

# January 2026

# 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 Jan. 1, 2026

### New additions to the preferred formulary:

- Ilet Infusion and Starter Kit
- Steqeyma Syringe and Vial (effective Nov. 3, 2025)
- Pyzchiva Syringe and Vial (effective Nov. 3, 2025)

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

- Hydrocodone-Acetaminophen Solution (generic for Zolvit)
- Eslicarbazepine Tablet (generic for Aptiom)
- Diastat Rectal Gel
- Gabarone Tablet
- Perampanel Tablet (generic for Fycompa)
- Oracea Capsule
- Nitroglycerin Ointment
- Bosentan Tablet and Tablet for Suspension (generic for Tracleer)
- Ticagrelor Tablet (generic for Brilinta)
- Merilog Vial and Merilog Solostar Pen
- Brynovin Solution
- Sitagliptin-Metformin ER Tablet (generic for Zituvimet XR)
- Limarli Oral Solution and Tablet
- Urso Forte Tablet
- Tezruly Oral Solution
- Ryzneuta Syringe
- Eltrombopag Suspension and Tablet (generic for Promacta)

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- Levofloxacin Drops (generic for Levaquin)
- Tryptyr Drops
- Bonsity Pen Injector
- Jubbonti Syringe
- ClearAcylic and ClearAcylic Pro
- Pruradik Lotion
- Soolantra Cream
- Clobex Shampoo and Spray
- Phentermine-Topiramate Capsule (generic fo Qsymia)
- Abigale Lo Tablet
- Khindivi Solution
- Imuldosa Syringe and Vial
- Selarsdi Syringe and Vial
- Tremfya Syringe, Injector, Vial and Pen Induction Kit – Crohn’s

**Preferred/non-preferred changes:**

- Qulipta to preferred from non-preferred
- Diclofenac Solution (generic for Pennsaid) to preferred from non-preferred