On October 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
memantine ER capsule / solution (generic for Namenda® XR / Solution)	Add	Non-preferred	
Zunveyl® tablet	Add	Non-preferred	
tramadol ER tablet (Ultram ER®, Ryzolt®)	Move	Non-preferred	
hydrocodone-ibuprofen tablet (generic for Ibudone®, Reprexain®, Vicoprofen®)	Move	Non-preferred	
tramadol tablet (100 mg)	Move	Non-preferred	
Journavx Tablet	Add	Preferred	
diclofenac sodium tablet (generic for Voltaren®)	Move	Preferred	
levetiracetam tablet (generic for Spritam®)	Add	Non-preferred	

lacosamide solution (generic for Vimpat®)	Move	Non-preferred	
lamotrigine ODT dose pack/ tablet dose pack (generic for Lamictal®)	Move	Non-preferred	
Qudexy® XR Capsule	Move	Preferred	
amoxicillin-clavulanate XR tablet (generic for Augmentin® / XR)	Move	Non-preferred	
cefixime suspension (generic for Suprax®)	Move	Non-preferred	Add: T/F of preferred agents not required for children < 12 years of age
cephalexin tablet (generic for Keflex®)	Move	Non-preferred	
metronidazole 125 mg tablet (generic for Flagyl®)	Add	Non-preferred	
Paxlovid Tablet dose Pack	Add	Preferred	New category: Antiviral (General)
Raldesy Solution	Add	Non-preferred	
Nardil® Tablet	Move	Non-preferred	
phenelzine tablet (generic for Nardil®)	Move	Non-preferred	
tranylcypromine tablet (generic for Parnate®)	Move	Non-preferred	

Zurzuvae Capsule			Add: T/F of preferred agents not required for diagnosis of post-partum depression
methylphenidate CD capsule (generic for Metadate® CD)	Move	Preferred	
Adderall® XR Capsule	Move	Non-preferred	
Aptensio® XR Capsule	Move	Non-preferred	
Concerta® Tablet	Move	Non-preferred	
Focalin® XR Capsule	Move	Non-preferred	
methylphenidate ER capsule (generic for Aptensio® XR)	Move	Non-preferred	
Vyvanse® Chewable Tablet	Move	Non-preferred	
bisoprolol tablet (generic for Zebeta®)	Move	Preferred	
nadolol tablet (generic for Corgard®)	Move	Preferred	
Norliqva® Solution	Move	Preferred	
Symbravo®	Add	Non-preferred	

Emgality® Syringe 100 MG	Move	Non-preferred	
Nuvigil® Tablet	Move	Non-preferred	
Onapgo Cartridge	Add	Non-preferred	
Copaxone® 40 MG/ML Syringe	Move	Non-preferred	
glatiramer syringe 40 MG/ML (generic for Copaxone® Syringe)	Move	Preferred	
zolpidem ER tablet (generic for Ambien® CR)	Move	Preferred	
Novolog® U-100 Penfill	Move	Non-preferred	
insulin aspart U-100 Penfill (generic for Novolog®)	Move	Preferred	
Humalog® U-100 Cartridge/ Junior KwikPen®/ KwikPen® / Vial	Move	Non-preferred	
Levemir® / FlexPen® / FlexTouch® / Vial	Move	Non-preferred	
Humalog® 50/50 Mix KwikPen®	Move	Non-preferred	
Humalog® 75/25 Vial	Move	Non-preferred	

Novolog® Mix 70/30 Vial / FlexPen®	Move	Non-preferred	
aprepitant pack (generic for Emend®)	Move	Non-preferred	
dimenhydrinate vial (generic for Dramamine®)	Move	Non-preferred	
Ctexli Tablet	Add	Non-preferred	
Viokase® Tablet	Move	Preferred	
Dexilant® Capsule	Move	Non-preferred	
prucalopride tablet (generic for Motegrity®)	Add	Non-preferred	
Amitiza® Capsule	Move	Non-preferred	
mesalamine DR tablet (generic for Lialda®)	Move	Non-preferred	
mesalamine enema (generic for SF Rowasa®)	Move	Non-preferred	
SF Rowasa® Enema	Move	Preferred	
ferric citrate tablet (generic for Auryxia®)	Add	Non-preferred	

Myrbetriq® ER Tablet	Move	Preferred	
Fragmin® Syringe	Move	Non-preferred	
Rivaroxaban tablet	Add	Non-preferred	
Fylnetra® Syringe	Move	Preferred	
Udenyca® Autoinjector / Syringe	Move	Non-preferred	
azelastine drops (generic for Optivar®)	Move	Preferred	
ketorolac solution (generic for Acular® / LS)	Move	Non-preferred	
Restasis® Multidose Drops	Move	Non-preferred	
Forteo® Pen	Move	Preferred	
Dermotic® Oil	Move	Non-preferred	
fluocinolone 0.01% oil (generic for Dermotic®)	Move	Preferred	
albuterol HFA inhaler (generic for Proair® HFA Inhaler / Proventil® HFA Inhaler / Ventolin® HFA Inhaler)	Move	Preferred	

