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North Carolina D	ivision of Health Benefits	
North Carolina Medicaid and Health Choice Preferred Drug List (PDL)		
Effective DATE: 04/01/2022		
	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 d	rugs in the classes not included are considered Preferred. In addition to	
	pply. New to market products typically default to Non-Preferred status until equiring prior authorization, clinical criteria and prior authorization request forms can be found at:	
	content/public/providers/pharmacy.html	
More information on the PDL can be found at: https://medicaid.ncdhhs.gov/providers/programs-services/prescription-drugs/outpatient-pharmacy-services		
Yellow shade signifies a new product being added as a new to market Non-Preferred product OR current coverage is being clarified		
Orange shade signifies a significant change to the drug, category, or a clinical recommendation		
Pink Shade signifies an Off-Cycle PDL move from Preferred to Non-Preferred or vice versa		
Green shade signifies a Brand /	Generic switch within the same category	
Deach shade size if a state size that will be seen for disc		
Peach shade signifies categories that will be open for disc	ussion even though there are no recommendations in that category	
Purple shade signifies a product either no longer cov	rered (rebatable) or no longer available from the manufacturer	
ALZHEI	MER'S AGENTS	
Preferred	Non-Preferred	
donepezil 5mg, 10mg tablet / ODT (generic for Aricept [®] / ODT) Exclon [®] Patch	Aduhelm [™] Vial Clinical Criteria Apply Aricept [®] Tablet	
memantine tablet / titration pack (generic for Namenda®)	donepezil 23mg tablet (generic for Aricept®)	
rivastigmine capsule (generic for Exelon®)	galantamine ER capsule / solution / tablet (generic for Razadyne [®] / ER)	
	memantine ER capsule / solution (generic for Namenda [®] XR / Solution) Namenda [®] Titration Pack / XR Capsule / XR Titration Pack	
	Namenda [®] Tablet	
	Namzaric [®] Capsule / Titration Pack	
	rivastigmine (Transdermal) (generic for Exelon® Patch) Razadyne® ER Capsule	
	VALGESICS D ANALGESICS	
Long	Acting Opioids	
	pply to all drugs in this class	
Preferred Butrans [®] Patch	Non-Preferred Arymo [®] ER	
fentanyl patch 12mcg / 25mcg / 50mcg / 75mcg / 100mcg (generic for Duragesic [®])	Belbuca [®] (Buccal) Film	
methadone concentrate / diskets / intensol / tablets / solution	buprenorphine film (generic for Belbuca [®])	
morphine sulfate ER tablet (generic for MS Contin [®]) OxyContin [®] Tablet	buprenorphine patch (generic for Butrans [®] Patch) Conzip [®] Capsule	
tramadol ER tablet (generic for Ultram ER [®] , Ryzolt [®])	Duragesic [®] Patch	
Xtampza [®] ER Capsule	fentanyl patch (37.5. / 62.5 / 87.5mcg dosages) (generic for Duragesic®)	
	hydrocodone ER capsule (generic for Zohydro [®] ER) hydrocodone ER tablet (generic for Hysingla [®] ER Tablet)	
	hydromorphone ER tablet (generic for Exalgo [®])	
	Hysingla® ER Tablet Kadian® Capsule	
	morphine sulfate ER capsule (generic for Avinza [®] , Kadian [®])	
	MorphaBond® ER	
	MS Contin [®] Tablet Nucynta [®] ER Tablet	
	oxycodone ER tablet (generic for OxyContin [®])	
	oxymorphone ER tablet	
	tramadol ER capsule (generic for Conzip® Capsule) Zohydro® ER Capsule	
	Oral Spray Schedule II Opioids pply to all drugs in this class	
Preferred	Non-Preferred	
Actiq [®] Lozenge	Abstal [®] SL Tablet	
	Dsuvia [®] SL Tablet fentanyl citrate buccal tablet (generic for Fentora [®])	
	fentanyl citrate lozenge (generic for Actiq [®])	
	Fentora® Buccal Tablet	
Short Actin	g Schedule II Opioids	
Clinical criteria a	pply to all drugs in this class	
Preferred	Non-Preferred Apadaz TM Tablet	
Endocet [®] Tablet (branded generic for Percocet [®]) hydrocodone-acetaminophen solution / tablet (generic for Hycet [®] , Lorcet [®] , Lortab [®] , Norco [®] , Vicodin [®])	Apadaz Tablet benzhydrocodone-acetaminophen tablet (generic for Apadaz [™] Tablet)	
hydrocodone-ibuprofen tablet (generic for Ibudone [®] , Reprexain [®] , Vicoprofen [®])	codeine sulfate tablet	
hydromorphone tablet (generic for Dilaudid [®] Tablet)	Dilaudid [®] Liquid / Tablet	
morphine solution / tablet (generic for MSIR [®]) oxycodone solution / tablet (generic for Roxicodone [®])	hydromorphone solution / suppository (generic for Dilaudid [®]) levorphanol tablet (generic for Levo-Dromoran [®])	
oxycodone-acetaminophen capsules (generic for Tylox [®])	Lorcet® Tablet / HD Tablet / Plus Tablet	
oxycodone-acetaminophen tablets (generic for Percocet [®])	Lortal [®] Elixir meneridine schution (tablet (generic for Demoral [®])	
	meperidine solution / tablet (generic for Demerol [®]) morphine oral syringe	
	morphine suppositories (generic for Roxanol®)	
	Nalocet [®] Tablet Norco [®] Tablet	
	Norco ⁻ lablet Nucynta [®] Tablet	
	Oxaydo [®] Tablet	
	oxycodone-aspirin tablet (generic for Endodan [®] , Percodan [®]) oxycodone concentrated solution (generic for Roxicodone [®] Intensol)	
	oxycodone concentrated solution (generic for Koxicodone Intensol) oxycodone-ibuprofen tablet (generic for Combunox [®])	

North Carolina Division of Health Benefits North Carolina Medicaid and Health Choice Preferred Drug List (PDL) Effective DATE: 04/01/2022 Trial and failure of two Preferred drugs are required unless only one Preferred option is listed or is otherwise indicated. Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred. In addition to trial and failure criteria, clinical criteria (indicated in RED) may also apply. New to market products typically default to Non-Preferred status until reviewed by the PDL Panel. These drugs are listed as TO BE REVIEWED. Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at: https://www.nctracks.nc.gov/content/public/providers/pharmacy.html More information on the PDL can be found at: https://medicaid.ncdhhs.gov/providers/programs-services/prescription-drugs/outpatient-pharmacy-services oxycodone oral syringe oxymorphone tablet (generic for Opana® oxycodone capsule (generic for OxyIR®) Percocet® Tablet Primlev® Tablet Prolate® Tablet Roxicodone® Tablet RoxyBond® Tablet Short Acting Schedule III - IV Opioids / Analgesic Combinations Clinical criteria apply to all drugs in this class Preferred Non-Preferred odeine-acetaminophen solution / tablet (generic for Tylenol with CodeineAscomp® Capsule (branded generic for Fiorinal with Codeine® amadol tablet (generic for Ultram[®]) butalbital compound with codeine capsule (generic for Fiorinal with Codeine®) butalbital-caffeine-APAP with codeine tablet (generic for Fioricet with Codeine®) amadol-acetaminophen tablet (generic for Ultracet®) butorphanol spray (generic for Stadol®) dihydrocodeine-acetaminophen-caffeine tablet (generic for Panlor SS®) Fioricet with Codeine® Capsule Fiorinal with Codeine® Capsule entazocine-naloxone tablet (generic for Talwin NX®) Ultracet[®] Tablet Ultram® Tablet NSAIDS Preferred Non-Preferred Arthrotec[®] Tablet elecoxib capsule (generic for Celebrex®) ibuprofen suspension / tablet (generic for Motrin®) Celebrex® Capsule ndomethacin capsule (generic for Indocin®) Daypro[®] Caplet etorolac tablet (generic for Toradol®) diclofenac potassium tablet (generic for Cataflam®) neloxicam tablet (generic for Mobic Tablet®) diclofenac sodium tablet / ER tablet (generic for Voltaren® / XR) naproxen EC / DR tablet (generic for Naprosyn® EC) diclofenac sodium-misoprostol tablet (generic for Arthrotec®) aproxen tablet (generic for Naprosyn® Tablet) diflunisal tablet (generic for Dolobid®) ulindac tablet (generic for Clinoril®) Duexis® Tablet - Trial and failure of only celecoxib required etodolac capsule / tablet / ER tablet(generic for Lodine® / XL) ibuprofen / famotidine tablet (generic for Duexis®) Trial and failure of only celecoxib required Feldene[®] Capsule fenoprofen capsule/ tablet (generic for Nalfon®) flurbiprofen tablet (generic for Ansaid®) Indocin® Suppository / Suspension indomethacin ER capsule (generic for Indocin SR®) ketoprofen capsule (generic for Orudis®) ketoprofen ER capsule (generic for Oruvail®) ketorolac tromethamine nasal spray (generic for Sprix®) meclofenamate capsule (generic for Meclomen®) mefenamic acid capsule (generic for Ponstel®) meloxicam capsule (generic for Vivlodex® Capsule) Mobic[®] Tablet nabumetone tablet (generic for Relafen®) Nalfon[®] Capsule / Tablet Naprelan® Tablet naproxen sodium ER tablet (generic for Naprelan®) naproxen sodium tablet (generic for Anaprox®) naproxen suspension (generic for Naprosyn®) naproxen-esomeprazole tablet (generic for Vimovo® Tablet) - Trial and failure of only celecoxib required oxaprozin tablet (generic for DayPro®) piroxicam capsule (generic for Feldene®) Qmiiz[™] ODT Tablet Relafen[™] DS Tablet Sprix® Nasal Spray Tivorbex[®] Capsule tolmetin capsule / tablet (generic for Tolectin®) Vimovo® Tablet - Trial and failure of only celecoxib required Vivlodex® Capsule Zipsor[®] Capsule Zorvolex[®] Capsule NEUROPATHIC PAIN Preferred Non-Preferred Cymbalta® Capsule duloxetine capsule (generic for Cymbalta®) gabapentin capsule / solution / tablet (generic for Neurontin®) Drizalma⁷⁷ Sprinkle pregabalin capsule /solution (generic for Lyrica® Capsule / Solution) duloxetine capsule (generic for Irenka®) Gralise[®] Tablet Horizant® Tablet lidocaine patch (generic for Lidoderm®) - Clinical criteria apply Lidoderm[®] Patch - Clinical criteria appl Lyrica® Capsule / Solution Lyrica[®] CR Tablet Neurontin® Capsule / Solution / Tablet

Qutenza® Kit

pregabalin ER tablet (generic for Lyrica® CR Tablet)

North Carolina D	ivision of Health Benefits	
	ealth Choice Preferred Drug List (PDL)	
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	v/providers/programs-services/prescription-drugs/outpatient-pharmacy-services	
	Savella® Tablet / Titration Pack	
	ZTLido ⁷⁷ Patch - Clinical criteria apply	
ANTIC	CONVULSANTS	
	EPINE DERIVATIVES	
Patients with a diagnosis of seizure disorder are exempt fr	om trial and failure criteria and may use any carbamazepine product.	
Preferred	Non-Preferred	
Aptiom [®] Tablet	Carbatrol® Capsule	
carbamazepine chewable tablet (generic for Tegretol [®])	carbamazepine suspension / tablet (generic for Tegretol®)	
carbamazepine ER capsule (generic for Carbatrol [®])	carbamazepine XR tablet (generic for Tegretol XR [®])	
Equetro [®] Capsule oxcarbazepine suspension / tablet (generic for Trileptal [®])	Epitol® Tablet Trileptal® Tablet / Suspension	
oxcaroazepine suspension / tablet (generic for 1 rileptai) Oxtellar [®] XR Tablet	таларан килек / Бизрельнов	
Tegretol [®] Suspension / Tablet / XR Tablet		
	GENERATION	
	om trial and failure criteria and may use any first generation product.	
Preferred	Non-Preferred	
Celontin® Kapseal	Depakote® ER Tablet / Sprinkle Capsule	
Dilantin [®] Capsule / Infatab / Suspension divalproex sprinkle capsule / ER tablet / tablet (generic for Depakote [®] / ER / Sprinkle)	Depakote [®] Tablet felbamate suspension / tablet (generic for Felbatol [®])	
drvalproex sprinkle capsule / ER tablet / tablet (generic for Depakote - / ER / Sprinkle) ethosuximide capsule / solution (generic for Zarontin [®])	felbanate suspension / tablet (generic for Felbatol [®]) Felbatol [®] Suspension / Tablet	
phenobarbital tablet / elixir / solution	Mysoline® Tablet	
Phenytek [®] Capsule	Peganone® Tablet	
phenytoin chewable / extended capsules / infatab / suspension (generic for Dilantin®)	Zarontin [®] Capsule / Solution	
phenytoin extended capsules (generic for Phenytek [®])		
primidone Tablet (generic for Mysoline®)		
valproic acid capsule / solution (generic for Depakene®)		
SECON	D GENERATION	
	n 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	
Epidiolex [®] Solution - Clinical Criteria Apply	clobazam suspension / tablet (generic for Onfi® Suspension / Tablet)	
Fintepla® Solution	clonazepam ODT (generic for Klonopin® Wafer)	
gabapentin capsule / solution (generic for Neurontin [®])	diazepam rectal / system (generic for Diastat [®] Accudial / Pedi System)	
gabapentin tablet (generic for Neurontin [®] Tablet) Gabitril [®] Tablet	Diacomit [®] Capsule / Powder Pack Elepsia TM XR Tablet	
lamotrigine chewable / tablet (generic for Lamictal [®])	Fycompa [®] Tablet / Suspension	
levetiracetam tablet / ER tablet / solution (generic for Keppra [®] / XR)	Keppra [®] Tablet / Solution / XR Tablet	
Nayzilam [®] Nasal Spray	Klonopin [®] Tablet	
Roweepra [™] Tablet	Lamictal® Chewable / ODT / ODT Starter Kit / Starter Kit / Tablet / XR / XR Starter Kit	
Sabril® Powder Packet	lamotrigine starter kits (generic for Lamictal [®])	
topiramate sprinkle capsule / tablet (generic for Topamax®)	lamotrigine ER tablet / ODT / ODT Starter Kit / Starter Kit (generic for Lamictal® XR / ODT)	
Valtoco [®] Nasal Spray zonisamide capsule (generic for Zonegran [®])	Lyrica [®] Capsule / Solution	
zvansamaa vapsuu (genene toi zonegran)	Neurontin [®] Capsule / Solution / Tablet Onf [®] Suspension / Tablet	
	Qudexy [®] XR Capsule	
	rufinamide suspension (generic for Banzel [®] Suspension)	
	Sabril [®] Tablet	
	Spritam [®] Tablet	
	Sympazan [®] Film	
	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)	
	Vigadrone® Powder Packet	
	Vimpat [®] Solution / Starter Kit / Tablet	
	Xcopr [®] Tablet / Titration Pack	
	CTIVES - SYSTEMIC	
	VTIBIOTICS	
	phalosporins 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 ampicillin-sulbactam injection / vial	cefaclor capsule / suspension / ER tablet (generic for Ceclor [®] / CD)	
Bicillin C-R injection	cefadroxil tablet (generic for Duricet [®]) cefpodoxime suspension / tablet (generic for Vantin [®])	
cefadroxil capsule / suspension (generic for Duricef [®])	cerpodoxime suspension / tablet (generic for vanum) Keflex [®] Capsule	
cefdinir capsule / suspension (generic for Duricef [®])	Suprax [®] Capsule / Chewable / Suspension	
cefixime capsule / suspension (generic for Suprax [®] Capsule / Suspension)		
cefprozil suspension / tablet (generic for Cefzil [®])		
cefuroxime tablet (generic for Ceftin [®])		
cephalexin capsule / suspension / tablet (generic for Keflex [®])		
dicloxacillin capsule nafcillin injection / vial		
oxacillin injection / vial		

Effective DATE: 04/01/2022

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

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

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

penicillin G injection / vial	
penicillin V suspension / tablet	
piperacillin - tazobactam injection / vial	
Pfizerpen® injection / vial	
Unasyn [®] injection / vial	
Zosyn [®] injection / vial	
Lincosamid	es and Oxazolidinones
Preferred	Non-Preferred
clindamycin capsules / solution (generic for Cleocin®)	Cleocin [®] Capsules / Injection
linezolid suspension (oral) / tablet (generic for Zyvox®)	Cleocin [®] Pediatric Solution
	clindamycin injection (generic for Cleocin [®] Injection)
	Lincocin [®] Vial
	lincomycin injection (generic for Lincocin Vial®)
	linezolid IV solution (generic for Zyvox®)
	Sivextro® Tablet / Vial
	Synercid [®] Vial
	Zyvox [®] Tablet / IV Solution / Suspension
	Lyvox Table/ IV Solution/ Suspension
Magazi	des and Ketolides
Preferred	Non-Preferred
azithromycin powder packet / suspension / tablet (generic for Zithromax®)	clarithromycin ER tablet (generic for Biaxin XL [®])
clarithromycin suspension / tablet (generic for Biaxin®)	erythromycin e.s. 200mg suspension (generic for E.E.S. [®] Suspension)
E.E.S.® Granules / Filmtab	Ery-Tab® Tablet
Eryped [®] Suspension	Zithromax [®] Powder Packet / Suspension / Tablet / Tri-Pak / Z-Pak
Erythrocin [®] Filmtab	
erythromycin EC capsule (generic for Erye®)	
erythromycin filmtab	
erythromycin e.s. tablet (generic for E.E.S [®] Filmtab)	
Ni	romidazoles
Preferred	Non-Preferred
metronidazole tablet (generic for Flagyl [®])	Dificid [®] Suspension / Tablet - Trial and failure of only vancomycin is required for treatment of Clostridium difficile
vancomycin capsule (generic for Vancocin ^{\mathbb{R}})	Firvanq [™] Solution
(general (general)	Flagyl [®] Capsule / Tablet
	metronidazole capsule (generic for Flagyl [®])
	neomycin tablet (generic for Mycifradin [®])
	nitazoxanide tablet (generic for Alinia [®] Tablet)
	paromomycin capsule (generic for Humatin [®])
	Solosec [™] Granules
	tinidazole tablet (generic for Tindamax®)
	tinidazole tablet (generic for Tindamax [®]) Vancocin [®] Capsule
	tinidazole tablet (generic for Tindamax [®])
	tinidazole tablet (generic for Tindamax [®]) Vancocin [®] Capsule Xifaxan [®] Tablet - Exemption for a diagnosis of Hepatic Encephalopathy
	tinidazole tablet (generic for Tindamax [®]) Vancocin [®] Capsule Xifaxan [®] Tablet - Exemption for a diagnosis of Hepatic Encephalopathy Juinolones
Preferred	tinidazole tablet (generic for Tindamax [®]) Vancocin [®] Capsule Xifaxan [®] Tablet - Exemption for a diagnosis of Hepatic Encephalopathy uinolones Non-Preferred
	tinidazole tablet (generic for Tindamax [®]) Vancocin [®] Capsule Xifaxan [®] Tablet - Exemption for a diagnosis of Hepatic Encephalopathy Juinolones
Preferred	tinidazole tablet (generic for Tindamax [®]) Vancocin [®] Capsule Xifaxan [®] Tablet - Exemption for a diagnosis of Hepatic Encephalopathy uinolones Non-Preferred
Preferred Cipro [®] Suspension	tinidazole tablet (generic for Tindamax [®]) Vancocin [®] Capsule Xifaxan [®] Tablet - Exemption for a diagnosis of Hepatic Encephalopathy Uninolones Non-Preferred Baxdela [™] Tablet
Preferred Cipro [®] Suspension ciprofloxacin tablet (generic for Cipro [®])	tinidazole tablet (generic for Tindamax [®]) Vancocin [®] Capsule Xifaxan [®] Tablet - Exemption for a diagnosis of Hepatic Encephalopathy Uninolones Non-Preferred Baxdela [™] Tablet Cipro [®] Tablet
Preferred Cipro [®] Suspension ciprofloxacin tablet (generic for Cipro [®]) levofloxacin tablet (generic for Levaquin [®])	tinidazole tablet (generic for Tindamax [®]) Vancocin [®] Capsule Xifaxan [®] Tablet - Exemption for a diagnosis of Hepatic Encephalopathy Duinolones Non-Preferred Baxdela [™] Tablet Cipro [®] Tablet ciprofloxacin ER tablet / suspension (generic for Cipro [®] XR / Suspension)
Preferred Cipro [®] Suspension ciprofloxacin tablet (generic for Cipro [®]) levofloxacin tablet (generic for Levaquin [®])	tinidazole tablet (generic for Tindamax [®]) Vancocin [®] Capsule Xifaxan [®] Tablet - Exemption for a diagnosis of Hepatic Encephalopathy uinolones Non-Preferred Baxdel [™] Tablet Cipro [®] Tablet Cipro [®] Tablet Levofloxacin ER tablet / suspension (generic for Cipro [®] XR / Suspension) levofloxacin solution (generic for Levaquin [®] Solution)
Preferred Cipro [®] Suspension ciprofloxacin tablet (generic for Cipro [®]) levofloxacin tablet (generic for Levaquin [®]) moxifloxacin tablet (generic for Avelox [®])	tinidazole tablet (generic for Tindamax [®]) Vancocin [®] Capsule Xifaxan [®] Tablet - Exemption for a diagnosis of Hepatic Encephalopathy uinolones Non-Preferred Baxdel [™] Tablet Cipro [®] Tablet Cipro [®] Tablet Levofloxacin ER tablet / suspension (generic for Cipro [®] XR / Suspension) levofloxacin solution (generic for Levaquin [®] Solution)
Preferred Cipro [®] Suspension ciprofloxacin tablet (generic for Cipro [®]) levofloxacin tablet (generic for Levaquin [®]) moxifloxacin tablet (generic for Avelox [®]) 	tinidazole tablet (generic for Tindamax [®]) Vancocin [®] Capsule Xifaxan [®] Tablet - Exemption for a diagnosis of Hepatic Encephalopathy Uninolones Non-Preferred Baxdela [™] Tablet Cipro [®] Tablet Cipro [®] Tablet ciprofloxacin ER tablet / suspension (generic for Cipro [®] XR / Suspension) levofloxacin solution (generic for Levaquin [®] Solution) ofloxacin tablet (generic for Floxin [®]) cline Derivatives
Preferred Cipro [®] Suspension ciprofloxacin tablet (generic for Cipro [®]) levofloxacin tablet (generic for Levaquin [®]) moxifloxacin tablet (generic for Avelox [®])	tinidazole tablet (generic for Tindamax [®]) Vancocin [®] Capsule Xifaxan [®] Tablet - Exemption for a diagnosis of Hepatic Encephalopathy uinolones Non-Preferred Baxdela [™] Tablet Cipro [®] Tablet cipro [®] Tablet ciprofloxacin ER tablet / suspension (generic for Cipro [®] XR / Suspension) levofloxacin solution (generic for Levaquin [®] Solution) ofloxacin tablet (generic for Floxin [®])
Preferred Cipro® Suspension ciprofloxacin tablet (generic for Cipro®) levofloxacin tablet (generic for Levaquin®) moxifloxacin tablet (generic for Avelox®)	tinidazole tablet (generic for Tindamax [®]) Vancocin [®] Capsule Xifaxan [®] Tablet - Exemption for a diagnosis of Hepatic Encephalopathy uinolones Non-Preferred Baxdel [™] Tablet Cipro [®] Tablet Cipro [®] Tablet Cipro [®] Tablet Cipro [®] XR / Suspension) levofloxacin ER tablet / suspension (generic for Cipro [®] XR / Suspension) levofloxacin solution (generic for Cipro [®] XR / Suspension) levofloxacin tablet (generic for Floxin [®]) cline Derivatives Non-Preferred demeclocycline tablet (generic for Declomycin [®])
Preferred Cipro® Suspension ciprofloxacin tablet (generic for Cipro®) levofloxacin tablet (generic for Levaquin®) moxifloxacin tablet (generic for Avelox®)	tinidazole tablet (generic for Tindamax [®]) Vancocin [®] Capsule Xifaxa [®] Tablet - Exemption for a diagnosis of Hepatic Encephalopathy uinolones Unon-Preferred Baxdela [™] Tablet Cipro [®] Tablet ciprofloxacin ER tablet / suspension (generic for Cipro [®] XR / Suspension) levofloxacin solution (generic for Levaquin [®] Solution) ofloxacin tablet (generic for Floxin [®]) cline Derivatives Non-Preferred demeelocycline tablet (generic for Declomycin [®]) Doryx [®] DR / MPC Tablet
Preferred Cipro® Suspension ciprofloxacin tablet (generic for Cipro®) levofloxacin tablet (generic for Levaquin®) moxifloxacin tablet (generic for Avelox®)	tinidazole tablet (generic for Tindamax [®]) Vancocin [®] Capsule Xifaxan [®] Tablet - Exemption for a diagnosis of Hepatic Encephalopathy uinolones Uinolones Baxdela [™] Tablet Cipro [®] Tablet ciprofloxacin ER tablet / suspension (generic for Cipro [®] XR / Suspension) levofloxacin solution (generic for Levaquin [®] Solution) ofloxacin tablet (generic for Floxin [®]) Cline Derivatives Non-Preferred demeclocycline tablet (generic for Declomycin [®]) Doryx [®] DR / MPC Tablet doxycycline hyclate DR tablet (generic for Doryx [®] DR)
Preferred Cipro® Suspension ciprofloxacin tablet (generic for Cipro®) levofloxacin tablet (generic for Levaquin®) moxifloxacin tablet (generic for Avelox®)	tinidazole tablet (generic for Tindamax [®]) Vancocin [®] Capsule Xifaxan [®] Tablet - Exemption for a diagnosis of Hepatic Encephalopathy Uninolones Non-Preferred Baxdela [™] Tablet Cipro [®] Tablet ciprofloxacin ER tablet / suspension (generic for Cipro [®] XR / Suspension) levofloxacin solution (generic for Levaquin [®] Solution) ofloxacin tablet (generic for Floxin [®]) cline Derivatives Non-Preferred demeclocycline tablet (generic for Declomycin [®]) Dorys [®] DR / MPC Tablet doxycycline monohydrate 75mg, 150mg capsule (generic for Monodox [®] , Adoxa [®])
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Effective DATE: 04/01/2022

