

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

Effective DATE: Draft for January 11, 2024 Meeting

Trial and failure of two Preferred drugs are required unless only one Preferred option is listed or is otherwise indicated.
Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred. In addition to trial and failure criteria, clinical criteria (indicated in **RED**) may also apply. **New to market products typically default to Non-Preferred status until reviewed by the PDL Panel. These drugs are listed as TO BE REVIEWED.** Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at: <https://www.nctracks.nc.gov/content/public/providers/pharmacy.html>
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Yellow shade signifies a new product being added as a new to market Non-Preferred product **OR** current coverage is being clarified

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

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

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

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

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

ALZHEIMER'S AGENTS

| Preferred | Non-Preferred |
|---------------------------------------------------------------|-------------------------------------------------------------------------|
| donepezil 5mg, 10mg tablet / ODT (generic for Aricept® / ODT) | Adlarity® Patch |
| Exelon® Patch | Aduhelm® Vial - Clinical Criteria Apply |
| memantine tablet / titration pack (generic for Namenda®) | Aricept® Tablet |
| rivastigmine capsule (generic for Exelon®) | donepezil 23mg tablet (generic for Aricept®) |
| | galantamine ER capsule / solution / tablet (generic for Razadyne® / ER) |
| | Legembi® Vial - Clinical Criteria Apply |
| | memantine ER capsule / solution (generic for Namenda® XR / Solution) |
| | Namenda® Tablet / Titration Pack / XR Capsule / XR Titration Pack |
| | Namzatic® Capsule / Titration Pack |
| | rivastigmine (Transdermal) (generic for Exelon® Patch) |
| | Razadyne® ER Capsule |

Removal: Razadyne® ER Capsule

ANALGESICS

OPIOID ANALGESICS

Long Acting Opioids

Clinical criteria apply to all drugs in this class

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

Removals: buprenorphine film (generic for Belbuca®), MorphaBond® ER Tablet, Zohydro® ER Capsule

Orally Disintegrating / Oral Spray Schedule II Opioids

Clinical criteria apply to all drugs in this class

| Preferred | Non-Preferred |
|----------------|-------------------------------------------------------|
| Actiq® Lozenge | Dsuvia™ SL Tablet |
| | fentanyl citrate buccal tablet (generic for Fentora®) |
| | fentanyl citrate lozenge (generic for Actiq®) |
| | Fentora® Buccal Tablet |

Short Acting Schedule II Opioids

Clinical criteria apply to all drugs in this class

| Preferred | Non-Preferred |
|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| Endocet® Tablet (branded generic for Percocet®) | Apadinz™ Tablet |
| hydrocodone-acetaminophen solution / tablet (generic for Hycet®, Lorcet®, Lortab®, Norco®, Vicodin®) | benzhydrocodone-acetaminophen tablet (generic for Apadinz™) |
| hydrocodone-ibuprofen tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) | codeine sulfate tablet |
| hydromorphone tablet (generic for Dilaudid®) | Dilaudid® Liquid / Tablet |
| morphine solution / tablet (generic for MSIR®) | hydromorphone solution / suppository (generic for Dilaudid®) |
| oxycodone solution / tablet (generic for Roxicodone®) | levorphanol tablet (generic for Levo-Dromoran®) |
| oxycodone-acetaminophen capsules (generic for Tylox®) | Lortab® Tablet |
| oxycodone-acetaminophen tablets (generic for Percocet®) | meperidine solution / tablet (generic for Demerol®) |
| | morphine oral syringe |
| | morphine suppositories (generic for Roxanol®) |
| | Nalocet® Tablet |
| | Nucynta® Tablet |
| | oxycodone capsule (generic for OxyIR®) |
| | oxycodone concentrated solution (generic for Roxicodone® Intensol) |
| | oxycodone-acetaminophen solution |

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| | |
|--|-------------------------------------------------------------------------------------|
| | oxycodone-aspirin-tablet (generic for Endodan [®] -Percodan [®]) |
| | oxymorphone tablet (generic for Opana [®]) |
| | Percocet [®] Tablet |

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| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| | Prolate [®] Tablet / Solution |
| | Roxicodone [®] Tablet |
| | Roxybond [®] Tablet |
| Removals: Apadaz[™] Tablet, benzhydrocodone-acetaminophen tablet (generic for Apadaz[™]), Lortab[®] Elixir, oxycodone-aspirin tablet (generic for Endodan[®], Percodan[®]) | |
| | |
| Short Acting Schedule III – IV Opioids / Analgesic Combinations | |
| Clinical criteria apply to all drugs in this class | |
| Preferred | Non-Preferred |
| codeine-acetaminophen solution / tablet (generic for Tylenol with Codeine [®]) | Ascomp [®] Capsule (branded generic for Fiorinal with Codeine [®]) |
| tramadol tablet (generic for Ultram [®]) | butalbital compound with codeine capsule (generic for Fiorinal with Codeine [®]) |
| tramadol-acetaminophen tablet (generic for Ultracet [®]) | butalbital-caffeine-APAP with codeine tablet (generic for Fioricet with Codeine [®]) |
| | butorphanol spray (generic for Stadol [®]) |
| | dihydrocodeine-acetaminophen-caffeine tablet (generic for Panlor SS [®]) |
| | Fioricet with Codeine [®] Capsule |
| | pentazocine-naloxone tablet (generic for Talwin NX [®]) |
| | Seglentis [®] Tablet |
| | tramadol HCl solution (generic for Qdolo [®]) |
| | Ultracet [®] Tablet |
| | Ultram [®] Tablet |
| Removals: Ultracet[®] Tablet, Ultram[®] Tablet | |
| | |
| NSAIDS | |
| Preferred | Non-Preferred |
| celecoxib capsule (generic for Celebrex [®]) | Arthrotec [®] Tablet |
| ibuprofen suspension / tablet (generic for Motrin [®]) | Celebrex [®] Capsule |
| indomethacin capsule (generic for Indocin [®]) | Daypro [®] Caplet |
| ketorolac tablet (generic for Toradol [®]) | diclofenac potassium capsule (Generic for Zipsor [®]) |
| meloxicam tablet (generic for Mobic [®]) | diclofenac potassium tablet (generic for Cataflam [®]) |
| naproxen EC / DR tablet (generic for Naprosyn [®] EC) | diclofenac sodium tablet / ER tablet (generic for Voltaren [®] / XR) |
| naproxen tablet (generic for Naprosyn [®]) | diclofenac sodium-misoprostol tablet (generic for Arthrotec [®]) |
| sulindac tablet (generic for Clinoril [®]) | diflunisal tablet (generic for Dolobid [®]) |
| | Duexis [®] Tablet - Trial and failure of only celecoxib required |
| | etodolac capsule / tablet / ER tablet (generic for Lodine [®] / XL) |
| | Feldene [®] Capsule |
| | fenoprofen capsule/ tablet (generic for Nalfon [®]) |
| | flurbiprofen tablet (generic for Ansaïd [®]) |
| | ibuprofen / famotidine tablet (generic for Duexis [®]) Trial and failure of only celecoxib required |
| | indomethacin ER capsule (generic for Indocin SR [®]) |
| | indomethacin suppository |
| | ketoprofen capsule (generic for Orudis [®]) |
| | ketoprofen ER capsule (generic for Oruvail [®]) |
| | ketorolac tromethamine nasal spray (generic for Sprix [®]) |
| | Lofena [™] Tablet |
| | meclofenamate capsule (generic for Meclomen [®]) |
| | mefenamic acid capsule (generic for Ponstel [®]) |
| | meloxicam capsule (generic for Vivlodex [®]) |
| | Mobic [®] Tablet |
| | nabumetone tablet (generic for Relafen [®]) |
| | Nalfon [®] Capsule / Tablet |
| | Naprelan [®] Tablet |
| | naproxen sodium ER tablet (generic for Naprelan [®]) |
| | naproxen sodium tablet (generic for Anaprox [®]) |
| | naproxen suspension (generic for Naprosyn [®]) |
| | naproxen-esomeprazole tablet (generic for Vimovo [®] Tablet) - Trial and failure of only celecoxib required |
| | oxaprozin tablet (generic for DayPro [®]) |
| | piroxicam capsule (generic for Feldene [®]) |
| | Relafen [™] DS Tablet |
| | tolmetin tablet (generic for Tolectin [®]) |
| | Vimovo [®] Tablet - Trial and failure of only celecoxib required |
| Add indomethacin suppository as Non-Preferred | |
| | |

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| NEUROPATHIC PAIN | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| Preferred | Non-Preferred |
| duloxetine capsule (generic for Cymbalta [®]) | Cymbalta [®] Capsule |
| gabapentin capsule / solution / tablet (generic for Neurontin [®]) | DermacinRx [™] Lidocaine Patch |
| lidocaine patch (generic for Lidoderm [®]) - Clinical criteria apply | Drizalma [™] Sprinkle |
| pregabalin capsule / solution (generic for Lyrica [®]) | duloxetine capsule (generic for Irenka [®]) |
| | Gralise [®] Tablet |
| | Horizant [®] Tablet |
| | Lidoderm [®] Patch - Clinical criteria apply |
| | Lyrica [®] Capsule / Solution / CR Tablet |
| | Neurontin [®] Capsule / Solution / Tablet |
| | pregabalin ER tablet (generic for Lyrica [®] CR) |
| | Quenza [®] Kit |
| | Savella [®] Tablet / Titration Pack |
| | Xyliderm [™] (lidocaine patch) Kit |
| | ZTLido [™] Patch - Clinical criteria apply |
| Add new to market product Xyliderm [™] (lidocaine patch) Kit as Non-Preferred Add DermacinRx [™] Lidocaine Patch as Non-Preferred | |
| ANTICONVULSANTS | |
| CARBAMAZEPINE DERIVATIVES | |
| Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any carbamazepine product. | |
| Preferred | Non-Preferred |
| Aptiom [®] Tablet | Carbatrol [®] Capsule |
| carbamazepine chewable tablet (generic for Tegretol [®]) | carbamazepine suspension / tablet (generic for Tegretol [®]) |
| carbamazepine ER capsule (generic for Carbatrol [®]) | carbamazepine XR tablet (generic for Tegretol XR [®]) |
| Equetro [®] Capsule | Epitol [®] Tablet |
| oxcarbazepine suspension / tablet (generic for Trileptal [®]) | Trileptal [®] Tablet |
| Oxtellar [®] XR Tablet | |
| Tegretol [®] Suspension / Tablet / XR Tablet | |
| Trileptal [®] Suspension | |
| FIRST GENERATION | |
| Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any first generation product. | |
| Preferred | Non-Preferred |
| Celontin [®] Kapseal | Depakote [®] ER Tablet / Sprinkle Capsule |
| Dilantin [®] Capsule / Infatab / Suspension | Depakote [®] Tablet |
| divalproex sprinkle capsule / ER tablet / tablet (generic for Depakote [®] / ER / Sprinkle) | felbamate suspension / tablet (generic for Felbatol [®]) |
| ethosuximide capsule / solution (generic for Zarontin [®]) | methsuximide capsule (generic for Celontin [®]) |
| Felbatol [®] Suspension / Tablet | Mysoline [®] Tablet |
| phenobarbital tablet / elixir / solution | Sezaby [™] (phenobarbital sodium) Vial |
| Phenytek [®] Capsule | Zarontin [®] Capsule / Solution |
| phenytoin chewable / extended capsules / infatab / suspension (generic for Dilantin [®]) | |
| phenytoin extended capsules (generic for Phenytek [®]) | |
| primidone Tablet (generic for Mysoline [®]) | |
| valproic acid capsule / solution (generic for Depakene [®]) | |
| Add new to market products methsuximide capsule (generic for Celontin [®]) and Sezaby [™] (phenobarbital sodium) Vial as Non-Preferred | |
| SECOND GENERATION | |
| Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. | |
| Preferred | Non-Preferred |
| Banzel [®] Suspension / Tablet | clonazepam ODT (generic for Klonopin [®] Wafer) |
| Briviact [®] Tablet / Solution | Elepsia [™] XR Tablet |
| clobazam suspension / tablet (generic for Onfi [®]) | Keppra [®] Tablet / Solution / XR Tablet |
| clonazepam tablet (generic for Klonopin [®]) | Klonopin [®] Tablet |
| Diacomit [®] Capsule / Powder Pack | Lamictal [®] Chewable / ODT / ODT Starter Kit / Starter Kit / Tablet / XR / XR Starter Kit |
| Diastat [®] Acudial [®] / Pedi System | lamotrigine starter kits (generic for Lamictal [®]) |
| diazepam rectal / system (generic for Diastat [®] Accudial / Pedi System) | Lyrica [®] Capsule / Solution |
| Epidiolex [®] Solution - Clinical Criteria Apply | Neurontin [®] Capsule / Solution / Tablet |
| Eprontia [™] Solution | Onfi [®] Suspension / Tablet |
| Fintepla [®] Solution | Qudexy [®] XR Capsule |
| Fycompa [®] Tablet / Suspension | rufinamide suspension / tablet (generic for Banzel [®]) |
| gabapentin capsule / solution / tablet (generic for Neurontin [®]) | Spritam [®] Tablet |
| Gabitril [®] Tablet | Sympazan [®] Film |
| lacosamide solution / tablet (generic for Vimpat [®]) | tiagabine tablet (generic for Gabitril [®]) |
| lamotrigine chewable / tablet (generic for Lamictal [®]) | Topamax [®] Sprinkle Capsule / Tablet |
| lamotrigine ER tablet / ODT / ODT Starter Kit / Starter Kit (generic for Lamictal [®] XR / ODT) | topiramate ER capsule (generic for Qudexy [®]) |
| levetiracetam tablet / ER tablet / solution (generic for Keppra [®] / XR) | topiramate ER capsule (generic for Trokendi XR [®]) - Trial and Failure of Trokendi[®] XR Capsule Required for Coverage |
| Nayzilam [®] Nasal Spray | Trokendi [®] XR Capsule |
| Roweepra [™] Tablet | vigabatrin powder-packets/ tablet (generic for Sabril [®]) |
| Sabril [®] Tablet / Powder Packet | Vigadrone [®] Powder Packet |
| Subvenite [®] Tablet / Tab Start Kit | Vimpat [®] Solution / Starter Kit / Tablet |
| tiagabine tablet (generic for Gabitril [®]) | Zonisade [™] Oral Suspension |
| topiramate sprinkle capsule / tablet (generic for Topamax [®]) | Zalmy [®] Oral Suspension |
| Valtoco [®] Nasal Spray | |
| vigabatrin powder packet (generic for Sabril [®]) | |
| Xcopri [®] Tablet / Titration Pack | |

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zonisamide capsule (generic for Zonegran®)

Move tiagabine tablet (generic for Gabitril®) from Non-Preferred to Preferred
Off-cycle change: Move vigabatrin powder packet (generic for Sabril®) from Non-Preferred to Preferred

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| ANTI-INFECTIVES - SYSTEMIC | |
|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| ANTIBIOTICS | |
| Penicillins, Cephalosporins and Related | |
| Preferred | Non-Preferred |
| amoxicillin capsule / chewable / suspension / tablet (generic for Amoxil [®] , Trimox [®]) | amoxicillin-clavulanate chewable tablet (generic for Augmentin [®]) |
| amoxicillin-clavulanate suspension / tablet / XR tablet (generic for Augmentin [®] / XR) | Augmentin [®] Suspension / ES-600 / XR Tablet |
| ampicillin capsule / injection / vial | cefactor capsule / suspension / ER tablet (generic for Ceclor [®] / CD) |
| ampicillin-sulbactam injection / vial | cefadroxil tablet (generic for Duricef [®]) |
| Bicillin [®] C-R injection | cefprozime suspension / tablet (generic for Vantin [®]) |
| cefadroxil capsule / suspension (generic for Duricef [®]) | Suprax [®] Capsule / Chewable / Suspension |
| cefdinir capsule / suspension (generic for Omnicef [®]) | |
| cefixime capsule / suspension (generic for Suprax [®]) | |
| 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 | |
| penicillin G injection / vial | |
| penicillin V suspension / tablet | |
| piperacillin - tazobactam injection / vial | |
| Pfizerpen [®] injection / vial | |
| Unasyn [®] injection / vial | |
| Zosyn [®] injection / vial | |
| | |
| Lincosamides and Oxazolidinones | |
| Preferred | Non-Preferred |
| clindamycin capsules / solution (generic for Cleocin [®]) | Cleocin [®] Capsules / Vial |
| linezolid suspension (oral) / tablet (generic for Zyvox [®]) | Cleocin [®] Pediatric Solution |
| | clindamycin injection (generic for Cleocin [®]) |
| | Lincocin [®] Vial |
| | lincomycin vial (generic for Lincocin [®]) |
| | linezolid IV solution (generic for Zyvox [®]) |
| | Sivextro [®] Tablet / Vial |
| | Synercid [®] Vial |
| | Zyvox [®] Tablet / IV Solution / Suspension |
| | |
| Macrolides and Ketolides | |
| Preferred | Non-Preferred |
| azithromycin powder packet / suspension / tablet (generic for Zithromax [®]) | clarithromycin ER tablet (generic for Biaxin XL [®]) |
| clarithromycin suspension / tablet (generic for Biaxin [®]) | Eryped [™] 200/400 Suspension |
| E.E.S. [®] Granules / Filmtab / Suspension | Ery-Tab [®] Tablet |
| Erythrocin [®] Filmtab | Zithromax [®] Powder Packet / Suspension / Tablet / Tri-Pak / Z-Pak |
| erythromycin ES 200 mg and 400 mg suspension (generic for E.E.S. [®] Suspension, Eryped [™]) | |
| erythromycin EC capsule (generic for Eryc [®]) | |
| erythromycin filmtab | |
| erythromycin ES tablet (generic for E.E.S. [®] Filmtab) | |
| Removal: E.E.S. [®] Granules | |
| | |
| Nitroimidazoles (Gastrointestinal Antibiotics) | |
| Preferred | Non-Preferred |
| metronidazole tablet (generic for Flagyl [®]) | Aemcolo [®] DR Tablet |
| vancomycin capsule (generic for Vancocin [®]) | Difficid [®] Suspension / Tablet - Trial and failure of only vancomycin is required for treatment of Clostridium difficile |
| | Firvanq [™] Solution |
| | Flagyl [®] Capsule |
| | metronidazole capsule (generic for Flagyl [®]) |
| | neomycin tablet (generic for Mycifradin [®]) |
| | nitazoxanide tablet (generic for Alinia [®] Tablet) |
| | paromomycin capsule (generic for Humatin [®]) |
| | Solosec [™] Granules |
| | tinidazole tablet (generic for Tindamax [®]) |
| | Vancocin [®] Capsule |
| | vancomycin oral solution (generic for Firvanq [™]) |
| | Vowst [™] (fecal microbiota spores, live—brpk) Capsule |
| | Xifaxan [®] Tablet - Exemption for a diagnosis of Hepatic Encephalopathy |
| Add new to market product Vowst [™] (fecal microbiota spores, live—brpk) Capsule as Non-Preferred | |
| | |
| Quinolones | |
| Preferred | Non-Preferred |
| Cipro [®] Suspension | Baxdela [™] Tablet |
| ciprofloxacin tablet (generic for Cipro [®]) | Cipro [®] Tablet |
| levofloxacin tablet (generic for Levaquin [®]) | ciprofloxacin suspension (generic for Cipro [®]) |
| moxifloxacin tablet (generic for Avelox [®]) | levofloxacin solution (generic for Levaquin [®]) |
| | ofloxacin tablet (generic for Floxin [®]) |
| | |

