Trial and failure of two preferred drugs are required unless otherwise indicated.

Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered preferred.

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Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at:

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### **ALZHEIMER'S AGENTS**

**Preferred** donepezil 5mg, 10mg tablets / ODT (generic for Aricept® / ODT)

Exelon® Patch

memantine tablet / titration pack (generic for Namenda®)

Namenda® Solution

rivastigmine capsules (generic for Exelon®)

**Non-Preferred** 

Aricept® ODT / Tablets

donepezil 23mg tablets (generic for Aricept®)

Exelon® Capsule

galantamine ER capsule / solution / tablet (generic for Razadyne® / ER)

memantine solution (oral) (generic for Namenda® Solution) Namenda® Titration Pack / XR Capsule / XR Titration Pack

Namenda® Tablet Namzaric™ Solution (Oral)

rivastigmine (Trandsderm) (generic for Exelon® Patch)

Razadyne® ER Capsule / Tablet

#### **ANALGESICS**

#### **OPIOID ANALGESICS**

Long Acting

#### Clinical criteria apply to all drugs in this class

**Preferred Non-Preferred** 

Butrans® Patch Embeda® ER Capsule

fentanyl patch 12mcg / 25mcg / 50mcg / 75mcg / 100mcg (generic for Duragesic®)

morphine sulfate ER tablet (generic for MS Contin®)

OxyContin® Tablet

Non-Preferred

Avinza® Capsule Belbuca (Buccal) ouprenorphine patch

Arymo® ER

Duragesic® Patch Exalgo® Tablet

fentanyl patch (37.5. / 62.5 / 87.5mcg dosages) 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 Xartemis® XR Tablet Xtampza® ER Capsule Zohydro® Capsule

Orally Disintegrating / Oral Spray Schedule II Opioids

Clinical criteria apply to all drugs in this class

**Preferred Non-Preferred** 

fentanyl citrate lozenge (generic for Actiq®)

Fentora® Buccal Tablet Abstral® SL Tablet Subsys® Spray

**ANALGESICS** 

OPIOID ANALGESICS (Continued)

Short Acting Schedule II Opioids

Clinical criteria apply to all drugs in this class

**Preferred** 

Endocet® Tablet (branded generic for Percocet®)

hydrocodone-acetaminophen solution / tablet (generic for Hycet®, Lorcet®, Lortab®, Norco®, Vicodin®)

Actiq® Lozenge

hydrocodone-ibuprofen tablet (generic for Ibudone®, Reprexain®, Vicoprofen®)

hydromorphone tablet (generic for Dilaudid® Tablet) morphine solution / tablet (generic for MSIR®)

codeine sulfate solution / tablet

Demerol® Tablet

Dilaudid® Liquid / Tablet

Endodan® Tablet (branded generic for Percodan®)

Hycet® Solution

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oxycodone solution / tablet (generic for Roxicodone®)

oxycodone-acetaminophen capsules (generic for Tylox®)

oxycodone-acetaminophen tablets (generic for Percocet®)

Xylon® (branded generic for Repraxin®)

hydromorphone solution / suppository (generic for Dilaudid®)

Ibudone® Tablet

Lazanda® Nasal Spray

levorphanol tablet (generic for Levo-Dromoran®)

Lorcet® Tablet / HD Tablet / Plus Tablet

Lortab® Tablet

meperidine solution / tablet (generic for Demerol®)

Meperitab® tablet (branded generic for Demerol®)

morphine suppositories (generic for Roxanol®)

Norco® Tablet

Nucynta® Tablet

Opana® Tablet

Oxecta® Tablet

oxycodone/APAP suspension

oxycodone-aspirin tablet (generic for Endodan®, Percodan®)

oxycodone concentrated solution (generic for Roxicodone® Intensol)

oxycodone-ibuprofen tablet (generic for Combunox®)

oxymorphone tablet (generic for Opana®)

oxycodone capsule (generic for OxyIR®)

Percocet® Tablet

Percodan® Tablet

Primlev® Tablet

Reprexain® Tablet

Roxicet® Solution

Roxicodone® Tablet

Vicodin® Tablet / ES Tablet / HP Tablet

Vicoprofen® Tablet

Xodol® Tablet

Zamicet® Solution

#### **ANALGESICS**

### OPIOID ANALGESICS (Continued)

Short Acting Schedule III – IV Analgesic Combinations

Clinical criteria apply to all drugs in this class

#### Preferred

**Preferred** 

codeine-acetaminophen solution / tablet (generic for Tylenol with Codeine®)

tramadol tablet (generic for Ultram®)

tramadol-acetaminophen tablet (generic for Ultracet®)

#### **Non-Preferred**

Non-Preferred

Ascomp® Capsule (branded generic for Fiorinal with Codeine®)

butalbital compound with codeine capsule (generic for Fiorinal with Codeine®)

outalbital-caffeine-APAP with codeine tablet (generic for Fioricet with Codeine®)

butorphanol spray (generic for Stadol®)

Capital® with Codeine Suspension

Conzip® Capsule

dihydrocodeine-acetaminophen-caffeine tablet (generic for Panlor SS®)

dihydrocodeine-aspirin-caffeine capsule (generic for Synalgos-DC®)

Fioricet® with Codeine Capsule

Fiorinal® with Codeine Capsule

pentazocine-naloxone tablet (generic for Talwin NX®)

Synalgos-DC® Capsule

tramadol ER tablet (generic for Ultram ER®, Ryzolt®)

Tylenol® with Codeine Tablet

Ultracet® Tablet

Ultram® Tablet / ER Tablet

### **ANALGESICS**

### **NSAIDS**

ibuprofen suspension / tablet (generic for Motrin®)

Anaprox® Tablet / DS Tablet

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indomethacin capsule (generic for Indocin®)
ketorolac tablet (generic for Toradol®)
meloxicam tablet (generic for Mobic Tablet®)
naproxen EC tablet (generic for Naprosyn® EC)
naproxen tablet (generic for Naprosyn® Tablet)

sulindac tablet (generic for Clinoril®)

Arthrotec® Tablet
DayPro® Caplet

diclofenac potassium tablet (generic for Cataflam®)

diclofenac sodium tablet / ER tablet (generic for Voltaren® / XR) diclofenac sodium-misoprostol tablet (generic for Arthrotec®)

diflunisal tablet (generic for Dolobid®)

EC-Naprosyn® Tablet

etodolac capsule / tablet / ER tablet(generic for Lodine® / XL)

Feldene® Capsule

fenoprofen tablet (generic for Nalfon®) flurbiprofen tablet (generic for Ansaid®) Indocin® Suppository / Suspension

indomethacin ER capsule (generic for Indocin SR®)

Inflammacin ® tablets

ketoprofen capsule (generic for Orudis®)
ketoprofen ER capsule (generic for Oruvail®)
meclofenamate capsule (generic for Meclomen®)
mefenamic acid capsule (generic for Ponstel®)

Mobic® Tablet

nabumetone tablet (generic for Relafen®)

Nalfon® Capsule
Naprelan® Tablet
Naprosyn® Tablet
Naprosyn® EC
naproxen CR

naproxen sodium ER tablet (generic for Naprelan®)
naproxen sodium tablet (generic for Anaprox®)

naproxen suspension (generic for Naprosyn® Suspension)

oxaprozin tablet (generic for DayPro®) piroxicam capsule (generic for Feldene®)

Ponstel® Kapseals Sprix® Nasal Spray Tivorbex® capsule

tolmetin capsule / tablet (generic for Tolectin®)

Vivlodex™

Voltaren® XR Tablet Zipsor® Capsule Zorvolex® Capsule

meloxicam suspension (generic for Mobic® Oral Suspension) - Exemption for children < 12

years of age
Mobic® Suspension

**Non-Preferred** 

**Non-Preferred** 

Celebrex® Capsule - Clinical criteria apply

Duexis® Tablet Vimovo®

**Preferred** 

**Preferred** 

celecoxib capsule (generic for Celebrex®) - Clinical criteria apply

### **ANALGESICS**

### NEUROPATHIC PAIN

duloxetine capsule (generic for Cymbalta®)

gabapentin capsule / solution (generic for Neurontin®)

Cymbalta® Capsule

Gralise® Starter Pack / Tablet

Horizant®

Irenka® Capsule

Lyrica® Capsule / Solution

Neurontin® Capsule / Solution / Tablet

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Savella® Tablet / Titration Pack

Dermacin RX® PHN PAK

lidocaine patch (generic for Lidoderm®) - Clinical criteria apply

Lidoderm® Patch - Clinical criteria apply

Qutenza® Kit

### **ANTICONVULSANTS**

#### 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 (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 tablet / suspension (generic for Trileptal®) Trileptal® Tablet / Suspension (oral)

Oxtellar® XR Tablet Tegretol® Suspension / Tablet / XR Tablet

### FIRST GENERATION

Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any first generation product.

**Preferred** 

Celontin® Kapseal

Depakene® Capsule / Solution Depakote® Tablet

Dilantin® Capsule / Infatab / Suspension

divalproex capsule/sprinkle / ER tablet / tablet(generic for Depakote® / ER)

ethosuximide capsule / solution (generic for Zarontin®)

Mysoline® Tablet

Peganone® Tablet

phenobarbital

Phenytek® Capsule

phenytoin chewable / capsules / infatab / suspension (generic for Dilantin®)

phenytoin extended capsules (generic for Phenytek®)

Primidone® Tablet

valproic acid capsule / solution (generic for Depakene®)

Zarontin® Capsule / Solution

#### **Non-Preferred**

Depakote® ER Tablet / Sprinkle Capsule

felbamate suspension / tablet (generic for Felbatol®)

Felbatol® Suspension / Tablet

Valproate Syrup (oral)

### **ANTICONVULSANTS**

### 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** 

clonazepam tablet (generic for Klonopin®)

Diastat® Accudial / Pedi System

gabapentin capsule / solution (generic for Neurontin®)

Gabitril® Tablet

lamotrigine chewable / tablet (generic for Lamictal®)

levetiracetam tablet / ER tablet / solution (generic for Keppra® / XR)

Topiragen® Tablet (branded generic for Topamax®)

topiramate sprinkle capsule / tablet (generic for Topamax®)

zonisamide capsule (generic for Zonegran®)

Banzel® Suspension / Tablet

Briviact ® Tablet and Solution

clonazepam ODT (generic for Klonopin® Wafer)

diazepam rectal / system (generic for Diastat® Accudial / Pedi System)

Fycompa® Tablet / Kit/Suspension

gabapentin tablet (generic for Neurontin® Tablet)

Gralise® Starter Pack / Tablet

Keppra® Tablet / Solution / XR Tablet

Klonopin® Tablet

Lamictal® Chewable / ODT / Starter Kit / Tablet / XR / XR Starter Kit / Tablet

lamotrigine starter kits (generic for Lamictal®)

lamotrigine ER tablet / ODT (generic for Lamictal® XR / ODT)

Lyrica® Capsule / Solution

Neurontin® Capsule / Solution / Tablet

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Onfi® Suspension / Tablet

Potiga® Tablet

Qudexy® XR Capsule

Sabril® Powder Packet / Tablet

Spritam ® Tablet

iagabine tablet (generic for Gabitril®) Fopamax® Sprinkle Capsule / Tablet copiramate ER capsule (generic for Qudexy®)

Trokendi® XR Capsule

Vimpat® Solution / Starter Kit / Tablet

Zonegran® Capsule

#### **ANTI-INFECTIVES-SYSTEMIC**

### **ANTIBIOTICS**

#### Cephalosporins and Related

**Preferred Non-Preferred** 

amoxicillin capsule / chewable / suspension / tablet (generic for Amoxil®, Trimox®)

amoxicillin-clavulanate chewable / suspension / tablet / XR tablet (generic for Augmentin® /XR)

cefadroxil capsule / suspension (generic for Duricef®)

cefdinir capsule / suspension (generic for Omnicef®)

cefpodoxime suspension / tablet (generic for Vantin®)

cefprozil suspension / tablet (generic for Cefzil®)