Pulmicort® Flexhaler	Move	Preferred	
adapalene cream (generic for Differin®)	Move	Non-preferred	
clindamycin phosphate gel (Clindagel®)	Move	Non-preferred	
clindamycin-benzoyl peroxide gel (generic for Benzaclin®, Neuac®)	Move	Preferred	
clindamycin vaginal cream (generic for Cleocin® Vaginal Cream)	Move	Preferred	
nystatin-triamcinolone cream /ointment (generic for Mycolog II®)	Move	Preferred	
Zovirax® Cream	Move	Non-preferred	
Acyclovir Cream	Move	Preferred	
Denavir® Cream	Move	Preferred	
calcipotriene-betamethasone suspension / ointment (generic for Talconex®)	Move	Preferred	
MetroCream®	Move	Non-preferred	
MetroGel®	Move	Non-preferred	

Clobex® Shampoo	Move	Non-preferred	
Oriahnn® Capsule	Add	Preferred	New category: Uterine Disorder Treatments
Orilissa® Tablet	Add	Preferred	New category: Uterine Disorder Treatments
Myfembree® Tablet	Add	Preferred	New category: Uterine Disorder Treatments
Adbry® Syringe/Autoinjector	Move	Preferred	
pimecrolimus cream (generic for Elidel®)	Move	Preferred	
Zoryve foam 0.3%	Add	Non-preferred	
epinephrine auto injector (generic for Adrenaclick®)	Move	Preferred	
neffy® nasal spray	Move	Preferred	
estradiol vaginal cream (generic for Estrace®)	Move	Preferred	
Emflaza® Tablet/Suspension	Move	Preferred	
Agamree® Suspension	Add	Non-preferred	

adalimumab-fkjp Pen / Syringe	Move	Non-preferred	
adalimumab-adbm Pen / Psoriasis-UV Pen / Crohn's Pen / Syringe	Move	Preferred	
Xeljanz® Tablet	Move	Preferred	
Otulfi® Syringe/Vial	Add	Non-preferred	
Pyzchiva® Syringe/Vial	Add	Non-preferred	
Selarsdi Vial	Add	Non-preferred	
Steqeyma® Vial	Add	Non-preferred	
Yesintek Syringe/Vial	Add	Non-preferred	
Ingrezza® (valbenazine) Sprinkle Capsules	Move	Preferred	
Omnipod 5® FSL2 G6 Intro Kit/Pods	Add	Preferred	

WellCare®

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.

Dsuvia SL Tablet	Avodart® Softgel
Duexis® Tablet	Entadfi Capsule
Ranexa® Tablet	Jesduvroq® Tablet
Lovaza® Capsule	Tobradex® Drops
Riomet® ER Suspension	Beconase® AQ Nasal Spray
Aciphex® Tablet	Halog® Solution
Asacol® HD Tablet	Rapamune® Solution

Off-Cycle Changes as of October 1, 2025

The following drugs were removed from the PDL due to fiscal impact (No longer Rebate eligible):

Vasotec Tablet
Acanya Gel Pump
Altreno Lotion
Arazlo Lotion
Atralin Gel
Benzamycin Gel
Cabtreo Gel
Klaron Lotion
Onexton Gel/Gel Pump
RetinA Cream/Gel
Retin-A Micro Gel
Retin-A Micro Pump Gel
Ziana Gel
Aplenzin Tablet
Siliq Syringe
Mysoline Tablet
Wellbutrin XL Tablets
Ancobon Capsule
Ertaczo Cream
Luzu Cream
Jublia Topical Solution
Lodosyn Tablet
Tasmar Tablet
Zelapar ODT
Xerese Cream
Zovirax Cream/Ointment
Glumetza Tablet
Flolipid Suspension
Isordil Tablet
Azasan Tablet
Xifaxan Tablet
Cardizem CD Capsules

Pepcid Tablet
Zyclara Cream/Cream Pump
Elidel Cream
Duobrii Lotion
Noritate Cream
Trulance Tablet
Vanos Cream
Bryhali Lotion
Colazal Capsule
Uceris Tablet
Cardizem Tablet/LA Tablet
Tiazac Capsule
Zegerid Rx/Capsule/Packet
Diastat
Relistor Syringe/Vial/Tablet
Solodyn ER Tablet
Fenoglide Tablet
Apriso Capsule
Uceris Rectal Foam

Revised 10.01.2025 Off Cycle Change: GLP-1 weight management class removed from the PDL. See clinical criteria for coverage.