

NC Department of Health and Human Services Division of Health Benefits

**NC Medicaid and NC Health Choice
Preferred Drug List Review Panel Meeting
July 15, 2020**

Welcome to the 2020 PDL Panel virtual meeting!

Panel Members

August 1, 2018 – July 31, 2020

Panel Member	Position	Organization
Blake Cook, R.Ph.	Pharmacist	Interim Pharmacy Director, NC Division of Health Benefits
Dr. Seung Kim, MD	Physician	Old North State Medical Society
Dr. Ann McGee, PharmD	Pharmacist	Hospital-Based Pharmacy
Dr. Janice Huff, MD, FAAFP	Physician	Community Care of North Carolina
Dr. Casey Johnson, PharmD	Pharmacist	NC Association of Pharmacists
Dr. Anna Miller-Fitzwater, MD	Physician	NC Pediatric Society
Dr. Theodore Zarzar, MD	Physician	NC Psychiatric Association
Dr. Duncan Vincent, MD, FACP	Physician	NC Chapter of the American College of Physicians
Dr. Jessica Triche, MD	Physician	NC Academy of Family Physicians
Tracy Furgiuele, R.Ph.	Pharmacist	Research-Based Pharmaceutical Company
Dr. Lawrence Greenblatt, MD	Physician	NC Physician Advisory Group Pharmacy and Therapeutics Committee

NC Medicaid and NC Health Choice Preferred Drug List

In 2009, the NC General Assembly [[Session Law 2009-451](#), Sections 10.66(a)-(d)] authorized the Department of Health and Human Services to establish the NC Medicaid and NC Health Choice Preferred Drug List to allow NC Medicaid to ensure access to cost efficient as well as medically appropriate drug therapies that maximize patient health outcomes for all NC Medicaid beneficiaries.

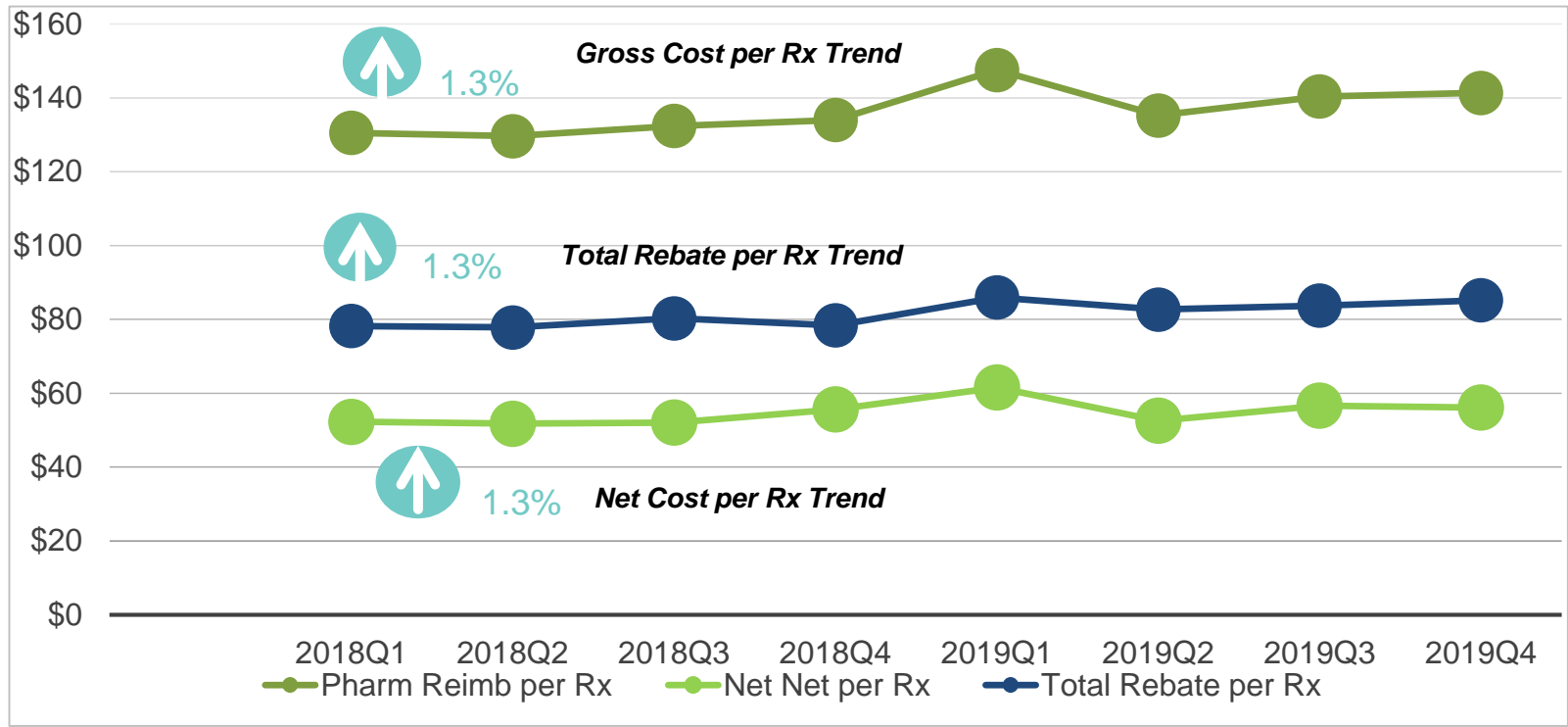
NC Medicaid and NC Health Choice Preferred Drug List Review Panel

In 2010 the NC General Assembly [[Session Law 2010-31](#), Sections 10.33(a)-(c)] authorized the Department of Health and Human Services to establish a Preferred Drug List (PDL) Review Panel. The purpose of the PDL Review Panel is to review the PDL recommendations received from NC Medicaid, the Pharmacy and Therapeutics (P&T) Committee, and the Physicians' Advisory Group (PAG). Legislation mandates that the PDL Review Panel hold an open meeting to review the recommendations, along with any written public comments received during the 45 day posting for public comment. Following the conclusion of the meeting, the PDL Review Panel will submit their recommendations for the proposed PDL to the Secretary of the DHHS for final approval.

NC Medicaid and NC Health Choice Preferred Drug List Review Panel

Legislation mandates that the PDL Review Panel consist of the Director of Pharmacy for NC Medicaid and individuals appointed by the Secretary of the Department of Health and Human Services representing the organizations one of the previous slides. The Director of Pharmacy for NC Medicaid shall serve as chairperson of the PDL Review Panel. Individuals appointed to the PDL Review Panel, except for the Director of Pharmacy for NC Medicaid, shall serve a two-year term.

NC Medicaid Pharmacy Program Two Year Trend



NC Medicaid and NC Health Choice Preferred Drug List Annual Report

NC Medicaid provides an annual report as required by the Centers for Medicare and Medicaid Services (CMS) and North Carolina's state plan that evaluates the overall impact of the State's PDL, clinical prior authorization (PA) and supplemental rebate programs. From SFY 2011 through SFY 2019, more than \$1.42B (\$480M State dollars) have been saved with no significant differences in use of medical services when comparing beneficiaries impacted by the PDL / clinical PA programs to those not impacted by the PDL / clinical PA programs for some of the most commonly used therapeutic drug categories. The PDL Annual Reports are posted on the DHB website at

[https://medicaid.ncdhhs.gov/documents/pdl-annual-report-archive.](https://medicaid.ncdhhs.gov/documents/pdl-annual-report-archive)

COVID-19 and Pharmacy Clinical Policy

Pharmacy Policy updates made due to COVID-19:

- **Allowed up to 90 days supply fills or refills of most non-controlled substances**
- **Allowed early refills of most non-controlled substances, subject to pharmacist and prescriber clinical judgement**
- **Allowed up to 14 days supply of a medication waiting on Prior Authorization**
- **Allowed up to 14 days supply of an emergency lock-in prescription (with limitations)**
- **Suspended behavioral health edits to lessen administrative burdens on pharmacies and prescribers**
- **Updated the Beta agonist inhaler category due to shortages in the marketplace (more on this later in the meeting)**

Slide 1 of 2

COVID-19 and Pharmacy Clinical Policy (cont.)

- **Allowed up to 90 days supply of certain Schedule II stimulant medications**
- **Allowed up to 90 days supply of certain Medication Assisted Treatment (MAT) medications**
- **Added a mailing fee of \$1.50 (with restrictions) to retail pharmacy claims**
- **Added a delivery fee of \$3.00 (with restrictions) to retail pharmacy claims**
- **Increased traditional dispensing fees and diabetic supply rates by 5% due to North Carolina legislation passed to assist Medicaid providers**

Medicaid Managed Care Update

- **Senate Bill 808 was passed and signed by Governor Cooper July 2, 2020**
- **Medicaid Managed Care transformation is slated to launch July, 1, 2021**
- **Requires DHHS to maintain a hotline for customer service questions related to transformation**
- **SB 808 also included several other DHHS initiatives**

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

Effective Date: 2020 PDL Panel Recommendations

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 NOT REVIEWED.** Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at:

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

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

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

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

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

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

ANALGESICS

OPIOID ANALGESICS

Long Acting Opioids

Clinical criteria apply to all drugs in this class

Preferred	Non-Preferred
buprenorphine patch (generic for Butrans [®] Patch) OFF-CYCLE CHANGE	Arymo [®] ER
Butrans [®] Patch OFF-CYCLE CHANGE	Belbuca [®] (Buccal) Film
Embeda [®] ER Capsule	buprenorphine patch (generic for Butrans [®] Patch) OFF-CYCLE CHANGE
fentanyl patch 12mcg / 25mcg / 50mcg / 75mcg / 100mcg (generic for Duragesic [®])	Butrans [®] Patch OFF-CYCLE CHANGE
morphine sulfate ER tablet (generic for MS Contin [®])	Conzip [®] Capsule
OxyContin [®] Tablet OFF-CYCLE CHANGE	Duragesic [®] Patch
tramadol ER tablet (generic for Ultram ER [®] , Ryzolt [®])	Exalgo [®] Tablet
Xtampza [®] ER Capsule OFF-CYCLE CHANGE	fentanyl patch (37.5 / 62.5 / 87.5mcg dosages) (generic for Duragesic [®])
	hydrocodone ER capsule (generic for Zohydro [®] ER) NOT REVIEWED
	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 [®])
	OxyContin [®] Tablet OFF-CYCLE CHANGE
	oxymorphone ER tablet
	tramadol ER capsule (generic for Conzip [®] Capsule) NOT REVIEWED
	Xtampza [®] ER Capsule OFF-CYCLE CHANGE
	Zohydro [®] ER Capsule

