# **DRAFT April 2025 PDL Panel Meeting**

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T/F criteria, clinical criteria (indicated in RED) may also apply. New to market products typically default to Non-Preferred status until

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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                                 |
|---|---|
|   | ant change to the drug, category, or a clinical recommendation  |
|   | rcle PDL move from Preferred to Non-Preferred or vice versa   |
| Green shade signifies   | s a Brand / Generic switch within the same category   |
|   | en 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)  Exelon® Patch  | Adlarity <sup>®</sup> Patch Aduhelm <sup>®</sup> Vial - Clinical criteria apply                                 |
| memantine tablet / titration pack (generic for Namenda®)  | Aricept® Tablet   |
| rivastigmine capsule (generic for Exelon®)  | donepezil 23mg tablet (generic for Aricept®)  |
| )   | galantamine ER capsule / solution / tablet (generic for Razadyne® / ER)   |
|   | Kisunla <sup>™</sup> (donanemab-azbt) Vial  |
|   | Leqembi® Vial - Clinical criteria apply   |
|   | memantine ER capsule / solution (generic for Namenda® XR / Solution)  |
|   | Namenda® Titration Pack / XR Capsule / XR Titration Pack  |
|   | Namzaric® Capsule / Titration Pack  |
|   | rivastigmine patch (generic for Exelon <sup>®</sup> )   |
|   | ANALGESICS  |
|   | OPIOID ANALGESICS   |
|   | Long Acting Opioids   |
| Preferred   | linical criteria apply to all drugs in this class  Non-Preferred  |
| Butrans <sup>®</sup> Patch  | Belbuca <sup>®</sup> (Buccal) Film  |
| fentanyl patch 12mcg / 25mcg / 50mcg / 75mcg / 100mcg (generic for Duragesic®)  | buprenorphine patch (generic for Butrans®)  |
| methadone concentrate / diskets / intensol / tablets / solution morphine sulfate ER tablet (generic for MS Contin®)   | Conzip* Capsule  fentanyl patch (37.5. / 62.5 / 87.5mcg dosages) (generic for Duragesic*)                       |
| OxyContin® Tablet   | hydrocodone ER capsule (generic for Zohydro <sup>®</sup> ER)  |
| tramadol ER tablet (generic for Ultram ER®, Ryzolt®)  | hydrocodone ER tablet (generic for Hysingla® ER)  |
| Xtampza <sup>®</sup> ER Capsule   | hydromorphone ER tablet (generic for Exalgo*)  Hysingla* ER Tablet  |
|   | nysingia Er. Tabiet  Methadose <sup>™</sup> Oral Concentrate / Tablet   |
|   | morphine sulfate ER capsule (generic for Avinza®, Kadian®)  |
|   | MS Contin <sup>®</sup> Tablet Nucynta <sup>®</sup> ER Tablet  |
|   | oxycodone ER tablet (generic for OxyContin®)  |
|   | oxymorphone ER tablet   |
|   | tramadol ER capsule (generic for Conzip®)   |
| Orally  | Disintegrating / Oral Spray Schedule II Opioids   |
| C   | linical criteria apply to all drugs in this class   |
| Preferred   | Non-Preferred   |
| Actiq <sup>®</sup> Lozenge  | Dsuvia <sup>™</sup> SL Tablet  fentanyl citrate buccal tablet (generic for Fentora <sup>®</sup> )               |
|   | fentanyl citrate lozenge (generic for Actiq <sup>®</sup> )  |
|   | Fentora® Buccal Tablet  |
| Open cl   | ass-No recommendations  |
|   | Short Acting Schadula II Onjoids  |
| C   | Short Acting Schedule II Opioids linical 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*) hydrocodone-ibuprofen tablet (generic for Ibudone*, Reprexain*, Vicoprofen*) | Dilaudid <sup>®</sup> Liquid / Tablet hydromorphone solution / suppository (generic for Dilaudid <sup>®</sup> ) |
| hydromorphone tablet (generic for Dilaudid <sup>®</sup> )   | levorphanol tablet (generic for Levo-Dromoran®)   |
| morphine solution / tablet (generic for MSIR®)  | meperidine solution / tablet (generic for Demerol®)   |
| oxycodone solution / tablet (generic for Roxicodone <sup>®</sup> ) oxycodone-acetaminophen capsules (generic for Tylox <sup>®</sup> )   | morphine oral syringe morphine suppositories (generic for Roxanol®)   |
| oxycotone-acetaminophen capsures (generic for Percocet®)  | Nalocet <sup>®</sup> Tablet   |
|   | Nucynta® Tablet   |
|   | oxycodone capsule (generic for OxylR*)  oxycodone concentrated solution (generic for Roxicodone* Intensol)      |
|   | oxycodone-acetaminophen solution  |
|   | oxymorphone tablet (generic for Opana <sup>®</sup> )  |
|   | Percocet® Tablet  |
|   | Prolate® Tablet / Solution  Roxicodone® Tablet  |
|   | Roxybond <sup>®</sup> Tablet  |
| Open c  | lass-No recommendations   |
| Short Acting  | Schedule III – IV Opioids / Analgesic Combinations  |

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|   | eria apply to all drugs in this class   |
|---|---|
| Preferred codeine-acetaminophen solution / tablet (generic for Tylenol with Codeine®)         | Non-Preferred  Ascomp® Capsule (branded generic for Fiorinal with Codeine®)                             |
| tramadol tablet (generic for Ultram®)   | butalbital compound with codeine capsule (generic for Fiorinal with Codeine*)                           |
| tramadol-acetaminophen tablet (generic for Ultracet®)   | butalbital-caffeine-APAP with codeine tablet (generic for Fioricet with Codeine *)                      |
| aumator accuminophen above (Senero to Gradese )   | butorphanol spray (generic for Stadol®)   |
|   | dihydrocodeine-acetaminophen-caffeine tablet (generic for Panlor SS®)                                   |
| NTM: Added tramadol (75mg) to non-preferred   | Fioricet with Codeine® Capsule  |
| Obsolete: Removed Qdolo™ Solution   | pentazocine-naloxone tablet (generic for Talwin NX <sup>®</sup> )                                       |
|   | Qdole <sup>21</sup> -Solution   |
|   | Seglentis* Tablet   |
|   | tramadol solution (generic for Qdolo <sup>35</sup> )  |
|   | tramadol tablet (25 mg)   |
|   | tramadol tablet (75 mg) NSAIDS  |
| Drofound  |   |
| Preferred celecoxib capsule (generic for Celebrex*)   | Non-Preferred Arthrotec® Tablet   |
| ibuprofen suspension / tablet (generic for Motrin®)   | Celebrex Capsule  |
| indomethacin capsule (generic for Indocin®)   | Daypro® Caplet  |
| ketorolac tablet (generic for Toradol®)   | diclofenac potassium capsule (generic for Zipsor®)  |
| meloxicam tablet (generic for Mobic®)   | diclofenac potassium tablet (generic for Cataflam®)   |
| naproxen EC / DR tablet (generic for Naprosyn® EC)  | diclofenac sodium tablet / ER tablet (generic for Voltaren® / XR)                                       |
| naproxen tablet (generic for Naprosyn®)   | diclofenae sodium-misoprostol tablet (generic for Arthrotee®)   |
| naproxen sodium tablet (generic for Anaprox®)   | diflunisal tablet (generic for Dolobid®)  |
| sulindac tablet (generic for Clinoril®)   | Dolobid tablet  |
|   | Duexis® Tablet - T/F of only celecoxib required   |
|   | etodolac capsule / tablet / ER tablet(generic for Lodine® / XL)   |
| <ul> <li>Obsolete: Removed ketorolac tromethamine nasal spray (generic for Sprix®)</li> </ul> | Feldene® Capsule fenoprofen capsule/ tablet (generic for Nalfon®)                                       |
| -   | flurbiprofen tablet (generic for Nanion )   |
|   | ibuprofen / famotidine tablet (generic for Duexis®) - T/F of only celecoxib required                    |
|   | indomethacin ER capsule (generic for Indocin SR®)   |
|   | indomethacin suppository  |
|   | ketoprofen capsule (generic for Orudis <sup>®</sup> )   |
|   | ketoprofen ER capsule (generic for Oruvail <sup>®</sup> )   |
|   | ketorolae tromethamine nasal-spray (generie for Sprin.*)  |
|   | Kiprofen™ (ketoprofen) Capsule (branded generic for Orudis®)  |
|   | Lofena <sup>™</sup> Tablet  |
|   | meclofenamate capsule (generic for Meclomen*)   |
|   | mefenamic acid capsule (generic for Ponstel®)   |
|   | meloxicam capsule (generic for Vivlodex®) nabumetone tablet (generic for Relafen®)                      |
|   | nanumetone tablet (generic for Relaten )  Nalfon® Capsule / Tablet                                      |
|   | Naprelan® Tablet  |
|   | Naprosyn <sup>®</sup> Suspension  |
|   | naproxen sodium ER tablet (generic for Naprelan®)   |
|   | naproxen suspension (generic for Naprosyn®)   |
|   | naproxen-esomeprazole tablet (generic for Vimovo®) - T/F of only celecoxib required                     |
|   | oxaprozin tablet (generic for DayPro®)  |
|   | piroxicam capsule (generic for Feldene®)  |
|   | Relafen <sup>™</sup> DS Tablet  |
|   | Tolectin® (tolmetin) Tablet   |
|   | tolmetin tablet / capsule (generic for Tolectin® / DS)  Vimovo® Tablet - T/F of only celecoxib required |
|   | Vinnovo Taoiet - 17 vi viny Celeconio required  |
|   |   |
| N   | EUROPATHIC PAIN   |
| Preferred   | Non-Preferred   |
| duloxetine capsule (generic for Cymbalta®)  | Cymbalta® Capsule   |
| gabapentin capsule / solution / tablet (generic for Neurontin®)                               | DermacinRx <sup>™</sup> Lidocan Patch - <mark>Clinical criteria appl</mark> y                           |
| lidocaine patch (generic for Lidoderm®) - Clinical criteria apply                             | 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 - Clinical criteria apply  |
|   | Lidocan Patch - Clinical criteria apply  Lidoderm® Patch - Clinical criteria apply                      |
|   | Lyrica® Capsule / Solution / CR Tablet  |
|   | Neurontin® Capsule / Solution / Tablet  |
|   | pregabalin ER tablet (generic for Lyrica® CR)   |
|   | Qutenza® Kit  |
|   | Savella® Tablet / Titration Pack  |
|   | Tridacaine Patch  |
|   | ZTLido <sup>™</sup> Patch - Clinical criteria apply   |
|   |   |
|   |   |
|   |   |
|   | TCONVULSANTS  |
| CARBA   | MAZEPINE DERIVATIVES  |
| CARBA!<br>Patients with a diagnosis of seizure disorder ar                                    | MAZEPINE DERIVATIVES exempt from T/F criteria and may use any carbamazepine product.                    |
| CARBA   | MAZEPINE DERIVATIVES  |

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| carbamazepine tablet / suspension / chewable tablet / XR tablet (generic for Tegretol® / XR)   | Carbatrol® Capsule  |
|--|---|
| Equetro <sup>®</sup> Capsule   | Epitol® Tablet  |
| oxcarbazepine suspension / tablet (generic for Trileptal*)   | Oxcarbazepine ER (generic for Oxtellar® XR)   |
| Oxearoazepine suspension / tablet (generic for Trileptai ) Oxtellar® XR Tablet   | Oxcarnazepine ER (generic for Oxtenars/ AR)  Trileptal® Tablet  |
|  | Trieptai labiet   |
| Tegretol® Suspension / Tablet / XR Tablet  |   |
| Trileptal® Suspension  |   |
|  |   |
| PI   | OCT CENTER ATION  |
|  | AST GENERATION  |
|  | exempt from T/F criteria and may use any first generation product.  |
| Preferred  | Non-Preferred   |
| Celontin® Kapseal  | Depakote ER Tablet / Sprinkle Capsule   |
| Dilantin® Capsule / Infatab / Suspension   | Depakote <sup>®</sup> Tablet  |
| divalproex sprinkle capsule / ER tablet / tablet (generic for Depakote® / ER / Sprinkle)   | felbamate tablet (generic for Felbatol®)  |
| ethosuximide capsule / solution (generic for Zarontin®)  | methsuximide capsule (generic for Celontin®)  |
| felbamate suspension (generic for Felbatol®)   | Mysoline <sup>®</sup> Tablet  |
| Felbatol® Suspension / Tablet  | Sezaby <sup>®</sup> Vial  |
| phenobarbital tablet / elixir / solution   | Zarontin <sup>®</sup> 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®)   |   |
|  |   |
| SEC  | OND GENERATION  |
| Patients with a diagnosis of seizure disorder are  | exempt from T/F criteria and may use any second generation product.   |
| Preferred  | Non-Preferred   |
| Banzel* Tablet   | Banzel® Suspension  |
| Briviact® Tablet / Solution  | Banzel <sup>®</sup> Tablet  |
| clobazam suspension / tablet (generic for Onfi®)   | clonazepam ODT (generic for Klonopin® Wafer)  |
| clonazepam tablet (generic for Klonopin®)  | Elepsia <sup>™</sup> XR Tablet  |
| Diacomit® Capsule / Powder Pack  | Keppra® Tablet / Solution / XR Tablet   |
| Diastat *Acudiai* / Pedi System  | Klonopin® Tablet  |
| diazepam rectal / system (generic for Diastat® Accudial / Pedi System)   | Lamictal® Chewable / ODT / ODT Starter Kit / Starter Kit / Tablet / XR / XR Starter Kit   |
|  | lamotrigine starter kits (generic for Lamictal <sup>®</sup> )   |
| Epidiolex <sup>®</sup> Solution - Clinical criteria apply  Eprontia™ Solution  |   |
| *  | Libervant <sup>™</sup> (diazepam) Buccal Film   |
| Fintepla Solution  | Lyrica® Capsule / Solution  |
| Fycompa® Tablet / Suspension   | Motopoly XR™ (lacosamide extended release) Capsule  |
| gabapentin capsule / solution / tablet (generic for Neurontin®)  | Neurontin <sup>®</sup> Capsule / Solution / Tablet  |
| lacosamide solution / tablet (generic for Vimpat®)   | Onfi® Suspension / Tablet   |
| lamotrigine chewable / tablet (generic for Lamictal®)  | Qudexy® XR Capsule  |
| lamotrigine ER tablet / ODT / ODT Starter Kit / Starter Kit (generic for Lamictal® XR / ODT)   | rufinamide tablet (generic for Banzel*)   |
| levetiracetam tablet / ER tablet / solution (generic for Keppra® / XR)   | Spritam® Tablet   |
| Nayzilam® Nasal Spray  | Sympazan® Film  |
| Roweepra <sup>™</sup> Tablet   | Topamax® Sprinkle Capsule / Tablet  |
| rufinamide suspension (generic for Banzel®)  | topiramate ER sprinkle capsule (generic for Qudexy*)  |
| rufinamide tablet (generic for Banzel®)  | topiramate ER capsule (generic for Trokendi XR <sup>®</sup> ) - T/F of Trokendi <sup>®</sup> XR Capsule required for coverage   |
| Sabril® Tablet / Powder Packet   | Trokendi* XR Capsule  |
| Subvenite® Tablet / Tab Start Kit  | vigabatrin tablet (generic for Sabril <sup>®</sup> )  |
| tiagabine tablet (generic for Gabitril®)   | Vigadrone® Powder Packet / Tablet   |
| topiramate sprinkle capsule / tablet (generic for Topamax®)  | Vigafyde <sup>TM</sup> Solution   |
|  |   |
| Valtoco® Nasal Spray   | Vigpoder ™ Powder Packet  |
| vigabatrin powder packet (generic for Sabril®)   | TV  |
|  | Vigpoder <sup>™</sup> Powder Packet  Vimpat <sup>®</sup> Solution / Starter Kit / Tablet  Zonisade <sup>™</sup> Oral Suspension   |
| vigabatrin powder packet (generic for Sabril®)   | Vigpoder™ Powder Packet  Vimpat® Solution / Starter Kit / Tablet  |
| vigabatrin powder packet (generic for Sabril <sup>®</sup> )  Xcopri <sup>®</sup> Tablet / Titration Pack  zonisamide capsule (generic for Zonegran <sup>®</sup> )  | Vigpoder <sup>™</sup> Powder Packet  Vimpat <sup>®</sup> Solution / Starter Kit / Tablet  Zonisade <sup>™</sup> Oral Suspension  Ztalmy <sup>®</sup> Oral Suspension  |
| vigabatrin powder packet (generic for Sabril®)  Xcopri® Tablet / Titration Pack zonisamide capsule (generic for Zonegran®)  Moved Brand Banzel® Tablet   | Vigpoder™ Powder Packet  Vimpat® Solution / Starter Kit / Tablet  Zonisade™ Oral Suspension  Ztalmy® Oral Suspension  from preferred to Non-preferred   |
| vigabatrin powder packet (generic for Sabril®)  Xcopri® Tablet / Titration Pack zonisamide capsule (generic for Zonegran®)  Moved Brand Banzel® Tablet   | Vigpoder <sup>™</sup> Powder Packet  Vimpat <sup>®</sup> Solution / Starter Kit / Tablet  Zonisade <sup>™</sup> Oral Suspension  Ztalmy <sup>®</sup> Oral Suspension  |
| vigabatrin powder packet (generic for Sabril®)  Xcopri® Tablet / Titration Pack  zonisamide capsule (generic for Zonegran®)  Moved Brand Banzel® Tablet  Moved generic rufinamide table  | Vigpoder® Powder Packet  Vimpat® Solution / Starter Kit / Tablet  Zonisade® Oral Suspension  Ztalmy® Oral Suspension  from preferred to Non-preferred et from Non-preferred to Preferred  |
| vigabatrin powder packet (generic for Sabril®)  Xcopri® Tablet / Titration Pack  zonisamide capsule (generic for Zonegran®)  Moved Brand Banzel® Tablet  Moved generic rufinamide table  | Vigpoder® Powder Packet  Vinpat® Solution / Starter Kit / Tablet  Zonisade™ oral Suspension  Ztalmy® Oral Suspension  from preferred to Non-preferred et from Non-preferred to Preferred  ECTIVES - SYSTEMIC  |
| vigabatrin powder packet (generic for Sabril®)  Xcopri® Tablet / Titration Pack zonisamide capsule (generic for Zonegran®)  Moved Brand Banzel® Tablet Moved generic rufinamide table  ANTI-INF  | Vigpoder® Powder Packet  Vimpat® Solution / Starter Kit / Tablet  Zonisade™ Oral Suspension  Ztalmy® Oral Suspension  from preferred to Non-preferred et from Non-preferred to Preferred  ECTIVES - SYSTEMIC  ANTIBIOTICS   |
| vigabatrin powder packet (generic for Sabril®)  Xcopri® Tablet / Titration Pack zonisamide capsule (generic for Zonegran®)  Moved Brand Banzel® Tablet Moved generic rufinamide table  ANTI-INF  | Vigpoder® Powder Packet  Vimpad® Solution / Starter Kit / Tablet  Zonisade™ Oral Suspension  Ztalmy® Oral Suspension  from preferred to Non-preferred et from Non-preferred to Preferred  ECTIVES - SYSTEMIC  ANTIBIOTICS  Cephalosporins and Related   |
| vigabatrin powder packet (generic for Sabril®)  Xcopri® Tablet / Titration Pack zonisamide capsule (generic for Zonegran®)  Moved Brand Banzel® Tablet Moved generic rufinamide table  ANTI-INF  | Vigpoder® Powder Packet  Vimpat® Solution / Starter Kit / Tablet  Zonisade™ Oral Suspension  Ztalmy® Oral Suspension  from preferred to Non-preferred et from Non-preferred to Preferred  ECTIVES - SYSTEMIC  ANTIBIOTICS   |
| vigabatrin powder packet (generic for Sabril®)  Xcopri® Tablet / Titration Pack zonisamide capsule (generic for Zonegran®)  Moved Brand Banzel® Tablet Moved generic rufinamide table  ANTI-INF  Penicillins,  Preferred   | Vigpoder® Powder Packet  Vimpat® Solution / Starter Kit / Tablet  Zonisade™ Oral Suspension  Ztalmy® Oral Suspension  from preferred to Non-preferred et from Non-preferred to Preferred  ECTIVES - SYSTEMIC  ANTIBIOTICS  Cephalosporins and Related   |
| vigabatrin powder packet (generic for Sabril®)  Xcopri® Tablet / Titration Pack zonisamide capsule (generic for Zonegran®)  Moved Brand Banzel® Tablet Moved generic rufinamide table  ANTI-INF  Penicillins,  Preferred  amoxicillin capsule / chewable / suspension / tablet (generic for Amoxil®, Trimox®)  | Vigpoder® Powder Packet  Vimpat® Solution / Starter Kit / Tablet  Zonisade® Oral Suspension  Zialmy® Oral Suspension  from preferred to Non-preferred et from Non-preferred  ECTIVES - SYSTEMIC  ANTIBIOTICS  Cephalosporins and Related  Non-Preferred  amoxicillin-clavulanate chewable tablet (generic for Augmentin®)   |
| vigabatrin powder packet (generic for Sabril®)  Xcopri® Tablet / Tittation Pack  zonisamide capsule (generic for Zonegran®)  Moved Brand Banzel® Tablet  Moved generic rufinamide table  ANTI-INF  Penicillins,  Preferred  amoxicillin capsule / chewable / suspension / tablet (generic for Amoxil®, Trimox®)  amoxicillin-clavulanate suspension / tablet / XR tablet (generic for Augmentin® / XR)   | Vigpoder® Powder Packet Vinpat® Solution / Starter Kit / Tablet Zonisade® Oral Suspension Zalmy® Oral Suspension  from preferred to Non-preferred et from Non-preferred  ECTIVES - SYSTEMIC ANTIBIOTICS Cephalosporins and Related  Non-Preferred amoxicillin-clavulanate chewable tablet (generic for Augmentin®) Augmentin® Suspension / ES-600 / XR Tablet   |
| vigabatrin powder packet (generic for Sabril®)  Xcopri® Tablet / Tittation Pack  zonisamide capsule (generic for Zonegran®)  Moved Brand Banzel® Tablet  Moved generic rufinamide table  ANTI-INF  Penicillins,  Preferred  amoxicillin capsule / chewable / suspension / tablet (generic for Amoxil®, Trimox®)  amoxicillin-clavulanate suspension / tablet / XR tablet (generic for Augmentin® / XR)  ampicillin capsule / injection / vial  | Vigpoder® Powder Packet  Vinpat® Solution / Starter Kit / Tablet  Zonisade® Oral Suspension  Ztalmy® Oral Suspension  from preferred to Non-preferred ett from Non-preferred to Preferred  ECTIVES - SYSTEMIC  ANTIBIOTICS  Cephalosporins and Related  Non-Preferred  amoxicillin-clavulanate chewable tablet (generic for Augmentin®)  Augmentin® Suspension / ES-600 / XR Tablet  cefaclor capsule / suspension / ER tablet (generic for Ceclor® / CD)   |
| vigabatrin powder packet (generic for Sabril®)  Xcopri® Tablet / Tittation Pack  zonisamide capsule (generic for Zonegran®)  Moved Brand Banzel® Tablet  Moved generic rufinamide table  ANTI-INF  Penicillins,  Preferred  amoxicillin capsule / chewable / suspension / tablet (generic for Amoxil®, Trimox®)  amoxicillin-clavulanate suspension / tablet / XR tablet (generic for Augmentin® / XR)   | Vigpoder® Powder Packet Vinpat® Solution / Starter Kit / Tablet Zonisade® Oral Suspension Zalmy® Oral Suspension  from preferred to Non-preferred et from Non-preferred  ECTIVES - SYSTEMIC ANTIBIOTICS Cephalosporins and Related  Non-Preferred amoxicillin-clavulanate chewable tablet (generic for Augmentin®) Augmentin® Suspension / ES-600 / XR Tablet   |
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# **DRAFT April 2025 PDL Panel Meeting**

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| piperacillin - tazobactam injection / vial   |   |
|--|---|
| Pfizerpen® injection / vial  |   |
| Unasyn <sup>®</sup> injection / vial   |   |
| Zosyn <sup>®</sup> injection / vial  |   |
| , ,  |   |
| Lincosa  | mides and Oxazolidinones  |
| Preferred  | Non-Preferred   |
| clindamycin capsules / solution (generic for Cleocin®)                                 | Cleocin® Capsules / Vial  |
| linezolid suspension (oral) / tablet (generic for Zyvox®)                              | Cleocin® Pediatric Solution   |
|  | clindamycin injection (generic for Cleocin®)  |
|  | Lincocin <sup>®</sup> Vial  |
|  | lincomycin vial (generic for Lincocin®)   |
|  | linezolid IV solution (generic for Zyvox*)  Sivextro* Tablet / Vial   |
|  | Zyvox® Tablet / IV Solution / Suspension  |
|  | Lyon Table? 14 Solution Suspension  |
|  |   |
| Mad  | crolides and Ketolides  |
| Preferred  | Non-Preferred   |
| azithromycin powder packet / suspension / tablet (generic for Zithromax®)              | clarithromycin ER tablet (generic for Biaxin XL®)   |
| clarithromycin suspension / tablet (generic for Biaxin®)                               | Eryped® 200/400 Suspension  |
| E.E.S.® Filmtab / Suspension   | Ery-Tab® Tablet   |
| Erythrocin® Filmtab  | Zithromax® Powder Packet / Suspension / Tablet / Tri-Pak / Z-Pak  |
| erythromycin ES 200 mg and 400 mg suspension (generic for E.E.S.* Suspension, Eryped*) |   |
| erythromycin EC capsule (generic for Eryc*)  | Open class-No recommendations   |
| erythromycin filmtab erythromycin ES tablet (generic for E.E.S® Filmtab)               |   |
| a junion jon 22 more (generic to Lake)   |   |
| Nitroimidazo   | les (Gastrointestinal Antibiotics)  |
| Preferred  | Non-Preferred   |
| metronidazole tablet (generic for Flagyl®)   | Aemoolo® DR Tablet  |
| vancomycin capsule (generic for Vancocin <sup>®</sup> )                                | Dificid® Suspension / Tablet - T/F of only vancomycin is required for treatment of Clostridium difficile  |
| vancomycin oral solution (generic for Firvanq®)  | Firvanq * Solution  |
|  | Flagyl® Capsule   |
|  | Likmez <sup>™</sup> Suspension  |
|  | metronidazole capsule (generic for Flagyl®)   |
|  | neomycin tablet (generic for Mycifradin®)   |
|  | nitazoxanide tablet (generic for Alinia® Tablet)  |
|  | paromomycin capsule (generic for Humatin <sup>®</sup> )  Solosec <sup>™</sup> Granules  |
|  | Solosee Granules tinidazole tablet (generic for Tindamax*)  |
|  | Vancocin® Capsule   |
|  | Vowst <sup>™</sup> Capsule - Clinical criteria apply  |
|  | Xifaxan® Tablet - T/F of preferred agents not required for diagnosis of Hepatic Encephalopathy  |
|  |   |
|  | Quinolones  |
| Preferred  | Non-Preferred   |
| Cipro Suspension   | Baxdela Tablet  |
| ciprofloxacin tablet (generic for Cipro®)  | Cipro® Tablet   |
| levofloxacin tablet (generic for Levaquin®)  | ciprofloxacin suspension (generic for Cipro®)   |
| moxifloxacin tablet (generic for Avelox®)  | levofloxacin solution (generic for Levaquin®)   |
|  | ofloxacin tablet (generic for Floxin®)  |
| Open class-No  | recommendations   |
|  |   |
| Tet  | racycline Derivatives   |
| Preferred  | Non-Preferred   |
| doxycycline hyclate capsule / tablet (generic for Vibramycin®, Vibra-Tab®)             | demeclocycline tablet (generic for Declomycin®)   |
| doxycycline monohydrate 50mg, 100mg capsule (generic for Monodox®)                     | Doryx® DR / MPC Tablet  |
| minocycline 50mg, 75mg, 100mg capsule (generic for Minocin®)                           | doxycycline hyclate DR tablet (generic for Doryx® DR)   |
|  | doxycycline monohydrate 75mg, 150mg capsule (generic for Monodox®, Adoxa®)  |
|  | doxycycline monohydrate 40mg IR-DR capsule (generic for Oracea®)  |
|  | doxycycline monohydrate 50mg, 75mg, 100mg, 150mg tablet   |
|  | doxycycline suspension (generic for Vibramycin <sup>®</sup> ) - T/F of preferred agents not required for patients < 12 years of age  Lymepak <sup>™</sup> Tablet                                    |
| Obsolete: Removed Vibramycin® Capsule  | -yr-p   |
|  | minocycline ER tablet (generic for Solodyn ER) Clinical justification and failure of doxycycline and minocycline required. Limited to a 12 week supply.   |
|  | minocycline 50mg, 75mg, 100mg tablet  |
|  | Minolira™ ER Tablet   |
|  | Morgidox® Capsule / Kit   |
|  | Nuzyra Tablet   |
|  | Solodyn <sup>®</sup> ER Tablet - Clinical justification and failure of doxycycline and minocycline required. Limited to a 12 week supply.  tetracycline capsule (generic for Sumycin <sup>®</sup> ) |
|  | tetracycline capsule (generic for Sumycin ) tetracycline tablet (generic for Sumycin * / Panmycin *)  |
|  | Vibramyein* Capsule   |
|  |   |
|  | Antifungals   |
| Preferred  | Non-Preferred   |
| clotrimazole troche / lozenge (generic for Mycelex® Troche)                            | Ancobon® Capsule  |
| fluconazole suspension / tablet (generic for Diflucan®)                                | Brexafemme <sup>®</sup> Tablet  |
|  |   |

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| griseofulvin suspension (generic for Grifulvin V®)   | Cresemba® Capsule   |
|--|---|
| griseofulvin ultra tablet (generic for Gris-Peg <sup>®</sup> )   | Diflucan® Suspension / Tablet   |
| nystatin suspension (generic for Nilstat®)   | flucytosine capsule (generic for Ancobon®)  |
| nystatin tablet (generic for Mycostatin®)  | griseofulvin micro tablets (generic for Grifulvin V*)   |
| terbinafine tablet (generic for Lamisil®)  | itraconazole capsule / solution (generic for Sporanox*)   |
|  | ketoconazole tablet (generic for Nizoral®)  |
|  | Noxafil <sup>®</sup> Suspension / Tablet / DR Suspension Packet  Oravig <sup>®</sup> Buccal Tablet  |
|  | posaconazole tablet / suspension (generic for Noxafil®)   |
|  | Sporanox® Capsule / Solution  |
|  | Tolsura Capsule   |
|  | Vfend Suspension / Tablet   |
|  | Vivjoa® Capsule - Clinical criteria apply   |
|  | voriconazole suspension / tablet (generic for Vfend®)   |
|  |   |
| A  | Antivirals (Hepatitis B Agents)   |
| Preferred  | Non-Preferred   |
| entecavir tablet (generic for Baraclude®)  | adefovir tablet (generic for Hepsera®)  |
| lamivudine HBV tablet (generic for Epivir® HBV)  | Baraclude® Solution / Tablet  |
| Viread® Powder / Tablet  | Vemlidy <sup>®</sup> Tablet   |
|  |   |
|  | Antivirals (Hepatitis C Agents)   |
| Preferred  | Non-Preferred   |
| Pegasys® Syringe / Vial  |   |
| ribavirin capsule / tablet (generic for Copegus®, Rebetol®)  |   |
| Clinical crit  | eria apply to all drugs listed below  |
|  | Tablet / Pellet Pack and sofosbuvir-velpatasvir tablet (generic for Epclusa*)   |
| All genotypes without cirrhosis  | Epclusa* Pellet Pack/Tablet   |
| Mavyret® Tablet (8 weeks of therapy)   | Harvoni® Pellet Pack / Tablet   |
| Mavyret® Pellet Pack   | ledipasvir-sofosbuvir tablet (generic for Harvom <sup>®</sup> )   |
| sofosbuvir-velpatasvir tablet (generic for Epclusa®)   | Sovaldi® Pellet Pack / Tablet   |
|  | Zepatier <sup>®</sup> Tablet  |
| All genotypes with compensated cirrhosis (Child Pugh-A)  |   |
| Mavyret® Tablet (Up to 12 weeks of therapy)  | Ones dess Ne versum and stiene  |
| Mavyret® Pellet Pack   | Open class-No recommendations   |
| sofosbuvir-velpatasvir tablet (generic for Epclusa®)   |   |
|  |   |
|  |   |
| All genotypes previously treated with an HCV regimen containing an NS5A inhibitor or genotype 1a or 3 infection and ha   | ive_  |
| previously been treated with an HCV regimen containing sofosbuvir without an NS5A inhibitor.   | THE .   |
| All genotypes previously treated with an HCV regimen containing an NSSA inhibitor or genotype Ia or 3 infection and ha previously been treated with an HCV regimen containing sofosbuvir without an NSSA inhibitor.  Vosevi <sup>®</sup> Tablet  |   |
| previously been treated with an HCV regimen containing sofosbuvir without an NSSA inhibitor.  Vosevi <sup>TM</sup> Tablet  |   |
| previously been treated with an HCV regimen containing sofosbuvir without an NSSA inhibitor.  Vosevi <sup>TM</sup> Tablet  All genotypes with decompensated cirrhosis  |   |
| previously been treated with an HCV regimen containing sofosbuvir without an NSSA inhibitor.  Vosevi <sup>TM</sup> Tablet  |   |
| previously been treated with an HCV regimen containing sofosbuvir without an NSSA inhibitor.  Vosevi <sup>TM</sup> Tablet  All genotypes with decompensated cirrhosis  sofosbuvir-velpatasvir tablet (generic for Epclusa <sup>®</sup> )   |   |
| previously been treated with an HCV regimen containing sofosbuvir without an NSSA inhibitor.  Vosevi <sup>TN</sup> Tablet  All genotypes with decompensated cirrhosis  sofosbuvir-velpatasvir tablet (generic for Epclusa <sup>®</sup> )  A  | untivirals (Herpes Treatments)  |
| Preferred  Previously been treated with an HCV regimen containing sofosbuvir without an NSSA inhibitor.  Vosevi <sup>®</sup> Tablet  All genotypes with decompensated cirrhosis  sofosbuvir-velpatasvir tablet (generic for Epclusa <sup>®</sup> )  All Preferred  | Antivirals (Herpes Treatments)  Non-Preferred   |
| previously been treated with an HCV regimen containing sofosbuvir without an NSSA inhibitor.  Vosevi <sup>TN</sup> Tablet  All genotypes with decompensated cirrhosis  sofosbuvir-velpatasvir tablet (generic for Epclusa <sup>®</sup> )  A  | untivirals (Herpes Treatments)  |
| previously been treated with an HCV regimen containing sofoshwir without an NSSA inhibitor.  Vosevi <sup>36</sup> Tablet  All genotypes with decompensated cirrhosis sofoshwir-velpatasvir tablet (generic for Epclusa <sup>8</sup> )  Preferred acyclovir capsule / tablet / suspension (generic for Zoviras <sup>8</sup> )   | Antivirals (Herpes Treatments)  Non-Preferred  Sitavig <sup>®</sup> Buccal Tablet   |
| previously been treated with an HCV regimen containing sofosbuvir without an NSSA inhibitor.  Vosevi <sup>76</sup> Tablet  All genotynes with decompensated cirrhosis  sofosbuvir-velpatasvir tablet (generic for Epclusa <sup>8</sup> )  APreferred  acyclovir capsule / tablet / suspension (generic for Zovirax <sup>8</sup> )  famciclovir tablet (generic for Famvir <sup>8</sup> )   | Antivirals (Herpes Treatments)  Non-Preferred  Sitavig <sup>®</sup> Buccal Tablet   |
| previously been treated with an HCV regimen containing sofosbuvir without an NSSA inhibitor.  Vosevi <sup>76</sup> Tablet  All genotynes with decompensated cirrhosis  sofosbuvir-velpatasvir tablet (generic for Epclusa <sup>8</sup> )  APreferred  acyclovir capsule / tablet / suspension (generic for Zovirax <sup>8</sup> )  famciclovir tablet (generic for Famvir <sup>8</sup> )   | Antivirals (Herpes Treatments)  Non-Preferred  Sitavig <sup>®</sup> Buccal Tablet   |
| previously been treated with an HCV regimen containing sofosbuvir without an NSSA inhibitor.  Vosevi <sup>76</sup> Tablet  All genotynes with decompensated cirrhosis  sofosbuvir-velpatasvir tablet (generic for Epclusa <sup>8</sup> )  APreferred  acyclovir capsule / tablet / suspension (generic for Zovirax <sup>8</sup> )  famciclovir tablet (generic for Famvir <sup>8</sup> )   | Antivirals (Herpes Treatments)  Non-Preferred  Sitavig® Buccal Tablet  Valtrex® Caplet  |
| previously been treated with an HCV regimen containing sofosbuvir without an NSSA inhibitor.  Vosevi <sup>TM</sup> Tablet  All genotynes with decompensated cirrhosis  sofosbuvir-velpatasvir tablet (generic for Epclusa <sup>®</sup> )  APreferred  acyclovir capsule / tablet / suspension (generic for Zovirax <sup>®</sup> )  famciclovir tablet (generic for Valtrex <sup>®</sup> )  valacyclovir tablet (generic for Valtrex <sup>®</sup> )  Preferred  oseltamivir phosphate capsule / suspension (generic for Tamiflu <sup>®</sup> )  | Antivirals (Herpes Treatments)  Non-Preferred  Sitavig Buccal Tablet  Valtrex Caplet  Antivirals (Influenza)  Non-Preferred  amantadine tablet (generic for Symmetrel*)   |
| previously been treated with an HCV regimen containing sofosbuvir without an NSSA inhibitor.  Vosevi <sup>36</sup> Tablet  All genotypes with decompensated cirrhosis sofosbuvir-velpatasvir tablet (generic for Epclusa <sup>8</sup> )  APreferred acyclovir capsule / tablet / suspension (generic for Zovirax <sup>8</sup> ) famciclovir tablet (generic for Famvir <sup>8</sup> ) valacyclovir tablet (generic for Valtrex <sup>8</sup> )  Preferred   | Antivirals (Herpes Treatments)  Non-Preferred  Sitavig® Buccal Tablet  Valtrex® Caplet  Antivirals (Influenza)  Non-Preferred  amantadine tablet (generic for Symmetrel®)  Flumadine® Tablet  |
| Preferred acyclovir tablet (generic for Famyir <sup>®</sup> ) valacyclovir tablet (generic for Valtrex <sup>®</sup> )  Preferred acyclovir tablet (generic for Valtrex <sup>®</sup> )  valacyclovir tablet (generic for Famyir <sup>®</sup> ) valacyclovir tablet (generic for Famyir <sup>®</sup> ) valacyclovir tablet (generic for Famyir <sup>®</sup> ) valacyclovir tablet (generic for Famyir <sup>®</sup> ) valacyclovir tablet (generic for Famyir <sup>®</sup> ) imantadine tablet (generic for Flumadine <sup>®</sup> )  | Antivirals (Herpes Treatments)  Non-Preferred  Sitavig® Buccal Tablet  Valtrex® Caplet  Antivirals (Influenza)  Non-Preferred  amantadine tablet (generic for Symmetrel®)  Flumadine® Tablet  Relenza® Diskhaler  |
| previously been treated with an HCV regimen containing sofosbuvir without an NSSA inhibitor.  Vosevi <sup>TM</sup> Tablet  All genotynes with decompensated cirrhosis  sofosbuvir-velpatasvir tablet (generic for Epclusa <sup>®</sup> )  APreferred  acyclovir capsule / tablet / suspension (generic for Zovirax <sup>®</sup> )  famciclovir tablet (generic for Valtrex <sup>®</sup> )  valacyclovir tablet (generic for Valtrex <sup>®</sup> )  Preferred  oseltamivir phosphate capsule / suspension (generic for Tamiflu <sup>®</sup> )  | Antivirals (Herpes Treatments)  Non-Preferred  Sitavig Buccal Tablet  Valtrex Caplet  Antivirals (Influenza)  Non-Preferred  amantadine tablet (generic for Symmetrel Non-Preferred  amantadine Tablet  Relenza Diskhaler  Tamiflu Capsule / Suspension   |
| Preferred acyclovir tablet (generic for Famyir <sup>®</sup> ) valacyclovir tablet (generic for Valtrex <sup>®</sup> )  Preferred acyclovir tablet (generic for Valtrex <sup>®</sup> )  valacyclovir tablet (generic for Famyir <sup>®</sup> ) valacyclovir tablet (generic for Famyir <sup>®</sup> ) valacyclovir tablet (generic for Famyir <sup>®</sup> ) valacyclovir tablet (generic for Famyir <sup>®</sup> ) valacyclovir tablet (generic for Famyir <sup>®</sup> ) imantadine tablet (generic for Flumadine <sup>®</sup> )  | Antivirals (Herpes Treatments)  Non-Preferred  Sitavig® Buccal Tablet  Valtrex® Caplet  Antivirals (Influenza)  Non-Preferred  amantadine tablet (generic for Symmetrel®)  Flumadine® Tablet  Relenza® Diskhaler  |
| Preferred acyclovir tablet (generic for Famyir <sup>®</sup> ) valacyclovir tablet (generic for Valtrex <sup>®</sup> )  Preferred acyclovir tablet (generic for Valtrex <sup>®</sup> )  valacyclovir tablet (generic for Famyir <sup>®</sup> ) valacyclovir tablet (generic for Famyir <sup>®</sup> ) valacyclovir tablet (generic for Famyir <sup>®</sup> ) valacyclovir tablet (generic for Famyir <sup>®</sup> ) valacyclovir tablet (generic for Famyir <sup>®</sup> ) imantadine tablet (generic for Flumadine <sup>®</sup> )  | Antivirals (Herpes Treatments)  Non-Preferred  Sitavig® Buccal Tablet  Valtrex® Caplet  Antivirals (Influenza)  Non-Preferred  amantadine tablet (generic for Symmetrel®)  Flumadine® Tablet  Relenza® Diskhaler  Tamiflu® Capsule / Suspension  Xoftuza® Tablet - T/F of only one preferred drug required  |
| Preferred acyclovir tablet (generic for Earnyir*) valacyclovir tablet (generic for Valtrex*)  Preferred acyclovir tablet (generic for Valtrex*)  Preferred acyclovir tablet (generic for Valtrex*)  Preferred acyclovir tablet (generic for Famyir*) valacyclovir tablet (generic for Valtrex*)  Preferred  Open class-No recommendations  | Antivirals (Herpes Treatments)  Non-Preferred  Sitavig® Buccal Tablet  Valtrex® Caplet  Antivirals (Influenza)  Non-Preferred  amantadine tablet (generic for Symmetrel®)  Flumadine® Tablet  Relenza® Diskhaler  Tamiflu® Capsule / Suspension  Xoftuza® Tablet - T.F. of only one preferred drug required  Antibiotics, Inhaled   |
| Preferred acyclovir tablet (generic for Famivis*) valacyclovir tablet (generic for Valtrex*)  Preferred acyclovir tablet (generic for Valtrex*)  Preferred acyclovir tablet (generic for Famivis*) valacyclovir tablet (generic for Famivis*)  Open class-No recommendations  | Antivirals (Herpes Treatments)  Non-Preferred  Sitavig® Buccal Tablet  Valtrex® Caplet  Antivirals (Influenza)  Non-Preferred  amantadine tablet (generic for Symmetrel®)  Flumadine® Tablet  Relenza® Diskhaler  Tamiflu® Capsule / Suspension  Xoftuza® Tablet - T/F of only one preferred drug required  |
| Preferred  oseltamivir phosphate capsule / suspension (generic for Tamiflu®)  Preferred  oseltamivir phosphate capsule / suspension (generic for Tamiflu®)  Preferred  oseltamivir phosphate capsule / suspension (generic for Tamiflu®)  Preferred  oseltamivir phosphate capsule / suspension (generic for Tamiflu®)  imantadine tablet (generic for Flumadine®)  Open class-No recommendations  T/F o   | Antivirals (Herpes Treatments)  Non-Preferred  Sitavig® Buccal Tablet  Valtrex® Caplet  Antivirals (Influenza)  Non-Preferred  amantadine tablet (generic for Symmetrel®)  Flumadine® Tablet  Relenza® Diskhaler  Tamiflu® Capsule (Suspension  Xoftuza® Tablet -1/% of only one preferred drug required  Antibiotics, Inhaled  of only one preferred drug required  Non-Preferred  Non-Preferred   |
| Preferred acyclovir tablet (generic for Famivis*) valacyclovir tablet (generic for Valtrex*)  Preferred acyclovir tablet (generic for Valtrex*)  Preferred acyclovir tablet (generic for Famivis*) valacyclovir tablet (generic for Famivis*)  Open class-No recommendations  | Antivirals (Herpes Treatments)  Non-Preferred  Sitavig® Buccal Tablet  Valtrex® Caplet  Antivirals (Influenza)  Antivirals (Influenza)  Non-Preferred  amantadine tablet (generic for Symmetrel®)  Flumadine® Tablet  Relenza® Diskhaler  Tamiflu® Capsule / Suspension  Xofluza™ Tablet - T/F of only one preferred drug required  Antibiotics, Inhaled of only one preferred drug required  |
| Preferred acyclovir tablet (generic for Epclusa*)  Preferred acyclovir tablet (generic for Famvir*) valacyclovir tablet (generic for Valtrex*)  Preferred  acyclovir tablet (generic for Valtrex*)  Preferred  acyclovir tablet (generic for Famvir*) valacyclovir tablet (generic for Famvir*) valacyclovir tablet (generic for Famvir*) valacyclovir tablet (generic for Famvir*)  Preferred  oscltamivir phosphate capsule / suspension (generic for Tamiflu*) rimantadine tablet (generic for Flumadine*)  Open class-No recommendations  T/F of Preferred  Kitabis** Pak  | Antivirals (Herpes Treatments)  Non-Preferred Sitavig® Buccal Tablet Valtrex® Caplet  Valtrex® Caplet  Antivirals (Influenza)  Non-Preferred amantadine tablet (generic for Symmetrel®) Flumadine® Tablet Relenza® Diskhaler Tamiflu® Capsule / Suspension Xofluza® Tablet - TF of only one preferred drug required  Antibiotics, Inhaled of only one preferred drug required  Non-Preferred Arikayee® Vial   |
| Preferred acyclovir tablet (generic for Epclusa*)  Preferred acyclovir tablet (generic for Valtrex*)  Preferred acyclovir tablet (generic for Valtrex*)  Preferred acyclovir tablet (generic for Valtrex*)  Preferred acyclovir tablet (generic for Famvir*) valacyclovir tablet (generic for Famvir*) rimantadine tablet (generic for Flumadine*)  Preferred  Statabis**  Preferred  Statabis**  Preferred  Kitabis** Pak Bethkis** Ampule  | Antivirals (Herpes Treatments)    Non-Preferred   |
| Preferred acyclovir tablet (generic for Epclusa*)  Preferred acyclovir tablet (generic for Valtrex*)  Preferred acyclovir tablet (generic for Valtrex*)  Preferred acyclovir tablet (generic for Valtrex*)  Preferred acyclovir tablet (generic for Famvir*) valacyclovir tablet (generic for Famvir*) rimantadine tablet (generic for Flumadine*)  Preferred  Statabis**  Preferred  Statabis**  Preferred  Kitabis** Pak Bethkis** Ampule  | Antivirals (Herpes Treatments)    Non-Preferred   |
| Preferred acyclovir tablet (generic for Epclusa*)  Preferred acyclovir tablet (generic for Valtrex*)  Preferred acyclovir tablet (generic for Valtrex*)  Preferred acyclovir tablet (generic for Valtrex*)  Preferred acyclovir tablet (generic for Famvir*) yalacyclovir tablet (generic for Famvir*) rimantadine tablet (generic for Flumadine*)  Preferred  Statabis**  Preferred  Statabis**  Preferred  Kitabis** Pak  Bethkis** Ampule   | Intivirals (Herpes Treatments)  Non-Preferred  Sitavig® Buccal Tablet  Valtrex® Caplet  Valtrex® Caplet  Antivirals (Influenza)  Non-Preferred  amantadine tablet (generic for Symmetrel®)  Flumadine® Tablet  Relenza® Diskhaler  Tamifla® capsule / Suspension  Xofluza® Tablet - T/F of only one preferred drug required  Antibics, Inhaled  of only one preferred drug required  Artikayee® Vial  Cayston® Solution  tobramyshi inhalation pak (generic for Kitabis®)  Tobi® Podhaler® / Solution   |
| Preferred acyclovir tablet (generic for Epclusa*)  Preferred acyclovir tablet (generic for Valtrex*)  Preferred acyclovir tablet (generic for Valtrex*)  Preferred acyclovir tablet (generic for Valtrex*)  Preferred  All genotypes with decompensated cirrhosis sofosbuvir-velpatasvir tablet (generic for Epclusa*)  APreferred acyclovir capsule / tablet / suspension (generic for Zovirax*) famiciolovir tablet (generic for Valtrex*)  Preferred oseltamivir phosphate capsule / suspension (generic for Tamiflu*) rimantadine tablet (generic for Flumadine*)  Preferred  Kitabis** Pak Bethkis** Ampule tobramycin inhalation solution (generic for Tobi**)   | Intivirals (Herpes Treatments)  Non-Preferred  Sitavig® Buccal Tablet  Valtrex® Caplet  Valtrex® Caplet  Antivirals (Influenza)  Non-Preferred  amantadine tablet (generic for Symmetrel®)  Flumadine® Tablet  Relenza® Diskhaler  Tamifla® capsule / Suspension  Xofluza® Tablet - T/F of only one preferred drug required  Antibics, Inhaled  of only one preferred drug required  Artikayee® Vial  Cayston® Solution  tobramyshi inhalation pak (generic for Kitabis®)  Tobi® Podhaler® / Solution   |
| Preferred acyclovir tablet (generic for Epclusa*)  Preferred acyclovir tablet (generic for Valtrex*)  Preferred acyclovir tablet (generic for Valtrex*)  Preferred acyclovir tablet (generic for Valtrex*)  Preferred acyclovir tablet (generic for Famvir*) valacyclovir tablet (generic for Famvir*) rimantadine tablet (generic for Flumadine*)  Preferred  Statabis**  Preferred  Statabis**  Pak Bethkis** Ampule tobramycin inhalation solution (generic for Tob)**)   | Intivirals (Herpes Treatments)    Non-Preferred   |
| Preferred acyclovir tablet (generic for Epclusa*)  Preferred acyclovir tablet (generic for Valtrex*)  Preferred acyclovir tablet (generic for Valtrex*)  Preferred acyclovir tablet (generic for Valtrex*)  Preferred acyclovir tablet (generic for Famvir*) valacyclovir tablet (generic for Famvir*) rimantadine tablet (generic for Flumadine*)  Preferred  Statabis**  Preferred  Statabis**  Pak Bethkis** Ampule tobramycin inhalation solution (generic for Tob)**)   | Antivirals (Herpes Treatments)    Sitavig® Buccal Tablet  |
| Preferred acyclovir tablet (generic for Epclusa*)  Preferred acyclovir tablet (generic for Valtrex*)  Preferred acyclovir tablet (generic for Valtrex*)  Preferred acyclovir tablet (generic for Valtrex*)  Preferred acyclovir tablet (generic for Famvir*) valacyclovir tablet (generic for Famvir*) rimantadine tablet (generic for Flumadine*)  Preferred  Statabis**  Preferred  Statabis**  Pak Bethkis** Ampule tobramycin inhalation solution (generic for Tob)**)   | Antivirals (Herpes Treatments)  Non-Preferred  Sitavig* Buccal Tablet  Valtrex* Caplet  Antivirals (Influenza)  Antivirals (Influenza)  Non-Preferred  amantadine tablet (generic for Symmetrel*)  Flumadine* Tablet  Rekenza* Diskbaler  Tamitha* Capsule / Suspension  Xofluza** Tablet - T/F of only one preferred drug required  Antibiotics, Inhaled  of only one preferred drug required  Arikayce* Vial  Cayston* Solution  tobramycin inhalation pak (generic for Kitabis**)  Tobi** Podhaler** / Solution  tobramycin annual content of Bethkis)  CHAVIORAL HEALTH  ANTIDEPRESSANTS  Other  Non-Preferred  |
| Preferred  oseltamivir phosphate capsule / suspension (generic for Tobi <sup>36</sup> )  Preferred  oseltamivir phosphate capsule / suspension (generic for Tobi <sup>36</sup> )  Preferred  oseltamivir phosphate capsule / suspension (generic for Tobi <sup>36</sup> )  Preferred  oseltamivir phosphate capsule / suspension (generic for Tobi <sup>36</sup> )  Italiabis Pak  Bethkis Ampule  tobramycin inhalation solution (generic for Tobi <sup>36</sup> )  Preferred  bupropion tablet / SR tablet / XL tablet (generic for Wellbutrin Tablet / SR / XL)   | Antivirals (Herpes Treatments)  Non-Preferred  Sitavig* Buccal Tablet  Valtrex* Caplet  Antivirals (Influenza)  Antivirals (Influenza)  Non-Preferred  amantadine tablet (generic for Symmetrel*)  Flumadine* Tablet  Relenza* Diskhaler  Tamiflu* Capsule / Suspension  Xofluza** Tablet - T/F of only one preferred drug required  Antibiotics, Inhaled  of only one preferred drug required  Arikayce* Vial  Cayston* Solution  tobramycin inhalation pak (generic for Kitabis*)  Tobi** Podhaler** / Solution  tobramycin Ampule (generic for Bethkis)  CHAVIORAL HEALTH  ANTIDEPRESSANTS  Other  Non-Preferred  Non-Preferred  Non-Preferred  Non-Preferred  Non-Preferred  Non-Preferred  Non-Preferred   |
| Preferred  asylovir phosphate capsule / suspension (generic for Tobi <sup>30</sup> )  Preferred  asylovir phosphate capsule / suspension (generic for Tobi <sup>30</sup> )  Preferred  asylovir phosphate capsule / suspension (generic for Tobi <sup>30</sup> )  Preferred  asylovir phosphate capsule / suspension (generic for Tamiflu <sup>8</sup> )  Preferred  asylovir phosphate capsule / suspension (generic for Tamiflu <sup>8</sup> )  Preferred  asylovir phosphate capsule / suspension (generic for Tamiflu <sup>8</sup> )  Preferred  asylovir phosphate capsule / suspension (generic for Tamiflu <sup>8</sup> )  Preferred  Betkis <sup>8</sup> Ampule  tobramycin inhalation solution (generic for Tobi <sup>30</sup> )  Betkis <sup>8</sup> Ampule  tobramycin inhalation solution (generic for Tobi <sup>30</sup> )  Preferred  bupropion tablet / SR tablet / XL tablet (generic for Pristiq <sup>8</sup> )  desvenlafaxine ER tablet (generic for Pristiq <sup>8</sup> ) | Antivirals (Herpes Treatments)  Non-Preferred  Sitavig Buccal Tablet  Valtex Caplet  Antivirals (Influenza)  Non-Preferred  smantadine tablet (generic for Symmetrel*)  Flumadine* Tablet  Relenza* Diskhaler  Tamifla* Capsule/ Suspension  Xofuza* Tablet - TiF of only one preferred drug required  Antibiotics, Inhaled  of only one preferred drug required  Arikayee* Vial  Cayston* Solution  tobramycin inhalation pak (generic for Kitabis*)  Tobi** Podhaler** / Solution  tobramycin inhalation pak (generic for Bethkis)  CHAVIORAL HEALTH  ANTIDEPRESSANTS  Other  Non-Preferred  Aplenzin** Tablet  Aveilty* Tablet   |
| Preferred  oseltamivir phosphate capsule / suspension (generic for Tamiflu®)  Preferred  oseltamivir phosphate capsule / suspension (generic for Tamiflu®)  Preferred  oseltamivir phosphate capsule / suspension (generic for Tamiflu®)  imantadine tablet (generic for Flumdaine®)  Preferred  oseltamivir phosphate capsule / suspension (generic for Tamiflu®)  imantadine tablet (generic for Flumdaine®)  Preferred  Open class-No recommendations  T/F o  Preferred  Kitabis Nampule  tobramycin inhalation solution (generic for Tobi Nampule  Depropion tablet / SR tablet / XL tablet (generic for Pristios Nampule  dosevenlafaxine ER tablet (generic for Cymbalta®)  dulowetine capsule (generic for Cymbalta®)                               | Antivirals (Herpes Treatments)  Non-Preferred  Sitavig **Buscal Tablet  Valtev** Caplet  Antivirals (Influenza)  Antivirals (Influenza)  Non-Preferred  amantadine tablet (generic for Symmetrel*)  Flumadine* Tablet  Relenza* Diskhaler  Tamifu* Capsule / Suspension  Xofuza** Tablet - TiF of only one preferred drug required  Antibiotics, Inhaled  of only one preferred drug required  Arkayce* Vial  Cayston** Solution  tobramycin inhalation pak (generic for Kitabis**)  Toh** Tohalat** /* Solution  tobramycin inhalation pak (generic for Bethkis)  CHAVIORAL HEALTH  ANTIDEPRESSANTS  Other  Non-Preferred  Apenzin** Tablet  Anvelity** Tablet  Anvelity** Tablet  Bupprojou XL tablet (generic for Forfivo** XL)  |
| Preferred  asyclovir tablet (generic for Epclusa*)  Preferred  acyclovir capsule / tablet / suspension (generic for Zovirax*)  famiciolovir tablet (generic for Famvir*)  valacyclovir tablet (generic for Famvir*)  valacyclovir tablet (generic for Famvir*)  rimantadine tablet (generic for Flumadine*)  Preferred  osclamivir phosphate capsule / suspension (generic for Tamiflu*)  rimantadine tablet (generic for Flumadine*)  Preferred  Kitabis Pak  Bethkis* Ampule  tobramycin inhalation solution (generic for Tobi*)  Preferred  bupropion tablet / SR tablet / XL tablet (generic for Pristig*)  desvenlafaxine ER tablet (generic for Pristig*)  desvenlafaxine ER tablet (generic for Pristig*)  Efficor* XR Capsule  Efficor* XR Capsule   | Antivirals (Herpes Treatments)  Non-Preferred  Sitavig® Buccal Tablet  Valuex® Caplet  Antivirals (Influenza)  Non-Preferred  amantadine tablet (generic for Symmetrel®)  Flumatine® Tablet  Relenz® Diskhaker  Tamifi® Capule/ Suspension  Xofluzs® Tablet - TF of only one preferred drug required  Antibiotics, Inhaled  of only one preferred drug required  Non-Preferred  Arkayec® Vial  Cayston® Solution  tobramycin inhalation pak (generic for Kitabis®)  Tobs® Podalac® "Solution  tobramycin inhalation pak (generic for Bethkis)  **HAVIORAL HEALTH**  ANTIDEPRESSANTS  Other  Non-Preferred  Aplenzin® Tablet  Avelity® Tablet  Avelity® Tablet  Avelity® Tablet  Auvelity® Tablet  Bupropion XL tablet (generic for Forfivo® XL)  Cymbala® Capsule   |
| Preferred  | Antivirals (Herpes Treatments)  Non-Preferred  Sitavig Buccal Tablet  Valtece Caplet  Antivirals (Influenza)  Non-Preferred  amantadine tablet (generic for Symmetrel®)  Flunadine Tablet  Relenza® Diskhaler  Tamifla® Capsule / Suspension  Xofuza® Tablet - Tr of only one preferred drug required  Antibiotics, Inhaled  of only one preferred drug required  Arikayce® Vial  Cayston® Solution  tobramycin inhalation pak (generic for Kitabis®)  Toin® Pochaler® / Solution  tobramycin ampule (generic for Bethkis)  HAVIORAL HEALTH  ANTIDEPRESSANTS  Other  Non-Preferred  Aplenzia® Tablet  Auvelig® Tablet  Auvelig® Tablet  Auvelig® Tablet  Bupropion XL tablet (generic for Forfivo® XL)  Cymbalta® Capsule  desvenlasharies ER ablet (generic for Khededa®)  |
| Preferred  | Intivirals (Herpes Treatments)  Non-Preferred  Sitavig Buccal Tablet  Valtree Caplet  Antivirals (Influenza)  Non-Preferred  amantadine tablet (generic for Symnetrel®)  Flunadine Tablet  Relexas® Disklaler  Tamifla Capsule / Suspension  Xofuza® Tablet - T/F of only one preferred drug required  Antibiotics, Inhaled  fonly one preferred drug required  Arikayce® Vial  Cayston® Solution  tobramycin inhalation pak (generic for Kitabis®)  Tobi® Podhaler® / Solution  tobramycin inhalation pak (generic for Bethkis)  EHAVIORAL HEALTH  ANTIDEPRESSANTS  Other  Non-Preferred  Aplenzia® Tablet  Auvelity® Tablet  Bupropion XL tablet (generic for Forfivo® XL)  Cymbalia® Capsule  desvenlafixine ER tablet (generic for Kededzia®)  dellocatine capsule (generic for Forfivo® XL)  Cymbalia® Capsule  desvenlafixine ER tablet (generic for Kededzia®)  dellocatine capsule (generic for Forfivo® XL)  Cymbalia® Capsule  desvenlafixine ER tablet (generic for Forfivo® XL)  Cymbalia® Capsule  desvenlafixine ER tablet (generic for Forfivo® XL)  Cymbalia® Capsule  desvenlafixine ER tablet (generic for Forfivo® XL)  dellocatine capsule (generic for Forfivo® XL) |
| All genotynes with decompensated cirrhosis  Sofosbuvir-velpatasvir tablet (generic for Epclusa*)  Preferred  acyclovir capsule / tablet / suspension (generic for Zovirax*)  famiciolovir tablet (generic for Valtrex*)  Preferred  oseltamivir phosphate capsule / suspension (generic for Tamiflu*)  rimantadine tablet (generic for Flumadine*)  Preferred  Open class-No recommendations  Tiff o  Preferred  Stabias ** Pak  Bethkis* Ampule  tobramycin inhalation solution (generic for Tobi*)  Preferred  bupropion tablet / SR tablet / XL tablet (generic for Wellbutrin* Tablet / SR / XL)  desvenlafaxine ER tablet (generic for Pristiq*)  dulovetine capsule (generic for Pristiq*)  dulovetine capsule (generic for Remeron*)  Naridi* Tablet  phenelzine tablet (generic for Remeron*)  Naridi* Tablet  phenelzine tablet (generic for Remeron*)  Naridi* Tablet  phenelzine tablet (generic for Naridi*)   | Antivirals (Herpes Treatments)  Non-Preferred  Sitavig Buccal Tablet  Valrex Caplet  Antivirals (Influenza)  Non-Preferred  amantadine tablet (generic for Symmetrel*)  Flumadine Tablet Relenar Diskhaler  Tamifu Capsule / Suspension  Xofluz Tablet - The of only one preferred drug required  Antibiotics, Inhaled  of only one preferred drug required  Arity only one preferred frug required  Arity only one preferred drug required  Antipolity Solution  tobramycin inhalation pak (generic for Kitabis*)  Tobi* Podhaler* / Solution  tobramycin Ampule (generic for Bethkis)  CHAVIORAL HEALTH  ANTIDERESSANTS  Other  Non-Preferred  Aplenzin* Tablet  Auvelity* Tablet  Buptopion XL tablet (generic for Forfivo* XL)  Cymbalis* Capsule  desvenlafishine ER ablet (generic for Khelezla*)  dulocetine capsule (generic for Irenka*)  |
| Preferred oselamivir phosphate capsule / suspension (generic for Tamiflu®) rimantadine tablet (generic for Flumadine®)  Open class-No recommendations  Preferred  oselamivir phosphate capsule / suspension (generic for Tamiflu®) rimantadine tablet (generic for Flumadine®)  Preferred  oselamivir phosphate capsule / suspension (generic for Tamiflu®) rimantadine tablet (generic for Flumadine®)  Preferred  oselamivir phosphate capsule / suspension (generic for Tamiflu®) rimantadine tablet (generic for Flumadine®)  Preferred  Stabis® Pak Bethkis® Ampule tobramycin inhalation solution (generic for Tobi®)  BE  Preferred  bupropion tablet / SR tablet / XL tablet (generic for Wellbutrin® Tablet / SR / XL) desvenlafaxine ER tablet (generic for Pristiq®) duloxetine capsule (generic for Cymbalta®) Efficor® XR Capsule  Intervalve (generic for Remeron®) Nardif® Tablet (generic for Remeron®) Nardif® Tablet   | Intivirals (Herpes Treatments)  Non-Preferred  Sitavig Buccal Tablet  Valtree Caplet  Antivirals (Influenza)  Non-Preferred  amantadine tablet (generic for Symmetrel*)  Flunadine Tablet  Relexas* Disklader  Tamifla* Capsule / Suspension  Xofuza** Tablet - T/F of only one preferred drug required  Antibiotics, Inhaled  fonly one preferred drug required  Arikayce* Vial  Cayston* Solution  tobramycin inhalation pak (generic for Kitabis**)  Tobi** Podhaler** / Solution  tobramycin inhalation pak (generic for Bethkis)  EHAVIORAL HEALTH  ANTIDEPRESSANTS  Other  Non-Preferred  Aplexia** Tablet  Auvelity** Tablet  Bupropion XL tablet (generic for Forfivo* XL)  Cymbalia** Capsule  desventlafxine ER tablet (generic for Keledczla*)  dellocatine capsule (generic for Forfivo* XL)  Cymbalia** Capsule  desventlafxine ER tablet (generic for Keledczla*)  dellocatine capsule (generic for Forfivo* XL)  Cymbalia** Capsule  desventlafxine ER tablet (generic for Forfivo* XL)  Cymbalia** Capsule  desventlafxine ER tablet (generic for Keledczla*)  dellocatine capsule (generic for Irenka*)  |

