablet / Suspension gabapentin capsule / solution / tablet (generic for Neurontin®)	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®)
Brivace* 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*)	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 Lamicta® Chewable / ODT / ODT Starter Kit / Starter Kit / Tablet / XR / XR Starter Kit lamotrigine starter kits (generic for Lamictal®) Libervant™ (diazepam) Buccal Film
Briviace 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 Fycompa® Tablet / Suspension gabapentin capsule / solution / tablet (generic for Neurontin®) lacosamide solution / tablet (generic for Vinpat®) lamotrigine chewable / tablet (generic for Lamictat®)	Banzel* Suspension Banzel* Tablet clonazepam DDT (generic for Klonopin* Wafer) Elepsia** XR Tablet Epidiolex** Solution - Clinical criteria apply Keppra** Tablet / Solution / XR Tablet Klonopin** Tablet / Solution / XR Tablet Lamictal** Chewable / ODT / ODT Starter Kit / Starter Kit / Tablet / XR / XR Starter Kit lamotrigne starter kits (generic for Lamictal*) Libervant** ("diazepam) Buscal Film Lyrica** Capsule / Solution
Briviace 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 Fivenmpa® Tablet / Suspension gabapentin capsule / solution / tablet (generic for Neurontin®) lacosamide solution / tablet (generic for Neurontin®) lamostrigine chewable / tablet (generic for Namical®) lamotrigine elt tablet / ODT Starter Kit / Starter Kit (generic for Lamictal® XR / ODT)	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 / Tablet / XR / XR Starter Kit lamotrigine starter kits (generic for Lamictal®) Libervant® (diazepam) Buccal Film Lyrios® Cappale / Solution Motopoly XR® (lacosamide extended release) Capsule
Briviace* 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 Fintepla* Solution Fintepla* Solution Jablet (suspension gabapentin capsule / solution / tablet (generic for Neurontin*) lancosmide solution / tablet (generic for Neurontin*) lamotrigine chewable / tablet (generic for Lamictal*) lamotrigine Rt tablet / ODT / ODT Starter Kit / Starter Kit (generic for Lamictal* XR / ODT) levetiracetam tablet / ER tablet / solution (generic for Keppra* / XR)	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* (dizezpam) Buccal Film Lyrica* Capsule / Solution Motopoly XR* (Jacosamide extended release) Capsule Neurontin* Capsule / Solution / Tablet
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Briviace* 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 Fitnepla* Solution Fycompa* Tablet / Suspension gabapentin capsule / solution / tablet (generic for Neurontin*) lacosamide solution / tablet (generic for Vimpat*) lacosamide solution / tablet (generic for Vimpat*) lamotrigine chewable / tablet (generic for Lamictal*) lamotrigine ER tablet / ODT / ODT Starter Kit / Starter Kit (generic for Lamictal* XR / ODT) levetiracetam tablet / ER tablet / solution (generic for Keppra* / XR) Nayzlam* Nasal Spray Roweepra* Tablet	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® (lacosamide extended release) Capsule Neurontin® Capsule / Solution / Tablet Ond® Suspension / Tablet Qudexy® XR Capsule
Briviace* Tablet / Solution clobazam suspension / tablet (generic for Onfi®) clonazam suspension / 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®) lancosamide solution / tablet (generic for Vimpat®) lamotrigine chewable / tablet (generic for Lamictal®) lamotrigine ER tablet / ODT / ODT Starter Kit / Starter Kit (generic for Lamictal® XR / ODT) levetimectum labet / ER tablet / solution (generic for Keppn® / XR) Nayzilam® Nasal Spray Rowcepn® Tablet rufinamide suspension (generic for Banzel®) rufinamide suspension (generic for Banzel®) rufinamide sublet (generic for Banzel®)	Banzel* Suspension Banzel* Tablet clonazepam ODT (generic for Klonopin* Wafer) Elepsia* XR Tablet Epidiolex.* Solution - Clinical criteria apply Keppra* Tablet / Solution / XR Tablet Lamictal* Chewable / ODT / ODT Starter Kit / Tablet / XR / XR Starter Kit lamotrigine starter kits (generic for Lamictal*) Libervant* (diazepam) Buccal Film Liyrios* Cappale / Solution Motopoly XR** (dacosamide extended release) Capsule Neurontin* Capsule / Solution / Tablet Onfi* Suspension / Tablet Onfi* Suspension / Tablet Onfi* Suspension / Tablet Spritam* Tablet
Briviaca* Tablet / Solution clobazam suspension / tablet (generic for Onfs*) clonazepam tablet (generic for Klonopin*) Diacomit* Capsule / Powder Pack diazepam rectal / system (generic for Diastat* Accudial / Pedi System) Eprontia* Solution Fintepla* Solution Fycompa* Tablet / Suspension gabapentin capsule / solution / tablet (generic for Neurontin*) lacosamide solution / tablet (generic for Neurontin*) lamotrigine chewable / tablet (generic for Lamictal*) lamotrigine ER tablet / ODT / ODT Starter Kit / Starter Kit (generic for Lamictal* XR / ODT) tevetiracetam tablet / ER tablet / solution (generic for Keppra* / XR) Nayziam* Nasal Spray Rowcepra* Tablet rufinamide suspension (generic for Banzel*)	Banzel* Suspension Banzel* Tablet clonazepam DOT (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** (dizzepam) Buccal Film Lyrica** Capsule / Solution Motopoly XR** (Jacosamide extended release) Capsule Neurontin** Capsule / Solution / Tablet Qudexy** XR Capsule Qudexy** XR Capsule Syriran** Tablet Sympazan** Filhe Topamax** Sprinkle Capsule / Tablet
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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

Revised 8.28.25 Off-Cycle Change: DermaSmoothe® FS Scalp and Body Oil was moved from Non-preferred to Preferred due to patient safety

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

ANTI-INFECTIVES - SYSTEMIC
ANTIBIOTICS Parialling Control Congress and Paleted
Penicillins, Cephalosporins and Related
Non-Preferred
amoxicillin-clavulanate chewable tablet (generic for Augmentin*)
Augmentin® Suspension / ES-600 / XR Tablet
cefaclor capsule / suspension / ER tablet (generic for Ceclor® / CD)
cefadroxil tablet (generic for Duricef®)
eefpodoxime suspension / tablet (generic for Vantin [®])
Lincosamides and Oxazolidinones
Non-Preferred
Cleocin® Capsules / Vial Cleocin® Pediatric Solution
clindamycin injection (generic for Cleocin®)
Lincoin Vial
lincomycin vial (generic for Lincocin®)
linezolid IV solution (generic for Zyvox*)
Sivextro® Tablet / Vial
Zyvox® Tablet / IV Solution / Suspension
Macrolides and Ketolides
Non-Preferred
clarithromycin ER tablet (generic for Biaxin XL*)
Eryped® 200/400 Suspension
Ery-Tab® Tablet
Ery-Tab® Tablet
Ery-Tab® Tablet
Ery-Tab® Tablet
Ery-Tab® Tablet
Ery-Tab [®] Tablet Zithromax [®] Powder Packet / Suspension / Tablet / Tri-Pak / Z-Pak
Ery-Tab® Tablet
Ery-Tab [®] Tablet Zithromax [®] Powder Packet / Suspension / Tablet / Tri-Pak / Z-Pak Nitroimidazoles (Gastrointestinal Antibiotics)
Ery-Tab® Tablet Zithromax® Powder Packet / Suspension / Tablet / Tri-Pak / Z-Pak Nitroimidazoles (Gastrointestinal Antibiotics) Non-Preferred
Ery-Tab® Tablet Zithromax® Powder Packet / Suspension / Tablet / Tri-Pak / Z-Pak Nitroimidazoles (Gastrointestinal Antibiotics) Non-Preferred Aemcol® DR Tablet Dificid® Suspension / Tablet - T/F of only vancomycin is required for treatment of Clostridium difficile Firvang® Solution
Ery-Tab® Tablet Zithromax® Powder Packet / Suspension / Tablet / Tri-Pak / Z-Pak Nitroimidazoles (Gastrointestinal Antibiotics) Non-Preferred Aemool® DR Tablet Difficid® Suspension / Tablet - T/F of only vancomycin is required for treatment of Clostridium difficile Firvana® Solution Flaggl® Capsule
Ery-Tab® Tablet Zithromax® Powder Packet / Suspension / Tablet / Tri-Pak / Z-Pak Nitroimidazoles (Gastrointestinal Antibiotics) Non-Preferred Aemoolo® DR Tablet Dificid® Suspension / Tablet - T/F of only vancomycin is required for treatment of Clostridium difficile Firvang® Solution Flagg® Capsule Likruez® Suspension
Ery-Tab® Tablet Zithromax® Powder Packet / Suspension / Tablet / Tri-Pak / Z-Pak Nitroimidazoles (Gastrointestinal Antibiotics) Non-Preferred Aemcolo® DR Tablet Dificid® Suspension / Tablet - T/F of only vancomycin is required for treatment of Clostridium difficile Firvanq® Solution Flags® Capsule Likmez® Suspension metronidazole capsule (generic for Flags)®)
Ery-Tab® Tablet Zithromax® Powder Packet / Suspension / Tablet / Tri-Pak / Z-Pak Nitroimidazoles (Gastrointestinal Antibiotics) Non-Preferred Aemcolo® DR Tablet Dificid® Suspension / Tablet - T/F of only vancomycin is required for treatment of Clostridium difficile Firvanq® Solution Flagsf® Capsule Likmez® Suspension metronidazole capsule (generic for Flagsf®) neomycin tablet (generic for Mycifradin®)
Ery-Tab® Tablet Zithromax® Powder Packet / Suspension / Tablet / Tri-Pak / Z-Pak Nitroimidazoles (Gastrointestinal Antibiotics) Non-Preferred Aemool® DR Tablet Difficid® Suspension / Tablet - T/F of only vancomycin is required for treatment of Clostridium difficile Firvana® Solution Flaggl® Capsule Likmez™ Suspension metronidazole capsule (generic for Flaggl®) necomycin tablet (generic for Mycifradin®) nitazoxanide tablet (generic for Alinia® Tablet)
Ery-Tab® Tablet Zithromax® Powder Packet / Suspension / Tablet / Tri-Pak / Z-Pak Nitroimidazoles (Gastrointestinal Antibiotics) Non-Preferred Aemcolo® DR Tablet Dificid® Suspension / Tablet - T/F of only vancomycin is required for treatment of Clostridium difficile Firvana® Solution Flags® Capsule Likmez® Usipension metronidazole capsule (generic for Flagy®) neomycin tablet (generic for Mysifradin®) nitazoxanide tablet (generic for Mysifradin®) nitazoxanide tablet (generic for Humatin®)
Ery-Tab® Tablet Zithromax® Powder Packet / Suspension / Tablet / Tri-Pak / Z-Pak Nitroimidazoles (Gastrointestinal Antibiotics) Non-Preferred Aemool® DR Tablet Difficid® Suspension / Tablet - T/F of only vancomycin is required for treatment of Clostridium difficile Firvana® Solution Flaggl® Capsule Likmez™ Suspension metronidazole capsule (generic for Flaggl®) necomycin tablet (generic for Mycifradin®) nitazoxanide tablet (generic for Alinia® Tablet)
Ery-Tab® Tablet Zithromax® Powder Packet / Suspension / Tablet / Tri-Pak / Z-Pak Nitroimidazoles (Gastrointestinal Antibiotics) Non-Preferred Aemoolo® DR Tablet Dificid® Suspension / Tablet - T/F of only vancomycin is required for treatment of Clostridium difficile Firvanq® Solution Flagy® Capsule Likmez® Suspension metronidazole capsule (generic for Flagy®) neomycin tablet (generic for Mycifradin®) nitazoxanide tablet (generic for Alinia® Tablet) parromomycin capsule (generic for Humatin®) Solosec® Granules
Ery-Tab® Tablet Zithromax® Powder Packet / Suspension / Tablet / Tri-Pak / Z-Pak Nitroimidazoles (Gastrointestinal Antibiotics) Non-Preferred Aemcolo® DR Tablet Difficid® Suspension / Tablet - T/F of only vancomycin is required for treatment of Clostridium difficile Firvang® Solution Flagyl® Capsule Likmez® Suspension metronidazole capsule (generic for Flagyl®) neomycin tablet (generic for Mycifradin®) neomycin tablet (generic for Mycifradin®) nitazoxanide tablet (generic for Alinia® Tablet) paromomycin capsule (generic for Flumatin®) Solosec® Granules tinidazole tablet (generic for Tindamax®)
Ery-Tab® Tablet Zithromax® Powder Packet / Suspension / Tablet / Tri-Pak / Z-Pak Nitroimidazoles (Gastrointestinal Antibiotics) Non-Preferred Aemoclo® DR Tablet Dificid® Suspension / Tablet - T/F of only vancomycin is required for treatment of Clostridium difficile Firvana® Solution Flagsd® Capsule Likmez® Suspension metronidazole capsule (generic for Flagyd®) neomycin tablet (generic for Mycifradin®) nitazoxanick tablet (generic for Allini® Tablet) paromomycin capsule (generic for Humatin®) Solose® Granules tinidazole tablet (generic for Tindamax®) Vancocin® Capsule
Ery-Tab® Tablet Zithromax® Powder Packet / Suspension / Tablet / Tri-Pak / Z-Pak Nitroimidazoles (Gastrointestinal Antibiotics) Non-Preferred Aemoolo® DR Tablet Dificid® Suspension / Tablet - T/F of only vancomycin is required for treatment of Clostridium difficile Firvana® Solution Flagyl® Capsule Likmex® Suspension metronidazole capsule (generic for Flagyl®) neomycin tablet (generic for Mycifradin®) nitazoxanide tablet (generic for Alinia® Tablet) paromomycin capsule (generic for Humatin®) Solosec® Granules tinidazole tablet (generic for Tindamax®) Vancocin® Capsule Vowst® Capsule - Clinical criterin apply Xifaxan® Tablet - T/F of preferred agents not required for diagnosis of Hepatic Encephalopathy
Ery-Tab® Tablet Zithromax® Powder Packet / Suspension / Tablet / Tri-Pak / Z-Pak Nitroimidazoles (Gastrointestinal Antibiotics) Non-Preferred Aemoclo® DR Tablet Dificid® Suspension / Tablet - T/F of only vancomycin is required for treatment of Clostridium difficile Firvana@ Solution Flagsf® Capsule Likmez® Suspension metronidazole capsule (generic for Flagyf®) neomycin tablet (generic for Myclifradin®) nitazoxanide tablet (generic for Myclifradin®) paromomycin capsule (generic for Humatin®) Solosec® Granules tinidazole tablet (generic for Tindamax®) Vancocin® Capsule Voost® Capsule Voost® Capsule - Clinical criteria apply Xifaxan® Tablet - T/F of preferred agents not required for diagnosis of Hepatic Encephalopathy Quinolones
Ery-Tab® Tablet Zithromax® Powder Packet / Suspension / Tablet / Tri-Pak / Z-Pak Nitroimidazoles (Gastrointestinal Antibiotics) Non-Preferred Aemcolo® DR Tablet Dificid® Suspension / Tablet - T/F of only vancomycin is required for treatment of Clostridium difficile Firvanq® Solution Flagsf® Capsule Likmez® Suspension metronidazole capsule (generic for Flagsf®) nocomycin tablet (generic for Mycifradin®) nitazoxanide tablet (generic for Alinia® Tablet) parromomycin capsule (generic for Humatin®) Solose® Granules tinidazole tablet (generic for Tindamax®) Vancocin® Capsule Vowst® Capsule - Clinical criteria apply Xifaxan® Tablet - T/F of preferred agents not required for diagnosis of Hepatic Encephalopathy Quinolones Non-Preferred
Ery-Tab® Tablet Zithromax® Powder Packet / Suspension / Tablet / Tri-Pak / Z-Pak Nitroimidazoles (Gastrointestinal Antibiotics) Non-Preferred Aemool® DR Tablet Dificid® Suspension / Tablet - T/F of only vancomycin is required for treatment of Clostridium difficile Firvanq® Solution Flagsf® Capsule Likmez® Suspension metroindazole capsule (generic for Flagsf®) neomycin tablet (generic for Mycifradin®) nitazoxanide tablet (generic for Alinia® Tablet) parmomycin capsule (generic for Humatin®) Solose® Granules tinidazole tablet (generic for Tindamax®) Vancocin® Capsule Vowst® Capsule - Clinical criteria apply Xifaxan® Tablet - T/F of preferred agents not required for diagnosis of Hepatic Encephalopathy Quinolones Non-Preferred Baxdela™ Tablet
Ery-Tab® Tablet Zithromax® Powder Packet / Suspension / Tablet / Tri-Pak / Z-Pak Nitroimidazoles (Gastrointestinal Antibiotics) Non-Preferred Aemoclo® DR Tablet Dificid® Suspension / Tablet - T/F of only vancomycin is required for treatment of Clostridium difficile Firvana® Solution Flagsd® Capsule Likmez® Suspension metronidazole capsule (generic for Flagyd®) neomycin tablet (generic for Mycifradin®) nitazoxanich tablet (generic for Alinia® Tablet) paromomycin capsule (generic for Humatin®) Solose® Granules tinidazole tablet (generic for Tindamax®) Vancocin® Capsule Vowst® Capsule - Clinical criteria apply Xifaxam® Tablet - T/F of preferred agents not required for diagnosis of Hepatic Encephalopathy Quinolones Non-Preferred Baxdela® Tablet Cipro® Tablet
Ery-Tab® Tablet Zithromax® Powder Packet / Suspension / Tablet / Tri-Pak / Z-Pak Nitroimidazoles (Gastrointestinal Antibiotics) Non-Preferred Aemcolo® DR Tablet Dificid® Suspension / Tablet - T/F of only vancomycin is required for treatment of Clostridium difficile Firvang® Solution Flagd® Capsule Likmez® Suspension metronidazole capsule (generic for Flagd®) neomycin tablet (generic for Mycifradin®) nitazoxanide tablet (generic for Mycifradin®) nitazoxanide tablet (generic for Humatin®) Solosec® Granules tinidazole tablet (generic for Tindamax®) Vancocin® Capsule Vowst® Capsule - Clinical criteria apply Xifaxan® Tablet - T/F of preferred agents not required for diagnosis of Hepatic Encephalopathy Quinolones Non-Preferred Baxdela™ Tablet Cipro® Tablet Cip
Ery-Tab® Tablet Zithromax® Powder Packet / Suspension / Tablet / Tri-Pak / Z-Pak Nitroimidazoles (Gastrointestinal Antibiotics) Non-Preferred Aemoclo® DR Tablet Dificid® Suspension / Tablet - T/F of only vancomycin is required for treatment of Clostridium difficile Firvana® Solution Flagsd® Capsule Likmez® Suspension metronidazole capsule (generic for Flagyd®) neomycin tablet (generic for Mycifradin®) nitazoxanich tablet (generic for Alinia® Tablet) paromomycin capsule (generic for Humatin®) Solose® Granules tinidazole tablet (generic for Tindamax®) Vancocin® Capsule Vowst® Capsule - Clinical criteria apply Xifaxam® Tablet - T/F of preferred agents not required for diagnosis of Hepatic Encephalopathy Quinolones Non-Preferred Baxdela® Tablet Cipro® Tablet

Effective Date July 1, 2025

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

Revised 8.28.25 Off-Cycle Change: DermaSmoothe® FS Scalp and Body Oil was moved from Non-preferred to Preferred due to patient safety

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 FBE can be really at. Interest information	The state of the s
	Tetracycline Derivatives
Preferred	Non-Preferred
oxycycline hyclate capsule / tablet (generic for Vibramycin®, Vibra-Tab®)	demeclocycline tablet (generic for Declomycin®)
oxycycline monohydrate 50mg, 100mg capsule (generic for Monodox®)	Doryx® DR / MPC Tablet
inocycline 50mg, 75mg, 100mg capsule (generic for Minocin®)	doxycycline hyclate DR tablet (generic for Doryx® DR)
	doxycycline monohydrate 75mg, 150mg capsule (generic for Monodox®, Adoxa®)
	doxycycline monohydrate 40mg IR-DR capsule (generic for Oracea®)
	doxycycline monohydrate 50mg, 75mg, 100mg, 150mg tablet
	doxycycline suspension (generic for Vibramycin [®]) - T/F of preferred agents not required for patients < 12 years of age
	Lymepak'" Tablet
	minocycline ER tablet (generic for Solodyn ER) Clinical justification and failure of doxycycline and minocycline required. Limited to a 12 week supply.
	minocycline 50mg, 75mg, 100mg tablet
	Minolizia E Tablet
	Morgidox® Capsule / Kit
	Nuzyra [™] Tablet
	Solodyn® ER Tablet - Clinical justification and failure of doxycycline and minocycline required. Limited to a 12 week supply.
	tetracycline capsule (generic for Sumycin®)
	tetracycline tablet (generic for Sumycin® / Panmycin®)
	Autiformalia
	Antifungals
Preferred	Non-Preferred
trimazole troche / lozenge (generic for Mycelex® Troche)	Ancobon® Capsule
conazole suspension / tablet (generic for Diflucan®)	Brexafemme [®] Tablet
seofulvin suspension (generic for Grifulvin V*)	Cresemba Capsule
seofulvin ultra tablet (generic for Gris-Peg®)	Diflucan® Suspension / Tablet
statin suspension (generic for Nilstat®)	flucytosine capsule (generic for Ancobon®)
statin tablet (generic for Mycostatin®)	griseofulvin micro tablets (generic for Grifulvin V [®])
rbinafine tablet (generic for Lamisil®)	itraconazole capsule / solution (generic for Sporanox®)
	ketoconazole tablet (generic for Nizoral®)
	Noxafil® Suspension / Tablet / DR Suspension Packet
	Oravig [®] Buccal Tablet
	posaconazole tablet / suspension (generic for Noxafil®)
	Sporanox® Capsule / Solution
	Tolsura [™] Capsule
	Vfend [®] Suspension / Tablet
	Vivjoa® Capsule - Clinical criteria apply
	voriconazole suspension / tablet (generic for Vfend*)
	Antivirals (Hepatitis B Agents)
Preferred	Non-Preferred
ntecavir tablet (generic for Baraclude®)	adefovir tablet (generic for Hepsera®)
mivudine HBV tablet (generic for Epivir® HBV)	Baraclude [®] Solution / Tablet
iread® Powder / Tablet	Vemlidy* Tablet
	Antivirals (Hepatitis C Agents)
Preferred	Non-Preferred
egasys [®] Syringe / Vial	
pavirin capsule / tablet (generic for Copegus®, Rebetol®)	
Clinical	criteria apply to all drugs listed below
Prior Approval Not Required for Mavyro	et [®] Tablet / Pellet Pack and sofosbuvir-velpatasvir tablet (generic for Epclusa [®])
All genotypes without cirrhosis	Epclusa® Pellet Pack/Tablet
avyret® Tablet (8 weeks of therapy)	Harvoni® Pellet Pack / Tablet
avyret® Pellet Pack	ledipasvir-sofosbuvir tablet (generic for Harvoni [®])
fosbuvir-velpatasvir tablet (generic for Epclusa®)	Sovaldi* Pellet Pack / Tablet
	Zepatier® Tablet
All genotypes with compensated cirrhosis (Child Pugh-A)	
avyret® Tablet (Up to 12 weeks of therapy)	
avyret® Pellet Pack	
fosbuvir-velpatasvir tablet (generic for Epclusa®)	
All genotypes previously treated with an HCV regimen containing an NSSA inhibitor or genotype 1a or 3 infection and have	e
previously been treated with an HCV regimen containing sofosbuvir without an NS5A inhibitor.	
'osevi™ Tablet	
All genotypes with decompensated cirrhosis	
fosbuvir-velpatasvir tablet (generic for Epclusa®)	
	Antivirals (Herpes Treatments)
Preferred	Non-Preferred
velovir capsule / tablet / suspension (generic for Zovirax®)	Sitavig [®] Buccal Tablet
nciclovir tablet (generic for Famvir®)	Valtrex® Caplet
acyclovir tablet (generic for Valtrex®)	
· · · · · · · · · · · · · · · · · · ·	
	Antivirals (Influenza)
Preferred	Non-Preferred
eltamivir phosphate capsule / suspension (generic for Tamiflu®)	amantadine tablet (generic for Symmetrel®)
nantadine tablet (generic for Flumadine*)	Flumadine® Tablet
amaume tautet (generic for riumatime)	
	Relenza Diskhaler
	Tamiflu® Capsule / Suspension
	Xofluza [™] Tablet - T/F of only one preferred drug required
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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

Revised 8.28.25 Off-Cycle Change: DermaSmoothe® FS Scalp and Body Oil was moved from Non-preferred to Preferred due to patient safety

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

	Antibiotics, Inhaled
D., f.,	T/F of only one preferred drug required
Preferred	Non-Preferred
Kitabis MPak	Arikayee [®] Vial
Bethkis® Ampule	Cayston [®] Solution
obramycin inhalation solution (generic for Tobi TM)	tobramycin inhalation pak (generic for Kitabis ⁵⁰)
	Tobi TM Podhaler TM / Solution
	tobramycin Ampule (generic for Bethkis)
	BEHAVIORAL HEALTH
	ANTIDEPRESSANTS
	Other
Preferred	Non-Preferred
upropion tablet / SR tablet / XL tablet (generic for Wellbutrin® Tablet / SR / XL)	
	Aplenzin [®] Tablet
esvenlafaxine ER tablet (generic for Pristiq®)	Auvelity* Tablet
uloxetine capsule (generic for Cymbalta®)	Bupropion XL tablet (generic for Forfivo* XL)
ffexor® XR Capsule	Cymbalta* Capsule
irtazapine ODT / tablet (generic for Remeron®)	desvenlafaxine ER tablet (generic for Khedezla®)
ardil [®] Tablet	duloxetine capsule (generic for Irenka*)
nenelzine tablet (generic for Nardil®)	Emsam [®] Patch
anylcypromine tablet (generic for Parnate®)	Fetzima® Capsule / Titration Pak
zodone tablet (generic for Desyrel®)	Forfivo® XL Tablet
nlafaxine tablet / ER capsules (generic for Effexor®, Effexor® XR)	Marplan® Tablet
lazodone tablet (generic for Viibryd®)	nefazodone tablet (generic for Serzone®)
* /	Pristion ER Tablet
	Remeron® Soltab " / Tablet
	Kemeron Soluto / Labet
	Trintellix Tablet venlafaxine besylate ER tablet
	venlafaxine ER tablet venlafaxine ER tablet
	Viibyd [®] Tablet
	Wellbutrin® SR / XL Tablet
	Zurzuvae [™] Capsule
	Selective Serotonin Reuptake Inhibitor (SSRI)
Preferred	Non-Preferred
talopram solution / tablet (generic for Celexa®)	Celexa [®] Tablet
citalopram tablet (generic for Lexapro®)	citalopram capsule
uoxetine capsule / solution (generic for Prozac®)	escitalopram solution (generic for Lexapro®)
uvoxamine tablet (generic for Luvox*)	fluoxetine DR capsules (generic for Prozac* Weekly)
aroxetine tablet (generic for Paxil®)	fluocetine tablet (generic for Prozac®) - T/F of preferred agents not required for children < 18 years of age
axil® Suspension	fluvoxamine ER capsule (generic for Luvox CR*)
	Lexapro* Tablet
ertraline concentrated solution / tablet (generic for Zoloft®)	
	paroxetine capsule (generic for Brisdelle*)
	paroxetine suspension / CR tablet (generic for Paxil®/ CR)
	Paxil® Tablet / CR Tablet
	Prozac [®] Pulvule
	sertraline capsule
	Zoloft [®] Solution / Tablet
	ANTIHYPERKINESIS / ADHD
Preferred	Non-Preferred
dderall® Tablet (Generic Product Per FDA)	Adzenys® XR ODT
dderall* XR Capsule	amphetamine salt combo ER capsule (generic for Mydayis*)
nphetamine salt combo tablet (generic for Adderall®)	amphetamine sulfate tablet (generic for Evekoo®)
nphetamine salt combo tablet (generic for Adderall) nphetamine salt combo XR capsule (generic for Adderall * XR)	amphetamine suitate tablet (generic for Evekeo) Azstarys Capsule
	Cotempla™ XR-ODT
omoxetine capsule (generic for Strattera®)	Cotempla "XR-ODT Dexedrine* Spansule*
omoxetine capsule (generic for Strattera*) onidine ER tablet (generic for Kapvay*)	Cotempla "XR-ODT Dexedrine Spansule dextroamphetamine ER capsule (generic for Dexedrine Spansule)
omoxetine capsule (generic for Strattera*) onidine ER tablet (generic for Kapvay*) oncerta* Tablet	Cotempla" XR-ODT Dexedrine "Spansule" dextroamphetamine ER capsule (generic for Dexedrine "Spansule") destroamphetamine solution (generic for ProCentra")
omoxetine capsule (generic for Strattera*) onidine ER tablet (generic for Kapvay*) oncerta* Tablet aytrana* Patch	Cotempla "XR-ODT Dexedrine" Spansule " dextroamphetamine 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
omoxetine capsule (generic for Strattera*) onidine ER tablet (generic for Kapvay*) oncerta* Tablet aytrana* Patch	Cotempla "XR-ODT Dexedrine" Spansule dextroamphetamine 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
omoxetine capsule (generic for Strattera*) onidine ER tablet (generic for Kapvay*) oncerta* Tablet aytrana* Patch exmethylphenidate tablet / ER capsule (generic for Focalin* / XR)	Cotempla "XR-ODT Dexedrine" Spansule " dextroamphetamine 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
omoxetine capsule (generic for Strattera*) onidine ER tablet (generic for Kapvay*) oncerta* Tablet ayrana* Patch extrade Patch extrade patch (generic for Focalin* / XR) extraomphetamine tablet (generic for Dexedrine*)	Cotempla "XR-ODT Dexedrine" Spansule dextroamphetamine 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
omoxetine capsule (generic for Strattera*) onidine ER tablet (generic for Kapvay*) oncerta* Tablet aytrana* Patch exemethylphenidate tablet / ER capsule (generic for Focalin* / XR) extroamphetamine tablet (generic for Dexedrine*) ocalin* XR Capsule	Cotempla "XR-ODT Dexedrine Spansule dextroamphetamine ER capsule (generic for Dexedrine Spansule dextroamphetamine ER capsule (generic for ProCentra dextroamphetamine solution (generic for ProCentra Dexedrine Spansule XR Suspension - T/F of preferred agents not required for children < 12 years of age Dyanavel XR Tablet Evekee Tablet / Evekee ODT Tablet
omoxetine capsule (generic for Strattera*) onidine ER tablet (generic for Kapvay*) oncerta* Tablet aytrana* Patch extreamphetamine tablet / ER capsule (generic for Focalin* / XR) extroamphetamine tablet (generic for Dexedrine*) ocaclin* XR Capsule uanfacine ER tablet (generic for Intuniv*)	Cotempla "XR-ODT Dexedrine" Spansule " dextroamphetamine 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 Intuiv" Tablet
omoxetine capsule (generic for Strattera*) onidine ER tablet (generic for Kapvay*) oncerta* Tablet aytrana* Patch exmethylphenidate tablet / ER capsule (generic for Focalin* / XR) extrosumpletamine tablet (generic for Dexedrine*) ocalin* XR Capsule anafacine ER tablet (generic for Intuniv*) sdexamfetamine chewable tablet (generic for Vyvanse*)	Cotempla "XR-ODT Dexedrine" Spansule® dextroamphetamine 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 Evckeo® Tablet / Evekeo® ODT Tablet Focalin® Tablet Inturin® Tablet Jernay PM™ Capsule
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hytensis* XR Capsule (generic for Strattera*) tomoxetine capsule (generic for Strattera*) Concerta* Tablet Jaytrana* Patch lextroamphetamine tablet (generic for Poxedrine*) cocalin* XR Capsule guanfacine ER tablet (generic for Intuniv*) sidexamfetamine chewable tablet (generic for Vyvanse*) Methylin* Solution methylphenidate ER capsule (generic for Aptensio* XR) methylphenidate ER tablet (generic for Aptensio* XR) methylphenidate ER tablet (generic for Aptensio* XR) methylphenidate ER tablet (generic for Concerta*) methylphenidate ER tablet (generic for Concerta*) methylphenidate tablet / solution (generic for Methylin*, Ritalin*) //yvanse® Capsule / Chewable Tablet	Cotempla" XR-ODT Dexedrine" Spansule advertoomphetamine ER capsule (generic for Dexedrine Spansule (extroomphetamine Soution (generic for ProCentra) Dyanavel* XR Suspension - TIF of preferred agents not required for children < 12 years of age Dyanavel* XR Tablet Evekco* Tablet / Evekco* ODT Tablet Focalin* Tablet Intuniv* Tablet Jornay PM* Capsule Lisdexamfetamine capsule (generic for Vyvanse*) methamphetamine tablet (generic for Desoxyn*) methamphetamine tablet (generic for Desoxyn*) methylphenidate CD capsule (generic for Methylin*) methylphenidate ER tablet (45 mg and 63 mg) (Branded Product Per FDA) methylphenidate La capsule (generic for Methylin*) methylphenidate LA capsule (generic for Desoyrana*) Mydayis* ER Capsule Onyala XR Suspension- TiF of preferred agents not required for children < 12 years of age ProCentra* Solution Qelbree** Capsule Quillichew** ER Tablet - TiF of preferred agents not required for children < 12 years of age Relexxii** ER Tablet Ritalin** LA Capsule Ritalin** LA Capsule Ritalin** LA Capsule Ritalin** LA Capsule