Orally Disintegrating / Oral Spray Schedule II Opioids

Clinical criteria apply to all drugs in this class

Preferred	Non-Preferred
Actiq [®] Lozenge	Abstral [®] SL Tablet
	Dsuvia [™] SL Tablet NOT REVIEWED
	fentanyl citrate lozenge (generic for Actiq [®])
	Fentora [®] Buccal Tablet
	Subsys [®] Spray

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) NOT REVIEWED
hydrocodone-ibuprofen tablet (generic for Ibudone [®] , Reprexain [®] , Vicoprofen [®])	codeine sulfate solution / tablet
hydromorphone tablet (generic for Dilaudid [®] Tablet)	Demerol [®] Tablet
morphine solution / tablet (generic for MSIR [®])	Dilaudid [®] Liquid / Tablet
oxycodone solution / tablet (generic for Roxicodone [®])	hydromorphone solution / suppository (generic for Dilaudid [®])
oxycodone-acetaminophen capsules (generic for Tylox [®])	Ibudone [®] Tablet

Slide 1 of 2 for Short Acting Schedule 2 opioids

Short Acting Schedule II Opioids (continued)

oxycodone-acetaminophen tablets (generic for Percocet [®])	Lazanda [®] Nasal Spray
Xylon [®] (branded generic for Reprexain [®]) Tablet	levorphanol tablet (generic for Levo-Dromoran [®])
	Lorcer [®] Tablet / HD Tablet / Plus Tablet
	Lortab [®] Elixir
	meperidine solution / tablet (generic for Demerol [®])
	morphine oral syringe NOT REVIEWED
	morphine suppositories (generic for Roxanol [®])
	Nalocet [®] Tablet
	Norco [®] Tablet
	Nucynta [®] Tablet
	Opana [®] Tablet
	Oxaydo [®] Tablet
	oxycodone/APAP suspension
	oxycodone-aspirin tablet (generic for Endodan [®] , Percodan [®])
	oxycodone concentrated solution (generic for Roxicodone [®] Intensol)
	oxycodone-ibuprofen tablet (generic for Combunox [®])
	oxycodone oral syringe
	oxymorphone tablet (generic for Opana [®])
	oxycodone capsule (generic for OxyIR [®])
	Percocet [®] Tablet
	Primlev [®] Tablet
	Roxicodone [®] Tablet
	RoxyBond [®] Tablet
	Vicodin [®] Tablet / ES Tablet / HP Tablet

NSAIDS	
Preferred	Non-Preferred
ibuprofen suspension / tablet (generic for Motrin [®])	Arthrotec [®] Tablet
indomethacin capsule (generic for Indocin [®])	Daypro [®] Caplet
ketorolac tablet (generic for Toradol [®])	diclofenac potassium tablet (generic for Cataflam [®])
meloxicam tablet (generic for Mobic Tablet [®])	diclofenac sodium tablet / ER tablet (generic for Voltaren [®] / XR)
naproxen EC tablet (generic for Naprosyn [®] EC)	diclofenac sodium-misoprostol tablet (generic for Arthrotec [®])
naproxen tablet (generic for Naprosyn [®] Tablet)	diflunisal tablet (generic for Dolobid [®])
sulindac tablet (generic for Clinoril [®])	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 [®] Kit
	ketoprofen capsule (generic for Orudis [®])
	ketoprofen ER capsule (generic for Oruvail [®])
	ketorolac tromethamine nasal spray (generic for Sprix[®]) NOT REVIEWED
	meclofenamate capsule (generic for Meclomen [®])
	mefenamic acid capsule (generic for Ponstel [®])
	Mobic [®] Tablet

NSAIDs Slide 1 of 2

NSAIDS Slide 2 of 2

	nabumetone tablet (generic for Relafen [®])
	Nalfon [®] Capsule / Tablet
	Naprelan [®] Tablet
	naproxen CR / DR tablet
	naproxen sodium ER tablet (generic for Naprelan [®])
	naproxen sodium tablet (generic for Anaprox [®])
	naproxen suspension (generic for Naprosyn [®])
	oxaprozin tablet (generic for DayPro [®])
	piroxicam capsule (generic for Feldene [®])
	Qmiiz [™] ODT Tablet NOT REVIEWED
	Relafen [™] DS Tablet NOT REVIEWED
	Sprix [®] Nasal Spray
	Tivorbex [®] Capsule
	tolmetin capsule / tablet (generic for Tolectin [®])
	Vivlodex [®] Capsule
	Zipsor [®] Capsule
	Zorvolex [®] Capsule
Preferred	Non-Preferred
celecoxib capsule (generic for Celebrex [®]) - Clinical criteria apply	Celebrex [®] Capsule - Clinical criteria apply
	Duexis [®] Tablet - Trial and failure of celecoxib required
	Vimovo [®] Tablet - Trial and failure of celecoxib required

NEUROPATHIC PAIN

Preferred	Non-Preferred
duloxetine capsule (generic for Cymbalta®)	Cymbalta® Capsule
gabapentin capsule / solution / tablet (generic for Neurontin®)	Dermacin Rx® PHN Pak™
pregabalin capsule /solution (generic for Lyrica® Capsule / Solution) NOT REVIEWED	Drizalma™ Sprinkle NOT REVIEWED
	Gabacaine™ Kit NOT REVIEWED
	Gralise® Starter Pack / Tablet
	Horizant® Tablet
	Lyrica® Capsule / Solution
	Lyrica® CR Tablet
	Neurontin® Capsule / Solution / Tablet
	pregabalin capsule /solution (generic for Lyrica® Capsule / Solution) NOT REVIEWED
	Qutenza® Kit
	Savella® Tablet / Titration Pack
	lidocaine patch (generic for Lidoderm®) - Clinical criteria apply
	Lidoderm® Patch - Clinical criteria apply
	LidoPure™ Patch Clinical criteria apply NOT REVIEWED
	Zilacaine™ Patch Clinical criteria apply NOT REVIEWED
	ZTLido™ Patch - Clinical criteria apply

Anticonvulsants, Second Generation

Speaker- Kimberly Phelps-Weber, Biocodex (Diacomit)

Speaker- Alisha Valdez, UCB Pharma (Nayzilam Nasal Spray)

Speaker- Michael Craig, UCB Pharma (Nayzilam Nasal Spray)

Speaker- Candice Zizilas, Aquestive Therapeutics (Sympazan)

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 [®])	Banzel [®] Suspension / Tablet
Diastat [®] Acudial [®] / Pedi System	Briviact [®] Tablet and Solution
gabapentin capsule / solution (generic for Neurontin [®])	clobazam suspension / tablet (generic for Onfi [®] Suspension / Tablet)
gabapentin tablet (generic for Neurontin [®] Tablet)	clonazepam ODT (generic for Klonopin [®] Wafer)
Gabitril [®] Tablet	diazepam rectal / system (generic for Diastat [®] Accudial / Pedi System)
lamotrigine chewable / tablet (generic for Lamictal [®])	Diacomit [®] Capsule / Powder Pack NOT REVIEWED
levetiracetam tablet / ER tablet / solution (generic for Keppra [®] / XR)	Epidiolex [®] Solution - Exception for ≥ 2 years old with Lennox-Gastaut Syndrome or Dravet Syndrome
Roweapra [™] Tablet / XR Tablet	Fycompa [®] Tablet / Suspension
Sabril [®] Powder Packet	Gralise [®] Starter Pack / Tablet
topiramate sprinkle capsule / tablet (generic for Topamax [®])	Keppra [®] Tablet / Solution / XR Tablet
zonisamide capsule (generic for Zonegran [®])	Klonopin [®] Tablet
	Lamictal [®] Chewable / ODT / ODT Starter Kit / Starter Kit / Tablet / XR / XR Starter Kit
	lamotrigine starter kits (generic for Lamictal [®])
	lamotrigine ER tablet / ODT / ODT Starter Kit / Starter Kit (generic for Lamictal [®] XR / ODT) ODT NOT REVIEWED
	Lyrica [®] Capsule / Solution
	Nayzilam [®] Nasal Spray NOT REVIEWED
	Neurontin [®] Capsule / Solution / Tablet
	Onfi [®] Suspension / Tablet
	Potiga [®] Tablet
	Qudexy [®] XR Capsule
	Sabril [®] Tablet
	Spritam [®] Tablet
	Sympazan [®] Film NOT REVIEWED
	tiagabine tablet (generic for Gabitril [®])
	Topamax [®] Sprinkle Capsule / Tablet
	topiramate ER capsule (generic for Qudexy [®])
	Trokendi [®] XR Capsule
	vigabatrin powder packet / tablet (generic for Sabril [®] Powder Packet / Tablet)
	Vimpat [®] Solution / Starter Kit / Tablet

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 [®] Suspension 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	cefixime capsule / suspension (generic for Suprax [®] Capsule / Suspension) CAPSULE NOT REVIEWED
cefadroxil capsule / suspension (generic for Duricef [®])	cefipodoxime suspension / tablet (generic for Vantin [®])
cefdinir capsule / suspension (generic for Omnicel [®])	Daxbia [™] Capsule
cefprozil suspension / tablet (generic for Cefzil [®])	Keflex [®] Capsule
Cefin [®] Suspension / Tablet	
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	
Suprax [®] Capsule / Chewable / Suspension	
Unasyn [®] injection / vial	
Zosyn [®] injection / vial	

ANTI-INFECTIVES - SYSTEMIC

ANTIBIOTICS

Tetracycline Derivatives

Preferred	Non-Preferred
doxycycline hyclate capsule / tablet (generic for Vibramycin®, Vibra-Tab®)	dameclocycline 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
	Minocin® Capsule
	minocycline ER tablet (generic for Solodyn® ER)
	minocycline 50mg, 75mg, 100mg tablet
	Minolira™ ER Tablet NOT REVIEWED
	Morgidox® Capsule / Kit
	Nuzyra™ Tablet
	Oracea® Capsule
	tetracycline capsule (generic for Sumycin®)
	Vibramycin® Capsule Suspension / Syrup
	Ximino™ ER Capsule
	doxycycline suspension (generic for Vibramycin Suspension®) - Exemption for patients < 12 years of age
	Solodyn® ER Tablet - Clinical justification and failure of doxycycline and minocycline required. Limited to 12 week supply.