Ceftin® Suspension / Tablet

cefuroxime tablet (generic for Ceftin®)

cephalexin capsule / suspension / tablet (generic for Keflex®)

Suprax® Capsule / Chewable / Suspension/ Tablet

Augmentin® Suspension / Tablet / XR Tablet

cefaclor capsule / suspension / ER tablet (generic for Ceclor® / CD)

cefadroxil tablet (generic for Duricef®)

Cedax® Capsule / Suspension

cefixime suspension

ceftibuten capsule / suspension (generic for Cedax®)

Keflex® Capsule

### Lincosamides and Oxazolidinones

**Preferred Non-Preferred** 

Cleocin® Granules

clindamycin capsules / solution (generic for Cleocin®)

linezolid Tablet (generic for Zyvox®)

linezolid suspension (generic for Zyvox®)

Cleocin® Capsules / Injection

clindamycin injection (generic for Cleocin® Injection)

Lincocin® Vial

incomycin injection (generic for Lincocin Vial®)

inezolid IV solution (generic for Zyvox®)

Sivextro® Tablet / Vial

Synercid® Vial

Zyvox® Tablet / IV Solution / Suspension

### **ANTI-INFECTIVES-SYSTEMIC**

### ANTIBIOTICS (Continued)

#### Macrolides and Ketolides

**Preferred** Non-Preferred

azithromycin powder packet / suspension / tablet (generic for Zithromax®) clarithromycin suspension / tablet (generic for Biaxin®)

E.E.S.® Granules / Filmtab

Eryped® Suspension Erythrocin® Filmtab

erythromycin EC capsule (generic for Ery-C®)

erythromycin filmtab

erythromycin es 200mg suspension (generic for E.E.S.® Suspension)

erythromycin es tablet (E.E.S® Filmtab)

Biaxin® Suspension / Tablet

clarithromycin ER tablet (generic for Biaxin XL®)

Ery-Tab® Tablet

Ketek® Tablet

PCE® Tablet

Zithromax® Powder Packet / Suspension / Tablet / Tri-Pak / Z-Pak

Zmax® Suspension

Nitromidazoles

**Preferred Non-Preferred** 

metronidazole tablet (generic for Flagyl® Tablet)

vancomycin capsule (generic for Vancocin®)

Alinia® Suspension / Tablet Dificid® Tablet

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Flagyl® Capsule / ER Tablet/ Tablet

metronidazole capsule (generic for Flagyl® Capsule)

neomycin tablet (generic for Mycifradin®)

paromomycin capsule (generic for Humatin®)

Tindamax® Tablet

tinidazole tablet (generic for Tindamax®)

Vancocin® Capsule

Xifaxan® Tablet - Exemption for a diagnosis of Hepatic Encephalopathy

### Quinolones

Preferred Non-Preferred

Avelox® Tablet

Cipro® Suspension

ciprofloxacin tablets (generic for Cipro®)

levofloxacin tablet (generic for Levaquin® Tablet)

Avelox® ABC Pack

Cipro® Tablet / XR Tablet

ciprofloxacin ER tablet / suspension (generic for Cipro® XR / Suspension)

Levaquin® Solution / Tablet

levofloxacin solution (generic for Levaquin® Solution)

moxifloxacin tablet (generic for Avelox®) ofloxacin tablet (generic for Floxin®)

### ANTI-INFECTIVES-SYSTEMIC

### ANTIBIOTICS (Continued)

### Tetracycline Derivatives

Preferred Non-Preferred

doxycycline hyclate capsule / tablet (generic for Vibramycin®, Vibra-Tab®) doxycycline monohydrate 50mg, 100mg capsule (generic for Monodox®)

minocycline capsule (generic for Minocin®)

Adoxa® Capsule

demeclocycline tablet (generic for Declomycin®)

Doryx® DR Tablet

Doryx ® MPC Tablet

doxycycline hyclate DR tablet (generic for Doryx DR®)

doxycycline monohydrate 75mg, 150mg capsule (generic for Monodox®, Adoxa®)

doxycycline monohydrate 40mg capsules (generic for Oracea® Capsules)

doxycycline monohydrate tablets (generic for Adoxa®)

minocycline ER tablet (generic for Solodyn® ER)

minocycline tablet (generic for Dynacin®)

Morgidox® Capsule / Kit

Oracea® Capsule

Solodyn® ER Tablet - Clinical justification and failure of doxycyline and minocycline

required. Limited to 12 week supply.

tetracycline capsule (generic for Sumycin®)

Vibramycin® Capsules

doxycycline suspension (generic for Vibramycin Suspension®) - Exemption for patients < 12

years of age

Vibramycin® Suspension / Syrup

# Antifungals

Preferred Non-Preferred

clotrimazole troche (generic for Mycelex Troche®)

fluconazole suspension / tablet (generic for Diflucan®)

griseofulvin suspension (generic for Grifulvin V®) griseofulvin ultra tablets (generic for Gris-Peg®)

nystatin suspension (generic for Nilstat® Suspension)

nystatin tablet (generic for Mycostatin®)

terbinafine tablet (generic for Lamisil®)

Ancobon® Capsule

Cresemba® Capsule

Diflucan® Suspension / Tablet

flucytosine capsule (generic for Ancobon®)

griseofulvin micro tablets (generic for Grifulvin V®)

Gris-Peg® Tablet

itraconazole capsule (generic for Sporanox®)

ketoconazole tablet (generic for Nizoral®)

Lamisil® Granules Packet / Tablet

Effective January 15, 2018

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Noxafil® Suspension / Tablet

Onmel® Tablet

Oravig® Buccal Tablet

Baraclude® Tablet

Epivir® HBV Tablet Vemlidy® tablet

Sporanox® Capsule / Solution

adefovir tablet (generic for Hepsera®)

Vfend® Suspension / Tablet

voriconazole suspension / tablet (generic for Vfend®)

### ANTIVIRALS

# Hepatitis B Agents

**Preferred** Non-Preferred

Baraclude® Solution / Suspension

entecavir tablet (generic for Baraclude®)

Epivir® HBV Solution Hepsera® Tablet

lamivudine HBV tablet (generic for Epivir® HBV)

Tyzeka® Tablet

Viread® Powder / Tablet

# **ANTI-INFECTIVES-SYSTEMIC**

### ANTIVIRALS (Continued)

#### Hepatitis C Agents

**Preferred Non-Preferred** 

Copegus® Tablet

Moderiba® Dosepack (branded generic for Ribasphere® Ribapak)

Moderiba® Tablet (branded generic for Copegus®)

Pegasys® Proclick / Syringe

All genotypes without cirrhosis

Mayvret<sup>TM</sup> (8 weeks of therapy)

Mayvret<sup>TM</sup> (12 weeks of therapy)

All genotypes without cirrhosis

Mayvret<sup>™</sup> (8 weeks of therapy)

Mayvret<sup>TM</sup> (12 weeks of therapy)

ribavirin capsule / tablet (generic for Copegus®, Rebetol®)

Pegasys® Vial

Ribasphere® Ribapak

Ribasphere® Capsule / Tablet (branded generic for Rebetrol)

### Clinical criteria apply to all drugs in this class

### November 1, 2017- April 30, 2018

Daklinza® Tablet (for genotype 3) - must request Sovaldi® in addition to Daklinza® with a

separate PA

Harvoni® Tablet Olysio® Capsule

Sovaldi® Tablet

Technivie™ Dose Pack (for genotype 4)

Viekira™ Pak

Viekira™ XR Tablet

Zepatier® Tablet

#### All genotypes with decompensated cirrhosis (Child-Pugh B and C)

All genotypes with compensated cirrhosis (Child Pugh-A)

Epclusa® Tablet in combination with ribavirin

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™

Harvoni® Tablet (for completion of therapy initiated prior to November 1, 2017)

# Clinical criteria apply to all drugs in this class

### May 1, 2018 and after

Daklinza® Tablet (for genotype 3) - must request Sovaldi® in addition to Daklinza® with a

Harvoni® Tablet Olysio® Capsule

Sovaldi® Tablet

Technivie™ Dose Pack (for genotype 4)

Viekira<sup>TM</sup> Pak

All genotypes with compensated cirrhosis (Child Pugh-A)

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All genotypes with decompensated cirrhosis

Epclusa® Tablet in combination with ribavirin

Zepatier® Tablet

Viekira™ XR 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™

Herpes Treatments

**Preferred Non-Preferred** 

Famvir® Tablet acyclovir capsule / tablet / suspension (generic for Zovirax®) famciclovir tablet (generic for Famvir®) Sitavig® Buccal Tablet valacyclovir tablet (generic for Valtrex®) Valtrex® Caplet

Zovirax® Capsule / Tablet / Suspension

amantadine tablet (generic for Symmetrel®)

Influenza

Non-Preferred **Preferred** 

amantadine capsule / solution (generic for Symmetrel®)

rimantadine tablet (generic for Flumadine®)

Tamiflu® Capsule / Suspension

Antibiotics, Inhaled

Trial and failure of only one preferred drug required Non-Preferred

Preferred Cayston®

Kitabis™ Pak (tobramycin inhalation solution)

Bethkis® (tobramycin inhalation solution)

tobramycin solution / pak

oseltamivir phosphate

Relenza® Diskhaler

**BEHAVIORAL HEALTH** 

ANTIDEPRESSANTS

Other

**Non-Preferred Preferred** 

bupropion tablet / SR tablet / XL tablet (generic for Wellbutrin® / SR / XL) duloxetine capsule (generic for Cymbalta®)

maprotiline tablet (generic for Ludiomil®)

mirtazapine ODT / tablet (generic for Remeron®)

Parnate® Tablet

phenelzine tablet (generic for Nardil®)

tranylcypromine tablet (generic for Parnate®)

trazodone tablet (generic for Desyrel®)

venlafaxine tablet / ER capsules (generic for Effexor®, Effexor® XR)

Aplenzin® Tablet Trintellix® Tablet

Cymbalta® Capsule

desvenlafaxine ER tablet (generic for Khedezla®)

Effexor® XR Capsules

Emsam® Patch

Fetzima® Capsule / Titration Pak

Forfivo® XL Tablet

Khedezla®

Marplan®

Nardil® Tablet

nefazodone tablet (generic for Serzone®)

Oleptro® ER Tablet Pristiq® ER Tablet Remeron® Solutab / Tablet

Savella® Tablet / Titration Pack

venlafaxine ER tablets (generic for Effexor® ER)

Viibryd® Starter Pack / Tablet

Wellbutrin® Tablet / SR Tablet / XR Tablet

**BEHAVIORAL HEALTH** 

ANTIDEPRESSANTS (Continued)

Selective Serotonin Reuptake Inhibitor (SSRI)

Trial and failure of two preferred drugs are required unless otherwise indicated.

