

North Carolina Division of Health Benefits
North Carolina Medicaid Preferred Drug List (PDL)

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>
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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)	Aclarity® 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™ (lecanemab-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™ (lecanemab-irmb) Vial as Non-Preferred

ANALGESICS

OPIOID ANALGESICS

Long Acting Opioids

Clinical criteria apply to all drugs in this class

Preferred	Non-Preferred
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)
Xiampza® 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)
	Zohydro® ER Capsule

No recommendations. Class open for comments.

Orally Disintegrating / Oral Spray Schedule II Opioids

Clinical criteria apply to all drugs 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 Acting Schedule II Opioids

Clinical criteria apply to all drugs in this class

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
	mepiridine solution / tablet (generic for Demerol®)
	morphine oral syringe

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	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 [®])

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	Percocet [®] Tablet
	Prolate [®] Tablet
	Prolate[®] (oxycodone/acetaminophen) Solution
	Roxicodone [®] Tablet
	Roxybond[®] (oxycodone) Tablet
	Prolate [®] Tablet
	Roxicodone [®] Tablet

**Add the following products as Non-Preferred: Prolate[®] (oxycodone/acetaminophen) Solution, Roxybond[®] (oxycodone) Tablet
Removals: Lorcet[®] Tablet / HD Tablet, oxycodone oral syringe**

Short Acting Schedule III – IV Opioids / Analgesic Combinations
Clinical criteria apply 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 [®])
	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
	meclfenamate 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[®])

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NEUROPATHIC PAIN	
Preferred	Non-Preferred
duloxetine capsule (generic for Cymbalta®)	Cymbalta® Capsule
gabapentin capsule / solution / tablet (generic for Neurontin®)	Drizalma™ Sprinkle
lidocaine patch (generic for Lidoderm®) - Clinical criteria apply	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)
	Quenza® Kit
	Savella® Tablet / Titration Pack
	ZTLido™ Patch - Clinical criteria apply
Add Gralise® (gabapentin) Tablet as Non-Preferred	
ANTICONSULSANTS	
CARBAMAZEPINE DERIVATIVES	
Patients with a diagnosis of seizure disorder are exempt from 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®)	carbamazepine XR tablet (generic for Tegretol XR®)
Equetro® Capsule	Epitol® Tablet
oxcarbazepine suspension - tablet (generic for Trileptal®)	oxcarbazepine suspension (generic for Trileptal®)
Oxtellar® XR Tablet	Trileptal® Tablet / Suspension
Tegretol® Suspension / Tablet / XR Tablet	
Trileptal® Suspension	
Brand Over Generic Switch: Move Trileptal® Suspension to Preferred and move oxcarbazepine suspension (generic for Trileptal®) to Non-Preferred	
FIRST GENERATION	
Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any first generation product.	
Preferred	Non-Preferred
Celontin® Kapsal	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®)	
SECOND GENERATION	
Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product.	
Preferred	Non-Preferred
Banzel® Suspension / Tablet	clonazepam ODT (generic for Klonopin® Wafer)
Briivact® 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
clonazepam tablet (generic for Klonopin®)	Lamictal® Chewable / ODT / ODT Starter Kit / Starter Kit / Tablet / XR / XR Starter Kit
Diacomit® Capsule / Powder Pack	lamotrigine starter kits (generic for Lamictal®)
Diastat® Acudial® / Pedi System	Lyrica® Capsule / Solution
diazepam rectal / system (generic for Diastat® Accudial® / Pedi System)	Neurontin® Capsule / Solution / Tablet
Epidiolex® Solution - Clinical Criteria Apply	Onfi® Suspension / Tablet
Eprontia™ Solution	Qudexy® XR Capsule
Fintepla® Solution	rufinamide suspension (generic for Banzel®)
Fycompa® Tablet / Suspension	rufinamide tablet (generic for Banzel®)
gabapentin capsule / solution (generic for Neurontin®)	Spritam® Tablet
gabapentin tablet (generic for Neurontin® Tablet)	Subvenite™ Tab-Start-Kit
Gabitril® Tablet	Sympazan® Film
lacosamide solution / tablet (generic for Vimpat®)	tiagabine tablet (generic for Gabitril®)
lamotrigine chewable / tablet (generic for Lamictal®)	Topamax® Sprinkle Capsule / Tablet
lamotrigine ER tablet / ODT / ODT Starter Kit / Starter Kit (generic for Lamictal® XR / ODT)	topiramate ER capsule (generic for Qudexy®)
levetiracetam tablet / ER tablet / solution (generic for Keppra® / XR)	topiramate ER capsule (generic for Trokendi XR®) - Trial and Failure of Trokendi® XR Capsule Required for Coverage
Nayzilam® Nasal Spray	Trokendi® XR Capsule
Roweepra™ Tablet	vigabatrin powder packet / tablet (generic for Sabril® Powder Packet / Tablet)
Sabril® Powder Packet	Vigadrone® Powder Packet
Sabril® Tablet	Vimpat® Solution / Starter Kit / Tablet
Subvenite™ Tab Start Kit	Zonisade™ Oral Suspension
Subvenite® Tablet	Zialmy® Oral Suspension
topiramate sprinkle capsule / tablet (generic for Topamax®)	
Valtoco® Nasal Spray	
Xcopri® Tablet / Titration Pack	
zonisamide capsule (generic for Zonegran®)	

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**Add new to market product topiramate ER capsule (generic for Trokendi XR®) as Non-Preferred with trial and failure criteria
Move Subvenite® Tab Start Kit from Non-Preferred to Preferred**

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ANTI-INFECTIVES - SYSTEMIC	
ANTIBIOTICS	
Penicillins, Cephalosporins and Related	
Preferred	Non-Preferred
amoxicillin capsule / chewable / suspension / tablet (generic for Amoxil [®] , Trimox [®])	amoxicillin-clavulanate chewable tablet (generic for Augmentin [®])
amoxicillin-clavulanate suspension / tablet / XR tablet (generic for Augmentin [®] / XR)	Augmentin[®] (amoxicillin-clavulanate) Suspension / ES-600 / XR Tablet
ampicillin capsule / injection / vial	cefaclor capsule / suspension / ER tablet (generic for Ceclor [®] / CD)
ampicillin-sulbactam injection / vial	cefadroxil tablet (generic for Duricef [®])
Bicillin C-R injection	cefepodoxime suspension / tablet (generic for Vantin [®])
cefadroxil capsule / suspension (generic for Duricef [®])	Keflex[®] Capsule
cefdinir capsule / suspension (generic for Omnicel [®])	Suprax [®] Capsule / Chewable / Suspension
cefixime capsule / suspension (generic for Suprax [®] Capsule / Suspension)	
cefprozil suspension / tablet (generic for Cefzil [®])	
cefuroxime tablet (generic for Cefin [®])	
cephalexin 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	
Add Augmentin[®] (amoxicillin-clavulanate) Suspension / ES-600 / XR Tablet as Non-Preferred Removal: Keflex[®] Capsule	
Lincosamides 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
Macrolides and Ketolides	
Preferred	Non-Preferred
azithromycin powder packet / suspension / tablet (generic for Zithromax [®])	clarithromycin ER tablet (generic for Biaxin XL [®])
clarithromycin suspension / tablet (generic for Biaxin [®])	erythromycin e.s. 200 mg suspension (generic for E.E.S.[®] Suspension)
E.E.S. [®] Granules / Filmtab / Suspension	erythromycin e.s. 400 mg suspension (Generic for Eryped[®])
Eryped[®] 200/400 Suspension	Eryped [®] 200/400 Suspension
Erythrocin [®] Filmtab	Ery-Tab [®] Tablet
erythromycin e.s. 200 mg suspension (generic for E.E.S. [®] Suspension)	Zithromax [®] Powder Packet / Suspension / Tablet / Tri-Pak / Z-Pak
erythromycin e.s. 400 mg suspension (Generic for Eryped [®])	
erythromycin EC capsule (generic for Eryc [®])	
erythromycin filmtab	
erythromycin e.s. tablet (generic for E.E.S. [®] Filmtab)	
Generic Over Brand Switch: Move Eryped[®] 200/400 Suspension to Non-Preferred and move erythromycin ethylsuccinate (200 mg and 400 mg) to Preferred	
Nitrimidazoles (Gastrointestinal Antibiotics)	
Preferred	Non-Preferred
metronidazole tablet (generic for Flagyl [®])	Aemcolo [®] DR Tablet
vancomycin capsule (generic for Vancocin [®])	Difcid [®] Suspension / Tablet - Trial and failure of only vancomycin is required for treatment of Clostridium difficile
	Firvanq [™] Solution
	Flagyl [®] Capsule / Tablet
	metronidazole capsule (generic for Flagyl [®])
	neomycin tablet (generic for Mycifradin [®])
	nitazoxanide tablet (generic for Alinia [®] Tablet)
	paromomycin capsule (generic for Humatin [®])
	Solosec [™] Granules
	tinidazole tablet (generic for Tindamax [®])
	Vancocin [®] Capsule
	vancomycin oral solution
	vancomycin oral solution (generic for Firvanq[™])
	Xifaxan [®] Tablet - Exemption for a diagnosis of Hepatic Encephalopathy
Add new to market product vancomycin oral solution (generic for Firvanq[™]) as Non-Preferred Removal: Flagyl[®] Tablet	
Quinolones	
Preferred	Non-Preferred
Cipro [®] Suspension	Baxdela [™] Tablet
ciprofloxacin tablet (generic for Cipro [®])	Cipro [®] Tablet

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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.	