Effective Date July 1, 2025

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

Revised 8.28.25 Off-Cycle Change: DermaSmoothe® FS Scalp and Body Oil was moved from Non-preferred to Preferred due to patient safety

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

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

Effective Date July 1, 2025

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Revised 8.28.25 Off-Cycle Change: DermaSmoothe® FS Scalp and Body Oil was moved from Non-preferred to Preferred due to patient safety

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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

 	
n	ANGIOTENSIN II RECEPTOR BLOCKERS
Preferred irbesartan tablet (generic for Avapro®)	Non-Preferred Atacand* Tablet
Irbesartan tablet (generic for Avapro [®]) losartan tablet (generic for Cozaar [®])	Atacand Tablet Avapro* Tablet
losartan tablet (generic for Cozaar) olmesartan tablet (generic for Benicar®)	Avapro Tablet Benicar® Tablet
valsartan tablet (generic for Diovan®)	candesartan tablet (generic for Atacand *)
	Cozar fablet
	Diovan® Tablet
	Edarbi [®] Tablet
	eprosartan tablet (generic for Teveten*)
	Micardis [®] Tablet
	telmisartan tablet (generic for Micardis*)
	valsartan oral solution
	ANGIOTENSIN II RECEPTOR BLOCKER COMBINATIONS
Preferred	Non-Preferred
amlodipine-olmesartan tablet (generic for Azor®)	Azor® Tablet
amlodipine-valsartan tablet (generic for Exforge®)	Exforge® Tablet / HCT Tablet
amlodipine-valsartan-HCTZ tablet (generic for Exforge® HCT)	telmisartan-amlodipine tablet (generic for Twynsta*)
olmesartan-amlodipine-HCTZ tablet (generic for Tribenzor®)	Tribenzor® Tablet
. Nov	
	DTENSIN II RECEPTOR BLOCKER DIURETIC COMBINATIONS
Preferred	Non-Preferred
irbesartan-HCTZ tablet (generic for Avalide®)	Atacand® HCT Tablet
losartan-HCTZ tablet (generic for Hyzaar®) olmesartan-HCTZ tablet (generic for Benicar® HCT)	Avalide® Tablet Benicar® HCT Tablet
valsartan-HCTZ tablet (generic for Diovan® HCT)	candesartan-HCTZ tablet (generic for Atacand® HCT)
months note (generic or Diovaii 1101)	Candesartan-PC-LZ tablet (generic for Atacand PC-1) Diovan® HCT Tablet
	Edarbyclo* Tablet
	Controperor survee Hyzan ² Tablet
	Micardis* HCT Tablet
	telmisartan-HCTZ tablet (generic for Micardis * HCT)
	ENSIN II RECEPTOR / NEPRILYSIN BLOCKER COMBINATIONS
Preferred	Non-Preferred
Entresto® Tablet	Entresto® (sacubitril / valsartan) Sprinkle Pellet-T/F of preferred agents not required for children < 12 years of age
	sacubitril and valsartan tablet (generic for Entresto®)
	ANTI-ARRHYTHMICS
Duofouned	
Preferred	Non-Preferred Multaq® Tablet
amiodarone tablet (generic for Cordarone [®]) disopyramide capsule (generic for Norpace [®])	Muttaq Tabiet 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
Preferred	Non-Preferred
atenolol tablet (generic for Tenormin®)	acebutolol capsule (generic for Sectral®)
carvedilol tablet (generic for Coreg®)	Betapace Tablet / AF Tablet
Hemangeol® Solution	betaxolol tablet (generic for Kerlone [®])
labetalol tablet (generic for Trandate®)	bisoprolol tablet (generic for Zebeta*)
metoprolol succinate XL tablet (generic for Toprol XL*)	Bystolic* Tablet
metoprolol tartrate tablet (generic for Lopressor®) nebivolol tablet (generic for Bystolic®)	carvedilol ER capsule (generic for Coreg® CR Capsule)
neovoioi taotet (genetie tot dystotie)	Corag® Tablet / CR Cancula
propranolol solution / tablet / ER cansule (generic for Inderal®)	Coreg® Tablet / CR Capsule
propranolol solution / tablet / ER capsule (generic for Inderal®) Sorine® Tablet	Inderal® LA Capsule / XL Capsule
Sorine® Tablet	Inderal® LA Capsule / XL Capsule Innopran® XL Capsule
	Inderal® LA Capsule / XL Capsule Innopran® XL Capsule Kapspargo ^{3M} Sprinkle - T/F of preferred agents not required for children < 12 years of age
Sorine® Tablet	Inderal® LA Capsule / XL Capsule Innopran® XL Capsule Kapspargo™ Sprinkle - T/F of preferred agents not required for children < 12 years of age Lopressor® Tablet
Sorine® Tablet	Inderal* LA Capsule / XL Capsule Innopran* XL Capsule Kapspargo** Sprinkle - T/F of preferred agents not required for children < 12 years of age Lopressos** Tablet nadolol tablet (generic for Corgard*)
Sorine® Tablet	Inderal® LA Capsule / XL Capsule Innopran® XL Capsule Kapspargo™ Sprinkle - T/F of preferred agents not required for children < 12 years of age Lopressor® Tablet
Sorine® Tablet	Inderal® LA Capsule / XL Capsule Innopran® XL Capsule Kapspargo® Sprinkle - T/F of preferred agents not required for children < 12 years of age Lopresso® Tablet nadolot tablet (generic for Corgard®) pindolot tablet (generic for Visken®)
Sorine® Tablet	Indoral® LA Capsule / XL Capsule Innopran® XL Capsule Kapspargo Sprinkle - T/F of preferred agents not required for children < 12 years of age Lopressor® Tablet nadolol tablet (generic for Corgard®) pindolol tablet (generic for Visken®) Sotylize® Solution
Sorine® Tablet	Inderal® LA Capsule / XL Capsule Innopram® XL Capsule Kapsargo® Sprinkle - T/F of preferred agents not required for children < 12 years of age Lopresso® Tablet nadolol tablet (generic for Corgard®) pindolol tablet (generic for Visken®) Sotylize® Solution Tenormim® Tablet
Sorine® Tablet	Inderal* LA Capsule / XL Capsule Innopram* XL Capsule Kapspargo** Sprinkle - T/F of preferred agents not required for children < 12 years of age Lopressos* Tablet nadolol tablet (generic for Corgard*) pindol tablet (generic for Visken*) Sotylize* Solution Tenormin* Tablet timolol tablet (generic for Blocadren*)
Sorine [®] Tablet	Inderai® LA Capsule / XL Capsule Innopram® XL Capsule Kapspargo™ Sprinkle - TF of preferred agents not required for children < 12 years of age Lopressos® Tablet nadolol tablet (generic for Corgard®) pindolol tablet (generic for Visken®) Sotylize® Solution Tenormim® Tablet timolol tablet (generic for Blocadren®) Toprol XL® Tablet
Sorine® Tablet sotalol tablet / AF tablet (generic for Betapace® / AF, Sorine®)	Inderal® LA Capsule / XL Capsule Innopram® XL Capsule Kapspargo® Sprinkle - T/F of preferred agents not required for children < 12 years of age Lopressos® Tablet nadolol tablet (generic for Corgard®) pindolol tablet (generic for Visken®) Sotylize® Solution Tenormin® Tablet timolol tablet (generic for Blocadren®) Toprol XL® Tablet
Sorine® Tablet sotalol tablet / AF tablet (generic for Betapace® / AF, Sorine®) Preferred	Inderat [®] LA Capsule / XL Capsule Innopran® XL Capsule Kapspargo Sprinkle - T/F of preferred agents not required for children < 12 years of age Lopressos® Tablet nadolol tablet (generic for Corgard®) pindolol tablet (generic for Visken®) Sotylize® Solution Tenormin® Tablet timolol tablet (generic for Blocadren®) Toprol XL® Tablet BETA BLOCKER DIURETIC COMBINATIONS Non-Preferred
Sorine® Tablet sotalol tablet / AF tablet (generic for Betapace® / AF, Sorine®) Preferred atenolol-chlorthalidone tablet (generic for Tenoretic®)	Inderal® LA Capsule / XL Capsule Innopram® XL Capsule Kapsargo® Sprinkle - T/F of preferred agents not required for children < 12 years of age Lopressor® Tablet nadolol tablet (generic for Corgard®) pindolol tablet (generic for Visken®) Soylize® Soylizo®
Sorine® Tablet sotalol tablet / AF tablet (generic for Betapace® / AF, Sorine®) Preferred	Inderal® LA Capsule / XL Capsule Innopram® XL Capsule Kapspargo™ Sprinkle - TF of preferred agents not required for children < 12 years of age Lopressor® Tablet nadolol tablet (generic for Corgard®) pindolol tablet (generic for Visken®) Sotylize® Solution Tenormim® Tablet timolol tablet (generic for Blocadren®) Toprot XL® Tablet BETA BLOCKER DIURETIC COMBINATIONS Non-Preferred metoprolol-HCTZ tablet (generic for Lopressor® HCT) propranolol-HCTZ tablet (generic for Inderide®)
Sorine® Tablet sotalol tablet / AF tablet (generic for Betapace® / AF, Sorine®) Preferred atenolol-chlorthalidone tablet (generic for Tenoretic®)	Inderat LA Capsule / XL Capsule Innopram XL Capsule Kapspargo Sprinkle - T/F of preferred agents not required for children < 12 years of age Lopressoe Tablet nadolol tablet (generic for Corgard sprinkle - T/F of preferred agents not required for children < 12 years of age Lopressoe Tablet nadolol tablet (generic for Visken sprinkle) Sotylize Solution Tenomin Tablet timolol tablet (generic for Blocadren sprinkle) Toprol XL Tablet BETA BLOCKER DIURETIC COMBINATIONS Non-Preferred metoprolol-HCTZ tablet (generic for Lopressoe HCT) propranalol-HCTZ tablet (generic for Inderide sprinkle) Tenoretic Tablet Tenoretic Tablet
Sorine® Tablet sotalol tablet / AF tablet (generic for Betapace® / AF, Sorine®) Preferred atenolol-chlorthalidone tablet (generic for Tenoretic®)	Inderal® LA Capsule / XL Capsule Innopram® XL Capsule Kapspargo™ Sprinkle - TF of preferred agents not required for children < 12 years of age Lopressor® Tablet nadolol tablet (generic for Corgard®) pindolol tablet (generic for Visken®) Sotylize® Solution Tenormim® Tablet timolol tablet (generic for Blocadren®) Toprot XL® Tablet BETA BLOCKER DIURETIC COMBINATIONS Non-Preferred metoprolol-HCTZ tablet (generic for Lopressor® HCT) propranolol-HCTZ tablet (generic for Inderide®)
Sorine® Tablet sotalol tablet / AF tablet (generic for Betapace® / AF, Sorine®) Preferred atenolol-chlorthalidone tablet (generic for Tenoretic®)	Inderat LA Capsule / XL Capsule Innopram XL Capsule Kapspargo Sprinkle - T/F of preferred agents not required for children < 12 years of age Lopressoe Tablet nadolol tablet (generic for Corgard sprinkle - T/F of preferred agents not required for children < 12 years of age Lopressoe Tablet nadolol tablet (generic for Visken sprinkle) Sotylize Solution Tenomin Tablet timolol tablet (generic for Blocadren sprinkle) Toprol XL Tablet BETA BLOCKER DIURETIC COMBINATIONS Non-Preferred metoprolol-HCTZ tablet (generic for Lopressoe HCT) propranalol-HCTZ tablet (generic for Inderide sprinkle) Tenoretic Tablet Tenoretic Tablet
Sorine® Tablet sotalol tablet / AF tablet (generic for Betapace® / AF, Sorine®) Preferred atenolol-chlorthalidone tablet (generic for Tenoretic®)	Inderal® LA Capsule / XL Capsule Innopram® XL Capsule Kapsargo® Sprinkle - T/F of preferred agents not required for children < 12 years of age Lopressoe® Tablet nadolol tablet (generic for Corgard®) pindolol tablet (generic for Visken®) Sotylize® Solution Tenormim® Tablet timolol tablet (generic for Blocadren®) Toprol XL® Tablet BETA BLOCKER DIURETIC COMBINATIONS Non-Preferred metoprolol-HCTZ tablet (generic for Inderide®) Tenoretis® Tablet
Sorine® Tablet sotalol tablet / AF tablet (generic for Betapace® / AF, Sorine®) Preferred atenolol-chlorthalidone tablet (generic for Tenoretic®) bisoprolol-HCTZ tablet (generic for Ziac®) Preferred cholestyramine packet / powder / light packet / light powder (generic for Questran® / Questran® Light)	Inderal® LA Capsule / XL Capsule Innopram® XL Capsule Kapspargo™ Sprinkle - TF of preferred agents not required for children < 12 years of age Lopressor® Tablet nadolol tablet (generic for Corgard®) pindolol tablet (generic for Visken®) Sotylize® Solution Tenormim® Tablet timolol tablet (generic for Blocadren®) Toprot XL® Tablet BETA BLOCKER DIURETIC COMBINATIONS Non-Preferred metoprolol-HCTZ tablet (generic for Inderide®) Tenoretic® Tablet motoprolol-HCTZ tablet (generic for Inderide®) Tenoretic® Tablet Zias® Tablet BILE ACID SEQUESTRANTS
Sorine® Tablet sortalol tablet / AF tablet (generic for Betapace® / AF, Sorine®) Preferred atenolol-chlorthalidone tablet (generic for Tenoretic®) bisoprolol-HCTZ tablet (generic for Ziac®) Preferred	Inderal® LA Capsule / XL Capsule Innopram® XL Capsule Kapspargo® Sprinkle - T/F of preferred agents not required for children < 12 years of age Lopresso® Tablet nadolol tablet (generic for Corgard®) pindolot tablet (generic for Visken®) Sotylize® Solution Tenormin® Tablet timolot tablet (generic for Blocadren®) Toprol XL® Tablet BETA BLOCKER DIURETIC COMBINATIONS BETA BLOCKER DIURETIC COMBINATIONS Non-Preferred metoprolol-HCTZ tablet (generic for Lopressov® HCT) propranolol-HCTZ tablet (generic for Inderide®) Tenoretic® Tablet Ziac® Tablet BILE ACID SEQUESTRANTS Non-Preferred
Sorine® Tablet sotalol tablet / AF tablet (generic for Betapace® / AF, Sorine®) Preferred atenolol-chlorthalidone tablet (generic for Tenoretic®) bisoprolol-HCTZ tablet (generic for Ziac®) Preferred cholestyramine packet / powder / light packet / light powder (generic for Questran® / Questran® Light)	Inderat LA Capsule / XL Capsule Innopram XL Capsule Kapspargo Sprinkle - T/F of preferred agents not required for children < 12 years of age Lopressor Tablet nadolol tablet (generic for Corgard b) pindolol tablet (generic for Visken b) Sotyika Sotyika Soution Tenormin Tablet timolol tablet (generic for Blocadren b) Toprol XL Tablet Toprol XL Tablet BETA BLOCKER DIURETIC COMBINATIONS BETA BLOCKER DIURETIC COMBINATIONS Non-Preferred metoprolol-HCTZ tablet (generic for Lopressor HCT) propranolol-HCTZ tablet (generic for Inderide b) Tenoretic Tablet Ziac Tablet BILE ACID SEQUESTRANTS Non-Preferred colesvelam packet / tablet (generic for Welchol b) Colestiof Granules / Tablet colestiof Granules / Tablet colestiof granules (generic for Colestiof b)
Sorine Tablet sotalol tablet / AF tablet (generic for Betapace* / AF, Sorine*) Preferred atenolol-chlorthalidone tablet (generic for Tenoretic*) bisoprolol-HCTZ tablet (generic for Ziac*) Preferred cholestyramine packet / powder / light packet / light powder (generic for Questran* / Questran* Light)	Inderat [®] LA Capsule / XL Capsule Innopran® XL Capsule Kapspargo Sprinkle - T/F of preferred agents not required for children < 12 years of age Lopressor® Tablet andolol tablet (generic for Corgard®) pindolol tablet (generic for Visken®) Soylize® Soylize® Soylize soylize Soylize Soylize timolol tablet (generic for Blocadren®) Toprol XL® Tablet BETA BLOCKER DIURETIC COMBINATIONS BETA BLOCKER DIURETIC COMBINATIONS Non-Preferred metoprolol-HCTZ tablet (generic for Lopressor® HCT) propranolol-HCTZ tablet (generic for Inderide®) Tenoretic® Tablet Ziae® Tablet BILE ACID SEQUESTRANTS Non-Preferred colescevelam packet / tablet (generic for Welchol®) Colestif® Granules / Tablet colestiple granules (generic for Colestid®) Prevalite® Packet / Powder
Sorine Tablet sotalol tablet / AF tablet (generic for Betapace* / AF, Sorine*) Preferred atenolol-chlorthalidone tablet (generic for Tenoretic*) bisoprolol-HCTZ tablet (generic for Ziac*) Preferred cholestyramine packet / powder / light packet / light powder (generic for Questran* / Questran* Light)	Inderal® LA Capsule / XL Capsule Innopram® XL Capsule Kapsargo® Sprinkle - T/F of preferred agents not required for children < 12 years of age Lopressoe® Tablet nadolol tablet (generic for Corgard®) pindolol tablet (generic for Visken®) Soylize® Soultion Tenormin® Tablet timolol tablet (generic for Blocadren®) Toprol XL® Tablet ### Tablet ### Toprol XL® Tablet (generic for Lopressoe® HCT) propranolol-HCTZ tablet (generic for Inderide®) ### Tenoretic® Tablet ### Ziac® Tablet ### BILE ACID SEQUESTRANTS Non-Preferred colesevelam packet / tablet (generic for Colestid®) Colestid® Granules / Tablet colestipol granules (generic for Colestid®) Prevaltic® Packet / Powder Questram® Light Powder / Packet / Powder Questram® Light Powder / Packet / Powder
Sorine Tablet sotalol tablet / AF tablet (generic for Betapace* / AF, Sorine*) Preferred atenolol-chlorthalidone tablet (generic for Tenoretic*) bisoprolol-HCTZ tablet (generic for Ziac*) Preferred cholestyramine packet / powder / light packet / light powder (generic for Questran* / Questran* Light)	Inderat [®] LA Capsule / XL Capsule Innopran® XL Capsule Kapspargo Sprinkle - T/F of preferred agents not required for children < 12 years of age Lopressor® Tablet andolol tablet (generic for Corgard®) pindolol tablet (generic for Visken®) Soylize® Soylize® Soylize soylize Soylize Soylize timolol tablet (generic for Blocadren®) Toprol XL® Tablet BETA BLOCKER DIURETIC COMBINATIONS BETA BLOCKER DIURETIC COMBINATIONS Non-Preferred metoprolol-HCTZ tablet (generic for Lopressor® HCT) propranolol-HCTZ tablet (generic for Inderide®) Tenoretic® Tablet Ziae® Tablet BILE ACID SEQUESTRANTS Non-Preferred colescevelam packet / tablet (generic for Welchol®) Colestif® Granules / Tablet colestiple granules (generic for Colestid®) Prevalite® Packet / Powder
Sorine® Tablet sotalol tablet / AF tablet (generic for Betapace® / AF, Sorine®) Preferred atenolol-chlorthalidone tablet (generic for Tenoretic®) bisoprolol-HCTZ tablet (generic for Ziac®) Preferred cholestyramine packet / powder / light packet / light powder (generic for Questran® / Questran® Light)	Inderal® LA Capsule / XL Capsule Innopram® XL Capsule Kapsargo® Sprinkle - T/F of preferred agents not required for children < 12 years of age Lopressoe® Tablet nadolol tablet (generic for Corgard®) pindolol tablet (generic for Visken®) Soylize® Soultion Tenormin® Tablet timolol tablet (generic for Blocadren®) Toprol XL® Tablet ### Tablet ### Toprol XL® Tablet (generic for Lopressoe® HCT) propranolol-HCTZ tablet (generic for Inderide®) ### Tenoretic® Tablet ### Ziac® Tablet ### BILE ACID SEQUESTRANTS Non-Preferred colesevelam packet / tablet (generic for Colestid®) Colestid® Granules / Tablet colestipol granules (generic for Colestid®) Prevaltic® Packet / Powder Questram® Light Powder / Packet / Powder Questram® 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

Revised 8.28.25 Off-Cycle Change: DermaSmoothe® FS Scalp and Body Oil was moved from Non-preferred to Preferred due to patient safety

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

	uicaia.neamis.gov/providers/programs-services/prescription-drugs/outpatient-pharmacy-services
Preferred	Non-Preferred
atorvastatin tablet (generic for Lipitor*) ezetimibe (generic for Zetia*)	Altoprev® Tablet amlodipine-atorvastatin tablet (generic for Caduet®)
lovastatin tablet (generic for Mevacor®)	Atorvaliq [®] Suspension
pravastatin tablet (generic for Pravachol®)	Caduet [®] Tablet
rosuvastatin tablet (generic for Crestor®)	Ezallor™ Capsule
simvastatin tablet (generic for Zocor®)	ezetimibe-simvastatin (generic for Vytorin*)
	Flolipid™ (simvastatin) Suspension- T/F of preferred agents not required for children < 12 years of age
	fluvastatin capsule / ER tablet (generic for Lescol® / XL)
	Juxtapid® Capsule - Clinical criteria apply
	Lescol® XI. Tablet
	Lipitor® Tablet
	Livalo* Tablet - T/F of preferred agents not required with concomitant antiretroviral therapy in patients diagnosed with HIV Nextetol* Tablet - Clinical criteria apply
	Nexticet Tablet - Clinical criteria apply Nextizet Tablet - Clinical criteria apply
	pitavastatin tablet (generic for Livalo*) - T/F of preferred agents not required with concomitant antiretroviral therapy in patients diagnosed with HIV
	Vytorin [®] Tablet
	Zetia [®] Tablet
	Zecor® Tablet
	Zypitamag [™] Tablet
	Crestor* CORONARY VASODILATORS
Ducfaund	
Preferred isosorbide dinitrate tablet (generic for Isordil® Titradose®, IsoDitrate®, et.al.)	Non-Preferred Gonitro® Sublingual Powder
isosorbide dinitrate tablet (generic for Isordii 11tradose , IsoDitrate , et.al.) isosorbide mononitrate tablet / ER tablet (generic for Isoro®, Monoket®, Imdur®)	Isordii [®] Tablet / Titradose [®] Tablet
nitroglycerin patch / spray / SL tablet (generic for Nitro-Dur*, Minitran*, Nitrostat*, et. al)	Nitro-Bid [®] Ointment
Nitrostat® SL Tablet	Nitro-Day State
	Nitrolingual [®] Spray
	Verquvo [™] Tablet
	DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS
Preferred	Non-Preferred
amlodipine tablet (generic for Norvasc®)	felodipine ER tablet (generic for Plendil [®])
nifedipine capsule (generic for Procardia®)	isradipine capsule (generic for Dynacire*)
nifedipine ER tablet (generic for Adalat CC* / Procardia XL*)	Katerzia M Suspension - T/F of preferred agents not required for children < 12 years of age
	levamlodipine tablet (generic for Conjupri [®])
	nicardipine capsule (generic for Cardene *) nimodipine capsule (generic for Nimotop *)
	nimourpine capsure (generic for Nimotop) nimourpine solution nimourpine solution
	nisodopine BR tablet (generic for Sular*)
	Northyra [®] Solution
	Norvase Tablet
	Nymalize* Solution / oral syringe
	Procardia [®] XL Tablet
	Sular® Tablet
	DIRECT RENIN INHIBITOR
Preferred	Non-Preferred
Tekturna® Tablet	aliskiren tablet (generic for Tektuma* Tablet)
Tekturna [®] HCT Tablet	
	ENDOTHELIN RECEPTOR ANTAGONISTS
	Covered for diagnosis of Pulmonary Arterial Hypertension only
Preferred	Non-Preferred
ambrisentan tablet (generic for Letairis® Tablet)	bosentan tablet (generic for Tracleer® Tablet)
Tracleer® Tablet	Letains Tablet Letains Tablet
	Ossumit [®] Tablet
	Opsynyi* Tablet
	Tracleer* Suspension
	INHALED PROSTACYCLIN ANALOGS
Preferred	Non-Preferred
Tyvaso® Refill Kit / Solution / Starter Kit	Tyvaso [®] DPI
Ventavis [®] Solution	
	NIA CIN DERIVATIVE
n e l	NIACIN DERIVATIVES
Preferred	Non-Preferred
niacin ER tablet (generic for Niaspan®)	
	NITRATE COMBINATION
Preferred	Non-Preferred
Bidil [®] Tablet	isosorbide dinit/hydralazine tablet (generic for Bidil *)
	,

Effective Date July 1, 2025

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

Revised 8.28.25 Off-Cycle Change: DermaSmoothe® FS Scalp and Body Oil was moved from Non-preferred to Preferred due to patient safety