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| Tetracycline Derivatives | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Preferred | Non-Preferred |
| doxycycline hyclate capsule / tablet (generic for Vibramycin [®] , Vibra-Tab [®]) | demeclocycline tablet (generic for Declomycin [®]) |
| doxycycline monohydrate 50mg, 100mg capsule (generic for Monodox [®]) | Doryx [®] DR / MPC Tablet |
| minocycline 50mg, 75mg, 100mg capsule (generic for Minocin [®]) | doxycycline hyclate DR tablet (generic for Doryx [®] DR) |
| | doxycycline monohydrate 75mg, 150mg capsule (generic for Monodox [®] , Adoxa [®]) |
| | doxycycline monohydrate 40mg IR-DR capsule (generic for Oracea [®]) |
| | doxycycline monohydrate 50mg, 75mg, 100mg, 150mg tablet |
| | doxycycline suspension (generic for Vibramycin [®]) - Exemption for patients < 12 years of age |
| | Lymepak [™] (doxycycline hyclate) Tablet |
| | minocycline ER tablet (generic for Solodyn [®] ER) Clinical justification and failure of doxycycline and minocycline required. Limited to a 12 week supply. |
| | minocycline ER capsule (Generic for Ximino [™] ER) |
| | minocycline 50mg, 75mg, 100mg tablet |
| | Minolira [™] ER Tablet |
| | Morgidox [®] Capsule / Kit |
| | Nuzra [™] Tablet |
| | Solodyn [®] ER Tablet - Clinical justification and failure of doxycycline and minocycline required. Limited to a 12 week supply. |
| | Targadox [®] Tablet |
| | tetracycline capsule (generic for Sumycin [®]) |
| | Vibramycin [®] Capsule / Suspension / Syrup |
| | Ximino [™] ER Capsule |
| Add new to market product Lymepak[™] (doxycycline hyclate) Tablet as Non-Preferred Removals: Targadox[®] Tablet, Vibramycin[®] Suspension / Syrup, Ximino[™] ER Capsule | |
| Antifungals | |
| Preferred | Non-Preferred |
| clotrimazole troche (generic for Mycelex [®] Troche) | Ancobon [®] Capsule |
| fluconazole suspension / tablet (generic for Diflucan [®]) | Brexafemme [®] Tablet |
| griseofulvin suspension (generic for Grifulvin V [®]) | Cresamba [®] Capsule |
| griseofulvin ultra tablet (generic for Gris-Peg [®]) | Diflucan [®] Suspension / Tablet |
| nystatin suspension (generic for Nilstat [®]) | flucytosine capsule (generic for Ancobon [®]) |
| nystatin tablet (generic for Mycostatin [®]) | griseofulvin micro tablets (generic for Grifulvin V [®]) |
| terbinafine tablet (generic for Lamisil [®]) | itraconazole capsule / solution (generic for Sporanox [®]) |
| | ketoconazole tablet (generic for Nizoral [®]) |
| | Noxafil [®] Suspension / Tablet / DR Suspension Packet |
| | Oravig [®] Buccal Tablet |
| | posaconazole tablet (generic for Noxafil [®]) |
| | posaconazole suspension |
| | Sporanox [®] Capsule / Solution |
| | Tolsura [™] Capsule |
| | Vfend [®] Suspension / Tablet |
| | Vivjoa [®] Capsule - Clinical Criteria Apply |
| | voriconazole suspension / tablet (generic for Vfend [®]) |
| Add posaconazole suspension as Non-Preferred | |
| Antivirals (Hepatitis B Agents) | |
| Preferred | Non-Preferred |
| entecavir tablet (generic for Baraclude [®]) | adefovir tablet (generic for Hepsera [®]) |
| lamivudine HBV tablet (generic for Epivir [®] HBV) | Baraclude [®] Solution / Tablet |
| tenofovir tablet (generic for Viread [®]) | Epivir [®] HBV Tablet / Solution |
| Viread [®] Powder / Tablet | Hepsera [®] Tablet |
| | Vemlidy [®] tablet |
| Antivirals (Hepatitis C Agents) | |
| Preferred | Non-Preferred |
| Pegasys [®] Syringe / Vial | |
| ribavirin capsule / tablet (generic for Copegus [®] , Rebetol [®]) | |
| Clinical criteria apply to all drugs listed below | |
| Prior Approval Not Required for Mavyret[®] Tablet / Pellet Pack and sofosbuvir-velpatasvir tablet (generic for Epclusa[®]) | |
| All genotypes without cirrhosis | Epclusa [®] Pellet Pack/Tablet |
| Mavyret [®] Tablet (8 weeks of therapy) | Harvoni [®] Pellet Pack / Tablet |
| Mavyret [®] Pellet Pack | ledipasvir-sofosbuvir tablet (generic for Harvoni [®]) |
| sofosbuvir-velpatasvir tablet (generic for Epclusa [®]) | Sovaldi [®] Pellet Pack / Tablet |
| | Viekira [™] Pak |
| All genotypes with compensated cirrhosis (Child Push-A) | Zepatier [®] Tablet |
| Mavyret [®] Tablet (Up to 12 weeks of therapy) | |
| Mavyret [®] Pellet Pack | |
| sofosbuvir-velpatasvir tablet (generic for Epclusa [®]) | |
| | |
| All genotypes previously treated with an HCV regimen containing an NS5A inhibitor or genotype 1a or 3 infection and have previously been treated with an HCV regimen containing sofosbuvir without an NS5A inhibitor. | |
| Vosevi [™] Tablet | |
| All genotypes with decompensated cirrhosis | |
| sofosbuvir-velpatasvir tablet (generic for Epclusa [®]) | |

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| Antivirals (Herpes Treatments) | |
|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| Preferred | Non-Preferred |
| acyclovir capsule / tablet / suspension (generic for Zovirax [®]) | Sitavig [®] Buccal Tablet |
| famciclovir tablet (generic for Famvir [®]) | Valtrex [®] Caplet |
| valacyclovir tablet (generic for Valtrex [®]) | Zovirus [®] Suspension |
| Removal: Zovirax [®] Suspension | |
| | |
| Antivirals (Influenza) | |
| Preferred | Non-Preferred |
| oseltamivir phosphate capsule / suspension (generic for Tamiflu [®]) | amantadine tablet (generic for Symmetrel [®]) |
| rimantadine tablet (generic for Flumadine [®]) | Flumadine [®] Tablet |
| | Relenza [®] Diskhaler |
| | Tamiflu [®] Capsule / Suspension |
| | Xofluza [™] Tablet Trial and failure of only one preferred drug required |
| | |
| Antibiotics, Inhaled | |
| Trial and failure of only one preferred drug required | |
| Preferred | Non-Preferred |
| Kitabis [™] Pak (tobramycin inhalation solution) | Arikayce [®] Vial |
| Bethkis [®] (tobramycin inhalation solution) | Cayston [®] Solution |
| tobramycin inhalation solution (generic for Tobin [™]) | tobramycin inhalation pak (generic for Kitabis [™]) |
| | Tobi [™] Podhaler [™] / Solution |
| | |
| BEHAVIORAL HEALTH | |
| ANTIDEPRESSANTS | |
| Other | |
| Preferred | Non-Preferred |
| bupropion tablet / SR tablet / XL tablet (generic for Wellbutrin [®] Tablet / SR / XL) | Aplenzin [®] Tablet |
| desvenlafaxine ER tablet (generic for Pristiq [®]) | Auvelity [®] Tablet |
| duloxetine capsule (generic for Cymbalta [®]) | Bupropion XL tablet (generic for Forfivo [®] XL) |
| Effexor [®] XR Capsule | Cymbalta [®] Capsule |
| mirtazapine ODT / tablet (generic for Remeron [®]) | desvenlafaxine ER tablet (generic for Khedezla [®]) |
| Nardil [®] Tablet | duloxetine capsule (generic for Irenka [®]) |
| phenelzine tablet (generic for Nardil [®]) | Emsam [®] Patch |
| Pristiq [®] ER Tablet | Fetzima [®] Capsule / Titration Pak |
| tranylcypromine tablet (generic for Parnate [®]) | Forfivo [®] XL Tablet |
| trazodone tablet (generic for Desyrel [®]) | Marplan [®] Tablet |
| venlafaxine tablet / ER capsules (generic for Effexor [®] , Effexor [®] XR) | nefazodone tablet (generic for Serzone [®]) |
| Viibryd [®] Tablet | Remeron [®] Soltab [™] / Tablet |
| | Trintellix [®] Tablet |
| | venlafaxine besylate ER tablet |
| | venlafaxine ER tablet |
| | Viibryd [®] Starter Pack |
| | vilazodone tablet (generic for Viibryd [®]) |
| | Wellbutrin [®] SR / XL Tablet |
| | |
| Selective Serotonin Reuptake Inhibitor (SSRI) | |
| Preferred | Non-Preferred |
| citalopram solution / tablet (generic for Celexa [®]) | Celexa [®] Tablet |
| escitalopram tablet (generic for Lexapro [®]) | citalopram capsule |
| fluoxetine capsule / solution (generic for Prozac [®]) | escitalopram solution (generic for Lexapro [®]) |
| fluvoxamine tablet (generic for Luvox [®]) | fluoxetine DR capsules (generic for Prozac [®] Weekly) |
| paroxetine tablet (generic for Paxil [®]) | fluoxetine tablet (generic for Prozac [®]) - Exemption for children < 18 years of age |
| Paxil [®] Suspension | fluvoxamine ER capsule (generic for Luvox CR [®]) |
| sertraline concentrated solution / tablet (generic for Zoloft [®]) | Lexapro [®] Tablet |
| | paroxetine capsule (generic for Brisdelle [®]) |
| | paroxetine suspension / CR tablet (generic for Paxil [®] / CR) |
| | Paxil [®] Tablet / CR Tablet |
| | Pexeva [®] Tablet |
| | Prozac [®] Pulvule |
| | sertraline capsule |
| | Zoloft [®] Solution / Tablet |
| | |

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| ANTHYPERKINESIS / ADHD | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| Preferred | Non-Preferred |
| Adderall [®] Tablet (Generic Product Per FDA) | Adhansia [™] XR Capsule |
| Adderall [®] XR Capsule | Aidzenys [®] XR ODT |
| amphetamine salt combo tablet (generic for Adderall [®]) | amphetamine sulfate tablet (generic for Evekeo [®]) |
| amphetamine salt combo XR capsule (generic for Adderall [®] XR) | Azstarys [™] Capsule |
| Aptensio [®] XR Capsule | Cotempla [™] XR-ODT |
| atomoxetine capsule (generic for Strattera [®]) | Desoxyn [®] Tablet |
| clonidine ER tablet (generic for Kapvay [®]) | Dexedrine [®] Spansule [®] |
| Concerta [®] Tablet | dextroamphetamine ER capsule (generic for Dexedrine [®] Spansule [®]) |
| Daytrana [®] Patch | dextroamphetamine solution (generic for ProCentra [®]) |
| dexmethylphenidate tablet / ER capsule (generic for Focalin [®] / XR) | Dyanavel [®] XR Suspension - Exemption for children < 12 years of age |
| dextroamphetamine tablet (generic for Dexedrine [®]) | Dyanavel [®] XR Tablet |
| guanfacine ER tablet (generic for Intuniv [®]) | Evekeo [®] Tablet / Evekeo [®] ODT Tablet |
| Methylin [®] Solution | Focalin [®] Tablet / XR Capsule |
| methylphenidate ER tablet (generic for Concerta [®]) | Intuniv [®] Tablet |
| methylphenidate tablet / solution (generic for Methylin [®] , Ritalin [®]) | Jornay PM [™] Capsule |
| Vyvanse [®] Capsule / Chewable Tablet | lisdexamfetamine capsule / chewable tablet (generic for Vyvanse[®]) |
| | methamphetamine tablet (generic for Desoxyn [®]) |
| | methylphenidate CD capsule (generic for Metadate [®] CD) |
| | methylphenidate chewable (generic for Methylin [®]) |
| | methylphenidate ER capsule (generic for Aptensio [®] XR) |
| | methylphenidate ER tablet (45 mg and 63 mg) (Branded Product Per FDA) |
| | methylphenidate LA capsule (generic for Ritalin [®] LA) |
| | methylphenidate patch (generic for Daytrana [®]) |
| | Mydayis [®] ER Capsule |
| | ProCentra [®] Solution |
| | Qelbree [™] Capsule |
| | Quillichew [®] ER Tablet- Exemption for children < 12 years of age |
| | Quillivant [®] XR Suspension - Exemption for children < 12 years of age |
| | Relexxii [™] ER Tablet |
| | Ritalin [®] LA Capsule |
| | Ritalin [®] Tablet |
| | Strattera [®] Capsule |
| | Xelstrym [®] Patch |
| | Zenzedi [®] Tablet |
| Add new to market product lisdexamfetamine capsule / chewable tablet (generic for Vyvanse[®]) as Non-Preferred | |
| INJECTABLE ANTIPSYCHOTICS | |
| Injectable Long Acting | |
| Preferred | Non-Preferred |
| Abilify Maintena [®] Syringe / Vial | |
| Abilify Asimtufii[®] (aripiprazole extended release) Syringe Kit | |
| Aristada [®] / Initio [™] Syringe | |
| fluphenazine decanoate vial (generic for Prolixin decanoate [®]) | |
| Haldol [®] decanoate Ampule | |
| haloperidol decanoate ampule / vial (generic for Haldol decanoate [®]) | |
| Invega [®] Hafyera Prefilled Syringe Kit | |
| Invega [®] Sustenna Prefilled Syringe | |
| Invega [®] Trinza Syringe | |
| Perseris [®] Syringe | |
| Risperdal [®] Consta Syringe | |
| Uzedy[™] (risperidone extended release) Syringe Kit | |
| Zyprexa [®] Relprevv [™] Vial Kit | |
| Add new to market products Abilify Asimtufii[®] (aripiprazole extended release) and Uzedy[™] (risperidone extended release) Syringe Kits as Preferred | |
| ATYPICAL ANTIPSYCHOTICS | |
| Oral / Topical | |
| Trial and failure of only one preferred drug required | |
| Preferred | Non-Preferred |
| aripiprazole Tablet / Solution (generic for Abilify [®]) | Abilify [®] Tablet / Abilify [®] MyCite [®] Tablet |
| clozapine tablet (generic for Clozaril [®]) | aripiprazole ODT (generic for Abilify [®] Discmelt [®]) |
| Invega [®] Tablet | asenapine SL tablet (generic for Saphris [®] SL) |
| lurasidone tablet (generic for Latuda [®]) | Caplyta [™] Capsule |
| olanzapine ODT / tablet (generic for Zyprexa [®]) | clozapine ODT (generic for FazaClo [®]) |
| quetiapine tablet / ER tablet (generic for Seroquel [®] / XR) | Clozaril [®] Tablet |
| risperidone ODT / solution / tablet (generic for Risperdal [®]) | Fanapt [®] Tablet / Titration Pack |
| Saphris [®] SL Tablet | Geodon [®] Capsule |
| Symbyax [®] Capsule | Latuda [®] Tablet |
| Vraylar [®] Capsule Trial and Failure of 1 Preferred Atypical Antipsychotic required | Lybalvi [™] Tablet |
| ziprasidone capsule (generic for Geodon [®]) | Nuplazid [®] Capsule / Tablet |
| | olanzapine-fluoxetine capsule (generic for Symbyax [®]) |
| | paliperidone ER tablet (generic for Invega [®]) |
| | Rexulti [®] Tablet |
| | Risperdal [®] Solution / Tablet |
| | Secuado [®] Patch |
| | Seroquel [®] Tablet / XR Tablet / XR Sample Kit |