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

https://www.nctracks.nc.gov	/content/public/providers/pharmacy.html
More information on the PDL can be found at: https://medicaid.hconns.g	ov/providers/programs-services/prescription-drugs/outpatient-pharmacy-services
nystatin suspension (generic for Nilstat [®])	flucytosine capsule (generic for Ancobon [®])
nystatin tablet (generic for Mycostatin [®])	griseofulvin micro tablets (generic for Grifulvin $V^{\mathbb{R}}$)
terbinafine tablet (generic for Lamisil®)	itraconazole capsule / solution (generic for Sporanox®)
	ketoconazole tablet (generic for Nizoral®)
	Noxafil [®] Suspension / Tablet
	Oravig [®] Buccal Tablet
	posaconazole suspension / tablet (generic for Noxafil®)
	Sporanox® Capsule / Solution
	Tolsura [™] Capsule Vfend [®] Suspension / Tablet
	voriconazole suspension / tablet (generic for Vfend [®])
	vonconazore suspension / rabet (generic tor viend)
Antivira	ls (Hepatitis B Agents)
Preferred	Non-Preferred
entecavir tablet (generic for Baraclude [®])	adefovir tablet (generic for Hepsera®)
lamivudine HBV tablet (generic for Epivir [®] HBV)	Baraclude [®] Solution / Tablet
tenofovir tablet (generic for Viread®)	Epivir® HBV Tablet / Solution
Viread [®] Powder / Tablet	Hepsera [®] Tablet
	Vemlidy [®] tablet
	ls (Hepatitis C Agents)
Preferred	Non-Preferred
Pegasys® Syringe	Pegasys® Vial
ribavirin capsule / tablet (generic for Copegus [®] , Rebetol [®])	Pegintron [®] Kit
	Ribasphere® Capsule / Tablet / RibaPak
	apply to all drugs listed below
All genotypes without cirrhosis	Epclusa [®] Tablet
Mavyret [™] Tablet (8 weeks of therapy)	Harvon [®] Pellet Pack / Tablet
sofobuvir-velpatasvir tablet (generic for Epclusa [®] Tablet)	ledipasvir-sofosbuvir tablet (generic for Harvoni [®] Tablet)
	Sovaldi [®] Pellet Pack / Tablet
All genotypes with compensated cirrhosis (Child Pugh-A)	Viekira [™] Pak
Mavyret [™] Tablet (Up to 12 weeks of therapy)	Zepatier® Tablet
sofobuvir-velpatasvir tablet (generic for Epclusa® Tablet)	
All genotypes previously treated with an HCV regimen containing an NS5A inhibitor or genotype 1a or 3 infection a	nd
have previously been treated with an HCV regimen containing sofosbuvir without an NS5A inhibitor.	
Vosevi	
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All genotypes with decompensated cirrhosis	
All genotypes with decompensated cirrhosis sofobuvir-velpatasvir tablet (generic for Epclusa [®] Tablet)	
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sofobuvir-velpatasvir tablet (generic for Epclusa [®] Tablet) Antivira Preferred scyclovir capsule / tablet / suspension (generic for Zovirax [®]) anciclovir tablet (generic for Farnvir [®]) alacyclovir tablet (generic for Valtrex [®]) Ant Preferred sectamivir phosphate capsule / suspension (generic for Tamiflu [®]) imantadine tablet (generic for Flumadine [®]) Ant Trial and failure of Trial and failure of Preferred BEHA ANT BEHA ANT Preferred sectamiver inhalation solution) BEHAA ANT Preferred sectamiver for SR tablet / XL tablet (generic for Wellbutrin [®] Tablet / SR / XL) lesvenlafisure ER tablet (generic for Pristiq [®]) naprotiline tablet (generic for Pristiq [®]) maprotiline tablet (generic for Remeron [®]) schenckine EABlet (generic for Remeron [®])	Non-Preferred Sitavig [®] Buccal Tablet Valrex [®] Caplet Zovirax [®] Suspension ivirals (Influenza) amantadime tablet (generic for Symmetret [®]) Flumadine [®] Tablet Relenza [®] Diskhaler Tamitha [®] Capsule / Suspension Xoftuza [®] Tablet Trial and failure of only one preferred drug required Itibiotics, Inhaled only one preferred drug required Arkayee [®] Vial Cayston [®] Solution tobramycin solution / pak Tob [®] Podhaler [®] / Solution VIORAL HEALTH TDEPRESSANTS Other Aplenzin [®] Tablet Capsule / Suspension Kon-Preferred Aplenzin [®] Tablet Cytopalta [®] Capsule desvenfastrine Extablet (generic for Khedezla [®]) Effector [®] XB Capsule Emsam [®] Patch Ensam [®] Patch Fertime [®] Capsule / Titration Pak Forñv [®] XL Tablet

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

More information on the PDL can be found at: https://medicaid.ncdhhs.go	v/providers/programs-services/prescription-drugs/outpatient-pharmacy-services
	Nardil [®] Tablet
	nefazodone tablet (generic for Serzone®)
	Pristiq [®] ER Tablet Remeron [®] Soltab [™] / Tablet
	Kemeron Soltab / Lablet venlafaxine ER tablet
	Viibryd [®] Starter Pack / Tablet
	Wellbutrin® SR / XL Tablet
Orlection Oraction	- Describe Tellifer (CODI)
Preferred	n Reuptake Inhibitor (SSRI) Non-Preferred
citalopram solution / tablet (generic for Celexa [®])	Brisdelle [®] Capsule
escitalopram tablet (generic for Lexapro [®])	Celexa® Tablet
fluoxetine capsule / solution (generic for Prozac [®])	escitalopram solution (generic for Lexapo [®] Solution)
fluvoxamine tablet (generic for Luvox®)	fluoxetine tablet (generic for Prozac [®]) - Exemption for children < 12 years of age
paroxetine tablet (generic for Paxil [®]) sertraline concentrated solution / tablet (generic for Zoloft [®])	fluoxetine DR capsules (generic for Prozac [®] Weekly) fluvoxamine ER capsule (generic for Luvox CR [®])
	Lexapro [®] Tablet
	paroxetine capsule (generic for Brisdelle® Capsule)
	paroxetine CR tablet (generic for Paxil CR [®])
	Paxil [®] Suspension / Tablet / CR Tablet Pexeva [®] Tablet
	Prozac [®] Pulvule
	Sarafem [®] Tablet
	Zoloft [®] Solution / Tablet
ANITILIVD	ERKINESIS / ADHD
Preferred	Non-Preferred
Aptensio® XR Capsule	Adderall® Tablet (Generic Product Per FDA)
Adderall [®] XR Capsule	Adhansia [™] XR Capsule
amphetamine salt combo tablet (generic for Adderall [®])	Adzenys® XR ODT / ER suspension
atomoxetine capsule (generic for Strattera [®])	amphetamine ER suspension (generic for Adzenys [®])
clonidine ER tablet (generic for Kapvay*) Concerta [®] Tablet	amphetamine salt combo XR capsule (generic for Adderall [®] XR) Azstarys [™] Capsule
Daytrana [®] Patch	Cotempla TM XR-ODT
dextroamphetamine tablet (generic for Dexedrine [®])	Desoxya [®] Tablet
Dyanavel [®] XR Suspension	Dexedrine [®] Spansule [®]
Focalin® Tablet / XR Capsule	dexmethylphenidate tablet / ER capsules (generic for Focalin® / XR)
guanfacine ER tablet (generic for Intuniv [®])	dextroamphetamine solution (generic for ProCentra [®])
Methylin [®] Solution methylphenidate tablet (generic for Methylin [®] , Ritalin [®])	dextroamphetamine ER capsule (generic for Dexedrine* Spansule*) Evekeo* Tablet / Evekeo* ODT Tablet
Quillichew [®] ER Tablet	Intuniv [®] Tablet
Quillivant [®] XR Suspension	Jornay PM TM Capsule
Vyvanse® Capsule / Chewable Tablet	methamphetamine tablet (generic for Desoxyn [®])
	methylphenidate CD capsule (generic for Metadate® CD)
	methylphenidate chewable / solution (generic for Methylin [®]) methylphenidate ER capsule (generic for Aptensio [®] XR)
	methylphenidate ER tablet (generic for Concerta [®] Tablet)
	methylphenidate LA capsule (generic for Ritalin® LA)
	Mydayis [®] ER Capsule
	ProCentra [®] Solution
	Qelbree [™] Capsule Relexxii [™] ER Tablet
	Ritalin [®] LA Capsule
	Ritalin [®] Tablet
	Strattera® Capsule
	Zenzedi [®] Tablet
INJECTARI	E ANTIPSYCHOTICS
	ble Long Acting
Preferred	Non-Preferred
Abilify Mainten [®] Syringe / Vial	
Aristada [®] / Initio [™] Syringe	
fluphenazine decanoate vial (generic for Prolixin decanoate [®]) Haldol [®] decanoate Ampule	
haloperidol decanoate ampule / vial (generic for Haldol decanoate [®])	
Invega® Hafyera	
Invega® Sustenna Prefilled Syringe	
Invega [®] Trinza Syringe	
Perseris [®] Syringe Risperdal [®] Consta Syringe	
Zyprexa [®] Relprevv [™] Vial Kit	
ATYPICAL	ANTIPSYCHOTICS
0	ral / Topical
O Trial and failure of o	ly one preferred drug required
0	Ily one preferred drug required Non-Preferred
O Trial and failure of o Preferred aripiprazole Tablet / Solution (generic for Abilify [®]) clozapine tablet (generic for Clozaril [®])	Ily one preferred drug required Non-Preferred Abilify [®] Tablet / Abilify [®] MyCite [®] Tablet aripiprazole ODT (generic for Abilify [®] Discmelt [®])
O Trial and failure of o Preferred aripiprazole Tablet / Solution (generic for Abilify [®])	Ily one preferred drug required Non-Preferred Abilify [®] Tablet / Abilify [®] MyCite [®] Tablet

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More information on the PDL can be found at: <u>https://medicaid.ncdhhs.g</u>	ov/providers/programs-services/prescription-drugs/outpatient-pharmacy-services
Latuda [®] Tablet	clozapine ODT (generic for FazaClo [®])
olanzapine ODT / tablet (generic for Zyprexa [®])	Clozaril [®] Tablet
quetiapine tablet / ER tablet (generic for Seroquel [®] / XR)	Fanapt® Tablet / Titration Pack
risperidone ODT / solution / tablet (generic for Risperdal [®]) Saphris [®] SL Tablet	Geodon [®] Capsule Lybalvi [™] Tablet
Sapirits SL Tablet Symbyax [®] Capsule	Lyoaivi Tablet Nuplazid [®] Tablet
Vraylar [®] Capsule Trial and Failure of 1 Preferred Atypical Antipsychotic required	olanzapine-fluoxetine capsule (generic for Symbyax [®])
ziprasidone capsule (generic for Geodon [®])	paliperidone ER tablet (generic for Invega®)
	Rexulti [®] Tablet
	Risperdal [®] Solution / Tablet
	Secuado [®] Patch Seroquel® Tablet / XR Tablet / XR Sample Kit
	Versacloz [®] Suspension
	Zyprexa® Tablet / Zydis® Tablet
	DIOVASCULAR
	INHIBITORS
Preferred	Non-Preferred
benazepril tablet (generic for Lotensin [®]) enalapril tablet (generic for Vasotec [®])	Accuprif* Tablet Altace* Capsule
lisinopril tablet (generic for Vasolee) lisinopril tablet (generic for Prinivil [®] and Zestril [®])	captopril tablet (generic for Capoten [®])
ramipril capsule (generic for Altace [®])	enalapril solution (generic for Epaned [®]) - Exemption for children < 12 years of age
	Epaned [®] Solution - Exemption for children < 12 years of age
	fosinopril tablet (generic for Monopril [®])
<u> </u>	Lotensin [®] Tablet
<u> </u>	moexipril tablet (generic for Univase [®]) Qbrelis [®] Solution - Exemption for children < 12 years of age
	perindopril tablet (generic for Accon [®])
	Prinvil [®] Tablet
	quinapril tablet (generic for Accupril [®])
	trandolapril tablet (generic for Mavik [®])
	Vasotec [®] Tablet
	Zestril [®] Tablet
ACE INHIBITOR / CALCIUM	CHANNEL BLOCKER COMBINATIONS
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
Preferred enalapril-HCTZ tablet (generic for Vaseretic [®])	
Preferred	Non-Preferred Accuretic [®] Tablet benazepril-HCTZ tablet (generic for Lotensin [®] HCT)
Preferred enalapril-HCTZ tablet (generic for Vaseretic [®])	Non-Preferred Accuretic [®] Tablet benazepril-HCTZ tablet (generic for Lotensin [®] HCT) captopril-HCTZ tablet (generic for Capozide [®])
Preferred enalapril-HCTZ tablet (generic for Vaseretic [®])	Non-Preferred Accuretic [®] Tablet benazepril-HCTZ tablet (generic for Lotensin [®] HCT) captopril-HCTZ tablet (generic for Capozide [®]) fosinopril-HCTZ tablet (generic for Monopril [®] HCT)
Preferred enalapril-HCTZ tablet (generic for Vaseretic [®])	Non-Preferred Accuretic [®] Tablet benazepril-HCTZ tablet (generic for Lotensin [®] HCT) captopril-HCTZ tablet (generic for Capozide [®]) fosinopril-HCTZ tablet (generic for Monopril [®] HCT) Lotensin [®] HCT Tablet
Preferred enalapril-HCTZ tablet (generic for Vaseretic [®])	Non-Preferred Accuretic [®] Tablet benazepril-HCTZ tablet (generic for Lotensin [®] HCT) captopril-HCTZ tablet (generic for Capozide [®]) fosinopril-HCTZ tablet (generic for Monopril [®] HCT)
Preferred enalapril-HCTZ tablet (generic for Vaseretic [®])	Non-Preferred Accuretic [®] Tablet benazepril-HCTZ tablet (generic for Lotensin [®] HCT) captopril-HCTZ tablet (generic for Capozide [®]) fösinopril-HCTZ tablet (generic for Monopril [®] HCT) Lotensin [®] HCT Tablet quinapril-HCTZ tablet (generic for Accuretic [®] , Quinaretic [®])
Preferred enalapril-HCTZ tablet (generic for Vaseretic [®]) lisinopril-HCTZ tablet (generic for Prinzide [®] , Zestoretic [®])	Non-Preferred Accuretic [®] Tablet benazepril-HCTZ tablet (generic for Lotensin [®] HCT) captopril-HCTZ tablet (generic for Monopril [®] HCT) Lotensin [®] HCT Tablet quinapril-HCTZ tablet (generic for Accuretic [®] , Quinaretic [®]) Vaseretic [®] Tablet Zestoretic [®] Tablet
Preferred enalapril-HCTZ tablet (generic for Vaseretic [®]) lisinopril-HCTZ tablet (generic for Prinzide [®] , Zestoretic [®])	Non-Preferred Accuretic [®] Tablet benazepril-HCTZ tablet (generic for Lotensin [®] HCT) captopril-HCTZ tablet (generic for Capozide [®]) fssinopril-HCTZ tablet (generic for Monopril [®] HCT) Lotensin [®] HCT Tablet quinapril-HCTZ tablet (generic for Accuretic [®] , Quinaretic [®]) Vaseretic [®] Tablet Zestoretic [®] Tablet IRECEPTOR BLOCKERS
Preferred enalapril-HCTZ tablet (generic for Vaseretic [®]) lisinopril-HCTZ tablet (generic for Prinzide [®] , Zestoretic [®])	Non-Preferred Accuretic [®] Tablet benazepril-HCTZ tablet (generic for Lotensin [®] HCT) captopril-HCTZ tablet (generic for Capozide [®]) fösinopril-HCTZ tablet (generic for Monopril [®] HCT) Lotensin [®] HCT Tablet quinapril-HCTZ tablet (generic for Accuretic [®] , Quinaretic [®]) Vaseretic [®] Tablet Zestoretic [®] Tablet II RECEPTOR BLOCKERS Non-Preferred
Preferred enalapril-HCTZ tablet (generic for Vaseretic [®]) lisinopril-HCTZ tablet (generic for Prinzide [®] , Zestoretic [®])	Non-Preferred Accuretic [®] Tablet benazepril-HCTZ tablet (generic for Lotensin [®] HCT) captopril-HCTZ tablet (generic for Capozide [®]) fssinopril-HCTZ tablet (generic for Monopril [®] HCT) Lotensin [®] HCT Tablet quinapril-HCTZ tablet (generic for Accuretic [®] , Quinaretic [®]) Vaseretic [®] Tablet Zestoretic [®] Tablet IRECEPTOR BLOCKERS
Preferred enalapril-HCTZ tablet (generic for Vascretic [®]) lisinopril-HCTZ tablet (generic for Prinzide [®] , Zestoretic [®]) ANGIOTENSIN Preferred irbesartan tablet (generic for Avapro [®]) losartan tablet (generic for Cozaar [®]) olmesartan tablet (generic for Benicar [®] Tablet)	Non-Preferred Accuretic [®] Tablet benazepril-HCTZ tablet (generic for Lotensin [®] HCT) captopril-HCTZ tablet (generic for Monopril [®] HCT) Isoinopril-HCTZ tablet (generic for Monopril [®] HCT) Lotensin [®] HCT Tablet quinapril-HCTZ tablet (generic for Accuretic [®] , Quinaretic [®]) Vaseretic [®] Tablet Zestoretic [®] Tablet II RECEPTOR BLOCKERS Non-Preferred Atacand [®] Tablet Avapro [®] Tablet Benicar [®] Tablet
Preferred enalapril-HCTZ tablet (generic for Vaseretic [®]) lisinopril-HCTZ tablet (generic for Prinzide [®] , Zestoretic [®]) ANGIOTENSIN Preferred irbesartan tablet (generic for Avapro [®]) losartan tablet (generic for Cozaar [®])	Non-Preferred Accuretic® Tablet benazepril-HCTZ tablet (generic for Lotensin® HCT) captopril-HCTZ tablet (generic for Capozide®) fssinopril-HCTZ tablet (generic for Monopril® HCT) Lotensin® HCT Tablet quinapril-HCTZ tablet (generic for Accuretic®, Quinaretic®) Vaseretic® Tablet Zestoretic® Tablet IRECEPTOR BLOCKERS IRECEPTOR BLOCKERS Benicar® Tablet Benicar® Tablet candesartan tablet (generic for Atacand®)
Preferred enalapril-HCTZ tablet (generic for Vascretic [®]) lisinopril-HCTZ tablet (generic for Prinzide [®] , Zestoretic [®]) ANGIOTENSIN Preferred irbesartan tablet (generic for Avapro [®]) losartan tablet (generic for Cozaar [®]) olmesartan tablet (generic for Benicar [®] Tablet)	Non-Preferred Accuretic® Tablet benazepril-HCTZ tablet (generic for Lotensin® HCT) captopril-HCTZ tablet (generic for Capozide®) fösinopril-HCTZ tablet (generic for Monopril® HCT) Lotensin® HCT Tablet quinapril-HCTZ tablet (generic for Accuretic®, Quinaretic®) Vaseretic® Tablet Zestoretic® Tablet IRECEPTOR BLOCKERS Interson® Tablet Benicar® Tablet candes#Ta tablet (generic for Atacand®) Cozar® Tablet
Preferred enalapril-HCTZ tablet (generic for Vascretic [®]) lisinopril-HCTZ tablet (generic for Prinzide [®] , Zestoretic [®]) ANGIOTENSIN Preferred irbesartan tablet (generic for Avapro [®]) losartan tablet (generic for Cozaar [®]) olmesartan tablet (generic for Benicar [®] Tablet)	Non-Preferred Accuretie* Tablet benazepril-HCTZ tablet (generic for Cotensin* HCT) captopril-HCTZ tablet (generic for Monopril* HCT) Lotensin* HCT Tablet quinapril-HCTZ tablet (generic for Accuretie*, Quinaretie*) Vaseretie* Tablet Zestoretie* Tablet II RECEPTOR BLOCKERS Interse* Tablet Accand* Tablet Accand* Tablet Cozas* Tablet Diovas* Tablet Diovas* Tablet
Preferred enalapril-HCTZ tablet (generic for Vascretic [®]) lisinopril-HCTZ tablet (generic for Prinzide [®] , Zestoretic [®]) ANGIOTENSIN Preferred irbesartan tablet (generic for Avapro [®]) losartan tablet (generic for Cozaar [®]) olmesartan tablet (generic for Benicar [®] Tablet)	Non-Preferred Accuretic® Tablet bemazpril-HCTZ tablet (generic for Lotensin® HCT) captopril-HCTZ tablet (generic for Monopril® HCT) Lotensin® HCT Tablet quinapril-HCTZ tablet (generic for Accuretic®, Quinaretic®) Vaseretic® Tablet Zestoretic® Tablet II RECEPTOR BLOCKERS Non-Preferred Ancand® Tablet Avapro® Tablet Benicar® Tablet Cozan® Tablet Diovan® Tablet Edarbi® Tablet Edarbi® Tablet
Preferred enalapril-HCTZ tablet (generic for Vascretic [®]) lisinopril-HCTZ tablet (generic for Prinzide [®] , Zestoretic [®]) ANGIOTENSIN Preferred irbesartan tablet (generic for Avapro [®]) losartan tablet (generic for Cozaar [®]) olmesartan tablet (generic for Benicar [®] Tablet)	Non-Preferred Accuretie* Tablet benazepril-HCTZ tablet (generic for Cotensin* HCT) captopril-HCTZ tablet (generic for Monopril* HCT) Lotensin* HCT Tablet quinapril-HCTZ tablet (generic for Accuretie*, Quinaretie*) Vaseretie* Tablet Zestoretie* Tablet II RECEPTOR BLOCKERS Interse* Tablet Accand* Tablet Accand* Tablet Cozas* Tablet Diovas* Tablet Diovas* Tablet
Preferred enalapril-HCTZ tablet (generic for Vascretic [®]) lisinopril-HCTZ tablet (generic for Prinzide [®] , Zestoretic [®]) ANGIOTENSIN Preferred irbesartan tablet (generic for Avapro [®]) losartan tablet (generic for Cozaar [®]) olmesartan tablet (generic for Benicar [®] Tablet)	Non-Preferred Accuretic® Tablet benazepril-HCTZ tablet (generic for Lotensin® HCT) captopril-HCTZ tablet (generic for Monopril® HCT) Lotensin® HCT Tablet quinapril-HCTZ tablet (generic for Accuretic®, Quinaretic®) Vaseretic® Tablet Zestoretic® Tablet II RECEPTOR BLOCKERS Non-Preferred Atacand® Tablet Avapro® Tablet Cozase Tablet Benicar® Tablet Diovan® Tablet Diovan® Tablet Diovan® Tablet Earboit Tablet Diovan® Tablet Diovan® Tablet Diovan® Tablet Diovan® Tablet Diovan® Tablet
Preferred enalapril-HCTZ tablet (generic for Vascretic [®]) lisinopril-HCTZ tablet (generic for Prinzide [®] , Zestoretic [®]) ANGIOTENSIN Preferred irbesartan tablet (generic for Avapro [®]) losartan tablet (generic for Cozaar [®]) olmesartan tablet (generic for Benicar [®] Tablet) valsartan tablet (generic for Diovan [®])	Non-Preferred Accuretic® Tablet benazepril-HCTZ tablet (generic for Lotensin® HCT) captopril-HCTZ tablet (generic for Monopril® HCT) Lotensin® HCT Tablet quinapril-HCTZ tablet (generic for Accuretic®, Quinaretic®) Vaseretic® Tablet Zestoretic® Tablet II RECEPTOR BLOCKERS Non-Preferred Atacand® Tablet Avapro® Tablet Cozan® Tablet Diovan® Tablet Edarbit Tablet Edarbit Tablet Micardis® Tablet Diovan® Tablet Benicar® Tablet Edarbit Tablet Micardis® Tablet Locand® Tablet Locand® Tablet Benicar® Tablet Diovan® Tablet Benicar® Tablet Diovan® Tablet Edarbit Tablet
Preferred enalapril-HCTZ tablet (generic for Vascretic [®]) lisinopril-HCTZ tablet (generic for Prinzide [®] , Zestoretic [®]) ANGIOTENSIN Preferred irbesartan tablet (generic for Avapro [®]) losartan tablet (generic for Avapro [®]) olmesartan tablet (generic for Benicar [®] Tablet) valsartan tablet (generic for Diovan [®]) ANGIOTENSIN II RECE	Non-Preferred Accuretic® Tablet benazepril-HCTZ tablet (generic for Lotensin® HCT) captopril-HCTZ tablet (generic for Monopril® HCT) Lotensin® HCT Tablet quinapril-HCTZ tablet (generic for Accuretic®, Quinaretic®) Vaseretic® Tablet Zestoretic® Tablet II RECEPTOR BLOCKERS Non-Preferred Atacand® Tablet Avapro® Tablet Cozan® Tablet Diovan® Tablet Diovan® Tablet Edarbit Tablet Edarbit Tablet Pioresaf Tablet Diovan® Tablet Diovan® Tablet Edarbit Tablet Pioresaf Tablet Diovan® Tablet Diovan® Tablet Edarbit Tablet <t< td=""></t<>
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Preferred enalapril-HCTZ tablet (generic for Vascretic [®]) lisinopril-HCTZ tablet (generic for Prinzide [®] , Zestoretic [®]) ANGIOTENSIN Preferred irbesartan tablet (generic for Avapro [®]) losartan tablet (generic for Avapro [®]) olmesartan tablet (generic for Benicar [®] Tablet) valsartan tablet (generic for Diovan [®]) ANGIOTENSIN II RECE	Non-Preferred Accuretic® Tablet benazepril-HCTZ tablet (generic for Lotensin® HCT) captopril-HCTZ tablet (generic for Monopril® HCT) Lotensin® HCT Tablet quinapril-HCTZ tablet (generic for Accuretic®, Quinaretic®) Vaseretic® Tablet Zestoretic® Tablet II RECEPTOR BLOCKERS Non-Preferred Atacand® Tablet Avapro® Tablet Cozan® Tablet Diovan® Tablet Diovan® Tablet Edarbit Tablet Edarbit Tablet Pioresaf Tablet Diovan® Tablet Diovan® Tablet Edarbit Tablet Edarbit Tablet Edarbit Tablet Diovan® Tablet Diovan® Tablet Edarbit Tablet <td< td=""></td<>
Preferred enalapril-HCTZ tablet (generic for Vascretic®) lisinopril-HCTZ tablet (generic for Prinzide®, Zestoretic®)	Non-Preferred Accuretic* Tablet bemazpril-HCTZ tablet (generic for Lotensin* HCT) captopril-HCTZ tablet (generic for Monopril* HCT) Lotensin* HCT Tablet quinapril-HCTZ tablet (generic for Accuretic*, Quinaretic*) Vaseretic* Tablet Zestoretic* Tablet II RECEPTOR BLOCKERS Acard* Tablet Avapro* Tablet Benicar* Tablet Cozara* Tablet Diovars* Tablet Diovars* Tablet Prosentant tablet (generic for Accuretic*) Waserdis* Tablet Prosentant tablet (generic for Atacand*) Cozara* Tablet Prosentant tablet (generic for Teveten*) Mixardis* Tablet Prosentant tablet (generic for Mixardis*Tablet) Leardis* Tablet Prosentant tablet (generic for Mixardis*Tablet) Prosentant tablet (generic for Mixardis*Tablet) Prosentant tablet (generic for Mixardis*Tablet) Exforge* Tablet
Preferred enalapril-HCTZ tablet (generic for Vascretic®) lisinopril-HCTZ tablet (generic for Prinzide®, Zestoretic®) Image: State of the state of t	Non-Preferred Accuretic® Tablet benazepril-HCTZ tablet (generic for Lotensin® HCT) captopril-HCTZ tablet (generic for Monopril® HCT) Lotensin® HCT Tablet quinapril-HCTZ tablet (generic for Accuretic®, Quinaretic®) Vaseretic® Tablet Zestoretic® Tablet IRECEPTOR BLOCKERS IRECEPTOR BLOCKERS Vaseret® Tablet Atacand® Tablet Avapro® Tablet Diovan® Tablet Diovan® Tablet Eadroit Tablet Prosenting Tablet Diovan® Tablet Diovan® Tablet Prosenting Tablet Prosenting Tablet Prosenting Tablet Diovan® Tablet Diovan® Tablet Diovan® Tablet Diovan® Tablet Diovan® Tablet Prosentan tablet (generic for Teveten®) Micardis® Tablet Proro BLOCKER COMBINATIONS Azor® Tablet Exforg® Tablet Exforg® Tablet Exforg® Tablet Exforg® Tablet Exforg® Tablet <
Preferred enalapril-HCTZ tablet (generic for Vascretic®) lisinopril-HCTZ tablet (generic for Prinzide®, Zestoretic®)	Non-Preferred Accuretic* Tablet bemazpril-HCTZ tablet (generic for Lotensin* HCT) captopril-HCTZ tablet (generic for Monopril* HCT) Lotensin* HCT Tablet quinapril-HCTZ tablet (generic for Accuretic*, Quinaretic*) Vaseretic* Tablet Zestoretic* Tablet II RECEPTOR BLOCKERS Acard* Tablet Avapro* Tablet Benicar* Tablet Cozara* Tablet Diovars* Tablet Diovars* Tablet Edarbit Diovars* Tablet Prosentant tablet (generic for Teveten*) Micardis* Tablet Prosentant tablet (generic for Teveten*) Micardis* Tablet Prosentant tablet (generic for Teveten*) Micardis* Tablet Prosentant tablet (generic for Micardis*Tablet) Lefarbit* Prosentant tablet (generic for Micardis*Tablet) Lefarbit* Prosentant tablet (generic for Micardis*Tablet) Exforge* Tablet
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Preferred enalapril-HCTZ tablet (generic for Prinzide®, Zestoretic®) lisinopril-HCTZ tablet (generic for Prinzide®, Zestoretic®) ANGIOTENSIN Preferred irbssartan tablet (generic for Avapro®) lossartan tablet (generic for Cozaa®) odmesartan tablet (generic for Benicar® Tablet) valsartan tablet (generic for Benicar® Tablet) valsartan tablet (generic for Diovan®) Image: Comparison of the second of the	Non-Preferred Accuretic* Tablet bemazpril-HCTZ tablet (generic for Catensin* HCT) captopril-HCTZ tablet (generic for Monopril* HCT) Lotensin* HCT tablet quinapril-HCTZ tablet (generic for Accuretic*, Quinaretic*) Vaseretic* Tablet Zestoretic* Zestoretic* II RECEPTOR BLOCKERS II RECEPTOR BLOCKERS Cozaut* Tablet Zestoretic* Zestoretic* Vaseretic* Vaseretic* Tablet Ancand* Ancand* Sestoretic* Anacand* Tablet Avapro* Benicar* Cozaut* Tablet Diovan* Tablet Edarbi* Diovan* Tablet Edarbi* PTOR BLOCKER COMBINATIONS PTOR BLOCKER COMBINATIONS Caser* Tablet Exforge* Tablet Exforge* Tablet <t< td=""></t<>
Preferred enalapril-HCTZ tablet (generic for Vaseretic®) lisinopril-HCTZ tablet (generic for Prinzide®, Zestoretic®)	Non-Preferred Accuretie® Tablet benazepril-HCTZ tablet (generic for Capozide®) fosinopril-HCTZ tablet (generic for Accuretie®, Quinaretic®) yaseretie® Tablet quinapril-HCTZ tablet (generic for Accuretie®, Quinaretic®) Vaseretie® Tablet Zestoretie® Tablet IR ECEPTOR BLOCKERS IR ECEPTOR BLOCKERS adacament Non-Preferred Atacand® Tablet Avapro® Tablet Benicas® Tablet Cozas® Tablet Divan® Tablet Prosent tablet (generic for Atacand®) Cozas® Tablet Divan® Tablet Period Micardis® Tablet Prosent tablet (generic for Teveten®) Micardis® Tablet Pror BLOCKER COMBINATIONS Azas® Tablet Exforge® Tablet
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Preferred enalapril-HCTZ tablet (generic for Vaseretic [®]) lisinopril-HCTZ tablet (generic for Prinzide [®] , Zestoretic [®]) ANGIOTENSIN ANGIOTENSIN Preferred irbesartan tablet (generic for Avapro [®]) losartan tablet (generic for Avapro [®]) ANGIOTENSIN II RECE Preferred andodipine-valsartan tablet (generic for Exforge [®]) amdodipine-valsartan tablet (generic for Exforge [®]) amdodipine-valsartan tablet (generic for Exforge [®]) ANGIOTENSIN II RECE Preferred andodipine-valsartan tablet (generic for Exforge [®]) amdodipine-valsartan tablet (generic for Exforge [®]) ANGIOTENSIN II RECE Preferred andodipine-valsartan tablet (generic for Exforge [®]) amdodipine-valsartan tablet (generic for Exforge [®]) amdodipine-Valsartan-HCTZ tablet (generic for Tribenzor® Tablet)	Non-Preferred Accurctic [®] Tablet benazepi1-HCTZ tablet (generic for Lotensin [®] HCT) capporil-HCTZ tablet (generic for Capozide [®]) bisinopril-HCTZ tablet (generic for Accurctic [®] , Quinaretis [®]) Vaseretic [®] Tablet guinapril-HCTZ tablet (generic for Accurctic [®] , Quinaretis [®]) Vaseretic [®] Tablet Zestortic [®] Tablet Zestortic [®] Tablet Accand [®] Tablet Accand [®] Tablet Cozar [®] Tablet Cozar [®] Tablet Diovar [®] Tablet Edmin [®] Tablet Cozar [®] Tablet Diovar [®] Tablet Edmin [®] Tablet PTOR BLOCKER COMBINATIONS Vor PTOR BLOCKER COMBINATIONS Exforge [®] Tablet Exforge [®] Tablet Exforge [®] HCT Tablet Elmisartan-amologine tablet (generic for Twynst [®]) Tribetz Exforge [®] Tablet Exforge [®] Tablet

