Effective DATE: Draft for July 13, 2023 Meeting

Trial and failure of two Preferred drugs are required unless only one Preferred option is listed or is otherwise indicated.

Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred. In addition to

trial and failure criteria, clinical criteria (indicated in RED) may also apply. New to market products typically default to Non-Preferred status until reviewed by the PDL Panel. These drugs are listed as TO BE REVIEWED. Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at:

https://www.nctracks.nc.gov/content/public/providers/pharmacy.html

More information on the PDL can be found at: https://medicaid.ncdhhs.gov/providers/programs-services/prescription-drugs/outpatient-pharmacy-services

Yellow shade signifies a new product being added as a new to market Non-Preferred product OR current coverage is being clarified

Orange shade signifies a significant change to the drug, category, or a clinical recommendation

Pink Shade signifies an Off-Cycle PDL move from Preferred to Non-Preferred or vice versa

Green shade signifies a Brand / Generic switch within the same category

Peach shade signifies categories that will be open for discussion even though there are no recommendations in that category

Purple shade signifies a product either no longer covered (rebatable) or no longer available from the manufacturer

| ALZHEIMER'S AGENTS | | |
|---|---|--|
| Preferred | Non-Preferred | |
| donepezil 5mg, 10mg tablet / ODT (generic for Aricept® / ODT) | Adlarity* Patch | |
| Exelon® Patch | Aduhelm [™] Vial Clinical Criteria Apply | |
| memantine tablet / titration pack (generic for Namenda®) | Aricept® Tablet | |
| rivastigmine capsule (generic for Exelon®) | donepezil 23mg tablet (generic for Aricept®) | |
| | galantamine ER capsule / solution / tablet (generic for Razadyne® / ER) | |
| | Leqembi™ (lecenemab-irmb) Vial | |
| | memantine ER capsule / solution (generic for Namenda® XR / Solution) | |
| | Namenda® Titration Pack / XR Capsule / XR Titration Pack | |
| | Namenda® Tablet | |
| | Namzaric® Capsule / Titration Pack | |
| | rivastigmine (Transdermal) (generic for Exelon® Patch) | |
| | Razadyne [®] ER Capsule | |
| | | |

Add new to market product Leqembi™ (lecenemab-irmb) Vial as Non-Preferred

ANALGESICS

OPIOID ANALGESICS

Long Acting Opioids

| 1100100 | Tion Titletteu |
|--|--|
| Butrans® Patch | Belbuca® (Buccal) Film |
| fentanyl patch 12mcg / 25mcg / 50mcg / 75mcg / 100mcg (generic for Duragesic®) | buprenorphine film (generic for Belbuca®) |
| methadone concentrate / diskets / intensol / tablets / solution | buprenorphine patch (generic for Butrans® Patch) |
| morphine sulfate ER tablet (generic for MS Contin®) | Conzip® Capsule |
| OxyContin® Tablet | fentanyl patch (37.5. / 62.5 / 87.5mcg dosages) (generic for Duragesic®) |
| tramadol ER tablet (generic for Ultram ER®, Ryzolt®) | hydrocodone ER capsule (generic for Zohydro [®] ER) |
| Xtampza® ER Capsule | hydrocodone ER tablet (generic for Hysingla® ER Tablet) |
| | hydromorphone ER tablet (generic for Exalgo®) |
| | Hysingla® ER Tablet |
| | Kadian® Capsule |
| | morphine sulfate ER capsule (generic for Avinza®, Kadian®) |
| | MorphaBond® ER |
| | MS Contin® Tablet |
| | Nucynta® ER Tablet |
| | oxycodone ER tablet (generic for OxyContin®) |
| | oxymorphone ER tablet |
| | tramadol ER capsule (generic for Conzip® Capsule) |
| | Zohwitra® ER Cansule |

No recommendations. Class open for comments.

Orally Disintegrating / Oral Spray Schedule II Opioids

| Chincal Cricia apply to an arags in this class | |
|--|---|
| Preferred | Non-Preferred |
| Actiq® Lozenge | Dsuvia [™] SL Tablet |
| | fentanyl citrate buccal tablet (generic for Fentora®) |
| | fentanyl citrate lozenge (generic for Actiq®) |
| | Fentora® Buccal Tablet |

No recommendations. Class open for comments.

| Short Actin | g Schedule II Opioids |
|-------------|-----------------------|

| Clinical | criteria | apply | to a | all drugs | in | this c | lass |
|----------|----------|-------|------|-----------|----|--------|------|

| Try | | |
|--|---|--|
| Preferred | Non-Preferred | |
| Endocet® Tablet (branded generic for Percocet®) | Apadaz [™] Tablet | |
| hydrocodone-acetaminophen solution / tablet (generic for Hycet®, Lorcet®, Lortab®, Norco®, Vicodin®) | benzhydrocodone-acetaminophen tablet (generic for Apadaz [™] Tablet) | |
| hydrocodone-ibuprofen tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) | codeine sulfate tablet | |
| hydromorphone tablet (generic for Dilaudid® Tablet) | Dilaudid [®] Liquid / Tablet | |
| morphine solution / tablet (generic for MSIR®) | hydromorphone solution / suppository (generic for Dilaudid®) | |
| oxycodone solution / tablet (generic for Roxicodone®) | levorphanol tablet (generic for Levo-Dromoran®) | |
| oxycodone-acetaminophen capsules (generic for Tylox®) | Lorcet® Tablet / HD Tablet | |
| oxycodone-acetaminophen tablets (generic for Percocet®) | Lortab [®] Elixir | |
| | meperidine solution / tablet (generic for Demerol®) | |
| | morphine oral syringe | |

| morphine suppositories (generic for Roxanol®) |
|--|
| Nalocet® Tablet |
| Nucynta® Tablet |
| oxycodone-acetaminophen solution |
| oxycodone-aspirin tablet (generic for Endodan [®] , Percodan [®]) |
| oxycodone concentrated solution (generic for Roxicodone® Intensol) |
| oxycodone oral syringe |
| oxymorphone tablet (generic for Opana®) |
| oxycodone capsule (generic for OxyIR®) |

| | Percocet® Tablet |
|---|--|
| | Prolate® Tablet |
| | Prolate® (oxycodone/acetaminophen) Solution |
| | Roxicodone® Tablet |
| | Roxybond® (oxycodone) Tablet |
| | Prolate [®] Tablet |
| | Roxicodone® Tablet |
| Add the following products as New Professed, Projeto® (exe | |
| | codone/acetaminophen) Solution, Roxybond® (oxycodone) Tablet |
| <u>Removals</u> : Lorcet® Tablet / I | HD Tablet, oxycodone oral syringe |
| | |
| Short Acting Schedule III _ | IV Opioids / Analgesic Combinations |
| | oply to all drugs in this class |
| Preferred | Non-Preferred |
| codeine-acetaminophen solution / tablet (generic for Tylenol with Codeine®) | Ascomp® Capsule (branded generic for Fiorinal with Codeine®) |
| tramadol tablet (generic for Ultram®) | butalbital compound with codeine capsule (generic for Fiorinal with Codeine®) |
| tramadol-acetaminophen tablet (generic for Ultracet®) | butalbital-caffeine-APAP with codeine tablet (generic for Fioricet with Codeine®) |
| transacor-acetaniniopnen tablet (generic for Offracet) | |
| | butorphanol spray (generic for Stadol®) |
| | dihydrocodeine-acetaminophen-caffeine tablet (generic for Panlor SS®) |
| | Fioricet with Codeine® Capsule |
| | pentazocine-naloxone tablet (generic for Talwin NX®) |
| | Seglentis® Tablet |
| | tramadol HCl solution (generic for Qdolo®) |
| | Ultracet® Tablet |
| | Ultram [®] Tablet |
| | NSAIDS |
| | |
| Preferred | Non-Preferred |
| celecoxib capsule (generic for Celebrex®) | Arthrotec® Tablet |
| ibuprofen suspension / tablet (generic for Motrin®) | Celebrex® Capsule |
| indomethacin capsule (generic for Indocin®) | Daypro® Caplet |
| ketorolac tablet (generic for Toradol®) | diclofenac potassium capsule (Oral) (Generic for Zipsor®) |
| meloxicam tablet (generic for Mobic Tablet®) | diclofenac potassium tablet (generic for Cataflam®) |
| naproxen EC / DR tablet (generic for Naprosyn® EC) | diclofenac sodium tablet / ER tablet (generic for Voltaren® / XR) |
| naproxen tablet (generic for Naprosyn® Tablet) | diclofenac sodium-misoprostol tablet (generic for Arthrotec®) |
| sulindac tablet (generic for Clinoril®) | diflunisal tablet (generic for Dolobid®) |
| | Duexis® Tablet - Trial and failure of only celecoxib required |
| | etodolac capsule / tablet / ER tablet(generic for Lodine® / XL) |
| | Feldene® Capsule |
| | fenoprofen capsule/ tablet (generic for Nalfon®) |
| | flurbiprofen tablet (generic for Ansaid®) |
| | ibuprofen / famotidine tablet (generic for Duexis®) Trial and failure of only celecoxib required |
| | indomethacin ER capsule (generic for Indocin SR®) |
| | ketoprofen capsule (generic for Orudis®) |
| | ketoprofen ER capsule (generic for Oruvail®) |
| | ketorolac tromethamine nasal spray (generic for Sprix®) |
| | Lofena™ Tablet |
| | meclofenamate capsule (generic for Meclomen®) |
| | mefenamic acid capsule (generic for Ponstel®) |
| | meloxicam capsule (generic for Vivlodex® Capsule) |
| | Mobic [®] Tablet |
| | nabumetone tablet (generic for Relafen®) |
| | Nalfon® Capsule / Tablet |
| | Naprelan® Tablet |
| | naproxen sodium ER tablet (generic for Naprelan®) |
| | naproxen sodium tablet (generic for Anaprox®) |
| | naproxen suspension (generic for Naprosyn®) |
| | naproxen-esomeprazole tablet (generic for Vimovo® Tablet) - Trial and failure of only celecoxib required |
| | oxaprozin tablet (generic for DayPro®) |
| | piroxicam capsule (generic for Feldene®) |
| | Relafen [™] DS Tablet |
| | tolmetin capsule / tablet (generic for Tolectin [®]) |
| | Vimovo® Tablet - Trial and failure of only celecoxib required |
| Removal: tolmetin capsule (generic for Tolectin®) | |
| | |
| | |

| | OPATHIC PAIN |
|--|---|
| Preferred | Non-Preferred |
| duloxetine capsule (generic for Cymbalta®) | Cymbalta® Capsule Drizalma™ Sprinkle |
| gabapentin capsule / solution / tablet (generic for Neurontin®) lidocaine patch (generic for Lidoderm®) - Clinical criteria apply | Drizalma Sprinkle duloxetine capsule (generic for Irenka®) |
| pregabalin capsule /solution (generic for Lyrica® Capsule / Solution) | Gralise® (gabapentin) Tablet |
| | Horizant® Tablet |
| | Lidoderm® Patch - Clinical criteria apply |
| | Lyrica® Capsule / Solution |
| | Lyrica® CR Tablet |
| | Neurontin® Capsule / Solution / Tablet |
| | pregabalin ER tablet (generic for Lyrica® CR Tablet) Qutenza® Kit |
| | Savella® Tablet / Titration Pack |
| | ZTLido™ Patch - Clinical criteria apply |
| Add Gralise® (gabape | ntin) Tablet as Non-Preferred |
| ANTI | CONVULSANTS |
| | EPINE DERIVATIVES |
| | om trial and failure criteria and may use any carbamazepine product. |
| Preferred | Non-Preferred |
| Aptiom® Tablet | Carbatrol® Capsule |
| carbamazepine chewable tablet (generic for Tegretol®) | carbamazepine suspension / tablet (generic for Tegretol®) |
| carbamazepine ER capsule (generic for Carbatrol®) Equetro® Capsule | carbamazepine XR tablet (generic for Tegretol XR®) Epitol® Tablet |
| Equetro* Capsule oxcarbazepine suspension / tablet (generic for Trileptal®) | Epitol* Tablet oxcarbazepine suspension (generic for Trileptal®) |
| Oxed Dazephie Suspension + Tablet (generic for Timepian) Oxtellar® XR Tablet | Trileptal® Tablet / Suspension |
| Tegretol® Suspension / Tablet / XR Tablet | |
| Trileptal® Suspension | |
| Brand Over Generic Switch: Move Trilental® Suspension to Preferred | and move oxcarbazepine suspension (generic for Trileptal®) to Non-Preferred |
| Brana over denemo ovitem. | and move executable purposes (general for interpretary) to from the content |
| EDC | CENIED ATION |
| | GENERATION om trial and failure criteria and may use any first generation product. |
| Preferred | Non-Preferred |
| Celontin [®] Kapseal | Depakote® ER Tablet / Sprinkle Capsule |
| Dilantin® Capsule / Infatab / Suspension | Depakote [®] Tablet |
| divalproex sprinkle capsule / ER tablet / tablet (generic for Depakote® / ER / Sprinkle) | felbamate suspension / tablet (generic for Felbatol®) |
| ethosuximide capsule / solution (generic for Zarontin®) | Mysoline [®] Tablet |
| Felbatol® Suspension / Tablet | Zarontin® Capsule / Solution |
| phenobarbital tablet / elixir / solution | |
| Phenytek® Capsule | |
| phenytoin chewable / extended capsules / infatab / suspension (generic for Dilantin®) | |
| phenytoin extended capsules (generic for Phenytek®) | |
| primidone Tablet (generic for Mysoline®) valproic acid capsule / solution (generic for Depakene®) | |
| valpion and capsule / solution (generic for Deparene) | |
| SECON | D GENERATION |
| | m trial and failure criteria and may use any second generation product. |
| Preferred | Non-Preferred |
| Banzel® Suspension / Tablet | clonazepam ODT (generic for Klonopin® Wafer) |
| Briviact® Tablet and Solution | Elepsia [™] XR Tablet |
| clobazam suspension (generic for Onfi® Suspension) | Keppra® Tablet / Solution / XR Tablet |
| clobazam tablet (generic for Onfi® Tablet) | Klonopin® Tablet |
| | Lamictal® Chewable / ODT / ODT Starter Kit / Starter Kit / Tablet / XR / XR Starter Kit |
| clonazepam tablet (generic for Klonopin®) | |
| Diacomit® Capsule / Powder Pack | lamotrigine starter kits (generic for Lamictal®) |
| Diacomit® Capsule / Powder Pack Diastat® Acudial® / Pedi System | lamotrigine starter kits (generic for Lamictal®) Lyrica® Capsule / Solution |
| Diacomit® Capsule / Powder Pack Diastat® Acudiat® / Pedi System diazepam rectal / system (generic for Diastat® Accudiat / Pedi System) | lamotrigine starter kits (generic for Lamictal®) Lyrica® Capsule / Solution Neurontin® Capsule / Solution / Tablet |
| Diacomit® Capsule / Powder Pack Diastat® Acudial® / Pedi System diazepam rectal / system (generic for Diastat® Accudial / Pedi System) Epidiolex® Solution - Clinical Criteria Apply | lamotrigine starter kits (generic for Lamictal®) Lyrica® Capsule / Solution Neurontin® Capsule / Solution / Tablet Onfi® Suspension / Tablet |
| Diacomit® Capsule / Powder Pack Diastat® Acudial® / Pedi System diazepam rectal / system (generic for Diastat® Accudial / Pedi System) Epidiolex® Solution - Clinical Criteria Apply Eprontia™ Solution | lamotrigine starter kits (generic for Lamictal®) Lyrica® Capsule / Solution Neurontin® Capsule / Solution / Tablet Onfi® Suspension / Tablet Qudexy® XR Capsule |
| Diacomit® Capsule / Powder Pack Diastat® Acudial® / Pedi System diazepam rectal / system (generic for Diastat® Accudial / Pedi System) Epidiolex® Solution - Clinical Criteria Apply | lamotrigine starter kits (generic for Lamictal®) Lyrica® Capsule / Solution Neurontin® Capsule / Solution / Tablet Onfi® Suspension / Tablet |
| Diacomit® Capsule / Powder Pack Diastat® Acudial® / Pedi System diazepam rectal / system (generic for Diastat® Accudial / Pedi System) Epidioles® Solution - Clinical Criteria Apply Eprontia™ Solution Fintepla® Solution Fycompa® Tablet / Suspension gabapentin capsule / solution (generic for Neurontin®) | lamotrigine starter kits (generic for Lamictal®) Lyrica® Capsule / Solution Neurontin® Capsule / Solution / Tablet Onfi® Suspension / Tablet Qudexy® XR Capsule rufinamide suspension (generic for Banzel®) rufinamide tablet (generic for Banzel®) Spritam® Tablet |
| Diacomit® Capsule / Powder Pack Diastat® Acudial® / Pedi System diazepam rectal / system (generic for Diastat® Accudial / Pedi System) Epidiolex® Solution - Clinical Criteria Apply Eprontia™ Solution Fytompa® Tablet / Suspension gabapentin capsule / solution (generic for Neurontin®) gabapentin tablet (generic for Neurontin® Tablet) | lamotrigine starter kits (generic for Lamictal®) Lyrica® Capsule / Solution Neurontin® Capsule / Solution / Tablet Onfi® Suspension / Tablet Qudexy® XR Capsule rufinamide suspension (generic for Banzel®) rufinamide tablet (generic for Banzel®) Spritam® Tablet Subvenite® Tab-Sturt-Kit |
| Diacomit® Capsule / Powder Pack Diastat® Acudiat® / Pedi System diazepam rectal / system (generic for Diastat® Accudial / Pedi System) Epidiolex® Solution - Clinical Criteria Apply Eprontia™ Solution Fintepla® Solution Fixtepla® Solution Fyxompa® Tablet / Suspension gabapentin capsule / solution (generic for Neurontin®) gabapentin tablet (generic for Neurontin® Tablet) Gabitril® Tablet | lamotrigine starter kits (generic for Lamictal®) Lyrica® Capsule / Solution Neurontin® Capsule / Solution / Tablet Onfi® Suspension / Tablet Qudexy® XR Capsule rufinamide suspension (generic for Banzel®) rufinamide tablet (generic for Banzel®) Spritam® Tablet Subvenite® Table Start Kit Sympazan® Film |
| Diacomit® Capsule / Powder Pack Diastat® Acudiat® / Pedi System diazepam rectal / system (generic for Diastat® Accudiat / Pedi System) Epidiolex® Solution - Clinical Criteria Apply Eprontia™ Solution Fintepla® Solution Fiveompa® Tablet / Suspension gabapentin capsule / solution (generic for Neurontin®) gabapentin tablet (generic for Neurontin® Tablet) Gabitril® Tablet lacosamide solution / tablet (generic for Vimpat®) | lamotrigine starter kits (generic for Lamictal®) Lyrica® Capsule / Solution Neurontin® Capsule / Solution / Tablet Onfi® Suspension / Tablet Qudexy® XR Capsule rufinamide suspension (generic for Banzel®) rufinamide tablet (generic for Banzel®) Spritam® Tablet Subvenite® Table Start Kit Sympazan® Film tiagabine tablet (generic for Gabitril®) |
| Diacomit® Capsule / Powder Pack Diastat® Acudial® / Pedi System diazepam rectal / system (generic for Diastat® Accudial / Pedi System) Epidiolex® Solution - Clinical Criteria Apply Epirontia® Solution Fintepla® Solution Fycompa® Tablet / Suspension gabapentin capsule / solution (generic for Neurontin®) gabapentin tablet (generic for Neurontin® Tablet) Gabitril® Tablet Lacosamide solution / tablet (generic for Vimpat®) lamotrigine chewable / tablet (generic for Lamictal®) | lamotrigine starter kits (generic for Lamictal®) Lyrica® Capsule / Solution Neurontin® Capsule / Solution / Tablet Onfi® Suspension / Tablet Qudexy® XR Capsule rufinamide suspension (generic for Banzel®) rufinamide tablet (generic for Banzel®) Spritam® Tablet Subvenite® Tablestart-Kit Sympazan® Film tiagabine tablet (generic for Gabitril®) Topamax® Sprinkle Capsule / Tablet |
| Diacomit® Capsule / Powder Pack Diastat® Acudial® / Pedi System diazepam rectal / system (generic for Diastat® Accudial / Pedi System) Epidioles® Solution - Clinical Criteria Apply Epironia™ Solution Fintepla® Solution Fycompa® Tablet / Suspension gabapentin capsule / solution (generic for Neurontin®) gabapentin tablet (generic for Neurontin® Tablet) Gabitri® Tablet Lacosamide solution / tablet (generic for Vimpat®) lamotrigine chewable / tablet (generic for Lamictal®) lamotrigine ER tablet / ODT / ODT Starter Kit / Starter Kit (generic for Lamictal® XR / ODT) | lamotrigine starter kits (generic for Lamictal®) Lyrica® Capsule / Solution Neurontin® Capsule / Solution / Tablet Onfi® Suspension / Tablet Qudexy® XR Capsule rufinamide suspension (generic for Banzel®) rufinamide tablet (generic for Banzel®) Spritam® Tablet Subvenite® Tab Start Kit Suympazan® Film tiagabine tablet (generic for Gabitril®) Topamax® Sprinkle Capsule / Tablet topiramate ER capsule (generic for Qudexy®) |
| Diacomit® Capsule / Powder Pack Diastat® Acudial® / Pedi System diazepam rectal / system (generic for Diastat® Accudial / Pedi System) Epidioles® Solution - Clinical Criteria Apply Epidioles® Solution Finepla® Solution Finepla® Solution Fycompa® Tablet / Suspension gabapentin capsule / solution (generic for Neurontin®) gabapentin tablet (generic for Neurontin® Tablet) Gabitril® Tablet Iacosamide solution / tablet (generic for Vimpat®) Iamotrigine chewable / tablet (generic for Lamictal®) Iamotrigine chewable / tablet (generic for Lamictal®) Iamotrigine ER tablet / ODT / ODT Starter Kit / Starter Kit (generic for Lamictal® XR / ODT) Ievetiracetam tablet / ER tablet / solution (generic for Keppra® / XR) | lamotrigine starter kits (generic for Lamictal®) Lyrica® Capsule / Solution Neurontin® Capsule / Solution / Tablet Onfi® Suspension / Tablet Qudexy® XR Capsule rufinamide suspension (generic for Banzel®) rufinamide tablet (generic for Banzel®) rufinamide tablet (generic for Banzel®) Spritam® Tablet Sutvenite® Tablet Start-Kit Sympazan® Film tiagabine tablet (generic for Gabitril®) Topamax® Sprinkle Capsule / Tablet topiramate ER capsule (generic for Qudexy®) topiramate ER capsule (generic for Trokendi XR®) - Trial and Failure of Trokendi® XR Capsule Required for Coverage |
| Diacomit® Capsule / Powder Pack Diastat® Acudial® / Pedi System diazepam rectal / system (generic for Diastat® Accudial / Pedi System) Epidiolex® Solution - Clinical Criteria Apply Epinital® Solution Fintepla® Solution Fycompa® Tablet / Suspension gabapentin capsule / solution (generic for Neurontin®) gabapentin tablet (generic for Neurontin® Tablet) Gabitril® Tablet lacosamide solution / tablet (generic for Lamictal®) lamotrigine chewable / tablet (generic for Lamictal®) lamotrigine Ext ablet / ODT / ODT Starter Kit / Starter Kit (generic for Lamictal® XR / ODT) levetiracetam tablet / ER tablet / solution (generic for Keppra® / XR) Nazzilam® Nasal Spray | lamotrigine starter kits (generic for Lamictal®) Lyrica® Capsule / Solution Neurontin® Capsule / Solution / Tablet Onfi® Suspension / Tablet Qudexy® XR Capsule rufinamide suspension (generic for Banzel®) rufinamide tablet (generic for Banzel®) Spritam® Tablet Subvenite® Table start Kit Sympazan® Film tiagabine tablet (generic for Gabitril®) Topamax® Sprinkle Capsule / Tablet topiramate ER capsule (generic for Qudexy®) topiramate ER capsule (generic for Trokendi XR®) - Trial and Failure of Trokendi® XR Capsule Required for Coverage Trokendi® XR Capsule |
| Diacomit® Capsule / Powder Pack Diastat® Acudial® / Pedi System diazepam rectal / system (generic for Diastat® Accudial / Pedi System) Epidiolex® Solution - Clinical Criteria Apply Epinita® Solution Fintepla® Solution Fycompa® Tablet / Suspension gabapentin capsule / solution (generic for Neurontin®) gabapentin tablet (generic for Neurontin® Tablet) Gabirii® Tablet lacosamide solution / tablet (generic for Lamictal®) lamotrigine chewable / tablet (generic for Lamictal®) lamotrigine ER ablet / ODT / ODT Starter Kit / Starter Kit (generic for Lamictal® XR / ODT) levetiracetam tablet / ER tablet / solution (generic for Keppra® / XR) Nayzilam® Nasal Spray Roweepra™ Tablet | lamotrigine starter kits (generic for Lamictal®) Lyrica® Capsule / Solution Neurontin® Capsule / Solution / Tablet Onfi® Suspension / Tablet Qudexy® XR Capsule rufinamide suspension (generic for Banzel®) rufinamide tablet (generic for Banzel®) Spritam® Tablet Subvenite® "Table Start Kit Sympazam® Film tiagabine tablet (generic for Gabitril®) Topamax® Sprinkle Capsule / Tablet topiramate ER capsule (generic for Qudexy®) topiramate ER capsule (generic for Trokendi XR®) - Trial and Failure of Trokendi® XR Capsule Required for Coverage Trokendi® XR Capsule vigabatrin powder packet / tablet (generic for Sabril® Powder Packet / Tablet) |
| Diacomit® Capsule / Powder Pack Diastat® Acudial® / Pedi System diazepam rectal / system (generic for Diastat® Accudial / Pedi System) Epidiolex® Solution - Clinical Criteria Apply Epinital® Solution Fintepla® Solution Fycompa® Tablet / Suspension gabapentin capsule / solution (generic for Neurontin®) gabapentin tablet (generic for Neurontin® Tablet) Gabitril® Tablet lacosamide solution / tablet (generic for Lamictal®) lamotrigine chewable / tablet (generic for Lamictal®) lamotrigine Ext ablet / ODT / ODT Starter Kit / Starter Kit (generic for Lamictal® XR / ODT) levetiracetam tablet / ER tablet / solution (generic for Keppra® / XR) Nazzilam® Nasal Spray | lamotrigine starter kits (generic for Lamictal®) Lyrica® Capsule / Solution Neurontin® Capsule / Solution / Tablet Onfi® Suspension / Tablet Qudexy® XR Capsule rufinamide suspension (generic for Banzel®) rufinamide tablet (generic for Banzel®) Spritam® Tablet Subvenite® Table start Kit Sympazan® Film tiagabine tablet (generic for Gabitril®) Topamax® Sprinkle Capsule / Tablet topiramate ER capsule (generic for Qudexy®) topiramate ER capsule (generic for Trokendi XR®) - Trial and Failure of Trokendi® XR Capsule Required for Coverage Trokendi® XR Capsule |
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| Diacomit® Capsule / Powder Pack Diastat® Acudial® / Pedi System diazepam rectal / system (generic for Diastat® Accudial / Pedi System) Epidioles® Solution - Clinical Criteria Apply Epirontia® Solution Fintepla® Solution Fycompa® Tablet / Suspension gabapentin capsule / solution (generic for Neurontia®) gabapentin tablet (generic for Neurontia® Tablet) Gabitril® Tablet lacosamide solution / tablet (generic for Vimpat®) lamotrigine chewable / tablet (generic for Lamictal®) lamotrigine ER tablet / ODT / ODT Starter Kit / Starter Kit (generic for Lamictal® XR / ODT) levetiracetam tablet / ER tablet / Solution (generic for Keppra® / XR) Nayzilam® Nasal Spray Roweepra™ Tablet Sabril® Powder Packet Sabril® Powder Packet Sabril® Tablet Subvenite® Tablet Subvenite® Tablet (generic for Topamax®) Valtoco® Nasal Spray | lamotrigine starter kits (generic for Lamictal®) Lyrica® Capsule / Solution Neurontin® Capsule / Solution / Tablet Onth® Suspension / Tablet Qudexy® XR Capsule rufinamide suspension (generic for Banzel®) rufinamide tablet (generic for Banzel®) Spritam® Tablet Subvenite® Tablet Subvenite® Tablet Suppazan® Film tiagabine tablet (generic for Gabitril®) Topamax® Sprinkle Capsule / Tablet Opiramate ER capsule (generic for Qudexy®) topiramate ER capsule (generic for Trokendi XR®) - Trial and Failure of Trokendi® XR Capsule Required for Coverage Trokendi® XR Capsule vigabatrin powder packet / tablet (generic for Sabril® Powder Packet / Tablet) Vigadrone® Powder Packet Vigadrone® Powder Packet Vimpal® Solution / Starter Kit / Tablet Zonisade™ Oral Suspension |
| Diacomit® Capsule / Powder Pack Diastat® Acudiat® / Pedi System diazepam rectal / system (generic for Diastat® Accudial / Pedi System) Epidiolex® Solution - Clinical Criteria Apply Epidiolex® Solution - Clinical Criteria Apply Eprontia® Solution Firntepla® Solution Fycompa® Tablet / Suspension gabapentin capsule / solution (generic for Neurontin®) gabapentin capsule / solution (generic for Neurontin® Tablet) Gabitril® Tablet lacosamide solution / tablet (generic for Vimpat®) lamotrigine chewable / tablet (generic for Lamictat®) lamotrigine Entablet / ODT / ODT Starter Kit / Starter Kit (generic for Lamictat® XR / ODT) tevetiracetam tablet / ER tablet / solution (generic for Keppra® / XR) Nayzilam® Nasal Spray Roweepra™ Tablet Sabril® Powder Packet Sabril® Tablet Sabril® Tablet Subvenite® Tab Start Kit Subvenite® Tab Start Kit Subvenite® Tablet (capsule / tablet (generic for Topamax®) | lamotrigine starter kits (generic for Lamictal®) Lyrica® Capsule / Solution Neurontin® Capsule / Solution / Tablet Ontin® Suspension / Tablet Qudexy® XR Capsule rufinamide suspension (generic for Banzel®) rufinamide tablet (generic for Banzel®) Spritam® Tablet Subvenite® Tablet Subvenite® Tablet Suppazan® Film tiagabine tablet (generic for Gabitril®) Topamax® Sprinkle Capsule / Tablet Opiramate ER eapsule (generic for Qudexy®) topiramate ER eapsule (generic for Trokendi XR®) - Trial and Failure of Trokendi® XR Capsule Required for Coverage Trokendi® XR Capsule vigabatrin powder packet / tablet (generic for Sabril® Powder Packet / Tablet) Vigadrone® Powder Packet Vigadrone® Powder Packet Vimpal® Solution / Starter Kit / Tablet Zonisade™ Oral Suspension |

Effective DATE: Draft for July 13, 2023 Meeting

Trial and failure of two Preferred drugs are required unless only one Preferred option is listed or is otherwise indicated.

Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred. In addition to trial and failure criteria, clinical criteria (indicated in RED) may also apply. New to market products typically default to Non-Preferred status until reviewed by the PDL Panel. These drugs are listed as TO BE REVIEWED. Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at:

https://www.nctracks.nc.gov/content/public/providers/pharmacy.html

More information on the PDL can be found at: https://medicaid.ncdhhs.gov/providers/programs-services/prescription-drugs/outpatient-pharmacy-services

<u>Add</u> new to market product topiramate ER capsule (generic for Trokendi XR®) as Non-Preferred with trial and failure criteria

<u>Move</u> Subvenite® Tab Start Kit from Non-Preferred to Preferred

| ANTI-INFECTIVES - SYSTEMIC ANTIBIOTICS | | |
|--|--|--|
| | nalosporins and Related | |
| | | |
| Preferred amoxicillin capsule / chewable / suspension / tablet (generic for Amoxii®, Trimox®) | Non-Preferred amoxicillin-clavulanate chewable tablet (generic for Augmentin®) | |
| amoxicillin capsule / chewable / suspension / tablet (generic for Amoxii , 1rimox) amoxicillin-clavulanate suspension / tablet / XR tablet (generic for Augmentin® / XR) | Augmentin® (amoxicillin-clavulanate) Suspension / ES-600 / XR Tablet | |
| ampicillin capsule / injection / vial | | |
| ampicillin-sulbactam injection / vial | cefaclor capsule / suspension / ER tablet (generic for Ceclor® / CD) | |
| Bicillin C-R injection | cefadroxil tablet (generic for Duricet®) | |
| - | cefpodoxime suspension / tablet (generic for Vantin®) | |
| cefadroxil capsule / suspension (generic for Duricef®) | Keftex® Capsule | |
| cefdinir capsule / suspension (generic for Omnicef®) | Suprax® Capsule / Chewable / Suspension | |
| cefixime capsule / suspension (generic for Suprax® Capsule / Suspension) cefprozil suspension / tablet (generic for Cefzil®) | | |
| cetproxii suspension / tablet (generic for Cettin®) | | |
| ceptalexin capsule / suspension / tablet (generic for Keflex®) | | |
| dicloxacillin capsule | | |
| nafcillin injection / vial | | |
| oxacillin injection / vial | | |
| penicillin G injection / vial | | |
| | | |
| penicillin V suspension / tablet | | |
| piperacillin - tazobactam injection / vial | | |
| Pfizerpen [®] injection / vial | | |
| Unasyn® injection / vial | | |
| Zosyn [®] injection / vial | | |
| | Suspension / ES-600 / XR Tablet as Non-Preferred Keflex® Capsule | |
| Lincosamide | s and Oxazolidinones | |
| Preferred | Non-Preferred | |
| clindamycin capsules / solution (generic for Cleocin®) | Cleocin® Capsules / Injection | |
| linezolid suspension (oral) / tablet (generic for Zyvox®) | Cleocin® Pediatric Solution | |
| | clindamycin injection (generic for Cleocin® Injection) | |
| | Lincocin® Vial | |
| | lincomycin injection (generic for Lincocin Vial®) | |
| | linezolid IV solution (generic for Zyvox®) | |
| | Sivextro® Tablet / Vial | |
| | Synercid [®] Vial | |
| | Zyvox® Tablet / IV Solution / Suspension | |
| | Zyvox Tabilet/14 Goldhon/ Guspension | |
| | | |
| Macrolic | es and Ketalides | |
| | es and Ketolides | |
| Preferred | Non-Preferred | |
| Preferred azithromycin powder packet / suspension / tablet (generic for Zithromax®) | Non-Preferred clarithromycin ER tablet (generic for Biaxin XL®) | |
| Preferred azithromycin powder packet / suspension / tablet (generic for Zithromax®) clarithromycin suspension / tablet (generic for Biaxin®) | Non-Preferred clarithromycin ER tablet (generic for Biaxin XL®) erythromycin es. 200 mg suspension (generic for E.E.S.® Suspension) | |
| Preferred azithromycin powder packet / suspension / tablet (generic for Zithromax®) clarithromycin suspension / tablet (generic for Biaxin®) E.E.S.® Granules / Filmtab / Suspension | Non-Preferred clarithromycin ER tablet (generic for Biaxin XL®) erythromycin e.s. 200 mg suspension (generic for E.E.S.® Suspension) erythromycin e.s400 mg suspension (Generic for E.F.S.® Suspension) erythromycin e.s400 mg suspension (Generic for Eryped®) | |
| Preferred azithromycin powder packet / suspension / tablet (generic for Zithromax®) clarithromycin suspension / tablet (generic for Biaxin®) E.E.S.® Granules / Filmtab / Suspension Eryped® 200/400 Suspension | Non-Preferred clarithromycin ER tablet (generic for Biaxin XL®) erythromycin e.s. 200 mg suspension (generic for E.E.S.® Suspension) erythromycin e.s. 400 mg suspension (Generic for Eryped®) Eryped® 200/400 Suspension | |
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| Preferred azithromycin powder packet / suspension / tablet (generic for Zithromax®) clarithromycin suspension / tablet (generic for Biaxin®) E.E.S.® Granules / Filmtab / Suspension Eryped® 200/400 Suspension Erythrocin® Filmtab erythromycin e.s. 200 mg suspension (generic for E.E.S.® Suspension) | Non-Preferred clarithromycin ER tablet (generic for Biaxin XL®) erythromycin e.s. 200 mg suspension (generic for E.E.S.® Suspension) erythromycin e.s. 400 mg suspension (Generic for Eryped®) Eryped® 200/400 Suspension | |
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| Preferred azithromycin powder packet / suspension / tablet (generic for Zithromax®) clarithromycin suspension / tablet (generic for Biaxin®) E.E.S.® Granules / Filmtab / Suspension Eryped® 200/400 Suspension Eryptonomio Filmtab erythromycin e.s. 200 mg suspension (generic for E.E.S.® Suspension) erythomycin e.s. 400 mg suspension (Generic for Eryped®) erythromycin EC capsule (generic for Eryped®) | Non-Preferred clarithromycin ER tablet (generic for Biaxin XL®) crythromycin es. 200 mg suspension (generic for E.E.S. *Suspension) crythromycin es. 400 mg suspension (Generic for Eryped®) Eryped® 200400 Suspension Ery-Tab® Tablet | |
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| Preferred azithromycin powder packet / suspension / tablet (generic for Zithromax®) clarithromycin suspension / tablet (generic for Biaxin®) Ears.® Granules / Filmtab / Suspension Erythrocin® Filmtab erythromycin es. 200 mg suspension (generic for E.E.S.® Suspension) erythromycin es. 200 mg suspension (Generic for E.E.S.® Suspension) erythromycin es. 400 mg suspension (Generic for Eryped®) erythromycin EC capsule (generic for Eryped®) erythromycin Edinab erythromycin e.s. tablet (generic for E.E.S.® Filmtab) Generic Over Brand Switch: Move Eryped® 200/400 Suspension to Non-Pro | Non-Preferred clarithromycin ER tablet (generic for Biaxin XL®) erghtomycin e.s. 200 mg suspension (generic for E.E.S.® Suspension) erythomycin e.s. 200 mg suspension (Generic for E.P.S.® Suspension) Erysda® 200.400 Suspension Ery-Tab® Tablet Zithromax® Powder Packet / Suspension / Tablet / Tri-Pak / Z-Pak Eferred and move erythromycin ethylsuccinate (200 mg and 400 mg) to Preferred astrointestinal Antibiotics) | |
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| Preferred azithromycin powder packet / suspension / tablet (generic for Zithromax®) clarithromycin suspension / tablet (generic for Biaxin®) E.E.S.® Granules / Filmtab / Suspension Erypted® 2004/00 Suspension Erypted® 2004/00 Suspension Erypted® 2004/00 Suspension Generic for E.E.S.® Suspension erythromycin e.s. 400 mg suspension (generic for Eryped®) erythromycin E.C capsule (generic for Eryped®) erythromycin E.C capsule (generic for Eryped®) erythromycin e.s. tablet (generic for E.E.S.® Filmtab) Generic Over Brand Switch: Move Eryped® 200/400 Suspension to Non-Pre Nitromidazoles (C Preferred metronidazole tablet (generic for Flagyf®) vancomycin capsule (generic for Vancocin®) Add new to market product vancomycin ora Removal | Non-Preferred clarithromycin ER tablet (generic for Biaxin XL®) explanomycin e.s360 mg suspension (generic for E.E.S.® Suspension)- crythomycin e.s360 mg suspension (Generic for E.D.S.® Suspension)- crythomycin e.s360 mg suspension (Generic for E.D.S.® Suspension)- Epy-Tablet Eip-Tablet Zithromax® Powder Packet / Suspension / Tablet / Tri-Pak / Z-Pak **Suspension / Tablet / Tri-Pak / Z-Pak **Suspension / Tablet / Tri-Pak / Z-Pak **Suspension / Tablet / Tri-Pak / Z-Pak **Suspension / Tablet / Tri-Pak / Z-Pak **Suspension / Tablet / Tri-Pak / Z-Pak **Suspension / Tablet / Tri-Pak / Z-Pak **Suspension / Tablet - Trial and failure of only vancomycin is required for treatment of Clostridium difficile Firvang **Solution Engage** Capsule / Tablet Engage** Capsule / Tablet Engage** Capsule / Tablet Engage** Capsule (generic for Mycifradin® Engage** Capsule (generic for Mycifradin® Engage** Capsule (generic for Micifradin® Engage** Capsule (generic for Humatin®) Solosce ** Granules tindacocine **Capsule generic for Firvang** Vancomycin oral solution (generic for Firvang**) Xifaxan® Tablet - Exemption for a diagnosis of Hepatic Encephalopathy I solution (generic for Firvang**) Xifaxan® Tablet - Exemption for a diagnosis of Hepatic Encephalopathy Lifaxan® Tablet - Exemption for a diagnosis of Hepatic Encephalopathy Lifaxan® Tablet - Exemption for a fire Firvang** Xifaxan® Tablet - Exempti | |
| Preferred azithromycin powder packet / suspension / tablet (generic for Zithromax®) clarithromycin suspension / tablet (generic for Biaxin®) EE.S.® Granules / Flintab / Suspension Erythrocin® Flintab erythrocin® Flintab erythronycin ex. 400 mg suspension (Generic for EE.S.® Suspension) erythromycin Ex. dou mg suspension (Generic for E.P.S.® Suspension) erythromycin EC capsule (generic for E.S.® Flintab) Generic Over Brand Switch: Move Eryped® 200/400 Suspension to Non-Preferred metronidazole tablet (generic for Flagy®) vancomycin capsule (generic for Flagy®) vancomycin capsule (generic for Vancocin®) Add new to market product vancomycin or Removal Add new to market product vancomycin or Removal | Non-Preferred clarithromycin ER tablet (generic for Biaxin XL®) erythomycin ex-300 mg suspension (generic for EE.S.® Suspension) erythomycin ex-300 mg suspension (Generic for Eryped®) Eryped® 200400 Suspension Ery Tablet Zithromax® Powder Packet / Suspension / Tablet / Tri-Pak / Z-Pak efferred and move erythromycin ethylsuccinate (200 mg and 400 mg) to Preferred astrointestinal Antibiotics) Non-Preferred Aemcolo® DR Tablet Difficid® Suspension / Tablet - Trial and failure of only vancomycin is required for treatment of Clostridium difficile Firvang® Solution Firsya® Solution Firsya® Solution Firsya® Solution Firsya® Solution Firsya® Tablet (generic for Mycifradin®) nitazoxanide tablet (generic for Mycifradin®) nitazoxanide tablet (generic for Humatin®) Solosce® Camueles tinidazole tablet (generic for Tindanax®) Vancomycin oral solution (generic for Firvanq®) Xifaxa® Tablet - Exemption for a diagnosis of Hepatic Encephalopathy Il Solution (Generic for Firvanq™) as Non-Preferred Flagyl® Tablet Little Solution (Pereferred of Firvanq™) Xifaxa® Tablet - Exemption for a diagnosis of Hepatic Encephalopathy Little Solution (Reneric for Firvanq™) as Non-Preferred Little Solution (Reneric for Firvanq™) Xifaxa® Tablet - Exemption for a diagnosis of Hepatic Encephalopathy Little Solution (Reneric for Firvanq™) as Non-Preferred | |
| Preferred azithromycin powder packet / suspension / tablet (generic for Zithromax®) clarithromycin suspension / tablet (generic for Biaxin®) E.E.S.® Granules / Flimtab / Suspension Erythered 2004/000 Suspension Erythoroxin® Flimtab erythromycin e.s. 400 mg suspension (generic for E.E.S.® Suspension) erythromycin E.C capsule (generic for Eryed®) erythromycin E.C capsule (generic for Eryed®) erythromycin e.s. tablet (generic for E.E.S.® Flimtab) Generic Over Brand Switch: Move Eryped® 200/400 Suspension to Non-Preferred metronidazole tablet (generic for Flagy®) vancomycin capsule (generic for Vancocin®) Add new to market product vancomycin ora Removal | Non-Preferred clarithromycin ER tablet (generic for Biaxin XL®) crythomycine = x-300 mg suspension (generic for E.E.S.® Suspension)- crythomycine = x-300 mg suspension (Generic for E.P.Yed®) ErpyTab® Tablet Zithromax® Powder Packet / Suspension / Tablet / Tri-Pak / Z-Pak **Ferred and move erythromycin ethylsuccinate (200 mg and 400 mg) to Preferred **astrointestinal Antibiotics) **Non-Preferred* Aemcolo® DR Tablet Dificid® Suspension / Tablet - Trial and failure of only vancomycin is required for treatment of Clostridium difficile Firvang Solution Firvang Solution Firvang Solution Bayed® Capsule / Tablet metronidazole capsule (generic for Flagy®) neomycin tablet (generic for Mycifradin®) neitazoxanide tablet (generic for Minima Tablet) parronomycin capsule generic for Humatin®) Solosce® Granules tindazocic Bayed cipeneric for Firvang®) Vancongwich or al solution vancomycin or al solution (generic for Firvang™) Xifaxan® Tablet - Exemption for a diagnosis of Hepatic Encephalopathy I solution (generic for Firvang™) as Non-Preferred E Flagyl® Tablet uinolones | |

| levofloxacin tablet (generic for Levaquin®) | ciprofloxacin suspension (generic for Cipro® XR / Suspension) |
|--|--|
| moxifloxacin tablet (generic for Avelox®) | levofloxacin solution (generic for Levaquin [®] Solution) |
| | ofloxacin tablet (generic for Floxin®) |
| No recommendations. Class open for comments. | |
| | |

Effective DATE: Draft for July 13, 2023 Meeting

Trial and failure of two Preferred drugs are required unless only one Preferred option is listed or is otherwise indicated.

Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred. In addition to

trial and failure criteria, clinical criteria (indicated in RED) may also apply. New to market products typically default to Non-Preferred status until reviewed by the PDL Panel. These drugs are listed as TO BE REVIEWED. Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at:

https://www.nctracks.nc.gov/content/public/providers/pharmacy.html More information on the PDL can be found at: https://medicaid.ncdhhs.gov/providers/programs-services/prescription-drugs/outpatient-pharmacy-services

Tetracycline Derivatives Preferred Non-Preferred doxycycline hyclate capsule / tablet (generic for Vibramycin[®], Vibra-Tab[®]) demeclocycline tablet (generic for Declomycin®) loxycycline monohydrate 50mg, 100mg capsule (generic for Monodox®) Doryx® DR / MPC Tablet minocycline 50mg, 75mg, 100mg capsule (generic for Minocin®) doxycycline hyclate DR tablet (generic for Doryx® DR) doxycycline monohydrate 75mg, 150mg capsule (generic for Monodox®, Adoxa®) doxycycline monohydrate 40mg IR-DR capsule (generic for Oracea®) doxycycline monohydrate 50mg, 75mg, 100mg, 150mg tablet doxycycline suspension (generic for Vibramycin Suspension®) - Exemption for patients < 12 years of age minocycline ER tablet (generic for Solodyn® ER) Clinical justification and failure of doxycycline and minocycline required. Limited to a 12 veek supply minocycline ER capsule (Generic for Ximino™ ER) minocycline 50mg, 75mg, 100mg tablet Minolira[™] ER Tablet Morgidox® Capsule / Kit Nuzyra [™] Tablet Solodyn® ER Tablet - Clinical justification and failure of doxycycline and minocycline required. Limited to a 12 week supply Targadox® tetracycline capsule (generic for Sumycin®) Vibramycin[®] Capsule / Suspension / Syrup Ximino[™] ER Capsule Antifungals Non-Preferred Preferred clotrimazole troche (generic for Mycelex® Troche) Ancobon® Capsule Brexafemme® Tablet fluconazole suspension / tablet (generic for Diflucan®) griseofulvin suspension (generic for Grifulvin V®) Cresemba® Capsule riseofulvin ultra tablet (generic for Gris-Peg®) Diflucan® Suspension / Tablet statin suspension (generic for Nilstat®) flucytosine capsule (generic for Ancobon®) ystatin tablet (generic for Mycostatin®) griseofulvin micro tablets (generic for Grifulvin V®) erbinafine tablet (generic for Lamisil®) itraconazole capsule / solution (generic for Sporanox®) ketoconazole tablet (generic for Nizoral®) Noxafil® Suspension / Tablet oxafil[®] (posaconazole) DR suspension packet Oravig® (miconazole) Buccal Tablet posaconazole tablet (generic for Noxafil®) Sporanox® Capsule / Solution Tolsura[™] Capsule Vfend® Suspension / Tablet Vivjoa® Capsule voriconazole suspension / tablet (generic for Vfend®) Add new to market product Noxafil® (posaconazole) DR suspension packet as Non-Preferred Add Oravig® (miconazole) Buccal Tablet as Non-Preferred Antivirals (Hepatitis B Agents) Preferred Non-Preferred adefovir tablet (generic for Hepsera®) ntecavir tablet (generic for Baraclude®) amivudine HBV tablet (generic for Epivir® HBV) Baraclude® Solution / Tablet enofovir tablet (generic for Viread®) Epivir® HBV Tablet / Solution Viread® Powder / Tablet Hepsera® Tablet Vemlidy® tablet Antivirals (Hepatitis C Agents) Preferred Non-Preferred Pegasys® Syringe ibavirin capsule / tablet (generic for Copegus®, Rebetol®)

All genotypes without cirrhosis Epclusa® Pellet Pack/Tablet Mavyret [™] Tablet (8 weeks of therapy) Harvoni® Pellet Pack / Tablet ledipasvir-sofosbuvir tablet (generic for Harvoni® Tablet) Mavyret[™] Pellet Pack ofosbuvir-velpatasvir tablet (generic for Epclusa® Tablet) Sovaldi® Pellet Pack / Tablet Viekira[™] Pak All genotypes with compensated cirrhosis (Child Pugh-A) Zepatier[®] Tablet Mavyret[™] Tablet (Up to 12 weeks of therapy) Mavyret[™] Pellet Pack ofosbuvir-velpatasvir tablet (generic for Epclusa® Tablet) All genotypes previously treated with an HCV regimen containing an NSSA inhibitor or genotype 1a or 3 infection and have previously been treated with an HCV regimen containing sofosbuvir without an NSSA inhibitor. All genotypes with decompensated cirrhosis sofosbuvir-velpatasvir tablet (generic for Epclusa® Tablet) Move Pegasys® Vial from Non-Preferred to Preferred

| mote mitalinated of the FEE and to total at a major management and programs of the appropriate and appropriate | | | |
|--|---|--|--|
| | (Herpes Treatments) | | |
| Preferred | Non-Preferred | | |
| acyclovir capsule / tablet / suspension (generic for Zovirax®) famciclovir tablet (generic for Famvir®) | Sitavig® Buccal Tablet Valtrex® Caplet | | |
| valacyclovir tablet (generic for Valtrex®) | Zovirax® Suspension | | |
| | | | |
| | irals (Influenza) | | |
| Preferred | Non-Preferred | | |
| oseltamivir phosphate capsule / suspension (generic for Tamiflu®) rimantadine tablet (generic for Flumadine®) | amantadine tablet (generic for Symmetrel®) Flumadine® Tablet | | |
| Tamiflu® Capsule / Suspension | Relenza® Diskhaler | | |
| типпи сироне обърчанов | Tamiflu® Capsule / Suspension | | |
| | Xofluza [™] Tablet Trial and failure of only one preferred drug required | | |
| <u>Move</u> Tamiflu [®] Capsule / Suspe | nsion from Preferred to Non-Preferred | | |
| Antil | biotics, Inhaled | | |
| | nly one preferred drug required | | |
| Preferred | Non-Preferred | | |
| Kitabis TM Pak (tobramycin inhalation solution) | Arikayce® Vial | | |
| Bethkis [®] (tobramycin inhalation solution) tobramycin inhalation solution (generic for Tobi™) | Cayston [®] Solution tobramycin inhalation solution / pak (generic for Tebi™ / Kitabis [™]) | | |
| wordingen initiation solution (generic for 1001) | Tobi Podhaler / Solution | | |
| Tobi® Podhaler® / Solution | | | |
| BEHAVI | IORAL HEALTH | | |
| | DEPRESSANTS | | |
| | Other | | |
| Preferred | Non-Preferred | | |
| bupropion tablet / SR tablet / XL tablet (generic for Wellbutrin® Tablet / SR / XL) | Aplenzin® Tablet Auvelity® (dextromethorphan/bupropion) Tablet | | |
| desvenlafaxine ER tablet (generic for Pristiq®) duloxetine capsule (generic for Cymbalta®) | Bupropion XL tablet (generic for Forfivo® XL) | | |
| Effexor® XR Capsule | Cymbalta® Capsule | | |
| maprotiline tablet (generic for Ludiomil®) | desvenlafaxine ER tablet (generic for Khedezla®) | | |
| mirtazapine ODT / tablet (generic for Remeron®) | duloxetine capsule (generic for Irenka®) | | |
| Nardil [®] Tablet | Emsam® Patch | | |
| phenelzine tablet (generic for Nardil®) | Fetzima® Capsule / Titration Pak | | |
| Pristiq® ER Tablet tranylcypromine tablet (generic for Parnate®) | Forfivo® XL Tablet Marplan® Tablet | | |
| trazodone tablet (generic for Desyret®) | nefazodone tablet (generic for Serzone®) | | |
| venlafaxine tablet / ER capsules (generic for Effexor®, Effexor® XR) | Remeron® Soltab™ / Tablet | | |
| Viibryd® Tablet | Trintellix® Tablet | | |
| | venlafaxine besylate ER tablet | | |
| | venlafaxine ER tablet | | |
| | Viibryd® Starter Pack / Tablet vilazodone tablet (generic for Viibryd®) | | |
| | Wellbutrin® SR / XL Tablet | | |
| Move Viibryd® Tablet fr | romethorphan/bupropion) Tablet as Non-Preferred om Non-Preferred to Preferred tablet (generic for Ludiomil®) | | |
| | | | |
| Selective Serotoni | n Reuptake Inhibitor (SSRI) | | |
| Preferred | Non-Preferred | | |
| citalopram solution / tablet (generic for Celexa®) | Brisdelle Capsule | | |
| escitalopram tablet (generic for Lexapro [®]) fluoxetine capsule / solution (generic for Prozac [®]) | Celexa [®] Tablet citalopram capsule | | |
| fluoxetine capsule / solution (generic for Prozac [®]) fluoxetine tablet (generic for Luvox [®]) | escitalopram solution (generic for Lexapro® Solution) | | |
| paroxetine suspension (generic for Paxil [®] Suspension) | fluoxetine tablet (generic for Prozac®) - Exemption for children < 18 years of age | | |
| Paxil® Suspension | fluoxetine DR capsules (generic for Prozac® Weekly) | | |
| paroxetine tablet (generic for Paxil [®]) | fluvoxamine ER capsule (generic for Luvox CR®) | | |
| sertraline concentrated solution / tablet (generic for Zoloft®) | Lexapro® Tablet | | |
| | paroxetine capsule (generic for Brisdelle® Capsule) | | |
| | paroxetine CR tablet (generic for Paxil CR®) paroxetine suspension (generic for Paxil® Suspension) | | |
| | Paxil [®] Suspension / Tablet / CR Tablet | | |
| | Pexeva® Tablet | | |
| | Prozac® Pulvule | | |
| | sertraline capsule | | |
| | Zoloft® Solution / Tablet | | |
| Brand Over Generic Switch: Move paroxetine suspension (generic for Paxil® Suspension) to Non-Preferred and move Paxil® Suspension to Preferred Removal: Brisdelle® Capsule | | | |
| | | | |