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Tetracycline Derivatives	
Preferred	Non-Preferred
doxycycline hyclate capsule / tablet (generic for Vibramycin [®] , Vibra-Tab [®])	demeclocycline tablet (generic for Declomycin [®])
doxycycline 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 week supply.
	minocycline ER capsule (Generic for Ximino [™] ER)
	minocycline 50mg, 75mg, 100mg tablet
	Minolira [™] ER Tablet
	Morgidox [®] Capsule / Kit
	Nuzrya [™] 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	
Preferred	Non-Preferred
clotrimazole troche (generic for Mycelex [®] Troche)	Ancobon [®] Capsule
fluconazole suspension / tablet (generic for Diflucan [®])	Brexafemme [®] Tablet
griseofulvin suspension (generic for Grifulvin V [®])	Cresemba [™] Capsule
griseofulvin ultra tablet (generic for Gris-Peg [®])	Diflucan [®] Suspension / Tablet
nystatin suspension (generic for Nilstat [®])	flucytosine capsule (generic for Ancobon [®])
nystatin tablet (generic for Mycostatin [®])	griseofulvin micro tablets (generic for Grifulvin V [®])
terbinafine tablet (generic for Lamisil [®])	itraconazole capsule / solution (generic for Sporanox [®])
	ketoconazole tablet (generic for Nizoral [®])
	Noxafil [®] Suspension / Tablet
	Noxafil [®] (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	
Oravig[®] (miconazole) Buccal Tablet as Non-Preferred	
Add	
Antivirals (Hepatitis B Agents)	
Preferred	Non-Preferred
entecavir tablet (generic for Baraclude [®])	adefovir tablet (generic for Hepsera [®])
lamivudine HBV tablet (generic for EpiVir [®] HBV)	Baraclude [®] Solution / Tablet
tenofovir tablet (generic for Viread [®])	EpiVir [®] HBV Tablet / Solution
Viread [®] Powder / Tablet	Hepsera [®] Tablet
	Vemlidy [®] tablet
Antivirals (Hepatitis C Agents)	
Preferred	Non-Preferred
Pegasys [®] Syringe	Pegasys [™] Vial
Pegasys [®] Vial	
ribavirin capsule / tablet (generic for Copegus [®] , Rebetol [®])	
Clinical criteria apply to all drugs listed below	
All genotypes without cirrhosis	Eplclusa [®] Pellet Pack/Tablet
Mavyret [™] Tablet (8 weeks of therapy)	Harvoni [®] Pellet Pack / Tablet
Mavyret [™] Pellet Pack	ledipasvir-sofosbuvir tablet (generic for Harvoni [®] Tablet)
sofosbuvir-velpatasvir tablet (generic for Eplclusa [®] 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	
sofosbuvir-velpatasvir tablet (generic for Eplclusa [®] Tablet)	
All genotypes previously treated with an HCV regimen containing an NS5A inhibitor or genotype 1a or 3 infection and have previously been treated with an HCV regimen containing sofosbuvir without an NS5A inhibitor.	
Vosevi [™]	
All genotypes with decompensated cirrhosis	
sofosbuvir-velpatasvir tablet (generic for Eplclusa [®] Tablet)	
Move Pegasys[®] Vial from Non-Preferred to Preferred	

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Antivirals (Herpes Treatments)	
Preferred	Non-Preferred
acyclovir capsule / tablet / suspension (generic for Zovirax®)	Sitavig® Buccal Tablet
famciclovir tablet (generic for Famvir®)	Valtrex® Caplet
valacyclovir tablet (generic for Valtrex®)	Zovirax® Suspension
Antivirals (Influenza)	
Preferred	Non-Preferred
oseltamivir phosphate capsule / suspension (generic for Tamiflu®)	amantadine tablet (generic for Symmetrel®)
rimantadine tablet (generic for Flumadine®)	Flumadine® Tablet
Tamiflu® Capsule / Suspension	Relenza® Diskhaler
	Tamiflu® Capsule / Suspension
	Xofluza™ Tablet Trial and failure of only one preferred drug required
Move Tamiflu® Capsule / Suspension from Preferred to Non-Preferred	
Antibiotics, Inhaled	
Trial and failure of only one preferred drug required	
Preferred	Non-Preferred
Kitabis™ Pak (tobramycin inhalation solution)	Arikayce® Vial
Bethkis® (tobramycin inhalation solution)	Capston® Solution
tobramycin inhalation solution (generic for Tobin™)	tobramycin inhalation solution / pak (generic for Tobin™ / Kitabis™)
	Tobi™ Podhaler™ / Solution
Move tobramycin inhalation solution (generic for Tobin™) from Non-Preferred to Preferred	
BEHAVIORAL HEALTH	
ANTIDEPRESSANTS	
Other	
Preferred	Non-Preferred
bupropion tablet / SR tablet / XL tablet (generic for Wellbutrin® Tablet / SR / XL)	Aplenzin® Tablet
desvenlafaxine ER tablet (generic for Pristiq®)	Auvelity® (dextromethorphan/bupropion) Tablet
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	Forfivo® XL Tablet
tranylcypromine tablet (generic for Parnate®)	Marplan® Tablet
trazodone tablet (generic for Desyrel®)	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
Add new to market product Auvelity® (dextromethorphan/bupropion) Tablet as Non-Preferred	
Move Viibryd® Tablet from Non-Preferred to Preferred	
Removal: maprotiline tablet (generic for Ludiomil®)	
Selective Serotonin Reuptake Inhibitor (SSRI)	
Preferred	Non-Preferred
citalopram solution / tablet (generic for Celexa®)	Brisdelle® Capsule
escitalopram tablet (generic for Lexapro®)	Celexa® Tablet
fluoxetine capsule / solution (generic for Prozac®)	citalopram capsule
fluvoxamine 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	

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ANTHYPERKINESIS / 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 [™] XR-ODT
Daytrana [®] Patch	Desoxyn [®] Tablet
dexamethylphenidate tablet / ER capsules (generic for Focalin [®] / XR)	Dexedrine [®] Spansule [®]
dextroamphetamine tablet (generic for Dexedrine [®])	dexamethylphenidate 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
methylphenidate solution (generic for Methylin [®])	Evekeo [®] Tablet / Evekeo [®] ODT Tablet
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 [™] Capsule
	Quillichew [®] ER Tablet - Exemption for children < 12 years of age
	Quilivant [®] XR Suspension - Exemption for children < 12 years of age
	Rellexii [™] 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 and methylphenidate ER tablet (45 mg and 63 mg) (Branded Product Named as a Generic Per FDA)

Over Brand Switch: Move Focalin[®] Tablet / XR Capsule to Non-Preferred and move dexmethylphenidate tablet / ER capsules (generic for Focalin[®] / XR) to Preferred

Move methylphenidate solution (generic for Methylin[®]) from Non-Preferred to Preferred

Off-cycle change: Move the following products from Non-Preferred to Preferred: Adderall[®] Tablet, amphetamine salt combo XR capsule (generic for Adderall[®] XR), methylphenidate ER tablet (generic for Concerta[®] Tablet)

Removals: Adzenys[®] ER Suspension, amphetamine ER suspension (generic for Adzenys[®])

INJECTABLE ANTIPSYCHOTICS	
Injectable Long Acting	
Preferred	Non-Preferred
Abilify Maintena [®] Syringe / Vial	
Aristada [®] / Initivo [™] Syringe	
fluphenazine decanoate vial (generic for Prolixin decanoate [®])	
Haldol [®] decanoate Ampule	
haloperidol decanoate ampule / vial (generic for Haldol decanoate [®])	
Invenga [®] Hafyera	
Invenga [®] Sustenna Prefilled Syringe	
Invenga [®] Trinza Syringe	
Perseris [®] Syringe	
Risperdal [®] Consta Syringe	
Zyprexa [®] Relprevv [™] Vial Kit	

ATYPICAL ANTIPSYCHOTICS	
Oral / Topical	
Trial and failure of only one preferred drug required	
Preferred	Non-Preferred
aripiprazole Tablet / Solution (generic for Abilify [®])	Abilify [®] Tablet / Abilify [®] MyCite [®] Tablet
clozapine tablet (generic for Clozaril [®])	aripiprazole ODT (generic for Abilify [®] Discmelt [®])
Invenga [®] Tablet	asenapine tablet (generic for Saphris [®] SL Tablet)
Latuda [®] Tablet	Caplyta [™] Capsule
lurasidone tablet (generic for Latuda [®])	clozapine ODT (generic for FazaClo [®])
olanzapine ODT / tablet (generic for Zyprexa [®])	Clozaril [®] Tablet
quetiapine tablet / ER tablet (generic for Seroquel [®] / XR)	Fanapt [®] Tablet / Titration Pack
risperidone ODT / solution / tablet (generic for Risperdal [®])	Geodon [®] Capsule
Saphris [®] SL Tablet	Latuda [®] Tablet