North Carolina Division of Health Benefits North Carolina Medicaid and Health Choice Preferred Drug List (PDL) Effective DATE: 04/01/2022 Trial and failure of two Preferred drugs are required unless only one Preferred option is listed or is otherwise indicated. Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred. In addition to trial and failure criteria, clinical criteria (indicated in RED) may also apply. New to market products typically default to Non-Preferred status until reviewed by the PDL Panel. These drugs are listed as TO BE REVIEWED. Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at: https://www.nctracks.nc.gov/content/public/providers/pharmacy.html More information on the PDL can be found at: https://medicaid.ncdhhs.gov/providers/programs-services/prescription-drugs/outpatient-pharmacy-services Micardis® HCT Tablet telmisartan-HCTZ tablet (generic for Micardis® HCT) ANGIOTENSIN II RECEPTOR / NEPRILYSIN BLOCKER COMBINATIONS Preferred Non-Preferred tresto[®] - Clinical Criteria Apply ANTI-ARRHYTHMICS Preferred Non-Preferred amiodarone tablet (generic for Cordarone®) Multag[®] Tablet Norpace[®] Capsule / CR Capsule lisopyramide capsule (generic for Norpace®) dofetilide capsule (generic for Tikosyn®) Pacerone® Tablet flecainide tablet (generic for Tambocor®) quinidine gluconate ER tablet (generic for Quinaglute DuraTabs®) nexiletine capsule (generic for Mexitil®) Rythmol SR[®] Capsule propafenone tablet (generic for Rythmol®) Tikosyn[®] Capsule propafenone SR capsule (generic for Rythmol SR®) quinidine sulfate tablet (generic for Quinidex[®] Tablet) BETA BLOCKERS Preferred Non-Preferred atenolol tablet (generic for Tenormin®) acebutolol capsule (generic for Sectral®) carvedilol tablet (generic for Coreg®) Betapace® Tablet / AF Tablet abetalol tablet (generic for Trandate®) betaxolol tablet (generic for Kerlone®) metoprolol succinate XL tablet (generic for Toprol XL®) bisoprolol tablet (generic for Zebeta®) netoprolol tartrate tablet (generic for Lopressor®) Bystolic[®] Tablet propranolol solution / tablet / ER capsule (generic for Inderal®) carvedilol ER capsule (generic for Coreg® CR Capsule) Sorine[®] Tablet Coreg[®] Tablet / CR Capsule otalol tablet / AF tablet (generic for Betapace® / AF, Sorine®) Corgard[®] Tablet Hemangeol® Solution - Exemption for diagnosis of infantile hemangic Inderal[®] LA Capsule / XL Capsule Innopran[®] XL Capsule Kapspargo[™] Sprinkle - Exemption for children < 12 years of age Lopressor® Tablet nadolol tablet (generic for Corgard®) nebivolol tablet (generic for Bystolic®) pindolol tablet (generic for Visken®) Sotylize® Solution Tenormin® Tablet timolol tablet (generic for Blocadren®) Toprol XL[®] Tablet BETA BLOCKER DIURETIC COMBINATIONS Preferred Non-Preferred metoprolol-HCTZ tablet (generic for Lopressor® HCT) atenolol-chlorthalidone tablet (generic for Tenoretic®) nadolol-bendroflumethiazide tablet (generic for Corzide®) bisoprolol-HCTZ tablet (generic for Ziac®) propranolol-HCTZ tablet (generic for Inderide®) Tenoretic[®] Tablet Ziac[®] Tablet BILE ACID SEQUESTRANTS Preferred Non-Preferred cholestyramine packet / powder / light packet / light powder (generic for Questran® / Questran® Light) colesevelam packet / tablet (generic for Welchol®) olestipol tablet (generic for Colestid® Tablet) Colestid® Granules / Tablet olestipol granules (generic for Colestid® Granules) Prevalite® Packet / Powder Questran® Light Powder / Packet / Powder Welchol® Packet / Tablet CHOLESTEROL LOWERING AGENTS Non-Preferred Preferred prvastatin tablet (generic for Lipitor®) Altoprev[®] Tablet zetimibe (generic for Zetia®) amlodipine-atorvastatin tablet (generic for Caduet®) vastatin tablet (generic for Mevacor®) Caduet[®] Tablet ravastatin tablet (generic for Pravachol®) Crestor[®] Tablet Ezallor[™] Capsule suvastatin tablet (generic for Crestor®) imvastatin tablet (generic for Zocor®) ezetimibe-simvastatin (generic for Vytorin®) fluvastatin capsule / ER tablet (generic for Lescol[®] / XL) Juxtapid® Capsule - Clinical criteria apply Lescol[®] XL Tablet Lipitor[®] Tablet Livalo[®] Tablet Nexletol® Tablet Nexlizet® Tablet Pravachol® Tablet Vvtorin® Tablet Zetia® Tablet Zocor® Tablet Zypitamag[™] Tablet CORONARY VASODILATORS