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

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| | |
|--|---------------------------------------------------------|
| | Versacloz [®] Suspension |
| | Zyprexa [®] Tablet / Zydus [®] Tablet |
| | |

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| CARDIOVASCULAR | |
|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| ACE INHIBITORS | |
| Preferred | Non-Preferred |
| benazepril tablet (generic for Lotensin [®]) | Accupril [®] Tablet |
| enalapril tablet (generic for Vasotec [®]) | Altace [®] Capsule |
| lisinopril tablet (generic for Prinivil [®] and Zestril [®]) | captopril tablet (generic for Capoten [®]) |
| ramipril capsule (generic for Altace [®]) | enalapril solution (generic for Epaned [®]) - Exemption for children < 12 years of age |
| | Epaned [®] Solution - Exemption for children < 12 years of age |
| | fosinopril tablet (generic for Monopril [®]) |
| | Lotensin [®] Tablet |
| | moexipril tablet (generic for Univasc [®]) |
| | Qbrelis [®] Solution - Exemption for children < 12 years of age |
| | perindopril tablet (generic for Aceon [®]) |
| | quinapril tablet (generic for Accupril [®]) |
| | trandolapril tablet (generic for Mavik [®]) |
| | Vasotec [®] Tablet |
| | Zestril [®] Tablet |
| ACE INHIBITOR / CALCIUM CHANNEL BLOCKER COMBINATIONS | |
| Preferred | Non-Preferred |
| amlodipine-benazepril capsule (generic for Lotrel [®]) | Lotrel [®] Capsule |
| | trandolapril-verapamil ER tablet (generic for Tarka [®]) |
| ACE INHIBITOR / DIURETIC COMBINATIONS | |
| Preferred | Non-Preferred |
| enalapril-HCTZ tablet (generic for Vaseretic [®]) | Accuretic [®] Tablet |
| lisinopril-HCTZ tablet (generic for Prinzide [®] , Zestoretic [®]) | benazepril-HCTZ tablet (generic for Lotensin [®] HCT) |
| | captopril-HCTZ tablet (generic for Capozide [®]) |
| | fosinopril-HCTZ tablet (generic for Monopril [®] HCT) |
| | Lotensin [®] HCT Tablet |
| | quinapril-HCTZ tablet (generic for Accuretic [®] , Quinaretic [®]) |
| | Vaseretic [®] Tablet |
| | Zestoretic [®] Tablet |
| ANGIOTENSIN II RECEPTOR BLOCKERS | |
| Preferred | Non-Preferred |
| irbesartan tablet (generic for Avapro [®]) | Atacand [®] Tablet |
| losartan tablet (generic for Cozaar [®]) | Avapro [®] Tablet |
| olmesartan tablet (generic for Benicar [®]) | Benicar [®] Tablet |
| valsartan tablet (generic for Diovan [®]) | candesartan tablet (generic for Atacand [®]) |
| | Cozaar [®] Tablet |
| | Diovan [®] Tablet |
| | Edarbi [®] Tablet |
| | eprosartan tablet (generic for Teveten [®]) |
| | Micardis [®] Tablet |
| | telmisartan tablet (generic for Micardis [®]) |
| | valsartan oral solution |
| Add new to market product valsartan oral solution as Non-Preferred | |
| ANGIOTENSIN II RECEPTOR BLOCKER COMBINATIONS | |
| Preferred | Non-Preferred |
| amlodipine-olmesartan tablet (generic for Azor [®]) | Azor [®] Tablet |
| amlodipine-valsartan tablet (generic for Exforge [®]) | Exforge [®] Tablet / HCT Tablet |
| amlodipine-valsartan-HCTZ tablet (generic for Exforge [®] HCT) | telmisartan-amlodipine tablet (generic for Twynsta [®]) |
| olmesartan-amlodipine-HCTZ tablet (generic for Tribenzor [®]) | Tribenzor [®] Tablet |

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| ANGIOTENSIN II RECEPTOR BLOCKER DIURETIC COMBINATIONS | |
|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| Preferred | Non-Preferred |
| irbesartan-HCTZ tablet (generic for Avalide [®]) | Atacand [®] HCT Tablet |
| losartan-HCTZ tablet (generic for Hyzaar [®]) | Avalide [®] Tablet |
| olmesartan-HCTZ tablet (generic for Benicar [®] HCT) | Benicar [®] HCT Tablet |
| valsartan-HCTZ tablet (generic for Diovan [®] HCT) | candesartan-HCTZ tablet (generic for Atacand [®] HCT) |
| | Diovan [®] HCT Tablet |
| | Edarbyclor [®] Tablet |
| | Hyzaar [®] Tablet |
| | Micardis [®] HCT Tablet |
| | telmisartan-HCTZ tablet (generic for Micardis [®] HCT) |
| ANGIOTENSIN II RECEPTOR / NEPRILYSIN BLOCKER COMBINATIONS | |
| Preferred | Non-Preferred |
| Entresto [®] | |
| ANTI-ARRHYTHMICS | |
| Preferred | Non-Preferred |
| amiodarone tablet (generic for Cordarone [®]) | Multaq [®] Tablet |
| disopyramide capsule (generic for Norpace [®]) | Norpace [®] Capsule / CR Capsule |
| dofetilide capsule (generic for Tikosyn [®]) | Pacerone [®] Tablet |
| flecainide tablet (generic for Tambocor [®]) | quinidine gluconate ER tablet (generic for Quinaglate DuraTabs [®]) |
| mexiletine capsule (generic for Mexitil [®]) | Rythmol SR [®] Capsule |
| propafenone tablet (generic for Rythmol [®]) | Tikosyn [®] Capsule |
| propafenone SR capsule (generic for Rythmol SR [®]) | |
| quinidine sulfate tablet (generic for Quinidex [®] Tablet) | |
| BETA BLOCKERS | |
| Preferred | Non-Preferred |
| atenolol tablet (generic for Tenormin [®]) | acebutolol capsule (generic for Sectral [®]) |
| carvedilol tablet (generic for Coreg [®]) | Betapace [®] Tablet / AF Tablet |
| labetalol tablet (generic for Trandate [®]) | betaxolol tablet (generic for Kerlone [®]) |
| metoprolol succinate XL tablet (generic for Toprol XL [®]) | bisoprolol tablet (generic for Zebeta [®]) |
| metoprolol tartrate tablet (generic for Lopressor [®]) | Bystolic [®] Tablet |
| propranolol solution / tablet / ER capsule (generic for Inderal [®]) | carvedilol ER capsule (generic for Coreg [®] CR Capsule) |
| Sorine [®] Tablet | Coreg [®] Tablet / CR Capsule |
| sotalol tablet / AF tablet (generic for Betapace [®] / AF, Sorine [®]) | Corgard [®] Tablet |
| | Hemangeol [®] Solution - Exemption for diagnosis of infantile hemangioma |
| | Inderal [®] LA Capsule / XL Capsule |
| | Innopran [®] XL Capsule |
| | 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 Viskin [®]) |
| | Sotylize [®] Solution |
| | Tenormin [®] Tablet |
| | timolol tablet (generic for Blocadren [®]) |
| | Toprol XL [®] Tablet |
| BETA BLOCKER DIURETIC COMBINATIONS | |
| Preferred | Non-Preferred |
| atenolol-chlorthalidone tablet (generic for Tenoretic [®]) | metoprolol-HCTZ tablet (generic for Lopressor [®] HCT) |
| bisoprolol-HCTZ tablet (generic for Ziac [®]) | propranolol-HCTZ tablet (generic for Inderide [®]) |
| | Tenoretic [®] Tablet |
| | Ziac [®] Tablet |

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| BILE ACID SEQUESTRANTS | |
|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| Preferred | Non-Preferred |
| cholestyramine packet / powder / light packet / light powder (generic for Questran® / Questran® Light) | colesevelam packet / tablet (generic for Welchol®) |
| colestipol tablet (generic for Colestid® Tablet) | Colestid® Granules / Tablet |
| | colestipol granules (generic for Colestid®) |
| | Prevalite® Packet / Powder |
| | Questran® Light Powder / Packet / Powder |
| | Welchol® Packet / Tablet |
| CHOLESTEROL LOWERING AGENTS | |
| Preferred | Non-Preferred |
| atorvastatin tablet (generic for Lipitor®) | Altoprev® Tablet |
| ezetimibe (generic for Zetia®) | amlodipine-atorvastatin tablet (generic for Caduet®) |
| lovastatin tablet (generic for Mevacor®) | Atorvaliq® Suspension |
| pravastatin tablet (generic for Pravachol®) | Caduet® Tablet |
| rosuvastatin tablet (generic for Crestor®) | Crestor® Tablet |
| simvastatin tablet (generic for Zocor®) | Ezallor™ Capsule |
| | ezetimibe-simvastatin (generic for Vytorin®) |
| | fluvastatin capsule / ER tablet (generic for Lescol® / XL) |
| | Juxtapid® Capsule - Clinical criteria apply |
| | Lescol® XL Tablet |
| | Lipitor® Tablet |
| | Livalo® Tablet |
| | Nexletol® Tablet - Clinical criteria apply |
| | Nexlizet® Tablet - Clinical criteria apply |
| | Vytorin® Tablet |
| | Zetia® Tablet |
| | Zocor® Tablet |
| | Zypitamag™ Tablet |
| CORONARY VASODILATORS | |
| Preferred | Non-Preferred |
| isosorbide dinitrate tablet (generic for Isordil® Titradose®, IsoDitrate®, et.al.) | Gonitro® Sublingual Powder |
| isosorbide mononitrate tablet / ER tablet (generic for Ismo®, Monoket®, Imdur®) | Isordil® Tablet / Titradose® Tablet |
| Minitran® Patch | Nitro-Bid® Ointment |
| nitroglycerin patch / spray / SL tablet (generic for Nitro-Dur®, Minitran®, Nitrostat®, et. al) | Nitro-Dur® Patch |
| Nitrostat® SL Tablet | Nitrolingual® Spray |
| | Verquvo™ Tablet |
| No recommendations. Class open for comments. | |
| DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS | |
| Preferred | Non-Preferred |
| amlodipine tablet (generic for Norvasc®) | felodipine ER tablet (generic for Plendil®) |
| nifedipine capsule (generic for Procardia®) | isradipine capsule (generic for Dynacirc®) |
| nifedipine ER tablet (generic for Adalat CC® / Procardia XL®) | Katerzia™ Suspension - Exemption for children < 12 years of age |
| | levamlodipine tablet (generic for Conjugri®) |
| | nicardipine capsule (generic for Cardene®) |
| | nimodipine capsule (generic for Nimotop®) |
| | nisoldipine ER tablet (generic for Sular®) |
| | Nortliqva® Solution |
| | Norvasc® Tablet |
| | Nymalize® Solution |
| | Procardia® Capsule / XL Tablet |
| | Sular® Tablet |
| Removal: Procardia® Capsule | |
| DIRECT RENIN INHIBITOR | |
| Preferred | Non-Preferred |
| Tekturna® Tablet | aliskiren tablet (generic for Tekturna® Tablet) |
| Tekturna® HCT Tablet | |
| No recommendations. Class open for comments. | |

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

Effective DATE: Draft for January 11, 2024 Meeting

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| ENDOTHELIN RECEPTOR ANTAGONISTS | | |
|---------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------|
| Covered for diagnosis of Pulmonary Arterial Hypertension only | | |
| Preferred | | Non-Preferred |
| ambrisentan tablet (generic for Letairis [®] Tablet) | | bosentan tablet (generic for Tracleer [®] Tablet) |
| Tracleer [®] Tablet | | Letairis [®] Tablet |
| | | Opsumit [®] Tablet |
| | | Tracleer [®] Suspension |
| INHALED PROSTACYCLIN ANALOGS | | |
| Preferred | | Non-Preferred |
| Tyvaso [®] Refill Kit / Solution / Starter Kit | | Tyvaso [®] DPI |
| Ventavis [®] Solution | | |
| NIACIN DERIVATIVES | | |
| Preferred | | Non-Preferred |
| niacin ER tablet (generic for Niaspan [®]) | | |
| NITRATE COMBINATION | | |
| Preferred | | Non-Preferred |
| Bidil [®] Tablet | | isosorbide dinit/hydralazine tablet (generic for Bidil [®]) |
| NON-DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS | | |
| Preferred | | Non-Preferred |
| Cartia XT [®] Capsule (branded generic for Cardizem CD [®]) | | Calan SR [®] Caplet |
| Dilt XR [®] Capsule (branded generic for Dilacor XR [®]) | | Cardizem CD [®] Capsule |
| diltiazem ER 24 hour capsule (generic for Dilacor XR [®] , Tiazac [®]) | | Cardizem [®] Tablet / LA Tablet |
| diltiazem tablet / CD capsule / ER 12 hour capsule (generic for Cardizem [®] / CD / SR) | | diltiazem LA tablet (generic for Cardizem LA [®]) |
| Taztia XT [®] Capsule (branded generic for Tiazac [®]) | | Matzim [®] LA Tablet (generic for Cardizem LA [®]) |
| Tiadyt [®] ER Capsule | | Tiazac [®] Capsule |
| verapamil tablet / ER tablet (generic for Calan [®] / SR) | | verapamil 360 mg capsule |
| | | verapamil ER capsule / PM capsule (generic for Verelan [®] / Verelan [®] PM) |
| | | Verelan [®] Capsule / Verelan [®] PM Capsule |
| ORAL PULMONARY HYPERTENSION | | |
| Covered for diagnosis of Pulmonary Arterial Hypertension (all) and Chronic Thromboembolic Pulmonary Hypertension- Adempas [®] only | | |
| Preferred | | Non-Preferred |
| Absq [®] Tablet (branded generic for tadalafil) | | Adcirca [®] Tablet |
| sildenafil tablet (generic for Revatio [®]) | | Adempas [®] Tablet |
| tadalafil tablet (generic for Adcirca [®]) | | Liqrev [®] (sildenafil) Suspension |
| | | Orenitram [®] ER Tablet / Titration Kit |
| | | Revatio [®] Suspension / Tablet Exemption for children < 12 years of age for Suspension ONLY |
| | | sildenafil suspension (generic for Revatio [®]) Exemption for children < 12 years of age |
| | | Tadliq [®] Suspension |
| | | Upravi [®] Tablet |
| | | Upravi [®] (selexipag) Titration Pack |
| Add new to market product Liqrev[®] (sildenafil) Suspension as Non-Preferred | | |
| Add Upravi[®] (selexipag) Titration Pack as Non-Preferred | | |
| PLATELET INHIBITORS | | |
| Preferred | | Non-Preferred |
| Brilinta [®] Tablet | | aspirin/dipyridamole ER capsule (generic for Aggrenox [®]) |
| clopidogrel tablet (generic for Plavix [®]) | | aspirin-omeprazole DR tablet |
| dipyridamole tablet (generic for Persantine [®]) | | Effient [®] Tablet |
| prasugrel tablet (generic for Effient [®] Tablet) | | Plavix [®] Tablet |
| ANTIANGINAL & ANTI-ISCHEMIC | | |
| Preferred | | Non-Preferred |
| ranolazine ER tablet (generic for Ranexa [®] Tablet) | | Aspruzo [™] Sprinkle |
| | | Ranexa [®] Tablet |
| SYMPATHOLYTICS AND COMBINATIONS | | |
| Preferred | | Non-Preferred |
| Catapres [®] TTS Patch | | clonidine ER tablet (generic for Nexiclon [™] XR) |
| clonidine tablet / patch (generic for Catapres [®] / TTS) | | methylodopa-HCTZ tablet (generic for Aldoril [®]) |
| guanfacine tablet (generic for Tenex [®]) | | methylodopa vial (generic for Aldomet [®]) |
| methylodopa tablet (generic for Aldomet [®]) | | |
| TRIGLYCERIDE LOWERING AGENTS | | |
| Preferred | | Non-Preferred |
| fenofibrate tablet (generic for Tricor [®]) | | Antara [®] Capsule |
| gemfibrozil tablet (generic for Lopid [®]) | | fenofibrate capsule / tablet (generic for Antara [®] , Lofibra [®] , Fenoglide [®] , et. al) |
| omega-3 acid ethyl esters capsule (generic for Lovaza [®]) | | fenofibric acid tablet (generic for Fibracor [®] , Trilipix [®]) |
| Vascepa [®] Capsule | | Fenoglide [®] Tablet |
| | | icosapent ethyl capsule (generic for Vascepa [®]) |
| | | Lipofen [®] Capsule |
| | | Lopid [®] Tablet |
| | | Lovaza [®] Capsule |
| | | Tricor [®] Tablet |
| | | Trilipix [®] Capsule |