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

Were information on the	NON-DIHVDPO	PYRIDINE CALCIUM CHANNEL BLOCKERS
	Preferred	Non-Preferred
Cartia XT [®] Capsule (branded generic for Cardizem CD [®])		Cardizem CD* Capsule
Dilt XR® Capsule (branded generic for Dilacor XR®)		Cardizem® Tablet / LA Tablet
diltiazem ER 24 hour capsule (generic for Dilacor XR®, Tiaz		diltiazem LA tablet (generic for Cardizem LA®)
diltiazem tablet / CD capsule / ER 12 hour capsule (generic	for Cardizem® / CD / SR)	Matzim® LA Tablet (generic for Cardizem LA®)
Taztia XT® Capsule (branded generic for Tiazac®) Tiadylt® ER Capsule		Tiazac® Capsule Verapamil Capsule SR (generic for Verelan®)
verapamil tablet / ER tablet (generic for Calan® / SR)		verapamii Lapsule SK (generic for Verelan®) verapamii ER capsule / PM capsule (generic for Verelan® / Verelan® PM)
verapainir tablet / Ex tablet (generic for Calair / SK)	-	Verelan® PM Capsule
	ORA	L PULMONARY HYPERTENSION
		tension (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 Ligrey® Suspension
tadalafil tablet (generic for Adcirca®)		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 Plavix* Tablet
dipyridamole tablet (generic for Persantine*) prasugrel tablet (generic for Effient* Tablet)		FIAVIA LADICA
prastigrer tablet (generic for Ement Tablet)		
	AN	TIANGINAL & ANTI-ISCHEMIC
	Preferred	Non-Preferred
ranolazine ER tablet (generic for Ranexa® Tablet)		Aspruzyo [™] Sprinkle
		Ranexa® Tablet
		THOLYTICS 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 tablet (generic for Aldomet®)	 	methyldopa-HCTZ tablet (generic for Aldorni*) methyldopa vial (generic for Aldornet*)
metnyidopa tablet (generic for Aldomet)		menyadopa viai (generic for Addomet) Nexiclon NR Tablet
		Technol Are faired
	TRIC	LYCERIDE LOWERING AGENTS
	Preferred	Non-Preferred
fenofibrate tablet (generic for Tricor®)	Preferred	Non-Preferred fenofibrate capsule / tablet (generic for Antara*, Lofibra*, Fenoglide*, et. al)
gemfibrozil tablet (generic for Lopid®)	Preferred	fenofibrate capsule / tablet (generic for Antara*, Lofibra*, Fenoglide*, et. al) fenofibric acid tablet (generic for Fibricor*, Trilipix*)
gemfibrozil tablet (generic for Lopid*) icosapent ethyl capsule (generic for Vascepa®)	Preferred	fenofibrate capsule / tablet (generic for Antara*, Lofibra*, Fenoglide*, et. al) fenofibric acid tablet (generic for Fibricor*, Trilipix*) Fenoglide* Tablet
gemfibrozil tablet (generic for Lopid®)	Preferred	fenofibrate capsule / tablet (generic for Antara*, Lofibra*, Fenoglide*, et. al) fenofibric acid tablet (generic for Fibricor*, Trilipix*) Fenoglide* Tablet Fibricor* Tablet
gemfibrozil tablet (generic for Lopid*) icosapent ethyl capsule (generic for Vascepa®)	Preferred	fenofibrate capsule / tablet (generic for Antara*, Lofibra*, Fenoglide*, et. al) fenofibric acid tablet (generic for Fibricor*, Trilipix*) Fenoglide* Tablet Lipofen* Capsule
gemfibrozil tablet (generic for Lopid*) icosapent ethyl capsule (generic for Vascepa®)	Preferred	fenofibrate capsule / tablet (generic for Antara*, Lofibra*, Fenoglide*, et. al) fenofibric acid tablet (generic for Fibricor*, Trilipix*) Fenoglide* Tablet Fibricor* Tablet Lipofen* Capsule Lopid* Tablet
gemfibrozil tablet (generic for Lopid*) icosapent ethyl capsule (generic for Vascepa®)	Preferred	fenofibrate capsule / tablet (generic for Antara*, Lofibra*, Fenoglide*, et. al) fenofibric acid tablet (generic for Fibricor*, Trilipix*) Fenoglide* Tablet Fibricor* Tablet Lipofen* Capsule Lopid* Tablet Lovaza* Capsule
gemfibrozil tablet (generic for Lopid*) icosapent ethyl capsule (generic for Vascepa®)	Preferred	fenofibrate capsule / tablet (generic for Antara*, Lofibra*, Fenoglide*, et. al) fenofibric acid tablet (generic for Fibricor*, Trilipix*) Fenoglide* Tablet Lipofen* Capsule Lopid* Tablet Lipofen* Capsule Lopid* Tablet Tablet Lipofen* Dablet Lipofen* Capsule Lovaza* Capsule Livoraza* Capsule
gemfibrozil tablet (generic for Lopid*) icosapent ethyl capsule (generic for Vascepa®)	Preferred	fenofibrate capsule / tablet (generic for Antara*, Lofibra*, Fenoglide*, et. al) fenofibric acid tablet (generic for Fibricor*, Trilipix*) Fenoglide* Tablet Fibricor* Tablet Lipofen* Capsule Lopid* Tablet Lovaza* Capsule
gemfibrozil tablet (generic for Lopid*) icosapent ethyl capsule (generic for Vascepa®)	Preferred	fenofibrate capsule / tablet (generic for Antara*, Lofibra*, Fenoglide*, et. al) fenofibric acid tablet (generic for Fibricor*, Trilipix*) Fenoglide* Tablet Lipofta* Capsule Lipofta* Capsule Lopid* Tablet Lipofta* Capsule Tricor* Tablet Tricor* Tablet
gemfibrozil tablet (generic for Lopid*) icosapent ethyl capsule (generic for Vascepa®)	Preferred	fenofibrate capsule / tablet (generic for Antara*, Lofibra*, Fenoglide*, et. al) fenofibric acid tablet (generic for Fibricor*, Trilipix*) Fenoglide* Tablet Lipofta* Capsule Lipofta* Capsule Lopid* Tablet Lipofta* Capsule Tricor* Tablet Tricor* Tablet
gemfibrozil tablet (generic for Lopid*) icosapent ethyl capsule (generic for Vascepa®)		fenofibrate capsule / tablet (generic for Antara*, Lofibra*, Fenoglide*, et. al) fenofibric acid tablet (generic for Fibricor*, Trilipix*) Fenoglide* Tablet Lipofen* Capsule Lipofen* Capsule Lopid* Tablet Livaza* Capsule Triipix* Capsule Triipix* Capsule
gemfibrozil tablet (generic for Lopid*) icosapent ethyl capsule (generic for Vascepa®)		fenofibrate capsule / tablet (generic for Antara*, Lofibra*, Fenoglide*, et. al) fenofibric acid tablet (generic for Fibricor*, Trilipix*) Fenoglide* Tablet Fibricor* Tablet Lipofa* Tablet Lipofa* Tablet Lovaza* Capsule Lovaza* Capsule Tricor* Tablet Trilipix* Capsule Trilipix* Capsule
gemfibrozil tablet (generic for Lopid [®]) icosapent ethyl capsule (generic for Vascepa®) omega-3 acid ethyl esters capsule (generic for Lovaza [®])		fenofibrate capsule / tablet (generic for Antara*, Lofibra*, Fenoglide*, et. al) fenofibric acid tablet (generic for Fibricor*, Trilipix*) Fenoglide* Tablet Lipofa* Tablet Lipofa* Capsule Lopid* Tablet Lovaza* Capsule Tricor* Tablet Trilipix* Capsule Tricor* Tablet Trilipix* Capsule Tricor* Tablet Trilipix* Capsule
gemfibrozil tablet (generic for Lopid*) icosapent ethyl capsule (generic for Vascepa®)		fenofibrate capsule / tablet (generic for Antara*, Lofibra*, Fenoglide*, et. al) fenofibric acid tablet (generic for Fibricor*, Trilipix*) Fenoglide* Tablet Fibricor* Tablet Lipofa* Tablet Lipofa* Tablet Lovaza* Capsule Lovaza* Capsule Tricor* Tablet Trilipix* Capsule Trilipix* Capsule
gemfibrozil tablet (generic for Lopid [®]) icosapent ethyl capsule (generic for Vascepa®) omega-3 acid ethyl esters capsule (generic for Lovaza [®])	Preferred	fenofibrate capsule / tablet (generic for Antara*, Lofibra*, Fenoglide*, et. al) fenofibric acid tablet (generic for Fibricor*, Trilipix*) Fenoglide* Tablet Fibricor* Tablet Lipofa* Tablet Lipofa* Tablet Livoraza* Capsule Lovid* Tablet Trilipix* Capsule Tricor* Tablet Trilipix* Capsule
gemfibrozil tablet (generic for Lopid [®]) icosapent ethyl capsule (generic for Vascepa®) omega-3 acid ethyl esters capsule (generic for Lovaza [®])	Preferred	Renofibrate capsule / tablet (generic for Antara*, Lofibra*, Fenoglide*, et. al) fenofibric acid tablet (generic for Fibricor*, Trilipix*) Fenoglide* Tablet Fibricor* Tablet Lipofa* Tablet Lopid* Tablet Lovara* Capsule Lovara* Capsule Tricor* Tablet Trilipix* Capsule Tricor* Tablet Trilipix* Capsule Lovara* Capsule Tricor* Tablet Trilipix* Capsule Tricor* Tablet Trilipix* Capsule Trilipix* Capsule Tricor* Tablet Trilipix* Capsule Trilipix* Capsule Trilipix* Capsule Trilipix* Capsule
gemfibrozil tablet (generic for Lopid*) icosapent ethyl capsule (generic for Vascepa®) omega-3 acid ethyl esters capsule (generic for Lovaza*)	Preferred	fenofibrate capsule / tablet (generic for Antara*, Lofibra*, Fenoglide*, et. al) fenofibric acid tablet (generic for Fibricor*, Trilipix*) Fenoglide* Tablet Lipofa* Tablet Lipofa* Capsule Lopid* Tablet Lovaza* Capsule Tricor* Tablet Trilipix* Capsule Tricor* Tablet Trilipix* Capsule CARDIOVASCULAR, OTHER Non-Preferred Lodoco* TRAL NERVOUS SYSTEM ANTIMIGRAINE AGENTS
gemfibrozil tablet (generic for Lopid [®]) icosapent ethyl capsule (generic for Vascepa®) omega-3 acid ethyl esters capsule (generic for Lovaza [®])	Preferred	Renofibrate capsule / tablet (generic for Antara*, Lofibra*, Fenoglide*, et. al) fenofibric acid tablet (generic for Fibricor*, Trilipix*) Fenoglide* Tablet Fibricor* Tablet Lipofa* Tablet Lopid* Tablet Lovara* Capsule Lovara* Capsule Tricor* Tablet Trilipix* Capsule Tricor* Tablet Trilipix* Capsule Lovara* Capsule Tricor* Tablet Trilipix* Capsule Tricor* Tablet Trilipix* Capsule Trilipix* Capsule Tricor* Tablet Trilipix* Capsule Trilipix* Capsule Trilipix* Capsule Trilipix* Capsule
gemfibrozil tablet (generic for Lopid [®]) icosapent ethyl capsule (generic for Vascepa®) omega-3 acid ethyl esters capsule (generic for Lovaza [®])	Preferred CEN	fenofibrate capsule / tablet (generic for Antara*, Lofibra*, Fenoglide*, et. al) fenofibric acid tablet (generic for Fibricor*, Trilipix*) Fenoglide* Tablet Lipofen* Capsule Lopid* Tablet Lipofen* Capsule Lovara* Capsule Tricor* Tablet Trilipix* Capsule CARDIOVASCULAR, OTHER Non-Preferred Lodoco* TRAL NERVOUS SYSTEM ANTIMIGRAINE AGENTS Duantity limits apply to all triptans
gemfibrozil tablet (generic for Lopid*) icosapent ethyl capsule (generic for Vascepa®) omega-3 acid ethyl esters capsule (generic for Lovaza*) Camzyos* Capsule - Clinical criteria apply rizatriptan tablet / ODT (generic for Maxalt*)	Preferred CEN Q Preferred	Renofibrate capsule / tablet (generic for Antara*, Lofibra*, Fenoglide*, et. al) fenofibric acid tablet (generic for Fibricor*, Trilipix*) Fenoglide* Tablet Fibricor* Tablet Lipofin* Capsule Lopid* Tablet Lovaza* Capsule Tricor* Tablet Trilipix* Capsule Tricor* Tablet Trilipix* Capsule CARDIOVASCULAR, OTHER Non-Preferred Lodoco* TRAL NERVOUS SYSTEM ANTIMIGRAINE AGENTS uantity limits apply to all triptans Non-Preferred almotriptan tablet (generic for Axert*)
gemfibrozil tablet (generic for Lopid*) iossapent ethyl capsule (generic for Vascepa®) omega-3 acid ethyl esters capsule (generic for Lovaza*) Camzyos* Capsule - Clinical criteria apply	Preferred CEN Q Preferred	Renofibrate capsule / tablet (generic for Antara*, Lofibra*, Fenoglide*, et. al) fenofibric acid tablet (generic for Fibricor*, Trilipix*) Fibricor* Tablet Fibricor* Tablet Lipofa* Tablet Lipofa* Tablet Lipofa* Tablet Lipofa* Tablet Trilipix* Capsule Lovaza* Capsule Tricor* Tablet Trilipix* Capsule Tricor* Tablet Trilipix* Capsule Tri
gemfibrozil tablet (generic for Lopid*) icosapent ethyl capsule (generic for Vascepa®) omega-3 acid ethyl esters capsule (generic for Lovaza*) Camzyos* Capsule - Clinical criteria apply rizatriptan tablet / ODT (generic for Maxalt*)	Preferred CEN Q Preferred	Renofibrate capsule / tablet (generic for Antara*, Lofibra*, Fenoglide*, et. al) fenofibric acid tablet (generic for Fibricor*, Trilipix*) Fenoglide* Tablet Lipofa* Tablet Lipofa* Capsule Lopid* Tablet Lovaza* Capsule Lovaza* Capsule Tricor* Tablet Trilipix* Capsule Tricor* Tablet Trilipix* Capsule ARDIOVASCULAR, OTHER Non-Preferred Lodoco* TRAL NERVOUS SYSTEM ANTIMIGRAINE AGENTS Punntity limits apply to all triptans Non-Preferred almotriptan tablet (generic for Axert*) diciofenae potassium powder packet (generic for Cambia*) - T/F of 2 preferred NSAIDs, in addition to T/F of 2 preferred triptans in the Antimigraine Agents class required for coverage eletriptan tablet (generic for Relpax*)
gemfibrozil tablet (generic for Lopid*) icosapent ethyl capsule (generic for Vascepa®) omega-3 acid ethyl esters capsule (generic for Lovaza*) Camzyos* Capsule - Clinical criteria apply rizatriptan tablet / ODT (generic for Maxalt*)	Preferred CEN Q Preferred	fenofibrate capsule / tablet (generic for Antara*, Lofibra*, Fenoglide*, et. al.) fenofibric acid tablet (generic for Fibricor*, Trilipix*) Fenoglide* Tablet Lipofa* Tablet Lipofa* Capsule Lopid* Tablet Lipofa* Capsule Lopid* Tablet Trilipix* Capsule Tricor* Tablet Trilipix* Capsule Tricor* Tablet Trilipix* Capsule ARDIOVASCULAR, OTHER Non-Preferred Lodoco* TRAL NERVOUS SYSTEM ANTIMIGRAINE AGENTS Dantity 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 class required for coverage Eletirptan 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
gemfibrozil tablet (generic for Lopid*) icosapent ethyl capsule (generic for Vascepa®) omega-3 acid ethyl esters capsule (generic for Lovaza*) Camzyos* Capsule - Clinical criteria apply rizatriptan tablet / ODT (generic for Maxalt*)	Preferred CEN Q Preferred	Renofibrate capsule / tablet (generic for Antara*, Lofibra*, Fenoglide*, et. al)
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gemfibrozil tablet (generic for Lopid*) icosapent ethyl capsule (generic for Vascepa®) omega-3 acid ethyl esters capsule (generic for Lovaza*) Camzyos* Capsule - Clinical criteria apply rizatriptan tablet / ODT (generic for Maxalt*)	Preferred CEN Q Preferred	fenofibrate capsule / tablet (generic for Antara*, Lofibra*, Fenoglide*, et. al) fenofibric acid tablet (generic for Fibricor*, Trilipix*) Fenoglide* Tablet Fibricor* Tablet Lipofen* Capsule Lipofen* Capsule Lipofen* Capsule Lipofen* Tablet Invited Tablet Live Trilipix* Capsule Lovaza* Capsule Lovaza* Capsule Lovaza* Capsule Lovaza* Capsule Lovaza* Capsule Lovaza* Capsule Trilipix* Capsule Antiful Capsule Lodoco* TRAL NERVOUS SYSTEM ANTIMIGRAINE AGENTS Duantity limits apply to all triptans Non-Preferred almotriptan tablet (generic for Axert*) diclofenac potassium powder packet (generic for Cambia*) - T/F of 2 preferred NSAIDs, in addition to T/F of 2 preferred triptans in the Antimigraine Agents class required for coverage Ectipiant 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 frowatriptan tablet (generic for Fova*) Innitrex* Cartridge / Nasal Spray / Pen / Tablet Maxalf* Tablet / MLT Tablet maratriptan tablet (generic for Amerge*) Relpax* Tablet Reyvow* Tablet Reyvow* Tablet Reyvow* Tablet Reyvow* Tablet Reyvow* Tablet (generic for Innitrex*) sumatriptan injection kit / refill / syringe (generic for Innitrex*) sumatriptan injection kit / refill / syringe (generic for Innitrex*) sumatriptan injection kit / refill / syringe (generic for Innitrex*) sumatriptan injection kit / refill / syringe (generic for Innitrex*) sumatriptan injection kit / refill / syringe (generic for Innitrex*)
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gemfibrozil tablet (generic for Lopid*) icosapent ethyl capsule (generic for Vascepa®) omega-3 acid ethyl esters capsule (generic for Lovaza*) Camzyos* Capsule - Clinical criteria apply rizatriptan tablet / ODT (generic for Maxalt*)	Preferred CEN Q Preferred	fenofibrate capoule / tablet (generic for Antara*, Lofibra*, Fenoglide*, et. al.) fenofibric acid tablet (generic for Fibricor*, Trilipix*) Fenoglide* Tablet Lipofen* Capsule Lipofen* Capsule Lovaza* Capsule Tricor* Tablet Lovaza* Capsule Trilipix* Capsule ARDIOVASCULAR, OTHER Non-Preferred Lodoco* TRAL NERVOUS SYSTEM ANTIMIGRAINE AGENTS Buantity limits apply to all triptans Non-Preferred almotriptan tablet (generic for Axent*) diclofena potassium powder packet (generic for Cambia*) - T/F of 2 preferred NSAIDs, in addition to T/F of 2 preferred triptans in the Antimigraine Agents class required for coverage eletisptan tablet (generic for Frowa*) finals* (Author) finals* (Author) limitex* (Parting of Nasal Spray / Pen / Tablet maratirptan tablet (generic for Amerge*) finals* (Tablet) limitex* ("Author) finals* ("Author) limitex* ("Author) Antimigraine Agents class required for coverage eletisptan tablet (generic for Frowa*) limitex* ("Author) limitex* ("Author) Antimigraine Agents class required for coverage finals* ("Author) finals* ("Author) finals* ("Author) Antimigraine Agents class required for coverage finals* ("Author) finals* ("Author) Antimigraine Agents class required for coverage finals* ("Author) finals* ("Author) finals* ("Author) Antimigraine Agents class required for coverage finals* ("Author) limitex* ("Author) Antimigraine Agents class required for coverage finals* ("Author) Antimigraine Agents class required for coverage eletiptan tablet (generic for Frowa*) limitex* ("Author) Antimigraine Agents class required for coverage eletiptan tablet (generic for Frowa*) limitex* ("Author) Antimigraine Agents class required for coverage eletiptan tablet (generic for Frowa*) limitex* ("Author) Antimigraine Agents class required for coverage eletiptan
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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

Revised 8.28.25 Off-Cycle Change: DermaSmoothe® FS Scalp and Body Oil was moved from Non-preferred to Preferred due to patient safety

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

· · · · · · · · · · · · · · · · · · ·	dhhs.gov/providers/programs-services/prescription-drugs/outpatient-pharmacy-services RP Blockers/Modulators PREVENTATIVE
	inical criteria apply to all drugs in this class
Preferred	Non-Preferred
imovig [®] Autoinjector	Qulipta* Tablet
jovy [®] Autoinjector / Syringe	Vyepti [®] Vial
mgality* Pen / Syringe furtee* ODT	
unite OD1	
	ANTIMIGRAINE AGENTS
CGRP	Blockers/Modulators ACUTE TREATMENT
Clin	nical criteria apply to all drugs in this class
Preferred	Non-Preferred
Wurtec® ODT	Zavzpret ^{*M} Nasal Spray
brelvy® Tablet	
	ANTI-NARCOLEPSY
Clin	inical criteria apply to all drugs in this class
Preferred	Non-Preferred
vuvigii [®] Tablet	armodafinil tablet (generic for Nuvigil®)
rovigit [®] Tablet	modafinil tablet (generic for Provigil®)
	Sunosi [™] Tablet
	Wakix® Tablet
43 7000 + 13700 1	CON AND DECTLESS LES SYNDDOME ACENTS
	SON AND RESTLESS LEG SYNDROME AGENTS Non Profound
Preferred mantatine cancula / solution (agnoric for Symmetral®)	Non-Preferred Apokyn* Cartridge
mantadine capsule / solution (generic for Symmetrel®) enztropine tablet (generic for Cogentin®)	apomorphine cartridge (generic for Apokyn [®])
romocriptine capsule / tablet (generic for Parlodel®)	Azilect [®] Tablet
arbidopa-levodopa ODT (generic for Parcopa®)	carbidopa tablet (generic for Lodosyn®)
arbidopa-levodopa tablet / ER tablet (generic for Sinemet® / CR)	carbidopa-levodopa-entacapone tablet (generic for Stalevo [®])
ramipexole tablet (generic for Mirapex®)	Crexont Capsule ER
opinirole tablet (generic for Requip®)	Dhivy Tablet [™]
elegiline capsule / tablet (generic for Emsam®)	Duopa Suspension
rihexyphenidyl elixir / tablet (generic for Artane®)	entacapone tablet (generic for Comtan®)
	Gocovri® Capsule - Clinical criteria apply Horizant® Tablet
	Inbrija Inhalation - Clinical criteria apply
	Kynnobi [™] 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
	MULTIPLE SCLEROSIS
	Injectable
Preferred	Non-Preferred
vonex® Pack / Pen / Syringe	Briumvi ^{ns} Vial
etaseron® Kit / Vial	glatiramer syringe (generic for Copaxone® Syringe)
opaxone [®] Syringe	Glatopa® Syringe
esimpta® Pen	Lemtrada [®] Vial
tebif® Rebidose® / Titration Pack / Syringe	Ocrevus® Vial - T/F of preferred agents not required for diagnosis of Primary Progressive MS (PPMS)
	Ocrevus® Zonovo Vial T/F of preferred agents not required for diagnosis of Primary Progressive MS (PPMS) Plegridy® Pen / Pen Starter Pack / Syringe / Syringe Starter Pack
	Plegridy" Pen / Pen Starter Pack / Syringe / Syringe Starter Pack Tysabri* Vial
	Lysuoni viai
	Oral
Preferred	Non-Preferred
lfampridine ER tablet (generic for Ampyra®)	Ampyra [®] Tablet
methyl fumarate DR capsule / starter pack (generic for Tecfidera® Capsule / Starter Pack)	Aubagio® Tablet
ngolimod capsule (generic for Gilenya®)	Bafiertam [™] Capsule
riflunomide tablet (generic for Aubagio®)	Gilenya® Capsule
	Maynericlad [®] Tablet Mayneri [®] Starter Body / Tablet
	Mayzent [®] Starter Pack / Tablet Ponvory [™] Starter Pack / Tablet
	Ponvory Starter Pack / Lablet Tascenso ODT TM
	Tecfidera® Capsule / Starter Pack
	Vumerity Capsule
	Zeposia® Starter Pack / Capsule
AMYOTRO	OPHIC LATERAL SCLEROSIS (ALS) AGENTS
Preferred	Non-Preferred
riluzole tablet (generic for Rilutek®)	edaravone infusion bag (generic for Radicava®)

Effective Date July 1, 2025

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Revised 8.28.25 Off-Cycle Change: DermaSmoothe® FS Scalp and Body Oil was moved from Non-preferred to Preferred due to patient safety

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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