# **DRAFT April 2025 PDL 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

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|   | - <u> </u>   |
|---|--|
| venlafaxine tablet / ER capsules (generic for Effexor®, Effexor® XR)  | Marplan® Tablet  |
| vilazodone tablet (generic for Viibryd®)  | nefazodone tablet (generic for Serzone®)   |
|   | Pristiq <sup>®</sup> ER Tablet   |
|   | Remeron <sup>®</sup> Soltab <sup>™</sup> / Tablet  |
|   | Trintellix® Tablet venlafaxine besylate ER tablet  |
|   | venlafaxine ER tablet  |
|   | Viibryd® Tablet  |
|   | Wellbutrin® SR / XL Tablet   |
|   | Zurzuvae <sup>™</sup> Capsule  |
|   | . ' D (1. 1117). (00D)   |
| Preferred Selective Services  | tonin Reuptake Inhibitor (SSRI)  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*) - T/F of preferred agents not required for children < 18 years of age                                      |
| Paxil® Suspension   | fluvoxamine ER capsule (generic for Luvox CR*)   |
| sertraline concentrated solution / tablet (generic for Zoloft®)   | Lexapro® Tablet paroxetine capsule (generic for Brisdelle®)  |
|   | paroxetine capsine (generic for brisdene )  paroxetine suspension / CR tablet (generic for Paxil® / CR)  |
|   | Paxil® Tablet / CR Tablet  |
|   | Prozac <sup>®</sup> Pulvule  |
|   | sertraline capsule   |
|   | Zoloft <sup>®</sup> Solution / Tablet  |
| 13 1701   | HYPERKINESIS / ADHD  |
| Preferred   | YPERKINESIS / ADHD Non-Preferred   |
| Adderall® Tablet (Generic Product Per FDA)  | 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 <sup>™</sup> Capsule  |
| Aptensio® XR Capsule  | Cotempla <sup>™</sup> XR-ODT   |
| atomoxetine capsule (generic for Strattera®)  | Dexedrine® Spansule®   |
| clonidine ER tablet (generic for Kapvay*)   | dextroamphetamine ER capsule (generic for Dexedrine Spansule)  |
| Concerta® Tablet  Daytrana® Patch   | dextroamphetamine solution (generic for ProCentra®)  Dyanavel® XR Suspension - T/F of preferred agents not required for children < 12 years of age |
| dexmethylphenidate tablet / ER capsule (generic for Focalin® / XR)  | Dyanavel ** XR Tablet  Dyanavel ** XR Tablet   |
| dextroamphetamine tablet (generic for Dexedrine *)  | Evekeo® Tablet / Evekeo® ODT Tablet  |
| Focalin® XR Capsule   | Focalin® Tablet  |
| guanfacine ER tablet (generic for Intuniv®)   | Intuniv <sup>®</sup> Tablet  |
| lisdexamfetamine chewable tablet (generic for Vyvanse®)   | Jornay PM <sup>™</sup> Capsule   |
| Methylin® Solution  | lisdexamfetamine capsule (generic for Vyvanse®)  |
| methylphenidate ER capsule (generic for Aptensio <sup>®</sup> XR) methylphenidate ER tablet (generic for Concerta <sup>®</sup> )                      | methamphetamine tablet (generic for Desoxyn®) methylphenidate CD capsule (generic for Metadate® CD)  |
| methylphenidate tablet / solution (generic for Methylin®, Ritalin®)   | methylphenidate chewable (generic for Methylin*)   |
| Vyvanse® Capsule / Chewable Tablet  | methylphenidate ER tablet (45 mg and 63 mg) (Branded Product Per FDA)  |
|   | methylphenidate LA capsule (generic for Ritalin® LA)   |
|   | methylphenidate patch (generic for Daytrana®)  |
|   | Mydayis <sup>®</sup> ER Capsule  |
|   | Onyda XR Suspension  |
|   | ProCentra <sup>®</sup> Solution  Qelbree <sup>™</sup> Capsule  |
|   | Quillichew® ER Tablet - T/F of preferred agents not required for children < 12 years of age  |
|   | Quillivant® XR Suspension -T/F of preferred agents not required for children < 12 years of age   |
|   | Relexxii <sup>™</sup> ER Tablet  |
|   | Ritalin® LA Capsule  |
|   | Ritalin® Tablet  |
|   | Strattera® Capsule   |
|   | Xelstrym® Patch Zenzedi® Tablet  |
|   | LEVILLOUI AMVIES   |
| INJECTA   | ABLE ANTIPSYCHOTICS  |
|   | jectable Long Acting   |
| Preferred   | Non-Preferred  |
| Abilify Asimtufii* Syringe Kit  |  |
| Abilify Maintena® Syringe / Vial  |  |
| Aristada® / Initio Naryinge  Erzofii® (paliperidone palmitate) extended-release injectable suspension   |  |
| Erzotn® (patipendone palmitate) extended-release injectable suspension  fluphenazine decanoate vial (generic for Prolixin decanoate®)                 |  |
| Haldol® decanoate Ampule  |  |
| haloperidol decanoate ampule / vial (generic for Haldol decanoate®)   |  |
|   |  |
| Invega® Hafyera Prefilled Syringe Kit   |  |
| Invega® Sustenna Prefilled Syringe  |  |
| Invega <sup>®</sup> Sustenna Prefilled Syringe Invega <sup>®</sup> Trinza Syringe   |  |
| Invega® Sustenna Prefilled Syringe Invega® Trinza Syringe Perseris® Syringe   |  |
| Invega® Sustenna Prefilled Syringe Invega® Trinza Syringe Perseris® Syringe Risperdal® Consta Vial  |  |
| Invega® Sustenna Prefilled Syringe Invega® Trinza Syringe Perseri® Syringe Risperdal® Consta Vial risperidone ER vial (generic for Risperdal® Consta) | NTM: Added Erzofri (paliperidone palmitate) extended-release injectable  |
| Invega® Sustenna Prefilled Syringe Invega® Trinza Syringe Perseris® Syringe Risperdal® Consta Vial  | NTM: Added Erzofri (paliperidone palmitate) extended-release injectable  |

# **DRAFT April 2025 PDL Panel Meeting**

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| Zyprexa <sup>®</sup> Relprevv <sup>™</sup> Vial Kit   |  |
|---|--|
|   | TYPICAL ANTIPSYCHOTICS   |
| A   | Oral / Transdermal   |
| T/F   | of only one preferred drug required  |
| Preferred   | Non-Preferred  |
| ripiprazole Tablet / Solution (generic for Abilify®)  | Ability® Tablet / Ability® MyCite® Tablet  |
| asenapine SL tablet (generic for Saphris® SL)   | aripiprazole ODT (generic for Abilify® Discmelt®)  |
| clozapine tablet (generic for Clozaril <sup>®</sup> )  urasidone tablet (generic for Latuda <sup>®</sup> )  | Caplyta <sup>™</sup> Capsule clozapine ODT (generic for FazaClo <sup>®</sup> )   |
| planzapine ODT / tablet (generic for Zyprexa *)   | Clozari® Tablet  |
| paliperidone ER tablet (generic for Invega®)  | Cobenfy  |
| quetiapine tablet / ER tablet (generic for Seroquel® / XR)  | Cobenfy Starter Pack   |
| risperidone ODT / solution / tablet (generic for Risperdal®)  | Fanapt® Tablet / Titration Pack  |
| Symbyax *- Capsule  | Geodon <sup>®</sup> Capsule  |
| Vraylar® Capsule  | Invega® Tablet   |
| riprasidone capsule (generic for Geodon®)   | Latuda® Tablet  Lybalvi™ Tablet  |
|   | Nuplazid Tablet / Capsule  |
| NTM: Added Opipza (Aripiprazole) ODT to non-preferred   | olanzapine-fluoxetine capsule (generic for Symbyax*)   |
| Obsolete: Removed Symbyax® Capsule  | Opipza™ (Aripiprazole) ODT   |
| -   | Rexulti® Tablet / 7-Day Pack / 14-Day Pack   |
|   | Risperdal® Solution / Tablet   |
|   | Saphris® SL Tablet   |
|   | Secuado Patch  |
|   | Seroquel® Tablet / XR Tablet / XR Sample Kit  Versacloz® Suspension  |
|   | Versacioz Suspension Zyprexa® Tablet / Zwdis® Tablet   |
|   | Zyprexa Tablet / Zydis Tablet  |
|   | CARRIOVACCULAR   |
|   | CARDIOVASCULAR ACE INHIBITORS  |
| Preferred   | Non-Preferred  |
| benazepril tablet (generic for Lotensin®)   | Accupril® Tablet   |
| enalapril tablet (generic for Vasotec®)   | Altace® Capsule  |
| isinopril tablet (generic for Prinivil® and Zestril®)   | captopril tablet (generic for Capoten®)  |
| ramipril capsule (generic for Altace®)  | enalapril solution (generic for Epaned®) - T/F of preferred agents not required for children < 12 years of age   |
|   | Epaned* Solution - T/F of preferred agents not required for children < 12 years of age   |
| _   | fosinopril tablet (generic for Monopril®)  |
| Open class-No recommendations —   | Lotensin Tablet  |
| <u> </u>  | moexipril tablet (generic for Univasc*)  Qbrelis* Solution - T/F of preferred agents not required for children < 12 years of age   |
|   | perindopril tablet (generic for Accon®)  |
|   | quinapril tablet (generic for Accupril <sup>®</sup> )  |
|   | trandolapril tablet (generic for Mavik <sup>®</sup> )  |
|   | Vasotec <sup>®</sup> Tablet  |
|   | Zestril <sup>®</sup> Tablet  |
| ACE INHIBITOR / CA  | ALCIUM CHANNEL BLOCKER COMBINATIONS  |
| Preferred   | Non-Preferred  |
| amlodipine-benazepril capsule (generic for Lotrel®)   | Lotrel® Capsule  |
|   | trandolapril-verapamil ER tablet (generic for Tarka®)  |
| Open class-No recommendations   |  |
|   |  |
|   |  |
| ACEBUR  | IDITOD / DILIDETIC COMBINATIONS  |
|   | IBITOR / DIURETIC COMBINATIONS  Non-Preferred  |
| Preferred   | Non-Preferred  |
| Preferred  malapril-HCTZ tablet (generic for Vaseretic®)  |  |
| Preferred enalapril-HCTZ tablet (generic for Vaseretic*)  | Non-Preferred  Accuretic® Tablet benazepril-HCTZ tablet (generic for Lotensin® HCT) captopril-HCTZ tablet (generic for Capozide®)  |
| Preferred enalapril-HCTZ tablet (generic for Vaseretic*)  | Non-Preferred  Accuretie® Tablet benazepril-HCTZ tablet (generic for Lotensin® HCT) captopril-HCTZ tablet (generic for Capozide®) fosinopril-HCTZ tablet (generic for Monopril® HCT)   |
| Preferred enalapril-HCTZ tablet (generic for Vaseretic*)  | Non-Preferred  Accuretic® Tablet benazepril-HCTZ tablet (generic for Lotensin® HCT) captopril-HCTZ tablet (generic for Capozide®) fosinopril-HCTZ tablet (generic for Monopril® HCT) Lotensin® HCT Tablet  |
| Preferred enalapril-HCTZ tablet (generic for Vaseretic*)  | Non-Preferred  Accuretic® Tablet benazepril-HCTZ tablet (generic for Lotensin® HCT) captopril-HCTZ tablet (generic for Capozide®) fosimopril-HCTZ tablet (generic for Monopri® HCT) Lotensin® HCT Tablet quinapril-HCTZ tablet (generic for Accuretic®, Quinaretic®)   |
| Preferred  malapril-HCTZ tablet (generic for Vaseretic®)  | Non-Preferred  Accuretic® Tablet benazepril-HCTZ tablet (generic for Lotensin® HCT) captopril-HCTZ tablet (generic for Capozide®) fosinopril-HCTZ tablet (generic for Monopril® HCT) Lotensin® HCT Tablet quinapril-HCTZ tablet (generic for Accuretic®, Quinaretic®) Vaseretic® Tablet  |
| Preferred  malapril-HCTZ tablet (generic for Vaseretic®)  | Non-Preferred  Accuretic® Tablet benazepril-HCTZ tablet (generic for Lotensin® HCT) captopril-HCTZ tablet (generic for Capozide®) fosimopril-HCTZ tablet (generic for Monopri® HCT) Lotensin® HCT Tablet quinapril-HCTZ tablet (generic for Accuretic®, Quinaretic®)   |
| Preferred  malapril-HCTZ tablet (generic for Vaseretic*)  isinopril-HCTZ tablet (generic for Prinzide*, Zestoretic*)  | Non-Preferred  Accuretic® Tablet benazepril-HCTZ tablet (generic for Lotensin® HCT) captopril-HCTZ tablet (generic for Capozide®) fosinopril-HCTZ tablet (generic for Monopril® HCT) Lotensin® HCT Tablet quinapril-HCTZ tablet (generic for Accuretic®, Quinaretic®) Vaseretic® Tablet  |
| Preferred  malapril-HCTZ tablet (generic for Vaseretic*)  isinopril-HCTZ tablet (generic for Prinzide*, Zestoretic*)  | Non-Preferred  Accuretic® Tablet benazepri-HcTZ tablet (generic for Lotensin® HCT) captopril-HCTZ tablet (generic for Capozide®) fosinopril-HcTZ tablet (generic for Monopril® HCT) Lotensin® HCT Tablet quinapril-HCTZ tablet (generic for Accuretic®, Quinaretic®) Vascretic® Tablet Zestoretic® Tablet  |
| Preferred  nalapril-HCTZ tablet (generic for Vaseretic®) isinopril-HCTZ tablet (generic for Prinzide®, Zestoretic®)  ANGIO  Preferred  rbesartan tablet (generic for Avapro®)   | Non-Preferred  Accuretic® Tablet benazepril-HCTZ tablet (generic for Lotensin® HCT) captopril-HCTZ tablet (generic for Capozide®) fosinopril-HCTZ tablet (generic for Monopril® HCT) Lotensin® HCT Tablet quinapril-HCTZ tablet (generic for Monopril® HCT)  Vaseretic® Tablet Zestoretic® Tablet Zestoretic® Tablet  Non-Preferred  Atacand® Tablet   |
| Preferred enalapril-HCTZ tablet (generic for Vascretic*) lisinopril-HCTZ tablet (generic for Prinzide*, Zestoretic*)  ANGIO Preferred irbesartan tablet (generic for Avapro*) losartan tablet (generic for Avapro*)   | Non-Preferred  Accuretic® Tablet benazepri-HcTZ tablet (generic for Lotensin® HCT) captopril-HcTZ tablet (generic for Capozide®) fosinopril-HcTZ tablet (generic for Monopril® HCT) Lotensin® HCT Tablet quinapril-HcTZ tablet (generic for Accuretic®, Quinaretic®) Vaseretic® Tablet Zestoretic® Tablet Zestoretic® Tablet  Non-Preferred  Atacand® Tablet  Avapro® Tablet   |
| Preferred enalapril-HCTZ tablet (generic for Vascretic*) lisinopril-HCTZ tablet (generic for Prinzide*, Zestoretic*)  ANGIO  Preferred  irbesartan tablet (generic for Avapro*) lossartan tablet (generic for Cozan*) olmesartan tablet (generic for Gozan*)                                      | Non-Preferred  Accuretic® Tablet benazepril-HCTZ tablet (generic for Lotensin® HCT) captopril-HCTZ tablet (generic for Capozide®) fosinopril-HCTZ tablet (generic for Monopril® HCT) Lotensin® HCT Tablet quinapril-HCTZ tablet (generic for Accuretic®, Quinaretic®) Vascretic® Tablet Zestoretic® Tablet  Zestoretic® Tablet  Non-Preferred  Atacand® Tablet Avapro® Tablet Benica® Tablet  Benica® Tablet   |
| Preferred  nalapril-HCTZ tablet (generic for Vascretic*)  isinopril-HCTZ tablet (generic for Prinzide*, Zestoretic*)  ANGIO  Preferred  rbesartan tablet (generic for Avapro*)  lossartan tablet (generic for Ozapr*)  slmesartan tablet (generic for Gozapr*)                                    | Non-Preferred  Accuretic® Tablet benazepril-HCTZ tablet (generic for Lotensin® HCT) captopril-HCTZ tablet (generic for Capozide®) fosinopril-HCTZ tablet (generic for Monopril® HCT) Lotensin® HCT Tablet quinapril-HCTZ tablet (generic for Monopril® HCT) Lotensin® HCT tablet quinapril-HCTZ tablet (generic for Accuretic®, Quinaretic®) Vascretic® Tablet Zestoretic® Tablet  DTENSIN II RECEPTOR BLOCKERS  Non-Preferred Atacand® Tablet Avapro® Tablet Benica® Tablet Benica® Tablet candesartan tablet (generic for Atacand®)  |
| Preferred  nalapril-HCTZ tablet (generic for Vascretic*)  isinopril-HCTZ tablet (generic for Prinzide*, Zestoretic*)  ANGIO  Preferred  rbesartan tablet (generic for Avapro*)  lossartan tablet (generic for Ozapr*)  slmesartan tablet (generic for Gozapr*)                                    | Non-Preferred  Accuretic® Tablet benazepril-HCTZ tablet (generic for Lotensin® HCT) captopril-HCTZ tablet (generic for Capozide®) fosinopril-HCTZ tablet (generic for Monopril® HCT) Lotensin® HCT Tablet quinapril-HCTZ tablet (generic for Accuretic®, Quinaretic®) Vaseretic® Tablet Zestoretic® Tablet Zestoretic® Tablet  Non-Preferred  Atacand® Tablet Avapoo® Tablet Benicar® Tablet Benicar® Tablet candesartan tablet (generic for Atacand®) Cozaar® Tablet Cozaar® Tablet   |
| Preferred enalapril-HCTZ tablet (generic for Vascretic*) lisinopril-HCTZ tablet (generic for Prinzide*, Zestoretic*)  ANGIO  Preferred  irbesartan tablet (generic for Avapro*) lossartan tablet (generic for Cozan*) olmesartan tablet (generic for Gozan*)                                      | Non-Preferred  Accuretic® Tablet benazepril-HCTZ tablet (generic for Lotensin® HCT) captopril-HCTZ tablet (generic for Capozide®) fosinopril-HCTZ tablet (generic for Monopril® HCT) Lotensin® HCT Tablet quinapril-HCTZ tablet (generic for Accuretic®, Quinaretic®) Vaseretic® Tablet Zestoretic® Tablet  Zestoretic® Tablet  Non-Preferred  Atacand® Tablet Avapro® Tablet Benica® Tablet Cozara® Tablet candesartan tablet (generic for Atacand®) Cozara® Tablet Diovan® Tablet  |
| Preferred enalapril-HCTZ tablet (generic for Vascretic®) lisinopril-HCTZ tablet (generic for Prinzide®, Zestoretic®)  ANGIO Preferred irbesartan tablet (generic for Avapro®)   | Non-Preferred  Accuretic® Tablet benazepril-HCTZ tablet (generic for Lotensin® HCT) captopril-HCTZ tablet (generic for Capozide®) fosinopril-HCTZ tablet (generic for Monopril® HCT) Lotensin® HCT Tablet quinapril-HCTZ tablet (generic for Accuretic®, Quinaretic®) Vaseretic® Tablet Zestoretic® Tablet Zestoretic® Tablet  Zestoretic® Tablet  Non-Preferred  Atacand® Tablet Avapro® Tablet Benicar® Tablet candesartan tablet (generic for Atacand®) Cozaar® Tablet Diovan® Tablet Diovan® Tablet Edarbi® Tablet   |
| Preferred enalapril-HCTZ tablet (generic for Vascretic*) lisinopril-HCTZ tablet (generic for Prinzide*, Zestoretic*)  ANGIO  Preferred  irbesartan tablet (generic for Avapro*) losartan tablet (generic for Cozaar*) olmesartan tablet (generic for Gozaar*)                                     | Non-Preferred  Accuretic® Tablet benazepril-HCTZ tablet (generic for Lotensin® HCT) captopril-HCTZ tablet (generic for Capozide®) fosinopril-HCTZ tablet (generic for Monopril® HCT) Lotensin® HCT Tablet quinapril-HCTZ tablet (generic for Accuretic®, Quinaretic®) Vaseretic® Tablet Zestoretic® Tablet  Zestoretic® Tablet  Non-Preferred  Atacand® Tablet Avapro® Tablet Benica® Tablet Cozara® Tablet candesartan tablet (generic for Atacand®) Cozara® Tablet Diovan® Tablet  |
| Preferred enalapril-HCTZ tablet (generic for Vascretic*) lisinopril-HCTZ tablet (generic for Prinzide*, Zestoretic*)  ANGIO  Preferred  irbesartan tablet (generic for Avapro*) losartan tablet (generic for Cozaar*) olmesartan tablet (generic for Gozaar*)                                     | Non-Preferred  Accuretic® Tablet benazepril-HCTZ tablet (generic for Lotensin® HCT) captopril-HCTZ tablet (generic for Capozide®) fosinopril-HCTZ tablet (generic for Monopril® HCT) Lotensin® HCT Tablet quinapril-HCTZ tablet (generic for Monopril® HCT) Lotensin® HCT Tablet quinapril-HCTZ tablet (generic for Accuretic®, Quinaretic®) Vascretic® Tablet Zestoretic® Tablet  DTENSIN II RECEPTOR BLOCKERS  Non-Preferred  Atacand® Tablet Avapro® Tablet Benicar® Tablet candesartan tablet (generic for Atacand®) Cozaar® Tablet Diovan® Tablet Diovan® Tablet Edarb® Tablet Egeneric for Teveten®)   |
| Preferred enalapril-HCTZ tablet (generic for Vascretic*) lisinopril-HCTZ tablet (generic for Prinzide*, Zestoretic*)  ANGIO  Preferred  irbesartan tablet (generic for Avapro*) lossartan tablet (generic for Cozan*) olmesartan tablet (generic for Gozan*)                                      | Non-Preferred  Accuretic® Tablet benazepril-HCTZ tablet (generic for Lotensin® HCT) captopril-HCTZ tablet (generic for Capozide®) fosinopril-HCTZ tablet (generic for Monopril® HCT) Lotensin® HCT Tablet quinapril-HCTZ tablet (generic for Accuretic®, Quinaretic®) Vaseretic® Tablet Zestoretic® Tablet Zestoretic® Tablet  Zestoretic® Tablet  Non-Preferred  Atacand® Tablet Avapro® Tablet Benica® Tablet Benica® Tablet  Benica® Tablet Cozaa® Tablet Diovan® Tablet Edarb® Tablet Edarb® Tablet  Edarb® Tablet  Avapro® Tablet Diovan® Tablet Edarb® Tablet  |
| Preferred  malapril-HCTZ tablet (generic for Vaseretic®) isinopril-HCTZ tablet (generic for Prinzide®, Zestoretic®)  ANGIO  Preferred  rbesartan tablet (generic for Avapro®) osartan tablet (generic for Gozan®) olimesartan tablet (generic for Diovan®)  alsartan tablet (generic for Diovan®) | Non-Preferred  Accuretic® Tablet benazepril-HCTZ tablet (generic for Lotensin® HCT) captopril-HCTZ tablet (generic for Capozide®) fosinopril-HCTZ tablet (generic for Monopril® HCT) Lotensin® HCT Tablet quinapril-HCTZ tablet (generic for Monopril® HCT)  Vascretic® Tablet Zestoretic® Tablet Zestoretic® Tablet  Atacand® Tablet Atacand® Tablet Avapro® Tablet Benicar® Tablet Benicar® Tablet Copar® Tablet Copar |

# **DRAFT April 2025 PDL 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. For drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at: <a href="https://www.nctracks.nc.gov/content/public/providers/pharmacy.html">https://www.nctracks.nc.gov/content/public/providers/pharmacy.html</a>