ANTI-INFECTIVES - SYSTEMIC

ANTIBIOTICS

Antifungals

Preferred	Non-Preferred
clotrimazole troche (generic for Mycelex® Troche)	Ancobon® Capsule
fluconazole suspension / tablet (generic for Diflucan®)	Cresamba® Capsule
griseofulvin suspension (generic for Grifulvin V®)	Diflucan® Suspension / Tablet
griseofulvin ultra tablet (generic for Gris-Peg®)	flucytosine capsule (generic for Ancobon®)
nystatin suspension (generic for Nilstat®)	griseofulvin micro tablets (generic for Grifulvin V®)
nystatin tablet (generic for Mycostatin®)	itraconazole capsule / solution (generic for Sporanox®)
terbinafine tablet (generic for Lamisil®)	ketoconazole tablet (generic for Nizoral®)
	Noxafil® Suspension / Tablet
	Onmel® Tablet
	Oravig® Buccal Tablet
	posaconazole suspension / tablet (generic for Noxafil®) NOT REVIEWED
	Sporanox® Capsule / Solution
	Tolsura™ Capsule
	Vfend® Suspension / Tablet
	voriconazole suspension / tablet (generic for Vfend®)

ANTI-INFECTIVES - SYSTEMIC

ANTIBIOTICS

Antivirals (Influenza)

Preferred	Non-Preferred
oseltamivir phosphate capsule (generic for Tamiflu®)	amantadine tablet (generic for Symmetrel®)
oseltamivir phosphate suspension (generic for Tamiflu®) OFF-CYCLE CHANGE	oseltamivir phosphate capsule (generic for Tamiflu®)
rimantadine tablet (generic for Flumadine®)	Relenza® Diskhaler
Tamiflu® Capsule	Tamiflu® Suspension OFF-CYCLE CHANGE
	Xofluza™ Tablet

Behavioral Health- Antihyperkinesis / ADHD

Speaker- Ryan Gregg, Ironshore Pharmaceuticals (Jornay PM)

BEHAVIORAL HEALTH

ANTIHYPERKINESIS / ADHD

Preferred

Non-Preferred

Aptensio [®] XR Capsule	Adderall [®] Tablet (Generic Product Per FDA)
Adderall [®] XR Capsule	Adhansia [™] XR Capsule NOT REVIEWED
amphetamine salt combo tablet (generic for Adderall [®])	Adzenys [®] XR ODT /ER suspension
atomoxetine capsule (generic for Strattera [®])	amphetamine ER suspension (generic for Adzenys [®]) NOT REVIEWED
clonidine ER tablet (generic for Kapvay [®])	amphetamine salt combo XR capsule (generic for Adderall [®] XR)
Concerta [®] Tablet	Cotempla [™] XR-ODT
Daytrana [®] Patch	Desoxyn [®] Tablet
dextroamphetamine tablet (generic for Dexedrine [®])	Dexedrine [®] Spansule [®]
Dyanavel [®] XR Suspension	dexmethylphenidate tablet / ER capsules (generic for Focalin [®] / XR)
Focalin [®] Tablet / XR Capsule	dextroamphetamine solution (generic for ProCentra [®])
guanfacine ER tablet (generic for Intuniv [®])	dextroamphetamine ER capsule (generic for Dexedrine [®] Spansule [®])
Methylin [®] Solution	Evekeo [®] Tablet / Evekeo [®] ODT Tablet ODT Tablet NOT REVIEWED
methylphenidate tablet (generic for Methylin [®] , Ritalin [®])	Intuniv [®] Tablet
Quillichew [®] ER Tablet	Jornay PM [™] Capsule NOT REVIEWED
Quillivant [®] XR Suspension	Metadate [®] ER Tablet NOT REVIEWED
Vyvanse [®] Capsule / Chewable Tablet	methamphetamine tablet (generic for Desoxyn [®])
	methylphenidate CD capsule (generic for Metadate [®] CD)
	methylphenidate chewable / solution (generic for Methylin [®])
	methylphenidate ER tablet
	methylphenidate LA capsule (generic for Ritalin [®] LA)
	Mydayis [®] ER Capsule
	ProCentra [®] Solution
	Relexxi [™] ER Tablet NOT REVIEWED
	Ritalin [®] LA Capsule
	Ritalin [®] Tablet
	Strattera [®] Capsule
	Zenzedi [®] Tablet

BEHAVIORAL HEALTH

ATYPICAL ANTIPSYCHOTICS

Oral / Topical

Trial and failure of only one preferred drug required

Preferred

Non-Preferred

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®)
FazaClo® ODT	clozapine ODT (generic for FazaClo®)
Latuda® Tablet	Clozaril® Tablet
olanzapine ODT / tablet (generic for Zyprexa®)	Fanapt® Tablet / Titration Pack
paliperidone ER tablet (generic for Invega®)	Geodon® Capsule
quetiapine tablet / ER tablet (generic for Seroquel® / XR)	Invega® Tablet
risperidone ODT / solution / tablet (generic for Risperdal®)	Nuplazid® Tablet
Saphris® SL Tablet	olanzapine-fluoxetine capsule (generic for Symbyax®)
Symbyax® Capsule	Rexulti® Tablet
ziprasidone capsule (generic for Geodon®)	Risperdal® Solution / Tablet
	Secuado® Patch NOT REVIEWED
	Seroquel® Tablet / XR Tablet / XR Sample Kit
	Versacloz® Suspension
	Vraylar® Capsule
	Zyprexa® Tablet / Zydis® Tablet

CARDIOVASCULAR

ANGIOTENSIN II RECEPTOR BLOCKERS

Preferred

Non-Preferred

irbesartan tablet (generic for Avapro [®])	Atacand [®] Tablet
losartan tablet (generic for Cozaar [®])	Avapro [®] Tablet
valsartan tablet (generic for Diovan [®])	Benicar [®] Tablet
	candesartan tablet (generic for Atacand [®])
	Cozaar [®] Tablet
	Diovan [®] Tablet
	Edarbi [®] Tablet
	eprosartan tablet (generic for Teveten [®])
	irbesartan tablet (generic for Avapro [®])
	Micardis [®] Tablet
	olmesartan tablet (generic for Benicar [®] Tablet) NOT REVIEWED
	telmisartan tablet (generic for Micardis [®])

CARDIOVASCULAR

ANGIOTENSIN II RECEPTOR BLOCKER DIURETIC COMBINATIONS

Preferred	Non-Preferred
amlodipine-valsartan-HCTZ tablet (generic for Exforge [®] HCT)	Atacand [®] HCT Tablet
irbesartan-HCTZ tablet (generic for Avalide [®])	Avalide [®] Tablet
losartan-HCTZ tablet (generic for Hyzaar [®])	Benicar [®] HCT Tablet
valsartan-HCTZ tablet (generic for Diovan [®] HCT)	candesartan-HCTZ tablet (generic for Atacand [®] HCT)
	Diovan [®] HCT Tablet
	Edarbyclor [®] Tablet
	Exforge [®] HCT Tablet
	Hyzaar [®] Tablet
	irbesartan-HCTZ tablet (generic for Avalide [®])
	Micardis [®] HCT Tablet
	olmesartan-amlodipine-HCTZ tablet (generic for Tribenzor [®] Tablet) NOT REVIEWED
	olmesartan-HCTZ tablet (generic for Benicar [®] HCT Tablet) NOT REVIEWED
	telmisartan-HCTZ tablet (generic for Micardis [®] HCT)

CARDIOVASCULAR

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 [®])	Caduet [®] Tablet
pravastatin tablet (generic for Pravachol [®])	Crestor [®] Tablet
rosuvastatin tablet (generic for Crestor [®])	Ezallor [™] Capsule NOT REVIEWED
simvastatin tablet (generic for Zocor [®])	ezetimibe-simvastatin (generic for Vytorin [®])
	fluvastatin capsule / ER tablet (generic for Lescol [®] / XL)
	Lescol [®] Capsule / XL Tablet
	Lipitor [®] Tablet
	Livalo [®] Tablet
	Pravachol [®] Tablet
	Vytorin [®] Tablet
	Zetia [®] Tablet
	Zocor [®] Tablet
	Zypitamag [™] Tablet
	Juxtapid [®] Capsule - Clinical criteria apply

CARDIOVASCULAR	
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 NOT REVIEWED
	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

CARDIOVASCULAR	
DIRECT RENIN INHIBITOR	
Preferred	Non-Preferred
Tekturma® Tablet	aliskiren tablet (generic for Tekturma® Tablet) NOT REVIEWED
Tekturma® HCT Tablet	

CARDIOVASCULAR	
ENDOTHELIN RECEPTOR ANTAGONISTS	
Covered for diagnosis of Pulmonary Arterial Hypertension only	
Preferred	Non-Preferred
Letairis [®] Tablet	ambrisentan tablet (generic for Letairis [®] Tablet) NOT REVIEWED
Tracleer [®] Tablet	bosentan tablet (generic for Tracleer [®] Tablet) NOT REVIEWED
	Opsumit [®] Tablet
	Tracleer [®] Suspension