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

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| | |
|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | |
| CARDIOVASCULAR, OTHER | |
| Preferred | Non-Preferred |
| Camzyos [®] Capsule - Clinical Criteria Apply | |
| CENTRAL NERVOUS SYSTEM | |
| ANTIMIGRAINE AGENTS | |
| Quantity limits apply to all triptans | |
| Preferred | Non-Preferred |
| rizatriptan tablet / ODT (generic for Maxalt [®]) | almotriptan tablet (generic for Axert [®]) |
| sumatriptan nasal spray / tablet / vial (generic for Imitrex [®]) | Amerge [®] Tablet |
| | diclofenac potassium powder packet (generic for Cambia [®]) - Trial and failure of 2 preferred NSAIDs, in addition to trial and failure of 2 preferred triptans in the Antimigraine Agents class required for coverage |
| | eletriptan tablet (generic for Relpax [®]) |
| | Elyxib [™] Solution - Trial and failure of 2 preferred NSAIDs, in addition to trial and failure of 2 preferred triptans in the Antimigraine Agents class required for coverage |
| | Frova [®] Tablet |
| | frovatriptan tablet (generic for Frova [®]) |
| | Imitrex [®] Cartridge / Nasal Spray / Pen / Tablet |
| | 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 [®]) |
| | Tosymra [™] Nasal Spray |
| | Treximet [®] Tablet |
| | Zembrace [®] SymTouch [®] |
| | zolmitriptan nasal spray / ODT / tablet (generic for Zomig [®]) |
| | Zomig [®] Nasal Spray / Tablet / ZMT [®] Tablet |
| Removal: Amerge [®] Tablet | |
| ANTIMIGRAINE AGENTS | |
| CGRP Blockers/Modulators PREVENTATIVE | |
| Clinical criteria apply to all drugs in this class | |
| Preferred | Non-Preferred |
| Aimovig [®] Autoinjector | Qulipta [®] Tablet |
| Ajovy [®] Autoinjector / Syringe | Vyepti [®] Vial |
| Emgality [®] Pen / Syringe | |
| Nurtec [®] ODT | |
| ANTIMIGRAINE AGENTS | |
| CGRP Blockers/Modulators ACUTE TREATMENT | |
| Clinical criteria apply to all drugs in this class | |
| Preferred | Non-Preferred |
| Nurtec [®] ODT | Zavzpret [™] (zavegepant) Nasal Spray |
| Ubrelvy [®] Tablet | |
| Add new to market product Zavzpret [™] (zavegepant) Nasal Spray as Non-Preferred | |
| ANTI-NARCOLEPSY | |
| Clinical criteria apply to all drugs in this class | |
| Preferred | Non-Preferred |
| Nuvigil [®] Tablet | armodafinil tablet (generic for Nuvigil [®]) |
| Provigil [®] Tablet | modafinil tablet (generic for Provigil [®]) |
| | Sunosi [™] Tablet |
| | Wakix [®] Tablet |
| No recommendations. Class open for comments. | |
| | |

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| ANTIPARKINSON AND RESTLESS LEG SYNDROME AGENTS | |
|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| Preferred | Non-Preferred |
| amantadine capsule / solution (generic for Symmetrel®) | Apokyn® Cartridge |
| benztropine tablet (generic for Cogentin®) | apomorphine cartridge (generic for Apokyn®) |
| bromocriptine capsule / tablet (generic for Parlodel®) | Azilect® Tablet |
| carbidopa-levodopa ODT (generic for Parcopa®) | carbidopa tablet (generic for Lodosyn®) |
| carbidopa-levodopa tablet / ER tablet (generic for Sinemet® / CR) | carbidopa-levodopa-entacapone tablet (generic for Stalevo®) |
| pramipexole tablet (generic for Mirapex®) | Comtan® Tablet |
| ropinirole tablet (generic for Requip®) | Dhivy Tablet™ |
| selegiline capsule / tablet (generic for Emsam®) | Duopa® Suspension |
| trihexphenidyl elixir / tablet (generic for Artane®) | entacapone tablet (generic for Comtan®) |
| | Gocovri® Capsule - Clinical criteria apply |
| | Horizant® Tablet |
| | Inbria™ Inhalation |
| | Kynmobi™ SL Film / Titration Kit |
| | Lodosyn® Tablet |
| | Mirapex® ER Tablet |
| | Neupro® Patch |
| | Nourianz™ Tablet |
| | Ongentys® Capsule |
| | Osmolex ER™ Tablet - Clinical criteria apply |
| | Parlodel® Capsule / Tablet |
| | pramipexole ER tablet (generic for Mirapex ER®) |
| | rasagiline tablet (generic for Azilect®) |
| | ropinirole ER tablet (generic for Requip XL®) |
| | Rytary® ER Capsule |
| | Sinemet® Tablet |
| | Stalevo® Tablet |
| | Tasmar® Tablet |
| | tolcapone tablet (generic for Tasmar®) |
| | Xadago® Tablet |
| | Zelapar® ODT |
| Removal: Kynmobi™ SL Film | |
| MULTIPLE SCLEROSIS | |
| | Injectable |
| Preferred | Non-Preferred |
| Avonex® Pack / Pen / Syringe | Briumvi™ Vial |
| Betaseron® Kit / Vial | Extavia® Kit / Vial |
| Copaxone® Syringe | glatiramer syringe (generic for Copaxone® Syringe) |
| Kesimpta® Pen | Glatopa® Syringe |
| Rebif® Rebidose® / Titration Pack / Syringe | Lemtrada® Vial |
| | Ocrevus® Vial - Diagnosis of Primary Progressive MS (PPMS) bypasses requirement for 2 preferred agents |
| | Plegridy® Pen / Pen Starter Pack / Syringe / Syringe Starter Pack |
| | Tysabri™ Vial |
| MULTIPLE SCLEROSIS | |
| | Oral |
| Preferred | Non-Preferred |
| dalfampridine ER tablet (generic for Ampyra®) | Ampyra® Tablet |
| dimethyl fumarate DR capsule / starter pack (generic for Tecfidera® Capsule / Starter Pack) | Aubagio® Tablet |
| fingolimod capsule (generic for Gilenya®) | Bafiertam™ Capsule |
| teriflunomide tablet (generic for Aubagio®) | Gilenya® Capsule |
| | Mavenclad® Tablet |
| | Mayzent® Starter Pack / Tablet |
| | Ponvory™ Starter Pack / Tablet |
| | Tascenso ODT™ |
| | Tecfidera® Capsule / Starter Pack |
| | Vumerity™ Capsule |
| | Zeposia® Starter Pack / Capsule |
| AMYOTROPHIC LATERAL SCLEROSIS (ALS) AGENTS | |
| Preferred | Non-Preferred |
| riluzole tablet (generic for Rilutek®) | Exservan™ Oral Film |
| | Qalsody™ (toferson) Vial |
| | Tiglutik® Suspension |
| | Radicava® ORS® Suspension / ORS® Starter Kit Suspension / Bag |
| | Relvyrio™ Powder Packet |
| Add new to market product Qalsody™ (toferson) Vial as Non-Preferred | |
| SEDATIVE HYPNOTICS | |
| Quantity limits apply to all sedative hypnotics | |
| Preferred | Non-Preferred |
| eszopiclone tablet (generic for Lunesta®) | Ambien® Tablet / CR Tablet |
| flurazepam capsule | |
| ramelteon tablet (generic for Rozerem® Tablet) | Belsomra® Tablet |
| temazepam 15mg, 30mg capsule (generic for Restoril®) | Dayvigo™ Tablet |

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| | |
|-------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| zaleplon capsule (generic for Sonata [®]) | Doral [®] Tablet |
| zolpidem tablet (generic for Ambien [®]) | doxepin tablet (generic for Silenor [®]) |
| | Edluar [®] SL Tablet |
| | estazolam tablet (generic for Prosom [®]) |
| | Halcion [®] Tablet |
| | Hetlioz [®] Capsule / LQ Suspension - Clinical criteria apply |
| | Lunesta [®] Tablet |
| | quazepam tablet (generic for Doral [®]) |
| | Quviviq [™] Tablet |
| | Restoril [®] Capsule |
| | Rozerem [®] Tablet |
| | Silenor [®] Tablet |
| | tasimelteon capsule (generic for Hetlioz [®]) - Trial and Failure of Hetlioz[®] Capsule Required for Coverage |
| | temazepam 7.5, 22.5 mg capsule (generic for Restoril [®]) |
| | triazolam tablet (generic for Halcion [®]) |
| | zolpidem capsule |
| | zolpidem ER tablet (generic for Ambien [®] CR) |
| | zolpidem SL tablet (generic for Intermezzo [®]) |
| Add new to market product zolpidem capsule as Non-Preferred | |
| Add flurazepam capsule as Preferred | |

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| SMOKING CESSATION | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Preferred | Non-Preferred |
| bupropion SR tablet (generic for Zyban®) | Nicotrol® Inhaler / NS Nasal Spray |
| Chantix® Tablet / Starting Box / Continuation Month Box - Quantity limited to 6 months per 12 months | |
| nicotine gum / lozenge (buccal) / patch | |
| varenicline starting month box (generic for Chantix®) - Quantity limited to 6 months per 12 months | |
| varenicline tablet (generic for Chantix®) Quantity limited to 6 months per 12 months. Only rebate eligible versions are covered. | |
| ENDOCRINOLOGY | |
| GROWTH HORMONE | |
| Clinical criteria apply to all drugs in this class | |
| Preferred | Non-Preferred |
| Genotropin® Cartridge / MiniQuick® | Humatrope® Cartridge |
| Norditropin® Flexpro® | Ngenla® (somatragon-ghla) Pen |
| | Nutropin® AQ NuSpin® |
| | Omnitrope® Cartridge / Vial |
| | Saizen® Click-Easy® Cartridge- / Vial |
| | Serostim® Vial |
| | Skytrofa® Cartridge |
| | Sogroya® (somapacitan-beco) Pen |
| | Zomacton® Vial |
| | Zorbtive® Vial |
| Add new to market products Sogroya® (somapacitan-beco) Pen and Ngenla® (somatragon-ghla) Pen as Non-Preferred Removal: Saizen® Click-Easy® Cartridge | |
| HYPOGLYCEMICS - INJECTABLE | |
| Rapid Acting Insulin | |
| Trial and failure of only one preferred drug required | |
| Preferred | Non-Preferred |
| Humalog® U-100 Cartridge | Admelog® SoloStar® / Vial |
| Humalog® U-100 Junior KwikPen® | Afrezza® Inhalation Powder |
| Humalog® U-100 KwikPen® / Vial | Apidra® SoloStar® / Vial |
| insulin aspart U-100 FlexPen® / vial (generic for Novolog®) | Fiasp® FlexTouch® / Penfil® / Vial |
| insulin lispro U-100 Junior KwikPen® (generic for Humalog® Junior) | Fiasp® (insulin aspart) PumpCart® |
| insulin lispro U-100 KwikPen® / vial (generic for Humalog®) | Humalog® U-200 KwikPen® |
| Novolog® U-100 Cartridge / FlexPen® / Vial | Humalog® Tempo Pen™ |
| | insulin aspart U-100 cartridge (generic for Novolog®) |
| | Lyumjev™ U-100 KwikPen® / Vial |
| | Lyumjev™ U-200 KwikPen® |
| | Lyumjev™ Tempo Pen™ |
| Add new to market product Fiasp® (insulin aspart) PumpCart® as Non-Preferred | |
| Short Acting Insulin | |
| Trial and failure of only one preferred drug required | |
| Preferred | Non-Preferred |
| Humulin® R Vial | Myxredlin™ Injection |
| Humulin® R U-500 KwikPen® / U500 Vial | Novolin® R Vial / ReliOn® R Vial |
| | Novolin R FlexPen® |
| Intermediate Acting Insulin | |
| Preferred | Non-Preferred |
| Humulin® N Vial | Humulin® N KwikPen® |
| | Novolin® N FlexPen® / ReliOn® N FlexPen® |
| | Novolin® N Vial / ReliOn® N Vial |
| Long Acting Insulin | |
| Trial and failure of only one preferred drug required | |
| Preferred | Non-Preferred |
| insulin glargine vial / SoloStar® (authorized biologic for Lantus) | Basaglar® KwikPen® / Tempo Pen™ |
| Lantus® SoloStar® / Vial | insulin degludec pen/vial (generic for Tresiba®) |
| Levemir® / FlexPen® / FlexTouch® / Vial | insulin glargine-yfgn pen / vial (generic for Semglee™ yfgn) |
| | Rezvoglar™ Kwikpen® |
| | Semglee™ yfgn Pen / Vial |
| | Toujeo® SoloStar® / Max SoloStar® |
| | Tresiba® FlexTouch® / Vial |
| Premixed Rapid Combination Insulin | |
| Preferred | Non-Preferred |
| Humalog® 50/50 Mix KwikPen® / Vial | insulin lispro protamine 75/25 KwikPen® (generic for Humalog® 75/25 Mix) |
| Humalog® 75/25 Mix KwikPen® / Vial | Novolog® Mix 70/30 Vial |
| insulin aspart protamine-aspart 70/30 U-100 FlexPen® / vial (generic for Novolog® Mix 70/30) | |
| Novolog® Mix 70/30 FlexPen® | |
| Premixed 70/30 Combination Insulin | |
| Preferred | Non-Preferred |
| Humulin® 70/30 KwikPen® / Vial | Novolin® 70/30 FlexPen® / Vial / ReliOn® 70/30 Vial |

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

Effective DATE: Draft for January 11, 2024 Meeting

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No recommendations. Class open for comments.

Amylin Analogs

Requires trial and failure or insufficient response to metformin containing product unless contraindicated or documented adverse event when using either a preferred or non-preferred Amylin Analog

Preferred

Non-Preferred

Symlin® Pen Injector

No recommendations. Class open for comments.

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| GLP-1 Receptor Agonists and Combinations | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| Requires trial and failure or insufficient response to metformin containing products (except for diabetic beneficiaries with ASCVD, heart failure, or CKD) unless contraindicated or documented adverse event when using either a preferred or a non-preferred GLP-1 Receptor Agonist and Combination | |
| Preferred | Non-Preferred |
| Bydureon® Pen | Adlyxin® Pen |
| Byetta® Pen | Bydureon® BCise™ |
| Trulicity® Pen | Rybelsus® Tablet |
| Victoza® Pen | Soliqua® Pen |
| Ozempic® Pen | Xultophy® Pen |
| | Mounjaro™ Pen |
| Removal: Bydureon® Pen | |
| HYPOGLYCEMICS - ORAL | |
| 2nd Generation Sulfonylureas | |
| Preferred | Non-Preferred |
| Amaryl® Tablet | |
| glimepiride tablet (generic for Amaryl®) | |
| glipizide tablet / ER tablet (generic for Glucotrol® / XL) | |
| Glucotrol® XL Tablet | |
| glyburide micronized tablet (generic for Micronase®, Glynase®) | |
| glyburide tablet (generic for Diabeta®) | |
| Glynase® Tablet | |
| Removal: Amaryl® Tablet | |
| Alpha-Glucosidase Inhibitors | |
| Preferred | Non-Preferred |
| acarbose tablet (generic for Precose®) | miglitol tablet (generic for Glyset®) |
| | Precose® Tablet |
| No recommendations. Class open for comments. | |
| Biguanides and Combinations | |
| Preferred | Non-Preferred |
| glipizide-metformin tablet (generic for Metaglip®) | Fortamet® Tablet |
| glyburide-metformin tablet (generic for Glucovance®) | Glumetza® Tablet ** requires documentation as to why the beneficiary cannot use preferred long acting metformin product |
| metformin tablet / ER tablet (generic for Glucophage® / ER) | metformin solution (generic for Riomet® Solution) Exemption for children < 12 years of age |
| | metformin tablet (625 mg) |
| | metformin ER tablet (generic for Fortamet®) |
| | metformin ER tablet (generic for Glumetza®) |
| | Riomet® Solution / ER Suspension |
| Add new to market product metformin tablet (625 mg) as Non-Preferred | |
| Removal: Fortamet® Tablet | |
| DPP-IV Inhibitors and Combinations | |
| Requires trial and failure or insufficient response to metformin containing products unless contraindicated or documented adverse event when using either a preferred or a non-preferred DPP-IV Inhibitor or Combination | |
| Preferred | Non-Preferred |
| Janumet® Tablet / XR Tablet | alogliptin tablet (generic for Nesina®) |
| Januvia® Tablet | alogliptin-metformin tablet (generic for Kazano®) |
| Jentadueto® Tablet / XR Tablet | alogliptin-pioglitazone tablet (generic for Osem®) |
| Onglyza® Tablet | Glyxambi® Tablet |
| saxagliptin tablet (generic for Onglyza®) | Kazano® Tablet |
| Tradjenta® Tablet | Kombiglyze® XR Tablet |
| | Nesina® Tablet |
| | Oseni® Tablet |
| | Qiern® Tablet |
| | saxagliptin-metformin ER tablet (generic for Kombiglyze® XR) |
| | Sieglujan® Tablet |
| | Trijardy® XR Tablet |
| Add new to market products saxagliptin tablet (generic for Onglyza®) as Preferred and saxagliptin-metformin ER tablet (generic for Kombiglyze® XR) as Non-Preferred | |
| Meglitinides | |
| Preferred | Non-Preferred |
| nateglinide tablet (generic for Starlix®) | repaglinide-metformin tablet (generic for Prandimet®) |
| repaglinide tablet (generic for Prandin®) | |
| Removal: repaglinide-metformin tablet (generic for Prandimet®) | |

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Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitor and Combinations

For use in type 2 diabetes mellitus, requires trial and failure or insufficient response to metformin containing products (except for beneficiaries with ASCVD, heart failure, or CKD) unless contraindicated or documented adverse event when using either a preferred or a non-preferred SGLT2 Inhibitor and Combination. When the primary indication is heart failure, no trial and failure of metformin-containing products is required.

| Preferred | Non-Preferred |
|-------------------------------|--------------------------------------------|
| Farxiga [®] Tablet | Inpefa [™] (sotagliflozin) Tablet |
| Invokana [®] Tablet | Invokamet [®] Tablet / XR Tablet |
| Jardiance [®] Tablet | Seglurimet [™] Tablet |
| Synjardy [®] Tablet | Steglatro [™] Tablet |
| | Synjardy [®] XR Tablet |
| | Xigduo [®] XR Tablet |

Add new to market product Inpefa[™] (sotagliflozin) Tablet as Non-Preferred

Thiazolidinediones and Combinations

| Preferred | Non-Preferred |
|-------------------------------------------------------|------------------------------------------------------------------------|
| pioglitazone tablet (generic for Actos [®]) | ActoPlus Met [®] Tablet |
| | Actos [®] Tablet |
| | Duetact [®] Tablet |
| | pioglitazone-glimepiride tablet (generic for Duetact [®]) |
| | pioglitazone-metformin tablet (generic for ActoPlus Met [®]) |

No recommendations. Class open for comments.

