

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

**Draft for July 11, 2024 Panel Meeting**

Trial and failure (T/F) of two Preferred drugs are required unless only one Preferred option is listed or a T/F criteria exemption 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 T/F 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 - <b>Clinical criteria apply</b>
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 - <b>Clinical criteria apply</b>
	memantine ER capsule / solution (generic for Namenda® XR / Solution)
	Namenda® Tablet / Titration Pack / XR Capsule / XR Titration Pack
	Namzaric® Capsule / Titration Pack
	rivastigmine patch (generic for Exelon®)

**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 patch (generic for Butrans®)
methadone concentrate / diskets / intensol / tablets / solution	Conzip® Capsule
morphine sulfate ER tablet (generic for MS Contin®)	fentanyl patch (37.5 / 62.5 / 87.5mcg dosages) (generic for Duragesic®)
OxyContin® Tablet	hydrocodone ER capsule (generic for Zohydro® ER)
tramadol ER tablet (generic for Ultram ER®, Ryzolt®)	hydrocodone ER tablet (generic for Hysingla® ER)
Xtampza® ER Capsule	hydromorphone ER tablet (generic for Exalgo®)
	Hysingla® ER Tablet
	<b>Methodose™ (methadone) Oral Concentrate / Tablet</b>
	morphine sulfate ER capsule (generic for Avinza®, Kadian®)
	MS Contin® Tablet
	Nucynta® ER Tablet
	oxycodone ER tablet (generic for OxyContin®)
	oxymorphone ER tablet
	tramadol ER capsule (generic for Conzip®)

**Add Methodose™ (methadone) Oral Concentrate / Tablet as Non-Preferred**

**Orally Disintegrating / Oral Spray Schedule II Opioids**

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

Preferred	Non-Preferred
Actiq® Lozenge	Duvia™ 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®)	codeine sulfate tablet
hydrocodone-acetaminophen solution / tablet (generic for Hycet®, Lorcet®, Lortab®, Norco®, Vicodin®)	Dilaudid® Liquid / Tablet
hydrocodone-ibuprofen tablet (generic for Ibudone®, Reprexain®, Vicoprofen®)	hydromorphone solution / suppository (generic for Dilaudid®)
hydromorphone tablet (generic for Dilaudid®)	levorphanol tablet (generic for Levo-Dromoran®)
morphine solution / tablet (generic for MSIR®)	mepredine solution / tablet (generic for Demerol®)
oxycodone solution / tablet (generic for Roxicodone®)	morphine oral syringe
oxycodone-acetaminophen capsules (generic for Tylox®)	morphine suppositories (generic for Roxanol®)
oxycodone-acetaminophen tablets (generic for Percocet®)	Nalocet® Tablet
	Nucynta® Tablet
	oxycodone capsule (generic for OxyIR®)
	oxycodone concentrated solution (generic for Roxicodone® Intensol)
	oxycodone-acetaminophen solution
	oxymorphone tablet (generic for Opana®)
	Percocet® Tablet
	Prolate® Tablet / Solution
	Roxicodone® Tablet
	Roxybond® Tablet

**Short Acting Schedule III – IV Opioids / Analgesic Combinations**

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

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Preferred	Non-Preferred
codeine-acetaminophen solution / tablet (generic for Tylenol with Codeine <sup>®</sup> )	Ascomp <sup>®</sup> Capsule (branded generic for Fiorinal with Codeine <sup>®</sup> )
tramadol tablet (generic for Ultram <sup>™</sup> )	butalbital compound with codeine capsule (generic for Fiorinal with Codeine <sup>®</sup> )
tramadol-acetaminophen tablet (generic for Ultracet <sup>™</sup> )	butalbital-caffeine-APAP with codeine tablet (generic for Fioricet with Codeine <sup>®</sup> )
	butorphanol spray (generic for Stadol <sup>®</sup> )
	dihydrocodeine-acetaminophen-caffeine tablet (generic for Panlor SS <sup>®</sup> )
	Fioricet with Codeine <sup>®</sup> Capsule
	pentazocine-naloxone tablet (generic for Talwin NX <sup>®</sup> )
	<b>Qdolo<sup>™</sup> (tramadol) Solution</b>
	Seglentiis <sup>®</sup> Tablet
	tramadol solution (generic for Qdolo <sup>™</sup> )
	tramadol tablet (25 mg)

**Add Qdolo<sup>™</sup> (tramadol) Solution as Non-Preferred**

NSAIDS	
Preferred	Non-Preferred
celecoxib capsule (generic for Celebrex <sup>®</sup> )	Arthrotec <sup>®</sup> Tablet
ibuprofen suspension / tablet (generic for Motrin <sup>®</sup> )	Celebrex <sup>®</sup> Capsule
indomethacin capsule (generic for Indocin <sup>®</sup> )	Daypro <sup>®</sup> Caplet
ketorolac tablet (generic for Toradol <sup>®</sup> )	diclofenac potassium capsule (generic for Zipsor <sup>®</sup> )
meloxicam tablet (generic for Mobic <sup>®</sup> )	diclofenac potassium tablet (generic for Cataflam <sup>®</sup> )
naproxen EC / DR tablet (generic for Naprosyn <sup>®</sup> EC)	diclofenac sodium tablet / ER tablet (generic for Voltaren <sup>®</sup> / XR)
naproxen tablet (generic for Naprosyn <sup>®</sup> )	diclofenac sodium-misoprostol tablet (generic for Arthrotec <sup>®</sup> )
<b>naproxen sodium tablet (generic for Anaprox<sup>®</sup>)</b>	diffunisal tablet (generic for Dolobid <sup>®</sup> )
sulindac tablet (generic for Clinoril <sup>®</sup> )	<b>Duexis<sup>®</sup> Tablet - T/F of only celecoxib required</b>
	etodolac capsule / tablet / ER tablet (generic for Lodine <sup>®</sup> / XL)
	Feldene <sup>®</sup> Capsule
	fenoprofen capsule/ tablet (generic for Nalfon <sup>®</sup> )
	flurbiprofen tablet (generic for Ansaid <sup>®</sup> )
	ibuprofen / famotidine tablet (generic for Duexis <sup>®</sup> ) - <b>T/F of only celecoxib required</b>
	indomethacin ER capsule (generic for Indocin SR <sup>®</sup> )
	indomethacin suppository
	ketoprofen capsule (generic for Orudis <sup>®</sup> )
	ketoprofen ER capsule (generic for Oruvail <sup>®</sup> )
	ketorolac tromethamine nasal spray (generic for Sprix <sup>®</sup> )
	Lofena <sup>™</sup> Tablet
	meclufenamate capsule (generic for Meclomen <sup>®</sup> )
	mefenamic acid capsule (generic for Ponstel <sup>®</sup> )
	meloxicam capsule (generic for Vivlodex <sup>®</sup> )
	<b>Mobic<sup>®</sup> Tablet</b>
	nabumetone tablet (generic for Relafen <sup>®</sup> )
	Nalfon <sup>®</sup> Capsule / Tablet
	Naprelan <sup>®</sup> Tablet
	<b>Naprosyn<sup>®</sup> (naproxen) Suspension</b>
	naproxen sodium ER tablet (generic for Naprelan <sup>®</sup> )
	<b>naproxen sodium tablet (generic for Anaprox<sup>®</sup>)</b>
	naproxen suspension (generic for Naprosyn <sup>®</sup> )
	naproxen-esomeprazole tablet (generic for Vimovo <sup>®</sup> ) - <b>T/F of only celecoxib required</b>
	oxaprozin tablet (generic for DayPro <sup>®</sup> )
	piroxicam capsule (generic for Feldene <sup>®</sup> )
	Relafen <sup>™</sup> DS Tablet
	<b>tolmetin capsule (generic for Tolectin<sup>®</sup> DS)</b>
	tolmetin tablet (generic for Tolectin <sup>®</sup> )
	Vimovo <sup>®</sup> Tablet - <b>T/F of only celecoxib required</b>

**Add Naprosyn<sup>®</sup> (naproxen) Suspension and tolmetin capsule (generic for Tolectin<sup>®</sup> DS) as Non-Preferred**  
**Move naproxen sodium tablet (generic for Anaprox<sup>®</sup>) from Non-Preferred to Preferred**  
**Remove Mobic<sup>®</sup> Tablet**

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NEUROPATHIC PAIN	
Preferred	Non-Preferred
duloxetine capsule (generic for Cymbalta®)	Cymbalta® Capsule
gabapentin capsule / solution / tablet (generic for Neurontin®)	DermacinRx™ Lidocan Patch - <b>Clinical criteria apply</b>
lidocaine patch (generic for Lidoderm®) - <b>Clinical criteria apply</b>	Drizalma™ Sprinkle
pregabalin capsule / solution (generic for Lyrica®)	duloxetine capsule (generic for Irenka®)
	gabapentin ER tablet (generic for Gralise®)
	Gralise® Tablet
	Horizant® Tablet
	Lidocan™ Patch - <b>Clinical criteria apply</b>
	Lidoderm® Patch - <b>Clinical criteria apply</b>
	Lyrica® Capsule / Solution / CR Tablet
	Neurontin® Capsule / Solution / Tablet
	pregabalin ER tablet (generic for Lyrica® CR)
	Qutenza® Kit
	Savella® Tablet / Titration Pack
	Tridacaine™ (lidocaine) Patch
	Xyloiderm™ Kit - <b>Clinical criteria apply</b>
	ZTLido™ Patch - <b>Clinical criteria apply</b>
<b>Add new to market product gabapentin ER tablet (generic for Gralise®) as Non-Preferred</b> <b>Add Tridacaine™ (lidocaine) Patch as Non-Preferred</b>	
ANTICONSULSANTS	
CARBAMAZEPINE DERIVATIVES	
<b>Patients with a diagnosis of seizure disorder are exempt from T/F criteria and may use any carbamazepine product.</b>	
Preferred	Non-Preferred
Aptiom® Tablet	Carbatrol® Capsule
carbamazepine chewable tablet (generic for Tegretol®)	carbamazepine suspension / tablet (generic for Tegretol®)
carbamazepine suspension / tablet / XR tablet (generic for Tegretol® / XR)	carbamazepine XR tablet (generic for Tegretol XR®)
carbamazepine ER capsule (generic for Carbatrol®)	carbamazepine ER capsule (generic for Carbatrol®)
Equetro® Capsule	Epitol® Tablet
oxcarbazepine suspension / tablet (generic for Trileptal®)	Trileptal® Tablet
Oxtellar® XR Tablet	
Tegretol® Suspension / Tablet / XR Tablet	
Trileptal® Suspension	
<b>Move carbamazepine suspension / tablet / XR tablet (generic for Tegretol® / XR) from Non-Preferred to Preferred</b> <b>Move carbamazepine ER capsule (generic for Carbatrol®) from Preferred to Non-Preferred</b>	
FIRST GENERATION	
<b>Patients with a diagnosis of seizure disorder are exempt from T/F criteria and may use any first generation product.</b>	
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 tablet (generic for Felbatol®)
ethosuximide capsule / solution (generic for Zaronin®)	methsuximide capsule (generic for Celontin®)
felbamate suspension (generic for Felbatol®)	Mysoline® Tablet
Felbatol® Suspension / Tablet	Sezaby® (phenobarbital sodium) Vial
phenobarbital tablet / elixir / solution	Zaronin® Capsule / Solution
Phenytek® Capsule	
phenytoin chewable / extended capsules / infatab / suspension (generic for Dilantin®)	
phenytoin extended capsules (generic for Phenytek®)	
primidone Tablet (generic for Mysoline®)	
valproic acid capsule / solution (generic for Depakene®)	
<b>Add Sezaby® (phenobarbital sodium) Vial as Non- Preferred</b>	
SECOND GENERATION	
<b>Patients with a diagnosis of seizure disorder are exempt from T/F criteria and may use any second generation product.</b>	
Preferred	Non-Preferred
Banzel® Tablet	Banzel® Suspension
Briviact® Tablet / Solution	clonazepam ODT (generic for Klonopin® Wafer)
clobazam suspension / tablet (generic for Onfi®)	Elepsia™ XR Tablet
clonazepam tablet (generic for Klonopin®)	Keppra® Tablet / Solution / XR Tablet
Diacomit® Capsule / Powder Pack	Klonopin® Tablet
Diastat® Acudial® / Pedi System	Lamictal® Chewable / ODT / ODT Starter Kit / Starter Kit / Tablet / XR / XR Starter Kit
diazepam rectal / system (generic for Diastat® Accudial / Pedi System)	lamotrigine starter kits (generic for Lamictal®)
Epidiolex® Solution - <b>Clinical criteria apply</b>	Lyrica® Capsule / Solution
Eprontia™ Solution	Motopoly XR™ (lacosamide extended release) Capsule
Finlepla® Solution	Neurontin® Capsule / Solution / Tablet
Fycompa® Tablet / Suspension	Onfi® Suspension / Tablet
gabapentin capsule / solution / tablet (generic for Neurontin®)	Qudexy® XR Capsule
Gabitrin® Tablet	rufinamide tablet (generic for Banzel®)
lacosamide solution / tablet (generic for Vimpat®)	Spritam® Tablet
lamotrigine chewable / tablet (generic for Lamictal®)	Sympazan® Film
lamotrigine ER tablet / ODT / ODT Starter Kit / Starter Kit (generic for Lamictal® XR / ODT)	Topamax® Sprinkle Capsule / Tablet

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levetiracetam tablet / ER tablet / solution (generic for Keppra® / XR)	topiramate ER capsule (generic for Qudexy®)
Nayzilam® Nasal Spray	topiramate ER capsule (generic for Trokendi XR®) - <b>T/F of Trokendi® XR Capsule required for coverage</b>
Roweepra™ Tablet	Trokendi® XR Capsule
rufinamide suspension (generic for Banzel®)	vigabatrin tablet (generic for Sabril®)
Sabril® Tablet / Powder Packet	Vigadrone® Powder Packet / Tablet
Subvenite® Tablet / Tab Start Kit	<b>Vigoder™ (vigabatrin) Powder Packet</b>
tiagabine tablet (generic for Gabitril®)	Vimpat® Solution / Starter Kit / Tablet
topiramate sprinkle capsule / tablet (generic for Topamax®)	Zonisade™ Oral Suspension
Valtoco® Nasal Spray	Zialmy® Oral Suspension
vigabatrin powder packet (generic for Sabril®)	
Xcopri® Tablet / Titration Pack	
zonisamide capsule (generic for Zonegran®)	