Speaker- Amy Heidenreich, United Therapeutics (Orenitram ER)
Speaker- Peter Bario, United Therapeutics (Orenitram ER)

CARDIOVASCULAR	
ORAL PULMONARY HYPERTENSION	
Covered for diagnosis of Pulmonary Arterial Hypertension (all) and Chronic Thromboembolic Pulmonary Hypertension- Adempas [®] only	
Preferred	Non-Preferred
sildenafil (generic for Revatio [®]) Tablet	Adcirca [®] Tablet
	Adempas [®] Tablet
	Alyq [®] Tablet NOT REVIEWED
	Orenitram [®] ER Tablet
	Revatio [®] Suspension / Tablet
	sildenafil suspension (generic for Revatio [®] Suspension) NOT REVIEWED
	tadalafil tablet (generic for Adcirca [®] Tablet) NOT REVIEWED
	Uptravi [®] Tablet

CARDIOVASCULAR	
ANTIANGINAL & ANTI-ISCHEMIC	
Preferred	Non-Preferred
Ranexa [®] Tablet	Ranexa [®] Tablet
ranolazine ER tablet (generic for Ranexa [®] Tablet) NOT REVIEWED	ranolazine ER tablet (generic for Ranexa [®] Tablet) NOT REVIEWED

CNS, Antimigraine Agents

Speaker- Michelle Zachman, Upsher-Smith (Tosymra)

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 [®])	Cambia [®] Powder Packet
	eletriptan (generic for Relpax [®] Tablet)
	frovatriptan tablet (generic for Frova [®])
	Frova [®] Tablet
	Imitrex [®] Cartridge / Nasal Spray / Pen / Tablet / Vial
	Maxalt [®] Tablet / MLT Tablet
	Migranow [®] Kit
	naratriptan tablet (generic for Amerge [®])
	Onzetra [™] Xsail [™] Nasal Powder
	Relpax [®] Tablet
	Reyvow [™] Tablet NOT REVIEWED
	sumatriptan injection kit / refill / syringe (generic for Imitrex [®])
	sumatriptan/naproxen (generic for Treximet [®] Tablet)
	Sumavel [®] DosePro [®] Syringe
	Tosymra [™] Nasal Spray NOT REVIEWED
	Treximet [®] Tablet
	Zembrace [®] SymTouch [®]
	zolmitriptan ODT / tablet (generic for Zomig [®])
	Zomig [®] Nasal Spray / Tablet / ZMT [®] Tablet

CENTRAL NERVOUS SYSTEM

ANTI-NARCOLEPSY

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 [®])
	Sunosi [™] Tablet NOT REVIEWED
	Wakix [®] Tablet NOT REVIEWED

CENTRAL NERVOUS SYSTEM

ANTIPARKINSON AND RESTLESS LEG SYNDROME AGENTS

Preferred	Non-Preferred
amantadine capsule / solution (generic for Symmetrel [®])	Azilect [®] Tablet
benztropine tablet (generic for Cogentin [®])	carbidopa tablet (generic for Lodosyn [®])
bromocriptine tablet (generic for Parlodel [®])	carbidopa-levodopa-entacapone tablet (generic for Stalevo [®])
carbidopa-levodopa ODT (generic for Parcopa [®])	Comtan [®] Tablet
carbidopa-levodopa tablet / ER tablet (generic for Sinemet [®] / CR)	Duopa [®] Suspension
pramipexole tablet (generic for Mirapex [®])	entacapone tablet (generic for Comtan [®])
ropinirole tablet (generic for Requip [®])	Gocovri [®] Capsule - Clinical criteria apply
selegiline capsule / tablet (generic for Emsam [®])	Horizant [®] Tablet
trihexyphenidyl elixir / tablet (generic for Artane [®])	Inbrija[™] Inhalation NOT REVIEWED
	Lodosyn [®] Tablet
	Mirapex [®] Tablet / ER Tablet
	Neupro [®] Patch
	Nourianz[™] Tablet NOT REVIEWED
	Osmolex ER [™] Tablet - Clinical criteria apply
	Parlodel [®] Capsule / Tablet
	pramipexole ER tablet (generic for Mirapex ER [®])
	rasagiline tablet (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 [®] Tablet
	Zelapar [®] ODT

Multiple Sclerosis

Speaker- Manny Nunez, Sanofi (Aubagio)

CENTRAL NERVOUS SYSTEM

MULTIPLE SCLEROSIS

Preferred

Non-Preferred

Avonex [®] Pack / Pen / Syringe	Ampyra [®] Tablet
Betaseron [®] Kit / Vial	Aubagio [®] Tablet
Copaxone [®] Syringe	Extavia [®] Kit / Vial
dalfampridine ER tablet (generic for Ampyra [®])	glatiramer syringe (generic for Copaxone [®] Syringe)
Gilenya [®] Capsule	Glatopa [®] Syringe
Rebif [®] Ribidose [®] / Titration Pack / Syringe	Lemtrada [®] Vial
Tecfidera [®] Capsule / Starter Pack	Mavenclad [®] Tablet NOT REVIEWED
	Mayzent [®] Starter Pack / Tablet NOT REVIEWED
	Ocrevus [®] Vial
	Plegridy [®] Pen / Pen Starter Pack / Syringe / Syringe Starter Pack
	Vumerity [™] Capsule NOT REVIEWED

CENTRAL NERVOUS SYSTEM

SEDATIVE HYPNOTICS

Quantity limits apply to all sedative hypnotics

Preferred	Non-Preferred
flurazepam capsule (generic for Dalmane [®])	Ambien [®] Tablet / CR Tablet
temazepam 15mg, 30mg capsule (generic for Restoril [®])	Belsomra [®] Tablet
zolpidem tablet (generic for Ambien [®])	doxepin tablet (generic for Silenor [®]) NOT REVIEWED
	Edluar [®] SL Tablet
	estazolam tablet (generic for Prosom [®])
	eszopiclone tablet (generic for Lunesta [®])
	Halcion [®] Tablet
	Hetlioz [®] Capsule
	Intermezzo [®] SL Tablet
	Lunesta [®] Tablet
	ramelteon tablet (generic for Rozerem [®] Tablet) NOT REVIEWED
	Restoril [®] Capsule
	Rozerem [®] Tablet
	Silenor [®] Tablet
	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

ENDOCRINOLOGY

HYPOGLYCEMICS - INJECTABLE

Rapid Acting Insulin

Trial and failure of only one preferred drug required

Preferred

Non-Preferred

Humalog® U-100 KwikPen® / Vial

Admelog® SoloStar® / Vial

Novolog® U-100 Cartridge / FlexPen® / Vial

Afrezza® Inhalation Powder

Apidra® SoloStar® / Vial

Fiasp® FlexTouch® / **Penfill® / Vial PENFILL NOT REVIEWED**

Humalog® U-100 Cartridge / U-100 Junior KwikPen®

Humalog® U-200 KwikPen®

insulin aspart U-100 cartridge / FlexPen® / vial (generic for Novolog®) **NOT REVIEWED**

insulin lispro U-100 KwikPen® / vial (generic for Humalog®) **NOT REVIEWED**

ENDOCRINOLOGY	
Short Acting Insulin	
Preferred	Non-Preferred
Humulin® R Vial	Humulin R U-500 KwikPen®
Humulin® R U500 KwikPen® / Vial	Myxredlin™ Injection NOT REVIEWED
	Novolin® R Vial / ReliOn® R Vial

ENDOCRINOLOGY	
Premixed Rapid Combination Insulin	
Preferred	Non-Preferred
Humalog® 50/50 Mix KwikPen® / Vial	insulin aspart protamine-aspart 70/30 U-100 FlexPen® / vial (generic for Novolog® Mix 70/30) NOT REVIEWED
Humalog® 75/25 Mix KwikPen® / Vial	
Novolog® Mix 70/30 FlexPen® / Vial	

Endocrinology, GLP-1 Receptor Agonists and Combinations

Speaker- Tammy Kell, Novo Nordisk (Rybelsus)

Speaker- Mark Borns, Eli Lilly (Trulicity)

ENDOCRINOLOGY

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-preferred GLP-1 Receptor Agonist and Combination

Preferred	Non-Preferred
	Continuation of therapy requires documentation that clinical goals have been met
Bydureon [®] Pen / Vial	Adlyxin [®] Injection
Byetta [®] Pen	Ozempic [®] Injection
Victoza [®] Pen	Rybelsus [®] Tablet NOT REVIEWED
	Soliqua [®] Injection
	Trulicity [®] Pen
	Xultophy [®] Injection

ENDOCRINOLOGY

Biguanides and Combinations

Preferred	Non-Preferred
glipizide-metformin tablet (generic for Metaglip [®])	Fortamet [®] Tablet
glyburide-metformin tablet (generic for Glucovance [®])	Glucophage [®] Tablet / ER Tablet
metformin tablet / ER tablet (generic for Glucophage [®] / ER)	Glumetza [®] Tablet ** requires documentation as to why the beneficiary cannot use preferred long acting metformin product
	metformin ER tablet (generic for Fortamet [®])
	metformin ER tablet (generic for Glumetza [®])
	Riomet [®] Solution / ER Suspension ER SUSPENSION NOT REVIEWED