| | KKINESIS / ADHD |
|--|--|
| Preferred | Non-Preferred |
| Adderall® Tablet (Generic Product Per FDA) | Adderall® Tablet (Generic Product Per FDA) |
| Adderall® XR Capsule | Adhansia XR Capsule |
| amphetamine salt combo tablet (generic for Adderall®) | Adzenys® XR ODT / ER suspension |
| amphetamine salt combo XR capsule (generic for Adderall® XR) | amphetamine ER-suspension (generic for Adzenys [®])- |
| Aptensio® XR Capsule | amphetamine salt combo XR capsule (generic for Adderall®-XR) |
| atomoxetine capsule (generic for Strattera®) | amphetamine sulfate tablet (generic for Evekeo® Tablet) |
| clonidine ER tablet (generic for Kapvay®) | Azstarys Capsule |
| Concerta® Tablet | Cotempla TM XR-ODT |
| Daytrana® Patch | Desoxyn® Tablet |
| dexmethylphenidate tablet / ER capsules (generic for Focalin® / XR) | Dexedrine® Spansule® |
| dextroamphetamine tablet (generic for Dexedrine®) | dexmethylphenidate tablet / ER-capsules (generic for Focalin® / XR) |
| Focalin® Tablet / XR Capsule | dextroamphetamine ER capsule (generic for Dexedrine "Spansule") |
| guanfacine ER tablet (generic for Intuniv®) | dextroamphetamine solution (generic for ProCentra®) |
| Methylin [®] Solution | Dyanavel® XR Suspension - Exemption for children < 12 years of age |
| methylphenidate ER tablet (generic for Concerta® Tablet) | Dyanavel® XR Tablet |
| | Evekeo® Tablet / Evekeo® ODT Tablet |
| methylphenidate solution (generic for Methylin®) | |
| methylphenidate tablet (generic for Methylin®, Ritalin®) | Focalin® Tablet / XR Capsule |
| Vyvanse® Capsule / Chewable Tablet | Intuniv [®] Tablet |
| | Jornay PM Capsule |
| | methamphetamine tablet (generic for Desoxyn®) |
| | methylphenidate CD capsule (generic for Metadate [®] CD) |
| | methylphenidate chewable / solution (generic for Methylin [®]) |
| | methylphenidate ER capsule (generic for Aptensio [®] XR) |
| | methylphenidate ER tablet (generic for Concerta® Tablet) |
| | methylphenidate ER tablet (45 mg and 63 mg) (Branded Product Per FDA) |
| | methylphenidate LA capsule (generic for Ritalin® LA) |
| | methylphenidate patch (generic for Daytrana®) |
| | Mydayis® ER Capsule |
| | ProCentra® Solution |
| | Qelbree TM Capsule |
| | Quillichew® ER Tablet- Exemption for children < 12 years of age |
| | |
| | Quillivant® XR Suspension - Exemption for children < 12 years of age |
| | Relexxii [™] ER Tablet |
| | Ritalin® LA Capsule |
| | Ritalin [®] Tablet |
| | Strattera® Capsule |
| | Xelstrym® (dextroamphetamine) Patch |
| | Zenzedi [®] Tablet |
| Add new to market products as Non-Preferred: Xelstrym® (dextroamphetamine) Patch Per FDA) | and methylphenidate ER tablet (45 mg and 63 mg) (Branded Product Named as a Generic Generic |
| | Generic methylphenidate tablet / ER capsules (generic for Focalin® / XR) to Preferred ed rall® Tablet, amphetamine salt combo XR capsule (generic for Adderall® XR), |
| Per FDA) <u>Over Brand Switch</u> : Move Focalin® Tablet / XR Capsule to Non-Preferred and move dex <u>Move</u> methylphenidate solution (generic for Methylin®) from Non-Preferred to Preferr <u>Off-cycle change</u> : Move the following products from Non-Preferred to Preferred: Adde methylphenidate ER tablet (generic for Concerta® Tablet) | Generic methylphenidate tablet / ER capsules (generic for Focalin® / XR) to Preferred ed rall® Tablet, amphetamine salt combo XR capsule (generic for Adderall® XR), |
| Per FDA) <u>Over Brand Switch</u> : Move Focalin® Tablet / XR Capsule to Non-Preferred and move dex <u>Move</u> methylphenidate solution (generic for Methylin®) from Non-Preferred to Preferr <u>Off-cycle change</u> : Move the following products from Non-Preferred to Preferred: Adde methylphenidate ER tablet (generic for Concerta® Tablet) <u>Removals</u> : Adzenys® ER Suspension, amphetamine ER suspension (generic for Adzenys | Generic methylphenidate tablet / ER capsules (generic for Focalin® / XR) to Preferred ed rall® Tablet, amphetamine salt combo XR capsule (generic for Adderall® XR), |
| Per FDA) Over Brand Switch: Move Focalin® Tablet / XR Capsule to Non-Preferred and move dex Move methylphenidate solution (generic for Methylin®) from Non-Preferred to Preferr Off-cycle change: Move the following products from Non-Preferred to Preferred: Adde methylphenidate ER tablet (generic for Concerta® Tablet) Removals: Adzenys® ER Suspension, amphetamine ER suspension (generic for Adzenys | Generic methylphenidate tablet / ER capsules (generic for Focalin® / XR) to Preferred ed rall® Tablet, amphetamine salt combo XR capsule (generic for Adderall® XR), ®) EANTIPSYCHOTICS |
| Per FDA) Over Brand Switch: Move Focalin® Tablet / XR Capsule to Non-Preferred and move dex Move methylphenidate solution (generic for Methylin®) from Non-Preferred to Preferr Off-cycle change: Move the following products from Non-Preferred to Preferred: Adde methylphenidate ER tablet (generic for Concerta® Tablet) Removals: Adzenys® ER Suspension, amphetamine ER suspension (generic for Adzenys INJECTABLE Injecta | Generic methylphenidate tablet / ER capsules (generic for Focalin® / XR) to Preferred ed rall® Tablet, amphetamine salt combo XR capsule (generic for Adderall® XR), BANTIPSYCHOTICS ole Long Acting |
| Per FDA) Over Brand Switch: Move Focalin® Tablet / XR Capsule to Non-Preferred and move dex Move methylphenidate solution (generic for Methylin®) from Non-Preferred to Preferr Off-cycle change: Move the following products from Non-Preferred to Preferred: Adde methylphenidate ER tablet (generic for Concerta® Tablet) Removals: Adzenys® ER Suspension, amphetamine ER suspension (generic for Adzenys INJECTABLE Injecta Preferred | Generic methylphenidate tablet / ER capsules (generic for Focalin® / XR) to Preferred ed rall® Tablet, amphetamine salt combo XR capsule (generic for Adderall® XR), ®) EANTIPSYCHOTICS |
| Per FDA) Over Brand Switch: Move Focalin® Tablet / XR Capsule to Non-Preferred and move dex Move methylphenidate solution (generic for Methylin®) from Non-Preferred to Preferr Off-cycle change: Move the following products from Non-Preferred to Preferred: Adde methylphenidate ER tablet (generic for Concerta® Tablet) Removals: Adzenys® ER Suspension, amphetamine ER suspension (generic for Adzenys INJECTABLE Injecta Preferred Abilify Maintena® Syringe / Vial | Generic methylphenidate tablet / ER capsules (generic for Focalin® / XR) to Preferred ed rall® Tablet, amphetamine salt combo XR capsule (generic for Adderall® XR), BANTIPSYCHOTICS ole Long Acting |
| Per FDA) Over Brand Switch: Move Focalin® Tablet / XR Capsule to Non-Preferred and move dex Move methylphenidate solution (generic for Methylin®) from Non-Preferred to Preferr Off-cycle change: Move the following products from Non-Preferred to Preferred: Adde methylphenidate ER tablet (generic for Concerta® Tablet) Removals: Adzenys® ER Suspension, amphetamine ER suspension (generic for Adzenys INJECTABLI Injecta Preferred Abilify Maintena® Syringe / Vial Aristada® / Initio™ Syringe | Generic methylphenidate tablet / ER capsules (generic for Focalin® / XR) to Preferred ed rall® Tablet, amphetamine salt combo XR capsule (generic for Adderall® XR), BANTIPSYCHOTICS ole Long Acting |
| Per FDA) Over Brand Switch: Move Focalin® Tablet / XR Capsule to Non-Preferred and move dex Move methylphenidate solution (generic for Methylin®) from Non-Preferred to Preferr Off-cycle change: Move the following products from Non-Preferred to Preferred: Adde methylphenidate ER tablet (generic for Concerta® Tablet) Removals: Adzenys® ER Suspension, amphetamine ER suspension (generic for Adzenys INJECTABLE Injecta Preferred Abilify Maintena® Syringe / Vial | Generic methylphenidate tablet / ER capsules (generic for Focalin® / XR) to Preferred ed rall® Tablet, amphetamine salt combo XR capsule (generic for Adderall® XR), BANTIPSYCHOTICS ole Long Acting |
| Per FDA) Over Brand Switch: Move Focalin® Tablet / XR Capsule to Non-Preferred and move dex Move methylphenidate solution (generic for Methylin®) from Non-Preferred to Preferr Off-cycle change: Move the following products from Non-Preferred to Preferred: Adde methylphenidate ER tablet (generic for Concerta® Tablet) Removals: Adzenys® ER Suspension, amphetamine ER suspension (generic for Adzenys INJECTABLI Injecta Preferred Abilify Maintena® Syringe / Vial Aristada® / Initio® Syringe fluphenazine decanoate vial (generic for Prolixin decanoate®) Haldol® decanoate Ampule | Generic methylphenidate tablet / ER capsules (generic for Focalin® / XR) to Preferred ed rall® Tablet, amphetamine salt combo XR capsule (generic for Adderall® XR), BANTIPSYCHOTICS ole Long Acting |
| Per FDA) Over Brand Switch: Move Focalin® Tablet / XR Capsule to Non-Preferred and move dex Move methylphenidate solution (generic for Methylin®) from Non-Preferred to Preferr Off-cycle change: Move the following products from Non-Preferred to Preferred: Adde methylphenidate ER tablet (generic for Concerta® Tablet) Removals: Adzenys® ER Suspension, amphetamine ER suspension (generic for Adzenys Injecta INJECTABLI Injecta Preferred Abilify Maintena® Syringe / Vial Aristada® / Initio Syringe Ruphenazine decanoate vial (generic for Prolixin decanoate®) Haldol® decanoate Ampule haloperidol decanoate Ampule | Generic methylphenidate tablet / ER capsules (generic for Focalin® / XR) to Preferred ed rall® Tablet, amphetamine salt combo XR capsule (generic for Adderall® XR), BANTIPSYCHOTICS ole Long Acting |
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| Lybalvi [™] Tablet |
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| Nuplazid® Capsule |
| Nuplazid® Tablet |
| olanzapine-fluoxetine capsule (generic for Symbyax®) |
| paliperidone ER tablet (generic for Invega®) |
| Rexulti® Tablet |
| $Risperdal^{\otimes}$ $Solution$ / $Tablet$ |
| Secuado® Patch |
| Seroquel® Tablet / XR Tablet / XR Sample Kit |
| Versacloz® Suspension |
| Zyprexa® Tablet / Zydis® Tablet |
| <u>Move</u> |
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| CA | RDIOVASCULAR | |
|---|--|--|
| | ACE INHIBITORS | |
| Preferred | Non-Preferred | |
| benazepril tablet (generic for Lotensin®) | Accupril® Tablet | |
| enalapril tablet (generic for Vasotec [®]) | Altace® Capsule | |
| lisinopril tablet (generic for Prinivil® and Zestril®) | captopril tablet (generic for Capoten®) | |
| ramipril capsule (generic for Altace®) | enalapril solution (generic for Epaned [®]) - Exemption for children < 12 years of age | |
| | Epaned® Solution - Exemption for children < 12 years of age | |
| | fosinopril tablet (generic for Monopril®) | |
| | Lotensin® Tablet | |
| | moexipril tablet (generic for Univasc®) | |
| | Qbrelis® Solution - Exemption for children < 12 years of age | |
| | perindopril tablet (generic for Aceon®) | |
| | | |
| | quinapril tablet (generic for Accupril®) trandolapril tablet (generic for Mavik®) | |
| | | |
| | Vasotec® Tablet | |
| | Zestril® Tablet | |
| No recommendations. Class open for comments. | | |
| ACE INHIBITOR / CALCIU | IM CHANNEL BLOCKER COMBINATIONS | |
| Preferred | Non-Preferred | |
| amlodipine-benazepril capsule (generic for Lotrel®) | Lotrel® Capsule | |
| annouplie-ocitacepti capsuc (generic tot botet) | trandolapril-verapamil ER tablet (generic for Tarka®) | |
| No recommendations. Class open for comments. | | |
| ACE INHIBITO | R / DIURETIC COMBINATIONS | |
| Preferred | Non-Preferred | |
| | | |
| enalapril-HCTZ tablet (generic for Vaseretic®) | Accuretic Tablet | |
| lisinopril-HCTZ tablet (generic for Prinzide®, Zestoretic®) | benazepril-HCTZ tablet (generic for Lotensin® HCT) | |
| | captopril-HCTZ tablet (generic for Capozide®) | |
| | fosinopril-HCTZ tablet (generic for Monopril® HCT) | |
| | Lotensin® HCT Tablet | |
| | quinapril-HCTZ tablet (generic for Accuretic®, Quinaretic®) | |
| | Vaseretic® Tablet | |
| | Zestoretic [®] Tablet | |
| | | |
| ANGIOTENS | IN II RECEPTOR BLOCKERS | |
| Preferred | Non-Preferred | |
| irbesartan tablet (generic for Avapro®) | Atacand [®] Tablet | |
| losartan tablet (generic for Cozaar®) | Avapro® Tablet | |
| olmesartan tablet (generic for Benicar® Tablet) | Benicar® Tablet | |
| valsartan tablet (generic for Diovan®) | candesartan tablet (generic for Atacand®) | |
| vansarram raiser (Beneric tot Drivvall) | Cozaar® Tablet | |
| | Cozaar 1ablet Diovan® Tablet | |
| | Edarbi [®] Tablet | |
| | | |
| | eprosartan tablet (generic for Teveten®) | |
| | Micardis [®] Tablet | |
| | telmisartan tablet (generic for Micardis®Tablet) | |
| ANGIOTENSIN II RE | CEPTOR BLOCKER COMBINATIONS | |
| Preferred | Non-Preferred | |
| amlodipine-olmesartan tablet (generic for Azor®) | Azor® Tablet | |
| amouphne-onnesaran tablet (generic for Exforge®) | Exforge® Tablet | |
| amioulpine-valsartan tablet (generic for Exforge) amlodipine-valsartan-HCTZ tablet (generic for Exforge® HCT) | Exforge HCT Tablet | |
| amlodipine-valsartan-HCTZ tablet (generic for Extorge* HCT) olmesartan-amlodipine-HCTZ tablet (generic for Tribenzor® Tablet) | | |
| omesaran-annoupme-re-re-re-tainet (generic for Tribenzor® Tablet) | telmisartan-amlodipine tablet (generic for Twynsta®) | |
| | Tribenzor® Tablet | |
| | | |

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https://www.nctracks.nc.gov/content/public/providers/pharmacy.html More information on the PDL can be found at: https://medicaid.ncdhhs.gov/providers/programs-services/prescription-drugs/outpatient-pharmacy-services

ANGIOTENSIN II RECEPTOR BLOCKER DIURETIC COMBINATIONS Preferred Non-Preferred Atacand® HCT Tablet irbesartan-HCTZ tablet (generic for Avalide®) Avalide® Tablet osartan-HCTZ tablet (generic for Hyzaar®) Benicar® HCT Tablet olmesartan-HCTZ tablet (generic for Benicar® HCT Tablet) candesartan-HCTZ tablet (generic for Atacand® HCT) alsartan-HCTZ tablet (generic for Diovan® HCT) Diovan® HCT Tablet Edarbyclor® Tablet Hyzaar® Tablet Micardis® HCT Tablet telmisartan-HCTZ tablet (generic for Micardis® HCT) ANGIOTENSIN II RECEPTOR / NEPRILYSIN BLOCKER COMBINATIONS Preferred Non-Preferred Entresto® - Clinical Criteria Apply ANTI-ARRHYTHMICS Preferred Non-Preferred miodarone tablet (generic for Cordarone®) Multaq[®] Tablet Norpace® Capsule / CR Capsule disopyramide capsule (generic for Norpace®) lofetilide capsule (generic for Tikosyn®) Pacerone® Tablet quinidine gluconate ER tablet (generic for Quinaglute DuraTabs®) flecainide tablet (generic for Tambocor®) mexiletine capsule (generic for Mexitil®) Rythmol SR® Capsule propafenone tablet (generic for Rythmol®) Tikosyn® Capsule propafenone SR capsule (generic for Rythmol SR®) quinidine sulfate tablet (generic for Quinidex® Tablet) BETA BLOCKERS Non-Preferred Preferred tenolol tablet (generic for Tenormin®) acebutolol capsule (generic for Sectral®) arvedilol tablet (generic for Coreg®) Betapace® Tablet / AF Tablet labetalol tablet (generic for Trandate®) betaxolol tablet (generic for Kerlone®) netoprolol succinate XL tablet (generic for Toprol XL®) bisoprolol tablet (generic for Zebeta®) Bystolic® Tablet netoprolol tartrate tablet (generic for Lopressor®) propranolol solution / tablet / ER capsule (generic for Inderal®) carvedilol ER capsule (generic for Coreg® CR Capsule) orine® Tablet Coreg[®] Tablet / CR Capsule otalol tablet / AF tablet (generic for Betapace® / AF, Sorine®) Corgard[®] Tablet Hemangeol® Solution - Exemption for diagnosis of infantile hemangioma Inderal[®] LA Capsule / XL Capsule Innopran® XL Capsule Kapspargo[™] Sprinkle - Exemption for children < 12 years of ag Lopressor® Tablet nadolol tablet (generic for Corgard®) nebivolol tablet (generic for Bystolic®) pindolol tablet (generic for Visken®) Sotylize® Solution Tenormin® Tablet timolol tablet (generic for Blocadren®) Toprol XL® Tablet BETA BLOCKER DIURETIC COMBINATIONS Preferred Non-Preferred tenolol-chlorthalidone tablet (generic for Tenoretic®) metoprolol-HCTZ tablet (generic for Lopressor® HCT) isoprolol-HCTZ tablet (generic for Ziac®) adolol-bendroflumethiazide tablet (generic for Corr propranolol-HCTZ tablet (generic for Inderide®) Tenoretic® Tablet

Ziac[®] Tablet Removal: nadolol-bendroflumethiazide tablet (generic for Corzide®)

| BILE ACU | D SEQUESTRANTS |
|---|---|
| Preferred | Non-Preferred |
| cholestyramine packet / powder / light packet / light powder (generic for Questran® / Questran® Light) | colesevelam packet / tablet (generic for Welchol®) |
| colestipol tablet (generic for Colestid® Tablet) | Colestid® Granules / Tablet |
| | colestipol granules (generic for Colestid [®] Granules) |
| | Prevalite® Packet / Powder |
| | Questran® Light Powder / Packet / Powder |
| | Welchol® Packet / Tablet |
| | |
| | L LOWERING AGENTS |
| Preferred | Non-Preferred |
| atorvastatin tablet (generic for Lipitor®) | Altoprev® Tablet |
| ezetimibe (generic for Zetia®) | amlodipine-atorvastatin tablet (generic for Caduet®) |
| lovastatin tablet (generic for Mevacor®) | Atorvaliq* (atorvastatin) Suspension |
| pravastatin tablet (generic for Pravachol®) | Caduet® Tablet Crestor® Tablet |
| rosuvastatin tablet (generic for Crestor®) | |
| simvastatin tablet (generic for Zocor®) | Ezallor ™ Capsule |
| | ezetimibe-sinvastatin (generic for Vytorin®) |
| | fluvastatin capsule / ER tablet (generic for Lescol® / XL) |
| | Juxtapid [®] Capsule - Clinical criteria apply Lescol [®] XL Tablet |
| | Lipitor® Tablet |
| | Livalo® Tablet |
| | Nexietol® Tablet |
| | Nextizet® Tablet |
| | Vytorin® Tablet |
| | Zetia® Tablet |
| | Zocor® Tablet |
| | Zypitamag [™] Tablet |
| A .d.d | |
| Add new to market product Atorvaliq | ® (atorvastatin) Suspension as Non-Preferred |
| | |
| CORONAR | Y VASODILATORS |
| Preferred | Non-Preferred |
| isosorbide dinitrate tablet (generic for Isordil® Titradose®, IsoDitrate®, et.al.) | Gonitro® Sublingual Powder |
| isosorbide mononitrate tablet / ER tablet (generic for Ismo®, Monoket®, Imdur®) | Isordil® Tablet / Titradose® Tablet |
| Minitran® Patch | Nitro-Bid [®] Ointment |
| nitroglycerin ER eapsule / patch / spray / sublingual (generic for Nitro-Dur®, Minitran®, Nitrostat®, Nitrolingual®, Nitromist®) | Nitro-Dur® Patch |
| Nitrostat® SL Tablet | Nitrolingual [®] Spray |
| | |
| | Verquvo [™] Tablet |
| <u>Removal</u> : nitr | roglycerin ER capsule |
| | oglycerin ER capsule |
| DIHYDROPYRIDINE C | oglycerin ER capsule ALCIUM CHANNEL BLOCKERS |
| DIHYDROPYRIDINE C Preferred | oglycerin ER capsule |
| DIHYDROPYRIDINE C | roglycerin ER capsule ALCIUM CHANNEL BLOCKERS Non-Preferred |
| DIHYDROPYRIDINE C Preferred amlodipine tablet (generic for Norvasc®) | Oglycerin ER capsule ALCIUM CHANNEL BLOCKERS Non-Preferred Adalast® CC-Tablet |
| DIHYDROPYRIDINE C Preferred amlodipine tablet (generic for Norvasc®) nifedipine capsule (generic for Procardia®) | Oglycerin ER capsule ALCIUM CHANNEL BLOCKERS Non-Preferred Adolne* CC-Tablet felodipine ER tablet (generic for Plendii*) |
| DIHYDROPYRIDINE C Preferred amlodipine tablet (generic for Norvasc®) nifedipine capsule (generic for Procardia®) | Coglycerin ER capsule ALCIUM CHANNEL BLOCKERS Non-Preferred Adulus **CC-Tablet* felodipine ER tablet (generic for Plendil**) isradipine capsule (generic for Dynacirc**) |
| DIHYDROPYRIDINE C Preferred amlodipine tablet (generic for Norvasc®) nifedipine capsule (generic for Procardia®) | ALCIUM CHANNEL BLOCKERS Non-Preferred Adalas CC-Tablet [clodipine ER tablet (generic for Plendis)] isradipine capsule (generic for Dynacire) Katerzia Suspension - Exemption for children < 12 years of age |
| DIHYDROPYRIDINE C Preferred amlodipine tablet (generic for Norvasc®) nifedipine capsule (generic for Procardia®) | ALCIUM CHANNEL BLOCKERS Non-Preferred Adalate *CC-Tablet (generic for Plendii*) Isradipine ER tablet (generic for Dynacire*) Katerzia ** Suspension - Exemption for children < 12 years of age levamlodipine tablet (generic for Conjupri*) |
| DIHYDROPYRIDINE C Preferred amlodipine tablet (generic for Norvasc®) nifedipine capsule (generic for Procardia®) | ALCIUM CHANNEL BLOCKERS Non-Preferred Adalas® CCTablet felodipine ER tablet (generic for Plendil®) isradipine capsule (generic for Dynacirc®) Katerzia ® Suspension - Exemption for children < 12 years of age levamlodipine tablet (generic for Conjupri®) nicardipine tapsule (generic for Cardene®) |
| DIHYDROPYRIDINE C Preferred amlodipine tablet (generic for Norvasc®) nifedipine capsule (generic for Procardia®) | Coglycerin ER capsule ALCIUM CHANNEL BLOCKERS Non-Preferred Addins® CC-Tablet [elodipine ER tablet (generic for Plendii®) isradipine capsule (generic for Dynacire®) Katerzia™ Suspension - Exemption for children < 12 years of age levamlodipine tablet (generic for Conjupri®) nicardipine capsule (generic for Carden®) nimodipine capsule (generic for Nimotop®) nisoldipine ER tablet (generic for Sular®) Norliqva® Solution |
| DIHYDROPYRIDINE C Preferred amlodipine tablet (generic for Norvasc®) nifedipine capsule (generic for Procardia®) | Coglycerin ER capsule ALCIUM CHANNEL BLOCKERS Non-Preferred Adulat* CCTablet felodipine ER tablet (generic for Plendif*) isradipine capsule (generic for Dynacirc*) Katerzia Suspension - Exemption for children < 12 years of age levamlodipine tablet (generic for Cordene*) nicardipine capsule (generic for Cordene*) nicardipine capsule (generic for Nimotop*) nisoldipine ER tablet (generic for Nimotop*) nisoldipine ER tablet (generic for Sular*) |
| DIHYDROPYRIDINE C Preferred amlodipine tablet (generic for Norvasc®) nifedipine capsule (generic for Procardia®) | Coglycerin ER capsule ALCIUM CHANNEL BLOCKERS Non-Preferred Adalns® CC-Tablet [elodipine ER tablet (generic for Plendis®) isradipine capsule (generic for Dynacire®) Katerzia™ Suspension - Exemption for children < 12 years of age levamlodipine tablet (generic for Conjupri®) nicardipine capsule (generic for Carden®) nimodipine capsule (generic for Nimotop®) nisoldipine ER tablet (generic for Sular®) Norliqva® Solution |
| DIHYDROPYRIDINE C Preferred amlodipine tablet (generic for Norvasc®) nifedipine capsule (generic for Procardia®) | Coglycerin ER capsule ALCIUM CHANNEL BLOCKERS Non-Preferred Adalate® CCTablet felodipine ER tablet (generic for Plendii®) isradipine capsule (generic for Dynacirc®) Katerzia "Suspension - Exemption for children < 12 years of age levamlodipine tablet (generic for Conjupri®) nincardipine capsule (generic for Cordene®) nimodipine capsule (generic for Nimotop®) nisoldipine ER tablet (generic for Sular®) Noritaya® Solution Norvasc® Tablet Nymalize® Solution Procardia® Capsule / XL Tablet |
| DIHYDROPYRIDINE C Preferred amlodipine tablet (generic for Norvasc®) nifedipine capsule (generic for Procardia®) | ALCIUM CHANNEL BLOCKERS Non-Preferred Adalas**CC-Tablet felodipine ER tablet (generic for Plendil*) isradipine capsule (generic for Dynacire*) Katerzia** Suspension - Exemption for children < 12 years of age levamlodipine tablet (generic for Conjupri*) nicardipine capsule (generic for Cardene*) nimodipine capsule (generic for Nimotop*) nisoldipine ER tablet (generic for Sular*) Noriiqva** Solution Norvase* Tablet Nymalize* Solution |
| DIHYDROPYRIDINE C Preferred amlodipine tablet (generic for Norvasc®) nifedipine capsule (generic for Procardia®) nifedipine ER tablet (generic for Adalat CC® / Procardia XL®) | ALCIUM CHANNEL BLOCKERS Non-Preferred Adalate® CCTablet felodipine ER tablet (generic for Plendii®) isradipine capsule (generic for Dynacirc®) Katerzia "Suspension - Exemption for children < 12 years of age levamlodipine tablet (generic for Conjupri®) nincardipine capsule (generic for Cordene®) nimodipine capsule (generic for Sular®) Noriqua® Solution Noriqua® Solution Procardia® Capsule / XL Tablet |
| DIHYDROPYRIDINE C Preferred amlodipine tablet (generic for Norvasc®) nifedipine capsule (generic for Procardia®) nifedipine ER tablet (generic for Adalat CC® / Procardia XL®) | ALCIUM CHANNEL BLOCKERS Non-Preferred Adalat® CC-Tablet felodipine ER tablet (generic for Plendit®) isradipine capsule (generic for Dynacirc®) Katerzia™ Suspension - Exemption for children < 12 years of age levamlodipine tablet (generic for Conjupri®) nicardipine capsule (generic for Cardene®) nimodipine capsule (generic for Nimotop®) nisodipine ER tablet (generic for Sular®) Norliqva® Solution Norvasc® Tablet Nymalizc® Solution Procardia® Capsule / XL Tablet Sular® Tablet |
| DIHYDROPYRIDINE C Preferred amlodipine tablet (generic for Norvasc®) nifedipine capsule (generic for Procardia®) nifedipine ER tablet (generic for Adalat CC® / Procardia XL®) Removal: | ALCIUM CHANNEL BLOCKERS Non-Preferred Adalat® CC-Tablet felodipine ER tablet (generic for Plendit®) isradipine capsule (generic for Dynacirc®) Katerzia™ Suspension - Exemption for children < 12 years of age levamlodipine tablet (generic for Conjupri®) nicardipine capsule (generic for Cardene®) nimodipine capsule (generic for Nimotop®) nisodipine ER tablet (generic for Sular®) Norliqva® Solution Norvasc® Tablet Nymalizc® Solution Procardia® Capsule / XL Tablet Sular® Tablet |
| DIHYDROPYRIDINE C Preferred amlodipine tablet (generic for Norvasc®) nifedipine capsule (generic for Procardia®) nifedipine ER tablet (generic for Adalat CC®/Procardia XL®) Removal: | Oglycerin ER capsule ALCIUM CHANNEL BLOCKERS Non-Preferred Adulat* CCTablet folodipine ER tablet (generic for Plendit*) isradipine capsule (generic for Dynacire*) Katerzia* Suspension - Exemption for children < 12 years of age levamlodipine tablet (generic for Conjuprt*) nicardipine capsule (generic for Conjuprt*) nimodipine capsule (generic for Nimotop*) nisoldipine ER tablet (generic for Sular*) Noriusya* Solution Norvase* Tablet Nymalize* Solution Procardia* Capsule / XL Tablet Sular* Tablet Adalat** CC Tablet |
| DIHYDROPYRIDINE C Preferred amlodipine tablet (generic for Norvase®) nifedipine ER tablet (generic for Adalat CC® / Procardia XL®) nifedipine ER tablet (generic for Adalat CC® / Procardia XL®) Removal: | ALCIUM CHANNEL BLOCKERS Non-Preferred Adalate* CCTablet folodipine ER tablet (generic for Plendii*) isradipine capsule (generic for Dynacirc*) Katerzia** Suspension - Exemption for children < 12 years of age levamlodipine tablet (generic for Conjupri*) nicardipine capsule (generic for Conjupri*) nicardipine capsule (generic for Cardene*) nimodipine capsule (generic for Sular*) Norliqva* Solution Norvasc* Tablet Nymalize* Solution Procardiac* Capsule / XL Tablet Sular* Tablet Adalate* CC Tablet RENIN INHIBITOR |
| DIHYDROPYRIDINE C Preferred amlodipine tablet (generic for Norvasc®) nifedipine ER tablet (generic for Procardia®) mifedipine ER tablet (generic for Adalat CC® / Procardia XL®) Removal: DIRECT I Preferred | ALCIUM CHANNEL BLOCKERS Non-Preferred Adalat® CC-Tablet [feldolipine ER tablet (generic for Plendil®) isradipine capsule (generic for Dynacire®) Katerzia™ Suspension - Exemption for children < 12 years of age levamlodipine tablet (generic for Conjupri®) nicardipine capsule (generic for Conjupri®) nicardipine capsule (generic for Nimotop®) nisodipine capsule (generic for Nimotop®) nisodipine ER tablet (generic for Nimotop®) nisodipine ER tablet (generic for Sular®) Norliqva® Solution Norvasc® Tablet Nymalize® Solution Procardia® Capsule / XL Tablet Sular® Tablet Adalat® CC Tablet EENIN INHIBITOR Non-Preferred |

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https://www.nctracks.nc.qov/content/public/providers/pharmacy.html

More information on the PDL can be found at: https://medicaid.ncdhhs.gov/providers/programs-services/prescription-drugs/outpatient-pharmacy-services