|  | ov/providers/programs-services/prescription-drugs/outpatient-pharmacy-services   |
|--|--|
| Preferred  | Non-Preferred  |
| amlodipine-olmesartan tablet (generic for Azor®)   | Azor® Tablet   |
| amlodipine-valsartan tablet (generic for Exforge®)   | Exforge® Tablet / HCT Tablet   |
| amlodipine-valsartan-HCTZ tablet (generic for Exforge® HCT)  | telmisartan-amlodipine tablet (generic for Twynsta <sup>®</sup> )  |
| olmesartan-amlodipine-HCTZ tablet (generic for Tribenzor®)   | Tribenzor® Tablet  |
|  |  |
|  | OR BLOCKER DIURETIC COMBINATIONS   |
| Preferred  | Non-Preferred  |
| irbesartan-HCTZ tablet (generic for Avalide®)  | Atacand® HCT Tablet  |
| losartan-HCTZ tablet (generic for Hyzaar®)   | Avalide® Tablet  |
| olmesartan-HCTZ tablet (generic for Benicar® HCT) valsartan-HCTZ tablet (generic for Diovan® HCT)  | Benicar® HCT Tablet  |
| vaisanan-nc.12 tablet (generic for Diovan Inc.1)   | candesartan-HCTZ tablet (generic for Atacand® HCT) Diovan® HCT Tablet  |
|  | Edarbyclor® Tablet   |
|  | Hyzar <sup>®</sup> Tablet  |
|  | Micardis® HCT Tablet   |
|  | telmisartan-HCTZ tablet (generic for Micardis® HCT)  |
|  | R / NEPRILYSIN BLOCKER COMBINATIONS  |
| Preferred  | Non-Preferred  |
| Entresto® Tablet   | Entresto® (sacubitril / valsartan) Sprinkle Pellet-T/F of preferred agents not required for children < 12 years of age   |
| NITRAL Added as subitatil and valoration tablet (source is for   | sacubitril and valsartan tablet (generic for Entresto®)  |
| NTM: Added sacubitril and valsartan tablet (generic for  |  |
|  |  |
| AN   | I<br>TI-ARRHYTHMICS  |
| Preferred  | Non-Preferred  |
| amiodarone tablet (generic for Cordarone )   | Multaq® Tablet   |
| disopyramide capsule (generic for Norpace®)  | Norpace® Capsule / CR Capsule  |
| dofetilide capsule (generic for Tikosyn®)  | Pacerone® Tablet   |
| flecainide tablet (generic for Tambocor®)  | quinidine gluconate ER tablet (generic for Quinaglute DuraTabs®)   |
| mexiletine capsule (generic for Mexitil®)  | Rythmol SR* Capsule  |
| propafenone tablet (generic for Rythmol®)  | Tikosyn® Capsule   |
| propafenone SR capsule (generic for Rythmol SR*)  Obsolete: Removed R*   | ythmol SR® Capsule   |
| quinidine sulfate tablet (generic for Quinidex® Tablet)  |  |
|  |  |
|  | BETA BLOCKERS  |
| Preferred  | Non-Preferred  |
| atenolol tablet (generic for Tenormin®)  | acebutolol capsule (generic for Sectral®)  |
| carvedilol tablet (generic for Coreg®)   | Betapace® Tablet / AF Tablet   |
| Hemangeol® Solution  | betaxolol tablet (generic for Kerlone <sup>®</sup> )   |
| labetalol tablet (generic for Trandate®)   | bisoprolol tablet (generic for Zebeta*)  |
| metoprolol succinate XL tablet (generic for Toprol XL®)  | Bystolic <sup>®</sup> Tablet   |
|  | carvedilol ER capsule (generic for Coreg® CR Capsule)  |
| metoprolol tartrate tablet (generic for Lopressor®)  |  |
| nebivolol tablet (generic for Bystolic®)   | Coreg® Tablet / CR Capsule   |
| nebivolol tablet (generic for Bystolie <sup>®</sup> ) propranolol solution / tablet / ER capsule (generic for Inderal <sup>®</sup> )   | Coreg <sup>®</sup> Tablet / CR Capsule   |
| nebivolol tablet (generic for Bystolie <sup>®</sup> ) propranolol solution / tablet / ER capsule (generic for Inderat <sup>®</sup> ) Sorine <sup>®</sup> Tablet  | Coreg <sup>®</sup> Tablet / CR Capsule <del>Corgan<sup>®</sup> Tablet</del> Inderal <sup>®</sup> LA Capsule / XL Capsule   |
| nebivolol tablet (generic for Bystolie <sup>®</sup> ) propranolol solution / tablet / ER capsule (generic for Inderal <sup>®</sup> )   | Coreg <sup>®</sup> Tablet / CR Capsule <del>Corgan<sup>®</sup> Tablet</del> Inderal <sup>®</sup> LA Capsule / XL Capsule Innopran <sup>®</sup> XL Capsule  |
| nebivolol tablet (generic for Bystolie <sup>®</sup> ) propranolol solution / tablet / ER capsule (generic for Inderat <sup>®</sup> ) Sorine <sup>®</sup> Tablet  | Coreg® Tablet / CR Capsule  Corgant Tablet Inderal® LA Capsule / XL Capsule Innopran® XL Capsule  Kapspargo™ Sprinkle - T/F of preferred agents not required for children < 12 years of age  |
| nebivolol tablet (generic for Bystolie <sup>®</sup> ) propranolol solution / tablet / ER capstule (generic for Inderat <sup>®</sup> ) Sorine <sup>®</sup> Tablet sotalol tablet / AF tablet (generic for Betapace <sup>®</sup> / AF, Sorine <sup>®</sup> )   | Coreg® Tablet / CR Capsule  Corgant Tablet  Inderat® LA Capsule / XL Capsule  Innoprat® XL Capsule   XL Capsule  Kapspargo Sprinkle - T/F of preferred agents not required for children < 12 years of age  Lopressor® Tablet   |
| nebivolol tablet (generic for Bystolie <sup>®</sup> ) propranolol solution / tablet / ER capsule (generic for Inderat <sup>®</sup> ) Sorine <sup>®</sup> Tablet  | Coreg® Tablet / CR Capsule  Corgant Tablet Inderal® LA Capsule / XL Capsule Innopran® XL Capsule  Kapspargo™ Sprinkle - T/F of preferred agents not required for children < 12 years of age  |
| nebivolol tablet (generic for Bystolie <sup>®</sup> ) propranolol solution / tablet / ER capstule (generic for Inderat <sup>®</sup> ) Sorine <sup>®</sup> Tablet sotalol tablet / AF tablet (generic for Betapace <sup>®</sup> / AF, Sorine <sup>®</sup> )   | Corga® Tablet  Corgam Tablet  Inderal® LA Capsule / XL Capsule  Innopran® XL Capsule / XL Capsule  Kapspargo™ Sprinkle - T/F of preferred agents not required for children < 12 years of age  Lopresso® Tablet  nadelol tablet (generic for Corgand®) prindolol tablet (generic for Visken®)  Soylize® Solution  |
| nebivolol tablet (generic for Bystolic®) propranolol solution / tablet / ER capsule (generic for Inderat®) Sorine® Tablet sotalol tablet / AF tablet (generic for Betapace® / AF, Sorine®)   | Corge® Tablet / CR Capsule  Corgant Tablet  Inderat® LA Capsule / XL Capsule  Innopran® XL Capsule / XL Capsule  Kapspargo™ Sprinkle - 17/F of preferred agents not required for children < 12 years of age  Lopressor® Tablet nadolol tablet (generic for Corgard®) pindolol tablet (generic for Visken®)  Sotylize® Solution  Tenormin® Tablet   |
| nebivolol tablet (generic for Bystolic®) propranolol solution / tablet / ER capsule (generic for Inderat®) Sorine® Tablet sotalol tablet / AF tablet (generic for Betapace® / AF, Sorine®)   | Coreg® Tablet / CR Capsule  Corgant Tablet  Inderat® LA Capsule / XL Capsule  Innopran® XL Capsule / XL Capsule  Kapspargo® Sprinkle - T/F of preferred agents not required for children < 12 years of age  Lopressor® Tablet  nadolol tablet (generic for Corgant®)  pindolol tablet (generic for Visken®)  Sotylize® Solution  Tenormin® Tablet  timolol tablet (generic for Blocadren®)   |
| nebivolol tablet (generic for Bystolic®) propranolol solution / tablet / ER capsule (generic for Inderat®) Sorine® Tablet sotalol tablet / AF tablet (generic for Betapace® / AF, Sorine®)   | Corge® Tablet / CR Capsule  Corgant Tablet  Inderat® LA Capsule / XL Capsule  Innopran® XL Capsule / XL Capsule  Kapspargo™ Sprinkle - 17/F of preferred agents not required for children < 12 years of age  Lopressor® Tablet nadolol tablet (generic for Corgard®) pindolol tablet (generic for Visken®)  Sotylize® Solution  Tenormin® Tablet   |
| nebivolol tablet (generic for Bystolie®) propranolol solution / tablet / ER capsule (generic for Inderal®) Sorine® Tablet sotalol tablet / AF tablet (generic for Betapace® / AF, Sorine®)  Obsolete: Removed Corgard® Tablet  | Corge® Tablet / CR Capsule  CorgenTablet Inderal® LA Capsule / XL Capsule Innopran® XL Capsule / XL Capsule  Kapspargo™ Sprinkle - T/F of preferred agents not required for children < 12 years of age  Lopressor® Tablet nadolol tablet (generic for Corgard®) prindolol tablet (generic for Visken®)  Sotylize® Solution  Tenormin® Tablet timolol tablet (generic for Blocadren®) Toprol XL® Tablet   |
| nebivolol tablet (generic for Bystolie®) propranolol solution / tablet / ER capsule (generic for Inderal®) Sorine® Tablet sotalol tablet / AF tablet (generic for Betapace® / AF, Sorine®)  Obsolete: Removed Corgard® Tablet  BETA BLOCK  | Corge® Tablet / CR Capsule  CorgenT Tablet Inderaf® LA Capsule / XL Capsule Innopran® XL Capsule / XL Capsule  Kapspargo™ Sprinkle - T/F of preferred agents not required for children < 12 years of age  Lopressor® Tablet nadolol tablet (generic for Corgard®) pindolol tablet (generic for Visken®) Sotylize® Solution  Tenormin® Tablet timolol tablet (generic for Blocadren®) Toprol XL® Tablet  ER DIURETIC COMBINATIONS   |
| nebivolol tablet (generic for Bystolie*) propranolol solution / tablet / ER capsule (generic for Inderal*) Sorine* Tablet sotalol tablet / AF tablet (generic for Betapace* / AF, Sorine*)  Obsolete: Removed Corgard* Tablet  BETA BLOCK Preferred  | Corge® Tablet / CR Capsule  CorgenTablet Inderaf® LA Capsule / XL Capsule Innopan® XL Capsule   XL Capsule  Kapspargo™ Sprinkle - T/F of preferred agents not required for children < 12 years of age  Lopressor® Tablet nadolol tablet (generic for Corgard®) pindolol tablet (generic for Visken®) Solylize® Solution  Tenormin® Tablet timolol tablet (generic for Blocadren®) Toprol XL® Tablet  ER DIURETIC COMBINATIONS  Non-Preferred   |
| nebivolol tablet (generic for Bystolie®) propranolol solution / tablet / ER capsule (generic for Inderal®) Sorine® Tablet sotalol tablet / AF tablet (generic for Betapace® / AF, Sorine®)  Obsolete: Removed Corgard® Tablet  BETA BLOCK  | Corge® Tablet / CR Capsule  CorgenT Tablet Inderal® LA Capsule / XL Capsule Innopran® XL Capsule / XL Capsule  Kapspargo™ Sprinkle - T/F of preferred agents not required for children < 12 years of age  Lopressor® Tablet nadolol tablet (generic for Corgard®) pindolol tablet (generic for Visken®) Sotylize® Solution  Tenormin® Tablet timolol tablet (generic for Blocadren®) Toprol XL® Tablet  ER DIURETIC COMBINATIONS   |
| nebivolol tablet (generic for Bystolic®) propranolol solution / tablet / ER capsule (generic for Inderal®) Sorine® Tablet sotalol tablet / AF tablet (generic for Betapace® / AF, Sorine®)  Obsolete: Removed Corgard® Tablet  BETA BLOCK Preferred atenolol-chlorthalidone tablet (generic for Tenoretic®)  | Corga® Tablet / CR Capsule  Corgam® Tablet Inderal® LA Capsule / XL Capsule Innopran® XL Capsule / XL Capsule  Kapspargo™ Sprinkle - T/F of preferred agents not required for children < 12 years of age Lopresso® Tablet Indeal® Lopresso® Lopre |
| nebivolol tablet (generic for Bystolic®) propranolol solution / tablet / ER capsule (generic for Inderal®) Sorine® Tablet sotalol tablet / AF tablet (generic for Betapace® / AF, Sorine®)  Obsolete: Removed Corgard® Tablet  BETA BLOCK Preferred atenolol-chlorthalidone tablet (generic for Tenoretic®)  | Corga® Tablet / CR Capsule Corgam* Tablet Indensi® LA Capsule / XL Capsule Innopram® XL Capsule / XL Capsule Kapspargo™ Sprinkle - T/F of preferred agents not required for children < 12 years of age Lopresso® Tablet nadelol tablet (generic for Corgand®) pindolol tablet (generic for Visken®) Sotylize® Solution Tenormin® Tablet timolol tablet (generic for Blocadren®) Toprol XL® Tablet  ER DIURETIC COMBINATIONS  Non-Preferred metoprolol-HCTZ tablet (generic for Lopressor® HCT) propranolol-HCTZ tablet (generic for Inderide®)   |
| nebivolol tablet (generic for Bystolie*) propranolol solution / tablet / ER capsule (generic for Inderal*) Sorine* Tablet sotalol tablet / AF tablet (generic for Betapace* / AF, Sorine*)  Obsolete: Removed Corgard* Tablet  Obsolete: Removed Corgard* Tablet  BETA BLOCK  Preferred atenolol-chlorthalidone tablet (generic for Tenoretic*) bisoprolol-HCTZ tablet (generic for Tenoretic*)  | Corga® Tablet Corgam* Tablet Inderal® LA Capsule / XL Capsule Innopran® XL Capsule / XL Capsule Kapspargo® Sprinkle - T/F of preferred agents not required for children < 12 years of age Lopresso® Tablet nadolot lablet (generic for Corgard®) pindolot lablet (generic for Visken®) Sotylize® Solution Tenormin® Tablet timolot lablet (generic for Blocadren®) Toprol XL® Tablet  ER DIRETIC COMBINATIONS  Non-Preferred metoprolot-HCTZ tablet (generic for Lopressor® HCT) propranolot-HCTZ tablet (generic for Inderide®) Tenoreic® Tablet  Tenoreic® Tablet  |
| nebivolol tablet (generic for Bystolic®) propranolol solution / tablet / ER capsule (generic for Inderal®) Sorine® Tablet Sorine® Tablet Sorialol tablet / AF tablet (generic for Betapace® / AF, Sorine®)  Obsolete: Removed Corgard® Tablet  BETA BLOCK  Preferred atenolol-chlorthalidone tablet (generic for Tenoretic®) bisoprolol-HCTZ tablet (generic for Tenoretic®) BILE  | Corga® Tablet Corgam* Tablet Inderal® LA Capsule / XL Capsule Innopran® XL Capsule / XL Capsule Kapspargo™ Sprinkle - T/F of preferred agents not required for children < 12 years of age Lopresso® Tablet nadelol tablet (generic for Corgand®) pindolol tablet (generic for Visken®) Sotylize® Solution Tenormin® Tablet timolol tablet (generic for Blocadren®) Toprol XL® Tablet  ER DIURETIC COMBINATIONS  Non-Preferred metoprolol-HCTZ tablet (generic for Lopressor® HCT) propranolol-HCTZ tablet (generic for Inderide®) Tenoretic® Tablet  Ziac® Tablet  ACID SEQUESTRANTS   |
| nebivolol tablet (generic for Bystolie®) propranolol solution / tablet / ER capsule (generic for Inderal®) Sorine® Tablet sotalol tablet / AF tablet (generic for Betapace® / AF, Sorine®)  Obsolete: Removed Corgard® Tablet  BETA BLOCK Preferred atenolol-chlorthalidone tablet (generic for Tenoretic®) bisoprolol-HCTZ tablet (generic for Tenoretic®) BILE Preferred   | Corge® Tablet / CR Capsule  Corgen® Tablet Inderal® LA Capsule / XL Capsule Innopran® XL Capsule   XL Capsule  Kapspargo™ Sprinkle - T/F of preferred agents not required for children < 12 years of age  Lopresso® Tablet nadolol tablet (generic for Corgard®) prindolol tablet (generic for Visken®)  Sotylize® Solution  Tenormin® Tablet timolol tablet (generic for Blocadren®) Toprol XL® Tablet  ER DIURETIC COMBINATIONS  Non-Preferred  metoprolol-HCTZ tablet (generic for Lopressor® HCT) propranolol-HCTZ tablet (generic for Inderide®)  Tenoretic® Tablet  Ziac® Tablet  ACID SEQUESTRANTS  Non-Preferred   |
| nebivolol tablet (generic for Bystolie®) propranolol solution / tablet / ER capsule (generic for Inderal®) Sorine® Tablet sotalol tablet / AF tablet (generic for Betapace® / AF, Sorine®)  Obsolete: Removed Corgard® Tablet  BETA BLOCK Preferred atenolol-chlorthalidone tablet (generic for Tenoretic®) hisoprolol-HCTZ tablet (generic for Ziac®)  BILE Preferred cholestynamine packet / powder / light packet / light powder (generic for Questran® / Questran® Light)  | Coreg® Tablet / CR Capsule  Corega® Tablet Inderal® LA Capsule / XL Capsule Innopran® XL Capsule / XL Capsule  Kapspargo® Sprinkle - T/F of preferred agents not required for children < 12 years of age Lopresso® Tablet Inadolol tablet (generic for Corgard®) pindolol tablet (generic for Visken®) Sotylize® Solution Tenormin® Tablet timolol tablet (generic for Blocadren®) Toprol XL® Tablet  ER DIURETIC COMBINATIONS  LOPPETER  Non-Preferred  metoprolol-HCTZ tablet (generic for Lopressor® HCT) propranolol-HCTZ tablet (generic for Inderide®) Tenoretic® Tablet  Ziac® Tablet  ACID SEQUESTRANTS  Non-Preferred  colesevelam packet / tablet (generic for Welchol®)   |
| nebivolol tablet (generic for Bystolie®) propranolol solution / tablet / ER capsule (generic for Inderal®) Sorine® Tablet sotalol tablet / AF tablet (generic for Betapace® / AF, Sorine®)  Obsolete: Removed Corgard® Tablet  BETA BLOCK Preferred atenolol-chlorthalidone tablet (generic for Tenoretic®) bisoprolol-HCTZ tablet (generic for Tenoretic®) BILE Preferred   | Corga® Tablet Corga® Tablet Inderal® LA Capsule / XL Capsule Innopran® XL Capsule / XL Capsule Kapspargo® Sprinkle - T/F of preferred agents not required for children < 12 years of age Lopresso® Tablet Andolol tablet (generic for Corgard®) pindolol tablet (generic for Visken®) Sotylize® Solution Tenornin® Tablet timolol tablet (generic for Blocadren®) Toprol XL® Tablet ER DIURETIC COMBINATIONS  ROM-Preferred metoprolol-HCTZ tablet (generic for Lopressor® HCT) propranolol-HCTZ tablet (generic for Inderide®) Tenoretic® Tablet  Tenoretic® Tablet  Non-Preferred colesevelam packet / tablet (generic for Welchol®) Colessid® Granules / Tablet   |
| nebivolol tablet (generic for Bystolie®) propranolol solution / tablet / ER capsule (generic for Inderal®) Sorine® Tablet sotalol tablet / AF tablet (generic for Betapace® / AF, Sorine®)  Obsolete: Removed Corgard® Tablet  BETA BLOCK Preferred atenolol-chlorthalidone tablet (generic for Tenoretic®) hisoprolol-HCTZ tablet (generic for Ziac®)  BILE Preferred cholestynamine packet / powder / light packet / light powder (generic for Questran® / Questran® Light)  | Corga® Tablet Corga® Tablet Inderal® LA Capsule / XL Capsule Innopran® XL Capsule / XL Capsule Kapspargo® Sprinkle - T/F of preferred agents not required for children < 12 years of age Lopresso® Tablet nadolol tablet (generic for Corgard®) pindolol tablet (generic for Visken®) Sotylize® Solution Tenormin® Tablet timolol tablet (generic for Blocadren®) Toprol XL® Tablet  ER DIURETIC COMBINATIONS  Non-Preferred metoprolol-HCTZ tablet (generic for Lopressor® HCT) propranolol-HCTZ tablet (generic for Inderide®) Tenoretic® Tablet  ACID SEQUESTRANTS  Non-Preferred colesevelam packet / tablet (generic for Welchol®) Colesti® Granules / Tablet colestipol granules (generic for Colestid®)   |
| nebivolol tablet (generic for Bystolie®) propranolol solution / tablet / ER capsule (generic for Inderal®) Sorine® Tablet sotalol tablet / AF tablet (generic for Betapace® / AF, Sorine®)  Obsolete: Removed Corgard® Tablet  BETA BLOCK Preferred atenolol-chlorthalidone tablet (generic for Tenoretic®) hisoprolol-HCTZ tablet (generic for Ziac®)  BILE Preferred cholestynamine packet / powder / light packet / light powder (generic for Questran® / Questran® Light)  | Corga® Tablet Corga® Tablet Inderal® LA Capsule / XL Capsule Innopran® XL Capsule / XL Capsule Kapspargo® Sprinkle - T/F of preferred agents not required for children < 12 years of age Lopresso® Tablet andolol tablet (generic for Corgard®) pindolol tablet (generic for Visken®) Sotylize® Solution Tenornin® Tablet timolol tablet (generic for Blocadren®) Toprol XL® Tablet ER DIURETIC COMBINATIONS  ROM-Preferred metoprolol-HCTZ tablet (generic for Lopressor® HCT) propranolol-HCTZ tablet (generic for Inderide®) Tenoretic® Tablet  Tenoretic® Tablet  Non-Preferred colesevelam packet / tablet (generic for Welchol®) Colessid® Granules / Tablet   |
| nebivolol tablet (generic for Bystolie®) propranolol solution / tablet / ER capsule (generic for Inderal®) Sorine® Tablet sotalol tablet / AF tablet (generic for Betapace® / AF, Sorine®)  Obsolete: Removed Corgard® Tablet  BETA BLOCK Preferred atenolol-chlorthalidone tablet (generic for Tenoretic®) hisoprolol-HCTZ tablet (generic for Ziac®)  BILE Preferred cholestynamine packet / powder / light packet / light powder (generic for Questran® / Questran® Light)  | Corge® Tablet / CR Capsule  Corgen® Tablet Inderal® LA Capsule / XL Capsule Innopran® XL Capsule / XL Capsule  Kapspargo™ Sprinkle - T/F of preferred agents not required for children < 12 years of age  Lopresso® Tablet nadolol tablet (generic for Corgard®) prindolol tablet (generic for Visken®)  Sotylize® Solution  Tenormin® Tablet timolol tablet (generic for Blocadren®) Toprol XL® Tablet  ER DIURETIC COMBINATIONS  Non-Preferred metoprolol-HCTZ tablet (generic for Lopressor® HCT) propranolol-HCTZ tablet (generic for Inderide®) Tenoretic® Tablet  Ziac® Tablet  ACID SEQUESTRANTS  Non-Preferred colesevelam packet / tablet (generic for Welchol®) Colestid® Granules / Tablet colestipol granules (generic for Colestid®) Prevalite® Packet / Powder   |
| nebivolol tablet (generic for Bystolic®) propranolol solution / tablet / ER capsule (generic for Inderal®) Sorine® Tablet sotalol tablet / AF tablet (generic for Betapace® / AF, Sorine®)  Obsolete: Removed Corgard® Tablet  BETA BLOCK Preferred atenolol-chlorthalidone tablet (generic for Tenoretic®) bisoprolol-HCTZ tablet (generic for Tenoretic®) bisoprolol-HCTZ tablet (generic for Tenoretic®) BILE Preferred cholestyramine packet / powder / light packet / light powder (generic for Questran® / Questran® Light) colestipol tablet (generic for Colestid® Tablet)   | Corge® Tablet / CR Capsule  CorganTablet Indenst® LA Capsule / XL Capsule Innopran® XL Capsule / XL Capsule  Kapspargo™ Sprinkle - T/F of preferred agents not required for children < 12 years of age Lopresso® Tablet nadolol tablet (generic for Corgand®) pindolol tablet (generic for Viskon®)  Sotylize® Solution Tenormin® Tablet timolol tablet (generic for Blocadren®) Toprol XL® Tablet  ER DIURETIC COMBINATIONS  Non-Preferred metoprolol-HCTZ tablet (generic for Lopresson® HCT) propranolol-HCTZ tablet (generic for Inderide®) Tenoretic® Tablet  ACID SEQUESTRANTS  Non-Preferred colessevelam packet / tablet (generic for Welchol®) Colesti® Granules / Tablet  colestipol granules (generic for Colestid®) Prevalite® Packet / Powder Questran® Light Powder / Packet / Powder Welchol® Packet / Tablet   |
| nebivolol tablet (generic for Bystolic®) propranolol solution / tablet / ER capsule (generic for Inderal®) Sorine® Tablet sotalol tablet / AF tablet (generic for Betapace® / AF, Sorine®)  Obsolete: Removed Corgard® Tablet  BETA BLOCK Preferred atenolol-chlorthalidone tablet (generic for Tenoretic®) bisoprolol-HCTZ tablet (generic for Tenoretic®) bisoprolol-HCTZ tablet (generic for Tenoretic®) BILE Preferred cholestyramine packet / powder / light packet / light powder (generic for Questran® / Questran® Light) colestipol tablet (generic for Colestid® Tablet)   | Corga® Tablet / CR Capsule Corgam® Tablet Inderal® LA Capsule / XL Capsule Innopran® XL Capsule / XL Capsule Kapspargo™ Sprinkle - T/F of preferred agents not required for children < 12 years of age Lopresso® Tablet andolol tablet (generic for Corgard®) pindolol tablet (generic for Visken®) Sotylize® Solution Tenormin® Tablet timolol tablet (generic for Blocadren®) Toprol XL® Tablet  ER DIURETIC COMBINATIONS  ER DIURETIC COMBINATIONS  Non-Preferred metoprolol-HCTZ tablet (generic for Inderide®) Tenoretic® Tablet Ziac® Tablet  ACID SEQUESTRANTS  Non-Preferred colesevelam packet / tablet (generic for Welchol®) Colestid® Granules / Tablet colestiop granules (generic for Colestid®) Prevalle® Packet / Powder  Questran® Light Powder / Packet / Powder   |
| nebivolol tablet (generic for Bystolic®) propranolol solution / tablet / ER capsule (generic for Inderal®) Sorine® Tablet sotalol tablet / AF tablet (generic for Betapace® / AF, Sorine®)  Obsolete: Removed Corgard® Tablet  BETA BLOCK Preferred atenolol-chlorthalidone tablet (generic for Tenoretic®) bisoprolol-HCTZ tablet (generic for Tenoretic®) bisoprolol-HCTZ tablet (generic for Tenoretic®)  BILE Preferred cholestyramine packet / powder / light packet / light powder (generic for Questran® / Questran® Light) colestipol tablet (generic for Colestid® Tablet)  CHOLEST Preferred   | Corga® Tablet / CR Capsule Corgam® Tablet Inderal® LA Capsule / XL Capsule Innopran® XL Capsule / XL Capsule Kapspargo® Sprinkle - T/F of preferred agents not required for children < 12 years of age Lopresso® Tablet andolol tablet (generic for Corgard®) pindolol tablet (generic for Visken®) Sotylize® Solution Tenornin® Tablet timolol tablet (generic for Blocadren®) Toprol XL® Tablet  ER DIURETIC COMBINATIONS    Non-Preferred   netoprolol-HCTZ tablet (generic for Lopressor® HCT)   propranolol-HCTZ tablet (generic for Inderide®) Tenoretic® Tablet  Ziae® Tablet  ACID SEQUESTRANTS   Non-Preferred   colessevelam packet / tablet (generic for Colestid®) Pervalite® Packet / Tablet   Colestid® Granules / Tablet   Colestid® Granules / Tablet     Packet / Powder   Questran® Light Powder / Packet / Powder   Welchol® Packet / Tablet   EROL LOWERING AGENTS     Non-Preferred   |
| nebivolol tablet (generic for Bystolic*) propranolol solution / tablet / ER capsule (generic for Inderal*) Sorine* Tablet sotalol tablet / AF tablet (generic for Betapace* / AF, Sorine*)  Obsolete: Removed Corgard* Tablet  Obsolete: Removed Corgard* Tablet  BETA BLOCK  Preferred atenolol-chlorthalidone tablet (generic for Tenoretic*) hisoprolol-HCTZ tablet (generic for Tenoretic*) hisoprolol-HCTZ tablet (generic for Ziac*)  BILE  Preferred cholestyramine packet / powder / light packet / light powder (generic for Questran* / Questran* Light) colestipol tablet (generic for Colestid* Tablet)  CHOLEST  Preferred atorvastatin tablet (generic for Lipitor*)   | Corga® Tablet / CR Capsule Corga® Tablet Inderal® LA Capsule / XL Capsule Innopran® XL Capsule / XL Capsule Innopran® XL Capsule Kapspargo® Sprinkle - T/F of preferred agents not required for children < 12 years of age Lopresso® Tablet andolot lablet (generic for Corgard®) pindolot lablet (generic for Visken®) Sotylize® Solution Tenornin® Tablet timelot lablet (generic for Blocadren®) Toprol XL® Tablet ER DIURETIC COMBINATIONS  Rom-Preferred metoprolot-HCTZ tablet (generic for Lopresso® HCT) propranolot-HCTZ tablet (generic for Inderide®) Tenorets® Tablet  ACID SEQUESTRANTS  Non-Preferred colessvelam packet / tablet (generic for Welchol®) Colestid® Granules / Tablet colestipol granules (generic for Colestid®) Prevalite® Packet / Powder Welchol® Packet / Powder Welchol® Packet / Tablet  EROL LOWERING AGENTS  Non-Preferred Altoprev® Tablet  Altoprev® Tablet  Non-Preferred Altoprev® Tablet  Non-Preferred Altoprev® Tablet  Non-Preferred Altoprev® Tablet  Non-Preferred Altoprev® Tablet  |
| nebivolol tablet (generic for Bystolic*) propranolol solution / tablet / ER capsule (generic for Inderal*) Sorine* Tablet sotalol tablet / AF tablet (generic for Betapace* / AF, Sorine*)  Obsolete: Removed Corgard* Tablet  BETA BLOCK  Preferred atenolol-chlorthalidone tablet (generic for Tenoretic*) bisoprolol-HCTZ tablet (generic for Tenoretic*) bisoprolol-HCTZ tablet (generic for Ziac*)  BILE  Preferred cholestyramine packet / powder / light packet / light powder (generic for Questran* / Questran* Light) colestipol tablet (generic for Colestid* Tablet)  CHOLEST  Preferred atorvastatin tablet (generic for Lipitor*) czetimibe (generic for Lipitor*) czetimibe (generic for Lipitor*)  | Coreg® Tablet / CR Capsule Corga® Tablet Innopra® XL Capsule Innopra® XL Capsule Innopra® XL Capsule Kapspargo® Sprinkle - T/F of preferred agents not required for children < 12 years of age Lopresso® Tablet andolol tablet (generic for Corgard®) pindolol tablet (generic for Visken®) Sotylize® Solution Tenormin® Tablet timolol tablet (generic for Blocadren®) Toprol XL® Tablet  ER DIURETIC COMBINATIONS  Non-Preferred metoprolol-HCTZ tablet (generic for Lopresso® HCT) propranolol-HCTZ tablet (generic for Inderide®) Tenoretic® Tablet Ziac® Tablet  ACID SEQUESTRANTS  Non-Preferred colesvelam packet / tablet (generic for Welchol®) Colestid® Granules / Tablet  colesvelam packet / tablet (generic for Colestid®) Prevalite® Packet / Powder Questra® Light Powder Questra® Light Powder Velchol® Packet / Tablet  EROL LOWERING AGENTS  Non-Preferred Altoprev® Tablet  Ano-Preferred Altoprev® Tablet  Non-Preferred Altoprev® Tablet anlodipine-atorvastatin tablet (generic for Caduet®)  Non-Preferred Altoprev® Tablet anlodipine-atorvastatin tablet (generic for Caduet®)   |
| nebivolol tablet (generic for Bystolic®) propranolol solution / tablet / ER capsule (generic for Inderal®) Sorine® Tablet sotalol tablet / AF tablet (generic for Betapace® / AF, Sorine®)  Obsolete: Removed Corgard® Tablet  BETA BLOCK  Preferred atenolol-chlorthalidone tablet (generic for Tenoretic®) bisoprolol-HCTZ tablet (generic for Tenoretic®) bisoprolol-HCTZ tablet (generic for Tenoretic®)  BILE  Preferred cholestyramine packet / powder / light packet / light powder (generic for Questran® / Questran® Light) colestipol tablet (generic for Colestid® Tablet)  CHOLEST  Preferred aterovastatin tablet (generic for Lipitos®) ezetimibe (generic for Lipitos®) lovastatin tablet (generic for Mevacos®)  | Corege Tablet / CR Capsule  Corgan Tablet / CR Capsule  Innopran "XL Capsule  Kapsango" Sprinkle - TiF of preferred agents not required for children < 12 years of age  Lapressor Tablet  nadolot tablet (generic for Corgard ")  pindolot lablet (generic for Visken ")  Sotylize Solution  Tenormin "Tablet  timolot tablet (generic for Blocadren ")  Toprol XL." Tablet  ER DIURETIC COMBINATIONS  Non-Preferred  metoprolot-HCTZ tablet (generic for Inderide ")  Tenoresis "Tablet  Ziac "Tablet  ACID SEQUESTRANTS  Non-Preferred  colessvelam packet / tablet (generic for Welchol ")  Colestid "Granules / Tablet  Colestid "Granules / Tablet  ER DIURETIC COMBINATIONS  Non-Preferred  metoprolot-HCTZ tablet (generic for Inderide ")  Tenoresis "Tablet  Colestid "Granules / Tablet  Colestid "Granules / Tablet  Colestid "Fablet (generic for Welchol ")  Colestid "Granules / Tablet  ER OL LOWERING AGENTS  Non-Preferred  Altoprev "Tablet  Non-Preferred  Altoprev "Tablet  Non-Preferred  Altoprev "Tablet (generic for Caduet")  Altorvaliq "Suspension  |
| nebivolol tablet (generic for Bystolic*) propranolol solution / tablet / ER capsule (generic for Inderal*) Scrinc* Tablet sotalol tablet / AF tablet (generic for Betapace* / AF, Sorine*)  Obsolete: Removed Corgard* Tablet  Obsolete: Removed Corgard* Tablet  BETA BLOCK Preferred atenolol-chlorthalidone tablet (generic for Tenoretic*) bisoprolol-HCTZ tablet (generic for Tenoretic*) bisoprolol-HCTZ tablet (generic for Ziac*)  BILE Preferred cholestyramine packet / powder / light packet / light powder (generic for Questran* / Questran* Light) colestipol tablet (generic for Colestid* Tablet)  CHOLEST Preferred atorvastatin tablet (generic for Lipitor*) ezetimibe (generic for Citio*) pravastatin tablet (generic for Mevacor*) pravastatin tablet (generic for Pravachol*) | Coreg® Tablet / CR Capsule  Corgand "Fabbet Innopran® XL Capsule  Innopran® XL Capsule  Kapspargo® Sprinkle - T/F of preferred agents not required for children < 12 years of age  Lapresso® Tablet  Lapresso® Tablet  Lapresso® Tablet  Lapresso® Tablet  Limolol tablet (generic for Corgard®)  pindolol tablet (generic for Visken®)  Sodylize® Solution  Tenormin® Tablet  timolol tablet (generic for Blocadren®)  Toprol XL® Tablet  ER DIURETIC COMBINATIONS  Non-Preferred  metoprolol-HCTZ tablet (generic for Lopressor® HCT)  propranolol-HCTZ tablet (generic for Inderide®)  Tenoretic® Tablet  Ziac® Tablet  ACID SEQUESTRANTS  Non-Preferred  colessevelam packet / tablet (generic for Welchol®)  Colestid® Granules / Tablet  colestipol granules (generic for Colestid®)  Prevalic® Packet / Powder / Dewder / Dewder / Welchol® Packet / Powder / Welchol® Packet / Tablet  EROL LOWERING AGENTS  Non-Preferred  Altoprev® Tablet  Altovalia® Suspension  Caduet® Tablet  |
| nebivolol tablet (generic for Bystolie*) propranolol solution / tablet / ER capsule (generic for Inderal*) Sorine* Tablet sotalol tablet / AF tablet (generic for Betapace* / AF, Sorine*)  Obsolete: Removed Corgard* Tablet  BETA BLOCK  Preferred atenolol-chlorthalidone tablet (generic for Tenoretic*) bisoprolol-HCTZ tablet (generic for Tenoretic*) bisoprolol-HCTZ tablet (generic for Tenoretic*)  BILE  Preferred cholestyramine packet / powder / light packet / light powder (generic for Questran* Light) colestipol tablet (generic for Colestid* Tablet)  CHOLEST  Preferred aterovastatin tablet (generic for Lipitor*) ezetimibe (generic for Lipitor*) ezetimibe (generic for Mevacor*)  | Corege Tablet / CR Capsule  Corgade Tablet / CR Capsule  Innopran "XL Capsule / XL Capsule  Innopran "XL Capsule / XL Capsule  Kapsango" Sprinkle - Tif of preferred agents not required for children < 12 years of age  Lopressor® Tablet  nadolot tablet (generic for Corgard®)  pindolot lablet (generic for Visken®)  Sotylize® Solution  Tenormin "Tablet  timolot tablet (generic for Blocadren®)  Toprol XL® Tablet  ER DIURETIC COMBINATIONS  Non-Preferred  metoprolot-HCTZ tablet (generic for Inderide®)  Tenoreis® Tablet  Ziac® Tablet  ACID SEQUESTRANTS  Non-Preferred  colessvelam packet / tablet (generic for Welchol®)  Colestid® Granules / Tablet  Colestid® Granules / Tablet  Colestid® Facket / Powder  Welchol® Packet / Powder  Welchol® Packet / Powder  Welchol® Packet / Tablet  EROL LOWERING AGENTS  Non-Preferred  Altoprev® Tablet  Mon-Preferred  Altoprev® Tablet  Mon-Preferred  Altoprev® Tablet (generic for Caduet®)  Non-Preferred  Altoprev® Tablet (generic for Caduet®)  Altorvaliq® Suspension   |

# **DRAFT April 2025 PDL 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. For drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at: <a href="https://www.nctracks.nc.gov/content/public/providers/pharmacy.html">https://www.nctracks.nc.gov/content/public/providers/pharmacy.html</a>

|  | Flolipid™ (simvastatin) Suspension- T/F of preferred agents not required for children < 12 years of age   |
|--|---|
|  | fluvastatin capsule / ER tablet (generic for Lescol $^{2}$ / XL)  |
|  | Juxtapid® Capsule - Clinical criteria apply   |
|  | Lescol® XL Tablet   |
|  | Lipitor® Tablet   |
|  | Livalo® Tablet - T/F of preferred agents not required with concomitant antiretroviral therapy in patients diagnosed with HIV  |
|  | Nexletol® Tablet - Clinical criteria apply  |
|  | Nexlizet <sup>®</sup> Tablet - Clinical criteria apply  |
|  | pitavastatin tablet (generic for Livalo*) - T/F of preferred agents not required with concomitant antiretroviral therapy in patients diagnosed with HIV   |
|  | Vytorin <sup>®</sup> Tablet   |
|  | Zetia Tablet  |
|  | Zoor <sup>®</sup> Tablet  |
|  | Zypitamag <sup>M</sup> Tablet   |
|  | Crestor®  |
|  | CORONARY VASODILATORS   |
| Preferred  | Non-Preferred   |
| sosorbide dinitrate tablet (generic for Isordil® Titradose®, IsoDitrate®, et.al.)  | Gonitro <sup>®</sup> Sublingual Powder  |
| sosorbide mononitrate tablet / ER tablet (generic for Ismo®, Monoket®, Imdur®)   | Isordii <sup>®</sup> Tablet / Titradose <sup>®</sup> Tablet   |
| nitroglycerin patch / spray / SL tablet (generic for Nitro-Dur®, Minitran®, Nitrostat®, et. al)  | Nitro-Bid <sup>®</sup> Ointment   |
| Nitrostat® SL Tablet   | Nitro-Dur <sup>®</sup> Patch  |
|  | Nitrolingual® Spray   |
|  | Verquvo™ Tablet   |
|  |   |
|  | /DROPYRIDINE CALCIUM CHANNEL BLOCKERS   |
| Preferred  | Non-Preferred   |
| amlodipine tablet (generic for Norvasc®)   | felodipine ER tablet (generic for Plendil <sup>®</sup> )  |
| nifedipine capsule (generic for Procardia®)  | isradipine capsule (generic for Dynacire®)  |
| nifedipine ER tablet (generic for Adalat CC® / Procardia XL®)  | Katerzia™ Suspension - T/F of preferred agents not required for children < 12 years of age  |
|  | levamlodipine tablet (generic for Conjupri®)  |
|  | nicardipine capsule (generic for Cardene <sup>®</sup> )   |
|  | nimodipine capsule (generic for Nimotop®)   |
|  | nimodipine solution   |
|  | nisoldipine ER tablet (generic for Sular®)  |
|  | Norliqva® Solution  |
|  | Norvasc <sup>®</sup> Tablet   |
|  | Nymalize® Solution / oral syringe   |
|  | Procardia® XL Tablet  |
|  | Sular® Tablet   |
|  |   |
|  |   |
|  | DIRECT RENIN INHIBITOR  |
| Preferred  | Non-Preferred   |
| Tekturna® Tablet   | aliskiren tablet (generic for Tekturna® Tablet)   |
| Tekturna® HCT Tablet   |   |
|  |   |
|  |   |
|  | ENDOTHELIN RECEPTOR ANTAGONISTS   |
|  | red for diagnosis of Pulmonary Arterial Hypertension only   |
| Preferred  | red for diagnosis of Pulmonary Arterial Hypertension only  Non-Preferred  |
| Preferred umbrisentan tablet (generic for Letairis® Tablet)  | red for diagnosis of Pulmonary Arterial Hypertension only  Non-Preferred bosentan tablet (generic for Tracleer® Tablet)   |
| Preferred umbrisentan tablet (generic for Letairis® Tablet)  | red for diagnosis of Pulmonary Arterial Hypertension only  Non-Preferred bosentan tablet (generic for Tracleer® Tablet) Letairis® Tablet  |
| Preferred umbrisentan tablet (generic for Letairis® Tablet)  | red for diagnosis of Pulmonary Arterial Hypertension only  Non-Preferred  bosentan tablet (generic for Tracleer* Tablet)  Letairis* Tablet  Opsumit* Tablet   |
| Preferred umbrisentan tablet (generic for Letairis® Tablet)  | red for diagnosis of Pulmonary Arterial Hypertension only  Non-Preferred  bosentan tablet (generic for Tracleer® Tablet)  Letairis® Tablet  Opsumi® Tablet  Opsymvi® Tablet   |
| Preferred umbrisentan tablet (generic for Letairis® Tablet)  | red for diagnosis of Pulmonary Arterial Hypertension only  Non-Preferred  bosentan tablet (generic for Tracleer* Tablet)  Letairis* Tablet  Opsumit* Tablet   |
| Preferred umbrisentan tablet (generic for Letairis® Tablet)  | red for diagnosis of Pulmonary Arterial Hypertension only  Non-Preferred  bosentan tablet (generic for Tracleer* Tablet)  Letairis* Tablet  Opsumit* Tablet  Opsymvi* Tablet  Tracleer* Suspension  |
| Preferred umbrisentan tablet (generic for Letairis® Tablet) Tracleer® Tablet   | red for diagnosis of Pulmonary Arterial Hypertension only  Non-Preferred  bosentan tablet (generic for Tracleer* Tablet)  Letairis* Tablet  Opsumit* Tablet  Opsymi* Tablet  Tracler* Suspension  INHALED PROSTACYCLIN ANALOGS  |
| Preferred  imbrisentan tablet (generic for Letairis® Tablet)  Fracker® Tablet  Preferred   | red for diagnosis of Pulmonary Arterial Hypertension only  Non-Preferred  bosentan tablet (generic for Tracleer® Tablet)  Letairis® Tablet  Opsumit® Tablet  Opsynvi® Tablet  Tracleer® Suspension  INHALED PROSTACYCLIN ANALOGS  Non-Preferred   |
| Preferred  ambrisentan tablet (generic for Letairis® Tablet)  Tracleer® Tablet  Preferred  Preferred  Tyvaso® Refill Kit / Solution / Starter Kit  | red for diagnosis of Pulmonary Arterial Hypertension only  Non-Preferred  bosentan tablet (generic for Tracleer* Tablet)  Letairis* Tablet  Opsumit* Tablet  Opsymi* Tablet  Tracleer* Suspension  INHALED PROSTACYCLIN ANALOGS   |
| Preferred  Imbrisentan tablet (generic for Letairis® Tablet)  Fracleer® Tablet  Preferred  Preferred  Fyvaso® Refill Kit / Solution / Starter Kit  | red for diagnosis of Pulmonary Arterial Hypertension only  Non-Preferred  bosentan tablet (generic for Tracleer® Tablet)  Letairis® Tablet  Opsumit® Tablet  Opsynvi® Tablet  Tracleer® Suspension  INHALED PROSTACYCLIN ANALOGS  Non-Preferred   |
| Preferred  ambrisentan tablet (generic for Letairis® Tablet)  Tracleer® Tablet  Preferred  Preferred  Tyvaso® Refill Kit / Solution / Starter Kit  | red for diagnosis of Pulmonary Arterial Hypertension only  Non-Preferred  bosentan tablet (generic for Tracleer* Tablet)  Letains* Tablet  Opsumit* Tablet  Opsymvi* Tablet  Tracleer* Suspension  INHALED PROSTACYCLIN ANALOGS  Non-Preferred  Tyvaso* DPI   |
| Preferred  imbrisentan tablet (generic for Letairis® Tablet)  Fracleer® Tablet  Preferred  Preferred  Syaso® Refill Kit / Solution / Starter Kit  Ventavis® Solution   | red for diagnosis of Pulmonary Arterial Hypertension only  Non-Preferred  bosentan tablet (generic for Tracleer® Tablet)  Letairs® Tablet  Opsumit® Tablet  Opsynvi® Tablet  Tracleer® Suspension  INHALED PROSTACYCLIN ANALOGS  Non-Preferred  Tyvaso® DPI  NIACIN DERIVATIVES   |
| Preferred  imbrisentan tablet (generic for Letairis® Tablet)  Fracleer® Tablet  Preferred  Preferred  Fyvaso® Refill Kit / Solution / Starter Kit  Ventavis® Solution  Preferred   | red for diagnosis of Pulmonary Arterial Hypertension only  Non-Preferred  bosentan tablet (generic for Tracleer* Tablet)  Letains* Tablet  Opsumit* Tablet  Opsymvi* Tablet  Tracleer* Suspension  INHALED PROSTACYCLIN ANALOGS  Non-Preferred  Tyvaso* DPI   |
| Preferred  imbrisentan tablet (generic for Letairis® Tablet)  Fracleer® Tablet  Preferred  Preferred  Fyvaso® Refill Kit / Solution / Starter Kit  Ventavis® Solution  Preferred   | red for diagnosis of Pulmonary Arterial Hypertension only  Non-Preferred  bosentan tablet (generic for Tracleer® Tablet)  Letairs® Tablet Opsumit® Tablet Opsynvi® Tablet Tracleer® Suspension  INHALED PROSTACYCLIN ANALOGS  Non-Preferred Tyvaso® DPI  NIACIN DERIVATIVES   |
| Preferred  ambrisentan tablet (generic for Letairis® Tablet)  Tracleer® Tablet  Preferred  Preferred  Tyvaso® Refill Kit / Solution / Starter Kit  Ventavis® Solution  Preferred   | red for diagnosis of Pulmonary Arterial Hypertension only  Non-Preferred  bosentan tablet (generic for Tracleer* Tablet)  Letairis* Tablet  Opsumit* Tablet  Opsymi* Tablet  Tracler* Suspension  INHALED PROSTACYCLIN ANALOGS  Non-Preferred  Tyvaso* DPI  NIACIN DERIVATIVES  Non-Preferred   |
| Preferred  imbrisentan tablet (generic for Letairis® Tablet)  Fracker® Tablet  Preferred  Fracker® Refill Kit / Solution / Starter Kit  Ventavis® Solution  Preferred  Preferred  Preferred  Preferred   | red for diagnosis of Pulmonary Arterial Hypertension only    Non-Preferred  |
| Preferred  mbrisentan tablet (generic for Letairis® Tablet)  Fracleer® Tablet  Preferred  Preferred  Syvaso® Refill Kit / Solution / Starter Kit  / entavis® Solution  Preferred  Preferred  Preferred  Preferred  | red for diagnosis of Pulmonary Arterial Hypertension only    Non-Preferred  |
| Preferred  mbrisentan tablet (generic for Letairis® Tablet)  Fracleer® Tablet  Preferred  Preferred  Syvaso® Refill Kit / Solution / Starter Kit  / entavis® Solution  Preferred  Preferred  Preferred  Preferred  | red for diagnosis of Pulmonary Arterial Hypertension only    Non-Preferred  |
| Preferred  imbrisentan tablet (generic for Letairis® Tablet)  Fracleer® Tablet  Preferred  Fyvass® Refill Kit / Solution / Starter Kit  Ventavis® Solution  Preferred  inacin ER tablet (generic for Niaspan®)  Preferred  inacin ER tablet (generic for Niaspan®)   | red for diagnosis of Pulmonary Arterial Hypertension only  Non-Preferred  bosentan tablet (generic for Tracleer* Tablet)  Letairis* Tablet  Opsumit* Tablet  Opsymit* Tablet  Tracleer* Suspension  INHALED PROSTACYCLIN ANALOGS  INHALED PROSTACYCLIN ANALOGS  Non-Preferred  Tyvaso* DPI  NIACIN DERIVATIVES  Non-Preferred  NITRATE COMBINATION  Non-Preferred  isosorbide dinit/hydralazine tablet (generic for Bidil*) |
| Preferred  ambrisentan tablet (generic for Letairis® Tablet)  Tracleer® Tablet  Preferred  Preferred  Fysaso® Refill Kit / Solution / Starter Kit  Ventavis® Solution  Preferred  preferred  Preferred  Preferred  Bidil® Tablet  NON-DI   | red for diagnosis of Pulmonary Arterial Hypertension only    Non-Preferred  |
| Preferred  imbrisentan tablet (generic for Letairis® Tablet)  Fracleer® Tablet  Preferred  Fyvaso® Refill Kit / Solution / Starter Kit  Ventavis® Solution  Preferred  inacin ER tablet (generic for Niaspan®)  Preferred  Preferred  NON-DI  Preferred  | red for diagnosis of Pulmonary Arterial Hypertension only    Non-Preferred  |
| Preferred  Imprisentan tablet (generic for Letairis® Tablet)  Iracleer® Tablet  Preferred  Tyvaso® Refill Kit / Solution / Starter Kit  Ventavis® Solution  Preferred  inacin ER tablet (generic for Niaspan®)  Preferred  Bidil® Tablet  NON-DI  Preferred  Cartia XT® Capsule (branded generic for Cardizem CD®)   | red for diagnosis of Pulmonary Arterial Hypertension only    Non-Preferred  |
| Preferred  ambrisentan tablet (generic for Letairis® Tablet)  Tracleer® Tablet  Preferred  Tyvaso® Refill Kit / Solution / Starter Kit  Ventavis® Solution  Preferred  aiacin ER tablet (generic for Niaspan®)  Preferred  Bidil® Tablet  NON-DI  Preferred  Cartia XI® Capsule (branded generic for Dilacor XR®)  | red for diagnosis of Pulmonary Arterial Hypertension only    Non-Preferred  |
| Preferred  ambrisentan tablet (generic for Letairis® Tablet)  Iracleer® Tablet  Preferred  Iracleer® Tablet  Preferred  Iyyaso® Refill Kit / Solution / Starter Kit  Ventavis® Solution  Preferred  aniacin ER tablet (generic for Niaspan®)  Preferred  Bidil® Tablet  NON-DI  Preferred  Cartia XT® Capsule (branded generic for Dilacor XR®)  Billiazem ER 24 hour capsule (generic for Dilacor XR®, Tiazac®)   | red for diagnosis of Pulmonary Arterial Hypertension only    Non-Preferred  |
| Preferred  ambrisentan tablet (generic for Letairis® Tablet)  Tracleer® Tablet  Preferred  Tyvaso® Refill Kit / Solution / Starter Kit  Ventavis® Solution  Preferred  inacin ER tablet (generic for Niaspan®)  Preferred  Bidil® Tablet  NON-DI  Preferred  NON-DI  Preferred  inacin ER tablet (generic for Niaspan®)  Preferred  Bidil® Tablet  NON-DI  Preferred  NON-DI  Preferred  Authorized Capsule (branded generic for Dilacor XR®)  dilhitazem ER 24 bour capsule (generic for Dilacor XR®)  dilhitazem ER 24 bour capsule (generic for Dilacor XR®)  dilhitazem ER 24 bour capsule (generic for Dilacor XR®)  dilhitazem ER 24 bour capsule (generic for Dilacor XR®)  dilhitazem ER 24 bour capsule (generic for Cardizem® / CD / SR) | red for diagnosis of Pulmonary Arterial Hypertension only    Non-Preferred  |
| Preferred  Imbrisentan tablet (generic for Letairis® Tablet)  Iracleer® Tablet  Preferred  Iyvaso® Refill Kit / Solution / Starter Kit  Ventavis® Solution  Preferred  iniacin ER tablet (generic for Niaspan®)  Preferred  Bidil® Tablet  NON-DI  Preferred  Solution  Preferred  Bidil® Tablet  NON-DI  Preferred  Iniacin ER tablet (generic for Niaspan®)  Preferred  Bidil® Tablet  NON-DI  Preferred  Iniacin ER tablet (pranded generic for Cardizem CD®)  Bittiare ER 24 hour capsule (pranded generic for Diacor XR®)  Billitaireen tablet / CD capsule (PER 12 hour leapsule (generic for Cardizem® / CD / SR)  Faztia XT® Capsule (branded generic for Tiazac®)   | red for diagnosis of Pulmonary Arterial Hypertension only    Non-Preferred  |
| Preferred  ambrisentan tablet (generic for Letairis* Tablet)  Tracleer* Tablet  Preferred  Tyvaso* Refill Kit / Solution / Starter Kit  Ventavis* Solution  Preferred  iniacin ER tablet (generic for Niaspan*)  Preferred  Bidii* Tablet  Preferred  Cartia XT* Capsule (branded generic for Cardizem CD*)  Dilt XR* Capsule (branded generic for Dilacor XR*)  diltiazem ER 24 hour capsule (generic for Dilacor XR*, Tiazzac*)  diltiazem tablet / CDC apsule (Pranded generic for Tiazac*)  Tradylt* ER Capsule (branded generic for Tiazac*)  Tradylt* ER Capsule (Pranded generic for Tiazac*)  Tradylt* ER Capsule  | red for diagnosis of Pulmonary Arterial Hypertension only    Non-Preferred  |
| Preferred  Imbrisentan tablet (generic for Letairis® Tablet)  Iracleer® Tablet  Preferred  Iyvaso® Refill Kit / Solution / Starter Kit  Ventavis® Solution  Preferred  iniacin ER tablet (generic for Niaspan®)  Preferred  Bidil® Tablet  NON-DI  Preferred  Solution  Preferred  Bidil® Tablet  NON-DI  Preferred  Iniacin ER tablet (generic for Niaspan®)  Preferred  Bidil® Tablet  NON-DI  Preferred  Iniacin ER tablet (pranded generic for Cardizem CD®)  Bittiare ER 24 hour capsule (pranded generic for Diacor XR®)  Billitaireen tablet / CD capsule (PER 12 hour leapsule (generic for Cardizem® / CD / SR)  Faztia XT® Capsule (branded generic for Tiazac®)   | red for diagnosis of Pulmonary Arterial Hypertension only    Non-Preferred  |