More information on the PDL can be found at: https://	medicaid.ncdhhs.gov/providers/programs-services/prescription-drugs/outpatient-pharmacy-services/
·	edaravone Vial (generic for Radicava®)
	Qalsody [®] Viat T/F of preferred agents not required for SOD1 gene mutation
	Radicava® ORS® Suspension / ORS® Starter Kit Suspension / Influsion Bag
	Tiglutik® Suspension
	SEDATIVE HYPNOTICS
	Quantity limits apply to all sedative hypnotics
Preferred	Non-Preferred
szopiclone tablet (generic for Lunesta®)	Ambien® Tablet / CR Tablet
lurazepam capsule (generic for Dalmane®)	Belsome [®] Tablet
amelteon tablet (generic for Rozerem® Tablet)	Dayvigo ³⁴ Tablet
emazepam 15mg, 30mg capsule (generic for Restoril®) aleplon capsule (generic for Sonata®)	Doral® Tablet doxepin tablet (generic for Silenor®)
olpidem tablet (generic for Ambien®)	uncephi tamer (generic no streina) Eduar St. Tablet
opideni tablet (generic for Aniolen)	Estimat 3.1 fatoret estazolam tablet (generic for Prosom [®])
	Halcini Table
	Hetlioz [®] Capsule / LQ Suspension - Clinical criteria apply
	Lunesta Tablet
	quazepam tablet (generic for Doral*)
	Quviviq [™] Tablet
	Restorif* 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®)
	ampittem SL tablet (generic for intermezzo)
	TOBACCO CESSATION
Preferred	Non-Preferred
oupropion SR tablet (generic for Zyban®)	Nicotrol® Inhaler / NS Nasal Spray
Chantix® Tablet / Starting Box / Continuation Month Box	
nicotine gum / lozenge (buccal) / patch	
varenicline tablet / starting month box (generic for Chantix®)	
varenicline continuation month box (generic for Chantix®)	
	ENDOCRINOLOGY
	GROWTH HORMONE
	Clinical criteria apply to all drugs in this class
	Prior Approval Not Required for Use of Serostim [®] in AIDS Wasting Syndrome
Preferred	Non-Preferred
Genotropin® Cartridge / MiniQuick®	Humatrope® Cartridge
	Humatrope [®] Cartridge Ngenla [®] Pen
Genotropin® Cartridge / MiniQuick®	Humatrope [®] Cartridge Ngenla [®] Pen Nutropin [®] AQ NuSpin [®]
Genotropin® Cartridge / MiniQuick®	Humatrope [®] Catridge Nigenla [®] Pen Nutropin [®] AO NuSpin [®] Omnitrope [®] Catridge / Vial
Genotropin® Cartridge / MiniQuick®	Humatrope [®] Cartridge Ngenla [®] Pen Nutropin [®] AQ NuSpin [®] Omnitrope [®] Cartridge / Vial Serostim [®] Vial
Genotropin® Cartridge / MiniQuick®	Humatrope **Cartridge Ngenla** Pen Nutropin** AQ NuSpin** Omnitrope **Cartridge / Vial Serostim** Vial Serostim** Vial Skytrofa** Cartridge - T/F of preferred agents not required for children <18 years of age
Genotropin® Cartridge / MiniQuick®	Humatrope [®] Cartridge Ngenla [®] Pen Nutropin [®] AQ NuSpin [®] Omnitrope [®] Cartridge / Vial Serostim [®] Vial
ienotropin® Cartridge / MiniQuick®	Humatrope **Catridge Nigenla** 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
ienotropin® Cartridge / MiniQuick®	Humatrope **Catridge Nigenla** 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
Genotropin® Cartridge / MiniQuick®	Humatrope **Catridge Nigenla** Pen Nutropin** AQ NuSpin** Omnitrope** Catridge / Vial Serostim** Vial Skytrofa** Catridge - T/F of preferred agents not required for children <18 years of age Sogroya** Pen Zomacton** Vial HYPOGLYCEMICS - INJECTABLE
ienotropin [®] Cartridge / MiniQuick [®] forditropin [®] Flexpro [®]	Humatrope **Cartridge Nigenla** Pen Nutropin** AQ NuSpin** Omnitrope **Cartridge / Vial Serostim** Vial Skytrofa **Cartridge - T/F of preferred agents not required for children < 18 years of age Sogroya **Pen Zomacton** Vial HYPOGLYCEMICS - INJECTABLE Rapid Acting Insulin
ienotropin [®] Cartridge / MiniQuick [®] forditropin [®] Flexpro [®] T/F of only one preferred drug required; Prior Auth	Humatrope **Cartridge Ngenla** Pen Nutropin** AQ NuSpin** Omnitrope **Cartridge / Vial Serostim** Vial Serostim** Vial Skytrofa **Cartridge - T/F of preferred agents not required for children <18 years of age Sogroya** Pen Zomacton** Vial HYPOGLYCEMICS - INJECTABLE Rapid Acting Insulin horization are required for NP insulins. Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes.
enotropin [®] Cartridge / MiniQuick [®] orditropin [®] Flexpro [®] T/F of only one preferred drug required; Prior Autl Preferred	Humatrope **Catridge Nigenla** Pen Nutropin** AQ NuSpin** Omnitrope** Catridge / Vial Serostin** Vial Serostin** Vial Skytrofa** Catridge - T/F of preferred agents not required for children <18 years of age Sogroya** Pen Zomacton** Vial HYPOGLYCEMICS - INJECTABLE Rapid Acting Insulin horization are required for NP insulins. Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes. Non-Preferred
ienotropin [®] Cartridge / MiniQuick [®] forditropin [®] Flexpro [®] T/F of only one preferred drug required; Prior Autl Preferred Junualog [®] U-100 Cartridge	Humatrope **Catridge** Nigenla** Pen Nutropin** AQ NuSpin** Omnitrope **Catridge / Vial Serostim** Vial Skytrofa **Catridge - T/F of preferred agents not required for children <18 years of age Sogroya** Pen Zomacton** Vial HYPOGLYCEMICS - INJECTABLE Rapid Acting Insulin horization are required 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 Autl Preferred tumalog* U-100 Cartridge tumalog* U-100 Junior KwikPen®	Humatrope **Cartridge** Ngenla** Pen Nutropin** AQ NuSpin** Omnitrope **Cartridge / Vial Serostim** Vial Skytrofa **Cartridge - T/F of preferred agents not required for children <18 years of age Sogroya **Pen Zomacton** Vial HYPOGLYCEMICS - INJECTABLE Rapid Acting Insulin horization are required for NP insulins. Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes. Non-Preferred Admelog** SoloStar** / Vial Aftezra** Inhalation Powder
T/F of only one preferred drug required; Prior Autl Preferred tumalog* U-100 Cartridge tumalog* U-100 KwikPen® U-100 Kwi	Humatrope **Catridge** Nigenla** Pen Nutropin** AQ NuSpin** Omnitrope **Catridge / Vial Serostim** Vial
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T/F of only one preferred drug required; Prior Autl Preferred tumalog * U-100 Cartridge tumalog * U-100 Junior KwikPen®	Humatrope **Cartridge** Nigenla** Pen Nutropin** AQ NuSpin** Omnitrope **Cartridge / Vial Serostim** Vial Skytrofa **Cartridge - T/F of preferred agents not required for children <18 years of age Sogroya** Pen Zomacton** Vial HYPOGLYCEMICS - INJECTABLE Rapid Acting Insulin horization are required 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 Fiasp** [ENCTOME**] Pentil** / PumpCart** / Vial Humalog** U-200 KwikPen**
T/F of only one preferred drug required; Prior Autl Preferred tumalog* U-100 Cartridge tumalog* U-100 SwikPen* / vial (generic for Novolog*) ssulin ispor U-100 Junior KwikPen* (generic for Humalog* Junior) ssulin ispor U-100 LivikPen* / vial (generic for Humalog* Junior) ssulin ispor U-100 LivikPen* / vial (generic for Humalog* Junior) ssulin ispor U-100 LivikPen* / vial (generic for Humalog* Junior)	Humatrope **Cartridge** Ngenla** Pen Nutropin** AQ NuSpin** Omnitrope **Cartridge / Vial Serostim** Vial Skytrofa **Cartridge - T/F of preferred agents not required for children <18 years of age Sogroya** Pen Zomacton** Vial HYPOGLYCEMICS - INJECTABLE Rapid Acting Insulin horization are required for NP insulins. Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes. Non-Preferred Admelog** SoloStar** / Vial Aftezza** Inhalation Powder Apidn** SoloStar** / Vial Fiasp** FlexTouch** / Penfill** / PumpCart** / Vial Humalog** U-200 KwikPen** insulin aspart U-100 Penfill** (peneric for Novolog**)
T/F of only one preferred drug required; Prior Autl Preferred tumalog "U-100 Cartridge tumalog "U-100 Unior KwikPen® tumalog "U-100 Visite Preferred sumin aspart U-100 Fine Preferred sulin aspart U-100 Junior KwikPen® tumalog "U-100 KwikPen "(vial generic for Novolog") sulin lispro U-100 KwikPen "/ vial (generic for Novolog") sulin lispro U-100 KwikPen "/ vial (generic for Humalog "Junior) sulin lispro U-100 KwikPen "/ vial (generic for Humalog "Junior) sulin lispro U-100 KwikPen "/ vial (generic for Humalog "Junior) soulin lispro U-100 KwikPen "/ vial (generic for Humalog ") tovolog" U-100 Penfill / FlexPen" / vial	Humatrope **Cartridge** Nigenla** Pen Nutropin** AQ NuSpin** Omnitrope **Cartridge / Vial Serostim** Vial Skytrofa **Cartridge - T/F of preferred agents not required for children <18 years of age Sogroya** Pen Zomacton** Vial HYPOGLYCEMICS - INJECTABLE Rapid Acting Insulin horization are required 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 Fiasp** [ENCTOME**] Pentil** / PumpCart** / Vial Humalog** U-200 KwikPen**
T/F of only one preferred drug required; Prior Autl Preferred tumalog "U-100 Cartridge tumalog "U-100 Unior KwikPen® tumalog "U-100 Visite Preferred sumin aspart U-100 Fine Preferred sulin aspart U-100 Junior KwikPen® tumalog "U-100 KwikPen "(vial generic for Novolog") sulin lispro U-100 KwikPen "/ vial (generic for Novolog") sulin lispro U-100 KwikPen "/ vial (generic for Humalog "Junior) sulin lispro U-100 KwikPen "/ vial (generic for Humalog "Junior) sulin lispro U-100 KwikPen "/ vial (generic for Humalog "Junior) soulin lispro U-100 KwikPen "/ vial (generic for Humalog ") tovolog" U-100 Penfill / FlexPen" / vial	Humatrope **Cartridge** Ngenla** Pen Nutropin** AQ NuSpin** Omnitrope **Cartridge / Vial Serostim** Vial Skytrofa **Cartridge - T/F of preferred agents not required for children <18 years of age Sogroya** Pen Zomacton** Vial HYPOGLYCEMICS - INJECTABLE Rapid Acting Insulin horization are required for NP insulins. Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes. Non-Preferred Admelog** SoloStar** / Vial Aftezza** Inhalation Powder Apidn** SoloStar** / Vial Fiasp** FlexTouch** / Penfill** / PumpCart** / Vial Humalog** U-200 KwikPen** insulin aspart U-100 Penfill** (peneric for Novolog**)
T/F of only one preferred drug required; Prior Autl Preferred tumalog* U-100 Cartridge tumalog* U-100 KwikPen® tumalog* U-100 KwikPen® tumalog* U-100 Junior KwikPen® tumalog* U-100 Junior KwikPen® tumalog* U-100 Startridge tumalog* U-100 Startridge tumalog* U-100 KwikPen® (generic for Novolog*) sustin insport U-100 KwikPen® / vial (generic for Humalog* Junior) sustin insport U-100 KwikPen® / vial (generic for Humalog* Junior) sustin insport U-100 FlexPen® / vial (generic for Humalog*) ovolog* U-100 Penfill / FlexPen® / Vial elion Novolog* U-100 FlexPen® / Vial	Humatrope **Catridge** Nigenla** Pen Nutropin** AQ NuSpin** Omnitrope** Catridge / Vial Serostim** Vial Skytrofa** Catridge - T/F of preferred agents not required for children <18 years of age Sogroya** Pen Zomacton** Vial HYPOGLYCEMICS - INJECTABLE Rapid Acting Insulin horization are required 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 Fiasp** FlexTouch** / Penfill** / PumpCart** / Vial Humalog** U-200 KwikPen** issulin aspart U-100 RwikPen** / U-200 KwikPen** / Vial Short Acting Insulin
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T/F of only one preferred drug required; Prior Autl Preferred tumalog ** U-100 Cartridge tumalog ** U-100 KwikPen** tumalog ** U-100 NowikPen** tumalog ** U-100 Junior KwikPen** tumalog ** U-100 Junior KwikPen** tumalog ** U-100 SwikPen** (seneric for Novolog*) sudin insport U-100 KwikPen** (vial (seneric for Humalog ** Junior) sudin insport U-100 KwikPen** (vial (seneric for Humalog ** Junior) sudin lispor U-100 SwikPen** (vial (seneric for Humalog ** Junior) sudin lispor U-100 Fenfili / FlexPen** / vial (seneric for Humalog ** U-100 FlexPen** / vial (seneric for Humalog	Humatrope **Catridge** Nigenla** Pen Nutropin** AQ NuSpin** Omnitrope** Catridge / Vial Serostim** Vial Skytrofa** Catridge - T/F of preferred agents not required for children <18 years of age Sogroya** Pen Zomacton** Vial HYPOGLYCEMICS - INJECTABLE Rapid Acting Insulin horization are required 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 Fiasp** FlexTouch** / Penfill** / PumpCart** / Vial Humalog** U-200 KwikPen** issulin aspart U-100 RwikPen** / U-200 KwikPen** / Vial Short Acting Insulin
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T/F of only one preferred drug required; Prior Autl Preferred tumalog "U-100 Cartridge tumalog "U-100 KwikPen" (Vial sustin isspor U-100 Junior KwikPen" (generic for Novolog") sustin inspor U-100 WkikPen "(vial (generic for Humalog" Junior) sustin inspor U-100 KwikPen "(vial (generic for Humalog" Junior) sustin inspor U-100 FlexPen" (vial (generic for Humalog") ovolog "U-100 Penfill / FlexPen" / Vial tion Novolog "U-100 FlexPen" / Vial T/F of only one preferred drug required; Prior Autl Preferred tumulin" R Vial tumulin" R Vial tumulin" R Vial tumulin" R Vial tumulin" R U-500 KwikPen" / U500 Vial	Humatrope® Cartridge Nigenia® Pen Nutropim® AQ NuSpin® Omnitrope® Cartridge / Vial Scrostim® Vial Scrostim® Vial Stytroß® Cartridge - T/F of preferred agents not required for children <18 years of age Sogroya® Pen Zomacton® Vial HYPOGLYCEMICS - INJECTABLE Rapid Acting Insulin horization are required 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 Humatog® U-200 KwikPen® insulin apart U-100 Penfill (generic for Novolog®) Lyumjer® U-100 KwikPen® / U-200 KwikPen® / Vial Short Acting Insulin horization are required for NP insulins. Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes. Non-Preferred Short Acting Insulin horization are required for NP insulins. Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes. Non-Preferred Myxredlin® Injection Novolin® K Vial / Relion® R Vial Non-Preferred Intermediate Acting Insulin Intermediate Acting Insulin
T/F of only one preferred drug required; Prior Autl Preferred umalog ** U-100 Cartridge umalog ** U-100 Cartridge umalog ** U-100 Louisor KwikPen® vial ssulin isspor U-100 SwikPen® / vial (generic for Novolog*) ssulin isspor U-100 SwikPen® / vial (generic for Humalog* Junior) ssulin isspor U-100 FixPen® / vial (generic for Humalog*) ovolog ** U-100 Penfill / FixPen® / Vial elion Novolog ** U-100 FixPen® / Vial T/F of only one preferred drug required; Prior Autl Preferred umulin® R Vial umulin® R Vial umulin® R U-500 KwikPen® / U500 Vial	Humatrope® Cartridge Ngenla® Pen Nutropin® AQ NuSpin® Omnitrope® Cartridge / Vial Scrostim® Vial Styton® Cartridge - T/F of preferred agents not required for children <18 years of age Sogroya® Pen Zomacton® Vial HYPOGLYCEMICS - INJECTABLE Rapid Acting Insulin horization are required 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 Apidra® SoloStar® / Vial Fissp® FiesTouch® / Penfil® / PumpCar® / Vial Humatog® U-200 KwikPen® insulin aspart U-100 Penfil (generic for Novolog®) Lyumjew® U-100 KwikPen® / Vial Short Acting Insulin Non-Preferred Myxcediin® injection Non-Preferred Myxcediin® injection Non-Preferred Myxcediin® ligiction Non-Preferred Intermediate Acting Insulin Non-Preferred
T/F of only one preferred drug required; Prior Autl Preferred tumalog ** U-100 Cartridge tumalog ** U-100 Cartridge tumalog ** U-100 Louridge to the tumalog ** U-100 Louridge to the tumalog ** U-100 Louridge to the tumalog ** U-100 Louridge T/F of only one preferred drug required; Prior Autl Preferred tumulin ** R Vial tumulin ** R Vial tumulin ** R U-500 KwikPen ** / U500 Vial Preferred T/F of only one preferred drug required; Prior Autl Preferred T/F of only one preferred drug required; Prior Autl Preferred	Humatrope® Cartridge
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T/F of only one preferred drug required; Prior Autl Preferred tumalog ** U-100 Cartridge tumalog ** U-100 Cartridge tumalog ** U-100 Louridge to the tumalog ** U-100 Louridge to the tumalog ** U-100 Louridge to the tumalog ** U-100 Louridge T/F of only one preferred drug required; Prior Autl Preferred tumulin ** R Vial tumulin ** R Vial tumulin ** R U-500 KwikPen ** / U500 Vial Preferred T/F of only one preferred drug required; Prior Autl Preferred T/F of only one preferred drug required; Prior Autl Preferred	Humatrope Cartridge
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T/F of only one preferred drug required; Prior Autt Preferred Humalog ** U-100 Cartridge MiniQuick ** Humalog ** U-100 Junior KwikPen® U-100 Startridge U-100 Junior KwikPen® U-100 Junior KwikPen® Vial (generic for Novolog **) U-100 Junior KwikPen® Vial U-100 FlexPen® Vial (generic for Humalog ** Junior) U-100 FlexPen® Vial (generic for Humalog ** Junior) U-100 FlexPen® Vial U-100 FlexPen® U-100	Humatrope Cartridge
T/F of only one preferred drug required; Prior Autt Preferred Humalog ** U-100 Cartridge MiniQuick ** Humalog ** U-100 Junior KwikPen® U-100 Startridge U-100 Junior KwikPen® U-100 Junior KwikPen® Vial (generic for Novolog **) U-100 Junior KwikPen® Vial U-100 FlexPen® Vial (generic for Humalog ** Junior) U-100 FlexPen® Vial (generic for Humalog ** Junior) U-100 FlexPen® Vial U-100 FlexPen® U-100	Humatrope *Cartridge Ngenia* Pen
T/F of only one preferred drug required; Prior Aut Preferred Humalog **U-100 Cartridge Humalog **U-100 Cartridge Humalog **U-100 Lunior KwikPen® Humalog **U-100 Lunior KwikPen® Humalog **U-100 Lunior KwikPen® Humalog **U-100 Lunior KwikPen® (generic for Novolog *) Insulin insport U-100 FlexPen® / vial (generic for Humalog **Junior) Insulin insport U-100 KwikPen® / vial (generic for Humalog **) Novolog **U-100 Fenful / FiexPen® / Vial Relion Novolog **U-100 FlexPen® / Vial Relion Novolog **U-100 FlexPen® / Vial T/F of only one preferred drug required; Prior Aut Preferred Humulin® R U-500 KwikPen® / U500 Vial T/F of only one preferred drug required; Prior Aut Humulin® N Vial T/F of only one preferred drug required; Prior Aut Preferred T/F of only one preferred drug required; Prior Aut Humulin® N Vial T/F of only one preferred drug required; Prior Aut Preferred T/F of only one preferred drug required; Prior Aut Humulin® N Vial	Numatorope
T/F of only one preferred drug required; Prior Autl Preferred furnalog "U-100 Carridge furnalog "U-100 Carridge furnalog "U-100 Carridge furnalog "U-100 SwikPen® furnalog "U-100 FlexPen® furnalog "U-100 FlexPen® furnalog "U-100 SwikPen® furnalog "U-100 FlexPen® furnalog	Humatrope, *Catridge

Effective Date July 1, 2025

Revised 6.16.25 Off-Cycle Change: Epidiolex® Solution was moved from Preferred to Non-preferred
Revised 8.28.25 Off-Cycle Change: DermaSmoothe® FS Scalp and Body Oil was moved from Non-preferred to Preferred due to patient safety

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

Levemir® / FlexPen® / FlexTouch® / Vial	insulin glargine SoloStar® / Max SoloStar® (generic for Toujeo®)
	insulin glargine-yfgn pen / vial (generic for Semglee [™] yfgn)
	Rezvoglar [™] Kwikpen [®]
	Semglec [™] yfgn Pen / Vial
	Toujeo SoloStar [®] / Max SoloStar [®]
	Tresiba "Floring Control of the Cont
	Premixed Rapid Combination Insulin
Preferred	Non-Preferred
	Authorization are required for NP insulins. Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes.
Humalog* 50/50 Mix KwikPen*	Humalog [®] 75/25 Mix KwikPen [®]
Humalog® 75/25 Vial	Tituliniog 7.9.23 MTA KWECEI NOVOLOg [®] MTA 1030 VIAI
insulin aspart protamine-aspart 70/30 U-100 FlexPen®/(generic for Novolog® Mix 70/30)	Novolog Mix 70:30 Viai
insulin lispro protamine 75/25 KwikPen* (generic for Humalog* 75/25 Mix)	
Novolog® Mix 70/30 FlexPen®	
Novolog Mix /0/30 FlexPen	
	Premixed 70/30 Combination Insulin
Preferred	
	Non-Preferred Authorization are required for NP insulins. Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes.
Humulin® 70/30 KwikPen® / Vial	Novolin [®] 70/30 FlexPen [®] / Vial
	Relion Novolin® 70/30 Vial
	Relion Novolin® (human insulin NPH / human insulin) 70/30 FlexPen®
	Relion Novolin [®] (human insulin NPH / human insulin) 70/30 FlexPen [®]
	Amylin Analogs
Requires T/F or insufficient response to metformin of	containing product unless contraindicated or documented adverse event when using either a preferred or non-preferred Amylin Analog
Preferred	Non-Preferred
Symlin® Pen Injector	
Symmetric mjestor	
	GLP-1 Receptor Agonists and Combinations indicated for the treatment of Diabetes
·	Clinical criteria apply to all drugs in this class
Preferred	Non-Preferred
Byetta [®] Pen	Bydureon BCise ^N
Byetta Pen Trulicity® Pen	
Victoza® Pen	exenatide Pen (generic for Byetta®)
	liraglutide pen (generic for Victoza [®])
Ozempic® Pen	Mounjaro™ Pen
	Rybelsus® Tablet
	Soliqua [®] Pen
	Xultophy® Pen
	HYPOGLYCEMICS - ORAL
	2nd Generation Sulfonylureas
Preferred	Non-Preferred
glimepiride tablet (generic for Amaryl®)	
glipizide tablet / ER tablet (generic for Glucotrol® / XL)	
Glucotrol® XL Tablet	
glyburide micronized tablet (generic for Micronase*, Glynase*)	
glyburide tablet (generic for Diabeta®)	
Glynase® Tablet	
	Alpha-Glucosidase Inhibitors
Preferred	Non-Preferred
acarbose tablet (generic for Precose®)	miglitol tablet (generic for Glyset®)
	Precose® Tablet
	Biguanides and Combinations
Preferred	Non-Preferred
glipizide-metformin tablet (generic for Metaglip®)	Glumetza* Tablet ** requires documentation as to why the beneficiary cannot use preferred long acting metformin product
glyburide-metformin tablet (generic for Glucovance®)	metformin solution (generic for Riomet*) - T/F of preferred agents not required for children < 12 years of age
metformin tablet / ER tablet (generic for Glucophage */ ER)	metformin tablet (625 mg)
	metformin ER (abet (generic for Fortamet*)
	mentorium Ex tartet (generic for Tortainer) metformin ER tartet (generic for Glumetza*)
	metormin Ex tanet (generic for culture): Riomer *Solution / Ex Suspension Riomer *Solution / Ex Suspension
	польс зольног св захреняют

Effective Date July 1, 2025

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

Revised 8.28.25 Off-Cycle Change: DermaSmoothe® FS Scalp and Body Oil was moved from Non-preferred to Preferred due to patient safety

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

Requires T/F or insufficient response to metformin containing produ	ucts unless contraindicated or documented adverse event when using either a preferred or a non-preferred DPP-IV Inhibitor or Combination
Preferred	Non-Preferred
anumet® Tablet / XR Tablet	alogliptin tablet (generic for Nesina®)
nuvia® Tablet	alogliptin-metformin tablet (generic for Kazano*)
ntadueto® Tablet / XR Tablet	alogliptin-pioglitazone tablet (generic for Oseni®)
nglyza® Tablet	Glyxambi [®] Tablet
adjenta® Tablet	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 ^{na})
	Steglujan [©] Tablet
	Trijardy* XR Tablet Zituvimet
	Zituvimet XR
	Zituvio [™] Tablet
	and the succession of the succ
	Meglitinides
Preferred	Non-Preferred
teglinide tablet (generic for Starlix®)	
aglinide tablet (generic for Prandin®)	
	COLT Abilities and Carbination
	SGLT-2 Inhibitors and Combinations Clinical criteria apply to all drugs in this class
Preferred	Non-Preferred
rxiga® Tablet	dapagliflozin tablet (generic for Farxiga®)
diance® Tablet	dapagliflozin / metformin ER tablet (generic for Xigduo * XR)
njardy® Tablet	Inpefa™ Tablet
njardy® XR Tablet	Invokamet® Tablet / XR Tablet
gduo® XR Tablet	Invokana® Tablet
	Segluromet [™] Tablet
	Steglatro [™] Tablet
	Thiazolidinediones and Combinations
Preferred	Non-Preferred
glitazone tablet (generic for Actos [®])	ActoPlus Met® Tablet Actos® Tablet
	Duetact® Tablet
	pioglitazone-glimepiride tablet (generic for Duetact*)
	pioglitazone-metformin tablet (generic for ActoPlus Met*)
	GASTROINTESTINAL
	ANTIEMETIC-ANTIVERTIGO AGENTS
Preferred	Non-Preferred
repitant capsule / pack (generic for Emend®) - Clinical criteria apply	Akynzeo® Capsule / Vial
clegis® Tablet	Antivert* Tablet / Chewable Tablet
menhydrinate vial (generic for Dramamine®)	Anzemet [®] Tablet
clizine tablet (generic for Antivert®)	Aponvie Vial
toclopramide solution / tablet (generic for Reglan®)	Barhemsys* Vial Bonjesta* Tablet
lansetron ODT 4mg and 8 mg/ solution / tablet (generic for Zofran®) chlorperazine tablet (generic for Compazine®)	Bonjesta Tablet Cinvanti* Vial
omethazine syrup / suppository (12.5 mg and 25 mg) / tablet / ampule / vial (generic for Phenergan®)	Compro® Suppository
	doxylamine-pyridoxine tablet (generic for Diclegis®)
omethegan® (promethazine) Suppository (12.5 mg and 25 mg)	doxylamine-pyridoxine tablet (generic for Diclegis) dronabinol capsule (generic for Marinol)
omethegan* (promethazine) Suppository (12.5 mg and 25 mg) opolamine patch (generic for Transderm-Scop*)	doxylamine-pyridoxine tablet (generic for Diclegis*) dronabinol capsule (generic for Marinol*) Emend* Capsule / Powder Packet / Trifold Pack - Clinical criteria apply
methegan* (promethazine) Suppository (12.5 mg and 25 mg) polamine patch (generic for Transderm-Scop*)	dronabinol capsule (generic for Marinol *) Emend ** Capsule / Powder Packet / Trifold Pack - Clinical criteria apply Emend ** Vial
methegan* (promethazine) Suppository (12.5 mg and 25 mg) polamine patch (generic for Transderm-Scop*)	dronabinol capsule (generic for Marinol ⁶) Emend ⁶ Capsule / Powder Packet / Trifold Pack - Clinical criteria apply
methegan* (promethazine) Suppository (12.5 mg and 25 mg) polamine patch (generic for Transderm-Scop*)	dronabinol capsule (generic for Marinol®) Emend® Capsule / Powder Packet / Trifold Pack - Clinical criteria apply Emend® Vial Focinvez™ (fosaprepitant) Vial fosaprepitant vial (generic for Emend®)
methegan® (promethazine) Suppository (12.5 mg and 25 mg) polamine patch (generic for Transderm-Scop®)	dronabinol capsule (generic for Marinol®) Emend® Capsule / Powder Packet / Trifold Pack - Clinical criteria apply Emend® Vall Fecinvez™ (fosaprepitant) Vial fosaprepitant vial (generic for Emend®) Gimtot™ Nasal Spray
methegan® (promethazine) Suppository (12.5 mg and 25 mg) polamine patch (generic for Transderm-Scop®)	dronabinol capsule (generic for Marinol®) Emend® Capsule / Powder Packet / Trifold Pack - Clinical criteria apply Emend® Vial Focinvez® (fosaprepitant) Vial fosaprepitant vial (generic for Emend®) Gimoti™ Nasal Spray granisetron vial / tablet (generic for Kytril®)
methegan* (promethazine) Suppository (12.5 mg and 25 mg) polamine patch (generic for Transderm-Scop*)	dronabinol capsule (generic for Marinol®) Emend® Capsule / Powder Packet / Trifold Pack - Clinical criteria apply Emend® Vial Forinvez® (fosaprepitant) Vial fosaprepitant vial (generic for Emend®) Gimoti® Nasal Spray granisteron vial / tablet (generic for Kytril®) Marinol® Capsule
methegan* (promethazine) Suppository (12.5 mg and 25 mg) polamine patch (generic for Transderm-Scop*)	dronabinol capsule (generic for Marinol®) Emend® Capsule / Powder Packet / Trifold Pack - Clinical criteria apply Emend® Vial Focinvez® (fosaprepitant) Vial fosaprepitant vial (generic for Emend®) Gimoti® Nasal Spray granisetron vial / tablet (generic for Kytril®) Marinol® Capsule metoclopramide vial
methegan* (promethazine) Suppository (12.5 mg and 25 mg) polamine patch (generic for Transderm-Scop*)	dronabinol capsule (generic for Marinol®) Emend® Capsule / Powder Packet / Trifold Pack - Clinical criteria apply Emend® Vial Focinvez® (fosaprepitant) Vial fosaprepitant vial (generic for Emend®) Gimoti® Nasal Spray granisetron vial / tablet (generic for Kytril®) Marinol® Capsule metoloparmide vial ondansetron ODT (16 mg)
omethegan* (promethazine) Suppository (12.5 mg and 25 mg) upolamine patch (generic for Transderm-Scop*)	dronabinol capsule (generic for Marinol*) Emend* Capsule / Powder Packet / Trifold Pack - Clinical criteria apply Emend* Vial Focinvez** (fosaprepitant) Vial fosaprepitant vial (generic for Emend*) Gimtoti** Nasal Spray granisetron vial / tablet (generic for Kytril*) Marinol* Capsule metoclopramide vial ondansetron ODT (16 mg) ondansetron vial
omethegan* (promethazine) Suppository (12.5 mg and 25 mg) opolamine patch (generic for Transderm-Scop*)	dronabinol capsule (generic for Marinol®) Emend® Capsule / Powder Packet / Trifold Pack - Clinical criteria apply Emend® Vial Focinvez" (fosaprepitant) Vial fosaprepitant vial (generic for Emend®) Gimoti "Nasal Spray granisetron vial / tablet (generic for Kytril®) Marinol® Capsule metoclopramide vial ondansetron ODT (16 mg) ondansetron vial palonosetron injection (generic for Aloxi®)
omethegan* (promethazine) Suppository (12.5 mg and 25 mg) opolamine patch (generic for Transderm-Scop*)	dronabinol capsule (generic for Marinol®) Emend® Capsule / Powder Packet / Trifold Pack - Clinical criteria apply Emend® Vial Focinvez® (fosaprepitant) Vial fosaprepitant vial (generic for Emend®) Gimoti® Nasal Spray granisetron vial / tablet (generic for Kytril®) Marinol® Capsule metoclopramide vial ondansetron ODT (16 mg) ondansetron vial aplanosoctron injection (generic for Aloxi®) Phenegan® Ampule / Vial
omethegan* (promethazine) Suppository (12.5 mg and 25 mg) opolamine patch (generic for Transderm-Scop*)	dronabinol capsule (generic for Marinol*) Emend* Capsule / Powder Packet / Trifold Pack - Clinical criteria apply Emend* Vial Focinvez** (fosaprepitant) Vial fosaprepitant vial (generic for Emend*) Gimnoti** Nasal Spray granistron vial / tablet (generic for Kytril*) Marinol** Capsule metoclopramide vial ondansetron ODT (16 mg) ondansetron vial palonosetron injection (generic for Aloxi*) Phenergan* Ampule / Vial Posfera** W Vial
omethegan* (promethazine) Suppository (12.5 mg and 25 mg) opolamine patch (generic for Transderm-Scop*)	dronabinol capsule (generic for Marinol®) Emend® Capsule (Powder Packet / Trifold Pack - Clinical criteria apply Emend® Vial Focinvez® (fosaprepitant) Vial fosaprepitant vial (generic for Emend®) Gimoti® Nasal Spray granisetron vial / tablet (generic for Kytril®) Marinol® Capsule metoclopramide vial ondansetron ODT (16 mg) ondansetron vial palonosetron injection (generic for Aloxi®) Phenergam® Ampule / Vial Posfer® W Vial prochlorperazine vial / suppository (generic for Compazine®)
omethegan * (promethazine) Suppository (12.5 mg and 25 mg) opolamine patch (generic for Transderm-Scop*)	dronabinol capsule (generic for Marinol *) Emend* Capsule / Powder Packet / Trifold Pack - Clinical criteria apply Emend* Vial Focinvez** (fosaprepitant) Vial fosaprepitant vial (generic for Emend*) Gimnoti** Nasal Spray granistron vial / tablet (generic for Kytril*) Marinol** Capsule metoclopramide vial ondansetron ODT (16 mg) ondansetron vial palonosetron injection (generic for Aloxi*) Phenergan** Ampule / Vial Posfera** W Vial
omethegan* (promethazine) Suppository (12.5 mg and 25 mg) opolamine patch (generic for Transderm-Scop*)	dronabinol capsule (generic for Marinol®) Emend® Capsule / Powder Packet / Trifold Pack - Clinical criteria apply Emend® Vial Focinvez® (fosaprepitant) Vial fosaprepitant vial (generic for Emend®) Gimoti® Nasal Spray granisetron vial / tablet (generic for Kytril®) Marinol® Capsule metoclopramide vial ondansetron ODT (16 mg) ondansetron vial palonosetron injection (generic for Aloxi®) Phenergan® Ampule / Vial Posfrea™ W Vial Pronchloperazine vial / suppository (generic for Compazine®) Promethegan® Suppository (50 mg)
omethegan* (promethazine) Suppository (12.5 mg and 25 mg) opolamine patch (generic for Transderm-Scop*)	dronabinol capsule (generic for Marinol®) Emend® Capsule / Powder Packet / Trifold Pack - Clinical criteria apply Emend® Vial Forinvez® (fosaprepitant) Vial fosaprepitant vial (generic for Emend®) Gimoti® Nasal Spray granisterion vial / tablet (generic for Kytril®) Marinol® Capsule metoclopramide vial ondansetron ODT (16 mg) ondansetron vial palonosetron injection (generic for Aloxi®) Phenergan® Ampule / Vial Posfrea™ W Vial prochloperazine vial / suppository (generic for Compazine®) Promethegan® Suppository (50 mg) Reglan® Tablet Sancuss® Patch Sucuss® Patch
romethegan (promethazine) Suppository (12.5 mg and 25 mg) copolamine patch (generic for Transderm-Scop*) ransderm-Scop* Patch	dronabinol capsule (generic for Marinol*) Emend* Capsule / Powder Packet / Trifold Pack - Clinical criteria apply Emend* Vial Focinvez** (fosaprepitant) Vial fosaprepitant vial (generic for Emend*) Gimoti** Nasal Spray granisetron vial / tablet (generic for Kytril*) Marinol* Capsule metoclopramide vial ondansetron ODT (16 mg) ondansetron oDT (16 mg) ondansetron vial palonosotron injection (generic for Aloxi*) Phenergan* Ampule / Vial Posfrea** W Vial prosthorperazine vial / suppository (generic for Compazine*) Promethegan** Suppository (50 mg) Reglan** Tablet Sancuso** Patch

trimethobenzamide capsule (generic for Tigan®)