GASTROINTESTINAL

ANTIEMETIC-ANTIVERTIGO AGENTS

| Preferred | Non-Preferred |
|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| aprepitant capsule / pack (generic for Emend [®]) - Clinical criteria apply | Akynzeo [®] Capsule / Vial |
| Diclegis [®] Tablet | Antivert [®] Tablet / Chewable Tablet |
| dimenhydrinate vial (generic for Dramamine [®]) | Anzemet [®] Tablet |
| meclizine tablet (generic for Antivert [®]) | Aponvie [™] Vial |
| metoclopramide solution / tablet (generic for Reglan [®]) | Barhemsys [®] Vial |
| ondansetron ODT / solution / tablet (generic for Zofran [®]) | Bonjesta [®] Tablet |
| prochlorperazine tablet (generic for Compazine [®]) | Cinvanti [®] Vial |
| promethazine syrup / suppository (12.5 mg and 25 mg) / tablet / ampule / vial (generic for Phenergan [®]) | Compro [®] Suppository |
| Transderm-Scop [®] Patch | doxylamine-pyridoxine tablet (generic for Diclegis [®] Tablet) |
| | dronabinol capsule (generic for Marinol [®]) |
| | Emend [®] Capsule / Powder Packet / Trifold Pack - Clinical criteria apply |
| | Emend [®] Vial |
| | fosaprepitant vial (generic for Emend [®]) |
| | Gimoti [™] Nasal Spray |
| | granisetron vial / tablet (generic for Kytril [®]) |
| | Marinol [®] Capsule |
| | metoclopramide ODT / vial |
| | ondansetron vial |
| | palonosetron injection (generic for Aloxi [®]) |
| | Phenergan [®] Ampule / Vial |
| | prochlorperazine vial / suppository (generic for Compazine [®]) |
| | promethazine 50 mg suppository (generic for Phenergan [®]) |
| | Reglan [®] Tablet |
| | Sancuso [®] Patch |
| | scopolamine patch (generic for Transderm-Scop [®]) |
| | Sustol [®] Syringe |
| | Tigan [®] Capsule/ Vial |
| | trimethobenzamide capsule (generic for Tigan [®]) |

Removal: Tigan[®] Capsule

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| BILE ACID SALTS | |
|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| Trial and failure of only one preferred drug required | |
| Preferred | Non-Preferred |
| ursodiol capsule (generic for Actigall®) | Bylvy™ Capsule / Pellet - Exemption for diagnosis of PFIC |
| ursodiol tablet (generic for Urso®) | Chenodal® Tablet |
| | Cholbam® Capsule |
| | Livmarli® Oral Solution |
| | Ocaliva® Tablet |
| | Reltone™ Capsule |
| | Urso® Tablet / Urso® Forte Tablet |
| H. PYLORI COMBINATIONS | |
| Preferred | Non-Preferred |
| Pylera® Capsule | bismuth / metronidazole / tetracycline capsule (generic for Pylera®) |
| | lansoprazole-amoxicillin-clarithromycin pack (generic for Prevpac®) |
| | Omeclamox-Pak® Combo Pack |
| | Talicia® Capsule |
| HISTAMINE-2 RECEPTOR ANTAGONISTS | |
| Preferred | Non-Preferred |
| famotidine tablet / suspension (generic for Pepcid®) | cimetidine solution / tablet (generic for Tagamet®) |
| ranitidine syrup / tablet (generic for Zantac®) | nizatidine capsule (generic for Axid®) |
| | Pepcid® Tablet |
| No recommendations. Class open for comments. | |
| PANCREATIC ENZYMES | |
| Preferred | Non-Preferred |
| Creon® Capsule | Pertzye® Capsule |
| Zenpep® Capsule | Viokase® Tablet |
| No recommendations. Class open for comments. | |
| PROGESTINS USED FOR CACHEXIA | |
| Preferred | Non-Preferred |
| megestrol suspension / tablet (generic for Megace®) | megestrol ES suspension (generic for Megace® ES) |
| No recommendations. Class open for comments. | |
| PROTON PUMP INHIBITORS | |
| Preferred | Non-Preferred |
| Dexilant® Capsule | Exemption for children < 12 years of age |
| esomeprazole magnesium capsule (generic for Nexium® Rx) | Aciphex® Tablet |
| esomeprazole magnesium OTC tablet (generic for Nexium® OTC) | dexlansoprazole capsules (generic for Dexilant®) |
| lansoprazole capsule (generic for Prevacid® Rx) | esomeprazole magnesium OTC capsule (generic for Nexium® OTC) |
| Nexium® Rx Packet | esomeprazole magnesium packet (generic for Nexium® Rx Packet) |
| omeprazole Rx capsule (generic for Prilosec® Rx) | esomeprazole magnesium OTC tablet (generic for Nexium® OTC) |
| pantoprazole tablet (generic for Protonix®) | Konvomep™ Suspension |
| Protonix® Suspension | lansoprazole capsule (generic for Prevacid® OTC) |
| | lansoprazole ODT (generic for Prevacid® SoluTab™) |
| | Nexium® Rx Capsule |
| | omeprazole-sodium bicarbonate capsule / packet (generic for Zegerid® Rx / OTC) |
| | omeprazole OTC capsule / ODT / tablet (generic for Prilosec® OTC) |
| | pantoprazole suspension (generic for Protonix®) |
| | Prevacid® Rx / OTC Capsule / Solutab |
| | Prilosec® Rx Suspension |
| | Protonix® Tablet |
| | rabeprazole tablet (generic for Aciphex®) |
| | Zegerid® Rx / Capsule / Packet |
| Move esomeprazole magnesium OTC tablet (generic for Nexium® OTC) from Preferred to Non-Preferred | |

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| SELECTIVE CONSTIPATION AGENTS | |
|----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| Preferred | Non-Preferred |
| Amitiza [®] Capsule | alosetron tablet (generic for Lotronex [®]) |
| Linzess [®] Capsule | Ibsrela [®] Tablet |
| | Lotronex [®] Tablet |
| | lubiprostone capsule (generic for Amitiza [®]) |
| | Motegrity [™] Tablet |
| | Movantik [®] Tablet |
| | Relistor [®] Syringe / Vial / Tablet Clinical Criteria Apply |
| | Symproic [®] Tablet |
| | Trulance [®] Tablet |
| | Viberzi [®] Tablet - Exemption for Irritable Bowel Syndrome with Diarrhea (IBS-D) |
| ULCERATIVE COLITIS | |
| Oral | |
| Preferred | Non-Preferred |
| Apriso [®] Capsule | Asacol [®] HD Tablet |
| balsalazide capsule (generic for Colazal [®]) | Azulfidine [®] Entab / Tablet |
| Lialda [®] Tablet | budesonide ER tablet (generic for Uceris [®]) |
| sulfasalazine IR / DR tablet (generic for Azulfidine [®] / Entab) | Colazal [®] Capsule |
| | Delzicol [®] Capsule |
| | Dipentum [®] Capsule |
| | mesalamine DR capsule (generic for Delzicol [®] , Asacol [®] HD, Lialda [®]) |
| | mesalamine ER capsule (generic for Apriso [®] , Pentasa [®]) |
| | Pentasa [®] Capsule |
| | Uceris [®] Tablet |
| ULCERATIVE COLITIS | |
| Rectal | |
| Trial and failure of only one preferred drug required | |
| Preferred | Non-Preferred |
| mesalamine enema (generic for Rowasa [®]) | budesonide rectal foam |
| mesalamine suppository (generic for Canasa [®]) | Canasa [®] Suppository |
| | mesalamine kit (generic for Rowasa [®]) |
| | Rowasa [®] Kit |
| | SF Rowasa [®] Enema |
| | Uceris [®] Rectal Foam |
| Add budesonide rectal foam as Non-Preferred | |
| ELECTROLYTE DEPLETERS (KIDNEY DISEASE) | |
| Preferred | Non-Preferred |
| calcium acetate capsule (generic for PhosLo [®]) | Auryxia [®] Tablet |
| calcium acetate tablet (generic for Eliphos [®]) | Fosrenol [®] Chewable |
| Renvela [®] Powder Pack / Tablet | Fosrenol [®] Powder Pack |
| | lanthanum carbonate chewable tablet (generic for Fosrenol [®]) |
| | MagneBind [®] 400 Rx Tablet |
| | Phoslyra [®] Solution |
| | Renagel [®] Tablet |
| | sevelamer carbonate powder pack / tablet (generic for Renvela [®]) |
| | sevelamer hydrochloride tablet (generic for Renagel [®]) |
| | Velphoro [®] Chewable |
| GENITOURINARY/RENAL | |
| BENIGN PROSTATIC HYPERPLASIA TREATMENTS | |
| Preferred | Non-Preferred |
| alfuzosin ER tablet (generic for Uroxatral [®]) | Avodart [®] Softgel |
| doxazosin tablet (generic for Cardura [®]) | Cardura [®] Tablet / XL Tablet |
| dutasteride capsule (generic Avodart [®]) | Cialis [®] Tablet (2.5mg and 5mg strengths only) Clinical criteria apply |
| finasteride tablet (generic for Proscar [®]) | dutasteride / tamsulosin capsule (generic for Jalyn [®]) |
| tamsulosin capsule (generic for Flomax [®]) | Entadit [™] Capsule |
| terazosin capsule (generic for Hytrin [®]) | Flomax [®] Capsule |
| | Jalyn [®] Capsule |
| | Proscar [®] Tablet |
| | Rapaflo [®] Capsule |
| | silodosin capsule (generic for Rapaflo [®]) |
| | tadalafil tablet (generic for Cialis [®]) (2.5mg and 5mg strengths only) Clinical criteria apply |

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| URINARY ANTISPASMODICS | |
|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| Preferred | Non-Preferred |
| oxybutynin syrup / tablet / ER tablet (generic for Ditropan® / XL) | darifenacin ER tablet (generic for Enablex®) |
| solifenacin tablet (generic for Vesicare®) | Detrol® Tablet / LA Capsule |
| Toviaz® Tablet | Ditropan® XL Tablet |
| | fesoterodine ER tablet (generic for Toviaz®) |
| | flavoxate tablet (generic for Urispas®) |
| | Gelnique® Gel Sachets |
| | Gemtesa® Tablet - Exemption in patients with a diagnosis of dementia or mild cognitive impairment |
| | Myrbetriq® (mirabegron) Granules / ER Tablet - Exemption in patients with a diagnosis of dementia or mild cognitive impairment |
| | oxybutynin tablet (2.5 mg) |
| | Oxytrol® Patch |
| | tolterodine tablet / ER capsule (generic for Detrol® / LA) |
| | trospium tablet / ER capsule (generic for Sanctura® / XR) |
| | Vesicare® LS Suspension / Tablet |
| | |
| GOUT | |
| Preferred | Non-Preferred |
| allopurinol tablet (generic for Zyloprim®) | allopurinol tablet (200 mg) |
| colchicine tablet (generic for Colcryst®) | colchicine capsule (generic for Mitigare®) |
| probenecid tablet (generic for Benemid®) | Colcryst® Tablet |
| probenecid-colchicine tablet (generic for Col-Benemid®) | febuxostat tablet (generic for Uloric® Tablet) |
| | Gloperba® Solution |
| | Krystexxa® Vial |
| | Mitigare® (branded colchicine 0.6mg) Capsules |
| | Uloric® Tablet |
| | Zyloprim® Tablet |
| | |
| HEMATOLOGIC | |
| ANTICOAGULANTS | |
| Injectable | |
| Preferred | Non-Preferred |
| enoxaparin syringe / vial (generic for Lovenox®) | Arixtra® Syringe |
| Fragmin® Syringe / Vial | fondaparinux syringe (generic for Arixtra®) |
| | Lovenox® Syringe / Vial |
| No recommendations. Class open for comments. | |
| | |
| Oral | |
| Preferred | Non-Preferred |
| Eliquis® Tablet / Starter Dose Pack | dabigatran capsule (generic for Pradaxa® Capsule) |
| Jantoven® (branded generic for Coumadin®) | Pradaxa® Pellet Pack |
| Pradaxa® Capsule | Savaysa® Tablet |
| warfarin tablet (generic for Coumadin®) | Xarelto® Suspension |
| Xarelto® Starter Pack / Tablet | |
| | |
| COLONY STIMULATING FACTORS | |
| Preferred | Non-Preferred |
| Neupogen® Vial / Syringe | Fulphila™ Syringe |
| Nyvepria™ Syringe | Fynetra® Syringe |
| Udenyca® Syringe | Granix® Safe Syringe / Syringe / Vial |
| Udenyca® (pegfilgrastim-cbqv) Autoinjector | Leukine® Vial |
| | Neulasta® Syringe / Kit |
| | Nivestym™ Syringe / Vial |
| | Releuko® Syringe / Vial |
| | Rolvedon™ Syringe |
| | Stimufend® Syringe |
| | Zarxio® Syringe |
| | Ziextenzo® Syringe |
| Add new to market product Udenyca® (pegfilgrastim-cbqv) Autoinjector as Preferred | |
| | |
| HEMATOPOIETIC AGENTS | |
| Clinical criteria apply to all drugs in this class | |
| Preferred | Non-Preferred |
| Aranesp® Syringe / Vial | Jesduvroq® (daprodustat) Tablet |
| Epogen® Vial | Mircera® Syringe |
| Retacrit® Vial | Procrit® Vial |
| | Reblozyl® Vial |
| Add new to market product Jesduvroq® (daprodustat) Tablet as Non-Preferred | |
| | |
| THROMBOPOIESIS STIMULATING AGENTS | |
| Preferred | Non-Preferred |
| Nplate® Vial | Tavalisse™ Tablet |
| Promacta® Suspension / Tablet | |
| No recommendations. Class open for comments. | |

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| OPHTHALMIC | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| ALLERGIC CONJUNCTIVITIS AGENTS | |
| Preferred | Non-Preferred |
| cromolyn sodium drops (generic for Cromol [®]) | Alcrolil [®] Drops |
| olopatadine drops (generic for Pataday [®] , Patanol [®]) | Alomide [®] Drops |
| | Alrex [®] Drops |
| | azelastine drops (generic for Optivar [®]) |
| | bepotastine drops (generic for Bepreve [®]) |
| | Bepreve [®] Drops |
| | epinastine drops (generic for Elestat [®]) |
| | Zerviate [™] Drops |
| | |
| ANTIBIOTICS | |
| Preferred | Non-Preferred |
| AK-Poly-Bac[®] Ointment (branded generic for Polysporin[®]) | Azastite [®] Drops |
| bacitracin-polymyxin ointment (generic for Polysporin [®]) | bacitracin ointment (generic for AK-Tracin [®]) |
| ciprofloxacin solution drops (generic for Ciloxan [®]) | Besivance [®] Suspension |
| erythromycin ointment (generic for Ilotycin [®]) | Ciloxan [®] Drops / Ointment |
| Gentak[®] Ointment (branded generic for Garamycin[®]) | gatifloxacin drops (generic for Zymaxid [®]) |
| gentamicin drops (generic for Garamycin [®]) | levofloxacin drops (generic for Quixin[®]) |
| moxifloxacin ophthalmic solution (generic for Vigamox [®]) | moxifloxacin ophthalmic solution (generic for Moxeza [®]) |
| ofloxacin drops (generic for Ocuflox [®]) | Natacyn [®] Drops |
| Polycin [®] Ointment (branded generic for Polysporin [®]) | neomycin-bacitracin-polymyxin ointment (generic for Neosporin [®] Ophthalmic Ointment) |
| polymyxin-trimethoprim drops (generic for Polytrim [®]) | neomycin-polymyxin-gramicidin drops (generic for Neosporin [®] Ophthalmic Drops) |
| sulfacetamide drops (generic for Bleph-10 [®]) | Neo-Polycin [®] Ointment (branded generic for Neosporin [®] Ophthalmic Ointment) |
| tobramycin drops (generic for Tobrex [®]) | Ocuflox [®] Drops |
| | Polytrim[®] Drops |
| | sulfacetamide ointment (generic for Cetamide [®]) |
| | Tobrex [®] Ointment / Drops |
| | Vigamox [®] Drops |
| | Zymaxid [®] Drops |
| Removals: AK-Poly-Bac[®] Ointment (branded generic for Polysporin[®]), levofloxacin drops (generic for Quixin[®]), Polytrim[®] Drops, Gentak[®] Ointment | |
| ANTIBIOTICS-STERIOD COMBINATIONS | |
| Preferred | Non-Preferred |
| neomycin-polymyxin-dexamethasone drops / ointment (generic for Maxitrol [®]) | Maxitrol [®] Drops / Ointment |
| Tobradex [®] Drops / Ointment | Neo-Polycin [®] HC (branded generic for Cortisporin [®]) |
| tobramycin-dexamethasone suspension (generic for Tobradex[®]) | neomycin-bacitracin-polymyxin-HC ointment (generic for Cortisporin [®]) |
| | neomycin-polymyxin-HC drops / ointment (generic for Ocutricin [®]) |
| | sulfacetamide-prednisolone drops (generic for Vasocidin [®]) |
| | tobramycin-dexamethasone suspension (generic for Tobradex[®]) |
| | Tobradex [®] ST Drops |
| | Zylet [®] Drops |
| Off cycle change: Move tobramycin-dexamethasone suspension (generic for Tobradex[®]) from Non-Preferred to Preferred | |
| | |