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|   | <u>,                                      </u>   |
|---|--|
| Obsolete: Removed Calan SR® Caplet  |  |
|   |  |
| ORAL PUL  | I<br>MONARY HYPERTENSION   |
|   | (all) and Chronic Thromboembolic Pulmonary Hypertension- Adempas® only   |
| Preferred   | Non-Preferred  |
| Alyq® Tablet (branded generic for tadalafil) sildenafil tablet (generic for Revatio®) | Adeirea® Tablet Adempas® Tablet  |
| tadalafil tablet (generic for Adcirca®)   | Liqrev <sup>®</sup> Suspension   |
|   | Orenitram® ER Tablet / Titration Kit   |
|   | Revatio <sup>®</sup> Suspension / Tablet - T/F of preferred agents not required for children < 12 years of age for Suspension ONLY sildenafil suspension (generic for Revatio <sup>®</sup> ) - T/F of preferred agents not required for children < 12 years of age |
|   | Tadliq® Suspension   |
|   | Uptravi® Tablet / Titration Pack   |
| DI A  | TELET BUILDITORS   |
| Preferred   | TELET INHIBITORS Non-Preferred   |
| Brilinta® Tablet  | aspirin/dipyridamole ER capsule (generic for Aggrenox®)  |
| clopidogrel tablet (generic for Plavix®)  | Effient® Tablet  |
| dipyridamole tablet (generic for Persantine*)   | Plavix <sup>®</sup> Tablet   |
| prasugrel tablet (generic for Effient® Tablet)  |  |
| ANTIANO   | GINAL & ANTI-ISCHEMIC  |
| Preferred   | Non-Preferred  |
| ranolazine ER tablet (generic for Ranexa® Tablet)                                     | Aspruzyo <sup>™</sup> Sprinkle  Ranexa <sup>®</sup> Tablet   |
| Open class-No recommendations –   | Kanexa Tablet  |
| SYMPATHOL   | YTICS AND COMBINATIONS   |
| Preferred   | Non-Preferred  |
| clonidine tablet / patch (generic for Catapres® / TTS)                                | clonidine ER tablet (generic for Nexiclon™ XR)   |
| guanfacine tablet (generic for Tenex*) methyldopa tablet (generic for Aldomet*)       | methyldopa-HCTZ tablet (generic for Aldorit <sup>®</sup> ) methyldopa vial (generic for Aldomet <sup>®</sup> )   |
| metnyidopa taolet (generic for Aldomet )  | memyidopa viai (generic for Aidomet ) Nexiclon™ XR Tablet  |
|   |  |
|   | RIDE LOWERING AGENTS   |
| Preferred   | Non-Preferred  |
| fenofibrate tablet (generic for Tricor®) gemfibrozil tablet (generic for Lopid®)      | fenofibrate capsule / tablet (generic for Antara*, Lofibra*, Fenoglide*, et. al) fenofibric acid tablet (generic for Fibricor*, Trilipix*)   |
| icosapent ethyl capsule (generic for Vascepa®)  | Fenoglide® Tablet  |
| omega-3 acid ethyl esters capsule (generic for Lovaza®)                               | Fibricor® Tablet   |
|   | Lipofen® Capsule   |
|   | Lopid <sup>®</sup> Tablet  |
|   | Lovaza® Capsule Tricor® Tablet   |
|   | Trilipix® Capsule  |
|   |  |
|   |  |
|   |  |
| CARD  | IOVASCULAR, OTHER  |
| Preferred   | Non-Preferred  |
| Camzyos® Capsule - Clinical criteria apply  | Lodeco®  |
| CENTRA  | L NERVOUS SYSTEM   |
|   | IMIGRAINE AGENTS   |
|   | y limits apply to all triptans   |
| Preferred   | Non-Preferred  |
| rizatriptan tablet / ODT (generic for Maxalt®)  | almotriptan tablet (generic for Axert®)  |
| sumatriptan nasal spray / tablet / vial (generic for Imitrex®)                        | diclofenac potassium powder packet (generic for Cambia*) - T/F of 2 preferred NSAIDs, in addition to T/F of 2 preferred triptans in the Antimigraine Agents class required for coverage  |
|   | eletriptan tablet (generic for Relpax <sup>®</sup> )   |
|   | Elyxyb ™ Solution - T/F of 2 preferred NSAIDs, in addition to T/F of 2 preferred triptans in the Antimigraine Agents class required for coverage   |
| Open class-No recommendations   | Frova® Tablet  |
| Open class-No recommendations   | frovatriptan tablet (generic for Frova®)   |
|   | Imitrex® Cartridge / Nasal Spray / Pen / Tablet  |
|   | Maxalt <sup>®</sup> Tablet / MLT Tablet naratriptan tablet (generic for Amerge <sup>®</sup> )  |
|   | naratriptan taolet (generic for Amerge )  Relpax ® Tablet  |
|   | Reyvow <sup>™</sup> Tablet   |
|   | sumatriptan injection kit / refill / syringe (generic for Imitrex®)  |
|   | sumatriptan / naproxen tablet (generic for Treximet®)  |
|   | Tosymra <sup>™</sup> Nasal Spray   |
|   | Zembrace® SymTouch® zolmitriptan nasal spray / ODT / tablet (generic for Zomig®)   |
|   | Zoming® Nasal Spray / Tablet Zomig® Nasal Spray / Tablet   |
|   |  |
|   | IMIGRAINE AGENTS   |
|   | rs/Modulators PREVENTATIVE ria apply to all drugs in this class  |
| Preferred Preferred   | Non-Preferred  |
|   |  |

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| Aimovig <sup>®</sup> Autoinjector   | Qulipta <sup>®</sup> Tablet  |
|---|--|
| Ajovy <sup>®</sup> Autoinjector / Syringe   | Vyepti <sup>®</sup> Vial   |
| Emgality® Pen / Syringe   | 7,991. 1.11.   |
| Onon class No   | recommendations  |
| Nurtee® ODT Open class-No   | recommendations  |
|   |  |
| ANTI  | MIGRAINE AGENTS  |
|   | Modulators ACUTE TREATMENT   |
|   | ia apply to all drugs in this class  |
|   |  |
| Preferred   | Non-Preferred  |
| Nurtec® ODT   | Zavzpret <sup>™</sup> Nasal Spray  |
| Ubrelvy® Tablet   |  |
|   |  |
| AN  | VTI-NARCOLEPSY   |
|   |  |
|   | ia apply to all drugs in this class  |
| Preferred   | Non-Preferred  |
| Nuvigil <sup>®</sup> Tablet   | armodafinil tablet (generic for Nuvigil®)  |
| Provigil® Tablet  | modafinil tablet (generic for Provigil <sup>®</sup> )  |
| Hovign Table  |  |
|   | Sunosi <sup>™</sup> Tablet   |
|   | Wakix® Tablet  |
|   |  |
| 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 <sup>®</sup> )   |
| bromocriptine capsule / tablet (generic for Parlodel®)                                      | Azilect® Tablet  |
| carbidopa-levodopa ODT (generic for Parcopa®)   | carbidopa tablet (generic for Lodosyn <sup>®</sup> )   |
| carbidopa-levodopa dob'l generic for Sinemet® / CR)   |  |
|   | carbidopa-levodopa-entacapone tablet (generic for Stalevo®)  |
| pramipexole tablet (generic for Mirapex®)   | Comtan Tablet  |
| ropinirole tablet (generic for Requip®)   | Crexont Capsule ER   |
| selegiline capsule / tablet (generic for Emsam®)  | Dhivy Tablet <sup>™</sup>  |
| trihexyphenidyl elixir / tablet (generic for Artane®)                                       | Duopa* Suspension  |
| ,   |  |
|   | entacapone tablet (generic for Comtan®)  |
|   | Gocovri <sup>®</sup> Capsule - <mark>Clinical criteria appl</mark> y                                     |
| Obsolete: Removed Comtan® Tablet and Mirapex® ER Tablet                                     | Horizant <sup>®</sup> Tablet   |
|   | Inbrija <sup>™</sup> Inhalation  |
|   | Kynmobi <sup>™</sup> Titration Kit   |
|   |  |
|   | Lodosyn <sup>®</sup> Tablet  |
|   | Mirapex® ER Tablet   |
|   | Neupro <sup>®</sup> Patch  |
|   | Nourianz <sup>™</sup> Tablet   |
|   |  |
|   | Ongentys® Capsule  |
|   | Osmolex ER <sup>™</sup> Tablet - <mark>Clinical criteria apply</mark>                                    |
|   | pramipexole ER tablet (generic for Mirapex ER®)  |
|   | rasagiline tablet (generic for Azilect®)   |
|   | ropinirole ER tablet (generic for Requip XL®)  |
|   |  |
|   | Rytary® ER Capsule   |
|   | Sinemet <sup>®</sup> Tablet  |
|   | Stalevo <sup>®</sup> Tablet  |
|   | Tasmar® Tablet   |
|   | tolcapone tablet (generic for Tasmar®)   |
|   | Vyalev Vial  |
|   |  |
|   | Xadago <sup>®</sup> Tablet   |
|   | Zelapar <sup>®</sup> ODT   |
| MU  | LTIPLE SCLEROSIS   |
|   | Injectable   |
| Duofd   |  |
| Preferred   | Non-Preferred  |
| Avonex® Pack / Pen / Syringe  | Briumvi™Vial   |
| Betaseron® Kit / Vial   | glatiramer syringe (generic for Copaxone® Syringe)   |
| Copaxone® Syringe   | Glatopa® Syringe   |
| Kesimpta® Pen   | Lemtrada® Vial   |
| Rebif® Rebidose® / Titration Pack / Syringe   | Ocrevus® Vial - T/F of preferred agents not required for diagnosis of Primary Progressive MS (PPMS)      |
| Neon Neonose / Hitation rack / Syringe  |  |
|   | Ocrevus® Zonovo Vial T/F of preferred agents not required for diagnosis of Primary Progressive MS (PPMS) |
|   | Plegridy® Pen / Pen Starter Pack / Syringe / Syringe Starter Pack  |
|   | Tysabri <sup>®</sup> Vial  |
|   |  |
|   |  |
|   | Oral   |
| D C 1   |  |
| Preferred   | Non-Preferred  |
| dalfampridine ER tablet (generic for Ampyra®)   | Ampyra® Tablet   |
| dimethyl fumarate DR capsule / starter pack (generic for Tecfidera® Capsule / Starter Pack) | Aubagio <sup>®</sup> Tablet  |
| fingolimod capsule (generic for Gilenya®)   | Bafiertam™ Capsule   |
| teriflunomide tablet (generic for Aubagio®)   |  |
| terminomide tablet (generic for Aubagio )   | Gilenya® Capsule   |
|   | Mavenclad <sup>®</sup> Tablet  |
| Onen elese Ne re commendations  | Mayzent <sup>®</sup> Starter Pack / Tablet   |
| Open class-No recommendations   | Ponvory <sup>™</sup> Starter Pack / Tablet   |
|   | Tascenso ODT™  |
|   |  |
|   | Tecfidera® Capsule / Starter Pack  |
|   | Vumerity Tapsule   |
|   | Zeposia® Starter Pack / Capsule  |
|   |  |
| AMYOTROPHIC LA  | TERAL SCLEROSIS (ALS) AGENTS   |
| - I TO THO THE LA   |  |

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| Preferred  | Non-Preferred   |
|--|---|
| riluzole tablet (generic for Rilutek®)   | edaravone infusion bag (generic for Radicava <sup>®</sup> )   |
| NTM: Added edaravone Vial (generic for Radicava®) to non-preferred   | edaravone Vial (generic for Radicava*)  Exservan - Cral Film  |
| Obsolete: Removed Exservan™ Oral Film  | Qalsody <sup>®</sup> Vial   |
| Obsolete: Removed Exservan Olari min   | Radicava® ORS® Suspension / ORS® Starter Kit Suspension / Infusion Bag  |
|  | Tiglutik <sup>®</sup> Suspension  |
|  |   |
|  | SEDATIVE HYPNOTICS  |
|  | limits apply to all sedative hypnotics  |
| Preferred eszopiclone tablet (generic for Lunesta®)  | Non-Preferred Ambien® Tablet / CR Tablet  |
| flurazepam capsule (generic for Dalmane*)  | Belsomra® Tablet  |
| ramelteon tablet (generic for Rozerem® Tablet)   | Dayvigo <sup>™</sup> Tablet   |
| temazepam 15mg, 30mg capsule (generic for Restoril®)   | Doral Tablet  |
| zaleplon capsule (generic for Sonata®)   | doxepin tablet (generic for Silenor <sup>®</sup> )  |
| zolpidem tablet (generic for Ambien®)  | Edluar <sup>®</sup> SL Tablet   |
|  | estazolam tablet (generic for Prosom®)  |
|  | Halcion® Tablet   |
|  | Hetlioz® Capsule / LQ Suspension - Clinical criteria apply  Lunesta® Tablet   |
|  | quazepam tablet (generic for Doral®)  |
|  | Quviviq <sup>TM</sup> Tablet  |
|  | Restoril <sup>®</sup> Capsule   |
|  | Rozerem <sup>®</sup> Tablet   |
|  | tasimelteon capsule (generic for Hetlioz®) - T/F of Hetlioz® Capsule required for coverage  |
|  | temazepam 7.5, 22.5 mg capsule (generic for Restoril®)  |
|  | triazolam tablet (generic for Halcion®)   |
|  | zolpidem capsule zolpidem ER tablet (generic for Ambien® CR)  |
|  | zolpidem SL tablet (generic for Intermezzo*)  |
|  | colpheen of more (Senere to memorie)  |
|  | TOBACCO CESSATION   |
| Preferred  | Non-Preferred   |
| bupropion SR tablet (generic for Zyban®)   | Nicotrol® Inhaler / NS Nasal Spray  |
| Chantix® Tablet / Starting Box / Continuation Month Box  |   |
| nicotine gum / lozenge (buccal) / patch varenicline tablet / starting month box (generic for Chantix*)   |   |
| varenicline continuation month box (generic for Chantax*)  | +   |
| ,  |   |
| F  | ENDOCRINOLOGY   |
|  |   |
|  | GROWTH HORMONE  |
|  | GROWTH HORMONE criteria apply to all drugs in this class  |
| Clinical c   | criteria apply to all drugs in this class<br>ired for Use of Serostim <sup>®</sup> in AIDS Wasting Syndrome   |
| Clinical o  Prior Approval Not Requ  Preferred   | criteria apply to all drugs in this class ired for Use of Serostim® in AIDS Wasting Syndrome  Non-Preferred   |
| Clinical c Prior Approval Not Requ Preferred Genotropin* Cartridge / MiniQuick*  | criteria apply to all drugs in this class ired for Use of Serostin® in AIDS Wasting Syndrome  Non-Preferred  Humatrope® Cartridge   |
| Clinical o  Prior Approval Not Requ  Preferred   | criteria apply to all drugs in this class tired for Use of Serostim® in AIDS Wasting Syndrome  Non-Preferred  Humatrope® Cartridge  Ngenla® Pen   |
| Clinical of Prior Approval Not Requ Preferred Genotropin * Cartridge / MiniQuick * Norditropin * Flexpro*  | criteria apply to all drugs in this class ired for Use of Serostim® in AIDS Wasting Syndrome  Non-Preferred  Humatrope® Cartridge  Ngenla® Pen  Nutropin® AQ NuSpin®  |
| Clinical c Prior Approval Not Requ Preferred Genotropin* Cartridge / MiniQuick*  | criteria apply to all drugs in this class tired for Use of Serostim® in AIDS Wasting Syndrome  Non-Preferred  Humatrope® Cartridge  Ngenla® Pen   |
| Clinical of Prior Approval Not Requ Preferred Genotropin® Cartridge / MiniQuick® Norditropin® Flexpro®   | criteria apply to all drugs in this class  irred for Use of Scrostim® in AIDS Wasting Syndrome  Non-Preferred  Humatrope® Cartridge  Ngenla® Pen  Nutropin® AQ NuSpin®  Omnitrope® Cartridge / Vial   |
| Clinical of Prior Approval Not Requ Preferred Genotropin® Cartridge / MiniQuick® Norditropin® Flexpro®   | rriteria apply to all drugs in this class ired for Use of Serostim® in AIDS Wasting Syndrome  Non-Preferred  Humatrope® Cartridge  Ngenla® Pen  Nutropin® AQ NuSpin®  Omitrope® Cartridge / Vial  Smixen® Vial  Serostim® Vial  Skytrofa® Cartridge - T/F of preferred agents not required for children <18 years of age  |
| Clinical of Prior Approval Not Requ Preferred Genotropin® Cartridge / MiniQuick® Norditropin® Flexpro®   | criteria apply to all drugs in this class  irred for Use of Serostim® in AIDS Wasting Syndrome  Non-Preferred  Humatrope® Cartridge  Ngenla® Pen  Nutropin® AQ NuSpin®  Omnitrope® Cartridge / Vial  Serizen® "Vial  Serostim® Vial  Skytrofa® Cartridge - T/F of preferred agents not required for children <18 years of age  Sogroya® Pen   |
| Clinical of Prior Approval Not Requ Preferred Genotropin® Cartridge / MiniQuick® Norditropin® Flexpro®   | criteria apply to all drugs in this class ired for Use of Serostin® in AIDS Wasting Syndrome  Non-Preferred  Humatrope® Cartridge  Ngenla® Pen  Nutropin® AQ NuSpin®  Omnitrope® Cartridge / Vial  Serostin® Vial  Skytrofa® Cartridge - T/F of preferred agents not required for children <18 years of age   |
| Clinical c  Prior Approval Not Requ Preferred  Genotropin® Cartridge / MiniQuick® Norditropin® Flexpro®  Obsolete: Removed Saizen® Vial  | criteria apply to all drugs in this class irred for Use of Serostim® in AIDS Wasting Syndrome    Non-Preferred  |
| Clinical c  Prior Approval Not Requ Preferred  Genotropin® Cartridge / MiniQuick® Norditropin® Flexpro®  Obsolete: Removed Saizen® Vial  | criteria apply to all drugs in this class ired for Use of Serostin® in AIDS Wasting Syndrome  Non-Preferred  Humatrope® Cartridge  Ngenla® Pen  Nutropin® AQ NuSpin®  Omnitrope® Cartridge / Vial  Seizen® Vial  Serostin® Vial  Skytrofa® Cartridge - T/F of preferred agents not required for children <18 years of age  Sogroya® Pen  Zomacton® Vial   |
| Clinical c Prior Approval Not Requ Preferred  Genotropin® Cartridge / MiniQuick® Norditropin® Flexpro®  Obsolete: Removed Saizen® Vial  HYPO   | criteria apply to all drugs in this class irred for Use of Serostim® in AIDS Wasting Syndrome    Non-Preferred  |
| Clinical c  Prior Approval Not Requ Preferred  Genotropin® Cartridge / MiniQuick® Norditropin® Flexpro®  Obsolete: Removed Saizen® Vial  HYPC  T/F of Preferred  | criteria apply to all drugs in this class  tired for Use of Serostim® in AIDS Wasting Syndrome    Non-Preferred   |
| Clinical c  Prior Approval Not Requ  Preferred  Genotropin® Cartridge / MiniQuick® Norditropin® Flexpro®  Obsolete: Removed Saizen® Vial  HYPC  T/F of  Preferred  Humalog® U-100 Cartridge  | criteria apply to all drugs in this class ired for Use of Serostim® in AIDS Wasting Syndrome    Non-Preferred   |
| Clinical c Prior Approval Not Requ Preferred  Genotropin® Cartridge / MiniQuick® Norditropin® Flexpro®  Obsolete: Removed Saizen® Vial  HYPC  T/F of Preferred  Humalog® U-100 Cartridge Humalog® U-100 Junior KwikPen®  | criteria apply to all drugs in this class ired for Use of Serostin® in AIDS Wasting Syndrome    Non-Preferred   |
| Clinical c Prior Approval Not Requ Preferred  Genotropin® Cartridge / MiniQuick® Norditropin® Flexpro®  Obsolete: Removed Saizen® Vial  HYPO  T/F of Preferred  Humalog® U-100 Cartridge Humalog® U-100 Lunior KwikPen® Humalog® U-100 KwikPen® / Vial   | criteria apply to all drugs in this class irred for Use of Serostim® in AIDS Wasting Syndrome    Non-Preferred  |
| Clinical c  Prior Approval Not Requ Preferred  Genotropin® Cartridge / MiniQuick® Norditropin® Flexpro®  Obsolete: Removed Saizen® Vial  HYPC  T/F of  Preferred  Humalog® U-100 Cartridge Humalog® U-100 Junior KwikPen® Humalog® U-100 Inior KwikPen® Humalog® U-100 FlexPen® / vial (generic for Novolog®)  | criteria apply to all drugs in this class  irred for Use of Serostim® in AIDS Wasting Syndrome    Non-Preferred   |
| Clinical c  Prior Approval Not Requ  Preferred  Genotropin® Cartridge / MiniQuick® Norditropin® Flexpro®  Obsolete: Removed Saizen® Vial  HYPO  T/F of  Preferred  Humalog® U-100 Cartridge Humalog® U-100 KwikPen® Humalog® U-100 KwikPen® / Vial Insulin aspart U-100 FlexPen® / Vial (generic for Novolog®) Insulin lispor U-100 Junior KwikPen® (generic for Humalog® Junior)  | criteria apply to all drugs in this class irred for Use of Serostim® in AIDS Wasting Syndrome  Non-Preferred  Humatrope® Cartridge  Ngenla® Pen  Nutropin® AQ NuSpin®  Omitrope® Cartridge / Vial  Saizen® Vial  Serostim® Vial  Skyttofa® Cartridge - T/F of preferred agents not required for children <18 years of age  Sogroya® Pen  Zomacton® Vial  OGLYCEMICS - INJECTABLE  Rapid Acting Insulin  only one preferred drug required  Admelog® SoloStar® / Vial  Afrezza® Inhalation Powder  Apidra® SoloStar® / Vial  Fiasp® FlexTouch® / Pentil® / PumpCart® / Vial  Humalog® U-200 KwikPen®  |
| Clinical c  Prior Approval Not Requ Preferred  Genotropin® Cartridge / MiniQuick® Norditropin® Flexpro®  Obsolete: Removed Saizen® Vial  HYPC  T/F of  Preferred  Humalog® U-100 Cartridge Humalog® U-100 Junior KwikPen® Humalog® U-100 Inior KwikPen® Humalog® U-100 FlexPen® / vial (generic for Novolog®)  | criteria apply to all drugs in this class  irred for Use of Serostim® in AIDS Wasting Syndrome    Non-Preferred   |
| Clinical c  Prior Approval Not Requ  Preferred  Genotropin® Cartridge / MiniQuick® Norditropin® Flexpro®  Obsolete: Removed Saizen® Vial  HYPO  Type  Preferred  Humalog® U-100 Cartridge Humalog® U-100 Lunior KwikPen® Humalog® U-100 Lunior KwikPen® Humalog® U-100 Iunior KwikPen® Humalog® U-100 Iunior KwikPen® Hissulin lispro U-100 Junior KwikPen® (generic for Novolog®) Insulin lispro U-100 Junior KwikPen® (generic for Humalog® Junior) Insulin lispro U-100 KwikPen® (vial (generic for Humalog® Junior) Insulin lispro U-100 KwikPen® (vial (generic for Humalog® Junior) Insulin lispro U-100 KwikPen® (yial (generic for Humalog® Junior) Insulin lispro U-100 KwikPen® (generic for Humalog® Junior)  | criteria apply to all drugs in this class  irred for Use of Serostim® in AIDS Wasting Syndrome  Non-Preferred  Humatrope® Cartridge Ngenla® Pen Nutropin® AQ NuSpin® Omnitrope® Cartridge / Vial Saizem® Vial Serostim® Vial Serostim® Vial Skyrofa® Cartridge - T/F of preferred agents not required for children <18 years of age Sogroya® Pen Zomacton® Vial  OGLYCEMICS - INJECTABLE Rapid Acting Insulin  fonly one preferred drug required  Admelog® SoloStar® / Vial Afrezza® Inhalation Powder Apidra® SoloStar® / Vial Fiasp® FlexTouch® / Penfill® / PumpCart® / Vial Humalog® U-200 KwikPen® insulin aspart U-100 Penfill (generic for Novolog®)   |
| Clinical c  Prior Approval Not Requ  Preferred  Genotropin® Cartridge / MiniQuick®  Norditropin® Flexpro®  Obsolete: Removed Saizen® Vial  HYPC  T/F of  Preferred  Humalog® U-100 Cartridge Humalog® U-100 Lunior KwikPen® Humalog® U-100 Junior KwikPen® Humalog® U-100 Junior KwikPen® Himalog® U-100 FlexPen® / vial (generic for Novolog®) insulin iaspart U-100 FlexPen® / vial (generic for Humalog® Junior) insulin ispro U-100 Lunior KwikPen® (generic for Humalog® Junior) insulin ispro U-100 FlexPen® / vial (generic for Humalog® Junior) insulin ispro U-100 FlexPen® / vial (generic for Humalog® Junior) insulin ispro U-100 FlexPen® / vial (generic for Humalog® Junior) insulin ispro U-100 FlexPen® / vial (generic for Humalog® Junior) insulin ispro U-100 FlexPen® / vial (generic for Humalog® Junior) insulin ispro U-100 FlexPen® / vial (generic for Humalog® Junior) insulin ispro U-100 FlexPen® / vial (generic for Humalog® Junior) insulin ispro U-100 FlexPen® / vial (generic for Humalog® Junior) insulin ispro U-100 FlexPen® / vial (generic for Humalog® Junior) insulin ispro U-100 FlexPen® / vial (generic for Humalog® Junior)  | criteria apply to all drugs in this class irred for Use of Serostim® in AIDS Wasting Syndrome  Non-Preferred  Humatrope® Cartridge Ngenla® Pen Nutropin® AQ NuSpin® Omnitrope® Cartridge / Vial Saizen® Vial Serostim® Vial Skyttofa® Cartridge - T/F of preferred agents not required for children <18 years of age Sogroya® Pen Zomacton® Vial  OGLYCEMICS - INJECTABLE Rapid Acting Insulin only one preferred drug required  Admelog® SoloStar® / Vial  Afrezza® Inhalation Powder Apidra® SoloStar® / Vial  Fissp® FlexTouch® / Pientil® / PumpCart® / Vial  Humalog® U-200 KwikPen® insulin aspart U-100 Pentill (generic for Novolog®) Lyumjev® U-100 KwikPen® / U-200 KwikPen® / Vial   |
| Clinical c  Prior Approval Not Requ  Preferred  Genotropin® Cartridge / MiniQuick® Norditropin® Flexpro®  Obsolete: Removed Saizen® Vial  HYPO  T/F of  Preferred  Humalog® U-100 Cartridge Humalog® U-100 Cartridge Humalog® U-100 Linior KwikPen® Humalog® U-100 Linior KwikPen® (generic for Novolog®) insulin lispro U-100 Junior KwikPen® (generic for Humalog® Junior) insulin lispro U-100 Linior KwikPen® / vial (generic for Humalog® Junior) insulin lispro U-100 KwikPen® / vial (generic for Humalog® Junior) insulin lispro U-100 KwikPen® / vial (generic for Humalog® Junior) insulin lispro U-100 FlexPen® / Vial Relion Novolog® U-100 FlexPen® / Vial Relion Novolog® U-100 FlexPen® / Vial  | criteria apply to all drugs in this class  irred for Use of Serostim® in AIDS Wasting Syndrome  Non-Preferred  Humatrope® Cartridge Ngenla® Pen Nutropin® AQ NūSpin®  Omnitrope® Cartridge / Vial  Saizem® Vial  Serostim® Vial  Skytrofa® Cartridge - T/F of preferred agents not required for children <18 years of age  Sogroya® Pen  Zomacton® Vial  OGLYCEMICS - INJECTABLE  Rapid Acting Insulin  fonly one preferred drug required  Admelog® SoloStar® / Vial  Afreza® Inhalation Powder  Apidra® SoloStar® / Vial  Fiasp® FlexTouch® KynRem® / Pennfil® / PumpCart® / Vial  Humalog® U-20 VisiPenn®  insulin aspart U-100 Finfill (generic for Novolog®)  Lyumjev™ U-100 KwikPen® / U-200 KwikPen® / Vial  Short Acting Insulin   |
| Clinical c Prior Approval Not Requ Preferred  Genotropin® Cartridge / MiniQuick® Norditropin® Flexpro®  Obsolete: Removed Saizen® Vial  HYPC  T/F of  Preferred  Humalog® U-100 Cartridge Humalog® U-100 Innior KwikPen® Humalog® U-100 FlexPen® / Vial (generic for Novolog® ) insulin lispro U-100 KwikPen® / Vial (generic for Humalog® Junior) insulin lispro U-100 KwikPen® / Vial (generic for Humalog® Junior) insulin lispro U-100 KwikPen® / Vial (generic for Humalog® Junior) insulin lispro U-100 KwikPen® / Vial (generic for Humalog® Junior) insulin lispro U-100 KwikPen® / Vial (generic for Humalog® Junior) insulin lispro U-100 KwikPen® / Vial (generic for Humalog® Junior) insulin lispro U-100 KwikPen® / Vial (generic for Humalog® Junior) insulin lispro U-100 KwikPen® / Vial (generic for Humalog® Junior) insulin lispro U-100 KwikPen® / Vial (generic for Humalog® Junior) insulin lispro U-100 KwikPen® / Vial (generic for Humalog® Junior) insulin lispro U-100 KwikPen® / Vial (generic for Humalog® Junior) insulin lispro U-100 KwikPen® / Vial (generic for Humalog® Junior) insulin lispro U-100 KwikPen® / Vial (generic for Humalog® Junior) insulin lispro U-100 KwikPen® / Vial (generic for Humalog® Junior) insulin lispro U-100 KwikPen® / Vial (generic for Humalog® Junior) insulin lispro U-100 KwikPen® / Vial (generic for Humalog® Junior) insulin lispro U-100 KwikPen® / Vial (generic for Humalog® Junior) insulin lispro U-100 KwikPen® / Vial (generic for Humalog® Junior) insulin lispro U-100 KwikPen® / Vial (generic for Humalog® Junior) insulin lispro U-100 KwikPen® / Vial (generic for Humalog® Junior)  | criteria apply to all drugs in this class  irred for Use of Scrostim® in AIDS Wasting Syndrome  Non-Preferred  Humatrope® Cartridge  Ngenla® Pen  Nutropin® AQ NuSpin®  Omnitrope® Cartridge / Vial  Saizes® Vial  Serostim® Vial  Skyrofa® Cartridge - T/F of preferred agents not required for children <18 years of age  Sogroya® Pen  Zomacton® Vial  OGLYCEMICS - INJECTABLE  Rapid Acting Insulin  fonly one preferred drug required  Adnelog® SoloStar® / Vial  Afrezza® Inhalation Powder  Apidra® SoloStar® / Vial  Fiasp® FlexTouch® / Penfill® / PumpCart® / Vial  Humalog® U-200 KwikPen®  insulin aspart U-100 Penfill (generic for Novolog®)  Lyumigev® U-100 KwikPen® / U-200 KwikPen® / Vial  Short Acting Insulin  fonly one preferred drug required   |
| Cfinical c Prior Approval Not Requ Preferred  Genotropin® Cartridge / MiniQuick® Norditropin® Flexpro®  Obsolete: Removed Saizen® Vial  HYPO  T/F of  Preferred  Humalog® U-100 Cartridge Humalog® U-100 Cartridge Humalog® U-100 Junior KwikPen® Humalog® U-100 Junior KwikPen® / Vial insulin aspart U-100 FlexPen® / vial (generic for Novolog®) insulin lispro U-100 MixiRPen® (generic for Humalog® Junior) insulin lispro U-100 FlexPen® / Vial (generic for Humalog® Junior) insulin lispro U-100 FlexPen® / Vial (generic for Humalog® Junior) insulin lispro U-100 FlexPen® / Vial (generic for Humalog® Junior) insulin lispro U-100 FlexPen® / Vial (generic for Humalog® Junior) insulin lispro U-100 FlexPen® / Vial (generic for Humalog® Junior) insulin Novolog® U-100 FlexPen® / Vial Relion Novolog® U-100 FlexPen® / Vial   | criteria apply to all drugs in this class  irred for Use of Scrostim® in AIDS Wasting Syndrome  Non-Preferred  Humatrope® Cartridge Ngenla® Pen Nutropin® AQ NuSpin®  Omitrope® Cartridge / Vial Seriem® Vial Seriem® Vial Serostim® Vial Skytrofa® Cartridge - T/F of preferred agents not required for children <18 years of age Sogroya® Pen Zomacton® Vial  OCLYCEMICS - INJECTABLE Rapid Acting Insulin Fonly one preferred drug required  Non-Preferred Admelog® SoloStar® / Vial Afreza® Inhalation Powder Apidra® SoloStar® / Vial Fiasp® FlexTouch® / Penfill® / PumpCart® / Vial Humalog® U-200 KwikPen® insulin aspart U-100 Penfill (generic for Novolog®) Lyumjev® U-100 KwikPen® / U-200 KwikPen® / Vial  Short Acting Insulin Fonly one preferred drug required  Non-Preferred  Non-Preferred Non-Preferred Non-Preferred drug required  Short Acting Insulin Fonly one preferred drug required  Non-Preferred |
| Clinical c  Prior Approval Not Requ Preferred  Genotropin® Cartridge / MiniQuick® Norditropin® Flexpro®  Obsolete: Removed Saizen® Vial  HYPO  Type of Preferred  Humalog® U-100 Cartridge Humalog® U-100 Junior KwikPen® Humalog® U-100 KwikPen® / Vial insulin alspro U-100 Moriber® / Vial insulin ilspro U-100 Junior KwikPen® (generic for Novolog®) insulin lispro U-100 Junior KwikPen® / Vial (generic for Humalog® Junior) insulin lispro U-100 Fenfill / FlexPen® / Vial Relicon Novolog® U-100 Penfill / FlexPen® / Vial Relicon Novolog® U-100 FlexPen® / Vial Relicon Novolog® U-100 FlexPen® / Vial Relicon Novolog® U-100 FlexPen® / Vial   | criteria apply to all drugs in this class  irred for Use of Serostim® in AIDS Wasting Syndrome    Non-Preferred   |
| Cfinical c Prior Approval Not Requ Preferred  Genotropin® Cartridge / MiniQuick® Norditropin® Flexpro®  Obsolete: Removed Saizen® Vial  HYPO  T/F of  Preferred  Humalog® U-100 Cartridge Humalog® U-100 Cartridge Humalog® U-100 Junior KwikPen® Humalog® U-100 Junior KwikPen® / Vial insulin aspart U-100 FlexPen® / vial (generic for Novolog®) insulin lispro U-100 MixiRPen® (generic for Humalog® Junior) insulin lispro U-100 FlexPen® / Vial (generic for Humalog® Junior) insulin lispro U-100 FlexPen® / Vial (generic for Humalog® Junior) insulin lispro U-100 FlexPen® / Vial (generic for Humalog® Junior) insulin lispro U-100 FlexPen® / Vial (generic for Humalog® Junior) insulin lispro U-100 FlexPen® / Vial (generic for Humalog® Junior) insulin Novolog® U-100 FlexPen® / Vial Relion Novolog® U-100 FlexPen® / Vial   | criteria apply to all drugs in this class irred for Use of Serostim* in AIDS Wasting Syndrome    Non-Preferred  |
| Cfinical c Prior Approval Not Requ Preferred  Genotropin® Cartridge / MiniQuick® Norditropin® Flexpro®  Obsolete: Removed Saizen® Vial  HYPO  T/F of  Preferred  Humalog® U-100 Cartridge Humalog® U-100 Lour KwikPen® Humalog® U-100 Junior KwikPen® (generic for Novolog®) insulin lispro U-100 FlexPen® / vial (generic for Humalog® Junior) insulin lispro U-100 FlexPen® / vial (generic for Humalog® Junior) insulin lispro U-100 Fenfill / FlexPen® / Vial Relion Novolog® U-100 Fenfill / FlexPen® / Vial Relion Novolog® U-100 FlexPen® / Vial  | riteria apply to all drugs in this class irred for Use of Serostim® in AIDS Wasting Syndrome    Non-Preferred   |
| Clinical c Prior Approval Not Requ Preferred  Genotropin® Cartridge / MiniQuick® Norditropin® Flexpro®  Obsolete: Removed Saizen® Vial  HYPE  Ti/F of Preferred  Humalog® U-100 Cartridge Humalog® U-100 Cartridge Humalog® U-100 Startidge Humalog® U-100 Innior KwikPen® Humalog® U-100 FlexPen® / Vial insulin aspart U-100 Junior KwikPen® (generic for Novolog®) insulin ilspro U-100 Junior KwikPen® (generic for Humalog® Junior) insulin lispro U-100 Junior KwikPen® / Vial (generic for Humalog® Junior) insulin lispro U-100 FlexPen® / Vial (generic for Humalog® Junior) insulin lispro U-100 FlexPen® / Vial (generic for Humalog® Junior) insulin lispro U-100 FlexPen® / Vial (generic for Humalog® Junior) insulin lispro U-100 FlexPen® / Vial Relion Novolog® U-100 FlexPen® / Vial Humulin® R U-500 KwikPen® / U500 Vial   | rired for Use of Serostim* in AIDS Wasting Syndrome    Non-Preferred  |
| Clinical c Prior Approval Not Requ Preferred  Genotropin® Cartridge / MiniQuick® Norditropin® Flexpro®  Obsolete: Removed Saizen® Vial  HYPO  T/F of Preferred  Humalog® U-100 Cartridge Humalog® U-100 Louis KwikPen® Humalog® U-100 Louis KwikPen® / Vial insulin inspro U-100 Junior KwikPen® (generic for Novolog®) insulin lispro U-100 Junior KwikPen® (generic for Humalog® U-100 Junior KwikPen® / Vial Relion Novolog® U-100 FlexPen® / Vial Relion Novolog® U-100 FlexPen® / Vial Relion Novolog® U-100 FlexPen® / Vial Humulin® R Vialos Vialos Vialos Vial Preferred   | rired for Use of Serostim® in AIDS Wasting Syndrome    Non-Preferred  |
| Clinical c Prior Approval Not Requ Preferred  Genotropin® Cartridge / MiniQuick® Norditropin® Flexpro®  Obsolete: Removed Saizen® Vial  HYPC  T/F of Preferred  Humalog® U-100 Cartridge Humalog® U-100 Junior KwikPen® Humalog® U-100 Junior KwikPen® (generic for Novolog®) insulin lispro U-100 Ilyior KwikPen® (generic for Humalog® Junior) insulin lispro U-100 KwikPen® / Vial Relion Novolog® U-100 FlexPen® / Vial Relion Novolog® U-100 FlexPen® / Vial Relion Novolog® U-100 FlexPen® / Vial Preferred  Humulin® R Vial Humulin® R Vial Humulin® R Vial Preferred  Preferred  Preferred   | rired for Use of Serostim® in AIDS Wasting Syndrome    Non-Preferred  |
| Clinical of Prior Approval Not Requestion of Prior Approval Not Re | rired for Use of Serostim* in AIDS Wasting Syndrome    Non-Preferred  |
| Cfinical c Prior Approval Not Requ Preferred  Genotropin® Cartridge / MiniQuick® Norditropin® Flexpro®  Obsolete: Removed Saizen® Vial  HYPC  T/F of Preferred  Humalog® U-100 Cartridge Humalog® U-100 Unior KwikPen® Humalog® U-100 Unior KwikPen® Humalog® U-100 Unior KwikPen® (generic for Novolog®) insulin lispro U-100 Junior KwikPen® (generic for Humalog® Junior) insulin lispro U-100 KwikPen® / Vial (generic for Humalog® Junior) insulin lispro U-100 KwikPen® / Vial (generic for Humalog® Junior) Preferred  T/F of Preferred  Humulin® R Vial Humulin® R Vial Humulin® R Visl Humulin® R Vislow KwikPen® / Usoo Vial   | rired for Use of Serostim® in AIDS Wasting Syndrome    Non-Preferred  |

# **DRAFT April 2025 PDL 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. For drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at: <a href="https://www.nctracks.nc.gov/content/public/providers/pharmacy.html">https://www.nctracks.nc.gov/content/public/providers/pharmacy.html</a>

|   | ong Acting Insulin  one preferred drug required  |
|---|--|
| Preferred   | Non-Preferred  |
| insulin glargine vial / SoloStar® (authorized biologic for Lantus)  | Basaglar U-100 KwikPen Basaglar U-100 KwikPen Basaglar U-100 KwikPen Basaglar Basagl |
| Lantus® SoloStar® / Vial  | insulin degludec pen / vial (generic for Tresiba®)   |
| Levemir <sup>®</sup> / FlexPen <sup>®</sup> / FlexTouch <sup>®</sup> / Vial   | insulin glargine SoloStar® / Max SoloStar® (generic for Toujeo®)   |
|   | insulin glargine-yfgn pen / vial (generic for Semglee <sup>™</sup> yfgn)   |
|   | Rezvoglar Kwikpen Kwi  |
|   | Semglee <sup>™</sup> yfgn Pen / Vial   |
|   | Toujeo SoloStar / Max SoloStar  Tresiba FlexTouch / Vial   |
|   | Tresiba FlexTouch / Vial   |
| Premixed  | Rapid Combination Insulin  |
| Preferred   | Non-Preferred  |
|   | one preferred drug required  |
| Humalog <sup>®</sup> 50/50 Mix KwikPen <sup>®</sup>   | insulin lispro protamine 75/25 KwikPen* (generic for Humalog* 75/25 Mix)   |
| Humalog <sup>®</sup> 75/25 Mix KwikPen <sup>®</sup> + Vial  | Humalog® 75/25 Mix KwikPen® / Vial   |
| insulin aspart protamine-aspart 70/30 U-100 FlexPen® /(generic for Novolog® Mix 70/30)  | Novolog® Mix 70/30 Vial  |
| insulin lispro protamine 75/25 KwikPen* (generic for Humalog* 75/25 Mix) Novolog* Mix 70/30 FlexPen*  |  |
|   |  |
| -   | (wikPen° / Vial preferred to Non-preferred (generic for Humalog° 75/25 Mix) Non-preferred to Preferred   |
| Premixed  | 70/30 Combination Insulin  |
| Preferred   | Non-Preferred  |
|   | one preferred drug required  |
| Humulin <sup>®</sup> 70/30 KwikPen <sup>®</sup> / Vial  | Novolin® 70/30 FlexPen® / Vial   |
|   | Relion Novolin® 70/30 Vial   |
|   | Relion Novolin® (human insulin NPH / human insulin) 70/30 FlexPen®   |
|   | Relion Novolin® (human insulin NPH / human insulin) 70/30 FlexPen®   |
|   | Amylin Analogs   |
| Requires T/F or insufficient response to metformin containing product unless contri   | indicated or documented adverse event when using either a preferred or non-preferred Amylin Analog   |
| Preferred   | Non-Preferred  |
| Symlin® Pen Injector  |  |
|   |  |
|   | ombinations indicated for the treatment of Diabetes  |
|   | ria apply to all drugs in this class   |
| Preferred   | Non-Preferred  |
| Byetta® Pen Trulicity® Pen  | Bydureon® BCise™  exenatide Pen (generic for Byetta®)  |
| Victoza® Pen  | liraglutide pen (generic for Dietatas)   |
| Ozempic® Pen  | Mounjaro™ Pen  |
|   | Rybelsus <sup>®</sup> Tablet   |
| NTM: Added exenatide Pen (generic for Byetta®) to non-preferred   | Soliqua® Pen   |
|   | Xultophy® Pen  |
|   | OGLYCEMICS - ORAL  |
|   | eneration Sulfonylureas  |
| Preferred glimepiride tablet (generic for Amary1*)  | Non-Preferred  |
| gliniepinue tablet (generic for Amary)   glipizide tablet / ER tablet (generic for Glucotrol® / XL)   |  |
| Glucotrol® XL Tablet  |  |
| glyburide micronized tablet (generic for Micronase®, Glynase®)  |  |
| glyburide tablet (generic for Diabeta®)   |  |
| Glynase® Tablet   |  |
|   | n-Glucosidase Inhibitors   |
| Preferred   | Non-Preferred  |
| acarbose tablet (generic for Precose®)  | miglitol tablet (generic for Glyset*) Precose* Tablet  |
|   | Freedor Tables   |
|   |  |
| Bigua   | Inides and Combinations  |
| Bigua<br>Preferred  | l<br>nides and Combinations<br>Non-Preferred   |
|   | Non-Preferred Glumetza® Tablet ** requires documentation as to why the beneficiary cannot use preferred long acting metformin product  |
| Preferred glipizide-metformin tablet (generic for Metaglip*) glyburide-metformin tablet (generic for Glucovanoe*)   | Non-Preferred  Glumetza* Tablet ** requires documentation as to why the beneficiary cannot use preferred long acting metformin product metformin solution (generic for Riomet*) - T/F of preferred agents not required for children < 12 years of age  |
| Preferred glipizide-metformin tablet (generic for Metaglip*)  | Non-Preferred  Glumetza* Tablet ** requires documentation as to why the beneficiary cannot use preferred long acting metformin product metformin solution (generic for Riomet*) - T/F of preferred agents not required for children < 12 years of age metformin tablet (625 mg)  |
| Preferred glipizide-metformin tablet (generic for Metaglip*) glyburide-metformin tablet (generic for Glucovanoe*)   | Non-Preferred  Glumetza® Tablet ** requires documentation as to why the beneficiary cannot use preferred long acting metformin product metformin solution (generic for Riomet®) - T/F of preferred agents not required for children < 12 years of age metformin tablet (625 mg)  metformin ER tablet (generic for Fortamet®)   |
| Preferred glipizide-metformin tablet (generic for Metaglip*) glyburide-metformin tablet (generic for Glucovanoe*)   | Non-Preferred  Glumetza® Tablet ** requires documentation as to why the beneficiary cannot use preferred long acting metformin product metformin solution (generic for Riomet®) - 1/F of preferred agents not required for children < 12 years of age metformin tablet (625 mg)  metformin ER tablet (generic for Fortamet®) metformin ER tablet (generic for Glumetza®)   |
| Preferred glipizide-metformin tablet (generic for Metaglip*) glyburide-metformin tablet (generic for Glucovance*)   | Non-Preferred  Glumetza® Tablet ** requires documentation as to why the beneficiary cannot use preferred long acting metformin product metformin solution (generic for Riomet®) - T/F of preferred agents not required for children < 12 years of age metformin tablet (625 mg)  metformin ER tablet (generic for Fortamet®)   |
| Preferred glipizide-metformin tablet (generic for Metaglip <sup>®</sup> ) glyburide-metformin tablet (generic for Glucovance <sup>®</sup> ) metformin tablet / ER tablet (generic for Glucophage <sup>®</sup> / ER)   | Non-Preferred  Glumetza® Tablet ** requires documentation as to why the beneficiary cannot use preferred long acting metformin product metformin solution (generic for Riomet®) - 1/F of preferred agents not required for children < 12 years of age metformin tablet (625 mg)  metformin ER tablet (generic for Fortamet®) metformin ER tablet (generic for Glumetza®)   |
| Preferred glipizide-metformin tablet (generic for Metaglip*) glyburide-metformin tablet (generic for Glucovance*) metformin tablet / ER tablet (generic for Glucophage* / ER)  DPP-IV   | Non-Preferred  Glumetza® Tablet ** requires documentation as to why the beneficiary cannot use preferred long acting metformin product metformin solution (generic for Riomet®) - T/F of preferred agents not required for children < 12 years of age metformin tablet (625 mg)  metformin ER tablet (generic for Fortamet®) metformin ER tablet (generic for Gulumetza®) Riomet® Solution / ER Suspension  thibitors and Combinations   |
| Preferred glipizide-metformin tablet (generic for Metaglip*) glybturide-metformin tablet (generic for Glucovance*) metformin tablet / ER tablet (generic for Glucophage* / ER)  DPP-IV  | Non-Preferred  Glumetza® Tablet ** requires documentation as to why the beneficiary cannot use preferred long acting metformin product metformin stablet (seeing for Riomet®) - T/F of preferred agents not required for children < 12 years of age metformin ER tablet (generic for Fortamet®) metformin ER tablet (generic for Glumetza®) Riomet® Solution / ER Suspension   |
| Preferred glipizide-metformin tablet (generic for Metaglip*) glyburide-metformin tablet (generic for Glucovance*) metformin tablet / ER tablet (generic for Glucophage* / ER)  DPP-IV   | Non-Preferred  Glumetza® Tablet ** requires documentation as to why the beneficiary cannot use preferred long acting metformin product metformin solution (generic for Riomet®) - T/F of preferred agents not required for children < 12 years of age metformin tablet (625 mg)  metformin ER tablet (generic for Fortamet®) metformin ER tablet (generic for Giumetza®) Riomet® Solution / ER Suspension  thibitors and Combinations  |
| Preferred glipizide-metformin tablet (generic for Metaglip <sup>®</sup> ) glyburide-metformin tablet (generic for Glucovance <sup>®</sup> ) metformin tablet / ER tablet (generic for Glucophage <sup>®</sup> / ER)  DPP-IV  Requires T/F or insufficient response to metformin containing products unless contraindicated  Preferred  Janumet <sup>®</sup> Tablet / XR Tablet  | Non-Preferred  Glumetza® Tablet ** requires documentation as to why the beneficiary cannot use preferred long acting metformin product metformin solution (generic for Riomet®) - T/F of preferred agents not required for children < 12 years of age metformin ER tablet (generic for Fortamet®) metformin ER tablet (generic for Fortamet®) metformin ER tablet (generic for Glumetza®) Riomet® Solution / ER Suspension hibitors and Combinations  or documented adverse event when using either a preferred or a non-preferred DPP-IV Inhibitor or Combination  Non-Preferred alogliptin tablet (generic for Nesina®)  |
| Preferred glipizide-metformin tablet (generic for Metaglip*) glyburide-metformin tablet (generic for Glucovance*) metformin tablet / ER tablet (generic for Glucophage* / ER)  DPP-IV  Requires T/F or insufficient response to metformin containing products unless contraindicated  Preferred  Janumet* Tablet / XR Tablet  Januvia* Tablet   | Non-Preferred  Glumetza® Tablet ** requires documentation as to why the beneficiary cannot use preferred long acting metformin product metformin solution (generic for Riomet®) - T/F of preferred agents not required for children < 12 years of age metformin tablet (625 mg) metformin ER tablet (generic for Fortamet®) metformin ER tablet (generic for Glumetza®) Riomet® Solution / ER Suspension  hibitors and Combinations  or documented adverse event when using either a preferred or a non-preferred DPP-IV Inhibitor or Combination  Non-Preferred alogliptin tablet (generic for Nesina®) alogliptin-metformin tablet (generic for Kazano®)   |
| Preferred glipizide-metformin tablet (generic for Metaglip*) glyburide-metformin tablet (generic for Glucovance*) metformin tablet / ER tablet (generic for Glucophage* / ER)  DPP-IV  Requires T/F or insufficient response to metformin containing products unless contraindicated  Preferred  Janumet* Tablet / XR Tablet Januvia* Tablet / ZR Tablet Jentadueto* Tablet / XR Tablet   | Non-Preferred Glumetza® Tablet ** requires documentation as to why the beneficiary cannot use preferred long acting metformin product metformin solution (generic for Riomet®) - T/F of preferred agents not required for children < 12 years of age metformin tablet (625 mg) metformin ER tablet (generic for Fortamet®) metformin ER tablet (generic for Glumetza®) Riomet® Solution / ER Suspension  hhibitors and Combinations  or documented adverse event when using either a preferred or a non-preferred DPP-IV Inhibitor or Combination  Non-Preferred alogliptin tablet (generic for Nesina®) alogliptin-metformin tablet (generic for Seana®) alogliptin-metformin tablet (generic for Seana®) alogliptin-pioglitazone tablet (generic for Oseni®)   |
| Preferred glipizide-metformin tablet (generic for Metaglip <sup>®</sup> ) glyburide-metformin tablet (generic for Glucovance <sup>®</sup> ) metformin tablet / ER tablet (generic for Glucophage <sup>®</sup> / ER)  DPP-IV  Requires T/F or insufficient response to metformin containing products unless contraindicated  Preferred  Janumet <sup>®</sup> Tablet / XR Tablet  Januvia <sup>®</sup> Tablet / XR Tablet  Onglyza <sup>®</sup> Tablet  Onglyza <sup>®</sup> Tablet | Non-Preferred  Glumetza* Tablet ** requires documentation as to why the beneficiarry cannot use preferred long acting metformin product metformin solution (generic for Riomet*) - T/F of preferred agents not required for children < 12 years of age metformin ER tablet (generic for Fortamet*) metformin ER tablet (generic for Fortamet*) metformin ER tablet (generic for Giumetza*) Riomet* Solution / ER Suspension  hibitors and Combinations  or documented adverse event when using either a preferred or a non-preferred DPP-IV Inhibitor or Combination  Non-Preferred alogliptin tablet (generic for Nesina*) alogliptin-metformin tablet (generic for Kazano*) alogliptin-metformin tablet (generic for Sosni*) Glyxambi* Tablet  |
| Preferred glipizide-metformin tablet (generic for Metaglip*) glyburide-metformin tablet (generic for Glucovance*) metformin tablet / ER tablet (generic for Glucophage* / ER)  DPP-IV  Requires T/F or insufficient response to metformin containing products unless contraindicated  Preferred  Janumet* Tablet / XR Tablet Januvia* Tablet / ZR Tablet Jentadueto* Tablet / XR Tablet   | Non-Preferred Glumetza® Tablet ** requires documentation as to why the beneficiary cannot use preferred long acting metformin product metformin solution (generic for Riomet®) - T/F of preferred agents not required for children < 12 years of age metformin tablet (625 mg) metformin ER tablet (generic for Fortamet®) metformin ER tablet (generic for Glumetza®) Riomet® Solution / ER Suspension  hibitors and Combinations  or documented adverse event when using either a preferred or a non-preferred DPP-IV Inhibitor or Combination  Non-Preferred alogliptin tablet (generic for Nesina®) alogliptin-metformin tablet (generic for Oseni®) alogliptin-pioglitazone tablet (generic for Oseni®)   |