**Add Vigoder™ (vigabatrin) Powder Packet as Non-Preferred  
 Remove Gabitril® Tablet**

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ANTI-INFECTIVES - SYSTEMIC	
ANTIBIOTICS	
Penicillins, Cephalosporins and Related	
Preferred	Non-Preferred
amoxicillin capsule / chewable / suspension / tablet (generic for Amoxil <sup>®</sup> , Trimox <sup>®</sup> )	amoxicillin-clavulanate chewable tablet (generic for Augmentin <sup>®</sup> )
amoxicillin-clavulanate suspension / tablet / XR tablet (generic for Augmentin <sup>®</sup> / XR)	Augmentin <sup>®</sup> Suspension / ES-600 / XR Tablet
ampicillin capsule / injection / vial	cefaclor capsule / suspension / ER tablet (generic for Ceclor <sup>®</sup> / CD)
ampicillin-sulbactam injection / vial	cefadroxil tablet (generic for Duricef <sup>®</sup> )
Bicillin <sup>®</sup> C-R injection	cefepodoxime suspension / tablet (generic for Vantin <sup>®</sup> )
cefadroxil capsule / suspension (generic for Duricef <sup>®</sup> )	Suprax <sup>®</sup> Suspension
cefdinir capsule / suspension (generic for Omnicef <sup>®</sup> )	
cefixime capsule / suspension (generic for Suprax <sup>®</sup> )	
cefprozil suspension / tablet (generic for Cefzil <sup>®</sup> )	
cefuroxime tablet (generic for Cefin <sup>®</sup> )	
cephalexin capsule / suspension / tablet (generic for Keflex <sup>®</sup> )	
dicloxacillin capsule	
nafcillin injection / vial	
oxacillin injection / vial	
penicillin G injection / vial	
penicillin V suspension / tablet	
piperacillin - tazobactam injection / vial	
Pfizerpen <sup>®</sup> injection / vial	
Unasyn <sup>®</sup> injection / vial	
Zosyn <sup>®</sup> injection / vial	
Lincosamides and Oxazolidinones	
Preferred	Non-Preferred
clindamycin capsules / solution (generic for Cleocin <sup>®</sup> )	Cleocin <sup>®</sup> Capsules / Vial
linezolid suspension (oral) / tablet (generic for Zyvox <sup>®</sup> )	Cleocin <sup>®</sup> Pediatric Solution
	clindamycin injection (generic for Cleocin <sup>®</sup> )
	Lincocin <sup>®</sup> Vial
	lincomycin vial (generic for Lincocin <sup>®</sup> )
	linezolid IV solution (generic for Zyvox <sup>®</sup> )
	Sivextro <sup>®</sup> Tablet / Vial
	Synercid <sup>®</sup> Vial
	Zyvox <sup>®</sup> Tablet / IV Solution / Suspension
Macrolides and Ketolides	
Preferred	Non-Preferred
azithromycin powder packet / suspension / tablet (generic for Zithromax <sup>®</sup> )	clarithromycin ER tablet (generic for Biaxin XL <sup>®</sup> )
clarithromycin suspension / tablet (generic for Biaxin <sup>®</sup> )	Eryped <sup>®</sup> 200/400 Suspension
E.E.S. <sup>®</sup> Filmtab / Suspension	Ery-Tab <sup>®</sup> Tablet
Erythrocin <sup>®</sup> Filmtab	Zithromax <sup>®</sup> Powder Packet / Suspension / Tablet / Tri-Pak / Z-Pak
erythromycin ES 200 mg and 400 mg suspension (generic for E.E.S. <sup>®</sup> Suspension, Eryped <sup>®</sup> )	
erythromycin EC capsule (generic for Eryc <sup>®</sup> )	
erythromycin filmtab	
erythromycin ES tablet (generic for E.E.S. <sup>®</sup> Filmtab)	
Nitroimidazoles (Gastrointestinal Antibiotics)	
Preferred	Non-Preferred
metronidazole tablet (generic for Flagyl <sup>®</sup> )	Aemcolo <sup>®</sup> DR Tablet
vancomycin capsule (generic for Vancocin <sup>®</sup> )	Dificid <sup>®</sup> Suspension / Tablet - <b>T/F of only vancomycin is required for treatment of Clostridium difficile</b>
vancomycin oral solution (generic for Firvanq <sup>®</sup> )	Firvanq <sup>™</sup> Solution
	Flagyl <sup>®</sup> Capsule
	Likmez <sup>™</sup> Suspension
	metronidazole capsule (generic for Flagyl <sup>®</sup> )
	neomycin tablet (generic for Mycifradin <sup>®</sup> )
	nitazoxanide tablet (generic for Alinia <sup>®</sup> Tablet)
	paromomycin capsule (generic for Humatin <sup>®</sup> )
	Solosec <sup>™</sup> Granules
	tinidazole tablet (generic for Tindamax <sup>®</sup> )
	Vancocin <sup>®</sup> Capsule
	vancomycin oral solution (generic for Firvanq <sup>®</sup> )
	Vovist <sup>™</sup> Capsule - <b>Clinical criteria apply</b>
	Xifaxan <sup>®</sup> Tablet - <b>T/F of preferred agents not required for diagnosis of Hepatic Encephalopathy</b>
<b>Move vancomycin oral solution (generic for Firvanq<sup>®</sup>) from Non-Preferred to Preferred</b>	
Quinolones	
Preferred	Non-Preferred
Cipro <sup>®</sup> Suspension	Baxdela <sup>™</sup> Tablet
ciprofloxacin tablet (generic for Cipro <sup>®</sup> )	Cipro <sup>®</sup> Tablet
levofloxacin tablet (generic for Levaquin <sup>®</sup> )	ciprofloxacin suspension (generic for Cipro <sup>®</sup> )
moxifloxacin tablet (generic for Avelox <sup>®</sup> )	levofloxacin solution (generic for Levaquin <sup>®</sup> )
	ofloxacin tablet (generic for Floxin <sup>®</sup> )

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Tetracycline Derivatives	
Preferred	Non-Preferred
doxycycline hyclate capsule / tablet (generic for Vibramycin <sup>®</sup> , Vibra-Tab <sup>®</sup> )	demeclocycline tablet (generic for Declomycin <sup>®</sup> )
doxycycline monohydrate 50mg, 100mg capsule (generic for Monodox <sup>®</sup> )	Doryx <sup>®</sup> DR / MPC Tablet
minocycline 50mg, 75mg, 100mg capsule (generic for Minocin <sup>®</sup> )	doxycycline hyclate DR tablet (generic for Doryx <sup>®</sup> DR)
	doxycycline monohydrate 75mg, 150mg capsule (generic for Monodox <sup>®</sup> , Adoxa <sup>®</sup> )
	doxycycline monohydrate 40mg IR-DR capsule (generic for Oracea <sup>®</sup> )
	doxycycline monohydrate 50mg, 75mg, 100mg, 150mg tablet
	doxycycline suspension (generic for Vibramycin <sup>®</sup> ) - <b>T/F of preferred agents not required for patients &lt; 12 years of age</b>
	Lymepak <sup>™</sup> Tablet
	minocycline ER tablet (generic for Solodyn <sup>®</sup> ER) <b>Clinical justification and failure of doxycycline and minocycline required. Limited to a 12 week supply.</b>
	minocycline 50mg, 75mg, 100mg tablet
	Minolira <sup>™</sup> ER Tablet
	Morgidox <sup>®</sup> Capsule / Kit
	Nuzra <sup>™</sup> Tablet
	Solodyn <sup>®</sup> ER Tablet - <b>Clinical justification and failure of doxycycline and minocycline required. Limited to a 12 week supply.</b>
	tetracycline capsule (generic for Sunmycin <sup>®</sup> )
	Vibramycin <sup>®</sup> Capsule
Antifungals	
Preferred	Non-Preferred
clotrimazole troche (generic for Mycelex <sup>®</sup> Troche)	Ancobon <sup>®</sup> Capsule
fluconazole suspension / tablet (generic for Diflucan <sup>®</sup> )	Brexafemme <sup>®</sup> Tablet
griseofulvin suspension (generic for Grifulvin V <sup>®</sup> )	Cresemba <sup>®</sup> Capsule
griseofulvin ultra tablet (generic for Gris-Peg <sup>®</sup> )	Diflucan <sup>®</sup> Suspension / Tablet
nystatin suspension (generic for Nilstat <sup>®</sup> )	flucytosine capsule (generic for Ancobon <sup>®</sup> )
nystatin tablet (generic for Mycostatin <sup>®</sup> )	griseofulvin micro tablets (generic for Grifulvin V <sup>®</sup> )
terbinafine tablet (generic for Lamisil <sup>®</sup> )	itraconazole capsule / solution (generic for Sporanox <sup>®</sup> )
	ketoconazole tablet (generic for Nizoral <sup>®</sup> )
	Noxafil <sup>®</sup> Suspension / Tablet / DR Suspension Packet
	Oravig <sup>®</sup> Buccal Tablet
	posaconazole tablet / suspension (generic for Noxafil <sup>®</sup> )
	Sporanox <sup>®</sup> Capsule / Solution
	Tolsura <sup>™</sup> Capsule
	Vfend <sup>®</sup> Suspension / Tablet
	Vivjoa <sup>®</sup> Capsule - <b>Clinical criteria apply</b>
	voriconazole suspension / tablet (generic for Vfend <sup>®</sup> )
Antivirals (Hepatitis B Agents)	
Preferred	Non-Preferred
entecavir tablet (generic for Baraclude <sup>®</sup> )	adefovir tablet (generic for Hepsera <sup>®</sup> )
lamivudine HBV tablet (generic for Epivir <sup>®</sup> HBV)	Baraclude <sup>®</sup> Solution / Tablet
tenofovir tablet (generic for Viread <sup>®</sup> )	Epivir <sup>®</sup> HBV Tablet / Solution
Viread <sup>®</sup> Powder / Tablet	Vemlidy <sup>®</sup> Tablet
Antivirals (Hepatitis C Agents)	
Preferred	Non-Preferred
Pegasys <sup>®</sup> Syringe / Vial	
ribavirin capsule / tablet (generic for Copegus <sup>®</sup> , Rebetol <sup>®</sup> )	
<b>Clinical criteria apply to all drugs listed below</b>	
<b>Prior Approval Not Required for Mavyret<sup>®</sup> Tablet / Pellet Pack and sofosbuvir-velpatasvir tablet (generic for Epclusa<sup>®</sup>)</b>	
All genotypes without cirrhosis	
Mavyret <sup>®</sup> Tablet (8 weeks of therapy)	Epclusa <sup>®</sup> Pellet Pack/Tablet
Mavyret <sup>®</sup> Pellet Pack	Harvoni <sup>®</sup> Pellet Pack / Tablet
sofosbuvir-velpatasvir tablet (generic for Epclusa <sup>®</sup> )	ledipasvir-sofosbuvir tablet (generic for Harvoni <sup>®</sup> )
	Sovaldi <sup>®</sup> Pellet Pack / Tablet
	Zepatier <sup>®</sup> Tablet
All genotypes with compensated cirrhosis (Child Pugh-A)	
Mavyret <sup>®</sup> Tablet (Up to 12 weeks of therapy)	
Mavyret <sup>®</sup> Pellet Pack	
sofosbuvir-velpatasvir tablet (generic for Epclusa <sup>®</sup> )	
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 <sup>™</sup> Tablet	
All genotypes with decompensated cirrhosis	
sofosbuvir-velpatasvir tablet (generic for Epclusa <sup>®</sup> )	

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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®)		
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 - <b>T/F of only one preferred drug required</b>	
Antibiotics, Inhaled		
<b>T/F of only one preferred drug required</b>		
Preferred		Non-Preferred
Kitabis™ Pak	Arikayce® Vial	
Bethkis® Ampule	Causton® 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	
<b>Pristiq® ER Tablet</b>	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®)	
vilazodone tablet (generic for Viibryd®)	<b>Pristiq® ER Tablet</b>	
	Remeron® Soltab™ / Tablet	
	Trintellix® Tablet	
	venlafaxine besylate ER tablet	
	venlafaxine ER tablet	
	Viibryd® Starter Pack / Tablet	
	Wellbutrin® SR / XL Tablet	
	Zuruvac™ Capsule	
Move Pristiq® ER Tablet from Preferred to Non-Preferred Remove Viibryd® Starter Pack		
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®) - <b>T/F of preferred agents not required for children &lt; 18 years of age</b>	
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 ( <b>Generic Product Per FDA</b> )	Adzenys® XR ODT
Adderall® XR Capsule	amphetamine salt combo ER capsule (generic for Mydayis®)
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®)	<b>Desoxyn® Tablet</b>
clonidine ER tablet (generic for Kapvay®)	Dexedrine® Spansule®
Concerta® Tablet	dextroamphetamine ER capsule (generic for Dexedrine® Spansule®)
Daytrana® Patch	dextroamphetamine solution (generic for ProCentra®)
dexamethylphenidate tablet / ER capsule (generic for Focalin® / XR)	Dyanavel® XR Suspension - <b>T/F of preferred agents not required for children &lt; 12 years of age</b>
dextroamphetamine tablet (generic for Dexedrine®)	Dyanavel® XR Tablet
Focalin® XR Capsule	Evekeo® Tablet / Evekeo® ODT Tablet
guanfacine ER tablet (generic for Intuniv®)	Focalin® Tablet
Methylin® Solution	Intuniv® Tablet
methylphenidate ER tablet (generic for Concerta®)	Jornay PM™ Capsule
methylphenidate tablet / solution (generic for Methylin®, Ritalin®)	lisdexamfetamine capsule / chewable tablet (generic for Vyvanse®)
Vyvanse® Capsule / Chewable Tablet	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) ( <b>Branded Product Per FDA</b> )
	methylphenidate LA capsule (generic for Ritalin® LA)
	methylphenidate patch (generic for Daytrana®)
	Mydayis® ER Capsule
	ProCentra® Solution
	Qelbree™ Capsule
	Quillichew® ER Tablet - <b>T/F of preferred agents not required for children &lt; 12 years of age</b>
	Quillivant® XR Suspension - <b>T/F of preferred agents not required for children &lt; 12 years of age</b>
	Relexxii™ ER Tablet
	Ritalin® LA Capsule
	Ritalin® Tablet
	Strattera® Capsule
	Xelstrym® Patch
	Zenzedi® Tablet
<b>Remove Desoxyn® Tablet</b>	
INJECTABLE ANTIPSYCHOTICS	
Injectable Long Acting	
Preferred	Non-Preferred
Abilify Maintena® Syringe / Vial	
Abilify Asimtufii® Syringe Kit	
Aristada® / Inilio™ Syringe	
fluphenazine decanoate vial (generic for Prolixin decanoate®)	
Haldol® decanoate Ampule	
haloperidol decanoate ampule / vial (generic for Haldol decanoate®)	
Invenga® Hafyera Prefilled Syringe Kit	
Invenga® Sustenna Prefilled Syringe	
Invenga® Trinza Syringe	
Perseris® Syringe	
Risperdal® Consta Vial	
risperidone ER vial (generic for Risperdal® Consta)	
Rykindo® Vial / Vial Kit	
Uzedy™ Syringe Kit	
Zyprexa® Relprev™ Vial Kit	
ATYPICAL ANTIPSYCHOTICS	
Oral / Topical	
<b>T/F of only one preferred drug required</b>	
Preferred	Non-Preferred
aripiprazole Tablet / Solution (generic for Abilify®)	Abilify® Tablet / Abilify® MyCite® Tablet
clozapine tablet (generic for Clozaril®)	aripiprazole ODT (generic for Abilify® Discmet®)
lurasidone tablet (generic for Latuda®)	asenapine SL tablet (generic for Saphris® SL)
olanzapine ODT / tablet (generic for Zyprexa®)	Caplyta™ Capsule
paliperidone ER tablet (generic for Invega®)	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	Invenga® Tablet
Vraylar® Capsule - <b>T/F of 1 other preferred atypical antipsychotic required except for the adjunct treatment of MDD</b>	Latuda® Tablet
ziprasidone capsule (generic for Geodon®)	Lybalvi™ Tablet
	<b>Nuplazid® (pimavanserin) Tablet / Capsule</b>
	olanzapine-fluoxetine capsule (generic for Symbyax®)
	Rexulti® Tablet / 7-Day Pack / 14-Day Pack
	Risperdal® Solution / Tablet
	Secuado® Patch