GASTROINTESTINAL	
ANTIEMETIC-ANTIVERTIGO AGENTS	
Preferred	Non-Preferred
Diclegis [®] Tablet	Akynzeo [®] Capsule / Vial VIAL IS NOT REVIEWED
dimenhydrinate vial (generic for Dramamine [®])	Anzemet [®] Tablet
meclizine tablet (generic for Antivert [®])	Bonjesta [®] Tablet
metoclopramide / solution / tablet (generic for Reglan [®])	Cesamet [®] Capsule
ondansetron ODT / solution / tablet (generic for Zofran [®])	Cinvanti [®] Injectable Emulsion
prochlorperazine tablet (generic for Compazine [®])	Compro [®] Rectal
promethazine 12.5 mg, 25 mg rectal (generic for Phenergan [®])	doxy lamine-pyridoxine tablet (generic for Diclegis [®] Tablet) NOT REVIEWED
promethazine syrup / tablet (generic for Phenergan [®])	dronabinol capsule (generic for Marinol [®])
promethazine ampule/vial (generic for Phenergan [®])	fosaprepitant vial (generic for Emend [®]) NOT REVIEWED
Transderm-Scop [®] Patch	granisetron tablets (generic for Kytril [®])
	Marinol [®] Capsule
	metoclopramide ODT (generic for Metozolv [®])
	metoclopramide ODT (generic for Reglan [®])
	palonosetron injection (generic for Aloxi [®])
	promethazine 50 mg rectal (generic for Phenergan [®])
	prochlorperazine rectal (generic for Compazine [®])
	Reglan [®] Tablet
	Sancuso [®] Patch
	scopolamine patch (generic for Transderm-Scop [®])
	Sustol [®] Injection
	Syndros [®] Solution
	trimethobenzamide capsule (generic for Tigan [®])
	Varubi [®] Tablet
	Zofran [®] Solution / ODT / Tablet
	Zuplenz [®] Soluble Film
	aprepitant capsule/pack (generic for Emend [®]) - Clinical criteria apply
	Emend [®] Powder Packet - Clinical criteria apply
Emend [®] Capsule - Clinical criteria apply	Emend [®] Trifold Pack - Clinical criteria apply

GASTROINTESTINAL	
BILE ACID SALTS	
Preferred	Non-Preferred
ursodiol capsule (generic for Actigall [®])	Actigall [®] Capsule
ursodiol tablet (generic for Urso [®])	Chenodal [®] Tablet
	Cholbam [®] Capsule
	Ocaliva [®] Tablet
	Urso [®] Tablet / Urso [®] Forte Tablet
	ursodiol capsule (generic for Actigall [®])

GASTROINTESTINAL	
ELECTROLYTE DEPLETERS	
Preferred	Non-Preferred
calcium acetate capsule (generic for PhosLo [®])	Auryxia [®] Tablet
calcium acetate tablet (generic for Eliphos [®])	Fosrenol [®] Chewable
Renagel [®] Tablet	Fosrenol [®] Powder Pack
Renvela [®] Powder Pack	MagneBind [®] 400 Rx Tablet
sevelamer tablet / powder pack (generic for Renvela [®])	Phoslyra [®] Solution
	Renagel [®] Tablet
	Renvela [®] Tablet
	Renvela [®] Powder Pack
	sevelamer tablet / powder pack (generic for Renvela [®])
	Velphoro [®] Chewable

GASTROINTESTINAL

PROTON PUMP INHIBITORS

Preferred	Non-Preferred
	Exemption for children < 12 years of age
esomeprazole magnesium capsule (generic for Nexium® Rx)	Aciphex® Sprinkle Capsules / Tablets
esomeprazole magnesium capsule OTC (generic for Nexium® OTC)	Dexilant® Capsule
lansoprazole capsule (generic for Prevacid® Rx)	esomeprazole strontium
Nexium® Rx Packet	Esomep EZS® Kit
omeprazole Rx capsule (generic for Prilosec® Rx)	lansoprazole capsule (generic for Prevacid® OTC)
pantoprazole tablet (generic for Protonix®)	lansoprazole ODT (generic for Prevacid® SoluTab™) NOT REVIEWED
Protonix® Suspension	Nexium® Rx Capsule
	omeprazole OTC capsule / tablet (generic for Prilosec® OTC)
	omeprazole / sodium bicarbonate capsule (generic for Zegerid® Rx / OTC)
	Prevacid® Rx / OTC Capsule / Solutab
	Prilosec® Rx Suspension
	Protonix® Tablet
	rabeprazole tablet (generic for Aciphex®)
	Zegerid® Rx / Capsule / Packet

GASTROINTESTINAL	
SELECTIVE CONSTIPATION AGENTS	
Preferred	Non-Preferred
Amitiza [®] Capsule	alosetron tablet (generic for Lotronex [®] Tablet)
Linzess [®] Capsule	Lotronex [®] Tablet
Movantik [®] Tablet	Motegrity [™] Tablet NOT REVIEWED
	Relistor [®] Syringe / Vial / Oral Tablet
	Symproic [®] Tablet
	Trulance [®]
	Viberzi [®] Tablet - Exemption for Irritable Bowel Syndrome with Diarrhea (IBS-D)

GASTROINTESTINAL	
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
	Giazo [®] Tablet
	mesalamine DR capsule (generic for Delzicol [®] Capsule) NOT REVIEWED
	mesalamine ER capsule (generic for Apriso [®] Capsule) NOT REVIEWED
	mesalamine tablet (generic for Asacol [®] HD / Lialda [®] Tablet)
	Pentasa [®] Capsule
	Uceris [®] Tablet

GENITOURINARY/RENAL	
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 [®] Tablet / LA Capsule
Toviaz [®] Tablet	Ditropan [®] XL Tablet
Vesicare [®] Tablet	Enablex [®] Tablet
	flavoxate tablet (generic for Urispas [®])
	Gelnique [®] Gel / Gel Sachets
	Myrbetriq [®] Tablet
	Oxytrol [®] Patch
	solifenacin tablet (generic for Vesicare [®] Tablet) NOT REVIEWED
	tolterodine tablet / ER capsule (generic for Detrol [®] / LA)
	tropium tablet / ER capsule (generic for Sanctura [®] / XR)

GOUT

Preferred	Non-Preferred
allopurinol tablet (generic for Zyloprim®)	colchicine tablet (generic for Colcrys®)
Mitigare® Capsule	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) NOT REVIEWED
	Gloperba® Solution NOT REVIEWED
	Krystexxa® Injection
	Uloric® Tablet
	Zyloprim® Tablet

HEMATOLOGIC	
ANTICOAGULANTS	
Injectable	
Preferred	Non-Preferred
enoxaparin syringe (generic for Lovenox®)	Arixtra® Syringe
enoxaparin vial (generic for Lovenox®)	enoxaparin vial (generic for Lovenox®)
Fragmin® Syringe / Vial	fondaparinux syringe (generic for Arixtra®)
Lovenox® Vial	Lovenox® Syringe
	Lovenox® Vial

HEMATOLOGIC	
ANTICOAGULANTS	
Oral	
Preferred	Non-Preferred
Eliquis® Tablet and Starter Dose Pack	Bevyxxa® Capsule NOT REVIEWED
Jantoven® (branded generic for Coumadin®)	Coumadin® Tablet
Pradaxa® Capsule	Savaysa® Tablet
warfarin tablet (generic for Coumadin®)	
Xarelto® Starter Pack / Tablet	

HEMATOLOGIC	
COLONY STIMULATING FACTORS	
Preferred	Non-Preferred
Granix [®] Injection	Fulphila [™] Syringe / Vial NOT REVIEWED
Fulphila [™] Syringe / Vial NOT REVIEWED	Neulasta [®] Syringe / Kit
Leukine [®] Injection	Nivestym [™] Syringe / Vial NOT REVIEWED
Neulasta [®] Syringe / Kit	Udenyca [™] Syringe
Neupogen [®] Vial / Syringe	Ziextenzo [®] Syringe NOT REVIEWED
Udenyca [™] Syringe	
Zarxio [®] Injection	

HEMATOLOGIC	
HEMATOPOIETIC AGENTS	
Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred
Aranesp [®] Syringe / Vial	Epogen [®] Vial
Procrit [®] Vial	Mircera [®] Syringe
	Reblozyl [®] Vial NOT REVIEWED
	Retacrit [®] Vial

OPHTHALMIC	
ALLERGIC CONJUNCTIVITIS AGENTS	
Preferred	Non-Preferred
cromolyn sodium drops (generic for Crolom [®])	Alocril [®] Drops
Pataday [®] Drops	Alomide [®] Drops
Pazeo [®] Drops	Alex [®] Drops
	azelastine drops (generic for Optivar [®])
	Bepreve [®] Drops
	epinastine drops (generic for Elestat [®])
	Lastacaft [®] Drops
	olopatadine drops (generic for Pataday [®])
	olopatadine drops (generic for Patanol [®])
	Pataday [®] Drops
	Patanol [®] Drops

OPHTHALMIC	
ANTIBIOTICS	
Preferred	Non-Preferred
AK-Poly-Bac® Ointment (branded generic for Polysporin®)	bacitracin ointment (generic for AK-Tracin®)
Azasite® Drops	Besivance® Suspension
bacitracin-polymyxin ointment (generic for Polysporin®)	Bleph-10® Drops
ciprofloxacin solution drops (generic for Ciloxan®)	Ciloxan® Drops / Ointment
erythromycin ointment (generic for Ilotycin®)	gatifloxacin drops (generic for Zy maxid®)
Gentak® Ointment (branded generic for Garamycin®)	levofloxacin drops (generic for Quixin®)
gentamicin drops (generic for Garamycin®)	Moxeza® Drops
Moxeza® Drops	moxifloxacin ophthalmic solution (generic for Vigamox® Drops)
moxifloxacin ophthalmic solution (generic for Vigamox® Drops)	Natacyn® Drops
ofloxacin drops (generic for Ocuflox®)	Neo-Polycin® Ointment (branded generic for Neosporin® Ophthalmic Ointment)
Polycin® Ointment (branded generic for Polysporin®)	neomycin-bacitracin-polymyxin ointment (generic for Neosporin® Ophthalmic Ointment)
polymyxin-trimethoprim drops (generic for Polytrim®)	neomycin-polymyxin-gramicidin drops (generic for Neosporin® Ophthalmic Drops)
sulfacetamide drops (generic for Bleph-10®)	Ocuflox® Drops
tobramycin drops (generic for Tobrex®)	Polytrim® Drops
Vigamox® Drops	sulfacetamide ointment (generic for Cetamide®)
	Tobrex® Ointment/ Drops
	Vigamox® Drops
	Zy maxid® Drops