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

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| ANTI-INFLAMMATORY | |
|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| Preferred | Non-Preferred |
| dexamethasone drops (generic for Decadron [®]) | Acular [®] Drops / LS Solution |
| diclofenac drops (generic for Voltaren [®]) | Acuvail [®] Solution |
| difluprednate drops (generic for Durezol [®]) | bromfenac drops (generic for Xibrom [®]) |
| Flarex [®] Drops | Bromsite [™] Solution |
| fluorometholone drops (generic for FML [®]) | Dextenza [®] Insert |
| flurbiprofen drops (generic for Ocufen [®]) | Dexycu [™] Vial |
| ketorolac solution (generic for Acular [®] / LS) | Durezol [®] Drops |
| Lotemax [®] Drops | FML [®] Forte Drops / S.O.P. Ointment / Liquifilm [®] Drops |
| Nevanac [®] Droptainer | Ilevro [®] Drops |
| Pred Mild [®] Drops | Iluvien [®] Implant |
| prednisolone acetate drops (generic for Pred Forte [®]) | Invectys [™] Drops |
| | Lotemax [®] Gel / SM Gel / Ointment |
| | loteprednol drops / gel (generic for Lotemax [®]) |
| | Maxidex [®] Drops |
| | Ozurdex [®] Implant |
| | Pred Forte [®] Drops |
| | prednisolone sodium phosphate drops (generic for Inflammase Forte [®]) |
| | Prolensa [®] Drops |
| | Retisert [®] Implant |
| | Triescence [®] Vial |
| | Xipere [™] (Intraocular) |
| | Yutiq [™] Implant |
| ANTI-INFLAMMATORY / IMMUNOMODULATOR | |
| Preferred | Non-Preferred |
| Eysuvis [™] Drops | Cequa [™] Drops |
| Restasis [®] Drops / Restasis [®] Multidose [™] Drops | cyclosporine emulsion (generic for Restasis [®]) |
| Xiidra [®] Drops | Miebo [™] (perfluorohexyloctane) Drops |
| | Tyrvaya [®] Nasal Spray |
| | Verkazia [®] Eye Emulsion - Exemption in patients with vernal keratoconjunctivitis (VKC) |
| Add new to market product Miebo [™] (perfluorohexyloctane) Drops as Non-Preferred | |
| ALPHA 2 ADRENERGIC AGENTS | |
| Preferred | Non-Preferred |
| Alphagan [®] P Drops | apraclonidine drops (generic for Iopidine [®]) |
| brimonidine drops (generic for Alphagan [®]) | brimonidine P drops (generic for Alphagan [®] P) |
| | Iopidine [®] Drops |
| BETA BLOCKER AGENTS / COMBINATIONS | |
| Preferred | Non-Preferred |
| Combigan [®] Drops | betaxolol drops (generic for Betoptic [®]) |
| timolol drops / GFS gel-solution (generic for Timoptic [®] / Timoptic XE [®]) | Betimol [®] Drops |
| | Betoptic [®] S Drops |
| | brimonidine tartrate / timolol drops (generic for Combigan [®]) |
| | carteolol drops (generic for Ocupress [®]) |
| | Istalol [®] Drops |
| | levobunolol drops (generic for Betagan [®]) |
| | timolol drop (generic for Istalol [®] Drops) |
| | timolol maleate drop (generic for Timoptic [®] Ocudose [®] Drops) |
| | Timoptic [®] Drops / Ocudose [®] Drops / XE [®] Solution |

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| CARBONIC ANHYDRASE INHIBITORS / COMBINATIONS | |
|------------------------------------------------------------------------|--------------------------------------------------------|
| Preferred | Non-Preferred |
| dorzolamide drops (generic for Trusopt®) | Azopt® Drops |
| dorzolamide-timolol drops (generic for Cosopt®) | brinzolamide drops (generic for Azopt® Drops) |
| Simbrinza® Drops | Cosopt® Drops / PF Drops |
| | dorzolamide-timolol PF drops (generic for Cosopt® PF) |
| | Trusopt® Drops |
| Removal: Trusopt® Drops | |
| | |
| PROSTAGLANDIN AGONISTS | |
| Preferred | Non-Preferred |
| latanoprost drops (generic for Xalatan®) | bimatoprost drops (generic for Lumigan® Drops) |
| Travatan® Z Drops | Durysta® Implant (intracameral) |
| | Iyuzeh™ (latanoprost) Drops |
| | Lumigan® Drops |
| | tafluprost drops (generic for Zioptan®) |
| | travoprost drops (generic for Travatan® Z) |
| | Vyzulta® Drops |
| | Xalatan® Drops |
| | Xelpros® Drops |
| | Zioptan® Drops |
| Add new to market product Iyuzeh™ (latanoprost) Drops as Non-Preferred | |
| | |
| RHO KINASE MODIFIERS / COMBINATIONS | |
| Preferred | Non-Preferred |
| Rhopressa® Drops | |
| Rocklatan® Drops | |
| | |
| OSTEOPOROSIS | |
| BONE RESORPTION SUPPRESSION AND RELATED AGENTS | |
| Preferred | Non-Preferred |
| alendronate tablet (generic for Fosamax®) | Actonel® Tablet |
| raloxifene tablet (generic for Evista®) | alendronate solution (generic for Fosamax® Solution) |
| | Atelvia® Tablet |
| | Boniva® Tablet |
| | calcitonin salmon nasal spray (generic for Miacalcin®) |
| | Eventy™ Syringe |
| | Evista® Tablet |
| | Forteo® Pen |
| | Fosamax® Tablet / Plus D Tablet |
| | ibandronate tablet (generic for Boniva®) |
| | Prolia® Syringe |
| | risedronate tablet (generic for Actonel®) |
| | teriparatide injection (generic for Forteo®) |
| | Tymlos® Pen |
| | |

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| OTIC | |
|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| ANTIBIOTICS | |
| Preferred | Non-Preferred |
| Ciprodex [®] Suspension | Cipro [®] HC Suspension |
| ciprofloxacin-dexamethasone suspension (generic for Ciprodex [®]) | ciprofloxacin solution (generic for Cetraxal [®]) |
| neomycin-polymyxin-hydrocortisone solution / suspension (generic for Cortisporin [®]) | ciprofloxacin-dexamethasone suspension (generic for Ciprodex [®]) |
| ofloxacin drops (generic for Floxin [®]) | ciprofloxacin-fluocinolone drops (generic for Otovel [®]) |
| | Cortisporin-TC [®] Suspension |
| | Otovel [®] Drops |
| Off cycle change: Move ciprofloxacin-dexamethasone suspension (generic for Ciprodex [®]) from Non-Preferred to Preferred | |
| | |
| ANTI-INFECTIVES AND ANESTHETICS | |
| Preferred | Non-Preferred |
| acetic acid solution (generic for Vosol [®]) | acetic acid-hydrocortisone solution (generic for Vosol [®] HC) |
| | |
| ANTI-INFLAMMATORY | |
| Preferred | Non-Preferred |
| Dermotic [®] Oil | Flac [®] Otic Oil |
| | fluocinolone 0.01% oil (generic for Dermotic [®]) |
| | |
| RESPIRATORY | |
| BETA-ADRENERGIC HANDHELD, LONG ACTING | |
| Preferred | Non-Preferred |
| Serevent [®] Diskus [®] | Striverdi [®] Respimat [®] Inhalation Spray |
| | |
| BETA-ADRENERGIC HANDHELD, SHORT ACTING | |
| Preferred | Non-Preferred |
| Ventolin [®] HFA Inhaler | albuterol HFA inhaler (generic for Proair [®] HFA Inhaler / Proventil [®] HFA Inhaler / Ventolin [®] HFA Inhaler) |
| Xopenex [®] HFA Inhaler | levalbuterol HFA inhaler (generic for Xopenex [®] HFA Inhaler) |
| | Proair [®] Digihaler [™] |
| | Proair [®] RespiClick [®] |
| | Proventil [®] HFA Inhaler |
| | |
| BETA-ADRENERGIC, NEBULIZERS | |
| Trial and failure of only one preferred drug required | |
| Preferred | Non-Preferred |
| albuterol 0.63mg / 3ml solution (generic for Accuneb [®]) | arformoterol solution (generic for Brovana [®]) |
| albuterol 1.25mg / 3ml solution (generic for Accuneb [®]) | Brovana [®] Solution |
| albuterol sulfate 2.5mg / 0.5ml solution | formoterol solution (generic for Perforomist [®]) |
| albuterol sulfate 2.5mg / 3ml solution | levalbuterol solution / concentrate solution (generic for Xopenex [®] / Concentrate) |
| albuterol sulfate 5mg / ml solution | Perforomist [®] Solution |
| | Xopenex [®] Solution / Concentrate Solution |
| Removals: albuterol sulfate 5mg / ml solution, Xopenex [®] Solution / Concentrate Solution | |
| | |
| BETA-ADRENERGIC, ORAL | |
| Preferred | Non-Preferred |
| albuterol tablets (generic for Proventil [®] Repetabs) | albuterol ER tablets (generic for VoSpire [®] ER) |
| albuterol syrup (generic for Ventolin [®] Syrup) | |
| terbutaline tablet (generic for Brethine [®]) | |
| | |

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| ORALLY INHALED ANTICHOLINERGICS / COPD AGENTS | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| Preferred | Non-Preferred |
| Anoro [®] Ellipta [®] Inhaler | Bevespi [®] Aerosphere [®] |
| Atrovent [®] HFA Inhaler | Daliresp [®] Tablet |
| Combivent [®] Respimat [®] Inhalation Spray | Duakir [®] Pressair [®] |
| Incruse [®] Ellipta [®] Inhaler | Lonhala [®] Magnair [®] |
| ipratropium nebulizer solution (generic for Atrovent [®]) | tiotropium inhaler (generic for Spiriva [®] Handihaler [®]) |
| ipratropium / albuterol solution (generic for Duoneb [®]) | Tudorza [®] Pressair [®] Inhaler |
| roflumilast tablet (generic for Daliresp [®]) | Yupelri [™] Solution |
| Spiriva [®] Handihaler [®] / Respimat [®] Inhalation Spray | |
| Stiolto [®] Respimat [®] Inhalation Spray | |
| Add new to market product tiotropium inhaler (generic for Spiriva [®] Handihaler [®]) as Non-Preferred Removal: Lonhala [®] Magnair [®] | |
| | |
| INHALED CORTICOSTEROIDS | |
| Preferred | Non-Preferred |
| budesonide suspension 0.25mg, 0.5mg, 1mg (generic for Pulmicort [®] Respules) | Alvesco [®] Inhaler |
| Flovent [®] Diskus / HFA Inhaler | ArmonAir [™] Digihaler [™] |
| fluticasone propionate HFA (generic for Flovent [®] HFA) | Arnuity [™] Ellipta [™] Inhaler |
| | Asmanex [®] HFA Inhaler / Twisthaler [®] |
| | fluticasone propionate HFA (generic for Flovent [™] HFA) |
| | Pulmicort [®] Flexhaler |
| | Pulmicort [®] Respules 0.25mg, 0.5mg, 1mg |
| | QVAR [®] RediHaler [™] |
| Move fluticasone propionate HFA (generic for Flovent [®] HFA) from Non-Preferred to Preferred | |
| | |
| INHALED CORTICOSTEROID COMBINATIONS | |
| Preferred | Non-Preferred |
| Advair [®] Diskus [®] | AirDuo [®] Digihaler [™] / RespiClick [®] |
| Advair [®] HFA Inhaler | AirSupra [™] (albuterol / budesonide) Inhaler |
| Dulera [®] Inhaler | Breo [®] Ellipta [®] |
| Symbicort [®] Inhaler | Breyna [™] (formoterol / budesonide) Inhaler |
| | Breztri [™] Aerosphere [™] |
| | budesonide / formoterol inhalation (generic for Symbicort [®]) |
| | fluticasone / salmeterol HFA inhaler (generic for Advair [®] HFA) |
| | fluticasone / salmeterol inhalation (generic for Advair [®] Diskus [®]) |
| | fluticasone / salmeterol inhalation (generic for AirDuo [®]) |
| | fluticasone / vilanterol inhalation (generic for Breo [®] Ellipta [®]) |
| | Trelegy [®] Ellipta [®] |
| | Wixela [™] Inhub [™] |
| Add new to market products AirSupra [™] (albuterol / budesonide) Inhaler and Breyna [™] (formoterol / budesonide) Inhaler as Non-Preferred | |
| | |
| INTRANASAL RHINITIS AGENTS | |
| Preferred | Non-Preferred |
| azelastine spray (generic for Astelin [®]) | Exemption for steroids applies to children < 4 years of age |
| Dymista [®] Nasal Spray | azelastine nasal spray (generic for Astepro [®]) |
| fluticasone spray (generic for Flonase [®]) | azelastine-fluticasone nasal spray (generic for Dymista [®]) |
| ipratropium spray (generic for Atrovent [®] Nasal) | Beconase [®] AQ Nasal Spray |
| olopatadine nasal spray (generic for Patanase [®]) | flunisolide nasal spray (generic for Nasalide [®]) |
| | mometasone nasal spray (generic for Nasonex [®]) |
| | Omnaris [®] Nasal Spray |
| | Patanase [®] Nasal Spray |
| | QNasl [®] Nasal Spray / Children's Spray |
| | Ryaltris [®] Nasal Spray |
| | Sinuva [™] Implant |
| | Xhance [™] Nasal Spray |
| | Zetonna [®] Nasal Spray |
| | |
| LEUKOTRIENE MODIFIERS | |
| Preferred | Non-Preferred |
| montelukast chewable / tablet (generic for Singulair [®]) | Accolate [®] Tablet |
| | montelukast granules (generic for Singulair [®]) |
| | Singulair [®] Chewable / Granules / Tablet |
| | zafirlukast tablet (generic for Accolate [®]) |
| | zileuton tablet (generic for Zylflo [®]) |
| | Zylflo [®] Filmtab |
| | |