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	Seroquel <sup>®</sup> Tablet / XR Tablet / XR Sample Kit
	Versacloz <sup>®</sup> Suspension
	Zyprexa <sup>®</sup> Tablet / Zydys <sup>®</sup> Tablet
<b>Add Nuplazid<sup>®</sup> (pimavanserin) Tablet / Capsule as Non-Preferred</b>	

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CARDIOVASCULAR	
ACE INHIBITORS	
Preferred	Non-Preferred
benazepril tablet (generic for Lotensin <sup>®</sup> )	Accupril <sup>®</sup> Tablet
enalapril tablet (generic for Vasotec <sup>®</sup> )	Altace <sup>®</sup> Capsule
lisinopril tablet (generic for Prinivil <sup>®</sup> and Zestril <sup>®</sup> )	captopril tablet (generic for Capoten <sup>®</sup> )
ramipril capsule (generic for Altace <sup>®</sup> )	enalapril solution (generic for Epaned <sup>®</sup> ) - <b>T/F of preferred agents not required for children &lt; 12 years of age</b>
	Epaned <sup>®</sup> Solution - <b>T/F of preferred agents not required for children &lt; 12 years of age</b>
	fosinopril tablet (generic for Monopril <sup>®</sup> )
	Lotensin <sup>®</sup> Tablet
	moexipril tablet (generic for Univase <sup>®</sup> )
	Qbrelis <sup>®</sup> Solution - <b>T/F of preferred agents not required for children &lt; 12 years of age</b>
	perindopril tablet (generic for Aceon <sup>®</sup> )
	quinapril tablet (generic for Accupril <sup>®</sup> )
	trandolapril tablet (generic for Mavik <sup>®</sup> )
	Vasotec <sup>®</sup> Tablet
	Zestril <sup>®</sup> Tablet
ACE INHIBITOR / CALCIUM CHANNEL BLOCKER COMBINATIONS	
Preferred	Non-Preferred
amlodipine-benazepril capsule (generic for Lotrel <sup>®</sup> )	Lotrel <sup>®</sup> Capsule
	trandolapril-verapamil ER tablet (generic for Tarka <sup>®</sup> )
ACE INHIBITOR / DIURETIC COMBINATIONS	
Preferred	Non-Preferred
enalapril-HCTZ tablet (generic for Vasoretic <sup>®</sup> )	Accuretic <sup>®</sup> Tablet
lisinopril-HCTZ tablet (generic for Prinzide <sup>®</sup> , Zestoretic <sup>®</sup> )	benazepril-HCTZ tablet (generic for Lotensin <sup>®</sup> HCT)
	captopril-HCTZ tablet (generic for Capozide <sup>®</sup> )
	fosinopril-HCTZ tablet (generic for Monopril <sup>®</sup> HCT)
	Lotensin <sup>®</sup> HCT Tablet
	quinapril-HCTZ tablet (generic for Accuretic <sup>®</sup> , Quinaretic <sup>®</sup> )
	Vaseretic <sup>®</sup> Tablet
	Zestoretic <sup>®</sup> Tablet
ANGIOTENSIN II RECEPTOR BLOCKERS	
Preferred	Non-Preferred
irbesartan tablet (generic for Avapro <sup>®</sup> )	Atacand <sup>®</sup> Tablet
losartan tablet (generic for Cozaar <sup>®</sup> )	Avapro <sup>®</sup> Tablet
olmesartan tablet (generic for Benicar <sup>®</sup> )	Benicar <sup>®</sup> Tablet
valsartan tablet (generic for Diovan <sup>®</sup> )	candesartan tablet (generic for Atacand <sup>®</sup> )
	Cozaar <sup>®</sup> Tablet
	Diovan <sup>®</sup> Tablet
	Edarbi <sup>®</sup> Tablet
	eprosartan tablet (generic for Teveten <sup>®</sup> )
	Micardis <sup>®</sup> Tablet
	telmisartan tablet (generic for Micardis <sup>®</sup> )
	valsartan oral solution
ANGIOTENSIN II RECEPTOR BLOCKER COMBINATIONS	
Preferred	Non-Preferred
amlodipine-olmesartan tablet (generic for Azor <sup>®</sup> )	Azor <sup>®</sup> Tablet
amlodipine-valsartan tablet (generic for Exforge <sup>®</sup> )	Exforge <sup>®</sup> Tablet / HCT Tablet
amlodipine-valsartan-HCTZ tablet (generic for Exforge <sup>®</sup> HCT)	telmisartan-amlodipine tablet (generic for Twynsta <sup>®</sup> )
olmesartan-amlodipine-HCTZ tablet (generic for Tribenzor <sup>®</sup> )	Tribenzor <sup>®</sup> Tablet

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ANGIOTENSIN II RECEPTOR BLOCKER DIURETIC COMBINATIONS	
Preferred	Non-Preferred
irbesartan-HCTZ tablet (generic for Avalide <sup>®</sup> )	Atacand <sup>®</sup> HCT Tablet
losartan-HCTZ tablet (generic for Hyzaar <sup>®</sup> )	Avalide <sup>®</sup> Tablet
olmesartan-HCTZ tablet (generic for Benicar <sup>®</sup> HCT)	Benicar <sup>®</sup> HCT Tablet
valsartan-HCTZ tablet (generic for Diovan <sup>®</sup> HCT)	candesartan-HCTZ tablet (generic for Atacand <sup>®</sup> HCT)
	Diovan <sup>®</sup> HCT Tablet
	Edarbyclor <sup>®</sup> Tablet
	Hyzaar <sup>®</sup> Tablet
	Micardis <sup>®</sup> HCT Tablet
	telmisartan-HCTZ tablet (generic for Micardis <sup>®</sup> HCT)
ANGIOTENSIN II RECEPTOR / NEPRILYSIN BLOCKER COMBINATIONS	
Preferred	Non-Preferred
Entresto <sup>®</sup> Tablet	
ANTI-ARRHYTHMICS	
Preferred	Non-Preferred
amiodarone tablet (generic for Cordarone <sup>®</sup> )	Multaq <sup>®</sup> Tablet
disopyramide capsule (generic for Norpace <sup>®</sup> )	Norpace <sup>®</sup> Capsule / CR Capsule
dofetilide capsule (generic for Tikosyn <sup>®</sup> )	Pacerone <sup>®</sup> Tablet
flecainide tablet (generic for Tambocor <sup>®</sup> )	quinidine gluconate ER tablet (generic for Quinaglute DuraTabs <sup>®</sup> )
mexiletine capsule (generic for Mexiti <sup>®</sup> )	Rythmol SR <sup>®</sup> Capsule
propafenone tablet (generic for Rythmol <sup>®</sup> )	Tikosyn <sup>®</sup> Capsule
propafenone SR capsule (generic for Rythmol SR <sup>®</sup> )	
quinidine sulfate tablet (generic for Quinidex <sup>®</sup> Tablet)	
BETA BLOCKERS	
Preferred	Non-Preferred
atenolol tablet (generic for Tenormin <sup>®</sup> )	acebutolol capsule (generic for Sectral <sup>®</sup> )
carvedilol tablet (generic for Coreg <sup>®</sup> )	Betapace <sup>®</sup> Tablet / AF Tablet
<b>Hemangeol<sup>®</sup> Solution</b>	betaxolol tablet (generic for Kerlone <sup>®</sup> )
labetalol tablet (generic for Trandate <sup>®</sup> )	bisoprolol tablet (generic for Zebeta <sup>®</sup> )
metoprolol succinate XL tablet (generic for Toprol XL <sup>®</sup> )	Bystolic <sup>®</sup> Tablet
metoprolol tartrate tablet (generic for Lopressor <sup>®</sup> )	carvedilol ER capsule (generic for Coreg <sup>®</sup> CR Capsule)
<b>nebivolol tablet (generic for Bystolic<sup>®</sup>)</b>	Coreg <sup>®</sup> Tablet / CR Capsule
propranolol solution / tablet / ER capsule (generic for Inderal <sup>®</sup> )	Corgard <sup>®</sup> Tablet
Sorine <sup>®</sup> Tablet	<b>Hemangeol<sup>®</sup> Solution - T/F of preferred agents not required for diagnosis of infantile hemangioma</b>
sotalol tablet / AF tablet (generic for Betapace <sup>®</sup> / AF, Sorine <sup>®</sup> )	Inderal <sup>®</sup> LA Capsule / XL Capsule
	Innopran <sup>®</sup> XL Capsule
	Kapsargo <sup>™</sup> Sprinkle - <b>T/F of preferred agents not required for children &lt; 12 years of age</b>
	Lopressor <sup>®</sup> Tablet
	nadolol tablet (generic for Corgard <sup>®</sup> )
	<b>nebivolol tablet (generic for Bystolic<sup>®</sup>)</b>
	pindolol tablet (generic for Visken <sup>®</sup> )
	Sotylize <sup>®</sup> Solution
	Tenormin <sup>®</sup> Tablet
	tiimolol tablet (generic for Blocadren <sup>®</sup> )
	Toprol XL <sup>®</sup> Tablet
<b>Move Hemangeol<sup>®</sup> Solution and nebivolol tablet (generic for Bystolic<sup>®</sup>) from Non-Preferred to Preferred</b>	
BETA BLOCKER DIURETIC COMBINATIONS	
Preferred	Non-Preferred
atenolol-chlorthalidone tablet (generic for Tenoretic <sup>®</sup> )	metoprolol-HCTZ tablet (generic for Lopressor <sup>®</sup> HCT)
bisoprolol-HCTZ tablet (generic for Ziac <sup>®</sup> )	propranolol-HCTZ tablet (generic for Inderide <sup>®</sup> )
	Tenoretic <sup>®</sup> Tablet
	Ziac <sup>®</sup> Tablet

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

**Draft for July 11, 2024 Panel Meeting**

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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®)	Atoprev® Tablet
ezetimibe (generic for Zetia®)	amlodipine-atorvastatin tablet (generic for Caduet®)
lovastatin tablet (generic for Mevacor®)	Atoraliq® 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 - <b>Clinical criteria apply</b>
	Lescol® XL Tablet
	Lipitor® Tablet
	Livalo® Tablet - <b>T/F of preferred agents not required with concomitant antiretroviral therapy in patients diagnosed with HIV</b>
	Nexleto® Tablet - <b>Clinical criteria apply</b>
	Nexlizet® Tablet - <b>Clinical criteria apply</b>
	pitavastatin tablet (generic for Livalo®) - <b>T/F of preferred agents not required with concomitant antiretroviral therapy in patients diagnosed with HIV</b>
	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
<b>Minitran® Patch</b>	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
<b>Remove Minitran® Patch</b>	
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 - <b>T/F of preferred agents not required for children &lt; 12 years of age</b>
	levamlodipine tablet (generic for Coniupri®)
	nicardipine capsule (generic for Cardene®)
	nimodipine capsule (generic for Nimotop®)
	nisoldipine ER tablet (generic for Sular®)
	Norhiqua® Solution
	Norvasc® Tablet
	Nymalize® Solution
	Procardia® XL Tablet
	Sular® Tablet
<b>No recommendations. Class open for comments.</b>	
DIRECT RENIN INHIBITOR	
Preferred	Non-Preferred
Tekturna® Tablet	aliskiren tablet (generic for Tekturna® Tablet)
Tekturna® HCT Tablet	

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ENDOTHELIN RECEPTOR ANTAGONISTS	
<b>Covered for diagnosis of Pulmonary Arterial Hypertension only</b>	
Preferred	Non-Preferred
ambrisentan tablet (generic for Letairis <sup>®</sup> Tablet)	bosentan tablet (generic for Tracleer <sup>®</sup> Tablet)
Tracleer <sup>®</sup> Tablet	Letairis <sup>®</sup> Tablet
	Opsumit <sup>®</sup> Tablet
	Opsynvi <sup>®</sup> (macitentan / tadalafil) Tablet
	Tracleer <sup>®</sup> Suspension
<b>Add new to market product Opsynvi<sup>®</sup> (macitentan / tadalafil) Tablet as Non-Preferred</b>	
INHALED PROSTACYCLIN ANALOGS	
Preferred	Non-Preferred
Tyvaso <sup>®</sup> Refill Kit / Solution / Starter Kit	Tyvaso <sup>®</sup> DPI
Ventavis <sup>®</sup> Solution	
<b>No recommendations. Class open for comments.</b>	
NIACIN DERIVATIVES	
Preferred	Non-Preferred
niacin ER tablet (generic for Niaspan <sup>®</sup> )	
<b>No recommendations. Class open for comments.</b>	
NITRATE COMBINATION	
Preferred	Non-Preferred
Bidi <sup>®</sup> Tablet	isosorbide dinit/hydralazine tablet (generic for Bidi <sup>®</sup> )
<b>No recommendations. Class open for comments.</b>	
NON-DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS	
Preferred	Non-Preferred
Cartia XT <sup>®</sup> Capsule (branded generic for Cardizem CD <sup>®</sup> )	Calan SR <sup>®</sup> Caplet
Dilt XR <sup>®</sup> Capsule (branded generic for Dilacor XR <sup>®</sup> )	Cardizem CD <sup>®</sup> Capsule
diltiazem ER 24 hour capsule (generic for Dilacor XR <sup>®</sup> , Tiazac <sup>®</sup> )	Cardizem <sup>®</sup> Tablet / LA Tablet
diltiazem tablet / CD capsule / ER 12 hour capsule (generic for Cardizem <sup>®</sup> / CD / SR)	diltiazem LA tablet (generic for Cardizem LA <sup>®</sup> )
Taztia XT <sup>®</sup> Capsule (branded generic for Tiazac <sup>®</sup> )	Matzim <sup>®</sup> LA Tablet (generic for Cardizem LA <sup>®</sup> )
Tiadyt <sup>®</sup> ER Capsule	Tiazac <sup>®</sup> Capsule
verapamil tablet / ER tablet (generic for Calan <sup>®</sup> / SR)	verapamil 360 mg capsule
	verapamil ER capsule / PM capsule (generic for Verelan <sup>®</sup> / Verelan <sup>®</sup> PM)
	Verelan <sup>®</sup> Capsule / Verelan <sup>®</sup> PM Capsule
<b>No recommendations. Class open for comments.</b>	
ORAL PULMONARY HYPERTENSION	
<b>Covered for diagnosis of Pulmonary Arterial Hypertension (all) and Chronic Thromboembolic Pulmonary Hypertension- Adempas<sup>®</sup> only</b>	
Preferred	Non-Preferred
Alyq <sup>®</sup> Tablet (branded generic for tadalafil)	Adcirca <sup>®</sup> Tablet
sildenafil tablet (generic for Revatio <sup>®</sup> )	Adempas <sup>®</sup> Tablet
tadalafil tablet (generic for Adcirca <sup>®</sup> )	Liqrev <sup>®</sup> Suspension
	Orenitram <sup>®</sup> ER Tablet / Titration Kit
	Revatio <sup>®</sup> Suspension / Tablet - <b>T/F of preferred agents not required for children &lt; 12 years of age for Suspension ONLY</b>
	sildenafil suspension (generic for Revatio <sup>®</sup> ) - <b>T/F of preferred agents not required for children &lt; 12 years of age</b>
	Tadliq <sup>®</sup> Suspension
	Upravi <sup>®</sup> Tablet / Titration Pack
PLATELET INHIBITORS	
Preferred	Non-Preferred
Brilinta <sup>®</sup> Tablet	aspirin/dipyridamole ER capsule (generic for Aggrenox <sup>®</sup> )
clopidogrel tablet (generic for Plavix <sup>®</sup> )	aspirin-omeprazole DR tablet
dipyridamole tablet (generic for Persantine <sup>®</sup> )	Effient <sup>®</sup> Tablet
prasugrel tablet (generic for Effient <sup>®</sup> Tablet)	Plavix <sup>®</sup> Tablet
ANTIANGINAL & ANTI-ISCHEMIC	
Preferred	Non-Preferred
ranolazine ER tablet (generic for Ranexa <sup>®</sup> Tablet)	Aspruzo <sup>™</sup> Sprinkle
	Ranexa <sup>®</sup> Tablet
<b>No recommendations. Class open for comments.</b>	
SYMPATHOLYTICS AND COMBINATIONS	
Preferred	Non-Preferred
clonidine tablet / patch (generic for Catapres <sup>®</sup> / TTS)	clonidine ER tablet (generic for Nexiclon <sup>™</sup> XR)
guanfacine tablet (generic for Tenex <sup>®</sup> )	methyldopa-HCTZ tablet (generic for Aldoril <sup>®</sup> )