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citalopram solution / tablet (generic for Celexa®)

escitalopram tablet (generic for Lexapro® Tablet)

Brisdelle® Capsule

Celexa® Tablet

fluoxetine capsule / solution (generic for Prozac®)

escitalopram solution (generic for Lexapro® Solution)

fluvoxamine tablet (generic for Luvox®) fluoxetine DR capsules (generic for Prozac® Weekly)

paroxetine tablet (generic for Prozac®) - Exemption for children < 12 years of age

fluvoxamine ER capsule (generic for Luvox CR®)

Non-Preferred

Lexapro® Solution / Tablet

paroxetine CR tablet (generic for Paxil CR®)
Paxil® Suspension / Tablet / CR Tablet

Pexeva® Tablet

Prozac® Pulvule / Weekly Capsule

Sarafem® Tablet Zoloft® Solution / Tablet

### ANTIHYPERKINESIS/ ADHD

Preferred Non-Preferred

Aptensio® XR

Adderall® Tablet (GENERIC PRODUCT PER FDA)

Adderall® XR Capsule

Adzenys® XR ODT

amphetamine salt combo tablets (generic for Adderall®)

amphetamine salt combo XR capsules (generic for Adderall XR)

atomoxetine capsule clonidine ER tablet (generic for Kapvay®)

Concerta® Tablet Dexedrine® Tablet / Spansules

Daytrana® Patch dexmethylphenidate tablet / ER capsules (generic for Focalin® / XR)

dextroamphetamine tablet (generic for Dexedrine®) Desoxyn® Tablet

Focalin® Tablet / XR Capsule dextroamphetamine solution (generic for ProCentra®)

guanfacine ER tablet (generic for Intuniv®) dextroamphetamine ER capsule (generic for Dexedrine® Spansules)

Kapvay® Tablet

Methylin® Solution

methylphenidate tablets (generic for Methylin®, Ritalin®)

Dyanavel® XR

Evekeo® Tablet

Intuniv® Tablet

Quillichew® ER Oral Quillivant® XR Suspension

sertraline concentrated solution / tablet (generic for Zoloft®)

Ritalin® Tablet

Vyvanse® Capsule / Chewable Tablet

methamphetamine tablet (generic for Desoxyn®)

Methylin® Chewable

methylphenidate CD capsules (generic for Metadate® CD) methylphenidate chewable / solution (generic for Methylin®)

methylphenidate ER tablets

methylphenidate LA capsules (generic for Ritalin® LA)

ProCentra® Solution
Ritalin® LA Capsule
Strattera® Capsule
Zenzedi® Tablet

### ATYPICAL ANTIPSYCHOTICS

### Injectable Long Acting

# Trial and failure of only one preferred drug required

Preferred
Abilify Maintena® Syringe / Vial
Aris

Haldol® decanoate Ampule

haloperidol decanoate ampule / vial (generic for Haldol decanoate®)

fluphenazine decanoate vial (generic for Prolixin decanoate®)

Invega® Sustenna Prefilled Syringe / Trinza Syringe

Risperdal® Consta Syringe Zyprexa® Relprevv Vial Kit Aristada® Syringe

# Non-Preferred

### BEHAVIORAL HEALTH

### ATYPICAL ANTIPSYCHOTICS

Oral

Trial and failure of only one preferred drug required

Trial and failure of two preferred drugs are required unless otherwise indicated.

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Preferred	Non-Preferred
Abilify® Discmelt	Abilify® Tablet
aripiprazole Tablet / Solution (generic for Abilify®)	aripiprazole ODT (generic for Abilify®)
clozapine ODT (generic for FazaClo®)	Clozaril® Tablet
clozapine tablet (generic for Clozaril®)	Fanapt® Titration Pack
Invega® Tablet	Fanapt® Tablet
Latuda® Tablet	FazaClo® ODT
olanzapine ODT / tablet (generic for Zyprexa®)	Geodon® Capsule
quetiapine tablet (generic for Seroquel®)	Nuplazid® Tablet
quetiapine ER tablet (generic for Seroquel® XR Tablet)	olanzapine-fluoxetine (generic for Symbyax®)
risperidone ODT / solution/tablet (generic for Risperdal®)	paliperidone (generic for Invega® Tablet)
Saphris® SL Tablet	Risperdal® Solution / Tablet / M-Tab ODT
Symbyax® Capsule	Rexulti® Tablet
ziprasidone capsule (generic for Geodon®)	Seroquel® Tablet
ziprasidone capsule (generic for Geodon®)	Seroquel® XR Tablet / XR Sample Kit
	Versacloz® Suspension
	Vraylar® Capsule

Zyprexa® Tablet / Zydis Tablet

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ACE INHIBITORS

ACL	HAHIDITORS
Preferred	Non-Preferred
benazepril tablet (generic for Lotensin®)	Aceon®
enalapril tablet (generic for Vasotec®)	Accupril® Tablet
lisinopril tablet (generic for Prinivil® and Zestril®)	Altace® Capsule
ramipril capsule (generic for Altace®)	captopril tablet (generic for Capoten®)
	Epaned® Solution - Exemption for children < 12 years of age
	fosinopril tablet (generic for Monopril®)
	Lotensin® Tablet
	Mavik® Tablet
	moexipril tablet (generic for Univasc®)
	Qbrelis® Solution - Exemption for children < 12 years of age
	perindopril tablet (generic for Aceon®)
	Prinivil® Tablet
	quinapril tablet (generic for Accupril®)
	trandolanril tablet (generic for Mayik®)

# ACE INHIBITOR CALCIUM CHANNEL BLOCKER COMBINATIONS

Univasc® Tablet Vasotec® Tablet Zestril® Tablet

Preferred	Non-Preferred
amlodipine-benazepril capsule (generic for Lotrel®)	Lotrel® Capsule
	Tarka® ER Tablet
	trandolapril-verapamil ER tablet (generic for Tarka®)

### ACE INHIBITOR DIURETIC COMBINATIONS

Preferred	Non-Preferred	
enalapril-HCTZ tablet (generic for Vaseretic®)	Accuretic® Tablet	
lisinopril-HCTZ tablet (generic for Prinzide®, Zestoretic®)	benazepril-HCTZ tablet (generic for Lotensin® HCT)	
	captopril-HCTZ tablet (generic for Capozide®)	
	fosinopril-HCTZ tablet (generic for Monopril® HCT)	
	Lotensin® HCT Tablet	
	moexipril-HCTZ tablet (generic for Uniretic®)	
	quinapril-HCTZ tablet (generic for Accuretic®, Quinaretic®)	
	Vaseretic® Tablet	

Trial and failure of two preferred drugs are required unless otherwise indicated.

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Zestoretic® Tablet

### CARDIOVASCULAR

#### ANGIOTENSIN II RECEPTOR BLOCKERS

Requires trial and failure of an ACE Inhibitor unless contraindicated or documented adverse event when using a either a preferred or non-preferred Angiotensin II

Receptor Blocker

Preferred	Non-Preferred
Diovan® Tablet	Atacand® Tablet
losartan tablet (generic for Cozaar®)	Avapro® Tablet
	Benicar® Tablet
	candesartan tablet (generic for Atacand®)
	Cozaar® Tablet
	Edarbi® Tablet
	eprosartan tablet (generic for Teveten®)
	irbesartan tablet (generic for Avapro®)
	Micardis® Tablet
	telmisartan tablet (generic for Micardis®)
	valsartan tablet (generic for Diovan®)

### ANGIOTENSIN II RECEPTOR BLOCKER COMBINATIONS

Requires trial and failure of an ACE Inhibitor unless contraindicated or documented adverse event when using a either a preferred or non-preferred Angiotensin II

Receptor Blocker Combination

Preferred	Non-Preferred
Exforge® Tablet	amlodipine/olmesartan tablet (generic for Azor®)
Exforge® HCT Tablet	amlodipine-valsartan tablet (generic for Exforge®)
	amlodipine-valsartan-HCTZ tablet (generic for Exforge® HCT)
	Azor® Tablet
	Prestalia®
	telmisartan-amlodipine tablet (generic for Twynsta®)
	Tribenzor® Tablet
	Twynsta® Tablet

### ANGIOTENSIN II RECEPTOR BLOCKER DIURETIC COMBINATIONS

Preferred	Non-Preferred
osartan-HCTZ tablet (generic for Hyzaar®)	Atacand® HCT Tablet
alsartan-HCTZ tablet (generic for Diovan® HCT)	Avalide® Tablet
	Benicar® HCT Tablet
	candesartan-HCTZ tablet (generic for Atacand® HCT)
	Diovan® HCT Tablet
	Edarbyclor® Tablet
	Hyzaar® Tablet
	irbesartan-HCTZ tablet (generic for Avalide®)
	Micardis® HCT Tablet
	telmisartan-HCTZ tablet (generic for Micardis® HCT)
	Teveten® HCT Tablet
ANGIOTENSIN II RE	CEPTOR-NEPRILYSIN BLOCKER COMBINATIONS
Preferred	Non-Preferred

**ANTI-ARRHYTHMICS** 

Non-Preferred

**Preferred** 

amiodarone tablet (generic for Cordarone®)

disopyramide capsule (generic for Norpace®)

Cordarone® Tablet

dofetilide capsule (generic for Tikosyn®)

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flecainide tablet (generic for Tambocor®)
mexiletine capsule (generic for Mexitil®)

propafenone tablet (generic for Rythmol®)

quinidine sulfate tablet / ER tablet (generic for Quinidex® Extentabs / Tablet)

Rythmol SR® Capsule

Multaq® Tablet

Norpace® Capsule / CR Capsule

Pacerone® Tablet

propafenone SR capsule (generic for Rythmol SR®)

quinidine gluconate tablet (generic for Quinaglute DuraTabs®)

Rythmol® Tablet Tikosyn® Capsule

### **CARDIOVA**SCULAR

### BETA BLOCKERS

Preferred

atenolol tablet (generic for Tenormin®) carvedilol tablet (generic for Coreg®)

labetalol tablet (generic for Trandate®)

metoprolol succinate XL tablet (generic for Toprol XL®)

metoprolol tartrate tablet (generic for Lopressor®)

propranolol solution / tablet / ER capsule (generic for Inderal®)

Sorine® Tablet

sotalol AF tablet / tablet (generic for Betapace® / AF, Sorine®)

Non-Preferred

acebutolol capsule (generic for Sectral®)

Betapace® AF Tablet / Tablet

betaxolol tablet (generic for Kerlone®)

bisoprolol tablet (generic for Zebeta®)

Bystolic® Tablet

Coreg® Tablet / CR Capsule

Corgard® Tablet

Hemangeol® Solution

Inderal® LA Capsule / XL Capsule

Innopran® XL Capsule Levatol® Tablet

Lopressor® Tablet

nadolol tablet (generic for Corgard®) pindolol tablet (generic for Visken®)

Sectral® Capsule Sotylize® Solution Tenormin® Tablet

timolol tablet (generic for Blocadren®)

Toprol XL® Tablet Trandate® Tablet Zebeta® Tablet

### BETA BLOCKER DIURETIC COMBINATION

Preferred

atenolol-chlorthalidone tablet (generic for Tenoretic®)

bisoprolol-HCTZ tablet (generic for Ziac®)

Corzide® Tablet

Dutoprol® Tablet

Lopressor® HCT Tablet

metoprolol-HCTZ tablet (generic for Lopressor® HCT)
propranolol-HCTZ tablet (generic for Inderide®)
nadolol-bendroflumethiazide (generic for Corzide®)

Tenoretic® Tablet Ziac® Tablet

### BILE ACID SEQUESTRANTS

Preferred

cholestyramine light packet / light powder / packet / powder (generic for Questran® / Light)

colestipol tablet (generic for Colestid® Tablet)

Non-Preferred

**Non-Preferred** 

colestipol granules (generic for Colestid® Granules)

Colestid® Granules / Tablet Prevalite® Packet / Powder

Questran® Light Powder / Packet / Powder

Welchol® Packet / Tablet

### CARDIOVASCULAR

### CHOLESTEROL LOWERING AGENTS

Preferred atorvastatin tablet (generic for Lipitor®)