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Symbyax [®] Capsule	Lybalvi [™] Tablet
Vraylar [®] Capsule Trial and Failure of 1 Preferred Atypical Antipsychotic required	Nuplazid [®] Capsule
ziprasidone capsule (generic for Geodon [®])	Nuplazid [®] Tablet
	olanzapine-fluoxetine capsule (generic for Symbyx [®])
	paliperidone ER tablet (generic for Invega [®])
	Rexulti [®] Tablet
	Risperdal [®] Solution / Tablet
	Secuado [®] Patch
	Seroquel [®] Tablet / XR Tablet / XR Sample Kit
	Versacloz [®] Suspension
	Zyprexa [®] Tablet / Zydys [®] Tablet

Add new to market product lurasidone tablet (generic for Latuda[®]) as Preferred Latuda[®] Tablet from Preferred to Non-Preferred [Move](#)

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CARDIOVASCULAR	
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 Univase [®])
	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 / CALCIUM CHANNEL BLOCKER COMBINATIONS	
Preferred	Non-Preferred
amlodipine-benazepril capsule (generic for Lotrel [®])	Lotrel [®] Capsule
	trandolapril-verapamil ER tablet (generic for Tarka [®])
No recommendations. Class open for comments.	
ACE INHIBITOR / DIURETIC COMBINATIONS	
Preferred	Non-Preferred
enalapril-HCTZ tablet (generic for Vaserecic [®])	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 [®])
	Vaserecic [®] Tablet
	Zestoretic [®] Tablet
ANGIOTENSIN 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 [®])
	Cozaar [®] Tablet
	Diovan [®] Tablet
	Edarbi [®] Tablet
	eprosartan tablet (generic for Teveten [®])
	Micardis [®] Tablet
	telmisartan tablet (generic for Micardis [®] Tablet)
ANGIOTENSIN II RECEPTOR BLOCKER COMBINATIONS	
Preferred	Non-Preferred
amlodipine-olmesartan tablet (generic for Azor [®])	Azor [®] Tablet
amlodipine-valsartan tablet (generic for Exforge [®])	Exforge [®] Tablet
amlodipine-valsartan-HCTZ tablet (generic for Exforge [®] HCT)	Exforge [®] HCT Tablet
olmesartan-amlodipine-HCTZ tablet (generic for Tribenzor [®] Tablet)	telmisartan-amlodipine tablet (generic for Twynsta [®])
	Tribenzor [®] Tablet

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ANGIOTENSIN II RECEPTOR BLOCKER DIURETIC COMBINATIONS	
Preferred	Non-Preferred
irbesartan-HCTZ tablet (generic for Avalide [®])	Atacand [®] HCT Tablet
losartan-HCTZ tablet (generic for Hyzaar [®])	Avalide [®] Tablet
olmesartan-HCTZ tablet (generic for Benicar [®] HCT Tablet)	Benicar [®] HCT Tablet
valsartan-HCTZ tablet (generic for Diovan [®] HCT)	candesartan-HCTZ tablet (generic for Atacand [®] 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
amiodarone tablet (generic for Cordarone [®])	Multaq [®] Tablet
disopyramide capsule (generic for Norpace [®])	Norpace [®] Capsule / CR Capsule
dofetilide capsule (generic for Tikosyn [®])	Pacerone [®] Tablet
flecainide tablet (generic for Tambacor [®])	quinidine gluconate ER tablet (generic for Quinaglute DuraTabs [®])
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	
Preferred	Non-Preferred
atenolol tablet (generic for Tenormin [®])	acebutolol capsule (generic for Sectral [®])
carvedilol tablet (generic for Coreg [®])	Betapace [®] Tablet / AF Tablet
labetalol tablet (generic for Trandate [®])	betaxolol tablet (generic for Kerlone [®])
metoprolol succinate XL tablet (generic for Toprol XL [®])	bisoprolol tablet (generic for Zebeta [®])
metoprolol tartrate tablet (generic for Lopressor [®])	Bystolic [®] Tablet
propranolol solution / tablet / ER capsule (generic for Inderal [®])	carvedilol ER capsule (generic for Coreg [®] CR Capsule)
Sorine [®] Tablet	Coreg [®] Tablet / CR Capsule
sotalol 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
	Kappargo [™] Sprinkle - Exemption for children < 12 years of age
	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
atenolol-chlorthalidone tablet (generic for Tenoretic [®])	metoprolol-HCTZ tablet (generic for Lopressor [®] HCT)
bisoprolol-HCTZ tablet (generic for Ziac [®])	nadolol-bendroflumethiazide tablet (generic for Corzide[®])
	propranolol-HCTZ tablet (generic for Inderide [®])
	Tenoretic [®] Tablet
	Ziac [®] Tablet
Removal: nadolol-bendroflumethiazide tablet (generic for Corzide[®])	

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BILE ACID 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
CHOLESTEROL 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
rosuvastatin tablet (generic for Crestor®)	Crestor® Tablet
simvastatin tablet (generic for Zocor®)	Ezallor™ Capsule
	ezetimibe-simvastatin (generic for Vytorin®)
	fluvastatin capsule / ER tablet (generic for Lescol® / XL)
	Juxtapid® Capsule - Clinical criteria apply
	Lescol® XL Tablet
	Lipitor® Tablet
	Livalo® Tablet
	Nexletol® Tablet
	Nexlizet® Tablet
	Vytorin® Tablet
	Zetia® Tablet
	Zocor® Tablet
	Zypitamag™ Tablet
Add new to market product Atorvaliq® (atorvastatin) Suspension as Non-Preferred	
CORONARY VASODILATORS	
Preferred	Non-Preferred
isosorbide dinitrate tablet (generic for Isordil® Titradoso®, IsoDitrato®, et.al.)	Gontro® Sublingual Powder
isosorbide mononitrate tablet / ER tablet (generic for Ismo®, Monoket®, Imdur®)	Isordil® Tablet / Titradoso® Tablet
Minitran® Patch	Nitro-Bid® Ointment
nitroglycerin ER capsule / patch / spray / sublingual (generic for Nitro-Dur®, Minitran®, Nitrostat®, Nitrolingual®, Nitromist®)	Nitro-Dur® Patch
Nitrostat® SL Tablet	Nitrolingual® Spray
	Verquvo™ Tablet
Removal: nitroglycerin ER capsule	
DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS	
Preferred	Non-Preferred
amlodipine tablet (generic for Norvasc®)	Adalat® CC Tablet
nifedipine capsule (generic for Procardia®)	felodipine ER tablet (generic for Plendil®)
nifedipine ER tablet (generic for Adalat CC® / Procardia XL®)	isradipine capsule (generic for Dynacirc®)
	Katerzia™ Suspension - Exemption for children < 12 years of age
	levamlodipine tablet (generic for Conjugpri®)
	nicardipine capsule (generic for Cardene®)
	nimodipine capsule (generic for Nimotop®)
	nisoldipine ER tablet (generic for Sular®)
	Norliqva® Solution
	Norvasc® Tablet
	Nymalize® Solution
	Procardia® Capsule / XL Tablet
	Sular® Tablet
Removal: Adalat® CC Tablet	
DIRECT RENIN INHIBITOR	
Preferred	Non-Preferred
Tekturna® Tablet	alisikiren tablet (generic for Tekturna® Tablet)
Tekturna® HCT Tablet	

North Carolina Division of Health Benefits
North Carolina Medicaid Preferred Drug List (PDL)

Effective DATE: Draft for July 13, 2023 Meeting

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ENDOTHELIN RECEPTOR ANTAGONISTS	
Covered for diagnosis of Pulmonary Arterial Hypertension only	
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	
Preferred	Non-Preferred
Tyvaso® Refill Kit / Solution / Starter Kit	Tyvaso® DPI
Ventavis® Solution	
NIACIN DERIVATIVES	
Preferred	Non-Preferred
Niaspan® ER Tablet	
niacin ER tablet (generic for Niaspan®)	
Removal: Niaspan® ER Tablet	
NITRATE COMBINATION	
Preferred	Non-Preferred
Bidil® Tablet	isosorbide 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
Dilt XR® Capsule (branded generic for Dilacor XR®)	Cardizem CD® Capsule
diltiazem ER 24 hour capsule (generic for Dilacor XR®, Tiazac®)	Cardizem® Tablet / LA Tablet
diltiazem 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®)
Tiadyt® ER Capsule	Tiazac® Capsule
verapamil tablet / ER tablet (generic for Calan® / SR)	verapamil 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® only	
Preferred	Non-Preferred
Alyq® Tablet (branded generic for tadalafil)	Adcirca® Tablet
sildenafil (generic for Revatio®) Tablet	Adempas® Tablet
tadalafil tablet (generic for Adcirca® Tablet)	Orenitram® ER Tablet
	Orenitram® (trepostinil) Titration Kit
	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
	Tadliq® (tadalafil) Suspension
	Upravi® 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®)
clopidogrel tablet (generic for Plavix®)	aspirin-omeprazole DR tablet
dipyridamole tablet (generic for Persantine®)	Effient® Tablet
prasugrel tablet (generic for Effient® Tablet)	Plavix® Tablet
	Zonivity® Tablet
Add aspirin-omeprazole DR tablet as Non-Preferred Removal: Zonivity® Tablet	
ANTIANGINAL & ANTI-ISCHEMIC	
Preferred	Non-Preferred
ranolazine ER tablet (generic for Ranexa® Tablet)	Aspruzo™ Sprinkle
	Ranexa® Tablet
SYMPATHOLYTICS AND COMBINATIONS	
Preferred	Non-Preferred
Catapres® TTS Patch	Catapres® Tablet
clonidine tablet (generic for Catapres®)	clonidine ER tablet (generic for Nexiclon™ XR)
clonidine patch (generic for Catapres® TTS)	methylodopa-HCTZ tablet (generic for Aldoril®)
guanfacine tablet (generic for Tenex®)	methylodopa injection (generic for Aldomet® Injection)
methylodopa tablet (generic for Aldomet®)	
Add new to market product clonidine ER tablet (generic for Nexiclon™ XR) as Non-Preferred Removal: Catapres® Tablet	