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methylodopa tablet (generic for Aldomet®)	methylodopa vial (generic for Aldomet®)
	Nexiclon™ (clonidine) XR Tablet
<b>Add Nexiclon™ (clonidine) XR Tablet as Non-Preferred</b>	
<b>TRIGLYCERIDE LOWERING AGENTS</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
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 Fibricor®, Trilipix®)
Vascepa® Capsule	Fenoglide® Tablet
	Fibricor® (fenofibric acid) Tablet
	icosapent ethyl capsule (generic for Vascepa®)
	Lipofen® Capsule
	Lopid® Tablet
	Lovaza® Capsule
	Tricor® Tablet
	Trilipix® Capsule
<b>Add Fibricor® (fenofibric acid) Tablet as Non-Preferred Remove Antara® Capsule</b>	
<b>CARDIOVASCULAR, OTHER</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
Camzyos® Capsule - <b>Clinical criteria apply</b>	
<b>No recommendations. Class open for comments.</b>	
<b>CENTRAL NERVOUS SYSTEM</b>	
<b>ANTIMIGRAINE AGENTS</b>	
<b>Quantity limits apply to all triptans</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
rizatriptan tablet / ODT (generic for Maxalt®)	almotriptan tablet (generic for Axert®)
sumatriptan nasal spray / tablet / vial (generic for Imitrex®)	diclofenac potassium powder packet (generic for Cambia®) - <b>T/F of 2 preferred NSAIDs, in addition to T/F of 2 preferred triptans in the Antimigraine Agents class required for coverage</b>
	eletriptan tablet (generic for Relpax®)
	Elyxib™ Solution - <b>T/F of 2 preferred NSAIDs, in addition to T/F of 2 preferred triptans in the Antimigraine Agents class required for coverage</b>
	Prova® Tablet
	frovatriptan tablet (generic for Frova®)
	Imitrex® Cartridge / Nasal Spray / Pen / Tablet
	Maxalt® Tablet / MLT Tablet
	naratriptan tablet (generic for Amerge®)
	Relpax® Tablet
	Reyvow™ Tablet
	sumatriptan injection kit / refill / syringe (generic for Imitrex®)
	sumatriptan/naproxen tablet (generic for Treximet®)
	Tosymra™ Nasal Spray
	Zembrace® SymTouch®
	zolmitriptan nasal spray / ODT / tablet (generic for Zomig®)
	Zomig® Nasal Spray / Tablet / ZMT® Tablet
<b>Remove Zomig® ZMT® Tablet</b>	
<b>ANTIMIGRAINE AGENTS</b>	
<b>CGRP Blockers/Modulators PREVENTATIVE</b>	
<b>Clinical criteria apply to all drugs in this class</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
Aimovig® Autoinjector	Qulipta® Tablet
Ajovy® Autoinjector / Syringe	Vyepit® Vial
Emgality® Pen / Syringe	
Nurtec® ODT	
<b>ANTIMIGRAINE AGENTS</b>	
<b>CGRP Blockers/Modulators ACUTE TREATMENT</b>	
<b>Clinical criteria apply to all drugs in this class</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
Nurtec® ODT	Zavzpret™ Nasal Spray
Ubrevely® Tablet	
<b>ANTI-NARCOLEPSY</b>	
<b>Clinical criteria apply to all drugs in this class</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
Nuvigil® Tablet	armodafinil tablet (generic for Nuvigil®)
Provigil® Tablet	modafinil tablet (generic for Provigil®)
	Sunosil™ Tablet
	Wakix® Tablet

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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 - <b>Clinical criteria apply</b>	
	Horizant® Tablet	
	Inbrija™ Inhalation	
	Kynmobi™ Titration Kit	
	Lodosyn® Tablet	
	Mirapex® ER Tablet	
	Neupro® Patch	
	Nourianz™ Tablet	
	Ongentys® Capsule	
	Osmolex ER™ Tablet - <b>Clinical criteria apply</b>	
	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	
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® Rebifose® / Titration Pack / Syringe	Lemrada® Vial	
	Ocrevus® Vial - <b>T/F of preferred agents not required for diagnosis of Primary Progressive MS (PPMS)</b>	
	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	
teriflumidomide 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 Riutek®)	Exservan™ Oral Film	
	<b>Qalsody® (tofersen) Vial</b>	
	Tiglutik® Suspension	
	Radicava® ORS® Suspension / ORS® Starter Kit Suspension / Bag	
	<b>Relyvrio™ Powder Packet</b>	
<b>Add Qalsody® (tofersen) Vial as Non- Preferred Off-cycle change: Remove Relyvrio™ Powder Packet</b>		
SEDATIVE HYPNOTICS		
Quantity limits apply to all sedative hypnotics		
Preferred		Non-Preferred
eszopiclone tablet (generic for Lunesta®)	Ambien® Tablet / CR Tablet	
flurazepam capsule (generic for Dalmane®)	Belsomra® Tablet	
ramelteon tablet (generic for Rozerem® Tablet)	Dayvigo™ Tablet	
temazepam 15mg, 30mg capsule (generic for Restoril®)	Doral® Tablet	
zaleplon capsule (generic for Sonata®)	doxepin tablet (generic for Silenor®)	

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zolpidem tablet (generic for Ambien®)	Edluar® SL Tablet
	estazolam tablet (generic for Prosom®)
	Halcion® Tablet
	Hetlioz® Capsule / LQ Suspension - <b>Clinical criteria apply</b>
	Lunesta® Tablet
	quazepam tablet (generic for Doral®)
	Quviviq™ Tablet
	Restoril® Capsule
	Rozerem® Tablet
	tasimelteon capsule (generic for Hetlioz®) - <b>T/F of Hetlioz® Capsule required for coverage</b>
	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®)

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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 - <b>Quantity limited to 6 months per 12 months</b>	
nicotine gum / lozenge (buccal) / patch	
varenicline starting month box (generic for Chantix®) - <b>Quantity limited to 6 months per 12 months</b>	
varenicline tablet (generic for Chantix®) <b>Quantity limited to 6 months per 12 months. Only rebate eligible versions are covered.</b>	
<b>No recommendations. Class open for comments.</b>	
ENDOCRINOLOGY	
GROWTH HORMONE	
<b>Clinical criteria apply to all drugs in this class</b>	
<b>Prior Approval Not Required for Use of Serostim® in AIDS Wasting Syndrome</b>	
Preferred	Non-Preferred
Genotropin® Cartridge / MiniQuick®	Humatrope® Cartridge
Norditropin® Flexpro®	Ngenla® Pen
	Nutropin® AQ NuSpin®
	Omnitrope® Cartridge / Vial
	Saizen® Vial
	Serostim® Vial
	Skytrofa® Cartridge - <b>T/F of preferred agents not required for children &lt;18 years of age</b>
	Sogroya® Pen
	Zomacton® Vial
HYPOGLYCEMICS - INJECTABLE	
Rapid Acting Insulin	
<b>T/F of only one preferred drug required</b>	
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® / Penfill® / PumpCart® / Vial
insulin lispro U-100 Junior KwikPen® (generic for Humalog® Junior)	Humalog® U-200 KwikPen®
insulin lispro U-100 KwikPen® / vial (generic for Humalog®)	insulin aspart U-100 cartridge (generic for Novolog®)
Novolog® U-100 Penfill / FlexPen® / Vial	Lyumjev™ U-100 KwikPen® / U-200 KwikPen® / Vial
Short Acting Insulin	
<b>T/F of only one preferred drug required</b>	
Preferred	Non-Preferred
Humulin® R Vial	Myxredlin™ Injection
Humulin® R U-500 KwikPen® / U500 Vial	Novolin® R Vial / ReliOn® R Vial
	Novolin R FlexPen®
<b>No recommendations. Class open for comments.</b>	
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	
<b>T/F of only one preferred drug required</b>	
Preferred	Non-Preferred
insulin glargine vial / SoloStar® (authorized biologic for Lantus)	Basaglar® U-100 KwikPen®
Lantus® SoloStar® / Vial	insulin degludec pen / vial (generic for Tresiba®)
Levemir® / FlexPen® / FlexTouch® / Vial	insulin glargine SoloStar® / Max SoloStar® (generic for Toujeo®)
	insulin glargine-yfjn pen / vial (generic for Semglee™ yfjn)
	Rezvoglar™ Kwikpen®
	Semglee™ yfjn 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®	
<b>Remove Humalog® 50/50 Mix Vial</b>	
Premixed 70/30 Combination Insulin	
Preferred	Non-Preferred
Humulin® 70/30 KwikPen® / Vial	Novolin® 70/30 FlexPen® / Vial / ReliOn® 70/30 Vial

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Amylin Analogs

**Requires T/F 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<sup>®</sup> Pen Injector

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GLP-1 Receptor Agonists and Combinations	
Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred
Byetta <sup>®</sup> Pen	Bydureon <sup>®</sup> BCise <sup>™</sup>
Trulicity <sup>®</sup> Pen	Rybelsus <sup>®</sup> Tablet
Victoza <sup>®</sup> Pen	Soliqua <sup>™</sup> Pen
Ozempic <sup>®</sup> Pen	Xultophy <sup>®</sup> Pen
	Mounjaro <sup>™</sup> Pen
<b>No recommendations. Class open for comments.</b>	
HYPOGLYCEMICS - ORAL	
2nd Generation Sulfonylureas	
Preferred	Non-Preferred
glimepiride tablet (generic for Amaryl <sup>®</sup> )	
glipizide tablet / ER tablet (generic for Glucotrol <sup>®</sup> / XL)	
Glucotrol <sup>®</sup> XL Tablet	
glyburide micronized tablet (generic for Micronase <sup>®</sup> , Glynase <sup>®</sup> )	
glyburide tablet (generic for Diabeta <sup>®</sup> )	
Glynase <sup>®</sup> Tablet	
Alpha-Glucosidase Inhibitors	
Preferred	Non-Preferred
acarbose tablet (generic for Precose <sup>®</sup> )	miglitol tablet (generic for Glyset <sup>®</sup> )
	Precose <sup>®</sup> Tablet
Biguanides and Combinations	
Preferred	Non-Preferred
glipizide-metformin tablet (generic for Metaglip <sup>®</sup> )	Glumetza <sup>®</sup> Tablet <b>** requires documentation as to why the beneficiary cannot use preferred long acting metformin product</b>
glyburide-metformin tablet (generic for Glucovance <sup>®</sup> )	metformin solution (generic for Riomet <sup>®</sup> ) - <b>T/F of preferred agents not required for children &lt; 12 years of age</b>
metformin tablet / ER tablet (generic for Glucophage <sup>®</sup> / ER)	metformin tablet (625 mg)
	metformin ER tablet (generic for Fortamet <sup>®</sup> )
	metformin ER tablet (generic for Glumetza <sup>®</sup> )
	Riomet <sup>®</sup> Solution / ER Suspension
DPP-IV Inhibitors and Combinations	
<b>Requires T/F 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</b>	
Preferred	Non-Preferred
Janumet <sup>®</sup> Tablet / XR Tablet	alogliptin tablet (generic for Nesina <sup>®</sup> )
Januvia <sup>®</sup> Tablet	alogliptin-metformin tablet (generic for Kazano <sup>®</sup> )
Jentadueto <sup>®</sup> Tablet / XR Tablet	alogliptin-pioglitazone tablet (generic for Osem <sup>®</sup> )
Onglyza <sup>®</sup> Tablet	Glyxambi <sup>®</sup> Tablet
saxagliptin tablet (generic for Onglyza <sup>®</sup> )	Kazano <sup>®</sup> Tablet
Tradjenta <sup>®</sup> Tablet	Kombiglyze <sup>®</sup> XR Tablet
	Nesina <sup>®</sup> Tablet
	Oseni <sup>®</sup> Tablet
	Qtern <sup>®</sup> Tablet
	saxagliptin-metformin ER tablet (generic for Kombiglyze <sup>®</sup> XR)
	<b>sitagliptin tablet (generic for Januvia<sup>®</sup>)</b>
	Steglujan <sup>®</sup> Tablet
	Trijardy <sup>®</sup> XR Tablet
	Ziuvio <sup>™</sup> Tablet
<b>Add new to market product sitagliptin tablet (generic for Januvia<sup>®</sup>) as Non-Preferred</b>	
Meglitinides	
Preferred	Non-Preferred
nateglinide tablet (generic for Starlix <sup>®</sup> )	
repaglinide tablet (generic for Prandin <sup>®</sup> )	