Effective Date July 1, 2025

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

Revised 8.28.25 Off-Cycle Change: DermaSmoothe® FS Scalp and Body Oil was moved from Non-preferred to Preferred due to patient safety

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

	BILE ACID SALTS T/F of only one preferred drug required
Preferred	Non-Preferred
	Bylvay Capsule / Pellet - T/F of preferred agents not required for diagnosis of PFIC
sodiol capsule (generic for Actigall®) sodiol tablet (generic for Urso®)	Bytway Capsure / Peter - 1/F of preterred agents not required for diagnosis of FFIC. Chendal Tablet
odioi tablet (generic for Orso)	Choban Taoec Choban Capsule
	Chotos (Lafbranor) Tablet
	qurvo (cialioriano) i abiet Livelezi (agrane)
	Livmarli* Oral Solution
	Ocaliva [®] Tablet
	Reitone [™] Capsule
	H DVI ON CONTRIVITIONS
	H. PYLORI COMBINATIONS
Preferred	Non-Preferred
lera® Capsule	bismuth / metronidazole / tetracycline capsule (generic for Pylera*)
	lansoprazole-amoxicillin-clarithromycin pack (generic for Prevpac [®])
	Omeclamox-Pak® Combo Pack
	Talicia® Capsule
	Voquezna® Tablet / Dual Pak / Triple Pak
	HISTAMINE-2 RECEPTOR ANTAGONISTS
Preferred	Non-Preferred
motidine 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
reon [®] Capsule	Pertzye [®] Capsule
enpep® Capsule	Viokase® Tablet
	PROGESTINS USED FOR CACHEXIA
Preferred	Non-Preferred
egestrol suspension / tablet (generic for Megace®)	megestrol ES suspension (generic for Megace® ES)
	PROTON PUMP INHIBITORS
Preferred	Non-Preferred
exilant® Capsule	T/F of preferred agents not required for children < 12 years of age
someprazole magnesium capsule (generic for Nexium® Rx)	Aciphex® Tablet
insoprazole capsule (generic for Prevacid® Rx)	dexlansoprazole capsules (generic for Dexilant*)
exium® Rx Packet	esomeprazole magnesium OTC capsule / tablet (generic for Nexium® OTC)
meprazole Rx capsule (generic for Prilosec® Rx)	esomeprazole magnesium packet (generic for Nexium * Xr Packet)
antoprazole tablet (generic for Protonix*)	Konnyound Suspension
rotonix* Suspension	Institute of the control of the cont
Totolix Suspension	Inacopration Conference and Television Conference on Television Confere
	Mainsophazore Orl recents to Frevacia Souran) Nexim Rx Capsule
	omepraco-odium isa Cajusiie om
	omeprazole OTC capsule / ODT / tablet (generic for Prilosce® OTC)
	omeprazole OTC capsule / ODT / tablet (generic for Prilosec® OTC) pantoprazole suspension (generic for Protonix®)
	omeprazole OTC capsule / ODT / tablet (generic for Prilosec® OTC) pantoprazole suspension (generic for Protonix®) Prevacid® Rx / OTC Capsule / Solutab
	omeprazole OTC capsule / ODT / tablet (generic for Prilosee® OTC) pantoprazole suspension (generic for Protonix®) Prevacide **Ex / OTC Capsule / Solutab Prilosec® Rx Suspension
	omeprazole OTC capsule / ODT / tablet (generic for Prilosee® OTC) pantoprazole suspension (generic for Protonix®) Prevacid® Rx / OTC Capsule / Solutab Prilosee® Rx Suspension Protonix® Tablet
	omeprazole OTC capsule / ODT / tablet (generic for Prilosee® OTC) pantoprazole suspension (generic for Protonix®) Prevacid® Rx / OTC Capsule / Solutab Prilosee® Rx Suspension Protonix® Tablet rabeprazole tablet (generic for Aciphex®)
	omeprazole OTC capsule / ODT / tablet (generic for Prilosee® OTC) pantoprazole suspension (generic for Protonix®) Prevacid® Rx / OTC Capsule / Solutab Prilosee® Rx Suspension Protonix® Tablet
	omeprazole OTC capsule / ODT / tablet (generic for Prilosee® OTC) pantoprazole suspension (generic for Protonix®) Prevacid® Rx / OTC Capsule / Solutab Prilosec® Rx Suspension Protonix® Tablet tabeprazole tablet (generic for Aciphex®) Zegerid® Rx / Capsule / Packet
	omeprazole OTC capsule / ODT / tablet (generic for Prilosee® OTC) pantoprazole suspension (generic for Protonix®) Prevacid® Rx / OTC Capsule / Solutab Prilosee® Rx Suspension Protonix® Tablet rabeprazole tablet (generic for Aciphex®) Zegerid® Rx / Capsule / Packet SELECTIVE CONSTIPATION AGENTS
Preferred	omeprazole OTC capsule / ODT / tablet (generic for Prilosee® OTC) pantoprazole suspension (generic for Protonix®) Prevacid® Rx / OTC Capsule / Solutab Prilosee® Rx Suspension Protonix® Tablet rabeprazole tablet (generic for Aciphex®) Zegerid® Rx / Capsule / Packet SELECTIVE CONSTIPATION AGENTS Non-Preferred
mitiza® Capsule	omeprazole OTC capsule / ODT / tablet (generic for Prilosee® OTC) pantoprazole suspension (generic for Protonix®) Prevacife "Ext / OTC Capsule / Solutab Prilosee® Rx Suspension Protonix® "Tablet abeprazole tablet (generic for Aciphex®) Zegerid® Rx / Capsule / Packet SELECTIVE CONSTIPATION AGENTS Non-Preferred alosetron tablet (generic for Lotronex®)
mitiza [®] Capsule inzess [®] Capsule	omeprazole OTC capsule / ODT / tablet (generic for Prilosee® OTC) pantoprazole suspension (generic for Protonix®) Prevacid® Rx / OTC Capsule / Solutab Prilosee® Rx Suspension Protonix® Tablet rabeprazole tablet (generic for Aciphex®) Zegerid® Rx / Capsule / Packet SELECTIVE CONSTIPATION AGENTS Non-Preferred alosetron tablet (generic for Lotronex®) bsrela® Tablet
mitiza [®] Capsule inzess [®] Capsule	omeprazole OTC capsule / ODT / tablet (generic for Prilosee® OTC) pantoprazole suspension (generic for Protonix®) Prevacid® Rx / OTC Capsule / Solutab Prilosee® Rx Suspension Protonix® Tablet rabeprazole tablet (generic for Aciphex®) Zeperid® Rx / Capsule / Packet SELECTIVE CONSTIPATION AGENTS Non-Preferred alosetron tablet (generic for Lotronex®) Ibsrela® Tablet Lotronex® Tablet
mitiza [®] Capsule inzess [®] Capsule	omeprazole OTC capsule / ODT / tablet (generic for Prilosec® OTC) pantoprazole suspension (generic for Protonix®) Pravacid® Rx / OTC Capsule / Solutab Prilosec® Rx Suspension Protonix® Tablet rabeprazole tablet (generic for Aciphex®) Zegerid® Rx / Capsule / Packet SELECTIVE CONSTIPATION AGENTS Non-Preferred alosetron tablet (generic for Lotronex®) Breta® Tablet Lotronex® Tablet Lotronex® Tablet Motegrity® Tablet
mitiza [®] Capsule inzess [®] Capsule	omeprazole OTC capsule / ODT / tablet (generic for Prilosee® OTC) pantoprazole suspension (generic for Protonix®) Prevarid® xx / OTC Capsule / Solutab Prilosee® Rx Suspension Protonix® Tablet rabeprazole tablet (generic for Aciphex®) Zegerid® Rx / Capsule / Packet SELECTIVE CONSTIPATION AGENTS Non-Preferred alosetron tablet (generic for Lotronex®) Ibsrela® Tablet Lotronex® Tablet Motegrity® Tablet Motegrity® Tablet Motegrity® Tablet
mitiza [®] Capsule inzess [®] Capsule	omeprazole OTC capsule / ODT / tablet (generic for Prilosec® OTC) pantoprazole suspension (generic for Protonix®) Pravacid® Rx / OTC Capsule / Solutab Prilosec® Rx Suspension Protonix® Tablet rabeprazole tablet (generic for Aciphex®) Zegerid® Rx / Capsule / Packet SELECTIVE CONSTIPATION AGENTS Non-Preferred alosetron tablet (generic for Lotronex®) Breta® Tablet Lotronex® Tablet Lotronex® Tablet Motegrity® Tablet
mitiza [®] Capsule inzess [®] Capsule	omeprazole OTC capsule / ODT / tablet (generic for Prilosec® OTC) pantoprazole suspension (generic for Protonix®) Pravacid® Rx / OTC Capsule / Solutab Prilosec® Rx Suspension Protonix® Tablet abeprazole tablet (generic for Aciphex®) Zegerid® Rx / Capsule / Packet SELECTIVE CONSTIPATION AGENTS Non-Preferred alosetron tablet (generic for Lotronex®) lasrel® Tablet Lotronex® Tablet Autogrity™ Tablet Motegrity™ Tablet Motegrity™ Tablet Relistor® Syringe / Vial / Tablet - Clinical criteria apply Symproic® Tablet Symproic® Tablet Relistor® Syringe / Vial / Tablet - Clinical criteria apply Symproic® Tablet
mitiza [®] Capsule inzess [®] Capsule	omeprazole OTC capsule / ODT / tablet (generic for Protosics* OTC) pantoprazole suspension (generic for Protonix*) Prevacif* Ext / OTC Capsule / Solutab Prilosce* Rx Suspension Protonix* Tablet rabeprazole tablet (generic for Aciphex*) Zegrid* Rx / Capsule / Packet SELECTIVE CONSTIPATION AGENTS Non-Preferred alosetron tablet (generic for Lotronex*) Ibsrela* Tablet Lotronex* Tablet Motegrity* Tablet Movantik* Tablet Relistor* Syringe / Vial / Tablet - Clinical criteria apply Symproic* Tablet Trulance* Tablet Trulance* Tablet
mitiza [®] Capsule nzess [®] Capsule	omeprazole OTC capsule / ODT / tablet (generic for Prilosec® OTC) pantoprazole suspension (generic for Protonix®) Pravacid® Rx / OTC Capsule / Solutab Prilosec® Rx Suspension Protonix® Tablet abeprazole tablet (generic for Aciphex®) Zegerid® Rx / Capsule / Packet SELECTIVE CONSTIPATION AGENTS Non-Preferred alosetron tablet (generic for Lotronex®) lasrel® Tablet Lotronex® Tablet Autogrity™ Tablet Motegrity™ Tablet Motegrity™ Tablet Relistor® Syringe / Vial / Tablet - Clinical criteria apply Symproic® Tablet Symproic® Tablet Relistor® Syringe / Vial / Tablet - Clinical criteria apply Symproic® Tablet
mitiza [®] Capsule nzess [®] Capsule	omeprazole OTC capsule / ODT / tablet (generic for Protosics® OTC) pantoprazole suspension (generic for Protonix®) Pravacid® Rx / OTC Capsule / Solutab Priloscs® Rx Suspension Protonix® Tablet rabeprazole tablet (generic for Aciphex®) Zeperid® Rx / Capsule / Packet SELECTIVE CONSTIPATION AGENTS Non-Preferred alosetron tablet (generic for Lotronex®) Ibsrels® Tablet Lotronex® Tablet Autogrity™ Tablet Motegrity™ Tablet Motegrity™ Tablet Relistor® Syringe / Vial / Tablet - Clinical criteria apply Symprocis® Tablet Trulance® Tablet Vibera® Tablet - TiF of preferred agents not required for Irritable Bowel Syndrome with Diarrhea (IBS-D)
nitiza® Capsule nzess® Capsule	omeprazole OTC capsule / ODT / tablet (generic for Protonix*) partoprazole suspension (generic for Protonix*) Pravacif* Rx / OTC Capsule / Solutab Prilosce* Rx Suspension Protonix* Tablet abeprazole tablet (generic for Aciphex*) Zegerid* Rx / Capsule / Packet SELECTIVE CONSTIPATION AGENTS SELECTIVE CONSTIPATION AGENTS Non-Preferred alosetron tablet (generic for Lotronex*) Ibsrela* Tablet Lotronex* Tablet Motegrify* Tablet Movantik* Tablet Relistor* Syringe / Vial / Tablet - Clinical criteria apply Symptoci* Tablet Trulance* Tablet Viberza* Tablet - Tif of preferred agents not required for Irritable Bowel Syndrome with Diarrhea (IBS-D) ULCERATIVE COLITIS
mitiza [®] Capsule nzess [®] Capsule	omeprazole OTC capsule / ODT / tablet (generic for Protosics® OTC) pantoprazole suspension (generic for Protonix®) Pravacid® Rx / OTC Capsule / Solutab Priloscs® Rx Suspension Protonix® Tablet rabeprazole tablet (generic for Aciphex®) Zeperid® Rx / Capsule / Packet SELECTIVE CONSTIPATION AGENTS Non-Preferred alosetron tablet (generic for Lotronex®) Ibsrels® Tablet Lotronex® Tablet Autogrity™ Tablet Motegrity™ Tablet Motegrity™ Tablet Relistor® Syringe / Vial / Tablet - Clinical criteria apply Symprocis® Tablet Trulance® Tablet Vibera® Tablet - TiF of preferred agents not required for Irritable Bowel Syndrome with Diarrhea (IBS-D)
mitiza [®] Capsule nzess [®] Capsule	omeprazole OTC capsule / ODT / tablet (generic for Protonix*) partoprazole suspension (generic for Protonix*) Pravacif* Rx / OTC Capsule / Solutab Prilosce* Rx Suspension Protonix* Tablet abeprazole tablet (generic for Aciphex*) Zegerid* Rx / Capsule / Packet SELECTIVE CONSTIPATION AGENTS SELECTIVE CONSTIPATION AGENTS Non-Preferred alosetron tablet (generic for Lotronex*) Ibsrela* Tablet Lotronex* Tablet Motegrity* Tablet Movantik* Tablet Relistor* Syringe / Vial / Tablet - Clinical criteria apply Symptoci* Tablet Trulance* Tablet Viberza* Tablet - Tif of preferred agents not required for Irritable Bowel Syndrome with Diarrhea (IBS-D) ULCERATIVE COLITIS
mitiza [®] Capsule nzess [®] Capsule biprostone capsule (generic for Amitiza [®]) Preferred	omeprazole OTC capsule / ODT / tablet (generic for Prilosec® OTC) pantoprazole suspension (generic for Protonix®) Prevacife Xx / OTC Capsule / Solutab Prilosec® Rx Suspension Protonix® Tablet nabeprazole tablet (generic for Aciphex®) Zegerid® Rx / Capsule / Packet ELECTIVE CONSTIPATION AGENTS SELECTIVE CONSTIPATION AGENTS Non-Preferred alosetron tablet (generic for Lotronex®) Ibsrela® Tablet Lotronex® Tablet Motegrity® Tablet Motegrity® Tablet Relistor® Syringe / Vial / Tablet - Clinical criteria apply Symproic® Tablet Trulance® Tablet Trulance® Tablet Viberza® Tablet - Tif of preferred agents not required for Irritable Bowel Syndrome with Diarrhea (IBS-D) ULCERATIVE COLITIS
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mitiza® Capsule nizess® Capsule biprostone capsule (generic for Amitiza®) Preferred priso® Capsule	emeprazole OTC capsule / ODT / tablet (generic for Prilosec® OTC) pantoprazole suspension (generic for Protonix®) Prevacid® Rs / OTC Capsule / Solutab Prilosec® Rs Suspension Protonix® Tablet abeprazole tablet (generic for Aciphex®) Zegerid® Rs / Capsule / Packet SELECTIVE CONSTIPATION AGENTS SELECTIVE CONSTIPATION AGENTS Non-Preferred alosetron tablet (generic for Lotronex®) Basrela® Tablet Lotronex® Tablet Adventix® Tablet Movantik® Tablet Relister® Syringe / Vial / Tablet - Clinical criteria apply Symproic® Tablet Trulance® Tablet Trulance® Tablet - TF of preferred agents not required for Irritable Bowel Syndrome with Diarrhea (IBS-D) ULCERATIVE COLITIS Oral Assool® ID Tablet Azulfidine® Entab / Tablet Dudesonide ER tablet (generic for Uceris®) Colaza® Capsule
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mitiza® Capsule nizess® Capsule biprostone capsule (generic for Amitiza®) Preferred priso® Capsule	omeprazole OTC capsule / ODT / tablet (generic for Prilosec® OTC) pantoprazole suspension (generic for Protonix®) Prevencid® R. (DTC Capsule / Solutab Prilosec® R. Suspension Potonix® Tablet abeprazole tablet (generic for Aciphex®) Zegerid® Rx / Capsule / Packet SELECTIVE CONSTIPATION AGENTS SELECTIVE CONSTIPATION AGENTS Non-Preferred alosetron tablet (generic for Lotronex®) Borcla® Tablet Lotronex® Tablet Antegrity® Tablet Antegrity® Tablet Movantix® Tablet Belistor® Syringe / Vial / Tablet - Clinical criteria apply Symptoic® Tablet Tralancs® Tablet Viberzi® Tablet ULCERATIVE COLITIS Oral Non-Preferred Asacol® HD Tablet Azulfdin® Entab / Tablet Delexios® Capsule Delexios® Capsule Delexios® Capsule Delexios® Capsule Dipentum® Capsule Listeds® Tablet Dipentum® Capsule Listeds® Tablet Dipentum® Capsule Listeds® Capsule Dipentum® Capsule Listeds® Tablet Dipentum® Capsule Listeds® Tablet Listeds® Tablet Dipentum® Capsule Listeds® Tablet Listeds® Tablet Dipentum® Capsule Listeds® Tablet
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mitiza® Capsule nizess® Capsule biprostone capsule (generic for Amitiza®) Preferred priso® Capsule	omeprazole Surgension (generic for Prolonic*) partoperazole suspension (generic for Prolonic*) Prisosca* R. Suspension Protonic* Tablet rabeprazole tablet (generic for Aciphex*) Zegeria* R. F. Capaule / Packet SELECTIVE CONSTIPATION AGENTS Non-Preferred alosetron tablet (generic for Lotronex*) Bervela* Tablet Lotronec* Tablet Movarith* Tablet Relistex* Syringer / Vial / Tablet - Clinical criteria apply Sympocie* Tablet Tralance* Tablet Viberra* Tablet ULCERATIVE COLITIS Oral Non-Preferred Associ* HD Tablet Associ* HD Tablet Associ* Et ablet Detricoi* Capaule Depretume Capaule Depretume Capaule Depretume Capaule Depretume Capaule Depretume Capaule Depretume Capaule Listés * Tablet Detricoi* Capaule Depretume Capaule Depretume Capaule Listés * Tablet mesalamine DR capaule / tablet (generic for Delzicoi*, Associ* HD, Lisidoi*) mesalamine DR capaule / tablet (generic for Delzicoi*, Pentasa*) mesalamine DR capaule (generic for Apriso*, Pentasa*)
mitiza® Capsule nizess® Capsule biprostone capsule (generic for Amitiza®) Preferred priso® Capsule	omeprazole OTC capsule / ODT / tablet (generic for Prilosec® OTC) pantoprazole suspension (generic for Protonix®) Protocia® Rx OTC Capsule / Solutab Prilosec® Rx Suspension Protonix® Tablet mbeprazole tablet (generic for Aciphex®) Zegerid® Rx / Capsule / Packet SELECTIVE CONSTIPATION AGENTS SELECTIVE CONSTIPATION AGENTS Non-Preferred alosetron tablet (generic for Lotronex®) Barela® Tablet Lotronex® Tablet Lotronex® Tablet Movantix® Tablet Advantix® Tablet Reliaves Syringe / Vial / Tablet - Clinical criteria apply Symptoc® Tablet Tralace® Tablet Viberzi® Tablet - Tip of preferred agents not required for Irritable Bowel Syndrome with Diarrhea (IBS-D) ULCERATIVE COLITIS Oral Azalfidin® Entab / Tablet Delexico® Capsule Delexico® Capsule Delexico® Capsule Dipentum Capsule / tablet (generic for Delzicio® Associ® HD,4-initio®)
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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

Revised 8.28.25 Off-Cycle Change: DermaSmoothe® FS Scalp and Body Oil was moved from Non-preferred to Preferred due to patient safety

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://www.ntimes.com/	s://medicaid.ncdhhs.gov/providers/programs-services/prescription-drugs/outpatient-pharmacy-services
	ULCERATIVE COLITIS
	Rectal T/F of only one preferred drug required
Preferred	Non-Preferred
nesalamine enema (generic for Rowasa®)	budesonide rectal foam
nesalamine suppository (generic for Canasa®)	Canasa® Suppository
	mesalamine kit (generic for Rowasa®)
	Rowasa [®] Kit
	SF Rowasa [®] Enema
	Uceris® Rectal Foam
	CENTEQUENA DV / DENAI
	GENITOURINARY / RENAL ELECTROLYTE DEPLETERS (KIDNEY DISEASE)
Des Commend	
Preferred calcium acetate capsule (generic for PhosLo®)	Non-Preferred Auryxia® Tablet
ralcium acetate tablet (generic for Eliphos®)	Fosrenol® Chewable Tablet / Powder Pack
sevelamer carbonate powder pack / tablet (generic for Renvela®)	lanthanum carbonate chewable tablet (generic for Fosrenol®)
	MagneBind* 400 Rx Tablet
	Renyela* Powder Pack / Tablet
	sevelamer hydrochloride tablet (generic for Renagel*)
	Velphoro [®] Chewable
	Xphozah [®] Tablet
	BENIGN PROSTATIC HYPERPLASIA TREATMENTS
Preferred	Non-Preferred
alfuzosin ER tablet (generic for Uroxatral®)	Avodar [®] Softgel
doxazosin tablet (generic for Cardura®)	Cardura® Tablet / XL Tablet
dutasteride capsule (generic Avodart®) finasteride tablet (generic for Proscar®)	Cialis® Tablet 5 mg - Clinical criteria apply dutasteride / tamsulosin capsule (generic for Jalyn®)
tamsulosin capsule (generic for Flomax®)	SummerTak - (mismics capanic (genera to zayar) Entaffi [®] (mismics capanic (genera to zayar)
terazosin capsule (generic for Hytrin®)	Flomax Capsule Flomax To The Transition of the T
1 0 /	Proscar [®] Tablet
	Rapaflo® Capsule
	silodosin capsule (generic for Rapaflo*)
	tadalafil tablet (2.5 mg / 5 mg) (generic for Cialis [®]) - Clinical criteria apply
	URINARY ANTISPASMODICS
Preferred	Non-Preferred
fesoterodine ER tablet (generic for Toviaz®)	darifenacin ER tablet (generic for Enablex*)
oxybutynin solution / syrup / tablet / ER tablet (generic for Ditropan®/ XL)	Detrof Tablet / LA Capsule
solifenacin tablet (generic for Vesicare*) tolterodine tablet / ER capsule (generic for Detrol* / LA)	flavoxate tablet (generic for Urispas*)
tonerounie tablet / ER capsule (generic for Denot / EA)	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 9 - T/F of preferred agents not required for diagnosis of dementia or mild cognitive impairment and for patients age
	box vers
	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) Oxytrot* Patch
	Oxynor rated Toviaz Tablet
	trospium tablet / ER capsule (generic for Sanctura® / XR)
	Vesicare* LS Suspension / Tablet
	·
	GOUT
Preferred	Non-Preferred
allopurinol tablet (generic for Zyloprim®)	allopurinol tablet (200 mg)
colchicine tablet (generic for Colcrys®)	colchicine capsule (generic for Mitigare ⁶)
probenecid tablet (generic for Benemid®)	Colcrys* Tablet
probenecid-colchicine tablet (generic for Col-Benemid®)	febuxostat tablet (generic for Uloric® Tablet)
	Gloperba® Solution
	Krystexxa [®] Vial
	Mitigare® (branded colchicine 0.6mg) Capsules
	Unric® Tablet
	Zyloprim [®] Tablet
	HEMATOLOGIC
	ANTICOAGULANTS ANTICOAGULANTS
	ANTICOAGULANTS Injectable
Preferred	Non-Preferred
enoxaparin syringe / vial (generic for Lovenox®)	Arixtra* Syringe
Fragmin® Syringe / Vial	PALIANI SYMING [Sondaparinux syringe (generic for Arixtra*)
g , g , ·····	Octopulation Syrings (question of factorial) Loweron' Syrings (question of factorial) Loweron' Syrings (question of factorial)
	, ,
	Oral
Preferred	Non-Preferred
Eliquis® Tablet / Starter Dose Pack	dabigatran capsule (generic for Pradaxa® Capsule)
Jantoven® (branded generic for Coumadin®)	Pradaxa® Pellet Pack
Pradaxa [®] Capsule	Savaysa® Tablet
warfarin tablet (generic for Coumadin®)	Xarelto [®] Suspension
Xarelto® Starter Pack / Tablet	

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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

	COLONY STIMULATING FACTORS
Dunfanuad	
Preferred Fulphila® Syringe	Non-Preferred Fylnetra® Syringe
Neupogen® Vial / Syringe	tymeua synnge Granix* Safe Syringe / Vial
Udenyca® Autoinjector / Syringe	Cranix Sure Syringer syringer viai Leukine* Vial
Course Tation Jetter Stringe	Neulasta Syringe / Kit
	Nivestyn Syringe / Vial
	Nyopria Syringe
	Releuko [®] Syringe / Vial
	Rolvedon [™] Syringe
	Stimufend* Syringe
	Udenyca® On-Body
	Zarxio® Syringe
	Ziextenzo* Syringe
	·
	HEMATOPOIETIC AGENTS
	Clinical criteria apply to all drugs in this class
Preferred	Non-Preferred
Aranesp® Syringe / Vial	Jesduvroq [®] Tablet
Epogen® Vial	Mircera® Syringe
Retacrit Vial	Procrit Vial
	Reblozyl® Vial
	Vafsee (vadudastat) Tablet
	THROMBOPOIESIS STIMULATING AGENTS
Preferred	Non-Preferred
Nplate [®] Vial	Alvaiz Tablet
Promacta® Suspension / Tablet	Doptet
	Mulpleta
	Tavalisse™ Tablet
	Tavanase Taviet
	OPHTHALMIC
	ALLERGIC CONJUNCTIVITIS AGENTS
Preferred	Non-Preferred
cromolyn sodium drops (generic for Crolom®)	Alomide [®] Drops
olopatadine drops (generic for Pataday®, Patanol®)	Alrex [®] Drops
olopatadine drops (generic for Pataday®, Patanol®) (OTC)	azelastine drops (generic for Optivar*)
	bepotastine drops (gneric for Bepreve®)
	Bepreve® Drops
	epinastine drops (generic for Elestat*)
	lotepreduol drops (generic for Alrex*)
	Zerviate [™] Drops
	ANTIBIOTICS
Preferred	Non-Preferred
bacitracin-polymyxin ointment (generic for Polysporin®)	Azasite [®] Drops
ciprofloxacin solution drops (generic for Ciloxan®)	bacitracin ointment (generic for AK-Tracin®)
erythromycin ointment (generic for Ilotycin®)	Besivance* Suspension
gentamicin drops (generic for Garamycin®)	Ciloxan [®] Ointment
moxifloxacin ophthalmic solution (generic for Vigamox®)	gatifloxacin drops (generic for Zymaxid [®])
ofloxacin drops (generic for Ocuflox®)	moxifloxacin ophthalmic solution (generic for Moxeza*)
Polycin® Ointment (branded generic for Polysporin®)	Natacyn* Drops
polymyxin-trimethoprim drops (generic for Polytrim®)	neomycin-bacitracin-polymyxin ointment (generic for Neosporin® Ophthalmic Ointment)
sulfacetamide drops (generic for Bleph-10®)	neomycin-polymyxin-gramicidin drops (generic for Neosporin® Ophthalmic Drops)
tobramycin drops (generic for Tobrex®)	Neo-Polycin® Ointment (branded generic for Neosporin® Ophthalmic Ointment)
	Ocuflox® Drops
	sulfacetamide ointment (generic for Cetamide*)
	Tobrex* Ointment
	Vigamox® Drops
	ANTIBIOTICS-STEROID COMBINATIONS
Preferred	Non-Preferred
neomycin-polymyxin-dexamethasone drops / ointment (generic for Maxitrol®)	Maxitrof [®] Drops / Ointment
Tobradex® Drops / Ointment	Neo-Polycin® HC (branded generic for Cortisporin®)
tobramycin-dexamethasone suspension (generic for Tobradex®)	neomycin-bacitracin-polymyxin-HC ointment (generic for Cortisporin®)
	neomycin-polymyxin-HC drops (generic for Ocutricin®)
	sulfacetamide-prednisolone drops (generic for Vasocidin [®])
	Tobradex* ST Drops
	Zylet [®] Drops
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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