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TRIGLYCERIDE 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®)	fenofibrate tablet (generic for Fenoglide®, Triglide®)
Vascepa® Capsule	fenofibric acid tablet (generic for Fibricor®)
	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 Lovaza®) and Vascepa® Capsule from Non-Preferred to Preferred	
CARDIOVASCULAR, OTHER	
Preferred	Non-Preferred
Camzyos® Capsule	
CENTRAL NERVOUS SYSTEM	
ANTIMIGRAINE AGENTS	
Quantity limits apply to all triptans	
Preferred	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 preferred triptans in the Antimigraine Agents class required for coverage
	eletriptan (generic for Relpax® Tablet)
	Elyxib™ 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
	Maxalt® Tablet / MLT Tablet
	naratriptan tablet (generic for Amerge®)
	Onzetra™ Xsail™ Nasal 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®)
	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	
ANTIMIGRAINE AGENTS	
CGRP Blockers/Modulators PREVENTATIVE	
Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred
Aimovig™ Injection	Ajovy™ Injection
Ajovy™ Injection	Nurtec™ ODT
Emgality® Injection	Qulipta™ Tablet
Nurtec™ ODT	Vvepti™ Vial
Move Ajovy™ Injection and Nurtec™ ODT from Non-Preferred to Preferred	
ANTIMIGRAINE AGENTS	
CGRP Blockers/Modulators ACUTE TREATMENT	
Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred
Nurtec™ ODT	Nurtec™ ODT
Ubrelvy™ Tablet	
Move Nurtec™ ODT from Non-Preferred to Preferred	
ANTI-NARCOLEPSY	
Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred
Nuvigil® Tablet	armodafinil tablet (generic for Nuvigil®)

North Carolina Division of Health Benefits
North Carolina Medicaid Preferred Drug List (PDL)

Effective DATE: Draft for July 13, 2023 Meeting

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

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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-entacapone tablet (generic for Stalevo [®])
carbidopa-levodopa tablet / ER tablet (generic for Sinemet [®] / CR)	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 [®])
trihexphenidyl elixir / tablet (generic for Artane [®])	Gocovri [®] Capsule - Clinical criteria apply
	Horizant [®] Tablet
	Inbrija [™] Inhalation
	Kynmobi [™] SL Film
	Kynmobi[™] (apomorphine) Titration Kit
	Lodosyn [®] Tablet
	Mirapex [®] ER Tablet
	Neupro [®] Patch
	Nouriaz [™] 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 Preferred and add Kynmobi[™] (apomorphine) Titration Kit as Non-Preferred

MULTIPLE SCLEROSIS	
Injectable	
Preferred	Non-Preferred
Avonex [®] Pack / Pen / Syringe	Briumvi[™] (ublituximab-xiiv) Vial
Betaseron [®] Kit / Vial	Extavia [®] Kit / Vial
Copaxone [®] Syringe	glatiramer syringe (generic for Copaxone [®] Syringe)
Kesimpta[®] Injection	Glatopa[®] Syringe
Rebif [®] Rebifose [®] / Titration Pack / Syringe	Kesimpta[®] Injection
	Lemtrada [®] Vial
	Ocrevus [®] Vial - Diagnosis of Primary Progressive MS (PPMS) bypasses requirement for 2 preferred agents
	Plegridy [®] Pen / Pen Starter Pack / Syringe / Syringe Starter Pack
	Tysabri [®] Vial

**Add new to market product Brriumvi[™] (ublituximab-xiiv) Vial as Non-Preferred
Move Kesimpta[®] Injection from Non-Preferred to Preferred**

MULTIPLE SCLEROSIS	
Oral	
Preferred	Non-Preferred
dalfampridine ER tablet (generic for Ampyra [®])	Ampyra [®] Tablet
dimethyl fumarate DR capsule / starter pack (generic for Tecfidera [®] Capsule / Starter Pack)	Aubagio [®] Tablet
 fingolimod capsule (generic for Gilenya[®])	Bafiertam [™] Capsule
Gilenya[®] Capsule	Gilenya[®] Capsule
teriflunomide tablet (generic for Aubagio[®])	Mavenclad[®] Tablet
	Mayzent [®] Starter Pack / Tablet
	Ponvory [™] Starter Pack / Tablet
	Tascenso ODT [™]
	Tecfidera [®] Capsule / Starter Pack
	Vumerity [™] Capsule
	Zeposia [®] Starter Pack / Capsule

**Add new to market products as Preferred: fingolimod capsule (generic for Gilenya[®]) and teriflunomide tablet (generic for Aubagio[®])
Move Gilenya[®] Capsule from Preferred to Non-Preferred**

SEDATIVE HYPNOTICS	
Quantity limits apply to all sedative hypnotics	
Preferred	Non-Preferred
flurazepam capsule (generic for Dalmane[®])	Ambien [®] Tablet / CR Tablet
eszopiclone tablet (generic for Lunesta[®])	Belsomra [®] Tablet
ramelteon tablet (generic for Rozerem[®] Tablet)	Dayvigo [™] Tablet
temazepam 15mg, 30mg capsule (generic for Restoril[®])	Doral[®] Tablet
zaleplon capsule (generic for Sonata[®])	doxepin tablet (generic for Silenor [®])
zolpidem tablet (generic for Ambien[®])	Edluar [®] SL Tablet
	estazolam tablet (generic for Prosom [®])

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	eszopiclone 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)
	Restoril® 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 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: eszopiclone tablet (generic for Lunesta®), ramelteon tablet (generic for Rozerem® Tablet), zaleplon capsule (generic for Sonata®)
Removal: flurazepam capsule (generic for Dalmane®)

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SMOKING 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	
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.	
ENDOCRINOLOGY	
GROWTH HORMONE	
Clinical criteria apply 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 from Preferred to Non-Preferred Removal: Humatrope® Vial	
HYPOGLYCEMICS - INJECTABLE	
Rapid Acting Insulin	
Trial and failure of only 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® / Penfil® / 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: Humalog® (insulin lispro) Tempo Pen™ and Lyumjev® (insulin lispro-aabc) Tempo Pen™ Move Humalog® U-100 Cartridge and insulin aspart U-100 FlexPen® / vial (generic for Novolog®) from Non-Preferred to Preferred	
Short Acting Insulin	
Trial and failure of only one preferred drug required	
Preferred	Non-Preferred
Humulin® R Vial	Myxredlin™ Injection
Humulin® R U-500 KwikPen® / U500 Vial	Novolin® R Vial / ReliOn® R Vial
	Novolin R FlexPen®
Intermediate Acting Insulin	
Preferred	Non-Preferred
Humulin® N Vial	Humulin® N KwikPen®
	Novolin® N FlexPen® / ReliOn® N FlexPen®
	Novolin® N Vial / ReliOn® N Vial
Add Novolin® N FlexPen® / ReliOn® N FlexPen® as Non-Preferred	
Long Acting Insulin	
Trial and failure of only one preferred drug required	
Preferred	Non-Preferred
insulin glargine vial/SoloStar® (authorized biologic for Lantus)	Basaglar® KwikPen®
Lantus® SoloStar® / Vial	Basaglar® (insulin glargine) Tempo Pen™
Levemir® FlexPen®	insulin degludec pen/vial (generic for Tresiba®)
Levemir® FlexTouch® / Vial	insulin glargine-yfgn pen / vial (generic for Semglee™ yfgn)
	Lantus® SoloStar® Vial
	Rezvoglar™ (insulin glargine-aglr) Kwikpen®
	Semglee™ Pen Vial
	Semglee™ yfgn Pen / Vial
	Toujeo® SoloStar® / Max SoloStar®
	Tresiba® FlexTouch® / Vial
Add new to market products as Non-Preferred: Basaglar® (insulin glargine) Tempo Pen™ and Rezvoglar™ (insulin glargine-aglr) Kwikpen® Add Levemir® FlexPen® as Preferred Off-cycle change: Move Lantus® SoloStar® / Vial from Non-Preferred to Preferred Removal: Semglee™ Pen / Vial	
Premixed Rapid Combination Insulin	

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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	