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Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors and Combinations	
Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred
Farxiga <sup>®</sup> Tablet	dapagliflozin tablet (generic for Farxiga <sup>®</sup> )
Invokana <sup>®</sup> Tablet	dapagliflozin / metformin ER tablet (generic for Xigduo <sup>®</sup> XR)
Jardiance <sup>®</sup> Tablet	Inpefa <sup>™</sup> Tablet
Synjardy <sup>®</sup> Tablet	Invokamet <sup>®</sup> Tablet / XR Tablet
	Segluromet <sup>™</sup> Tablet
	Steglatro <sup>™</sup> Tablet
	Synjardy <sup>®</sup> XR Tablet
	Xigduo <sup>®</sup> XR Tablet
Thiazolidinediones and Combinations	
Preferred	Non-Preferred
pioglitazone tablet (generic for Actos <sup>®</sup> )	ActoPlus Met <sup>®</sup> Tablet
	Actos <sup>®</sup> Tablet
	Duetact <sup>®</sup> Tablet
	pioglitazone-glimepiride tablet (generic for Duetact <sup>®</sup> )
	pioglitazone-metformin tablet (generic for ActoPlus Met <sup>®</sup> )
GASTROINTESTINAL	
ANTIEMETIC-ANTIVERTIGO AGENTS	
Preferred	Non-Preferred
aprepitant capsule / pack (generic for Emend <sup>®</sup> ) - <b>Clinical criteria apply</b>	Akynzeo <sup>®</sup> Capsule / Vial
Diclegis <sup>®</sup> Tablet	Antivert <sup>®</sup> Tablet / Chewable Tablet
dimenhydrinate vial (generic for Dramamine <sup>®</sup> )	Anzemet <sup>®</sup> Tablet
meclizine tablet (generic for Antivert <sup>®</sup> )	Aponvie <sup>™</sup> Vial
metoclopramide solution / tablet (generic for Reglan <sup>®</sup> )	Barhensys <sup>®</sup> Vial
ondansetron ODT / solution / tablet (generic for Zofran <sup>®</sup> )	Bonjesta <sup>®</sup> Tablet
prochlorperazine tablet (generic for Compazine <sup>®</sup> )	Cinvant <sup>®</sup> Vial
Promethegan <sup>®</sup> (promethazine) Suppository (12.5 mg and 25 mg)	Compro <sup>®</sup> Suppository
promethazine syrup / suppository (12.5 mg and 25 mg) / tablet / ampule / vial (generic for Phenergan <sup>®</sup> )	doxylamine-pyridoxine tablet (generic for Diclegis <sup>®</sup> )
Transderm-Scop <sup>®</sup> Patch	dronabinol capsule (generic for Marinol <sup>®</sup> )
	Emend <sup>®</sup> Capsule / Powder Packet / Trifold Pack - <b>Clinical criteria apply</b>
	Emend <sup>®</sup> Vial
	fosaprepitant vial (generic for Emend <sup>®</sup> )
	Gimoti <sup>™</sup> Nasal Spray
	granisetron vial / tablet (generic for Kytril <sup>®</sup> )
	Marinol <sup>®</sup> Capsule
	metoclopramide ODT / vial
	ondansetron vial
	palonosetron injection (generic for Aloxi <sup>®</sup> )
	Phenergan <sup>®</sup> Ampule / Vial
	prochlorperazine vial / suppository (generic for Compazine <sup>®</sup> )
	Promethegan <sup>®</sup> Suppository (50 mg)
	promethazine 50 mg suppository (generic for Phenergan <sup>®</sup> )
	Reglan <sup>®</sup> Tablet
	Sancuso <sup>®</sup> Patch
	scopolamine patch (generic for Transderm-Scop <sup>®</sup> )
	Sustol <sup>®</sup> Syringe
	Tigan <sup>®</sup> Vial
	trimethobenzamide capsule (generic for Tigan <sup>®</sup> )
Remove metoclopramide ODT	

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BILE ACID SALTS	
T/F of only one preferred drug required	
Preferred	Non-Preferred
ursodiol capsule (generic for Actigal®)	Bylvy™ Capsule / Pellet - T/F of preferred agents not required 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
	Voquezna® Tablet / Dual Pak / Triple Pak
HISTAMINE-2 RECEPTOR ANTAGONISTS	
Preferred	Non-Preferred
famotidine tablet / suspension (generic for Pepcid®)	cimetidine tablet (generic for Tagamet®)
	nizatidine capsule (generic for Axid®)
	Pepcid® Tablet
PANCREATIC ENZYMES	
Preferred	Non-Preferred
Creon® Capsule	Pertzye® Capsule
Zenpep® Capsule	Viokase® Tablet
PROGESTINS USED FOR CACHEXIA	
Preferred	Non-Preferred
megestrol suspension / tablet (generic for Megace®)	megestrol ES suspension (generic for Megace® ES)
PROTON PUMP INHIBITORS	
Preferred	Non-Preferred
Dexilant® Capsule	T/F of preferred agents not required for children < 12 years of age
esomeprazole magnesium capsule (generic for Nexium® Rx )	Aciphex® Tablet
lansoprazole capsule (generic for Prevacid® Rx)	dexlansoprazole capsules (generic for Dexilant®)
Nexium® Rx Packet	esomeprazole magnesium OTC capsule / tablet (generic for Nexium® OTC )
omeprazole Rx capsule (generic for Prilosec® Rx)	esomeprazole magnesium packet (generic for Nexium® Rx Packet)
pantoprazole tablet (generic for Protonix®)	Konvomep™ 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

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SELECTIVE CONSTIPATION AGENTS	
Preferred	Non-Preferred
Amitiza <sup>®</sup> Capsule	alosetron tablet (generic for Lotronex <sup>®</sup> )
Linzess <sup>®</sup> Capsule	lbusrela <sup>®</sup> Tablet
<b>lubiprostone capsule (generic for Amitiza<sup>®</sup>)</b>	Lotronex <sup>®</sup> Tablet
	<b>lubiprostone capsule (generic for Amitiza<sup>®</sup>)</b>
	Motegrity <sup>™</sup> Tablet
	Movantik <sup>®</sup> Tablet
	Relistor <sup>®</sup> Syringe / Vial / Tablet - <b>Clinical criteria apply</b>
	Symproic <sup>®</sup> Tablet
	Trulance <sup>®</sup> Tablet
	Viberzi <sup>®</sup> Tablet - <b>T/F of preferred agents not required for Irritable Bowel Syndrome with Diarrhea (IBS-D)</b>
<b>Off-cycle change: Move lubiprostone capsule (generic for Amitiza<sup>®</sup>) from Non-Preferred to Preferred</b>	
ULCERATIVE COLITIS	
Oral	
Preferred	Non-Preferred
Apriso <sup>®</sup> Capsule	Asacol <sup>®</sup> HD Tablet
balsalazide capsule (generic for Colazal <sup>®</sup> )	Azulfidine <sup>®</sup> Entab / Tablet
Lialda <sup>®</sup> Tablet	budesonide ER tablet (generic for Uceris <sup>®</sup> )
sulfasalazine IR / DR tablet (generic for Azulfidine <sup>®</sup> / Entab)	Colazal <sup>®</sup> Capsule
	Delzicol <sup>®</sup> Capsule
	Dipentum <sup>®</sup> Capsule
	mesalamine DR capsule (generic for Delzicol <sup>®</sup> , Asacol <sup>®</sup> HD, Lialda <sup>®</sup> )
	mesalamine ER capsule (generic for Apriso <sup>®</sup> , Pentasa <sup>®</sup> )
	Pentasa <sup>®</sup> Capsule
	Uceris <sup>®</sup> Tablet
ULCERATIVE COLITIS	
Rectal	
<b>T/F of only one preferred drug required</b>	
Preferred	Non-Preferred
mesalamine enema (generic for Rowasa <sup>®</sup> )	budesonide rectal foam
mesalamine suppository (generic for Canasa <sup>®</sup> )	Canasa <sup>®</sup> Suppository
	mesalamine kit (generic for Rowasa <sup>®</sup> )
	Rowasa <sup>®</sup> Kit
	SF Rowasa <sup>®</sup> Enema
	Uceris <sup>®</sup> Rectal Foam
GENITOURINARY / RENAL	
ELECTROLYTE DEPLETERS (KIDNEY DISEASE)	
Preferred	Non-Preferred
calcium acetate capsule (generic for PhosLo <sup>®</sup> )	Auryxia <sup>®</sup> Tablet
calcium acetate tablet (generic for Eliphos <sup>®</sup> )	Fosrenol <sup>®</sup> Chewable Tablet / Powder Pack
Renvela <sup>®</sup> Powder Pack / Tablet	lanthanum carbonate chewable tablet (generic for Fosrenol <sup>®</sup> )
	MagneBind <sup>®</sup> 400 Rx Tablet
	<b>Renegel<sup>®</sup> Tablet</b>
	sevelamer carbonate powder pack / tablet (generic for Renvela <sup>®</sup> )
	sevelamer hydrochloride tablet (generic for Renegel <sup>®</sup> )
	Velphoro <sup>®</sup> Chewable
	Xphozah <sup>®</sup> Tablet
<b>Remove Renegel<sup>®</sup> Tablet</b>	
BENIGN PROSTATIC HYPERPLASIA TREATMENTS	
Preferred	Non-Preferred
alfuzosin ER tablet (generic for Uroxatral <sup>®</sup> )	Avodart <sup>®</sup> Softgel
doxazosin tablet (generic for Cardura <sup>®</sup> )	Cardura <sup>®</sup> Tablet / XL Tablet
dutasteride capsule (generic Avodart <sup>®</sup> )	Cialis <sup>®</sup> Tablet (2.5 mg / 5 mg) - <b>Clinical criteria apply</b>
finasteride tablet (generic for Proscar <sup>®</sup> )	dutasteride / tamsulosin capsule (generic for Jalyn <sup>®</sup> )
tamsulosin capsule (generic for Flomax <sup>®</sup> )	Entadri <sup>™</sup> Capsule
terazosin capsule (generic for Hytrin <sup>®</sup> )	Flomax <sup>®</sup> Capsule
	<b>Jalyn<sup>®</sup> Capsule</b>
	Proscar <sup>®</sup> Tablet
	Rapaflo <sup>®</sup> Capsule
	silodosin capsule (generic for Rapaflo <sup>®</sup> )
	tadalafil tablet (2.5 mg / 5 mg) (generic for Cialis <sup>®</sup> ) - <b>Clinical criteria apply</b>
<b>Remove Jalyn<sup>®</sup> Capsule</b>	

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URINARY ANTISPASMODICS	
Preferred	Non-Preferred
fesoterodine ER tablet (generic for Toviaz <sup>®</sup> )	darifenacin ER tablet (generic for Enablex <sup>®</sup> )
oxybutynin solution / syrup / tablet / ER tablet (generic for Ditropan <sup>®</sup> / XL)	Detrol <sup>®</sup> Tablet / LA Capsule
solifenacin tablet (generic for Vesicare <sup>®</sup> )	<b>fesoterodine ER tablet (generic for Toviaz<sup>®</sup>)</b>
<b>tolterodine tablet / ER capsule (generic for Detrol<sup>®</sup> / LA)</b>	flavoxate tablet (generic for Urispas <sup>®</sup> )
Toviaz <sup>®</sup> Tablet	Gelnique <sup>®</sup> Gel Sachets
	<b>Gemtesa<sup>®</sup> Tablet - T/F of preferred agents not required for diagnosis of dementia or mild cognitive impairment</b>
	<b>mirabegron ER Tablet (generic for Myrbetriq<sup>®</sup>) - T/F of preferred agents not required for diagnosis of dementia or mild cognitive impairment</b>
	Myrbetriq <sup>®</sup> Granules / ER Tablet - T/F of preferred agents not required for diagnosis of dementia or mild cognitive impairment
	oxybutynin tablet (2.5 mg)
	Oxytrol <sup>®</sup> Patch
	<b>tolterodine tablet / ER capsule (generic for Detrol<sup>®</sup> / LA)</b>
	trospium tablet / ER capsule (generic for Sanctura <sup>®</sup> / XR)
	Vesicare <sup>®</sup> LS Suspension / Tablet
<b>Add new to market product mirabegron ER Tablet (generic for Myrbetriq<sup>®</sup>) as Non-Preferred with a trial and failure exemption for diagnosis of dementia or mild cognitive impairment</b> <b>Move tolterodine tablet / ER capsule (generic for Detrol<sup>®</sup> / LA) and fesoterodine ER tablet (generic for Toviaz<sup>®</sup>) from Non-Preferred to Preferred</b>	
GOUT	
Preferred	Non-Preferred
allopurinol tablet (generic for Zyloprim <sup>®</sup> )	allopurinol tablet (200 mg)
colchicine tablet (generic for Colcrys <sup>®</sup> )	colchicine capsule (generic for Mitigare <sup>®</sup> )
probenecid tablet (generic for Benemid <sup>®</sup> )	Colcrys <sup>®</sup> Tablet
probenecid-colchicine tablet (generic for Col-Benemid <sup>®</sup> )	febuxostat tablet (generic for Uloric <sup>®</sup> Tablet)
	Gloperba <sup>®</sup> Solution
	Krystexxa <sup>®</sup> Vial
	Mitigare <sup>®</sup> (branded colchicine 0.6mg) Capsules
	Uloric <sup>®</sup> Tablet
	Zyloprim <sup>®</sup> Tablet
HEMATOLOGIC	
ANTICOAGULANTS	
Injectable	
Preferred	Non-Preferred
enoxaparin syringe / vial (generic for Lovenox <sup>®</sup> )	Arixtra <sup>®</sup> Syringe
Fragmin <sup>®</sup> Syringe / Vial	fondaparinux syringe (generic for Arixtra <sup>®</sup> )
	Lovenox <sup>®</sup> Syringe / Vial
Oral	
Preferred	Non-Preferred
Eliquis <sup>®</sup> Tablet / Starter Dose Pack	dabigatran capsule (generic for Pradaxa <sup>®</sup> Capsule)
Jantoven <sup>®</sup> (branded generic for Coumadin <sup>®</sup> )	Pradaxa <sup>®</sup> Pellet Pack
Pradaxa <sup>®</sup> Capsule	Savaysa <sup>®</sup> Tablet
warfarin tablet (generic for Coumadin <sup>®</sup> )	Xarelto <sup>®</sup> Suspension
Xarelto <sup>®</sup> Starter Pack / Tablet	
COLONY STIMULATING FACTORS	
Preferred	Non-Preferred
Fulphila <sup>®</sup> Syringe	<b>Fulphila<sup>®</sup> Syringe</b>
Neupogen <sup>®</sup> Vial / Syringe	Fylmetra <sup>®</sup> Syringe
<b>Nyvepria<sup>™</sup> Syringe</b>	Granix <sup>®</sup> Safe Syringe / Syringe / Vial
Udenyca <sup>®</sup> Autoinjector / Syringe	Leukine <sup>®</sup> Vial
	Neulasta <sup>®</sup> Syringe / Kit
	Nivestym <sup>™</sup> Syringe / Vial
	<b>Nyvepria<sup>™</sup> Syringe</b>
	Releuko <sup>®</sup> Syringe / Vial
	Rolvedon <sup>™</sup> Syringe
	Stimufend <sup>®</sup> Syringe
	Udenyca <sup>®</sup> On-Body
	Zarxio <sup>®</sup> Syringe
	Ziextenzo <sup>®</sup> Syringe
<b>Move Fulphila<sup>®</sup> Syringe from Non-Preferred to Preferred</b> <b>Move Nyvepria<sup>™</sup> Syringe from Preferred to Non-Preferred</b>	
HEMATOPOIETIC AGENTS	
Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred
Aranesp <sup>®</sup> Syringe / Vial	Jesduvroq <sup>®</sup> Tablet
Epogen <sup>®</sup> Vial	Mircera <sup>®</sup> Syringe
Retacrit <sup>®</sup> Vial	Procrit <sup>®</sup> Vial
	Reblozyl <sup>®</sup> Vial
THROMBOPOIESIS STIMULATING AGENTS	
Preferred	Non-Preferred

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Nplate <sup>®</sup> Vial	Alvaiz <sup>™</sup> (eltrombopag) Tablet
Promacta <sup>®</sup> Suspension / Tablet	Tavalisse <sup>™</sup> Tablet