Altoprev® Tablet

Non-Preferred

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lovastatin tablet (generic for Mevacor®) amlodipine-atorvastatin tablet (generic for Caduet®) Caduet® Tablet prayastatin tablet (generic for Prayachol®) simvastatin tablet (generic for Zocor®) Crestor® Tablet

Zetia® Tablet (used as an adjunctive to statin therapy)

rosuvastatin tablet (generic for Crestor®)

fluvastatin capsule / ER tablet (generic for Lescol® / XL)

Lescol® Capsule / XL Tablet

Gonitro® Sublingual Powder Isordil® Tablet / Titradose Tablet

Nitro-Bid® Ointment

ezetimibe (generic for Zetia®)

Lipitor® Tablet Livalo® Tablet Pravachol® Tablet Vytorin® Tablet Zocor® Tablet

Juxtapid® Capsule - Clinical criteria apply Kynamro® Syringe - <mark>Clinical criteria apply</mark>

### **CORONARY VASODILATORS**

**Preferred Non-Preferred** Dilatrate® SR Capsule

isosorbide dinitrate tablet / ER (generic for Isordil Titradose®, IsoDitrate®, et.al.) isosorbide mononitrate tablet / ER tablet (generic for Ismo®, Monoket®, Imdur®)

Minitran® Patch

nitroglycerin ER capsules / patches / spray / sublingual (generic for Nitro-Dur®, Minitran®,

Nitrostat® SL Tablet

Nitrostat®, Nitrolingual®, Nitromist®)

Nitro-Dur® Patch Nitrolingual® Spray Nitromist® Spray

### DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS

**Preferred Non-Preferred** 

Afeditab CR® Tablet (branded generic for Adalat CC®)

amlodipine tablet (generic for Norvasc®)

Nifedical® XL Tablet (branded generic for Procardia XL®)

nifedipine capsule (generic for Procardia®)

nifedipine ER tablet (generic for Adalat CC® / Procardia XL®)

Adalat® CC Tablet

felodipine ER tablet (generic for Plendil®)

isradipine capsule (generic for Dynacirc®)

nicardipine capsule (generic for Cardene®) nimodipine capsule (generic for Nimotop®)

nisoldipine ER tablet (generic for Sular®)

Norvasc® Tablet

Nymalize® Solution

Procardia® Capsule / XL Tablet

Sular® Tablet

Opsumit® Tablet

#### DIRECT RENIN INHIBITOR

Requires trial and failure of an ACE Inhibitor unless contraindicated or documented adverse event when using a either a preferred or non-preferred Direct Renin **Inhibitor** 

**Preferred Non-Preferred** Tekturna® HCT Tablet

Tekturna® Tablet

ENDOTHELIN RECEPTOR ANTAGONISTS

**Preferred** Non-Preferred

Letairis® Tablet Tracleer® Tablet

**CARDIOVASCULAR** 

INHALED PROSTACYCLIN ANALOGS

Tyvaso® Refill Kit / Solution / Starter Kit

**Preferred** 

Ventavis® Solution

Non-Preferred

Trial and failure of two preferred drugs are required unless otherwise indicated.

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More information on the PDL can be found at: http://www.ncdhhs.gov/dma/pharmacy/index.htm Tenex® Tablet TRIGLYCERIDE LOWERING AGENTS **Preferred Non-Preferred** fenofibrate tablet (Tricor®) Antara® Capsule fenofibric acid capsule / tablet (Trilipix®) fenofibrate capsule / tablet (generic for Antara®, Lofibra®, Tricor®) gemfibrozil tablet (generic for Lopid®) fenofibrate tablet (generic for Fenoglide®) fenofibric acid capsule / tablet (generic for Fibricor®, Trilipix®) Fenoglide® Tablet Fibricor® Tablet Lipofen® Capsule Lofibra® Capsule / Tablet 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  $\geq 500$ mg/dl Tricor® Tablet Triglide® Tablet Trilipix® Capsule Vascepa® Capsule CENTRAL NERVOUS SYSTEM **ANTIMIGRAINE AGENTS** Quantity limits apply to all triptans **Preferred Non-Preferred** rizatriptan ODT (generic for Maxalt MLT®) Alsuma® Auto-Injection rizatriptan tablet (generic for Maxalt®) almotriptan tablet (generic for Axert®) sumatriptan nasal spray / syringe / tablet/ vial (generic for Imitrex®) Amerge® Tablet Axert® Tablet Cambia® Powder Packet frovatriptan tablet (generic for Frova®) Frova® Tablet Imitrex® Cartridges / Nasal Spray / Pen / Tablet / Vial Maxalt® Tablet / MLT Tablet Migranow® Kit naratriptan tablet (generic for Amerge®) Onzetra Xsail Nasal Powder® Relpax® Tablet sumatriptan kit / refill/ injection (generic for Imitrex®) Sumavel DosePro® Syringe Treximet® Tablet Zembrace® SymTouch® zolmitriptan ODT / tablet (generic for Zomig®) Zomig® Nasal Spray / Tablet / ZMT Tablet ANTINARCOLEPSY Clinical criteria apply to all drugs in this class **Preferred Non-Preferred** Nuvigil® Tablet armodafinil tablet (generic for Nuvigil®) Provigil® Tablet modafinil tablet (generic for Provigil®) **CENTRAL NERVOUS SYSTEM** ANTIPARKINSON AND RESTLESS LEG SYNDROME AGENTS

**Non-Preferred** 

**Preferred** 

Trial and failure of two preferred drugs are required unless 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.

Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at:

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benztropine tablet (generic for Cogentin®)

bromocriptine tablet (generic for Parlodel®)

carbidopa-levodopa ODT (generic for Parcopa®)

carbidopa-levodopa tablet / ER tablet (generic for Sinemet® / CR)

pramipexole tablet (generic for Mirapex®)

ropinirole tablet (generic for Requip®)

selegiline capsule / tablet (generic for Emsam®)

trihexyphenidyl elixir / tablet (generic for Artane®)

Azilect® Tablet

carbidopa tablet (generic for Lodosyn®)

carbidopa-levodopa-entacapone tablet (generic for Stalevo®)

Comtan® Tablet

Duopa® Suspension

entacapone tablet (generic for Comtan®)

Horizant®

Lodosyn® Tablet

Mirapex® Tablet / ER Tablet

Neupro® Patch

Parlodel® Capsule / Tablet

pramipexole ER tablet (generic for Mirapex ER®)

rasagiline (generic for Azilect®) Requip® Tablet / XL Tablet

ropinirole ER tablet (generic for Requip XL®)

Rytary® ER Capsule Sinemet® Tablet / CR Tablet

Stalevo® Tablet Tasmar® Tablet

tolcapone tablet (generic for Tasmar®)

Xadago® Zelapar® ODT

### MULTIPLE SCLEROSIS

**Preferred Non-Preferred** 

Avonex® Pack / Pen / Syringe

Betaseron® Kit / Vial

Copaxone® Syringe Gilenya® Capsule

Rebif® Ribidose / Titration Pack / Syringe

Tecfidera® Capsule / Starter Pack

Ampyra® Tablet

Aubagio® Tablet

Extavia® Kit / Vial

Glatopa® Syringe

Lemtrada® Vial

Plegridy® Pen / Pen Starter Pack / Syringe / Syringe Starter Pack

Zinbryta® Injection

Ocrevus®

### SEDATIVE HYPNOTICS

### Quantity limits apply to all sedative hypnotics

**Preferred** flurazepam capsule (generic for Dalmane®)

temazepam 15mg, 30mg capsule (generic for Restoril®)

zolpidem tablet (generic for Ambien®)

**Non-Preferred** 

Ambien® Tablet / CR Tablet

Belsomra® Tablet

Edluar® SL Tablet

estazolam tablet (generic for Prosom®) eszopiclone tablet (generic for Lunesta®)

Halcion® Tablet

Hetlioz® Capsule

Intermezzo® SL Tablet

Lunesta® Tablet

Restoril® Capsule

Rozerem® Tablet

Silenor® Tablet

Sonata® Capsule

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®)

zolpimist oral spray

Trial and failure of two preferred drugs are required unless otherwise indicated.

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	ERVOUS SYSTEM
SMOKIN	IG CESSATION
Preferred	Non-Preferred
Buproban® Tablet (branded generic for Zyban®)	Nicoderm® CQ Patch
bupropion SR tablet (generic for Zyban®)	Nicotrol® Inhaler / NS Spray
Chantix® Tablet / Starting Box / Continuation Month Box - Quantity limited to 6 months per	Nicorette® Gum / Lozenge (Buccal)
months	
Nicorelief® Gum	Zyban® SR Tablet
nicotine gum / lozenge / patch	
ENDO	
	CRINOLOGY
	TH HORMONE
	ply to all drugs in this class
Preferred	Non-Preferred
Genotropin® Cartridge / Miniquick	Humatrope® Cartridge / Vial
Norditropin® Flexpro / Nordiflex	Nutropin® AQ Pen / Nuspin
Serostim® Vial	Omnitrope® Cartridge / Vial
	Saizen® Click-Easy Cartridge / Vial
	TevTropin® Vial
	Zomacton® Vial
	Zorbtive® Vial
	MICS - INJECTABLE
	Acting Insulin
Preferred	Non-Preferred
Humalog® Vial	Humalog® Kwikpen
Novolog® Cartridge / Flexpen / Vial	Afrezza® Inhalation Powder
	Apidra® Solostar / Vial
	Humalog® Cartridge
	Acting Insulin
Preferred	Non-Preferred
Humulin® R Vial	Humulin R-U500 Kwikpen®
	Novolin® R Vial / Relion Vial
	ate Acting Insulin
Preferred	Non-Preferred
Humulin® N Vial	Humulin® N Pen
	Novolin® N Vial / Relion Vial
	Acting Insulin
Preferred	Non-Preferred
	y one preferred drug required
Lantus® Solostar / Vial	Basaglar Kwikpen®
Levemir® FlexTouch / FlexPen / Vial	Tresiba® Flextouch
	Toujeo® Solostar
	d Combination Insulin
Preferred	Non-Preferred
Humalog® Mix 50/50 Kwikpen	
Humalog® Mix 75/25 Kwikpen	
Humalog® Mix 75/25 Vial	
Novolog® Mix 70/30 Flexpen / Vial	
Premixed 70/3	0 Combination Insulin

Trial and failure of two preferred drugs are required unless 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.

Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at:

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More information on the PDL can be found at: http://www.ncdhhs.gov/dma/pharmacy/index.htm **Preferred** Non-Preferred Humulin® 70/30 Vial Humulin® 70/30 Pen Novolin® 70/30 Vial / Relion Vial **ENDOCRINOLOGY** HYPOGLYCEMICS - INJECTABLE (continued) **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 GLP-1 Receptor Agonists 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-prefrerred GLP-1 Receptor Agonist and Combination **Preferred Non-Preferred** Continuation of therapy requires documentation that clinical goals have been met Adlyxin® Injection Byetta® Pen Soliqua® Injection Bydureon® Pen / Vial Trulicity® Pen Tanzeum® Pen Injector Victoza® Pen Xultophy® Injection HYPOGLYCEMICS - ORAL 2nd Generation Sulfonylureas **Preferred Non-Preferred** Amaryl® Tablet Diabeta® Tablet glimepiride tablet (generic for Amaryl®) glipizide tablet / ER tablet (generic for Glucotrol® / XL) Glucotrol® Tablet / XL Tablet glyburide micronized tablet (generic for Micronase®, Glynase®) glyburide tablet (generic for Diabeta®) Glynase® Tablet Alpha-Glucosidase Inhibitors **Preferred Non-Preferred** miglitol tablet (generic for Glyset®) acarbose tablet (generic for Precose®) Glyset® Tablet Precose® Tablet **Biguanides and Combinations Preferred Non-Preferred** glipizide-metformin tablet (generic for Metaglip®) Fortamet® Tablet Glucophage® Tablet / ER Tablet glyburide-metformin tablet (generic for Glucovance®) metformin tablet / ER tablet (generic for Glucophage® / ER) Glucovance® Tablet Glumetza® Tablet \*\* requires documentation as to why the beneficiary cannot use preferred ong acting metformin product metformin ER tablet (generic for Fortamet®) metformin ER tablet (generic for Glumetza®) Riomet® Solution **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-prefrerred DPP-IV Inhibitor and Combination **Preferred Non-Preferred** 

alogliptin tablet (generic for Nesina®)

Janumet® Tablet

Trial and failure of two preferred drugs are required unless 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.

Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at:

www.nctracks.nc.gov/content/public/providers/pharmacy/pa-drugs-criteria-new-format.html

More information on the PDL can be found at: http://www.ncdhbs.gov/dma/pharmacy/index.html

More information on the PDL can be found at: htt	p://www.ncdhhs.gov/dma/pharmacy/index.htm
Janumet® XR Tablet	alogliptin-metformin tablet (generic for Kazano®)
Januvia® Tablet	alogliptin-pioglitazone tablet (generic for Orseni®)
Jentadueto® Tablet	Glyxambi® Tablet
Tradjenta® Tablet	Jentadueto® XR Tablet
	Kazano® Tablet
	Kombiglyze® XR Tablet
	Nesina® Tablet
	Onglyza® Tablet
	Oseni® Tablet
ENDOCRII	
HYPOGLYCEMICS - Megliti	
Preferred	Non-Preferred
nateglinide tablet (generic for Starlix®)	Prandin® Tablet
repaglinide tablet (generic for Prandin®)	Starlix® Tablet
repagning tablet (generic for Francing)	repaglinide-metformin tablet (generic for Prandimet®)
	repugning metrorium tublet (generie for Flundingers)
Sodium-Glucose Co-Transporter 2 (S	GLT2) Inhibitor and Combinations
Requires trial and failure or insufficient response to metformin containing products u	
a non-prefrerred SGLT2 In	
Preferred	Non-Preferred
Farxiga® Tablet	Invokamet® Tablet / XR Tablet
Jardiance® Tablet	Invokana® Tablet
	Invokana® Tablet
	Synjardy® Tablet / XR Tablet
	Xigduo® XR Tablet
Thiazolidinediones	
Preferred	Non-Preferred
pioglitazone tablet (generic for Actos®)	ActoPlus Met® Tablet / XR Tablet
	Actos® Tablet
	Avandamet® Tablet
	Avandaryl® Tablet
	Avandia® Tablet
	Duetact® Tablet
	pioglitazone-glimepiride tablet (generic for Duetact®)
	pioglitazone-metformin tablet (generic for ActoPlus Met®)
GASTROIN'	   PESTINAL
ANTIEMETIC-ANTI	
Preferred	Non-Preferred
dimenhydrinate vial (generic for Dramamine®)	Akynzeo® Capsule
meclizine tablet (generic for Antivert®)	Anzemet® Tablet / Vial
metoclopramide / solution / tablet (generic for Reglan®)	Cesamet® Capsule
ondansetron ODT / solution / tablet(generic for Zofran®)	dronabinol capsule (generic for Marinol®)
prochlorperazine tablet (generic for Compazine®)	granisetron tablets (generic for Kytril®)
promethazine syrup / tablet (generic for Phenergan®)	Marinol® Capsule
Transderm-Scop® Patch	metoclopramide ODT (generic for Metozolv®)
	metoclopramide ODT (generic for Reglan®)
	Metozolv® ODT
	Sancuso® patch
	scopolamine patch
	Sustol® Injection
	trimethobenzamide capsule (generic for Tigan®)
	Varubi® Tablet
-	•

Trial and failure of two preferred drugs are required unless otherwise indicated.

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In addition to trial and failure criteria, clinical criteria (indicated in RED) may also apply.

Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at:

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Zofran® Solution / ODT / Tablet Zuplenz® Soluble Film

aprepitant capsule/pack (generic for Emend®) - Clinical criteria apply

Emend® Powder Packet - Clinical criteria apply Emend®Trifold Pack - Clinical criteria apply

Diclegis® Tablet - Exemption for diagnosis of pregnancy

BILE ACID SALTS

**Preferred** Non-Preferred

ursodiol tablet (generic for Urso®)

megestrol suspension / tablet (generic for Megace®)

omeprazole RX capsule (generic for Prilosec® RX)

pantoprazole tablet (generic for Protonix®)

Protonix® Suspension

Emend® Capsule - Clinical criteria apply

Pylera® Capsule

Actigall® Capsule Chenodal® Tablet Cholbam® Capsule Ocaliva® Tablet

Urso® Tablet / Urso® Forte Tablet ursodiol capsule (generic for Actigall®)

**GASTROINTESTINAL** 

H. PYLORI COMBINATIONS

**Preferred** 

**Non-Preferred** lansoprazole-amoxicillin-clarithromycin pack (generic for Prevpac®)

> Omeclamox-Pak® Combo Pack Prevpac® Patient Pack

**HISTAMINE-2 RECEPTOR ANTAGONISTS** 

**Preferred Non-Preferred** 

famotidine tablet / suspension (generic for Pepcid®) cimetidine solution / tablet (generic for Tagamet®) ranitidine capsule / syrup / tablet (generic for Zantac®) nizatidine capsule / solution (generic for Axid®)

Pepcid® Tablet / Suspension

Zantac® Tablet

PANCREATIC ENZYMES

**Preferred Non-Preferred** 

Creon® Capsule Pancreaze® Capsule Pertzye® Capsule pancrelipase capsule (generic for Pancrease®) Zenpep® Capsule Ultresa® Capsule

Viokase® Tablet

PROGESTINS USED FOR CACHEXIA

**Preferred Non-Preferred** 

Megace® Suspension / ES Suspension

megestrol ES suspension (generic for Megace® ES)

PROTON PUMP INHIBITORS

**Preferred** Non-Preferred

Exemption for children < 12 years of age

Nexium® RX / Capsule / Packet Aciphex® Sprinkle Capsules / Tablets

Dexilant® Capsule

esomeprazole capsule (generic for Nexium® RX / OTC) lansoprazole capsule (generic for Prevacid® RX / OTC)

omeprazole OTC capsule / tablet (generic for Prilosec® OTC)

omeprazole sodium bicarbonate capsule (generic for Zegerid® RX / OTC)

Prevacid® RX / OTC Capsule / Solutab

Prilosec® RX Capsule / Suspension

Protonix® Tablet

rabeprazole tablet (generic for Aciphex®)

Trial and failure of two preferred drugs are required unless otherwise indicated.

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In addition to trial and failure criteria, clinical criteria (indicated in RED) may also apply.

Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at:

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	s/pharmacy/pa-drugs-criteria-new-format.html
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	Zegerid® RX / Capsule / Packet
SELECTIVE CONST	ΓΙΡΑΤΙΟΝ AGENTS
Preferred	Non-Preferred
	alosetron tablet (generic for Lotronex® Tablet)
Amitiza® Capsule	Lotronex® Tablet
Linzess® Capsule	Relistor® Syringe / Vial / Oral Tablet
Movantik® Tablet	Trulance®
	Viberzi® Tablet - Exemption for Irritable Bowel Syndrome with Diarrhea (IBS-D)
GASTROIN	TESTINAL
	VE COLITIS
	ral New Desfermed
Preferred	Non-Preferred
Apriso® Capsule	Asacol® HD Tablet
balsalazide capsule (generic for Colazal®)	Azulfidine® Entab / Tablet
sulfasalazine DR tablet (generic for Azulfidine® Entab)	Colazal® Capsule
sulfasalazine IR tablet (generic for Azulfidine®)	Delzicol® Capsule
Sulfazine® (branded generic for Azulfidine®)	Dipentum® Capsule
	Giazo® Tablet
	Lialda® Tablet
	mesalamine tablet (generic for Asacol® HD)
	Pentasa® Capsule
	Uceris® TabletA
Pa	ctal
Trial and failure of only of	
Preferred	Non-Preferred
Canasa® Suppository	mesalamine kit (generic for Rowasa® Kit)
mesalamine enema (generic for Rowasa® Enema)	Rowasa® Kit
	SFRowasa® Enema
	Uceris® Rectal Foam
	ERPLASIA 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®)	dutasteride/ tamsulosin capsule (generic Jalyn capsule®)
finasteride tablet (generic for Proscar®)	Flomax® Capsule
tamsulosin capsule (generic for Flomax®)	Jalyn® Capsule
terazosin capsule (generic for Hytrin®)	Proscar® Tablet
	Rapaflo® Capsule
	Uroxatral® Tablet
	Cialis® Tablet - Clinical criteria apply
ELECTROLYT	E DEPI ETERS
Preferred	Non-Preferred
2.222.204	
calcium acetate capsule (generic for PhosLo®)	Auryxia® Tablet
calcium acetate tablet (generic for Eliphos®)	Fosrenol® Chewable
Eliphos® Tablet	Fosrenol® Powder Pack
Renagel® Tablet	Magnebind® 400 RX Tablet
Renvela® Powder Pack	PhosLo® Gelcap / Solution
Renvelle Lowdel Lack	Phoslyra® Solution
	Renvela® Tablet
	Kenvela® Tablet
	sevelamer tablet / powder pack (generic for Renvela®)

Trial and failure of two preferred drugs are required unless otherwise indicated.

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In addition to trial and failure criteria, clinical criteria (indicated in RED) may also apply.

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More information on the PDL ca	n be found at: http://www.ncdhhs.gov/dma/pharmacy/index.htm
	Velphoro® Chewable
	GENITOURINARY/RENAL
	URINARY ANTISPASMODICS
Preferred	Non-Preferred darifenacin er tablet (generic for Enablex®)
oxybutynin syrup / tablet (generic for Ditropan®)	
Toviaz® Tablet	Detrol® Tablet / LA Capsule
Vesicare® Tablet	Ditropan® XL Tablet
	Enablex® Tablet
	flavoxate tablet (generic for Urispas®)
	Gelnique® Gel / Gel Sachets
	Myrbetriq® Tablet
	oxybutynin ER tablet (generic for Ditropan XL®)
	Oxytrol® Patch
	tolterodine tablet / ER capsule(generic for Detrol® / LA)
	trospium tablet / ER capsule (generic for Sanctura® / XR)
	GOUT
Preferred	Non-Preferred
allopurinol tablet (generic for Zyloprim®)	colchicine tablet (generic for Colcrys®)
colchicine capsule (generic for Mitigare®)	Colcrys® Tablet
probenecid tablet(generic for Benemid®)	Mitigare® Capsule
probenecid-colchicine tablet (generic for Col-Benemid®)	Uloric® Tablet
probehecid-colcincine tablet (generic for Col-Benefind®)	Zyloprim® Tablet
	Zurampic® Tablet
	Zurampico Tablet
	HEMATOLOGIC
	ANTICOAGULANTS
	Injectable
Preferred	Non-Preferred
Fragmin® Syringe / Vial	Arixtra® Syringe
Lovenox® Syringe / Vial	enoxaparin syringe / vial (generic for Lovenox®)
	fondaparinux syringe (generic for Arixtra®)
	Oral
Preferred	Non-Preferred
Coumadin® Tablet	
Eliquis® Tablet	
Jantoven® (branded generic for Coumadin®)	
Pradaxa® Capsule	
Savaysa® Tablet	
warfarin tablet (generic for Coumadin®)	
Xarelto® Starter Pack / Tablet	
	HEMATOPOIETIC AGENTS
	al criteria apply to all drugs in this class
Preferred	Non-Preferred
Aranesp® Syringe / Vial	Epogen® Vial
Procrit® Vial	Mircera® Syringe
THROM	IBOPOIESIS STIMULATING AGENTS
Preferred	Non-Preferred
Nplate® Vial	4 1022 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Promacta® Tablet	
	OPHTHALMIC

Trial and failure of two preferred drugs are required unless otherwise indicated.