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|--|--|
|  |  |
|  | Nesina® Tablet   |
|  | Oseni® Tablet  |
|  | Qtern® Tablet  |
|  | saxagliptin tablet (generic for Onglyza*) saxagliptin-metformin ER tablet (generic for Kombiglyze* XR) |
|  | sitagliptin tablet (generic for Januvia®)  |
|  | sitagliptin-metformin tablet (generic for Zituvimet <sup>TN</sup> )                                    |
|  | Steglujan® Tablet  |
|  | Trijardy <sup>®</sup> XR Tablet  |
|  | Zituvimet  |
|  | Zituvimet XR   |
|  | Zituvio <sup>™</sup> Tablet  |
|  |  |
|  | Meglitinides   |
| Preferred  | Non-Preferred  |
| nateglinide tablet (generic for Starlix*)  |  |
| repaglinide tablet (generic for Prandin®)  |  |
| SGLT-2   | Inhibitors and Combinations  |
|  | eria apply to all drugs in this class  |
| Preferred  | Non-Preferred  |
| Farxiga® Tablet  | dapagliflozin tablet (generic for Farxiga <sup>®</sup> )   |
| Jardiance <sup>®</sup> Tablet  | dapagliflozin / metformin ER tablet (generic for Xigduo® XR)   |
| Synjardy <sup>®</sup> Tablet   | Inpefa <sup>™</sup> Tablet   |
| Synjardy® XR Tablet  | Invokamet® Tablet / XR Tablet  |
| Xigduo® XR Tablet  | Invokana® Tablet   |
|  | Segluromet Tablet  |
|  | Steglatro <sup>™</sup> Tablet  |
| TL'  | dinediones and Combinations  |
|  |  |
| Preferred  | Non-Preferred  ActoPlus Met® Tablet  |
| pioglitazone tablet (generic for Actos®)   | Actorius Met Tablet Actos <sup>®</sup> Tablet  |
|  | Duetact® Tablet  |
|  | pioglitazone-glimepiride tablet (generic for Duetact®)   |
|  | pioglitazone-metformin tablet (generic for ActoPlus Met®)  |
|  | programmementum more (generic tot rector instruct )  |
| GAS  | STROINTESTINAL   |
|  | TIC-ANTIVERTIGO AGENTS   |
| Preferred  | Non-Preferred  |
| aprepitant capsule / pack (generic for Emend®) - Clinical criteria apply   | Akynzeo® Capsule / Vial  |
| Diclegis® Tablet   | Antivert® Tablet / Chewable Tablet   |
| dimenhydrinate vial (generic for Dramamine®)   | Anzemet® Tablet  |
| meclizine tablet (generic for Antivert®)   | Aponvie Wial   |
| metoclopramide solution / tablet (generic for Reglan®)   | Barhemsys <sup>®</sup> Vial  |
| ondansetron ODT 4mg and 8 mg/ solution / tablet (generic for Zofran®)  | Bonjesta <sup>®</sup> Tablet   |
| prochlorperazine tablet (generic for Compazine®)   | Cinvanti <sup>®</sup> Vial   |
| promethazine syrup / suppository (12.5 mg and 25 mg) / tablet / ampule / vial (generic for Phenergan®)   | Compro <sup>®</sup> Suppository  |
| Promethegan® (promethazine) Suppository (12.5 mg and 25 mg)  | doxylamine-pyridoxine tablet (generic for Diclegis®)   |
| scopolamine patch (generic for Transderm-Scop®)  | dronabinol capsule (generic for Marinol®)  |
| Transderm-Scop® Patch  | Emend® Capsule / Powder Packet / Trifold Pack - Clinical criteria apply  Emend® Vial                   |
|  | Focinvez (fosaprepitant) Vial  |
| <ul> <li>Off-Cycle Change scopolamine patch (generic for Transderm-Scop®)</li> </ul>   | focaprepitant vial (generic for Emend®)  |
| moved from non-preferred to preferred  | Gimot <sup>TM</sup> Nasal Spray  |
| •  | granisetron vial / tablet (generic for Kytril®)  |
| Pagangiliation, added Desfues IM III \(\frac{1}{2} - \frac{1}{2} - \frac | Marinol® Capsule   |
| Reconciliation: added Posfrea™ Ψ Vial to non-preferred   | metoclopramide vial  |
|  | ondansetron ODT (16 mg)  |
|  | ondansetron vial   |
|  | palonosetron injection (generic for Aloxi®)  |
|  | Phenergan® Ampule / Vial   |
|  | Posfrea™ Ψ Vial  |
|  | prochlorperazine vial / suppository (generic for Compazine®)   |
|  | Promethegan® Suppository (50 mg)   |
|  | Reglan® Tablet   |
|  | Sancuso® Patch   |
|  | scopolamine patch (generic for Transderm-Scop*)  |
|  | Sustof <sup>®</sup> Syringe Tigan <sup>®</sup> Vial  |
|  | trimethobenzamide capsule (generic for Tigan <sup>®</sup> )  |
|  | BILE ACID SALTS  |
| T/F of on  | lly one preferred drug required  |
| Preferred  | Non-Preferred  |
| ursodiol capsule (generic for Actigall®)   | Bylvay Capsule / Pellet - T/F of preferred agents not required for diagnosis of PFIC                   |
| ursodiol tablet (generic for Urso®)  | Chenodal® Tablet   |
|  | Chenous Tuble  |
|  | Cholbam® Capsule   |
| Obsolete: Removed Urso® Tablet / Urso® Forte Tablet  |  |
| Obsolete: Removed Urso® Tablet / Urso® Forte Tablet  | Cholbam® Capsule Iqirvo® (elafibranor) Tablet Livdelzi Capsule   |
| Obsolete: Removed Urso® Tablet / Urso® Forte Tablet  | Cholbam® Capsule Iqirvo® (elafibranor) Tablet Livdelzi Capsule Livmarli® Oral Solution                 |
| Obsolete: Removed Urso® Tablet / Urso® Forte Tablet  | Cholbam <sup>®</sup> Capsule  Iqirvo <sup>®</sup> (elafibranor) Tablet  Livdelzi Capsule               |

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|   | Reltone <sup>™</sup> Capsule  |
|---|---|
|   | Urso <sup>®</sup> Tablet / Urso <sup>®</sup> Forte Tablet   |
| Н РУ  | LORI COMBINATIONS   |
| Preferred   | Non-Preferred   |
| Pylera <sup>®</sup> 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   |
|   | 1 Oquasia - Nover Frant RR / HIPIC LRR  |
| HISTAMINE   | 2 RECEPTOR ANTAGONISTS  |
| Preferred   | Non-Preferred   |
| famotidine tablet / suspension (generic for Pepcid*)  | cimetidine tablet (generic for Tagamet*)  |
|   | cimetidine solution (generic for Tagamet*) nizatidine capsule (generic for Axid*)                           |
|   | Pepcid® Tablet  |
|   |   |
|   | ICREATIC ENZYMES  |
| Preferred Creon® Capsule  | Non-Preferred  Pertzye® Capsule   |
| Zenpep® Capsule   | Viokase® Tablet   |
|   |   |
|   | INS USED FOR CACHEXIA   |
| Preferred   | Non-Preferred   |
| megestrol suspension / tablet (generic for Megace®)   | megestrol ES suspension (generic for Megace <sup>®</sup> ES)  |
| PROT  | ON 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 )  lansoprazole capsule (generic for Prevacid® Rx) | Aciphex® Tablet  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 <sup>®</sup> Suspension  | lansoprazole capsule (generic for Prevacid® OTC)  |
|   | lansoprazole ODT (generic for Prevacid® SoluTab N)  |
|   | 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  |
|   | Prilosce® Rx Suspension Protonix® Tablet  |
|   | rabeprazole tablet (generic for Aciphex®)   |
|   | Zegerid® Rx / Capsule / Packet  |
|   | T COLUMN A WOOL A COLUMN  |
| Preferred SELECTIV  | E CONSTIPATION AGENTS Non-Preferred   |
| Amitiza® Capsule  | alosetron tablet (generic for Lotronex®)  |
| Linzess® Capsule  | Ibsrela® Tablet   |
| lubiprostone capsule (generic for Amitiza®)   | Lotronex® Tablet  |
|   | Motegrity ™ Tablet  |
|   | Movantik® Tablet  Relistor® Syringe / Vial / Tablet - Clinical criteria apply                               |
|   | Symproic® Tablet  |
|   | Trulance <sup>®</sup> Tablet  |
|   | Viberzi® Tablet - T/F of preferred agents not required for Irritable Bowel Syndrome with Diarrhea (IBS-D)   |
| TIT TIT   | CERATIVE COLITIS  |
| UL UL   | Oral  |
| Preferred   | Non-Preferred   |
| Apriso <sup>®</sup> Capsule   | Asacol® HD Tablet   |
| balsalazide capsule (generic for Colazal®)  | Azulfidine® Entab / Tablet  |
| mesalamine DR tablet (generic for Lialda*) Pentasa* Capsule   | budesonide ER tablet (generic for Uceris®)  Colazal® Capsule  |
| Pentasa Capsule sulfasalazine IR / DR tablet (generic for Azulfidine // Entab)                            | Cotazal Capsule  Delzicol® Capsule  |
| (8  | Dipentum® Capsule   |
|   | Lialda <sup>®</sup> Tablet  |
|   | mesalamine DR capsule / tablet (generic for Delzicol®, Asacol® HD, <del>Lialda</del> ®)                     |
|   | mesalamine ER capsule (generic for Apriso <sup>®</sup> , Pentasa <sup>®</sup> )  Uceris <sup>®</sup> Tablet |
|   | UCCIS Iduici  |
| UL  | CERATIVE COLITIS  |
| Rectal  |   |
|   |   |
|   | y one preferred drug required   |
| Preferred   | y one preferred drug required Non-Preferred   |
| Preferred mesalamine enema (generic for Rowasa®)  | y one preferred drug required  Non-Preferred  budesonide rectal foam  |
| Preferred   | y one preferred drug required Non-Preferred   |

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| allopurinol tablet (generic for Zyloprim <sup>®</sup> )   | allopurinol tablet (200 mg)  |  |
|---|--|--|
| Preferred   | Non-Preferred  |  |
|   | GOUT   |  |
|   | COLUM  |  |
|   | Vesicare <sup>®</sup> LS Suspension / Tablet   |  |
|   | trospium tablet / ER capsule (generic for Sanctura® / XR)  |  |
|   | Toviaz <sup>®</sup> Tablet   |  |
|   | Oxytrol <sup>®</sup> Patch   |  |
|   | oxybutynin tablet (2.5 mg)   |  |
|   | ≥65 years  |  |
|   | patients age ≥65 years  Myrbetriq <sup>®</sup> Granules / ER Tablet - T/F of preferred agents not required for diagnosis of dementia or mild cognitive impairment and for patients age |  |
| Obsolete: Removed Gelnique® Gel Sachets   | mirabegron ER Tablet (generic for Myrbetriq*) - T/F of preferred agents not required for diagnosis of dementia or mild cognitive impairment and for                                    |  |
|   | Gemtesa® Tablet - T/F of preferred agents not required for diagnosis of dementia or mild cognitive impairment and for patients age ≥65 years   |  |
| toneroune tablet / ER capsule (generic for Detroi / EA)   |  |  |
| solifenacin tablet (generic for Vesicare®) tolterodine tablet / ER capsule (generic for Detrol® / LA) | flavoxate tablet (generic for Urispas*)  Gelnique*-Gel Sachets   |  |
| oxybutynin solution / syrup / tablet / ER tablet (generic for Ditropan®/ XL)                          | Detrol® Tablet / LA Capsule  |  |
| fesoterodine ER tablet (generic for Toviaz®)  | darifenacin ER tablet (generic for Enablex®)   |  |
| Preferred   | Non-Preferred  |  |
|   | URINARY ANTISPASMODICS   |  |
|   | tadalafil tablet (2.5 mg / 5 mg) (generic for Cialis <sup>®</sup> ) - Clinical criteria apply  |  |
|   | silodosin capsule (generic for Rapaflo*)   |  |
|   | Rapaflo <sup>®</sup> Capsule   |  |
|   | Proscar® Tablet  |  |
| terazosin capsule (generic for Hytrin®)   | Flomax® Capsule  |  |
| tamsulosin capsule (generic for Flomax®)  | Entadñ <sup>™</sup> Capsule  |  |
| finasteride tablet (generic for Proscar®)   | dutasteride / tamsulosin capsule (generic for Jalyn <sup>®</sup> )   |  |
| dutasteride capsule (generic Avodart®)  | Cialis® Tablet 5 mg - Clinical criteria apply  |  |
| doxazosin tablet (generic for Cardura®)   | Cardura® Tablet / XL Tablet  |  |
| alfuzosin ER tablet (generic for Uroxatral®)  | Avodart* Softgel   |  |
| Preferred   | Non-Preferred  |  |
| BENIGN I  | PROSTATIC HYPERPLASIA TREATMENTS   |  |
|   |  |  |
|   | Xphozah Tablet   |  |
|   | Velphoro* (Newable   |  |
|   | sevelamer hydrochloride tablet (generic for Renagel®)  |  |
| Obsolete: Removed Phoslyra® (calcium acetate) Solution  | Renvela® Powder Pack / Tablet  |  |
|   | Magnetsind* 400 Rx Tablet  Phosbyra**(calcium acetate) Solution  |  |
| sevelamer carbonate powder pack / tablet (generic for Renvela®)                                       | lanthanum carbonate chewable tablet (generic for Fosrenol <sup>®</sup> )  MagneBind <sup>®</sup> 400 Rx Tablet   |  |
| calcium acetate tablet (generic for Eliphos®)   | Fosrenol® Chewable Tablet / Powder Pack  |  |
| calcium acetate capsule (generic for PhosLo®)   | Auryxia® Tablet  |  |
| Preferred   | Non-Preferred  |  |
| ELECTR  | ROLYTE DEPLETERS (KIDNEY DISEASE)  |  |
|   | SENITOURINARY / RENAL  |  |
|   |  |  |
|   | Uceris® Rectal Foam  |  |
|   | SF Rowasa <sup>®</sup> Enema   |  |
|   |  |  |

# **DRAFT April 2025 PDL 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. For drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at: <a href="https://www.nctracks.nc.gov/content/public/providers/pharmacy.html">https://www.nctracks.nc.gov/content/public/providers/pharmacy.html</a>

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

|  | 100 A 10  |
|--|---|
| colchicine tablet (generic for Colcrys®)   | colchicine capsule (generic for Mitigare)   |
| probenecid tablet (generic for Benemid*)   | Colcrys <sup>®</sup> Tablet   |
| probenecid-colchicine tablet (generic for Col-Benemid®)  | febuxostat tablet (generic for Uloric® Tablet)  |
|  | Gloperba® Solution  |
| Open class-No recommendations  | Krystexxa® Vial   |
| Open class-No recommendations  |   |
|  | Mitigare® (branded colchicine 0.6mg) Capsules   |
|  | Uloric® Tablet  |
|  | Zyloprim <sup>®</sup> Tablet  |
|  |   |
| Ħ  | EMATOLOGIC  |
|  |   |
| A  | NTICOAGULANTS   |
|  | Injectable  |
| Preferred  | Non-Preferred   |
| enoxaparin syringe / vial (generic for Lovenox®)   | Arixtra <sup>®</sup> Syringe  |
|  |   |
| Fragmin® Syringe / Vial  | fondaparinux syringe (generic for Arixtra*)   |
|  | Lovenox® Syringe / Vial   |
|  |   |
|  | Oral  |
| Preferred  | Non-Preferred   |
|  |   |
| Eliquis® Tablet / Starter Dose Pack  | dabigatran capsule (generic for Pradaxa® Capsule)   |
| Jantoven® (branded generic for Coumadin®)  | Pradaxa® Pellet Pack  |
| Pradaxa <sup>®</sup> Capsule   | Savaysa® Tablet  Open class-No recommendations  |
| warfarin tablet (generic for Coumadin <sup>®</sup> )   | Xarelto <sup>®</sup> Suspension Open Class-INO recommendations  |
| Xarelto® Starter Pack / Tablet   |   |
| Tancho State Lucky Luck  |   |
| COLONY   | STIMULATING FACTORS   |
|  |   |
| Preferred  | Non-Preferred   |
| Fulphila <sup>®</sup> Syringe  | Fylnetra <sup>®</sup> Syringe   |
| Neupogen® Vial / Syringe   | Granix® Safe Syringe / Syringe / Vial   |
| Udenyca® Autoinjector / Syringe  | Leukine® Vial   |
| Outries Training error, Dyringe  | Neulasta® Syringe / Kit   |
|  |   |
|  | Nivestym <sup>™</sup> Syringe / Vial  |
|  | Nyvepria <sup>™</sup> Syringe   |
|  | Releuko <sup>®</sup> Syringe / Vial   |
|  | Rolvedon <sup>™</sup> Syringe   |
|  | Stimufend® Syringe  |
|  | Udenyca <sup>®</sup> On-Body  |
|  | Zarxio® Syringe   |
|  | Ziextenzo <sup>®</sup> Syringe  |
|  | Zienna Jinge  |
| HEM  | ATOPOIETIC AGENTS   |
|  |   |
|  | eria apply to all drugs in this class   |
| Preferred  | Non-Preferred   |
| Aranesp <sup>®</sup> Syringe / Vial  | Jesduvroq* Tablet   |
| Epogen® Vial   | Mircera® Syringe  |
| Retacrit <sup>®</sup> Vial   | Procrit <sup>®</sup> Vial   |
|  | Reblozyl <sup>®</sup> Vial  |
|  | Vafseo® (vadudastat) Tablet   |
|  |   |
|  |   |
| THROMBOPO  | DIESIS STIMULATING AGENTS   |
|  | DIESIS STIMULATING AGENTS Non-Preferred   |
| Preferred  | Non-Preferred   |
| Preferred  Nplate <sup>®</sup> Vial  | Non-Preferred Alvaiz™ Tablet  |
| Preferred  Nplate <sup>®</sup> Vial  | Non-Preferred  Alvaiz <sup>™</sup> Tablet  Doptlet  |
| Preferred  Nplate <sup>®</sup> Vial  | Non-Preferred  Alvaiz  Tablet  Doptlet  Mulpleta  |
| Preferred  Nplate <sup>®</sup> Vial  | Non-Preferred  Alvaiz <sup>™</sup> Tablet  Doptlet  |
| Preferred  Nplate <sup>®</sup> Vial  | Non-Preferred  Alvaiz  Tablet  Doptlet  Mulpleta  |
| Preferred  Nplate* Vial  Promacta* Suspension / Tablet   | Non-Preferred  Alvaiz <sup>™</sup> Tablet  Doptlet  Mulpleta  Tavalisse <sup>™</sup> Tablet   |
| Preferred  Nplate® Vial  Promacta® Suspension / Tablet  O  | Non-Preferred  Alvaiz™ Tablet Doptlet Mulpleta Tavalisse™ Tablet  DPHTHALMIC  |
| Preferred  Nplate® Vial  Promacta® Suspension / Tablet  O ALLERGIC   | Non-Preferred  Alvaiz™ Tablet Doplet Mulpleta Tavalisse™ Tablet  DPHTHALMIC CONJUNCTIVITIS AGENTS   |
| Preferred  Nplate® Vial  Promacta® Suspension / Tablet  O  ALLERGIC  Preferred   | Non-Preferred  Alvaiz™ Tablet Doptlet  Mulpleta Tavalisse™ Tablet  DPHTHALMIC  CONJUNCTIVITIS AGENTS  Non-Preferred   |
| Preferred  Nplate Vial  Promacta Suspension / Tablet  O  ALLERGIC  Preferred  cromolyn sodium drops (generic for Crolom *)   | Non-Preferred  Alvaiz™ Tablet Doptlet Mulpleta Tavalisse™ Tablet  DPHTHALMIC CONJUNCTIVITIS AGENTS  Non-Preferred  Alvair®-Drops  |
| Preferred  Nplate* Vial  Promacta* Suspension / Tablet  O  ALLERGIC  Preferred  cromolyn sodium drops (generic for Crolon*) olopatadine drops (generic for Pataday*, Patanol*)   | Non-Preferred  Alvaiz <sup>®</sup> Tablet Doptlet Mulpleta  Tavalisse <sup>™</sup> Tablet  DPHTHALMIC  CONJUNCTIVITIS AGENTS  Non-Preferred  Alocris <sup>®</sup> Drops  Alomide <sup>®</sup> Drops   |
| Preferred  Nplate* Vial  Promacta* Suspension / Tablet  O  ALLERGIC  Preferred  cromolyn sodium drops (generic for Crolon*) olopatadine drops (generic for Pataday*, Patanol*)   | Non-Preferred  Alvaiz® Tablet Doplet Mulpleta Tavalisse™ Tablet  PHTHALMIC  CONJUNCTIVITIS AGENTS  Non-Preferred  Alomide® Drops Alomide® Drops Alrem® Drops Alem® Drops  |
| Preferred  Nplate* Vial  Promacta* Suspension / Tablet  O  ALLERGIC  Preferred  cromolyn sodium drops (generic for Crolon*) olopatadine drops (generic for Pataday*, Patanol*)   | Non-Preferred  Alvaiz™ Tablet Doptlet  Mulpleta Tavalisse™ Tablet  DPHTHALMIC  CONJUNCTIVITIS AGENTS  Non-Preferred  Alocaid® Drops Alomid® Drops Alomid® Drops allex® Drops  |
| Preferred  Nplate* Vial  Promacta* Suspension / Tablet  O ALLERGIC  Preferred  cromolyn sodium drops (generic for Crolom*) olopatadine drops (generic for Pataday*, Patanol*) (OTC)  | Non-Preferred  Alvaiz® Tablet Doplet Mulpleta Tavalisse™ Tablet  PHTHALMIC  CONJUNCTIVITIS AGENTS  Non-Preferred  Alomide® Drops Alomide® Drops Alrem® Drops Alem® Drops  |
| Preferred  Nplate* Vial  Promacta* Suspension / Tablet  O ALLERGIC  Preferred  cromolyn sodium drops (generic for Crolom*) olopatadine drops (generic for Pataday*, Patanol*) olopatadine drops (generic for Pataday*, Patanol*) Off-Cycle Change olopatadine drops (generic for Pataday*, Patanol*)   | Non-Preferred  Alvaiz™ Tablet Doptlet  Mulpleta Tavalisse™ Tablet  DPHTHALMIC  CONJUNCTIVITIS AGENTS  Non-Preferred  Alocaid® Drops Alomid® Drops Alomid® Drops allex® Drops  |
| Preferred  Nplate* Vial  Promacta* Suspension / Tablet  O ALLERGIC  Preferred  cromolyn sodium drops (generic for Crolom*) olopatadine drops (generic for Pataday*, Patanol*) (OTC)  | Non-Preferred  Alvaiz™ Tablet Doptlet Mulpleta Tavalisse™ Tablet  PHTHALMIC  CONJUNCTIVITIS AGENTS  Non-Preferred  Alexri® Drops Alomide® Drops Alomide® Drops Alorsy Drops beptastine drops (generic for Optivar®) beptastine drops (generic for Spreve®) Bepreve® Drops Bepreve® Drops  |
| Preferred  Nplate* Vial  Promacta* Suspension / Tablet  O ALLERGIC  Preferred  cromolyn sodium drops (generic for Crolon*) olopatadine drops (generic for Pataday*, Patanol*) Off-Cycle Change olopatadine drops (generic for Pataday*, Patanol*) (OTC) added as preferred   | Non-Preferred  Alvaiz™ Tablet Doptlet Mulpleta Tavalisse™ Tablet  DPHTHALMIC  CONJUNCTIVITIS AGENTS  Non-Preferred  Aloeri® Drops Alomide® Drops Alomide® Drops Alere ® Drops Alere ® Drops Alere ® Drops bepotastine drops (generic for Optivar®) bepotastine drops (generic for Bepreve®)   |
| Preferred  Nplate* Vial  Promacta* Suspension / Tablet  O ALLERGIC  Preferred  cromolyn sodium drops (generic for Crolom*) olopatadine drops (generic for Pataday*, Patanol*) olopatadine drops (generic for Pataday*, Patanol*) Off-Cycle Change olopatadine drops (generic for Pataday*, Patanol*)   | Non-Preferred  Alvaiz™ Tablet Doptlet  Mulpleta Tavalisse™ Tablet  DPHTHALMIC  CONJUNCTIVITIS AGENTS  Non-Preferred  Alocait® Drops Alomid® Drops azelastine drops (generic for Optivar®) bepotastine drops (generic for Bepreve®) Bepreve® Drops loteprednol drops (generic for Elestat®) loteprednol drops (generic for Alrex®)   |
| Preferred  Nplate* Vial  Promacta* Suspension / Tablet  O ALLERGIC  Preferred  cromolyn sodium drops (generic for Crolon*) olopatadine drops (generic for Pataday*, Patanol*)  Off-Cycle Change olopatadine drops (generic for Pataday*, Patanol*)  (OTC) added as preferred  | Non-Preferred  Alvaiz <sup>™</sup> Tablet  Doptlet  Mulpleta  Tavalisse <sup>™</sup> Tablet   PHTHALMIC  CONJUNCTIVITIS AGENTS  Non-Preferred  Alocit <sup>®</sup> -Drops  Alomide <sup>®</sup> Drops  Alrax <sup>®</sup> Drops  azelastine drops (generic for Optivar <sup>®</sup> )  bepotastine drops (generic for Bepreve <sup>®</sup> )  Bepreve <sup>®</sup> Drops  epimastine drops (generic for Elestar <sup>®</sup> )  |
| Preferred  Nplate* Vial  Promacta* Suspension / Tablet  O ALLERGIC  Preferred  cromolyn sodium drops (generic for Crolon*) olopatadine drops (generic for Pataday*, Patanol*)  Off-Cycle Change olopatadine drops (generic for Pataday*, Patanol*)  (OTC) added as preferred  | Non-Preferred  Alvais <sup>™</sup> Tablet  Doptlet  Mulpleta  Tavalisse <sup>™</sup> Tablet  PHTHALMIC  CONJUNCTIVITIS AGENTS  Non-Preferred  Alceris <sup>®</sup> Drops  Alomide <sup>®</sup> Drops  Alomide <sup>®</sup> Drops  Alomide <sup>®</sup> Drops  bepotastine 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> )  Zerviatt <sup>™</sup> Drops  |
| Preferred  Nplate* Vial  Promacta* Suspension / Tablet  O  ALLERGIC  Preferred  cromolyn sodium drops (generic for Crolon*) olopatadine drops (generic for Pataday*, Patanol*) Off-Cycle Change olopatadine drops (generic for Pataday*, Patanol*)  (OTC) added as preferred Obsolete: Removed Alocril* Drops   | Non-Preferred  Alvais <sup>26</sup> Tablet  Doptlet  Mulpleta  Tavalisse <sup>16</sup> Tablet  PPHTHALMIC  CONJUNCTIVITIS AGENTS  Non-Preferred  Alocris <sup>26</sup> Drops  Alomide Drops  Alomide Drops  Alex Drops  azelastine drops (generic for Optivar <sup>26</sup> )  Beperastine drops (generic for Bepreve <sup>36</sup> )  Bepreve <sup>36</sup> Drops  epinastine drops (generic for Elestat <sup>36</sup> )  lotepreduol drops (generic for Alrex <sup>36</sup> )  Zerviate <sup>36</sup> Drops  ANTIBIOTICS  |
| Preferred  Nplate Vial Promacta® Suspension / Tablet  On ALLERGIC  Preferred  cromolyn sodium drops (generic for Crolom®) olopatadine drops (generic for Pataday®, Patanol®) olopatadine drops (generic for Pataday®, Patanol®) (OTC)  Off-Cycle Change olopatadine drops (generic for Pataday®, Patanol®)  (OTC) added as preferred  Obsolete: Removed Alocril® Drops  Preferred  | Non-Preferred  Alvaiz™ Tablet Doptlet  Mulpleta Tavalisse™ Tablet  DPHTHALMIC  CONJUNCTIVITIS AGENTS  Non-Preferred  Alocit® Drops Alocit® Drops Alocit® Drops azelastine drops (generic for Optivar®) beptostatine drops (generic for Bepreve®) Bepreve® Drops Joseph Drops Bepreve® Drops Joseph |
| Preferred  Nplate* Vial Promacta* Suspension / Tablet  O ALLERGIC Preferred  cromolyn sodium drops (generic for Crolom*) olopatadine drops (generic for Pataday*, Patanol*) olopatadine drops (generic for Pataday*, Patanol*) (OTC) added as preferred  Obsolete: Removed Alocril* Drops  Preferred  Obsolete: Removed Alocril* Drops   | Non-Preferred  Alvaiz® Tablet Doptlet  Mulpleta Tavalisse™ Tablet  DPHTHALMIC  CONJUNCTIVITIS AGENTS  Non-Preferred  Aloeni® Drops Alomid® Drops Alren® Drops Alren® Drops bepotastine drops (generic for Optivar®) bepotastine drops (generic for Elestar®) loteprednol drops (generic for Elestar®)   |
| Preferred  Nplate* Vial  Promacta* Suspension / Tablet  O  ALLERGIC  Preferred  cromolyn sodium drops (generic for Crolom*) olopatadine drops (generic for Pataday*, Patanol*) olopatadine drops (generic for Pataday*, Patanol*) olopatadine drops (generic for Pataday*, Patanol*) Off-Cycle Change olopatadine drops (generic for Pataday*, Patanol*) (OTC) added as preferred Obsolete: Removed Alocril* Drops  Preferred  bacitracin-polymyxin ointment (generic for Polysporin*) ciprofloxacin solution drops (generic for Ciloxan*)   | Non-Preferred  Alvaiz™ Tablet Doptlet Mulpleta Tavalisse™ Tablet  DPHTHALMIC  CONJUNCTIVITIS AGENTS  Non-Preferred  Alcerif™ Drops Almide® Drops Almide® Drops Almide® Drops Almide® Drops Bepreve® Drops Almide of the Sperice for Elestaf® Depreve® Depreve® Depreve® Drops  Epinastine drops (generic for Elestaf® Depreve® Drops  Almide® Drops Bepreve® Drops  Props  Props  Almide® Drops  Bepreve® Drops  Props  Almide® Drops  Bepreve® Drops  Props  Almide® Drops  Props  Non-Preferred  Azasite® Drops  Non-Preferred  Azasite® Drops  bacitracin ointment (generic for AK-Tracin® )   |
| Preferred  Nplate* Vial Promacta* Suspension / Tablet  O ALLERGIC Preferred  cromolyn sodium drops (generic for Crolom*) olopatadine drops (generic for Pataday*, Patanol*) olopatadine drops (generic for Pataday*, Patanol*) (OTC) added as preferred  Obsolete: Removed Alocril* Drops  Preferred  Obsolete: Removed Alocril* Drops   | Non-Preferred  Alvais™ Tablet  Doptlet  Mulpleta  Tavalisse™ Tablet  Tavalisse™ Tablet  PHTHALMIC  CONJUNCTIVITIS AGENTS  Non-Preferred  Alocris® Drops  Alomide® Drops  Alomide® Drops  Alomide® Drops  Alomide Drops  peptastine drops (generic for Optivar®)  pepetastine drops (generic for Bepreve®)  Bepreve® Drops  epinastine drops (generic for Alrex®)  Zerviate™ Drops  ANTIBIOTICS  Non-Preferred  Avasite® Drops  bacitracin ointment (generic for AK-Tracin®)  Besivance® Suspension  |
| Preferred  Nplate* Vial  Promacta* Suspension / Tablet  O  ALLERGIC  Preferred  cromolyn sodium drops (generic for Crolom*) olopatadine drops (generic for Pataday*, Patanol*) olopatadine drops (generic for Pataday*, Patanol*) olopatadine drops (generic for Pataday*, Patanol*) Off-Cycle Change olopatadine drops (generic for Pataday*, Patanol*) (OTC) added as preferred Obsolete: Removed Alocril* Drops  Preferred  bacitracin-polymyxin ointment (generic for Polysporin*) ciprofloxacin solution drops (generic for Ciloxan*)   | Non-Preferred  Alvaiz™ Tablet Doptlet Mulpleta Tavalisse™ Tablet  DPHTHALMIC  CONJUNCTIVITIS AGENTS  Non-Preferred  Alcerif™ Drops Almide® Drops Almide® Drops Almide® Drops Almide® Drops Bepreve® Drops Almide of the Sperice for Elestaf® Depreve® Depreve® Depreve® Drops  Epinastine drops (generic for Elestaf® Depreve® Drops  Almide® Drops Bepreve® Drops  Props  Props  Almide® Drops  Bepreve® Drops  Props  Almide® Drops  Bepreve® Drops  Props  Almide® Drops  Props  Non-Preferred  Azasite® Drops  Non-Preferred  Azasite® Drops  bacitracin ointment (generic for AK-Tracin® )   |
| Preferred  Nplate* Vial  Promacta* Suspension / Tablet  O  ALLERGIC  Preferred  cromolyn sodium drops (generic for Crolom*) olopatadine drops (generic for Pataday*, Patanol*) olopatadine drops (generic for Pataday*, Patanol*) olopatadine drops (generic for Pataday*, Patanol*) (OTC)  Off-Cycle Change olopatadine drops (generic for Pataday*, Patanol*) (OTC) added as preferred  Obsolete: Removed Alocril* Drops  Preferred  bacitracin-polymyxin ointment (generic for Polysporin*) ciprofloxacin solution drops (generic for Ciloxan*) erythromycin ointment (generic for Ilotycin*)   | Non-Preferred  Alvais™ Tablet  Doptlet  Mulpleta  Tavalisse™ Tablet  Tavalisse™ Tablet  PHTHALMIC  CONJUNCTIVITIS AGENTS  Non-Preferred  Alocris® Drops  Alomide® Drops  Alomide® Drops  Alomide® Drops  Alomide Drops  peptastine drops (generic for Optivar®)  pepetastine drops (generic for Bepreve®)  Bepreve® Drops  epinastine drops (generic for Alrex®)  Zerviate™ Drops  ANTIBIOTICS  Non-Preferred  Avasite® Drops  bacitracin ointment (generic for AK-Tracin®)  Besivance® Suspension  |
| Preferred  Nplate* Vial Promacta* Suspension / Tablet  O ALLERGIC Preferred  cromolyn sodium drops (generic for Crolom*) olopatadine drops (generic for Pataday*, Patanol*) Off-Cycle Change olopatadine drops (generic for Pataday*, Patanol*)  (OTC) added as preferred Obsolete: Removed Alocril* Drops  Preferred  bacitracin-polymyxin ointment (generic for Polysporin*) ciprofloxacin solution drops (generic for Ciloxan*) erythromycin ointment (generic for Bolycin*) gentamicin drops (generic for Gramycin*) moxifloxacin ophthalmic solution (generic for Vigamox*) | Non-Preferred  Alvaiz® Tablet Doptlet Mulpleta Tavalisse™ Tablet  DPHTHALMIC  CONJUNCTIVITIS AGENTS  Non-Preferred  Alcerit® Drops Almer® Drops Almer® Drops Almer® Drops beptastine drops (generic for Optivar®) beptastine drops (generic for Elestat®) loteprednol drops (generic for Elestat®) Loteprednol drops (generic for Alrex®) Zerviate® Torps  ANTIBIOTICS  Non-Preferred  Azasite® Drops  Besivance® Suspension Ciloxan® Ontment (generic for AK-Tracin®) Besivance® Suspension Ciloxan® Ontment gatifloxacin drops (generic for Zymaxid®)   |
| Preferred  Nplate Vial Promacta® Suspension / Tablet  O ALLERGIC Preferred  cromolyn sodium drops (generic for Crolom®) olopatadine drops (generic for Pataday®, Patanol®) olopatadine drops (generic for Pataday®, Patanol®) (OTC)  Off-Cycle Change olopatadine drops (generic for Pataday®, Patanol®) (OTC) added as preferred Obsolete: Removed Alocril® Drops  Preferred  Dacitracin-polymyxin ointment (generic for Polysporin®) ciprofloxacin solution drops (generic for Cloxan®) erythromyxin ointment (generic for Cloxan®) gentamicin drops (generic for Grammycin®)                                      | Non-Preferred  Alvaiz™ Tablet Doptlet  Mulpleta Tavalisse™ Tablet  DPHTHALMIC  CONJUNCTIVITIS AGENTS  Non-Preferred  Alocait® Drops Allowid® Drops azelastine drops (generic for Optivar®) beptastine drops (generic for Bepreve®) Bepreve® Drops azelastine drops (generic for Alrex®) Constitution of the props Alocait® Optivar® Op |

# **DRAFT April 2025 PDL 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

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| polymyxin-trimethoprim drops (generic for Polytrim <sup>®</sup> )                | neomycin-bacitracin-polymyxin ointment (generic for Neosporin® Ophthalmic Ointment)                             |
|--|---|
| sulfacetamide drops (generic for Bleph-10®)                                      | neomycin-polymyxin-gramicidin drops (generic for Neosporin® Ophthalmic Drops)                                   |
| tobramycin drops (generic for Tobrex®)   | Neo-Polycin® Ointment (branded generic for Neosporin® Ophthalmic Ointment)                                      |
|  | Ocuflox® Drops  |
|  | sulfacetamide ointment (generic for Cetamide®)  |
|  | Tobrex® Ointment  |
|  | Vigamox <sup>®</sup> Drops  |
| ANTIE  | BIOTICS-STEROID COMBINATIONS  |
| Preferred  | Non-Preferred   |
| neomycin-polymyxin-dexamethasone drops / ointment (generic for Maxitrol®)        | Maxitrol® Drops / Ointment  |
| Tobradex® Drops / Ointment   | Neo-Polycin® HC (branded generic for Cortisporin®)  |
| tobramycin-dexamethasone suspension (generic for Tobradex®)                      | neomycin-bacitracin-polymyxin-HC ointment (generic for Cortisporin®)  |
| _  | neomycin-polymyxin-HC drops (generic for Ocutricin®)  |
| Open class-No recommendations  | sulfacetamide-prednisolone drops (generic for Vasocidin <sup>®</sup> )  |
|  | Tobradex® ST Drops  |
|  | Zylet <sup>®</sup> Drops  |
|  | ANTI-INFLAMMATORY   |
| Preferred  | Non-Preferred   |
| dexamethasone drops (generic for Decadron®)                                      | Acular® Drops / LS Solution   |
| diclofenac drops (generic for Voltaren®)   | Acuvail <sup>®</sup> Solution   |
| difluprednate drops (generic for Durezol®)                                       | bromfenac drops (generic for Prolensa *, Xibrom *, BromSite *)  |
| Flarex® Drops  | BromSite <sup>®</sup> Solution  |
| fluorometholone drops (generic for FML®)   | Dextenza® Insert  |
| flurbiprofen drops (generic for Ocufen®)   | Durezol <sup>®</sup> Drops  |
| ketorolac solution (generic for Acular® / LS)                                    | FML® Forte Drops / Liquifilm® Drops   |
| Lotemax® Drops   | llevro® Drops   |
| Nevanac® Droptainer  | Iluvien <sup>®</sup> Implant  |
| Pred Mild® Drops prednisolone acetate drops (generic for Pred Forte®)            | Inveltys "Drops  Lotemax* Gel / SM Gel / Ointment   |
| preumsoione acetate drops (generic for Fred Forte )                              | loteprednol drops / gel (generic for Lotemax®)  |
|  | Maxidex Drops   |
|  | Ozurdex® Implant  |
|  | Pred Forte <sup>®</sup> Drops   |
|  | prednisolone sodium phosphate drops (generic for Inflamase Forte®)  |
|  | Prolensa® Drops   |
|  | Retisert® Implant   |
|  | Triesence Vial  |
|  | Xipere <sup>TM</sup> (Intraocular)  |
|  | Yutiq in Implant  |
|  |   |
| ANTI-INFI  | AMMATORY / IMMUNOMODULATOR  |
| Preferred  | Non-Preferred   |
| Restasis <sup>®</sup> Drops / Restasis <sup>®</sup> Multidose <sup>™</sup> Drops | Cequa Drops   |
| Xiidra® Drops  | cyclosporine emulsion (generic for Restasis*)   |
|  | Eysuvis <sup>®</sup> Drops  |
|  | Miebo <sup>™</sup> Drops  |
|  | Tyrvaya* Nasal Spray  |
|  | Verkazia Eye Emulsion - T/F of preferred agents not required for diagnosis of vernal keratoconjunctivitis (VKC) |
|  | Verye <sup>®</sup> Drops  |
| Al   | LPHA 2 ADRENERGIC AGENTS  |
| Preferred  | Non-Preferred   |
| Alphagan <sup>®</sup> P Drops  | apraclonidine drops (generic for Iopidine <sup>®</sup> )  |
| brimonidine drops (generic for Alphagan®)  | brimonidine P drops (generic for Alphagan®P)  |
|  | Iopidine® Drops   |
| Onen clas  | s-No recommendations  |
| Open clas  | 5-NO TECOMMENTALIONS  |
| BETA B   | LOCKER AGENTS / COMBINATIONS  |
| Preferred  | Non-Preferred   |
| Combigan® Drops  | betaxolol drops (generic for Betoptic ")  |
| timolol drops / GFS gel-solution (generic for Timoptic® / Timoptic XE®)          | Betimol <sup>®</sup> Drops  |
|  | Betoptic <sup>®</sup> S Drops   |
|  | brimonidine tartrate / timolol drops (generic for Combigan*)  |
| NTM: Added timolol (generic for Betimol® drops) to                               | carteolol drops (generic for Ocupress*)   |
| non-preferred ————   | Istalol® Drops  |
|  | levobunolol drops (generic for Betagan®) timolol (generic for Betimol® drops)                                   |
|  | timolol drop (generic for Istalol® Drops)   |
|  | timolol maleate drop (generic for Timoptic® Ocudose® Drops)   |
|  | Timoptic <sup>®</sup> Drops / Ocudose <sup>®</sup> Drops / XE <sup>®</sup> Solution                             |
| CARBONIC A   | NHYDRASE INHIBITORS / COMBINATIONS  |
| Preferred  | Non-Preferred   |
|  |   |
| dorzolamide drops (generic for Trusopt <sup>®</sup> )                            | Azopt® Drops  |
| dorzolamide-timolol drops (generic for Cosopt®)                                  | brinzolamide drops (generic for Azopt® Drops)   |
|  |   |