**Add new to market product Alvaiz<sup>™</sup> (eltrombopag) Tablet as Non-Preferred**

**OPHTHALMIC**

**ALLERGIC CONJUNCTIVITIS AGENTS**

Preferred	Non-Preferred
cromolyn sodium drops (generic for Cromol <sup>®</sup> )	Alcortil <sup>®</sup> Drops
olopatadine drops (generic for Pataday <sup>®</sup> , Patanol <sup>®</sup> )	Alomide <sup>®</sup> Drops
	Alrex <sup>®</sup> Drops
	azelastine drops (generic for Optivar <sup>®</sup> )
	bepotastine drops (generic for Bepreve <sup>®</sup> )
	Bepreve <sup>®</sup> Drops
	epinastine drops (generic for Elestat <sup>®</sup> )
	loteprednol drops (generic for Alrex <sup>®</sup> )
	Zerviate <sup>™</sup> Drops

**ANTIBIOTICS**

**ANTIBIOTICS-STEROID COMBINATIONS**

Preferred	Non-Preferred
bacitracin-polymyxin ointment (generic for Polysporin <sup>®</sup> )	Azastie <sup>®</sup> Drops
ciprofloxacin solution drops (generic for Ciloxan <sup>®</sup> )	bacitracin ointment (generic for AK-Tracin <sup>®</sup> )
erythromycin ointment (generic for Ilotycin <sup>®</sup> )	Besivance <sup>®</sup> Suspension
gentamicin drops (generic for Garamycin <sup>®</sup> )	Ciloxan <sup>®</sup> Ointment
moxifloxacin ophthalmic solution (generic for Vigamox <sup>®</sup> )	gatifloxacin drops (generic for Zymaxid <sup>®</sup> )
ofloxacin drops (generic for Ocuflax <sup>®</sup> )	moxifloxacin ophthalmic solution (generic for Moxeza <sup>®</sup> )
Polycin <sup>®</sup> Ointment (branded generic for Polysporin <sup>®</sup> )	Natacyn <sup>®</sup> Drops
polymyxin-trimethoprim drops (generic for Polytrim <sup>®</sup> )	neomycin-bacitracin-polymyxin ointment (generic for Neosporin <sup>®</sup> Ophthalmic Ointment)
sulfacetamide drops (generic for Bleph-10 <sup>®</sup> )	neomycin-polymyxin-gramicidin drops (generic for Neosporin <sup>®</sup> Ophthalmic Drops)
tobramycin drops (generic for Tobrex <sup>®</sup> )	Neo-Polycin <sup>®</sup> Ointment (branded generic for Neosporin <sup>®</sup> Ophthalmic Ointment)
	Ocuflax <sup>®</sup> Drops
	sulfacetamide ointment (generic for Cetamide <sup>®</sup> )
	Tobrex <sup>®</sup> Ointment
	Vigamox <sup>®</sup> Drops
	Zymaxid <sup>®</sup> Drops

**ANTIBIOTICS-STEROID COMBINATIONS**

Preferred	Non-Preferred
neomycin-polymyxin-dexamethasone drops / ointment (generic for Maxitrol <sup>®</sup> )	Maxitrol <sup>®</sup> Drops / Ointment
Tobradex <sup>®</sup> Drops / Ointment	Neo-Polycin <sup>®</sup> HC (branded generic for Cortisporin <sup>®</sup> )
tobramycin-dexamethasone suspension (generic for Tobradex <sup>®</sup> )	neomycin-bacitracin-polymyxin-HC ointment (generic for Cortisporin <sup>®</sup> )
	neomycin-polymyxin-HC drops (generic for Ocetricin <sup>®</sup> )
	sulfacetamide-prednisolone drops (generic for Vasocidin <sup>®</sup> )
	Tobradex <sup>®</sup> ST Drops
	Zylet <sup>®</sup> Drops

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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 Prolensa®, Xibrom®)
Flarex® Drops	<b>bromfenac 0.075% drops (generic for BromSite®)</b>
fluorometholone drops (generic for FML®)	BromSite® Solution
flurbiprofen drops (generic for Ocufen®)	Dextenza® Insert
ketorolac solution (generic for Acular® / LS)	Dexycu™ Vial
Lotemax® Drops	Durezol® Drops
Nevanac® Droptainer	FML® Forte Drops / Liquifilm® Drops
Pred Mild® Drops	Iluvien® Drops
prednisolone acetate drops (generic for Pred Forte®)	Iluvien® Implant
	Inveltys™ 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 Inflamm Forte®)
	Prolensa® Drops
	Retisert® Implant
	Triesence® Vial
	Xipere™ (Intraocular)
	Yutiq™ Implant
<b>Add new to market product bromfenac 0.075% drops (generic for BromSite®) as Non-Preferred</b>	
ANTI-INFLAMMATORY / IMMUNOMODULATOR	
Preferred	Non-Preferred
<b>Eysuvis® Drops</b>	Cequa™ Drops
Restasis® Drops / Restasis® Multidose™ Drops	cyclosporine emulsion (generic for Restasis®)
Xiidra® Drops	<b>Eysuvis® Drops</b>
	Miebo™ Drops
	Tyrvaya® Nasal Spray
	Verkazia® Eye Emulsion - <b>T/F of preferred agents not required for diagnosis of vernal keratoconjunctivitis (VKC)</b>
	Veveye® Drops
<b>Move Eysuvis® Drops from Preferred to Non-Preferred</b>	
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)
PROSTAGLANDIN AGONISTS	
Preferred	Non-Preferred
latanoprost drops (generic for Xalatan®)	bimatoprost drops (generic for Lumigan® Drops)
Travatan® Z Drops	Durysta® Implant
	iDose® TR (travoprost intracameral) Implant
	Iyuzeh™ Drops
	Lumigan® Drops
	tafluprost drops (generic for Zioptan®)
	travoprost drops (generic for Travatan® Z)
	Vyzulta® Drops
	Xalatan® Drops
	Xelpros® Drops
	Zioptan® Drops
<b>Add iDose® TR (travoprost intracameral) Implant as Non-Preferred</b>	
RHO KINASE MODIFIERS / COMBINATIONS	
Preferred	Non-Preferred
Rhopressa® Drops	
Rocklatan® Drops	
OSTEOPOROSIS	
BONE RESORPTION SUPPRESSION AND RELATED AGENTS	
Preferred	Non-Preferred
alendronate tablet (generic for Fosamax®)	Actonel® Tablet
raloxifene tablet (generic for Evista®)	alendronate solution (generic for Fosamax® Solution)
	Atelvia® Tablet
	Binosto® Effervescent Tablet
	calcitonin salmon nasal spray (generic for Miacalcin®)
	Evenity™ Syringe
	Evista® Tablet
	Forteo® Pen
	Fosamax® Tablet / Plus D Tablet
	ibandronate tablet (generic for Boniva®)
	Prolia® Syringe
	risedronate tablet (generic for Actonel®)
	risedronate DR tablet (generic for Atelvia®)
	teriparatide pen (generic for Forteo®)
	Tymlos® Pen

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

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ORALLY INHALED ANTICHOLINERGICS / COPD AGENTS	
Preferred	Non-Preferred
Anoro <sup>®</sup> Ellipta <sup>®</sup> Inhaler	Bevespi <sup>®</sup> Aerosphere <sup>®</sup>
Atrovent <sup>®</sup> HFA Inhaler	Daliresp <sup>®</sup> Tablet
Combivent <sup>®</sup> Respimat <sup>®</sup> Inhalation Spray	Duaklir <sup>®</sup> Pressair <sup>®</sup>
Incruse <sup>®</sup> Ellipta <sup>®</sup> Inhaler	tiotropium inhaler (generic for Spiriva <sup>®</sup> Handihaler <sup>®</sup> )
ipratropium nebulizer solution (generic for Atrovent <sup>®</sup> )	Tudorza <sup>®</sup> Pressair <sup>®</sup> Inhaler
ipratropium / albuterol solution (generic for Duoneb <sup>®</sup> )	Yupelri <sup>™</sup> Solution
roflumilast tablet (generic for Daliresp <sup>®</sup> )	
Spiriva <sup>®</sup> Handihaler <sup>®</sup> / Respimat <sup>®</sup> Inhalation Spray	
Stiolto <sup>®</sup> Respimat <sup>®</sup> Inhalation Spray	
INHALED CORTICOSTEROIDS	
Preferred	Non-Preferred
budesonide suspension 0.25mg, 0.5mg, 1mg (generic for Pulmicort <sup>®</sup> Respules)	Alvesco <sup>®</sup> Inhaler
Flovent <sup>®</sup> Diskus / HFA Inhaler	ArmonAir <sup>™</sup> Digihaler <sup>™</sup>
fluticasone propionate HFA / diskus (generic for Flovent <sup>®</sup> HFA / Diskus)	Arnuity <sup>®</sup> Ellipta <sup>®</sup> Inhaler
	Asmanex <sup>®</sup> HFA Inhaler / Twisthaler <sup>®</sup>
	Pulmicort <sup>®</sup> Flexhaler
	Pulmicort <sup>®</sup> Respules 0.25mg, 0.5mg, 1mg
	QVAR <sup>®</sup> RediHaler <sup>™</sup>
INHALED CORTICOSTEROID COMBINATIONS	
Preferred	Non-Preferred
Advair <sup>®</sup> Diskus <sup>®</sup>	AirDuo <sup>®</sup> Digihaler <sup>™</sup> / RespiClick <sup>®</sup>
Advair <sup>®</sup> HFA Inhaler	AirSupra <sup>™</sup> Inhaler
Dulera <sup>®</sup> Inhaler	Breo <sup>®</sup> Ellipta <sup>®</sup>
Symbicort <sup>®</sup> Inhaler	Breyna <sup>™</sup> Inhaler
	Brezn <sup>™</sup> Aerosphere <sup>™</sup>
	budesonide / formoterol inhalation (generic for Symbicort <sup>®</sup> )
	fluticasone / salmeterol HFA inhaler (generic for Advair <sup>®</sup> HFA)
	fluticasone / salmeterol inhalation (generic for Advair <sup>®</sup> Diskus <sup>®</sup> )
	fluticasone / salmeterol inhalation (generic for AirDuo <sup>®</sup> )
	fluticasone / vilanterol inhalation (generic for Breo <sup>®</sup> Ellipta <sup>®</sup> )
	Trelegy <sup>®</sup> Ellipta <sup>®</sup>
	Wixela <sup>™</sup> Inhub <sup>™</sup>
INTRANASAL RHINITIS AGENTS	
Preferred	Non-Preferred
azelastine spray (generic for Astelin <sup>®</sup> )	<b>T/F of preferred agents not required in children &lt; 4 years of age for steroid-containing products</b>
Dymista <sup>®</sup> Nasal Spray	azelastine nasal spray (generic for Astepro <sup>®</sup> )
fluticasone spray (generic for Flonase <sup>®</sup> )	azelastine-fluticasone nasal spray (generic for Dymista <sup>®</sup> )
ipratropium spray (generic for Atrovent <sup>®</sup> Nasal)	Beconase <sup>®</sup> AQ Nasal Spray
olopatadine nasal spray (generic for Patanase <sup>®</sup> )	flunisolide nasal spray (generic for Nasalide <sup>®</sup> )
	mometasone nasal spray (generic for Nasonex <sup>®</sup> )
	Omnaris <sup>®</sup> Nasal Spray
	Patanase <sup>®</sup> Nasal Spray
	QNasi <sup>®</sup> Nasal Spray / Children's Spray
	Ryvaltris <sup>®</sup> Nasal Spray
	Simuva <sup>™</sup> Implant
	Xhance <sup>™</sup> Nasal Spray
	Zetonna <sup>®</sup> Nasal Spray
LEUKOTRIENE MODIFIERS	
Preferred	Non-Preferred
montelukast chewable / tablet (generic for Singulair <sup>®</sup> )	Accolate <sup>®</sup> Tablet
	montelukast granules (generic for Singulair <sup>®</sup> )
	Singulair <sup>®</sup> Chewable / Granules / Tablet
	zafirlukast tablet (generic for Accolate <sup>®</sup> )
	zileuton tablet (generic for Zylflo <sup>®</sup> )
	Zylflo <sup>®</sup> Filmtab