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GLP-1 Receptor Agonists and Combinations	
Requires trial and failure or insufficient response to metformin containing products (except for diabetic beneficiaries with ASCVD, heart failure, or CKD) unless contraindicated or documented adverse event when using either a preferred or a non-preferred GLP-1 Receptor 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
HYPOGLYCEMICS - ORAL	
2nd Generation Sulfonylureas	
Preferred	Non-Preferred
Amaryl [®] Tablet	
gliclazide 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-Glucosidase Inhibitors	
Preferred	Non-Preferred
acarbose tablet (generic for Precose [®])	miglitol tablet (generic for Glyset [®])
	Precose [®] Tablet
Biguanides 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 Inhibitors and Combinations	
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 [®])
Janumet [®] XR Tablet	alogliptin-metformin tablet (generic for Kazano [®])
Januvia [®] Tablet	alogliptin-pioglitazone tablet (generic for Oseni [®])
Jentadueto [®] Tablet	Glyxambi® 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 Tablet from Non-Preferred to Preferred	
Meglitinides	
Preferred	Non-Preferred
nateglinide tablet (generic for Starlix [®])	repaglinide-metformin tablet (generic for Prandin [®])
repaglinide tablet (generic for Prandin [®])	

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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
Jardiance [®] Tablet	Steglatro [™] Tablet
Synjardy [®] Tablet	Synjardy [®] XR Tablet
	Xigduo [®] XR Tablet

Thiazolidinediones and Combinations

Preferred	Non-Preferred
pioglitazone tablet (generic for Actos [®])	ActoPlus Met [®] Tablet / XR-Tablet
	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 apply	Akynzeo [®] Capsule / Vial
Diclegis [®] Tablet	Aloxi[®] Vial
dimenhydrinate vial (generic for Dramamine [®])	Antivert [®] Tablet/Chewable Tablet
meclizine tablet (generic for Antivert [®])	Anzemet [®] Tablet
metoclopramide solution / tablet (generic for Reglan [®])	Aponvie [™] (aprepitant) Vial
ondansetron ODT / solution / tablet (generic for Zofran [®])	Barhemsys [®] Vial
prochlorperazine tablet (generic for Compazine [®])	Bonjesta [®] Tablet
promethazine 12.5 mg, 25 mg rectal (generic for Phenergan [®])	Cinvant [®] Injectable Emulsion
promethazine 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
	ondansetron vial
	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 / Injection
	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

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BILE ACID SALTS	
Trial and failure of only 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
H. PYLORI COMBINATIONS	
Preferred	Non-Preferred
Pylera® Capsule	bismuth / metronidazole / tetracycline capsule (generic for Pylera®)
	lansoprazole-amoxicillin-clarithromycin pack (generic for Prevpac®)
	Omeclamox-Pak® Combo Pack
	Talicia® Capsule
Add new to market product bismuth / metronidazole / tetracycline capsule (generic for Pylera®) as Non-Preferred	
HISTAMINE-2 RECEPTOR ANTAGONISTS	
Preferred	Non-Preferred
famotidine tablet / suspension (generic for Pepcid®)	cimetidine solution / tablet (generic for Tagamet®)
ranitidine syrup/tablet (generic for Zantac®)	nizatidine capsule / solution (generic for Axid®)
	Pepcid® Tablet
Removal: nizatidine solution (generic for Axid®)	
PANCREATIC ENZYMES	
Preferred	Non-Preferred
Creon® Capsule	Pancreenze® Capsule
Zenpep® Capsule	Pertzye® Capsule
	Viokase® Tablet
Removal: Pancreaze® Capsule	
PROGESTINS 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 tablet OTC (generic for Nexium® OTC)	Dexilant® Capsule
lansoprazole capsule (generic for Prevacid® Rx)	dexlansoprazole capsules (generic for Dexilant®)
Nexium® Rx Packet	esomeprazole magnesium capsule OTC (generic for Nexium® OTC)
omeprazole Rx capsule (generic for Prilosec® Rx)	esomeprazole magnesium packet (generic for Nexium® Rx Packet)
pantoprazole tablet (generic for Protonix®)	Konvomep™ (omeprazole / sodium bicarbonate) Suspension
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 / sodium bicarbonate packet as Non-Preferred	

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SELECTIVE CONSTIPATION AGENTS	
Preferred	Non-Preferred
Amitiza [®] Capsule	alosetron tablet (generic for Lotronex [®] Tablet)
Linzess [®] Capsule	lidsreia [®] Tablet (Oral)
Movantik[®] 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[®] Tablet from Preferred to Non-Preferred	
ULCERATIVE COLITIS	
Oral	
Preferred	Non-Preferred
Apriso [®] Capsule	Asacol [®] HD Tablet
balsalazide capsule (generic for Colazal [®])	Azulfidine [®] Entab / Tablet
Lialda [®] Tablet	budesonide ER tablet (generic for Uceris [®])
sulfasalazine DR tablet (generic for Azulfidine [®] Entab)	Colazal [®] Capsule
sulfasalazine 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 Pentasa [®] Capsule)
	mesalamine tablet (generic for Asacol [®] HD / Lialda [®] Tablet)
	Pentasa [®] Capsule
	Uceris [®] Tablet
ULCERATIVE COLITIS	
Rectal	
Trial and failure of only one preferred drug required	
Preferred	Non-Preferred
Canasa[®] Suppository	Canasa [®] Suppository
mesalamine enema (generic for Rowasa [®] Enema)	mesalamine kit (generic for Rowasa [®] Kit)
mesalamine suppository (generic for Canasa [®] Suppository)	mesalamine suppository (generic for Canasa[®] Suppository)
	Rowasa [®] Kit
	SF Rowasa [®] Enema
	Uceris [®] Rectal Foam
Generic Over Brand Switch: Move Canasa[®] Suppository to Non-Preferred and move mesalamine suppository (generic for Canasa[®] Suppository) to Preferred	
ELECTROLYTE DEPLETERS (KIDNEY DISEASE)	
Preferred	Non-Preferred
calcium acetate capsule (generic for PhosLo [®])	Auryxia [®] Tablet
calcium acetate tablet (generic for Eliphos [®])	Fosrenol [®] Chewable
Renvela[®] Powder Pack	Fosrenol [®] Powder Pack
Renvela [®] Tablet	MagneBind [®] 400 Rx Tablet
sevelamer carbonate powder pack (generic for Renvela[®] Powder Pack)	Phoslyra [®] Solution
	Renagel [®] Tablet
	Renvela[®] Powder Pack
	sevelamer hydrochloride tablet (generic for Renagel [®])
	sevelamer carbonate powder pack (generic for Renvela[®] Powder Pack)
	sevelamer carbonate tablet (generic for Renvela [®])
	Velphoro [®] Chewable
	lanthanum carbonate chewable tablet (oral) (generic for Fosrenol [®] Chewable)
Brand Over Generic Switch: Move Renvela[®] Powder Pack to Preferred and move sevelamer carbonate powder pack (generic for Renvela[®] Powder Pack) to Non-Preferred	
GENITOURINARY/RENAL	
BENIGN PROSTATIC HYPERPLASIA TREATMENTS	
Preferred	Non-Preferred
alfuzosin ER tablet (generic for Uroxatral [®])	Avodart [®] Softgel
doxazosin tablet (generic for Cardura [®])	Cardura [®] Tablet / XL Tablet
dutasteride capsule (generic Avodart [®])	Cialis[®] Tablet (2.5mg and 5mg strengths only) Clinical criteria apply
finasteride tablet (generic for Proscar [®])	dutasteride / tamsulosin capsule (generic Jalyn capsule [®])
tamsulosin capsule (generic for Flomax [®])	Entadfi[™] (finasteride / tadalafil) Capsule
terazosin 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 Entadfi[™] (finasteride / tadalafil) Capsule as Non-Preferred	

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URINARY ANTISPASMODICS	
Preferred	Non-Preferred
oxybutynin syrup / tablet (generic for Ditropan®)	darifenacin ER tablet (generic for Enablex®)
oxybutynin ER tablet (generic for Ditropan XL®)	Detrol® (tolterodine) Tablet / LA Capsule
solifenacin tablet (generic for Vesicare® Tablet)	Ditropan® (oxybutynin) XL Tablet
Toviaz® (fesoterodine) 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)
	tropium tablet / ER capsule (generic for Sanctura® / XR)
	Vesicare® (solifenacin) LS Suspension
	Vesicare® (solifenacin) Tablet
Add new to market product oxybutynin tablet (2.5 mg) as Non-Preferred	
Removal: 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 allopurinol tablet (200 mg) as Non-Preferred	
HEMATOLOGIC	
ANTICOAGULANTS	
Injectable	
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 Pradaxa® (dabigatran) Pellet Pack as Non-Preferred	
COLONY STIMULATING FACTORS	
Preferred	Non-Preferred
Neupogen® Vial / Syringe	Fulphila™ Syringe
Nivestym™ Syringe	Fylnetra® (pegfilgrastim-pbbk) Syringe
Nvepria™ Syringe	GraniX® Injection Syringe/Vial
Udenyca™ Syringe	Leukine® Injection
	Neulasta® Syringe / Kit
	Nivestym™ Syringe
	Nivestym™ Vial
	Releuko® Syringe (Subcutaneous)
	Releuko® Vial (Injection)
	Rolvedon™ (eflapregastim-xnst) Syringe
	Stimufend® (pegfilgrastim-fpgk) Syringe
	Zarxio® Injection
	Ziextenzo® Syringe
Add new to market products as Non-Preferred: Fylnetra® (pegfilgrastim-pbbk) Syringe and Stimufend® (pegfilgrastim-fpgk) Syringe	
Add Rolvedon™ (eflapregastim-xnst) Syringe as Non-Preferred	
Nivestym™ Syringe from Preferred to Non-Preferred	
<u>Move</u>	
HEMATOPOIETIC AGENTS	
Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred
Aranesp® Syringe / Vial	Epoegen® Vial
Epoegen® Vial	Mircera® Syringe
Procrit® Vial	Procrit® Vial
Retacrit® Vial	Reblozyl® Vial