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ALLERGIC CONJUNCTIVITIS AGENTS
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cromolyn sodium drops (generic for Crolom®) Alocril® Drops olopatadine drops (AG generic for Patanol®) Alomide® Drops

**Preferred** 

Alrex® Drops

azelastine drops (generic for Optivar®)

Bepreve® Drops Elestat® Drops Emadine® Drops

epinastine drops (generic for Elestat®)

Lastacaft® Drops

olopatadine drops (generic for Pataday®)

Optivar® Drops Patanol® Drops Pataday® Drops Pazeo® Drops

### **ANTIBIOTICS**

Preferred **Non-Preferred** 

Azasite® Drops pacitracin ointment (generic for AK-Tracin®)

Besivance® Suspension AK-Poly-Bac® Ointment (branded generic for Polysporin®) Bleph-10® Drops bacitracin-polymyxin ointment (generic for Polysporin®)

ciprofloxacin solution drops (generic for Ciloxan®) Ciloxan® Drops / Ointment

Garamycin® Drops erythromycin ointment (generic for Ilotycin®) Gentak® Ointment (branded generic gor Garamycin®)

gentamicin drops / ointment (generic for Garamycin®)

Moxeza® Drops

neomycin-bacitracin-polymyxin ointment (generic for Neosporin® Ophthalmic Ointment)

Neo-Polycin® (branded generic for Neosporin® Ophthalmic Ointment)

neomycin-polymyxin-gramicidin drops (generic for Neosporin® Ophthalmic Drops)

ofloxacin drops (generic for Ocuflox®)

Polycin® Ointment (branded generic for Polysporin®) polymyxin-trimethoprim drops (generic for Polytrim®)

sulfacetamide drops (generic for Bleph-10®) tobramycin drops (generic for Tobrex®)

Vigamox® Drops

Non-Preferred

gatifloxacin drops (generic for Zymaxid®)

Ilotycin® Ointment

levofloxacin drops (generic for Quixin®)

moxifloxacin ophthalmic solution

Natacyn® Drops Neosporin® Drops Ocuflox® Drops

Polytrim® Drops sulfacetamide ointment (generic for Cetamide®)

Tobrex® Ointment/ Drops Zymaxid® Drops

#### ANTIBIOTICS-STEROID COMBINATIONS

**Preferred Non-Preferred** Blephamide® Drops / S.O.P. Ointment

neomycin-polymyxin-dexamethasone drops / ointment (generic for Maxitrol®)

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

### **OPHTHALMIC**

#### ANTI INFLAMMATORY

**Preferred** Non-Preferred

dexamethasone drops (generic for Decadron®) Acular® Drops / LS Solution diclofenac drops (generic for Voltaren®) Acuvail® Solution

bromfenac drops (generic for Xibrom®)

Durezol® Drops

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Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at:

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More information on the PDL can be found at: http://www.ncdhhs.gov/dma/pharmacy/index.htm Flarex® Drops FML® Liquifilm Drops fluorometholone drops (generic for FML®) Ilevro® Drops flurbiprofen drops (generic for Ocufen®) Iluvien® Implant FML® Forte Drops / S.O.P. Ointment Lotemax® Gel / Ointment ketorolac solution (generic for Acular® / LS) Nevanac® Droptainer Ocufen® Drops Lotemax® Drops Maxidex® Drops Omnipred® Drops Pred Mild® Drops Ozurdex® Implant prednisolone acetate drops (generic for Pred Forte®) Pred Forte® Drops Prolensa® Drops prednisolone sodium phosphate drops (generic for Inflamase Forte®) Retisert® Implant Triesence® Vial Vexol® Drops ANTI INFLAMMATORY/IMMUNOMODULATOR **Preferred Non-Preferred** Restasis® Xiidra® Restasis® (multidose) 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 Beta Blocker Agents Preferred **Non-Preferred** betaxolol drops (generic for Betoptic®) carteolol drops (generic for Ocupress®) Combigan® Drops Betagan® Drops Istalol® Drops Betimol® Drops Betoptic® S Drops levobunolol drops (generic for Betagan®) timolol drops / GFS gel-solution / gel-solution (generic for Timoptic® / Timoptic XE®) metipranolol drops (generic for OptiPranolol®) Γimoptic® Drops / Ocudose Drops / XE Solution Carbonic Anhydrase Inhibitors **Preferred Non-Preferred** Cosopt® Drops / PF Drops Azopt® Drops Trusopt® Drops dorzolamide drops (generic for Trusopt®) dorzolamide-timolol drops (generic for Cosopt®) Simbrinza® Drops Prostaglandin Agonists **Preferred Non-Preferred** bimatoprost (generic for Lumigan® Drops) latanoprost drops (generic for Xalatan®) Travatan® Z Drops Lumigan® Drops ravoprost drops (generic for Travatan®) Xalatan® Drops Zioptan® Drops **OSTEOPOROSIS** BONE RESORPTION SUPPRESSION AND RELATED AGENTS **Preferred Non-Preferred** alendronate tablet (generic for Fosamax®) Actonel® Tablet

alendronate solution (generic for Fosamax® Solution)

Evista® Tablet

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Fortical® Nasal Spray Atelvia® Tablet Binosto® Effervescent Tablet Boniva® Tablet calcitonin salmon nasal spray (generic for Miacalcin®) etidronate tablet (generic for Didronel®) Forteo® Pen Injection Fosamax® Tablet / Plus D Tablet ibandronate tablet (generic for Boniva®) Miacalcin® Nasal Spray Prolia® Syringe raloxifene tablet (generic for Evista®) risedronate tablet (generic for Actonel®) Tymlos™ **OTIC ANTIBIOTICS Preferred Non-Preferred** Cipro® HC Suspension Ciprodex® Suspension ciprofloxacin solution (generic for Cetraxal®) neomycin-polymyxin-hydrocortisone solution / suspension (generic for Cortisporin®) Coly-Mycin® S Drops Cortisporin-TC® Suspension ofloxacin drops (generic for Floxin®) Otiprio® Suspension Otovel® Drops ANTI-INFECTIVES AND ANESTHETICS **Preferred Non-Preferred** acetic acid solution (generic for Vosol®) Acetasol HC® Drops (branded generic for Vosol® HC) acetic acid-aluminum drops (generic for Domeboro®) acetic acid-hydrocortisone solution (generic for Vosol® HC) Otic Care® Solution antipyrine-benzocaine drops (generic for Auralgan®) Auroguard® Solution (branded generic for Auralgan®) Oto-End 10® Drops Otozin® Ear Drops Pinnacaine® Otic Drops RESPIRATORY BETA-ADRENERGIC HANDHELD, LONG ACTING **Non-Preferred Preferred** Serevent® Diskus Arcapta® Neohaler Striverdi® Respimat Inhalation Spray BETA-ADRENERGIC HANDHELD, SHORT ACTING **Preferred Non-Preferred** Proair Respiclick® Proair® HFA Inhaler Proventil® HFA Inhaler Ventolin® HFA Inhaler Xopenex® HFA Inhaler BETA-ADRENERGIC NEBULIZERS **Preferred** Non-Preferred albuterol 0.63mg/3ml solution (generic for Accuneb®) Brovana® Solution albuterol 1.25mg/3ml solution (generic for Accuneb®) levalbuterol solution / concetrate solution (generic for Xopenex® / Concetrate ) albuterol sulfate 2.5mg/0.5ml solution Perforomist® Solution albuterol sulfate 2.5mg/3ml solution Xopenex® Solution / Concetrate Solution albuterol sulfate 5mg/ml solution RESPIRATORY **BETA-ADRENERGIC - ORAL** 

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Non-Preferred

Preferred

albuterol tablets (generic for Proventil® Repetabs)	albuterol ER tablets (generic for VoSpire® ER)
albuterol syrup (generic for Ventolin® Syrup)	metaproterenol tablet (generic for Alupent® Tablet)
metaproterenol syrup (generic for Alupent® Syrup)	VoSpire® ER Tablet
terbutaline tablet (generic for Brethine®)	Vospite® ER Tablet
terbutanne tablet (generic for breunnes)	
CC	OPD AGENTS
Preferred	Non-Preferred
Trial and failure of Spiriva® only rec	quired to obtain a non-preferred drug in this class
Atrovent® HFA Inhaler	Anoro® Elipta Inhaler
ipratropium nebulizer solution (generic for Atrovent® Nebulizer Solution)	Bevespi ® Aerosphere
ipratropium-albuterol solution (generic for Duoneb®)	Combivent® Respirat Inhalation Spray
Spiriva® Handihaler	Daliresp® Tablet
Stiolto® Respimat Inhalation Spray	Incruse® Elipta Inhaler
	Seebri® Neohaler
	Spiriva® Respimat Inhalation Spray 2.5mcg
	Tudorza® Pressair Inhaler
	Utibron® Neohaler
	Spiriva Respimat Inhalation Spray 1.25mcg **Exemption from trial and failure of preferred
	drugs for Spiriva® Respimat 1.25mcg when used for Asthma, but must be used concurrently with an inhaled corticosteroid or inhaled corticosteroid/beta agonist
	combination**
COR	TICOSTEROIDS
Clinical criteria	apply to all drugs in this class
Preferred	Non-Preferred
Pulmicort® Respules 0.25mg, 0.5mg, 1mg	Aerospan® Inhaler
QVAR® Inhaler	Alvesco® Inhaler
	Arnuity Elipta® Inhaler
	Asmanex® HFA Inhaler
	Asmanex® Twisthaler
	budesonide suspension (generic for Pulmicort® Respules)
	Flovent® Diskus / HFA Inhaler
	Pulmicort® Flexhaler
CORTICOST	EROID COMBINATION
Clinical criteria	apply to all drugs in this class
Preferred	Non-Preferred
Advair® Diskus	Advair® HFA Inhaler
Dulera® Inhaler	Breo Elipta®
Symbicort® Inhaler	AirDuo®
	fluticasone/salmeterol (generic for AirDuo®)
	AL RHINITIS AGENTS
Preferred	Non-Preferred
	Exemption for steroids applies to children < 4 years of age
azelastine spray (generic for Astepro®)	Astepro® Nasal Spray
azelastine spray (generic for Astelin®)	Astelin® Nasal Spray
fluticasone spray (generic for Flonase®)	Atrovent® Spray
ipratropium spray (generic for Atrovent® Nasal)	Beconase® AQ spray
Patanase® Nasal Spray	budesonide nasal spray (generic for Rhinocort® Aqua)
	Dymista® Nasal Spray
	Flonase® Nasal Spray (RX ONLY)
	flunisolide spray (generic for Nasalide®)
	mometasone nasal spray (generic for Nasonex®)
	Nasonex® Nasal Spray
	olopatadine nasal spray(generic for Patanase®)

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Omnaris® Nasal Spray

QNasl® Nasal Spray / Children's Spray

Rhinocort® Aqua Nasal Spray

Ticanase nasal spray

riamcinolone nasal spray (generic for Nasacort® AQ)

Veramyst® Nasal Spray Zetonna® Nasal Spray

#### RESPIRATORY

### LEUKOTRIENE MODIFIERS

Preferred Non-Preferred

montelukast chewable / granules / tablet (generic for Singulair®)

cetirizine tablets OTC (generic for Zyrtec® OTC Tablets)

cetirizine RX syrup (generic for Zyrtec® Syrup)

loratadine tablet OTC (generic for Claritin® OTC)

zafirlukast tablet (generic for Accolate®)

