

# October 2025

## NC Medicaid Preferred Drug List

### Formulary Changes



The North Carolina Department of Health and Human Services established the NC Medicaid Preferred Drug List (PDL) to allow NC Medicaid to ensure access to cost-efficient, medically appropriate drug therapies that maximize patient health outcomes for all beneficiaries. PDL updates occur quarterly. For more information about formulary changes, call Vaya Health's Pharmacy Service Line at 1-800-540-6083, available 7 a.m.-6 p.m., Monday-Saturday.

To access the current PDL, visit the [NC Medicaid Preferred Drug List](#) webpage.

In addition to the changes listed below, NC Medicaid may implement off-cycle changes to the PDL due to changes in market availability or manufacturer participation in the Medicaid Drug Rebate Program. For more information about the NC Medicaid process for administering and reviewing the PDL, visit the [Preferred Drug List Review Panel](#) webpage.

#### Changes Effective Oct. 1, 2025

##### New additions to the preferred formulary:

- Journavx (suzetrigine) tablet
- Insulin glargine vial/Solostar (authorized biologic for Lantus)
- Omnipod 5 FSL2 G6 Intro Kit/Pods

##### New additions to the non-preferred formulary:

- |   |   |
|---|---|
| • Memantine ER capsule and solution           | • Ferric citrate tablet                   |
| • Zunveyl (benzgalantamine) tablet            | • Rivaroxaban tablet                      |
| • Levetiracetam tablet (generic for Spritam)  | • Otulfi (ustekinumab) syringe and vial   |
| • Metronidazole 125 mg tablet                 | • Pyzchiva (ustekinumab) syringe and vial |
| • Symbravo (meloxicam and rizatriptan) tablet | • Selarsdi (ustekinumab) vial             |
| • Onapgo (apomorphine) cartridge              | • Steqeyma (ustekinumab) vial             |
| • Ctexli (chenodiol) tablet                   | • Yesintek (ustekinumab) syringe and vial |
| • Pricalopride tablet                         |   |

##### Preferred/non-preferred changes:

- |   |  |
|---|--|
| • Tramadol ER tablet to non-preferred           | • Dexilant (dexlansoprazole) capsule to non-preferred                                      |
| • Hydrocodone/Ibuprofen tablet to non-preferred | • Amitiza (lubiprostone) capsule to non-preferred  |
| • Tramadol 100 mg tablet to non-preferred       | • Mesalamine capsule and tablet (generic for Delzicol, Asacol HD, Lialda) to non-preferred |
| • Diclofenac sodium tablet to preferred         |  |
| • Lacosamide solution to non-preferred          |  |

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#### Preferred/non-preferred changes:

- Lamotrigine ODT and tablet dose pack to non-preferred
- Qudexy (topiramate) XR capsule to preferred
- Amoxicillin-clavulanate XR tablet to non-preferred
- Cefixime suspension to non-preferred
- Cephalexin tablet to non-preferred
- Nardil (phenelzine) tablet to non-preferred
- Phenelzine tablet to non-preferred
- Tranlycypromine tablet to non-preferred
- Adderall (amphetamine salt combo) XR capsule to non-preferred
- Aptensio (methylphenidate) XR capsule to non-preferred
- Concerta (methylphenidate) tablet to non-preferred
- Focalin (dexmethylphenidate) XR capsule to non-preferred
- Methylphenidate ER capsule (generic for Aptensio XR) to non-preferred
- Vyvanse (lisdexamfetamine) chewable tablet to non-preferred
- Methylphenidate CD capsule to preferred
- Bisoprolol tablet to preferred
- Nadolol tablet to preferred
- Norliqva (amlodipine) solution to preferred
- Emgality 100 mg syringe to non-preferred
- Nuvigil (armodafinil) to non-preferred
- Copaxone (glatiramer) 40 mg/ml syringe to non-preferred; glatiramer 40 mg/ml syringe to preferred
- Zolpidem ER tablet to preferred
- Humalog U-100 insulin (cartridge, Kwikpen, Junior Kwikpen, and vial) to non-preferred
- SF Rowasa enema to preferred; mesalamine enema to non-preferred
- Myrbetriq (mirabegron) ER tablet to preferred
- Fragmin (dalteparin) syringe to non-preferred
- Udenyca (pegfilgrastim) OnBody, autoinjector, and syringe to non-preferred; Fylnetra (pegfilgrastim) syringe to preferred
- Azelastine eye drops to preferred
- Ketorolac eye drops to non-preferred
- Restasis (cyclosporine) multidose drops to non-preferred
- Forteo (teriparatide) Pen to preferred
- Dermotic (fluocinolone) ear oil to non-preferred; fluocinolone ear oil to preferred
- Albuterol HFA to preferred
- Pulmicort (budesonide) Flexhaler to preferred
- Adapalene cream and gel pump to non-preferred
- Clindamycin topical gel to non-preferred
- Clindamycin – benzoyl peroxide gel to preferred
- Clindamycin vaginal cream to preferred
- Nystatin – triamcinolone cream and ointment to preferred
- Acyclovir cream and ointment to preferred; Zovirax (acyclovir) cream to non-preferred
- Denavir (penciclovir) to preferred
- Calcipotriene – betamethasone suspension and ointment to preferred
- MetroCream (metronidazole) cream to non-preferred
- MetroGel (metronidazole) gel to non-preferred
- Clobex Shampoo to non-preferred
- Adbry (tralokinumab) syringe and autoinjector to preferred
- Pimecrolimus cream to preferred

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#### Preferred/non-preferred changes:

- Novolog U-100 insulin (penfill, Flexpen, and vial) to non-preferred; insulin aspart penfill to preferred
- Levemir insulin (Flexpen, FlexTouch, and vial) to non-preferred
- Humalog 50/50 mix insulin Kwikpen to non-preferred
- Humalog 75/25 mix insulin vial to non-preferred
- Novolog 70/30 mix insulin Flexpen and vial to non-preferred
- Aprepitant capsule to non-preferred
- Dimenhydrinate vial to non-preferred
- Viokase (pancrelipase) tablet to preferred
- Epinephrine autoinjector to preferred
- Neffy (epinephrine) nasal spray to preferred
- Estradiol vaginal cream to preferred
- Agamree (vamorolone) to non-preferred
- Emflaza (deflazacort) tablet and suspension to preferred
- Adulimumab-adbm syringe and pen to preferred; adulimumab-fkjp syringe and pen to non-preferred
- Xeljanz (tofacitinib) tablet to preferred
- Ingrezza (valbenazine) Sprinkle Capsule to preferred