Non-Preferred

Preferred

Effective DATE: 04/01/2022

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

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

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

isosorbide dinitrate tablet (generic for Isordil [®] Titradose [®] , IsoDitrate [®] , et.al.)	Dilatrate [®] SR Capsule
isosorbide mononitrate tablet / ER tablet (generic for Ismo [®] , Monoket [®] , Imdur [®])	Gonitro® Sublingual Powder
Minitran [®] Patch	Isordil [®] Tablet / Titradose [®] Tablet
nitroglycerin ER capsule / patch / spray / sublingual (generic for Nitro-Dur®, Minitran®, Nitrostat®, Nitrolingual®, Nitromist®)	Nitro-Bid [®] Ointment
Nitrostat [®] SL Tablet	Nitro-Dur [®] Patch
	Nitrolingual [®] Spray
	Nitromist [®] Spray
	Verquvo [™] Tablet
DIHYDROPYRIDINE C	ALCIUM 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 Dynacire [®])
	Katerzia [™] Suspension Exemption for children < 12 years of age
	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
DIRECT B	ENIN INHIBITOR
	Non-Preferred
Preferred	
Tekturna® Tablet	aliskiren tablet (generic for Tekturna [®] Tablet)
Tekturna® HCT Tablet	
	CEPTOR ANTAGONISTS
Covered for diagnosis of Pr	Imonary Arterial Hypertension only
Preferred	Non-Preferred
Letairis [®] Tablet	ambrisentan tablet (generic for Letairis [®] Tablet)
Tracleer [®] Tablet	bosentan tablet (generic for Tracleer® Tablet)
	Opsumit [®] Tablet
	Tracleer [®] Suspension
	TACYCLIN ANALOGS
Preferred	Non-Preferred
Tyvaso® Refill Kit / Solution / Starter Kit	
Iyvaso Kehili Kit / Solution / Starter Kit Ventavis [®] Solution	
Ventavis [®] Solution	
Ventavis [®] Solution	DERIVATIVES
Ventavis [®] Solution	DERIVATIVES Non-Preferred
Ventavis [®] Solution NIACIN Preferred	Non-Preferred
Ventavis [®] Solution NIACIN	
Ventavis [®] Solution NIACIN Preferred Niaspan [®] ER Tablet	Non-Preferred
Ventavis [®] Solution NIACIN Preferred Niaspan [®] ER Tablet NITRATH	Non-Preferred niacin ER tablet (generic for Niaspan [®]) COMBINATION
Ventavis [®] Solution NIACIN Preferred Niaspan [®] ER Tablet NITRATH Preferred	Non-Preferred
Ventavis [®] Solution NIACIN Preferred Niaspan [®] ER Tablet NITRATH	Non-Preferred niacin ER tablet (generic for Niaspan [®]) COMBINATION
Ventavis [®] Solution NIACIN Preferred Niaspan [®] ER Tablet NITRATI Preferred Bidil [®] Tablet	Non-Preferred niacin ER tablet (generic for Niaspan [®]) COMBINATION Non-Preferred
Ventavis [®] Solution NIACIN Preferred Niaspan [®] ER Tablet NITRATH Preferred Bidil [®] Tablet NON-DIHYDROPYRIDINE	Non-Preferred niacin ER tablet (generic for Niaspan [®]) COMBINATION Non-Preferred CALCIUM CHANNEL BLOCKERS
Ventavis [®] Solution NIACIN Preferred Niaspan [®] ER Tablet NITRATI Preferred Bidil [®] Tablet	Non-Preferred niacin ER tablet (generic for Niaspan [®]) COMBINATION Non-Preferred
Ventavis [®] Solution NIACIN Preferred Niaspan [®] ER Tablet NITRATH Preferred Bidil [®] Tablet NON-DIHYDROPYRIDINE Preferred Cartia XT [®] Capsule (branded generic for Cardizem CD [®])	Non-Preferred niacin ER tablet (generic for Niaspan [®]) COMBINATION Non-Preferred CALCIUM CHANNEL BLOCKERS
Ventavis [®] Solution NIACIN Preferred Niaspan [®] ER Tablet NITRATE Preferred Bidil [®] Tablet NON-DIHYDROPYRIDINE Preferred Cartia XT [®] Capsule (branded generic for Cardizem CD [®]) Dilt XR [®] Capsule (branded generic for Dilacor XR [®])	Non-Preferred niacin ER tablet (generic for Niaspan*) COMBINATION Non-Preferred CALCIUM CHANNEL BLOCKERS Calas SR* Caplet Cardizem CD* Capsule
Ventavis [®] Solution NIACIN Preferred Niaspan [®] ER Tablet NITRATH Preferred Bidil [®] Tablet NON-DIHYDROPYRIDINE Preferred Cartia XT [®] Capsule (branded generic for Cardizem CD [®])	Non-Preferred niacin ER tablet (generic for Niaspan [®]) COMBINATION Non-Preferred CALCIUM CHANNEL BLOCKERS Non-Preferred Calan SR [®] Caplet
Ventavis [®] Solution NIACIN Preferred Niaspan [®] ER Tablet NITRATE Preferred Bidil [®] Tablet NON-DIHYDROPYRIDINE Preferred Cartia XT [®] Capsule (branded generic for Cardizem CD [®]) Dilt XR [®] Capsule (branded generic for Dilacor XR [®])	Non-Preferred niacin ER tablet (generic for Niaspan*) COMBINATION Non-Preferred CALCIUM CHANNEL BLOCKERS Calas SR* Caplet Cardizem CD* Capsule
Ventavis [®] Solution NIACIN Preferred Niaspan [®] ER Tablet NITRATE Preferred Bidil [®] Tablet NON-DIHYDROPYRIDINE Preferred Cartia XT [®] Capsule (branded generic for Cardizem CD [®]) Dilt XR [®] Capsule (branded generic for Dilacor XR [®]) diltiazem ER 24 hour capsule (generic for Dilacor XR [®] , Tiazac [®])	Non-Preferred niacin ER tablet (generic for Niaspan [®]) COMBINATION Non-Preferred CALCIUM CHANNEL BLOCKERS Calan SR [®] Caplet Cardizem CD [®] Capsule Cardizem [®] Tablet / LA Tablet
Ventavis [®] Solution NIACIN Preferred Niaspan [®] ER Tablet NITRATE Preferred Bidil [®] Tablet NON-DIHYDROPYRIDINE Preferred Cartia XT [®] Capsule (branded generic for Cardizem CD [®]) Dilt XR [®] Capsule (branded generic for Dilacor XR [®]) diltiazem EA 4 hour capsule (generic for Dilacor XR [®]) diltiazem tablet / CD capsule / ER 12 hour capsule (generic for Cardizem [®] / CD / SR)	Non-Preferred niacin ER tablet (generic for Niaspan [®]) COMBINATION Non-Preferred CALCIUM CHANNEL BLOCKERS Calan SR [®] Caplet Cardizem CD [®] Capsule
Ventavis [®] Solution NIACIN Preferred Niaspan [®] ER Tablet NITRATH Preferred Bidil [®] Tablet NON-DIHYDROPYRIDINE Preferred Cartia XT [®] Capsule (branded generic for Cardizem CD [®]) Dilt XR [®] Capsule (branded generic for Dilacor XR [®]) diltiazem ER 24 hour capsule (generic for Dilacor XR [®] , Tiaza [®]) diltiazem ER 24 hour capsule (generic for Cardizem CD [®]) Tatia XT [®] Capsule (branded generic for Tiaza [®]) Tiadylt [®] ER Capsule (branded generic for Tiaza [®]) Tiadylt [®] ER Capsule (branded generic for Tiaza [®])	Non-Preferred niacin ER tablet (generic for Niaspan [®]) COMBINATION Non-Preferred CALCIUM CHANNEL BLOCKERS Calan SR [®] Caplet Cardizem CD [®] Capsule Cardizem CD [®] Tablet / LA Tablet diltizzem LA tablet (generic for Cardizem LA [®]) Matzim [®] LA Tablet (generic for Cardizem LA [®])
Ventavis [®] Solution NIACIN Preferred Niaspan [®] ER Tablet NITRATH Preferred Bidil [®] Tablet NON-DIHYDROPYRIDINE Preferred Cartia XT [®] Capsule (branded generic for Cardizem CD [®]) Dilt XR [®] Capsule (branded generic for Dilacor XR [®]) diltiazem BR 24 hour capsule (generic for Dilacor XR [®]) Tazia XT [®] Capsule (branded generic for Tazac [®])	Non-Preferred niacin ER tablet (generic for Niaspan [®]) COMBINATION Non-Preferred CALCIUM CHANNEL BLOCKERS Calan SR [®] Caplet Calan SR [®] Caplet Cardizem CD [®] Capsule Cardizem Tablet / LA Tablet diltiazem LA tablet (generic for Cardizem LA [®]) Matzim [®] LA Tablet (generic for Cardizem LA [®]) verapamil 360 mg capsule
Ventavis [®] Solution NIACIN Preferred Niaspan [®] ER Tablet NITRATH Preferred Bidil [®] Tablet NON-DIHYDROPYRIDINE Preferred Cartia XT [®] Capsule (branded generic for Cardizem CD [®]) Dilt XR [®] Capsule (branded generic for Dilacor XR [®]) diltiazem ER 24 hour capsule (generic for Dilacor XR [®] , Tiaza [®]) diltiazem ER 24 hour capsule (generic for Cardizem CD [®]) Tatia XT [®] Capsule (branded generic for Tiaza [®]) Tiadylt [®] ER Capsule (branded generic for Tiaza [®]) Tiadylt [®] ER Capsule (branded generic for Tiaza [®])	Non-Preferred niacin ER tablet (generic for Niaspan [®]) COMBINATION Non-Preferred CALCIUM CHANNEL BLOCKERS CALCIUM CHANNEL BLOCKERS Calan SR [®] Caplet Cardizem CD [®] Capsule Cardizem CD [®] Capsule Cardizem CD [®] Capsule Cardizem CA [®]) Matzim [®] LA Tablet (generic for Cardizem LA [®]) Tiazac [®] Capsule verapamil 360 mg capsule
Ventavis [®] Solution NIACIN Preferred Niaspan [®] ER Tablet NITRATH Preferred Bidil [®] Tablet NON-DIHYDROPYRIDINE Preferred Cartia XT [®] Capsule (branded generic for Cardizem CD [®]) Dilt XR [®] Capsule (branded generic for Dilacor XR [®]) diltiazem ER 24 hour capsule (generic for Dilacor XR [®] , Tiaza [®]) diltiazem ER 24 hour capsule (generic for Cardizem CD [®]) Tatia XT [®] Capsule (branded generic for Tiaza [®]) Tiadylt [®] ER Capsule (branded generic for Tiaza [®]) Tiadylt [®] ER Capsule (branded generic for Tiaza [®])	Non-Preferred niacin ER tablet (generic for Niaspan*) COMBINATION Non-Preferred CALCIUM CHANNEL BLOCKERS Calan SR* Caplet Cardizem CD* Capsule Cardizem Tablet / LA Tablet diltiazem LA tablet (generic for Cardizem LA*) Matzim* LA Tablet (generic for Cardizem LA*) verapamil 360 mg capsule
Ventavis [®] Solution NIACIN Preferred Niaspan [®] ER Tablet NITRATI Preferred Bidil [®] Tablet NON-DIHYDROPYRIDINE Preferred Cartia XT [®] Capsule (branded generic for Cardizem CD [®]) Dit XK [®] Capsule (branded generic for Dilacor XR [®]) diltiazem tablet / CD capsule (ER 12 hour capsule (generic for Cardizem [®] / CD / SR) Taztia XT [®] Capsule (branded generic for Tiaze [®]) Taztia XT [®] Capsule (branded generic for Cardizem S) Verapamil tablet / ER tablet (generic for Calan [®] / SR)	Non-Preferred niacin ER tablet (generic for Niaspan [®]) COMBINATION Non-Preferred CALCIUM CHANNEL BLOCKERS Calan SR [®] Caplet Cardizem CD [®] Capsule Cardizem [®] Tablet / LA Tablet diltizzem LA tablet (generic for Cardizem LA [®]) Matzim [®] LA Tablet (generic for Cardizem LA [®]) Tiazae [®] Capsule verapamil 360 mg capsule (generic for Verelan [®] / Verelan [®] PM) Verelan [®] Capsule
Ventavis [®] Solution NIACIN Preferred Niaspan [®] ER Tablet NITRATH Preferred Bidil [®] Tablet NON-DIHYDROPYRIDINE Preferred Cartia XT [®] Capsule (branded generic for Cardizem CD [®]) Dilt XR [®] Capsule (branded generic for Dilacor XR [®]) diltizem tablet / CD capsule / ER 12 hour capsule (generic for Cardizem [®] / CD / SR) Tazia XT [®] Capsule (branded generic for Tiaza [®]) Tiadylt [®] ER Capsule verapamil tablet / ER tablet (generic for Calan [®] / SR) ORAL PULMO2	Non-Preferred niacin ER tablet (generic for Niaspan*) COMBINATION Non-Preferred CALCIUM CHANNEL BLOCKERS Calas SR* Caplet Cardizem CD* Capsule Cardizem CD* Capsule Cardizem LA tablet (generic for Cardizem LA*) Matzim* LA Tablet (generic for Cardizem LA*) Matzim* LA Tablet (generic for Verelan*) Verelan* Capsule verapamil 360 mg capsule Verelan* Capsule / Verelan* PM Capsule Verelan* Capsule Verelan* PM Capsule Verelan* PM Capsule VARY HYPERTENSION
Ventavis [®] Solution NIACIN Preferred Niaspan [®] ER Tablet NITRATH Preferred Bidil [®] Tablet NON-DIHYDROPYRIDINE Preferred Cartia XT [®] Capsule (branded generic for Cardizem CD [®]) Dilt XR [®] Capsule (branded generic for Cardizem CD [®]) Dilt XR [®] Capsule (branded generic for Dilacor XR [®]) diltiazem ER 24 hour capsule (generic for Dilacor XR [®]) Tiadylt [®] ER Capsule (branded generic for Tiaza [®]) Tiadylt [®] ER Capsule (branded generic for Cardizem S) Corected for diagnosis of Pulmonary Arterial Hypertension (all)	Non-Preferred niacin ER tablet (generic for Niaspan [®]) COMBINATION Non-Preferred CALCIUM CHANNEL BLOCKERS Calan SR [®] Caplet Calan SR [®] Caplet Cardizem CD [®] Capsule Cardizem Tablet / LA Tablet diltizem LA tablet (generic for Cardizem LA [®]) Matzim [®] LA Tablet (generic for Cardizem LA [®]) Verapamil 360 mg capsule verapamil BR capsule / PM capsule (generic for Verelan [®] / Verelan [®] PM) Verelan [®] Capsule Verelan [®] Capsule Verelan [®] Capsule Verelan [®] Capsule Verelan [®] PM Capsule GARY HYPERTENSION and Chronic Thromboembolic Pulmonary Hypertension- Adempas [®] only
Ventavis [®] Solution NIACIN NIACIN Preferred Niaspan [®] ER Tablet NITRATI Bidil [®] Tablet NITRATI Cartia XT [®] Capsule (branded generic for Cardizem CD [®]) Dilt XR [®] Capsule (branded generic for Cardizem CD [®]) Dilt XR [®] Capsule (branded generic for Dilacor XR [®]) diltiazem EA Hour capsule (generic for Dilacor XR [®]) diltiazem tablet / CD capsule / ER 12 hour capsule (generic for Cardizem [®] / CD / SR) Tazia XT [®] Capsule (branded generic for Calan [®] / SR) Covered for diagnosis of Pulmonary Arterial Hypertension (all) Preferred	Non-Preferred niacin ER tablet (generic for Niaspan [®]) COMBINATION Non-Preferred CALCIUM CHANNEL BLOCKERS Calan SR [®] Caplet Cardizem CD [®] Capsule Cardizem Tablet / LA Tablet diltiazem LA tablet (generic for Cardizem LA [®]) Matzim [®] LA Tablet generic for Cardizem LA [®]) Tiaza [®] Capsule verapamil 300 mg capsule verapamil 300 mg capsule (generic for Verelan [®] / Verelan [®] PM) Verelan [®] Capsule / Verelan [®] PM Capsule VARY HYPERTENSION and Chronic Thromboembolic Pulmonary Hypertension- Adempas [®] only
Ventavis [®] Solution NIACIN NIACIN Preferred Niaspan [®] ER Tablet NITRATH Preferred Bidil [®] Tablet NON-DIHYDROPYRIDINE Preferred Cartia XT [®] Capsule (branded generic for Cardizem CD [®]) Dilt XR [®] Capsule (branded generic for Dilacor XR [®]) diltiazem Et 24 hour capsule (generic for Dilacor XR [®]) diltiazem Et 24 hour capsule (generic for Cardizem [®] / CD / SR) Taztia XT [®] Capsule (branded generic for Tiaze [®]) diltiazem tablet / ER capsule verapamil tablet / ER tablet (generic for Calan [®] / SR) ORAL PULMOP Covered for diagnosis of Pulmonary Arterial Hypertension (all) Preferred sildenafil (generic for Revatio [®]) Tablet	Non-Preferred niacin ER tablet (generic for Niaspan [®]) COMBINATION Non-Preferred CALCIUM CHANNEL BLOCKERS Calan SR [®] Caplet Cardizen CD [®] Capsule Vergapmil 360 mg capsule verapamil 360 mg capsule verapamil 360 mg capsule Verelan [®] Capsule / Verelan [®] PM Capsule Varean [®] Capsule / Verelan [®] PM Capsule Verelan [®] Capsule / Verelan [®] PM Capsule Varean [®] Capsule Varean [®] Capsule Varean [®] Capsule Varean [®] Capsule
Ventavis [®] Solution NIACIN NIACIN Preferred Niaspan [®] ER Tablet NITRATI Bidil [®] Tablet NITRATI Cartia XT [®] Capsule (branded generic for Cardizem CD [®]) Dilt XR [®] Capsule (branded generic for Cardizem CD [®]) Dilt XR [®] Capsule (branded generic for Dilacor XR [®]) diltiazem EA Hour capsule (generic for Dilacor XR [®]) diltiazem tablet / CD capsule / ER 12 hour capsule (generic for Cardizem [®] / CD / SR) Tazia XT [®] Capsule (branded generic for Calan [®] / SR) Covered for diagnosis of Pulmonary Arterial Hypertension (all) Preferred	Non-Preferred niacin ER tablet (generic for Niaspan [®]) COMBINATION Non-Preferred CALCIUM CHANNEL BLOCKERS Calan SR [®] Caplet Cardizem CD [®] Capsule Verapamil EA Tablet (generic for Cardizem LA [®]) Matzim [®] LA Tablet (generic for Cardizem LA [®]) Verapamil 360 mg capsule verapamil 360 mg capsule Verepamil ER capsule / Verelan [®] PM Capsule Verelan [®] Capsule Verelan [®] PM Capsule Varean [®] Tablet Adcirca [®] Tablet Adcirca [®] Tablet Adeirea [®] Tablet
Ventavis [®] Solution NIACIN NIACIN Preferred Niaspan [®] ER Tablet NITRATH Preferred Bidil [®] Tablet NON-DIHYDROPYRIDINE Preferred Cartia XT [®] Capsule (branded generic for Cardizem CD [®]) Dilt XR [®] Capsule (branded generic for Dilacor XR [®]) diltiazem Et 24 hour capsule (generic for Dilacor XR [®]) diltiazem Et 24 hour capsule (generic for Cardizem [®] / CD / SR) Taztia XT [®] Capsule (branded generic for Tiaze [®]) diltiazem tablet / ER capsule verapamil tablet / ER tablet (generic for Calan [®] / SR) ORAL PULMOP Covered for diagnosis of Pulmonary Arterial Hypertension (all) Preferred sildenafil (generic for Revatio [®]) Tablet	Non-Preferred niacin ER tablet (generic for Niaspan [®]) COMBINATION Non-Preferred CALCIUM CHANNEL BLOCKERS Calan SR [®] Caplet Cardizem CD [®] Capsule Cardizem CD [®] Capsule Cardizem Tablet / LA Tablet diltizzm LA tablet (generic for Cardizem LA [®]) Matzim [®] Tablet / LA Tablet (generic for Cardizem LA [®]) Verapamil 360 mg capsule verapamil 360 mg capsule verapamil 360 mg capsule Verelan [®] Capsule / PM capsule (generic for Verelan [®] / Verelan [®] PM) Verelan [®] Capsule Vary HYPERTENSION and Chronic Thromboembolic Pulmonary Hypertension- Adempas [®] only Non-Preferred Adericea [®] Tablet Adempas [®] Tablet Alyg [®] Tablet
Ventavis [®] Solution NIACIN NIACIN Preferred Niaspan [®] ER Tablet NITRATH Preferred Bidil [®] Tablet NON-DIHYDROPYRIDINE Preferred Cartia XT [®] Capsule (branded generic for Cardizem CD [®]) Dilt XR [®] Capsule (branded generic for Dilacor XR [®]) diltiazem Et 24 hour capsule (generic for Dilacor XR [®]) diltiazem Et 24 hour capsule (generic for Cardizem [®] / CD / SR) Taztia XT [®] Capsule (branded generic for Tiaze [®]) diltiazem tablet / ER capsule verapamil tablet / ER tablet (generic for Calan [®] / SR) ORAL PULMOP Covered for diagnosis of Pulmonary Arterial Hypertension (all) Preferred sildenafil (generic for Revatio [®]) Tablet	Non-Preferred niacin ER tablet (generic for Niaspan*) COMBINATION Non-Preferred CALCIUM CHANNEL BLOCKERS Calan SR* Caplet Cardizem CD* Capsule Cardizem Tablet / LA Tablet diltiazem LA tablet (generic for Cardizem LA*) Matzim* LA Tablet (generic for Cardizem LA*) Verapamil ER capsule verapamil ER capsule / PM capsule verapamil ER capsule / Verelan* PM Capsule Verelan* Capsule Verelan* Tablet Adempas* only Matzim* Tablet Adempas* Tablet Adeirea* Tablet
Ventavis [®] Solution NIACIN NIACIN Preferred Niaspan [®] ER Tablet NITRATH Preferred Bidil [®] Tablet NON-DIHYDROPYRIDINE Preferred Cartia XT [®] Capsule (branded generic for Cardizem CD [®]) Dilt XR [®] Capsule (branded generic for Dilacor XR [®]) diltiazem Et 24 hour capsule (generic for Dilacor XR [®]) diltiazem Et 24 hour capsule (generic for Cardizem [®] / CD / SR) Taztia XT [®] Capsule (branded generic for Tiaze [®]) diltiazem tablet / ER capsule verapamil tablet / ER tablet (generic for Calan [®] / SR) ORAL PULMOP Covered for diagnosis of Pulmonary Arterial Hypertension (all) Preferred sildenafil (generic for Revatio [®]) Tablet	Non-Preferred niacin ER tablet (generic for Niaspan [®]) COMBINATION Non-Preferred CALCIUM CHANNEL BLOCKERS Calan SR [®] Caplet Cardizem CD [®] Capsule Cardizem CD [®] Capsule Cardizem Tablet / LA Tablet diltizzm LA tablet (generic for Cardizem LA [®]) Matzim [®] Tablet / LA Tablet (generic for Cardizem LA [®]) Verapamil 360 mg capsule verapamil 360 mg capsule verapamil 360 mg capsule Verelan [®] Capsule / PM capsule (generic for Verelan [®] / Verelan [®] PM) Verelan [®] Capsule Vary HYPERTENSION and Chronic Thromboembolic Pulmonary Hypertension- Adempas [®] only Non-Preferred Adericea [®] Tablet Adempas [®] Tablet Alyg [®] Tablet
Ventavis [®] Solution NIACIN Preferred Niaspan [®] ER Tablet NITRATH Preferred Bidil [®] Tablet NON-DIHYDROPYRIDINE Preferred Cartia XT [®] Capsule (branded generic for Cardizem CD [®]) Dilt XR [®] Capsule (branded generic for Dilacor XR [®]) diltiazem Et 24 hour capsule (generic for Dilacor XR [®]) diltiazem Et 24 hour capsule (generic for Tiaza [®]) diltiazem Et 4 hour capsule (generic for Tiaza [®]) diltiazem Et 4 hour capsule (generic for Cardizem [®] / CD / SR) Taztia XT [®] Capsule (branded generic for Calan [®] / SR) ORAL PULMOP ORAL PULMOP Covered for diagnosis of Pulmonary Arterial Hypertension (all) Preferred sildenafil (generic for Revatio [®]) Tablet	Non-Preferred niacin ER tablet (generic for Niaspan*) COMBINATION Non-Preferred CALCIUM CHANNEL BLOCKERS Calan SR* Caplet Cardizem CD* Capsule Cardizem Tablet / LA Tablet diltiazem LA tablet (generic for Cardizem LA*) Matzim* LA Tablet (generic for Cardizem LA*) Verapamil ER capsule verapamil ER capsule / PM capsule verapamil ER capsule / Verelan* PM Capsule Verelan* Capsule Verelan* Tablet Adempas* only Matzim* Tablet Adempas* Tablet Adeirea* Tablet
Ventavis [®] Solution NIACIN Preferred Niaspan [®] ER Tablet NITRATH Preferred Bidil [®] Tablet NON-DIHYDROPYRIDINE Preferred Cartia XT [®] Capsule (branded generic for Cardizem CD [®]) Dilt XR [®] Capsule (branded generic for Dilacor XR [®]) diltiazem Et 24 hour capsule (generic for Dilacor XR [®]) diltiazem Et 24 hour capsule (generic for Tiaza [®]) diltiazem Et 4 hour capsule (generic for Tiaza [®]) diltiazem Et 4 hour capsule (generic for Cardizem [®] / CD / SR) Taztia XT [®] Capsule (branded generic for Calan [®] / SR) ORAL PULMOP ORAL PULMOP Covered for diagnosis of Pulmonary Arterial Hypertension (all) Preferred sildenafil (generic for Revatio [®]) Tablet	Non-Preferred niacin ER tablet (generic for Niaspan [®]) COMBINATION Non-Preferred CALCIUM CHANNEL BLOCKERS Calan SR [®] Caplet Cardizem CD [®] Capsule Cardizem CD [®] Capsule Cardizem Tablet / LA Tablet diltiazem LA tablet (generic for Cardizem LA [®]) Tiazae [®] Capsule verapamil 360 mg capsule verapamil 360 mg capsule Verelan [®] / Verelan [®] PM Capsule VaRY HYPERTENSION and Chronic Thromboembolic Pulmonary Hypertension- Adempas [®] only Adeirca [®] Tablet Adeirca [®] Tablet Adeirca [®] Tablet Adeirca [®] Tablet Revatio [®] Suspension / Tablet Exemption for children <12 years of age for Suspension ONLY
Ventavis [®] Solution NIACIN Preferred Niaspan [®] ER Tablet NITRATH Preferred Bidil [®] Tablet NON-DIHYDROPYRIDINE Preferred Cartia XT [®] Capsule (branded generic for Cardizem CD [®]) Dilt XR [®] Capsule (branded generic for Dilacor XR [®]) diltiazem Et 24 hour capsule (generic for Dilacor XR [®]) diltiazem Et 24 hour capsule (generic for Tiaza [®]) diltiazem Et 4 hour capsule (generic for Tiaza [®]) diltiazem Et 4 hour capsule (generic for Cardizem [®] / CD / SR) Taztia XT [®] Capsule (branded generic for Calan [®] / SR) ORAL PULMOP ORAL PULMOP Covered for diagnosis of Pulmonary Arterial Hypertension (all) Preferred sildenafil (generic for Revatio [®]) Tablet	Non-Preferred niacin ER tablet (generic for Niaspan [®]) COMBINATION Non-Preferred CALCIUM CHANNEL BLOCKERS Calan SR [®] Caplet Cardizen CD [®] Capsule Vergapmil 360 mg capsule verapamil 360 mg capsule verapamil 360 mg capsule Verelan [®] PM Capsule Varean [®] Capsule / Verelan [®] PM Capsule Varean [®] Tablet Aderrapa [®] Tablet Aderrapa [®] Tablet Aderrapa [®] Tablet Aderrapa [®] Tablet Alyq [®] Tab
Ventavis [®] Solution NIACIN Preferred Niaspan [®] ER Tablet NITRATI Preferred Bidil [®] Tablet NON-DIHYDROPYRIDINE Preferred Cartia XT [®] Capsule (branded generic for Cardizem CD [®]) Dilt XR [®] Capsule (branded generic for Claicor XR [®] , Tiazas [®]) diltiazem ER 24 hour capsule (generic for Claicor XR [®] , Tiazas [®]) diltiazem tablet / CD capsule / ER 12 hour capsule (generic for Cardizem [®] / CD / SR) Tazia XT [®] Capsule (branded generic for Tiazas [®]) diltiazem tablet / CD capsule / ER 12 hour capsule (generic for Cardizem [®] / CD / SR) Tazia XT [®] Capsule (branded generic for Tiazas [®]) diltiazem tablet / ER capsule (branded generic for Calain [®] / SR) ORAL PULMON Covered for diagnosis of Pulmonary Arterial Hypertension (all) Preferred sildenafil (generic for Adcirca [®] Tablet) Ladalafil tablet (generic for Adcirca [®] Tablet)	Non-Preferred niacin ER tablet (generic for Niaspan [®]) COMBINATION Non-Preferred CALCIUM CHANNEL BLOCKERS Calan SR [®] Caplet Cardizen CD [®] Capsule Vergapmil 360 mg capsule verapamil 360 mg capsule verapamil 360 mg capsule Verelan [®] PM Capsule Varean [®] Capsule / Verelan [®] PM Capsule Varean [®] Tablet Aderrapa [®] Tablet Aderrapa [®] Tablet Aderrapa [®] Tablet Aderrapa [®] Tablet Alyq [®] Tab
Ventavis [®] Solution NIACIN Preferred Niaspan [®] ER Tablet NITRATI Preferred Bidil [®] Tablet NON-DIHYDROPYRIDINE Preferred Cartia XT [®] Capsule (branded generic for Cardizem CD [®]) Dilt XR [®] Capsule (branded generic for Dilacor XR [®] , Tiazas [®]) diltiazem ER 24 hour capsule (generic for Dilacor XR [®] , Tiazas [®]) diltiazem tablet / CD capsule / ER 12 hour capsule (generic for Cardizem [®] / CD / SR) Tazia XT [®] Capsule (branded generic for Tiazas [®]) diltiazem tablet / CD capsule / ER 12 hour capsule (generic for Cardizem [®] / CD / SR) Tazia XT [®] Capsule (branded generic for Tiazas [®]) diltiazem tablet / ER capsule (branded generic for Calam [®] / SR) ORAL PULMO2 Covered for diagnosis of Pulmonary Arterial Hypertension (all) Preferred sildenafil (generic for Adcirca [®] Tablet) DI PLATEL	Non-Preferred niacin ER tablet (generic for Niaspan [®]) COMBINATION Non-Preferred CALCIUM CHANNEL BLOCKERS Calan SR [®] Caplet Cardizem CD [®] Capsule Cardizem CD [®] Capsule Cardizem Tablet / LA Tablet diltiazem LA tablet (generic for Cardizem LA [®]) Taraze [®] Capsule verapamil 360 mg capsule verapamil 360 mg capsule verapamil 360 mg capsule Verelan [®] Capsule / PM capsule (generic for Verelan [®] / Verelan [®] PM) Verelan [®] Capsule / Verelan [®] PM Capsule iARY HYPERTENSION and Chronic Thromboembolic Pulmonary Hypertension- Adempas [®] only Non-Preferred Adeiras [®] Tablet Adapa [®] Tablet Orenitram [®] ER Tablet Revatio [®] Suspension / Tablet Exemption for children <12 years of age for Suspension ONLY
Ventavis [®] Solution NIACIN Preferred Niaspan [®] ER Tablet NITRATT Preferred Bidil [®] Tablet NON-DIHYDROPYRIDINE Preferred Cartia XT [®] Capsule (branded generic for Cardizem CD [®]) Dit XR [®] Capsule (branded generic for Dilacor XR [®] , Tiaza [®]) ditiazem ER 24 hour capsule (generic for Dilacor XR [®] , Tiaza [®]) ditiazem tablet / CD capsule / ER 12 hour capsule (generic for Cardizem [®] / CD / SR) Tazia XT [®] Capsule (branded generic for Calan [®] / SR) Verapamil tablet / ER tablet (generic for Calan [®] / SR) ORAL PULMOP Covered for diagnosis of Pulmonary Arterial Hypertension (all) Preferred sidenafil (generic for Adcirca [®] Tablet)	Non-Preferred niacin ER tablet (generic for Niaspan*) COMBINATION Non-Preferred CALCIUM CHANNEL BLOCKERS Cadas SR* Caplet Cardizem CD* Capsule Cardizem Tablet / LA Tablet diltiazem LA tablet (generic for Cardizem LA*) Matzin* LA Tablet (generic for Cardizem LA*) Matzin* Capsule Verapamil 360 mg capsule verapamil 300 mg capsule Verelan* Capsule / Verelan* PM Capsule IARY HYPERTENSION and Cherica* Tablet Adeira* Tablet Adeira* Tablet Adeira* Tablet Katepas* Tablet Adeira* Tablet Er Tablet Er Tablet Matrim* Er Tablet Matrim* Er Tablet ET INHIBITORS
Ventavis [®] Solution Ventavis [®] Solution NIACIN Preferred Niaspan [®] ER Tablet NITRATI Preferred Bidil [®] Tablet NON-DIHYDROPYRIDINE Preferred Cartia XT [®] Capsule (branded generic for Cardizem CD [®]) Dit XR [®] Capsule (branded generic for Dilacor XR [®]) diltizem tablet (CD capsule / ER 12 hour capsule (generic for Cardizem [®] / CD / SR) Taztia XT [®] Capsule (branded generic for Tazz [®]) diltizem tablet / CD capsule / ER 12 hour capsule (generic for Cardizem [®] / CD / SR) Taztia XT [®] Capsule (branded generic for Tazz [®]) diltizem tablet / CD capsule / ER 12 hour capsule (generic for Cardizem [®] / CD / SR) Taztia XT [®] Capsule (branded generic for Tazz [®]) Covered for diagnosis of Pulmonary Arterial Hypertension (all) Preferred ORAL PULMO2 Covered for diagnosis of Pulmonary Arterial Hypertension (all) Preferred Bidlenafil (generic for Adcircs [®] Tablet) DI Tablet	Non-Preferred niacin ER tablet (generic for Niaspan [®]) COMBINATION Non-Preferred CALCIUM CHANNEL BLOCKERS Cadia SR [®] Caplet Cardizem [®] Tablet Cardizem [®] Tablet (LA Tablet) Mitizzem L tablet (generic for Cardizem LA [®]) Matzin [®] LA Tablet (generic for Cardizem LA [®]) Matzin [®] LA Tablet (generic for Cardizem LA [®]) Verapamil B360 mg capsule verapamil B2 capsule (generic for Verelan [®] / Verelan [®] PM) Verelan [®] Capsule ARY HYPERTENSION and Chronic Thromboembolic Pulmonary Hypertension- Adempas [®] only Matzin [®] En Tablet Adempas [®] Tablet Adempas [®] Tablet Tablet Stabension (generic for children <12 years of age for Suspension ONLY
Ventavis [®] Solution NIACIN Preferred NIASpan [®] ER Tablet NITRATI Preferred Bidil [®] Tablet NON-DIHYDROPYRIDINE Preferred Cartia XT [®] Capsule (branded generic for Cardizem CD [®]) Dilt XR [®] Capsule (branded generic for Dilacor XR [®]) diltiazen tablet / CD capsule (paneire for Dilacor XR [®]) diltiazen tablet / CD capsule (Paneire for Tiazze [®]) Tiadyt [®] ER Capsule Verapamil tablet / ER tablet (generic for Tiazze [®]) NORAL PULMOP Covered for diagnosis of Pulmonary Arterial Hypertension (all) Preferred Sildenafil (generic for Revatio [®]) Tablet tadalafil tablet (generic for Addirea [®] Tablet) DITATEL Preferred Britina [®] Tablet clopidogrel tablet (generic for Plavix [®])	Non-Preferred niacin ER tablet (generic for Niaspan [®]) COMBINATION Non-Preferred CALCIUM CHANNEL BLOCKERS Cadar SR [®] Caplet Cardizem CD [®] Capsule Cardizem CD [®] Capsule Cardizem Tablet /LA Tablet diffusem LA tablet (generic for Cardizem LA [®]) Matzim [®] LA Tablet (generic for Cardizem LA [®]) Tizzes [®] Capsule Verapanil EX capsule / PM capsule (generic for Verelan [®] / Verelan [®] PM) Verapanil EX capsule / PM capsule Verapanil EX capsule / PM capsule Verapanil Tablet (ageneric for Verelan [®] / Verelan [®] PM) Verelan [®] Capsule Verelan [®] Capsule Verelan [®] Exapsule / Verelan [®] PM capsule Verelan [®] Capsule / Verelan [®] PM capsule Verelan [®] Capsule / PM capsule Verelan [®] Capsule / Verelan [®] PM capsule Verelan [®] Capsule / PM capsule Verelan [®] Capsule / Verelan [®] PM capsule Verelan [®] Capsule / PM capsule Verelan [®] Tablet Aderica [®] Tablet Verelan [®] Exapsuion / Tablet
Ventavis [®] Solution NIACIN Preferred Niaspan [®] ER Tablet NITRATI Preferred Bidil [®] Tablet NON-DIHYDROPYRIDINE Preferred Cartia XT [®] Capsule (branded generic for Clador XR [®] , Tiaza [®]) diltiazen tablet (CD capsule (Expanded generic for Dilacor XR [®] , Tiaza [®]) diltiazen tablet (CD capsule (Expanded generic for Clador XR [®] , Tiaza [®]) diltiazen tablet (CD capsule (Expanded generic for Clador XR [®] , Tiaza [®]) diltiazen tablet (CD capsule (Expanded generic for Clador XR [®] , Tiaza [®]) diltiazen tablet (CD capsule (Expanded generic for Clador XR [®] , Tiaza [®]) diltiazen tablet (CD capsule (Expanded generic for Clador XR [®] , Tiaza [®]) diltiazen tablet (CD capsule (Expanded generic for Clador XR [®] , Tiaza [®]) diltiazen tablet (Expanded generic for Clador XR [®] , Tiaza [®]) diltiazen tablet (Expanded generic for Clador XR [®] , Tiaza [®]) diltiazen tablet (Expanded generic for Clador XR [®] , Tiaza [®]) diltiazen tablet (Expanded generic for Clador XR [®] , Tiaza [®]) diltiazen tablet (Expanded generic for Clador XR [®] , Tiaza [®]) diltiazen tablet (Expanded generic for Clador XR [®] , Tiaza [®]) diltiazen tablet (Expanded generic for Clador XR [®] , Tiaza [®]) diltiazen tablet (Expanded generic for Clador XR [®] , Tiaza [®]) diltiazen tablet (Expanded generic for Clador XR [®] , Tiaza [®]) diltiazen tablet (Expanded generic for Clador XR [®] , Tiaza [®]) Dilt XR [®] (Coperted for diagnosis of Pulmonary Arterial Hypertension (all) Preferred Diltiazen tablet (Experime for Advirus [®] Tablet) Diltixa [®] Tablet Diltixa [®] Tablet	Non-Preferred niacin ER tablet (generic for Niaspan [®]) COMBINATION Non-Preferred CALCIUM CHANNEL BLOCKERS Cadia SR [®] Caplet Cardizem [®] Tablet Cardizem [®] Tablet (LA Tablet) Mitizzem L tablet (generic for Cardizem LA [®]) Matzin [®] LA Tablet (generic for Cardizem LA [®]) Matzin [®] LA Tablet (generic for Cardizem LA [®]) Verapamil B360 mg capsule verapamil B2 capsule (generic for Verelan [®] / Verelan [®] PM) Verelan [®] Capsule ARY HYPERTENSION and Chronic Thromboembolic Pulmonary Hypertension- Adempas [®] only Matzin [®] En Tablet Adempas [®] Tablet Adempas [®] Tablet Tablet Stabension (generic for children <12 years of age for Suspension ONLY

North Carolina Division of Health Benefits North Carolina Medicaid and Health Choice Preferred Drug List (PDL) Effective DATE: 04/01/2022 Trial and failure of two Preferred drugs are required unless only one Preferred option is listed or is otherwise indicated. Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred. In addition to trial and failure criteria, clinical criteria (indicated in RED) may also apply. New to market products typically default to Non-Preferred status until reviewed by the PDL Panel. These drugs are listed as TO BE REVIEWED. Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at: https://www.nctracks.nc.gov/content/public/providers/pharmacy.html More information on the PDL can be found at: https://medicaid.ncdhhs.gov/providers/programs-services/prescription-drugs/outpatient-pharmacy-services ANTIANGINAL & ANTI-ISCHEMIC Preferred Non-Preferred anolazine ER tablet (generic for Ranexa® Tablet) Ranexa® Tablet SYMPATHOLYTICS AND COMBINATIONS Preferred Non-Preferred Catapres® TTS Patch Catapres[®] Tablet lonidine tablets (generic for Catapres®) clonidine patch (generic for Catapres®-TTS) methyldopa-HCTZ tablet (generic for Aldoril®) guanfacine tablet (generic for Tenex®) nethyldopa tablet (generic for Aldomet®) methyldopa injection (generic for Aldomet® Injection) TRIGLYCERIDE LOWERING AGENTS Preferred Non-Preferred fenofibrate tablet (generic for Tricor®) Antara[®] Capsule emfibrozil tablet (generic for Lopid®) fenofibrate capsule / tablet (generic for Antara®, Lofibra®) fenofibrate tablet (generic for Fenoglide®, Triglide®) fenofibric acid tablet (generic for Fibricor®) fenofibric acid capsule (generic for Trilipix®) Fenoglide[®] Tablet Fibricor® Tablet icosapent ethyl capsule (generic for Vascepa® Capsule) Lipofen[®] Capsule Lopid[®] Tablet Lovaza[®] Capsule - Exemption for patients with triglycerides ≥ 500mg/dl omega-3 acid ethyl esters capsule (generic for Lovaza®) - Exemption fo Tricor[®] Tablet Trilipix[®] Capsule Vascepa® Capsule CENTRAL NERVOUS SYSTEM ANTIMIGRAINE AGENTS Quantity limits apply to all tripta Preferred Non-Preferred zatriptan ODT (generic for Maxalt MLT®) almotriptan tablet (generic for Axert®) izatriptan tablet (generic for Maxalt®) Amerge® Tablet Cambia® Powder Packet Trial and failure of 2 preferred NSAIDs, in addition to trial and failure of 2 preferred triptans in the Antimigraine umatriptan nasal spray / tablet / vial (generic for Imitrex®) Agents class required for coverage eletriptan (generic for Relpax® Tablet) frovatriptan tablet (generic for Frova®) Frova® Tablet Imitrex[®] Cartridge / Nasal Spray / Pen / Tablet / Vial Maxalt[®] Tablet / MLT Tablet naratriptan tablet (generic for Amerge®) Onzetra[™] Xsail[™] Nasal Powder Relpax[®] Tablet Reyvow[™] Tablet sumatriptan injection kit / refill / syringe (generic for Imitrex®) sumatriptan/naproxen (generic for Treximet® Tablet) Tosymra[™] Nasal Spray Treximet[®] Tablet Zembrace® SymTouch® zolmitriptan nasal spray / ODT / tablet (generic for Zomig®) Zomig[®] Nasal Spray / Tablet / ZMT[®] Tablet ANTIMIGRAINE AGENTS CGRP Blockers/Modulators PREVENTATIVE Clinical criteria apply to all drugs in this class Preferred Non-Preferred Aimovig[™] (erenumab-aooe) Injection Ajovy[™] (fremanezumab-vfrm) Injection Nurtec[™] (rimegepant) ODT Tablet Emgality[®] (galcanezumab-gnlm) Injection Qulipta[™] (atogepant) Tablet Vyepti[™] (eptinezumab-jjmr) Vial ANTIMIGRAINE AGENTS CGRP Blockers/Modulators ACUTE TREATMENT Clinical criteria apply to all drugs in this cla Preferred Non-Preferred Jbrelvy[™] (ubrogepant) Tablet Nurtec[™] (rimegepant) ODT Tablet ANTI-NARCOLEPSY Clinical criteria apply to all drugs in this class Preferred Non-Preferred Nuvigil® Tablet armodafinil tablet (generic for Nuvigil®) rovigil[®] Tablet modafinil tablet (generic for Provigil®) Sunosi[™] Tablet Wakix[®] Tablet ANTIPARKINSON AND RESTLESS LEG SYNDROME AGENTS