OPHTHALMIC

ANTI-INFLAMMATORY

Preferred	Non-Preferred
dexamethasone drops (generic for Decadron®)	Acular® Drops / LS Solution
diclofenac drops (generic for Voltaren®)	Acuvail® Solution
Durezol® Drops	bromfenac drops (generic for Xibrom®)
Flarex® Drops	Bromsite™ Solution
fluorometholone drops (generic for FML®)	Dextenza® Insert NOT REVIEWED
flurbiprofen drops (generic for Ocufen®)	Dexycu™ Vial
Ilevro® Drops	FML® Forte Drops / S.O.P. Ointment
ketorolac solution (generic for Acular® /LS)	FML® Liquifilm® Drops
Lotemax® Drops	Iluvien® Implant
Pred Mild® Drops	Inveltys™ Drops
prednisolone acetate drops (generic for Pred Forte®)	Lotemax® Gel / Ointment
	loteprednol drops (generic for Lotemax® Drops) NOT REVIEWED
	Maxidex® Drops
	Nevanac® Droptainer
	Omnipred® Drops
	Ozurdex® Implant
	Pred Forte® Drops
	prednisolone sodium phosphate drops (generic for Inflammase Forte®)
	Prolensa® Drops
	Retisert® Implant
	Triesence® Vial
	Yutiq™ Implant

OPHTHALMIC	
PROSTAGLANDIN AGONISTS	
Preferred	Non-Preferred
latanoprost drops (generic for Xalatan®)	bimatoprost drops (generic for Lumigan® Drops)
Travatan® Z Drops	Lumigan® Drops
	travoprost drops (generic for Travatan® Z) NOT REVIEWED
	Vyzulta® Drops
	Xalatan® Drops
	Xelpros® Drops
	Zioptan® Drops

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

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
	Binosto [®] Effervescent Tablet
	Boniva [®] Tablet
	calcitonin salmon nasal spray (generic for Miacalcin [®])
	etidronate tablet (generic for Didronel [®])
	Evenity [™] Syringe NOT REVIEWED
	Evista [®] Tablet
	Forteo [®] Pen Injection
	Fosamax [®] Tablet / Plus D Tablet
	ibandronate tablet (generic for Boniva [®])
	Prolia [®] Syringe
	risedronate tablet (generic for Actonel [®])
	Tymlos [®] Injection

OTIC	
ANTIBIOTICS	
Preferred	Non-Preferred
Ciprodex [®] Suspension	Cipro [®] HC Suspension
neomycin-polymyxin-hydrocortisone solution / suspension (generic for Cortisporin [®])	ciprofloxacin solution (generic for Cetraxal [®])
	ciprofloxacin-fluocinolone drops (generic for Otovel [®]) NOT REVIEWED
	Coly-Mycin [®] S Drops
	Cortisporin-TC [®] Suspension
	ofloxacin drops (generic for Floxin [®])
	Otiprio [®] Suspension
	Otovel [®] Drops

RESPIRATORY

BETA-ADRENERGIC HANDHELD, SHORT ACTING

Trial and failure of only one preferred drug required

Preferred	Non-Preferred
Proair [®] HFA Inhaler	albuterol HFA inhaler (generic for Proair [®] HFA Inhaler / Ventolin [®] HFA Inhaler)
Proventil [®] HFA Inhaler	albuterol HFA inhaler (generic for Proventil [®] HFA Inhaler) NOT REVIEWED
	levalbuterol HFA inhaler (generic for Xopenex [®] HFA Inhaler)
	Proair [®] Digihaler [™] NOT REVIEWED
	Proair [®] RespiClick [®]
	Proventil [®] HFA Inhaler
	Ventolin [®] HFA Inhaler
	Xopenex [®] HFA Inhaler

The PDL was temporarily changed on 03/25/2020 to offer the Preferred and Non-Preferred options directly below due to shortages in the handheld inhaler marketplace. The listing directly above is the Division of Health Benefits proposed 2020 PDL recommendations once the shortages are resolved.

albuterol HFA inhaler (generic for Proair [®] HFA Inhaler / Proventil [®] HFA Inhaler / Ventolin [®] HFA Inhaler) generic for Proventil HFA NOT REVIEWED	levalbuterol HFA inhaler (generic for Xopenex [®] HFA Inhaler)
Proair [®] HFA Inhaler	Proair [®] Digihaler [™] NOT REVIEWED
Proair [®] RespiClick [®]	
Proventil [®] HFA Inhaler	
Ventolin [®] HFA Inhaler	
Xopenex [®] HFA Inhaler	

RESPIRATORY

ORALLY INHALED ANTICHOLINERGICS / COPD AGENTS

Trial and failure of either Spiriva® Handihaler® or Stiolto® Respimat® only required to obtain a non-preferred drug in this class

Preferred	Non-Preferred
Atrovent® HFA Inhaler	Anoro® Ellipta® Inhaler
Bevespi® Aerosphere®	Daliresp® Tablet
Combivent® Respimat® Inhalation Spray	Duaklir® Pressair® NOT REVIEWED
ipratropium nebulizer solution (generic for Atrovent® Nebulizer Solution)	Incruse® Ellipta® Inhaler
ipratropium-albuterol solution (generic for Duoneb®)	Lonhala® Magnair®
Spiriva® Handihaler®	Seebri® Neohaler®
Stiolto® Respimat® Inhalation Spray	Spiriva® Respimat® Inhalation Spray 2.5mcg
	Tudorza® Pressair® Inhaler
	Utibron® Neohaler®
	Yupelri™ Solution
	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**

RESPIRATORY

INHALED CORTICOSTEROID COMBINATIONS

Preferred	Non-Preferred
Advair® Diskus®	Advair® HFA Inhaler
Dulera® Inhaler	AirDuo® RespiClick®
Symbicort® Inhaler	Breo® Ellipta®
	budesonide/formoterol inhalation (generic for Symbicort®) NOT REVIEWED
	fluticasone/salmeterol inhalation (generic for Advair® Diskus®)
	fluticasone/salmeterol inhalation (generic for AirDuo®)
	Trelegy® Ellipta®
	Wixela™ Inhub™

RESPIRATORY

LOW SEDATING ANTIHISTAMINES

Preferred	Non-Preferred
cetirizine tablets OTC (generic for Zyrtec [®] OTC Tablets)	cetirizine chewable tablet OTC (generic for Zyrtec [®] OTC Tablets)
cetirizine OTC syrup 1mg/1ml (generic for Zyrtec [®] OTC Syrup)	cetirizine OTC syrup 5mg/5ml (generic for Zyrtec [®] OTC Syrup)
cetirizine Rx syrup (generic for Zyrtec [®] Syrup)	Clarinet [®] Tablet - Exemption for children < 2 years of age
levocetirizine Rx tablet (generic for Xyzal [®] Rx Tablet)	desloratadine ODT / Tablet (generic for Clarinet [®])
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)
	Quzytir [™] Vial NOT REVIEWED

TOPICALS	
ACNE AGENTS	
Preferred	Non-Preferred
Azelex [®] Cream	Acanya [®] Gel Pump
clindamycin-benzoyl peroxide gel (generic for Benzacilin [®])	Aczone [®] Gel
clindamycin-benzoyl peroxide gel (generic for Duac [®])	adapalene cream / gel / gel pump / solution (generic for Differin [®])
clindamycin-benzoyl peroxide with pump (generic for Benzacilin [®])	adapalene / benzoyl peroxide (generic for Epiduo [®] Gel)
clindamycin phosphate pledgets / solution (generic for Cleocin-T [®])	Aklief [®] Cream NOT REVIEWED
Differin [®] Cream / Gel Pump / Lotion	Amzeeq [™] Foam NOT REVIEWED
Epiduo [®] Gel	Atralin [®] Gel
erythromycin-benzoyl peroxide gel (generic for Benzamycin [®])	Avar [®] Cleanser / Cleansing Pads / Foam FOAM IS NOT REVIEWED
erythromycin solution (generic for Emcin [®] , EryDerm [®] , EryMax [®] , A/T/S [®] , T-Stat [®])	Avar [®] LS Cleanser / LS Cleansing Pads / LS Foam FOAM IS NOT REVIEWED
Retin-A [®] Cream / Gel	Avar-E [®] Emollient Cream / Green Emollient Cream / LS Cream
Retin-A [®] / Micro Gel / Micro Gel Pump	Avita [®] Cream / Gel
	Benzacilin [®] Gel / Pump
	Benzamycin [®] Gel
	benzoyl peroxide foam (generic for Benzac [®] , et. al)
	BP [®] 10-1 Wash / Cleansing Wash
	Cleocin [®] T Gel / Lotion / Pledgets
	Clindacin [®] ETZ Pledget / Kit / P Pledgets / PAC Kit
	Clindagel [®] Gel NOT REVIEWED
	clindamycin phosphate gel / lotion (generic for Cleocin-T [®])
	clindamycin phosphate foam (generic for Evoclin [®])
	clindamycin-benzoyl peroxide gel (generic for Benzacilin [®])
	clindamycin-benzoyl peroxide with pump (generic for Benzacilin [®] Pump)
	clindamycin-benzoyl peroxide gel (generic for Neucac [®])
	clindamycin-benzoyl peroxide with pump (generic for Acanya [®])
	clindamycin / tretinoin (generic for Veltin [®])
	dapsone gel (generic for Aczone [®] Gel)
	Duac [®] Gel