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Retacrit® Vial

Move Epogen® Vial and Retacrit® Vial from Non-Preferred to Preferred
Move Procrit® Vial from Preferred to Non-Preferred

THROMBOPOIESIS STIMULATING AGENTS

Preferred	Non-Preferred
Nplate® Vial	Tavalisse™ Tablet
Promacta® Suspension / Tablet	

OPHTHALMIC

ALLERGIC CONJUNCTIVITIS AGENTS

Preferred	Non-Preferred
cromolyn sodium drops (generic for Cromol®)	Alocril® Drops
olopatadine drops (generic for Pataday®)	Alomide® Drops
olopatadine drops (generic for Patanol®)	Alrex® Drops
	azelastine drops (generic for Optivar®)
	bepotastine drops (generic for Bepreve® Drops)
	Bepreve® Drops
	epinastine drops (generic for Elestat®)
	Lastacast® Drops
	olopatadine drops (generic for Patanol®)
	Zerviate™ Drops

Move olopatadine drops (generic for Patanol®) from Non-Preferred to Preferred
Removal: Lastacast® Drops

ANTIBIOTICS

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 Ocuflax®)	Natacyn® Drops
Polycin® Ointment (branded generic for Polysporin®)	neomycin/bacitracin/polymyxin oint (ophthalmic) (generic/AG for Neosporin® Oph 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)
	Ocuflax® Drops
	Polytrim® Drops
	sulfacetamide ointment (generic for Cetamide®)
	Tobrex® Ointment/ Drops
	Vigamox® Drops
	Zymaxid® Drops

ANTIBIOTICS-STEROID 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. Ointment, Pred-G® S.O.P. Ointment / Suspension

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ANTI-INFLAMMATORY	
Preferred	Non-Preferred
dexamethasone drops (generic for Decadron [®])	Acular [®] Drops / LS Solution
diclofenac drops (generic for Voltaren [®])	Acuvail [®] Solution
difluprednate drops (generic for Durezol [®])	bromfenac drops (generic for Xibrom [®])
Durezol[®] Drops	Bromsite [™] Solution
Flarex [®] Drops	Dextenza [®] Insert
fluorometholone drops (generic for FML [®])	Dexycu [™] Vial
flurbiprofen drops (generic for Ocufen [®])	difluprednate drops (generic for Durezol[®])
Ilevro[®] Drops	Durezol[®] Drops
ketorolac solution (generic for Acular [®] / LS)	FML [®] Forte Drops / S.O.P. Ointment
Lotemax [®] Drops	FML [®] Liquifilm [®] Drops
Nevanac[®] Droptainer	Ilevro[®] Drops
Pred Mild [®] Drops	Iluvien [®] Implant
prednisolone acetate drops (generic for Pred Forte [®])	Invectys [™] Drops
	Lotemax [®] Gel / SM Gel / Ointment
	loteprednol drops / gel (generic for Lotemax [®])
	Maxidex [®] Drops
	Nevanac[®] Droptainer
	Ozurdex [®] Implant
	Pred Forte [®] Drops
	prednisolone sodium phosphate drops (generic for Inflammase Forte [®])
	Prolensa [®] Drops
	Retisert [®] Implant
	Triesence [®] Vial
	Xipere [™] (Intraocular)
	Yutiq [™] Implant

Generic Over Brand Switch: Move Durezol Drops to Non-Preferred and move difluprednate drops (generic for Durezol[®]) to Preferred
Move Nevanac[®] Droptainer from Non-Preferred to Preferred
Move Ilevro Drops from Preferred to Non-Preferred

ANTI-INFLAMMATORY/IMMUNOMODULATOR	
Preferred	Non-Preferred
Eysuvis [™] Drops	Cequa [™] Drops
Restasis [®] Drops / Restasis [®] Multidose [™] Drops	cyclosporine emulsion (generic for Restasis [®])
Xiidra [®] Drops	Turvaya [®] Nasal Spray
	Verkazia[®] (cyclosporine) Eye Emulsion

Add new-to-market product Verkazia[®] (cyclosporine) Eye Emulsion as Non-Preferred

ALPHA 2 ADRENERGIC AGENTS	
Preferred	Non-Preferred
Alphagan [®] P Drops	apraclonidine drops (generic for Iopidine [®])
brimonidine drops (generic for Alphagan [®])	brimonidine P drops (generic for Alphagan [®] P)
	Iopidine [®] Drops

No recommendations. Class open for comments.

BETA BLOCKER AGENTS / COMBINATIONS	
Preferred	Non-Preferred
Combigan [®] Drops	betaxolol drops (generic for Betoptic [®])
timolol drops / GFS gel-solution (generic for Timoptic [®] / Timoptic XE [®])	Betimol [®] Drops
	Betoptic [®] S Drops
	brimonidine tartrate/timolol drops (Generic (AG) for Combigan [®])
	brimonidine tartrate/timolol drops (ophthalmic) (generic for Combigan [®])
	carteolol drops (generic for Ocupress [®])
	Istalol [®] Drops
	levobunolol drops (generic for Betagan [®])
	timolol drop (generic for Istalol [®] Drops)
	timolol maleate drop (generic for Timoptic [®] Ocudose [®] Drops)
	Timoptic [®] Drops / Ocudose [®] Drops / XE [®] Solution

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CARBONIC ANHYDRASE 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 recommendations. Class open for comments.

PROSTAGLANDIN AGONISTS	
Preferred	Non-Preferred
latanoprost drops (generic for Xalatan®)	bimatoprost drops (generic for Lumigan® Drops)
Travatan® Z Drops	Durysta® (bimatoprost) Implant (intracameral)
	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 Zioptan®) and Durysta® (bimatoprost) Implant (intracameral) as Non-Preferred

RHO KINASE MODIFIERS / COMBINATIONS	
Preferred	Non-Preferred
Rhopressa® Drops	
Rocklatan® Drops	

No recommendations. Class open for comments.

OSTEOPOROSIS	
BONE RESORPTION SUPPRESSION 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
	risedronate tablet (generic for Actonel®)
	teriparatide injection (generic for Forteo® Injection)
	Tymlos® Injection

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OTIC	
ANTIBIOTICS	
Preferred	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 [®])
	ciprofloxacin-fluocinolone drops (generic for Otovel [®])
	Cortisporin-TC [®] Suspension
	Otovel [®] Drops
No recommendations. Class open for comments.	
ANTI-INFECTIVES AND ANESTHETICS	
Preferred	Non-Preferred
acetic acid solution (generic for Vosol [®])	acetic acid-hydrocortisone solution (generic for Vosol [®] HC)
No recommendations. Class open for comments.	
ANTI-INFLAMMATORY	
Preferred	Non-Preferred
Dermotic [®] Oil	Flac [®] Otic Oil
	fluocinolone 0.01% oil (generic for Dermotic [®])
RESPIRATORY	
BETA-ADRENERGIC HANDHELD, LONG ACTING	
Preferred	Non-Preferred
Serevent [®] Diskus [®]	Striverdi [®] Respimat [®] Inhalation Spray
No recommendations. 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 Inhaler from Non-Preferred to Preferred	
BETA-ADRENERGIC, NEBULIZERS	
Trial and failure of only 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	
BETA-ADRENERGIC, ORAL	
Preferred	Non-Preferred
albuterol tablets (generic for Proventil [®] Repetabs)	albuterol-tablets (generic for Proventil [®] 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 [®])	
Move albuterol tablets (generic for Proventil[®] Repetabs) from Non-Preferred to Preferred	
Removal: metaproterenol syrup (generic for Alupent[®] Syrup)	

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ORALLY INHALED ANTICHOLINERGICS / COPD AGENTS	
Preferred	Non-Preferred
Anoro [®] Ellipta [®] Inhaler	Bevespi [®] Aerosphere [®]
Atrovent [®] HFA Inhaler	Daliresp [®] Tablet
Bevespi[®] Aerosphere[®]	Duaklir [®] Pressair [®]
Combivent [®] Respimat [®] Inhalation Spray	Incruse [®] Ellipta [®] Inhaler
Incruse [®] Ellipta [®] Inhaler	Lonhala [®] Magnair [®]
ipratropium nebulizer solution (generic for Atrovent [®] Nebulizer Solution)	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 [®] Respimat [®] 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	ArmonAir [™] Digihaler [™]
Flovent [®] HFA Inhaler	Arnuity [®] 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 CORTICOSTEROID 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/salmeterol HFA inhaler (generic for Advair[®] HFA) as Non-Preferred	
INTRANASAL 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 [™] Nasal Spray
	Zetonna [®] Nasal Spray
Move Dymista[®] Nasal Spray from Non-Preferred to Preferred	
LEUKOTRIENE 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 Zyllo [®])
	Zyflo [®] Filmtab
No recommendations. Class open for comments.	