Non-Preferred

Preferred

Effective DATE: 04/01/2022

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

	vproviders/programs-services/prescription-drugs/outpatient-pharmacy-services
amantadine capsule / solution (generic for Symmetrel [®])	Apokyn [®] Injection
benztropine tablet (generic for Cogentin [®]) bromocriptine tablet (generic for Parlodel [®])	Azilect [®] Tablet carbidopa tablet (generic for Lodosyn [®])
carbidopa-levodopa ODT (generic for Parcopa [®])	carbidopa-levodopa-entacapone tablet (generic for Stalevo [®])
carbidopa-levodopa tablet / ER tablet (generic for Sinemet [®] / CR)	Comtan [®] Tablet
pramipexole tablet (generic for Mirapex®)	Duopa [®] Suspension
ropinirole tablet (generic for Requip [®])	entacapone tablet (generic for Contan [®])
selegiline capsule / tablet (generic for Emsam [®]) trihexyphenidyl elixir / tablet (generic for Artane [®])	Gocovri [®] Capsule - Clinical criteria apply Horizant [®] Tablet
	Inbrija [™] Inhalation
	Kymobi [™] SL Film
	Lodosyn® Tablet
	Mirapex [®] ER Tablet
	Neupro [®] Patch Nourianz [™] Tablet
	Orgentys [®] Capsule
	Osmolex ER [™] Tablet - Clinical criteria apply
	Parlodel [®] Capsule / Tablet
	pramipexole ER tablet (generic for Mirapex ER®)
	rasagiline tablet (generic for Azilect [®]) ropinirole ER tablet (generic for Requip XL [®])
	Rytary [®] ER Capsule
	Sinemet [®] Tablet / CR Tablet
	Stalevo® Tablet
<u> </u>	Tasmar [®] Tablet
	tolcapone tablet (generic for Tasmar [®]) Xadago [®] Tablet
	Zelapar® ODT
	PLE SCLEROSIS
Preferred	Injectable Non-Preferred
Avonex® Pack / Pen / Syringe	Non-Freierred Extavia [®] Kit / Vial
Betaseron [®] Kit / Vial	glatiramer syringe (generic for Copaxone [®] Syringe)
Copaxone [®] Syringe	Glatopa [®] Syringe
Rebif [®] Rebidose [®] / Titration Pack / Syringe	Kesimpta [®] Injection
	Lemtrada [®] Vial
	Ocrevus [®] Vial Plegridy [®] Pen / Pen Starter Pack / Syringe / Syringe Starter Pack
MULTI	PLE SCLEROSIS
	PLE SCLEROSIS Oral
Preferred	PLE SCLEROSIS Oral Non-Preferred
Preferred dalfampridine ER tablet (generic for Ampyra®)	PLE SCLEROSIS Oral Non-Preferred Ampyra® Tablet
Preferred	PLE SCLEROSIS Oral Non-Preferred
Preferred dalfampridine ER tablet (generic for Ampyra [®]) Gilenya [®] Capsule	PLE SCLEROSIS Oral Non-Preferred Ampyra® Tablet Aubagio® Tablet Bafiertam™ Capsule dimethyl fumarate DR capsule (generic for Tecfidera® Capsule)
Preferred dalfampridine ER tablet (generic for Ampyra [®]) Gilenya [®] Capsule	PLE SCLEROSIS Oral Mon-Preferred Ampyra® Tablet Aubagio® Tablet Bafiertam ³⁴ Capsule dimethyl fumarate DR capsule (generic for Tecfidera® Capsule) Mavenclad® Tablet
Preferred dalfampridine ER tablet (generic for Ampyra [®]) Gilenya [®] Capsule	PLE SCLEROSIS Oral Non-Preferred Ampyra® Tablet Aubagio® Tablet Bafiertam™ Capsule dimethyl fumarate DR capsule (generic for Tecfidera® Capsule) Mavenelad® Tablet Mayzent® Starter Pack / Tablet
Preferred dalfampridine ER tablet (generic for Ampyra [®]) Gilenya [®] Capsule	PLE SCLEROSIS Oral Non-Preferred Ampyra [®] Tablet Aubagio [®] Tablet Bafiertam [™] Capsule dimethyl fumarate DR capsule (generic for Tecfidera [®] Capsule) Mavenclad [®] Tablet Mayzend [®] Starter Pack / Tablet Ponvory [™] Starter Pack / Tablet
Preferred dalfampridine ER tablet (generic for Ampyra [®]) Gilenya [®] Capsule	PLE SCLEROSIS Oral Non-Preferred Ampyra® Tablet Aubagio® Tablet Bafiertam™ Capsule dimethyl fumarate DR capsule (generic for Tecfidera® Capsule) Mavenelad® Tablet Mayzent® Starter Pack / Tablet
Preferred dalfampridine ER tablet (generic for Ampyra [®]) Gilenya [®] Capsule Tecfidera [®] Capsule / Starter Pack	PLE SCLEROSIS Oral Non-Preferred Ampyra® Tablet Aubagia® Tablet Bafiertam ¹⁰ Capsule dimethyl fumarate DR capsule (generic for Tecfidera® Capsule) Mavenclad® Tablet Mayzent® Starter Pack / Tablet Ponvory ¹⁰ Starter Pack / Tablet Vumerity ¹⁰ Capsule Zeposia® Starter Pack / Capsule
Preferred dafampridine ER tablet (generic for Ampyra®) Gilenya® Capsule Tecfidera® Capsule / Starter Pack	PLE SCLEROSIS Oral Non-Preferred Ampyra® Tablet Aubagio® Tablet Bafiertam ¹⁰ Capsule dimethyl fumarate DR capsule (generic for Tecfidera® Capsule) Mavenelad® Tablet Mayzent® Starter Pack / Tablet Ponvoy ¹⁰ Starter Pack / Tablet Vumerity ¹⁰ Capsule Zeposia® Starter Pack / Capsule VE HYPNOTICS
Preferred dalfampridine ER tablet (generic for Ampyra®) Gilenya® Capsule Tecfidera® Capsule / Starter Pack 	PLE SCLEROSIS Oral Non-Preferred Ampyra [®] Tablet Aubagio [®] Tablet Aubagio [®] Tablet Bafiertam [™] Capsule dimethyl fumarate DR capsule (generic for Tecfidera [®] Capsule) Mavenclad [®] Tablet Mavenclad [®] Tablet Mavenclad [®] Tablet Mavenclad [®] Tablet Ponvory [™] Starter Pack / Tablet Vumerity [™] Capsule Zeposia [®] Starter Pack / Capsule VE HYPNOTICS ply to all sedative hypnotics
Preferred dalfampridine ER tablet (generic for Ampyra®) Gilenya® Capsule Tecfidera® Capsule / Starter Pack	PLE SCLEROSIS Oral Non-Preferred Ampyra® Tablet Aubagio® Tablet Bafiertam ¹⁰ Capsule dimethyl fumarate DR capsule (generic for Tecfidera® Capsule) Mavenelad® Tablet Mayzent® Starter Pack / Tablet Ponvoy ¹⁰ Starter Pack / Tablet Vumerity ¹⁰ Capsule Zeposis® Starter Pack / Capsule VE HYPNOTICS
Preferred dalfampridine ER tablet (generic for Ampyra®) Gilenya® Capsule Tecfidera® Capsule / Starter Pack 	PLE SCLEROSIS Oral Non-Preferred Ampyra [®] Tablet Aubagio [®] Tablet Bafiertam [™] Capsule dimethyl fumarate DR capsule (generic for Tecfidera [®] Capsule) Mavenclad [®] Tablet Mavenclad [®] Tablet Mayzend [®] Starter Pack / Tablet Ponvory [™] Starter Pack / Tablet Vumerity [™] Capsule Zeposia [®] Starter Pack / Capsule Zeposia [®] Starter Pack / Capsule Zeposia [®] Starter Pack / Capsule Numerity [™] Capsule Zeposia [®] Starter Pack / Capsule Numerity [™] Capsule Zeposia [®] Starter Pack / Capsule Numerity [™] Capsule Numerity [™] Capsule
Preferred dafampridine ER tablet (generic for Ampyra [®]) Gilenya [®] Capsule Tecfidera [®] Capsule / Starter Pack SEDAT Quantity limits ap Preferred furazepam capsule (generic for Dalmane [®])	PLE SCLEROSIS Oral Non-Preferred Ampyra [®] Tablet Aubagio [®] Tablet Bafiertam [™] Capsule dimethyl fumarate DR capsule (generic for Teefidera [®] Capsule) Mavenclad [®] Tablet Mayzent [®] Starter Pack / Tablet Mayzent [®] Starter Pack / Tablet Ponvoy [™] Starter Pack / Tablet Vumerity [™] Capsule Zeposia [®] Starter Pack / Capsule VE HYPNOTICS phy to all sedative hypnoties Non-Preferred Ambien [®] Tablet / CR Tablet Belsomra [®] Tablet Dayvigo [™] Tablet
Preferred dafampridine ER tablet (generic for Ampyra [®]) Gilenya [®] Capsule Tecfidera [®] Capsule / Starter Pack	PLE SCLEROSIS Oral Non-Preferred Ampyra [®] Tablet Aubagio [®] Tablet Bafiertam [™] Capsule Generic for Tecfidera [®] Capsule) Mavenclad [®] Tablet Generic for Tecfidera [®] Capsule) Mavenclad [®] Tablet Ponvory [™] Starter Pack / Tablet Ponvory [™] Starter Pack / Tablet Vumerity [™] Capsule Zeposia [®] Starter Pack / Capsule VE HYPNOTICS ply to all sedative hypnotics Non-Preferred Ambien [®] Tablet / CR Tablet Belsomra [®] Tablet Deltymout CR Silenor [®])
Preferred dafampridine ER tablet (generic for Ampyra [®]) Gilenya [®] Capsule Tecfidera [®] Capsule / Starter Pack	PLE SCLEROSIS Oral Non-Preferred Ampyra [®] Tablet Aubagio [®] Tablet Bafiertan [™] Capsule dimethyl fumarate DR capsule (generic for Tecfidera [®] Capsule) Mavenclad [®] Tablet Mavenclad [®] Tablet Mayzend [®] Starter Pack / Tablet Ponvory [™] Starter Pack / Tablet Zeposia [®] Starter Pack / Capsule Zeposia [®] Starter Pack / Capsule Zeposia [®] Starter Pack / Capsule Aubeito [®] Tablet Non-Preferred Ambien [®] Tablet / CR Tablet Belsomra [®] Tablet Dayyigo [™] Tablet Edlsurd [®] Tablet Edlsurd [®] SL Tablet
Preferred dafampridine ER tablet (generic for Ampyra [®]) Gilenya [®] Capsule Tecfidera [®] Capsule / Starter Pack	PLE SCLEROSIS Oral Non-Preferred Ampyra [®] Tablet Aubagio [®] Tablet Bafiertam [™] Capsule dimethyl fumarate DR capsule (generic for Tecfidera [®] Capsule) Mavenclad [®] Tablet Mayzen [®] Starter Pack / Tablet Ponvory [™] Starter Pack / Tablet Zeposia [®] Starter Pack / Tablet Vumerity [™] Capsule Zeposia [®] Starter Pack / Capsule VE HYPNOTICS ply to all sedative hypnoties Non-Preferred Ambien [®] Tablet / CR Tablet Belsomra [®] Tablet CR Tablet Eduar [®] SL Tablet SL Tab
Preferred dafampridine ER tablet (generic for Ampyra [®]) Gilenya [®] Capsule Tecfidera [®] Capsule / Starter Pack	PLE SCLEROSIS Oral Non-Preferred Ampyra [®] Tablet Aubagio [®] Tablet Bafiertam [™] Capsule dimethyl fumarate DR capsule (generic for Tecfidera [®] Capsule) Mavenclad [®] Tablet Mavenclad [®] Tablet Mayzend [®] Starter Pack / Tablet Ponvory [™] Starter Pack / Tablet Zeposia [®] Starter Pack / Capsule Zeposia [®] Starter Pack / Capsule VU HYPNOTICS ply to all sedative hypnotics Non-Preferred Ambien [®] Tablet Belsomra [®] Tablet Dayyigo [™] Tablet Edlsum [®] SL Tablet
Preferred dafampridine ER tablet (generic for Ampyra [®]) Gilenya [®] Capsule Tecfidera [®] Capsule / Starter Pack	PLE SCLEROSIS Oral Non-Preferred Ampyra [®] Tablet Aubagio [®] Tablet Bafiertam [™] Capsule dimethyl fumarate DR capsule (generic for Tecfidera [®] Capsule) Mavenclad [®] Tablet Mayzend [®] Starter Pack / Tablet Ponvory [™] Starter Pack / Tablet Ponvory [™] Starter Pack / Tablet Yumerity [™] Capsule Zeposia [®] Starter Pack / Capsule Zeposia [®] Starter Pack / Capsule VE HYPNOTICS ply to all sedative hypnotics Non-Preferred Ambien [®] Tablet / CR Tablet Belsomra [®] Tablet Dayyigo [™] Tablet doxepin tablet (generic for Sileno [®]) Edluar [®] SL Tablet estazolan tablet (generic for Prosom [®]) eszapicione tablet (generic for Prosom [®]) eszapicione tablet (generic for Iumesta [®]) Helicoz [®] Capsule Clinical criteria apply
Preferred dafampridine ER tablet (generic for Ampyra [®]) Gilenya [®] Capsule Tecfidera [®] Capsule / Starter Pack	PLE SCLEROSIS Oral Non-Preferred Ampyrå Tablet Aubagio [®] Tablet Bafiertam [™] Capsule dimethyl fumarate DR capsule (generic for Tecfidera [®] Capsule) Mavenclad [®] Tablet Mayzend [®] Starter Pack / Tablet Ponvory [™] Starter Pack / Tablet Ponvory [™] Starter Pack / Tablet Vumerity [™] Capsule Zeposia [®] Starter Pack / Capsule VE HYPNOTICS ply to all sedative hypnotics Non-Preferred Ambien [®] Tablet / CR Tablet Belsomra [®] Tablet CR Tablet Belsomra [®] Tablet Dasyrigo [™] Tablet duscpin tablet (generic for Silenor [®]) Edluar [®] SL Tablet estazolam tablet (generic for Prosom [®]) estazolien tablet (generic for Lunest [®]) Halcion [®] Tablet Heltioz [®] Logsuespinot Clinical criteria apply
Preferred dafampridine ER tablet (generic for Ampyra [®]) Gilenya [®] Capsule Tecfidera [®] Capsule / Starter Pack	PLE SCLEROSIS Oral PLE SCLEROSIS Oral Non-Preferred Ampyra® Tablet Aubagio® Tablet Bafiertan® Capsule (generic for Tecfidera® Capsule) Mavenclad® Tablet Mayzent® Starter Pack / Tablet Ponvoy ⁰⁰⁵ Starter Pack / Tablet Ponvoy ⁰⁰⁵ Starter Pack / Tablet Vumerity ⁰⁰⁵ Capsule Zeposia® Starter Pack / Capsule VE HYPNOTICS pty to all sedative hypnoties Non-Preferred Ambien® Tablet / CR Tablet Belsomra® Tablet CR Tablet Belsomra® Tablet Belsomra® Tablet Heltiogeneric for Floren®) Editua® SL Tablet Heltiogeneric for ILinesta®) Halcion® Tablet Heltiogeneric Classes Non-Preferred Heltiogeneric Classes Non-Preferred Heltiogeneric for Stenes®)
Preferred dafampridine ER tablet (generic for Ampyra [®]) Gilenya [®] Capsule Tecfidera [®] Capsule / Starter Pack	PLE SCLEROSIS Oral Non-Preferred Ampyra [®] Tablet Aubagio [®] Tablet Bafiertam [™] Capsule dimethyl fumarate DR capsule (generic for Tecfidera [®] Capsule) Mavenclaft [®] Tablet Mayzent [®] Starter Pack / Tablet Ponvory [™] Starter Pack / Tablet Ponvory [™] Starter Pack / Tablet Vumerity [™] Capsule Zeposis [®] Starter Pack / Capsule Zeposis [®] Starter Pack / Capsule VE HYPNOTICS phy to all sedative hypnotics Non-Preferred Ambien [®] Tablet / CR Tablet Belsomra [®] Tablet Dayvigo [™] Tablet doxepin tablet (generic for Silenor [®]) Edluar [®] SL Tablet estazolam tablet (generic for Preson [®]) estazolam tablet (generic for Lonesta [®]) Halcion [®] Tablet Hettioz [®] Capsule Clinical criteria apply Intermezzo [®] SL Tablet Lanesta [®] Tablet
Preferred dafampridine ER tablet (generic for Ampyra [®]) Gilenya [®] Capsule Tecfidera [®] Capsule / Starter Pack	PLE SCLEROSIS Oral PLE SCLEROSIS Oral Non-Preferred Ampyra® Tablet Aubagio® Tablet Bafiertan® Capsule (generic for Tecfidera® Capsule) Mavenclad® Tablet Mayzent® Starter Pack / Tablet Ponvoy ⁰⁰⁵ Starter Pack / Tablet Ponvoy ⁰⁰⁵ Starter Pack / Tablet Vumerity ⁰⁰⁵ Capsule Zeposia® Starter Pack / Capsule VE HYPNOTICS pty to all sedative hypnoties Non-Preferred Ambien® Tablet / CR Tablet Belsomra® Tablet CR Tablet Belsomra® Tablet Belsomra® Tablet Heltiogeneric for Floren®) Editua® SL Tablet Heltiogeneric for ILinesta®) Halcion® Tablet Heltiogeneric Classes Non-Preferred Heltiogeneric Classes Non-Preferred Heltiogeneric for Stenes®)
Preferred dafampridine ER tablet (generic for Ampyra [®]) Gilenya [®] Capsule Tecfidera [®] Capsule / Starter Pack	PLE SCLEROSIS Oral Non-Preferred Ampyra [®] Tablet Aubagis [®] Tablet Aubagis [®] Tablet Bafiertan [™] Capsule dimethyl finnarate DR capsule (generic for Teefidera [®] Capsule) Mayzent [®] Starter Dack / Tablet Mayzent [®] Starter Pack / Tablet Ponvory [™] Starter Pack / Tablet Ponvory [™] Starter Pack / Tablet Ponvory [™] Starter Pack / Tablet Vumerity [™] Capsule Zeposia [®] Starter Pack / Capsule VE HYPNOTICS pty to all sedative hypnotics VE HYPNOTICS pty to all sedative hypnotics Mon-Preferred Ambien [®] Tablet / CR Tablet Belsomra [®] Tablet / CR Tablet / CR Tablet Belsomra [®] Tablet / CR Tablet / C
Preferred dafampridine ER tablet (generic for Ampyra [®]) Gilenya [®] Capsule Tecfidera [®] Capsule / Starter Pack	PLE SCLEROSIS Oral Non-Preferred Ampyrs [®] Tablet Aubagis [®] Tablet Bafiertam [®] Capsule (generic for Tecfidera [®] Capsule) Mavenclad [®] Tablet Mavenclad [®] Tablet Maxenclad [®] Tablet Mavenclad [®] Tablet Mavenclad [®] Tablet Mavenclad [®] Tablet Mavenclad [®] Tablet Mavenclad [®] Tablet Mavenclad [®] Tablet Ponvory [®] Starter Pack / Capsule Zeposia [®] Starter Pack / Capsule Zeposia [®] Starter Pack / Capsule Zeposia [®] Starter Pack / Capsule Non-Preferred Ambien [®] Tablet / CR Tablet Belsonr [®] Tablet CARTER Mather (CR Tablet Belsonr [®] Tablet Dayvige ^{®®} Tablet docepin tablet (generic for Silenor [®]) Edluar [®] SL Tablet Heltioz [®] Capsule (Ginical criteria apply Heltioz [®] Lospiea Capsule Clinical criteria apply Heltioz [®] Lospiea Rozerem [®] Tablet Linersze [®] SL Tablet Linersze [®] SL Tablet Silenor [®] Tablet Silenor [®] Tablet Silenor [®] Tablet
Preferred dafampridine ER tablet (generic for Ampyra [®]) Gilenya [®] Capsule Tecfidera [®] Capsule / Starter Pack	PLE SCLEROSIS Oral Non-Preferred Ampyra® Tablet Aubagio® Tablet Bafiertam [™] Capsule dimethyf finarate DR capsule (generic for Teefidera® Capsule) Maxenelad® Tablet Mayzenela® Tablet Mayzenela® Tablet Ponvory® Starter Pack / Tablet Ponvory® Starter Pack / Tablet Ponvory® Starter Pack / Tablet Vumerity [™] Capsule Zeposia® Starter Pack / Tablet VE HYPNOTICS Ply to all sedative hypnoties Non-Preferred Ambien® Tablet / CR Tablet Bestorm® Tablet Dayvigo [®] Tablet Dayvigo [®] Tablet doxepin tablet (generic for Stleno®) Editar® SL Tablet Heltoz® Capsule Chicial criteria apply Heltoz® LQ Suspension Clinical criteria apply Heltoz® Tablet Lanesta® Tablet Editoz® Tablet Matematical Constanted (generic for Restori®) Editor® Tablet Matematical Chicial criteria apply Heltoz® LQ Suspension Clinical criteria apply Heltoz® Tablet Lanesta® Tablet Starbate Starbate Starbate Starbate Starbate Matematical Capsule Restori® Tablet Starbate S
Preferred dafampridine ER tablet (generic for Ampyra [®]) Gilenya [®] Capsule Tecfidera [®] Capsule / Starter Pack	PLE SCLEROSIS Oral Non-Preferred Ampyra* Tablet Aubagia* Tablet Bafiertam [®] Capsule dimethyf fumarate DR capsule (generic for Tecfidera * Capsule) Mavenclad* Tablet Mayenclad* Tablet Mayenclad* Tablet Ponvory* Starter Pack / Tablet Zeposia* Starter Pack / Tablet VE HYPNOTICS pty to all sedative hypnoties VE HYPNOTICS pty to all sedative hypnoties Non-Preferred Ambien* Tablet / CR Tablet Belsomra * Tablet Dayvigo** Tablet doxen tablet (generic for Sileno**) estazolan tablet (generic for Fosom*) estazolan tablet (generic for Rozerem * Tablet) Restorit* Tablet Sileno** Tablet Sileno** Tablet Sileno** Tablet Sileno** Tablet Sileno*** Tablet Sileno*** Tablet Sileno*** Tablet Sileno**** Tablet Sileno************************************
Preferred dafampridine ER tablet (generic for Ampyra [®]) Gilenya [®] Capsule Tecfidera [®] Capsule / Starter Pack	PLE SCLEROSIS Oral Non-Preferred Ampyra® Tablet Aubagio® Tablet Bafiertam [™] Capsule dimethyf finarate DR capsule (generic for Teefidera® Capsule) Maxenelad® Tablet Mayzenela® Tablet Mayzenela® Tablet Ponvory® Starter Pack / Tablet Ponvory® Starter Pack / Tablet Ponvory® Starter Pack / Tablet Vumerity [™] Capsule Zeposia® Starter Pack / Tablet VE HYPNOTICS Ply to all sedative hypnoties Non-Preferred Ambien® Tablet / CR Tablet Bestorm® Tablet Dayvigo [®] Tablet Dayvigo [®] Tablet doxepin tablet (generic for Stleno®) Editar® SL Tablet Heltoz® Capsule Chicial criteria apply Heltoz® LQ Suspension Clinical criteria apply Heltoz® Tablet Lanesta® Tablet Editoz® Tablet Matematical Constanted (generic for Restori®) Editor® Tablet Matematical Chicial criteria apply Heltoz® LQ Suspension Clinical criteria apply Heltoz® Tablet Lanesta® Tablet Starbate Starbate Starbate Starbate Starbate Matematical Capsule Restori® Tablet Starbate S
Preferred dafampridine ER tablet (generic for Ampyra [®]) Gilenya [®] Capsule Tecfidera [®] Capsule / Starter Pack	PLE SCLEROSIS Oral Non-Preferred Anpyra [®] Tablet Bafertam [®] Capsule dimethyl famarate DR capsule (generic for Teefidera [®] Capsule) Maxenchaf [®] Tablet Mayzent [®] Starter Pack / Tablet Powry [®] Starter Pack / Tablet Vumerity [®] Capsule Zeposia [®] Starter Pack / Capsule VE HYPNOTICS Pyt oa ll sectative hypnotics VE HYPNOTICS Pyt oa ll sectative hypnotics Non-Preferred Ambien [®] Tablet / CR Tablet Belsomra [®] Tablet Davigio [®] Tablet Belsomra [®] Tablet CR Tablet Estazolam tablet (generic for Prosom [®]) estazolam tablet (generic for Prosom [®]) estazolam tablet (generic for Lunesta [®]) Hetlioz [®] Lg Suspension Chickal criteria apply Hetlioz [®] Lg Suspension Chickal criteria apply Hetlioz [®] Lg Suspension Chickal criteria apply Hetlioz [®] Tablet Incress [®] St Tablet Sienor [®] Tablet Sienor [®] Tablet Lunesta [®] Tablet Sienor [®] Tablet Sienor [®] Tablet Lunesta [®] Tablet Sienor [®] Sienor [®]
Preferred dalfampridine ER tablet (generic for Ampyra [®]) Gilenya [®] Capsule / Starter Pack Tecfidera [®] Capsule / Starter Pack SEDAT Quantity limits a Preferred furazepam capsule (generic for Dalmane [®]) temazepam 15mg. 30mg capsule (generic for Restoril [®]) zolpidem tablet (generic for Ambien [®])	PLE SCLEROSIS Oral Non-Preferred Ampyra [®] Tablet Baffertam [®] Capsule dimethyl fumarate DR capsule (generic for Tecfidera [®] Capsule) Mavenclad [®] Tablet Mayzen [®] Starter Pack / Tablet Ponvory [®] Starter Pack / Tablet Vumerity [®] Capsule Zeposia [®] Starter Pack / Tablet Vumerity [®] Capsule Zeposia [®] Starter Pack / Tablet Vumerity [®] Capsule Zeposia [®] Starter Pack / Tablet Ve HYPNOTICS phy to all sedative hypnotics Cheine [®] Tablet (CR Tablet Belsomra [®] Tablet Dayrigo [®] Tablet doxopin tablet (generic for Floors [®]) estzaolan tablet (generic for Forsom [®]) estzaolan tablet (generic for Forsom [®]) estzaolan tablet (generic for Forsom [®]) estzaolan tablet (generic for Rozeren [®] Tablet) Hetlioz [®] Capsule Clinical criteria apply Intermezzo [®] SL Tablet tanesta [®] Tablet famethed familes familes familes familes fameritics fastet
Preferred dalfampridine ER tablet (generic for Ampyra [®]) Gilenya [®] Capsule / Starter Pack	PLE SCLEROSIS Oral Non-Preferred Ampyra [®] Tablet Bafertam [®] Capsule dimethyl fumarate DR capsule (generic for Tecfidera [®] Capsule) Maycard [®] Starter Pack / Tablet Ponvory [®] Starter Pack / Tablet Ponvory [®] Starter Pack / Tablet Zeposia [®] Starter Pack / Capsule Zeposia [®] Starter Pack / Capsule VUmerity [®] Capsule Zeposia [®] Starter Pack / Tablet VUmerity [®] Capsule Zeposia [®] Starter Pack / Tablet VE HYPNOTICS poly to all sedative hypnotics VE HYPNOTICS Supprover Tablet Ambiers [®] Tablet / CR Tablet Besorm [®] Tablet (CR Tablet Resorm [®] Tablet (Generic for Silenor [®]) exceptione tablet (generic for Silenor [®]) exceptione tablet (generic for Forsom [®]) exceptione tablet (generic for Lumesta [®]) Halcion [®] Tablet Lanesta [®] Tablet <tr< td=""></tr<>

Effective DATE: 04/01/2022

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

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

	v/providers/programs-services/prescription-drugs/outpatient-pharmacy-services
bupropion SR tablet (generic for Zyban [®] Tablet)	Nicotrol [®] Inhaler / NS Nasal Spray
Chantix [®] Tablet / Starting Box / Continuation Month Box - Quantity limited to 6 months per 12 months	
nicotine gum / lozenge (buccal) / patch	
varenicline tablet (generic for Chantix [®] Tablet) Quantity limited to 6 months per 12 months. Only rebate eligible versions are covered.	
	DCRINOLOGY
	/TH HORMONE pply to all drugs in this class
Preferred	Non-Preferred
Genotropin [®] Cartridge / MiniQuick [®]	Humatrope [®] Cartridge / Vial
Norditropin [®] Flexpro [®]	Nutropin [®] AQ NuSpin [®]
Serostim [®] Vial	Omnitrope® Cartridge / Vial
	Saizen [®] Click-Easy [®] Cartridge / Vial
	Zomacton [®] Vial Zorbitve [®] Vial
HYPOGLYC	EMICS - INJECTABLE
	d Acting Insulin nly one preferred drug required
Preferred	Non-Preferred
Humalog [®] U-100 Junior KwikPen®	
Humalog [®] U-100 KwikPen [®] / Vial	Admelog [®] SoloStar [®] / Vial
Novolog [®] U-100 Cartridge / FlexPen [®] / Vial	Afrezza® Inhalation Powder
	Apidra® SoloStar® / Vial
	Fiasp [®] FlexTouch [®] / Penfill [®] / Vial
<u> </u>	Humalog [®] U-100 Cartridge Humalog [®] U-200 KwikPen [®]
	Inimalog U-200 Kwikren insulin aspart U-100 cartridge / FlexPen [®] / vial (generic for Novolog [®])
	insulin lispro U-100 KwikPen [®] / vial (generic for Humalog [®])
	insulin lispro U-100 Junior KwikPen [®] (generic for Humalog [®] Junior)
	Lyumjev [™] U-100 KwikPen [®] / Vial
	Lyumjev [™] U-200 KwikPen [®]
01	A Astine Terrelle
	t Acting Insulin nly one preferred drug required
Preferred	Non-Preferred
Humulin [®] R Vial	Myxredlin [™] Injection
Humulin [®] R U-500 KwikPen [®] / U500 Vial	Novolin [®] R Vial / ReliOn [®] R Vial
	Novolin R FlexPen®
Interme	liate Acting Insulin
Preferred	Non-Preferred
Humulin [®] N Vial	Humulin [®] N KwikPen [®]
	Novolin [®] N Vial / ReliOn [®] N Vial
	g Acting Insulin
Preferred	nly one preferred drug required
Lantus [®] SoloStar [®] / Vial	Non-Preferred Basaglar [®] KwikPen [®]
Levemir [®] FlexTouch [®] / Vial	Insulin glargine-yfgn pen / vial (generic for Semglee [™] yfgn)
	Semglee [™] Pen / Vial
	Semglee [™] yfgn Pen / Vial
	Toujeo® SoloStar® / Max SoloStar®
	Tresiba [®] FlexTouch [®] / Vial
Deamired De	pid 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)
Humalog [®] 75/25 Mix KwikPen [®] / Vial	insulin lispro protamine 75/25 KwikPen [®] (generic for Humalog [®] 75/25 Mix)
Novolog [®] Mix 70/30 FlexPen [®] / Vial	
Premixed 70/ Preferred	30 Combination Insulin Non-Preferred
Freierred Humulin [®] 70/30 KwikPen [®] / Vial	Non-Preferred Novolin [®] 70/30 FlexPen [®] / Vial / ReliOn [®] 70/30 Vial
An	nylin Analogs
Requires trial and failure or insufficient response to metformin containing product unless cont	raindicated or documented adverse event when using either a preferred or non-preferred Amylin Analog
Preferred	Non-Preferred
Symlin [®] Pen Injector	
	Agonists and Combinations
	with ASCVD, heart failure, or CKD) unless contraindicated or documented adverse event when using either a preferred or a non-
	reptor Agonist and Combination
Preferred	
	Non-Preferred Continuation of therapy requires documentation that clinical coals have been met
Rudureon [®] Pen	Continuation of therapy requires documentation that clinical goals have been met
Bydureon [®] Pen Byetta [®] Pen	
	Continuation of therapy requires documentation that clinical goals have been met Adlyxin [®] Injection
Byetta [®] Pen	Continuation of therapy requires documentation that clinical goals have been met Adlyxin [®] Injection Bydureon [®] BCise [™]