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

|   | Onen class-No     | recommendations   |                                       |
|---|-------------------|---|---------------------------------------|
|   | Open class-140    | - Teeominemations   |                                       |
|   | PROST             | AGLANDIN AGONISTS   |                                       |
| Preferred   |                   |   | Non-Preferred                         |
| latanoprost drops (generic for Xalatan®)  |                   | bimatoprost drops (generic for Lumigan® Drops)  |                                       |
| Travatan® Z Drops   |                   | Durysta <sup>®</sup> Implant<br>iDose <sup>®</sup> TR Implant   |                                       |
|   |                   | IJOSE 1R Impiant  Iyuzeh™ Drops   |                                       |
|   |                   | Lumigan® Drops  |                                       |
|   |                   | tafluprost drops (generic for Zioptan®)   |                                       |
|   |                   | travoprost drops (generic for Travatan® Z)  |                                       |
|   |                   | Vyzulta® Drops  |                                       |
|   |                   | Xalatan® Drops  |                                       |
|   |                   | Xelpros <sup>®</sup> Drops  |                                       |
|   |                   | Zioptan® Drops  |                                       |
|   | RHO KINASE I      | MODIFIERS / COMBINATIONS  |                                       |
| Preferred   |                   |   | Non-Preferred                         |
| Rhopressa® Drops  |                   |   |                                       |
| Rocklatan® Drops  | Open class-No     | recommendations   |                                       |
|   |                   | ,   |                                       |
|   |                   | STEOPOROSIS   |                                       |
|   | BONE RESORPTION S | UPPRESSION AND RELATED AGENTS   |                                       |
| Preferred   |                   | 18 T.11   | Non-Preferred                         |
| alendronate tablet (generic for Fosamax®) raloxifene tablet (generic for Evista®)   |                   | Actonel® Tablet alendronate solution (generic for Fosamax® Solution)                                  |                                       |
| intoxinente tablet (generic for Evista )  |                   | Atelvia Tablet  |                                       |
|   |                   | Binosto® Effervescent Tablet  |                                       |
|   |                   | calcitonin salmon nasal spray (generic for Miacalcin®)  |                                       |
|   |                   | Evenity <sup>™</sup> Syringe  |                                       |
|   |                   | Evista <sup>®</sup> Tablet  |                                       |
|   |                   | Forteo <sup>®</sup> Pen   |                                       |
|   |                   | Fosamax® Tablet / Plus D Tablet   |                                       |
|   |                   | ibandronate tablet (generic for Boniva®)  |                                       |
|   |                   | Prolia® Syringe risedronate tablet (generic for Actonel®)   |                                       |
|   |                   | risedronate tablet (generic for Actoner)  |                                       |
|   |                   | teriparatide pen (generic for Forteo®)  |                                       |
|   |                   | Tymlos® Pen   |                                       |
|   |                   |   |                                       |
|   |                   | OTIC  |                                       |
|   |                   | ANTIBIOTICS   |                                       |
| Preferred   |                   | g   | Non-Preferred                         |
| Ciprodex Suspension   |                   | Cipro® HC Suspension<br>ciprofloxacin solution (generic for Cetraxal®)                                |                                       |
| ciprofloxacin-dexamethasone suspension (generic for Ciprodex*)  neomycin-polymyxin-hydrocortisone solution / suspension (generic for Cortis | norin®)           | ciprofloxacin solution (generic for Cetraxai ) ciprofloxacin-fluocinolone drops (generic for Otovel®) |                                       |
| ofloxacin drops (generic for Floxin®)   | porm )            | Cortisporin-TC® Suspension  |                                       |
|   | 1 00              | Otovel® Drops   |                                       |
| Obsolete: Removed Cipr  | •                 |   |                                       |
|   | ANTI-INFEC        | CTIVES AND ANESTHETICS  |                                       |
| Preferred   |                   |   | Non-Preferred                         |
| acetic acid solution (generic for Vosol®)   |                   | acetic acid-hydrocortisone solution (generic for Vosol® HC)   |                                       |
|   | Open class-No     | recommendations   |                                       |
|   |                   | I   |                                       |
|   | ANT               | ΓΙ-INFLAMMATORY   |                                       |
| Preferred   |                   |   | Non-Preferred                         |
| Dermotic <sup>®</sup> Oil   |                   | Flac® Otic Oil  |                                       |
|   |                   | fluocinolone 0.01% oil (generic for Dermotic®)  |                                       |
|   |                   |   |                                       |
|   | Onen class No     | rocommondations   |                                       |
|   | Open class-No     | recommendations   |                                       |
|   |                   |   |                                       |
|   | R                 | ESPIRATORY  |                                       |
|   | BETA-ADRENER      | GIC HANDHELD, LONG ACTING   |                                       |
| Preferred   |                   |   | Non-Preferred                         |
| Serevent® Diskus®   |                   | Striverdi® Respimat® Inhalation Spray   |                                       |
|   | Onen class-No     | recommendations   |                                       |
|   | Open class-140    |   |                                       |
|   |                   |   |                                       |
|   | BETA-ADRENER      | GIC HANDHELD, SHORT ACTING  |                                       |
|   |                   |   |                                       |
| Preferred   |                   |   | Non-Preferred                         |
| Ventolin® HFA Inhaler   |                   | albuterol HFA inhaler (generic for Proair® HFA Inhaler / Provent                                      |                                       |
| Xopenex® HFA Inhaler  |                   | levalbuterol HFA inhaler (generic for Xopenex® HFA Inhaler)   |                                       |
|   |                   | Proair <sup>®</sup> Digihaler <sup>™</sup>  |                                       |
|   | ·                 | ·   | · · · · · · · · · · · · · · · · · · · |

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|  |                          |                              | Proair® RespiClick®  |
|--|--------------------------|------------------------------|--|
|  |                          |                              |  |
|  |                          | 777                          |  |
|  |                          |                              | RENERGIC, NEBULIZERS   |
|  | Preferred                | 1/F of only                  | one preferred drug required  Non-Preferred   |
| albuterol 0.63mg / 3ml solution (generic for Accuneb®)   | Treferred                |                              | arformoterol solution (generic for Brovana®)   |
| albuterol 1.25mg / 3ml solution (generic for Accuneb®)   |                          |                              | Brovana® Solution  |
| albuterol sulfate 2.5mg / 0.5ml solution   |                          |                              | formoterol solution (generic for Perforomist®)   |
| albuterol sulfate 2.5mg / 3ml solution   |                          |                              | levalbuterol solution / concentrate solution (generic for Xopenex® / Concentrate )   |
|  |                          |                              | Perforomist <sup>®</sup> Solution  |
|  |                          | Open class-No                | recommendations  |
|  |                          | open diament                 |  |
|  |                          |                              |  |
|  |                          | BETA                         | ADRENERGIC, ORAL   |
|  | Preferred                |                              | Non-Preferred  |
| albuterol tablets (generic for Proventil® Repetabs) albuterol syrup (generic for Ventolin® Syrup)  |                          |                              | albuterol ER tablets (generic for VoSpire® ER)   |
| terbutaline tablet (generic for Brethine®)   |                          | Open class-No                | recommendations  |
| ,  |                          |                              |  |
|  |                          | ORALLY INHALED A             | NTICHOLINERGICS / COPD AGENTS  |
|  | Preferred                |                              | Non-Preferred  |
| Anoro® Ellipta® Inhaler  |                          |                              | Bevespi® Aerosphere®   |
| Atrovent® HFA Inhaler  Combivent® Respirat® Inhalation Spray   |                          |                              | Daliresp <sup>®</sup> Tablet Dualtir <sup>®</sup> Pressair <sup>®</sup>  |
| Incruse Ellipta Inhaler  |                          |                              | Duakiir Pressair tiotropium inhaler (generic for Spiriva® Handihaler®)   |
| ipratropium nebulizer solution (generic for Atrovent®)   |                          |                              | Tudorza® Pressair® Inhaler   |
| ipratropium / albuterol solution (generic for Duoneb®)   |                          |                              | Yupelri™Solution   |
| roflumilast tablet (generic for Daliresp®)   |                          |                              | Ohtuvayre™ Inhalation suspension   |
| Spiriva Handihaler / Respimat Inhalation Spray   |                          | Reconciliation: added Ohtuva | yre™ Inhalation suspension to non-preferred  |
| Stiolto® Respimat® Inhalation Spray  |                          | Neconcination. added Ontuva  | yre illinatation suspension to non-preferred   |
|  |                          | INHAL                        | ED CORTICOSTEROIDS   |
|  | Preferred                |                              | Non-Preferred  |
| Alvesco® Inhaler   |                          |                              | ArmonAir Digihaler ArmonAir Digihaler  |
| Amuity® Ellipta® Inhaler   |                          |                              | fluticasone propionate diskus (generic for Flovent® Diskus)  |
| Asmanex® HFA Inhaler / Twisthaler®   |                          |                              | Pulmicort® Flexhaler   |
| budesonide suspension 0.25mg, 0.5mg, 1mg (generic for<br>Flovent® Diskus / HFA Inhaler   | Pulmicort® Respules)     |                              | Pulmicort® Respules 0.25mg, 0.5mg, 1mg   |
| fluticasone propionate HFA / diskus (generic for Flovent <sup>8</sup>  | ® HFA / Diekue)          |                              |  |
| QVAR® RediHaler  | III II Diskus)           |                              |  |
|  |                          |                              |  |
|  |                          | INHALED COR'                 | TICOSTEROID COMBINATIONS   |
|  | Preferred                |                              | Non-Preferred  |
| Advair® Diskus®<br>Advair® HFA Inhaler   |                          |                              | AirDuo <sup>®</sup> Digihaler <sup>™</sup> / RespiClick <sup>®</sup> AirSupra <sup>™</sup> Inhaler   |
|  |                          |                              |  |
|  |                          |                              |  |
| Dulera <sup>®</sup> Inhaler  |                          |                              | Breo <sup>®</sup> Ellipta <sup>®</sup>   |
|  |                          |                              |  |
| Dulera <sup>®</sup> Inhaler  |                          |                              | Breo <sup>®</sup> Ellipta <sup>®</sup><br>Breyna <sup>™</sup> Inhaler  |
| Dulera <sup>®</sup> Inhaler  |                          |                              | Breof Ellipta Breyna Inhaler Breztri Aerosphere blocksonide / formoterol inhalation (generic for Symbicont Buticasonie / salmeterol HFA inhaler (generic for Advair HFA)   |
| Dulera <sup>®</sup> Inhaler  |                          |                              | Breo <sup>®</sup> Ellipta <sup>®</sup> Breyna <sup>®</sup> Inhaler Breznt <sup>®</sup> Aerosphere  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> )  |
| Dulera <sup>®</sup> Inhaler  |                          |                              | Breof Ellipta Breyna Inhaler Breztin Aerosphere budesonide / formoterol inhalation (generic for Symbicort HFA) fluticasone / salmeterol HFA inhaler (generic for Advair HFA) fluticasone / salmeterol inhalation (generic for Advair Diskus fluticasone / salmeterol inhalation (generic for Advair Diskus fluticasone / salmeterol inhalation (generic for AirDuo fluticasone / salmeterol inhalation (generic fluticasone / salmeterol inhalation /  |
| Dulera <sup>®</sup> Inhaler  |                          |                              | Breof Ellipta Breyna Inhaler  Breztri Aerosphere   Budesonide / formoterol inhalation (generic for Symbicort   fluticasone / salmeterol HFA inhaler (generic for Advair HFA)  fluticasone / salmeterol inhalation (generic for Advair   fluticasone / salmeterol inhalation (generic for Advair   fluticasone / vilanterol inhalation (generic for Advair   fluticasone / vilanterol inhalation (generic for Breof Ellipta   fluticasone / vilanterol inhalation (generic for Advair   fluticasone / vilanterol   fluticasone / vilanterol   fluticasone / vilanter |
| Dulera <sup>®</sup> Inhaler  |                          |                              | Breof Ellipta Breyna Inhaler Breztin Aerosphere budesonide / formoterol inhalation (generic for Symbicort HFA) fluticasone / salmeterol HFA inhaler (generic for Advair HFA) fluticasone / salmeterol inhalation (generic for Advair Diskus fluticasone / salmeterol inhalation (generic for Advair Diskus fluticasone / salmeterol inhalation (generic for AirDuo fluticasone / salmeterol inhalation |
| Dulera <sup>®</sup> Inhaler  |                          |                              | Breon Ellipta Brezari Inhaler Brezari Aerosphere Legencie for Symbicort HA) Butcasone / salmeterol inhalation (generic for Advair HFA) Butcasone / salmeterol inhalation (generic for Advair HFA) Butcasone / salmeterol inhalation (generic for Advair Diskus HA) Butcasone / salmeterol inhalation (generic for Breo Ellipta Ha) Butcasone / salmeterol inhalation (generic for Breo Ellipta Ha) Butcasone / salmeterol inhalation (generic for Breo Ellipta Ha) Butcasone / salmeterol inhalation (generic for Breo Ellipta Ha) Butcasone / salmeterol inhalation (generic for Breo Ellipta Ha) Butcasone / salmeterol inhalation (generic for Breo Ellipta Ha) Butcasone / salmeterol inhalation (generic for Breo Ellipta Ha) Butcasone / salmeterol inhalation (generic for Breo Ellipta Ha) Butcasone / salmeterol inhalation (generic for Breo Ellipta Ha) Butcasone / salmeterol inhalation (generic for Breo Ellipta Ha)   |
| Dulera <sup>®</sup> Inhaler  |                          | INTRAN                       | Breon Ellipta Brezari Manulare Brezari M |
| Dulera <sup>®</sup> Inhaler Symbicort <sup>®</sup> Inhaler   | Preferred                | INTRAN                       | Breon Ellipta Breyna Inhaler Brezhri Aerosphere Me Brezhri Merosphere Merosph |
| Dulera Inhaler Symbicort Inhaler  Symbicort Inhaler  azelastine spray (generic for Astelin )   | Preferred                | INTRAN                       | Breo <sup>®</sup> Ellipta <sup>®</sup> Breyna <sup>®</sup> Inhaler Breztri 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 Advair <sup>®</sup> Diskus <sup>®</sup> ) fluticasone / salmeterol inhalation (generic for Advair <sup>®</sup> Diskus <sup>®</sup> ) fluticasone / salmeterol inhalation (generic for Advair <sup>®</sup> Diskus <sup>®</sup> ) fluticasone / salmeterol inhalation (generic for Breo <sup>®</sup> Ellipta <sup>®</sup> ) Trelegy <sup>®</sup> Ellipta <sup>®</sup> Wixela <sup>™</sup> Inhub <sup>™</sup> ASAL RHINITIS AGENTS  Non-Preferred  T/F of preferred agents not required in children < 4 years of age for steroid-containing products   |
| Dulera Inhaler Symbicort Inhaler  symbicort Inhaler  azelastine spray (generic for Astelin Dymista Nasal Spray   | Preferred                | INTRAN                       | Breo <sup>®</sup> Ellipta <sup>®</sup> Breyna <sup>®</sup> Inhaler Brezri <sup>™</sup> Aerosphere <sup>™</sup> budesonide / formoterol inhalation (generic for Symbicort <sup>®</sup> ) fluticasone / salmeterol inhalation (generic for Advair <sup>®</sup> HFA) fluticasone / salmeterol inhalation (generic for Advair <sup>®</sup> Diskus <sup>®</sup> ) fluticasone / salmeterol inhalation (generic for Advair <sup>®</sup> Diskus <sup>®</sup> ) fluticasone / salmeterol inhalation (generic for Advair <sup>®</sup> Diskus <sup>®</sup> ) fluticasone / salmeterol inhalation (generic for Breo <sup>®</sup> Ellipta <sup>®</sup> ) fluticasone / vilanterol inhalation (generic for Breo <sup>®</sup> Ellipta <sup>®</sup> ) wixela <sup>™</sup> Inhalation Wixela <sup>™</sup> Inhalation  **Son-Preferred**  **Non-Preferred**  **Non-Preferred**  **Tf of preferred agents not required in children < 4 years of age for steroid-containing products*  **zelastine nasal spray (generic for Astepro <sup>®</sup> )  |
| Dulera Inhaler Symbicort Inhaler  Symbicort Inhaler  azelastine spray (generic for Astelin )   | Preferred                | INTRAN                       | Breo <sup>®</sup> Ellipta <sup>®</sup> Breyna <sup>®</sup> Inhaler Breztri 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 Advair <sup>®</sup> Diskus <sup>®</sup> ) fluticasone / salmeterol inhalation (generic for Advair <sup>®</sup> Diskus <sup>®</sup> ) fluticasone / salmeterol inhalation (generic for Advair <sup>®</sup> Diskus <sup>®</sup> ) fluticasone / salmeterol inhalation (generic for Breo <sup>®</sup> Ellipta <sup>®</sup> ) Trelegy <sup>®</sup> Ellipta <sup>®</sup> Wixela <sup>™</sup> Inhub <sup>™</sup> ASAL RHINITIS AGENTS  Non-Preferred  T/F of preferred agents not required in children < 4 years of age for steroid-containing products   |
| Dulera ** Inhaler  Symbicort* Inhaler  **  **  **  **  **  **  **  **  **  | Preferred                | INTRAN                       | Breon Ellipta Breyna Inhaler Breztri Aerosphere Methodes of formoterol inhalation (generic for Symbicort Diskus Dudesonide / formoterol inhalation (generic for Advair HFA) fluticasone / salmeterol HFA inhaler (generic for Advair HFA) fluticasone / salmeterol inhalation (generic for Advair Diskus |
| Dulera ** Inhaler  Symbicort** Inhaler  azelastine spray (generic for Astelin*)  Dymist** Nasal Spray  Inducasone spray (generic for Flonase*)  ipratropium spray (generic for Atroent** Nasal)  | Preferred                | INTRAN                       | Breon Ellipta Breyna Inhaler Breztri Aerosphere between the Author of Symbicor Symb  |
| Dulera ** Inhaler  Symbicort* Inhaler  azelastine spray (generic for Astelin*)  Dymista* Nasal Spray  fluticasone spray (generic for Flonase*)  ipratropium spray (generic for Atrovent* Nasal)  olopatadine nasal spray (generic for Patanase*)   |                          |                              | Breon Ellipta Breyna Inhaler Breztri Aerosphere Description Aerosphere Description (generic for Symbicort*) Buticasone / salmeterol inhalation (generic for Advair* HFA) Buticasone / salmeterol inhalation (generic for Advair* Justus*) Buticasone / salmeterol inhalation (generic for Advair* Justus*) Buticasone / salmeterol inhalation (generic for AirDuo*) Buticasone / salmeterol inhalation (generic for AirDuo*) Buticasone / salmeterol inhalation (generic for Breo* Ellipta*) Trelegy* Ellipta* Wixela* Inhub**  Wixela* Inhub**  ASAL RHINITIS AGENTS  Non-Preferred  T/F of preferred agents not required in children < 4 years of age for steroid-containing products azelastine nasal spray (generic for Astepro*) azelastine-fluticasone nasal spray (generic for Dymista*) Beconase* AQ Nasal Spray Bunisolide nasal spray (generic for Nasalide*) Omnaris* Nasal Spray (generic for Nasonex*) Omnaris* Nasal Spray   |
| Dulera ** Inhaler  Symbicort* Inhaler  azelastine spray (generic for Astelin*)  Dymista* Nasal Spray  fluticasone spray (generic for Flonase*)  ipratropium spray (generic for Atrovent* Nasal)  olopatadine nasal spray (generic for Patanase*)   | Preferred<br>s-No recomm |                              | Breon Ellipta Breyna Inhaler Breztri Aerosphere Me Breztri Aerosphere Me Breztri Aerosphere Me Budicasone / salmeterol inhalation (generic for Symbicort*) fluticasone / salmeterol inhalation (generic for Advair* HFA) fluticasone / salmeterol inhalation (generic for Advair* Diskus*) fluticasone / salmeterol inhalation (generic for Advair* Diskus*) fluticasone / salmeterol inhalation (generic for Advair* Diskus*) fluticasone / salmeterol inhalation (generic for Breo* Ellipta*)  Trelegy* Ellipta* Wixela Minhub Me  ASAL RHINITIS AGENTS  Non-Preferred  T/F of preferred agents not required in children < 4 years of age for steroid-containing products  azelastine nasal spray (generic for Astepro*) azelastine-fluticasone nasal spray (generic for Dymista*) Beconase* AQ Nasal Spray flunisolide nasal spray (generic for Nasalide*) mometasone nasal spray (generic for Nasalide*) Patanase* Nasal Spray Patanase* Nasal Spray   |
| Dulera ** Inhaler  Symbicort* Inhaler  azelastine spray (generic for Astelin*)  Dymista* Nasal Spray  fluticasone spray (generic for Flonase*)  ipratropium spray (generic for Atrovent* Nasal)  olopatadine nasal spray (generic for Patanase*)   |                          |                              | Breon Ellipta Breyna Inhaler Breztri Aerosphere Me Breztri Aerosphere Me Breztri Aerosphere Me Budesonide / formoterol inhalation (generic for Symbicort Br.) fluticasone / salmeterol HFA inhaler (generic for Advair HFA) fluticasone / salmeterol inhalation (generic for Advair Br.) fluticasone / salmeterol inhalation (generic for Breo Br.) fluticasone / salmeterol inhalation (generic for Assente |
| Dulera ** Inhaler  Symbicort* Inhaler  azelastine spray (generic for Astelin*)  Dymista* Nasal Spray  fluticasone spray (generic for Flonase*)  ipratropium spray (generic for Atrovent* Nasal)  olopatadine nasal spray (generic for Patanase*)   |                          |                              | Breon Ellipta Breyna Inhaler Breztri Aerosphere Me Budesonide / formoterol inhalation (generic for Symbicort*) fluticasone / salmeterol HFA inhaler (generic for Advair* HFA) fluticasone / salmeterol inhalation (generic for Advair* Diskus*) fluticasone / salmeterol inhalation (generic for Breo* Ellipta*)  Trelegy* Ellipta* Wixela** Inhub**  ASAL RHINITIS AGENTS  Non-Preferred  T/F of preferred agents not required in children < 4 years of age for steroid-containing products  azelastine nasal spray (generic for Astepro*) azelastine-fluticasone nasal spray (generic for Dymista*)  Beconase* AQ Nasal Spray flunisolide nasal spray (generic for Nasalide*) mometasone nasal spray (generic for Nasalide*) mometasone nasal spray (generic for Nasonex*) Omnaris* Nasal Spray Patanase* Nasal Spray  |
| Dulera ** Inhaler  Symbicort* Inhaler  azelastine spray (generic for Astelin*)  Dymista* Nasal Spray  fluticasone spray (generic for Flonase*)  ipratropium spray (generic for Atrovent* Nasal)  olopatadine nasal spray (generic for Patanase*)   |                          |                              | Breon <sup>®</sup> Ellipta <sup>®</sup> Breyna <sup>®</sup> Inhaler Breztri <sup>™</sup> Aerosphere <sup>™</sup> budesonide / fromterol inhalation (generic for Symbicort <sup>®</sup> ) fluticasone / salmeterol inhalation (generic for Advair <sup>®</sup> HFA) fluticasone / salmeterol inhalation (generic for Advair <sup>®</sup> Diskus <sup>®</sup> ) fluticasone / salmeterol inhalation (generic for Advair <sup>®</sup> Diskus <sup>®</sup> ) fluticasone / salmeterol inhalation (generic for Advair <sup>®</sup> Diskus <sup>®</sup> ) fluticasone / salmeterol inhalation (generic for Breo <sup>®</sup> Ellipta <sup>®</sup> ) Trelegy <sup>®</sup> Ellipta <sup>®</sup> Wixela <sup>™</sup> Inhub <sup>™</sup> ASAL RHINITIS AGENTS  Non-Preferred  T/F of preferred agents not required in children < 4 years of age for steroid-containing products azelastine nasal spray (generic for Astepro <sup>®</sup> ) azelastine-fluticasone nasal spray (generic for Dymista <sup>®</sup> ) Beconase <sup>®</sup> AQ Nasal Spray flunisolide nasal spray (generic for Nasonex <sup>®</sup> ) Omnaris <sup>®</sup> Nasal Spray Patanase <sup>®</sup> Nasal Spray  |
| Dulera ** Inhaler  Symbicort* Inhaler  azelastine spray (generic for Astelin*)  Dymista* Nasal Spray  fluticasone spray (generic for Flonase*)  ipratropium spray (generic for Atrovent* Nasal)  olopatadine nasal spray (generic for Patanase*)   |                          |                              | Breon <sup>®</sup> Ellipta <sup>®</sup> Breyna <sup>®</sup> Inhaler Breztri <sup>™</sup> Aerosphere <sup>™</sup> Duticasone / salmeterol inhalation (generic for Symbicort <sup>®</sup> ) Ruticasone / salmeterol inhalation (generic for Advair <sup>®</sup> HFA) Ruticasone / salmeterol inhalation (generic for Advair <sup>®</sup> HFA) Ruticasone / salmeterol inhalation (generic for Advair <sup>®</sup> Diskus <sup>®</sup> ) Ruticasone / salmeterol inhalation (generic for AirDuo <sup>®</sup> ) Ruticasone / salmeterol inhalation (generic for AirDuo <sup>®</sup> ) Ruticasone / salmeterol inhalation (generic for AirDuo <sup>®</sup> ) Ruticasone / vilanterol inhalation (generic for Breo <sup>®</sup> Ellipta <sup>®</sup> ) Wixela <sup>®</sup> Inhub <sup>®</sup> ASAL RHINITIS AGENTS  Non-Preferred  T/F of preferred agents not required in children < 4 years of age for steroid-containing products azelastine nasal spray (generic for Astepro <sup>®</sup> ) azelastine-fluticasone nasal spray (generic for Dymista <sup>®</sup> ) Beconase <sup>®</sup> AQ Nasal Spray Runisolide nasal spray (generic for Nasonex <sup>®</sup> ) Omnaris <sup>®</sup> Nasal Spray Patanase <sup>®</sup> Nasal Spray Qunsal <sup>®</sup> Nasal Spray QNasl <sup>®</sup> Nasal Spray Zoliden's Spray Ryltris <sup>®</sup> Nasal Spray Implant  Implant   |
| Dulera ** Inhaler  Symbicort* Inhaler  azelastine spray (generic for Astelin*)  Dymista* Nasal Spray  fluticasone spray (generic for Flonase*)  ipratropium spray (generic for Atrovent* Nasal)  olopatadine nasal spray (generic for Patanase*)   |                          | nendations                   | Breon Ellipta Breyna Inhaler Breztri Aerosphere Debudesonide / formoterol inhalation (generic for Symbicort Debugs of the Symbicort Debugs |
| Dulera ** Inhaler  Symbicort* Inhaler  azelastine spray (generic for Astelin*)  Dymista* Nasal Spray  fluticasone spray (generic for Flonase*)  ipratropium spray (generic for Atrovent* Nasal)  olopatadine nasal spray (generic for Patanase*)   | s-No recomm              | nendations                   | Breon Ellipta Breyna Inhaler Breztri Aerosphere Debudesonide / formotorol inhalation (generic for Symbicort*) Buticasone / salmeterol HFA inhaler (generic for Advair* HFA) Buticasone / salmeterol inhalation (generic for Advair* Diskus*) Buticasone / salmeterol inhalation (generic for Advair* Diskus*) Buticasone / salmeterol inhalation (generic for AirDuo*) Buticasone / salmeterol inhalation (generic for AirDuo*) Buticasone / salmeterol inhalation (generic for Breo* Ellipta*) Trelegy* Ellipta* Wixela* Inhub**  ASAL RHINITIS AGENTS  Non-Preferred  T/F of preferred agents not required in children < 4 years of age for steroid-containing products  azelastine nasal spray (generic for Astepro*) azelastine-fluticasone nasal spray (generic for Dymista*) Beconase* AQ Nasal Spray Bunisolide nasal spray (generic for Nasonex*) Omnaris* Nasal Spray (generic for Nasonex*) Omnaris* Nasal Spray Patanase* Nasal Spray Spray Sinuxa* Implant Xhance* Nasal Spray Spray Sinuxa* Implant Xhance* Nasal Spray National Spray Zetona* Nasal Spray Spray National Spray Zetona* Nasal Spray Spray National Spray Spray National Spray Zetona* Nasal Spray Spray National Spray Spray National Spray Zetona* Nasal Spray National Spray National Spray Spray National  |
| Dulera Inhaler Symbicort Inhaler  azelastine spray (generic for Astelin Dymista Nasal Spray Intuitasone spray (generic for Flonase Dymista Nasal Spray Intuitasone spray (generic for Atrovent Nasal) olopatadine nasal spray (generic for Patanase Open class  Open class   |                          | nendations                   | Breon Ellipta Breyna Inhaler Breztri Aerosphere Me Breztri Aerosphere Me Breztri Aerosphere Me Breztri Merosphere Merosph |
| Dulera ** Inhaler  Symbicort* Inhaler  azelastine spray (generic for Astelin*)  Dymista* Nasal Spray  fluticasone spray (generic for Flonase*)  ipratropium spray (generic for Atrovent* Nasal)  olopatadine nasal spray (generic for Patanase*)   | s-No recomm              | nendations                   | Breon Ellipta Breyna Inhaler Breztri Aerospher ™ budesonide / formoterol inhalation (generic for Symbicort®) fluticasone / salmeterol HFA inhaler (generic for Advair® HFA) fluticasone / salmeterol inhalation (generic for Advair® Diskus®) fluticasone / salmeterol inhalation (generic for Advair® Diskus®) fluticasone / salmeterol inhalation (generic for AirDuo®) fluticasone / salmeterol inhalation (generic for AirDuo®) fluticasone / salmeterol inhalation (generic for Breo® Ellipta®)  Trelegy® Ellipta® Wixela™ Inhub™  ASAL RHINITIS AGENTS  Non-Preferred  T/F of preferred agents not required in children < 4 years of age for steroid-containing products  azelastine nasal spray (generic for Assepo®) azelastine-fluticasone nasal spray (generic for Dymista®) Beconase® AQ Nasal Spray flunisolide nasal spray (generic for Nasalide®) mometasone nasal spray (generic for Nasalide®) mometasone nasal spray (generic for Nasanex®) Omanaris® Nasal Spray Patanase® Nasal Spray Patanase® Nasal Spray Patanase® Nasal Spray Shanal Spray (Nasal Spray Shanal Spray (Nasal Spray Shanal Spray (Nasal Spray Shanal Spray (Nasal Spray Nonnaris® Nasal Spray (Nasal Spray Nonnaris® Nasal Spray (Nasal Spray Shanac Nasal Spray  Zetonaa® Nasal Spray  Zetonaa® Nasal Spray  OTRIENE MODIFIERS  Non-Preferred Accolat® Tablet  |
| Dulera ** Inhaler  Symbicort** Inhaler  azelastine spray (generic for Astelin*)  Dymista** Nasal Spray  Dymista** Nasal Spray  Butticasone spray (generic for Flonase*)  ipratropium spray (generic for Attovent** Nasal)  olopatadine nasal spray (generic for Patanase*)  Open class  montelukast chewable / tablet (generic for Singulair*) | s-No recomm              | nendations                   | Breon Ellipta Breyna Inhaler Breztri Aerosphere Me Breztri Aerosphere Me Breztri Aerosphere Me Breztri Merosphere Merosph |
| Dulera ** Inhaler  Symbicort** Inhaler  azelastine spray (generic for Astelin*)  Dymista** Nasal Spray  Dymista** Nasal Spray  Butticasone spray (generic for Flonase*)  ipratropium spray (generic for Attovent** Nasal)  olopatadine nasal spray (generic for Patanase*)  Open class  montelukast chewable / tablet (generic for Singulair*) | s-No recomm              | nendations                   | Breon Ellipta Breyna Inhaler Breztri Aerospher Membre Memb |

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|   | Zyflo <sup>®</sup> Filmtab   |  |
|---|--|--|
|   |  |  |
| LOW SEDATING ANTIHISTAMINES   |  |  |
| Preferred cetirizine OTC syrup 1mg/1ml (generic for Zyrtec® OTC Syrup)  | Non-Preferred cetirizine chewable tablet OTC (generic for Zyrtee® OTC Tablet)  |  |
| cetirizine Rx syrup (generic for Zyrtec® Syrup)   | cetirizine OTC syrup 5mg/5ml (generic for Zyrtec® OTC Syrup)   |  |
| cetirizine tablets OTC (generic for Zyrtec® OTC Tablet)   | cetirizine OTC softgel   |  |
| levocetirizine OTC tablet (generic for Xyzal® OTC Tablet)   | Clarinex® Tablet - T/F of preferred agents not required for children < 2 years of age  |  |
| levocetirizine Rx tablet (generic for Xyzal® Rx Tablet)   | desloratadine ODT / Tablet (generic for Clarinex*) - T/F of preferred agents not required for children < 2 years of age  |  |
| loratadine tablet OTC (generic for Claritin® OTC)   | fexofenadine OTC suspension / OTC tablet (generic for Allegra® OTC)  |  |
|   | levocetirizine Rx solution (generic for Xyzal® Rx Solution) loratadine OTC chewable ODT / solution (generic for Claritin® OTC)   |  |
|   | Torasadine OTC enewable ODT/solution (generic for Claritin OTC)  |  |
| LOW SEDATING  | ANTIHISTAMINE COMBINATIONS   |  |
| Quantity limit of 102 days su   | apply per 12 months apply to all drugs in this class   |  |
| Preferred   | Non-Preferred  |  |
| loratadine-D OTC tablet (generic for Claritin-D® OTC)   | cetirizine-D OTC tablet (generic for Zyrtec-D® OTC)  |  |
| Onen aless Ne recommendations   | Clarinex-D® Tablet   |  |
| Open class-No recommendations   | fexofenadine-D 12 Hour OTC Tablet (generic for Allegra-D* 12 Hour OTC)  fexofenadine-pseudoephedrine ER 24 hour tablet (generic for Allegra-D* 24 hour)                |  |
|   | textoriadine-pseudoepiteurite ER 24 nour tablet (generic for Afregia-D 24 nour)  |  |
| FIRST GEN   | IERATION ANTIHISTAMINES  |  |
| Preferred   | Non-Preferred  |  |
| carbinoxamine solution  | carbinoxamine tablet   |  |
| cyproheptadine syrup / tablet   | clemastine tablet  |  |
| hydroxyzine capsule / solution / tablet   | Karbinal ER Suspension - T/F of immediate release carbinoxamine solution and cetirizine syrup required for coverage  |  |
| Open class-No recommendations   | RyClora <sup>™</sup> Solution  RyVent <sup>™</sup> Tablet  |  |
|   | Vistarii® Capsule  |  |
|   |  |  |
|   | TOPICALS   |  |
|   | ACNE AGENTS  |  |
| Preferred   | Non-Preferred  |  |
| adapalene / benzoyl peroxide (generic for Epiduo® Forte)  | Acanya® Gel Pump   |  |
| adapalene / benzoyl peroxide (generic for Epiduo® Gel)  | adapalene gel pump (generic for Differin®)   |  |
| adapalene cream / gel (generic for Differin®)   | Aklief <sup>®</sup>  |  |
| azelaic acid gel (generic for Finacea <sup>®</sup> )  clindamycin phosphate gel / lotion (generic for Cleocin-T <sup>®</sup> , Clindagel <sup>®</sup> ) | Altreno® Lotion (Topical)  Arazlo™ Lotion  |  |
| clindamycin phosphate gel-roduli (generic for Cleocin-T <sup>®</sup> )  | Atrain® Gel  |  |
| clindamycin-benzoyl peroxide gel (generic for Duac®)  | Avar® Cleanser / LS Cleanser   |  |
| erythromycin gel (generic for Emcin®, Erycette®, EryGel®, et. al.)  | Avar-E <sup>®</sup> Emollient Cream / Green Emollient Cream / LS Cream   |  |
| erythromycin solution (generic for Emcin®, EryDerm®, EryMax®, et. al)   | Benzamycin <sup>®</sup> Gel  |  |
| erythromycin-benzoyl peroxide gel (generic for Benzamycin®)   | BP® 10-1 Wash / Cleansing Wash   |  |
| Finacea® Gel  | Cabtreo™ Gel   |  |
| $\operatorname{Retin-A}^{\otimes}$ Cream / Gel $\operatorname{Retin-A}^{\otimes}$ Micro Gel   | Cleocin® T Lotion  |  |
| Epiduo <sup>®</sup> gel pump  | Clindacii <sup>®</sup> ETZ Pledget / Kit / P Foam / P Pledgets / PAC Kit  Clindagel <sup>®</sup> Gel   |  |
| Differin® lotion/cream  | clindamycin / tretinoin (generic for Veltin®)  |  |
| Differin® gel pump  | clindamycin phosphate foam (generic for Evoclin®)  |  |
|   | clindamycin-benzoyl peroxide gel (generic for Neuac®)  |  |
|   | clindamycin-benzoyl peroxide gel / pump (generic for Benzaclin®)   |  |
|   | clindamycin-benzoyl peroxide pump (generic for Acanya®)  |  |
| Poconciliation: Added Turmes® Cream and Aldiefe to non-preferred  | clindamycin-benzoyl peroxide pump (generic for Onexton®)   |  |
| Reconciliation: Added Twyneo® Cream and Aklief® to non-preferred  | dapsone gel / gel pump (generic for Aczone® Gel)  Ery® Pads  |  |
|   | Erygel® Gel  |  |
|   | Evoclin® Foam  |  |
|   | Fabior® Foam   |  |
|   | Finacea® Foam  |  |
|   | Klaron® Lotion   |  |
|   | Neuac® Gel / Kit Onexton® Gel / Gel Pump   |  |
|   | Ovace <sup>®</sup> Plus Cleansing Cream / Gel / Lotion / Shampoo / Wash  |  |
|   | Retin-A® Micro Pump Gel  |  |
|   | Rosanil Cleanser lotion  |  |
|   | Rosula® Cloths / Wash  |  |
|   | sodium sulfacetamide cleanser / cream (generic for Avar® / LS)   |  |
|   | sodium sulfacetamide lotion (generic for Klaron®)  |  |
|   | sodium sulfacetamide shampoo, wash (generic for Ovace */Plus)  |  |
|   | sodium sulfacetamide-sulfur lotion / suspension (generic for Novacet*, Plexion*, Zetacet*)  sodium sulfacetamide-sulfur pad / suspension / wash (generic for Sumaxin*) |  |
|   | sodium suracetamide-surtur pad / suspension / wash (generic for Sumaxin )  SSS® 10-5 Cream / Foam  |  |
|   | sulfacetamide-sulfur 9-4% cleanser (generic for Zencia <sup>™</sup> )  |  |
|   | sulfacetamide-sulfur cream (generic for Avar® E, SSS® 10-5)  |  |
|   | Sumadan® Kit / XLT Kit / Wash  |  |
|   | Sumaxin® 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*) tretinoin microsphere gel / microsphere gel pump (generic for Retin-A* Micro)   |  |
|   | Twyneo® Cream Twyneo® Cream  |  |
|   | Winlevi® Cream   |  |
|   |  |  |

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

|  | Ziana* Gel  Zma Clear Cleanser   |
|--|--|
|  | Zina Ciear Cleanser  |
|  | ANDROGENIC AGENTS  |
| Preferred  | Non-Preferred  |
| Androgel <sup>®</sup> Pump   | Androget® Packet   |
| testosterone gel pump (generic for Androgel®)  | Natesto <sup>®</sup> Nasal Gel   |
|  | Testim <sup>®</sup> Gel  |
|  | rer  |
|  | testosterone gel pump (generic for Fortesta®, Axiron®)   |
|  | testosterone packet (generic for Androgel®)  |
|  | Vogelxo <sup>®</sup> Gel / Packet / Pump   |
|  |  |
|  |  |
|  | NSAIDS   |
| Preferred  | Non-Preferred  |
| diclofenac topical gel (generic for Voltaren® Gel)   |  |
| dictorenac topical ger (generic for voltaren Ger)  | diclofenac epolamine patch (generic for Flector*) diclofenac solution / pump (generic for Pennsaid*)         |
|  | Pennsaid® Solution Packet / Pump   |
|  | remisara Solution facket/fump  |
|  |  |
|  |  |
|  |  |
|  | 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 <sup>®</sup> )  |
| Onen eless Ne recommendations  | Xepi™Cream   |
| Open class-No recommendations  | Xepi Cream   |
|  |  |
|  | ANTIBIOTICS - VAGINAL  |
| Preferred  | Non-Preferred  |
| Cleocin® Vaginal Ovules  | Cleocin <sup>®</sup> Vaginal Cream   |
| Clindesse® Vaginal Cream   | clindamycin vaginal cream (generic for Cleocin® Vaginal Cream)   |
| metronidazole vaginal gel (generic for Metrogel® Vaginal Gel)  | metronidazole vaginal gel (generic for Nuvessa <sup>®</sup> Vaginal Gel)                                     |
| Nuvessa® Vaginal Gel   | Vandazole® Vaginal Gel   |
|  | Xaciato® Vaginal Gel   |
|  | ANTIPANO M.C.  |
|  | ANTIFUNGALS  |
| Preferred  | Non-Preferred  |
| ciclopirox cream / solution (generic for Loprox®, Penlac®)   | Bensal HP <sup>®</sup> Ointment  |
| clotrimazole Rx cream (generic for Lotrimin® Rx)   | Ciclodan® Cream / Cream Kit / Kit / Solution   |
| clotrimazole-betamethasone cream (generic for Lotrisone <sup>®</sup> ) ketoconazole cream / shampoo (generic for Nizoral <sup>®</sup> )  | ciclopirox gel / shampoo / suspension (generic for Loprox®) ciclopirox treatment kit (generic for Ciclodan®) |
| Klayesta® Powder (branded generic for Nystop®)   | clotrimazole Rx solution (generic for Lotrimin® Rx)  |
| Nyamye® Powder (branded generic for Nystop®)   | clotrimazole lot solution (generic for Lotrisone®)   |
| nystatin cream / ointment / powder (generic for Mycostatin®, Nystop®)  | econazole cream (generic for Spectazole *)   |
| Nystop® Powder   | Ertaczo <sup>®</sup> Cream   |
|  | Extina® Foam   |
|  | Jublia E Topical Solution  |
|  | ketoconazole foam (generic for Extina®)  |
|  | Ketodan® Foam / Foam Kit   |
|  | Loprox <sup>®</sup> Suspension / Cream / Kit   |
|  | luliconazole cream (generic for Luzu®)   |
|  | Luzu® Cream  |
|  | miconazole / zinc oxide / petrolatum ointment (generic for Vusion®) - Clinical criteria apply                |
|  | naffifine cream / gel (generic for Naffin®)  |
|  | Naftin <sup>®</sup> Gel  |
|  | nystatin-triamcinolone cream / ointment (generic for Mycolog II*)  |
|  | oxiconazole cream (generic for Oxistat®)   |
|  | Oxista® Lotion   |
|  | salicylic acid ointment (generic for Bensal HP*) tavaborole topical solution (generic for Kerydin*)          |
|  | tavaborole topical solution (generic tor Kerydin")  Vusion <sup>®</sup> Ointment - Clinical criteria apply   |
|  | умыюн Опшисан <b>- Списан стиета аррау</b>   |
|  | ANTIPARASITICS   |
| T/F a  | f only one preferred drug required   |
| Preferred  | Non-Preferred  |
| Natroba® Topical Suspension  | Crotan Lotion  |
| permethrin cream (generic for Elimite®)  | Elimite™ Cream   |
| 1 (0 /   | Eurax® Cream / Lotion  |
| December 1 and 1 a | lindane shampoo  |
| Reconciliation: added Elimite™ Cream to non-preferred  | malathion lotion (generic for Ovide*)  |
|  | Ovide® Lotion  |
|  | Sklice <sup>®</sup> Lotion   |
|  | spinosad topical suspension (generic for Natroba®)   |
|  | ANTIVIRAL  |
| Preferred  | Non-Preferred  |
| acyclovir ointment (generic for Zovirax®)  | acyclovir cream (generic for Zovirax®)   |
| Zovirax® Cream   | Denavir® Cream   |
|  |  |