ENDOTHELIN RECEPTOR ANTAGONISTS Preferred Non-Preferred ambrisentan tablet (generic for Letairis® Tablet) bosentan tablet (generic for Tracleer® Tablet) Tracleer® Tablet Letairis® Tablet Opsumit® Tablet Tracleer® Suspension INHALED PROSTACYCLIN ANALOGS Non-Preferred Preferred Tyvaso® Refill Kit / Solution / Starter Kit Tyvaso® DPI NIACIN DERIVATIVES Preferred Non-Preferred liaspan[®] ER Tablet iacin ER tablet (generic for Niaspan®) Removal: Niaspan® ER Tablet NITRATE COMBINATION Preferred Non-Preferred Bidil[®] Tablet osorbide dinit/hydralazine tablet (generic for Bidil®) NON-DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS Preferred Non-Preferred Cartia XT[®] Capsule (branded generic for Cardizem CD[®]) Calan SR® Caplet Oilt XR® Capsule (branded generic for Dilacor XR®) Cardizem CD® Capsule Cardizem® Tablet / LA Tablet liltiazem ER 24 hour capsule (generic for Dilacor XR®, Tia liltiazem tablet / CD capsule / ER 12 hour capsule (generic for Cardizem® / CD / SR) diltiazem LA tablet (generic for Cardizem LA®) Taztia XT® Capsule (branded generic for Tiazac®) Matzim[®] LA Tablet (generic for Cardizem LA[®]) Γiadylt[®] ER Capsule Tiazac® Capsule erapamil tablet / ER tablet (generic for Calan® / SR) erapamil 360 mg capsule verapamil ER capsule / PM capsule (generic for Verelan® / Verelan® PM) Verelan® Capsule / Verelan® PM Capsule ORAL PULMONARY HYPERTENSION $Covered \ for \ diagnosis \ of \ Pulmonary \ Arterial \ Hypertension \ (all) \ and \ Chronic \ Thromboembolic \ Pulmonary \ Hypertension- \ Adempas^{\circledcirc} \ only \$ Preferred Non-Preferred Alyq® Tablet (branded generic for tadalafil) Adcirca® Tablet sildenafil (generic for Revatio®) Tablet Adempas® Tablet adalafil tablet (generic for Adcirca® Tablet) Orenitram® ER Tablet Revatio[®] Suspension / Tablet Exemption for children < 12 years of age for Suspension ONLY sildenafil suspension (generic for Revatio[®] Suspension) Exemption for children < 12 years of age Uptravi® Tablet Add new to market products as Non-Preferred: Tadliq® (tadalafil) Suspension and Orenitram® (trepostinil) Titration Kit PLATELET INHIBITORS Preferred Non-Preferred Brilinta® Tablet aspirin/dipyridamole ER capsule (generic for Aggrenox®) spirin-omeprazole DR tablet clopidogrel tablet (generic for Plavix®) Effient® Tablet dipyridamole tablet (generic for Persantine®) rasugrel tablet (generic for Effient® Tablet) Plavix® Tablet Add aspirin-omeprazole DR tablet as Non-Preferred Removal: Zontivity® Tablet ANTIANGINAL & ANTI-ISCHEMIC Preferred Non-Preferred anolazine ER tablet (generic for Ranexa® Tablet) Aspruzyo™ Sprinkle Ranexa® Tablet SYMPATHOLYTICS AND COMBINATIONS Non-Preferred Preferred Catapres® TTS Patch Catapres® Tablet lonidine ER tablet (generic for Nexiclon™ XR) clonidine tablet (generic for Catapres®) clonidine patch (generic for Catapres® TTS) methyldopa-HCTZ tablet (generic for Aldoril®) uanfacine tablet (generic for Tenex®) methyldopa injection (generic for Aldomet® Injection) ethyldopa tablet (generic for Aldomet® Add new to market product clonidine ER tablet (generic for Nexiclon™ XR) as Non-Preferred Removal: Catapres® Tablet

| TRIGLYCERID | E LOWERING AGENTS |
|---|--|
| Preferred | Non-Preferred |
| fenofibrate tablet (generic for Tricor®) | Antara® Capsule |
| gemfibrozil tablet (generic for Lopid®) | fenofibrate capsule / tablet (generic for Antara®, Lofibra®) |
| omega-3 acid ethyl esters capsule (generic for Lovaza®) Vascepa® Capsule | fenofibrate tablet (generic for Fenoglide [®] , Triglide [®]) fenofibric acid tablet (generic for Fibricor [®]) |
| vascepa Capsule | fenofibric acid capsule (generic for Trilipix®) |
| | Fenoglide® Tablet |
| | icosapent ethyl capsule (generic for Vascepa® Capsule) |
| | Lipofen® Capsule |
| | Lopid [®] Tablet |
| | Lovaza® Capsule—Exemption for patients with triglycerides ≥ 500mg/dl |
| | omega-3 acid ethyl esters capsule (generic for Lovaza*) — Exemption for patients with triglycerides ≥ 500mg/dl Tricor* Tablet |
| | Trilipix® Capsule |
| | Vascepa Capsule |
| Move omega-3 acid ethyl esters capsule (generic for Lov | vaza®) and Vascepa® Capsule from Non-Preferred to Preferred |
| CARDIOV | L ASCULAR, OTHER |
| Preferred | Non-Preferred |
| Camzyos [®] Capsule | |
| | |
| | NERVOUS SYSTEM |
| | GRAINE AGENTS |
| Preferred | its apply to all triptans Non-Preferred |
| rizatriptan ODT (generic for Maxalt MLT®) | almotriptan tablet (generic for Axert®) |
| rizatriptan tablet (generic for Maxalt®) | Amerge® Tablet |
| sumatriptan nasal spray / tablet / vial (generic for Imitrex®) | diclofenac potassium powder packet (generic for Cambia*) - Trial and failure of 2 preferred NSAIDs, in addition to trial and failure of 2 |
| sumatifican masar spray / morece / mar (generic for innuex.) | preferred triptans in the Antimigraine Agents class required for coverage |
| | eletriptan (generic for Relpax [®] Tablet) Elyxyb [™] Solution - Trial and failure of 2 preferred NSAIDs, in addition to trial and failure of 2 preferred triptans in the Antimigraine Agents |
| | class required for coverage |
| | Frova® Tablet |
| | frovatriptan tablet (generic for Frova®) |
| | Imitrex® Cartridge / Nasal Spray / Pen / Tablet / Vial |
| | Maxait® Tablet / MLT Tablet |
| | naratriptan tablet (generic for Amerge [®]) Onzetra Xsai ^M Nasal Powder |
| | Onzetra Asaii Nasai Powder Relpax® Tablet |
| | Reyvow Tablet |
| | sumatriptan injection kit / refill / syringe (generic for Imitrex®) |
| | sumatriptan/naproxen (generic for Treximet® Tablet) |
| | Tosymra [™] Nasal Spray |
| | Treximet® Tablet |
| | Zembrace® SymTouch® zolmitriptan nasal spray / ODT / tablet (generic for Zomig®) |
| | Zomitripian nasai spray / OD1 / taniet (generic for Zomig) Zomig ® Nasal Spray / Tablet / ZMT® Tablet |
| Add_new to market product diclofenac potassium powder packet (generic for Cambia®) as Non-Preferred with trial and failure criteria Removal: Imitrex® Vial | |
| ANTIMIC | GRAINE AGENTS |
| CGRP Blockers/Mo | odulators PREVENTATIVE |
| | oply to all drugs in this class |
| Preferred | Non-Preferred |
| Aimovig [™] Injection | Ajovy Hipetion- |
| Ajovy Injection | Nurtee DDT |
| Emgality [®] Injection Nurtec [™] ODT | Qulipta [™] Tablet |
| | Vyepti [™] Vial |
| | c™ ODT from Non-Preferred to Preferred |
| | GRAINE AGENTS ulators ACUTE TREATMENT |
| | pply to all drugs in this class |
| Preferred | Non-Preferred |
| Nurtec TM ODT | Nurtee ODT |
| Ubrelvy [™] Tablet | |
| Move Nurtec™ ODT fro | m Non-Preferred to Preferred |
| <u>Milove</u> Multer ODT 110 | III NOITH TEICHEU TO TEICHEU |
| 1277 | MADCOLEDCV |
| | NARCOLEPSY oply to all drugs in this class |
| Preferred | Non-Preferred |
| Nuvigil® Tablet | armodafinil tablet (generic for Nuvigil®) |

| Provigil® Tablet | modafinil tablet (generic for Provigil®) |
|------------------|--|
| | Sunosi [™] Tablet |
| | Wakix® Tablet |
| | |

| ANTIPARKINSON AND RESTLESS LEG SYNDROME AGENTS | |
|--|--|
| Preferred | Non-Preferred |
| amantadine capsule / solution (generic for Symmetrel®) | Apokyn® Injection |
| benztropine tablet (generic for Cogentin [®]) | apomorphine (subcutaneous) (generic for Apokyn®) |
| bromocriptine capsule (generic for Parlodel®) | Azilect® Tablet |
| bromocriptine tablet (generic for Parlodel®) | carbidopa tablet (generic for Lodosyn®) |
| carbidopa-levodopa ODT (generic for Parcopa®) carbidopa-levodopa tablet / ER tablet (generic for Sinemet® / CR) | carbidopa-levodopa-entacapone tablet (generic for Stalevo [®]) Comtan [®] Tablet |
| pramipexole tablet (generic for Mirapex®) | Dhivy Tablet™ |
| ropinirole tablet (generic for Requip®) | Duopa [®] Suspension |
| selegiline capsule / tablet (generic for Emsam®) | entacapone tablet (generic for Comtan®) |
| trihexyphenidyl elixir / tablet (generic for Artane®) | Gocovri [®] Capsule - Clinical criteria apply |
| | Horizant [®] Tablet |
| | Inbrija Inhalation |
| | Kynmobi [™] SL Film |
| | Kymnobi™ (apomorphine) Titration Kit |
| | Lodosyn® Tablet Mirapex® ER Tablet |
| | Neupro® Patch |
| | Nourianz [™] Tablet |
| | Ongentys® Capsule |
| | Osmolex ER [™] Tablet - Clinical criteria apply |
| | Parlodel® Capsule / Tablet |
| | pramipexole ER tablet (generic for Mirapex ER®) |
| | rasagiline tablet (generic for Azilect®) |
| | ropinirole ER tablet (generic for Requip XL®) |
| | Rytary® ER Capsule Sinemet® Tablet |
| | Stalevo® Tablet |
| | Tasmar® Tablet |
| | tolcapone tablet (generic for Tasmar®) |
| | Xadago [®] Tablet |
| | Zelapar® ODT |
| Add bromocriptine capsule (generic for Parlodel®) as Preferr | ed and <u>add</u> Kynmobi™ (apomorphine) Titration Kit as Non-Preferred |
| | |
| MULT | PLE SCLEROSIS |
| | Injectable |
| Preferred | Non-Preferred |
| P 1 (P (C : | Briumvi™ (ublituximab-xiiy) Vial |
| Avonex® Pack / Pen / Syringe | |
| Betaseron® Kit / Vial | Extavia® Kit / Vial |
| Betaseron® Kit / Vial Copaxone® Syringe | Extavia® Kit / Vial glatiramer syringe (generic for Copaxone® Syringe) |
| Betaseron® Kit / Vial Copaxone® Syringe Kesimpta® Injection | Extavia® Kit / Vial glatiramer syringe (generic for Copaxone® Syringe) Glatopa® Syringe |
| Betaseron® Kit / Vial Copaxone® Syringe | Extavia® Kit / Vial glatiramer syringe (generic for Copaxone® Syringe) |
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| Betaseron® Kit / Vial Copaxone® Syringe Kesimpta® Injection | Extavia® Kit / Vial glatiramer syringe (generic for Copaxone® Syringe) Glatopa® Syringe Kesimpta® Anjection Lentrada® Vial Ocrevus® Vial - Diagnosis of Primary Progressive MS (PPMS) bypasses requirement for 2 preferred agents Plegridy® Pen / Pen Starter Pack / Syringe / Syringe Starter Pack |
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| Betaseron® Kit / Vial Copaxon® Syringe Kesimpta® Injection Rebif® Rebidose® / Titration Pack / Syringe Add new to market product Briumy Move Kesimpta® Injection MULTI Preferred dalfampridine ER tablet (generic for Ampyra®) dimethyl fumarate DR capsule / starter pack (generic for Tecfidera® Capsule / Starter Pack) fingolimod capsule (generic for Gilenya®) Gillenya® Capsule terifunomide tablet (generic for Aubagio®) Add new to market products as Preferred: fingolimod capsule Move Gilenya® Capsule Preferred daragem capsule (generic for Dalmane®) SEDAT Quantity limits a Preferred flurazepam capsule (generic for Dalmane®) eszopiclone tablet (generic for Rozerom® Tablet) temazepam 15mg, 30mg capsule (generic for Restori®) | Extavia® Kit / Vial glatiramer syringe (generic for Copaxone® Syringe) Glatopa® Syringe Kewimpta *Injection- Lemtrada® Vial Ocreva® Vial - Diagnosis of Primary Progressive MS (PPMS) bypasses requirement for 2 preferred agents Plegridy® Pen (Pen Starter Pack / Syringe / Syringe Starter Pack Tysabra® Vial **Mon-Preferred** **Injection Non-Preferred** **Non-Preferred** **Ambagia® Tablet **Ambagia® Tablet **Ambagia® Tablet **Bafertam™ Capsule **Gilenya® Capsule **Gilenya® Capsule **Mavenela® Tablet **Mavzenela® Tablet **Mavzenela® Tablet **Mavzenela® Tablet **Ambagia® Starter Pack / Tablet **Ponory® Starter Pack / Tablet **Tacenso ODT™** Tecfidera® Capsule / Starter Pack **Vumerity® Capsule **Zeposia® Starter Pack / Capsule **Generic for Gilenya®) and teriflunomide tablet (generic for Aubagio®) **Injection Preferred **Injection Non-Preferred **Injection Non-Preferre |
| Betaseron® Kit / Vial Copaxon® Syringe Resimpta® Injection Rebit® Rebidose® / Titration Pack / Syringe Add new to market product Briumwandowe Kesimpta® Injection MULTI Preferred dalfampridine ER tablet (generic for Ampyra®) dimethyl fumarate DR capsule / starter pack (generic for Tectidera® Capsule / Starter Pack) fingolimod capsule (generic for Gilenya®) Gilenya® Capsule teriflunomide tablet (generic for Aubagio®) Add new to market products as Preferred: fingolimod capsule Move Gilenya® Capsule Preferred Guantity limits a Preferred fluracepara capsule (generic for Dalmane®) ezzopiclone tablet (generic for Rozera® Tablet) transctoon tablet (generic for Rozera® Tablet) | Extavia® Kit / Vial glatiramer syringe (generic for Copaxone® Syringe) Glatopa® Syringe Kesimpla® Syringe Kesimpla® Jujection: Lemtrada® Vial - Diagnosis of Primary Progressive MS (PPMS) by passes requirement for 2 preferred agents Plegridy® Por / Pon Starter Pack / Syringe / Syringe Starter Pack Tysabri® Vial *** *** ** ** ** ** ** ** ** ** ** ** |
| Betaseron® Kit / Vial Copaxon® Syringe Kesimpta® Injection Rebit® Rebidose® / Titration Pack / Syringe Add new to market product Briumy Move Kesimpta® Injection MULTI Preferred dalfampridine ER tablet (generic for Ampyra®) dimethyl fumarate DR capsule / starter pack (generic for Tecfidera® Capsule / Starter Pack) fingolimod capsule (generic for Gilenya®) Gilenya® Capsule teriflunomide tablet (generic for Aubagio®) Add new to market products as Preferred: fingolimod capsule Move Gillenya® Capsule Preferred flurazepam-capsule (generic for Dalmane®) SEDAT Quantity limits a Preferred flurazepam-capsule (generic for Dalmane®) ezzopiclone tablet (generic for Rozerom® Tablet) temazepam 15mg. 30mg capsule (generic for Restori®) temazepam 15mg. 30mg capsule (generic for Restori®) | Extavia® Kit / Vial glatiramer syringe (generic for Copaxone® Syringe) Glatopa® Syringe Kewimpta *Injection- Lemtrada® Vial Ocreva® Vial - Diagnosis of Primary Progressive MS (PPMS) bypasses requirement for 2 preferred agents Plegridy® Pen (Pen Starter Pack / Syringe / Syringe Starter Pack Tysabra® Vial **Mon-Preferred** **Injection Non-Preferred** **Non-Preferred** **Ambagia® Tablet **Ambagia® Tablet **Ambagia® Tablet **Bafertam™ Capsule **Gilenya® Capsule **Gilenya® Capsule **Mavenela® Tablet **Mavzenela® Tablet **Mavzenela® Tablet **Mavzenela® Tablet **Ambagia® Starter Pack / Tablet **Ponory® Starter Pack / Tablet **Tacenso ODT™** Tecfidera® Capsule / Starter Pack **Vumerity® Capsule **Zeposia® Starter Pack / Capsule **Generic for Gilenya®) and teriflunomide tablet (generic for Aubagio®) **Injection Preferred **Injection Non-Preferred **Injection Non-Preferre |

Effective DATE: Draft for July 13, 2023 Meeting

Trial and failure of two Preferred drugs are required unless only one Preferred option is listed or is otherwise indicated.

Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred. In addition to trial and failure criteria, clinical criteria (indicated in RED) may also apply. New to market products typically default to Non-Preferred status until

reviewed by the PDL Panel. These drugs are listed as TO BE REVIEWED. Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at: https://www.nctracks.nc.qov/content/public/providers/pharmacy.html

More information on the PDL can be found at: https://medicaid.ncdhhs.qov/providers/programs-services/prescription-drugs/outpatient-pharmacy-services

| | eszopielone tablet (generic for Lunesta®) |
|--|--|
| | Halcion® Tablet |
| | Hetlioz® Capsule Clinical criteria apply |
| | Hetlioz® LQ Suspension Clinical criteria apply |
| | Lunesta® Tablet |
| | quazepam tablet (generic for Doral®) |
| | Quviviq™ Tablet |
| | ramelteon tablet (generic for Rozerem® Tablet) |
| | Restorii [®] Capsule |
| | Rozerem® Tablet |
| | Silenor [®] Tablet |
| | tasimelteon capsule (generic for Hetlioz®) - Trial and Failure of Hetlioz® Capsule Required for Coverage |
| | temazepam 7.5, 22.5 mg capsule (generic for Restoril®) |
| | triazolam tablet (generic for Halcion®) |
| | zaleplon capsule (generic for Sonata®)- |
| | zolpidem ER tablet (generic for Ambien® CR) |
| | zolpidem SL tablet (generic for Intermezzo®) |
| Add now to monket and dust to imple on some le (some in fau Hatlian®) as Now Dusfaur | ad with hird and failure suitania |
| <u>Add</u> new to market product tasimelteon capsule (generic for Hetlioz®) as Non-Preferred with trial and failure criteria | |
| Add Doral® Tablet and quazepam tablet (generic for Doral®) as Non-Preferred | |
| | |

Move the following products from Non-Preferred to Preferred: eszopicione tablet (generic for Lunesta®), ramelteon tablet (generic for Rozerem® Tablet), zalepion capsule (generic for Sonata®)

Removal: flurazepam capsule (generic for Dalmane®)

| SMOKI | NG CESSATION |
|--|---|
| Preferred | Non-Preferred |
| bupropion SR tablet (generic for Zyban® Tablet) | Nicotrol® Inhaler / NS Nasal Spray |
| Chantix® Tablet / Starting Box / Continuation Month Box - Quantity limited to 6 months per 12 months | |
| Chantx Tablet / Starting Box / Continuation Month Box - Quantity limited to 6 months per 12 months nicotine gum / lozenge (buccal) / patch | |
| | |
| varenicline starting month box (generic for Chantix® Starting Month Box) - Quantity limited to 6 months per 12 months | |
| varenicline tablet (generic for Chantix® Tablet) Quantity limited to 6 months per 12 months. Only rebate eligible versions are covered. | |
| | |
| ENDO | CRINOLOGY |
| | TH HORMONE |
| | |
| | pply to all drugs in this class |
| Preferred | Non-Preferred |
| Genotropin® Cartridge / MiniQuick® | Humatrope® Cartridge / Vial |
| Norditropin® Flexpro® | Nutropin® AQ NuSpin® |
| Serostim®-Vial | Omnitrope® Cartridge / Vial |
| | Saizen® Click-Easy® Cartridge / Vial |
| | Serostim® Vial |
| | Skytrofa® Cartridge |
| | Zomacton [®] Vial |
| | Zorbtive [®] Vial |
| Move Serostim® Vial fr | om Preferred to Non-Preferred |
| | |
| Removal: | Humatrope® Vial |
| | |
| HYPOGLYC | MICS - INJECTABLE |
| | Acting Insulin |
| | aly one preferred drug required |
| Preferred | Non-Preferred |
| Humalog® U-100 Cartridge | Admelog® SoloStar® / Vial |
| Humalog® U-100 Junior KwikPen® | Afrezza® Inhalation Powder |
| Humalog® U-100 KwikPen® / Vial | Apidra® SoloStar® / Vial |
| | |
| insulin aspart U-100 FlexPen® / vial (generic for Novolog®) | Fiasp® FlexTouch® / Penfill® / Vial |
| insulin lispro U-100 Junior KwikPen® (generic for Humalog® Junior | Humalog® U-100 Cartridge |
| insulin lispro U-100 KwikPen® / vial (generic for Humalog®) | Humalog [®] U-200 KwikPen [®] |
| Novolog® U-100 Cartridge / FlexPen® / Vial | Humalog® (insulin lispro) Tempo Pen™ |
| | insulin aspart U-100 cartridge / FlexPen® / vial (generic for Novolog®) |
| | Lyumjev [™] U-100 KwikPen® / Vial |
| | Lyumjev [™] U-200 KwikPen [®] |
| | |
| | Lyumjev® (insulin lispro-aabc) Tempo Pen™ |
| Add new to market product as Non-Preferred: Humalop® (insul | |
| | n lispro) Tempo Pen™ and Lyumjev® (insulin lispro-aabc) Tempo Pen™ |
| | |
| | n lispro) Tempo Pen™ and Lyumjev® (insulin lispro-aabc) Tempo Pen™ |
| Move Humalog® U-100 Cartridge and insulin aspart U-100 Fle | n lispro) Tempo Pen™ and Lyumjev® (insulin lispro-aabc) Tempo Pen™ |
| Move Humalog® U-100 Cartridge and insulin aspart U-100 Fle Shor | n lispro) Tempo Pen™ and Lyumjev® (insulin lispro-aabc) Tempo Pen™ xPen® / vial (generic for Novolog®) from Non-Preferred to Preferred |
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| Preferred | Non-Preferred | |
|---|--|--|
| Humalog [®] 50/50 Mix KwikPen [®] / Vial | insulin lispro protamine 75/25 KwikPen [®] (generic for Humalog [®] 75/25 Mix) | |
| Humalog® 75/25 Mix KwikPen® / Vial | Novolog® Mix 70/30 Vial | |
| insulin aspart protamine-aspart 70/30 U-100 FlexPen® / vial (generic for Novolog® Mix 70/30) | | |
| Novolog® Mix 70/30 FlexPen® | | |
| | | |
| Premixed 70/30 Combination Insulin | | |
| Preferred | Non-Preferred | |
| Humulin [®] 70/30 KwikPen [®] / Vial | Novolin® 70/30 FlexPen® / Vial / ReliOn® 70/30 Vial | |
| | | |
| Amylin Analogs | | |
| Requires trial and failure or insufficient response to metformin containing product unless contraindicated or documented adverse event when using either a preferred or non-preferred Amylin Analog | | |
| Preferred | Non-Preferred | |
| | | |
| Symlin® Pen Injector | | |
| | | |

| GLF-1 Receptor A | Agonists and Combinations |
|--|---|
| Requires trial and failure or insufficient response to metformin containing products (except for diabetic beneficiaries wi | th ASCVD, heart failure, or CKD) unless contraindicated or documented adverse event when using either a preferred or a non- |
| | ptor Agonist and Combination |
| Preferred | Non-Preferred |
| | Continuation of therapy requires documentation that clinical goals have been met |
| Bydureon® Pen | Adlyxin® Injection |
| Byetta® Pen | Bydureon® BCise |
| | • |
| Trulicity® Pen | Rybelsus [®] Tablet |
| Victoza® Pen | Soliqua® Injection |
| Ozempic® Injection | Xultophy® Injection |
| | Mounjaro™ Pen |
| | |
| HYPOGL | YCEMICS - ORAL |
| 2nd Gener | ation Sulfonylureas |
| Preferred | Non-Preferred |
| Amaryl® Tablet | |
| glimepiride tablet (generic for Amaryl®) | |
| glipizide tablet / ER tablet (generic for Glucotrol® / XL) | |
| | |
| Glucotrol® XL Tablet | |
| glyburide micronized tablet (generic for Micronase®, Glynase®) | |
| glyburide tablet (generic for Diabeta®) | |
| Glynase® Tablet | |
| | |
| Alpha-Glu | cosidase Inhibitors |
| Preferred | Non-Preferred |
| acarbose tablet (generic for Precose®) | miglitol tablet (generic for Glyset®) |
| • | Precose® Tablet |
| | |
| Rignanide | s and Combinations |
| Preferred | Non-Preferred |
| | |
| glipizide-metformin tablet (generic for Metaglip®) | Fortamet® Tablet |
| glyburide-metformin tablet (generic for Glucovance®) | Glumetza® Tablet ** requires documentation as to why the beneficiary cannot use preferred long acting metformin product |
| metformin tablet / ER tablet (generic for Glucophage [®] / ER) | metformin solution (generic for Riomet Solution) Exemption for children < 12 years of age |
| | metformin ER tablet (generic for Fortamet [®]) |
| | metformin ER tablet (generic for Glumetza®) |
| | Riomet® Solution / ER Suspension |
| | |
| DPP-IV Inhib | itors and Combinations |
| TO 1 4 1 TO 1 TO 1 TO 1 4 TO 1 | |
| Requires trial and failure or insufficient response to metformin containing products unless contraindicated | or documented adverse event when using either a preferred or a non-preferred DPP-IV Inhibitor or Combination |
| Preferred | Non-Preferred |
| Janumet® Tablet | alogliptin tablet (generic for Nesina®) |
| Janunet® XR Tablet | alogliptin-metformin tablet (generic for Kazano®) |
| Janunie Ak raoiet Januvia® Tablet | alogliptin-pioglitazone tablet (generic for Oseni®) |
| | aloghptin-pioghtazone tablet (generic for Oseni) Glyxambi@ Tablet |
| Jentadueto® Tablet | |
| Jentadueto® XR Tablet | Jentadueto® XR Tablet |
| Onglyza® Tablet | Kazano [®] Tablet |
| Tradjenta® Tablet | Kombiglyze® XR Tablet |
| | Nesina® Tablet |
| | Oseni® Tablet |
| | Qtern® Tablet |
| | Steglujan® Tablet |
| | Trijardy® XR Tablet |
| | |
| Move Jentadueto® XR Table | t from Non-Preferred to Preferred |
| | |
| | C. Paris L. |
| | leglitinides |
| Preferred | Non-Preferred |
| nateglinide tablet (generic for Starlix®) | repaglinide-metformin tablet (generic for Prandimet®) |
| repaglinide tablet (generic for Prandin®) | |
| | |
| | |

Effective DATE: Draft for July 13, 2023 Meeting

Trial and failure of two Preferred drugs are required unless only one Preferred option is listed or is otherwise indicated.

Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred. In addition to

trial and failure criteria, clinical criteria (indicated in RED) may also apply. New to market products typically default to Non-Preferred status until reviewed by the PDL Panel. These drugs are listed as TO BE REVIEWED. Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at:

https://www.nctracks.nc.gov/content/public/providers/pharmacy.html More information on the PDL can be found at: https://medicaid.ncdhhs.gov/providers/programs-services/prescription-drugs/outpatient-pharmacy-services

Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitor and Combinations For use in type 2 diabetes mellitus, requires trial and failure or insufficient response to metformin containing products (except for beneficiaries with ASCVD, heart failure, or CKD) unless contraindicated or documented adverse event when using either a preferred or a non-preferred SGLT2 Inhibitor and Combination. When the primary indication is heart failure, no trial and failure of metformin-containing products is required. Preferred Non-Preferred Farxiga® Tablet Invokamet® Tablet / XR Tablet Invokana® Tablet Segluromet [™] Tablet ardiance® Tablet Steglatro[™] Tablet Synjardy® Tablet Synjardy[®] XR Tablet Xigduo[®] XR Tablet Thiazolidinediones and Combinations Preferred Non-Preferred ActoPlus Met® Tablet / XR Tablet pioglitazone tablet (generic for Actos®) Actos® Tablet Duetact[®] Tablet pioglitazone-glimepiride tablet (generic for Duetact®) pioglitazone-metformin tablet (generic for ActoPlus Met®) Removal: ActoPlus Met® XR Tablet GASTROINTESTINAL ANTIEMETIC-ANTIVERTIGO AGENTS Preferred Non-Preferred aprepitant capsule/pack (generic for Emend®) - Clinical criteria appl Akynzeo® Capsule / Vial Diclegis® Tablet Aloxi[®]-Vial Antivert® Tablet/Chewable Tablet limenhydrinate vial (generic for Dramamine®) neclizine tablet (generic for Antivert®) Anzemet® Tablet Aponvie™ (aprepitant) Vial netoclopramide solution / tablet (generic for Reglan®) Barhemsys® Vial ndansetron ODT / solution / tablet (generic for Zofran®) Bonjesta® Tablet prochlorperazine tablet (generic for Compazine®) promethazine 12.5 mg, 25 mg rectal (generic for Phenergan®) Cinvanti[®] Injectable Emulsion romethazine syrup / tablet (generic for Phenergan®) Compro® Rectal promethazine ampule/vial (generic for Phenergan®) doxylamine-pyridoxine tablet (generic for Diclegis® Tablet) Transderm-Scop® Patch dronabinol capsule (generic for Marinol®) Emend® Capsule - Clinical criteria apply Emend® Powder Packet / Trifold Pack - Clinical criteria apply Emend[®] Vial fosaprepitant vial (generic for Emend®) Gimoti[™] Nasal Spray granisetron injection (generic for Kytril®) granisetron tablets (generic for Kytril®) Marinol® Capsule metoclopramide vial metoclopramide ODT palonosetron injection (generic for Aloxi®) Phenergan® injection prochlorperazine injection prochlorperazine rectal (generic for Compazine®) promethazine 50 mg rectal (generic for Phenergan®) Reglan® Tablet Sancuso® Patch scopolamine patch (generic for Transderm-Scop®) Sustol® Injection Tigan[®] Capsule / Iinjection trimethobenzamide capsule (generic for Tigan®) Add new to market product Aponvie™ (aprepitant) Vial as Non-Preferred Add metoclopramide ODT as Non-Preferred Removal: Aloxi® Vial

| BIL | E ACID SALTS |
|---|---|
| Trial and failure of | nly one preferred drug required |
| Preferred | Non-Preferred |
| ursodiol capsule (generic for Actigall®) | Bylvay Capsule / Pellet - Exemption for diagnosis of PFIC |
| ursodiol tablet (generic for Urso®) | Chenodal® Tablet |
| | Cholbam® Capsule |
| | Livmarli® Oral Solution |
| | Ocaliva® Tablet |
| | Reltone Capsule |
| | Urso® Tablet / Urso® Forte Tablet |
| | CISO Tablet / CISO Totle Tablet |
| н руго | RI COMBINATIONS |
| Preferred | Non-Preferred |
| | bismuth / metronidazole / tetracycline capsule (generic for Pylera®) |
| Pylera® Capsule | |
| | lansoprazole-amoxicillin-clarithromycin pack (generic for Prevpac®) |
| | Omeclamox-Pak® Combo Pack |
| | Talicia® Capsule |
| Add new to market product bismuth / metronidazolo | · / tetracycline capsule (generic for Pylera®) as Non-Preferred |
| HISTAMINE-2 F | ECEPTOR ANTAGONISTS |
| Preferred | Non-Preferred |
| famotidine tablet / suspension (generic for Pepcid®) | cimetidine solution / tablet (generic for Tagamet®) |
| rantidine syrup/tablet (generic for Zantac*) | nizatidine capsule / solution (generic for Axid®) |
| Tamadine systematics (generic for zamac) | Pepcid® Tablet |
| Removal: nizatidine | solution (generic for Axid®) |
| | |
| PANCE | EATIC ENZYMES |
| Preferred | Non-Preferred |
| Creon® Capsule | Pancreaze®-Capsule |
| Zenpep® Capsule | Pertzye® Capsule |
| | Viokase [®] Tablet |
| Removal: | Pancreaze® Capsule |
| PROGESTING | USED FOR CACHEXIA |
| Preferred | Non-Preferred |
| megestrol suspension / tablet (generic for Megace®) | megestrol ES suspension (generic for Megace® ES) |
| | |
| PROTON | PUMP INHIBITORS |
| Preferred | Non-Preferred |
| Dexilant® Capsule | Exemption for children < 12 years of age |
| esomeprazole magnesium capsule (generic for Nexium® Rx) | Aciphex® Tablet |
| esomeprazole magnesium capsule (generic for Nexium Rx) esomeprazole magnesium tablet OTC (generic for Nexium® OTC) | Dexilant® Capsule- |
| lansoprazole capsule (generic for Prevacid [®] Rx) | |
| Iansoprazole capsule (generic for Prevacid Kx) Nexium® Rx Packet | dexlansoprazole capsules (generic for Dexilant®) esomeprazole magnesium capsule OTC (generic for Nexium® OTC) |
| | |
| omeprazole Rx capsule (generic for Prilosec® Rx) | esomeprazole magnesium packet (generic for Nexium® Rx Packet) Konvomep™ (omeprazole / sodium bicarbonate) Suspension |
| pantoprazole tablet (generic for Protonix®) | |
| Protonix [®] Suspension | lansoprazole capsule (generic for Prevacid [®] OTC) |
| | lansoprazole ODT (generic for Prevacid® SoluTab [™]) |
| | Nexium® Rx Capsule |
| | omeprazole / sodium bicarbonate capsule (generic for Zegerid® Rx / OTC) |
| | omeprazole / sodium bicarbonate packet |
| | omeprazole ODT (OTC) |
| | omeprazole OTC capsule / tablet (generic for Prilosec® OTC) |
| | pantoprazole suspension (generic for Protonix®) |
| | Prevacid® Rx / OTC Capsule / Solutab |
| | Prilosec® Rx Suspension |
| | Protonix® Tablet |
| | rabeprazole tablet (generic for Aciphex [®]) |
| | Zegerid® Rx / Capsule / Packet |
| Add_new to market product Konvomep™ (omeprazole / sodium bicarbonate) Suspension as Non-Preferred Move Dexilant® Capsule from Non-Preferred to Preferred | |
| Add Aciphex® Tablet and omeprazole | |

| SELECT | TVE CONSTIPATION AGENTS |
|---|---|
| Preferred | Non-Preferred |
| Amitiza [®] Capsule | alosetron tablet (generic for Lotronex® Tablet) |
| inzess [®] Capsule | Ibsrela® Tablet (Oral) |
| fovantik[®] Tablet | Lotronex® Tablet |
| | lubiprostone capsule (generic for Amitiza® Capsule) Motegrity™ Tablet |
| | Movantik® Tablet |
| | Relistor® Syringe / Vial / Oral Tablet Clinical Criteria Apply |
| | Symproic® Tablet |
| | Trulance® |
| | Viberzi® Tablet - Exemption for Irritable Bowel Syndrome with Diarrhea (IBS-D) |
| Move Movantik® Ta | ablet from Preferred to Non-Preferred |
| Ţ | ULCERATIVE COLITIS |
| n | Oral Non-Burfamed |
| Preferred priso® Capsule | Non-Preferred Asacol® HD Tablet |
| alsalazide capsule (generic for Colazal®) | Azulfidine® Entab / Tablet |
| ialda® Tablet | budesonide ER tablet (generic for Uceris®) |
| lfasalazine DR tablet (generic for Azulfidine® Entab) | Colazal® Capsule |
| ılfasalazine IR tablet (generic for Azulfidine®) | Delzicol® Capsule |
| | Dipentum® Capsule |
| | mesalamine DR capsule (generic for Delzicol® Capsule) mesalamine ER capsule (generic for Apriso® Capsule) |
| | mesalamine ER capsule (generic for Apriso Capsule) mesalamine ER capsule (generic for Pentasa® Capsule) |
| | mesalamine Lik Capsuic (generic for Fernasa: Capsuicy) mesalamine tablet (generic for Asacol® HD / Lialda® Tablet) |
| | Pentasa® Capsule |
| | Uceris® Tablet |
| | HI CED ATINE COLUTIC |
| | ULCERATIVE COLITIS Rectal |
| | ure of only one preferred drug required |
| Preferred | Non-Preferred |
| Canasa Suppository | Canasa Suppository |
| nesalamine enema (generic for Rowasa® Enema) nesalamine suppository (generic for Canasa® Suppository) | mesalamine kit (generic for Rowasa® Kit) mesalamine suppository (generic for Canasa® Suppository) |
| iesaianinie suppository (generie tot Canasa - Suppository) | Rowasa® Kit |
| | SF Rowasa® Enema |
| Generic Over Brand Switch: Move Canasa® Suppository to Non-Prefe | erred and move mesalamine suppository (generic for Canasa® Suppository) to Preferred |
| ELECTROLY ⁷ | TE DEPLETERS (KIDNEY DISEASE) |
| Preferred | Non-Preferred |
| alcium acetate capsule (generic for PhosLo®) | Auryxia® Tablet |
| alcium acetate tablet (generic for Eliphos®) | Fosrenol® Chewable |
| envela® Powder Pack tenvela® Tablet | Fosrenoi® Powder Pack MagneBind® 400 Rx Tablet |
| evelamer carbonate powder pack (generic for Renvela **Powder Pack) | Magneting 400 KX Tablet Phoslyra® Solution |
| | Renagel® Tablet |
| | Renvela® Powder Pack |
| | sevelamer hydrochloride tablet (generic for Renagel®) sevelamer carbonate powder pack (generic for Renvela® Powder Pack) |
| | sevelamer carbonate bowder pack (generic for Renvela*) sevelamer carbonate tablet (generic for Renvela*) |
| | Velphoro® Chewable |
| Brand Over Generic Switch: Move Renvela® Powder Pack to Preferred and n | lanthanum carbonate chewable tablet (oral) (generic for Fosrenoi® Chewable) nove sevelamer carbonate powder pack (generic for Renvela® Powder Pack) to Non-Preferred |
| | PNITOLIDINA DV/DENA I |
| | ENITOURINARY/RENAL TATIC HYPERPLASIA TREATMENTS |
| Preferred | Non-Preferred |
| fuzosin ER tablet (generic for Uroxatral®) | Avodart® Softgel |
| oxazosin tablet (generic for Cardura®) | Cardura® Tablet / XL Tablet |
| utasteride capsule (generic Avodart®) | Cialis® Tablet (2.5mg and 5mg strengths only) Clinical criteria apply |
| nasteride tablet (generic for Proscar®) | dutasteride / tamsulosin capsule (generic Jalyn capsule®) |
| msulosin capsule (generic for Flomax®) | Entadfi™ (finasteride / tadalafil) Capsule |
| razosin capsule (generic for Hytrin®) | Flomax® Capsule Jalyn® Capsule |
| | Proscar® Tablet |
| | Rapaflo® Capsule |
| | silodosin capsule (generic for Rapaflo®) |
| | tadalafil tablet (generic for Cialis®) (2.5mg and 5mg strengths only) Clinical criteria apply |
| Add new to market product Entad | fi™ (finasteride / tadalafil) Capsule as Non-Preferred |
| | |

| | / ANTEGRACMONICO |
|---|--|
| | / ANTISPASMODICS |
| Preferred | Non-Preferred |
| oxybutynin syrup / tablet (generic for Ditropan®) | darifenacin ER tablet (generic for Enablex®) Detrol® (totercrdine) Tablet / I A Cansule |
| oxybutynin ER tablet (generic for Ditropan XL®) solifenacin tablet (generic for Vesicare® Tablet) | Detrol® (tolterodine) Tablet / LA Capsule Ditropan® (oxybutynin) XL Tablet |
| solifenacin tablet (generic for Vesicare Tablet) Toviaz® (fesoterodine) Tablet | Ditropan (oxybutynn) XL Tablet fesoterodine ER tablet (generic for Toviaz*) |
| , | flavoxate tablet (generic for Urispas®) |
| | Gelnique® Gel-/ Gel Sachets |
| | Gemtesa® Tablet - Exemption in patients with a diagnosis of dementia or mild cognitive impairment |
| | Myrbetriq [®] (mirabegron) Granules / ER Tablet - Exemption in patients with a diagnosis of dementia or mild cognitive impairment |
| | oxybutynin tablet (2.5 mg) |
| | Oxytrol® (oxybutynin) Patch |
| | tolterodine tablet / ER capsule (generic for Detrol® / LA) |
| | trospium tablet / ER capsule (generic for Sanctura® / XR) |
| | Vesicare® (solifenacin) LS Suspension Vesicare® (solifenacin) Tablet |
| | Vesicare® (solifenacin) Tablet |
| | butynin tablet (2.5 mg) as Non-Preferred |
| Remova | a <u>l</u> : Gelnique® Gel |
| | GOUT |
| Preferred | Non-Preferred |
| allopurinol tablet (generic for Zyloprim®) | allopurinol tablet (200 mg) |
| colchicine tablet (generic for Colcrys®) | colchicine capsule (generic for Mitigare®) |
| probenecid tablet(generic for Benemid®) | Colcrys® Tablet |
| probenecid-colchicine tablet (generic for Col-Benemid®) | febuxostat tablet (generic for Uloric® Tablet) |
| | Gloperba® Solution |
| | Krystexxa® Injection |
| | Mitigare® (branded colchicine 0.6mg) Capsules |
| | Uloric® Tablet |
| | Zyloprim® Tablet |
| Add new to market product allo | purinol tablet (200 mg) as Non-Preferred |
| | |
| | MATOLOGIC |
| ANT | ICOAGULANTS |
| n | Injectable Non-Burfamud |
| Preferred | Non-Preferred |
| enoxaparin syringe / vial (generic for Lovenox®) | Arixtra® Syringe |
| Fragmin® Syringe / Vial | fondaparinux syringe (generic for Arixtra®) Lovenox® Syringe / Vial |
| | |
| | Oral |
| Preferred | Non-Preferred |
| Eliquis® Tablet and Starter Dose Pack | dabigatran capsule (generic for Pradaxa® Capsule) |
| Jantoven® (branded generic for Coumadin®) | Pradaxa® (dabigatran) Pellet Pack |
| Pradaxa® Capsule | Savaysa® Tablet |
| warfarin tablet (generic for Coumadin®) | Xarelto [®] Suspension |
| Xarelto® Starter Pack / Tablet | |
| Add new to market product Pradax | a® (dabigatran) Pellet Pack as Non-Preferred |
| COLONY ST | IMULATING FACTORS |
| Preferred | Non-Preferred |
| Neupogen® Vial / Syringe | Fulphila™ Syringe |
| Nivestym [™] Syringe | Fylnetra® (pegfilgrastim-pbbk) Syringe |
| Nyvepria [™] Syringe | Granix® Injection Syringe/Vial |
| Udenyca™ Syringe | Leukine [®] Injection |
| | Neulasta® Syringe / Kit |
| | Nivestym [™] Syringe |
| | Nivestym™ Vial |
| | Releuko® Syringe (Subcutaneous) Releuko® Vial (Injection) |
| | Releuko [®] Vial (Injection) Rolvedon™ (eflapegrastim-xnst) Syringe |
| | Kolvedon*** (etlapegrastum-xnst) Syringe Stimufend** (pegfilgrastim-fpgk) Syringe |
| | Zarxio® Injection |
| | Ziextenzo® Syringe |
| <u>Add</u> new to market products as Non-Preferred: Fylnetra® (pegfilgrastim-pbbk) Syrings <u>Add</u> Rolvedon™ (eflapegrastim-xnst) Syringe as Non-Preferred Nivestym™ Syringe from Preferred to Non-Preferred | e and Stimufend® (pegfilgrastim-fpgk) Syringe <u>Move</u> |
| | |
| HEMAT | OPOIETIC AGENTS |
| | apply to all drugs in this class |
| Preferred | Non-Preferred |
| Aranesp® Syringe / Vial | Epogen®-Vial |
| Epogen® Vial | Mircera® Syringe |
| Procrit®-Vial | Procrit® Vial |
| Retacrit [®] Vial | Reblozyl® Vial |

| | ® Vial from Non-Preferred to Preferred m Preferred to Non-Preferred |
|---|--|
| | |
| THROMBOPOIESI | S STIMULATING AGENTS |
| Preferred | Non-Preferred |
| Nplate® Vial | Tavalisse [™] Tablet |
| Promacta® Suspension / Tablet | |
| Om | HTTIAT MIC |
| | HTHALMIC NJUNCTIVITIS AGENTS |
| Preferred | Non-Preferred |
| | Alocril® Drops |
| cromolyn sodium drops (generic for Crolom®) | Alomide® Drops |
| olopatadine drops (generic for Pataday®) olopatadine drops (generic for Patanol®) | Alrex® Drops |
| oroparadine drops (generic for Patanot) | azelastine drops (generic for Optivar®) |
| | bepotastine drops (generic for Opinvar) bepotastine drops (generic for Bepreve® Drops) |
| | Bepreve® Drops |
| | |
| | epinastine drops (generic for Elestat®) Lastacaft®-Drops |
| | clonatadine drops (generic for Patano) - |
| | Zerviate Drops |
| | |
| <u>Move</u> olopatadine drops (generic for | Patanol®) from Non-Preferred to Preferred |
| Removal: | Lastacaft® Drops |
| | |
| ΔN | TTIBIOTICS |
| Preferred | Non-Preferred |
| AK-Poly-Bac® Ointment (branded generic for Polysporin®) | Azasite® Drops |
| bacitracin-polymyxin ointment (generic for Polysporin®) | bacitracin ointment (generic for AK-Tracin®) |
| ciprofloxacin solution drops (generic for Ciloxan®) | Besivance® Suspension |
| erythromycin ointment (generic for Ilotycin®) | Ciloxan® Drops / Ointment |
| Gentak® Ointment (branded generic for Garamycin®) | gatifloxacin drops (generic for Zymaxid®) |
| gentamicin drops (generic for Garamycin®) | levofloxacin drops (generic for Quixin®) |
| moxifloxacin ophthalmic solution (generic for Vigamox® Drops) | moxifloxacin ophthalmic solution (generic for Moxeza®) |
| ofloxacin drops (generic for Ocuflox®) | Natacyn® Drops |
| Polycin® Ointment (branded generic for Polysporin®) | neomycin/bacitracin/polymyxin oint (ophthalmic) (generic/AG for Neosporin® Opth Oint) |
| polymyxin-trimethoprim drops (generic for Polytrim®) | neomycin-bacitracin-polymyxin ointment (generic for Neosporin® Ophthalmic Ointment) |
| sulfacetamide drops (generic for Bleph-10®) | neomycin-polymyxin-gramicidin drops (generic for Neosporin® Ophthalmic Drops) |
| tobramycin drops (generic for Tobrex [®]) | Neo-Polycin [®] Ointment (branded generic for Neosporin [®] Ophthalmic Ointment) |
| | Ocuflox [®] Drops |
| | Polytrim [®] Drops |
| | sulfacetamide ointment (generic for Cetamide®) |
| | Tobrex® Ointment/ Drops |
| | Vigamox [®] Drops |
| | Zymaxid [®] Drops |
| | |
| | TEROID COMBINATIONS |
| Preferred | Non-Preferred |
| neomycin-polymyxin-dexamethasone drops / ointment (generic for Maxitrol®) | Blephamide S.O.P. Ointment |
| Tobradex® Drops / Ointment | Maxitrol® Drops / Ointment |
| | Neo-Polycin® HC (branded generic for Cortisporin®) |
| | neomycin-bacitracin-polymyxin-HC ointment (generic for Cortisporin®) |
| | neomycin-polymyxin-HC drops / ointment (generic for Ocutricin®) |
| | Pred-G [®] S.O.P. Ointment/Suspension |
| | sulfacetamide-prednisolone drops (generic for Vasocidin®) |
| | Tobradex® ST Drops |
| | tobramycin-dexamethasone suspension (generic for Tobradex® Suspension) |
| | Zylet® Drops |
| Removals: Blephamide® S.O.P. Ointn | nent, Pred-G® S.O.P. Ointment / Suspension |
| | · · |
| | |

| | ANTI-INFLAMMATORY |
|--|---|
| Preferred | Non-Preferred |
| examethasone drops (generic for Decadron®) | Acular® Drops / LS Solution |
| clofenac drops (generic for Voltaren®) | Acuvail® Solution |
| fluprednate drops (generic for Durezol®) | bromfenac drops (generic for Xibrom [®]) |
| urezol® Drops | Bromsite [™] Solution |
| larex® Drops | Dextenza [®] Insert |
| uorometholone drops (generic for FML®) | Dexycu [™] Vial |
| urbiprofen drops (generic for Ocufen®) | difluprednate drops (generic for Durezoi [®]) |
| evro[®] Drops | Durezol® Drops |
| etorolac solution (generic for Acular® / LS) | FML® Forte Drops / S.O.P. Ointment |
| otemax® Drops | FML [®] Liquifilm [®] Drops |
| levanac® Droptainer | llevro® Drops |
| red Mild® Drops | Iluvien® Implant |
| rednisolone acetate drops (generic for Pred Forte®) | Inveltys [™] Drops |
| | Lotemax® Gel / SM Gel / Ointment |
| | loteprednol drops / gel (generic for Lotemax [®]) |
| | Maxidex [®] Drops |
| | Nevanae Droptainer |
| | Ozurdex [®] Implant |
| | Pred Forte Drops |
| | prednisolone sodium phosphate drops (generic for Inflamase Forte®) |
| | Prolensa ® Drops |
| | Retisert [®] Implant Triesence [®] Vial |
| | Xipere™ (Intraocular) |
| | Yutiq Minplant |
| | Tunq impiant |
| <u>Move</u> llevro l | Droptainer from Non-Preferred to Preferred Drops from Preferred to Non-Preferred |
| | |
| | Drops from Preferred to Non-Preferred |
| ANTI-INI Preferred | Drops from Preferred to Non-Preferred |
| ANTI-INI Preferred Sysuvis Drops | Drops from Preferred to Non-Preferred FLAMMATORY/IMMUNOMODULATOR Non-Preferred |
| ANTI-INI | Drops from Preferred to Non-Preferred |
| ANTI-INI Preferred Eysuvis ™ Drops Restasis ® Drops / Restasis ® Multidose ™ Drops | Drops from Preferred to Non-Preferred FLAMMATORY/IMMUNOMODULATOR Non-Preferred Cequa Drops cyclosporine emulsion (generic for Restasis®) |
| ANTI-INI Preferred Eysuvis Drops Restasis Drops / Restasis Multidose Drops Kiidra Drops | Drops from Preferred to Non-Preferred FLAMMATORY/IMMUNOMODULATOR Non-Preferred Cequa Drops cyclosporine emulsion (generic for Restasis Yarvaya Nasal Spray |
| ANTI-INI Preferred Sysuvis Drops Sestasis® Drops / Restasis® Multidose® Drops Sidda® Drops Add new-to-market product \ | Drops from Preferred to Non-Preferred FLAMMATORY/IMMUNOMODULATOR Non-Preferred Cequi |
| ANTI-INI Preferred Sysuvis Drops Sestasis® Drops / Restasis® Multidose® Drops Sidda® Drops Add new-to-market product \ | Props from Preferred to Non-Preferred FLAMMATORY/IMMUNOMODULATOR Non-Preferred Cequa Drops cyclosporine emulsion (generic for Restasis Cyclosporine emulsion (generic for Restasis Cyclosporine emulsion (generic for Restasis Cyclosporine) Tyrvaya Nasal Spray Verkazia (cyclosporine) Eye Emulsion |
| ANTI-INI Preferred ysuvis Drops cestasis® Drops / Restasis® Multidose® Drops Ciidra® Drops Add new-to-market product \ A Preferred | Drops from Preferred to Non-Preferred FLAMMATOR Y/IMMUNOMODULATOR Non-Preferred Cequa Drops cyclosporine emulsion (generic for Restasis Dryraya Nasal Spray Verkazia (cyclosporine) Eye Emulsion Verkazia (cyclosporine) Eye Emulsion as Non-Preferred ALPHA 2 ADRENERGIC AGENTS Non-Preferred |
| ANTI-INI Preferred iysuvis Drops testasis Drops / Restasis Multidose Drops Gidra Drops Add new-to-market product V A Preferred uphagan P Drops | Drops from Preferred to Non-Preferred FLAMMATORY/IMMUNOMODULATOR Non-Preferred Cequa Drops cyclosporine emulsion (generic for Restasis®) Tyrvaya® Nasal Spray Verkazia® (cyclosporine) Eye Emulsion Verkazia® (cyclosporine) Eye Emulsion as Non-Preferred |
| ANTI-INI Preferred Eysuvis ™ Drops Restasis® Drops / Restasis® Multidose ™ Drops Kiidra® Drops Add new-to-market product \ A | Drops from Preferred to Non-Preferred FLAMMATORY/IMMUNOMODULATOR Non-Preferred Cequa Drops Cequa Drops |
| ANTI-INI Preferred Sysuvis Drops Restasis® Drops / Restasis® Multidose™ Drops Giidra® Drops Add new-to-market product \ A Preferred A Preferred Uphagan® P Drops rimonidine drops (generic for Alphagan®) | Drops from Preferred to Non-Preferred FLAMMATORY/IMMUNOMODULATOR Non-Preferred Cequa Drops cyclosporine emission (generic for Restasis®) Tyrvaya® Nasal Spray Verkazia® (cyclosporine) Eye Emulsion Verkazia® (cyclosporine) Eye Emulsion as Non-Preferred ALPHA 2 ADRENERGIC AGENTS Non-Preferred apraclonidine drops (generic for Iopidine®) brimonidine P drops (generic for Alphagan® P) |
| ANTI-INI Preferred Sysuvis Drops Lestasis® Drops / Restasis® Multidose™ Drops Liidra® Drops Add new-to-market product \ A Preferred Liphagan® P Drops rimonidine drops (generic for Alphagan®) No recomm | PLAMMATORY/IMMUNOMODULATOR Non-Preferred |
| ANTI-INI Preferred ysuvis Drops estasis® Drops / Restasis® Multidose Drops iidra® Drops Add new-to-market product \ A Preferred Iphagan® P Drops rimonidine drops (generic for Alphagan®) No recomm BETA F | PLAMMATORY/IMMUNOMODULATOR Non-Preferred |
| ANTI-INI Preferred Sysuvis **Drops Lestasis **Drops / Restasis ** Multidose **Drops Liidra **Drops Add new-to-market product \ A Preferred Uphagan **P Drops rimonidine drops (generic for Alphagan **) No recomm BETA E Preferred | Drops from Preferred to Non-Preferred FLAMMATORY/IMMUNOMODULATOR Non-Preferred Cequa |
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| ANTI-INI Preferred iysuvis Drops lestasis® Drops / Restasis® Multidose™ Drops iiidra® Drops Add new-to-market product \ A Preferred Aphagan® P Drops rimonidine drops (generic for Alphagan®) No recomm BETA E Preferred Combigan® Drops | Drops from Preferred to Non-Preferred FLAMMATORY/IMMUNOMODULATOR Non-Preferred Cequa |
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| ANTI-INI Preferred Eysuvis Drops Restasis Drops / Restasis Multidose Drops Restasis Drops Add new-to-market product V A Preferred Aphagan P Drops Aphagan P Drops Aphagan Drops | Drops from Preferred to Non-Preferred FLAMMATORY/IMMUNOMODULATOR Non-Preferred |

| CARBONIC ANHYDRA | SE INHIBITORS / COMBINATIONS |
|--|--|
| Preferred | Non-Preferred |
| dorzolamide drops (generic for Trusopt [®]) | Azopt® Drops |
| dorzolamide-timolol drops (generic for Cosopt®) | brinzolamide drops (generic for Azopt® Drops) |
| Simbrinza® Drops | Cosopt® Drops / PF Drops |
| | dorzolamide-timolol PF drops (generic for Cosopt® PF) |
| | Trusopt® Drops |
| No recommendation | ns. Class open for comments. |
| PROSTAG | GLANDIN AGONISTS |
| Preferred | Non-Preferred |
| latanoprost drops (generic for Xalatan®) | bimatoprost drops (generic for Lumigan® Drops) |
| Travatan® Z Drops | Durysta® (bimatoprost) Implant (intracameral) |
| THE THIRD ASSOCIATION OF THE PROPERTY OF THE P | Lumigan [®] Drops |
| | tafluprost drops (generic for Zioptan®) |
| | travoprost drops (generic for Travatan® Z) |
| | Vyzulta® Drops |
| | Xalatan® Drops |
| | Xelpros® Drops |
| | Zioptan® Drops |
| | |
| Add new to market product tafluprost drops (generic for Ziopta | n®) and Durysta® (bimatoprost) Implant (intracameral) as Non-Preferred |
| RHO KINASE MO | DIFIERS / COMBINATIONS |
| Preferred | Non-Preferred |
| Rhopressa® Drops | |
| Rocklatan® Drops No recommendation | ns. Class open for comments. |
| 00 | TEODODOGIC |
| | TEOPOROSIS PPRESSION AND RELATED AGENTS |
| | |
| Preferred | Non-Preferred |
| alendronate tablet (generic for Fosamax®) | Actonel® Tablet |
| raloxifene tablet (generic for Evista®) | alendronate solution (generic for Fosamax® Solution) |
| | Atelvia Tablet |
| | Boniva® Tablet |
| | calcitonin salmon nasal spray (generic for Miacalcin®) |
| | Evenity Syringe |
| | Evista® Tablet |
| | Forteo® Pen Injection |
| | Fosamax® Tablet / Plus D Tablet |
| | |
| | ibandronate tablet (generic for Boniva®) |
| | Prolia® Syringe |
| | Prolia® Syringe risedronate tablet (generic for Actonel®) |
| | Prolia® Syringe risedronate tablet (generic for Actonel®) teriparatide injection (generic for Forteo® Injection) |
| | Prolia® Syringe risedronate tablet (generic for Actonel®) |
| No recommendation | Prolia® Syringe risedronate tablet (generic for Actonel®) teriparatide injection (generic for Forteo® Injection) |

| OTIC | | |
|---|---|--|
| | AN | TIBIOTICS |
| Preferred | ni: | Non-Preferred |
| Ciprodex® Suspension | | Cipro® HC Suspension |
| neomycin-polymyxin-hydrocortisone solution / suspension (generic for Cortisporin® |) | ciprofloxacin solution (generic for Cetraxal®) |
| ofloxacin drops (generic for Floxin®) | , | ciprofloxacin-dexamethasone suspension (generic for Ciprodex®) |
| onomin dops (generic for From) | | ciprofloxacin-fluocinolone drops (generic for Otovel®) |
| | | Cortisporin-TC® Suspension |
| | | Otovel® Drops |
| | No recommendation | s. Class open for comments. |
| | ANTLINEECTIV | /ES AND ANESTHETICS |
| Preferred | ANTHMEETI | Non-Preferred |
| acetic acid solution (generic for Vosol®) | | acetic acid-hydrocortisone solution (generic for Vosol® HC) |
| the test common (general to 1 tools) | No recommendation | s. Class open for comments. |
| | ANTI-II | NFLAMMATORY |
| Preferred | | Non-Preferred |
| Dermotic [®] Oil | | Flac [®] Otic Oil |
| | | fluocinolone 0.01% oil (generic for Dermotic®) |
| | | |
| | RES | SPIRATORY |
| | BETA-ADRENERGIO | HANDHELD, LONG ACTING |
| Preferred | | Non-Preferred |
| Serevent® Diskus® | | Striverdi® Respimat® Inhalation Spray |
| | No recommendation | s. Class open for comments. |
| | BETA-ADRENERGIC | HANDHELD, SHORT ACTING |
| Preferred | | Non-Preferred |
| Ventolin® HFA Inhaler | | albuterol HFA inhaler (generic for Proair® HFA Inhaler / Proventil® HFA Inhaler / Ventolin® HFA Inhaler) |
| Xopenex® HFA Inhaler | | levalbuterol HFA inhaler (generic for Xopenex® HFA Inhaler) |
| | | Proair® Digihaler [™] |
| | | Proair® RespiClick® |
| | | Proventil® HFA Inhaler |
| | | Xopenex® HFA Inhaler |
| | Move Xopenex® HFA Inhale | er from Non-Preferred to Preferred |
| | BETA-ADREN | VERGIC, NEBULIZERS |
| | | nly one preferred drug required |
| Preferred | | Non-Preferred |
| albuterol 0.63mg / 3ml solution (generic for Accuneb®) | | arformoterol solution (generic for Brovana® Solution) |
| albuterol 1.25mg / 3ml solution (generic for Accuneb®) | | Brovana® Solution |
| albuterol sulfate 2.5mg / 0.5ml solution | | formoterol solution (generic for Perforomist [®] Solution) |
| albuterol sulfate 2.5mg / 3ml solution | | levalbuterol solution / concentrate solution (generic for Xopenex® / Concentrate) |
| albuterol sulfate 5mg / ml solution | | Perforomist® Solution |
| | | Xopenex® Solution / Concentrate Solution |
| | Add trial and failure of only one preferred drug required for this category | |
| | _RETA_AD | I RENERGIC, ORAL |
| Preferred | BETA-AD | Non-Preferred |
| albuterol tablets (generic for Proventil® Repetabs) | | albuterol tablets (generic for Proventii® Repetabs) |
| | | |
| albuterol syrup (generic for Ventolin® Syrup) | | albuterol ER tablets (generic for VoSpire [®] ER) |
| metaproterenol syrup (generic for Alupent® Syrup) | | |
| terbutaline tablet (generic for Brethine®) | | |
| <u>Move</u> | | ntil® Repetabs) from Non-Preferred to Preferred syrup (generic for Alupent® Syrup) |
| | | |
| | | |