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LOW SEDATING ANTIHISTAMINES	
Preferred	Non-Preferred
cetirizine OTC syrup 1mg/1ml (generic for Zyrtec <sup>®</sup> OTC Syrup)	cetirizine chewable tablet OTC (generic for Zyrtec <sup>®</sup> OTC Tablet)
cetirizine Rx syrup (generic for Zyrtec <sup>®</sup> Syrup)	cetirizine OTC syrup 5mg/5ml (generic for Zyrtec <sup>®</sup> OTC Syrup)
cetirizine tablets OTC (generic for Zyrtec <sup>®</sup> OTC Tablet)	cetirizine OTC softgel
levocetirizine OTC tablet (generic for Xyzal <sup>®</sup> OTC Tablet)	Clarinet <sup>™</sup> Tablet - <b>T/F of preferred agents not required for children &lt; 2 years of age</b>
levocetirizine Rx tablet (generic for Xyzal <sup>®</sup> Rx Tablet)	desloratadine ODT / Tablet (generic for Clarinet <sup>™</sup> ) - <b>T/F of preferred agents not required for children &lt; 2 years of age</b>
loratadine tablet OTC (generic for Claritin <sup>®</sup> OTC)	fexofenadine OTC suspension / OTC tablet (generic for Allegra <sup>®</sup> OTC)
	levocetirizine Rx solution (generic for Xyzal <sup>®</sup> Rx Solution)
	loratadine OTC chewable ODT / solution (generic for Claritin <sup>®</sup> OTC)
LOW SEDATING ANTIHISTAMINE COMBINATIONS	
<b>Quantity limit of 102 days supply per 12 months apply to all drugs in this class</b>	
Preferred	Non-Preferred
loratadine-D OTC tablet (generic for Claritin-D <sup>®</sup> OTC)	cetirizine-D OTC tablet (generic for Zyrtec-D <sup>®</sup> OTC)
	Clarinet-D <sup>™</sup> Tablet
	fexofenadine-D 12 Hour OTC Tablet (generic for Allegra-D <sup>®</sup> 12 Hour OTC)
	fexofenadine-pseudoephedrine ER 24 hour tablet (generic for Allegra-D <sup>®</sup> 24 hour)
FIRST GENERATION ANTIHISTAMINES	
Preferred	Non-Preferred
carbinoxamine solution	carbinoxamine tablet
cyproheptadine syrup / tablet	clemastine tablet
hydroxyzine capsule / solution / tablet	Karbinal <sup>™</sup> ER Suspension - <b>T/F of immediate release carbinoxamine solution and cetirizine syrup required for coverage</b>
	RyClora <sup>™</sup> Solution
	RyVent <sup>™</sup> Tablet
	Vistari <sup>®</sup> Capsule
TOPICALS	
ACNE AGENTS	
Preferred	Non-Preferred
adapalene / benzoyl peroxide (generic for Epiduo <sup>®</sup> Forte)	Acanya <sup>®</sup> Gel Pump
adapalene / benzoyl peroxide (generic for Epiduo <sup>®</sup> Gel)	adapalene gel pump (generic for Differin <sup>®</sup> )
adapalene cream / gel (generic for Differin <sup>®</sup> )	Altreno <sup>®</sup> Lotion (Topical)
azelaic acid gel (generic for Finacea <sup>®</sup> )	Arazlo <sup>™</sup> Lotion
clindamycin phosphate gel / lotion (generic for Cleocin-T <sup>®</sup> , Clindagel <sup>®</sup> )	Atralin <sup>®</sup> Gel
clindamycin phosphate pledgets / solution (generic for Cleocin-T <sup>®</sup> )	Avar <sup>®</sup> Cleanser / LS Cleanser
clindamycin-benzoyl peroxide gel (generic for Duac <sup>®</sup> )	Avar-E <sup>™</sup> Emollient Cream / Green Emollient Cream / LS Cream
erythromycin gel (generic for Emcin <sup>®</sup> , Erycette <sup>™</sup> , EryGel <sup>®</sup> , et. al.)	Avita <sup>™</sup> Cream
erythromycin solution (generic for Emcin <sup>®</sup> , EryDerm <sup>™</sup> , EryMax <sup>®</sup> , et. al.)	Benzamycin <sup>®</sup> Gel
erythromycin-benzoyl peroxide gel (generic for Benzamycin <sup>™</sup> )	BP <sup>®</sup> 10-1 Wash / Cleansing Wash
Finacea <sup>®</sup> Gel	Cabtree <sup>™</sup> Gel
Retin-A <sup>®</sup> Cream / Gel	Cleocin <sup>®</sup> T Lotion
Retin-A <sup>®</sup> Micro Gel	Clindacin <sup>®</sup> ETZ Pledget / Kit / P Foam / P Pledgets / PAC Kit
	Clindagel <sup>®</sup> Gel
	clindamycin / tretinoin (generic for Veltin <sup>®</sup> )
	clindamycin phosphate foam (generic for Evoclin <sup>®</sup> )
	clindamycin-phosphate gel / lotion (generic for Cleocin-T <sup>®</sup> , Clindagel <sup>®</sup> )
	clindamycin-benzoyl peroxide gel (generic for Neuae <sup>®</sup> )
	clindamycin-benzoyl peroxide gel / pump (generic for Benzacilin <sup>®</sup> )
	clindamycin-benzoyl peroxide pump (generic for Acanya <sup>®</sup> )
	clindamycin-benzoyl peroxide pump (generic for Onexton <sup>®</sup> )
	dapsone gel / gel pump (generic for Aczone <sup>®</sup> Gel)
	Ery <sup>®</sup> Pads
	Erygel <sup>®</sup> Gel
	Evoclin <sup>®</sup> Foam
	Fabior <sup>®</sup> Foam
	Finacea <sup>®</sup> Foam
	Klaron <sup>®</sup> Lotion
	Neuae <sup>®</sup> Gel / Kit
	Onexton <sup>®</sup> Gel / Gel Pump
	Ovace <sup>®</sup> Plus Cleansing Cream / Gel / Lotion / Shampoo / Wash
	Retin-A <sup>®</sup> Micro Pump Gel
	Rosula <sup>®</sup> Cloths / Wash
	sodium sulfacetamide cleanser / cream (generic for Avar <sup>®</sup> / LS)
	sodium sulfacetamide lotion (generic for Klaron <sup>®</sup> )
	sodium sulfacetamide shampoo, wash (generic for Ovace <sup>®</sup> / Plus)
	sodium sulfacetamide-sulfur lotion / suspension (generic for Novacet <sup>®</sup> , Plexion <sup>®</sup> , Zetacet <sup>®</sup> )
	sodium sulfacetamide-sulfur pad / suspension / wash (generic for Sumaxin <sup>®</sup> )
	SSS <sup>™</sup> 10-5 Cream / Foam
	sulfacetamide-sulfur 9-4% cleanser (generic for Zencia <sup>™</sup> )
	sulfacetamide-sulfur cream (generic for Avar <sup>®</sup> E, SSS <sup>®</sup> 10-5)
	Sumadan <sup>®</sup> Kit / XLT Kit / Wash
	Sumaxin <sup>®</sup> Cleansing Pads / CP Kit / TS Topical Suspension / Wash
	tazarotene cream / foam / gel (generic for Tazorac <sup>®</sup> , Fabior <sup>®</sup> )
	tretinoin cream / gel (generic for Retin-A <sup>®</sup> )
	tretinoin microsphere gel / microsphere gel pump (generic for Retin-A <sup>®</sup> Micro)
	Winlevi <sup>®</sup> Cream
	Ziana <sup>®</sup> Gel
	Zma Clear <sup>™</sup> Cleanser

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**Move clindamycin phosphate gel / lotion (generic for Cleocin-T®, Clindagel®) from Non-Preferred to Preferred  
Remove Avita® Cream**

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)	<b>Metrogel™ Vaginal Gel</b>
Nuivessa® Vaginal Gel	Vandazole® Vaginal Gel
	Xaciat® Vaginal Gel
Remove Metrogel® 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®)
Klayesta® Powder (branded generic for Nystop®)	clotrimazole Rx solution (generic for Lotrimin® Rx)
Nyamyce® Powder (branded generic for Nystop®)	clotrimazole-betamethasone lotion (generic for Lotrisone®)
nystatin cream / ointment / powder (generic for Mycostatin®, Nystop®)	econazole cream (generic for Spectazole®)
Nystop® Powder	Ertaczo® Cream
	Extina® Foam
	Jublia® Topical Solution
	ketoconazole foam (generic for Extina®)
	Ketodan® Foam / Foam Kit
	Loprox® Suspension / Cream / Kit
	luliconazole cream (generic for Luzu®)
	Luzu® Cream
	miconazole / zinc oxide / petrolatum ointment (generic for Vusion®) - <b>Clinical criteria apply</b>
	naftifine cream / gel (generic for Nafin®)
	Nafin® Gel
	nystatin-triamcinolone cream / ointment (generic for Mycolog II®)
	oxiconazole cream (generic for Oxistat®)
	Oxistat® Lotion
	salicylic acid ointment (generic for Bensal HP®)
	tavaborol topical solution (generic for Kerydin®)
	Triamazole™ Combo Pack
	Vusion® Ointment - <b>Clinical criteria apply</b>

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ANTIPARASITICS	
T/F of only one preferred drug required	
Preferred	Non-Preferred
Natroba <sup>®</sup> Topical Suspension	Crotan <sup>™</sup> Lotion
permethrin cream (generic for Elimite <sup>®</sup> )	Eurax <sup>®</sup> Cream / Lotion
	lindane shampoo
	malathion lotion (generic for Ovide <sup>®</sup> )
	Ovide <sup>®</sup> Lotion
	Sklice <sup>®</sup> Lotion
	spinosad topical suspension (generic for Natroba <sup>®</sup> )
ANTIVIRAL	
Preferred	Non-Preferred
acyclovir ointment (generic for Zovirax <sup>®</sup> )	acyclovir cream (generic for Zovirax <sup>®</sup> )
Zovirax <sup>®</sup> Cream	Denavir <sup>®</sup> Cream
	peniclovir cream (generic for Denavir <sup>®</sup> )
	Xerese <sup>®</sup> Cream
	Zovirax <sup>®</sup> Ointment
IMMUNOMODULATORS	
Atopic Dermatitis	
Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred
Adbry <sup>®</sup> Syringe	Opzelura <sup>™</sup> Cream
Dupixent <sup>®</sup> Pen / Syringe	pimecrolimus cream (generic for Elidel <sup>®</sup> )
Elidel <sup>®</sup> Cream	
Eucrisa <sup>®</sup> 2% Ointment	
Protopic <sup>®</sup> Ointment	
tacrolimus ointment (generic for Protopic <sup>®</sup> )	
Imidazoquinolinamines	
Preferred	Non-Preferred
imiquimod cream packet (generic for Aldara <sup>®</sup> )	Condylox <sup>®</sup> Gel
	Hyftor <sup>™</sup> Gel
	imiquimod cream / cream pump (generic for Zyclara <sup>®</sup> )
	podofilox gel / solution (generic for Condylox <sup>®</sup> )
	Veregen <sup>®</sup> Ointment
	Zyclara <sup>®</sup> Cream / Cream Pump
PSORIASIS	
Preferred	Non-Preferred
calcipotriene cream / solution (generic for Dovonex <sup>®</sup> )	calcipotriene ointment / foam (generic for Dovonex <sup>®</sup> , Sorlux <sup>®</sup> )
	calcipotriene-betamethasone suspension / ointment (generic for Talconex <sup>®</sup> )
	calcitriol ointment (generic for Vectical <sup>®</sup> )
	Duobrii <sup>™</sup> Lotion
	Enstilar <sup>®</sup> Foam
	Sorlux <sup>®</sup> Foam
	Taclonex <sup>®</sup> Ointment / Suspension
	Vitama <sup>®</sup> Cream
	Zorve <sup>®</sup> Cream
ROSACEA AGENTS	
Preferred	Non-Preferred
azelaic acid gel (generic for Finacea <sup>®</sup> )	brimonidine gel pump (generic for Mirvaso <sup>®</sup> )
Finacea <sup>®</sup> Gel	Finacea <sup>®</sup> Foam
metronidazole cream (generic for MetroCream <sup>®</sup> )	ivermectin cream (generic for Soolantra <sup>®</sup> )
metronidazole gel / pump (generic for MetroGel <sup>®</sup> )	metronidazole lotion (generic for MetroLotion <sup>®</sup> )
Rosadan <sup>®</sup> Cream / Gel	Noritate <sup>®</sup> Cream
	Rhofade <sup>®</sup> Cream
	Rosadan <sup>®</sup> Kit

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STEROIDS	
Low Potency	
Preferred	Non-Preferred
DermaSmoothe <sup>®</sup> FS Scalp and Body Oil	alclometasone dipropionate cream / ointment (generic for Aclovate <sup>®</sup> )
desonide cream / ointment (generic for DesOwen <sup>®</sup> )	Aqua Glycolic <sup>®</sup> HC Kit
hydrocortisone cream / lotion / ointment (generic for Hytone <sup>®</sup> )	desonide lotion (generic for DesOwen <sup>®</sup> Lotion)
	fluocinolone body / scalp oil (generic for DermaSmoothe <sup>®</sup> FS Scalp / Body Oil)
	Hydroxym <sup>™</sup> Gel
	Texacort <sup>®</sup> Solution
Medium Potency	
Preferred	Non-Preferred
fluticasone cream / ointment (generic for Cutivate <sup>®</sup> )	Beser <sup>™</sup> Lotion / Kit
mometasone cream / ointment / solution (generic for Elocon <sup>®</sup> )	clocortolone cream / <b>pump</b> (generic for Cloderm <sup>®</sup> )
	Cloderm <sup>®</sup> Cream / Pump
	fluocinolone cream / ointment / solution (generic for Synalar <sup>®</sup> )
	flurandrenolide cream / lotion / ointment (generic for Cordran <sup>®</sup> )
	fluticasone lotion (generic for Cutivate <sup>®</sup> Lotion)
	hydrocortisone butyrate cream / lipid cream / lotion / ointment / solution (generic for Locoid <sup>®</sup> )
	hydrocortisone valerate cream / ointment (generic for Westcort <sup>®</sup> )
	Locoid <sup>®</sup> Lipocream / Lotion
	Pandel <sup>®</sup> Cream
	prednicarbate cream / ointment (generic for Dermatop <sup>®</sup> )
	Synalar <sup>®</sup> Cream / Ointment / Kit / Solution / TS Kit
<b>Remove clocortolone pump (generic for Cloderm<sup>®</sup>)</b>	
High Potency	
Preferred	Non-Preferred
betamethasone valerate cream / ointment (generic for Valisone <sup>®</sup> )	amcinonide cream (generic for Cyclocort <sup>®</sup> )
<b>fluocinonide cream / gel (generic for Lidex<sup>®</sup>)</b>	betamethasone dipropionate augmented cream / gel / lotion / ointment (generic for Diprolene <sup>®</sup> )
fluocinonide ointment / solution (generic for Lidex <sup>®</sup> )	betamethasone dipropionate cream / lotion / ointment (generic for Diprosone <sup>®</sup> )
triamcinolone acetonide cream / lotion / ointment (generic for Kenalog <sup>®</sup> )	betamethasone valerate foam / lotion (generic for Valisone <sup>®</sup> )
	desoximetasone cream / gel / ointment / spray (generic for Topicort <sup>®</sup> )
	diflorasone cream / ointment (generic for Florone <sup>®</sup> )
	Diprolene <sup>®</sup> Ointment
	<b>fluocinonide cream / emollient cream / gel (generic for Lidex<sup>®</sup> / Lidex<sup>®</sup> E)</b>
	halcinonide cream (generic for Halog <sup>®</sup> )
	Halog <sup>®</sup> Cream / Ointment / Solution
	Kenalog <sup>®</sup> Spray
	Topicort <sup>®</sup> Cream / Gel / Ointment / Spray
	triamcinolone spray (generic for Kenalog <sup>®</sup> )
	Vanos <sup>®</sup> Cream
<b>Move fluocinonide cream / gel (generic for Lidex<sup>®</sup>) from Non-Preferred to Preferred</b>	

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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
	Temovate® Ointment
	Tovet™ Foam / Foam Kit
	Ultravate® Lotion
<b>MISCELLANEOUS</b>	
<b>WEIGHT MANAGEMENT AGENTS</b>	
<b>Covered ONLY for reduction of major adverse cardiovascular [CV] events (CV death, non-fatal myocardial infarction, or non-fatal stroke) in adults with established CV disease who are either obese or overweight</b>	
Preferred	Non-Preferred
Wegovy® (semaglutide) Pen	
<b>Off-cycle update: *NEW CATEGORY* Add Wegovy® (semaglutide) Pen as Preferred [covered only for the cardiovascular indication]</b>	
<b>IMMUNOMODULATORS, ASTHMA</b>	
<b>Clinical criteria apply to all drugs in this class</b>	
Preferred	Non-Preferred
Fasenra® Pen / Syringe	Cinqair® Vial
Xolair® Syringe	Nucala® Syringe / Vial / Autoinjector
	Tezspire® Pen / Syringe - T/F of preferred agents not required for diagnosis of non-allergic, non-eosinophilic severe asthma
	Xolair® Vial
<b>ANTIPSORIATICS, ORAL</b>	
Preferred	Non-Preferred
acitretin (generic for Soriatane®)	methoxsalen rapid (generic for Oxsoalene-Ultra®)
<b>EPINEPHRINE, SELF INJECTED</b>	
<b>Quantity limits apply to all drugs in this class</b>	
Preferred	Non-Preferred
Epi-Pen® Auto Injector / 2-Pak / Jr. Auto Injector / Jr. 2-Pak epinephrine auto injector (generic for Epi-Pen® / Epi-Pen® Jr.)	Auvi-Q® Auto Injector epinephrine auto injector (generic for Adrenaclick®) Symjepi™ Syringe
<b>ESTROGEN AGENTS, COMBINATIONS</b>	
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 <sup>®</sup> Pro Patch	Climara <sup>®</sup> Patch
CombiPatch <sup>®</sup> Patch	Divigel <sup>®</sup> Gel Packet
estradiol patch (generic for Climara <sup>®</sup> , Menostar <sup>®</sup> , Vivelle-Dot <sup>®</sup> )	Doti <sup>™</sup> Patch
estradiol tablet (generic for Estrace <sup>®</sup> )	Duavee <sup>®</sup> Tablet
Evamist <sup>®</sup> Spray	Elestrin <sup>®</sup> Gel
Menest <sup>®</sup> Tablet	Estrace <sup>®</sup> Tablet
Premarin <sup>®</sup> Tablet	estradiol gel packet (generic for Divigel <sup>®</sup> )
	Lyllana <sup>™</sup> Patch
	Menostar <sup>®</sup> Patch
	Minivelle <sup>®</sup> Patch
	<b>Osphena<sup>®</sup> (ospemifene) Tablet</b>
	Veozah <sup>™</sup> Tablet
	Vivelle-Dot <sup>®</sup> Patch