North Carolina Division of Health Benefits North Carolina Medicaid and Health Choice Preferred Drug List (PDL) Effective DATE: 04/01/2022 Trial and failure of two Preferred drugs are required unless only one Preferred option is listed or is otherwise indicated. Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred. In addition to trial and failure criteria, clinical criteria (indicated in RED) may also apply. New to market products typically default to Non-Preferred status until reviewed by the PDL Panel. These drugs are listed as TO BE REVIEWED. Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at: https://www.nctracks.nc.gov/content/public/providers/pharmacy.html More information on the PDL can be found at: https://medicaid.ncdhhs.gov/providers/programs-services/prescription-drugs/outpatient-pharmacy-services Soliqua[®] Injection Xultophy[®] Injectio HYPOGLYCEMICS - ORAL 2nd Generation Sulfonylureas Preferred Non-Preferred Amaryl[®] 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[®]) ∃lynase[®] Tablet Alpha-Glucosidase Inhibitors Preferred Non-Preferred carbose tablet (generic for Precose®) miglitol tablet (generic for Glyset®) Precose® Tablet Glyset[®] Tablet Biguanides and Combinations Non-Preferred Preferred glipizide-metformin tablet (generic for Metaglip®) Fortamet® Tablet glyburide-metformin tablet (generic for Glucovance®) Glucophage[®] Tablet / ER Tablet netformin tablet / ER tablet (generic for Glucophage® / ER) Glumetza® Tablet ** requires documentation as to why the beneficiary cannot use preferred long acting metformin p metformin solution (generic for Riomet[®] Solution) Exemption for children < 12 years of age metformin ER tablet (generic for Fortamet®) metformin ER tablet (generic for Glumetza®) Riomet[®] Solution / ER Suspensior DPP-IV Inhibitors and Combinations Requires trial and failure or insufficient response to metformin containing products unless contraindicated or documented adverse event when using either a preferred or a non-preferred DPP-IV Inhibitor or Combination Preferred Non-Preferred Glyxambi[®] Tablet alogliptin tablet (generic for Nesina®) Janumet[®] Tablet alogliptin-metformin tablet (generic for Kazano®) Janumet[®] XR Tablet alogliptin-pioglitazone tablet (generic for Oseni®) Januvia® Tablet Jentadueto® XR Tablet Jentadueto® Tablet Kazano[®] Tablet Onglyza[®] Tablet Kombiglyze® XR Tablet Tradjenta[®] Tablet Nesina[®] Tablet Oseni[®] Tablet Qtern® Tablet Steglujan[®] Tablet Trijardy® XR Tablet Meglitinides Non-Preferred Preferred ateglinide tablet (generic for Starlix®) Prandin® Tablet Starlix® Tablet epaglinide tablet (generic for Prandin[®]) repaglinide-metformin tablet (generic for Prandimet®) Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitor and Combinations For use in type 2 diabetes mellitus, requires trial and failure or insufficient response to melformin containing products (except for beneficiaries with ASCVD, heart failure, or CKD) unless contraindicated or documented adverse event when using either a preferred or a non-preferred SGLT2 Inhibitor and Combination. When the primary indication is heart failure, no trial and failure of metformin-containing products is required. Preferred Non-Preferred Farxiga[®] Tablet Invokamet® Tablet / XR Tablet lardiance[®] Tablet Invokana® Tablet Segluromet[™] Tablet Steglatro[™] Tablet Synjardy[®] Tablet / XR Tablet Xigduo[®] XR Tablet Thiazolidinediones and Combinations Preferred Non-Preferred ActoPlus Met[®] Tablet / XR Tablet ioglitazone tablet (generic for Actos®) Actos[®] Tablet Avandia[®] Tablet Duetact[®] Tablet pioglitazone-glimepiride tablet (generic for Duetact®) pioglitazone-metformin tablet (generic for ActoPlus Met®) GASTROINTESTINAL ANTIEMETIC-ANTIVERTIGO AGENTS Preferred Non-Preferred Diclegis[®] Tablet Akynzeo® Capsule / Vial dimenhydrinate vial (generic for Dramamine®) Aloxi[®] Vial Anzemet[®] Tablet Emend[®] Capsule - Clinical criteria appl eclizine tablet (generic for Antivert®) aprepitant capsule/pack (generic for Emend®) - Clinical criteria apply

netoclopramide solution / tablet (generic for Reglan®)

Barhemsys® Vial

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word information of the Fibe out be found at. https://medical.outilia.ge	viproviders/programs-services/prescription-drugs/outpatient-pharmacy-services
ondansetron ODT / solution / tablet (generic for Zofran [®])	Bonjesta [®] Tablet
prochlorperazine tablet (generic for Compazine [®])	Cinvanti [®] Injectable Emulsion
promethazine 12.5 mg, 25 mg rectal (generic for Phenergan [®])	Compro [®] Rectal doxylamine-pyridoxine tablet (generic for Diclegis [®] Tablet)
promethazine syrup / tablet (generic for Phenergan [®]) promethazine ampule/vial (generic for Phenergan [®])	doxylamine-pyridoxine tablet (generic for Diclegis Tablet) dronabinol capsule (generic for Marinol [®])
Transderm-Scop [®] Patch	Emend [®] Powder Packet / Trifold Pack - Clinical criteria apply
TaisdefineScop Fatch	Emed [®] Vial
	fosaprepitant vial (generic for Emend [®])
	Gimoti TM Nasal Spray
	granisetron tablets (generic for Kytril [®])
	granisetron injection (generic for Kytrii [®])
	Marinol [®] Capsule
	metoclopramide ODT (generic for Metozolv®)
	metoclopramide ODT (generic for Reglan [®])
	metoclopramide vial
	ondansetron vial
	palonosetron injection (generic for Aloxi [®])
	Phenergan [®] injection
	promethazine 50 mg rectal (generic for Phenergan [®])
	prochlorperazine rectal (generic for Compazine®)
	prochlorperazine injection
	Reglan [®] Tablet
	Sancuso [®] Patch
	scopolamine patch (generic for Transderm-Scop [®])
	Sustol [®] Injection Tigan [®] Capsule / Injection
	trimethobenzamide capsule (generic for Tigan [®])
	Immenobenzamide capsule (generic for Tigan) Varubi [®] Tablet
	Zofran [®] ODT / Tablet
	Zuplenz [®] Soluble Film
BIL	E ACID SALTS
Trial and failure of a	nly one preferred drug required
Preferred	Non-Preferred
ursodiol capsule (generic for Actigall [®])	Actigall [®] Capsule
ursodiol tablet (generic for Urso [®])	Bylvay [™] Capsule / Pellet Exemption for diagnosis of PFIC
	Chenodal [®] Tablet
	Cholbam [®] Capsule
	Ocaliva [®] Tablet
	Reltone [™] Capsule
	Urso [®] Tablet / Urso [®] Forte Tablet
	I COMBINATIONS
Preferred	RI COMBINATIONS Non-Preferred
	RI COMBINATIONS Non-Preferred Helidae [®] Therapy Pack
Preferred	RI COMBINATIONS Non-Preferred Helidac [®] Therapy Pack Iansoprazole-amoxicillin-clarithromycin pack (generic for Prevpac [®])
Preferred	U COMBINATIONS Non-Preferred Helidae [®] Therapy Pack Insoprazole-amoxicillin-clarithromycin pack (generic for Prevpae [®]) Omeclamox-Pak [®] Combo Pack
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Preferred Pylera [®] Capsule	COMBINATIONS COMBINATIONS Helidac [®] Therapy Pack lansoprazole-amoxicillin-clarithromycin pack (generic for Prevpac [®]) Omeclamox-Pak [®] Combo Pack Talicia [®] Capsule
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North Carolina Division of Health Benefits North Carolina Medicaid and Health Choice Preferred Drug List (PDL) Effective DATE: 04/01/2022 Trial and failure of two Preferred drugs are required unless only one Preferred option is listed or is otherwise indicated. Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred. In addition to trial and failure criteria, clinical criteria (indicated in RED) may also apply. New to market products typically default to Non-Preferred status until reviewed by the PDL Panel. These drugs are listed as TO BE REVIEWED. Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at: https://www.nctracks.nc.gov/content/public/providers/pharmacy.html More information on the PDL can be found at: https://medicaid.ncdhhs.gov/providers/programs-services/prescription-drugs/outpatient-pharmacy-services rabeprazole tablet (generic for Aciphex®) Zegerid[®] Rx / Capsule / Packet SELECTIVE CONSTIPATION AGENTS Preferred Non-Preferred alosetron tablet (generic for Lotronex® Tablet) Amitiza[®] Capsule Linzess[®] Capsule Lotronex[®] Tablet Movantik® Tablet lubiprostone capsule (generic for Amitiza® Capsule) Motegrity[™] Tablet Relistor[®] Syringe / Vial / Oral Tablet Symproic[®] Tablet Trulance® Viberzi[®] Tablet - Exemption for Irritable Bowel Syndrome with Diarrhea (IBS-D) ULCERATIVE COLITIS Oral Preferred Non-Preferred Asacol[®] HD Tablet Apriso® Capsule 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 ulfasalazine IR tablet (generic for Azulfidine®) Delzicol® Capsule Dipentum® Capsule mesalamine DR capsule (generic for Delzicol® Capsule) mesalamine ER capsule (generic for Apriso® Capsule) mesalamine tablet (generic for Asacol® HD / Lialda® Tablet) Pentasa® Capsule Uceris[®] Tablet ULCERATIVE COLITIS Rectal Trial and failure of only one preferred drug required Preferred Non-Preferred anasa[®] Suppository mesalamine kit (generic for Rowasa® Kit) salamine enema (generic for Rowasa® Enema) mesalamine suppository (generic for Canasa® Suppository) Rowasa® Kit SF Rowasa® Enema Uceris® Rectal Foam ELECTROLYTE DEPLETERS (KIDNEY DISEASE) Preferred Non-Preferred alcium acetate capsule (generic for PhosLo®) Auryxia® Tablet alcium acetate tablet (generic for Eliphos®) Fosrenol[®] Chewable evelamer tablet / powder pack (generic for Renagel® and Renvela®) Fosrenol® Powder Pack MagneBind[®] 400 Rx Tablet Phoslyra[®] Solution Renagel[®] Tablet Renvela[®] Powder Pack / Tablet Velphoro[®] Chewable GENITOURINARY/RENAL BENIGN PROSTATIC HYPERPLASIA TREATMENTS Preferred Non-Preferred Avodart[®] Softgel lfuzosin ER tablet (generic for Uroxatral®) doxazosin tablet (generic for Cardura®) Cardura® Tablet / XL Tablet lutasteride capsule (generic Avodart®) Cialis® Tablet (2.5mg and 5mg strengths only) Clinical criteria apply finasteride tablet (generic for Proscar®) dutasteride/ tamsulosin capsule (generic Jalyn capsule®) amsulosin capsule (generic for Flomax®) Flomax[®] Capsule razosin capsule (generic for Hytrin®) Jalyn[®] Capsule Proscar® Tablet Rapaflo[®] Capsule silodosin capsule (generic for Rapaflo®) tadalafil tablet (generic for Cialis®) (2.5mg and 5mg strengths only) Clinical criteria apply URINARY ANTISPASMODICS Preferred Non-Preferred darifenacin ER tablet (generic for Enablex®) oxybutynin syrup / tablet (generic for Ditropan®) oxybutynin ER tablet (generic for Ditropan XL®) Detrol® (tolterodine) Tablet / LA Capsule olifenacin tablet (generic for Vesicare® Tablet) Ditropan® (oxybutynin) XL Tablet Toviaz[®] (fesoterodine) Tablet Enablex[®] (darifenacin) Tablet flavoxate tablet (generic for Urispas®) Gelnique® (oxybutynin) Gel / Gel Sachets Gemtesa® (vibegron) Tablet Exemption in patients with a diagnosis of dementia or mild cognitive impairment Myrbetriq[®] (mirabegron) Granules / ER Tablet Exemption in patients with a diagnosis of dementia or mild cognitive impairment Oxytrol[®] (oxybutynin) Patch tolterodine tablet / ER capsule(generic for Detrol® / LA) trospium tablet / ER capsule (generic for Sanctura® / XR) Vesicare® (solifenacin) Tablet Vesicare[®] (solifenacin) LS Suspe

Effective DATE: 04/01/2022

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

Preferred Ilopurinol tablet (generic for Zyloprim [®]) fitigare [®] (branded colchicine 0.6mg) Capsules robenecid tablet(generic for Benemid [®]) robenecid-colchicine tablet (generic for Col-Benemid [®])	GOUT
fitigare [®] (branded colchicine 0.6mg) Capsules robenecid tablet(generic for Benemid [®])	Non-Preferred
robenecid tablet(generic for Benemid®)	colchicine tablet (generic for Colcrys [®])
	colchicine capsule (generic for Mitigare [®])
robenecid-colchicine tablet (generic for Col-Benemid [®])	Colcrys [®] Tablet
	febuxostat tablet (generic for Uloric [®] Tablet)
	Gloperba [®] Solution
	Krystexxa [®] Injection
	Uloric [®] Tablet
	Zyloprim [®] Tablet
T	
	EMATOLOGIC TICOAGULANTS
AIN	Injectable
Derferme d	
Preferred	Non-Preferred
noxaparin syringe / vial (generic for Lovenox [®]) ragmin [®] Syringe / Vial	fondaparinux syringe (generic for Arixtra [®])
agnini Syringe / Viai	Lovenox [®] Syringe / Vial
	Lovenox by inger via
	Oral
Preferred	Non-Preferred
iliquis® Tablet and Starter Dose Pack	Bevyxxa [®] Capsule
antoven [®] (branded generic for Coumadin [®])	Counadin [®] Tablet
radaxa® Capsule	Savaysa [®] Tablet
varfarin tablet (generic for Coumadin $^{\circ}$)	
Karelto [®] Starter Pack / Tablet	
COLONY S	TIMULATING FACTORS
Preferred	Non-Preferred
ulphila [™] Syringe	Neulasta® Syringe / Kit
Branix [®] Injection	Nivestym [™] Syringe / Vial
eukine [®] Injection	Nyvepria [™] Syringe
leupogen [®] Vial / Syringe	Ziextenzo [®] Syringe
Jdenyca [™] Syringe	
'arxio [®] Injection	
	TOPOIETIC AGENTS
	a apply to all drugs in this class
Preferred	Non-Preferred
Aranesp [®] Syringe / Vial	Epogen [®] Vial
rocrit [®] Vial	Mircera [®] Syringe
	Reblozyl [®] Vial
	Retacrit [®] Vial
THROMBOPOL	ESIS STIMULATING AGENTS
Preferred	Non-Preferred
iplate [®] Vial	Tavalisse [™] Tablet
romacta [®] Suspension / Tablet	
Junacia Suspension / Laber	
	DPHTHALMIC
	CONJUNCTIVITIS AGENTS
Preferred	Non-Preferred
romolyn sodium drops (generic for Crolom [®])	Alocril [®] Drops
lopatadine drops (generic for Pataday [®])	Alomide® Drops
'azeo® Drops	Alrex® Drops
	azelastine drops (generic for Optivar [®])
	bepotastine drops (gneric for Bepreve® Drops)
	Bepreve [®] Drops
	epinastine drops (generic for Elestat [®])
	Lastacaft [®] Drops
	olopatadine drops (generic for Patanol [®])
	Pataday [®] Drops
	Pataday [®] Drops Patanol [®] Drops
	Pataday [®] Drops
	Pataday [®] Drops Patanol [®] Drops Zerviat [™] Drops
	Pataday [®] Drops Patanol [®] Drops Zerviat [™] Drops ANTIBIOTICS
Preferred	Pataday [®] Drops Patanol [®] Drops Zerviate [™] Drops ANTIBIOTICS Non-Preferred
Preferred K-Poly-Bac® Ointment (branded generic for Polysporin®)	Pataday [®] Drops Patadol [®] Drops Zerviate [™] Drops ANTIBIOTICS Non-Preferred bacitracin ointment (generic for AK-Tracin [®])
Preferred K-Poly-Bac® Ointment (branded generic for Polysporin®) zzasite [®] Drops	Pataday [®] Drops Patanol [®] Drops Zerviate [®] Drops ANTIBIOTICS Non-Preferred bacitracin ointment (generic for AK-Tracin [®]) Besivance [®] Suspension
Preferred K-Poly-Bac® Ointment (branded generic for Polysporin®) zzasite [®] Drops acitracin-polymyxin ointment (generic for Polysporin [®])	Pataday [®] Drops Patanol [®] Drops Zerviate [®] Drops ANTIBIOTICS Non-Preferred bacitracin ointment (generic for AK-Tracin [®]) Besivance [®] Suspension Bleph-10 [®] Drops
Preferred K-Poly-Bac® Ointment (branded generic for Polysporin®) xzasite® Drops acitracin-polymyxin ointment (generic for Polysporin®) iprofloxacin solution drops (generic for Ciloxan®)	Pataday [®] Drops Patanol [®] Drops Zerviate [™] Drops ANTIBIOTICS Antificial constraints Bacitracin ointment (generic for AK-Tracin [®]) Besivance [®] Suspension Bleph-10 [®] Drops Ciloxan [®] Drops / Ointment
Preferred KK-Poly-Bac® Ointment (branded generic for Polysporin®) zasitre® Drops acitracin-polymyxin ointment (generic for Polysporin®) profloxacin solution drops (generic for Ciloxan®) rythromycin ointment (generic for Ilotycin®)	Pataday [®] Drops Patadol [®] Drops Zerviate [™] Drops ANTIBIOTICS Ascitracin ointment (generic for AK-Tracin [®]) Besivance [®] Suspension Bleph-10 [®] Drops Ciloxan [®] Drops / Ointment gatifloxacin drops (generic for Zymaxid [®])
Preferred KK-Poly-Bac® Ointment (branded generic for Polysporin®) zasitke [®] Drops acitracin-polymyxin ointment (generic for Polysporin [®]) iprofloxacin solution drops (generic for Ciloxan [®]) rythromycin ointment (generic for Glotycin [®]) ientak [®] Ointment (branded generic for Garamycin [®])	Pataday [®] Drops Pataday [®] Drops Zerviate [™] Drops ANTIBIOTICS ANTIBIOTICS Besivance [®] Suspension Bleph-10 [®] Drops Ciloxan [®] Drops / Ointment gatifloxatin drops (generic for Zymaxid [®]) levofloxacin drops (generic for Quixin [®])
Preferred KK-Poly-Bac® Ointment (branded generic for Polysporin®) zzasite [®] Drops acitracin-polymyxin ointment (generic for Polysporin [®]) iprofloxacin solution drops (generic for Ciloxan [®]) rythromycin ointment (generic for Ciloxan [®]) rythromycin ointment (generic for Garamycin [®]) entak [®] Ointment (branded generic for Garamycin [®]) entamicin drops (generic for Garamycin [®])	Pataday [®] Drops Patanol [®] Drops Zerviate [™] Drops ANTIBIOTICS bacitracin ointment (generic for AK-Tracin [®]) Besivance [®] Suspension Bleph-10 [®] Drops Ciloxan [®] Drops gatifloxacin drops (generic for Zymaxid [®]) levofloxacin drops (generic for Quixin [®]) Moxeza [®] Drops
Preferred KK-Poly-Bac® Ointment (branded generic for Polysporin®) zzasite® Drops acitracin-polymyxin ointment (generic for Polysporin®) iprofloxacin solution drops (generic for Polysporin®) iprofloxacin solution drops (generic for Ciloxan®) rythromycin ointment (generic for Ciloxan®) iprofloxacin solution drops (generic for Ilotycin®) ientak® Ointment (generic for Garamycin®) entanticin drops (generic for Garamycin®) noxifloxacin ophthalmic solution (generic for Moxeza® and Vigamox® Drops)	Pataol [®] Drops Pataol [®] Drops Zerviate [™] Drops ANTIBIOTICS bacitracin ointment (generic for AK-Tracin [®]) Besivance [®] Suspension Bleph-10 [®] Drops Ciloxan [®] Drops / Ointment gatifloxacin drops (generic for Zymaxid [®]) levelobacein drops (generic for Zymaxid [®]) Non-Preferred Moxeza [®] Drops Natacyn [®] Drops
Preferred KK-Poly-Bac® Ointment (branded generic for Polysporin®) xzasite® Drops actiracin-polymyxin ointment (generic for Polysporin®) profloxacins solution drops (generic for Ciloxan®) rythromycin ointment (generic for Ciloxan®) entamicin drops (generic for Garamycin®) entamicin drops (generic for Garamycin®) floxacin drops (generic for Ocuflox®) floxacin drops (generic for Ocuflox®)	Pataday [®] Drops Patanol [®] Drops Zerviate [™] Drops Zerviate [™] Drops ANTIBIOTICS Non-Preferred bacitracin ointment (generic for AK-Tracin [®]) Besivance [®] Suspension Bleph-10 [®] Drops Ciloxan [®] Drops / Ointment gatifloxacin drops (generic for Zymaxid [®]) levelhoxacin drops (generic for Quixin [®]) Moxeza [®] Drops Natacyn [®] Drops Natacyn [®] Drops Neo-Polycin [®] Ointment (branded generic for Neosporin [®] Ophthalmic Ointment)
Preferred KK-Poly-Bac® Ointment (branded generic for Polysporin®) zasite® Drops acitracin-polymyxin ointment (generic for Polysporin®) profloxacin solution drops (generic for Ciloxan®) rythromycin ointment (generic for Ciloxan®) rythromycin ointment (generic for Garamycin®) ientak® Ointment (branded generic for Garamycin®) entamkin drops (generic for Garamycin®) ioxifloxacin ophthalamic solution (generic for Moxeza® and Vigamox® Drops) floxacin drops (generic for Ocuflox®) olycin® Ointment (branded generic for Polysporin®)	Pataday® Drops Pataday® Drops Zerviate® Drops Zerviate® Drops ANTIBIOTICS ANTIBIOTICS Bacitracin ointment (generic for AK-Tracin®) Besivance® suspension Bleph-10® Drops Ciloxan® Drops / Ointment gatifloxacin drops (generic for Zymaxid®) levofloxacin drops (generic for Quixin®) Moxeza® Drops Natacyn® Drops Natacyn® Drops Natacyn® Drops Natacyn® Drops Natacyn® Drops Neo-Polycin® Ointment (generic for Neosporin® Ophthalmic Ointment) neomycin-bacitracin-polymyxin ointment (generic for Neosporin® Ophthalmic Ointment)
Preferred KK-Poly-Bac® Ointment (branded generic for Polysporin®) xzasite® Drops acitracin-polymyxin ointment (generic for Polysporin®) profloxacins solution drops (generic for Ciloxan®) rythromycin ointment (generic for Ciloxan®) ientak® Ointment (branded generic for Garamycin®) entamicin drops (generic for Garamycin®) entamicin drops (generic for Garamycin®) floxacin drops (generic for Ocuflox®)	Pataday [®] Drops Patanol [®] Drops Zerviate [™] Drops Zerviate [™] Drops ANTIBIOTICS Non-Preferred bacitracin ointment (generic for AK-Tracin [®]) Besivance [®] Suspension Bleph-10 [®] Drops Ciloxan [®] Drops / Ointment gatifloxacin drops (generic for Zymaxid [®]) levelhoxacin drops (generic for Quixin [®]) Moxeza [®] Drops Natacyn [®] Drops Natacyn [®] Drops Neo-Polycin [®] Ointment (branded generic for Neosporin [®] Ophthalmic Ointment)

North Carolina Division of Health Benefits North Carolina Medicaid and Health Choice Preferred Drug List (PDL) Effective DATE: 04/01/2022 Trial and failure of two Preferred drugs are required unless only one Preferred option is listed or is otherwise indicated. Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred. In addition to trial and failure criteria, clinical criteria (indicated in RED) may also apply. New to market products typically default to Non-Preferred status until reviewed by the PDL Panel. These drugs are listed as TO BE REVIEWED. Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at: https://www.nctracks.nc.gov/content/public/providers/pharmacy.html More information on the PDL can be found at: https://medicaid.ncdhhs.gov/providers/programs-services/prescription-drugs/outpatient-pharmacy-services sulfacetamide ointment (generic for Cetamide®) Tobrex[®] Ointment/ Drops Vigamox[®] Drops Zymaxid[®] Drops ANTIBIOTICS-STEROID COMBINATIONS Non-Preferred Preferred comycin-polymyxin-dexamethasone drops / ointment (generic for Maxitrol®) Blephamide® Drops / S.O.P. Ointment obradex[®] 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 ANTI-INFLAMMATORY Non-Preferred 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 flurbiprofen drops (generic for Ocufen®) Dexycu[™] Vial llevro[®] Drops difluprednate drops (generic for Durezol®) ketorolac solution (generic for Acular® / LS) FML[®] Forte Drops / S.O.P. Ointment otemax[®] Drops FML® Liquifilm® Drops Pred Mild[®] Drops lluvien[®] Implant Inveltys[™] Drops prednisolone acetate drops (generic for Pred Forte®) Lotemax® Gel / SM Gel / Ointment loteprednol drops / gel (generic for Lotemax®) Maxidex® Drops Nevanac[®] Droptainer Omnipred® Drops Ozurdex[®] Implant Pred Forte® Drops prednisolone sodium phosphate drops (generic for Inflamase Forte®) Prolensa® Drops Retisert[®] Implant Triesence[®] Vial Yutiq[™] Implant ANTI-INFLAMMATORY/IMMUNOMODULATOR Preferred Non-Preferred Eysuvis[™] Drops Cequa[™] Drops Restasis[®] Drops / Restasis[®] Multidose[™] Drops Xiidra[®] Drops ALPHA 2 ADRENERGIC AGENTS Preferred Non-Preferred Alphagan[®] P Drops apraclonidine drops (generic for Iopidine®) rimonidine drops (generic for Alphagan®) brimonidine P drops (generic for Alphagan® P) Iopidine® Drops BETA BLOCKER AGENTS / COMBINATIONS Preferred Non-Preferred ombigan[®] Drops betaxolol drops (generic for Betoptic®) imolol drops / GFS gel-solution (generic for Timoptic $\mathbb{R}^{\mathbb{B}}$ / Timoptic $\mathrm{XE}^{\mathbb{B}})$ Betoptic[®] S Drops carteolol drops (generic for Ocupress®) lstalol[®] Drops levobunolol drops (generic for Betagan®) imolol drop (generic for Istalol® Drops) timolol maleate drop (generic for Timoptic® Ocudose® Drops) Timoptic® Drops / Ocudose® Drops / XE® Solution CARBONIC ANHYDRASE INHIBITORS / COMBINATIONS Non-Preferred Preferred dorzolamide drops (generic for Trusopt[®]) Azopt[®] Drops lorzolamide-timolol drops (generic for Cosopt®) brinzolamide drops (generic for Azopt® Drops) Simbrinza[®] Drops Cosopt[®] Drops / PF Drops dorzolamide-timolol PF drops (generic for Cosopt® PF) Trusopt® Drops PROSTAGLANDIN AGONISTS Preferred Non-Preferred atanoprost drops (generic for Xalatan®) bimatoprost drops (generic for Lumigan® Drops) Lumigan[®] Drops Travatan[®] Z Drops travoprost drops (generic for Travatan® Z) Vyzulta® Drops