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reviewed by the PDL Panel. These drugs are listed as TO BE REVIEWED. Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at: https://www.nctracks.nc.gov/content/public/providers/pharmacy.html

More information on the PDL can be found at: https://medicaid.ncdhhs.gov/providers/programs-services/prescription-drugs/outpatient-pharmacy-services

| OP ALLY INHALED ANT | ICHOLINERGICS / COPD AGENTS |
|--|--|
| Preferred | Non-Preferred |
| Anoro® Ellipta® Inhaler | Bevespi® Aerosphere® |
| Atrovent® HFA Inhaler | Daliresp [®] Tablet |
| Bevespi [®] Aerosphere [®] | Duaklir® Pressair® |
| Combivent® Respirat® Inhalation Spray | Incruse [®] Eilipta [®] Inhaler Lonhala [®] Magnair [®] |
| Incruse® Ellipta® Inhaler ipratropium nebulizer solution (generic for Atrovent® Nebulizer Solution) | Lonhala" Magnair" Seebri "Neohaler" |
| ipratropium-albuterol solution (generic for Duoneb®) | Tudorza® Pressair® Inhaler |
| roflumilast tablet (generic for Daliresp*) | Yupelri™ Solution |
| Spiriva® Handihaler® | • |
| Spiriva® Respimat® Inhalation Spray | |
| Stiolto® Respinat® Inhalation Spray | |
| Add new to market product roflumilast tablet (generic for Daliresp®) as Preferred Move Bevespi® Aerosphere® from Preferred to Non-Preferred Move Incruse® Ellipta® Inhaler from Non-Preferred to Preferred Removal: Seebri® Neohaler® | |
| INHALED | CORTICOSTEROIDS |
| Preferred | Non-Preferred |
| budesonide suspension 0.25mg, 0.5mg, 1mg (generic for Pulmicort® Respules) | Alvesco® Inhaler |
| Flovent® Diskus Flovent® HFA Inhaler | ArmonAir [™] Digihaler [™] Armuity [®] Ellipta [®] Inhaler |
| FIOVEIL FIFA IIIIAREI | Armuity Ellipta Inhaler Asmanex® HFA Inhaler |
| | Asmanex® Twisthaler® |
| | fluticasone propionate HFA (generic for Flovent® HFA) |
| | Pulmicort® Flexhaler |
| | Pulmicort® Respules 0.25mg, 0.5mg, 1mg |
| | QVAR® RediHaler [™] |
| INHALED CORTIC | DSTEROID COMBINATIONS |
| Preferred | Non-Preferred |
| Advair® Diskus® | AirDuo® Digihaler™ / RespiClick® |
| Advair® HFA Inhaler | Breo® Ellipta® |
| Dulera® Inhaler | Breztri [™] Aerosphere [™] |
| Symbicort [®] Inhaler | budesonide/formoterol inhalation (generic for Symbicort®) |
| | fluticasone/salmeterol HFA inhaler (generic for Advair® HFA) |
| | fluticasone/salmeterol inhalation (generic for Advair® Diskus®) |
| | fluticasone/salmeterol inhalation (generic for AirDuo®) fluticasone-vilanterol inhalation (generic for Breo® Ellipta®) |
| | Trelegy® Ellipta® |
| | Wixela Inhub |
| Add new to market product fluticasone/salmeter | ol HFA inhaler (generic for Advair® HFA) as Non-Preferred |
| INTRANASA | L RHINITIS AGENTS |
| Preferred | Non-Preferred |
| azelastine spray (generic for Astelin®) | Exemption for steroids applies to children < 4 years of age |
| Dymista® Nasal Spray | azelastine nasal spray (generic for Astepro®) |
| fluticasone spray (generic for Flonase®) | azelastine-fluticasone nasal spray (generic for Dymista®) |
| ipratropium spray (generic for Atrovent® Nasal) | Beconase® AQ Nasal Spray |
| olopatadine nasal spray(generic for Patanase®) | Dymista® Nasal Spray |
| | flunisolide nasal spray (generic for Nasalide") mometasone nasal spray (generic for Nasonex®) |
| | Omnaris® Nasal Spray |
| | Patanase® Nasal Spray |
| | QNasl® Nasal Spray / Children's Spray |
| | Ryaltris® Nasal Spray |
| | Sinuva [™] Implant |
| | Xhance Masal Spray |
| | Zetonna® Nasal Spray |
| Move Dymista® Nasal Spra | y from Non-Preferred to Preferred |
| LEUKOTI | RIENE MODIFIERS |
| Preferred | Non-Preferred |
| montelukast chewable / tablet (generic for Singulair®) | Accolate® Tablet |
| | montelukast granules (generic for Singulair®) |
| | Singulair® Chewable / Granules / Tablet |
| | zafirlukast tablet (generic for Accolate®) |
| | zileuton tablet (generic for Zyflo®) |
| No recommendation | Zyfto® Filmtab is. Class open for comments. |
| | |
| | |

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Trial and failure of two Preferred drugs are required unless only one Preferred option is listed or is otherwise indicated.

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More information on the PDL can be found at: https://medicaid.ncdhhs.gov/providers/programs-services/prescription-drugs/outpatient-pharmacy-services

LOW SEDATING ANTIHISTAMINES

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| Add certified to Confidence of | Interior Ex yang (specific Parties "Syrape") |
| | unione unbox OTC (generic for Zunet OTC Tubbes) Carectificate (Text Started) Carectificate (Text Started) Advantation OTC (superate for Zunet of Zunet of Allegra OTC) Add cettrizine OTC soft clearing Rx solutions (peach; for Cations*) Add cettrizine OTC soft generic for Cations* Add cettrizine OTC (soft generic for Rxyal* Rx Solutions) Introduction CR solutions (reservic for Cations*) Add cettrizine OTC soft generic for Rxyal* Rx Solutions Introduction CR solutions (reservic for Xyal* Rx Solutions) Introduction CR solutions (reservice for Xyal* Rx Solut |
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| | Add cetiration OTC (generic for Claritins* OTC) Contendant or University for Allerga* OTC) Contendant or University for Allerga* OTC) Contendant or University for Allerga* OTC) Contendant or University for Allerga* OTC) Contendant or University for Allerga* OTC) Contendant or University for Allerga* OTC) Contendant or University for Allerga* OTC) Contendant or University for Allerga* OTC) Contendant or University for Allerga* OTC) Contendant or University for Allerga* OTC) Contendant or University for Allerga* OTC) Contendant or University for Allerga* OTC) Contendant or University for Allerga* OTC) Contendant or University for Allerga* OTC) Contendant or University for Allerga* OTC) Contendant or University for Allerga* OTC Alle |
| | International Content of Claricia* OTC International Content of Claricia* |
| Add entrained to the control of the | Constitution Rs volution (perceit for Xyad [®] Rs, Solution) |
| ### Company | Add cetrizine OTC softgel as Non-Preferred Removal: loratadine soft gel (generic for Claritin® OTC) LOW SEDATING ANTIHISTAMINE COMBINATIONS Quantity limit of 102 days supply per 12 months apply to all drugs in this class Preferred Removal: loratadine portice for Claritin® OTC) Low SEDATING ANTIHISTAMINE COMBINATIONS Quantity limit of 102 days supply per 12 months apply to all drugs in this class Non-Preferred Low Selection of 102 days supply per 12 months apply to all drugs in this class Non-Preferred Low Selection of 102 days supply per 12 months apply to all drugs in this class Non-Preferred Low Selection of 102 days supply per 12 months apply to all drugs in this class Non-Preferred Low Selection of 102 days supply per 12 months apply to all drugs in this class Non-Preferred Exempted Preferred FIRST GENERATION ANTIHISTAMINES Preferred FIRST GENERATION ANTIHISTAMINES Preferred Low Selection of 102 days supply to the supply to table to demantine tablet Low Selection of 102 days supply tablet Low Low Days supply tablet Low |
| Professor Prof | Add cetirizine OTS Removal: Ioratadine soft glegeneric for Claritin® OTC) Company |
| Professor Prof | Add cetirizine OTS Removal: Ioratadine soft glegeneric for Claritin® OTC) Company |
| | Removal: loratadine soft gel (generic for Claritin® OTC) LOW SEDATING ANTIHISTAMINE COMBINATIONS Quantity limit of 102 days supply per 12 months apply to all drugs in this class Preferred Preferred Curitin® OTC tablet (generic for Zhjec D® OTC) Curica, D® Tablet Curica, D® |
| Description | LOW SEDATING ANTIHISTAMINE COMBINATIONS Quantity limit of 102 days supply per 12 months apply to all drugs in this class Preferred |
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| Performed Control Co | Preferred (carbinovamine solution / tablet (spare) / tab |
| Performed Control Co | Preferred (carbinovamine solution / tablet (spare) / tab |
| Performed Content provide to Performed Content provide t | Preferred cutation D OTC tablet (generic for Claritin D* OTC) catalians D OTC tablet (generic for Claritin D* OTC) catalians D OTC tablet (generic for Allegra-D* OTC) catalians D OTC tablet (generic for Allegra-D* 12 Hour OTC) catalians D OTC tablet (generic for Allegra-D* 12 Hour OTC) catalians D OTC tablet (generic for Allegra-D* 12 Hour OTC) catalians D OTC tablet (generic for Allegra-D* 12 Hour OTC) catalians D OTC tablet (generic for Allegra-D* 24 hour) catalians D OTC tablet (generic for |
| Secretary of the control of the cont | estrizine-D OTC tablet (generic for Zyrec-D* OTC) Clarines-D* Tablet (generic for Algera-D* 12 Hour OTC) Evon for Carbit (generic for Allegra-D* 12 Hour OTC) Evon for Carbit (generic for Allegra-D* 12 Hour OTC) Evon for Carbit (generic for Allegra-D* 12 Hour OTC) Evon for Allegra-D* 24 hour) Sempres-D* Capsule FIRST GENERATION ANTHISTAMINES |
| Charter of Post | Clarinex_D® Tablet |
| Section Common | Exoferación D 12 Hour OTC Tablet (generic for Allegra-D* 24 hour) |
| Emergency Emer | Excellent Exc |
| Personal Semporal | Removal: Semprex_D® Capsule FIRST GENERATION ANTIHISTAMINES Preferred Non-Preferred Advanciance solution fublet Advanciance sol |
| Removal: Sempres OP Capsule FINST GENERATION ANTHINST ANINSS Preferred Pref | Removal: Semprex-D® Capsule FIRST GENERATION ANTHISTAMINES Preferred Preferred Carbinoxamine solution Converge Converge RyClora™ (dexchlorpheniramine) Solution RyVent™ (carbinoxamine solution* da as Preferred: carbinoxamine solution, cyproheptadine syrup / tablet, Karbinal™ ER (carbinoxamine) Capsule / solution / tablet da so Non-Preferred: carbinoxamine solution, cyproheptadine syrup / tablet, Karbinal™ ER (carbinoxamine) Suspension - Trial and failure of immediate release carbinoxamine solution and cetirizine syrup required for coverage RyClora™ (dexchlorpheniramine) Solution RyVent™ (carbinoxamine) Tablet New drug category addition* dd as Preferred: carbinoxamine solution, cyproheptadine syrup / tablet, hydroxyzine capsule / solution / tablet dd as Non-Preferred: carbinoxamine tablet, clemastine tablet, Karbinal™ ER (carbinoxamine) Suspension with trial and failure criteria, RyClora™ (dexchlorpheniramine) Solution yVent™ (carbinoxamine) Tablet, Vistaril® (hydroxyzine pamoate) Capsule TOPICALS ACNE AGENTS |
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| PROFESSION ANTHEST AMMES Professed Profess | FIRST GENERATION ANTIHISTAMINES Preferred Preferred Carbinoxamine solution / tablet Carbi |
| Pedre de la manura del manura de la manura del manura de la manura del manura de la manura de la manura de la manura de la manura del manura | Preferred chinoxamine solution carbinoxamine solution chinoxamine solution / tablet chinoxamine solution and cetirizine syrup required for coverage chinoxamine solution and cetirizine syrup required for cov |
| contention states complete the company of the comp | carbinoxamine solution carbinoxamine solution carbinoxamine tablet clemastine tablet clemastine tablet carbinal™ ER (carbinoxamine) Suspension - Trial and failure of immediate release carbinoxamine solution and cetirizine syrup required for coverage RyClora™ (dexchlorpheniramine) Solution RyVent™ (carbinoxamine) Tablet Vistaril® (hydroxyzine pamoate) Capsule New drug category addition* dd as Preferred: carbinoxamine solution, cyproheptadine syrup / tablet, hydroxyzine capsule / solution / tablet dd as Non-Preferred: carbinoxamine tablet, clemastine tablet, Karbinal™ ER (carbinoxamine) Suspension with trial and failure criteria, RyClora™ (dexchlorpheniramine) Solution yVent™ (carbinoxamine) Tablet, Vistaril® (hydroxyzine pamoate) Capsule TOPICALS ACNE AGENTS |
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| clindamycin phosphate foam (generic for Evoclin®) clindamycin phosphate gel / Iotion (generic for Cleocin-T®, Clindagel®) clindamycin-benzoyl peroxide gel (generic for Neuae®) clindamycin-benzoyl peroxide gel / pump (generic for Benzachin®) clindamycin-benzoyl peroxide with pump (generic for Acanya®) dapsone gel (generic for Aczone® Gel) Ery® Pads Erygel® Gel erythromycin pledgets (generic for Emcin®, Erycette®, EryDerm®, EryGel®, EryMas®) erythromycin gel (generic for Emcin®, Erycette®, EryDerm®, EryGel®, EryMas®) erythromycin gel (generic for Emcin®, Erycette®, EryDerm®, EryGel®, EryMas®) Evoclin® Foam Fabior® Foam Fabior® Foam Finace® Foam/Gel Klaron® Lotion Neuae® Gel / Kit | Cleocin® T Lotion Clindacin® ETZ Pledget / Kit / P Pledgets / PAC Kit Clindacin® P (Clindamycin) Foam |
| clindamycin-benzoyl peroxide gel (generic for Cleocin-T [®] , Clindagel [®]) clindamycin-benzoyl peroxide gel (generic for Reuca [®]) clindamycin-benzoyl peroxide with pump (generic for Benzaclin [®]) clindamycin-benzoyl peroxide with pump (generic for Acanya [®]) dapsone gel (generic for Aczone [®] Gel) Ery [®] Pads Erygel [®] Gel erythromycin pelegets (generic for Emcin [®] , Erycette [®] , EryDerm [®] , EryGel [®] , EryMax [®]) erythromycin gel (generic for Emcin [®] , Erycette [®] , EryDerm [®] , EryGel [®] , EryMax [®]) Evoclin [®] Foam Fabior [®] Foam Finacea [®] Foam/Gel Klaron [®] Lotion Neuca [®] Gel / Kit | Cleocin® T Lotion Clindacin® ETZ Pledget / Kit / P Pledgets / PAC Kit Clindacin® P (Clindamycin) Foam |
| clindamycin-benzoyl peroxide gel (generic for Cleocin-T [®] , Clindagel [®]) clindamycin-benzoyl peroxide gel (generic for Reuca [®]) clindamycin-benzoyl peroxide with pump (generic for Benzaclin [®]) clindamycin-benzoyl peroxide with pump (generic for Acanya [®]) dapsone gel (generic for Aczone [®] Gel) Ery [®] Pads Erygel [®] Gel erythromycin pelegets (generic for Emcin [®] , Erycette [®] , EryDerm [®] , EryGel [®] , EryMax [®]) erythromycin gel (generic for Emcin [®] , Erycette [®] , EryDerm [®] , EryGel [®] , EryMax [®]) Evoclin [®] Foam Fabior [®] Foam Finacea [®] Foam/Gel Klaron [®] Lotion Neuca [®] Gel / Kit | Cleocin® T Lotion Clindacin® ETZ Pledget / Kit / P Pledgets / PAC Kit Clindacin® P (clindamycin) Foam Clindagel® Gel |
| clindamycin-benzoyl peroxide gel (generic for Neuac*) clindamycin-benzoyl peroxide gel / pump (generic for Benzaclin*) clindamycin-benzoyl peroxide with pump (generic for Acanya*) dapsone gel (generic for Acanya*) Erys* Erys* Fads Erys* Fads Erys* Fel (gel erythromycin pledgets (generic for Emcin*, Erycette*, EryDern*, EryGel*, EryMax*) erythromycin gel (generic for Emcin*, Erycette*, EryDern*, EryGel*, EryMax*) Evoclin* Foam Fabior* Fabior* Fabior* Fabior* Foam Gel Klaron* Lotion Neuac** Gel / Kit | Cleocin® T Lotion Clindacin® ETZ Pledget / Kit / P Pledgets / PAC Kit Clindacin® P (clindamycin) Foam Clindagel® Gel clindamycin / tretinoin (generic for Veltin®) |
| clindamycin-benzoyl peroxide gel / pump (generic for Benzaclin®) clindamycin-benzoyl peroxide with pump (generic for Acanya®) dapsone gel (generic for Acanya®) dapsone gel (generic for Aczone® Gel) Ery® Pads Erygel® Gel erythromycin pledgets (generic for Emein®-Erycette®-EryDern®-EryGel®-EryMax®) erythromycin gel (generic for Emein®-Erycette®-EryDern®-EryGel®-EryMax®) Evoclin® Foam Fabior® Foam Finaces® Foam Gel Klaron® Lotion Neuac® Gel / Kit | Cleocin® T Lotion Clindacin® ETZ Pledget / Kit / P Pledgets / PAC Kit Clindacin® P (clindamycin) Foam Clindagel® Gel clindamycin / tretinoin (generic for Veltin®) clindamycin phosphate foam (generic for Evoclin®) |
| clindamycin-benzoyl peroxide with pump (generic for Acanya®) dapsone gel (generic for Aczone® Gel) Ery® Pads Erygel® Gel erythromycin pledgets (generic for Emein® -Erycette® -EryDern® -EryGel® -EryMax®) erythromycin gel (generic for Emein® -Erycette® -EryDern® -EryGel® -EryMax®) erythromycin gel (generic for Emein® -Erycette® -EryDern® -EryGel® -EryMax®) Evoclin® Foam Fabior® Foam Finaces® Foam Gel Klaron® Lotion Neuac® Gel / Kit | Cleocin® T Lotion Clindacin® ETZ Pledget / Kit / P Pledgets / PAC Kit Clindacin® P (clindamycin) Foam Clindagel® Gel clindamycin / tretinoin (generic for Veltin®) clindamycin phosphate foam (generic for Evoclin®) clindamycin phosphate gel / lotion (generic for Cleocin-T®, Clindagel®) |
| dapsone gel (generic for Aczone [®] Gel) Ery [®] Pads Erygel [®] Gel erythromycin pledgets (generic for Emcin [®] , Erycette [®] , EryDerm [®] , EryGel [®] , EryMas [®]) erythromycin gel (generic for Emcin [®] , Erycette [®] , EryDerm [®] , EryGel [®] , EryMas [®]) Evoclin [®] Foam Fabior [®] Foam Finacea [®] Foam/ Gel Klaron [®] Lotion Neuac [®] Gel / Kit | Cleocin® T Lotion Clindacin® ETZ Pledget / Kit / P Pledgets / PAC Kit Clindacin® P (clindamycin) Foam Clindagel® Gel clindamycin / tretinoin (generic for Veltin®) clindamycin phosphate foam (generic for Evoclin®) clindamycin phosphate gel / Jotion (generic for Cleocin-T®, Clindagel®) clindamycin-benzoyl peroxide gel (generic for Neuac®) |
| Ery® Pads Erygel® Gel erythromycin pledgets (generic for Emcin®, Erycette®, EryDerm®, EryGel®, EryMax®) erythromycin gel (generic for Emcin®, Erycette®, EryDerm®, EryGel®, EryMax®) Evoclin® Foam Fabior® Foam Finacea® Foam / Gel Klaron® Lotion Neuac® Gel / Kit | Cleocin® T Lotion Clindacin® ETZ Pledget / Kit / P Pledgets / PAC Kit Clindacin® P (clindamycin) Foam Clindagel® Gel clindamycin / tretinoin (generic for Veltin®) clindamycin phosphate foam (generic for Evoclin®) clindamycin phosphate gel / Jotion (generic for Cleocin-T®, Clindagel®) clindamycin-benzoyl peroxide gel (generic for Neuac®) clindamycin-benzoyl peroxide gel / pump (generic for Benzaclin®) |
| Erygel® Gel erythromyein pledgets (generie for Emein®, Erycette®, EryDerm®, EryGel®, EryMax®) erythromyein gel (generie for Emein®, Erycette®, EryDerm®, EryGel®, EryMax®) Evoclin® Foam Fabio® Foam Fabio® Foam Finace® Foam / Gel Klaron® Lotion Neuac® Gel / Kit | Cleocin® T Lotion Clindacin® ETZ Pledget / Kit / P Pledgets / PAC Kit Clindacin® P (clindamycin) Foam Clindagel® Gel clindamycin / tretinoin (generic for Veltin®) clindamycin phosphate foam (generic for Evoclin®) clindamycin phosphate foam (generic for Evoclin®) clindamycin phosphate gel / lotion (generic for Cleocin-T®, Clindagel®) clindamycin-benzoyl peroxide gel (generic for Neuac®) clindamycin-benzoyl peroxide gel / pump (generic for Benzaclin®) clindamycin-benzoyl peroxide with pump (generic for Acanya®) |
| erythromycin pledgets (generie for Emein", Erycette", EryDerm", EryGel", EryMax") erythromycin gel (generie for Emein", Erycette", EryDerm", EryGel", EryMax") Evoclin" Foam Fabior" Foam Finacea" Foam / Gel Klaron" Lotion Neuac" Gel / Kit | Cleocin® T Lotion Clindacin® ETZP Pledget / Kit / P Pledgets / PAC Kit Clindacin® P (clindamycin) Foam Clindagel® Gel clindamycin / tretinoin (generic for Veltin®) clindamycin phosphate foam (generic for Evoclin®) clindamycin phosphate foam (generic for Evoclin®) clindamycin phosphate gel / Jotion (generic for Cleocin-T®, Clindagel®) clindamycin-benzoyl peroxide gel (generic for Neuzelin®) clindamycin-benzoyl peroxide gel / Journey (generic for Benzaclin®) clindamycin-benzoyl peroxide gel / Journey (generic for Acanya®) dapsone gel (generic for Aczona® Gel) |
| erythromyein gel (generie for Encin [®] , EryGel [®] , EryMas [®]) Evoclin [®] Foam Fabior [®] Foam Finacea [®] Foam/Gel Klaron [®] Lotion Neuac [®] Gel / Kit | Cleocin® T Lotion Clindacin® ETZ Pledget / Kit / P Pledgets / PAC Kit Clindacin® P (clindamycin) Foam Clindagel® Gel clindamycin / retinoin (generic for Veltin®) clindamycin phosphate foam (generic for Evoclin®) clindamycin phosphate foam (generic for Evoclin®) clindamycin phosphate gel / lotion (generic for Cleocin-T®, Clindagel®) clindamycin-benzoyl peroxide gel (generic for Neuac®) clindamycin-benzoyl peroxide gel (pump (generic for Benzaclin®) clindamycin-benzoyl peroxide with pump (generic for Acanya®) dapsone gel (generic for Aczone® Gel) Ery® Pads |
| Evoclin [®] Foam Fabior [®] Foam Finacea [®] Foam / Gel Klaron [®] Lotion Neuac [®] Gel / Kit | Cleocin® T Lotion Clindacin® ETZ Pledget / Kit / P Pledgets / PAC Kit Clindacin® P (clindamycin) Foam Clindagel® Gel clindamycin / tretinoin (generic for Veltin®) clindamycin phosphate foam (generic for Evoclin®) clindamycin phosphate gel / lotion (generic for Cleocin-T®, Clindagel®) clindamycin-benzoyl peroxide gel (generic for Reuac®) clindamycin-benzoyl peroxide gel / pump (generic for Benzaclin®) clindamycin-benzoyl peroxide gel / pump (generic for Reuac®) clindamycin-benzoyl peroxide gel / pump (generic for Acanya®) daposne gel (generic for Aczone® Gel) Ery® Pads Erygel® Gel |
| Fabior® Foam Finacea® Foam / Gel Klaron® Lotion Neuac® Gel / Kit | Cleocin® T Lotion Clindacin® ETZ Pledget / Kit / P Pledgets / PAC Kit Clindacin® P (clindamycin) Foam Clindagel® Gel clindamycin / tretinoin (generic for Veltin®) clindamycin phosphate foam (generic for Evoclin®) clindamycin phosphate foam (generic for Evoclin®) clindamycin phosphate gel / lotion (generic for Clocin-T®, Clindagel®) clindamycin-benzoyl peroxide gel (generic for Neuac®) clindamycin-benzoyl peroxide gel / pump (generic for Benzaclin®) clindamycin-benzoyl peroxide with pump (generic for Acanya®) dapsone gel (generic for Aczone® Gel) Ery® Pads Erygel® Gel erythromycin pledgets (generic for Emein®, Erycette®, EryDern®, EryGel®, EryMane®) |
| Finacea® Foam / Gel Klaron® Lotion Neuac® Gel / Kit | Cleocin® T Lotion Clindacin® ETZ Pledget / Kit / P Pledgets / PAC Kit Clindacin® P (clindamycin) Foam Clindagel® Gel clindamycin / tretinoin (generic for Veltin®) clindamycin phosphate foam (generic for Evoclin®) clindamycin phosphate foam (generic for Evoclin®) clindamycin phosphate gel / lotion (generic for Evoclin®) clindamycin-benzoyl peroxide gel (generic for Neuae®) clindamycin-benzoyl peroxide gel / pump (generic for Benzaclin®) clindamycin-benzoyl peroxide with pump (generic for Acanya®) dapsone gel (generic for Aczone® Gel) Ery® Pads Erygel® Gel erythromycin pledgets (generic for Emcin® Erycette® EryNan®) erythromycin gel (generic for Emcin® Erycette® EryNan®) erythromycin gel (generic for Emcin® Erycette® EryNan®) erythromycin gel (generic for Emcin® Erycette® EryNan®) |
| Klaron® Lotion Neuac® Gel / Kit | Cleocin® T Lotion Clindacin® ETZP Pledget / Kit / P Pledgets / PAC Kit Clindacin® P (clindamycin) Foam Clindagel® Gel clindamycin / tretinoin (generic for Veltin®) clindamycin phosphate foam (generic for Evoclin®) clindamycin phosphate foam (generic for Evoclin®) clindamycin phosphate gel / Jotion (generic for Cleocin-T®, Clindagel®) clindamycin-benzoyl peroxide gel / generic for Neuro®) clindamycin-benzoyl peroxide gel / pump (generic for Benzaclin®) clindamycin-benzoyl peroxide gel / pump (generic for Acanya®) dapsone gel (generic for Aczone® Gel) Ety® Pads Erygel® Gel erythromycin-gel-tgeneric for Emein®, Erycette®, EryDerm®, EryGel®, EryMan®) erythromycin-gel-tgeneric for Emein®, Erycette®, EryDerm®, EryGel®, EryMan®) Evoclin® Foam |
| Neuac® Gel / Kit | Cleocin® T Lotion Clindacin® ETZP Pledget / Kit / P Pledgets / PAC Kit Clindacin® P (clindamycin) Foam Clindagel® Gel clindamycin / tretinoin (generic for Veltin®) clindamycin phosphate foam (generic for Evoclin®) clindamycin phosphate foam (generic for Evoclin®) clindamycin phosphate gel / Jotion (generic for Cleocin-T®, Clindagel®) clindamycin-benzoyl peroxide gel / generic for Neuro®) clindamycin-benzoyl peroxide gel / pump (generic for Benzaclin®) clindamycin-benzoyl peroxide gel / pump (generic for Acanya®) dapsone gel (generic for Aczone® Gel) Ety® Pads Erygel® Gel erythromycin-gel-tgeneric for Emein®, Erycette®, EryDerm®, EryGel®, EryMan®) erythromycin-gel-tgeneric for Emein®, Erycette®, EryDerm®, EryGel®, EryMan®) Evoclin® Foam |
| Neuac® Gel / Kit | Cleocin® T Lotion Clindacin® ETZ Pledget / Kit / P Pledgets / PAC Kit Clindacin® P (clindamycin) Foam Clindagel® Gel clindamycin / Ivetinoin (generic for Veltin®) clindamycin / Ivetinoin (generic for Evoclin®) clindamycin phosphate gel / Iotion (generic for Ceocin¬®, Clindagel®) clindamycin phosphate gel / Iotion (generic for Ceocin¬®, Clindagel®) clindamycin-benzoyl peroxide gel (generic for Neuac®) clindamycin-benzoyl peroxide gel / pump (generic for Benzaclin®) clindamycin-benzoyl peroxide with pump (generic for Acanya®) dapsone gel (generic for Acanya®) dapsone gel (generic for Acanya®) Erygel® Gel erythromycin-pledgets (generic for Emein® Erygette® EryDern® EryGel® EryMax®) erythromycin pledgets (generic for Emein® Erygette® EryDern® EryGel® EryMax®) erythromycin pledgets (generic for Emein® Erygette® EryDern® EryGel® EryMax®) erythromycin pledgets (generic for Emein® Erygette® EryDern® EryGel® EryMax®) erythromycin pledgets (generic for Emein® Erygette® EryDern® EryGel® EryMax®) erythromycin pledgets (generic for Emein® Erygette® EryDern® EryGel® EryMax®) erythromycin pledgets (generic for Emein® Erygette® EryDern® EryGel® EryMax®) erythromycin pledgets (generic for Emein® Erygette® EryDern® EryGel® EryMax®) erythromycin pledgets (generic for Emein® Erygette® EryDern® EryGel® EryMax®) |
| | Cleocin® T Lotion Clindacin® PTZ/Pledget / Kit / P Pledgets / PAC Kit Clindacin® PT (clindamycin) Foam Clindagel® Gel clindamycin / tretinoin (generic for Veltin®) clindamycin / tretinoin (generic for Evoclin®) clindamycin phosphate foam (generic for Evoclin®) clindamycin phosphate gel / Iotion (generic for Cleocin-T®, Clindagel®) clindamycin-benzoyl peroxide gel (generic for Neuse®) clindamycin-benzoyl peroxide gel (generic for Reuzelin®) clindamycin-benzoyl peroxide with pump (generic for Acanya®) dapsone gel (generic for Aczone® Gel) Ery® Pads Erygel® Gel erythromycin-pledgets (generic for-Emcin®, Erycette®, EryDern®, EryGel®, EryMax®) erythromycin gel (generic for-Emcin®, Erycette®, EryDern®, EryGel®, EryMax®) Eryclin® Foam Fabion® Foam |
| OREARDH OELF OELF UNIT | Cleocin® T Lotion Clindacin® P(clindarrycin) Foam Clindagel® Cel clindarycin Posphate foam (generic for Veltin®) clindarrycin phosphate foam (generic for Evoclin®) clindarrycin phosphate foam (generic for Evoclin®) clindarrycin phosphate foam (generic for Neuclin®) clindarrycin phosphate foam (generic for Neuclin®) clindarrycin-bezzoyl peroxide gel (generic for Neuclin®) clindarrycin-bezzoyl peroxide gel (generic for Neuclin®) clindarrycin-bezzoyl peroxide gel (pump (generic for Reacacinn®) clindarrycin-bezzoyl peroxide with pump (generic for Acarnyn®) dapsone gel (generic for Acaznon® Gel) Ery® Pads Erygel® Cel erythromycin pelotgeets (generic for Emein®, Erycette®, EryDern®, EryGel®, EryMan®) exythromycin geld (generic for - Emein®, Erycette®, EryDern®, EryGel®, EryMan®) Evoclin® Foam Fabior® Foam Fabior® Foam Klaron® Lotion |
| Ovace® Plus Cleansing Cream / Foam / Gel / Lotion / Shampoo / Wash | Cleocin [®] T Lotion Clindscin [®] ETZ Pledget / Kit / P Pledgets / PAC Kit Clindscin [®] P Clindamycin P Cam Clindsgel [®] Gel clindamycin / Vertionin (generic for Veltin [®]) clindamycin / Interionin (generic for Evoclin [®]) clindamycin phosphate ged / Intion (generic for Cleocin-T [®] , Clindsgel [®]) clindamycin phosphate ged / Intion (generic for Cleocin-T [®] , Clindsgel [®]) clindamycin-benzoyl peroxide gel (generic for Neuse [®]) clindamycin-benzoyl peroxide gel / pump (generic for Benzaclin [®]) clindamycin-benzoyl peroxide with pump (generic for Benzaclin [®]) clindamycin-benzoyl peroxide with pump (generic for Acanya [®]) dapsone gel (generic for Aczone [®] Gel) Ery P Pads Erygel [®] Gel erythromycin-pledgets (generic for Emein [®] , Erycette [®] , EryDern [®] , EryGel [®] , EryMax [®]) systhromycin-gel (generic for Emein [®] , Erycette [®] , EryDern [®] , EryGel [®] , EryMax [®]) Eryclin [®] Foam Fabior [®] Foam Enacca [®] Foam / Gel Klaron [®] Lotion Neuse [®] Gel / Kit |