Topicals- Acne Agents Slide 1 of 2

	Epiduo® Forte
	Ery® Pads
	Erygel® Gel
	erythromycin gel / pledgets (generic for Emscin®, Erycette®, EryDerm®, EryGel®, EryMax®)
	erythromycin-benzoyl peroxide gel (generic for Benzamycin®)
	Evoclin® Foam
	Fabior® Foam
	Klaron® Lotion
	Neuac® Gel / Kit
	Onexton® Gel / Gel Pump
	Ovace® Plus Cleansing Cream / Foam / Gel / Lotion / Shampoo / Wash FOAM IS NOT REVIEWED
	Plixda® Swabs
	Promiseb® Complete / Topical Cream
	Retin-A® / Micro Gel / Micro Pump Gel
	Rosula® Cloths / 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 Sumaxin®)
	SSS® 10-5 Cream / Foam
	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®)
	Tazorac® Cream / Gel
	tretinoin microsphere gel / microsphere gel pump (generic for Retin-A® Micro)
	tretinoin cream / gel (generic for Retin-A®)
	Ziana® Gel

Topicals- Acne Agents Slide 2 of 2

TOPICALS

ANDROGENIC AGENTS

Preferred	Non-Preferred
AndroGel® Pump	Androderm® Patch
testosterone gel pump (generic for AndroGel®) PUMP ONLY RECOMMENDED TO MOVE	AndroGel® Packet
	AndroGel® Pump
	Axiron® Topical Gel / Solution
	Fortesta® Gel Pump
	Testim® Gel
	testosterone gel / packet / pump (generic for AndroGel®, Testim®, Vogelxo®) PUMP ONLY RECOMMENDED TO MOVE
	testosterone gel / pump / solution (generic for Axiron®, Fortesta®)
	Vogelxo® Gel / Packet / Pump

TOPICALS

ANTIPARASITICS

Trial and failure of only one preferred drug required

Preferred	Non-Preferred
Natroba [®] Topical Suspension	Crotan [™] Lotion
permethrin cream (generic for Elimite [®])	Elimite [®] Cream
Sklice [®] Lotion	Eurax [®] Cream / Lotion
	lindane shampoo
	malathion lotion (generic for Ovide [®])
	Ovide [®] Lotion
	Sklice [®] Lotion
	spinosad topical suspension (generic for Natroba [®])

TOPICALS	
ANTIVIRAL	
Preferred	Non-Preferred
Zovirax [®] Cream	acyclovir cream (generic for Zovirax [®] Cream) NOT REVIEWED
Zovirax [®] Ointment	acyclovir ointment/ AG (generic for Zovirax [®] Ointment)
	Denavir [®] Cream
	Xerese [®] Cream

TOPICALS	
IMMUNOMODULATORS	
Atopic Dermatitis	
Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred
Elidel [®] Cream	Dupixent [®] Injection
Eucrisa [®] 2% Ointment OFF-CYCLE CHANGE	Eucrisa [®] 2% Ointment OFF-CYCLE CHANGE
Protopic [®] Ointment OFF-CYCLE CHANGE	pimecrolimus cream (generic for Elidel [®] Cream)
	Protopic [®] Ointment OFF-CYCLE CHANGE
	tacrolimus ointment (generic Protopic [®])

TOPICALS	
IMMUNOMODULATORS	
Imidazoquinolinamines	
Preferred	Non-Preferred
imiquimod cream packet (generic for Aldara®)	Aldara® Cream
imiquimod cream pump	Condyllox® Gel NOT REVIEWED
	Veregen® Ointment
	Zyclara® Cream / Cream Pump

TOPICALS	
NSAIDS	
Preferred	Non-Preferred
diclofenac topical gel (generic for Voltaren® Gel)	DermacinRx® Lexitral PharmaPak®
Voltaren Gel®	diclofenac epolamine patch (generic for Flector® Patch) NOT REVIEWED
	diclofenac solution (generic for Pennsaid®)
	diclofenac topical gel (generic for Voltaren® Gel)
	Diclofex™ DC Pack NOT REVIEWED
	Flector® Patch
	Pennsaid® Solution Packet / Pump
	Voltaren Gel®
	Vopac® MDS Spray
	Xrylix® Solution

TOPICALS	
PSORIASIS	
Preferred	Non-Preferred
Dovonex [®] Cream	calcipotriene-betamethasone suspension / ointment (generic for Talconex [®]) SUSPENSION NOT REVIEWED
	calcipotriene cream / ointment / solution (generic for Dovonex [®])
	Calcitrene [®] Ointment (branded generic for Dovonex [®])
	calcitriol ointment (generic for Vectical [®])
	Duobrii[™] Lotion NOT REVIEWED
	Enstilar [®] Foam
	Sorilux [®] Foam
	Taclonex [®] Ointment / Suspension
	Vectical [®] Ointment

TOPICALS	
ROSACEA AGENTS	
Preferred	Non-Preferred
MetroCream [®]	azelaic acid gel (generic for Finacea [®])
MetroGel [®]	Finacea[®] Foam / Gel FOAM IS NOT REVIEWED
MetroLotion [®]	ivermectin cream (generic for Soolantra[®]) NOT REVIEWED
	metronidazole cream (generic for MetroCream [®])
	metronidazole gel / pump[(generic for MetroGel [®])
	metronidazole lotion (generic for MetroLotion [®])
	Mirvaso [®] Gel / Pump
	Noritate [®] Cream
	Rhofade [®] Cream
	Rosadan [®] Cream / Gel / Kit
	Soolantra [®] Cream

TOPICALS

Medium Potency

Preferred	Non-Preferred
fluticasone cream / ointment (generic for Cutivate®)	Beser™ Lotion / Kit NOT REVIEWED
mometasone cream / ointment / solution (generic for Elocon®)	clocortolone cream / pump (generic for Cloderm®)
	Cloderm® Cream / Pump
	Cordran® Tape
	Cutivate® Cream / Lotion
	Dermatop® 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 / lotion / ointment / solution (generic for Locoid®)
	hydrocortisone valerate cream / ointment (generic for Westcort®)
	Locoid® Lotion
	Luxiq® Foam
	Pandel® Cream
	prednicarbate cream / ointment (generic for Dermatop®)
	Synalar® Cream / Ointment / Kit / Solution / TS Kit

TOPICALS

High Potency

Preferred	Non-Preferred
betamethasone valerate cream / ointment (generic for Valisone [®])	amcinonide cream / lotion (generic for Cyclocort [®])
triamcinolone acetonide cream / lotion / ointment (generic for Kenalog [®])	betamethasone dipropionate augmented cream / gel / lotion / ointment (generic for Diprolene [®])
	betamethasone dipropionate cream / lotion / ointment (generic for Diprosone [®])
	betamethasone valerate foam (generic for Valisone [®])
	betamethasone valerate lotion (generic for Valisone [®])
	Dermacin Rx [®] Silapak [®] / Silazone [®]
	Dermasorb [™] TA Cream
	desoximetasone cream / gel / ointment / spray (generic for Topicort [®])
	diflorasone cream / ointment (generic for Florone [®])
	Diprolene [®] Ointment
	Ellzia [®] Ointment
	fluocinonide cream / emollient cream / gel (generic for Lidex [®] / Lidex [®] E)
	fluocinonide ointment (generic for Lidex [®] Ointment)
	fluocinonide solution (generic for Lidex [®] / Lidex [®])
	halcinonide cream (generic for Halog [®]) NOT REVIEWED
	Halog [®] Cream / Ointment
	Kenalog [®] Spray
	Sanaderm [®] Rx Solution
	Sernivo [®] Spray
	Silazone [®] II
	Topicort [®] Cream / Gel / Ointment / Spray / LP
	triamcinolone spray (generic for Kenalog [®] Spray)
	Trianex [®] Ointment
	Vanos [®] Cream

TOPICALS

Very High Potency

Preferred	Non-Preferred
clobetasol cream / emollient cream / gel / ointment (generic for Temovate [®])	Apexicon E [®] Cream
clobetasol solution (generic for Cormax [®])	Bryhali [™] Lotion
Clobex [®] Shampoo	clobetasol foam / emollient foam / emulsion foam (generic for Olux [®] / Olux-E [®])
halobetasol propionate cream / ointment (generic for Ultravate [®])	clobetasol lotion / shampoo (generic for Clobex [®])
	clobetasol propionate spray (generic for Clobex [®] spray)
	Clobex [®] Lotion / Spray
	Clodan [®] Kit / Shampoo
	halobetasol propionate foam (generic for Lexette [®] Foam)
	Lexette [®] Foam
	Olux [®] Foam / E-Foam
	Temovate [®] Cream / Ointment
	Tovet [™] Foam / Foam Kit NOT REVIEWED
	Ultravate [®] Cream / Lotion / Ointment / X Cream Combo Pack / X Ointment Combo Pack

MISCELLANEOUS	
ESTROGEN AGENTS, COMBINATIONS	
Preferred	Non-Preferred
Activella [®] Tablet	Bijuva [®] Capsule NOT REVIEWED
estradiol/norethindrone tablet (generic for Activella [®])	FemHRT [®] Tablet
Fyavolv [™] Tablet	Lopreeza [®] Tablet
Jevantique [™] Lo Tablet	Prefest [®] Tablet
Jinteli [®] (branded generic for FemHRT [®])	
Mimvey [®] / Lo (branded generic for Activella [®])	
norethindrone-ethinyl estradiol (generic for FemHRT [®])	
Premphase [®] Tablet	
Prempro [®] Tablet	

MISCELLANEOUS	
ESTROGEN AGENTS, ORAL / TRANSDERMAL	
Preferred	Non-Preferred
Climara [®] Pro Patch	Alora [®] Patch
CombiPatch [®]	Climara [®] Patch
estradiol patch (generic for Climara [®] , Menostar [®] , Vivelle-Dot [®])	Divigel [®] Gel Packet
estradiol tablet (generic for Estrace [®])	Dotti [™] Patch NOT REVIEWED
estropiate tablet (generic for Ogen [®])	Duavee [®] Tablet
Evamist [®] Spray	Elestrin [®] Gel
Menest [®] Tablet	Estrace [®] Tablet
Premarin [®] Tablet	Menostar [®] Patch
	Mini-Velle [®] Patch
	Vivelle-Dot [®] Patch

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 NOT REVIEWED
	Yuvafem [®] Vaginal Tablet