Revised 8.28.25 Off-Cycle Change: DermaSmoothe® FS Scalp and Body Oil was moved from Non-preferred to Preferred due to patient safety

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://m	ANTI-INFLAMMATORY	
Preferred	ANTI-INI LAWIMATOR I	Non-Preferred
examethasone drops (generic for Decadron®)	Acular® Drops / LS Solution	Non-Heierreu
clofenac drops (generic for Voltaren®)	Acuvail [®] Solution	
fluprednate drops (generic for Durezol®)	bromfenac drops (generic for Prolensa®, Xibrom®, BromS	ite [®])
arex [®] Drops	BromSite® Solution	
uorometholone drops (generic for FML®)	Dextenza [®] Insert	
arbiprofen drops (generic for Ocufen®)	Durezol [®] Drops	
etorolac solution (generic for Acular® / LS)	FML [®] Forte Drops / Liquifilm [®] Drops	
otemax [®] Drops	Ilevro [®] Drops	
evanac® Droptainer	Iluvien® Implant	
red Mild [®] Drops	Inveltys [™] Drops	
rednisolone acetate drops (generic for Pred Forte®)	Lotemax [®] Gel / SM Gel / Ointment	
	loteprednol drops / gel (generic for Lotemax®)	
	Maxidex® Drops	
	Ozurdex [®] Implant	
	Pred Forte [®] Drops	
	prednisolone sodium phosphate drops (generic for Inflama	se Forte®)
	Prolensa® Drops	
	Retisert® Implant	
	Triesence® Vial	
	Xipere [™] (Intraocular)	
	Yutiq [™] Implant	
	ANTI-INFLAMMATORY / IMMUNOMODULATOR	
Preferred		Non-Preferred
stasis [®] Drops / Restasis [®] Multidose [™] Drops	Cequa [™] Drops	
idra [®] Drops	cyclosporine emulsion (generic for Restasis®)	
	Eysuvis® Drops	
	Miebo™ Drops	
	Tyrvaya [®] Nasal Spray	
		equired for diagnosis of vernal keratoconjunctivitis (VKC)
	Vevye® Drops	<u>,</u>
	ALPHA 2 ADRENERGIC AGENTS	
Preferred		Non-Preferred
phagan® P Drops	apraclonidine drops (generic for Iopidine®)	
rimonidine drops (generic for Alphagan®)	brimonidine P drops (generic for Alphagan® P)	
	Iopidine® Drops	
	BETA BLOCKER AGENTS / COMBINATIONS	
Preferred		Non-Preferred
ombigan [®] Drops	betaxolol drops (generic for Betoptic®)	Non-Preferred
	Betimol® Drops	Non-Preferred
ombigan [®] Drops	Betimol [®] Drops Betoptic [®] S Drops	
mbigan [®] Drops	Betimol® Drops Betoptic® S Drops brimonidine tartrate / timolol drops (generic for Combiga	
mbigan [®] Drops	Betimol® Drops Betoptic® S Drops brimonidine tartrate / timolol drops (generic for Combigal carteolol drops (generic for Ocupress®)	
mbigan [®] Drops	Betimol* Drops Betoptic* S Drops brimonidine tartrate / timolol drops (generic for Combigate carteolol drops (generic for Combigate carteolol drops (generic for Ocupress*) Istalol* Drops	
mbigan® Drops	Betimol [®] Drops Betoptic [®] S Drops brimonidine tartrate / timolol drops (generic for Combigat carteolol drops (generic for Ocupress [®]) Istalol [®] Drops levobunolol drops (generic for Betagan [®])	
mbigan® Drops	Betimol® Drops Betoptic® S Drops brimonidine tartrate / timolol drops (generic for Combigal carteolol drops (generic for Ocupress®) Istalol® Drops levobunolol drops (generic for Betagan®) timolol hemihydrate (generic for Betimol® drops)	
mbigan [®] Drops	Betimol® Drops Betoptic® S Drops brimonidine tartrate / timolol drops (generic for Combigan earteolol drops (generic for Ocupress®) Istalol® Drops levobunolol drops (generic for Betagan®) timolol hemilydrate (generic for Betagan®) timolol drop (generic for Istalol® Drops)	*)
mbigan® Drops	Betimol® Drops Betoptic® S Drops brimonidine tartrate / timolol drops (generic for Combigat carteolol drops (generic for Ocupress®) Istalol® Drops levobunolol drops (generic for Betagan®) timolol hemilydrate (generic for Betimol® drops) timolol drop (generic for Istalos® Drops) timolol maleate drop (generic for Istalos® Drops)	*)
mbigan [®] Drops	Betimol® Drops Betoptic® S Drops Betoptic® S Drops brimonidine tartrate / timolol drops (generic for Combigal carteolol drops (generic for Ocupress®) Istalol® Drops levobunolol drops (generic for Betagan®) timolol hemihydrate (generic for Betagan®) timolol drop (generic for Istalol® Drops) timolol drop (generic for Istalol® Drops) timolol maleate drop (generic for Timoptic® Ocudose® Dr Timoptic® Drops / Ocudose® Drops / XE® Solution	*)
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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
Revised 8.28.25 Off-Cycle Change: DermaSmoothe® FS Scalp and Body Oil was moved from Non-preferred to Preferred due to patient safety

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

More information on the PDL can be found at: https://www.nctracks.nc.gov/content/public/providers/pharmacy.html

	OSTEOPOROSIS
	BONE RESORPTION SUPPRESSION AND RELATED AGENTS
Preferred	Non-Preferred
alendronate tablet (generic for Fosamax*)	Actonel® Tablet
aloxifene tablet (generic for Evista®)	alendronate solution (generic for Fosamax* Solution)
anoxinine tablet (generic for Evisia)	Archae Tablet Alevae Tablet
	Binosto Effervescent Tablet
	calcitonin salmon nasal spray (generic for Miacalcin*)
	Evenity Syringe
	Evista [®] Tablet
	Forteo [®] Pen
	Fosamax® Tablet / Plus D Tablet
	ibandronate tablet (generic for Boniva®)
	Prolia [®] Syringe
	risedronate tablet (generic for Actonel®)
	risedronate DR tablet (generic for Atelvia [®])
	teriparatide pen (generic for Forteo*)
	Tymlos* Pen
	OTIC
	ANTIBIOTICS
Preferred	Non-Preferred
iprofloxacin-dexamethasone suspension (generic for Ciprodex*)	Cipro® HC Suspension
	Cipro Inc. suspicioson ciprofloxin solution (generic for Cetraxal*)
neomycin-polymyxin-hydrocortisone solution / suspension (generic for Cortisporin*) ofloxacin drops (generic for Floxin*)	
noxacin grops (generic for Floxin)	ciprofloxacin-fluocinolone drops (generic for Otovel®)
	Cortisporin-TC® Suspension
	Otovel [®] Drops
	ANTI-INFECTIVES AND ANESTHETICS
Preferred	Non-Preferred
acetic acid solution (generic for Vosol®)	acetic acid-hydrocortisone solution (generic for Vosol® HC)
seem and solution (generic to 1 1030)	weete and nymborhoote sortinon (general to 1000 110)
	ANTI-INFLAMMATORY
D C 1	
Preferred	Non-Preferred
Dermotic [®] Oil	Flac [®] Otic Oil
	fluocinolone 0.01% oil (generic for Dermotic*)
	RESPIRATORY
	BETA-ADRENERGIC HANDHELD, LONG ACTING
D	
	Non-Preferred
Preferred	Non-Preferred
Serevent [®] Diskus [®]	Non-Preferred Striverdi® Respimat® Inhalation Spray
	Striverdi® Respimat® Inhalation Spray
Serevent [®] Diskus [®]	Striverdi* Respimat* Inhalation Spray BETA-ADRENERGIC HANDHELD, SHORT ACTING
Serevent [®] Diskus [®] Preferred	Striverdi* Respinat* Inhalation Spray BETA-ADRENERGIC HANDHELD, SHORT ACTING Non-Preferred
Serevent [®] Diskus [®] Preferred	Striverdi* Respimat* Inhalation Spray BETA-ADRENERGIC HANDHELD, SHORT ACTING
Serevent Diskus Preferred Preferred	Striverdi* Respinat* Inhalation Spray BETA-ADRENERGIC HANDHELD, SHORT ACTING Non-Preferred
Serevent [®] Diskus [®] Preferred Ventolin [®] HFA Inhaler	Striverdi* Respinat* Inhalation Spray BETA-ADRENERGIC HANDHELD, SHORT ACTING Non-Preferred albuterol HFA inhaler (generic for Proair* HFA Inhaler / Proventil* HFA Inhaler / Ventolin* HFA Inhaler)
erevent® Diskus® Preferred /entolin® HFA Inhaler	Striverdi* Respirat* Inhalation Spray BETA-ADRENERGIC HANDHELD, SHORT ACTING Non-Preferred albuterol HFA inhaler (generic for Proair* HFA Inhaler / Proventil* HFA Inhaler / Ventolin* HFA Inhaler) levalbuterol HFA inhaler (generic for Xopenex* HFA Inhaler)
Serevent [®] Diskus [®] Preferred Ventolin [®] HFA Inhaler	Striverdi* Respirat* Inhalation Spray BETA-ADRENERGIC HANDHELD, SHORT ACTING Non-Preferred albuterol HFA inhaler (generic for Proair* HFA Inhaler / Proventil* HFA Inhaler / Ventolin* HFA Inhaler) levalbuterol HFA inhaler (generic for Xopenex* HFA Inhaler) Proair* Digitaler* Proair* Digitaler*
Serevent Diskus Preferred Preferred	Striverdi* Respirat* Inhalation Spray BETA-ADRENERGIC HANDHELD, SHORT ACTING Non-Preferred albuterol HFA inhaler (generic for Proair* HFA Inhaler / Proventil* HFA Inhaler / Ventolin* HFA Inhaler) levalbuterol HFA inhaler (generic for Xopenex* HFA Inhaler) Proair* Digitaler* Proair* Digitaler*
Serevent [®] Diskus [®] Preferred Ventolin [®] HFA Inhaler	Striverdi* Respirat* Inhalation Spray BETA-ADRENERGIC HANDHELD, SHORT ACTING Non-Preferred albuterol HFA inhaler (generic for Proair* HFA Inhaler / Proventil* HFA Inhaler / Ventolin* HFA Inhaler) levalbuterol HFA inhaler (generic for Xopenex* HFA Inhaler) Proair* Digitaler* Proair* RespiClick*
erevent® Diskus® Preferred /entolin® HFA Inhaler	Striverdi* Respirat* Inhalation Spray BETA-ADRENERGIC HANDHELD, SHORT ACTING Non-Preferred
Preferred Ventolin® HFA Inhaler Kopenex® HFA Inhaler	Striverdi® Respinat® Inhalation Spray BETA-ADRENERGIC HANDHELD, SHORT ACTING Non-Preferred albuterol HFA inhaler (generic for Proair® HFA Inhaler / Proventil® HFA Inhaler / Ventolin® HFA Inhaler) levalbuterol HFA inhaler (generic for Xopenex® HFA Inhaler) Proair® Digithaler™ Proair® Respiclick® BETA-ADRENERGIC, NEBULIZERS T/F of only one preferred drug required
Preferred Ventolin® HFA Inhaler Kopenex® HFA Inhaler Preferred Preferred	Striverdi® Respinat® Inhalation Spray BETA-ADRENERGIC HANDHELD, SHORT ACTING Non-Preferred albuterol HFA inhaler (generic for Proair® HFA Inhaler / Proventil® HFA Inhaler / Ventolin® HFA Inhaler) levalbuterol HFA inhaler (generic for Xopenex® HFA Inhaler) Proair® Digithaler™ Proair® RespiClick® BETA-ADRENERGIC, NEBULIZERS T/F of only one preferred drug required Non-Preferred
Preferred /entolin® HFA Inhaler Kopenex® HFA Inhaler Inhaler Preferred Preferred	Striverdi* Respinat* Inhalation Spray BETA-ADRENERGIC HANDHELD, SHORT ACTING Non-Preferred
Preferred /entolin® HFA Inhaler /entolin® HFA Inhaler /openex® HFA Inhaler Preferred	Striverdi* Respinat* Inhalation Spray BETA-ADRENERGIC HANDHELD, SHORT ACTING Non-Preferred
Preferred Ventolin® HFA Inhaler Vopenex® HFA Inhaler Vopenex® HFA Inhaler Preferred dibuterol 0.63mg / 3ml solution (generic for Accuneb®) dibuterol 1.25mg / 3ml solution (generic for Accuneb®) dibuterol sulfate 2.5mg / 0.5ml solution	Striverdi® Respinat® Inhalation Spray BETA-ADRENERGIC HANDHELD, SHORT ACTING Non-Preferred albuterol HFA inhaler (generic for Proair® HFA Inhaler / Proventil® HFA Inhaler / Ventolin® HFA Inhaler) levalbuterol HFA inhaler (generic for Xopenex® HFA Inhaler) Proair® Digithaler™ Proair® Respiclick® BETA-ADRENERGIC, NEBULIZERS T/F of only one preferred drug required arformoterol solution (generic for Brovana®) Brovana® Solution Brovana® Solution Gemeterol solution (generic for Perforomist®)
Preferred /entolin* HFA Inhaler /openex* HFA Inhaler /openex* HFA Inhaler Preferred	Striverdi* Respinat* Inhalation Spray BETA-ADRENERGIC HANDHELD, SHORT ACTING Non-Preferred
Preferred /entolin* HFA Inhaler /openex* HFA Inhaler /openex* HFA Inhaler Preferred	Striverdi® Respinat® Inhalation Spray BETA-ADRENERGIC HANDHELD, SHORT ACTING Non-Preferred albuterol HFA inhaler (generic for Proair® HFA Inhaler / Proventil® HFA Inhaler / Ventolin® HFA Inhaler) levalbuterol HFA inhaler (generic for Xopenex® HFA Inhaler) Proair® Digithaler™ Proair® Respiclick® BETA-ADRENERGIC, NEBULIZERS T/F of only one preferred drug required arformoterol solution (generic for Brovana®) Brovana® Solution Brovana® Solution Gemeterol solution (generic for Perforomist®)
Preferred Ventolin® HFA Inhaler Vopenex® HFA Inhaler Vopenex® HFA Inhaler Preferred dibuterol 0.63mg / 3ml solution (generic for Accuneb®) dibuterol 1.25mg / 3ml solution (generic for Accuneb®) dibuterol sulfate 2.5mg / 0.5ml solution	Striverdi® Respinat® Inhalation Spray BETA-ADRENERGIC HANDHELD, SHORT ACTING Non-Preferred albuterol HFA inhaler (generic for Proair® HFA Inhaler / Proventil® HFA Inhaler / Ventolin® HFA Inhaler) levalbuterol HFA inhaler (generic for Xopenex® HFA Inhaler) Proair® Digitaler™ Proair® RespiClick® Proair® RespiClick® BETA-ADRENERGIC, NEBULIZERS T/F of only one preferred drug required arformoterol solution (generic for Brovana®) Brovana® Solution formoterol solution (generic for Performist®) levalbuterol solution (generic for Performist®) levalbuterol solution (generic for Performist®)
Preferred Ventolin® HFA Inhaler Vopenex® HFA Inhaler Vopenex® HFA Inhaler Preferred dibuterol 0.63mg / 3ml solution (generic for Accuneb®) dibuterol 1.25mg / 3ml solution (generic for Accuneb®) dibuterol sulfate 2.5mg / 0.5ml solution	Striverdi® Respinat® Inhalation Spray BETA-ADRENERGIC HANDHELD, SHORT ACTING Non-Preferred albuterol HFA inhaler (generic for Proair® HFA Inhaler / Proventil® HFA Inhaler / Ventolin® HFA Inhaler) levalbuterol HFA inhaler (generic for Xopenex® HFA Inhaler) Proair® Digitaler™ Proair® RespiClick® Proair® RespiClick® BETA-ADRENERGIC, NEBULIZERS T/F of only one preferred drug required arformoterol solution (generic for Brovana®) Brovana® Solution formoterol solution (generic for Performist®) levalbuterol solution (generic for Performist®) levalbuterol solution (generic for Performist®)
Preferred Ventolin® HFA Inhaler Vopenex® HFA Inhaler Preferred ilbuterol 0.63mg / 3ml solution (generic for Accuneb®) ilbuterol 1.25mg / 3ml solution (generic for Accuneb®) ilbuterol sulfate 2.5mg / 0.5ml solution ilbuterol sulfate 2.5mg / 3ml solution	Striverdi® Respinat® Inhalation Spray BETA-ADRENERGIC HANDHELD, SHORT ACTING Non-Preferred albuterol HFA inhaler (generic for Proair® HFA Inhaler / Proventil® HFA Inhaler / Ventolin® HFA Inhaler) levalbuterol HFA inhaler (generic for Xopenex® HFA Inhaler) Proair® Digithaler™ Proair® Respiclick® BETA-ADRENERGIC, NEBULIZERS T/F of only one preferred drug required arformoterol solution (generic for Brovana®) Brovana® Solution formoterol solution (generic for Perforomist®) levalbuterol solution / concentrate solution (generic for Xopenex® / Concentrate) Perforomist® Solution BETA-ADRENERGIC, ORAL
Preferred Ventolin® HFA Inhaler Xopenex® HFA Inhaler Appearate HFA Inhaler Preferred albuterol 0.63mg / 3ml solution (generic for Accuneb®) albuterol 1.25mg / 3ml solution (generic for Accuneb®) albuterol sulfate 2.5mg / 0.5ml solution albuterol sulfate 2.5mg / 3ml solution Preferred	Striverdi* Respinat* Inhalation Spray BETA-ADRENERGIC HANDHELD, SHORT ACTING Non-Preferred
Preferred Appendix HFA Inhaler Copenex HFA Inhaler Copenex HFA Inhaler Preferred Disture 10.63mg / 3ml solution (generic for Accuneb*) Butterol 1.25mg / 3ml solution (generic for Accuneb*) Butterol sulfate 2.5mg / 0.5ml solution Butterol sulfate 2.5mg / 3ml solution Butterol sulfate 2.5mg / 3ml solution	Striverdi® Respinat® Inhalation Spray BETA-ADRENERGIC HANDHELD, SHORT ACTING Non-Preferred albuterol HFA inhaler (generic for Proair® HFA Inhaler / Proventil® HFA Inhaler / Ventolin® HFA Inhaler) levalbuterol HFA inhaler (generic for Xopenex® HFA Inhaler) Proair® Digithaler™ Proair® Respiclick® BETA-ADRENERGIC, NEBULIZERS T/F of only one preferred drug required arformoterol solution (generic for Brovana®) Brovana® Solution formoterol solution (generic for Perforomist®) levalbuterol solution / concentrate solution (generic for Xopenex® / Concentrate) Perforomist® Solution BETA-ADRENERGIC, ORAL
Preferred Preferred /entolin® HFA Inhaler /entolin® HFA Inhaler /entolin® HFA Inhaler Preferred Preferred	Striverdi* Respinat* Inhalation Spray BETA-ADRENERGIC HANDHELD, SHORT ACTING Non-Preferred
Preferred Preferred /entolin® HFA Inhaler /entolin® HFA Inhaler /entolin® HFA Inhaler Preferred Preferred	Striverdi* Respinat* Inhalation Spray BETA-ADRENERGIC HANDHELD, SHORT ACTING Non-Preferred
Preferred Ventolin® HFA Inhaler Ventolin® HFA Inhaler Ventolin® HFA Inhaler Preferred Ilbuterol 0.63mg / 3ml solution (generic for Accuneb®) Ilbuterol 1.25mg / 3ml solution (generic for Accuneb®) Ilbuterol sulfate 2.5mg / 0.5ml solution Ilbuterol sulfate 2.5mg / 3ml solution Preferred Ilbuterol sulfate 2.5mg / 7ml solution Ilbuterol sulfate 2.5mg / 5ml solution	Striverdi* Respinat* Inhalation Spray BETA-ADRENERGIC HANDHELD, SHORT ACTING
Preferred Ventolin® HFA Inhaler Kopenex® HFA Inhaler Ropenex® HFA Inhaler Preferred albuterol 0.63mg / 3ml solution (generic for Accuneb®) albuterol 1.25mg / 3ml solution (generic for Accuneb®) albuterol sulfate 2.5mg / 0.5ml solution preferred albuterol sulfate 2.5mg / 3ml solution preferred albuterol sulfate 2.5mg / 5ml solution	Striverdi* Respinat* Inhalation Spray BETA-ADRENERGIC HANDHELD, SHORT ACTING Non-Preferred
Preferred Ventolin® HFA Inhaler Kopenex® HFA Inhaler Ropenex® HFA Inhaler Preferred albuterol 0.63mg / 3ml solution (generic for Accuneb®) albuterol 1.25mg / 3ml solution (generic for Accuneb®) albuterol sulfate 2.5mg / 0.5ml solution preferred albuterol sulfate 2.5mg / 3ml solution preferred albuterol sulfate 2.5mg / 5ml solution	Striverdi* Respinat* Inhalation Spray BETA-ADRENERGIC HANDHELD, SHORT ACTING
Preferred Ventolin® HFA Inhaler Kopenex® HFA Inhaler Kopenex® HFA Inhaler Inhaler Preferred Albuterol 0.63mg / 3ml solution (generic for Accuneb®) Albuterol 1.25mg / 3ml solution (generic for Accuneb®) Albuterol sulfate 2.5mg / 0.5ml solution Albuterol sulfate 2.5mg / 3ml solution Albuterol sulfate 2.5mg / 3ml solution Preferred Albuterol sulfate 2.5mg / 3ml solution Albuterol sulfate 2.5mg / 5ml solution Preferred Preferred Albuterol sulfate (generic for Proventil® Repetabs) Albuterol styrup (generic for Ventolin® Syrup) erbutaline tablet (generic for Brethine®) Preferred	Striverdi® Respinat® Inhalation Spray BETA-ADRENERGIC HANDHELD, SHORT ACTING Non-Preferred
Preferred Ventolin® HFA Inhaler Xopenex® HFA Inhaler Xopenex® HFA Inhaler Preferred albuterol 0.63mg / 3ml solution (generic for Accuneb®) albuterol 1.25mg / 3ml solution (generic for Accuneb®) albuterol sulfate 2.5mg / 0.5ml solution albuterol sulfate 2.5mg / 3ml solution Preferred albuterol sulfate 2.5mg / 3ml solution preferred albuterol sulfate 2.5mg / 5ml solution Preferred albuterol sulfate 2.5mg / 5ml solution Preferred Albuterol syrup (generic for Proventil® Repetabs) albuterol syrup (generic for Proventil® Repetabs) albuterol syrup (generic for Brethine®) Preferred Anoro® Ellipta® Inhaler	Striverdi* Respinat* Inhalation Spray BETA-ADRENERGIC HANDHELD, SHORT ACTING Non-Preferred albuterol HFA inhaler (generic for Prosir* HFA Inhaler / Proventil* HFA Inhaler / Ventolin* HFA Inhaler) levalbuterol HFA inhaler (generic for Xopenex* HFA Inhaler) Prosir* Digitaler** Prosir* RespiClick* Prosir* RespiClick* BETA-ADRENERGIC, NEBULIZERS T/F of only one preferred drug required arformoterol solution (generic for Brovana*) Brovana* Solution Gemeterol solution (generic for Perforonist*) levalbuterol solution (generic for Perforonist*) levalbuterol solution (generic for Perforonist*) Bevana** Solution BETA-ADRENERGIC, ORAL Non-Preferred albuterol ER tablets (generic for VoSpire* ER) ORALLY INHALED ANTICHOLINERGICS / COPD AGENTS Bevespi** Aerosphere*
Preferred Ventolin® HFA Inhaler Xopenex® HFA Inhaler Appearex® HFA Inhaler Preferred Preferred albuterol 0.63mg / 3ml solution (generic for Accuneb®) albuterol 1.25mg / 3ml solution (generic for Accuneb®) albuterol sulfate 2.5mg / 0.5ml solution albuterol sulfate 2.5mg / 0.5ml solution Preferred Albuterol sulfate 2.5mg / 7ml solution Preferred albuterol tablets (generic for Proventil® Repetabs) albuterol supplementation for Proventil® Repetabs) albuterol syrup (generic for Ventolin® Syrup) erbutaline tablet (generic for Brethine®) Preferred Anoro® Ellipta® Inhaler Arrovent® HFA Inhaler	Striverds* Respinats* Inhalation Spray BETA-ADRENERGIC HANDHELD, SHORT ACTING Non-Preferred albuterol HFA inhaler (generic for Prosis* HFA Inhaler) / Proventis* HFA Inhaler / Ventolin* HFA Inhaler) levalbuterol HFA inhaler (generic for Xopenex* HFA Inhaler) Prosis* Digitaler** Prosis* Respicitick* Prosis* Respicitick* BETA-ADRENERGIC, NEBULIZERS TJF of only one preferred drug required Non-Preferred arformaterol solution (generic for Brovana*) Brovana* Solution formaterol solution (generic for Brovana*) levalbuterol solution / concentrate solution (generic for Xopenex* / Concentrate) Performist* Solution BETA-ADRENERGIC, ORAL Non-Preferred albuterol Extablets (generic for VoSpire* ER) ORALLY INHALED ANTICHOLINERGICS / COPD AGENTS Daliresp* Tablet
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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

Revised 8.28.25 Off-Cycle Change: DermaSmoothe® FS Scalp and Body Oil was moved from Non-preferred to Preferred due to patient safety

