



Preferred Drug List (PDL) Updates

On July 1, 2025, the below PDL updates will go into effect. Trial and failure of two preferred drugs are required unless only one preferred option is listed or is otherwise indicated on the PDL.

- Clinical criteria: [Outpatient Pharmacy Policies \(9, 9A, 9B, 9D and 9E\)](#)
- Prior authorization forms: [Pharmacy Prior Authorization Forms](#)
- NC Medicaid Preferred Drug List (PDL): [NC Medicaid Preferred Drug List](#)

Drug Name	Update	Preferred/Non-Preferred Status	Notes
Tramadol 75mg tablet	Add	Non-preferred	
Banzel® Tablet	Move	Non-preferred	
rufinamide tablet (generic for Banzel®)	Move	Preferred	
Erzofri® (paliperidone palmitate) extended-release injectable suspension	Add	Preferred	
Opipza™ (Aripiprazole) oral film	Add	Non-preferred	
sacubitril and valsartan tablet (generic for Entresto®)	Add	Non-preferred	
Verapamil Capsule SR (generic for Verelan®)	Add	Non-preferred	
edaravone Vial (generic for Radicava®)	Add	Non-preferred	

Humalog® 75/25 Mix KwikPen	Move	Non-preferred	
insulin lispro protamine 75/25 KwikPen® (generic for Humalog ® 75/25 Mix)	Move	Preferred	
exenatide Pen (generic for Byetta®) to non-preferred	Add	Non-preferred	
scopolamine patch (generic for Transderm-Scop®)	Move	Preferred	Off-Cycle Change
Posfrea Ψ Vial	Add	Non-preferred	
olopatadine drops (generic for Pataday®, Patanol®) (OTC)	Add	Preferred	Off-Cycle Change
timolol hemihydrate (generic for Betimol® drops)	Add	Non-preferred	
Ohtuvayre Inhalation suspension	Add	Non-preferred	
Twynéo® Cream	Add	Non-preferred	
Aklief®	Add	Non-preferred	
Elimite™ Cream	Add	Non-preferred	
Vectical Ointment	Add	Non-preferred	

DermaSmooth® FS Scalp and Body Oil	Move	Non-preferred	
fluocinolone body / scalp oil (generic for DermaSmooth® FS Scalp / Body Oil)	Move	Preferred	
Hydrocortisone Solution	Add	Non-preferred	
Ebglyss Syringe (lebrikizumab-lbkz)	Add	Non-preferred	
Nemluvio®	Add	Non-preferred	
Added neffy® nasal spray	Add	Non-preferred	
Auvi-Q® Auto Injector	Move	Preferred	
Simlandi® Kit	Add	Non-preferred	
Freestyle Libre 2 Plus Sensor	Add	Preferred	

PRODUCT REMOVAL SUMMARY

The following products are being removed from the PDL due to manufacturer discontinuation of the product or removal from CMS' list of rebate-eligible products.

Qdolo Solution	Mirapex® ER Tablet
ketorolac tromethamine nasal spray (generic for Sprix®)	Exservan™ Oral Film
Vibramycin® Capsule	Saizen® Vial

Symbyax® Capsule	Urso® Tablet / Urso® Forte Tablet
Rythmol SR® Capsule	Phoslyra® (calcium acetate) Solution
Corgard® Tablet	Gelnique® Gel Sachets
Calan SR® Caplet	Alocril® Drops
Comtan® Tablet	Ciprodex® Suspension