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| LOW SEDATING ANTIHISTAMINES | |
|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| Preferred | Non-Preferred |
| cetirizine OTC syrup 1mg/1ml (generic for Zyrtec [®] OTC Syrup) | cetirizine chewable tablet OTC (generic for Zyrtec [®] OTC Tablets) |
| cetirizine Rx syrup (generic for Zyrtec [®] Syrup) | cetirizine OTC syrup 5mg/5ml (generic for Zyrtec [®] OTC Syrup) |
| cetirizine tablets OTC (generic for Zyrtec [®] OTC Tablets) | cetirizine OTC softgel |
| levocetirizine OTC tablet (generic for Xyzal [®] OTC Tablet) | Clarinet [®] Tablet - Exemption for children < 2 years of age |
| levocetirizine Rx tablet (generic for Xyzal [®] Rx Tablet) | desloratadine ODT / Tablet (generic for Clarinet [®]) |
| loratadine tablet OTC (generic for Claritin [®] OTC) | fexofenadine OTC suspension / OTC tablet (generic for Allegra [®] OTC) |
| | levocetirizine Rx solution (generic for Xyzal [®] Rx Solution) |
| | loratadine OTC chewable ODT / solution (generic for Claritin [®] OTC) |
| | |
| LOW SEDATING ANTIHISTAMINE COMBINATIONS | |
| Quantity limit of 102 days supply per 12 months apply to all drugs in this class | |
| Preferred | Non-Preferred |
| loratadine-D OTC tablet (generic for Claritin-D [®] OTC) | cetirizine-D OTC tablet (generic for Zyrtec-D [®] OTC) |
| | Clarinet-D [®] Tablet |
| | fexofenadine-D 12 Hour OTC Tablet (generic for Allegra-D [®] 12 Hour OTC) |
| | fexofenadine-pseudoephedrine ER 24 hour tablet (generic for Allegra-D [®] 24 hour) |
| | |
| FIRST GENERATION ANTIHISTAMINES | |
| Preferred | Non-Preferred |
| carbinoxamine solution | carbinoxamine tablet |
| cycloheptadine syrup / tablet | clemastine tablet |
| hydroxyzine capsule / solution / tablet | Karbinal [™] ER Suspension - Trial and failure of immediate release carbinoxamine solution and cetirizine syrup required for coverage |
| | RyClara [™] Solution |
| | RyVent [™] Tablet |
| | Vistari [®] Capsule |
| | |
| TOPICALS | |
| ACNE AGENTS | |
| Preferred | Non-Preferred |
| adapalene / benzoyl peroxide (generic for Epiduo [®] Forte) | Acanya [®] Gel Pump |
| adapalene / benzoyl peroxide (generic for Epiduo [®] Gel) | adapalene gel pump (generic for Differin [®]) |
| adapalene cream / gel (generic for Differin [®]) | Altreno [®] Lotion (Topical) |
| clindamycin phosphate pledgets / solution (generic for Cleocin-T [®]) | Amzeeq[™] Foam |
| clindamycin-benzoyl peroxide gel (generic for Duac [®]) | Arazlo [™] Lotion |
| erythromycin gel (generic for Emcin [®] , Erycette [®] , EryGel [®] , et. al.) | Atralin [®] Gel |
| erythromycin solution (generic for Emcin [®] , EryDerm [®] , EryMax [®] , et. al) | Avar [®] Cleanser / LS Cleanser |
| erythromycin-benzoyl peroxide gel (generic for Benzamycin [®]) | Avar-E [®] Emollient Cream / Green Emollient Cream / LS Cream |
| Finacea [®] Gel | Avita [®] Cream / Gel |
| Retin-A [®] Cream / Gel | azelaic acid gel (generic for Finacea [®]) |
| Retin-A [®] Micro Gel | Benzamycin [®] Gel |
| | BP [®] 10-1 Wash / Cleansing Wash |
| | Cleocin [®] T Lotion |
| | Clindacin [®] ETZ Pledget / Kit / P Foam / P Pledgets / PAC Kit |
| | Clindagel [®] Gel |
| | clindamycin / tretinoin (generic for Veltin [®]) |
| | clindamycin phosphate foam (generic for Evoclin [®]) |
| | clindamycin phosphate gel / lotion (generic for Cleocin-T [®] , Clindagel [®]) |
| | clindamycin-benzoyl peroxide gel (generic for Neutac [®]) |
| | clindamycin-benzoyl peroxide gel / pump (generic for Benzacilin [®]) |
| | clindamycin-benzoyl peroxide with pump (generic for Acanya [®]) |
| | dapsone gel (generic for Aczone [®] Gel) |
| | dapsone gel pump |
| | Ery [®] Pads |
| | Erygel [®] Gel |
| | Evoclin [®] Foam |
| | Fabior [®] Foam |
| | Finacea [®] Foam |
| | Klaron [®] Lotion |
| | Neutac [®] Gel / Kit |
| | Onexton [®] Gel / Gel Pump |
| | Ovace [®] Plus Cleansing Cream / Foam / Gel / Lotion / Shampoo / Wash |
| | Promiseb [®] Topical Cream |
| | Retin-A [®] Micro Pump Gel |
| | Rosula [®] Cloths / Wash |
| | sodium sulfacetamide cleanser / cream (generic for Avar [®] / LS) |
| | sodium sulfacetamide lotion (generic for Klaron [®]) |
| | sodium sulfacetamide shampoo, wash (generic for Ovace [®] / Plus) |
| | sodium sulfacetamide-sulfur cleanser / cloth (generic for Rosula[™]) |
| | sodium sulfacetamide-sulfur kit / wash (generic for Sumadan [®]) |
| | sodium sulfacetamide-sulfur lotion / suspension (generic for Novacet [®] , Plexion [®] , Zetacet [®]) |
| | sodium sulfacetamide-sulfur pad / suspension / wash (generic for Sumaxin [®]) |
| | SSS [®] 10-5 Cream / Foam |
| | sulfacetamide-sulfur 9-4% cleanser (generic for Zencia [™]) |
| | sulfacetamide-sulfur cream (generic for Avar [®] E, SSS [®] 10-5) |
| | Sumadan [®] Kit / XLT Kit |
| | Sumaxin [®] Cleansing Pads / CP Kit / TS Topical Suspension / Wash |
| | tazarotene cream / foam / gel (generic for Tazorac [®] , Fabior [®]) |
| | tretinoin cream / gel (generic for Retin-A [®]) |

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| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| | tretinoin microsphere gel / microsphere gel pump (generic for Retin-A® Micro) |
| | Tretin-X™ Combo Pack / Cream |
| | Winlevi® Cream |
| | Ziana® Gel |
| | Zma Clear™ Cleanser |
| Add dapsone gel pump as Non-Preferred | |
| Removals: Amzeeq™ Foam, Avita® Gel, Ovace® Plus Foam, sodium sulfacetamide sulfur cleanser / cloth (generic for Rosula®) | |
| ANDROGENIC AGENTS | |
| Preferred | Non-Preferred |
| AndroGel® Pump | Androderm® Patch |
| testosterone gel pump (generic for AndroGel®) | AndroGel® Packet |
| | Fortesta® Gel Pump |
| | Natesto® Nasal Gel |
| | Testim® Gel |
| | testosterone gel / packet (generic for Testim®, Vogelxo®) |
| | testosterone gel pump (generic for Fortesta®, Axiron®) |
| | testosterone packet (generic for AndroGel®) |
| | Vogelxo® Gel / Packet / Pump |
| NSAIDS | |
| Preferred | Non-Preferred |
| diclofenac topical gel (generic for Voltaren® Gel) | diclofenac epolamine patch (generic for Flector®) |
| | diclofenac solution / pump (generic for Pennsaid®) |
| | Flector® Patch |
| | Licart™ Patch |
| | Pennsaid® Solution Packet / Pump |
| ANTIBIOTICS | |
| Preferred | Non-Preferred |
| gentamicin cream / ointment (generic for Garamycin®) | Centany® AT Ointment Kit / Ointment |
| mupirocin ointment (generic for Bactroban®) | mupirocin cream (generic for Bactroban®) |
| | Xepi™ Cream |
| ANTIBIOTICS - VAGINAL | |
| Preferred | Non-Preferred |
| Cleocin® Vaginal Ovules | Cleocin® Vaginal Cream |
| Clindesse® Vaginal Cream | clindamycin vaginal cream (generic for Cleocin® Vaginal Cream) |
| metronidazole vaginal gel (generic for Metrogel® Vaginal Gel) | Metrogel® Vaginal Gel |
| Nuversa® Vaginal Gel | Vandazole® Vaginal Gel |
| | Xaciato® Vaginal Gel |
| ANTIFUNGALS | |
| Preferred | Non-Preferred |
| ciclopirox cream / solution (generic for Loprox®, Penlac®) | Bensal HP® Ointment |
| clotrimazole Rx cream (generic for Lotrimin® Rx) | Ciclodan® Cream / Cream Kit / Kit / Solution |
| clotrimazole-betamethasone cream (generic for Lotrisone®) | ciclopirox gel / shampoo / suspension (generic for Loprox®) |
| ketoconazole cream / shampoo (generic for Nizoral®) | ciclopirox treatment kit (generic for Ciclodan®) |
| Nyamy® Powder (branded generic for Nystop®) | clotrimazole Rx solution (generic for Lotrimin® Rx) |
| nystatin cream / ointment / powder (generic for Mycostatin®, Nystop®) | clotrimazole-betamethasone lotion (generic for Lotrisone®) |
| Nystop® Powder | econazole cream (generic for Spectazole®) |
| | Ertaczo® Cream |
| | Exelderm® Cream / Solution |
| | Extina® Foam |
| | Jublia® Topical Solution |
| | Kerydin® Topical Solution |
| | ketoconazole foam (generic for Extina®) |
| | Ketodan® Foam / Foam Kit |
| | Loprox® Shampoo / Suspension / Cream / Kit |
| | luliconazole cream (generic for Luzu®) |
| | Luzu® Cream |
| | Mentax® Cream |
| | miconazole / zinc oxide / petrolatum ointment (generic for Vusion®) - Clinical criteria apply |
| | naftifine cream / gel (generic for Naftin®) |
| | Naftin® Gel |
| | nystatin-triamcinolone cream / ointment (generic for Mycolog II®) |
| | oxiconazole cream (generic for Oxistat®) |
| | Oxistat® Lotion |
| | salicylic acid ointment (generic for Bensal HP®) |
| | sulconazole nitrate cream (generic for Exelderm®) |
| | sulconazole nitrate solution (generic for Exelderm®) |
| | tavaborole topical solution (generic for Kerydin®) |
| | Triamazole™ (triamcinolone ointment / econazole cream) Combo Pack |
| | Vusion® Ointment - Clinical criteria apply |
| Removals: Exelderm® Cream / Solution, Kerydin® Topical Solution, Mentax® Cream, sulconazole nitrate cream / solution (generic for Exelderm®) | |
| Add Triamazole™ (triamcinolone ointment / econazole cream) Combo Pack as Non-Preferred | |

North Carolina Division of Health Benefits
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| ANTIPARASITICS | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| Trial and failure of only one preferred drug required | |
| Preferred | Non-Preferred |
| Natroba [®] Topical Suspension | Crotan [™] Lotion |
| permethrin cream (generic for Elimite [®]) | Eurax [®] Cream / Lotion |
| | ivermectin lotion (generic for Sklice [®]) |
| | lindane shampoo |
| | malathion lotion (generic for Ovide [®]) |
| | Ovide [®] Lotion |
| | Sklice [®] Lotion |
| | spinosad topical suspension (generic for Natroba [®]) |
| ANTIVIRAL | |
| Preferred | Non-Preferred |
| acyclovir ointment (generic for Zovirax [®]) | acyclovir cream (generic for Zovirax [®]) |
| Zovirax [®] Cream | Denavir [®] Cream |
| | peniclovir cream (generic for Denavir [®]) |
| | Xerese [®] Cream |
| | Zovirax [®] Ointment |
| IMMUNOMODULATORS | |
| Asthma | |
| Preferred | Non-Preferred |
| Fasenra [®] (benralizumab) Pen / Syringe | Cinqair [®] (reslizumab) Vial |
| Xolair [®] (omalizumab) Syringe | Nucala [®] (mepolizumab) Syringe / Vial / Autoinjector |
| | Tezspire [®] (tezepelumab-ekko) Pen / Syringe |
| | Xolair [®] Vial |
| *New drug category addition* Add as Preferred: Fasenra[®] (benralizumab) Pen / Syringe, Xolair[®] (omalizumab) Syringe Add as Non-Preferred: Cinqair[®] (reslizumab) Vial, Nucala[®] (mepolizumab) Syringe / Vial / Autoinjector, Tezspire[®] (tezepelumab-ekko) Pen / Syringe, Xolair[®] Vial | |
| Atopic Dermatitis | |
| Clinical criteria apply to all drugs in this class | |
| Preferred | Non-Preferred |
| Adbry [®] Syringe | Adbry [®] Syringe |
| Dupixent [®] Pen / Syringe | Opzelura [™] Cream |
| Elidel [®] Cream | pimecrolimus cream (generic for Elidel [®]) |
| Eucrisa [®] 2% Ointment | |
| Protopic [®] (tacrolimus) Ointment | |
| tacrolimus ointment (generic for Protopic [®]) | |
| Move Adbry[®] Syringe from Non-Preferred to Preferred Add Protopic[®] Ointment as Preferred | |
| Imidazoquinolinamines | |
| Preferred | Non-Preferred |
| imiquimod cream packet (generic for Aldara [®]) | Condylox [®] Gel |
| | Hyftor [™] Gel |
| | imiquimod cream / cream pump (generic for Zyclara [®]) |
| | podofilox solution (generic for Condylox [®]) |
| | Veregen [®] Ointment |
| | Zyclara [®] Cream / Cream Pump |
| PSORIASIS | |
| Preferred | Non-Preferred |
| calcipotriene cream / solution (generic for Dovonex [®]) | calcipotriene ointment / foam (generic for Dovonex [®] , Sorilux [®]) |
| | calcipotriene-betamethasone suspension / ointment (generic for Talconex [®]) |
| | calcitriol ointment (generic for Vectical [®]) |
| | Duobrii [™] Lotion |
| | Enstilar [®] Foam |
| | Sorilux [®] Foam |
| | Taclonex [®] Ointment / Suspension |
| | Vtama [®] Cream |
| | Zorvye [®] Cream |
| ROSACEA AGENTS | |
| Preferred | Non-Preferred |
| Finacea [®] Gel | azelaic acid gel (generic for Finacea [®]) |
| metronidazole cream (generic for MetroCream [®]) | brimonidine gel pump (generic for Mirvaso [®]) |
| metronidazole gel / pump (generic for MetroGel [®]) | Finacea [®] Foam |
| Rosadan [®] Cream / Gel | ivermectin cream (generic for Soolantra [®]) |
| | metronidazole lotion (generic for MetroLotion [®]) |
| | Noritate [®] Cream |
| | Rhofade [®] Cream |
| | Rosadan [®] Kit |
| | Zilxi [™] Foam |
| Removal: Zilxi[™] Foam | |

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| STEROIDS | |
|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| Low Potency | |
| Preferred | Non-Preferred |
| DermaSmoothe [®] FS Scalp and Body Oil | alclometasone dipropionate cream / ointment (generic for Aclovate [®]) |
| desonide cream / ointment (generic for DesOwen [®]) | Aqua Glycolic [®] HC Kit |
| hydrocortisone cream / lotion / ointment (generic for Hytone [®]) | desonide lotion (generic for DesOwen [®] Lotion) |
| | fluocinolone body / scalp oil (generic for DermaSmoothe [®] FS Scalp / Body Oil) |
| | Hydroxym [™] (hydrocortisone) Gel |
| | Texacort [®] Solution |
| Add new to market product Hydroxym [™] (hydrocortisone) Gel as Non-Preferred | |
| | |
| Medium Potency | |
| Preferred | Non-Preferred |
| fluticasone cream / ointment (generic for Cutivate [®]) | Beser [™] Lotion / Kit |
| mometasone cream / ointment / solution (generic for Elocon [®]) | clo cortolone cream / pump (generic for Cloderm [®]) |
| | Cloderm [®] Cream / Pump |
| | Cutivate [®] Cream / Lotion |
| | fluocinolone cream / ointment / solution (generic for Synalar [®]) |
| | flurandrenolide cream / lotion / ointment (generic for Cordran [®]) |
| | fluticasone lotion (generic for Cutivate [®] Lotion) |
| | hydrocortisone butyrate cream / lipid cream / lotion / ointment / solution (generic for Locoid [®]) |
| | hydrocortisone valerate cream / ointment (generic for Westcort [®]) |
| | Locoid [®] Lipocream / Lotion |
| | Luxiq [®] Foam |
| | Pandel [®] Cream |
| | prednicarbate cream / ointment (generic for Dermatop [®]) |
| | Synalar [®] Cream / Ointment / Kit / Solution / TS Kit |
| Removal: Cutivate [®] Cream / Lotion | |
| | |
| High Potency | |
| Preferred | Non-Preferred |
| betamethasone valerate cream / ointment (generic for Valisone [®]) | amcinonide cream / lotion (generic for Cyclocort [®]) |
| fluocinonide ointment / solution (generic for Lidex [®]) | betamethasone dipropionate augmented cream / gel / lotion / ointment (generic for Diprolene [®]) |
| triamcinolone acetonide cream / lotion / ointment (generic for Kenalog [®]) | betamethasone dipropionate cream / lotion / ointment (generic for Diprosone [®]) |
| | betamethasone valerate foam / lotion (generic for Valisone [®]) |
| | desoximetasone cream / gel / ointment / spray (generic for Topicort [®]) |
| | diflorasone cream / ointment (generic for Florone [®]) |
| | Diprolene [®] Ointment |
| | fluocinonide cream / emollient cream / gel (generic for Lidex [®] / Lidex [®] E) |
| | halcinonide cream (generic for Halog [®]) |
| | Halog [®] Cream / Ointment / Solution |
| | Kenalog [®] Spray |
| | Sanaderm [®] Rx Solution |
| | Topicort [®] Cream / Gel / Ointment / Spray / LP |
| | triamcinolone spray (generic for Kenalog [®]) |
| | Vanos [®] Cream |
| Removals: amcinonide lotion (generic for Cyclocort [®]), Topicort [®] LP | |
| | |

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| Very High Potency | |
|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| Preferred | Non-Preferred |
| clobetasol cream / emollient cream / gel / ointment (generic for Temovate®) | ApexiCon® E Cream |
| clobetasol solution (generic for Cormax®) | Bryhali™ Lotion |
| halobetasol propionate cream / ointment (generic for Ultravate®) | clobetasol foam / emollient foam / emulsion foam (generic for Olux® / Olux-E®) |
| clobetasol shampoo (generic for Clobex®) | clobetasol lotion / spray (generic for Clobex®) |
| | Clodan® Kit / Shampoo |
| | halobetasol propionate foam (generic for Lexette®) |
| | Impeklo™ Lotion |
| | Lexette® Foam |
| | Olux® Foam / E-Foam |
| | Temovate® Cream / Ointment |
| | Tovet™ Foam / Foam Kit |
| | Ultravate® Lotion |
| | |
| MISCELLANEOUS | |
| ANTIPSPORIATICS, ORAL | |
| Preferred | Non-Preferred |
| acitretin (generic for Soriatane®) | methoxsalen rapid (generic for Oxsoralen-Ultra®) |
| No recommendations. Class open for comments. | |
| | |
| EPINEPHRINE, SELF INJECTED | |
| Quantity limits apply to all drugs in this class | |
| Preferred | Non-Preferred |
| Epi-Pen® Auto Injector / 2-Pak / Jr. Auto Injector / Jr. 2-Pak | Auvi-Q® Auto Injector |
| epinephrine auto injector (generic for Epi-Pen® / Epi-Pen® Jr.) | epinephrine auto injector (generic for AdrenaClick®) |
| | Symjepi™ Syringe |
| | |
| ESTROGEN AGENTS, COMBINATIONS | |
| Preferred | Non-Preferred |
| Activella® Tablet | Bijuva® Capsule |
| Amabelz™ Tablet | Prefest® Tablet |
| estradiol/norethindrone tablet (generic for Activella®) | |
| Fyavolv™ Tablet | |
| Jinteli® (branded generic for FemHRT®) | |
| Mimvey® / Lo (branded generic for Activella®) | |
| norethindrone-ethinyl estradiol (generic for FemHRT®) | |
| Premphase® Tablet | |
| Prempro® Tablet | |