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

	INHALED CORTICOSTEROIDS
Preferred	Non-Preferred
llvesco® Inhaler	ArmonAir™ Digihaler™
rnuity® Ellipta® Inhaler	fluticasone propionate diskus (generic for Flovent® Diskus)
smanex® HFA Inhaler / Twisthaler®	Pulmicort® Flexhaler
udesonide suspension 0.25mg, 0.5mg, 1mg (generic for Pulmicort® Respules)	Pulmicort® Respules 0.25mg, 0.5mg, 1mg
lovent® Diskus / HFA Inhaler	
luticasone propionate HFA / diskus (generic for Flovent® HFA / Diskus)	
QVAR® RediHaler™	
	INHALED CORTICOSTEROID COMBINATIONS
Preferred	Non-Preferred
dvair® Diskus®	AirDuo [®] Digihaler [™] / RespiClick [®]
dvair® HFA Inhaler	AirSupra [™] Inhaler
Oulera® Inhaler	Breo [®] Ellipta [®]
ymbicort® Inhaler	Breyna [™] Inhaler
	Breztri Aerosphere
	budesonide / formoterol inhalation (generic for Symbicort®)
	fluticasone / salmeterol HFA inhaler (generic for Advair *HFA)
	fluticasone / salmeterol inhalation (generic for Advair *Diskus*)
	fluticasone / salmeterol inhalation (generic for AirDuo*)
	fluticasone / vilanterol inhalation (generic for Breo [®] Ellipta [®])
	Trelegy Ellipta
	Wixela ^{TS} inhub ^{TS}
	INTRANASAL RHINITIS AGENTS
Preferred	Non-Preferred
zelastine spray (generic for Astelin®)	T/F of preferred agents not required in children < 4 years of age for steroid-containing products
ymista [®] Nasal Spray	azelastine nasal spray (generic for Astepro*)
uticasone spray (generic for Flonase®)	azelastine-fluticasone nasal spray (generic for Dymista*)
pratropium spray (generic for Atrovent® Nasal)	Beconase AQ Nasal Spray
lopatadine nasal spray (generic for Patanase®)	flunisolide nasal spray (generic for Nasalide*)
	mometasone nasal spray (generic for Nasonex®)
	Omnaris Nasal Spray
	Patanas ® Nasal Spray
	QNasl* Nasal Spray / Children's Spray
	Ryaltris Masal Spray
	Sinuva Implant
	Nance Nagal Spray
	Antince Nasari Spray Zetona* Nasari Spray
	Zetoma i vasat Spray
	I LEUKOTRIENE MODIFIERS
Preferred	Non-Preferred
nontelukast chewable / tablet (generic for Singulair®)	Accolate Tablet
,	
	montelukast granules (generic for Singulair")
	montelukast granules (generic for Singulair®) Singulair® Chewable / Granules / Tablet
	Singulair® Chewable / Granules / Tablet
	Singulair® Chewable / Granules / Tablet zafirlukast tablet (generic for Accolate®)
	Singulair® Chewable / Granules / Tablet zafirlukast tablet (generic for Accolate®) zileuton tablet (generic for Zyflo®)
	Singulair® Chewable / Granules / Tablet zafirlukast tablet (generic for Accolate®)
	Singulair® Chewable / Granules / Tablet zafirlukast tablet (generic for Accolate®) zileuton tablet (generic for Zyflo®) Zyflo® Filmtab
Preferred	Singulair® Chewable / Granules / Tablet zafrlukast tablet (generic for Accolate®) zileuton tablet (generic for Zyflo®) Zyflo® Filmtab LOW SEDATING ANTIHISTAMINES
Preferred titrizine OTC syrup Ime/ Imf (seneric for Zyrtee® OTC Syrup)	Singulair® Chewable / Granules / Tablet zafirlukast tablet (generic for Accolate®) zileuton tablet (generic for Zyflo®) Zyflo® Filmtab LOW SEDATING ANTIHISTAMINES Non-Preferred
etirizine OTC syrup 1mg/1ml (generic for Zyrtec® OTC Syrup)	Singulair® Chewable / Granules / Tablet zafirlukast tablet (generic for Accolate®) zileuton tablet (generic for Zyflo®) Zyflo® Filmtab LOW SEDATING ANTIHISTAMINES Non-Preferred cetirizine chewable tablet OTC (generic for Zyrtee® OTC Tablet)
etirizine OTC syrup 1mg/1ml (generic for Zyrtee* OTC Syrup) etirizine Rx syrup (generic for Zyrtee* Syrup)	Singulair® Chewable / Granules / Tablet zafırlukast tablet (generic for Accolate®) zileuton tablet (generic for Zyflo®) Zyflo® Filmtab LOW SEDATING ANTIHISTAMINES Non-Preferred cetirizine chewable tablet OTC (generic for Zyrtce® OTC Tablet) cetirizine OTC syrup 5mg/5ml (generic for Zyrtce® OTC Syrup)
tirizine OTC syrup Img/Iml (generic for Zyrtec® OTC Syrup) tirizine Rx syrup (generic for Zyrtec® Syrup) tirizine tablets OTC (generic for Zyrtec® OTC Tablet)	Singulair® Chewable / Granules / Tablet zafirlukast tablet (generic for Accolate®) zileuton tablet (generic for Zyflo®) Zyflo® Filmtab LOW SEDATING ANTIHISTAMINES Non-Preferred cetrizine chewable tablet OTC (generic for Zyrtce® OTC Tablet) cetrizine OTC syrup Smg/Sml (generic for Zyrtce® OTC Syrup) cetrizine OTC softgel
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ttirizine OTC syrup Img/Iml (generic for Zyrtee [®] OTC Syrup) ttirizine Rx syrup (generic for Zyrtee [®] Syrup) ttirizine tablets OTC (generic for Zyrtee [®] OTC Tablet) vocetirizine OTC tablet (generic for Xyzal [®] OTC Tablet) vocetirizine Rx tablet (generic for Xyzal [®] Rx Tablet)	Singulair® Chewable / Granules / Tablet zafirlukast tablet (generic for Accolate®) zileuton tablet (generic for Zyflo®) Zyflo® Filmtab LOW SEDATING ANTIHISTAMINES Non-Preferred cetirizine chewable tablet OTC (generic for Zyrtee® OTC Tablet) cetirizine oTC syrup Smg/Sml (generic for Zyrtee® OTC Syrup) cetirizine OTC softgel Clarince® Tablet - TyP of preferred agents not required for children < 2 years of age desloratadine ODT / Tablet (generic for Clarince®) - TyP of preferred agents not required for children < 2 years of age
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tirizine OTC syrup Img/Iml (generic for Zyrtee® OTC Syrup) tirizine Rx syrup (generic for Zyrtee® Syrup) tirizine tablets OTC (generic for Zyrtee® OTC Tablet) vocetirizine OTC tablet (generic for Xyzal® OTC Tablet) vocetirizine OTC tablet (generic for Xyzal® Rx Tablet) ratadine tablet OTC (generic for Claritin® OTC) Preferred	Singulair® Chewable / Granules / Tablet Zafirlukast tablet (generic for Accolate®) zileuton tablet (generic for Zyflo®) Zyflo® Filmtab LOW SEDATING ANTIHISTAMINES Non-Preferred cetirizine chewable tablet OTC (generic for Zyrtce® OTC Tablet) cetirizine OTC syrup Smg/Sml (generic for Zyrtce® OTC Syrup) cetirizine OTC softgel Clarince® Tablet - TyF of preferred agents not required for children < 2 years of age desloratadine ODT / Tablet (generic for Clarince®) - TyF of preferred agents not required for children < 2 years of age fexofenadine OTC suspension / OTC tablet (generic for Allegra® OTC) levocetrizine Rx solution (generic for Xyzaf® Rx Solution) loratadine OTC chewable ODT / solution (generic for Clarine®) LOW SEDATING ANTIHISTAMINE COMBINATIONS Quantity limit of 102 days supply per 12 months apply to all drugs in this class Non-Preferred
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ttirizine OTC syrup Img/Iml (generic for Zyrtee® OTC Syrup) ttirizine Rx syrup (generic for Zyrtee® Syrup) ttirizine Rx syrup (generic for Zyrtee® OTC Tablet) vocetirizine OTC tablet (generic for Xyzal® OTC Tablet) vocetirizine Rx tablet (generic for Xyzal® Rx Tablet) ratadine tablet OTC (generic for Claritin® OTC) Preferred Preferred	Singulair® Chewable / Granules / Tablet Zafirlukast tablet (generic for Accolate®) zileuton tablet (generic for Zyflo®) Zyflo® Filmtab LOW SEDATING ANTIHISTAMINES Non-Preferred ectirizine chewable tablet OTC (generic for Zyrtec® OTC Tablet) ectirizine oTC syrup Smg/Sml (generic for Zyrtec® OTC Syrup) ectirizine OTC syrup Smg/Sml (generic for Zyrtec® OTC Syrup) ectirizine OTC softgel Clarines® Tablet - TyF of preferred agents not required for children < 2 years of age desloratadine ODT / Tablet (generic for Clarines®) - TyF of preferred agents not required for children < 2 years of age fexofenadine OTC suspension / OTC tablet (generic for Allegra® OTC) levocetrizine Rx solution (generic for Xyzal® Rx Solution) loratadine OTC chewable ODT / solution (generic for Clarinin® OTC) LOW SEDATING ANTIHISTAMINE COMBINATIONS Quantity limit of 102 days supply per 12 months apply to all drugs in this class Non-Preferred etirizine-D OTC tablet (generic for Zyrtec-D® OTC) Clarines-D® Tablet fexofenadine-D 12 flour OTC Tablet (generic for Allegra-D® 12 flour OTC) fexofenadine-pseudoephedrine ER 24 hour tablet (generic for Allegra-D® 24 hour) FIRST GENERATION ANTIHISTAMINES Non-Preferred
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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
Revised 8.28.25 Off-Cycle Change: DermaSmoothe® FS Scalp and Body Oil was moved from Non-preferred to Preferred due to patient safety

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

TOPICALS	
	ACNE AGENTS
Preferred	Non-Preferred
apalene / benzoyl peroxide (generic for Epiduo® Forte) apalene / benzoyl peroxide (generic for Epiduo® Gel)	Acanya Gel Pump
apalene / benzoyi peroxide (generic for Epiduo Gel) apalene cream / gel (generic for Differin®)	adapalene gel pump (generic for Differin ⁶) Aklief ⁶
aparene cream / get (generic for Differin) elaic acid gel (generic for Finacea®)	Aklreno* Lotion (Topical)
ndamycin phosphate gel / lotion (generic for Cleocin-T [®] , Clindagel [®])	Araza Lotion Araza Lotion
indamycin phosphate gledy / solution (generic for Cleocin-T*)	Attain* Gel
ythromycin gel (generic for Emcin®, Erycette®, EryGel®, et. al.)	Avar [®] Cleanser / LS Cleanser
ythromycin solution (generic for Emcin [®] , EryDerm [®] , EryMax [®] , et. al)	Ava-E [®] Emollient Cream / Green Emollient Cream / LS Cream
ythromycin-benzoyl peroxide gel (generic for Benzamycin®)	Benzamycin* Gel
inacea® Gel	BP [®] 10-1 Wash / Cleansing Wash
etin-A® Cream / Gel	Cabtreo™ Gel
etin-A® Micro Gel	Cleocin [®] T Lotion
oiduo [®] gel pump	Clindacin [®] ETZ Pledget / Kit / P Foam / P Pledgets / PAC Kit
ifferin® lotion/cream	Clindagel [®] Gel
ifferin [®] gel pump	clindamycin / tretinoin (generic for Veltin [®])
	clindamycin phosphate foam (generic for Evoclin [®])
	clindamycin-benzoyl peroxide gel (generic for Neuac®)
	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
	Evelin [®] Foam
	Fabior® Foam
	Finacea® Foam Klaron® Lotion
	Neuac® Gel / Kit
	Onexton [®] Gel / Gel Pump
	Ovace® Plus Cleansing Cream / Gel / Lotion / Shampoo / Wash Retin-A® Micro Pump Gel
	Kenn-A Micro rump Get Rosanii Cleanser Iotion
	Rosula® Cloths / Wash
	sodium sulfacetamide cleanser / cream (generic for Avar.® / LS)
	sodium suffacetamide fotion (generic for Avar 7 LS) sodium suffacetamide fotion (generic for Klaron®)
	Sodium suffaccianture room (generic an Kanou)
	Sodium suffacciantus damipolo, wasa (generi, an 'Ovace', Fluso') sodium suffacciantus damipolo, wasa (generi, an 'Novace', Plexion', Zetace') sodium suffacciantus damipolo, wasa (generic for Novace', Plexion', Zetace')
	Sodium suffacetamine/souring road/ suspension/ generic no voorset; retexton/ Zetacet/ sodium suffacetamine/souring road/ suspension/ generic no voorset; retexton/ Zetacet/ sodium suffacetamine/souring road/ suspension/ generic no voorset; retexton/ Zetacet/ sodium suffacetamine/souring road/ suspension/ generic no voorset; retexton/ Zetacet/ sodium suffacetamine/souring road/ suspension/ generic no voorset; retexton/ Zetacet/ sodium suffacetamine/souring road/ suspension/ generic no voorset; retexton/ Zetacet/ sodium suffacetamine/souring road/ suspension/ generic no voorset; retexton/ Zetacet/ sodium suffacetamine/souring road/ suspension/ generic no voorset; retexton/ Zetacet/ sodium suffacetamine/souring road/ suspension/ generic no voorset; retexton/ Zetacet/ sodium suffacetamine/souring road/ suspension/ generic no voorset; retexton/ Zetacet/ sodium suffacetamine/souring road/ suspension/ generic no voorset/
	SSS® 10-5 Cream / Foam
	sulfacetamide-sulfur 9-4% cleanser (generic for Zencia 11)
	sulfacetamide-sulfur cream (generic for Avar* E, SSS* 10-5)
	Sumadan® Kit / XLT Kit / Wash
	Sumaxin® Cleansing Pads / CP Kit / TS Topical Suspension / Wash
	tazarotene cream / foam / gel (generic for Tazorac®, Fabior®)
	tretinoin cream / gel (generic for Retin-A*)
	tretinoin microsphere gel / microsphere gel pump (generic for Retin-A* Micro)
	Twyneo® Cream
	Winlevi® Cream
	Ziana* Gel
	Zma Clear [™] Cleanser
	ANDROGENIC AGENTS
Preferred	Non-Preferred
ndroge1® Pump	Androgel® Packet
stosterone gel pump (generic for Androgel®)	Natesto [®] Nasal Gel
	Testim* Gel
	rer
	testosterone gel pump (generic for Fortesta*, Axiron*)
	testosterone packet (generic for Androgel®)
	Vogelxo® Gel / Packet / Pump
	NSAIDS
Preferred	Non-Preferred
clofenac topical gel (generic for Voltaren® Gel)	diclofenac epolamine patch (generic for Flector®)
	diclofenac solution / pump (generic for Pennsaid*)
	Pennsaid* Solution Packet / Pump
	ANTIBIOTICS
Preferred	Non-Preferred
ntamicin cream / ointment (generic for Garamycin®)	Centany® AT Ointment Kit / Ointment
upirocin ointment (generic for Bactroban®)	mupirocin cream (generic for Bactroban*)
	Xepi [™] Cream

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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

	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	
clotrimazole Rx cream (generic for Lotrimin® Rx)	Ciclodan® Cream / Cream Kit / Kit / Solution	
clotrimazole-betamethasone cream (generic for Lotrisone®)	ciclopirox gel / shampoo / suspension (generic for Loprox®)	
ketoconazole cream / shampoo (generic for Nizoral®)	ciclopirox treatment kit (generic for Ciclodan®)	
Klayesta® Powder (branded generic for Nystop®)	clotrimazole Rx solution (generic for Lotrimin Rx)	
Nyamyc® Powder (branded generic for Nystop®)	clotrimazole-betamethasone lotion (generic for Lotrisone *)	
nystatin cream / ointment / powder (generic for Mycostatin®, Nystop®)	econazole cream (generic for Spectazole*)	
Nystop [®] Powder	Ertaczo [®] Cream	
	Extina® Foam	
	Jublia® 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	
	miconazole / zinc oxide / petrolatum ointment (generic for Vusion ") - Clinical criteria apply naftifine cream / gel (generic for Naftin *)	
	naftifine cream / get (generic for Naftin") Naftin [®] Gel	
	nystatin-triamcinolone cream / ointment (generic for Mycolog II [®])	
	oxiconazole cream (generic for Oxistat*)	
	Oxistat Lotion	
	salicylic acid ointment (generic for Bensal HP*)	
	tavaborole topical solution (generic for Kerydin [®])	
	Vusion® Ointment - Clinical criteria apply	
	Turner Cinical Cinical Cinical uppy	
	ANTIPARASITICS	
	T/F of only one preferred drug required	
Preferred	Non-Preferred	
Natroba® Topical Suspension	Crotan ™ Lotion	
permethrin cream (generic for Elimite®)	Elimite** Cream	
· · · · · · · · · · · · · · · · · · ·	Eurax® Cream / Lotion	
	lindane shampoo	
	malathion lotion (generic for Ovide*)	
	Ovide* Lotion	
	Sklice® Lotion	
	SKICC LOUGH	
	spinosad topical suspension (generic for Natroba®)	
Preferred	spinosad topical suspension (generic for Natroba®)	
Preferred acyclovir ointment (generic for Zovirax*)	spinosad topical suspension (generic for Natroba®) ANTIVIRAL	
acyclovir ointment (generic for Zovirax®)	spinosad topical suspension (generic for Natroba®) ANTIVIRAL Non-Preferred	
acyclovir ointment (generic for Zovirax®)	spinosad topical suspension (generic for Natroba*) ANTIVIRAL Non-Preferred acyclovir cream (generic for Zovirax*)	
acyclovir ointment (generic for Zovirax®)	spinosad topical suspension (generic for Natroba*) ANTIVIRAL Non-Preferred acyclovir cream (generic for Zovirax*) Denavir* Cream	
acyclovir ointment (generic for Zovirax®)	spinosad topical suspension (generic for Natroba®) ANTIVIRAL Non-Preferred acyclovir cream (generic for Zovirax®) Denavir® Cream penciclovir cream (generic for Denavir®)	
acyclovir ointment (generic for Zovirax®)	spinosad topical suspension (generic for Natroba®) ANTIVIRAL Non-Preferred acyclovir cream (generic for Zovirax®) Denavir® Cream penciclovir cream (generic for Denavir®) Xcrese® Cream Zovirax® Ointment	
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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

Revised 8.28.25 Off-Cycle Change: DermaSmoothe® FS Scalp and Body Oil was moved from Non-preferred to Preferred due to patient safety

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

	ROSACEA AGENTS
Preferred	Non-Preferred
elaic acid gel (generic for Finacea®)	brimonidine gel pump (generic for Mirvaso [®])
nacea [®] Gel	Epsolay [®] (benzoyl peroxide)
etroCream®	Finacea® Foam
etroGel [®]	ivermectin cream (generic for Soolantra®)
etronidazole cream (generic for MetroCream®)	metronidazole lotion (generic for MetroLotion®)
etronidazole gel / pump (generic for MetroGel®)	Mirvaso [®] (brimonidine)
osadan® Cream / Gel	Noritate [®] Cream
	Rhofade* Cream
	Rosadan [®] Kit
	STEROIDS
	Low Potency
n c l	
Preferred	Non-Preferred
sonide cream / ointment (generic for DesOwen®)	alclometasone dipropionate cream / ointment (generic for Aclovate®)
ermaSmoothe® FS Scalp and Body Oil	Capex®
uocinolone body / scalp oil (generic for DermaSmoothe® FS Scalp / Body Oil)	desonide lotion (generic for DesOwen® Lotion)
drocortisone cream / lotion / ointment (generic for Hytone®)	Hydrocortisone Solution
diocortisone cream / tottom / omninent (generic for rilytone)	Hydroxym Gel
	Texacort® Solution
	Medium Potency
Preferred	Non-Preferred
uticasone cream / ointment (generic for Cutivate®)	Beser Motion / Kit
ometasone cream / ointment / solution (generic for Elocon®)	clocortolone cream (generic for Cloderm®)
	Cloderm® Cream / Pump
	fluocinolone cream / ointment / solution (generic for Synalar®)
	flurandernolide Lotion / Ointment
	fluticasone lotion (generic for Cutivate® Lotion)
	hydrocortisone butyrate cream / lipid cream / lotion / ointment / solution (generic for Locoid®)
	hydrocortisone valerate cream / ointment (generic for Westcort®)
	Locoid® Lipocream / Lotion
	Pandel® Cream
	prednicarbate cream / ointment (generic for Dermatop®)
	Synalar® Cream / Ointment / Kit / Solution / TS Kit
	High Potency
Preferred	Non-Preferred
setametrasone valerate cream / outment (generic for Valisone [®])	amerinanida cream (generic for Cyclocort®)
	amcinonide cream (generic for Cyclocor®)
luocinonide cream / gel / ointment / solution (generic for Lidex®)	betamethasone dipropionate augmented cream / gel / lotion / ointment (generic for Diprolene®)
luocinonide cream / gel / ointment / solution (generic for Lidex®)	betamethasone dipropionate augmented cream / gel / lotion / ointment (generic for Diprolene®) betamethasone dipropionate cream / lotion / ointment (generic for Diprosone®)
uocinonide cream / gel / ointment / solution (generic for Lidex®)	betamethasone dipropionate augmented cream / gel / lotion / ointment (generic for Diprolene®) betamethasone dipropionate cream / lotion / ointment (generic for Diprosone®) betamethasone valerate foam / lotion (generic for Valisone®)
uocinonide cream / gel / ointment / solution (generic for Lidex®)	betamethasone dipropionate augmented cream / gel / lotion / ointment (generic for Diprolene®) betamethasone dipropionate cream / lotion / ointment (generic for Diprosone®)
uocinonide cream / gel / ointment / solution (generic for Lidex*)	betamethasone dipropionate augmented cream / gel / lotion / ointment (generic for Diprolene®) betamethasone dipropionate cream / lotion / ointment (generic for Diprosone®) betamethasone valerate foam / lotion (generic for Valisone®) desoximetasone cream / gel / ointment / spray (generic for Topicor®)
uocinonide cream / gel / ointment / solution (generic for Lidex*)	betamethasone dipropionate augmented cream / gel / lotion / ointment (generic for Diprolene®) betamethasone dipropionate cream / lotion / ointment (generic for Diprosone®) betamethasone valerate foam / lotion (generic for Valisone®) desocimetasone cream / gel / ointment / spray (generic for Topicone®) diflorasone cream / ointment (generic for Florone®)
uocinonide cream / gel / ointment / solution (generic for Lidex®)	betamethasone dipropionate augmented cream / gel / lotion / ointment (generic for Diprolene®) betamethasone dipropionate cream / lotion / ointment (generic for Diprosone®) betamethasone valerate foam / lotion (generic for Valisone®) desoximetasone cream / gel / ointment / spray (generic for Topicont®) diflorasone cream / ointment (generic for Florone®) Diprolene® Ointment
uocinonide cream / gel / ointment / solution (generic for Lidex®)	betamethasone dipropionate augmented cream / gel / lotion / ointment (generic for Diprolene®) betamethasone dipropionate cream / lotion / ointment (generic for Diprosone®) betamethasone valerate foam / lotion (generic for Valisone®) desoximetasone cream / gel / ointment / spray (generic for Topicont®) diflorasone cream / ointment (generic for Florone®) Diprolene® Ointment fluccinonide emollient cream (generic for Lidex® E)
uocinonide cream / gel / ointment / solution (generic for Lidex®)	betamethasone dipropionate augmented cream / gel / lotion / ointment (generic for Diprolene®) betamethasone dipropionate cream / lotion / ointment (generic for Diprosone®) betamethasone valerate foam / lotion (generic for Valisone®) desoximetasone cream / gel / ointment / spray (generic for Topicone®) diflorasone cream / ointment (generic for Florone®) Diprolene® Ointment fluccionoide emollient cream (generic for Lidex® E) halcinonide cream (generic for Halog®)
uocinonide cream / gel / ointment / solution (generic for Lidex®)	betamethasone dipropionate augmented cream / gel / lotion / ointment (generic for Diprolene®) betamethasone dipropionate cream / lotion / ointment (generic for Diprosone®) betamethasone valerate foam / lotion (generic for Valisone®) desoximetasone cream / gel / ointment / spray (generic for Topicone®) diflorasone cream / ointment (generic for Florone®) Diprolene® (ointment fluocinonide emollient cream (generic for Lidex® E) halcinonide cream (generic for Halog®) halcinonide solution (generic for Halog®)
uocinonide cream / gel / ointment / solution (generic for Lidex®)	betamethasone dipropionate augmented cream / gel / lotion / ointment (generic for Diprolene®) betamethasone dipropionate cream / lotion / ointment (generic for Diprosone®) betamethasone valerate foam / lotion (generic for Valisone®) desoximetasone cream / gel / ointment / spray (generic for Topicone®) diflorasone cream / ointment (generic for Florone®) Diprolene® Ointment fluccionoide emollient cream (generic for Lidex® E) halcinonide cream (generic for Halog®)
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uocinonide cream / gel / ointment / solution (generic for Lidex®)	betamethasone dipropionate augmented cream / gel / lotion / ointment (generic for Diprolene®) betamethasone dipropionate cream / lotion / ointment (generic for Diprosone®) betamethasone valerate foam / lotion (generic for Valisone®) desoximetasone cream / gel / ointment / spray (generic for Topicone®) diflorasone cream / ointment (generic for Florone®) Diprolene® Ointment fluccinonide emollient cream (generic for Lidex® E) halcinonide cream (generic for Halog®) halcinonide solution (generic for Halog®) Halog® Cream / Ointment / Solution Kenalog® Spray
uocinonide cream / gel / ointment / solution (generic for Lidex*)	betamethasone dipropionate augmented cream / gel / lotion / ointment (generic for Diprosene®) betamethasone dipropionate cream / lotion / ointment (generic for Diprosene®) betamethasone valerate foam / lotion (generic for Valisone®) desoximetasone cream / gel / ointment / spray (generic for Topicont®) diflorasone cream / ointment (generic for Florone®) Diprolene® Ointment fluocinonide emollient cream (generic for Lidex® E) halcinonide cream (generic for Halog®) halcinonide solution (generic for Halog®) Halog® Cream / Ointment / Solution Kenalog® Spray Topicort® Cream / Gel / Ointment / Spray
uocinonide cream / gel / ointment / solution (generic for Lidex*)	betamethasone dipropionate augmented cream / gel / lotion / ointment (generic for Diprolene®) betamethasone dipropionate cream / lotion / ointment (generic for Diprosone®) desoximetasone cream / gel / ointment / spray (generic for Topicone®) disflorasone cream / gel / ointment / spray (generic for Topicone®) Diprolene® Ointment fluocinonide emollient cream (generic for Elorone®) halcinonide cream (generic for Halog®) halcinonide solution (generic for Halog®) Halog® Cream / Ointment / Solution Kenalog® Spray Topicort® Cream / Cel / Ointment / Spray triamcinolone spray (generic for Kenalog®)
uocinonide cream / gel / ointment / solution (generic for Lidex*)	betamethasone dipropionate augmented cream / gel / lotion / ointment (generic for Diprosene®) betamethasone dipropionate cream / lotion / ointment (generic for Diprosene®) betamethasone valerate foam / lotion (generic for Valisone®) desoximetasone cream / gel / ointment / spray (generic for Topicont®) diflorasone cream / ointment (generic for Florone®) Diprolene® Ointment fluocinonide emollient cream (generic for Lidex® E) halcinonide cream (generic for Halog®) halcinonide solution (generic for Halog®) Halog® Cream / Ointment / Solution Kenalog® Spray Topicort® Cream / Gel / Ointment / Spray
uocinonide cream / gel / ointment / solution (generic for Lidex®)	betamethasone dipropionate augmented cream / gel / lotion / ointment (generic for Diprolene®) betamethasone dipropionate cream / lotion / ointment (generic for Diprosone®) betamethasone valerate foam / lotion (generic for Valisone®) desoximetasone cream / gel / ointment / spray (generic for Topicone®) diflorasone cream / ointment (generic for Florone®) Diprolene® Ointment fluocinonide emollient cream (generic for Lidex® E) halcinonide oream (generic for Halog®) halcinonide solution (generic for Halog®) Halog® Cream / Ointment / Solution Kenalog® Spray Topicort® Cream / Gel / Ointment / Spray triamcinolone spray (generic for Kenalog®) Vanos® Cream
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uocinonide cream / gel / ointment / solution (generic for Lidex®)	betamethasone dipropionate augmented cream / gel / lotion / ointment (generic for Diprolene®) betamethasone dipropionate cream / lotion / ointment (generic for Diprosone®) betamethasone valerate foam / lotion (generic for Valisone®) desoximetasone cream / gel / ointment / spray (generic for Topicone®) diflorasone cream / ointment (generic for Florone®) Diprolene® Ointment fluocinonide emollient cream (generic for Lidex® E) halcinonide oream (generic for Halog®) halcinonide solution (generic for Halog®) Halog® Cream / Ointment / Solution Kenalog® Spray Topicort® Cream / Gel / Ointment / Spray triamcinolone spray (generic for Kenalog®) Vanos® Cream
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preferred obetasol schampoo (generic for Clobex*) obetasol shampoo (generic for Cormax*) lobex* Shampoo	betamethasone dipropionate augmented cream / gel / lotion / ointment (generic for Diprosene®) betamethasone dipropionate cream / lotion / ointment (generic for Diprosene®) desoximetasone valerate foam / lotion (generic for Valisone®) desoximetasone cream / gel / ointment / spray (generic for Topicore®) diflorasone cream / ointment (generic for Florone®) Diprolene® Ointment fluccionoide emollient cream (generic for Lidex® E) halcinonide cream (generic for Halog®) halcinonide solution (generic for Halog®) halcinonide solution (generic for Halog®) Halog® Cream / Ointment / Solution Kenalog® Spray Topicort® Cream / Gel / Ointment / Spray triamcinolone spray (generic for Kenalog®) Vanos® Cream Very High Potency Non-Preferred ApexiCon® E Cream Bryhali™ Lotion clobetasol Iotion / spray (generic for Clobex®) clobetasol Iotion / spray (generic for Clobex®) Clodan® Kit / Shampoo
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preferred obetasol schampoo (generic for Clobex*) obetasol shampoo (generic for Cormax*) lobex* Shampoo	betamethasone dipropionate augmented cream / gel / lotion / ointment (generic for Diprosene®) betamethasone dipropionate cream / lotion / cointment (generic for Diprosene®) desoximetasone valerate foam / lotion (generic for Valisone®) desoximetasone cream / gel / ointment / spray (generic for Topicone®) diflorasone cream / ointment (generic for Florone®) Diprolene® Ointment fluccinonide emollient cream (generic for Lidex® E) halcinonide cream (generic for Halog®) halcinonide solution (generic for Halog®) halcinonide solution (generic for Halog®) Halog® Cream / Ointment / Solution Kenalog® Spray Topicort® Cream / Gel / Ointment / Spray triamcinolone spray (generic for Kenalog®) Vanos® Cream Very High Potency Non-Preferred ApexiCon® E Cream Bryhali™ Lotion clobetasol foam / emollient foam / emulsion foam (generic for Olux® / Olux-E®) clobetasol lotion / spray (generic for Clobex®) Clodan® Kit / Shampoo halobetasol propionate foam (generic for Lexette®) Impeklo® Lotion Lexette® Foam
preferred obetasol schampoo (generic for Clobex*) obetasol shampoo (generic for Cormax*) lobex* Shampoo	betamethasone dipropionate augmented cream / gel / lotion / ointment (generic for Diprosone*) betamethasone dipropionate cream / lotion / ointment (generic for Diprosone*) desoximetasone cream / gel / ointment / spray (generic for Topicont*) diflorasone cream / gel / ointment / spray (generic for Topicont*) diflorasone cream / ointment (generic for Florone*) Diprolene* Ointment fluccinonide emollient cream (generic for Lidex* E) halcinonide cream (generic for Halog*) halcinonide solution (generic for Halog*) Halog* Cream / Ointment / Solution Kenalog* Spray Topicort* Cream / Gel / Ointment / Spray triamcinolene spray (generic for Kenalog*) Vanos* Cream Very High Potency Non-Preferred ApexiCon* E Cream Bryhali** Lotion clobetasol foam / emollient foam / emulsion foam (generic for Olux* / Olux-E*) clobetasol lotion / spray (generic for Clobex*) Clodan* Kit / Shampoo halobetasol propionate foam (generic for Lexette*) Impeklo** Lotion
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preferred obetasol schampoo (generic for Clobex*) obetasol shampoo (generic for Cormax*) lobex* Shampoo	betamethasone dipropionate augmented cream / gel / lotion / ointment (generic for Diprosene®) betamethasone dipropionate cream / lotion / ointment (generic for Diprosene®) desoximetasone carear foam / lotion (generic for Topicone®) desoximetasone cream / gel / ointment / spray (generic for Topicone®) Diprolene® Ointment fluccinonide emollient cream (generic for Lidex® E) halcinonide condition (generic for Halog®) halcinonide solution (generic for Halog®) halcinonide solution (generic for Halog®) halcinonide solution (generic for Halog®) Halog® Cream / Ointment / Solution Kenalog® Spray Topicort® Cream / Gel / Ointment / Spray triamcinolone spray (generic for Kenalog®) Very High Potency Non-Preferred ApexiCon® E Cream Bryhaii** Lotion clobetasol fotion / spray (generic for Clobex®) Cloden® Kir / Shampoo halobetasol fotion / spray (generic for Lexette®) Impeklo® Lotion Lexette® Foam Olux® Foam Olux® Foam Olux® Foam Olux® Foam Olux® Foam Olux® Foam / Gel / Ointment Temovate® Ointment Temovate® Ointment
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Iuocinonide cream / gel / ointment / solution (generic for Lidex *) riamcinolone acetonide cream / lotion / ointment (generic for Kenalog *) Preferred Iobetasol cream / emollient cream / gel / ointment (generic for Temovate *) Iobetasol shampoo (generic for Clobex *) Iobetasol shampoo (generic for Cromax *) Clobex * Shampoo alobetasol propionate cream / ointment (generic for Ultravate *) GLP Preferred	betamethasone dipropionate augmented cream / gel / lotion / ointment (generic for Diprotone*) betamethasone dipropionate cream / totion / ointment (generic for Diprotone*) betamethasone valente fame / lotion (generic for Valisone*) desoximetasone cream / gel / ointment (speneric for Topicor*) difforasone cream / ointment (generic for Florone*) Diprotone* Ointment fluocinonide emollient cream (generic for Lidox* E) halcinonide ceram (generic for Halog*) halcinonide solution (generic for Halog*) Halog* (ream / Ointment / Solution Kenalog* Spray Topicor* Cream / Gel / Ointment / Spray triamcinolone spray (generic for Kenalog*) Very High Potency Non-Preferred Apesi Con* E Cream Bryhati** Lotion dobetasol foam / emollient foam / emulsion foam (generic for Olux* / Olux-E*) clobetasol foam / emollient foam / emulsion foam (generic for Olux* / Olux-E*) clotodar* Kit / Shampoo halobetasol propionate foam (generic for Lexette*) mesklo** Tenovate* Toam Temovate* Toam Temovate* Toam Temovate* Toam Temovate* Ointment Tove** Foam Temovate* Ointment Tove** Foam Temovate* Ointment Tove** Foam / Foam Kit Ultravate* Lotion WEIGHT MANAGEMENT AGENTS **Parent** **Parent**