**Add Osphena<sup>®</sup> (ospemifene) Tablet as Non- Preferred**

ESTROGEN AGENTS, VAGINAL PREPARATIONS	
Preferred	Non-Preferred
Estring <sup>®</sup> Vaginal Ring	Estrace <sup>®</sup> Cream
Premarin <sup>®</sup> Vaginal Cream	estradiol vaginal cream / tablet (generic for Estrace <sup>®</sup> )
Vagifem <sup>®</sup> Vaginal Tablet	Femring <sup>®</sup> Vaginal Ring
	Imvexxy <sup>®</sup> Vaginal Inserts
	Yuvafem <sup>®</sup> Vaginal Tablet

GLUCOCORTICOID STEROIDS, ORAL	
Preferred	Non-Preferred
budesonide EC capsule (generic for Entocort <sup>®</sup> EC)	Alkindi <sup>®</sup> Sprinkle Capsule
dexamethasone elixir / tablet (generic for Decadron <sup>®</sup> )	Cortef <sup>®</sup> Tablet
dexamethasone solution (generic for Concedix <sup>®</sup> )	cortisone tablet (generic for Patisono <sup>®</sup> )
<b>Emlaza<sup>®</sup> Tablet - Clinical criteria apply</b>	<b>deflazacort tablet (generic for Emlaza<sup>®</sup>) - Clinical criteria apply</b>
hydrocortisone tablet (generic for Cortef <sup>®</sup> )	dexamethasone tablet dosepack / Intensol <sup>®</sup> Drops
methylprednisolone 4mg dosepack / tablet (generic for Medrol <sup>®</sup> )	Emlaza <sup>®</sup> Suspension - <b>Clinical criteria apply. T/F of preferred agents not required for children &lt; 12 years of age.</b>
prednisolone sodium phosphate solution (generic for PediaPred <sup>®</sup> , OraPred <sup>®</sup> , Veripred <sup>®</sup> )	<b>Eohilia<sup>®</sup> (budesonide) Suspension</b>
prednisolone solution (generic for Prelone <sup>®</sup> , Millipred <sup>®</sup> )	Hemady <sup>™</sup> Tablet
prednisone dose pack (generic for Sterapred <sup>®</sup> )	Medrol <sup>®</sup> Dose Pack / Tablet
prednisone solution / tablet (generic for Deltasone <sup>®</sup> )	methylprednisolone 8mg / 16mg / 32mg / tablet (generic for Medrol <sup>®</sup> )
	Millipred <sup>®</sup> Dose Pack / Tablet
	prednisolone ODT (generic for Orapred <sup>®</sup> ODT)
	prednisolone tablet
	Prednisone Intensol <sup>®</sup> Concentrated Solution
	Rayos <sup>®</sup> Tablet
	Taperdex <sup>®</sup> Tablet
	Tarpeyo <sup>™</sup> Capsule - <b>T/F of preferred agents not required for diagnosis of IgA nephropathy</b>

**Add new to market products deflazacort tablet (generic for Emlaza<sup>®</sup>) and Eohilia<sup>®</sup> (budesonide) Suspension as Non-Preferred**

CYTOKINE AND CAM ANTAGONISTS (previously listed as Immunomodulators, Systemic)	
Clinical criteria apply to all drugs in this class	
T/F of only one Preferred drug required	
Preferred	Non-Preferred

adalimumab-adaz Pen / Syringe	Abrilada <sup>™</sup> Pen / Syringe
adalimumab-ikjp Pen / Syringe	Actemra <sup>™</sup> ACTPen <sup>™</sup> / Syringe / Vial
Cosentyx <sup>®</sup> SensorReady <sup>®</sup> Pen / UnoReady <sup>®</sup> Pen / Syringe	adalimumab-aacp Pen
Enbrel <sup>®</sup> Mini Cartridge / Sureclick <sup>®</sup> Syringe / Syringe / Vial	<b>adalimumab-aaty Autoinjector / Syringe</b>
Hadlima <sup>™</sup> Syringe / PushTouch	<b>adalimumab-adaz Pen / Syringe</b>
Humira <sup>®</sup> Crohn's Starter Pack / Ped. Crohn's Starter Pack / Pen / Psoriasis Starter Pack / Syringe	adalimumab-adbm Pen / Psoriasis-UV Pen / Crohn's Pen / Syringe
infliximab vial (generic for Remicade <sup>®</sup> )	<b>adalimumab-ikjp Pen / Syringe</b>
Otezla <sup>®</sup> Starter Pack / Tablet	<b>adalimumab-ryvk Autoinjector</b>
	Amjevita <sup>™</sup> Syringe / Autoinjector
	Arcalyst <sup>®</sup> SQ Syringe
	Avsola <sup>®</sup> Vial
	Bimzelx <sup>®</sup> Autoinjector / Syringe
	Cibinqo <sup>™</sup> Tablet
	Cimzia <sup>®</sup> Starter Kit / Syringe Kit / Vial Kit
	Cosentyx <sup>®</sup> Vial
	Cyltezo <sup>™</sup> Syringe / Crohn's-UC-HS Pen / Psoriasis Pen / Pen
	Enspryng <sup>™</sup> Syringe
	Entyvio <sup>®</sup> Pen / Vial
	<b>Hadlima<sup>™</sup> Syringe - PushTouch</b>
	Hyrimoz <sup>™</sup> Pen / Crohn's-UC Pen / Ped. Crohn's Pen / Syringe / Psoriasis Pen
	Hulio <sup>™</sup> Pen / Syringe
	Idacio <sup>®</sup> Pen / Psoriasis Pen / Crohn's-UC Pen / Syringe
	Ilaris <sup>®</sup> Vial
	Ilumya <sup>®</sup> Syringe
	Inflectra <sup>™</sup> Vial
	Kevzara <sup>®</sup> Syringe / Pen

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	Kineret <sup>®</sup> Syringe - <b>T/F of preferred agents not required for diagnosis of Neonatal Onset Multi-System Inflammatory Disease</b>
	Olumiant <sup>®</sup> Tablet
	Omvo <sup>®</sup> Pen / Vial
	Orencia <sup>®</sup> Clickjet <sup>®</sup> / Syringe / Vial
	<b>Otezla<sup>®</sup> Starter Pack / Tablet</b>
	Remicade <sup>®</sup> Vial
	Renflexis <sup>™</sup> Vial
	Rinvoq <sup>™</sup> ER Tablet
	Siliq <sup>®</sup> Syringe
	<b>Simlandi<sup>®</sup> (adalimumab-ryvk) Autoinjector</b>
	Simponi <sup>®</sup> Pen / Syringe / Aria <sup>®</sup> Vial
	Skyrizi <sup>®</sup> On-Body / Vial / Pen / Syringe
	Sotyktu <sup>®</sup> Tablet
	Spevigo <sup>®</sup> Vial
	<b>Spevigo<sup>®</sup> (spesolimab-sbzo) Syringe</b>
	Stelara <sup>®</sup> Syringe / Vial
	Taltz <sup>®</sup> Auto-injector / Syringe
	Tremfya <sup>®</sup> Syringe / Injector
	<b>Tyenne<sup>®</sup> (tocilizumab-aazg) Vial</b>
	Uplizna <sup>®</sup> Vial
	Velsipity <sup>®</sup> Tablet
	Xeljanz <sup>®</sup> Tablet / Solution / XR Tablet
	Yuflyma <sup>®</sup> Syringe / Autoinjector / Crohn's-UC-HS Autoinjector
	Yusimry <sup>™</sup> Pen
	<b>Zymfentra<sup>™</sup> (infliximab-dyyb) Pen / Syringe</b>

**Add new to market products (Humira biosimilars) as Non-Preferred:** adalimumab-aaty Autoinjector / Syringe, adalimumab-ryvk Autoinjector, Simlandi<sup>®</sup> (adalimumab-ryvk) Autoinjector  
**Move the following products from Non-Preferred to Preferred:** adalimumab-adaz Pen / Syringe, adalimumab-fkjp Pen / Syringe, Hadlima<sup>™</sup> Syringe / PushTouch, Otezla<sup>®</sup> Starter Pack / Tablet  
**Add the following new to market products as Non-Preferred:** Spevigo<sup>®</sup> (spesolimab-sbzo) Syringe, Tyenne<sup>®</sup> (tocilizumab-aazg) Vial, Zymfentra<sup>™</sup> (infliximab-dyyb) Pen / Syringe

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

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MOVEMENT DISORDERS	
Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred
Austedo <sup>®</sup> Tablet	Xenazine <sup>®</sup> Tablet
Austedo <sup>®</sup> XR Tablet / Titration Kit	
Ingrezza <sup>®</sup> Capsule / Initiation Pack	
tetrabenzazine tablet	
HEREDITARY ANGIOEDEMA (HAE) PROPHYLAXIS AGENTS	
Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred
Haegarda <sup>®</sup> Vial	Cinryze <sup>®</sup> Vial
Orladeyo <sup>®</sup> Capsule	Takhzyro <sup>®</sup> Vial / Syringe
HEREDITARY ANGIOEDEMA (HAE) TREATMENT AGENTS	
Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred
Beriner <sup>®</sup> Vial / Kit	Firazyr <sup>®</sup> Syringe
icatibant syringe (generic for Firazyr <sup>®</sup> )	Ruconest <sup>®</sup> Vial
Kalbitor <sup>®</sup> Vial	
Sajazir <sup>®</sup> Syringe (branded generic for icatibant)	
OPIOID ANTAGONISTS	
Preferred	Non-Preferred
Kloxxado <sup>™</sup> Nasal Spray	
LiFEMS <sup>™</sup> naloxone Syringe Kit	
naloxone nasal spray (OTC)	
naloxone syringe / spray / vial (generic for Narcan <sup>®</sup> )	
naltrexone tablet	
Narcan <sup>®</sup> Nasal Spray (OTC)	
Opvee <sup>®</sup> Nasal Spray	
Vivitrol <sup>®</sup> Vial / Diluent	
Zimhi <sup>™</sup> Syringe	
OPIOID DEPENDENCE	
Clinical criteria apply to all drugs in this class	
<b>T/F of Suboxone<sup>®</sup> SL film or buprenorphine-naloxone SL tablet (generic Suboxone<sup>®</sup>) required for coverage of non-preferred options</b>	
<b>For coverage of Sublocade<sup>®</sup> - 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.</b>	
Preferred	Non-Preferred
Brixadi <sup>™</sup> Weekly Syringe / Monthly Syringe	buprenorphine SL tablet (generic for Subutex <sup>®</sup> )
buprenorphine-naloxone SL tablet (generic for Suboxone <sup>®</sup> )	buprenorphine-naloxone SL film (generic for Suboxone <sup>®</sup> )
Suboxone <sup>®</sup> SL Film	Lucemyra <sup>™</sup> Tablet - <b>T/F of preferred agents not required for diagnosis of opioid withdrawal</b>
Sublocade <sup>®</sup> Syringe	Zubsolv <sup>®</sup> Tablet SL
SKELETAL MUSCLE RELAXANTS	
Preferred	Non-Preferred
baclofen tablet (generic for Lioresal <sup>®</sup> )	Amrix <sup>®</sup> ER Capsule
cyclobenzaprine tablet (generic for Flexeril <sup>®</sup> )	baclofen oral solution
methocarbamol tablet (generic for Robaxin <sup>®</sup> )	baclofen suspension (generic for Fleqsuvy <sup>™</sup> )
tizanidine tablet (generic for Zanaflex <sup>®</sup> )	chlorzoxazone tablet (generic for Parafon Forte <sup>®</sup> )
	cyclobenzaprine ER capsule (generic for Amrix <sup>®</sup> ER)
	Dantrium <sup>®</sup> Capsule / Vial
	dantrolene sodium capsule (generic for Dantrium <sup>®</sup> )
	Fexmid <sup>®</sup> Tablet
	Fleqsuvy <sup>™</sup> Suspension
	Lorzone <sup>®</sup> Tablet
	Lyvispah <sup>®</sup> Granule Packet
	metaxalone tablet (generic for Skelaxin <sup>®</sup> )
	Norgesic <sup>™</sup> Tablet / Forte Tablet
	orphenadrine / aspirin / caffeine tablet (generic for Norgesic <sup>™</sup> )
	orphenadrine citrate tablet / vial (generic for Norflex <sup>®</sup> )
	Orphengestic <sup>®</sup> Forte Tablet
	Robaxin <sup>®</sup> Vial
	tizanidine capsules (generic for Zanaflex <sup>®</sup> )
	Zanaflex <sup>®</sup> Capsule / Tablet
DISPOSABLE INSULIN DELIVERY DEVICES	
Preferred	Non-Preferred
Omnipod 5 <sup>®</sup> G6 Pods (5-Pack) / G6 Intro Kit	
Omnipod 5 <sup>®</sup> G7 Pods / G7 Intro Kit	
Omnipod DASH <sup>®</sup> Pods (5-Pack) / Intro Kit	
Omnipod GO <sup>™</sup> Pods	
<b>Add new to market product Omnipod 5<sup>®</sup> G7 Pods / G7 Intro Kit as Preferred</b>	

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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 <sup>®</sup> Transmitter / Receiver	Freestyle Libre <sup>™</sup> 14 day Reader
Dexcom G7 <sup>®</sup> Receiver	
Freestyle Libre <sup>™</sup> 2 Reader	
Freestyle Libre <sup>™</sup> 3 Reader	

Continuous Glucose Monitor Sensors

Preferred	Non-Preferred
Freestyle Libre <sup>™</sup> 2 Sensor	Freestyle Libre <sup>™</sup> 14 day Sensor
Freestyle Libre <sup>™</sup> 3 Sensor	
Dexcom G6 <sup>®</sup> Sensor	
Dexcom G7 <sup>®</sup> 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 (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 <sup>®</sup> Guide Retail care kit * (see above for billing)	ACCU-CHEK <sup>®</sup> Softclix lancing device kit (Black)
ACCU-CHEK <sup>®</sup> Guide Me Retail care kit * (see above for billing)	ACCU-CHEK <sup>®</sup> Fastclix lancing device kit
Test Strips	Control Solutions
ACCU-CHEK <sup>®</sup> AVIVA PLUS 50 ct test strips	ACCU-CHEK <sup>®</sup> Aviva glucose control solution (2 levels)
ACCU-CHEK <sup>®</sup> SMARTVIEW 50 ct test strips	ACCU-CHEK <sup>®</sup> SmartView glucose control solution (1 level)
ACCU-CHEK <sup>®</sup> Guide 50 ct test strips	ACCU-CHEK <sup>®</sup> Guide 2-Level control solution (2-levels)
ACCU-CHEK <sup>®</sup> Guide 100 ct test strips	
Lancets	
ACCU-CHEK <sup>®</sup> Softclix 100 ct Lancets	
ACCU-CHEK <sup>®</sup> Fastclix 102 ct Lancets	