	Evista [®] Tablet
	Forteo [®] Pen Injection
	Fosamax [®] Tablet / Plus D Tablet ibandronate tablet (generic for Boniva [®])
	Prolia [®] Syringe
	risedronate tablet (generic for Actonel [®]) teriparatide injection (generic for Forteo [®] Injection)
	Tymlos [®] Injection
	OTIC
AN	TIBIOTICS
Preferred	Non-Preferred
Ciprodex [®] Suspension neomycin-polymyxin-hydrocortisone solution / suspension (generic for Cortisporin [®])	Cipro® HC Suspension ciprofloxacin solution (generic for Cetraxal®)
ofloxacin drops (generic for Floxin [®])	ciprofloxacin-dexamethasone suspension (generic for Ciprodex [®])
	ciprofloxacin-fluocinolone drops (generic for Otovel [®]) Cortisporin-TC [®] Suspension
	Otiprio [®] Suspension
	Otovel [®] Drops
ANTI-INFECTIV	ES AND ANESTHETICS
Preferred acetic acid solution (generic for Vosol [®])	Non-Preferred acetic acid-hydrocortisone solution (generic for Vosol [®] HC)
acere acta solution (generic tor vosor)	aceie acie-nyurocontisone solution (generic tor vosor PC)
ANTI-IN Preferred	FLAMMATORY Non-Preferred
Dermotic [®] Oil	Flac [®] Otic Oil
	fluocinolone 0.01% oil (generic for Dermotic [®])
RES	PIRATORY
	HANDHELD, LONG ACTING
BETA-ADRENERGIC Preferred Serevent [®] Diskus [®]	Non-Preferred Arcapta [®] Neohaler [®]
Preferred	
Preferred Serevent [®] Diskus [®]	Arcapta® Neohaler®
Preferred Screvent [®] Diskus [®] BETA-ADRENERGIC Preferred	Arcapta [®] Neohaler [®] Striverdi [®] Respimat [®] Inhalation Spray HANDHELD, SHORT ACTING Non-Preferred
Preferred Serevent [®] Diskus [®] BETA-ADRENERGIC	Arcapta [®] Neohaler [®] Striverdi [®] Respimat [®] Inhalation Spray HANDHELD, SHORT ACTING
Preferred Screvent [®] Diskus [®] BETA-ADRENERGIC Preferred	Arcapta [®] Neohaler [®] Striverdi [®] Respinat [®] Inhalation Spray HANDHELD, SHORT ACTING Non-Preferred albuterol HFA inhaler (generic for Proair [®] HFA Inhaler / Proventil [®] HFA Inhaler / Ventolin [®] HFA Inhaler) levalbuterol HFA inhaler (generic for Xopenex [®] HFA Inhaler) Proair® Digihaler [™]
Preferred Screvent [®] Diskus [®] BETA-ADRENERGIC Preferred	Arcapta [®] Neohaler [®] Striverdi [®] Respinat [®] Inhalation Spray HANDHELD, SHORT ACTING Non-Preferred albuterol HFA inhaler (generic for Proair [®] HFA Inhaler / Proventil [®] HFA Inhaler / Ventolin [®] HFA Inhaler) levalbuterol HFA inhaler (generic for Xopenex [®] HFA Inhaler)
Preferred Screvent [®] Diskus [®] BETA-ADRENERGIC Preferred	Arcapta [®] Neohaler [®] Striverdi [®] Respinat [®] Inhalation Spray HANDHELD, SHORT ACTING Non-Preferred albuterol HFA inhaler (generic for Proair [®] HFA Inhaler / Proventil [®] HFA Inhaler / Ventolin [®] HFA Inhaler) Ievalbuterol HFA inhaler (generic for Xopenex [®] HFA Inhaler) Proair [®] RespiClick [®] Proair [®] RespiClick [®] Ventolin [®] HFA Inhaler Ventolin [®] HFA Inhaler
Preferred Serevent [®] Diskus [®] BETA-ADRENERGIC Preferred	Arcapta [®] Neohaler [®] Striverdi [®] Respinat [®] Inhalation Spray HANDHELD, SHORT ACTING Analytic Striver and the set of t
Preferred Serevent® Diskus® BETA-ADRENERGIC Prosit® HFA Inhaler BETA-ADRENERGIC	Arcapta [®] Neohaler [®] Striverdi [®] Respinat [®] Inhalation Spray HANDHELD, SHORT ACTING Non-Preferred albuterol HFA inhaler (generic for Proair [®] HFA Inhaler / Proventil [®] HFA Inhaler / Ventolin [®] HFA Inhaler) levalbuterol HFA inhaler (generic for Xopenex [®] HFA Inhaler) Proair [®] Digihaler [™] Proair [®] RespicIick [®] Proventil [®] HFA Inhaler Ventolin [®] HFA Inhaler Ventolin [®] HFA Inhaler ERGIC, NEBULIZERS
Preferred Serevent [®] Diskus [®] BETA-ADRENERGIC Proair [®] HFA Inhaler BETA-ADREN BETA-ADREN Trial and failure of or	Arcapta [®] Neohaler [®] Striverdi [®] Respinat [®] Inhalation Spray HANDHELD, SHORT ACTING Non-Preferred albuterol HFA inhaler (generic for Proair [®] HFA Inhaler / Proventil [®] HFA Inhaler / Ventolin [®] HFA Inhaler) Ievalbuterol HFA inhaler (generic for Xopenex [®] HFA Inhaler) Proair® Digihaler [™] Proair® Resp(Click [®] Proventil [®] HFA Inhaler Ventolin [®] HFA Inhaler Xopenex [®] HFA Inhaler ERGIC, NEBULIZERS Iy one preferred drug required
Preferred Serevent [®] Diskus [®] BETA-ADRENERGIC Preair [®] HFA Inhaler BETA-ADRENERGIC BETA-ADREN Trial and failure of or Preferred albuterol 0.63mg / 3ml solution (generic for Accuneb [®])	Arcapta® Neohaler® Striverds® Respinat® Inhalation Spray HANDHELD, SHORT ACTING Non-Preferred albuterol HFA inhaler (generic for Proair® HFA Inhaler / Proventil® HFA Inhaler / Ventolin® HFA Inhaler) levalbuterol HFA inhaler (generic for Xopenex® HFA Inhaler) Proair® Digihaler® Proair® RespiClick® Proventil® HFA Inhaler Ventolin® HFA Inhaler ERGIC, NEBULIZERS ly one preferred drug required Non-Preferred arformoterol solution (generic for Brovana® Solution)
Preferred Serevent® Diskus® BETA-ADRENERGIC Preferred Proair® HFA Inhaler BETA-ADREN BETA-ADREN Trial and failure of or Preferred albuterol 0.63mg / 3ml solution (generic for Accumeb®) albuterol 1.25mg / 3ml solution (generic for Accumeb®)	Arcapta [®] Neohaler [®] Striverdi [®] Respinat [®] Inhalation Spray HANDHELD, SHORT ACTING INOn-Preferred albuterol HFA inhaler (generic for Proair [®] HFA Inhaler / Proventil [®] HFA Inhaler / Ventolin [®] HFA Inhaler) levalbuterol HFA inhaler (generic for Xopenex [®] HFA Inhaler) Proair® Digihaler [®] Proair® Digihaler [®] Proair® Copic Stripper Str
Preferred Serevent [®] Diskus [®] BETA-ADRENERGIC Proair [®] HFA Inhaler BETA-ADRENERGIC BETA-ADRENERGIC BETA-ADREN Trial and failure of or Preferred abuterol 0.63mg / 3ml solution (generic for Accumeb [®]) albuterol 1.25mg / 3ml solution (generic for Accumeb [®]) albuterol sulfate 2.5mg / 0.5ml solution albuterol sulfate 2.5mg / 3ml solution	Arcapta [®] Neohaler [®] Striverdi [®] Respinat [®] Inhalation Spray HANDHELD, SHORT ACTING Non-Preferred albuterol HFA inhaler (generic for Proair [®] HFA Inhaler / Proventil [®] HFA Inhaler / Ventolin [®] HFA Inhaler) Ievalbuterol HFA inhaler (generic for Xopenex [®] HFA Inhaler) Proair® Respicitek [®] Proventil [®] HFA Inhaler Ventolin [®] HFA Inhaler Ventolin [®] HFA Inhaler Ventolin [®] HFA Inhaler ERGIC, NEBULIZERS Iy one preferred drug required Non-Preferred arformoterol solution (generic for Provana [®] Solution) Brovana [®] Solution Frovana [®] Solution Ievalbuterol solution (generic for Performist [®] Solution) Ievalbuterol solution / concentrate solution (generic for Xopenex [®] / Concentrate)
Preferred Serevent® Diskus® BETA-ADRENERGIC Prosit® HFA Inhaler BETA-ADREN BETA-ADREN BETA-ADREN Trial and failure of or Preferred albuterol 0.63mg / 3ml solution (generic for Accumeb®) albuterol 1.25mg / 3ml solution (generic for Accumeb®) albuterol sulfate 2.5mg / 0.5ml solution	Arcapta [®] Neohaler [®] Striverds [®] Respinat [®] Inhalation Spray HANDHELD, SHORT ACTING Non-Preferred albuterol HFA inhaler (generic for Proair [®] HFA Inhaler / Proventil [®] HFA Inhaler / Ventolin [®] HFA Inhaler) Ievalbuterol HFA inhaler (generic for Xopenex [®] HFA Inhaler) Proair [®] RespiClick [®] Proventil [®] HFA Inhaler Ventolin [®] HFA Inhaler Ventolin [®] HFA Inhaler ERGIC, NEBULIZERS ty one preferred drug required Non-Preferred arformoterol solution (generic for Provans [®] Solution) Brovans [®] Solution formoterol solution (generic for Perforemist [®] Solution) Performist [®] Solution / concentrate solution (generic for Xopenex [®] / Concentrate) Performist [®] Solution
Preferred Serevent® Diskus® BETA-ADRENERGIC Prosit® HFA Inhaler BETA-ADREN BETA-ADREN BETA-ADREN BETA-ADREN Trial and failure of or Preferred albuterol 0.63mg / 3ml solution (generic for Accumeb®) albuterol 1.125mg / 3ml solution albuterol sulfate 2.5mg / 0.5ml solution albuterol sulfate 2.5mg / 3ml solution albuterol sulfate 5mg / ml solution	Arcapta [®] Neohaler [®] Striverdi [®] Respinat [®] Inhalation Spray HANDHELD, SHORT ACTING Non-Preferred albuterol HFA inhaler (generic for Proair [®] HFA Inhaler / Proventil [®] HFA Inhaler / Ventolin [®] HFA Inhaler) Ievalbuterol HFA inhaler (generic for Xopenex [®] HFA Inhaler) Proair® Digihaler [™] Proair® Resp(Cikk [®] Proventil [®] HFA Inhaler Ventolin [®] HFA Inhaler Non-Preferred Topology Response Ventorial Ventoria
Preferred Serevent® Diskus® Serevent® Diskus® BETA-ADRENERGIC Prosit® HFA Inhaler BETA-ADREN BETA-ADREN BETA-ADREN Trial and failure of or Preferred albuterol 0.63mg / 3ml solution (generic for Accumeb®) albuterol 1.25mg / 3ml solution BETA-ADREN	Arcapta [®] Neohaler [®] Striverdå [®] Respinat [®] Inhalation Spray HANDHELD, SHORT ACTING Non-Preferred albuterol HFA inhaler (generic for Proair [®] HFA Inhaler / Proventil [®] HFA Inhaler / Ventolin [®] HFA Inhaler) levalbuterol HFA inhaler (generic for Xopenex [®] HFA Inhaler) Proair® Resp(Cikk [®] Proventil [®] HFA Inhaler Ventolin [®] HFA Inhaler Ventolin [®] HFA Inhaler ERGIC, NEBULIZERS ly one preferred drug required Non-Preferred arformoterol solution (generic for Provan [®] Solution) Brovana [®] Solution formoterol solution (concentrate solution (generic for Xopenex [®] / Concentrate) Performist [®] Solution RENERGIC, ORAL
Preferred Serevent® Diskus® BETA-ADRENERGIC Prosit® HFA Inhaler BETA-ADREN BETA-ADREN BETA-ADREN BETA-ADREN Trial and failure of or Preferred albuterol 0.63mg / 3ml solution (generic for Accumeb®) albuterol 1.125mg / 3ml solution albuterol sulfate 2.5mg / 0.5ml solution albuterol sulfate 2.5mg / 3ml solution albuterol sulfate 5mg / ml solution	Arcapta [®] Neohaler [®] Striverdi [®] Respinat [®] Inhalation Spray HANDHELD, SHORT ACTING Non-Preferred albuterol HFA inhaler (generic for Proair [®] HFA Inhaler / Proventil [®] HFA Inhaler / Ventolin [®] HFA Inhaler) Ievalbuterol HFA inhaler (generic for Xopenex [®] HFA Inhaler) Proair® Digihaler [™] Proair® Resp(Click [®] Proventil [®] HFA Inhaler Ventolin [®] HFA Inhaler Proventil [®] HFA Inhaler Ventolin [®] HFA Inhaler Ventolin [®] HFA Inhaler Proventil [®] Solution Proventil [®] Solution (generic for Performist [®] Solution) Proventil [®] HFA Inhaler Proventil [®] Solution
Preferred Serevent [®] Diskus [®] BETA-ADRENERGIC Proair [®] HFA Inhaler BETA-ADRENERGIC BETA-ADRENERGIC BETA-ADREN Trial and failure of or Preferred albuterol 0.63mg / 3ml solution (generic for Accumeb [®]) albuterol 1.25mg / 3ml solution albuterol sulfate 2.5mg / 0.5ml solution albuterol sulfate 5.5mg / ml solution BETA-ADREN BETA-ADREN BETA-ADREN BETA-ADREN BETA-ADREN BETA-ADREN BETA-ADREN	Arcapta [®] Neohaler [®] Striverds [®] Respinat [®] Inhalation Spray HANDHELD, SHORT ACTING Non-Preferred albuterol HFA inhaler (generic for Proair [®] HFA Inhaler / Proventil [®] HFA Inhaler / Ventolin [®] HFA Inhaler) Proair® Digihaler [™] Proair® Compense [®] HFA Inhaler Proventil [®] HFA Inhaler Ventolin [®] HFA Inhaler Ventolin [®] HFA Inhaler Ventolin [®] HFA Inhaler ERGIC, NEBULIZERS ly one preferred drug required Non-Preferred arformoterol solution (generic for Provans [®] Solution) levalbuterol solution / concentrate solution Performs [®] Solution Xopenex [®] Solution ENERGIC, ORAL Non-Preferred

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Effective DATE: 04/01/2022

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

	w/providers/programs-services/prescription-drugs/outpatient-pharmacy-services
	ICHOLINERGICS / COPD AGENTS
Preferred	Non-Preferred
Anoro [®] Ellipta [®] Inhaler	Daliresp [®] Tablet
Atrovent [®] HFA Inhaler	Duaklir [®] Pressair [®]
Bevespi [®] Aerosphere [®]	Incruse [®] Ellipta [®] Inhaler Lonhala [®] Magnair [®]
Combivent [®] Respimat [®] Inhalation Spray pratropium nebulizer solution (generic for Atrovent [®] Nebulizer Solution)	Seebri [®] Neohaler [®]
pratropium neounzer solution (generic for Aurovent Neounzer Solution)	Secon reconater Tudorza [®] Pressair [®] Inhaler
spiriva [®] Handihaler [®]	Utibron® Neohaler®
Spiriva [®] Respinat [®] Inhalation Spray	Yupelri TM Solution
Stiolto [®] Respinat [®] Inhalation Spray	
Store Respinat financion Spray	
INHALED	CORTICOSTEROIDS
Preferred	Non-Preferred
Flovent [®] Diskus	Alvesco [®] Inhaler
Flovent [®] HFA Inhaler	ArmonAir [™] Digihaler
Pulmicort [®] Resputes 0.25mg, 0.5mg, 1mg	Arnuity [®] Ellipta [®] Inhaler
	Asmanex [®] HFA Inhaler
	Asmanex [®] Twisthaler [®]
	budesonide suspension (generic for Pulmicort [®] Respules)
	Pulmicort® Flexhaler
	QVAR [®] RediHaler [™]
INHALED CORTIC	OSTEROID COMBINATIONS
Preferred	Non-Preferred
Advair® Diskus®	AirDuo [®] Digihaler [™] / RespiClick [®]
Advair [®] HFA Inhaler	Breo® Ellipta®
Dulera [®] Inhaler	Breztri TM Aerosphere TM
Symbicort [®] Inhaler	budesonide/formoterol inhalation (generic for Symbicort®)
	fluticasone/salmeterol inhalation (generic for Advair® Diskus®)
	fluticasone/salmeterol inhalation (generic for AirDuo [®])
	Trelegy Ellipta
	Wixela TM Inhub TM
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	AL DIINITIO ACENTO
	AL RHINITIS AGENTS
Preferred	Non-Preferred
Astepro® Nasal Spray	Exemption for steroids applies to children < 4 years of age azelastine nasal spray (generic for Astepro [®])
azelastine spray (generic for Astelin [®]) fluticasone spray (generic for Flonase [®])	azelastine-fluticasone nasal spray (generic for Dymista [®])
ipratropium spray (generic for Fronase)	Beconase [®] AQ Nasal Spray
olopatadine nasal spray(generic for Patanase [®])	Dymista [®] Nasal Spray
oopaadine nasai shaygenci e oo i adanase j	flunisolide nasal spray (generic for Nasalide [®])
	mometasone nasal spray (generic for Nasonex [®])
	Nasonex [®] Nasal Spray
	Omnaris [®] Nasal Spray
	Patanase [®] Nasal Spray
	QNasl [®] Nasal Spray / Children's Spray
	Sinuva [™] Implant
	Xhance [™] Nasal Spray
	Zetonna [®] Nasal Spray
1 FULLOW	
	RIENE MODIFIERS
Preferred	Non-Preferred
nontelukast chewable / tablet (generic for Singulair®)	Accolate® Tablet
	montelukast granules (generic for Singulair [®])
	Singular [®] Chewable / Granules / Tablet
	zafirlukast tablet (generic for Accolate [®])
	zileuton tablet (generic for Zyflo [®]) Zyflo [®] Fülmtab
LOW SEDAT.	ING ANTIHISTAMINES
Preferred	Non-Preferred
retirizine tablets OTC (generic for Zyrtec [®] OTC Tablets)	cetirizine chewable tablet OTC (generic for Zyrtec [®] OTC Tablets)
	cetirizine OTC syrup 5mg/5ml (generic for Zyrtec® OTC Syrup)
etirizine OTC syrup 1mg/1ml (generic for Zyrtec [®] OTC Syrup)	(generic for Syrup Sing Sini (generic for Zyrice Of C Syrup)
	Clarinex® Tablet - Exemption for children <2 years of age
etirizine Rx syrup (generic for Zyrtec [®] Syrup)	
etirizine Rx sytup (generic for Zyrtee [®] Syrup) evocetirizine Rx tablet (generic for Xyzal [®] Rx Tablet)	Clarinex [®] Tablet - Exemption for children < 2 years of age
etirizine Rx sytup (generic for Zyrtee [®] Syrup) evocetirizine Rx tablet (generic for Xyzal [®] Rx Tablet)	Clarinex [®] Tablet - Exemption for children < 2 years of age desloratadine ODT / Tablet (generic for Clarinex [®])
etirizine Rx sytup (generic for Zyrtee [®] Syrup) evocetirizine Rx tablet (generic for Xyzal [®] Rx Tablet)	Clarinex [®] Tablet - Exemption for children < 2 years of age desloratadine ODT / Tablet (generic for Clarinex [®]) fexofenadine OTC suspension / OTC tablet (generic for Allegra [®] OTC)
	Clarinex [®] Tablet - Exemption for children < 2 years of age desloratadine ODT / Tablet (generic for Clarinex [®]) fexofenadine OTC suspension / OTC tablet (generic for Allegra [®] OTC) levocetirizine Rx solution (generic for Xyzal [®] Rx Solution)
etirizine Rx sytup (generic for Zyrtee [®] Syrup) evocetirizine Rx tablet (generic for Xyzal [®] Rx Tablet) oratadine tablet OTC (generic for Claritin [®] OTC)	Clarinex [®] Tablet - Exemption for children <2 years of age desloratadine ODT / Tablet (generic for Clarinex [®]) fexofenadine OTC suspension / OTC tablet (generic for Allegra [®] OTC) levocetrizine Rx solution (generic for Xyzal [®] Rx Solution) loratadine OTC chewable ODT / solution / soft gel (generic for Claritin [®] OTC) Quzytir [™] Vial
etirizine Rx sytup (generic for Zyrtee [®] Syrup) evocetirizine Rx tablet (generic for Xyzat [®] Rx Tablet) oratadine tablet OTC (generic for Claritin [®] OTC)	Clarinex [®] Tablet - Exemption for children < 2 years of age desloratadine ODT / Tablet (generic for Clarinex [®]) 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)
etirizine Rx sytup (generic for Zyrtee [®] Syrup) evocetirizine Rx tablet (generic for Xyzal [®] Rx Tablet) oratadine tablet OTC (generic for Claritin [®] OTC) LOW SEDATING ANT	Clarinex [®] Tablet - Exemption for children <2 years of age desloratadine ODT / Tablet (generic for Clarinex [®]) fexofenadine OTC suspension / OTC tablet (generic for Allegra [®] OTC) levocetrizine Rx solution (generic for Xyzal [®] Rx Solution) loratadine OTC chewable ODT / solution / soft gel (generic for Claritin [®] OTC) Quzytir [™] Vial
cetirizine Rx syrup (generic for Zyrtee [®] Syrup) evocetirizine Rx tablet (generic for Xyzal [®] Rx Tablet) oratadine tablet OTC (generic for Claritin [®] OTC) LOW SEDATING ANT	Clarinex [®] Tablet - Exemption for children <2 years of age desloratadine ODT / Tablet (generic for Clarinex [®]) fexofenadine OTC suspension / OTC tablet (generic for Allegra [®] OTC) levocetrizine Rx solution (generic for Xyzal [®] Rx Solution) loratadine OTC chewable ODT / solution / soft gel (generic for Claritin [®] OTC) Quzyttir [™] Vial THISTAMINE COMBINATIONS
etirizine Rx synup (generic for Zyrtec [®] Synup) evocetirizine Rx tablet (generic for Xyzal [®] Rx Tablet) oratadine tablet OTC (generic for Claritin [®] OTC) LOW SEDATING ANT Quantity limit of 102 days supply Preferred	Clarinex [®] Tablet - Exemption for children <2 years of age desloratadine ODT / Tablet (generic for Clarinex [®]) 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) Quzyttir [™] Vial THISTAMINE COMBINATIONS per 12 months apply to all drugs in this class Non-Preferred cetirizine-D OTC tablet (generic for Zyrtee-D [®] OTC)
loratadine tablet OTC (generic for Claritin [®] OTC) LOW SEDATING ANT Quantity limit of 102 days supply	Clarinex [®] Tablet - Exemption for children <2 years of age desloratadine ODT / Tablet (generic for Clarinex [®]) 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) Quzyttir [™] Vial THISTAMINE COMBINATIONS per 12 months apply to all drugs in this class Non-Preferred cetirizine-D OTC tablet (generic for Zyrtee-D [®] OTC) Clarinex-D [®] Tablet
cetirizine Rx syrup (generic for Zyrtee [®] Syrup) levocetirizine Rx tablet (generic for Xyzal [®] Rx Tablet) loratadine tablet OTC (generic for Claritin [®] OTC) LOW SEDATING ANT Quantity limit of 102 days supply Preferred	Clarinex [®] Tablet - Exemption for children <2 years of age desloratadine ODT / Tablet (generic for Clarinex [®]) 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) Quzyttir [™] Vial THISTAMINE COMBINATIONS per 12 months apply to all drugs in this class Non-Preferred cetirizine-D OTC tablet (generic for Zyrtee-D [®] OTC)
eetirizine Rx syrup (generic for Zyrtee [®] Syrup) levocetirizine Rx tablet (generic for Xyzal [®] Rx Tablet) loratadine tablet OTC (generic for Claritin [®] OTC) LOW SEDATING ANT Quantity limit of 102 days supply Preferred	Clarinex [®] Tablet - Exemption for children <2 years of age desloratadine ODT / Tablet (generic for Clarinex [®]) 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) Quzyttir [™] Vial THISTAMINE COMBINATIONS per 12 months apply to all drugs in this class Non-Preferred cetirizine-D OTC tablet (generic for Zyrtee-D [®] OTC) Clarinex-D [®] Tablet
etirizine Rx synup (generic for Zyrtee [®] Synup) evocetirizine Rx tablet (generic for Xyzal [®] Rx Tablet) oratadine tablet OTC (generic for Claritin [®] OTC) LOW SEDATING ANT Quantity limit of 102 days supply Preferred oratadine-D OTC tablet (generic for Claritin-D [®] OTC)	Clarinex [®] Tablet - Exemption for children <2 years of age desloratadine ODT / Tablet (generic for Clarinex [®]) fexofenadine OTC suspension / OTC tablet (generic for Allegra [®] OTC) levocetrizine Rx solution (generic for Xyzal [®] Rx Solution) loratadine OTC chewable ODT / solution / soft gel (generic for Claritia [®] OTC) Quzyttir [™] Vial THISTAMINE COMBINATIONS per 12 months apply to all drugs in this class Non-Preferred cetirizine-D OTC tablet (generic for Zytee-D [®] OTC) Clarinex-D [®] Tablet fexofenadime-D 12 Hour OTC Tablet (generic for Allegra-D [®] 12 Hour OTC)