Accolate® Tablet

Singulair® Chewable / Granules / Tablet

Zyflo® CR Tablet / Filmtab

zileuton

#### LOW SEDATING ANTIHISTAMINES

Preferred Non-Preferred

cetirizine OTC syrup 1mg/1ml (generic for Zyrtec OTC® Syrup) cetirizine OTC syrup 5mg/5ml (generic for Zyrtec® OTC Syrup)

Clarinex® Syrup / Tablet - Exemption for children < 2 years of age

Claritin® Tablet

desloratadine ODT / Tablet (generic for Clarinex®)

fexofenadine 60mg, 180 mg tablet (generic for Allegra®)

fexofenadine OTC suspension / tablet (generic for Allegra® OTC)

levocetirizine solution / tablet (generic for Xyzal®)

oratadine OTC ODT / solution (generic for Claritin® OTC)

Xyzal® Solution / Tablet

### LOW SEDATING ANTIHISTAMINE COMBINATION

Quantity limit of 102 days supply per 12 months apply to all drugs in this class

Preferred

Non-Preferred

cetirizine-D OTC tablet (generic for Zyrtec-D® OTC)

Clarinex-D® Tablet

fexofenadine-D 12 Hour OTC Tablet (generic for Allegra-D® 12 Hour OTC)

Semprex-D® Capsule

# **TOPICALS**

# ACNE AGENTS

Preferred Non-Preferred

loratadine-D OTC tablet (generic for Claritin-D® OTC)

Benzaclin® Gel / Gel Pump

clindamycin phosphate pledgets / solution (generic for Cleocin-T®)

Differin® Cream / Gel / Gel Pump / Lotion

Retin-A® Cream / Gel

Azelex® Cream

Acne Clearing System

Acanya® Gel Pump

Aczone® Gel

adapalene cream / gel / gel pump (generic for Differin®)

Atralin® Gel

Avar® Cleanser / Cleansing Pads / LS Cleanser / LS Cleansing Pads Avar-E® Emollient Cream / Green Emollient Cream / LS Cream

Avita® Cream / Gel

Benzamycin® Gel / Pak Gel

Benzefoam Ultra

Benzepro® Creamy Wash / Emollient Foam / Foam / Foaming Cloths

benzoyl peroxide cleanser / wash / foam / gel / kit / towlette (generic for Benzac®, et. al)

BP® 10-1 Wash / Cleansing Wash

Cleocin® T Gel / Lotion / Pledgets / Solution

Clindacin® ETZ Pledget / Kit / P Pledgets / PAC Kit

clindamycin phosphate gel / lotion (generic for Cleocin-T®)

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clindamycin phosphate foam (generic for Evoclin®)

clindamycin-benzoyl peroxide gel (generic for Benzaclin®, Duac®, Neuac®)

clindamycin/benzoyl peroxide with pump (generic for Benzaclin®)

clindamycin/tretinoin (generic for Veltin®)

Duac® Gel

Epiduo® Gel / Gel Pump/ Forte

Ery® Pads

Erygel® Gel

erythromycin gel / pledgets / solution (generic for Emcin®, Erycette®, EryDerm®, EryGel®,

EryMax®, A/T/S®, T-Stat®)

erythromycin-benzoyl peroxide gel (generic for Benzamycin®)

Evoclin® Foam

Fabior® Foam

Inova® (4/1, 8/2)

Klaron® Lotion

Neuac® Gel / Kit

Onexton® Gel / Gel Pump

Ovace® Plus Cleansing Gel / Plus Cream / Plus Lotion / Plus Shampoo / Wash

Promiseb® Complete

Retin-A® / Micro Gel / Micro Pump Gel

Rosula® Cloths / Wash

Seb-Prev® Wash

sodium sulfacetamide shampoo, wash (generic for Ovace® / Plus)

sodium sulfacetamide cleanser / cream (generic for Avar® / LS)

sodium sulfacetamide lotion (generic for Klaron®)

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 Suamxin®)

SSS® 10-5 Cream / Foam

sulfacetamide sulfur cream (generic for Avar® E, SSS® 10-5)

Sulfacleanse® Suspension

Sumadan® Kit / Wash / XLT Kit

Sumaxin® Cleansing Pads / CP Kit / TS Topical Suspension / Wash

tazarotene cream

Tazorac® Cream / Gel

retinoin microsphere gel / gel pump (generic for Retin-A® Micro)

tretinoin cream / gel (generic for Retin-A®)

Veltin® Gel

Virti-Sulf® Emollient Cream

Ziana® Gel

TOFICALS	<b>TOPICALS</b>
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# ANDROGENIC AGENTS

Androgel® Packet / Pump

Androderm® Patch

Axiron® Actuation Solution

Fortesta® Gel Pump

Natesto® Nasal Testim® Gel

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testosterone gel (generic for Testim, Vogelxo®)
testosterone gel packet / pump (generic for Androgel, Vogelxo®)

testosterone gel pump (generic for Fortesta®)

Vogelxo® Gel / Gel Packet / Gel Pump

NSAIDS

Preferred

**Preferred** 

Non-Preferred

**Non-Preferred** 

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Voltaren Gel®

diclofenac solution (generic for Pennsaid®)

diclofenac topical gel (generic for Voltaren ® Gel)

Flector® Patch

Xrylix®

Pennsaid® Pump / Solution

Pennsaid® Packet Klofensaid ® II Vopac® MDS

**ANTIBIOTIC** 

**Preferred** 

Bactroban® Ointment / Nasal Ointment

Bactroban® Cream

Altabax® Ointment

gentamicin cream / ointment (generic for Garamycin®) mupirocin ointment (generic for Bactroban® Ointment) Centany® AT Ointment Kit / Ointment

mupirocin cream (generic for Bactroban® Cream)

**Non-Preferred** 

**Non-Preferred** 

**Non-Preferred** 

ANTIBIOTIC - VAGINAL

**Preferred** 

Cleocin® Vaginal Ovules Clindese® Vaginal Cream Cleocin® Vaginal Cream Nuvessa® Vaginal Gel

Metrogel® Vaginal Gel

clindamycin vaginal cream (generic for Cleocin® Vaginal Cream) metronidazole vaginal gel (generic for Metrogel® Vaginal Gel)

Vandazole® Vaginal Gel

**TOPICALS** ANTIFUNGAL

**Preferred** 

ciclopirox cream (generic for Loprox® Cream)

ciclopirox solution (generic for Penlac® Solution)

clotrimazole RX cream (generic for Lotrimin® RX)

clotrimazole-betamethasone cream (generic for Lotrisone® cream)

ketoconazole cream / shampoo (generic for Nizoral®)

Nyamyc® Powder (branded generic for Nystop®)

nystatin cream / ointment / powder (generic for Mycostatin®, Nystop®)

Nystop® Powder

Bensal HP®

Ciclodan® Cream / Cream Kit / Kit / Solution

ciclopirox gel / shampoo / suspension (generic for Loprox®)

ciclopirox treatment kit (generic for Ciclodan® Kit)

clotrimazole-betamethasone lotion (generic for Lotrisone® lotion)

clotrimazole RX solution (generic for Lotrimin® RX)

CNL® 8 Nail Kit

Dermacin® RX Therazole PAK

econazole cream (generic for Spectazole®)

Ertaczo® Cream

Exelderm® Cream / Solution

Extina® Foam

Jublia® Topical Solution

Kerydin® Topical Solution

ketoconazole foam (generic for Extina® Foam)

Loprox® suspension/cream/kit

Loprox® Shampoo

Lotrisone® Cream

Luzu® Cream

Mentax® Cream

naftifine cream / gel (generic for Naftin® Cream / Gel)

Naftin® Cream / Gel

Nizoral® Shampoo

nystatin-triamcinolone cream / ointment (generic for Mycolog II®)

oxiconazole cream (generic for Oxistat®)

Oxistat® Cream / Lotion

Pediaderm AF® Kit

Penlac® Solution

Vusion® Ointment - Clinical criteria apply

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	found at: http://www.ncdhhs.gov/dma/pharmacy/index.htm
	Xolegel® Gel
	ANTIPARASITICS
Trial and failur	re of only one preferred drug required
Preferred	Non-Preferred
Eurax® Cream	Elimite® Cream
Natroba® Topical Suspension	Eurax® Lotion
permethrin cream (generic for Elimite®)	lindane lotion / shampoo
Sklice® Lotion	malathion lotion (generic for Ovide®)  Ovide® Lotion
	spinosad topical suspension (generic for Natroba®)
	Ulesfia®
	Clesna
	ANTIVIRAL
Preferred	Non-Preferred
	acyclovir ointment/ AG (generic for Zovirax® Ointment)
Zovirax® Cream	Denavir® Cream
	Xerese® Cream
	Zovirax® Ointment
IM	MUNOMODULATORS
IIVI	Atopic Dermatitis
Clinical crit	eria apply to all drugs in this class
Preferred	Non-Preferred
Elidel® Cream	Protopic® Ointment
Eucrisa 2%® Ointment	tacrolimus ointment (generic Protopic®)
	Dupixent®
I	midazoquinolinamines
Preferred	Non-Preferred
imiquimod cream packet (generic for Aldara®)	Aldara® Cream
	Zyclara® Cream / Cream Pump
	TOPICALS
	PSORIASIS
Preferred	Non-Preferred
calcipotriene cream / ointment / solution (generic for Dovonex®)	calcipotriene-betamethasone ointment (generic for Talconex®)
	Calcitrene® Ointment (branded generic for Dovonex®)
	calcitriol ointment (generic for Vectical®)
	Dovonex® Cream
	Enstilar® Foam
	Sorilux® Foam
	Taclonex® Ointment / Suspension
	Vectical® Ointment
	ROSACEA AGENTS
Preferred	Non-Preferred
MetroGel®	Finacea® Gel
MetroCream®	metronidazole gel (generic for MetroGel®)
MetroLotion®	Mirvaso® Gel
MenoLonone	
	metronidazole cream (generic for MetroCream®)
	metronidazole cream (generic for MetroCream®)
	metronidazole cream (generic for MetroCream®) metronidazole lotion (generic for MetroLotion®)
	metronidazole cream (generic for MetroCream®) metronidazole lotion (generic for MetroLotion®) Noritate® Cream