MISCELLANEOUS

GLUCOCORTICOID STEROIDS, ORAL

Preferred	Non-Preferred
budesonide EC capsule (generic for Entocort [®] EC)	Cortef [®] Tablet
dexamethasone elixir / tablet (generic for Decadron [®])	cortisone tablet (generic for Patisone [®])
dexamethasone solution (generic for Concedix [®])	dexamethasone tablet dosepack
hydrocortisone tablet (generic for Cortef [®])	dexamethasone Intensol [®] Drops
methylprednisolone 4mg dosepack / tablet (generic for Medrol [®])	Dexpak [®] Tablet
prednisolone sodium phosphate solution (generic for PediaPred [®] , OraPred [®] , Veripred [®])	Dxevo [™] Tablet Pack NOT REVIEWED
prednisolone solution (generic for Prelone [®] , Millipred [®])	Emflaza [®] Suspension / Tablet Clinical criteria apply SUSPENSION IS NOT REVIEWED
prednisone dose pack (generic for Sterapred [®])	Entocort [®] EC Capsule
prednisone solution / tablet (generic for Deltasone [®])	Medrol [®] Dose Pack / Tablet
	methylprednisolone 8mg / 16mg / 32mg / tablet (generic for Medrol [®])
	Millipred [®] Dose Pack / Tablet / Solution
	prednisolone ODT (generic for Orapred [®] ODT)
	Prednisone Intensol [®] Concentrated Solution
	Rayos [®] Tablet
	Taperdex [®] Tablet

Immunomodulators, Systemic

Speaker- Andrea Hume, Abbvie (Rinvoq)

Speaker- Andrea Hume, Abbvie (Skyrizi)

MISCELLANEOUS

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 / Sureclick [®] Syringe / Syringe	Arcalyst [®] SQ Syringe
Enbrel [®] Mini Cartridge	Cimzia [®] Starter Kit / Syringe Kit / Vial Kit
Humira [®] Crohn's Starter Pack / Ped. Crohn's Starter Pack / Pen / Psoriasis Starter Pack / Syringe	Entyvio [®] Vial
	Ilaris [®] Injection
	Ilumya [®] Injection
	Inflectra [™] Vial
	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 NOT REVIEWED
	Siliq [®] Injection
	Simponi [®] Aria Vial / Pen Injector / Syringe
	Skyrizi [™] Syringe NOT REVIEWED
	Stelara [®] Syringe
	Taltz [®] Auto-injector / Syringe
	Tremfya [®] Injection
	Xeljanz [®] Tablet/ Xeljanz [®] XR Tablet

MISCELLANEOUS	
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	
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 GRANULE PACKET NOT REVIEWED	
Rapamune [®] Solution / Tablet	
Sandimmune [®] Capsule / Solution	
sirolimus tablet / solution (generic for Rapamune [®] Solution / Tablet)	
tacrolimus capsule (generic for Hecoria [®] , Prograf [®])	
Zortress [®] Tablet	

MISCELLANEOUS

MOVEMENT DISORDERS

Clinical criteria apply to all drugs in this class

Preferred

Non-Preferred

Austedo™ Tablet

Austedo™ Tablet

Ingrezza® Capsule (Trial and failure of Preferred not required. Only clinical criteria apply)

Ingrezza® Capsule (Trial and failure of Preferred not required. Only clinical criteria apply)

tetrabenazine tablet

tetrabenazine tablet

Xenazine® Tablet

Xenazine® Tablet

MISCELLANEOUS

SKELETAL MUSCLE RELAXANTS

Preferred	Non-Preferred
baclofen tablet (generic for Lioresal [®])	Amrix [®] ER Capsule
chlorzoxazone tablet (generic for Parafon Forte [®])	cyclobenzaprine ER capsule (generic for Amrix [®] ER Capsule) NOT REVIEWED
cyclobenzaprine tablet (generic for Flexeril [®])	Dantrium [®] Capsule / Vial
methocarbamol tablet (generic for Robaxin [®])	dantrolene sodium capsule (generic for Dantrium [®])
tizanidine tablet (generic for Zanaflex [®] Tablet)	Fexmid [®] Tablet
	Lorzone [®] Tablet
	metaxalone tablet (generic for Skelaxin [®])
	Norgesic[™] Forte Tablet NOT REVIEWED
	orphenadrine citrate ampule / tablet / vial (generic for Norflex [®])
	Parafon [®] Forte Caplet
	Robaxin [®] Tablet / Vial
	Skelaxin [®] Tablet
	tizanidine capsules (generic for Zanaflex [®] Capsule)
	Zanaflex [®] Capsule / Tablet

DISPOSABLE INSULIN DELIVERY DEVICES

Preferred

Non-Preferred

Omnipod DASH[®] OFF-CYCLE CHANGE

Continuous Glucose Monitor Products

Speaker- Nauri Viridi, Abbott Diabetes Care (Freestyle Libre)

**Speaker- Dr. Eugene Wright, NC Practicing Physician
(Freestyle Libre)**

Speaker- Ken Fuhrer, CGM patient (Freestyle Libre)

DIABETIC CONTINUOUS GLUCOSE MONITOR SUPPLIES

Clinical criteria apply to all items in this class

Continuous Glucose Monitor Transmitters / Receivers / Readers

Preferred	Non-Preferred
Dexcom G5 [®] Transmitter / Receiver	Freestyle Libre [™] 14 day Reader
Dexcom G6 [®] Transmitter / Receiver	

Continuous Glucose Monitor Sensors

Preferred	Non-Preferred
Dexcom G4 [®] / G5 [®] Platinum Sensor 4 Pack	Freestyle Libre [™] 14 day Sensor
Dexcom G6 [®] Sensor 3 Pack	

Products on the next 4 slides are products removed from the posted PDL since the last PDL Panel meeting due to NC Medicaid policy.

Products were removed due to manufacturer discontinuation of the product

or

Products were removed due to their removal from CMS' list of rebateable products

These products can be found on our posted PDL documents located at:

<https://medicaid.ncdhhs.gov/documents/preferred-drug-list>

Listing of products removed from the PDL due to drug manufacturer discontinuation or removal from the list of CMS rebateable products:

Aricept® ODT / Tablet	Exelon® Capsule
Avinza® Capsule	Xartemis® Tablet
Reprexain® Tablet	Roxicet® Solution
Vicoprofen® Tablet	Xodol® Tablet
Zamicet® Solution	dihydrocodeine-aspirin-caffeine capsule
Fioricet® with Codeine Capsule	Panlor® Tablet
Synalgos DC® Capsule	Fycompa® Kit
Augmentin® Tablet	Cedax® Capsule / Suspension
ceftibuten capsule / suspension	Suprax® Tablet
Biaxin® Suspension / Tablet	Ketek® Tablet
PCE® Tablet	Zmax® Suspension
Flagyl® ER Tablet	Avelox® ABC Pack
Levaquin® Solution	Xerava® Vial
Gris-Peg® Tablet	Lamisil® Granules / Tablet
Tyzeka® Tablet	Pegasys® Kit
Technivie® Dose Pack	Viekira® XR Tablet

Listing of products removed from the PDL due to drug manufacturer discontinuation or removal from the list of CMS rebateable products:

Lexapro® Solution	Methylin® Chewable Tablet
Abilify® Discmelt	Risperdal® M-Tab ODT
Aceon® Tablet	Mavik® Tablet
Univasc® Tablet	Teveten® HCT Tablet
Cordarone® Tablet	Rythmol® Tablet
quinidine sulfate ER tablet	Levatol® Tablet
Kynamro® Syringe	isosorbide dinitrate ER tablet
Durlaza® Capsule	Persantine® Tablet
ticlopidine tablet	Clorpres® Tablet
reserpine tablet	Tenex® Tablet
Alsuma® Auto Injection	Axert® Tablet
Sonata® Capsule	Norditropin® Nordiflex
Nutropin® AQ Pen	Diabeta® Tablet
Glucovance® Tablet	Avandamet® Tablet
Avandaryl® Tablet	Anzemet® Vial
Metozolv® ODT	Prevpac® Patient Pack

Listing of products removed from the PDL due to drug manufacturer discontinuation or removal from the list of CMS rebateable products:

Pepcid® Suspension	Zantac® Tablet
pancrelipase capsule	Ultresa® Capsule
Megace® Suspension	Nexium® OTC Capsule
Prilosec® Rx Capsule	Eliphos® Tablet
PhosLo® Gelcap / Solution	Elestat® Drops
Emedine® Drops	Optivar® Drops
Garamycin® Drops	gentamicin ophthalmic ointment
Neosporin® Ophthalmic Drops	Betagan® Drops
metipranolol drops	Betimol® Drops
travoprost drops	Fortical® Nasal Spray
Miacalcin® Nasal Spray	VoSpire® ER Tablet
Aerospan® Inhaler	budesonide nasal spray
triamcinolone nasal spray	Claritin® Tablet
fexofenadine tablet	Xyzal® Solution / Tablet
Differin® Gel	Benzamycin® Pack Gel
Benzefoam® Ultra	Benzepro® Wash/Emollient Foam/Foam/Foaming Cloths

Listing of products removed from the PDL due to drug manufacturer discontinuation or removal from the list of CMS rebateable products:

benzoyl peroxide cleanser/wash/gel/kit/towelette	Cleocin T [®] Solution
hydrocortisone topical gel	DesOwen [®] Lotion
Pediaderm [®] HC Kit / TA Kit	Dermatop [®] Cream / Emollient Cream
amcinonide ointment	Diprolene [®] Lotion / AF Cream
8-MOP [®] Capsules	Cenestin [®] Tablet
Enjuvia [®] Tablet	PediaPred [®] Solution
Veripred [®] Solution	Zodex [®] Tablet
cyclosporine solution	Clarinex [®] Syrup

Thank you for attending the NC Medicaid and NC Health Choice 2020 PDL Panel Meeting

If any participants have any questions about the program or its contents, you may send an email within 7 days to:

Medicaid.PDLReviewMeeting@dhhs.nc.gov