

July 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 July 1, 2026

New additions to the preferred formulary:

- Wegovy Tablet (off-cycle change effective March 31, 2026)

New additions to the non-preferred formulary:

- Halog Solution
- Exdensur Syringe
- Abigale/Abigale Lo Tablet
- Conjugated Estrogen Tablet (generic for Premarin)
- Lynkuet Capsule
- Kymbee Tablet
- Tonmya Sublingual Tablet
- Deflazacort Suspension (generic for Emflaza)
- Jaythari Tablet and Suspension (generic for Emflaza)
- Pyquvi Suspension (generic for Emflaza)
- Prednisone DR Tablet
- Ustekinumab-aauz Syringe (biosimilar to Stelara)

Off-cycle preferred/non-preferred changes, effective March 31, 2026:

- Skytrofa Cartridge to preferred from non-preferred
- Vtama Cream to preferred from non-preferred
- Ebglyss Syringe and Pen to preferred from non-preferred
- Taltz Auto-Injector and Syringe to preferred from non-preferred
- Starjemza Vial and Syringe (biosimilar to Stelara) to preferred from non-preferred;
Steqeyma Vial and Syringe (biosimilar to Stelara) to non-preferred from preferred
- Tyenne Auto-Injector, Vial, and Syringe (biosimilar to Actemra) to preferred from non-preferred
- Cosentyx Sensoready Pen, UnoReady Pen, and Syringe to non-preferred from preferred
- Humira Pen, Syringe, and all Starter Packs to non-preferred from preferred;
Adalimumab-adaz Pen and Syringe to non-preferred from preferred;
Adalimumab-adbm Pen and Syringe to non-preferred from preferred