| | Promiseb® Topical Cream |
|--|---|
| | Retin-A [®] Micro Pump Gel |
| | Rosula® Cloths / Wash |
| | sodium sulfacetamide cleanser / cream (generic for Avar® / LS) |
| | sodium sulfacetamide lotion (generic for Klaron®) |
| | sodium sulfacetamide shampoo, wash (generic for Ovace® / Plus) |
| | sodium sulfacetamide sulfur cleanser / cloth (generic for Rosula®) |
| | |
| | sodium sulfacetamide-sulfur kit / wash (generic for Sumadan®) |
| | sodium sulfacetamide-sulfur lotion / suspension (generic for Novacet [®] , Plexion [®] , Zetacet [®]) |
| | sodium sulfacetamide-sulfur pad / suspension / wash (generic for Sumaxin®) |
| | SSS® 10-5 Cream / Foam |
| | sulfacetamide-sulfur 9-4% cleanser (generic for Zencia™) |
| | sulfacetamide-sulfur cream (generic for Avar® E, SSS® 10-5) |
| | Sumadan® Kit / Wash / XLT Kit |
| | |
| | Sumaxin® Cleansing Pads / CP Kit / TS Topical Suspension / Wash |
| | tazarotene cream (generic for Tazorac®) |
| | tazarotene foam (generic for Fabior®) |
| | tazarotene gel (generic for Tazorac® gel) |
| | Fazorae® Cream/Gel |
| | tretinoin cream / gel (generic for Retin-A®) |
| | |
| | tretinoin microsphere gel / microsphere gel pump (generic for Retin-A® Micro) |
| | Tretin-X [™] Combo Pack / Cream |
| | Winlevi* Cream |
| | Ziana [®] Gel |
| | Zma Clear™ (sulfacetamide sodium/sulfur) Cleanser |
| <u>Add</u> new-to-market product Zma Clear™ (sulfacetamide sodium/sulfur) Cleanser as Notindad Avar-E® LS (sodium sulfacetamide/sulfur) Cream and Clindacin® (clindamycin) Foat Move from Non-Preferred to Preferred: erythromycin gel, adapalene / benzoyl peroxion Move from Preferred to Non-Preferred: adapalene gel pump (generic for Differin®), Removals: adapalene solution (generic for Differin®), Epiduo® Gel, Avar® Cleansing Paccream / Gel | m as Non-Preferred le (generic for Epiduo® Gel), Finacea® Gel |
| | |
| ANDRO | GENIC AGENTS |
| Preferred | Non-Preferred |
| Androgel® Pump | Androderm® Patch |
| testosterone gel pump (generic for Androgel® Pump, Fortesta®) | Androgel® Packet |
| testosterone ger pump (generic for Androger Tump, Portesta) | |
| | |
| | Fortesta® Gel Pump |
| | Natesto® Nasal Gel |
| | |
| | Natesto® Nasal Gel Testim® Gel |
| | Natesto® Nasal Gel Testim® Gel testosterone gel / packet (generic for Testim®, Vogelxo®) |
| | Natesto® Nasal Gel Testim® Gel testosterone gel / packet (generic for Testim®, Vogelxo®) testosterone packet (generic for Androgel® packet) |
| | Natesto® Nasal Gel Testim® Gel testosterone gel / packet (generic for Testim®, Vogelxo®) testosterone packet (generic for Androgel® packet) testosterone gel pump (generic for Androgel® Pamp, Fortesta®) |
| Off-cycle change: Move testosterone gel pump (generic f | Natesto® Nasal Gel Testim® Gel testosterone gel / packet (generic for Testim®, Vogelxo®) testosterone packet (generic for Androgel® packet) |
| | Natesto® Nasal Gel Testim® Gel testosterone gel / packet (generic for Testim®, Vogelxo®) testosterone packet (generic for Androgel® packet) testosterone gel pump (generic for Androgel® Pamp, Fortesta®) Vogelxo® Gel / Packet / Pump or Androgel® Pump, Fortesta®) from Non-Preferred to Preferred |
| | Natesto® Nasal Gel Testim® Gel testosterone gel / packet (generic for Testim®, Vogelxo®) testosterone packet (generic for Androgel® packet) testosterone gel pump (generic for Androgel® Pump, Fortesta®) Vogelxo® Gel / Packet / Pump or Androgel® Pump, Fortesta®) from Non-Preferred to Preferred NSAIDS |
| Preferred | Natesto® Nasal Gel Testim® Gel testosterone gel / packet (generic for Testim®, Vogelxo®) testosterone packet (generic for Androgel® packet) testosterone gel pump (generic for Androgel® Pump, Fortesta®) Vogelxo® Gel / Packet / Pump or Androgel® Pump, Fortesta®) from Non-Preferred to Preferred NSAIDS Non-Preferred |
| | Natesto® Nasal Gel Testim® Gel testosterone gel / packet (generic for Androgel® packet) testosterone packet (generic for Androgel® Pump, Fortesta®) Vogelxo® Gel / Packet / Pump or Androgel® Pump, Fortesta®) from Non-Preferred to Preferred NSAIDS Non-Preferred diclofenac epolamine patch (generic for Flector® Patch) |
| Preferred | Natesto® Nasal Gel Testim® Gel testosterone gel / packet (generic for Testim®, Vogelxo®) testosterone packet (generic for Androgel® packet) testosterone packet (generic for Androgel® Pump, Fortesta®) Vogelxo® Gel / Packet / Pump or Androgel® Pump, Fortesta®) from Non-Preferred to Preferred NSAIDS Non-Preferred diclofenac epolamine patch (generic for Flector® Patch) diclofenac solution pump (generic for Pennsaid® Pump) |
| Preferred | Natesto® Nasal Gel Testim® Gel testosterone gel / packet (generic for Androgel® packet) testosterone packet (generic for Androgel® Pump, Fortesta®) Vogelxo® Gel / Packet / Pump or Androgel® Pump, Fortesta®) from Non-Preferred to Preferred NSAIDS Non-Preferred diclofenac epolamine patch (generic for Flector® Patch) |
| Preferred | Natesto® Nasal Gel Testim® Gel testosterone gel / packet (generic for Testim®, Vogelxo®) testosterone packet (generic for Androgel® packet) testosterone packet (generic for Androgel® Pump, Fortesta®) Vogelxo® Gel / Packet / Pump or Androgel® Pump, Fortesta®) from Non-Preferred to Preferred NSAIDS Non-Preferred diclofenac epolamine patch (generic for Flector® Patch) diclofenac solution pump (generic for Pennsaid® Pump) |
| Preferred | Natesto® Nasal Gel Testim® Gel testosterone gel / packet (generic for Testim®, Vogelxo®) testosterone packet (generic for Androgel® packet) testosterone gel pump (generic for Androgel® Pump, Fortesta®) Vogelxo® Gel / Packet / Pump or Androgel® Pump, Fortesta®) from Non-Preferred to Preferred NSAIDS Non-Preferred diclofenac epolamine patch (generic for Flector® Patch) diclofenac solution pump (generic for Pennsaid® Pump) diclofenac solution (generic for Pennsaid®) Flector® Patch |
| Preferred | Natesto® Nasal Gel Testim® Gel testosterone gel / packet (generic for Testim®, Vogelxo®) testosterone packet (generic for Androgel® packet) testosterone gel pump (generic for Androgel® Pump, Fortesta®) Vogelxo® Gel / Packet / Pump or Androgel® Pump, Fortesta®) from Non-Preferred to Preferred NSAIDS Non-Preferred diclofenac epolamine patch (generic for Flector® Patch) diclofenac solution pump (generic for Pennsaid® Pump) diclofenac solution (generic for Pennsaid®) Flector® Patch Licar™ Patch |
| Preferred | Natesto® Nasal Gel Testim® Gel testosterone gel / packet (generic for Testim®, Vogelxo®) testosterone packet (generic for Androgel® packet) testosterone gel pump (generic for Androgel® Pump, Fortesta®) Vogelxo® Gel / Packet / Pump or Androgel® Pump, Fortesta®) from Non-Preferred to Preferred NSAIDS Non-Preferred diclofenac epolamine patch (generic for Flector® Patch) diclofenac solution pump (generic for Pennsaid® Pump) diclofenac solution (generic for Pennsaid®) Flector® Patch |
| Preferred diclofenac topical gel (generic for Voltaren® Gel) | Natesto® Nasal Gel Testim® Gel testosterone gel / packet (generic for Testim®, Vogelxo®) testosterone packet (generic for Androgel® packet) testosterone packet (generic for Androgel® Pamp, Fortesta®) Vogelxo® Gel / Packet / Pump or Androgel® Pump, Fortesta®) from Non-Preferred to Preferred NSAIDS Non-Preferred diclofenac epolamine patch (generic for Flector® Patch) diclofenac solution pump (generic for Pennsaid® Pump) diclofenac solution (generic for Pennsaid®) Flector® Patch Licart™ Patch Pennsaid® Solution Packet / Pump |
| Preferred diclofenac topical gel (generic for Voltaren® Gel) An | Natesto® Nasal Gel Testim® Gel testosterone gel / packet (generic for Testim®, Vogelxo®) testosterone packet (generic for Androgel® packet) testosterone packet (generic for Androgel® Pump, Fortesta®) Vogelxo® Gel / Packet / Pump or Androgel® Pump, Fortesta®) from Non-Preferred to Preferred NSAIDS Non-Preferred diclofenac epolamine patch (generic for Flector® Patch) diclofenac solution pump (generic for Pennsaid® Pump) diclofenac solution (generic for Pennsaid® Pump) diclofenac solution pump (generic for Pennsaid® Pump) |
| Preferred diclofenac topical gel (generic for Voltaren® Gel) AN Preferred | Natesto® Nasal Gel Testim® Gel testosterone gel / packet (generic for Testim®, Vogelxo®) testosterone packet (generic for Androgel® packet) testosterone gel pump (generic for Androgel® Pump, Fortesta®) Vogelxo® Gel / Packet / Pump or Androgel® Pump, Fortesta®) from Non-Preferred to Preferred NSAIDS Non-Preferred diclofenac epolamine patch (generic for Flector® Patch) diclofenac solution pump (generic for Pennsaid®) diclofenac solution (generic for Pennsaid®) Flector® Patch Licart® Patch Pennsaid® Solution Packet / Pump TIBIOTICS Non-Preferred |
| Preferred dictofenac topical gel (generic for Voltaren® Gel) An Preferred gentamicin cream / ointment (generic for Garamycin®) | Natesto® Nasal Gel Testim® Gel testosterone gel / packet (generic for Testim®, Vogelxo®) testosterone packet (generic for Androgel® Pamp, Fortesta®) Vogelxo® Gel / Packet / Pump Or Androgel® Pump, Fortesta®) from Non-Preferred to Preferred NSAIDS Non-Preferred diclofenac epolamine patch (generic for Flector® Patch) diclofenac solution pump (generic for Pennsaid® Pump) diclofenac solution (generic for Pennsaid® Pump) Hictor® Patch Licart™ Patch Pennsaid® Solution Packet / Pump TIBIOTICS Non-Preferred Centany® AT Ointment Kit / Ointment |
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| Preferred dictofenac topical gel (generic for Voltaren® Gel) An Preferred gentamicin cream / ointment (generic for Garamycin®) mupirocin ointment (generic for Bactroban® Ointment) No recommendation ANTIBIC Preferred Cleocin® Vaginal Ovules Clindesse® Vaginal Cream metronidazole vaginal gel (generic for Metrogel® Vaginal Gel) | Natesto® Nasal Gel Testim® Gel testosterone gel / packet (generic for Testim®, Vogelxo®) testosterone gel / packet (generic for Androgel® packet) testosterone gel pamp (generic for Androgel® Pump, Fortesta®) Vogelxo® Gel / Packet / Pump Or Androgel® Pump, Fortesta®) from Non-Preferred to Preferred NSAIDS Non-Preferred diclofenac epolamine patch (generic for Flector® Patch) diclofenac solution pump (generic for Pennsaid®) Flector® Patch Licart® Patch Pennsaid® Solution (generic for Pennsaid®) TIBIOTICS Non-Preferred Centany® AT Gintment Kit / Gintment mupirocin cream (generic for Bactroban® Cream) Xepi® Cream S. Class open for comments. TICS - VAGINAL Non-Preferred Cleccin® Vaginal Cream clindamycin vaginal cream (generic for Cleocin® Vaginal Cream) Metroge® Vaginal Gel Vandazole® Vaginal Gel |
| Preferred diclofenac topical gel (generic for Voltaren® Gel) AN Preferred gentamicin cream / ointment (generic for Garamycin®) mupirocin ointment (generic for Bactroban® Ointment) No recommendation ANTIBIO Preferred Cleocin® Vaginal Ovules Clindesse® Vaginal Cream metronidazole vaginal gel (generic for Metrogel® Vaginal Gel) Nuvessa® Vaginal Gel | Natesto® Nasal Gel Testim® Gel testosterone gel / packet (generic for Testim®, Vogelxo®) testosterone gel / packet (generic for Androgel® Packet) testosterone packet (generic for Androgel® Pump, Fortestn®) Vogelxo® Gel / Packet / Pump or Androgel® Pump, Fortesta®) from Non-Preferred to Preferred NSAIDS Non-Preferred diclofenac epolamine patch (generic for Flector® Patch) diclofenac solution pump (generic for Flensaid® Pump) diclofenac solution (generic for Pennsaid®) Flector® Patch Licart™ Patch Pennsaid® Solution Packet / Pump TIBIOTICS Non-Preferred Centany® AT Ointment Kit / Ointment mupirocin cream (generic for Bactroban® Cream) Xepi™ Cream s. Class open for comments. TICS - VAGINAL Non-Preferred Cleocin® Vaginal Cream (dindamycin vaginal cream (generic for Cleocin® Vaginal Cream) Metrogel® Vaginal Gel Vaciato® Vaginal Gel Vaciato® Vaginal Gel Vaciato® Vaginal Gel |
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| clotrimazole Rx cream (generic for Lotrimin® Rx) | ciclopirox gel / shampoo / suspension (generic for Loprox®) |
|---|---|
| clotrimazole-betamethasone cream (generic for Lotrisone® cream) | ciclopirox treatment kit (generic for Ciclodan® Kit) |
| ketoconazole cream / shampoo (generic for Nizoral®) | clotrimazole Rx solution (generic for Lotrimin® Rx) |
| Nyamyc® Powder (branded generic for Nystop®) | clotrimazole-betamethasone lotion (generic for Lotrisone® lotion) |
| nystatin cream / ointment / powder (generic for Mycostatin®, Nystop®) | econazole cream (generic for Spectazole®) |
| Nystop® Powder | Ertaczo® Cream |
| | Exelderm® Cream / Solution |
| | Extina® Foam |
| | Jublia [®] Topical Solution |
| | Kerydin® Topical Solution |
| | ketoconazole foam (generic for Extina® Foam) |
| | Ketodan [®] Foam/Foam Kit |
| | Loprox® Shampoo / Suspension / Cream / Kit |
| | luliconazole cream (generic for Luzu [®] Cream) |
| | Luzu [®] Cream |
| | Mentax® Cream |
| | miconazole / zinc oxide / petrolatum ointment (generic for Vusion®) - Clinical criteria apply |
| | naftifine cream / gel (generic for Naftin® Cream / Gel) |
| | Naftin® Gel |
| | nystatin-triamcinolone cream / ointment (generic for Mycolog II®) |
| | oxiconazole cream (generic for Oxistat®) |
| | Oxistat [®] C ream / Lotion |
| | salicylic acid ointment (generic for Bensal HP*) |
| | sulconazole nitrate cream (generic for Exelderm [®]) |
| | sulconazole nitrate solution (generic for Exelderm®) |
| | tavaborole topical solution (generic for Kerydin [®] Topical Solution) |
| | Vusion® Ointment - Clinical criteria apply |
| Add salicylic acid ointment (ger | neric for Bensal HP®) as Non-Preferred |
| | Oxistat® Cream |
| <u>kemoval</u> : | Oxistat* Cream |
| | |
| | |

| ANTI | IPARASITICS |
|---|--|
| Trial and failure of on | ly one preferred drug required |
| Preferred | Non-Preferred |
| Natroba® Topical Suspension | Crotan Lotion |
| | |
| permethrin cream (generic for Elimite®) | Eurax® Cream / Lotion |
| | ivermectin lotion (generic for Sklice® Lotion) |
| | lindane shampoo |
| | malathion lotion (generic for Ovide®) |
| | Ovide® Lotion |
| | |
| | Sklice [®] Lotion |
| | spinosad topical suspension (generic for Natroba®) |
| No recommendation | s. Class open for comments. |
| | |
| Al | NTIVIRAL |
| Preferred | Non-Preferred |
| acyclovir ointment (generic for Zovirax® Ointment) | acyclovir cream (generic for Zovirax® Cream) |
| | - |
| Zovirax [®] Cream | Denavir [®] Cream |
| | penciclovir cream (generic for Denavir® Cream) |
| | Xerese Cream |
| | Zovirax® Ointment |
| Add new to market product penciclovir crea | am (generic for Denavir® Cream) as Non-Preferred |
| | |
| IMMUNO | OMODULATORS |
| | pic Dermatitis |
| | |
| | pply to all drugs in this class |
| Preferred | Non-Preferred |
| Dupixent [®] Syringe | Adbry [™] (Subcutaneous) |
| Dupixent® Pen | Dupixen(© Syringe |
| Elidel® Cream | Dupixent® Pen |
| | 71 |
| Eucrisa® 2% Ointment | Opzelura [®] Cream |
| tacrolimus ointment (generic Protopic®) | pimecrolimus cream (generic for Elidel® Cream) |
| <u>Move</u> Dupixent® Syringe and Dupix | ent® Pen from Non-Preferred to Preferred |
| | |
| Imidaz | oquinolinamines |
| | r * |
| Preferred | Non-Preferred |
| imiquimod cream packet (generic for Aldara [®]) | Condylox [®] Gel |
| imiquimod cream pump (generic for Aldara®) | Hyftor™ Gel |
| | imiquimod cream (generic for Zyclara®) (topical) |
| | imiquimod cream pump (generic for Zyclara®) (topical) |
| | |
| | podofilox solution (generic for Condylox® Solution) |
| | Veregen® Ointment |
| | Zyclara® Cream and Cream Pump |
| | a-journ Countrie Country |
| <u>Removal</u> : imiquimod cre | eam pump (generic for Aldara®) |
| | |
| P. | SORIASIS |
| Preferred | Non-Preferred |
| calcipotriene cream (generic for Dovonex®) | calcipotriene ointment / solution (generic for Dovonex®) |
| calcipotriene solution (generic for Dovonex) | calcipotriene foam (generic for Sorilux® Foam) |
| caterportiene solution (generic for Dovoliex) | |
| | calcipotriene-betamethasone suspension / ointment (generic for Talconex®) |
| | calcitriol ointment (generic for Vectical®) |
| | Duobrii [™] Lotion |
| | Enstilar® Foam |
| | |
| | Sorilux® Foam |
| | Taclonex® Ointment / Suspension |
| | Vtama® Cream |
| | Zorvye [®] Cream |
| Move calcipotriene solution (generic fo | or Dovonex®) from Non-Preferred to Preferred |
| | |
| ROSA | CEA AGENTS |
| | |
| Preferred | Non-Preferred |
| Finacea® Gel | azelaic acid gel (generic for Finacea®) |
| metronidazole cream (generic for MetroCream®) | brimonidine gel pump (generic for Mirvaso*) |
| metronidazole gel / pump (generic for MetroGel®) | |
| | Epsolay" Cream Pump |
| Posadan Craam / Cal | Epsolay® Cream Pump |
| Rosadan® Cream / Gel | Finacea® Foam / Gel |
| Rosadan "Cream/Gel | Finacea® Foam / Gel ivermectin cream (generic for Soolantra®) |
| Rosadan ^w Cream / Gel | Finacea® Foam / Gel |
| Rosadan* Cream / Gel | Finacea® Foam / Gel ivermectin cream (generic for Soolantra®) metronidazole lotion (generic for MetroLotion®) |
| Rosadan* Cream / Gel | Finacea® Foam / Gel ivermectin cream (generic for Soolantra®) metronidazole lotion (generic for MetroLotion®) Noritate® Cream |
| Rosadan* Cream / Gel | Finacea® Foam / Gel ivermectin cream (generic for Soolantra®) metronidazole lotion (generic for MetroLotion®) Noritate® Cream Rhofade® Cream |
| Rosadan* Cream / Gel | Finacea® Foam / Gel ivermectin cream (generic for Soolantra®) metronidazole lotion (generic for MetroLotion®) Noritate® Cream |

Effective DATE: Draft for July 13, 2023 Meeting

Trial and failure of two Preferred drugs are required unless only one Preferred option is listed or is otherwise indicated.

Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred. In addition to trial and failure criteria, clinical criteria (indicated in RED) may also apply. New to market products typically default to Non-Preferred status until reviewed by the PDL Panel. These drugs are listed as TO BE REVIEWED. Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at: https://www.nctracks.nc.gov/content/public/providers/pharmacy.html

More information on the PDL can be found at: https://medicaid.ncdhhs.gov/providers/programs-services/prescription-drugs/outpatient-pharmacy-services

> Add new to market product brimonidine gel pump (generic for Mirvaso®) as Non-Preferred <u>Move</u> Finacea® Gel and Rosadan® Cream / Gel from Non-Preferred to Preferred

Removal: Epsolay® Cream Pump

| STEROIDS | |
|--|---|
| | Low Potency |
| Preferred | Non-Preferred |
| DermaSmoothe® FS Scalp and Body Oil | alclometasone dipropionate cream / ointment (generic for Aclovate [®]) |
| desonide cream / ointment (generic for DesOwen®) | Aqua Glycolic [®] HC Kit |
| hydrocortisone cream / lotion / ointment (generic for Hytone®) | desoride cream / ointment (generic for DesOwen*) - Exemption for children <12 years of age |
| nyarocortasone cream, routin, ominient (generic to 11) one) | desonide lotion (generic for DesOwen® Lotion) |
| | fluocinolone body / scalp oil (generic for DermaSmoothe® FS Scalp / Body Oil) |
| | Texacort® Solution |
| | · |
| <u>Move</u> desonide cream / ointme | ent (generic for DesOwen®) from Non-Preferred to Preferred |
| | |
| | Medium Potency |
| Preferred | Non-Preferred |
| fluticasone cream / ointment (generic for Cutivate®) | Beser Lotion / Kit |
| mometasone cream / ointment / solution (generic for Elocon®) | clocortolone cream / pump (generic for Cloderm [®]) |
| | Cloderm® Cream / Pump |
| | Cutivate® Cream / Lotion |
| | fluocinolone cream / ointment / solution (generic for Synalar [®]) |
| | flurandrenolide cream/lotion (generic for Cordran® SP cream and Cordran® lotion) |
| | flurandrenolide ointment (generic for Cordran® ointment) |
| | fluticasone lotion (generic for Cutivate® Lotion) |
| | hydrocortisone butyrate cream / lipid cream / lotion / ointment / solution (generic for Locoid®) |
| | hydrocortisone valerate cream / ointment (generic for Westcort®) |
| | Locoid® Lipocream / Lotion |
| | Luxia® Foam |
| | |
| | Pandel® Cream |
| | prednicarbate cream / ointment (generic for Dermatop®) Synalar® Cream / Ointment / Kit / Solution / TS Kit |
| No recom | mendations. Class open for comments. |
| | High Potency |
| Preferred | Non-Preferred |
| | |
| betamethasone valerate cream / ointment (generic for Valisone®) fluocinonide ointment (generic for Lidex® Ointment) | amcinonide cream / lotion (generic for Cyclocort®) |
| fluocinonide ointment (generic for Lidex Ointment) fluocinonide solution (generic for Lidex® Solution) | betamethasone dipropionate augmented cream / gel / lotion / ointment (generic for Diprolene®) |
| | betamethasone dipropionate cream / lotion / ointment (generic for Diprosone®) |
| triamcinolone acetonide cream / lotion / ointment (generic for Kenalog®) | betamethasone valerate foam (generic for Valisone®) |
| | betamethasone valerate lotion (generic for Valisone®) |
| | desoximetasone cream / gel / ointment / spray (generic for Topicort®) |
| | diflorasone cream / ointment (generic for Florone®) |
| | Diprolene® Ointment |
| | fluocinonide cream / emollient cream / gel (generic for Lidex® / Lidex® E) |
| | fluocinonide ointment (generic for Lidex® Ointment) |
| | Huocinonide solution (generic for Lidex® Solution) |
| | halcinonide cream (generic for Halog®) |
| | Halog [®] Cream / Ointment / Solution |
| | Kenalog [®] Spray |
| | Sanaderm® Rx Solution |
| | Topicort® Cream / Gel / Ointment / Spray / LP |
| | triamcinolone spray (generic for Kenalog® Spray) |
| | Trianex® Ointment |
| | Vanos® Cream |
| <u>Move</u> fluocinonide ointment and | solution (generic for Lidex®) from Non-Preferred to Preferred |
| | Removal: Trianex® Ointment |
| | Removal: Trianex® Ointment |

| Very | High Potency | |
|--|---|--|
| Preferred | Non-Preferred | |
| clobetasol cream / emollient cream / gel / ointment (generic for Temovate®) | ApexiCon® E (diflorasone) Cream | |
| clobetasol solution (generic for Cormax [®]) | Bryhali Lotion | |
| halobetasol propionate cream / ointment (generic for Ultravate®) | clobetasol foam / emollient foam / emulsion foam (generic for Olux® / Olux-E®) | |
| clobetasol shampoo (generic for Clobex®) | clobetasol lotion (generic for Clobex®) | |
| | clobetasol propionate spray (generic for Clobex® spray) | |
| | Clodan® Kit / Shampoo | |
| | halobetasol propionate foam (generic for Lexette [®] Foam) | |
| | Impeklo Lotion | |
| | Lexette® Foam | |
| | Olux® Foam / E-Foam | |
| | Temovate © Cream / Ointment | |
| | Tovet Foam / Foam Kit | |
| | | |
| | Ultravate® Lotion | |
| Add ApexiCon® E (diflora | asone) Cream as Non-Preferred | |
| MISC | ELLANEOUS | |
| | DRIATICS, ORAL | |
| | | |
| Preferred | Non-Preferred | |
| acitretin (generic for Soriatane®) | methoxsalen rapid (generic for Oxsoralen-Ultra®) | |
| ENTENTINE | NE OF THE COURT | |
| | NE, SELF INJECTED | |
| | ply to all drugs in this class | |
| Preferred | Non-Preferred | |
| Epi-Pen® Auto Injector | Auvi-Q® (epinephrine) Auto Injector | |
| Epi-Pen® JR Auto Injector | epinephrine auto injector (generic for Adrenaclick®) | |
| epinephrine auto injector (generic for Epi-Pen® Auto Injector) | Symjepi [™] Injection | |
| epinephrine JR (generic for Epi-Pen® JR Auto Injector) | epinephrine auto injector (generie for Epi-Pen® Auto Injector) | |
| | e pinephrine JR (generic for Epi-Pen® JR Auto Injector) | |
| Add Auvi-O® (epinephrine |) Auto Injector as Non-Preferred | |
| | nephrine JR (generic for Epi-Pen® JR Auto Injector) from Non-Preferred to Preferred | |
| | | |
| ESTROGEN AG | ENTS, COMBINATIONS | |
| Preferred | Non-Preferred | |
| Activella® Tablet | Bijuva® Capsule | |
| Amabelz™ Tablet | Prefest® Tablet | |
| estradiol/norethindrone tablet (generic for Activella®) | | |
| Fyavolv Tablet | | |
| Jinteli® (branded generic for FemHRT®) | | |
| Mimvey® / Lo (branded generic for Activella®) | | |
| norethindrone-ethinyl estradiol (generic for FemHRT®) | | |
| Premphase [®] Tablet | | |
| Prempro® Tablet | | |
| Tempo Tubet | | |
| PROGEST | ATIONAL AGENTS | |
| Preferred | Non-Preferred | |
| Compounded 17-P | hydroxyprogesterone caproate injection (generic for Makena®) multi dose vial | |
| hydroxyprogesterone caproate injection (generic for Makena®) single dose vial | пунохургодемного сарговае преспол (денене тог мажена у тап чове чаг | |
| Makena® (hydroxyprogesterone caproate injection) Auto Injector | | |
| | | |
| Off-cycle change: Remove Makena® (hydroxyprogesterone caproate injection) Auto Injector, hydroxyprogesterone caproate injection (generic for Makena®) single dose vial, hydroxyprogesterone caproate injection (generic for Makena®) multi dose vial, Compounded 17P | | |
| | | |
| | | |

| ESTROGEN AGENTS, ORAL / TRANSDERMAL | | |
|---|--|--|
| Preferred | Non-Preferred | |
| Climara® Pro Patch | Climara® Patch | |
| CombiPatch® | Divigel® Gel Packet | |
| | Dott ⁱⁿ Patch | |
| estradiol patch (generic for Climara®, Menostar®, Vivelle-Dot®) | | |
| estradiol tablet (generic for Estrace®) | Duavee® Tablet | |
| Evamist [®] Spray | Elestrin® Gel | |
| Menest® Tablet | Estrace Tablet | |
| Premarin® Tablet | estradiol gel packet (generic for Divigel [®]) | |
| | Lyllana [™] Patch | |
| | Menostar [®] Patch | |
| | Minivelle® Patch | |
| | Vivelle-Dot [®] Patch | |
| Add new to market product estradiol gel packet (generic for Divigel®) as Non-Preferred | | |
| ESTROCEN ACENT | S, VAGINAL PREPARATIONS | |
| | | |
| Preferred | Non-Preferred | |
| Estring® Vaginal Ring | Estrace® Cream | |
| Premarin® Vaginal Cream | estradiol vaginal cream / tablet (generic for Estrace®) | |
| Vagifem® Vaginal Tablet | Femring® Vaginal Ring | |
| | Imvexxy® Vaginal Inserts | |
| | Yuvafem® Vaginal Tablet | |
| No recommendations. Class open for comments. | | |
| OL LIGOCODEN | COLD CATEROONS ON A | |
| | COID STEROIDS, ORAL | |
| Preferred | Non-Preferred | |
| budesonide EC capsule (generic for Entocort® EC) | Alkindi® Sprinkle Capsule | |
| dexamethasone elixir / tablet (generic for Decadron®) | Cortef® Tablet | |
| dexamethasone solution (generic for Concedix®) | cortisone tablet (generic for Patisone®) | |
| hydrocortisone tablet (generic for Cortef®) | dexamethasone tablet dosepack | |
| methylprednisolone 4mg dosepack / tablet (generic for Medrol [©]) | dexamethasone Intensol® Drops | |
| prednisolone sodium phosphate solution (generic for PediaPred®, OraPred®, Veripred®) | Emflaza® Suspension / Tablet Clinical criteria apply | |
| prednisolone solution (generic for Prelone®, Millipred®) | Hemady [™] Tablet | |
| prednisone dose pack (generic for Sterapred®) | Medrol® Dose Pack / Tablet | |
| prednisone solution / tablet (generic for Deltasone®) | methylprednisolone 8mg / 16mg / 32mg / tablet (generic for Medrol®) | |
| premissing solution / tablet (generic for Detaisone) | Millipred® Dose Pack / Tablet | |
| | TV | |
| | Ortikos Capsule | |
| | prednisolone ODT (generic for Orapred® ODT) | |
| | Prednisone Intensol® Concentrated Solution | |
| | Rayos® Tablet | |
| | Taperdex [®] Tablet | |
| | Tarpeyo™ Capsule - Exemption for diagnosis of IgA nephropathy | |
| | | |
| | DULATORS, SYSTEMIC | |
| | pply to all drugs in this class | |
| Trial and failure of o | nly one Preferred drug required | |
| Preferred | Non-Preferred | |
| Cosentyx® Pen / Syringe | Actemra® ACTPen™ / Syringe / Vial | |
| Enbrel® Kit / Mini Cartridge / Sureclick® Syringe / Syringe / Vial | Amjevita** (adalimumab-atto) Syringe / Autoinjector | |
| Humira® Crohn's Starter Pack / Ped. Crohn's Starter Pack / Pen / Psoriasis Starter Pack / Syringe | Arcalyst® SQ Syringe | |
| infliximab injection (generic for Remicade®) | Avsola® Injection | |
| | Cibinqo [™] Tablet (Oral) | |
| | Cimzia® Starter Kit / Syringe Kit / Vial Kit | |
| | Enspryng Injection | |
| | Entyvio® Vial | |
| | Entyvio Viai Illaris® Injection | |
| | Illaris" Injection Illumya [®] Injection | |
| | | |
| | Inflectra [™] Vial | |
| | infliximab injection (generic for Remicade) | |
| | Kevzara® Injection | |
| | Kineret® Syringe - Exemption for diagnosis of Neonatal Onset Multi-System Inflammatory Disease | |
| | Olumiant® Tablet | |
| | Orencia® Clickjet® / Syringe / Vial | |
| | Otezla® Starter Pack / Tablet | |
| | Remicade [®] Injection | |
| | Renflexis [™] Injection | |
| | Rinvoq [™] ER Tablet | |
| | Siliq [®] Injection | |
| | Simponi® Aria Vial / Pen Injector / Syringe | |
| | Skyrizi® On-Body | |
| | Skyrizi [®] Vial | |
| | Skyrizi [®] Pen / Syringe | |
| | | |
| | Sotyktu® Tablet | |
| | Spevigo® (spesolimab-sbzo) Vial | |
| | Stelara® Syringe / vial | |
| | Taltz® Auto-injector / Syringe | |
| | Tremfya® Injection | |

| | Uplizna® Vial | |
|---|--|--|
| | Xeljanz® Tablet / Solution / XR Tablet | |
| <u>Add</u> new to market product Amjevita™ (adalimumab-atto) Syringe / Autoinjector as Non-Preferred <u>Move</u> infliximab injection (generic for Remicade®) from Non-Preferred to Preferred | | |
| | | |
| IMMUNOSUPPRESSANTS | | |
| Preferred | Non-Preferred | |
| Astagraf® XL Capsule | | |
| Azasan® Tablet | | |
| azathioprine tablet (generic for Imuran®) | | |
| Cellcept [®] Capsule / Suspension / Tablet | | |
| cyclosporine capsule (generic for Sandimmune®) | | |
| cyclosporine modified capsule / solution (generic for Gengraf®, Neoral®) | | |
| Envarsus® XR Tablet | | |
| everolimus tablet (generic for Zortress® Tablet) | | |
| Gengraf® Capsule / Solution | | |
| Imuran® Tablet | | |
| mycophenolate capsule / suspension / tablet (generic for Cellcept®) | | |
| mycophenolic acid tablet (generic for Myfortic®) | | |
| Myfortic® Tablet | | |
| Neoral® Capsule / Solution | | |
| Prograf® Capsule / Granule Packet | | |
| Rapamune [®] Solution / Tablet | | |
| Rezurock [™] Tablet | | |
| Sandimmune® Capsule / Solution | | |
| sirolimus tablet / solution (generic for Rapamune [®] Solution / Tablet) | | |
| tacrolimus capsule (generic for Hecoria®, Prograf®) | | |
| Tavneos® capsule (oral) | | |
| Zortress [®] Tablet | | |
| <u> </u> | | |
| · | · | |

| MOVEM | ENT DISORDERS | |
|--|---|--|
| Clinical criteria ap | ply to all drugs in this class | |
| Preferred | Non-Preferred | |
| Austedo Tablet Ingrezza Capsule | Austedo® XR (deutetrabenazine) Tablet Xenazine® Tablet | |
| Ingrezza Capsule Ingrezza® Initiation Pack | Aenazine Tablet | |
| tetrabenazine tablet | | |
| Add new to market product Austedo® XR (deutetrabenazine) Tablet as Non-Preferred | | |
| HEREDITARY ANGIOEDE | MA (HAE) PROPHYLAXIS AGENTS | |
| Preferred | Non-Preferred | |
| Haegarda® (C1 Esterase Inhibitor Subcutaneous [Human]) Vial Orladeyo® (berotralstat) Capsule | Cinryze* (C1 Esterase Inhibitor [Human]) Vial Takhzyro* (lanadelumab-flyo) Vial / Syringe | |
| *New drug category addition* Add the following products as Preferred: Haegarda® (C1 Esterase Inhibitor Subcutaneous [Human]) Vial, Orladeyo® (berotralstat) Capsule Add the following products as Non-Preferred: Cinryze® (C1 Esterase Inhibitor [Human]) Vial, Takhzyro® (lanadelumab-flyo) Vial / Syringe HEREDITARY ANGIOEDEMA (HAE) TREATMENT AGENTS | | |
| Preferred | Non-Preferred | |
| Berinert® (C1 Esterase Inhibitor [Human]) Vial | Firazyr [®] (icatibant) Injection | |
| icatibant injection (generic for Firazyr® Injection) | Ruconest® (C1 esterase inhibitor [recombinant]) Vial | |
| Kalbitor® (ecallantide) Vial | | |
| *New drug category addition* <u>Add the following products as Preferred</u> : Berinert® (C1 Esterase Inhibitor [Human]) Vial, icatibant injection (generic for Firazyr® Injection), Kalbitor® (ecallantide) Vial <u>Add the following products as Non-Preferred</u> : Firazyr® (icatibant) Injection, Ruconest® (C1 esterase inhibitor [recombinant]) Vial | | |
| OPIOID | ANTAGONISTS | |
| Preferred | Non-Preferred | |
| Kloxxado [™] Nasal Spray | | |
| naloxone ampule / syringe / vial (generic for Narcan®) naloxone spray (nasal) (Generic (AG) for Narcan® Nasal Spray)) | | |
| naltrexone (oral) | | |
| Narcan® Nasal Spray | | |
| Vivitrol® Injection | | |
| Zimhi [™] (injection) | | |
| Removal: naloxone a | mpule (generic for Narcan®) | |
| OPIOID | DEPENDENCE | |
| | pply to all drugs in this class | |
| Trial and failure of Suboxone® SL film or buprenorphine-naloxone | SL tablet (generic Suboxone®) required for coverage of non-preferred options | |
| $For coverage of Sublocade ^{TM} - must have diagnosis of moderate to severe opioid use disorder and have initiated treatment of the control of the control$ | ent with a transmucosal buprenorphine-containing product followed by a dose adjustment period for a minimum of seven days. | |
| Preferred | Non-Preferred | |
| buprenorphine-naloxone sl tablet (generic for Suboxone [®]) | buprenorphine sl tablet (generic for Subutex®) | |
| Suboxone® SL Film Sublocade™ | buprenorphine-naloxone sl film (generic for Suboxone®) Lucemyra® Tablet (oral) - Exemption for diagnosis of opioid withdrawal symptoms | |
| Sublocade | Zubsolv® Tablet SL | |
| | | |
| | USCLE RELAXANTS | |
| Preferred baclofen tablet (generic for Lioresal®) | Non-Preferred Amrix® ER Capsule | |
| | | |
| | baclofen oral solution | |
| osciolem unite (grantice for leacer) " methocarbamol tablet (generic for Robaxin") methocarbamol tablet (generic for Robaxin") | | |
| cyclobenzaprine tablet (generic for Flexerii®) | baclofen oral solution baclofen suspension (generic for Fleqsuvy [™]) chlorzoxazone tablet (generic for Parafon Forte [®]) | |
| cyclobenzaprine tablet (generic for Flexeril [®]) methocarbamol tablet (generic for Robaxin [®]) | baclofen oral solution baclofen suspension (generic for Fleqsuvy™) chlorzoxazone tablet (generic for Parafon Forte®) cyclobenzaprine ER capsule (generic for Amrix® ER Capsule) | |
| cyclobenzaprine tablet (generic for Flexeril [®]) methocarbamol tablet (generic for Robaxin [®]) | baclofen oral solution baclofen suspension (generic for Fleqsuvy™) chlorzoxazone tablet (generic for Parafon Forte®) cyclobenzaprine ER capsule (generic for Amrix® ER Capsule) Dantrium® Capsule / Vial | |
| cyclobenzaprine tablet (generic for Flexeril [®]) methocarbamol tablet (generic for Robaxin [®]) | baclofen oral solution baclofen suspension (generic for Fleqsuvy™) chlorzoxazone tablet (generic for Parafon Forte®) cyclobenzaprine ER capsule (generic for Amrix® ER Capsule) | |
| cyclobenzaprine tablet (generic for Flexeril [®]) methocarbamol tablet (generic for Robaxin [®]) | baclofen oral solution baclofen suspension (generic for Fleqsuvy**) chlorzoxazone tablet (generic for Parafon Forte*) cyclobezaprine ER capsule (generic for Amrix* ER Capsule) Dantrium* Capsule / Vial dantrolene sodium capsule (generic for Dantrium*) Fexmid* Tablet Fleqsuvy** Suspension | |
| cyclobenzaprine tablet (generic for Flexeril [®]) methocarbamol tablet (generic for Robaxin [®]) | baclofen oral solution baclofen suspension (generic for Fleqsuvy™) chlorzoxazone tablet (generic for Parafon Forte®) cyclobenzaprine ER capsule (generic for Amrix® ER Capsule) Dantrium® Capsule / Vial dantrolene sodium capsule (generic for Dantrium®) Fexmid® Tablet Fleqsuvy™ Suspension Lorzone® Tablet | |
| cyclobenzaprine tablet (generic for Flexeril [®]) methocarbamol tablet (generic for Robaxin [®]) | baclofen oral solution baclofen suspension (generic for Fleqsusy)**) chlorzoxazone tablet (generic for Parafon Forte*) cyclobenzaprine ER capsule (generic for Amrix* ER Capsule) Dantrium* Capsule Vial dantrolene sodium capsule (generic for Dantrium*) Fexmid* Tablet Fleqsusy** Suspension Lorzone* Tablet Lyvispah* Granule Packet (10 mg) | |
| cyclobenzaprine tablet (generic for Flexeril [®]) methocarbamol tablet (generic for Robaxin [®]) | baclofen oral solution baclofen suspension (generic for Fleqsuvy™) chlorzoxazone tablet (generic for Parafon Forte®) cyclobenzaprine ER capsule (generic for Amrix® ER Capsule) Dantrium® Capsule / Vial dantrolene sodium capsule (generic for Dantrium®) Fexmid® Tablet Fleqsuvy™ Suspension Lorzone® Tablet | |
| cyclobenzaprine tablet (generic for Flexeril [®]) methocarbamol tablet (generic for Robaxin [®]) | baclofen oral solution baclofen suspension (generic for Fleqsuvy*) chlorzoxazone tablet (generic for Parafon Forte*) cyclobenzaprine ER capsule (generic for Amrix* ER Capsule) Dantrium* Capsule / Vial dantrolene sodium capsule (generic for Dantrium*) Fexmid* Tablet Fleqsuvy* Suspension Lorzone* Tablet Lyvispa* Granule Packet (10 mg) metaxalone tablet (generic for Skelaxin*) Norgesic** (orphenadrine/aspirin/caffeine) Tablet Norgesic** Forte Tablet | |
| cyclobenzaprine tablet (generic for Flexeril [®]) methocarbamol tablet (generic for Robaxin [®]) | baclofen oral solution baclofen suspension (generic for Fleqsusy)**) chlorzoxazone tablet (generic for Parafon Forte*) cyclobenzaprine ER capsule (generic for Amrix* ER Capsule) Dantrium** Capsule / Vial dantrolen sodium capsule (generic for Dantrium*) Fexmid** Tablet Heqsusy** Suspension Lorzone** Tablet Lyvispah** Granule Packet (10 mg) metaxalone tablet (generic for Skelaxin*) Norgesic** Forte Tablet Norgesic** Forte Tablet Norgesic** Forte Tablet Orphenadrine-aspirin-caffeine tablet | |
| cyclobenzaprine tablet (generic for Flexeril [®]) methocarbamol tablet (generic for Robaxin [®]) | baclofen oral solution baclofen suspension (generic for Fleqsusy,") chlorzoxazone tablet (generic for Parafon Forte®) cyclobenzaprine ER capsule (generic for Amrix® ER Capsule) Dantrium® Capsule (yial dantrolene sodium capsule (generic for Dantrium®) Fexmid® Tablet Fleqsusy ™ Suspension Lorzone® Tablet Lyvispah® Granule Packet (10 mg) metaxalone tablet (generic for Skelaxin®) Norgesic™ (ophenadrine/aspirin/caffeine) Tablet Norgesic™ Forte Tablet orphenadrine-aspirin-caffeine tablet orphenadrine-aspirin-caffeine tablet orphenadrine-aspirin-caffeine tablet orphenadrine citrate tablet / vial (generic for Norflex®) | |
| cyclobenzaprine tablet (generic for Flexeril [®]) methocarbamol tablet (generic for Robaxin [®]) | baclofen oral solution baclofen suspension (generic for Fleqsusy)**) chlorzoxazone tablet (generic for Parafon Forte*) cyclobenzaprine ER capsule (generic for Amrix* ER Capsule) Dantrium** Capsule / Vial dantrolen sodium capsule (generic for Dantrium*) Fexmid** Tablet Heqsusy** Suspension Lorzone** Tablet Lyvispah** Granule Packet (10 mg) metaxalone tablet (generic for Skelaxin*) Norgesic** Forte Tablet Norgesic** Forte Tablet Norgesic** Forte Tablet Orphenadrine-aspirin-caffeine tablet | |
| cyclobenzaprine tablet (generic for Flexeril [®]) methocarbamol tablet (generic for Robaxin [®]) | baclofen oral solution baclofen suspension (generic for Fleqsusy**) chlorzoxazone tablet (generic for Parafon Forte*) cyclobenzaprine ER capsule (generic for Amrix* ER Capsule) Dantrium* Capsule / Vial dantrolene sodium capsule (generic for Dantrium*) Fexmid* Tablet Fleqsusy* Suspension Lorzone* Tablet Lyvispah* Granule Packet (10 mg) metaxalone tablet (generic for Skelaxin*) Norgesic** (orphenadrine/asprin/caffeine) Tablet Droppenadrine-asprin-caffeine tablet orphenadrine-asprin-caffeine tablet orphenadrine-citrate tablet / vial (generic for Norflex*) Orphengesic** Forte (orphenadrine/asprin/caffeine) Tablet | |
| cyclobenzaprine tablet (generic for Flexeril [®]) methocarbamol tablet (generic for Robaxin [®]) | baclofen oral solution baclofen suspension (generic for Fleqsuty*) chlorzoxazone tablet (generic for Parafon Forte*) cyclobenzaprine ER capsule (generic for Amrix* ER Capsule) Dantrium* Capsule / Vial dantrolene sodium capsule (generic for Dantrium*) Fexmid* Tablet Fleqsuty* Suspension Lorzone* Tablet Lorzone* Tablet Lorzone* Tablet Norgesic* Granule Packet (10 mg) metaxalone tablet (generic for Skelaxin*) Norgesic* orphenadrine/aspirin/caffeine) Tablet orphenadrine-aspirin-caffeine tablet orphenadrine-aspirin-caffeine tablet orphenadrine citrate tablet / vial (generic for Norflex*) Orphengesic* Forte (orphenadrine/aspirin/caffeine) Tablet Robaxin* Vial | |

Effective DATE: Draft for July 13, 2023 Meeting

Trial and failure of two Preferred drugs are required unless only one Preferred option is listed or is otherwise indicated.

Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred. In addition to trial and failure criteria, clinical criteria (indicated in RED) may also apply. New to market products typically default to Non-Preferred status until reviewed by the PDL Panel. These drugs are listed as TO BE REVIEWED. Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at: https://www.nctracks.nc.gov/content/public/providers/pharmacy.html

More information on the PDL can be found at: https://medicaid.ncdhhs.gov/providers/programs-services/prescription-drugs/outpatient-pharmacy-services

Add new to market product baclofen suspension (generic for Fleqsuvy™) as Non-Preferred

| Add Norgesic™ (orphenadrine/aspirin/caffeine) Tablet, orphenadrine-aspirin-caffeine tablet, and Orphengesic® Forte (orphenadrine/aspirin/caffeine) Tablet as Non-Preferred | | |
|--|---------------|--|
| | | |
| DISPOSABLE INSULIN DELIVERY DEVICES | | |
| Preferred | Non-Preferred | |
| Omnipod DASH [®] | | |
| Omnipod DASH® Kit | | |
| Omnipod 5® | | |
| Omnipod 5® Kit | | |
| | | |

| DIABETIC CONTINUOUS GLUCOSE MONITOR SUPPLIES | |
|--|---|
| Clinic | cal criteria apply to all items in this class |
| Continuous Glucose Monitor Transmitters / Receivers / Readers | |
| Preferred | Non-Preferred |
| Dexcom G6® Transmitter / Receiver | Freestyle Libre [™] 14 day Reader |
| Dexcom G7® Transmitter / Receiver | |
| Freestyle Libre [™] 2 Reader | |
| Add new-to-market product Dexcom G7® Transmitter / Receiver as Preferred | |
| | ontinuous Glucose Monitor Sensors |
| Preferred | Ontinuous Glucose Monitor Sensors Non-Preferred |
| Freestyle Libre [™] 2 Sensor | Freestyle Libre M 14 day Sensor |
| Freestyle Libre [™] 3 Sensor | Freestyle Libre 14 day Sensor |
| Preestyle Libre 3 Sensor Dexcom G6® Sensor 3 Pack | |
| Dexcom G7® Sensor | |
| | |
| Add new-to-market product Dexcom G7® Sensor as Preferred | |
| | |
| | DIABETIC SUPPLIES |
| | lucose meters, diabetic test strips, control solutions, lancets, and lancing devices for Medicaid-primary recipients and Health Choice- |
| | red under the Outpatient Pharmacy Program and can be submitted to the pharmacy point-of-sale system with a prescription. Diabetic |
| | OC and HCPCS code. Beneficiaries are allowed 1 covered meter every 2 years (730 days). For questions or assistance regarding diabetic |
| supplies for Medicaid Direct members, please call the NC Tracks call center at 1-800-688-6696. *All I 40026479, ID 066499643.* | blood glucose meters are billed using the NC Medicaid Free BIN Meter program. BIN 610524, PCN 1016, Group |
| 40020479, ID 000499045." | |
| Meters | Lancing Devices |
| ACCU-CHEK [®] Guide Retail care kit * (see above for billing) | ACCU-CHEK® Softclix lancing device kit (Blue) |
| ACCU-CHEK® Guide Me Retail care kit * (see above for billing) | ACCU-CHEK® Softclix lancing device kit (Black) |
| Test Strips | ACCU-CHEK® Multiclix lancing device kit |
| ACCU-CHEK® AVIVA PLUS 50 ct test strips | ACCU-CHEK® Fastclix lancing device kit |
| ACCU-CHEK® SMARTVIEW 50 ct test strips | Control Solutions |
| ACCU-CHEK® Guide 50 ct test strips | ACCU-CHEK® Aviva glucose control solution (2 levels) |
| ACCU-CHEK® Guide 100 ct test strips | ACCU-CHEK® Compact Plus clear glucose control solution (2 levels) |
| Lancets | ACCU-CHEK® SmartView glucose control solution (1 level) |
| ACCU-CHEK [®] Multiclix 102 ct Lancets | ACCU-CHEK® Guide 2-Level control solution (2-levels) |
| ACCU-CHEK® Softclix 100 ct Lancets | |
| ACCU-CHEK® Fastclix 102 ct Lancets | |
| | and device kit (Plue) ACCI CHEV® Multiplie lenging device kit ACCI CHEV® Comment Plue along the second |
| Removals: ACCU-CHEK® Multiclix 102 ct Lancets, ACCU-CHEK® Softclix lancing device kit (Blue), ACCU-CHEK® Multiclix lancing device kit, ACCU-CHEK® Compact Plus clear glucose control solution (2 levels) | |
| | |