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| ESTROGEN AGENTS, ORAL / TRANSDERMAL | |
|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| Preferred | Non-Preferred |
| Climara [®] Pro Patch | Climara [®] Patch |
| CombiPatch [®] Patch | Divigel [®] Gel Packet |
| estradiol patch (generic for Climara [®] , Menostar [®] , Vivelle-Dot [®]) | Doti [™] Patch |
| estradiol tablet (generic for Estrace [®]) | Duavee [®] Tablet |
| Evamist [®] Spray | Elestrin [®] Gel |
| Menest [®] Tablet | Estrace [®] Tablet |
| Premarin [®] Tablet | estradiol gel packet (generic for Divigel [®]) |
| | Lyllana [™] Patch |
| | Menostar [®] Patch |
| | Minivelle [®] Patch |
| | Veozah[™] (fezolinetant) Tablet |
| | Vivelle-Dot [®] Patch |
| Add new to market product Veozah [™] (fezolinetant) Tablet as Non-Preferred | |
| ESTROGEN AGENTS, VAGINAL PREPARATIONS | |
| Preferred | Non-Preferred |
| Estring [®] Vaginal Ring | Estrace [®] Cream |
| Premarin [®] Vaginal Cream | estradiol vaginal cream / tablet (generic for Estrace [®]) |
| Vagifem [®] Vaginal Tablet | Femring [®] Vaginal Ring |
| | Imvexxy [®] Vaginal Inserts |
| | Yuvafem [®] Vaginal Tablet |
| GLUCOCORTICOID STEROIDS, ORAL | |
| Preferred | Non-Preferred |
| budesonide EC capsule (generic for Entocort [®] EC) | Alkindi [®] Sprinkle Capsule |
| dexamethasone elixir / tablet (generic for Decadron [®]) | Cortef [®] Tablet |
| dexamethasone solution (generic for Concedix [®]) | cortisone tablet (generic for Patisono [®]) |
| hydrocortisone tablet (generic for Cortef [®]) | dexamethasone tablet dosepack / Intensol [®] Drops |
| methylprednisolone 4mg dosepack / tablet (generic for Medrol [®]) | Emflaza [®] Suspension / Tablet - Clinical criteria apply |
| prednisolone sodium phosphate solution (generic for PediaPred [®] , OraPred [®] , Veripred [®]) | Hemady [™] Tablet |
| prednisolone solution (generic for Prelone [®] , Millipred [®]) | Medrol [®] Dose Pack / Tablet |
| prednisone dose pack (generic for Sterapred [®]) | methylprednisolone 8mg / 16mg / 32mg / tablet (generic for Medrol [®]) |
| prednisone solution / tablet (generic for Deltasone [®]) | Millipred [®] Dose Pack / Tablet |
| | Ortikos [™] Capsule |
| | prednisolone ODT (generic for Orapred [®] ODT) |
| | prednisolone tablet |
| | Prednisone Intensol [®] Concentrated Solution |
| | Rayos [®] Tablet |
| | Taperdex [®] Tablet |
| | Tarpeyo [™] Capsule - Exemption for diagnosis of IgA nephropathy |
| Add prednisolone tablet as Non-Preferred | |
| IMMUNOMODULATORS, SYSTEMIC | |
| Clinical criteria apply to all drugs in this class | |
| Trial and failure of only one Preferred drug required | |
| Preferred | Non-Preferred |
| Cosentyx [®] Sensoready Pen / Syringe | Actemra [®] ACTPen [™] / Syringe / Vial |
| Cosentyx[®] UnoReady Pen | adalimumab-adaz Pen / Syringe |
| Enbrel [®] Kit / Mini Cartridge / Sureclick [®] Syringe / Syringe / Vial | adalimumab-adbm Pen / Psoriasis-UV Pen / Crohn's Pen / Syringe |
| Humira [®] Crohn's Starter Pack / Ped. Crohn's Starter Pack / Pen / Psoriasis Starter Pack / Syringe | adalimumab-ikjp Pen / Syringe |
| infliximab vial (generic for Remicade [®]) | Amjevita [™] Syringe / Autoinjector |
| | Arcalyst [®] SQ Syringe |
| | Avsola [®] Vial |
| | Cibingo [™] Tablet (Oral) |
| | Cimzia [®] Starter Kit / Syringe Kit / Vial Kit |
| | Cyltezo[™] (adalimumab-adbm) Syringe / Crohn's-UC-HS Pen / Psoriasis Pen / Pen |
| | Enspryng [™] Syringe |
| | Entyvio [®] Vial |
| | Hadlima[™] (adalimumab-bwwd) Syringe / PushTouch |
| | Hyrimoz[™] (adalimumab-adaz) Pen / Crohn's-UC Pen / Ped. Crohn's Pen / Syringe / Psoriasis Pen |
| | Hulio[™] (adalimumab-ikjp) Pen / Syringe |
| | Idacio[®] (adalimumab-aacf) Pen / Psoriasis Pen / Crohn's-UC Pen / Syringe |
| | Ilaris [®] Vial |
| | Ilumya [®] Syringe |
| | Inflectra [™] Vial |
| | Kevzara [®] Syringe / Pen |
| | Kineret [®] Syringe - Exemption for diagnosis of Neonatal Onset Multi-System Inflammatory Disease |
| | Olumiant [®] Tablet |
| | Orencia [®] Clickjet [®] / Syringe / Vial |
| | Otezla [®] Starter Pack / Tablet |
| | Remicade [®] Vial |
| | Renflexis [™] Vial |
| | Rinvoq [™] ER Tablet |
| | Siliq [®] Syringe |
| | Simponi [®] Aria Vial / Pen / Syringe |

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| | |
|--|---------------------------------------------------------------|
| | Skyrizi [®] On-Body / Vial / Pen / Syringe |
| | Sotyktu [®] Tablet |
| | Spevigo [®] (spesolimab-sbzo) Vial |
| | Stelara [®] Syringe / Vial |
| | Taltz [®] Auto-injector / Syringe |
| | Tremfya [®] Syringe / Injector |
| | Uplizna [®] Vial |
| | Xeljanz [®] Tablet / Solution / XR Tablet |
| | Yuflyma [®] (adalimumab-aaty) Syringe / Autoinjector |
| | Yusimry [™] (adalimumab-aqvh) Pen |

Add the following new to market products (Humira[®] biosimilars) as Non-Preferred:
adalimumab-adaz Pen / Syringe, adalimumab-adbm Pen / Psoriasis-UV Pen / Crohn's Pen / Syringe, adalimumab-fkjp Pen / Syringe, Cyltezo[™] Syringe / Crohn's-UC-HS Pen / Psoriasis Pen / Pen, Hadlima[™] Syringe / PushTouch, Hyrimoz[™] Pen / Crohn's-UC Pen / Ped. Crohn's Pen / Syringe / Psoriasis Pen, Hulio[™] Pen / Syringe, Idacio[®] Pen / Psoriasis Pen / Crohn's-UC Pen / Syringe, Yuflyma[®] Syringe / Autoinjector, Yusimry[™] Pen
Add new to market product Cosentyx[®] UnoReady Pen as Preferred
Removal: Enbrel[®] Kit

| IMMUNOSUPPRESSANTS | |
|----------------------------------------------------------------------------------------------------|---------------|
| Preferred | Non-Preferred |
| Astagraf [®] XL Capsule | |
| Azasan [®] Tablet | |
| azathioprine tablet (generic for Imuran [®]) | |
| Cellcept [®] Capsule / Suspension / Tablet | |
| cyclosporine capsule (generic for Sandimmune [®]) | |
| cyclosporine modified capsule / solution (generic for Gengraf [®] , Neoral [®]) | |
| Envarsus [®] XR Tablet | |
| everolimus tablet (generic for Zortress [®] Tablet) | |
| Gengraf [®] Capsule / Solution | |
| Imuran [®] Tablet | |
| mycophenolate capsule / suspension / tablet (generic for Cellcept [®]) | |
| mycophenolic acid tablet (generic for Myfortic [®]) | |
| Myfortic [®] Tablet | |
| Neoral [®] Capsule / Solution | |
| Prograf [®] Capsule / Granule Packet | |
| Rapamune [®] Solution / Tablet | |
| Rezurock [™] Tablet | |
| Sandimmune [®] Capsule / Solution | |
| sirolimus tablet / solution (generic for Rapamune [®]) | |
| tacrolimus capsule (generic for Hecoria [®] , Prograf [®]) | |
| Tavneos [®] Capsule | |
| Zortress [®] Tablet | |

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

Effective DATE: Draft for January 11, 2024 Meeting

Trial and failure of two Preferred drugs are required unless only one Preferred option is listed or is otherwise indicated.
Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred. In addition to trial and failure criteria, clinical criteria (indicated in **RED**) may also apply. **New to market products typically default to Non-Preferred status until reviewed by the PDL Panel. These drugs are listed as TO BE REVIEWED.** Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at: <https://www.nctracks.nc.gov/content/public/providers/pharmacy.html>
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| MOVEMENT DISORDERS | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Clinical criteria apply to all drugs in this class | |
| Preferred | Non-Preferred |
| Austedo [®] Tablet | Austedo [™] -XR-Tablet- |
| Austedo [®] XR Tablet | Austedo [®] XR (deutetrabenazine) Titration Kit |
| Ingrezza [®] Capsule / Initiation Pack | Xenazine [®] Tablet |
| tetrabenazine tablet | |
| Add new to market product Austedo [®] XR (deutetrabenazine) Titration Kit as Non-Preferred Move Austedo [®] XR Tablet from Non-Preferred to Preferred | |
| HEREDITARY ANGIOEDEMA (HAE) PROPHYLAXIS AGENTS | |
| Preferred | Non-Preferred |
| Haegarda [®] Vial | Cinryze [®] Vial |
| Orladeyo [®] Capsule | Takhzyro [®] Vial / Syringe |
| | |
| HEREDITARY ANGIOEDEMA (HAE) TREATMENT AGENTS | |
| Preferred | Non-Preferred |
| Berinert [®] Vial / Kit | Firazyr [®] Syringe |
| icatibant syringe (generic for Firazyr [®]) | Ruconest [®] Vial |
| Kalbitor [®] Vial | |
| Sajazir [™] Syringe (branded generic for icatibant) | |
| Add new to market product Sajazir [™] Syringe (branded generic for icatibant) as Preferred | |
| OPIOID ANTAGONISTS | |
| Preferred | Non-Preferred |
| Kloxxado [™] Nasal Spray | |
| LifEMS naloxone Syringe Kit | |
| naloxone nasal spray (OTC) | |
| naloxone syringe / spray / vial (generic for Narcan [®]) | |
| naltrexone tablet | |
| Narcan [®] Nasal Spray (OTC) | |
| Opvee [®] (nalmeferene) Nasal Spray | |
| Vivitrol [®] Vial / Diluent | |
| Zimhi [™] Syringe | |
| Add the following new to market products as Preferred: LifEMS naloxone Syringe Kit, naloxone nasal spray (OTC), Opvee [®] (nalmeferene) Nasal Spray, Narcan [®] Nasal Spray (OTC) | |
| OPIOID DEPENDENCE | |
| Clinical criteria apply to all drugs in this class | |
| Trial and failure of Suboxone [®] SL film or buprenorphine-naloxone SL tablet (generic Suboxone [®]) required for coverage of non-preferred options | |
| For coverage of Sublocade [®] - must have diagnosis of moderate to severe opioid use disorder and have initiated treatment with a transmucosal buprenorphine-containing product followed by a dose adjustment period for a minimum of seven days. | |
| Preferred | Non-Preferred |
| buprenorphine-naloxone SL tablet (generic for Suboxone [®]) | Brixadi [™] (buprenorphine extended release) Weekly Syringe / Monthly Syringe |
| Suboxone [®] SL Film | buprenorphine SL tablet (generic for Subutex [®]) |
| Sublocade [®] Syringe | buprenorphine-naloxone SL film (generic for Suboxone [®]) |
| | Lucemyra [®] Tablet - Exemption for diagnosis of opioid withdrawal symptoms |
| | Zubsolv [™] Tablet SL |
| Add new to market product Brixadi [™] (buprenorphine extended release) Weekly Syringe / Monthly Syringe as Non-Preferred | |
| SKELETAL MUSCLE RELAXANTS | |
| Preferred | Non-Preferred |
| baclofen tablet (generic for Lioresal [®]) | Amrix [®] ER Capsule |
| cyclobenzaprine tablet (generic for Flexeril [®]) | baclofen oral solution |
| methocarbamol tablet (generic for Robaxin [®]) | baclofen suspension (generic for Fleqsuvy [™]) |
| tizanidine tablet (generic for Zanaflex [®]) | chlorzoxazone tablet (generic for Parafon Forte [®]) |
| | cyclobenzaprine ER capsule (generic for Amrix [®] ER) |
| | Dantrium [®] Capsule / Vial |
| | dantrolene sodium capsule (generic for Dantrium [®]) |
| | Fexmid [®] Tablet |
| | Fleqsuvy [™] Suspension |
| | Lorzone [®] Tablet |
| | Lyvispah [®] Granule Packet (10 mg) |
| | metaxalone tablet (generic for Skelaxin [®]) |
| | Norgesic [™] Tablet / Forte Tablet |
| | orphenadrine / aspirin / caffeine tablet (generic for Norgesic [™]) |
| | orphenadrine citrate tablet / vial (generic for Norflex [®]) |
| | Orphengenic [®] Forte Tablet |
| | Robaxin [®] Vial |
| | Skelaxin [®] Tablet |
| | tizanidine capsules (generic for Zanaflex [®]) |
| | Zanaflex [®] Capsule / Tablet |
| DISPOSABLE INSULIN DELIVERY DEVICES | |
| Preferred | Non-Preferred |

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| | |
|----------------------------------------------------|--|
| Omnipod 5® | |
| Omnipod 5® Kit | |
| Omnipod DASH® | |
| Omnipod DASH® Kit | |
| Omnipod GO™ | |
| Add new to market product Omnipod GO™ as Preferred | |
| | |

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DIABETIC CONTINUOUS GLUCOSE MONITOR SUPPLIES

Clinical criteria apply to all items in this class

Continuous Glucose Monitor Transmitters / Receivers / Readers

| Preferred | Non-Preferred |
|-----------------------------------------------|--------------------------------------------|
| Dexcom G6 [®] Transmitter / Receiver | Freestyle Libre [™] 14 day Reader |
| Dexcom G7 [®] Transmitter / Receiver | |
| Freestyle Libre [™] 2 Reader | |

Continuous Glucose Monitor Sensors

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

DIABETIC SUPPLIES

N.C. Medicaid only covers, at point of sale, the designated preferred products listed below for blood glucose meters, diabetic test strips, control solutions, lancets, and lancing devices for Medicaid-primary recipients and Health Choice-primary recipients (dually eligible and third-party recipients are not affected). These products are covered under the Outpatient Pharmacy Program and can be submitted to the pharmacy point-of-sale system with a prescription. Diabetic supplies, including other brands, can also be submitted under Durable Medical Equipment using the NDC and HCPCS code. Beneficiaries are allowed 1 covered meter every 2 years (730 days). For questions or assistance regarding diabetic supplies for Medicaid Direct members, please call the NC Tracks call center at 1-800-688-6696. ***All blood glucose meters are billed using the NC Medicaid Free BIN Meter program. BIN 610524, PCN 1016, Group 40026479, ID 066499643.***

| Meters | Lancing Devices |
|---------------------------------------------------------------------------|---------------------------------------------------------------------|
| ACCU-CHEK [®] Guide Retail care kit * (see above for billing) | ACCU-CHEK [®] Softclix lancing device kit (Black) |
| ACCU-CHEK [®] Guide Me Retail care kit * (see above for billing) | ACCU-CHEK [®] Fastclix lancing device kit |
| Test Strips | Control Solutions |
| ACCU-CHEK [®] AVIVA PLUS 50 ct test strips | ACCU-CHEK [®] Aviva glucose control solution (2 levels) |
| ACCU-CHEK [®] SMARTVIEW 50 ct test strips | ACCU-CHEK [®] SmartView glucose control solution (1 level) |
| ACCU-CHEK [®] Guide 50 ct test strips | ACCU-CHEK [®] Guide 2-Level control solution (2-levels) |
| ACCU-CHEK [®] Guide 100 ct test strips | |
| Lancets | |
| ACCU-CHEK [®] Softclix 100 ct Lancets | |
| ACCU-CHEK [®] Fastclix 102 ct Lancets | |