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

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

ACNE AGENTS	
Preferred	Non-Preferred
clindamycin-benzoyl peroxide gel (generic for Duac [®])	Acanya [®] Gel Pump
clindamycin phosphate pledgets / solution (generic for Cleocin-T [®])	Aczone [®] Gel
Differin® Cream / Gel Pump / Lotion	adapalene cream / gel / gel pump / solution (generic for Differin®)
Epiduo [®] Gel	adapalene / benzoyl peroxide (generic for Epiduo® Gel)
Epiduo [®] Forte	Aklief [®] Cream
erythromycin solution (generic for Emcin®, EryDerm [®] , EryMax [®] , A/T/S [®] , T-Stat [®])	Aktipak [™] Pouch
erythromycin-benzoyl peroxide gel (generic for Benzamycin®)	Amzeeq [™] Foam
Retin-A [®] Cream / Gel	Arazlo [™] Lotion
Retin-A [®] Micro Gel / Micro Pump Gel	Atralin [®] Gel
	Avar® Cleanser / Cleansing Pads / Foam
	Avar® LS Cleanser / LS Cleansing Pads / LS Foam
	Avar-E [®] Emollient Cream / Green Emollient Cream / LS Cream
	Avita [®] Cream / Gel
	azelaic acid gel (generic for Finacea®)
	Benzaclin [®] Gel / Pump
	Benzamycin [®] Gel
	BP® 10-1 Wash / Cleansing Wash
	Cleocin® T Gel / Lotion / Pledgets
	Clindacin® ETZ Pledget / Kit / P Pledgets / PAC Kit
	Clindagel® Gel
	clindamycin phosphate gel / lotion (generic for Cleocin-T [®] , Clindagel [®])
	clindamycin phosphate foam (generic for Evoclin®)
	clindamycin-benzoyl peroxide gel / pump (generic for Benzaclin [®])
	clindamycin-benzoyl peroxide gel (generic for Neuac®)
	clindamycin-benzoyl peroxide with pump (generic for Acanya [®])
	clindamycin / tretinoin (generic for Veltin [®])
	dapsone gel (generic for Aczone [®] Gel)
	Ery® Pads Erygel® Gel
	erythromycin gel / pledgets (generic for Emcin®, Erycette®, EryDerm®, EryGel®, EryMax®) Evoclin® Foam
	Fabior® Foam
	Finacea® Foam / Gel
	Klaron [®] Lotion
	Neuee [®] Gel / Kit
	Onexton [®] Gel / Gel Pump
	Ovace® Plus Cleansing Cream / Foam / Gel / Lotion / Shampoo / Wash
	Promiseb [®] Complete / Topical Cream
	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 $^{\circledast}$)
	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 [®])
	tazarotene cream (generic for Tazorae [®]) tazarotene foam (generic for Fabior [®])
	tazarotene cream (generic for Tazorae®) tazarotene foam (generic for Fabior®) Tazorae® Cream / Gel
	tazarotene eream (generic for Tazorae [®]) tazarotene foam (generic for Fabior [®]) Tazorae [®] Cream / Gel tretinoin microsphere gel / microsphere gel pump (generic for Retin-A [®] Micro)
	tazarotene cream (generic for Tazorae [®]) tazarotene foam (generic for Fabior [®]) Tazorae [®] Cream / Gel tretinoin microsphere gel / microsphere gel pump (generic for Retin-A [®] Micro) tretinoin cream / gel (generic for Retin-A [®])
	tazarotene cream (generic for Tazorac [®]) tazarotene foam (generic for Fabior [®]) Tazorac [®] Cream / Gel tretinoin microsphere gel / microsphere gel pump (generic for Retin-A [®] Micro) tretinoin cream / gel (generic for Retin-A [®]) Tretin-X [™] Combo Pack / Cream
	tazarotene cream (generic for Tazorae [®]) tazarotene foam (generic for Fabior [®]) Tazorae [®] Cream / Gel tretinoin microsphere gel / microsphere gel pump (generic for Retin-A [®] Micro) tretinoin cream / gel (generic for Retin-A [®])
	tazarotene cream (generic for Tazorac [®]) tazarotene foam (generic for Fabior [®]) Tazorac [®] Cream / Gel tretinoin microsphere gel / microsphere gel pump (generic for Retin-A [®] Micro) tretinoin cream / gel (generic for Retin-A [®]) Tretin-X [™] Combo Pack / Cream Ziam [®] Gel
	tazarotene cream (generic for Tazorac [®]) tazarotene foam (generic for Fabior [®]) Tazorac [®] Cream / Gel tretinoin microsphere gel / microsphere gel pump (generic for Retin-A [®] Micro) tretinoin cream / gel (generic for Retin-A [®]) Tretin-X [®] Combo Pack / Cream Ziama [®] Gel GENIC AGENTS
Preferred	tazarotene cream (generic for Tazorac [®]) tazarotene foam (generic for Fabior [®]) Tazorac [®] Cream / Gel tretinoin microsphere gel / microsphere gel pump (generic for Retin-A [®] Micro) tretinoin cream / gel (generic for Retin-A [®]) Tretin-X [™] Combo Pack / Cream Ziana [®] Gel GENIC AGENTS Non-Preferred
	tazarotene cream (generic for Tazorac [®]) tazarotene foam (generic for Fabior [®]) Tazorac [®] Cream / Gel tretinoin microsphere gel / microsphere gel pump (generic for Retin-A [®] Micro) tretinoin cream / gel (generic for Retin-A [®]) Tretin-X [™] Combo Pack / Cream Ziama [®] Gel GENIC AGENTS Non-Preferred Androderm [®] Patch
Preferred	tazarotene eream (generic for Tazorac [®]) tazarotene foam (generic for Fabior [®]) Tazorac [®] Cream / Gel tretinoin microsphere gel / microsphere gel pump (generic for Retin-A [®] Micro) tretinoin cream / gel (generic for Retin-A [®]) Tretin-X [™] Combo Pack / Cream Ziam [®] Gel GENIC AGENTS Non-Preferred Androderm [®] Patch Androgel [®] Packet
Preferred	tazarotene eream (generic for Tazorac [®]) tazarotene foam (generic for Fabior [®]) Tazorac [®] Cream / Gel tretinoin microsphere gel / microsphere gel pump (generic for Retin-A [®] Micro) tretinoin cream / gel (generic for Retin-A [®]) Tretin-X [®] Chombo Pack / Cream Ziana [®] Gel GENICAGENTS Non-Preferred Androgert [®] Patch Androget [®] Packet Axiron [®] Topical Gel / Solution
Preferred	tazarotene cream (generic for Tazorac [®]) tazarotene foam (generic for Fabior [®]) Tazorac [®] Cream / Gel tretinoin nicrosphere gel / microsphere gel pump (generic for Retin-A [®] Micro) tretinoin cream / gel (generic for Retin-A [®] Micro) tretinoin cream / gel (generic for Retin-A [®] Micro) Tretin-X [™] Combo Pack / Cream Ziana [®] Gel GENIC AGENTS Androgen [®] Patch Androgel [®] Packet Axiron [®] Topical Gel / Solution Fortesta [®] Gel Pump
Preferred	tazarotene cream (generic for Tazorac [®]) tazarotene foam (generic for Fabior [®]) Tazorac [®] Cream / Gel tretinoin ream / gel (microsphere gel pump (generic for Retin-A [®] Micro)) tretinoin cream / gel (generic for Retin-A [®]) Tretin-X [™] Combo Pack / Cream Ziam [®] Gel GENIC AGENTS GENIC AGENTS Androgen [®] Patch Androgen [®] Patch Androgel [®] Packet Axiron [®] Topical Gel / Solution Fortesta [®] Gel Pump Natesto [®] Nasal Gel
Preferred	tazarotene cream (generic for Tazorac [®]) tazarotene foam (generic for Fabior [®]) Tazorac [®] Cream / Gel tretinoin microsphere gel / microsphere gel pump (generic for Retin-A [®] Micro) tretinoin cream / gel (generic for Retin-A [®]) Tretin-X [™] Combo Pack / Cream Ziana [®] Gel GENIC AGENTS Non-Preferred Androgen [®] Patch Androgen [®] Patch Androgel [®] Packet Axiron [®] Topical Gel / Solution Fortesta [®] Gel Tresta [®] Gel
Preferred	tazarotene eream (generic for Tazorac [®]) tazarotene foam (generic for Tazorac [®]) tazarotene foam (generic for Fabior [®]) Tazorac [®] Cream / Gel tretinoin microsphere gel / microsphere gel pump (generic for Retin-A [®] Micro) tretinoin cream / gel (generic for Retin-A [®] Micro) Tretin-X [™] Combo Pack / Cream Ziam [®] Gel GENIC AGENTS Non-Preferred Androderm [®] Patch Androgel [®] Packet Axiron [®] Topical Gel / Solution Fortesta [®] Gel Testim [®] Gel
Preferred	tazarotene eream (generic for Tazorac [®]) tazarotene foam (generic for Fabior [®]) Tazorac [®] Cream / Gel tretinoin microsphere gel / microsphere gel pump (generic for Retin-A [®] Micro) tretinoin ream / gel (generic for Retin-A [®] Micro) tretinoin ream / gel (generic for Retin-A [®] Micro) Tretin-X [®] Combo Pack / Cream Ziana [®] Gel GENIC AGENTS Non-Preferred Androgen [®] Patch Androgen [®] Patch Fortesta [®] Gel Fortesta [®] Gel Testin [®] Gel testosterone gel / packet (generic for Testin [®] , Vogelxo [®]) testosterone gel / packet (generic for Testin [®] , Vogelxo [®]) testosterone gel / packet (generic for Testin [®] , Vogelxo [®])
Preferred	tazarotene cream (generic for Tazorac [®]) tazarotene foam (generic for Fabior [®]) Tazorac [®] Cream / Gel tretinoin recam / gel (generic for Retin-A [®] Micro) tretinoin recam / gel (generic for Retin-A [®]) Tretin-X [™] Combo Pack / Cream Ziana [®] Gel GENIC AGENTS Androgel [®] Packet Androgel [®] Packet Androgel [®] Packet Androgel [®] Packet Fortsta [®] Gel Tresta [®] Gel Tresta [®] Gel Tresta [®] Gel Tresta [®] Gel Estosterone gel / packet (generic for Testim [®] , Vogelxo [®]) testosterone gel pump (generic for Testim [®] , Vogelxo [®]) testosterone gel pump (solution (generic for Testim [®] , Fortesta [®])
Preferred	tazarotene eream (generic for Tazorac [®]) tazarotene foam (generic for Fabior [®]) Tazorac [®] Cream / Gel tretinoin microsphere gel / microsphere gel pump (generic for Retin-A [®] Micro) tretinoin ream / gel (generic for Retin-A [®] Micro) tretinoin ream / gel (generic for Retin-A [®] Micro) Tretin-X [®] Combo Pack / Cream Ziana [®] Gel GENIC AGENTS Non-Preferred Androgen [®] Patch Androgen [®] Patch Fortesta [®] Gel Fortesta [®] Gel Testin [®] Gel testosterone gel / packet (generic for Testin [®] , Vogelxo [®]) testosterone gel / packet (generic for Testin [®] , Vogelxo [®]) testosterone gel / packet (generic for Testin [®] , Vogelxo [®])
Preferred Androgel [®] Pump	tazarotene cream (generic for Tazorac [®]) tazarotene foam (generic for Tazorac [®]) tazarotene foam (generic for Fabior [®]) Tazorac [®] Cream / Gel tretinoin recam / gel (generic for Retin-A [®] Micro) tretinoin recam / gel (generic for Retin-A [®]) Tretin-X [™] Combo Pack / Cream Ziana [®] Gel GENIC AGENTS GENIC AGENTS Adroderm [®] Patch Androgel [®] Packet Axiron [®] Topical Gel / Solution Fortesta [®] Gel Testim [®] Gel Testim [®] Gel Testim [®] Topical Gel / Solution Fortesta [®] Gel Testim [®] Gel Testim [®] Gel Testim [®] Gel You Combo Pack / Cream Testim [®] Topical Gel / Solution Fortesta [®] Gel / Solution Fortesta [®] Gel You Combo Pack / Cream Testim [®] Gel You Combo Pack / Cream You Comb
Preferred Androgel® Pump	tazarotene eream (generic for Tazorac [®]) tazarotene foam (generic for Fabior [®]) Tazorac [®] Cream / Gel tretinoin microsphere gel / microsphere gel pump (generic for Retin-A [®] Micro) tretinoin cream / gel (generic for Retin-A [®]) Tretin-X [™] Combo Pack / Cream Ziam [®] Gel GENIC AGENTS GENIC AGENTS Androderm [®] Patch Androderm [®] Patch Androgel [®] Packet Axiron [®] Topical Gel / Solution Fortestä [®] Gel Testin [®] Gel T
Preferred Androgel® Pump	tazarotene cream (generic for Tazorac [®]) tazarotene foam (generic for Fabior [®]) Tazorac [®] Cream / Gel tretinoin increasphere gel / microsphere gel pump (generic for Retin-A [®] Micro) tretinoin ercosophere gel / microsphere gel pump (generic for Retin-A [®] Micro) Tretin-X [®] Combo Pack / Cream Ziana [®] Gel GENIC AGENTS GENIC AGENTS Androderm [®] Patch Androderm [®] Patch Androderm [®] Patch Androgel [®] Packet Axiron [®] Topical Gel / Solution Fortesta [®] Gel Testin [®] Gel testosterone gel / packet (generic for Testim [®] , Vogelxo [®]) testosterone gel / packet (generic for Axiron [®] , Fortesta [®]) Vogelxo [®] Gel / Packet / Pump NSAIDS Non-Preferred
Preferred Androgel® Pump	tazarotene cream (generic for Tazorac [®]) tazarotene foam (generic for Fabior [®]) Tazorac [®] Cream / Gel tretinoin microsphere gel pump (generic for Retin-A [®] Micro) tretinoin microsphere gel pump (generic for Retin-A [®] Micro) Tretinoin Cream / gel (generic for Retin-A [®]) Tretinoin Cream / gel (generic for Retin-A [®]) Tretinoin Cream / gel (generic for Retin-A [®]) Tretinoin Cream / gel (generic for Retin-A [®]) Tretinoin Cream / gel (generic for Retin-A [®]) Tretinoin Cream / gel (generic for Retin-A [®]) Tretinoin Cream / gel (generic for Retin-A [®]) Tretinoin Cream / gel (generic for Retin-A [®]) Tretinoin Cream / gel (generic for Retin-A [®]) Tretinoin Cream / gel (generic for Testim [®] , Vogelxo [®]) testosterone gel / packet (generic for Testim [®] , Fortesta [®]) Vogelxo [®] Gel / Packet / Pump NASIDS Non-Preferred diclofenac epolamine patch (generic for Flector [®] Patch)
Preferred Androgel® Pump	tazarotene cream (generic for Tazorac [®]) tazarotene foam (generic for Tazorac [®]) tazarotene foam (generic for Fabior [®]) Tazorac [®] Cream / Gel tretinoin recam / gel (generic for Retin-A [®] Micro) tretinoin recam / gel (generic for Retin-A [®]) Tretin-X [®] Combo Pack / Cream Ziana [®] Gel GENIC AGENTS Non-Preferred Androgen [®] Patch Androgen [®] Packet Androgen [®] Packet Androgel [®] Packet CreamS Testim [®] Gel testosterone gel / packet (generic for Testim [®] , Vogelxo [®]) testosterone gel / packet / Packet / Pump testosterone gel / packet / Pump NSAIDS Non-Preferred diclofenae epolamine patch (generic for Flector [®] Patch) diclofenae solution (generic for Flector [®] Patch) diclofenae solution (generic for Flector [®] Patch)
Preferred Androgel® Pump	tazarotene eream (generic for Tazorac [®]) tazarotene foam (generic for Tazorac [®]) Tazorac [®] Cream / Gel tretinoin microsphere gel / microsphere gel pump (generic for Retin-A [®] Micro) tretinoin cream / gel (generic for Retin-A [®]) Tretin-X [™] Combo Pack / Cream Ziana [®] Gel GENIC AGENTS GENIC AGENTS Androderm [®] Patch Androgen [®] Patch Androgen [®] Patch Androgen [®] Patch Create Gel Gel Solution Fortesta [®] Gel Testin [®] Gel Testin [®] Gel Testin [®] Gel Testin [®] Gel Solution Fortesta [®] Gel Gel / Solution Fortesta [®] Gel / Generic for Testin [®] , Vogelxo [®]) testosterone gel / packet (generic for Testin [®] , Vogelxo [®]) testosterone gel / pump / solution (generic for Axiron [®] , Fortesta [®]) Vogelso [®] Gel / Packet / Pump NSAIDS Non-Preferred diclofenae colution (generic for Flector [®] Patch) diclofenae solution (generic for Flector [®] Patch) Diclofex [™] DC Pack
Preferred Androgel® Pump	tazarotene cream (generic for Tazorac [®]) tazarotene foam (generic for Tazorac [®]) tazarotene foam (generic for Fabior [®]) Tazorac [®] Cream / Gel tretinoin recam / gel (generic for Retin-A [®] Micro) tretinoin recam / gel (generic for Retin-A [®]) Tretin-X [®] Combo Pack / Cream Ziana [®] Gel GENIC AGENTS Non-Preferred Androgen [®] Patch Androgen [®] Packet Androgen [®] Packet Androgel [®] Packet CreamS Testim [®] Gel testosterone gel / packet (generic for Testim [®] , Vogelxo [®]) testosterone gel / packet / Packet / Pump testosterone gel / packet / Pump NSAIDS Non-Preferred diclofenae epolamine patch (generic for Flector [®] Patch) diclofenae solution (generic for Flector [®] Patch) diclofenae solution (generic for Flector [®] Patch)

North Carolina Division of Health Benefits North Carolina Medicaid and Health Choice Preferred Drug List (PDL) Effective DATE: 04/01/2022 Trial and failure of two Preferred drugs are required unless only one Preferred option is listed or is otherwise indicated. Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred. In addition to trial and failure criteria, clinical criteria (indicated in RED) may also apply. New to market products typically default to Non-Preferred status until reviewed by the PDL Panel. These drugs are listed as TO BE REVIEWED. Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at: https://www.nctracks.nc.gov/content/public/providers/pharmacy.html More information on the PDL can be found at: https://medicaid.ncdhhs.gov/providers/programs-services/prescription-drugs/outpatient-pharmacy-services Pennsaid® Solution Packet / Pump Voltaren Gel[®] ANTIBIOTICS Preferred Non-Preferred entamicin cream / ointment (generic for Garamycin®) Centany® AT Ointment Kit / Ointment nupirocin ointment (generic for Bactroban® Ointment) mupirocin cream (generic for Bactroban® Cream) Xepi[™] Cream ANTIBIOTICS - VAGINAL Preferred Non-Preferred Cleocin[®] Vaginal Cream Cleocin[®] Vaginal Ovules clindamycin vaginal cream (generic for Cleocin® Vaginal Cream) Clindesse® Vaginal Cream metronidazole vaginal gel (generic for Metrogel[®] Vaginal Gel) Metrogel® Vaginal Gel Nuvessa[®] Vaginal Gel Vandazole® Vaginal Gel ANTIFUNGALS Non-Preferred Preferred iclopirox cream (generic for Loprox® Cream) Bensal HP® Ointment ciclopirox solution (generic for Penlac® Solution) Ciclodan® Cream / Cream Kit / Kit / Solution lotrimazole Rx cream (generic for Lotrimin® Rx) ciclopirox gel / shampoo / suspension (generic for Loprox®) clotrimazole-betamethasone cream (generic for Lotrisone® cream) ciclopirox treatment kit (generic for Ciclodan® Kit) etoconazole cream / shampoo (generic for Nizoral®) clotrimazole-betamethasone lotion (generic for Lotrisone® lotion) clotrimazole Rx solution (generic for Lotrimin® Rx) Nyamyc[®] Powder (branded generic for Nystop[®]) nystatin cream / ointment / powder (generic for Mycostatin®, Nystop®) econazole cream (generic for Spectazole®) Nystop[®] Powder Ertaczo[®] Cream Exelderm[®] Cream / Solution Extina[®] Foam Jublia® Topical Solution Kerydin® Topical Solution ketoconazole foam (generic for Extina® Foam) Loprox® shampoo / suspension / cream / kit luliconazole cream (generic for Luzu® Cream) Luzu[®] Cream Mentax[®] Cream miconazole / zinc oxide / petrolatum ointment (generic for Vusion®) - Clinical criteria apply naftifine cream / gel (generic for Naftin® Cream / Gel) Naftin® Cream / Gel nystatin-triamcinolone cream / ointment (generic for Mycolog Π^{B}) oxiconazole cream (generic for Oxistat®) Oxistat[®] Cream / Lotion tavaborole topical solution (generic for Kerydin® Topical Solution) Vusion[®] Ointment - Clinical criteria apply ANTIPARASITICS Trial and failure of only one preferred drug required Preferred Non-Preferred Crotan[™] Lotion atroba® Topical Suspension Elimite[®] Cream rmethrin cream (generic for Elimite®) Eurax® Cream / Lotion ivermectin lotion (generic for Sklice® Lotion) lindane shampoo malathion lotion (generic for Ovide®) Ovide® Lotion Sklice® Lotion spinosad topical suspension (generic for Natroba®) ANTIVIRAL. Preferred Non-Preferred ovirax[®] Cream acyclovir cream (generic for Zovirax® Cream) ovirax[®] Ointment acyclovir ointment (generic for Zovirax® Ointment) Denavir[®] Cream Xerese® Cream IMMUNOMODULATORS Atopic Dermatitis Clinical criteria apply to all drugs in this class Preferred Non-Preferred Elidel[®] Cream Dupixent[®] Injection ucrisa[®] 2% Ointmen Opzelura[™] Cream Protopic® Ointment pimecrolimus cream (generic for Elidel® Cream) tacrolimus ointment (generic Protopic®) Imidazoquinolinamines Non-Preferred Preferred imiquimod cream packet (generic for Aldara®) Aldara[®] Cream imiquimod cream pump Condylox[®] Gel podofilox solution (generic for Condylox® Solution)

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Topicort® Cream / Gel / Ointment / Spray / LP

North Carolina Division of Health Benefits North Carolina Medicaid and Health Choice Preferred Drug List (PDL) Effective DATE: 04/01/2022 Trial and failure of two Preferred drugs are required unless only one Preferred option is listed or is otherwise indicated. Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred. In addition to trial and failure criteria, clinical criteria (indicated in RED) may also apply. New to market products typically default to Non-Preferred status until reviewed by the PDL Panel. These drugs are listed as TO BE REVIEWED. Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at: https://www.nctracks.nc.gov/content/public/providers/pharmacy.html More information on the PDL can be found at: https://medicaid.ncdhhs.gov/providers/programs-services/prescription-drugs/outpatient-pharmacy-services triamcinolone spray (generic for Kenalog® Spray) Trianex[®] Ointm Vanos® Cream Very High Potency Non-Preferred 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) Impeklo[™] Lotion Lexette® Foam Olux[®] Foam / E-Foam Temovate® Cream / Ointment Tovet[™] Foam / Foam Kit Ultravate® Cream / Lotion / Ointment / X Cream Combo Pack / X Ointment Combo Pack MISCELLANEOUS ANTIPSORIATICS ORAL Preferred Non-Preferred methoxsalen rapid (generic for Oxsoralen-Ultra®) citretin (generic for Soriatane®) Oxsoralen-Ultra® Soriatane® EPINEPHRINE, SELF INJECTED nits apply to all drugs in this clas Non-Preferred Preferred pinephrine auto injector / JR (generic for Epi-Pen® Auto Injector / JR Auto Injector) epinephrine auto injector (generic for Adrenaclick®) Epi-Pen® Auto Injector / JR Auto Injector Symjepi ESTROGEN AGENTS, COMBINATIONS Non-Preferred Preferred Activella® Tablet Bijuva[®] Capsule 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[®]) orethindrone-ethinyl estradiol (generic for FemHRT®) Premphase[®] Tablet Prempro[®] Tablet PROGESTATIONAL AGENTS Preferred Non-Preferred Compounded 17 P hydroxyprogesterone caproate injection (generic for Makena®) multi dose vial hydroxyprogesterone caproate injection (generic for Makena®) single dose vial Makena® (hydroxyprogesterone caproate) Vial Makena® (hydroxyprogesterone caproate injection) Auto Injector ESTROGEN AGENTS, ORAL / TRANSDERMAL Preferred Non-Preferred Climara[®] Pro Patch Alora[®] Patch CombiPatch[®] Climara[®] Patch stradiol patch (generic for Climara®, Menostar®, Vivelle-Dot®) Divigel® Gel Packet stradiol tablet (generic for Estrace®) Dotti[™] Patch Duavee® Tablet Evamist[®] Spray Menest[®] Tablet Elestrin[®] Gel Premarin[®] Tablet Estrace® Tablet Lyllana[™] Patch Menostar® Patch Minivelle® Patch Vivelle-Dot® Patch ESTROGEN AGENTS, VAGINAL PREPARATIONS Preferred Non-Preferred strace[®] Cream estring[®] Vaginal Ring estradiol vaginal cream / tablet (generic for Estrace®) Premarin® Vaginal Cream Vagifem[®] Vaginal Tablet Femring[®] Vaginal Ring Imvexxy® Vaginal Inserts Yuvafem® Vaginal Tablet GLUCOCORTICOID STEROIDS, ORAL Non-Preferred Preferred udesonide EC capsule (generic for Entocort® EC) Alkindi® Sprinkle Capsule dexamethasone elixir / tablet (generic for Decadron®) Cortef® Tablet

Effective DATE: 04/01/2022

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

dexamethasone solution (generic for Concedix®)	cortisone tablet (generic for Patisone [®])
hydrocortisone tablet (generic for Cortef [®])	dexamethasone tablet dosepack
methylprednisolone 4mg dosepack / tablet (generic for Medrol®)	dexamethasone Intensol® Drops
prednisolone sodium phosphate solution (generic for PediaPred [®] , OraPred [®] , Veripred [®]) prednisolone solution (generic for Prelone [®] , Millipred [®])	Emflaza [®] Suspension / Tablet Clinical criteria apply Entocort [®] EC Capsule
prednisone dose pack (generic for Sterapred [®])	Hemady TM Tablet
prednisone solution / tablet (generic for Deltasone [®])	Medrol® Dose Pack / Tablet
	methylprednisolone 8mg / 16mg / 32mg / tablet (generic for Medrol®)
	Millipred [®] Dose Pack / Tablet
	Ortikos [™] Capsule
	prednisolone ODT (generic for Orapred [®] ODT)
	Prednisone Intensol® Concentrated Solution
	Rayos® Tablet
	Taperdex [®] Tablet
IMMUNOMO	DULATORS, SYSTEMIC
	pply to all drugs in this class
	nly one Preferred drug required
Preferred	Non-Preferred
Cosentyx® Pen / Syringe	Actemra® ACTPen TM / Syringe / Vial
Enbrel® Kit / Mini Cartridge / Sureclick® Syringe / Syringe / Vial	Arcalyst® SQ Syringe
Humira® Crohn's Starter Pack / Ped. Crohn's Starter Pack / Pen / Psoriasis Starter Pack / Syringe	Avsola [®] Injection
	Cimzia [®] Starter Kit / Syringe Kit / Vial Kit
	Enspryng [™] Injection
	Entyvio [®] Vial
	Ilaris [®] Injection
	Ilumya [®] Injection
	Inflectra [™] Vial
	Kevzara® Injection Kineret® Syringe - Exemption for diagnosis of Neonatal Onset Multi-System Inflammatory Disease
	Mineret Syringe - Exemption for diagnosis of Neonatal Onset Multi-System Inflammatory Disease Olumiant® Tablet
	Orencia® Clickjet [®] / Syringe / Vial
	Otezla® Starter Pack / Tablet
	Remicade [®] Injection
	Renflexis [™] Injection
	Rinvoq [™] ER Tablet
	Siliq [®] Injection
	Simponi® Aria Vial / Pen Injector / Syringe
	Skyrizi [™] Pen / Syringe
	Stelara® Syringe / vial
	Taltz® Auto-injector / Syringe
	Tremfya [®] Injection
	Uplizna [®] Vial Xeljanz [®] Tablet / Solution / XR Tablet
	Acijanz Tablet/ Solution/ AK Tablet
IMMUN	OSUPPRESSANTS
Preferred	Non-Preferred
Astagraf [®] XL Capsule	
Azasan® Tablet	
azathioprine tablet (generic for Imuran [®])	
azamoprine tablet (generic tor inturan)	
Cellcept [®] Capsule / Suspension / Tablet	
Celleept [®] Capsule / Suspension / Tablet cyclosporine capsule (generic for Sandimmune [®])	
Cellcept [®] Capsule / Suspension / Tablet cyclosporine capsule (generic for Sandimmune [®]) cyclosporine modified capsule / solution (generic for Gengraf [®] , Neoral [®])	
Cellcept [®] Capsule / Suspension / Tablet cyclosporine capsule (generic for Sandimmune [®]) cyclosporine modified capsule / solution (generic for Gengraf [®] , Neoral [®]) Envarsus [®] XR Tablet	
Cellcept [®] Capsule / Suspension / Tablet eyclosporine capsule (generic for Sandimmune [®]) cyclosporine modified capsule / solution (generic for Gengraf [®] , Neoral [®]) Envarsus [®] XR Tablet everolimus tablet (generic for Zortress [®] Tablet)	
Cellcept [®] Capsule / Suspension / Tablet cyclosporine capsule (generic for Sandimmune [®]) cyclosporine modified capsule / solution (generic for Gengraf [®] , Neoral [®]) Envarsus [®] XR Tablet everolimus tablet (generic for Zortress [®] Tablet) Gengraf [®] Capsule / Solution	
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Celleept [®] Capsule / Suspension / Tablet cyclosporine capsule (generic for Sandimmune [®]) cyclosporine modified capsule / solution (generic for Gengraf [®] , Neoral [®]) Envarsus [®] XR Tablet everolimus tablet (generic for Zortress [®] Tablet) Gengraf [®] Capsule / Solution Imuran [®] Tablet mycophenolate capsule / suspension / tablet (generic for Celleept [®])	
Cellcept [®] Capsule / Suspension / Tablet cyclosporine capsule (generic for Sandimmune [®]) cyclosporine modified capsule / solution (generic for Gengraf [®] , Neoral [®]) Envarsus [®] XR Tablet everolimus tablet (generic for Zortress [®] Tablet) Gengraf [®] Capsule / Solution Imuran [®] Tablet	
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Effective DATE: 04/01/2022

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

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

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

naltrexone (oral)	
Narcan [®] Nasal Spray	
Vivitrol [®] Injection	
Thrust alleeton	
OPIOID	DEPENDENCE
	ply to all drugs in this class
I rial and failure of only Suboxone SL fi	Im required for coverage of non-preferred options
For coverage of Sublocade TM - must have diagnosis of moderate to severe opioid use disorder and have initiated treatm	ent with a transmucosal buprenorphine-containing product followed by a dose adjustment period for a minimum of seven days.
Preferred	Non-Preferred
Suboxone [®] SL Film	Bunavail [®] Film
Sublocade	buprenorphine sl tablet (generic for Subutex*)
	buprenorphine-naloxone sl tablet and film (generic for Suboxone®)
	Zubsolv® Tablet SL
	USCLE 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)
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
	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 INSU	JLIN DELIVERY DEVICES
Preferred	Non-Preferred
Omnipod DASH [®]	
Omnipod DASH [®]	
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