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**Open class-No recommendations** 

nciclovir cream (generic for Denavir®)

| Y  | Zovirax® Ointment   |
|--|---|
|  |   |
|  | midazoquinolinamines  |
| Preferred  | Non-Preferred   |
| imiquimod cream packet (generic for Aldara®)   | Condylox® Gel   |
|  | Hyftor™ Gel   |
|  | imiquimod cream / cream pump (generic for Zyclara®)   |
|  | podofilox gel / solution (generic for Condylox®)  |
|  | Veregen® Ointment   |
|  |   |
|  | Zyclara® Cream / Cream Pump   |
|  |   |
|  | PSORIASIS   |
| Preferred  | Non-Preferred   |
| calcipotriene cream / solution (generic for Dovonex®)  | calcipotriene ointment / foam (generic for Dovonex <sup>®</sup> , Sorilux <sup>®</sup> )  |
|  | _   |
|  | calcipotriene-betamethasone suspension / ointment (generic for Talconex®)   |
|  | calcitriol ointment (generic for Vectical*)   |
| December 1 in the second and Marking Control and the second and formed   | Duobrii <sup>™</sup> Lotion   |
| Reconciliation: added Vectical Ointment to non-preferred   | Enstilar® Foam  |
|  | Sorilux® Foam   |
|  | Taclonex® Ointment / Suspension   |
|  |   |
|  | Vectical Ointment   |
|  | Vtama® Cream  |
|  | Zoryve <sup>®</sup> 0.3% Cream  |
|  | ROSACEA AGENTS  |
| Preferred  | Non-Preferred   |
| azelaic acid gel (generic for Finacea®)  | brimonidine gel pump (generic for Mirvaso <sup>®</sup> )  |
| Finacea® Gel   | Epsolay <sup>®</sup> (benzoyl peroxide)   |
| MetroCream®  | Finacea® Foam   |
| MetroGel <sup>®</sup>  | ivermectin cream (generic for Soolantra®)   |
| metronidazole cream (generic for MetroCream®)  | metronidazole lotion (generic for MetroLotion®)   |
|  | Mirvaso® (brimonidine)  |
| metronidazole gel / pump (generic for MetroGel®)   |   |
| Rosadan® Cream / Gel   | Noritate Cream  |
| Open class-No recommendations  | Rhofade Cream   |
| open class ito recommendations   | Rosadan® Kit  |
|  |   |
|  | STEROIDS  |
|  | Low Potency   |
| Preferred  | Non-Preferred   |
| DermaSmoothe* FS Scalp and Body Oil  | alclometasone dipropionate cream / ointment (generic for Aclovate®)   |
|  | Capex®  |
|  |   |
| desonide cream / ointment (generic for DesOwen®)   | Darma Smootha E S Soala and Body Oil  |
| fluocinolone body / scalp oil (generic for DermaSmoothe® FS Scalp / Body Oil)  | DermaSmoothe® FS Scalp and Body Oil   |
|  | desonide lotion (generic for DesOwen® Lotion)   |
| fluocinolone body / scalp oil (generic for DermaSmoothe® FS Scalp / Body Oil)  | desonide lotion (generic for DesOwen® Lotion)  fluocinolone body/sealp oil (generic for DermaSmoothe®-FS Scalp/Body-Oil)  |
| fluocinolone body / scalp oil (generic for DermaSmoothe® FS Scalp / Body Oil)  | desonide lotion (generic for DesOwen® Lotion)  fluorinolone body/scalp oil (generic for DermaSmoothe® FS Scalp / Body Oil)  Hydrocortisone Solution   |
| fluocinolone body / scalp oil (generic for DermaSmoothe® FS Scalp / Body Oil)  | desonide lotion (generic for DesOwen <sup>®</sup> Lotion)  fluocinolone body/sealp oil (generic for DermaSmoothe <sup>®</sup> FS Sealp/Body Oil)  Hydrocortisone Solution  Hydroxym <sup>TM</sup> Gel   |
| fluocinolone body / scalp oil (generic for DermaSmoothe® FS Scalp / Body Oil)  | desonide lotion (generic for DesOwen® Lotion)  fluorinolone body/scalp oil (generic for DermaSmoothe® FS Scalp / Body Oil)  Hydrocortisone Solution   |
| fluocinolone body / scalp oil (generic for DermaSmoothe <sup>®</sup> FS Scalp / Body Oil) hydrocortisone cream / lotion / ointment (generic for Hytone <sup>®</sup> )  | desonide lotion (generic for DesOwen® Lotion)  fluocinclone body/sealp oil (generic for DermaSmoothe® FS Scalp / Body Oil)  Hydrocortisone Solution  Hydroxym® Gel  Texacort® Solution  |
| fluocinolone body / scalp oil (generic for DermaSmoothe® FS Scalp / Body Oil) hydrocortisone cream / lotion / ointment (generic for Hytone®)   | desonide lotion (generic for DesOwen <sup>®</sup> Lotion)  fluocinolone body/sealp oil (generic for DermaSmoothe <sup>®</sup> FS Sealp / Body Oil)  Hydrocortisone Solution  Hydroxym <sup>TM</sup> Gel   |
| fluocinolone body / scalp oil (generic for DermaSmoothe® FS Scalp / Body Oil) hydrocortisone cream / lotion / ointment (generic for Hytone®)   | desonide lotion (generic for DesOwen® Lotion)  fluocinclone body/sealp oil (generic for DermaSmoothe® FS Scalp / Body Oil)  Hydrocortisone Solution  Hydroxym® Gel  Texacort® Solution  |
| thocimolone body / scalp oil (generic for DermaSmoothe® FS Scalp / Body Oil) hydrocortisone cream / lotion / ointment (generic for Hytone®)  Moved Brand DermaSmoothe® FS Sc   | desonide lotion (generic for DesOwen® Lotion)  fluccinclene body / scalp oil (generic for DermaSmoothe® FS Scalp / Body Oil)  Hydroxym® Gel  Texacen® Solution  alp and Body Oil from preferred to Non-preferred  Medium Potency  |
| thuccinolone body / scalp oil (generic for DermaSmoothe® FS Scalp / Body Oil) hydrocortisone cream / lotion / ointment (generic for Hytone®)  Moved Brand DermaSmoothe® FS Scale  Preferred  | desonide lotion (generic for DesOwen® Lotion)  fluorinolene body *realproil (generic for DermaSmoothe® FS Scalp / Body Oil)  Hydrocortisone Solution  Hydrocorn® Solution  alp and Body Oil from preferred to Non-preferred  Medium Potency  Non-Preferred  |
| Moved Brand DermaSmoothe® FS Scalp / Body Oil)  Moved Brand DermaSmoothe® FS Scalp / Body Oil)  Moved Brand DermaSmoothe® FS Scalp / Body Oil)  Preferred  fluticasone cream / ointment (generic for Cutivate®)  | desonide lotion (generic for DesOwen® Lotion)  fluorinolone body *result oil (generic for DormaSmoothe® FS-Sealp / Body-Oil)  Hydrocortisone Solution  Hydrocorn® Gel  Texacor® Solution  alp and Body Oil from preferred to Non-preferred  Medium Potency  Non-Preferred  Beser® Lotion / Kit  |
| thuccinolone body / scalp oil (generic for DermaSmoothe® FS Scalp / Body Oil) hydrocortisone cream / lotion / ointment (generic for Hytone®)  Moved Brand DermaSmoothe® FS Scale  Preferred  | desonide lotion (generic for DesOwen® Lotion)  fluocinione body / realp oil (generic for DermaSmoothe® FS-Scalp / Body Oil)  Hydrocortisone Solution  Hydrocortisone Solution  Texacor® Solution  alp and Body Oil from preferred to Non-preferred  Medium Potency  Non-Preferred  Beser® Lotion / Kit  clocortolone cream (generic for Cloderm®)   |
| ## Budy Oil)  hydrocortisone cream / lotion / ointment (generic for Hytone*)    Moved Brand DermaSmoothe* FS Scalp / Body Oil)    Moved Brand DermaSmoothe* FS Scalp / Breferred    Preferred   Huticasone cream / ointment (generic for Cutivate*)  | desonide lotion (generic for DesOwen® Lotion)  fluociniones body / scalp oil (generic for DermaSmoothe® FS-Scalp / Body Oil)  Hydrocortisone Solution  Hydrocym® Gel  Texacort® Solution  alp and Body Oil from preferred to Non-preferred  Medium Potency  Non-Preferred  Beser® Lotion / Kit clocortolone cream (generic for Cloderm®)  Cloderm® Cream / Pump   |
| Moved Brand DermaSmoothe® FS Scalp / Body Oil)  Moved Brand DermaSmoothe® FS Scalp / Body Oil)  Moved Brand DermaSmoothe® FS Scalp / Body Oil)  Preferred  fluticasone cream / ointment (generic for Cutivate®)  | desonide lotion (generic for DesOwen® Lotion)  fluocinolene body * result oil (generic for DermaSmoothe® FS Scalp / Body Oil)  Hydrocortisone Solution  Hydrocorn® Solution  alp and Body Oil from preferred to Non-preferred  Medium Potency  Non-Preferred  Besse® Lotion / Kit clocortolone cream (generic for Clodern®)  Clodern® Cream / Pump  fluocinolone cream / ointment / solution (generic for Synalar®)   |
| Moved Brand DermaSmoothe® FS Scalp / Body Oil)  Moved Brand DermaSmoothe® FS Scalp / Body Oil)  Moved Brand DermaSmoothe® FS Scalp / Body Oil)  Preferred  fluticasone cream / ointment (generic for Cutivate®)  | desonide lotion (generic for DesOwen® Lotion)  fluorinolene body *realproil (generic for DormaSmoothe® FS-Sealp / Body-Oil)  Hydrocorrisone Solution  Hydrocorrisone Solution  alp and Body Oil from preferred to Non-preferred  Medium Potency  Non-Preferred  Beser® Lotion / Kit  clocortolone cream (generic for Cloderm®)  Cloderm® Cream / Pump  fluorinolone cream / ointment / solution (generic for Synalar®)  flurandernolide Lotion / Ointment   |
| Moved Brand DermaSmoothe® FS Scalp / Body Oil)  Moved Brand DermaSmoothe® FS Scalp / Body Oil)  Moved Brand DermaSmoothe® FS Scalp / Body Oil)  Preferred  fluticasone cream / ointment (generic for Cutivate®)  | desonide lotion (generic for DesOwen® Lotion)  flucciniolene body *realp oil (generic for DermaSmoothe® FS-Scalp / Body Oil)  Hydrocortisone Solution  Hydrocortisone Solution  alp and Body Oil from preferred to Non-preferred  Medium Potency  Non-Preferred  Beser® Lotion / Kit clocortolone cream (generic for Cloderm®)  Cloderm® Cream / Pump  fluccinolone cream / ointment / solution (generic for Synalar®)  fluurandernolide Lotion / Ointment  flutticasone lotion (generic for Cutivate® Lotion)  |
| Moved Brand DermaSmoothe® FS Scalp / Body Oil)  Moved Brand DermaSmoothe® FS Scalp / Body Oil)  Moved Brand DermaSmoothe® FS Scalp / Body Oil)  Preferred  fluticasone cream / ointment (generic for Cutivate®)  | desonide lotion (generic for DesOwen® Lotion)  flucciniones body *r scalp oil (generic for DermaSmoothe® FS-Scalp / Body Oil)  Hydrocortisone Solution  Hydrocortisone Solution  alp and Body Oil from preferred to Non-preferred  Medium Potency  Non-Preferred  Beser® Lotion / Kit  clocortolone cream (generic for Cloderm®)  Cloderm® Cream / Pump  flucandemoloide Lotion / Ointment  flutandemoloide Lotion / Ointment  fluticasone lotion (generic for Cutivate® Lotion)  hydrocortisone butyrate cream / lipid cream / lotion / ointment / solution (generic for Locoid®)  |
| Moved Brand DermaSmoothe® FS Scalp / Body Oil)  Moved Brand DermaSmoothe® FS Scalp / Body Oil)  Moved Brand DermaSmoothe® FS Scalp / Body Oil)  Preferred  fluticasone cream / ointment (generic for Cutivate®)  | desonide lotion (generic for DesOwen® Lotion)  fluocinolene body *result oil (generic for DermaSmoothe® FS Scalp / Body Oil)  Hydrocortisone Solution  Alpydrocortisone Solution  alp and Body Oil from preferred to Non-preferred  Medium Potency  Non-Preferred  Beser® Lotion / Kit  elocortolone cream (generic for Cloderm®)  Cloderm® Cream / Pump  fluocinolone cream / ointment / solution (generic for Synala®)  fluandernolide Lotion / Ointment  fluticasone lotion (generic for Cutivate® Lotion)  hydrocortisone butyrate cream / lipid cream / lotion / ointment / solution (generic for Locoid®)  hydrocortisone valerate cream / ointment (generic for Westcor®)  hydrocortisone valerate cream / ointment (generic for Westcor®)   |
| Moved Brand DermaSmoothe® FS Scalp / Body Oil)  Moved Brand DermaSmoothe® FS Scalp / Body Oil)  Moved Brand DermaSmoothe® FS Scalp / Body Oil)  Preferred  fluticasone cream / ointment (generic for Cutivate®)  | desonide lotion (generic for DesOwen® Lotion)  flucciniones body *r scalp oil (generic for DermaSmoothe® FS-Scalp / Body Oil)  Hydrocortisone Solution  Hydrocortisone Solution  alp and Body Oil from preferred to Non-preferred  Medium Potency  Non-Preferred  Beser® Lotion / Kit  clocortolone cream (generic for Cloderm®)  Cloderm® Cream / Pump  flucandemoloide Lotion / Ointment  flutandemoloide Lotion / Ointment  fluticasone lotion (generic for Cutivate® Lotion)  hydrocortisone butyrate cream / lipid cream / lotion / ointment / solution (generic for Locoid®)  |
| Moved Brand DermaSmoothe® FS Scalp / Body Oil)  Moved Brand DermaSmoothe® FS Scalp / Body Oil)  Preferred  fluticasone cream / ointment (generic for Cutivate®)  | desonide lotion (generic for DesOwen® Lotion)  fluocinolene body *result oil (generic for DermaSmoothe® FS Scalp / Body Oil)  Hydrocortisone Solution  Alpydrocortisone Solution  alp and Body Oil from preferred to Non-preferred  Medium Potency  Non-Preferred  Beser® Lotion / Kit  elocortolone cream (generic for Cloderm®)  Cloderm® Cream / Pump  fluocinolone cream / ointment / solution (generic for Synala®)  fluandernolide Lotion / Ointment  fluticasone lotion (generic for Cutivate® Lotion)  hydrocortisone butyrate cream / lipid cream / lotion / ointment / solution (generic for Locoid®)  hydrocortisone valerate cream / ointment (generic for Westcor®)  hydrocortisone valerate cream / ointment (generic for Westcor®)   |
| Moved Brand DermaSmoothe® FS Scalp / Body Oil)  Moved Brand DermaSmoothe® FS Scalp / Body Oil)  Preferred  fluticasone cream / ointment (generic for Cutivate®)  | desonide lotion (generic for DesOwen® Lotion)  fluorinolene body / realp oil (generic for DormaSmoothe® FS Scalp / Body Oil)  Hydrocortisone Solution  Hydrocorn® Gel  Texacor® Solution  alp and Body Oil from preferred to Non-preferred  Medium Potency  Non-Preferred  Beser® Lotion / Kit  clocortolone cream (generic for Cloderm®)  Cloderm® Cream / Pump  fluorinolone cream / ointment / solution (generic for Synalar®)  flurandernolide Lotion / Ointment  fluticasone lotion (generic for Cutivate® Lotion)  hydrocortisone butyrate cream / lipid cream / lotion / ointment / solution (generic for Locoid®)  hydrocortisone valerate cream / ointment (generic for Westcort®)  Locoid® Lipocream / Lotion   |
| Moved Brand DermaSmoothe® FS Scalp / Body Oil)  Moved Brand DermaSmoothe® FS Scalp / Body Oil)  Preferred  fluticasone cream / ointment (generic for Cutivate®)  | desonide lotion (generic for DesOwen* Lotion)  fluccinolene body / scalp oil (generic for DermaSmoothe* FS Scalp / Body Oil)  Hydrocortisone Solution  Hydrocyn* Gel  Texacor* Solution  alp and Body Oil from preferred to Non-preferred  Medium Potency  Non-Preferred  Beser** Lotion / Kit clocortolone cream (generic for Cloderm*)  Cloderm* Cream / Pump  flucinolone cream / ointment / solution (generic for Synalar*)  flutrandernolide Lotion / Ointment  fluticasone lotion (generic for Cutivate* Lotion)  hydrocortisone butyrate cream / lipid cream / lotion / ointment / solution (generic for Westcort*)  bydrocortisone valerate cream / ointment (generic for Westcort*)  Locod** Lipocream / Lotion  Pandel** Cream  predicarbate cream / ointment (generic for Dermatop*)   |
| Moved Brand DermaSmoothe® FS Scalp / Body Oil)  Moved Brand DermaSmoothe® FS Scalp / Body Oil)  Preferred  fluticasone cream / ointment (generic for Cutivate®)  | desonide lotion (generic for DesOwen® Lotion)  fluccinolone body *r scalp oil (generic for DermaSmoothe® FS-Scalp / Body-Oil)  Hydrocortisone Solution  Hydrocortisone Solution  alp and Body Oil from preferred to Non-preferred  Medium Potency  Non-Preferred  Beser® Lotion / Kit clocortolone cream (generic for Cloderm®)  Cloderm® Cream / Pump  flucinolone cream / ointment / solution (generic for Synalar®)  flucinolone cream / ointment  fluticasone lotion (generic for Cutivate® Lotion)  hydrocortisone butyrate cream / lojiod cream / lotion / ointment / solution (generic for Locoid®)  hydrocortisone valerate cream / ointment (generic for Westcort®)  Locoid® Lipocream / Lotion  Pandel® Cream   |
| Buocinolone body / scalp oil (generic for DermaSmoothe® FS Scalp / Body Oil) bydrocortisone cream / lotion / ointment (generic for Hytone®)  Moved Brand DermaSmoothe® FS Sc  Preferred  fluticasone cream / ointment (generic for Cutivate®)  | desonide lotion (generic for DesOwen® Lotion)  fluorinolene body / realp oil (generic for DormaSmoothe® FS-Scalp / Body Oil)  Hydrocortisone Solution  Hydrocortisone Solution  alp and Body Oil from preferred to Non-preferred  Medium Potency  Non-Preferred  Beser™ Lotion / Kit clocortolone cream (generic for Cloderm®)  Cloderm® Cream / Pump  fluorinolone cream / ointment / solution (generic for Synalar®)  flurandernolide Lotion / Ointment  fluticasone lotion (generic for Cutivate® Lotion)  hydrocortisone valerate cream / lipid cream / lotion / ointment / solution (generic for Westcort®)  Locoid® Lipocream / Lotion  Pandel® Cream  / predictarbate cream / ointment (generic for Dermatop®)  Synalar® Cream / Ointment (generic for Dermatop®)  Synalar® Cream / Ointment / Kit / Solution / TS Kit   |
| Moved Brand DermaSmoothe® FS Scalp / Body Oil) hydrocortisone cream / lotion / ointment (generic for Hytone®)  Moved Brand DermaSmoothe® FS Sc  Preferred fluticasone cream / ointment (generic for Cutivate®) mometasone cream / ointment / solution (generic for Elocon®)  | desonide lotion (generic for DesOwen® Lotion)  fluccinolene body / realp oil (generic for DermaSmoothe® FS Scalp / Body Oil)  Hydrocortisone Solution  Alp and Body Oil from preferred to Non-preferred  Medium Potency  Non-Preferred  Beser® Lotion / Kit clocortolene cream (generic for Cloderm®)  Cloderm® Cream / Pump  flucationlone cream (generic for Cloderm®)  flucationlone cream / ointment / solution (generic for Synalar®)  fluctiasone lotion (generic for Cutivate® Lotion)  hydrocortisone butryate cream / lipid cream / lotion / ointment / solution (generic for Westcort®)  Locoid® Lipocram / Lotion  Pandel® Cream  prednicarbate cream / ointment (generic for Dermatop®)  Synalar® Cream / Ointment (generic for Dermatop®)  Synalar® Cream / Ointment (Kit / Solution / TS Kit  |
| ## Preferred    Buticasone cream / ointment (generic for Elocon®)    Moved Brand DermaSmoothe® FS Scalp / Body Oil)    Moved Brand DermaSmoothe® FS Scalp / Body Oil)    Moved Brand DermaSmoothe® FS Scalp / Body Oil)    Preferred   | desonide lotion (generic for DesOwen® Lotion)  fluccinolene body / scalp oil (generic for DormaSmoothe® FS Scalp / Body Oil)  Hydrocortisone Solution  Alpydroxym® Coel  Texacor® Solution  alp and Body Oil from preferred to Non-preferred  Medium Potency  Non-Preferred  Beser® Lotion / Kit  clocortolone cream (generic for Cloderm®)  Cloderm® Cream / Pump  fluocinolone cream / ointment / solution (generic for Synalar®)  fluurandernolide Lotion / Ointment  fluticasone lotion (generic for Cutivate® Lotion)  hydrocortisone butyrate cream / lipid cream / lotion / ointment / solution (generic for Westcort®)  Locoid® Lipocream / Lotion  Pandel® Cream  prednicarbate cream / ointment (generic for Westcort®)  Synalar® Cream / Ointment (generic for Dormatop®)  Synalar® Cream / Ointment / Kit / Solution / TS Kit  High Potency  Non-Preferred  |
| Inocinolone body / scalp oil (generic for DermaSmoothe® FS Scalp / Body Oil) hydrocortisone cream / lotion / ointment (generic for Hytone®)  Moved Brand DermaSmoothe® FS Scalp  Preferred  fluticasone cream / ointment (generic for Cutivate®) mometasone cream / ointment / solution (generic for Elocon®)  Preferred  Preferred  Preferred  Preferred  Buticasone cream / ointment / solution (generic for Elocon®)  | desonide lotion (generic for DesOwen® Lotion)  fluorinolene body' sealp oil (generic for DormaSmoothe® FS Sealp / Body Oil)  Hydrocortisone Solution  Alp and Body Oil from preferred to Non-preferred  Medium Potency  Non-Preferred  Beser® Lotion / Kit clocortolone cream (generic for Cloderm®)  Cloderm® Cream / Pump  fluorinolone cream (generic for Cutivate® Lotion)  flutrandernolide Lotion / Ointment  fluticasone lotion (generic for Cutivate® Lotion)  hydrocortisone valerate cream / lipid cream / lotion / ointment / solution (generic for Westcort®)  Locoid® Lipocream / Lotion  Pande® Cream / Continent (generic for Dermatop®)  Synalar® Cream / Ointment (generic for Dermatop®)  Synalar® Cream / Ointment / Kit / Solution / TS Kit  High Potency  Non-Preferred  amcinonide cream (generic for Cyclocort®)   |
| Moved Brand DermaSmoothe® FS Scalp / Body Oil) hydrocortisone cream / lotion / ointment (generic for Hytone®)  Moved Brand DermaSmoothe® FS Scalp / Body Oil)  Moved Brand DermaSmoothe® FS Scalp / Brand DermaSmoothe® F | desonide lotion (generic for DesOwen® Lotion)  fluorinolene body / realp oil (generic for DormaSmoothe® FS Scalp / Body Oil)  Hydrocorrisone Solution  Alp and Body Oil from preferred to Non-preferred  Medium Potency  Non-Preferred  Beser® Lotion / Kit clocortolone cream (generic for Cloderm®)  Cloderm® Cream / Pump  fluorinolone cream (generic for Cloderm®)  flurandernolide Lotion / Ointment  fluticasone lotion (generic for Cutivate® Lotion)  hydrocortisone butyrate cream / lipid cream / lotion / ointment / solution (generic for Westcort®)  Locoid® Lipocream / Lotion  Pande® Cream / Lotion  Pande® Cream / Lotion  Pande® Cream / Ointment (generic for Dermatop®)  Synalar® Cream / Ointment (Kit / Solution / TS Kit  High Potency  Non-Preferred  amcinonide cream (generic for Cyclocor®)  betamethasone dipropionate augmented cream / gel / lotion / ointment (generic for Diprolene®)   |
| Moved Brand DermaSmoothe® FS Scalp / Body Oil) hydrocortisone cream / lotion / ointment (generic for Hytone®)  Moved Brand DermaSmoothe® FS Sc  Preferred  fluticasone cream / ointment (generic for Cutivate®) mometasone cream / ointment / solution (generic for Elocon®)  Preferred  | desonide lotion (generic for DesOwen* Lotion)  fluccinolene body / scalp oil (generic for DermaSmoothe* FS Scalp / Body Oil)  Hydrocortiscne Solution  Hydrocortiscne Solution  alp and Body Oil from preferred to Non-preferred  Medium Potency  Non-Preferred  Beser** Lotion / Kit clocortolone cream (generic for Cloderm*)  Cloderm* Cream / Pump  fluccinolone cream / ointment / solution (generic for Synalar*)  flutrandernolide Lotion / Ointment  fluticasone lotion (generic for Cutivate* Lotion)  hydrocortisone valerate cream / ointment (generic for Westcort*)  Locoid** Lipocream / Lotion  Pandel** Cream  prednicarbate cream / ointment (generic for Westcort*)  Synalar** Cream / Ointment (generic for Dermatop*)  Synalar** Cream / Ointment (generic for Dermatop*)  Synalar** Cream / Ointment / Kit / Solution / TS Kit  High Potency  Non-Preferred  amcinontide cream (generic for Cyclocort*)  betamethasone dipropionate augmented cream / gel / lotion / ointment (generic for Diprosone*)  betamethasone dipropionate augmented cream / generic for Diprosone*)   |
| Moved Brand DermaSmoothe® FS Scalp / Body Oil) hydrocortisone cream / lotion / ointment (generic for Hytone®)  Moved Brand DermaSmoothe® FS Scalp / Body Oil)  Moved Brand DermaSmoothe® FS Scalp / Brand DermaSmoothe® F | desonide lotion (generic for DesOwen® Lotion)  fluccinolene body 'xealp oil (generic for DermaSmoothe® FS Scalp / Body Oil)  Hydrocortisone Solution  Alp and Body Oil from preferred to Non-preferred  Medium Potency  Non-Preferred  Beser® Lotion / Kit  clocortolone cream (generic for Cloderm®)  Cloderm® Cream / Pump  fluocinolone cream / ointment / solution (generic for Synalar®)  fluurandernolide Lotion / Ointment  fluticasone lotion (generic for Cutivate® Lotion)  hydrocortisone butyrate cream / lotion / ointment (generic for Westcort®)  Locoid® Lipocream / Lotion  Pandel® Cream  Pendel® Cream  Pinder Cream / Pump  fluticasone lotion (generic for Cutivate® Lotion)  hydrocortisone butyrate cream / lotion / ointment / solution (generic for Locoid®)  hydrocortisone valerate cream / ointment (generic for Westcort®)  Locoid® Lipocream / Lotion  Pandel® Cream  prednicarbate cream / ointment (generic for Dermatop®)  Synalar® Cream / Ointment / Kit / Solution / TS Kit  High Potency  Non-Preferred  amcinonide cream (generic for Cyclocort®)  betamethasone dipropionate augmented cream / gel / lotion / ointment (generic for Diprosone®)  betamethasone dipropionate cream / lotion / ointment (generic for Diprosone®)  betamethasone valerate foam / lotion (generic for Diprosone®)  betamethasone valerate foam / lotion (generic for Diprosone®)   |
| Moved Brand DermaSmoothe® FS Scalp / Body Oil) hydrocortisone cream / lotion / ointment (generic for Hytone®)  Moved Brand DermaSmoothe® FS Scalp / Body Oil)  Moved Brand DermaSmoothe® FS Scalp / Brand DermaSmoothe® F | desonide lotion (generic for DesOwen* Lotion)  fluccinolene body / scalp oil (generic for DermaSmoothe* FS Scalp / Body Oil)  Hydrocortisces Solution  Alp and Body Oil from preferred to Non-preferred  Medium Potency  Non-Preferred  Beser Lotion / Kit clocortolone cream (generic for Cloderm*)  Cloderm* Cream / Pump  fluccinolone cream / ointment / solution (generic for Synalar*)  flutrandernolide Lotion / Ointment  fluticasone lotion (generic for Cutivate* Lotion)  hydrocortisone valerate cream / ointment (generic for Westcort*)  Locoid* Lipocream / Lotion  Pandel* Cream  prednicarbate cream / ointment (generic for Westcort*)  Synalar* Cream / Ointment (generic for Dermatop*)  Synalar* Cream / Ointment (generic for Dermatop*)  Synalar* Cream / Ointment (generic for Dermatop*)  Synalar* Cream / Ointment (Kit / Solution / TS Kit  High Potency  Non-Preferred  amcinontide cream (generic for Cyclocort*)  betamethasone dipropionate augmented cream / gel / lotion / ointment (generic for Diprosone*)  betamethasone dipropionate augmented cream / generic for Diprosone*)   |
| Moved Brand DermaSmoothe® FS Scalp / Body Oil) hydrocortisone cream / lotion / ointment (generic for Hytone®)  Moved Brand DermaSmoothe® FS Scalp / Body Oil)  Moved Brand DermaSmoothe® FS Scalp / Brand DermaSmoothe® F | desonide lotion (generic for DesOwen® Lotion)  fluccinolene body 'xealp oil (generic for DermaSmoothe® FS Scalp / Body Oil)  Hydrocortisone Solution  Alp and Body Oil from preferred to Non-preferred  Medium Potency  Non-Preferred  Beser® Lotion / Kit  clocortolone cream (generic for Cloderm®)  Cloderm® Cream / Pump  fluocinolone cream / ointment / solution (generic for Synalar®)  fluurandernolide Lotion / Ointment  fluticasone lotion (generic for Cutivate® Lotion)  hydrocortisone butyrate cream / lotion / ointment (generic for Westcort®)  Locoid® Lipocream / Lotion  Pandel® Cream  Pendel® Cream  Pinder Cream / Pump  fluticasone lotion (generic for Cutivate® Lotion)  hydrocortisone butyrate cream / lotion / ointment / solution (generic for Locoid®)  hydrocortisone valerate cream / ointment (generic for Westcort®)  Locoid® Lipocream / Lotion  Pandel® Cream  prednicarbate cream / ointment (generic for Dermatop®)  Synalar® Cream / Ointment / Kit / Solution / TS Kit  High Potency  Non-Preferred  amcinonide cream (generic for Cyclocort®)  betamethasone dipropionate augmented cream / gel / lotion / ointment (generic for Diprosone®)  betamethasone dipropionate cream / lotion / ointment (generic for Diprosone®)  betamethasone valerate foam / lotion (generic for Diprosone®)  betamethasone valerate foam / lotion (generic for Diprosone®)   |
| Moved Brand DermaSmoothe® FS Scalp / Body Oil) hydrocortisone cream / lotion / ointment (generic for Hytone®)  Moved Brand DermaSmoothe® FS Scalp / Body Oil)  Moved Brand DermaSmoothe® FS Scalp / Brand DermaSmoothe® F | desonide lotion (generic for DesOwen® Lotion)  fluorinolene body 'r scalp oil (generic for DermaSmoothe® FS Scalp / Body Oil)  Hydrocorrisone Solution  Alp and Body Oil from preferred to Non-preferred  Medium Potency  Non-Preferred  Beser® Lotion / Kit clocortolone cream (generic for Clodem®)  Cloderm® Cream / Pump  fluorinolone cream (generic for Clodem®)  flurandernolide Lotion / Ointment  fluticasone lotion (generic for Cutivate® Lotion)  hydrocortisone butyrate cream / lipid cream / lotion / ointment / solution (generic for Westcort®)  Locoid® Lipocream / Lotion  Pande® Cream / Lotion  Pande® Cream / Ointment (generic for Dermatop®)  Synalar® Cream (generic for Cyclocors®)  betamethasone dipropionate caream / lotion (generic for Valisone®)  betamethasone dipropionate cream / lotion (generic for Topiorone®)  betamethasone valerate foam / lotion (generic for Valisone®)  desoximetasone cream / gel / iointment (generic for Topiorone®)  desoximetasone cream / gel / iointment / spray (generic for Topicort®)  diflorasone cream / ointment (generic for Topicort®)  diflorasone cream / jed / ointment / spray (generic for Topicort®)  diflorasone cream / jed / ointment (generic for Topicort®)  diflorasone cream / ointment (generic for Topicort®)   |
| Moved Brand DermaSmoothe® FS Scalp / Body Oil) hydrocortisone cream / lotion / ointment (generic for Hytone®)  Moved Brand DermaSmoothe® FS Sc  Preferred fluticasone cream / ointment (generic for Cutivate®) mometasone cream / ointment / solution (generic for Elocon®)  Preferred  Preferred  Preferred  Preferred  Betamethasone valerate cream / ointment (generic for Valisone®)  Betamethasone valerate cream / ointment / solution (generic for Valisone®)  Preferred  | desonide lotion (generic for DesOwen® Lotion)  fluccionolone body / scalp oil (generic for DormaSmoothe® FS Scalp / Body Oil)  Hydrocortisone Solution  Alp and Body Oil from preferred to Non-preferred  Medium Potency  Non-Preferred  Beser® Lotion / Kit clocortolone cream (generic for Ctoderm®)  Cloderm® Cream / Pump  fluccinolone cream / ointment / solution (generic for Synalar®)  flutrandernolide Lotion / Ointment  flutticasone lotion (generic for Cutivate® Lotion)  hydrocortisone valerate cream / lotion / ointment (generic for Westcort®)  Locoid® Lipocream / Lotion  Pandel® Cream  prednicarbate cream / ointment (generic for Dermatop®)  Synalar® Cream (generic for Cyclocort®)  betamethasone dipropionate augmented cream / gel / lotion / ointment (generic for Diprosone®)  betamethasone valerate foam / lotion (generic for Topiposone®)  betamethasone valerate foam / lotion (generic for Topiposone®)  desoximetasone cream / gel / ointment / spray (generic for Topiposone®)  desoximetasone cream / gel / ointment / spray (generic for Topiposone®)  desoximetasone cream / gel / ointment / spray (generic for Topiposone®)  desoximetasone cream / gel / ointment / spray (generic for Topiposone®)  Diprolene® Ointment (generic for Florone®)   |
| Moved Brand DermaSmoothe® FS Scalp / Body Oil) hydrocortisone cream / lotion / ointment (generic for Hytone®)  Moved Brand DermaSmoothe® FS Sc  Preferred fluticasone cream / ointment (generic for Cutivate®) mometasone cream / ointment / solution (generic for Elocon®)  Preferred  Preferred  Preferred  Preferred  betamethasone valente cream / ointment (generic for Valisone®) fluocinonide cream / gel / ointment / solution (generic for Valisone®) fluocinonide cream / gel / ointment / solution (generic for Valisone®)  | desonide lotion (generic for DesOwen® Lotion)  fluccinalone body / result oil (generic for DemasSmoothe®-FS Scalp / Body Oil)  Hydrocym® Gel  Texacor® Solution  alp and Body Oil from preferred to Non-preferred  Medium Potency  Non-Preferred  Beser® Lotion / Kit elocortolone cream (generic for Clodem®)  Clodem® Cream (generic for Clodem®)  flucinalone cream / ointment / solution (generic for Synalar®)  flucinalone cream / ointment / solution (generic for Synalar®)  hydrocortisone butyrate cream / lotion / ointment / solution (generic for Locoid®)  hydrocortisone valerate cream / ointment (generic for Westcort®)  Lociod® Lipocream / Lotion  Pandel® Cream  predincarbate cream / ointment (generic for Dematop®)  Synalar® Cream / Ointment / Kit / Solution / TS Kit   High Potency  Non-Preferred  ancinonide cream (generic for Cyclocort®)  betamethasone dipropionate caugemented cream / gel / lotion / ointment (generic for Diprosone®)  betamethasone dipropionate carem / lotion (generic for Topicort®)  dillonasone cream / ointment (generic for Valsone®)  desoximetasone cream / gel / ointment (generic for Topicort®)  dillonasone cream / ointment (generic for Florone®)  Diprolem® Ointment for Culidem® Comment (generic for Topicort®)  dillonasone cream / ointment (generic for Florone®)  Diprolem® Ointment for Cream (generic for Florone®)   |
| Moved Brand DermaSmoothe® FS Scalp / Body Oil) hydrocortisone cream / lotion / ointment (generic for Hytone®)  Moved Brand DermaSmoothe® FS Sc  Preferred fluticasone cream / ointment (generic for Cutivate®) mometasone cream / ointment / solution (generic for Elocon®)  Preferred  Preferred  Preferred  Preferred  betamethasone valente cream / ointment (generic for Valisone®) fluocinonide cream / gel / ointment / solution (generic for Valisone®) fluocinonide cream / gel / ointment / solution (generic for Valisone®)  | desonide lotion (generic for DesOwen® Lotion)  filioceinolone body / sealpt ail (generic for DemaSmoothe® FS Scalp / Body Oil)  Hydroxyn® Gel  Texacor® Solution  alp and Body Oil from preferred to Non-preferred  Medium Potency  Non-Preferred  Beser® Lotion / Kit clocortolone cream (generic for Clodern®)  Clodern® Cream / Pump  fluorionlone cream (generic for Clodern®)  Clodern® Cream / Pump  fluorionlone cream / cintment / solution (generic for Synalar®)  flutrandernolide Lotion / Ointment  fluticasone lotion (generic for Cutivate® Lotion)  hydrocortisone butyrate cream / lipid cream / lotion / ointment / solution (generic for Westcort®)  Locoid® Lipocream / Lotion  Pandel® Cream  prednicarbate cream / ointment (generic for Westcort®)  Synalar® Cream / Ointment (generic for Dermatop®)  Synalar® Cream / Ointment / Kit / Solution / TS Kit  High Potency  Non-Preferred  amcinonide cream (generic for Cyclocort®)  betamethasone dipropionate augmented cream / gel / lotion / ointment (generic for Diprosone®)  betamethasone dipropionate augmented cream / gel / lotion / ointment (generic for Diprosone®)  betamethasone dipropionate recam / lotion / ointment (generic for Diprosone®)  betamethasone dipropionate cream / gel / lotion / ointment (generic for Diprosone®)  betamethasone dipropionate recam / lotion / ointment (generic for Diprosone®)  desoximetasone cream / gel / ointment / spay (generic for Topicort®)  dillonasone cream / gel / ointment / spay (generic for Topicort®)  dillonasone cream / gel / ointment (generic for Lidex® E)  halcinonide cream (generic for Halog®)   |
| Moved Brand DermaSmoothe® FS Scalp / Body Oil) hydrocortisone cream / lotion / ointment (generic for Hytone®)  Moved Brand DermaSmoothe® FS Sc  Preferred fluticasone cream / ointment (generic for Cutivate®) mometasone cream / ointment / solution (generic for Elocon®)  Preferred  Preferred  Preferred  Preferred  betamethasone valente cream / ointment (generic for Valisone®) fluocinonide cream / gel / ointment / solution (generic for Valisone®) fluocinonide cream / gel / ointment / solution (generic for Valisone®)  | desonide lotion (generic for DesOwen® Lotion)  flaucinolens body / sealp poil (generic for DermaSimosthe® FS Scalp / Body Oil)  Hydrocytisme Solution  Bydrocytisme Solution  alp and Body Oil from preferred to Non-preferred  Medium Potency  Non-Preferred  Beser® Lotion / Kit  elocortolone cream (generic for Cloderm®)  Cloderm® Cream / Pump  fluocinolone cream / oitment / solution (generic for Synalar®)  fluocinolone cream / oitment / solution (generic for Synalar®)  fluocinolone cream / oitment  fluticasone lotion (generic for Cutivate® Lotion)  hydrocortisone bulyrate cream / lipid cream / lotion / ointment / solution (generic for Locoid®)  hydrocortisone valerate cream / oitmet (generic for Westcort®)  Locoid® Lipocream / Lotion  Pande® Cream  prednicarbate cream / oitment (generic for Dermatop®)  Synalar® Cream / Ointment / Kit / Solution / TS Kit  High Potency  Non-Preferred  amcinonide cream (generic for Cyclocor®)  betamethasone dipropionate augmented cream / gel / lotion / ointment (generic for Diprosene®)  betamethasone valerate foam / lotion (generic for Valisone®)  desoximatasone cream / gel / oitment (generic for Topicort®)  Diprolene® Ointment  fluocinonide ernam (generic for Halog®)  halcinonide cream (generic for Halog®)  halcinonide cream (generic for Halog®)   |
| Moved Brand DermaSmoothe® FS Scalp / Body Oil) hydrocortisone cream / lotion / ointment (generic for Hytone®)  Moved Brand DermaSmoothe® FS Sc  Preferred fluticasone cream / ointment (generic for Cutivate®) mometasone cream / ointment / solution (generic for Elocon®)  Preferred  Preferred  Preferred  betamethasone valerate cream / ointment (generic for Valisone®) fluocinonide cream / gel / ointment / solution (generic for Valisone®) fluocinonide cream / gel / ointment / solution (generic for Valisone®)  | desonide lotion (generic for DesOwen® Lotion)  flaucinations body / scalp pail (generic for DurmaSmoothe® FS Scalp / Body Oil)  Hydrocxym® Gel  Texacor® Solution  alp and Body Oil from preferred to Non-preferred  Medium Potency  Non-Preferred  Beser® Lotion / Kit clocortolone cream (generic for Clodern®)  Cloderm® Cream / Pump  fluccinolone cream / ointment / solution (generic for Synalar®)  flucacinolone cream / ointment / solution (generic for Synalar®)  flucacinolone cream / ointment / solution (generic for Synalar®)  flucacinolone cream / ointment / solution (generic for Westcort®)  Locoid® Lipocream / Lotion  hydrocortisone bulyrate cream / lipid cream / lotion / ointment / solution (generic for Locoid®)  hydrocortisone bulyrate cream / ointment (generic for Westcort®)  Locoid® Lipocream / Lotion  Panda® Cream  predicarbate cream / ointment (generic for Dermatop®)  Synalar® Cream / Ointment / Kit / Solution / TS Kit  High Potency  Non-Preferred  amcinonide cream (generic for Cyclocort®)  betamethasone dipropionate augmented cream / gel / lotion / ointment (generic for Diprosone®)  betamethasone dipropionate augmented cream / gel / lotion / ointment (generic for Diprosone®)  betamethasone dipropionate augmented cream / gel / lotion / ointment (generic for Diprosone®)  betamethasone dipropionate augmented cream / gel / lotion / ointment (generic for Diprosone®)  betamethasone cream / gel / ointment / spany (generic for Topioor®)  diflorasone cream / gel / ointment (generic for Topioor®)  diflorasone cream / gel / ointment (generic for Topioor®)  diflorasone cream (generic for Flade®)  halcinonide emollient cream (generic for Halog®)  Halog® Cream / Ointment (Solution)  Halog® Cream / Ointment (Solution) |
| Moved Brand DermaSmoothe® FS Scalp / Body Oil) hydrocortisone cream / lotion / ointment (generic for Hytone®)  Moved Brand DermaSmoothe® FS Sc  Preferred fluticasone cream / ointment (generic for Cutivate®) mometasone cream / ointment / solution (generic for Elocon®)  Preferred  Preferred  Preferred  betamethasone valerate cream / ointment (generic for Valisone®) fluocinonide cream / gel / ointment / solution (generic for Valisone®) fluocinonide cream / gel / ointment / solution (generic for Valisone®)  | desonide lotion (generic for DesOwen® Lotion)  flaucinolone body / sealp oil (generic for DermaSimoothe® TSS-Sealp / Body Oil)  Hydrocytisme Solution  Itydroxym Gel  Texacor® Solution  alp and Body Oil from preferred to Non-preferred  Medium Potency  Non-Preferred  Beser® Lotion / Kit clocortolone cream (generic for Cloderm®)  Cloderm® Cream / Pump  flucionlone cream (generic for Cloderm®)  fluciasone lotion (generic for Cloderm®)  fluciasone lotion (generic for Cutivate® Lotion)  hydrocortisone butyrate cream / Jointment (solution (generic for Westcort®)  hydrocortisone valerate cream / Jointment (generic for Westcort®)  Lociod® Lipocream / Lotion  Pandel® Cream  predinicarbate cream / ointment (generic for Dermatop®)  Synala® Cream / Ointment / Kit / Solution / TS Kit  High Potency  Non-Preferred  amenionide cream (generic for Cyclocort®)  betamethasone dipropionate augmented cream / gel / Iotion / ointment (generic for Diprosone®)  betamethasone dipropionate augmented cream / generic for Diprosone®)  betamethasone cream / Jointment (generic for Tolicone®)  betamethasone valerate foam / Iotion (generic for Tolicone®)  betamethasone cream / generic for Cyclocort®)  betamethasone cream / Jointment (generic for Tolicone®)  betamethasone valerate foam / Iotion (generic for Tolicone®)  betamethasone cream / Jointment (generic for Forone®)  Diprolene® Ointment (generic for Forone®)  Diprolene® Ointment (generic for Flalog®)  halcinonide cream (generic for Halog®)  halcinonide cream (generic for Halog®)  halcinonide cream / Jointment / Solution  Kenalog® Spray   |
| Moved Brand DermaSmoothe® FS Scalp / Body Oil) hydrocortisone cream / lotion / ointment (generic for Hytone®)  Moved Brand DermaSmoothe® FS Sc  Preferred fluticasone cream / ointment (generic for Cutivate®) mometasone cream / ointment / solution (generic for Elocon®)  Preferred  Preferred  Preferred  Preferred  Betamethasone valerate cream / ointment (generic for Valisone®)  Betamethasone valerate cream / ointment / solution (generic for Valisone®)  Preferred  | desonide lotion (generic for DesOwen® Lotion)  flaucinations body / scalp pail (generic for DurmaSmoothe® FS Scalp / Body Oil)  Hydrocxym® Gel  Texacor® Solution  alp and Body Oil from preferred to Non-preferred  Medium Potency  Non-Preferred  Beser® Lotion / Kit clocortolone cream (generic for Clodern®)  Cloderm® Cream / Pump  fluccinolone cream / ointment / solution (generic for Synalar®)  flucacinolone cream / ointment / solution (generic for Synalar®)  flucacinolone cream / ointment / solution (generic for Synalar®)  flucacinolone cream / ointment / solution (generic for Westcort®)  Locoid® Lipocream / Lotion  hydrocortisone bulyrate cream / lipid cream / lotion / ointment / solution (generic for Locoid®)  hydrocortisone bulyrate cream / ointment (generic for Westcort®)  Locoid® Lipocream / Lotion  Panda® Cream  predicarbate cream / ointment (generic for Dermatop®)  Synalar® Cream / Ointment / Kit / Solution / TS Kit  High Potency  Non-Preferred  amcinonide cream (generic for Cyclocort®)  betamethasone dipropionate augmented cream / gel / lotion / ointment (generic for Diprosone®)  betamethasone dipropionate augmented cream / gel / lotion / ointment (generic for Diprosone®)  betamethasone dipropionate augmented cream / gel / lotion / ointment (generic for Diprosone®)  betamethasone dipropionate augmented cream / gel / lotion / ointment (generic for Diprosone®)  betamethasone cream / gel / ointment / spany (generic for Topioor®)  diflorasone cream / gel / ointment (generic for Topioor®)  diflorasone cream / gel / ointment (generic for Topioor®)  diflorasone cream (generic for Flade®)  halcinonide emollient cream (generic for Halog®)  Halog® Cream / Ointment (Solution)  Halog® Cream / Ointment (Solution) |

# **DRAFT April 2025 PDL 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. For drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at: <a href="https://www.nctracks.nc.gov/content/public/providers/pharmacy.html">https://www.nctracks.nc.gov/content/public/providers/pharmacy.html</a>

|  | triamcinolone spray (generic for Kenalog*)   |  |  |
|--|--|--|--|
|  | Vanos® Cream   |  |  |
|  |  |  |  |
|  | Very High Potency  |  |  |
| Preferred  | Non-Preferred  |  |  |
| clobetasol cream / emollient cream / gel / ointment (generic for Temovate®)    | ApexiCon® E Cream  |  |  |
| clobetasol shampoo (generic for Clobex®)                                       | Bryhali™ Lotion  |  |  |
| clobetasol solution (generic for Cormax <sup>®</sup> )                         | clobetasol foam / emollient foam / emulsion foam (generic for Olux "/ Olux-E")   |  |  |
| Clobex® Shampoo  | clobetasol lotion / spray (generic for Clobex®)  |  |  |
| halobetasol propionate cream / ointment (generic for Ultravate®)               | Clodan Kit / Shampoo   |  |  |
| innocensor proposing element of ontaken (generic to ontaken)                   | halobetasol propionate foam (generic for Lexette®)   |  |  |
|  | Impeklo <sup>M</sup> Lotion  |  |  |
| Open class-No recommendations  |  |  |  |
|  | Lexette® Foam  |  |  |
|  | Olux® Foam   |  |  |
|  | Temovate <sup>®</sup> Ointment   |  |  |
|  | Tovet <sup>™</sup> Foam / Foam Kit   |  |  |
|  | Ultravate <sup>®</sup> Lotion  |  |  |
|  |  |  |  |
|  | MISCELLANEOUS  |  |  |
| WEIG   | HT MANAGEMENT AGENTS   |  |  |
|  | cated for the treatment of obesity (Incretin Mimemetics)   |  |  |
|  | riteria apply to all drugs in this class   |  |  |
| Preferred  | Non-Preferred  |  |  |
| Wegovy® Pen  | Saxenda® (liraglutide) Pen   |  |  |
| regory real  | Zepbound® (tirzepatide) Pen  |  |  |
|  | героони (пгерине) ген  |  |  |
| Weight Mana  | ngement Other (Non-Incretin Mimetics)  |  |  |
| Preferred  | Non-Preferred  |  |  |
| diethylpropion tablet / ER tablet  | benzphetamine tablet   |  |  |
| phendimetrazine tablet / ER capsule  |  |  |  |
|  | orlistat capsule (generic for Xenical®)  |  |  |
| phentermine tablet / capsule   | Xenical® (orlistat) Capsule  |  |  |
| IMMUNOMODULATORS, ASTHMA   |  |  |  |
|  | ,  |  |  |
|  | riteria apply to all drugs in this class   |  |  |
| Preferred  | Non-Preferred  |  |  |
| Fasenra® Pen / Syringe   | Cinqair <sup>®</sup> Vial  |  |  |
| Xolair® (omalizumab) Autoinjector/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 <sup>®</sup> Vial   |  |  |
|  |  |  |  |
|  | OMODULATORS, Atopic Dermatitis   |  |  |
|  | riteria apply to all drugs in this class   |  |  |
| Preferred  | Non-Preferred  |  |  |
| Adbry® Syringe   | Adbry® (tralokinumab-ldrm) Autoinjector  |  |  |
| Dupixent® Pen / Syringe  | Ebglyss Pen  |  |  |
| Elidel® Cream  | Ebglyss™ Syringe (lebrikizumab-lbkz)   |  |  |
| Eucrisa® 2% Ointment   | Opzelura <sup>™</sup> Cream  |  |  |
| tacrolimus ointment (generic for Protopic®)                                    | pimecrolimus cream (generic for Elidel <sup>®</sup> )  |  |  |
| NTM: Added Ebglyss Syringe (lebrikizumab-lbkz) to non-preferred Reconciliation | Zoryve® (roflumilast) 0.15% Cream  |  |  |
|  | Nemluvio   |  |  |
| added Nemluvio® to non-preferred   |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | ANTIPSORIATICS, ORAL   |  |  |
| Preferred  | Non-Preferred  |  |  |
| acitretin (generic for Soriatane®)   | methoxsalen rapid (generic for Oxsoralen-Ultra*)   |  |  |
| active in (Benefic for Sociatane )   | писиоловие парто (денето из Оломанен-Она )   |  |  |
|  |  |  |  |