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mere anemation on the 1 DE dail be	found at: http://www.ncdhhs.gov/dma/pharmacy/index.htm
	STEROIDS
	Low Potency
Preferred	Non-Preferred
alclometasone dipropionate cream / ointment (generic for Aclovate®)  DermaSmoothe® FS Scalp and Body Oil  hydrocortisone cream / gel/ lotion / ointment (generic for Hytone®)	Aqua Glycolic® HC Kit Capex® Shampoo Desonate® Gel
hydrocortisone in absorbase	desonide cream / ointment (generic for DesOwen®) - Exemption for children < 12 years of ag
	desonide lotion (generic for DesOwen® Lotion)  DesOwen® Lotion
	fluocinolone body / scalp oil (generic for Derma-Smoothe® FS Scalp / Body Oil) Micort-HC Cream Pediaderm® HC Kit / TA Kit Texacort® Solution
	Medium Potency
Preferred	Non-Preferred
fluticasone cream / ointment (generic for Cutivate®) mometasone cream / ointment / solution (generic for Elocon®)	clocortolone cream / pump (generic for Cloderm®) Cloderm® Cream / Pump Cordran® Tape Cutivate® Cream / Lotion Dermatop® Cream / Emollient Cream / Ointment Elocon® Cream / Lotion / Ointment 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 / ointment / solution (generic for Locoid®) hydrocortisone valerate cream / ointment (generic for Westcort®) Locoid® Lotion Luxiq® Foam Pandel® Cream predincarbate cream / ointment (generic for Dermatop®) Synalar® Cream / Ointment / Kit / Solution / TS Kit
	TOPICALS
S	TEROIDS (Continued)
	High Potency
Preferred betamethasone valerate cream / lotion / ointment (generic for Valisone®)	Non-Preferred amcinonide cream / lotion / ointment (generic for Cyclocort®)
fluocinonide-solution (generic for Lidex® / Lidex® E)	betamethasone dipropionate augmented cream / gel / lotion / ointment (generic for Diprolene®)
triamcinolone acetonide cream / lotion / ointment (generic for Kenalog®)	betamethasone dipropionate cream / lotion / ointment (generic for Diprosone®) betamethasone valerate foam (generic for Valisone®) desoximetasone cream / gel / ointment (generic for Topicort®) diflorasone cream / ointment (generic for Florone®) Diprolene® Lotion / Ointment / AF Cream fluocinonide cream / emollient cream / gel (generic for Lidex® / Lidex® E) fluocinonide ointment (generic for Lidex® Ointment) Halog® Cream / Ointment Kenalog® Spray Sernivo® Spray Dermacin Silapak® Dermacin RX Silazone®
	Sanaderm®RX Solution
	Dermacin RX Silazone® Sanaderm®RX Solution

Silazone®II

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Topicort® Cream / Gel / Ointment / Spray / LP triamcinolone spray (generic for Kenalog® Spray) Trianex® Ointment

Vanos® Cream Vanos® Cream

Ellzia®

Very High Potency

clobetasol cream / emollient cream / gel / ointment (generic for Temovate®)

**Preferred** 

clobetasol solution (generic for Cormax®)

halobetasol propionate cream / ointment (generic for Ultravate®)

Apexicon E® Cream

clobetasol foam / emulsion foam (generic for Olux® / Olux-E®)

clobetasol lotion / shampoo (generic for Clobex®)

clobetasol spray (generic for Clobex® spray)

Clobex® Lotion / Shampoo / Spray

Clodan® Kit / Shampoo

Olux® Foam / E-Foam

Temovate® Cream / Emollient Cream / Ointment

Ultravate® Cream / Ointment / X Cream Combo Pack / X Ointment Combo Pack

Non-Preferred

**Non-Preferred** 

Ultravate® Lotion

**MISCELLANEOUS** 

ANTIPSORIATICS, ORAL

Acitretin (generic for Soriatane®)

8-MOP®

Methoxsalen Rapid (generic for Oxsoralen-Ultra®)

Oxsoralen-Ultra® Soriatane® Soriatane®

EPINEPHRINE, SELF INJECTED

**Preferred** 

epinephrine auto injector / JR (generic for Epi-Pen® Auto Injector / JR Auto Injector)

**Preferred** 

**Non-Preferred** Adrenaclick® Auto Injector

Auvi-Q® Auto Injector

Lopreeza® Tablet

epinephrine auto injector (generic for Adrenaclick®)

Epi-Pen® Auto Injector / JR Auto Injector

ESTROGEN AGENTS, COMBINATIONS

**Preferred** Activella® Tablet

estradiol/norethindrone tablet (generic for Activella®)

FemHRT® Tablet

Jinteli® (branded generic for FemHRT®)

Mimvey® / Lo (branded generic for Activella®)

norethindrone-ethinyl estradiol (generic for FemHRT®)

Prefest® Tablet Premphase® Tablet

Prempro® Tablet

Preferred

Compounded 17 P

**Non-Preferred** 

PROGESTATIONAL AGENTS

Makena® (hydroxyprogesterone caproate injection)

**MISCELLANEOUS** ESTROGEN AGENTS, ORAL/TRANSDERMAL

**Preferred** 

**Non-Preferred** 

Non-Preferred

Trial and failure of two preferred drugs are required unless 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.

Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at:

www.nctracks.nc.gov/content/public/providers/pharmacy/pa-drugs-criteria-new-format.html More information on the PDL can be found at: <a href="http://www.ncdhhs.gov/dma/pharmacy/index.htm">http://www.ncdhhs.gov/dma/pharmacy/index.htm</a>

Cenestin® Tablet

Climara® Patch / Pro Patch

CombiPatch® Enjuvia® Tablet

Enjurius Tubici

Estrace® Tablet

estradiol patch (generic for Climara®, Menostar®)

estradiol tablet (generic for Estrace®) estropipate tablet (generic for Ogen®)

Evamist® Spray Menest® Tablet Premarin® Tablet

Vivelle-Dot® Patch

Alora® Patch

Divigel® Gel Packet
Duavee® Tablet

Elestrin® Gel

estradiol patch (generic for Vivelle-Dot®)

Menostar® Patch Mini-Velle® Patch

#### ESTROGEN AGENTS, VAGINAL PREPARATIONS

Preferred Non-Preferred

Estring® Vaginal Ring Premarin® Vaginal Cream Vagifem® Vaginal Tablet Estrace® Cream estradiol vaginal tablet Femring® Vaginal Ring

Yuvafem® Intrarosa®

#### GLUCOCORTICOID STEROIDS, ORAL

Preferred Non-Preferred

budesonide EC capsule (generic for Entocort® EC)

dexamethasone elixir / tablet (generic for Decadron®)

dexamethasone solution (generic for Concedix®)

hydrocortisone tablet (generic for Cortef®)

methylprednisolone 4mg dosepack / tablet (generic for Medrol®)

Orapred® ODT

prednisolone sodium phosphate solution (generic for PediaPred®, OraPred®, Veripred®)

prednisolone solution (generic for Prelone®, Millipred®)

prednisone dose pack (generic for Sterapred®)

prednisone solution / tablet (generic for Deltasone®)

Non-1 Telef

Cortef® Tablet

cortisone tablet (generic for Patisone®)

Dexamethasone Intensol® Drops

Dexpak® Tablet

Emflaza®

Entocort® EC Capsule

Medrol® Dose Pack / Tablet

methylprednisolone 8mg / 16mg / 32mg / tablet (generic for Medrol®)

Millipred® Dose Pack / Tablet / Solution

PediaPred® Solution

prednisolone ODT (generic for Orapred® ODT)
Prednisone Intensol® Concentrated Solution

Rayos® Tablet Veripred® Solution

### IMMUNOMODULATORS, SYSTEMIC

Clinical criteria apply to all drugs in this class

### Trial and failure of only one preferred drug required

Preferred

Enbrel® Kit / Sureclick Syringe / Syringe

Actemra® Syringe / Vial

Humira® Crohn's Starter Pack / Pediatric Crohn's Starter Pack / Pen / Psoriasis Starter Pack / Syringe Arcalyst® SQ Syringe

Cimzia® Starter Kit / Syringe Kit / Vial Kit

Cosentyx® Pen / Syringe

Entyvio® Vial Ilaris® Injection Inflectra™ Vial

Orencia® SQ Syringe / Clickjet

Orencia® Vial

Kevzara®

Otezla® Starter Pack / Tablet

Remicade® Injection Renflexis™ Injection

Simponi® Aria Vial / Pen Injector / Syringe

Trial and failure of two preferred drugs are required unless otherwise indicated.

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Stelara® Syringe

Taltz® Auto-injector/syringe

Xeljanz® Tablet/ Xeljanz®XR

Siliq®

Kineret® Syringe - Exemption for diagnosis of Neonatal Onset: Multi-System Inflammatory

Disease

### **MISCELLANEOUS IMMUNOSUPPRESSANTS Preferred Non-Preferred** Astagraf® XL Capsule Azasan® Tablet azathioprine tablet (generic for Imuran®) Cellcept® Capsule / Suspension / Tablet cyclosporine capsule / solution (generic for Sandimmune®) cyclosporine modified capsule / solution (generic for Gengraf®, Neoral®) Envarsus® XR Tablet Gengraf® Capsule / Solution Hecoria® Capsule Imuran® Tablet mycophenolate capsule / suspension / tablet (generic for Cellcept®) mycophenolic acid tablet (generic for Myfortic®) Myfortic® Tablet Neoral® Capsule / Solution Prograf® Capsule Rapamune® Solution / Tablet Sandimmune® Capsule / Solution sirolimus tablet (generic for Rapamune®) tacrolimus capsule (generic for Hecoria®, Prograf®) Zortress® Tablet OPIOID ANTAGONIST Non-Preferred **Preferred** naloxone ampule / syringe / vial (generic for Narcan®) naltrexone (oral) Narcan® Nasal Spray Vivitrol® OPIOID DEPENDENCE Clinical criteria apply to all drugs in this class **Preferred Non-Preferred** Suboxone® SL Film Bunavail® Film buprenorphine sl tablet (generic for Subutex®) buprenorphine-naloxone sl tablet (generic for Suboxone®) Zubsolv® Tablet SL SKELETAL MUSCLE RELAXANTS **Preferred Non-Preferred** baclofen tablet (generic for Lioresal®) Amrix® ER Capsule chlorzoxazone tablet (generic for Parafon Forte®) Dantrium® Capsule / Vial dantrolene sodium capsule (generic for Dantrium®) cyclobenzaprine tablet (generic for Flexeril®)

Fexmid® Tablet

Lorzone® Tablet

Parafon® Forte Caplet

metaxalone tablet (generic for Skelaxin®)

orphenadrine citrate ampule / tablet / vial (generic for Norflex®)

methocarbamol tablet (generic for Robaxin®)

tizanidine tablet (generic for Zanaflex® Tablet)

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Robaxin® Tablet / Vial

Skelaxin® Tablet

tizanidine capsules (generic for Zanaflex® Capsule)

Zanaflex® Capsule / Tablet

#### DIABETIC SUPPLIES

Roche Diagnostics Corporation is N.C. Medicaid's designated preferred manufacturer for 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 under the pharmacy point-of-sale system with a prescription. Diabetic supplies can also be submitted under Durable Medical Equipment using the NDC and HCPCS code. For questions or assistance regarding diabetic supplies, please call the Division of Medical Assistance at 919-855-4310 (DME), 919-855-4300 (Pharmacy) or Roche Diagnostics Corporation at 1-877-906-8969.

Meters Lancing Devices

ACCU-CHEK® Aviva Plus care kit
ACCU-CHEK® Compact Plus care kit
ACCU-CHEK® Nano SmartView care kit

ACCU-CHEK® Guide Retail care kit

**Test Strips** 

ACCU-CHEK® AVIVA 50 ct test strips

ACCU-CHEK® AVIVA PLUS 50 ct test strips ACCU-CHEK® SMARTVIEW 50 ct test strips ACCU-CHEK® COMPACT Plus 51 ct test strips

ACCU-CHEK® Guide 50 ct test strips

Lancets

Lanc

ACCU-CHEK® Multiclix 102 ct Lancets ACCU-CHEK® Softclix 100 ct Lancets ACCU-CHEK® Fastclix 102 ct Lancets ACCU-CHEK® Multiclix lancing device kit

ACCU-CHEK® Fastclix lancing device kit

ACCU-CHEK® Softclix lancing device kit (Blue)

ACCU-CHEK® Softclix lancing device kit (Black)

**Control Solutions** 

ACCU-CHEK® Aviva glucose control solution (2 levels)

ACCU-CHEK® Compact blue glucose control solution (2 levels)

ACCU-CHEK® Compact Plus clear glucose control solution (2 levels)
ACCU-CHEK® SmartView glucose control solution (1 level)

ACCU-CHEK® Guide 2-Level control solution (2-levels)