

April 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 April 1, 2026

New additions to the preferred formulary:

- Repatha Syringe, Pushtronex, and Sureclick
- Praluent Pen
- Eliquis Sprinkle and Suspension
- BILDYOS Syringe (biosimilar to Prolia)
- Carbzah Solution
- Zurnai Injection
- Dexcom G7 (10 day and 15 day) Sensor
- Tenofovir Disoproxil Fumarate Tablet (generic for Viread)
- Wegovy Injection
- Adderall XR Capsule
- Concerta Tablet
- Vyvanse Chewable Tablet

New additions to the non-preferred formulary:

- Leqembi Autoinjector
- Lurbiro Tablet
- Gabarone Tablet
- Topiramate Solution
- Fidaxomicin Tablet (generic for Dificid)
- Exxua ER Tablet and Titration Pack
- Escitalopram Solution and Capsule (generic for Lexapro)
- Amphetamine ER ODT (generic for Adzenys XR ODT)
- Arbli Suspension
- Lopressor Tablet and Solution
- Ospomyv Syringe (biosimilar to Prolia)
- Stoboclo Syringe (biosimilar to Prolia)
- Umeclidinium – Vilanterol Inhaler (generic for Anoro)
- Fluticasone furoate Dry Powder Inhaler (generic for Arnuity Ellipta)
- Clemsza Tablet
- Epiduo Forte Gel Pump
- Econazole Foam (generic for Ecoza)
- Ertaczo Cream
- Glycerol Phenylbutyrate Oral Liquid (generic for Ravicti)

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New additions to the non-preferred formulary:

- Yutrepia Dry Powder Inhaler
- Liqrev Suspension
- Leqvio Injection
- Tasimelteon Capsule (generic for Hetlioz)
- Humalog U-100 Tempo Pen
- Kirsty Vial and Pen (biosimilar to Novolog)
- Novolin and ReliOn R FlexPen
- Basaglar U-100 Tempo Pen
- Relion Novolog 70/30 Vial and FlexPen
- Doptelet Tablet and Sprinkle
- Wayrilz Tablet
- Connexence Syringe (biosimilar to Prolia)
- Jubbonti Syringe (biosimilar to Prolia)
- Anzupgo Cream
- Zoryve 0.05% Cream
- Jaythari Tablet (generic for Emflaza)
- Pyquvi Suspension
- Adalimumab-aacf Pen, Psoriasis-UV Pen, Crohn's Pen, and Syringe
- Avtozma Vial
- Otezla XR Initiation Pack and Tablet
- Dawnzera Auto Syringe
- Ekterly Tablet
- Andembry Auto Injector
- Ozobax and Ozobax DS Solution
- Saxenda Injection
- Zepbound Injection

Preferred/non-preferred changes:

- Eslicarbazepine Acetate Tablet to preferred from non-preferred;
Aptiom Tablet to non-preferred from preferred
- Dabigatran Capsule to preferred from non-preferred;
Pradaxa Capsule to non-preferred from preferred
- Buphenyl Tablet and Powder to preferred from non-preferred