# **DRAFT April 2025 PDL 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. For drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at: <a href="https://www.nctracks.nc.gov/content/public/providers/pharmacy.html">https://www.nctracks.nc.gov/content/public/providers/pharmacy.html</a>

| EPINEPHRINE, SELF ADMINISTERED   |  |  |  |  |
|--|--|--|--|--|
|  | nits apply to all drugs in this class  |  |  |  |
| Preferred  | Non-Preferred  |  |  |  |
| Auvi-Q <sup>®</sup> Auto Injector  | epinephrine auto injector (generic for Adrenaclick®)   |  |  |  |
| epinephrine auto injector (generic for Epi-Pen® / Epi-Pen® Jr.)  | neffy <sup>®</sup> nasal spray   |  |  |  |
| Epi-Pen® Auto Injector / 2-Pak / Jr. Auto Injector / Jr. 2-Pak   | NTM: Added neffy® nasal spray to non-preferred   |  |  |  |
|  | Status Change: Auvi-Q® Auto Injector moved from non-preferred to preferred   |  |  |  |
|  | , , , , , , , , , , , , , , , , , , ,  |  |  |  |
|  |  |  |  |  |
| ESTROGE  | N AGENTS, COMBINATIONS   |  |  |  |
| Preferred  | Non-Preferred  |  |  |  |
| Activella® Tablet  | Bijuva® Capsule  |  |  |  |
| Amabelz™ Tablet  | Bijuva Capsuic   |  |  |  |
| estradiol/norethindrone tablet (generic for Activella®)  |  |  |  |  |
| Fyavolv <sup>™</sup> Tablet  |  |  |  |  |
| Jinteli® (branded generic for FemHRT®)   |  |  |  |  |
| Mimvey® / Lo (branded generic for Activella®)  |  |  |  |  |
| norethindrone-ethinyl estradiol (generic for FemHRT®)  |  |  |  |  |
| Premphase® Tablet  |  |  |  |  |
| Prempro® Tablet  |  |  |  |  |
| TOTAL OF THE   |  |  |  |  |
|  | GENTS, ORAL / TRANSDERMAL  |  |  |  |
| Preferred  | Non-Preferred  |  |  |  |
| Climara® Pro Patch   | Climara® Patch Divigel® Gel Packet   |  |  |  |
| CombiPatch® Patch estradiol patch (generic for Climara®, Menostar®, Vivelle-Dot®)  | Dott <sup>in</sup> Patch   |  |  |  |
| estradiol paten (generic for Chimara , Menostar , Vivene-Dot )   | Duavee® Tablet   |  |  |  |
| Evanist® Spray   | Elestrin® Gel  |  |  |  |
| Menest <sup>®</sup> Tablet   | Estrace® Tablet  |  |  |  |
| Premarin® Tablet   | Estradiol Gel Pump   |  |  |  |
|  | estradiol gel packet (generic for Divigel*)  |  |  |  |
|  | Lyllana <sup>™</sup> Patch   |  |  |  |
|  | Menostar <sup>®</sup> Patch  |  |  |  |
|  | Minivelle® Patch   |  |  |  |
|  | Osphena <sup>®</sup> Tablet  |  |  |  |
|  | Veozah <sup>™</sup> Tablet   |  |  |  |
|  | Vivelle-Dot® Patch   |  |  |  |
|  |  |  |  |  |
| ECTROCEN AC  |  |  |  |  |
|  | ENTS, VAGINAL PREPARATIONS  Non Profession   |  |  |  |
| Preferred  | Non-Preferred  |  |  |  |
| Preferred  Estring* Vaginal Ring   | Non-Preferred  Estrace* Cream  |  |  |  |
| Preferred  Estring* Vaginal Ring  Premarin* Vaginal Cream  | Non-Preferred  Estrace* Cream estradiol vaginal cream / tablet (generic for Estrace*)  |  |  |  |
| Preferred  Estring* Vaginal Ring   | Non-Preferred  Estrace® Cream estradiol vaginal cream / tablet (generic for Estrace®)  Femring® Vaginal Ring   |  |  |  |
| Preferred  Estring ** Vaginal Ring  Premarin** Vaginal Cream  Vagifem ** Vaginal Tablet  | Non-Preferred  Estrace* Cream estradiol vaginal cream / tablet (generic for Estrace*)  |  |  |  |
| Preferred  Estring Vaginal Ring  Premarin Vaginal Cream  Vaginem Vaginal Tablet  Open class-No recommendations   | Non-Preferred  Estrace® Cream estradiol vaginal cream / tablet (generic for Estrace®) Ferming® Vaginal Ring Invexcy® Vaginal Inserts Yuvafem® Vaginal Tablet   |  |  |  |
| Preferred  Estring Vaginal Ring  Premarin Vaginal Cream  Vaginem Vaginal Tablet  Open class-No recommendations   | Non-Preferred  Estrace® Cream estradiol vaginal cream / tablet (generic for Estrace®)  Femring® Vaginal Ring  Invexxy® Vaginal Inserts   |  |  |  |
| Preferred  Estring * Vaginal Ring Premarin* Vaginal Cream  Vagifem* Vaginal Tablet  Open class-No recommendations  GLUCOC  Preferred   | Non-Preferred  Estrace* Cream estradiol vaginal cream / tablet (generic for Estrace*)  Femring* Vaginal Ring Invexsy* Vaginal Inserts  Yuvafem* Vaginal Tablet  DRTICOID STEROIDS, ORAL  Non-Preferred   |  |  |  |
| Preferred  Estring ** Vaginal Ring  Premarin** Vaginal Cream  Vagifem ** Vaginal Tablet  Open class-No recommendations  GLUCOC  Preferred  budesonide EC capsule (generic for Entocort* EC)  | Non-Preferred  Estrace® Cream estradiol vaginal cream / tablet (generic for Estrace®) Femring® Vaginal Ring Invexty® Vaginal Inserts Yuvafem® Vaginal Tablet  ORTICOID STEROIDS, ORAL  Non-Preferred  Alkindi® Sprinkle Capsule  |  |  |  |
| Preferred  Estring Vaginal Ring  Premaris Vaginal Cream  Vagifem Vaginal Tablet  Open class-No recommendations  GLUCOC  Preferred  budesonide EC capsule (generic for Entocore EC) dexamethasone elixir / tablet (generic for Decadrone)   | Non-Preferred  Estrace® Cream estratiol vaginal cream / tablet (generic for Estrace®) Femring® Vaginal Ring Imvexxy® Vaginal Inserts Yuvafem® Vaginal Tablet  ORTICOID STEROIDS, ORAL  Non-Preferred  Alkindi® Sprinkle Capsule Cortef® Tablet   |  |  |  |
| Preferred  Estring * Vaginal Ring Premarin* Vaginal Cream  Vagifem* Vaginal Tablet  Open class-No recommendations  GLUCOC  Preferred  budesonide EC capsule (generic for Entocor* EC) dexamethasone elixir / tablet (generic for Decadron*) decamethasone solution (generic for Concedix*)   | Strace* Cream Estracid Vaginal cream / tablet (generic for Estrace*) Femring* Vaginal Ring Imvexcy* Vaginal Inserts Yuvafem* Vaginal Tablet  DRTICOID STEROIDS, ORAL  Non-Preferred Alkind* Sprinkle Capsule Cortes* Tablet cortisone tablet (generic for Patisone*)   |  |  |  |
| Preferred  Estring * Vaginal Ring Premarin* Vaginal Cream  Vagifem* Vaginal Tablet  Open class-No recommendations  GLUCOC  Preferred  budesonide EC capsule (generic for Entocor* EC) dexamethasone elixir / tablet (generic for Decadron*) dexamethasone solution (generic for Concedix*)  Emflaza* Tablet - Clinical criteria apply  | Non-Preferred  Estrace® Cream  estradiol vaginal cream / tablet (generic for Estrace®)  Femring® Vaginal Ring  Invexty® Vaginal Inserts  Yuvafen® Vaginal Tablet  Non-Preferred  Alkindi® Sprinkle Capsule  Corte® Tablet  cortisone tablet (generic for Patisone®)  deflazacort tablet (generic for Emflaza®) - Clinical criteria apply   |  |  |  |
| Preferred  Estring * Vaginal Ring Premarin* Vaginal Cream  Vagifem* Vaginal Tablet  Open class-No recommendations  GLUCOC  Preferred  budesonide EC capsule (generic for Entocor* EC) dexamethasone elixir / tablet (generic for Decadron*) decamethasone solution (generic for Concedix*)   | Strace* Cream Estracid Vaginal cream / tablet (generic for Estrace*) Femring* Vaginal Ring Imvexcy* Vaginal Inserts Yuvafem* Vaginal Tablet  DRTICOID STEROIDS, ORAL  Non-Preferred Alkind* Sprinkle Capsule Cortes* Tablet cortisone tablet (generic for Patisone*)   |  |  |  |
| Preferred    String Vaginal Ring   Vaginal Cream   Vaginal Tablet  | Non-Preferred  Estrace® Cream  estradiol vaginal cream / tablet (generic for Estrace®)  Femring® Vaginal Ring  Invexty® Vaginal Inserts  Yuvafen® Vaginal Tablet  Non-Preferred  Alkindi® Sprinkle Capsule  Corte® Tablet  cortisone tablet (generic for Patisone®)  deflazacort tablet (generic for Emflaza®) - Clinical criteria apply   |  |  |  |
| Preferred    String Vaginal Ring   Vaginal Cream   Vaginal Cream   Vaginal Cream   Vaginal Cream   Vaginal Cream   Vaginal Tablet   Capsule (generic for Entocort EC)   Capsule (generic for Entocort EC)   Capsule (generic for Decadron )   Calcamentasone elixir / tablet (generic for Decadron )   Calcamentasone solution (generic for Concedix )   Canada   Capsule (generic for Concedix )   Capsule (generic for Medrol )   Capsule (g | Non-Preferred  |  |  |  |
| Preferred    String Vaginal Ring   Vaginal Cream   Vaginal Tablet  | Non-Preferred  |  |  |  |
| Preferred    String  | Non-Preferred  Estrace® Cream estradiol vaginal cream / tablet (generic for Estrace®)  Femring® Vaginal Ring Innvexxy® Vaginal Inserts  Yuvafem® Vaginal Tablet  ORTICOID STEROIDS, ORAL  Non-Preferred  Alkindi® Sprinkle Capsule Corte® Tablet  cortisone tablet (generic for Patisone®) deflazacort tablet (generic for Emflaza®) - Clinical criteria apply deflazacort suspension (generic for Emflaza®) - Clinical criteria apply. T/F of preferred agents not required for children < 12 years of age. dexamethasone tablet dosepack / Intenso® Drops  Emflaza® Suspension - Clincal criteria apply. T/F of preferred agents not required for children < 12 years of age. Ebohiia® Suspension - Clincal criteria apply. T/F of preferred agents not required for children < 12 years of age. Ebohiia® Suspension - Clincal criteria apply. T/F of preferred agents not required for children < 12 years of age.  |  |  |  |
| Preferred    Premaria Vaginal Ring   Premaria Vaginal Cream   Vagifem Vaginal Tablet   | Strace   Cream   Cre   |  |  |  |
| Preferred    String  | Strace   Cream     Estrace   Cream   Capter   Capter   Capter     Estrace   Cream   Capter   Capter     Estrace   Capter   Capter   Capter     Estra   |  |  |  |
| Preferred    String  | Estrace® Cream estradiol vaginal cream / tablet (generic for Estrace®)  Estrace® Vaginal Cream / tablet (generic for Estrace®)  Emming® Vaginal Ring  Invexty® Vaginal Inserts  Yuvafen® Vaginal Tablet  ORTICOID STEROIDS, ORAL  Non-Preferred  Alkindi® Sprinkle Capsule  Corte® Tablet  cortisone tablet (generic for Patisone®)  deflazacort tablet (generic for Emflaza®) - Clinical criteria apply  deflazacort suspension (generic for Emflaza®) - Clinical criteria apply. T/F of preferred agents not required for children < 12 years of age.  dexamethasone tablet dosepack / Intensol® Drops  Emflaza® Suspension - Clinical criteria apply. T/F of preferred agents not required for children < 12 years of age.  Echilia® Suspension-T/F of preferred agents not required for children < 12 years of age.  Echilia® Suspension-T/F of preferred agents not required for diagnosis of cosinophilic esophagitis  Hemady® Tablet  Metrol® Dose Pack / Tablet  methylprednisolone 8mg / 16mg / 32mg tablet (generic for Medrol®)  Millipred® Dose Pack / Tablet  |  |  |  |
| Preferred    String  | Estrace® Cream   estradiol vaginal cream / tablet (generic for Estrace®)   |  |  |  |
| Preferred    String  | Estrace® Cream   estradiol vaginal cream / tablet (generic for Estrace®)   |  |  |  |
| Preferred    String  | Estrace® Cream     estradiol vaginal cream / tablet (generic for Estrace®)     Estrace® Vaginal Ring     Invexxy® Vaginal Inserts     Yuvafen® Vaginal Tablet     ORTICOID STEROIDS, ORAL     Non-Preferred     Alkind® Sprinkle Capsule     Corte® Tablet     Corte® Tablet     cortisone tablet (generic for Patisone®)     deflazacort tablet (generic for Emflaza®) - Clinical criteria apply     deflazacort tablet (generic for Emflaza®) - Clinical criteria apply     deflazacort tablet (generic for Emflaza®) - Clinical criteria apply     deflazacort suspension (generic for Emflaza®) - Clinical criteria apply. T/F of preferred agents not required for children < 12 years of age.     dexamethasone tablet dosepack / Intensol® Drops     Emflaza® Suspension - Clincal criteria apply. T/F of preferred agents not required for children < 12 years of age.     Emflaza® Suspension - T/F of preferred agents not required for children < 12 years of age.     Emflaza® Dose Pack / Tablet     methylprednisolone 8mg / 16mg / 32mg tablet (generic for Medrol®)     Millipred® Dose Pack / Tablet     prednisolone tablet     Prednisone Intensol® Concentrated Solution   |  |  |  |
| Preferred    String  | Estrace® Cream   estradiol vaginal cream / tablet (generic for Estrace®)   |  |  |  |
| Preferred    String  | Strace   Cream     estradiol vaginal cream / tablet (generic for Estrace   )     Ferming   Vaginal Ring     Invexty   Vaginal Inserts     Yuvafem   Vaginal Tablet     ORTICOID STEROIDS, ORAL     Non-Preferred     Alkindi   Sprinkle Capsule     Corte   Tablet     Corte   Tablet     cortisone tablet (generic for Patisone   )     deflazacort tablet (generic for Emflaza   ) - Clinical criteria apply     deflazacort tablet (generic for Emflaza   ) - Clinical criteria apply     deflazacort tablet (generic for Emflaza   ) - Clinical criteria apply     deflazacort tablet (generic for Emflaza   ) - Clinical criteria apply     deflazacort suspension (generic for Emflaza   ) - Clinical criteria apply     deflazacort fablet (basepask / Intensol   Drops     Emflaza   Suspension - Clinical criteria apply   T/F of preferred agents not required for children < 12 years of age.     Echilais   Suspension - Clinical criteria apply   T/F of preferred agents not required for children < 12 years of age.     Echilais   Suspension - Clinical criteria apply   T/F of preferred agents not required for children < 12 years of age.     Echilais   Suspension - Clinical criteria apply   T/F of preferred agents not required for children < 12 years of age.     Echilais   Suspension - Clinical criteria apply   T/F of preferred agents not required for children < 12 years of age.     Echilais   Suspension - Clinical criteria apply   T/F of preferred agents not required for children < 12 years of age.     Echilais   Suspension - Clinical criteria apply   T/F of preferred agents not required for children < 12 years of age.     Echilais   Suspension - T/F of preferred agents not required for children < 12 years of age.     Echilais   Suspension - T/F of preferred agents not required for children < 12 years of age.     Echilais   Suspension - T/F of preferred agents not required for children < 12 years of age.     Echilais   Suspension - T/F of preferred agents not required for children < 12 years of age.     Echilais   Suspension - T/F of preferred    |  |  |  |
| Premaria Vaginal Ring Premaria Vaginal Cream Vagifem Vaginal Tablet  Open class-No recommendations  GLUCOC  Preferred  budesonide EC capsule (generic for Entocort EC)  dexamethasone elixir / tablet (generic for Decadron b)  dexamethasone solution (generic for Concedix b)  Emflaza blatet - Clinical criteria apply  hydrocortisone tablet  methylprednisolone 4mg dosepack / tablet (generic for Medrol b)  prednisolone sodium phosphate solution (generic for Pedia Pred b, Ora Pred b, Veripred b)  prednisolone solution (generic for Sterapred b)  prednisone solution / tablet (generic for Deltasone b)  | Estrace® Cream estradiol vaginal cream / tablet (generic for Estrace®)  Estrace® Vaginal Ring  Invexcy® Vaginal Inserts  Yuvafem® Vaginal Tablet  Non-Preferred  Alkindi® Sprinkle Capstule  Corte® Tablet  cortisone tablet (generic for Patisone®)  deflazacort tablet (generic for Fatisone®)  deflazacort tablet (generic for Emflaza®) - Clinical criteria apply  deflazacort tablet (generic for Emflaza®) - Clinical criteria apply. T/F of preferred agents not required for children < 12 years of age.  dexamethasone tablet dosepack / Intensol® Drops  Emflaza® Suspension - Clincal criteria apply. T/F of preferred agents not required for children < 12 years of age.  dexamethasone tablet dosepack / Intensol® Drops  Emflaza® Suspension - T/F of preferred agents not required for children < 12 years of age.  Ebilia® Suspension-T/F of preferred agents not required for diagnosis of eosinophilic esophagitis  Hemady® Tablet  methylprednisolone 8mg / 16mg / 32mg tablet (generic for Medrol®)  Millipred® Dose Pack / Tablet  prednisolone DDT (generic for Orapred® ODT)  prednisolone tablet  Prednisone Intensol® Concentrated Solution  Rayos® Tablet  Taperdex® Tablet  Taperdex® Tablet  Taperdex® Tablet - T/F of preferred agents not required for diagnosis of IgA nephropathy   |  |  |  |
| Preferred    String  | Estrace® Cream estradiol vaginal cream / tablet (generic for Estrace®)  Ferming® Vaginal Ring Invexcy® Vaginal Inserts  Yuvarfem® Vaginal Tablet  PRTICOID STEROIDS, ORAL  Non-Preferred  Alkindi® Sprinkle Capsule Corte® Tablet  cortisone tablet (generic for Patisone®) deflazacort tablet (generic for Emflaza®) - Clinical criteria apply deflazacort suspension (generic for Emflaza®) - Clinical criteria apply. T/F of preferred agents not required for children < 12 years of age. dexamethasone tablet dosepack / Intenso® Drops  Emflaza® Suspension - Clincal criteria apply. T/F of preferred agents not required for children < 12 years of age. Ebohilia® Suspension-T/F of preferred agents not required for children < 12 years of age. Ebohilia® Suspension-T/F of preferred agents not required for diagnosis of eosinophilic esophagitis  Hemady™ Tablet Medroi® Dose Pack / Tablet methylprednisolone 8mg / 16mg / 32mg tablet (generic for Medroi®) Millipred® Dose Pack / Tablet prednisolone ODT (generic for Orapred® ODT) prednisolone tablet Prednisolen tablet Taperdow® Tablet Taperdow ANTAGONISTS   |  |  |  |
| Preferred    Vaginal Ring   Vaginal Cream   Vaginal Tablet   | Estrace® Cream estradiol vaginal cream / tablet (generic for Estrace®)  Femring® Vaginal Ring Invexxy® Vaginal Inserts  Yuvafem® Vaginal Tablet  Non-Preferred  Alkindi® Sprinkle Capsule Cortet® Tablet cortisone tablet (generic for Patisone®) deflazacort tablet (generic for Emflaza®) - Clinical criteria apply deflazacort suspension (generic for Emflaza®) - Clinical criteria apply. T/F of preferred agents not required for children < 12 years of age. dexamethasone tablet dosepack / Intensof® Drops Emflaza® Suspension - Clincal criteria apply. T/F of preferred agents not required for children < 12 years of age. Echilia® Suspension - Clinical criteria apply. T/F of preferred agents not required for children sophagitis Hemady® Tablet Medrof® Dose Pack / Tablet methylprednisolone Rmg / 16mg / 32mg tablet (generic for Medrof®) Millipred® Dose Pack / Tablet prednisolone ODT (generic for Orapred® ODT) prednisolone tablet prednisolone tablet Taperdox® Tablet Taperdox® Tablet Taperdox® Tablet Taperdox® Tablet Taperdox® Capsule - T/F of preferred agents not required for diagnosis of IgA nephropathy  E AND CAM ANTAGONISTS eria apply to all drugs in this class  |  |  |  |
| Premarine Vaginal Ring Premarine Vaginal Cream Vagifeme Vaginal Tablet  Open class-No recommendations  GLUCOC  Preferred  budesonide EC capsule (generic for Entocore EC) dexamethasone eslivir / tablet (generic for Decadron ) dexamethasone solution (generic for Concedix )  Emflaza Tablet - Clinical criteria apply hydrocortisone tablet  methylprednisolone solution (generic for Decadron ) prednisolone solution (generic for Decadron ) prednisolone solution (generic for PediaPred , OraPred , Veripred ) prednisolone solution (generic for PediaPred , OraPred , Veripred ) prednisone solution (generic for PediaPred ) prednisone solution / tablet (generic for Deltasone )  CYTOKIN Clinical cri T/F of on  | Estrace Cream estradiol vaginal cream / tablet (generic for Estrace)  Femring Vaginal Ring Invexcy Vaginal Inserts  Yuvarfem Vaginal Tablet  Non-Preferred  Alkindi Sprinkle Capsule Cortef Tablet  Cortef Tablet  cortisone tablet (generic for Emflaza*) - Clinical criteria apply  deflazacort tablet (generic for Emflaza*) - Clinical criteria apply. T/F of preferred agents not required for children < 12 years of age.  dexamethasone tablet dosepack / Intensol* Drops  Emflaza* Suspension - Clinical criteria apply, T/F of preferred agents not required for children < 12 years of age.  dexamethasone tablet dosepack / Intensol* Drops  Emflaza* Suspension-T/F of preferred agents not required for children < 12 years of age.  Echilia Suspension-T/F of preferred agents not required for children < 12 years of age.  Hemady Tablet  Medrol* Dose Pack / Tablet  methylprednisolone Rmy / Ising / 32mg tablet (generic for Medrol*)  Millipred* Dose Pack / Tablet  methylprednisolone Smy / Ising / 32mg tablet (generic for Medrol*)  Millipred* Dose Pack / Tablet  methylprednisolone D/T (generic for Orapred* ODT)  prednisolone tablet  Prednisone Intensol* Concentrated Solution  Rayos* Tablet  Taperdos* Tablet  Taperdos* Capsule - T/F of preferred agents not required for diagnosis of IgA nephropathy  E AND CAM ANTAGONISTS  eria apply to all drugs in this class  ly one Preferred drug required   |  |  |  |
| Premaria Vaginal Ring Premaria Vaginal Cream Vagifem Vaginal Tablet  Open class-No recommendations  GLUCOC  Preferred  budesonide EC capsule (generic for Entocort EC)  dexamethasone clixir / tablet (generic for Decadron b)  dexamethasone solution (generic for Concedix b)  Emflaza Tablet - Clinical criteria apply  hydrocortisone tablet  methylprednisolone Amg dosepack / tablet (generic for Medrol b)  prednisolone solution (generic for Pedoe b, Millipred b)  prednisolone solution (generic for Pedoe b, Millipred b)  prednisone solution (generic for Deltasone b)  CYTOKIN  CLinical crit  T/F of or  Preferred   | Estrace Cream   Crea   |  |  |  |
| Estring * Vaginal Ring Premarine* Vaginal Cream Vaginem* Vaginal Tablet  Open class-No recommendations  GLUCOC  Preferred  budesonide EC capsule (generic for Entocore* EC) dexamethasone elixir / tablet (generic for Decadron*) dexamethasone solution (generic for Concedix*)  Emflaza* Tablet - Clinical criteria apply hydrocortisone tablet methylprednisolone 4mg dosepack / tablet (generic for Medrol*) prednisolone sodium phosphate solution (generic for PediaPred*, OraPred*, Veripred*) prednisolone solution (generic for Petone*, Millipred*) prednisolone solution f (generic for Petone*) prednisolone solution / tablet (generic for Deltasone*)  CYTOKIN Clinical cri T/F of on Preferred  adalimumab-adaz Pen / Syringe   | Estrace® Cream estradiol vaginal cream / tablet (generic for Estrace®) Femring® Vaginal Ring Imvexy® Vaginal Inserts Yuvafem® Vaginal Tablet  Non-Preferred Alkindi® Sprinkle Capsule Cortef® Tablet cortisone tablet (generic for Patisone®) deflazacort tablet (generic for Patisone®) deflazacort tablet (generic for Fatisone®) deflazacort tablet (generic for Emflaza®) - Clinical criteria apply deflazacort tablet (generic for Emflaza®) - Clinical criteria apply. T/F of preferred agents not required for children < 12 years of age. dexamethasone tablet dosepack / Intensol® Drops Emflaza® Suspension (generic for Emflaza®) - Clinical criteria apply. T/F of preferred agents not required for children < 12 years of age. Eschilia® Suspension-T/F of preferred agents not required for children < 12 years of age. Eschilia® Suspension-T/F of preferred agents not required for diagnosis of cosinophilic esophagitis Hemady® Tablet methylprednisolone 8mg / 16mg / 32mg tablet (generic for Medrol®) Millipred® Dose Pack / Tablet methylprednisolone D/T (generic for Orapred® ODT) prednisolone tablet Prednisone Intensol® Concentrated Solution Rayos® Tablet Taperdes® Tablet   |  |  |  |
| Preferred    Satring   | Estrace **Cream  |  |  |  |
| Preferred    String Vaginal Ring   | Estrace Cream  estradiol vagainal cream / tablet (generic for Estrace*)  Femring* Vaginal Ring  Imvexy* Vaginal Inserts  Yvusfom* Vaginal Tablet  Non-Preferred  Alkindi* Sprinkle Capsule  Cortef* Tablet  cortisone tablet (generic for Patisone*)  deflazacort tablet (generic for Patisone*)  deflazacort suspension (generic for Emflaza*) - Clinical criteria apply. T/F of preferred agents not required for children < 12 years of age.  desamethasone tablet dosepack / Intensol* Drops  Emflaza* Suspension-Tipe of preferred agents not required for children < 12 years of age.  Echilia® Saspension-Tip of preferred agents not required for children < 12 years of age.  Echilia® Saspension-Tip of preferred agents not required for children of age.  Emflaza* Suspension of Sample of S |  |  |  |
| Premaria "Vaginal Ring Premaria" Vaginal Tablet  Open class-No recommendations  GLUCOC  Preferred  budesonide EC capsule (generic for Entocort® EC) dexamethasone clixir / tablet (generic for Decadron®) dexamethasone solution (generic for Concedix®)  Emflaza® Tablet - Clinical criteria apply hydrocortisone tablet  methylprednisolone Amg dosepack / tablet (generic for Medrol®) prednisolone solution phosphate solution (generic for PedlaPred®, OraPred®, Veripred®) prednisolone solution phosphate solution (generic for PedlaPred®, OraPred®, Veripred®) prednisone solution / tablet (generic for Deltasone®)  CYTOKIN  Clinical cri TVF of or  Preferred  adalimumab-adaz Pen / Syringe  Cosentyx® Sensoready® Pen / UnoReady® Pen / Syringe Enbret® Mini Cartridge / Surcelick® Syringe / Syringe / Vial   | Estrace® Cream   |  |  |  |
| Preferred    String Vaginal Ring   | Estrace   Cream   Cr   |  |  |  |
| Preferred    String Vaginal Ring   | Estrace® Cream   |  |  |  |

# **DRAFT April 2025 PDL Panel Meeting**

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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. For drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at: <a href="https://www.nctracks.nc.gov/content/public/providers/pharmacy.html">https://www.nctracks.nc.gov/content/public/providers/pharmacy.html</a>

|   | Avsola <sup>®</sup> Vial  |  |  |
|---|---|--|--|
|   | Bimzelx® Autoinjector / Syringe   |  |  |
|   | Cibinqo <sup>™</sup> Tablet   |  |  |
|   | Cimzia® Starter Kit / Syringe Kit / Vial Kit  |  |  |
|   | Cosentyx <sup>®</sup> Vial  Cyltezo <sup>™</sup> (adalimumab-adbm) Psoriasis-UV Pen   |  |  |
|   | Cytlezo (adammunao-adom) Psonasis-UV Pen  Cytlezo Syringe / Crohn's-UC-HS Pen / Psoriasis Pen / Pen   |  |  |
|   | Ensprying Syringe   |  |  |
|   | Entyvio Pen / Vial  |  |  |
|   | Hulio™ Pen / Syringe  |  |  |
|   | Hyrimoz Pen / Crohn's-UC Pen / Ped. Crohn's Pen / Syringe / Psoriasis Pen   |  |  |
|   | Idacio® Pen / Psoriasis Pen / Crohn's-UC Pen / Syringe  |  |  |
|   | Ilaris® Vial  |  |  |
|   | Ilumya* Syringe   |  |  |
|   | Inflectra <sup>™</sup> Vial   |  |  |
|   | Kevzara <sup>®</sup> Syringe / Pen  |  |  |
|   | Kineret® Syringe - T/F of preferred agents not required for diagnosis of Neonatal Onset Multi-System Inflammatory Disease                           |  |  |
|   | Olumiant® Tablet  |  |  |
|   | Omvoh™ (mirikizumab-mrkz) Syringe   |  |  |
|   | Omvoh™Pen / Vial  |  |  |
|   | Prencia® Clickjet® / Syringe / Vial   |  |  |
|   | Remicade <sup>®</sup> Vial  |  |  |
|   | Renflexis Vial  |  |  |
|   | Rinvoq® (upadacitinib) LQ Solution  |  |  |
|   | Rinvoq <sup>®</sup> ER Tablet   |  |  |
| NTM: Added Simlandi® Kit INJ (CF) 100 MG/ML to non-preferred —  | Siliq* Syringe Simlandi* Autoinjector   |  |  |
|   | Simlandi Autoinjector Simlandi® Kit INJ (CF) 100 MG/ML  |  |  |
|   | Simponi® Pen / Syringe / Aria® Vial   |  |  |
|   | Skyrizz® On-Body / Vial / Pen / Syringe   |  |  |
|   | Sotyktu® Tablet   |  |  |
|   | Spevigo <sup>®</sup> Vial / Syringe   |  |  |
|   | Stelara® Syringe / Vial   |  |  |
|   | Taltz® Auto-injector / Syringe  |  |  |
|   | Tofidence™ (tocilizumab-bavi) Vial  |  |  |
|   | Tremfya <sup>®</sup> Syringe / Injector/ Vial   |  |  |
|   | Tyenne® (tocilizumab-aazg) Autoinjector / Syringe   |  |  |
|   | Tyenne® Vial  |  |  |
|   | Uplizna® Vial   |  |  |
|   | Velsipity Tablet  |  |  |
|   | Xeljanz® Tablet / Solution / XR Tablet  |  |  |
|   | Yuflyma® Syringe / Autoinjector / Crohn's-UC-HS Autoinjector  |  |  |
|   | Yusimry™ Pen  Zentforter™ Den / Strings   |  |  |
| IM  | Zymfentra <sup>™</sup> Pen / Syringe UNOSUPPRESSANTS  |  |  |
| Preferred   | Non-Preferred   |  |  |
| stagraf® XL Capsule   |   |  |  |
| zasan® Tablet   |   |  |  |
| zathioprine tablet (generic for Imuran®)  |   |  |  |
| ellcept® Capsule / Suspension / Tablet  |   |  |  |
| vclosporine capsule (generic for Sandimmune®)   |   |  |  |
| closporine modified capsule / solution (generic for Gengraf®, Neoral®)  |   |  |  |
| nvarsus® XR Tablet  |   |  |  |
|   |   |  |  |
| verolimus tablet (generic for Zortress® Tablet)   |   |  |  |
| engraf® Capsule / Solution  |   |  |  |
| iengraf <sup>®</sup> Capsule / Solution<br>muran <sup>®</sup> Tablet  |   |  |  |
| engraf <sup>®</sup> Capsule / Solution<br>nuran <sup>®</sup> Tablet<br>ycophenolate capsule / suspension / tablet (generic for Cellcept <sup>®</sup> )  |   |  |  |
| iengraf <sup>®</sup> Capsule / Solution  muran <sup>®</sup> Tablet  tycophenolate capsule / suspension / tablet (generic for Cellcept <sup>®</sup> )  tycophenolic acid tablet (generic for Myfortic <sup>®</sup> )   |   |  |  |
| engraf <sup>®</sup> Capsule / Solution nuran <sup>®</sup> Tablet ycophenolate capsule / suspension / tablet (generic for Cellcept <sup>®</sup> ) ycophenolic acid tablet (generic for Myfortic <sup>®</sup> ) lyfortic <sup>®</sup> Tablet  |   |  |  |
| iengraf <sup>®</sup> Capsule / Solution  muran <sup>®</sup> Tablet  ycophenolate capsule / suspension / tablet (generic for Cellcept <sup>®</sup> )  ycophenolic acid tablet (generic for Myfortic <sup>®</sup> )  tyfortic <sup>®</sup> Tablet  fyhibbin <sup>™</sup> (mycophenolate mofetil) Suspension   |   |  |  |
| engraf® Capsule / Solution nuran® Tablet ycophenolate capsule / suspension / tablet (generic for Cellcept®) yycophenolic acid tablet (generic for Myfortic®) yycoptic® Tablet lyhibbin™ (mycophenolate mofetil) Suspension coral® Capsule / Solution  |   |  |  |
| engraf <sup>®</sup> Capsule / Solution nuran <sup>®</sup> Tablet yeophenolate capsule / suspension / tablet (generic for Celleept <sup>®</sup> ) yeophenolate acid tablet (generic for Myfortic <sup>®</sup> ) tyfortic <sup>®</sup> Tablet yhibbin <sup>®</sup> (mycophenolate mofetil) Suspension coral <sup>®</sup> Capsule / Solution roggraf <sup>®</sup> Capsule / Granule Packet   |   |  |  |
| engraf* Capsule / Solution nuran* Tablet yeophenolate capsule / suspension / tablet (generic for Cellcept*) yeophenolate acid tablet (generic for Myfortic*) tyfortic* Tablet tyfortic* Tablet tyfabbin** (mycophenolate mofetil) Suspension coral* Capsule / Solution rograf* Capsule / Granule Packet apamune* Solution / Tablet  |   |  |  |
| engraf® Capsule / Solution  nuran® Tablet ycophenolate capsule / suspension / tablet (generic for Cellcept®) ycophenolate acid tablet (generic for Myfortic®) ycophenolate acid tablet (generic for Myfortic®) lyfortic® Tablet yhibbin™ (mycophenolate mofetil) Suspension coral® Capsule / Solution rograf® Capsule / Granule Packet apamune® Solution / Tablet ezurock ™ Tablet  |   |  |  |
| engraf* Capsule / Solution  nuran* Tablet ycophenolate capsule / suspension / tablet (generic for Cellcept*) ycophenolate carid tablet (generic for Myforite*) ycophenolate acid tablet (generic for Myforite*) ycophenolate acid tablet (generic for Myforite*) ycophenolate mofetil) Suspension coral* Capsule / Solution ograf* Capsule / Solution ograf* Capsule / Granule Packet apamune* Solution / Tablet currock** Tablet andimmune* Capsule / Solution rolimus tablet / solution (generic for Rapamune*)   |   |  |  |
| engraf* Capsule / Solution  nuran* Tablet ycophenolate capsule / suspension / tablet (generic for Cellcept*) ycophenolate caid tablet (generic for Myfortic*) ycophenolic acid tablet (generic for Myfortic*) ytyfortic* Tablet ythibbin* (mycophenolate mofetil) Suspension coral* Capsule / Solution yorgaf* Capsule / Granule Packet apamune* Solution / Tablet currock* Tablet modirmune* Solution / Tablet currock* Tablet indimmune* Capsule / Solution rolimus tablet / solution (generic for Rapamune*) crolimus capsule (generic for Hecoria*, Prograf*)   |   |  |  |
| engraf* Capsule / Solution  urran* Tablet ycophenolate capsule / suspension / tablet (generic for Cellcept*) ycophenolate caid tablet (generic for Myfortic*)  yfortic* Tablet yhibbin** (mycophenolate mofetil) Suspension coral** Capsule / Solution ograf* Capsule / Solution origination originati                                  |   |  |  |
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| engraf* Capsule / Solution  uran* Tablet ycophenolate capsule / suspension / tablet (generic for Cellcept*) ycophenolate caid tablet (generic for Myfortic*) ycophenolate acid tablet (generic for Myfortic*) yfortic* Tablet yfiblion* (mycophenolate mofetil) Suspension coral* Capsule / Solution cograf* Capsule / Granule Packet upamune* Solution / Tablet zurock* Tablet colimate Solution / Solution colimus tablet / solution (generic for Rapamune*) rolimus tablet / solution (generic for Hecoria*, Prograf*) vincos* Capsule  vincos* Tablet  MG  MG  MG   | DVEMENT DISORDERS   |  |  |
| engrafe Capsule / Solution  uran Tablet  ycophenolate capsule / suspension / tablet (generic for Cellcept <sup>®</sup> )  ycophenolate caid tablet (generic for Myfortic <sup>®</sup> )  ycophenolate acid tablet (generic for Myfortic <sup>®</sup> )  ycophenolate mofetil) Suspension  corgaf **Capsule / Solution  corgafe **Capsule / Granule Packet  upamune **Solution / Tablet  zurock **Tablet  mdimmune **Capsule / Solution  colimats tablet / solution (generic for Rapamune *)  crolimus tablet / solution (generic for Hecoria *, Prografe *)  voncos **Capsule  writess **Tablet  **Clinical cri  **MC  Clinical cri  **Clinical cri  **Clinical cri  **Clinical cri  **Clinical cri  **Company **Capsule / Solution / Solut | teria apply to all drugs in this class  |  |  |
| engraf* Capsule / Solution  uran* Tablet yeophenolate capsule / suspension / tablet (generic for Cellcept*) yeophenolate caid tablet (generic for Myfortic*) yeophenolate caid tablet (generic for Myfortic*) yeophenolate caid tablet (generic for Myfortic*) yeophenolate mofetil) Suspension coral* Capsule / Solution orgaf* Capsule / Solution orgaf* Capsule / Granule Packet apamune* Solution / Tablet ezurock** Tablet undimmune* Capsule / Solution ordinus tablet / solution (generic for Rapamune*) crolimus tablet / solution (generic for Rapamune*) vincos* Capsule ortics* Tablet  MC Clinical cri  Preferred   | teria apply to all drugs in this class  Non-Preferred   |  |  |
| engraf* Capsule / Solution nuran* Tablet ycophenolate capsule / suspension / tablet (generic for Cellcept*) ycophenolate caid tablet (generic for Myfortic*) yyfortic* Tablet yyfortic* Tablet yhibbin** (mycophenolate mofetil) Suspension coral** Capsule / Solution rograf** Capsule / Solution rograf** Capsule / Solution rograf** Capsule / Solution rollimus* Tablet apamune** Solution / Tablet ezurock ** Tablet andimmune** Capsule / Solution rollimus tablet / solution (generic for Rapamune*) crollimus capsule (generic for Hecoria**, Prograf**) nvneos** Capsule triess** Tablet  **Motorial** **Clinical cri **Preferred**  **Preferred** **United Company C                                  | teria apply to all drugs in this class  Non-Preferred  Ingrezza® (valbenazine) Sprinkle Capsules  |  |  |
| engraf* Capsule / Solution  nuran* Tablet ycophenolate capsule / suspension / tablet (generic for Cellcept*) ycophenolate casid tablet (generic for Myforite*) ycophenolic acid tablet (generic for Myforite*) ycophenolic moderill Suspension ceral* Capsule / Solution cograf* Capsule / Granule Packet apamune* Solution / Tablet carrock* Tablet carrock* Tablet carrock* Tablet solution (generic for Rapamune*) rotimus tablet / solution (generic for Rapamune*) rotimus tablet / solution (generic for Hecoria*, Prograf*) vareos* Capsule ortress* Tablet  MC Clinical cri  Preferred ustedo* XR Tablet / Titration Kit  | teria apply to all drugs in this class  Non-Preferred   |  |  |
| engraf* Capsule / Solution  urran* Tablet ycophenolate capsule / suspension / tablet (generic for Cellcept*) ycophenolate caid tablet (generic for Myfortic*) ycophenolate acid tablet (generic for Myfortic*) yfortic* Tablet yhibbin* (mycophenolate mofetil) Suspension coral* Capsule / Solution coral* Capsule / Granule Packet papamune* Solution / Tablet zurock* (Tablet zurock* (Tablet zurock* (Tablet) zurock* (Tab                                  | teria apply to all drugs in this class  Non-Preferred  Ingrezza® (valbenazine) Sprinkle Capsules  |  |  |
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| iengraf® Capsule / Solution muran® Tablet yeophenolate capsule / suspension / tablet (generic for Cellcept®) yeophenolate caid tablet (generic for Myfortic®) tykortic® Tablet ytyloric® Tablet genarl® Capsule / Solution rograf® Capsule / Granule Packet apamune® Solution / Tablet ezarrock® Tablet genarlmune® Capsule / Solution rotimus tablet / solution (generic for Rapamune®) terolimus tablet / solution (generic for Rapamune®) terolimus tablet / solution for the capsule (generic for Hecoria®, Prograf®) avneos® Capsule  Ottendard Tablet  MC Clinical cri  Preferred  ustedo® Tablet  ustedo® Tablet / Titration Kit tagezzra® Capsule / Initiation Pack ttrabenazine tablet  HEREDITARY ANGI®   | teria apply to all drugs in this class  Non-Preferred  Ingrezza® (valbenazine) Sprinkle Capsules  |  |  |
| iengraf® Capsule / Solution muran® Tablet yeophenolate capsule / suspension / tablet (generic for Cellcept®) yeophenolate caid tablet (generic for Myfortic®) tykortic® Tablet ytyloric® Tablet coral® Capsule / Solution rograf® Capsule / Granule Packet apamune® Solution / Tablet ezarrock® Tablet carrock® Tablet yeophenolate rofe Rapamune® Of Rapamune® Of Solution rotimus tablet / solution (generic for Rapamune®) yerolimus capsule (generic for Hecoria®, Prograf®) avneos® Capsule ortress® Tablet  MC Clinical cri  Preferred ustedo® Tablet ustedo® Tablet intration Kit tagezzra® Capsule / Initiation Pack ttrabenazine tablet  HEREDITARY ANGI®  | teria apply to all drugs in this class  Non-Preferred  Ingrezza® (valbenazine) Sprinkle Capsules  Xenazine® Tablet  DEDEMA (HAE) PROPHYLAXIS AGENTS |  |  |

# **DRAFT April 2025 PDL Panel Meeting**

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| Orladeyo® Capsule   |  | Takhzyro® Vial / Syringe   |  |  |  |
|---|--|--|--|--|--|
|   | Open class-No                                      | recommendations  |  |  |  |
|   | HEREDITARY ANGIO                                   | EDEMA (HAE) TREATMENT AGENTS   |  |  |  |
|   |  | ria apply to all drugs in this class   |  |  |  |
| Preferred   | Chincal Critici                                    | Non-Preferred  |  |  |  |
| Berinert® Vial / Kit  |  | Firazyr® Syringe   |  |  |  |
| icatibant syringe (generic for Firazyr®)  |  | Ruconest <sup>®</sup> Vial   |  |  |  |
| Kalbitor® Vial  |  | ACCORDAN VIIII   |  |  |  |
| Sajazir™ Syringe (branded generic for icatibant)                                      |  |  |  |  |  |
|   |  |  |  |  |  |
|   | OPI  | OID 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®)                                 |  |  |  |  |  |
| naltrexone tablet   |  |  |  |  |  |
| Narcan® Nasal Spray (OTC)   |  |  |  |  |  |
| Opvee® Nasal Spray  |  |  |  |  |  |
| Rextovy (naloxone) Nasal Spray  |  |  |  |  |  |
| Vivitrol® Vial / Diluent  |  |  |  |  |  |
| Zimhi <sup>™</sup> Syringe  |  |  |  |  |  |
|   | OPI  | I<br>IOID DEPENDENCE   |  |  |  |
| Preferred   |  | Non-Preferred  |  |  |  |
| Prior Approval Not Required for Covers  | ge of Preferred Agents                             | Clinical Criteria Apply to Non-Preferred Agents  |  |  |  |
| Brixadi™ Weekly Syringe / Monthly Syringe   | ge of Freetred Agents                              | buprenorphine-naloxone SL film (generic for Suboxone <sup>®</sup> )                        |  |  |  |
| buprenorphine-naloxone SL tablet (generic for Suboxone®)                              |  | Lofexidine Tablet T/F of preferred agents not required for diagnosis of opioid withdrawal  |  |  |  |
| buprenorphine SL tablet (generic for Subutex®)  |  | Lucemyra® Tablet - T/F of preferred agents not required for diagnosis of opioid withdrawal |  |  |  |
| Suboxone® SL Film   |  | Zubsolv® Tablet SL   |  |  |  |
| Sublocade <sup>®</sup> Syringe  |  |  |  |  |  |
| , ,   |  |  |  |  |  |
|   | SKELETA  | AL MUSCLE RELAXANTS  |  |  |  |
| Preferred   |  | Non-Preferred  |  |  |  |
| baclofen tablet (generic for Lioresal®)   |  | Amrix <sup>®</sup> ER Capsule  |  |  |  |
| cyclobenzaprine tablet (generic for Flexeril®)  |  | baclofen oral solution   |  |  |  |
| methocarbamol tablet (generic for Robaxin®)   |  | baclofen suspension (generic for Fleqsuvy <sup>M</sup> )                                   |  |  |  |
| tizanidine tablet (generic for Zanaflex®)   |  | chlorzoxazone tablet (generic for Parafon Forte®)  |  |  |  |
|   |  | cyclobenzaprine ER capsule (generic for Amrix® ER)   |  |  |  |
|   |  | Dantrium Capsule / Vial  |  |  |  |
|   |  | dantrolene sodium capsule (generic for Dantrium®)  |  |  |  |
|   |  | Fexmid <sup>®</sup> Tablet   |  |  |  |
|   |  | Fleqsuvy "Suspension Lorzone Tablet  |  |  |  |
|   |  | Lyvispah® Granule Packet   |  |  |  |
|   |  | metaxalone tablet (generic for Skelaxin®)  |  |  |  |
|   |  | Norgesic Tablet / Forte Tablet   |  |  |  |
|   |  | orphenadrine / aspirin / caffeine tablet (generic for Norgesic <sup>DK</sup> )             |  |  |  |
|   |  | orphenadrine citrate tablet / vial (generic for Norflex®)                                  |  |  |  |
|   |  | Orphengesic® Forte Tablet  |  |  |  |
|   |  | Robaxin <sup>®</sup> Vial  |  |  |  |
|   |  | Tanlor® Tablet   |  |  |  |
|   |  | tizanidine capsules (generic for Zanaflex <sup>®</sup> )                                   |  |  |  |
|   |  | Zanaflex® Capsule / Tablet   |  |  |  |
|   |  |  |  |  |  |
|   | DISPOSABLE IN                                      | SULIN DELIVERY DEVICES   |  |  |  |
| Preferred   |  | Non-Preferred  |  |  |  |
| CeQur Simplicity™   |  |  |  |  |  |
| CeQur Simplicity™ Inserter  |  |  |  |  |  |
| Omnipod 5 <sup>®</sup> G6 Pods (5-Pack) / G6 Intro Kit / G6-G7 Pods / G6-G7 Intro Kit |  |  |  |  |  |
| Omnipod DASH® Pods (5-Pack) / Intro Kit   |  |  |  |  |  |
| Omnipod GO <sup>™</sup> Pods  |  |  |  |  |  |
|   | DIABETIC CONTINUO                                  | US GLUCOSE MONITOR SUPPLIES  |  |  |  |
|   | Clinical criteria apply to all items in this class |  |  |  |  |
|   | Continuous Glucose M                               | fonitor Transmitters / Receivers / Readers   |  |  |  |
| Preferred   |  | Non-Preferred  |  |  |  |
| Dexcom G6® Transmitter / Receiver   |  | Freestyle Libre <sup>™</sup> 14 day Reader   |  |  |  |
| Dexcom G7® Receiver   |  |  |  |  |  |
| Freestyle Libre   Z Reader  |  |  |  |  |  |
| Freestyle Libre <sup>™</sup> 3 Reader   |  |  |  |  |  |
|   |  |  |  |  |  |
|   | Continuo   | us Glucose Monitor Sensors   |  |  |  |
| Preferred   |  | Non-Preferred  |  |  |  |
| Freestyle Libre™ 2 Sensor   |  | Freestyle Libre <sup>™</sup> 14 day Sensor   |  |  |  |
| Freestyle Libre <sup>TM</sup> 2 Plus Sensor   |  | NITNA Added from Front study Library 2 Dive Construction                                   |  |  |  |
| Freestyle Libre™ 3 Sensor   |  | NTM: Added free Freestyle Libre™ 2 Plus Sensor   |  |  |  |
| Freestyle Libre™ 3 Plus Sensor  |  |  |  |  |  |

# **DRAFT April 2025 PDL 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. For drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at: <a href="https://www.nctracks.nc.gov/content/public/providers/pharmacy.html">https://www.nctracks.nc.gov/content/public/providers/pharmacy.html</a>

| 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® Guide Retail care kit * (see above for billing)  |               | ACCU-CHEK <sup>®</sup> Softclix lancing device kit (Black)       |                 |  |  |
| ACCU-CHEK® Guide Me Retail care kit * (see above for billing)   |               | ACCU-CHEK <sup>®</sup> Fastelix lancing device kit               |                 |  |  |
| Test Strips   |               | Control Solutions  |                 |  |  |
| ACCU-CHEK® AVIVA PLUS 50 ct test strips   |               | ACCU-CHEK <sup>®</sup> Aviva glucose control solution (2 levels) |                 |  |  |
| ACCU-CHEK® SMARTVIEW 50 ct test strips  |               | ACCU-CHEK® 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   |               |  |                 |  |  |
| ACCU-CHEK <sup>®</sup> Softclix 100 ct Lancets  | Open class-No | recommendations  |                 |  |  |
| ACCU-CHEK <sup>®</sup> Fastclix 102 ct Lancets  |               |  |                 |  |  |
|   |               |  |                 |  |  |