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LOW SEDATING ANTIHISTAMINES	
Preferred	Non-Preferred
cetirizine OTC syrup 1mg/1ml (generic for Zyrtec® OTC Syrup)	cetirizine chewable tablet OTC (generic for Zyrtec® OTC Tablets)
cetirizine Rx syrup (generic for Zyrtec® Syrup)	cetirizine OTC syrup 5mg/5ml (generic for Zyrtec® OTC Syrup)
cetirizine tablets OTC (generic for Zyrtec® OTC Tablets)	cetirizine OTC softgel
levocetirizine OTC tablet (generic for Xyzal® OTC Tablet)	Clarinetix® Tablet - Exemption for children < 2 years of age
levocetirizine Rx tablet (generic for Xyzal® Rx Tablet)	desloratadine ODT / Tablet (generic for Clarinetix®)
loratadine tablet OTC (generic for Claritin® OTC)	fexofenadine OTC suspension / OTC tablet (generic for Allegra® OTC)
	levocetirizine Rx solution (generic for Xyzal® Rx Solution)
	loratadine OTC chewable ODT / solution / soft gel (generic for Claritin® OTC)

Add cetirizine 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	Non-Preferred
loratadine-D OTC tablet (generic for Claritin-D® OTC)	cetirizine-D OTC tablet (generic for Zyrtec-D® OTC)
	Clarinetix-D® Tablet
	fexofenadine-D 12 Hour OTC Tablet (generic for Allegra-D® 12 Hour OTC)
	fexofenadine-pseudoephedrine ER 24 hour tablet (generic for Allegra-D® 24 hour)
	Semprex-D® Capsule

Removal: Semprex-D® Capsule

FIRST GENERATION ANTIHISTAMINES	
Preferred	Non-Preferred
carbinoxamine solution	carbinoxamine tablet
cyproheptadine syrup / tablet	clemastine tablet
hydroxyzine capsule / solution / 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
	Vistaril® (hydroxyzine pamoate) Capsule

New drug category addition

Add as Preferred: carbinoxamine solution, cyproheptadine syrup / tablet, hydroxyzine capsule / solution / tablet

Add as Non-Preferred: carbinoxamine tablet, clemastine tablet, Karbinal™ ER (carbinoxamine) Suspension with trial and failure criteria, RyClora™ (dexchlorpheniramine) Solution, RyVent™ (carbinoxamine) Tablet, Vistaril® (hydroxyzine pamoate) Capsule

TOPICALS	
ACNE AGENTS	
Preferred	Non-Preferred
adapalene / benzoyl peroxide (Generic for Epiduo® Forte)	Acanya® Gel Pump
adapalene / benzoyl peroxide (generic for Epiduo® Gel)	Aezome® Gel
adapalene cream / gel / solution (generic for Differin®)	adapalene gel pump (generic for Differin®)
adapalene gel pump (generic for Differin®)	adapalene / benzoyl peroxide (generic for Epiduo® Gel)
clindamycin phosphate pledgets / solution (generic for Cleocin-T®)	Altreno® Lotion (Topical)
clindamycin benzoyl peroxide gel (generic for Duac®)	Amzeeq™ Foam
Epiduo® Gel	Arazlo™ Lotion
erythromycin gel (generic for Emein®, Erycette®, EryDerm®, EryGel®, EryMax®)	Atralin® Gel
erythromycin solution (generic for Emein®, EryDerm®, EryMax®, A/T/S®, T-Stat®)	Avar® Cleanser / Cleansing Pads-
erythromycin benzoyl peroxide gel (generic for Benzamycin®)	Avar® LS Cleanser / LS Cleansing Pads / LS Foam
Finacea® Gel	Avar-E® LS (sodium sulfacetamide/sulfur) Cream
Retin-A® Cream / Gel	Avar-E® Emollient Cream / Green Emollient Cream
Retin-A® Micro Gel / Micro Pump Gel	Avita® Cream / Gel
	azelaic acid gel (generic for Finacea®)
	Benzamycin® Gel
	BP® 10-1 Wash / Cleansing Wash
	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 Neucac®)
	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®, EryDerm®, EryGel®, EryMax®)
	erythromycin gel (generic for Emein®, Erycette®, EryDerm®, EryGel®, EryMax®)
	Evoclin® Foam
	Fabior® Foam
	Finacea® Foam / Gel
	Klaron® Lotion
	Neucac® Gel / Kit
	Onexton® Gel / Gel Pump
	Ovace® Plus Cleansing Cream / Foam / Gel / Lotion / Shampoo / Wash

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	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 Fabor®)
	tazarotene gel (generic for Tazorac® gel)
	Tazorac® 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

Add new-to-market product Zma Clear™ (sulfacetamide sodium/sulfur) Cleanser as Non-Preferred
Add Avar-E® LS (sodium sulfacetamide/sulfur) Cream and Clindacin® (clindamycin) Foam as Non-Preferred
Move from Non-Preferred to Preferred: erythromycin gel, adapalene / benzoyl peroxide (generic for Epiduo® Gel), Finacea® Gel
Move from Preferred to Non-Preferred: adapalene gel pump (generic for Differin®), Retin-A® Micro Pump Gel
Removals: adapalene solution (generic for Differin®), Epiduo® Gel, Avar® Cleansing Pads, Avar® LS Cleansing Pads / LS Foam, erythromycin pledgets, Sumadan® Wash, Tazorac® Cream / Gel

ANDROGENIC AGENTS	
Preferred	Non-Preferred
AndroGel® Pump	Androderm® Patch
testosterone gel pump (generic for AndroGel® Pump, Fortesta®)	AndroGel® Packet
	Fortesta® Gel Pump
	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

Off-cycle change: Move testosterone gel pump (generic for AndroGel® Pump, Fortesta®) from Non-Preferred to Preferred

NSAIDS	
Preferred	Non-Preferred
diclofenac topical gel (generic for Voltaren® Gel)	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

ANTIBIOTICS	
Preferred	Non-Preferred
gentamicin cream / ointment (generic for Garamycin®)	Centany® AT Ointment Kit / Ointment
mupirocin ointment (generic for Bactroban® Ointment)	mupirocin cream (generic for Bactroban® Cream)
	Xepi™ Cream

No recommendations. Class open for comments.

ANTIBIOTICS - VAGINAL	
Preferred	Non-Preferred
Cleocin® Vaginal Ovules	Cleocin® Vaginal Cream
Clindesse® Vaginal Cream	clindamycin vaginal cream (generic for Cleocin® Vaginal Cream)
metronidazole vaginal gel (generic for Metrogel® Vaginal Gel)	Metrogel® Vaginal Gel
Nuessa® Vaginal Gel	Vandazole® Vaginal Gel
	Xaciato® Vaginal Gel

ANTIFUNGALS	
Preferred	Non-Preferred
ciclopirox cream (generic for Loprox® Cream)	Bensal HP® Ointment
ciclopirox solution (generic for Penlac® Solution)	Ciclodan® Cream / Cream Kit / Kit / Solution

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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)
Nyamy [®] 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
	micronazole / zinc oxide / petrolatum ointment (generic for Vusion [®]) - Clinical criteria apply
	naftifine cream / gel (generic for Nafin [®] Cream / Gel)
	Nafin [®] Gel
	nystatin-triamcinolone cream / ointment (generic for Mycolog II [®])
	oxiconazole cream (generic for Oxistat [®])
	Oxistat [®] Cream / 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 (generic for Bensal HP[®]) as Non-Preferred
Removal: Oxistat[®] Cream

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ANTIPARASITICS	
Trial and failure of only 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 recommendations. Class open for comments.	
ANTIVIRAL	
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 cream (generic for Denavir[®] Cream) as Non-Preferred	
IMMUNOMODULATORS	
Atopic Dermatitis	
Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred
Dupixent [®] Syringe	Adbry [™] (Subcutaneous)
Dupixent [®] Pen	Dupixent[®] Syringe
Elidel [®] Cream	Dupixent[®] Pen
Eucrisa [®] 2% Ointment	Opzelura [™] Cream
tacrolimus ointment (generic Protopic [®])	pimecrolimus cream (generic for Elidel [®] Cream)
Move Dupixent[®] Syringe and Dupixent[®] Pen from Non-Preferred to Preferred	
Imidazoquinolinamines	
Preferred	Non-Preferred
imiquimod cream packet (generic for Aldara [®])	Condylox [®] Gel
imiquimod cream pump (generic for Aldara[®])	Hyltor [™] 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
Removal: imiquimod cream pump (generic for Aldara[®])	
PSORIASIS	
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)
	calcipotriene-betamethasone suspension / ointment (generic for Talconex [®])
	calcitriol ointment (generic for Vectical [®])
	Duobri [™] Lotion
	Enstilar [®] Foam
	Sorilux [®] Foam
	Taclonex [®] Ointment / Suspension
	Vtama [®] Cream
	Zorvy [®] Cream
Move calcipotriene solution (generic for Dovonex[®]) from Non-Preferred to Preferred	
ROSACEA 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
Rosadan[®] Cream / Gel	Finacea[®] Foam / Gel
	ivermectin cream (generic for Soolantra [®])
	metronidazole lotion (generic for MetroLotion [®])
	Noritate [®] Cream
	Rhofade [®] Cream
	Rosadan[®] Cream / Gel / Kit
	Zilxi [™] Foam