Effective Date July 1, 2025

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

Revised 8.28.25 Off-Cycle Change: DermaSmoothe® FS Scalp and Body Oil was moved from Non-preferred to Preferred due to patient safety

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 LDE can be loui		is.gov/providers/programs-services/prescription-drugs/outpatient-pharmacy-services
	Weight Ma	anagement 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
	IMM	IUNOMODULATORS, ASTHMA
		l criteria apply to all drugs in this class
Preferred	Cimical	Non-Preferred
Fasenra® Pen / Syringe		Cinqair® Vial
Yolair® (omalizumab) Autoinjector/Syringe		Nucala® Syringe / Vial / Autoinjector
Adianres (omanizuman) Autoinjector/syringe		
		Tezspire® Pen / Syringe - T/F of preferred agents not required for diagnosis of non-allergic, non-eosinophilic severe asthma Xolair® Vial
		Xolair Vial
	IMMU	NOMODULATORS, Atopic Dermatitis
		l criteria apply to all drugs in this class
Preferred	Cimical	Non-Preferred
Adbry® Syringe		Adbry® (tralokinumab-ldrm) Autoinjector
Dupixent® Pen / Syringe		Ebglyss Pen
Elidel® Cream		Ebglyss TM Syringe (lebrikizumab-lbkz)
Eucrisa® 2% Ointment		Opzelura 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®)
	EPINE	EPHRINE, SELF ADMINISTERED
	Quanti	ty 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		
	ESTRO	OGEN AGENTS, COMBINATIONS
Preferred	Dorne	Non-Preferred
Activella® Tablet		Bijuva® Capsule
Amabelz™ Tablet		
estradiol/norethindrone 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		
	ESTROGE	N AGENTS, ORAL / TRANSDERMAL
Preferred		Non-Preferred
Climara® Pro Patch		Climara® Patch
CombiPatch® Patch		Diviget [®] 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®)
		Lyllana [™] Patch
		Menostar [®] Patch
		Minivelle® Patch
		Osphena® Tablet
		Veozah [™] Tablet
		Vivelle-Dot® Patch
	ESTROGEN	AGENTS, VAGINAL PREPARATIONS
Preferred		Non-Preferred
Estring® Vaginal Ring		Estrace [®] Cream
Premarin® Vaginal Cream		estradiol vaginal cream / tablet (generic for Estrace*)
Vagifem® Vaginal Tablet		Femring® Vaginal Ring
		Imvexxy® Vaginal Inserts
		Yuvafem [®] Vaginal Tablet

Effective Date July 1, 2025

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

Revised 8.28.25 Off-Cycle Change: DermaSmoothe® FS Scalp and Body Oil was moved from Non-preferred to Preferred due to patient safety

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

iviore information on the PDL can be found at: <u>nttps://med</u>	dicaid.ncdhhs.gov/providers/programs-services/prescription-drugs/outpatient-pharmacy-services
	GLUCOCORTICOID STEROIDS, ORAL
Preferred	Non-Preferred
budesonide EC capsule (generic for Entocort® EC)	Alkindi [®] Sprinkle Capsule Cortef [®] Tablet
dexamethasone elixir / tablet (generic for Decadron*) 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 ^a) - 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 cosinophilic 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 aDD1 (generic for Orapred OD1) prednisolone tablet
	Prednisone Intensol® Concentrated Solution
	Produisone intensor Concentrated Solution Rayos® Tablet
	Taperde Tablet
	Tarpeyo™ Capsule - T/F of preferred agents not required for diagnosis of IgA nephropathy
	CYTOKINE AND CAM ANTAGONISTS
	Clinical criteria apply to all drugs in this class
	T/F of only one Preferred drug required
Preferred	Non-Preferred
adalimumab-adaz Pen / Syringe	Abrilada "Pen / Syringe
adalimumab-fkjp Pen / Syringe	Actemra® ACTPen [™] / Syringe / Vial
Cosentyx® Sensoready® Pen / UnoReady® Pen / Syringe Enbrei® Mini Certridge / Sureclick® Syringe / Syringe / Viel	adalimumab-aacf Pen
Enbrel [®] Mini Cartridge / Sureclick [®] Syringe / Syringe / Vial Hadlima [™] Syringe / PushTouch	adalimumab-aaty Autoinjector / Syringe
Humira® Crohn's Starter Pack / Ped. Crohn's Starter Pack / Pen / Psoriasis Starter Pack / Syringe	adalimumab-adbm Pen / Psoriasis-UV Pen / Crohn's Pen / Syringe adalimumab-ryvk Autoinjector / Syringe
infliximab vial (generic for Remicade®)	adaimuman-ryvik Autoinjector / Syringe Amjevita ³⁸ Syringe / Autoinjector
Otezla [®] Starter Pack / Tablet	Arcalyst SQ Syringe
	Avsola* Vial
	Binzelx* Autoinjector / Syringe
	Cibiqq [™] Tablet
	Cimzia® Starter Kit / Syringe Kit / Vial Kit
	Cosentyx® Vial
	Cyltezo™ (adalimumab-adbm) Psoriasis-UV Pen
	Cyltezo™ Syringe / Crohn's-UC-HS Pen / Psoriasis Pen / Pen
	Enspryng ^M Syringe
	Entyvio® Pen / Vial
	Hulio [™] Pen / Syringe
	Hyrimoo ²¹ 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
	Sincet. Syringe - 1/F or preferred agents not required for diagnosis of Neonatal Onset situati-system inflammatory Disease Oluminat F ablet.
	Omvok" (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® (tocilizumab-aazg) Autoinjector / Syringe
	Tyenne Vial
	Upirase Vial
	Velsipity [®] Tablet
	Xeljanz [®] Tablet / Solution / XR Tablet
	Yuflyma* Syringe / Autoinjector / Crohn's-UC-HS Autoinjector
	Yusimy ⁵⁶ Pen
	Zymfentra ³¹¹ Pen / Syringe
	IMMUNOSUPPRESSANTS
Preferred	Non-Preferred
Astagraf [®] XL Capsule	
Azasan® Tablet	
azathioprine tablet (generic for Imuran®)	
Cellcept® Capsule / Suspension / Tablet	
cyclosporine capsule (generic for Sandimmune®)	
cyclosporine modified capsule / solution (generic for Gengraf [®] , Neoral [®]) Envarsus [®] XR Tablet	
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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

Revised 8.28.25 Off-Cycle Change: DermaSmoothe® FS Scalp and Body Oil was moved from Non-preferred to Preferred due to patient safety

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

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

T/F criteria, clinical criteria (indicated in RED) may also apply. New to market products typically default to Non-Preferred status until

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everolimus tablet (generic for Zortress® Tablet)	
Gengraf® Capsule / Solution	
Imuran® Tablet	
mycophenolate capsule / suspension / tablet (generic for Cellcept®)	
mycophenolic acid tablet (generic for Myfortic®)	
Myfortic* Tablet	
Myhibbin™ (mycophenolate mofetil) Suspension	
Neoral® Capsule / Solution	
Prograf® Capsule / Granule Packet	
Rapamune® Solution / Tablet	
Rezurock Tablet	
Sandimmune® Capsule / Solution	
sirolimus tablet / solution (generic for Rapamune®)	
tacrolimus capsule (generic for Hecoria®, Prograf®)	
Tavneos® Capsule	
Zortress® Tablet	
	MOVEMENT DISORDERS
	Clinical criteria apply to all drugs in this class
Preferred	Non-Preferred
Austedo® Tablet	Ingrezza® (valbenazine) Sprinkle Capsules
Austedo® XR Tablet / Titration Kit	Xenazine* Tablet
Ingrezza® Capsule / Initiation Pack	
tetrabenazine tablet	
HEREDITA	ARY ANGIOEDEMA (HAE) PROPHYLAXIS AGENTS
	Clinical criteria apply to all drugs in this class
Preferred	Non-Preferred
Haegarda® Vial	Cinryze Vial
Orladeyo* Capsule	Takhzyro [®] Vial / Syringe
	ARY ANGIOEDEMA (HAE) TREATMENT AGENTS
	Clinical criteria apply to all drugs in this class
Preferred	Non-Preferred
Berinert® Vial / Kit	Firazyr® Syringe
icatibant syringe (generic for Firazyr®)	Ruconest [®] Vial
Kalbitor [®] Vial	
Sajazir™ Syringe (branded generic for icatibant)	
	OPIOID ANTAGONISTS
Preferred	Non-Preferred
Kloxxado™ Nasal Spray	Non-Treetred
LifEMS [™] naloxone Syringe Kit	
naloxone nasal spray (OTC)	
naloxone syringe / spray / vial (generic for Narcan®)	
naltrexone tablet	
Narcan® Nasal Spray (OTC)	
Opvee® Nasal Spray	
Rextovy [™] (naloxone) Nasal Spray	
Vivitrol® Vial / Diluent	
Zimhi [™] Syringe	
, ,	
	OPIOID DEPENDENCE
Duofounad	
Preferred	Non-Preferred
Prior Approval Not Required for Coverage of Preferred Agents	Clinical Criteria Apply to Non-Preferred Agents
Brixadi™ Weekly Syringe / Monthly Syringe	buprenorphine-naloxone SL film (generic for Suboxone [®])
buprenorphine-naloxone SL tablet (generic for Suboxone®)	Lofexidine Tablet T/F of preferred agents not required for diagnosis of opioid withdrawal
buprenorphine SL tablet (generic for Subutex®)	Lucemyra® Tablet - T/F of preferred agents not required for diagnosis of opioid withdrawal
Suboxone® SL Film	Zubsolv® Tablet SL
Sublocade [®] Syringe	

Effective Date July 1, 2025

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

	ELETAL MUSCLE RELAXANTS
Preferred	Non-Preferred
baclofen tablet (generic for Lioresal®)	Amrix* ER Capsule
cyclobenzaprine tablet (generic for Flexeril®)	baclofen oral solution
methocarbamol tablet (generic for Robaxin®)	baclofen suspension (generic for Fleqsuvy ^N)
tizanidine tablet (generic for Zanaflex®)	chlorzoxazone tablet (generic for Parafon Forte®)
	cyclobenzaprine ER capsule (generic for Amrix® ER)
	Dantrium [®] Capsule / Vial
	dantrolene sodium capsule (generic for Dantrium®)
	Fexmid [®] Tablet
	Fleqsuvy [™] Suspension
	Lorzone® Tablet
	Lyvispah® Granule Packet
	metaxalone tablet (generic for Skelaxin*)
	Norgesic Tablet / Forte Tablet
	orphenadrine / aspirin / eaffeine tablet (generic for Norgesic)
	orphenadrine citrate tablet / vial (generic for Norflex®)
	Orphengesic® Forte Tablet
	Robaxin* Vial
	Tanlor® Tablet
	tizanidine capsules (generic for Zanaflex®)
	Zanaflex® Capsule / Tablet
DISPOSABI	LE INSULIN DELIVERY DEVICES
Preferred	Non-Preferred
CeQur Simplicity™	
CeQur Simplicity™ Inserter	
Omnipod 5 [®] G6 Pods (5-Pack) / G6 Intro Kit / G6-G7 Pods / G6-G7 Intro Kit	
Omnipod DASH® Pods (5-Pack) / Intro Kit	
Omnipod GO TM Pods Omnipod GO TM Pods	
	MILOUS CLUCOSE MONITOD SUBDITIES
	NUOUS GLUCOSE MONITOR SUPPLIES
	al criteria apply to all items in this class
	cose Monitor Transmitters / Receivers / Readers
Preferred	Non-Preferred
Dexcom G6 [®] Transmitter / Receiver	Freestyle Libre [™] 14 day Reader
Dexcom G7 [®] Receiver	
Freestyle Libre [™] 2 Reader	
TM	
Freestyle Libre ™ 3 Reader	
Freestyle Libre 3 Reader	
	ntinuous Glucose Monitor Sensors
	ontinuous Glucose Monitor Sensors Non-Preferred
Co Preferred	Non-Preferred
Preferred Freestyle Libre ** 2 Sensor	
Preferred Freestyle Libre™ 2 Sensor Freestyle Libre™ 2 Plus Sensor	Non-Preferred
Preferred Freestyle Libre™ 2 Sensor Freestyle Libre™ 2 Plus Sensor Freestyle Libre™ 3 Sensor	Non-Preferred
Preferred Freestyle Libre™ 2 Sensor Freestyle Libre™ 3 Sensor Freestyle Libre™ 3 Sensor Freestyle Libre™ 3 Nensor Freestyle Libre™ 3 Plus Sensor	Non-Preferred
Preferred Freestyle Libre™ 2 Sensor Freestyle Libre™ 2 Plus Sensor Freestyle Libre™ 3 Sensor Freestyle Libre™ 3 Plus Sensor Freestyle Libre™ 3 Plus Sensor Dexcom G6® Sensor	Non-Preferred
Preferred Freestyle Libre TM 2 Sensor Freestyle Libre TM 2 Plus Sensor Freestyle Libre TM 3 Plus Sensor Freestyle Libre TM 3 Plus Sensor Freestyle Libre TM 3 Plus Sensor Dexcom GG TM Sensor Dexcom GG TM Sensor	Non-Preferred Freestyle Libre™ 14 day Sensor
Preferred Freestyle Libre™ 2 Sensor Freestyle Libre™ 2 Plus Sensor Freestyle Libre™ 3 Plus Sensor Freestyle Libre™ 3 Plus Sensor Dexcom Gf® Sensor Dexcom Gf® Sensor Dexcom Gf® Sensor	Non-Preferred Freestyle Libre 14 day Sensor DIABETIC SUPPLIES
Preferred Freestyle Libre™ 2 Sensor Freestyle Libre™ 2 Plus Sensor Freestyle Libre™ 3 Plus Sensor Freestyle Libre™ 3 Plus Sensor Dexcom Gf® Sensor Dexcom Gf® Sensor Dexcom Gf® Sensor	Non-Preferred Freestyle Libre™ 14 day Sensor
Preferred Freestyle Libre™ 2 Sensor Freestyle Libre™ 2 Plus Sensor Freestyle Libre™ 3 Sensor Freestyle Libre™ 3 Sensor Freestyle Libre™ 3 Plus Sensor Dexcom G6® Sensor Dexcom G7® Sensor N.C. Medicaid only covers, at point of sale, the designated preferred products listed below for blood glucose meter not affected). These products are covered under the Outpatient Pharmacy Program and can be submitted to the ph	Non-Preferred Freestyle Libre™ 14 day Sensor DIABETIC SUPPLIES s, diabetic test strips, control solutions, lancets, and lancing devices for Medicaid-primary recipients (dually eligible and third-party recipients are armacy point-of-sale system with a prescription. Diabetic supplies, including other brands, can also be submitted under Durable Medical
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Preferred Freestyle Libre™ 2 Sensor Freestyle Libre™ 2 Plus Sensor Freestyle Libre™ 3 Sensor Freestyle Libre™ 3 Sensor Freestyle Libre™ 3 Plus Sensor Dexcom G6® Sensor Dexcom G7® Sensor N.C. Medicaid only covers, at point of sale, the designated preferred products listed below for blood glucose meter not affected). These products are covered under the Outpatient Pharmacy Program and can be submitted to the ph	Freestyle Libre 14 day Sensor Non-Preferred Freestyle Libre 14 day Sensor DIABETIC SUPPLIES s, diabetic test strips, control solutions, lancets, and lancing devices for Medicaid-primary recipients (dually eligible and third-party recipients are armacy point-of-sale system with a prescription. Diabetic supplies, including other brands, can also be submitted under Durable Medical For questions or assistance regarding diabetic supplies for Medicaid Direct members, please call the NC Tracks call center at 1-800-688-6696.
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Preferred Freestyle Libre™ 2 Sensor Freestyle Libre™ 3 Plus Sensor Freestyle Libre™ 3 Plus Sensor Freestyle Libre™ 3 Sensor Freestyle Libre™ 3 Sensor Freestyle Libre™ 3 Plus Sensor Dexcom G6® Sensor Dexcom G7® Sensor Dexcom G7® Sensor N.C. Medicaid only covers, at point of sale, the designated preferred products listed below for blood glucose meter not affected). These products are covered under the Outpatient Pharmacy Program and can be submitted to the phe Equipment using the NDC and HCPCS code. Beneficiaries are allowed 1 covered meter every 2 years (730 days). *All blood glucose meters are billed using the NC Medicaid Free BIN Meter program. BIN 61052	Non-Preferred Freestyle Libre 14 day Sensor DIABETIC SUPPLIES s, diabetic test strips, control solutions, lancets, and lancing devices for Medicaid-primary recipients (dually eligible and third-party recipients are armacy point-of-sale system with a prescription. Diabetic supplies, including other brands, can also be submitted under Durable Medical For questions or assistance regarding diabetic supplies for Medicaid Direct members, please call the NC Tracks call center at 1-800-688-6696. 4, PCN 1016, Group 40026479, ID 066499643.*
Preferred Freestyle Libre™ 2 Sensor Freestyle Libre™ 2 Plus Sensor Freestyle Libre™ 3 Plus Sensor Freestyle Libre™ 3 Plus Sensor Freestyle Libre™ 3 Plus Sensor Dexcom 66* Sensor Dexcom 66* Sensor Dexcom 67* Sensor N.C. Medicaid only covers, at point of sale, the designated preferred products listed below for blood glucose meter ont affected). These products are covered under the Outpatient Pharmacy Program and can be submitted to the plus Equipment using the NDC and HCPCS code. Beneficiaries are allowed 1 covered meter every 2 years (730 days). *All blood glucose meters are billed using the NC Medicaid Free BIN Meter program. BIN 61052 Meters	Non-Preferred Freestyle Libre 14 day Sensor DIABETIC SUPPLIES s, diabetic test strips, control solutions, lancets, and lancing devices for Medicaid-primary recipients (dually eligible and third-party recipients are armacy point-of-sale system with a prescription. Diabetic supplies, including other brands, can also be submitted under Durable Medical For questions or assistance regarding diabetic supplies for Medicaid Direct members, please call the NC Tracks call center at 1-800-688-6696. 4, PCN 1016, Group 40026479, ID 066499643.* Lancing Devices
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Freestyle Libre 2 Sensor Freestyle Libre 3 Sensor Dexcom G6 Sensor Dexcom G6 Sensor Dexcom G7 Sensor N.C. Medicaid only covers, at point of sale, the designated preferred products listed below for blood glucose meter not affected). These products are covered under the Outpatient Pharmacy Program and can be submitted to the phe Equipment using the NDC and HCPCS code. Beneficiaries are allowed 1 covered meter every 2 years (730 days). *All blood glucose meters are billed using the NC Medicaid Free BIN Meter program. BIN 61052 **Meters* ACCU-CHEK** Guide Retail care kit * (see above for billing)	Non-Preferred Freestyle Libre 14 day Sensor DIABETIC SUPPLIES s, diabetic test strips, control solutions, lancets, and lancing devices for Medicaid-primary recipients (dually eligible and third-party recipients are armacy point-of-sale system with a prescription. Diabetic supplies, including other brands, can also be submitted under Durable Medical For questions or assistance regarding diabetic supplies for Medicaid Direct members, please call the NC Tracks call center at 1-800-688-6696. 4, PCN 1016, Group 40026479, ID 066499643.* Lancing Devices ACCU-CHEK* Softelix lancing device kit (Black) ACCU-CHEK* Softelix lancing device kit Control Solutions
Preferred Freestyle Libre™ 2 Sensor Freestyle Libre™ 2 Pibs Sensor Freestyle Libre™ 3 Pibs Sensor Freestyle Libre™ 3 Pibs Sensor Freestyle Libre™ 3 Pibs Sensor Dexcom G6® Sensor Dexcom G7® Sensor Dexcom G7® Sensor N.C. Medicaid only covers, at point of sale, the designated preferred products listed below for blood glucose meter not affected). These products are covered under the Outpatient Pharmacy Program and can be submitted to the ph Equipment using the NDC and HCPCS code. Beneficiaries are allowed 1 covered meter every 2 years (730 days). *All blood glucose meters are billed using the NC Medicaid Free BIN Meter program. BIN 61052 Meters ACCU-CHEK® Guide Retail care kit * (see above for billing) ACCU-CHEK® Guide Me Retail care kit * (see above for billing) Test Strips ACCU-CHEK® AVIVA PLUS 50 ct test strips	Non-Preferred Freestyle Libre 14 day Sensor DIABETIC SUPPLIES s, diabetic test strips, control solutions, lancets, and lancing devices for Medicaid-primary recipients (dually eligible and third-party recipients are armacy point-of-sale system with a prescription. Diabetic supplies, including other brands, can also be submitted under Durable Medical For questions or assistance regarding diabetic supplies for Medicaid Direct members, please call the NC Tracks call center at 1-800-688-6696. 4, PCN 1016, Group 40026479, ID 066499643.* Lancing Devices ACCU-CHEK Softelix lancing device kit (Black) ACCU-CHEK Softelix lancing device kit Control Solutions ACCU-CHEK Aviva glucose control solution (2 levels)
Preferred Freestyle Libre™ 2 Sensor Freestyle Libre™ 3 Sensor Freestyle Libre™ 3 Sensor Freestyle Libre™ 3 Sensor Freestyle Libre™ 3 Plus Sensor Freestyle Libre™ 3 Plus Sensor Dexcom G6® Sensor Dexcom G7® Sensor N.C. Medicaid only covers, at point of sale, the designated preferred products listed below for blood glucose meter not affected). These products are covered under the Outpatient Pharmacy Program and can be submitted to the plus Equipment using the NDC and HCPCS code. Beneficiaries are allowed 1 covered meter every 2 years (730 days). *All blood glucose meters are billed using the NC Medicaid Free BIN Meter program. BIN 61052 Meters ACCU-CHEK® Guide Retail care kit * (see above for billing) ACCU-CHEK® Guide Me Retail care kit * (see above for billing) Test Strips ACCU-CHEK® AVIVA PLUS 50 ct test strips ACCU-CHEK® SMARTVIEW 50 ct test strips	Non-Preferred Freestyle Libre™ 14 day Sensor DIABETIC SUPPLIES s, diabetic test strips, control solutions, lancets, and lancing devices for Medicaid-primary recipients (dually eligible and third-party recipients are armacy point-of-sale system with a prescription. Diabetic supplies, including other brands, can also be submitted under Durable Medical For questions or assistance regarding diabetic supplies for Medicaid Direct members, please call the NC Tracks call center at 1-800-688-6696. 4, PCN 1016, Group 40026479, ID 066499643.* Lancing Devices ACCU-CHEK® Softelix lancing device kit (Black) ACCU-CHEK® Fastelix lancing device kit Control Solutions ACCU-CHEK® Aviva glucose control solution (2 levels) ACCU-CHEK® SmartView glucose control solution (1 level)
Preferred Freestyle Libre™ 2 Sensor Freestyle Libre™ 2 Plus Sensor Freestyle Libre™ 3 Plus Sensor Dexcom G6® Sensor Dexcom G7® Sensor Dexcom G7® Sensor N.C. Medicaid only covers, at point of sale, the designated preferred products listed below for blood glucose meter not affected). These products are covered under the Outpatient Pharmacy Program and can be submitted to the pht Equipment using the NDC and HCPCS code. Beneficiaries are allowed 1 covered meter every 2 years (730 days). *All blood glucose meters are billed using the NC Medicaid Free BIN Meter program. BIN 61052 **Meters* ACCU-CHEK® Guide Retail care kit * (see above for billing) Test Strips ACCU-CHEK® Juide Me Retail care kit * (see above for billing) Test Strips ACCU-CHEK® ANIVA PLUS 50 ct test strips ACCU-CHEK® Guide S0 ct test strips ACCU-CHEK® Guide 50 ct test strips	Non-Preferred Freestyle Libre 14 day Sensor DIABETIC SUPPLIES s, diabetic test strips, control solutions, lancets, and lancing devices for Medicaid-primary recipients (dually eligible and third-party recipients are armacy point-of-sale system with a prescription. Diabetic supplies, including other brands, can also be submitted under Durable Medical For questions or assistance regarding diabetic supplies for Medicaid Direct members, please call the NC Tracks call center at 1-800-688-6696. 4, PCN 1016, Group 40026479, ID 066499643.* Lancing Devices ACCU-CHEK Softelix lancing device kit (Black) ACCU-CHEK Softelix lancing device kit Control Solutions ACCU-CHEK Aviva gluose control solution (2 levels)
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Preferred Freestyle Libre™ 2 Sensor Freestyle Libre™ 2 Plus Sensor Freestyle Libre™ 3 Plus Sensor Dexcom G6® Sensor Dexcom G7® Sensor Dexcom G7® Sensor N.C. Medicaid only covers, at point of sale, the designated preferred products listed below for blood glucose meter not affected). These products are covered under the Outpatient Pharmacy Program and can be submitted to the pht Equipment using the NDC and HCPCS code. Beneficiaries are allowed 1 covered meter every 2 years (730 days). *All blood glucose meters are billed using the NC Medicaid Free BIN Meter program. BIN 61052 **Meters* ACCU-CHEK® Guide Retail care kit * (see above for billing) Test Strips ACCU-CHEK® Juide Me Retail care kit * (see above for billing) Test Strips ACCU-CHEK® ANIVA PLUS 50 ct test strips ACCU-CHEK® Guide S0 ct test strips ACCU-CHEK® Guide 50 ct test strips	Non-Preferred Freestyle Libre™ 14 day Sensor DIABETIC SUPPLIES s, diabetic test strips, control solutions, lancets, and lancing devices for Medicaid-primary recipients (dually eligible and third-party recipients are armacy point-of-sale system with a prescription. Diabetic supplies, including other brands, can also be submitted under Durable Medical For questions or assistance regarding diabetic supplies for Medicaid Direct members, please call the NC Tracks call center at 1-800-688-6696. 4, PCN 1016, Group 40026479, ID 066499643.* Lancing Devices ACCU-CHEK® Softelix lancing device kit (Black) ACCU-CHEK® Fastelix lancing device kit Control Solutions ACCU-CHEK® Aviva glucose control solution (2 levels) ACCU-CHEK® SmartView glucose control solution (1 level)

ACCU-CHEK® Fastclix 102 ct Lancets