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Add new to market product brimonidine gel pump (generic for Mirvaso®) as Non-Preferred
Move Finacea® Gel and Rosadan® Cream / Gel from Non-Preferred to Preferred
Removal: Epsolay® Cream Pump

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STEROIDS	
Low Potency	
Preferred	Non-Preferred
DermaSmooth [®] 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 [®])	desonide cream / ointment (generic for DesOwen [®]) – Exemption for children < 12 years of age
	desonide lotion (generic for DesOwen [®] Lotion)
	fluocinolone body / scalp oil (generic for DermaSmooth [®] FS Scalp / Body Oil)
	Texacort [®] Solution
Move desonide cream / ointment (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
	Luxiq [®] Foam
	Pandel [®] Cream
	prednicarbate cream / ointment (generic for Dermatop [®])
	Synalar [®] Cream / Ointment / Kit / Solution / TS Kit
No recommendations. Class open for comments.	
High Potency	
Preferred	Non-Preferred
betamethasone valerate cream / ointment (generic for Valisone [®])	amcinonide cream / lotion (generic for Cyclocort [®])
fluocinonide ointment (generic for Lidex [®] Ointment)	betamethasone dipropionate augmented cream / gel / lotion / ointment (generic for Diprolene [®])
fluocinonide solution (generic for Lidex [®] Solution)	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)
	fluocinonide 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
Move fluocinonide ointment and solution (generic for Lidex[®]) from Non-Preferred to Preferred	
Removal: Trianex[®] Ointment	

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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 (diflorasone) Cream as Non-Preferred	
MISCELLANEOUS	
ANTIPSORIATICS, ORAL	
Preferred	Non-Preferred
acitretin (generic for Soriatane®)	methoxsalen rapid (generic for OxSORALEN-ULTRA®)
EPINEPHRINE, SELF INJECTED	
Quantity limits apply 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 (generic for Epi-Pen® Auto Injector)
	epinephrine JR (generic for Epi-Pen® JR Auto Injector)
Add Auvi-Q® (epinephrine) Auto Injector as Non-Preferred	
Move epinephrine auto injector (generic for Epi-Pen® Auto Injector) and epinephrine JR (generic for Epi-Pen® JR Auto Injector) from Non-Preferred to Preferred	
ESTROGEN AGENTS, 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	
PROGESTATIONAL 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	
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	

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ESTROGEN AGENTS, ORAL / TRANSDERMAL	
Preferred	Non-Preferred
Climara [®] Pro Patch	Climara [®] Patch
CombiPatch [®]	Divigel [®] Gel Packet
estradiol patch (generic for Climara [®] , Menostar [®] , Vivelle-Dot [®])	Doti [™] Patch
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

ESTROGEN AGENTS, 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
	Yuvaferm [®] Vaginal Tablet

No recommendations. Class open for comments.

GLUCOCORTICOID 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 [®])
	Millipred [®] Dose Pack / Tablet
	Ortikos [™] Capsule
	prednisolone ODT (generic for Orapred [®] ODT)
	Prednisone Intensol [®] Concentrated Solution
	Rayos [®] Tablet
	Taperdex [®] Tablet
	Tarpevo [™] Capsule - Exemption for diagnosis of IgA nephropathy

IMMUNOMODULATORS, SYSTEMIC
Clinical criteria apply to all drugs in this class
Trial and failure of only 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
	Ilaris [®] Injection
	Ilumya [®] 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
	Silliq [®] 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

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	Uplizna® Vial
	Xeljanz® Tablet / Solution / XR Tablet
Add new to market product Amjevita™ (adalimumab-atto) Syringe / Autoinjector as Non-Preferred Move 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	

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MOVEMENT DISORDERS

Clinical criteria apply to all drugs in this class

Preferred	Non-Preferred
Austedo [®] Tablet	Austedo [®] XR (deutetrabenazine) Tablet
Ingrezza [®] Capsule	Xenazine [®] Tablet
Ingrezza [®] Initiation Pack tetrabenazine tablet	

Add new to market product Austedo[®] XR (deutetrabenazine) Tablet as Non-Preferred

HEREDITARY ANGIOEDEMA (HAE) PROPHYLAXIS AGENTS

Preferred	Non-Preferred
Haegarda [®] (C1 Esterase Inhibitor Subcutaneous [Human]) Vial	Cinryze [®] (C1 Esterase Inhibitor [Human]) Vial
Orladeyo [®] (berotralstat) Capsule	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	Firazy [®] (icatibant) Injection
icatibant injection (generic for Firazy [®] Injection)	Ruconest [®] (C1 esterase inhibitor [recombinant]) Vial
Kalbitor [®] (ecallantide) Vial	

New drug category addition

Add the following products as Preferred: Berinert[®] (C1 Esterase Inhibitor [Human]) Vial, icatibant injection (generic for Firazy[®] Injection), Kalbitor[®] (ecallantide) Vial

Add the following products as Non-Preferred: Firazy[®] (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 ampule (generic for Narcan[®])

OPIOID DEPENDENCE

Clinical criteria apply 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[™] - must have diagnosis of moderate to severe opioid use disorder and have initiated treatment 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	buprenorphine-naloxone sl film (generic for Suboxone [®])
Sublocade [™]	Lucemyra [®] Tablet (oral) - Exemption for diagnosis of opioid withdrawal symptoms
	Zubsolv [®] Tablet SL

SKELETAL MUSCLE RELAXANTS

Preferred	Non-Preferred
baclofen tablet (generic for Lioresal [®])	Amrix [®] ER Capsule
cyclobenzaprine tablet (generic for Flexeril [®])	baclofen oral solution
methocarbamol tablet (generic for Robaxin [®])	baclofen suspension (generic for Fleqsuvy [™])
tizanidine tablet (generic for Zanaflex [®] Tablet)	chlorzoxazone tablet (generic for Parafon Fort [®])
	cyclobenzaprine ER capsule (generic for Amrix [®] ER Capsule)
	Dantrium [®] Capsule / Vial
	dantrolene sodium capsule (generic for Dantrium [®])
	Fexmid [®] Tablet
	Fleqsuvy [™] Suspension
	Lorzone [®] Tablet
	Lyvispah [®] Granule Packet (10 mg)
	metaxalone tablet (generic for Skelaxin [®])
	Norgesic [™] (orphenadrine-aspirin/caffeine) Tablet
	Norgesic [™] Forte Tablet
	orphenadrine-aspirin-caffeine tablet
	orphenadrine citrate tablet / vial (generic for Norflex [®])
	Orphengiesic [®] Forte (orphenadrine-aspirin/caffeine) Tablet
	Robaxin [®] Vial
	Skelaxin [®] Tablet
	tizanidine capsules (generic for Zanaflex [®] Capsule)
	Zanaflex [®] Capsule / Tablet

North Carolina Division of Health Benefits
 North Carolina Medicaid Preferred Drug List (PDL)

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	

North Carolina Division of Health Benefits
North Carolina Medicaid Preferred Drug List (PDL)

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>

DIABETIC CONTINUOUS GLUCOSE MONITOR SUPPLIES

Clinical 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

Continuous Glucose Monitor Sensors

Preferred	Non-Preferred
Freestyle Libre [™] 2 Sensor	Freestyle Libre [™] 14 day Sensor
Freestyle Libre [™] 3 Sensor	
Dexcom G6 [®] Sensor 3 Pack	
Dexcom G7 [®] Sensor	

Add new-to-market product Dexcom G7[®] Sensor as Preferred

DIABETIC SUPPLIES

N.C. Medicaid only covers, at point of sale, the designated preferred products listed below for blood glucose meters, diabetic test strips, control solutions, lancets, and lancing devices for Medicaid-primary recipients and Health Choice-primary recipients (dually eligible and third-party recipients are not affected). These products are covered under the Outpatient Pharmacy Program and can be submitted to the pharmacy point-of-sale system with a prescription. Diabetic supplies, including other brands, can also be submitted under Durable Medical Equipment using the NDC 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 blood glucose meters are billed using the NC Medicaid Free BIN Meter program. BIN 610524, PCN 1016, Group 40026479, ID 066499643.***

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	Control Solutions
ACCU-CHEK [®] AVIVA PLUS 50 ct test strips	ACCU-CHEK [®] Multiclix lancing device kit
ACCU-CHEK [®] SMARTVIEW 50 ct test strips	ACCU-CHEK [®] Fastclix lancing device kit
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	

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)